Breast cancer: prevention of shares in primary care

CÁNCER DE MAMA: ACCIONES DE PREVENCIÓN NA ATENÇÃO PRIMÁRIA À SAÚDE
CÁNCER DE MAMA: ACCIONES DE PREVENCIÓN EN LA ATENCIÓN PRIMARIA A LA SALUD
CANCER OF THE BREAST: ACTIONS OF PREVENTIVE CARE IN PRIMARY HEALTH CARE

ABSTRACT
Objective: Identifying actions on cancer prevention of female breast in the areas covered by the Family Health Units. Method: a cross-sectional, descriptive study with a quantitative approach, carried out on 14 Family Health Units in the municipality of Carpina/Pernambuco/Brazil, with 247 women. Data collection was performed with a questionnaire and data analyzed by the statistical programs Excel and Epi Info. The research was approved by the Research Ethics Committee, CAAE: 04055912.0.0000.5192. Results: 14.9% reported receiving some type of information about breast cancer; 77% of women aged 40 or older had never the breast examined and 62.1% of the audience held a mammogram in the last two years and most had no knowledge on the availability of a rehabilitation service in the region. Conclusion: there is inequity regarding prevention turned to breast cancer. Descritores: Breast Cancer; Women's Health; Primary Health Care.

RESUMEN
Objetivo: identificar las acciones para la prevención del cáncer de la mama a las mujeres en los ámbitos cubiertos por las Unidades de Salud de la Familia. Método: estudio transversal, descriptivo, de abordaje cuantitativo, realizado en 14 Unidades de Salud de la Familia en el municipio de Carpina/Pernambuco/Brasil, con 247 mujeres. La recolección de datos se realizó con un cuestionario y los datos analizados por los programas estadísticos Excel y Epi Info. La investigación fue aprobada por el Comité Ético de Investigación, CAAE: 04055912.0.0000.5192. Resultados: el 14.9% informaron que recibieron algún tipo de información sobre el cáncer de mama; 77% de mujeres mayores de 40 años o más nunca tiveram as mãos examinadas e 62.1% del público alvo realizou a mamografia nos dois últimos anos e a maioria não tinha conhecimento sobre a disponibilidade de un serviço de reabilitação na região. Conclusion: ha inequidad con relación a las acciones de prevención voltadas para el cáncer de mama. Descritores: Cáncer de Mama; Salud a la Mujer; Atención Primaria a la Salud.

ORIGINAL ARTICLE

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CANCER DE MAMA: ACCIONES DE PREVENCIÓN EN LA ATENCIÓN PRIMARIA A LA SALUD

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RESUMO
Objetivo: identificar as ações de prevenção do câncer da mama feminina nas áreas cobertas pelas Unidades de Saúde da Família. Método: estudo transversal, descritivo, de abordagem quantitativa, realizado em 14 Unidades de Saúde da Família do município de Carpina/PE/Brasil, com 247 mulheres. A coleta de dados foi realizada com um questionário e os dados analisados nos programas estatísticos Excel e Epi Info. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE: 04055912.0.0000.5192. Resultados: 14,9% informaram ter recebido algum tipo de informação sobre o câncer de mama; 77% das mulheres com 40 anos ou mais nunca tiveram as mãos examinadas e 62,1% do público alvo realizou a mamografia nos dois últimos anos e a maioria não tinha conhecimento sobre a disponibilidade de um serviço de reabilitação na região. Conclusão: há inequidade em relação às ações de prevenção voltadas para o câncer de mama. Descritores: Câncer de Mama; Saúde da Mulher; Atenção Primária à Saúde.

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INTRODUCTION

Breast cancer consists of a malignant tumor that develops from the rapid and uncontrolled proliferation of cells in the body and can grow in the surrounding tissues or spread (metastasize) to distant areas of the body.¹

It is the leading cancer among women worldwide, accounting for 16% of all female cancers. Its incidence is higher in developed countries, but life has an inverse relationship with magnitude of cases, so that 69% of deaths from the disease are in developing countries.²

According to estimates by the National Cancer Institute José Alencar Gomes da Silva (INCA) for the biennium 2012/2013 it was estimated 52,680 new cases of the disease in Brazil with a risk of approximately 47 cases per 100,000 in women only in the State of Pernambuco. With exception of non-melanoma skin tumors, less aggressive type of low lethality, female breast cancer is the most frequent neoplasia in Brazil.³

As for the number of deaths from the disease in 2010 were recorded on average 13 cases per 100,000 women in Pernambuco, surpassing the Brazilian occurrence (10,19/100.000) and global (12,01/100,000) for the same year.⁴

