REUFPI
Revista de Enfermagem da UFPI
ISSN 2238-7234

Original

Health needs of cancer patients: from diagnosis to post-treatment

Necessidades em saúde do paciente com câncer: do diagnóstico ao pós-tratamento
Necesidades sanitarias del paciente oncológico: del diagnóstico al postratamiento

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Resumo

Objective: To understand the health needs that emerge during the therapeutic itinerary of cancer patients. **Methods:** A descriptive qualitative study conducted with 16 patients who experienced oncological disease in 12 Primary Health Care Units in a municipality in the interior of Minas Gerais, between December 2023 and April 2024. Data were collected through a semi-structured interview guide. Two thematic categories emerged from the analysis, as proposed by Bardin. **Results:** Health needs emerging throughout the cancer patient's therapeutic itinerary involve physical aspects, such as symptom manifestation before disease diagnosis, treatment side effects, and sequelae. Psychological repercussions are also evident, requiring management by specialized professionals and the use of anxiolytic and antidepressant medications. Additionally, social and spiritual support needs are highlighted**. Conclusion:** Health services need to prepare to meet patient demands at all stages of their therapeutic journey, whether before, during, or after treatment, prioritizing not only the physical realm but also considering their comprehensiveness.

Descriptors: Therapeutic Itinerary; Neoplasms; Delivery of Health Care; Health Services Needs and Demand.

Whats is already known on this?
During the treatment of neoplastic disease, people present various clinical manifestations that generate physical and emotional discomfort, negatively impacting their quality of life.

What this study adds?
It identifies health needs that emerge throughout the therapeutic itinerary, from disease discovery to the post-treatment period, encompassing not only physical aspects but also subjectivities.

How to cite this article: Renzzo ACF, Farão EMD, Simoneti RAAO, Paiva ACPC. Health needs of cancer patients: from diagnosis to post-treatment. Rev. enferm. UFPI. [internet] 2025 [Cited: ano mês abreviado dia];14:e6426. DOI: 10.26694./reufpi.v14i1.6426

Resumo

Objetivo: *Compreender as necessidades em saúde que emergem durante o itinerário terapêutico do paciente com câncer.* ***Método:*** *estudo descritivo de natureza qualitativa, realizado com 16 pacientes que vivenciaram uma doença oncológica em 12 Unidades Básicas de Saúde de um município no interior de Minas Gerais, entre dezembro de 2023 e abril de 2024. Os dados foram coletados por meio de um roteiro de entrevista semiestruturado. Da análise, conforme proposto por Bardin, emergiram duas categorias temáticas.* ***Resultados:*** *As necessidades em saúde que emergem ao longo do itinerário terapêutico do paciente com câncer envolvem aspectos físicos, como a manifestação de sintomas antes do diagnóstico da doença, os efeitos colaterais do tratamento e as sequelas. As repercussões psicológicas também são evidentes, demandando o manejo com profissionais especializados e o uso de medicações ansiolíticas e antidepressivas. Além disso, destacam-se as necessidades de apoio social e espiritual.* ***Conclusão:*** *Os serviços de saúde precisam se preparar para atender as demandas dos pacientes em todas as fases de seu percurso terapêutico, seja antes, durante ou após o tratamento, priorizando não apenas o âmbito físico, mas também considerando a sua integralidade.*

Descritores: *Itinerário Terapêutico; Neoplasias; Atenção à Saúde; Necessidades e Demandas de Serviços de Saúde.*

