

The Impact Of The Family Support Network On Adherence And Continuity Of Treatment For Women With Breast Cancer

Bethânia Marques Teles, Lívia Mendes De Godoi, Heloísa Silva Guerra

(Medical Student, University Of Rio Verde – Unirv, Brazil)

(Supervisor, Doctor In Collective Health, Member Of The Research Center Of The Faculty Of Medicine – NUPMA, University Of Rio Verde – Unirv, Brazil)

Abstract:

Background: Breast cancer is the second most common type of cancer in women in Brazil. If diagnosed and treated early, there is a significant increase in favorable prognoses and chances of cure. However, the stigma of the disease and the difficulties resulting from treatment directly impact all aspects of a woman's life. In this context, the family support network can be an essential factor for treatment adherence and continuity. The objective of this study was to investigate the influence of the family support network on treatment adherence in women diagnosed with breast cancer.

Materials and Methods: This is an integrative literature review in which the search for articles was conducted in the PubMed and Virtual Health Library (VHL) databases between July and August 2023, using the combination of descriptors "breast neoplasm", "treatment", "treatment adherence", "breast cancer", "family", and "family support". The inclusion criteria were: articles published in the last five years, in Portuguese or English, focusing on women with breast cancer. After several filtering stages, 334 article titles and abstracts were reviewed, of which 24 articles were selected for full reading, and 10 were included in this review.

Results: The analysis of the articles indicated that family support plays an essential role in breast cancer treatment adherence, particularly with regard to emotional support, but it also impacts other aspects of the patients' lives. Additionally, the results showed that a lack of adequate communication between patients, family members, and healthcare professionals can hinder coping with the diagnosis and treatment. Family support not only helps to alleviate emotional distress but also influences the continuity of treatment.

Conclusion: Further studies are needed to better understand the relationship between the quality of family support and breast cancer treatment adherence.

Key Word: Breast cancer; Treatment adherence; Family support.

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I. Introduction

Breast cancer is the second most common type of cancer among women in Brazil, with a rate of approximately 41 cases per 100,000 women. Additionally, it is also the leading cause of cancer-related death in this population, with the majority of cases occurring in women over 50 years old¹. Early detection is a secondary prevention strategy that enables the identification of cancer at early stages, increasing treatment possibilities and reducing the chances of mortality and morbidity.

In this context, the Ministry of Health implements screening and detection strategies and recommends bilateral mammograms every two years for women aged 50 to 69 who do not show signs or symptoms². The faster the diagnosis and treatment, the better the chances for positive prognoses and cure. However, the diagnosis alone impacts various aspects of a woman's life and that of her family, as it can cause significant psychological distress for women, who may experience negative feelings such as anxiety, fear, anguish, and depression³.

The treatment plan is established according to the stage of the cancer at the time of discovery and varies in the type of intervention proposed. The Unified Health System (SUS) offers all types of surgical interventions, such as mastectomy, breast reconstruction, conservative surgeries, as well as radiotherapy, chemotherapy, hormone therapy, and antibody therapy⁴.

Moreover, it is important to highlight that Law No. 12,732 of 2012 represents an important milestone in supporting people affected by malignant neoplasms, as it guarantees the right to start the first treatment through SUS within 60 days of diagnosis, or even earlier, depending on therapeutic need⁵. However, the issues mediating the process of diagnosis and treatment initiation go beyond medicinal and surgical interventions. Cancer is a disease that carries a highly negative social stigma, as it is associated with invasive treatments, chronicity, and

death⁶. There is also a lack of knowledge about the disease's progression and the treatments themselves, which further complicates coping with the diagnosis.

In this context, for a patient who is diagnosed with cancer, the social support network plays a crucial role by providing emotional, material, and informational support, seeking to ensure her psychological well-being. The social support network can consist of family members, friends, neighbors, healthcare professionals, and colleagues⁷. On the other hand, the illness process presents complex demands concerning family dynamics, as family support is not always present or adequate. Furthermore, it is necessary to discuss the impacts on the family as a whole and how these relationships affect treatment adherence and the healthcare system.

Thus, the aim of this study was to identify the influence of the support network on treatment adherence in women diagnosed with breast cancer.

