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ORIGINAL ARTICLE

KNOWLEDGE, ATTITUDES AND PRACTICES RELATED TO COVID-19 IN PATIENTS UNDERGOING ANTINEOPLASTIC TREATMENT: A CROSS-SECTIONAL STUDY

Letícia Gomes Carvalho*
Cristiane Decat Bergerot**
Michelle Samora de Almeida***
Edvane Birelo Lopes De Domenico****

ABSTRACT

Objective: to analyze the level of knowledge, attitudes, and practices of patients undergoing antineoplastic treatment during the COVID-19 pandemic and relate them to sociodemographic and clinical characteristics. **Method:** a cross-sectional study with patients from a public hospital in São Paulo, Brazil. Data collection was carried out between August and December 2020, and included three instruments for collecting sociodemographic and clinical data, and a questionnaire to measure knowledge, attitudes, and practices. Data were analyzed using descriptive and inferential statistics. **Results:** of the 134 patients, the mean age was 58 years; 57.5% were women, 59% had not completed high school; 53.2% had a family income of less than three minimum wages; and 51% had IV disease of disease. The mean number of correct answers in knowledge was 59%, and more errors were observed among patients with lower levels of education and income. In attitudes, 78.4% believed that COVID-19 would be controlled and 89.6% that they would find adequate treatment if they became infected. In practices, 75% practiced social distancing and 96.3% used masks. **Conclusion:** the lower number of years of education and low family income were associated with a lower level of knowledge. The need to seek strategies to formulate specific health education policies for this population is reaffirmed.

Keywords: Coronavirus. Health Knowledge, Attitudes, Practice. Neoplasms. Pandemics.

INTRODUCTION

The first cases of COVID-19 were recorded in Wuhan, China, in late 2019, and the disease, caused by SARS-CoV-2, quickly spread, becoming a pandemic. In Brazil, the first confirmed cases occurred in March 2020. Before immunizations, studies showed that the risk groups were people over 60 years old and with at least one of the following conditions: hypertension; diabetes; and chronic respiratory, cardiovascular, cerebrovascular, hepatic, renal and gastrointestinal diseases. About 19% of patients with COVID-19 developed Acute Respiratory Distress Syndrome within 24 to 48 hours after the onset of symptoms[1,2].

The contribution of malignant diseases to the more severe course of the disease is still under debate. It is known that patients with cancer are more susceptible to infections due to systemic immunosuppression secondary to anticancer treatments and, therefore, these patients may have an increased risk of developing a worse prognosis when infected with the coronavirus[3].

A study of 1,524 patients admitted to the Department of Radiation and Medical Oncology at Zhongnan Hospital of Wuhan University in China showed that patients with cancer were more likely to be diagnosed with COVID-19 and that the virus infection incidence was higher in patients with non-small cell lung cancer and those over 60 years of age[4].

In another study conducted in Wuhan, China, of 28 patients with cancer infected with COVID-19, 53.6% had serious events, and mortality was 28.6%, a rate much higher than that of the general population. In patients whose last chemotherapy was performed within 14 days, serious events were significantly more frequent. This highlights that patients with cancer receiving antineoplastic treatments should undergo rigorous screening for COVID-19 infection and be given the best possible

*Nurse. Specialist in Oncology Nursing. Nurse at Unimed, Araxá, Minas Gerais, Brazil. https://orcid.org/0000-0003-1719-6014
**Psychologist. Postdoctoral in Psycho-oncology. Researcher at Oncoclínicas, Brasília, Federal District, Brazil. https://orcid.org/0000-0003-0037-0303
***Physician. PhD in Oncology. Faculty Member at the Paulista School of Medicine, Federal University of São Paulo, São Paulo, Brazil. https://orcid.org/0000-0003-3387-513X
****Nurse. Associate Professor at the Paulista School of Nursing, Federal University of São Paulo, São Paulo, Brazil. https://orcid.org/0000-0001-7455-17270

guidance to protect themselves from infection[5].

