



PROSTATE CANCER: CHARACTERIZATION OF USERS OF A SERVICE OF ONCOLOGY

CÂNCER DE PRÓSTATA: CARACTERIZAÇÃO DOS USUÁRIOS DE UM SERVIÇO DE ONCOLOGIA CÁNCER DE PRÓSTATA: CARACTERIZACIÓN DE LOS USUARIOS DE UN SERVICIO DE ONCOLOGÍA

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ABSTRACT

Objective: to characterize the socio-demographic profile of men with prostate cancer, comorbidities and risk factors associated with their diagnosis. **Method:** an epidemiological study, with descriptive approach, conducted with a questionnaire in an oncology service of a teaching hospital in southern Brazil. The sample consisted of 19 men with prostate cancer. The database was built using Epi-Info 6.04 and the statistical analysis in Stata 9.1. The study had the research project approved by the Ethics Committee in Research, Protocol 2008/23. **Results:** the totality was white, with low education, from rural area, living with a partner, with religion, with good health status, mostly elderly, low occurrence of heredity for prostate cancer, comorbidity most frequent was hypertension. **Conclusion:** discussions involving the male population affected by cancer have been analyzed in last years was still incipient. **Descriptors:** Prostate Neoplasia; Oncology; Oncology Nursing.

RESUMO

Objetivo: caracterizar o perfil sociodemográfico dos homens com câncer de próstata, as comorbidades e fatores de risco associados ao seu diagnóstico. **Método:** estudo epidemiológico, com abordagem descritiva, realizado com um questionário em um serviço de oncologia de um hospital de ensino no sul do Brasil. A amostra foi constituída por 19 homens com câncer de próstata. O banco de dados foi construído no programa Epi-info 6.04 e a análise estatística no software Stata 9.1. O estudo teve o projeto de pesquisa aprovado no Comitê de Ética em Pesquisa, Protocolo 2008/23. **Resultados:** a totalidade da amostra era de cor branca, baixa escolaridade, da área rural, viviam com companheira, com religião, com boa situação de saúde, majoritariamente idosos, baixa ocorrência de hereditariedade para câncer de próstata, a co-morbidade de maior frequência foi a hipertensão arterial. **Conclusão:** discussões que envolvem a população masculina acometida pelo câncer vêm sendo analisadas nos últimos anos ainda de forma incipiente. **Descritores:** Neoplasias da Próstata; Oncologia; Enfermagem Oncológica.

RESUMEN

Objetivo: caracterizar el perfil socio-demográfico de los hombres con cáncer de próstata, las comorbilidades y factores de riesgo asociados con el diagnóstico. **Metodología:** estudio epidemiológico, con enfoque descriptivo, realizado con un cuestionario en una unidad de oncología de un hospital universitario en el sur de Brasil. La muestra consistió en 19 hombres con cáncer de próstata. La base de datos ha sido desarrollada usando el programa Epi-Info 6.04 y el análisis estadístico en el software Stata 9.1. El estudio tuvo el proyecto de investigación aprobado por el Comité de Ética en Investigación, Protocolo 2008/23. **Resultado:** la totalidad de la muestra consistió de color blanco, bajo nivel educativo, zona rural, viviendo con una pareja, con religión, con buen estado de salud, en su mayoría ancianos, baja incidencia de la herencia del cáncer de próstata, la comorbilidad más frecuente fue la hipertensión. **Conclusión:** las discusiones que involucran la población masculina afectada por el cáncer han sido analizadas en los últimos años, aún incipientes. **Descriptor:** Neoplasias de la Próstata; Oncología; Enfermería Oncológica.

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INTRODUCTION

The Cancer (CA) is considered a public health problem in Brazil and in the world, due to its incidence in recent decades, which may be linked to the increase in life expectancy and marked by a change in the behavior of societies, as well as to current facilities records and methods of dissemination of epidemiological data.¹

It is noted that in Brazil the prostate cancer is more common among men, second only to the nonmelanoma skin CA.² The estimated incidence for prostate cancer in Brazil in 2010 was 52.350 cases, which corresponds to an estimated risk of 54 new cases per 100 thousand men. Despite this, present, in general, low malignancy, because of its slow and silent evolution, favors a carefree of men in search of tracking services and prevention, delaying diagnosis and increasing the severity of the cases.³

A study conducted in the city of Botucatu / São Paulo identified the demographic and epidemiological characteristics of men with prostate cancer, showed that most of them, looking for the health service when symptoms of the disease. Attributed to this fact the ignorance of these individuals on the incidence, prevalence and age as risk factors for prostate cancer.⁴ Furthermore, there is insufficient urology services in public health, which added to the difficulty of the services dealing with the demands of the male, are factors that can strengthen the resistance of men to prevent prostate cancer, which may be subject to increased incidence of this pathology.⁵

Characterize the profile of men with this type of cancer is a way to know their behavior and habits of prevention and health care. The development of prostate cancer is expressed as the relationship of man with the health service, which contrasts with the women in the prevention of cervical cancer, which suggests the need to carry out preventive actions related to human health.⁶

Thus, it is understood that knowing the profile of man with prostate cancer, is an important management tool, which will favor the improvement of preventive and health promotion of these individuals. It was elected as the objective of this study to characterize the socio-demographic profile of men with prostate cancer, comorbidities and risk factors associated with the diagnosis.

