



## ORIGINALES

### Prostate cancer: knowledge and interference in the promotion and prevention of the disease

Câncer de próstata: conhecimentos e interferências na promoção e prevenção da doença

Cáncer de próstata: conocimientos e interferencias em la promoción y prevención de la enfermedad

Pâmela Scarlatt Durães Oliveira<sup>1</sup>  
Sérgio Vinicius Cardoso de Miranda<sup>2</sup>  
Henrique Andrade Barbosa<sup>3</sup>  
Rodrigo Marques Batista da Rocha<sup>4</sup>  
Adriana Barbosa Rodrigues<sup>5</sup>  
Vanessa Maia da Silva<sup>6</sup>

<sup>1</sup> Family Nurse, graduate student in Health Sciences (UNIMONTES), health expert in residence (UNIMONTES), CAPES scholarship holder. Brazil. [pamela-scarlatt@bol.com.br](mailto:pamela-scarlatt@bol.com.br)

<sup>2</sup> Nurse, PhD in Health Sciences, State University of Montes Claros/Unimontes, Master in Public Health, Oswaldo Cruz/FIOCRUZ-ENSP, Montes Claros (MG), Brazil.

<sup>3</sup> Nurse, Master in Health Sciences (UNIMONTES), Professor UNIMONTES, FASI. Brazil.

<sup>4</sup> Nurse, Mental Health Expert (UNIMONTES). Brazil.

<sup>5</sup> Student, Undergraduate Degree in Dentistry, State University of Montes Claros (UNIMONTES) – Montes Claros (MG), Brazil.

<sup>6</sup> Nurse from United Colleges of Northern Minas (FUNORTE), Montes Claros (MG), Brazil.

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#### ABSTRACT:

The article aimed to describe the men's perception about prostate cancer and related prevention factors. This is a qualitative community trial type study. Three meetings were held in the form of a focus group, composed of 60 men aged over 40 years old, addressing the topic of prostate cancer. In order to analyze the qualitative data, thematic content analysis was performed and the data were organized in the software - Atlas Ti. The results were referenced in the objectives of this study and emphasized into categories. The data showed that there is still a physical and social barrier to overcome with male stigmas, and there is a lack of knowledge about the prevention of this cancer. The increase in the availability of diagnostic tests, agility in care, and differentiated schedules for workers are some of the efficient strategies to attract this population to the prevention of prostate cancer.

**Key words:** Prostate cancer, men's health, health promotion, nursing.

## RESUMO:

O artigo **objetivou** descrever a percepção dos homens sobre o câncer de próstata e os fatores de prevenção relacionados.

Trata-se de um estudo qualitativo do tipo ensaio comunitário. Foram realizadas três reuniões em forma de grupo focal, composto por 60 homens com faixa etária superior a 40 anos, abordando o tema do câncer de próstata. Para a análise dos dados qualitativos foi realizada a análise de conteúdo temática e os dados foram organizados no software – Atlas Ti.

Os **resultados** foram referenciados nos objetivos deste estudo e enfatizados em categorias. Os dados evidenciaram que ainda há uma barreira física e social a ser ultrapassada diante dos estigmas masculinos, e existe uma carência de conhecimento sobre a prevenção deste câncer. O aumento da oferta de exames diagnósticos, agilidade no atendimento, horários diferenciados para os trabalhadores são algumas das estratégias eficientes para atrair esta população para a prevenção do câncer de próstata.

**Palavras-chaves:** Câncer de próstata, saúde do homem, promoção da saúde, enfermagem

## RESUMEN:

El artículo **objetivó** describir la percepción de los hombres sobre el cáncer de próstata y los factores de prevención relacionados.

Se trata de un estudio cualitativo del tipo de ensayo comunitario. Se realizaron tres reuniones en forma de grupo focal, compuesto por 60 hombres con rango de edad superior a 40 años, abordando el tema del cáncer de próstata. Para el análisis de los datos cualitativos se realizó el análisis de contenido temático y los datos fueron organizados en el software - Atlas Ti.

