

# WHY IS BREAST CANCER EARLY DETECTION IMPORTANT?

Por que a detecção precoce do câncer de mama é importante?

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On June 15 of the current year, the Brazilian Society of Mastology – Rio de Janeiro Region (SBM/RJ) promoted a discussion on public health policies in breast cancer at the VII International Symposium on Mastology – Rio (SIM Rio). There was a seminar addressing the barriers and strategies for the implementation of the guidelines for the early detection of breast cancer in Brazil.

Strategies for the early detection of breast cancer and rapid access to treatment were discussed. Such factors are essential for the decrease in mortality and the increase in breast cancer survival rates. The event allowed for democratic participation, ensuring transparency and promoting learning opportunities for both interest groups and the audience, with the use of evidence-based knowledge.

The event was attended by managers from all government levels, supporters from breast cancer-related technical areas, researchers interested in the translation processes of scientific knowledge, and the Brazilian and international civil society. Decisions considered urgent were exposed through common dialogue and points of convergence, transcending conflicts of interest. These decisions represent direct contributions to assist public health policies in breast cancer not only in Rio de Janeiro, but in the whole country.

With this meeting, the SBM/RJ achieved its main objective, which was to promote integration and to show that together, we can develop outstanding and quality work. This quality is an attribute to be always sought in an organized, collective and synergistic way, unlike what is observed in the daily life of health services, in which individuals do what they consider most appropriate, but without the desired result.

We have to strive to do the right thing at the right time and in the right way. Our actions are not to be seen as a punctual obligation or the fulfilling of a meaningless requirement. In relation to the seminar on barriers and strategies to implement the guidelines for the early detection of breast cancer in Brazil, I present the following considerations:

Early detection of breast cancer requires the early diagnosis in women with symptoms of the disease and, in addition, may include screening asymptomatic women. Both efforts should consider the cultural context of the community in question, the resources available to support the program and the sustainability of those efforts over time<sup>1</sup>. Effective early detection programs may lead to decreased staging, which increases the proportion of breast cancers detected at an early stage, when treatment is most effective<sup>1</sup>.

Noncommunicable diseases, such as cancer, are overcoming infectious diseases as one of the most pressing health care threats in low – and middle-income countries<sup>2</sup>. By 2025, 59% of all new cancer cases and 68% of deaths caused by cancer will occur in these countries<sup>3</sup>. Consequently, local health systems are struggling to respond to this change in this scenario<sup>4</sup>.

Breast cancer represents a major public health problem in the world and in Brazil. In 2015, it was the most prevalent cancer (with 2.4 million new cases) and the leading cause of cancer deaths<sup>5</sup>. In Brazil, breast cancer is the most common malignant neoplasm and the leading cause of death among women, with 14,206 deaths in 2013, and 57,960 new cases estimated for 2017<sup>6</sup>. Barriers to accessing cancer care in Brazil lead to delays in diagnosis and treatment, with consequent advanced stages at presentation and a high mortality rate<sup>7</sup>.

In medium – and low-income countries, long delays for diagnosis and treatment often lead to clinical progression of the disease. In the United States, 60% of breast cancers are early diagnosed, whereas in Brazil, this is true for only 20% of cases<sup>2</sup>.

Even within Brazil, staging and survival statistics vary according to sociodemographic characteristics, such as the type of health insurance plans<sup>8-11</sup>. Women treated in the Brazilian public health system (*Sistema Único de Saúde* – SUS) present with a more advanced stage of the disease than those who have follow-up in the private sector, and public sector patients have worse disease-free and global survival rates (which may be partially attributed to greater delay and advanced stages at the time of diagnosis)<sup>8-10</sup>.

In the health area, many guidelines or recommendations for disease management are developed, especially those directed to the improvement of daily routines of professionals in health systems. Dissemination and implementation of these recommendations are often focused on professionals, not on patients<sup>12</sup>. As a result, in many countries, patients are not aware of such guidelines and are not able to access the publications, or do not fully understand academic and medical terminologies<sup>13</sup>.

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Since the 1980s, Brazil has followed a course of actions for breast cancer prevention and control. It was after this period that the first initiatives to face cancer as a health problem of great magnitude emerged, suggesting that the spread of the disease should be contained by a planned governmental action<sup>14</sup>. This transitional moment was responsible for the implementation of actions, activities, programs and policies to control breast cancer, which resulted in the preparation of the Guidelines for the Early Detection of Breast Cancer in Brazil in 2015<sup>15</sup>. This last publication is part of a set of actions developed by the Brazilian Ministry of Health with the purpose of expanding and qualifying the early detection of breast cancer, aiming to reduce the mortality caused by this disease, but still finds many barriers to its implementation.

