Brazil Clinical Research Landscape

2026 Edition

117 conditions · disease burden in Brazil's public health system and clinical trial activity. An open reference for sponsors, CROs, research sites, regulators and governments evaluating Brazil for clinical research.

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Published by TechTrials · ttrials.com

October 2026 · Open access

INTRODUCTION

Why this report

Brazil combines three things a clinical development programme needs: a very large and diverse population, a universal public health system that records every specialised visit, procedure, high-cost medicine and hospital admission in national databases, and — since 2024 — a modernised legal and regulatory framework for research with human participants [1, 2]. Yet sponsors deciding where to place a trial rarely see Brazilian patient numbers laid out disease by disease, side by side with the research already under way in the country.

117
conditions in 14 therapeutic areas

2010–2025
yearly series of patients in SUS care

5,282
clinical trials with a Brazilian site analysed

This report fills that gap. For **117 conditions** — chosen because they concentrate clinical trial activity in Brazil or because they carry a large burden in the public system with comparatively little research — it brings together, on two standardised pages each:

- how many patients the Brazilian public health system (SUS) treats each year, how many are new, and how this changed from 2010 to 2025;
- who they are (age, sex, race/colour) and where they live, state by state;
- where they are treated (how many facilities, and how concentrated care is), what treatment SUS records, and how many hospital admissions the condition causes;
- how many interventional trials with a Brazilian site started in 2016–2025 and Brazil's share of trials worldwide.

Who it is for. Pharmaceutical and biotechnology sponsors and CROs assessing feasibility; research centres and networks positioning themselves for new studies; and public institutions in Brazil and abroad that want an evidence base for the country's research agenda. The report is open access and may be cited freely.

How it was built. All patient figures come from the public, de-identified DATASUS files of the outpatient (SIA/SUS) and hospital (SIH/SUS) information systems, processed by **TechTrials**; trial figures come from ClinicalTrials.gov (5,282 interventional trials with a Brazilian site, data version 2026-10-02). Every number in the report can be traced to a reproducible query. Counts below 10 are suppressed, and no patient-level data leaves the processing environment, in line with Brazil's General Data Protection Law (LGPD). Definitions and limitations are set out in *How to read a disease profile* and in *Methods and limitations*.

What it is not. These are counts of patients *in SUS specialised care*, not population prevalence: about one in four Brazilians also holds a private health plan [5], and primary care is not part of these data. The figures are designed to size and locate patient populations for research, not to replace epidemiological surveys.

The report is published by **TechTrials**, a health intelligence company that integrates large health data sets with analytics and AI to support real-world evidence, epidemiology and clinical research feasibility. The same data that underpin these pages can be cut by centre, region, treatment line and patient journey for a specific protocol.

Contents

Why this report 2
Executive summary 4
Why Brazil 5
Clinical research in Brazil 7
Opportunity map 9
How to read a disease profile 10
Oncology 11
- Breast cancer 12
- Prostate cancer 14
- Colorectal cancer 16
- Non-melanoma skin cancer 18
- Cervical cancer 20
- Head and neck cancer 22
- Lung cancer 24
- Gastric cancer 26
- Bladder and urothelial cancer 28
- Sarcomas 30
- Endometrial cancer 32
- Ovarian cancer 34
- Esophageal cancer 36
- Thyroid cancer 38
- Kidney cancer 40
- Brain tumours (glioma) 42
- Pancreatic cancer 44
- Melanoma 46
- Liver cancer (HCC) 48
- Biliary tract cancer 50

Hematologic malignancies 52
- Non-Hodgkin lymphoma 53
- Myeloproliferative neoplasms 55
- Chronic myeloid leukaemia 57
- Multiple myeloma 59
- Hodgkin lymphoma 61
- Acute lymphoblastic leukaemia 63
- Myelodysplastic syndromes 65
- Acute myeloid leukaemia 67
- Chronic lymphocytic leukaemia 69

Cardiometabolic 71
- Dyslipidaemia 72
- Type 2 diabetes 74
- Hypertension 76
- Heart failure 78
- Coronary artery disease 80
- Type 1 diabetes 82
- Stroke 84
- Obesity 86
- Venous thromboembolism 88
- Peripheral arterial disease 90
- Pulmonary arterial hypertension 92
- Atrial fibrillation 94
- Fatty liver disease (MASLD/MASH) 96
- Cardiomyopathies 98
- Amyloidosis (incl. ATTR) 100

Renal 102
- Chronic kidney disease 103
- Kidney transplantation 105
- Glomerular diseases (IgAN, nephrotic syndrome) 107
- Acute kidney injury 109

Respiratory 111
- Asthma 112
- COPD 114
- Influenza 116
- Pneumonia 118
- Cystic fibrosis 120
- COVID-19 122
- Obstructive sleep apnoea 124
- Interstitial lung disease / IPF 126
- RSV infection 128
- Bronchiectasis 130

Infectious diseases 132
- HIV infection 133
- Dengue 135
- Hepatitis C 137
- Leprosy 139
- Tuberculosis 141
- Hepatitis B 143
- Sepsis 145
- Syphilis 147
- Chagas disease 149
- Leishmaniasis 151
- Malaria 153
- Chikungunya 155

Immunology and rheumatology 157
- Osteoarthritis 158
- Rheumatoid arthritis 160
- Osteoporosis 162
- Systemic lupus erythematosus 164
- Ulcerative colitis 166
- Psoriasis 168
- Axial spondyloarthritis 170
- Crohn's disease 172
- Psoriatic arthritis 174
- Juvenile idiopathic arthritis 176
- Systemic sclerosis 178
- Atopic dermatitis 180
- Inflammatory myopathies 182
- Chronic urticaria 184
- Sjögren's disease 186

Neurology 188
- Low back pain 189
- Epilepsy 191
- Alzheimer's disease and dementia 193
- Cerebral palsy 195
- Parkinson's disease 197
- Fibromyalgia 199
- Multiple sclerosis 201
- Migraine 203
- Myasthenia gravis 205
- Spinal muscular atrophy 207

Mental health 209
- Schizophrenia 210
- Autism spectrum disorder 212
- Bipolar disorder 214
- Anxiety disorders 216
- ADHD 218
- Substance use disorders 220
- Major depressive disorder 222
- Insomnia 224

Non-malignant haematology 226
- Sickle cell disease 227
- Haemophilia A and B 229
- Paroxysmal nocturnal haemoglobinuria 231

Rare and endocrine diseases 233
- Acromegaly 234
- Lysosomal storage diseases (Gaucher, Fabry, MPS, Pompe) 236
- Hereditary angioedema 238

Ophthalmology and ENT 240
- Hearing loss 241
- Glaucoma 243
- Diabetic retinopathy and macular oedema 245
- Age-related macular degeneration 247

Women's health 249
- Uterine fibroids 250
- Endometriosis 252

Urology 254
- Benign prostatic hyperplasia 255
- Urinary incontinence 257

Methods and limitations 259
Data sources and references 260
Authors and about TechTrials 261

EXECUTIVE SUMMARY

Brazil at a glance

5,282
interventional trials with a Brazilian site started in 2016–2025
2.0% of the 259,232 registered worldwide

17th
country in the world by number of trials
19th by industry-sponsored trials · 1st in Latin America

40%
of Brazilian trials sponsored by industry
median 17 countries per industry trial

1,547
trials still active or recruiting
of 5,282 started 2016–2025

555,117
largest condition, patients in SUS care in 2024
HIV infection

27
conditions with high SUS burden and few trials
see the opportunity map

A top-20 research country with room to grow. Brazil hosted 5,282 interventional trials that started between 2016 and 2025 — 17th worldwide and well ahead of the next Latin American country (Mexico, 2,651). Its share of global trials (2.0%) is still small relative to a population of 213 million [4].

Industry trials are global trials. 40% of trials with a Brazilian site are industry-sponsored; these are overwhelmingly multinational (only 11% run in Brazil alone), while academic trials are mostly national. Brazil is therefore already part of global development programmes — the question for sponsors is where, and in which diseases, to place more sites.

Large, traceable patient populations. Across the 117 conditions profiled, SUS specialised care in 2024 ranged from 237 patients (Chikungunya) to 555,117 (HIV infection). Because SUS records are national and individual, these populations can be located by state and by treating facility — for most conditions, a few dozen to a few hundred facilities account for 80% of care.

Open opportunities. 27 conditions combine above-median patient volume with below-median trial activity — among them hearing loss, glaucoma, autism spectrum disorder, schizophrenia, osteoporosis and dengue. **Areas of leadership.** In Chagas disease, leprosy, acromegaly, leishmaniasis and chikungunya, Brazil already hosts 12–38% of the world's trials.

A faster, more predictable framework. Law 14,874/2024 sets 30 business days for ethics review and 90 business days for ANVISA, after which a trial with ethics approval may start [1]; RDC 945/2024 allows parallel ethics and regulatory submission and an optimised review based on reliance on equivalent foreign regulators [2].

Most researched conditions in Brazil

Condition	Trials	Industry	SUS patients 2024
COVID-19	295	111	4,141
Lung cancer	191	179	24,624
Breast cancer	176	105	305,587
Obesity	139	31	18,853
Type 2 diabetes	103	50	282,113
Coronary artery disease	101	24	131,115
Hypertension	100	11	224,528
Chronic kidney disease	95	46	262,495

Largest open opportunities

Condition	SUS patients 2024	Trials
Hearing loss	381,308	0
Glaucoma	356,808	9
Autism spectrum disorder	329,758	11
Schizophrenia	337,523	12
Osteoporosis	75,203	2
Dengue	161,582	8
Uterine fibroids	121,258	6
Diabetic retinopathy and macular oedema	124,191	8

ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

WHY BRAZIL

A large, diverse population in a universal health system

212.6 M
inhabitants, 2024 [4]

~76%
of the population without a private health plan [4, 5]

55.5%
self-identify as brown or black, Census 2022 [3]

Scale and a universal public system

Brazil had an estimated 212.6 million inhabitants in 2024 [4]. Under the 1988 Federal Constitution, health is a right of all and a duty of the State, with universal and equal access (Art. 196) [13]; the Unified Health System (SUS) delivers it with universal access free of charge (Law 8,080/1990, Arts. 2, 7 and 43) [10]. Private health plans covered 52.0 million beneficiaries in December 2024 [5] — equivalent to about 24% of the population — so roughly three in four Brazilians have no private plan and rely on SUS for all their care.

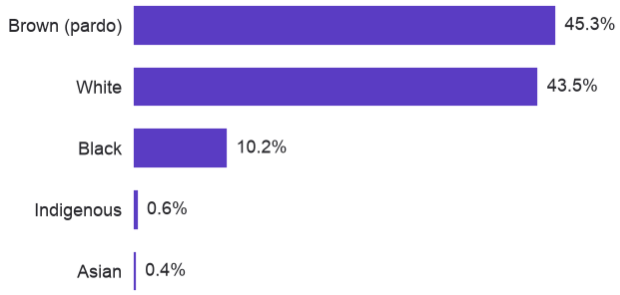
A national record of specialised care

Every specialised outpatient procedure, chemotherapy and radiotherapy course, high-cost medicine dispensed by the Specialised Component of Pharmaceutical Assistance (CEAF) and hospital admission financed by SUS is recorded individually in national information systems maintained by DATASUS [7] and coded with the national procedure table (SIGTAP) [8] and the national registry of health facilities (CNES) [9]. This is what makes it possible, as in this report, to count patients by disease, year, state and treating facility — the core questions of trial feasibility.

Diversity

The 2022 Census counted 203.1 million people, of whom 45.3% self-identify as brown (pardo), 43.5% as white and 10.2% as black [3]. This diversity, within a single regulatory jurisdiction, is an asset for programmes that need to show efficacy and safety across ancestries.

Each disease profile in this report shows the race/colour distribution of the patients in SUS care.



Population by self-reported colour or race, Brazil, 2022. Source: IBGE, Demographic Census 2022, SIDRA table 9605 [3].

A modernised framework for clinical research

Two instruments published in 2024 reshaped the rules for clinical research in Brazil.

Law 14,874 of 28 May 2024 — research with human participants [1]

National system. Establishes principles and rules for research with human participants by public or private institutions and creates the National System of Ethics in Research with Human Participants (Art. 1).

Ethics review in 30 business days. Research ethics committees (CEPs) must issue their opinion within 30 business days of accepting the complete documentation, and must accept or reject the submission within 10 business days (Art. 14).

Regulatory review in 90 business days. ANVISA's analysis of primary clinical trial petitions may not exceed 90 business days; if the agency does not respond in time, clinical development may start provided the ethics approvals are in place. Additional information may be requested only once, suspending — not restarting — the clock (Art. 58).

Post-trial access. Sets the rules for free provision of the investigational product to participants who need it after the trial ends (Art. 30).

In force 90 days after publication (Art. 65).

ANVISA RDC 945 of 29 November 2024 — clinical trials of medicines [2]

Scope. Guidelines and procedures for clinical trials conducted in Brazil with a view to the registration of medicines, through the Clinical Development Dossier (DDCM).

Parallel submission. Ethics and regulatory bodies are independent; protocols may be submitted to both in parallel, and the trial starts after both approvals (Art. 8).

Reliance. An optimised review procedure based on reliance on Equivalent Foreign Regulatory Authorities (Art. 6 and Art. 40).

90 business days, then release by lapse of time. ANVISA assesses primary DDCM and trial-specific petitions within 90 business days; without a decision, they are released by lapse of time and clinical development may begin after ethics approval (Art. 52).

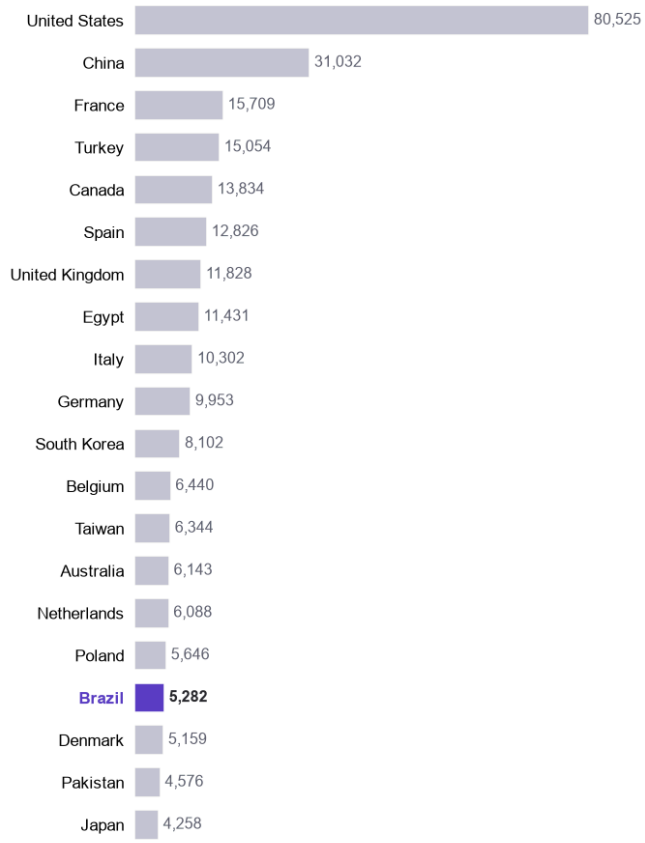
In force 30 days after publication (Art. 99); published in the Official Gazette on 2 December 2024.

Together, these instruments replace open-ended review with legally bounded timelines, allow ethics and regulatory review to run in parallel, and let ANVISA rely on the assessments of equivalent foreign regulators.

The ecosystem in numbers

Trials started 2016–2025, top 20 countries

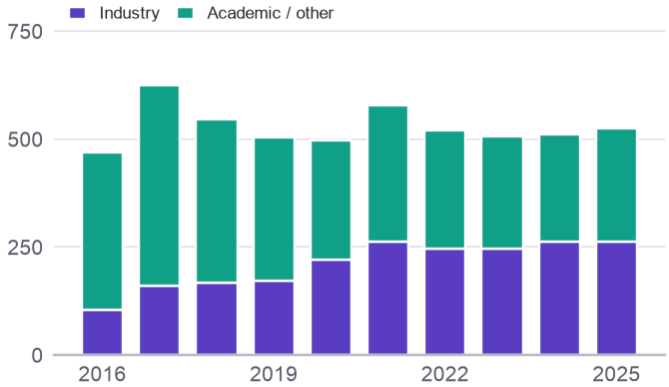
Interventional trials with ≥1 site in the country; a multinational trial counts in every country.



Source: ClinicalTrials.gov, data version 2 Oct 2026; 86 countries checked. Analysis: **TechTrials**.

Trials with a Brazilian site, by start year

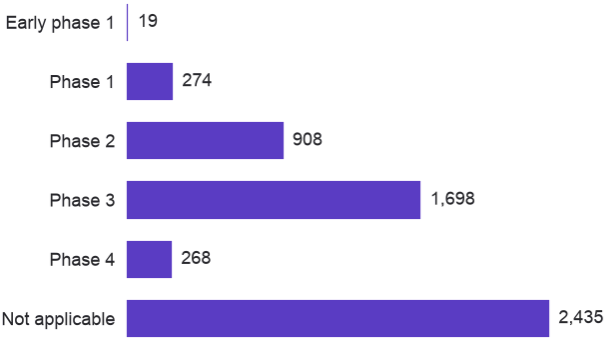
5,282 trials; 40% industry-sponsored.



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025.

By phase

A phase 2/3 trial counts in both phases. "Not applicable": device, behavioural and other non-drug studies.



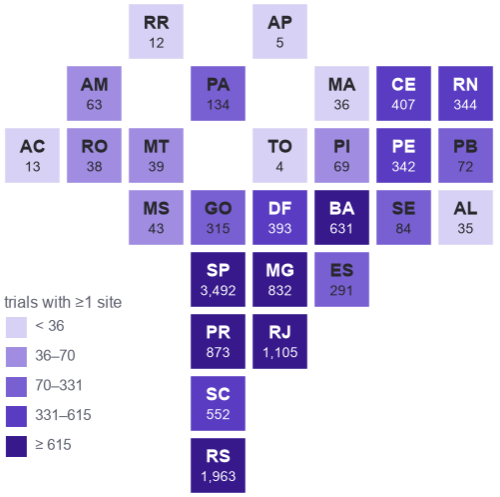
Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025.

Brazil in global development. Brazil ranks 17th in the world by trials started in 2016–2025 and 19th by industry-sponsored trials, first in Latin America. Industry trials with a Brazilian site span a median of 17 countries and 6 Brazilian sites; 1,547 of the 5,282 trials were still recruiting or active in October 2026.

Where and in what

Trials with ≥1 site in each state

3,492 trials had a site in São Paulo; every state hosted at least one trial.



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. State from site address; 99.6% of trials allocated. Analysis: **TechTrials**.

Leading industry sponsors in Brazil

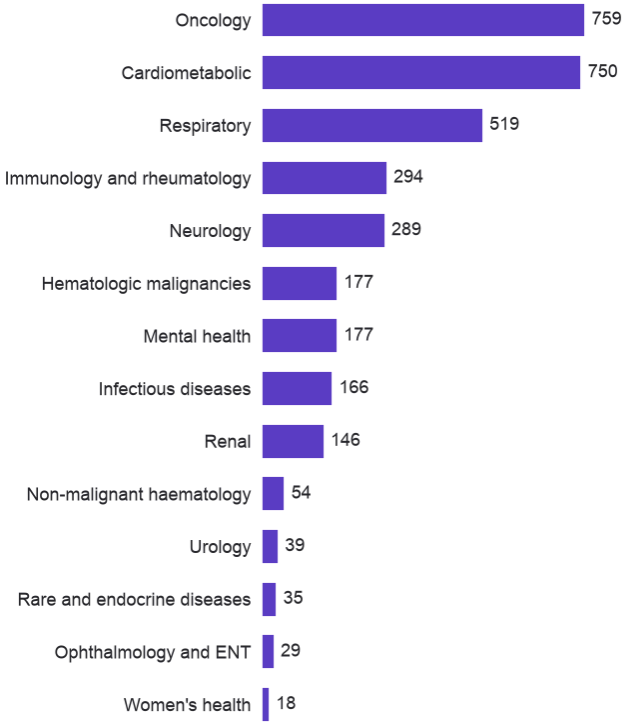
Trials started 2016–2025 with a Brazilian site, lead sponsor.

Sponsor	Trials
AstraZeneca	152
Hoffmann-La Roche	141
Merck Sharp & Dohme LLC	124
Novartis Pharmaceuticals	121
Janssen Research & Development, LLC	96
Bristol-Myers Squibb	78
Eli Lilly and Company	76
Sanofi	70
GlaxoSmithKline	69
Pfizer	55
AbbVie	49
Amgen	48

Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025.

Trials by therapeutic area

Trials matched to the 117 conditions in this report; a trial counts once per area.



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

OPPORTUNITY MAP

Where patients are, and where research is

Each dot is one of the 117 conditions. Horizontal: patients in SUS in 2024 (specialised outpatient care, or hospitalised patients when larger — the case for acute conditions). Vertical: interventional trials with a Brazilian site started in 2016–2025. Dashed lines: medians across conditions.



Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

Largest open opportunities

Above-median patients, below-median trials; ranked by patients per trial.

Condition	SUS patients 2024	Trials
Hearing loss	381,308	0
Glaucoma	356,808	9
Autism spectrum disorder	329,758	11
Schizophrenia	337,523	12
Osteoporosis	75,203	2
Dengue	161,582	8
Uterine fibroids	121,258	6
Diabetic retinopathy and macular oedema	124,191	8
Bipolar disorder	171,150	13
Cerebral palsy	111,409	11
Age-related macular degeneration	108,019	13
Type 1 diabetes	125,802	18

Where Brazil already leads

Brazil's share of trials registered worldwide, conditions with ≥5 trials in Brazil.

Condition	Trials	Share of world
Chagas disease	9	37.5%
Leprosy	7	31.8%
Acromegaly	7	18.4%
Leishmaniasis	6	12.0%
Chikungunya	5	11.8%
Hereditary angioedema	7	11.4%
Paroxysmal nocturnal haemoglobinuria	11	10.9%
Lysosomal storage diseases (Gaucher, Fabry, MPS, Pompe)	21	10.2%
Glomerular diseases (IgAN, nephrotic syndrome)	28	10.0%
Juvenile idiopathic arthritis	11	8.8%

READING GUIDE

How to read a disease profile

Patients in SUS specialised care. People with the condition's ICD-10 code as the main diagnosis in Brazil's public health system (SUS) outpatient records — specialised visits and procedures (BPA-I), chemotherapy and radiotherapy authorisations (APAC), high-cost medicines dispensed by the Specialised Component (CEAF) and special-procedure authorisations — in a given year, among those with records in at least two distinct months between 2008 and 2025. This is *treated prevalence in SUS specialised care*, not the prevalence of the disease in the population: people cared for only in the private sector, and care delivered only in primary care, are not counted.

New patients (SUS-recorded incidence). Patients whose first record with the code falls in that year. Published from 2010 (two years of look-back) to 2024. Includes people who arrive in SUS from private care.

Screening tests. Serology and rapid tests for infections are not counted as care for the disease: the code of the suspected infection is recorded on the test of every person screened.

Hospital admissions. SUS admissions (AIH) with the condition as main diagnosis, counting only initial authorisations. Outpatient and hospital counts are shown side by side and never added: the two data sets cannot be reliably linked at patient level.

Private-sector admissions. Hospital events reported to the National Supplementary Health Agency (ANS) with this code as first diagnosis, 2024. Counted as events, not people; about a third of ANS events carry no diagnosis, so the figure is a floor.

Facilities. SUS facilities (CNES) where patients had specialised visits, procedures, chemotherapy or radiotherapy. CEAF pharmacies that only dispense medicines are shown separately and are not counted as potential sites. "Cover 80% of contacts": the smallest number of facilities that together account for 80% of patient–facility pairs.

Treatment recorded in SUS. For CEAF medicines, patients per active substance (all strengths combined). For oncology, patients per modality (chemotherapy, hormone therapy, radiotherapy) and setting (neoadjuvant, early/adjuvant, advanced), as billed — Brazilian oncology billing does not record the molecule.

Clinical trials. Interventional studies registered on ClinicalTrials.gov with at least one site in Brazil and a start date in 2016–2025, classified by condition by **TechTrials**. A trial can count in more than one condition. Brazil's global share uses the registry's own condition search for both numerator and denominator; data notes flag the conditions where that search is unreliable.

Rates. Per 100,000 inhabitants (per 1,000,000 on maps where all state rates are below 1 per 100,000), using IBGE population projections by state, sex and age, recalibrated to IBGE's post-2022-Census municipal estimates.

Privacy. All figures are aggregates computed from public, de-identified DATASUS files. Counts below 10 are suppressed (*), with complementary suppression where a published total would reveal them. The smallest geography is the state.

Reference year. 2024, the latest complete year. 2025 is shown as preliminary for three reasons: outpatient records for late 2025 are still being submitted; recent patients have had less time to accumulate a second record; and about 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients. Hospital admissions are not affected.

Oncology

20 conditions · 759 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Breast cancer	305,587	143.7	65,030	94,518	176	2.6%	12
Prostate cancer	161,216	75.8	44,178	42,722	71	2.3%	14
Colorectal cancer	104,820	49.3	34,650	109,179	48	1.2%	16
Non-melanoma skin cancer	50,835	23.9	21,343	73,575	12	1.3%	18
Cervical cancer	37,742	17.8	15,450	30,684	30	2.0%	20
Head and neck cancer	33,852	15.9	15,086	37,463	47	1.8%	22
Lung cancer	24,624	11.6	12,247	30,694	191	3.2%	24
Gastric cancer	21,822	10.3	9,630	35,500	31	1.8%	26
Bladder and urothelial cancer	20,683	9.7	6,853	25,974	41	2.9%	28
Sarcomas	14,294	6.7	6,239	33,066	11	1.0%	30
Endometrial cancer	13,887	6.5	5,599	13,641	20	2.8%	32
Ovarian cancer	12,698	6.0	4,781	15,092	24	1.5%	34
Esophageal cancer	11,156	5.2	5,693	17,716	20	2.1%	36
Thyroid cancer	10,489	4.9	4,198	14,667	10	2.1%	38
Kidney cancer	10,382	4.9	4,011	12,554	27	2.6%	40
Brain tumours (glioma)	8,386	3.9	3,303	16,966	14	0.7%	42
Pancreatic cancer	7,467	3.5	3,906	19,251	9	0.9%	44
Melanoma	6,110	2.9	2,375	9,381	33	2.3%	46
Liver cancer (HCC)	4,504	2.1	2,326	13,074	23	1.2%	48
Biliary tract cancer	2,489	1.2	1,337	7,674	13	2.0%	50

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

ONCOLOGY

Breast cancer

ICD-10: C50

305,587
Patients in SUS specialised care, 2024
143.7 per 100,000 (treated prevalence)

65,030
New patients in SUS, 2024
30.6 per 100,000 (SUS-recorded incidence)

94,518
SUS hospital admissions, 2024
in-hospital mortality 7.1%

31,182
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

176
Trials with a Brazilian site, 2016–25
105 industry · 101 active now

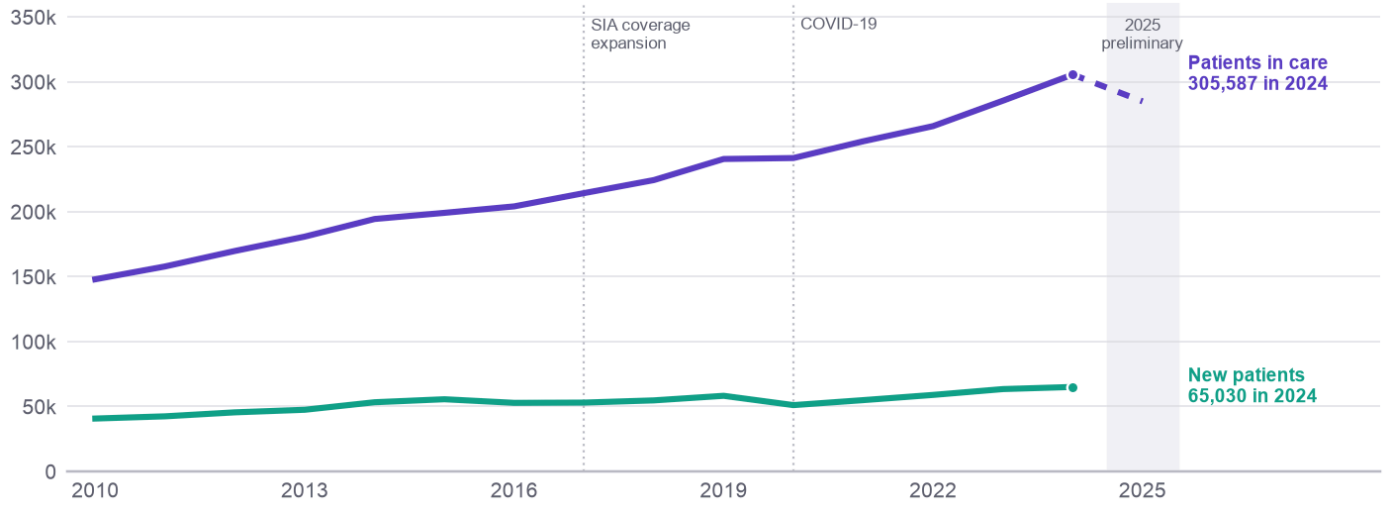
2.6%
Brazil's share of global trials
same condition, start 2016–2025

2,206
SUS facilities with visits or procedures
178 cover 80% of contacts

60 y · 99% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

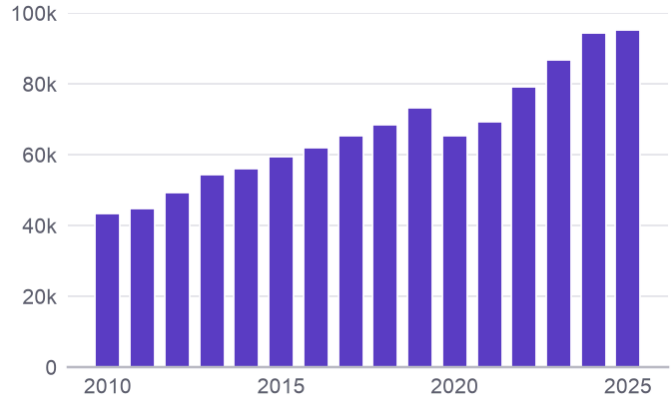
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

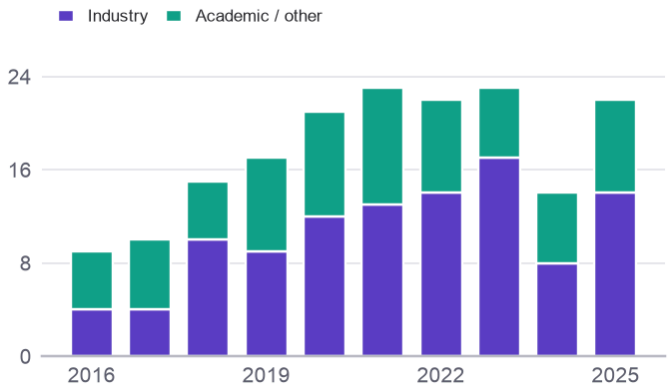
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

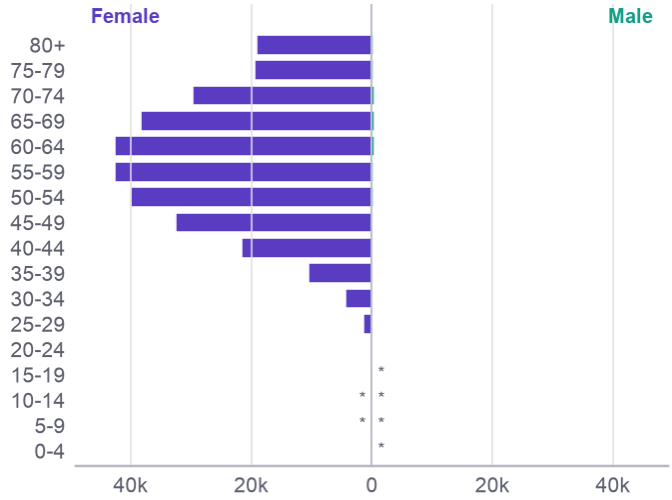
Phase 3: 84 · Not applicable: 54 · Phase 2: 32 · Phase 1: 12 · Phase 4: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

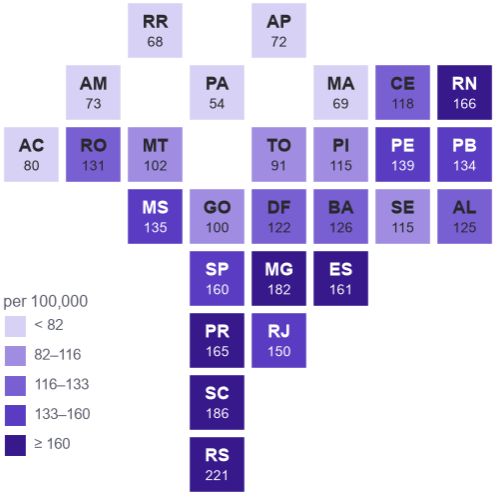
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

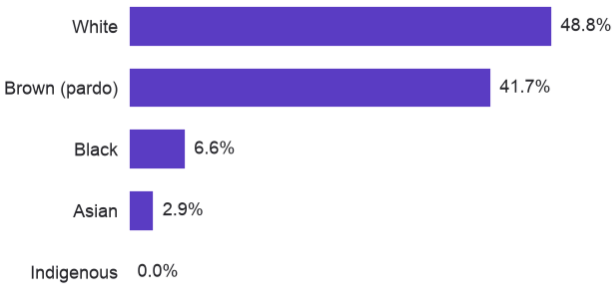
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

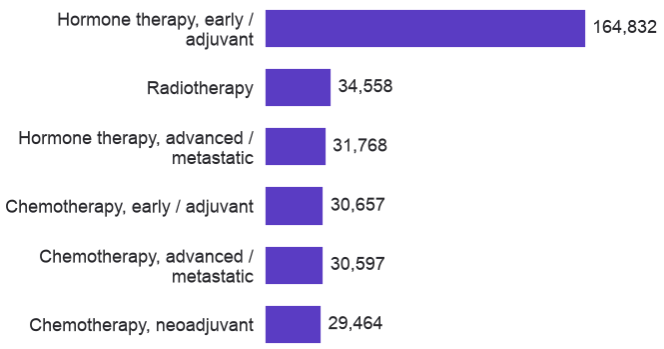
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **305,587** patients were in SUS specialised outpatient care in 2024 (143.7 per 100,000 inhabitants); **65,030** were new to the system that year (30.6 per 100,000).
- The population in care changed by **+4.6% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **45%** of them. The highest rate is in Rio Grande do Sul (220.7 per 100,000).
- Specialised visits and procedures took place in **2,206** SUS facilities; **178** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: hormone therapy, early / adjuvant (164,832 patients) and radiotherapy (34,558 patients).
- **94,518** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 7.1%.
- **176** interventional trials with a Brazilian site started between 2016 and 2025 (105 industry-sponsored, 84 phase 3, 101 still active). Brazil hosts 2.6% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in breast cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

ONCOLOGY

Prostate cancer

ICD-10: C61

161,216
Patients in SUS specialised care, 2024
75.8 per 100,000 (treated prevalence)

44,178
New patients in SUS, 2024
20.8 per 100,000 (SUS-recorded incidence)

42,722
SUS hospital admissions, 2024
in-hospital mortality 8.4%

12,112
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

71
Trials with a Brazilian site, 2016–25
49 industry · 38 active now

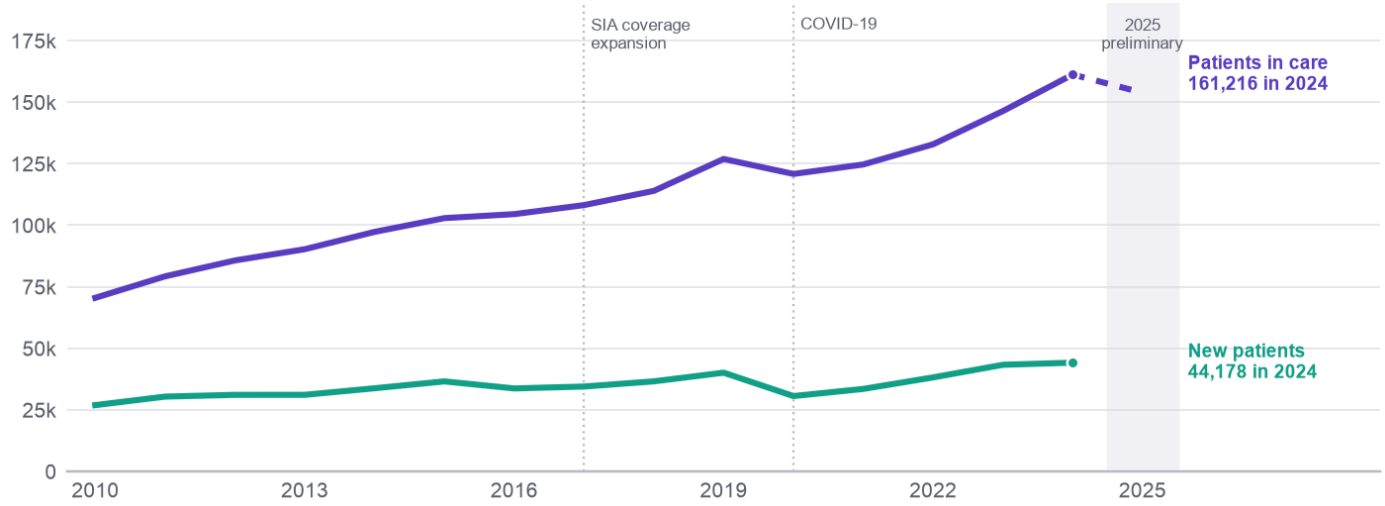
2.3%
Brazil's share of global trials
same condition, start 2016–2025

1,488
SUS facilities with visits or procedures
171 cover 80% of contacts

74 y · 0% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

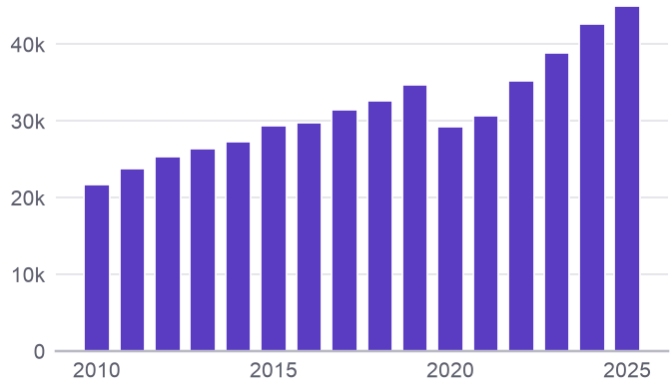
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

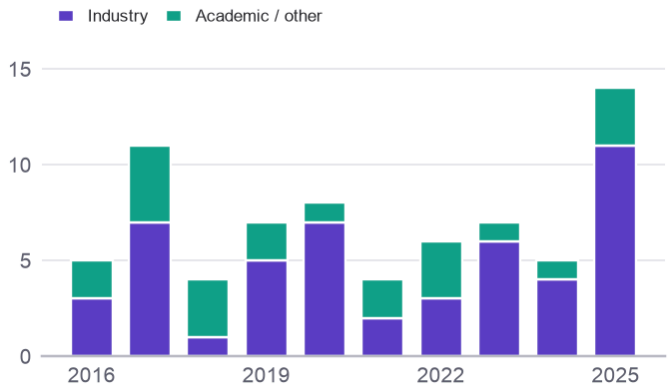
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

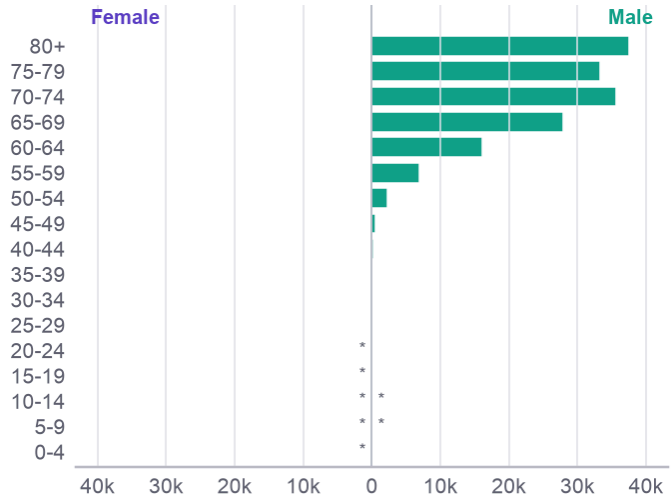
Phase 3: 37 · Phase 2: 18 · Not applicable: 11 · Phase 1: 4 · Phase 4: 4



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

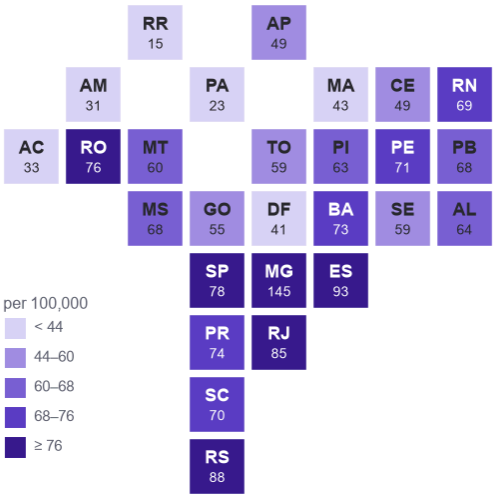
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

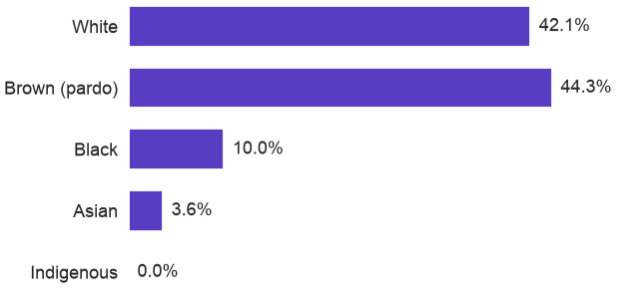
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

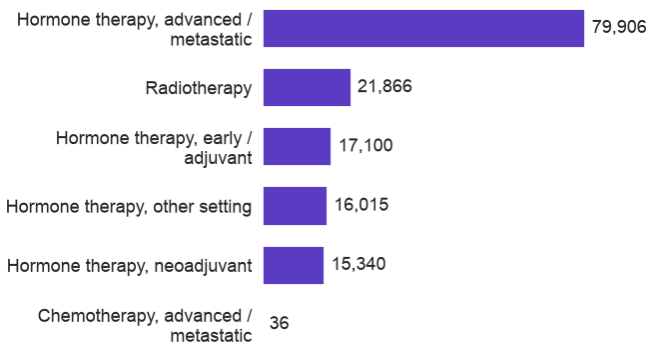
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **161,216** patients were in SUS specialised outpatient care in 2024 (75.8 per 100,000 inhabitants); **44,178** were new to the system that year (20.8 per 100,000).
- The population in care changed by **+5.2% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **50%** of them. The highest rate is in Minas Gerais (144.9 per 100,000).
- Specialised visits and procedures took place in **1,488** SUS facilities; **171** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: hormone therapy, advanced / metastatic (79,906 patients) and radiotherapy (21,866 patients).
- **42,722** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 8.4%.
- **71** interventional trials with a Brazilian site started between 2016 and 2025 (49 industry-sponsored, 37 phase 3, 38 still active). Brazil hosts 2.3% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in prostate cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

ONCOLOGY

Colorectal cancer

ICD-10: C18, C19, C20

104,820
Patients in SUS specialised care, 2024
49.3 per 100,000 (treated prevalence)

34,650
New patients in SUS, 2024
16.3 per 100,000 (SUS-recorded incidence)

109,179
SUS hospital admissions, 2024
in-hospital mortality 7.7%

19,769
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

48
Trials with a Brazilian site, 2016–25
24 industry · 28 active now

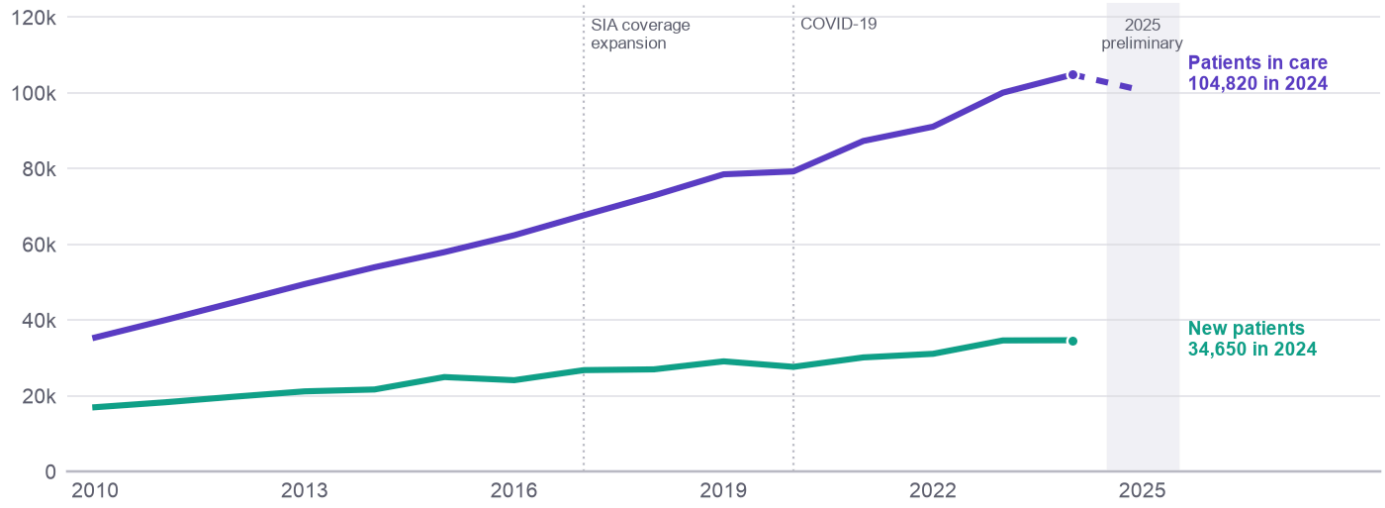
1.2%
Brazil's share of global trials
same condition, start 2016–2025

1,468
SUS facilities with visits or procedures
218 cover 80% of contacts

65 y · 50% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

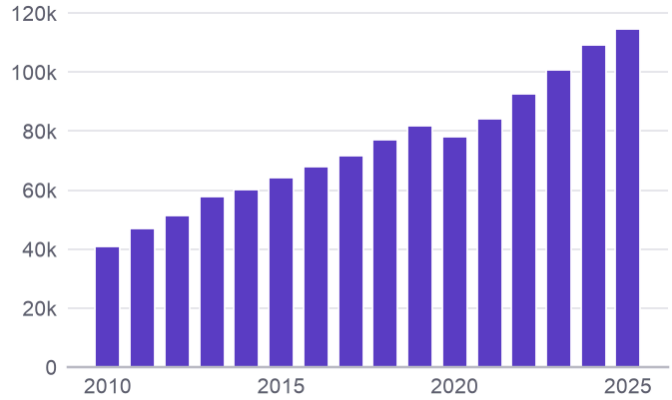
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

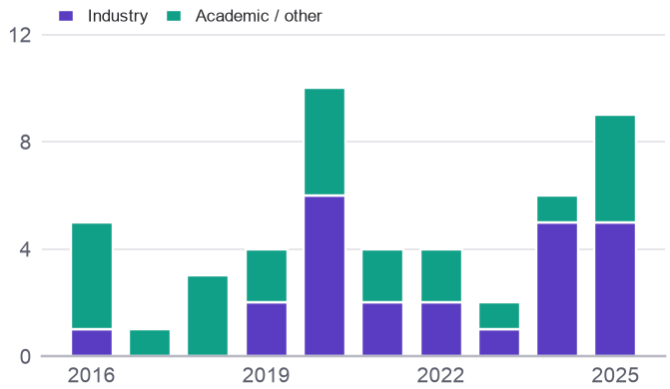
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

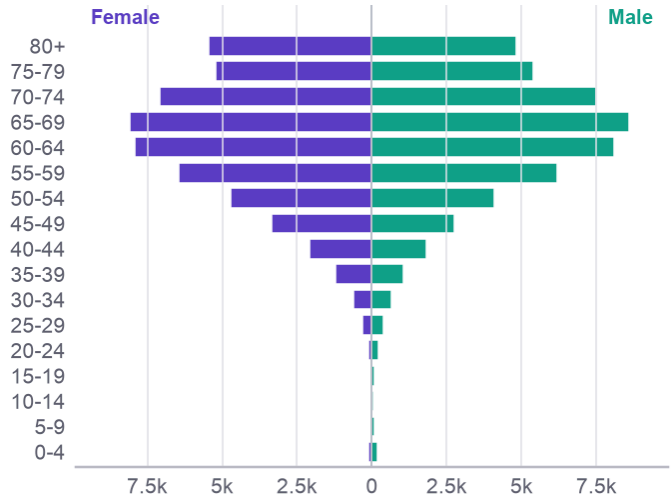
Phase 3: 17 · Not applicable: 14 · Phase 2: 13 · Phase 1: 4 · Phase 4: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

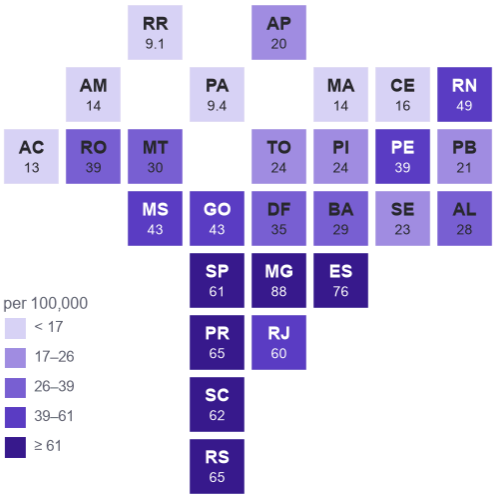
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

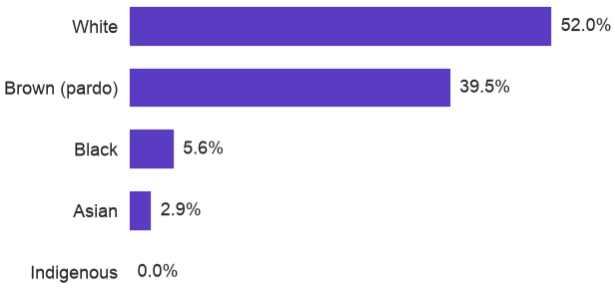
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

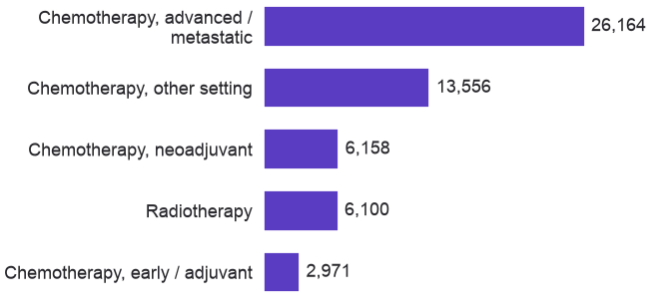
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **104,820** patients were in SUS specialised outpatient care in 2024 (49.3 per 100,000 inhabitants); **34,650** were new to the system that year (16.3 per 100,000).
- The population in care changed by **+6.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **54%** of them. The highest rate is in Minas Gerais (87.7 per 100,000).
- Specialised visits and procedures took place in **1,468** SUS facilities; **218** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (26,164 patients) and chemotherapy, other setting (13,556 patients).
- **109,179** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 7.7%.
- **48** interventional trials with a Brazilian site started between 2016 and 2025 (24 industry-sponsored, 17 phase 3, 28 still active). Brazil hosts 1.2% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in colorectal cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Non-melanoma skin cancer

ICD-10: C44

50,835
Patients in SUS specialised care, 2024
23.9 per 100,000 (treated prevalence)

21,343
New patients in SUS, 2024
10.0 per 100,000 (SUS-recorded incidence)

73,575
SUS hospital admissions, 2024
in-hospital mortality 1.1%

18,517
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

12
Trials with a Brazilian site, 2016–25
7 industry · 5 active now

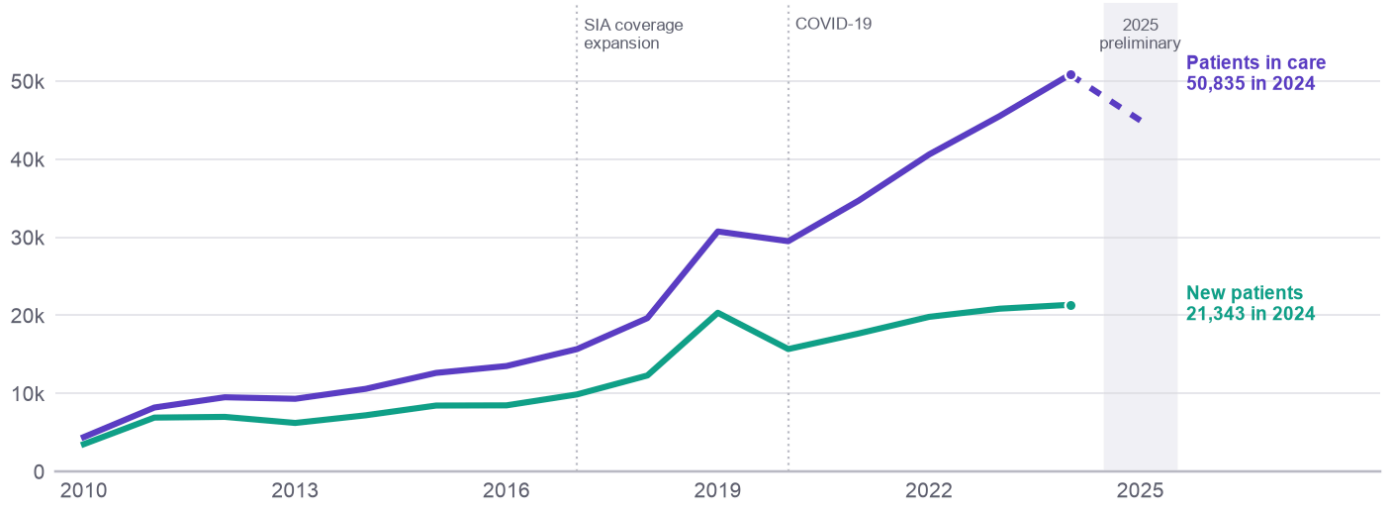
1.3%
Brazil's share of global trials
same condition, start 2016–2025

1,076
SUS facilities with visits or procedures
149 cover 80% of contacts

71 y · 51% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

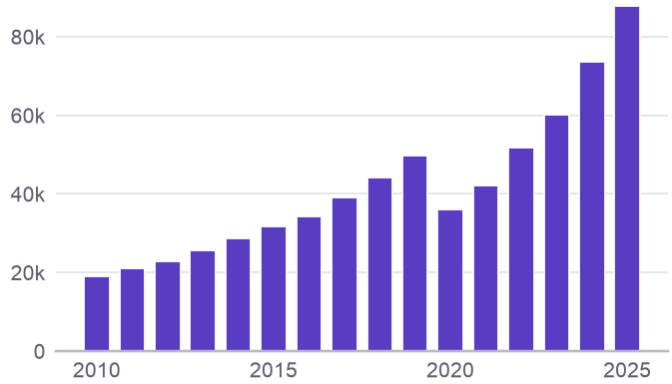
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

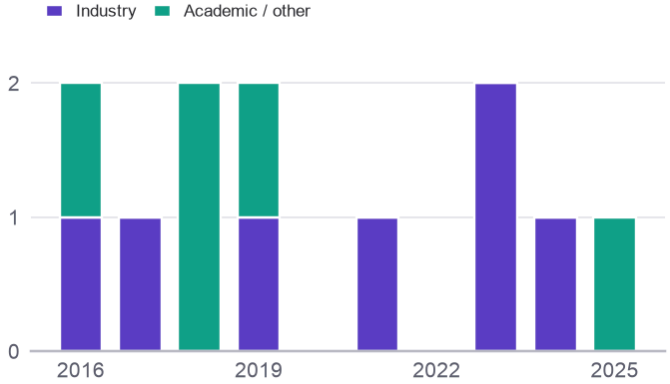
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

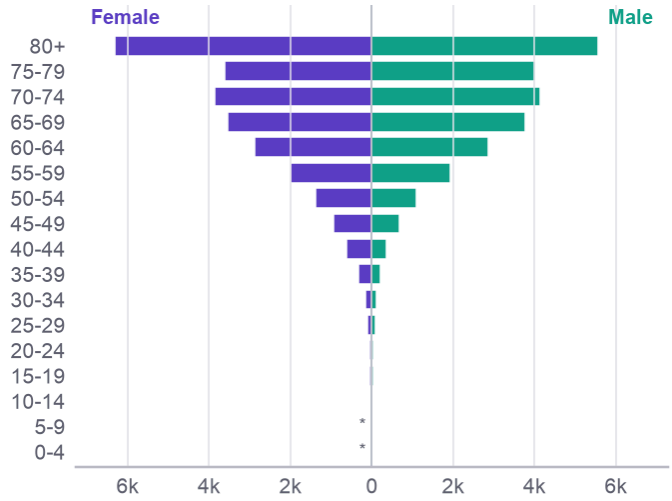
Phase 3: 6 · Phase 2: 4 · Not applicable: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

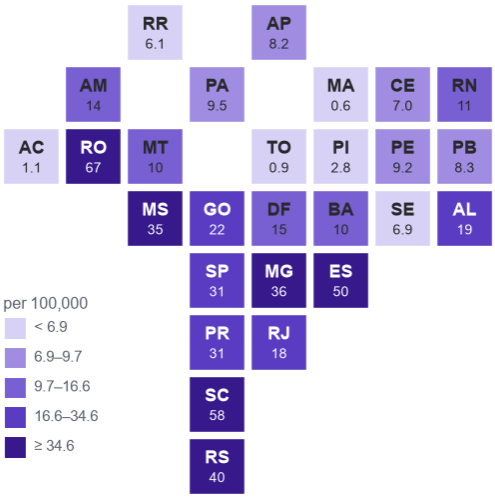
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

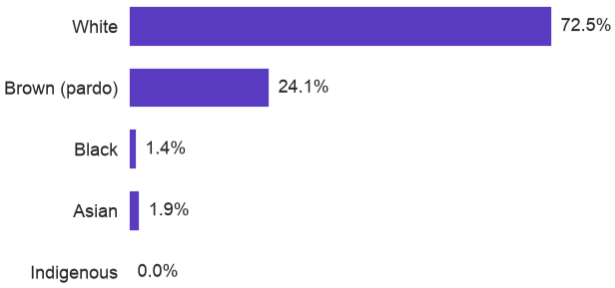
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

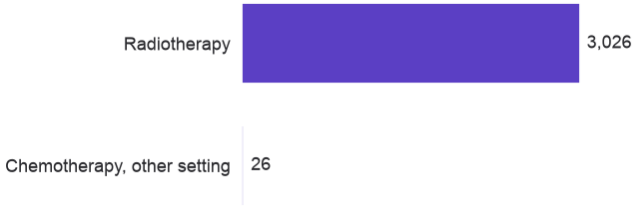
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **50,835** patients were in SUS specialised outpatient care in 2024 (23.9 per 100,000 inhabitants); **21,343** were new to the system that year (10.0 per 100,000).
- The population in care changed by **+17.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Santa Catarina concentrate **53%** of them. The highest rate is in Rondônia (66.8 per 100,000).
- Specialised visits and procedures took place in **1,076** SUS facilities; **149** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: radiotherapy (3,026 patients) and chemotherapy, other setting (26 patients).
- **73,575** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.1%.
- **12** interventional trials with a Brazilian site started between 2016 and 2025 (7 industry-sponsored, 6 phase 3, 5 still active). Brazil hosts 1.3% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in non-melanoma skin cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Cervical cancer

ICD-10: C53

37,742
Patients in SUS specialised care, 2024
17.8 per 100,000 (treated prevalence)

15,450
New patients in SUS, 2024
7.3 per 100,000 (SUS-recorded incidence)

30,684
SUS hospital admissions, 2024
in-hospital mortality 9.5%

2,788
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

30
Trials with a Brazilian site, 2016–25
15 industry · 13 active now

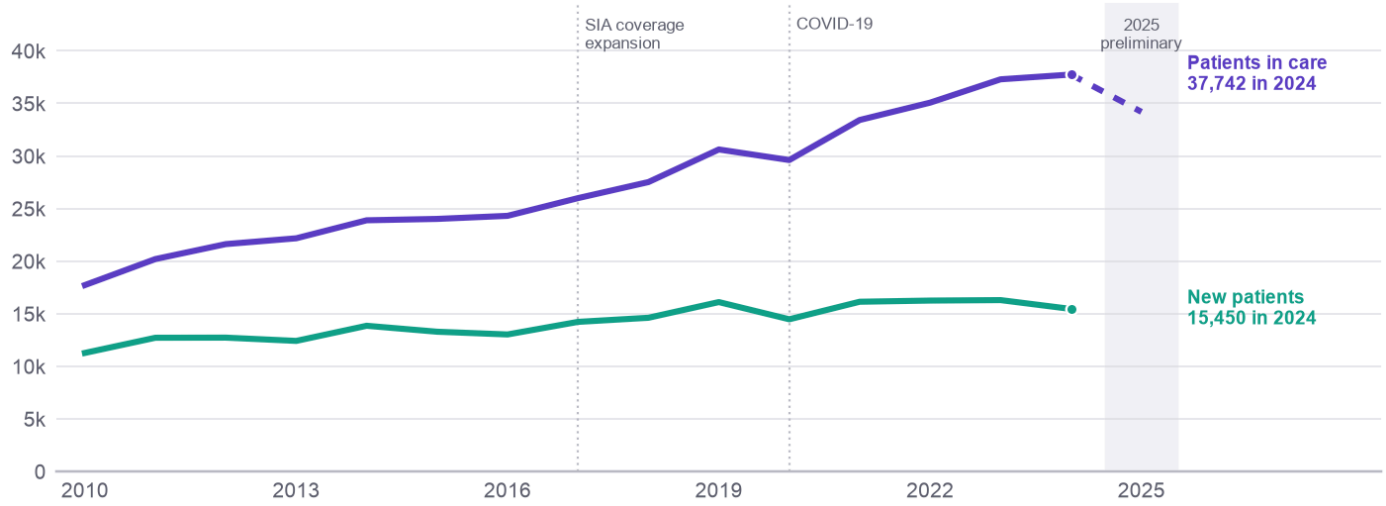
2.0%
Brazil's share of global trials
same condition, start 2016–2025

1,366
SUS facilities with visits or procedures
167 cover 80% of contacts

51 y · 100% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

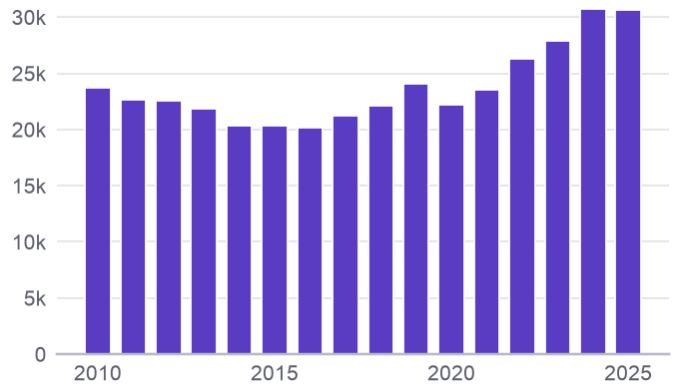
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

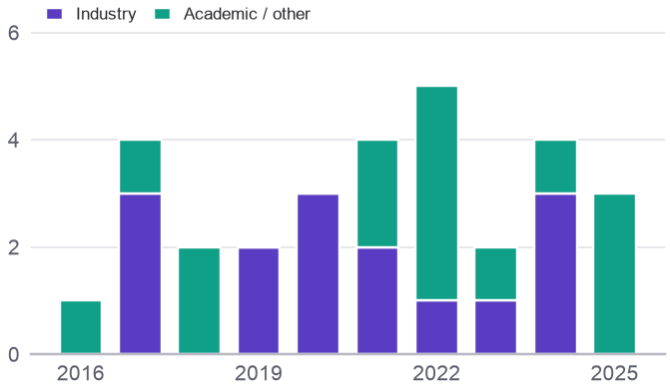
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

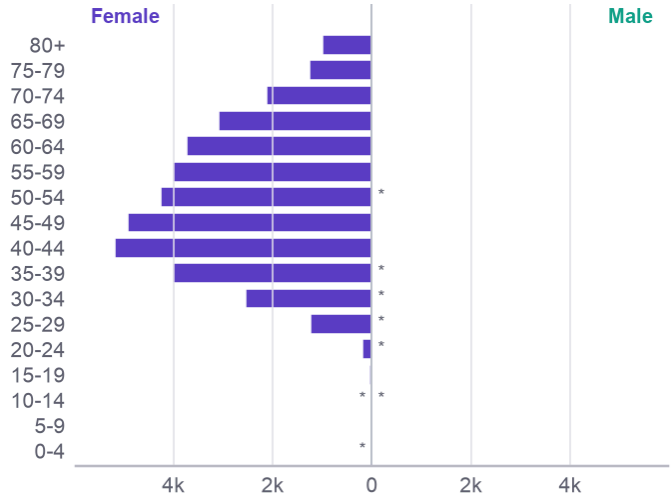
Phase 2: 14 · Not applicable: 9 · Phase 3: 7 · Phase 1: 5



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

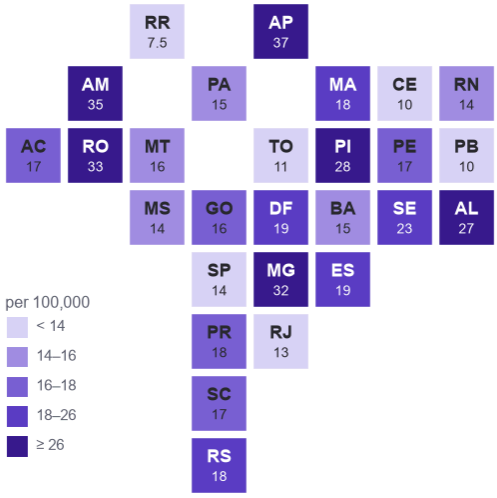
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

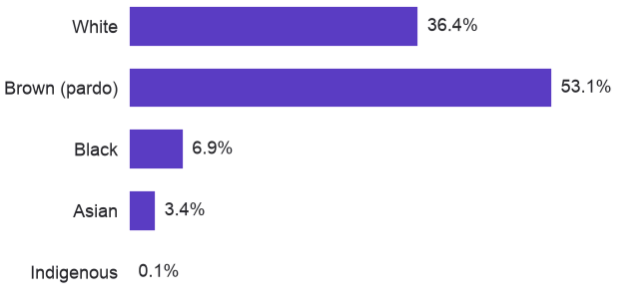
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

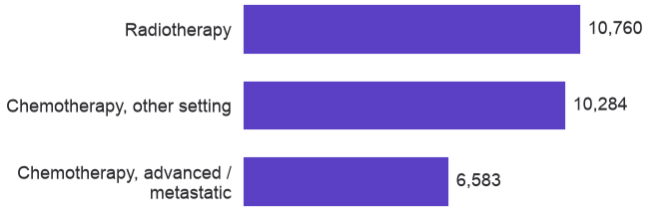
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **37,742** patients were in SUS specialised outpatient care in 2024 (17.8 per 100,000 inhabitants); **15,450** were new to the system that year (7.3 per 100,000).
- The population in care changed by **+4.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; Minas Gerais, São Paulo and Rio de Janeiro concentrate **40%** of them. The highest rate is in Amapá (36.7 per 100,000).
- Specialised visits and procedures took place in **1,366** SUS facilities; **167** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: radiotherapy (10,760 patients) and chemotherapy, other setting (10,284 patients).
- **30,684** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.5%.
- **30** interventional trials with a Brazilian site started between 2016 and 2025 (15 industry-sponsored, 7 phase 3, 13 still active). Brazil hosts 2.0% of the trials registered worldwide for this condition in the same period.

Data notes. The registry's search also retrieves precursor-lesion and HPV studies; the global share may be distorted. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in cervical cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Head and neck cancer

ICD-10: C00, C01, C02, C03, C04, C05, C06, C09, C10, C11, C12, C13, C14, C32

33,852
Patients in SUS specialised care, 2024
15.9 per 100,000 (treated prevalence)

15,086
New patients in SUS, 2024
7.1 per 100,000 (SUS-recorded incidence)

37,463
SUS hospital admissions, 2024
in-hospital mortality 11.2%

4,712
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

47
Trials with a Brazilian site, 2016–25
33 industry · 20 active now

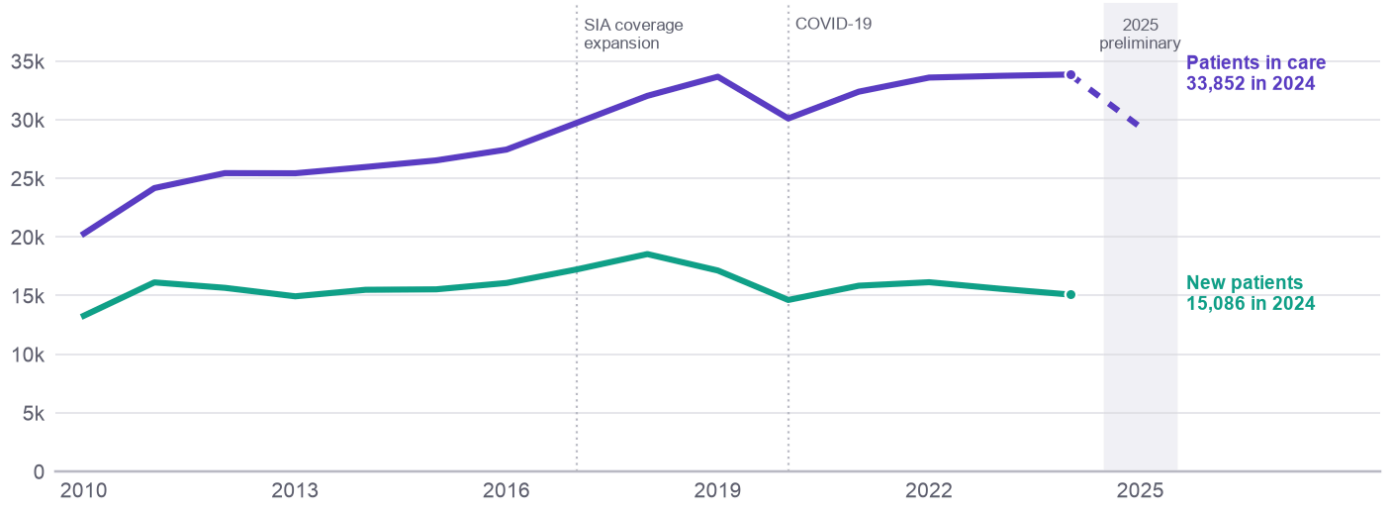
1.8%
Brazil's share of global trials
same condition, start 2016–2025

1,361
SUS facilities with visits or procedures
129 cover 80% of contacts

63 y · 25% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

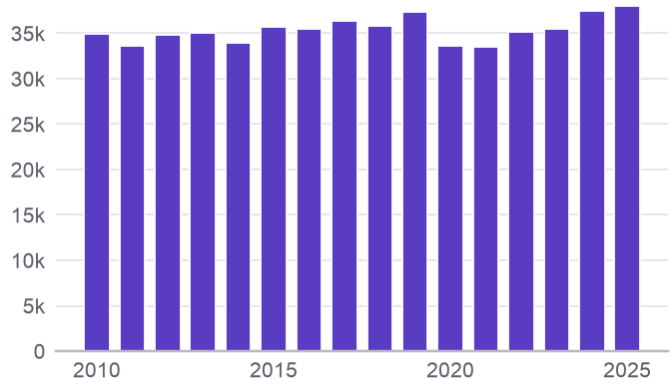
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

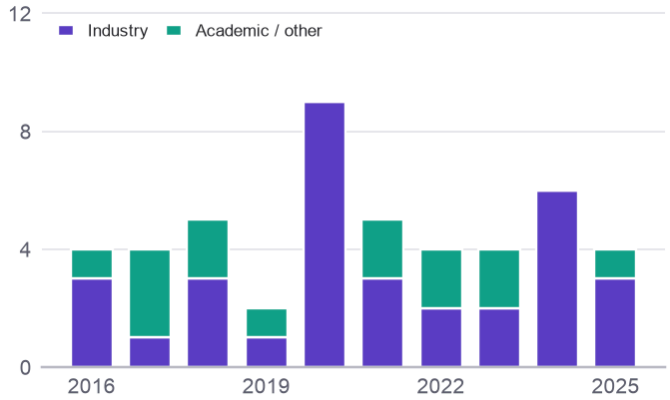
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

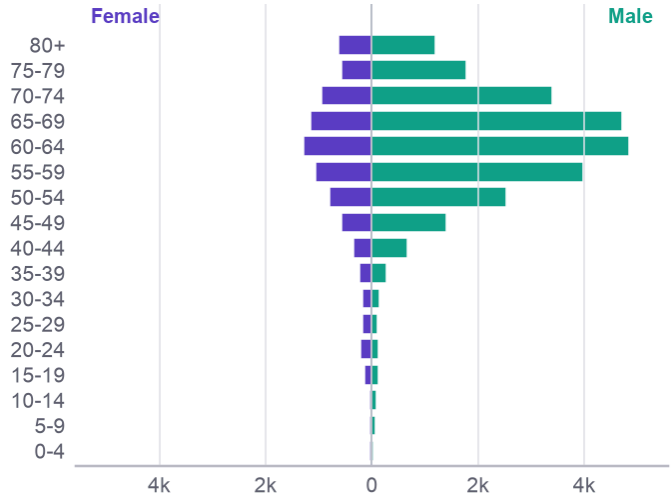
Phase 3: 22 · Phase 2: 16 · Not applicable: 8 · Phase 1: 4 · Phase 4: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

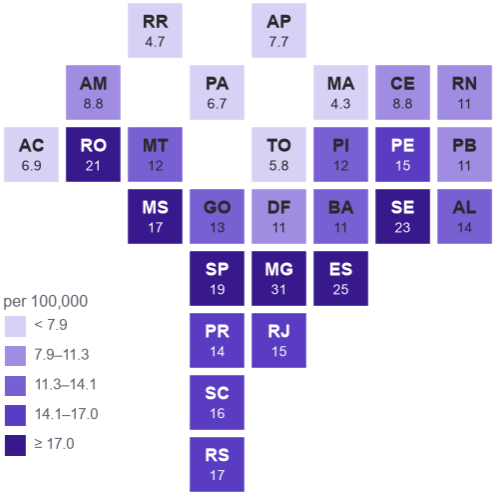
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

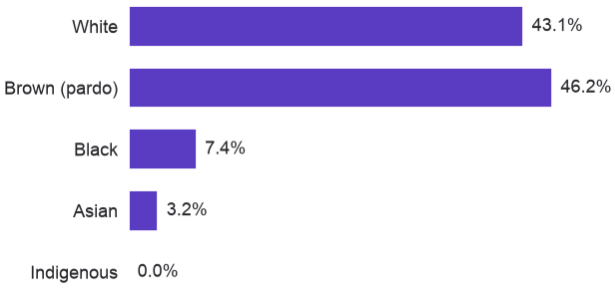
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

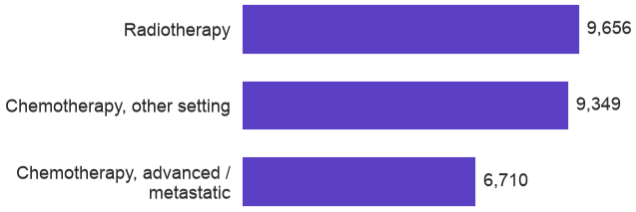
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **33,852** patients were in SUS specialised outpatient care in 2024 (15.9 per 100,000 inhabitants); **15,086** were new to the system that year (7.1 per 100,000).
- The population in care changed by **+2.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **52%** of them. The highest rate is in Minas Gerais (31.0 per 100,000).
- Specialised visits and procedures took place in **1,361** SUS facilities; **129** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: radiotherapy (9,656 patients) and chemotherapy, other setting (9,349 patients).
- **37,463** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 11.2%.
- **47** interventional trials with a Brazilian site started between 2016 and 2025 (33 industry-sponsored, 22 phase 3, 20 still active). Brazil hosts 1.8% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in head and neck cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Lung cancer

ICD-10: C34

24,624
Patients in SUS specialised care, 2024
11.6 per 100,000 (treated prevalence)

12,247
New patients in SUS, 2024
5.8 per 100,000 (SUS-recorded incidence)

30,694
SUS hospital admissions, 2024
in-hospital mortality 24.4%

8,025
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

191
Trials with a Brazilian site, 2016–25
179 industry · 126 active now

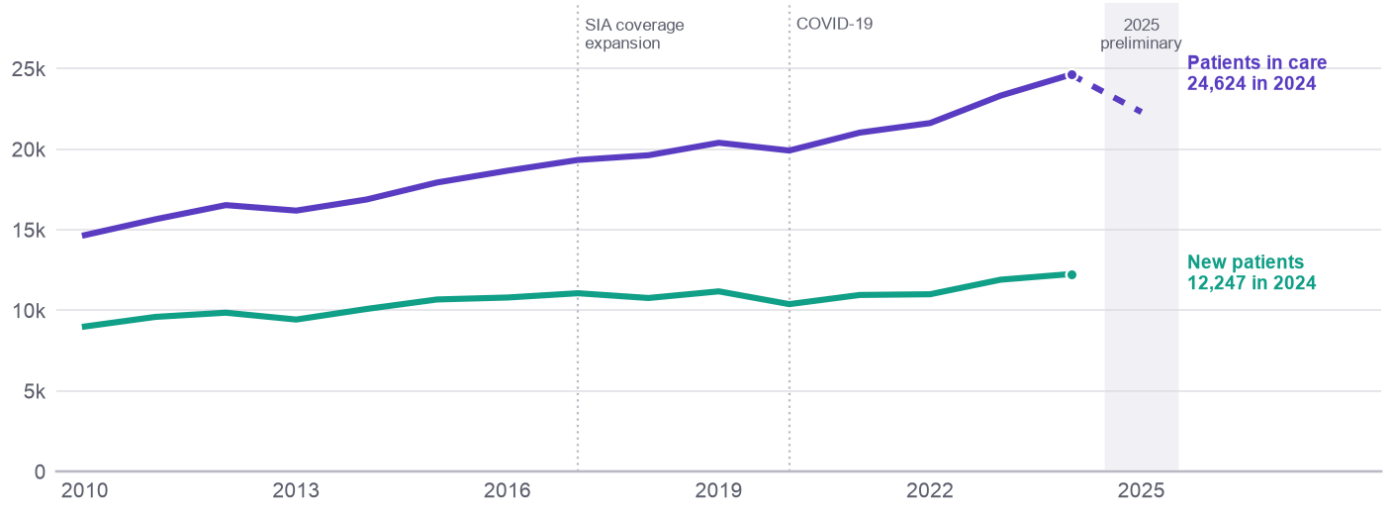
3.2%
Brazil's share of global trials
same condition, start 2016–2025

966
SUS facilities with visits or procedures
150 cover 80% of contacts

67 y · 52% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

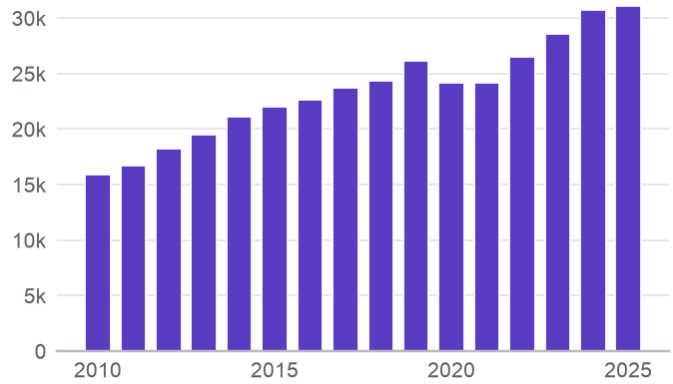
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

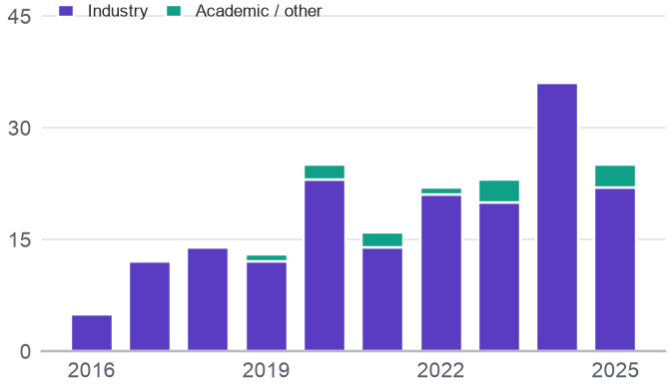
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

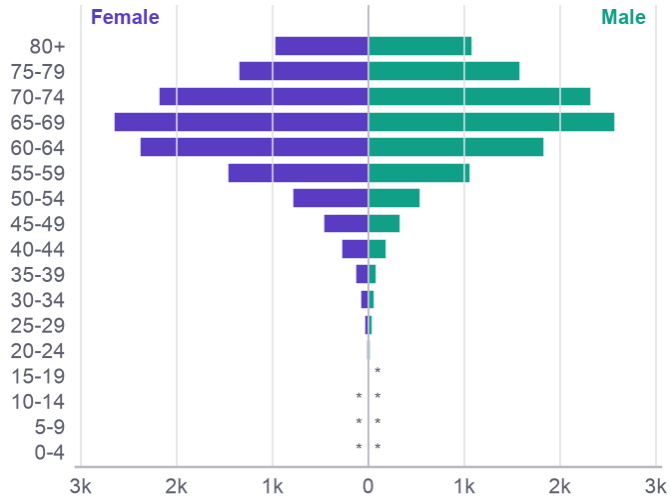
Phase 3: 139 · Phase 2: 44 · Phase 1: 16 · Not applicable: 4 · Phase 4: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

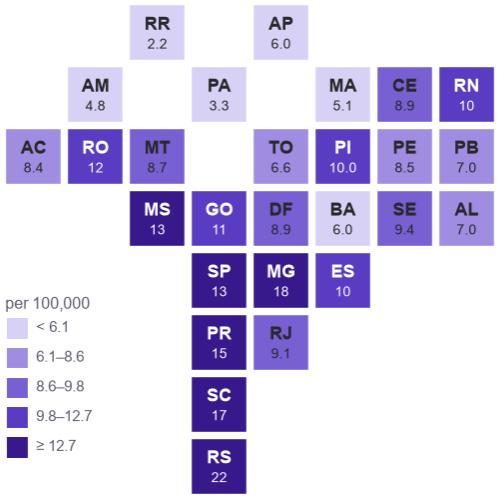
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

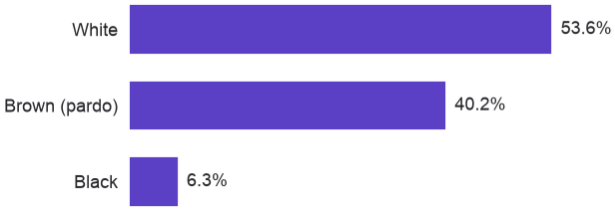
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

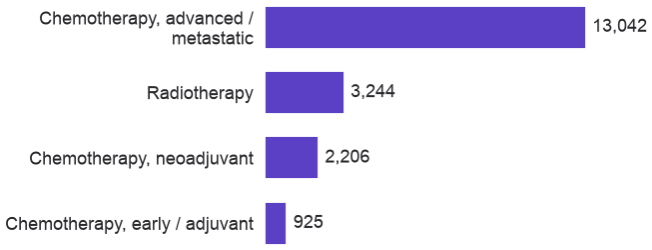
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **24,624** patients were in SUS specialised outpatient care in 2024 (11.6 per 100,000 inhabitants); **12,247** were new to the system that year (5.8 per 100,000).
- The population in care changed by **+3.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **51%** of them. The highest rate is in Rio Grande do Sul (22.4 per 100,000).
- Specialised visits and procedures took place in **966** SUS facilities; **150** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (13,042 patients) and radiotherapy (3,244 patients).
- **30,694** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 24.4%.
- **191** interventional trials with a Brazilian site started between 2016 and 2025 (179 industry-sponsored, 139 phase 3, 126 still active). Brazil hosts 3.2% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in lung cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Gastric cancer

ICD-10: C16

21,822
Patients in SUS specialised care, 2024
10.3 per 100,000 (treated prevalence)

9,630
New patients in SUS, 2024
4.5 per 100,000 (SUS-recorded incidence)

35,500
SUS hospital admissions, 2024
in-hospital mortality 13.7%

4,316
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

31
Trials with a Brazilian site, 2016–25
25 industry · 16 active now

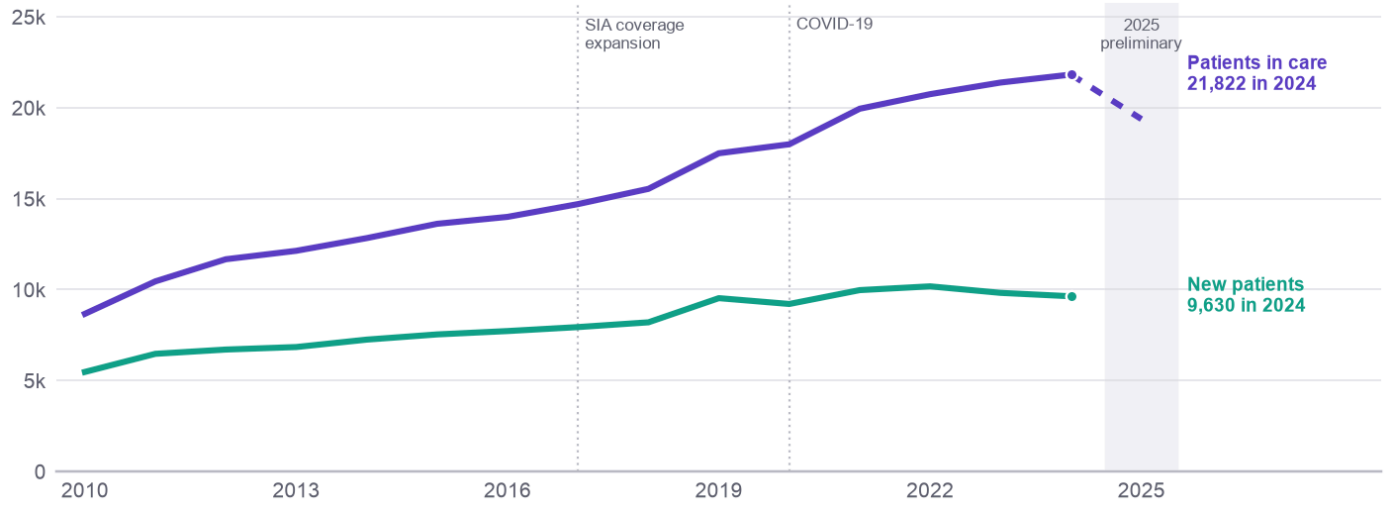
1.8%
Brazil's share of global trials
same condition, start 2016–2025

866
SUS facilities with visits or procedures
157 cover 80% of contacts

65 y · 41% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

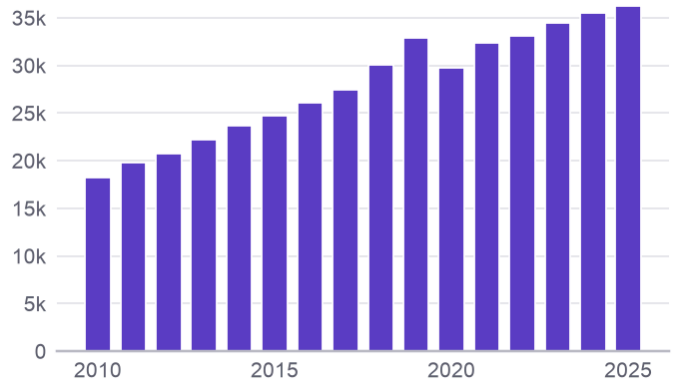
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

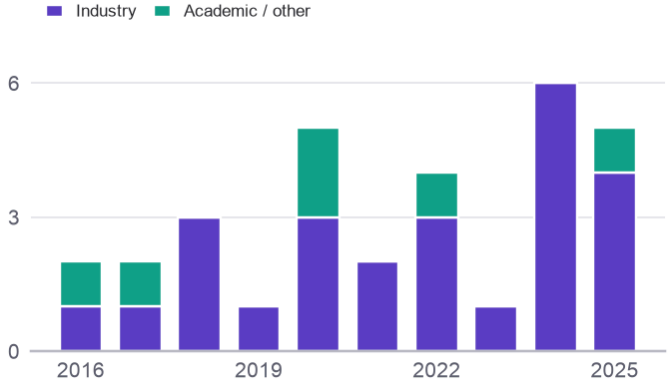
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

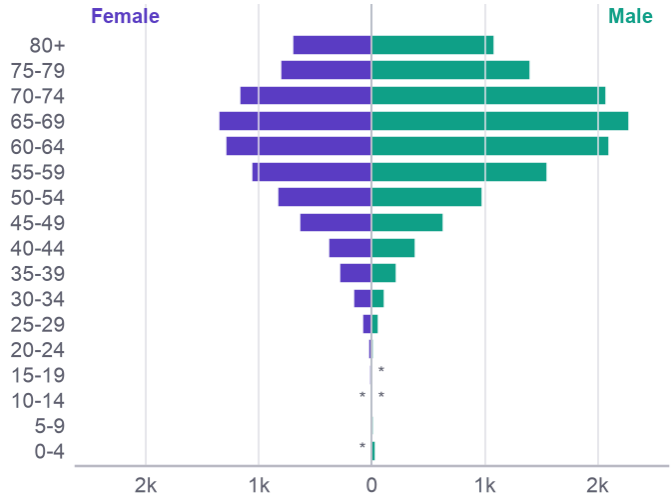
Phase 3: 17 · Phase 2: 10 · Phase 1: 6 · Not applicable: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

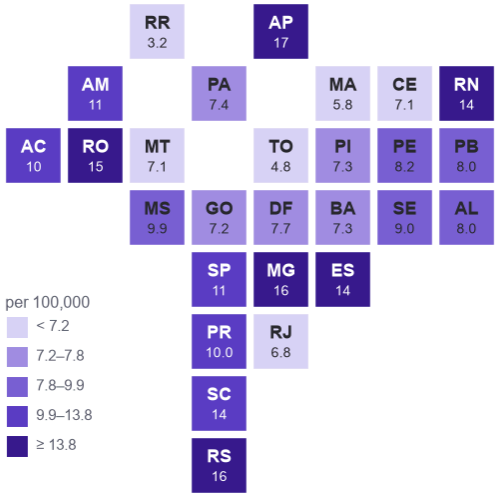
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

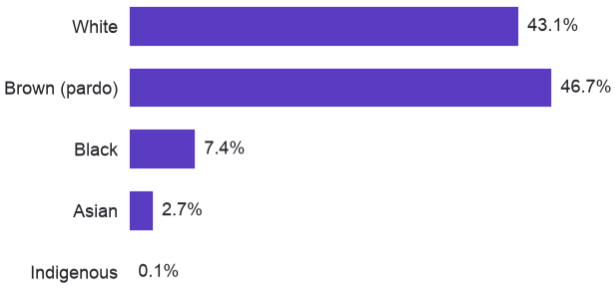
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

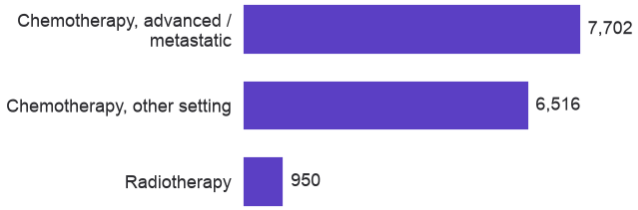
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **21,822** patients were in SUS specialised outpatient care in 2024 (10.3 per 100,000 inhabitants); **9,630** were new to the system that year (4.5 per 100,000).
- The population in care changed by **+5.5% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **47%** of them. The highest rate is in Amapá (17.2 per 100,000).
- Specialised visits and procedures took place in **866** SUS facilities; **157** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (7,702 patients) and chemotherapy, other setting (6,516 patients).
- **35,500** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 13.7%.
- **31** interventional trials with a Brazilian site started between 2016 and 2025 (25 industry-sponsored, 17 phase 3, 16 still active). Brazil hosts 1.8% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in gastric cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

ONCOLOGY

Bladder and urothelial cancer

ICD-10: C67

20,683
Patients in SUS specialised care, 2024
9.7 per 100,000 (treated prevalence)

6,853
New patients in SUS, 2024
3.2 per 100,000 (SUS-recorded incidence)

25,974
SUS hospital admissions, 2024
in-hospital mortality 5.8%

11,092
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

41
Trials with a Brazilian site, 2016–25
36 industry · 28 active now

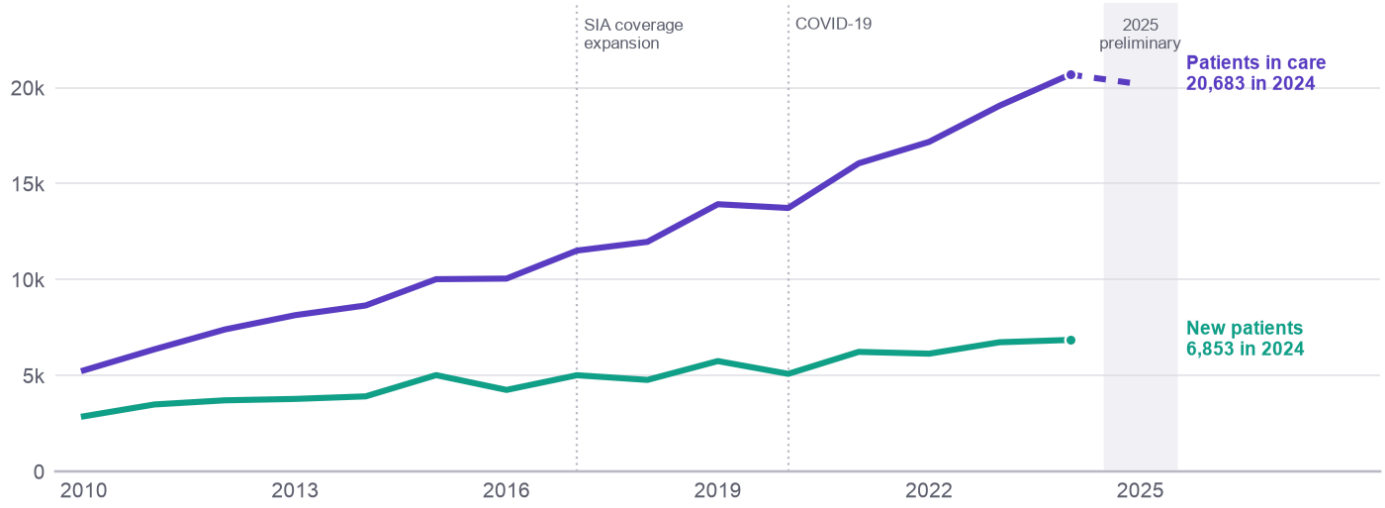
2.9%
Brazil's share of global trials
same condition, start 2016–2025

865
SUS facilities with visits or procedures
184 cover 80% of contacts

70 y · 32% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

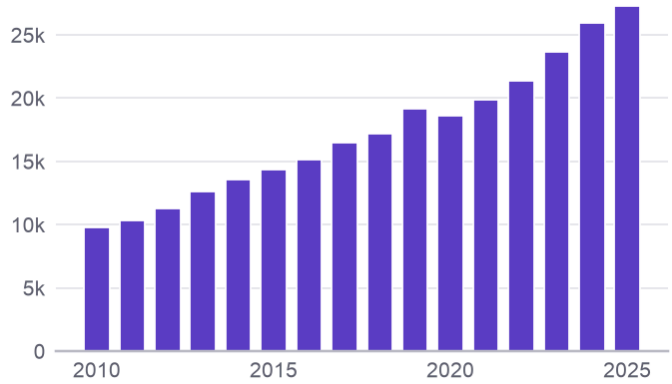
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

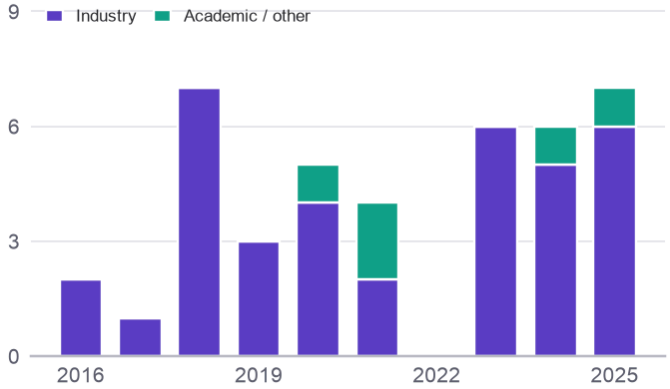
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

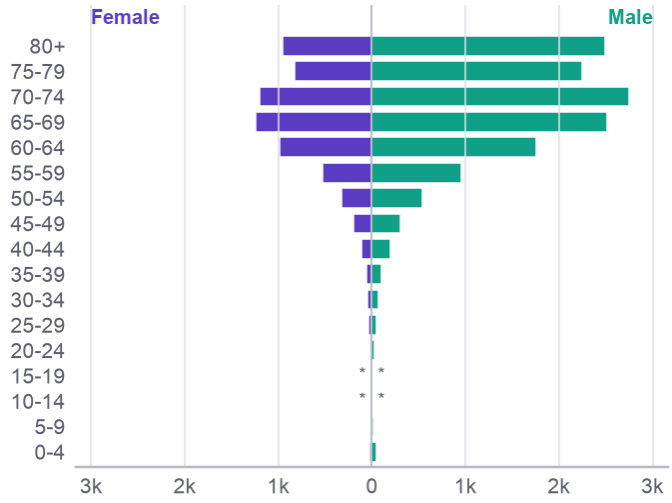
Phase 3: 28 · Phase 2: 12 · Phase 1: 3 · Not applicable: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

