



Breast Cancer Prevention and Early Detection in São Vicente

*Project Financed by Hologic, Inc.
January - July 2026*



PROJECT OVERVIEW



Financed by:

HOLOGIC[®]

local coordination:



VOLUNTURISMO
SÃO VICENTE

collaboration:



Project Objectives:

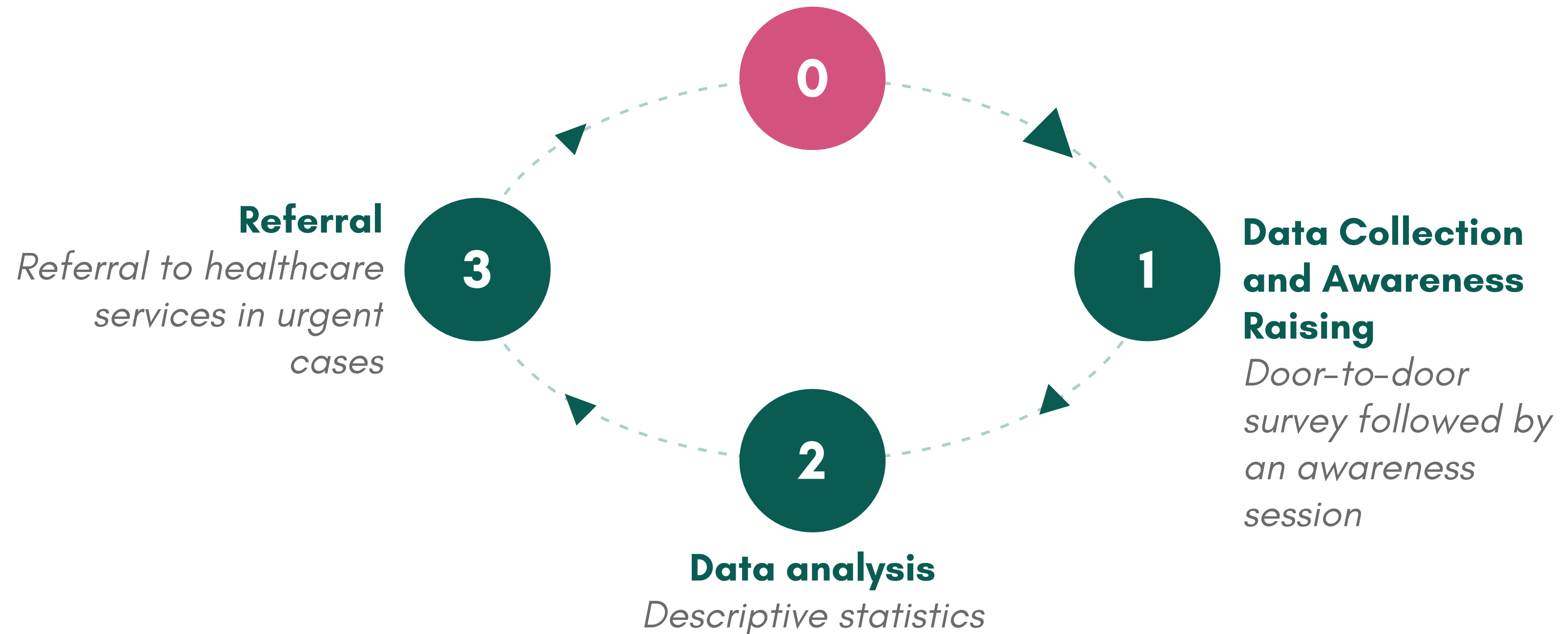
- **Raise awareness** on early detection of breast cancer across the most vulnerable communities of São Vicente.
- **Map knowledge, prevention practices, and access** to gynecological healthcare services in São Vicente.



Operational Model:

