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## INTEGRALITY IN HEALTH CARE: A MULTIPROFESSIONAL TEAM LOOK AT PATIENTS WITH BREAST CANCER

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### ABSTRACT

Breast cancer is a multifactorial disease caused by the disorderly multiplication of abnormal breast cells, which form a tumor with the potential to invade other organs. Despite medical advances in cancer treatment, due to the high rates of new cases and considering that this disease brings physical, emotional, social and economic implications for the lives of patients, this condition requires the care of teams multi-professional trained. This is an integrative literature review (IR) in order to group and synthesize information available in electronic databases, to clarify gaps on the subject. scientific platforms, such as: SciELO, PubMed, CAPES Journal Portal, LILACS from January to June 2021. After searches in databases, 560,855 articles were initially found, and 10 articles were selected for discussion of this work. Based on a survey of the literature, the relevance of the comprehensiveness in health care developed by the multidisciplinary team with these women. The performance of these professionals must adapt to the demand that is made of them, outlining interventions that can have positive effects in coping with the disease and treatments. Its practice aims to enable women with breast cancer to have a better quality of life. Currently, there is a greater insertion of the multidisciplinary team in accompanying these women.

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## INTRODUCTION

Breast cancer is a multifactorial disease caused by the disordered multiplication of abnormal breast cells, which form a tumor with the potential to invade other organs (BONFIM, 2012). It is the second most frequent type of cancer in the world and the most common among women, where its incidence has increased over time, often linked to population aging, as age is one of the most important risk factors (CARDOSO, 2011). In addition to age, there are other factors that contribute to the growing relevance of studying breast cancer (GRAHAM, 2005). Among them, environmental and behavioral factors, reproductive and hormonal, genetic and hereditary factors stand out (JOSÉ ALENCAR GOMES DA SILVA NATIONAL CANCER INSTITUTE, 2020). Breast cancer is characterized as a non-communicable disease, considered as a worldwide public health problem, with an incidence of 66,280 new cases being expected for Brazil in 2021, while in relation to mortality, they were estimated for the same year. 18,295, 18,068 in women and 227 in men (KYU, 2016). In Brazil is although the prognosis is optimistic for most women diagnosed at the early stage of the disease, the diagnosis of breast cancer has a profound psychosocial impact on patients and their families (KUSHI, 2012).

Despite medical advances in cancer treatment, due to the high rates of new cases and considering that this disease brings physical, emotional, social and economic implications for the lives of patients, this condition requires the care of teams multi-professional trained<sup>7</sup>. In the field of health, access to information plays a strategic role as it influences the early detection of breast cancer, where in most cases the discovery of the disease is made by the women themselves without the use of specific technique when they are palpating/examining their breasts through systematic breast self-examination with the purpose of investigating changes such as fixed nodules, usually painless, reddened breast skin, retracted or similar to orange peel, changes in the nipple, spontaneous discharge of abnormal fluid from the nipples or small nodules in the armpits or neck (LUGO *et al.*, 2019). A lump or other suspected symptom in the breasts should be investigated to confirm whether or not it is breast cancer. For investigation, in addition to the clinical examination of the breasts, imaging tests may be recommended, such as mammography, ultrasound or magnetic resonance<sup>9</sup>. The diagnostic confirmation is only made, however, through biopsy, a technique that consists in removing a fragment of a suspicious nodule or lesion through punctures<sup>10</sup>. According to the Ministry of Health, it is recommended that screening mammography be offered to women between 50 and 69 years old, every two years, with the aim of identifying suspected cancer before the onset of symptoms<sup>11</sup>. In this context, the multidisciplinary team inserted in health services link these strategies in their daily work, seeking to contribute to women with this diagnosis the possibility of less aggressive treatments and with satisfactory success rates<sup>12</sup>. Since the treatment of breast cancer depends on the stage the disease is at and the type of tumor, and may include surgery, radiotherapy, chemotherapy, hormone therapy and biological therapy (BONFIM, 2012; CARDOSO, 2005). Thus, the interaction between all professionals on the team multi-professional involved in the treatment of breast cancer is essential for achieving a good result, as the action becomes global, involving all aspects involved in the illness (JOSÉ ALENCAR GOMES DA SILVA NATIONAL CANCER INSTITUTE, 2020; KYU, 2016). When it comes to the intervention of health teams in women with breast cancer, it is necessary to show that the importance of trained professionals, involved in the guidance of care, coping and adaptation to their new condition is essential, as they will need support to face the transformations resulting from the treatment (VENANCE, 2004; MATTOS, 2007). It is also important that the multidisciplinary team establish links, thus enabling the approach of needs arising from changes in the social, family, nutritional and psychological aspects of these patients (PEDUZZI, 2001; VENANCE, 2004). In this way, the multidisciplinary team will be able to positively contribute to the quality of life of these women (BONFIM, 2012).

