12 - THE INFLUENCE OF THE DEGREE OF INSTRUCTION IN THE PRECOCIOUS DIAGNOSIS OF BREAST CANCER IN WOMEN

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INTRODUCTION:

The breasts are agencies glandulares destined to secretar the milk, that it propitiates to just been born the indispensable food in the first months of life and, for this concept, are considered true annexes of the reproduction device human being. The pairs of mammary glands initiate its development embryonic period no longer, being possible to observe an sketch of mammary gland in the embryo of seven weeks (Halbe, 1995). The breast is a structure circular pair and, located in the previous wall of the thorax, under the skin and on the muscles pectoral bigger, extending itself laterally for the armpit. The mammary gland is constituted of two main components: one parenquima epithelial of ectodermic origin and one has supported conjunctive of mesodermal origin (Halbe, 1995). Parênquima epithelial is constituted by two or more wolves, each one of them in continuity with proper its ducto excretor that finishes in mamilo. Under the base of mamilo, each ducto dilata in the breast, a milk deposit. Each wolf, in turn, is subdivided in lobes and these formed by ácinos, grouped around ducto collecting. The lobe is the anatomical unit and functional of the breast and its number and size they vary with the evolutivo period of training of the woman and lactância. The acinos are constituted by cells cubóides or colunares, in which the proteins of milk are synthecized (Halbe, 1995). The breast cancer can originate in the ductos of intermediate size or the ductos terminals and the lobes. (Berek, et al, 1998).

The cancer of breast properly said is a malignant tumor. This wants to say that the breast cancer is originated by a multiplication exaggerated and disordered of cells, that form a tumor. The tumor is called malignant when its cells have capacity to originate metastasis, that is, to invade other healthy cells to its return. If these cells, called malignant, to fall in the sanguine circulation, can arrive at other parts of the body, invading other healthy cells and originating new tumors (Souza et al., 1986 ; Liga Portuguesa, 2006).

The breast cancer has been one of the biggest problems of public health in the whole world, being probably the most feared by the women due its high frequency and by its psychological effect (Monteiro et al., 2003). Monteiro et al (2003), affirms that in Brazil, the malignant neoplasia of the breast is the responsible one for 14,2% of the total of 15,1% of deaths for cancer in women. If it cannot make primary prevention of this type of neoplasia, therefore the recognition of truily precursory injuries was not possible. Thus, the only action effective that if has is the secondary prevention in terms of diagnosis in initial periods of training of the illness (Orquiza, 2005). The etária band with bigger incidence of this cancer is of the 40 to the 60 years, even so has a recent trend of appearance of this illness in women of inferior age to the 40 years (Campes, 2001).

The breast cancer, until the moment, cannot be prevented. However, some of the stages of the natural history of the illness are known, as well as its factors of risk and protection. Moderate physical activity, rich diet in fruits and vegetables, first gestation before the 30 years of age, delayed menarca and precocious menopause are some of the protection factors. Risk factors are considered: exposition the ionizing radiations, great ingestion of saturated fats, precocious menarca, delayed menopause, nuliparidade, first gestation after the 30 years of age, indiscriminate hormonais chemical preparation use, familiar alcohol consumption and positive antecedents (Molina et al., 2003). According Gonçalves et al. (1999), studies on partner-economic factors that influence the practical one of the auto-examination of the breasts and the mamografia, show that the women of bigger educational level and income are of bigger adhesion and that they withhold greaters knowledge on these examinations. Such studies strengthen the perception of that the women with low social, educational and informacional condition are the ones whom more they need to be persuaded to practical of auto-examination and the mamografia, that are the forms most efficient for precocious detention of this disease. The auto-examination of the breasts must monthly be carried through by all the women from the 21 years of age, seven days after the beginning of the menstruation, or when the breasts if to present less sensible and intumescidas, common in the daily pay-menstrual periods. After the menopause, must be defined one day of the month and always be carried through the examination with interval of 30 days. Therefore, the basic objective of the auto-examination is to make with that the woman knows its breasts at great length, what facilitates the perception of any alterations, such as small nodules in the breasts and armpits, secretion exit in the mamilos, change of color of the skin, retractions, beyond other alterations that call its attention (Orquiza, 2005).