Target Audience Identification

Cadastro Social Único – National Social Registry Program

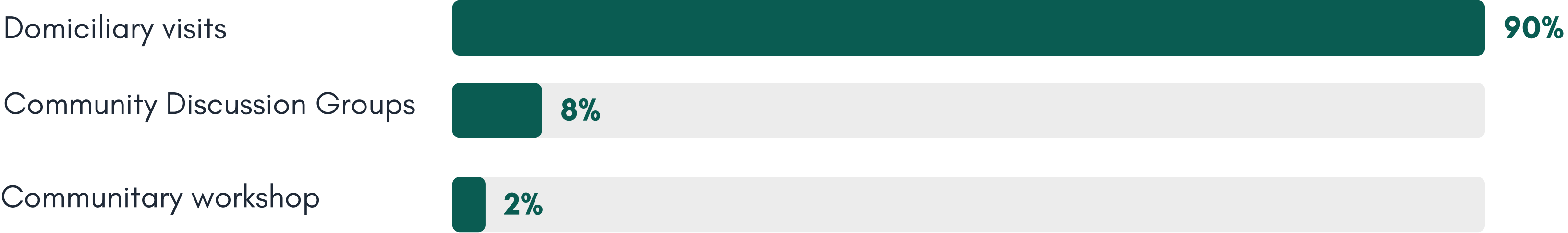


Results at a Glance