As for the level of information of patients with cancer regarding the pandemic, a qualitative study was conducted in Milan, Italy, to assess the perception of risk and stress levels in young patients with cancer. The results showed that a large proportion of them felt personally at risk of serious complications. These results reinforce the need for effective communication between patient and a healthcare team that has adequate information focused on hygiene measures, personal protection and processes for immediate reporting of any suspicious symptoms[6].

In developing countries, little is known about the level of understanding of patients with cancer regarding the conditions created during the COVID-19 pandemic. Thus, the importance of carrying out a representative study of this specific population in relation to their Knowledge, Attitudes and Practices (KAP) was outlined. This type of study, when associated with sociocultural, emotional and economic aspects, makes the planning and implementation of actions more effective[7].

Thus, the present study aimed to identify the level of KAP in the health of adult patients with cancer and undergoing antineoplastic treatment and relate them to sociodemographic and clinical characteristics.

METHOD

Study design

This is a cross-sectional, correlational and quantitative study, reported according to the STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) checklist.

Study population and place

The population consisted of patients undergoing treatment at a large general public hospital in the city of São Paulo, SP, Brazil. The hospital institution is accredited by the Ministry of Health as a High Complexity Oncology Care Center, and therefore offers specialized and comprehensive care to patients with cancer.

The sample calculation considered the mean number of monthly appointments between January and March 2020 (205, 201 and 203 appointments/month, respectively), which generated a mean of 203 appointments/month, with the population considered for the sample calculation. Thus, the sample n was postulated, with a confidence level of 95% and a margin of error of 5%, a total of 134 survey participants.

Participant eligibility

People over 18 years of age, diagnosed with cancer of any etiology and undergoing antineoplastic treatment, were included. People with allopsychic alterations, certified in medical records, as they compromise understanding and free and voluntary participation, were excluded.

Procedures for data collection

Data collection was carried out from August to December 2020. Some measures were taken to avoid interviewer bias, with a single researcher, familiar with the instruments, responsible for data collection. The risk of response bias was attributed to the fact that interviewees could have different years of education and, to mitigate it, the interviewer read each item of the instruments, reinforcing the possibility for the interviewee to explain the same content in other words.

Patients were invited to participate while waiting for care either at the antineoplastic chemotherapy outpatient clinic or at the institution's oncology outpatient clinics, and were directed to a private location, where the three research instruments were applied: the first was a questionnaire to collect sociodemographic data that was answered by patients and added to the following clinical information taken from medical records: medical diagnosis; cancer staging; date of diagnosis; classification of antineoplastic treatment used; and route of administration (oral, intramuscular and intravenous; in this case, whether via peripheral venous access or central venous catheter).

The second instrument applied was about COVID-19 and cancer, with the first question asking the respondent to analyze their fear of cancer progressing during the COVID-19 pandemic (with answers ranging on a numerical scale from 0 to 10) and three more questions, of the multiple choice type, about the attributed risk of contagion (whether they considered it to be equal,

greater or less than that of the general population), safety of receiving adequate treatment during the pandemic and whether they have spoken to a professional (physician, nurse, health worker or other) about the risks and precautions to take during the pandemic.

The third instrument resulted from the translation and adaptation of the Chinese instrument in which the KAP method was used to assess Chinese citizens during the rapid onset of the epidemiological outbreak caused by COVID-19[8]. This instrument consists of 12 questions on knowledge, in addition to two on attitude and two on practice.

The process for using the instrument was based on three stages, such as translation into Brazilian Portuguese, cultural adaptation and content adaptation[9]. Translation of the instrument into Brazilian Portuguese was carried out by two bilingual professionals. Discrepancies among translations were not significant. The researchers developed version 1 after assessing both translations.

