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KNOWLEDGE OF USERS OF AN INTEGRATED CLINIC IN HEALTH ON SKIN CANCER

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Abstract: Skin cancer accounts for 33% of all diagnoses of this disease in Brazil. The most common is non-melanoma skin cancer, which has a low lethality rate, high. It is classified into but its numbers are very basal cell carcinomas carcinomas and squamous cell. Melanoma is the least common of all skin cancers, but has the worst prognosis and the highest mortality rate. The aim was to identify the knowledge of users of an integrated clinic health about skin cancer. The research was qualitative, descriptive and field-based. It was carried out in an at integrated health clinica community university in the south of Santa Catarina, where a semi-structured interview was conducted with seventeen clinic users in August 2013. The data analyzed and interpreted was by categorizing, sorting, classifying and finally analyzing the data. was found, Partially correct knowledge of skin cancer regardless of education level, as well as the fact that it is a public health problem that everyone should be aware of. The thus seen importance of addressing this issue for the promotion, prevention, diagnosis and treatment of skin cancer throughout society was. Also, the importance of role the nurse's in health education throughout the process, so that everyone has detailed knowledge to follow the necessary recommendations. regarding this

Keywords: Skin cancer; Nursing care; Knowledge; Nursing.

INTRODUCTION

We can say that cancer is the disorderly growth of cells that invade adjacent tissues and distant, and can involve organs more than 100 types of disease. These dividing cells rapidly aim to be very aggressive and uncontrollable, generating the formation of tumors, which can expand to other regions of the human body. The various types of cells in the body develop different types of cancer. If it starts in epithelial tissues, such as the skin or mucous mem-

branes, it can be called a carcinoma. If it starts in connective tissues, such as bone, muscle or cartilage, we can call them sarcomas^(1,2)

Skin cancer comes in the following types: squamous cell carcinoma, which is cell carcinoma basal, also known as non-melanoma skin cancer, which occurs in the majority of cases, and that which forms in melanocytes, grows and spreads more quickly, but is less common, called melanoma skin cancer^(3,4,5).

In addition, the speed at which cells multiply and their ability to invade neighboring or distant tissues and organs are characteristics that differentiate the various types of cancer from each other and are known as metastasis⁽¹⁾

Its etiology results mainly from genetic alterations, environmental and behavioral factors, so it is multifactorial⁽⁶⁾.

Cancer is considered one of the main causes of death, resulting in obstacles to increasing life expectancy, as it is the main public health problem in the world. The accelerated rate of cancer incidence and mortality is having a major impact on the world. This increase is particularly due to the demographic and epidemiological transitions that the world is undergoing currently. What is favoring the increase in cancer incidence and mortality is aging, changes in the environment and behavior, as well as structural changes, which have an impact on recreation, mobility, exposure to environmental pollutants and diet⁽⁷⁾.

Skin cancer accounts for 31.3% of all diagnoses of this disease in Brazil. The most common non-melanoma skin cancer has a low lethality rate, but its numbers are very high. It is classified into carcinomas carcinoma basal cell and squamous cell. Melanoma is the least common of all skin cancers, but has the worst prognosis and the highest mortality rate^(2,8).

In Brazil, the number of new non-melanoma cases estimated for each year of the three-year period from 2023 to 2025 is 220,490, which corresponds to an estimated risk of

101.95 per 100,000 inhabitants, 101,920 in men and 118,570 in women⁽⁹⁾). Non-melanoma skin cancer is the most common cancer in Brazil, with a higher incidence in men and in the regions South, Southeast and Midwest. In women, non-melanoma skin cancer is found in all regions of the country^(10,11).

The number of new cases of estimated melanoma skin cancer is at 8,980, which corresponds to a risk of 4.13 per 100,000 inhabitants, 4,640 in men and 4,340 in women. It has a higher incidence in the south of the country⁽¹⁾.

The most common of all types of cancer is skin cancer and it groups together a number of pathological entities that derive from different cells in the dermis and epidermis⁽⁷⁾. The incidence is higher in individuals fair-skinned aged over 40, but this age profile is decreasing due to the constant exposure of young people to the sun's rays⁽¹⁰⁾.

