



RESEARCH ARTICLE

IMPLEMENTATION OF A PROGRAM FOR THE OPPORTUNE DETECTION OF UTERINE CANCER MANTA-ECUADOR

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ABSTRACT

In Ecuador, cervico-uterine cancer is one of the main causes of mortality, most frequently at ages around 35 and up, because; to avoid its progression, it imposes the knowledge of its main symptoms and the development of studies that assure an early diagnosis. The objective is part of the preparation of an educational plan for prevention and treatment that contributes to the improvement of the quality of care of women who work in the medical center of the BILBOSA packinghouse. Within the scientific methods: it is applied under a descriptive, transversal study, with a method of diagnostic evaluation, the technique that was applied through a survey, interview, several workshops to train on the importance and the consequence that is presented as cervical uterine examination is not performed annually. Aimed at 150 workers, comprising ages between 18 to 35 years and over. Among the results, it is worth noting that there was no cervical cancer prevention program in the medical department of BILBO SA, located at kilometer 5 ½ via Manta-Montecristi, the workers had not had Papanicolaou shots, showing lack of knowledge about the risk factors and the importance of this test. Conclusions. The findings highlight the timely screening program for cervical cancer, which included a set of prevention standards and updating of the health center's medical team.

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INTRODUCTION

The World Health Organization (WHO), in the preamble to its constitution in 1946, defines health as "a state of complete physical, mental and social well-being, not just the absence of disease or illness" Doctors Hartmann and Loprinzi (2015) tell us in Chapter 2 What is cancer. that cancer refers to a group of related diseases that start in cells, the basic units of life in the body which is composed of billions of cells categorized into about 200 types that combine to form human tissues such as skin, muscle, bone, breast and blood. According to Dr. Teresa Macarulla, *et al*, (2009) in her book *El medico en casa*. Understanding cancer, states that cancer is a frequent and serious disease. Globally more than 10,000,000 people are diagnosed with cancer each year; of these, more than 50% will die of the disease. At the European level, almost 3 million new cases are diagnosed each year. (...) So that to have a healthy life and avoid cancer, it is necessary to have annual check-ups and to go to the medical check-up periodically in the event of an abnormality. According to Dr. Elmer Huerta (2014), in his book *Confronting Cancer*, he says that this disease does not

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appear overnight, a disease that develops following a slow and progressive process, which can last for many years and whose development initial is silent and treacherous, that is to say it does not give symptoms, and that to understand the cause one has to understand a little of genetics since the cancer is genetic from beginning to end. According to Philip Rubin, (2003) considers cancer in the book *Oncology Clinic* as a genetic disease, the product of anomalous proliferation of a cell clone. The Human Genome project started in 1990 aims to map and sequencing all human chromosomes by 2005. In many cases it is thought that cancer is inherited but Dr. Huerta and Philip Rubin in these publications make it clear that is purely genetic, that is why it is necessary to educate the user that there is no possibility of cancer being inherited. Grisel Mass *et al*. (2011) in the article Proposed an educational program tell us that in previous years Cuba was one of the countries of Latin America and the third world with the highest incidence of cancer. In 2002 Cervical Uterine Cancer was the third most frequent, surpassed by the breast and skin and the fourth cause of death only preceded by the breast, lung and colon in 2004. According to Martín Granados, Oscar Arrieta and David Cantú de León, (2013) in the book *Oncology and Surgery, Bases and principles*; the diagnosis of the cancer patient, in an asymptomatic stage, is associated with high mortality and

human and economic costs. Therefore, other approaches are needed to reduce mortality. Counting is a public health measure targeted at asymptomatic at-risk populations; but not all neoplasms are susceptible to scrutiny. This is why it is important to make people aware of routine examinations or examinations to diagnose in a timely manner and thus meet public health goals such as preventing disease in the population.