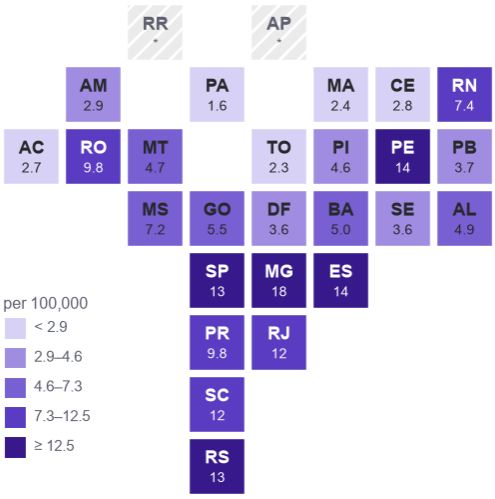
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

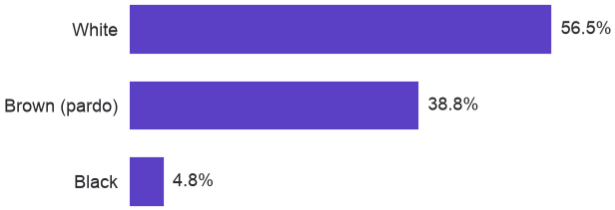
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

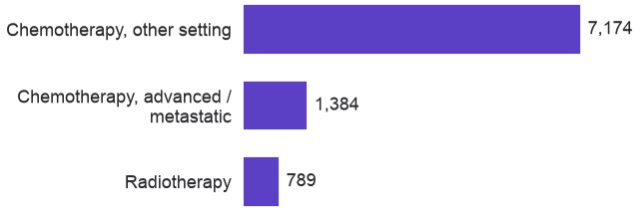
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **20,683** patients were in SUS specialised outpatient care in 2024 (9.7 per 100,000 inhabitants); **6,853** were new to the system that year (3.2 per 100,000).
- The population in care changed by **+9.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **57%** of them. The highest rate is in Minas Gerais (17.9 per 100,000).
- Specialised visits and procedures took place in **865** SUS facilities; **184** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, other setting (7,174 patients) and chemotherapy, advanced / metastatic (1,384 patients).
- **25,974** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 5.8%.
- **41** interventional trials with a Brazilian site started between 2016 and 2025 (36 industry-sponsored, 28 phase 3, 28 still active). Brazil hosts 2.9% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in bladder and urothelial cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

ONCOLOGY

Sarcomas

ICD-10: C40, C41, C49

14,294
Patients in SUS specialised care, 2024
6.7 per 100,000 (treated prevalence)

6,239
New patients in SUS, 2024
2.9 per 100,000 (SUS-recorded incidence)

33,066
SUS hospital admissions, 2024
in-hospital mortality 4.0%

4,856
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

11
Trials with a Brazilian site, 2016–25
6 industry · 6 active now

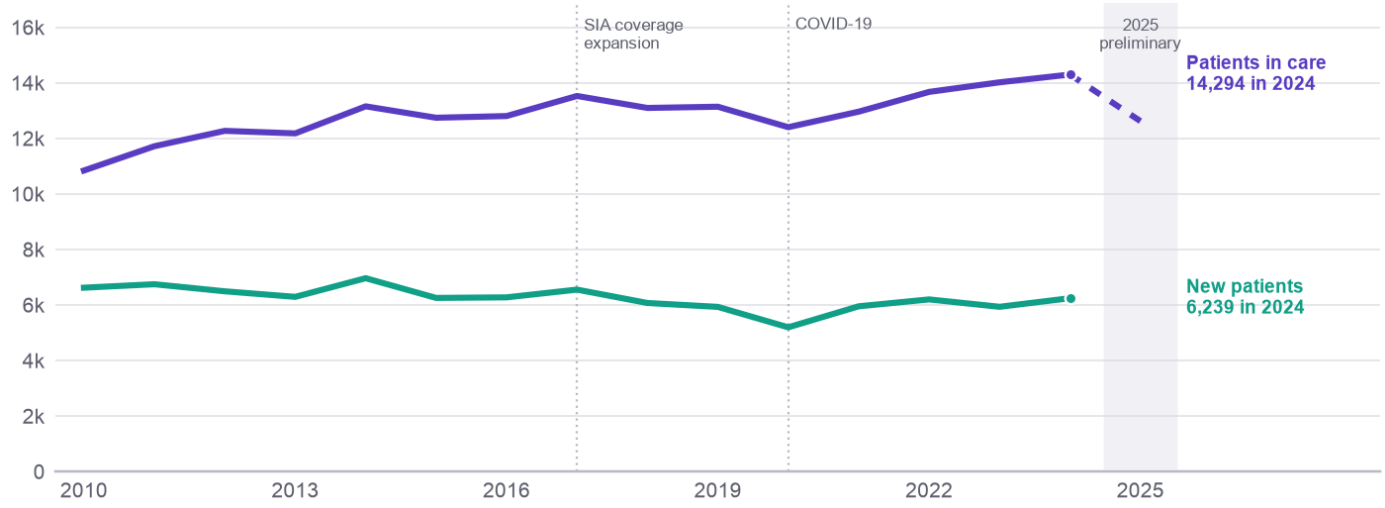
1.0%
Brazil's share of global trials
same condition, start 2016–2025

923
SUS facilities with visits or procedures
134 cover 80% of contacts

52 y · 54% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

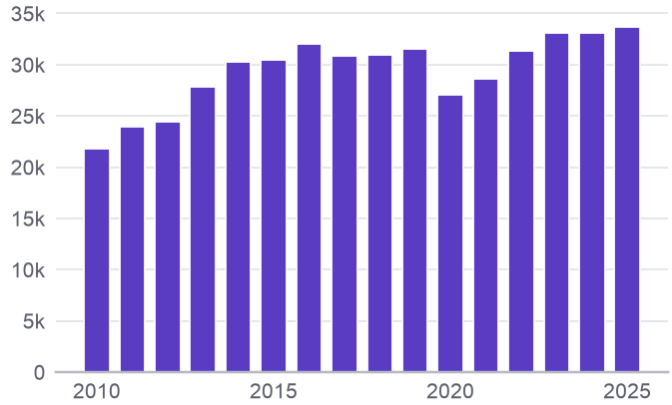
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

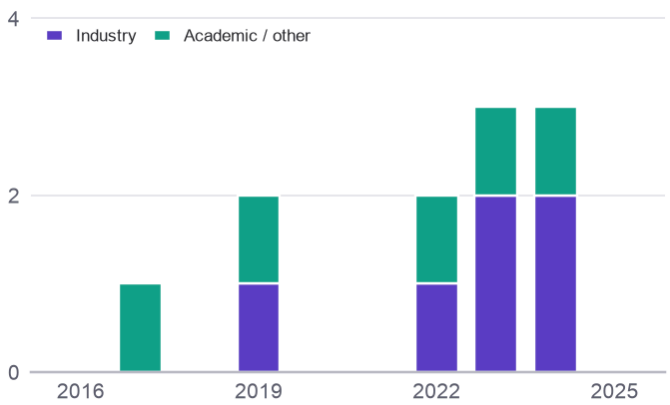
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

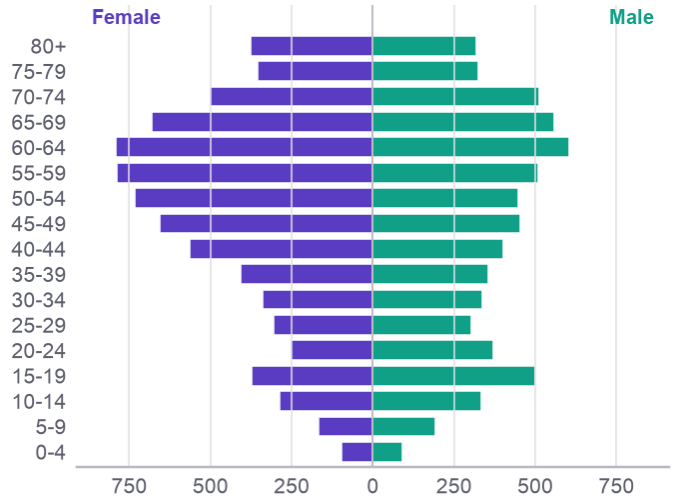
Phase 2: 5 · Phase 3: 4 · Not applicable: 3 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

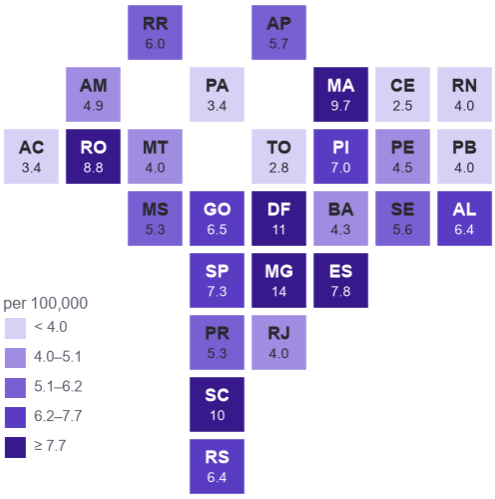
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

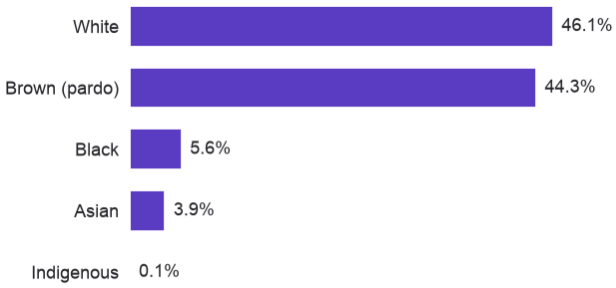
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

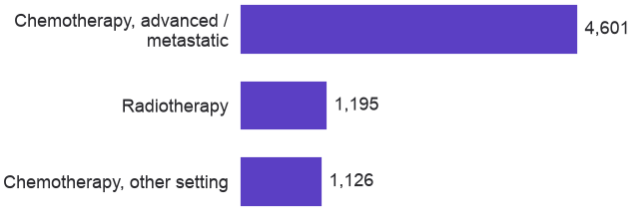
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **14,294** patients were in SUS specialised outpatient care in 2024 (6.7 per 100,000 inhabitants); **6,239** were new to the system that year (2.9 per 100,000).
- The population in care changed by **+0.8% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Santa Catarina concentrate **50%** of them. The highest rate is in Minas Gerais (13.9 per 100,000).
- Specialised visits and procedures took place in **923** SUS facilities; **134** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (4,601 patients) and radiotherapy (1,195 patients).
- **33,066** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 4.0%.
- **11** interventional trials with a Brazilian site started between 2016 and 2025 (6 industry-sponsored, 4 phase 3, 6 still active). Brazil hosts 1.0% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in sarcomas? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Endometrial cancer

ICD-10: C54, C55

13,887
Patients in SUS specialised care, 2024
6.5 per 100,000 (treated prevalence)

5,599
New patients in SUS, 2024
2.6 per 100,000 (SUS-recorded incidence)

13,641
SUS hospital admissions, 2024
in-hospital mortality 8.7%

2,973
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

20
Trials with a Brazilian site, 2016–25
13 industry · 14 active now

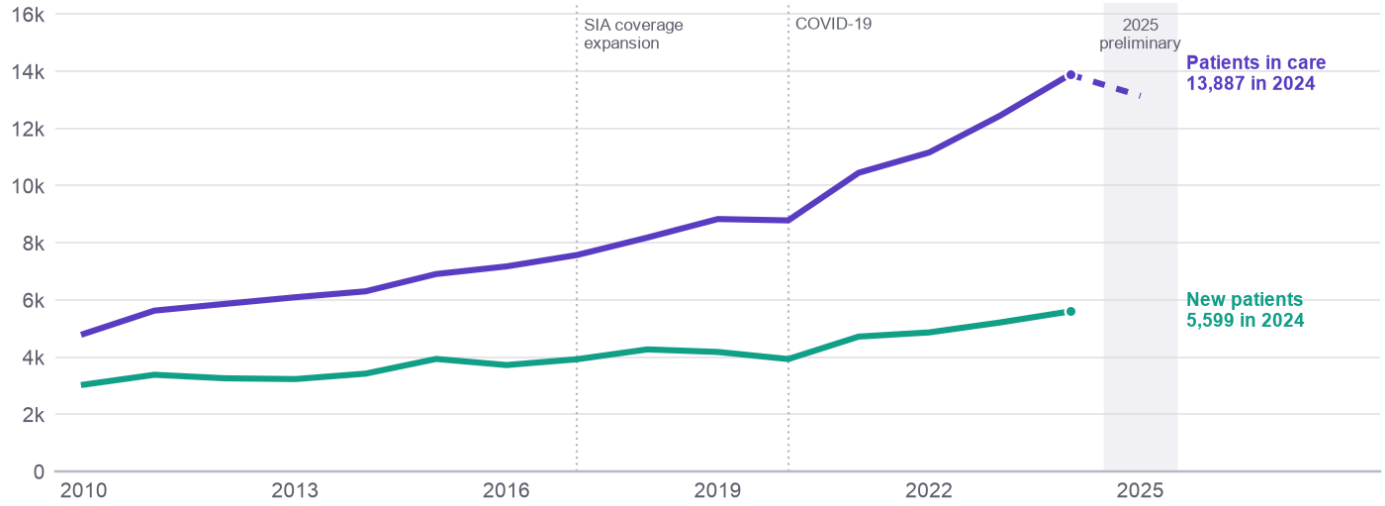
2.8%
Brazil's share of global trials
same condition, start 2016–2025

762
SUS facilities with visits or procedures
150 cover 80% of contacts

65 y · 100% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

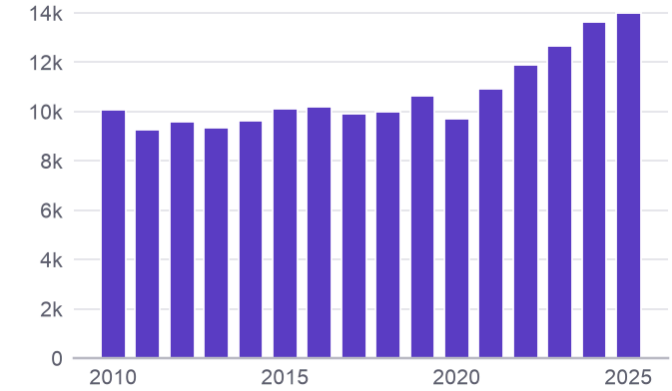
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

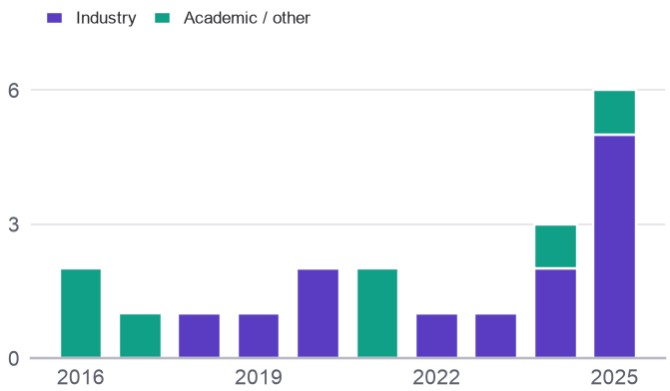
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

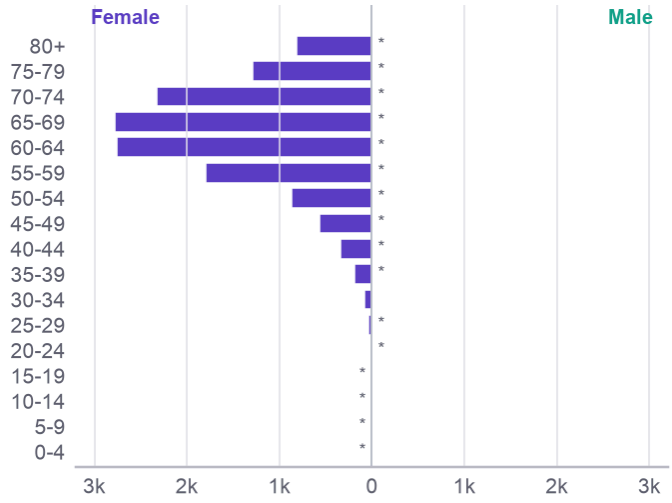
Phase 3: 12 · Not applicable: 5 · Phase 2: 3 · Phase 1: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

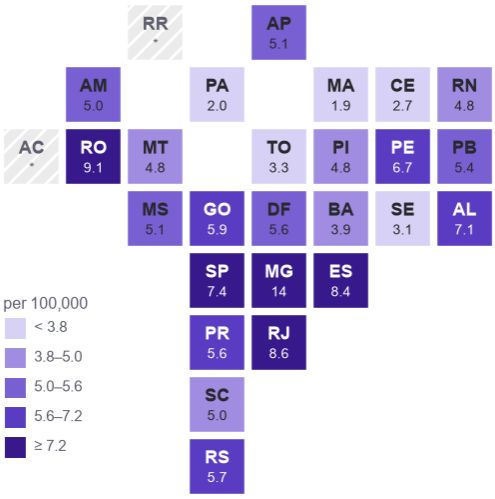
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

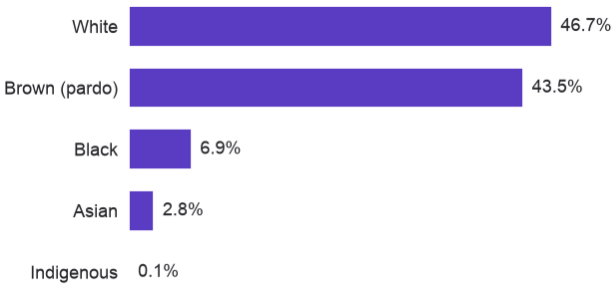
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

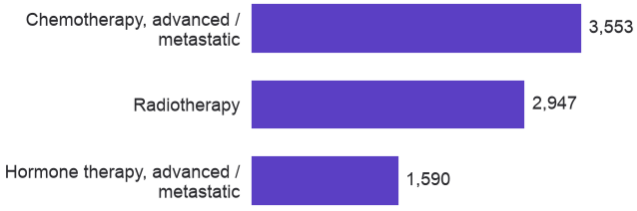
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **13,887** patients were in SUS specialised outpatient care in 2024 (6.5 per 100,000 inhabitants); **5,599** were new to the system that year (2.6 per 100,000).
- The population in care changed by **+8.2% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **56%** of them. The highest rate is in Minas Gerais (13.6 per 100,000).
- Specialised visits and procedures took place in **762** SUS facilities; **150** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (3,553 patients) and radiotherapy (2,947 patients).
- **13,641** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 8.7%.
- **20** interventional trials with a Brazilian site started between 2016 and 2025 (13 industry-sponsored, 12 phase 3, 14 still active). Brazil hosts 2.8% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in endometrial cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Ovarian cancer

ICD-10: C56, C570

12,698
Patients in SUS specialised care, 2024
6.0 per 100,000 (treated prevalence)

4,781
New patients in SUS, 2024
2.2 per 100,000 (SUS-recorded incidence)

15,092
SUS hospital admissions, 2024
in-hospital mortality 9.3%

3,964
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

24
Trials with a Brazilian site, 2016–25
19 industry · 17 active now

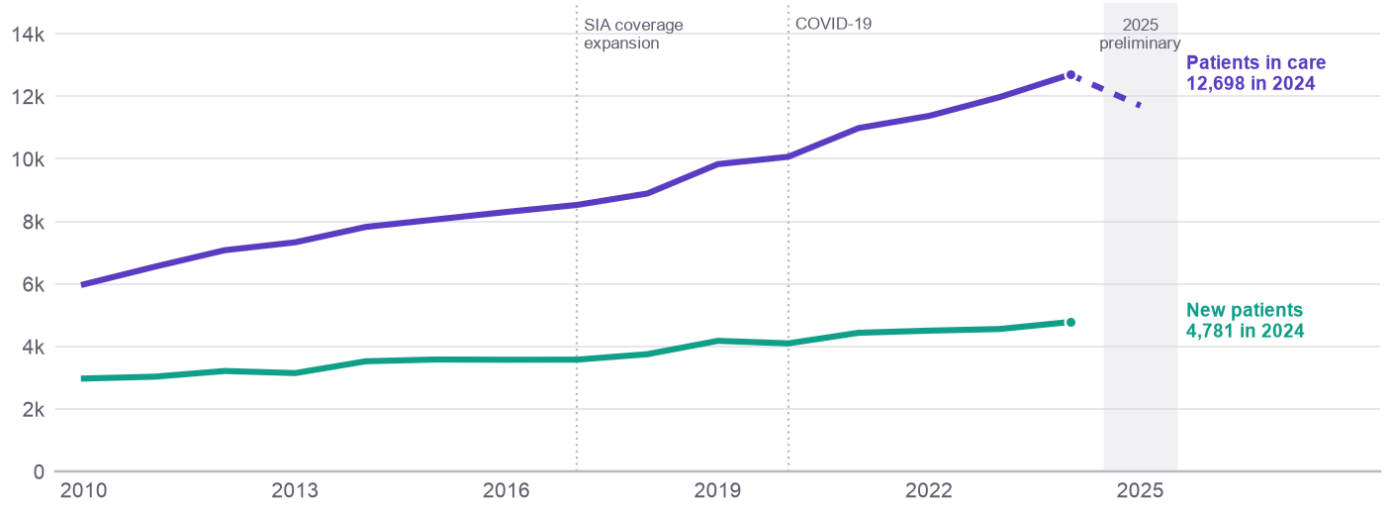
1.5%
Brazil's share of global trials
same condition, start 2016–2025

693
SUS facilities with visits or procedures
161 cover 80% of contacts

59 y · 100% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

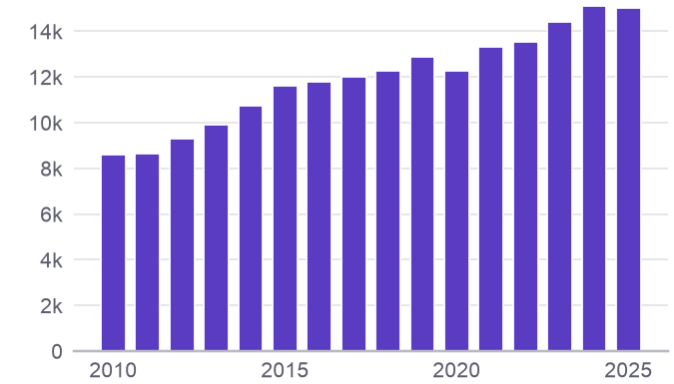
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

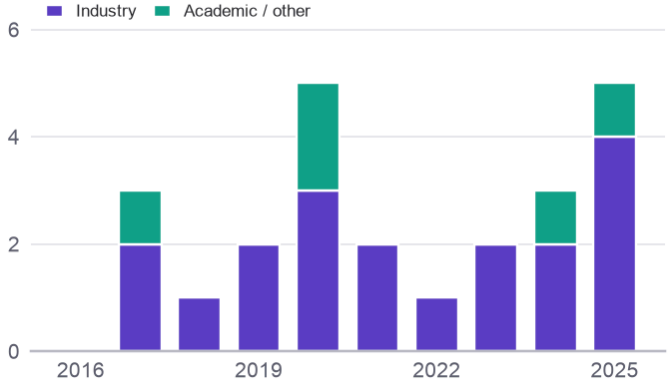
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

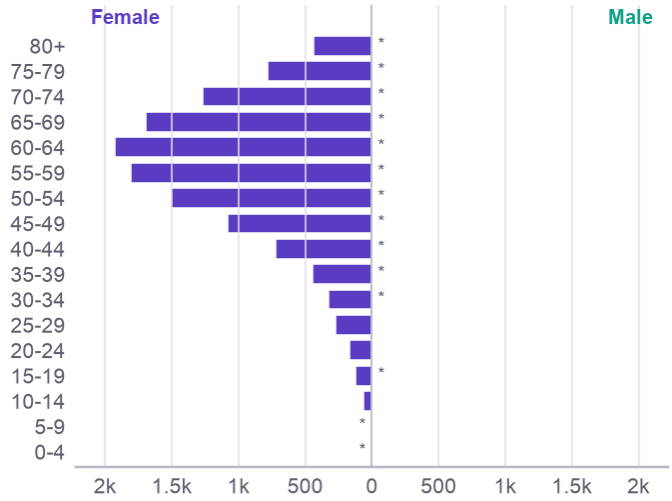
Phase 3: 16 · Phase 2: 6 · Phase 1: 3 · Not applicable: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

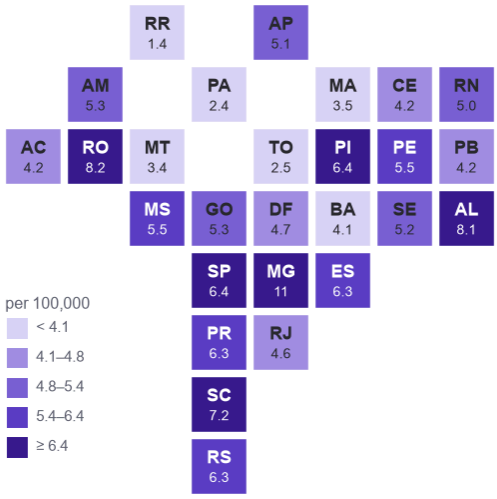
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

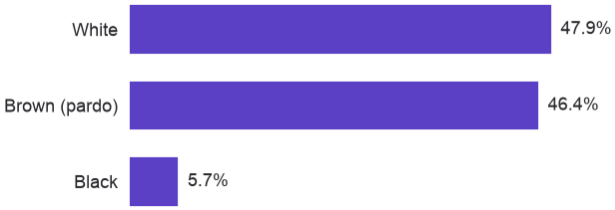
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

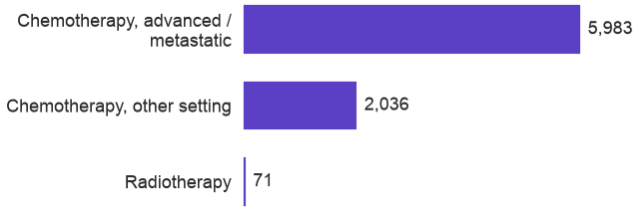
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **12,698** patients were in SUS specialised outpatient care in 2024 (6.0 per 100,000 inhabitants); **4,781** were new to the system that year (2.2 per 100,000).
- The population in care changed by **+5.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **49%** of them. The highest rate is in Minas Gerais (11.3 per 100,000).
- Specialised visits and procedures took place in **693** SUS facilities; **161** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (5,983 patients) and chemotherapy, other setting (2,036 patients).
- **15,092** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.3%.
- **24** interventional trials with a Brazilian site started between 2016 and 2025 (19 industry-sponsored, 16 phase 3, 17 still active). Brazil hosts 1.5% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in ovarian cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Esophageal cancer

ICD-10: C15

11,156
Patients in SUS specialised care, 2024
5.2 per 100,000 (treated prevalence)

5,693
New patients in SUS, 2024
2.7 per 100,000 (SUS-recorded incidence)

17,716
SUS hospital admissions, 2024
in-hospital mortality 15.9%

1,174
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

20
Trials with a Brazilian site, 2016–25
13 industry · 13 active now

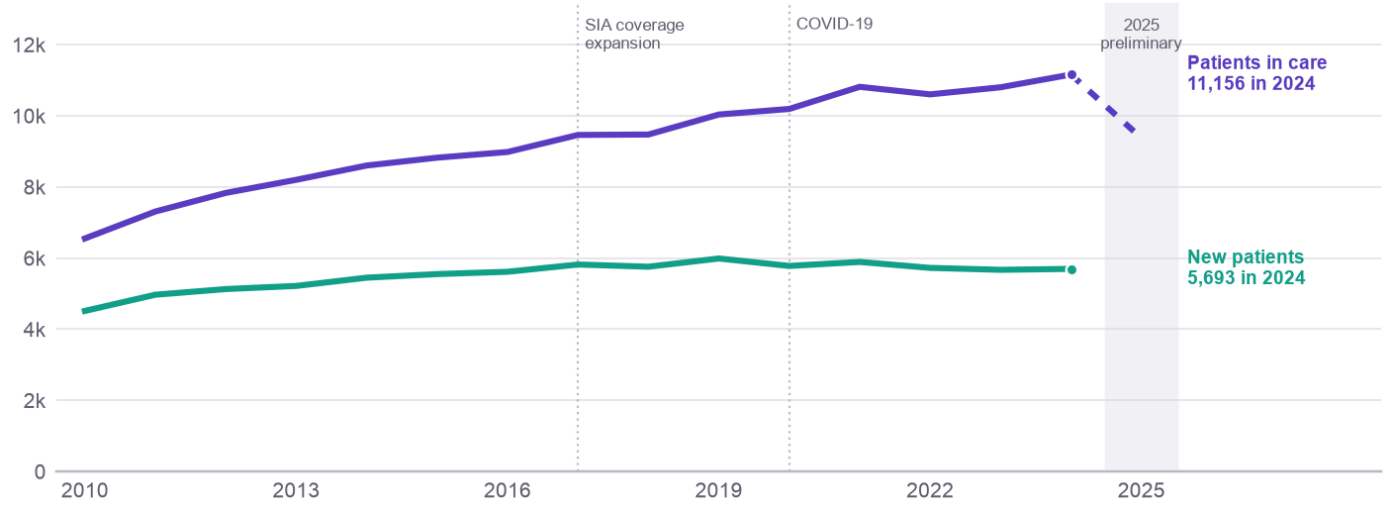
2.1%
Brazil's share of global trials
same condition, start 2016–2025

715
SUS facilities with visits or procedures
133 cover 80% of contacts

65 y · 27% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

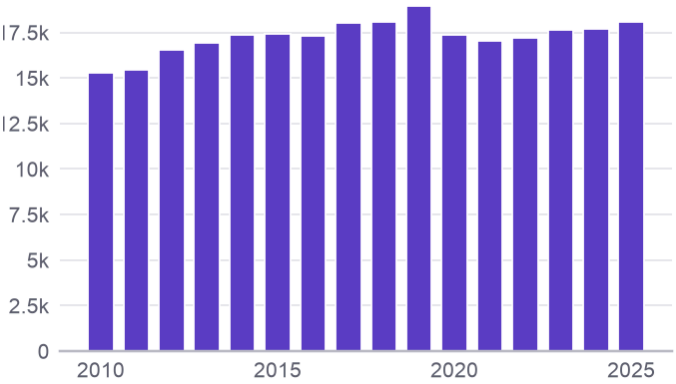
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

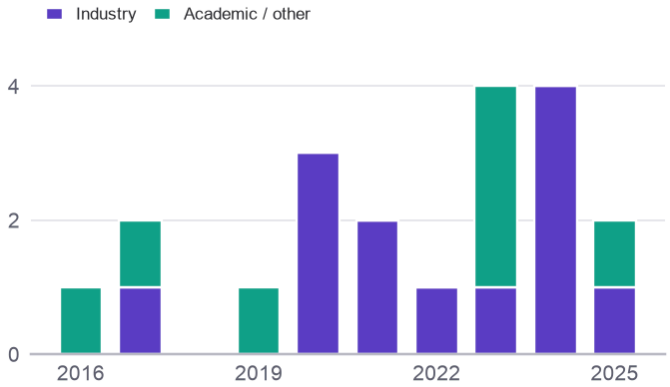
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

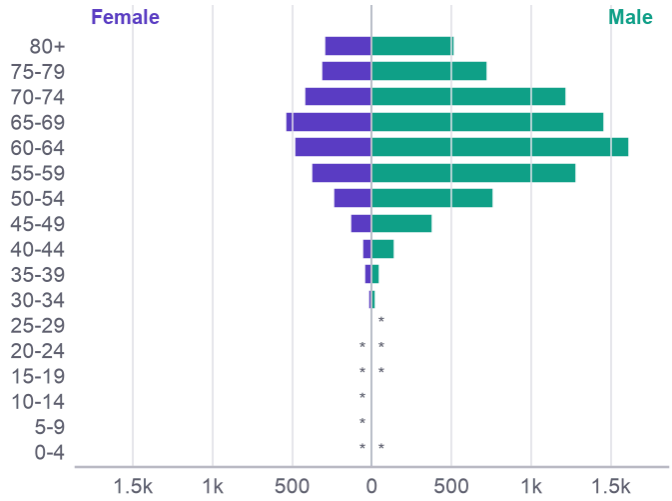
Phase 2: 10 · Phase 1: 5 · Not applicable: 5 · Phase 3: 5



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

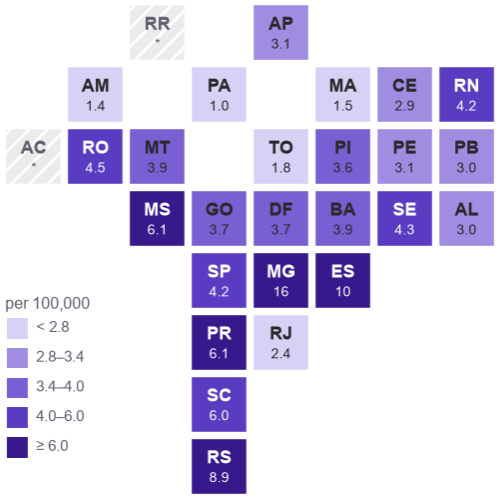
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

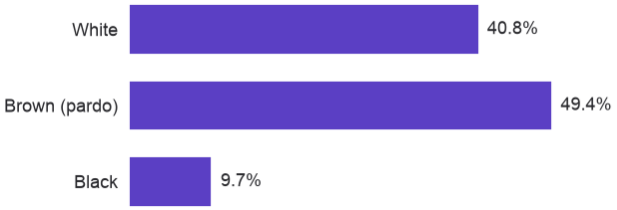
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

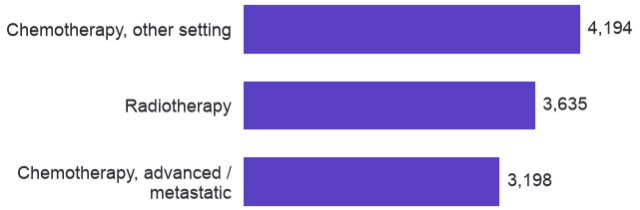
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **11,156** patients were in SUS specialised outpatient care in 2024 (5.2 per 100,000 inhabitants); **5,693** were new to the system that year (2.7 per 100,000).
- The population in care changed by **+2.6% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; Minas Gerais, São Paulo and Rio Grande do Sul concentrate **56%** of them. The highest rate is in Minas Gerais (15.6 per 100,000).
- Specialised visits and procedures took place in **715** SUS facilities; **133** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, other setting (4,194 patients) and radiotherapy (3,635 patients).
- **17,716** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 15.9%.
- **20** interventional trials with a Brazilian site started between 2016 and 2025 (13 industry-sponsored, 5 phase 3, 13 still active). Brazil hosts 2.1% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in esophageal cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Thyroid cancer

ICD-10: C73

10,489
Patients in SUS specialised care, 2024
4.9 per 100,000 (treated prevalence)

4,198
New patients in SUS, 2024
2.0 per 100,000 (SUS-recorded incidence)

14,667
SUS hospital admissions, 2024
in-hospital mortality 1.8%

10,917
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

10
Trials with a Brazilian site, 2016–25
4 industry · 7 active now

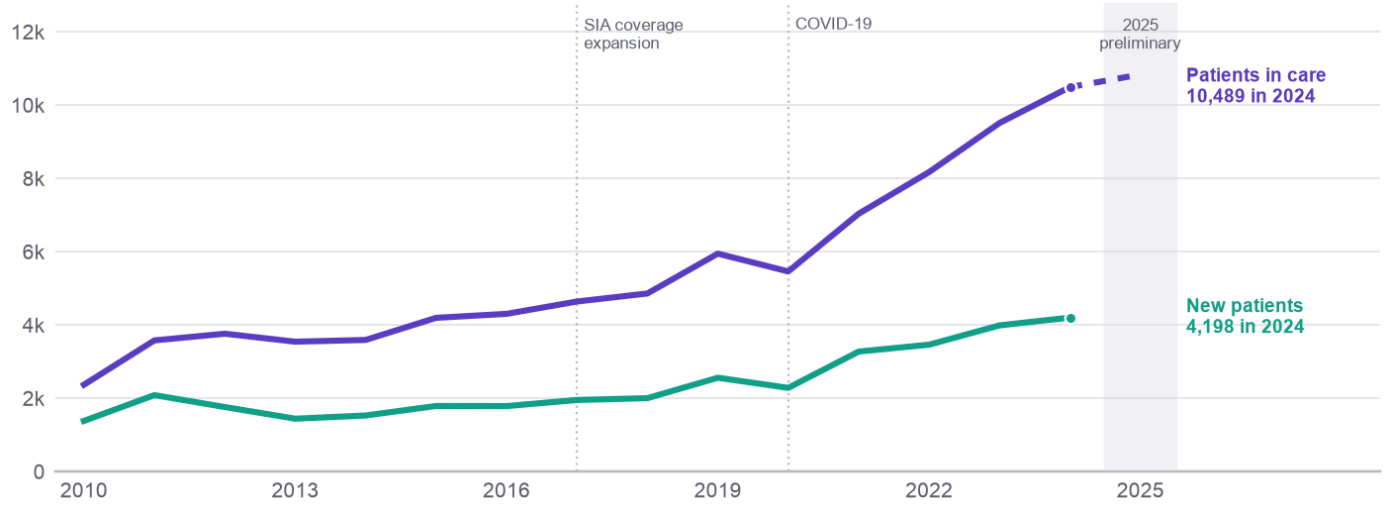
2.1%
Brazil's share of global trials
same condition, start 2016–2025

569
SUS facilities with visits or procedures
74 cover 80% of contacts

54 y · 84% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

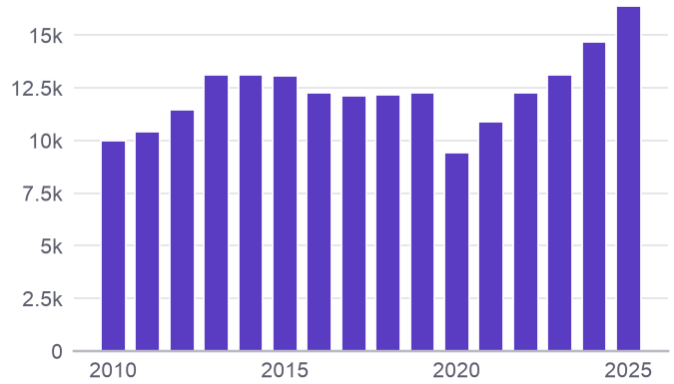
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

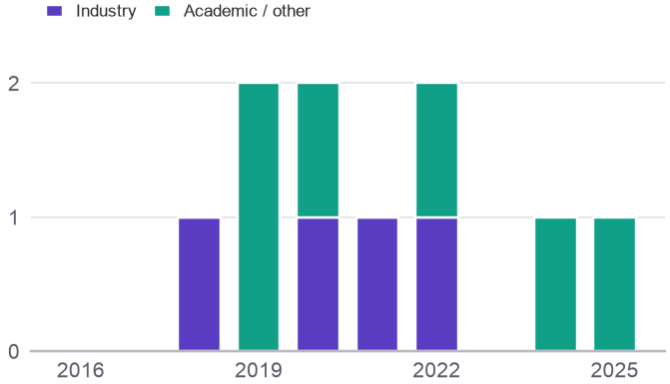
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

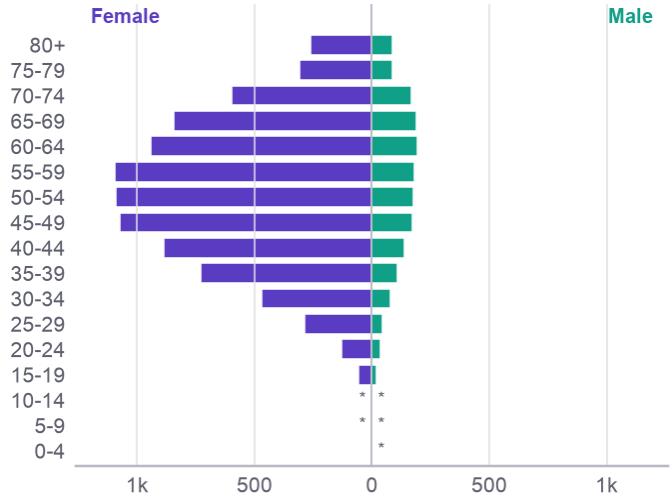
Not applicable: 5 · Phase 3: 3 · Phase 1: 1 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

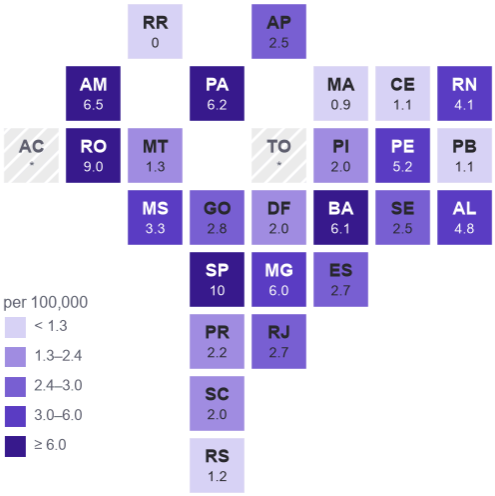
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

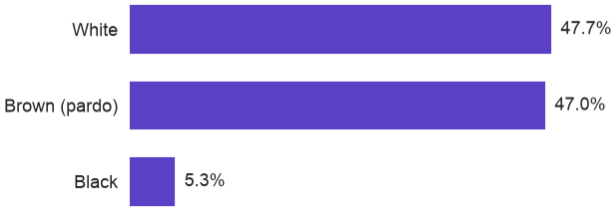
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

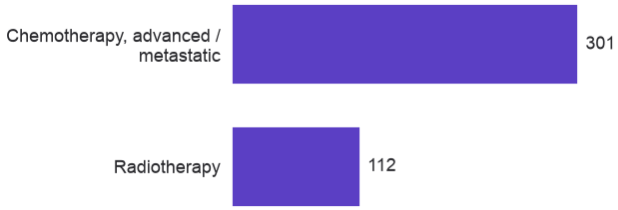
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **10,489** patients were in SUS specialised outpatient care in 2024 (4.9 per 100,000 inhabitants); **4,198** were new to the system that year (2.0 per 100,000).
- The population in care changed by **+11.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 26 of the 27 states; São Paulo, Minas Gerais and Bahia concentrate **65%** of them. The highest rate is in São Paulo (10.1 per 100,000).
- Specialised visits and procedures took place in **569** SUS facilities; **74** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (301 patients) and radiotherapy (112 patients).
- **14,667** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.8%.
- **10** interventional trials with a Brazilian site started between 2016 and 2025 (4 industry-sponsored, 3 phase 3, 7 still active). Brazil hosts 2.1% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in thyroid cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Kidney cancer

ICD-10: C64

10,382
Patients in SUS specialised care, 2024
4.9 per 100,000 (treated prevalence)

4,011
New patients in SUS, 2024
1.9 per 100,000 (SUS-recorded incidence)

12,554
SUS hospital admissions, 2024
in-hospital mortality 9.2%

5,531
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

27
Trials with a Brazilian site, 2016–25
20 industry · 17 active now

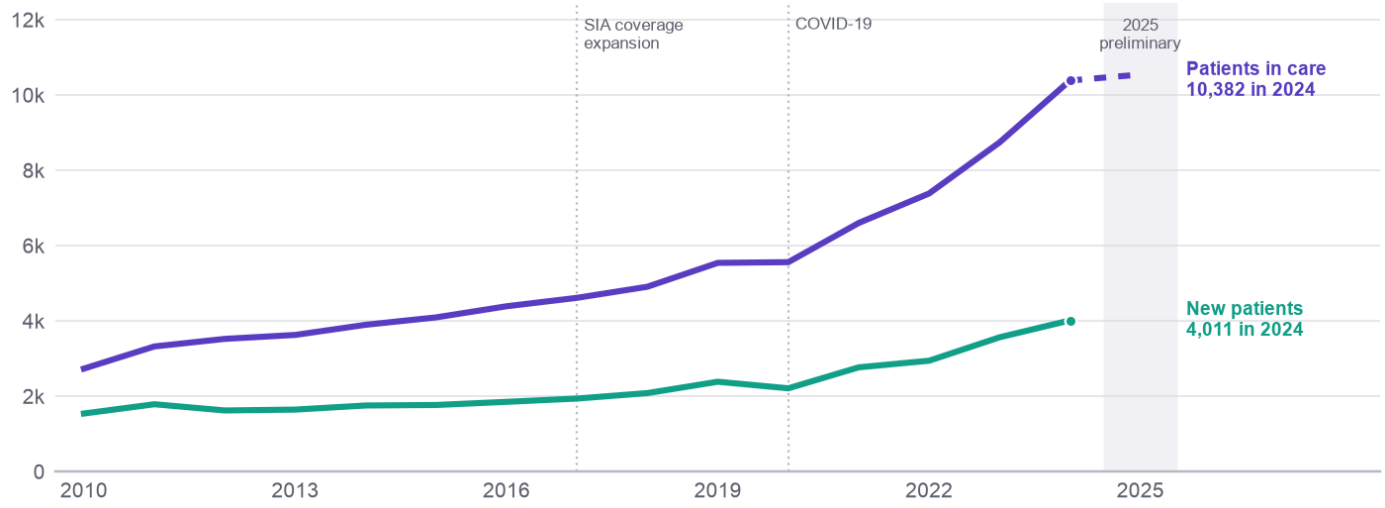
2.6%
Brazil's share of global trials
same condition, start 2016–2025

643
SUS facilities with visits or procedures
109 cover 80% of contacts

63 y · 43% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

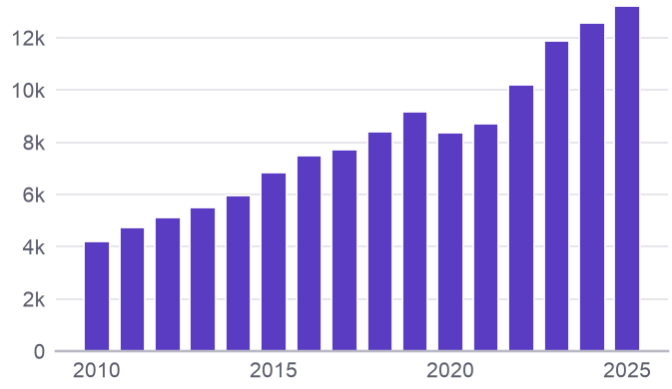
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

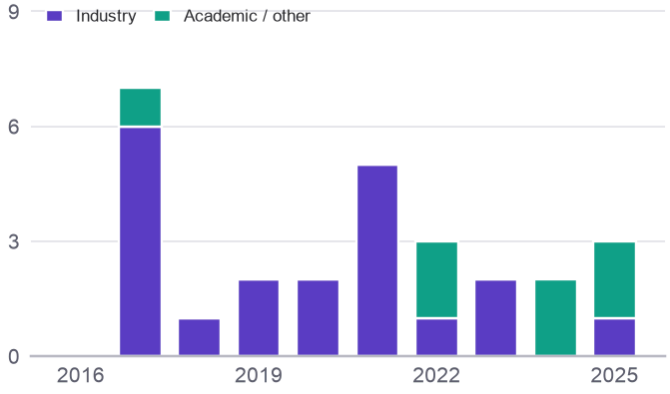
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

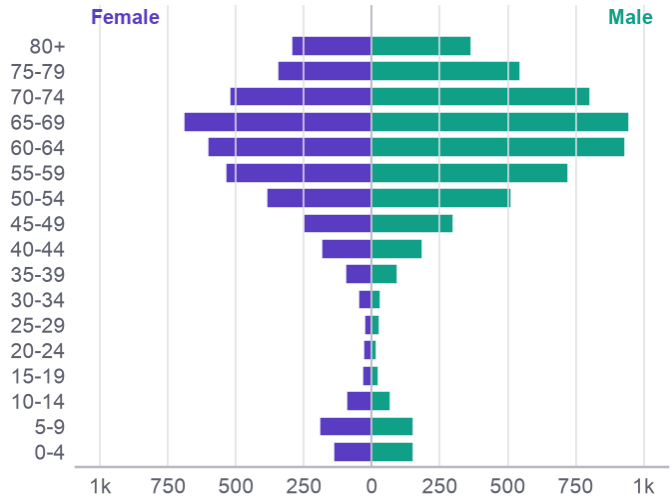
Phase 3: 19 · Phase 2: 5 · Not applicable: 2 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

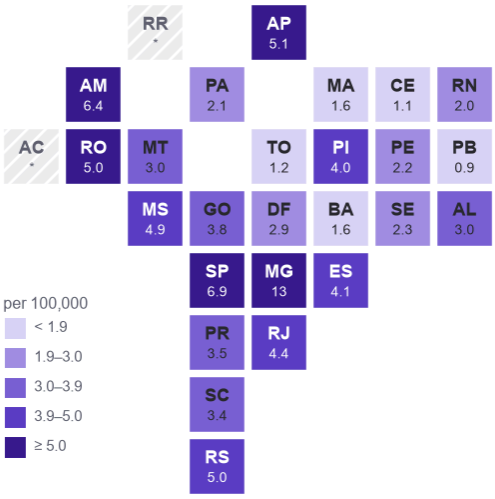
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

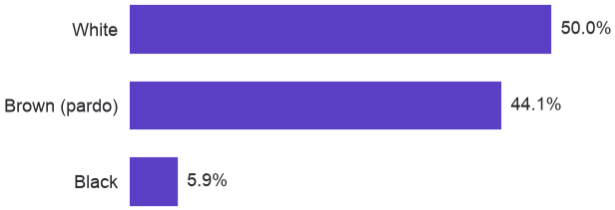
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

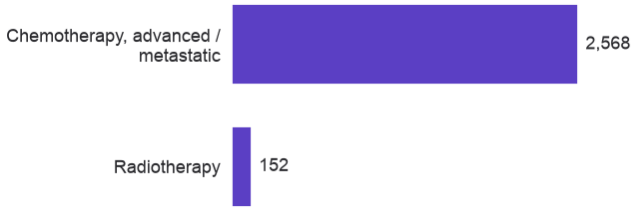
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **10,382** patients were in SUS specialised outpatient care in 2024 (4.9 per 100,000 inhabitants); **4,011** were new to the system that year (1.9 per 100,000).
- The population in care changed by **+10.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **64%** of them. The highest rate is in Minas Gerais (12.8 per 100,000).
- Specialised visits and procedures took place in **643** SUS facilities; **109** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (2,568 patients) and radiotherapy (152 patients).
- **12,554** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.2%.
- **27** interventional trials with a Brazilian site started between 2016 and 2025 (20 industry-sponsored, 19 phase 3, 17 still active). Brazil hosts 2.6% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in kidney cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Brain tumours (glioma)

ICD-10: C71

8,386
Patients in SUS specialised care, 2024
3.9 per 100,000 (treated prevalence)

3,303
New patients in SUS, 2024
1.6 per 100,000 (SUS-recorded incidence)

16,966
SUS hospital admissions, 2024
in-hospital mortality 13.9%

4,206
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

14
Trials with a Brazilian site, 2016–25
8 industry · 10 active now

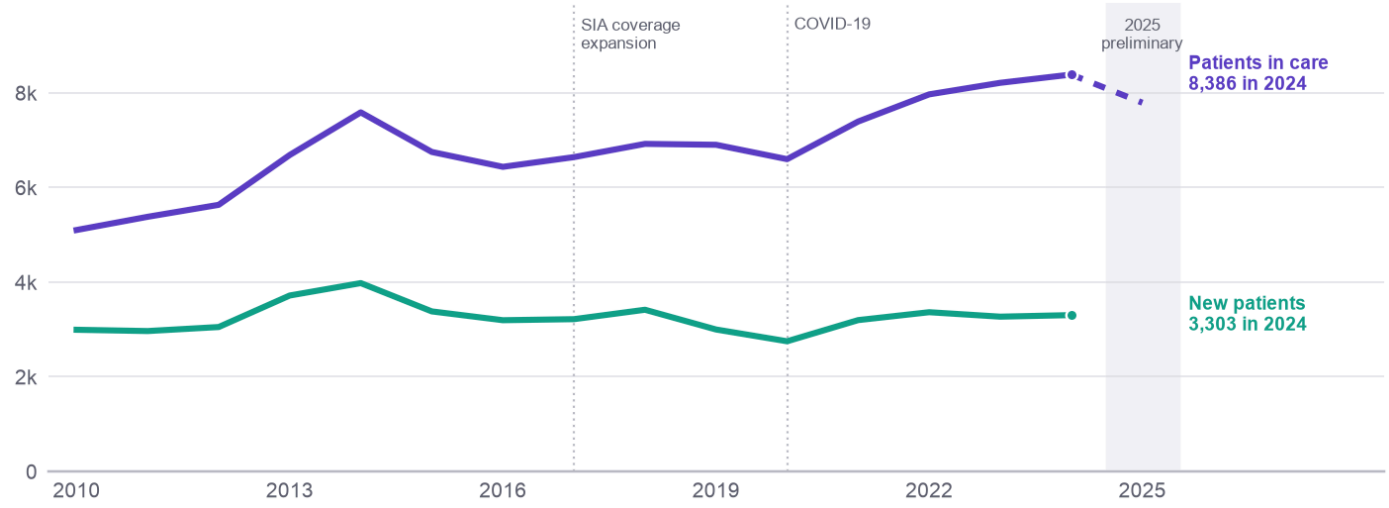
0.7%
Brazil's share of global trials
same condition, start 2016–2025

861
SUS facilities with visits or procedures
128 cover 80% of contacts

45 y · 47% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

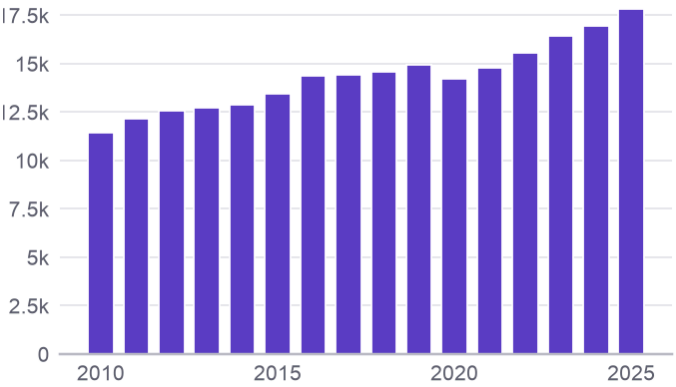
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

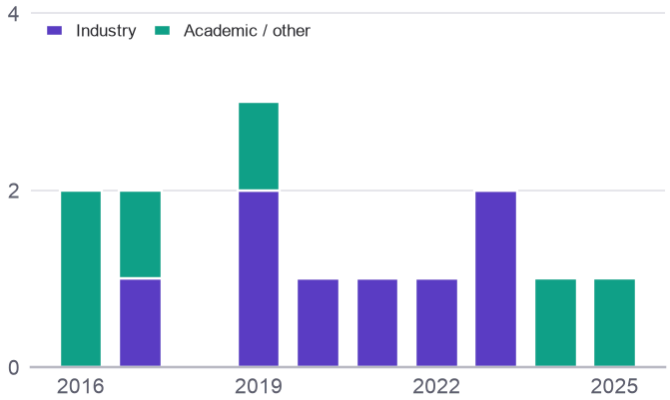
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

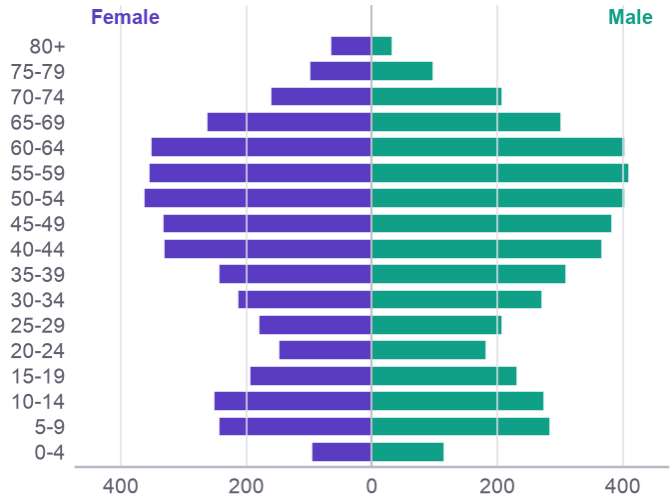
Phase 2: 7 · Phase 3: 4 · Phase 1: 2 · Phase 4: 1 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

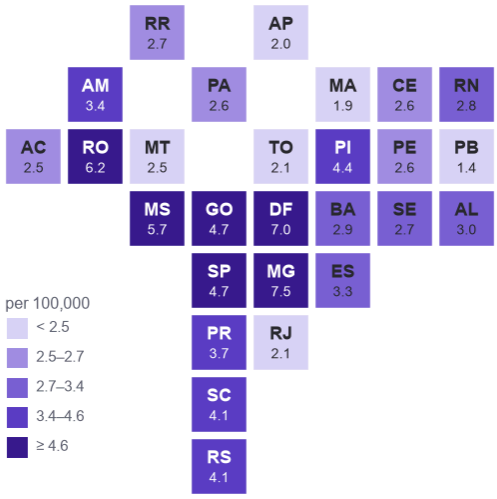
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

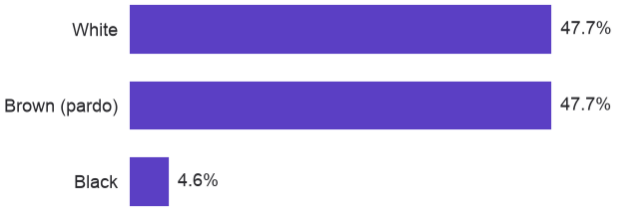
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **8,386** patients were in SUS specialised outpatient care in 2024 (3.9 per 100,000 inhabitants); **3,303** were new to the system that year (1.6 per 100,000).
- The population in care changed by **+1.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **50%** of them. The highest rate is in Minas Gerais (7.5 per 100,000).
- Specialised visits and procedures took place in **861** SUS facilities; **128** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (3,299 patients) and radiotherapy (1,838 patients).
- **16,966** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 13.9%.
- **14** interventional trials with a Brazilian site started between 2016 and 2025 (8 industry-sponsored, 4 phase 3, 10 still active). Brazil hosts 0.7% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in brain tumours (glioma)? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Pancreatic cancer

ICD-10: C25

7,467
Patients in SUS specialised care, 2024
3.5 per 100,000 (treated prevalence)

3,906
New patients in SUS, 2024
1.8 per 100,000 (SUS-recorded incidence)

19,251
SUS hospital admissions, 2024
in-hospital mortality 19.2%

6,045
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

9
Trials with a Brazilian site, 2016–25
6 industry · 5 active now

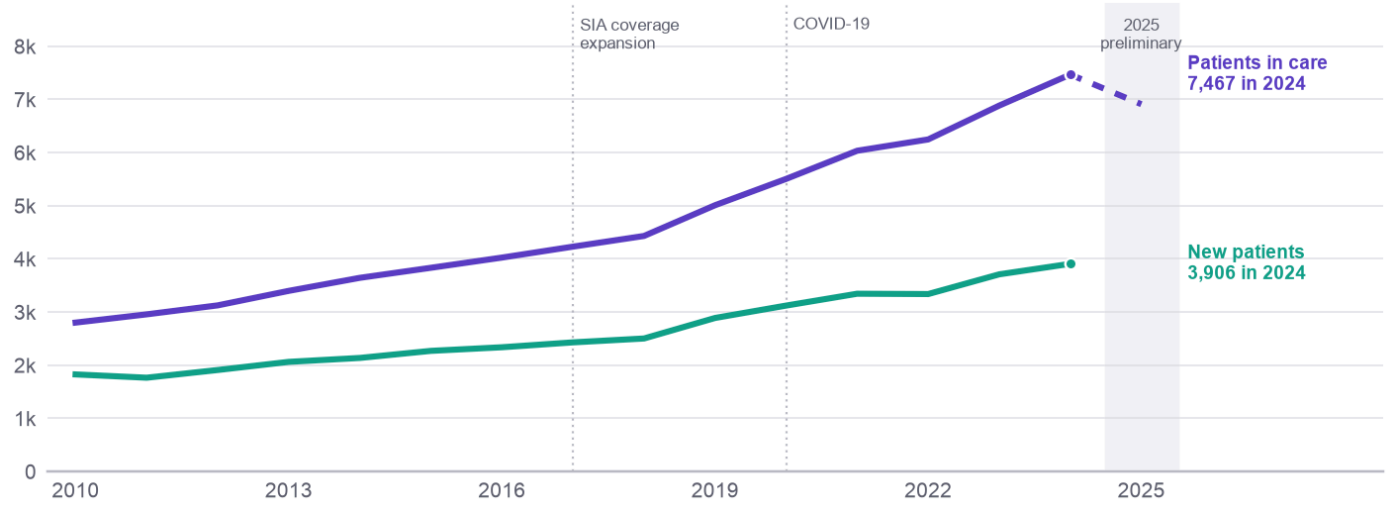
0.9%
Brazil's share of global trials
same condition, start 2016–2025

617
SUS facilities with visits or procedures
153 cover 80% of contacts

64 y · 52% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

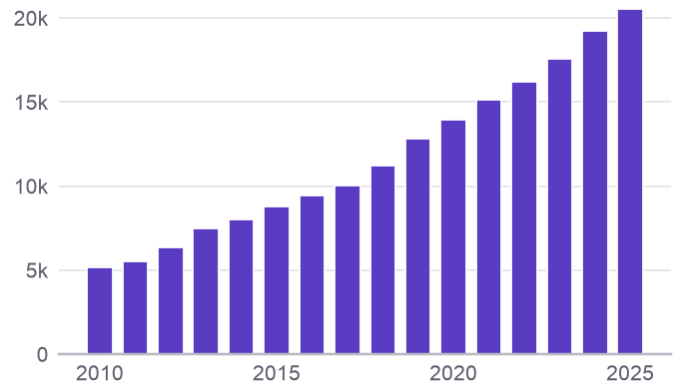
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

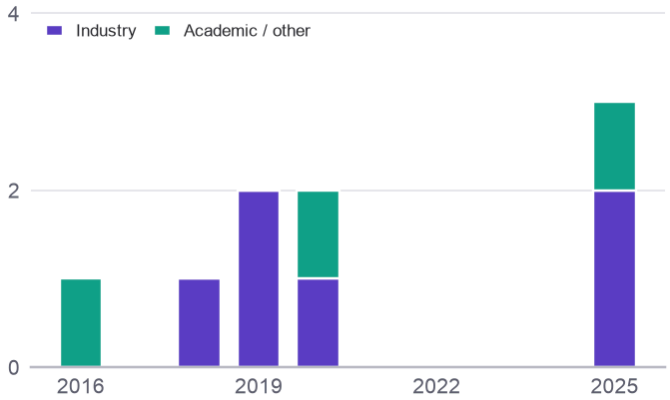
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

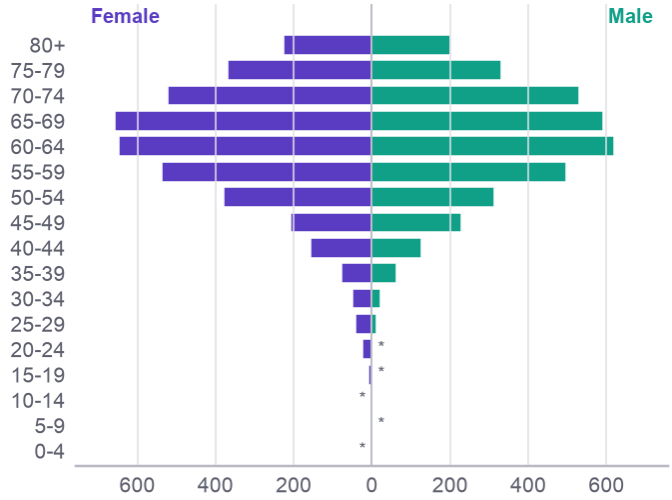
Phase 2: 5 · Phase 3: 4 · Not applicable: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

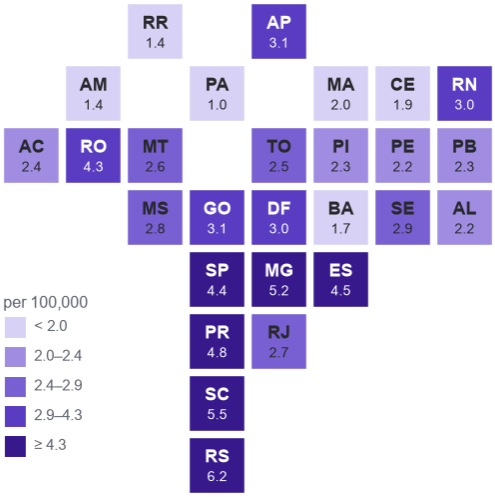
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

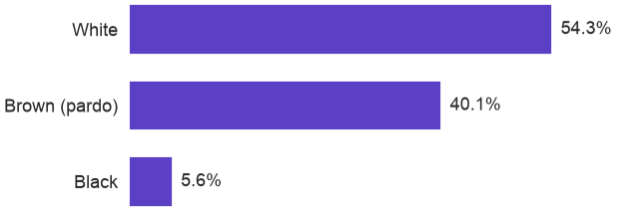
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

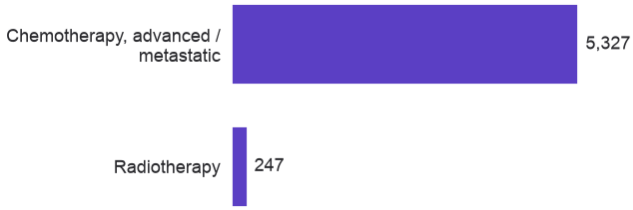
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **7,467** patients were in SUS specialised outpatient care in 2024 (3.5 per 100,000 inhabitants); **3,906** were new to the system that year (1.8 per 100,000).
- The population in care changed by **+7.4% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **51%** of them. The highest rate is in Rio Grande do Sul (6.2 per 100,000).
- Specialised visits and procedures took place in **617** SUS facilities; **153** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (5,327 patients) and radiotherapy (247 patients).
- **19,251** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 19.2%.
- **9** interventional trials with a Brazilian site started between 2016 and 2025 (6 industry-sponsored, 4 phase 3, 5 still active). Brazil hosts 0.9% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in pancreatic cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Melanoma

ICD-10: C43

6,110
Patients in SUS specialised care, 2024
2.9 per 100,000 (treated prevalence)

2,375
New patients in SUS, 2024
1.1 per 100,000 (SUS-recorded incidence)

9,381
SUS hospital admissions, 2024
in-hospital mortality 7.1%

3,005
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

33
Trials with a Brazilian site, 2016–25
31 industry · 17 active now

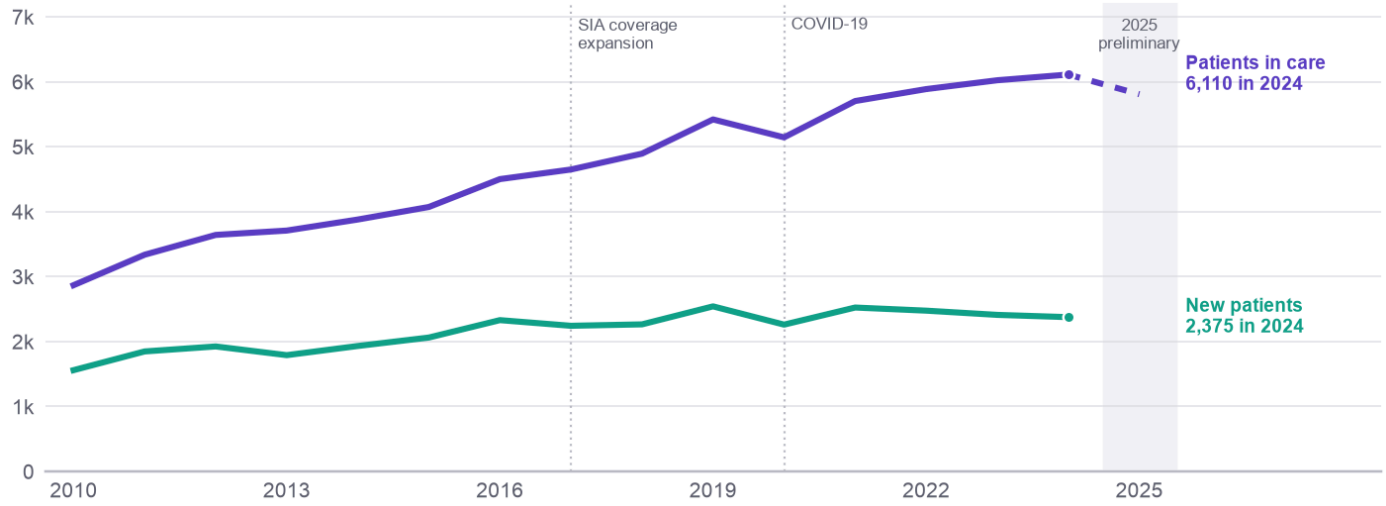
2.3%
Brazil's share of global trials
same condition, start 2016–2025

621
SUS facilities with visits or procedures
115 cover 80% of contacts

64 y · 52% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

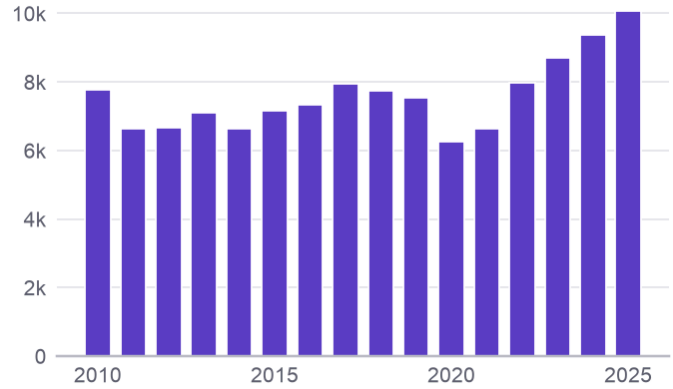
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

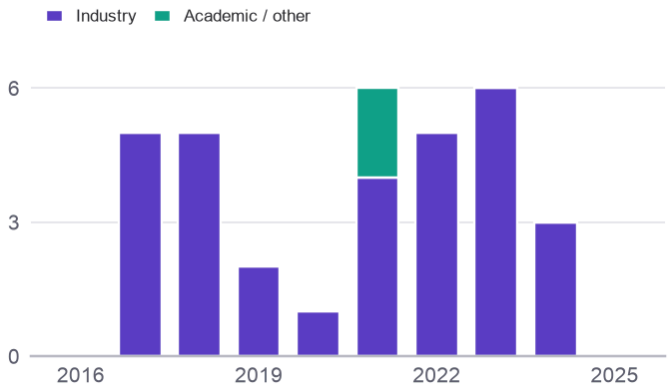
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

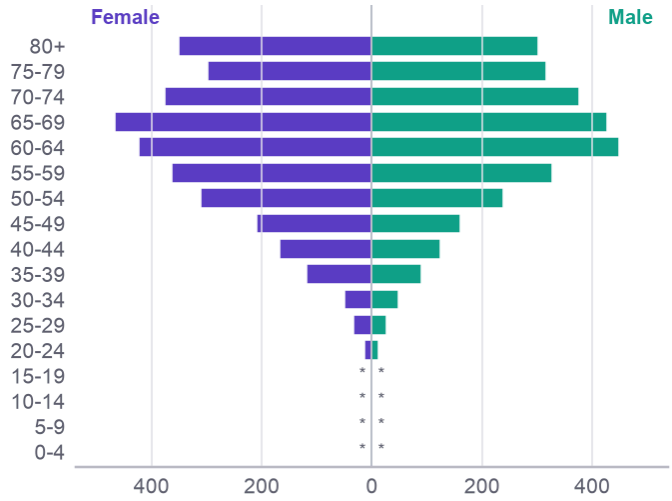
Phase 3: 20 · Phase 2: 10 · Phase 1: 6



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

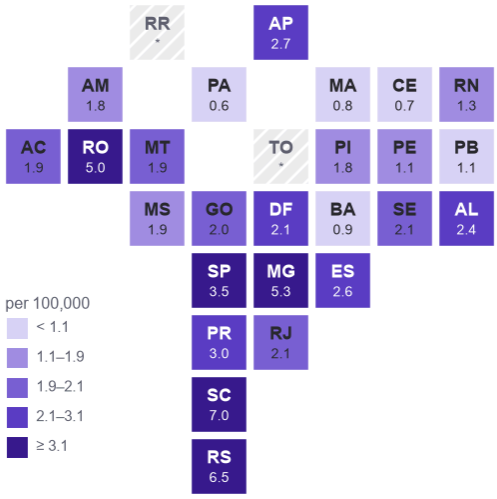
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

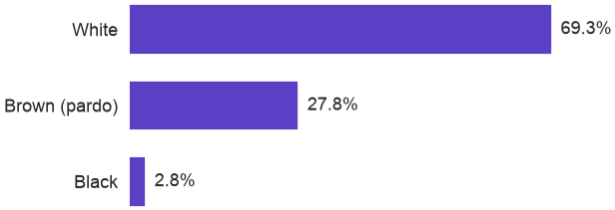
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

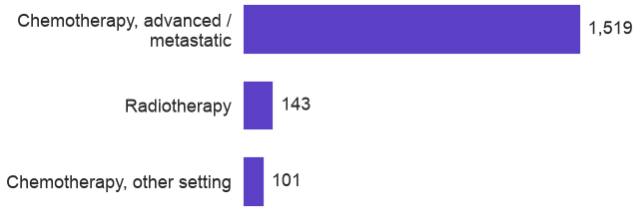
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **6,110** patients were in SUS specialised outpatient care in 2024 (2.9 per 100,000 inhabitants); **2,375** were new to the system that year (1.1 per 100,000).
- The population in care changed by **+4.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **57%** of them. The highest rate is in Santa Catarina (7.0 per 100,000).
- Specialised visits and procedures took place in **621** SUS facilities; **115** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (1,519 patients) and radiotherapy (143 patients).
- **9,381** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 7.1%.
- **33** interventional trials with a Brazilian site started between 2016 and 2025 (31 industry-sponsored, 20 phase 3, 17 still active). Brazil hosts 2.3% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in melanoma? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Liver cancer (HCC)

ICD-10: C22

4,504
Patients in SUS specialised care, 2024
2.1 per 100,000 (treated prevalence)

2,326
New patients in SUS, 2024
1.1 per 100,000 (SUS-recorded incidence)

13,074
SUS hospital admissions, 2024
in-hospital mortality 22.7%

3,460
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

23
Trials with a Brazilian site, 2016–25
18 industry · 16 active now

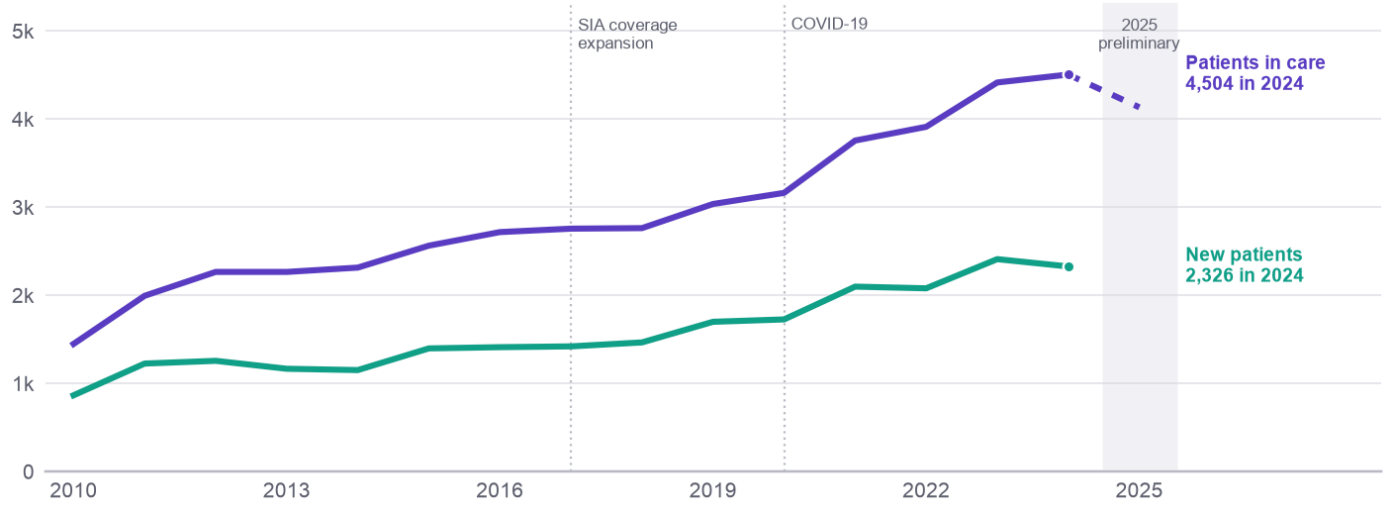
1.2%
Brazil's share of global trials
same condition, start 2016–2025

542
SUS facilities with visits or procedures
134 cover 80% of contacts

65 y · 44% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

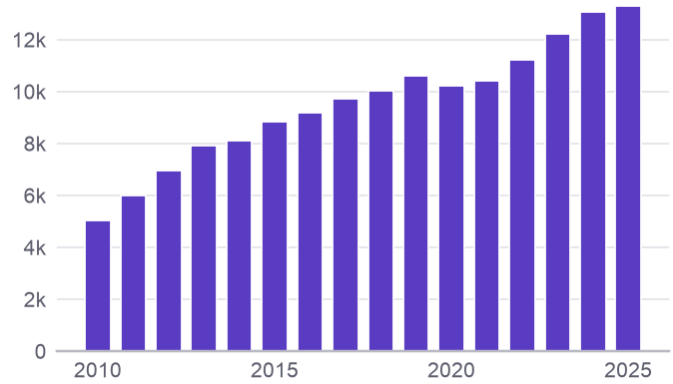
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

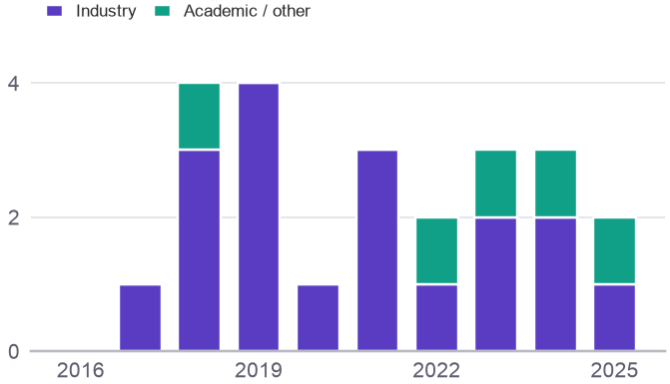
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

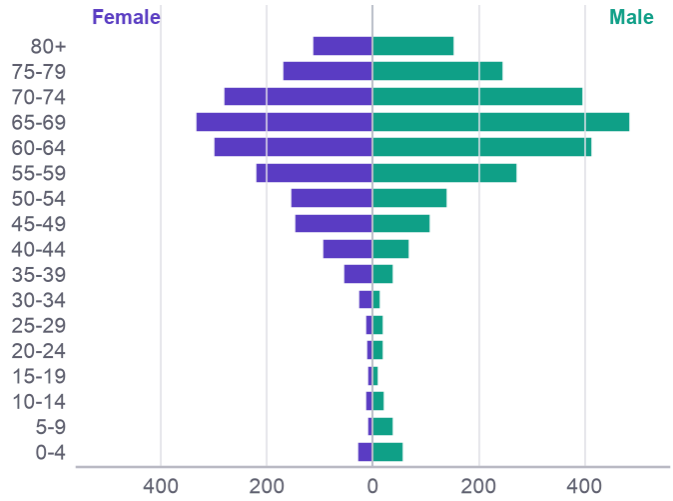
Phase 3: 13 · Phase 2: 6 · Not applicable: 3 · Phase 1: 2 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

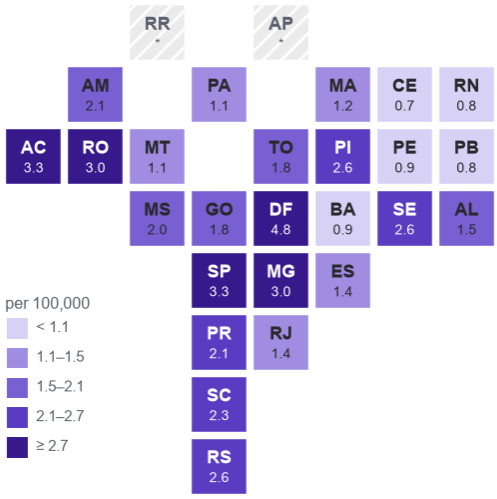
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

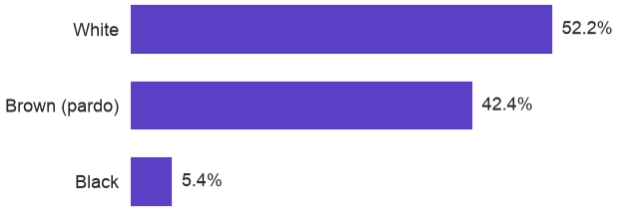
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

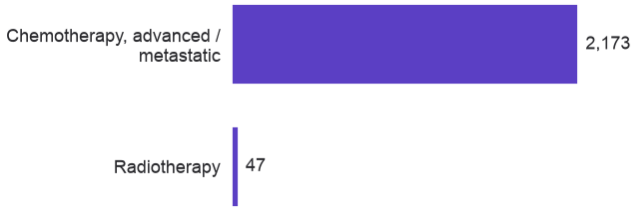
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **4,504** patients were in SUS specialised outpatient care in 2024 (2.1 per 100,000 inhabitants); **2,326** were new to the system that year (1.1 per 100,000).
- The population in care changed by **+6.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **54%** of them. The highest rate is in Distrito Federal (4.8 per 100,000).
- Specialised visits and procedures took place in **542** SUS facilities; **134** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (2,173 patients) and radiotherapy (47 patients).
- **13,074** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 22.7%.
- **23** interventional trials with a Brazilian site started between 2016 and 2025 (18 industry-sponsored, 13 phase 3, 16 still active). Brazil hosts 1.2% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in liver cancer (HCC)? **TechTrials** runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

ONCOLOGY

Biliary tract cancer

ICD-10: C23, C24

2,489
Patients in SUS specialised care, 2024
1.2 per 100,000 (treated prevalence)

1,337
New patients in SUS, 2024
0.63 per 100,000 (SUS-recorded incidence)

7,674
SUS hospital admissions, 2024
in-hospital mortality 18.2%

992
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

13
Trials with a Brazilian site, 2016–25
10 industry · 9 active now

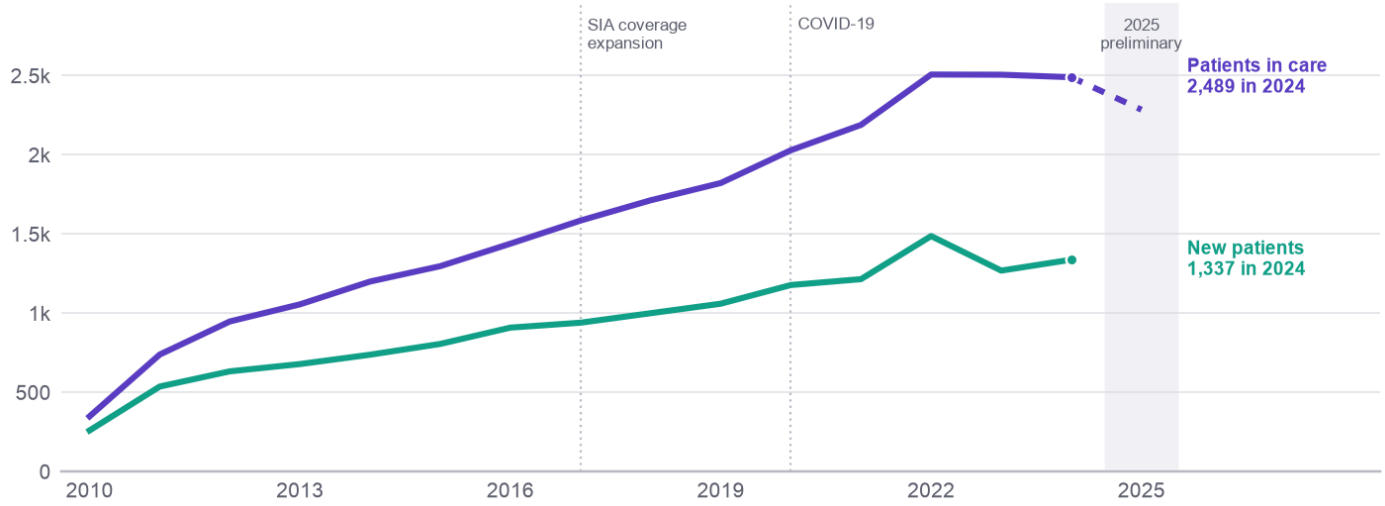
2.0%
Brazil's share of global trials
same condition, start 2016–2025

371
SUS facilities with visits or procedures
133 cover 80% of contacts

65 y · 62% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

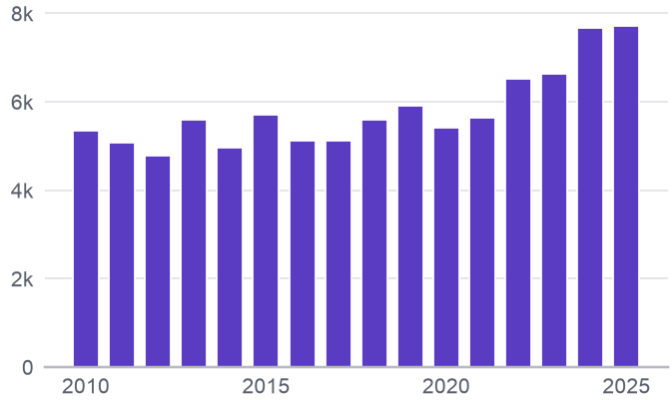
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

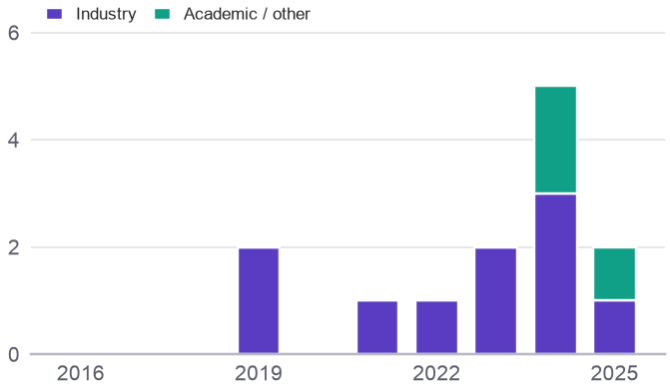
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

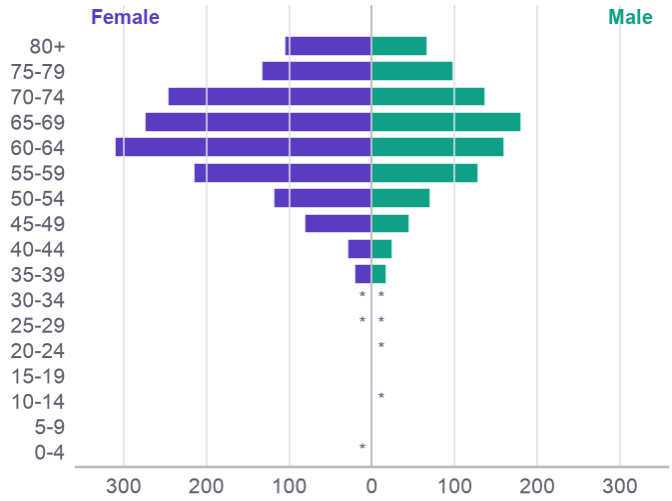
Phase 3: 7 · Phase 2: 6 · Phase 1: 3 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

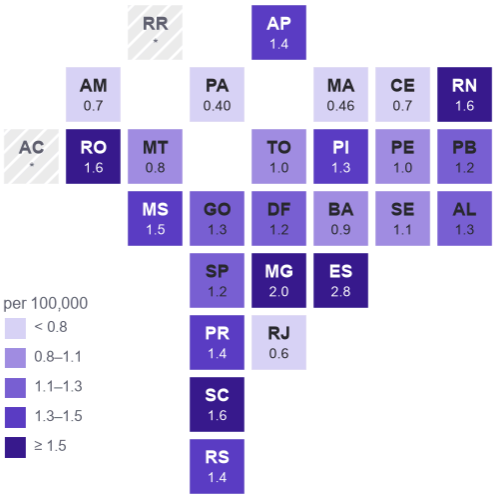
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

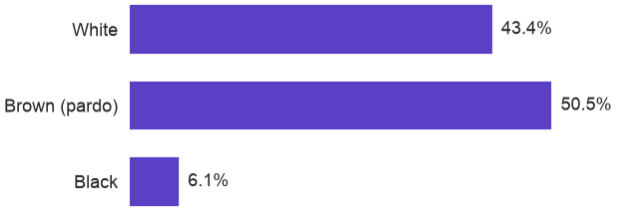
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

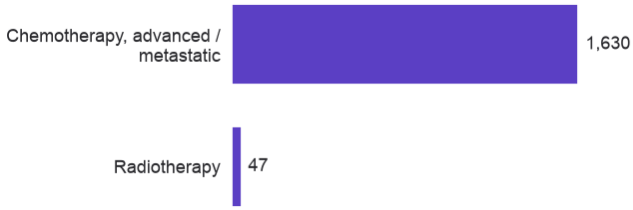
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **2,489** patients were in SUS specialised outpatient care in 2024 (1.2 per 100,000 inhabitants); **1,337** were new to the system that year (0.63 per 100,000).
- The population in care changed by **+7.6% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **45%** of them. The highest rate is in Espírito Santo (2.8 per 100,000).
- Specialised visits and procedures took place in **371** SUS facilities; **133** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (1,630 patients) and radiotherapy (47 patients).
- **7,674** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 18.2%.
- **13** interventional trials with a Brazilian site started between 2016 and 2025 (10 industry-sponsored, 7 phase 3, 9 still active). Brazil hosts 2.0% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in biliary tract cancer? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

Hematologic malignancies

9 conditions · 177 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Non-Hodgkin lymphoma	20,523	9.7	7,790	19,233	59	1.9%	53
Myeloproliferative neoplasms	17,577	8.3	3,047	688	8	3.3%	55
Chronic myeloid leukaemia	17,484	8.2	2,088	1,734	6	2.7%	57
Multiple myeloma	14,276	6.7	4,457	9,749	54	3.8%	59
Hodgkin lymphoma	10,457	4.9	3,638	5,691	15	2.0%	61
Acute lymphoblastic leukaemia	6,593	3.1	2,315	23,529	14	1.1%	63
Myelodysplastic syndromes	6,321	3.0	2,785	4,498	13	2.5%	65
Acute myeloid leukaemia	3,573	1.7	1,902	11,568	23	1.4%	67
Chronic lymphocytic leukaemia	3,145	1.5	1,155	1,439	19	2.9%	69

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

HEMATOLOGIC MALIGNANCIES

Non-Hodgkin lymphoma

ICD-10: C82, C83, C84, C85, C86

20,523
Patients in SUS specialised care, 2024
9.7 per 100,000 (treated prevalence)

7,790
New patients in SUS, 2024
3.7 per 100,000 (SUS-recorded incidence)

19,233
SUS hospital admissions, 2024
in-hospital mortality 8.0%

6,156
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

59
Trials with a Brazilian site, 2016–25
55 industry · 46 active now

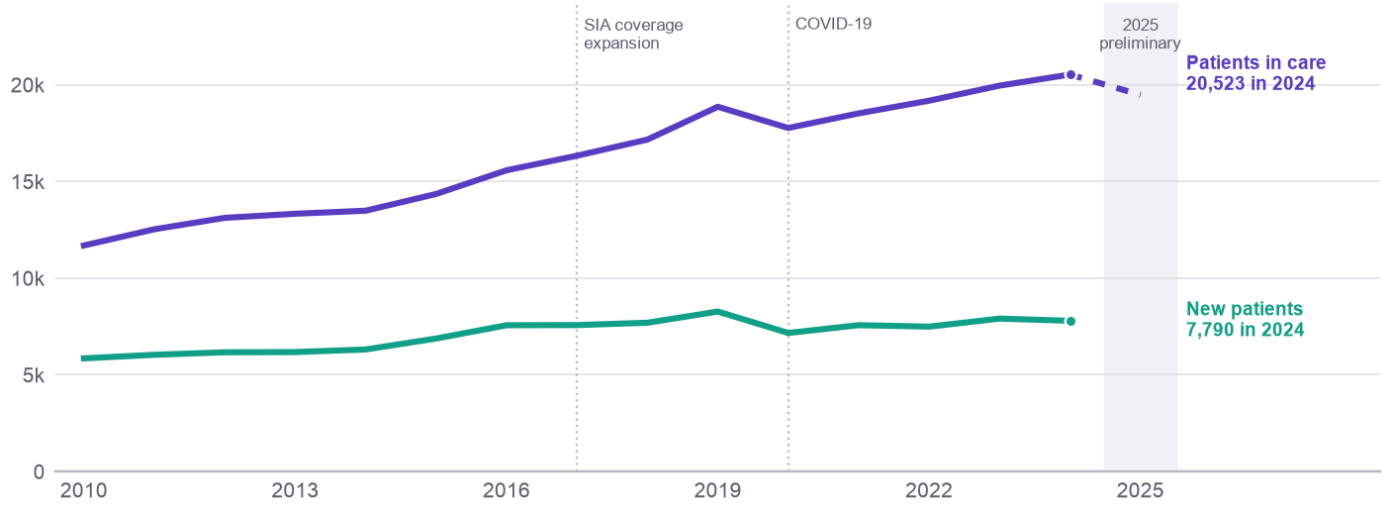
1.9%
Brazil's share of global trials
same condition, start 2016–2025

746
SUS facilities with visits or procedures
115 cover 80% of contacts

61 y · 49% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

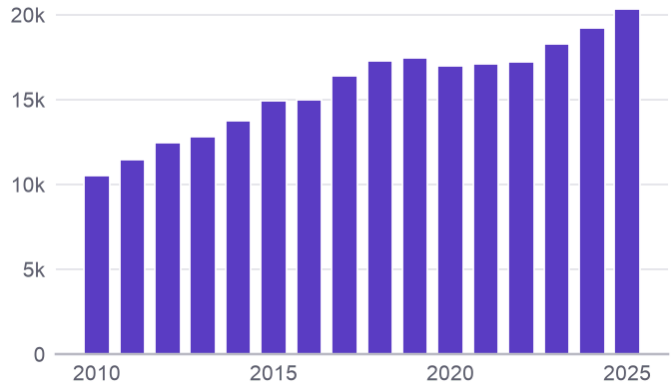
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

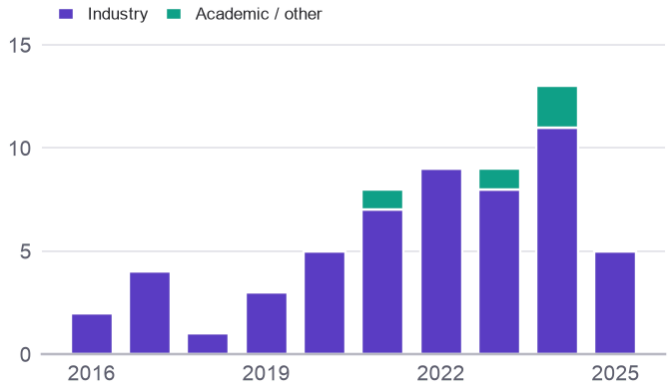
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

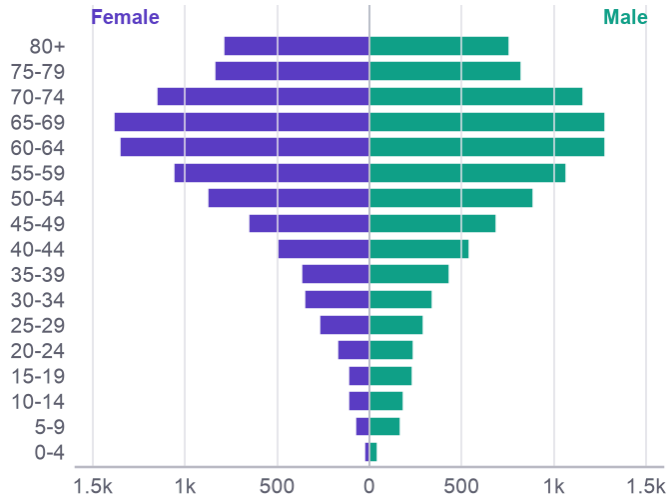
Phase 3: 33 · Phase 2: 23 · Phase 1: 13 · Not applicable: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

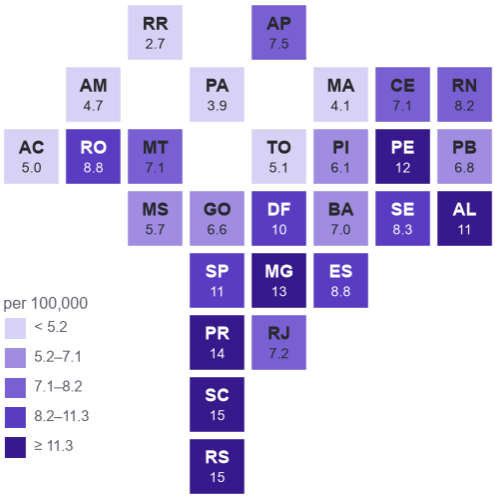
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

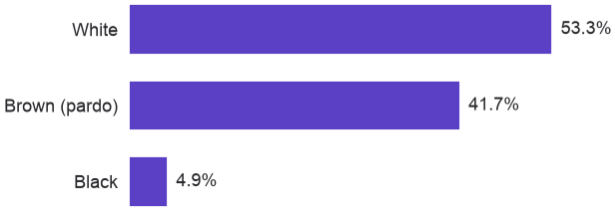
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

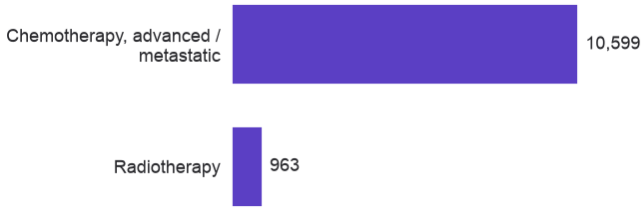
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **20,523** patients were in SUS specialised outpatient care in 2024 (9.7 per 100,000 inhabitants); **7,790** were new to the system that year (3.7 per 100,000).
- The population in care changed by **+4.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **47%** of them. The highest rate is in Rio Grande do Sul (15.0 per 100,000).
- Specialised visits and procedures took place in **746** SUS facilities; **115** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (10,599 patients) and radiotherapy (963 patients).
- **19,233** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 8.0%.
- **59** interventional trials with a Brazilian site started between 2016 and 2025 (55 industry-sponsored, 33 phase 3, 46 still active). Brazil hosts 1.9% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in non-Hodgkin lymphoma? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