Los **resultados** fueron referenciados en los objetivos de este estudio y enfatizados en categorías. Los datos evidenciaron que todavía hay una barrera física y social a ser superada ante los estigmas masculinos, y existe una carencia de conocimiento sobre la prevención de este cáncer. El aumento de la oferta de exámenes diagnósticos, agilidad en la atención, horarios diferenciados para los trabajadores son algunas de las estrategias eficientes para atraer a esta población para la prevención del cáncer de próstata.

**Palabras clave:** cáncer de próstata, salud del hombre, promoción de la salud, enfermería.

## INTRODUCTION

The prostate is a male gland which is located between the urinary bladder and the rectum. This gland participates in the production of semen, the fluid that carries sperm produced in the testicles. Prostate cancer is the most common malignant neoplasm among men, according to the National Institute of Cancer (INCA), which in its 2014 estimate showed 68,800 new cases of prostate cancer. In some individuals, for reasons that are not well known, the prostate grows more rapidly, in others the increase is slower and from 50 years old this growth is faster in the early stages tumors are generally asymptomatic and discovered due to elevation of prostate-specific antigen PSA, rectal changed (indispensable) or incidentally after surgical treatment of benign prostatic hyperplasia <sup>(1, 2)</sup>.

Aspects related to age, race, family history, intake of red meat and fat, are some of the factors considered at risk for the development of the disease, which, in advanced stages, is related to the act of urinating, such as difficulty in urination, polaciúria, dysuria, nocturia, which may cause bone pain, generalized infection or renal insufficiency <sup>(3,4)</sup>.

The National Policy of Integral Care for Men's Health, launched by the Ministry of Health (Brazil) <sup>(5)</sup> came with the objective of facilitating and expanding access of the male population to health services, in response to the observation that the grievances

of the males are a public health problem. In the screening for prostate cancer, included in this policy, there are used two exams: the digital examination of the prostate and the dosage of PSA. However, both have limitations related to the sensitivity, specificity and low positive predictive value. The Digital examination of the prostate is used to evaluate the size, shape, and consistency of the prostate in order to verify the presence of nodules, but it is known that this examination presents some limitations, since it only allows the palpation of the posterior and lateral portions of the prostate, leaving 40% to 50% of tumors outside its range <sup>(3,5)</sup>.

Despite these alarming facts, the prejudice to the examination of rectal is still strong in Brazil. A survey conducted by the Brazilian Society of Urology SBU in 10 Brazilian Capital States, with 1061 men from 40 to 70 years of age, showed that 76% of them reported not having knowledge about the Digital Rectal Examination (EDR) for the detection of prostate cancer, being that only 32% of Brazilian men claim to have done the exam <sup>(6,7)</sup>.

An important fact to be highlighted is the lack of preparation of health professionals for recognition and care of the male demands, being viable the inclusion of the theme of human health in the curricula of university training and permanent education staff in particular of nurses, who often represent one of the first user's contacts with the health service <sup>(6,7)</sup>. The nurse should not miss the opportunity of addressing men, taking advantage of everyday situations of nursing assistance, in search of health promotion and early detection of diseases, guiding them on the risk factors and prevention measures relating to prostate cancer, as well as to identify the presence or not of these factors and seek signs and symptoms that may indicate changes related. From this perspective, the aim of this study was to describe the perception of men about prostate cancer and factors of prevention related.

## MATERIAL AND METHODS

This article is the result of a study based on the test method for the community, which translates into a research that aims at the implementation or evaluation of interventions aimed at primary prevention through the modification of risk factors in a population well defined. The present study presents qualitative data research collected in the year 2014.

The members of the research were 60 men duly registered in a Family Health Strategy (FHS) in the city of Montes Claros, Minas Gerais, Brazil, with age greater than 40, and that such a recommendation is supported by the guidelines of the Brazilian Society of Urology that determines, until then, essential to the completion of the digital examination of the prostate annually in this age group<sup>(1)</sup>.

There were used as inclusion criteria of men who performed the exam only once and not returned, which does not held over three consecutive years, who have never performed the exam and who perform the examination regularly. The exclusion criteria used were those men who had already done the prostatectomy due benign prostatic hyperplasia or cancer and individuals aged below 40 years of age.

