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ORIGINAL ARTICLE

ACTIONS IN THE PREVENTION OF BREAST CANCER EXAMINATION IN THE NURSES' CONSULTATION

AÇÕES NA PREVENÇÃO DO EXAME DE CÂNCER DE MAMA NA CONSULTA DO ENFERMEIRO ACCIONES EN LA PREVENCIÓN DEL EXAMEN DE CÁNCER DE MAMA EN LA CONSULTA DEL ENFERMERO

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ABSTRACT

Objective: to describe the actions in the prevention of the breast cancer examination (BCE) in the nurse consultation in its practice in the Papanicolaou exam. **Method:** descriptive-exploratory study, with quantitative approach, developed in the municipalities of Coronel Ezequiel/RN and Espírito Santo/RN. The population was all the nurses of the Family Health Strategy. Data were collected through a structured interview. **Results:** the study showed a satisfactory knowledge of the nurses in the indication of the BCE in the asymptomatic ones and which behaviors were taken in those considered at risk. **Conclusion:** the research revealed gaps in the knowledge regarding the period for BCE, the recommended age for mammography and the best test indicated in the early diagnosis of BCE. **Descriptors:** Breast Cancer; Primary Prevention; Women's Health.

RESUMO

Objetivo: descrever as ações na prevenção do exame de câncer de mama (ECM) na consulta do enfermeiro em sua prática no exame de Papanicolaou. **Método:** estudo descritivo-exploratório, com abordagem quantitativa, desenvolvido nos municípios de Coronel Ezequiel/RN e Espírito Santo/RN. A população constou de todos os enfermeiros da Estratégia Saúde da Família. Os dados foram coletados por meio de entrevista estruturada. **Resultados:** o estudo mostrou conhecimento satisfatório dos enfermeiros na indicação do ECM nas assintomáticas e quais condutas a serem tomadas nas consideradas de risco. **Conclusão:** a pesquisa revelou lacunas no conhecimento quanto ao período para o ECM, idade recomendada para a mamografia e melhor exame indicado no diagnóstico precoce do ECM. **Descritores:** Câncer de Mama; Prevenção Primária; Saúde da Mulher.

RESUMEN

Objetivo: describir las acciones en la prevención del examen de cáncer de mama (ECM) en la consulta del enfermero en su práctica en el examen de Papanicolaou. **Método:** estudio descriptivo-exploratorio, con enfoque cuantitativo, desarrollado en los municipios de Coronel Ezequiel/RN y Espírito Santo/RN. La población constó de todos los enfermeros de la Estrategia Salud de la Familia. Los datos fueron recogidos por medio de entrevista estructurada. **Resultados:** el estudio mostró conocimiento satisfactorio de los enfermeros en la indicación del ECM en las asintomáticas y cuáles conductas son tomadas en las consideradas de riesgo. **Conclusión:** la investigación reveló lagunas en el conocimiento en el período para el ECM, edad recomendada para la mamografía y mejor examen indicado en el diagnóstico precoz del ECM. **Descriptores:** Cáncer de Mama; Prevención Primaria; Salud de la Mujer.

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INTRODUCTION

Cancer is one of the leading causes of death worldwide being the second leading non-communicable chronic disease. For the National Cancer Institute (INCA), a global burden of 21.4 million new cases of cancer and 13.2 million deaths is expected by 2030. Among different type of cancer, breast cancer is the most cancer affecting women and continues to be the major cause of death in this population. In Brazil, incidence rates and mortality from breast cancer (BC) and cervical cancer (CC) are still high.¹

Although there has been an improvement in the diagnosis and quality of the information, it is considered that part of these high rates is related to the difficulties of access to the female population to health services. Low population coverage and screening of the recommended age range for availability in the Basic Health Units (UBS) patients to behave in a preventive manner. BC has a good prognosis when detected in early stages, but the mortality rate in Brazil is still very high probably because the diagnosis is being detected in advanced stages. Survival in developed countries in the last five years was 85%, while in developing countries it remains between 50% and 60%.¹

Although simple methods for the early diagnosis for BC, it continues with a higher incidence, occupying the first place of the neoplasms in the female population excluding non-melanoma skin tumors. It is probably the most feared due to its high frequency and, above all, the psychological effects about sexuality and personal image. Relatively rare before 35 years old, but above this age, its incidence increases rapidly and progressively, and cannot be avoided. However, some of the stages of the disease history are known, and risk factors include: sex, age advancement, early menarche, family history of BC, late menopause, first delayed pregnancy, obesity, exposure to ionizing radiation in high doses, smoking and genetic mutations. Both BM and CC are of good prognosis if diagnosed and treated early. Advanced diagnosis of the disease seems to be responsible for the maintenance of high mortality rates. However, in the last decades, there has been an increase in the incidence of this neoplasm worldwide, even in younger age groups.²