In the next stage, a review of national literature was carried out to adapt the instrument translated into Brazilian Portuguese to the culture and standards in force in the items corresponding to these contents. The adaptations made were based on recommendations from the Brazilian Ministry of Health[10], originating version 2. It is worth noting that back-translation was not carried out, in common agreement with the authors of the original instrument, since the need for adaptation to national health surveillance standards would be mandatory.

Version 2 was submitted for content adjustment and sent to two Brazilian researchers with experience in oncology and PhDs in medicine and psychology. Adjustments were requested for semantic adequacy and for the development of a question in the knowledge item, resulting in 13 statements. After corrections, the agreement was 100%. The final instrument was titled *CAP COVID-19/Oncologia*, and can be found in full in Chart 1.

Chart 1. Instrument CAP COVID-19/Oncologia aimed at people undergoing cancer treatment used in research. São Paulo, SP, Brazil, 2021

KNOWLEDGE	**ALTERNATIVES**		
C1 - The main clinical symptoms of infection with the new coronavirus, also known as COVID-19, are fever, dry cough, sore throat, runny nose and difficulty breathing.	TRUE	FALSE	I don't know
C2 - To date, there is no cure for COVID-19, but early symptom management and support can help most patients recover from the infection.	TRUE	FALSE	I don't know
C3 - A severe case of COVID-19 is more likely to occur if the person is aged 60 or over, has chronic illnesses, especially heart disease, hypertension, lung disease and other illnesses that cause the body's defenses to diminish.	TRUE	FALSE	I don't know
C4 - COVID-19 is transmitted by infected people. Even if these people don't show symptoms of the disease, they can still transmit the virus.	TRUE	FALSE	I don't know
C5 - People with COVID-19 cannot transmit the virus to others when fever is not present.	TRUE	FALSE	I don't know
C6 - The COVID-19 virus is spread through respiratory droplets (transmitted during speech, coughing, sneezing) from infected individuals.	TRUE	FALSE	I don't know
C7 - The general population can wear surgical masks, or homemade masks made of fabric folded twice. The mask should be changed when it becomes damp.	TRUE	FALSE	I don't know
C8 - It is not necessary for children and young adults to take measures to prevent infection with the COVID-19 virus.	TRUE	FALSE	I don't know
C9 - To prevent infection by the COVID-19 virus, individuals should stay at home (social distancing), wash their hands frequently with soap and water, keep their environments well ventilated, not share personal belongings and cover their nose and mouth when coughing or sneezing.	TRUE	FALSE	I don't know
C10 - Cancer treatment should be stopped during the COVID-19 pandemic	TRUE	FALSE	I don't know

C11 - People who are undergoing cancer treatment and need to leave the house for appointments, examinations or treatment should: wear a mask at all times and change it when it is wet; avoid crowded transportation, keep a distance of four steps from other people; wash your hands frequently or use alcohol gel (wearing gloves is dangerous), do not put your hands to your mouth or eyes.	TRUE	FALSE	I don't know
C12 - People who show symptoms of COVID-19 should be isolated at home for 14 days. They should keep their distance from people living in the same household, wearing a mask and using cutlery, glasses, towels and other personal items individually.	TRUE	FALSE	I don't know
C13 - People who show symptoms of COVID-19 should also: use disposable tissues when coughing and sneezing, putting them in a plastic bag and then in the trash. They should wash their hands frequently with soap and water or alcohol gel.	TRUE	FALSE	I don't know
ATTITUDES			
A1 - Do you agree that COVID-19 will finally be successfully controlled?	Agree	Disagree	
A2 - Do you believe that you will find adequate treatment if you have COVID-19?	Agree	Disagree	
PRACTICES			
Q1 - In the last few days, have you violated social distancing for activities that weren't necessary?	Yes	No	
Q2 - In the last few days, have you worn a mask when leaving the house?	Yes	No	

Each correct answer received one point, and each incorrect/do not know answer received zero points. Therefore, knowledge scores could range from 0 to 13, with a higher score indicating better knowledge about COVID-19. Attitudes toward COVID-19 were measured by two questions (A1-A2), and health practice assessment consisted of two behaviors (P1-P2).

