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The qualitative analysis of contributions received in CONITEC's public consultations: Theoretical and methodological reflections

A análise qualitativa das contribuições recebidas nas consultas públicas da Conitec: reflexões teórico-metodológicas

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ABSTRACT The National Committee for Health Technology Incorporation in the Unified Health System (CONITEC) is responsible for evaluating medicines, products and procedures for the purposes of incorporating, amplifying or excluding these technologies in Brazil's public health system. The participation of society is part of this evaluation process and also occurs through public consultations. This article presents and discusses the methodological proposal constructed to qualitatively analyze the information related to the experience and opinion expressed by participants in these consultations. In this sense, it describes, substantiates and synthesizes the stages of the methodology constructed, as well as it addresses aspects related to data organization, interpretation and representation. Furthermore, it describes the instruments used to enable the analysis, such as a software, as well as the contributions that qualitative analytical approach can bring to the field of Health Technology Assessment, considering the predominance of biomedical knowledge and quantitative approaches.

KEYWORDS Technology assessment, biomedical. Public consultation. Social participation. Qualitative research.

RESUMO *A Comissão Nacional de Incorporação de Tecnologias no Sistema Único de Saúde (Conitec) é responsável pela avaliação de medicamentos, produtos e procedimentos para fins de incorporação, ampliação ou exclusão dessas tecnologias no sistema público de saúde do Brasil. A participação da sociedade compõe esse processo de avaliação e ocorre, também, por meio de consultas públicas. O texto apresenta e discute a proposta metodológica construída para analisar qualitativamente as informações relacionadas à experiência e à opinião enviadas pelos participantes dessas consultas. Nesse sentido, o artigo descreve, fundamenta e sintetiza as etapas da metodologia construída, abordando aspectos relacionados à codificação, interpretação e representação dos dados. Além disso, discorre sobre os instrumentos utilizados para viabilizar as análises, a exemplo de softwares, bem como sobre contribuições que os aportes da análise qualitativa podem oferecer ao campo da Avaliação de Tecnologias em Saúde, considerando o predomínio dos saberes biomédicos e abordagens quantitativas.*

PALAVRAS-CHAVE *Avaliação da tecnologia biomédica. Consulta pública. Participação social. Pesquisa qualitativa.*

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Introduction

Social participation in public issues in Brazil is a recent social and normative achievement, becoming a guiding principle of the public administration as from the 1988 Federal Constitution and the Brazilian society's democratization process, and made possible through several institutional mechanisms[1]. According to Pires and Vaz[2], there was a gradual incorporation process of these mechanisms, initially concentrating on the local and state spheres of government during the 1990s, especially with the dissemination of management councils of public policies in different areas, such as health, education, social assistance, children and youth rights, housing and environment.

Starting in the 2000s, participatory channels on the federal level were created, especially due to systematic governmental efforts to incorporate ways of interaction between the State and the society, besides explicit stimuli to diversification and variability of these apparatuses, such as the implementation of ombudsperson's offices, public consultations and public hearings in the context of the federal public administration.

This study starts from the perspective of the socio-state interfaces, i.e., the public spaces of negotiation and conflict, intentionally established between different actors with a view to achieving individual or collectives results. Pires e Vaz[2] argue that it is important to consider that interaction between State and society is permeated by a diversified set of channels instituted by the government, whose differentiation occur also in terms of design and target audience, in relation to both society and the public administration structure itself. In this sense, according to these authors, the participatory instruments and mechanisms that enable socio-state interfaces have different vocations and potentials of interference in public policies and, on the other hand, fulfil various objectives and roles, though equally relevant:

> [...] this myriad of institutional formats carry variations in the capacity to make the State more or less permeable to demands and, especially, in assuming co-accountability in public planning, which means that, ultimately, there can exist channels with low power of decision, i.e., with low power of enforcement, but with significant informational power, i.e., having significant consultative character and vice versa[2(15)].

Therefore, the diversification of participatory mechanisms is articulated with the agenda of national and international social actors in the demand for transparency and shared management in the public sphere, being incorporated by governments worldwide, in contexts of State reforms and improvement of democratic processes[1].

