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BREAST SELF-EXAMINATION: OLDER ADULT WOMEN'S EXPERIENCE IN AN FAMILY HEALTH UNIT

AUTOEXAME DAS MAMAS: VIVÊNCIA DE IDOSAS EM UNIDADE DE SAÚDE DA FAMÍLIA AUTOEXAMEN DE MAMA: EXPERIENCIA DE MUJERES ADULTAS MAYORES EN UNA UNIDAD DE SALUD DE LA FAMILIA

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RESUMO

Objetivo: investigar a vivência de idosas usuárias de uma Unidade de Saúde da Família (USF) quanto à realização do autoexame das mamas. **Método:** estudo transversal, quantitativo, desenvolvido com 30 idosas, entre agosto e outubro de 2011, em uma USF do Município de João Pessoa/PB. Os dados foram analisados utilizando-se a estatística descritiva, considerando-se os índices de frequência. O estudo foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 011911. **Resultados:** no que se refere à realização do autoexame das mamas, 76,7% informaram que o realizavam, enquanto 23,3% não o faziam. Já em relação à frequência de realização, 46,7% das mulheres afirmaram que realizavam o autoexame quando lembravam, enquanto as demais o realizavam diariamente ou uma vez por semana. Constatou-se que as mulheres não tinham conhecimento período em que o exame devia ser realizado. **Conclusão:** as idosas do estudo costumavam realizar o autoexame das mamas, porém com frequência irregular e consideravam importante a presença do profissional de saúde na orientação quanto à prevenção do câncer de mama. É importante destacar que, com ações preventivas, essa incidência tende a decrescer. **Descritores:** Idosas; Autoexame; Mama.

ABSTRACT

Objective: to assess the experience of older adult women cared for at a Family Health Unit (FHU) regarding breast self-examination performance. **Method:** cross-sectional, quantitative study conducted with 30 older adult women, between August and October 2011 in a FHU of João Pessoa/PB, Brazil. The data were analyzed using descriptive statistics taking into consideration frequency indexes. The study was approved by the Research Ethics Committee, Protocol No. 011911. **Results:** regarding breast self-examination performance, 76.7% reported that they performed it, whereas 23.3% reported that they did not performed it. With respect to the frequency, 46.7% of the women reported that they performed the self-examination when they remembered to do so, whereas the rest performed it daily or once a week. It was found that the women assessed in this study were unaware of the actual period in which the examination should be performed. **Conclusion:** the older adult women of the study used to perform breast self-examination; however not on a regular basis, and they considered the presence of health professionals important for providing guidance on breast cancer prevention. It is important to highlight that, with preventive actions, this incidence tends to decrease. **Descriptors:** Older adult women; Self-examination; Breast.

RESUMEN

Objetivo: investigar la experiencia de mujeres adultas mayores usuarias de una Unidad de Salud de la Familia (USF) con respecto a la realización del autoexamen de mama. **Método:** estudio transversal, cuantitativo llevado a cabo con 30 mujeres adultas mayores, entre agosto y octubre de 2011 en una USF de João Pessoa/PB, Brasil. Los datos se analizaron mediante estadística descriptiva considerando los índices de frecuencia. El estudio fue aprobado por el Comité de Ética en Investigación, Protocolo N° 011911. **Resultados:** con respecto a la realización del autoexamen de mama, el 76,7% informó que lo realizaban, mientras que el 23,3% no lo realizaba. En lo referente a la frecuencia de realización, el 46,7% de las mujeres afirmó que realizaba el autoexamen cuando lo recordaban, mientras que el resto lo realizaba diariamente o una vez por semana. Se encontró que las mujeres de este estudio desconocían el período real en que el examen debía ser realizado. **Conclusión:** las mujeres adultas mayores del estudio solían realizar el autoexamen de mama; sin embargo lo hacían de modo irregular y consideraban importante la presencia del profesional de la salud para orientación sobre la prevención del cáncer de mama. Es importante destacar que, con acciones preventivas, esta incidencia tiende a disminuir. **Descriptor:** Mujeres adultas mayores; Autoexamen; Mama.