Procedures for data analysis

Statistical analysis was performed using Statistical Package for the Social Sciences (SPSS) version 17.0. Initially, for continuous variables, such as age and knowledge score, the mean and standard deviation were calculated, while for categorical variables, such as sex, marital status and education, frequencies and percentages were calculated. To compare the sociodemographic variables with responses on KAP, nonparametric tests were performed (Mann-Whitney test and Kruskal-Wallis test), when variables did not present a normal distribution, or parametric tests (Student's t-test for independent samples), when variables followed a normal distribution.

The associations between the knowledge score and continuous variables (such as age and years of education) were analyzed using Pearson's correlation. To assess the relationship between categorical sociodemographic variables (such as education and income) and the number of correct answers in the knowledge questionnaire, Analysis of Variance (ANOVA) was applied, followed by Dunn's post-hoc test, to identify significant differences between groups.

A p-value of less than 0.05 was considered indicative of statistical significance for all analyses. For group comparisons, significance was assessed with parametric or nonparametric tests, depending on data distribution.

Ethical aspects

The project was approved by the *Universidade Federal de São Paulo* Research Ethics Committee, with Project 05663/2020 and Opinion 4.091.016. Eligible participants were personally contacted by the researchers, who explained the topic and its relevance, the objectives and the data recording method for carrying out the study. Participants were then invited to sign the Informed Consent Form.

RESULTS

In total, the questionnaires of 134 patients were analyzed. Demographically, the sample consisted of 57.5% females, with a mean age of 53.87 years

(standard deviation: 14.97, range: 18-88). Most participants were married (38.8%) or single (34.3%), and 97.1% of patients reported having some religion, with Catholicism being the most common (50%). Most participants (59%) did not complete high school, and 53.2% live on up to three minimum wages as their family income.

Only 26.9% of participants received emergency aid during the pandemic. Furthermore, 17.9% of respondents were unemployed and had no source of income; 1.5% said they had to continue working normally during the pandemic, without the possibility of working from home, i.e., practicing social isolation.

Table 1. Sociodemographic characteristics of respondents diagnosed with cancer of any etiology and undergoing antineoplastic treatment. São Paulo, SP, Brazil, 2021

Sociodemographic variables		n (134)	%
Age	18-88 years	134	100%
	Young people (18-24)	5	3,7%
	Young adults (25-44 years)	27	20,1%
	Middle aged (45-59 years)	52	38,8%
	Senior (60-74 years)	41	30,6%
	Older adult (75-90 years)	9	6,7%
Sex	Female	77	Sex
	Male	56	41,8%
	No answer	1	0,7%
Religion	Catholic	67	Religion
	Evangelical	37	27,3%
	Other	26	19,7%
	Atheist	4	3%
Marital status	Married	52	Marital status
	Single	46	34,3%
	Widowed	13	9,7%
	Divorced	12	9%
	Stable union	11	8,2%
Education	Less than four years of study	58	Education
	Complete elementary school	21	15,7%
	Complete high school	32	23,9%
	Complete higher education	23	17,2%
Monthly family income	One minimum wage	27	Monthly family income
	Two to three minimum wages	46	34,3%
	Three to four minimum wages	26	18,2%
	More than five minimum wages	19	14,2%
	Less than one minimum wage	15	10,5%
	No answer	1	0,7%
Received emergency aid	Did not receive	98	Received emergency aid
	Received	36	

*Minimum wage value in 2020 = R$1,039,00

The most prevalent primary sites were colorectal (20.3%), breast (17.9%), lymphoma (9%) and lung (7.5%) cancers. Most participating patients had metastatic disease with clinical stage IV (51.5%), and 66.4% had some other health problem, the most common being hypertension (32.1%).

