



METHODS FOR DETECTION OF CERVICAL CANCER AMONG HEALTH PROFESSIONALS

MÉTODOS DE DETECÇÃO DE CÂNCER DE COLO UTERINO ENTRE PROFISSIONAIS DA SAÚDE MÉTODOS PARA LA DETECCIÓN DE CÁNCER CERVICAL ENTRE PROFESIONALES DE LA SALUD

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ABSTRACT

Objective: identifying the knowledge and the use of methods for detection of uterine cancer by health professionals of a certain hospital. **Method:** an exploratory, descriptive, quantitative study involving 96 health professionals. Data were collected with a questionnaire between November/ 2012 and January/2013 and processed by statistical software SPSS 20 after approval of the research project by the Research Ethics Committee, CAAE No 02070512.5.0000.5183. **Results:** a part of the professionals makes use some of the methods for detection of cervical cancer, but does not use according to the Ministry of Health guidelines. **Conclusion:** in spite of the fact that professionals perform and meet the methods for detection of this type of cancer, have no appropriate conduct in relation to its use, exposing them to greater risk for developing uterine cancer. **Descriptors:** Uterus Cancer; Women's Health; Occupational Health.

RESUMO

Objetivo: identificar o conhecimento e a utilização dos métodos de detecção do câncer de útero por profissionais de saúde de um hospital. **Método:** estudo exploratório, descritivo, quantitativo que envolveu 96 profissionais de saúde. Os dados foram coletados com um questionário entre os meses de novembro/2012 a janeiro/2013 e processados pelo software estatístico SPSS 20 após aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE n° 02070512.5.0000.5183. **Resultados:** parte das profissionais utiliza alguns dos métodos de detecção do câncer de colo uterino, porém, não o fazem de acordo com as diretrizes do Ministério da Saúde. **Conclusão:** apesar de as profissionais realizarem e conhecerem os métodos de detecção para este tipo de câncer, não têm conduta adequada com relação à utilização, expondo-as a maiores riscos de desenvolver o câncer de útero. **Descritores:** Câncer de Útero; Saúde da Mulher; Saúde do Trabalhador.

RESUMEN

Objetivo: identificar el conocimiento y el uso de métodos para detección de cáncer uterino por profesionales de la salud de un hospital. **Método:** estudio exploratorio, descriptivo, cuantitativo con la participación de 96 profesionales de la salud. Los datos se recogieron con un cuestionario dentre noviembre/2012 y enero/2013, y procesados por el software estadístico SPSS 20 después de la aprobación del proyecto de investigación por el Comité de Ética de la Investigación, CAAE No 02070512.5.0000.5183. **Resultados:** una parte de los profesionales utiliza algunos de los métodos para la detección de cáncer de cuello uterino, pero no lo hacen de acuerdo con las directrices del Ministerio de Salud. **Conclusión:** pese a que profesionales realizan y cumplen con los métodos de detección para este tipo de cáncer, no tienen ninguna conducta apropiada en relación con su uso, exponiéndolos a mayores riesgos de desarrollar cáncer de útero. **Descriptor:** Cáncer del Útero; Salud de la Mujer; Salud Ocupacional.

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INTRODUCTION

Neoplasms are considered one of the greatest challenges faced by the current public health model, with the cervical cancer occupying a prominent place in morbidity and mortality rates among women, particularly in developing countries, where it is constituted as the first cause of death.¹⁻²

In 2014/2015 the estimate for new cases of cervical cancer will be of 15.000, with an estimated risk of 15 cases per 100.000 women.³ In Brazil, except for non-melanoma skin tumors, cancer of the cervix is considered the second most common female tumor.²

Cervical cancer is constituted as a serious public health problem; even if there are several campaigns and government prevention programs, its mortality remains high; because, although the tests are easily accessible and cheap, there is still a low adherence to their realization.³

