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1147 – Regional inequalities in access to breast reconstruction in Brazil over the last five years

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Introduction: Post-mastectomy breast reconstruction is a right guaranteed by the Brazilian Unified Health System (SUS) and represents an essential component of comprehensive breast cancer care, with a direct impact on patients' quality of life. Nevertheless, access to this procedure remains uneven across the Brazilian territory, reflecting structural disparities in the distribution of specialized services, healthcare workforce, and hospital infrastructure. This study aims to comparatively analyze the number of breast reconstruction procedures across different regions of Brazil in recent years.

Methods: An ecological, retrospective, and descriptive study based on secondary data from the Brazilian Hospital Information System (SIH/SUS), available through DATASUS/TABNET. The data included the number of hospitalizations for post-mastectomy breast reconstruction with implant placement between January 2021 and December 2025, stratified by geographic region. A descriptive analysis was performed, including absolute frequencies, annual means, and relative proportions by region, allowing for a comparative assessment of procedure distribution across the country.

Results: Between 2021 and 2025, a total of 6,160 hospitalizations for breast reconstruction were recorded in the SUS. Regionally, the Southeast concentrated the majority of procedures (55.9%), followed by the South (18.2%), Northeast (16.0%), Midwest (6.5%), and North (3.3%), demonstrating a marked concentration of breast reconstruction in regions with a higher density of specialized healthcare services.

Conclusion: There is a significant regional disparity in access to breast reconstruction in Brazil, with a high concentration of procedures in the Southeast and limited availability in the North and Midwest regions. These findings highlight the need for public health policies aimed at decentralizing mastology care, expanding the availability of specialized services, and reducing inequities in access to comprehensive breast cancer treatment.

Ethics: Public data.

Keywords: health inequities; breast reconstruction; health services accessibility