ACTIONS OF PROFESSIONALS OF THE FAMILY HEALTH STRATEGY IN EARLY DETECTION OF BREAST CANCER

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ABSTRACT

Objective: to identify the actions of screening for breast cancer performed by doctors and nurses. Method: an exploratory, descriptive study with a quantitative approach and a sample of 52 professionals, 30 nurses and 22 doctors working in the Family Health Strategy. The data was collected through a questionnaire in the period from March 2 to May 29, 2009. For data analysis, we used the Statistical Package for Social Sciences (SPSS) version 15.0. For the treatment of the results, the analysis was used descriptive statistics with absolute and percentage frequency, presented in figures. The Research Ethics Committee, protocol 281/2008, approved the study.

Results: professionals, in general, develop actions of screening for breast cancer, however, (55.8%) have difficulties in screening behaviors. Conclusion: although there are difficulties of access and completion of exams, professionals develop the actions of screening for breast cancer.

Descriptors: Breast Cancer; Prevention; Health Professional.

RESUMO

Objetivo: identificar as ações de rastreamento do câncer de mama realizadas pelos profissionais médicos e enfermeiros. Método: estudo descriptivo-exploratório, com abordagem quantitativa, tendo como amostra 52 profissionais, 30 enfermeiros e 22 médicos que trabalham na Estratégia Saúde da Família. A coleta ocorreu por meio de um questionário, no período de dois de março a 29 de maio de 2009. Para análise dos dados, utilizou-se o programa estatístico Statistical Package for Social Sciences (SPSS), versão 15.0. Para o tratamento dos resultados, foi usada a análise estatística descritiva, com frequência absoluta e percentual, apresentados em figuras. O estudo foi aprovado pelo Comitê de Ética em Pesquisa, protocolo 281/2008.

Resultados: os profissionais, em geral, desenvolvem ações de rastreamento do câncer de mama, no entanto, (55,8%) enfrentam dificuldades nas condutas de rastreamento. Conclusão: embora haja dificuldades de acesso e de conclusão dos exames, os profissionais desenvolvem as ações de rastreamento do câncer de mama.

Descritores: Câncer de Mama; Prevenção; Profissional da Saúde.

RESUMEN

Objetivo: identificar las acciones de rastreo del cáncer de mama realizadas por los profesionales médicos y enfermeros. Método: estudio descriptivo-exploratorio, con enfoque cuantitativo, teniendo como muestra 52 profesionales, 30 enfermeros y 22 médicos que trabajan en la Estrategia Salud de la Familia. La recolección se dio por medio de un cuestionario, en el periodo de dos de marzo a 29 de mayo de 2009. Para análisis de los datos, se utilizó el programa estadístico Statistical Package for Social Sciences (SPSS), versión 15.0. Para el tratamiento de los resultados, fue usado el análisis de la estadística descriptiva, con frecuencia absoluta y porcentual, presentado en figuras. El estudio fue aprobado por el Comité de Ética en Investigación, protocolo 281/2008.

Resultados: los profesionales, en general, desarrollan acciones de rastreo del cáncer de mama, sin embargo, (55,8%) enfrentan dificultades en las conductas de rastreo. Conclusión: si bien hay dificultades de acceso y de conclusión de los exámenes, los profesionales desarrollan las acciones de rastreo del cáncer de mama.

Descriptores: Cáncer de Mama; Prevención; Profesional de la Salud.
INTRODUCTION

Breast cancer (BC) is the uncontrolled growth of breast cells, yielding a tumor capable of metastasis.\(^1\) This cancer presents as a palpable nodule, a hardened, almost always painless and fixed. He is among the three highest incidence of malignant neoplasms, exceeding cancer of the cervix. It has been a major public health problem worldwide, with probably the most feared by women because of its high frequency and its psychological effects, since the breasts express all the feminine essence, being related to maternity, sexuality and eroticism, in addition to breastfeeding.\(^2\)

In the 1960s and 1970s, there was an increase by ten times the incidence of breast cancer in several continents.\(^3\) According to the estimates of cancer incidence for the year 2010, the number of new cases of breast cancer expected in Brazil is 49,240, with an estimated risk of 49 cases per 100,000 women. In the Northeast, the estimated is 8,270 new cases, with an estimated risk of 30/100,000 women. In Rio Grande do Norte, this estimate is 540 new cases with risk 33/100,000 and the capital (Natal), the estimated number of new cases is 220, with risk of 51/100,000.\(^4\)

