CLINICAL CHARACTERIZATION OF ELDERLY PATIENTS SERVED IN AN ONCOLOGICAL UNIT OF MINAS GERAIS

CLINICAL CHARACTERIZACIÓN OF MAJOR PATIENTS SERVED IN A UNIT ONCOLOGY OF MINAS GERAIS

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ABSTRACT
Objective: to analyze the main clinical characteristics of elderly patients with cancer in an oncology unit in the south of Minas Gerais. **Method**: descriptive, exploratory, quantitative study. Held in a Philanthropic Hospital, through the collection of secondary data from the Hospital Cancer Registry. At the end, 3666 participants were selected. **Results**: In men, the most prevalent type of cancer was adenocarcinoma, with no information on the stage of the disease. In women, the other group prevailed, represented by other types of neoplasms not mentioned in the study, with stage I disease classification. Both sexes in the majority did not present more than one primary tumor. **Conclusions**: Knowing that age is a risk factor for neoplasms, it is necessary to know the clinical characteristics of these elderly people for the most effective performance of health professionals and managers regarding health promotion and prevention, early diagnosis and treatment of the disease.
Descriptors: Neoplasms; Aged; Aging.

RESUMO
Objetivo: analisar as principais características clínicas dos pacientes idosos com câncer em uma unidade oncológica do Sul de Minas Gerais. **Método**: estudo descritivo, exploratório, quantitativo. Realizado em um Hospital Filantrópico, por meio da coleta de dados secundários do **Registro Hospitalar de Câncer.** Ao final foram selecionados 3666 participantes. **Resultados**: Em homens o tipo mais prevalente de câncer foi o adenocarcinoma, sem informações sobre o estágio da doença. Nas mulheres prevaleceu o grupo outros, representado por **demais** tipos de neoplasias não citados no estudo, tendo como classificação da doença o estágio I. Ambos os sexos em sua maioria não apresentaram mais de um tumor primário. **Conclusões**: Sabendo- se que a idade é um fator de risco para neoplasias, é necessário conhecer as características clínicas destes idosos para a atuação mais efetiva de profissionais de saúde e gestores quanto a promoção e prevenção de saúde, diagnóstico precoce e tratamento da doença.
Descritores: Neoplasias; Idoso; Envelhecimento.

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RESUMEN

Objetivo: analizar las principales características clínicas de pacientes ancianos con cáncer en una unidad de oncología en el sur de Minas Gerais. **Método**: estudio descriptivo, exploratorio, cuantitativo. Celebrada en un hospital filantrópico, a través de la recopilación de datos secundarios del Hospital Cancer Registry. Al final, 3666 participantes fueron seleccionados. **Resultados**: en los hombres, el tipo de cáncer más frecuente fue el adenocarcinoma, sin información sobre el estadio de la enfermedad. En las mujeres, prevaleció el otro grupo, representado por otros tipos de neoplasias no mencionadas en el estudio, con clasificación de enfermedad en estadio I. Ambos sexos en la mayoría no presentaron más de un tumor primario. **Conclusiones**: Sabiendo que la edad es un factor de riesgo para las neoplasias, es necesario conocer las características clínicas de estas personas mayores para el desempeño más efectivo de los profesionales y gerentes de salud con respecto a la promoción y prevención de la salud, el diagnóstico temprano y el tratamiento de la enfermedad.

Descriptores: Neoplasias; Anciano; Envejecimiento.

INTRODUCTION

Advances in public health accompanied by growth socioeconomic situation in recent decades, has brought changes in lifestyle, and is associated with the transition of the age structure in Brazil.[1] This condition generated a transition in the country morbidity and mortality profile, with a decrease in infectious diseases and an increase in chronic-degenerative diseases, such as cancer.[2]

Neoplasms are defined as a group of diseases, which can affect any individual, caused by the uncontrolled growth of abnormal cells, with the potential to spread to other tissues.[3] Its incidence grows annually, and in Brazil, for 2018 and 2019 it was estimated the occurrence of approximately 600,000 new cases of cancer.[4]

Individuals over 65 years have a higher incidence of this disease than other age groups, and are among the biggest fatal victims of the disease, representing approximately 70% of deaths from malignant neoplasms.[5] This susceptibility is related to the increased exposure of intrinsic and extrinsic factors, to physiological changes, accompanied by the decline in organic functions, resulting from the aging process itself.[4]