Drs. Carrera, Xercavins and Checa (2007) in the book *Human Papillomavirus and Cervical Cancer* show that the accumulated scientific evidence from virological, molecular, clinical and epidemiological studies has unequivocally demonstrated and described the cervical cancer virus, is actually a long-term sequel to a persistent infection by certain genotypes of HPV, a primarily sexually transmitted virus in this way we can state that the cervical cancer virus is the result end of an unresolved venereal disease. The human papillomavirus HPV represents one of the most common but still little known sexually transmitted infections. The HPV family has more than 150 viral types that in relation to their oncological pathogenesis, is classified into high and low cancer types. The paradigm of the first type is HPV type 16 and 18 and HPV type 6 and 11 HPV. High-risk type infections are predominantly a silent group, tend to establish persistent infections and generate characteristic cytological alterations encompassed in cervical neoplasias. It is necessary to educate the population about the need to perform periodic PAPs to detect possible infections of HPV virus that is a potent cause of cervical cancer, which generally do not present symptoms until they are evidenced in diagnostic tests. Under Arenas *et al* (2013) authors of the book *Foundations of gynecology*; say that cervical cancer continues to behave as a socio-sanitary problem. It represents 20 to 25% of the gynecological tumors, with a general incidence of 4-8 cases / 100,000 women, maximum in patients between 45 and 55 years old; being the most important risk factors: sexual behavior, parity, history of cancerous lesions, smoking, and detection of human papillomavirus. It is important to educate women that having early sex promiscuity and contracting sexual diseases are important risk factors for developing this neoplasm. Ana-Karin Hurtig, Miguel San Sebastián, (1998) wrote in the book *Cancer in the Amazon of Ecuador*, that gynecological cancers constituted more than half of all cancers recorded in women in the Amazonian region of Ecuador. Age-standardized incidence rates for major gynecological cancers of the uterus (invasive) 21.58 cervicals 8.26 (in situ). These incidence rates are lower than the women in Quito, however cervical cancer in the Amazon region accounts for a greater proportion of all malignant tumors. In this book, the author states that cervical cancer is highly in the women of the Amazon than in the women of Quito in such a way that in carrying out their research will describe what the factor that determines this fact is. The US National Cancer Institute, (2016) reports that cervical cancer usually evolves slowly over time. Before the cancer appears in the cervix, your cells undergo changes called dysplasias, in which abnormal cells start to appear in the tissue of the cervix. Over time, abnormal cells can turn into cancer cells and begin to grow and spread deeper into the cervix and nearby areas.

Symptoms and symptoms of uterine cancer include: Vaginal bleeding (including bleeding after intercourse). Vaginal discharge unusual. Pelvic pain. Pain during sexual intercourse.

Dr. Alfredo Alatorre, (2004) in his book *What is cancer?* says that once cancer cells are produced they multiply on a large scale forming malignant tumors which compress what they find around them, and then, through the blood and other ducts, spread to different parts of the body generating metastasis. To diagnose it is taken a biopsy sample of the tumor and is analyzed through the microscope by the pathologist who issues a report informing the oncologist if it is a cancer or not. The author indicates simple answers to know the diagnostic methods that are performed when the malignant tumors are already detected and to act in an immediate way so as not to advance the stage and prevent mortality.

According to Norman Coleman (2006) in his book *What to do with a diagnosis of cancer?*, mentions that in the diagnostic tests is identified the cancer with other denominations that are carcinoma, sarcoma and lymphoma. As for statification systems, numbers (1,2,3,4) are used as a method to identify the stage of cancer, in others it is preferred to use Roman numerals (I, II, III, IV), and even in others more letters are used (A, B, C, or D), in all systems used to determine the stage of cancer the larger the number or letter, the more parts of the body will be involved with the disease. The author's information indicates how to identify the types of cancer with other names and according to the classification of stages we understand the extent of cancer spread in the human body.

According to the oncologist Isabel Bover, in *CUIDATE PLUS*, (2015) the choice of treatment will depend on the size of the tumor, the location, the patient's condition and whether she wants to have children. The current options are surgery and radiation therapy and, in some cases, chemotherapy. "The decision on treatment is usually decided by consensus between specialists (gynecologist, radiotherapist and medical oncologist)," Bovver said. "Surgery and radiation therapy are local treatments that only affect the area of the tumor, while chemotherapy affects the whole body." Surgery: Depending on the stage of the disease and the extent of the tumor, the specialist can remove only the malignant tissue, the complete cervical neck, the uterus (preserving the ovaries and the fallopian tubes) and the regional lymph nodes. The types of surgery that can be performed as specified by SEOM (Spanish Society of Medical Oncology) are: Conization: This method is a cone biopsy performed if the cancer is micro invasive. Radical cervicectomy or trachelectomy: This surgery is used to remove the cervix and leave the uterus intact but dissecting the pelvic lymph nodes.

