Clinical Profile of Adult Men in an Oncological Surgical Unit: Reflections for Nursing

Perfil Clínico do Homem Adulto Em Uma Unidade Cirúrgica Oncológica: Reflexões para a Enfermagem
Perfil Clínico de Hombres Adultos en una Unidad Quirúrgica Oncológica: Reflexiones para Enfermería

RESUMO
Objetivo: analisar as características clínicas do homem adulto numa unidade cirúrgica oncológica. **Método:** estudo transversal, retrospectivo, realizado entre janeiro 2022 a dezembro 2024, numa instituição oncológica, com homens de idade mediana de 48 anos. Coleta pelo sistema integrado de passagem de plantão da Enfermagem no programa estatístico Excel. **Resultados:** a faixa etária maior prevalência (62,9%) entre 49-59 anos, os sítios anatômicos: cavidade oral (18,9%), orofaringe (16%); nasofaringe (5,3%); laringe (12,3%) e outros sítios (32,5%), os dispositivos de sobrevivência, sonda nasoenteral (35%) gastrostomia (15,2%) e cânula de traqueostomia (44,4%), tratamento cirúrgico (73,2%), seguido de radioterapia e quimioterapia com (16,4%) radioterapia (10,6%),doenças crônicas não transmissíveis, hipertensão arterial 24,6% e diabetes mellitus 9,5%. **Conclusão:** caracterizar o perfil clínico do homem ospitalizado permite conhecer os acometimentos advindos do tratamento cirúrgico tornando um desafio para a enfermagem o planejamento dos cuidados para atender as necessidades na atenção integral à saúde do homem brasileiro.
DESCRITORES: Perfil de saúde; Cuidado de enfermagem ao homem hospitalizado; Cirurgia oncológica; Enfermagem oncológica.

ABSTRACT
Objective: To analyze the clinical characteristics of adult men in a surgical oncology unit. **Method:** A cross-sectional, retrospective study conducted from January 2022 to December 2024 at an oncology institution, involving men with a median age of 48 years. Data were collected using the integrated nursing handover system and analyzed in Excel **Results:** The most prevalent age group (62.9%) was between 49–59 years. The most affected anatomical sites were: oral cavity (18.9%), oropharynx (16%), nasopharynx (5.3%), larynx (12.3%), and other sites (32.5%). Survival devices included nasoenteric tube (35%), gastrostomy (15.2%), and tracheostomy cannula (44.4%). Surgical treatment was the most frequent (73.2%), followed by combined radiotherapy and chemotherapy (16.4%) and radiotherapy alone (10.6%). Among non-communicable chronic diseases, arterial hypertension was present in 24.6% and diabetes mellitus in 9.5% of patients. **Conclusion:** Characterizing the clinical profile of hospitalized men helps to understand the impacts of surgical treatment, highlighting the challenge for nursing in planning care that meets the comprehensive health needs of Brazilian men.
DESCRIPTORS: Health profile; Nursing care for hospitalized men; Oncological surgery; Oncology nursing.

RESUMEN
Objetivo: Analizar las características clínicas del hombre adulto en una unidad quirúrgica oncológica **Método:** Estudio transversal y retrospectivo, realizado entre enero de 2022 y diciembre de 2024 en una institución oncológica, con hombres con edad media de 48 años. Los datos fueron recolectados a través del sistema integrado de traspaso de turno de Enfermería y analizados en el programa estadístico Excel. **Resultados:** El grupo etario con mayor prevalencia (62,9%) fue entre 49 y 59 años. Los sitios anatómicos más afectados fueron: cavidad oral (18,9%), orofaringe (16%), nasofaringe (5,3%), laringe (12,3%) y otros sitios (32,5%). Los dispositivos de supervivencia incluyeron sonda nasoentérica (35%), gastrostomía (15,2%) y cánula de traqueostomía (44,4%). El tratamiento quirúrgico fue el más común (73,2%), seguido de radioterapia y quimioterapia combinadas (16,4%) y radioterapia sola (10,6%). Entre las enfermedades crónicas no transmisibles, la hipertensión arterial estuvo presente en el 24,6% y la diabetes mellitus en el 9,5% de los pacientes. **Conclusión:** Caracterizar el perfil clínico del hombre hospitalizado permite comprender las afecciones derivadas del tratamiento quirúrgico, constituyendo un desafío para la enfermería en la planificación de cuidados que respondan a las necesidades de atención integral en salud del hombre brasileño.
DESCRIPTORES: Perfil de salud; Cuidado de enfermería al hombre hospitalizado; Cirugía oncológica; Enfermería oncológica.

