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## RESEARCH

Controle do câncer do colo do útero: ações desenvolvidas pelo enfermeiro à luz do discurso do sujeito coletivo

Control of cervical cancer: actions taken by nurses based on collective subject discourse

Control del cáncer cervicouterino: medidas adoptadas por enfermeras basadas sobre discurso del sujeto colectivo

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### ABSTRACT

**Objective:** to understand the process of the nurse's work in the Family Health Strategy - FHS controlling the uterine cancer in the city of Carpina-PE. **Method:** interpretative study with qualitative approach, performed by eleven nurses from the FHS. The data were collected through semi-structured interviews and processed using the technique of Collective Subject Discourse - CSD. It was approved by the ECR (Ethical Committee of Research) with CAAE (certificate of presentation for ethical consideration): 19630113.5.0000.5192. **Results:** after analysis, five themes were established: strategies for health education actions; calling the public to perform the cytopathological examination; recommendations about tracking; limitations on the tracking and tracing preventive and health care networks: forwarding and monitoring of users. **Conclusion:** the study's data reflect the local diagnosis' situation and stimulate reflections about the nurses from the FHS's assistance. **Descriptors:** Neoplasms of the cervix, Primary health care, Qualitative research.

### RESUMO

**Objetivo:** compreender o processo do trabalho do enfermeiro da Estratégia de Saúde da Família (ESF) no controle do câncer do colo do útero do município de Carpina-PE. **Método:** estudo interpretativo com abordagem qualitativa, realizado com onze enfermeiras da ESF. Os dados foram coletados através de entrevista semiestruturada e processados usando a técnica do Discurso do Sujeito Coletivo (DSC). Sendo aprovado pelo CEP com CAAE: 19630113.5.0000.5192. **Resultados:** após análise, foram estabelecidos cinco temas: estratégias para as ações de educação em saúde; convocando o público para realizar o citopatológico; recomendações acerca do rastreamento; limitações ao rastreamento e adesão ao exame preventivo e redes de atenção à saúde: encaminhamento e acompanhamento das usuárias. **Conclusão:** os achados do estudo refletem o diagnóstico situacional da região e impulsionam reflexões sobre a assistência prestada pelo enfermeiro da ESF. **Descritores:** Neoplasias do colo do útero, Atenção primária à saúde, Pesquisa qualitativa.

### RESUMEN

**Objetivo:** comprender el proceso de trabajo del enfermero de la Estrategia de Salud de la Familia en el control del cáncer de cuello uterino en el municipio de Carpina-PE. **Métodos:** estudio interpretativo con enfoque cualitativo que se llevó a cabo con once enfermeras. Los datos fueron recolectados por medio de entrevistas semi-estructuradas y procesadas mediante la técnica del Discurso del Sujeto Colectivo(DSC), siendo aprobado por el CEP con CAAE: 19630113.5.0000.5192. **Resultado:** tras el análisis, se establecieron cinco temas: estrategias de educación para la salud; invitación al público a realizar la citopatología (examen citopatológico); recomendaciones sobre detección; limitaciones para realizar el seguimiento y adhesión de examen preventivo y redes de atención de la salud: enrutamiento y el seguimiento de las usuarias. **Conclusión:** los resultados de este estudio reflejan el diagnóstico situacional de la región y avivan reflexiones por el enfermero de la ESF. **Desciptores:** Neoplasmas del cuello del útero, Atención primaria a la salud, Investigación cualitativa.

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## INTRODUCTION

**C**ancer is the name given to a set of more than 100 diseases that have in common the abnormal growth of cells that invade tissues and organs. Cancer of the cervix, or cervical neoplasia is characterized by this “disorder” in the epithelium that lines the organ, compromising the underlying tissue (stroma) and can invade adjacent or remotely structures and organs.<sup>1</sup>

The National Cancer Institute José Alencar Gomes da Silva (INCA) suggests cervical neoplasia as the third highest occurrence in Brazilian women. For 2014 it is estimated 15,590 new cases in Brazil, corresponding to a risk of 15.33 cases every 100 000 women. In the Northeast that risk increases to 18.79/100,000 in Pernambuco to 20.47/100,000, which corresponds to 970 new cases in the State to that year.<sup>2</sup>

Through knowledge of the natural history of the disease, it is possible to apply preventive actions both in the pre-pathogenesis period, as during the period of pathogenesis. The actions focused on asymptomatic individuals are both preventing cancer through the control of exposure to risk factors as to detect the disease and/or precursor lesions in the early stages (tracking). The actions that identify symptomatic individuals with early-stage cancer are called early diagnosis. The set of actions of tracking and early diagnosis is named as early detection.<sup>3-4</sup>

According to the National Program of Cervix Cancer Control<sup>5</sup>, the cytopathological examination (PAP smear), main way of screening should be offered to women between 25 to 64 years old and who have already had sexual activity. It is carried out every three years after two normal tests carried out at an interval of one year. This method lets identify possible precursor lesions of neoplasia, that are initiated mainly by the infection by oncogenic human papillomavirus (HPV) (16 or 18).