Ultraviolet radiation, which induces DNA damage, is classified as the main risk factor for all types of skin cancer, and the damage produced by radiation is cumulative. Unnatural ultraviolet radiation, such as sunbeds, light bulbs and exposure to polychlorinated biphenyls⁽⁷⁾, can be highlighted for also melanoma skin cancer

As for non-melanoma skin cancer, the associated factors are age, as it affects more elderly, gender and people the person's occupation, such as those who work in glass manufacturing, the production and handling of untreated mineral oil, the electronics industry, the production and handling of coal tar, metallurgy, oil refining, chimney sweeping and fire brigades. "In short, the use of immunosuppressive drugs, such as cyclosporine and azathioprine, antifungals such as, and diuretics, such as hydrochlorothiazide, associated with sun exposure, also increases the risk voriconazole" ^(7,11)

Melanoma is linked to heredity, which plays a central role in its development. However, when a patient is diagnosed with the disease and is a relative, they should undergo regular preventive examinations. The risk is higher when the relative with the disease is first-degree⁽⁸⁾

This topic needs to be widely publicized because it is a neoplasm that affects human beings among all other types of cancer, as well as being easy to diagnose, prevent and cure in advance. Therefore, constant vigilance on the part of people and the health team can be decisive in preventing the development and consequences of skin cancer. Such surveillance within the scope of actions to control non-communicable diseases, supported by the information system, serves as a subsidy for managers to monitor and organize actions for cancer control and the direction of cancer research.

The aim of this study was to identify the knowledge of users of an integrated health clinic about skin cancer.

METHOD

The research was carried out with the aim of answering the proposed objective, which was to identify the knowledge of users of an integrated health clinic about skin cancer. To this end, it took a qualitative, descriptive and field and was carried out in an integrated health clinic at a community university in the south of Santa Catarina approach.

Participants in the study were selected by convenience, from among those who agreed to take part in the research and who used the clinic for some kind of health treatment, and were over 18 years of age. were People who had time to be invited to take part. interviewed and were willing to talk about the subject The number of participants was defined by the author herself, a sample of 20 participants, 03 of whom did not agree to take part in the research where a semi-structured

interview was applied individually to each person who agreed to take part, in a private room with the author herself, who explained the research and gave the ICF according to Resolution 510/2016⁽¹²⁾), which was signed and agreed to take part in the Research. Data was collected in October 2023.

The data was analyzed using content analysis and data categorization, sorting, classifying and finally analyzing the data. In order to preserve the confidentiality of the interviews carried out, in accordance with the guidelines and regulatory standards of Resolution 466/1212, which involve research with Human Beings and Vulnerable Groups, the letter "P" was used for the patients, followed by the respective number - P1 to P 17. The study was approved by the Research Ethics Committee of the Universidade do Extremo Sul Catarinense - UNESC, under CAAE: 71459623.2.0000.0119.

RESULTS

Seventeen people who provide some kind of care health at the in the Integrated Clinic took part study. Their ranged from ages 30 to 69. Of these, 06 were male and 11 female, with having a university degree, 04 05 a complete high school degree, 03 an incomplete high school degree an ary degree and 05. As for marital status, were married, 10 02 were in a stable union, 02 were divorced and 03 were single. 04 were housewives, 03 were retired and 10 had other professions. With regard to family history of cancer, 11 have or have had someone with cancer in their family and 06 reported not having cancer.

Variables		N
Gender:	Male	06
	Female	11
Age:	30 - 39	04
	40 - 49	01
	50 - 59	09
	60 - 69	03
Education:	Higher Education	04
	Completed high school	05
	Secondary school incomplete	03
	Elementary school incomplete	05
Marital status:	Married	10
	Stable union	02
	Divorced	02
	Singles	03
Profession/ Occupation:	Home	04
	Pensioners	03
	Others	10
Family history of cancer	Yes:	11
	No:	06
Total		17

Chart 1 - Socio-demographic profile of the participants

Source: Prepared by the authors, 2023

Below we will discuss the three categories that emerged from the analysis of this study, being the answers to the questions asked in the interviews, which were: Skin cancer, risk factor and its prevention; Knowledge about suspicious skin cancer lesions; Health education about skin cancer.