Among the multiplicity of mechanisms and the variety of techniques and instruments of participation, public consultation is considered a multipurpose tool of administrative transparency. In Brazil, it complies with the normative principles of publicity, motivations and participation in public administration[1,3]. However, despite the legal provision in the Brazilian context, carrying out the public consultation is optional and subject to the public manager's judgement of convenience, and the results do not necessarily bind the State's administrative decisions.

In this sense, public consultation is inserted in a communication scenario whose relations between State and society should be based on dialogical management perspectives, in which the public authority assumes the role of mediator in the opening of interlocution and participation channels with different social actors and groups[1]. According to the authors, a paradigmatic change is necessary in the context of public management in order to overcome the formalistic limitations that affect actors' participation and cause a democratic deficit.

Within the scope of public health policies, the participatory tradition and the social

mobilization of sectors of the civil society in the process of claiming for universal right to health in Brazil have contributed to the institutionalization of participative spaces in the State's structure, as for example the health councils and conferences on health[4], such as the public hearings and consultations in the various management levels.

However, in general, obstacles are also identified regarding the plurality of voices, transparency, representation and representativeness in institutional settings, as well as the democratization of information and citizens' capacitation for the insertion in the participatory process[5].

According to Souza[6], in addition, in Brazil, although there is constitutional provision of different participatory arrangements on the three levels of government, there have been attempts to limit the institutional reach of the various participation mechanisms. Thus, the author counterposes the expansion movement of social participation between 1988 and 2013 to the retraction movement that occurred between 2014 and 2022.

In this sense, one of the principles of public health policy in Brazil is social participation, constitutionally provided and sanctioned in specific regulations. Established as citizens right, it has been incorporated into the processes of definition, management and implementation of the Unified Health System (SUS)[7]. The interaction between civil society and State involves different actors and interest groups by means of socio-state interfaces, which promote the opening of state apparatuses to vocalize social demands within the scope of health policy.

In the processes of Health Technology Assessment (HTA), in SUS, public consultation has normative provision by Law No. 12,401/2011[8], with regulation by Decree No. 7,646/2011[9], recently altered by Decree No. 11,161/2022[10]. It is established as a stage in the analysis flow of incorporation, exclusion and alteration of health technologies by the National Committee for Health Technology Incorporation in the Unified Health System (CONITEC), which should be carried out after the initial appraisal of the demand and before the issuing of the final recommendation.

It should be noted that even in the most recent period of participative retraction in the area of health care, a greater institutional permanence was observed in certain sectors[11]. In the case of HTA, the legal-administrative framework related to the participatory apparatuses was updated, maintaining the participatory deliberative and consultative character of the Committee's operation, as in the case of public consultation, whose objective is to expand the discussion on the subject and fundament the Committee's recommendations, identifying the perceptions of society, as to formalize and legitimize social participation in the process carried out by CONITEC.

Though public consultation does not imply a more active form of participation – constituting an intermediate modality of participation, situated between communication and participation with deliberative power[12] –, it is an important instrument, insofar as it enables to access preferences, opinions, beliefs and perspectives of the society and those more directly interested in decision-making in HTA[13], as to complement the data set on clinical and economic evidences, and socio-legal and ethical aspects that guide technology management policies[14].

This is because it enables the involvement of the interested parties and raises the transparency level of decision-making on subjects that may have a significant impact on society, although to some extent the value of the participation depends on the conduction of consultations and on how the replies are the used. There is a common perception that often the consultation is neither genuine nor influent, being used to support decisions previously made and having little or no impact on them. Public consultation can have a variety of functions, including collecting opinions, searching information, identifying non intentional consequences or practical problems, verifying

the relevance and precision of preliminary documents, increasing the accountability and transparency of policies, and, potentially, professional and public adhesion to the final recommendations[15].

In the specific case of CONITEC's public consultations, an electronic self-administered form aimed at the society's participation is made available comprising two components: technical-scientific, aimed at contributions on clinical evidences, economic assessment, budgetary impact and other technical considerations; and experience and opinion, aimed at receiving perspectives and perceptions on the use of the technology and its relevance in treating the health condition in question.