The data collection occurred in three meetings in the form of a focal group where they were made the following questions: Do you know the function and location of the prostate? Performs some method that considers preventive measure for prostate

cancer? Has already carried out the examination of rectal or knows someone who has already done? You can talk about the exam? The speeches were recorded and transcribed in order to allow for better analysis of the same.

The subjects were identified by the letter H followed by the number of interview, to ensure anonymity. For qualitative data analysis was performed to thematic content analysis and the data were organized in software - Atlas Ti Qualitative Research and Solutions) version 8.0, and even helped in the first level of analysis and coding of significant moments evidenced in the data. We used the following steps for the analysis of discourse: ordination of data (transcription of recordings; rereading of the material; organization of reports); classification of data (reading of the texts; establishment of a corpus of communications; cross-sectional reading of each body with the cutout of “log units”; sort by most relevant issues) and final analysis (considering the objectives of the study, the theoretical and the themes that emerged from the testimonies of customers), being grouped the speeches by convergence. The results were presented in folders for professionals of the FHS choice and the research participants <sup>(8,9)</sup>.

Anonymity was guaranteed the participants also signed the Informed Consent Form. The design of this study answered the Resolution 466/2012 and was submitted to the Committee for Ethics in Research for consideration and approval, with the number of protocol of the CEP/SOEBRAS: 403.501/2013.

## RESULTS

To facilitate the design of the drawing that is obtained on the results of this research and its discussion, the results are presented in thematic categories that emerged referenced in the objectives of this study, based on expressions that are repeated and were representatively saturated in the statements of the interviewees. The speeches were gathered in the software Atlas Ti and if noticed some verbs and nouns that again appeared, as shown in the table below, showing the most representative expressions in the perception of the interviewees:

**Table 1- Most expressions are repeated in lines of research.**

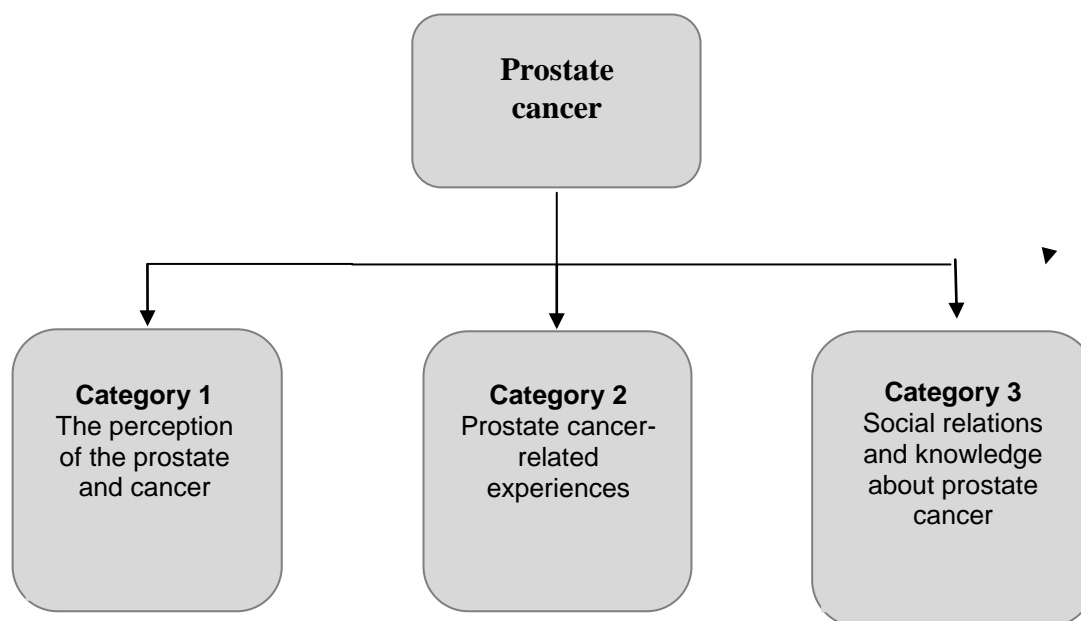
Verbs	Nouns
<b>Make, view, play, meet, prevent, smoking, sent, consult, thought.</b>	Prostate exam, PSA, touch, symptoms, prevention, wife, friend, physician, treatment, blood, finger, shame, need, family, father, important.