METHOD

A manuscript prepared from the monograph << **Characterization of Men with Prostate Cancer of an Oncology Service in the city of Pelotas/Rio Grande do Sul** >> presented to the Faculty of Nursing, Federal University of Pelotas/UFPel. 20010.

An epidemiological study, with a descriptive approach, linked to the Research: Oncologic clients, their families and the systems of care in chronic conditions. The data collection was conducted in an oncology unit of a teaching hospital in southern Brazil, in the period between March and July 2010.

The sample of the study was extracted from the total of interviewees in larger research, being composed of men with prostate cancer who underwent chemotherapy or hormone therapy, in that period of service and data collection. These individuals answered a structured questionnaire, previously codified and applied by trained interviewers. Inclusion criteria were: being male and having a diagnosis of prostate cancer, to know their diagnosis and be performing chemotherapy and/or hormone therapy in oncology service; being from 18 years old or older, and agree to participate by signing the Informed Consent Form (ICF).

The independent variables used in the study consisted of: color/race (white, black, brown, yellow, indigenous), education (years of schooling); origin (rural or urban); living with partner (yes/no), religion (does not have/has), general health status (fair, good, excellent); situation compared a year ago (worse, same, better); situation compared to others of the same age (worse, same, better, ignores); risk factors: age (51-60 years old, 61-70 years old, 71-80 and older than 80 years old), family history of cancer (yes/no), presence of comorbidities: heart disease (yes/no), diabetes mellitus (yes/no), hypertension (yes/no) and other health problems (yes/no); Examination touch: know (yes/no), place (yes/no); time of the last examination (in years); reason (professional statement, indicating family, self-motivation, influence of media); PSA test: performed (yes/no); reason (professional statement, indicating family, self-motivation, influence of media);

The questionnaires were coded by interviewers and subsequently entered into the Epi-Info 6.04, respecting double typing and matching of databases to check for possible errors, corrected later. It was conducted the quality control and the

statistical analysis, with frequency distribution and average in this same program.

There were respected the ethical proceedings according to COFEN Resolution No. 311/2007 and the Resolution No. 196/96 of the National Health Council. The study underwent evaluation by the Ethics Committee in Research of the Catholic University of Pelotas, with a favorable opinion

under number 2008/23. All participants signed ICF.

RESULTS

The sample consisted of 19 men diagnosed with prostate CA undergoing chemotherapy and / or hormone therapy. Table 1 is willing to frequency distribution of socio-demographic characteristics of these individuals.

Table 1. Distribution of the sample of patients with prostate cancer according to sociodemographic characteristics. Pelotas, UFPel, 2010

Sociodemographic characteristics	n (19)	%
Schooling		
Without schooling	3	15,79
1 to 4 years old	7	36,84
5 to 8	7	36,84
13 or older	1	5,26
Origin		
Rural	12	63,16
Urban	7	36,84
Marital status		
With a partner	15	78,95
Without a partner	4	21,05
Religion		
None	3	15,79
With religion	16	84,21

Source: Database of research "Cancer clients and their families and systems of care in chronic conditions". Pelotas, 2010

As for skin color, 100% of the subjects were classified in the white category (N=19), with an average age of 71,8 years old (SD=8,1), ranging between 57 and 85 years old. One realizes that education focused between the eight years of elementary school, with equal distribution of 36,84% between the categories 1-4 years and 5-8 years of study. Predominated among those coming from rural areas with 63,2% (N=12) of respondents, as well as in relation to marital status and

religion, in these categories, 78,9% (N=15) reported living with a partner and 84,2% (N=16) reported having religion.

Table 2 shows data on self-perceived health, being 52,63% (N=10) considered having a regular health, 47,37% (N=9) assure to be with health better than the previous year; and when compared to others of the same age 63,16% (N=12) said they were with better health.