It can be used in young women who want to preserve fertility and whenever possible, depending on the size of the tumor. This procedure has gained acceptance as an alternative to hysterectomy in these situations. Hysterectomy: Can be simple (only removed from the uterus and cervix) or radical (includes removal of the uterus and cervix, upper part of the vagina, tissue the tissue surrounding the cervix and pelvic lymph nodes) . In cases in which the fallopian tubes and ovaries are removed (optional, depending on the age of the patient), it will be performed simultaneously with the hysterectomy. Pelvic excentration: The uterus, vagina, lower colon, rectum and / or bladder are removed if the cancer has spread to these organs after radiotherapy. Radiation therapy: Radiation therapy can be used alone, as a single treatment before surgery or in combination chemotherapy. This type of treatment can have

secondary to the woman and depend on the dose and the part of the body where it is administered. The most common are tiredness, dry or red skin, loss of appetite, nausea, vomiting, urinary discomfort and diarrhea. These effects usually disappear once the treatment is finished. "During treatment it is advisable to avoid sexual relations that can be resumed within a few weeks of the end of treatment," Bover said. Chemotherapy: It is usually given to remove malignant cells intravenously to be transferred to the bloodstream in order to destroy cells that may remain after surgery or radiation therapy.

The most common side effects are nausea, vomiting, diarrhea, fatigue, loss of appetite, low white blood cells or hemoglobin, bleeding or bruising, numbness or tingling in hands and feet, headache, hair loss and darkening of the skin and nails. These symptoms do not appear simultaneously and usually disappear at the end of therapy. Other possible effects are that the patient may be unable to become pregnant and premature menopause. In these situations in which the woman is pregnant, it is advisable to study starting the treatment once the baby is born. From SEOM indicate that the treatment of the tumor and the time to do so will depend on the stage of the disease, the stage of pregnancy and the wishes of the future mother. It is advisable that after any of these treatments patients should be seen and examined every three months for at least two years, because this is the period during which most of the cases of persistence or relapse of the illness. It is also the period during which the side effects of treatment are more acute and require attention. As stated in the WHO / PAHO Comprehensive Care Guide for Cervical Cancer, (2016), it is essential for us to carry out an assessment of nutritional status in all patients with gynecological cancers who are going to undergo surgery. Malnutrition at the time of surgery is associated with an increase in postoperative morbidity and mortality. In the book Nutrition and Cancer: Prevention and Treatment of the Authors Carmen Gómez Candela, *et al* (2016) report that surgery for gynecological cancers may be very noninvasive, such as conization for early tumors of cervical cancer or Laparoscopic hysterectomy for endometrial tumors. However the surgery can also become very extensive. The author rescues the importance of nutritional assessment and carry a correct diet during surgery in cervical cancer since a failure in the same would lead to a nutritional decompensation to the patient. According to WHO / OPS (2016), more than 83,000 women were diagnosed with cervical cancer and almost 36,000 died from this disease in the Region of Americas, if current trends continue, the number of deaths in the Americas will increase by 45 per cent by 2030; the mortality rates are 3 times higher in Latin America and the Caribbean than in North America, evidencing enormous inequalities in health. Screening, followed by treatment of identified precancerous lesions, is a cost-effective prevention strategy. Vaccination against the human papillomavirus (HPV) of adolescent women can prevent about 70% of cervical cancers. It is important to consider the statistics proposed by the authors, therefore they warn us to take strict sanitary measures in the screening and education of women.

Philip J. Disaia MD, Willian Creasman MD, (2002) in the book of Clinical Gynecology refer All women who are or have been sexually active or who have reached the age of 18 should undergo a pap smear or an annual pelvic examination . Once 3 or more satisfactory annual exams have been performed with

normal results for a woman, you can reduce the frequency of the pap smear at your doctor's discretion. In consideration of the contribution of the authors reflects the importance of performing the papanicola to every woman with active sex life as a means of prevention to detect abnormalities or not in the uterus. The WHO / PAHO (2016) established a Regional Strategy and Plan of Action for the prevention and control of cervical cancer was developed in 2008 by the Pan American Health Organization (PAHO) to respond to the high burden of disease and the limited impact of current screening programs in LAC. The PAHO Directing Council, comprised of the Ministers of Health of the Americas, adopted the strategy and passed a resolution urging Member States to strengthen their cervical cancer programs. The objective of the Regional Strategy and Plan of Action is to improve the capacity of countries to implement sustainable and effective programs for the prevention of cervical cancer and achieve a holistic approach through existing programs in adolescent health, sexual and reproductive health, immunization and control of cervical cancer.