Who we surveyed and how was data collected



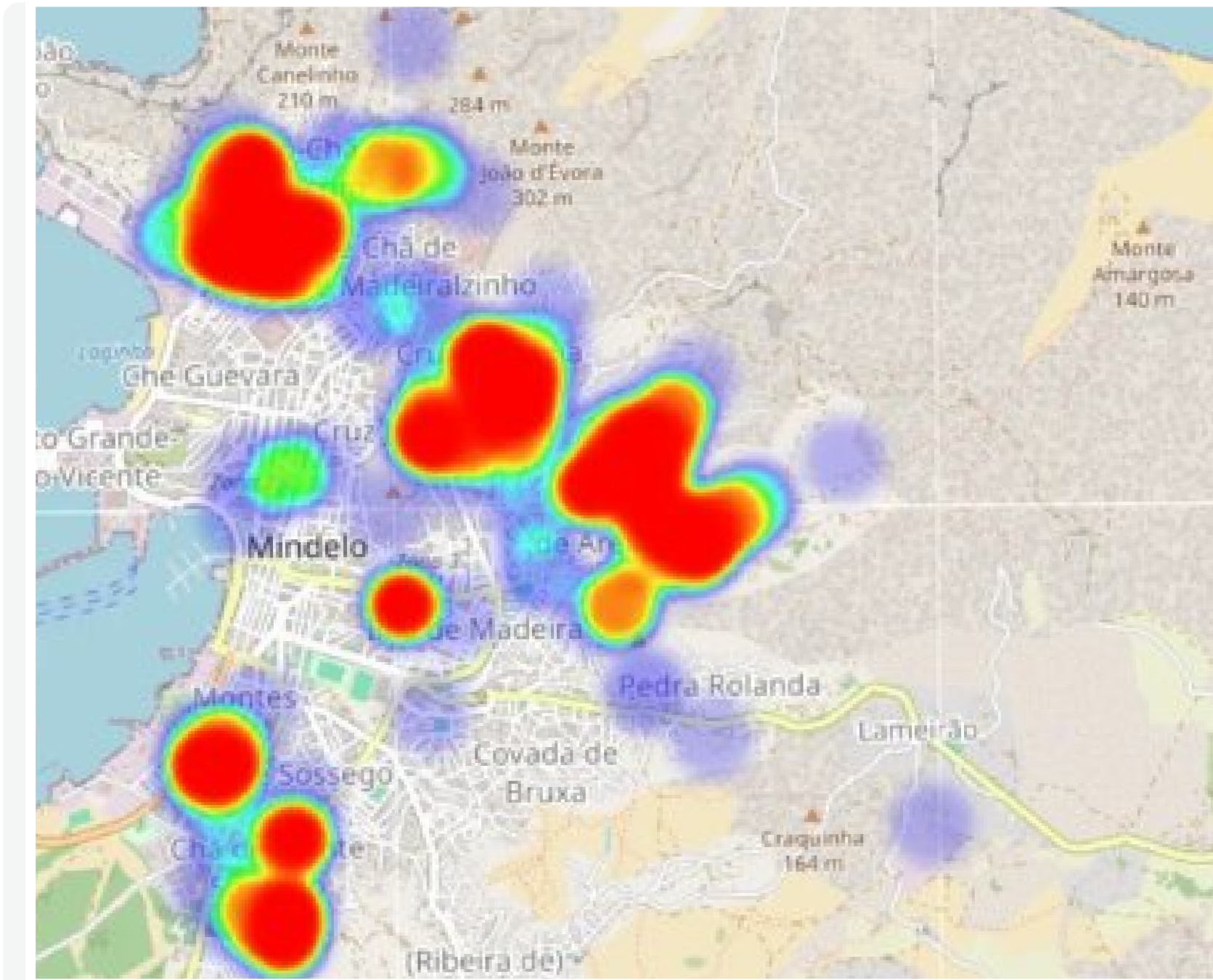
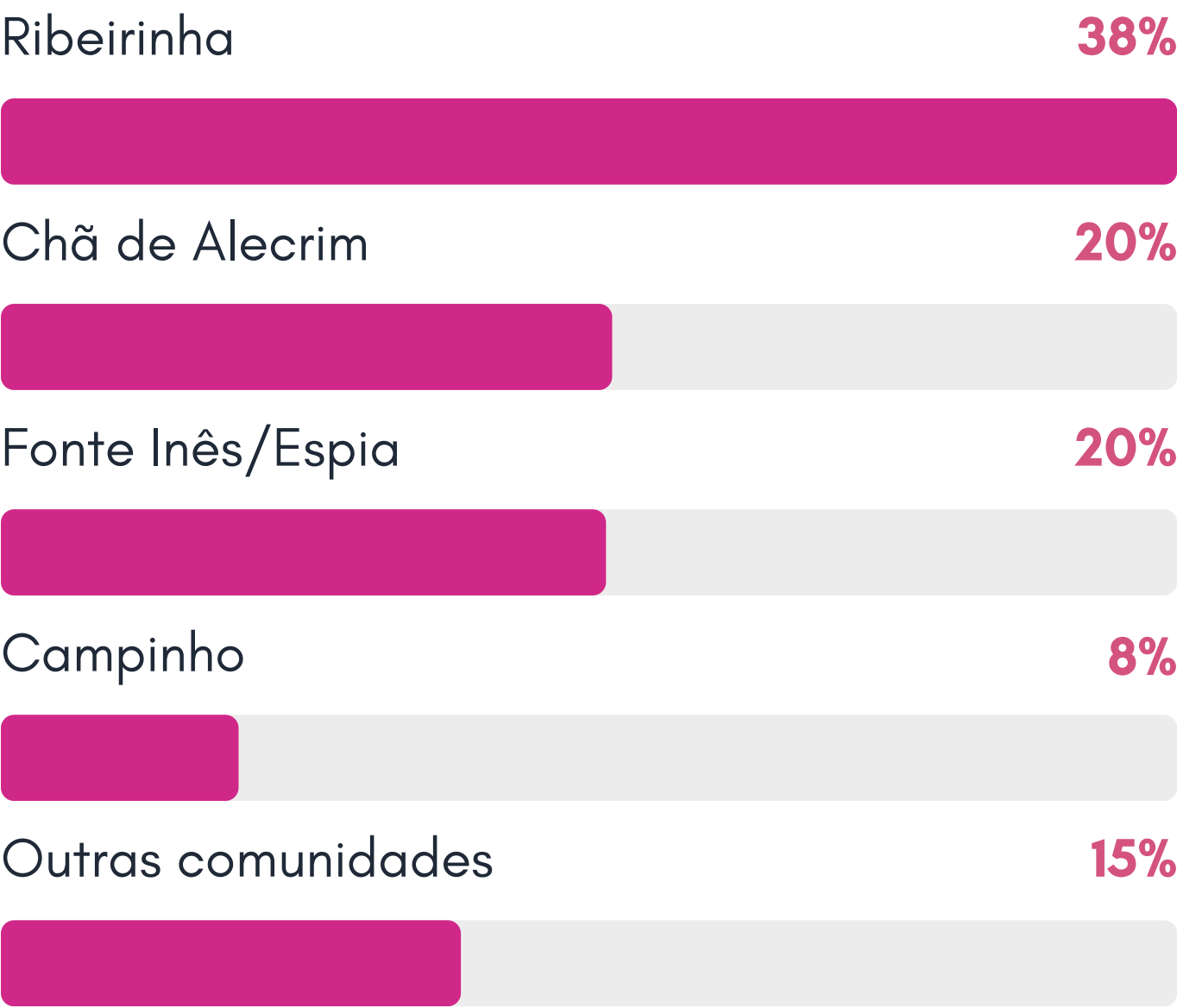
DATA COLLECTION METHODOLOGY