Breast cancer is, in Western countries, a major cause of death in women. Statistics indicate an increase in their frequency in developed countries as in developing countries. In Brazil, the mortality rate from breast cancer in the period 1979 to 2004, increased by 38.62%. In 2005, 10,208 women died from this type of disease, surpassing lung cancer, cervix and stomach.\(^5\)

Treatment of breast cancer depends on many factors, such as histology, the woman's age and most importantly, the stage at which the tumor is. The International Union Against Cancer (UICC) established that tumors are classified into stages, which range from 0 to IV.\(^6\)

Since the eighteenth century, the importance of early diagnosis of breast cancer is recognized and the idea that there is a treatment performed in the early stages of the disease may offer greater chances of cure. Besides the reduction of the mortality rate, early diagnosis facilitates treatment of cancer, decreases morbidity and enables more conservative surgeries.\(^7\) However, nowadays, it is noticed that one of the factors that complicates treatment is the advanced stage in which the disease is discovered. In Brazil, most cases of this cancer are diagnosed in advanced stages (III and IV), reducing the chances of cure of women and compromising treatment outcomes.\(^8\)

Due to the high incidence of breast cancer in Brazil, the affection in increasingly younger women and the difficulty of access and flexibility in monitoring of symptomatic patients in the public health system, especially in hospitals with specialists in the area of mastology, it is essential more information and specific knowledge in the early diagnosis of cancer mama.\(^9\) However, studies indicated difficulties of physicians and nurses in performing early detection of this cancer are available. These professionals have reported a lack of health education agents for the population and own lack of knowledge or training to do this type of screening, thus taking behaviors in the early detection disabled this type of disease.

Prevention programs for breast cancer do not have the coverage of the cervical cancer have, some factors are related to the lack of specific detection programs, lack of knowledge of health professionals working in Primary Units not existence of protocols for early detection of this cancer, a clinical breast exam is performed only when there are complaints of the patient.\(^10\)

The interest in deepening the study on the involvement of teams of Trairi region, who work in the Family Health Strategy, with respect to the prevention of breast cancer region, came after the detection of nodules in the breasts of women during clinical breast examination (ECM) and also because we follow the trajectory of women who underwent mastectomy and treatment. In their reports, we observed that patients only knew they were cancer when the problem was already at an advanced stage.

We also found in a study on the “Frequency and Practice of Self Breast Examination” in a group of women attending the Family Health Strategy (FHS), developed in the course of Specialization in Family Health, more than 50% of patients who participated in the study did not practice AEM and 45% did not know the right period for its achievement, as well as the right technic.\(^11\) This alerts us to investigate the ways adopted in the early detection of colorectal cancer by FHS staff. Thus, the study aimed to identify the actions of screening for breast cancer performed by doctors and nurses.

METHOD

An exploratory descriptive study with a quantitative approach, developed in the cities of the V Regional Public Health Unit (V URSAP), located in Trairi region in the State of Rio Grande do Norte region. Trairi region is
composed of nine cities and there are 32 teams of the Family Health Strategy. The study population consisted of doctors and nurses who work in the FHS of Trairi V URSAP region. The inclusion criteria, to invite the professional to participate, was that he was part of the FHS teams Trairi the region during the period of data collection. Soon, 52 people participated in the study, 30 nurses and 22 physicians. To collect the data, a structured questionnaire with open and closed questions, between the periods of March 2 to May 29, 2009 was used at different times.

The data were entered into a database using SPSS (Statistical Package for Social Sciences), version 15.0, for the treatment of the results, with the type of analysis to descriptive statistics, with absolute frequencies and percentages presented in figures. The information on open issues in similarity of their content were categorized and quantified.

The research project was approved by the Ethics Committee of the Federal University of Rio Grande do Norte (CEP-UFRN) under number 281/2008 and the release of V URSAP to the research in the municipalities of Trairi / RN region. In compliance with Resolution 196/96 of the National Health Council (CNS) on research involving human subjects, all professionals signed a Free and clarified consent / TCLE.

RESULTS AND DISCUSSION

From the professional participants, 59.6% were female, 26 nurses and five doctors. So, we have only four male nurses working in the FHS of Trairi region. This predominance of female sex workers is consistent with the findings of other authors, which show, among some trends in health work, the feminization of the profession.

Concerning the age of the research professionals, the age ranges from 21 to 70 years old, with an average of 40 years old. With respect to the completion time of graduation, a large variation was found between three months and 38 years. Large percentage of workers had more than six years after graduation (57.7%), which indicates the large number of professionals in the FHS with much work experience. Regarding training on early detection of breast cancer, only 22 (42.3%) of workers reported having participated in training, thus we noticed a deficiency in relation to the skills and training with regard to methods of early detection of breast cancer.