Persistence, and subsequent progression for precursor lesions or cancer, are strongly influenced by genetics; multiplicity of sexual partners; early sexual initiation and sexual behavior of male partners. Other behavioral determinants increase the risk such as smoking, alcohol consumption and the use of hormonal contraceptive. Thus, the prevention of disease is related to decreased risk of contamination by the virus and other sexually transmitted infections, in addition to changes in life habits.<sup>6-9</sup>

In the strategic role for the prevention and early detection in primary health care (PHC) it plays an important role in cancer care in the country. As the Ordinance that established the National Policy of Oncology Care (NPOC) the PHC involves “individual and collective actions, aimed at health promotion and cancer prevention, as well as early diagnosis and therapy of tumors, support to palliative care and clinical actions for the follow-up of patients treated.”<sup>4</sup>

At this level of care, Family Health Units (FHUs) and Basic Health Units (BHUs) are presented as spaces in which the nurse acts as an important member of the multidisciplinary team of the Family Health Strategy (FHS). Nursing is one of the professions whose essence and specificity is care to human beings, individually, in family or in the community, promoting the autonomy of patients through health education and developing administrative activities, disease prevention, recovery and well-being rehabilitation.<sup>10-1</sup>

Therefore, by their recognized role as professionals, supporting primary care area and coordinate programs to control main diseases and difficulties that are important public health problems, such as cancer of the uterine cervix, this study aims to understand the process of the work of the nurse of the FHS in controlling cervical cancer in the city of Carpina, Pernambuco, addressing their professional experiences and practices in the planning of actions to control cervical cancer.

## METHOD

This is an interpretive study with a qualitative approach, whose focus is shown as an increasingly widespread orientation in studies on service organizations and health policies. The health policies can be used to unveil social processes that are not amenable to quantitative research, in fact, possible to guide reforms and organizational changes to the provision of health services from the point of view of patients, health professionals and/or administrator.<sup>12-3</sup>

The study was conducted in FHUs of the municipality of Carpina, located in the north zone of Pernambuco, whose population is estimated at 74,858 inhabitants distributed in a land area of 144.931 km<sup>2</sup>, which is approximately 64 km from the capital Recife.<sup>14</sup>

The site was chosen for being in 2012 scenario for an undergraduate research project on breast cancer called "Actions of Breast Cancer Prevention in Family Health Units in the city of Carpina, Pernambuco" where it was realized the need for a continuation in research related to women's health.

The project began after approval in the Committee of Ethics in Research by the hospital HUOC/PROCAPE with CAAE: 19630113.5.0000.5192, respecting the resolution 466/12 of the National Council of Health/Ministry of Health.<sup>15</sup>

The study population was composed of nurses of FHS, from eleven of the fifteen FHUs existing in the municipality that with free agreement to participate in the study, being present in the day marked of data collection, which occurred in August of 2013, and that met the following inclusion criteria: be effective nurse and/or hired and have at least six months of experience in family health team of the Municipality.

After reading and signing the free and informed consent term (FICT) individual interviews were carried out, recorded and transcribed in full to *Word 2007* with respect of confidentiality and anonymity. They were carried out by a semi-structured questionnaire contained data on the identification, training and professional experience of the interviewees, and the following questions: 1) Do you perform actions directed to the prevention of cancer of the cervix? 2) how do you describe your work process in the tracking of cervical cancer? 3) how would be the forwarding of a user who would need other specialized services of care relating to cervical cancer? And in counterreferences, would it have a follow-up of this user by the FHU?

Finally, the data were processed using the technique of the collective subject discourse (CSD) which aims to reveal how people think, attach senses and express positions on particular subject, a sharing of ideas within a social group, where these different arguments can be kept together in a speech by mail to practically a single idea or opinion.<sup>16</sup>

Methodologically the CSD is a proposal of qualitative data tabulation and organization of verbal nature obtained in research that have testimonials as their raw material. For its construction, from each individual response on an question, the Key Expressions, which are most significant stretches of these responses are selected. To these, Central Ideas there are the synthesis of discursive content expressed in the Key Expressions. With these materials synthesis speeches are build up, in the first person singular, which are the CSDs, where the thought of a group or collectivity appears as if it were an individual speech.<sup>17</sup>

## RESULTS AND DISCUSSION

The sample of the study consisted of eleven nurses, aged 22 to 49 years old. As education, four professionals graduated in public institutions and seven in private institutions; nine were younger than 5 years of training and ten specializations were lato sensu type. With respect to the admission of professionals in FHS, 11 were for temporary contract with the municipality, where the vast majority, nine, acted in the city less than a year ago.

