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468 - ANALYSIS OF WOMEN WITH BREAST CANCER WHO UNDERWENT IMMEDIATE OR LATE BREAST RECONSTRUCTION

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Introduction: Breast reconstruction is a right guaranteed by the public health system for women who undergo mastectomy. However, there are factors that delay the performance of this procedure in the Unified Health System in Brazil. **Objective:** The aim of this study was to analyze the characteristics of immediate or late breast reconstruction in women with breast cancer in a reference hospital in the state of Pernambuco. *Methods:* This is an observational, retrospective, analytical study, with a descriptive approach of 400 cases of breast reconstruction from 2010 to 2020. The data were collected through a surgical care survey with breast cancer patients who underwent breast reconstruction. Then, they were analyzed using the SPSS software, version 18, with the percentage rates of the categories assessed by the χ^2 test, considering a 5% significance level. The comparison of the analysis was significant (p<0.005), showing that the described profile is the most frequent one in the group of assessed patients. **Results:** Most patients were aged between 46 and 59 years (45.3%), brown (61.1%), married (79.1%), who studied until high school (60.7%), homemakers (45%), nonsmokers (84.9%), and who do not drink alcohol (94.9%). According to the TNM system, 84% of the patients were in the early stages (0, I, and IIa), underwent immediate reconstruction after mastectomy or resection (70.3%); reconstructive surgeries had local flaps, both in the lower, upper, or medial-lateral pedicle; and implants were performed in 70% of the patients. According to the molecular subtype, Luminal A represented 60% of the patients, followed by Luminal B with 16%, triple negative with 15%, and HER-2 with 9%. Conclusion: The findings support that patients with higher schooling are prone to undergoing immediate breast reconstruction. Thus, the number of immediate breast reconstruction procedures in patients with breast cancer has increased significantly.