



PREVALENCE OF SKIN CANCER AND PRECURSOR LESIONS IN THE 8TH PREVENTION AND EARLY DIAGNOSIS OF CANCER TASK FORCE OF ASSOCIAÇÃO PRESENTE DE APOIO AOPACIENTE COM CÂNCER PADRE TIÃOZINHO DE MONTES CLAROS

Prevalência de câncer de pele e lesões precursoras no 8º mutirão de prevenção e diagnóstico precoce do câncer da Associação Presente De Apoio ao Paciente com Câncer Padre Tiãozinho de Montes Claros

Andreia Luciana Soares Silva¹
Cinthia Janine Meira Alves de Menezes²
Maria Fernanda Santos Figueiredo Brito²
Marise Fagundes Silveira²
Renata Cristina Ribeiro Gonçalves¹

Abstract: Objective: to analyze and describe the incidence of skin lesions suspected of neoplasm in the assisted people at the 8th Prevention and Early Diagnosis of Cancer Task Force. **Method:** A descriptive and quantitative study was carried out in the city of Montes Claros, MG, Brazil. Data were obtained from the records of assisted people in the stand of dermatology in the 8th Cancer Prevention Task Force, in 2018. **Results:** In this study, 581 people were examined, being that 67.6% (n = 375) presented some type of skin lesions. Therefore, 11.5% (n = 308) of these people were sent for surgical exeresis. A total of 28 biopsies were performed and 19 cases of skin cancer were diagnosed, being 18 cases of basal cell skin cancer and 1 case of melanoma. Regarding the age group, 48.8% (n = 551) of these people were over 60 years old. Of the participants, 52.7% (n = 551) of the people reported to have complete primary education. Approximately, 55.5% (n = 564) of the people reported family history of cancer. Excessive sun exposure was present in 62.8% (n = 576) of people and of these 52.5% (n = 575) did not use sunscreen regularly. **Conclusion:** Skin cancer has a high incidence in Brazil, despite underreporting. Therefore, skin cancer is a public health problem and need actions to promote early diagnosis, which allows a significant reduction of morbidity and mortality. Socio-educational measures targeted to population and health professionals are necessary to be encouraged in Brazil.

Keywords: Cutaneous neoplasms; risk factors; basal cell carcinoma; squamous cell carcinoma.

Autor para correspondência: Renata Cristina Ribeiro Gonçalves.
E-mail: renata@oncovidasaude.com.br

1- Centro Unificado de Tratamento do Câncer – Montes Claros.
2- Universidade Estadual de Montes Claros - UNIMONTES.

Resumo: Objetivo: analisar e descrever a incidência de lesões cutâneas suspeitas de neoplasia na população atendida no 8º Mutirão de Prevenção e Diagnóstico Precoce do Câncer. **Método:** estudo descritivo e quantitativo, executado na cidade de Montes Claros – MG cujos dados foram obtidos a partir dos registros de atendimentos feitos na tenda da dermatologia no 8º Mutirão de Prevenção ao Câncer, no ano de 2018. **Resultados:** foram examinadas 581 pessoas e 67.6 % (n= 375) apresentavam alguma lesão de pele. Destes, 11,5 % (n= 308) foram encaminhados para exérese cirúrgica. Foram realizadas 28 biópsias e diagnosticados 19 casos de câncer de pele, sendo 18 casos de câncer de pele basocelular e 01 caso de melanoma. Relacionado a faixa etária 48,8 % (n= 551) apresentavam 60 anos ou mais. Dos participantes 52,7 % (n= 579) declararam possuir ensino fundamental completo. Ao histórico familiar de câncer 55,5% (n= 564) possuíam a doença na família. A exposição solar excessiva esteve presente em 62,8% (n= 576) e quanto a utilização do filtro solar 52.5% (n= 575) não faziam uso adequado. **Conclusão:** O câncer de pele apresenta incidência alta no Brasil, apesar da subnotificação. Desta forma devemos classificá-lo como importante problema de saúde pública, incentivando ações de promoção de diagnóstico precoce o que possibilita redução significativa da morbidade e mortalidade. Medidas socioeducativas destinadas à população geral e aos profissionais de saúde precisam ser incentivadas em nosso país.

Palavras-chave: Neoplasias cutâneas; fatores de risco; carcinoma basocelular; carcinoma de células escamosas.

INTRODUCTION

Skin cancer is the most common type of cancer in the world, dividing it into two groups: non-melanoma and melanoma. The first presents with a predominance of Basal cell carcinoma, followed by squamous cell carcinoma, being the least incident type of melanoma, however with higher mortality¹.

According to the estimates of the National Cancer Institute (INCA) 2018,² non-melanoma skin cancer is the most frequent type of cancer in Brazil, corresponding to more than 30% of all malignant tumors. This pathology is caused by abnormal and uncontrolled growth of the cells that compose the skin. In 2018, 165,580 new cases are estimated by INCA, being 85,170 in men and 80,140 cases in women.

