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THE NURSE AND EARLY DIAGNOSIS OF BREAST CANCER IN A FAMILY HEALTH UNIT FROM RECIFE

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ABSTRACT

Objective: verify the actions of a nurse regarding the early breast cancer diagnosis in a family health unit from Recife/PE. **Methods:** this an exploratory and descriptive study with a quantitative approach performed with 40 women attended in a Family Health Unit (USF-*Unidade de Saúde da Família* in Portuguese) at Cafesópolis Sanitary District IV, city of Recife/PE. The data collection was through a structured questionnaire with multiple choices questions during from November to December in 2015. The same questions were processed in a microcomputer, on the software Microsoft Office Excel 2010, presented on a chart and analyzed with simple descriptive statistics. **Results:** it was possible to notice that 100% of the women agreed the self-examination is important; related to the awareness about the disease, 87,5% of the women are sure the disease is acquired genetically, and that 67,5% of the women attended at the USF did not have information from the professional nurse. **Conclusion:** With the results obtained, it is possible to conclude the population is very needy of information about breast cancer, and there is no clarification from the nurse to these women attended.

INTRODUCTION

Known as a chronic degenerative disease which presents disordered growth (malignant) in the cells that take tissues and organs, cancer is a group of more than 100 diseases (Jesus *et al.*, 2016).

With approximately 530 thousand new cases per years all over the world, the cervix cancer is the forth kind of more common cancer amongst women and the most frequent cause of death by cancer, becoming the reason why for 265 thousand deaths per year, according to the National Cancer Institute (INCA –

Instituto Nacional do Câncer) (Xavier, 2017). The cancer currentlyrepresents a public health issue, once the World Health Organization registers that this case represents second death cause by disease in Brazil, mainly on the northeast region (Brazil, 2018). As main risk factors to this pathology, are evident: Family history(first degree kinship, being mother and sister affected before 50 years old); age advance; the earlyousmenarche; late menopause; (over 50 years old); the nulliparity; pregnancy in over 30 year old women; oral contraceptives use for a long period of time with earlyous age before the first pregnancy (Melo, 2016) behavior factors are also related to the breast cancer development, such as smoking , alcohol consumption and obesity (Villar *et al.,* 2015; Souza *et al.,* 2017). The possible prevention risks are regular physical activities practice and a balanced diet, considering the fact overweight increases the risk to have the disease. So the law nº 11.664 from Abril 29th in 2008, is about the realization of health actions that ensure the prevention, the detection, the treatment and tracking of breast and cervixes cancers, in the scope of the SUS (*Sistema Único de Saúde*), Brazilian Health Unic System.

The early diagnosis has as goal the breast cancer detection in its pre-clinical phase and on the identification, on first instance, from breast abnormality. The realization of the mammographic tracking is considered, currently, the most efficient to anearly detection of the breast mammary neoplasia (Xavier, 2017; Brazil, 2015). The programs, which have gotten this function, are fundamental to the reduction of worsening to health, which are breast self-examination, clinical breast examination, the mammography, the ultrasonography, and the punctures (Xavier, 2017). Accordingly, mammography is considered the early standard method for tracking in Brazil, having in mind this examination is recommended to women between 50 to 69 years of age on every two years(Brazil, 2015). The nurse has a fundamental role in educative actions that reinforce pathology prevention as breast cancer, and the nurse can find a wide space to the development of uncountable activities, because he/she possesses significant autonomy on his/her professional practices.

To them are assigned professional actions such as: nursing appointments (clinical examination, complementary examinations solicitation), and according to the protocol established by the management, legal dispositions of the profession observed , they will be able to coordinate and supervise the work of Health Communal Agents (HCA) and of the nursing staff, capable to be involved with multidisciplinary staff to offer professional support in all levels(primary, secondary and tertiary) to the women (Brazil, 2015; Prolla *et al.,* 2015). The dissemination of conception of health related to the wider quantity of medical technology access add to the health professionals difficulties, and the population as a whole, on the assimilation of new methods and proposed actions and on the existence dependence of structural and administrative conditions, inside the health system, for that the assistance care actually happen (Migowski *et al.,* 2018). The subject, which is the problematic issue to this study, is what nurse actions can be taken related to female breast cancer in a Family Health Unit (USF- *Unidade de Saúde da Família*in Portuguese) in the city of Recife/PE, about to contribute to the early breast cancer diagnosis? And, this question becomes specially important because according to the National Policy for Integral Attention to Women's Health (NPIAWH), breast cancer is diagnosed lately in 60% of the cases m and to revert this situation is a

