



EP17.21: Healthcare Inequities Shape Mediastinal Staging Pathways in NSCLC: A Comparative Analysis of Public and Private Systems in Brazil

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INTRODUCTION

Access to diagnostic technology may shape how patients with NSCLC are staged—and ultimately treated.

- Brazil's public and private systems differ in access to mediastinal staging modalities.
- We compared presentation, staging pathways and nodal upstaging across healthcare settings.

Does healthcare setting influence staging accuracy and clinical decision-making?

METHODS

DESIGN

Retrospective cohort of 579 patients with NSCLC treated at three public hospitals and one large private thoracic oncology center in São Paulo, Brazil, between 2000-2025.

COHORTS

PUBLIC
n = 176 | 30.4%

PRIVATE
n = 403 | 69.6%

VARIABLES

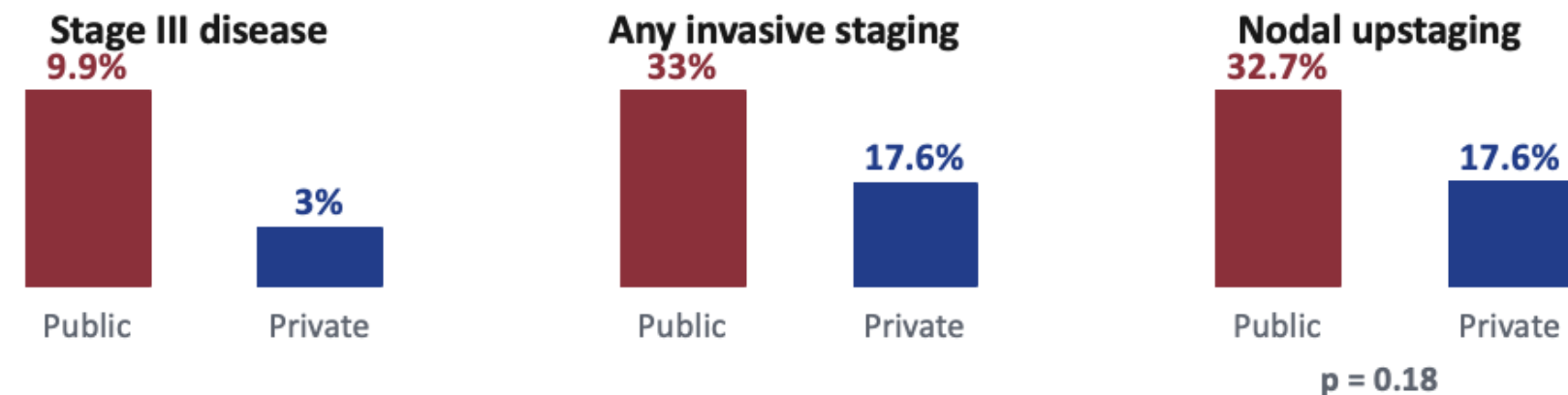
- Tumor size and clinical stage
- Use and type of invasive mediastinal staging
- Surgical management and nodal upstaging (pN > cN)

ANALYSIS

Nonparametric and categorical comparisons; Fisher's exact test for subgroup analyses. Two-sided p < 0.05 was considered statistically significant.

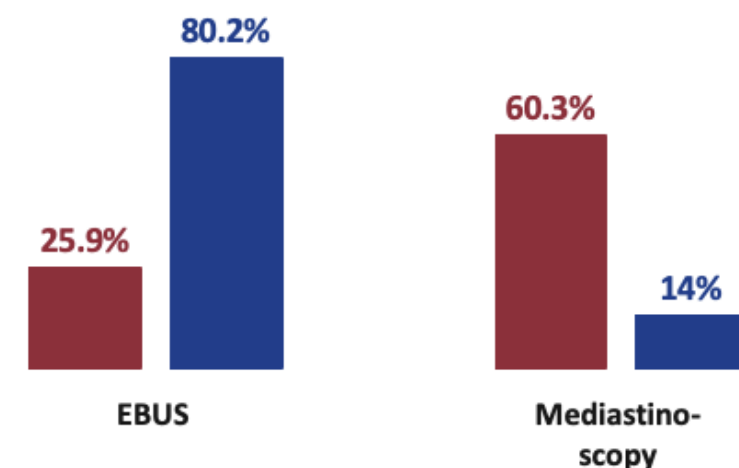
RESULTS

Public-sector patients presented with more advanced disease and followed a distinct invasive staging pathway.



STAGING MODALITY AMONG STAGED PATIENTS

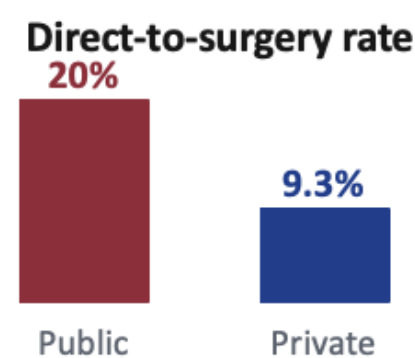
Distribution differed sharply by healthcare system



WHAT THE MODALITY SHIFT MEANS

Public care relied predominantly on mediastinoscopy, whereas private care relied predominantly on EBUS—evidence of unequal access to minimally invasive diagnostic infrastructure.

SURGERY WITHOUT PRIOR INVASIVE STAGING DESPITE TUMOR >3 CM



HIGHER-RISK PATHWAY

34 public-sector patients (20.0%) versus 35 private-sector patients (9.3%) underwent surgery without prior invasive staging despite tumors >3 cm.

Healthcare setting shaped access to staging technology and the pathway to surgery.

DISCUSSION AND CONCLUSION

ACTIONABLE TAKEAWAY

Inequity was not simply “less staging” in the public system. It was a different pathway, with greater reliance on surgery-based staging and more high-risk patients proceeding directly to resection.

INTERPRETATION

- Public-sector patients presented with more stage III disease.
- EBUS predominated privately; mediastinoscopy predominated publicly.
- Higher nodal upstaging in the public cohort was clinically relevant but not statistically significant.

Expand access to minimally invasive staging and standardize pathways across healthcare systems.

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ARTIFICIAL INTELLIGENCE (AI) USE DISCLOSURE

Generative AI (ChatGPT, OpenAI) was used to support language editing and poster organization. All content and scientific interpretations were reviewed and approved by the authors.

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