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945 – Breast cancer: from diagnosis to treatment initiation — an analysis of brazilian timelines using the prisma platform

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Introduction: Breast cancer is the most prevalent malignancy among women in Brazil, with early diagnosis and prompt treatment initiation being critical for reducing mortality. To improve care timelines, Brazil implemented two key laws: – Law No. 13.896/2019 (30-day Law): mandates diagnostic exams within 30 days of clinical suspicion or physician request. – Law No. 12.732/2012 (60-day Law): requires treatment initiation within 60 days after diagnosis. This study aims to describe real-time intervals in the breast cancer care pathway within the Brazilian Unified Health System (SUS) using PRISMA platform data.

Methods: PrismaOnco is a national platform consolidating data from official SUS databases. By cross-referencing administrative records via CPF/National Health Card, it reconstructs individual patient timelines in oncologic care. A comprehensive analysis was performed comparing 2013 and 2023 to evaluate trends in intervals between diagnosis and treatment initiation for breast cancer patients treated within the SUS over a decade.

Results: In 2013, only 39.5% of breast cancer patients initiated treatment within 60 days, while 45.4% experienced a delay of over 90 days. In 2023, only 37.7% of the patients started treatment within the legally mandated timeframe, with 44.7% beginning oncological care after 90 days. Treatment initiation beyond 90 days was the most prevalent interval across all disease stages (I–IV), regardless of hormone subtype. Among regions, the South showed the highest proportion of patients treated within 60 days, while the North had the lowest.

Discussion: Despite Brazil's legal framework to streamline oncologic care, delays persist over the past decade with little improvement, underscoring ongoing challenges in the healthcare system's ability to ensure timely cancer care, particularly in underserved areas. Limitations of this analysis include reliance on administrative data, which may contain inaccuracies or incomplete records, and unmeasured confounding factors affecting timelines. Future studies should better elucidate barriers to timely breast cancer care in Brazil's public health system.

Ethics: Public data.

Keywords: time do treatment; breast cancer; Epidemiology; public health system.