Already the mamografia is a type of special x-ray that especificadamente shows the image of the breast made for a projected device of Ray for this end, the mamógrafo (Duarte, 2005). The mamografia is recommended from the 35 years of age, being the first mamografia that one that will serve as referencial for the next examinations. This must be made annually. Depending on the age of the patient, of the density of the breast, size of the localization and the mamográfico aspect of the tumor, the disgnostic sensitivity of this method can vary. Its especificidade is of approximately 30% 40% for impalpáveis mamográficas abnormalitys and 85% 90% for evidentes malignidades (Molina et al., 2003). In terms of educational and cultural Brazil, where great part of the population meets in a low partner-economic estrato, the act to practise the auto-examination becomes each more delayed time making with that the women only search professionals only specialized when the illness already meets in advanced period of training. In such a way, to know the reality of our community can serve as a good instrument for future interventions how much to the education and orientações to the precocious diagnosis.

MATERIALS AND METHODS:

A study through interviews with 60 women with age between 35 and 60 years was become fullfilled. Of the 60 women, 30 had low degree of instruction (only with complete or incomplete Basic Education) and 30 had high degree of instruction (from complete University Degree or in course). No woman with only complete or incomplete college degree was not found. The population was boarded in the dependences of the University of the Valley of the River of Sinos (UNISINOS), that it consists of six (06) centers that represent the respective areas of professional performance: Sciences Human beings, Sciences of the Health, Legal Sciences of the Communication, Sciences, Economic Sciences and Accurate and Technological Sciences. The interviews had been made in the hall of each one of these centers. The ranks of attendance, rooms of professors, centers of convivência (lancherias, banks, store) also had been chosen as local for the accomplishment of the research in question. The diversity of the chosen places provided the meeting of women of different degrees of instruction. In such a way, the research

searched to be randomizada possible. The interview was lead using an opened, applied questionnaire and filled for pupils of the course of graduation of Physioterapy of the Unisinos. The questionnaire was composed for identification of the woman (age, degree of instruction, civil state and profession), for personal history (menarca, menopause, children, frequency of the gynecological examination and medicines - contraceptive you pray) and for the following questions: 1) What you know on auto-examination? 2) How you it acquired information on the auto-examination? Television, Internet, Periodical, gynecologist, others? 3) How it is that the auto-examination becomes? 4) E you carry through the auto-examination? With that frequency? 5) For you which the importance to carry through the auto-examination? 6) What you know on the mamografia? 7) How you it acquired information on the mamografia? 8) You carry through the mamografia? With that frequency? 9) For you which the importance to carry through the mamografia?

RESULTS: Of the 60 interviewed women, the results had been analyzed in the groups with low (n= 30) and high degree (n= 30) of instruction. Values absolute and analyzed the percentage of the total of information gotten of the group had been used. Habit to consult the gynecologist: It was observed that both the groups had presented good frequency of gynecological consultations, however, the group with low degree of instruction informed a reply never to have consulted the gynecologist (table 1).

GROUPS:	semester	annually	eventually	never it consulted
Low Degree of Instruction	9 (30%)	17 (57%)	3 (10%)	1 (3%)
High Degree of Instruction	8 (27%)	21 (70 %)	1 (3%)	0 (0%)

Table 1: Habit of gynecological consultations

Source of Information on the auto-examination: Of the group with low degree of instruction 48 different answers on the used sources had been observed to acquire information on the auto-examination of the breasts. The group with high degree of instruction presented 67 different answers. The meeting of these information, for affinity, allow-in the dividiz them in 4 sources, which had been presented in absolute and analyzed values percentile (table 2).

GROUPS:	gynecologist	television	periodical / newspapper	others	Never heard
Low Degree of Instruction	20 (41,6%)	17 (35,4%)	-	9 (18,7%)	2 (4,2%)
High Degree of Instruction	27 (40,3%)	22 (32,8%)	11 (17,4%)	7 (10,4%)	-

Table 2: Information on auto-examination.

