



Dia Nacional de Conscientização do Câncer Hereditário

Ana Carolina Leite Gifoni, MD, PhD
Oncologista Clínica e Oncogeneticista

Dezembro 2025



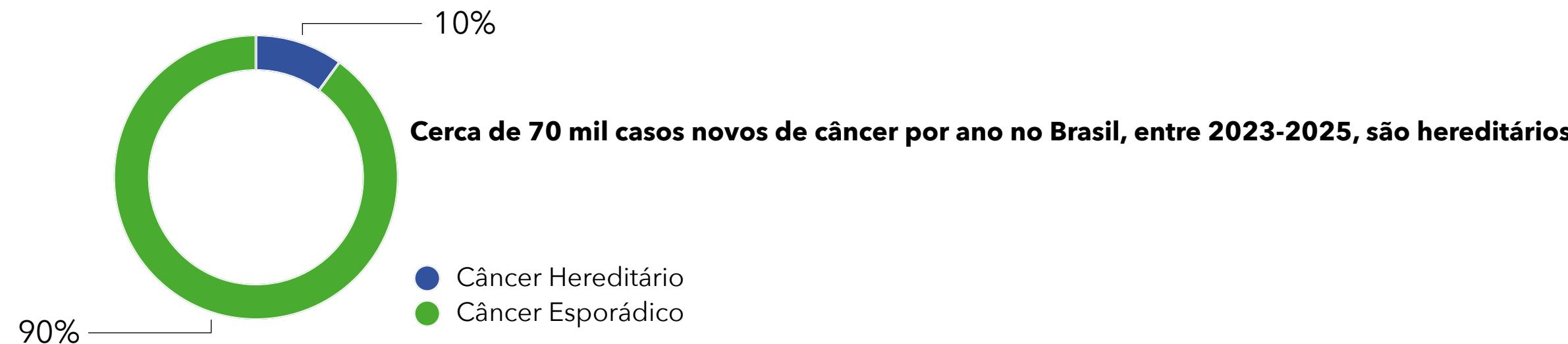
REBRACH

Rede Brasileira de
Câncer Hereditário

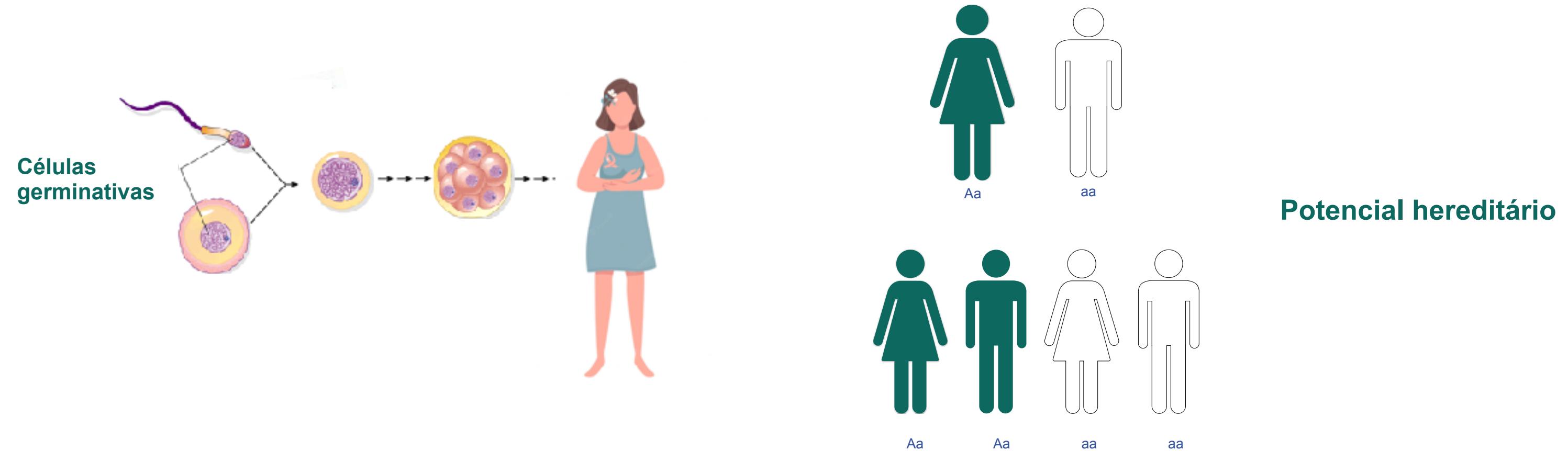
Estimativa de Casos de Câncer Hereditário no Brasil

Estimativas para o ano de 2023

gov.br Ministério da Saúde	Mama Feminina	Próstata	Colon e Reto	Traquéia, Brônquio e Pulmão	Estômago	Colo do Útero	Todas as neoplasias, exceto pele não melanoma	Todas as neoplasias malignas
Brasil	73.610	71.730	45.630	32.560	21.480	17.010	483.590	704.080



O que é Câncer Hereditário?