Source: elaboration of the authors.

### Characterization of the Participants

The great majority of interviewees were aged 40 years old or more, with less than nine years of schooling. The greatest part is married and more than half have already performed some of preventive examinations, rectal or PSA, at least once in their life. Below is a representation of the results obtained in the study, divided into categories, for best exemplifies them.

**Figure 1** – Division scheme of thematic categories, based on the purpose of the study.



Source: elaboration of the authors.

### **Category 1 – The perception of the prostate and prostate cancer for men**

The prostate, the cancer and the prevention examinations acquire many meanings to man as their culture and social environment, being that all these aspects should be valued and exploited in the best possible way during the planning of health actions. The statements set forth below show how these meanings can be different for each man.

The prostate is located around the organ of the person, has the name right, as will creating the bad signals; it is giving those bubbles and they are growing and goes even further and will arrive and will inflamating, and when the person makes the decision to care and get there, or he couldn't passed or if you use it can make the treatment and cure what you know. (H3).

The prostate serves for the storage of sperm.(H5).

The exam for prostate that i know is the PSA, which is the blood test, and has other tests that when i was 45 years old I started right which is the touch, made about four times because the company's physician, he asked me to go, so I did, not because I thought important, now don't touch me more than that.(H10).

Only that I, since 45, I've been doing the blood test; touch not, I have to do because I am black. (H16).

I know that there are the exams, I just didn't do the exam because I have a shame man... (H10).

## **Category 2 - Prostate cancer-related experiences**

In this category, there are previous experiences related to prostate cancer and the preventive examinations in addition to the various meanings attributed to the attitude of preservation of men's health.

A sign that you must know well, are you going to pee, makes a little bit and then makes you feel like you are going to do and makes it stop, I already felt this before knowing that I had a problem. (H7).

The symptom more sure when the person is threatening this is this, starts cutting the urine, i have seen this already (H9).

I already felt some symptoms of these once and did not look no physician, well after I did all of these exams, I did ultrasson, the touch, and then the doctor said there is nothing there, and became a remedy for me strong...(H32).

The problem for us Brazilians, it does not prevent, but we have to prevent ourselves, because it is from which we are prevented us is easier, we are able to live longer, and another, the majority has no time for anything is... I'm not because I don't have time, time did not have time for everything? Every year I do. (H21).

The question that is threatened is who needs to do (the exam), I did the first exam by clipping the radio, then stayed with a doubt, and when we arrived there I did, the doctor said that I was already almost eight years doing, he couldn't operate urgent that was past, then said that it does not need to operate, I am having is the remedy pro writer, has four years that I take the medication, ...then nor uncle, neither father nor anyone, my family has not, I was, then, what happens., you have to look for.(H18).

## **Category 3 - The interference of social interactions in the knowledge about prostate cancer**

Try the support or negative opinions of family and close friends can significantly interfere in the behaviors of men in relation to the maintenance of their health, thus the role of bystanders should always be taken into consideration during the planning of the assistance to be provided by health professionals.

My father never did examination of prostate, formerly a had this, my grandfather died with 75, of acute rheumatism, who killed him was this, but never did. I think that there is no need. (H8).

It's the following, I, in my case, my father had a problem right, because my father had prostate problem, since the 40 years oldhe makes this prevention is not even, thanks God I do all. (H17).

There is, women have more courage to expose the body even (not man). My wife.

My friends don't do much the exams do not, they say that you don't need it. (H14).



I lost 3 friends very close recently and they were all very new. (H6).

Some of my friends are already the exam, others do not, I do the same way, do not care if they do not. (H14).

The doctor told me that at the age of man the prostate grows. (H22).

The nurse said that the tour has the Blue November to make exams of the prostate. (H21).

The doctor told me to do these tests more not explained to me which of the two is better. (H5).

Who did some lectures in the tour was only the nurse, she has taught me a lot. (H17)

The exam for prostate that I know is the PSA, which is the blood test, and has other tests that when I was 45 years old I started right which is the touch, made about four times because the company asked, sent me to go, so I did, not because I thought it important.(H10).

