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28586 – ANALYSIS OF THE ACCURACY OF IMAGING EXAMS FOR THE DETECTION OF MALIGNANT BREAST LESIONS

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Introduction: Breast cancer is the most prevalent neoplasm among women worldwide, with a significant impact on public health and the quality of life of women affected by this pathology. The Breast Imaging Reporting and Data System (BIRADS), led by the American College of Radiology (ACR), emerged in the 1990s as a crucial tool in the global context of reducing breast cancer mortality, offering a standardized system for the evaluation of breast images and the classification of findings, facilitating communication between radiologists and other healthcare professionals. **Methodology**: An ecological, retrospective, quantitative, and descriptive study, whose data were obtained from consultations in the Cancer Information System – SISCAN (cervix and breast), through the platform of the Department of Informatics of the Unified Health System (DATASUS), referring to the period from 2013 to 2023, in the five geographic regions of Brazil. **Conclusion**: Based on the data analyzed during the decade from 2013 to 2023, it is concluded that the presence of nodules in mammography exams presents a pre-test probability of more than 30% of representing a malignant breast pathology, followed by distortion of one of the breasts, with a pre-test probability of about 29.1% — both signs that can be assessed with a detailed physical examination of the breast. Findings such as microcalcifications have a pre-test probability of 26.3%, and asymmetry has an 18.9% chance of being malignant. Therefore, although the BIRADS system has shown significant evolution in the diagnosis and management of breast cancer mortality control, we observe that clinical signs and a detailed physical examination of the breast alone can already assist in faster access for patients with suspicious signs of malignant breast pathologies to histological exams that confirm the diagnosis, considering the high pre-test probability of nodules and breast distortions representing malignant pathologies. We therefore advocate for the need for adequate training for the screening and diagnosis of possible breast neoplasms, focusing on changes in the outpatient breast examination in clinics and screening centers, especially in places where access to imaging methods is precarious and costly, facilitating patient access to histological biopsy in certain situations.