

INFLUENCE OF THE LEVEL OF THE HEALTH CARE NETWORK ORGANIZATION FOR THE CERVICAL CANCER CONTROL

MARIA BEATRIZ KNEIPP DIAS, LIZ MARIA DE ALMEIDA

NATIONAL CANCER INSTITUTE JOSÉ ALENCAR GOMES DA SILVA, RIO DE JANEIRO - RJ – BRAZIL

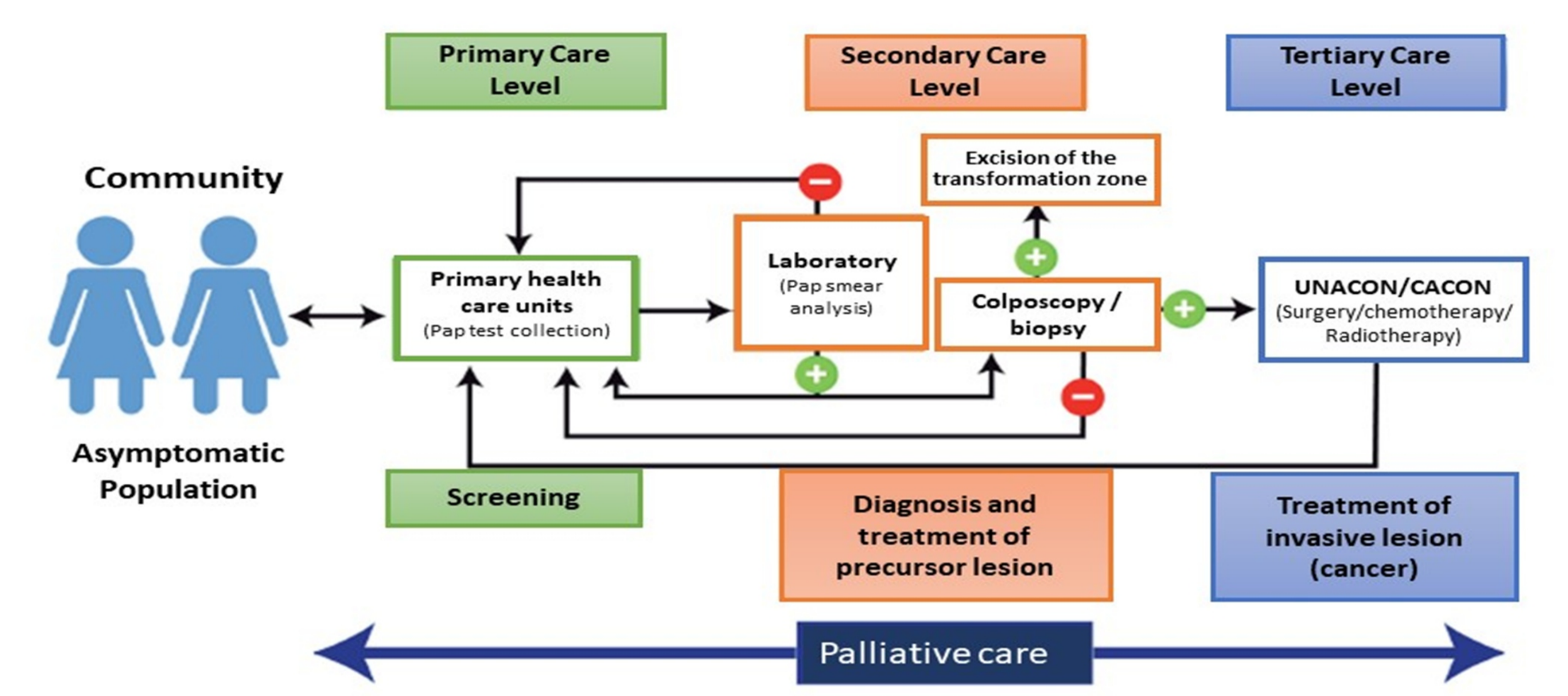
Contato: Maria Beatriz Kneipp Dias. Email: mdias@inca.gov.br

INTRODUCTION

Cervical cancer (CC) is a slow progression disease with a well-established natural history, which allows the implementation of screening, follow-up and timely treatment. However, developing countries have difficulty to organize these actions, maintaining an important percentage of women diagnosed in a late stage of the disease and a high mortality rate. In Brazil, there is a fragmentation of the health services for the diagnostic investigation and treatment of cervical precursor lesions, which impacts on women's navigation in the health system, delaying their access to diagnosis and treatment.

This study aims at investigating how the health care network organization has impacted on the actions of cervical cancer control, considering the stage of diagnosed cases in two Brazilian states (Pará and Rio de Janeiro), which present different incidence and mortality rates of cervical cancer, as well as different socioeconomic and geographical scenarios.

