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881 – Quality indicators in the surgical treatment of breast carcinoma within the Brazilian public health system in a tertiary oncology hospital

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Introduction: In Brazil, within the Unified Health System (SUS), differences are observed in breast cancer treatment compared to developed countries. The European Society of Breast Cancer Specialists (EUSOMA) and the National Accreditation Program for Breast Centers (NAPBC) developed indicators for early breast cancer. The Brazilian Society of Surgical Oncology (SBCO) proposed indicators for surgical de-escalation after neoadjuvant systemic therapy (NST) in locally advanced breast tumors. The performance of these indicators within the SUS is unknown.

Methods: This was a cross-sectional, retrospective study of patients with breast cancer treated between May 2019 and April 2024. All patients were managed by two breast surgeons with extensive experience in oncoplastic surgery. Approximately 250 patients were randomly selected per year. A standardized data form was used to collect clinical characteristics, tumor features, pre-treatment staging, clinical and surgical treatment, and pathology results. Surgeries were classified as upfront or after NST. Breast and axillary procedures were analyzed separately. In patients undergoing NST, the response to therapy and surgical de-escalation were evaluated. In these patients, the 23 surgical quality indicators were applied.

Results: A total of 1,293 patients were evaluated; 45.6% had early-stage disease (stages 0 and I), and 60.8% were initially node-negative (N0). Neoadjuvant systemic therapy was administered to 39.2% of patients. Among these, 50.2% received classic breast-conserving treatment (BCT), 28.2% had BCT with oncoplastic techniques, and 17.3% underwent BCT with extreme oncoplastic surgery. The mastectomy rate was 21.4%, and the conversion rate from mastectomy to BCT was 10.0%. Axillary preservation rates were 90.3% for cN0, 53.6% for cN1, and 28.4% for cN2 patients. Of the 23 quality indicators, 21 showed favorable results.

Conclusion: Quality indicators guide surgical standards and highlight areas for institutional improvement. De-escalation strategies are increasing and, despite the limitations of the SUS setting, good outcomes are achieved. This study demonstrates treatment outcomes comparable to international standards, even in patients treated within the public health system.

Ethics: Research Ethics Committee Approval (CAAE 85751824.5.0000.5105).

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Keywords: breast neoplasms; public health; quality indicators; surgical procedures.