II. Material And Methods

This is an integrative review, a process that systematically and methodically gathers, evaluates, and synthesizes the results of research on a particular phenomenon, contributing to its deeper understanding⁸. The steps followed in the study were: identifying the topic and formulating the research question; establishing the inclusion and exclusion criteria for the studies and conducting a literature search; defining the information to be extracted from the studies; evaluating the included studies; interpreting the results; and presenting the findings.

The search for studies was conducted between July and August 2023 in the National Library of Medicine (PubMed) and Virtual Health Library (VHL) databases. The descriptors were selected using the Health Sciences Descriptors (DeCS), namely: "breast neoplasm", "treatment", "treatment adherence", "breast cancer", "family", "family support". These descriptors were chosen to search for studies addressing breast cancer treatment adherence in relation to the presence of family support. Articles published in the last five years, in Portuguese and English, with full text available online, and exclusively focusing on female breast cancer patients were included. The selection considered these criteria and excluded studies with cross-cutting themes and duplicates.

In the initial search, the descriptors were combined using the boolean operators "breast cancer" OR "breast neoplasm" AND "treatment" AND "family" on both platforms. A total of 116,320 works were found on the VHL platform and 5,400 on PubMed. After applying the inclusion criteria, 2,584 works remained on VHL and 3,697 on PubMed.

A new filtering process was applied, as the platforms have different search interfaces, so an equivalent search strategy was adopted for both. In this sense, the works that had the descriptors as the main subject and "research on female humans and reviews" were filtered. After this selection, a total of 138 articles were obtained from VHL and 196 from PubMed. After reading the titles, 16 articles were selected for abstract reading, of which 9 were from VHL and 7 from PubMed.

The second search was conducted by associating the descriptors with the boolean operators "breast cancer" OR "breast neoplasm" AND "family support," which again resulted in a large number of results. A total of 21,881 articles were found on VHL and 3,821 on PubMed. The same filtering criteria applied in the first search were used, and after selecting only articles from the last 5 years, in Portuguese and English, with full text available, 3,516 articles remained on VHL and 2,774 on PubMed. The second filter was applied, and from the 119 PubMed articles and 3 VHL articles found, after reading the titles, 7 were selected for abstract reading.

Finally, the third search associated the descriptors and boolean operators "breast cancer" OR "breast neoplasm" AND "treatment adherence" AND "family," resulting in 232 articles on PubMed and 674 on VHL. After the first filtering, 137 and 118 results remained on PubMed and VHL, respectively, and after applying the second filter, 5 studies were found on the PubMed platform, and none on VHL. Of these 5 articles, only one was selected for full-text reading.

At the end of the process, 24 articles were selected for full-text reading, with 4 being excluded due to duplication. Only 10 articles had the central theme of the relationship between family support and the treatment of women diagnosed with breast cancer, which were analyzed and presented descriptively.

III. Results And Discussion

From the reading and analysis of the works selected for this review, the importance of social, and especially family support for women affected by breast cancer throughout the diagnosis and treatment process can be highlighted.

Among the included articles, seven were qualitative research studies, and three were qualitative/quantitative. Regarding the type of research, two were reviews, one being a systematic review that analyzed 17 articles and the other a meta-analysis with 28 articles. In the other included studies, the main investigative tool used was interviews, with a total of 269 interviewees across the eight studies. The majority of the included articles were published in 2019, with only one article published in 2020 and two in 2021. The main characteristics of the studies are detailed in the table below:

Table 1. Characteristics of the studies included in the review.