- Alterações genéticas herdadas que aumentam o risco de desenvolver câncer
- Apresentação em idade precoce, risco aumentado de um grupo de tumores malignos
- Múltiplos casos na família, indivíduos com múltiplos tumores
- Detectáveis em qualquer célula do corpo: Testes germinativos

Síndromes de Predisposição Hereditária a Câncer

1950s

2010s

Observação médica:

Apresentação diferenciada de câncer em algumas famílias

Evolução da genética:

Conhecimento de genes, mutações, associações entre genótipo e fenótipo

Evolução da tecnologia:

Capacidade de confirmar hipóteses clínicas com o diagnóstico molecular

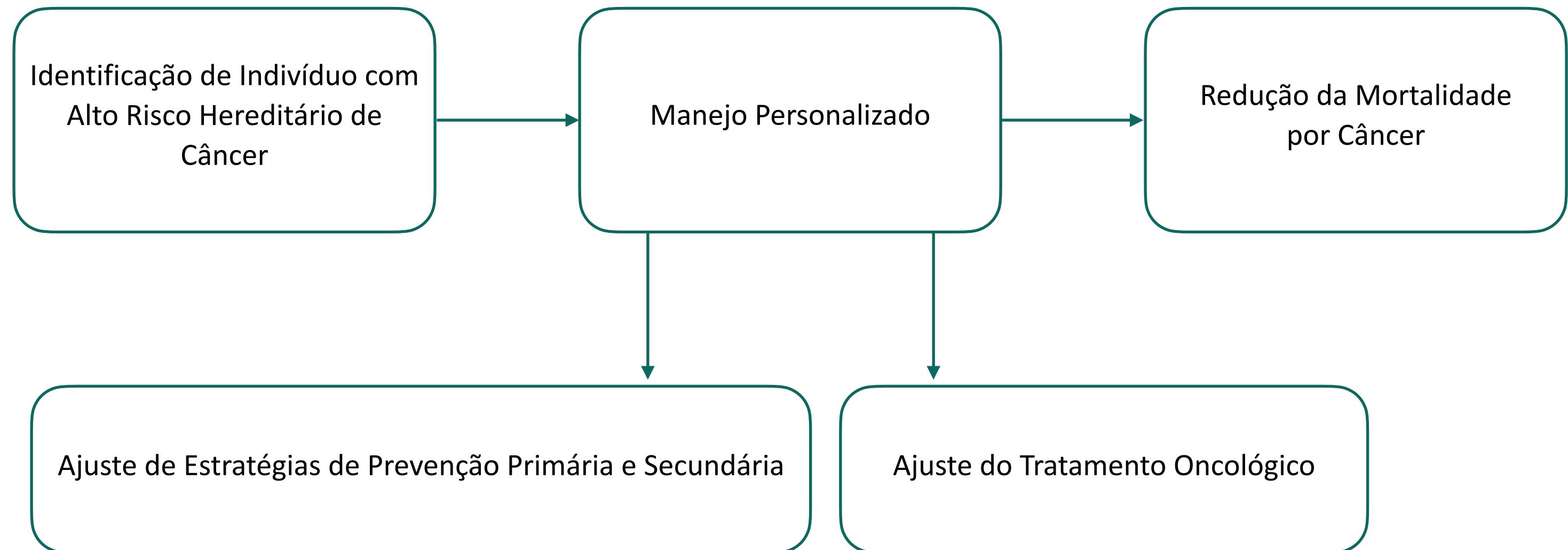
Evolução da Oncogenética:

Utilidade clínica do diagnóstico de predisposição ao câncer

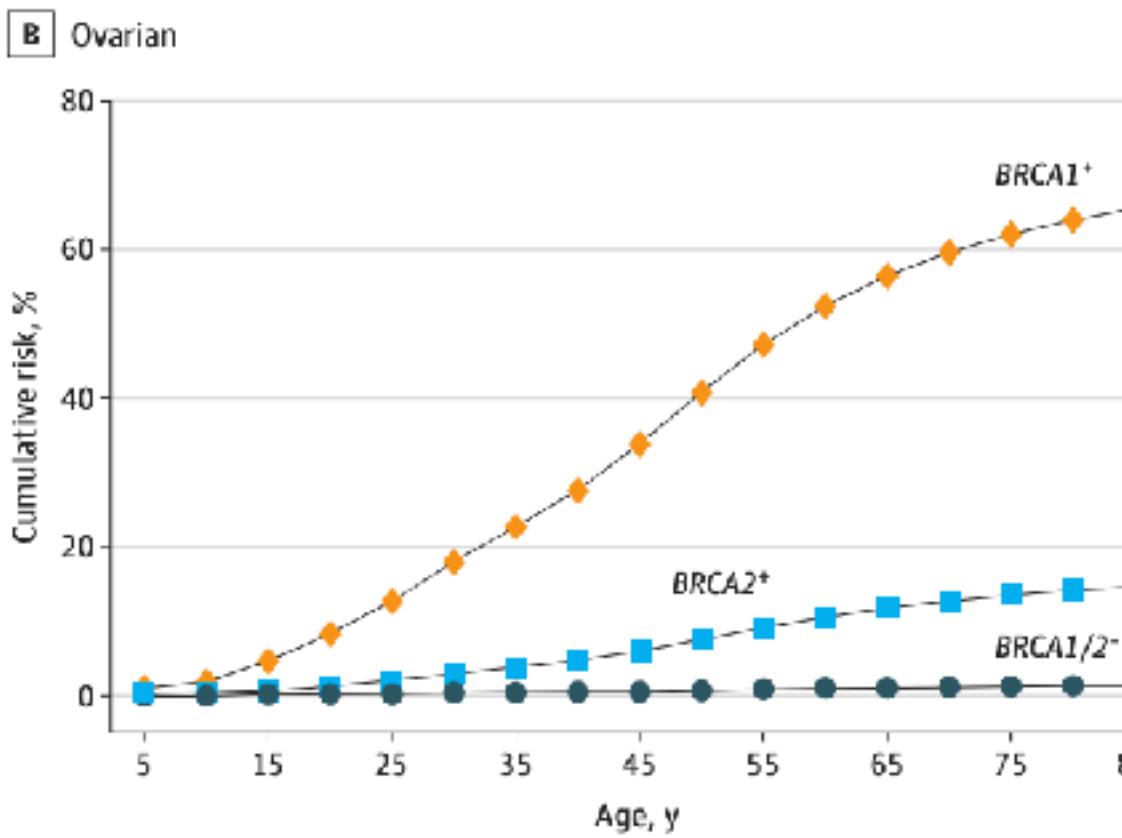
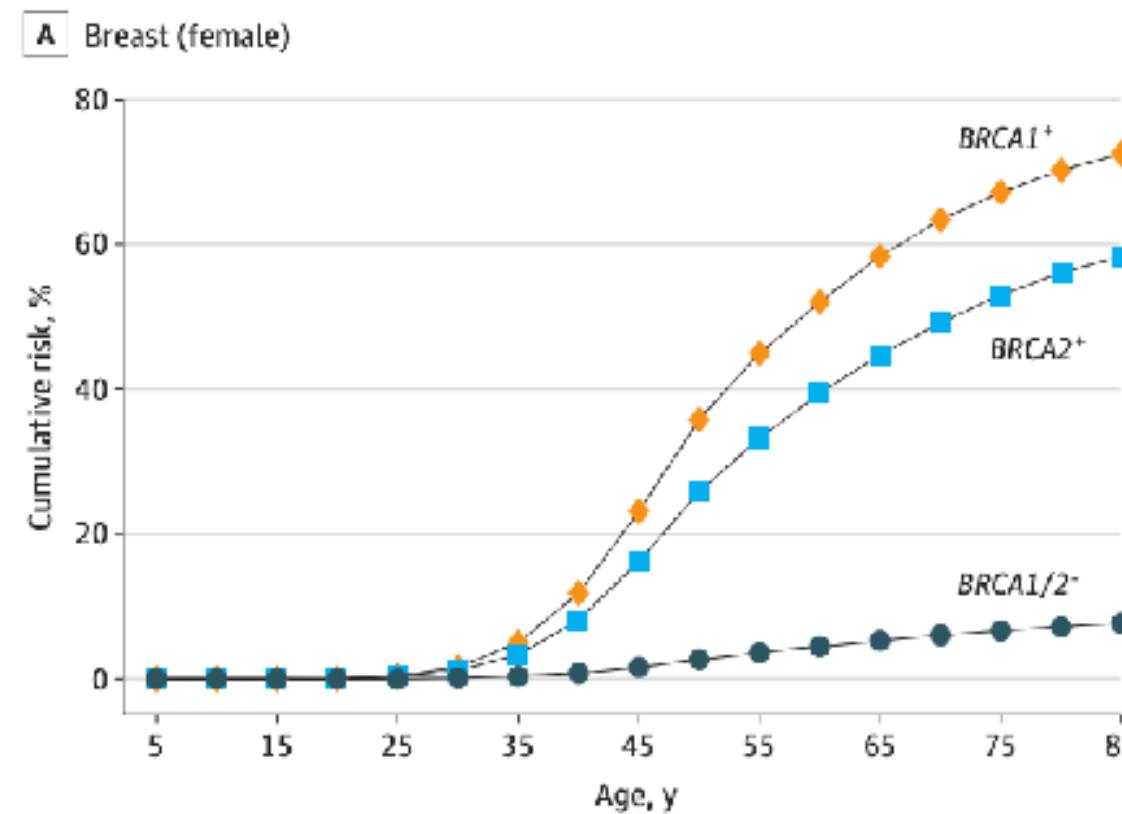