Table 2. Distribution of the sample of patients with prostate cancer as self-perceived health. Pelotas, UFPel, 2010

Health situation	n (19)	%
General situation		
Regular	10	52,63
Good	6	31,58
Great	3	15,79
Situation compared to 1 year		
Worse	5	26,32
Equal	5	26,32
Better	9	47,37
Situation compared to other people of the same age		
Worse	2	10,53
Equal	2	10,53
Better	12	63,16
Ignors	3	15,79

Source: The database of research "Cancer clients and their families and systems of care in chronic conditions", Pelotas, 2010.

Table 3 shows the factors are considered risk for developing prostate CA. Note predominance of respondents aged 71-80

years old with 57,9% (N=11) and heredity that presented an occurrence of 15,8% (N=3) of cases.

Table 3. Distribution of the sample of patients with prostate cancer according to risk factors for the disease. Pelotas, RS, UFPel, 2010

Risk factors	n(19)	%
Age		
51 - 60	3	15,79
61 - 70	3	15,79
71 - 80	11	57,89
> 81 years old	2	10,53
Heredity		
Yes	3	15,79
No	16	84,21

Source: Database of research "Customers cancer and their families and systems of care in chronic conditions", Pelotas, 2010

Table 4 contains the information regarding the presence of co-morbidities self-reported among respondents. It appears that hypertension presents frequency of 52,6% (N=10) among respondents.

Table 4. Distribution of the sample of patients with prostate cancer according to associated self-referred co-morbidities. Pelotas, RS, UFPel, 2010.

Co-morbidities	n(19)	%
Heart Diseases		
Yes	4	21,05
No	15	78,95
Diabetes mellitus		
Yes	3	15,79
No	16	84,21
Hipertension		
Yes	10	52,63
No	9	47,37
Other		
Yes	6	31,56
No	13	68,42

Source: Database of research "Customers with cancer and their families and systems of care in chronic conditions", Pelotas, 2010.

Table 5 presents data related to for which men with prostate cancer examinations and PSA touch, and the reasons completed these examinations.

Table 5. Distribution of the sample of patients with prostate cancer according to preventive exams. Pelotas, RS. UFPel, 2010.

Preventive examinations	n(19)	%
Know the touch test		
Yes	18	94,74
No	1	5,26
Examination of touch		
Yes	17	84,47
No	2	10,52
Time of the last exam of touch		
< 1 year	3	15,79
1 - 4 years	6	31,58
5 - 10 years	8	42,11
Reason for examination of touch		
Indication of the health professional	12	63,16
Indication of the family	2	10,53
Self-motivation	2	10,53
Media influence	1	5,26
Reason for the accomplishment of the PSA		
Indication of the health professional	15	78,95
Indication of the family	2	10,53
Self-motivation	1	5,26
Media influence	1	5,26

Source: Database of research "Customers with cancer and their families and systems of care in chronic conditions," Pelotas, 2010.

About touch exam, 94,74% (N=18) claimed to know, 84,47% (N=17) already held, 42,11% (N=8) underwent the last examination of touch between 5 and 10 years, 63,16% (N=12) reported having conducted the examination for appointment of a health professional. As regards the implementation of the PSA, 100% of respondents reported having, being 78,95% (N=15) on the advice of a healthcare professional.

DISCUSSION

In this sample, it was observed that all the respondents consisted of individuals of white. In contrast, there are reports that blacks die from prostate cancer from 2 to 3 times more when compared to white, but there is no known reason for this difference, only evidence indicating a higher percentage of lipids bioactive in the biological system of black which suggests that they consume a higher rate of fat.⁷

In a study conducted in the city of Rio de Janeiro, with 258 men being treated for prostate cancer identified that skin color does not influence the survival for this type of cancer, but prevailed more aggressive biological behavior of tumors in individuals with the white color when compared with tumors found in black and brown.⁸

Regarding the understanding of the individual about their disease process and treatment, it is observed that there is a direct relationship with the level of education, those with lower education levels require higher educational strategies aimed at clarification and treatment adherence. The findings of this research are evidenced by researchers from a University of Botucatuva/São Paulo investigating men affected by prostate CA, among which 78 (28,57%) reported being literate, being 50% of those with elementary education.⁹

The disinformation reaches with greater intensity the male population with low education level and socioeconomic power.¹⁰ This is confirmed by research conducted in the city of São Paulo, which had 25 employees, of whom 36% had completed high school. It was found that 40% of the sample did not have any knowledge about prostate cancer, while no participant claimed to have sufficient knowledge about the disease.¹¹

Another important issue regarding the implementation of health education is related to the accessibility to health services that relate to the merits of users. In this study were predominantly coming from the countryside. This population¹² faces barriers

due to lower availability of services, particularly in sparsely populated areas. Besides the large distances to travel, transport difficulties and low income factors, associates, reduce the use of health services for this clientele.

