

<https://doi.org/10.29289/259453942023V33S1027>

# Comfort program: Accessible strategy to give voice to a little heard patient

Isabella Barros Rabelo Gontijo Tumeh<sup>1</sup>, Lorena Nascimento Manrique Molina<sup>2</sup>, Cristiane Decat Bergerot<sup>3</sup>, Mizza Nery Rocha Jacinto<sup>4</sup>, Isabella Ferreira Santos<sup>4</sup>, Arethuzza Alves Moreira<sup>1</sup>, Ruffo de Freitas-Júnior<sup>5</sup>

<sup>1</sup>Associação de Combate ao Câncer, Hospital Araújo Jorge, Universidade Federal de Goiás – Goiânia (GO), Brazil.

<sup>2</sup>Centro de Câncer de Brasília – Goiânia (GO), Brazil.

<sup>3</sup>Centro de Câncer de Brasília, Instituto Unity de Ensino e Pesquisa – Brasília (DF), Brazil.

<sup>4</sup>Centro Universitário Alves Faria – Goiânia (GO), Brazil.

<sup>5</sup>Universidade Federal de Goiás – Goiânia (GO), Brazil.

**Objective:** We analyzed the accessibility of a virtual program developed for women with advanced cancer undergoing chemotherapy treatment by the Unified Health System. We ranked the benefits of participating in the program according to the patient's experience. **Methodology:** A longitudinal study of quantitative and qualitative was carried out with 78 women diagnosed with locally advanced and/or metastatic breast and gynecological cancer. All participants used the Comfort Program for at least one chemotherapy cycle over the 6 months of the study. We carried out a semi-structured interview to absorb the experience throughout the participation in the program. Data were analyzed with descriptive and inferential statistics, using Student's t-test and Pearson's correlation test. Qualitative analysis was performed by two independent evaluators using Bardin's content analysis method. **Results:** There was no correlation between the frequency of participation in the program and social factors (age, education level, and income). Most of the participants reported more about their symptoms to the oncologists (70.4%; N 57), the oncologists encouraged their participation in the program and helped with the reported symptoms (60%; N 52), and 91% (N 75) of the patients denied difficulties with understanding of the guidelines offered throughout the participation. The program was classified according to three categories: practicality with the use of the Internet, welcoming space, and ease of reaching help/referrals. The difficulties were related to physical discomfort, forgetfulness, and the unavailability of the internet. **Conclusion:** In another study, we found benefits of using the Comfort Program in the management of symptoms during chemotherapy. In this study, in addition to numbers, patients brought their own perception of the program and we identified that it is an accessible strategy, facilitating communication between patients and care providers. Regardless of the frequency of participation, women showed greater attention to discomfort, which may suggest greater tolerance to chemotherapy treatment.

**Keywords:** telemedicine; psycho-oncology; eHealth strategies; breast neoplasms.