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Screening for breast cancer: knowledge and practices of professionals in the Primary Healthcare Unit

Rastreamento do câncer de mama: conhecimentos e práticas de trabalhadores na Unidade Básica de Saúde

Rastreo del cáncer de mama: conocimientos y prácticas de trabajadores en la Unidad Básica de Salud

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This study aims to reveal the aspects that influence the occurrence of breast cancer, with a view to enhancing preventive practices. This is a qualitative study carried out with six professionals, four nurses and two physicians, in the first half of 2016, at a Primary Healthcare Unit in Mossoró, Rio Grande do Norte, Brazil. A semi-structured interview was performed, and the interpretation was guided by thematic content analysis. Three categories emerged: The understanding of professionals about the importance of breast cancer screening; How do breast cancer screenings take place in the health unit; and Difficulties for the effectiveness of breast cancer screening. Professionals recognize the importance of screening in prevention and early diagnosis, but they have difficulties implementing it. There is prejudice in conducting clinical breast examination with male professionals and there are management problems, such as the low availability of mammograms. Despite this, professionals recognize the importance of screening in the prevention and early diagnosis of breast cancer, in order to contribute to less invasive and crippling treatments.
Descriptors: Nursing; Breast neoplasms; Family Health Strategy.

O presente estudo tem como objetivo desvelar os aspectos que interatuam na ocorrência do câncer de mama, na perspectiva de potencializar as práticas preventivas. Trata-se de uma pesquisa qualitativa realizada com seis profissionais, quatro enfermeiros e dois médicos, no primeiro semestre de 2016, em uma unidade Básica de Saúde de Mossoró, Rio Grande do Norte. Utilizou-se entrevista semiestruturada e a interpretação se deu por meio da análise de conteúdo temática. Surgiram três categorias: A compreensão dos profissionais acerca da importância do rastreamento do câncer de mama; Como é realizado o rastreamento do câncer de mama na unidade de saúde e Dificuldades para a efetivação do rastreamento do câncer de mama. Os profissionais reconhecem a importância do rastreamento na prevenção e diagnóstico precoce, mas apresentam dificuldades para executá-lo. Há preconceito em realizar o exame clínico das mamas com profissionais do sexo masculino e problemas relativos à gestão, como a baixa oferta de mamografias. Apesar disso, os profissionais reconhecem a importância do rastreamento na prevenção e diagnóstico precoce do câncer de mama, de forma a contribuir para tratamentos menos invasivos e mutiladores.
Descritores: Enfermagem; Neoplasias da mama; Estratégia de Saúde da Família.

El presente estudio tiene como objetivo develar los aspectos que interactúan en la aparición del cáncer de mama en la perspectiva de potencializar las prácticas preventivas. Se trata de una investigación cualitativa realizada con seis profesionales, cuatro enfermeros y dos médicos, en el primer semestre de 2016 en una unidad Básica de Salud de Mossoró, Rio Grande do Norte, Brasil. Se utilizó entrevista semiestructurada y la interpretación se dio a través del análisis de contenido temático. Surgieron tres categorías: La comprensión de los profesionales acerca de la importancia del rastreo del cáncer de mama; Cómo es realizado el rastreo del cáncer de mama en la unidad de salud y Dificultades para la efectivización del rastreo del cáncer de mama. Los profesionales reconocen la importancia del rastreo en la prevención y diagnóstico precoz, pero presentan dificultades para ejecutarlo. Hay prejuicio en realizar el examen clínico de las mamas con el profesional del sexo masculino y problemas relativos a la gestión, como la baja oferta de mamografías. A pesar de esto, los profesionales reconocen la importancia del rastreo en la prevención y diagnóstico precoz del cáncer de mama, de forma a contribuir a tratamientos menos invasivos y mutiladores.
Descriptores: Enfermería; Neoplasias de la mama; Estrategias de Salud Familiar.

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INTRODUCTION

In Brazil, an estimate 576 thousand new cases of cancer affected the population in 2014, 274.230 afflicting women. From these, the most common type of cancer was breast cancer, corresponding to 57.120 new cases in 2014[1].