Level of instruction practical versus of the mammary auto-examination: When crossing the level of instruction with the practical one of the mammary auto-examination carried through by the 60 interviewed we find that, the group with low degree of instruction demonstrated to greater assiduity how much to the auto-examination (table 3).

GRUPOS:	Weekly	monthly	eventually	Do not realize
Low Degree of Instruction	8 (26,6%)	11 (36,7%)	8 (26,6%)	3 (10%)
High Degree of Instruction	2 (6,6%)	13 (43,3%)	8 (26,6%)	7 (23,4%)

Table 3: Frequency of the accomplishment of the auto-examination of the breasts.

Source of Information on the mamografia: Of the gotten information of the group with low degree of instruction 34 different answers on the used sources had been observed to acquire information on the mamografia more frequently, being the gynecologist the reply. The group with high degree of instruction generated 39 different answers on the used sources to acquire information on the mamografia. The meeting of these information in allowed dividiz them them in 4 sources, which had been presented in absolute and analyzed values percentile, as demonstrated in table 4.

Groups	gynecologist	television	Periodical / newspapper	others	Never heard
Low Degree of Instruction	17 (50%)	5 (14,7%)	-	9 (26,5%)	3 (8,8%)
High Degree of Instruction	19 (48,7%)	6 (15,4%)	1 (2,5%)	10 (25,6%)	3 (7,7%)

Table 4: Source of information on mamografia.

Level of the instruction practical versus of the mamografia: When crossing the level of instruction with the practical one of the mamografia carried through for the 60 interviewed, we divide the answers in three distinct groups, being annually, esporadicamente and it never carried through. We observe a great percentage of negative answers (40%) for the group with high degree of instruction. In contrast, the group with low degree of instruction presented a bigger assiduity in the accomplishment of the mamografia (table 5).

GRUPOS:	annually	semester	Never did
Low Degree of Instruction	14 (46,4%)	6 (20%)	10 (33,3%)
High Degree of Instruction	10 (33,3%)	8 (26,6%)	12 (40%)

Table 5: Frequency of accomplishment of mamografias.

DISCUSSION and CONCLUSION:

After the presentation and analysis of the data, we arrive at a result that contradicts the great majority of the studies carried through recently that they approach the relation enters the cancer of breast and the instruction. Normally the studies they indicate that the women of bigger educational level are of bigger adhesion and knowledge on the auto-examination of the breasts and the mamografia (Monteiro et al, 2003; Godinho et al, 2005; Marinho et al, 2003 e Gonçalves et al, 1999). However, the present article in them points a bigger practical search and of the precocious diagnosis (auto-examination and mamografia) for the women of low degree of instruction. It is observed that, exactly with a small sampling, it can be verified that the number of women who carried through the auto-examination of the breasts weekly or monthly (the most indicated) is bigger in the ones of low degree of instruction, moreover, the number of women that they do not carry through the auto-examination is lesser in the group of low degree of instruction (with a 13,4% difference), evidencing a practical greater of the auto-examination for the women with low degree of instruction.

When we cross the level of instruction with practical of the mamografia the result also presented an association not waited. The number of women whom they had told to carry through the mamografia annually is superior in the group of low degree of instruction, another sufficiently significant data is the number of women who had never carried through the mamografia, which revealed superior in the group of high degree of instruction, this in them indicates a bigger accomplishment of the mamografia for the women with low degree of instruction.

These data can, possibly, be explained by the fact of that the women of low degree of instruction, probably also present minor financial standard of what the women with high degree of instruction. This fact, probably is related with the access to the doctor's offices and ranks of health. While the group with low degree of instruction, possibly depends on the rank of the SUS, the women of the group with high degree of instruction probably use doctor's offices with private or particular accords. She is known that the access to the atendimentos of the public system can well more be delayed and difficult of what the private atendimentos. In such a way we believe that this difficulty is stimulating the women to the greater auto-care. Already the women of the group of high degree of instruction, probably prefer that the examination is made by the proper professional of the health, when of its consultation. Thus being, we observe exactly in this research that, in contrast of what we waited, the women of bigger educational level present minor adhesion to the practical ones of precocious diagnosis, having bigger access the information the respect. In contrast, the idea of that the people with low degree of instruction are the ones that they need to be persuaded the practical ones of auto-examination and mamografia revealed to have today been taken care of and, in accordance with our study, observe that this social classroom is well inserted in this attention.