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INTRODUCTION

According to data from the World Health Organization (WHO), the estimated number of cancers in the world by 2030 will be 27 million new cases and 75 million people living with the disease,

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which has become a global public health problem. The WHO also points out that this number is expected to increase by 60% by 2045[1]. In addition, around 1.5 million new cases of head and neck cancer are expected each year, and around 460,000 deaths from the disease[2].

In Brazil, the estimate for 2025 in relation to head cancer is 39,550 new cases per year, resulting in 118,650 cases in the three-year period, which reinforces the magnitude of the problem in the country[3]. Head and neck squamous cell carcinoma (HNSCC) is a group of malignant neoplasms in different locations in this area of the human body and is one of the main causes of morbidity and mortality due to malignant neoplasms in Brazil, as most cases are diagnosed at late stages[4-5].

After smoking, alcohol consumption is the behavior most associated with the risk of HNSCC, both in terms of quantity and duration, since the highest risks are observed among people with high simultaneous consumption of alcohol and tobacco[3-5].

Allied to this context, surgery is the main treatment option for head and neck squamous cell carcinoma, for primary, secondary and recurrent disease, and is almost always associated with radiotherapy and/or chemotherapy5. Thus, the damage caused by cancer and clinical surgical oncological treatment to adult men, in terms of organic physiological dysfunction, will certainly require health and life care planning anchored in the characterization of the profile of this male population6.

For this reason, the National Policy for Comprehensive Men's Health Care is aligned with encouraging self-care and recognizing that health is a basic social right for all Brazilian men, since it can increase life expectancy and reduce morbidity and mortality rates due to preventive and avoidable causes such as cancer[7].

In view of this, it was decided to research the subject in question, as a gap was observed, highlighting the need to deepen technical and scientific knowledge in order to plan care based on characterizing the profile of this Brazilian male population.

In this sense, care strategies in the work of nurses need to be linked not just to cancer, but to the health-disease-care process, anchored in the clinical profile of men in an oncology surgical unit, which will certainly facilitate the planning of daily care, based on men's integral health needs.

So the **guiding question of** this study was what is the clinical profile of adult men with head and neck squamous cell carcinoma in an oncology surgical unit?

The **aim** was to analyze the clinical characteristics of adult men with head and neck squamous cell carcinoma in a surgical oncology unit.

METHOD

This is a descriptive cross-sectional study, with retrospective data collection, carried out in a public oncology institution in the state of Rio de Janeiro, in the Southeast region of Brazil. Data was collected between January 2022 and December 2024. The study sample consisted of 243 adult men. The inclusion criteria were male patients aged between 29 and 59 who were hospitalized in the head and neck oncology surgery unit at the Hospital de Câncer I - Rio de Janeiro, Brazil. Elderly patients aged 60-100 years, female patients and patients with advanced head and neck squamous cell carcinoma were excluded.

Patients who met the study's eligibility criteria were selected using an Excel spreadsheet, and information was obtained by analyzing the variables.

Data was collected through the integrated nursing shift system, in the operating system used to organize and store information on patients admitted to the head and neck oncology surgical unit. The data consisted of six variables: age group; anatomical sites; survival devices; surgical oncology treatment; clinical oncology treatment and chronic non-communicable diseases.

A total of 243 adult men aged 29-59 were analyzed, based on the National Comprehensive Men's Health Policy (Ministry of Health, 2018). The data was organized and analyzed using exploratory descriptive statistics and Excel 2021 data analysis, and then analyzed according to the characteristics of each variable.

To carry out this study, the norms and guidelines established in Resolution 466/2012 of the National Health Council were followed, which deals with issues related to studies involving human beings8. The study was approved by the Research Ethics Committee (CEP) under opinion no. 3.630.783.