In the light of the exposed above, the objective of this article is to present and discuss the methodological proposal of analysis of data received by means of CONITEC's public consultations, based on a discussion on the fundaments of qualitative research and its applicability to decision-making in the context of HTA.

The qualitative approach in Health Technology Assessment

Qualitative research involves the collection, analysis and interpretation of the social world's data not reducible to quantification processes. Thus, qualitative analysis refers to the "universe of significations, motives, aspirations, beliefs, values and attitudes"[16(21)]. Murphy and collaborators[17] consider that adequately conducted qualitative data analysis can provide valuable information on the impact of health technology.

In these terms, according to the authors, the contemporary debate on the application of models and practices of qualitative investigation in the context of HTA implies the recognition of different aspects, such as: a) complementarity between qualitative and quantitative approaches; b) qualitative research specificities, which involve a constant interaction between induction and deduction; c) the existence of HTA problems to which the application of qualitative methods is the adequate technical option; d) empirical potential to employ in HTA qualitative models used in other fields of knowledge; e) potential of the qualitative approach to provide rigorous descriptive bases capable of supporting managers' performance regarding dimensions not apprehended by other methods; f) qualitative design flexibility for the identification of HTA strategic data under different prisms, as well as for the cumulative production of theoretical-methodological knowledge in the area[18].

For Murphy and collaborators[17], although not configuring a recent invention and already being consolidated in the social sciences, the use and application of qualitative approaches and methods in HTA are still incipient and a novelty. In this sense, the authors argue that although the specialized literature on the application of qualitative methods in HTA is limited, the wide methodological production on qualitative approaches in social sciences and in the health field can provide clues for qualitative research practices and data analysis in HTA.

According to Sampieri et al.[18], the process of data analysis in the qualitative field is not standard and is subject to the specifics of each qualitative project, requiring its own scheme and design. However, despite the flexibility of the analytical proposals, in the authors' view there are defining features of the qualitative analysis' nature that can give support to the development of general directions to guide them, highlighting the following:

1. Qualitative data are non-structured data whose structure is attributed by the researcher;

2. The purposes of the qualitative analysis involve data structuring (organization of unities, categories, themes and patterns), description of human experiences,

understanding of the context to which the data are articulated, interpretation and evaluation of unities, categories, themes and patterns, attribution of senses to data in the context of the problem's formulation, and the establishment of a relation between the results of the analysis and the theory;

3. Data organization and evaluation are crucial for the interpretation and articulation with the problem under study and, consequently, to achieve the qualitative project's objective;

4. The researchers' experience, impressions and perceptions constitute a data source added to the analysis;

5. Data interpretation may vary according to the researchers' viewpoints, although this does not mean abandoning systematism;

6. The analysis constitutes a process that is eclectic, systematic, dynamic and cyclic;

7. Qualitative analysis is contextual and relational;

8. Qualitative analysis is characterized by flexibility and adaptability, and is molded by the its own data;

9. Data are analyzed individually and contextually;

10. Data are organized in a system of categories;

11. The results of the analysis consist of synthesis (descriptions, expressions, themes, patterns or regularities, hypothesis, theories).

In this same reading key, there is a convergence of the arguments by Sampieri et al.[18] and Creswell[19] concerning the non-linearity of the development of qualitative data analysis. In the authors' perspective, in a qualitative project the processes of data collection, data analysis and communication of results (reports writing) are interrelated. Regarding the development of data analysis, the qualitative analysis occurs in analytical cycles in which are imbricated different non-sequential procedures – and, at times, simultaneous – involved in the analytical tasks, namely: data handling or manipulation, readings and notes, description, data classification and interpretation, data representation and visualization[18,19].

In this perspective, the improvement and diversification of the methodological approach used in the analysis of experience and opinion contributions in public consultations, in the context of HTA in SUS, with the inclusion of qualitative analysis inputs and tools, may shed light on both HTA processes and characteristics of the interaction between State and society.

Thus, qualitative analytical inputs applied to experience and opinion contributions can collaborate for the mapping of arguments and senses mobilized by different actors in relation to the process health-disease, the devices of health care and the experiences with the use of health technologies. Furthermore, they contribute to the description of the public deliberation contents related to CONITEC's initial recommendation regarding the technology under consultation, giving more visibility to the operational modes, levels of asymmetry and inclusiveness of citizens in the public consultation mechanism[1], therefore informing different dimensions of HTA decision-making processes.