The mammary neoplasia when diagnosed in early stages has higher percentages of survival, reaching 100% cure rate if treated at the stadium in situ (early form of cancer). Thus, the detection through screening programs are an alternative favoring the diagnosis of disease at early phases, which contributes to the healing and/or treating higher survival rates.⁵

In the twentieth century, drew up four functions of medicine defined as: health promotion, disease prevention, restoration and rehabilitation of the patient. Citing that health promotion would involve an integrated action between education and state to be improved the living conditions of the population and can be divided into three levels of prevention (primary, secondary and tertiary), where prevention is defined as “early action based on knowledge of natural history in order to making it improbable that further progress of the disease”; however, within these three levels of prevention, there would be five distinct components (health promotion, targeted prevention, early diagnosis, prompt treatment and rehabilitation).⁶⁷⁹

Primary Health Care as it holds an important level in cancer control in Brazil, so that, by Order which established the National Oncological Care Policy, Primary Care, through the health services network of Health Units and teams of the Family Health, is responsible for performing “actions of individual and collective character, aimed at health promotion and cancer prevention and early diagnosis and therapy of tumors support, palliative care and clinical actions to the follow-up of patients treated.”¹⁰¹⁶

When considering the lack of an effective protocol in promotion and prevention to control breast cancer in the Family Health Units (FHUs), where daily activities of women’s health focus on prevention of cervical cancer, prenatal and, concomitant with a high incidence of breast cancer and the social reflex that determines this, family planning, this study aims to:

- Identifying actions to preventing cancer of female breast in the areas covered by the Family Health Units.

METHOD

Descriptive cross-sectional study with a quantitative approach conducted in fourteen FHUs in the municipality Carpina, located in the Forest Zone, Northern State of Pernambuco; that, according to the IBGE, recorded a population of 75 706 inhabitants in 2011.¹¹

In the first decade of the XXI century, the city presented an annual population growth of 1,61%, which was above the State average of 1,06%. This population growth was probably due to the geopolitical importance that the municipality is in its micro-region.¹¹

In 2012, Carpina had the health network comprised of a general hospital in the SUS; thirteen units of diagnosis and therapy, three of SUS and ten individuals; and other services to medium and high complexity, municipal and state.¹²

The present study had the participation of women who attended the FHUs or by home visit in the areas covered by the Family Health Strategy (FHS), which met the following inclusion criteria: be 18 years old or older and enrolled at FHU of their respective district.

Data collection was by means of a questionnaire developed by the authors in August and September 2012. The variables studied were composed of data of socioeconomic and health characteristics of the subjects as well as questions regarding the actions of primary prevention, secondary and tertiary cancer breast.

For data analysis, it calculated the absolute and relative frequency with the use of software Excel 2007 and Epi Info version...
3.5.2; thus, adopting a level of significance of 5%.

All participants were previously informed about the aims of the research, respecting the privacy and anonymity, signing or performing the fingerprint of the Term of Free and Informed Consent Form (ICF) in accordance with Resolution 196/96, which deals with ethics in research involving human subjects. The project was submitted and approved by the Research Ethics Committee of HUOC/PROCAPE under CAAE: 04055912.0.0000.5192.

RESULTS AND DISCUSSION

Demographic profile and sanitary

The total sample consisted of 247 women aged 18-88 years old whose sociodemographic characteristics are described in Table 1.

Table 1. Characterization of women assigned in FHS of Carpina - Pernambuco, 2012.

<table>
<thead>
<tr>
<th>Age</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-39</td>
<td>125</td>
<td>50,6</td>
</tr>
<tr>
<td>40-69</td>
<td>105</td>
<td>42,9</td>
</tr>
<tr>
<td>&gt;70</td>
<td>16</td>
<td>6,5</td>
</tr>
</tbody>
</table>

Marital status

- Married: 95 (38,5)
- Single: 72 (29,1)
- Widow: 30 (12,1)
- Other: 50 (20,3)

Color/Race

- Dark: 143 (57,9)
- White: 62 (25,1)
- Black: 35 (14,2)
- Other: 7 (2,8)

Schooling

- Illiterate: 16 (6,5)
- From the 1st to the 4th year: 58 (23,5)
- From the 5th to the 8th year: 54 (21,9)
- Complete high school: 84 (34)
- Complete higher education: 10 (4,0)

In terms of occupation, 31% (77) developed a remunerated activity in various formal or informal occupations. However, the majority, 67,2% (166) were housewives, not exercising remunerated activity or not being in the usual way. Regarding family income, 58,3% (141) reported having an income below the poverty level (based on the minimum wage of R$ 622,00 in 2012).