According to Cielo Noreña-Quiceno¹, Lucía Stella Tamayo-Acevedo (2010), in their article, analysis of the quality of a program tell us, programs that have a structured service network, access to screening, diagnosis, treatment and follow-up; actions to promote health and prevention of disease, positively impact the morbidity and mortality of this cancer. In Colombia, in the 1990s, the analysis of the trend in mortality from cervical cancer led to the definition of strategies to positively affect women's health, one of which was the restructuring of the program "Early Detection and prevention of cervical cancer. " According to Alzate, according to Alzate, "the set of strategies defined by technical and administrative standards that allow us to face a problem or an event, defining what we want to do, the necessary resources and unifying the criteria and procedures of care." Dr. Mario Leone Pignataro, (2008) Medical Director of SOLCA Guayaquil reports that according to WHO in the world there are around 500,000 new cases per year and there are around 250,000 deaths from this cause. In Ecuador, there are about 1200 new cases per year and about 400 die according to data from the INEC and the different cancer registries published by the SOLCA nuclei WHO / PAHO, the Journal of the Universe (2014), publishes the human papillomavirus type 16 and 18 is the most likely to produce cervical-uterine cancer in women. Therefore, the Ministry of Health undertook a new stage of the campaign of preventive vaccination for girls between 9 and 11 years of age. The vaccination takes place today in the public and private educational institutions of the country, as well as in health centers for free. The girls will receive two doses. The second will be after 6 months. The Ministry has 1,400,000 doses for 2014; which implies an approximate budget of \$ 20 million, according to Francisco Vallejo, national undersecretary of Public Health Surveillance, who added that there are 530 thousand new cases of uterine cancer in the world and, in addition, a case of 265 thousand women It is fatal. "Only in Ecuador, 664 women with uterine cancer died in Ecuador in 2012. There are projections that we may have new cases of cervical cancer in about 2,000 women, so we are working on prevention," he said. The vaccine in Ecuador costs about \$ 170 and several doses should be applied. Gynecologists recommend it, as well as a pap smear, at least once every year. Doses are more effective in girls than in adult women (up to age 25)

because most have not had their first sexual contact. Manuel Peña, a representative of the Pan American Health Organization (PAHO) in Ecuador, said the vaccine is beneficial and carries no further risks. "A platform has been put in place to see the adverse effects after having vaccines." The studies on that have not reflected serious cases; the greater risk is that the girls will not receive the dose, "said Peña. The vaccination campaign, which began in a first stage on February 17, is a policy that is part of the National Strategy for the Prevention of Cervical Cancer in Ecuador. This initiative aims to reduce the incidence of papilloma virus and mortality from cancer. El TELÉGRAFO newspaper, November 9 (2014), reports in a report from the National Institute of Statistics and Censuses (INEC) in 2012, that 664 Ecuadorians died of cervical cancer, which has forced the Ministry of Health (MSP) and Solca to work together to reduce the incidence and mortality rate by this disease. In the Andean subregion, Ecuador is the third country with the highest risk of getting papilloma. The World Health Organization reported that Colombia, Peru and Bolivia are among the most exposed.