Year	Authors	Objective	Conclusion
2019	M. Elise Radina, Briana L. Deer, Rachael A. Herriman, Anjana Jagpal, Mallory M. Dodd, Kaylie L. Kawamura, Lindsay C. Clark	The objective of the research was to analyze the perception of breast cancer patients regarding their family, specifically how proximity changes after diagnosis, based on the theory of family quality of life related to health (FQOLS).	According to the authors, family support is the factor that most impacts patients' feelings of emotional support, which increased proximity after diagnosis. However, half of the patients reported an emotional distancing due to communication difficulties and discomfort regarding the diagnosis. The authors noted as a limitation the fact that they only included the perceptions of the interviewed patients and not those of other family members. Thus, the authors concluded that the diagnosis and treatment of breast cancer improved the Family Quality of Life related to Health (FQOLS) for most participants.
2019	Anabel Castillo, Jennifer Mendiola, Jitske Tiemensma	The objective was to identify how Latina women cope with breast cancer treatment, what emotions arose during treatment, whether they experienced any medical barriers during their journey, and what they found helpful as an online resource.	Family and spiritual support are associated with positive coping emotions among the participants.
2019	Seyede Zahra Ghaemi, Zohreh Keshavarz, Sedigheh Tahmasebi, Majid Akrami, Seyed Taghi Heydari	The objective of the research was to identify the priorities and problems of patients diagnosed with breast cancer.	The authors emphasize the importance of understanding patients' needs to help develop effective support methods that assist them in adapting to their new life circumstances.
2019	M. Graça Pereira, Ana Cristina Paredes, Rui Naboço, Catarina Ribeiro, and Gabriela Ferreira	Analyze whether patients' optimism and body image during treatment are associated with emotional quality of life.	There was no difference in family stress based on the presence or absence of a partner. However, family stress was a significant moderator in the relationship between psychological distress and emotional quality of life, but there was no relationship between psychological distress and physical quality of life. Therefore, family stress appears to have a greater impact on emotional quality of life than on physical quality of life.
2019	Li Gao, Jun-E Liu, Xue-Ping Zhou, Ya-Li Su, Pi-Lin Wang	The objective of the research was to identify the experiences and strategies of spouses in supporting patients.	The women in the study needed support from their husbands in various areas, including seeking more information about treatment, acceptance regarding mastectomy, financial support, meal preparation, and family care, among others. The husbands had to assume the role of heads of the family, and many continued in this role even after treatment ended.
2019	Lalithambigai Rajagopal, Pranee Liamputtong, Kate A. McBride	The objective was to build on the findings of studies that investigated breast cancer to provide a better understanding for Australian women regarding the disease and associated treatments.	Although women received support during the diagnosis, there are areas where they could be better supported.
2019	Lijuan Wang, Xiaotao Geng, Lili Ji, Guohua Lu, Qian Lu	Investigate treatment decision-making, taking into account Chinese culture and family influences.	It was considered that the diagnosis had a negative impact on their families, primarily due to the financial burden; the women were more concerned about their families than about themselves, especially when they had dependent children. The information for decision-making primarily depends on the relevant information available to the patients and the research conducted by their spouses,

			as they are typically the ones making the decisions.
2020	Karline Kelly da Silva, Francisca Adriana Barreto, Francisca Patrícia Barreto de Carvalho, Pablo Ramon da Silva Carvalho	The objective of the research was to describe the coping strategies and support for women diagnosed with breast cancer.	Family, religious, and multidisciplinary group support are important for coping with the disease, as they help the patient feel empowered and better manage insecurities, the fear of death, and all the stigmas and impacts caused by breast cancer.
2021	Marco Valente, Ilaria Chirico, Giovanni Ottoboni and Rabih Chattat	The main objective of the research is to highlight the dynamics of the relationship of couples undergoing breast cancer treatment based on interdependence theory.	The authors conclude that the quality of the couple's relationship depends on how they psychologically process the illness, which will positively impact their quality of life, awareness of the disease, and commitment to treatment, as well as improve coping strategies and psychological adaptation. They highlight that there were limitations in the study and point to the need for doctors and healthcare professionals to adopt a collaborative approach with the patient and spouse, involving them in the process to assist with psychological adaptation.
2021	Mona I. A. Almuhtaseb, Francesca Alby, Cristina Zucchermaglio, Marilena Fatigante	Respond to who helps and supports these women during their illness and what types of support they receive.	The women in the study experience various sociocultural factors that hinder their adherence to treatment, such as fear, cultural barriers, social stigma, and fatalistic beliefs about the causes and outcomes of cancer. In this context, family becomes essential for connecting and supporting the patient with the social environment.

Source: author's own.

For the discussion, we chose to categorize and group the information obtained from the analyzed works into central aspects that helped answer the research question. These were: “The impact of social support on treatment adherence” and “Main difficulties faced by patients and their families after diagnosis.”