Resumén

Objetivo: *Comprender las necesidades sanitarias que surgen durante la ruta terapéutica del paciente oncológico.* ***Método:*** *Estudio descriptivo de naturaleza cualitativa, realizado con 16 pacientes que padecían una enfermedad oncológica en 12 Unidades Básicas de Salud de un municipio del interior de Minas Gerais, entre diciembre de 2023 y abril de 2024. Los datos se recopilaron mediante un guion de entrevista semiestructurado. Del análisis, según lo propuesto por Bardin, surgieron dos categorías temáticas.* ***Resultados:*** *Las necesidades de salud que surgen a lo largo del itinerario terapéutico del paciente con cáncer implican aspectos físicos, como la manifestación de síntomas antes del diagnóstico de la enfermedad, los efectos secundarios del tratamiento y las secuelas. Las repercusiones psicológicas son también evidentes, lo que requiere el manejo por parte de profesionales especializados y el uso de medicamentos ansiolíticos y antidepresivos. Además, se destacan las necesidades de apoyo social y espiritual.* ***Conclusión:*** *Los servicios de salud deben prepararse para atender las demandas de los pacientes en todas las etapas de su recorrido terapéutico, ya sea antes, durante o después del tratamiento, y considerar no solo los aspectos físicos, sino también su necesidades de forma integral.*

Descriptores*: Ruta Terapéutica; Neoplasias; Atención a la Salud; Necesidades y Demandas de Servicios de Salud.*

INTRODUCTION

Cancer is recognized as a global public health problem. In Brazil, an estimated 704,000 new cancer cases are expected for the 2023-2025 triennium, representing a major challenge for increasing life expectancy, primarily due to its high incidence and mortality.(1)

From the emergence of cancer signs and symptoms, which may be early or late, through the treatment and cure process, there is a path to be traced, called the therapeutic itinerary. This refers to the search for care, linked to and influenced by a series of factors, and describes individual and sociocultural practices related to the paths taken by individuals in attempting to resolve health problems. However, the journey may be distinct and not follow schemes or flows predetermined by the health system.(2)

Throughout the entire trajectory experienced by individuals living with oncological disease, they are capable of weaving alternative paths within the health system in search of care and cure. Consequently, various obstacles—whether functional, financial, psychological, physical, social, and/or spiritual—may emerge, bringing health needs to the surface.(3)

The term "health need" can be characterized beyond mere dissatisfaction, as it is not exclusively linked to pathophysiological aspects of body and mind. Rather, it refers to the variety of social conditions that permeate individuals in their totality, which should be identified by health professionals and used as indicators for their decisions.(4)

When experiencing cancer illness, health needs may emerge involving physical issues such as communication difficulties, self-care deficits, impaired sexual activity, situations requiring physiotherapy for rehabilitation, among other conditions specific to each disease. Regarding emotional aspects, fear of diagnosis and death emerges, along with the need to cope with the possibility of cancer recurrence, as well as emotional and physical trauma that may be triggered. Socioeconomic needs are also noteworthy, as the disease impacts individuals' social and economic relationships.(5)

It is crucial that health services as a whole organize themselves to address the various health needs that may arise during cancer patients' therapeutic itinerary, whether before, during, or after treatment.(6)

Given the aspects presented, understanding health needs at each stage of this journey allows for reconsidering care that addresses these demands through a multidisciplinary team, ensuring universality, equity, and comprehensiveness in constructing care practices that directly impact the quality of life of people with cancer, while also endorsing discussions about addressing the various aspects involving individuals' lives.

Scientific literature still emphasizes cancer patients' physical needs during treatment, based on the biomedical model that prioritizes disease without considering the wholeness of being. Psychosocial-spiritual needs are poorly addressed throughout the therapeutic itinerary, and the focus has been on the treatment period, failing to encompass the entire journey.

This study aims to understand the health needs that emerge during cancer patients' therapeutic itinerary.

METHODS

This is a descriptive study with a qualitative approach, developed according to the Consolidated Criteria for Reporting Qualitative Research (COREQ).(7) This study is an offshoot of the macro-project entitled "The therapeutic itinerary of people with cancer in the health care network."

The research setting comprised 12 Primary Health Care Units (PHCUs), randomly selected in a municipality in the interior of Minas Gerais. The primary care network consists of 63 PHCUs, with currently 80% of people having a reference unit.

