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1106 – Regional disparities and the economic impact of mastectomy and breast reconstruction in the Sistema Único de Saúde (2015–2025)

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Introduction: Breast cancer is the most prevalent malignant neoplasm among women in Brazil and often requires a mastectomy, a procedure associated with significant physical, emotional, and psychosocial impacts. Breast reconstruction, guaranteed by national legislation, is a key component of comprehensive rehabilitation; however, its availability within the Brazilian Unified Health System (Sistema Único de Saúde - SUS) may be influenced by regional disparities and funding limitations. This study aimed to analyze regional disparities and the economic impact of hospital procedures related to mastectomy and breast reconstruction in the SUS between 2015 and 2025.

Methods: This ecological, descriptive, and retrospective epidemiological study was based on secondary data from the Hospital Information System of SUS (SIH/SUS), available through DATASUS. Variables included number of procedures, regional distribution, temporal trends, and hospital costs. The reconstruction rate was calculated as the ratio between reconstructions and mastectomies.

Results: A total of 88,400 mastectomies and 11,193 breast reconstructions were recorded, with a national reconstruction rate of 12.66%. Procedures were concentrated in the Southeast and South regions, while the North had the lowest reconstruction rate (6.32%). In 2020, there was a marked reduction in procedures, possibly related to the COVID-19 pandemic, followed by gradual recovery. Total investment exceeded BRL 227 million, with nearly half allocated to the Southeast.

Conclusion: Breast reconstruction coverage within SUS remains low, with marked regional disparities likely related to unequal distribution of resources and specialized services. The reduction in 2020 highlights the vulnerability of elective procedures during health crises. These findings reinforce the need for public policies aimed at decentralizing care, expanding access, and reducing inequalities in oncological treatment.

Ethics: Public data.

Keywords: breast neoplasms; mastectomy; breast reconstruction; healthcare disparities.