necessary challenge, as the earlyousdiagnosis increases significantly the perspective and life quality of the afftected women (Prolla *et al.,* 2015; Zapponi, Tocantins and Vargens, 2015). The goal of this survey to verify the actions of the nurse regarding the early breast cancer diagnosis in a family health unit from Recife/PE.

METHODS

This an exploratory and descriptive study with a quantitative approach, performed at USFCafesópolis of the Sanitary District (DS – *Distrito Sanitário* in Portuguese) IV, located in the neighborhood of Imbiribeira in the city of Recife, state of Pernambuco (PE), Brazil. The survey group was composed by 40 (forty) women of age over 18 years, as a criterion of inclusion active sex life women, they had outpatient care at the previously mentioned USF in nursing appointments and they accepted to participate voluntarily signing the Term of Free and Clarified Consent (TCLE – *Termo de Consentimento Livre e Esclarecido* in Portuguese), as well as to answer the questionnaire. The exclusion criteria were women out of the population mentioned previously and/or the ones who were illiterate, as well as the ones who had some psychiatric disorder or visual impairment. The information collection was straight to the point with the patients, by applying the structured questionnaire with 10 multiple-choice questions, from November to December of 2015.After answering the questionnaire the signed the TFCC. The data collection was made through interview, performed after the Ethic and Research Committee (ETC) approval at the Salgado de Oliveira University (UNIVERSO) under the number de CAAE: 48553715.9.0000.5289. On the ethic aspects the Resolution nº 466/2012 from the National Health Council (NHC), affirms that every survey involving human beings, involves risks. Therefore, during this survey the eventual injury can be late, compromising the individual and the collectivity. The data were processed in a microcomputer, on the software Microsoft Office Excel 2010, presented quantitatively, in tables and analyzed with simple descriptive statistic.

RESULTS AND DISCUSSION

Sequentially the results will be presented through tables with descriptions, regarding the thematic of the survey performed at the family health unit, located at the neighborhood of Imbiribeira in Recife/PE, about the women knowledge and the nurse's performance about breast cancer. Table 1 shows necessary knowledge to the attended population by the USFCafesópolis at Imbiribeira, city of Recife/PE for breast cancer prevention, on the period of Nov-Dec/2015. It was observed 50% of the women never performed the mammary self-examination, while 50% of the interviewed women think they should perform the self-examination every month, 100% of the women, agreed self-examination is important and 90% agreed the ideal position for self-examination is standing. The preventive campaigns must be performed in a way to provide more complete information about the technique and the self-care importance, concomitant to the incentive in educative area, for these information embody to the woman's behavior (Schneider *et al.,* 2014; Gonçalves *et al.,* 2017). The methods available for early detection include self-examination, clinical breast examination performed for a qualified professional, ultrasonography; mammography and aspiration puncture for fine needle (Schneider at al., 2014; Gonlçalves *et al.,* 2017).

Table 1. Population necessary knowledge attended by the USFCafesópolis for breast cancer prevention. Recife, Pernambuco (PE) Brazil. Nov. /Dec. 2015

Variables	n.	%
Self-examination realization		
No	20	50
Every month	05	12,5
Every year	05	12,5
Other	10	25
Ideal frequency for self-examination realization		
Once a year	04	10
Every 6 months	08	20
Every 3 months	06	15
Every month	20	50
Other	02	05
Self- examination importance		
Very important	40	100
Little important	-	-
Other	-	-
Ideal position for self-examination realization		
Lying	02	05
Standing	36	90
Seated	02	05
Other	-	-

Source: Own authorship.