The impact of social support on treatment adherence

The diagnosis of breast cancer has a profound impact on women's lives because the disease is associated with painful and debilitating treatment, the possibility of no cure, and consequent death. Even with advances in medicine that have significantly reduced mortality and improved patients' quality of life, the diagnosis brings significant repercussions from a biopsychosocial perspective.

According to Silva et al.⁹, “labeling cancer as a fatal disease is directly linked to the idea of prolonged suffering and the proximity of death, resulting in prejudice against those affected, leading most of them to social isolation.” In this sense, social support is a relevant aspect in the process of coping with the disease.

Treatment adherence is a process influenced by multiple factors, meaning it is not only related to the patient's will but also involves social, economic, and biological factors, which also include access to information and care from qualified professionals¹⁰.

Treatment abandonment may be related to disease progression, medication side effects, lack of clarification and communication between healthcare professionals and the patient, as well as emotional and psychological factors¹¹. However, the authors highlight that research on the importance of social support for treatment is scarce.

It was possible to identify, from the studies analyzed in this review, that social support has a positive impact throughout treatment and acceptance of the diagnosis; however, they do not provide precise data on the relationship between social support and treatment adherence.

Radina et al.¹² emphasized that family support aids in decision-making regarding treatment and provides comfort to patients. Valente et al.¹³, through a systematic review that analyzed 17 articles, identified the importance of spousal support for patients to cope better with the disease. The study by Gao et al.¹⁴ also examined the support provided by spouses throughout the diagnosis, treatment, and return to activities after disease remission. In this work, the authors highlight that, unlike Western societies, where patients are central to the discovery of the diagnosis, in Eastern cultures, family members, particularly the spouse, receive news of the illness before the patient, and this practice is considered positive by the authors because family members can prepare patients for the diagnosis and offer more qualified support.

Pereira et al.¹⁵ evaluated the quality of life of 95 patients in Portugal and identified that a lower emotional quality of life was associated with family stress, increasing psychological suffering for women. This research also discussed the need for a treatment approach that is centered not only on patients but also on the family, considering it an important moderator for treatment and improvement of patients' conditions and survival.

Castillo et al.¹⁶ observed through focus groups with 23 Latina women that the positive messages they received from family members brought joy and strength, even though they tried to suppress or omit their emotions in front of their children and spouses.

In the study by Silva et al.⁹, seven participants were interviewed, and the authors pointed out that there is a positive impact on treatment adherence for patients who participated in support groups because these groups promote health education, increasing awareness and knowledge about the disease. Rajagopal et al.¹⁷ also highlighted the role of support groups in reducing stigma and providing women with greater freedom to express themselves without feeling ashamed.

It is worth adding that, regardless of the cultural differences identified in the research analyzed in this review, the reactions of patients upon discovering cancer and the difficulties encountered by both them and their families are similar, highlighting that the experience of illness, although individual, is shaped by collective determinants.

Women with effective family support have a greater chance of positively facing breast cancer, leading to reduced stress during treatment¹⁸.

In this sense, social support is fundamental for treatment adherence, as well as for coping with the challenges that will arise throughout this process. Social support acts as a protective factor for the health of patients and positively impacts them both biologically and psychologically; however, this network also needs to be strengthened and made aware of the disease and coping strategies¹⁹.

Main Difficulties Faced by Patients and Their Families After Diagnosis

Communication is an essential tool for improving health care. Knowledge about the disease and the possible pathways throughout treatment helps in developing tools to face reality. In Brazil, Ordinance No. 874 of May 16, 2023, which establishes the National Policy for the Prevention and Control of Cancer in the Network of Care for People with Chronic Diseases within the Unified Health System (SUS), sets out principles and guidelines for health communication that encourage the establishment and promotion of strategies aimed at expanding and disseminating knowledge about cancer²⁰. This is because health professionals must be trained to guide and clarify any doubts that patients and their families may have.

Throughout this research, it was found that the lack and difficulty of communication, both with health professionals and the support network, negatively impacted the process of coping with the disease after diagnosis.