HEMATOLOGIC MALIGNANCIES

Myeloproliferative neoplasms

ICD-10: D45, D471, D473, D474

17,577
Patients in SUS specialised care, 2024
8.3 per 100,000 (treated prevalence)

3,047
New patients in SUS, 2024
1.4 per 100,000 (SUS-recorded incidence)

688
SUS hospital admissions, 2024
in-hospital mortality 9.3%

305
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

8
Trials with a Brazilian site, 2016–25
8 industry · 5 active now

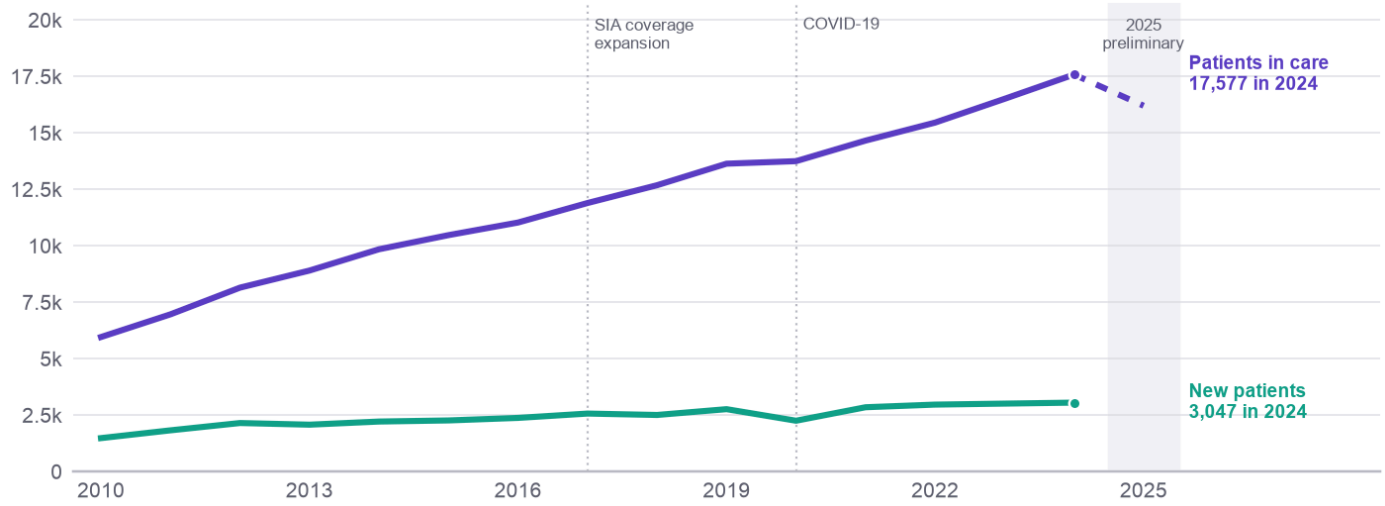
3.3%
Brazil's share of global trials
same condition, start 2016–2025

347
SUS facilities with visits or procedures
97 cover 80% of contacts

69 y · 58% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

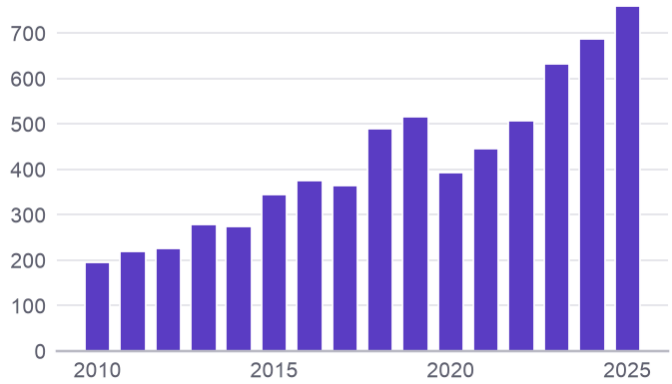
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

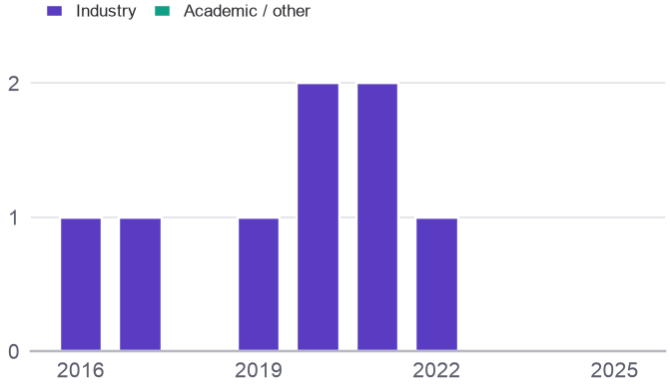
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

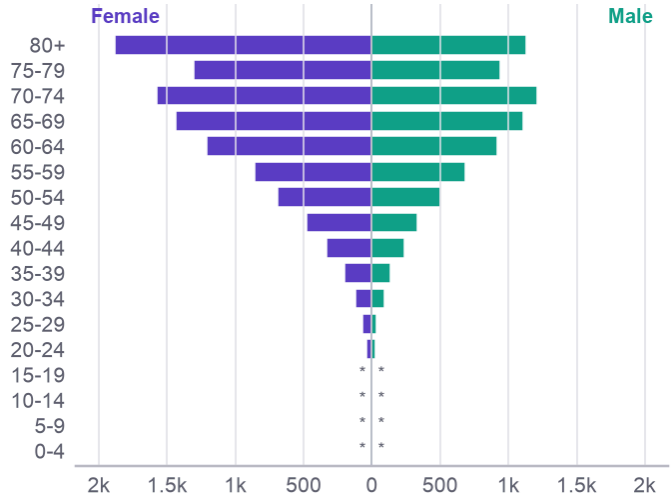
Phase 3: 4 · Phase 2: 3 · Phase 4: 1 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

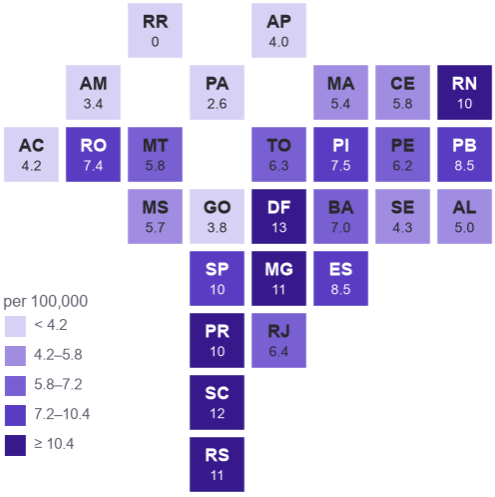
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

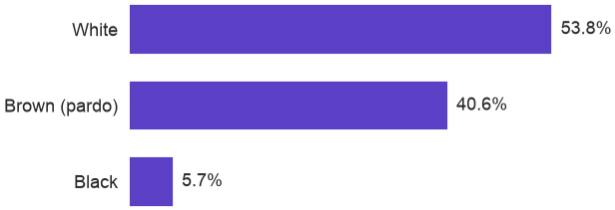
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

16,704

patients with Chemotherapy, advanced / metastatic in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **17,577** patients were in SUS specialised outpatient care in 2024 (8.3 per 100,000 inhabitants); **3,047** were new to the system that year (1.4 per 100,000).
- The population in care changed by **+6.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 26 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **48%** of them. The highest rate is in Distrito Federal (13.1 per 100,000).
- Specialised visits and procedures took place in **347** SUS facilities; **97** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (16,704 patients).
- **688** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.3%.
- **8** interventional trials with a Brazilian site started between 2016 and 2025 (8 industry-sponsored, 4 phase 3, 5 still active). Brazil hosts 3.3% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in myeloproliferative neoplasms? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

HEMATOLOGIC MALIGNANCIES

Chronic myeloid leukaemia

ICD-10: C921

17,484
Patients in SUS specialised care, 2024
8.2 per 100,000 (treated prevalence)

2,088
New patients in SUS, 2024
0.98 per 100,000 (SUS-recorded incidence)

1,734
SUS hospital admissions, 2024
in-hospital mortality 10.3%

278
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

6
Trials with a Brazilian site, 2016–25
4 industry · 1 active now

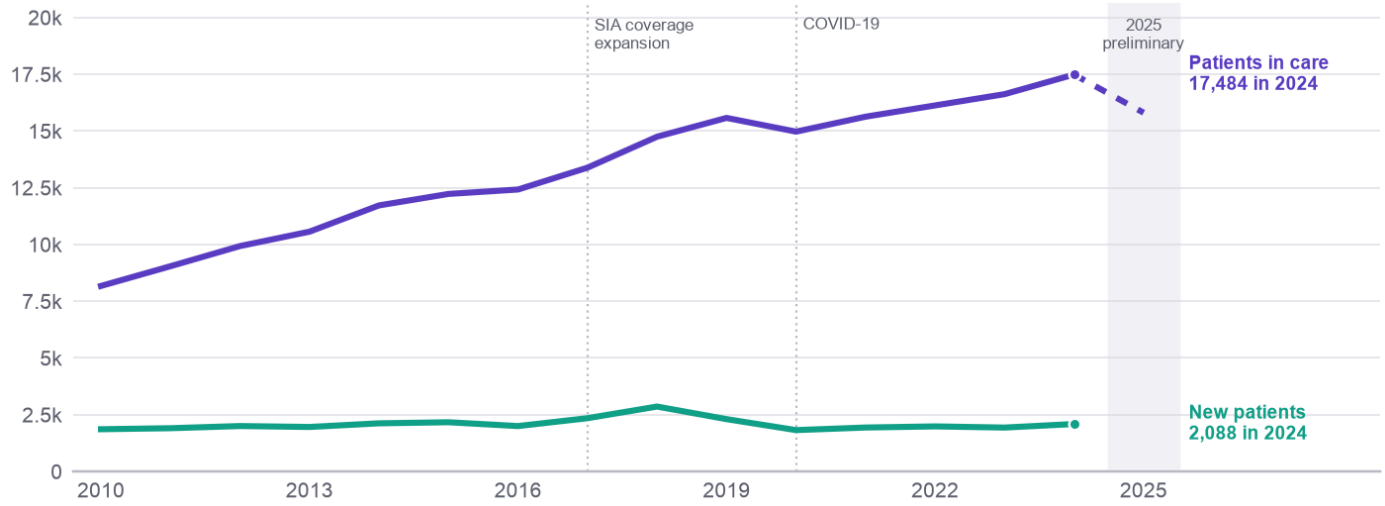
2.7%
Brazil's share of global trials
same condition, start 2016–2025

345
SUS facilities with visits or procedures
86 cover 80% of contacts

56 y · 46% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

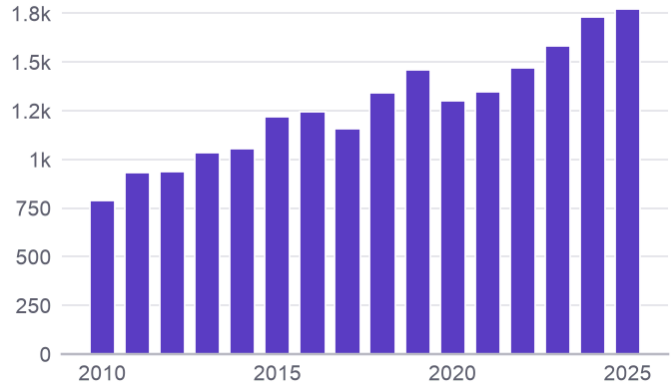
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

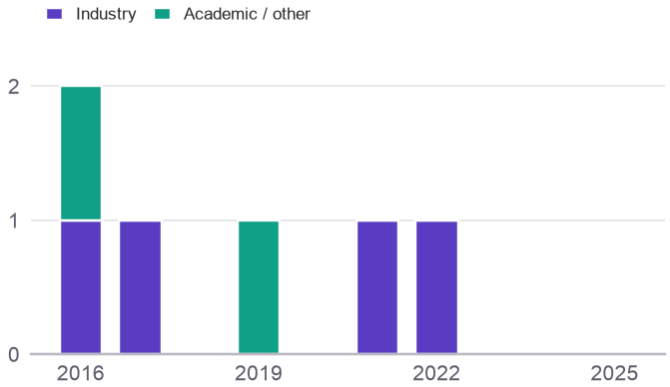
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

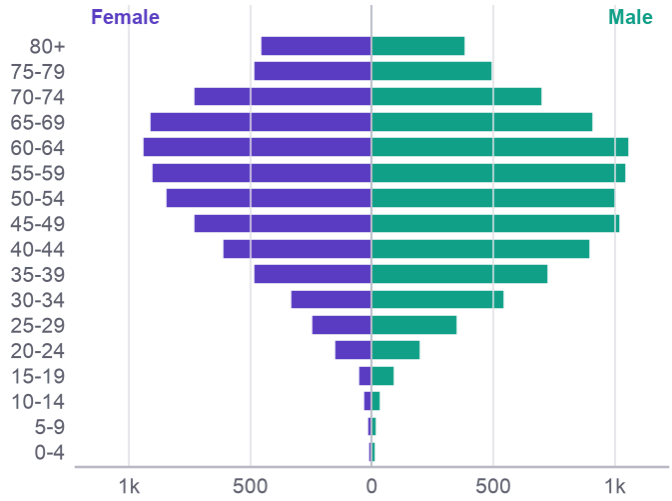
Phase 3: 3 · Phase 2: 2 · Phase 1: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

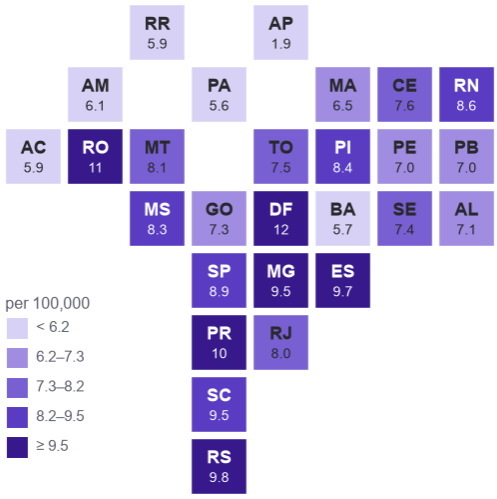
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

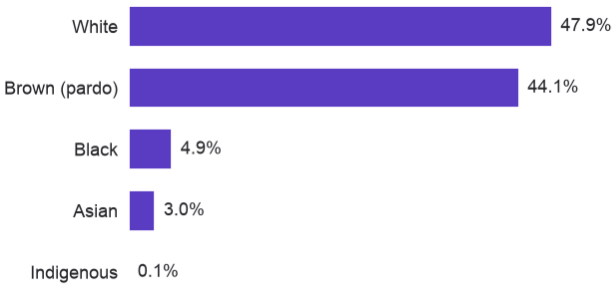
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

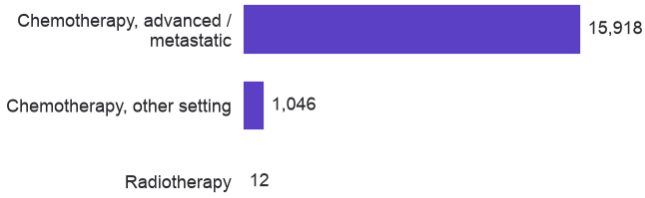
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **17,484** patients were in SUS specialised outpatient care in 2024 (8.2 per 100,000 inhabitants); **2,088** were new to the system that year (0.98 per 100,000).
- The population in care changed by **+4.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **43%** of them. The highest rate is in Distrito Federal (12.0 per 100,000).
- Specialised visits and procedures took place in **345** SUS facilities; **86** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (15,918 patients) and chemotherapy, other setting (1,046 patients).
- **1,734** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 10.3%.
- **6** interventional trials with a Brazilian site started between 2016 and 2025 (4 industry-sponsored, 3 phase 3, 1 still active). Brazil hosts 2.7% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in chronic myeloid leukaemia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

HEMATOLOGIC MALIGNANCIES

Multiple myeloma

ICD-10: C900

14,276
Patients in SUS specialised care, 2024
6.7 per 100,000 (treated prevalence)

4,457
New patients in SUS, 2024
2.1 per 100,000 (SUS-recorded incidence)

9,749
SUS hospital admissions, 2024
in-hospital mortality 11.1%

3,023
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

54
Trials with a Brazilian site, 2016–25
47 industry · 38 active now

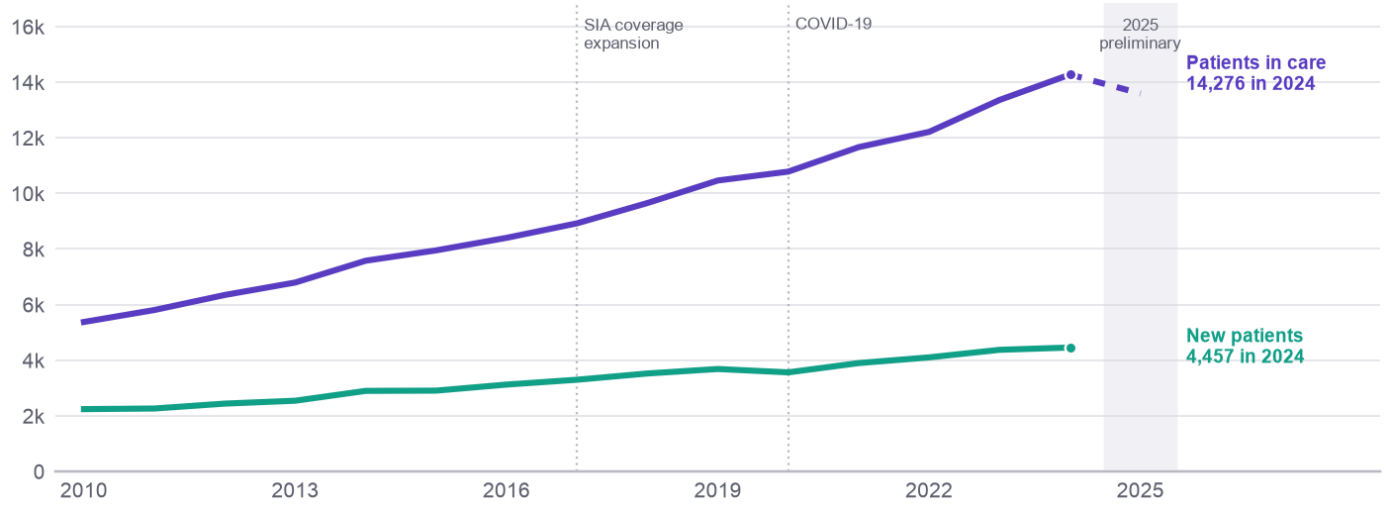
3.8%
Brazil's share of global trials
same condition, start 2016–2025

568
SUS facilities with visits or procedures
105 cover 80% of contacts

67 y · 49% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

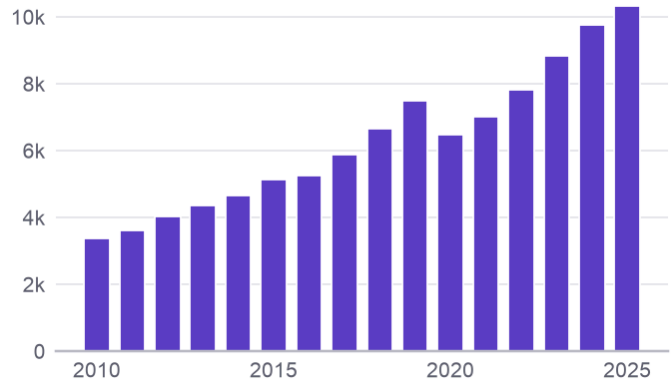
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

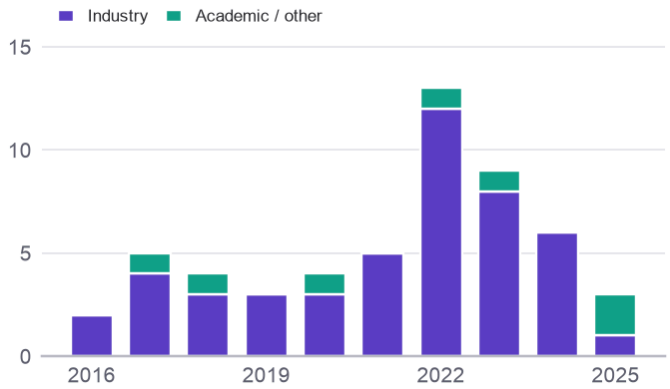
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

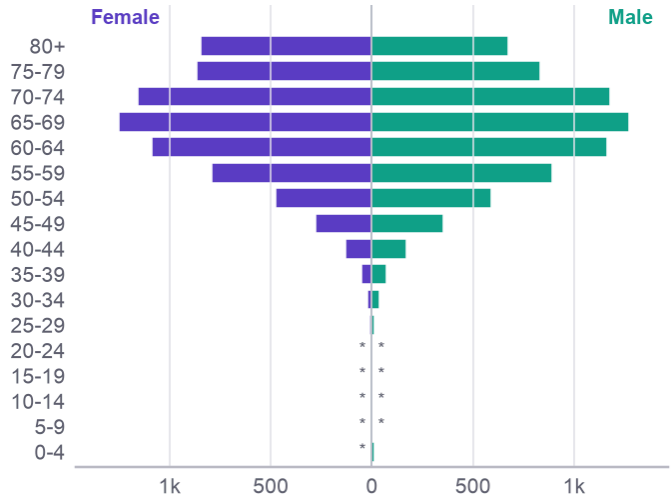
Phase 3: 30 · Phase 2: 20 · Phase 1: 8 · Not applicable: 4



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

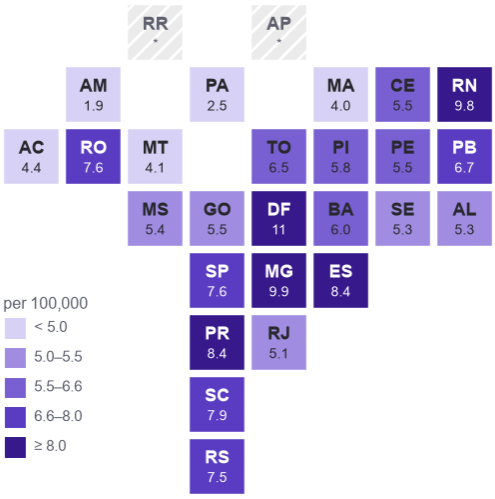
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

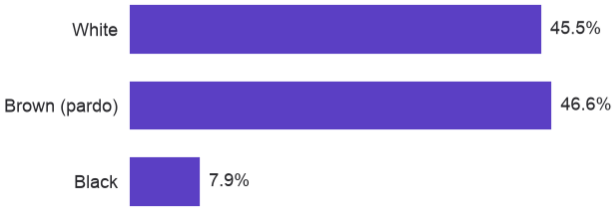
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

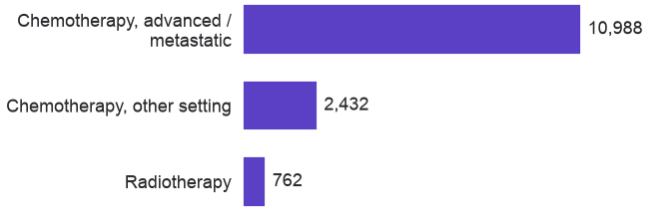
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **14,276** patients were in SUS specialised outpatient care in 2024 (6.7 per 100,000 inhabitants); **4,457** were new to the system that year (2.1 per 100,000).
- The population in care changed by **+6.5% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **46%** of them. The highest rate is in Distrito Federal (11.2 per 100,000).
- Specialised visits and procedures took place in **568** SUS facilities; **105** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (10,988 patients) and chemotherapy, other setting (2,432 patients).
- **9,749** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 11.1%.
- **54** interventional trials with a Brazilian site started between 2016 and 2025 (47 industry-sponsored, 30 phase 3, 38 still active). Brazil hosts 3.8% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in multiple myeloma? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

HEMATOLOGIC MALIGNANCIES

Hodgkin lymphoma

ICD-10: C81

10,457
Patients in SUS specialised care, 2024
4.9 per 100,000 (treated prevalence)

3,638
New patients in SUS, 2024
1.7 per 100,000 (SUS-recorded incidence)

5,691
SUS hospital admissions, 2024
in-hospital mortality 3.6%

1,276
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

15
Trials with a Brazilian site, 2016–25
13 industry · 10 active now

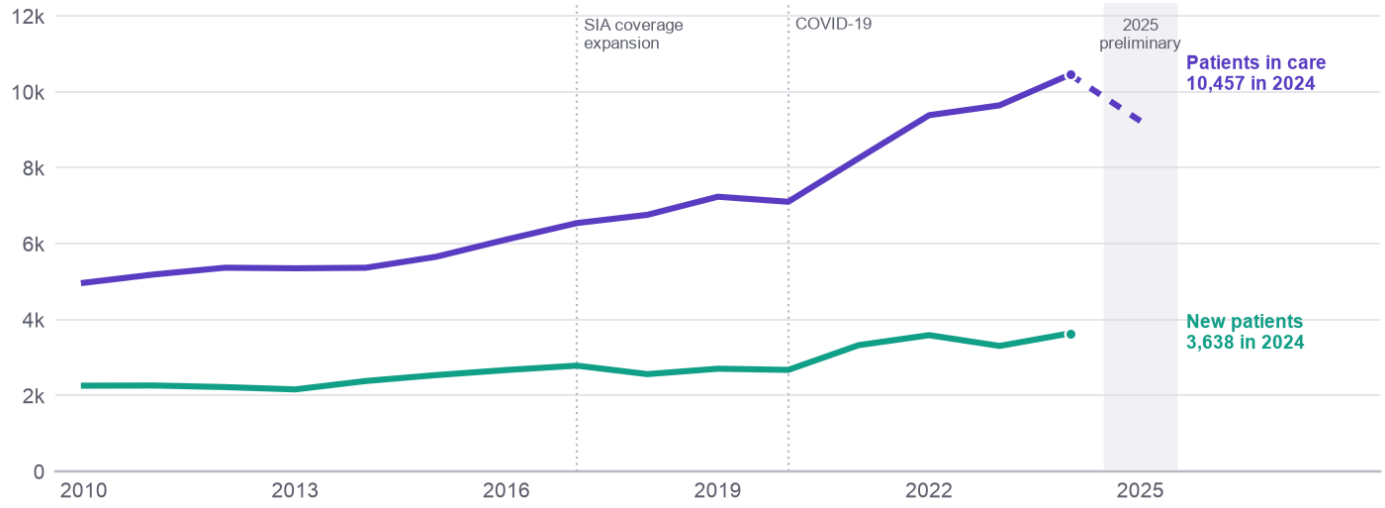
2.0%
Brazil's share of global trials
same condition, start 2016–2025

468
SUS facilities with visits or procedures
101 cover 80% of contacts

37 y · 46% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

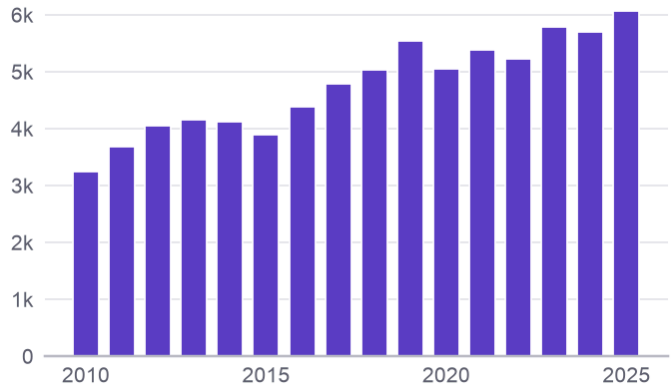
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

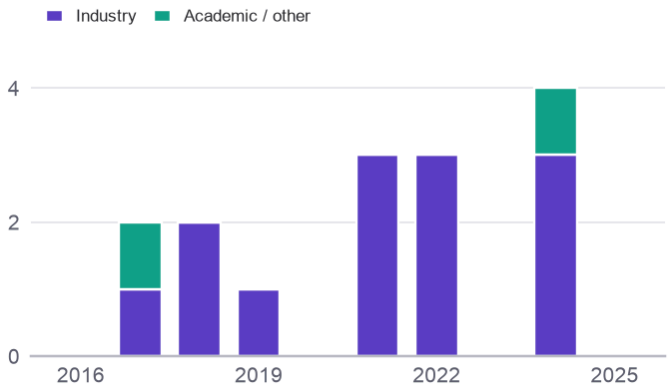
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

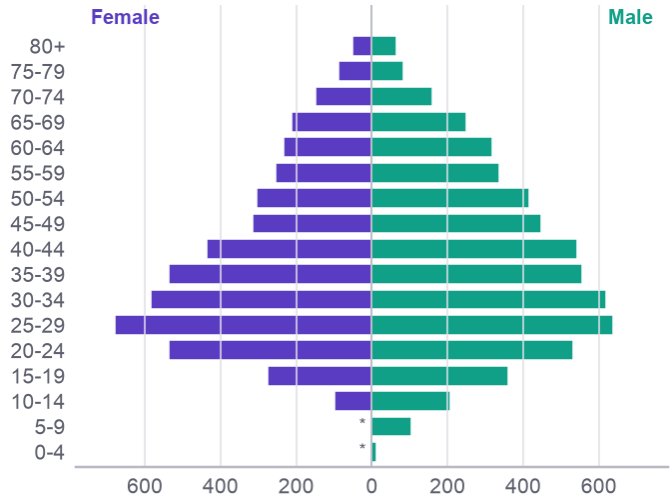
Phase 2: 11 · Phase 1: 6 · Phase 3: 3 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

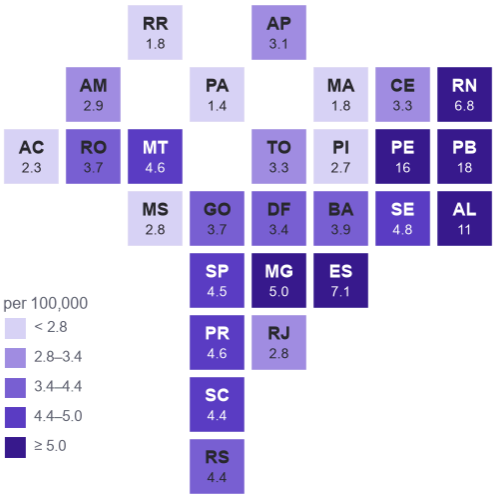
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

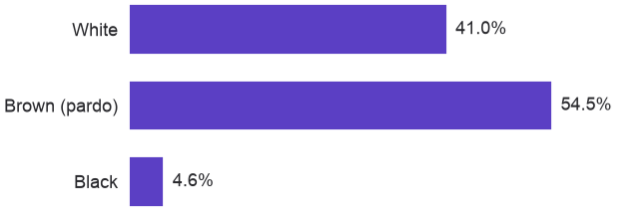
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

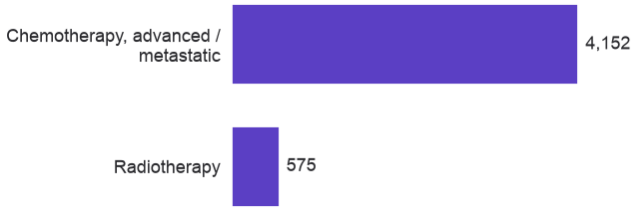
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **10,457** patients were in SUS specialised outpatient care in 2024 (4.9 per 100,000 inhabitants); **3,638** were new to the system that year (1.7 per 100,000).
- The population in care changed by **+6.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Pernambuco and Minas Gerais concentrate **45%** of them. The highest rate is in Paraíba (18.3 per 100,000).
- Specialised visits and procedures took place in **468** SUS facilities; **101** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (4,152 patients) and radiotherapy (575 patients).
- **5,691** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 3.6%.
- **15** interventional trials with a Brazilian site started between 2016 and 2025 (13 industry-sponsored, 3 phase 3, 10 still active). Brazil hosts 2.0% of the trials registered worldwide for this condition in the same period.

Data notes. The registry's search for this condition also retrieves non-Hodgkin lymphoma trials; the global share may be distorted. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in Hodgkin lymphoma? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

HEMATOLOGIC MALIGNANCIES

Acute lymphoblastic leukaemia

ICD-10: C910

6,593
Patients in SUS specialised care, 2024
3.1 per 100,000 (treated prevalence)

2,315
New patients in SUS, 2024
1.1 per 100,000 (SUS-recorded incidence)

23,529
SUS hospital admissions, 2024
in-hospital mortality 2.5%

3,985
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

14
Trials with a Brazilian site, 2016–25
9 industry · 10 active now

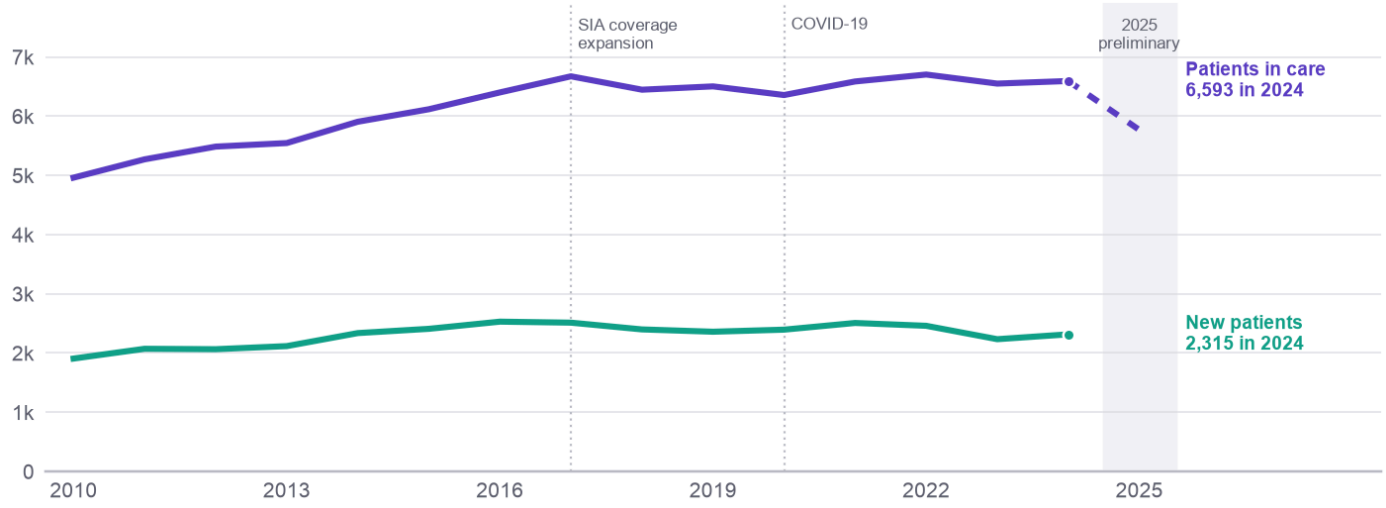
1.1%
Brazil's share of global trials
same condition, start 2016–2025

292
SUS facilities with visits or procedures
64 cover 80% of contacts

13 y · 44% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

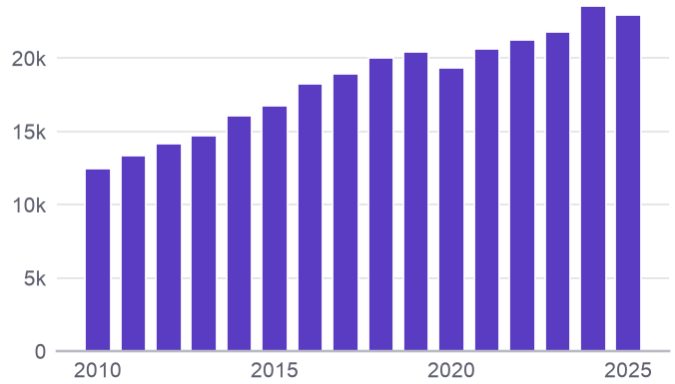
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

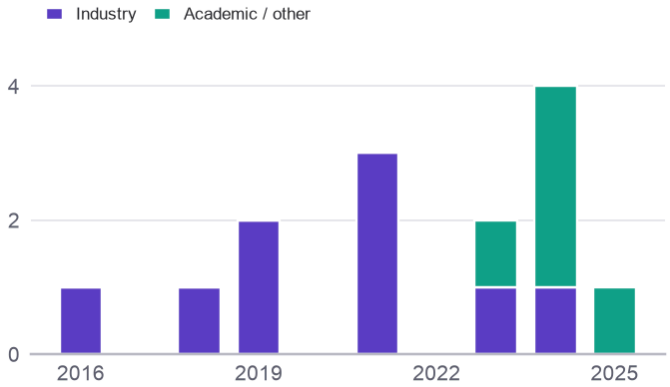
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

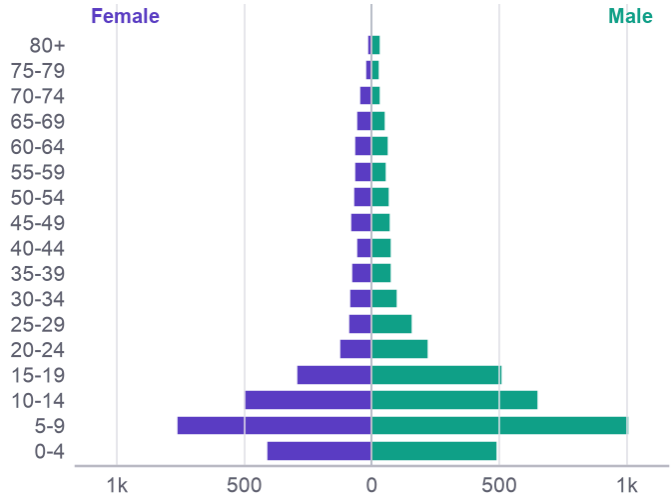
Phase 2: 9 · Phase 1: 7 · Phase 3: 3 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

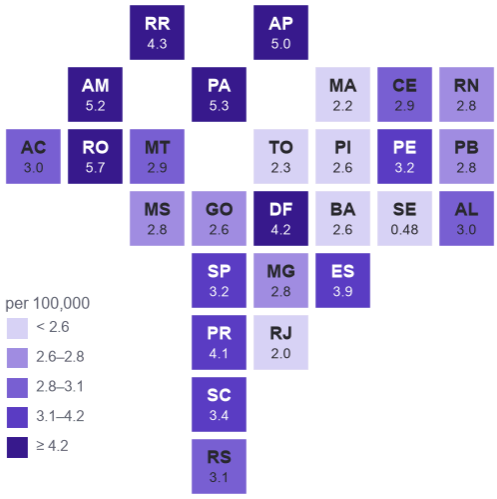
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

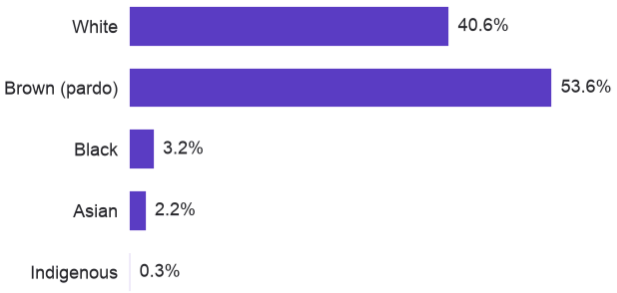
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

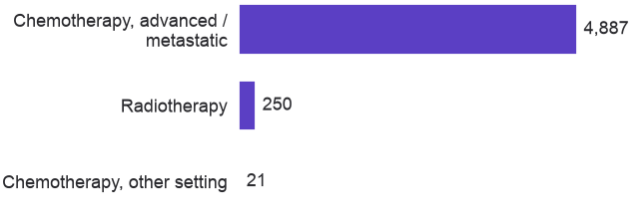
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **6,593** patients were in SUS specialised outpatient care in 2024 (3.1 per 100,000 inhabitants); **2,315** were new to the system that year (1.1 per 100,000).
- The population in care changed by **+1.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **38%** of them. The highest rate is in Rondônia (5.7 per 100,000).
- Specialised visits and procedures took place in **292** SUS facilities; **64** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (4,887 patients) and radiotherapy (250 patients).
- **23,529** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 2.5%.
- **14** interventional trials with a Brazilian site started between 2016 and 2025 (9 industry-sponsored, 3 phase 3, 10 still active). Brazil hosts 1.1% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in acute lymphoblastic leukaemia? **TechTrials** runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

HEMATOLOGIC MALIGNANCIES

Myelodysplastic syndromes

ICD-10: D46

6,321
Patients in SUS specialised care, 2024
3.0 per 100,000 (treated prevalence)

2,785
New patients in SUS, 2024
1.3 per 100,000 (SUS-recorded incidence)

4,498
SUS hospital admissions, 2024
in-hospital mortality 7.6%

3,150
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

13
Trials with a Brazilian site, 2016–25
8 industry · 7 active now

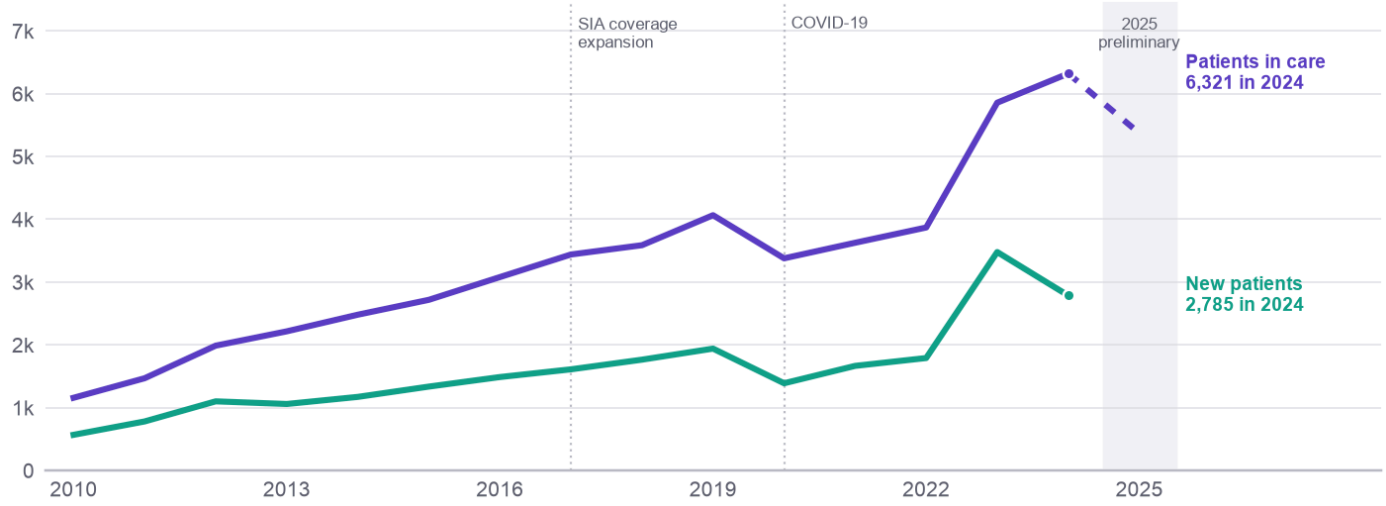
2.5%
Brazil's share of global trials
same condition, start 2016–2025

539
SUS facilities with visits or procedures
112 cover 80% of contacts · plus 129 CEAF pharmacies

68 y · 58% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

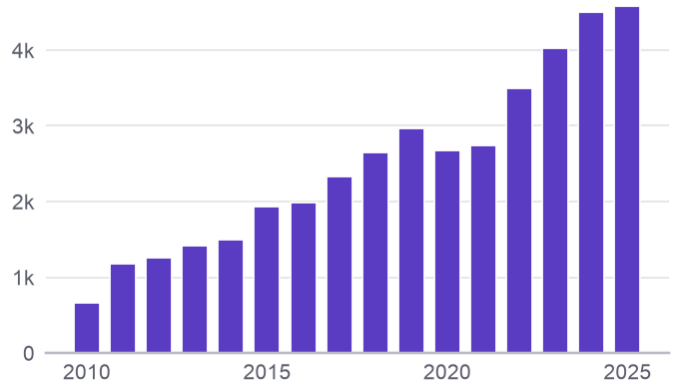
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

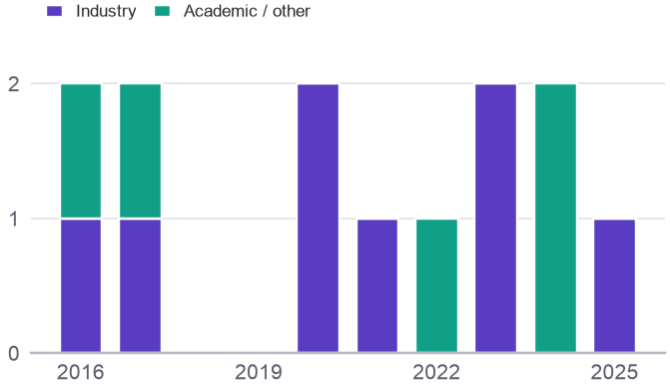
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

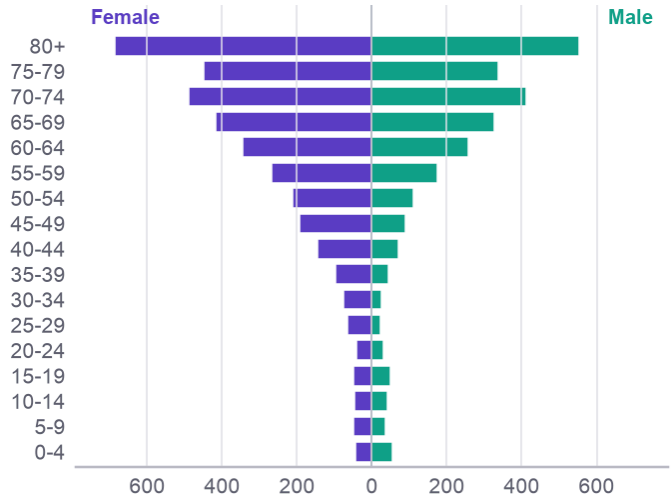
Phase 3: 8 · Phase 2: 4 · Phase 1: 2 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

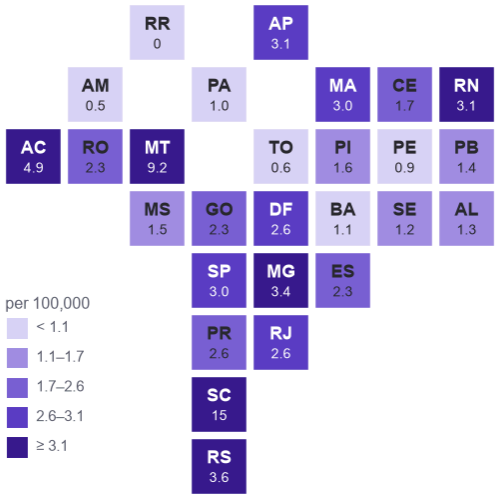
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

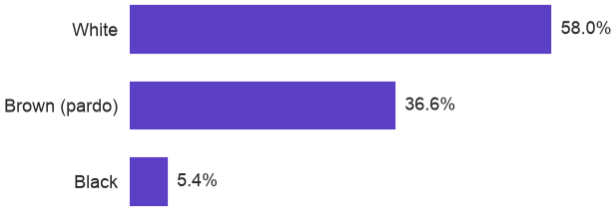
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

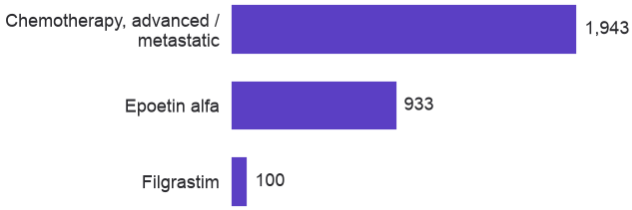
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **6,321** patients were in SUS specialised outpatient care in 2024 (3.0 per 100,000 inhabitants); **2,785** were new to the system that year (1.3 per 100,000).
- The population in care changed by **+9.8% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 26 of the 27 states; São Paulo, Santa Catarina and Minas Gerais concentrate **52%** of them. The highest rate is in Santa Catarina (14.8 per 100,000).
- Specialised visits and procedures took place in **539** SUS facilities; **112** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 129 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (1,943 patients) and epoetin alfa (933 patients).
- **4,498** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 7.6%.
- **13** interventional trials with a Brazilian site started between 2016 and 2025 (8 industry-sponsored, 8 phase 3, 7 still active). Brazil hosts 2.5% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in myelodysplastic syndromes? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

HEMATOLOGIC MALIGNANCIES

Acute myeloid leukaemia

ICD-10: C920

3,573
Patients in SUS specialised care, 2024
1.7 per 100,000 (treated prevalence)

1,902
New patients in SUS, 2024
0.89 per 100,000 (SUS-recorded incidence)

11,568
SUS hospital admissions, 2024
in-hospital mortality 9.1%

2,654
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

23
Trials with a Brazilian site, 2016–25
17 industry · 11 active now

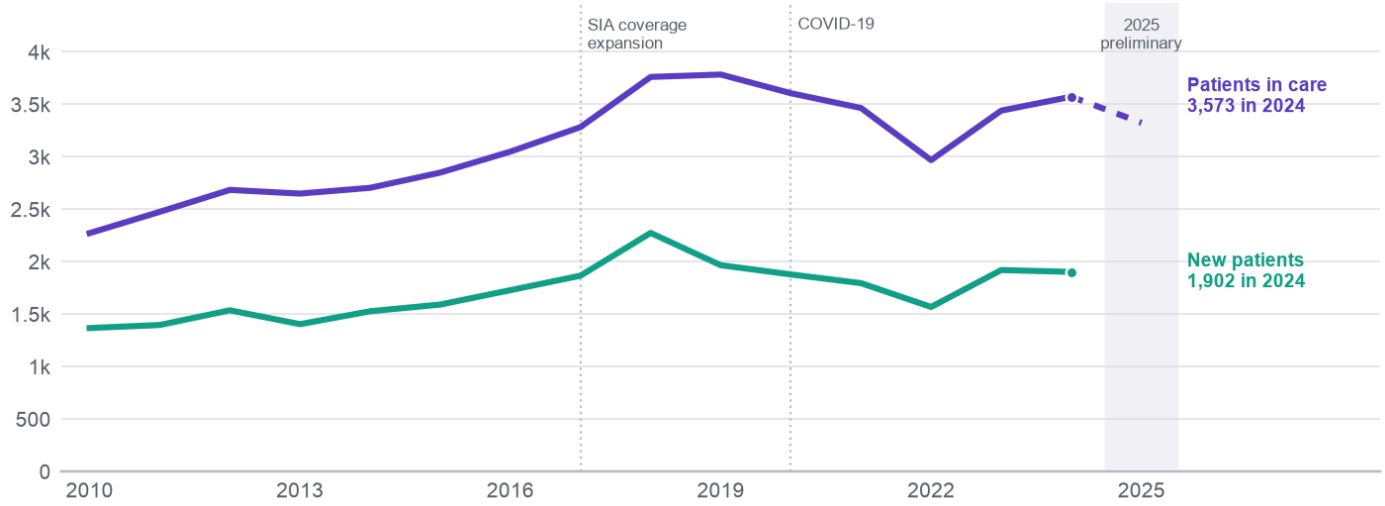
1.4%
Brazil's share of global trials
same condition, start 2016–2025

274
SUS facilities with visits or procedures
85 cover 80% of contacts

52 y · 49% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

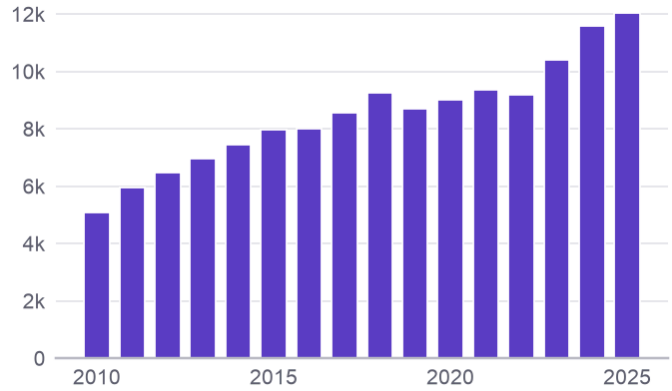
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

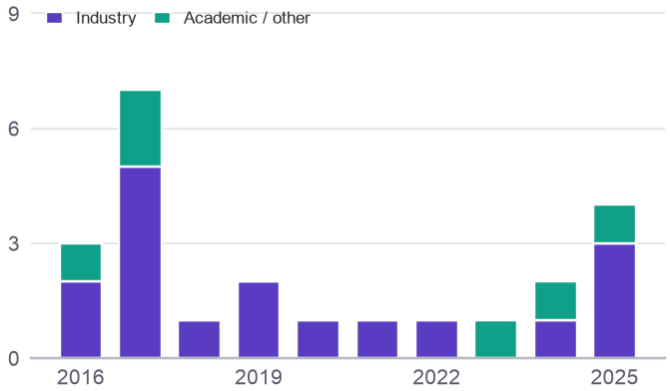
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

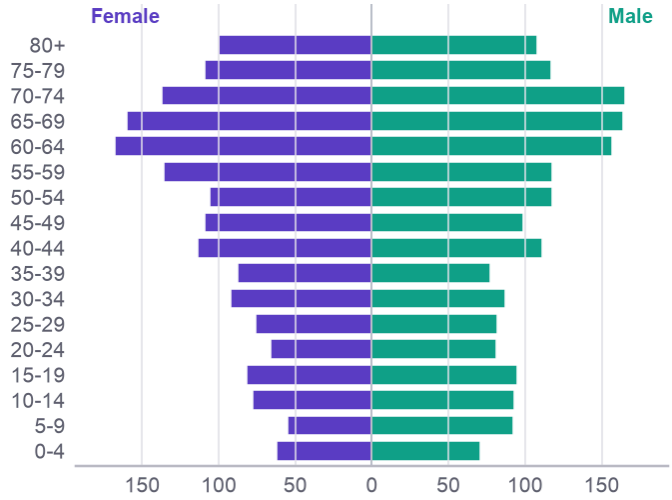
Phase 3: 14 · Phase 2: 9 · Phase 1: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

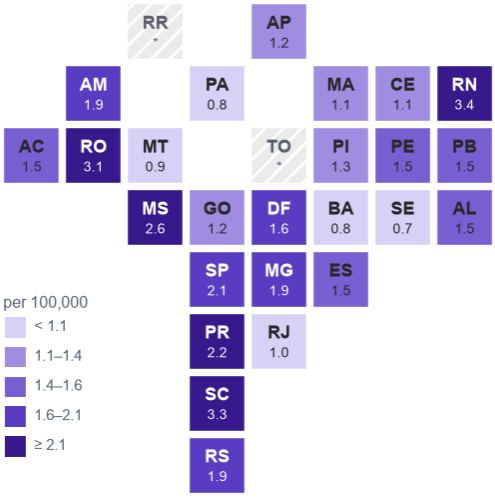
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

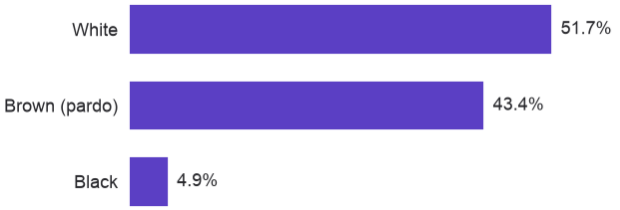
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

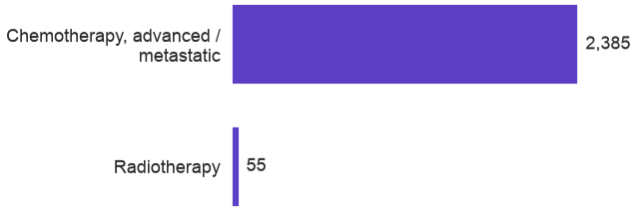
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **3,573** patients were in SUS specialised outpatient care in 2024 (1.7 per 100,000 inhabitants); **1,902** were new to the system that year (0.89 per 100,000).
- The population in care changed by **+2.8% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **46%** of them. The highest rate is in Rio Grande do Norte (3.4 per 100,000).
- Specialised visits and procedures took place in **274** SUS facilities; **85** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (2,385 patients) and radiotherapy (55 patients).
- **11,568** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.1%.
- **23** interventional trials with a Brazilian site started between 2016 and 2025 (17 industry-sponsored, 14 phase 3, 11 still active). Brazil hosts 1.4% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in acute myeloid leukaemia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

HEMATOLOGIC MALIGNANCIES

Chronic lymphocytic leukaemia

ICD-10: C911

3,145
Patients in SUS specialised care, 2024
1.5 per 100,000 (treated prevalence)

1,155
New patients in SUS, 2024
0.54 per 100,000 (SUS-recorded incidence)

1,439
SUS hospital admissions, 2024
in-hospital mortality 14.5%

355
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

19
Trials with a Brazilian site, 2016–25
18 industry · 18 active now

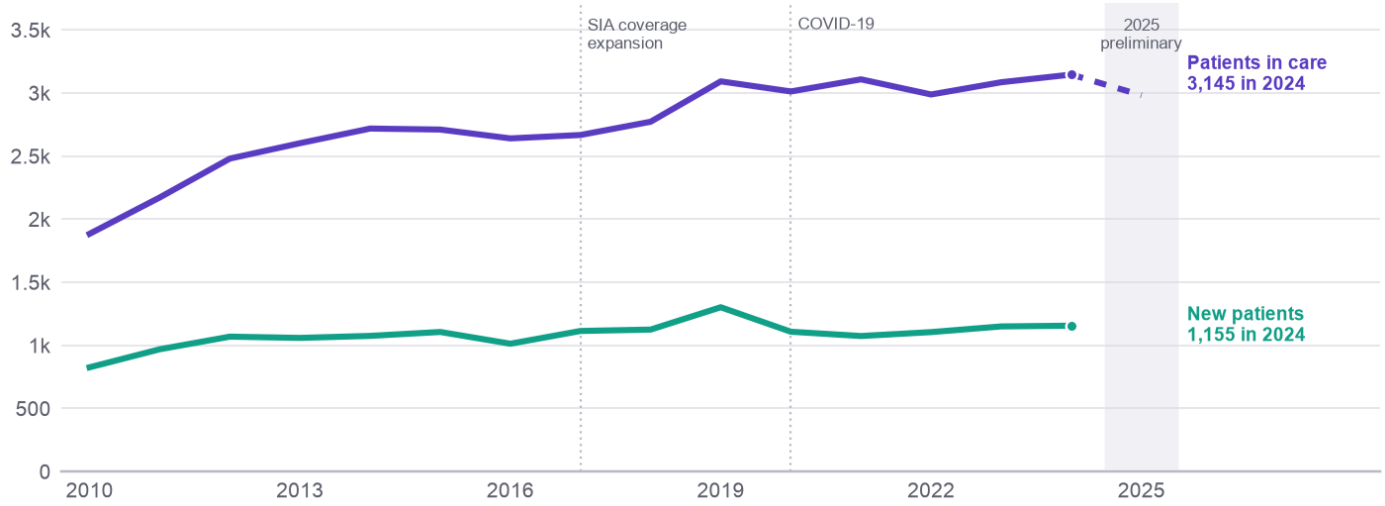
2.9%
Brazil's share of global trials
same condition, start 2016–2025

263
SUS facilities with visits or procedures
93 cover 80% of contacts

71 y · 42% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

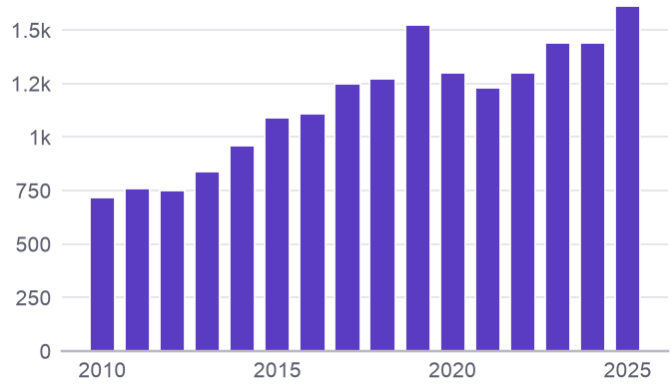
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

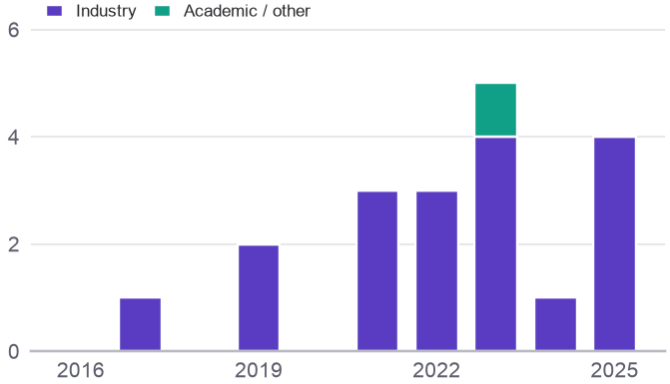
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

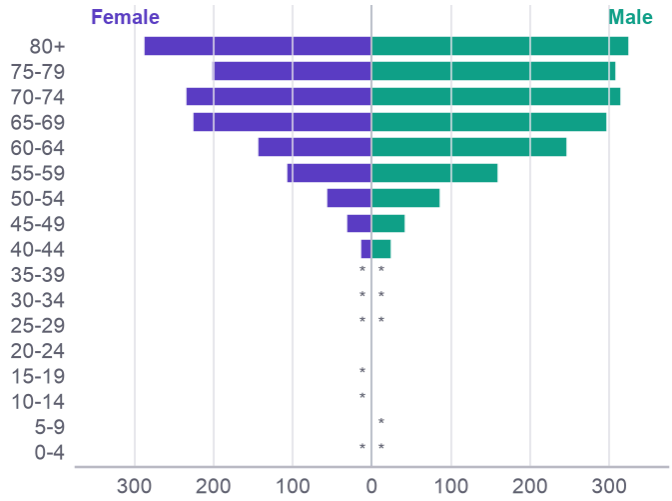
Phase 3: 11 · Phase 2: 7 · Phase 1: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

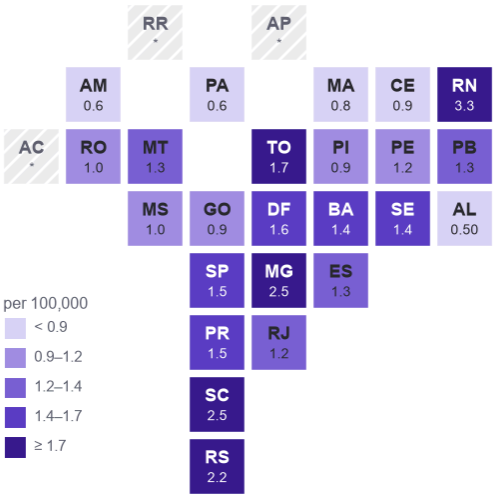
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

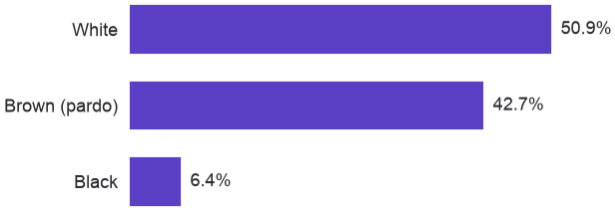
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

2,078

patients with Chemotherapy, advanced / metastatic in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **3,145** patients were in SUS specialised outpatient care in 2024 (1.5 per 100,000 inhabitants); **1,155** were new to the system that year (0.54 per 100,000).
- The population in care changed by **+1.5% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **47%** of them. The highest rate is in Rio Grande do Norte (3.3 per 100,000).
- Specialised visits and procedures took place in **263** SUS facilities; **93** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- Most frequent SUS treatment in the outpatient record: chemotherapy, advanced / metastatic (2,078 patients).
- **1,439** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 14.5%.
- **19** interventional trials with a Brazilian site started between 2016 and 2025 (18 industry-sponsored, 11 phase 3, 18 still active). Brazil hosts 2.9% of the trials registered worldwide for this condition in the same period.

Data notes. Oncology billing records the regimen's modality and setting, not the molecule; treatment is shown by modality.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in chronic lymphocytic leukaemia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

Cardiometabolic

15 conditions · 750 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Dyslipidaemia	510,031	239.9	138,238	358	51	4.9%	72
Type 2 diabetes	282,113	132.7	171,968	74,394	103	2.6%	74
Hypertension	224,528	105.6	91,732	54,530	100	3.5%	76
Heart failure	142,148	66.9	52,837	206,079	91	3.6%	78
Coronary artery disease	131,115	61.7	42,507	332,465	101	3.3%	80
Type 1 diabetes	125,802	59.2	29,832	56,752	18	1.2%	82
Stroke	60,322	28.4	31,155	252,199	90	1.8%	84
Obesity	18,853	8.9	9,483	15,587	139	2.3%	86
Venous thromboembolism	11,047	5.2	5,975	64,090	16	2.7%	88
Peripheral arterial disease	10,871	5.1	5,440	45,652	17	2.4%	90
Pulmonary arterial hypertension	6,075	2.9	1,170	1,368	33	5.6%	92
Atrial fibrillation	4,156	2.0	1,900	16,604	21	1.4%	94
Fatty liver disease (MASLD/MASH)	2,572	1.2	1,242	1,057	20	2.1%	96
Cardiomyopathies	1,269	0.60	506	14,742	22	4.6%	98
Amyloidosis (incl. ATTR)	1,234	0.58	505	270	21	4.7%	100

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

CARDIOMETABOLIC

Dyslipidaemia

ICD-10: E78

510,031
Patients in SUS specialised care, 2024
239.9 per 100,000 (treated prevalence)

138,238
New patients in SUS, 2024
65.0 per 100,000 (SUS-recorded incidence)

358
SUS hospital admissions, 2024
in-hospital mortality 6.1%

768
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

51
Trials with a Brazilian site, 2016–25
36 industry · 22 active now

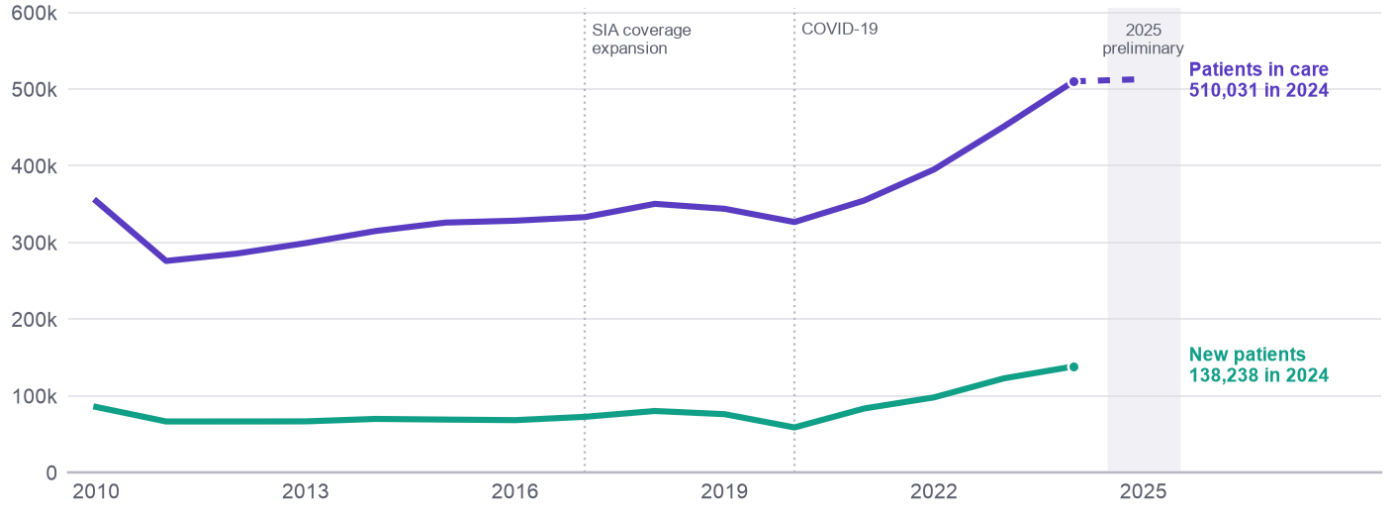
4.9%
Brazil's share of global trials
same condition, start 2016–2025

520
SUS facilities with visits or procedures
74 cover 80% of contacts · plus 218 CEAF pharmacies

67 y · 55% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

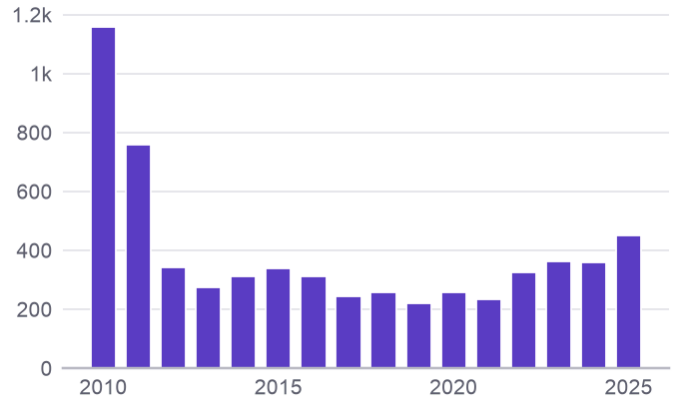
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

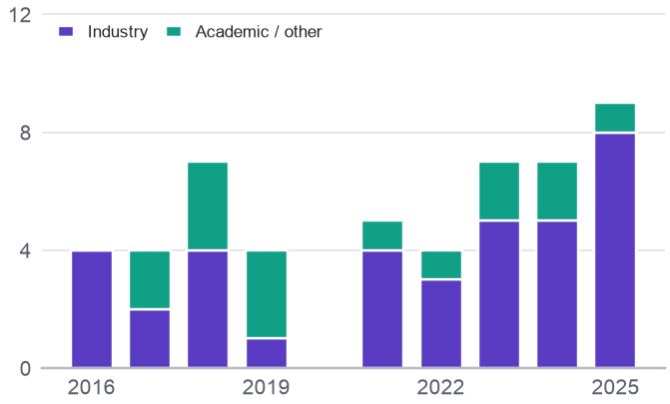
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

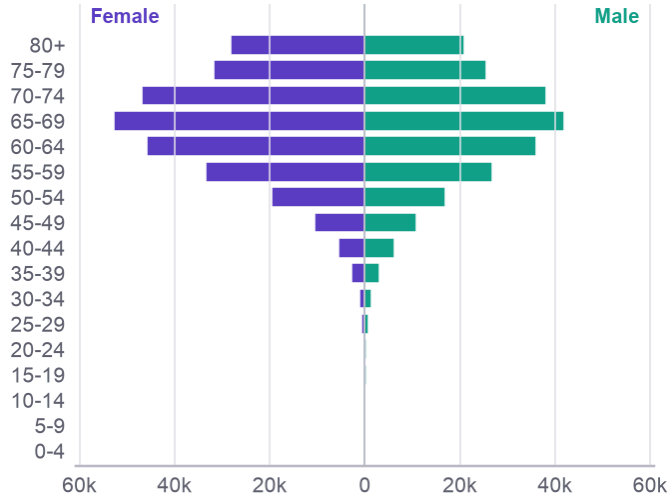
Phase 3: 32 · Not applicable: 15 · Phase 4: 3 · Phase 2: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

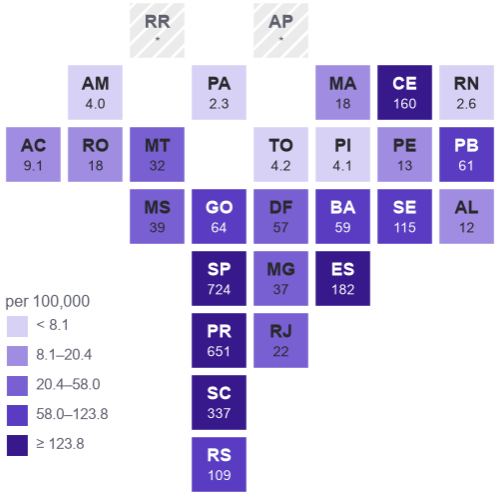
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

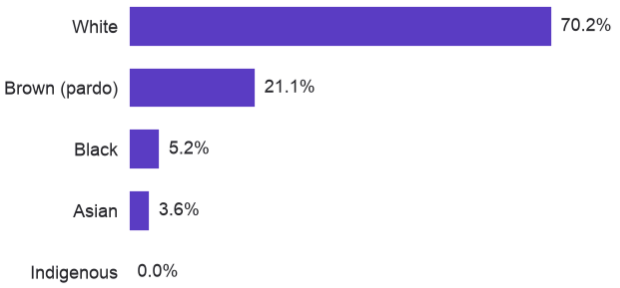
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

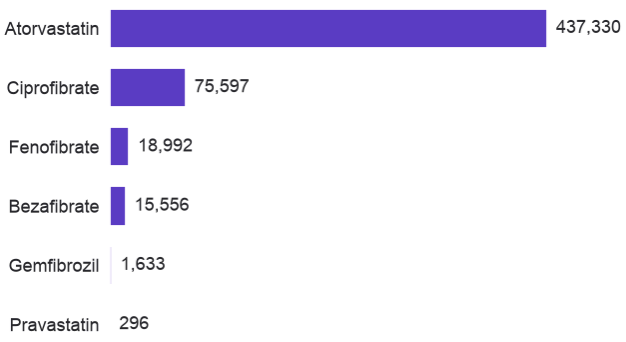
Share among patients with race/colour recorded (93% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **510,031** patients were in SUS specialised outpatient care in 2024 (239.9 per 100,000 inhabitants); **138,238** were new to the system that year (65.0 per 100,000).
- The population in care changed by **+4.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Santa Catarina concentrate **86%** of them. The highest rate is in São Paulo (724.0 per 100,000).
- Specialised visits and procedures took place in **520** SUS facilities; **74** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 218 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: atorvastatin (437,330 patients) and ciprofibrate (75,597 patients).
- **358** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 6.1%.
- **51** interventional trials with a Brazilian site started between 2016 and 2025 (36 industry-sponsored, 32 phase 3, 22 still active). Brazil hosts 4.9% of the trials registered worldwide for this condition in the same period.

Data notes. Counts reflect statin and fibrate dispensing by the Specialised Component (CEAF); most lipid-lowering treatment in SUS happens in primary care. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in dyslipidaemia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

CARDIOMETABOLIC

Type 2 diabetes

ICD-10: E11, E14

282,113
Patients in SUS specialised care, 2024
132.7 per 100,000 (treated prevalence)

171,968
New patients in SUS, 2024
80.9 per 100,000 (SUS-recorded incidence)

74,394
SUS hospital admissions, 2024
in-hospital mortality 3.9%

8,104
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

103
Trials with a Brazilian site, 2016–25
50 industry · 17 active now

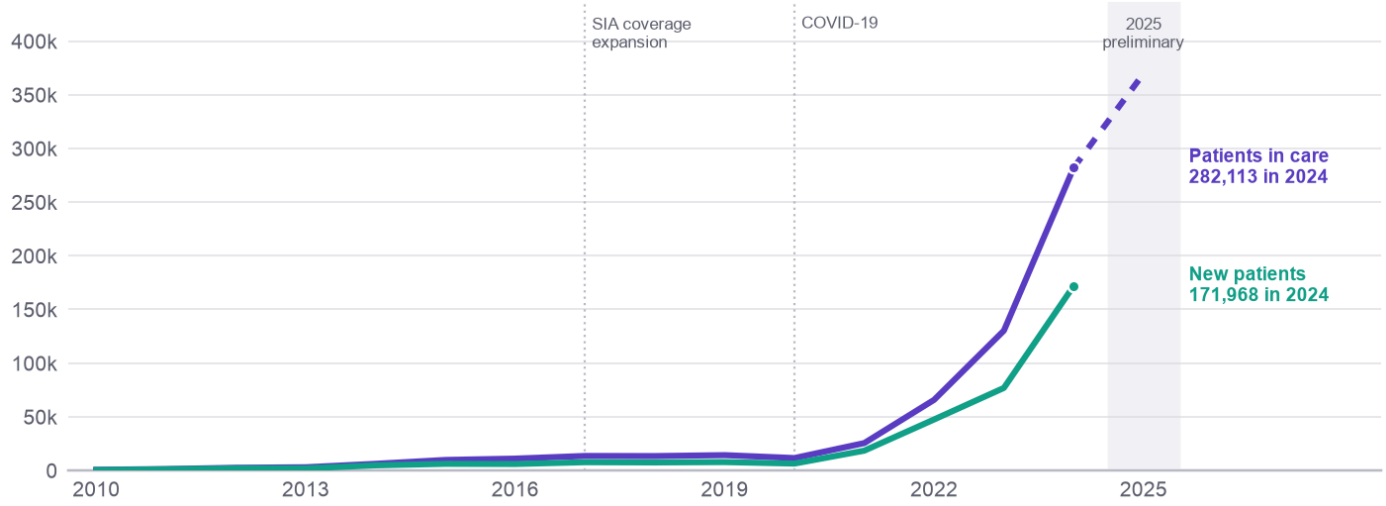
2.6%
Brazil's share of global trials
same condition, start 2016–2025

1,526
SUS facilities with visits or procedures
170 cover 80% of contacts · plus 210 CEAF pharmacies

70 y · 55% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

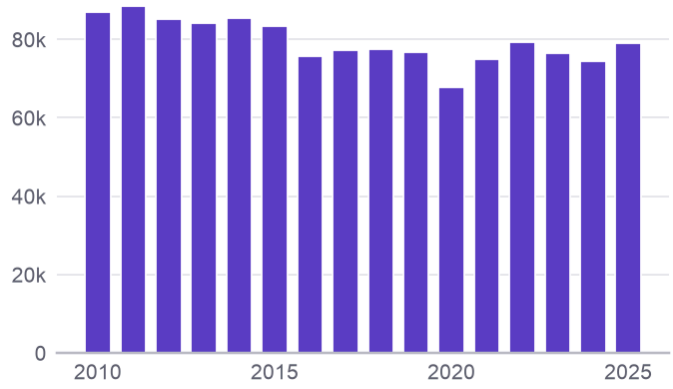
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

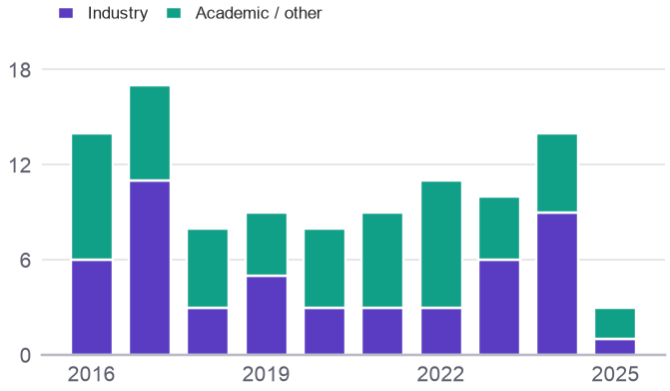
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

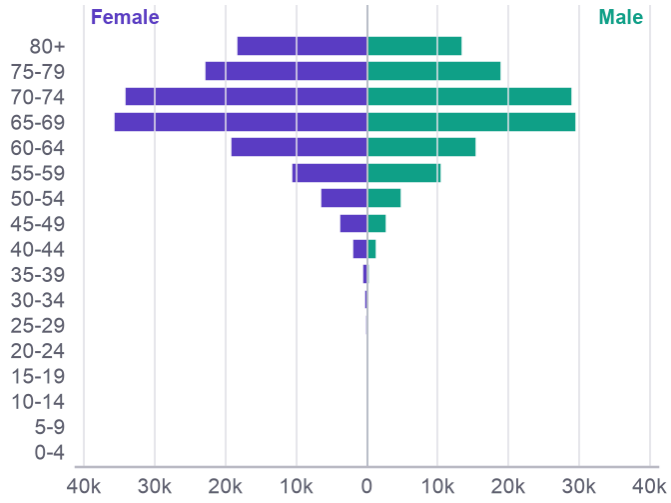
Phase 3: 46 · Not applicable: 45 · Phase 4: 8 · Phase 2: 4



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

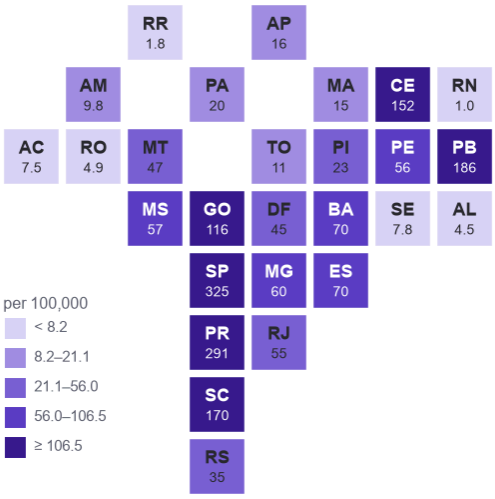
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

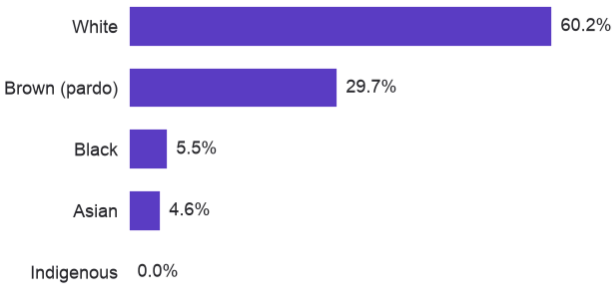
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (96% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

242,573

patients with Dapagliflozin in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **282,113** patients were in SUS specialised outpatient care in 2024 (132.7 per 100,000 inhabitants); **171,968** were new to the system that year (80.9 per 100,000).
- The population in care changed by **+46.6% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Ceará concentrate **70%** of them. The highest rate is in São Paulo (324.6 per 100,000).
- Specialised visits and procedures took place in **1,526** SUS facilities; **170** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 210 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: dapagliflozin (242,573 patients).
- **74,394** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 3.9%.
- **103** interventional trials with a Brazilian site started between 2016 and 2025 (50 industry-sponsored, 46 phase 3, 17 still active). Brazil hosts 2.6% of the trials registered worldwide for this condition in the same period.

Data notes. Includes E14 (unspecified diabetes), widely used in SUS. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in type 2 diabetes? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

CARDIOMETABOLIC

Hypertension

ICD-10: I10, I11, I12, I13, I15

224,528
Patients in SUS specialised care, 2024
105.6 per 100,000 (treated prevalence)

91,732
New patients in SUS, 2024
43.2 per 100,000 (SUS-recorded incidence)

54,530
SUS hospital admissions, 2024
in-hospital mortality 2.2%

26,720
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

100
Trials with a Brazilian site, 2016–25
11 industry · 22 active now

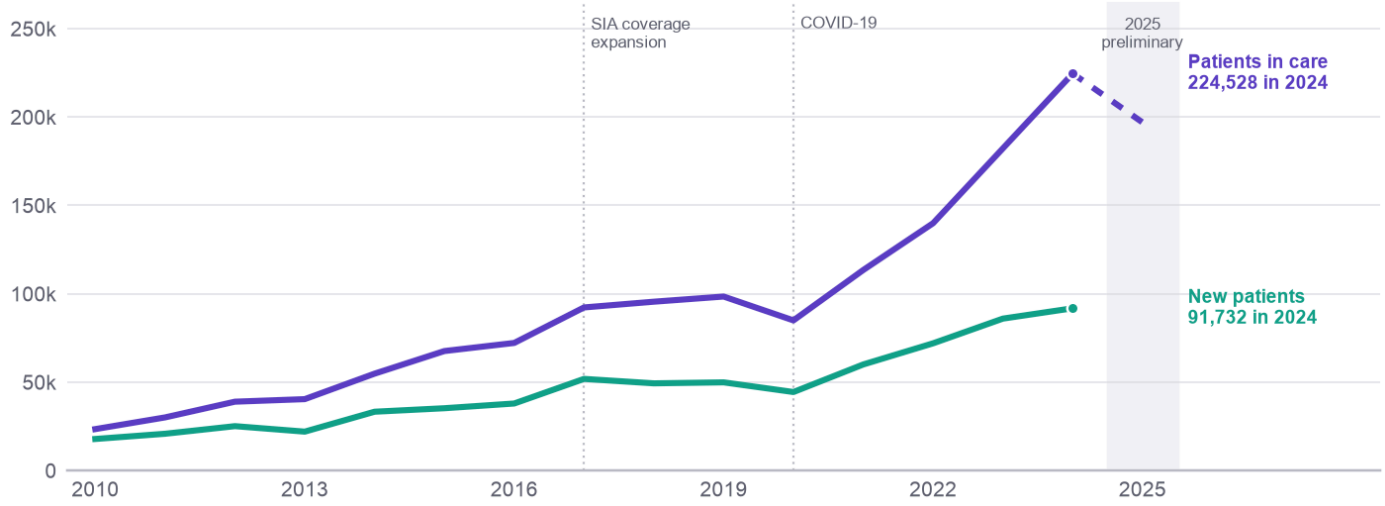
3.5%
Brazil's share of global trials
same condition, start 2016–2025

2,296
SUS facilities with visits or procedures
269 cover 80% of contacts

63 y · 64% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

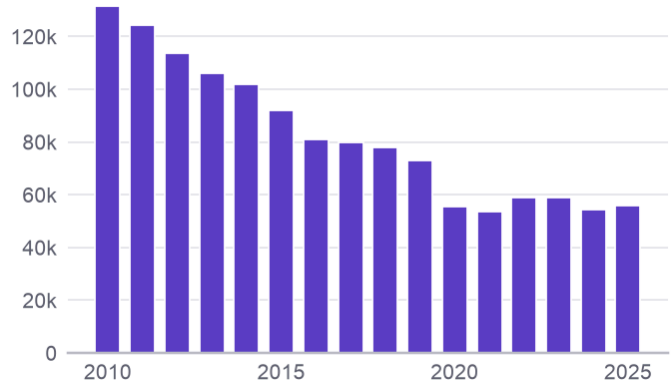
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

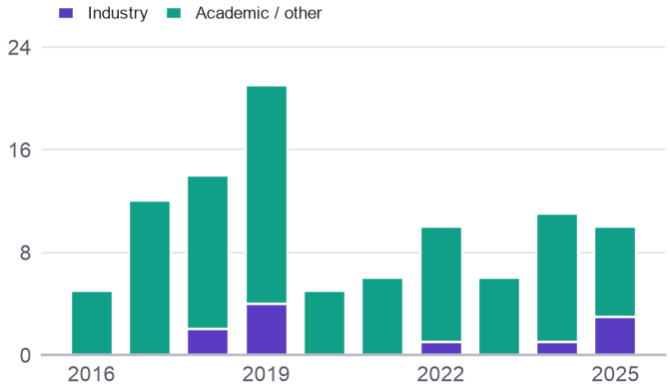
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

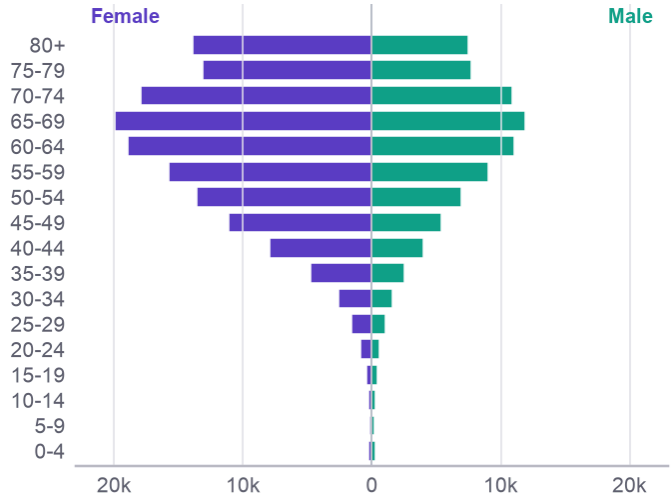
Not applicable: 74 · Phase 3: 17 · Phase 4: 5 · Early phase 1: 2 · Phase 2: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

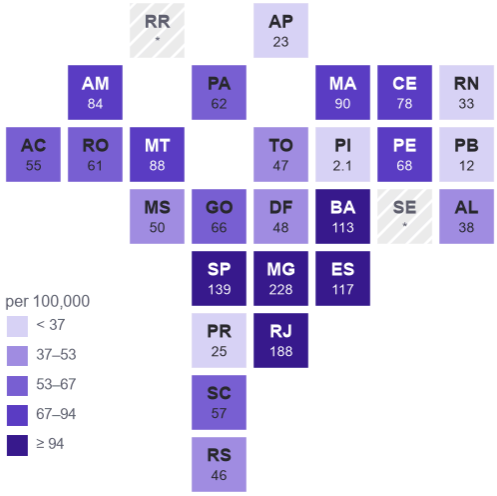
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

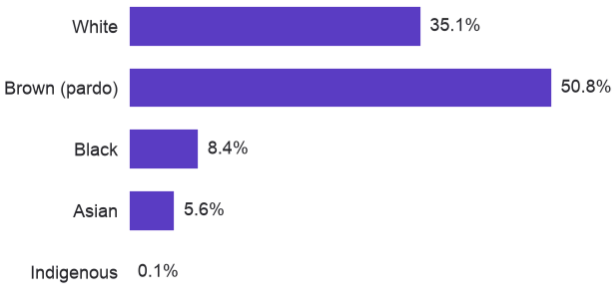
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **224,528** patients were in SUS specialised outpatient care in 2024 (105.6 per 100,000 inhabitants); **91,732** were new to the system that year (43.2 per 100,000).
- The population in care changed by **+15.2% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **64%** of them. The highest rate is in Minas Gerais (227.5 per 100,000).
- Specialised visits and procedures took place in **2,296** SUS facilities; **269** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **54,530** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 2.2%.
- **100** interventional trials with a Brazilian site started between 2016 and 2025 (11 industry-sponsored, 17 phase 3, 22 still active). Brazil hosts 3.5% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in hypertension? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

CARDIOMETABOLIC

Heart failure

ICD-10: I50

142,148
Patients in SUS specialised care, 2024
66.9 per 100,000 (treated prevalence)

52,837
New patients in SUS, 2024
24.9 per 100,000 (SUS-recorded incidence)

206,079
SUS hospital admissions, 2024
in-hospital mortality 11.8%

31,689
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

91
Trials with a Brazilian site, 2016–25
38 industry · 32 active now

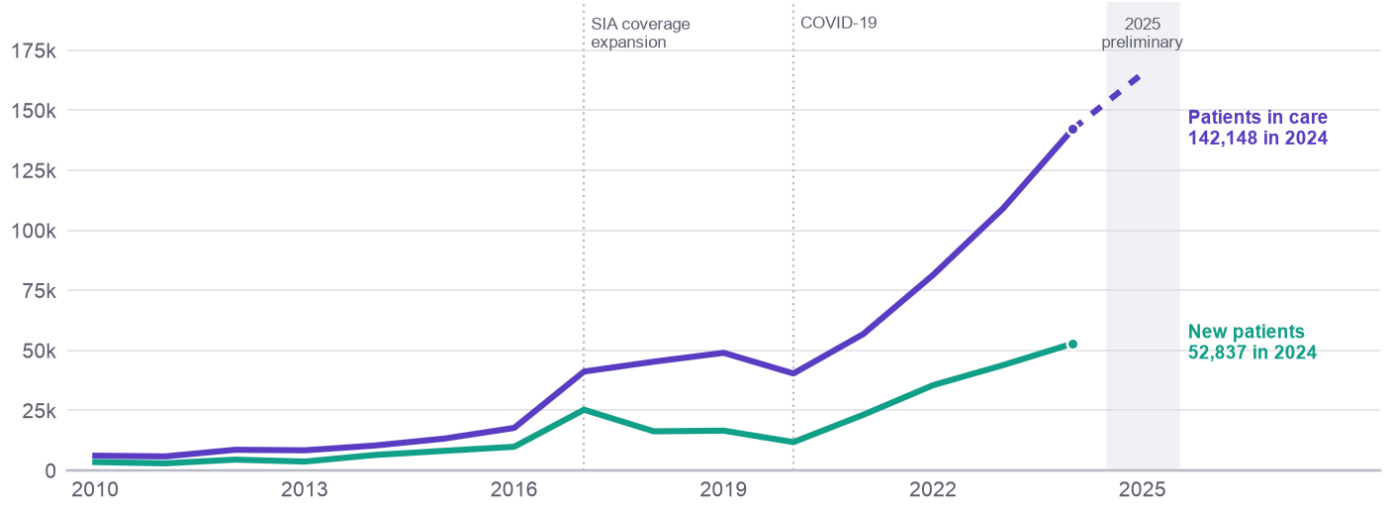
3.6%
Brazil's share of global trials
same condition, start 2016–2025

1,777
SUS facilities with visits or procedures
83 cover 80% of contacts · plus 208 CEAF pharmacies

66 y · 46% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

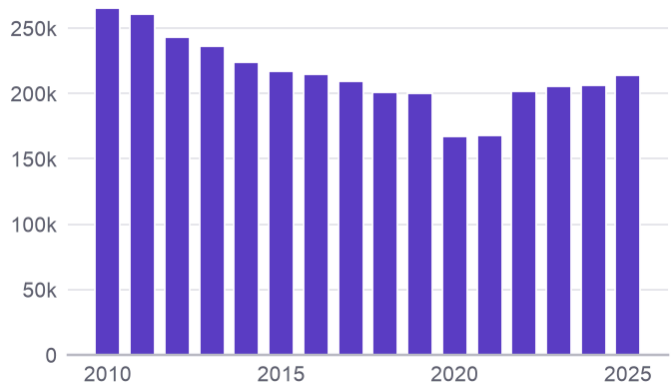
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

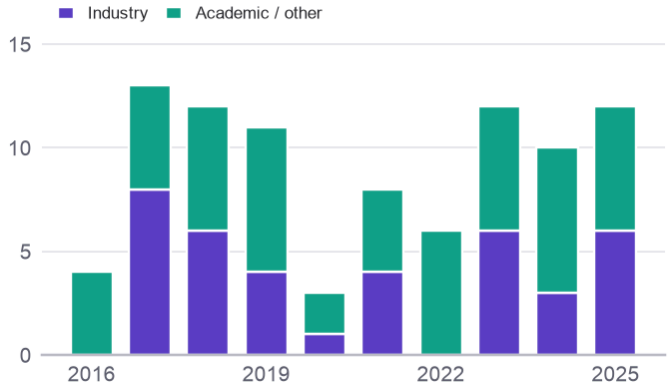
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

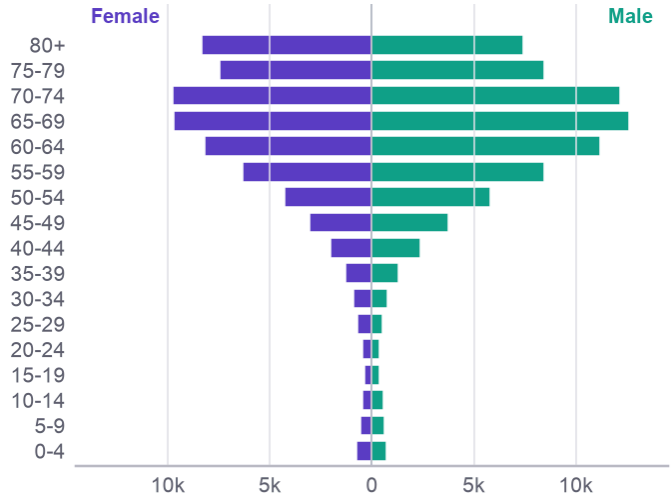
Not applicable: 42 · Phase 3: 34 · Phase 2: 11 · Phase 4: 8 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

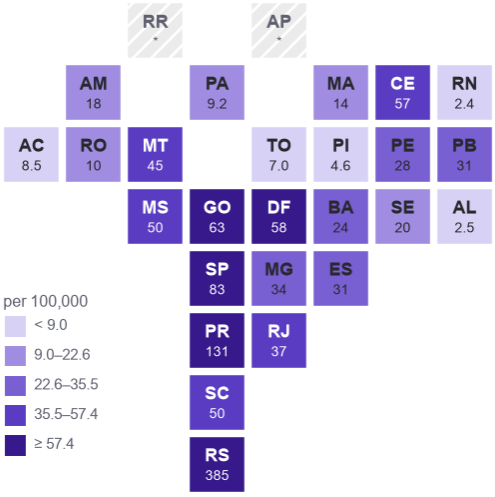
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

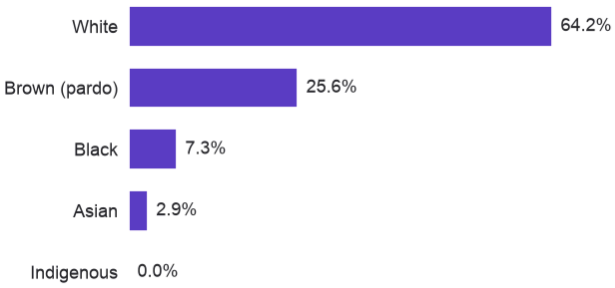
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (97% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **142,148** patients were in SUS specialised outpatient care in 2024 (66.9 per 100,000 inhabitants); **52,837** were new to the system that year (24.9 per 100,000).
- The population in care changed by **+29.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; Rio Grande do Sul, São Paulo and Paraná concentrate **68%** of them. The highest rate is in Rio Grande do Sul (385.4 per 100,000).
- Specialised visits and procedures took place in **1,777** SUS facilities; **83** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 208 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: sacubitril/valsartan (62,821 patients) and dapagliflozin (536 patients).
- **206,079** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 11.8%.
- **91** interventional trials with a Brazilian site started between 2016 and 2025 (38 industry-sponsored, 34 phase 3, 32 still active). Brazil hosts 3.6% of the trials registered worldwide for this condition in the same period.