REBRACH
Rede Brasileira de
Câncer Hereditário

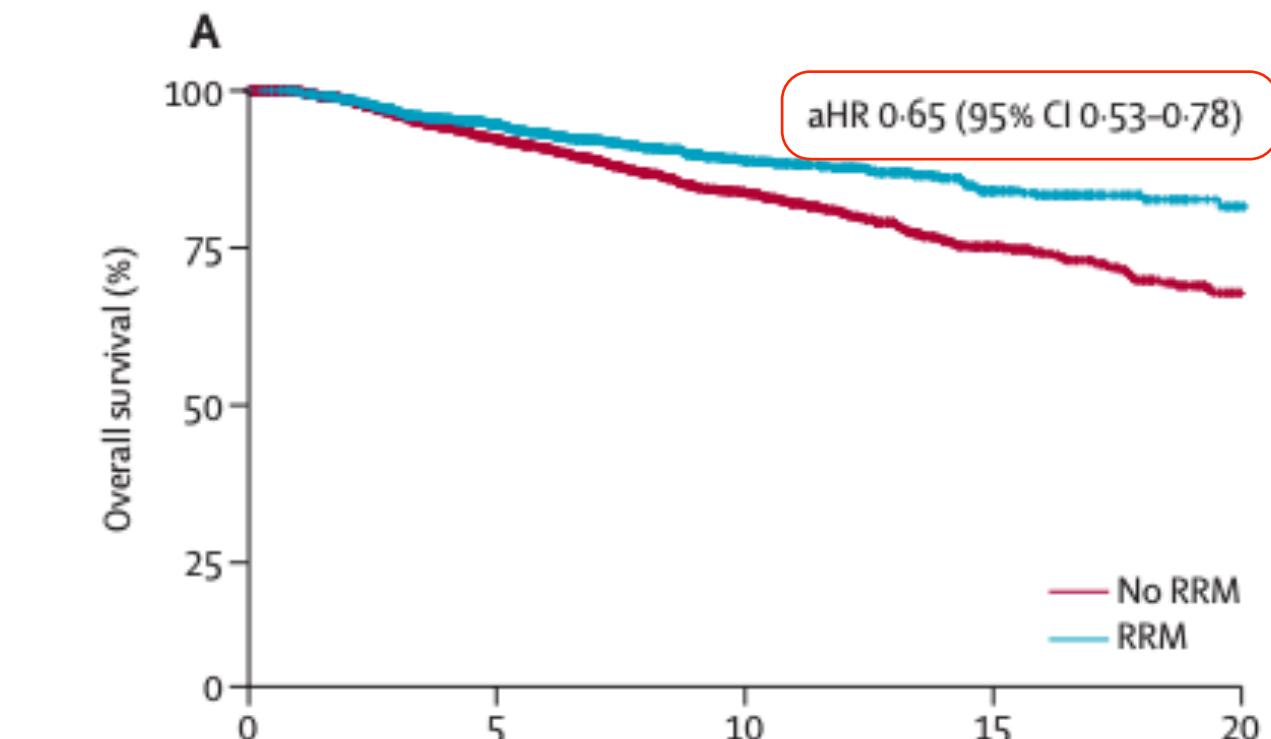
Qual a Importância de Identificar a Predisposição Hereditária a Câncer?