Tabela 2. Data on cancer diagnoses, clinical stage and presence of comorbidities of respondents undergoing antineoplastic treatment. São Paulo, SP, Brazil, 2020

Diagnostic data		n (134)	%
Diagnostic sites	Colorectal cancer	29	20,3%
	Breast cancer	24	17,9%

	Lymphoma	12	9%
	Lung cancer	10	7,5%
	Ovarian cancer	6	4,5%
	Gestational trophoblastic neoplasia	5	3,7%
	Leukemia	4	Sex
	Cervical cancer	4	3%
	Stomach cancer	4	3%
	Esophageal cancer	4	Religion
	Myeloma	3	2,2%
	Prostate	3	2,2%
	Other (peritoneum, pancreas, bladder, kidney, choroid, and bone sarcoma)	22	16,4%
Stage	Cancer stage II	18	Stage
	Cancer stage III	26	19,4%
	Cancer stage IV	69	51,5%
	Other stage	21	15,7%
Other comorbidities	None	45	Other comorbidities
	Hypertension	43	Education
	Smoking	15	10,5%
	Others (dyslipidemia, diabetes, alcoholism, deep vein thrombosis)	31	21,7%

In relation to the treatment received, most participants (93.3%) received cytotoxic chemotherapy as part of the therapeutic regimen. Of these, 77.6% underwent cytotoxic therapy alone, while the others combined this modality with other therapies, such as hormonal, corticosteroid or targeted therapy. Most patients received intravenous treatment via peripheral venous access (82.1%), followed by 5.2% receiving port-a-cath and 3% receiving peripherally inserted central venous catheter (PICC), in addition to 1% receiving intramuscular therapy. Of all patients, only 7.5% were receiving oral treatment.

To go to appointments and receive oncological treatment, 85.7% of participants spent between zero and two hours traveling from their homes to the health institution's outpatient clinics. Although 42.5% came by private car, a significant portion (31.6%) used public transportation (bus, subway or train), and 24.6% needed to combine more than one mode of public transportation to arrive at the institution.

Regarding perceptions related to the pandemic, 66.4% of participants believed that their risk of contracting COVID-19 was higher than that of the general population; 27.6% believed they had the same risk as the general population; and 6% believed that, due to their cancer treatment condition, they had a lower risk than that of the general population.

Most patients (58.2%) were not concerned about the quality of care they were receiving during the pandemic; 41% of participating users had spoken to at least one healthcare professional (physician, nurse or health worker) about the risk of contracting COVID-19; and 59% had not spoken to a professional. As for the state of fear of cancer progression during the pandemic, patients presented a mean fear score of 3.94 (maximum/minimum of 0-10 and standard deviation of 3.88).

Dunn's test revealed significant differences in fear scores about cancer progression during the pandemic between people who perceived a higher risk of contracting COVID-19, compared to the general population and those who believed the risk was the same for everyone (p-value <0.001).

Approximately 59% of patients answered the 13 questions on the knowledge questionnaire correctly. The mean score was 11.72, suggesting a percentage of 90.15% correct answers on the knowledge test. There were differences in the number of correct answers among people with different levels of education and income, as can be seen in Table 3.

Table 3. Associations between number of correct answers and the variables years of education and monthly income

VARIABLES	Mean	Standard deviation	p-value*
Years of education			
Completed elementary school	12.33	1.01	<0.001
Completed high school	11.75	2.44	0.002
Completed higher education	12.52	0.66	<0.001
Monthly income			
From two to four minimum wages	11.5	1.48	<0.001
More than five minimum wages	12.42	0.90	0.018

*Kruskal-Wallis p-value analysis

It was found that the variables that were related to the number of correct answers in the knowledge field were the years of education completed and the monthly income, with statistically significant and directly proportional differences: greater number of correct answers among people with more years of education, when compared with those with one to four years of elementary school and greater number of correct answers among people with income greater than or equal to two minimum wages.

