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1131 – Epidemiological profile of breast cancer in Brazil according to stage at diagnosis (2014–2021)

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Introduction: This study aims to describe the epidemiological profile according to stage at diagnosis (2014–2021), based on data from the Hospital Cancer Registry (RHC/INCA). Although localized stages predominate, a considerable proportion of cases are diagnosed at advanced stages, highlighting limitations in screening. These findings demonstrate the need to expand access to timely diagnosis and strengthen early detection strategies. Thus, the objective of this study is to describe the epidemiological situation of breast cancer in Brazil, considering disease extent, in order to identify gaps in screening, early diagnosis, and access to healthcare services.

Methods: This ecological study used secondary data obtained by the Incidence Tabulator of the Hospital Cancer Registry (RHC). Data sourced during the period of 2014–2021 were analyzed with nationwide coverage. The findings were compiled in a spreadsheet and analyzed using descriptive statistics, allowing for the evaluation of breast cancer incidence according to disease extent (localized, metastatic, or undefined) and diagnostic method over time.

Discussion: The near equivalence between localized (n=11,877) and metastatic (n=11,824) breast cancer diagnoses underscores substantial deficiencies in early detection. The high proportion of cases with missing staging information (53%) compromises epidemiological surveillance and limits reliable disease burden assessments. Despite histopathological confirmation being the gold standard for incidence estimation, the reduction in case notifications in 2021 suggests systemic disruptions in healthcare delivery and reporting processes. These findings highlight the need for enhanced data quality to support surveillance and optimize clinical outcomes.

Conclusion: The epidemiological scenario reveals limitations in breast cancer screening and early diagnosis in Brazil, with a significant proportion of advanced-stage cases and incomplete records. Expanding access to timely diagnosis and improving oncology information systems are essential to strengthen surveillance and enhance clinical outcomes.

Ethics: Public data.

Keywords: breast neoplasms; Epidemiology; hospital information systems.