From the questions the following central ideas were settled. From the first question: opportunity for achievement of health education. The second question: verbal disclosure as a strategy of persuasion for the realization of the cythopathological examination; fear about the recommendations of the tracking of cancer of the cervix and ignorance and myths as limiting factors for tracking. From the last question: knowledge of the network of specialized care and monitoring of users.

### Strategies for health education actions

Health education constitutes as an instrument for the promotion of the health of individuals, families and communities through the articulation of technical and popular knowledge, institutional and community resources, overcoming the biomedical model and covering multi-determinants of the health-disease process.<sup>18</sup>

With regard to strategies for health education actions, according to the nurses, there are consistently lectures on sexuality, STDs/AIDS and prevention of cervical cancer in FHU's physical space. During nursing consultations, the interviewed, take advantage of the moment to elucidate questions and guide to users.

Central Idea: Opportunity for achievement of health education.

*Usually I do lectures one day in the week, the day I do the preventive [Cytopathological]. So, I enjoy the crowd that will hold the exam and aboard themes on STD/AIDS, cervical cancer and use of male and female condoms. Also during the consultations, a prenatal care, for example, users make some questions and then convert and guide delicately addressing about sexuality and care. Because actually it's not my job to just target an specified activity, but is seeing the patient as a whole. (CSD 1)*

Health education activities should address the risks actionable behavioral changes, which would be at least partly under the control of individuals.

Although the cervical-uterine cancer is not directly preventable by using condoms, since HPV is transmitted by close contact with the skin of the perineum, the sexually transmitted diseases (STDs) would minimize the risk of developing cancer because they constitute as cofactors, which in addition to change the vaginal flora, causing inflammation and/or genital ulceration.<sup>4,20</sup>

Recently the Ministry of Health (MH) incorporated the HPV vaccine to the Unified Health System (SUS). The vaccine that is available on the public network is the quadrivalent, used in prevention against four types of HPV 6, 11 (non-oncogenic) and 16 and 18 (oncogenic). In the future, the vaccine may become important strategy in the control of cervical cancer, has proven efficacy for people who have not yet started the sex life, and who had no contact with the virus.<sup>21</sup>

Before the confrontation of neoplasms and other diseases, health education falls within the context of the performance of nursing as a means for establishing a relationship between reflective-dialogic nurse and user, seeking to raise awareness about their health-disease situation and realizing as subject to transformation of their own life.<sup>18</sup>

According to the speech, the lecture is one of the activities referred as the most commonly used by nurses for the realization of educational activity with the users, which represents a great opportunity to build a more open educational dialogue with the participants. And with regard to individual approach, the nursing consultation is used as a space not only clinical and pre-established rules and routines linked, but it is also a space for the development of reflection and women empowerment.<sup>22</sup>

However, the educational approach directed to male seems absent among the reports. Often the very programs carried out routine in the FHUs does not favor the participation of people. In the consultation of nursing- guiding, in particular, to women's health and children's health - with rare programs or activities guided to men's care, particularly young adults and in reproductive age group, a fact that puts at risk the prospect of fairness of the SUS.<sup>23</sup>

Allied to this, the male representations of health-illness (the notion of invulnerability, the pursuit of risk as a value) denote barriers for the male presence at health services. The characterization of the gender in the services indicates that these tend to prioritize the curativist model, looking for just the health units due to illness, and that his perception about the PHC services point out that these are intended for the elderly, women and children, being regarded by men as a "female" area, justifying their scarce presence at FHUs in educational groups.<sup>23</sup>

#### Calling people to perform the cytopathological examination

The participants of this study reported that one proper day for cervical cytopathological examination and that it is done for free women demand. As for the recruitment of the target audience, it is performed verbally during the daily life assistance held in the unit. The sample highlights the importance of the participation of the Community Health Agent (CHA) in the disclosure of the examination.

The roles of the nurse and the CHA are reflected as authors of strategies that aim to carry out effectively the early detection of cervical cancer, through the call for the creation of the cytopathological exam.

Central Idea: verbal disclosure as a strategy of persuasion for the realization of the cytopathological examination.