Regarding attitudes, the majority demonstrated optimism about the context of the pandemic, with 78.4% believing that it would be successfully controlled. Moreover, 89.6% of respondents were confident that they would find appropriate treatment if they became infected, while 10.4% believed that they would not have access to appropriate treatment. No significant differences were found in the results of the parametric and nonparametric tests when analyzing participants' attitudes.

The description of the practices indicated that 25% of patients who participated in the study did not comply with social distancing for activities that were not necessary, despite 96.3% of them stating that they always wore a mask when going out. There were no significant relative differences in the parametric and nonparametric tests for practices.

DISCUSSION

In the population analyzed, predominantly female, with a low level of education, an overall percentage of correct answers was above 50%. Despite representing the majority, it did not have the numerical expressiveness of the Chinese study from which the questionnaire was adapted. In that study, a 90% accuracy rate was obtained in a population with a higher level of education[11].

In Paraguay, a study conducted to assess the population's KAPs related to the COVID-19 pandemic, with 3,141 participants, found a 62% accuracy rate in knowledge. This value is closer to the results of this study and, like this one, the Paraguayan study also found significant differences between the number of correct answers and the level of education[12].

The fact that this and other studies show a lower level of knowledge about COVID-19 in people with less education reaffirms that low levels of education can be considered a risk factor for the spread of viral infectious diseases and for the progression of the disease to death[13]. From the perspective of health literacy, although the present study did not use any instrument for its measurement, there is evidence that low or poor levels can lead people with high care demands, such as those on the cancer journey, to be less equipped to make safe decisions about their own health[14].

Furthermore, although the majority (78.4%) believed that COVID-19 would be successfully controlled, 25% failed to comply with social distancing measures for activities that were not necessary. This data revealed that, although people believed that the pandemic would be controlled, they did not always put the recommendations of official bodies into practice, with practices considered inappropriate.

During the pandemic, there was exhaustive work on social media by healthcare professionals themselves, supported by global oncology societies, and important recommendations for the protection of vulnerable people, such as those with cancer[3,7]. However, studies have shown that people have difficulty understanding information, in addition to the misfortune of competition with fake news which, despite not having been the subject of investigation in this research, may have supported the practice of risky behaviors[15].

It is important to highlight that the present study did not investigate what type of activity and

how often people failed to comply with social distancing, which could lead to the risk of attributing a negative meaning to a departure from isolation that may be linked to a basic need, such as provision of food, pharmacy items or another pressing need.

On the other hand, the study population believed that their risk of acquiring COVID-19 was higher than that of the general population, and this same group was concerned about the possibility of their cancer progressing during the pandemic. This may be explained by the difficulties encountered in continuing treatment due to personal issues or those imposed by healthcare services.

The data obtained challenge the reflection on how to reach this audience in health education strategies with care related to the spread of infectious diseases, such as COVID-19, which affect the most vulnerable populations[16]. Keeping a person with cancer protected from contracting an infectious disease is important because, in addition to the risk of death, since they may be clinically less likely to fight the infection, it may also contribute to the progression of the cancer itself by interrupting oncological treatment while the infectious disease is present[17].

This research has limitations. The first concerns the collection of data in a single cancer treatment center, which makes it difficult to generalize the results obtained; the second limitation is the KAP questionnaire used, which, despite obtaining an adequate internal consistency index, was not subjected to other reliability tests, such as stability and equivalence.

CONCLUSION

Patients with cancer demonstrated, in their vast majority, attitudes and practices consistent with protective measures in relation to COVID-19 and confidence in the health system to control the epidemic and protect them from harm related to cancer treatment. As the numbers attest, 78.4% believed that the pandemic would be successfully controlled; 89.6% trusted that they would find the appropriate treatment if they became infected; 75% did not break social distancing for activities that were not necessary; and 96.3% of them said they always wear a mask when going out.

When analyzing the sociodemographic factors associated with the number of correct answers in the knowledge questionnaire, it was possible to identify that the highest number of correct answers was related to more years of education and higher monthly incomes.

