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983 – Ten-year epidemiological profile of breast cancer recurrence in a private institution

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Introduction: Breast cancer is highly prevalent among women, with recurrence rates varying according to molecular subtype, stage at diagnosis and treatment. Identifying factors associated with recurrence is essential to optimize management strategies. This study evaluated tumor and demographic characteristics of recurrent cases in a private hospital and identified variables associated with a higher risk of recurrence.

Methods: A retrospective, descriptive, observational study approved by the Institutional Review Board (CAAE 74936623.0.0000.5128). A total of 454 breast cancer patients were monitored for 10 years. Among the 51 patients who experienced tumor recurrence, the following variables were analyzed: age at diagnosis, histological subtype, stage, menopausal status, use of neoadjuvant therapy, time to recurrence, and metastatic site.

Results: A total of 51 recurrences (11.2%) were identified, with a mean age of 55.1 years (± 14.6). Recurrence rates varied by histological subtype: invasive ductal carcinoma (11.3%), invasive lobular carcinoma (20.4%) and others (5.3%). Among molecular subtypes, recurrence rates were 6.9% for Luminal A, 12.9% for Luminal B, 18.6% for Triple-negative, 7.2% for Luminal hybrid and 6.2% for HER2. Most recurrences (60.7%) occurred within the first five years, more frequently in triple-negative tumors (81%) and less frequently in Luminal A (50%). The most common metastatic sites were bone (43%), lung (41%), liver (29%) and the central nervous system (17%). Recurrence increased with stage, from 7.2% in stage I to 27.8% in stage III. Patients receiving neoadjuvant therapy had higher recurrence rates (15.4%) than those undergoing upfront surgery (9.5%).

Conclusion: The recurrence rate observed was consistent with the previous literature. A higher recurrence risk was observed within the first five years in patients with advanced disease, triple-negative subtype, or those who underwent neoadjuvant therapy. These findings reinforce the importance of tumor biology and stage stratification to guide individualized follow-up and therapeutic strategies.

Ethics: Research Ethics Committee Approval (CAAE 74936623.0.0000.5128).

Keywords: breast neoplasms; neoplasm recurrence; local; risk factors.