Where We Conducted the Surveys

Distribution of survey respondents by community · São Vicente

COMMUNITIES



Heat map — the warmer the area, the higher the concentration of female respondents

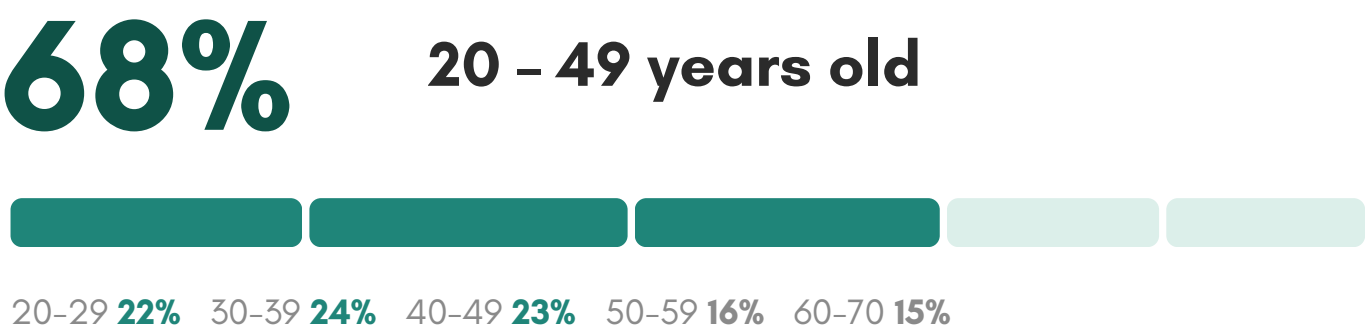


PRELIMINARY RESULTS

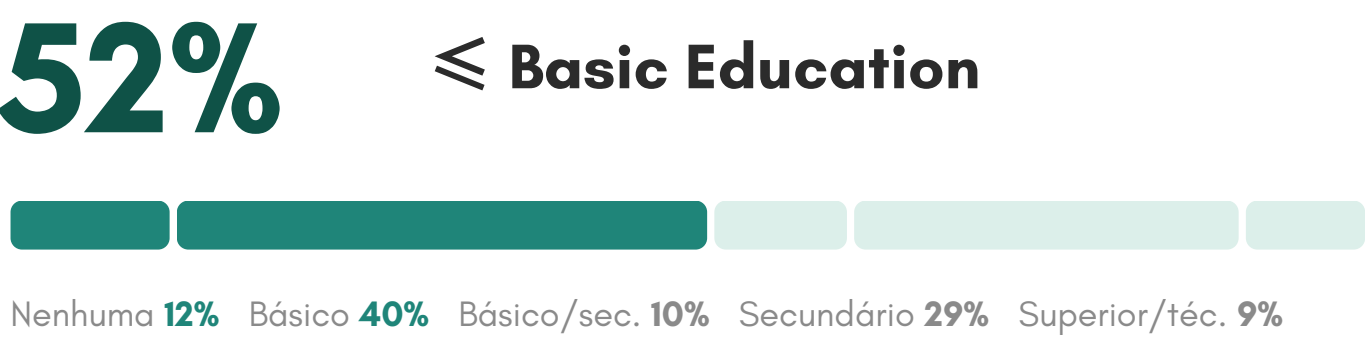


SOCIODEMOGRAPHICS

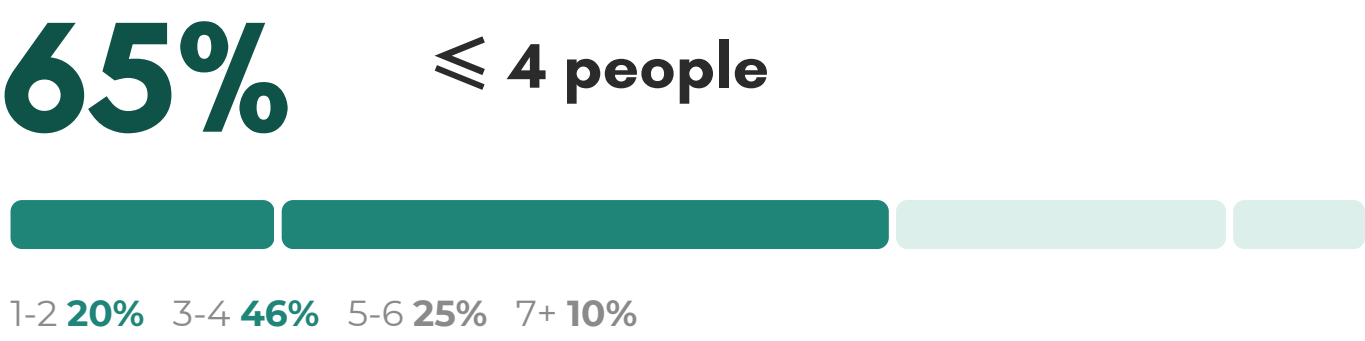
AGE GROUP



EDUCATION LEVEL

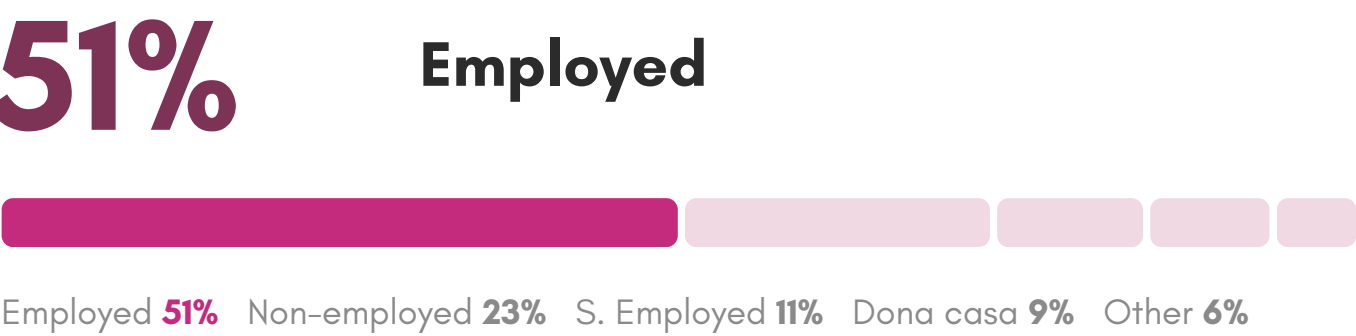