The sample was composed by convenience, with participation from 16 users from different PHCUs. Sample size was not predetermined, and data collection was interrupted when the phenomenon under investigation was unveiled in its multiple dimensions, enabling adequate depth and breadth in the comprehension process.(8)

Inclusion criteria were: individuals who experienced oncological disease, registered with Family Health Teams in the municipality and who had completed cancer treatment. Users experiencing diagnosis or undergoing treatment for a second cancer or recurrence were excluded, as were those with neurological sequelae affecting cognitive function.

For data collection, contact was made with 20 PHCUs, with one refusing the invitation and seven not responding due to vacations, time off, professional absenteeism, or lack of interest in participating in the research.

Data collection occurred from December 2023 to April 2024. Meetings were scheduled with responsible nurses to present the research proposal. Participant recruitment was conducted with help from these professionals and community health agents who shared telephone numbers and addresses of eligible patients. Invitations to participate in the research were extended via telephone contact.

For data collection, a semi-structured interview guide was used as an instrument, consisting of questions related to physical, emotional, social, and spiritual health needs that emerged in the therapeutic itinerary from cancer diagnosis through post-treatment.

All interviews were conducted in person, with location choice left to participants' discretion to promote autonomy and provide privacy in a comfortable environment; however, all opted to conduct meetings at their residences.

Interviews were recorded using a smartphone and subsequently transcribed in full by researchers, with transcripts available on Google Drive. Average duration was 35 minutes. To preserve privacy and anonymity, each participant was identified through an alphanumeric code, represented by the letter "E" followed by a sequential number according to interview order.

Content was analyzed in three phases as proposed by Bardin: pre-analysis, where material was organized and analyzed following rules of exhaustiveness, representativeness, homogeneity, and relevance. Next, exploration of research material was conducted, studied in greater depth, adopting coding, classification, and categorization procedures. Finally, results were interpreted through inference and data interpretation.(9)

Regarding ethical aspects, the study was approved by the Research Ethics Committee (REC) under opinion number 6.084.103.

RESULTS

The study comprised 16 patients total: six male and ten female, aged 24-73 years (mean age 60), married with children. Regarding socioeconomic profile, most had not completed elementary education, 62% were retired, and prevailing family income was two minimum wages. The research included participants with different cancer types: prostate, brain, colorectal, glioma, lymphoma, breast, testicular, melanoma, peritoneum, cervical, rectal, leukemia, and bone tumors, with breast cancer being most common. Therapeutic choice varied according to cancer type and individual clinical conditions; however, chemotherapy and surgery were most prevalent.

Two thematic categories emerged from analysis: physical and psychological needs of cancer patients in the therapeutic itinerary, and social and spiritual needs of cancer patients in the therapeutic itinerary.

Physical and psychological needs of cancer patients in the therapeutic itinerary

In the therapeutic itinerary regarding physical and biological needs, participants revealed symptom manifestation during treatment that directly impacted their daily lives, particularly pain, as expressed in the following testimonies:

> I felt a lot of pain, actually I couldn't even sleep, right? I took a lot of medicine to try to sleep. (E03)
> I felt a lot of pain during surgery rehabilitation. (E2)
> I felt pain throughout my body. (E15)

They also highlighted other signs and symptoms persisting during treatment such as nausea, vomiting, appetite loss, weight loss, swelling due to corticosteroid use, recurrent anemia, and excessive fatigue, directly interfering with daily activities, as expressed in the following statements:

> Any activity I did made me very tired, I was always very active and suddenly I started feeling prostrate. (E12)
> During chemotherapy I had many symptoms: nausea, and it made me extremely tired, my face became very swollen because of corticosteroids, my belly, while I lost weight, was very swollen. (E14)
> I lost my appetite, lost too much weight, my eyes were sunken, besides the tiredness, I had recurrent anemia episodes, plus nausea and vomiting, it disrupted my studies, I missed exams because of appointments and ended up not having time to study properly. (E15)