Therefore, we believe that the practice of continuing education policy to the attention of breast cancer in Trairi region is precarious. Therefore, we emphasize the need for further training for these participants, in order to discuss screening behaviors of this disease as well as the new Law No. 11,664, which entered into force on 20 April 2009, linking the SUS to offer yearly mammogram to all women over 40 years old. We observed that 57.7% of FHS professionals never participated in trainings related to ways of screening for breast cancer, so it is necessary urgently to conduct trainings with these professionals so that they are encouraged to do the methods early detection of breast cancer in daily attendance, being an assignment of the professionals who are in the Family Health Strategy.

About the methods of screening for breast cancer, a study in a Health Unit in Natal showed that nurses spoke about the difficulty of access to training and capacity, noting that the actions of the “AEM is self-taught, like television teaches how people say”. The Ministry of Health encourages continuing education to improve training and thus strengthen the SUS, enabling personal development for those working in health and development institutions. Furthermore, it reinforces the relationship of training activities to the management system and services with the work of health care and the social control. Thus, it is essential to FHS professional training aiming to educate the female population on special attention should be given to the breasts, even knowing that in most cases, poor compliance of the asymptomatic program of early detection of breast cancer women is due to fear and prejudice regarding this disease.

As for the actions undertaken by the Professional Family Health Strategy in relation to early detection of breast cancer, we inquire about the detection of breast cancer, availability of equipment and screening actions. When questioning the research participants about the occurrence of early detection of breast cancer during their time working in the FHS, 50% (n = 26) of them said they had detected no case of this disease.

Figure 1 shows the methods used for the early detection of breast cancer during the course of work in the FHS.
We can observe that the highest number of professionals indicated the clinical breast examination as the most used method for early detection of breast cancer. We emphasize that the technique of ECM, when performed according to the guidelines recommended by the Ministry of Health, it is effective in detecting. However, it is necessary to request additional tests to determine the identification of the abnormality. For this, it is necessary to perform mammography and sometimes ultrasonography (USG) and biopsy. In this sense, we should consider the diagnosis classifies one as benign or malignant abnormality, so the whole identification must precede the medical diagnosis.

Of the 26 professionals who identified the sign of breast mass in patients, 57.6% (n = 15) did referral to a breast cancer specialist and 42.4% (n = 11) forwarded to the referral hospital in oncology, Hospital Dr. Luis Antonio in Natal, to proceed with the investigation.

The techniques of Breast Examination, Self-Breast Examination and Mammography are configured as the first steps in finding the detection and diagnosis of breast cancer. The results arising from these audits provide indicative that need to be clarified by cytological, histological and biopsy examinations. Later, it begins the process of assessing the extent of breast cancer and its tendency to tumor progression which will enable the planning of the most appropriate treatment for each case, and that this process occurs at the primary, secondary and tertiary levels. About methods of screening breast cancer conducted in daily work, such as clinical breast exam, the teaching of AEM and commissioning tests, 96.2% of workers in the study reported performing these activities, even without updating the cancer screening breast.

The behavior of screening for breast cancer by FHS professionals are shown in Figure 2.
Although the search result demonstrates that professionals have a befitting recommended by the Ministry of Health in carrying out actions for early detection of Breast Cancer behavior, what surprises us is the fact that it occurred several cases of deaths from cancer breast, in the study area, according to data provided by the State Department of Health, according to the database of information on mortality and live births (SIMSINASC) system.

The data also revealed in on specific behaviors performed, seven doctors and two nurses did not undergo clinical breast exam, as well as eight doctors and one nurse did not teach self-examination of breasts and 18 of them gave no guidance to patients about breast cancer. It is worrying the lack of these actions by these professionals, since being inserted into the FHS in order to ensure full assistance with incorporating multiple knowledge, the absence of this practice implies the discontinuity of care given to patients.

Results found in our study corroborate studies in Pelotas in Rio Grande do Sul, which indicated low prevalence in the practice of ECM, especially a decrease of 20% in this examination by the physician. Another shortcoming was the lack of knowledge of the epidemiological risk concept basing medical procedures. No statistically significant differences were found in the frequency of the examination among younger women and those over 35 years old. The survey confirmed that 37% of women with updated Pap smear did not have their breasts examined, suggesting the lack of completeness of preventive procedures.  

A research at the School of Medicine of ABC in São Paulo with no medical oncologists revealed that only 24.3% teach their patients to do AEM during the appointment. Although, it is not the gold standard for early detection of cancer, studies showed that women with the diagnosis of this disease detected by this technique, it is important to recognize the body and possible alterations.  