Regarding marital status is verified that the findings of this research are in the identified in a study conducted in the state of São Paulo, with 78 men suffering from prostate CA, which was predominantly married (80%).⁹ A disease serious as cancer cause significant changes in the daily double, the members involved in the family and social relationships to the patient.¹³

In general, individuals who face a serious illness, like cancer, seek an alternative faith spiritual support, and religion in the lives of most of the study participants. The fact of having a religion favors dealing with the disease and treatment, and an incentive to find a cure.¹⁴

Starting from the assumption that the antineoplastic therapy affects self-esteem and quality of life of cancer patients, a survey was developed in the city of São Luís / Maranhão, with a sample of 100 patients. Of these, 45% considered themselves angry, and anxious 50%, these results show how important it is that the multidisciplinary team performs humanized care in order to contribute to the improvement of the health status of cancer patients.¹⁵

These patients tend to deepen the knowledge about their state of health during the treatment and go suiting perception regarding their health. The men interviewed in this study felt that there was an improvement in the health condition, which may be subject to therapy used for treatment.¹⁶

Most risk factors for prostate CA is unknown, but there are a high number of cases in men with a history of father or brother with this CA and over the age of 50 years old.¹⁷ It was observed that the risk of developing prostate CA increases 2,2 times when it affects one first relative (parent or sibling), 4,9 times when two first relatives have the disease and 10,9 times when three first relatives are affected.¹⁸

Based on the above it is considered that family history and age of the men may be considered as risk factors for developing prostate CA. The sample was composed of mostly elderly individuals, however just a small percentage reported having relatives with a history of prostate CA.

Moreover, knowing that aging predisposes the appearance of chronic diseases, it was hoped to obtain high results for the CA concomitant chronic pathologies, such as diabetes mellitus, hypertension and coronary heart disease, in contrast, there was a low number of individuals with other chronicities.¹⁹

The increased mortality from prostate CA is occurring in parallel with the increase in the prevalence of overweight and obesity in Brazil and around the world. In a study conducted in the city in Ceará, it was observed that when analyzing the risks of 220 men diagnosed with prostate CA, to develop chronic diseases, through the distribution of body fat, 61,8% had an increased risk or high risk.²⁰

A study conducted in the city of Juiz de Fora-Minas Gerais, with the participation of 160 men aged between 50 and 80 years old, revealing that 97,5% have heard about CA prostate, and press the main vehicle information (33,8%), followed by conversations with friends (33,1%). In addition, 65,7% of them reported knowing a screening test for prostate cancer, only 20% knew the digital rectal examination only 43,8% PSA and 36,2% knew both.²¹

It is observed that all the participants in this study performed the PSA, however not everyone had the examination of touch, although already in treatment. It is believed that the cost, lack of knowledge, symptomatology and cultural factors can negatively influence the demand for health services, as well as the encouragement of the media can promote health practices.¹⁸

In order to expand and facilitate access of men to health services was developed the National Policy on Comprehensive Health Care of Man, which prioritizes the early identification of the male population in primary prevention activities on cardiovascular diseases and cancers. It is highlighted the expansion by 20% per year in the number of prostate ultrasonography for diagnosis and prevention of malignant tumors. The health policy of men wants to organize annual campaigns and distribute brochures on the diagnosis, cancer treatment and the promotion of healthy habits.²²

CONCLUSION

It is noteworthy that the incidence of prostate CA has been increasing over the years, which may be related to the aging population, as well as the improvements made to the records in oncology. In Brazil, was established the National Men's Health, which

aims to improve the quality of preventive care to men, it is expected that this policy offers conditions screening for men at risk of developing prostate cancer and help reduce the incidence this type of cancer.

Identified through this sample, all patients with prostate cancer are white, with low education, from the rural area, most men have companion, without religion, men find themselves with a good health status, the sample consists of mostly elderly individuals.

Among the risk factors for developing prostate cancer, study data showed that the high age of men is a risk for prostate cancer, which concurs with the findings in the literature, as heredity was not characterized as a risk factor in the sample. The comorbidity associated with self-reported prostate cancer is most frequently hypertension; it was found that most have already performed preventive screenings.

It is through this sample, the characteristics of the population of men with this type of cancer require an interdisciplinary approach consistent with the reality of the population. We realize that the study sample was small, thus limiting conclusions on this issue, based on this study alone.

Upon literature to discuss the CA prostate was found few studies that addressed the issue thus emphasizes the importance of developing studies on the subject in order to characterize the population and provide subsidies for development of strategies for expert assistance to these subjects.

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Submission: 2012/05/23
Accepted: 2013/08/24
Publishing: 2013/11/01

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