Data notes. The 2017 expansion of outpatient records more than doubled the recorded series. Rio Grande do Sul's treated rate is several times the national level, which may reflect local coding practice.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in heart failure? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

CARDIOMETABOLIC

Coronary artery disease

ICD-10: I20, I21, I22, I23, I24, I25

131,115
Patients in SUS specialised care, 2024
61.7 per 100,000 (treated prevalence)

42,507
New patients in SUS, 2024
20.0 per 100,000 (SUS-recorded incidence)

332,465
SUS hospital admissions, 2024
in-hospital mortality 5.3%

80,933
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

101
Trials with a Brazilian site, 2016–25
24 industry · 24 active now

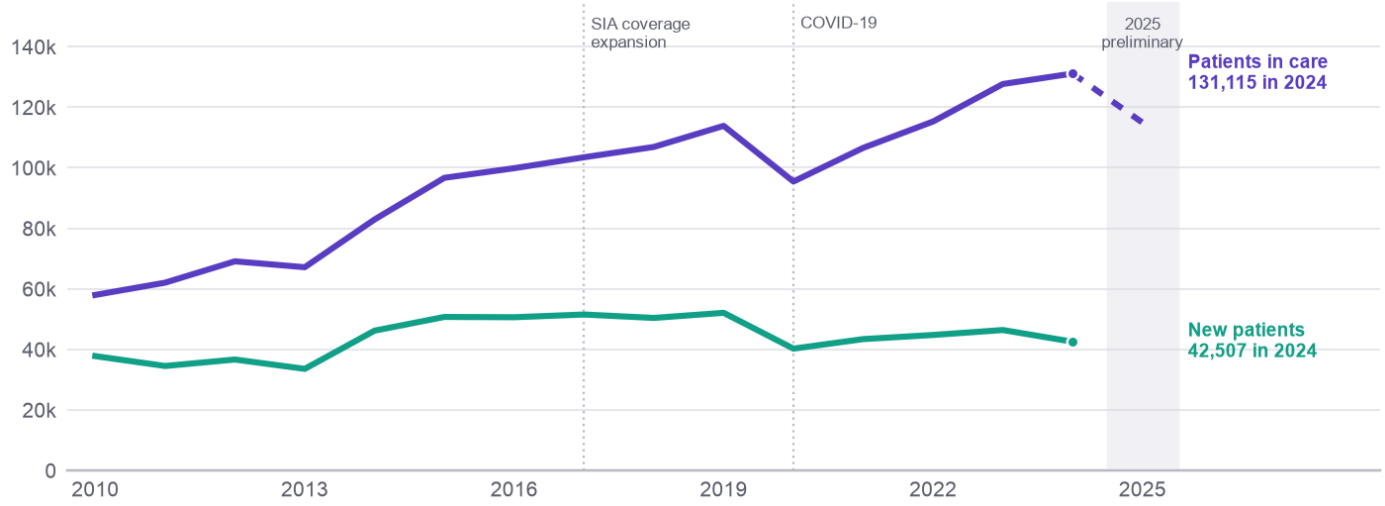
3.3%
Brazil's share of global trials
same condition, start 2016–2025

1,769
SUS facilities with visits or procedures
204 cover 80% of contacts · plus 178 CEAF pharmacies

66 y · 43% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

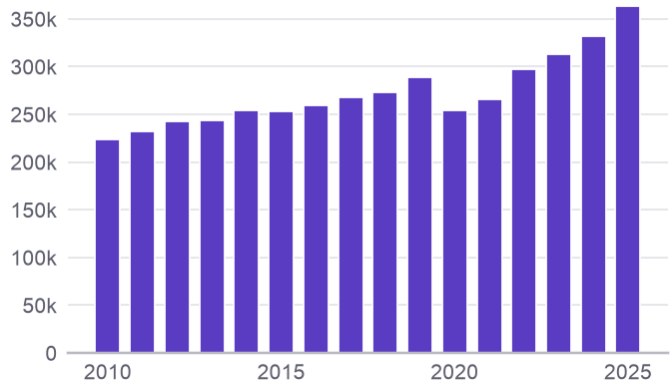
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

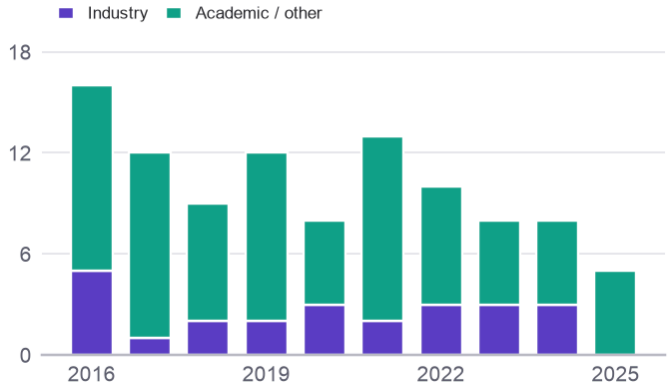
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

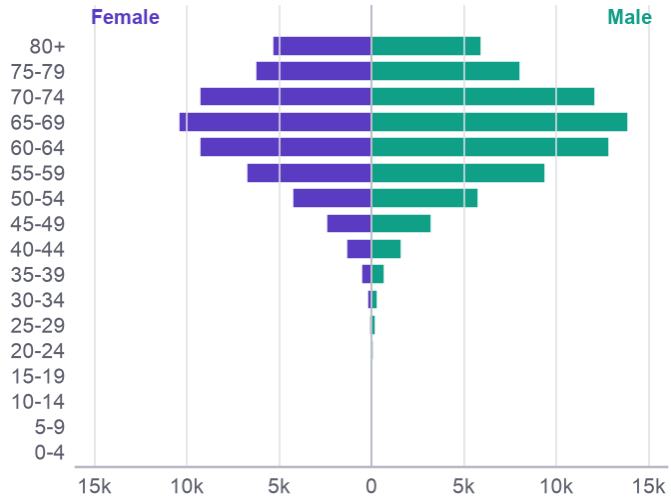
Not applicable: 56 · Phase 3: 25 · Phase 4: 14 · Phase 2: 11 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

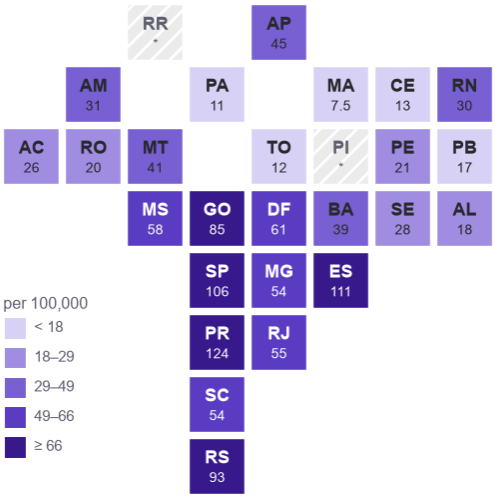
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

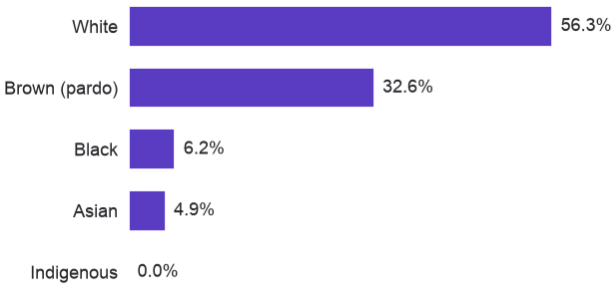
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (99% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

39,017

patients with Clopidogrel in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **131,115** patients were in SUS specialised outpatient care in 2024 (61.7 per 100,000 inhabitants); **42,507** were new to the system that year (20.0 per 100,000).
- The population in care changed by **+4.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Minas Gerais concentrate **57%** of them. The highest rate is in Paraná (124.0 per 100,000).
- Specialised visits and procedures took place in **1,769** SUS facilities; **204** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 178 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: clopidogrel (39,017 patients).
- **332,465** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 5.3%.
- **101** interventional trials with a Brazilian site started between 2016 and 2025 (24 industry-sponsored, 25 phase 3, 24 still active). Brazil hosts 3.3% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in coronary artery disease? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

CARDIOMETABOLIC

Type 1 diabetes

ICD-10: E10

125,802
Patients in SUS specialised care, 2024
59.2 per 100,000 (treated prevalence)

29,832
New patients in SUS, 2024
14.0 per 100,000 (SUS-recorded incidence)

56,752
SUS hospital admissions, 2024
in-hospital mortality 3.5%

7,603
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

18
Trials with a Brazilian site, 2016–25
11 industry · 7 active now

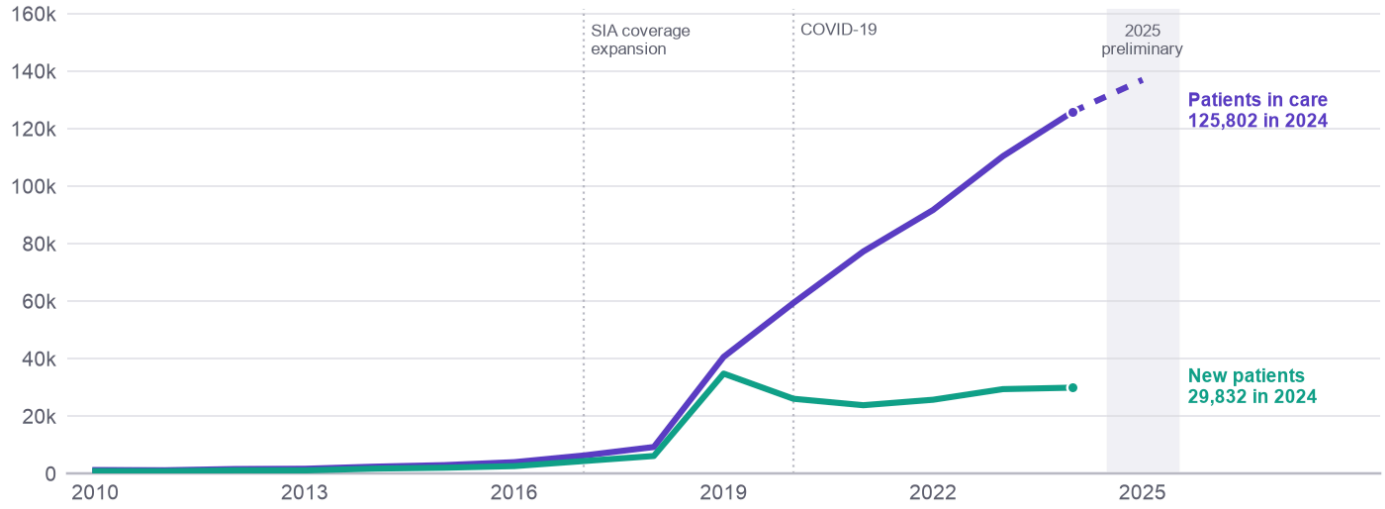
1.2%
Brazil's share of global trials
same condition, start 2016–2025

1,452
SUS facilities with visits or procedures
172 cover 80% of contacts · plus 207 CEAF pharmacies

37 y · 55% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

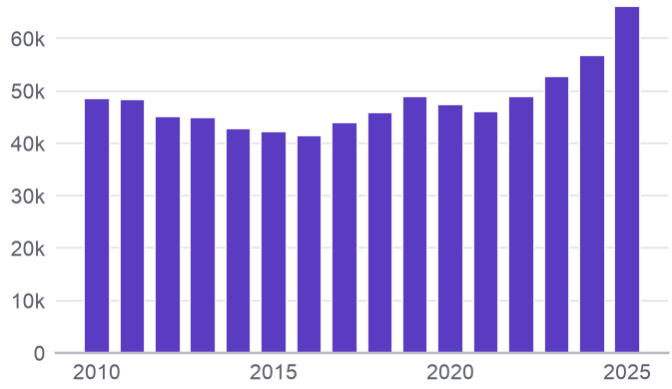
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

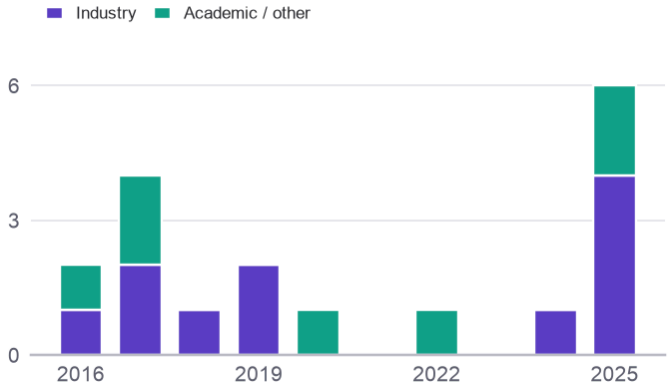
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

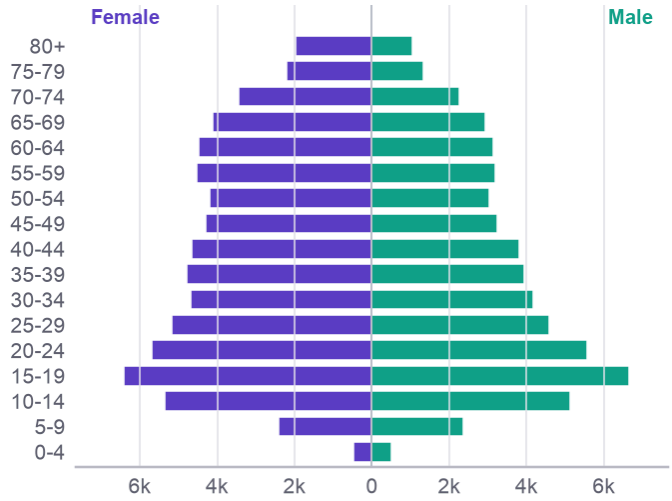
Not applicable: 8 · Phase 3: 7 · Phase 4: 2 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

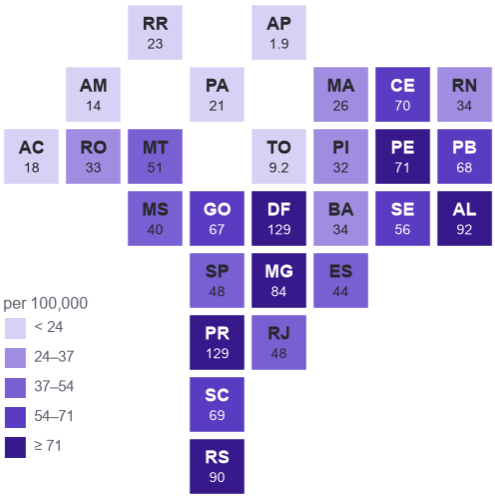
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

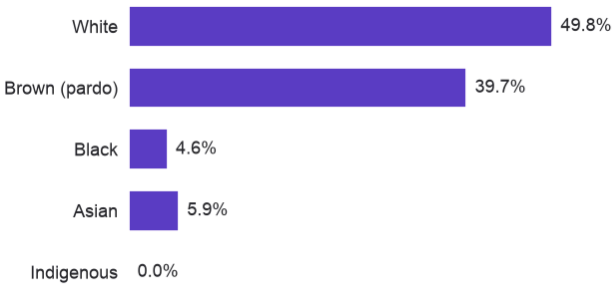
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (88% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

98,521

patients with Insulin in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **125,802** patients were in SUS specialised outpatient care in 2024 (59.2 per 100,000 inhabitants); **29,832** were new to the system that year (14.0 per 100,000).
- The population in care changed by **+48.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **44%** of them. The highest rate is in Distrito Federal (128.8 per 100,000).
- Specialised visits and procedures took place in **1,452** SUS facilities; **172** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 207 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: insulin (98,521 patients).
- **56,752** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 3.5%.
- **18** interventional trials with a Brazilian site started between 2016 and 2025 (11 industry-sponsored, 7 phase 3, 7 still active). Brazil hosts 1.2% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in type 1 diabetes? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

CARDIOMETABOLIC

Stroke

ICD-10: I60, I61, I63, I64

60,322
Patients in SUS specialised care, 2024
28.4 per 100,000 (treated prevalence)

31,155
New patients in SUS, 2024
14.7 per 100,000 (SUS-recorded incidence)

252,199
SUS hospital admissions, 2024
in-hospital mortality 15.0%

44,155
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

90
Trials with a Brazilian site, 2016–25
15 industry · 21 active now

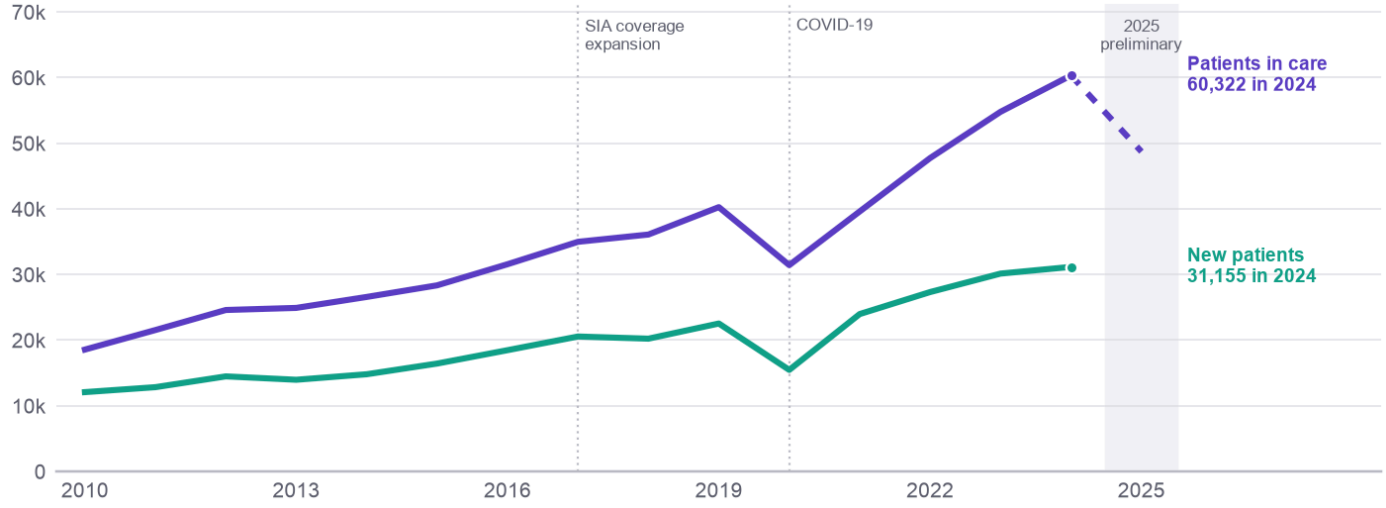
1.8%
Brazil's share of global trials
same condition, start 2016–2025

3,726
SUS facilities with visits or procedures
972 cover 80% of contacts

65 y · 49% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

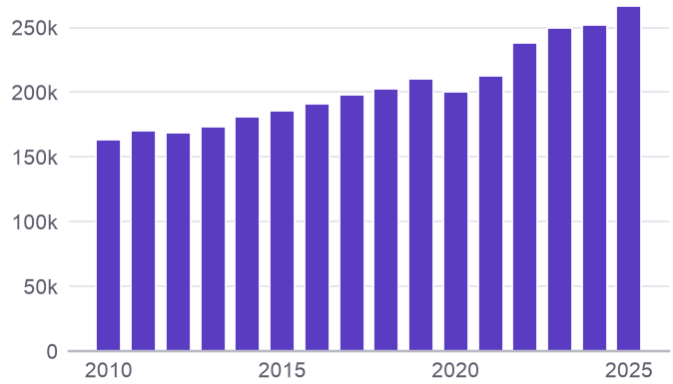
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

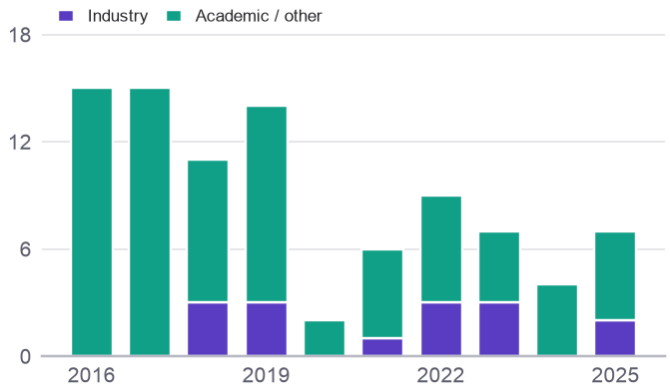
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

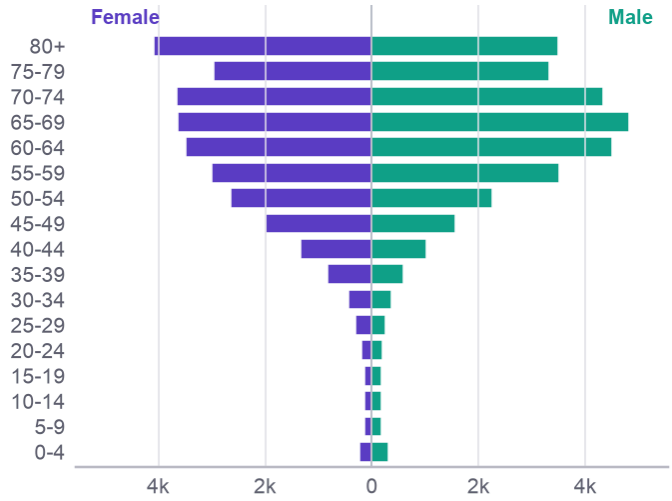
Not applicable: 56 · Phase 3: 21 · Phase 2: 11 · Phase 4: 5 · Phase 1: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

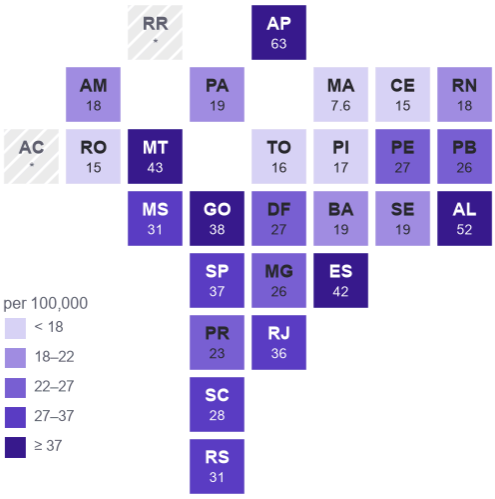
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

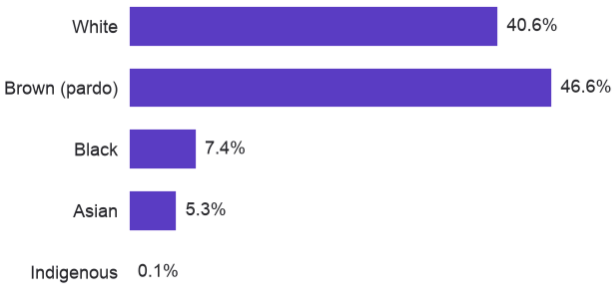
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **60,322** patients were in SUS specialised outpatient care in 2024 (28.4 per 100,000 inhabitants); **31,155** were new to the system that year (14.7 per 100,000).
- The population in care changed by **+8.5% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Minas Gerais concentrate **48%** of them. The highest rate is in Amapá (62.8 per 100,000).
- Specialised visits and procedures took place in **3,726** SUS facilities; **972** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **252,199** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 15.0%.
- **90** interventional trials with a Brazilian site started between 2016 and 2025 (15 industry-sponsored, 21 phase 3, 21 still active). Brazil hosts 1.8% of the trials registered worldwide for this condition in the same period.

Data notes. Acute condition: hospital admissions are the more meaningful measure of burden.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in stroke? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

CARDIOMETABOLIC

Obesity

ICD-10: E66

18,853
Patients in SUS specialised care, 2024
8.9 per 100,000 (treated prevalence)

9,483
New patients in SUS, 2024
4.5 per 100,000 (SUS-recorded incidence)

15,587
SUS hospital admissions, 2024
in-hospital mortality 0.1%

56,238
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

139
Trials with a Brazilian site, 2016–25
31 industry · 29 active now

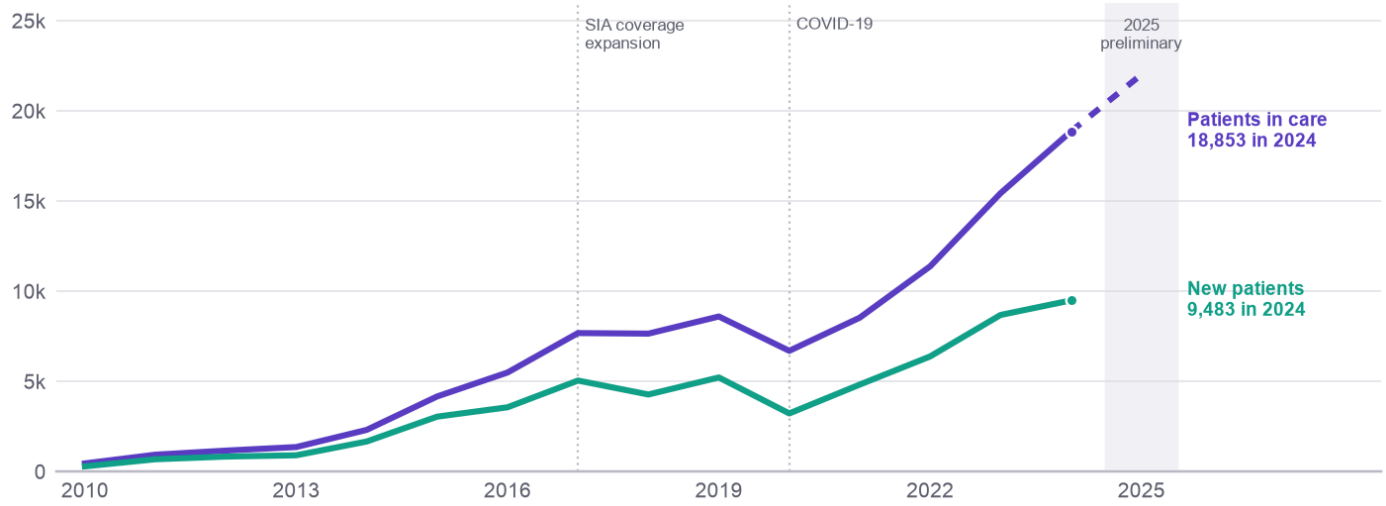
2.3%
Brazil's share of global trials
same condition, start 2016–2025

763
SUS facilities with visits or procedures
95 cover 80% of contacts

43 y · 79% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

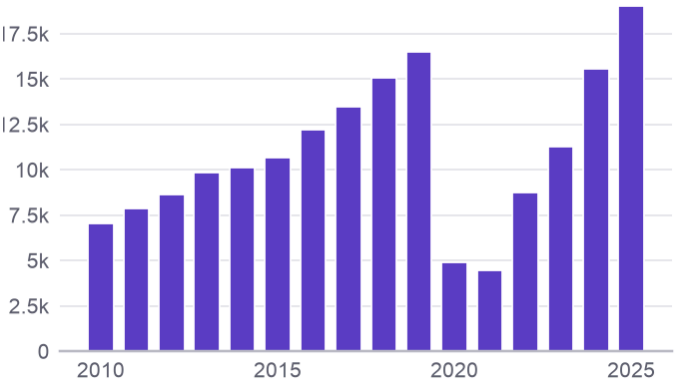
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

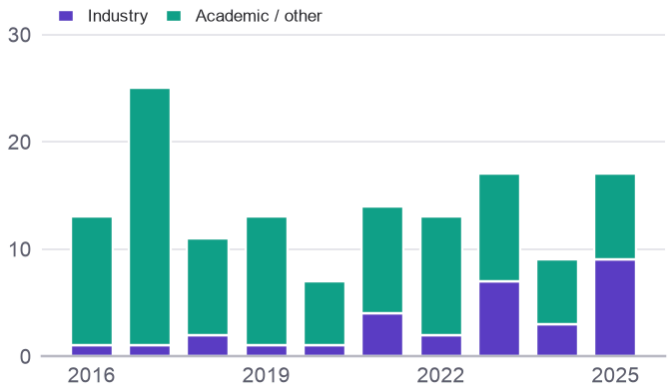
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

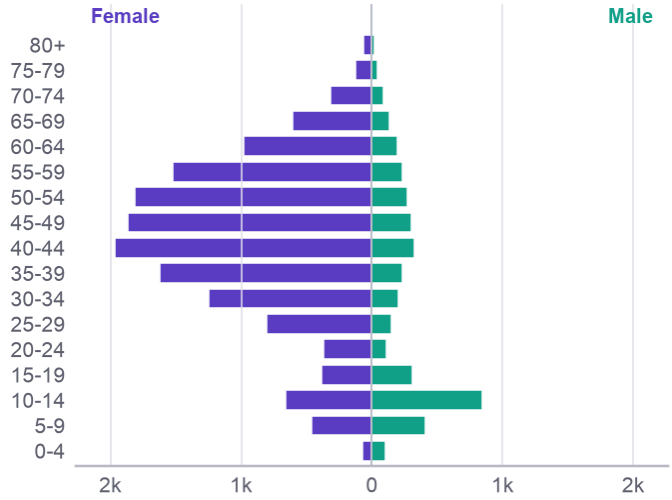
Not applicable: 103 · Phase 3: 28 · Phase 2: 4 · Phase 4: 4 · Early phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

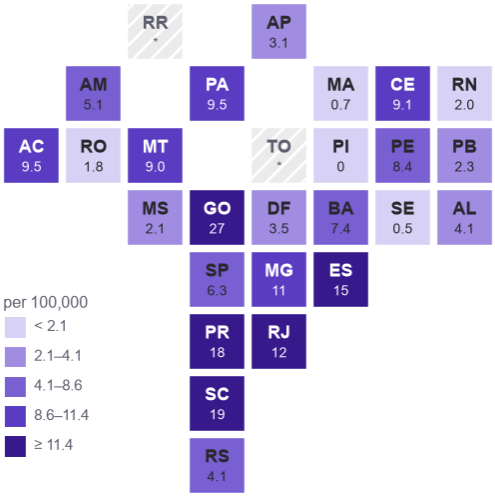
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

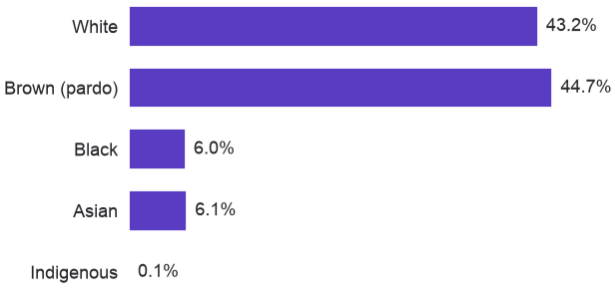
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **18,853** patients were in SUS specialised outpatient care in 2024 (8.9 per 100,000 inhabitants); **9,483** were new to the system that year (4.5 per 100,000).
- The population in care changed by **+23.4% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 26 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **39%** of them. The highest rate is in Goiás (27.0 per 100,000).
- Specialised visits and procedures took place in **763** SUS facilities; **95** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **15,587** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.1%.
- **139** interventional trials with a Brazilian site started between 2016 and 2025 (31 industry-sponsored, 28 phase 3, 29 still active). Brazil hosts 2.3% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in obesity? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

CARDIOMETABOLIC

Venous thromboembolism

ICD-10: I26, I80, I82

11,047
Patients in SUS specialised care, 2024
5.2 per 100,000 (treated prevalence)

5,975
New patients in SUS, 2024
2.8 per 100,000 (SUS-recorded incidence)

64,090
SUS hospital admissions, 2024
in-hospital mortality 5.4%

22,883
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

16
Trials with a Brazilian site, 2016–25
2 industry · 4 active now

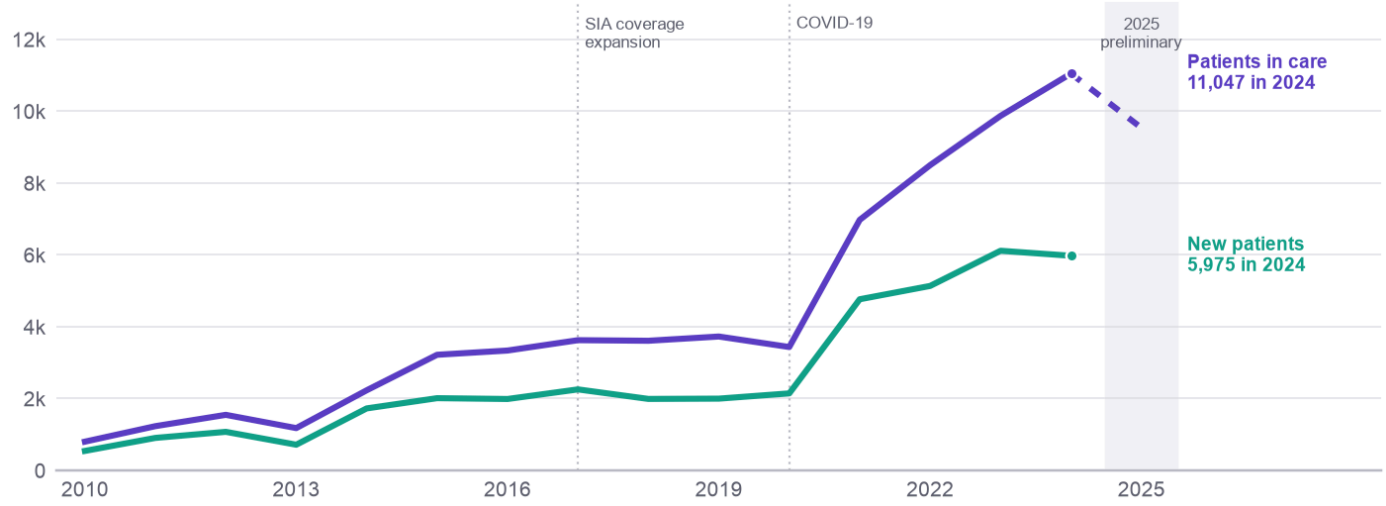
2.7%
Brazil's share of global trials
same condition, start 2016–2025

835
SUS facilities with visits or procedures
145 cover 80% of contacts · plus 184 CEAF pharmacies

47 y · 77% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

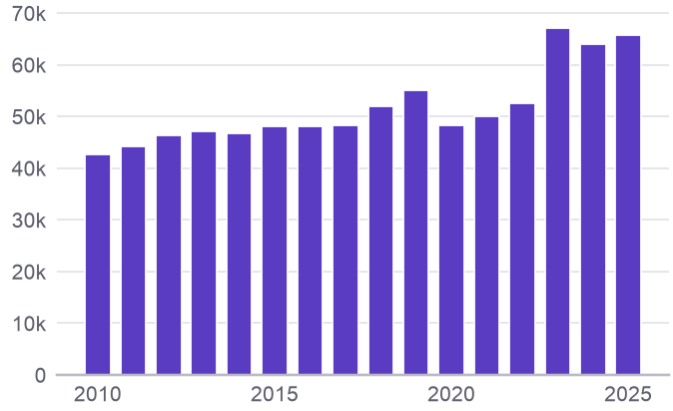
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

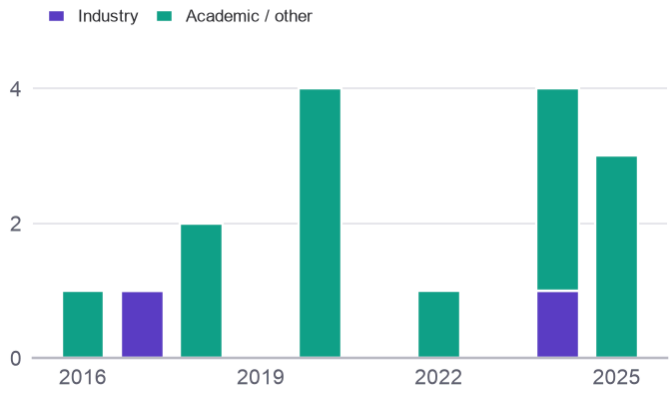
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

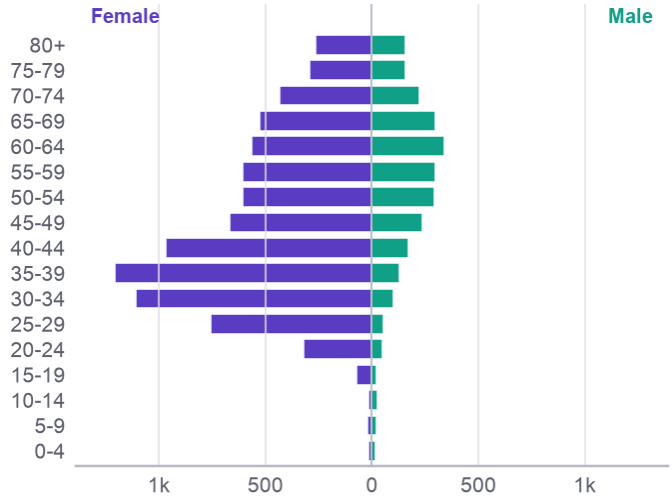
Not applicable: 8 · Phase 3: 5 · Phase 4: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

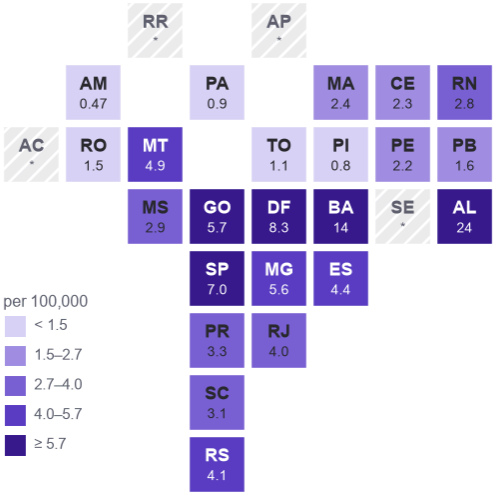
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

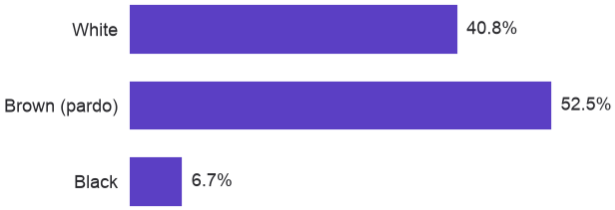
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (99% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

3,094

patients with Enoxaparin in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **11,047** patients were in SUS specialised outpatient care in 2024 (5.2 per 100,000 inhabitants); **5,975** were new to the system that year (2.8 per 100,000).
- The population in care changed by **+17.4% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Bahia and Minas Gerais concentrate **58%** of them. The highest rate is in Alagoas (24.0 per 100,000).
- Specialised visits and procedures took place in **835** SUS facilities; **145** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 184 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: enoxaparin (3,094 patients).
- **64,090** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 5.4%.
- **16** interventional trials with a Brazilian site started between 2016 and 2025 (2 industry-sponsored, 5 phase 3, 4 still active). Brazil hosts 2.7% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in venous thromboembolism? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

CARDIOMETABOLIC

Peripheral arterial disease

ICD-10: I70, I739

10,871
Patients in SUS specialised care, 2024
5.1 per 100,000 (treated prevalence)

5,440
New patients in SUS, 2024
2.6 per 100,000 (SUS-recorded incidence)

45,652
SUS hospital admissions, 2024
in-hospital mortality 4.2%

5,562
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

17
Trials with a Brazilian site, 2016–25
4 industry · 8 active now

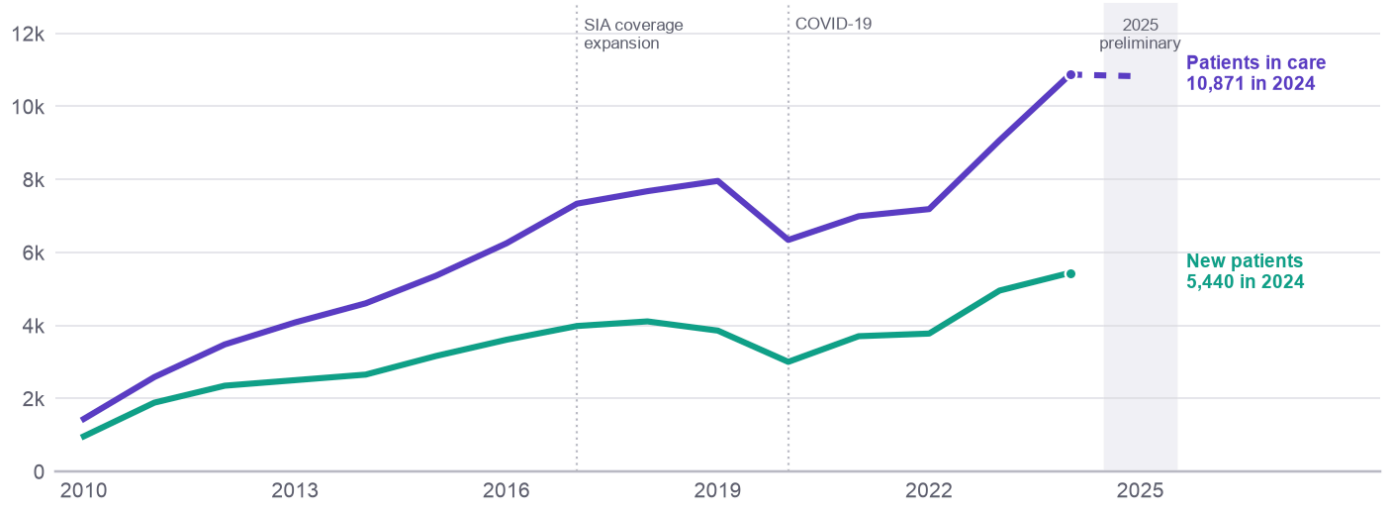
2.4%
Brazil's share of global trials
same condition, start 2016–2025

739
SUS facilities with visits or procedures
90 cover 80% of contacts

69 y · 46% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

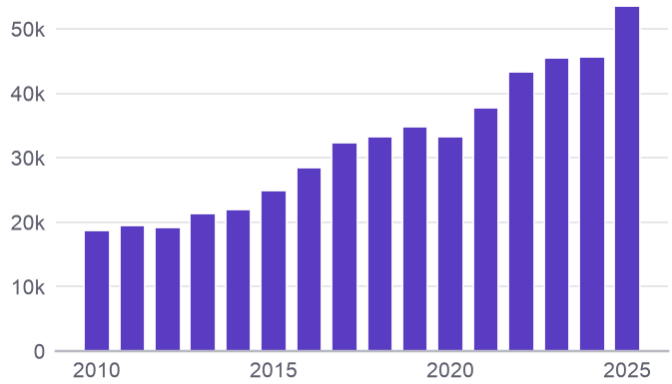
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

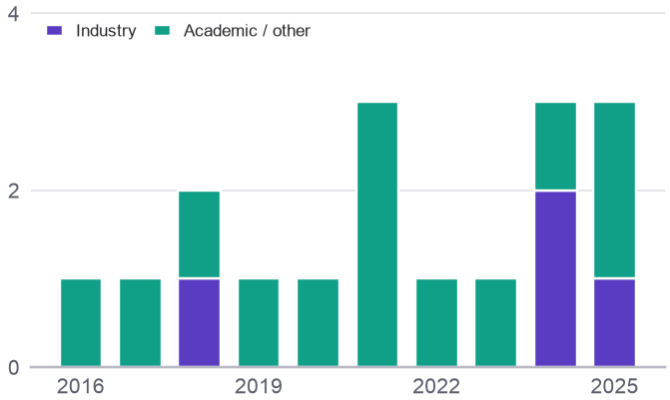
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

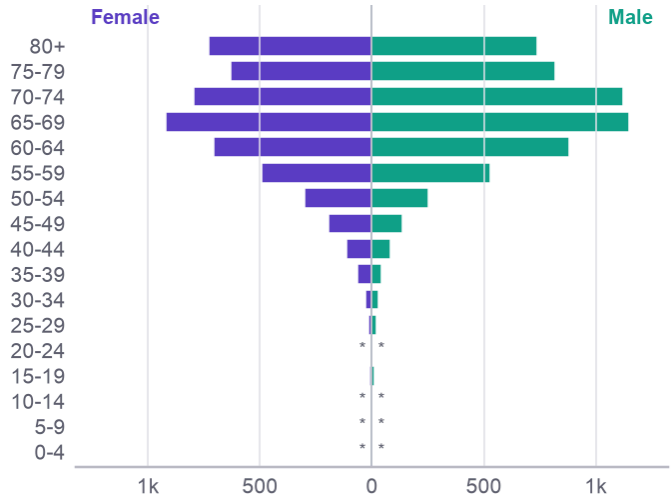
Not applicable: 9 · Phase 3: 6 · Phase 4: 2 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

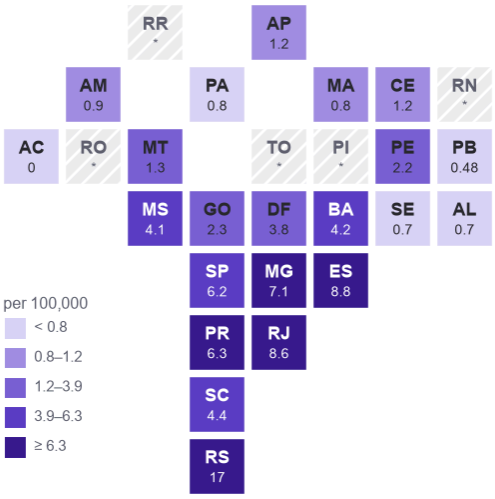
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

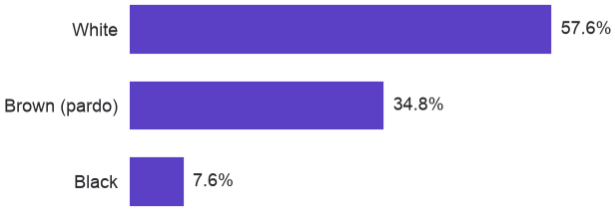
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **10,871** patients were in SUS specialised outpatient care in 2024 (5.1 per 100,000 inhabitants); **5,440** were new to the system that year (2.6 per 100,000).
- The population in care changed by **+9.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 26 of the 27 states; São Paulo, Rio Grande do Sul and Minas Gerais concentrate **58%** of them. The highest rate is in Rio Grande do Sul (17.2 per 100,000).
- Specialised visits and procedures took place in **739** SUS facilities; **90** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **45,652** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 4.2%.
- **17** interventional trials with a Brazilian site started between 2016 and 2025 (4 industry-sponsored, 6 phase 3, 8 still active). Brazil hosts 2.4% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in peripheral arterial disease? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

CARDIOMETABOLIC

Pulmonary arterial hypertension

ICD-10: I270, I272

6,075
Patients in SUS specialised care, 2024
2.9 per 100,000 (treated prevalence)

1,170
New patients in SUS, 2024
0.55 per 100,000 (SUS-recorded incidence)

1,368
SUS hospital admissions, 2024
in-hospital mortality 9.9%

433
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

33
Trials with a Brazilian site, 2016–25
25 industry · 11 active now

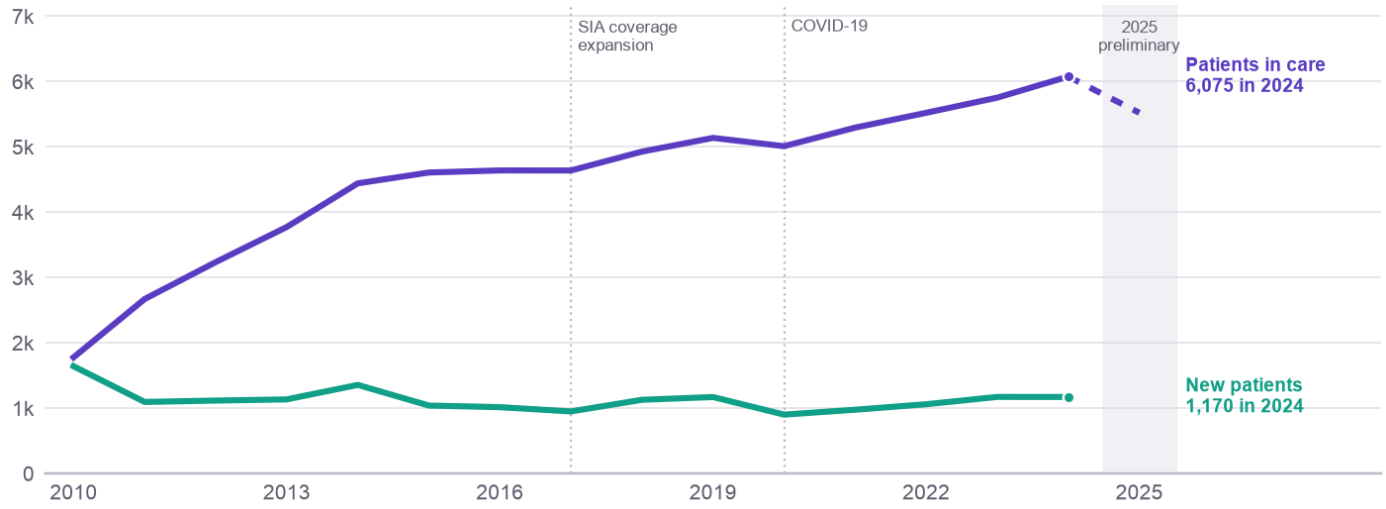
5.6%
Brazil's share of global trials
same condition, start 2016–2025

157
SUS facilities with visits or procedures
29 cover 80% of contacts · plus 194 CEAF pharmacies

50 y · 75% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

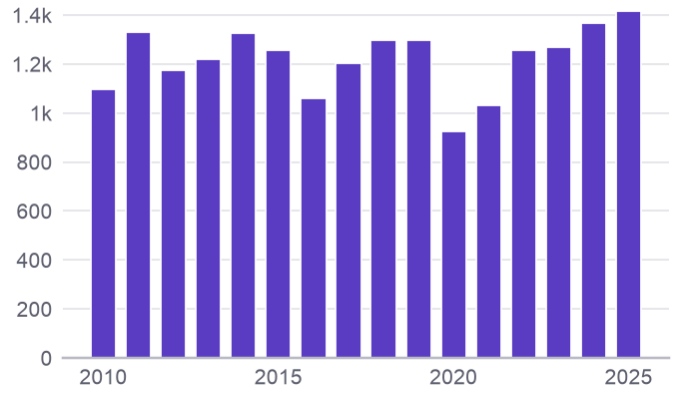
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

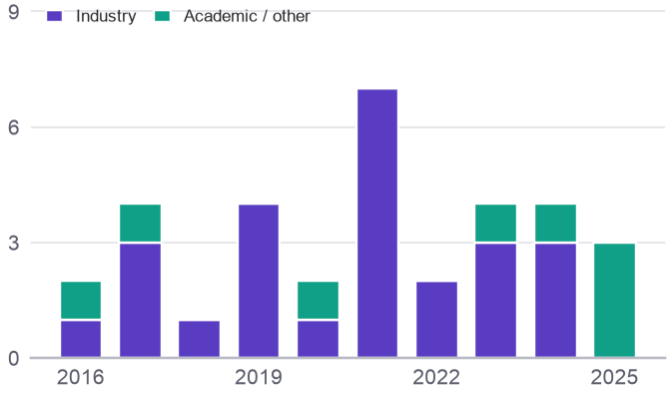
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

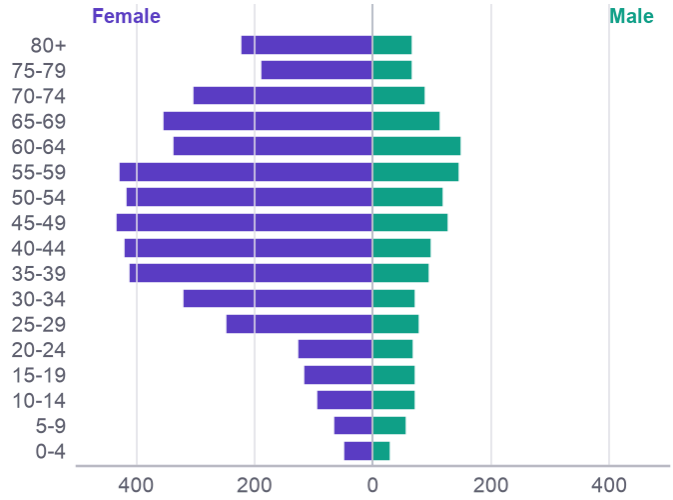
Phase 3: 16 · Phase 2: 9 · Not applicable: 7 · Phase 4: 3 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

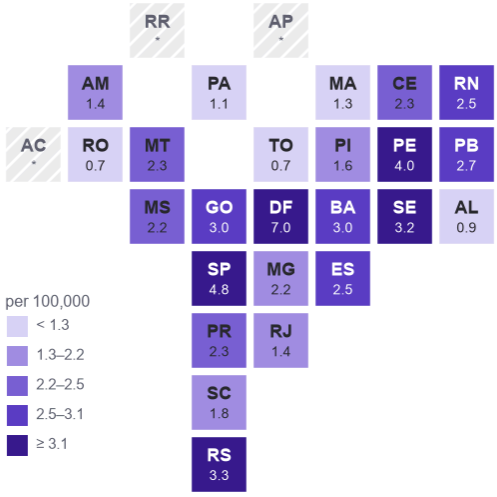
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

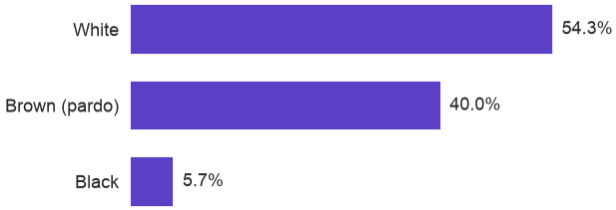
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

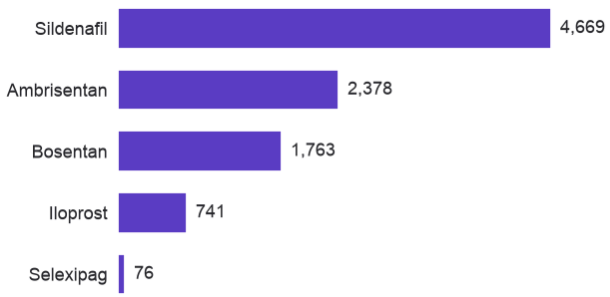
Share among patients with race/colour recorded (92% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **6,075** patients were in SUS specialised outpatient care in 2024 (2.9 per 100,000 inhabitants); **1,170** were new to the system that year (0.55 per 100,000).
- The population in care changed by **+3.2% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Bahia concentrate **51%** of them. The highest rate is in Distrito Federal (7.0 per 100,000).
- Specialised visits and procedures took place in **157** SUS facilities; **29** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 194 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: sildenafil (4,669 patients) and ambrisentan (2,378 patients).
- **1,368** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.9%.
- **33** interventional trials with a Brazilian site started between 2016 and 2025 (25 industry-sponsored, 16 phase 3, 11 still active). Brazil hosts 5.6% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in pulmonary arterial hypertension? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

CARDIOMETABOLIC

Atrial fibrillation

ICD-10: I48

4,156
Patients in SUS specialised care, 2024
2.0 per 100,000 (treated prevalence)

1,900
New patients in SUS, 2024
0.89 per 100,000 (SUS-recorded incidence)

16,604
SUS hospital admissions, 2024
in-hospital mortality 5.9%

17,605
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

21
Trials with a Brazilian site, 2016–25
7 industry · 9 active now

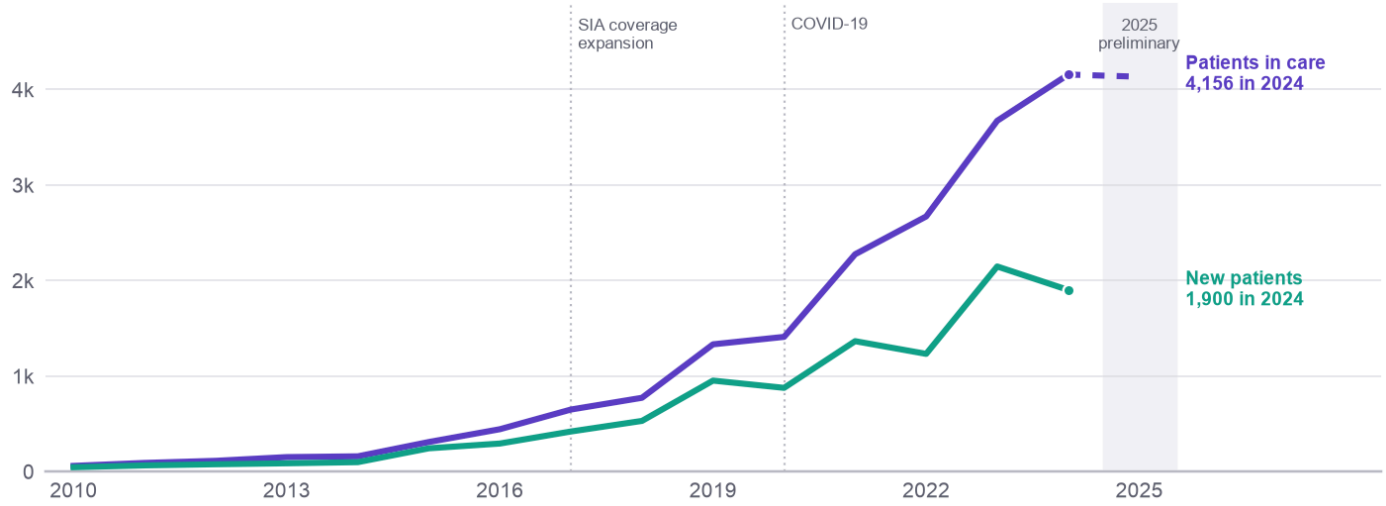
1.4%
Brazil's share of global trials
same condition, start 2016–2025

470
SUS facilities with visits or procedures
92 cover 80% of contacts

71 y · 45% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

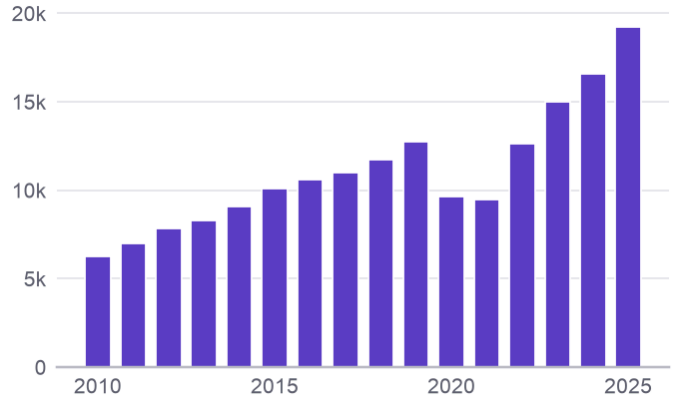
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

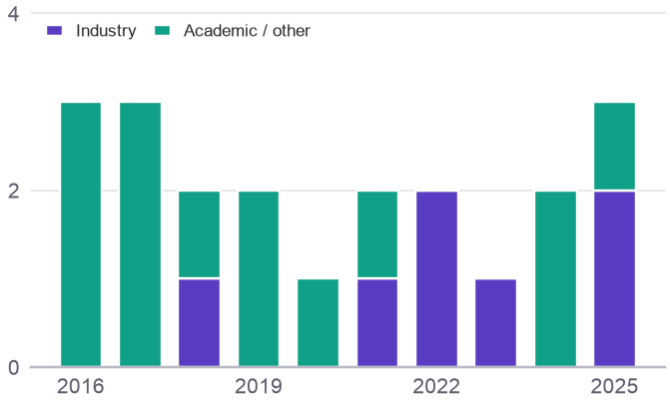
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

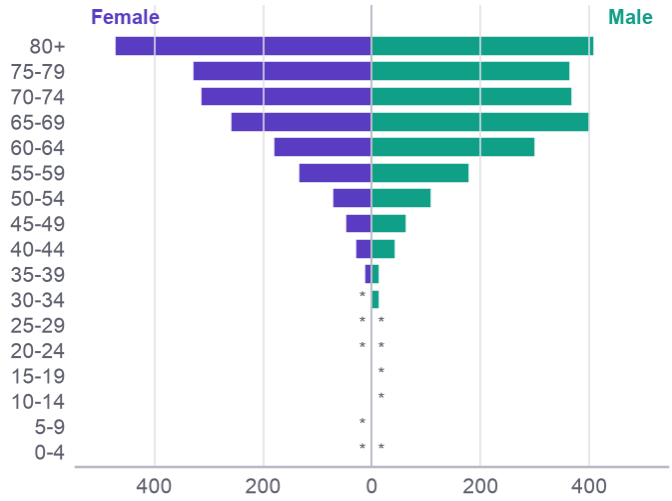
Phase 3: 10 · Phase 4: 5 · Not applicable: 5 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

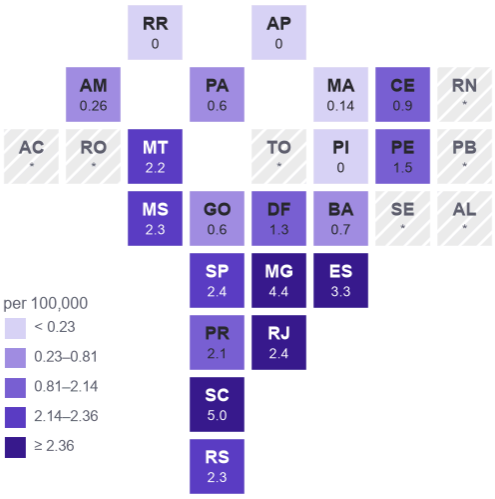
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

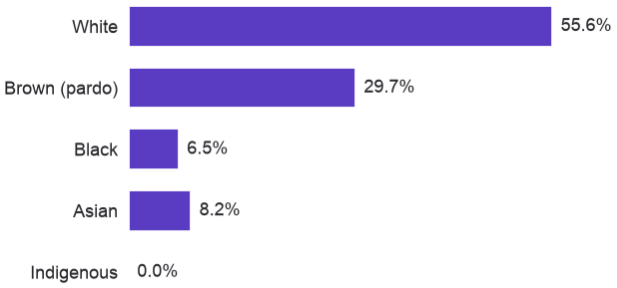
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **4,156** patients were in SUS specialised outpatient care in 2024 (2.0 per 100,000 inhabitants); **1,900** were new to the system that year (0.89 per 100,000).
- The population in care changed by **+38.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 24 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **59%** of them. The highest rate is in Santa Catarina (5.0 per 100,000).
- Specialised visits and procedures took place in **470** SUS facilities; **92** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **16,604** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 5.9%.
- **21** interventional trials with a Brazilian site started between 2016 and 2025 (7 industry-sponsored, 10 phase 3, 9 still active). Brazil hosts 1.4% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in atrial fibrillation? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

CARDIOMETABOLIC

Fatty liver disease (MASLD/MASH)

ICD-10: K760, K758

2,572
Patients in SUS specialised care, 2024
1.2 per 100,000 (treated prevalence)

1,242
New patients in SUS, 2024
0.58 per 100,000 (SUS-recorded incidence)

1,057
SUS hospital admissions, 2024
in-hospital mortality 10.6%

184
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

20
Trials with a Brazilian site, 2016–25
14 industry · 8 active now

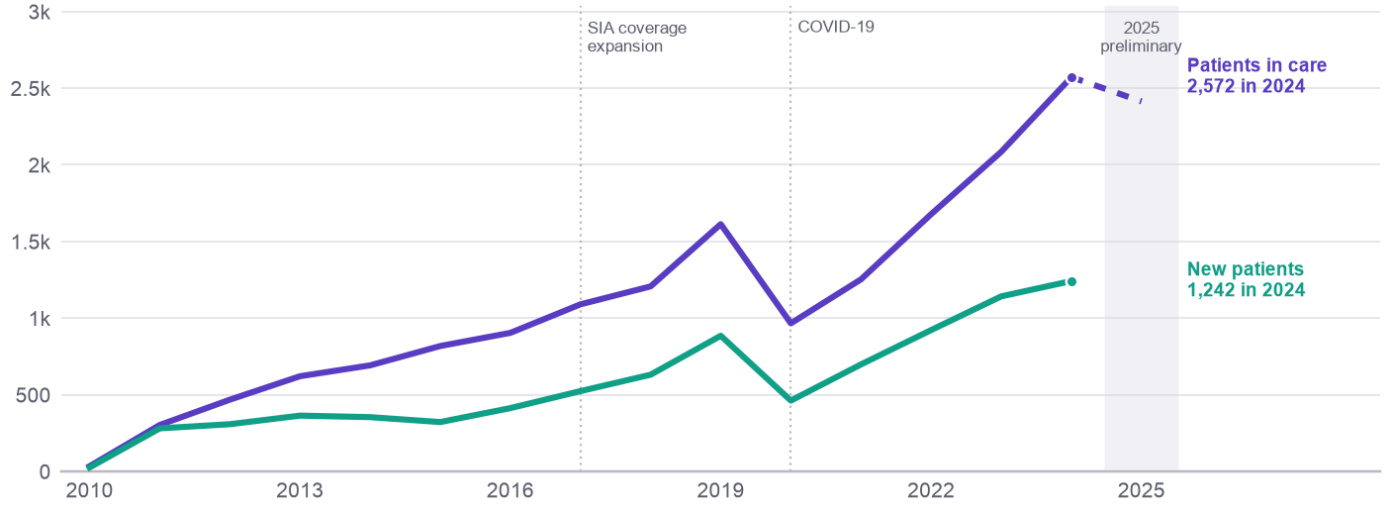
2.1%
Brazil's share of global trials
same condition, start 2016–2025

217
SUS facilities with visits or procedures
32 cover 80% of contacts

60 y · 69% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

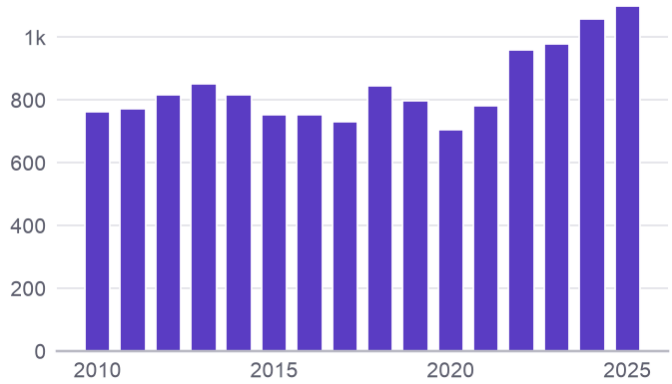
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

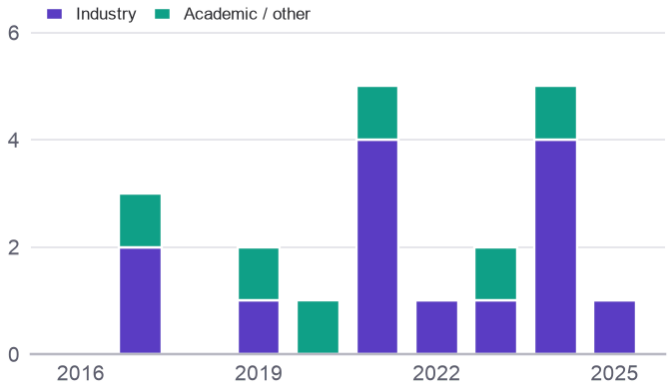
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

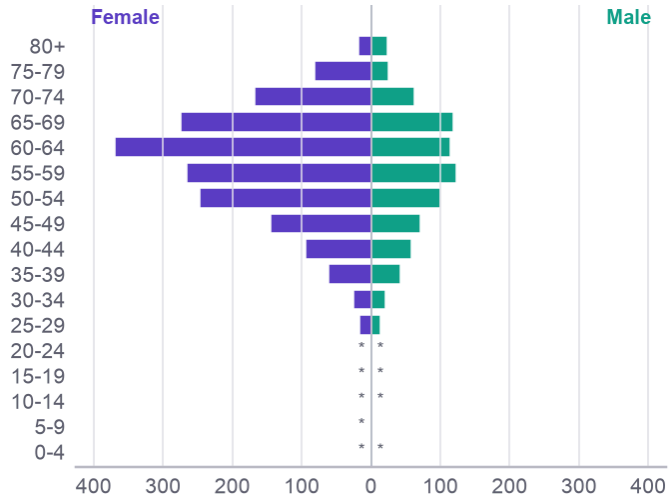
Phase 3: 9 · Phase 2: 5 · Not applicable: 5 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

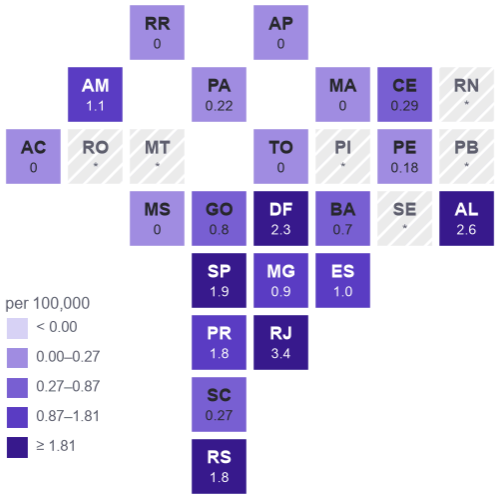
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

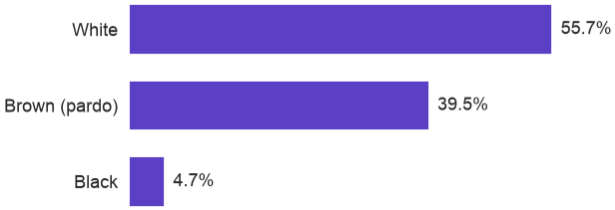
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **2,572** patients were in SUS specialised outpatient care in 2024 (1.2 per 100,000 inhabitants); **1,242** were new to the system that year (0.58 per 100,000).
- The population in care changed by **+14.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 21 of the 27 states; São Paulo, Rio de Janeiro and Paraná concentrate **66%** of them. The highest rate is in Rio de Janeiro (3.4 per 100,000).
- Specialised visits and procedures took place in **217** SUS facilities; **32** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **1,057** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 10.6%.
- **20** interventional trials with a Brazilian site started between 2016 and 2025 (14 industry-sponsored, 9 phase 3, 8 still active). Brazil hosts 2.1% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in fatty liver disease (MASLD/MASH)? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

CARDIOMETABOLIC

Cardiomyopathies

ICD-10: I42, I43

1,269
Patients in SUS specialised care, 2024
0.60 per 100,000 (treated prevalence)

506
New patients in SUS, 2024
0.24 per 100,000 (SUS-recorded incidence)

14,742
SUS hospital admissions, 2024
in-hospital mortality 6.8%

1,294
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

22
Trials with a Brazilian site, 2016–25
17 industry · 14 active now

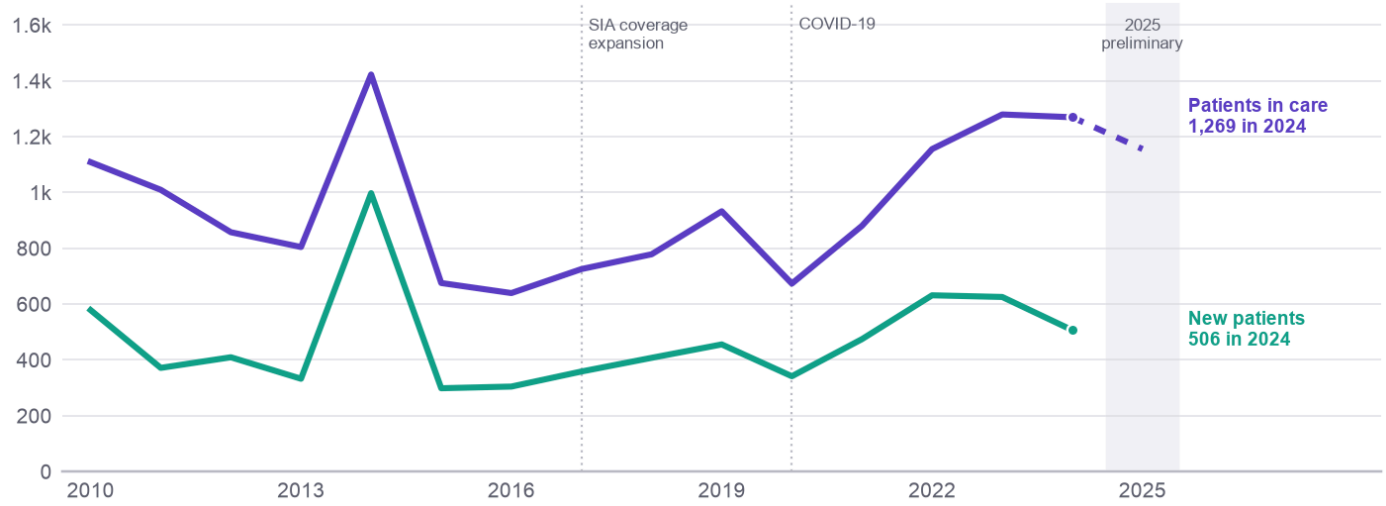
4.6%
Brazil's share of global trials
same condition, start 2016–2025

204
SUS facilities with visits or procedures
52 cover 80% of contacts

59 y · 48% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

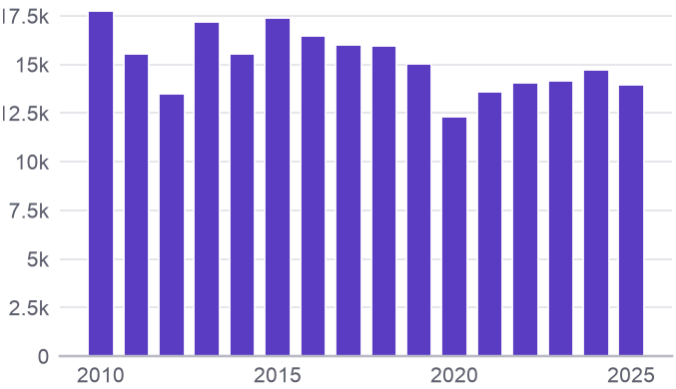
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

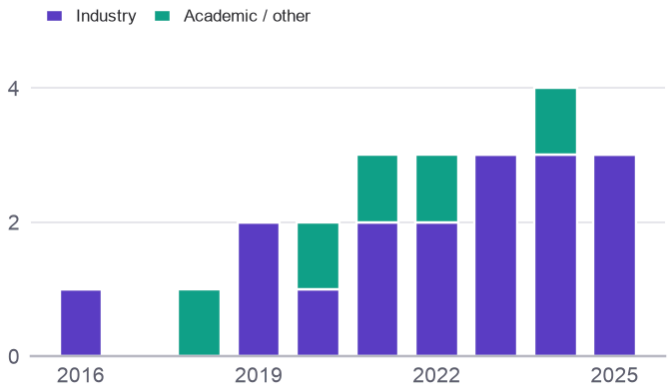
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

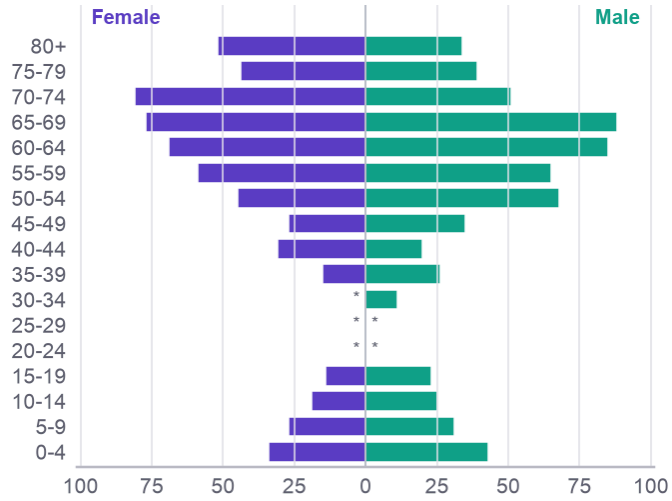
Phase 3: 18 · Not applicable: 4 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

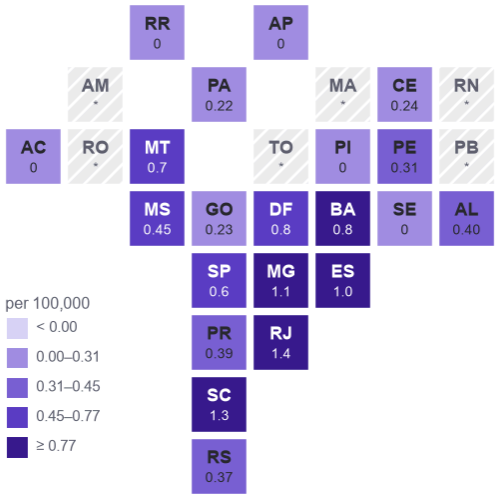
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

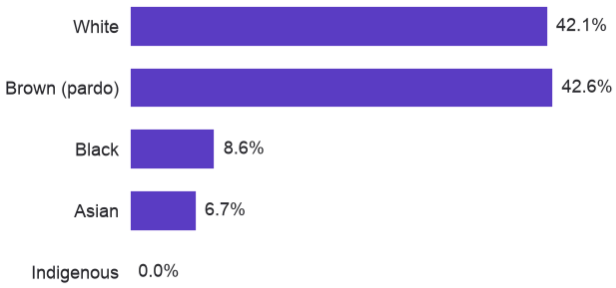
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **1,269** patients were in SUS specialised outpatient care in 2024 (0.60 per 100,000 inhabitants); **506** were new to the system that year (0.24 per 100,000).
- The population in care changed by **-1.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 22 of the 27 states; São Paulo, Rio de Janeiro and Minas Gerais concentrate **59%** of them. The highest rate is in Rio de Janeiro (1.4 per 100,000).
- Specialised visits and procedures took place in **204** SUS facilities; **52** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **14,742** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 6.8%.
- **22** interventional trials with a Brazilian site started between 2016 and 2025 (17 industry-sponsored, 18 phase 3, 14 still active). Brazil hosts 4.6% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in cardiomyopathies? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

CARDIOMETABOLIC

Amyloidosis (incl. ATTR)

ICD-10: E85

1,234
Patients in SUS specialised care, 2024
0.58 per 100,000 (treated prevalence)

505
New patients in SUS, 2024
0.24 per 100,000 (SUS-recorded incidence)

270
SUS hospital admissions, 2024
in-hospital mortality 6.3%

207
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

21
Trials with a Brazilian site, 2016–25
19 industry · 12 active now

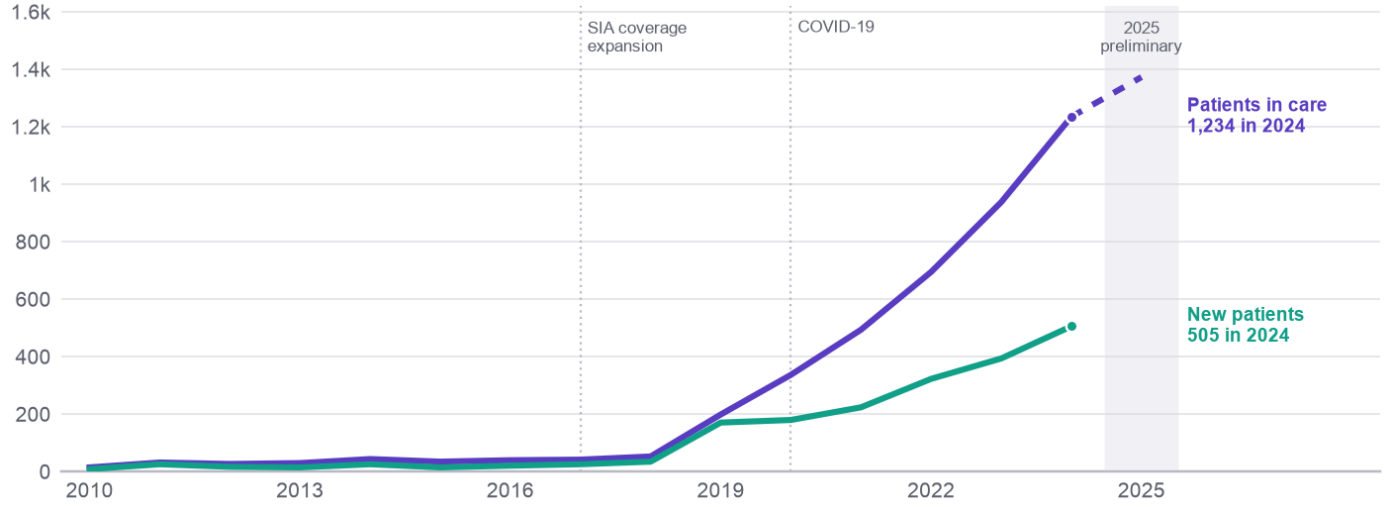
4.7%
Brazil's share of global trials
same condition, start 2016–2025

102
SUS facilities with visits or procedures
24 cover 80% of contacts · plus 115 CEAF pharmacies

66 y · 45% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

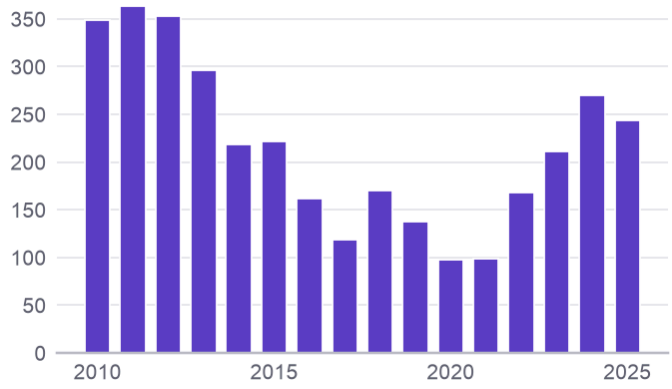
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

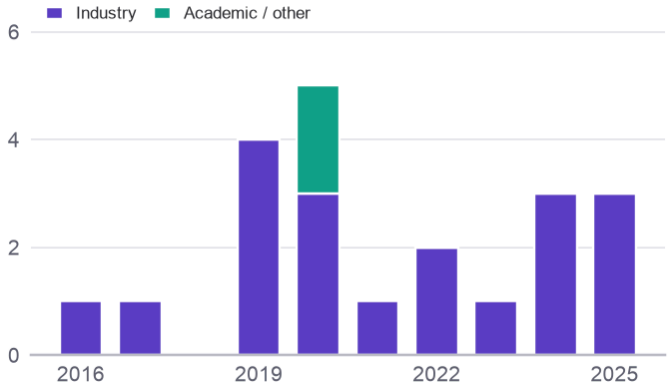
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

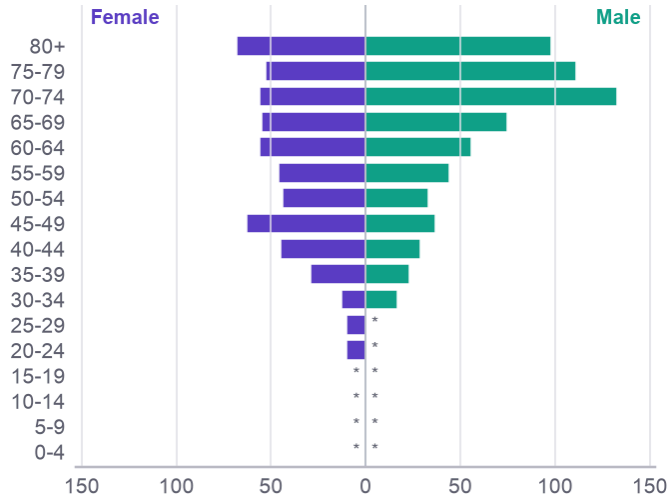
Phase 3: 19 · Not applicable: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

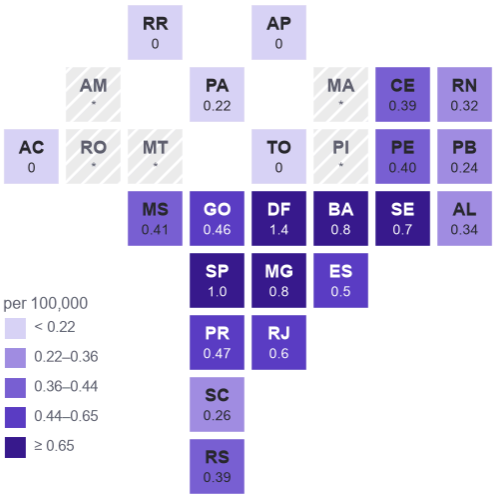
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

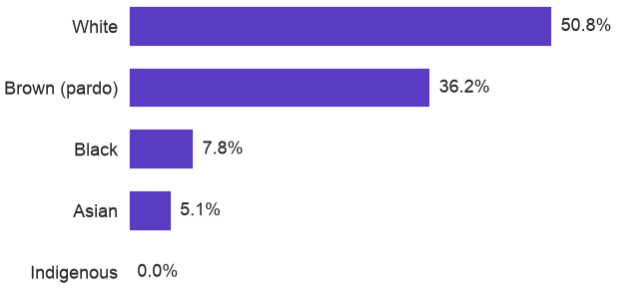
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (93% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

897

patients with Tafamidis in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **1,234** patients were in SUS specialised outpatient care in 2024 (0.58 per 100,000 inhabitants); **505** were new to the system that year (0.24 per 100,000).
- The population in care changed by **+39.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 23 of the 27 states; São Paulo, Minas Gerais and Bahia concentrate **60%** of them. The highest rate is in Distrito Federal (1.4 per 100,000).
- Specialised visits and procedures took place in **102** SUS facilities; **24** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 115 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: tafamidis (897 patients).
- **270** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 6.3%.
- **21** interventional trials with a Brazilian site started between 2016 and 2025 (19 industry-sponsored, 19 phase 3, 12 still active). Brazil hosts 4.7% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in amyloidosis (incl. ATTR)? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Renal

4 conditions · 146 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Chronic kidney disease	262,495	123.5	64,604	108,206	95	5.0%	103
Kidney transplantation	88,233	41.5	8,620	8,832	15	2.7%	105
Glomerular diseases (IgAN, nephrotic syndrome)	10,586	5.0	3,580	14,363	28	10.0%	107
Acute kidney injury	543	0.26	366	47,816	19	3.9%	109

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

RENAL

Chronic kidney disease

ICD-10: N18

262,495
Patients in SUS specialised care, 2024
123.5 per 100,000 (treated prevalence)

64,604
New patients in SUS, 2024
30.4 per 100,000 (SUS-recorded incidence)

108,206
SUS hospital admissions, 2024
in-hospital mortality 9.4%

18,415
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

95
Trials with a Brazilian site, 2016–25
46 industry · 30 active now

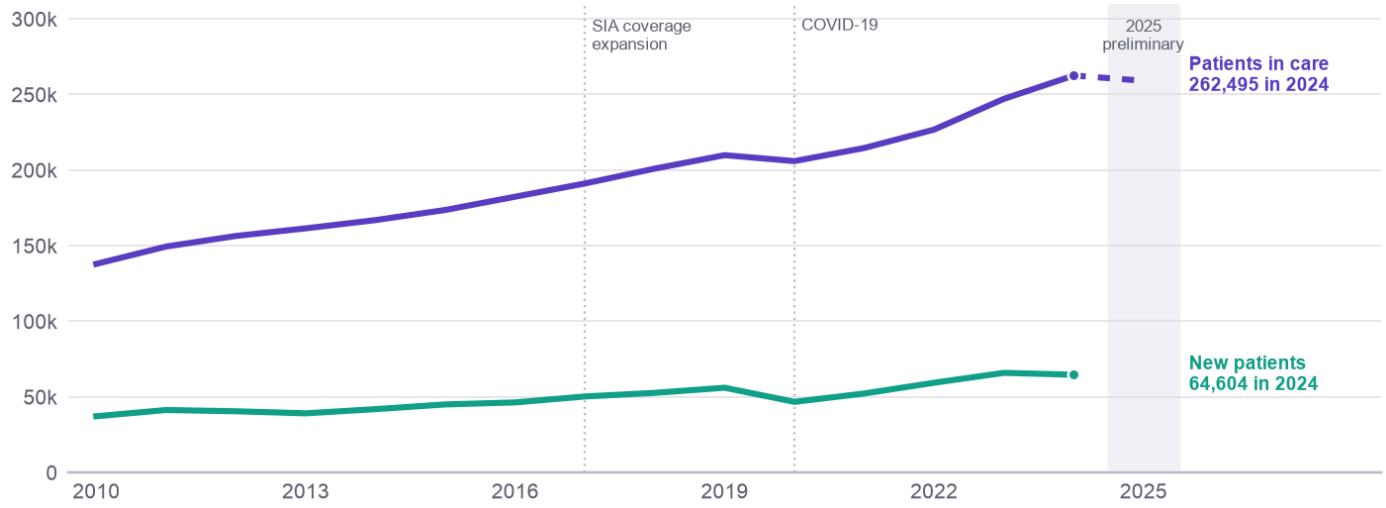
5.0%
Brazil's share of global trials
same condition, start 2016–2025

2,053
SUS facilities with visits or procedures
261 cover 80% of contacts · plus 224 CEAF pharmacies

63 y · 46% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

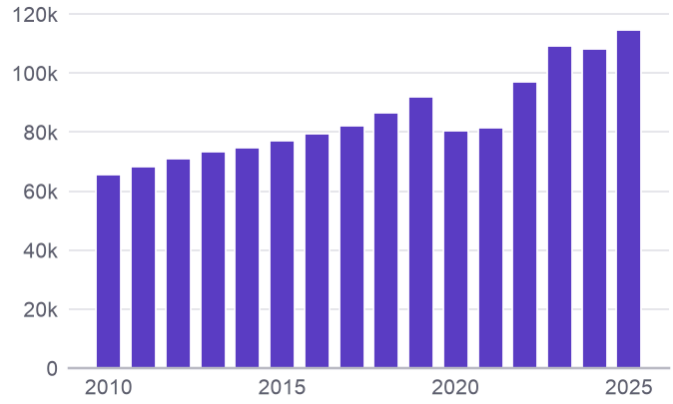
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

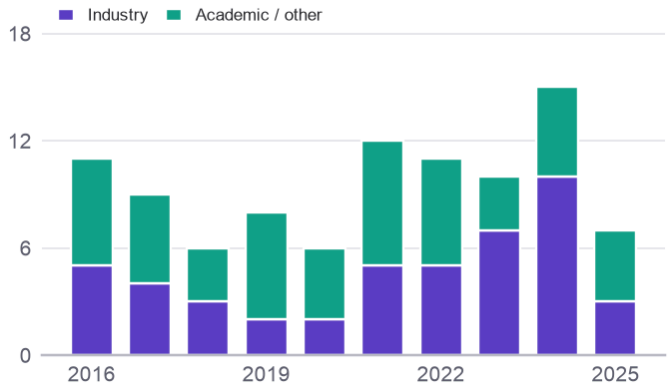
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

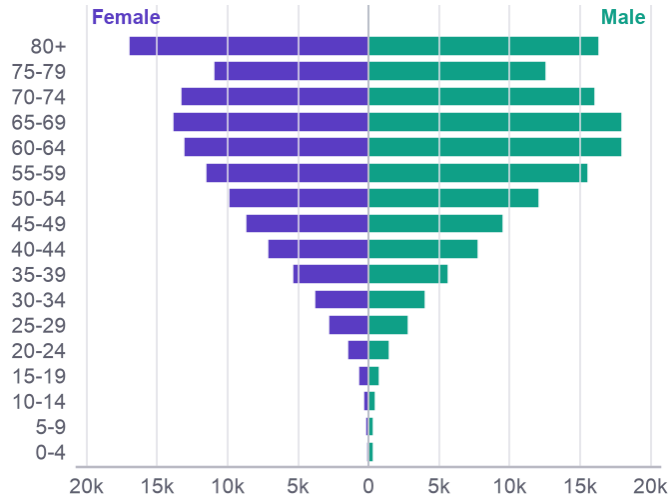
Not applicable: 40 · Phase 3: 32 · Phase 2: 19 · Phase 4: 5 · Phase 1: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

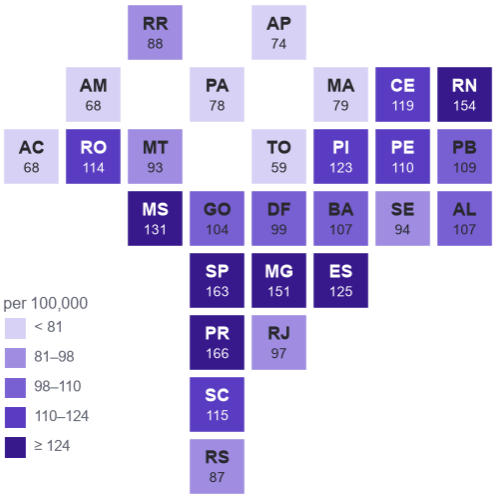
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

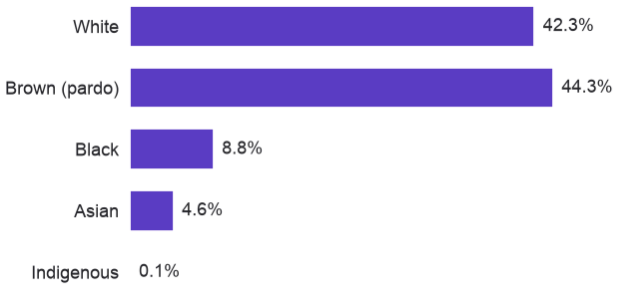
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

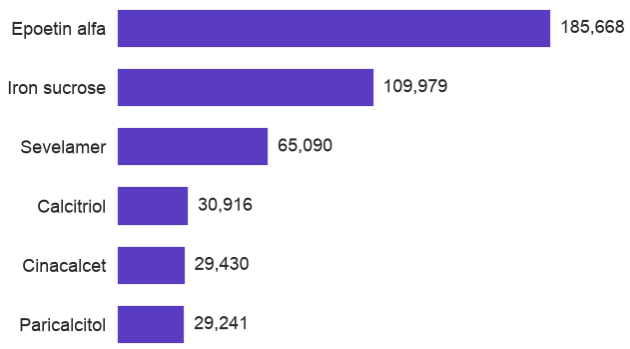
Share among patients with race/colour recorded (96% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **262,495** patients were in SUS specialised outpatient care in 2024 (123.5 per 100,000 inhabitants); **64,604** were new to the system that year (30.4 per 100,000).
- The population in care changed by **+4.6% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **48%** of them. The highest rate is in Paraná (166.5 per 100,000).
- Specialised visits and procedures took place in **2,053** SUS facilities; **261** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 224 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: epoetin alfa (185,668 patients) and iron sucrose (109,979 patients).
- **108,206** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.4%.
- **95** interventional trials with a Brazilian site started between 2016 and 2025 (46 industry-sponsored, 32 phase 3, 30 still active). Brazil hosts 5.0% of the trials registered worldwide for this condition in the same period.

Data notes. Dialysis is billed in a separate SUS data set without diagnosis codes and is not counted here; patients are captured through specialised visits, CEAF medicines and vascular-access procedures.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in chronic kidney disease? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

RENAL

Kidney transplantation

ICD-10: T861, Z940

88,233
Patients in SUS specialised care, 2024
41.5 per 100,000 (treated prevalence)

8,620
New patients in SUS, 2024
4.1 per 100,000 (SUS-recorded incidence)

8,832
SUS hospital admissions, 2024
in-hospital mortality 1.9%

1,228
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

15
Trials with a Brazilian site, 2016–25
7 industry · 4 active now

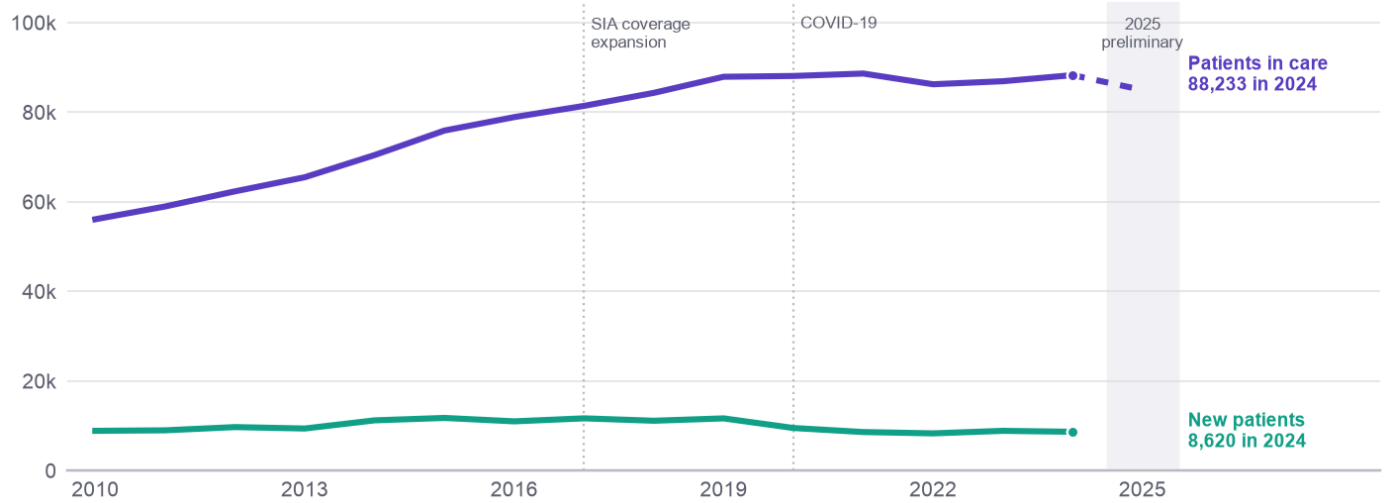
2.7%
Brazil's share of global trials
same condition, start 2016–2025

275
SUS facilities with visits or procedures
40 cover 80% of contacts · plus 207 CEAF pharmacies

52 y · 41% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

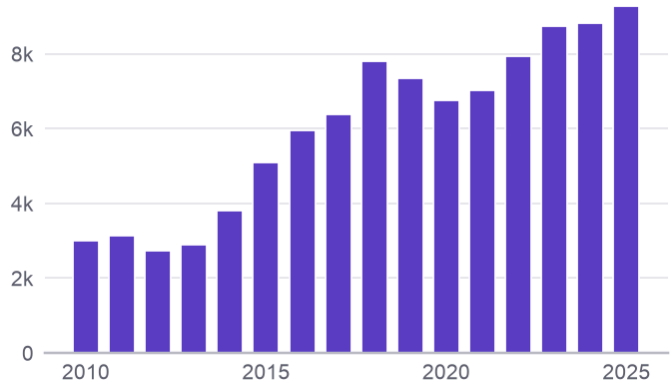
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

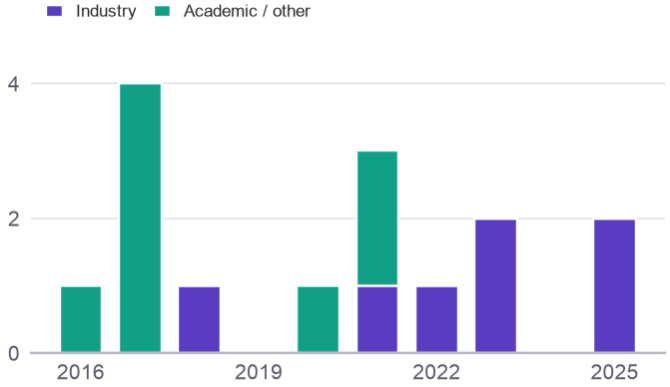
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

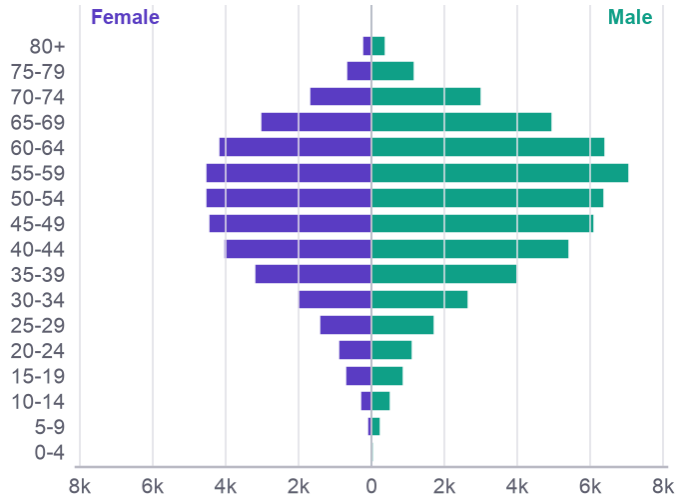
Phase 2: 7 · Not applicable: 5 · Phase 1: 2 · Phase 4: 2 · Phase 3: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

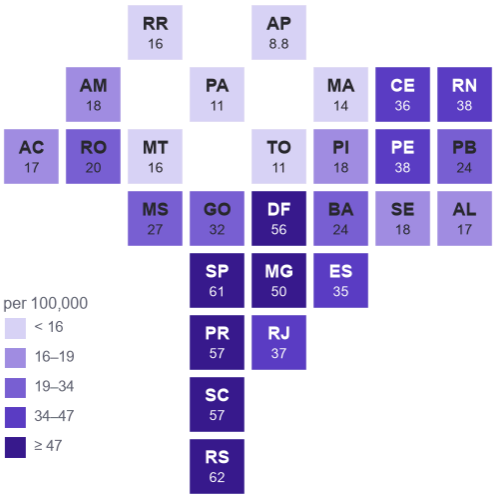
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

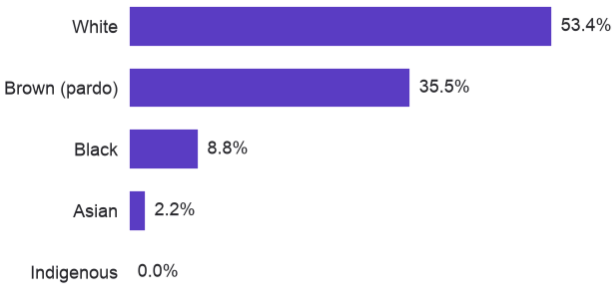
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

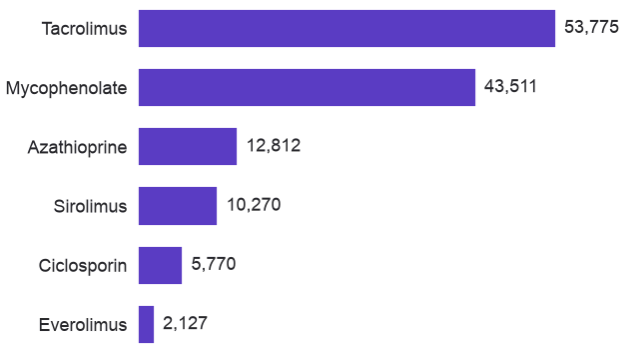
Share among patients with race/colour recorded (91% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **88,233** patients were in SUS specialised outpatient care in 2024 (41.5 per 100,000 inhabitants); **8,620** were new to the system that year (4.1 per 100,000).
- The population in care changed by **+2.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **52%** of them. The highest rate is in Rio Grande do Sul (61.6 per 100,000).
- Specialised visits and procedures took place in **275** SUS facilities; **40** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 207 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: tacrolimus (53,775 patients) and mycophenolate (43,511 patients).
- **8,832** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.9%.
- **15** interventional trials with a Brazilian site started between 2016 and 2025 (7 industry-sponsored, 1 phase 3, 4 still active). Brazil hosts 2.7% of the trials registered worldwide for this condition in the same period.