In addition to the issue of a high incidence of this type of cancer, there is the fact that these lesions are discovered late. Therefore, it is very important to detect it in its initial stage, since an early diagnosis increases not only the survival of women, but also the possibility of a cure[2].

In the United States, breast cancer is also the most prevalent among females. However, the high rates of breast cancer have steadily declined since the beginning of the last decade, an achievement attributed to the effective actions of screening and early detection of the disease[3]. Following this example, the Brazilian Ministry of Health adopted strategies by describing the high rates of incidence and mortality for the disease, as well as creating guidelines for effective prevention and early diagnosis of breast cancer.

These guidelines define action plans that, in their essence, seek to attend women who belong to risk groups in a holistic and humanized way, taking care of them from the early screening of breast lesions to the referral to the specialized service, if some suggestive lesion alteration is present[1].

The risk factors for the development of breast cancer are: age (women over 50 are more likely to develop this pathology), early menarche, late menopause, first pregnancy after 30 years of age, nulliparity, radiation exposure, hormonal replacement therapy, obesity, alcoholism, sedentary lifestyle, and positive family history for breast cancer[1]. Such factors can be investigated during disease prevention.

The diagnostic modality for breast cancer follows primary and secondary prevention methods. The role of primary prevention is to modify or eliminate risk factors, while in secondary prevention the diagnosis and early treatment of cancer are included[4]. In addition, the Ministry of Health developed the *Consensus Document for Breast Cancer Control*, published in 2004, which contains, among other recommendations, techniques related to secondary prevention, considered to be the most effective methods for the early detection of breast cancer in different age groups[5].

It should be noted that there is no failure-free method in primary prevention of breast cancer; however, there are three secondary prevention strategies for early detection: Breast Self-Exam, Breast Examination, and Bilateral Mammography. The latter is considered a relevant method in the population and collective programs for its impact on mortality[6].

In relation to the strategies, the need for breast self-examination as an early identification of some alterations has been widely addressed in the last years, since this is an easy method, painless and without financial costs. In addition, breast self-examinations are essential for women's self-knowledge about their breasts, so that they become familiar with the shape, size, appearance of the skin and the nipple, in order to facilitate the early detection of abnormalities[7].

Breast self-examination cannot be seen as an isolated strategy for the early detection of breast cancer, due to the lack of evidence of its benefits. Each woman is recommended to examine her own breasts, and thus, health education actions are a necessary part of the knowledge about a woman's own body. Self-care in health is a way to avoid the development of diseases, and, therefore, characterized as a preventive action. Therefore, women need informational support and access to quality services and professionals for health promotion[8].

In addition to this practice, in order to confront breast cancer in the country, the National Cancer Institute José Alencar Gomes da Silva recommends mammography screenings for women between the ages of 50 and 69, with a maximum interval of two years between the examinations. The clinical examination screening of the breasts should be offered annually for all women above 40 years. Mammography and clinical

examination of the breasts should be performed annually by women aged 35 or older who belong to population groups under a high risk of developing breast cancer[9].

Thus, the present study aims to reveal the aspects that influence the occurrence of breast cancer, with a view to enhancing preventive practices.

METHOD

This is a descriptive and exploratory study, with a qualitative approach and based on the thematic content analysis. This type of approach is used to understand the aspects that comprise the reports, making it possible to perceive the characteristics, beliefs, meanings and values that are implicit in each of them[10].

Content analysis is a set of communication analysis techniques aimed at obtaining, through systematic and objective procedures of description of message content, indicators that allow the inference of knowledge regarding the conditions of production/reception of those messages[10].

The study was carried out in the first half of 2016 at the Chico Costa Family Health Unit (FHU), located in the district of Santo Antônio, in the municipality of Mossoró, state of Rio Grande do Norte. This basic unit was chosen due to the great demand for care and the different location, favoring the diversification of workers and practices, and also because this place was the one that registered a higher increase in the prevalence of breast cancer in the city of Mossoró, in relation to the other neighborhood.

The population was composed of nurses and physicians from the family health team of this unit. The choice of these two categories of professionals was because these groups are those that most commonly act in the attention to women's health, catering to their many diverse needs, being able to know and even to discuss the issues that interfere in the screening for breast cancer and the limits and possibilities that interact in this dynamic.

