ORIGINAL ARTICLE

MOUTH CANCER: THE CHALLENGE OF THE DENTISTS APPROACH
CÂNCER DE BOCA: O DESAFIO DA ABORDAGEM POR DENTISTAS
CANCER DE BOCA: EL DESAFIO DEL ABORDAJE POR DENTISTAS

Gloria Iara Santos Barros1, Elisete Casotti2, Mônica Villela Gouvêa3

ABSTRACT
Objective: to understand the practices of dentists in approaching oral cancer. Method: qualitative study, with the participation of 17 dentists and key informants, of the Family Health Strategy/FHS. Data production involved participant observation of the institutional context and semi-structured interviews. The empirical material was collected and analyzed through the Content Analysis technique, in the Thematic Analysis modality. Results: invisibility of the disease, marked by the absence of institutional discussion of the theme; lack of flows that guide the integral care of users with suspected or confirmed injuries; insecurity of dentists in the diagnosis of potentially malignant lesions and low multiprofessional involvement aiming for integrated care. Conclusion: fragmented attention exposes workers and users to a modality of institutional violence. It is essential to invest in the training of the FHS teams to improve the perspective of care and early diagnosis of oral cancer.

Descriptors: Dentists; Mouth Neoplasms; Oral Health; Family Health Strategy.

RESUMO
Objetivo: compreender as práticas dos dentistas na abordagem do câncer de boca. Método: estudo qualitativo, com a participação de 17 dentistas e informantes-chave da Estratégia de Saúde da Família/ESF. A produção de dados envolveu a observação participante do contexto institucional e entrevistas semiestruturadas. O material empírico foi reunido e analisado por meio da técnica de Análise de Conteúdo, na modalidade Análise Temática. Resultados: invisibilidade da doença, marcada pela ausência de discussão institucional do tema; inexistência de fluxos que orientem para o cuidado integral aos usuários com lesões suspeitas ou confirmadas; insegurança dos dentistas no diagnóstico de lesões potencialmente malignas e baixo envolvimento multiprofissional visando ao cuidado integrado. Conclusão: a atenção fragmentada expõe trabalhadores e usuários a uma modalidade de violência institucional. É fundamental investir na formação das equipes da ESF para melhorar a perspectiva do cuidado e do diagnóstico precoce do câncer de boca.

Descritores: Odontólogos; Neoplasias Bucais; Saúde Bucal; Estratégia Saúde da Família.

RESUMEN
Objetivo: comprender las prácticas de los dentistas en el abordaje del cáncer de boca. Método: estudio cualitativo, con la participación de 17 dentistas e informantes -clave, de la Estrategia de Salud de la Familia / ESF. La producción de datos involucró la observación participativa del contexto institucional y entrevistas semiestructuradas. El material empírico fue reunido y analizado por medio de la técnica de Análisis de Contenido en la modalidad de Análisis Temático. Resultados: invisibilidad de la enfermedad, marcada por ausencia de discusión institucional del tema; inexistencia de flujos que orienten para el cuidado integral a los usuarios con lesiones sospechas o confirmadas; inseguridad de los dentistas en el diagnóstico de lesiones potencialmente malignas y bajo involucramiento multiprofesional visando el cuidado integrado. Conclusión: Atención fragmentada expone trabajadores y usuarios a una modalidad de violencia institucional. Es fundamental invertir en la formación de los equipos de la ESF para mejorar la perspectiva del cuidado y del diagnóstico temprano del cáncer de boca.

Descripciones: Odontólogos; Neoplasias de la Boca; Salud Bucal; Estrategia de Salud Familia.

1Odontologist, Master Student, Professional Master’s Program in Health Teaching, School of Nursing. Federal Fluminense University / PMPES / UFF. Niterói (RJ), Brazil. E-mail: giara.barros@gmail.com; 2,3Odontologists, PhD, Professors, Department of Health Planning. Institute of Public Health, Fluminense Federal University / UFF. Niterói (RJ), Brazil. E-mails: elisete.casotti@gmail.com; monicagouvea@gmail.com
INTRODUCTION

The National Cancer Institute (NCI) considers as malignant neoplasia of the oral cavity lesions that primarily affect the lips, oral cavity, salivary glands and oropharynx. This study is restricted to the malignant lesions, that occur in the lips and mouth cavity, referred to by the term mouth cancer. Strongly related to the socioeconomic status of people living in areas of social risk, the problem of oral cancer has a negative impact on cancer morbidity and mortality rates. Early diagnosis and access to adequate care in a timely manner can increase survival and limit mutilation, deformities and long treatments that compromise the quality of life of the individual and his family.