RESULTS

Data was obtained from a total of 243 adult men with squamous cell carcinoma of the head and neck, hospitalized in a surgical oncology unit. The study population was characterized by the distribution of the following variables: age group, anatomical sites, survival devices, cancer treatment and chronic non-communicable diseases.

The mean age was 48.8 years, with 15.2% aged 29-39, 21.8% aged 39-49 and 62.9% aged 49-59, with the highest prevalence. The most prevalent anatomical sites for head and neck squamous cell carcinoma were the oral cavity (18.9%), followed by the oropharynx (16%), nasopharynx (5.3%), hypopharynx (2.8%), larynx (12.3%) and other anatomical

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sites (32.5%).

As for survival devices, (35%) had a nasoenteral tube, (15.2%) a gastrostomy tube and (44.4%) a tracheostomy. In this study, the most indicated treatment was surgery (73.2%), followed by treatment associated with radiotherapy and chemotherapy (16.4%), radiotherapy alone (10.6%) and chemotherapy (0.41%).

Surgical treatment is the gold standard for head and neck squamous cell carcinoma, as is the combination of the two treatment modalities of surgery with radiotherapy for laryngeal and oral carcinoma5.

The prevalence of chronic non-communicable diseases in adult men with head and neck cancer out of 243, was prevalent for Systemic Arterial Hypertension (SAH) (24.6%) followed by Diabetes Mellitus (DM) (9.5%); chronic obstructive pulmonary disease (2.057%) and stroke (0.41%). The study data is presented in Table 1.

Table 1 - Clinical characterization of adult men with head and neck squamous cell carcinoma in a surgical oncology unit - Rio de Janeiro, Brazil.

Variables	Nº	%
Age group		
29-39	37	15,2
39-49	53	21,8
49-59	153	62,9
Anatomical Sites		
Oral cavity	46	18,9
Oropharynx	39	16,0
Nasopharynx	13	5,3
Hypopharynx	7	2,8
Larynx	30	12,3
Other anatomical sites	79	32,5
Survival devices		
Gastric tube for feeding	86	35
Gastrostomy tube for feeding	37	15,2
Tracheostomy tubes	108	44,4
Surgical treatment		
Elective surgeries	178	73,2
Clinical treatment		
Radiotherapy	26	10,6
Chemotherapy	1	0,41
Radiotherapy with chemotherapy	39	16,04
Chronic Non-Communicable Diseases		
Diabetes Mellitus	22	9,5
Systemic Arterial Hypertension	60	24,6
Chronic Obstructive Pulmonary Disease	5	2,057
Cerebral Vascular Accident	1	0,41

Source: RJ-Brazil survey data, 2024

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DISCUSSION

In this study, the clinical profile of 243 adult men in a head and neck oncology surgical unit was characterized. In terms of **age**, the study showed that 62.9% of the men were aged between 49-59 years, with a mean age of 48.8 years.

Epidemiological evidence shows that the incidence of head and neck cancer increases with age. A study carried out in Europe found that 98% of patients with head and neck squamous cell carcinoma were over 45 years old and had unhealthy lifestyle habits such as smoking and drinking alcohol[9-10].

Considering in this study the age group of men with productive work characteristics linked to masculinities characterized by unhealthy health practices, it is important to know the clinical profile of this population in order to effectively plan nursing care, highlighting the establishment of decision-making based on the age group of adult men, placing them as the protagonists of care.

In the clinical characterization of hospitalized adult men, another variable was the **anatomical sites**, with a prevalence of oral cavity cancer (18.9%), followed by oropharynx (16.9%), larynx (12.3%) and cancer in other anatomical sites (32.55%).

An epidemiological study on the profile of patients with head and neck cancer in an oncology center in southern Brazil found that 26.3% of head and neck cancers occurred in the oral cavity11. This finding seems to reflect unhealthy habits and risk factors for developing cancer, such as smoking and drinking, which can increase the risk of this disease in the oral cavity, oropharynx and larynx by two to three times.

A prospective study by Avelar identified similar results showing that head and neck cancer is more prevalent in men who regularly use alcohol and cigarettes[4].

Currently, there is no consensus on the anatomical structures that make up the definition of cancer of the oral cavity. Tumors of the lip, oral cavity, salivary glands and oropharynx have been considered to be cancers of the oral cavity, according to (C00-C10)[5-12].

