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## 28584 – ANALYSIS OF BREAST BIOPSY RESULTS ACCORDING TO AGE GROUP IN BRAZIL

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Introduction: Breast cancer is the most commonly diagnosed neoplasm in women. The incidence and mortality rates for breast cancer have been increasing among women aged 40 and older. Breast cancer at a young age increases the risk of local and distant recurrence, as well as subsequent mortality. Early detection strategies enable the identification of suspicious cases and the conduction of diagnostic investigations such as biopsy, allowing for prompt treatment initiation. In Brazil, according to the Early Detection Guidelines for Breast Cancer from the Ministry of Health, screening should be conducted in asymptomatic women aged 50 to 69 years, using bilateral mammography every two years. Methodology: Ecological, retrospective, quantitative, and descriptive study, in which data from breast biopsies between 2013 and 2023 were collected and presented in Tabnet of the Cancer Information System (SISCAN), through the platform of the Department of Informatics of the Unified Health System (DATASUS), encompassing all states of the federation. The data were analyzed considering the type of lesion diagnosed by biopsy and the patients' age group. Conclusion: Analyzing the data, it is possible to observe that the majority of biopsies performed yield benign results. Regarding malignant lesions, the incidence is similar in the age group of 40 to 69 years, with only a slight difference between the reported values. This indicates that breast cancer is occurring at younger ages than the current screening initiation age in Brazil. The results highlight the need to explore strategies to expand the screening age range for women, as early diagnosis is crucial to increase the chances of cure. The Early Detection Guidelines for Breast Cancer recommend screening should start at age 50, while the Brazilian Society of Mastology advises beginning at age 40. An alternative to the Ministry of Health's guidelines could be lowering the screening initiation age to 45, given that the incidence of malignant lesions in this age group is higher than in the 60 to 69-year range, justifying screening efforts in this population. Additionally, beyond early screening, it is essential to ensure that all patients have access to diagnostic confirmation through biopsy whenever mammography reveals suspicious lesions.