Data notes. Counts people in post-transplant follow-up (Z94.0) or with transplant complications (T86.1), not transplants performed.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in kidney transplantation? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

RENAL

Glomerular diseases (IgAN, nephrotic syndrome)

ICD-10: N00, N01, N02, N03, N04, N05, N06, N07, N08

10,586
Patients in SUS specialised care, 2024
5.0 per 100,000 (treated prevalence)

3,580
New patients in SUS, 2024
1.7 per 100,000 (SUS-recorded incidence)

14,363
SUS hospital admissions, 2024
in-hospital mortality 1.0%

3,717
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

28
Trials with a Brazilian site, 2016–25
28 industry · 21 active now

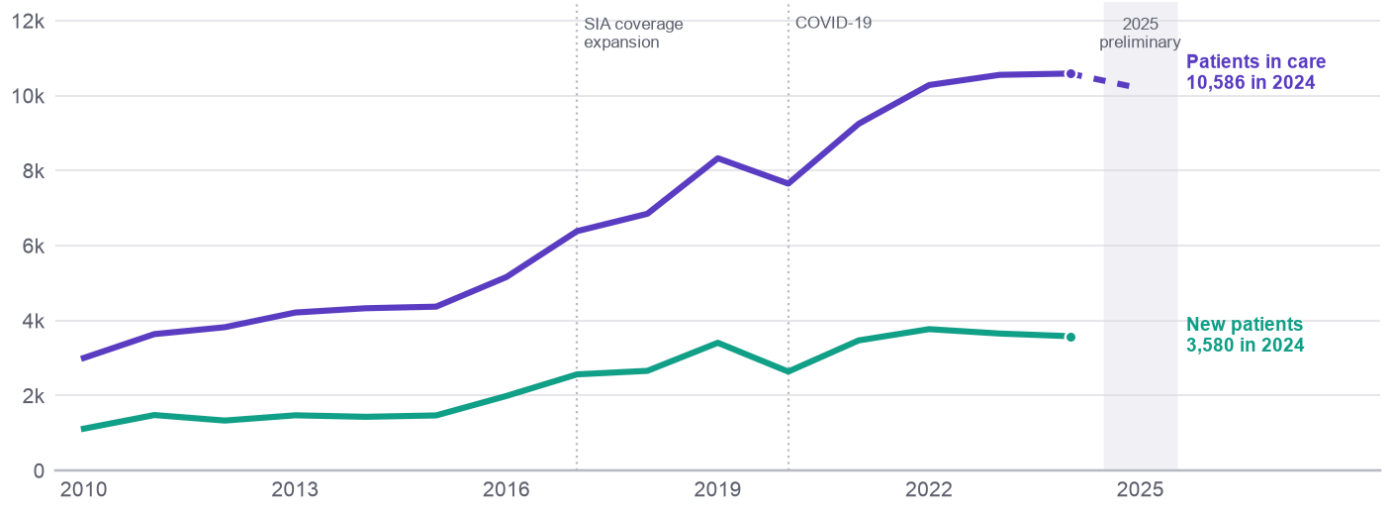
10.0%
Brazil's share of global trials
same condition, start 2016–2025

447
SUS facilities with visits or procedures
37 cover 80% of contacts · plus 203 CEAF pharmacies

31 y · 52% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

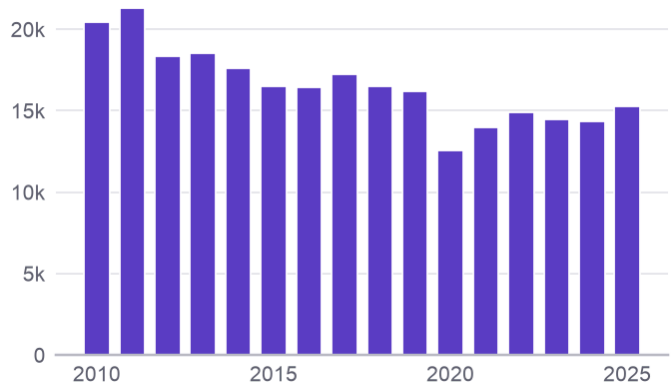
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

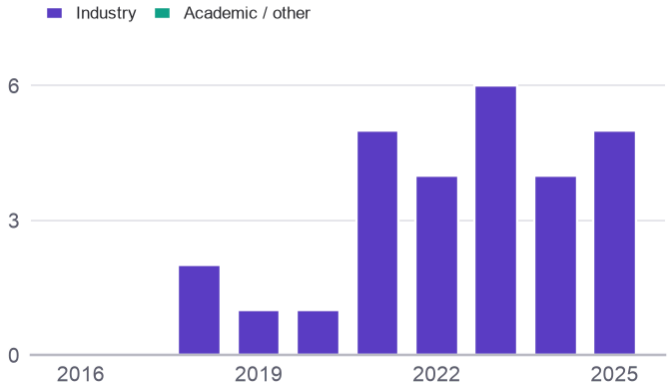
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

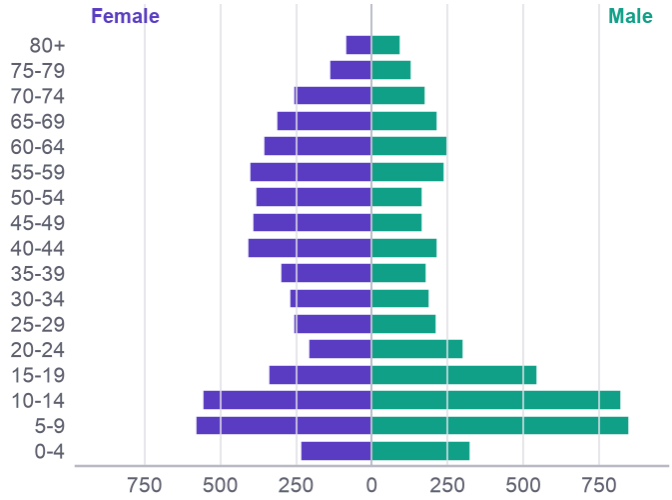
Phase 3: 21 · Phase 2: 10



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

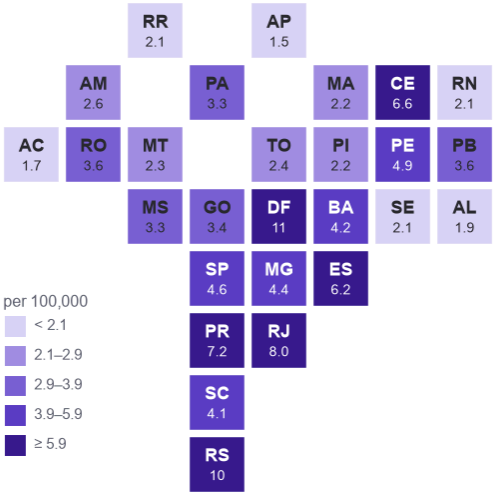
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

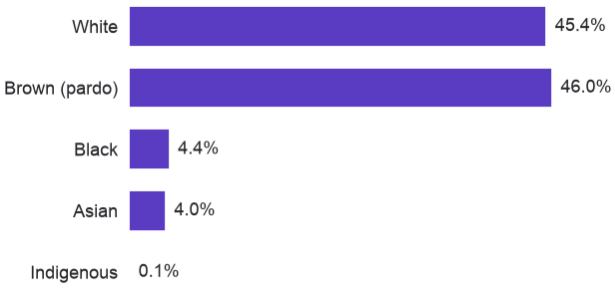
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

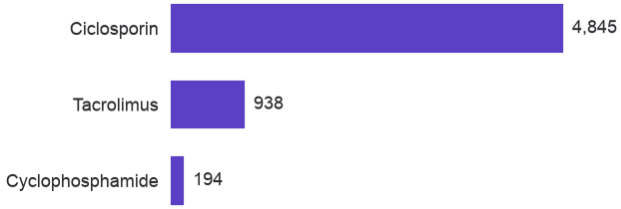
Share among patients with race/colour recorded (93% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **10,586** patients were in SUS specialised outpatient care in 2024 (5.0 per 100,000 inhabitants); **3,580** were new to the system that year (1.7 per 100,000).
- The population in care changed by **+9.4% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Rio Grande do Sul concentrate **44%** of them. The highest rate is in Distrito Federal (11.1 per 100,000).
- Specialised visits and procedures took place in **447** SUS facilities; **37** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 203 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: ciclosporin (4,845 patients) and tacrolimus (938 patients).
- **14,363** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.0%.
- **28** interventional trials with a Brazilian site started between 2016 and 2025 (28 industry-sponsored, 21 phase 3, 21 still active). Brazil hosts 10.0% of the trials registered worldwide for this condition in the same period.

Data notes. Codes N00–N08 cover glomerular diseases of all causes, including IgA nephropathy, which has no specific ICD-10 code.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in glomerular diseases (IgAN, nephrotic syndrome)? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

RENAL

Acute kidney injury

ICD-10: N17

543
Patients in SUS specialised care, 2024
0.26 per 100,000 (treated prevalence)

366
New patients in SUS, 2024
0.17 per 100,000 (SUS-recorded incidence)

47,816
SUS hospital admissions, 2024
in-hospital mortality 16.6%

10,165
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

19
Trials with a Brazilian site, 2016–25
4 industry · 2 active now

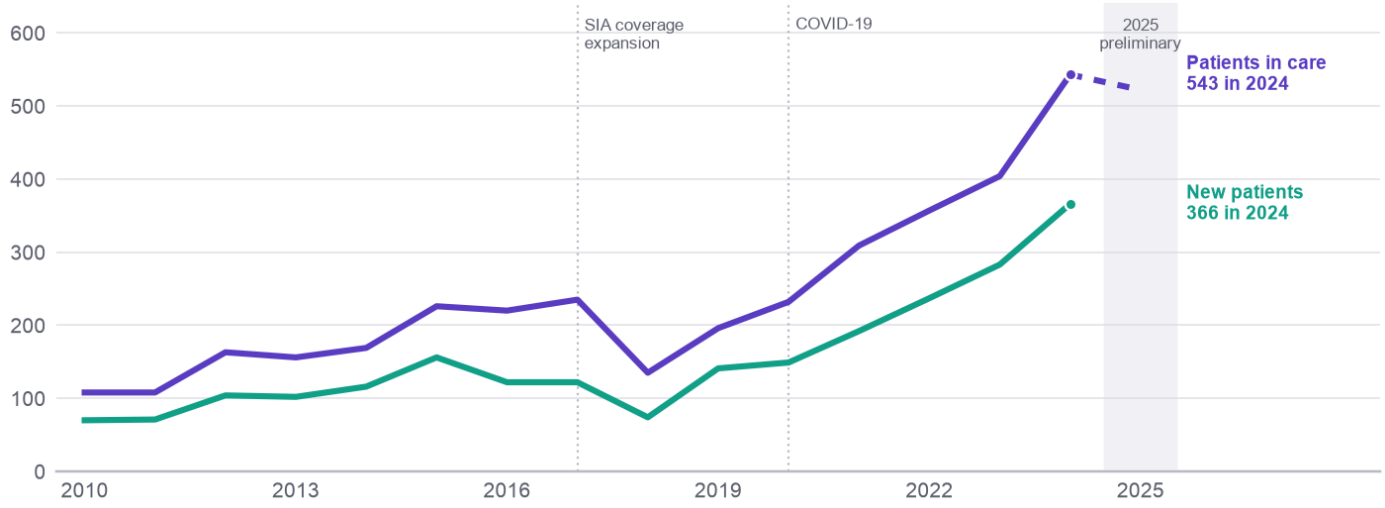
3.9%
Brazil's share of global trials
same condition, start 2016–2025

207
SUS facilities with visits or procedures
94 cover 80% of contacts

63 y · 44% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

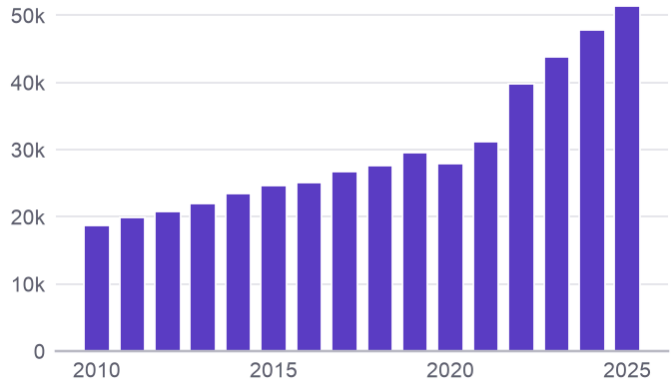
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

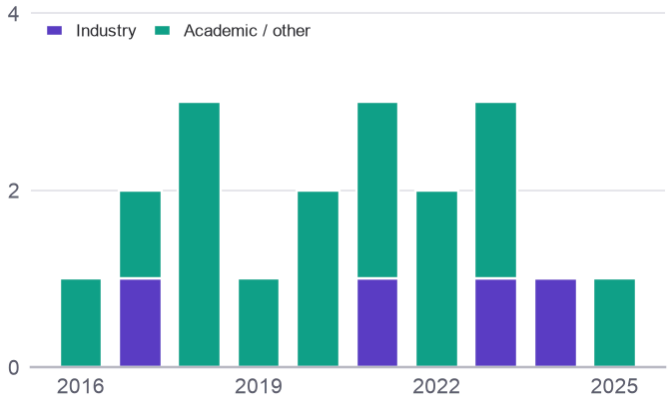
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

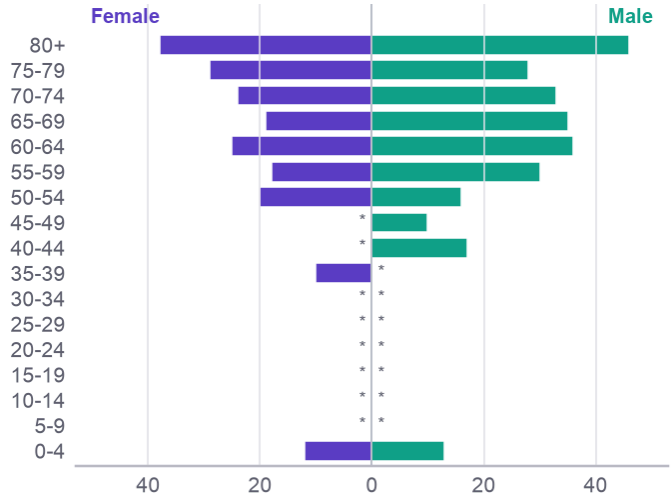
Phase 2: 6 · Phase 4: 5 · Not applicable: 5 · Phase 3: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

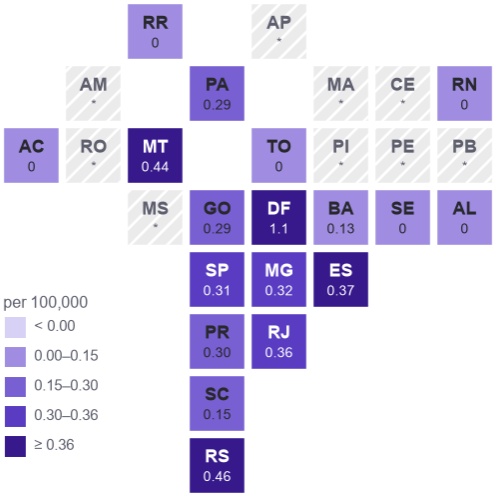
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

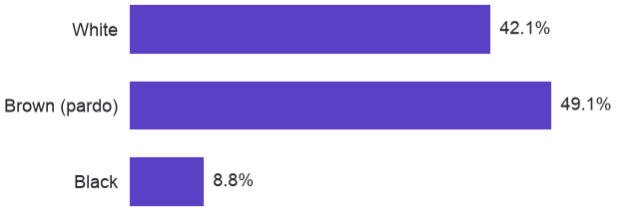
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **543** patients were in SUS specialised outpatient care in 2024 (0.26 per 100,000 inhabitants); **366** were new to the system that year (0.17 per 100,000).
- The population in care changed by **+12.4% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Specialised visits and procedures took place in **207** SUS facilities; **94** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **47,816** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 16.6%.
- **19** interventional trials with a Brazilian site started between 2016 and 2025 (4 industry-sponsored, 3 phase 3, 2 still active). Brazil hosts 3.9% of the trials registered worldwide for this condition in the same period.

Data notes. Acute condition: hospital admissions are the more meaningful measure of burden. Rare in SUS care (fewer than 1,000 patients a year): no state × age × sex cross-tabulation is published.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in acute kidney injury? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Respiratory

10 conditions · 519 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Asthma	353,420	166.2	93,887	70,756	54	3.6%	112
COPD	267,911	126.0	82,262	91,354	50	2.6%	114
Influenza	72,631	34.2	29,854	25,354	11	1.8%	116
Pneumonia	39,307	18.5	22,142	706,025	26	5.2%	118
Cystic fibrosis	7,015	3.3	1,599	1,322	6	1.6%	120
COVID-19	4,141	1.9	1,370	5,904	295	5.3%	122
Obstructive sleep apnoea	3,327	1.6	1,722	4,394	38	4.0%	124
Interstitial lung disease / IPF	2,414	1.1	1,213	4,257	28	5.2%	126
RSV infection	1,339	0.63	1,115	24,424	15	6.1%	128
Bronchiectasis	996	0.47	490	1,120	11	6.5%	130

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

RESPIRATORY

Asthma

ICD-10: J45, J46

353,420
Patients in SUS specialised care, 2024
166.2 per 100,000 (treated prevalence)

93,887
New patients in SUS, 2024
44.2 per 100,000 (SUS-recorded incidence)

70,756
SUS hospital admissions, 2024
in-hospital mortality 0.7%

20,756
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

54
Trials with a Brazilian site, 2016–25
29 industry · 12 active now

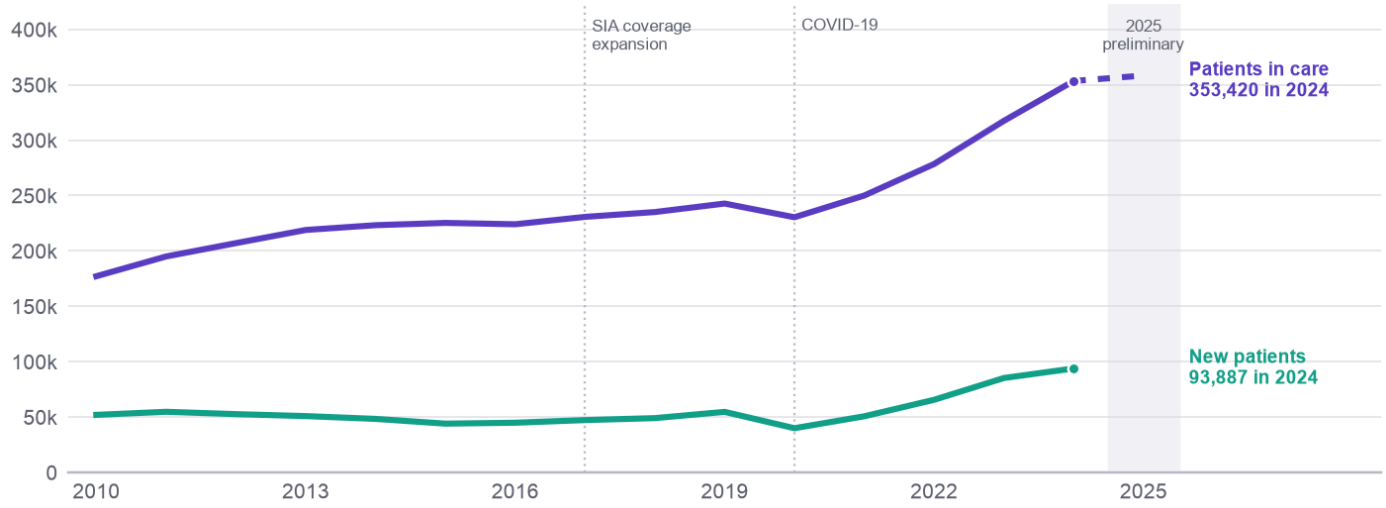
3.6%
Brazil's share of global trials
same condition, start 2016–2025

1,955
SUS facilities with visits or procedures
230 cover 80% of contacts · plus 213 CEAF pharmacies

56 y · 65% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

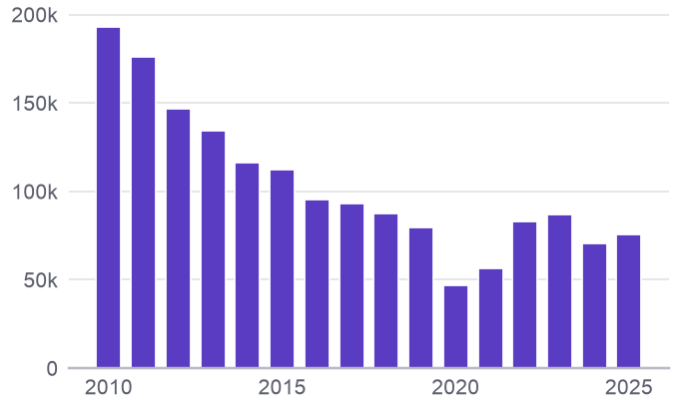
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

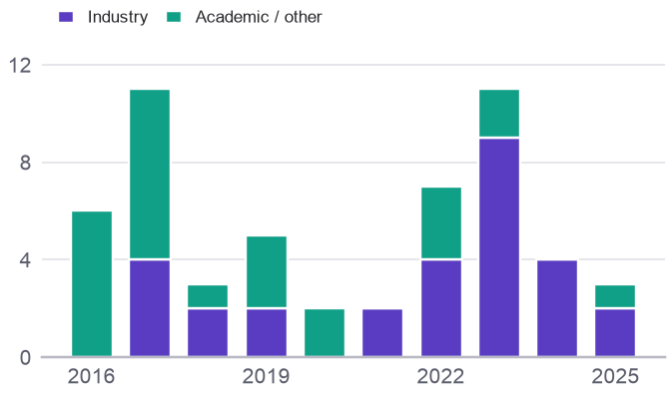
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

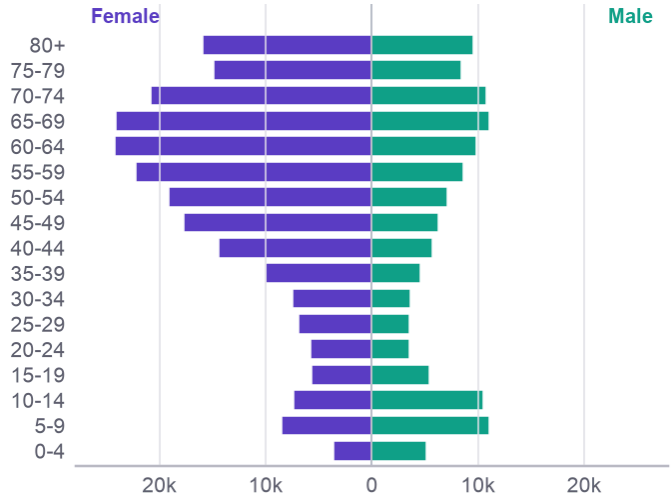
Not applicable: 22 · Phase 3: 20 · Phase 2: 8 · Phase 4: 4



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

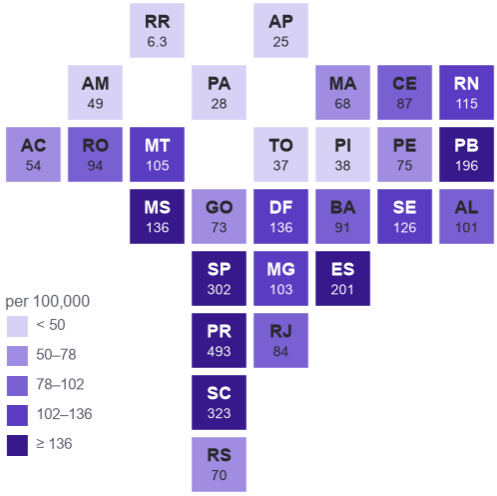
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

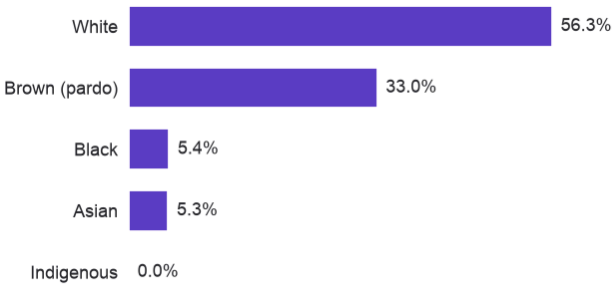
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

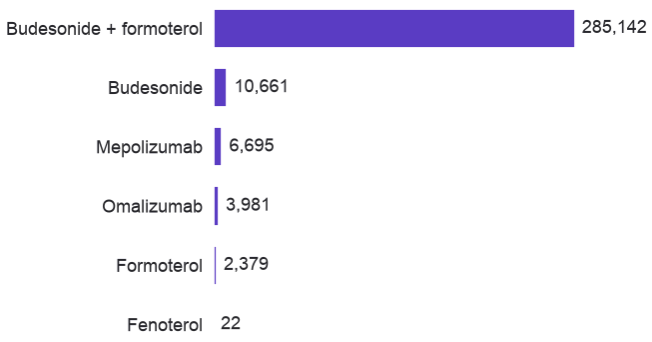
Share among patients with race/colour recorded (90% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **353,420** patients were in SUS specialised outpatient care in 2024 (166.2 per 100,000 inhabitants); **93,887** were new to the system that year (44.2 per 100,000).
- The population in care changed by **+4.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Santa Catarina concentrate **63%** of them. The highest rate is in Paraná (492.5 per 100,000).
- Specialised visits and procedures took place in **1,955** SUS facilities; **230** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 213 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: budesonide + formoterol (285,142 patients) and budesonide (10,661 patients).
- **70,756** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.7%.
- **54** interventional trials with a Brazilian site started between 2016 and 2025 (29 industry-sponsored, 20 phase 3, 12 still active). Brazil hosts 3.6% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in asthma? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

RESPIRATORY

COPD

ICD-10: J43, J44

267,911
Patients in SUS specialised care, 2024
126.0 per 100,000 (treated prevalence)

82,262
New patients in SUS, 2024
38.7 per 100,000 (SUS-recorded incidence)

91,354
SUS hospital admissions, 2024
in-hospital mortality 10.9%

15,772
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

50
Trials with a Brazilian site, 2016–25
19 industry · 15 active now

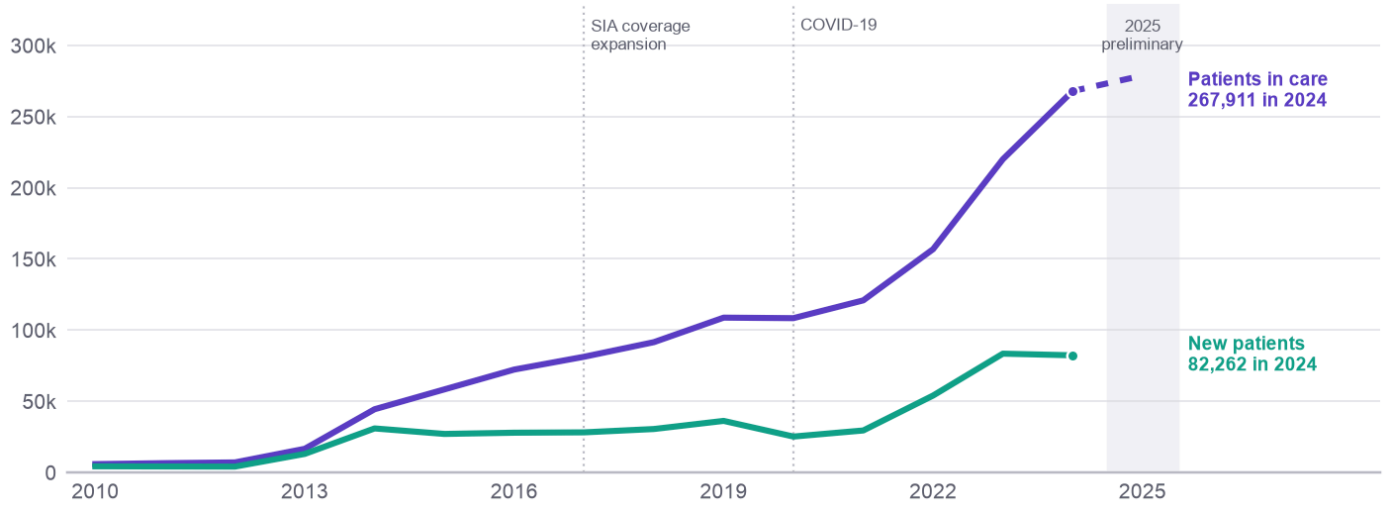
2.6%
Brazil's share of global trials
same condition, start 2016–2025

2,250
SUS facilities with visits or procedures
371 cover 80% of contacts · plus 212 CEAF pharmacies

70 y · 54% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

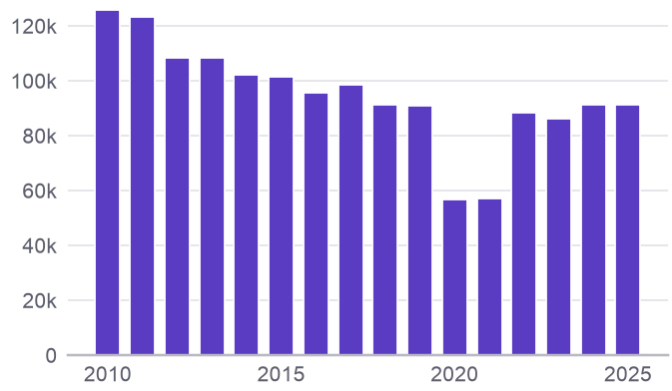
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

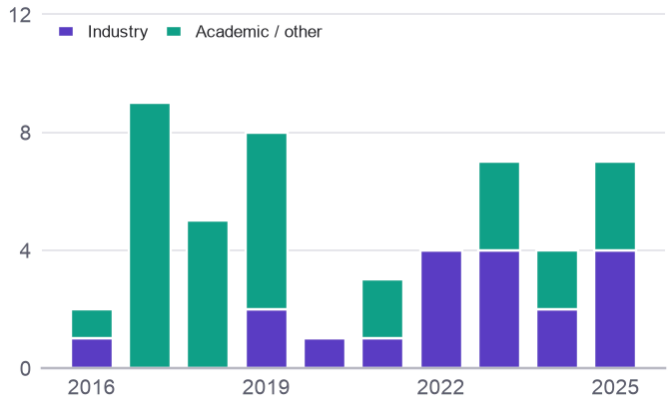
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

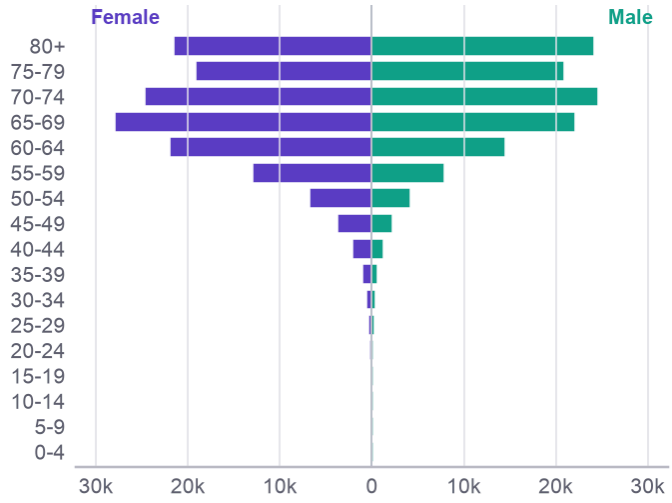
Not applicable: 28 · Phase 3: 17 · Phase 2: 3 · Phase 4: 3 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

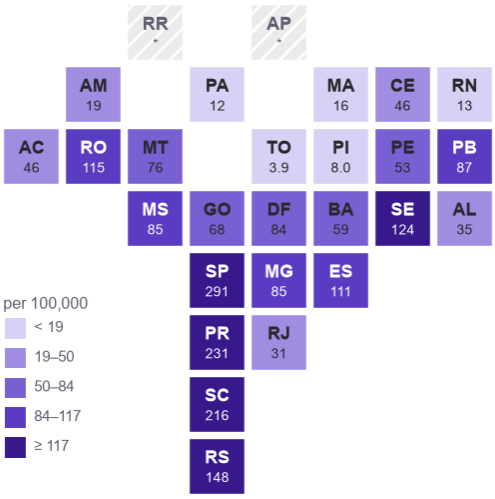
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

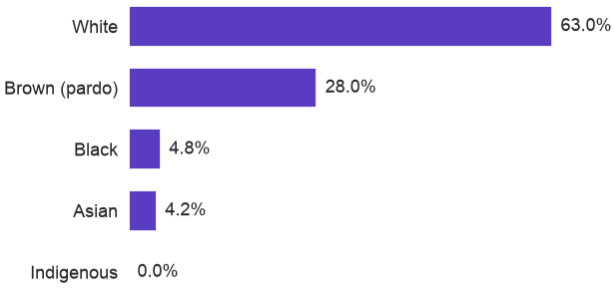
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

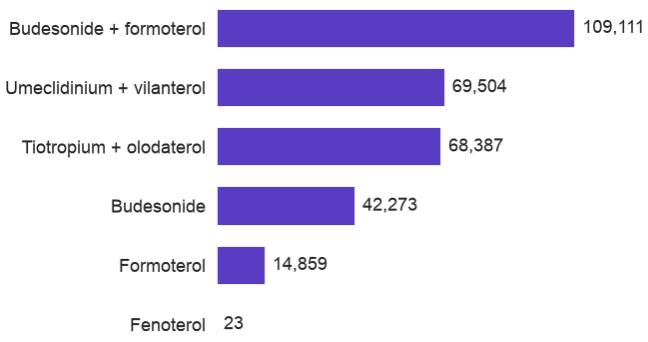
Share among patients with race/colour recorded (93% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **267,911** patients were in SUS specialised outpatient care in 2024 (126.0 per 100,000 inhabitants); **82,262** were new to the system that year (38.7 per 100,000).
- The population in care changed by **+19.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Minas Gerais concentrate **67%** of them. The highest rate is in São Paulo (291.4 per 100,000).
- Specialised visits and procedures took place in **2,250** SUS facilities; **371** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 212 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: budesonide + formoterol (109,111 patients) and umeclidinium + vilanterol (69,504 patients).
- **91,354** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 10.9%.
- **50** interventional trials with a Brazilian site started between 2016 and 2025 (19 industry-sponsored, 17 phase 3, 15 still active). Brazil hosts 2.6% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in COPD? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

RESPIRATORY

Influenza

ICD-10: J09, J10, J11

72,631
Patients in SUS specialised care, 2024
34.2 per 100,000 (treated prevalence)

29,854
New patients in SUS, 2024
14.0 per 100,000 (SUS-recorded incidence)

25,354
SUS hospital admissions, 2024
in-hospital mortality 3.8%

9,893
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

11
Trials with a Brazilian site, 2016–25
5 industry · 3 active now

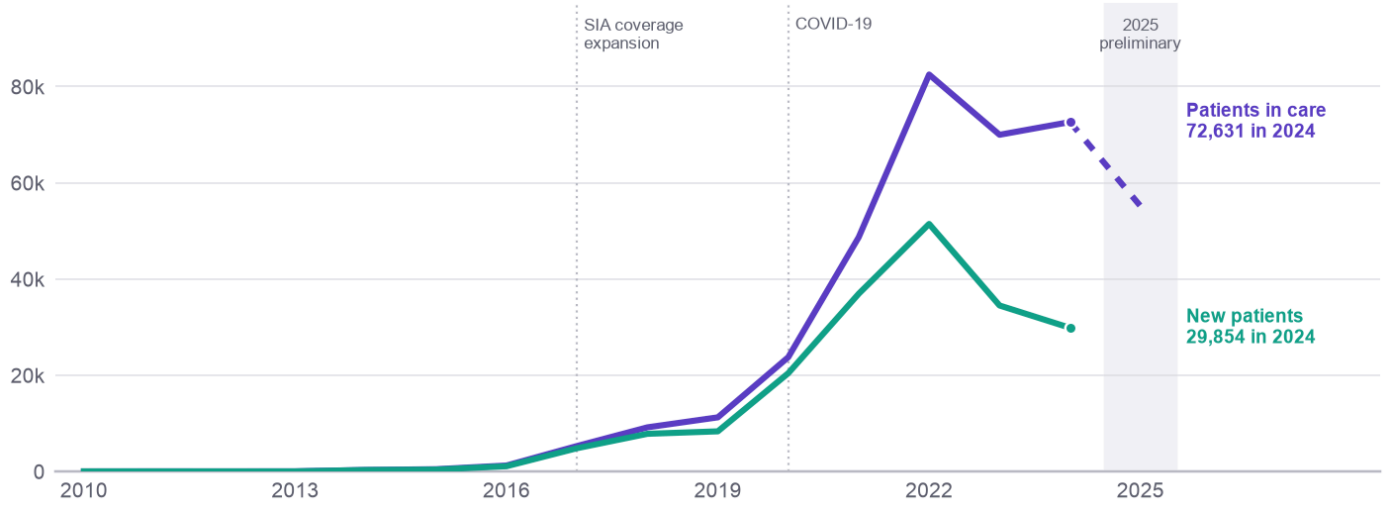
1.8%
Brazil's share of global trials
same condition, start 2016–2025

616
SUS facilities with visits or procedures
90 cover 80% of contacts

29 y · 56% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

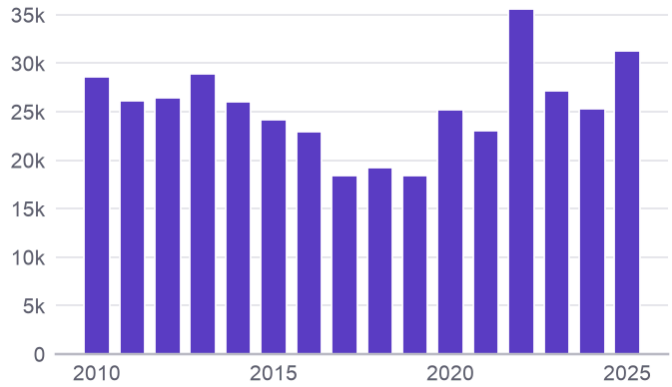
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

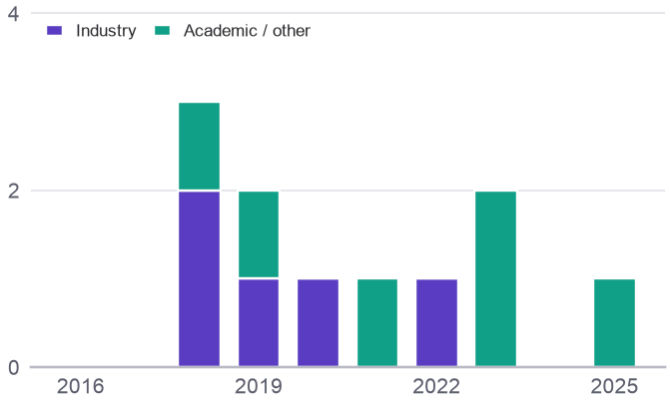
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

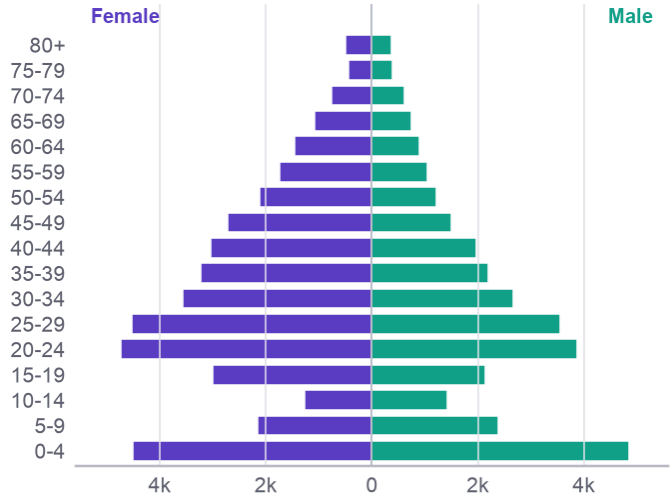
Phase 3: 7 · Phase 1: 2 · Phase 2: 2 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

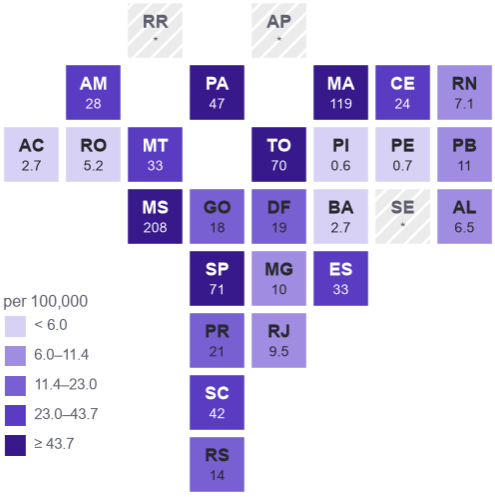
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

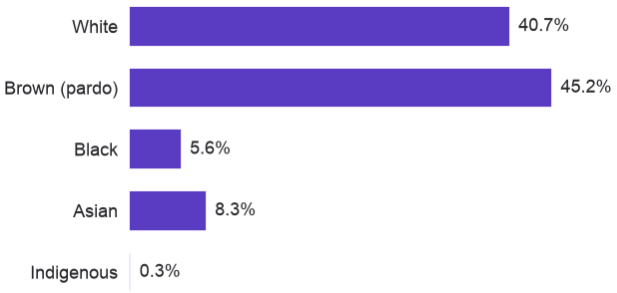
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **72,631** patients were in SUS specialised outpatient care in 2024 (34.2 per 100,000 inhabitants); **29,854** were new to the system that year (14.0 per 100,000).
- The population in care changed by **+72.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Maranhão and Mato Grosso do Sul concentrate **65%** of them. The highest rate is in Mato Grosso do Sul (207.8 per 100,000).
- Specialised visits and procedures took place in **616** SUS facilities; **90** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **25,354** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 3.8%.
- **11** interventional trials with a Brazilian site started between 2016 and 2025 (5 industry-sponsored, 7 phase 3, 3 still active). Brazil hosts 1.8% of the trials registered worldwide for this condition in the same period.

Data notes. The 2017 expansion of outpatient records quadrupled the recorded series. Acute condition: hospital admissions are the more meaningful measure of burden.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in influenza? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

RESPIRATORY

Pneumonia

ICD-10: J12, J13, J14, J15, J16, J17, J18

39,307
Patients in SUS specialised care, 2024
18.5 per 100,000 (treated prevalence)

22,142
New patients in SUS, 2024
10.4 per 100,000 (SUS-recorded incidence)

706,025
SUS hospital admissions, 2024
in-hospital mortality 10.5%

183,540
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

26
Trials with a Brazilian site, 2016–25
12 industry · 6 active now

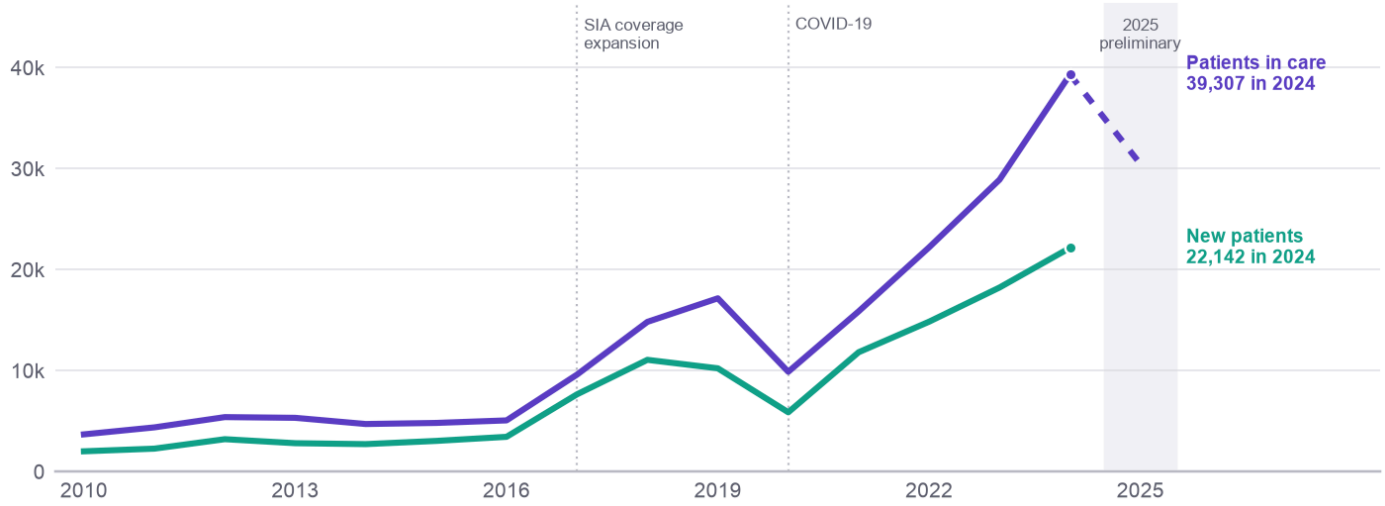
5.2%
Brazil's share of global trials
same condition, start 2016–2025

1,743
SUS facilities with visits or procedures
212 cover 80% of contacts

46 y · 53% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

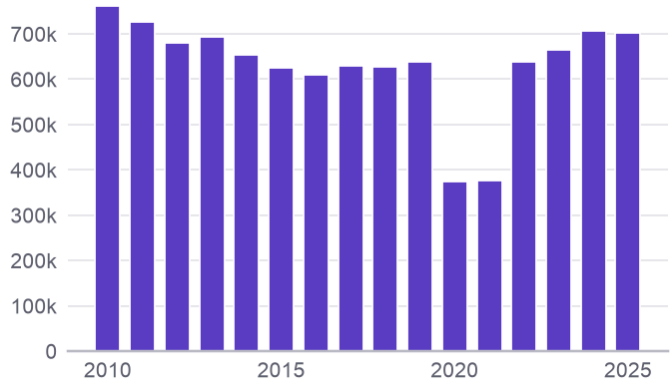
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

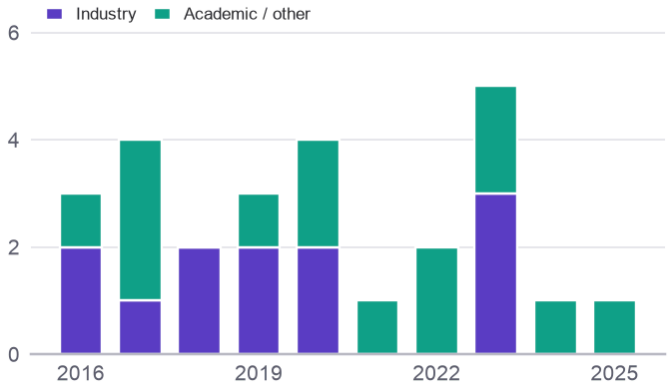
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

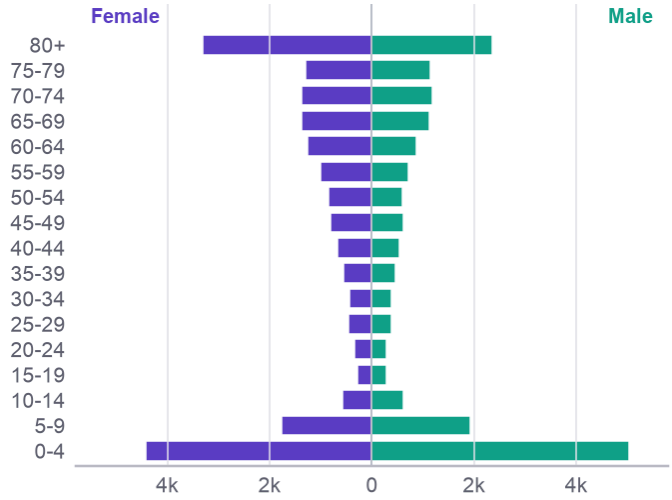
Phase 3: 11 · Not applicable: 9 · Phase 2: 5 · Phase 4: 1 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

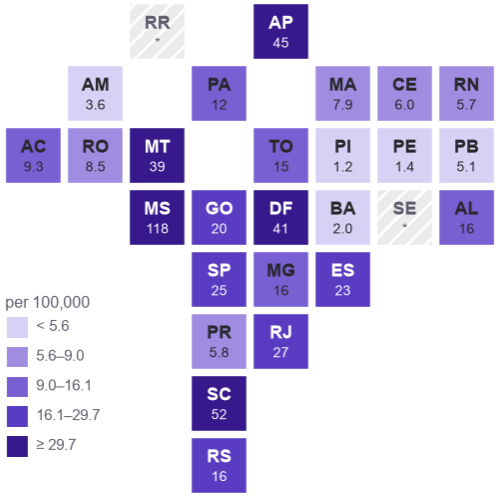
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

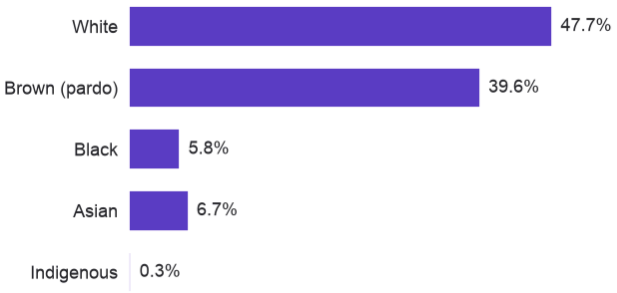
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **39,307** patients were in SUS specialised outpatient care in 2024 (18.5 per 100,000 inhabitants); **22,142** were new to the system that year (10.4 per 100,000).
- The population in care changed by **+23.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Santa Catarina concentrate **52%** of them. The highest rate is in Mato Grosso do Sul (118.4 per 100,000).
- Specialised visits and procedures took place in **1,743** SUS facilities; **212** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **706,025** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 10.5%.
- **26** interventional trials with a Brazilian site started between 2016 and 2025 (12 industry-sponsored, 11 phase 3, 6 still active). Brazil hosts 5.2% of the trials registered worldwide for this condition in the same period.

Data notes. Trials on COVID-19 pneumonia are counted under COVID-19, not here. Acute condition: hospital admissions are the more meaningful measure of burden.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in pneumonia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

RESPIRATORY

Cystic fibrosis

ICD-10: E84

7,015
Patients in SUS specialised care, 2024
3.3 per 100,000 (treated prevalence)

1,599
New patients in SUS, 2024
0.75 per 100,000 (SUS-recorded incidence)

1,322
SUS hospital admissions, 2024
in-hospital mortality 5.4%

294
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

6
Trials with a Brazilian site, 2016–25
1 industry · 0 active now

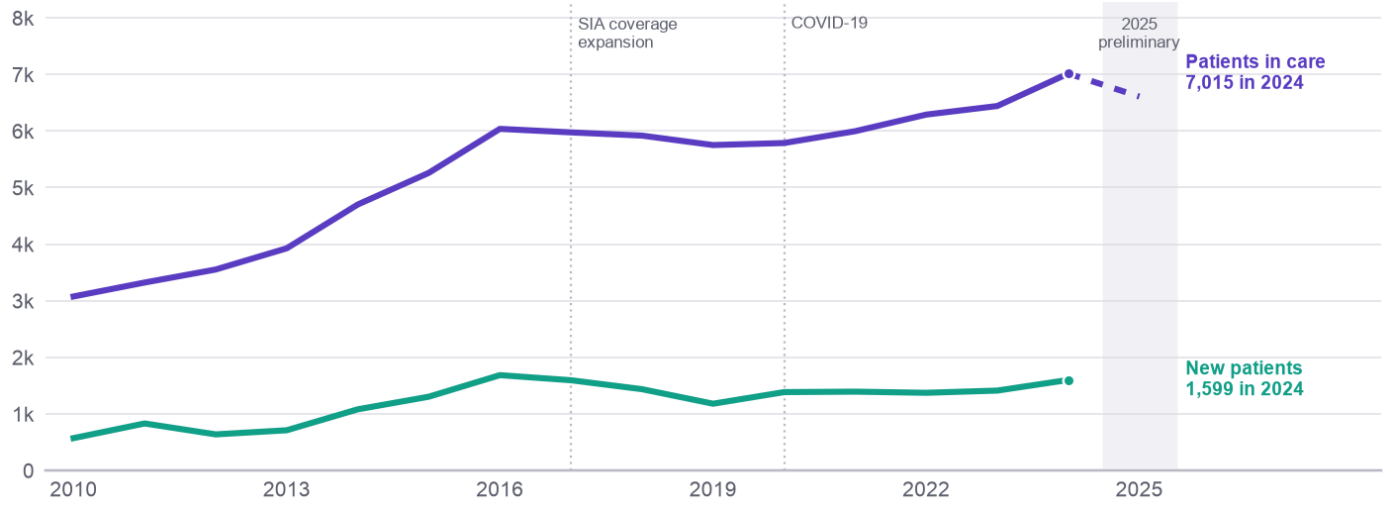
1.6%
Brazil's share of global trials
same condition, start 2016–2025

374
SUS facilities with visits or procedures
25 cover 80% of contacts · plus 145 CEAF pharmacies

12 y · 48% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

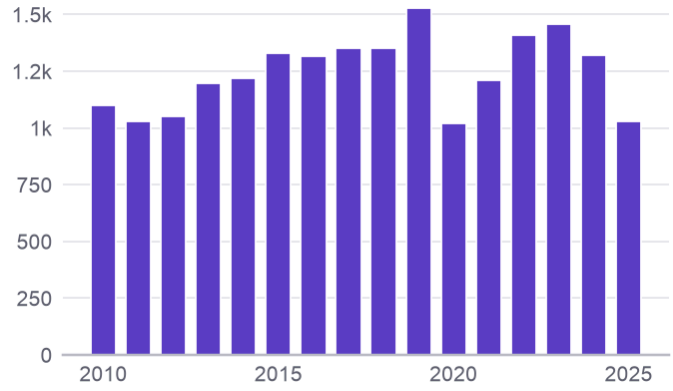
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

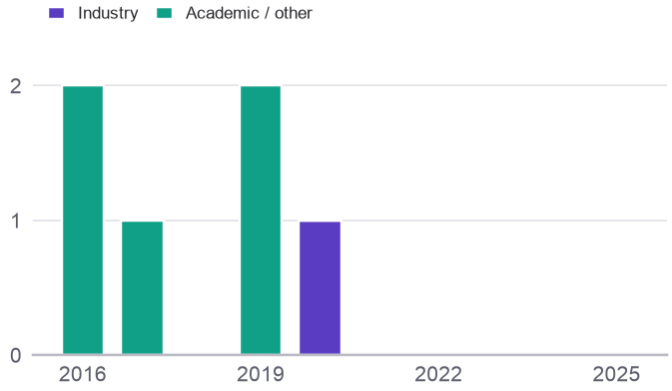
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

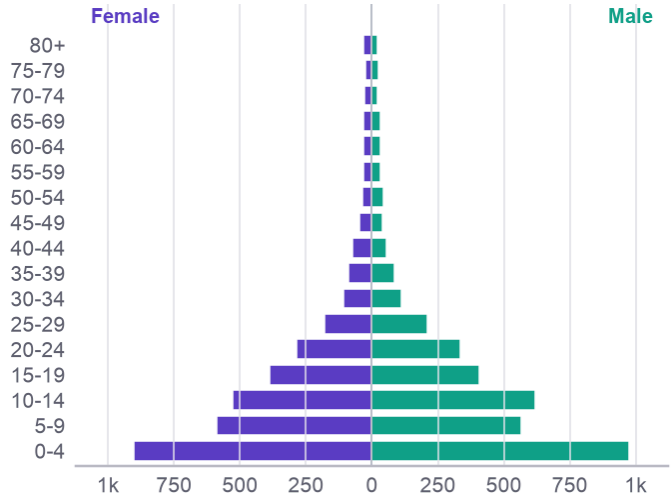
Not applicable: 5 · Phase 3: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

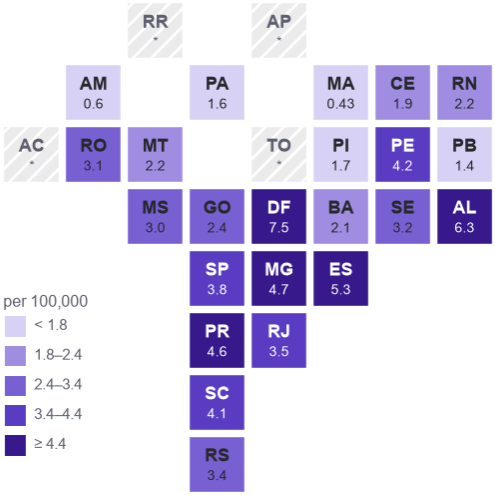
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

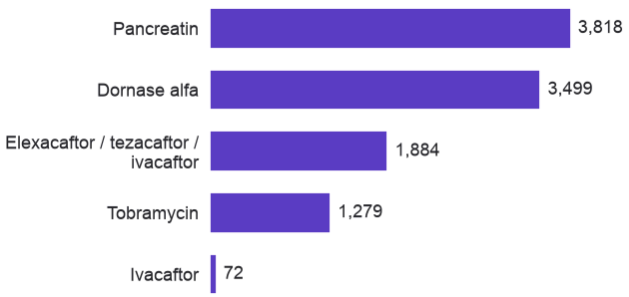
Share among patients with race/colour recorded (92% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **7,015** patients were in SUS specialised outpatient care in 2024 (3.3 per 100,000 inhabitants); **1,599** were new to the system that year (0.75 per 100,000).
- The population in care changed by **+4.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **48%** of them. The highest rate is in Distrito Federal (7.5 per 100,000).
- Specialised visits and procedures took place in **374** SUS facilities; **25** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 145 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: pancreatin (3,818 patients) and dornase alfa (3,499 patients).
- **1,322** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 5.4%.
- **6** interventional trials with a Brazilian site started between 2016 and 2025 (1 industry-sponsored, 1 phase 3, 0 still active). Brazil hosts 1.6% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in cystic fibrosis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

RESPIRATORY

COVID-19

ICD-10: U071, U072, B342

4,141
Patients in SUS specialised care, 2024
1.9 per 100,000 (treated prevalence)

1,370
New patients in SUS, 2024
0.64 per 100,000 (SUS-recorded incidence)

5,904
SUS hospital admissions, 2024
in-hospital mortality 9.5%

6,940
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

295
Trials with a Brazilian site, 2016–25
111 industry · 11 active now

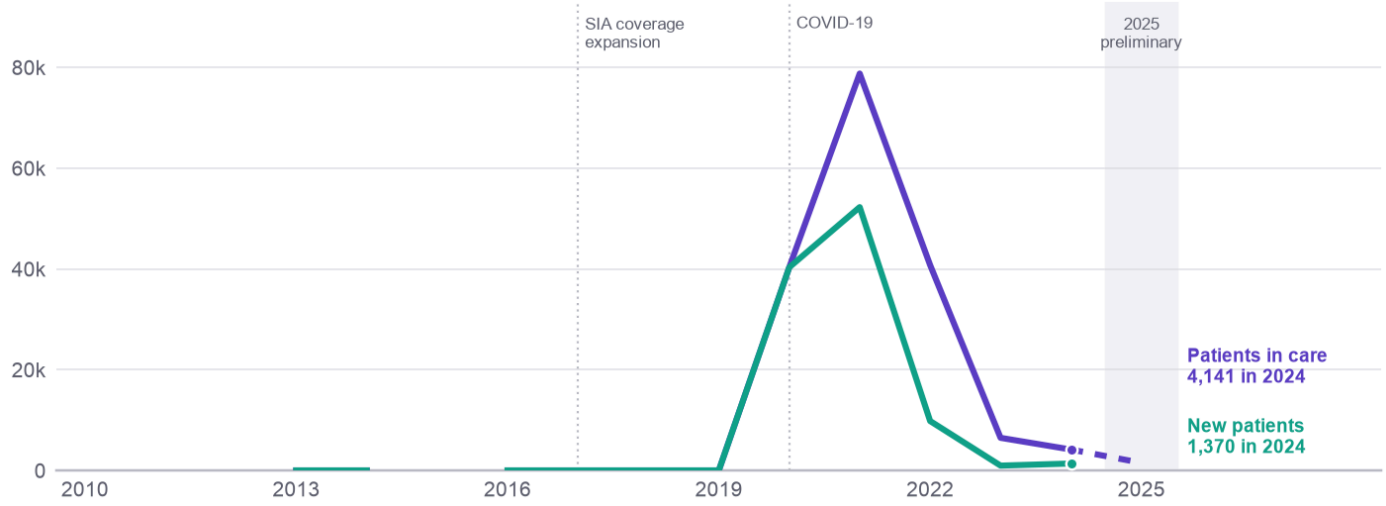
5.3%
Brazil's share of global trials
same condition, start 2016–2025

319
SUS facilities with visits or procedures
55 cover 80% of contacts · plus <10 CEAF pharmacies

43 y · 62% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

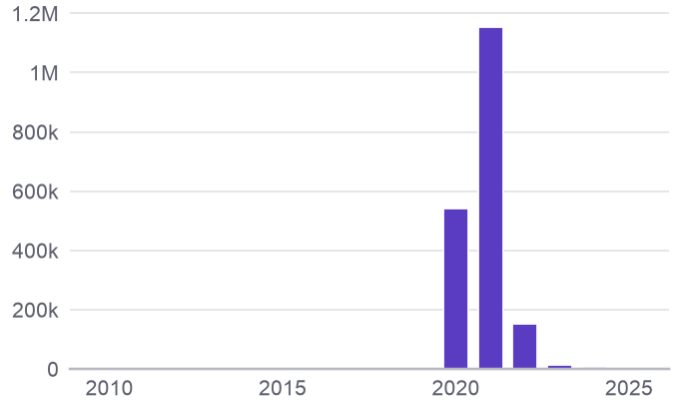
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

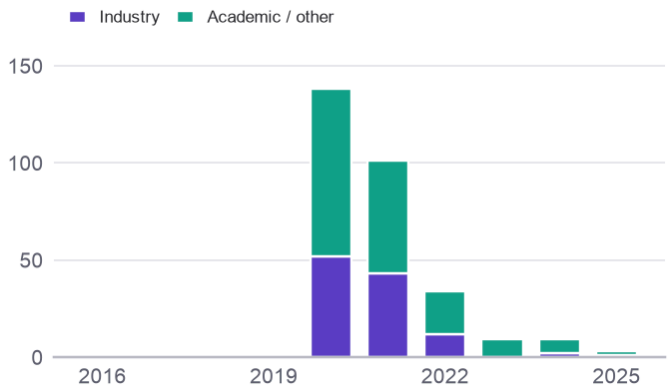
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

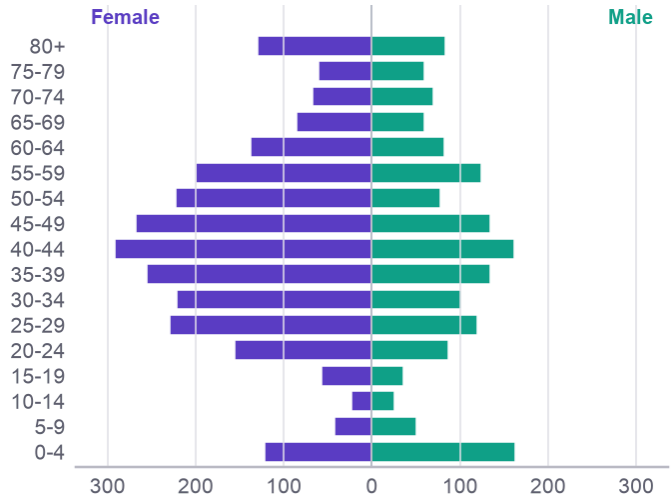
Phase 3: 118 · Phase 2: 110 · Not applicable: 71 · Phase 1: 29 · Phase 4: 15 · Early phase 1: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

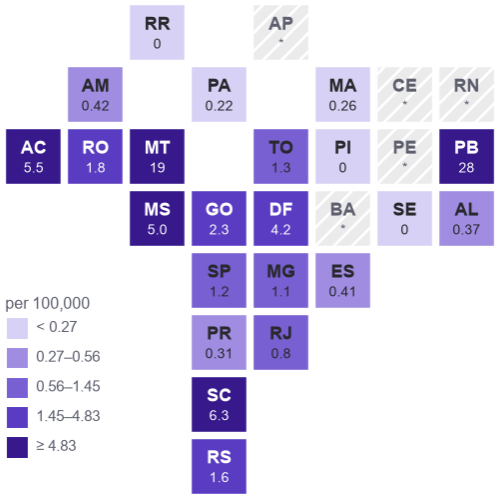
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

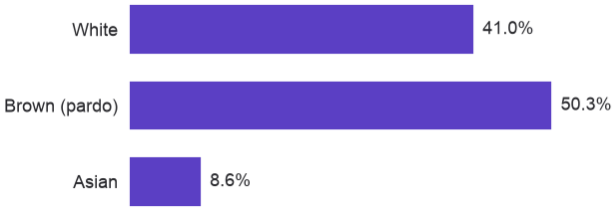
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **4,141** patients were in SUS specialised outpatient care in 2024 (1.9 per 100,000 inhabitants); **1,370** were new to the system that year (0.64 per 100,000).
- Patients live in 24 of the 27 states; Paraíba, Mato Grosso and São Paulo concentrate **58%** of them. The highest rate is in Paraíba (27.6 per 100,000).
- Specialised visits and procedures took place in **319** SUS facilities; **55** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by <10 CEAF pharmacies, not counted as sites.
- **5,904** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.5%.
- **295** interventional trials with a Brazilian site started between 2016 and 2025 (111 industry-sponsored, 118 phase 3, 11 still active). Brazil hosts 5.3% of the trials registered worldwide for this condition in the same period.

Data notes. Rapid tests are excluded. Volume is concentrated in 2020–2022. Acute condition: hospital admissions are the more meaningful measure of burden.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in COVID-19? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

RESPIRATORY

Obstructive sleep apnoea

ICD-10: G473

3,327
Patients in SUS specialised care, 2024
1.6 per 100,000 (treated prevalence)

1,722
New patients in SUS, 2024
0.81 per 100,000 (SUS-recorded incidence)

4,394
SUS hospital admissions, 2024
in-hospital mortality 0.7%

4,973
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

38
Trials with a Brazilian site, 2016–25
5 industry · 8 active now

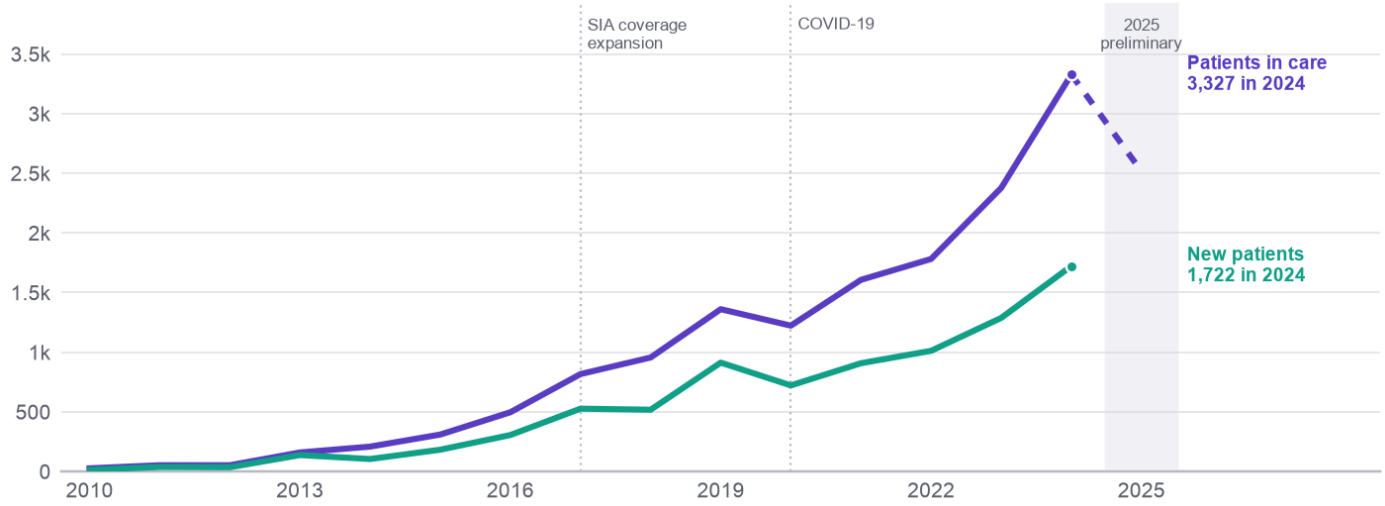
4.0%
Brazil's share of global trials
same condition, start 2016–2025

227
SUS facilities with visits or procedures
37 cover 80% of contacts

58 y · 53% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

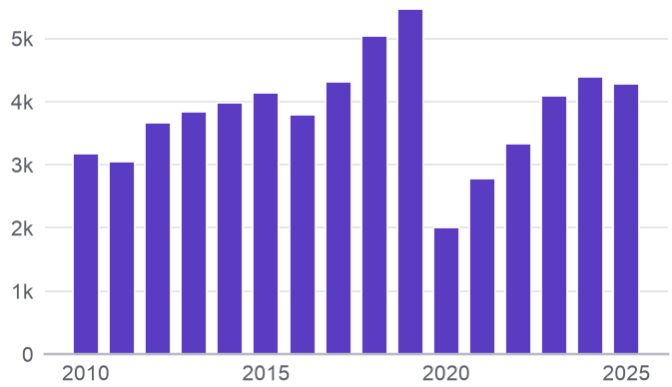
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

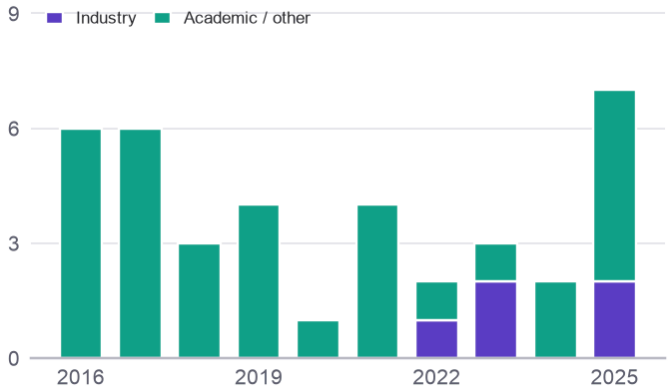
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

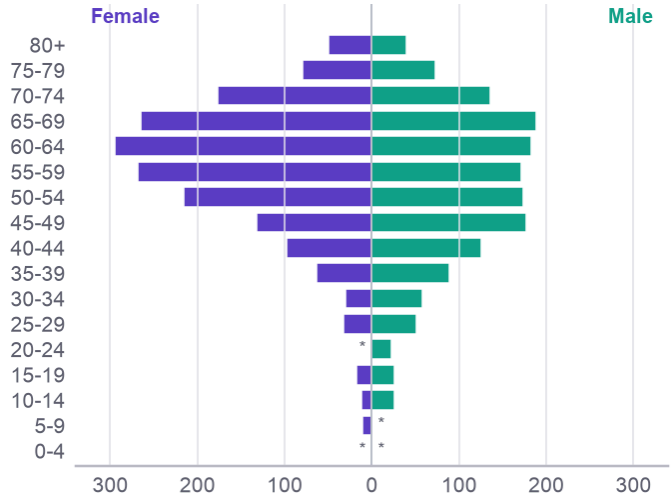
Not applicable: 26 · Phase 3: 6 · Phase 4: 5 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

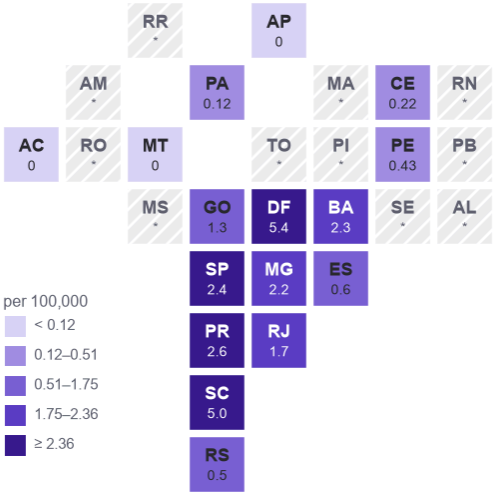
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

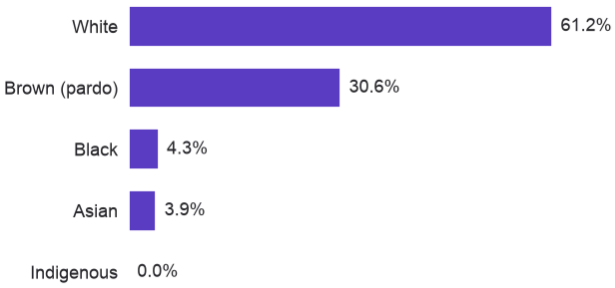
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **3,327** patients were in SUS specialised outpatient care in 2024 (1.6 per 100,000 inhabitants); **1,722** were new to the system that year (0.81 per 100,000).
- The population in care changed by **+31.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 24 of the 27 states; São Paulo, Minas Gerais and Santa Catarina concentrate **58%** of them. The highest rate is in Distrito Federal (5.4 per 100,000).
- Specialised visits and procedures took place in **227** SUS facilities; **37** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **4,394** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.7%.
- **38** interventional trials with a Brazilian site started between 2016 and 2025 (5 industry-sponsored, 6 phase 3, 8 still active). Brazil hosts 4.0% of the trials registered worldwide for this condition in the same period.

Data notes. Trials in Brazil for this condition are almost entirely academic (physiotherapy, behavioural or device studies).

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in obstructive sleep apnoea? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

RESPIRATORY

Interstitial lung disease / IPF

ICD-10: J84

2,414
Patients in SUS specialised care, 2024
1.1 per 100,000 (treated prevalence)

1,213
New patients in SUS, 2024
0.57 per 100,000 (SUS-recorded incidence)

4,257
SUS hospital admissions, 2024
in-hospital mortality 14.1%

1,605
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

28
Trials with a Brazilian site, 2016–25
24 industry · 10 active now

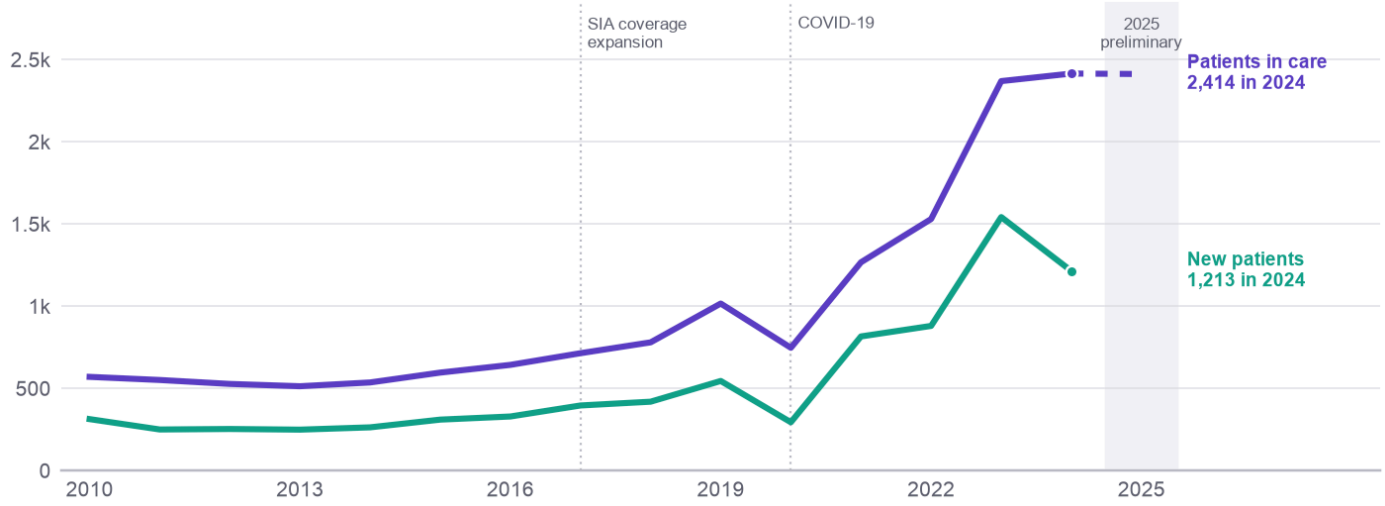
5.2%
Brazil's share of global trials
same condition, start 2016–2025

452
SUS facilities with visits or procedures
100 cover 80% of contacts · plus 68 CEAF pharmacies

63 y · 63% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

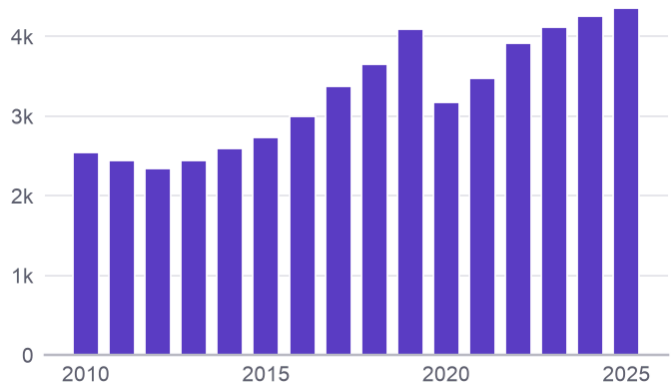
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

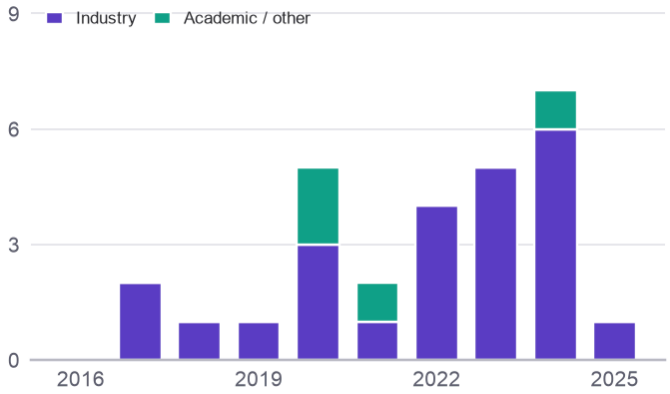
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

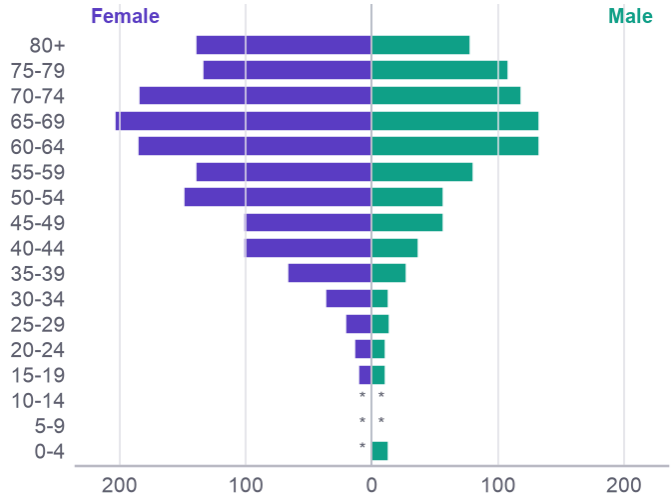
Phase 3: 14 · Phase 2: 10 · Not applicable: 3 · Phase 1: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

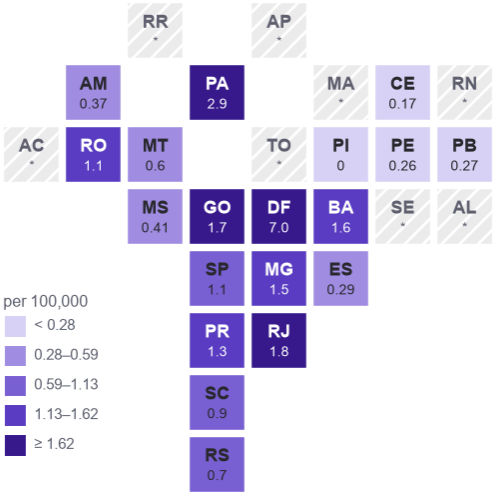
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

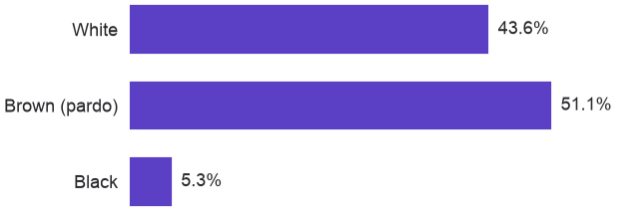
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

201

patients with Sirolimus in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **2,414** patients were in SUS specialised outpatient care in 2024 (1.1 per 100,000 inhabitants); **1,213** were new to the system that year (0.57 per 100,000).
- The population in care changed by **+16.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 26 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **47%** of them. The highest rate is in Distrito Federal (7.0 per 100,000).
- Specialised visits and procedures took place in **452** SUS facilities; **100** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 68 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: sirolimus (201 patients).
- **4,257** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 14.1%.
- **28** interventional trials with a Brazilian site started between 2016 and 2025 (24 industry-sponsored, 14 phase 3, 10 still active). Brazil hosts 5.2% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in interstitial lung disease / IPF? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

RESPIRATORY

RSV infection

ICD-10: J121, J205, J210

1,339
Patients in SUS specialised care, 2024
0.63 per 100,000 (treated prevalence)

1,115
New patients in SUS, 2024
0.52 per 100,000 (SUS-recorded incidence)

24,424
SUS hospital admissions, 2024
in-hospital mortality 0.5%

6,846
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

15
Trials with a Brazilian site, 2016–25
15 industry · 0 active now

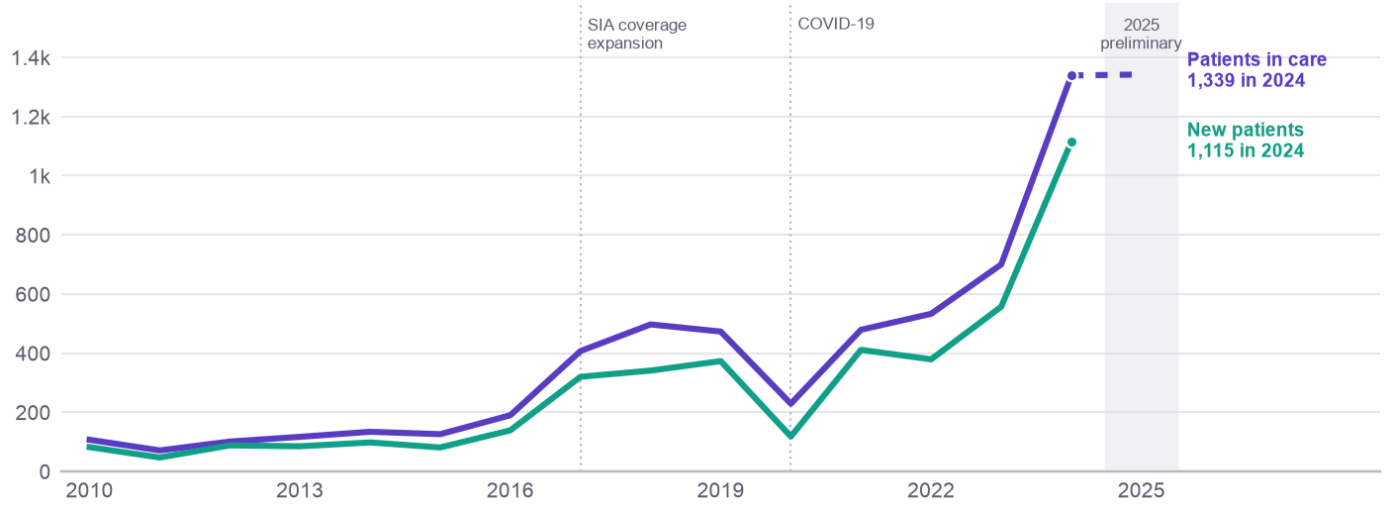
6.1%
Brazil's share of global trials
same condition, start 2016–2025

239
SUS facilities with visits or procedures
59 cover 80% of contacts

3 y · 43% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

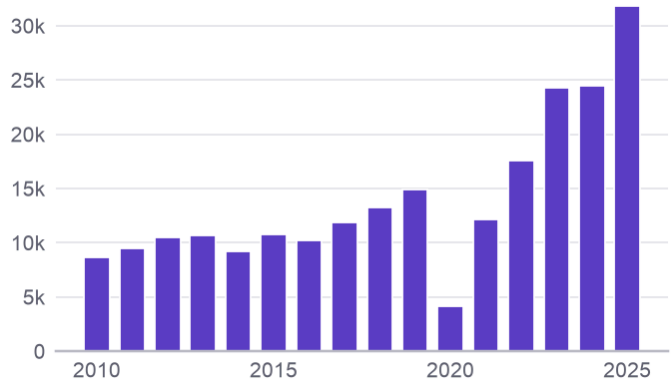
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

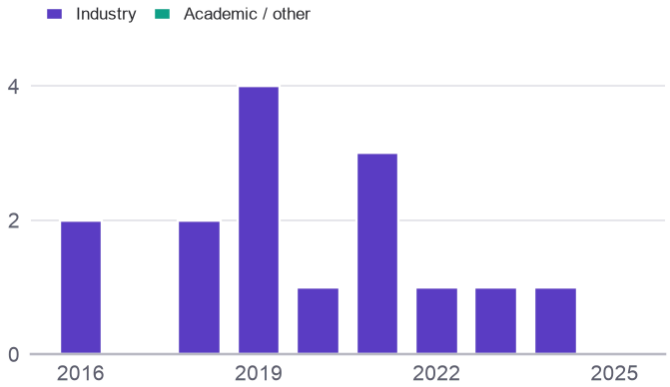
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

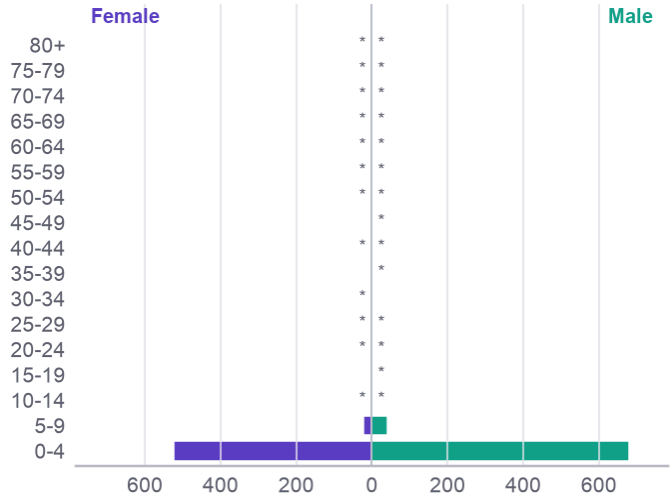
Phase 2: 9 · Phase 3: 5 · Phase 1: 2 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

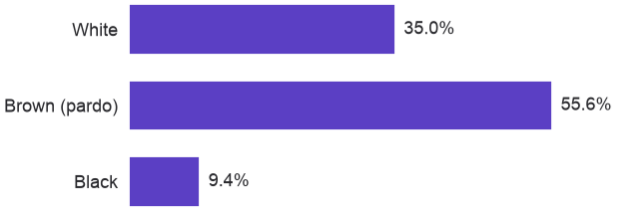
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **1,339** patients were in SUS specialised outpatient care in 2024 (0.63 per 100,000 inhabitants); **1,115** were new to the system that year (0.52 per 100,000).
- The population in care changed by **+25.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 23 of the 27 states; Rio de Janeiro, São Paulo and Minas Gerais concentrate **71%** of them. The highest rate is in Rio de Janeiro (3.6 per 100,000).
- Specialised visits and procedures took place in **239** SUS facilities; **59** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **24,424** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.5%.
- **15** interventional trials with a Brazilian site started between 2016 and 2025 (15 industry-sponsored, 5 phase 3, 0 still active). Brazil hosts 6.1% of the trials registered worldwide for this condition in the same period.

Data notes. Acute condition: hospital admissions are the more meaningful measure of burden.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in RSV infection? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

RESPIRATORY

Bronchiectasis

ICD-10: J47

996
Patients in SUS specialised care, 2024
0.47 per 100,000 (treated prevalence)

490
New patients in SUS, 2024
0.23 per 100,000 (SUS-recorded incidence)

1,120
SUS hospital admissions, 2024
in-hospital mortality 3.1%

529
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

11
Trials with a Brazilian site, 2016–25
4 industry · 2 active now

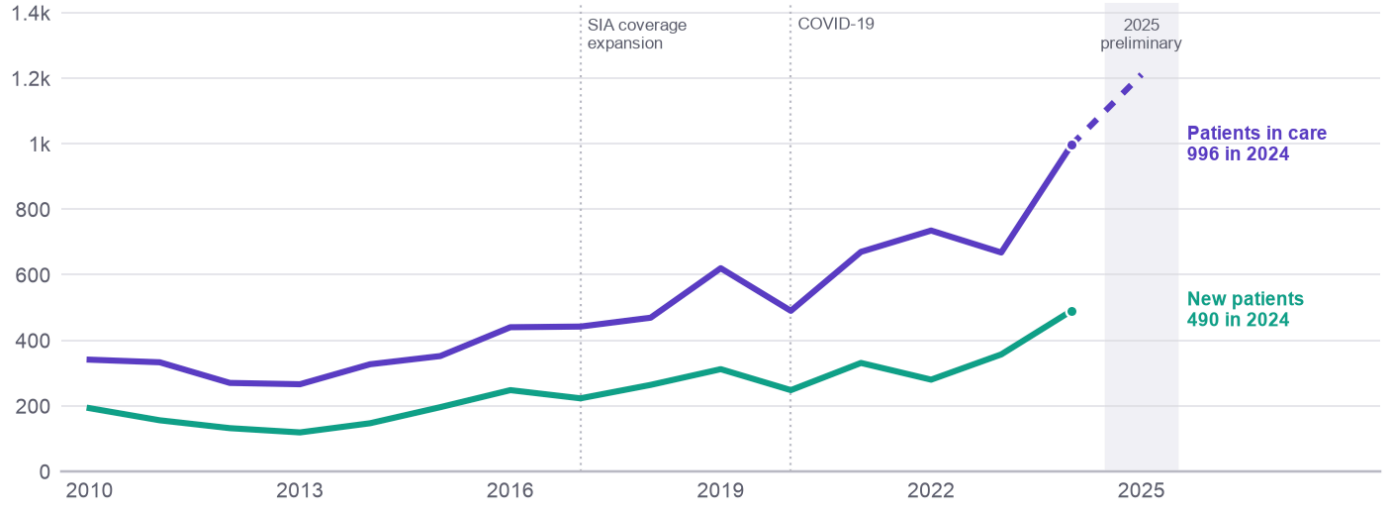
6.5%
Brazil's share of global trials
same condition, start 2016–2025

195
SUS facilities with visits or procedures
50 cover 80% of contacts

60 y · 70% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

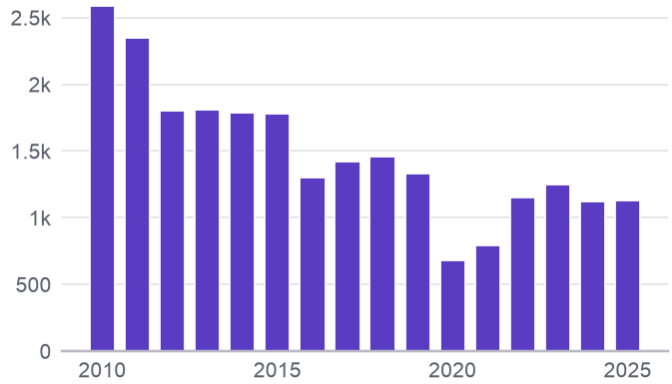
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

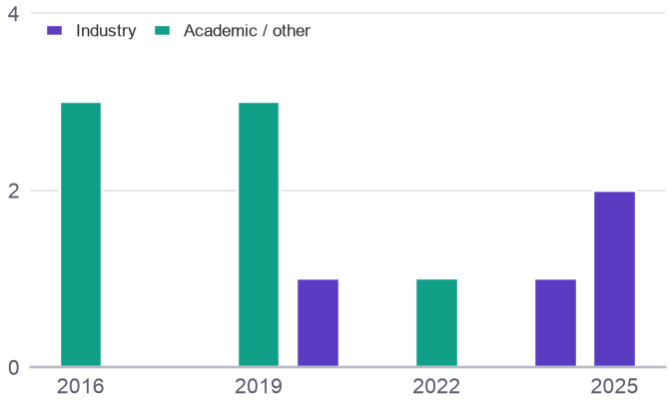
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

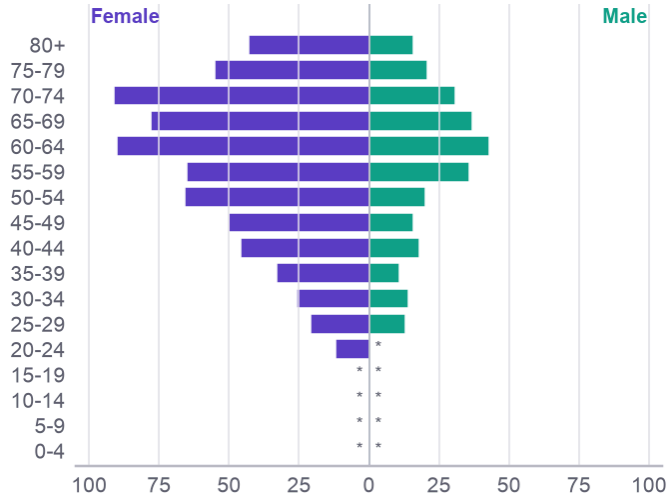
Not applicable: 6 · Phase 2: 3 · Phase 3: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

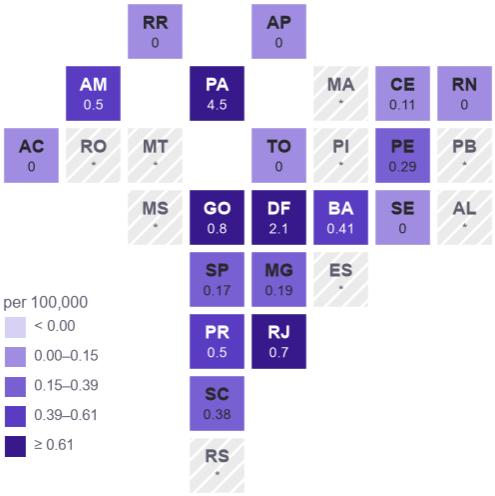
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

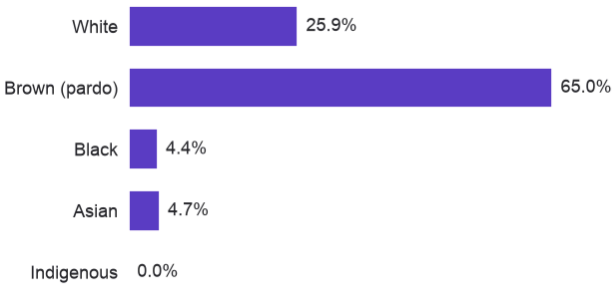
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **996** patients were in SUS specialised outpatient care in 2024 (0.47 per 100,000 inhabitants); **490** were new to the system that year (0.23 per 100,000).
- The population in care changed by **+11.8% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Specialised visits and procedures took place in **195** SUS facilities; **50** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **1,120** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 3.1%.
- **11** interventional trials with a Brazilian site started between 2016 and 2025 (4 industry-sponsored, 2 phase 3, 2 still active). Brazil hosts 6.5% of the trials registered worldwide for this condition in the same period.