HOUSEHOLD SIZE

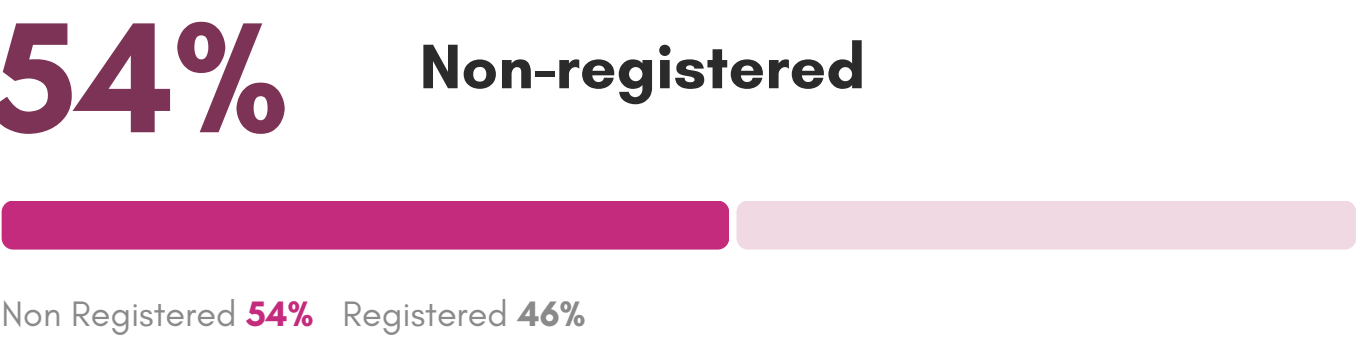


SOCIOECONOMICS

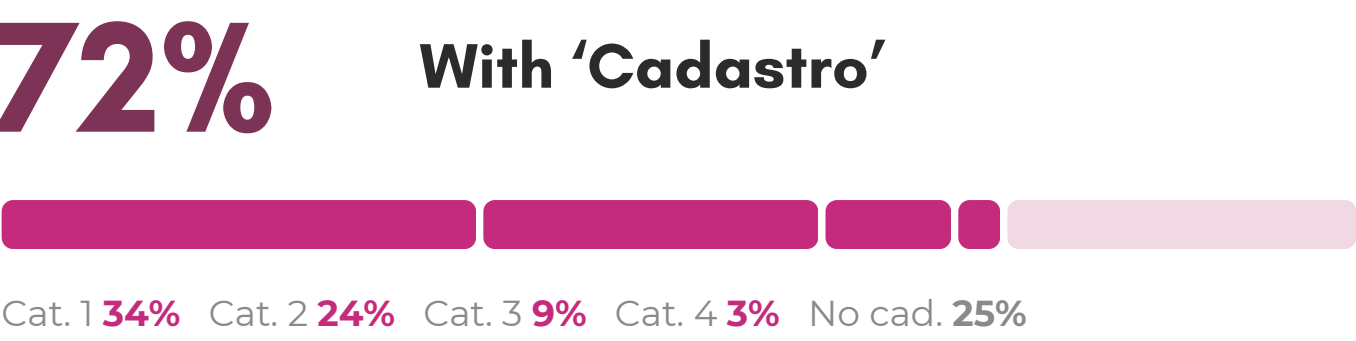
EMPLOYMENT STATUS



INPS (Social security insurance)



CADASTRO SOCIAL



**Did you
already
hear about
Breast
Cancer?**

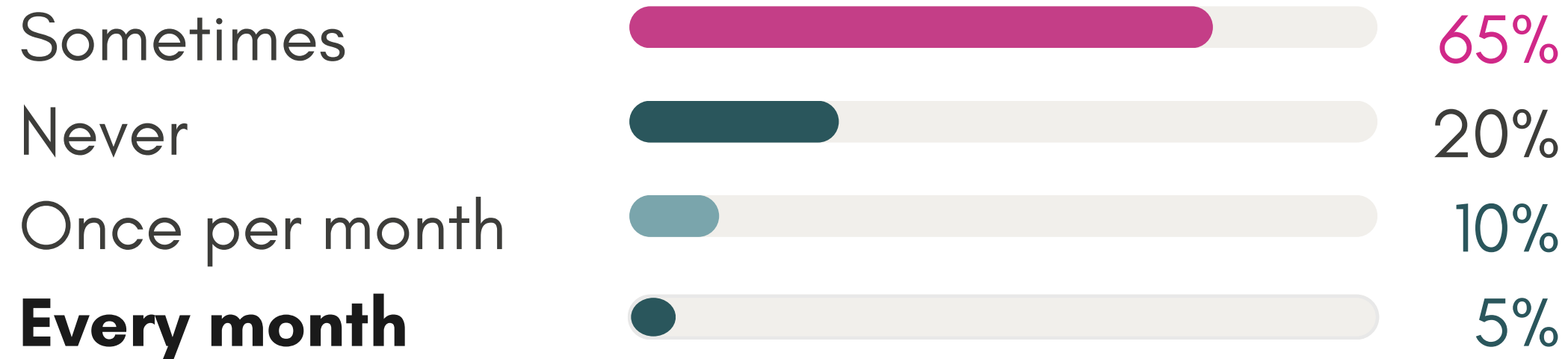


Breast cancer awareness and breast self-examination are *widely recognised...*



...but breast self-examination **is not performed**
at the recommended frequency...