In Manabí, every year since 2011, about 300 women, on average, have malignant tumors that cause cervical cancer? If you did not know it, you also know that this type of disease, according to the Cancer Society (SOLCA), is the one with the highest incidence among all types of cancer that occur in the province. The Cancer Society (SOLCA) points out that in 2011, 319 women developed tumors from HPV. The average figure is maintained. In Manabí, the rate of people who have this disease is higher in comparison to the other types of cancer. In the province, cervical cancer is even above the skin, with 18.49% incidence, or breast cancer, with 12.15%. In response to several ideologies cited by the authors we can consider that cancer is a disease of high incidence that if detected in time with periodic examinations can be reversible and thus reduce the rate of morbidity and mortality in the female population, if the opposite happens there are different alternatives to eradicate the cause of it, in addition it is rescued the importance of educating this ethereal group on educational programs of prevention of uterine cancer, in addition that through the PAP that is realized to all women with active sexual life, evidence in the first instance anomalies in the cervix, which is why the researchers implemented an educational program with actions to carry out screening of PAP to show possible risks in the workers in this area of study. Currently in Ecuador as in other countries, vaccination against human papillomavirus has increased within the scope of prevention, the vaccine of which will serve to reduce the increase in the rate of this pathology

MATERIALS AND METHODS

A transversal, observational and descriptive study was carried out. A probabilistic sampling was applied, with the requirement that they were workers of that company, to determine if the company had or not a health prevention program. In order to respond to the objective proposed in the study, Papanicolaou workers were taken at 8-hour hours, morning and evening using a kit as a disposable manual PAP kit. For the activities of the workshop, a bibliographical search was carried out, which allowed the preparation of triptychs for the training, hosting a proposed health activity, with support for as a physician in charge of the dispensary. We included a population of 482

corresponding to 100% considering a sample for the study of 150 corresponding to 31% workers, who met the parameters for the examination, 69% was not performed because the parameters were not met, the investigative work was performed as a prerequisite to obtaining a master's degree, through an activity as a health professional, coordinating several actions in the corresponding field of study, among which the diagnostic importance of cervico sampling -uterino to the workers of BILBO SA Through the authorization of the company. Inclusion criteria: any user who maintains active sex life. Exclusion Criteria: Workers who did not remember specific data such as; their date of birth, who were not in the workplace and who did not work in the institution BILBO S.A., which prevented their analysis, Type of study:

Observational, descriptive, cross-sectional. In order to obtain a massive attention, a call was made, prior to the office of authorization of the company to facilitate the respective permit and to go to the time indicated in the department doctor. The process begins before a form filling that establishes SOLCA; where identification data such as first names, celular number, address, and date of birth FUM, Gesta were transcribed. Types of sexual partners, history of PAP results. Subsequently it passes with a dressing gown to the department where the sample is taken, then the labeled samples are sent with respective report and expected results about 15 working days, Instrument: Format standardized by SOLCA institution. The PAP is a rapid clinical technique in order to prioritize problems that require timely treatment. This research was carried out to a group of adult women

RESULTS

A diagnosis was obtained that responds to an emerging problem. To this end, a timely Uterine Cervical Cancer Detection Plan was created in the medical department of BILBO SA, located at kilometer 5 ½ via Manta-Montecristi. The same, is socialized, drafted and approved.

Statistic analysis

The prevalence of the qualitative politomic variable for the applied population who were women who had active sexual life, for the transversal descriptive study. Samples of PAP were obtained, reflecting a percentage of 100%, attendance on the intervention days. Applying the corresponding statistical analyzes in methodological design.

Subjective global assessment (VGS)

Carrying out the analysis of the study carried out in terms of Sociodemographic Characteristics, we can appreciate the workers who work in the packing house. At age, the lowest percentage is the group of 18 to 20 years with 3%, while the largest group corresponds to 24 to 26 with 37%. Following the statistics of civil status, the lowest percentage corresponds to 18 to 20 years with 19%, while the highest percentage has 24 to 26 years with 31%. As for married, we have the lowest percentage, from 27 to more with 15% and greater from 24 to 26 with 38%, in free union the lowest percentage is the group of 18 to 20 years with 7% and the greater 24 to 26 with 42%, separated with 100%. viudas the lowest percentage is 18 to 20 with 11% while the highest 27% to 33%.