Estimates[6] reveal that the main most prevalent types of cancer are prostate cancer (68,220 cases) and breast cancer (59,700), in men and women, respectively, with the exception of non-melanoma skin cancer. The treatment and prognosis of these neoplasms are directly affected by the comorbidities present in this age group.[5]

Knowing information about the occurrence of this disease is necessary for national and regional programs, and also for the development of research on the topic. The Population-Based Cancer Registries (RCBP), Hospital Cancer Registries (RHC)

and mortality information are used for this purpose.[7]

Knowing that the risk of cancer incidence increases with age and that this age group is more susceptible to the disease, due to the aging conditions themselves, it is necessary to know the main clinical variables of these users, comparing both genders, so that health managers can act in the creation of public policies aimed at older adult cancer patients. In this context, this study aims to analyze the clinical characteristics of elderly cancer patients, according to gender, in an oncology unit in the south of Minas Gerais.

METHOD

This is a descriptive, exploratory study with a quantitative approach, carried out in a Philanthropic Hospital in the Interior of Minas Gerais State, using secondary RHC data. This database is responsible for registering patients diagnosed with cancer, and provides information on all users served by health services, as well as helping to improve the assistance provided.[8]

The research location was the Oncology Center of the Municipality of Alfenas, opened in May 2016, but which had already been seen on an outpatient basis since 2009. The new center has approximately 30 hospital beds, a chemotherapy room, hormone therapy and radiotherapy. It serves approximately 26 municipalities that are part of the Alfenas region.

The study was approved by the Ethics and Research Committee (CEP) of the proposing institution (opinion No. 2.615.112), and followed the precepts of Resolution CNS/CONEP 466/20129, of the National Health Council and Resolution No. 510/201610, which provides for research involving human beings. Authorization was also requested from the clinical director of the institution involved in the study. Participating subjects had their anonymity preserved. As inclusion criteria, elderly cancer patients, aged 60 or over, registered with the RHC in the period from 2009 to 2016 were selected. The study sample consisted of 3666 participants.

Data collection took place in the first semester of 2018 and was carried out through a documentary source that collected the information in the RHC of the Oncological Center during the period referred to above, collecting the variables (gender, clinical staging of the tumor, laterality, occurrence of more than one tumor by gender, location of the primary tumor and occurrence of distant metastasis) according to the unit's Tumor Registration Form.

Subsequently, data were analyzed and entered twice, in the Excel Program, where the results were grouped, presented

in tables and graphs and after this staging they were submitted to simple descriptive statistical analysis (numbers and percentages).

RESULTS

The results below show the clinical characteristics of the patients seen at the oncology service in the city, distributed by the demographic variable gender. In total,

3666 individuals participated in the study, 2195 men (59.87%) and 1489 women (40.61%).

As for the main findings in relation to the type of cancer, there was a prevalence of Adenocarcinoma (49.15%) in men and the group 'others' (28.83%) in women. This group includes all other types of cancer that were not mentioned in the study. Figure 1 shows this distribution.

