EARLY DETECTION AND CHILD CANCER APPROACH FOR PRIMARY CARE

DETECÇÃO PRECOCE E ABORDAGEM DO CÂNCER INFANTIL NA ATENÇÃO PRIMÁRIA

DETECCIÓN PRECOCE Y ENFOQUE DEL CÁNCER INFANTIL EN LA ATENCIÓN PRIMARIA

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ABSTRACT

Objective: to identify the scientific productions that address the participation of nurses, who work in primary care, early detection and management of cases of childhood cancer. **Method:** a descriptive, descriptive, integrative review type, with a search in the Virtual Health Library, in the temporal cut-off in April 2017. The data were analyzed using the Thematic modality of the Content Analysis proposal. **Results:** limiting the approach to cancer is the lack of communication between general practitioners and specialists; the fragmentation of care; the lack of preparation and training of general practitioners and the lack of demand for guidelines, summaries of treatment and plans of care by professionals. **Conclusion:** the nurse has an important participation in the diagnoses of pediatric oncologies, through the detection of physiological changes, establishing a relationship of help with patient and family, through effective communication, measures to alleviate suffering and support to family members. These practices, however, have not been the focus of scientific studies making it necessary to increase knowledge production in the area that will allow a more solid, concrete and safe practice. **Descriptors:** Primary Health Care; Neoplasms; Child; Nurses; Medical Oncology; Child Care.

RESUMO

Objetivo: identificar as produções científicas que abordam a participação do enfermeiro, que atua na Atenção Primária, na detecção precoce e no manejo dos casos de câncer na infância. **Método:** estudo bibliográfico, descritivo, tipo revisão integrativa, com busca na Biblioteca Virtual em Saúde, no recorte temporal em abril de 2017. Os dados foram analisados com a modalidade Temática da proposta da Análise de Conteúdo. **Resultados:** são fatores limitantes à abordagem do câncer a falha na comunicação entre os profissionais generalistas e especialistas; a fragmentação do cuidado; a falta de preparo e treinamento de profissionais generalistas e a ausência de procura por diretrizes, resumos de tratamento e planos de cuidados por parte dos profissionais. **Conclusão:** o enfermeiro tem participação importante nos diagnósticos das oncologias pediátricas, por meio da detecção de alterações fisiológicas, estabelecendo relação de ajuda com paciente e família, por meio da comunicação efetiva, medidas para alívio do sofrimento e apoio aos familiares. Tais práticas, porém, não têm sido foco de estudos científicos tornando-se necessário maior produção de conhecimento na área que permitirá uma prática mais embasada, concreta e segura. **Descritores:** Atenção Primária à Saúde; Neoplasias; Criança; Enfermeiros; Oncologia; Cuidado da Criança.

RESUMEN

Objetivo: identificar las producciones científicas que abordan la participación del enfermero, que actúa en la Atención Primaria, en la detección precoz y en el manejo de los casos de cáncer en la infancia. **Método:** estudio bibliográfico, descriptivo, tipo revisión integrativa, con búsqueda en la Biblioteca Virtual en Salud, en el recorte temporal en abril de 2017. Los datos fueron analizados con la modalidad Temática de la propuesta del Análisis de Contenido. **Resultados:** son factores limitantes al abordaje del cáncer, tenemos: la falla en la comunicación entre los profesionales generalistas y especialistas; la fragmentación del cuidado; la falta de preparación y entrenamiento de profesionales generalistas, y la ausencia de búsqueda por directrices, resúmenes de tratamiento y planes de cuidados por parte de los profesionales. **Conclusión:** el enfermero tiene una participación importante en los diagnósticos de las oncologías pediátricas, por medio de la detección de alteraciones fisiológicas, estableciendo relación de ayuda con paciente y familia, por medio de la comunicación efectiva, medidas para el alivio del sufrimiento y apoyo a los familiares. Tales prácticas, sin embargo, no han sido enfoque de estudios científicos, tornándose necesaria una mayor producción de conocimiento en el área que permitirá una práctica más fundamentada, concreta y segura. **Descriptores:** Atención Primaria a la Salud; Neoplasias; Niños; Enfermeros; Oncología Médica; Cuidado del Niño.

