



III SIMPÓSIO DE CÂNCER DE PULMÃO

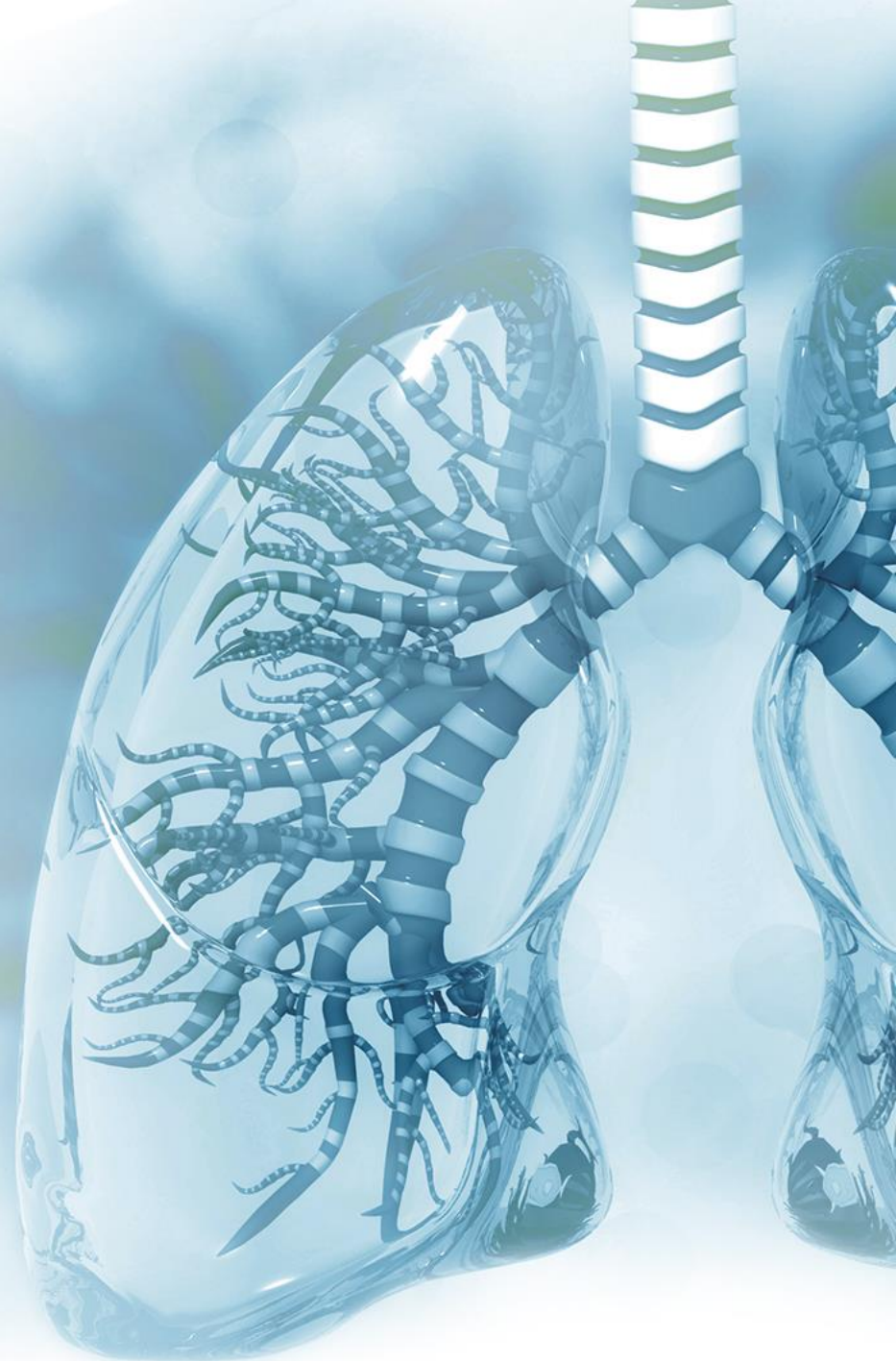
II SIMPÓSIO MULTIPROFISSIONAL DE CÂNCER DE PULMÃO
6 E 7 DE DEZEMBRO DE 2019 - PULLMAN SÃO PAULO VILA OLÍMPIA

