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990 – Prevalence and risk factors for breast cancer, focusing on family history, in women treated at the mastology outpatient clinic of a public hospital in the Distrito Federal

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Introduction: The familial risk of breast cancer refers to the occurrence of cases among family members. It can be influenced by shared factors such as lifestyle, environment, and genetics, but it does not occur necessarily due to an inherited genetic mutation. Therefore, women with a family history should be considered for better care with regard to appropriate screening and prevention. The objective of this study is to determine the prevalence of risk factors for breast cancer, focusing on family history.

Methods: This observational, analytical, and cross-sectional study evaluated 139 women with breast cancer. After applying the proper exclusion criteria, a total of 87 patients treated at a public hospital in the Federal District between 2019 and 2024 were included in the final analysis. The Family History Screen-7 was used. Data were analyzed using Pearson's Chi-Square and Student's t-tests.

Results: The average age was 54.5 years-old and 50.4 years-old for women without and with a family history of breast cancer, respectively. Among the family history group, 55.2% of women had a risk of breast cancer; however, only 14.3% underwent genetic testing. Of these, 25% had a genetic mutation. An analysis between a positive family history of cancer and hormone replacement therapy indicated no statistical association. The molecular subtypes were Luminal A (28.7%), Luminal B (26.4%), Her2-positive (20.7%), and Triple-negative (19.5%). There was a high prevalence of family history (55.2%), which is higher than that found in literature (20.1%). However, 85.7% of these patients did not undergo genetic testing.

Conclusion: The results highlight the complexity of the clinical, hereditary, and behavioral factors associated with the disease. Access barriers and possible referral failures were revealed, even in a scenario with specific legislation. Despite the limitations, this study contributes to epidemiology, reinforces the need to expand access to genetic testing, and structure public policies.

Ethics: Research Ethics Committee Approval (CAAE 83101524000005553).

Keywords: breast cancer; risk factors; family history.