BREAST SELF-EXAMINATION FREQUENCY · among those who are aware of it

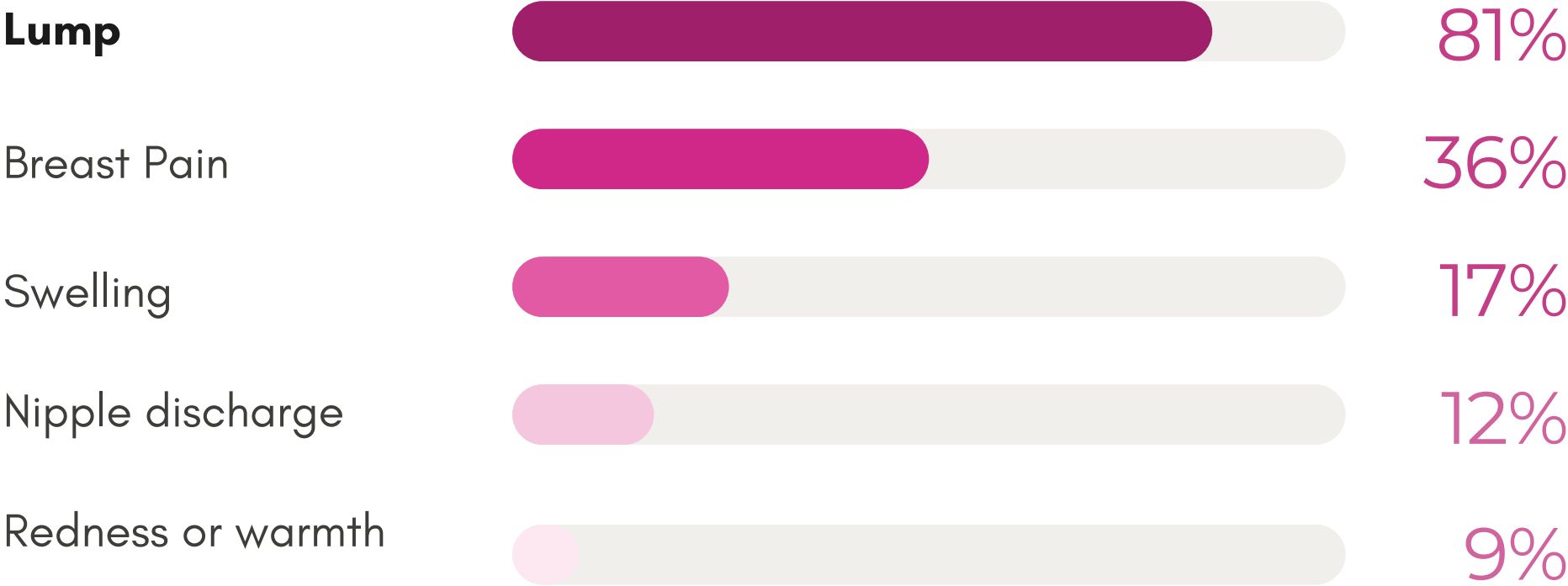


Only 5% of women perform breast self-examinations at the recommended frequency.



...and many breast cancer symptoms **are not recognized.**

RECOGNIZED SYMPTHOMS · % of women who can identify at least one symptom (multiple responses)



Signs such as skin changes, nipple discharge, or swelling are recognized by fewer than 1 in 6 women.





**Have you ever had a
mammogram?**

**What about a
Pap smear?**



More than half of eligible women are not up to date on any of their screenings...