*I have a specific day just to make the Pap smear, but it has no schedule, anyone who wants to come in that day. And the summons is made daily as the woman comes here in the office, which comes with the child for childcare or talk to the doctor. And when I do a home visit also offer the invitation. Where I find, I talk with the CHA too. The community agents of health is who guide the people. Here's like this... speaks to another and thereby they are coming to take the exam. (CSD 2)*

In the PHC, the Pap test is assigned to the nurse, who by his academic training is able to accomplish it during the nursing consultation being backed by the Law of Professional Exercise 7,498/86. In this sense, it is understood the relevance of the fact that professional to act at the first level of health care can develop a starring role in mobilizing and adhesion of the users for the prevention of cervical cancer.<sup>25</sup>

In Brazil, the tracking of the cervical cancer is, most of the time as na opportunist, i.e. women who are seeking spontaneously the exam, and consequently, the coverage becomes low. However, the challenge is to implement population tracknig, in order to achieve at least 80%, favorable condition to reduce morbidity and mortality, for example,

through active search of women in the age group of the program (25 to 64 years old) and especially the ones who never underwent cytological examination.<sup>26,4</sup>

Strategies like reminders (invitation letters or phone calls), are effective, whether by increasing adherence to the exam, or raising the number of returns of women with altered tests. In the case of professionals, they are typically used in graphics chart reminders of patients so that they make the tracking and reinforce the importance of carrying out the examination at that time.<sup>27</sup>

Nurses who work on PHC are constantly challenged to find ways in order to promote the improvement of nursing care, among them the control of cervical cancer. These methods must be planned in accordance with the characterization of the female patients, respecting assisted living habits, cultural, ethical and religious values. Moreover, in their work process it is essential the participation of a team that knows the importance of cytopathological examination and is in constant contact with the families.

In FHS, the CHAs role is an important tactic of improvement and consolidation of the strategy. It can be admitted that the success of the tracking depends on the link between health workers and the population, and the agent is the link that enables trust and the link between the team and the community assisted. Information about purpose of the examination and identification of target women who are delayed with the completion of the examination, it would be a priority task performed by the team in direct relation with their customers assigned. Even not being CHAs' task to collect material for the cytopathological examination, it should be considered as one of their activities to inform women about the ideal conditions for realization of this examination, facilitating their access.<sup>26</sup>

The speech also reveals that FHU has a specific time for the completion of the exam. However, the fact that within the organization to assist the family health teams of a FHU, there is only the availability of a weekly office to carry out the collection, creating a barrier to prevention practices. It grows increasingly women demand for work outside the home, aiming to become the active subject and participant of society and, especially, wanting freedom to be the author of their life.

Many of them have a day full of tasks, which add up to the activities of the house, to the role of mother and worker. Thus it is necessary to create alternatives to ensure our examination of these women in a schedule expanded to the context and the consistent claims of users and thus promote the universality of access.

#### **Recommendations about tracking**

The participants of this study demonstrate knowledge about the guidelines for cervical cancer tracking, established by MH. But in practice, those interviewed took different decisions with respect to the beginning and the frequency of tracking for cancer precursor lesions.

In the speech a precocity of sexual life among girls assigned in the areas of coverage of the FHUs is mentioned, in addition to the concern about the high rates of cervical cancer cases in the region.

Central Idea: Fear on the recommendations of the cervical cancer tracking.

*From the time there is the first sexual intercourse, regardless of age, I point out to all that the examination has to be annual. By the Ministry of Health says that it is every three years after two negative tests and if all goes normal only every three years, but I don't let that period, I'm afraid, I'd rather sin by excess. Because sometimes they don't even remember. And we also know that our region is a region with great content of cervical cancer, and because my community is very early, I receive many 12-year-old teenage girls who have had their first sexual intercourse. Unfortunately, it's too early, but it's reality. (CSD 3)*

The periodic achievement of cytopathological examination remains the strategy adopted for the tracking of the cervix cancer. In Brazil it is recommended the test being prioritized for women 25 to 64 years old, in a time interval of three years, after two negative annual exams.<sup>19</sup>

These guidelines are based on the recognition that the invasive cancer evolves from precursor lesions (squamous intraepithelial lesion of high-degree - HSIL or NIC - 2 and 3; and adenocarcinoma in situ), which can be detected and treat them on time, preventing the progression to cancer. Squamous intraepithelial lesion of low-degree (LSIL or NIC-1), for having higher probability of persistence or regression rather than progression, is not considered to be a precursor lesion of cervical neoplasia.<sup>7,19</sup>

It is a fact that the practice of tracking in Brazil - performed by doctors, gynecologists and nurses - does not follow the rules of MS because the periodicity adopted is annual and Young women have been tracked below the lower limit of the age group defined as risk.<sup>26</sup>

Before the speech built, anticipate the beginning of the examination is justified based on the reality experienced by the participants in their work, where the sexual initiation occurs increasingly precocious and supposedly unprotected, which leaves young women vulnerable to HPV and other STDs, favoring the emergence of early cervical neoplasia.

