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1125 – Breast cancer navigation service at the Cristiano Varella Foundation: a retrospective observational study of an institutional experience

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Introduction: The Patient Navigation Service (PNS) represents a patient-centered model of care. In the context of breast cancer management, the PNS can optimize care through a personalized approach. To mitigate the inherent complexities of cancer treatment, Bill No. 4,171/2021 and Law No. 12,732/2012 were enacted in the context of the Brazilian Unified Health System (SUS). These measures aim to reduce institutional, socioeconomic, and personal barriers that arise throughout the treatment pathway, ensuring comprehensive, equitable, and high-quality oncologic care, as well as guaranteeing treatment initiation within 60 days.

Methods: Institutional database data from Fundação Cristiano Varella (FCV) were used. All patients with breast cancer treated at the Breast Division between January 2024 and December 2025 were evaluated. Clinical characteristics were analyzed, along with variables related to time to surgery (initiation of first oncologic treatment within 60 days), surgical complications, surgical mortality (within 7 days after the procedure), and postoperative complications (within 90 days). A descriptive analysis was performed and the normality of continuous variables was assessed using the Shapiro-Wilk test. Statistical analyses were conducted using the R software, version 4.5.1 (R Core Team, 2025).

Results: A total of 1,172 patients were evaluated through the PNS, with a mean of 48.8 surgeries per month. Of these, 99.6% were female, with a mean age of 55.9 years and a surgical complication rate of 1.9%. It was observed that 92% of patients initiated treatment within 60 days, whereas 8% did not meet the timeframe established by Law No. 12,732/2012. Delays were associated with the need for further investigation of new breast lesions, inadequate clinical conditions, and delays in surgical authorization by the public health system (SUS).

Conclusion: Despite the limitations inherent to the Brazilian SUS, the results were satisfactory and support the effectiveness of the Patient Navigation Service in improving the quality of oncologic care.

Ethics: Public data.

Keywords: breast neoplasms; patient navigation; surgical navigation systems; healthcare quality indicators.