

Integrative Approaches Of The Multidisciplinary Team In Pediatric Oncology: Integrative Review

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Abstract:

Cancer in children is considered a rare disease; however, its rarity does not diminish its significance, as in developed countries, this condition is the leading cause of death in childhood. The objective is to synthesize the actions developed by the multidisciplinary team in the care of pediatric oncology patients in specialized hospitals. An integrative review was conducted using the Medical Literature Analysis and Retrieval System Online (MEDLINE), Web Of Science (WOS), Nursing Database (BDENF), Latin American and Caribbean Health Sciences Literature (LILACS), and Index To Nursing And Allied Health Literature (Cinahl) databases. Five studies published between 2012 and 2022 were selected. The findings of this review indicate that the actions carried out by the multidisciplinary team in the care of pediatric oncology patients in specialized hospitals are essential. There is a need for training professionals in pediatric care, emphasizing the importance of multidisciplinary care from the screening process to palliative care. The development of standardized protocols or definitive criteria for multidisciplinary care is crucial, aiming to provide optimal care based on knowledge of each child's history, appropriate communication, and the use of playful tools that promote quality of life.

Key Word: Pediatrics; Oncology Service Hospital; Health Knowledge, Attitudes, Practice.

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I. Introduction

According to information from the National Cancer Institute José Alencar Gomes da Silva (INCA), the origin of the word "cancer" dates to the Greek "karkínos," which means crab. This terminology was introduced by Hippocrates, the father of medicine, who lived between 460 and 377 BC. The presence of cancer in Egyptian mummies attests that this condition already impacted humanity more than 3,000 years before Christ. Currently, the term "cancer" is used to describe more than 100 distinct diseases, all characterized by the uncontrolled growth of cells that tend to invade adjacent tissues and organs.

Pediatric cancers often result from changes in the DNA of cells, occurring early in life, in many cases even before birth. Unlike many cancers in adults, pediatric cancers are not linked to lifestyle or environmental risk factors. Therefore, currently, they pose a significant challenge to health in Brazil.^{1,2}

According to the National Cancer Institute (INCA), in Brazil, each year of the 2018-2019 biennium saw the registration of 420,000 new cancer cases, excluding non-melanoma skin cancer, which is more common in adulthood, as well as prostate and breast cancer. In contrast, pediatric and adolescent tumors represent only 3% of the total. Therefore, it is estimated that there will be 12,500 new cases of cancer in children and adolescents up to 19 years old.³

Thus, there is an estimate of a variety of malignant neoplasms, whose characteristics vary according to histological type, the location of the disease's origin, gender, age, and race. Among the most common tumors in childhood, leukemias stand out (26%), followed by other epithelial tumors (14%), lymphomas (14%), and central nervous system tumors (13%).⁴

When it comes to childhood cancer, several peculiarities are observed, with emphasis on leukemia, especially during childhood and adolescence. Despite the technological advances available in oncologic treatment protocols, cancer is still feared by all family members and affected patients due to its high lethality rate. The objectives of cancer treatment include seeking a cure and prolonging life. When a cure is not possible, efforts are directed towards palliating symptoms or improving the quality of life, whether in the family or hospital environment.^{5,6}

It is observed that hospitalization can involve challenging experiences; however, these experiences can be mitigated with the presence of family, the compassion of the healthcare team, adequate information, recreational activities, among other approaches. To deal with the fears and concerns of children, professionals in the multidisciplinary team need to employ techniques that facilitate communication and approach.

In this context, it is crucial that an interdisciplinary and humanizing dynamic be widely integrated into hospital practice. The ability to see the patient is essential, inherent in collaborative work with other team members involved in treatment. This becomes even more important in the case of children, who require special emotional attention.⁷

Pediatric oncology is a medical field that demands qualification and commitment from professionals to provide comprehensive care to children and their caregivers. Therefore, it is of utmost importance that these professionals have access to a healthy work environment and strategies that promote self-care. This enables them to feel better and provide more effective care to this vulnerable population.⁷

In line with what was presented above, the study aimed to synthesize the actions developed by the multidisciplinary team in the care of pediatric oncology patients in specialized hospitals.

