

Knowledge about breast cancer in patients of a doctor's office

Ailen Guzmán-López ¹ , José Carlos Alvarez-Hernández ² , César Ramón Góngora-Ávila ³ , Roberto Alejandro Mejías-Arencibia ³ , Yuliem Fernández-de-Posada ¹ , Kenia López-García ² 

¹Universidad de Ciencias Médicas de Ciego de Ávila. Facultad de Ciencias Médicas de Morón. Ciego de Ávila, Cuba.

²Universidad de Ciencias Médicas de Ciego de Ávila. Policlínico Docente Universitario Sur. Ciego de Ávila, Cuba.

³Universidad de Ciencias Médicas de Las Tunas. Facultad de Ciencias Médicas "Dr. Zoilo Enrique Marinello Vidaurreta". Las Tunas, Cuba.

ABSTRACT

Introduction: breast cancer represents a public health problem. It is the most common malignant neoplasm in women and can also manifest itself in males, to a lesser extent though. Updating on issues related to this disease is necessary to achieve its prevention. **Objective:** to characterize the level of knowledge about breast cancer in a group of patients belonging to the Family Doctor's Office 20 in Morón, Ciego de Ávila. **Method:** an observational, descriptive, cross-sectional study was carried out from September to October 2020. The entire universe was studied, which consisted of 81 patients. Descriptive statistics were used. **Results:** the female sex represented 60,5 % of the cases. Adults over 50 years old accounted for 43,2 %. The absence of breastfeeding and smoking was present in 33,3 % and 25,9 % of the patients. Regarding the level of knowledge, 70,4% was inadequate. **Conclusions:** it was possible to identify a low level of knowledge in the surveyed people on issues related to breast cancer.

Keywords: Knowledge; Risk factors; Breast neoplasms; Primary prevention.

Breast cancer (BC) represents a public health problem. Worldwide, it is the most common cause of death associated with cancer; it can also manifest itself in males, to a lesser extension though¹.

For several decades, the incidence of BC has increased notably around the world, especially in Western countries. This growth continues, despite the existence of better diagnostic resources, diverse early-detection programs, better treatments, and greater knowledge of risk factors².

BC is the most common malignancy in western women and the leading cause of cancer death of women in Europe, the United States, Australia, and some Latin American countries³.

It is currently estimated that a woman at birth has a 1:8 risk of developing malignant breast tumors.

Each year 1,38 million new cases are diagnosed and 458 000 deaths occur; a new case of BC is detected every 25 seconds^{4,5}.

In Latin America and the Caribbean, it is the first cause of death from female malignant neoplasms, displacing cervical cancer in several countries. It is estimated that almost 30 000 women die annually from this disease, which translates into the death of 82 women per day. The reported incidence varies from 49,27 cases per 100 000 women in Brazil; 41,9 per 100 000 in Colombia; 9,34 per 100,000 in Bolivia; 34 per 100 000 in Peru; up to 159 per 100 000 in Chile^{4,5}. In Mexico, it is the second leading cause of death due to tumoral processes in women over 25 years old and each year 14 000 new cases are diagnosed^{5,6}.

According to the 2020 Statistical Yearbook of Health, in Cuba, BC ranks second among the most frequent locations of malignant neoplasms in women and seventeenth in males. The provinces with the highest incidence are Havana, Villa Clara, Santiago de Cuba, Holguín, Camagüey, and Guantánamo; the risk of dying is higher in the provinces of Havana, Camagüey, Santiago de Cuba, and Guantánamo⁷.

In Ciego de Ávila, according to data collected in Provincial Statistics, the behavior of the incidence during 2019 was 66 patients with a mortality of 46 deaths. The Morón municipality had an incidence of 116 cases diagnosed with BC, of which 115 were female and one, male⁸.

In recent years, thanks to the implementation

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Corresponding author: Ailen Guzmán-López
Email: ailenguzmanlopez@gmail.com

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Conflict of interests

The authors declare no conflict of interest.

of the Breast Cancer Early-Diagnosis Program in Cuba, a greater number of cases have been detected in stages I and II, which has allowed the use of minimally invasive treatments and elevation of survival rates in affected women⁹.

Despite these achievements, the results are still not as expected unfortunately, and morbidity and mortality rates continue to be high. Hence the need for health personnel to play a primary role in the timely identification of risk factors, as well as in reducing the evolution of the disease through early diagnosis and the application of a timely and effective treatment⁹, for what it is a matter of vital importance, as a preventive method, people's knowledge on aspects related to BC.

Considering cancer is the leading cause of death in the province of Ciego de Ávila and, specifically, breast cancer occupies the second cause of morbidity and mortality of females in that territory, it was decided to carry out the present investigation, whose objective is to characterize the level of knowledge about BC in patients belonging to the Family Doctor's Office No. 20 in the municipality of Morón, Ciego de Ávila.

METHOD

Type of study: an observational, descriptive, cross-sectional study of patients belonging to the Family Doctor's Office No. 20, located in the southern area of the municipality of Morón, was carried out in the period from September to October 2020.