Although the risk groups for the development of oral cancer are adequately described in the literature and that visual and tactile exams for the early identification of potentially malignant lesions are easily performed, recent studies indicate that more than half of the patients are still diagnosed in late phase throughout the world, compromising the prognosis, treatment and survival of patients.

Research that seeks to understand possible causes for such late diagnosis relates the difficulty of patients and professionals in identifying signs and symptoms of the lesions; the lack of knowledge of risk factors related to the disease; and limited access to dental care. The studies reveal that the confrontation of oral cancer is hampered both by the difficulty in implementing public policies aimed at preventing the disease, as well as by the precarious access of the population at risk to health services.

Exploratory study in the State of Rio de Janeiro / RJ, involving 605 oral health teams participating in the External Evaluation of the Program for Improving Access and Quality of Basic Care (PIAQ-BC), conducted in 2011, showed that 77.3% of the teams reported carrying out campaigns to detect lesions suspected of malignancy in the territory. Of these, 82.5% reported registering and monitoring cases, but only 58.8% proved, with documents, the practice.

In this context, it is recommended that the dental surgeon / oral health team work be guided by guiding concepts such as the extended and shared clinic, as well as by the guidelines of the National Oral Health Policy (NOHP). The NOHP addresses oral health actions in Primary Care and emphasizes the importance of early diagnosis of oral lesions suspected of malignancy and the role of the care network in the integral care, indicating the necessary articulation of all points of attention in coping with the disease. In this context, oral health teams that work in basic health care, especially those linked to the Family Health Strategy (FHS), play a central role in the early identification of injuries. In the case of FHS teams, this responsibility is related to the nature of the work process developed, which is structured in a defined territory, and based on the recognition and monitoring of the health needs of the registered families.

The inclusion of 24,635 oral health teams in the FHS, distributed in 90% of the Brazilian municipalities, provided by the expansion of primary care services in the last decades reinforces the need to discuss strategies for coping with oral cancer in Brazil, including the organization of care network and investment in the qualification of workers. However, there are still scarce in Brazil the publications in indexed journals about the practices of Family Health workers in relation to oral cancer. A bibliographic survey, conducted in 2016, using the descriptor oral neoplasias, selecting all the indices without temporal delimitation, resulted in the identification of seventy articles. Of these, only three texts related the topic of oral cancer with primary health care. In this sense, investigating how professionals develop their actions makes it possible to understand the impact of public policy guidelines on the intervention proposals of those who work in the public health network.

This work is inserted in the field of professional practices articulated with the public policies that guide the work processes. The main theoretical proposition is that, even if oral cancer is a classic public health problem and the study refers to a large city with availability of services of different complexities and sectoral management, there is a void regarding organizational initiatives of the network and of qualification of the work process, especially, in the case, regarding the quality of the attention to the user with cancer of mouth.

OBJECTIVE

- To understand the practices of dentists in approaching oral cancer.

METHOD

A qualitative study aimed at understanding the meanings, beliefs and values produced by the participants within the social and daily reality. It is anchored in the principle of dialogic, in order to contemplate elements in...
interaction that make up a facet of health care, from the perspective of epistemological assumptions of Complex Thought, 19 which perceives complexity as part of science and everyday life, present in the integration and disintegration of the universe. For Morin, complete knowledge is unattainable, and the complex will always be part of the universe.19

The study refers to a large municipality with a population estimated for 2016, of 497,883 thousand inhabitants, located in the metropolitan region of the State of Rio de Janeiro.20 The criteria for the selection of the research municipality were: to have basic health care services and medium complexity in oral health; have sectoral coordination in the scope of municipal management and; to have low outpatient procedure production 0201010526 - Soft tissue biopsy of the mouth, in the period 2011-2015. The information on the quantity of the procedure was investigated in the Outpatient Information System of the Unified Health System (OIS-UHS), per year of processing and place of care.16 In 2010, the Municipal Health Index was considered very high (0.837), varying between 0.887 (income), 0.854 (longevity) and 0.773 (education). However, the Gini index, of household income per capita, indicates that levels have been maintained indicating high economic inequality in the last decade (0.57 to 0.59). The coverage of the FHS, in the municipality, is 34.15%. There are sixteen FHS units, with 17 oral health teams, and the coverage of oral health, teams in relation to the total population of the municipality, is only 15.9%. Such data may signal vulnerability scenarios, when it comes to the early approach to oral cancer. There is a Center of Dental Specialties (CDS) accredited in the municipality, however, this does not offer consultations in the stomatology specialty, since the outpatient referral for the specialty is located in a university hospital.