Young women with precocious menarche or under 12 years old and late menopause after 50 years old have in common a prolonged exposure factor to the estrogen hormone as a risk for BC. Knowing that prevention is the most efficient way to minimize cancer and its

consequences, the Ministry of Health (MS) has instituted basic care as a gateway to the system and the patients' preferred point of contact with Family Health Strategy teams (ESF).³

It is known that early detection of the early tumor favors treatment that can completely eradicate the disease. Early detection of the tumor can occur through monthly breast self-examination (BSE); breasts cancer examination (BCE) annually and mammography consisting of radiological examination. The importance of BCE in the practice of the Pap smear is due to the possible early detection of a tumor and can confirm up to 70% of the cases.⁴

Mammography still has its myths provoked by the discomfort at the examination, but being this soft and bearable. However, there are women who still have difficulties in adhering to this practice. Mammography is considered the main method of diagnosis of an early stage mammary neoplasia, allowing detection of non-palpable alterations favoring more effective and less aggressive therapy.⁵

However, considering that breast cancer can trigger negative feelings in women, they will also be related to alteration in the quality of life of this population, such as fear of diagnosis, possible surgery, uncertainty in prognosis, side effects during treatment, suffering as to pain and facing the possibility of dying.⁶

In view of the nurses' performance in the ESF and according to the Ordinances of N° 648/2006 and 1625/2007, establishing the consultation of the nurse as specific attributions; Resolution COFEN-358/2009 regulating the Systematization of Nursing Care (SAE); Resolution 381/2011 regulating the execution by the nurse in the collection of material for Pap smear by the Papanicolaou method and Ordinance 1,473/2011 instituted strengthening of prevention actions, qualification of the diagnosis and treatment of CC and BC, indicating the nurse as one of the professionals responsible for the prevention and early detection of BC, considering that currently it is this professional who, during the consultation of the nurse performs the Pap smear, understanding that he needs to be adequately prepared for this function as the main agent in the prevention of BC.⁷ Also, the impact that the BC will influence in the life of the woman in view of being an organ of bodily symbolism in femininity, maternity, and sensuality that can interfere in the self-image of the woman has to be considered, becoming necessary to develop strategies to minimize physical and psychosocial effects, as well as

to improve the quality of life of both women and their social group.⁸

It was identified in a cross-sectional study developed in the city of Dourados/MS between February and December 2008 with 393 women enrolled in the ESF with age group between 40-69 years old and residents for at least 12 months in this municipality with a range of 16 Family Health Teams in the urban area. Among the results, it was identified that socioeconomic factors and the practice of BC prevention revealed that women of higher educational level and income are more accessible as regards tracking measures and are knowledgeable about BSE. They also identified that half of the women interviewed do not know any risk factors for the disease. Among those who have this knowledge, about 30% reported only one factor and 2.8% four different factors, the highest number cited by women. These results suggest that risk factors are poorly addressed in health education actions among the population studied.⁹ Thus, it is necessary for health professionals to be active in the sense of knowing the population and community they work, through home visits since with this approach and contact, it becomes essential to think of strategies that reach all socio-cultural levels.

Despite so much information about BC published in the media, most of the information about methods of detection and early detection, signs and symptoms are observed, but there are still faults in the dissemination of the factors involved in the genesis of the disease that contribute to the development of this neoplasm. Studies show that risk factors are little known by patients and are also mostly not addressed in educational actions with this population.¹⁰

There have always been controversies regarding mammographic screening. In Europe, most organized programs indicate the beginning of screening at 50 years old.¹¹ As age is the major risk factor, older women benefit more from less damage since the practice is much lower than in the young population.¹² It makes sense the 40-49-year-old was not indicated because of the major objective of reducing mortality, which is a recommendation in several countries, such as Belgium, Denmark, Finland, Italy, Poland, the Netherlands and the United Kingdom.¹³

In a qualitative study, it was identified that the patients undergoing treatment for BC had little guidance from health professionals in drug management, concluding that these professionals should educate this population regarding the strategies for the management of symptoms related to the drugs of this

neoplasia.¹⁴

Thus, the means of prevention and early detection that exist in cases of mammary neoplasia control has notorious ignorance about these measures, lack of access to health services and conditions linked to cultural issues that determine the high incidence of BC cases in the country.¹⁵ Thus, it has been observed that lack of information in clinical practice regarding breast cancer in the treatment of these people may be associated with the lack of adequate control of the adverse events of this treatment and, consequently, the worsening of the symptoms.

