Breast Cancer Treatment in Brazil: The Gap Between Incorporation and Real-World Access

SILVA, PF; Esteves HN; Kindi PS; Lima IC; Kaliks RA; Barros LHC.

Abstract

This study assessed the real-world availability of breast cancer medications incorporated by Brazil's public health system (SUS). Using Brazilian Freedom of Information Law, cancer treatment protocols were requested to 268 oncology centers. In total, 42 responses were received and analyzed for five Conitec-approved drugs. While trastuzumab appeared in all protocols and pertuzumab in 95.2%, only 4.8% included abemaciclib, palbociclib, or ribociclib. These findings highlight a major gap between policy incorporation and patient access, suggesting limitations in the current policy implementation framework. One possible explanation is that defining procurement strategies after incorporation facilitates wider adoption, whereas the absence of such mechanisms restricts equitable treatment availability across hospitals.

Introduction

Breast cancer is the second most commonly diagnosed cancer worldwide, after lung cancer, and remains the leading cause of cancer-related deaths among women globally (1). In Brazil, it is the most common cancer, with an estimated 66,280 new cases annually (2).

Brazil has a universal healthcare system (SUS), which serves approximately 160 million people, or 75% of the population (3). Ensuring equitable access to breast cancer treatment within such a complex system is a significant challenge.

The incorporation of new technologies into SUS is determined by the National Commission for the Incorporation of Technologies into the Unified Health System (Conitec), which conducts Health Technology Assessments (HTA) to decide on their adoption. Theoretically, once incorporated by Conitec, these technologies should be available to all patients cared for by SUS (4).

However, Patient Advocacy Organizations frequently support patients who face barriers in accessing approved treatments. To strengthen advocacy efforts and generate evidence regarding the real-world availability of incorporated treatments, a cancer advocacy group in Brazil conducted a study to assess the accessibility of breast cancer medications incorporated by Conitec.

Methodology

The study focused on all medications incorporated by Conitec for breast cancer until September 2023, namely: trastuzumab and pertuzumab for HER-2 positive metastatic breast cancer (incorporated in 2018) (5), and abemaciclib, palbociclib, and ribociclib succinate for advanced or metastatic HR+ and HER2+ breast cancer (incorporated in 2021) (6).

To investigate the availability of these treatments, the Brazilian Freedom of Information Law (7) was used, which allows citizens to request data from public institutions. Between September 2023 and January 2024, requests were made to 268 accredited public cancer centers, asking for their treatment protocols for five types of cancer (breast, prostate, colorectal, lung, and melanoma). This analysis focuses exclusively on breast cancer responses.

Figure 1: Freedom of Information Law requests and responses



Results

A total of 42 oncology centers submitted their breast cancer treatment protocols specifying the medications available. Each protocol was analyzed to determine the inclusion of the most recently incorporated Conitec-approved treatments.

Of the protocols received, 42 (100%) listed trastuzumab; and 40 (95.2%) listed pertuzumab; but only 2 (4.8%) listed abemaciclib, palbociclib, and ribociclib succinate.

The stark difference in incorporated drug availability highlights a persistent gap between policy decisions and real-world patient access.

Table 1: Drug availability according to protocols received.

Incorporated drug	Inclusion in protocol (n)	Inclusion in protocol (%)	Purchasing strategy
Trastuzumab	42	100%	Centralized purchasing
Pertuzumab	40	95.2%	Centralized purchasing
Abemaciclib	2	4.8%	Decentralized
Palbociclib	2	4.8%	Decentralized
Ribociclib	2	4.8%	Decentralized

Discussions

The differences in availability of incorporated medications in public hospitals raise an important question: what explains the widespread adoption of trastuzumab (100%) and pertuzumab (95%) compared to the limited inclusion of abemaciclib, palbociclib, and ribociclib (4.8%)?

A possible determining factor was the existence of a specific purchase strategy for trastuzumab and pertuzumab. Both drugs are financed by the Ministry of Health, who acquires it through centralized purchasing. The drugs are then distributed locally to hospitals.

In contrast, abemaciclib, palbociclib, and ribociclib were incorporated without a defined financing or procurement mechanism, leaving each hospital responsible for its own purchasing decisions. Given the high cost of these drugs and the limited budgets of many public hospitals, the lack of financial support may have rendered their acquisition unfeasible.

Moreover, it is important to note that the inclusion of a medication in a hospital's protocol does not necessarily guarantee its consistent availability or use, as factors such as stock shortages, procurement delays, or implementation barriers may still restrict real patient access.

Conclusions

This study highlights significant disparities in the availability of breast cancer treatments within Brazil's public healthcare system. Despite their official incorporation, access to these medications remains inconsistent across hospitals.
The higher presence of pertuzumab and trastuzumab in the protocols may indicate that the incorporation followed by a defined purchasing strategy, in this case centralized purchasing strategy, ensures broader dissemination of Ministry of Health decisions across hospital protocols.
These findings emphasize the urgent need to strengthen mechanisms that translate incorporation decisions into real-world patient access. Improved monitoring, financing, and enforcement strategies are essential to bridge the gap between policy design and the reality of cancer care in Brazil.

Contact

Luciana Holtz
Instituto Oncoguia
Email: advocacy@oncoguia.org.br
Website: oncoguia.org.br
Phone: + 55 11 98790-0241

References

1- Bray F, Laversanne M, Sung H, Ferlay J, Siegel RL, Soerjomataram I, Jemal A. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2024. May-Jun;74(3):229-263. doi: 10.3322/caac.21834. Epub 2024 Apr 4. PMID: 38572751. [Access: 07 Aug 2024].
2- Instituto Nacional de Câncer (INCA). Estimativa 2023: incidência de câncer no Brasil/Instituto Nacional de Câncer.
3 - Campo GWS. Future prospects for the SUS. Ciência & Saúde Coletiva. 2018; 23(6): 1707-14
4 - Brasil. Lei nº 12.401, de 28 de abril de 2011. Altera a Lei nº 8.080, de 19 de setembro de 1990, para dispor sobre a assistência terapêutica e a incorporação de tecnologia em saúde no âmbito do Sistema Único de Saúde - SUS. Diário Oficial da União 2011; 29 abr.
5- Brasil. Ministério da Saúde. Portaria nº 19, de 16 de julho de 2018. Aprova a Política Nacional de Atenção Oncológica. Brasília: Ministério da Saúde, 2018. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/sas/2018/poc0019_16_07_2018.html. Acesso em: 4 jul. 2025
6- Brasil. Ministério da Saúde. Portaria SCTIE/MS nº 73, de 6 de dezembro de 2021. Estabelece as diretrizes para a incorporação de tecnologias no Sistema Único de Saúde. Diário Oficial da União, Brasília, 6 dez. 2021. Disponível em: https://www.in.gov.br/web/dou/-/portaria-sctie/ms-n-73-de-6-de-dezembro-de-2021-365077519. Acesso em: 4 jul. 2025.

This presentation is the intellectual property of the author/presenter. Contact them at advocacy@oncoguia.org.br for permission to reprint and/or distribute.

© Poster Template by Genigraphics® 1.800.790.4001 www.genigraphics.com