II. Material And Methods

The present study is characterized as an integrative review, conducted following the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol.⁸ The research followed the steps proposed by Mendes, Silveira, and Galvão (2008), which include: formulation of the research question, search and selection of studies to be included in the review, definition of study characteristics, critical analysis for the inclusion of studies, interpretation and discussion of results, and presentation of the review.⁹

Para formular a pergunta inicial da pesquisa, foi utilizada a estratégia PICo (P: Paciente, problema ou população; I: fenômeno de interesse; Co: Contexto)¹⁰. Nessa estratégia, o paciente, problema ou população (P) foi definido como criança oncológica; o fenômeno de interesse (I) foi estabelecido como as ações dos profissionais de saúde; e o contexto (Co) foi delimitado como hospitais especializados em oncologia. Essa abordagem contribuiu para a construção dos seguintes termos: (P) – Pediatria; (I) – conhecimentos, atitudes e prática em saúde; (Co) – Serviço Hospitalar de Oncologia. A pergunta resultante foi: quais são as ações desenvolvidas pelos profissionais de saúde em relação à criança oncológica no contexto do Serviço Hospitalar de Oncologia?

The study search was conducted from September 17 to 20, 2022, in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed, Web Of Science (WOS), Base de Dados de Enfermagem (BDENF), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) via Biblioteca Virtual em Saúde (BVS), and Index To Nursing And Allied Health Literature (Cinahl).

Initially, for the study search, a combination of controlled descriptors (indexed in the respective databases) and uncontrolled descriptors was used as a strategy. Controlled descriptors were selected through the Descritores em Ciências da Saúde (DeCS) and Medical Subject Headings (MeSH Terms). In order to broaden the search strategy, a combination of controlled and uncontrolled descriptors was performed using boolean operators AND and OR. It is worth noting that the search in the databases was conducted using identified descriptors with an expanded meaning, without applying filters, with the aim of preserving significant samples and minimizing the risk of data loss.

The search terms retrieved in each database were: in MEDLINE, via PubMed: ((((((Pediatrics[MeSH Terms])) OR (Pediatrics)) OR (Pediatrics[Text Word])) OR (Pediatrics[Title/Abstract])) AND (((((((((((Oncology Service, Hospital[MeSH Terms])) OR (Oncology Service, Hospital)) OR (Oncology Service, Hospital[Text Word])) OR (Oncology Service, Hospital[Title/Abstract])) OR (Cancer Care Unit[Title/Abstract])) OR (Cancer Care Unit[Text Word])) OR (Cancer Care Unit)) OR (Hospital Oncology Service)) OR (Hospital Oncology Service[Text Word])) OR (Hospital Oncology Service[Title/Abstract])) OR (Hospital Oncology Services)) OR (Hospital Oncology Services[Title/Abstract])) OR (Hospital Oncology Services[Text Word])) AND ((((((Health Knowledge, Attitudes, Practice[MeSH Terms]) OR (Health Knowledge, Attitudes, Practice[Text Word])) OR (Health Knowledge, Attitudes, Practice[Title/Abstract])) OR (Health Knowledge, Attitudes, Practice)) OR (Knowledge, Attitudes, Practice)) OR (Knowledge, Attitudes, Practice[Title/Abstract])) OR (Knowledge, Attitudes, Practice[Text Word]))).

In LILACS/BDENF, The search terms retrieved in each database were: via Virtual Health Library: (mh:(Pediatria)) OR (Pediatria) (mh:("Serviço Hospitalar de Oncologia")) OR ("Serviço Hospitalar de

Oncologia") OR ("Unidade Hospitalar de Oncologia") OR ("Unidades de Cuidado de Câncer") OR ("Unidades Hospitalares de Oncologia") (mh:("Conhecimentos, Atitudes e Prática em Saúde")) OR ("Conhecimentos, Atitudes e Prática em Saúde") OR ("Atitudes e Prática em Saúde") OR ("Atitudes e Práticas em Saúde") OR ("Conhecimentos, Atitudes e Práticas em Saúde").

In Web of Science: (('Pediatrics') AND ('Oncology Service, Hospital' OR 'Cancer Care Unit' OR 'Hospital Oncology Service') AND ('Health Knowledge, Attitudes, Practice' OR 'Knowledge, Attitudes, Practice')). Na CINAHL: ((pediatric or child or children or infant) AND (Hospital Oncology Service) AND (health knowledge, attitudes, practice)). A secondary search was also conducted on Google Scholar. To broaden the search, the reference lists of included primary studies were analyzed to identify other relevant studies that could be retrieved.