APOIO INSTITUCIONAL



A Beneficência
Portuguesa
de São Paulo

Programa *Team Up*

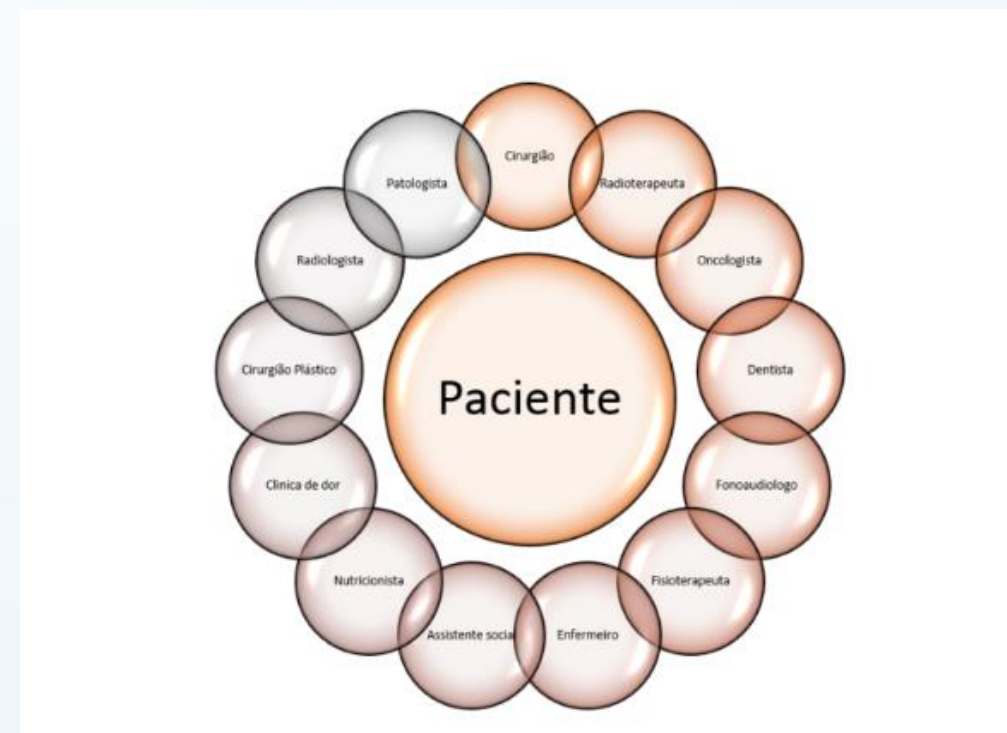


O papel do enfermeiro na jornada do paciente com câncer de pulmão: detecção precoce, tratamento ativo, sobreviventes e cuidados paliativos/suporte

Gislene Padilha
Enf^a Prática Avançada BP Mirante
ABRENFOH Membro Fundador
AONN Membro Associado
NOS Membro Associado

Melhores Práticas em Navegação em Cancer de Pulmão

- Jornada do Paciente
- Papel do Navegador na melhoria dos resultados do paciente
- Prevenção e detecção precoce
- Estigma social
- Coordenação de assistência
- Navegação em: cuidados de suporte
- Planejamento de sobreviventes