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INTRODUCTION

Breast cancer has exhibited an upward trend in recent years and it is considered the most prevalent in women. It represents 23% of cancer cases in the world and is the most frequent cause of death from cancer in this population.¹ In Brazil, it is the leading cause of death from cancer in the female population. Excluding non-melanoma skin cancer, breast cancer is also the most fortuitous in women from all regions, except in the North, where cervical cancer occupies the first place.² In 2013, the statistics for breast cancer in Brazil pointed out 52,680 new cases, with estimated risk of 52 cases every 100 thousand women.³ The National Cancer Institute (INCA) estimates the occurrence of 580 thousand new cases of cancer for 2014 and 57 thousand of new episodes of breast cancer are expected.⁴

As women become older, they have greater chance of developing breast neoplasm. Studies indicate that about 50% of breast cancer cases occur in women aged over 65 years, and 30% of the cases among women aged over 70 years.⁵ However, with the increase in life expectancy of the Brazilian population, the number of older adult women predisposed to breast cancer has increased, with a rising frequency in low-and middle-income countries.⁶⁻⁸ It is recognized that the control of breast cancer and its combat represent one of the major challenges to public health due to the mortality rate resulting from this disease.

Studies show that despite all the advances that have been taking place in increasingly early diagnosis of breast cancer cases, women aged over 70 years still have a more frequent late diagnosis when compared with younger women. In part, this fact can be explained by the greater interval elapsed since the lump is noted by women until they seek a specialized service. This delay in seeking health services has in many cases determined the late detection of the tumors and frequent occurrence of metastases.⁹⁻¹⁰

Statistical data revealed that breast cancer mortality tends to rise among women from age 30 onwards, with an acceleration of mortality in women from age 60 onwards.¹¹ The screening routine advocated by the Ministry of Health, in conjunction with the INCA, recommends annual breast clinical examination and screening mammography every two years. For women aged 50 to 69 years, however, the Brazilian Society of Mastology reiterates the recommendation that

annual screening mammography should be performed from age 40 onwards.¹²⁻¹³

In order to ensure the priority commitment laid down in Ordinance MS/GM No. 1,473, the Plan for the Strengthening of Actions for Prevention and Qualification of the Diagnosis and Treatment of Cervical and Breast Cancer was released in 2011, which among its objectives includes reducing the incidence and mortality caused by these types of cancer.¹⁴

With regard to breast cancer, the goals of the plan are: to guarantee access of women with palpable breast lesions to immediate clarification of diagnosis and treatment (early diagnosis and warning policy); the expansion of access to screening mammography for women aged 50 to 69 years; and the expansion of the oncology care network.¹⁴

In the international arena, promoting women's awareness on early detection of this type of cancer has been known as "breast awareness". It is expected that women have appropriate information to recognize what is normal in their breasts, observing and palpating them customarily in everyday life in order to know the usual changes, as well as suspicious changes, seeking health services immediately in case small mammary changes are discovered.^{12,14}

Among the recommendations established by the various organs, the access to information for women is of fundamental importance, since it allows knowing the performance of breast self-examination. This is a simple and important method for screening this neoplasia. It is accessible to women and encourages them to know their breasts. Thereby, it encourages women to seek health services, in which they will have access to guidelines, as well as early diagnosis and appropriate treatment. It is worth noting that currently the recommendation is that this practice is not held only once a month, but whenever women feel the need to perform self-examination.

The contribution of the present study to the Family Health Strategy is promoting reflections. The discussion and contextualization of the phenomenon will build a critical and reflective framework that can serve as a subsidy to improve the care provided and encourage further research on breast cancer prevention in older adult women.

In this way, the goal of the present study was to assess the experience of older adult women cared for at a Family Health Unit (FHU) regarding breast self-examination performance.

METHOD

This is a cross-sectional study with quantitative approach conducted in a FHU of San Jose Neighborhood, located in João Pessoa, State of Paraíba, Brazil. This unit was chosen due to the following criteria: it includes the "National Program for the Control of Cervix and Breast Cancer"; and it also includes the extension project "Preventing Cervix and Breast Cancer at a FHU", with performance of teachers and students of the Health Technical School of the Federal University of Paraíba (UFPB), and undergraduate nursing students of the university mentioned.

