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1163 – Regional and therapeutic inequities in breast cancer treatment: an analysis of compliance with the 60-day law in Brazil

Mirella Laranjeira Nunes¹, Luan Fernandes Lins¹, Gabriela da Rocha Branco Silveira¹, Deborah de Albuquerque Beltrão Amorim¹, Nathália Valois Montarroyos de Moraes¹, Ana Carolina Ferraz Pascoal¹, Larissa Cabral Marques¹, João Esberard Vasconcelos Beltrão Neto¹

¹Hospital Universitário Oswaldo Cruz – Recife (PE), Brazil.

Introduction: Breast cancer is the malignant neoplasm with the highest incidence among Brazilian women. The time to treatment initiation is a crucial prognostic factor that impacts survival. To ensure agility within the Unified Health System (SUS), Law 12.732/2012 mandates that the first specific oncological treatment must begin within sixty days after the pathology report. The objective of this study is to evaluate the impact of the geographic macroregion and the first therapeutic modality chosen on the non-compliance with this deadline for patients with breast cancer in Brazil.

Methods: A retrospective ecological study using secondary data from the Oncology Panel (DATASUS/TABNET) between 2023 and 2025. Records of patients diagnosed with breast neoplasm (ICD-10 C50) were analyzed and the proportions of therapeutic delay were cross-referenced with the country's five macroregions, as well as the two main first-line treatment modalities: Surgery and Chemotherapy. The statistical significance of the associations was analyzed using Pearson's Chi-square test.

Results: A statistically significant disparity in delay was identified according to the first treatment administered ($p < 0.0001$). Upfront surgery presented a lower rate of non-compliance with the law (31.2%) when compared to chemotherapy, which showed a significant delay (59.4%). In the regional analysis of surgical access, the South region stood out with the lowest delay (18.6%), contrasting with the critical rates in the North (43.3%) and Central-West (41.2%) regions, evidencing extreme geographic inequity ($p < 0.0001$).

Conclusion: Compliance with the 60-day Law in Brazil is heterogeneous, strongly influenced by geographic determinants and the required initial therapeutic modality. The high rates of non-compliance for initiating chemotherapy, alongside the profound regional disparities in surgical access, expose distinct bottlenecks within the public healthcare system. This scenario requires the urgent development of public policies aimed at the decentralized allocation of oncological resources and the optimization of patient care pathways.

Ethics: Public data.

Keywords: breast cancer; healthcare disparities; treatment.