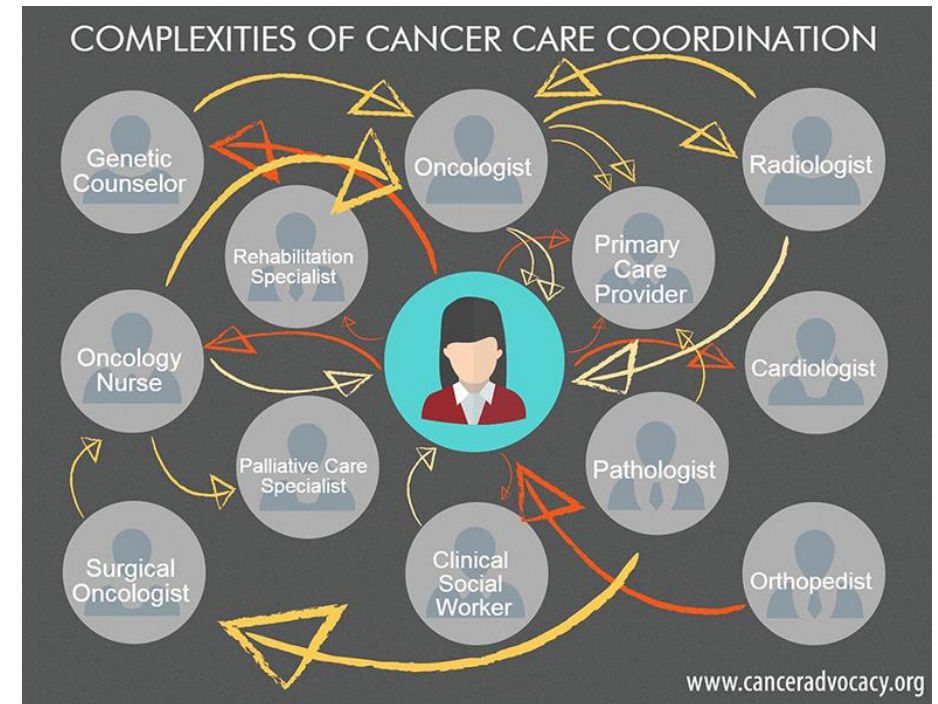
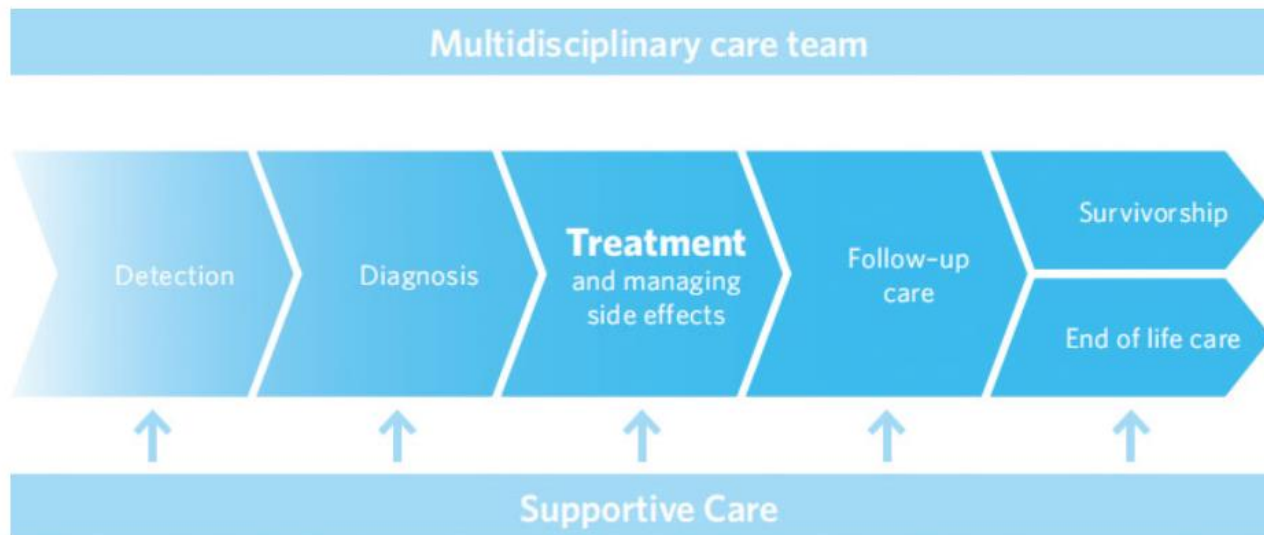
PERCURSO DO PACIENTE COM CÂNCER

As linhas de cuidado são estratégias de estabelecimento do “percurso assistencial” com o objetivo de organizar o fluxo dos indivíduos, de acordo com suas necessidades.



LINHA DE CUIDADO DO CÂNCER

COMPLEXIDADE DO DIAGNÓSTICO



CÂNCER DE PULMÃO



Learn the Facts

ABOUT LUNG CANCER

LUNGeity Foundation is changing outcomes for people living with lung cancer through research, education, support, and advocacy. Share these facts to spread awareness and help make lung cancer a national health priority.

FACT: ANYONE CAN GET LUNG CANCER



1 in 16 Americans will be diagnosed with lung cancer in their lifetime. More than 228,000 will be diagnosed this year; this is more than the population of Baton Rouge, LA.

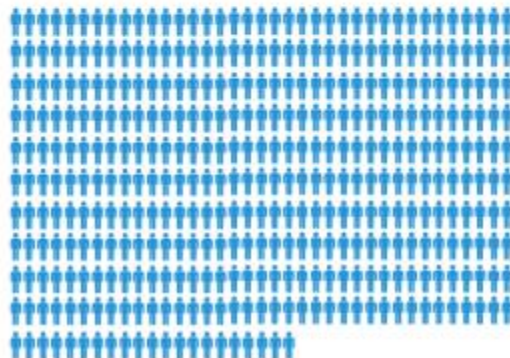
60%-65%
of all new lung cancer diagnoses are among people who have never smoked or are former smokers

10%-15%
of lung cancer cases are in never-smokers

Every 2.3 minutes someone is diagnosed with lung cancer



Lung cancer can affect anyone, regardless of gender or ethnicity



391 Americans will die of lung cancer today, more than fit on a full Airbus A340-500.



- 16% Diagnóstico estágio inicial (56% sobrevida em 5 anos)
- 85% relacionados ao cigarro
- 18% sobrevida em 5 anos

Estimativas de novos casos: 31.270, > homens (2018 - INCA);
N. de mortes: 27.931 (2017, SIM)

INCA 2018

O papel do navegador na melhoria dos resultados do paciente

Navegação - processo do cuidado contínuo, em todas as etapas do tratamento do câncer