Data notes. Rare in SUS care (fewer than 1,000 patients a year): no state × age × sex cross-tabulation is published.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in bronchiectasis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Infectious diseases

12 conditions · 166 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
HIV infection	555,117	261.1	61,782	26,786	70	2.3%	133
Dengue	62,696	29.5	37,218	167,098	8	7.5%	135
Hepatitis C	30,163	14.2	8,839	374	6	1.2%	137
Leprosy	29,757	14.0	12,814	2,905	7	31.8%	139
Tuberculosis	12,955	6.1	9,534	20,330	20	3.6%	141
Hepatitis B	6,318	3.0	1,270	741	10	1.7%	143
Sepsis	3,797	1.8	1,305	185,791	25	2.7%	145
Syphilis	1,955	0.92	1,389	21,143	3	4.8%	147
Chagas disease	1,353	0.64	598	589	9	37.5%	149
Leishmaniasis	988	0.46	589	2,101	6	12.0%	151
Malaria	577	0.27	238	1,886	10	2.1%	153
Chikungunya	237	0.11	176	596	5	11.8%	155

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

INFECTIOUS DISEASES

HIV infection

ICD-10: B20, B21, B22, B23, B24, Z21

555,117
Patients in SUS specialised care, 2024
261.1 per 100,000 (treated prevalence)

61,782
New patients in SUS, 2024
29.1 per 100,000 (SUS-recorded incidence)

26,786
SUS hospital admissions, 2024
in-hospital mortality 9.5%

630
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

70
Trials with a Brazilian site, 2016–25
12 industry · 23 active now

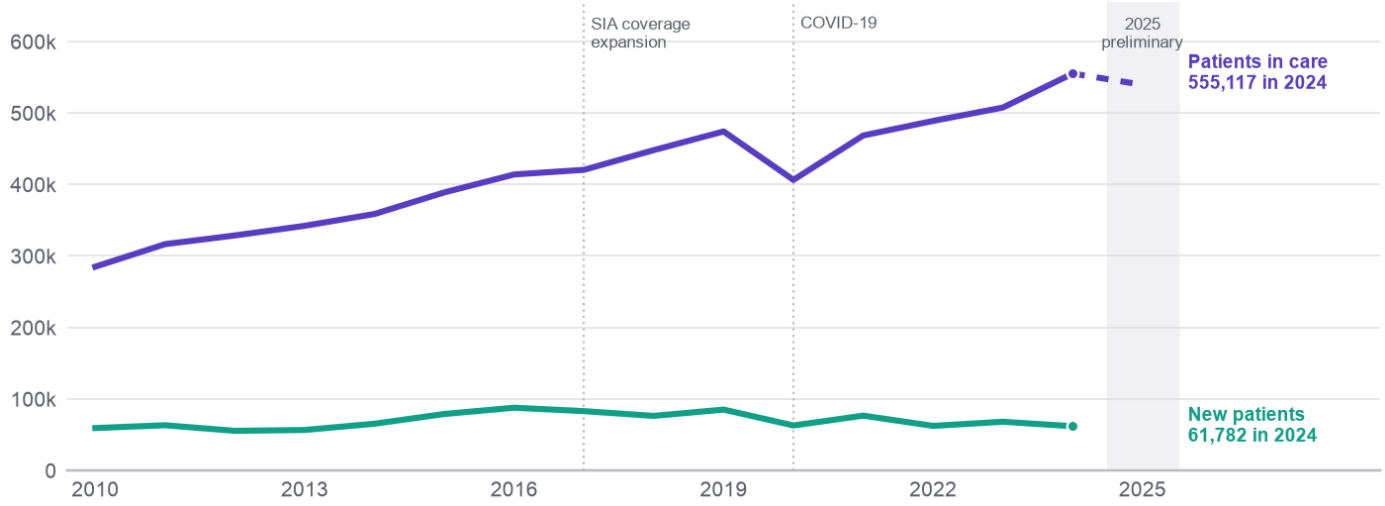
2.3%
Brazil's share of global trials
same condition, start 2016–2025

987
SUS facilities with visits or procedures
49 cover 80% of contacts · plus 31 CEAF pharmacies

45 y · 35% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

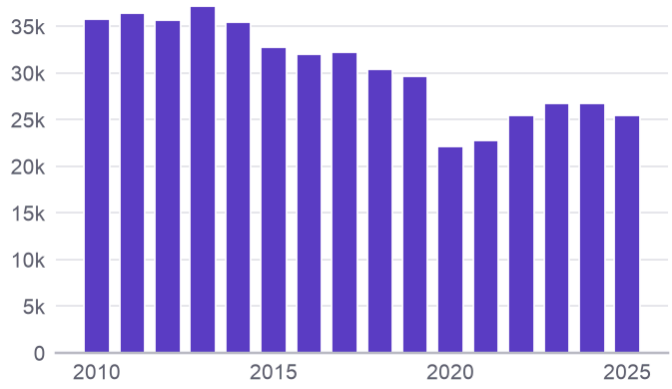
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

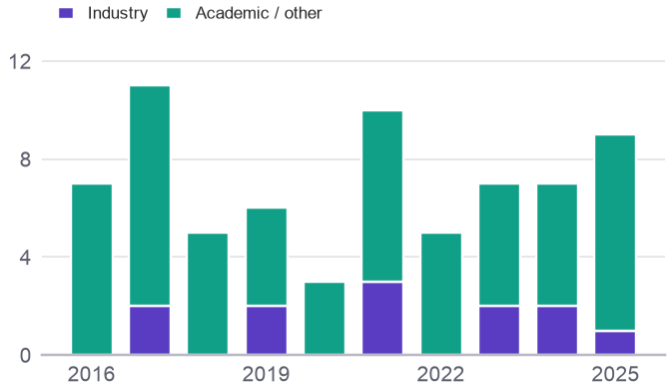
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

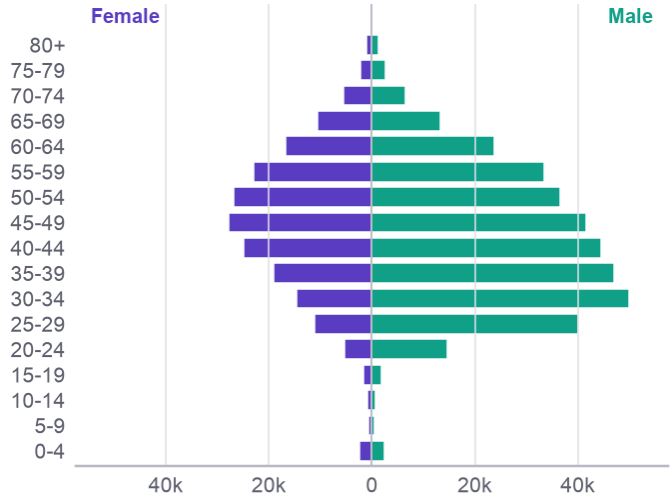
Phase 2: 25 · Not applicable: 20 · Phase 3: 18 · Phase 4: 9 · Phase 1: 5



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

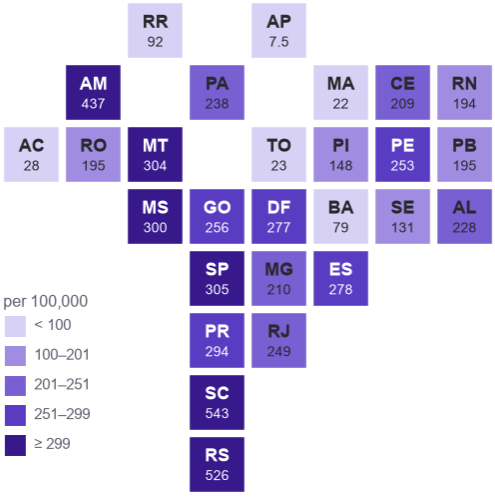
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

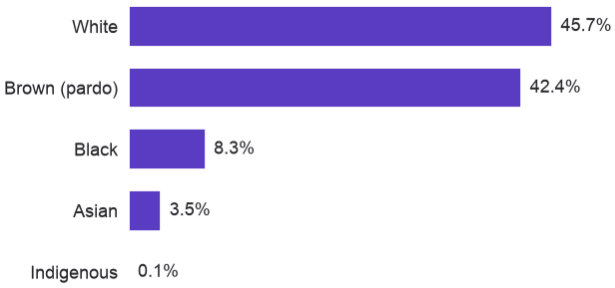
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **555,117** patients were in SUS specialised outpatient care in 2024 (261.1 per 100,000 inhabitants); **61,782** were new to the system that year (29.1 per 100,000).
- The population in care changed by **+4.5% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio Grande do Sul and Minas Gerais concentrate **44%** of them. The highest rate is in Santa Catarina (542.8 per 100,000).
- Specialised visits and procedures took place in **987** SUS facilities; **49** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 31 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: human immunoglobulin (38 patients) and filgrastim (23 patients).
- **26,786** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.5%.
- **70** interventional trials with a Brazilian site started between 2016 and 2025 (12 industry-sponsored, 18 phase 3, 23 still active). Brazil hosts 2.3% of the trials registered worldwide for this condition in the same period.

Data notes. Patients are captured mainly through viral-load and CD4 monitoring in specialised care; antiretrovirals are supplied by the Strategic Component, outside these data.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in HIV infection? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

INFECTIOUS DISEASES

Dengue

ICD-10: A90, A91

62,696
Patients in SUS specialised care, 2024
29.5 per 100,000 (treated prevalence)

37,218
New patients in SUS, 2024
17.5 per 100,000 (SUS-recorded incidence)

167,098
SUS hospital admissions, 2024
in-hospital mortality 1.5%

98,101
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

8
Trials with a Brazilian site, 2016–25
5 industry · 1 active now

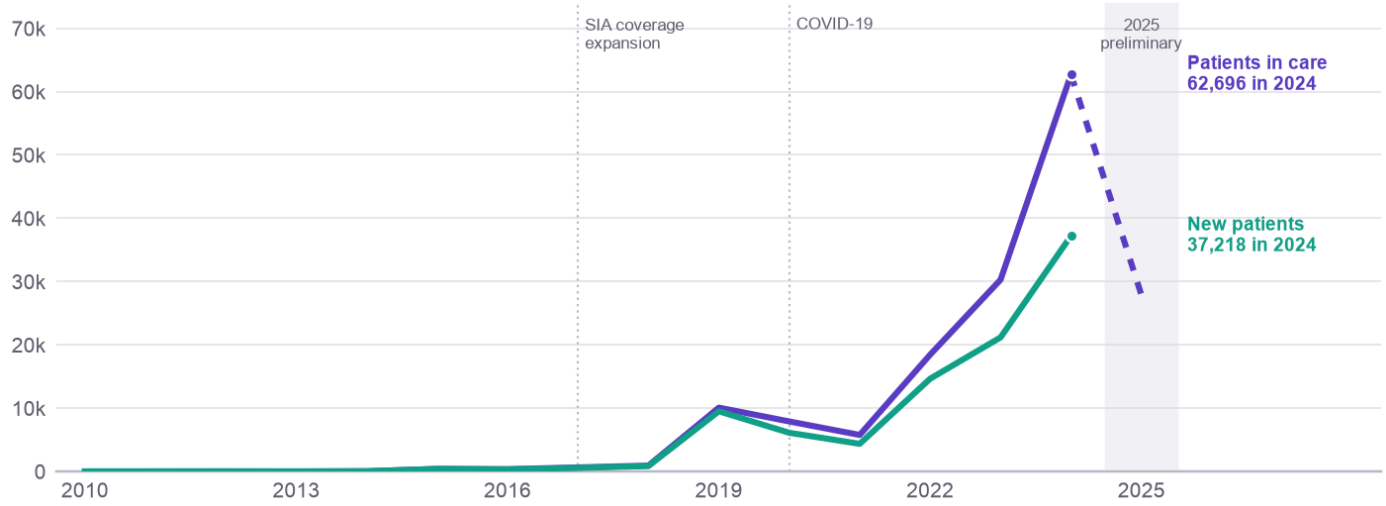
7.5%
Brazil's share of global trials
same condition, start 2016–2025

580
SUS facilities with visits or procedures
62 cover 80% of contacts

32 y · 58% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

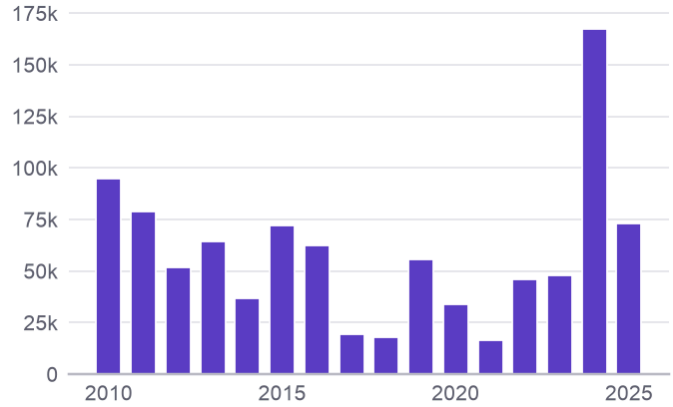
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

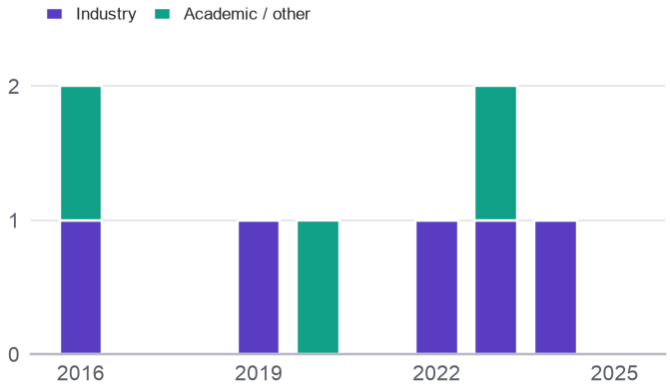
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

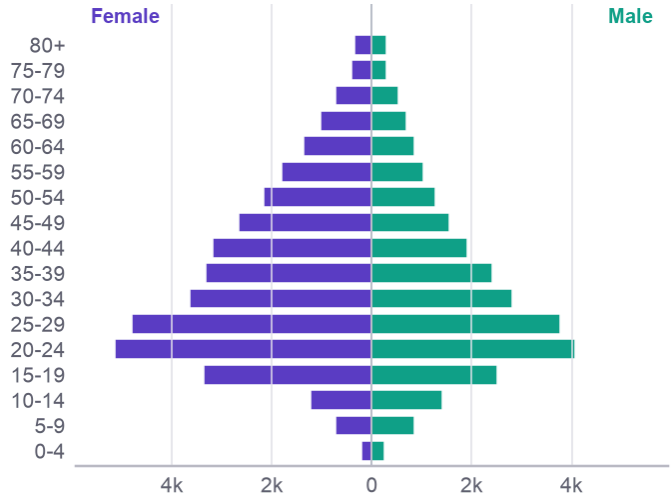
Phase 2: 6 · Phase 3: 1 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

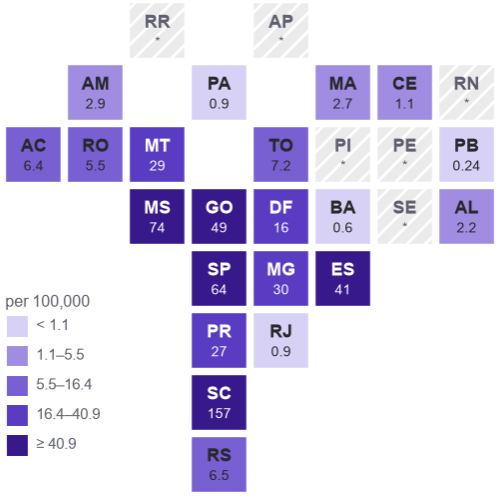
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

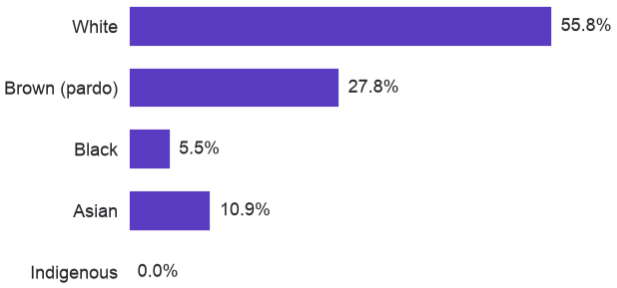
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **62,696** patients were in SUS specialised outpatient care in 2024 (29.5 per 100,000 inhabitants); **37,218** were new to the system that year (17.5 per 100,000).
- The population in care changed by **+116.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Santa Catarina and Minas Gerais concentrate **77%** of them. The highest rate is in Santa Catarina (156.7 per 100,000).
- Specialised visits and procedures took place in **580** SUS facilities; **62** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **167,098** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.5%.
- **8** interventional trials with a Brazilian site started between 2016 and 2025 (5 industry-sponsored, 1 phase 3, 1 still active). Brazil hosts 7.5% of the trials registered worldwide for this condition in the same period.

Data notes. Acute condition: hospital admissions are the more meaningful measure of burden.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in dengue? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

INFECTIOUS DISEASES

Hepatitis C

ICD-10: B171, B182

30,163
Patients in SUS specialised care, 2024
14.2 per 100,000 (treated prevalence)

8,839
New patients in SUS, 2024
4.2 per 100,000 (SUS-recorded incidence)

374
SUS hospital admissions, 2024
in-hospital mortality 11.8%

36
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

6
Trials with a Brazilian site, 2016–25
2 industry · 1 active now

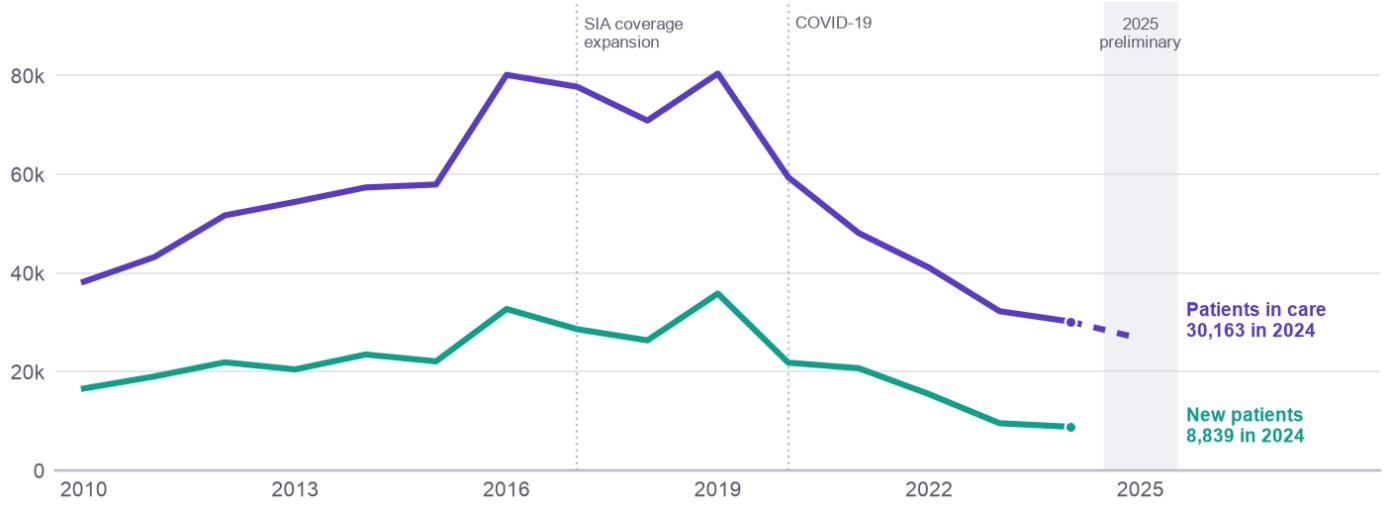
1.2%
Brazil's share of global trials
same condition, start 2016–2025

543
SUS facilities with visits or procedures
38 cover 80% of contacts · plus <10 CEAF pharmacies

56 y · 48% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

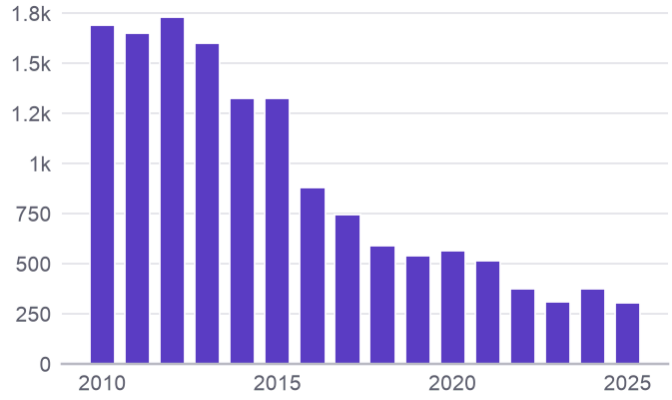
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

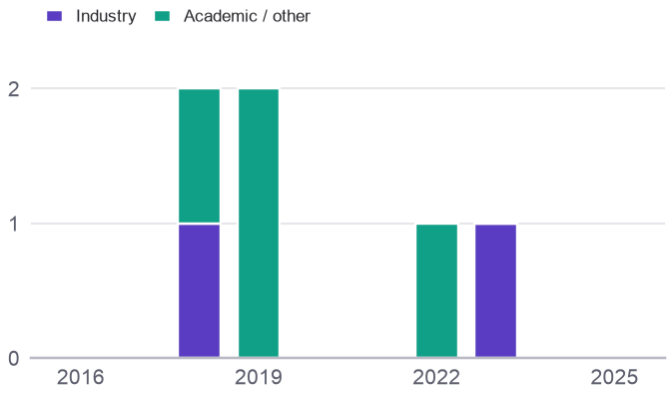
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

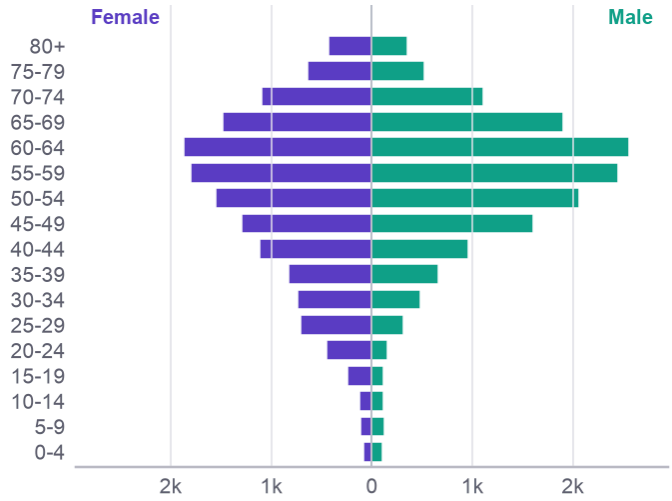
Phase 2: 2 · Phase 4: 2 · Phase 3: 1 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

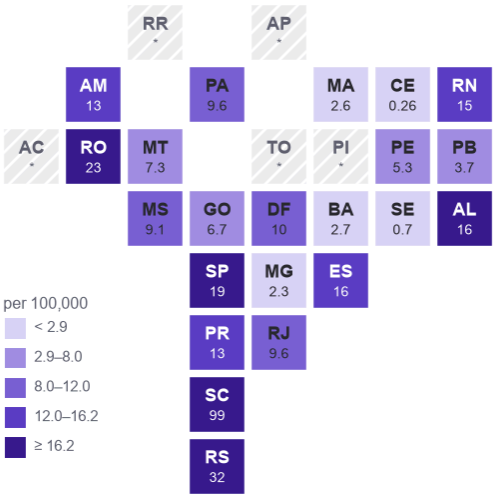
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

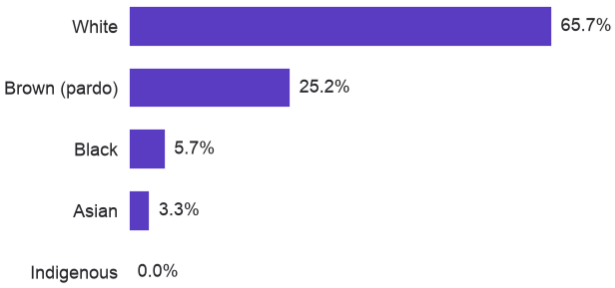
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **30,163** patients were in SUS specialised outpatient care in 2024 (14.2 per 100,000 inhabitants); **8,839** were new to the system that year (4.2 per 100,000).
- The population in care changed by **-6.2% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Santa Catarina and Rio Grande do Sul concentrate **67%** of them. The highest rate is in Santa Catarina (99.1 per 100,000).
- Specialised visits and procedures took place in **543** SUS facilities; **38** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by <10 CEAF pharmacies, not counted as sites.
- **374** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 11.8%.
- **6** interventional trials with a Brazilian site started between 2016 and 2025 (2 industry-sponsored, 1 phase 3, 1 still active). Brazil hosts 1.2% of the trials registered worldwide for this condition in the same period.

Data notes. Screening serology (anti-HCV) carries this code for everyone tested and is excluded. Antivirals are supplied by the Strategic Component and much follow-up happens in primary care, both outside these data: the count is a floor.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in hepatitis C? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

INFECTIOUS DISEASES

Leprosy

ICD-10: A30

29,757
Patients in SUS specialised care, 2024
14.0 per 100,000 (treated prevalence)

12,814
New patients in SUS, 2024
6.0 per 100,000 (SUS-recorded incidence)

2,905
SUS hospital admissions, 2024
in-hospital mortality 1.5%

93
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

7
Trials with a Brazilian site, 2016–25
1 industry · 1 active now

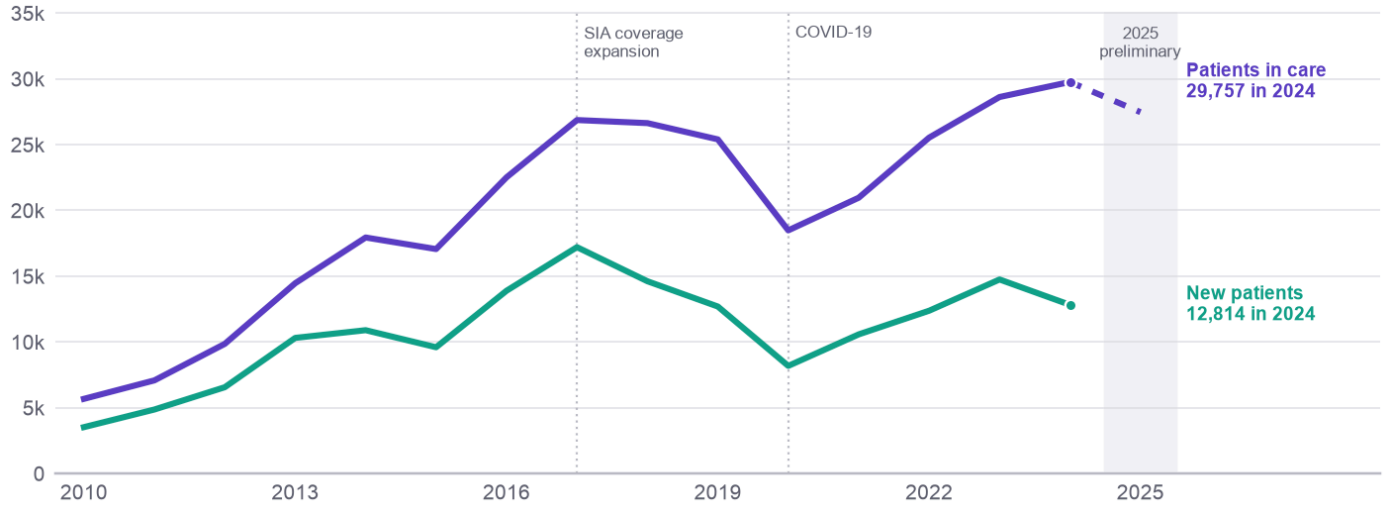
31.8%
Brazil's share of global trials
same condition, start 2016–2025

904
SUS facilities with visits or procedures
66 cover 80% of contacts

55 y · 57% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

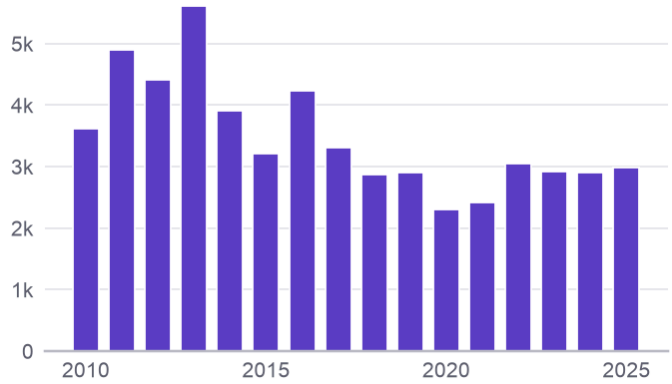
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

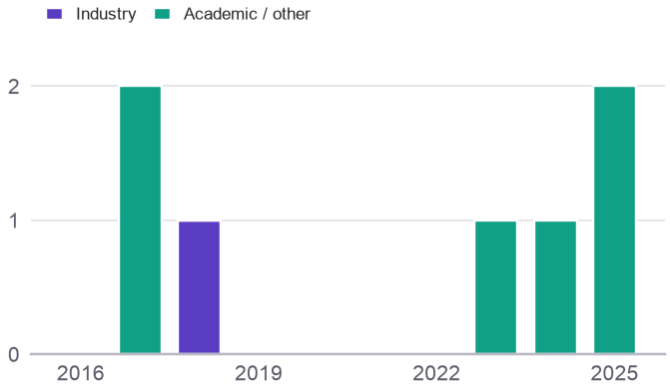
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

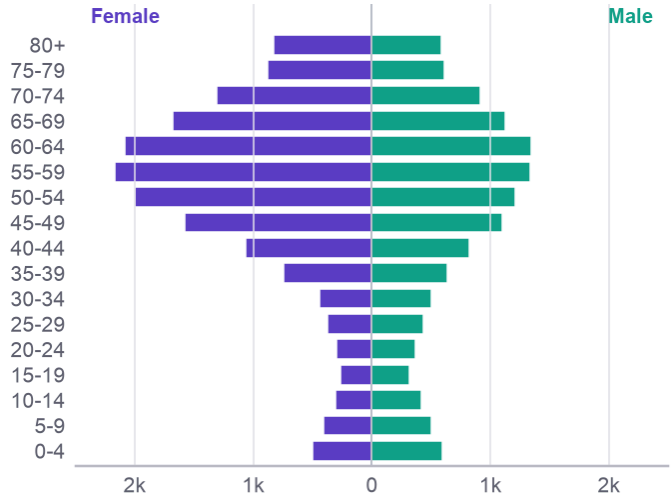
Not applicable: 3 · Phase 1: 2 · Phase 2: 2 · Phase 3: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

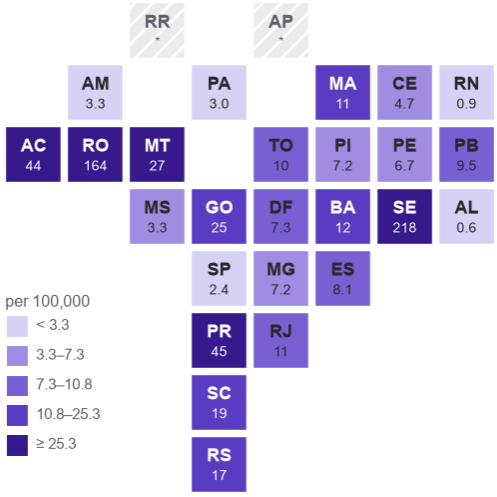
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

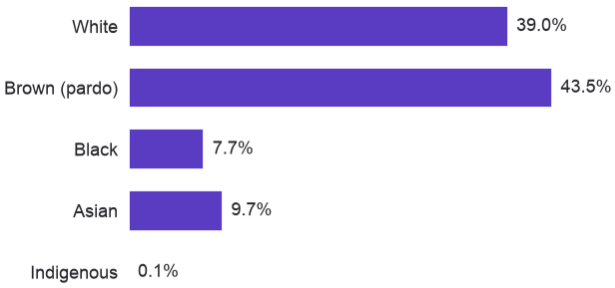
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **29,757** patients were in SUS specialised outpatient care in 2024 (14.0 per 100,000 inhabitants); **12,814** were new to the system that year (6.0 per 100,000).
- The population in care changed by **+5.2% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; Paraná, Sergipe and Rondônia concentrate **44%** of them. The highest rate is in Sergipe (218.1 per 100,000).
- Specialised visits and procedures took place in **904** SUS facilities; **66** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **2,905** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.5%.
- **7** interventional trials with a Brazilian site started between 2016 and 2025 (1 industry-sponsored, 1 phase 3, 1 still active). Brazil hosts 31.8% of the trials registered worldwide for this condition in the same period.

Data notes. Multidrug therapy is supplied by the Strategic Component and delivered largely in primary care. Sergipe's treated rate is far above other states, which may reflect coding at referral services.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in leprosy? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

INFECTIOUS DISEASES

Tuberculosis

ICD-10: A15, A16, A17, A18, A19

12,955
Patients in SUS specialised care, 2024
6.1 per 100,000 (treated prevalence)

9,534
New patients in SUS, 2024
4.5 per 100,000 (SUS-recorded incidence)

20,330
SUS hospital admissions, 2024
in-hospital mortality 9.5%

1,408
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

20
Trials with a Brazilian site, 2016–25
0 industry · 7 active now

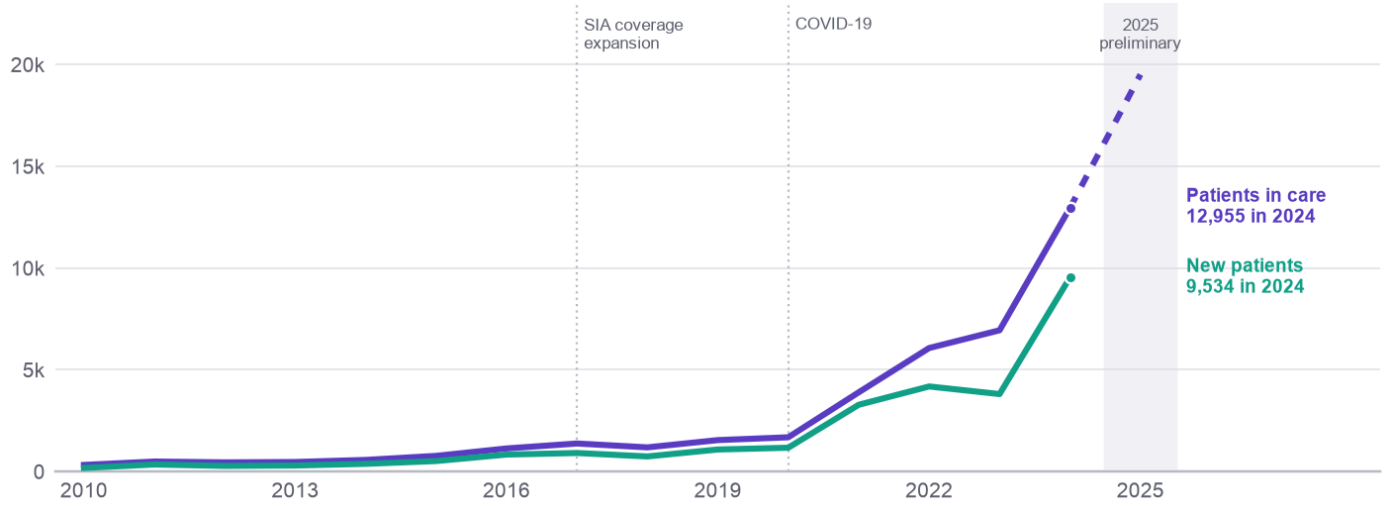
3.6%
Brazil's share of global trials
same condition, start 2016–2025

646
SUS facilities with visits or procedures
27 cover 80% of contacts

39 y · 25% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

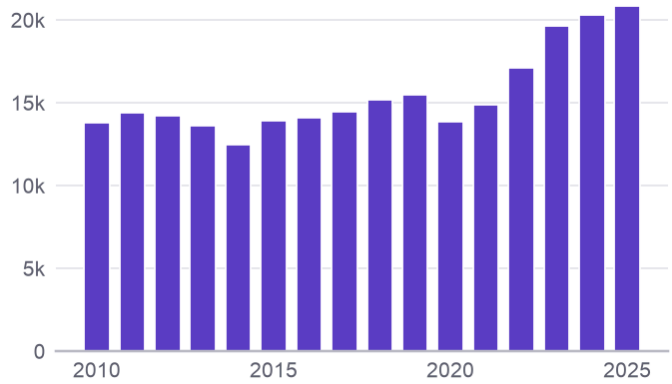
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

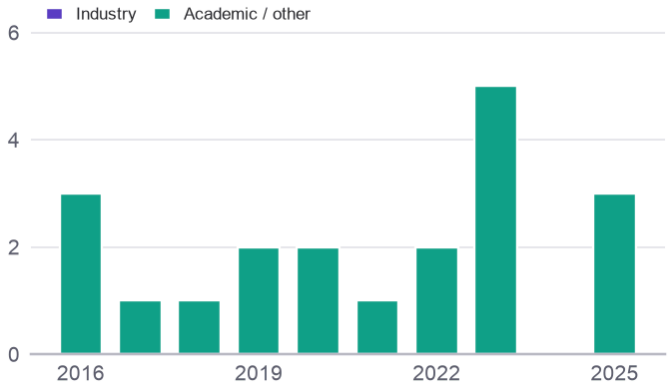
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

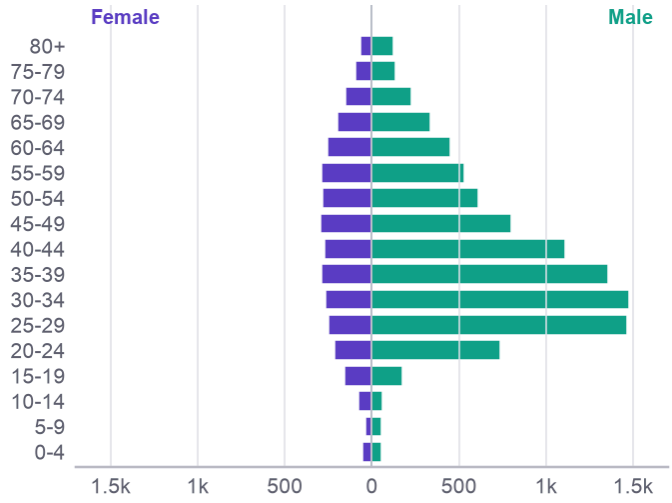
Phase 2: 8 · Phase 3: 5 · Phase 4: 4 · Not applicable: 3 · Phase 1: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

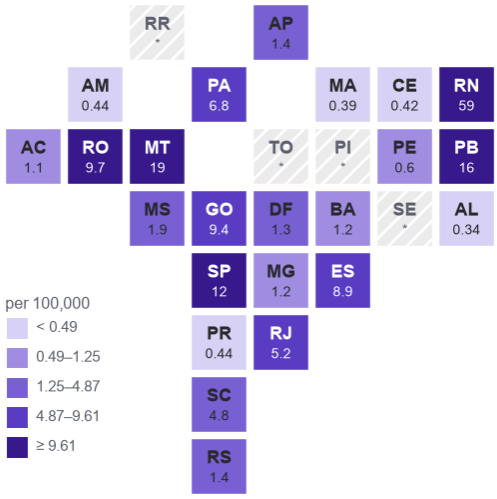
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

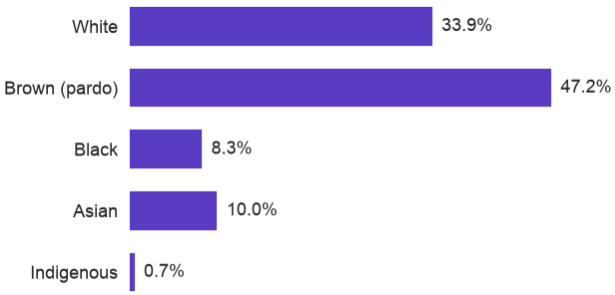
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **12,955** patients were in SUS specialised outpatient care in 2024 (6.1 per 100,000 inhabitants); **9,534** were new to the system that year (4.5 per 100,000).
- The population in care changed by **+36.8% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio Grande do Norte and Rio de Janeiro concentrate **65%** of them. The highest rate is in Rio Grande do Norte (59.3 per 100,000).
- Specialised visits and procedures took place in **646** SUS facilities; **27** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **20,330** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 9.5%.
- **20** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 5 phase 3, 7 still active). Brazil hosts 3.6% of the trials registered worldwide for this condition in the same period.

Data notes. Treatment is supplied by the Strategic Component and delivered largely in primary care, outside these data: the count is a floor.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in tuberculosis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

INFECTIOUS DISEASES

Hepatitis B

ICD-10: B16, B180, B181

6,318
Patients in SUS specialised care, 2024
3.0 per 100,000 (treated prevalence)

1,270
New patients in SUS, 2024
0.60 per 100,000 (SUS-recorded incidence)

741
SUS hospital admissions, 2024
in-hospital mortality 14.0%

100
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

10
Trials with a Brazilian site, 2016–25
6 industry · 3 active now

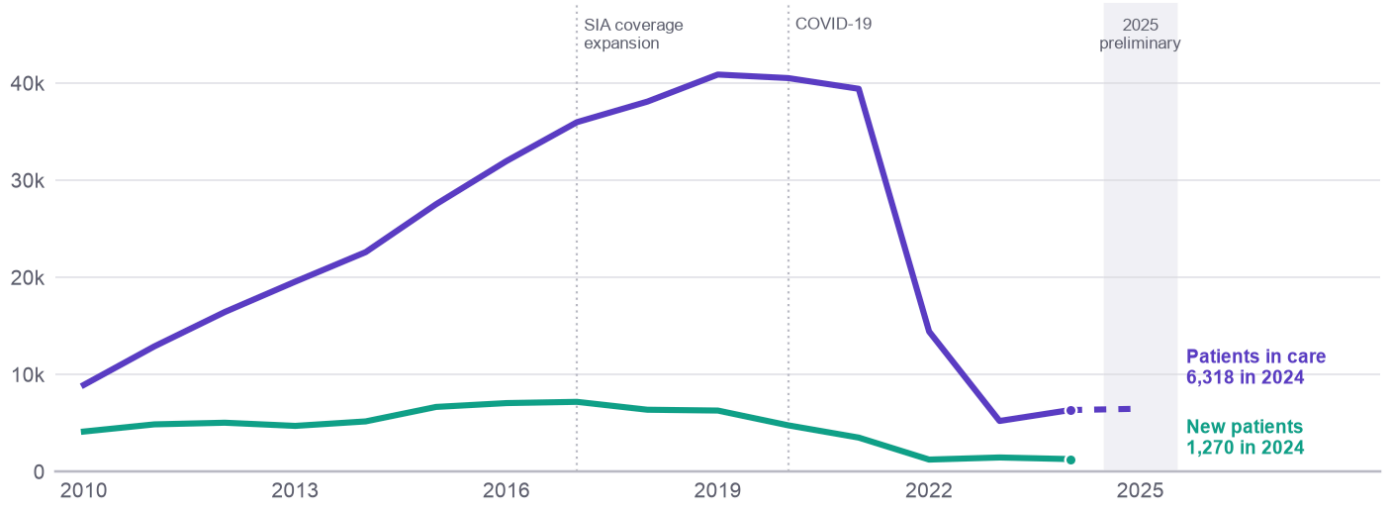
1.7%
Brazil's share of global trials
same condition, start 2016–2025

242
SUS facilities with visits or procedures
18 cover 80% of contacts

54 y · 47% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

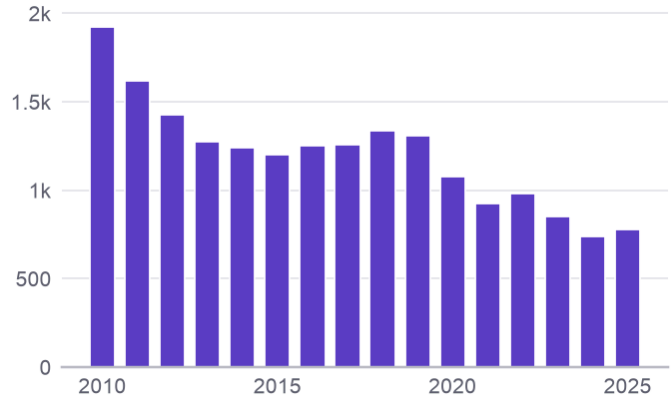
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

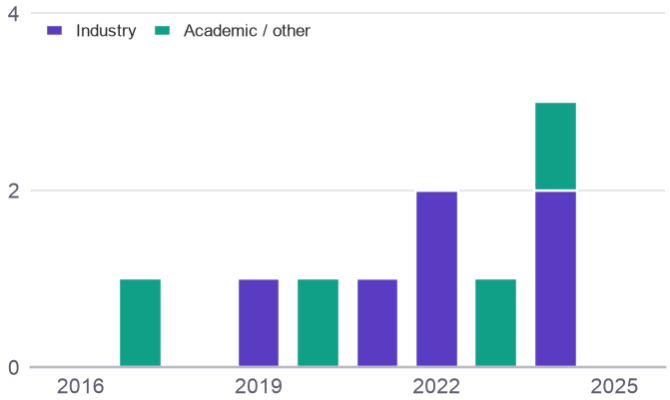
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

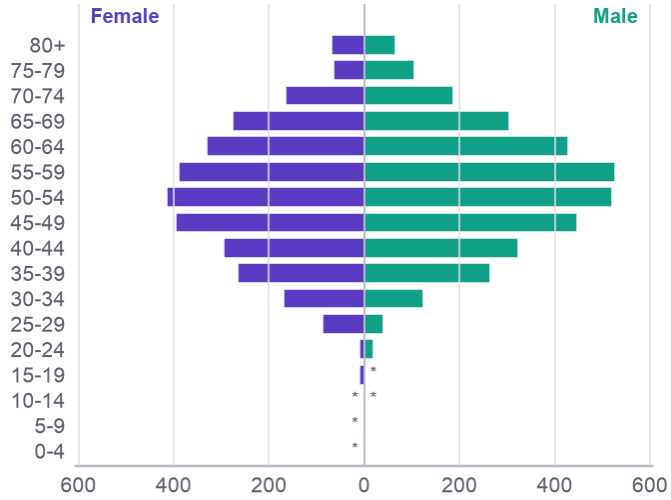
Phase 2: 6 · Phase 3: 3 · Phase 1: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

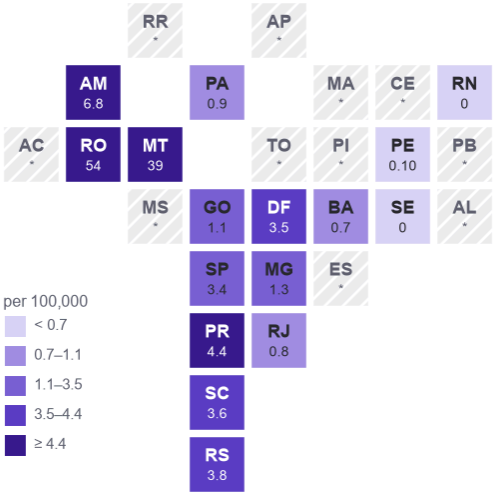
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

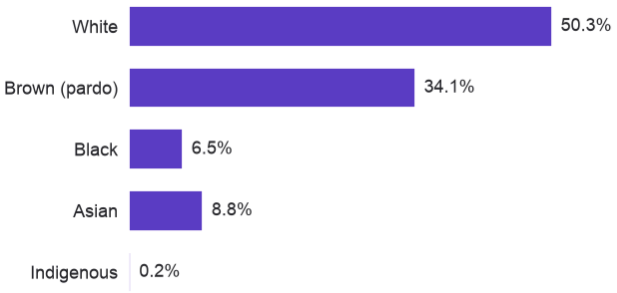
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **6,318** patients were in SUS specialised outpatient care in 2024 (3.0 per 100,000 inhabitants); **1,270** were new to the system that year (0.60 per 100,000).
- The population in care changed by **-12.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 25 of the 27 states; São Paulo, Mato Grosso and Rondônia concentrate **63%** of them. The highest rate is in Rondônia (53.6 per 100,000).
- Specialised visits and procedures took place in **242** SUS facilities; **18** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **741** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 14.0%.
- **10** interventional trials with a Brazilian site started between 2016 and 2025 (6 industry-sponsored, 3 phase 3, 3 still active). Brazil hosts 1.7% of the trials registered worldwide for this condition in the same period.

Data notes. Screening serology is excluded; antiviral treatment is supplied outside these data.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in hepatitis B? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

INFECTIOUS DISEASES

Sepsis

ICD-10: A40, A41, R572

3,797
Patients in SUS specialised care, 2024
1.8 per 100,000 (treated prevalence)

1,305
New patients in SUS, 2024
0.61 per 100,000 (SUS-recorded incidence)

185,791
SUS hospital admissions, 2024
in-hospital mortality 44.3%

38,701
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

25
Trials with a Brazilian site, 2016–25
2 industry · 5 active now

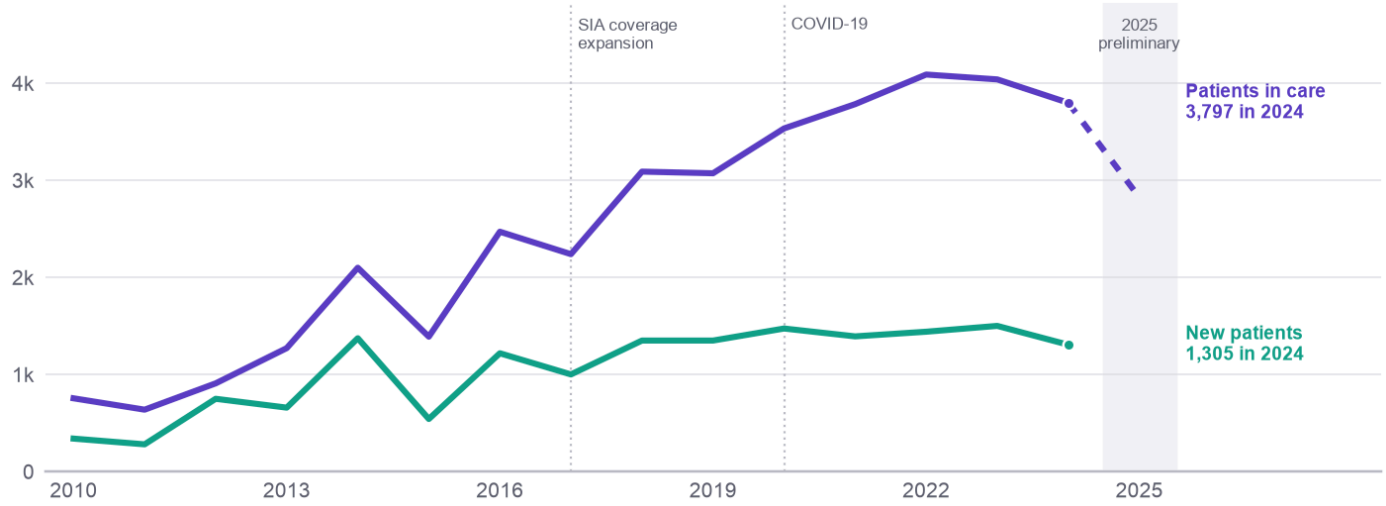
2.7%
Brazil's share of global trials
same condition, start 2016–2025

254
SUS facilities with visits or procedures
15 cover 80% of contacts

64 y · 47% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

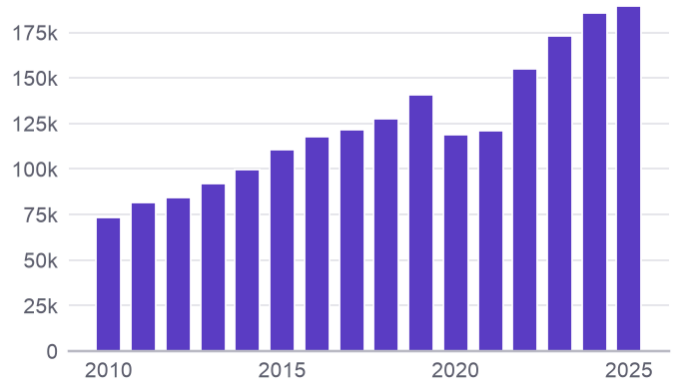
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

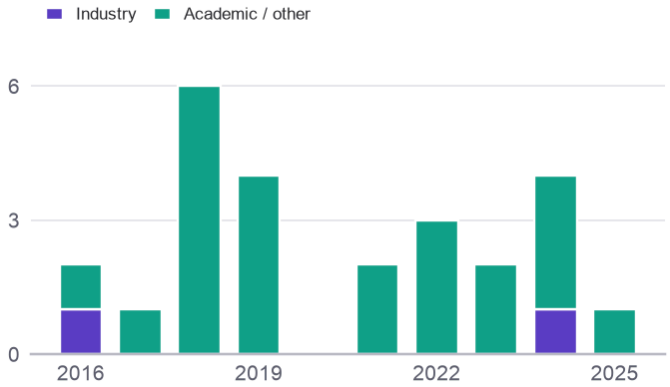
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

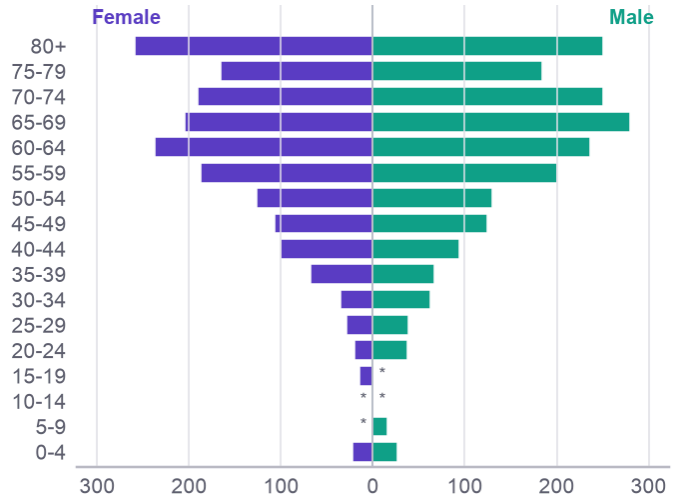
Phase 3: 8 · Not applicable: 8 · Phase 2: 8 · Phase 4: 2 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

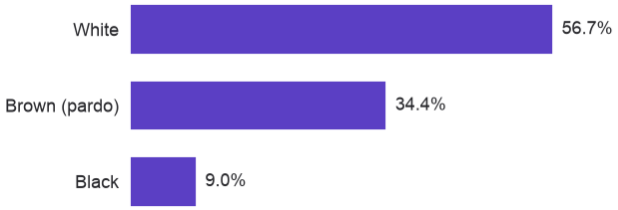
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **3,797** patients were in SUS specialised outpatient care in 2024 (1.8 per 100,000 inhabitants); **1,305** were new to the system that year (0.61 per 100,000).
- The population in care changed by **+6.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 25 of the 27 states; Paraná, São Paulo and Minas Gerais concentrate **60%** of them. The highest rate is in Paraná (7.0 per 100,000).
- Specialised visits and procedures took place in **254** SUS facilities; **15** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **185,791** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 44.3%.
- **25** interventional trials with a Brazilian site started between 2016 and 2025 (2 industry-sponsored, 8 phase 3, 5 still active). Brazil hosts 2.7% of the trials registered worldwide for this condition in the same period.

Data notes. Acute condition: hospital admissions are the more meaningful measure of burden.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in sepsis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

INFECTIOUS DISEASES

Syphilis

ICD-10: A50, A51, A52, A53

1,955
Patients in SUS specialised care, 2024
0.92 per 100,000 (treated prevalence)

1,389
New patients in SUS, 2024
0.65 per 100,000 (SUS-recorded incidence)

21,143
SUS hospital admissions, 2024
in-hospital mortality 0.3%

850
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

3
Trials with a Brazilian site, 2016–25
0 industry · 2 active now

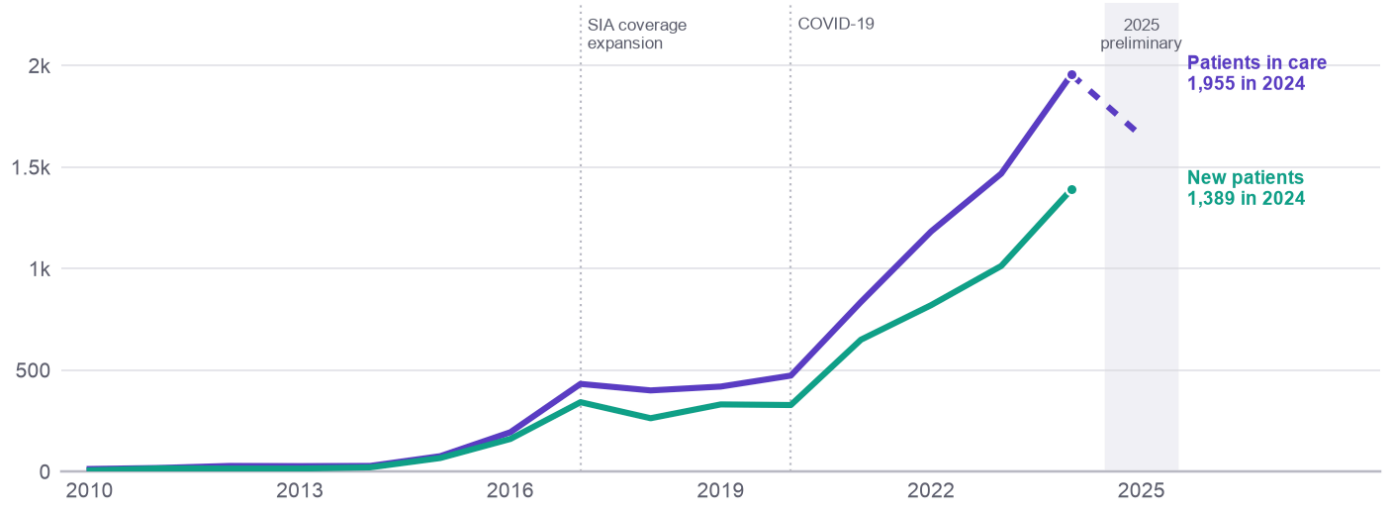
4.8%
Brazil's share of global trials
same condition, start 2016–2025

371
SUS facilities with visits or procedures
96 cover 80% of contacts

17 y · 43% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

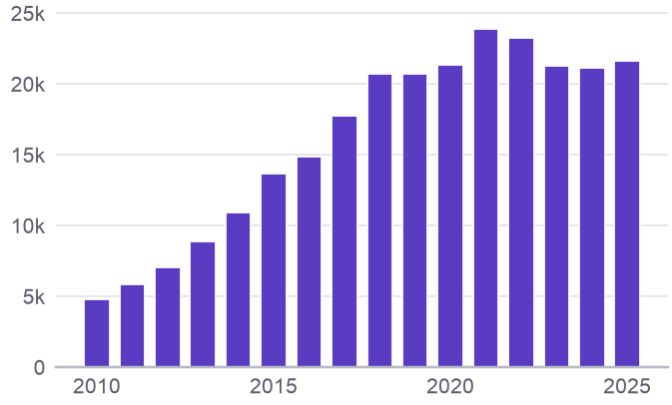
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

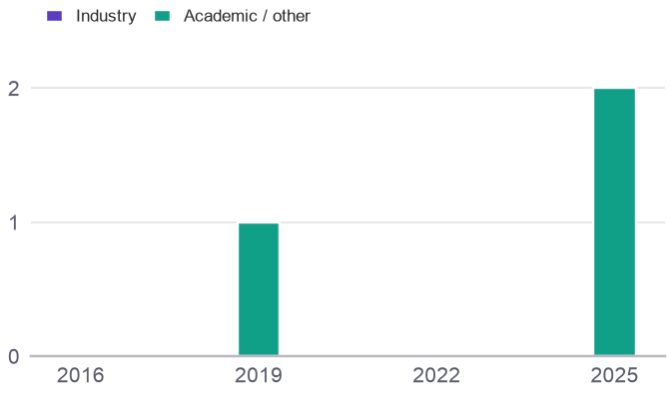
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

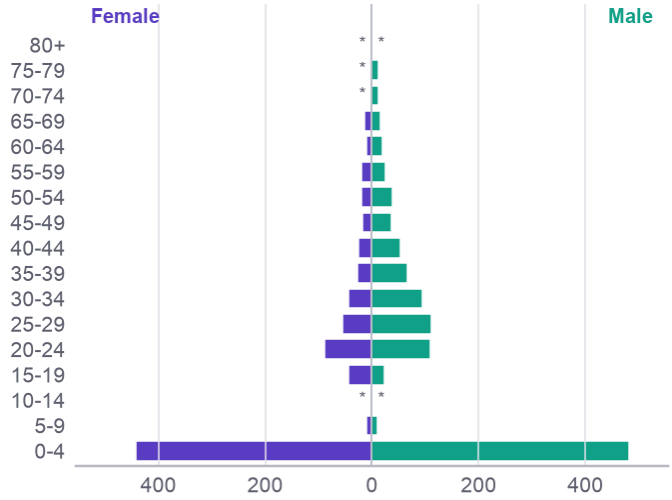
Phase 2: 2 · Phase 1: 1 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

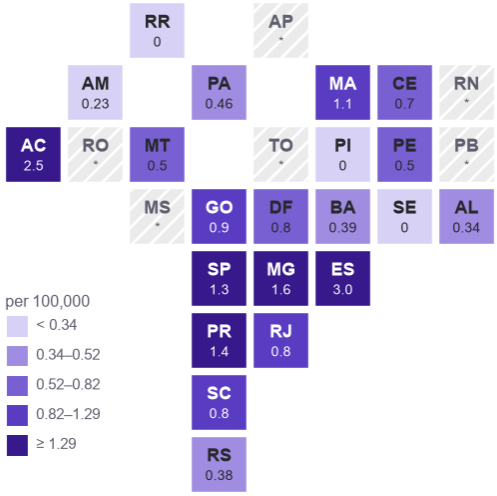
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

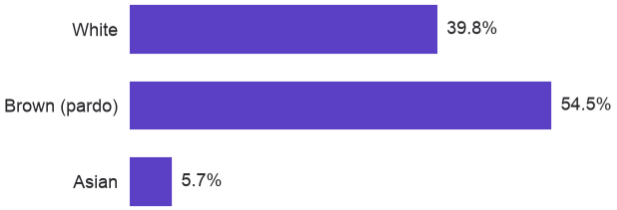
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **1,955** patients were in SUS specialised outpatient care in 2024 (0.92 per 100,000 inhabitants); **1,389** were new to the system that year (0.65 per 100,000).
- The population in care changed by **+53.5% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 24 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **56%** of them. The highest rate is in Espírito Santo (3.0 per 100,000).
- Specialised visits and procedures took place in **371** SUS facilities; **96** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **21,143** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.3%.
- **3** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 0 phase 3, 2 still active). Brazil hosts 4.8% of the trials registered worldwide for this condition in the same period.

Data notes. Screening tests (TPHA, VDRL, rapid tests) carry this code for everyone tested and are excluded. Treatment happens mostly in primary care, outside these data: the count is a floor.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in syphilis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

INFECTIOUS DISEASES

Chagas disease

ICD-10: B57

1,353
Patients in SUS specialised care, 2024
0.64 per 100,000 (treated prevalence)

598
New patients in SUS, 2024
0.28 per 100,000 (SUS-recorded incidence)

589
SUS hospital admissions, 2024
in-hospital mortality 12.2%

88
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

9
Trials with a Brazilian site, 2016–25
2 industry · 2 active now

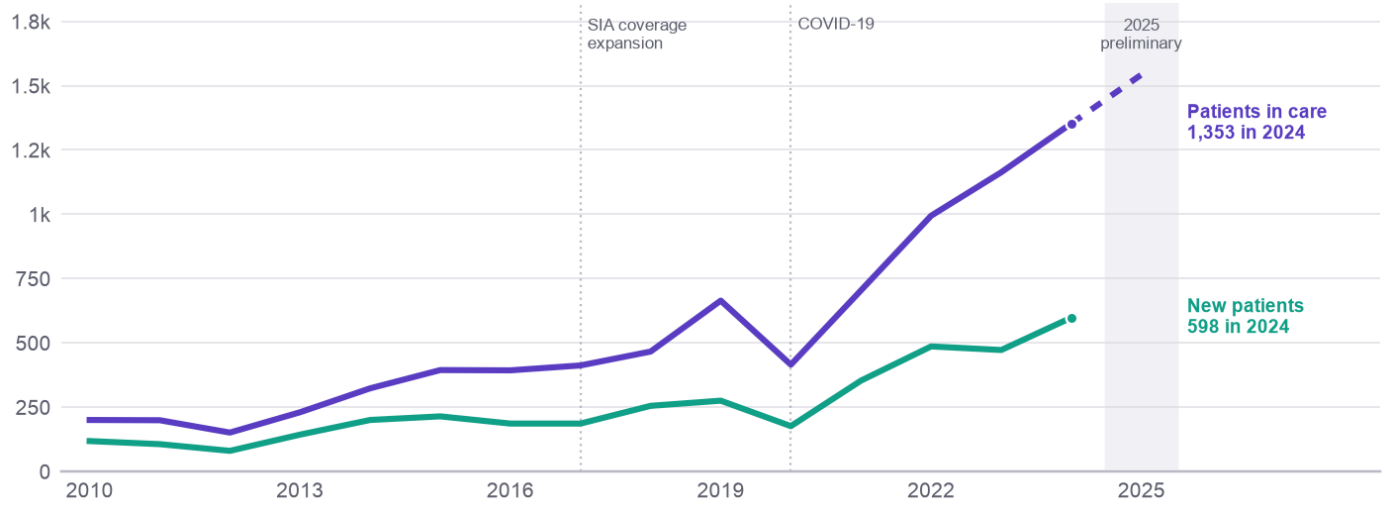
37.5%
Brazil's share of global trials
same condition, start 2016–2025

164
SUS facilities with visits or procedures
25 cover 80% of contacts

63 y · 63% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

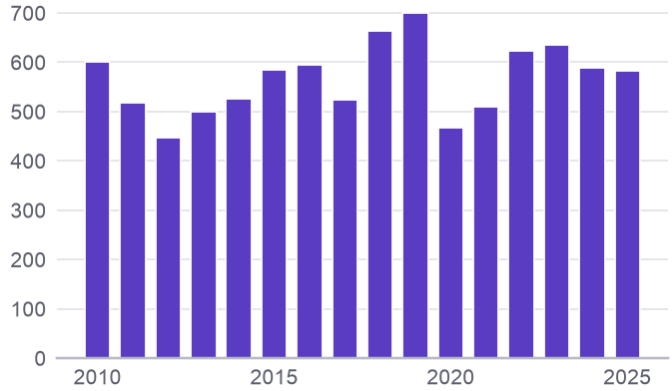
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

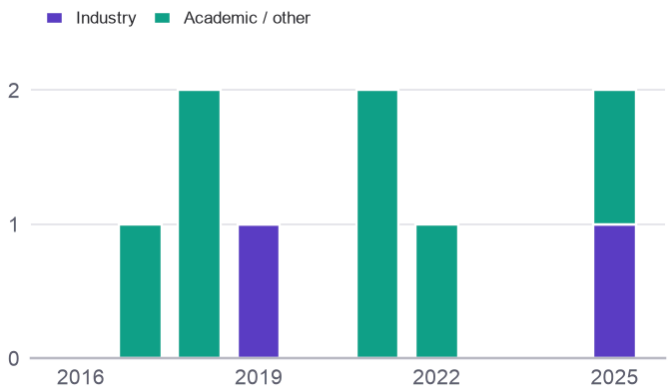
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

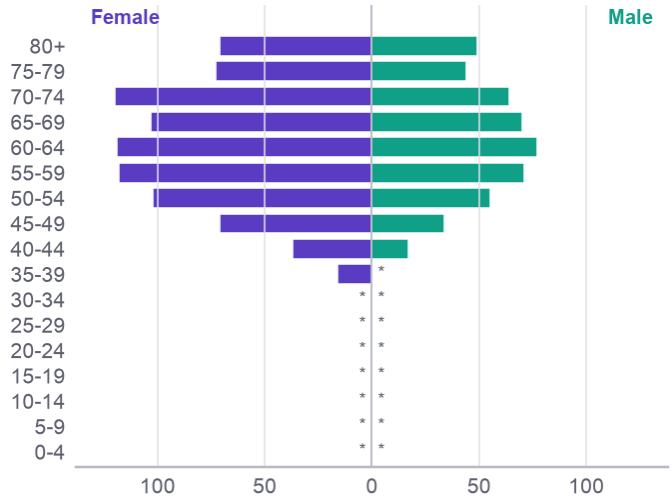
Phase 2: 4 · Phase 3: 2 · Not applicable: 2 · Phase 1: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

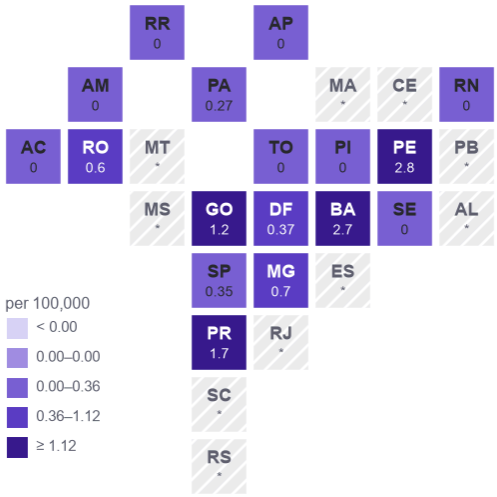
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

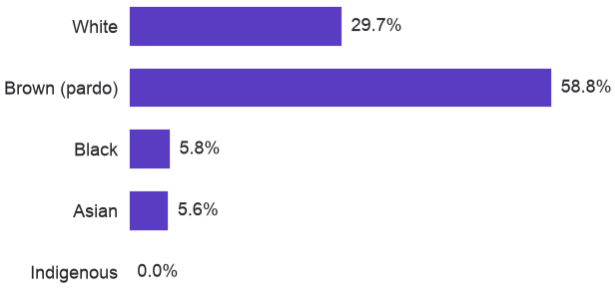
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **1,353** patients were in SUS specialised outpatient care in 2024 (0.64 per 100,000 inhabitants); **598** were new to the system that year (0.28 per 100,000).
- The population in care changed by **+15.4% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 19 of the 27 states; Bahia, Pernambuco and Paraná concentrate **64%** of them. The highest rate is in Pernambuco (2.8 per 100,000).
- Specialised visits and procedures took place in **164** SUS facilities; **25** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **589** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 12.2%.
- **9** interventional trials with a Brazilian site started between 2016 and 2025 (2 industry-sponsored, 2 phase 3, 2 still active). Brazil hosts 37.5% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in Chagas disease? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

INFECTIOUS DISEASES

Leishmaniasis

ICD-10: B55

988
Patients in SUS specialised care, 2024
0.46 per 100,000 (treated prevalence)

589
New patients in SUS, 2024
0.28 per 100,000 (SUS-recorded incidence)

2,101
SUS hospital admissions, 2024
in-hospital mortality 3.0%

84
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

6
Trials with a Brazilian site, 2016–25
0 industry · 0 active now

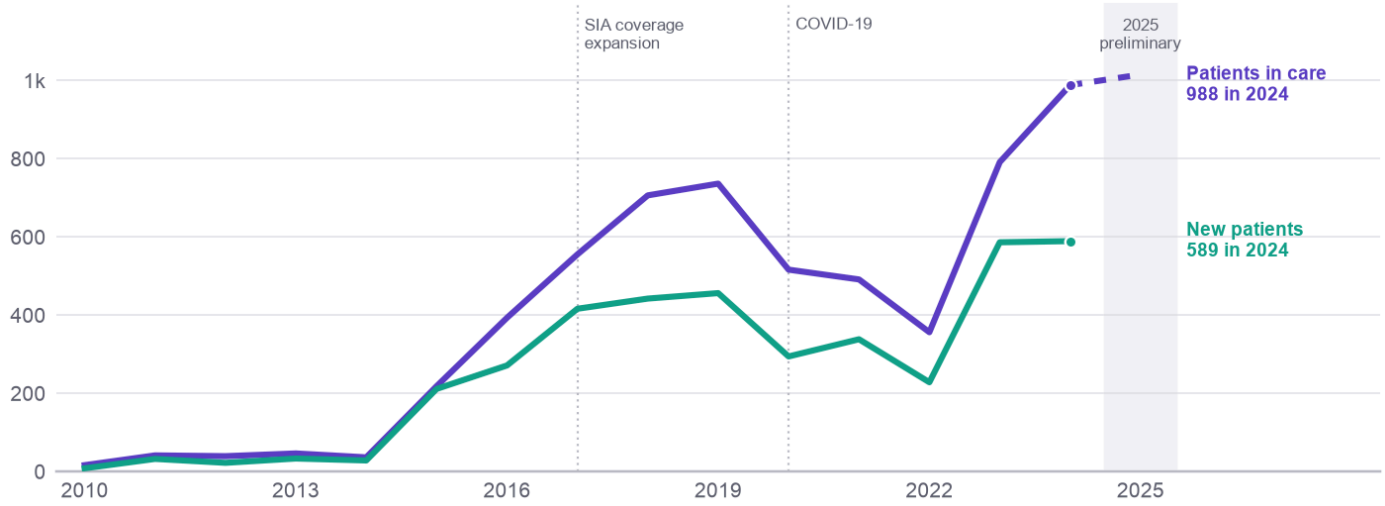
12.0%
Brazil's share of global trials
same condition, start 2016–2025

117
SUS facilities with visits or procedures
11 cover 80% of contacts

54 y · 34% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

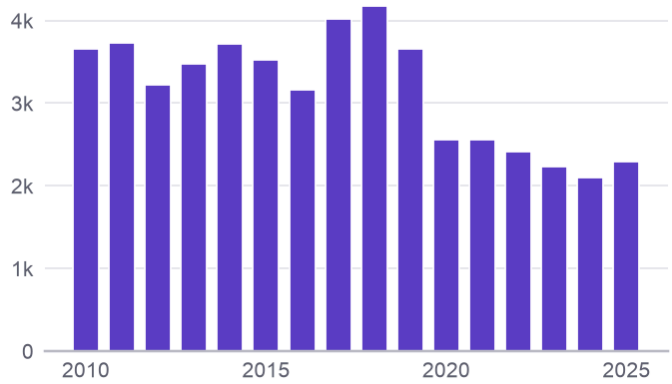
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

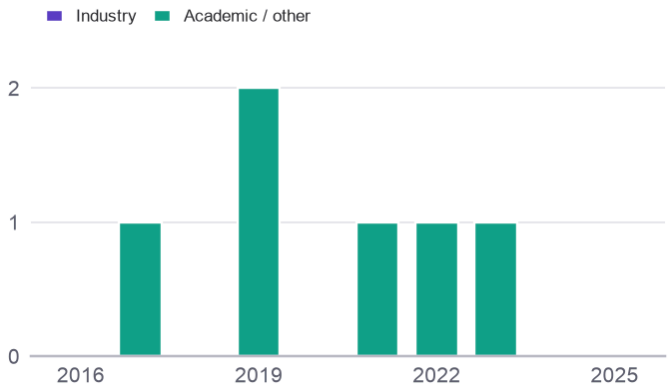
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

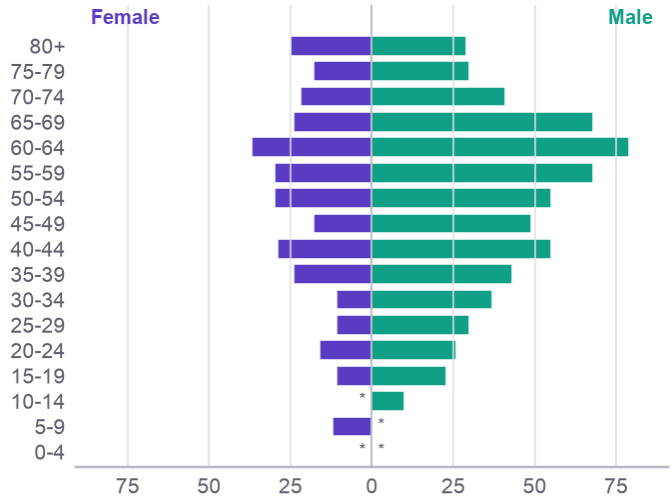
Phase 2: 4 · Phase 3: 4 · Phase 1: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

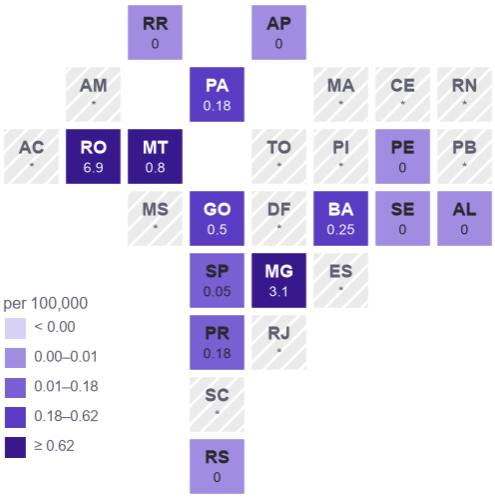
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

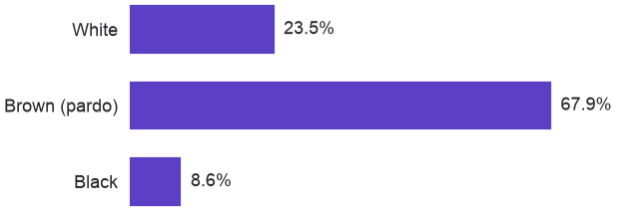
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **988** patients were in SUS specialised outpatient care in 2024 (0.46 per 100,000 inhabitants); **589** were new to the system that year (0.28 per 100,000).
- The population in care changed by **+39.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Specialised visits and procedures took place in **117** SUS facilities; **11** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **2,101** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 3.0%.
- **6** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 4 phase 3, 0 still active). Brazil hosts 12.0% of the trials registered worldwide for this condition in the same period.

Data notes. Rare in SUS care (fewer than 1,000 patients a year): no state × age × sex cross-tabulation is published.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in leishmaniasis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

INFECTIOUS DISEASES

Malaria

ICD-10: B50, B51, B52, B53, B54

577
Patients in SUS specialised care, 2024
0.27 per 100,000 (treated prevalence)

238
New patients in SUS, 2024
0.11 per 100,000 (SUS-recorded incidence)

1,886
SUS hospital admissions, 2024
in-hospital mortality 1.0%

78
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

10
Trials with a Brazilian site, 2016–25
0 industry · 3 active now

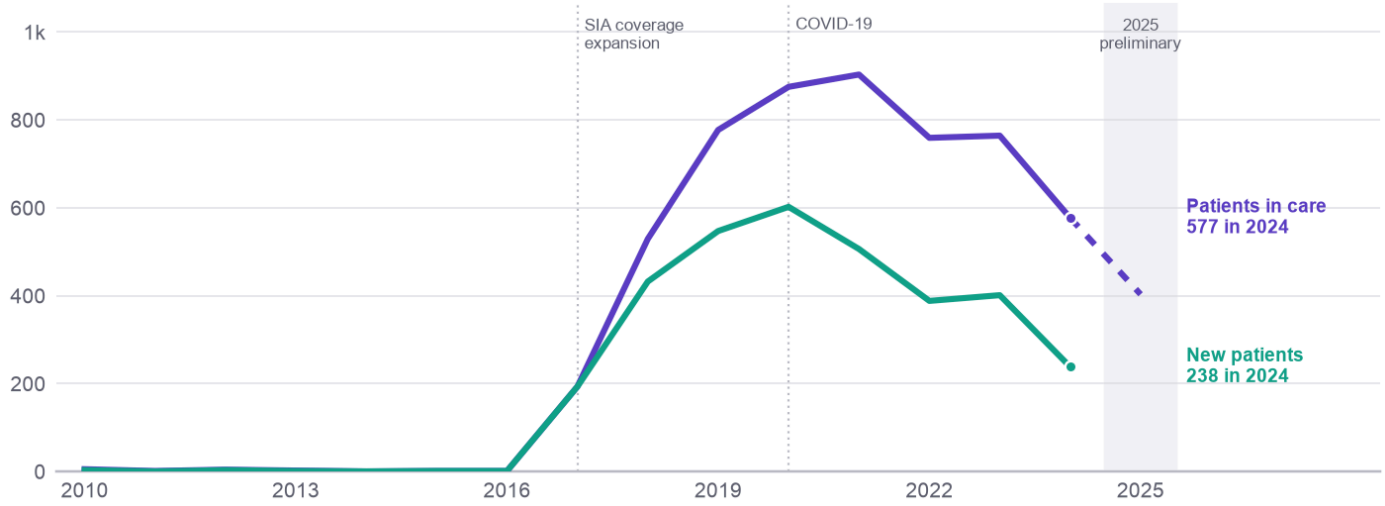
2.1%
Brazil's share of global trials
same condition, start 2016–2025

25
SUS facilities with visits or procedures
<10 cover 80% of contacts

41 y · 33% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

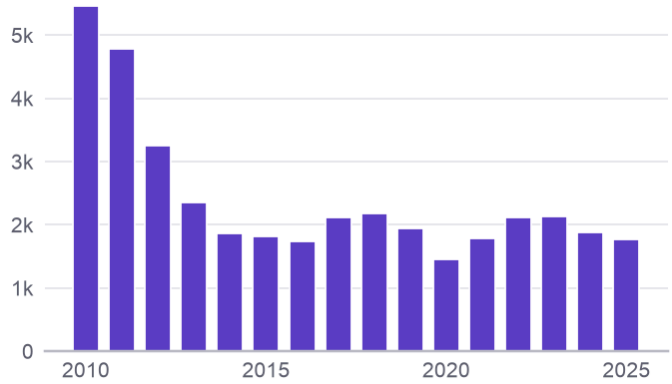
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

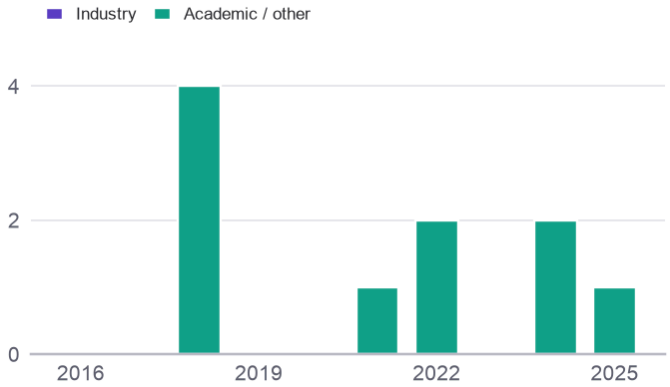
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

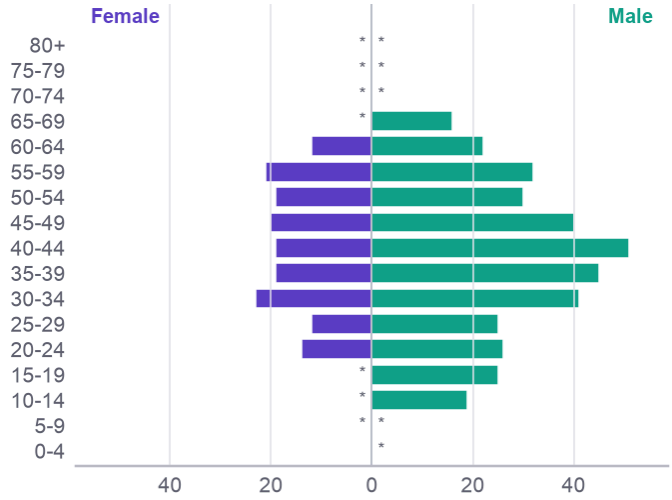
Not applicable: 4 · Phase 3: 2 · Phase 2: 2 · Phase 4: 1 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

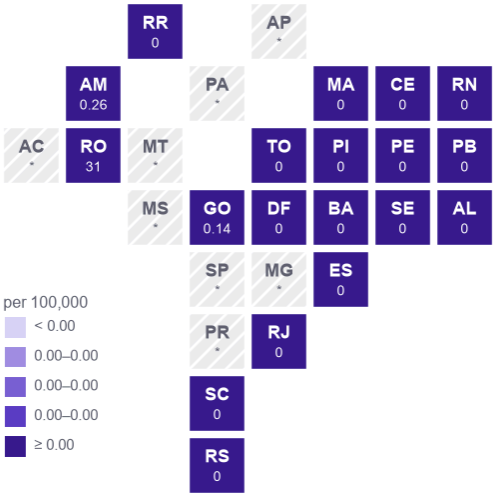
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

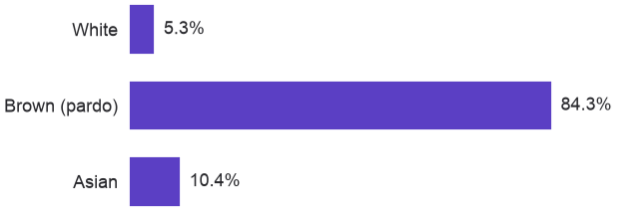
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **577** patients were in SUS specialised outpatient care in 2024 (0.27 per 100,000 inhabitants); **238** were new to the system that year (0.11 per 100,000).
- Specialised visits and procedures took place in **25** SUS facilities; **<10** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **1,886** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.0%.
- **10** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 2 phase 3, 3 still active). Brazil hosts 2.1% of the trials registered worldwide for this condition in the same period.

Data notes. Concentrated in the Amazon region; the 2017 expansion of outpatient records multiplied the recorded series. Rare in SUS care (fewer than 1,000 patients a year): no state × age × sex cross-tabulation is published.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in malaria? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

INFECTIOUS DISEASES

Chikungunya

ICD-10: A920

237
Patients in SUS specialised care, 2024
0.11 per 100,000 (treated prevalence)

176
New patients in SUS, 2024
0.08 per 100,000 (SUS-recorded incidence)

596
SUS hospital admissions, 2024
in-hospital mortality 1.3%

479
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

5
Trials with a Brazilian site, 2016–25
0 industry · 0 active now

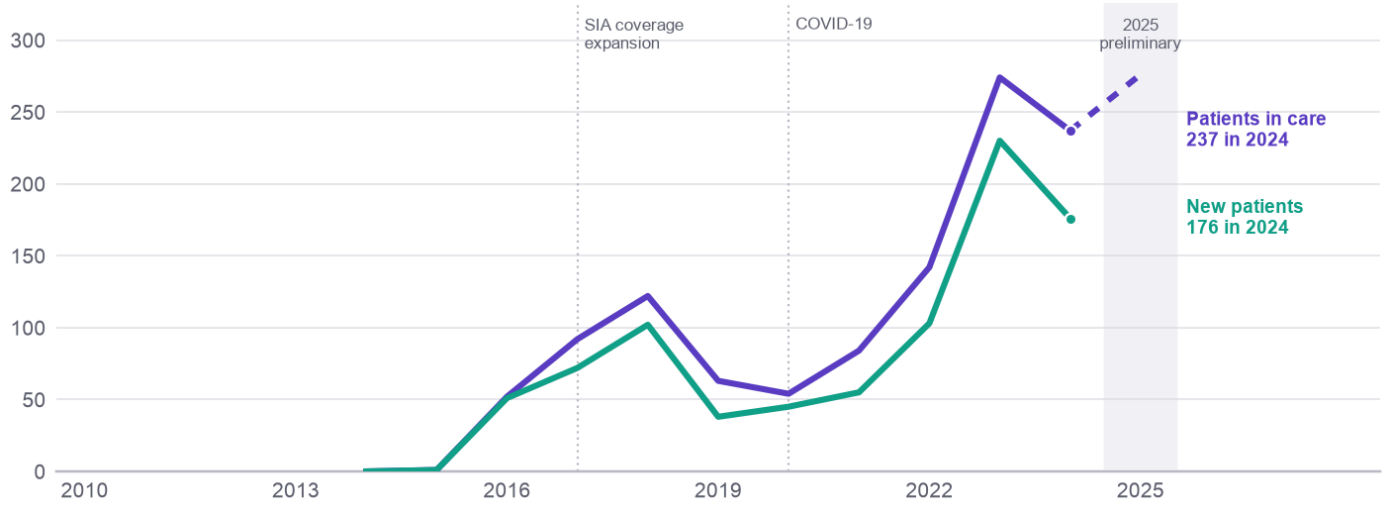
11.8%
Brazil's share of global trials
same condition, start 2016–2025

70
SUS facilities with visits or procedures
31 cover 80% of contacts

51 y · 78% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

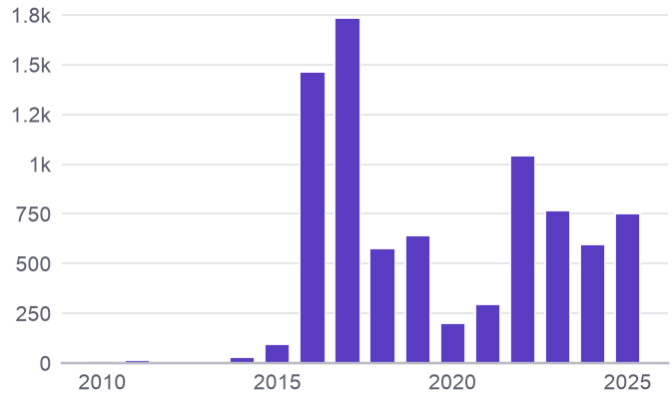
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

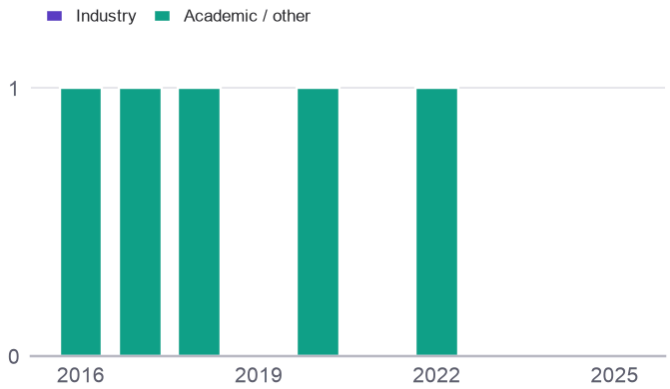
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

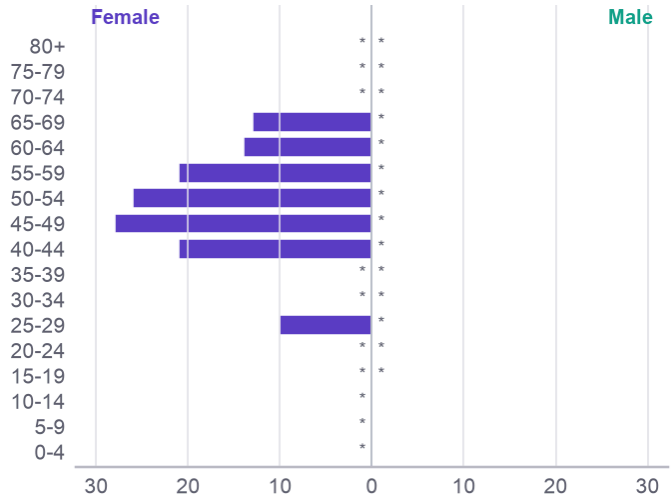
Not applicable: 3 · Early phase 1: 1 · Phase 3: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

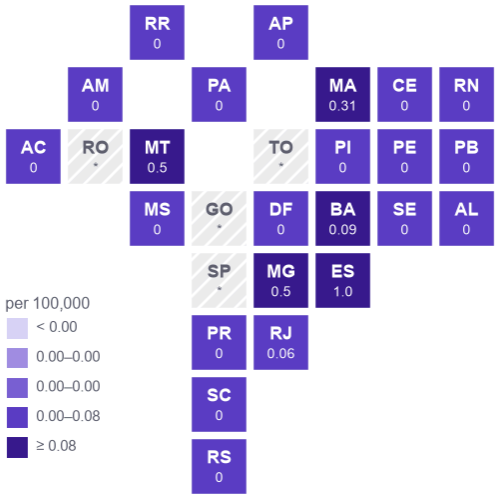
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

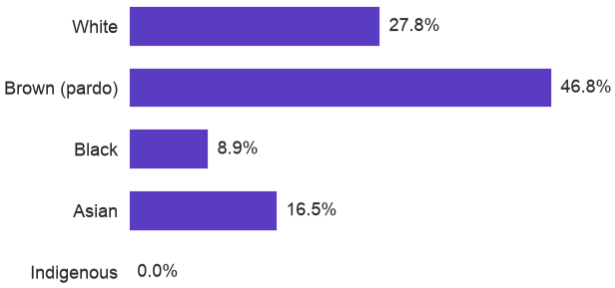
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **237** patients were in SUS specialised outpatient care in 2024 (0.11 per 100,000 inhabitants); **176** were new to the system that year (0.08 per 100,000).
- Specialised visits and procedures took place in **70** SUS facilities; **31** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **596** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.3%.
- **5** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 1 phase 3, 0 still active). Brazil hosts 11.8% of the trials registered worldwide for this condition in the same period.

Data notes. Acute condition: hospital admissions are the more meaningful measure of burden. Rare in SUS care (fewer than 1,000 patients a year): no state × age × sex cross-tabulation is published.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in chikungunya? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Immunology and rheumatology

15 conditions · 294 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Osteoarthritis	238,760	112.3	117,627	38,817	55	2.1%	158
Rheumatoid arthritis	234,207	110.2	41,099	8,561	25	3.9%	160
Osteoporosis	75,203	35.4	13,160	574	2	0.4%	162
Systemic lupus erythematosus	74,666	35.1	12,407	3,426	51	8.1%	164
Ulcerative colitis	74,437	35.0	13,574	3,490	32	4.2%	166
Psoriasis	57,206	26.9	16,936	224	10	1.9%	168
Axial spondyloarthritis	46,938	22.1	7,898	834	8	3.8%	170
Crohn's disease	42,638	20.1	5,767	4,325	34	4.7%	172
Psoriatic arthritis	32,840	15.4	6,587	331	12	5.9%	174
Juvenile idiopathic arthritis	7,748	3.6	1,773	1,165	11	8.8%	176
Systemic sclerosis	6,090	2.9	1,589	806	12	3.7%	178
Atopic dermatitis	5,426	2.6	3,252	1,067	28	3.1%	180
Inflammatory myopathies	3,530	1.7	880	659	16	8.1%	182
Chronic urticaria	3,187	1.5	1,744	2,859	8	6.6%	184
Sjögren's disease	1,001	0.47	422	136	20	12.5%	186

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

IMMUNOLOGY AND RHEUMATOLOGY

Osteoarthritis

ICD-10: M15, M16, M17, M18, M19

238,760
Patients in SUS specialised care, 2024
112.3 per 100,000 (treated prevalence)

117,627
New patients in SUS, 2024
55.3 per 100,000 (SUS-recorded incidence)

38,817
SUS hospital admissions, 2024
in-hospital mortality 0.2%

47,827
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

55
Trials with a Brazilian site, 2016–25
5 industry · 9 active now

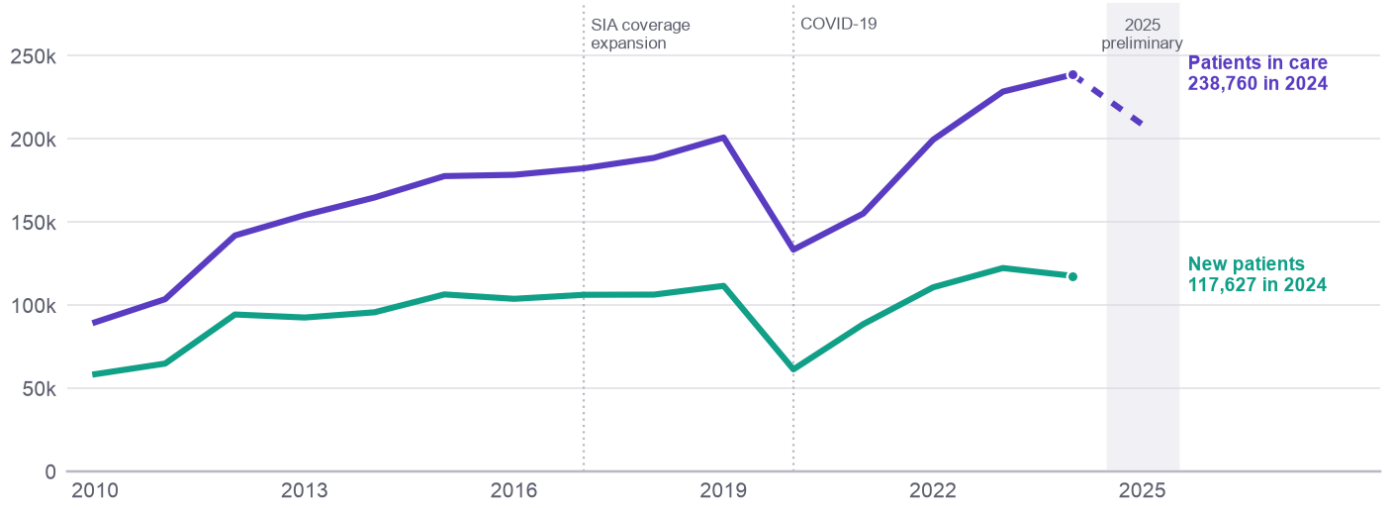
2.1%
Brazil's share of global trials
same condition, start 2016–2025

5,667
SUS facilities with visits or procedures
1,253 cover 80% of contacts

64 y · 73% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

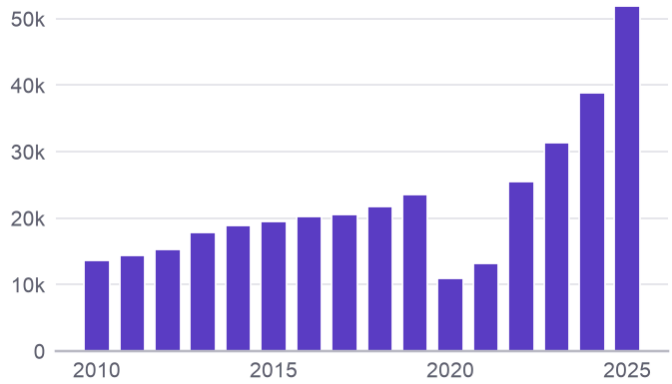
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

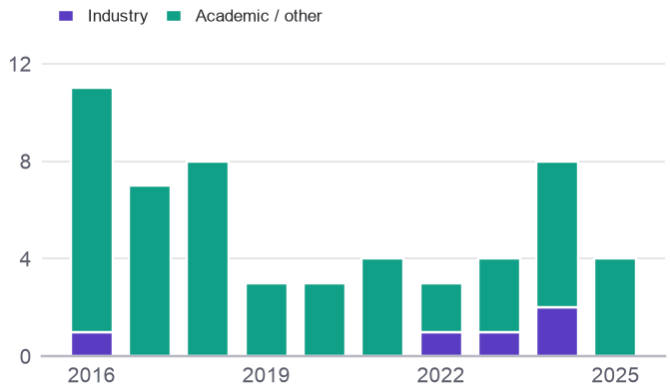
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

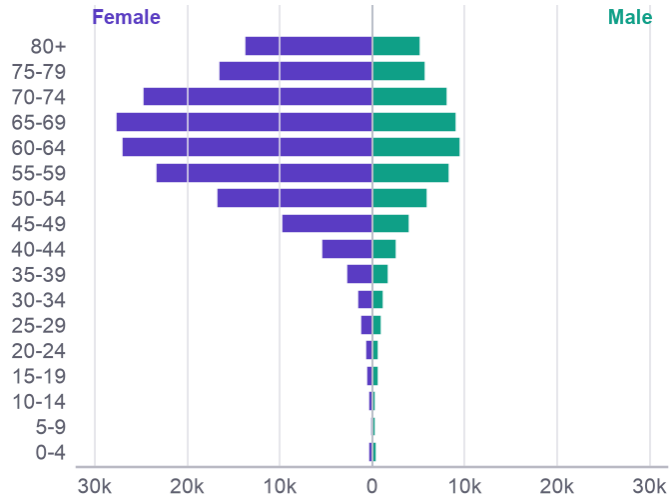
Not applicable: 39 · Phase 3: 7 · Phase 2: 7 · Phase 4: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

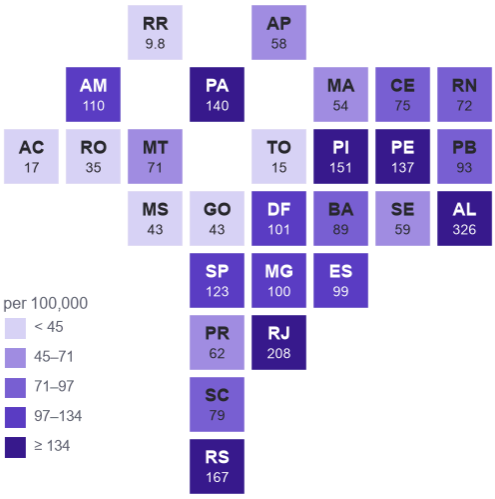
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

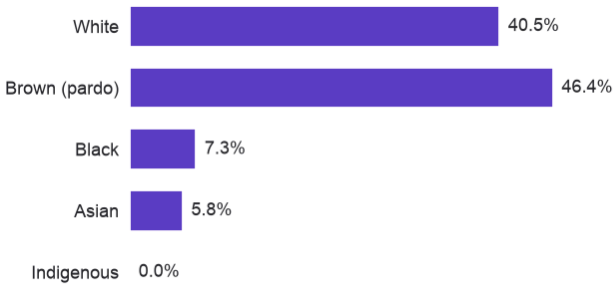
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **238,760** patients were in SUS specialised outpatient care in 2024 (112.3 per 100,000 inhabitants); **117,627** were new to the system that year (55.3 per 100,000).
- The population in care changed by **+3.8% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Minas Gerais concentrate **48%** of them. The highest rate is in Alagoas (326.0 per 100,000).
- Specialised visits and procedures took place in **5,667** SUS facilities; **1,253** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **38,817** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.2%.
- **55** interventional trials with a Brazilian site started between 2016 and 2025 (5 industry-sponsored, 7 phase 3, 9 still active). Brazil hosts 2.1% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care. Trials in Brazil for this condition are almost entirely academic (physiotherapy, behavioural or device studies).