Qualitative analysis of experience and opinion contributions in the context of CONITEC's public consultations: Theoretical-practical considerations

In the light of the dialogue between the general process of qualitative data analysis and the need to develop a methodological proposal of

qualitative analysis applicable to experience and opinion contributions collected in the context of CONITEC's public consultations, a methodological design was constructed, establishing a scheme of basic analytical tasks for the treatment – with the support of NVivo® – of non-structured data (textual and written) concerning various actors' experiences and opinions on health technologies under assessment in SUS. For this purpose, some aspects were considered, such as the context of data collection, characteristics of the instrument, type and shape of collected data, among others.

The methodological proposal described in this article is aligned with the field's broader debate and was developed, in general lines, based on codification and categorization, considering that these constitute ways of analyzing applicable to all types of data and are not concentrated in a specific data collection method[20].

Based on Gibbs[20], the selection of the analytical approaches of codification and categorization as guides of the methodological proposal is justified for the following reasons:

1. They can be applied to a diversified set of materials and enable the development of categories to be codified, drawing on themselves. In the specific case of CONITEC's consultations, the empirical material to be analyzed are the contributions collected online by means of the experience or opinion form, available on CONITEC's website.

2. They allow for the planning of comparisons on three different levels: i) within a category (aspects present in different experience and opinion contributions that may be relevant for a category); ii) within a case (comparison of the participant's opinion on different themes, mapping of coherence and contradictions of the experience and opinion contribution on different categories); and iii) between cases (comparison between differences and similarities contained in the replies of participants from different segments).

3. They enable, by means of comparison, to establish relations between the individual case (in this project, experience and opinion contribution) and more or less generalized formulations (the set of experience and opinion contributions) developed from the data analysis.

4. They focus on the content or formal structures.

5. They can be combined with quantitative analysis of standardized data, such as those present on the experience and opinion form used in CONITEC's public consultations.

In addition, considering that the specifics of qualitative analysis require efficient and systematic management of a complex and diversified range of texts, codes, categories, memoranda, among others, the use of a Qualitative Data Analysis Software (QDAS) is foreseen, namely NVivo®, to structure and manage the qualitative analysis of experience and opinion contributions received in CONITEC's public consultations.

The use of programs in qualitative data analysis enables the maintenance of records, searches and analysis, as well as facilitates codification management and the access to texts combined with sophisticated search tools, and gives support to the examination of the characteristics and relations between the texts, thus providing a more transparent and trustworthy analytical process[21].

From the 1980s onward, the qualitative analysis process has been affected by the development of QDAS and by the emergence of digital technology. Gibbs[20] stresses that the complex, efficient, coherent and systematic management of a considerable volume of data is a precondition for qualitative data analysis. In this sense, the use of QDAS constitutes a potent tool of data organization, codification management, data search and access, data systematization and visualization. However, QDAS "does not replace, in any

way, the researcher's creative and thorough analysis"[18(476)].

Presently, there exists a broad set of programs that serve as auxiliaries and facilitators of qualitative analysis, in a way that "over 20 software packages are available that can assist qualitative researchers in their work with textual data"[21(394)].

In general, there are many similarities between the purposes, functionalities and the operation itself of the different QDAS. Most of them have tools for text retrieval and editing, lines count or content unities count, besides enabling the incorporation into the analysis of diversified types of materials. Additionally, virtually all qualitative software serve for all stages of the analysis: codification, data interpretation, finding patterns, creation of theories and development of hypothesis[21].

The specialized literature points out that the dissemination of QDAS use as auxiliaries in the development of qualitative projects in different contexts has raised debates on the potential methodological advantages and limitations. In this sense, regarding the potentialities, Kelle[21] points out the mechanization of tasks related to data organization (such as localization and copy of text segments), increase of systematization, transparency and rigor of procedures by means of the documentation of the work process, as well as the expansion of the researcher's reflexivity and critical, analytical engagement.