AONN 2018

- A coordenação de serviços para pacientes com câncer de pulmão otimiza os resultados.
- ◆ Os navegadores de promove maior satisfação do paciente.
- ◆ Agilidade nos resultados e qualidade de vida

CJON WRITING MENTORSHIP PROGRAM ARTICLE

Modeling a Better Way: Navigating the Healthcare System for Patients With Lung Cancer

Amy J. Seek, RN, MS, CRNP, OCN®, and William P. Hogle, RN, MSN, OCN®

The coordination of services for patients with suspected or newly diagnosed lung cancer produces improved patient outcomes, particularly in their quality of life. Evidence-based practice demonstrates improved outcomes from the multimodality therapies offered today, especially for patients with lung cancer; however, navigating through the healthcare system is especially challenging for patients. In developing the Multidisciplinary Lung Cancer Clinic at Frederick Memorial Hospital, navigation challenges in the healthcare system have been addressed. Patients are receptive and pleased with the approach, in which a nurse practitioner coordinates services and provides guidance and support for patients. The program offers benefits to patients with lung cancer in the community hospital setting. A similar program can be implemented in community cancer centers for patients with other diagnoses to improve outcomes and satisfaction with the healthcare system.

Patients with lung cancer require multimodality treatment. A multidisciplinary approach to diagnosis and treatment optimizes outcomes for patients diagnosed with cancer (Gopal, 2005). Lung cancer is a significant public health concern because it is the second most-diagnosed cancer and the number-one cause of death among men and women in the United States, accounting for more deaths each year than breast, prostate, and colon cancers combined. The American Cancer Society (2006) and Jemal et al. (2006) estimated that 174,470 new cases of lung cancer would be diagnosed in the United States in 2006. Although strides have been made in early detection and diagnosis for other neoplasms, efficient means of screening for lung cancer do not exist presently. Most cases are diagnosed at an advanced or locally advanced stage, and about 60% of people diagnosed with lung cancer die within one year of diagnosis (American College of Surgeons, 2005). In recent years, long-term survival in patients with lung cancer has improved slightly, with five-year survival rates reaching 15% in all patients regardless of stage at diagnosis. Since the mid-1990s, multimodality treatments have offered improved patient outcomes for various types of cancer, particularly non-small cell lung cancer (NSCLC) (Eberhardt et al., 1998; Schild et al., 2005).

Navigating today's healthcare system is challenging and time consuming and may impact quality of life. In 2003, Frederick Memorial Hospital, a 248-bed community hospital in Maryland, took part in the National Patient Impact Initiative that examined the effects of multiple medical visits on quality of life. The study demonstrated that patients are negatively affected by numerous medical visits related to the diagnosis of any form of

At a Glance

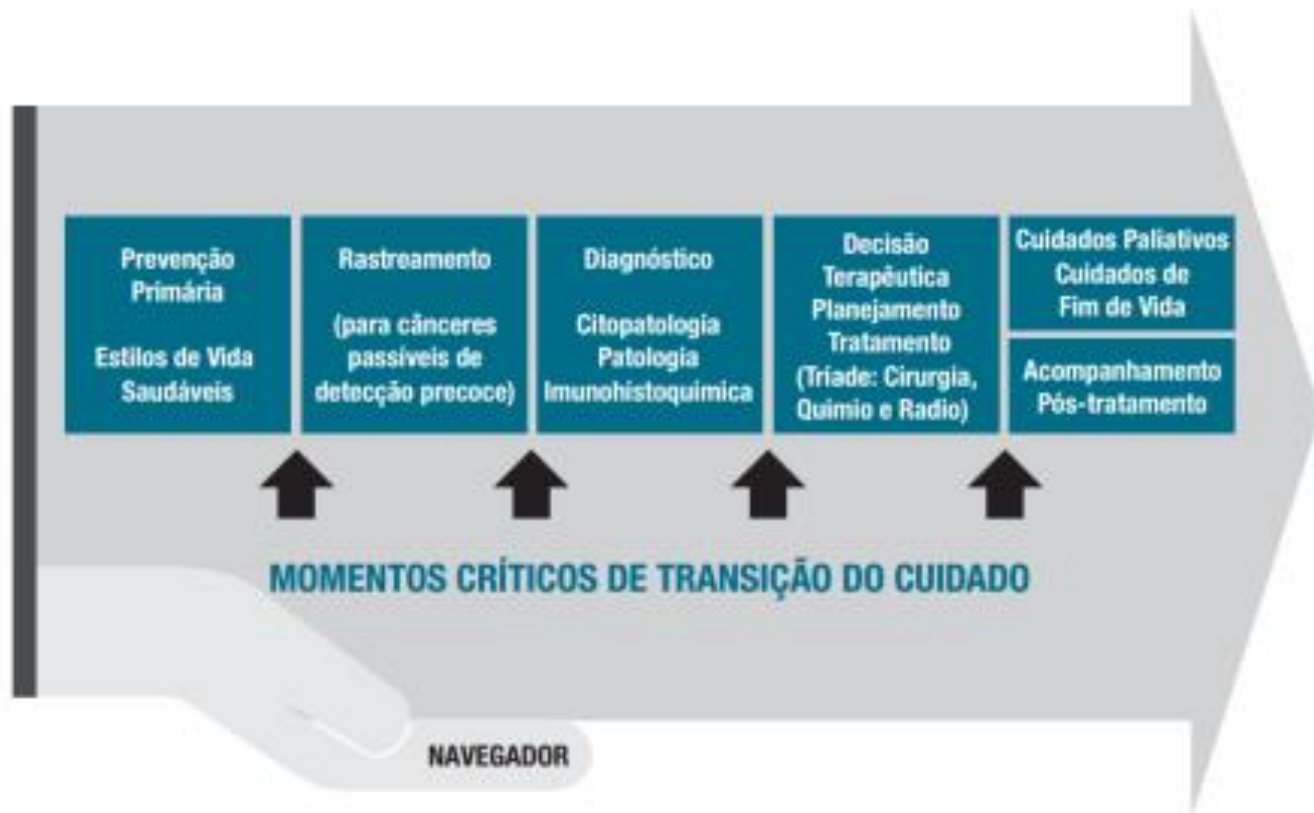
- ◆ Coordination of services for patients with lung cancer optimizes outcomes.
- ◆ Nurse navigators deliver a high level of service that promotes increased patient satisfaction.
- ◆ Nurse navigators are becoming a trend in cancer care.