O Exemplo dos genes *BRCA1/2*: Prevenção Primária



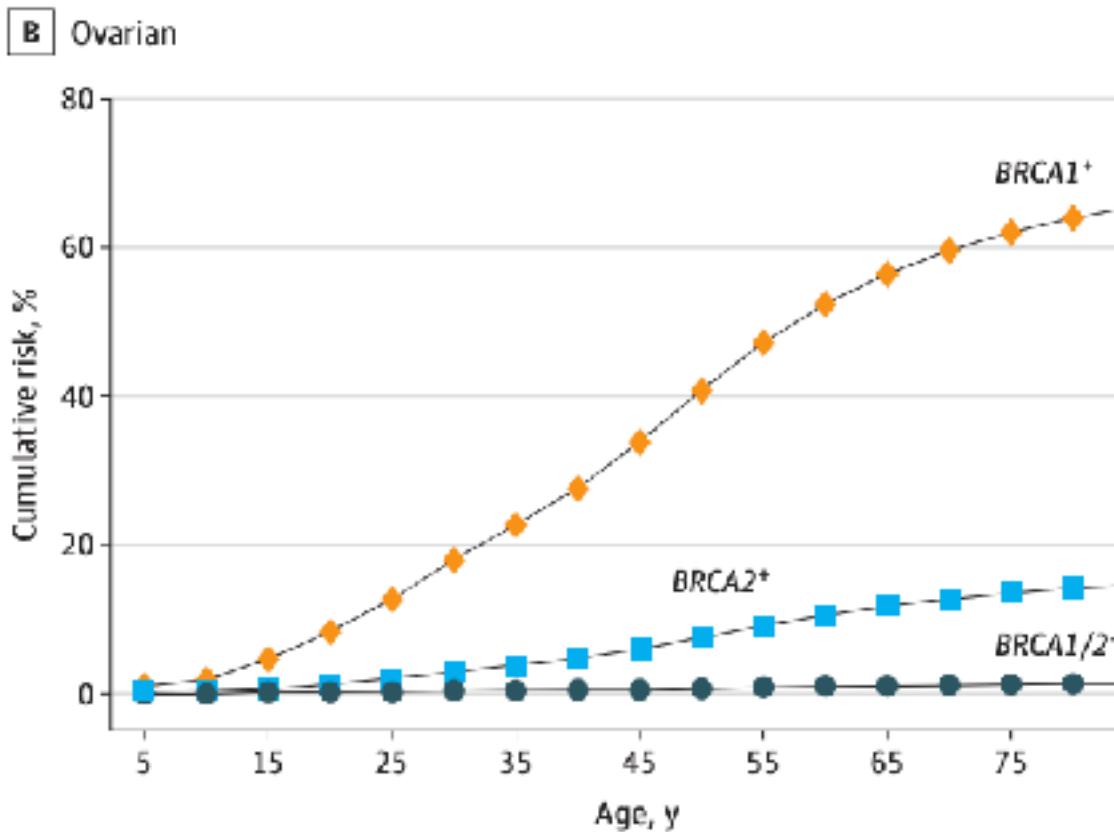
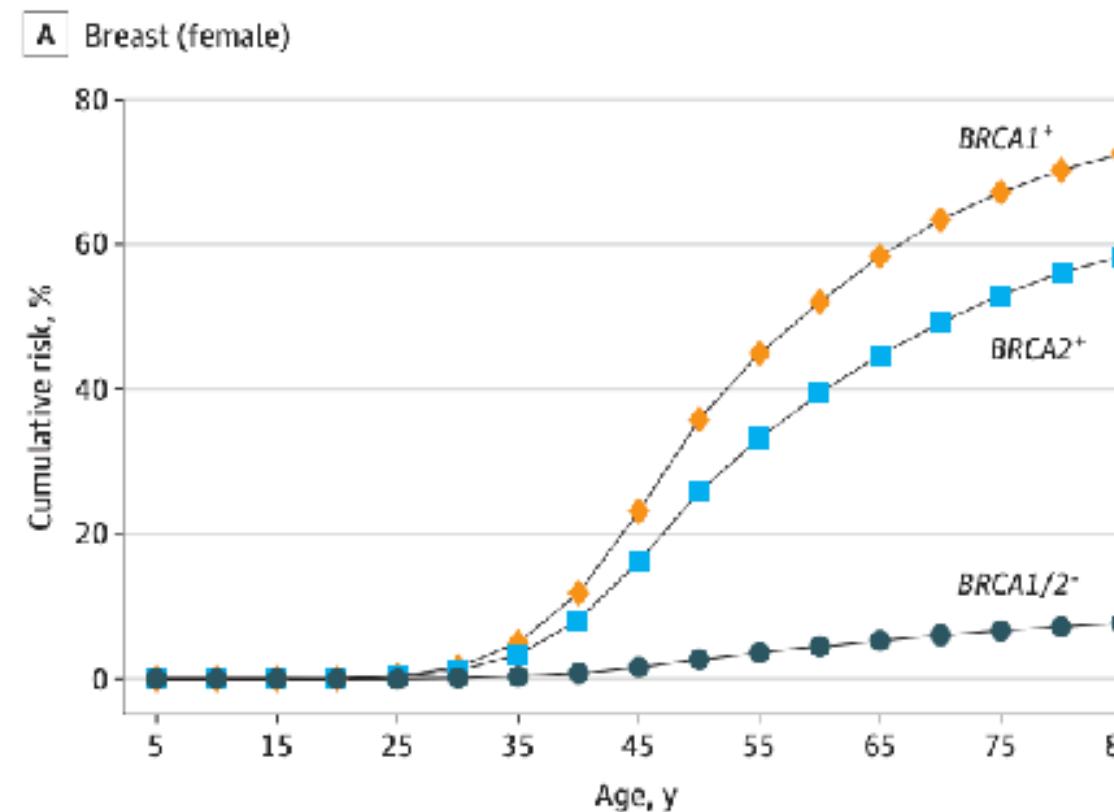
A adenomastectomia redutora de risco reduz em 35% a mortalidade nesta população.