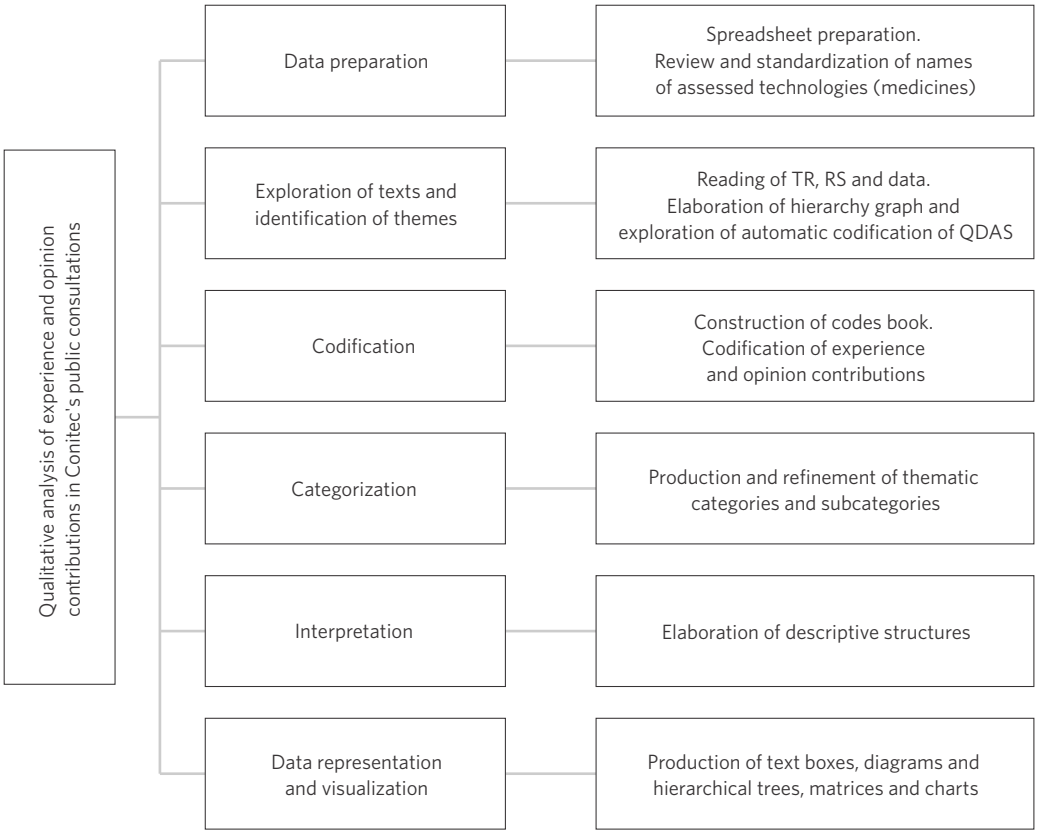
On the other hand, about limits, disadvantages, and potential risks of the use of QDAS in qualitative analysis, among other aspects, one points to the distancing of researchers in relation to data, and the emphasis on approaches and activities of codification to the detriment of other techniques, hence reducing the repertoire of methodological strategies application to the field of qualitative analysis[20,21].

In general terms, although there are limitations related to the utilization of QDAS as qualitative analysis auxiliaries, the balance is considered positive for the theoretical-methodological field of qualitative research and, more broadly, for social research. In this perspective, among others, significant advances are highlighted in the production and dissemination of methodological knowledge in qualitative research, especially regarding the potentiation of reflexivity and epistemic vigilance mechanisms during the stages of organization, treatment and analysis of qualitative data.

In the context of qualitative analysis of experience and opinion contributions received in CONITEC's public consultations, considering criteria such as usability, types of data processed, possibilities of codification, capacity of organization, data analysis and evaluation, and links and interfaces with other projects[21], the choice was to use NVivo®. Regarding the methodological operationalization of qualitative analysis of experience and opinion contributions in public consultations, the proposal is to have six stages: 1) data preparation; 2) exploration of texts and identification of themes; 3) codification; 4) categorization; 5) interpretation; 6) data representation and visualization. It is noteworthy that considering the perspective of the spiral of data analysis[22], these stages and procedures are interrelated.