cancer (Tauer, Zhu, & Fortner, 2004). A multidisciplinary clinic allows patients the convenience of seeing multiple physicians from various specialties during a single visit to the hospital and offers efficient and expedited services through the evaluation and treatment phases of patients' overall care. The success of a multidisciplinary lung cancer program is dependent not only on patient outcomes but also on successful and efficient navigation of the healthcare system. Successful navigation is demonstrated by simplified and expedited treatment and can positively impact

Amy J. Seek, RN, MS, CRNP, OCN®, is a patient navigator at the Frederick Memorial Hospital in Maryland; and William P. Hogle, RN, MSN, OCN®, is a clinical manager in the Passavant Cancer Center at the University of Pittsburgh in Pennsylvania. The authors were participants in the 2005 CJON Writing Mentorship Program, which was underwritten through an unrestricted educational grant by Amgen Inc. No significant financial relationship to disclose. (Submitted November 2005. Accepted for publication April 7, 2006.)

Digital Object Identifier: 10.1188/07.CJON.81-85

TRANSIÇÃO DOS CUIDADOS



EDUCAÇÃO BASEADA EM EVIDÊNCIAS

BRASIL

- 263 pacientes participantes do Programa
 - Redução no tempo decorrido desde o diagnóstico até o início do tratamento de 24 dias em 2014 para 18 dias em 2017.
 - 97% dos pacientes ficaram satisfeitos ou muito satisfeitos com o atendimento prestado pelo enfermeiro navegante.

Rohsing V. Nurse Navigation Program Outcomes from a breast cancer center in Brazil.
CJON FEBRUARY 2019, VOL. 23, NO. 1

Nurse Navigation Program

Outcomes from a breast cancer center in Brazil

Vania Rohsig, RN, MS, Poliana Silva, RN, Rosane Teixeira, RN, Elisiane Lorenzini, RN, PhD, Rubia Maestri, RN, PhD, Taiana Saraiva, RN, and Aline Souza, RN, MS

BACKGROUND: Nurse navigators play a major role in the care provided to patients with cancer within the healthcare system.

OBJECTIVES: This study aims describe the outcomes of a pioneering nurse navigation program established in a breast cancer center in a private, nonprofit hospital in Porto Alegre, Brazil.

METHODS: This is a cross-sectional, retrospective, descriptive study based on electronic health records. Descriptive statistics were used for data analysis.

FINDINGS: Data from 263 patients participating in the navigation program and hospital quality indicators showed a reduction in the time elapsed from diagnosis to the start of treatment from 24 days in 2014 to 18 days in 2017. Of 153 patients who responded to a patient satisfaction survey, 97% were satisfied or very satisfied with the care provided by the nurse navigator.

KEYWORDS
nurse navigator; integrated care; continuity; oncology; care coordination; transition

DIGITAL OBJECT IDENTIFIER
10.1188/19.CJON.E25-E31

BREAST CANCER IS THE LEADING CAUSE OF CANCER DEATH among women in developing countries and the second cause of cancer death among women in developed countries. Breast cancer is also the most frequent type of cancer affecting women around the world, with 2.1 million new cases estimated by the Globocan project in 2018 (Global Cancer Organization, 2018).