We believe that still they lack research to affirm or not it instruction as factor of risk for the breast cancer. But it is the will of if engaging and providing to more information on the precocious diagnosis of the malignant neoplasia of the breast to all the population, without distinction between educational levels.

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THE INFLUENCE OF THE DEGREE OF INSTRUCTION IN THE PRECOCIOUS DIAGNOSIS OF BREAST CANCER IN WOMEN

ABSTRACT: The Breast Cancer is a disease who exceeds the exclusive interest of the medical areas, becouse the women consider, the symbol biggest of its feminilidade, the breast. The cancer is the uncontrolled growth of cells derived from normal fabrics being capable to kill its host for the dissemination of the cells, since the origin place until distant places. The potential of growth of the Breast Cancer and the resistance of the patient to the malignant neoplasia vary with the individual. The advanced phase of the cancer reaches in low-level economic and educational women. We can't to prevent the appearance it mammary tumor, only if the precocious diagnosis has as resource as preventive form, and in such a way, to preserve the woman, and your mutilation or the death. In view of that the woman must be informed and apt to develop practical preventive being helped it to recognize it the illness in initial phases, considered to investigate in this work, the influence of the degree of instruction in the

practical one of the precocious diagnosis. Parallel, we observe the behavior of the women with regard to the frequency of accomplishment, the first source of the information and the practical one of the precocious diagnosis. Women of 35 the 60 years had been invited to answer a questionnaire, being formed groups with low and high instruction of degree. She was observed that both groups consults the gynecologist annually and this is the first source of the precocious diagnosis. The group with bigger degree of instruction realize less practises of the precocious diagnosis than group with low degree of instruction. We conclude that the women with low degree of instruction have greater attention to the precocious diagnosis, probably for the biggest difficulty of the access to the medical treatment.

Words keys: precocious diagnosis, breast cancer, degree of instruction.

L'INFLUENCE DU DEGRÉ D'SCOLARITÉ DANS LA DIAGNOSE PRÉCOCE DU CANCER DU SEIN DANS DES FEMMES

ABSTRAIT: Le cancer du sein est une maladie qui excède l'intérêt exclusif des secteurs médicaux, pourquoi atteint un que les femmes considèrent, le symbole grand de son feminilidade, le sein. Le cancer est la croissance non contrôlée des cellules dérivées des tissus normaux, depuis l'endroit d'origine jusqu'aux endroits éloignés. Le potentiel de la croissance du Cancer du sein et la résistance du patient au neoplasia malin changent très avec l'individu et la période de la formation de la maladie. La phase avançée de la même se réunit chez les femmes économique et éducatif de bas niveau principalement. N'a pas quant à empêcher ou l'aspect il tumeur mammaire, seulement si le diagnostic précoce a comme ressource en tant que forme préventive, éloignant la possibilité de la mutilation ou de la mort. La femme doit être au courant et susceptible de développer préventif pratique lui étant aidé pour l'identifier la maladie dans des phases initiales, considérées comme étudier dans ce travail, l'influence du degré d'scolarité dans le pratique du diagnose précoce. Parallèle, observons le comportement des femmes en la fréquence de l'accomplissement, de la première source d'information et de la bande d'etária de la pratique du diagnostic précoce. Des femmes de 35 les 60 années avaient été invitées à répondre à un questionnaire, étant les groupes constitués avec le bas degré élevé d'scolarité d'e. On l'a observé dans les deux les groupes que la majorité du participant ceux consulte le gynécologue étant annuellement ceci la première source de diagnostic précoce. Groupe avec un plus grand degré d'escolaridade porte par peu le pratique du diagnostic précoce de ce qui le groupe avec le bas degré d'escolaridade. Nous concluons probablement que les femmes avec peu de degré d'escolaridade ont une plus grande attention au diagnostic précoce, pour la grande difficulté de l'accès au traitement médical.

Clefs de mots: diagnose précoce, cancer du sein, degré d'scolarité.

