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1 PURPOSE /OBJECTIVE

This assessment provides an overview of the current situation of breast cancer in the city of São Paulo and highlight opportunities **to improve breast health care** in the city.

The mixed-method approach was implemented to collect **relevant data** on breast cancer care in São Paulo included a comprehensive desk review from a range of international data sources (WHO, PAHO, World Bank, GLOBOCAN, & IAEA) and national data information systems (DATASUS, IBGE and SISMAMA), key informant interviews and site visits in Brazil.

2 BREAST CANCER IN SÃO PAULO

In 2012 there were **6,000 new cases.**

Age-adjusted mortality rates for breast cancer in Brazil are **on the rise;**

São Paulo has a population of approximately **11 million** and is Brazil's largest city. It is also the **largest health care hub** in Latin America.

30%

Approximately **30%** of an estimated 52,680 breast cancer cases in the country occur in the **State of São Paulo.**

2009 rate in the Southeast was **12.6 deaths** per 100,000 women.

The point of entry for clients is primary health care "basic health units" (UBS). The São Paulo municipality has **246 such units** and **1,196 family health teams** which provide breast health education, clinical breast examination, promotion of mammography screening and referral.

In 2007, **25,989 hospitalizations** of patients with a primary diagnosis of cancer occurred among residents of São Paulo which resulted in **R $ 35 million** paid to service providers.

Breast cancer stage at diagnosis seen from data provided by the São Paulo's Hospital Cancer Registry and managed by the Oncocentro Foundation of São Paulo (FOSP), shows that **one third of breast cancer cases in São Paulo are diagnosed at late stages.**

3 CHALLENGES: GAPS & BARRIERS

The referral pathway for patients in São Paulo is characterized by **delays at every level due to increased demand and fragmentation of services.**

A large portion of the services are concentrated in the Central Zone of the City with wealthier areas far better covered than **socially deprived areas where there are high population densities.**

Disparities in the distribution of secondary facilities in the city is a contributing factor of **many women dropping out of the continuum of care.**

Access to breast health services is influenced by the patient's **geographic location and socioeconomic status.**

Of 238 mammography machines available in the São Paulo Municipality, **only 25% are designated to the public health system**. The median time lapse between mammography and diagnosis in the City is said to be 90 days on average.

Despite challenges, **more than half of the patients treated in public institutions receive first-generation regimens,** such as cyclophosphamide, methotrexate and fluorouracil (CMF) or doxorubicin and cyclophosphamide, compared with less than a third of patients treated in private institutions.

4 RECOMMENDATIONS TO IMPROVE BREAST CANCER CARE

1 Study and address potential geographic and socioeconomic inequities in service delivery access in specific areas and sub-populations of São Paulo City.

2 Study and strategize to address fragmentation of services, particularly needed improvements to the referral system and increase patient-oriented and focused care.

3 Provide technical assistance and support to FOSP's technical committee in developing effective policies and reorganizing referral systems.

4 Explore development of "One-stop" breast health clinics.

5 Expand patient navigation systems.

6 Empower Family Health Teams and UBS to become more proactive in community education and facilitate access to diagnostic and care services throughout the continuum of breast health care.

7 Continue and expand public awareness and community involvement activities in breast cancer through a variety of mechanisms.

8 Increase use of breast cancer data from registries and other information systems for decision making.