Screening for breast cancer progresses in the SUS, with a modest level of mammography coverage, regional inequalities and low adherence to technical guidelines. We consider it necessary to strengthen early diagnosis (training of professionals, timely investigation and access to treatment). Also, to value the educational work with women so that they know more about the problem and forms of prevention, become familiar with their breasts and adopt a careful attitude about the suspected changes that suggest breast cancer<sup>16</sup>. Regardless of the efforts of public agencies and the Brazilian medical community, breast cancer indicators such as staging, survival and mortality rates remain below the expected level<sup>16</sup>.

The identification of barriers and strategies to implement the national guidelines policy for the early detection of breast cancer in Brazil is necessary in an attempt to change the current scenario. The investigation of the literature aiming at the search for evidence that identifies how other health systems deal with the overcoming of barriers is important for the proposal and application of the improvement of this policy in Brazil, especially within the SUS.

- We have a big problem to be solved. Although breast cancer control needs a multidisciplinary effort, it is well known that mastologists should assume their responsibility as care coordinators.
- I invite you all to reflect on your work practices and to share responsibility for the management of breast cancer patient care, be that in a micromanagement, mesomanagement or macromanagement level: from self care, caring for families and communities, care offered in services, care offered in integrated health systems, care policy formulation, and even the search for *innovative financial instruments*. This is because everything has a cost and, if we wait for the underfunded SUS, we will never reach the long-awaited result: to reduce cancer mortality in Brazil. By organizing and presenting sensible, robust projects, with indicators of achievement, we will find financing sources to perform our activities with quality.
- To minimize the chaos installed we immediately need to:
  - offer dignity to health system users, removing barriers and eliminating bureaucracy with attention to the human being and not the disease itself, transforming the disease regulatory system into a patient follow-up system. The Patient Navigation Program proposes to bring diagnosis and treatment in a timely manner to our so complex and yet fragmented SUS<sup>17</sup>. It can be customized for each region of Brazil and act in areas of promotion, prevention, diagnosis, treatment, rehabilitation and palliative care<sup>18</sup>;
  - empower users and primary health care professionals, taking advantage of the wave of implementation of the Family Health Strategies (FHS). They will be our helping hands. The study led by researchers at Imperial College London, in collaboration with the data integration center at Fiocruz (CIDACS), found that a better level of governance and greater health coverage in primary care in Brazilian municipalities are associated with reduced mortality<sup>19</sup>. And the FHS may be the beginning of our long-awaited organized screening;
  - develop the feeling of *nonconformity* in mastologists who are in their “castle of knowledge” and to stop passively “accepting” the so common advanced stage lesions. Let’s be the *connecting point* that the Health Care Network of our locality needs;
  - optimize the diagnostic poles of suspected lesions, whether palpable or not, for case resolution. In order to boost the organization of secondary care, in 2014, Ordinance no. 189 was published, which established financial incentives for costing and investment for the implantation of Reference Services for Diagnosis of Breast Cancer (SDM)<sup>20</sup>. The ordinance defined criteria for the habilitation of health units, in addition to the minimum number of exams necessary for diagnosis;
  - learn to be organized in order to generate and interpret quality health care management data. There is no other way out! We have to use health information technology;
  - It is of no importance to diagnose if you have no place for quality treatment. Investments in early detection are important, but timely and appropriate treatment based on scientific evidence is crucial;
  - we need to find our inspiring muse: a national personality who with beauty, charisma and determination shows doctors that they are not gods and that we have much to learn about the female universe. We sometimes forget that there are cultural and psychological barriers to demystification. I believe that engaging actresses and artists with high penetration into society would solve many of our problems with early detection. A doctor may reach dozens of patients, but a muse can reach millions of women.

Words teach, but examples lead others to knowledge. Let’s be an example of good medical practice and let’s get out of our comfort zones... many lives need to be saved. And, for the future, I think we have to work with educational actions in schools. We have to

educate our children. I believe that this type of action should gain more attention. They may change the current scenario, something we have not been able to achieve in decades. They can also transform many other things socially, economically, politically and culturally.

I quote an excerpt from the book *Focus*, by Daniel Goleman:

At the service of what exactly are we using whatever our talents are? If our focus only serves our personal goals – self-interest, immediate reward, and our inner circles – in the long run, we are all, as a species, condemned... Is it true just for me, or it is also for others? Is it for the benefit of a few, or of many? Is it for now, or for the future?

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