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in osteoarthritis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

IMMUNOLOGY AND RHEUMATOLOGY

Rheumatoid arthritis

ICD-10: M05, M06

234,207
Patients in SUS specialised care, 2024
110.2 per 100,000 (treated prevalence)

41,099
New patients in SUS, 2024
19.3 per 100,000 (SUS-recorded incidence)

8,561
SUS hospital admissions, 2024
in-hospital mortality 0.5%

1,076
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

25
Trials with a Brazilian site, 2016–25
17 industry · 7 active now

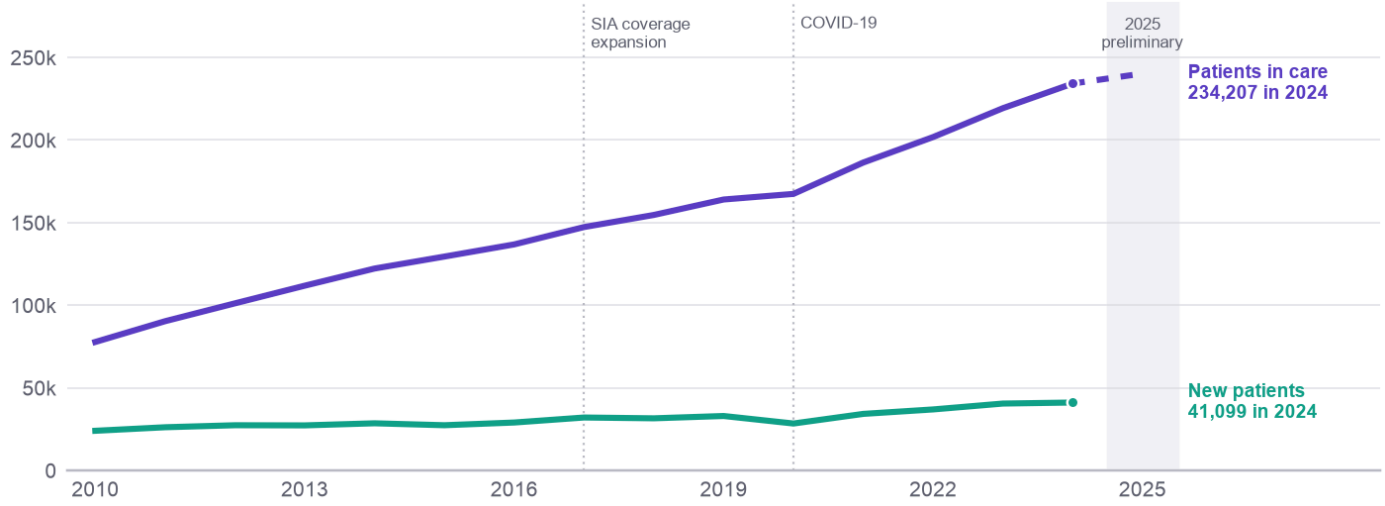
3.9%
Brazil's share of global trials
same condition, start 2016–2025

2,424
SUS facilities with visits or procedures
302 cover 80% of contacts · plus 222 CEAF pharmacies

60 y · 85% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

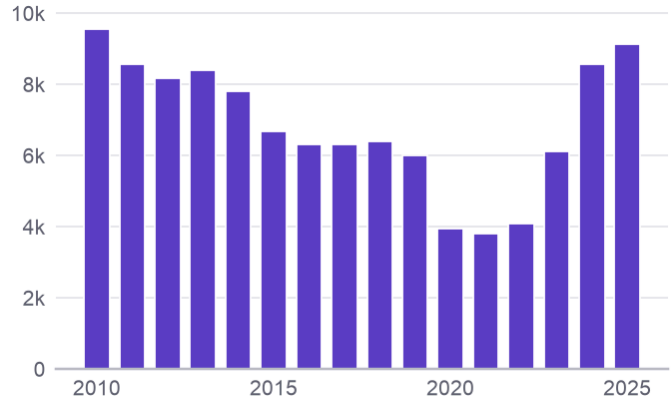
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

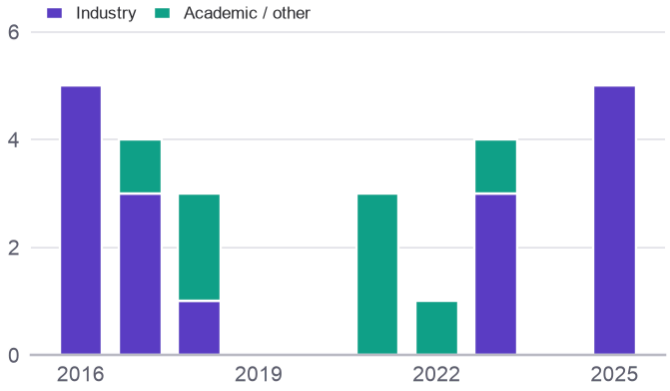
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

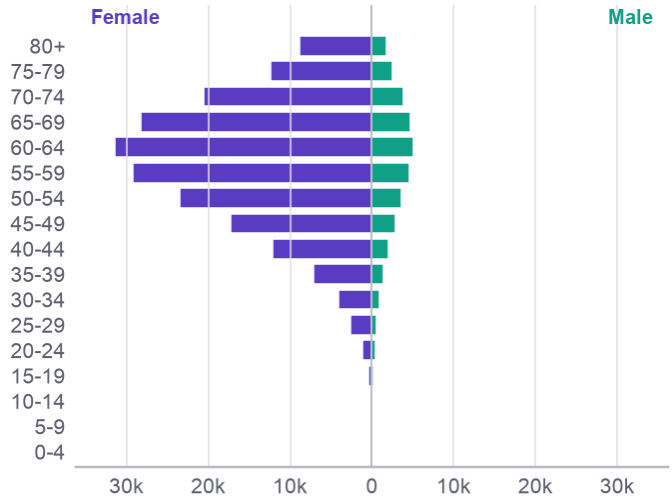
Phase 3: 8 · Phase 2: 7 · Not applicable: 6 · Phase 4: 2 · Phase 1: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

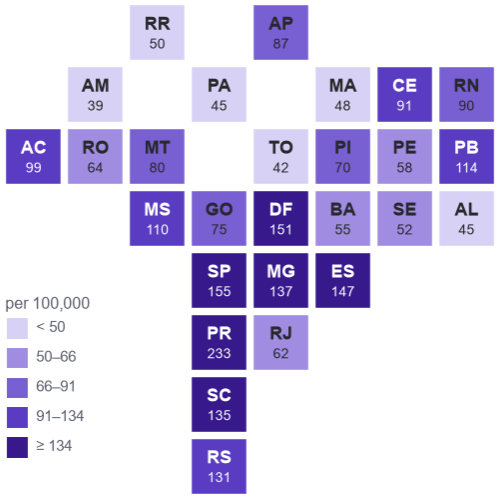
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

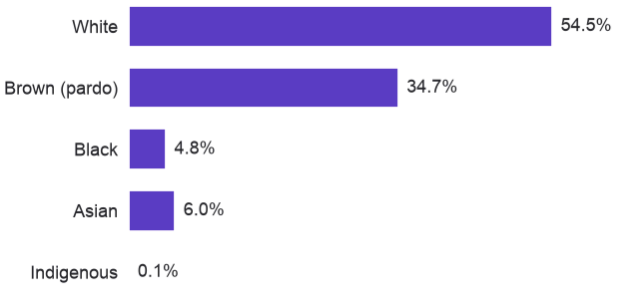
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

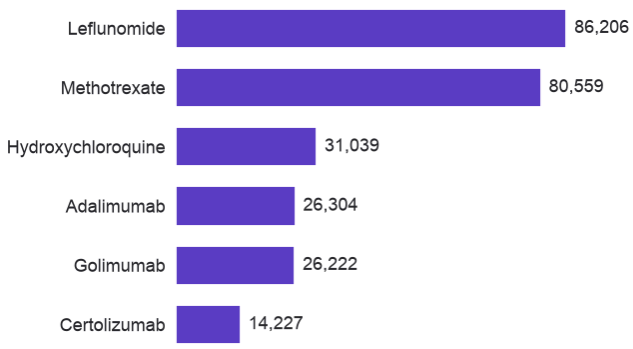
Share among patients with race/colour recorded (85% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **234,207** patients were in SUS specialised outpatient care in 2024 (110.2 per 100,000 inhabitants); **41,099** were new to the system that year (19.3 per 100,000).
- The population in care changed by **+6.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **55%** of them. The highest rate is in Paraná (232.9 per 100,000).
- Specialised visits and procedures took place in **2,424** SUS facilities; **302** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 222 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: leflunomide (86,206 patients) and methotrexate (80,559 patients).
- **8,561** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.5%.
- **25** interventional trials with a Brazilian site started between 2016 and 2025 (17 industry-sponsored, 8 phase 3, 7 still active). Brazil hosts 3.9% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in rheumatoid arthritis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

Osteoporosis

ICD-10: M80, M81

75,203
Patients in SUS specialised care, 2024
35.4 per 100,000 (treated prevalence)

13,160
New patients in SUS, 2024
6.2 per 100,000 (SUS-recorded incidence)

574
SUS hospital admissions, 2024
in-hospital mortality 0.7%

738
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

2
Trials with a Brazilian site, 2016–25
0 industry · 0 active now

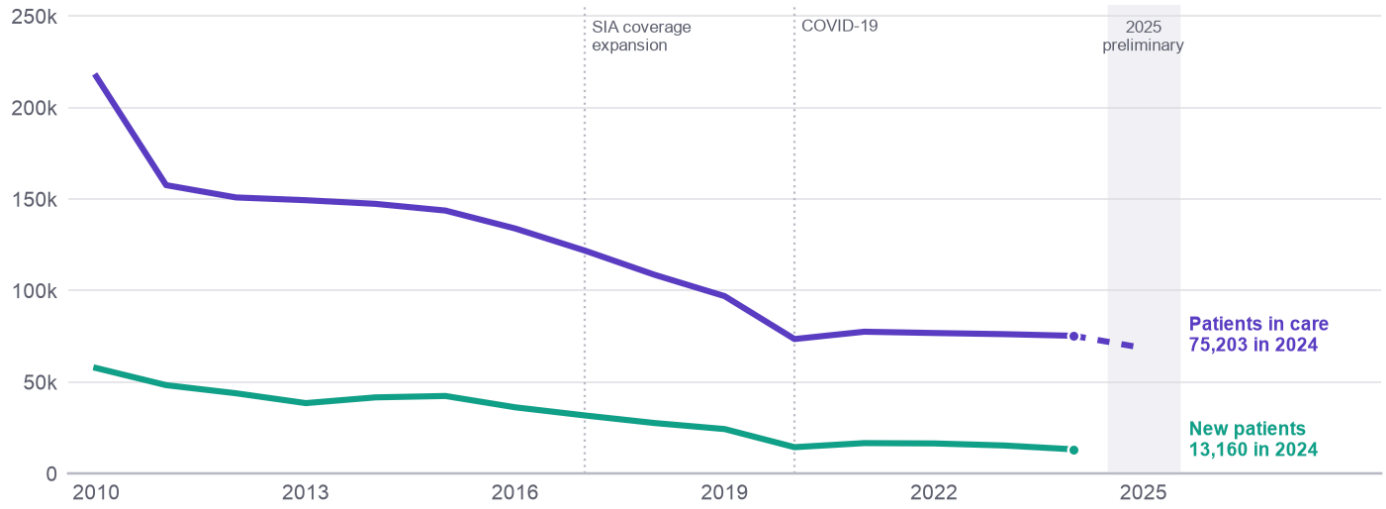
0.4%
Brazil's share of global trials
same condition, start 2016–2025

1,216
SUS facilities with visits or procedures
57 cover 80% of contacts · plus 187 CEAF pharmacies

70 y · 95% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

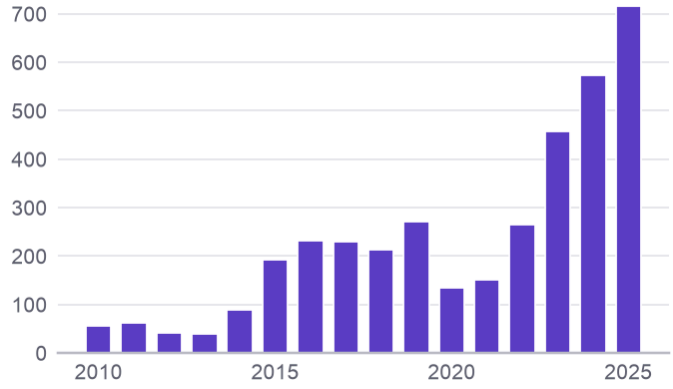
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

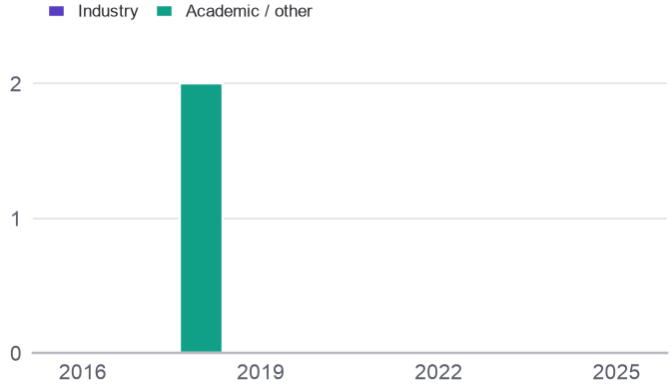
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

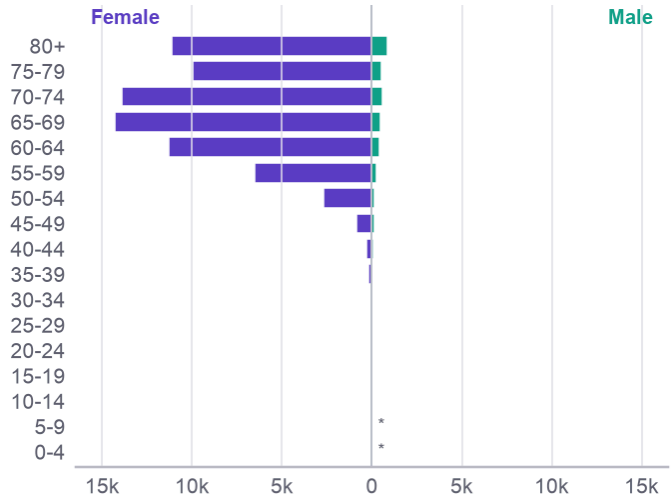
Not applicable: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

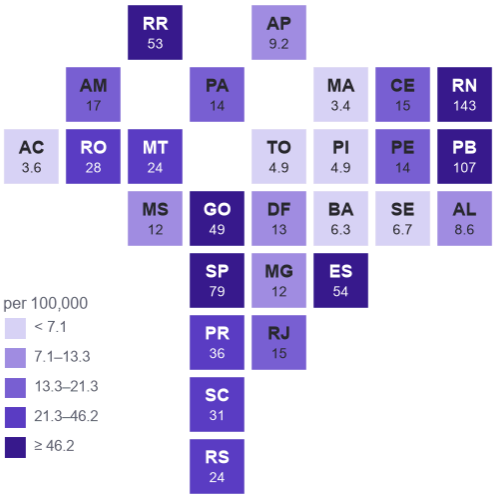
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

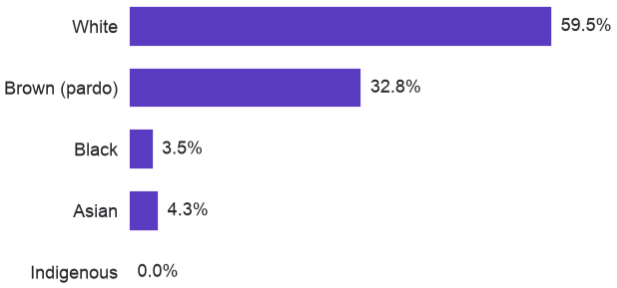
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

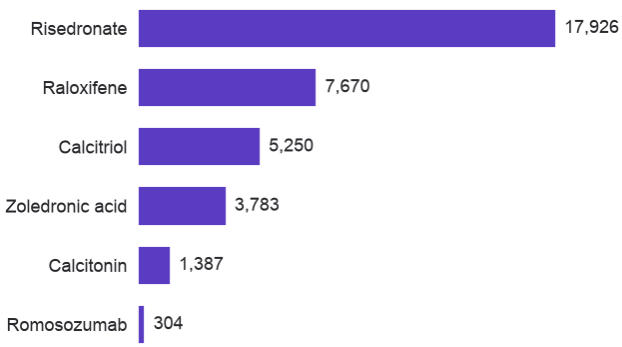
Share among patients with race/colour recorded (94% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **75,203** patients were in SUS specialised outpatient care in 2024 (35.4 per 100,000 inhabitants); **13,160** were new to the system that year (6.2 per 100,000).
- The population in care changed by **-6.5% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio Grande do Norte and Paraíba concentrate **61%** of them. The highest rate is in Rio Grande do Norte (143.4 per 100,000).
- Specialised visits and procedures took place in **1,216** SUS facilities; **57** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 187 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: risedronate (17,926 patients) and raloxifene (7,670 patients).
- **574** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.7%.
- **2** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 0 phase 3, 0 still active). Brazil hosts 0.4% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in osteoporosis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

IMMUNOLOGY AND RHEUMATOLOGY

Systemic lupus erythematosus

ICD-10: M32

74,666
Patients in SUS specialised care, 2024
35.1 per 100,000 (treated prevalence)

12,407
New patients in SUS, 2024
5.8 per 100,000 (SUS-recorded incidence)

3,426
SUS hospital admissions, 2024
in-hospital mortality 1.2%

924
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

51
Trials with a Brazilian site, 2016–25
43 industry · 28 active now

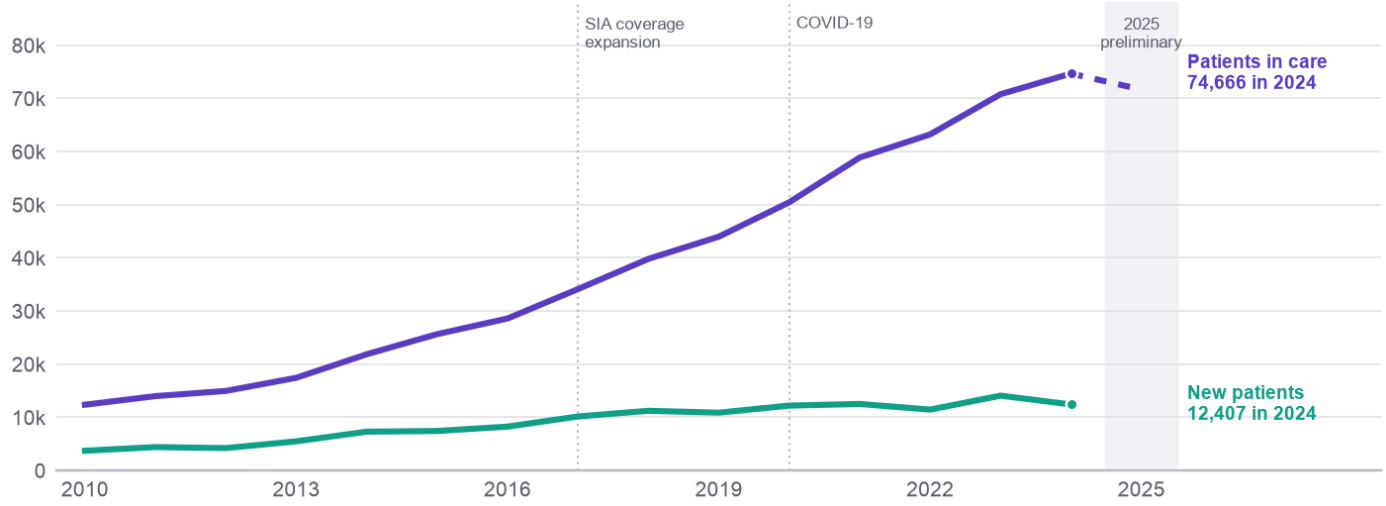
8.1%
Brazil's share of global trials
same condition, start 2016–2025

844
SUS facilities with visits or procedures
104 cover 80% of contacts · plus 225 CEAF pharmacies

45 y · 91% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

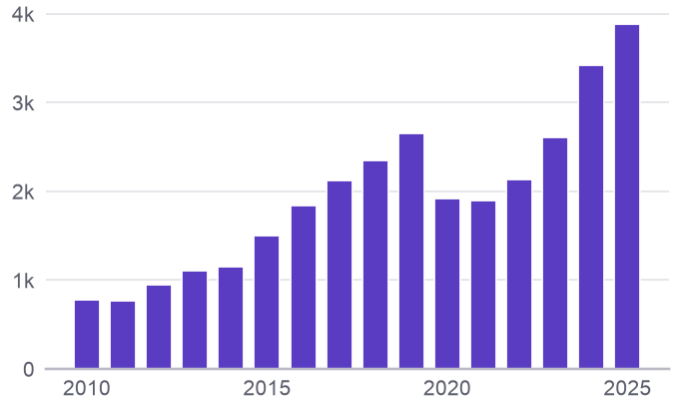
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

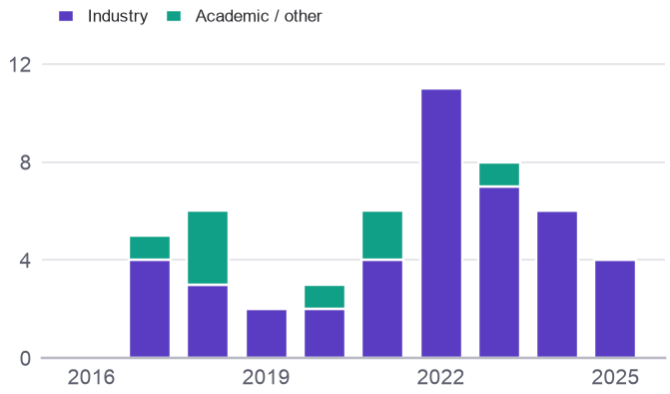
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

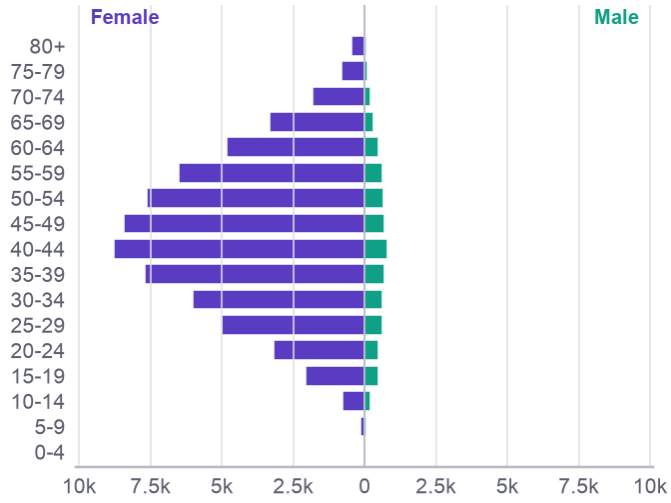
Phase 3: 22 · Phase 2: 18 · Phase 4: 5 · Not applicable: 4 · Phase 1: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

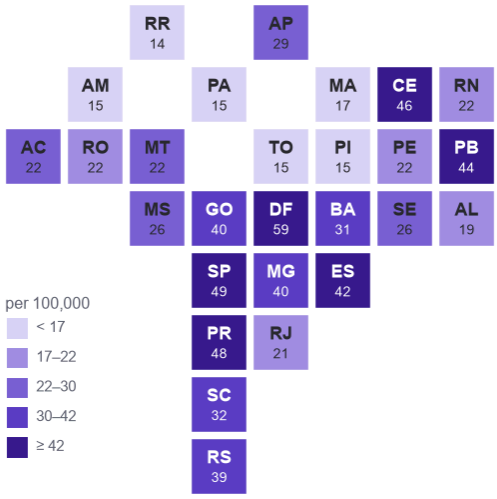
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

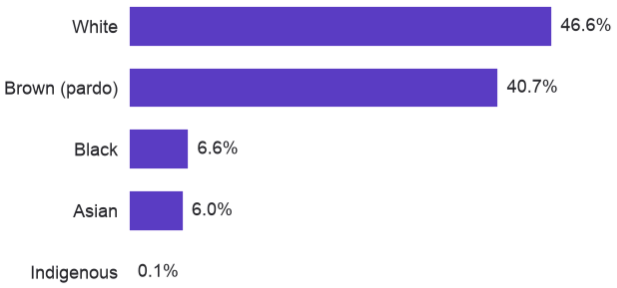
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

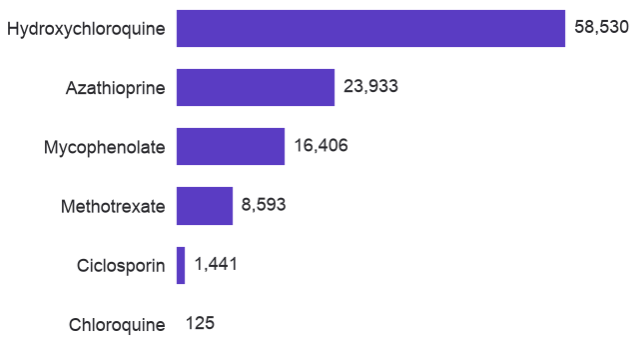
Share among patients with race/colour recorded (89% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **74,666** patients were in SUS specialised outpatient care in 2024 (35.1 per 100,000 inhabitants); **12,407** were new to the system that year (5.8 per 100,000).
- The population in care changed by **+13.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **49%** of them. The highest rate is in Distrito Federal (58.6 per 100,000).
- Specialised visits and procedures took place in **844** SUS facilities; **104** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 225 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: hydroxychloroquine (58,530 patients) and azathioprine (23,933 patients).
- **3,426** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.2%.
- **51** interventional trials with a Brazilian site started between 2016 and 2025 (43 industry-sponsored, 22 phase 3, 28 still active). Brazil hosts 8.1% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in systemic lupus erythematosus? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

IMMUNOLOGY AND RHEUMATOLOGY

Ulcerative colitis

ICD-10: K51

74,437
Patients in SUS specialised care, 2024
35.0 per 100,000 (treated prevalence)

13,574
New patients in SUS, 2024
6.4 per 100,000 (SUS-recorded incidence)

3,490
SUS hospital admissions, 2024
in-hospital mortality 2.5%

2,603
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

32
Trials with a Brazilian site, 2016–25
32 industry · 21 active now

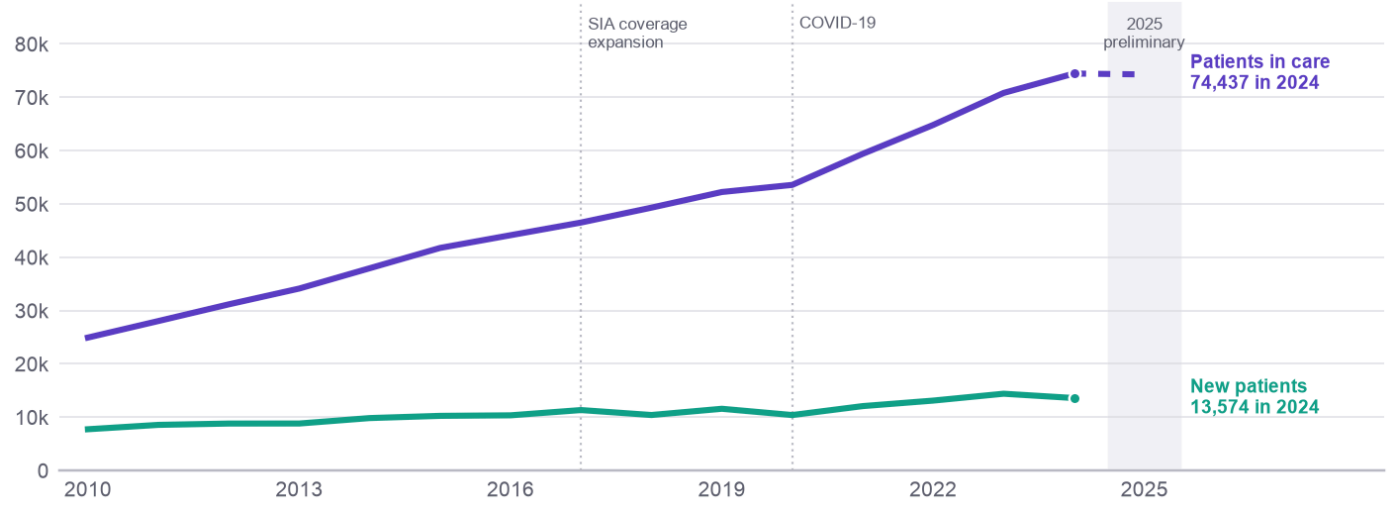
4.2%
Brazil's share of global trials
same condition, start 2016–2025

633
SUS facilities with visits or procedures
106 cover 80% of contacts · plus 214 CEAF pharmacies

51 y · 62% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

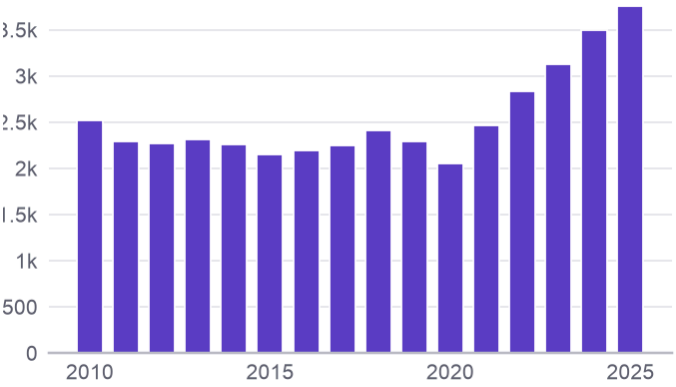
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

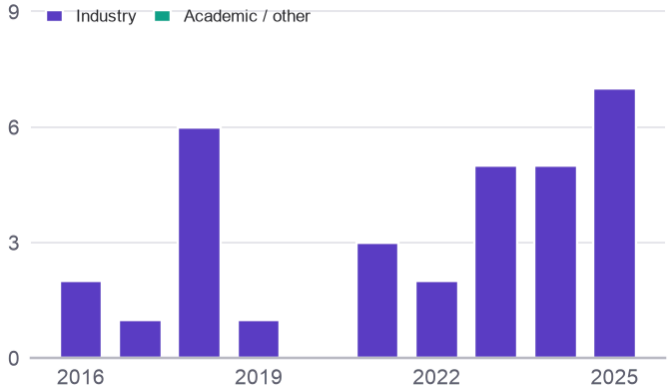
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

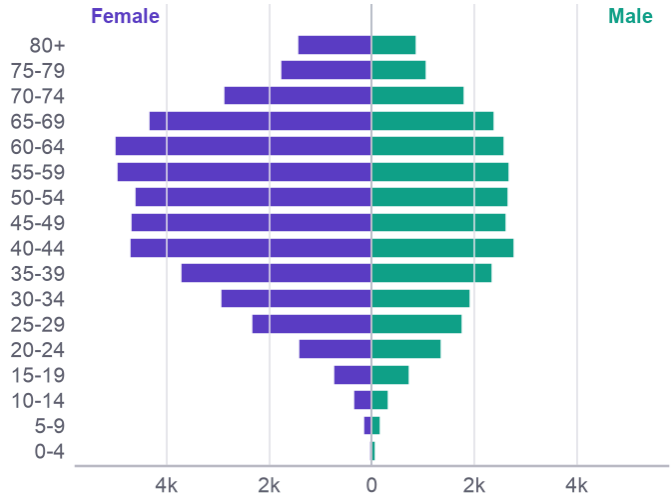
Phase 3: 22 · Phase 2: 13 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

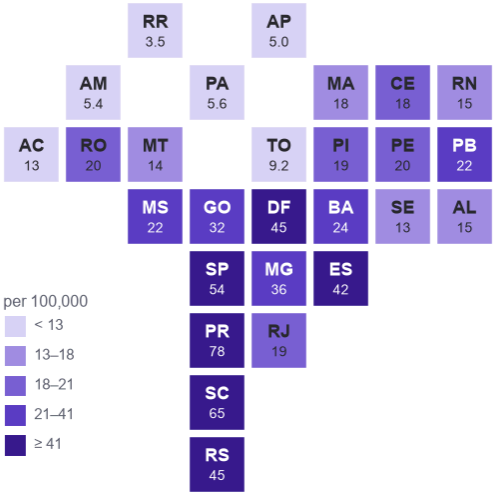
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

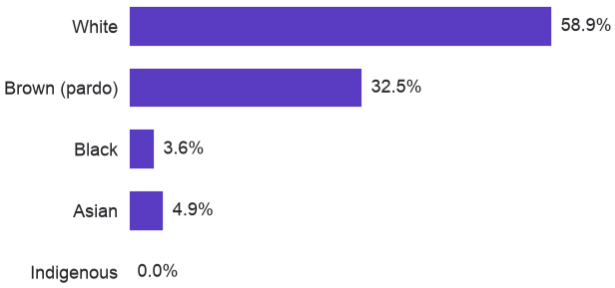
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

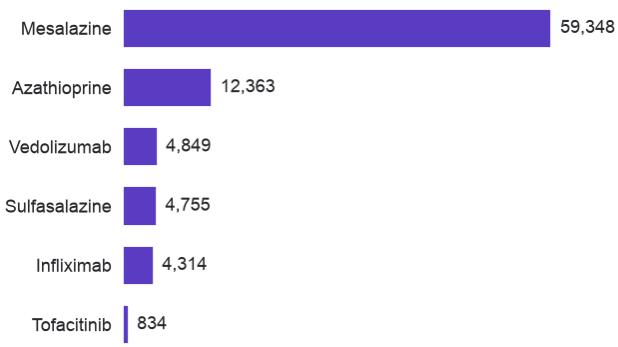
Share among patients with race/colour recorded (83% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **74,437** patients were in SUS specialised outpatient care in 2024 (35.0 per 100,000 inhabitants); **13,574** were new to the system that year (6.4 per 100,000).
- The population in care changed by **+7.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Minas Gerais concentrate **56%** of them. The highest rate is in Paraná (78.3 per 100,000).
- Specialised visits and procedures took place in **633** SUS facilities; **106** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 214 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: mesalazine (59,348 patients) and azathioprine (12,363 patients).
- **3,490** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 2.5%.
- **32** interventional trials with a Brazilian site started between 2016 and 2025 (32 industry-sponsored, 22 phase 3, 21 still active). Brazil hosts 4.2% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in ulcerative colitis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

IMMUNOLOGY AND RHEUMATOLOGY

Psoriasis

ICD-10: L400, L401, L402, L403, L404, L408, L409

57,206
Patients in SUS specialised care, 2024
26.9 per 100,000 (treated prevalence)

16,936
New patients in SUS, 2024
8.0 per 100,000 (SUS-recorded incidence)

224
SUS hospital admissions, 2024
in-hospital mortality 1.3%

198
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

10
Trials with a Brazilian site, 2016–25
9 industry · 7 active now

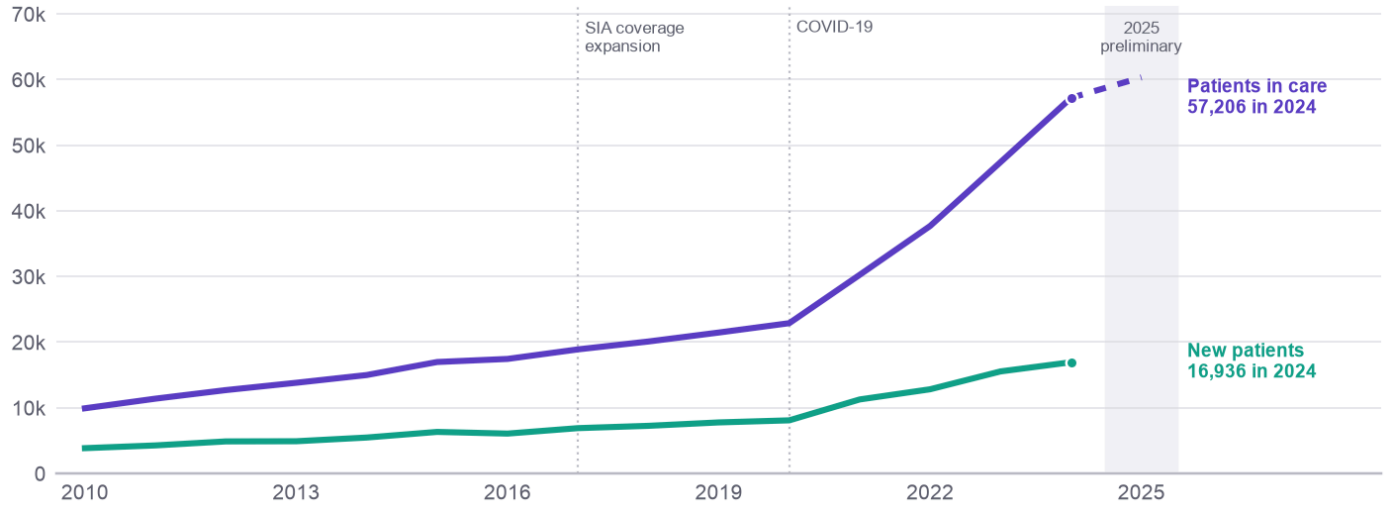
1.9%
Brazil's share of global trials
same condition, start 2016–2025

384
SUS facilities with visits or procedures
62 cover 80% of contacts · plus 213 CEAF pharmacies

54 y · 51% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

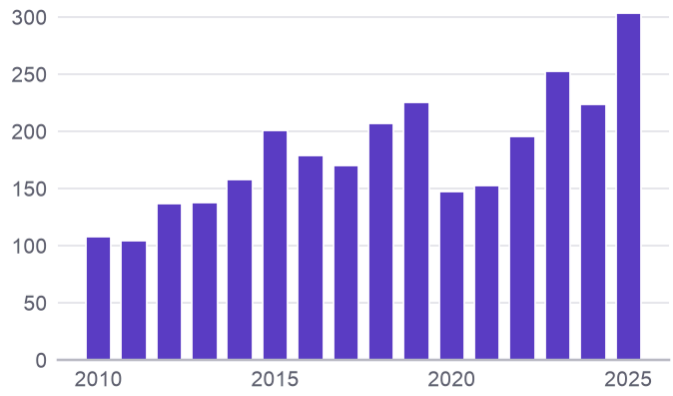
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

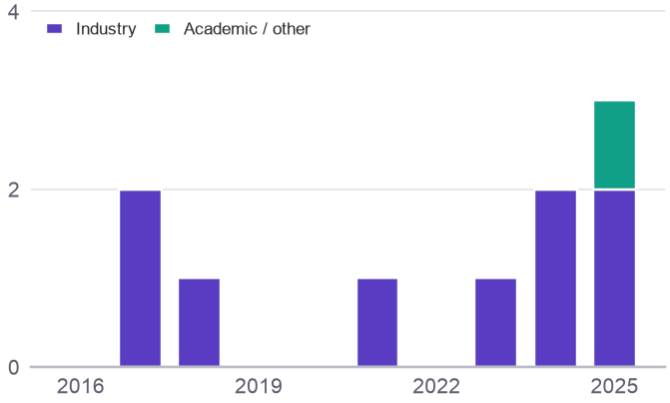
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

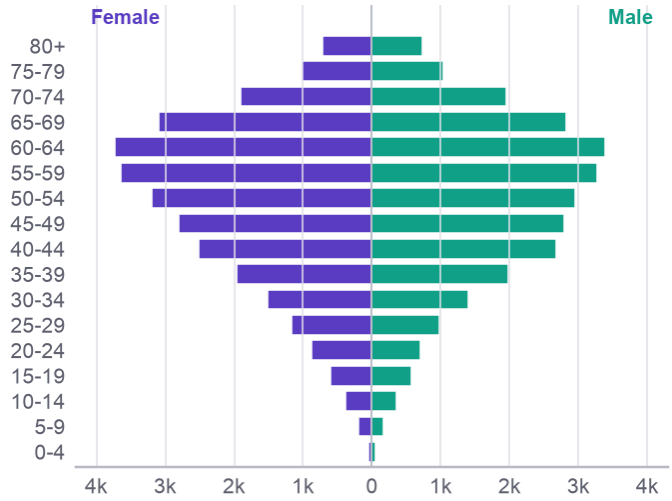
Phase 3: 8 · Phase 2: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

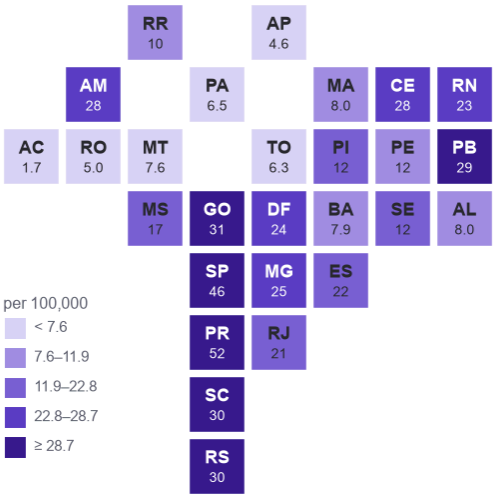
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

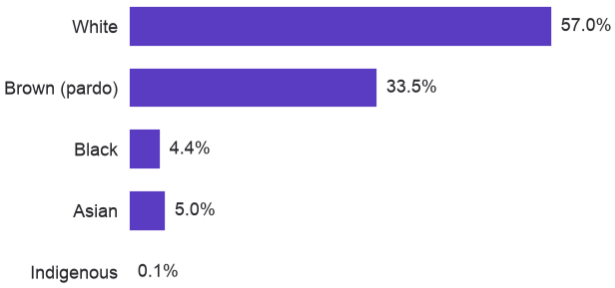
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

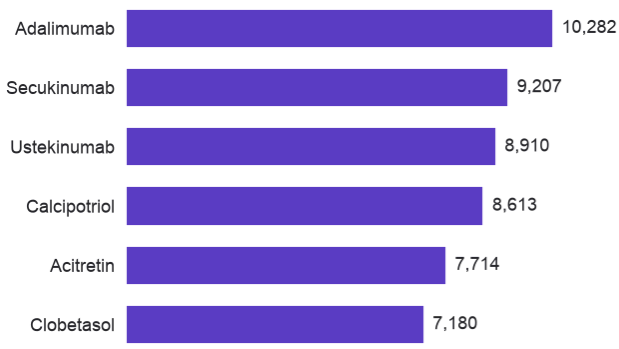
Share among patients with race/colour recorded (91% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **57,206** patients were in SUS specialised outpatient care in 2024 (26.9 per 100,000 inhabitants); **16,936** were new to the system that year (8.0 per 100,000).
- The population in care changed by **+14.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Minas Gerais concentrate **57%** of them. The highest rate is in Paraná (52.4 per 100,000).
- Specialised visits and procedures took place in **384** SUS facilities; **62** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 213 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: adalimumab (10,282 patients) and secukinumab (9,207 patients).
- **224** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.3%.
- **10** interventional trials with a Brazilian site started between 2016 and 2025 (9 industry-sponsored, 8 phase 3, 7 still active). Brazil hosts 1.9% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in psoriasis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

IMMUNOLOGY AND RHEUMATOLOGY

Axial spondyloarthritis

ICD-10: M45

46,938
Patients in SUS specialised care, 2024
22.1 per 100,000 (treated prevalence)

7,898
New patients in SUS, 2024
3.7 per 100,000 (SUS-recorded incidence)

834
SUS hospital admissions, 2024
in-hospital mortality 0.1%

453
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

8
Trials with a Brazilian site, 2016–25
7 industry · 3 active now

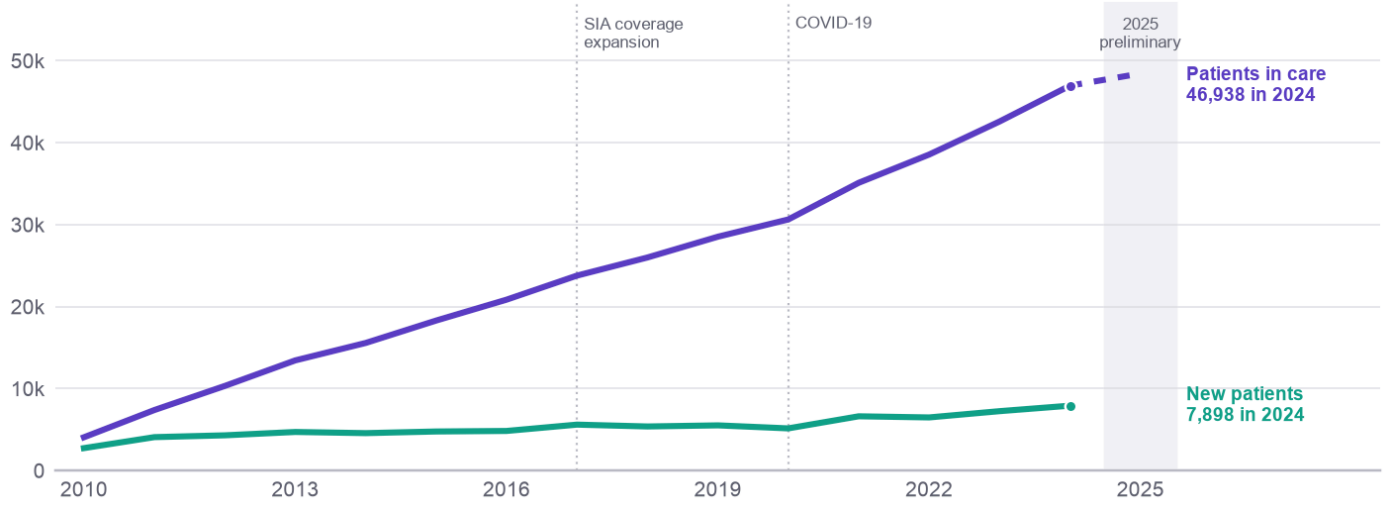
3.8%
Brazil's share of global trials
same condition, start 2016–2025

760
SUS facilities with visits or procedures
224 cover 80% of contacts · plus 210 CEAF pharmacies

49 y · 46% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

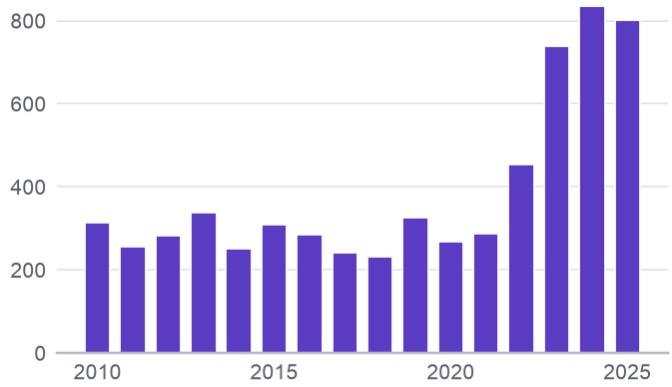
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

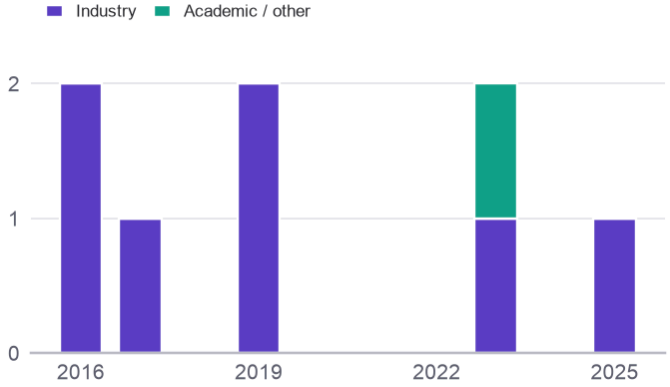
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

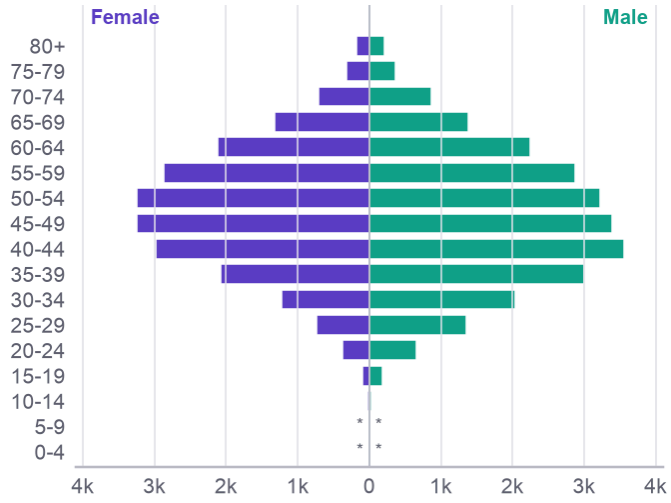
Phase 3: 5 · Phase 4: 2 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

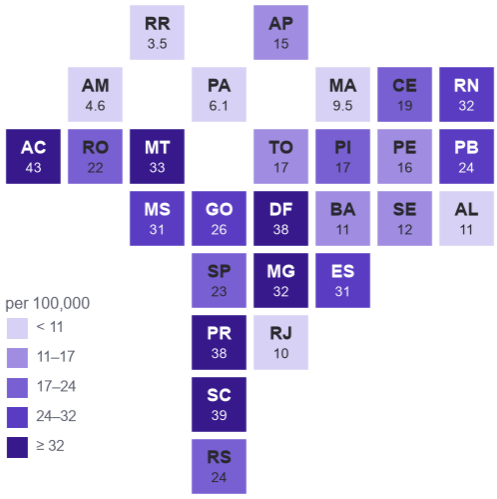
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

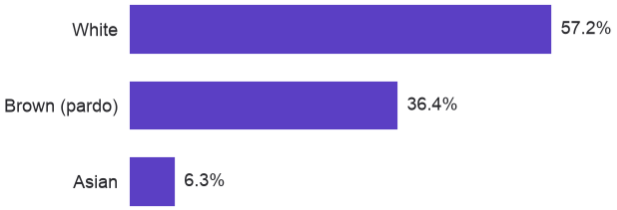
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

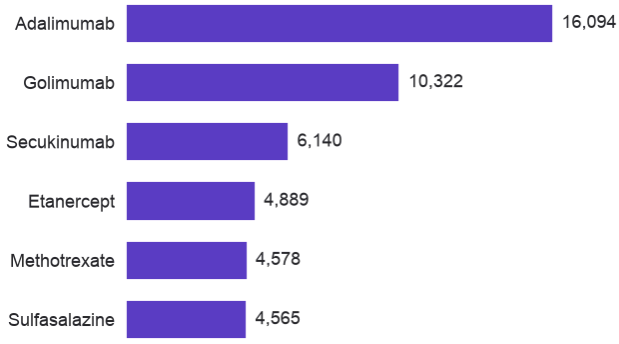
Share among patients with race/colour recorded (81% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **46,938** patients were in SUS specialised outpatient care in 2024 (22.1 per 100,000 inhabitants); **7,898** were new to the system that year (3.7 per 100,000).
- The population in care changed by **+11.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **47%** of them. The highest rate is in Acre (43.3 per 100,000).
- Specialised visits and procedures took place in **760** SUS facilities; **224** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 210 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: adalimumab (16,094 patients) and golimumab (10,322 patients).
- **834** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.1%.
- **8** interventional trials with a Brazilian site started between 2016 and 2025 (7 industry-sponsored, 5 phase 3, 3 still active). Brazil hosts 3.8% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in axial spondyloarthritis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

IMMUNOLOGY AND RHEUMATOLOGY

Crohn's disease

ICD-10: K50

42,638
Patients in SUS specialised care, 2024
20.1 per 100,000 (treated prevalence)

5,767
New patients in SUS, 2024
2.7 per 100,000 (SUS-recorded incidence)

4,325
SUS hospital admissions, 2024
in-hospital mortality 1.3%

2,426
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

34
Trials with a Brazilian site, 2016–25
33 industry · 24 active now

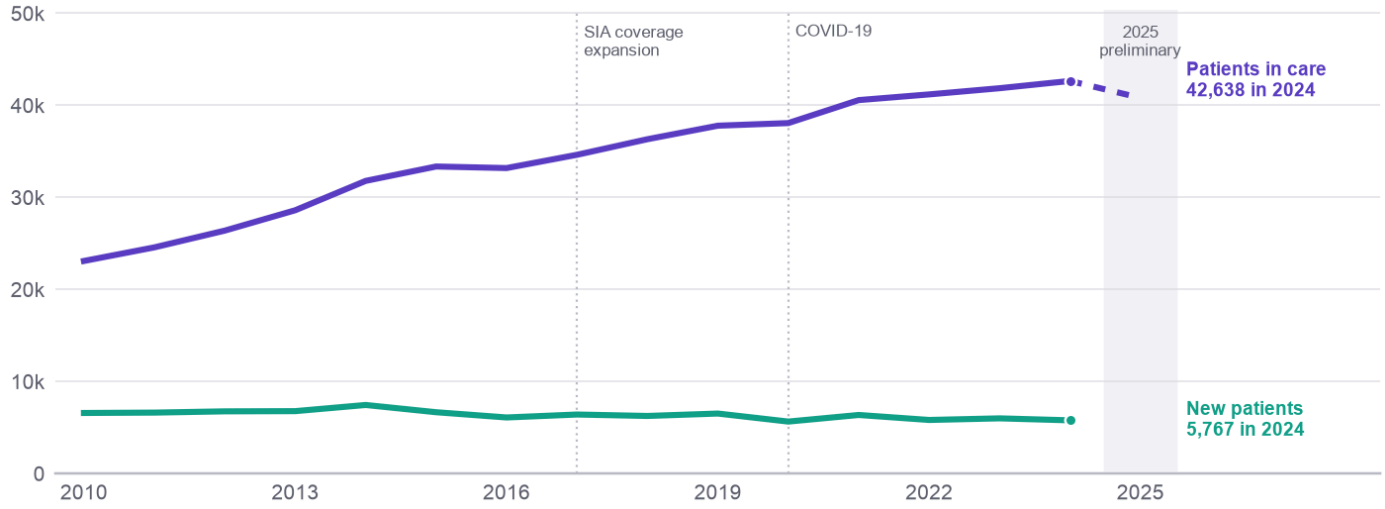
4.7%
Brazil's share of global trials
same condition, start 2016–2025

606
SUS facilities with visits or procedures
129 cover 80% of contacts · plus 209 CEAF pharmacies

44 y · 52% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

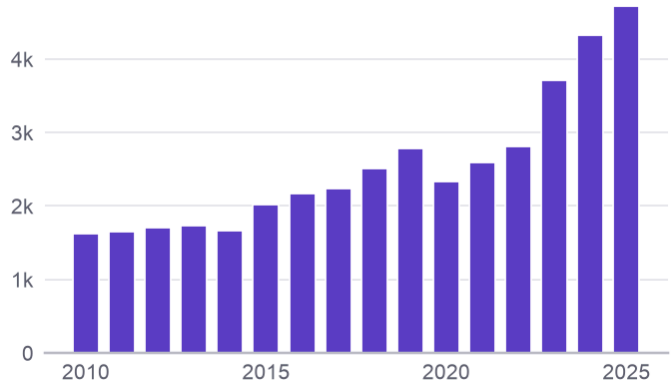
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

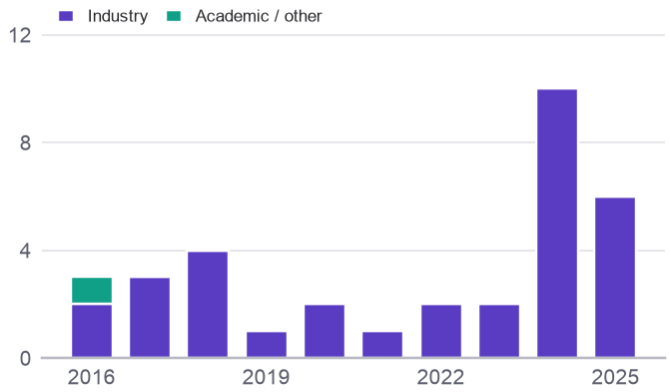
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

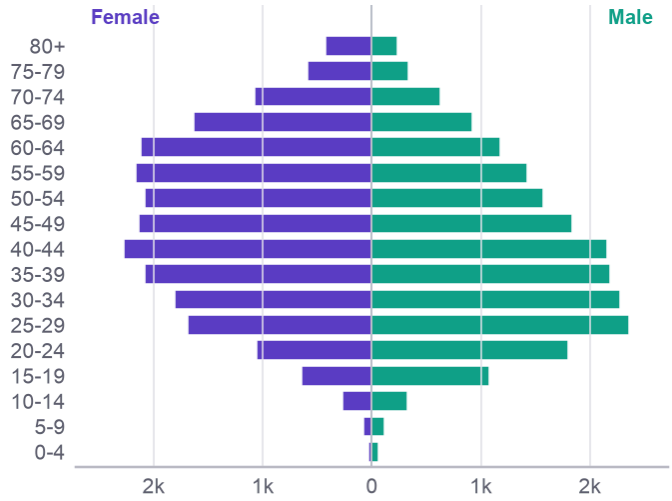
Phase 3: 26 · Phase 2: 9 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

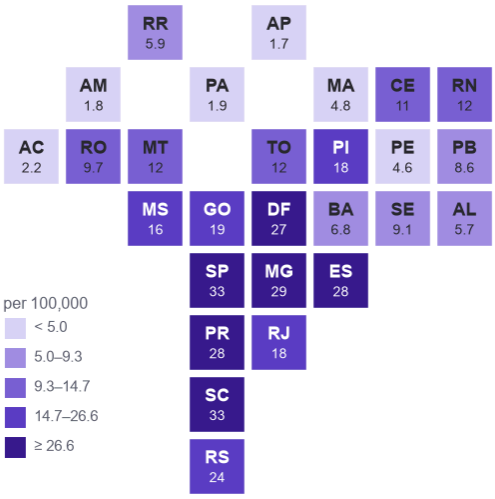
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

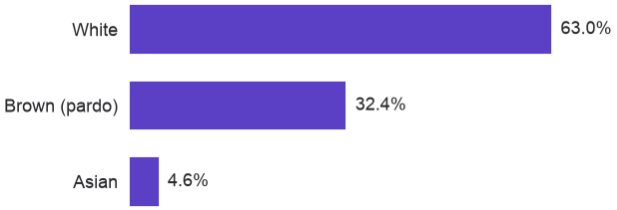
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

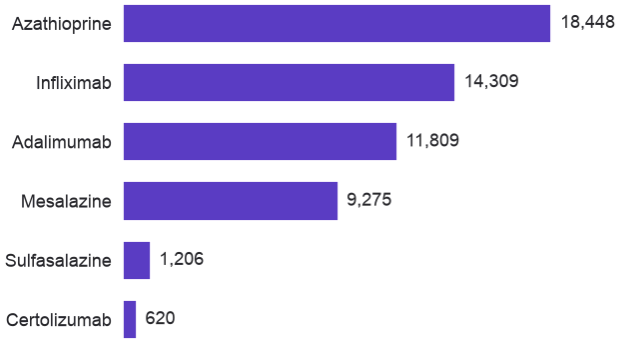
Share among patients with race/colour recorded (79% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **42,638** patients were in SUS specialised outpatient care in 2024 (20.1 per 100,000 inhabitants); **5,767** were new to the system that year (2.7 per 100,000).
- The population in care changed by **+3.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **58%** of them. The highest rate is in Santa Catarina (33.3 per 100,000).
- Specialised visits and procedures took place in **606** SUS facilities; **129** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 209 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: azathioprine (18,448 patients) and infliximab (14,309 patients).
- **4,325** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.3%.
- **34** interventional trials with a Brazilian site started between 2016 and 2025 (33 industry-sponsored, 26 phase 3, 24 still active). Brazil hosts 4.7% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in Crohn's disease? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

IMMUNOLOGY AND RHEUMATOLOGY

Psoriatic arthritis

ICD-10: L405, M070, M071, M072, M073

32,840
Patients in SUS specialised care, 2024
15.4 per 100,000 (treated prevalence)

6,587
New patients in SUS, 2024
3.1 per 100,000 (SUS-recorded incidence)

331
SUS hospital admissions, 2024
in-hospital mortality 0.3%

97
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

12
Trials with a Brazilian site, 2016–25
11 industry · 6 active now

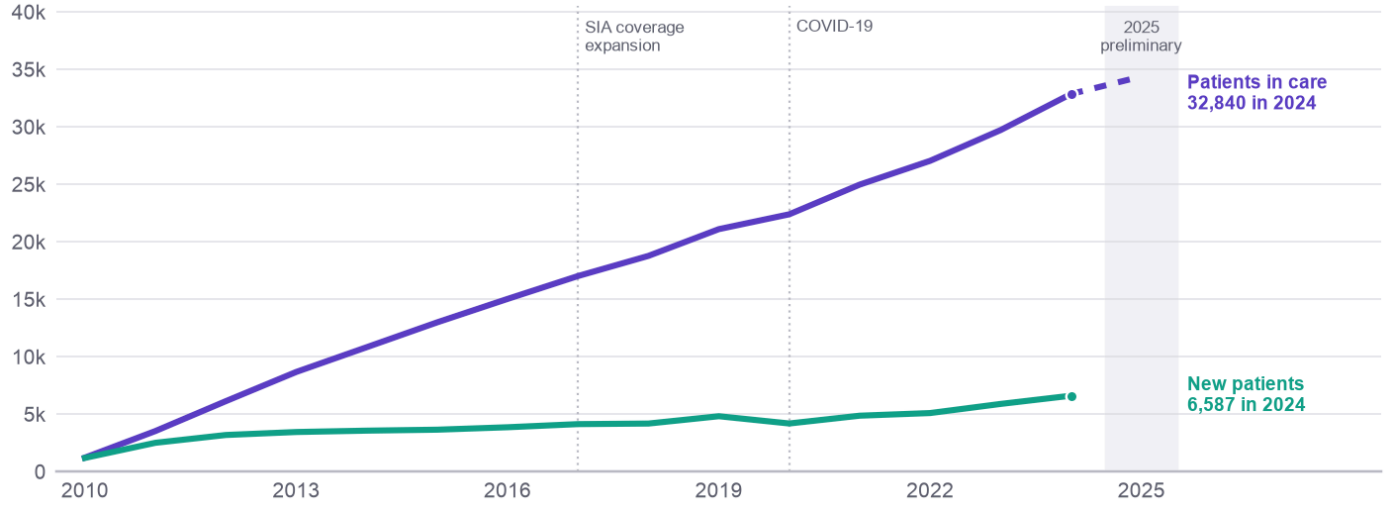
5.9%
Brazil's share of global trials
same condition, start 2016–2025

260
SUS facilities with visits or procedures
56 cover 80% of contacts · plus 211 CEAF pharmacies

56 y · 59% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

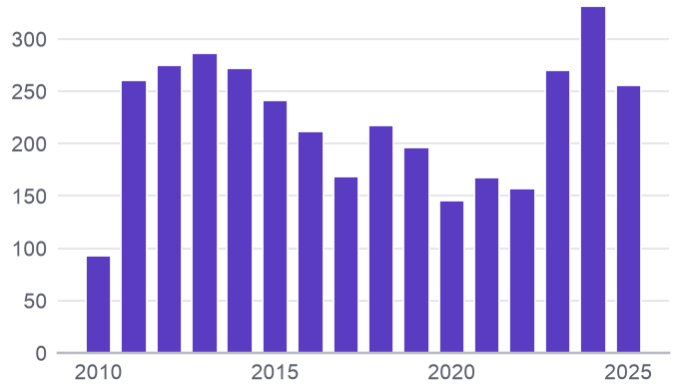
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

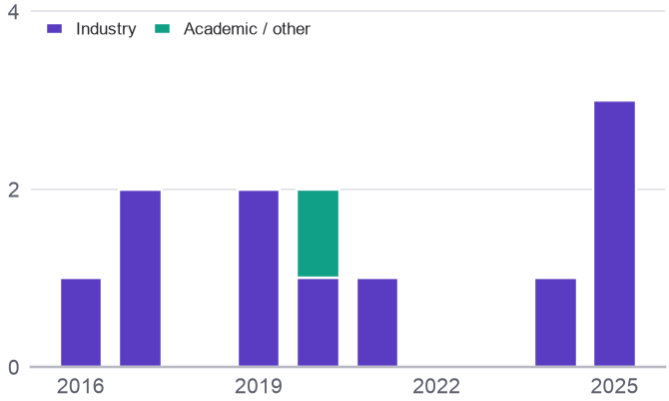
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

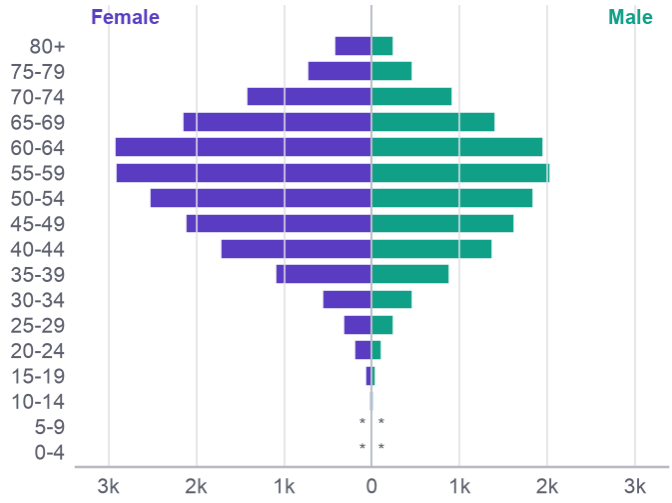
Phase 3: 10 · Not applicable: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

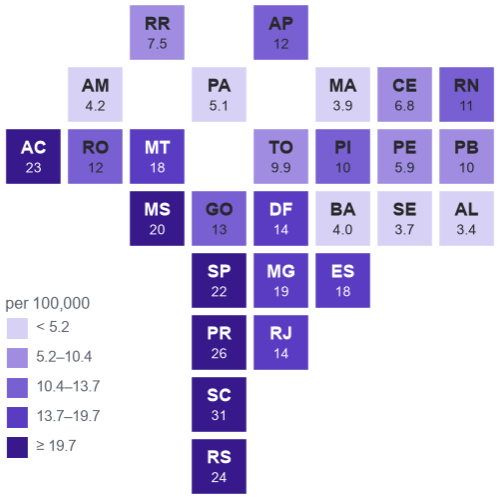
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

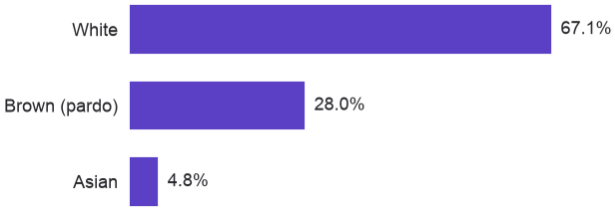
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

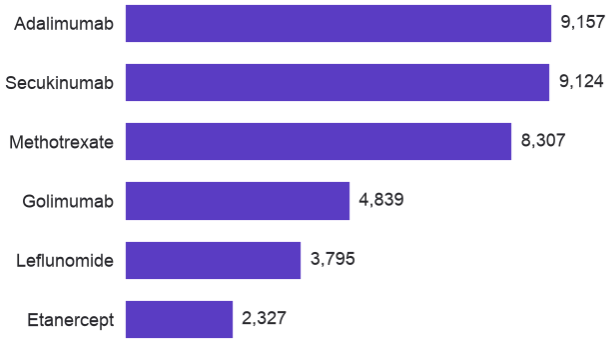
Share among patients with race/colour recorded (82% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **32,840** patients were in SUS specialised outpatient care in 2024 (15.4 per 100,000 inhabitants); **6,587** were new to the system that year (3.1 per 100,000).
- The population in care changed by **+11.8% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **52%** of them. The highest rate is in Santa Catarina (30.9 per 100,000).
- Specialised visits and procedures took place in **260** SUS facilities; **56** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 211 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: adalimumab (9,157 patients) and secukinumab (9,124 patients).
- **331** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.3%.
- **12** interventional trials with a Brazilian site started between 2016 and 2025 (11 industry-sponsored, 10 phase 3, 6 still active). Brazil hosts 5.9% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in psoriatic arthritis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

IMMUNOLOGY AND RHEUMATOLOGY

Juvenile idiopathic arthritis

ICD-10: M08

7,748
Patients in SUS specialised care, 2024
3.6 per 100,000 (treated prevalence)

1,773
New patients in SUS, 2024
0.83 per 100,000 (SUS-recorded incidence)

1,165
SUS hospital admissions, 2024
in-hospital mortality 0.1%

189
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

11
Trials with a Brazilian site, 2016–25
8 industry · 6 active now

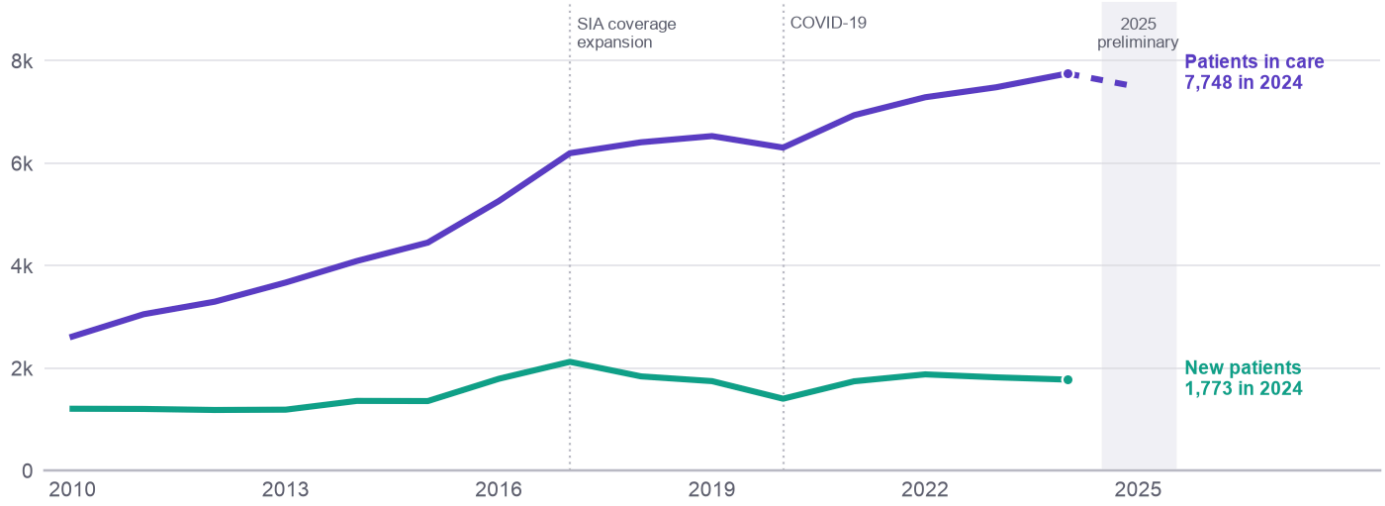
8.8%
Brazil's share of global trials
same condition, start 2016–2025

426
SUS facilities with visits or procedures
59 cover 80% of contacts · plus 210 CEAF pharmacies

16 y · 64% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

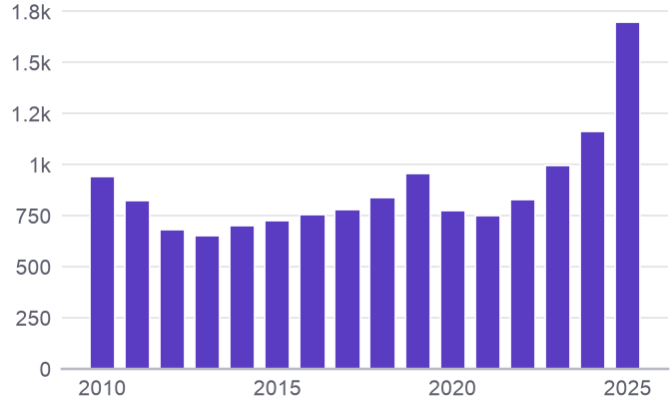
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

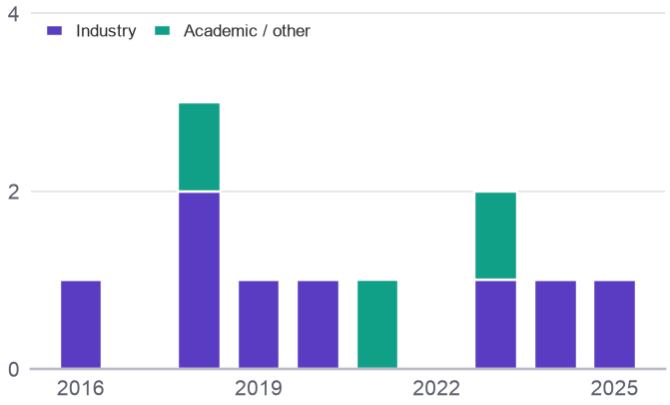
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

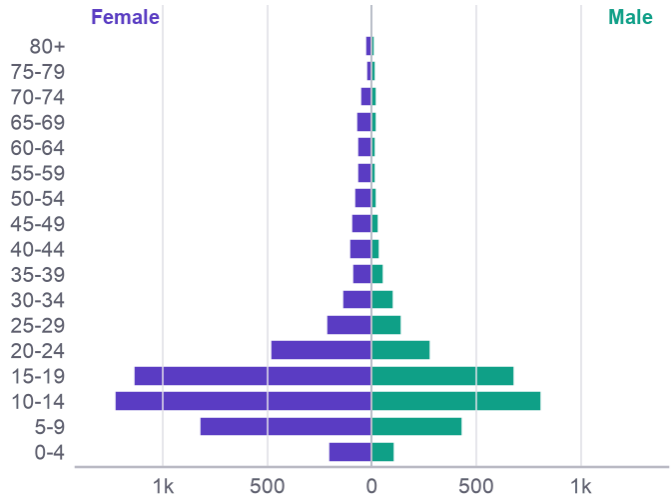
Phase 3: 8 · Not applicable: 2 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

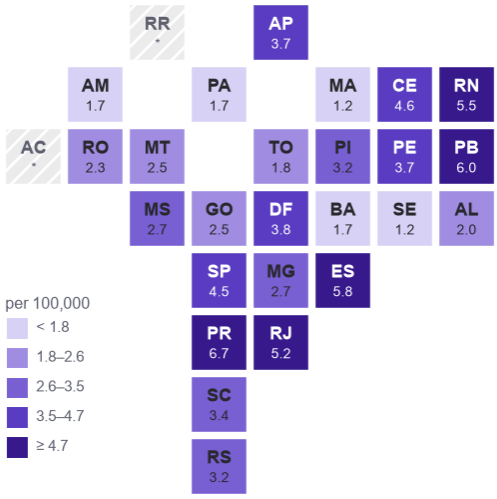
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

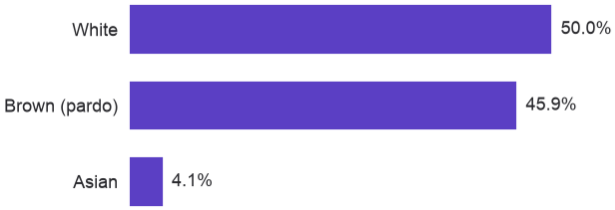
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

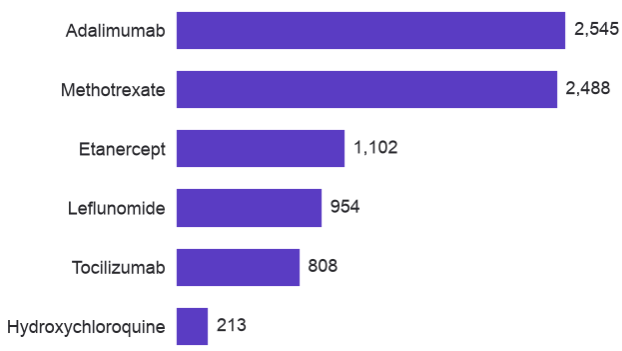
Share among patients with race/colour recorded (90% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **7,748** patients were in SUS specialised outpatient care in 2024 (3.6 per 100,000 inhabitants); **1,773** were new to the system that year (0.83 per 100,000).
- The population in care changed by **+6.6% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Paraná concentrate **48%** of them. The highest rate is in Paraná (6.7 per 100,000).
- Specialised visits and procedures took place in **426** SUS facilities; **59** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 210 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: adalimumab (2,545 patients) and methotrexate (2,488 patients).
- **1,165** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.1%.
- **11** interventional trials with a Brazilian site started between 2016 and 2025 (8 industry-sponsored, 8 phase 3, 6 still active). Brazil hosts 8.8% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in juvenile idiopathic arthritis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

IMMUNOLOGY AND RHEUMATOLOGY

Systemic sclerosis

ICD-10: M34

6,090
Patients in SUS specialised care, 2024
2.9 per 100,000 (treated prevalence)

1,589
New patients in SUS, 2024
0.75 per 100,000 (SUS-recorded incidence)

806
SUS hospital admissions, 2024
in-hospital mortality 4.5%

343
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

12
Trials with a Brazilian site, 2016–25
8 industry · 7 active now

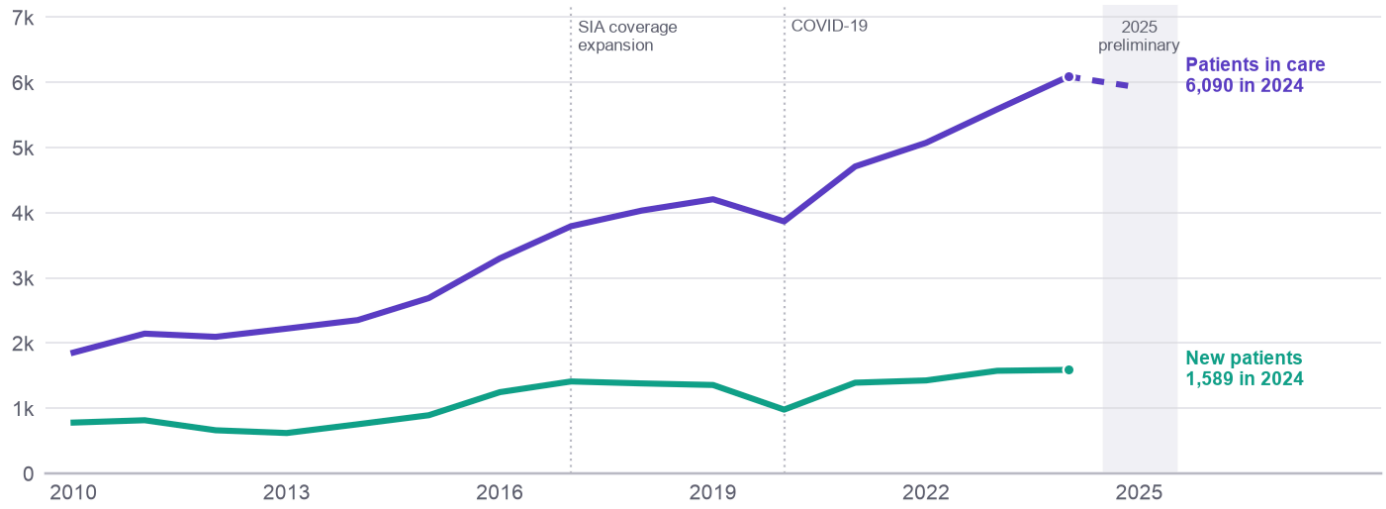
3.7%
Brazil's share of global trials
same condition, start 2016–2025

452
SUS facilities with visits or procedures
108 cover 80% of contacts · plus 187 CEAF pharmacies

56 y · 86% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

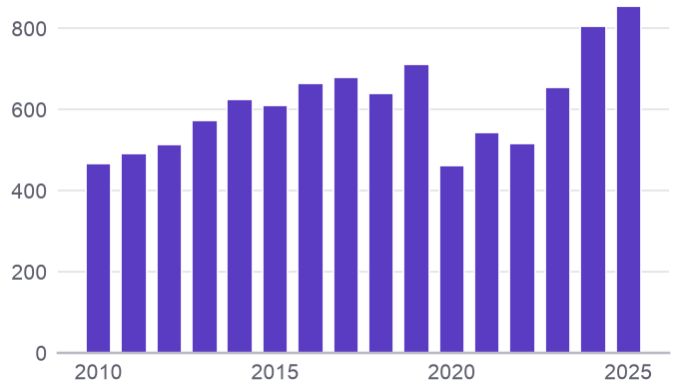
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

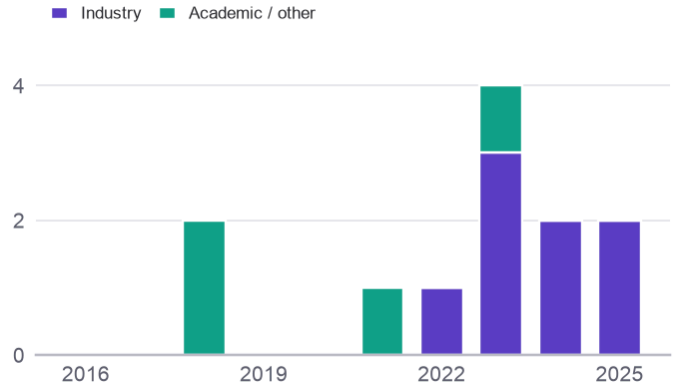
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

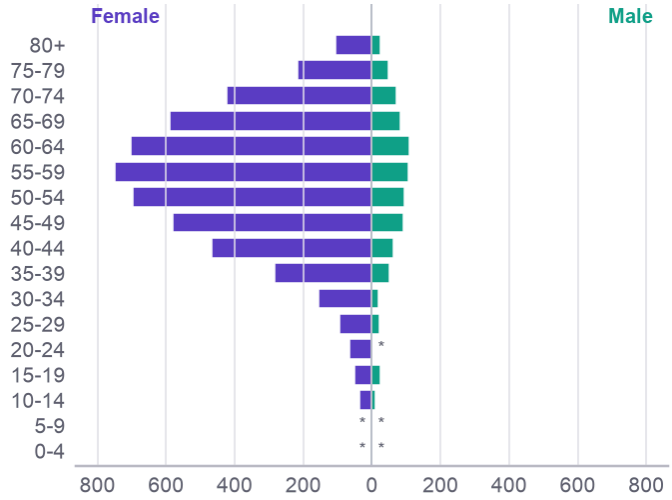
Phase 2: 6 · Not applicable: 2 · Phase 4: 2 · Phase 3: 2 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

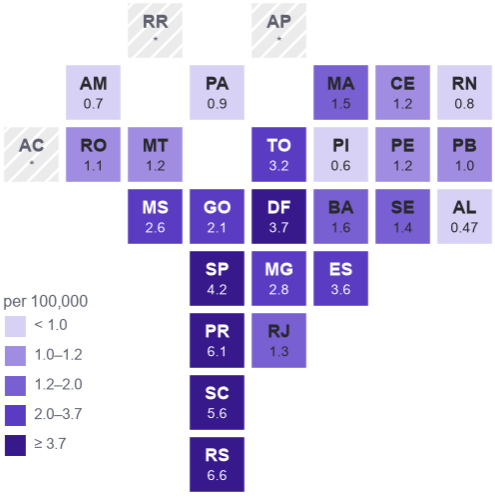
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

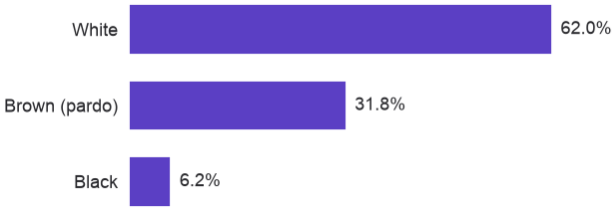
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

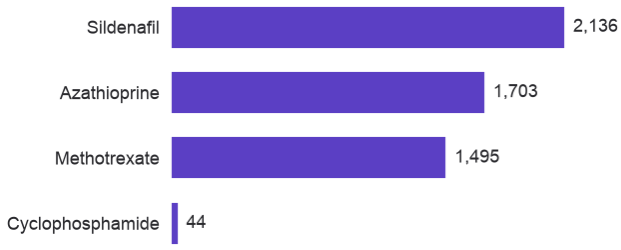
Share among patients with race/colour recorded (94% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **6,090** patients were in SUS specialised outpatient care in 2024 (2.9 per 100,000 inhabitants); **1,589** were new to the system that year (0.75 per 100,000).
- The population in care changed by **+10.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio Grande do Sul and Paraná concentrate **56%** of them. The highest rate is in Rio Grande do Sul (6.6 per 100,000).
- Specialised visits and procedures took place in **452** SUS facilities; **108** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 187 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: sildenafil (2,136 patients) and azathioprine (1,703 patients).
- **806** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 4.5%.
- **12** interventional trials with a Brazilian site started between 2016 and 2025 (8 industry-sponsored, 2 phase 3, 7 still active). Brazil hosts 3.7% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in systemic sclerosis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

IMMUNOLOGY AND RHEUMATOLOGY

Atopic dermatitis

ICD-10: L20

5,426
Patients in SUS specialised care, 2024
2.6 per 100,000 (treated prevalence)

3,252
New patients in SUS, 2024
1.5 per 100,000 (SUS-recorded incidence)

1,067
SUS hospital admissions, 2024
in-hospital mortality 0.4%

457
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

28
Trials with a Brazilian site, 2016–25
26 industry · 9 active now

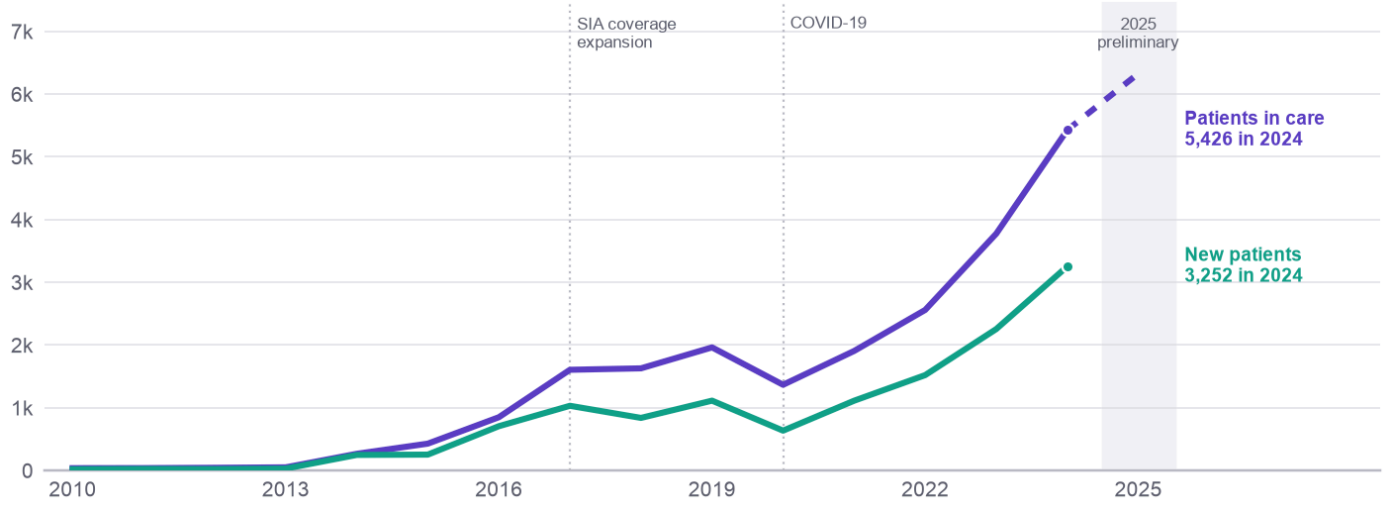
3.1%
Brazil's share of global trials
same condition, start 2016–2025

480
SUS facilities with visits or procedures
91 cover 80% of contacts · plus 123 CEAF pharmacies

12 y · 55% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

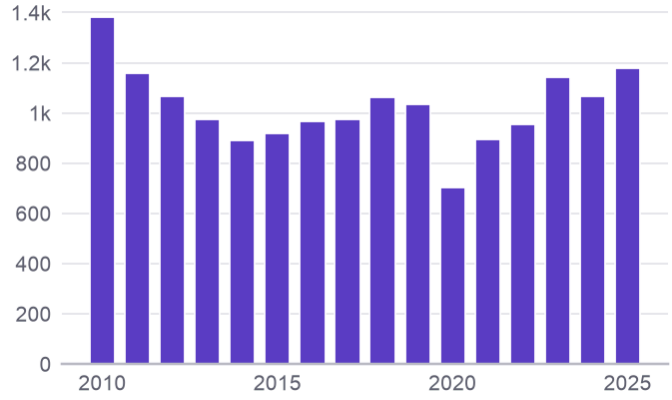
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

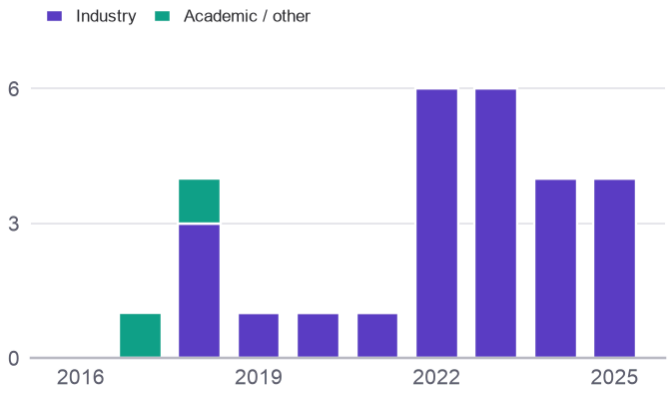
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

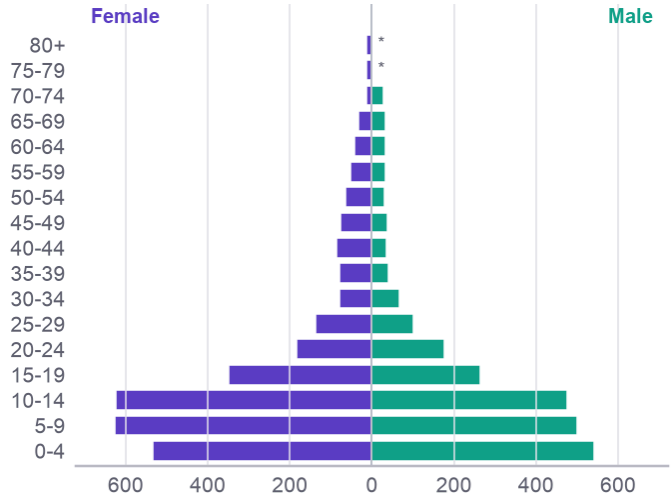
Phase 3: 18 · Not applicable: 4 · Phase 2: 4 · Phase 4: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

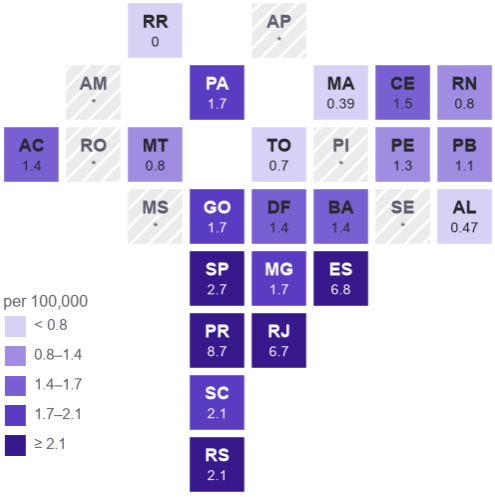
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

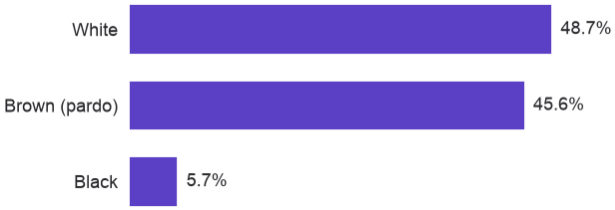
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (99% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

1,226

patients with Ciclosporin in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **5,426** patients were in SUS specialised outpatient care in 2024 (2.6 per 100,000 inhabitants); **3,252** were new to the system that year (1.5 per 100,000).
- The population in care changed by **+35.2% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 26 of the 27 states; São Paulo, Rio de Janeiro and Paraná concentrate **63%** of them. The highest rate is in Paraná (8.7 per 100,000).
- Specialised visits and procedures took place in **480** SUS facilities; **91** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 123 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: ciclosporin (1,226 patients).
- **1,067** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.4%.
- **28** interventional trials with a Brazilian site started between 2016 and 2025 (26 industry-sponsored, 18 phase 3, 9 still active). Brazil hosts 3.1% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in atopic dermatitis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

IMMUNOLOGY AND RHEUMATOLOGY

Inflammatory myopathies

ICD-10: M33

3,530
Patients in SUS specialised care, 2024
1.7 per 100,000 (treated prevalence)

880
New patients in SUS, 2024
0.41 per 100,000 (SUS-recorded incidence)

659
SUS hospital admissions, 2024
in-hospital mortality 1.4%

275
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

16
Trials with a Brazilian site, 2016–25
11 industry · 7 active now

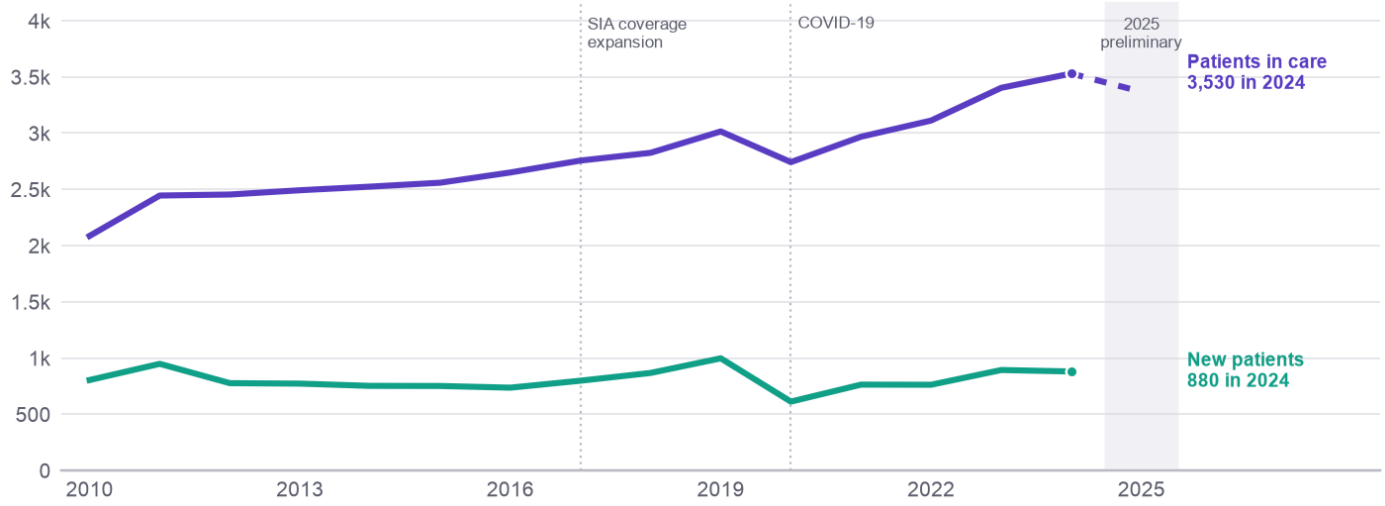
8.1%
Brazil's share of global trials
same condition, start 2016–2025