The factors taken into consideration for selecting the sample were: age greater than or equal to 60 years; registered at the FHU where the study was conducted; and being able to respond to the interview and signing an informed consent form to participate in the study. Thus, the sample was composed of 30 older adult women who agreed to participate in the study during the period of data collection, carried out from August to October 2011. For this step, we used the semistructured interview technique. This interview was an instrument built with the purpose of obtaining women's identification data and those related to the goals of the study.

The data were analyzed using a quantitative approach. Descriptive statistics was used considering the frequency indexes, with representation by means of figures and tables and the aid of the program Statistical Package for the Social Sciences (SPSS) version 19.0.

The ethical aspects of research involving humans were met during all stages of the study in accordance with the Resolution No. 466/12 of the Ministry of Health.¹⁵ The project was submitted to the Ethics Research Committee of the Health Sciences Center of UFPB and it was approved under Protocol No. 011911.

RESULTS

Table 1 shows that the majority of the older adult women (73.3%) were aged between 60 and 69 years, 53.3% were married and had incomplete elementary education, and all of them were from João Pessoa. Among the women interviewed, 50% of them were housewives, with family income between one and two minimum wages. Regarding religion, 80% were Catholic. All of them lived in brick houses and 93% had been living for more than 10 years in the community where the study was conducted.

Table 1. Distribution of sociodemographic characteristics of 30 older adult women of João Pessoa, PB, 2011.

Variables	No.	(%)
Age group		
60-69	22	73.3
70-79	8	26.7
80 and over	0	0
Origin		
João Pessoa	30	100
Countryside	0	0
Marital status		
Married	16	53.3
Single	2	6.7
Widowed	5	16.7
Divorced	7	23.3
Education		
Illiterate	12	40
Literate	1	3.3
Incomplete elementary education	16	53.3
Complete elementary education or more	1	3.3
Profession		
Housewife	15	50
Seamstress	2	6.7
Washerwoman	4	13.3
Cook	1	3.3
Other	8	26.7
Family income		
1 to 2 minimum wages	28	93.3
3 to 4 minimum wages	0	0
Without income	0	0
Religion		
Catholic	24	80
Evangelical	6	20
Other	0	0

Housing type		
Brick house	30	100
Wattle-and-daub house	0	0
Time living in the community		
Less than 1 year	0	0
1 to 5 years	2	6.7
6 to 10 years	0	0
More than 10 years	28	93.3

Table 2 refers to the knowledge of the older adult women about the risk factors for developing breast cancer. The variables assessed in the study were: number of children; age at menarche; age at menopause; performance of screening mammography; and date in which the last one had been performed.

The study revealed that 80% of the women had five children or more; 53.2% had had

menarche between 12 and 15 years of age, whereas 26.7% had had it aged over 15 years. It is observed that 36.7% of the women had had their menopause aged between 46 and 50 years, followed by 33.3% between 40 and 45 years. With respect to performing screening mammography, the table shows that 76% of the women had performed the examination; however, 13 of them (43.3%) had performed it more than a year ago.

Table 2. Distribution of characteristics related to risk factors for developing breast cancer in 30 older adult women in a FHU of João Pessoa, PB, 2011.

Variables	No.	%
Number of children		
No children	0	0
1 to 4 children	6	20
5 children or more	24	80
Age at menarche		
Under 12 years	5	16.7
12 to 15 years	16	53.2
Over 15 years	8	26.7
Age at menopause		
Under 40 years	1	3.3
40 to 45 years	10	33.3
46 to 50 years	11	36.7
51 years or over	8	26.7
Underwent screening mammography		
Yes	23	76.7
No	7	23.3
If yes, when did you undergo the last screening mammography?		
Less than one year ago	1	3.3
One year ago	5	16.7
More than one year ago	13	43.3

Table 3 describes the characteristics related to breast self-examination in the older adult women assessed. When questioned about the performance of breast self-examination, 76.7% reported that they had performed it, whereas 23.3% reported that they had not performed it. Regarding the performance frequency, 46.7% of the women reported that they performed the self-examination whenever they remembered it, whereas the others performed it daily or once a week.