Hair loss related to chemotherapy treatment, which may also persist afterward, was mentioned by participants as a common side effect directly impacting self-esteem and sexuality. Testimony excerpts reveal this understanding:

> I ended up losing hair, my libido decreased greatly during treatment, with that I felt my feminine essence was lost and I had no desire for sex. (E13)
> Suddenly I found myself losing my body hair and head hair. (E14)

Throughout the therapeutic itinerary, whether during or after treatment, it was highlighted that sexual activity was impaired. Participants emphasized symptoms that hindered preservation of sexual function such as pain, dryness, lack of libido, and erectile dysfunction; some sought medical help. Notably, especially women, despite discomfort and lack of interest, maintained sexual relations to please their partner, or when deciding not to continue with an active sex life, faced arguments from their husband. The following statements indicate this understanding:

> Regarding sexuality, after chemotherapy, I started feeling very indisposed and I think this caused some strangeness in my wife, but we sought medical help and managed to adjust to maintain a healthy sex life. (E4)
> Regarding sexuality, it's very difficult, the medications themselves cause lack of libido, dryness, and it's very difficult, nowadays I use lubricating ointments, it's very dry but I make an effort, after all I have a husband, sometimes I have to make a great effort to please him, if I could not have relations anymore it would be better for me. (E6)
> My libido decreased greatly during treatment, I had no desire for sex. At first he even argued, but then got used to it. (E13)

Cancer treatment promotes a series of changes in life routine, mainly due to side effects that negatively affect people's daily lives, such as loss of autonomy in daily occupations like caring for one's home and promoting self-care, as reported below:

> Imagine a super active person suddenly needing help to bathe, eat meals, tidy the house, I couldn't do anything anymore, I couldn't cook with him, I couldn't clean the house, and I was always very active. (El5)

Participants emphasized that in post-treatment, some symptoms such as pain, dizziness, involuntary arm movement, and momentary memory loss persisted, as well as dietary restrictions, bringing repercussions to daily life.

> But the arm pain accompanies me to this day, to this day I can't eat anything acidic that hurts my mouth, I still can't eat banana, lemon, orange. (E11)
> I had small seizures that caused dizziness and involuntary arm movement, sometimes slight momentary forgetfulness, I believed it would cease and that's not what happened, so this generates certain insecurity in performing some activities like driving or public speaking, something that was very common for me. (E4)

Conversely, there were participants who manifested physical and biological needs emerging in post-treatment such as involuntary urine loss, fecal incontinence, and arm movement restriction, as expressed in the following statements:

> Nowadays, I wear diapers all day, I can no longer hold urine. (E1)
> My fear is the bathroom, because I can't hold it, if I don't go when I feel the urge I soil myself, when I go out, the first thing I look for is the bathroom. (E03)
> Nowadays there are some movements I can't do with my arm. (E10)

Discovering cancer and undergoing treatment brings psychological repercussions to individuals, often requiring specialized help from psychologists or psychiatrists to alleviate suffering and emotional sequelae caused by the disease, which in some cases necessitates use of anxiolytic and antidepressant medications, as shown in the testimonies below:

> The psychological aspect I think was what affected me most, for me it was a shock to start taking antidepressants, anxiolytics, and sleeping pills and I still carry that today, I say it's the mark cancer left on my life. (E6)
> The psychological aspect I think was what affected me most, for me it was a shock to start taking antidepressants, anxiolytics, and sleeping pills and I still carry that today, I say it's the mark cancer left on my life. (E9)
> I think after cancer I became much more stressed, I worry about my body, I worry about everything, it was very difficult to deal with all this together, I became very depressed, I even asked the doctor to refer me to a psychologist. (E10)

