DOCTOR'S PERCEPTIONS ABOUT THE PREVENTION OF BREAST CANCER

PERCEPÇÕES DE MÉDICOS SOBRE A PREVENÇÃO DO CÂNCER DE MAMA

PERCEPCIONES DE MÉDICOS SOBRE LA PREVENCIÓN DEL CÁNCER DE MAMA

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ABSTRACT

Objective: to evaluate the knowledge of physicians of the Family Health Strategy on the methods of diagnostic imaging for the detection of breast cancer. **Method:** this is a qualitative, descriptive, cross-sectional study, based on the Collective Subject Discourse, with 19 doctors from Family Health teams. A semi-structured script was used for the interview and the results are presented in four themes with their respective central ideas and the frequency with which they were cited, accompanied by their discourses of the collective subject. **Results:** the study presented how the knowledge of professionals of the Family Health Strategy interviewed about the diagnostic methods for imaging for breast cancer was presented. Results were organized into four themes with central ideas divided into: importance for public health and basic care; age and examinations; care; detection and typologies. **Conclusion:** it is demonstrated, through the evident qualification of the professionals and their salient concerns in the speeches, that the physicians of the Family Health Strategy present satisfactory knowledge about the problem addressed. **Descriptors:** Mammography; Diagnosis; Breast Neoplasms; Family Health Strategy; Public Health; Physicians.

RESUMO

Objetivo: avaliar o conhecimento de médicos da Estratégia de Saúde da Família sobre os métodos de diagnóstico por imagem para a detecção do câncer de mama. **Método:** trata-se de um estudo qualitativo, descritivo, transversal, fundamentado no Discurso do Sujeito Coletivo, com 19 médicos de equipes de Saúde da Família. Utilizou-se um roteiro semiestruturado para a entrevista e os resultados apresentam-se em quatro temas com suas respectivas ideias centrais e a frequência com que eram citadas, acompanhadas de seus discursos do sujeito coletivo. **Resultados:** apresentou-se, no estudo, como se configura o conhecimento de profissionais da Estratégia Saúde da Família entrevistados sobre os métodos de diagnóstico por imagem para o câncer de mama. Organizaram-se os resultados em quatro temas com as ideias centrais divididas em: importância para a saúde pública e atenção básica; idade e exames; cuidados; detecção e tipologias. **Conclusão:** demonstra-se, por meio da evidente capacitação dos profissionais e de suas preocupações salientes nos discursos, que os médicos da Estratégia Saúde da Família apresentam conhecimentos satisfatórios sobre a problemática abordada. **Descritores:** Mamografia; Diagnóstico; Neoplasias de Mama; Estratégia Saúde da Família; Saúde Pública; Médicos.

RESUMEN

Objetivo: evaluar el conocimiento de médicos de la Estrategia de Salud de la Familia sobre los métodos de diagnóstico por imagen para la detección del cáncer de mama. **Método:** se trata de un estudio cualitativo, descriptivo, transversal, fundamentado en el Discurso del Sujeto Colectivo, con 19 médicos de equipos de Salud de la Familia. Se utilizó un guion semiestructurado para la entrevista y los resultados se presentan en cuatro temas con sus respectivas ideas centrales y la frecuencia con que eran citadas, acompañadas de sus discursos del sujeto colectivo. **Resultados:** se presentó, en el estudio, cómo se configura el conocimiento de profesionales de la Estrategia Salud de la Familia entrevistados sobre los métodos de diagnóstico por imagen para el cáncer de mama. Se organizaron los resultados en cuatro temas con las ideas centrales divididas en: importancia para la salud pública y atención básica; edad y exámenes; cuidado; detección y tipologías. **Conclusión:** se demuestra, por medio de la evidente capacitación de los profesionales y de sus preocupaciones sobresalientes en los discursos, que los médicos de la Estrategia Salud de la Familia presentan conocimientos satisfactorios sobre la problemática abordada. **Descriptores:** Mamografía; Diagnóstico; Neoplasias de la Mama; Estrategia de Salud Familiar; Salud Pública; Médicos.