However, the tracking in women under 25 years old is not advised due to the low incidence of cancer in young women and the fact that this age group not to interfere in the indicators of incidence and/or mortality from cervical cancer. In fact, the prevalence of low-grade lesions is higher in young women. However, there are indications that more than 90% of HPV infections in adolescence have spontaneous resolution and some will cause LSIL or HSIL, but occasionally will progress to cervical cancer. Thus, young women sexually active must be oriented about safe sex practices without necessarily being included in tracking programs.<sup>19,28</sup>

On the periodicity of the collections, for the respondents, they must be made on an annual basis justifying the "fear" of a rapid progression of intraepithelial lesions in this period, which would favor a late diagnosis and consequently a bad prognosis. However, the risk of developing a HSIL within one year is low, because every three years the risk is 5%, increasing to 20% in ten years. And for that, the woman would have to develop a persistent



infection by HPV type 16, and when the infection takes place by other oncogenic HPV type, this risk reduces by half.<sup>19</sup>

Nevertheless, the “fear” even is anchored in statistics of incidence and mortality from cervical cancer.

A historical series released by MS that includes data from 2000-2010, reveals that in Brazil the two main causes of deaths on the female population were circulatory diseases and neoplasms. In Pernambuco, the neoplasm in study, is the second cancer that most affects the female population. In 2011, the gross mortality rate was around 5.6/100,000 women in the State. Overcoming the Brazilian occurrence (4.5/100 000) and globally (5.1/100 thousand) for the same period.<sup>29,30</sup>

The mortality from cervical cancer of uterus is presented, therefore, as an important indicator of population's living conditions and quality of care to women's health. Thus, the high mortality rates of the disease allows evaluating, among other things, possible failures in health services in conducting early diagnosis of cervical cancer, its treatment and appropriate follow-up.<sup>31</sup>

#### Limitations on tracking and preventive examination adhesion

Although the cytopathological examination is a safe procedure, their achievement presents some resistance by some women who do not do it for several reasons. According to the nurses, the reasons are lack of clarification and to feelings of shame, fear and pain.

Considering the acceptance and demand for the cytopathological exam it is important especially, the understanding by women of the importance of this act for the maintenance of their health, it is important to grasp the influence of social behaviour in front of the prevention of uterine cervical cancer.<sup>32</sup>

Central Idea: Ignorance and myths as limiting factors for tracking.

*There is a resistance by the lack of clarification, they do not know the importance of the examination, don't know how it's done and because they have a culture that can hurt. Sometimes not very correct information from a neighbour who talks that it was embarrassing, that “puts the uterus out.” Lack of information even of some groups. Pregnant women, for example, are afraid because the cytological collection may not be safe for their baby. And women who no longer have their spouses or sexual intercourse no longer do it because of it. And also the matter of shame, that many women have. Then I have to show that the test is practical, simple, it doesn't hurt. (CSD 4)*

Pregnant women and post-menopausal stage must be subjected to tracking according to the guidelines of periodicity and age group as for other women. The gynecological exam is part of routine prenatal care recommended by the World Health Organization (WHO) and by MH of Brazil. This includes the vulva, the examination inspection speculate and the vaginal ring. During the exam, and that inspection specular is performed in order to detect lesions, signs of infection, dystopias and incompetence-cervical isthmus, it should proceed

to the collection of material from the cervix just in the ectocervix. The collection of the inner part, the endocervix, should not be performed on pregnant women.<sup>33-4</sup>

It should not miss the opportunity to perform the tracking of cervical cancer in pregnant women, since the prenatal care may be the only contact that a woman of reproductive age has with the health service.<sup>38</sup>

This fact highlights the need to intensify the educational process in these groups in an attempt to reduce the flaws in cytological examination coverage and increase their adhesion, resulting in improvements in the woman's quality of life.

As reported in the speech, the preventive exam is quoted by women as a dreaded procedure and shamed. For some women, the gynecological position provides a sense of impotence, deprotection and loss of dominion over her own body. In addition, the way the nurses discourse about some women that are manifested when having to expose their body, handled and examined, reveals how sexuality has influence over the life of the woman. After all, this is touching, handling organs and erogenous zones producing a feeling of shame.<sup>35</sup>

Since when feeling shame, the woman can fail to take the examination and in this sense, it is necessary that health professionals seek ways to try and minimize this feeling. Therefore, it should seek to demonstrate empathy and make the woman feel as comfortable as possible. Then, the assistance of those people requires greater sensitivity and understanding. So many times, out of shame, prejudice and fear of performing the routine gynecological examinations, women put their health at risk unnecessarily.<sup>35</sup>

#### **Health care networks: forwarding and tracking of users**

Finally, the sample mentioned that there is a guarantee of continuity of treatment for patients with cytologies changed through a referral system and contrarreference of the FHUs for the specialized services that the city offers. Once diagnosed the advanced cases, these would be forwarded to the referral hospital in the cancer treatment.