In Brazil, the estimated number of new cases of oral cavity cancer in the male population in 2025 is 10,900 and 6,570 of laryngeal cancer. Oral cavity cancer ranks eighth among the most frequent types of cancer in this population[3].

It is important to note that the oropharynx and larynx participate in respiratory and digestive functions and are the intermediate portion of the pharynx, which is a tubular organ located in the head and neck region[13].

A study by Faria13characterized the profile of patients diagnosed with oropharyngeal cancer and showed that human papillomavirus (HPV)-negative tumours are more common in male patients, of adult age and associated with the use of tobacco and alcohol, while HPV-positive tumours are more common in male patients, who are young and have no association with tobacco.

In this study, the result of the incidence of squamous cell carcinoma of the head and neck, in the anatomical sites of the oral cavity, oropharynx and larynx, makes us reflect on the role of the multiprofessional team, especially nursing, in cancer prevention actions of this origin in order to guide/educate in the cessation of the use of tobacco and alcohol, since they present the same risk factors and are subject to the same preventive actions with men in need of health and care.

In addition, the main preventive measures for oropharyngeal cancer caused by HPV are vaccination, which is the most effective way of preventing infection and cancer, and the use of male condoms[14].

As for the **survival devices**, which is characterized by the clinical profile of the man, with the need for tracheostomy; gastric tube and/or gastrostomy tube for feeding. Tracheostomy predominated (44.4%), followed by gastric tube for feeding (35%) and gastrostomy tube (15.2%), since patients with head and neck squamous cell carcinoma and cancer treatment affect areas responsible for basic survival functions such as breathing, chewing, swallowing and communication, which can lead to the need for these devices, as shown in studies[4].

Thus, according to Ordinance No. 516, which establishes diagnostic and therapeutic guidelines for head and neck squamous cell carcinoma, these patients are diagnosed with compromised nutritional status such as weight loss, body composition measurements and the presence of symptoms that affect oral intake[5].

In the indication for nutritional supplementation, endoscopic or surgical gastrostomy is indicated for patients who anticipate the need for enteral nutritional support for a period of more than six weeks. On the other hand, the insertion of a nasoenteral feeding tube may be indicated for shorter periods of enteral nutritional therapy[5-15].

The data on the clinical profile of adult men generated in this study, represented **by the presence of a tracheostomy**, showed a frequency of (44.4%) in men with head and neck squamous cell carcinoma, who had the need for a tracheostomy procedure to insert a tracheal tube in order to improve respiratory function and serve as a preventative, safety and survival measure for the patient.

Hurtado's[16] study assessed the clinical profile of patients after head and neck surgery and found that tracheostomy was performed in 23.08% of oral cavity patients, triggering a complex post-operative period requiring nursing care and care from the multi-professional team, but still providing the patient with safety and comfort.

A study by Freitas[17] assessed the need for tracheostomy in men with laryngeal squamous cell carcinoma. It showed that there was a significant incidence of 373 tracheostomy procedures, as a survival device for men with cancer.

For this reason, the characterization of adult men with survival devices, such as gastric feeding tubes, gastrostomies and tracheal tubes, is important data in the study for the development of effective ac-

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tions to stimulate men's health care and self-care.

In this study, the indication of **surgical** oncological **treatment** for men with squamous cell carcinoma of the head and neck had a significant incidence of 73.2%. The main therapeutic modalities are surgery and radiotherapy, aimed at eradicating the disease at the primary site and in the lymphatic drainage network close to the tumor. Surgical treatment has the advantage of allowing pathological staging of the neck, avoiding unnecessary treatment with radiation and indicating the cases in which radiotherapy should be used[5]

The most indicated treatment for head and neck squamous cell carcinoma is surgery, regardless of the surgical reconstruction to be performed, radiotherapy and chemotherapy can be applied separately or in combination.

When choosing the type of treatment, several factors are assessed, such as location, staging and the aim of protecting organs and vital survival functions[4-5].

When tracing the characteristics of men with head and neck squamous cell carcinoma, **the** most prevalent **clinical treatment** was radiotherapy combined with chemotherapy (16.04%), followed by radiotherapy alone (10.6%) and chemotherapy (0.41%). These findings corroborate those presented in the national literature on diagnostic and therapeutic guidelines for head and neck cancer in patients undergoing radiotherapy and surgery[5].