Simonetiet.all³, indicates that this high incidence of the disease is attributed to modifiable risk factors such as prolonged exposure to the sun without protection. The main modifiable not mentioned risk factor was age. Other risk factors include individuals with color of skin, eyes and hair; sensitivity to the sun; weakened immune system; family history of skin cancer; exposure to artificial radiation.

With the aim to promote health, prevent and diagnose early cancer, Associação Presente de Apoio a Paciente com Câncer Padre Tiãozinho performs in Montes Claros/ MG, annually the Joint Effort of Early Cancer Prevention and Diagnosis.

This event occurs in the central square of the town and offers free care to the population, making it possible access to consultations with specialists and preventive examinations.

This study aims at to verify the prevalence of skin cancer and precursor lesions in the population

serviced at the stand of 8th Task Force of Prevention and Early Diagnosis of Cancer of Associação Presente de Apoio ao Paciente com Câncer padre Tiãozinho of Montes Claros.

STUDY OF CASES AND METHODS

It is a quantitative and descriptive study, performed in the city of Montes Claros - MG, during the 8th Task Force to Prevent Cancer, in the year 2018.

Data were collected by an interdisciplinary team trained in advance. A questionnaire was used which contemplated the following variables: gender, age, family income, level of education, exposure to sunlight and solar protection, as well as personal and family history of cancer. Subsequently, several dermatologists performed clinical evaluation in the skin of the participants.

The patients who had lesions suspected of cancer were referred for surgical excision for diagnostic confirmation through biopsies and the cases of premalignant lesions were referred for treatment with cryotherapy.

It was performed a descriptive analysis of the data, by means of absolute and relative frequency. The analysis of the variables investigated were described using tables. The data were tabulated on StaticalPackage statistical software for the Social Science (SPSS), version 20.0 for Windows®.

This study was conducted in accordance with the precepts established by Resolution 466/12 of the National Health Council of the Ministry of Health, in accordance with the approval of the Research Ethics Committee of Unimontes, upon embodied opinion no 2.599.222.

RESULTS

581 subjects took part of this study with an average age of 57.7(\pm 13.0) years, whose majority were females (70.3%). More than half of the participants (56.7%) were married or under common wealth and had schooling up to basic education (59.6%) (Table 01).

information

Among the participants, 55.5% reported a family history for cancer. There was a higher prevalence of individuals who had never smoked (69.5%) and never drunk (76.8%). It was observed that the practice of physical activity in three or more times a week in 33.5% of the participants (Table 02). Most of the patients reported excessive sun exposure (63.8%)

Table 1 - Demographic profile of individuals assisted in the Task Force for Cancer Prevention /Dermatologist. Montes Claros-2018.

Variable	n*	%
Sex		
Male	172	29.7
Female	407	70.3
Age range		
More than 40 years old	49	8.9
40 to 59 years old	233	42.3
60 years or more	269	48.8
Marital Status		
Single	112	19.4
Married / Common-law	328	56.7
Marriage		
Divorced/separated	66	11.4
Widow	72	12.5
Schooling		
Illiterate	40	6.9
Elementary School	305	52.7
High School	193	33.3
Upper Education	41	7.1

*The totals varied due to loss of information

At the clinical examination 375 skin lesions were detected (67.6%). 35 patients were referred for biopsy and 22 patients were referred for follow-up of dermatology. (Table 2)

Table 02 - Characteristics of individuals assisted in the Task Force for Cancer Prevention/Dermatology according to family history of cancer, life habits and clinical characteristics and services performed. Montes Claros, Minas Gerais, 2018.

Characteristics	n*	%
Cancer Family History		
No	251	44.5
Yes	313	55.5
Tabagism		
Yes	31	5.3
No/never smoked	403	69.5
Former smoker	146	25.2
Alcoholism		
Yes	88	15.1
No/never drank	445	76.8
Ex-alcoholic	47	8.1
Weekly physical activity		
None	267	46.4
Once	52	9.0
Twice	64	11.1
Three or more times	193	33.5
Excessive exposure to the sun		
Yes	362	62.8
No	214	37.2
Use of sunscreen		
Yes	273	47.5
No	302	52.5
Presence of skin lesion		
No lesion	180	32.4
Suspected of Squamous Cell Carcinoma-	6	1.2
Suspected of Melanoma	7	1.3
Suspected of Basal Cell Carcinoma-	29	5.2
Melanosis	86	15.5

Continuation of Table 02

Characteristics	n*	%
Dermatosis	13	2.3
Cyst	9	1.6
Keratosis	52	9.4
Others	173	31.1
Service		
Forward to surgery/biopsy	35	11.5
Forward to a dermatologist	22	7.1
Guidance	237	76.9
Others	14	4.5

*The totals varied due to loss of information

28 biopsies were performed, being confirmed 19 cases of skin cancer. Of these diagnoses, 18 were baso cell carcinoma and 01 melanoma.

In addition to clinical examinations and referrals, dermatologists guided regarding skin care of 237 patients.

DISCUSSION

There are evidences of trends of increasing morbidity and mortality due to skin cancer, thereby imposing its consideration as a public health problem⁴. The lesions of skin cancer many times are oligo or asymptomatic, and for this reason many times the diagnosis is carried out late, bringing its lethality and resulting in surgeries with unsightly sequels. Awareness of the seriousness of skin cancer is small among the professionals and health institutions in several parts of the world and particularly in Brazil. In our country, we also rely on the aggravating factor from the belief that the racial miscegenation would determine a lower risk for the Brazilian population.

