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1100 – Quantitative comparison of breast cancer therapeutic modalities between 2018 and 2025: an ecological study

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Introduction: According to the World Health Organization (WHO), in 2022, approximately 2.3 million new cases and 670 thousand deaths from breast cancer (BC) were recorded among women worldwide. This elevated mortality rate indicates that not all patients have adequate access to optimal treatment, which depends on accurate BC diagnosis to differentiate among molecular subtypes and select appropriate therapy.

Method: An ecological time-series study using secondary epidemiological and morbidity data obtained from DATASUS through the Oncology Panel. Information on therapeutic modalities related to BC in women treated within the Brazilian Unified Health System (SUS) was collected for the 2018–2025 time period. Data were analyzed using descriptive statistics.

Results: Between 2018 and 2025, 432,564 BC treatments were recorded in the SUS, increasing from 43,966 (2018) to 63,431 (2023), stabilizing in 2024 (63,244), and declining in 2025 (46,685). Chemotherapy (CT) was the predominant therapeutic modality (267,795), rising until 2024 (39,870) and decreasing in 2025 (25,935). Surgeries totaled 53,588, peaking in 2019 (8,993) and declining to 2,000 by 2025. Radiotherapy accounted for 23,468 procedures, with slight variation and a final decrease (1,994 in 2025). Cases with missing information increased from 4,121 to 16,674, totaling 87,057.

Conclusion: There was an increasing trend in the total number of BC treatments in the SUS from 2018 to 2023, followed by stabilization in 2024 and a marked reduction in 2025. The predominance of CT highlights its central role in systemic management, while the reduction in surgeries may be associated with greater adoption of neoadjuvant treatment and a preference for less invasive approaches. Therefore, improving data collection and integration in health information systems, as well as policies ensuring equitable and continuous access to therapeutic modalities, is essential.

Ethics: Public data.

Keywords: breast neoplasms; drug therapy; radiotherapy; mastectomy.