Although several aspects about breast cancer are known, we understand that a comprehensive look by the multidisciplinary team for these women with this disease involves different moments with different meanings and implications in daily life and in the relationships between women and people in their social context<sup>7</sup>. In the composition of the multidisciplinary team, the active participation of patients is assumed<sup>9</sup>. This should be considered as element number one, as it represents the very meaning of group formation. Their inclusion, as a member of the team, creates the same commitment to the success of therapy, making them subject and not a simple object of health actions directed at them (PEDUZZI, 2001; VENANCE, 2004; MATTOS, 2007). The other elements will be brought together from a basic principle that will be to achieve very objective goals that.

The elements that will make up the team will be all those who, as part of a certain health service, are involved in the care of these women with this disease and imbued with the same spirit that should always be to provide better health care (MATTO, 2007). The multidisciplinary team may consist of doctors, nurses, nursing technicians, nutritionists, psychologists, physiotherapists, social workers, Physical Education teachers and administrative staff, etc. What should guide the functioning of the group is the harmony of objectives and actions compatible with the goals to be achieved. Working in a team does not mean having people working at the same time in a physical space, but working side by side. At each moment, in each action and in each sector, one element will have its participation more or less highlighted and, respecting the professional specificities, all will have the same weight for the success of the undertaking<sup>1</sup>. The great advantages of this type of action are:

- The number of women and men with this diagnosis being treated will be greater, and the greater the more tuned the team is in its different ways of approaching;
- Adherence to treatment will be markedly higher;
- Consequently, we will have a much larger number of patients with a favorable prognosis;
- Each patient can be a replicator of knowledge about breast cancer and healthy lifestyle habits.

According to INCA, primary prevention of breast cancer is related to the control of known risk factors and the promotion of practices and behaviors considered to be protective (BONFIM, 2012; CARDOSO, 2011; JOSÉ ALENCAR GOMES DA SILVA NATIONAL CANCER INSTITUTE, 2020). The hereditary factors and those associated with a woman's reproductive cycle are, for the most part, not modifiable; however factors such as excess body weight, physical inactivity, alcohol consumption and hormone replacement therapy are, in principle, subject to change. Through proper diet, nutrition, physical activity and body fat, it is possible to reduce a woman's risk of developing breast cancer. As measures that can contribute to the primary prevention of the disease, it is encouraged, therefore, to practice physical activity, maintain adequate body weight, adopt a healthier diet and avoid or reduce the consumption of alcoholic beverages. Breastfeeding is also a protective factor. Thus, the aim of this study was to understand and describe the comprehensiveness of health care by a multidisciplinary team on breast cancer.

## METHODOLOGY

This is an integrative literature review (IR) in order to group and synthesize information available in electronic databases, to clarify gaps on the subject. This type of work consists of a research method, the aim of which is to develop an analysis on a topic already investigated, on which there are works in the literature. IR allows the creation of new scientific knowledge from the analysis and synthesis of published studies. For the elaboration of the article, the six stages of an IR were carried out. The first was characterized by the elaboration of the guiding question, being the most important phase, as it is from this question that the best studies will be included, based on the information collected and the means chosen to identify these

studies. Second, the search phase in databases in the literature was carried out and, third, the data collection of the selected articles was carried out. These steps are essential to demonstrate reliable results, correlating them with the guiding question. The fourth phase consisted of the critical analysis of the studies, in which the information was rigorously organized. The fifth phase was the discussion of results, with identification of knowledge gaps. The last phase included the presentation of the review. Based on the concept of IR and knowledge of its stages, the guiding question was elaborated: "How to comprehensiveness in health care by a multidisciplinary team can collaborate in the treatment of women with breast cancer?". Based on this assumption, the search for evidence began.

**Research Procedures:** The bibliographic survey was carried out based on research in databases deposited on scientific platforms, such as: Scientific Electronic Library Online (SciELO), US National Library of Medicine (PubMed), CAPES Journal Portal, Latin American and Caribbean Literature in Sciences of the Health (LILACS). The choice of each of these databases was made based on the need to determine the health production in general on the topic in question, since they are widely used. Having as search criteria, the descriptors combined with the Boolean operators "or" / "and" for the descriptors in Portuguese and "or" / "and" in English, in order to expand the search object, in the period from January to June 2021, as shown in Table 1. It is noteworthy that all searches were made through advanced searches.