Cancer is characterized as a chronic disease, which has a disorderly process of growth of abnormal cells, which can occur at any age and in various parts of the body. In the case of uterine cervix carcinoma, the tumor develops from changes in the cervix, which are located deep in the vagina, these changes are called precursor lesions and are curable in most cases, but if untreated can turn into cancer.¹ In turn, the signs and symptoms of uterine cervix carcinoma appear late, thus reducing the chance of cure, since women do not seek the doctor when the disease is in advanced stages. Thus, not only occur physical, but also emotional and psychosocial damages, because it is associated with sexuality and women's femininity.⁴

Cervical neoplasia is deeply related to sexual activity, specifically the number of partners and age at first intercourse. There is evidence that the sexually transmitted infectious agents may be present in the etiology of this cancer, such as human papilloma virus (HPV).⁵ HPV is of paramount importance for the development of dysplasia of the cervical cells and its modification in cancer cells, being present in 99% of cases of cancer of the cervix.⁴

HPV infection is the main factor associated with the occurrence of cervical cancer, but there are other factors that can increase the potential for development of genital cancer in women infected with papilloma virus, as the existence of other sexually transmitted diseases, such as HIV and chlamydia, the high number of pregnancies, smoking and the use of oral contraceptives.^{4,5,7}

The Ministry of Health, through the National Cancer Institute, seeks to develop actions to reduce the high mortality rates caused by this cancer, because the actions for its control have simple and inexpensive techniques, such as making the Pap smear or cytology examination, as well as technological actions for the diagnosis and treatment of detected changes, allowing the cure of patients diagnosed in the early stage.⁸⁻⁹

The planning control actions and intervention of cervical cancer occurs initially by early diagnosis of precursor lesions by examining Pap smears and are oriented according to the injuries and age group most affected. In addition, it takes into account the frequency of the colposcopy examination performed following an epidemiological logic of risk, also related to interventions in Public Health.¹

The colposcopy examination is nominated in cases where the Pap test showed abnormal cells; it may appear to cervical changes during use of liquid reagents, which reveal the cervical changes during the examination. Cervical tumors are asymptomatic in the early stages and are at present the vital Pap smears to detect early neoplastic lesions.¹

Given the above, this study aims to answer the following question << **What are the cervical cancer detection methods used by health professionals of a public hospital?** >> and to answer it aims to:

- Identify the knowledge and use of methods for detection of uterine cancer by health professionals at a hospital.

METHOD

This is an exploratory, descriptive study with a quantitative approach, which aims to provide the improvement of ideas, so that allows the consideration of various aspects, being very flexible.¹⁰

The study was conducted in a hospital accredited by SUS in the city of João Pessoa/PB, where the study population involved health professionals of this hospital. The sample was obtained from simple random way, where all had the same probability of being chosen.¹¹ Still, there were adopted the following inclusion criteria: be acting in one of the Medical, Pediatric, Surgical and Infectious and Contagious Disease clinics of the institution. Based on these criteria the sample consisted of 96 professionals.

Data were collected from November 2012 to January 2013 through a structured questionnaire addressing the following items: 1 - Socio-demographic data; 2 - Risk factors

associated with cervical cancer; and, 3 - Methods for detection of cervical cancer.

The data were encoded in a database and analyzed using statistical software SPSS 20 using the percentage obtained for further analysis and discussion based on the literature.

The study participants were elucidated about the objectives of the present study, consenting to participating, with the signing of the Informed Consent / IC.

This study is part of research project << **Educational methodology: breast cancer**

and cervical detection methods >> developed in consideration of the ethical aspects of Resolution No. 466/2012 of the National Health Council, with the approval of the Committee of Ethics in Research - CEP / HULW / UFPB with CAEE No 02070512.5.0000.5183.

RESULTS AND DISCUSSION

To characterizing the sample sociodemographic data were used as: age, marital status, family income and education of the participants.

Table 1. Socio-Demographic characterization of health professionals of a Hospital. João Pessoa-PB, 2013. (n=96)

Variables		Resultados		
Age (in years)	20 to 24	25 to 30	31 to 39	>40
	21%	11,5%	16,7%	69,8%
Marital Status	Married	Single	Stable Union	Other
	56,3%	22,9%	6,3%	14,6%
Family Income	1 to 2 SM*	3 to 4 SM*	5 to 6 SM*	> 6 SM*
	2,5%	31,3%	15,6%	40,6%
Schooling	High School	Higher Education	Postgraduate	
	22,9%	25 %	52,1%	

*SM - minimum wage.