We stress the importance of these professionals to rethink their practices on a day-to-day, otherwise will be doing clinical work without prioritizing actions for health promotion and disease prevention, as for the screening of breast cancer is required use of all the techniques. Therefore, fragmentation causes the tumors to be diagnosed in advanced stages.

It is important to consider that the AEM is not recommended in isolation by the National Cancer Institute (INCA); therefore it must be complemented with the ECM and mammography, and in some moments, ultrasonography to effect screening.  

As regards the request of mammography, 44.2 % of workers did not request it, and of these, four doctors and 19 nurses. We emphasize that it is not the function of the nurse to request an examination but when necessary he should contact the doctor for their enforcement as the FHS work is multidisciplinary, which means connecting different work processes involved, based on certain knowledge about the work of others and valuing their participation in the production of care. Also interdisciplinary is needed, which is used to face the problems and issues of concern to every human being and society, thus evidencing an effort to get closer, to compare, to relate and to integrate knowledge. The fact that 11 nurses have asked to mammography, either for lack of doctors in some teams, evidenced situation in this study or the reason that professional autonomy conferred by the municipality itself and contemplated in Protocol become more agile the process of test requests.
Regarding the ultrasound examination, 69.2% of professionals requested and 51.9% forwarded to mastologist when the results of the techniques of breast examination and breast self-examination and tests suggest better research. Breast ultrasound should be indicated for: differential diagnosis between cyst and nodule, young patient with a palpable lump or change in physical examination, evaluation of palpable nodule detected on mammography, inflammatory disease, among others.18

Regarding educational actions for users with respect to the measures of prevention of breast cancer, 80.8% of respondents said they do, but eight doctors and two nurses developed no activity on this subject.

Historically, educational practice performed by professionals in everyday care has emphasized the transmission of information and behavior change of individuals. It is attached to a model of health care facing the disease with emphasis on technical and scientific expertise. We emphasize that some educational activities were offered to patients, 69.2% (n = 36) of the professionals doing the developed individual counseling; 44.2% (n = 23) group in the waiting room of the Health Unit and 30.8% (n = 16) had previously scheduled lectures.

Most professionals prefer individual guidance during a routine visit, but we believe that they should transcend the office rooms in order to meet patient demand for in many healthcare facilities, the goal of the patient at that moment. Thus, the absorption of that precious information has no such effect or impact on the patient’s life.

In a research conducted in Belo Horizonte, "nurses reported that the educational activity occurs in more operative groups, emphasizing that individual education has no effect when compared to the group". Comprising operative group as a group of people with one common goal.19 Thus, we assume that there is an improvement and deepening the discussion in order that all members in the group have a common purpose; in the individual education, most often, no exchange of knowledge, but only the professional guidance to the patient.

In the study in a FHS in São Paulo revealed that 70% of nurses interviewed described the realization of some kind of educational activity with users seen at FHS, especially lectures and group meetings. It is worth noting that the operational group is not exclusive to nurse and when in the presence of other professionals, it becomes a richness moment.20

### FINAL REMARKS

In order to identify the professionals who work in the Family Health Strategy in Trairi region, the practice of early detection of breast cancer traveled several miles across the state and entered into contact with the study population.

We believe that the findings presented in this study allowed us to make some statements about the actions in screening for breast cancer experienced by workers, aimed at disease prevention and health promotion to women.

With regard to screening for breast cancer, the research has confirmed that most of the professionals perform at their workplaces. Actions such as: the clinical examination of the breasts, the breast self-examination, request to mammography and ultrasonography, thus indicating that the behavior of these workers are in line with what is recommended by the Ministry of Health within the responsibilities of each member of the FHS team. However, the lack of mention of clinical breast examination as a primary detection action by some of the professionals, leads us to think that the development of screening actions does not prioritize this procedure considered the starting point for the search for breast masses that might be suspicious of cancer. It also has to be considered that the effectiveness of such a decoupled from the other aforementioned actions may result in a gap in the early detection process.

We also observed that most professionals have identified and developed mammary nodules follow-up actions, among which we highlight the application of periodic examinations and rebooking mastologist, thereby demonstrating that they have experience in the screening of colorectal cancer. However, there are difficulties in carrying out such activities.

The difficulties experienced by professionals in the early detection of cancer suggest that the process of user access to the examinations would be prevented. To the extent that there are difficulties related to insufficient quota for the examination of mammography and ultrasonography, even in suspected cases of breast cancer, as well as absence of those examinations for the purpose of screening for breast mass in women from 40 years, it raises the idea that some women in the region who need these procedures were not being evaluated.

Thus, the greatest obstacle appointed by professionals, ie the long journey between the
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