Patients with a cancer diagnosis face life-changing decisions. In addition, they frequently have to deal with healthcare systems that provide fragmented care, causing delays in the start of treatment following diagnosis. For these patients, the fragmentation of care translates into challenges that add to the anxiety, fear, despair, and confusion that are often present in the course of the disease (Wagner et al., 2014).

The literature describes three broad challenges faced by patients with cancer, family members, and caregivers: delays and lack of coordination of care, lack of relevant information, and poor emotional and social support (Wagner et al., 2010; Yatim et al., 2017). To overcome these issues, institutions have invested in care transition programs for patients with cancer and other chronic diseases (Dajczman et al., 2013). Many healthcare organizations, particularly in developed countries, have implemented patient support programs involving nurses who help patients navigate the healthcare system (Shockney, Haylock, & Cantril, 2013; Trevillion, Singh-Carlson, Wong, & Sherriff, 2015; Walkinshaw, 2011).

According to the Oncology Nursing Society (2017), an oncology nurse navigator (ONN) is "a professional RN with oncology-specific clinical knowledge who offers individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers. . . . Using the nursing process, an ONN provides education and resources to facilitate informed decision making and timely access to quality health and psychosocial care throughout all phases of the cancer continuum" (p. 4). As such, the ONN is in charge of transitioning patients throughout the care continuum and facilitates the integration of patients into the healthcare system (Cantril & Haylock, 2013; Lubejko et al., 2017; Oncology Nursing Society, 2017). Navigation in oncology has demonstrated benefits for patients diagnosed with cancer, such as shorter time to diagnosis and treatment, increased patient and caregiver knowledge, better adherence to care, and better quality of life. The ONN role

ALCANCE DA COMUNIDADE

- **Prevenção e detecção precoce**

Modelos de Programas de Prevenção :

Comissão do Câncer (EUA) & INCA (Brasil)

- *Identificar fatores de risco na comunidade e estratégias de mudança de comportamento*
- *Educação: cessação do tabagismo e triagem precoce*

TABAGISMO É O MAIOR FATOR DE RISCO EVITÁVEL PARA O CÂNCER DE PULMÃO (90%)

- *PROGRAMAS/CAMPANHAS DE CESSAÇÃO: FARMACOTERAPIA OU ACONSELHAMENTO COMPORTAMENTAL OU COGNITIVO*



Tools & Tips

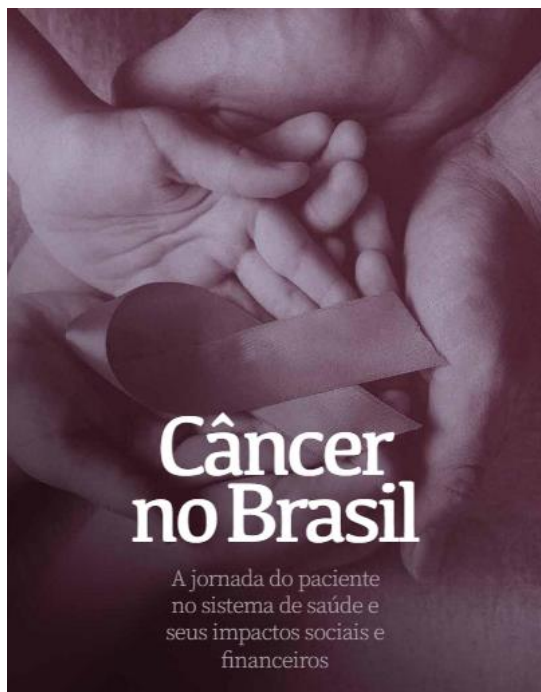
Learn about different tools to help you quit and how to use them.



CoC 2018; INCA 2017; NCBI 2019

Prevenção e detecção precoce

- Detecção precoce



Cancer Imaging

[Cancer Imaging](#). 2011; 11(1A): S79–S84. PMID: PMC3266562
Published online 2011 Oct 3. doi: [10.1102/1470-7330.2011.9020](https://doi.org/10.1102/1470-7330.2011.9020) PMID: [22185865](https://pubmed.ncbi.nlm.nih.gov/22185865/)

NELSON lung cancer screening study

[Ying Ru Zhao](#),^a [Xueqian Xie](#),^a [Harry J de Koning](#),^b [Willem P Mali](#),^c [Rozemarijn Vliegenthart](#),^a and [Matthijs Oudkerk](#)^d

• Author information • Copyright and License information [Disclaimer](#)

This article has been [cited by](#) other articles in PMC.