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INTRODUCTION

It is known that breast cancer control actions in Brazil began through the Integral Women's Health Care Program (IWHCP), in 1984, prepared by the Ministry of Health. This program included educational, preventive actions, diagnosis, treatment and recovery, encompassing women's care, containing breast cancer. They began in 1997/1998 with the implementation of the Viva Mulher Program, actions for the formulation of guidelines and structuring the assistance network in the early detection of breast cancer.¹

The International Breast Cancer Screening Meeting in Rio de Janeiro was promoted by the National Cancer Institute in 2009 to learn about the experience of successful programs in Europe, Canada and Chile. From that meeting, a summary was created with recommendations for the implementation of a breast cancer screening program in Brazil.¹

It is warned that breast cancer is the most common cause of death in women in the world and also the most prevalent cancer in the population. It is the most frequent malignant pathology in the female sex, being, most of the time, diagnosed late.² It is revealed that it is the disease increasingly spread and discussed among the various sectors of society, all over the world, and part of this interest is due to the high rates of incidence and mortality from this disease.³ They usually happen, due to the impact of the diagnosis of breast cancer, anxiety, insecurity and apprehension with the possible prognosis of the disease and its physical, social and psychological repercussions, which involve the possibility or not of survival.⁴

Among the most effective methods of diagnosing breast diseases are mammography imaging and ultrasonography of the breasts,⁵ being the first considered the main exam for the screening of breast cancer.⁶ Screening by mammography is able to detect the disease still in the initial phase, which can improve the prognosis.⁷

The early diagnosis of breast cancer becomes fundamental for the reduction of mortality by this pathology.² Therefore, it is necessary for the physician to know the methods of imaging for its detection and thus to request for its patients the examinations that evaluate the mammary tissue in order to diagnose possible alterations, being the most important breast cancer.

In this sense, the work developed in the Family Health Strategy for the prevention and detection of breast cancer, involving a multiprofessional team of doctors, nurses,

dentists, technicians and other health agents, has a high positive impact on the public health if these professionals are qualified and apt for the service and care.

OBJECTIVE

- To evaluate the knowledge of physicians of the Family Health Strategy on the methods of diagnostic imaging for breast cancer.

METHOD

This is a qualitative, descriptive, cross-sectional study, based on the Collective Subject Discourse,⁸⁻¹² developed in the Family Health teams of the Regional East / Southeast, in the city of Teresina, Piauí. The study was developed during the year 2016.

This study was composed by 19 medical professionals who were willing to respond to the interview. The following criteria were included as inclusion criteria: medical professionals who carry out activities in the Family Health Strategy of the Eastern/Southeastern Region in the municipality of Teresina-PI; have at least six months, because they have experience in the workplace; of both sexes and in all the shifts. Trainees, medical professionals who carry out volunteer activities, and those on health leave, leave or vacations were excluded.

In order to obtain the data, a semi-structured interview script containing the characterization of the participants was used, as well as a subjective question with the purpose of conducting a conversation about the medical professional's knowledge of the Family Health Strategy regarding the methods diagnosis of breast cancer. The interviews were held in a reserved place, with an average duration of 30 minutes.

The research project was submitted to the Research Ethics Committee of the University Center UNINOVAFAP, obtaining approval under the CAAE protocol: 47553015.5.0000.5210, meeting the fundamental ethical and scientific requirements of research involving human beings, in accordance with Resolution 466/12 of the National Health Council.¹³ The Free and Informed Consent Term (FICT) was signed by all participants.

RESULTS

Based on the question posed to the medical professionals participating in the research, four themes with their respective central ideas and the frequency with which they were cited, accompanied by their discourses of the collective subject.

The first central idea was the importance of breast cancer, cited by nearly half of the survey participants. It was shown by the speeches analyzed that the importance of the disease is directly related to a public health problem, with a high prevalence and a higher cause of mortality in the female population. Clinical and imaging exams, screening and early diagnosis were also cited as important during the interviews. Seven breast cancer patients were prominent as a disease of significant incidence and prevalence in the female population.

1st central idea: importance - It is known that breast cancer is the most malignant tumor that causes death in the female population, hence the importance of its early detection, since, although severe, if detected early, it can be cured".