Figure 1. Distribution of the main types of cancer in females and males, in the period 2009-2016.
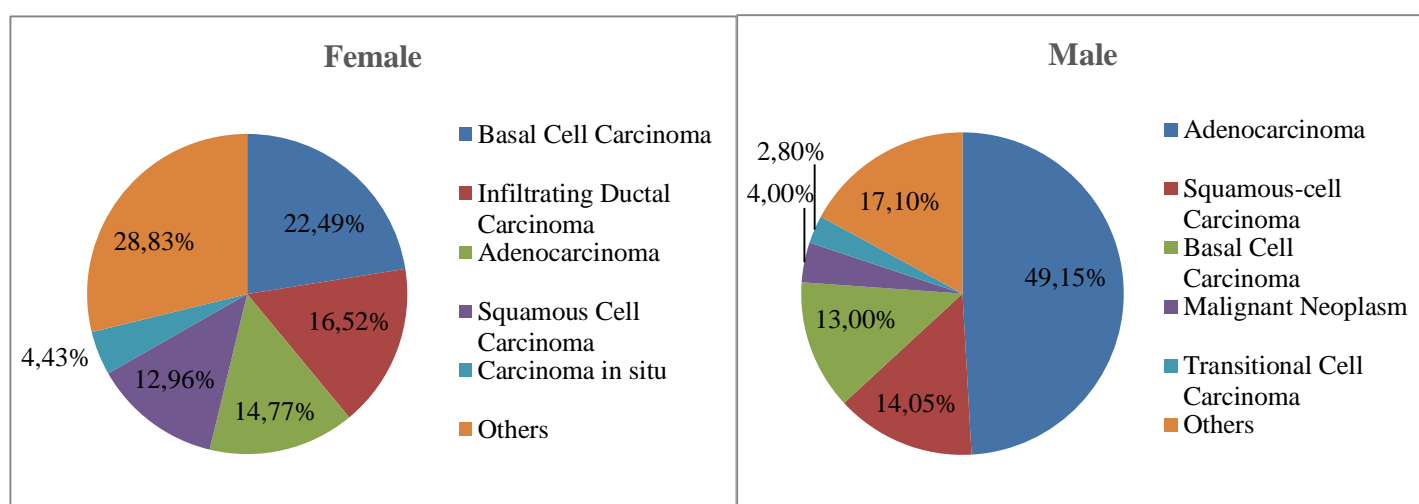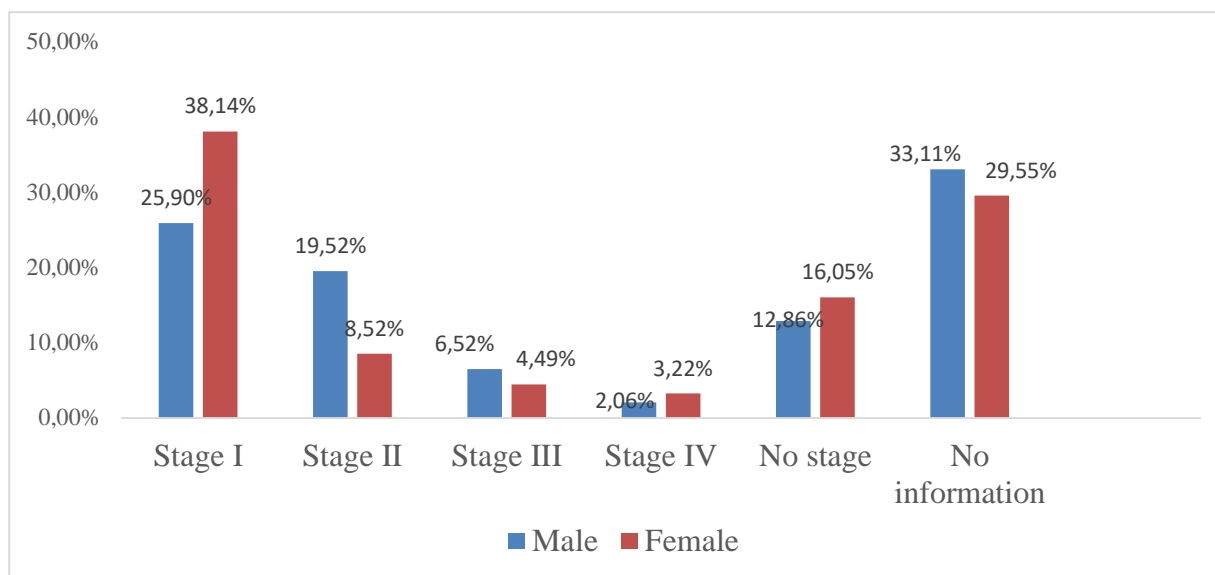

Source: Hospital Cancer Registry, 2018

As for the clinical staging of the tumor, stage I (38.14%) was higher in females, while in males the group of individuals with

no information (33.11%) was more significant, as shown in Figure 2.

**Figure 2**. Clinical Tumor Staging (TNM) in the period 2009-2016.

Source: Hospital Cancer Registry, 2018.

Figure 3 shows the frequency distribution of the laterality of the tumor, with the prevalence of the Not Applicable variable in both genders, which corresponds to a group of neoplasms that cannot be classified as to laterality, for example: hematological neoplasms.