Data preparation includes some procedures, namely: reading the respective Technical Report (TR) – which contains the assessment of the dossier sent by the demander in terms of the technology's efficacy/effectivity, economic assessment and budgetary impact – and its version in accessible language aimed at the general audience (Report to Society – RS); initial approach to the empirical material (experience and opinion contributions); and the review and standardization of names of technologies mentioned in the contributions, especially in the case of medicines, in order to substitute the commercial name for the active ingredient, to insert the Excel® spreadsheet into NVivo® (*figure 1*).

Figure 1. Methodological proposal for the analysis of experience and opinion contributions received in Conitec's public consultations



Source: Prepared by the authors.

Regarding the use of QDAS NVivo® in this proposal, the resources mobilized permeate the analysis process, especially as from the stage of texts exploration and initial identification of themes, such as: automatic codification and development of hierarchy graph and codification matrix based on it, which enables the identification of thematic unities that can be further worked upon in the subsequent stages of the analysis; development and refining of codes, besides the consultation of graphs, matrices, and frequency representation.

This is linked to the development of possible connections and interpretations, resulting in descriptive structures[23] to be presented to the reader both in written text and through other representation tools, such as word clouds and thematic maps.

Regarding the modes of qualitative data interpretation, Yin[23] highlights description, action-oriented description and explanation. In the author's view, the descriptive elaboration, although seemingly a simple and trivial activity of the practice of qualitative investigation, potentially constitutes a trap for the analysis, especially when the descriptions are not oriented by well-defined objectives, in a way that the general descriptive structure does not reflect the senses and/or interpretation of the findings.

Therefore, according to Yin[23], when using description as an interpretative resource, the analyst's central objective should be to develop a descriptive structure. These descriptive structures may assume various forms of organization and levels of details, in view of the

qualitative study purposes. Considering the specifics and nature of the analytical process of experience and opinion contributions received in the context of CONITEC's public consultations, an interpretative approach is proposed, according to which the qualitative data are not self-evident, but rather transformed and re-transformed by the researcher by means of the formal interpretation act.

In this regard, a mode of interpretation applicable to the analytical process of experience and opinion contributions received in the context of CONITEC's public consultations is the description in the terms developed by Yin[23]. Thus, the purpose is to provide clues for the development of descriptive forms as a mode of interpretation of the experience and opinion contributions received in CONITEC's public consultations, using systematic strategies of transformation and attribution of senses to the data.

In other words, from the operational point of view, the proposal is to systematically elaborate descriptive structures that focus on the following aspects of the experience and opinion contributions and their interfaces: 1) socio-demographic description of the groups of participants; 2) characteristics of the opinions about the incorporation of the assessed technology; 3) description of the experience with the assessed technology, regarding positive effects and facilities, and negative effects and difficulties; 4) description of the experience with other technologies for the health condition, considering positive effects and facilities, and negative effects and difficulties.

In this analytical proposal, the descriptive structures and their underlying contents are represented in different forms. According to Creswell[24], the representation of qualitative data can be made in textual, table or figure forms. The author stresses that the use of textual representation prevails in narrative, phenomenological studies; however, the use of images can also be fruitful, especially in studies oriented by the data-fundamented theory, ethnographies and case studies, in which the schematic presentation of models and processes may not only summarize the findings, but also present them in an articulated way, providing the reader with the possibility to better understand the intrinsic logic of the creation of interpretation or theory[24].

Beyond the aesthetic function, graphic representation potentially provides a flexible way of sharing information, seeing patterns and mixing narrative, description and explanation[25,26]. Hence, it is a way of information display that contributes to the communication of experiences, but also to the development of a deeper understanding, open to insights. Furthermore, the use of graphic representation to address qualitative data contributes to increasing empirical and analytical transparency, insofar as it provides new ways of sharing data with peers, readers and the public in general[27].

Considering the structure of data and the process of qualitative analysis of experience and opinion contributions in CONITEC's public consultations, data representation and visualization tools that have the potential to be used in the analysis model are text boxes, comparison matrices or tables, hierarchical diagrams or trees, word clouds and taxonomies (*table 1*).