The age range of participants is predominantly over 40 years old (69,8%), as shown in Table 1. Based on the results, we can infer that these women are at risk range, whereas the incidence of cervical cancer is more common over 35 years old, with the peak of cases women between 45 and 49 years old.¹²

Regarding the marital status, 56,3% of the women interviewed are married, that is, it is assumed that having only one sexual partner, decreasing the exposure to sexually transmitted infections, while the single may have a greater number of partners, having more contact with sexual carcinogens, such as HPV, HIV, chlamydia, and others.⁴⁻⁵

Regarding family income, 40.6% of women earned more than 6 minimum wages. Referring to education, it was found that most of the participants (52,1%) own Postgraduate and 25% have Degree. These results indicate that the participants should have an understanding about the importance for prevention of this disease. In addition, facing the family income, being health workers, it can be inferred that there is access to methods for prevention and detection of this type of carcinoma.

With regard to the risk factors for cervical cancer presented in Table 2, it shows that these are related to lifestyle habits, which are constituted as factors that may cause changes in body, predisposing to a type of cancer,

highlighting: smoking, alcohol consumption, physical activity, diet, age at menarche, sexual activity and nulliparity, use of contraceptive methods, number of partners and family history.

Tobacco is considered a risk factor for any type of cancer, for cervical cancer this risk reaches this rise, being proportional to the number of cigarettes smoked per day, increasing the estimate when the smoking starts early. Regarding smoking, it was detected low use rate at 5,2%, meaning that 94,8% of the interviewed women do not smoke, so they did not have this risk.¹³

Regarding the use of alcohol, it was found that 92,7% of respondents said they did not make use of alcoholic beverages and only 7,3% do this kind of use, consisting in a relatively low number. The Ministry of Health warns that alcohol consumption is a risk factor for cancer, since there is evidence that ethanol can act as co-carcinogen or, still, as mutagenic; and may increase serum estrogen levels increasing the action of this hormone in response to the cell.¹⁴

The data regarding physical activity revealed that 59,4% of participants did not perform any physical activity, while 40,6% practice some kind of physical activity, so close percentages. This fact shows that the interviewees need to exercise more, to maintain a healthier lifestyle, because with the completion of physical activity occurs the

delay of menarche and the reduction in serum estrogen, thus helping to protect against cancer of the uterine cervix.¹⁵

It is noteworthy that the practice of physical activity and healthy eating are considered a protective factor against cancer. For the type of food, the results show that 52,1% maintains a healthy eating, while 47,9% are not able to maintain a healthy diet, reporting that do not have time, have a stressful lifestyle, among other reasons, what makes us realize that it is also a variable with little difference between the responses, it is important to emphasizing that the participants need to improve their food.

With respect to age at menarche, it was observed that 51% of women menses between 10 and 12 years old. Studies show that women who have early menarche associated with a regular cycle are at risk for developing this type of cancer. Furthermore, regular ovulatory cycles increases the chance of developing uterine cancer, since estrogen levels are higher during normal luteal phase and cumulative estrogen exposure ratio is higher.¹⁵

With regard to sexual activity great part of the participants (46,9%) started sexuality between 17 and 21 years old and 40,6% over 21. The results indicate that the interviewed had sexual initiation between adolescence and

youth, therefore, are not in the risk range, considering that the early onset of sexual activity and nulliparity are risk factors for this cancer, because they are related to the stimulus of estrogen; then, the greater the exposure time to it, the higher will be the risk for developing this neoplasia.⁴⁻⁵

With respect to the use of contraceptive methods, it was observed that 50% of women do not use any method. When analyzing the data, it was found that only 19,8% of women use condoms, it reveals that 80,2% of women are at risk because they are more exposed to sexual carcinogenic, since the other contraceptive methods do not prevent sexually transmitted diseases. However the high rate of women not using condoms as contraception, it was found that 75% of respondents have a stable partner. It is also known that women who have more than one partner are more likely than the others, being 8,3% the result obtained for this category. Additionally, this fact may also influence the emergence of uterine carcinoma, since this neoplasm has as one of the risk factors for its development the HPV, which is acquired through sexual intercourse, this being more exposed so the more partners have.^{4,5}