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INTRODUCTION

Primary care refers to non-specialized outpatient care, which is characterized by the development of a set of clinical activities of low technological density. It is the place where the patients first contact with the health system.¹

It should be noted that their care is scientifically well-founded and is within the reach of individuals and families, allowing their participation and better cost and also coordinating care from other levels of care.¹

In other words, primary care is characterized by a set of health actions, both individually and collectively, that cover health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and maintenance health, through continuity, integrality, coordination of care, humanization, bonding and co-responsibility.²

In view of the impact of Primary Health Care units on reducing morbidity and mortality and increasing the incidence of cancer cases in the population, the Ministry of Health issued Decree No. 2,439 / GM, of December 8, 2005, which established the National Cancer Care Policy (NCCP), an important landmark in the promotion of comprehensive care for cancer patients, since it establishes that this care should include levels of basic care for specialized care of medium and high complexity, with flows of reference and counter-reference and guarantee of access.³

Thus, it is incumbent on Primary Health Care and family health teams to focus on health promotion and cancer prevention, as well as early diagnosis and support for tumor therapy, palliative care, and clinical actions for follow-up of treated patients.³

Childhood cancer has been shown to be a relevant public health problem in Brazil and worldwide, with an impact on the successful acquisition of milestones for the adequate development of age and on the quality of life of children and their families. An aggravating fact is that many children arrive at specialized centers late for treatment. It is estimated that many children, with a late diagnosis of cancer, have already been examined with complaints suggestive of the diagnosis of neoplasia in the basic health units.^{4,5}

The advanced stage of the disease, in which children are diagnosed, is due to factors such as parents' ignorance, fear of diagnosis and disinformation of health professionals.⁵

The nurse practitioner presents innumerable responsibilities related to the care of pediatric oncology patients, considering the periods of intense interactions, which impacts the team, patient and family decision processes.⁶

In this sense, seeking to know the role of nurses in the management of childhood cancer within primary care, it was decided to investigate, as the object of study, the nurse practitioner's role in this context.

This study is justified by the exponential growth of cancer cases in the world population, including children, and by the scarcity of studies related to the subject, mainly at the national level. In Brazil, cancer accounted for the eighth position among the causes of death among children from zero to four years, but was the main cause of death in the age group of five to 19 years, in 2014. According to the estimates of the National Cancer Institute (NCI), some 12,600 new cases of cancer in children and adolescents up to the age of 19 were registered in 2016. Population-Based Cancer (PBCR) records provide information on the impact of cancer in communities, becoming a necessary condition for planning and evaluation of cancer prevention and control actions.^{7,8}

This study intends to contribute to the research and extension area, as well as to the improvement of nursing care, which works in primary care, early detection and management of cases of childhood cancer.

OBJECTIVE

- To identify scientific productions that address the participation of nurses, who work in primary care, early detection and management of cases of childhood cancer.

METHOD

This study consists of an exploratory-descriptive bibliographic research.

This is a review of the literature, characterized as an integrative review. "Integrative review is defined as a consistent research method based on evidence-based practice, aiming to synthesize and gather scientific output after a period of well-defined phases with high methodological rigor." ⁹⁻¹⁰

The integrative review is composed of six defined stages.

In the first stage of the research, the question of research was formulated: What exists in scientific publications about the participation of the nurse practitioner, who works in primary care, in the early detection and management of cases of childhood cancer?

The search for the articles was carried out in the Virtual Health Library, in April, 2017.

For data collection, descriptors and keywords in Health Sciences (DeCS) were used: Primary Health Care; Neoplasms; Child; Nurses; Oncology and Child Care. However, it should be highlighted that, in the research, only studies were found with the junction of the descriptors Primary Attention to Health, Neoplasms, Child, obtaining a total of 169

articles. The Boolean operator "AND" was used between them for the search.

In the second stage, the inclusion criteria were defined: articles made in the period from 2011 to 2016, with complete texts available on the subject, in Portuguese, English or Spanish and carried out by nurses. Articles outside the temporal cut of 2011 to 2016 were excluded, with no complete texts available on the subject, texts in other languages without being Portuguese, English or Spanish and not written by nurses.

In the third stage, the primary selection of the articles occurred by reading the titles and summaries where the number of articles found was reduced to 49. In the secondary selection, after reading the complete text and evaluating the adequacy of the content with the proposed objective, were selected only 11 articles that fit the theme of the study.