Were included professionals who were working in this FHU for at least a year, developing women's health activities. Workers who were on vacation and/or work leave at the time of data collection were excluded.

The chosen instrument for data collection was a semi-structured interview script, including fifteen open questions. Open questions allow interviewees to broaden their responses, since they consider professional qualification and length of service and issues related to the screening of breast cancer. For example: What are your actions for breast cancer screening? Is this practice characterized as a routine in your daily life? If not, why?

The interview was recorded using a mobile device in MP4 format, preventing important information from being lost. Then, the data was transcribed for further analysis.

The participants were given fictitious names for the five countries with the highest breast cancer mortality rate in the world, according to information obtained on the website of the National Cancer Institute José Alencar Gomes da Silva: United Kingdom, Finland, Canada, Spain and United States.

The study was approved by the Research Ethics Committee of the State University of Rio Grande do Norte under protocol no. 356.958, so that every participant was supported by the confidential criteria of the research, with prior authorization and signature of the Free and Inform Consent Form, according to resolution 466/12 of the National Health Council.

RESULTS

Four nurses and two physicians were interviewed. From the analysis obtained from the data, three categories were found: *The understanding of professionals about the importance of breast cancer screening; How do breast cancer screenings take place in the health unit;* and, *Difficulties for the effectiveness of breast cancer screening*.

The first category includes the understanding of the professionals that work in the selected health unit regarding the screening of breast cancer. The second one was constructed based on the questioning of how the screening has been carried out in the day-to-day work in this health unit. And the third category seeks to reveal the difficulties

for the implementation of early diagnoses and screening of breast cancer in this health service.

The understanding of professionals about the importance of breast cancer screening

The professionals pointed out that screening is important for the breast cancer treatment process, as well as the early detection and appropriate treatment of this pathology, as attested by one of the interviewees:

Screening for breast cancer is important since we can detect the lesion or possibility of injury as early as possible and to make the treatment the most effective, the most appropriate or the least painful, the most comfortable in order to achieve the best possible results with less damage to the patient (United States).

Screening is to examine and identify. To know if there is a breast cancer node in several women (Canada).

How do breast cancer screenings take place in the health unit

In the reality of the service researched, according to the report of the professionals, the screening occurs in the home visit, through the active search of asymptomatic women, besides monitoring the existing cases, until the referral of new cases to a reference institution in the oncological assistance, as necessary:

Screening is a process that involves the active search of cases and also the monitoring of those that already exist. Since the home visit, the Health Unit itself is already careful to refer the client to the service she wants (Finland).

When questioned about how they performed the screening of breast cancer in their daily lives, some professionals had some misunderstandings regarding the age limit for mammography screening recommended by the Ministry of Health:

The practice recommended by the Ministry of Health, requests mammographies from the age of 40, and in suspected cases it has guidance for individual examination, and the complete screening with image exam and markers, and referral to specialists (Spain).

Difficulties for the accomplishment of breast cancer screening

When it comes to difficulties in effecting the screening of breast cancer, the first reported by professionals was gender prejudice, since more than half of the medical team is composed by male professionals. This may be due to women's fear of exposing themselves to an "unknown" male figure:

Regarding breast cancer the male nurse suffers a resistance, customers still complain of shame, of not wanting to be examined by man (United Kingdom).

Another barrier reported by professionals was the lack of articulation between the multiprofessional team in the screening of breast cancer. In particular, the lack of involvement of the medical professional in the execution of actions directed to this program, even when these actions are necessary.

Another no less important aspect is related to Management. The restlessness of the professional refers to the continued lack of care. Often, in addition to cancer being discovered late (for lack of an expanded or at least sufficient supply of screening methods), a more complete and adequate treatment with technologies that offer a better prognosis is not offered to the patient:

Especially the availability, the delay in scheduling exams, the difficulty of the therapy and the complementary diagnostic services, I think are the system's biggest deficiencies for an appropriate performance (United States).

DISCUSSION

The objectives of screening programs are to impact on mortality rates, as well as to provide early diagnosis and, thus, to cause less physical, mental and social harm using more aggressive therapies[11].

