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1150 – Analysis of the number of simple and radical mastectomy procedures in the Sistema Único de Saúde between 2018 and 2025

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Introduction: Breast cancer treatment includes breast-conserving surgery or mastectomy. Efforts are made to minimize surgical trauma, considering disease extent and the technical capacity of healthcare services, in order to preserve quality of life and enable, when indicated, breast reconstruction. In this context, the objective is to analyze the temporal trend of hospitalizations for simple and radical mastectomy in Brazil (2018–2025).

Method: An ecological, descriptive, and retrospective study was conducted using secondary data from the Hospital Information System, available through DATASUS. Hospital admissions for simple mastectomy (SM) and radical mastectomy with lymphadenectomy (RML) were analyzed from 2018 to 2025 in Brazil. Variables included the year of hospitalization and the number of procedures performed. Data were extracted through the TABNET platform and compiled into spreadsheets for descriptive analysis.

Results: Between 2018 and 2025, a total of 10,396 procedures were recorded, including 5,452 RML and 4,944 SM. A reduction in total procedures was observed from 2018 to 2021, decreasing from 1,703 to 1,100, with the greatest annual variation occurring between 2019 and 2020, when there was a reduction of 500 procedures. From 2022 onward, there was an upward trend until 2023, when the total reached 1,404, without returning to initial levels. Between the years of 2023 and 2025, a new decline occurred, from 1,404 to 894. Radical mastectomy predominated from 2018 to 2021. In 2022 and 2024, SM was more frequent, whereas in 2023 and 2025, RML predominated once more. By the end of the period, both procedures exhibited a decline.

Conclusion: Fluctuation occurred between RML and SM in the SUS, without a clear pattern of substitution. The decrease in RML may be associated with neoadjuvant chemotherapy. In the North region, the predominance of radical procedures suggests late diagnosis and inequality in access to specialized care.

Ethics: Public data.

Keywords: breast neoplasms; mastectomy; surgical oncology; public health surveillance; Epidemiology.