

Two Congresses in a Single Event: A Milestone in Both the Quantity and Quality of Scientific Studies

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This volume features the studies presented at the 28th Brazilian Congress of Mastology/ Brazilian Breast Cancer Symposium — BBCS 2026, compiled in this supplement to acknowledge their scientific merit. Bringing together two congresses into a single event represented a significant milestone, not only in terms of the number of studies submitted but also of their overall quality. Over time, scientific contributions have become increasingly sophisticated, with improvements in methodological rigor, broader coverage of breast health, greater focus on clinically relevant questions encountered in daily practice, and wider geographic representation across the country.

The evaluation process has evolved, adopting more robust methodologies founded on the principles of transparency, fairness, and ethical integrity. Below, we outline the chronological evolution of the entire process, including the submission of studies, the evaluation methodology, and final results. To be included in this volume, all studies had to comply with Brazilian National Health Council Resolution 466/2012¹ and applicable Research Ethics Committee/ National Commission of Ethics in Research (CEP/CONEP) regulations¹.

The study submission process involved the prior development of an online platform. Through this platform, authors could choose to submit either an original article or a case

report. For original articles, authors could choose among different sections: Epidemiology, Image, Basic research, Clinical research, Translational research, Screening, Locoregional treatment, Systemic treatment and Ongoing clinical trials. After entering authorship and institutional affiliation data, authors were directed to a section requiring information on funding and approval or waiver by an institutional Research Ethics Committee (REC), before uploading an abstract limited to 300 words.

The evaluation criteria used to assess these studies represent an evolution of previously published² frameworks and are provided in the [Supplementary Material](#). A dedicated software tool was developed to manage the evaluation process. This tool displayed the study's primary metadata, including REC approval and funding, alongside the abstract and evaluation criteria established for each study type.

A record-breaking 276 studies were submitted, an influx likely driven by the merging of these two national events. Due to this high volume, the evaluation committee was divided into two groups, and the studies were randomly assigned to different committees. The evaluation committee consisted of specialists holding at least a doctoral degree. The groups were balanced by gender, highest academic rank, including associate and full

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professors, and affiliation with postgraduate programs, ensuring a homogeneous distribution regarding scientific publication records. To maintain neutrality, only the committee coordinator was aware of the group assignments.

The evaluation process was entirely blinded; evaluators were unaware of the authors' names and institutional affiliations. In the first phase, 138 studies were distributed to each group. The submissions were evaluated and selected according to submission type and distributed across ten categories. If a potential conflict of interest arose, the respective evaluator recused himself or herself from reviewing that study.

The top three studies from each category within a group were selected for a comprehensive evaluation by the full committee. Consequently, the 25 highest-ranked studies from each group were cross-evaluated by the opposing group, resulting in a final score based on 16 independent evaluations. The studies were then ranked for oral presentation in either the General Session, consisting of 10-minute presentations, or the Fast Presentation session, consisting of 4-minute presentations. The top 3 Ongoing clinical trials were reported for the first time in a special oral presentation. The highest-scoring case report with prior ethics approval was selected as the best-case report and did not require an oral presentation.

The final results were released using a score cutoff of 5 for event presentation. In total, 208 original articles and 30 case reports were initially approved, representing acceptance rates of 93.3% and 53.6% of submissions, respectively. Based on these evaluations, 15 studies were selected for the General Session, ten for Fast Presentations, three for Ongoing clinical trials and the remaining accepted works were assigned as e-posters.

The oral presentations underwent a subsequent round of evaluation focusing specifically on presentation performance and study quality. The evaluation committee rotated during this third phase, yielding an average of nine evaluations per study,

with a range of 5 to 11. In cases involving a potential conflict of interest, the evaluator abstained from scoring the individual study concerned.

The data were compiled into a spreadsheet with entries sorted by score, study type, and original article category. This ranking process was conducted blindly, as only numerical data were visible. Tie-breaking and final ranking were based on score, prospectively defined tie-breaking criteria, the original study category, and the best-case report designation. The top studies were selected for awards; when available, runner-up awards were also granted to the second-best studies in each category. A summary of the methodology is illustrated in Figure 1.

Overall, the awarded studies were characterized by exceptional quality and innovation. The remaining accepted works were presented as digital e-posters across six dedicated electronic totems, where authors and congress attendees could view them, as shown in Figure 2b.

The specialty was also highlighted through an interactive "Inside the Journal" booth, where congress members could participate in an immersive experience, as shown in Figure 2c.

In compiling this volume, we only selected studies that had undergone prior approval by a research ethics committee or those for which such evaluation had been formally waived under applicable CEP/CONEP regulations¹. Ongoing clinical trials previously presented at other Congress were included, reporting its reference. Case reports without ethics committee approval were discarded. Ethical review was performed for original articles, and the authors were contacted. Studies for which no response was obtained were excluded. We conclude this volume with 207 studies, 197 original articles and ten case reports. The original studies were separated into their respective categories, with the award-winning and orally presented ones coming first. We are pleased to present the main scientific contributions from this event, and to highlight the award-winning research.

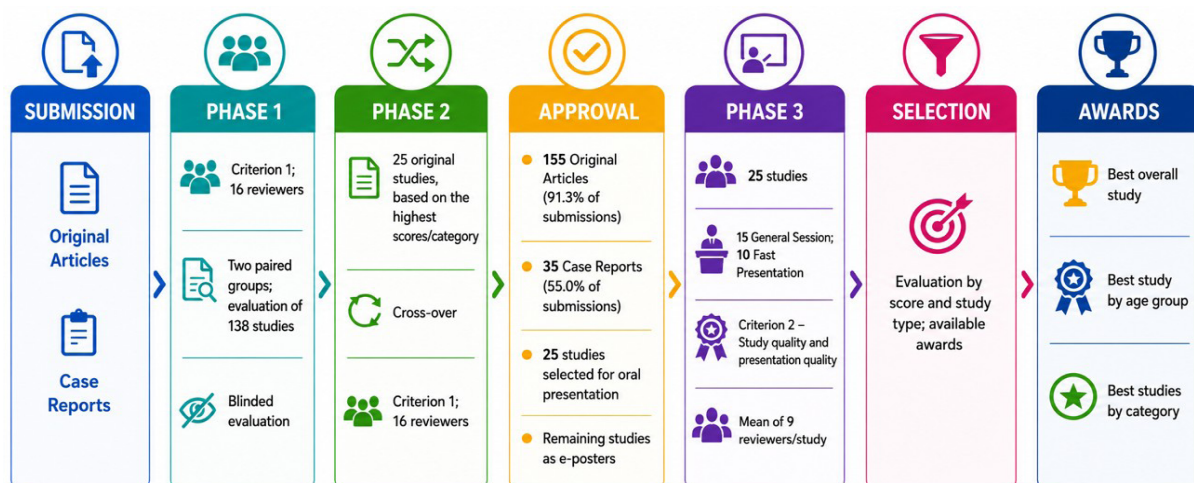


Figure 1. Study evaluation flowchart.



Figure 2. (a) Prof. Freitas-Junior's invitation to BBCS 2026; (b) e-poster; (c) Mastology – “Inside the Journal”; (d) part of the Evaluating Committee; (e) Best BBCS Paper; (f) Best Paper as a Young Researcher; (g) Ending BBCS/ 28th CBM - Group associated to the best Paper

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