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1031 – Male breast cancer: a case series in a philanthropic institution serving patients from the Brazilian public health system in Salvador, Brazil

Suelen Sampaio Jesus¹, Daniela Cristina Ribeiro¹

¹Hospital Santo Antonio – Salvador (BA), Brazil.

Male breast cancer is rare and represents only 1% of the overall diagnoses of breast cancer. National data about the disease are scarce, especially in the context of the Brazilian public health system known as Unified Health System (SUS), and the low incidence of this neoplasm is due to late diagnoses and the extrapolation of clinical practices based on female breast cancer treatment. Descriptive observational case series study conducted with male patients who underwent surgery to treat breast cancer between 2015 to 2022. Sample size: 13 patients. The variables analysed in this study were sociodemographic factors, risk factors and medical history, clinicopathological characteristics, TNM staging, treatments and outcomes. Descriptive statistics were applied, presenting data as frequencies and percentages. The study population had an average age of 65 years (± 9), where 77% of the patients were over 60 years old, 61.5% were from small municipalities, 61.5% had a lower education level, 100% were overweight/obese and presented a palpable nodule when diagnosed. In 53.8% of the cases, axillary lymphadenopathy was found. The most frequent subtype (76.9%) was invasive carcinoma, not otherwise specified, with a predominance of the luminal profile (84.6%) and high hormone receptor positivity. Clinical staging II was prevalent among the patients (53.8%) and 15.4% of the cases already showed metastasis when diagnosed. All patients underwent mastectomy and 61.5% axillary lymph node dissection. Adjuvant chemotherapy was administered to 61.5% of the patients and 100% of them received tamoxifen hormone therapy. During an average follow-up of 5 years (± 2), 53.8% of patients progressed with distant metastasis, and one death was registered. Male breast cancer is predominantly diagnosed at older ages, and frequently in intermediate or advanced stages, in addition to expressive high rate of metastasis during follow-up, reinforcing the importance of increased awareness, early diagnoses and specific strategies to assist male patients.

Ethics: Research Ethics Committee Approval (CAAE 92402125.5.0000.0047).

Keywords: breast neoplasms; male; mastectomy.