Number at risk (number of events)	
No RRM	5188 (0)
RRM	102 (0)



O Exemplo dos genes *BRCA1/2*: Prevenção Primária



A salpingo-ooftorectomia redutora de risco reduz em 64% a mortalidade nesta população.

JAMA Oncology | Original Investigation

Bilateral Oophorectomy and All-Cause Mortality in Women With *BRCA1* and *BRCA2* Sequence Variations

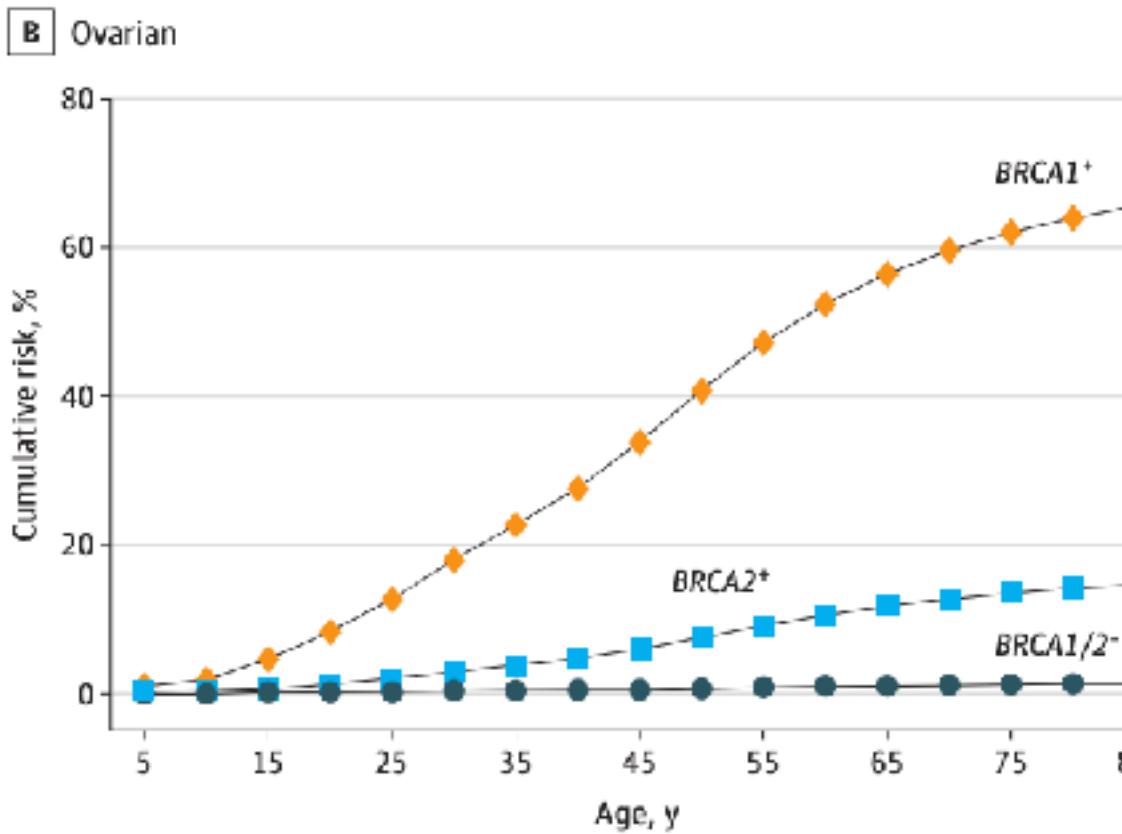
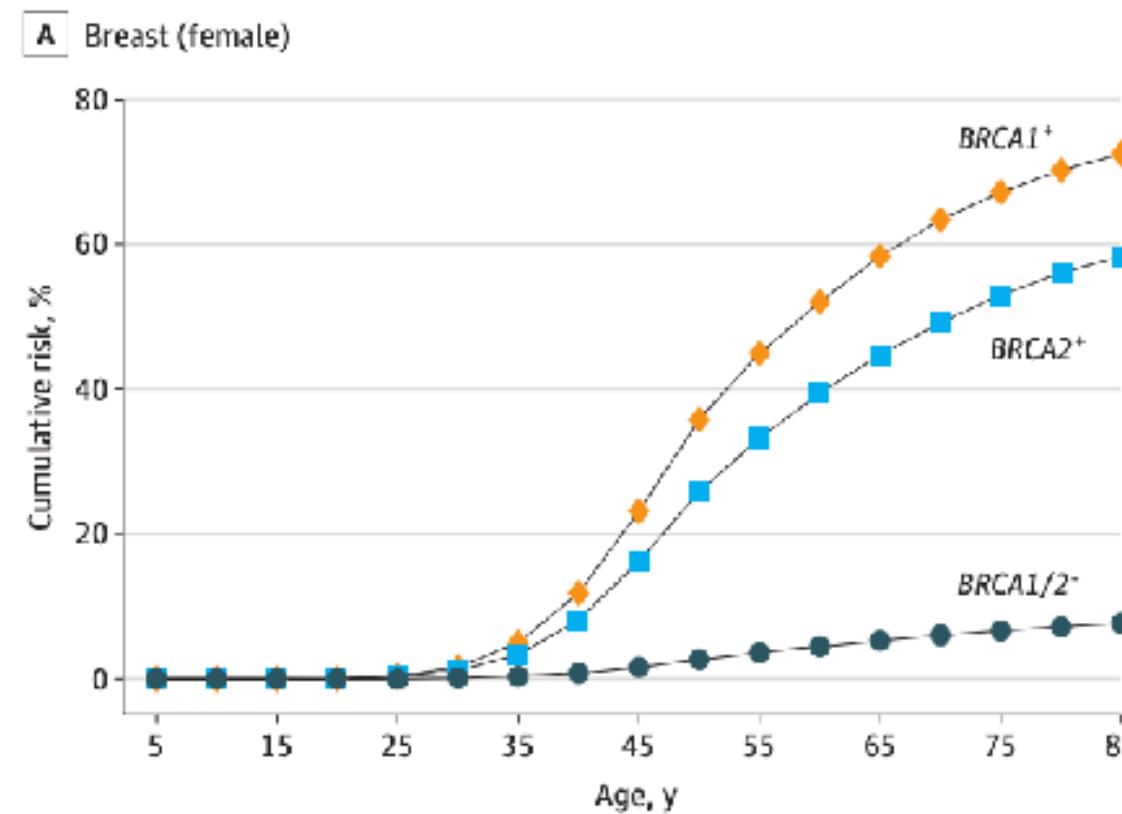
Table 4. Hazard Ratios (HRs) for Oophorectomy and All-Cause Mortality, by Timing of Oophorectomy and Age at Oophorectomy and by *BRCA* Sequence Variation

