Processo seletivo de candidatos ao curso de Mestrado
Profissional em Ciências para a Saúde – 2017

Prova de Inglês

Fundação de Ensino e Pesquisa em Ciências da Saúde
Escola Superior em Ciências da Saúde
Coordenação de Cursos de Pós-Graduação e Extensão
Mestrado Profissional Em Ciências Para a Saúde

NOME:_____ CFP:_____

Leia atentamente o texto e depois responda às questões assinalando com CANETA apenas uma alternativa correta.

BREAST CANCER AWARENESS AMONG OLDER WOMEN
L Linsell, CC Burgess and AJ Ramirez.

INTRODUCTION

Breast cancer is predominantly a disease of older women. Most breast cancers occur in older women, with approximately one third of all breast cancers occurring in women over the age of 70. Furthermore, older women are more likely to delay their presentation with breast. This is of concern given that delay in the presentation of breast cancer of 3 months or more result in diagnosis with later stage disease and reduced chances of survival. Survival from breast cancer is in fact worse among women over 70 years compared with younger women. The relative 5-year survival rates from breast cancer are 80% for women aged less than 70 years, 66% for those aged 70–79 years and 47% for those aged 80– 89 years.

The NHS Breast Screening Programme (NHSBSP) has an upper age limit, which leaves older women unprotected by routine mammographic screening. At the same time, among older women there is a high chance that a breast symptom is one of breast cancer. Over 1 in 3 breast symptoms in older women (X65) are because of cancer, whereas about 1 in 10 breast symptoms are malignant in women under 65 years. Older women need to be equipped with the relevant knowledge and confidence to detect and seek medical help promptly for a breast change.

The aims of this national survey were to: (1) describe the levels of knowledge of breast cancer symptoms and risk in older women, and assess their confidence to detect a breast change; (2) examine levels of knowledge and beliefs in relation to sociodemographic characteristics to determine which older women are most at risk of delayed presentation. The ultimate aim of the survey is to inform interventions that promote early help seeking and increase survival in older women with breast cancer.

MATERIALS AND METHODS

The survey sample comprised 850 women aged 67–73 years, an age group leaving the routine protection of the NHSBSP. Age Concern Research Services conducted sampling and data collection through their 50plusview panel. This panel consists of 10 000 people aged 50þ years, recruited in two ways: 60% from existing panels recruited by a private sector organization, GfK information services, and 40% through a recruitment campaign among Age Concern donors. GfK recruit using random digit dialling telephone sampling and aim to fill quotas designed to achieve a representative sample of the UK population, based on age, sex, region and other sociodemographic characteristics. Age Concern recruit their members using an annual donor mailing advertising voluntary membership to the Panel. We invited every woman aged 67–73 years from the panel to participate.

We examined the representativeness of the respondents by comparing the sociodemographic characteristics of women recruited to the survey to those of the general female population in the United Kingdom using estimates published by the Office of National Statistics.

A letter outlining the survey together with a study-specific questionnaire was sent to each woman in November 2005. The questionnaire was piloted on older women in breast screening clinics and examined the following areas: knowledge of breast cancer symptoms, knowledge of the risk of developing breast cancer and confidence to detect breast changes. In the first question, participants were provided with a description of 11 breast cancer symptoms, taken from public education leaflets and asked which ones were symptoms of breast cancer. A score was produced of the number of symptoms correctly identified (range 0–11). Sociodemographic data (marital status, educational qualifications and ethnic group) were also collected and the Townsend Index of Multiple Deprivation (IMD) of ward of residence was calculated from the participant's postcode (ODPM Publications, 2004). This is a measure of socioeconomic status with a higher score (range 1–100) indicating greater deprivation.

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RESULTS

Of the 850 participants surveyed, 712 completed and returned the questionnaire, a response rate of 83.8%. Geographical region, ethnicity and retirement status were broadly similar, however, the women appeared to be more affluent and highly educated compared with the general population of women this age. Also, a higher proportion of women in the sample reported to be living alone.

Most women (over 85%) were aware that a lump in the breast or under the armpit was symptom of breast cancer. However, they were less knowledgeable about non-lump symptoms; less than half of the women recognised a change in size, redness of skin and nipple rash as signs of breast cancer. The median number of symptoms identified from the set of 11 provided was 6 (IQR: 4– 9) for the whole sample (Mean: 6.2, 95% CI: 6.0–6.5). Knowledge did not vary by ethnic group, social deprivation or relationship status, however, it was associated with education. Women with an O level qualification or above identified a median of seven symptoms (IQR: 5 –9) compared with a median of five symptoms (IQR: 3– 8) in women with no educational qualifications and were just over twice as likely to identify at least one additional symptom.

Women were overly optimistic regarding a woman's lifetime risk of developing breast cancer, with half believing that the chances were less than 1 in 100. Around a third (36.7, 95% CI: 33.1– 40.5%) correctly indicated a 1 in 9 risk, whereas a small proportion (13.3%) overestimated the risk to be 1 in 3. Women with a higher level of education were more likely to estimate lifetime risk correctly, but there was no association with the other sociodemographic variables. This remained significant only for the most qualified group (A levels/degree or above) in the logistic regression analysis; the odds of responding correctly was 1.65 times higher in this group compared with women with no qualifications.

