Editorial

Pink October

In the 1990s, the high global incidence of breast cancer triggered a popular movement, which was called Pink October. The fight against breast cancer was its focus, and the population was encouraged to participate in it. This movement was initiated in the United States of America and expanded around the world. Illumination of public monuments and buildings with pink light was one of the initiatives to draw the population's attention to the topic.

In Brazil, São Paulo was the first city that joined the movement in 2002, and the Constitutionalist Soldier Mausoleum has been illuminated since then. Later, this initiative was adopted by other cities in the country and the Brazilian Cancer Institute José Alencar da Silva (INCA) has participated in the movement since 2010. They have promoted spaces for discussion on breast cancer, disseminating and making available information for both health professionals and society in general.

Several reasons have led government authorities to both situate breast cancer control as a priority in the Brazilian health agenda and integrate the Strategic Action Plan (which was launched by the Ministry of Health, MH, in 2011) to face chronic noncommunicable diseases. Below, we highlight some of them: breast cancer (except cases of non-melanoma skin cancer) has the highest incidence in the female population worldwide and in Brazil. Data from INCA allowed us to estimate that 57.960 new cases per year will occur in the period 2016-2017, with an estimated risk of 56.20 cases every 100 thousand women.[1] Mortality rates remain high (14 deaths per 100 thousand women in 2013)[1] and the percentage of late diagnoses is also high (72.4% in stages II, III, and IV).[2] However, the disease has a good prognosis if timely diagnosed and properly treated.

Thus, the strategies as defined by the MH for the control of breast cancer (including early diagnosis and screening) are extremely relevant. In addition, health education actions must be considered. They are the responsibility of the Primary Health Care and include both risk assessment and women awareness of signs and symptoms. The fast and easy access to the Health Care and the attention network organization are essential for the effective disease control. They allow women to have an appropriate and timely follow-up in the different attention levels, a faster diagnosis, and a more effective treatment.

Cancer diagnosis in early stages, when the disease can have a better prognosis, is especially important in countries such as Brazil, where diagnosis in advanced stages still persists and contributes to high mortality rates. In this context, nursing plays a prominent role in one of its competence actions, holding educational meetings on breast cancer directed to the target population. However, a study developed in primary health care services of three cities in São Paulo State reveals that only 52.9-66.1% of the nurses referred

to have carried out this action. Furthermore, this is significantly associated with the fact that they participated in the training program on the MH guidelines for disease control.[3,4] This result shows that continued education of health professionals is important to qualify the assistance provision.

On the other hand, breast cancer screening is a strategy that requires that some exams are performed in an asymptomatic population to identify lesions suggestive of cancer. Then, women with altered results must be referred for diagnostic investigation and treatment. Although the systematized tracking is controversial, it has shown to be an important strategy to reduce (by up to 30%) mortality from breast cancer, especially in countries such as Canada, Sweden, and Spain, where its incorporation allows its impact to be evaluated.

The Guidelines for Early Detection of Breast Cancer (as published in 2015) recommend mammography as the method for tracking within the routine of integral attention to women's health, because its effectiveness in reducing mortality from breast cancer has been proven.

Clinical breast examination (CBE) is not recommended as a screening method in the current guidelines because "the balance between the possible damages and benefits is uncertain". However, a study published in 2016 showed that lesions confirmed as breast cancer (66.4%) were identified through the CBE.[5] Undergoing CBE and breast self-examination (to identify changes or abnormalities suggestive of the presence of cancer) represent complementary actions, which are essential for the early diagnosis of breast cancer. Therefore, we understand that CBE should be part of the routine assessment in the integral attention to women's health.

Although there are guidelines from the government and medical societies for the control of breast cancer, the guidelines are different from each other in some aspects. In addition, Brazilian studies showed that its practical application present non-conformities regarding recommendations for both age of initiation and periodicity of the screening exams and the woman's condition of high risk for the disease. Such non-conformities generate difficulties in assessing the impact of such actions. Regarding provision of specialized assistance to diagnosis and treatment of cancer, women's access to different levels of health care is marked by socio-economic and regional inequalities, and this is another problem widely discussed in the literature.

As explained above, this is a serious problem. However, there are governmental guidelines to face it. However, several factors (related to different action levels of the government, health professionals, and the population itself) indicate that mobilization of all actors involved is essential to keep the spirit of the Pink October movement. Such mobilization is necessary to expand and qualify in the short term the provision of tracking actions and the assurance of follow-up of detected cases. Moreover, it implies a careful review of health professional training and continuing education of those who are in service, with a view to improving the skills necessary to carry out actions related to early detection of breast cancer.

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DOI: http://dx.doi.org/10.1590/1982-0194201700065