The data production, carried out between August 2015 and June 2016, was organized in two stages: the first one was characterized by field participant observation in monthly meetings of the oral health teams and sector meetings in an FHS unit, totaling 30 events. This stage allowed a deepening in the field of research and identification of work processes of the dental surgeon and oral health teams. The data collected in this phase were recorded in field journals and integrated the analysis, evidencing the configuration of the institutional context and also the way the mouth cancer problem is approached at this juncture.

The second stage was carried out through semi-structured interviews, applied after the participant field observation period. Considering the problem of oral cancer, the thematic guidelines for the interviews were: a) the organization of the care network and b) the work process of the dental surgeons of the FHS. The axes were also supported by the observation data. Audio interviews, were conducted individually, at a location and at a time agreed upon with participants. They collaborated all 17 dental surgeons that make up the teams of the municipality's FHS units and nine key informants identified during the research process. Key workers were considered as key informants with an opinion on the organization of the municipal network.

The description of the participating dental surgeons evidenced an experienced group with about 17 years of training, on average, in relation to the performance in the FHS of the municipality, the majority have between two and five years. It should be considered that due to the municipal specificities in the process of inclusion of oral health teams, those who have more time in the FHS have a maximum of five years of service. In terms of qualification, 14 professionals have diversified postgraduate training. However, none of these in Stomatology or Oral Pathology, specialties that enable the detection of oral cancer, as well as for monitoring patients in cancer treatments. The dentists, participating in this research, were coded by the letter D and by numbers from one to 17.

The key informants were interviewed between May and August 2016, and included workers in management/administration at the municipal, state and federal levels, in health and education services. These interviews were guided by a script that asked the participant to report, on their role in the network of attention to oral cancer and an evaluation of the municipal network, as well as their vision on intervention perspectives aiming the organization of the network of attention to the disease in the municipality. The key informants in this survey were coded by the letters KI and by numbers from one to nine.

The empirical material was collected and analyzed through the procedures of the Content Analysis Technique in the Thematic Analysis modality, 21 which allowed to group, compare and systematically relate the data from the interview transcripts and the field diary notes. The analysis was performed respecting the steps of immersion in the data from the floating reading of the collected material in order to be impregnated by the content. This work was started during the
transcription of interviews, when it was possible to reconstitute contexts and perceive meanings. Then, the organization of the material, was started in order to respond to validity norms and, finally, from the search for meanings, the findings were organized into categories.

The research project was submitted and approved by the Ethics Committee in Research and counted with the authorization of the participants, by means of signing the Free and Informed Consent Term. To preserve anonymity, participants were identified by letters and numbers. (CAAE number 45484215.0000.5243 and opinion CEP / HUAP No. 1,200,998 of 08/26/2015).

RESULTS AND DISCUSSION

From the analysis of the collaborators' statements, two categories were highlighted, for this article, which highlight aspects of the institutional organization of the municipal care network and the mouth cancer approach in the FHS daily.

• The context of attention to oral cancer: a case of institutional violence

The context of attention to mouth cancer in the study municipality involves a web between the relationships and the organizational structures in which the professional practices are constructed and reproduced. In this study, two institutional factors are highlighted. The first involves the discussion about oral cancer among professionals and reveals data regarding interviews and participant field observation of sector meetings at the FHS unit and those monthly between dental surgeons and municipal oral health management.

The survey revealed that all dental surgeons of the FHS have already followed, at least one, confirmed case of oral cancer, most of them being diagnosed at an advanced stage, with a short time of patient survival. The experiences were shocking and the interviewees reported feelings as impotence, in the face of the seriousness of the situation; anguish, for knowing the impossibility of limiting the damage and sadness, for the consequences of what was not done in a timely manner.

When he arrived here it was already a thing too extensive, taking oropharynx, very advanced, unfortunately, he died. I felt impotence. We know that cancer is a fight against time, the sooner the more likely it heals. (D4)

Despite this situation, participant observation, at sectoral and monthly meetings, revealed that oral cancer is not a topic for discussion.

The main barrier is not talking about it, not talking about mouth cancer that is often even forgotten, only when it appears: “ah you know that ‘business?’ It was cancer of the mouth!” (D3)

Thus, in spite of severity, professional discomfort and significant incidence, the disease suffers from invisibility, which implies a lack of mobilization of care and management, towards the organization of the network for the early diagnosis and referral of suspected cases.