Variable	Alive/dead, No.	Basic model, HR (95% CI) ^a	P value	Multivariate HR (95% CI) ^b	P value
Women with <i>BRCA1</i> and <i>BRCA2</i> sequence variations					
Oophorectomy					
No	1284/116	1 [Reference]	NA	1 [Reference]	NA
Yes	2820/112	0.32 (0.24-0.42)	<.001	0.36 (0.27-0.49)	<.001
Timing of oophorectomy					
Before baseline	808/43	0.38 (0.21-0.56)	<.001	0.47 (0.31-0.70)	<.001
Within 1 y of baseline	1089/38	0.27 (0.19-0.40)	<.001	0.31 (0.21-0.46)	<.001
>1 y After baseline	923/31	0.33 (0.22-0.49)	<.001	0.36 (0.24-0.54)	<.001
Age at oophorectomy, y					
<40	704/12	0.26 (0.14-0.47)	<.001	0.33 (0.18-0.62)	<.001
40-50	1405/58	0.36 (0.26-0.50)	<.001	0.42 (0.30-0.59)	<.001
>50	743/42	0.29 (0.19-0.43)	<.001	0.30 (0.20-0.45)	<.001



REBRACH
Rede Brasileira de
Câncer Hereditário

O Exemplo dos genes *BRCA1/2*: Prevenção Secundária



O rastreamento intensivo das mamas com RNM reduz em 77% a mortalidade nesta população.

