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ACCESS TO BREAST CANCER TREATMENT ASSOCIATED WITH SOCIODEMOGRAPHIC AND LIFESTYLE CHARACTERISTICS

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Objective: There is evidence in the literature that patients from the Public System who enter the hospital seeking treatment for breast cancer differ from those from the Supplementary Health System. An investigation of the association of access to treatment — public or supplementary — of invasive breast cancer with sociodemographic characteristics and lifestyle becomes important in view of the scarcity of research in mixed populations such as the Brazilian one. **Methods:** This cross-sectional study performed the association of the form of access to treatment for invasive breast cancer with sociodemographic characteristics and lifestyle in 583 patients seen in a cancer center in southeastern Brazil. The Pearson's chi-square test or Fisher's exact test was used for statistical analysis. **Results:** The average age of this research was 52.3 years. We found an association of access to treatment with a higher proportion of women 50 years or older in the Public System ($p=0.008$); the Public System showed a higher frequency of women with marital cohabitation ($p<0.001$); supplementary health had higher education ($p<0.001$); there was a higher frequency of white women in Supplementary Health ($p<0.001$); higher frequency of smokers and former smokers in the Public System ($p=0.003$); higher frequency of alcohol consumption currently and in the past in Supplementary Health ($p=0.008$); first mammogram performed before 40 years in the Public System ($p<0.001$); greater agility in performing the last mammogram in the Supplementary System ($p<0.001$); higher frequency of family history of breast cancer in the Public System ($p<0.001$); and higher proportion of women with three children or more in the Public System ($p<0.001$). **Conclusion:** This research identified that patients treated by the Public System present greater social vulnerability when compared to women in the Supplementary System.

Keywords: Breast cancer. Access to treatment.