Universe and sample: the entire universe was studied, which consisted of 81 patients over 20 years old belonging to the Family Doctor's Office No. 20 in the municipality of Morón. Patients with mental disabilities were not included in the study and those who did not agree to participate in the research were also excluded.

Variables and data collection: the studied variables were: age, sex, skin color, Educational level, BC risk factors (age over 50 years old, personal and family history of BC, personal history of cancer in another location, early menarche, first delivery after 30 years old, nulliparous, absence of breastfeeding, late menopause, prolonged use of oral contraceptives, overweight and sedentary lifestyle, radiation exposure, smoking, alcoholism) and level of knowledge on BC (adequate or inadequate). A questionnaire (Available at Complementary Files to the article) was applied to all the selected individuals, after having voluntarily consented to participate in the study, which was used to determine the level of knowledge on the disease. The variables were collected from individual patient surveys.

Statistical processing: the results were taken to a Microsoft Office Excel database and processed in the statistical package IBM SPSS 21.0 for Windows.

Descriptive statistics were used, such as absolute and relative frequencies.

Ethical standards: the research, approved by the Institution's Scientific and Ethics Council, maintained as a premise respecting the bioethical principles of studies with human beings, established in the II Declaration of Helsinki. The ethical and bioethical requirements for safeguarding personal information were fulfilled; the basic principles were responsibly assumed: respect for people, beneficence, non-maleficence, and justice.

RESULTS

The female sex represented 60,5 % of the cases and 39,5 % belonged to the age group of 30-49 years old (Table 1).

Table 1. Distribution of patients according to age group and sex. Family Doctor's Office No. 20. Morón, Ciego de Ávila. September-October 2020

Age groups	Sex				Total	
	Male		Female		No.	%
	No.	%	No.	%		
20-29	4	4,9	7	8,6	11	13,6
30-39	13	16,0	19	23,5	32	39,5
40,49	5	6,2	2	2,5	7	8,6
50-59	7	8,6	12	14,8	19	23,5
Over 60	3	3,7	9	11,1	12	14,8
Total	32	39,5	49	60,5	81	100

Source: structured interview.

A predominance of white skin females was observed, which represented 40,7 % (Table 2).

In 34,6 %, the finished "technical educational level" (level of education with a theoretical and practical approach, it comes right after finishing Secondary school for those who are interested) predominated (Table 3).

Regarding risk factors, it was observed that the absence of breastfeeding and adults over 50 years old accounted for 55,1 % and 43,2 %, respectively (Table 4).

It was observed that 70,4 % of the participants present inadequate knowledge on issues related to BC (Figure 1).

DISCUSSION

Despite the enormous efforts devoted to the study of BC and its prevention through health programs, there are still basic unsolved problems; such is the case of ignorance of the disease¹. The high incidence of BC is a problem that can be modified assuming that there are known risk factors subject to prevention and therapies with excellent survival results in the case of an early diagnosis.

Table 2. Distribution of patients according to skin color and sex.

Skin color	Sex				Total	
	Male		Female			
	No.	%	No.	%	No.	%
White	19	23,5	33	40,7	52	64,2
Black	8	9,9	6	7,4	14	17,3
Mixed-race	5	6,2	10	12,3	15	18,5

BC is not very common in men and presents similar general characteristics as those of female cancer¹⁰. While countless epidemiological studies have been carried out in women for early diagnosis, there are not known investigations of this type in men^{11,12,13}, which makes it necessary to extend the studies to this group to delve into aspects related to incidence and prognostic factors.

Table 3. Distribution of patients according to educational level

Educational level	No.	%
Unfinished primary	3	3,7
Completed Primary	4	4,9
Finished Secondary	11	13,6
Half-finished technician	28	34,6
Finished high school	19	23,5
Finished University	16	19,8

In a study carried out by Gómez et al.¹⁴, regarding

skin color there was a predominance of patients with white skin color (85,75 %), a result that coincides with those of the present study. According to Games et al.¹², women with white skin are more susceptible to BC; however, women with black skin are more likely to die.

Table 4. Distribution of patients according to BC risk factors

Risk factors*	No.	%
Age (over 50 years old) **	35	43,2
Personal history of BC **	5	6,2
Family history of BC **	16	19,8
Personal history of cancer in another location **	5	6,2
Early menarche ***	2	4,1
First delivery after 30 years old ***	9	18,4
Nulliparous ***	8	16,3
Breastfeeding cessation ***	27	55,1
Late menopause ***	3	6,1
Long-term use of oral contraceptives ***	5	10,2
Overweight and sedentary lifestyle **	11	13,6
Exposure to radiation **	2	2,5
Smoking **	21	25,9
Alcoholism**	4	4,9

* Several patients presented more than one risk factor.
 ** Percentages are calculated based on the total population under study.
 *** Percentages are calculated based on the total female population.

Although it is known by several authors^{1,5,15} that people's educational level, directly and indirectly, influences the level of knowledge on the subject, there is no literature that addresses the variable previously analyzed, which makes it impossible for the authors to compare the results obtained with other research.