CATEGORY 1 - SKIN CANCER, RISK FACTORS AND PREVENTION

When asked what skin cancer is and if they know how to prevent it and the risk factors, it can be seen that most of the interviewees said that yes, they knew, but when asked to explain, they had incomplete answers, showing some knowledge, reporting that they didn't know how to explain, as we can see in the following statements:

P2, P4, P7, P11 and P13: Yes, it's bruises on the skin or wounds on the body that don't heal, not getting too much sun and taking care with exposure times and using sunscreen [...].

P1, P14 and P17: Yes, but I don't know how to explain it. Watch out for the sun, watch out for the times when it's sunny.

U5, U6, U9, U10, U12 and U16: Yes, they are spots or sores on the body. Be careful with sun exposure. I don't know how to answer.

P3, P8 and P15: I can't answer that.

CATEGORY 2 KNOWLEDGE ABOUT SUSPICIOUS LESIONSSKIN CANCER

When asked how to identify skin lesions suspected of being skin cancer and whether they knew how to identify any of these lesions and what they would do. It can be seen that the majority of those interviewed do not know how to identify skin lesions that are suspected of being some kind of cancer. Some even replied that they did know, and when explaining they gave examples that were consistent, as we can see in the following statements:

P2, P3, P5 to P17: They couldn't identify the injury.

P1 and P4: Yes, I think so (they correctly commented on the lesion suspected of being cancerous, and one of them said that he had already had a cancerous lesion)

U4: Yes, I think I'd be able to identify it, I have a spot on my ankle that's a bit irregular and it's grown since the last time I went to the doctor, he even asked me to keep an eye on it.

And when asked what to do if they came across an injury suspected, the majority replied that they would go to a doctor, whether a specialist or not, and then be referred to the professional responsible for this area, as we can see in the following answers:

P1, P2, P3 P4,, P6, P8, P9, P10, P11, P12,, P16 AND P17U13: Go to the doctor or dermatologist.

P5, P7, P14 and P15: I don't know what to do.

They were also asked about the types of skin cancer, whether they knew they existed

more than one type and what they were, there were mixed responses, eight of them answered that they didn't know and the rest answered that they knew, but couldn't explain the types, as seen in the following statements:

P3, P6, P8, P12, P13,, P15P16 and P17: I didn't know there were types.

P1, P2, P4, P5,,, P7P9P10 and P11: Yes, I know there's more than one type, but I don't know what they are.

U14: I know there are several types, but I 't canname them.

With regard to knowledge about the most common places where skin cancer can appear, the majority answered at least one of the most common places where skin cancer manifests itself, as seen in the statementsfollowing:

P1, P2,, P5P14 and P14: On the face;

P3, P7 and P16: All over the body;

P9: On the face and parts most exposed to the sun;

P4, P6, P11, P12 and P13: On the face, hands and back;

P8, P15 and P17: Couldn't answer.

CATEGORY 3 - HEALTH EDUCATION ON SKIN CANCER

When we asked them about their interest in learning more about skin cancer, most of them showed an interest in learning more about the subject. Many of them already had some idea of what cancer is, how to prevent it and why it develops. But they wanted to know more about it. As we can see below:

P2, P3, P5, P7, P8, P9, P12 and P17: Yes, I'm interested in knowing everything about skin cancer, prevention, [...].

P6: I'd like to know more about the types, I didn't even know there were more types. I have young children and it would be important for me to know more in order to look after them.

P4, P10, P11, P13 and P14: Yes, about types, how to take care of yourself, prevention [...].

P1, P15 and P16: I wouldn't like to know about that.

DISCUSSION

SOCIODEMOGRAPHIC PROFILE OF THE PARTICIPANTS

Seventeen people who receive some kind of took part in the studyhealth at the care Integrated Clinic of clinica Community University in the south of Santa Catarina. The 's mission is to care, teaching and research in the health sciences, and it offers types ofprovidevariousNursing, Dentistry, Psychology, Nutrition services in partnership with the city's municipal government and the Ministry of Health., Physiotherapy, Biomedicine, SOS and other services reference such as the Specialized Rehabilitation Centre

The respondents' ages ranged from 30 to 69. With regard to family history of cancer, 11 have or have had someone with cancer in their family and 6 reported that they nothad.