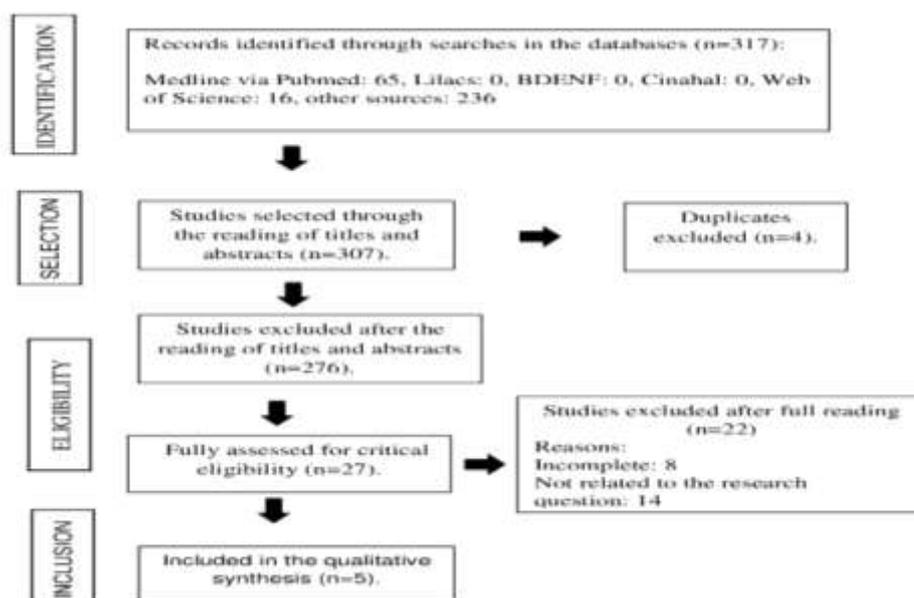
In the initial phase, titles and abstracts were independently identified and assessed by two reviewers to select those that met the eligibility criteria. Potentially relevant articles were selected through a review of titles and abstracts. Abstracts providing sufficient data or those not available had the full article retrieved and examined to determine if they met the inclusion criteria. Discrepancies were resolved through discussion with a third reviewer. To optimize study selection, the bibliographic software EndNote was used, allowing for the organization and management of references to ensure a systematic and comprehensive search.

In the next stage of this review, after a full reading of all included studies, data extraction was performed using an adapted instrument that sought information on authors, period, year of study publication, country, database, method, sample size, instruments used in data collection, and conclusions. The data extraction process was carried out by two researchers using Microsoft Word®, aiming to synthesize the data from studies included in the review.

The quality of primary studies was assessed using two instruments, each more suitable for the methodological designs of studies included in this integrative review. For the evaluation of qualitative studies, the Critical Appraisal Skills Programme (CASP) was employed. Additionally, the Methodological Index for Non-randomized Studies (MINORS) scale was used to assess non-randomized studies, consisting of 12 items with scores ranging from zero to two for each item.¹¹

In the initial selection, carried out according to exclusion criteria, 276 studies were eliminated. After the eligibility/critical assessment of the full texts of 27 records, five met the inclusion criteria and proceeded to the data extraction phase, thorough reading, and synthesis of knowledge. Figure 1 represents the flowchart of the search process according to PRISMA.

Figure no 1: Flowchart of the reference identification process, following the PRISMA guidelines. Brazil, 2022



Source: Author's own work (2022)

III. Result

In the data search across the described databases, 317 studies were identified. During the screening process, 4 duplicates were excluded, resulting in 307 studies. The studies included for qualitative synthesis after the full reading process were published between the years 2012 and 2022. All studies (100%) were retrieved from Medline, and all studies (100%) were in the English language. The countries with the most publications

were the USA with four (80%), followed by Japan with one (20%) study. Table 1 provides a summary overview of the studies included in the review.

Table no 1: Characterization of articles. Brazil. 2022 (N=05).

NO	TITLE	AUTHORSHIP	DATABASE	YEAR	COUNTRY	JOURNAL
1	Perceived benefits of and barriers to psychosocial risk screening in pediatric oncology by healthcare providers	Barrera et al. ¹²	MEDLINE	2018	EUA	Pediatr. blood cancer.
2	Physician Preferences and Knowledge Regarding the Care of Childhood Cancer Survivors in Japan: A Mailed Survey of the Japanese Society of Pediatric Oncology	Ishida et al. ¹³	MEDLINE	2012	Japão	Jpn J Clin Oncol
3	A Provider-Based Survey to Assess Bereavement Care Knowledge, Attitudes, and Practices in Pediatric Oncologists	Jensen;Weng; Spraker-Perlman. ¹⁴	MEDLINE	2017	EUA	Journal of palliative medicine
4	Knowledge, Beliefs, and Behaviors Related to Palliative Care Delivery Among Pediatric Oncology Health Care Providers	Spruit et al. ¹⁵	MEDLINE	2018	EUA	Journal
5	Physician Perceptions of Palliative Care for Children With Cancer in Latin America	McNeile et al. ¹⁶	MEDLINE	2022	EUA	JAMA Netw Open