Another variable in this study showed that men with head and neck squamous cell carcinoma had radiotherapy as their indication profile (10.6%).

According to Santos[10], the treatment method focuses on the use of radiotherapy and chemotherapy. Depending on the purpose and characteristics of the tumor, radiotherapy treatment is related to the indication of combined or isolated treatment, neoadjuvant and adjuvant to oncological surgical treatment. In this modality, the patient needs to be assessed for enteral nutritional support via gastric tube.

Therefore, the indication of clinical surgical treatment for men with head and neck squamous cell carcinoma was characterized by the profile of the type of cancer and the need for a gastric tube as an alternative for feeding, maintaining nutritional intake, providing comfort and improving quality of life during clinical surgical oncological treatment.

With regard to **Chronic Non-Communicable Diseases (CNCD)**, 36.2% of the men had co-morbidities such as Systemic Arterial Hypertension, 9.5% Diabetes Mellitus and 2.1% other chronic diseases.

A study[18] on the global burden of cancer in the context of chronic non-communicable diseases in the coming decades identified a high rate of cases of malignant neoplasms and NCDs in Brazilian society, associated with an ageing population and related to unhealthy lifestyle habits, and is therefore considered a serious public health problem in the world and in Brazil.

Worldwide, smoking is the most important risk factor for this group of cancers. Smoking rates remain high in people who are also most affected by head and neck carcinoma, the least affected and poorest strata of the Brazilian population in general[2-5].

After smoking, alcohol consumption is the behavior most associated with the risk of head and neck carcinoma, both in terms of quantity and duration. The interaction between alcohol consumption and smoking shows that the highest risks are observed among people with a high simultaneous consumption of alcohol and tobacco[5-14].

The World Health Organization (WHO)19considers NCDs to be one of the biggest public health problems in the world. They are a group of diseases such as cardiovascular diseases, hypertension, stroke, chronic respiratory diseases, asthma, bronchitis, rhinitis, chronic obstructive pulmonary disease, diabetes mellitus and neoplasms.

In Brazil, they are the main cause of morbidity and mortality. NCDs are multifactorial diseases that develop throughout life and are long-lasting, caused by various factors, but caused by modifiable risk factors such as smoking, physical inactivity, unhealthy eating and excessive alcohol consumption[20].

Therefore, characterizing the clinical profile of men with head and neck squamous cell carcinoma allows us to learn about the various effects of cancer diagnosis and treatment, and enables us to target quality nursing care and rehabilitation in physical, motor, social, emotional and spiritual functions.

Therefore, the results of this study show that the clinical characterization of hospitalized adult men is important for planning care to prevent and promote men's health.

CONCLUSION

The clinical and surgical characterization of adult men hospitalized with squamous cell carcinoma of the head and neck showed an average age of 48 years, and the most prevalent anatomical sites for the development of carcinoma were the oral cavity, oropharynx, nasopharynx, hypopharynx, larynx and other anatomical sites, with the need for survival devices such as a tracheostomy tube and nasoenteral tube for feeding, the indication for oncological treatment was surgery, followed by radiotherapy with chemotherapy, radiotherapy and chemotherapy alone. In addition, the presence of chronic non-communicable diseases such as diabetes mellitus, systemic arterial hypertension, chronic obstructive pulmonary disease and stroke.

Given this clinical oncology profile, it is a challenge for oncology nursing in head and neck surgery to plan nursing care to meet the comprehensive health care needs of Brazilian men

The study will contribute to strengthening the scientific knowledge of oncology nursing, in the areas of teaching, research and care, bringing to the academic context reinforcement in the debate of the theme in question through the construc-

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tion of scientific knowledge.

In this way, the results of this study can be used to plan care for hospitalized patients with head and neck carcinoma.

In addition, the limitations of this study are that it was carried out in a single cancer referral hospital, which makes it impossible to generalize it to other care settings.

In view of the above, future studies are suggested in order to strengthen the construction of technical scientific knowledge in Health and Nursing on the subject of men's profile and health; nursing care and head and neck cancer, covering more health, teaching and research institutions.

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