CATEGORY 1 - SKIN CANCER, RISK FACTORS AND PREVENTION

It is known that skin cancer affects the largest organ of the human body, which is the skin. Excessive sun exposure, fair skinnevus, congenital, previous history of skin cancer, maturity, xeroderma pigmentosum and nevus dysplastic are considered major risk factors. Ultraviolet radiation leads to DNA da-

mage and is classified as the main risk factor for all types of skin cancer, and the damage produced by radiation is cumulative⁽¹⁰⁾.

In a study of the population's knowledge of skin cancer, the percentage of individuals who said they had prior knowledge of skin cancer was 88.9%. Also in this study, it was observed that men use little sunscreen and the elderly had less knowledge about this subject⁽¹³⁾.

Few were found studies that address behavioral aspects of skin cancer prevention, as well as the population's knowledge of preventive measures and the increase the inrate of new cases and the population's lack of awareness and guidance⁽¹⁴⁾.

This study showed similarities when compared to another study, which showed that the majority of participants had good knowledge of the disease and that it was well related to their field of study. However, preventive practices appeared to be poorly disseminated, even among people good knowledge. This shows the need for informative on actions skin cancer and its practice by the population, with the aim of contributing to prevention and early detection of the disease⁽¹⁵⁾.

When discussing prevention and because it is a topic of great value, we have seen that its dissemination is frequent in the media and when we change from the colder to the warmer seasons, where the population is exposed more frequently to the sun, thus, all forms of care worked onprevention are.

In summary, this study showed that the majority of those surveyed knew what skin cancer was, even if they 't couldngive a correct explanation, since they already had knowle-dge and somehad heard of preventive measu-res, the most common of which were factors related to sun exposure.

CATEGORY 2 KNOWLEDGE ABOUT SUSPICIOUS SKIN CANCER LESIONS

In the analysis of this study, it became clear that the majority of those surveyed did not know how to identify skin lesions skin cancer, but that were suspicious of a suspicious lesion, most of replied that they would go to a doctor, whether a specialist or not, if they came across them mixed, with eight of them and as for their knowledge of the types of skin cancer, the answers were saying that they did saying that they not know and the others knew, but could not explain the types.

According to INCA^{(0)(8)(\))} "the most common malignant tumor in Brazil is non-melanoma skin cancer (31.3% of all cases), followed by female breast cancer (10.5%), prostate cancer (10.2%), colon and rectum cancer (6.5%), lung cancer (4.6%) and stomach cancer (3.1%)"^{(0)(2,8)0}.

Another study states that skin cancer is the most common type of cancer and "incorporates a range of pathological entities that originate from different cells in the dermis and epidermis"⁽⁷⁾. It is most common in fair-skinned individuals over the age of this age group 40, but is decreasing with the incessant exposure of young people to the suns rays"⁽⁰⁾⁽¹⁰⁾⁰

The main types of skin cancer are "squamous cell carcinoma, cell carcinomabasal, also called non-melanoma skin cancer, which account for the majority of cases, and melanoma skin cancer, which forms in melanocytes, grows and spreads more rapidly, although it is less common"^(3,4,5). Excessive exposure to the sun causes skin manifestations, which can appear as: thickening of the skin, burns, actinic keratosis, hyperchronic spots, and these manifestations can develop into skin cancer⁽⁰⁾⁽¹⁶⁾

In order to identify and understand the types of skin cancer, it's important to know a little about the main risk factors. These are: for all types of skin cancer, ultraviolet radia-

tion leads to DNA damage, and this damage produced by radiation is cumulative. "For melanoma skin cancer, unnatural ultraviolet radiation, such as light bulbs and sunbeds, and exposure to are also worth mentioning polychlorinated "biphenyls" ⁽⁷⁾. As for non-melanoma skin cancer, age is an associated factor, thus affecting more elderly people, gender and occupation can also be mentioned, such as "work in glass manufacturing, the electronics industry, the production and handling of untreated mineral oil, metallurgy, the production and handling of coal tar, oil refining, chimney sweeping and fire brigades". However, "the use of immunosuppressive drugs, such as cyclosporine and azathioprine, antifungals such as, and diuretics, such as hydrochlorothiazide, associated with sun exposure, also increases the risk voriconazole" ^(7,17)

Although skin cancer is often mentioned in comparison with other pathologies, it is difficult to find new specific studies on the subject in relation to the population's knowledge of the specifics discussed in this category. However, we have seen how important it is for nurses to be involved in carrying out these activities, given that it is also their responsibility to disseminate knowledge on this subject to the entire population.