Table 2. Characterization of the risk factors of health professionals of a teaching Hospital. João Pessoa-PB, 2013. (n=96)

Variables		Results			
Smoking	Yes	No	-	-	
	5,2%	94,8%	-	-	
Alcoholism	Yes	No	-	-	
	7,3%	92,7%	-	-	
Physical Activity	Yes	No	-	-	
	40,6%	59,4%	-	-	
Healthy diet	Yes	No	-	-	
	52,1%	47,9%	-	-	
Menarche	10 to 12 years old	13 to 14	15 to 16	Do not remember	
	51%	39,6%	7,3%	2,1%	
Starting sexual activity	12 to 16 years old	17 to 21	>21	Do not remember	
	4,2%	46,9%	40,6%	8,3%	
Children	1 to 2	3 to 4	>4	Do not have	
	57,3%	18,8%	3,1%	20,8%	

For the methods for detection of cervical cancer, from the professionals interviewed, 3,1% said they never did cytological examination, and 60,4% often perform this examination. Some women reported not take the exam, for not having initiated sexual activity, which justifies, for the recommendation of the Ministry of Health is that we should perform preventive so that sexual activity begins. On the other hand, the non-operation also led by constraint, which

unfortunately, facts like this unnecessarily put health at risk.¹⁷

Transvaginal ultrasound is constituted as a cancer detection method that 49% of respondents often do, although some tests are not specific for the detection of cervical cancer, its request is usually associated with some gynecological complaint or to women attend health services to care for the birth.¹⁸

For the colposcopy examination, it was obtained from all subjects that 29,1% had

never performed; and 28,1% often take the exam. It notes that a small proportion of women participating in this study have used this method for detection, while others have not justified the examination because it was not requested by the doctor.

Concerning the appointment to the gynecologist, it was observed that 58,3% often do; and 2,1% never performed. The findings denote that most women perform search query to the gynecologist showing their concern with the performance of routine tests and the possible emergence and discovering the cancer of the uterus, so the query is also a

strategy used to detect and early prevention of cancer and to guide and clarify any doubts regarding the preventive tests in order to increase knowledge of these and extinguish any embarrassment that may impede the exams. In this sense, it is observed that the early detection of this cancer involves both the supply of examinations by health services as also the demand of women, however, some factors may influence adherence or not these practices as socioeconomic status, educational level, income, access to health programs and services, and social support.¹⁹

Table 3. Characterization of the detection methods used by health professionals of a Hospital. João Pessoa-PB, 2013. (n=96)

Variables	Results				
	Never	Sometimes	Almost always	Often	None of the answers
Citological	3,1%	24%	12,5%	60,4%	0%
Transvaginal	11,5%	29,2%	9,4%	49,0%	1%
Colposcopy	29,2%	28,1%	12,5%	28,1%	2,1%
Consultation with the gynaecologist	2,1%	26%	12,5%	58,3%	1%

CONCLUSION

According to the results, it can be inferred that most of the health professional holds the knowledge of the methods for detection of cervical cancer, as well as perform them. However, the study shows that the form and periodicity are not consistent with the guidelines of the MoH. This finding provides us with evidence being missed opportunities to prevent against cervical cancer in the context of health care professionals from the hospital under study.

It is also noticed that this occurs at the expense of failure to implement effective programs for the detection and prevention, as well as treatment of this type of cancer, for although there the encouragement by the MoH with tracking cervical cancer programs, morbidity and mortality rates remain high, indicating that there are still gaps to be filled; so, it is necessary that health professionals be interested in adopting the detection measures of cervical cancer, as recognized by them, as appropriate, to attempt to track and treat this tumor as soon as possible; and also is important to the creation of programs, campaigns against cervical cancer by the MS and/or other management bodies.

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