Source: Author's own work (2022)

Related to the method, four studies were cross-sectional (80%), and one study was qualitative (20%), using recorded interviews, questionnaires via mail and email, and also utilizing data from the Assessing Doctors' Attitudes on Palliative Treatment (ADAPT) research, conducted in 2019 in 11 countries: Azerbaijan, Armenia, Belarus, Kazakhstan, Moldova, Mongolia, Russia, Tajikistan, Ukraine, and Uzbekistan. Country reports were prepared to highlight the main results of the ADAPT study and provide basic information on the benefits of pediatric palliative care based on the WHO guidelines published in 2018.¹⁷ The study sample included different categories of professionals, mostly doctors, nurses, and social workers, as observed in Table 2 below.

Table no 2: Content analysis of articles. Brazil. 2022 (N=05).

Nº	METHOD	METHODOLOGICAL QUALITY	SAMPLE	DATA COLLECTION INSTRUMENT	CONCLUSION
1	Cross-Sectional Study	7	1 oncologist, 8 nurses, 7 social workers.	Recorded interview.	The authors concluded that the presence of healthcare professionals in the risk screening process for pediatric oncology patients is important.
2	Cross-Sectional Study	7	858 doctors	Questionnaire sent via postal mail.	Many Japanese pediatric oncologists feel uncomfortable caring for survivors as they age and have insufficient knowledge about late effects.
3	Cross-Sectional Study	8	2,061 pediatric oncologists	Electronic questionnaire.	Most pediatric oncologists engage in clinical practices to support grieving families. Lack of time and physical resources pose significant barriers to the clinician's efforts. Additional support should be explored to enhance the acceptance of pediatric oncologists in bereavement care practices.
4	Qualitative Study	B	156 healthcare professionals (nurses, advanced practice professionals, and doctors)	Electronic questionnaire.	The knowledge gained from this study emphasizes the important role of all healthcare professionals in advocating for support for pediatric palliative care programs.
5	Cross-Sectional Study	7	874 doctors	Assessing Doctors' Attitudes on Palliative Treatment (ADAPT). Qualtrics electronic.	Development of specific interventions to improve the quality of pediatric palliative care for children with cancer in Latin America.

Source: Author's own work (2022)

Through the reading and synthesis of the included studies, it was possible to construct two categories: the first being actions developed in palliative care, studies (2, 3, and 5); and the importance of the multiprofessional team in caring for pediatric oncology patients, studies (1, 2, 3, 4, and 5).

IV. Discussion

The synthesis of studies on actions developed by the multiprofessional team in caring for pediatric oncology patients in specialized hospitals promotes the adaptation of evidence-based clinical practice guided by multiprofessional teams.

The first being actions developed in palliative care

The findings of the study conducted with doctors caring for children with cancer in 17 Latin American countries reveal, through perceptions of pediatric palliative care, that although medical knowledge aligns with WHO guidelines on this type of care, more education seems to be necessary to promote early integration of pediatric palliative care. Additionally, regional educational practices are needed to enhance physicians' skills in addressing the physical, emotional, and spiritual needs of patients, along with grief and mourning for families.¹⁶

Some misconceptions were identified, such as equating palliative care with end-of-life care, emphasizing once again the need to promote early integration of palliative care in childhood cancer and to teach tools that address the palliative care needs of both the patient and the family.¹⁶ On another note, the studies raise the issue of support for mourning by physicians, considering it is part of palliative care. Despite being recognized as important, it is not effectively carried out as it is not emphasized in pediatric training, requires time, and is emotionally draining.^{14,16}

Likewise, bereavement support is not a protocol followed by pediatric oncologists. The difficulty doctors face in caring for young adult survivors of childhood cancer is a reality due to the absence of long-term follow-up guidelines, the lack of "sympathy" from new doctors, and pediatric doctors having spoken the truth to the patient.