Most of the women were also not aware of the increased risk of breast cancer with age; only a quarter (25.1, 95% CI: 21.9–28.5%) correctly believed they were more at risk whereas 61.7% perceived no difference. Awareness of this risk was strongly associated with higher levels of education but not associated with any other sociodemographic characteristics. The odds of responding correctly was 2.24 times higher in women with 'O' level qualifications and 3.4 times higher in the most qualified group compared with women with no qualifications. Interestingly, among those who gave the incorrect answer, the most educated group appeared more likely to believe that old age decreases the likelihood of the disease (24.4% (21/86) vs 14.9% (56/377) in the two lower groups combined).

Around two thirds of the women reported that they checked their breasts on a weekly or monthly basis (65.9, 95% CI: 62.3–69.4%), but one fifth claimed that they rarely or never checked their breasts for changes. Furthermore, nearly one third of women were not confident that they would be able to detect a breast change and 15% were not confident about how their breasts normally look and feel. There were no associations between breast checking and the sociodemographic variables apart from education. More highly educated women were less likely to check their breasts compared with women with no qualifications, but this was only significant for the most highly educated group.

CONCLUSION

This national survey demonstrates a significant lack of the prerequisite knowledge and confidence to detect a breast change. Raising breast cancer awareness and promoting early presentation among older women is important, as they are more at risk of breast cancer and more likely to delay seeking help with breast cancer symptoms than younger women.

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QUESTÕES

1. We can infer from the text that:
   a. Most cancers occur in older women, but Breast cancer is predominantly a disease of younger women.
   b. Young and old women do not regularly take care of their health.
   c. Approximately one third of all breast cancers occur in women over the age of 50.
   d. Approximately one third of all breast cancers occur in women over the age of 70.

2. The text show us that survival from breast cancer is in fact worse among women over 70 years compared with younger women, because:
   a. Younger women are more likely to delay their presentation of breast cancer.
   b. The older women are unprotected by routine mammographic screening.
   c. The relative 5-year survival rates from breast cancer are 80% for women aged more than 70 years, 66% for those aged between 70–79 years and 47% for those aged between 80–89 years.
   d. Delay of under 3 months or less in the presentation of breast cancer results in diagnosis with later stage disease and reduces chances of survival.

3. With the exception of one, the aims of the survey above were to:
   a. Equip older women with the relevant knowledge and confidence to detect and seek medical help promptly for a breast change.
   b. Describe the levels of knowledge of breast cancer symptoms and risk in younger women, and assess their confidence to detect a breast change.
   c. Examine the representativeness of the respondents by comparing the sociodemographic characteristics of women recruited to the survey to those of the general female.
   d. Elicit the level of breast cancer awareness in older women.

4. About the materials and methods of the research it is correct to state:
   a. A cross-sectional study-specific questionnaire survey of British women aged 67-73 years.
   b. This is a qualitative study, which used a randomized sample, and statistical analysis.
   c. The survey sample comprised only old women that didn´t leave the routine protection of the NHSBSP.
   d. The survey sample comprised 850 women, which is not a representative sample of the UK population, because it´s based only on age, sex, region and other sociodemographic characteristics and not about the kind of the breast cancer.

5. For this study a specific questionnaire survey…
   a. Was sent to each woman in the United Kingdom in November 2005, with a letter outlining the survey.
   b. Collected sociodemographic data such as: knowledge of breast cancer symptoms, knowledge of the risk of developing breast cancer and confidence to detect breast changes.
   c. Was about a description of breast cancer symptoms, taken from public education leaflets.
   d. Examined only the following areas: marital status, educational qualifications and ethnic group.

6. Results of this study showed that:
   a. **About 85% of those surveyed were aware that a lump in the mama or under the armpit could be a breast cancer.**
   b. About 83.8% of young women had breast cancer.
   c. 95% of those surveyed were older women and never made a high examination.
   d. Only 61.7% of the women interviewed did not know the symptoms of a probable breast cancer.

7. These are the symptoms noticed by less than half of the women surveyed, except:
   a. Change in size of the breast.
   b. Redness of skin.
   c. Nipple rash.
   d. **Changed eye color.**

8. In the research, half of women that were overly optimistic regarding a woman´s lifetime risk believing that the chances for developing breast cancer were lower than:
   a. One in eight women.
   b. **One in one hundred women.**
   c. One in three women.
   d. One in fifty women.

9. We can infer from the text that:
   a. **About 1/5 of women said they rarely or never examined themselves and never noticed changes in their breasts.**
   b. About 2/3 of the women reported that they had already had breast cancer.
   c. Only 15% of those surveyed reported that they never examined themselves.
   d. Only 1/3 of the women reported that they examined themselves daily.

10. What was the conclusion of the survey conducted?
    a. Young women are more likely to develop breast cancer than older women.
    b. Because they are more qualified, younger women ignore of the fact that they can develop breast cancer.
    c. **Older women are more at risk and are more likely to develop breast cancer since they delay to seek help.**
    d. Both younger and older women have the same concern about developing breast cancer.