With respect to the place where they performed the self-examination, 40% of the older adult women performed it lying in bed, and 36.7% of them preferred to perform it while they were taking a shower. With respect to how it was performed, it was found that 56.7% of the women performed breast self-examination palpating the breasts, the armpits, the front of the neck, and squeezing the nipples, whereas 23.3% only performed it

palpating the breasts and/or squeezing the nipples.

With respect to having received guidance on breast self-examination performance from health professionals, Table 3 shows that 56.7% of the older adult women had been guided by these professionals, whereas 43.3% had not received any guidance. Given this context, it is observed that most of the women that participated in the study had received breast self-examination guidelines from health professionals, which is a preponderant factor for public health. The study also reveals that 100% of the older adult women did not like to receive guidance on self-examination. This is datum is worrying, since most women assessed in the study had a low social and economic level, as well as they did not perform breast self-examination on a regular basis.

Table 3. Distribution of characteristics related to breast self-examination in 30 older adult women in a FHU of João Pessoa, PB, 2011.

Variable	No.	%
Performance of BSE*		
No	7	23,3
Yes	23	76,7
Frequency of BSE		
Daily	4	13,3
Once a week	5	16,7
Whenever I remember	14	46,7
Where do you perform the BSE?		
Lying in bed	12	40,0
During the shower	11	36,7
How do you perform the BSE?		
Palpating the breasts	6	20,0
Palpating the breasts and squeezing the nipples.	7	23,3
Palpating the breasts, armpits, front of the neck, and squeezing the nipples.	17	56,7
Guidance on BSE		
Yes	17	56,7
No	13	43,3
If yes, from whom?		
Health professional	17	56,7
Did not receive	13	43,3
Interested in guidance on BSE		
Yes	0,0	0
No	30	100,0
BSE* = Breast self-examination.		

DISCUSSION

A higher level of education is a determining factor for the pursuit of better health conditions and strategies for improvement in quality of life.¹⁶ In that context, there may be a relationship between low family income, low level of education, and breast cancer, as the first two factors hinder access to information about prevention and treatment, reducing the demand for health services. Therefore, it is confirmed that low level of education may delay the diagnosis and, consequently, the treatment of breast cancer, thus decreasing the possibility of cure.¹⁷

In illiterate women, the risk of mortality from breast cancer is 7.40 times greater than in women with higher level of education. For those women with incomplete elementary education, the risk is 3.76 times greater, because higher level of education enhances the chances of a woman undergoing clinical breast examination, as well as undergoing screening mammography.¹⁸

With regard to marital status, married women seek the FHU with a greater frequency for prevention of breast cancer. This might happen due to the belief that only those women with active sexual life require healthcare related to women's health, stressing the importance of the presence of

the partner as a supporter in coping with the diagnosis and treatment of breast cancer.¹⁸

With respect to the professions of the women that participated in the study, it can be observed that these activities were mostly specific to women who have a low level of education, such as housewives, seamstresses, washerwomen, and cooks, in addition to featuring a family income of up to two minimum wages. Therefore, it can be affirmed that these women were unaware of the actual period in which the examination should be performed.

There are many factors associated with breast cancer, such as: genetic predisposition; age; early menarche; late menopause; age of first pregnancy after being 30 years old; nulliparity; not having breastfed; family history of cancer; benign mammary lesions; exposure to radiation; social and economic conditions; hormone replacement therapy; high body fat; alcoholism; and inadequate diet, among others.^{14,19}

Early menarche (before 12 years of age) and late menopause (after 50 years of age) are some of the risk factors for breast cancer.¹⁴ It should be noted, therefore, that these data differ from those illustrated in the present study regarding early menarche and late menopause. According to the INCA, screening mammography is the recommended image examination in Brazil in order to screen

cancer, with ability to detect non-palpable lesions and impact on mortality. The performance of screening mammography is recommended every two years in women aged 50 to 69 years.¹⁴

For women that fall within the risk group, the protocol establishes that the examination should be performed annually from age 35 onwards.¹⁴ However, as mentioned earlier, the Brazilian Society of Mastology recommends that screening mammography should be performed from age 40 onwards, even by those women who do not fall within the risk group.