Palliative care is of great importance when related to maintaining autonomy through individualized assistance, valuing emotions throughout the stages of illness. These care efforts for children with cancer are directed towards better relief of psychological and physical symptoms, making it relevant to provide humanized assistance through multidisciplinary care. This involves controlling and alleviating pain, mitigating the physical, psychosocial, and spiritual suffering of patients, aiming for comprehensive care always guided by ethical principles.¹⁶

In the same vein, the primary goal of palliative care for a child with cancer is comfort, well-being, safety, and quality of life through measures that provide relief from suffering and pain. Within the scope of these care efforts, the first thing to be observed is the preparation of the children, which should be a preliminary action and preceded by the therapeutic process. In this case, the aim is to promote understanding of the consequences of the disease treatment, its importance, and potential side effects.¹⁴

Palliative care is developed through comprehensive assistance to children with cancer and their families. In establishing palliative care, the focus is on confronting the disease, which often entails various challenges such as observation and monitoring during treatment, involving not only the patient but also their family members faced with the possibility of death. On the other hand, this care promotes improvements throughout the treatment until the final phase of the disease. The authors demonstrate that suffering is not restricted solely to physical pain generated by childhood cancer, but also involves the everyday experience with family members and the suffering faced during the terminal phase of the disease, which deserves careful attention.^{13,14,16}

The importance of palliative care in cancer treatment is emphasized. This care is crucial from the diagnosis and especially for patients in the terminal phase. They should receive prioritized attention through verbal and non-verbal cues that demonstrate trust, affection, joy, optimism, and humor with the patient and their family, establishing a bond with the healthcare professionals as an important attribute of palliative care.¹³

Thus, the significance of the benefits of palliative care for children with cancer under the care of a multidisciplinary team is evident. It is clear that this care is necessary to aim at the quality of life of the child, involving the work of these professionals through methods that contribute to reducing the suffering faced by the patient.

The importance of the multiprofessional team in caring for pediatric oncology patients

Positive aspects were observed regarding the psychosocial screening conducted with the family and the individual undergoing treatment. Sharing information with other professionals on the team contributes to a better quality of life for the patient, particularly in cases related to pain. Understanding and discussing emotional and psychosocial aspects without extending the consultation time were highlighted. Points were raised for

discussion to incorporate this screening into the routine care for children and families undergoing cancer treatment, such as the need for training in this type of interview, who will conduct it, and its frequency.¹²

The involvement of the multidisciplinary team with the child with cancer facilitates pain reduction, aiming to protect the child from suffering. Professionals in the multidisciplinary team should act by conveying a sense of trust, demonstrating interaction with the family of the child with cancer, acting respectfully and ethically. They should be clear and concise regarding the treatment of the disease, promoting the cooperation of family members during this process to avoid tense relationships between professionals and family, ensuring smooth progress in palliative care.¹⁵

During care, the child and their family should be guided on how chemotherapy is administered and its potential side effects, fostering better communication to clarify the entire treatment process.¹³

Professionals should employ strategies such as identifying pain for effective assistance. In this process, the family's perception is crucial for better engagement during treatment. The importance of the professionals' qualifications in intervening in the disease process in response to the patient's symptoms is evident, always seeking to act efficiently and appropriately using medications to control symptoms.¹⁴

No hospital setting, caring for children with cancer requires professionals to build trust bonds. Consequently, the patient will find comfort through the support of the multidisciplinary team, contributing not only to the patient's well-being but also to the family of the ill individual. This care brings significant improvements to the treatment, as one of the methods involves addressing needs in accordance with the limitations caused by cancer. Communication must be clear and objective at all stages of treatment, and professionals need to exercise caution, as there is a possibility of causing difficulty in the patient's understanding.¹²

Thus, there is a risk that the ability to make decisions and understand the current situation may be affected. In some cases, patients and their families may not comprehend information about the disease, such as the course of the prognosis. The multidisciplinary team, in its role, can act as a mediator of information between family members and doctors.^{12,15,16}

In this way, the findings indicate that the multidisciplinary team, facing the family, aims to collaborate in coping with the situation so that they can experience hospitalization in the best possible way, providing emotional support. The fears experienced by the family in the face of a disease like cancer often exist from the diagnosis, with the risk of changes in the family's routine. The family, facing the possibilities of the patient's death, confronts difficult situations with uncertainties, anxieties, and sufferings. It becomes indispensable for the multidisciplinary team, as a professional community caring for children with cancer and their families, to continue advocating for optimal care that addresses all areas of suffering and promotes quality of life throughout the continuum of health states.

V. Conclusion

The evidence from this literature review suggests that the actions carried out by the multidisciplinary team in the care of pediatric oncology patients in specialized hospitals are essential. There is a need for professional training to address the specific needs of children, and it is crucial to provide multidisciplinary care from the screening process to palliative care. Additionally, there is a need to develop standardized protocols or definitive criteria for multidisciplinary care, aiming to ensure optimal care, including knowledge of each child's history, appropriate language, and the use of playful tools to enhance quality of life. A limitation of this review is the low number of existing studies on the actions of the multidisciplinary team in the care of pediatric oncology patients in specialized hospitals, suggesting the need for further empirical research on the issue.

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