Social and spiritual needs of cancer patients in the therapeutic itinerary

In the therapeutic itinerary, participants highlighted the importance of family support in the disease process. Family unity contributed to coping; conversely, some demonstrated contrary effects of family relationships, such as partner abandonment and absence of loved ones, as reported below:

> The whole family became much closer, everyone wanted to go with me to appointments, my daughter-in-law helped me a lot too. (E2)
> My family played a crucial role during my journey against cancer. (E6)
> I had a partner, but after cancer this partner left me. Hair falls out, we lose the breast and it seems femininity goes away with it. (E10)
> My family isn't from here, they're all far away, no one came to see me, it was just my husband who helped me, I was quite hurt by this, it's something that hurts me. (E9)

The disease impacted on the financial life of cancer patients and their families. Some participants and family members needed to withdraw from work activities due to limitations imposed by treatment, and even so, retirement was denied by the medical examiner. In some situations, given limited resources, close people helped with food and paid water and electricity bills, in addition to the Cancer Support Foundation that offered some medicines, water, snacks, and lunch. Due to limited resources, borrowing money was also used. Despite the financial burden, not everyone sought government assistance to cover expenses.

> Financially, at the time of the disease itself we went through great hardship. (E6)
> I worked as a nursing assistant and after cancer I couldn't return because the pain I feel in my arm limits me greatly, I couldn't retire. The medical examiner told me to look for some other job I could adapt to, I only managed to retire later by age, my daughter had to leave work to care for me, I took out loans and that's how we survived. (E11)
> Financially we sought a government benefit to help. We managed to receive a monthly amount to help buy medicines and also a discount on bus tickets, they didn't cover the full amount, but it was already help with expenses. Since my mother stopped working it became very tight to pay household bills and transportation. I got help from some relatives who offered to help with water and electricity bills. My aunt helped me a lot with food, she made lunch for the week and brought it to us. We found the Ricardo Moysés Foundation, my mother could go wash clothes there and even some medicines I needed to take were provided by the foundation, plus water, snacks, and lunch. (E14)

Participants faced financial problems related to expenses with bus tickets and ride-sharing cars for appointments and chemotherapy or radiotherapy treatment sessions, due to the distance between residence and clinic or hospital. Many received no assistance to cover transportation, or got it after some time, as expressed in the following testimonies:

> Taking the bus at that time weighed heavily, because it was money that went away with the fare, no one gave me preference to sit, I went on that crowded bus standing returning home after chemotherapy, I started opting for taxi, but it didn't last even a month, because it was really more expensive. (E9)
> I only managed after some time, which was a voucher to ride the bus, before either I paid the fare or walked, as money was very tight I walked, then I started going by bus. (E10)

Financial impact is also caused by costs with private exams, medication acquisition, and consumption of natural foods that are healthier but generate greater expenses for the family. Some needed to sell assets to pay all bills, as announced by the following participants:

> Financially, at that time it impacted quite a bit, there were exams that were very expensive and some appointments the insurance didn't cover, which generated greater expense for me, food is something I sought to improve a lot and eating well means spending more, the pension I started receiving was a great help. (E5)
> Regarding finances, the exams were quite heavy. (E8)
> About finances, I needed to pay for all CT scans, it weighed quite heavily, luckily the land my father left me I managed to sell and that's what relieved it, and it was the money I had to afford the CT scan. (E9)
> In finances I noticed more difference because everything about cancer is expensive right, I started using expensive burn ointments, because SUS didn't cover it and I also spent a lot on tea and natural things. (E13)

The positive relationship between religion/faith as a way to promote relief and comfort during and after treatment is noted, providing hope and positivity throughout the process. Faith strengthens, the search for religious services becomes more intense, as do prayers, as expressed by the following participants:

> I'm evangelical, I started attending and getting closer after cancer, today I pray, go to church, it gave me a lot of strength at this moment. (E2)
> I think our faith becomes stronger, I started going to church more, fasting, keeping vigil. (E9)
> Spiritually, I've always been very connected to God and in a way this makes us get closer. (E5)

DISCUSSION

Health needs are universal, inherent to all individuals, differing only in how to satisfy them in aspects such as age, sex, culture, social and economic factors, physical conditions, among others.(10) Surveying these needs in cancer patients aims to understand and address such demands to offer individualized and comprehensive care, focusing on the human being rather than the disease.