**Table 1- Definition of descriptors according to language**

Português	English
Neoplasia de mama	breast neoplasm
Equipe de assistência ao paciente	patient care team
Integralidade em saúde	Health integrity

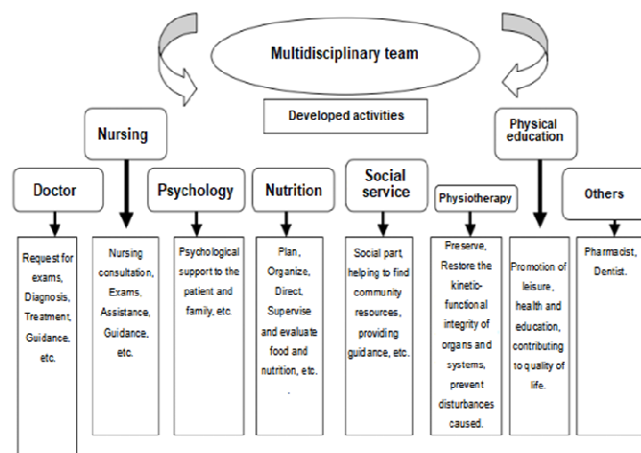
Source: Own Authorship (2021).

In order to answer the guiding question, the following inclusion criteria were used: articles indexed in the previously selected databases; articles that addressed the guiding question; articles published in full, available electronically; articles from 2020 to 2021, so that they portray the most recent studies for this review. Studies in Editorial format, letters to the Editor, project document, audio, educational resource, thesis, dissertations, books, book chapters, manuals, conferences and conferences were excluded; studies that, due to the title and/or after reading the abstract, did not address the topic related to the objectives of the study; studies carried out with animals; articles repeated in two or more databases. To carry out this integrative review, we chose to search for articles published on the topic in Portuguese, English or Spanish, regardless of the country of origin. Initially, there was a pre-selection of the articles found, by reading the title and abstract. After checking the number of articles found in the first moment, it was decided to consider the specificity of each database, proceeding with the combination of descriptors, where there was an alternation in the number of references according to the chosen databases. Thus concluding the verification of the articles and selection to compose the sample. For data collection, the following items were used: publication database, title of the original article, authors, year of publication, study objective, study methodology, Due to the specific characteristics of each database, the procedures for locating the articles were adapted, based on the guiding axis, the inclusion and exclusion criteria mentioned above, in order to maintain consistency in the search for articles. After screening the studies in the databases, a spreadsheet was built with the information from each study. Eight articles were included in our sample, whose approach was a cross-sectional, exploratory, qualitative and descriptive study. Finally, after selection, the studies were fully analyzed.

## RESULTS AND DISCUSSION

After searches in databases, 560,855 articles were initially found. After the search procedure in the electronic databases, the publications were pre-selected based on the exploratory reading of the

title and abstract. This was followed by the full and analytical reading of the selected articles. The articles were identified with the descriptors that made up the final sample of this literature review, and 10 articles were selected for discussion in this work. Among the articles on breast cancer, when a woman performs a breast self-examination and finds a lump, an internal process of doubts and uncertainties immediately begins regarding the possibility of the finding being cancer or not. After all, the word cancer also contains a great stigma: it is synonymous with death. According Sun *et al.* (2017) claim a higher incidence of breast cancer in developed countries, but the authors report that developing countries have a higher mortality rate. Thus, when a woman is diagnosed with breast cancer, the team work multi-professionalit is of great value to the patient, who has the opportunity to express all her anxieties, fears (especially about death) and uncertainties regarding cancer. At this stage, the support and support of the team can alleviate possible side effects with the treatment of choice and the use of specific medications, always guiding the patient and family members about possible developments, thus reducing tension and fear of uncertainty. Working in multidisciplinary teams in oncology refers to complexity and promotes experiences that require meeting disciplinary boundaries, with differences and with the vulnerabilities of the social agents involved. It was identified that the assistance provided by the multidisciplinary team the woman with The diagnosis of breast cancer is a strategy for changing public health care, which aims to humanize the relationships between users and health professionals. It was possible to observe in our study that cEach professional of the team has its specificities and technical differences and attributions that contribute to its division and consequent improvement of the services provided to these women (Figure 1), as the specialty allows not only the improvement of knowledge in a given area of expertise, as well as greater integration in the care provided. As well as teamwork multi-professionalit has occupied a prominent position, acting as an important work resource, insofar as it leads to a break in the dynamics of services centered on the doctor, configuring the possibility of a more comprehensive and evolutionary approach. The expansion of care, intervention beyond the individual and clinical scope, demands changes in the way of acting and in the organization of work, thus requiring a high complexity of knowledge, so that there is a construction of consensus and configurations in the assistance provided to these women. The efficiency and effectiveness of health care demand a modality of teamwork with the connection of different actions and different professionals.



**Figure 1. Diagram of attributions developed by the multidisciplinary team to care for women with breast cancer, Recife, PE, 2021**

The work of each professional within the multidisciplinary team is learned as a set of attributions, activities or tasks that work together. Each one with a specific knowledge where it provides improvement in the care provided and, also, in the satisfaction of the client and the professional, as only then the analysis of the treatment and the prognosis will be clear and consistent, always focusing on the patient's quality of life.