Clinical breast examination should be performed routinely by health professionals, and they may be nurses or physicians. On the other hand, breast self-examination should be performed by the women once a month after receiving guidance, and the best time is seven to 10 days after menstruation. Amenorrheic women should perform it once a month on the day they establish.²⁰⁻²¹ There are recommendations that women should perform the palpation of the breasts whenever they feel the need, in order to know the breasts better and thus be able to detect anything unusual at an early stage.¹⁴

It is important to highlight that breast self-examination should be performed in compliance with two steps if possible, namely, inspection and digital palpation. Inspection should include the size and shape of the breasts. For palpation, women should lie down and palpate their breasts and surrounding areas using the fingers of the right hand to check the left breast and the fingers of the left hand to check the right breast. Subsequently, they should massage the armpit regions and the neck and, finally, squeeze each nipple. With that, they will know their breasts better in order to detect any abnormality and, in case it is found, they should be guided to seek assistance in a health unit.²²

The INCA recommends encouraging women to perform breast self-examination whenever they feel the need – not necessarily stipulating when – whether while taking a shower, at the time of getting dressed, lying down, sitting, standing, without recommending any specific technique, thus highlighting the discovery of small mammary changes.¹⁴

Continuing health education is extremely relevant to self-care, as well as active women's participation in making decisions about the care of the body; however, these are not actions performed frequently at health services.¹⁶ It is essential to raise

women's awareness on breast cancer, as well as its early detection, emphasizing the risks to which they are exposed. Therefore, they should be properly guided, so that they can develop a conscious and positive attitude toward early detection of breast cancer.²³

CONCLUSION

Older adult women tend to perform breast self-examination; however not often enough. They highlight the importance of guidance by health professionals regarding the prevention of breast cancer.

It is of fundamental importance that the professionals working in family health units have knowledge about risk factors and ways of precaution for this pathology. At the same time, they should perform prevention actions allowing fast and effective early diagnosis.

It is expected that the results of the present study can contribute positively to improve the actions performed by professionals who work in direct care provided to the older adult women who seek basic health services. It is important to highlight that, with preventive actions, primarily geared toward breast self-examination, the incidence of breast cancer tends to decrease.

REFERENCES

1. World Health Organization (WHO). International Agency for research on cancer. World cancer report. 2008. Lyon; 2008.
2. Ministério da Saúde (Br). Instituto Nacional do Câncer. Divisão de Apoio à Rede de Atenção Oncológica. Atlas da mortalidade. [cited 2011 Feb 10]. Available from: <http://mortalidade.inca.gov.br/Mortalidade>.
3. Ministério da Saúde (Br). Instituto Nacional de Câncer José Alencar Gomes da Silva. Outubro Rosa: INCA e sociedade unidos pelo controle de câncer de mama. Rio de Janeiro: INCA; 2013.
4. Ministério da Saúde (Br). Instituto Nacional do Câncer. Estimativa 2014 - incidência de câncer no Brasil. 2013. [cited 2014 Jan 20]. Available from: <http://www.inca.gov.br>
5. Bromberg S. Câncer de mama na mulher idosa. Boletim da Sociedade Brasileira de Mastologia 2012; 16 (100). Regional São Paulo. [cited 2012 Apr 14]. Available from: <http://www.spmastologia.com.br/Boletins/2012/abril/MASTO-BOL>
6. Silva RCFS, Hortale VA. Rastreamento do câncer de mama no Brasil: quem, como e por quê? Rev Bras Cancerologia [Internet] 2012 [cited 2013 May 20];58(1):67-1. Available from:

http://www.inca.gov.br/rbc/n_58/v01/pdf/10b_artigo_opinioao_rastreamento_cancer_mama_brasil_quem_como_por_que.pdf