## DISCUSSION

### Category 1 – The perception of the prostate and about prostate cancer for men

As well as in the cross-sectional study conducted by Souza, Silva and Pinheiro <sup>(10)</sup> with 88 gauchos traditionalists in 2009, the statements above show that the rectal cannot be seen only as a physical examination that can diagnose early prostate cancer. This exam does not touch only in the prostate. He touches on symbolic aspects of being male who, if not worked, not only can derail this secondary prevention measure as well as the attention to human health in general.

The research in this aspect sought to know also, knowledge of the male population on the prostate and its cancer. We realize that the knowledge about the subject is still insufficient for most men. In spite of the campaigns promoted by INCA and the Brazilian Society of Urology, the lack of information about the knowledge of signs and symptoms and the importance of preventive examinations contributes to prostate cancer is a public health problem <sup>(1,2)</sup>.

Corroborating with other studies, such as that carried out in Rio Grande do Sul with the group of men in a camp that say that prostate cancer is a public health problem throughout the world, being one of the causes for this disease, the delay in early diagnosis, which may be inferred by several factors, namely: the lack of information of the lay population, both by beliefs or by fear; the lack of attention from health professionals; the prejudice against the pathology and against the rectal; the low demand for a specific examination and sensitive that can detect in the initial phase of the disease <sup>(1,2,10)</sup>.

The male population needs further clarification as to the importance of preventive examinations, the rectal and dosage of PSA velocity, where you will be able to detect the disease at an early stage. With this, the greater will be the chances of cure.

### **Category 2 - Prostate cancer-related experiences**

The search for greater quality of life demystifies the prejudice that follows the prostate exam, stating that the quest for health among men involved in this study overcomes the myths, contradicting the study carried out in Rio Grande do Sul and articles addressing the man's accessibility to health services after the implementation of PNAISH, used in literature review Silva, Souza Lima, Yarid, Siena in 2012, where the vast majority of interviewees was resistant regarding the implementation of the preventive exam for prostate cancer <sup>(10, 11)</sup>.

According to the statements of the participants, it was perceived that when approached about the signs and symptoms, only two men refer to "cutting the urine", being that one reports have already passed through such an experience. Despite having an acceptance of the completion of preventive examinations among the men studied, the present study shows that few men of the sample showed some knowledge about prostate cancer, unlike a study conducted in the city of Juiz de Fora in 2006, where the authors claim that the majority of men showed adequate knowledge in relation to prostate cancer <sup>(12)</sup>.

Through the experiences reported by members of the research, it becomes clear that the lack of knowledge of the signs and symptoms lead men not to seek health services when they feel any symptom related, noting that in the speech of the participant where it says that, even feeling the symptoms not sought the physician, i.e., leading to late diagnosis. Corroborating with the cross-sectional study conducted with 480 patients in oncological treatment met in the year 2011, written by Herr, Kolankiewicz, Berlezi, Gomes, Magnago, Rosanelli et al, where it says that the ignorance about cancer collaborates for the late diagnosis, contributing to the possibility of sequels, esthetic and functional and even death <sup>(13)</sup>.

### **Category 3 - The interference of social interactions in the knowledge of prostate cancer**

You will notice that the family culture, interferes in the conduct of individuals in relation to self-care with their health. The men in the study demonstrated that the fact there is a history of prostate cancer in the family, already serves to provide encouragement and concern for the same look for the prevention of the disease. Other people seem to be rooted in the concept that nobody in the family has conducted the examinations and had no problems in relation to prostate cancer, and others have reported a greater courage of women in exposing the body to take care of health in relation to man <sup>(10,12)</sup>.

In this sense, the authors of the cross sectional study, carried out in Juiz de Fora with a population of 2825 men of 60 years old or more, who participated in the campaign of vaccination against the flu of 2006, say that the practices of self-care and prevention of health are more widespread in the female universe and it is possible that the men who have wife or companion are influenced by their partners in decisions to seek medical advice and to conduct examinations of tracking <sup>(12)</sup>.