Of those interviewed, 95,5% (236) had the home located in urban area. On the type of dwelling, 99,6% (246) said they live in a brick house/adobe; where less than half, 42,1% (104) had access to basic sanitation (collection and treatment of drain).

The various definitions of social determinants of health express the generalized concept that the conditions of life and work of individuals and populations, are related to their health situation.

Primary prevention

The objective primary prevention health promotion, whose purpose would be to diminish or abolish the emergence of diseases in people or groups alerting them to the risk factors.

With respect to breast cancer, some factors are not amenable to change, such as age; family history; more menstrual cycles for the early and/or late menopause menarche; dense breast tissue with radiation therapy and prior.

Other significant risk factors are associated with the life style adopted by women as nulliparity, or first pregnancy after age 30; use of oral contraceptives and hormone therapy that combines estrogen and progesterone. Counter point, breastfeeding and exercise has been reported in the literature as protective factors to disease.

Adopted practices, such as harmful use of alcohol, nicotine use, physical inactivity, unhealthy diet and obesity are predisposing factors for the onset of various chronic non-communicable diseases, including cancer. However, smoking is one of the factors with uncertain effect on the risk of breast cancer.

The possibility of performing interventions that go beyond biomedical models of care, health education is a set of strategies to promote the quality of life of individuals, families and communities through the articulation of technical and popular knowledge of institutional resources and community, public and private initiatives, covering multi-determinants of the health-
illness-care, this context asked himself despite knowledge of breast cancer, through lectures and activities provided in FHUs, where only 14.9% (37) of women reported receiving some type of information about the disease. In Figure 01, we observe the

guidelines regarding the factors associated with neoplasia, of which 15.4% (38) who reported having received guidance on prevention of obesity, 65.8% (25) had their body mass index (weight-height) measured in the unit as complementarity of action.

![Figure 1. Guidances on associated factors to breast cancer in FHUs of Carpina-Pernambuco State, 2012.](image)

Among the smokers, 10.5% (26) of the sample, 50% (13) said they had received counseling for nicotine replacement. Women who practiced some physical activity accounted for 31.7% (78) of the sample, these, 33.3% (26) were 50 years old or over whose regularity was on average twice a week and walking the exercise of choice in 69.2%.

A case control study on the practice of physical exercise in postmenopausal women suggested that after 50 years of performing physical activity seems to be more effective in preventing breast cancer than premenopausal. Regarding timing, when performed three or more times/weekly may exert a protective effect on disease.

In care to preventing breast cancer and the reduction of factors that involve some risk, prevention also is to identify women at high risk. According to the Brazilian Society of Mastology (SBM) in the documentation of consensus after the elderly (above 50 years old) the most important factor for breast cancer is family heritage, demonstrating an important role in the genesis of this tumor predisposition. Cases of hereditary breast cancer account for only 5-10%, however, even the majority being sporadic nature; it is noteworthy that women with significant family histories of the disease have a much higher risk than the general population.

According to the analysis of the genetic inheritance of the participants, a total of 44 respondents with a family history of breast cancer, 29.6% (13) reported having only one first relative (mother/father, sister/brother or daughter/child) and 18.2% (8) reported that there had been two or more cases in the family, regardless of kinship.

Among women with a family history of first relatives, having a mother or sister with cases of this malignancy increases 2-3 times the risk of breast cancer than the general population. And in those cases which both the mother and her sister had breast cancer increases the risk by 6.5 times.

**Secondary prevention**

Secondary prevention provides actions that include screening, diagnosis and early detection of disease. The thorough clinical breast examination and mammography are the main screening strategies for early detection in our country. INCA recommends biennial mammography for women aged 50 to 69. Already screening by clinical breast examination should be offered annually for all women from the age of 40. A mammogram and annual clinical examination are shown from age 35 for women with a family history of breast cancer in first relatives, and/or personal history of atypical hyperplasia or lobular carcinoma in situ.

A breast ultrasound as a complementary examination to mammography is
recommended for women at high risk and those who have dense breasts which mammographic result most often is unsatisfactory.\textsuperscript{15} Since the self-examination of the breasts is not recommended as the sole method of screening, it is not observed reduction in mortality only with their use. His method is recommended as a form of self-care, offering women a deeper understanding of their own breasts in order to familiarize themselves with the contour, size, and appearance of the skin of the nipple.\textsuperscript{21}

Regarding related to ways of detecting and tracking features, 65.2\% (161) reported having done self-examination at some point in life, among which, 30.5\% (46) have the habit of evaluating their monthly breast. Its ease of application encourages women to practice in any sociocultural segment, contributing to the reduction of advanced cases where there is a lack of imaging methods.\textsuperscript{22}

In the sample, 42.9\% (106) were between 40 and 69 years old, which, 74.5\% (79) never had their breasts examined clinically in FHUs. Professionals who were examined, prevailed to the doctors (77.8\% - 21) followed by nurses (22.2\% - 6).