Some studies show that women who have not had children or breastfed, those who had children for the first time after 30, and those who have advanced menstruation or very late menopause, are predisposed to the development of BC^{1,3,5,13,14}.

According to Rodríguez-González et al.¹⁵, among the risk factors of BC, the most identified in their research were early breastfeeding cessation, family pathological history, and personal history of cancer. The least identified were age over 50 years old, alcoholism, first childbirth after 30 years old, prolonged estrogen treatment in postmenopause, late menopause (> 52-55 years old), postmenopausal obesity, smoking, and nulliparity. These results do not coincide with those presented in terms of age over 50 years old, because in the present study this variable significantly predominated over the other factors and, in turn, coincide in terms of early cessation of breastfeeding.

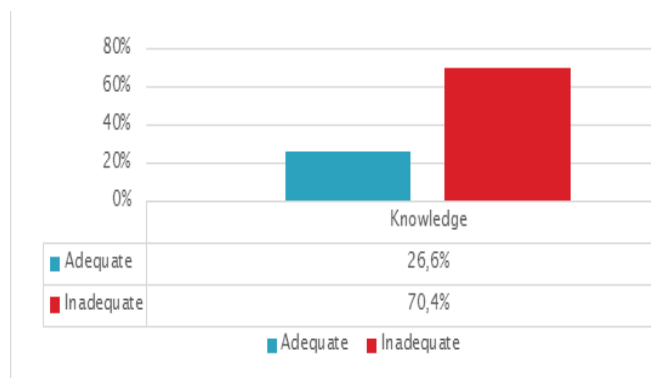


Figure 1. Distribution of patients according to the level of knowledge

Gómez-Delgado et al.¹⁴ yielded results that do not correspond with those presented, regarding the prevalence of a family history of BC in the first line of consanguinity and early menarche as risk factors for suffering the disease.

The authors recognize the importance of knowing the risk factors of BC because of all the diseases that affect women, this represents the cruelest threat to their image, since for them breasts represent the most valuable attribute of their femininity.

During the research a high percentage of the surveyed people was not able to identify the risk factors predisposing them to suffer, which leads to the fact that there is a poor cognitive level about this disease. Lack of knowledge is influenced by different causes such as a low level

of schooling, limited availability of economic resources, and even the power exercised by the male sex at home, which, on occasions, limits women to go for examinations of these organs due to prejudices.

Delgado et al.¹⁶ allude to the importance of knowledge about the risk factors that may predispose to suffering from this disease, fundamentally those that can be modified; understanding the risk factors identified for BC allows us to transform inappropriate behaviors into healthy ones for a higher quality of life.

It is important to sensitize physicians, the entire health team and, the relevant authorities on the need for health education, which plays a key role in promoting knowledge about risk factors that cause BC.

One of the limitations of the study was that it was carried out in the context of a doctor's office when it could be generalized to other areas of the territory.

CONCLUSIONS

A high level of ignorance of the disease prevailed in the surveyed patients, which coincides, in most cases, with a low degree of risk perception of suffering from the disease.

AUTHORSHIP

Ailen Guzmán-López and Roberto Alejandro Mejias-Arencibia: conceptualization, data curation, formal analysis, research, methodology, project management, writing-review and editing.

José Carlos Alvarez-Hernández: conceptualization, formal analysis, research, original draft, writing-review and editing.

César Ramón Góngora-Ávila: formal analysis, research, writing-original draft.

Yuliem Fernández-de-Posada and Kenia López-García: formal analysis, research, writing-review and editing.

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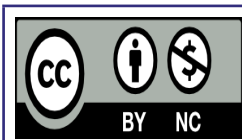
Conocimientos sobre cáncer de mama en pacientes de un consultorio médico

RESUMEN

Introducción: el cáncer de mama representa un problema de salud pública; es la neoplasia maligna más frecuente en la mujer y también puede manifestarse en el sexo masculino, aunque en menor cuantía. Resulta necesaria la actualización sobre temas relacionados con esta enfermedad para lograr su prevención. **Objetivo:** caracterizar el nivel de conocimientos sobre cáncer de mama en un grupo de pacientes pertenecientes al Consultorio Médico de la Familia 20 del municipio Morón, Ciego de Ávila **Método:** se realizó un estudio observacional, descriptivo, transversal en el periodo comprendido entre septiembre y octubre de

2020. Se trabajó con la totalidad del universo, el cual estuvo constituido por 81 pacientes. Se utilizó la estadística descriptiva. **Resultados:** el 60,5 % de los casos representó al sexo femenino. Las personas adultas mayores de 50 años representaron el 43,2 %. La ausencia de la lactancia materna y el tabaquismo estuvieron presentes en el 33,3 % y el 25,9 % de los pacientes respectivamente. En cuanto al nivel de conocimientos, el 70,4 % era inadecuado. **Conclusiones:** se logró identificar un bajo nivel de conocimientos en las personas encuestadas sobre temas relacionados con el cáncer de mama.

Palabras clave: Conocimiento; Factores de riesgo; Neoplasias de la mama; Prevención primaria.



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