LA INFLUENCIA DEL GRADO DE ESCOLARIDAD EN LA DIAGNOSIS PRECOZ DEL CÁNCER DEL PECHO EN MUJERES

EXTRACTO: El cáncer de pecho es una enfermedad que excede el interés exclusivo de las áreas médicas, porqué alcanza o que las mujeres consideran, el símbolo más grande de su feminilidade, el pecho. El cáncer es el crecimiento incontrolado de las células derivadas de las telas normales que son capaces matar a su anfitrión para la difusión de las células, desde el lugar del origen hasta lugares distantes. El potencial del crecimiento del cáncer de pecho y la resistencia del paciente al neoplasia varían con el individuo. La fase avanzada del cáncer alcanza en mujeres económicas y educativas bajas. No podemos prevenir el tumor mamario, sólo si la diagnosis precocious tiene como recurso como forma preventiva, y de tal manera, para preservar a la mujer, y su mutilación o la muerte. Debido a eso la mujer debe ser informada y conveniente desarrollar preventivo práctico que te es ayudado para reconocerlo la enfermedad en las fases iniciales, investigamos en este trabajo, la influencia del grado de instrucción en la práctica de lo diagnostico precoce. Paralelo, observamos el comportamiento de las mujeres con respecto a la frecuencia de la realización, la primera fuente de la información y la práctica de la diagnosis precocious. Se había invitado a las mujeres de 35 los 60 años que contestaran a un cuestionario, siendo grupos formados con bajo y alto grado del instrucción. La observaron que ambos grupos consultan a ginecólogo anualmente y ésta es la primera fuente de lo diagnostico precoce. El grupo con alto grado de instrucción realiza menos practica de la diagnostico precoce que grupo con bajo grado de instrucción. Concluimos que las mujeres con el bajo grado de instrucción tienen mayor atención a lo diagnostico precoce, probablemente por la grande dificultad del acceso al tratamiento médico.

Chaves de Palavras: diagnóstico precoce, cáncer del pecho, grado de instrucion.

A INFLUÊNCIA DO GRAU DE ESCOLARIDADE NO DIAGNÓSTICO PRECOCE DE CÂNCER DE MAMA EM MULHERES

RESUMO: O Câncer de Mama é uma enfermidade que ultrapassa o interesse exclusivo das áreas médicas, isto por que atinge, aquele que as mulheres consideram, o símbolo maior da sua feminilidade, a mama. O câncer é o crescimento descontrolado de células derivadas dos tecidos normais sendo capaz de matar seu hospedeiro pela disseminação das células, desde o local de origem até locais distantes. O potencial de crescimento do Câncer de Mama e a resistência da paciente à neoplasia maligna variam muito com o indivíduo e o estágio da doença. A fase avançada da mesma encontra-se principalmente em mulheres de baixo nível econômico e educacional. Porém não há como prevenir ou impedir o aparecimento do tumor mamário, apenas se tem como recurso o diagnóstico precoce como forma preventiva, e desta forma, preservar a mulher, afastando a possibilidade de mutilação ou do óbito. Tendo em vista que a mulher deve estar informada e apta a desenvolver práticas preventivas ajudando-a a reconhecer a doença em fases iniciais, propusemos investigar neste trabalho, a influência do grau de escolaridade na prática do diagnóstico precoce. Paralelamente, observamos o comportamento das mulheres com relação à freqüência de realização, a fonte primeira da informação e a faixa etária da prática do diagnóstico precoce. Mulheres de 35 a 60 anos foram convidadas a responder um questionário, formando grupos com baixo e alto grau de escolaridade. Foi observado em ambos os grupos que a maioria das participantes consulta o ginecologista anualmente sendo esta a fonte primeira do diagnóstico precoce. O grupo com maior grau de escolaridade realiza menos a pratica do diagnóstico precoce do que o grupo com baixo grau de escolaridade. Concluímos que as mulheres com menor grau de escolaridade têm maior atenção ao diagnóstico precoce, provavelmente pela maior dificuldade do acesso facilitado ao tratamento médico.

Palavras chaves: diagnóstico precoce, câncer de mama, grau de escolaridade.