PAP SMEAR

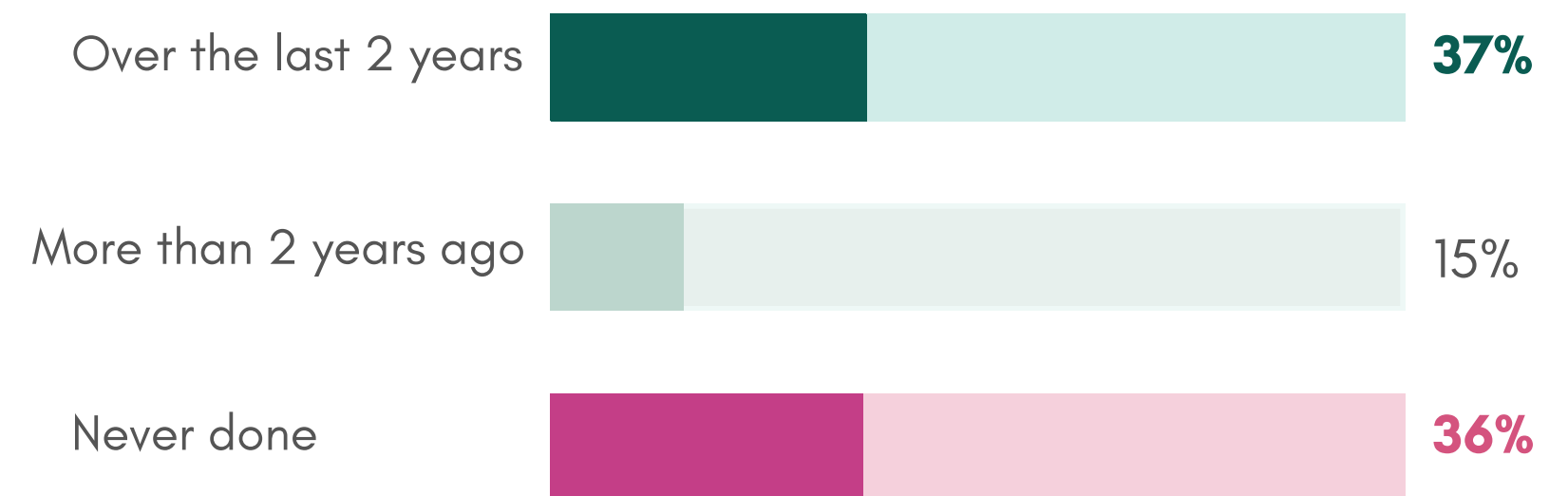
women $\geq$ 25 years



✓ Pap smear screening campaigns have already been carried out

MAMMOGRAPHY

women $\geq$ 40 years



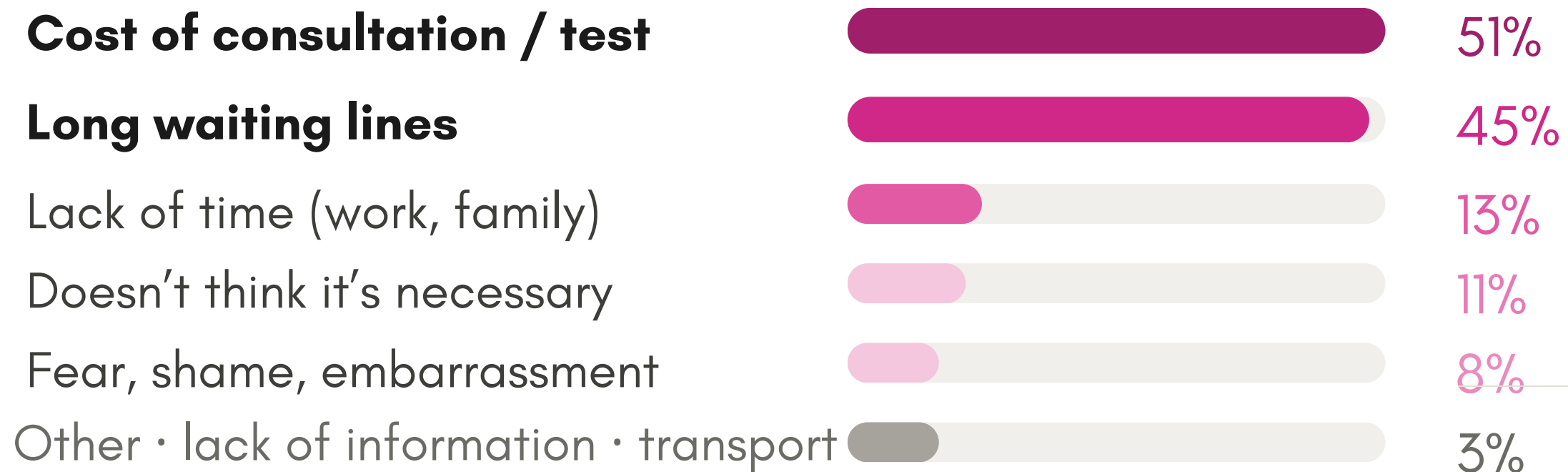
✗ No screening programme

Percentages calculated over the total number of eligible women for each test • "Don't know" and "Prefer not to answer" responses excluded (~13% for each test)



...and cost and long waiting times stand out as the main barriers.

Barriers to healthcare access (multiple choice)