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Table 1. Description of qualitative data representation and visualization tools and their applicability in the methodological proposal for qualitative analysis of experience and opinion contributions in CONITEC's public consultations

Qualitative data representation and visualization tools	Applicability in the analysis of experience and opinion contributions
Text box	In qualitative analysis of experience and opinion contributions in public consultations, text boxes can be used to display representative excerpts of opinions and illustrate thematic categories referring to arguments on CONITEC's preliminary recommendation, experience with the assessed technology (positive effects and facilities, and negative effects and difficulties) and experience with other technologies for the health condition (positive effects and facilities, and negative effects and difficulties).
Hierarchical diagram or tree	In qualitative analysis of experience and opinion contributions in public consultations, hierarchical diagrams or trees can be used to synthetize the outcomes of the analysis according to thematic axes, displaying themes, categories and subcategories hierarchically. Charts represent categories and subcategories, general themes and specific themes arising from empirical data.
Word cloud	In qualitative analysis of experience and opinion contributions in public consultations, word cloud can be used in data analysis and representation to identify and present the frequency of use of other technologies for the health condition mentioned by participants, for example.
Qualitative matrix, chart or table	In qualitative analysis of experience and opinion contributions in public consultations, qualitative matrices or tables can be used to present contents referring to short and direct quotes combined with categories and/or subcategories, as well as to represent comparisons between codes, cases and attributes. Lines and columns can be filled with codes, categories, typologies and attributes of cases (characteristics as gender, race, participant's segment, for example).
Taxonomy	In qualitative analysis of experience and opinion contributions in public consultations, taxonomy can be used both in the stage of codification for refinement of the analysis process and in the phase of data representation, i.e., in the presentation of results.

Source: Prepared by the authors.

Considering that in public consultation the data obtained are mainly textual, insofar as the contributions are sent electronically in a self-applied form comprising open-ended and closed questions, the data representation tools abovementioned aggregate and interrelate categories, subcategories and excerpts. Furthermore, they can be mobilized in different stages of the analytical process, also contributing to ensure the transparency of the analysis and the evidence of inclusiveness – both crucial aspects for the deliberative process in HTA[28].

Conclusions

In tune with the transformations that have occurred in the field of qualitative investigation and with the international trends on the uses and applications of qualitative methods in HTA, the proposal of improvement and diversification of the methodological approach used in the analysis of experience and opinion contributions in public consultations developed by CONITEC was conducted, with the inclusion of qualitative inputs. The methodological design for the qualitative analysis of experience and opinion contributions in the public consultations proposed by CONITEC in the context of HTA, in SUS, is based on codification and categorization strategies, organized in six stages articulated in a list of methodological procedures designed to fulfil the specifics of the qualitative project under study, developed and managed with the support of QDAS NVivo®.

Among the limitations of the proposal, this study highlights the difficulties to reconcile

administrative deadlines for the appreciation of the demand, the available time for the analysis and the amount of experience and opinion contributions received in the public consultation. On the other hand, despite the limitations regarding the integration between clinical and economic data of the technologies and qualitative data in the HTA – epistemological and methodological challenges inherent to the health research field –, it is worthy to stress the potentiality of the institutional effort in the sense of legitimating the use of different data sources in the HTA process in SUS.

In view of the above, it is considered that the improvement and diversification of the methodological approach used in the analysis of experience and opinion contributions in public consultations in the context of HTA in SUS, with the inclusion of qualitative analysis tools, may provide inputs for the mapping of senses and perceptions on health technologies. In addition, they may provide subsidies on the operational characteristics of participation instruments, public engagement and levels of citizens' inclusiveness in the mechanism of public consultation.

Collaborators

Almeida AO (0000-0003-2130-724X)* contributed to the theoretical-methodological conception, text design and elaboration, critical review and approval of the manuscript's final version. Portugal CM (0000-0003-0373-4141)* contributed to the conception, writing and critical review, and approval of the manuscript's final version. Sacramento AP (0000-0002-6567-8520)* and Souza AB (0000-0003-1057-7930)* contributed to the writing, critical review and approval of the manuscript's final version. Barros MSR (0000-0002-8160-2067)* contributed to the critical review and approval of the manuscript's final version. ■

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