An exploratory cross-sectional study of a qualitative cohort developed in 2008 with a sample of women with BC at 25 years old, identified that the barriers to access to services were related to socio-cultural and the most cited lack of information about the disease often caused by low education level of the patients. Lack of knowledge about BC searching for treatment even though there are symptomatic manifestations such as nodules, erythemas and edema, which in most cases the woman, friends, and family give other meaning to these signs, minimizing the symptomatology and hence not recognizing the severity of the case. Thus, the lack of knowledge associated with the myths surrounding the disease is linked to the late diagnosis of BC.¹⁶

It is very importance the information provided to these women with BM in treatment, especially by nurses at the moment of the consultation or home visit, to try to minimize the impact that comes from the friendly medications, medication administration and reference regarding the risks/benefits they may have before chemotherapy not only prioritizing the disease with more attention to the biological part of the patient, but also the world of their body, in the sociological sense.¹⁷

Therefore, if the nurse is trained and has enough knowledge to practice the BCE, it is questioned if she is skilled at such procedure and if during the Pap smear she develops the BCE in addition to guiding the patient about the BSE.

This study is justified by the fact that BM is a disease of high morbidity and mortality. The motivation was also reinforced during graduation by living with a classmate diagnosed with a breast nodule. The observation came from this experience as well as during practical classes and curricular internships, observing that the ESF nurses were limited to the Papanicolaou exam. Such observation encouraged researchers to think

of practice as an action that involves all and human life.

The relevance of the study is that it can provide nurses with a reflection on their practice, understanding that from the moment they assume a role in the ESF, they need a theoretical/practical preparation to develop all actions pertinent to the patients. It is expected that the study can contribute to the patients having their needs met and respected rights regarding BC prevention and that new research will address the issue. Given these considerations, the objective of the study was to describe the actions in the prevention of BCE in the nurse’s consultation during the practice of the Pap smear.

METHOD

This is a descriptive-exploratory study with a quantitative approach, developed in the city of Espírito Santo in the State of Rio Grande do Norte (RN). The population was all ESF nurses from the municipalities of Coronel Ezequiel (RN) and Espírito Santo (RN). The sample was defined as three by Coronel Ezequiel and five by the Espírito Santo.

Data collection was through a structured interview and after signing the Term of Free and Informed Consent (TCLE) the participants were informed about the purpose of the research, informed about the guarantee and freedom as well as the right to leave at any stage without prejudice for their image and assistance.

The data were collected between September and October 2015 and, based on the information obtained, the data were processed in the Statistical Package for Social Sciences (SPSS) 20.0. For the descriptive analysis frequency distribution with percentages was based on the relevant literature.

Regarding the ethical and legal aspects of Resolution 466/2012 of the National Health Council (CNS), which deals with research with human beings, ethics permeated research including the principles of beneficence bioethics; Not maleficence; Autonomy and the principle of justice. The research was approved by the Research Ethics Committee of the Potiguar University of Natal (UnP/RN) and CAAE Consubstantiated Opinion 45440615.8.0000.5296.

RESULTS

Study participants were nurses aged 20-50 years old; 50% from 31 to 40 years old, 37% from 20 to 30 years old and 13% from 41 to 50 years old. Of them, 50% were married, 38% were unmarried, and 12% were in a stable union. As for the gender, 88% were female, and 12% were male. It was observed that 62% had less than five years of training and 38% had six to ten years. There were 87% with specialization in some specific area, 13% only graduates and 100% of nurses had been in the ESF for less than five years; 87% stated that BCE is indicated in asymptomatic women and that the best period for the practice of this exam is three to five days after menstruation; 87% answered that the recommended age for requesting mammography is 40 years old and 13% indicated at 50 years old; As to the most recommended examination for the early diagnosis of BC, 37% reported mammography and 63% chose to be more of an alternative stating that there is not only a single more recommended examination.

As to whether they feel prepared to practice the BCE in UBS, 100% answered affirmatively. Regarding the behavior of 35-year-old women at high risk for developing BC, 75% answered that the most viable procedure would be BCE and request mammography; 13% BCE and 12% that these patients should be referred to the mastologist. Regarding the BCE at the time of the Pap smear examination, 75% do so, 12% said no and 13% only a few times.