The discourses refer the idea of completeness and emphasize the efficaciousness on health care between the various levels of care and in particular, in care of cervical cancer.

Central idea: knowledge of the network of specialized attention

*If I find something that deserves to be investigated, such as a NIC 2 or 3, I request the colposcopy and depending on the result, I direct and forward them to the specialist gynecologist and he would progress to the point of reference that were required for this patient being reassessed and treated according to the need that she has. But surely this patient wouldn't be lost do not "see". If she needs basic hospitals in cancer treatment, so will usually be referenced to Recife [capital]. In this case, because the municipality does not offer this service, so it offers transport to take and get that patient. (CSD 5)*

Central idea: tracking of users.

*When the patient makes treatment elsewhere, I wonder which hospital, which the doctor's conduct, if he is going to have surgery, if he is not going?! And let her file annotated and ask her where to find*

*me. Sometimes the agent [CHA] give me information. So we know if she's continuing the treatment or not. (CSD 6)*

Health care networks are poligarchical organizations of humanized health services that enable to offer a continuous and integral care in certain time and place, with quality, and with sanitary and economic responsibilities to a particular population.<sup>36</sup>

Communication center of the health care network is constituted by the primary health care (PHC), which should serve three primary functions: the precedent function, to give effective answers to at least 85% of the most common health problems; the function of coordination, order flows and against users' streams for all levels of health care; and the function of responsibility, of being responsible for the health of the population regardless of the point of healthcare he is.<sup>36</sup>

It is known that for the control of cervical cancer is required the involvement of all levels of care by facilitating not only the female population's access to services and health programs and the capacity of the SUS to absorb the demand that arrives to the units, but also, it is essential that municipal and State managers establish an assistive flow, guided by criteria for hierarchization of different levels of care, allowing the handling and proper routing of suspected cases for investigation at other levels of the system.<sup>37</sup>

Consistent with this, the speeches reveal the establishment of actions, guided by nurses, that enable the follow-up of women who have cancer precursor lesions or those that already have the cervical cancer to different levels of health care, emphasizing the importance of accompany them even when they are already being assisted in other healthcare services.

With the result, the PHC professional guides, coordinates and follows the behavior according to the result. If the result determine referral to another service, it is essential to perform a progress request qualified, with the relevant data about the user, the clinical picture and test results. Furthermore, it is necessary that the team follow this woman, verifying adherence to treatment.<sup>19</sup>

As PHC team coordinates care, it must assist to users throughout the treatment, assessing the need for interventions during this process. Thereby, this team has a relevant role in assisting both individuals under treatment (control of treatment adverse reactions), as individuals in terminal stage of the disease (multidimensional support) and even after healing, they still remains responsible for the follow-up of the users and so preventing recurrences.<sup>19.4</sup>

## CONCLUSION

This study showed that the nurse that is inserted into the primary care has the role of manager and provider of health care and as primary function tracking this neoplasia through individual consultations and gathering cytopathological examination.

The findings of the study reflect the situational diagnosis of the region and stimulate reflections on the assistance provided by the nurse from the FHS, which along with the policies and programs of cervical cancer control, enables the right of woman health services in primary health care.

The responsibility of nurses is to contribute to the understanding of reality in all its dimensions and to break with the model's actions "complaints-behaviors" to that reality being understood in its entirety.

Among its actions, the process of health education serves to subsidize satisfactory adhesion of users to services, facilitating the understanding and sensitizing them to the realization of preventive examination, as well as to changes in behaviour that make possible a healthy life and good quality.

Thus, it is recommended that local managers invest in permanent education with health professionals, particularly nurses, in order to fill gaps in the profile of public health within the framework of the quality of care, health promotion and disease prevention, uniquely, in the women's health, focus of this study. In addition to an effective population tracking by the nurses, holders of a longitudinal assistance and because they are the professionals who are in contact with the users, since they are managers and caregivers.

In this way, it is hoped that this study will contribute to a satisfactory adherence to preventive examination in the health units, including the demystification of the examination and the use of condoms, which would result in an effective tracking and the insertion in the everyday health education into a fight against cervical cancer, as well as in the level of assistance offered by the nurse in these units.