**Figure 3**. Distribution of the frequency of tumor laterality in the period 2009-2016.
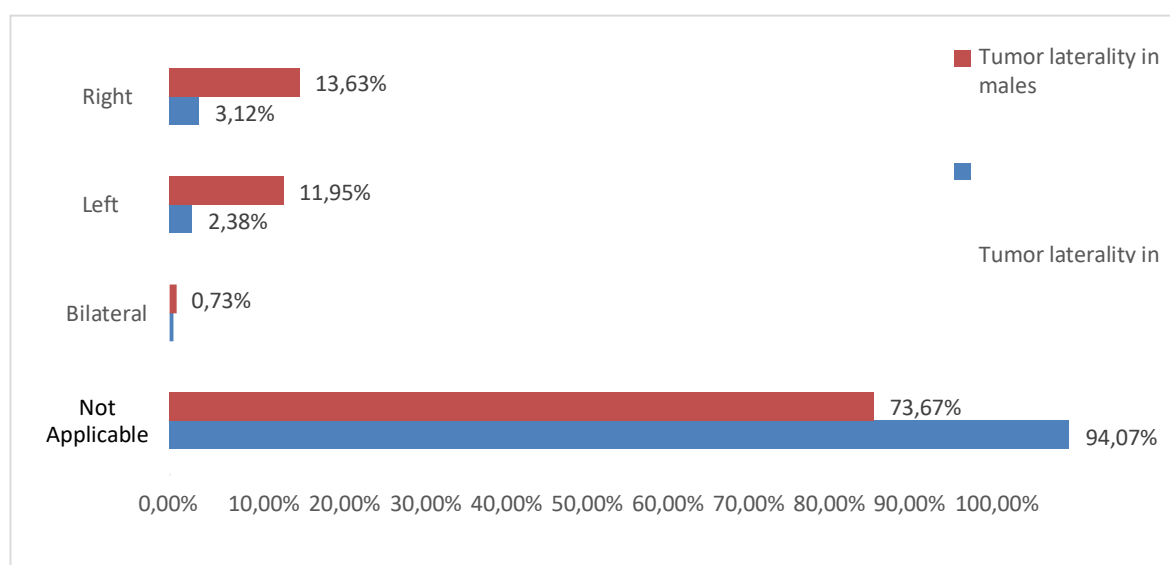
Source:Hospital Cancer Registry, 2018.

Among the total population studied, Figure 4 showed that in more than half of the records there was no occurrence of more than one primary tumor, both in men (94.24%) and in women (94.80%) and

Table 1 describes its location, with a greater predominance of prostate cancer (37.85%) in males and the group 'others' (35.66%), followed by skin and face tumor (20.0%) in females.

Figure 4. Occurrence of more than one primary tumor per gender, in the period 2009-2016.
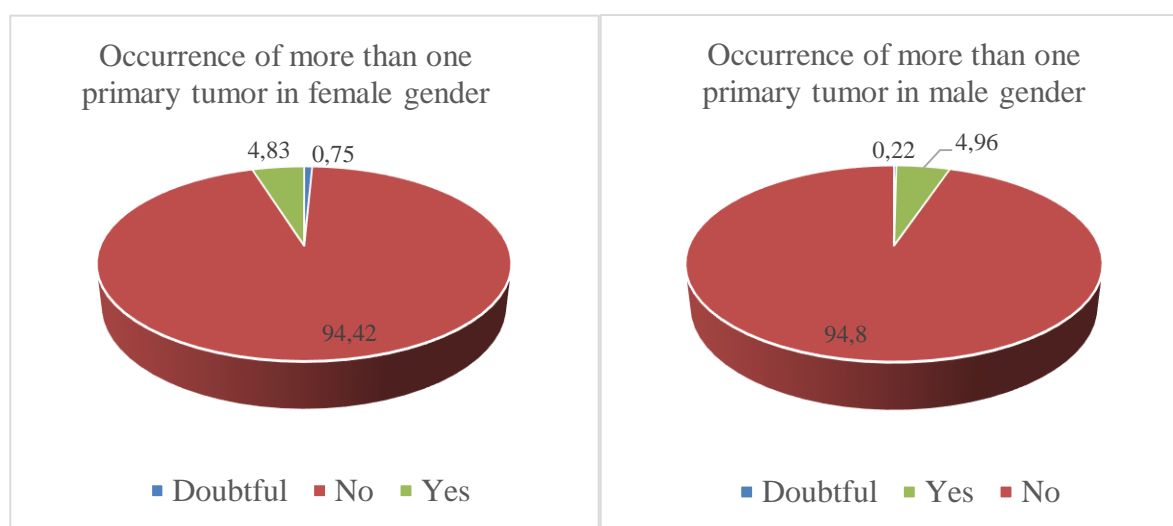
Source: Hospital Cancer Registry, 2018.