2nd central idea: public health - "Breast cancer is an important public health problem".

3rd central idea: basic care - "Women's health care is based on guiding their access to care and resolution before the examination".

4th central idea: incidence/prevalence - "After cancer of the uterine cervix, breast cancer is the gynecological cancer of higher incidence, being the most frequent from the fifth decade of life".

All the participants in the study were interviewed about the age at which the patients should perform the imaging tests for the diagnosis of breast cancer, as well as the examinations, with a focus on mammography.

In Brazil, mammography is considered as the gold standard for the detection of breast cancer, and, therefore, the examination for the screening of the disease is chosen. The remaining breast imaging, ultrasonography and magnetic resonance imaging tests were complementary, highlighting their importance in the diagnosis of possible lesions found in the breasts. Only six respondents reported on breast self-examination and its value for breast cancer detection.

1st central idea: age - "The screening for breast cancer should be performed for the target population, which consists of female patients over 40 years or who have had a family history of breast cancer (mother or sister). In the latter, we can do exams starting at 35 years of age".

2nd central idea: mammography - "Mammography is a radiological examination used for the screening of breast cancer very important for women's health".

3rd central idea: screening - "Screening is important because the earlier the diagnosis,

the better the response to treatment with a higher cure rate".

4th central idea: complementary examinations - "Complementary examinations, such as breast ultrasound, help differentiate nodules from cysts".

5th central idea: self-examination - "In the Family Health Strategy, we advise patients who regularly perform breast self-examination".

It should be pointed out that, in the presence of a patient in care in the Basic Health Unit, the Family Health Strategy doctor should be able to guide and guide her in relation to breast diseases, especially malignant neoplasm, from the modalities for its early detection, until the conducts before positivity for breast cancer. Referral should be made to the breast specialist, the mastologist, whenever the attending physician has any questions and in the suspicion or even diagnosis of breast cancer. It is revealed that almost half of the participants reported following this behavior in relation to their patients.

It is noteworthy that a central idea not mentioned was related to the psychological effects caused by the diagnosis of breast cancer, highlighted by two participants.

1st central idea: orientation / conduct - "My patients are always oriented to bring the results of the exams requested by the specialists for inclusion in the medical records of their Basic Health Unit".

2nd central idea: referral - "Before the mammography examination classified according to category BI-RADS is that we will decide whether or not to go to the mastologist and if you need complementary breast ultrasound".

3rd central idea: follow-up - "After two years of normal mammography follow-up, check mammography every two years and bilateral mammary ultrasound at intervals".

4th central idea: psychological effects - "In addition, breast cancer significantly affects women's psychological and feminine".

There are some risk factors for breast cancer, including the family history, which was cited by nine participants. It should be noted that the majority of the interviewees, in a total of fifteen, cited and described the classification categorized for the imaging findings, developed by the American College of Radiology, and used in Brazil, determined by BI-RADS (*Breast Imaging-Reporting and Data System*). Mammography, ultrasound and magnetic resonance imaging findings are classified by this system in order of severity,

in order to follow a standard in the description of the reports. These findings include lesions in various presentations, reported by six participants.

1st central idea: risk factors / family history - "If there is a family case, first-degree relative, begin screening at age 35 or up to one year before the youngest family case".

2nd central idea: early detection - "The importance of early diagnosis of breast cancer refers to the higher rate of cure".

3rd central idea: BI-RADS - "The exams follow the BI-RADS classification".

4th central idea: types of lesions - "Mammography is geared more towards initial calcifications and lesions, and the ultrasound of the breasts, for solid and liquid lesions".

DISCUSSION

It is reported that breast cancer is the second most frequent type of malignant neoplasm in the female population in Brazil, preceded only by non-melanoma skin cancer,¹⁴ and is responsible for the highest cause of death due to female illness. The importance of this pathology by the participants of the research was emphasized in several points, such as early detection, screening, disease of relevant prevalence and incidence, as the major cause of death among women. It is inferred that breast cancer is a prominent disease in public health worldwide, motivating a wide discussion about measures that promote its early diagnosis and, consequently, the reduction in its morbidity and mortality.