The second factor refers to the flow of users with suspicious or confirmed lesions of mouth cancer, which reveals inconsistencies in municipal care. Knowing the flow, one can understand the quality of the diagnosis, the referral and the intervention to which the patient is submitted. The organization of the flow in the FHT indicates that the initial diagnosis should be performed by the oral health team. Considering that most people do not realize, does not give due importance to mouth injuries, and does not complain about these with other health professionals, agility in diagnosis and referral of suspected injuries is crucial for early intervention. However, dental surgeons are unaware of the existence of a stream for suspected or confirmed cases of oral cancer:

(...I do not see that the network is structured in a way that we could have a longitudinal care, that we are sure that a patient, with an early diagnosis will be treated. (D2)

The key informant responsible for the Central de Regulação (IC1) reported that the regional polyclinics provide and manage vacancies for the oral diagnosis outpatient clinic of the university hospital. However, no dental surgeon mentioned knowing the information or resorting to this offer.

When corroborating the information, the research did not identify any document containing the definition of flow or a specific care line to guide and support professionals with regard to the patient's itinerary in the cancer care network. Figure 1 shows multiple and mismatched options that dental surgeons reported on when referring patients for the diagnosis of suspected lesions.
Figure 1. Routing options for suspected cases of oral cancer, according to the FHS dentists interviewed (n = 17). Large Brazilian municipality, 2016.

In practice, the lack of organization of local flows, for cases with suspicious lesions of oral cancer, exposes the fragility of primary care in the coordination of care, leaves the professionals insecure and harms the patient, who does not receive adequate guidance or follow-up for their need.

We send a referral and he goes first to the hospital. From there, if he has to be referred somewhere I do not know how he does it. And we are also not conscious unless we go after the patient and try to know, we do not have a normalization: “look, the patient like that, you send to that place.” (D15)

Note the lack of agreement between the points of attention, which reinforces the network’s fragility and the insecurity of the professionals, since there is no sectoral orientation on the flow. For the user, who has the time to start treatment as a decisive factor for the prognosis of the disease, waiting and lack of definition, waste valuable time. This disarticulation favors the segmentation of care, jeopardizes the integrality of care, and exposes workers and users to a modality of institutional violence.

• Approach to oral cancer in HS daily

The delay in the diagnosis of oral cancer has been widely studied, since the lesions are visually accessible, which facilitates, in the thesis, the early diagnosis. Late diagnoses have been attributed to factors related to both patients, regarding health professionals. Issues related to deficiency in training and lifelong education may lead to failures in the detection of injuries in routine exams, non-recognition of patients presenting the main risk factors or difficulty in identifying potentially malignant lesions, which may be confused with inflammatory diseases in beginning of the process.

Despite experienced professionals, dental surgeons refer to technical fragility and insecurity in the diagnosis of potentially malignant lesions, in the work routine at FHS. The professionals report that during the graduation period, training for the recognition of oral lesions is insufficient, a fact that contributes to the uncertainty and uncertainty at the time of diagnosis.

Our academic background is very flawed, we have many limitations. One, [failure] would be to diagnose a different lesion in the mouth. We know that this is strange to the [oral] cavity, but can not even raise a hypothesis. (D4)

Studies carried out in Brazil and in countries of different continents corroborate this finding and point out the need to review the approach to oral cancer during undergraduate courses not only in Dentistry, but also in Medicine, arguing that clinical and epidemiological aspects should be reinforced, especially, in these courses. Research also indicates the need for investment in strategies for continuing/ongoing education, built with primary care, workers to address the disease, including addressing the major risk factors.

Adequate technical training for the early diagnosis of injuries, is of importance in the FHS, as the work process favors the approach and development of interventions in the territory. Thus, the detection perspectives,
increase as D1, recalls when compared to the conventional care model in primary care. We're responsible for that family. Previously, not necessarily the person returned to the same dentist. Already in the FHS, if the patient is not here, we go behind: why did you miss? If he does not come back, I have the possibility of picking him up. (D1)

In the opinion of D3:
The dentist just wants to do “lecture” on caries, just wants to teach brushing and talking simply, about brushing the tooth is a very serious limitation. (D3)

In what can be supplemented by D8:
We have a tendency to focus on what we have most easily. If the cancer is not something that is in our routine, which is on our agenda, we end up leaving a little aside. (D8)

The professionals thus remain in a kind of uncomfortable sleep, since, at any time, they may come across a late diagnosis of injury in a person under their responsibility.

