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1114 – Ecological study on the hospital mortality rate for breast cancer in brazilian regions (2017–2024)

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Introduction: Breast cancer (BC) is the most common neoplasm among women in Brazil, representing a public health challenge. The hospital mortality rate reflects the quality of care and access to timely diagnosis and treatment. Therefore, this study aims to analyze the hospital mortality rate (HMR) for BC in Brazilian regions between 2017 and 2024, to identify patterns and inequalities in oncological care.

Method: An ecological study using data collected from the DATASUS secondary database, through the Hospital Information System (SIH), from 2017 to 2024. Data were analyzed nationally and stratified by region, then compiled in an electronic spreadsheet using descriptive statistics. Individuals of all ages and sexes were included, and the analyzed variables encompassed the number of hospitalizations, number of deaths, and hospital mortality rate (HMR).

Results: The North region generally presented the highest HMR throughout the analysis, remaining above the national average for most of the period. The Central-West region also presented high rates, with fluctuations throughout the time series. The Southeast and Northeast regions presented intermediate values, with relative stability over the years. The South region generally presented the lowest HMR. Regarding the temporal trend, a slight variation in rates was observed, without considerable changes, maintaining regional inequality throughout the study period.

Conclusion: The results highlight regional heterogeneity in hospital mortality due to congenital heart disease (CHD) in Brazil. The scenario in the North suggests the influence of inequalities in access to diagnosis and treatment, while the scenario in the South may reflect greater access to early diagnosis and a better network. The high rates observed in the Central-West are possibly related to weaknesses in healthcare, while the Southeast presents intermediate values associated with internal inequalities. These findings reinforce the need for public policies aimed at expanding access to diagnosis and treatment, while reducing regional inequalities.

Ethics: Public data

Keywords: breast neoplasms; Epidemiology; mortality; hospital information systems.