Table 1. Socio-demographic characteristics of the baler workers BILBO S.A of city of manta

ASPECTS																							
Age	F	%	single	F	%	Married	f	%	Free ul	f	%	Separat	f	%	Widow	f	%	Scholarship	f	%	# children	f	%
18 a 20	28	17.5%	18-20	10	19%	18-20	14	30%	18-20	2	7%	18-20	0	0%	18-20	2	11%	Illiterate	25	17%	1 a 3	90	60%
21 a 23	31	21%	21-23	14	27%	21-23	8	17%	21-23	5	16%	21-23	0	0%	21-23	4	22%	Complete Pr	73	49%	4 a 6	43	29%
24 a 26	55	37%	24-26	16	31%	24-26	18	38%	24-26	13	42%	24-26	2	100%	24-26	6	33%	Incomplete	29	19%	7 y más	11	7%
27 a más	36	24%	27a r	12	23%	27a mas	7	15%	27a ma	11	35%	27a ma	0	0%	27a mas	6	33%	Completed s	10	7%	Ninguno	6	4%
																		Incomplete s	13	8%			
TOTAL	150	100%		52	100%		47	100%		31	100%		2	100%		#	100%		150	100%		150	100%

Source: Data of the baler BILBO S.A 2007-2017

Prepared by: The authors

Table 2. Frequency of cytology of the baler workers BILBO S.A. of city of manta

Diseases . Venereas that present	Reasons for acuden the medical consultation	Gynecological problems	Timing time
Herpes	Menopause	Painful menstrual bleeding	6 m 8 5%
Gonorrhea	Fertility	Bleeding after menopause	1a 25 17%
Pap smear	Menstrual problems	Bleeding before period	2a 7 5%
Any	others	Pain when urinating	3a 24 16%
		Any	NO 86 57%
TOTAL			150 100%

Source: Data of the baler BILBO S.A 2007-2017

Prepared by: The authors

Table 3. Evaluation of the training course given to workers of baler BILBO S.A. of city of manta

Health Team Knowledge																				
Health team knowledge	F	%	Risk factor's	F	%	Human papillomavirus	F	%	Requirements for pap	F	%	Inf. Pap received	F	%	Tto to follow	F	%	If you come to tto.	F	%
Yes	2	33	Yes	4	67	Yes	2	33	Yes	5	83	Yes	5	83	Yes	2	33	Yes	2	33
Do not	4	67	Do not	2	33	Do not	4	67	Do not	1	17	Do not	1	17	Do not	4	67	Do not	4	67
Total	6	100	Total	6	100	Total	6	100	Total	6	100	Total	6	100	Total	6	100	Total	6	100

Source: Data of the baler BILBO S.A 2007-2017

Prepared by: The authors

Table 4. Evaluation of the training course given to the health team of baler BILBO S.A. of city of manta

Thematic											
Important	F	%	Quality	F	%	Instalación	F	%	Contribute	F	%
Yes	5	83	Yes	5	83	Yes	5	83	Yes	5	83
Do not	1	17	Do not	1	17	Do not	1	17	Do not	1	17
Total	6	100	Total	6	100	Total	6	100	Total	6	100

Source: Data of the baler BILBO S.A 2007-2017

Prepared by: The authors

With regard to schooling, the lowest percentage has complete secondary education with 7% while the highest percentage has the complete primary with 49%. We can observe that the level of schooling could influence health prevention declamations. Of the workers who performed the PAP, the lowest percentage of children, which had none with 7%, while the largest of 1 to 3 children with 60%. Analyzing gynecological problems, we can observe that in all cases of venereal diseases submitted to the interrogation prior to PAP, the lowest percentage has gonorrhea with 1%, while 87% say that they have not had this kind of gynecological pathology, when asked about reasons why they go to the medical clinic to receive some type of treatment with the lowest percentage we have the attentions for fertility with 20%, and with a higher percentage with 40% for other causes. When observing the analysis of the knowledge of the health team on the themes taught during the established time, when inquiring 33% stated that if they have knowledge, while 67%; when asked about the knowledge regarding factors risk the lowest percentage with 33% compared to 67% that if you know, when inquired about HPV, the lowest percentage is not with 33% and the highest percentage with the 67% %, regarding the requirement for the PAP and the information

received, 17% do not know and 83% if they have knowledge, asking them what they would do in case of having an unfavorable outcome for their health and if they know where to go to treatment 33% answered that if 33% and the one who do not know 67%. Carrying out the analysis regarding training received by the master to the Health team, did not seem important to 17% while 83% think that yes. As for quality, contribution, and implementation, 17% consider that while 83% assume that yes