CATEGORY 3 - HEALTH EDUCATION ON SKIN CANCER

In relation to the results of this study, another study found that the analysis of knowledge about skin neoplasms in a certain group of individuals showed that although most of the sample used daily sunscreen, they did not use it correctly. This occurs in other cases when it comes to prevention. That's why it's important to highlight the risks as well as prevention, in order to have a better understanding of practices and changes in habits ⁽¹⁸⁾

This study was positive in terms of people's interest in knowing more about skin cancer, prevention and types of lesions. It is therefore up to the entire health team to discuss, disseminate and take this knowledge to the whole population. Highlighting the importance of nurses as one of the conductors of this process in carrying out health education in health and to the entire population services

Thus, Health Education aims to make individuals more knowledgeable and co-responsible about the subsidies that can help them promote health, encompassing processes that contribute to transforming people's through knowledge attitudes and, conduct and information on the subject ⁽¹⁹⁾

The process establishes conditions that go beyond the limits of information pertinent to a certain prescription. "Educating involves much more than simply publishing knowledge, it has to involve processes that cooperate change people's attitudes and even their behavior" ⁽¹⁹⁾

Following the epidemiological analysis of the entire Brazilian territory, as this is a very common disease, it is clear that there is a need to intensify health education, both for professionals and the general population, with the intention of alerting them to the possibility of developing skin cancer and enabling them to recognize early alterations suggestive of malignancy ⁽²⁰⁾

The research by Serafim and others ⁽²¹⁾ corroborates the discussions in this study, as it identified the need for educational actions aimed at prevention and early recognition of skin alterations suggestive of neoplasia in people elderly. It also points out that health education on this subject can be carried out in the various scenarios, involving practice the population. And the importance of directing campaigns and actions, with the aim of advancing to knowledge, attitude and practice, in order to change people's behavior.

With regard to the feelings, fears and anxiety caused by the disease, nurses must support and work together with patients and their families, planning and implementing actions that can reduce the consequences for people with cancer and their families, thus enabling them to have a better quality of life and continue their care. This means understanding the strategies to be used and implemented by health team nurses in the care of people with cancer⁽²²⁾.

Therefore, the health team plays an important role in monitoring cancer patients,, family and health unit, not only in building and strengthening the bond between the patientbut also in enabling the team to provide quality care according to the uniqueness of each person.

CONSIDERATIONS

Given the results this research, we can highlight the importance of ofdata on the population's knowledge of skin cancer, prevention measures and health education for the entire population. This highlights the importance of frequently addressing the issue of skin cancer with approaches to the concept, types, diagnosis, signs **and** symptoms, actions to follow after suspicion or the diagnosis itself, as well as its prevention.

It was clear that the population surveyed needs more knowledge about skin cancer. They also need to know more about this disease, its care and prevention. Skin cancer is recognized worldwide for its seriousness, yet it needs to be given a lot of attention by people in general, by health professionals, by the authorities and by our country's health policies. This makes it necessary for the issue to be addressed as a public health problem within health services, and

for health professionals to have the knowledge and tools to work on care actions and the prevention of this pathology. Raising public awareness of cancer and encouraging changes in behavior and attitudes in order to prevent it is of fundamental importance, and in this process the educational actions of nursing deserve to be highlighted in primary care.

Therefore, although this study had some limitations in its sampling, it is suggested that further work be carried out on the subject, as it is clear that it is important to implement planning and educational actions aimed at the entire population, with special attention to the uniqueness of individuals, as well as raising awareness of effective protection and prevention measures.

Limitations of the study: The limitations were the small sample size and the specific and limited audience. As well as the small number of articles on the specific subject, restricting reflections on the scope of studies on the general population's knowledge of skin cancer, its types, care. and prevention

Contributions to the field of Nursing, Health or Public Policy: The study identified the need for improvements in training in care skin cancer and prevention for health professionals, as well as nursing students, pointing to the need to better explore it within disciplines of the undergraduate course. This would improve the production of new work on the subject and the importance of implementing educational actions aimed at the entire population, with special attention to the uniqueness of individuals, as well as raising awareness of effective protection and prevention measures.

Conflict of interest: There were no conflicts of interest during the course of this study.

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