In the fourth stage, data analysis was performed; in the fifth step, the discussion of the data and in the sixth step was presented the synthesis of the review.

Therefore, a total of 11 articles with which this study was developed were obtained. The data were analyzed with respect to the profile and main ideas, according to the thematic modality of the Content Analysis proposal and, later, subcategories were created to discuss the theme. This proposal lends itself to identifying the nuclei of meaning that make up the communication and whose presence or frequency of appearance may have meaning for the issues under treatment.¹¹

RESULTS

◆ In relation to the year

Table 1. Publications Profile for the year. Rio de Janeiro (RJ), Brazil, 2017.

Variables	n	%
2011-2012	2	22
2013-2014	4	44
2015-2016	5	55

Regarding the year, there is a linear increase in the number of publications, especially in 2015, which accounts for more than 36% of the total sample (2011-2016). Thus, the greatest investment and incentive in

research in the area of oncology is perceived given the impact of cancer on the morbidity and mortality of the world population, including in childhood.

◆ In relation to place of origin

Table 2. Profile of the Publications in relation to the place of origin. Rio de Janeiro (RJ), Brazil, 2017.

Variables	n	%
USA	3	27
United Kingdom	7	64
Denmark	1	9

With regard to the place of publication, the United Kingdom (UK) stands out with seven publications, followed by the United States of America (USA), with three publications and, finally, Denmark, with one publication. In the face of the research, the largest number of publications in the United Kingdom can be associated with the reality of lower cancer patient survival in that country compared to other countries. In view of this, early diagnosis of cancer has been a priority in the United Kingdom and much research has been done to achieve this goal.

Brazil, in turn, did not present any publications related to the theme established within the period from 2011 to 2016. Many are the challenges faced in the area of science and technology in the country and, despite the attempt of greater investments in recent years, research Brazilian scientific production still corresponds to a minimum percentage of world production.

◆ In relation to Methodology

Table 3. Profile of the Publications in relation to the methodology used. Rio de Janeiro (RJ), Brazil, 2017.

Variables	n	%
Qualitative	4	37
Quantitative	4	36
Control case	2	18
Guideline	1	9

Regarding the methodology used in the selected studies, four of them used the

qualitative approach; four used the quantitative approach; two were based on

case-control study and one on a Guideline. Thus, the predominance of the quantitative approach, focused on statistical results, and the qualitative approach, more complex to focus on issues rather than numbers.

◆ Concerning the main ideas

Most of the publications highlight the limitations faced by the medical professional in the early detection and approach of cancer in children within the scope of primary health care. Only one article related to the subject cites the nursing professional as a relevant member of the team that acts both in the treatment phase of the disease and in the post-treatment phase. Given this, it is worth emphasizing that nurses need to devote more time to research in order to elucidate their role in helping diagnosis and management of cancer within primary care.

The delay in identifying the risk or cases of cancer leads to delays in referrals and reduction of survival. At the same time, follow-up of cancer and childhood cancer post-treatment cases is also poor, which increases the risk of late treatment-related effects.

Among the limiting factors, it is possible to highlight the lack of communication between general practitioners and specialists; the fragmentation of care; the lack of preparation and training of general practitioners, and the lack of demand for guidelines, cancer treatment summaries, and survival care plans by professionals, even though they perceive such tools as useful.

DISCUSSION

Primary Health Care and the Family Health Strategy

Primary Health Care (PHC) consists of a set of individual and collective actions covering disease prevention, health promotion and maintenance, diagnosis, treatment, rehabilitation and harm reduction, ensuring integral attention that has an impact on the health situation and the autonomy of the people and on the determinants and determinants of health.¹²

Due to the degree of decentralization and proximity to the community, it should be the gateway, the initial contact of the population with the health system, acting in a democratic and participative way.¹²

This level of care is guided by the principles of universality, accessibility, bonding, continuity of care, integrality of care, accountability, humanization, equity and social participation.¹³

As expressed in the Alma-Ata Declaration, PHC can be interpreted as a central strategy for the organization of health systems that are more equitable and appropriate to the health

needs of the target population, accounting for most of their health problems.¹⁴

In the case of Brazil and its Unified Health System (UHS), it is possible to observe several initiatives indicating the magnitude of PHC, highlighting the role of the Family Health Strategy (FHS) in improving access and quality of primary care.¹⁵

