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915 – Recent increase in breast cancer mortality rates among young women in Brazil

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Breast cancer is the leading cause of cancer-related death among women in Brazil. Understanding the regional and temporal trends in mortality from this disease, particularly in recent years and among young women aged 20–49 years, is essential for identifying inequities in healthcare access and supporting public policies focused on screening and early diagnosis in this age stratum, which generally presents with more aggressive tumors. Data on breast cancer deaths from 2011 to 2024 were retrieved from the Mortality Information System (SIM/DATASUS), and female population figures were obtained from the IBGE (Brazilian Institute of Geography and Statistics) annual estimates updated in 2024. These data were stratified by geographic region and age groups 20–29, 30–39, and 40–49 years. Crude mortality rates per 100,000 women were calculated, and trends analyzed using joinpoint regression to estimate the Annual Percent Change (APC) with $p < 0.05$ considered statistically significant. Since 2011, breast cancer mortality has shown significant upward trends in Brazil among women aged 20–29 (APC=3.33) and 30–39 (APC=2.16). For the 40–49 age group, rates remained stable until 2022, followed by a sudden increase (APC=4.70). In the North and Southeast regions, significant trends were observed only for the 30–39 age range, with an APC of 2.55% in the North region, while the Southeast exhibited a 5.91% increase from 2014, which stabilized after 2018. In the remaining regions, increases in mortality emerged, starting in 2021/2022. The Northeast demonstrated sharp rises of 23.71% (20–29 years) and 8.24% (30–39 years) per year. In the South and Central-West, the 40–49 age bracket rose 4.77% and 5.94%, respectively. In conclusion, this study demonstrates significant shifts in breast cancer mortality rates, with increases among young women since 2021/2022 in some Brazilian regions. These results underscore the urgent need for targeted public policies to improve early diagnosis and reverse the current upward trends.

Ethics: Public data.

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