The access to procedures that detect breast cancer through screening mammography was offered to the population in 2004 by the "Breast Cancer Control: Consensus Document", its control is part of the priorities of the health policies of the Brazil, and in 2006 became one of the goals of the Pact for Health.¹⁵

There has been an increase in the incidence of breast cancer in both developed and developing countries, and more than 1,050,000 cases of malignant neoplasm are detected each year worldwide, with estimates of incidence of breast cancer in Brazil, for the year 2015, published by the National Cancer Institute (INCA), was 57,120 cases.^{3,16}

It is explained that mammography is an imaging exam that aims to study breast tissue and be able to detect subclinical lesions that are not yet palpable. This examination is considered, in many countries, including in Brazil, the gold standard for the screening of breast cancer and, in this research, all the participants refer the use of this exam for the

diagnosis of breast diseases, as well as the its range ideal age. Screening is performed on subjecting symptom-free patients to screening tests to detect cancer or its precursor lesions. The Brazilian College of Radiology and Diagnostic Imaging (BCR) recommends the annual mammographic screening for all women between 40 and 69 years of age and in an individualized form after this age group.¹⁷⁻²²

Another method of image diagnosis to detect breast cancer is ultrasonography, which helps in the characterization of nodules and cysts and in the differentiation of benign and possibly malignant lesions, and is therefore a valuable tool in the study of nodules found on mammography. It is known that it is part of the conduct of the Family Strategy doctor to refer the patient to the breast specialist, the mastologist if necessary, as well as the follow-up of the patients, even those who do not present alterations in the imaging tests.^{5,23-4}

It is believed that among the therapeutic modalities for breast cancer, mastectomy has an aggressive and traumatizing character for the life and health of the woman, interfering not only in her body image, but also in sexuality, in the work functions and in psychic, emotional and social changes, such as depression and anxiety. It contributes, due to low self-esteem and fear of relapses, to make this malignant neoplasm one of the most feared by the female population, a fear of having a disease without cure and its repercussions.^{4,19}

Old age, life habits and environmental influences (exposure to ionizing radiation), family history and personal history (first-degree relatives with breast cancer before 50 years of age) and reproductive characteristics (early menarche, late menopause and nulliparity) are the main risk factors for breast cancer.¹⁹

Screening procedures for breast cancer are essential for the early detection of the disease, which, together with the initial treatment, reduce the mortality rate and increase the survival of the patients affected.⁶ In Brazil, breast cancer is diagnosed breast cancer in more advanced stages of the disease, and this delay in cancer detection prevents patients from benefiting from the therapeutic procedures and thus the possibilities of treatment are more limited, making it more difficult to reverse the patient's clinical condition.²⁵⁻⁶ It is shown that in Sweden a study also found divergences between groups of women, as born in other

countries, with a higher risk of death when compared to those born in Sweden.²⁷

It is reported that in Brazil, breast cancer is diagnosed in more advanced stages of the disease. It is emphasized that this delay in the detection of cancer prevents patients from benefiting from the therapeutic procedures and thus the possibilities of treatment are more limited, making it more difficult to reverse the clinical picture of the patient.^{24,28-9}

The results of the exams used for the diagnosis of breast cancer are described, characterizing the presence or absence of lesions and describing the type of findings in the image. It was published, in order to reduce the disagreements in the interpretation of the imaging tests, to homogenize the report and standardize the recommendations to be made by the American College of Radiology in 1993, the Breast Imaging Reporting and Data System (BIRADS®).^{20,30-1}

The same methodological standard for mammography, ultrasound and MRI examinations is used in the fifth edition of BIRADS in the year 2013. The participants' knowledge about BIRADS and its usefulness for the interpretation of the diagnostic imaging reports were demonstrated.

CONCLUSION

It is evidenced that the qualification of the professionals and their salient concerns in the speeches demonstrate that the physicians of the Family Health Strategy present satisfactory knowledge about the problem addressed.

It is concluded, therefore, that the Brazilian public health, through the Family Health Strategy, responds to the demands in the prevention and care of patients with breast cancer. It is corroborated, by the results, the current academic literature in terms of adherence of the professionals' knowledge to the current content.

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