It is important that the family is inserted in the prevention of diseases, together with the patient who needs support, it facilitates the patient's adherence to treatment and makes the subject more debatable among the members, so that the information is multiplied between them, and more people are having the knowledge on the prevention of prostate cancer, as well as observed in another cross-sectional study conducted also in Juiz de Fora through household survey covering a random sample of 160 men aged between 50 and 80 years old residing in the region and the articles included in the literature review conducted in 2005 by Gomes, Rebello, Araujo and Nascimento <sup>(14,15)</sup>.

The men involved in this study mentioned that a large part of the friends that composes their social cycle does not adhere to preventive examinations of prostate cancer; however, this behavior does not cause negative effects on the health of men respondents, since the same declare not to feel intimidated to make the examination because of bad experiences of acquaintances or afraid to be reason of laughter among friends due to violation of their masculinity, contradicting the study which shows that the main barriers for performing the examination of rectal is the fear of the procedure and shame in exposing their bodies, compromising their masculinity, corroborating the data observed in a study conducted in a partnership between various universities in the United States with a sample of 17 survivors of prostate cancer with ages ranging from 47 to 72 years old <sup>(16)</sup>.

The scant accession by prevention of prostate cancer and the unawareness of the importance of the disease by men, on the other hand due to lack of training of health professionals involved, especially in primary care. The role of the doctor is necessary for the patient confidence in the need to perform the examination, but seems insufficient in terms of health education for this population, given that in the speech there is a declaration that the doctor ordered perform exams, but did not explain differences, benefits and meanings of the same <sup>(17-19)</sup>.

In this sense, it is significant the presence especially the nurse, this being a figure of extreme importance in the process of promotion and prevention of disease. The little male demand also appears associated with the absence of host or the host bit attractive, which may be related to the fragile professional qualification for dealing with the male segment <sup>(20)</sup>.

It stands out in the statements of this study that the nurse is an educator prepared to propose strategies, in order to provide paths that allow for transformations in people/communities. However, agreeing with Brazil (2008) where it says that the services and communication strategies emphasize health actions for the child, the adolescent, women and the elderly, there is a specialized service for men <sup>(21,22)</sup>.

The descriptive study conducted in 2011 in the city of Belo Horizonte with the 141 nurses from the Basic Health Units (BHU) addressed matters relating to the care with the male population and showed that 24.1% of respondents said notice any kind of difficulty in the assistance offered to men who attend the BHU and 27.7% said they feel unprepared to act with this specific audience. The low adherence of men to the activities proposed by the BHU was evident in the case of the interviewees: 92.2% said that men do not adhere or stick with difficulties to the activities of the BHU, and only 3.5% of the respondents said that men and women adhere to the actions proposed in these spaces. The need for a specific training of the team to work with men was highlighted by 86.5% of the respondents <sup>(23)</sup>.

It is the professionals are trained to guide the men seeking a health unit in search of exams for early detection of prostate cancer, through courses and training in continuing education. And, the public network to offer the necessary examinations for men who want to accomplish it, even after a query and being informed about the risks and benefits of its realization <sup>(21,23)</sup>.

## CONCLUSIONS

By virtue of the results obtained, the authors consider that there is still a physical and social barrier to be exceeded before the masculine stigmas, and there is still a lack of knowledge related to the importance of preventive examinations of prostate cancer.

It becomes evident that strategies such as the orientation individually and/or collectively made by the nursing professional can bring this patient to the health service, causing it to learn about his body and the development of certain diseases like cancer. To ensure that the incidence and mortality caused by prostate cancer decrease is needed clarification of the population, and especially increase the supply of diagnostic tests for prevention. It is the professionals of the health area in particular to nurses, disclose with greater emphasis, through lectures, campaigns, characterizing the patient as a whole, respecting the biopsychosocial, explaining about the care, prevention and consequences that may arise if not diagnosed early prostate cancer, since the ignorance of the disease interferes in the promotion and prevention of disease.

The improvement of quality of service, such as a reduction of the waiting time for care, different schedules for the workers and respect for privacy are other strategies that should be used in order to capture this population for the prevention of prostate cancer. Further studies should be carried out on how to increase the adhesion of men to educational groups and how to undo the sociocultural barriers so strong in this population.

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