These findings are useful for the ongoing search for health policies that recognize the social vulnerabilities of people with cancer and create conditions for professionals to undertake more effective healthcare and educational actions, considering the cancer continuum, with or without a pandemic.

CONHECIMENTOS, ATITUDES E PRÁTICAS RELACIONADAS À COVID-19 EM PACIENTES EM TRATAMENTO ANTINEOPLÁSICO: ESTUDO TRANSVERSAL

RESUMO

Objetivo: analisar o nível de conhecimento, atitudes e práticas de pacientes em tratamento antineoplásico na pandemia de COVID-19 e relacioná-los às características sociodemográficas e clínicas. **Método:** estudo transversal com pacientes de um hospital público de São Paulo, Brasil. A coleta de dados foi realizada entre agosto e dezembro de 2020, e compreendeu três instrumentos para coleta de dados sociodemográficos e clínicos, e questionário para medir os Conhecimentos, Atitudes e Práticas. Os dados foram analisados por estatística descritiva e inferencial. **Resultados:** dos 134 pacientes, a idade média foi de 58 anos; 57,5% eram mulheres, 59% não cursaram o ensino médio; 53,2% tinham renda familiar inferior a três salários mínimos; e 51% tinham doença em estadiamento clínico IV. A média de acertos em conhecimentos foi 59%, e mais erros foram observados entre pacientes de menor escolaridade e renda. Em atitudes, 78,4% acreditavam que a COVID-19 seria controlada e 89,6% que encontrariam tratamento adequado caso se infectassem. Em práticas, 75% realizaram distanciamento social e 96,3% fizeram uso de máscaras. **Conclusão**: o menor número de anos escolares e baixa renda familiar associou-se a um menor nível de conhecimento. Reafirma-se a necessidade de buscar estratégias para formular políticas de educação em saúde específicas para esta população.

Palavras-chave: Coronavírus. Conhecimentos. Atitudes e Prática em Saúde. Neoplasias. Pandemias.

CONOCIMIENTOS, ACTITUDES Y PRÁCTICAS RELACIONADAS CON COVID-19 EN PACIENTES EN TRATAMIENTO ANTINEOPLÁSICO: ESTUDIO TRANSVERSAL

RESUMEN

Objetivo: analizar el nivel de conocimiento, actitudes y prácticas de pacientes en tratamiento antineoplásico en la pandemia de COVID-19 y relacionarlos con las características sociodemográficas y clínicas. **Método**: estudio transversal con pacientes de un hospital público de São Paulo, Brasil. La recolección de datos se realizó entre agosto y diciembre de 2020, y comprendió tres instrumentos para la recopilación de datos sociodemográficos y clínicos, y cuestionario para medir los Conocimientos, Actitudes y Prácticas. Los datos fueron analizados por estadística descriptiva e inferencial. **Resultados**: de los 134 pacientes, la edad promedio fue de 58 años; 57,5% eran mujeres, 59% no hicieron la secundaria; 53,2% tenían ingresos familiares inferiores a tres salarios mínimos; y 51% tenían enfermedad en estadificación clínica IV. El promedio de aciertos en conocimientos fue de 59%, y más errores se observaron entre pacientes de menor escolaridad e ingresos. En actitudes, 78,4% creían que la COVID-19 sería controlada y 89,6% que encontrarían un tratamiento adecuado si se infectaran. En prácticas, 75% realizaron distanciamiento social y 96,3% hicieron uso de máscaras. **Conclusión**: el menor número de años escolares y los bajos ingresos familiares fueron asociados a un menor nivel de conocimiento. Se reafirma la necesidad de buscar estrategias para formular políticas de educación en salud específicas para esta población.

Palabras clave: Coronavirus. Conocimientos, Actitudes y Práctica en Salud. Neoplasias. Pandemias.

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Corresponding author: Letícia Gomes Carvalho. Rua João Antônio da Mota, 170 - bairro Novo Santo Antônio. CEP: 38182-259. E-mail: carvalho.gomes@unifesp.br

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