7. Silva FMCS. Prevenção do câncer cérvico uterino em uma Unidade Básica de Saúde: estratégias para atuação de enfermagem [dissertação]. João Pessoa: Universidade Federal da Paraíba, Programa de Pós-graduação em Enfermagem; 2002.
8. Ministério da Saúde (Br). Instituto Nacional de Câncer. Ações de enfermagem para o controle do câncer: uma proposta de integração ensino-serviço. 3nded. Rio de Janeiro: INCA; 2008.
9. Bochichi R. Câncer de mama ainda é o mais lento entre as mulheres. São Paulo; 2000. [cited 2011 Sept 30]. Available from: <http://www.estado.com.br/edição/mulher/saude/mama.html>.
10. Freitas Junior R, Freitas NMA, Paulinelli RR, Sousa RM, Ferro JE, Silva MAC, et al. Câncer de mama na terceira idade: tratamentos personalizados. Rev UFG - Tema melhor idade. 2003 Dec; 5(2): 1-5.
11. Felix JD, Castro DS, Amorim MHC, Zandonade E. Tendência da mortalidade por câncer de mama em mulheres no Estado do Espírito Santo, no período de 1980 a 2007. Rev Bras Cancerologia [Internet]. 2011 May [cited 2013 June 11];57(2):159-66. Available from: http://www.inca.gov.br/rbc/n_57/v02/pdf/03_artigo_tendencia_mortalidade_cancer_mama_mulheres_estado_espirito_santo_periodo_1980_2007.pdf.
12. Ministério da Saúde (Br). Instituto Nacional de Câncer José Alencar Gomes da Silva. Recomendações para redução da mortalidade por câncer de mama no Brasil-Balanco 2012. Rio de Janeiro: INCA; 2012.
13. Aguillar, VLN. Rastreamento mamográfico em mulheres com idade entre 40 e 49 anos. Sociedade Brasileira de Mastologia. 2012 [cited 2014 Jan 20]. Available from: <http://www.sbmastologia.com.br/artigo/rastreamento-mamografico-em-mulheres-com-id...>
14. Ministério da Saúde (Br). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Controle dos cânceres do colo do útero e da mama. 2nd ed. Brasília (DF): Ministério da Saúde; 2013.
15. Ministério da Saúde (Br). Conselho Nacional de Saúde. Diretrizes e Normas Regulamentadoras de Pesquisa Envolvendo Seres Humanos: Resolução 466, de 12 de dezembro de 2012. Brasília (DF): Ministério da Saúde; 2012.
16. Silva EM, Costa AF, Leite ES, Sobreira MVS. Climatério na visão de mulheres de unidade de saúde da família. Nursing. 2012 Feb; 14(165): 79-4.
17. Sabbi AR. Salvando a sua mama: informações para as mulheres. Rio de Janeiro: Revinter; 2002.
18. Leite FMC, Bubach S, Amorim MHC, Castro DS, Primo, CC. Mulheres com diagnóstico de câncer de mama em tratamento com tamoxifeno: perfil sociodemográfico e clínico. Rev Bras Cancerologia. 2011; 57(1): 15-1.
19. Ministério da Saúde (Br). Instituto Nacional de Câncer. Estimativa da incidência e mortalidade por câncer no Brasil. Rio de Janeiro: INCA, 2010.
20. Ministério da Saúde (Br). Instituto Nacional do Câncer, Programa Nacional de Controle do Câncer do Colo do Útero e de Mama. Conhecendo o Viva Mulher. Rio de Janeiro; 2000.
21. Cericatto RO. Autoexame das mamas. 2003 June [cited 2012 Feb 02]. Available from: <http://www.drgate.com.br/artigos/textos/mastologia/autoexame>.
22. Batista PSS, Silva FMC, Santos EL, Lima, EA. Autoexame das mamas: vivência de mulheres atendidas em uma Unidade Básica de Saúde. Nursing. 2005 Dec; 91(8): 583-7.
23. Silva LAS, Piauilino YML, Nicolau AIO. Conhecimento, atitude e prática do autoexame das mamas por profissionais de enfermagem. J Nurs UFPE on line [Internet]. 2013 Dec [cited 2014 May 05];7(12):6755-63. Available from: www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/. doi: 10.5205/reuol.2950-23586-1-ED.0712201305

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