Abstract

[Go to:](#)

The Dutch-Belgian Randomized Lung Cancer Screening Trial (Dutch acronym: NELSON study) was designed to investigate whether screening for lung cancer by low-dose multidetector computed tomography (CT) in high-risk subjects will lead to a decrease in 10-year lung cancer mortality of at least 25% compared with a control group without screening. Since the start of the NELSON study in 2003, 7557 participants underwent CT screening, with scan rounds in years 1, 2, 4 and 6. In the current review, the design of the NELSON study including participant selection and the lung nodule management protocol, as well as results on validation of CT screening and first results on lung cancer screening are described.

Keywords: Lung cancer, screening, multidetector computed tomography, population, pulmonary nodules, volume measurement

Recomendações de Rastreamento

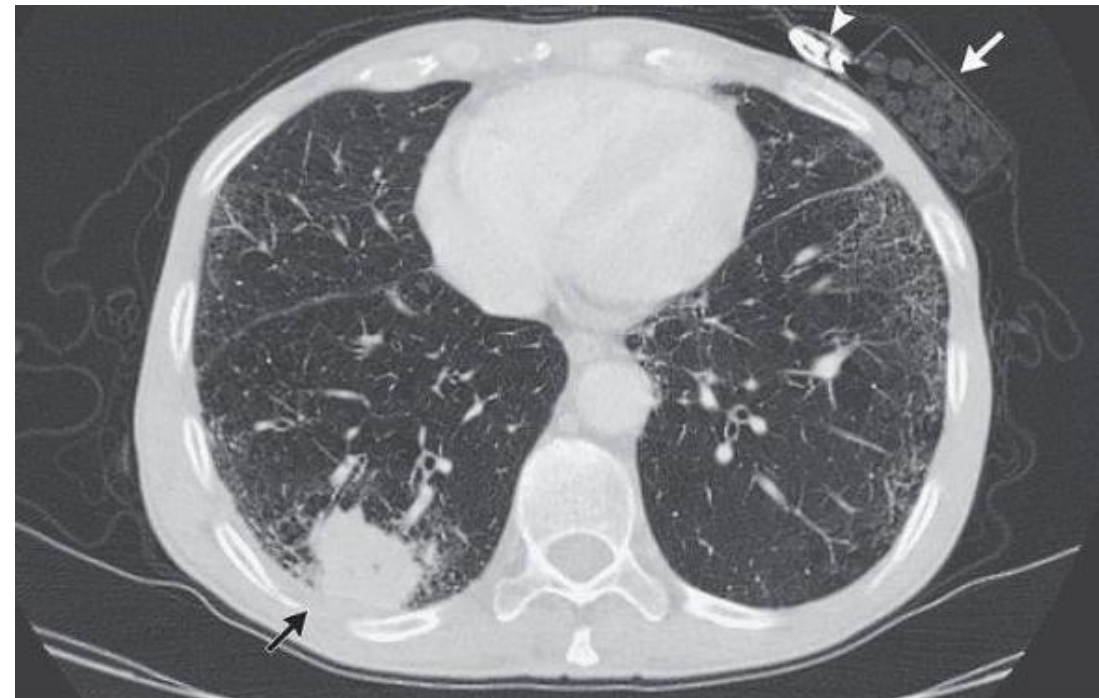
- MS não recomenda rastreamento radiológico
- NELSON: TCBD
 - 30 maços/ano ou
 - 15 anos de cessação
 - 55 e 74 anos

Resultados: < mortalidade em 26% Homens e 39-61% mulheres

- NCCN: 'TCDB em indivíduos de > risco

Abordando o estigma social do câncer de Pulmão

Características baseadas no comportamento:



- CULPA
- FRAQUEZA

- RECUSA DE TRATAMENTO
- NÃO PROCURA TRATAMENTO

N Engl J Med 2019

Linha de Cuidado - Saúde Suplementar

Projeto OncoRede

2016: **Projeto OncoRede** – iniciativa da Agência Nacional de Saúde Suplementar (ANS);

Novo modelo de cuidado em oncologia: conjunto de ações integradas para reorganizar e aprimorar a prestação dos serviços de saúde para pacientes com câncer no Brasil;

Definição e a estruturação do que é a linha de cuidado em oncologia na saúde suplementar, parâmetros de integralidade; prevenção, diagnóstico precoce e cuidados paliativos.

