## EDITORIAL

## **Rehabilitation in Cancer**

Cancer and its treatment brings physical, psychic and social repercussions that compromise the quality of life of the patient with cancer and their family. Cancer, previously considered as a fatal disease, has been recognized as a chronic disease that requires a multidisciplinary intervention. Multidisciplinary activity is necessary not only in the treatment of the disease, but also in the rehabilitation of patients.

Rehabilitation is a specialty that encompasses the control of symptoms and the re-establishment of function not only affected by disease, but also by treatment; aims to minimize the impact of disease and treatment, allowing for the reintegration of the individual back into family and social life. Is an established process from collaborations between professionals from different specialties, patients and family members. It should be considered throughout the trajectory of the disease, and also at the stage after treatment.

Despite the recognition of the importance of rehabilitation, access to these services is less than ideal. The implantation and sustainability of rehabilitation services suffer organizational, political and economic constraints, and research in this area may contribute not only to generate knowledge, but also to assess the quality of care provided and generate evidence-based benefits to expand access of cancer patients to these services.

We highlight in this issue articles that are related to the rehabilitation of patients with cancer. The first addresses the evaluation of treatment outcomes in patients with cancer of the oropharynx and the second with the validation of an instrument to assess the quality of life in cancer patients.

The scarcity of resources in the area does not allow all individuals the access to services in the area, so it is necessary to identify priorities. Research may also contribute to the identification of groups at greatest risk, and may also provide tools for the screening of needs. Thus, the research in the area may affect practice directly, and can contribute decisively to the quality of care provided to the patient with cancer.

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