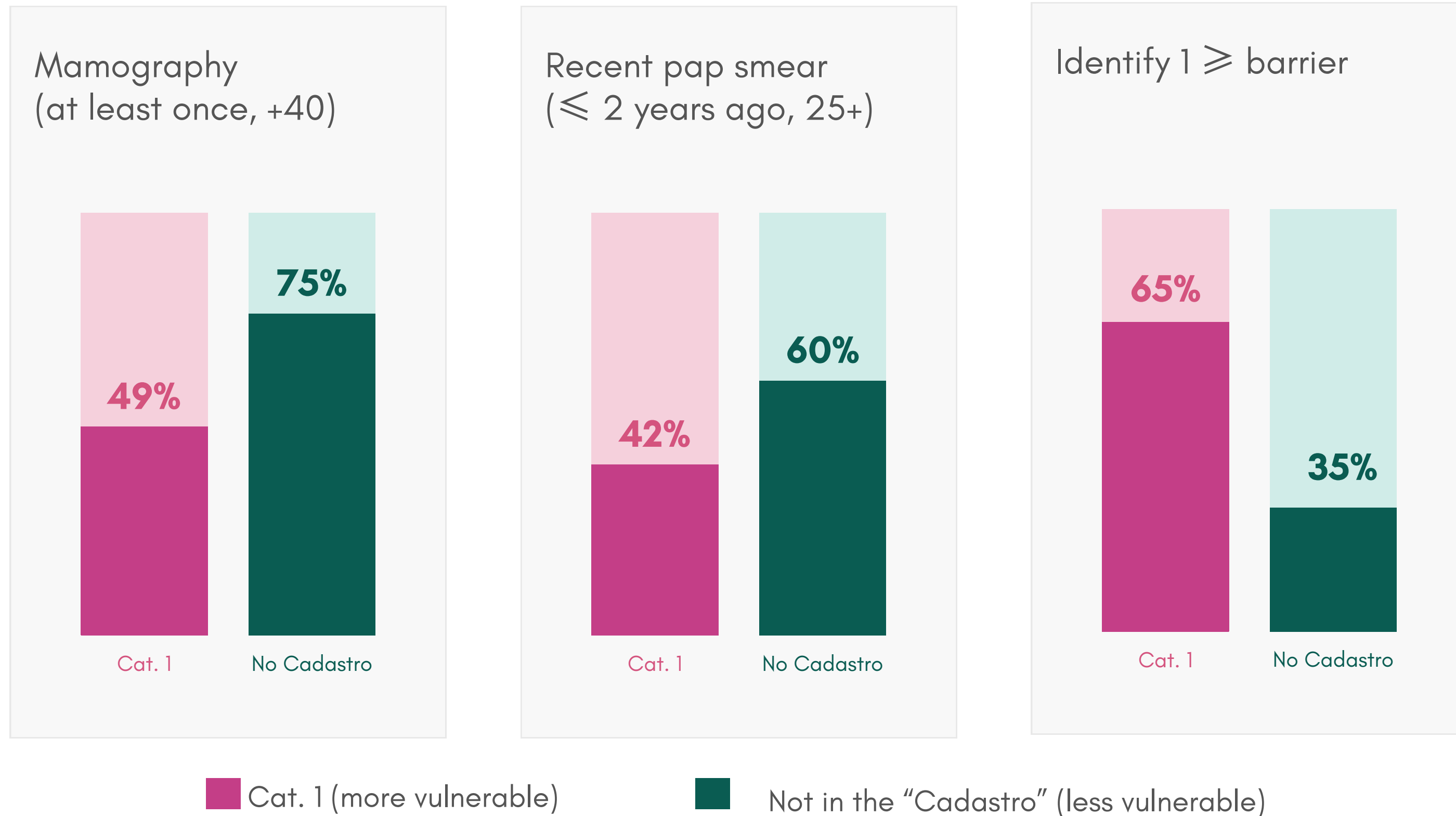


71%

Cost + Long waiting
lines explain
7 out of 10 reported
barriers



Category 1 of Cadastro Social is, consistently, *the most vulnerable*..



Other results

Health Literacy

Education level is the strongest predictor across all dimensions—knowledge, practice, and access to care.

Comfort Discussing Health

The second most significant cross-cutting predictor: normalizing conversations about health is just as important as providing information.



Main conclusions

01 Knowledge does not translate into action.

02 Limited access to preventive screening services.

03 Cost and waiting times are the main barriers to access.

04 Socioeconomic vulnerability further limits access to healthcare.



Acknowledgements

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APPENDIX



APPENDIX · METHODOLOGICAL NOTE

01Instrument <i>KoBoToolbox</i>	02Data Collection <i>Survey → Awareness Session</i>	03Field Team <i>Data collection team (Nurses)</i>	04Data Analysis <i>Descriptive Statistics</i>
● Structured digital questionnaire ● 83 variables covering: ● Sociodemographic profile ● Breast cancer awareness ● Breast self-examination ● Gynecological healthcare ● Screening ● Barriers to access ● Informed consent obtained before each interview ● Data exported to Excel for analysis	● Deliberate sequence: survey first, awareness session afterwards, to avoid influencing responses ● Three data collection methods: ● Home visits (n = 926) ● Community discussion groups (n = 80) ● Community workshop (n = 24) ● January-May 2026 · 10+ communities in São Vicente	● Six nurses trained as enumerators ● Catiane, Jennifer Gonçalves, Jocilene Lima, Maiara Roque, Viviane, Andrea Bettencourt ● Prior training on interview protocols and data collection using KoBoToolbox ● Supervision and quality control throughout data collection	● Data cleaning: removal of test entries and confirmed duplicates · final sample size = 1,030 ● Descriptive analysis: frequency distributions generated for all variables