Navegador cuidados de suporte

- Gerenciar os sintomas , preservar e/ou restaurar a qualidade de vida
- Não se restringe ao fim de vida
- A transição aos cuidados paliativos em qualquer estágio



NCCN Guidelines Version 2.2019
Palliative Care

[NCCN Guidelines Index](#)
[Table of Contents](#)
[Discussion](#)

PREPARING PATIENTS/FAMILIES/CAREGIVERS FOR END-OF-LIFE AND TRANSITION TO HOSPICE CARE

ESTIMATED
LIFE
EXPECTANCY

ASSESSMENT/INTERVENTIONS

REASSESSMENT

Years
Year to
months
Months
to weeks

- Assess prognostic awareness and patient/family/caregiver understanding of the expected course of disease
- Provide clear, consistent discussion with the patient/family/caregiver about prognosis and anticipated care needs on an ongoing basis
- Facilitate advance care planning ([See PAL-29](#))
 - › Assess for decision-making capacity and need for a surrogate decision maker
 - › Elicit values and preferences with respect to quality of life
- Determine need for specialized palliative care or eligibility and readiness for hospice care

- Acceptable outcomes:
- Reduction of patient/family/caregiver distress
 - Acceptable sense of control
 - Decreased caregiver burden
 - Strengthened relationships
 - Optimized quality of life
 - Personal growth and enhanced meaning

- If unacceptable:
- Re-evaluate palliative care interventions and intensify as possible



PLANEJAMENTO DE CUIDADOS AOS SOBREVIVENTES

[Chest](#). 2006 Apr;129(4):1088-97.

Long-term survivorship in lung cancer: a review.

Sugimura H¹, Yang P.

Author information

¹ Department of Health Sciences Research, Mayo Clinic, 200 First St SW, Rochester, MN 55905, USA.

Abstract

While outcome research in lung cancer has focused mainly on short-term survival and quality of life (QoL), information on long-term (ie, > 5 years postdiagnosis) lung cancer survivorship remains limited. This review addresses the epidemiologic significance of long-term lung cancer (LTLC) survivors, summarizes the current knowledge on their health and QoL, and suggests areas for further research in LTLC survivorship. Based on a small body of literature, lung cancer survivors do not experience the same quantity and QoL as their age-matched peers or as survivors of other cancers. Survival among 5-year survivors of lung cancer relative to the general US population with the same demographic characteristics is approximately 60%, and lung cancer survivors score lowest in health utility among long-term survivors of other cancers. Approximately one-quarter of long-term lung cancer (LTLC) survivors were significantly restricted in physical ability or reported significant depressive symptoms. There is a need to identify and intervene with subgroups of survivors who are at an elevated risk of premature death and diminished QoL. Lung cancer-specific survival alone does not reflect the overall illness burden in LTLC survivors. Patient care in lung cancer survivors should be continuous and comprehensive in considering multiple causes of health deterioration. Multidisciplinary research in epidemiologic, clinical, and basic science approaches is warranted to further our knowledge base for optimal long-term management and to develop the necessary intervention strategies among LTLC survivors.

PMID: 16608961 DOI: [10.1378/chest.129.4.1088](#)

[Asia Pac J Oncol Nurs](#). 2019 Jan-Mar; 6(1): 17-23.

doi: [10.4103/apjon.apjon_43_18](#)

PMCID: PMC6287379

PMID: [30599011](#)

The Changing Face of Lung Cancer: Survivor Perspectives on Patient Engagement

Margaret I. Fitch, PhD, RN

► Author information ► Article notes ► Copyright and License information [Disclaimer](#)

Abstract

Go to:

Objective:

Advances in the diagnosis and treatment of lung cancer have resulted in an increasing number of individuals living longer following their diagnosis. No longer is lung cancer the “death sentence” it once was. This initiative was designed to document the current experiences of lung cancer patients and explore the potential for patient engagement.

Methods:

Three avenues of investigation were undertaken: a literature review regarding lung cancer and patient engagement, an environmental scan of lung organizations and cancer societies regarding their approaches to lung cancer patient and family engagement, and in-depth interviews with lung cancer survivors and family members about their experiences and perspectives about patient engagement. Information was collated and major themes identified.

Results:

Evidence about the experience of lung cancer patients illustrates their needs are complex and dynamic. It also presents a clear picture of unmet physical, psychosocial, and spiritual needs. In particular, stigma is a significant issue for those diagnosed with lung cancer. Information, support, and communication play important roles in helping patients cope but access to resources remains challenging. Patients and family members expressed interest in becoming engaged in advocacy to improve care.

Conclusions:

The changing face of lung cancer creates the potential for lung cancer survivors to become engaged not only in participating in their own care but also become more involved in peer support and advocacy than lung cancer patients have been able to do in the past.

[Asia Pac J Oncol Nurs](#). 2019

- Sobreviventes > 5
- QV diferente dos demais tipos de câncer
- Manejo dos Sintomas
- Educação dos pacientes
- Reabilitação
- Grupo de apoio

OLHANDO PARA O FUTURO

- Evolução do tratamento do câncer
- Detecção precoce
- Envelhecimento da população
- Aumento de sobreviventes
- Mudanças no sistema de saúde(atender o padrão da prestação de serviço)

OLHANDO PARA O FUTURO



- Nenhum paciente com câncer deve sofrer um atraso no tratamento que diminua a sobrevida.

OBRIGADA

gislene.santos@bp.org.br