DISCUSSION

In the year 2013 the Revista SCIELO, collective health vol.9 no.2 Lanús ago. 2013. With the theme of; In his article; The prevention of cervical and breast cancer in health services and non-governmental organizations of the Autonomous City of Buenos Aires in their results shows that cervical cancer and breast cancer is not a problem of Health prevalent in the population of affiliates to private medical companies. In this subsector, the creation of preventive strategies obeys more to governmental norms and dispositions (Mandatory Medical Program), as well as recommendations of international health

organizations, than to the own institutional initiative. Contrary to what happens in public hospitals, private medical companies present the problem of over-delivery of consultations for the prevention of cervical and breast cancer, which marks a clear contrast between the different subsectors of In the preventive strategies are established according to a market logic: The problem of prevention in the private circuit has its ups and downs [...] if a company devotes an important part of its resources to the prevention, it has to generate a cost. In a young population, that improvement in health is not perceived until after a time. It is possible that this population, which infrequently registers the emergence of important preventable pathologies, perceives that this excess cost is unnecessary and, therefore, migrate. (Medical Director of Private Medicine Company). More recently, there was a greater commitment on the part of companies to evaluate the preventive practices of their affiliates and to encourage consultations and PAPs and mammograms in those who did not carry out the checks in recent years. The actions are carried out through letters that the companies send to their affiliates (one of the companies was in the design stage of this strategy and the other had already implemented it). The company that already implemented this initiative selected a sample of 5,000 women who in the last year and a half had not done PAP or mammography. Half of these women were invited to study. The communication contained an order for mammography, since it is a benefit that, unlike the PAP, is not performed by the doctor in the office, but is performed in specialized diagnostic centers. After six months, the consumption of practices between the affiliates who received the communication and those who did not received the study was comparatively evaluated. The results showed very little difference in the preventive practices of both groups, which generated more questions than answers and highlighted the problem of prevention strategies: Part of the issue is the will of the people, I believe that it is necessary to follow educating, informing. (Member of the Department of Preventive Programs of private medicine company, prevention of cervical and breast cancer in health services and non-governmental organizations of the Autonomous City of Buenos Aires, (PONCE, 2013, page 222). Then after having carried out the respective analysis in the research work carried out, we have been able to appreciate that there is no importance of a preventive program of PAP. In non-governmental institutions. Since there is a lack of interest in health prevention by affiliates, our study was intended to feed back on the importance of the annual PAP, its risks and consequences, and implement a timely cervical-uterine cancer screening program in the packer, from the city of Manta at kilometer 5 ½ via Manta-Montecristi, under the name of BILBO SA.

The WHO / PAHO established a Regional Strategy and Plan of Action for the prevention and control of cervico-uterine cancer was developed in 2008 by the Pan American Health Organization (PAHO) to respond to the high burden of disease and the limited impact of current screening programs in LAC. The PAHO Directing Council, comprised of the Ministers of Health of the Americas, adopted the strategy and passed a resolution urging Member States to strengthen their cervical-uterine cancer programs. The objective of the Regional Strategy and Plan of Action is to enhance the capacity of countries to implement sustainable and effective. Prevention of cervical-uterine cancer and achieve a comprehensive approach through existing adolescent health programs, sexual and

reproductive health, immunization and cervical-uterine cancer control. According to Arenas. *et al*, authors of the book Foundations of gynecology; say that cervical cancer continues to behave as a socio-sanitary problem. It represents 20 to 25% of the gynecological tumors, with a general incidence of 4-8 cases / 100,000 women, maximum in patients between 45 and 55 years old; being the most important risk factors: sexual behavior, parity, history of cancerous lesions, smoking, and detection of human papillomavirus. With regard to the WHO / PAHO strategy, Arenas *et al*, we can see that it has been a problem that has become a study of concern, so a prevention plan has been carried out to reduce morbidity and mortality in all countries at the global level, it is so in 2007, based on this problem of CA incidence. In our study, a cervico-uterine implementation program was performed as a preventive measure in a non-governmental institution.

Conclusion

The findings highlight the timely screening program for cervical cancer, which included a set of prevention standards and the updating of the medical center's health team with the commitment of the institution to the benefit of the workers of the company in such a way that receive trainings frequently cancer prevention, and that as a requirement of the company its execution of the examination annually to contribute to the reduction of morbidity and mortality as a contribution to health policies

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