MAINS POINTS OF ATTENTION IN THE CERVICAL CANCER CARE LINE



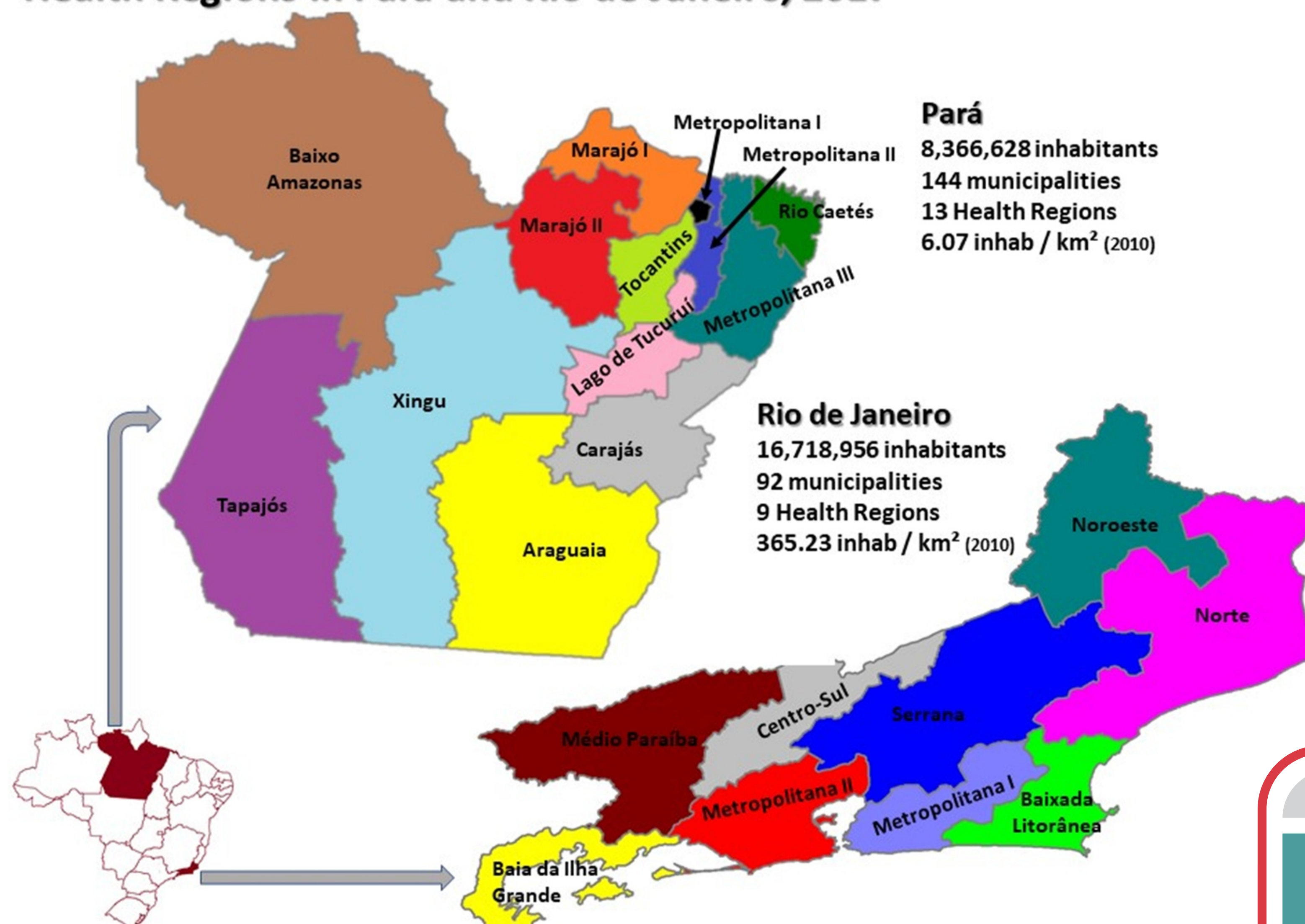
Source: Adapted from Cancer Control: Knowledge into action. WHO guide for effective programmes. Module 3 (EarlyDetection).WHO, 2007

METHODS

An ecological study will be carried out using the health regions of Pará and Rio de Janeiro states as units of analysis. As a dependent variable, the proportion of cases with advanced stage of disease (> stage 2) submitted to treatment in the Public Health System will be calculated. The independent variables will be the structure and processes indicators related to the monitoring of CC control actions: Positivity index, transformation zone (TZ) percentage, high-grade lesion identification rate, proportion of first-time examinations, and production rate of colposcopy, biopsy and TZ excision procedures. In addition, the current and historical context of the local health systems organization of the two states will be described based on documentary analysis of the State Health Plan and the Regionalization Master Plan, among others. In both steps, the data will be collected considering the period from 2006 to 2015.

RESULTS

Health Regions in Pará and Rio de Janeiro, 2017



Project in the initial phase. At this time, the data and necessary documents are being collected and stored, for analysis and description of the scenarios. In the period to be analyzed, the Pará state restructured its health regions, from 23 in 2009 to 13 in 2013. Rio de Janeiro remained with 9 regions. From the comparative analysis of the two states, we intend to identify possible specific predictive factors that influence the late diagnosis of CC, as well as offer subsidies that can support managers in the planning and evaluation of the control of this cancer.