The good doctor-patient relationship, therefore, allows the verification of the way in which this patient relates to the issues mentioned above, and which variables may be causing the appearance, maintenance and/or worsening of the condition. In this sense, the physician should seek to remodel the criteria that support the treatment, providing better quality of care for this individual, showing the patient their possibilities of dealing with these problems. There is a consensus on the contribution of psychology to maintaining the physical and mental health of women with breast cancer, in view of the understanding of the health-disease process, resulting in a better quality of life. Physiotherapists, on the other hand, are essential for the health care of women with breast cancer, as they can often have chronic pain. Considering it a vital sign, the use of pain assessment is proposed, measuring it through scales in an attempt to rule out its cause. Still on the role of physiotherapy, it is suggested to triage patients, monitor hemodynamic, respiratory and neurological monitoring, carry out motor assessment and promote ventilatory support in the face of any cardio respiratory impairment. Cancer patients are more susceptible to malnutrition, which is capable of causing greater morbidity and mortality. Thus, the importance of nutritional assessment is highlighted, through different methods, such as skinfold, BMI, dynamometry, which must be evaluated together, in order to increase the specificity and sensitivity of the assessment. As well, the nutritionist will manage some complications of neoplastic therapy that can cause electrolyte imbalances, weight loss, weakness, lack of appetite, nausea, vomiting, mucositis, malnutrition, among other outcomes. As for nursing, realize the importance of care in the process of caring for women with cancer, developing a holistic care, observing them as a whole, developing the ability to listen and establishing good communication, thus obtaining a bond and the patients' trust. As well as, the nurse, who is responsible for planning care, will need to recognize the signs and symptoms presented by the patients and intervene, quickly and effectively, to prevent the same from having complications in their treatment. In the same way, the pharmacist will participate in decisions about the proper use of drugs, management of adverse reactions or ineffectiveness of therapy and medication reconciliation. In the current context, the Social Service seeks to improve people's quality of life by providing assistance to families in questions of follow-up appointments, life, housing, well-being and the community environment. According to Bonfim (2012) states that only one professional is not able to promote, prevent and rehabilitate at the same time, it is necessary to work in a multidisciplinary team with different agents in the health area. The physical educator has its importance in the team where it emphasizes the importance of the practice of physical activities for a trend towards a healthy life, which consequently reduces disease-causing factors that surround the population.

According to Lima (2018) in his studies he claims that there are modifiable risk factors or not due to physical activity. In the studies by Kiu *et al* (2016), they state that a high level of total physical activity is strongly associated with a low level of risk for breast and cervical cancer. As in the studies by Graham *et al.* (2005) claim that there is a reduction of up to 25% in the risk of breast cancer in physically active women compared to physically inactive women. Lugo *et al.* (2019) also claim a reduction in the risk of breast cancer when physical activity is performed regularly. Kushi *et al.* (2012) indicate physical activity in general for cancer prevention, a minimum of 150 minutes of moderate physical activity or 75 minutes of intense physical activity per week. As for the role of the speech therapist in the multidisciplinary team, showing that this professional is capable of preventing, evaluating and rehabilitating cancer patients, being responsible for preventing bronchoaspiration, for maintaining a safe and pleasant swallowing, and for promoting the maintenance of communication, thus contributing to a better quality of life. When verifying the effectiveness of the communication process between the multidisciplinary team and the patients, it is clear that most women diagnosed with cancer have already had some opportunity to receive information about the pathology and treatment, whether in a medical consultation, nursing consultation, nutritional care or with other professionals that make up the team, or by reading information bulletins that are eventually distributed, covering basic aspects of the

disease. In this context, it is clear that the various professional categories work in parallel, and at the same time in a joint, humanized way, centered on individual biological recovery, from the integration of the fields of knowledge of the various professions and also the knowledge of the individual. In this way, we hope that this review has planted a seed about the importance of assistance provided by a multidisciplinary team to women with breast cancer, acting in favor of a good prognosis.

## CONCLUSION

Based on a survey of the literature, the relevance of the comprehensiveness in health care developed by the multidisciplinary team with these women. The performance of these professionals must adapt to the demand that is made of them, outlining interventions that can have positive effects in coping with the disease and treatments. Its practice aims to enable women with breast cancer to have a better quality of life. Currently, there is a greater insertion of the multidisciplinary team in accompanying these women. In this way, it is believed to be important for a greater congregation among the multidisciplinary team active in women's health care for women with breast cancer, expanding the spaces for exchange and scientific production. Therefore, it is concluded, then, that the repercussions imposed by breast cancer in the lives of women undergoing cancer treatment demand a multidisciplinary approach, as each professional works by integrating the knowledge of their specific area to the others, seeking to build a therapeutic plan qualified, specialized and humanized indispensable in the coping with this new condition of life.

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