Breast cancer, despite being one of the main causes of death among Brazilian women, is a type of cancer that demonstrates more strongly the effectiveness and impact of a screening program in reducing its incidence[12].

When the interviewees were asked about the importance of breast cancer screening, it could be observed that one of the professionals sees the screening as a tool capable of discovering the disease in its early stages. This can lead to a treatment less aggressive for the patient, besides being decisive for the follow-up using a less invasive treatment.

On the other hand, in the statement of another participant, it was possible to perceive a certain lack of interest in talking about the subject, this being due to the lack of preparation of many professionals regarding screening actions and how they should be conducted in the health service. Another

participant presented a screening concept that demonstrates a limited vision, bordering on common sense: This leads us to question whether this strategy has been used in the daily practice of his professional practice.

In the perspective of breast cancer screenings in the health unit, it was observed that in the secondary prevention of breast cancer the nurse and the doctor play important roles in the intensification of actions. They are directly responsible for the implementation of the breast cancer screening program, and must perform the clinical examination of the breasts, request mammography and perform health education actions related to self-examination of the breasts.

It is noticeable that the assistance of these professionals is based both on early detection, which is the care for symptomatic people seeking to detect the cancer at the least advanced stage possible, as well as the screening, which is the active search for asymptomatic individuals who are potential victims of cancer.

However, the screening identified in this service is the opportunistic one, because, when looking for the basic family health unit, the woman is evaluated by the health professionals, even if the purpose of going to the service was another.

Breast cancer can be diagnosed using simpler tools such as clinical breast examination, which means professionals need to be qualified and trained to do so[13].

In addition to direct actions in the clinical examination of the breasts, the nurse must coordinate activities in the family health strategy, which seeks to reach women who have not yet undergone mammography. It is also necessary to participate in education activities related to mammography, clinical examination and self-examination of the breasts, seeking to end prejudices and fears that end up becoming barriers to the screening of breast cancer.

The Ministry of Health recommends, for women from 40 to 49 years, an annual clinical examination of the breasts. For women between 50 and 69 years, the recommendation is that of a mammography every year, in addition to the clinical examination of the breasts. The exceptions are directed to women over 35 years old who are part of the group at risk for the development of breast cancer, which must perform clinical breast examinations and mammography annually[14].

Screening for breast cancer should be a frequent practice in health services, the professionals involved should take advantage of consultations to perform the clinical examination of the breasts (even if the reason for the consultation is not a breast complaint) and guide the patient for healthy life habits, as well as for self-examination of the breasts, whose main purpose is to provide women with a better knowledge of their own body[15].

Nursing presents taboos and prejudices from training to professional practice. Such taboos are linked to sexuality, which is an inherent dimension of the human being and is intrinsically linked to the care given to the client[16].

Despite technological advances in developing countries such as Brazil, there is still a deficit in access to early detection. This deficit also extends to lower diagnoses in the less advanced stages of cancer, and to the time it takes to initiate appropriate treatment, decreasing the chance for a favorable prognosis[17].

Therefore, the later the diagnosis and the beginning of treatment are, more complicated becomes the situation of the woman and her family. The Unified Health System does not offer possibilities for the user to "go through the levels of attention in a short time, in order to prevent the progression of breast cancer, poor prognosis and suffering" [18].

CONCLUSION

Professionals recognize the importance of screening in the prevention and early diagnosis of breast cancer, in order to contribute to less invasive and crippling treatments.

It was also possible to learn that the screening model used was opportunistic, corroborating the reality of the country, since, for an organized screening, it would be

necessary for health systems to cover all the mammography demands of all women in the age range recommended by the Ministry of Health.

The study has as limitation the fact that it occurred in a single health service, using an instrument with qualitative focus, thus preventing generalizations. Despite this, it was possible to see, in the researched territory, issues related to women's health, recognizing aspects that interfere in the practices of the professionals during the screening of breast cancer.

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CONTRIBUTIONS

Carla Nadja Santos de Sousa and **Fátima Raquel Rosado Morais**, contributed to the project design, data collection, analysis and interpretation, and writing. **Jovanka Bittencourt Leite de Carvalho** participated in the discussion and review.

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