Table 1. Localization of the Primary Tumor in both genders in the period 2009-2016.

ICD	Tumor	Female n (%)	Male n (%)
C61.9	Prostate	- -	824 (37.85)
C44.3	Skin and face	299 (20.0)	213 (9.78)
C42.1	Bone marrow	109 (7.32)	86 (3.95)
C34.9	Lung and bronchi	- -	83 (3.81)
C16.9	Stomach	39 (2.61)	72 (3.30)
C67.9	Bladder	- -	68 (3.12)
C20.9	Rectum	35 (2.35)	63 (2.89)
C.44.9	Unspecified skin	49 (3.29)	61 (2.80)
C18.9	Colon	40 (2.68)	58 (2.66)
C15.9	Esophagus	- -	48 (2.20)
C50.8	Breast invasive injury	228 (15.31)	- -
C50.9	Malignat neoplasm of breast	63 (4.23)	- -
C44.6	Skin Upper limbs/shoulder	55 (3.69)	- -
C53.9	Cervix	41 (2.75)	- -
	Others	531 (35.66)	601 (27.60)

Source: Hospital Cancer Registry, 2018.

DISCUSSION

A study found in the literature points out that the incidence of neoplasms related to gender is higher among men than women[5], a result similar to those found in this research. Regarding the type of cancer developed by these individuals, this study corroborates some findings, which point to adenocarcinoma as the most prevalent type of cancer in males, and basal cell carcinoma as one of the main types found in females.[6,11]

Regarding tumor staging, which represents the degree of spread of the malignancy[4], in both sexes a high number of individuals had no information about this variable. This should be emphasized since the tumor staging reflects not only the extent and rate of growth of the disease, but also the type of cancer and its relationship with the host. Still according to the same author[4], to perform the appropriate treatment, it is necessary to stage the disease after diagnosis.

Concerning the laterality of the neoplasia, the item did not apply among these individuals, followed by the right side in both genders. The variable not applicable is related to tumors that cannot be lateralized, followed by the right side. Disagreeing with these findings, a study carried out in Bragança Paulista, São Paulo, evaluated the laterality of brain tumors and among these patients, most presented on the right side.[12]

As for the incidence of more than one primary tumor, both men and women, mostly, do not have more than one neoplasm, a result similar to that found in another study[13] in which most individuals did not present metastases. The most prevalent type of primary cancer in men was the prostate tumor, corroborating another finding in the literature.[14] This can be justified by the fact that this type of neoplasm is the second most prevalent morbidity among men, behind only tumors of non-melanoma skin. In Brazil, the incidence of this type of cancer in 2014 was 70.42/100,000 men. This increase can be explained by the greater tracking of the disease through rectal examination and the Prostate-Specific Antigen (PSA) test.[15]

This type of tumor has advanced age as a risk factor; however, screening and early diagnosis can help to reduce mortality rates.[16,17] As it is a neoplasm with a good prognosis, survival in five years is above 80%, varying according to the individual's genetic, clinical, socioeconomic and environmental factors.[14]

Regarding the female gender, the most prevalent type of tumor was the

category 'others', followed by skin and face and breast with invasive lesion, data similar to a study conducted in São Paulo[18]. However, they disagree with other findings[6], which showed non-melanoma skin tumors, followed by breast cancer, as the most frequent neoplasms in all regions of Brazil, with emphasis on the southeast region with an estimated risk of 81.06 per 100 thousand.[19]

CONCLUSION

The results obtained in this study points out occurrence of adenocarcinoma in men with a higher incidence of prostate cancer; and in women, the group 'others', followed by basal cell carcinoma, with skin and face cancer being more prevalent. Both genders did not have more than one primary tumor.

Knowing the clinical characteristics of tumors among the older adults is important for the performance of health professionals in the factors that can be modified. It is also necessary to emphasize the need for further studies that aim to investigate the quality of life and the level of dependence of these individuals in relation to the diagnosis in the health-disease process.

As a limitation, the present study did not evaluate other demographic characteristics in addition to the gender variable; therefore, further studies involving the clinical and demographic characteristics of these individuals are necessary.

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