JAMA Oncology | Original Investigation

MRI Surveillance and Breast Cancer Mortality in Women With *BRCA1* and *BRCA2* Sequence Variations

Table 2. Breast Cancer-Specific Mortality and All-Cause Mortality Stratified by Magnetic Resonance Imaging (MRI) Surveillance Status^a

Events	No./total No. of deaths (%)	HR (95% CI)	P value
All deaths			
<i>BRCA1</i> sequence variation			
Breast cancer death ^b			
No MRI surveillance	21/132 (2.9)	1 [Reference]	NA
MRI surveillance	14/1756 (0.8)	0.23 (0.11-0.48)	<.001
<i>BRCA2</i> sequence variation			
Breast cancer death			
No MRI surveillance	18/562 (3.2)	1 [Reference]	NA
MRI surveillance	12/1442 (0.8)	0.20 (0.10-0.43)	<.001
All-cause mortality			
Breast cancer death			
No MRI surveillance	3/170 (1.8)	1 [Reference]	NA
MRI surveillance	2/317 (0.6)	0.87 (0.10-17.25)	.93
MRI surveillance	45/1756 (2.6)	0.42 (0.26-0.66)	.001

O Exemplo dos genes *BRCA1/2*: Tratamento Oncológico





The New York Times

My Medical Choice

By Angelina Jolie

LOS ANGELES

MY MOTHER fought cancer for almost a decade and died at 59. She held out long enough to meet the first of her grandchildren and to hold them in her arms. But my other children will never have the chance to know her and experience how loving and gracious she was.

We often speak of "Mommy's mommy," and I find myself trying to explain the illness that took her away from us. They have asked if the same could happen to me. I have always told them not to worry, but the truth is I carry a "faulty" gene, BRCA1, which sharply increases my risk of developing breast cancer and ovarian cancer.

My doctors estimated that I had an 87 percent risk of breast cancer and a 50 percent risk of ovarian cancer, although the risk is different in the case of each disease.

Once I knew that this was my reality, I decided to be proactive and to minimize the risk as much I could. I made a decision to have a preventive double mastectomy. I started with the breasts, as my risk of breast cancer is higher than my risk of ovarian cancer, and the surgery is more complex.

On April 27, I finished the three months of medical procedures that the mastectomies involved. During that time I have been able to keep this private and to carry on with my work.

But I am writing about it now because I hope that other women can benefit from my experience. Cancer is still a word that strikes fear into people's hearts, producing a deep sense of powerlessness. But today it is possible to find out through a blood test whether you are highly susceptible to breast and ovarian cancer, and then take action.

My own process began on Feb. 2 with a procedure known as a "ipple delay," which rules out disease in the breast ducts behind the nipple and draws extra blood flow to the area. This causes some temporary swelling and bruising.

For any woman reading this, I hope it helps you to know you have options. I want to encourage every woman, especially if you have a family history of breast or ovarian cancer, to seek out the information and medical experts who can help you through this aspect of your life, and to make your own informed choices.

I acknowledge that there are many wonderful holistic doctors working on alternatives to surgery. My own regimen will be posted in due course on the Web site of the Pink Lotus Breast Center. I hope that this will be helpful to other women.

Breast cancer alone kills some 456,000 people each year, according to the World Health Organization, mainly in low- and middle-income countries. It has got to be a priority to ensure that more women can access gene testing and lifesaving preventive treatment, whatever their means and background, wherever they live. The cost of testing for BRCA1 and BRCA2, at more than \$3,000 in the United States, remains an obstacle for many women.

I choose not to keep my story private because there are many women who do not know that they might be living under the shadow of cancer. It is my hope that they will now be able to get the treatment



A família, Tarsila do Amaral, 1925



REBRACH
Rede Brasileira de
Câncer Hereditário

A Importância da Conscientização da Sociedade Civil



A Importância da Conscientização da Sociedade Civil

Problema relevante,
subdiagnosticado, com
intervenções concretas que
mudam desfechos.

Educação e Empoderamento:
conscientização muda
comportamento.

Fortalecimento de Políticas
Públicas para o Controle do
Câncer.

Datas simbólicas têm poder de articulação, mobilização social e política —
não são apenas “um dia de awareness”, mas um **instrumento de saúde pública**.

Dia Nacional de Conscientização do Câncer Hereditário





REBRACH

Rede Brasileira de
Câncer Hereditário

**Agradecemos esta oportunidade e nos colocamos à disposição para
colaborar ativamente e contribuir para o controle do câncer no Brasil.**

Faça parte da ReBraCH!



APONTE A CÂMERA DO
CELULAR E ACESSE:



www.rebrach.org.br



contato@rebrach.org.br



(85) 99789-0265



@rebrach.oficial