## REFERENCES

1. Ministério da Saúde. Instituto Nacional de Câncer José de Alencar Gomes da Silva (INCA). O que é o câncer? [Internet]. Brasília; 2013 [acesso em 2013 jul 04]. Disponível em: <http://www1.inca.gov.br/impresao.asp?op=cv&id=322>
2. Ministério da Saúde. Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA). Estimativa 2014: incidência de câncer no Brasil [Internet]. Rio de Janeiro; 2014 [acesso em 2014 abr 19]. Disponível em: <http://www.inca.gov.br/estimativa/2014/>
3. Rouquayrol MZ, Almeida Filho N. Introdução à Epidemiologia. 4ª ed. Rio de Janeiro: MEDSI; 2006.
4. Parada R; Assis M, Silva RC, Abreu MF, Silva MAF, Dias MBK, et al. Política nacional de atenção oncológica e o papel da atenção básica na prevenção e controle do câncer. Rev. APS. 2008 abr-jun;11(2):199-206.
5. Ministério da Saúde. Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA). Programa nacional de controle do câncer do colo do útero [Internet]. Rio de Janeiro (RJ); 2013. [acesso em 2013 jul 04]. Disponível em: [http://www2.inca.gov.br/wps/wcm/connect/acoes\\_programas/site/home/nobrasil/programa\\_nacional\\_controle\\_cancer\\_colo\\_uterio](http://www2.inca.gov.br/wps/wcm/connect/acoes_programas/site/home/nobrasil/programa_nacional_controle_cancer_colo_uterio)
6. Ferraz LC, Santos ABR, Discacciati MG. Ciclo celular, HPV e evolução da neoplasia intraepitelial cervical: seleção de marcadores biológicos. J Health Sci Inst. 2012;30(2):107-11.
7. Rosa MI, Medeiros LR, Rosa DD, Bozzeti MC, Silva FR, Silva BR, et al. Human papillomavirus and cervical neoplasia. Cad. saúde pública. 2009 May;25(5):953-64.
8. Mendonça VG, Guimarães MJB, Lima Filho JL, Mendonça CG, Martins DBG, Crovella S, et al. Infecção cervical por papilomavírus humano: genotipagem viral e fatores de risco para lesão intraepitelial de alto grau e câncer de colo do útero. Rev bras ginecol obstet. 2010;32(10):476-85.
9. Rafael RMR. Barreiras na prevenção do câncer do colo uterino: uma análise mediada pelo Modelo de Crenças em Saúde e sob a perspectiva da Estratégia de Saúde da Família [Dissertação]. Rio de Janeiro (RJ): Universidade Estácio de Sá; 2009.
10. Melo MCSC, Vilela F, Salimena AMO, Souza IEO. O enfermeiro na prevenção do câncer do colo do útero: o cotidiano da atenção primária. Rev bras cancerol. 2012;58(3):389-98.
11. Rocha SMM, Almeida MCP. O processo de trabalho da enfermagem em saúde coletiva e a interdisciplinaridade. Rev latinoam enferm. 2000;8(6):96-101.
12. Bosi MLM. Pesquisa qualitativa em saúde coletiva: panorama e desafios. Brasil. Ciênc saúde coletiva. 2012;17(3):575-86.
13. Pope C, Mays N. Pesquisa qualitativa na atenção à saúde. 3ª ed. Porto Alegre (RS): Artimed; 2006.
14. Instituto Brasileiro de Geografia e Estatística (IBGE). Perfil Municipal - Carpina [Internet]. Rio de Janeiro (RJ); 2012 [acesso em 2013 jul 16].; Disponível em:

- <<http://cidades.ibge.gov.br/painel/painel.php?lang=&codmun=260400&search=pernambuco|carpina|infograficos:-dados-gerais-do-municipio>>
15. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº. 466, de 12 de dezembro de 2012. Diretrizes e Normas Regulamentadoras de Pesquisas Envolvendo Seres Humanos. Diário Oficial da União; 2013 jun 13.
  16. Alvântara AM, Vesce GEP. As representações sociais no discurso do sujeito coletivo no âmbito da pesquisa qualitativa. In Anais do 8º Congresso Nacional de Educação; 2008; Curitiba (PR), Brasil. Curitiba (PR): PUC; 2008. p. 2215-17.
  17. Lefèvre F, Lefèvre AMC. O discurso do sujeito coletivo: um novo enfoque em pesquisa qualitativa (desdobramentos). 2ª ed. Caxias do Sul: Educs, 2005.
  18. Sousa LB, Torres CA, Pinheiro PNC, et al. Práticas de educação em saúde no Brasil: a atuação da enfermagem. *Enferm UERJ*. 2010; 18(1):55-60.
  19. Ministério da Saúde. Cadernos de atenção básica: controle dos cânceres do colo do útero e da mama. 2. ed. Brasília; 2013.
  20. Cardoso SCR. Flora vaginal e neoplasia intra-epitelial do colo do útero [Dissertação]. Covilhã, Portugal: Universidade da Beira Interior; 2011.
  21. Portal da Saúde [Internet]. Brasília (DF): Ministério da saúde; 2013 [acesso em 2013 nov 20]. Prevenção do câncer: MS incorpora vacina contra HPV ao SUS; [aproximadamente 1p.]. Disponível em: <http://portalsaude.saude.gov.br/portalsaude/noticia/11613/162/ministerio-da-saude-incorpora-vacina-contrahpv-ao-sus.html>
  22. Durand MK, Heidemann ITSB. Promoção da autonomia da mulher na consulta de enfermagem em saúde da família. *Rev Esc Enferm USP*. 2013;47(2):288-95.
  23. Couto MT, Pinheiro TF, Valença O, Machin R, Silva GSN, Gomes R, et al. Men in primary healthcare: discussing (in)visibility based on gender perspectives. *Interface comun saúde educ*. 2010 Apr-June;14(33):257-70.
  24. Lei n 7.498/86, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da Enfermagem e dá outras providências. Diário Oficial da União; 26 jun. 1986.
  25. Mendonça FAC, Sampaio LRL, Jorge RJB, Silva RM, Linard AG, Vieira NFC. Prevenção do câncer de colo uterino: adesão de enfermeiros e usuárias da atenção primária. *Rev RENE*. 2011 abr-jun;12(2):261-70.
  26. Ferreira TXAM, Tavares SBN, Rezende IR, Manrique EJC, Guimarães JV, Zeferino LC, et al. Capacitação do agente comunitário de saúde visando reorganização do rastreamento do câncer do colo do útero. *Rev APS*. 2013 jan-mar;16(1):75-82.
  27. Vasconcelos CTM, Damasceno MMC, Lima FET, Pinheiro AKB. Revisão integrativa das intervenções de enfermagem utilizadas para detecção precoce do câncer cérvico-uterino. *Rev. latinoam. enferm.* [periódico na Internet]. 2011 mar-abr [acesso em 2013 out 30];19(2):[08 telas]. Disponível em:[http://www.scielo.br/pdf/rlae/v19n2/pt\\_28.pdf](http://www.scielo.br/pdf/rlae/v19n2/pt_28.pdf)
  28. Campos LRF, Marotta HMOM, Marski HS, Anjos ICD, Andrade LZ, Monteiro DLM. Conduta conservadora em adolescentes com lesão intraepitelial cervical de alto grau. *Rev FEMINA*. Dez 2010, vol 38 | nº 12.
  29. Ministério da Saúde. Secretaria de vigilância em saúde. Saúde Brasil 2011: uma análise da situação de saúde e a vigilância da saúde da mulher. 1ª ed. Brasília (DF); 2012.

30. Ministério da Saúde. Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA). Atlas da Mortalidade [Internet]. Rio de Janeiro; 2013 [acesso em 2013 jul 20]. Disponível em: <http://mortalidade.inca.gov.br/Mortalidade/>
31. Mendonça VG, Lorenzato, FRB, Mendonça JG, Menezes TC, Guimarães MJB. Mortalidade por câncer do colo do útero: características sociodemográficas das mulheres residentes na cidade de Recife, Pernambuco. *Rev bras ginecol obstet.* 2008;30(5):248-55.
32. Nascimento LC, Nery IS, Silva AO. Conhecimento cotidiano de mulheres sobre a prevenção do câncer de colo do útero. *Rev enferm UERJ.* 2012 out-dez;20(4):476-80.
33. Gonçalves CV, Duarte G, Costa JSD, Quintana SM, Marcolin AC. Perdas de oportunidades na prevenção do câncer de colo uterino durante o pré-natal. *Ciênc saúde coletiva.* 2011;16(5):2501-10.
34. Ministério da Saúde. Cadernos de atenção básica: atenção ao pré-natal de baixo risco. 1ª ed. Brasília; 2012.
35. Ferreira MLSM. Motivos que influenciam a não-realização do exame de papanicolaou. *Esc Anna Nery Rev Enferm.* 2009 abr-jun;13(2):378-84.
36. Mendes EV. As redes de atenção à saúde. *Ciênc saúde coletiva.* 2010;15(5):2297-305.
37. Panobianco MS, Pimentel AV, Almeida AM, Oliveira ISB. Mulheres com diagnóstico avançado do câncer do colo do útero: enfrentando a doença e o tratamento. *Rev bras cancerol.* 2012;58(3):517-23.

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