Radina et al.¹² identified, in a small portion of the interviewed patients, an emotional distancing from family after the diagnosis, which was perceived by them primarily due to a lack of communication and discomfort in discussing the disease. The authors also emphasized the role of health professionals in identifying these communication problems and assisting in referring family members and patients to professionals who can help them cope with the situation.

In the research by Almuhtaseb et al.²¹, it was also found during the interviews that, in the absence of support, women felt alone and lacked the strength to continue. However, when they were in the presence of friends and family who were aware of their diagnosis, they felt more capable of fighting the disease. Out of the 36 women interviewed, 17 reported that their husband was the primary source of support, 11 indicated family members, and seven highlighted that some relatives were uninformed about the disease.

They also noted that they received little to no support from healthcare providers, coworkers, and friends. The women in the study experienced various sociocultural challenges that hindered their adherence to treatment, such as fear, cultural barriers, social stigma, and fatalistic beliefs about the causes and outcomes of cancer. In this context, family became fundamental for connecting and supporting the patient within the social environment²¹.

Research conducted with 15 women with an average age of 33 indicated that, during the interviews, patients reported a need for psychological support from professionals to deal with family conflicts. The main complaint was related to the lack of information throughout the treatment²².

A review based on the analysis of 28 articles identified inconsistencies in the emotional and informational support received by patients and their families from healthcare professionals, highlighting the need for improved training in communication regarding diagnosis and follow-up. This is important as the quality of the services provided correlates with the emotional burden and decision-making¹⁷.

It is known that the "health-disease process is also influenced by social, economic, and cultural factors, being perceived differently by each individual. The labeling of cancer as a fatal disease is directly linked to the idea of prolonged suffering and the proximity of death"⁹, which stigmatizes patients and leads them to a situation of social isolation. In this sense, communication and support from well-trained healthcare professionals can make a significant difference in the support provided to patients and their families.

It is also important to remember that another aspect that emerges in this process is beliefs and faith, which can provide moments of comfort and hope, alleviating pain during the most difficult times and strengthening individuals during periods of overcoming the challenges imposed by the disease, including regarding the finitude of life²³.

A study conducted with 135 Malaysian women with breast cancer indicated that, upon receiving the diagnosis, many participants used faith as a coping mechanism, believing that religious practice and positive thinking could, alongside medical treatment, cure cancer²⁴.

The work of Castillo et al.¹⁶ found that most of the participating women relied on their religiosity to cope with negative emotions and even in practices that helped them face physical pain.

In the research by Ghaemi et al.²², the authors also emphasized the importance of religious support in adapting to treatment and highlighted the specificity of this relationship, as it was conducted with Iranian women. However, the role of faith and religion as support is mentioned in other studies included in this review, demonstrating religiosity as an important support in various cultures and contexts,^{9,12,13,16,21}.

Another adversity identified in the analyzed studies stems from the financial situation of these women and their families. In the Brazilian context, it is known that women have taken on the role of heads of households in most homes, even with wage discrepancies compared to men²⁵. Thus, illness and the consequent withdrawal from the labor market to undergo treatment financially impact the family structure. This negative repercussion of reduced income and increased expenses is also identified in other countries where the studies included in this review were conducted.

Rajagopal et al.¹⁷ collected accounts in which women associated the difficulties of working with a constant reminder of the presence of the disease. Meanwhile, in the research by Castillo et al.¹⁶, the interviewees stated that the possibility of engaging in some work activities that kept them “occupied” distracted them from feelings of anxiety or anger. Such observations contribute to understanding that work activity, in addition to helping maintain the family’s income, also impacts the subjectivity of women and, therefore, can be a determining factor in how patients cope with cancer treatment.

IV. Conclusion

There is a need for research that objectively analyzes the relationship between adherence, continuity, and abandonment of treatment with the social support offered to women affected by breast cancer. This is because research already highlights the positive aspects of family support at the time of diagnosis and throughout treatment; however, both patients and their families still lack information and knowledge regarding the disease, treatment, and prognosis. The studies analyzed in this work were able to demonstrate that social support, especially from family, significantly impacted the journey between diagnosis and treatment for women, and therefore, it should be investigated in new research that addresses the topic more broadly.

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