Regarding the guidelines given to the patients regarding BC at the time of the Papanicolaou collection, 100% stated that they advise how to practice BSE from 20 years old; Importance of periodic consultations and follow-up examinations; 50% stated that they demonstrate how to practice BSE and the other 50% only sometimes. It was also identified in 100% that in the UBS there is no educational material for the demonstration of BSE that enables nurses to practice it.

DISCUSSION

The BSE is the most adopted practice among women, but it is not recommended by the MS that recommends mammographic examination every two years for women aged 50 to 69 years and ECM annually for those aged 40 to 49 years old as main strategies of population screening. The BCE should be a practice for all women seeking age-independent health care because this behavior is part of women’s health care. For those considered to be at high risk for BC, BCE

and mammography are recommended annually, from 35 years old.¹⁸ The most appropriate examination to track BC is mammography for identifying non-palpable lesions, and the recommended imaging for BC tracking in Brazil, with an impact on mortality.³ In this study, nurses reported in 87% that the ideal age to request mammography would be 40 years, diverging from MS recommended; only 13% stated that the best age as 50 years old.

According to the literature, sociodemographic data pointed out that the age group between 40 and 49 years old contributes to the increase of BC, also reporting that in Brazil between 1996 and 2000, in the states of Goiânia, São Paulo and Manaus, 60 to 70% of new cases occurred in the age group between 40 and 69 years old.³

A descriptive cross-sectional study developed with 137 nurses from a Public University Hospital in Porto Alegre, RS, Brazil, from March to September 2013 had the objective of evaluating the knowledge of these professionals in the BC and BC hereditary areas, the knowledge about epidemiology of the disease, risk factors, diagnosis, detection, treatment and knowledge of the criteria for diagnosis and referral of the patients. The results demonstrated that a strengthened approach of the multidisciplinary team is indispensable. Nurses are aware and informed about educational and clinical attitudes in the prevention and early detection of BC, especially hereditary. The knowledge and actions currently performed by nurses in this area are fundamental to define the necessary training for these professionals. Also, they detected a low level of knowledge regarding the recommended strategy for mammography in women.¹⁹

A quantitative descriptive study was carried out in the State of Maranhão between July 2007 and January 2008, focusing on preventive practices among women aged 10 to 49 years old with an age group that was not recommended by MS with a population of 3360 by conglomerate sampling, making 30 with 112 per cluster. The results showed that even though the efficacy of the preventive methods is proven, they are rarely used among women in the state of Maranhão. Although few of them practice BSE, it has been observed that BCE is the most developed preventive practice in Maranhão with an important increase in the last ten years. The need for more effective guidance about the other methods to mobilize patients to adopt such practices is highlighted.

A cross-sectional and inferential study was developed with physicians and nurses from the Municipal Health Department (SMS) of Mossoró (RN) in March 2009 focusing on self-applicable questions, and the sample consisted of 33 doctors and 47 nurses. The researchers had as objectives sociodemographic characterization of the respondents, time of formation and professional experience, knowledge regarding the recommendations by the MS on BC detection, attitudes in comparison to the quality of the integral care of the health of the woman and clinical conducts for the detection of BC. The lack of professional knowledge was evidenced as the best period for BCE, but 68% of the nurses reported feeling prepared for such a practice, lack of knowledge about the recommended age to request the first mammogram, lack of mammographic screening and behavioral deficiency in asymptomatic young women (35 years old) belonging to the risk group for BC (12%), as well as deficiency in health promotion on cancer with a view to mobilization and awareness for the care of the patient well-being of this population.²¹

The most suitable tests for early detection in women aged 35 years old and older at risk of developing BC are BCE and annual mammography.¹⁸ This statement corroborates this research since the researchers stated in 75% that the most recommended examination for the early diagnosis of women with BC from 35 years old would be BCE and mammography. Women who meet at least one of the following requirements is considered a risk group:

Women with a family history of at least one first-degree relative (mother, sister or daughter) diagnosed with breast cancer under 50 years old. Women with a family history of at least one first-degree relative (mother, sister or daughter) diagnosed with bilateral breast cancer or ovarian cancer in any age group. Women with a family history of male breast cancer. Women with histopathological diagnosis of proliferative mammary lesion with atypia or lobular neoplasm in situ.^{18:7}

It is importance that in the consultations the nurse always has the BCE in mind to detect palpable lesions and to reinforce the importance of having strategies for the early detection of this neoplasm. The population should have broad access to clear, consistent and culturally appropriate information and should be the initiative of health services at all levels, especially in Primary Care.³