When reflecting on the reasons that contribute to such a situation, dentists report that despite the logic of action in the FHS to propose a new look at the work marked by the enlarged clinic, there is still a charge for performing a number of procedures, which puts the agenda with the most common clinical visits and makes educational work difficult based on risk factors. The concept of extended clinic proposes to take the focus of disease, limits and suffering and incorporate the concept of potentiality of the individual. The professionals denounce that this collection by clinical production, discourages the integrated work and the planning of actions with the other professionals of the FHS, as recommended by the Ministry of Health, that guides that the Unique Therapeutic Project must result from a joint construction among the members of the team health.14,27

Regarding the multiprofessional involvement aiming the integrated care, in the approach of oral cancer, studies reveal that it is important the participation of those who work in primary health care, beyond the dentist, such as: doctors, nurses, nursing/community health agents, which enhances the ability to prevent or diagnose injuries early.8,28 Although the participants reported little or no involvement of other FHS staff in the approach to oral cancer, they acknowledge that this could happen in different ways, such as: in the identification of exposure to risk factors and referral to collective actions; on careful examination of the oral cavity in medical and Nursing appointments; in qualified listening of suggestive complaints, such as difficulty in swallowing and chewing; in the installation of systematic consultation with the dental surgeon, aiming to evaluate complaints or injuries observed; in the inclusion of information on health education actions with specific groups, such as smoking; in the inclusion of specific information in the domiciliary visits; or in the active search of patients with suspected or confirmed lesions.

In this context, the work of the community health agent (CHA), which involves permanent contact and bonding with individuals and families, is fundamental in the FHS. The home visits provide clarification to the residents about the health service and the main problems identified in the territory, but, above all, they guarantee listening and welcoming to the questions mentioned by the users, including mouthpieces, for further discussion with the rest of the staff.29,30

CONCLUSION

This article aimed to understand the practices of dental surgeons, of the Family Health Strategy in the approach to oral cancer, given the challenge in approaching the problem in public health. It is understood that the result can contribute to the coping of the disease at the municipal level and indicate general questions that may serve to guide the reflection and the qualification of other oral health networks.

The results of the research revealed that the context of attention to mouth cancer, in the study, municipality involved the organizational structures in which the professional practices are constructed and reproduced, exposing an invisibility of the disease, marked by the absence of the theme in the formal spaces of discussion. The study also revealed, the inexistence of streams capable of guiding professionals for the integral care of users with suspicious or confirmed lesions of mouth cancer. The data showed that, even if a set of services of diverse complexity exists, the municipal network does not invest in its articulation, a task of a managerial nature, capable of producing safety for workers and users, with respect to safe routes and routes. Considering the magnitude of the problem that involves the late diagnosis of oral cancer, it is necessary to summon the actions of managers and professionals of the FHS in order to establish protocols and treatment flows, as well as the inclusion of actions aimed at the permanent education of the employees of the FHS team.
The insertion of oral health workers in the FHS represents advances in the expansion of the approach to significant mouth cancer, considering the coverage and work strategies that provide extended access of users to oral health professionals. However, the overcoming of traditional models of dental care, based on the number of procedures performed by dentist surgeons, and the construction of forms of attention in the search for integral care are still ongoing. The actions should guarantee rights won and guaranteed in the UHS, with a view to protecting groups at risk and recovering people with diagnosed cases, which involves a continuous process of qualification and support to the professionals of the FHT teams and health managers. Thus, the study reinforces the need to establish professional practices, capable of minimizing the severe repercussions of late diagnosis, and should include actions through an organized and qualified offer that ensures the full exercise of citizens’ rights. The results reinforce the need for investment in the integrated training of the FHS teams as a possibility to increase health actions and improve the perspective of early diagnosis.

Reflections on the approach to oral cancer, in the light of sectoral public policies and basic health care, should seek to strengthen dialogue to consolidate and revise structures, flows and protocols, avoiding fragmentation of attention, wasting time, professional insecurity and greater suffering to users and families. In this sense, it is necessary to develop new research capable of contextualizing and globalizing, while recognizing what is singular and concrete¹⁹, with the intention of building tools that are related to the devices already known in the work with the health of families.

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Barros GS, Casotti E, Gouvêa MV.

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Corresponding Address
Glória Iara Santos Barros
Escola de Enfermagem Aurora de Afonso Costa
Rua Dr. Celestino, 74
Bairro Centro
CEP: 24020-091 – Niterói (RJ), Brazil