The FHS aims to ensure the approximation of the population's health services through the link between the team and users and the expansion of access, as well as to enable continuity of care and increase the resolving capacity of the most common health problems.¹⁶

Cancer in Childhood

Worldwide, cancer has a prevalence of 0.5% to 3% among children compared to the general population. In Brazil, 12 to 13 thousand children are affected by some type of malignant neoplasm. It is believed that 70% of children with these neoplasms can be cured. However, the diagnosis should be made early, and then the disease should be treated in specialized centers.¹⁷

Risk factors that can lead to the onset of childhood cancer are still unclear enough. In this way, the early diagnosis of childhood cancer becomes even more important for initiating treatment early in the initial phase.¹⁷

One problem is that, often, the manifestations of childhood cancer are nonspecific and therefore confused with other diseases common in childhood, which leads to delays in the search for a medical specialist and a late diagnosis.¹⁷

Among the most frequent types of childhood cancer, leukemia is the most common among children younger than 15 years, mainly acute lymphocytic leukemia (ALL), followed by tumors of the central nervous system, predominantly in children younger than 15 years, male. Finally, lymphomas are responsible for the third type of pediatric malignancies.¹⁷

The Importance of Quality of Primary Care for Children's Health

The child has its health-disease process determined socially, that is, its living conditions interfere in its epidemiological profile. This understanding, however, was not part of social policies, just as the State was not responsible for child health.¹⁸

In 1984, the Ministry of Health created the Comprehensive Child Health Care Program (CCHCP), which provides basic health care, aiming at integral assistance to the process of growth and development and preventive

actions, through guidance to parents, identification of risks and early actions in the interurrences.¹⁹

On July 13, 1990, by means of Law 8.069, the Statute of the Child and Adolescent (SCA), in TITLE II of the fundamental rights, Chapter I, of the right to life and health, article 11, says that the medical care to the child and adolescent, through the Unified Health System (UHS), guaranteeing universal and equal access to actions and services for the promotion, protection and recovery of health.²⁰

In 2015, the National Policy for Integral Attention to the Health of the Child (NPIAHC), under the scope of the UHS, is hereby instituted through ordinance no. 1,130, with the objective of promoting and protecting the health of the child and breastfeeding through care and integral and integrated gestation care at nine years of age.²¹

The implementation of new resources in the health care of children, such as the follow-up in the Family Health Strategy, based on the proposal of health surveillance of the child, allowed an improvement in the survival of this group, since it guarantees the integral and continuous care of the child in the health unit and in the domicile, with the possibility of referring the necessary cases to healthcare facilities with greater technological support. However, worldwide infant mortality and morbidity and mortality rates are still worrying.^{20,22}

In Brazil, preliminary results of an evaluation of the impact of the Family Health Program on child mortality have shown that a 10% increase in the coverage of this model of PHC in the states corresponded to a reduction of 4.6% in infant mortality.²³ However, the Primary Care health teams still present difficulties in the early diagnosis of childhood cancer, which can significantly interfere with the initiation of treatment and, in some situations, reduce the chances of recovery.¹⁹

CONCLUSION

Early diagnosis of cancer reduces mortality and morbidity. Despite advances in primary health care, through the implementation of the Family Health Strategy, the management of cancer is still a challenge for professionals, especially in childhood, where the symptomatology is quite unspecific.

Even with the proposal of comprehensive actions and longitudinal care, there is a fragmentation in the communication between general practitioners and oncologists, which also makes it difficult to follow up diagnosed

cases of cancer. Thus, it is necessary to develop efficient methods of communication among the professionals of the primary care network, oncologists and patients in treatment or post-treatment of cancer, as well as invest in Information Systems that help to coordinate the care directed to these patients.

Another aspect worth mentioning is that Nursing has an important participation in the diagnoses of pediatric oncologies during childcare consultations, through the detection of physiological changes or developmental milestones, perceiving the changes early, as well as at the moment after diagnosis, establishing relationship of help with patient and family through effective communication, measures to alleviate suffering and support for family members. Such practices, however, have not been the focus of scientific studies.

Thus, it is evident the need for mobilization by all professionals, who should seek further improvement in order to improve the approach to childhood cancer in primary care, which will reflect an increase in survival and lower costs to the Health System. practices, however, have not been the focus of scientific studies making greater knowledge production necessary in the area that will allow a more grounded, concrete and safe practice.

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