The Task Forces of Associação Presente are events of tracking of cancer diagnosis, and among

them the skin cancer. The prevalence of skin cancer was found to be 3.3%, being below the found in campaigns for the prevention of skin cancer of the SBD (Brazilian Dermatology Society) which reports an average prevalence of 8.7%⁵. This low rate can be explained by the losses that occurred in the post-event time. Once when analyzed only the suspicious cases of cancer by clinical evaluation, the index was 7.8%.

Most (94%) of the cases diagnosed in the event was of base cell carcinoma, in agreement with the literature that brings this neoplasia as the most common type of skin cancer, appearing in all the statistics on prevalence from 70 to 80% of the cases^{5,6}. It is a tumor of low malignancy grade, but with the ability of local invasion, tissue destruction and relapsing, but fortunately with limited metastatic power^{5,9}.

The prevalence of suspected lesions, when they were included the premalignant lesions showed high (64.7%). Thus, demonstrating the need for greater attention on basic healthcare services to the treatment of these lesions as well as guidelines for primary prevention. Unfortunately, in Brazil, there is not still a program for supply of sunscreen to the population and the educational programs cannot have a national scope yet.

The results regarding solar exposure, as well as use of preventive measures, on the part of participants reinforce the solar exposure and family history as risk factors⁹. In addition, they point that educational actions should be prioritized. When analyzed the data of the patients' socioeconomic profile, it can be inferred that the public assisted in the Task Force has low family income, low level of schooling and this represents an important factor in access to health services and especially to information as to the photoprotection care.

CONCLUSION

Therefore, skin cancer is a public health problem and need actions to promote early diagnosis, which allows a significant reduction of morbidity and mortality. Therefore, skin cancer is a public health problem and need actions to promote early diagnosis, which allows a significant reduction of morbidity and mortality. Socio-educational measures targeted to population and health professionals are necessary to be encouraged in Brazil.

REFERENCES

1. BRASIL. Ministério da Saúde. Instituto Nacional do Câncer. Estimativa 2015- 2016: Incidência de câncer no Brasil. Rio de Janeiro: INCA; 2016.
2. BRASIL. Ministério da Saúde. Instituto Nacional do Câncer. Estimativa 2018-2019: Incidência de câncer no Brasil. Rio de Janeiro: INCA; 2018.
3. SIMONETI, F. *et al.* Perfil epidemiológico de pacientes com tumores cutâneos malignos atendidos em ambulatório de cirurgia plástica de serviço secundário no interior de São Paulo. *Revista da Faculdade de Ciências Médicas de Sorocaba.* v. 18, n. 2, 2016. Disponível em: <https://revistas.pucsp.br/index.php/RFCMS/article/view/24713>.
4. BRASIL. Ministério da Saúde. Instituto Nacional do Câncer. Estimativa 2015-2016: Incidência de câncer no Brasil. Rio de Janeiro: INCA; 2016.
5. SOCIEDADE BRASILEIRA DE DERMATOLOGIA. Análise de dados das campanhas de prevenção ao câncer da pele promovidas pela Sociedade Brasileira de Dermatologia de 1999 a 2005. *AnBrasDermatol.* V. 81, n.6, p. 533-9, 2006; 81. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0365-05962006000600004. Acesso em: 11 Jul. 2018.
6. COUTO, S.L. *et al.* Índice diagnóstico de neoplasia cutânea em campanha de combate ao câncer da pele em serviço dermatológico no interior do estado de São Paulo. *Surgical & Cosmetic Dermatology*, Rio de Janeiro, v. 9, n. 4, p. 314-315, Out-Dez, 2017. Disponível em: <http://dx.doi.org/10.5935/scd1984-8773.2017941097>
7. CUSTÓDIO, G. *et al.* Epidemiologia dos carcinomas basocelulares em Tubarão, Santa Catarina (SC), Brasil, entre 1999 a 2008. *AnBrasDermatol.* V. 85, n. 6. P. 815-6, 2010. Disponível em: <http://www.scielo.br/pdf/abd/v85n6/v85n6a07.pdf>. Acesso em: 11 Jul. 2018.
8. MANTESE, S. A. O.; GOMIDES, M. D. A.; BERBERT ALC, ROCHA A. Carcinoma basocelular – Análise de 300 casos observados em Uberlândia – MG. *Na Bras Dermatol.* V. 81, n. 2, p. 13-42, 2006. Disponível em: <http://www.scielo.br/pdf/abd/v81n2/v81n02a04.pdf>. Acesso em: 13 Jul. 2018.
9. WAKIYAMA, T. P. *et al.* Carcinomas basocelulares iniciais diagnosticados na Campanha Nacional de Prevenção do Câncer de Pele são menores que os encaminhados da rede pública; 2017, Botucatu-SP, *An Bras Dermatol.* v. 92, n. 1, p. 25-8, 2017.