In a qualitative study developed with six women with mastectomy in the city of Santa

Rosa (RS) by the UBS team (nurses/physicians) with access to their relatives in meetings with the “Mama Viva” Group, the difficulties inherent in the treatment of these women may be related to the perspectives that they have when they receive the diagnosis of the disease and begin in their lives three stages of the most difficult as being with cancer, can mean a word loaded with negative feelings in the society, long, aggressive, painful treatment and on certain occasions, there is need for partial or total removal of breast for better quality of life and the very acceptance of their marked body and live with that image of mutilation. The impact of this diagnosis causes both in the family and in society a stigma that has repercussions with uncertainties, leaving everyone to reflect on human finiteness. The time available to together seem infinite in the face of the possibility of loss, the relationships begin to be thought, revised in the sense of greater rapprochement and see the others. This impact may also be related to the fear of the unknown that involves the disease, perspective of an uncertain future, suffering and death.²²

Corroborating with these authors, a work developed to obtain the title of Specialist in Oncology Psychology in Rio de Janeiro (RJ) through a literature review, it was identified of fundamental importance the psychologist's performance in the support to the patients with BC and relatives at the time of confirmation of this diagnosis, which runs with much suffering, anxiety, and anguish. When in the treatment phase, the experience of these patients is related to physical and financial losses, also linked to depression and decreased self-esteem, and there are constant needs for adaptations to the physical, psychological, social and emotional changes that are constant in the lives of these women and the family.²³

In a prospective cohort, observational study developed in a Public Teaching Hospital and a Chemotherapy Unit of a Private Clinic between May 2012 and September 2013 with 64 women with a proven diagnosis of BC and age over 18 years old with chemotherapy treatment initiated on time determined, the authors investigated the possible impacts that this disease and the treatment have on the quality of life of these women in the two institutions. They observed impacts on the physical, sexual, social, symptom pain, body image, systemic effects and future perspectives that compromise the quality of life of these patients. They also mentioned that access to information on BC currently

occurs in a differentiated way considering the characteristics of the population, giving an impact on detecting the diagnosis, initiation of therapy and life conditions of the women affected by this neoplasia.²⁴

An exploratory cohort study of the population survey type in the city of Maringá (PR) analyzed the prevalence and factors associated with the practice of secondary prevention of BC in women aged 40 to 69 years old. The authors observed that the prevalence for BSE was 64.5%; BCE 71.5% and breast cancer 79%. The factors that influenced the exercise of these actions related to age, education, race, economy class, religion and hormonal therapy. Economic class along with education level have a significant influence on preventive practices, that is, the higher the socioeconomic level, the greater the development of these practices. Guidelines on BCE should always be available to all women at risk, regardless of socioeconomic class, reducing late diagnosis and unnecessary deaths, increasing the chances of cure for BC. They also identified that the education regarding this examination is hampered by the lack of demonstrative material for their practice in the UBS.²⁵ In this research, it was identified that 100% of the ESF nurses guide the BSC from the age of 20 at the time of the Pap smear; 50% gave their demonstration to the patients, and 50% stated that rarely, confirming in this study that 100% of the nurses also stated that they did not have demonstrative material for the practice of BCE.

CONCLUSION

The nurses in the consultations of the Papanicolaou exam act in preventive actions of educative form with orientations regarding the BSE and practical form of the BCE. Regarding the nurses' knowledge about the conducts and exams that detect early BC, the response was satisfactory regarding the indication of the BCM in asymptomatic women, what conduct should be taken in cases of risk for BC development; guidelines for BSE and BCE practice during consultations. However, they revealed gaps in nurses' knowledge of the best period for BCE, recommended age for mammography and which examination is most appropriate for the early diagnosis of BC. Although there were deficits in the knowledge of these nurses about BC prevention, these professionals affirm that they feel prepared for the practice of BCE during consultations in the Papanicolaou exam.

The UBS do not have necessary educational material for prevention actions such as artificial breasts that enable the patients to demonstrate the correct technique for the BSE. Therefore, it is understood that it is urgent to acquire this material in the municipalities studied.

There is a need for investments by these municipalities in the permanent education for nurses, considering that these professionals must be up to date with the norms and routines of the programs recommended by the MS, besides providing working conditions that meet the needs of the patients.

It is proposed to develop study workshops with the nurses who are the subject of this study to present and discuss the results found, as well as to stimulate feelings of reflection and, consequently, changes in the care practice, making a big difference, since the basic health care especially works with prevention.

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