The physical examination of the breasts has an important role in cancer prevention which, in addition to be able to detect superficial tumors of one centimeter, the doctor and able to accomplish it nurses have the opportunity to educate users about factors associated with the emergence of cancer, other forms of screening and early detection, as well as clarification on the composition and variability of normal breast.\textsuperscript{23}

The percentage of surveyed between 50 and 69 was 23.5\% (58). In Table 02 we observe that age adherence to screening tests range. Among those confirmed to mammography, only 62.1\% (36) made between 2010 until September 2012, when the research.

Mammography is used as gold standard in population screening programs to be the most important method of diagnosis. Different studies show that its contribution decreases mortality at 30\% to 50\%. When the initial stage disease, where the tumor is usually less than one centimeter, chances for cure are of the order of 90\%.\textsuperscript{24, 25}

In Table 3 we compare the mammograms by audience research participant, with the reasons of the municipalities of Carpina and Recife (Capital city of the State). It is evident that the study site had a higher coverage of the state capital in the years 2010 and 2011.\textsuperscript{26}

In the survey it was observed that only a quarter of women who have carried out the USG and Mammography of breasts, made with the routing offered by the health unit registered. What about the local conducting such examinations, 67.4\% (116) of the participants said they had made in the city itself; 15.7\% (27) in the Capital and 11\% (19) in the other close to the inner cities of the state of Pernambuco. So, 66.1\% (109) were conducted at private institutions the SUS against 33.9\% (56) in public networks.

\textbf{Tertiary prevention}

The main goal of tertiary prevention is to rehabilitate patients with pathologies installed aiming to restore or maintain functional balance.\textsuperscript{8}

There are many health problems that can arise after a fight against cancer. Both disease and treatment can cause motor, sensory, painful, cognitive and psychological limitations. Rehabilitation brings a greater prolongation of life through its specialized care provides an improvement in quality of life.\textsuperscript{27}
In the sample, when asked about sites that could provide a multidisciplinary care focused on various forms of rehabilitation, about 13.8% (34) cited the municipality of study; 12.95% (32) Capital and 3.64% (9) to other nearby cities. However, the lack of knowledge regarding the availability of this type of service was evidenced by 60.7% (150) of respondents.

Often, women who are affected by breast cancer and participating in rehabilitation centers do not exhibit large changes in quality of life, in a comprehensive manner. The fact that they are receiving support and guidance possible, these patients’ opportunities to exchange experiences and biopsychosocial recovery.28

It is recommended that care with therapists or psychologists should be started immediately. This intervention helps patients with either early or advanced neoplasia in coping disease providing reduction of anxiety, depression, fear and anxiety.27 Since the physical, has as its main goal the prevention of complications that may limit movements of the upper limb after mastectomy surgeries, providing your return as soon as possible to their professional, domestic and affective activities.29

CONCLUSION

Given its results, it could be noted that there is inequity in relation to prevention geared to control breast cancer in the FHS from the municipality. On primary prevention in FHUs, it is observed that it should be seen as a priority in primary health care, especially related to health education, which is perceived a gap in representation between this first level of contact of individuals, family and community with the Health System.

Regarding secondary prevention, access to clinical breast examination, points to a gap in the Family Health Strategy since it recorded a high incidence in the number of women who said they had never had their breasts examined clinically by a health professional. Notwithstanding the clinical breast examination and mammography practices are essential for early detection of breast cancer, whose access must be ensured and facilitated by health services.

It was observed that self-examination of breasts, although not recommended as an isolated strategy in the screening of breast cancer, is the most widely used detection method for sampling. However one must deepen the technique of this exam as if these women have the knowledge to differentiate normal clinical signs of possible pathological characteristics. Another important finding in the study made it possible to know the level of knowledge of participants with regard to local (municipalities) of physical and psychosocial rehabilitation, about 60% could not tell the sites offer this type of service, suggesting lapses in access to information on the network of health services that provide the segment on recovery and rehabilitation.

The challenges ahead are many for achieving greater wholeness in control of breast cancer. To the municipality of Carpina-PE measures that can alert and train health professionals to practice clinical breast exam, and perform actions that strengthen people’s knowledge about the known risk factors and increasing the number of referrals to the mammograms are effective for prevention in their primary care.

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