Regarding physical needs manifesting during cancer treatment, pain was reported as something directly influencing quality of life and daily activities. From this perspective, quantifying and seeking to understand oncological pain goes beyond pre-fixed scales; it is fundamental to understand its repercussions on the reality experienced by individuals. Additionally, it is necessary to understand that pain's subjective dimension directly impacts psychological, emotional, and social aspects involving individuals' lives.(11)

Along with pain, fatigue, considered a multidimensional syndrome symbolized by subjective physical and cognitive exhaustion, is one of the most important side effects resulting from treatment and the disease itself.(12) Cancer-related fatigue may be related to psychological and socioeconomic factors, cognitive and affective states, and spiritual suffering.(13)

In research with people undergoing chemotherapy for cancer at the Affiliated Hospital of Xuzhou Medical University in China, it was noted that symptoms such as nausea and vomiting are the most common adverse events in antineoplastic drug therapy, corroborating findings of the present study.(14) This occurs due to drugs' direct action on the central nervous system, which releases stimuli to different body regions, triggering these unpleasant manifestations that generate great discomfort.(15)

Integrative and Complementary Health Practices are recommended as they minimize adverse effects and encourage self-care, promoting better quality of life. Acupuncture stands out as one alternative, as it has shown good results in relieving nausea, vomiting, pain, fatigue, and other adverse effects during cancer treatment.(15)

Alopecia was also highlighted in the present study as a physical alteration resulting from chemotherapy treatment that brings psychological repercussions for individuals, especially women, affecting self-esteem and sexuality. Hair carries important symbolic weight in society, as appearance is how people present themselves and are recognized by others, forming part of identity construction. Hair loss, whether temporary or permanent, gives visibility to people's health condition, directly affecting their self-esteem.(16)

Besides alopecia, participants in the present study attributed impact on sexuality to factors such as dyspareunia, vaginal dryness, and sexual dysfunction, resulting in lack of libido and loss of interest. hus, it is understood that sexuality encompasses a series of physical and mental aspects aiming to achieve sexual satisfaction. Cancer, in turn, can significantly affect people's quality of life, both through psychological and emotional aspects and through treatment aggressiveness, which can cause important sequelae in sexuality and sexual life.(17)

Fear of feeling pain during sexual intercourse causes decreased arousal, resulting in increased vaginal dryness and consequently greater pain perception during the act. It is noted that despite discomfort and lack of interest, women decided to maintain relations to please their partner. Over the years, despite various female conquests throughout centuries, sexuality is linked to gender domination, being something disconnected from natural human expression. Still, many women view sexual practice as an obligation, even without desire, just to fulfill the role of wife or partner.(18)

For men, due to disease stigma, many have already experienced treatment physically and psychologically depressed, reflecting on sexual life. Added to this are treatment effects on sexual function such as impotence, decreased sperm, fatigue, and erectile dysfunction.(19)

When identifying the nursing diagnosis of "Sexual dysfunction"(20), nurses should address how side effects will impact sexual relations with partners during and after treatment, planning care that addresses this health demand.(17)

With cancer discovery, a series of feelings and emotions are mobilized in individuals' lives, mainly due to the historical and social process of this stigmatizing disease that carries the possibility of threatening life continuity, directly contributing to physical and mental suffering.(21) In the present study, participants referred to the need for specialized help from psychologists and psychiatrists to deal with suffering and emotional sequelae emerging with the disease.