The mammography realization is on the average from 50 to 69 years of age, with even an interval of 2 years for the tracking. However, studies performed in the U.S. on the decade of 1950 ensure that breast self-examination arose as a strategy to decrease diagnosis of breast tumors in advanced phase. Differently from the decade of 1990, clinical tests showed that self-examination did not decrease the mortality of the breast cancer (Brazil, 2015; Melo, 2016). It was observed the regularity of the mammography performance depends on their awareness about this examination, considering the practice of the self-examination as important. This awareness about the breast cancer and the early detection foster her motivation with her health, raising awareness to do the examination to enable the neoplasia identification (Prolla *et al.,* 2015; Gonçalves *et al.,* 2017; Azevedo *et al.,* 2019). The educative activities are present high importance, as many women, for their values and culture, do not recognize the prevention actions and early breast cancer detection (O'Mahony *et al.,* 2017; Migowski, 2018). Among professionals who compose the multi-professional staff, the nurse has fundamental practices in two main components: management and the assistance, but it is in the second where there is more development of practices of the education practices in health (Galavote *et al.,* 2016).

The table 2 presents the factors related to the knowledge about the breast cancer of the assisted population by the the USFCafesópolis located in the neighborhood of Imbiribeira, Recife/PE in the period of Nov. /Dec. 2015. It was observed 87,5% of the interviewed women the breast cancer is acquired genetically. Cancer is caused due hygiene habits, eating habits and sun exposure in 70%. 80% of the women believe anyone can acquire the disease and men can acquire breast cancer in 75%. The established risks for breast cancer include early menarche, nulliparity, age over 30 for the first pregnancy, use of hormonal contraceptives with high dosage, late menopause, advanced age, family history of breast cancer, high density of the mammary tissue, nutritional factors, physical activity, smoking, alcohol consumption, socioeconomic level, exposure to ionizing radiation are additional elements (Prolla *et al.,* 2015). It was observed on table 3, that in 67, 5% of the assisted women did not receive any guidance from the nurse about self-examination and in 85% of the interviewed women none of

them performed the physical, mammography and ultrasound exam.

Table 2. Knowledge about the breast cancer and the factors related to the assisted population by the USFCafesópolis for breast cancer prevention. Recife, Pernambuco (PE) Brazil. Nov. /Dec. 2015

Variables	n	%
Breast cancer acquired genetically		
Definitely	35	87,5
Not at all	02	12,5
Maybe	03	7,5
Other	-	-
Cancer caused due hygiene habits, eating habits and sun exposure		
Definitely	28	70
Not at all	-	-
Maybe	08	20
Other	04	10
Cancer as a disease		
Transmitted from one person to another	-	-
Transmitted by kiss or sexual contact	-	-
Acquired by who did not had the vaccine	-	-
Anybody can acquire	32	80
I do not have an opinion	08	20
Outros	-	-
It is possible for men to develop breast cancer		
No, it is exclusive to women	30	75
No, it is related to pregnancy	-	-
No, only women can develop the disease	-	-
Yes, men can develop the disease	10	25
Other	-	-

Source: Own authorship.

Table 3. Nurse's knowledge about breast cancer and prevention actions in the assisted population at USFCafesópolis. Recife, Pernambuco (PE), Brazil. Nov./Dec. 2015

Variables	n	%
Guidance of the nurse about self-examination		
Not at anytime	27	67,5
Every month	-	-
Every year	03	7,5
Other	10	25
Exams: Physical; Mammography and Ultrasound		
Yes, it was performed	06	15
No, it was not performed	34	85

Source: Own authorship.

Cancer prevention and control are among the most important scientific and public health challenges nowadays, they must be performed by qualified professionals and able to manage and act in primary health care services. The evaluation of knowledge and actions currently performed by nurses in this area is fundamental to define the necessary training for these professionals (Melo, 2016; Prolla *et al.,* 2015).

Conclusion

In this study, it was possible to verify the knowledge of women regarding breast cancer and the guidance of the professional nurse, by interviewing these 40 assisted women at USFCafesópolis in Imbiribeira in Recife. Given the results, it was concluded that the population is very needy of information about breast cancer and that according to the interviewees, there is no health education or guidance from the nursing professional, this leads us to reflect about the importance of implementing simple, low-cost measures to reduce the incidence of breast cancer. Therefore, it is important to be aware of the importance of the nurse's educational and clinical role in the prevention and early detection of breast cancer.

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