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1103 – Clinical practice and the consensus on breast biopsies in Brazil: a national survey study

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Objective: To assess the professional profile, clinical practice, availability, and consensus among specialists regarding minimally invasive breast procedures in Brazil.

Methods: An observational, cross-sectional study based on an electronic questionnaire distributed nationwide to physicians involved in breast care. The instrument comprised 34 objective questions, including 13 Likert-scale items addressing breast biopsy. Data collection occurred from November 4, 2024, to July 31, 2025. Descriptive and inferential analysis was performed by chi-square test or Monte Carlo simulation. Consensus was defined as $\geq 70\%$ agreement.

Results: A total of 529 specialists completed the survey. Median age of 49 (40–57); 52.74% women; 54.25% from Southeast; 65.03% work in state capitals; 72.02% mastologists; 34.22% worked exclusively in private practice (PP), 34.03% in both the public system (SUS) and PP, and 3.40% exclusively in SUS; 82.99% board certified; 69.38% performed breast biopsies; 51.98% trained during residency; 69.19% proficiency in ultrasound (US) and 38.19% in stereotaxis. Availability reported was: 80.15% core biopsy (CB) in the SUS and 97.73% in PP; 55.95% preoperative localization of non-palpable lesions in the SUS and 93.01% PP; 21.17% vacuum-assisted biopsy (VAB) in the SUS and 81.92% PP; 7.75% vacuum-assisted excision (VAE) in the SUS and 64.84% PP; 80.72% US-guided in the SUS and 97.92% PP; 61.63% stereotaxis in the SUS and 88.85% PP; 8.88% MRI-guided biopsy in the SUS and 55.01% PP. There was consensus for BI-RADS 4 US-CB of solid nodules (95.46%); US-VAB of solid-cystic nodules (81.66%), architectural distortions (80.53%), and calcifications (73.16%); stereotactic-VAB of calcifications (93.95%); and second-line VAE of complex sclerosing and papillary lesions without atypia (80.53%).

Conclusion: Marked disparities exist in access to breast biopsy procedures within the Brazilian healthcare system. Most trained professionals are in state capitals, and minimally invasive techniques — particularly VAB/VAE, stereotaxis, and MRI — are less available in the SUS. Agreement regarding indications and techniques remains limited, underscoring the need for standardized national guidelines and expanded access.

Ethics: Survey.

Keywords: breast biopsy; breast cancer; minimally invasive procedures.