The importance of family support in the process of becoming ill and treating cancer is also highlighted. Families organize to provide emotional support that loved ones need, in addition to other needs arising during disease course, often being the communication link between health teams and patients.(22)

It is noted that when families do not provide necessary support, ill people suffer from abandonment and absence of those who should be their support, as revealed in the present study and corroborated by Mello and collaborators. Feelings of loneliness, emotional suffering, and anguish can be glimpsed in people who do not have a structured support network, whether composed of family and/or friends.(23)

Besides family, the present study showed that spirituality and religion contributed positively during and after treatment, being instruments of positivity and hope. Religion and spirituality are forms of psychosocial support, as positive religious coping promotes emotional comfort, hope, meaning, and purpose that endure throughout life.(24)

Cancer patients' therapeutic itinerary was marked by financial difficulties in covering all expenses that began emerging from diagnosis. Alemães and collaborators(25), in their study on adherence and dropout of people during oncological treatment, confirmed that frequent trips to specialized oncology centers generated financial, physical, and emotional exhaustion for patients and companions, at a time requiring intense and long care, a situation that may be aggravated due to treatment side effects.

In this context, Support Houses contribute to welcoming people undergoing cancer treatment and their families or companions, since they provide structure aimed at meeting demands such as meals, dormitories, multidisciplinary team services, while promoting a health and well-being promotion environment.(25)

Teston and collaborators(26), in a study conducted with cancer treatment patients in a municipality in the Northwest region of Paraná, highlight that illness conditions compromise financial power, especially if patients are family providers. Even though rights are guaranteed by law, there are various other expenses inherent to disease and treatment not covered by these benefits, such as food and transportation. Additionally, when faced with waiting lists for exams, patients often decide to bear costs to advance the process as a whole.

Understanding the journey taken is essential, as it values experiences of those who experienced illness and cure, offers support for coping, monitors the entire health-disease process, increases bonding, and provides greater treatment adherence. Clarifying that cancer is not a death sentence becomes important, as it is a stigmatizing disease in society, linked to life termination.(27)

A study limitation is not having defined a specific cancer type; thus, it is possible to have a general understanding of health needs emerging throughout the therapeutic itinerary.

This study makes evident throughout the therapeutic itinerary the importance of nurses rethinking health care, contributing to overcoming biopsychosocial barriers, addressing all demands, enhancing compliance with Unified Health System principles, aiming to improve quality of life for people with cancer. Services must organize to meet patients' various health needs throughout their therapeutic itinerary, whether before, during, or after treatment.

CONCLUSION

According to results obtained in the present study, health needs arising during cancer patients' therapeutic itinerary involved physical aspects such as disease symptoms, treatment side effects, and sequelae impacting their daily lives. Psychological effects also emerged, affecting self-esteem and sexuality. Even though guaranteed by law, people still suffer financial problems when paying for exams, appointments, and medications. he need to feel supported and welcomed is also highlighted, so that family presence and spiritual support become essential for coping.

Support from good professionals throughout the process is fundamental for care success, as is an integrated and effective health care network. It is hoped that future studies will deepen the theme from new perspectives, such as patient navigation in nursing, which enables and ensures that the therapeutic plan occurs, guaranteeing comprehensive and person-centered care.

CONTRIBUITIONS

Contributed to the conception or design of the study/research: Renzzo ACF, Paiva ACPC. Contributed to data collection: Renzzo ACF. Contributed to the analysis and/or interpretation of data: Renzzo ACF, Paiva ACPC. Contributed to article writing or critical review: Renzzo ACF, Paiva ACPC, Farão EMD, Simoneti RAAO. Final approval of the version to be published: Renzzo ACF, Paiva ACPC, Farão EMD, Simoneti RAAO.

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Conflicts of interest: No
Submission: 2025/01/28
Revised: 2025/02/04
Accepted: 2025/09/15
Publication: 2025/12/31

Editor in Chief or Scientific: José Wicto Pereira Borges
Associate Editor: Államy Danilo Moura e Silva