# The 30 Years of SUS and the Model of Cancer Care portrayed in RBC

DOI

*Os 30 Anos do SUS e do Modelo de Atenção ao Câncer retratados na RBC*

Los 30 Años del SUS y del Modelo de Atención al Cáncer retratados en la RBC

**Alessandra de Sá Earp Siqueira[1]; Anke Bergmann[2]; Leticia Casado[3]; Mario Jorge Sobreira da Silva[4]; Mauro Musa Zamboni[5]**

Throughout its 30-year history, the Brazilian Unified National Health System (SUS) has become one of the world's most democratic and inclusive health systems. Its principles and guidelines have guaranteed expansion and access to health services and actions, with a significant impact on quality of life and increased life expectancy for the Brazilian population[1]. During these 30 years, the structuring and organization of the cancer care model have occupied an outstanding place on the country's policy agenda[2].

The current context reveals the impact of cancer on the burden of noncommunicable diseases (NCDs) and points to the global need to rethink government strategies for the population's health care. Cancer will become the leading cause of death from disease in the world and is already considered the main barrier to increasing the population's life expectancy in the 21st century[3]. It is thus necessary to develop strategies to deal with this challenge.

In order to highlight the relevance of this context, the Brazilian Journal of Oncology (RBC), as part of its editorial policy in these last three decades, has published important scientific articles emphasizing the progress and challenges in cancer care and their effects on related health indicators.

Since the passage of Brazil's 1988 Constitution and the creation of the Unified National Health System, the Brazilian Journal of Oncology has systematically led the discussion and promoted knowledge on cancer control policy and activities[2,4,5,] in addition to publishing articles that assess the impact of this history in the last 30 years[2].

In keeping with the principles of the Unified National Health System, namely universal coverage[6,7,] equity[8], and comprehensive health care[9,10], the Brazilian Journal of Oncology has prioritized studies aimed at analyzing and proposing solutions to the challenges in Brazil's cancer care model. Equally important priorities are studies on the incorporation or assessment of innovations in the entire line of care for individuals with cancer, identifying improvements in the strategies for prevention[8,9], early diagnosis[10], treatment[11], and end-of-life care[12].

Considering that a health system capable of overcoming inequalities in cancer care requires highly qualified professionals 13 and the development of sustainable and innovative research[14], it is also in the interest of the Brazilian Journal of Oncology to publish articles on these themes.

This edition aims to expand this discussion by publishing three opinion articles by specialists in this topic, in addition to other studies that contribute substantially to understanding the cancer care model in the Unified National Health System.

The Brazilian Journal of Oncology, committed to science, fundamental human rights, and the improvement of living conditions for individuals with cancer, intends to continue to collaborate in this debate, as a channel for sharing opinions, analyses, assessments, and proposals, fostering interdisciplinary and inter-sector dialogue with scientific production in the field of oncology.

## REFERENCES

1. Paim JS. Sistema Único de Saúde (SUS) aos 30 anos. Ciênc Saúde Coletiva. 2018; 23(6):1723-8.
2. Silva MJS, Lima LT, O'Dwyer G, Osorio-de-Castro CGS. Política de atenção ao câncer no Brasil após a criação do Sistema Único de Saúde. Rev Bras Cancerol. 2017;63(3):177-87.

[1] Associate Editor, Brazilian Journal of Oncology/Revista Brasileira de Cancerologia (RBC). National Cancer Institute José Alencar Gomes da Silva (INCA). Rio de Janeiro (RJ), Brazil. E-mail: asiqueira@inca.gov.br. Orcid iD: https://orcid.org/0000-0003-3852-7580
[2] Scientific Editor. RBC/INCA. Rio de Janeiro (RJ), Brazil. E-mail: abergmann@inca.gov.br. Orcid iD: https://orcid.org/0000-0002-1972-8777
[3] Executive Editor. RBC/INCA. Rio de Janeiro (RJ), Brazil. E-mail: leticiac@inca.gov.br. Orcid iD: https://orcid.org/0000-0001-5962-8765
[4] Associate Editor. RBC/INCA. Rio de Janeiro (RJ), Brazil. E-mail: mario.silva@inca.gov.br. Orcid iD: https://orcid.org/0000-0002-0477-8595
[5] Coordinator of Teaching, INCA. E-mail:mzamboni@inca.gov.br. Orcid iD: https://orcid.org/0000-0001-6200-6844

3. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global Cancer Statistics 2018: Globocan estimates of incidence and Mortality Worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2018 Nov;68(6):394-424.
4. Kligerman J. Fundamentos para uma política nacional de prevenção e controle do câncer. Rev Bras Cancerol. 2002;48(1):3-7.
5. Temporão JG. Editorial. Normas e Recomendações do INCA. Rev Bras Cancerol. 2003;49(4):201-02.
6. Santini LA. Editorial. Uma vacina à procura de uma política. Rev Bras Cancerol. 2007;53(4):403-04.
7. Mendonça GAS. Câncer no Brasil: um risco crescente. Rev Bras Cancerol. 1992;38(4):167-76.
8. Abreu E, Lopes ER. Projeto de expansão da prevenção e controle do câncer cérvico-uterino: plano de trabalho quinquenal; 1988 a 1983. Rev Bras Cancerol. 1988;34(4):209-19.
9. Romero LC, Costa e Silva VL. 23 Years of tobacco control in Brazil: the 1988 Brazilian Tobacco Control Program Today. Rev Bras Cancerol. 2011;57(3):191-211.
10. Baron M, Souza LMBM. Rede de atenção oncológica: como a Estratégia Saúde da Família se percebe na assistência ao paciente com câncer. Rev Bras Cancerol. 2012;58(2):277-77.
11. Kligerman J. Avaliação da assistência oncológica. Rev Bras Cancerol. 2002;48(4):481-84.
12. Instituto Nacional de Câncer (BR). Cuidados paliativos oncológicos, controle de sintomas: condutas do INCA. Rev Bras Cancerol. 2002;48(2):191-211.
13. Silva MGC, Arregi MMU. residência médica na área de cancerologia no Brasil: distribuição dos programas e da oferta de vagas por região em 2003. Rev Bras Cancerol. 2005;51(1):5-13.
14. Kligerman J. Pesquisa médica e incorporação tecnológica. Rev Bras Cancerol. 2003;49(1):3-4.