294
SUS facilities with visits or procedures
158 cover 80% of contacts · plus 191 CEAF pharmacies

50 y · 73% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

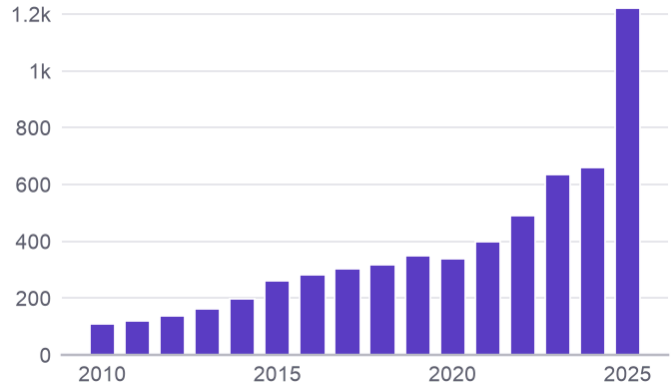
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

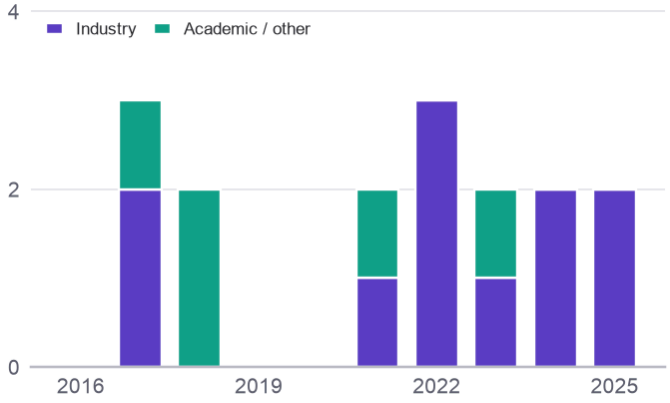
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

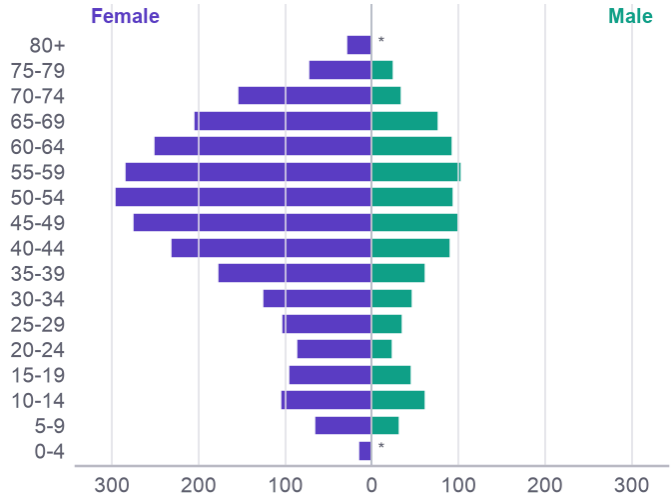
Phase 3: 6 · Phase 2: 5 · Not applicable: 4 · Phase 4: 1 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

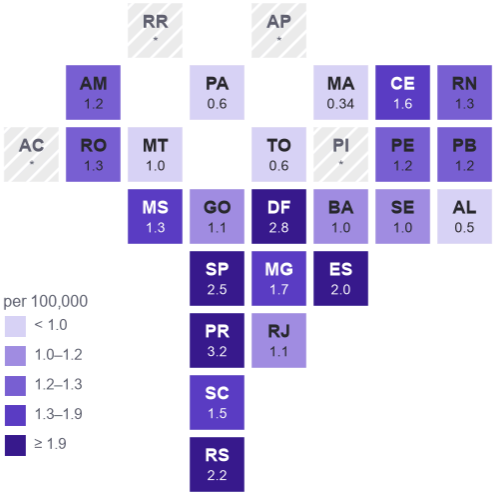
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

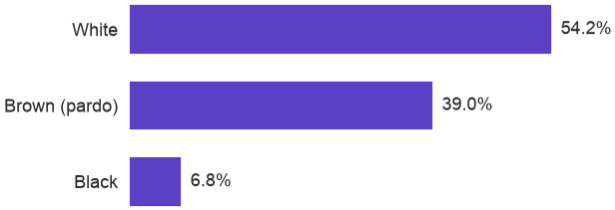
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

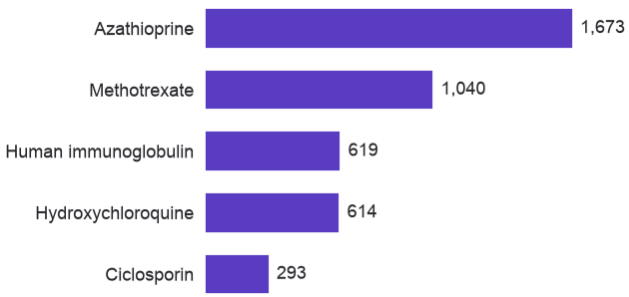
Share among patients with race/colour recorded (92% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **3,530** patients were in SUS specialised outpatient care in 2024 (1.7 per 100,000 inhabitants); **880** were new to the system that year (0.41 per 100,000).
- The population in care changed by **+3.4% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Minas Gerais concentrate **54%** of them. The highest rate is in Paraná (3.2 per 100,000).
- Specialised visits and procedures took place in **294** SUS facilities; **158** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 191 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: azathioprine (1,673 patients) and methotrexate (1,040 patients).
- **659** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.4%.
- **16** interventional trials with a Brazilian site started between 2016 and 2025 (11 industry-sponsored, 6 phase 3, 7 still active). Brazil hosts 8.1% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in inflammatory myopathies? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

IMMUNOLOGY AND RHEUMATOLOGY

Chronic urticaria

ICD-10: L50

3,187
Patients in SUS specialised care, 2024
1.5 per 100,000 (treated prevalence)

1,744
New patients in SUS, 2024
0.82 per 100,000 (SUS-recorded incidence)

2,859
SUS hospital admissions, 2024
in-hospital mortality 0.3%

2,354
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

8
Trials with a Brazilian site, 2016–25
8 industry · 4 active now

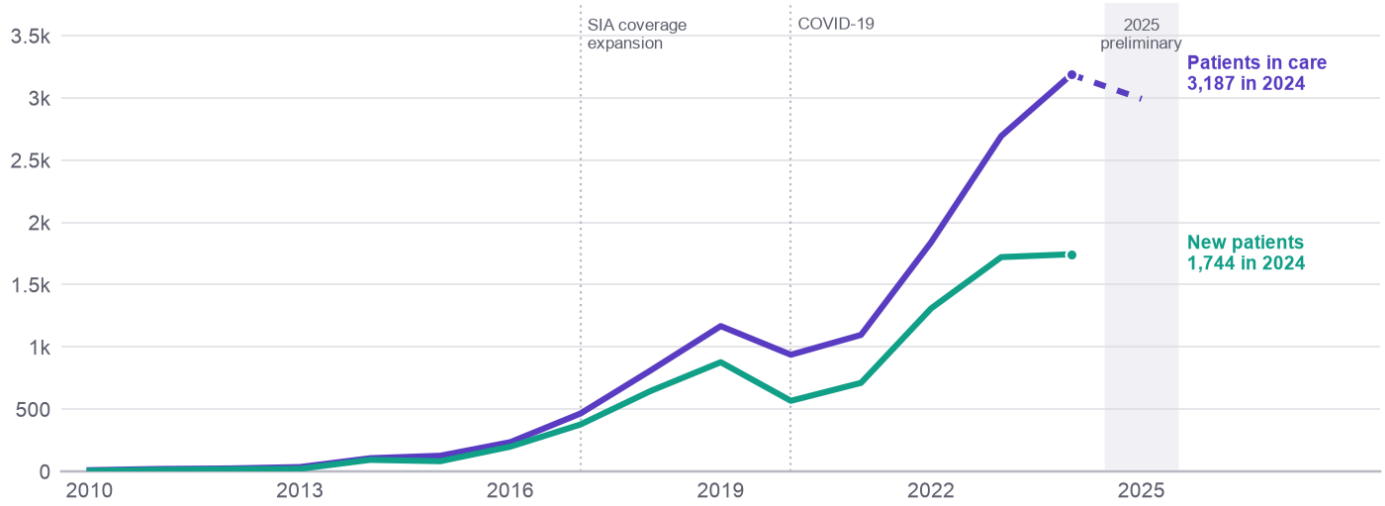
6.6%
Brazil's share of global trials
same condition, start 2016–2025

432
SUS facilities with visits or procedures
132 cover 80% of contacts

31 y · 65% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

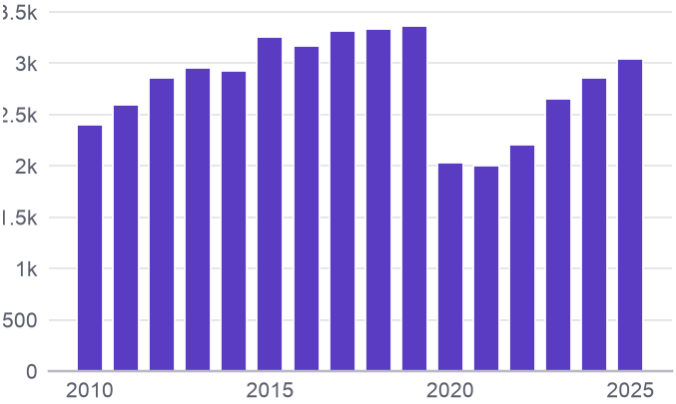
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

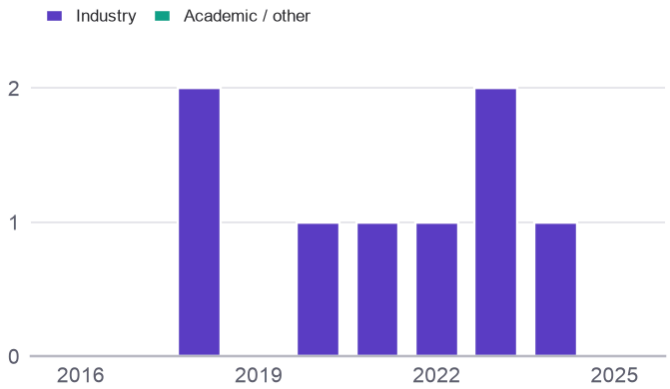
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

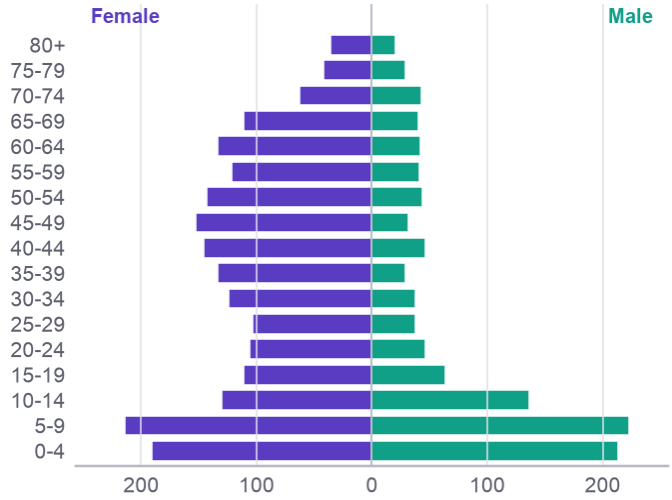
Phase 3: 8



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

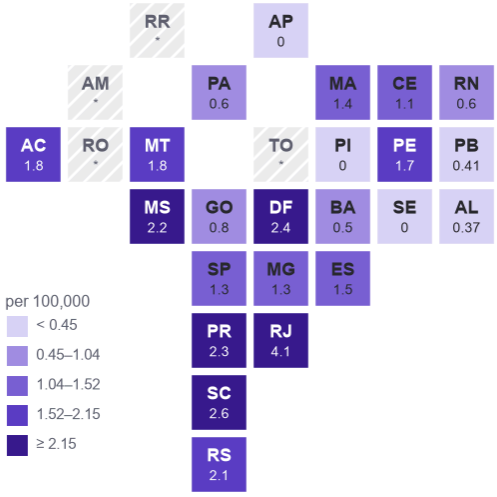
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

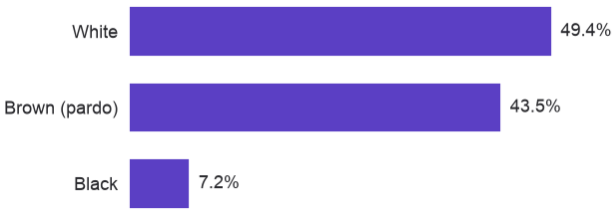
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **3,187** patients were in SUS specialised outpatient care in 2024 (1.5 per 100,000 inhabitants); **1,744** were new to the system that year (0.82 per 100,000).
- The population in care changed by **+40.5% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 24 of the 27 states; Rio de Janeiro, São Paulo and Minas Gerais concentrate **50%** of them. The highest rate is in Rio de Janeiro (4.1 per 100,000).
- Specialised visits and procedures took place in **432** SUS facilities; **132** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **2,859** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.3%.
- **8** interventional trials with a Brazilian site started between 2016 and 2025 (8 industry-sponsored, 8 phase 3, 4 still active). Brazil hosts 6.6% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in chronic urticaria? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

IMMUNOLOGY AND RHEUMATOLOGY

Sjögren's disease

ICD-10: M350

1,001
Patients in SUS specialised care, 2024
0.47 per 100,000 (treated prevalence)

422
New patients in SUS, 2024
0.20 per 100,000 (SUS-recorded incidence)

136
SUS hospital admissions, 2024
in-hospital mortality 0.7%

164
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

20
Trials with a Brazilian site, 2016–25
12 industry · 10 active now

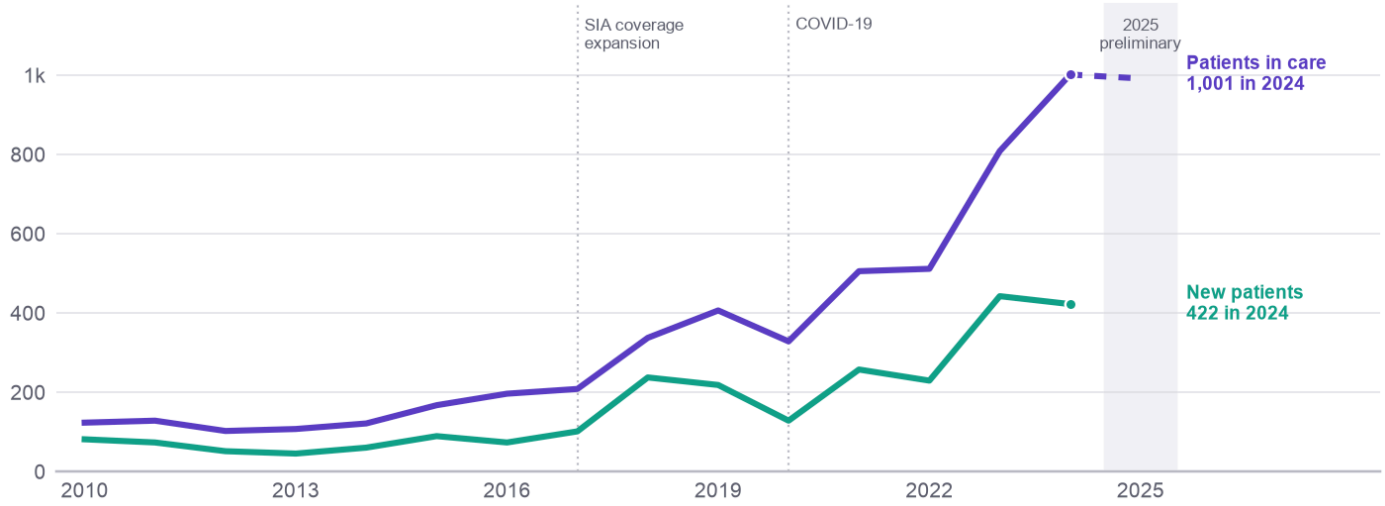
12.5%
Brazil's share of global trials
same condition, start 2016–2025

176
SUS facilities with visits or procedures
31 cover 80% of contacts

57 y · 95% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

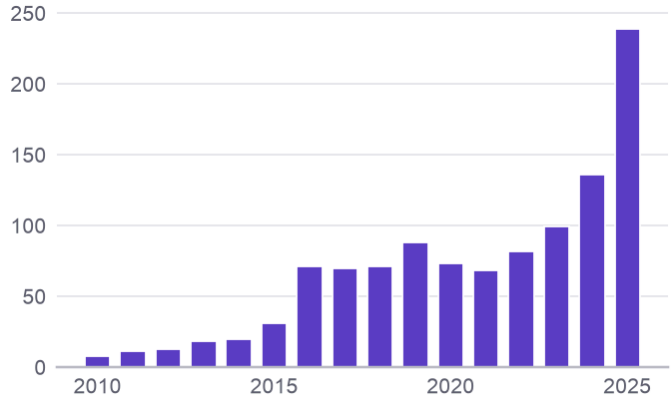
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

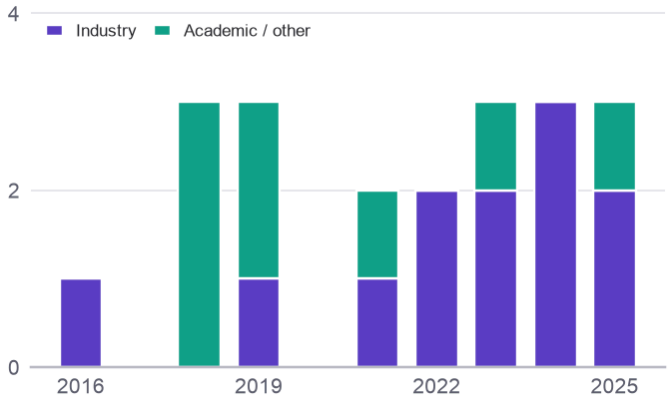
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

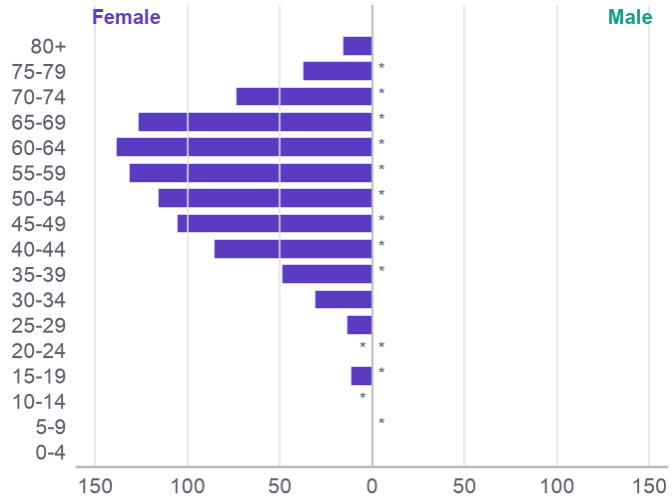
Phase 3: 9 · Not applicable: 5 · Phase 2: 4 · Phase 4: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

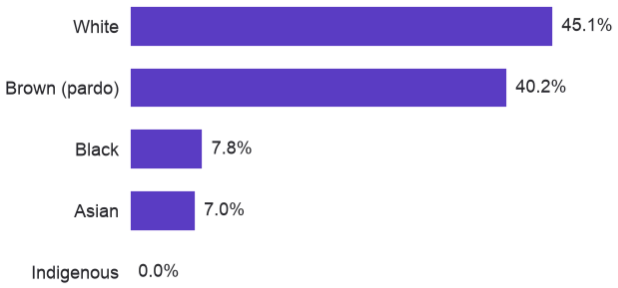
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **1,001** patients were in SUS specialised outpatient care in 2024 (0.47 per 100,000 inhabitants); **422** were new to the system that year (0.20 per 100,000).
- The population in care changed by **+23.5% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 21 of the 27 states; Rio de Janeiro, São Paulo and Minas Gerais concentrate **68%** of them. The highest rate is in Rio de Janeiro (1.8 per 100,000).
- Specialised visits and procedures took place in **176** SUS facilities; **31** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **136** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.7%.
- **20** interventional trials with a Brazilian site started between 2016 and 2025 (12 industry-sponsored, 9 phase 3, 10 still active). Brazil hosts 12.5% of the trials registered worldwide for this condition in the same period.

Data notes. The registry's condition search under-retrieves this condition (5 trials in Brazil, 40 worldwide), so Brazil's global share is unreliable.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in Sjögren's disease? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

Neurology

10 conditions · 289 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Low back pain	412,975	194.3	207,885	7,503	70	4.1%	189
Epilepsy	165,378	77.8	39,535	67,436	22	2.3%	191
Alzheimer's disease and dementia	132,425	62.3	34,206	5,114	39	1.8%	193
Cerebral palsy	111,409	52.4	34,840	3,801	11	0.8%	195
Parkinson's disease	75,470	35.5	16,007	1,245	56	4.8%	197
Fibromyalgia	60,117	28.3	29,681	305	30	5.0%	199
Multiple sclerosis	30,950	14.6	3,951	8,321	32	2.2%	201
Migraine	27,046	12.7	12,917	9,726	15	1.9%	203
Myasthenia gravis	6,759	3.2	1,234	1,135	10	6.4%	205
Spinal muscular atrophy	5,949	2.8	2,593	1,013	8	5.9%	207

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

NEUROLOGY

Low back pain

ICD-10: M545

412,975
Patients in SUS specialised care, 2024
194.3 per 100,000 (treated prevalence)

207,885
New patients in SUS, 2024
97.8 per 100,000 (SUS-recorded incidence)

7,503
SUS hospital admissions, 2024
in-hospital mortality 0.4%

30,989
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

70
Trials with a Brazilian site, 2016–25
1 industry · 4 active now

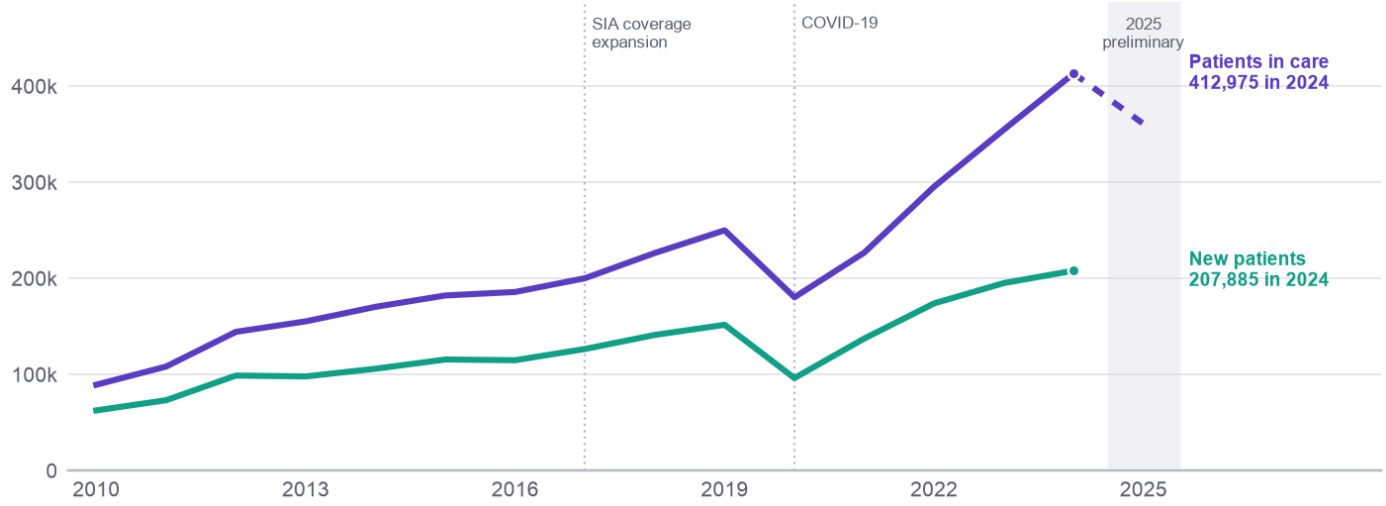
4.1%
Brazil's share of global trials
same condition, start 2016–2025

5,948
SUS facilities with visits or procedures
1,302 cover 80% of contacts

53 y · 63% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

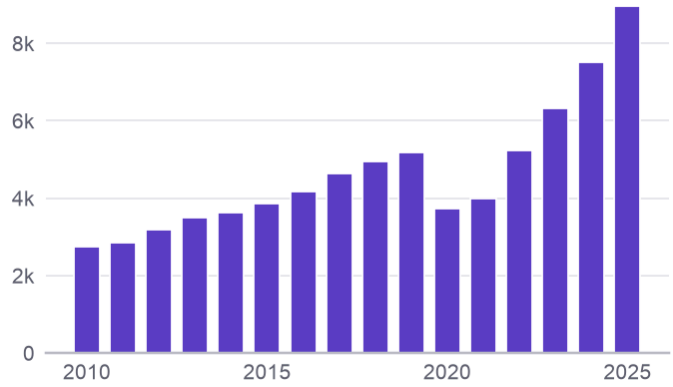
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

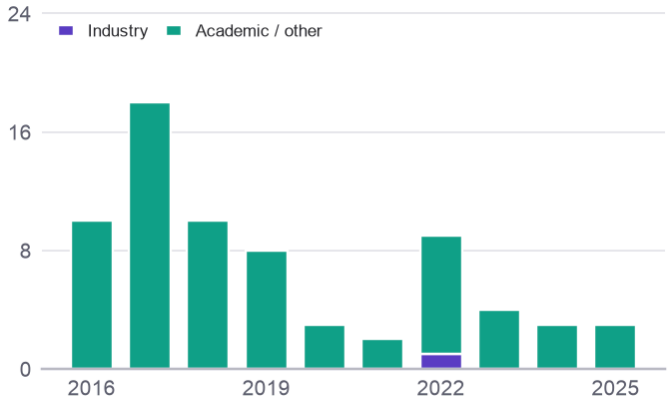
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

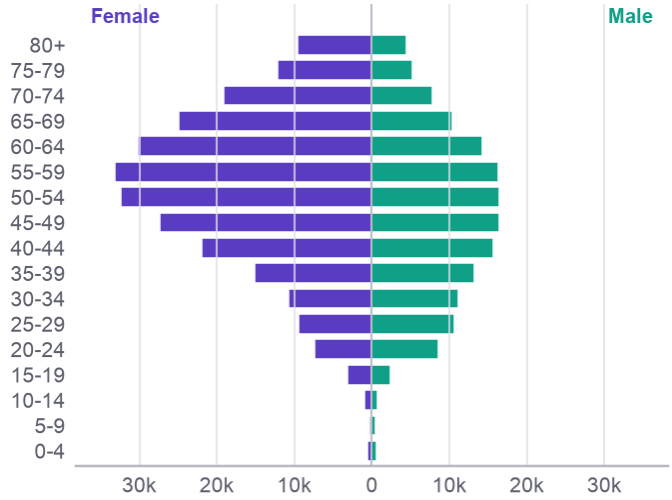
Not applicable: 67 · Phase 2: 2 · Phase 3: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

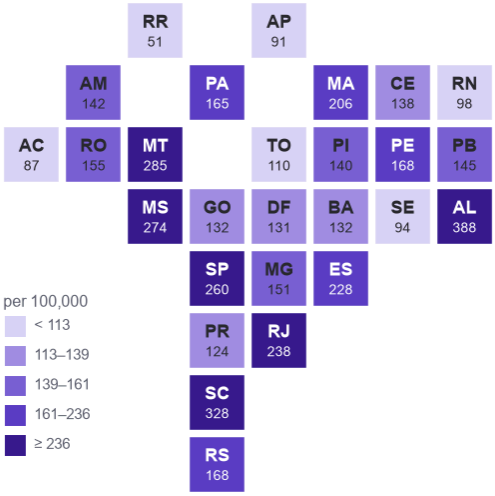
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

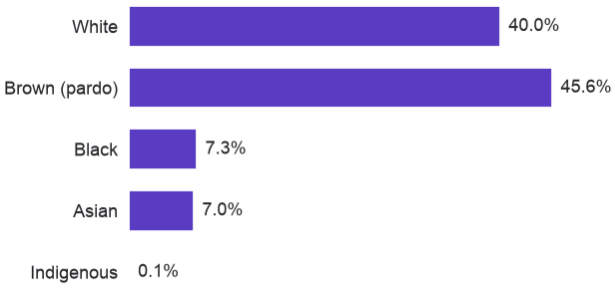
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **412,975** patients were in SUS specialised outpatient care in 2024 (194.3 per 100,000 inhabitants); **207,885** were new to the system that year (97.8 per 100,000).
- The population in care changed by **+9.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Minas Gerais concentrate **47%** of them. The highest rate is in Alagoas (387.6 per 100,000).
- Specialised visits and procedures took place in **5,948** SUS facilities; **1,302** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **7,503** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.4%.
- **70** interventional trials with a Brazilian site started between 2016 and 2025 (1 industry-sponsored, 2 phase 3, 4 still active). Brazil hosts 4.1% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care. Trials in Brazil for this condition are almost entirely academic (physiotherapy, behavioural or device studies).

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in low back pain? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NEUROLOGY

Epilepsy

ICD-10: G40, G41

165,378
Patients in SUS specialised care, 2024
77.8 per 100,000 (treated prevalence)

39,535
New patients in SUS, 2024
18.6 per 100,000 (SUS-recorded incidence)

67,436
SUS hospital admissions, 2024
in-hospital mortality 3.0%

12,838
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

22
Trials with a Brazilian site, 2016–25
13 industry · 9 active now

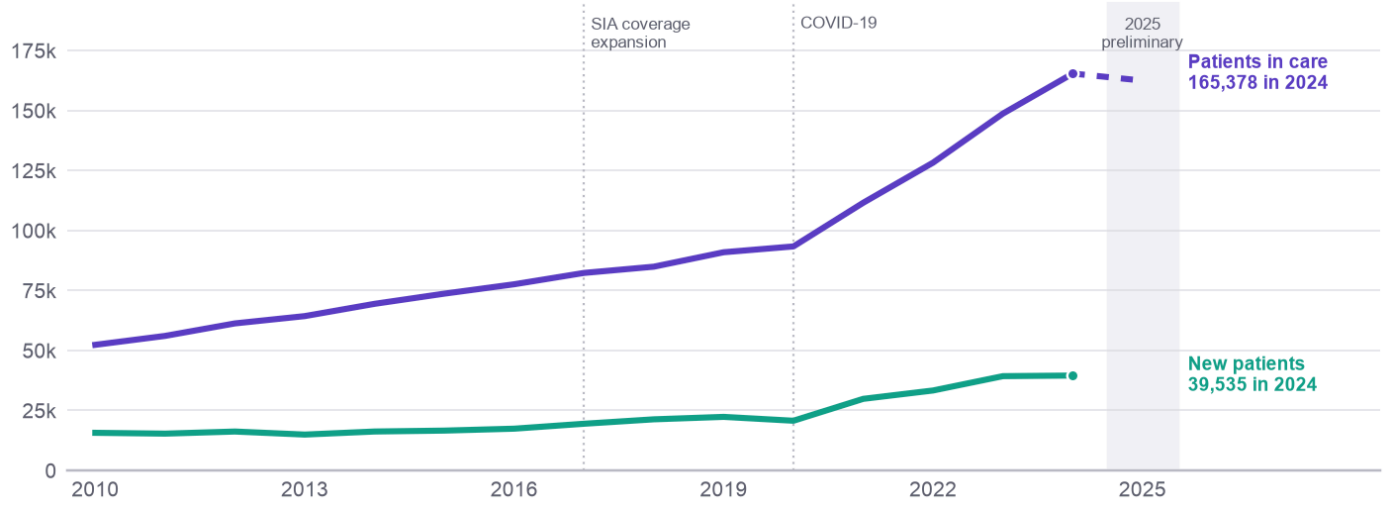
2.3%
Brazil's share of global trials
same condition, start 2016–2025

2,513
SUS facilities with visits or procedures
330 cover 80% of contacts · plus 220 CEAF pharmacies

37 y · 53% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

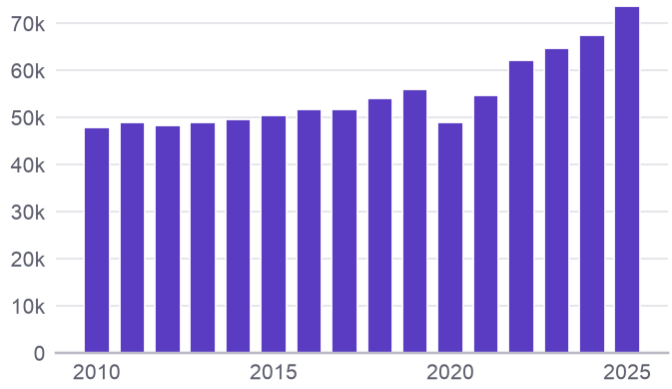
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

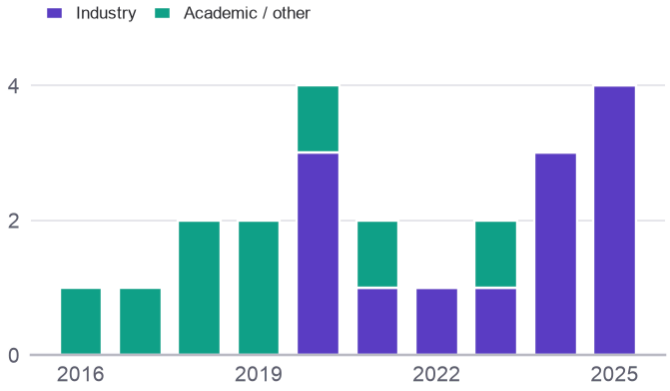
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

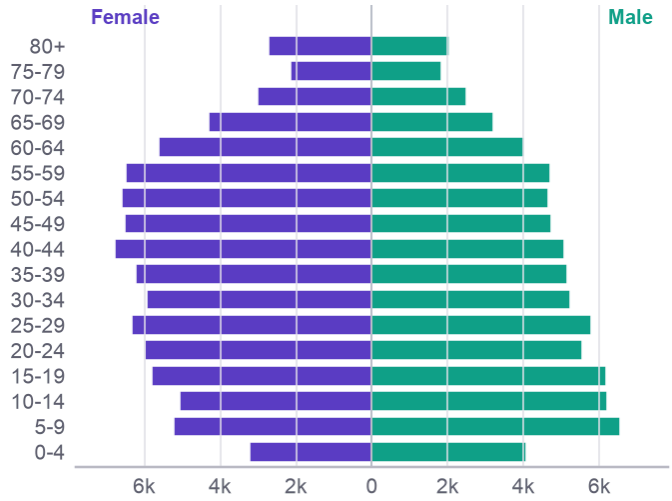
Phase 3: 15 · Not applicable: 5 · Phase 2: 2 · Phase 1: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

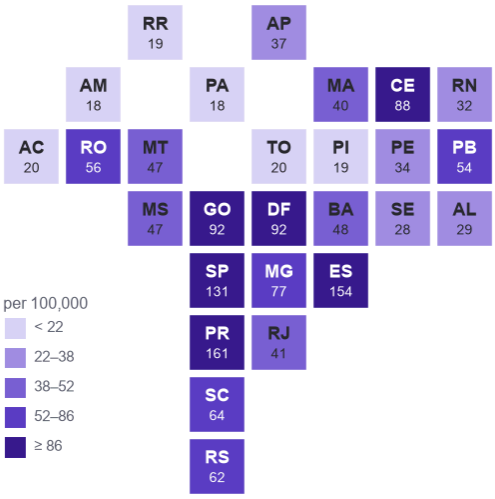
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

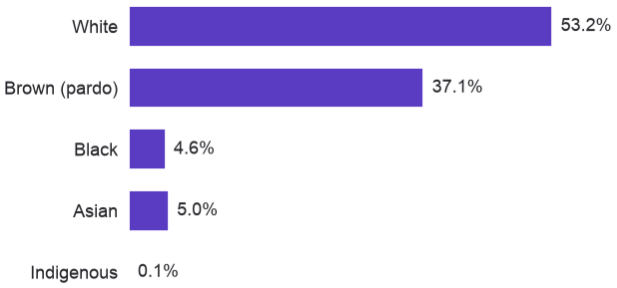
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

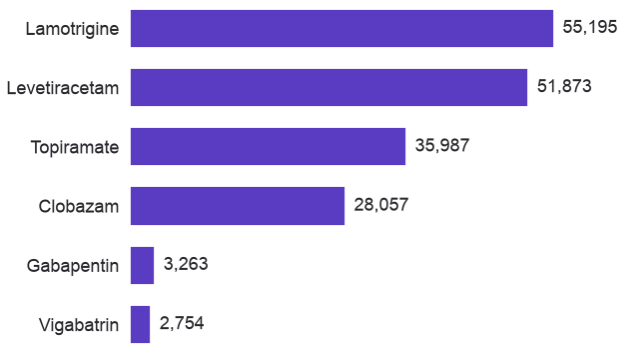
Share among patients with race/colour recorded (90% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **165,378** patients were in SUS specialised outpatient care in 2024 (77.8 per 100,000 inhabitants); **39,535** were new to the system that year (18.6 per 100,000).
- The population in care changed by **+9.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Minas Gerais concentrate **58%** of them. The highest rate is in Paraná (160.9 per 100,000).
- Specialised visits and procedures took place in **2,513** SUS facilities; **330** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 220 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: lamotrigine (55,195 patients) and levetiracetam (51,873 patients).
- **67,436** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 3.0%.
- **22** interventional trials with a Brazilian site started between 2016 and 2025 (13 industry-sponsored, 15 phase 3, 9 still active). Brazil hosts 2.3% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in epilepsy? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NEUROLOGY

Alzheimer's disease and dementia

ICD-10: G30, F00, F01, F03

132,425
Patients in SUS specialised care, 2024
62.3 per 100,000 (treated prevalence)

34,206
New patients in SUS, 2024
16.1 per 100,000 (SUS-recorded incidence)

5,114
SUS hospital admissions, 2024
in-hospital mortality 14.3%

14,309
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

39
Trials with a Brazilian site, 2016–25
22 industry · 18 active now

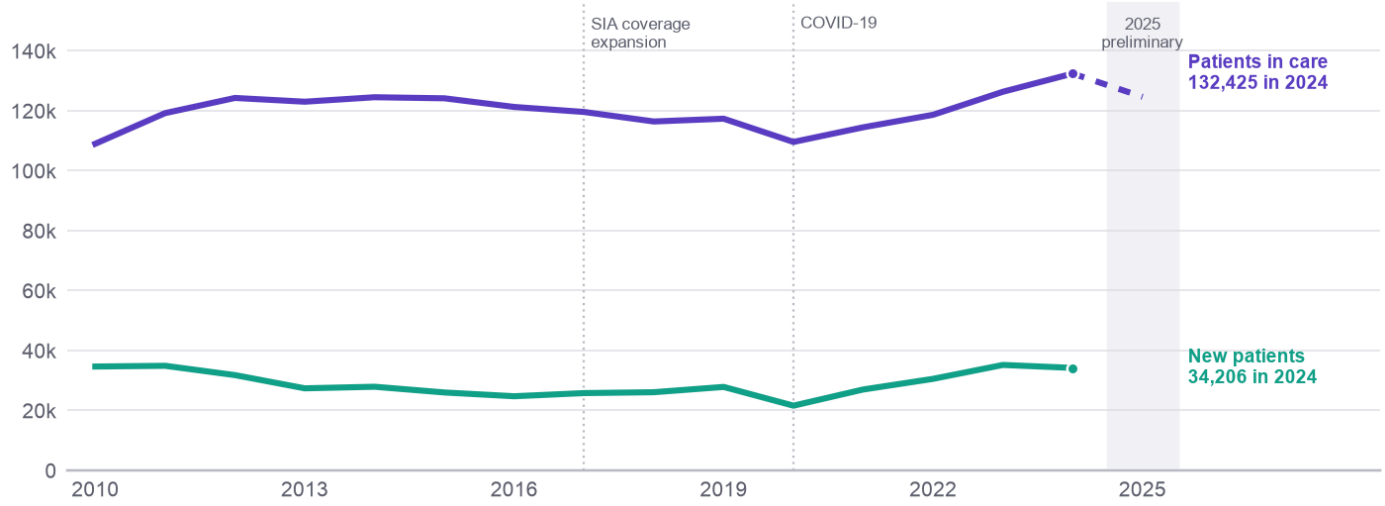
1.8%
Brazil's share of global trials
same condition, start 2016–2025

2,289
SUS facilities with visits or procedures
363 cover 80% of contacts · plus 212 CEAF pharmacies

80 y · 65% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

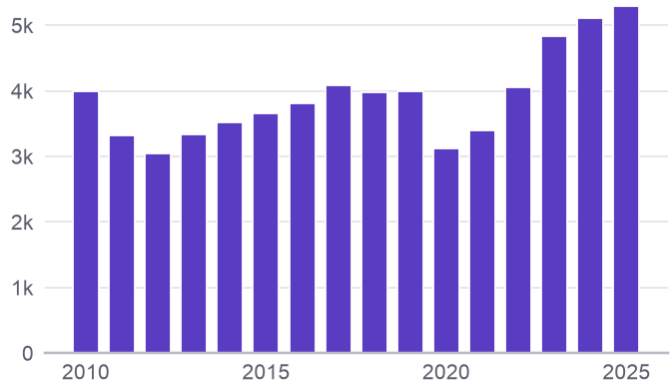
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

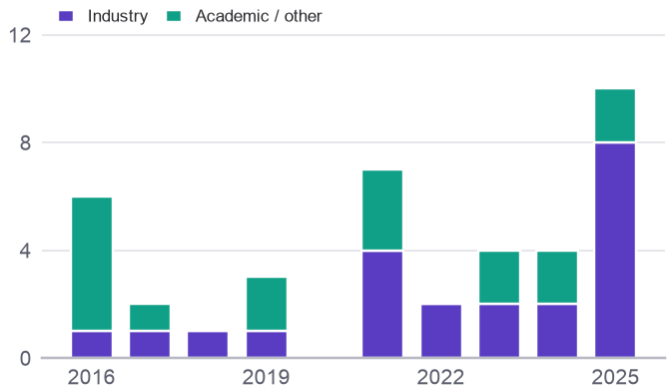
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

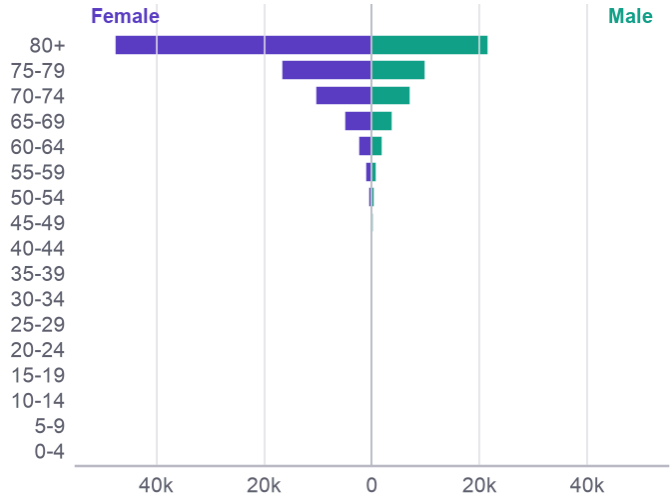
Phase 3: 23 · Not applicable: 11 · Phase 2: 7 · Phase 1: 3 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

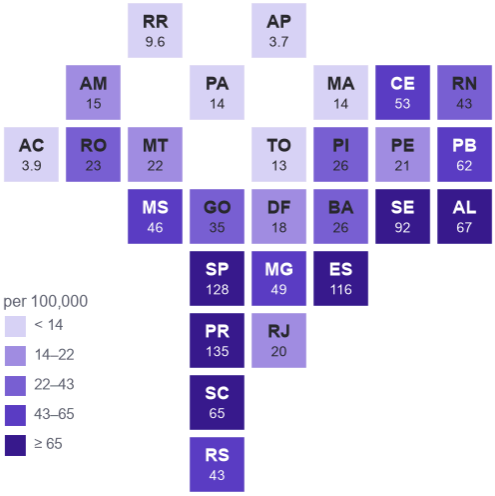
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

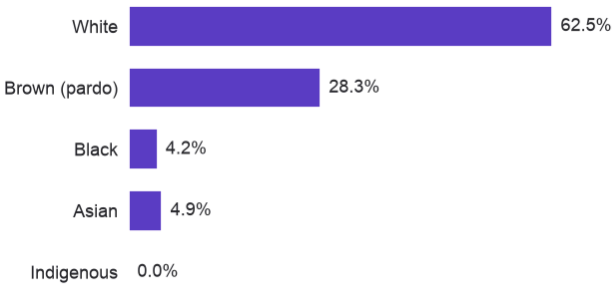
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

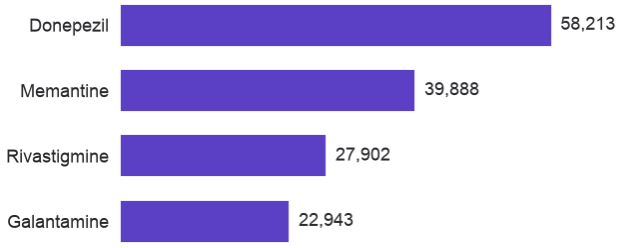
Share among patients with race/colour recorded (89% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **132,425** patients were in SUS specialised outpatient care in 2024 (62.3 per 100,000 inhabitants); **34,206** were new to the system that year (16.1 per 100,000).
- The population in care changed by **+0.6% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Minas Gerais concentrate **64%** of them. The highest rate is in Paraná (134.7 per 100,000).
- Specialised visits and procedures took place in **2,289** SUS facilities; **363** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 212 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: donepezil (58,213 patients) and memantine (39,888 patients).
- **5,114** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 14.3%.
- **39** interventional trials with a Brazilian site started between 2016 and 2025 (22 industry-sponsored, 23 phase 3, 18 still active). Brazil hosts 1.8% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in Alzheimer's disease and dementia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NEUROLOGY

Cerebral palsy

ICD-10: G80

111,409
Patients in SUS specialised care, 2024
52.4 per 100,000 (treated prevalence)

34,840
New patients in SUS, 2024
16.4 per 100,000 (SUS-recorded incidence)

3,801
SUS hospital admissions, 2024
in-hospital mortality 0.9%

3,971
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

11
Trials with a Brazilian site, 2016–25
1 industry · 2 active now

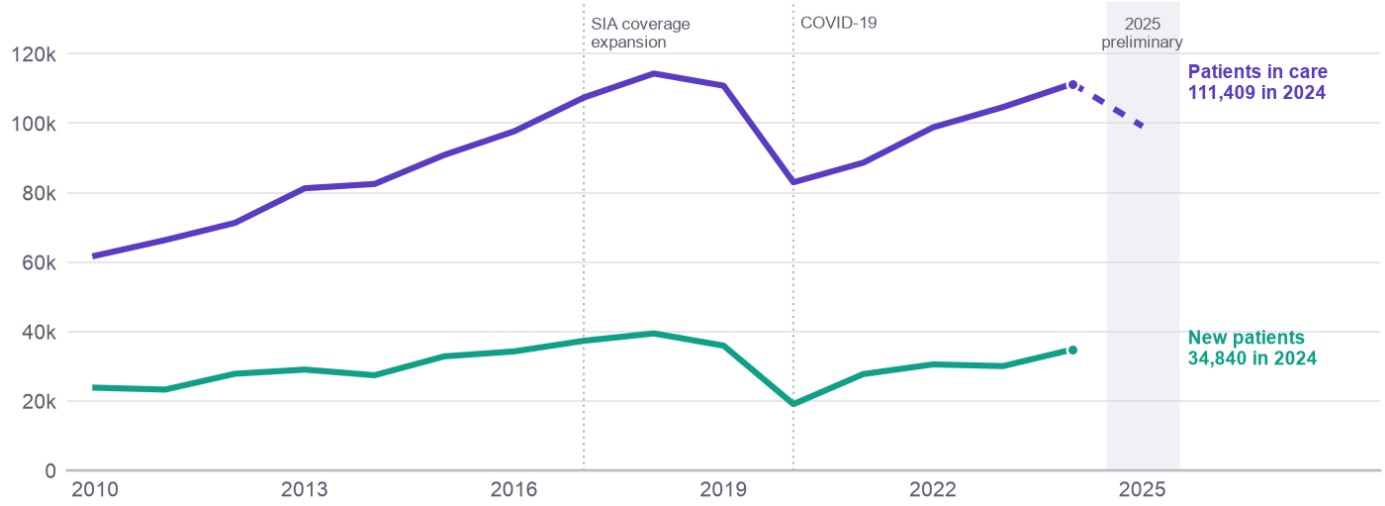
0.8%
Brazil's share of global trials
same condition, start 2016–2025

4,280
SUS facilities with visits or procedures
397 cover 80% of contacts · plus 138 CEAF pharmacies

13 y · 45% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

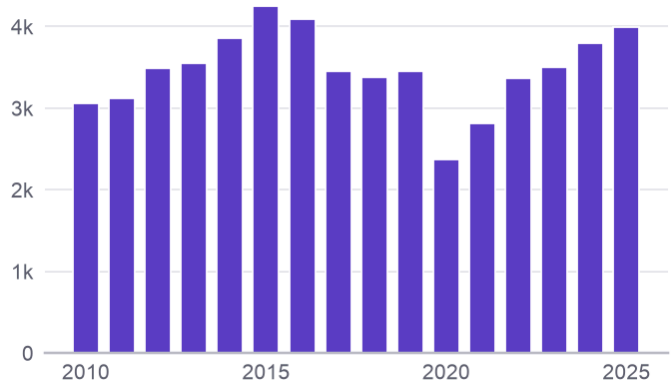
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

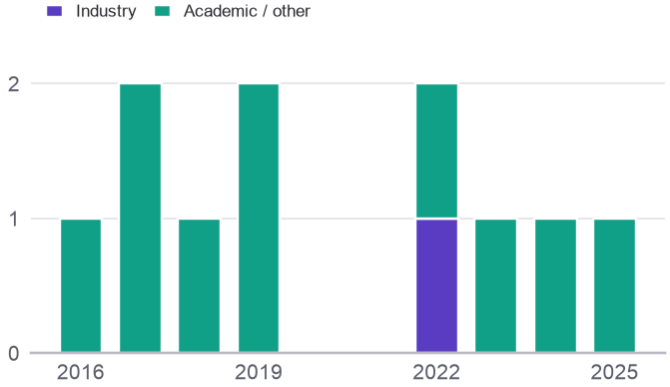
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

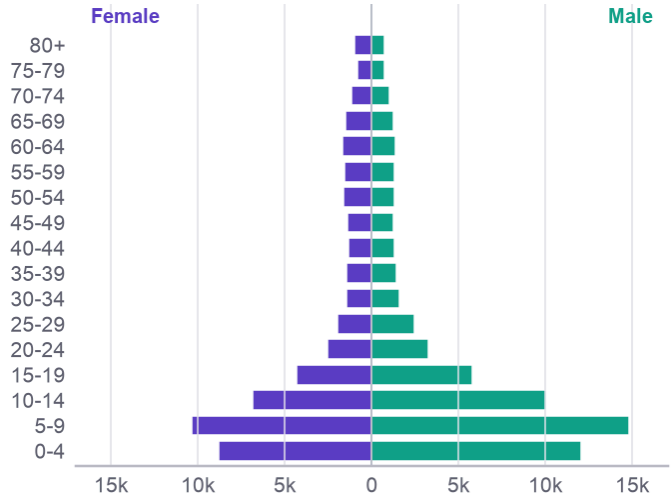
Not applicable: 9 · Phase 3: 2 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

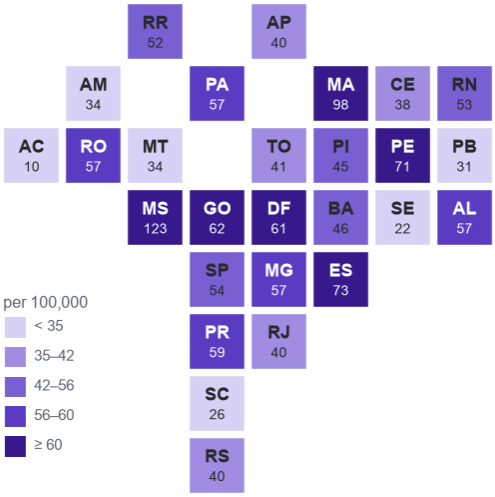
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

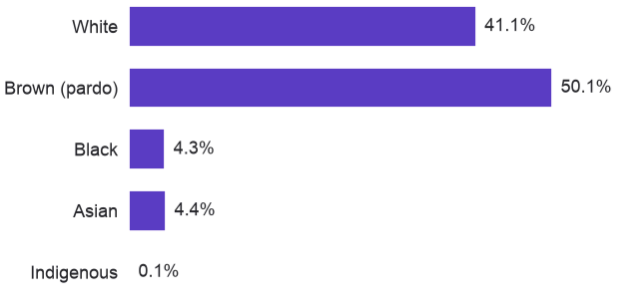
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

6,175

patients with Botulinum toxin type A in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **111,409** patients were in SUS specialised outpatient care in 2024 (52.4 per 100,000 inhabitants); **34,840** were new to the system that year (16.4 per 100,000).
- The population in care changed by **+3.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **39%** of them. The highest rate is in Mato Grosso do Sul (122.5 per 100,000).
- Specialised visits and procedures took place in **4,280** SUS facilities; **397** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 138 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: botulinum toxin type A (6,175 patients).
- **3,801** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.9%.
- **11** interventional trials with a Brazilian site started between 2016 and 2025 (1 industry-sponsored, 2 phase 3, 2 still active). Brazil hosts 0.8% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in cerebral palsy? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NEUROLOGY

Parkinson's disease

ICD-10: G20

75,470
Patients in SUS specialised care, 2024
35.5 per 100,000 (treated prevalence)

16,007
New patients in SUS, 2024
7.5 per 100,000 (SUS-recorded incidence)

1,245
SUS hospital admissions, 2024
in-hospital mortality 6.3%

3,997
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

56
Trials with a Brazilian site, 2016–25
1 industry · 11 active now

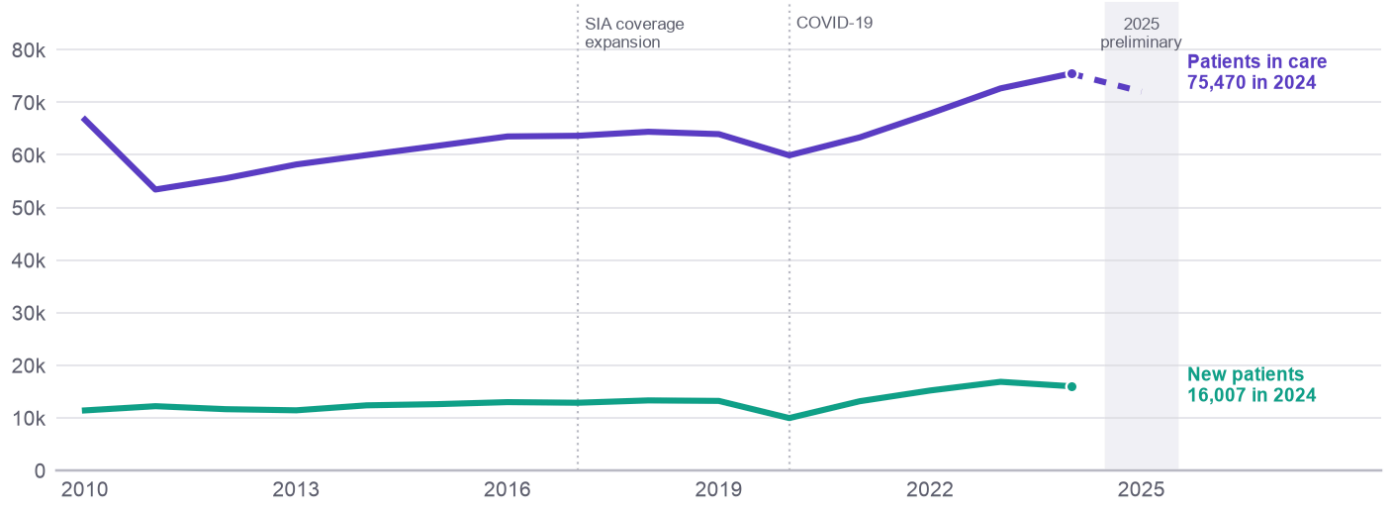
4.8%
Brazil's share of global trials
same condition, start 2016–2025

3,228
SUS facilities with visits or procedures
971 cover 80% of contacts · plus 218 CEAF pharmacies

71 y · 43% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

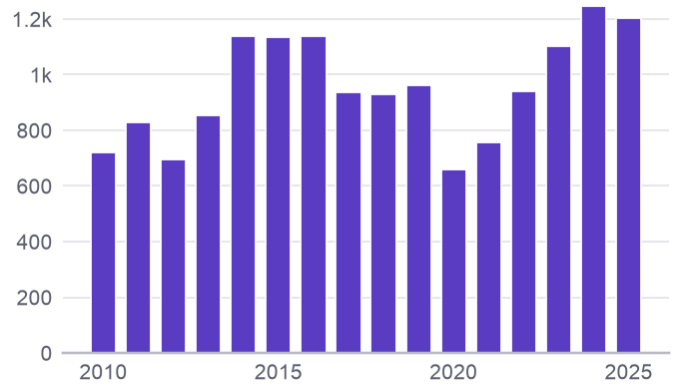
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

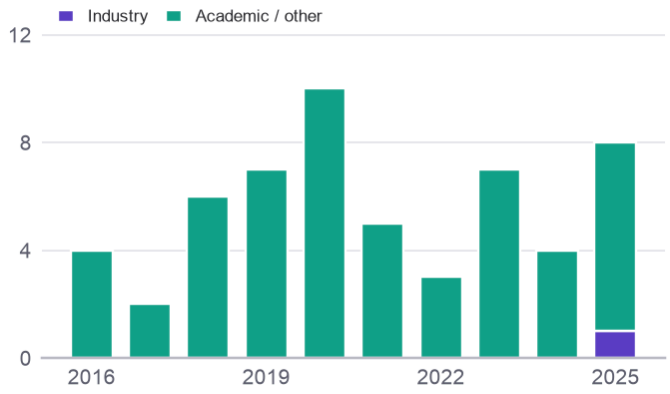
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

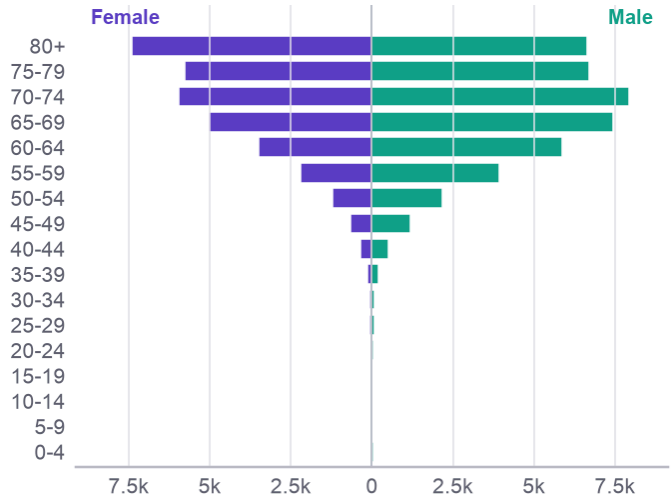
Not applicable: 52 · Phase 2: 3 · Phase 3: 3



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

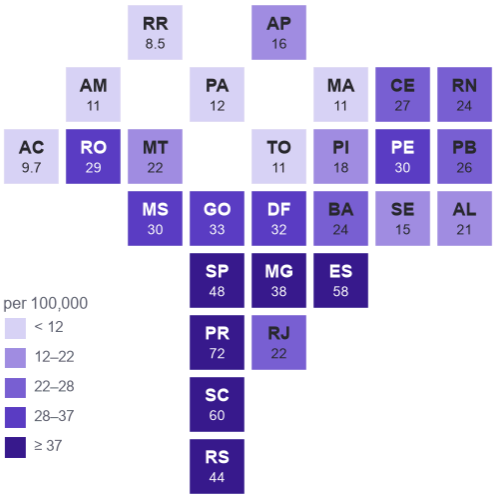
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

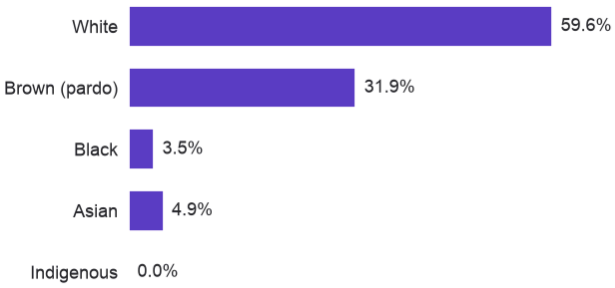
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

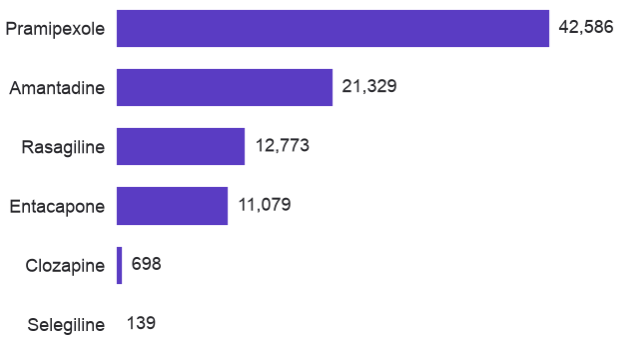
Share among patients with race/colour recorded (88% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **75,470** patients were in SUS specialised outpatient care in 2024 (35.5 per 100,000 inhabitants); **16,007** were new to the system that year (7.5 per 100,000).
- The population in care changed by **+2.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Minas Gerais concentrate **51%** of them. The highest rate is in Paraná (71.6 per 100,000).
- Specialised visits and procedures took place in **3,228** SUS facilities; **971** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 218 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: pramipexole (42,586 patients) and amantadine (21,329 patients).
- **1,245** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 6.3%.
- **56** interventional trials with a Brazilian site started between 2016 and 2025 (1 industry-sponsored, 3 phase 3, 11 still active). Brazil hosts 4.8% of the trials registered worldwide for this condition in the same period.

Data notes. The registry's own condition mapping assigns about 55 oncology trials to a Parkinson's-related term; TechTrials excludes them, but the registry-based global share may be overstated.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in Parkinson's disease? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

NEUROLOGY

Fibromyalgia

ICD-10: M797

60,117
Patients in SUS specialised care, 2024
28.3 per 100,000 (treated prevalence)

29,681
New patients in SUS, 2024
14.0 per 100,000 (SUS-recorded incidence)

305
SUS hospital admissions, 2024
in-hospital mortality 0.3%

970
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

30
Trials with a Brazilian site, 2016–25
0 industry · 5 active now

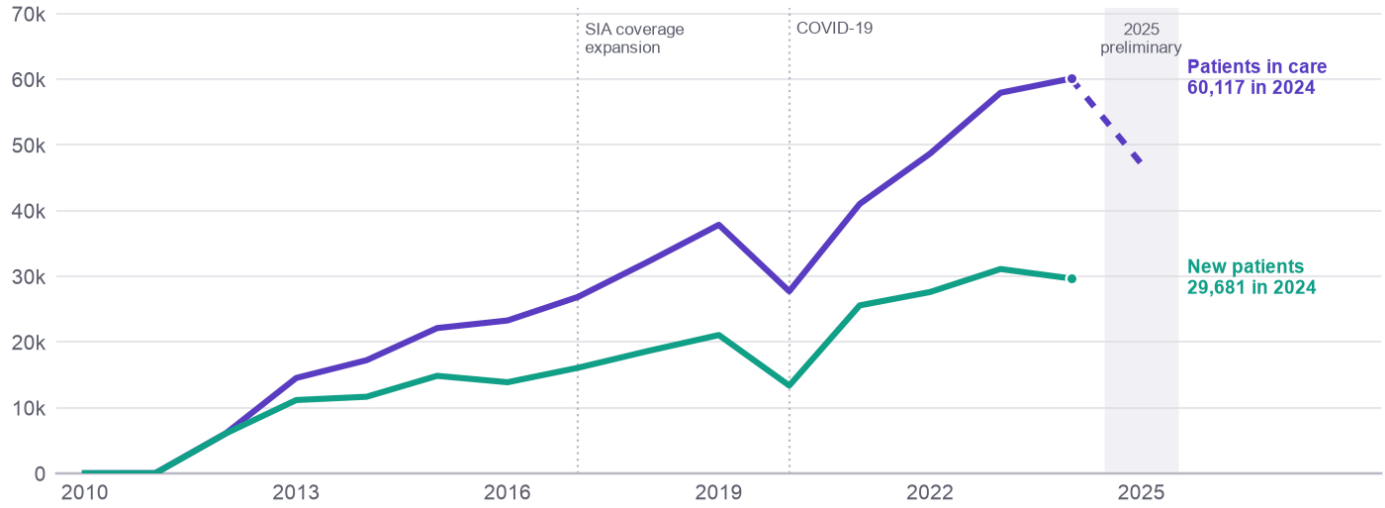
5.0%
Brazil's share of global trials
same condition, start 2016–2025

2,793
SUS facilities with visits or procedures
183 cover 80% of contacts

55 y · 74% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

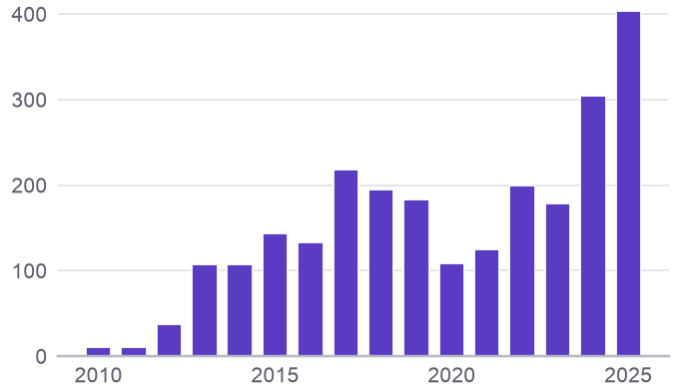
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

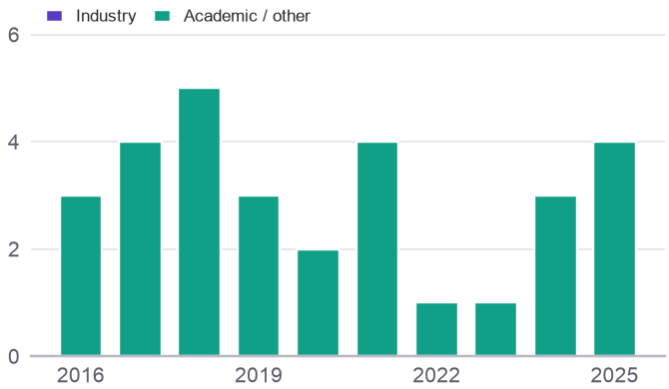
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

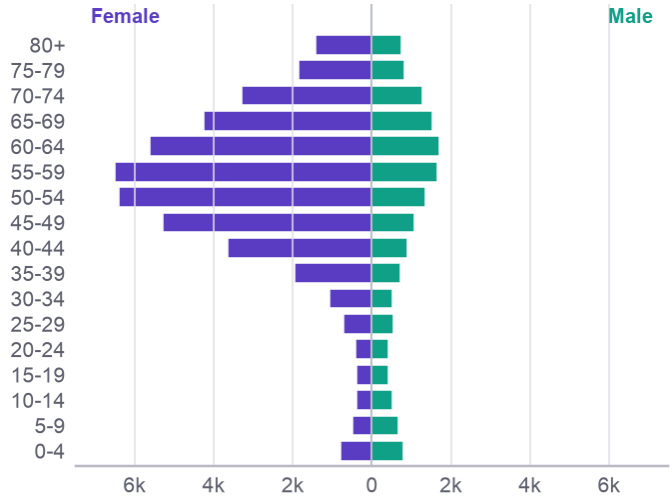
Not applicable: 27 · Phase 2: 3 · Phase 1: 1 · Phase 3: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

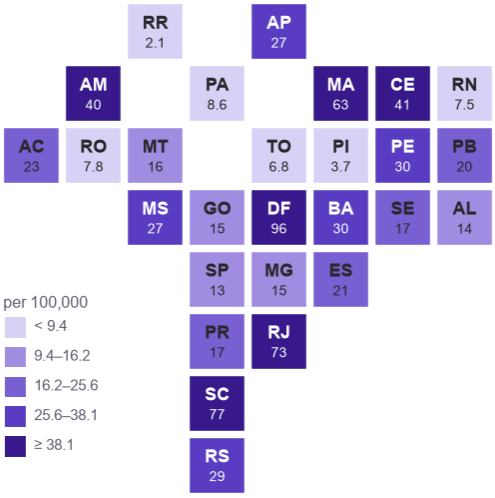
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

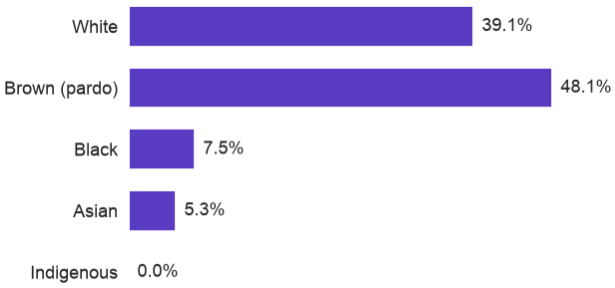
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **60,117** patients were in SUS specialised outpatient care in 2024 (28.3 per 100,000 inhabitants); **29,681** were new to the system that year (14.0 per 100,000).
- The population in care changed by **+13.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; Rio de Janeiro, Santa Catarina and São Paulo concentrate **41%** of them. The highest rate is in Distrito Federal (96.5 per 100,000).
- Specialised visits and procedures took place in **2,793** SUS facilities; **183** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **305** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.3%.
- **30** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 1 phase 3, 5 still active). Brazil hosts 5.0% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care. Trials in Brazil for this condition are almost entirely academic (physiotherapy, behavioural or device studies).

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in fibromyalgia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NEUROLOGY

Multiple sclerosis

ICD-10: G35

30,950
Patients in SUS specialised care, 2024
14.6 per 100,000 (treated prevalence)

3,951
New patients in SUS, 2024
1.9 per 100,000 (SUS-recorded incidence)

8,321
SUS hospital admissions, 2024
in-hospital mortality 0.4%

2,436
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

32
Trials with a Brazilian site, 2016–25
24 industry · 20 active now

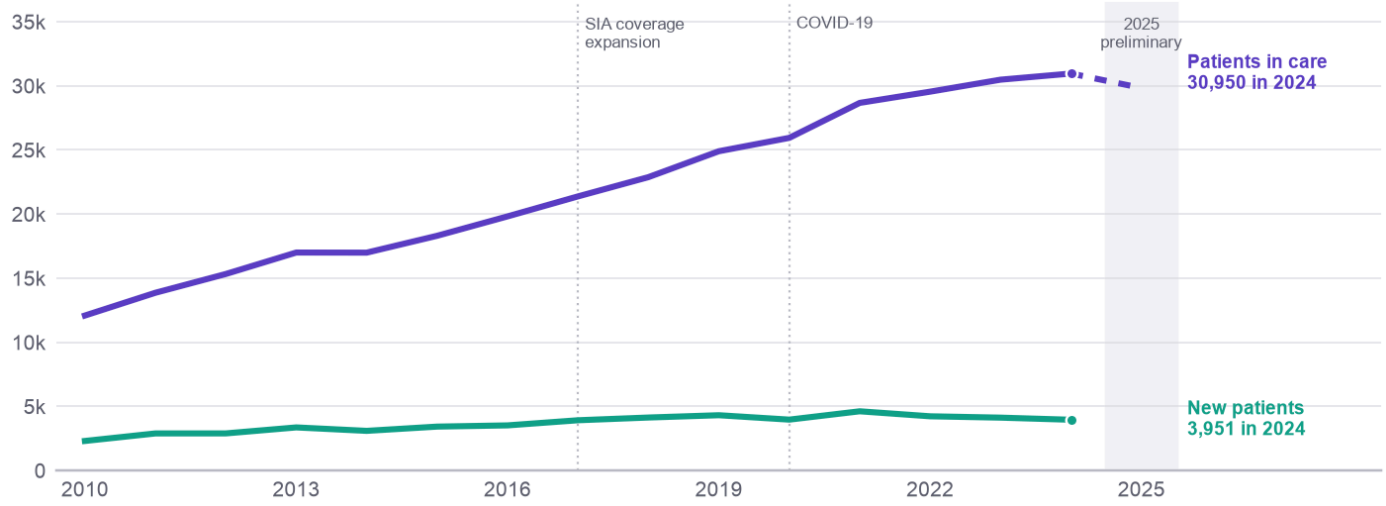
2.2%
Brazil's share of global trials
same condition, start 2016–2025

1,348
SUS facilities with visits or procedures
399 cover 80% of contacts · plus 204 CEAF pharmacies

42 y · 71% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

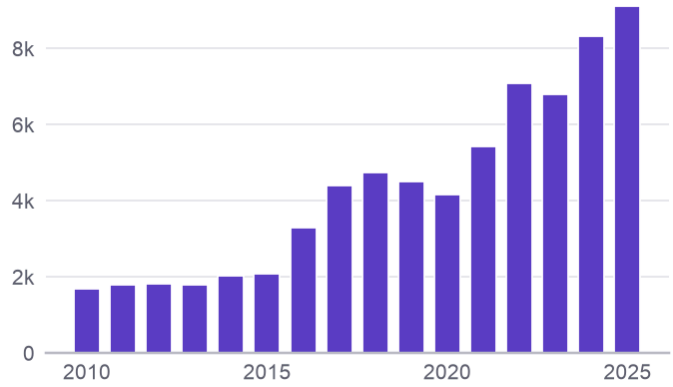
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

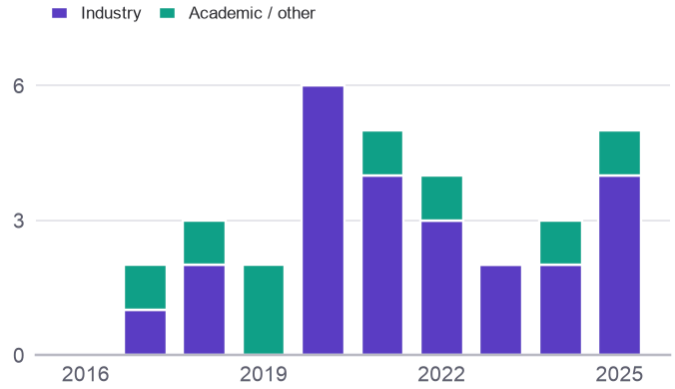
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

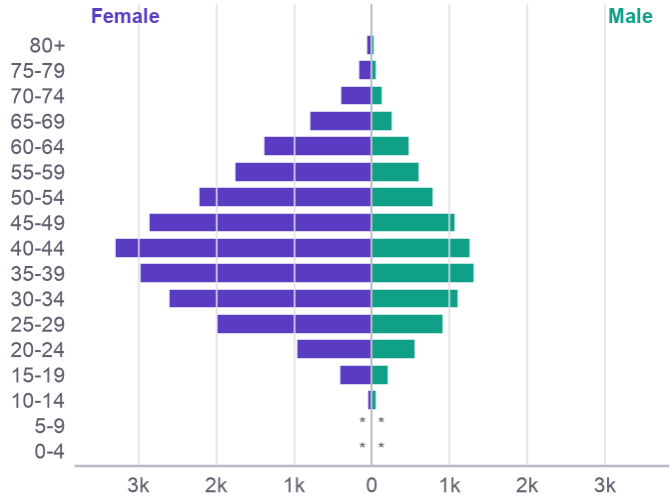
Phase 3: 21 · Not applicable: 6 · Phase 2: 3 · Phase 1: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

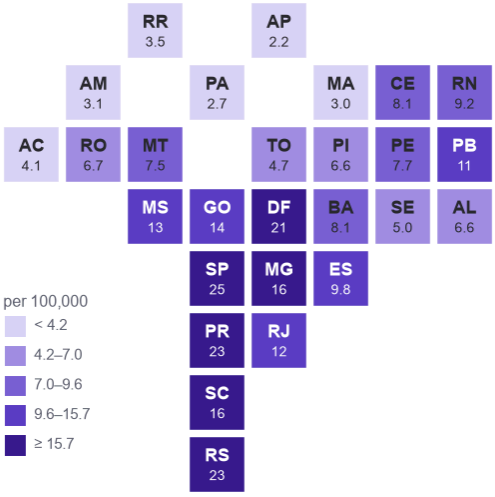
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

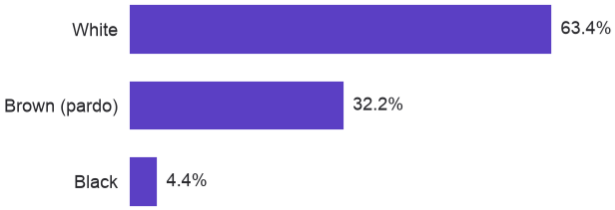
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

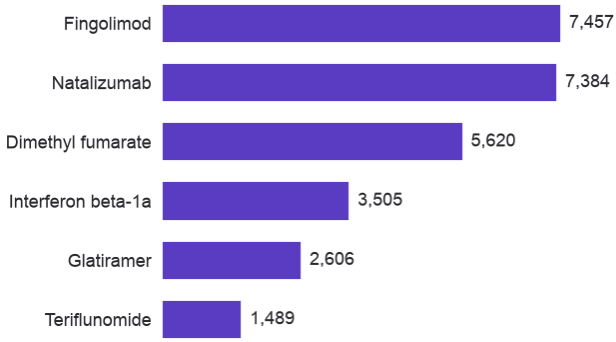
Share among patients with race/colour recorded (78% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **30,950** patients were in SUS specialised outpatient care in 2024 (14.6 per 100,000 inhabitants); **3,951** were new to the system that year (1.9 per 100,000).
- The population in care changed by **+6.2% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **56%** of them. The highest rate is in São Paulo (24.5 per 100,000).
- Specialised visits and procedures took place in **1,348** SUS facilities; **399** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 204 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: fingolimod (7,457 patients) and natalizumab (7,384 patients).
- **8,321** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.4%.
- **32** interventional trials with a Brazilian site started between 2016 and 2025 (24 industry-sponsored, 21 phase 3, 20 still active). Brazil hosts 2.2% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in multiple sclerosis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NEUROLOGY

Migraine

ICD-10: G43

27,046
Patients in SUS specialised care, 2024
12.7 per 100,000 (treated prevalence)

12,917
New patients in SUS, 2024
6.1 per 100,000 (SUS-recorded incidence)

9,726
SUS hospital admissions, 2024
in-hospital mortality 0.9%

3,823
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

15
Trials with a Brazilian site, 2016–25
4 industry · 2 active now

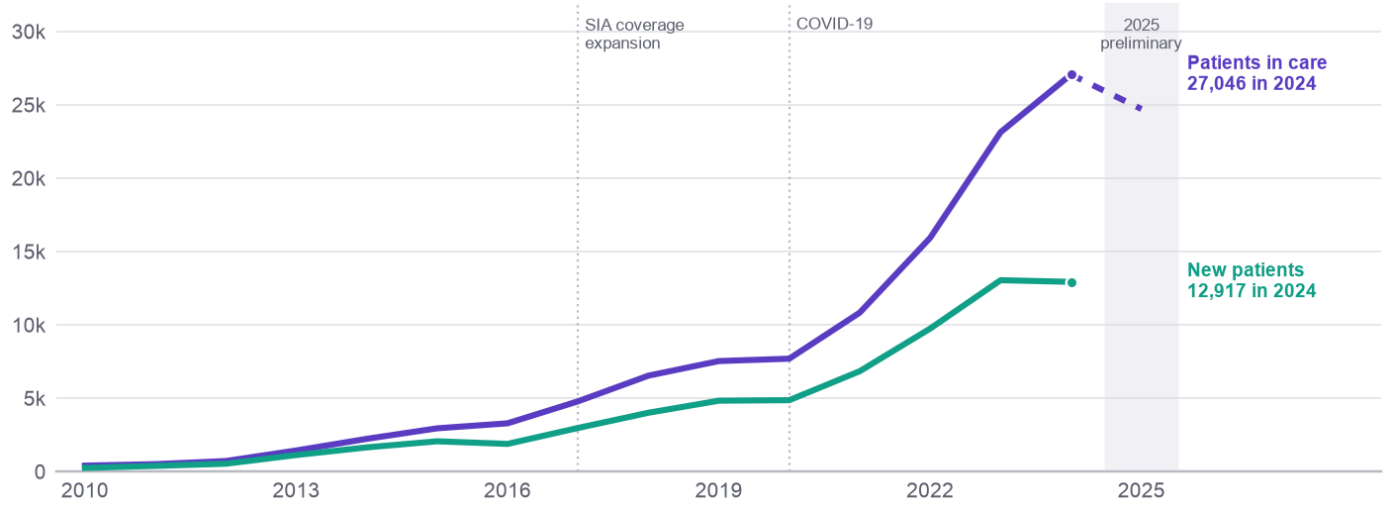
1.9%
Brazil's share of global trials
same condition, start 2016–2025

934
SUS facilities with visits or procedures
177 cover 80% of contacts

35 y · 86% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

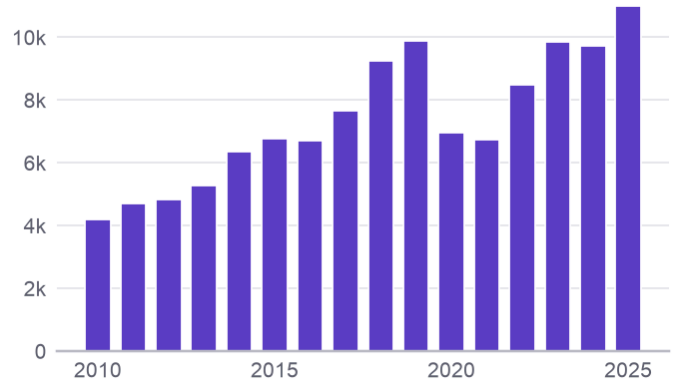
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

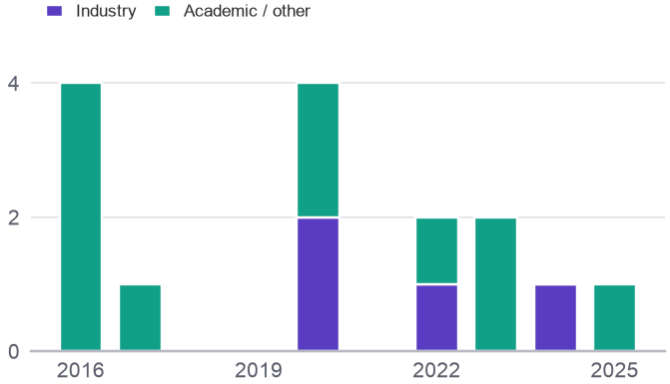
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

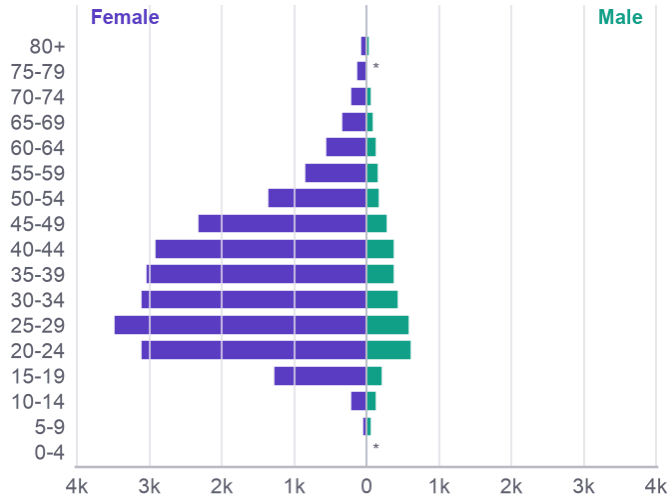
Not applicable: 7 · Phase 2: 5 · Phase 3: 4 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

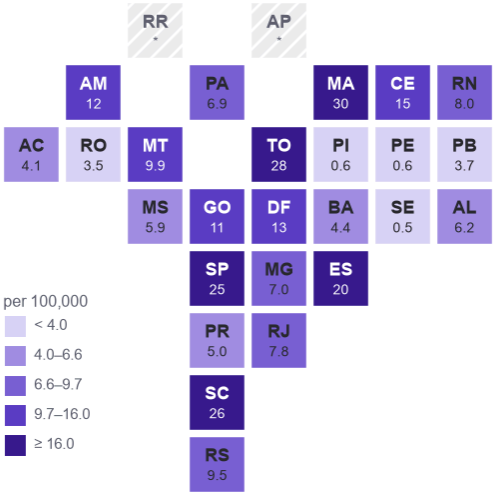
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

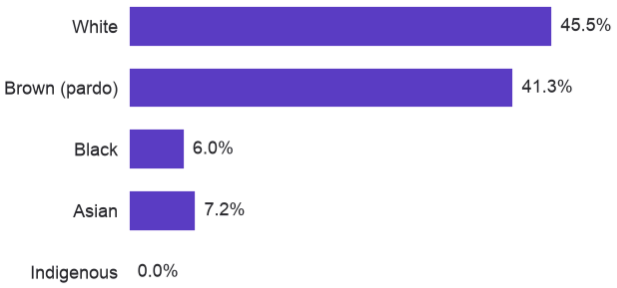
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **27,046** patients were in SUS specialised outpatient care in 2024 (12.7 per 100,000 inhabitants); **12,917** were new to the system that year (6.1 per 100,000).
- The population in care changed by **+28.4% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Santa Catarina and Maranhão concentrate **58%** of them. The highest rate is in Maranhão (29.7 per 100,000).
- Specialised visits and procedures took place in **934** SUS facilities; **177** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **9,726** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.9%.
- **15** interventional trials with a Brazilian site started between 2016 and 2025 (4 industry-sponsored, 4 phase 3, 2 still active). Brazil hosts 1.9% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in migraine? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NEUROLOGY

Myasthenia gravis

ICD-10: G700

6,759
Patients in SUS specialised care, 2024
3.2 per 100,000 (treated prevalence)

1,234
New patients in SUS, 2024
0.58 per 100,000 (SUS-recorded incidence)

1,135
SUS hospital admissions, 2024
in-hospital mortality 3.9%

864
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

10
Trials with a Brazilian site, 2016–25
10 industry · 8 active now

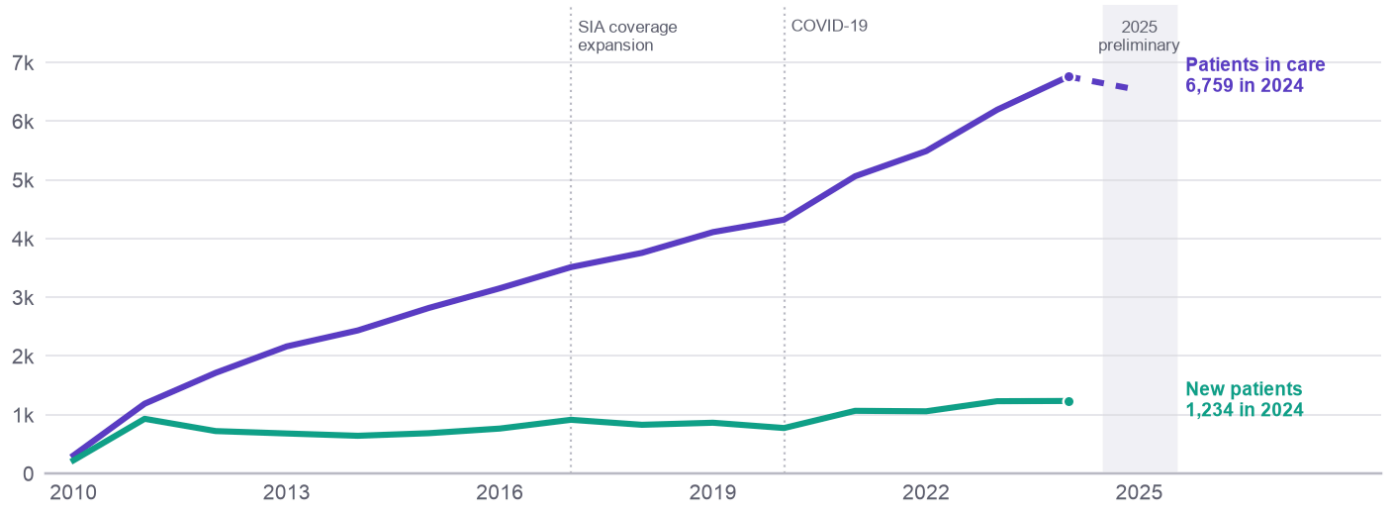
6.4%
Brazil's share of global trials
same condition, start 2016–2025

300
SUS facilities with visits or procedures
123 cover 80% of contacts · plus 204 CEAF pharmacies

52 y · 64% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

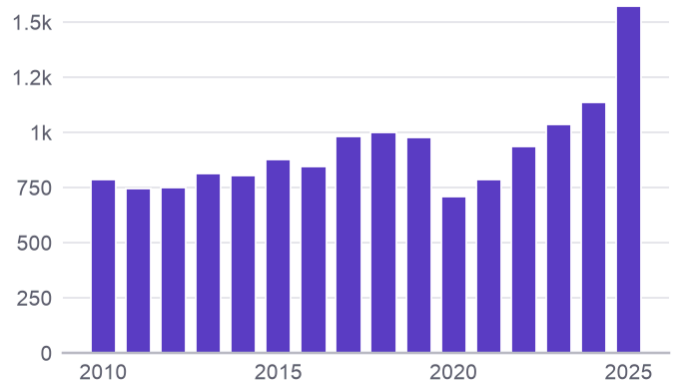
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

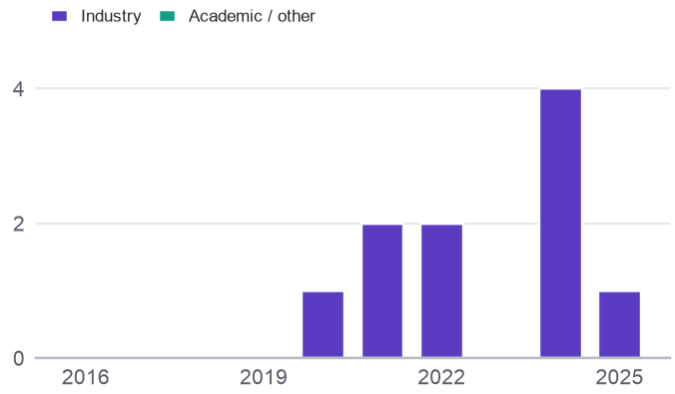
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

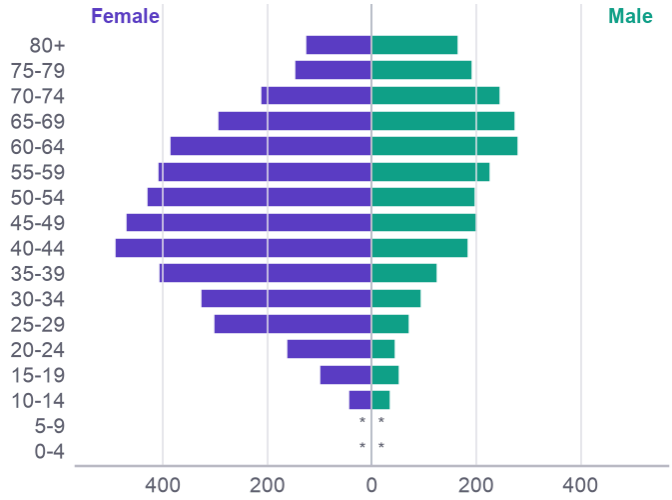
Phase 3: 10 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

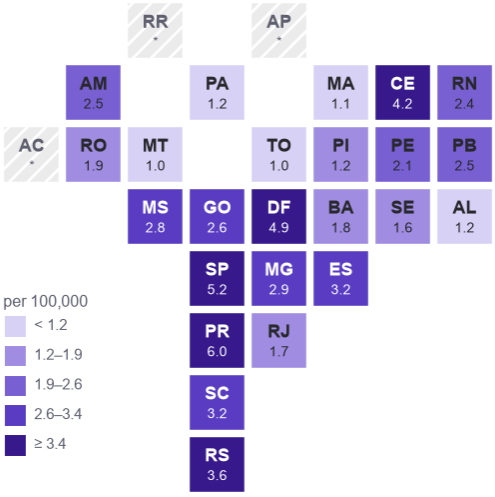
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

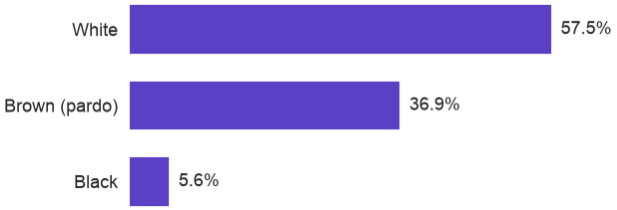
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

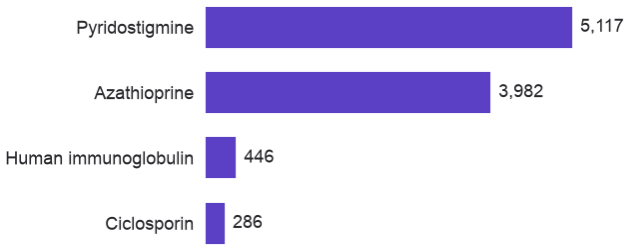
Share among patients with race/colour recorded (88% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **6,759** patients were in SUS specialised outpatient care in 2024 (3.2 per 100,000 inhabitants); **1,234** were new to the system that year (0.58 per 100,000).
- The population in care changed by **+10.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Minas Gerais concentrate **55%** of them. The highest rate is in Paraná (6.0 per 100,000).
- Specialised visits and procedures took place in **300** SUS facilities; **123** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 204 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: pyridostigmine (5,117 patients) and azathioprine (3,982 patients).
- **1,135** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 3.9%.
- **10** interventional trials with a Brazilian site started between 2016 and 2025 (10 industry-sponsored, 10 phase 3, 8 still active). Brazil hosts 6.4% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in myasthenia gravis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NEUROLOGY

Spinal muscular atrophy

ICD-10: G120, G121

5,949
Patients in SUS specialised care, 2024
2.8 per 100,000 (treated prevalence)

2,593
New patients in SUS, 2024
1.2 per 100,000 (SUS-recorded incidence)

1,013
SUS hospital admissions, 2024
in-hospital mortality 0.3%

649
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

8
Trials with a Brazilian site, 2016–25
8 industry · 2 active now

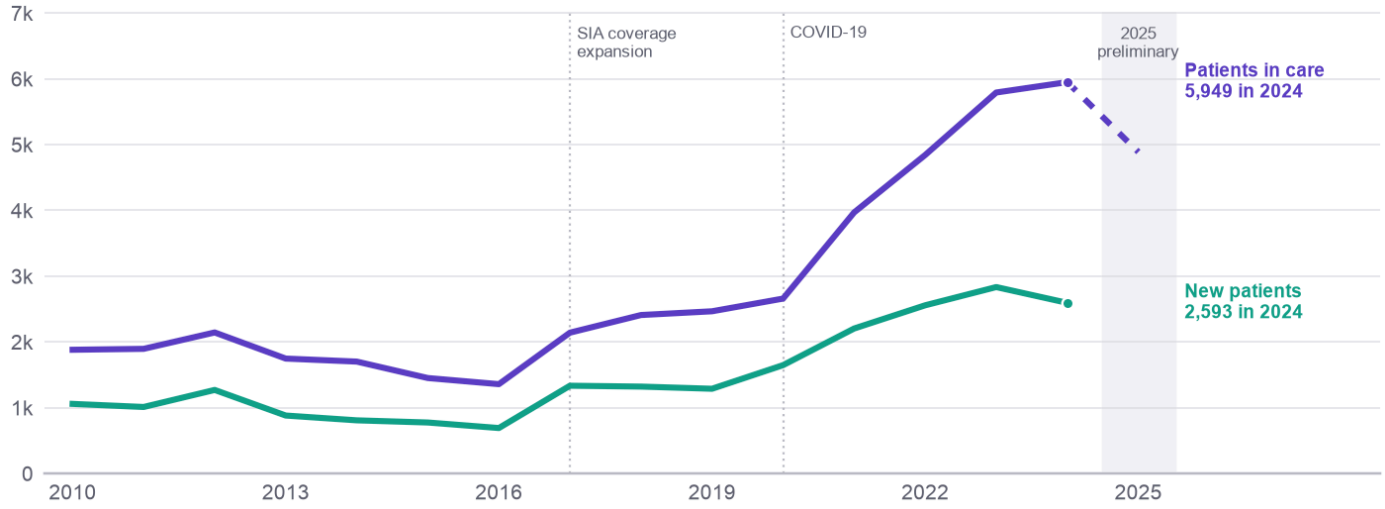
5.9%
Brazil's share of global trials
same condition, start 2016–2025

356
SUS facilities with visits or procedures
16 cover 80% of contacts · plus 72 CEAF pharmacies

46 y · 54% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

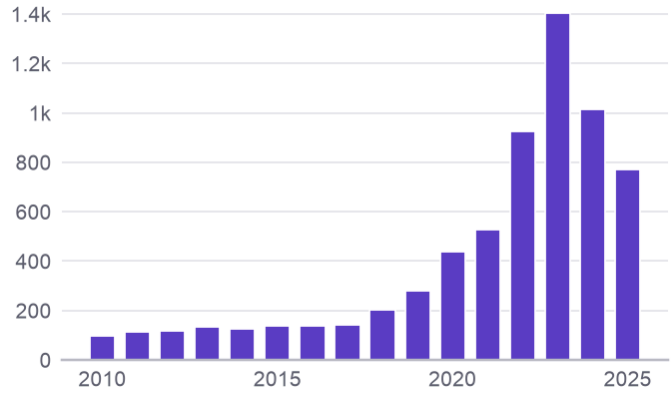
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

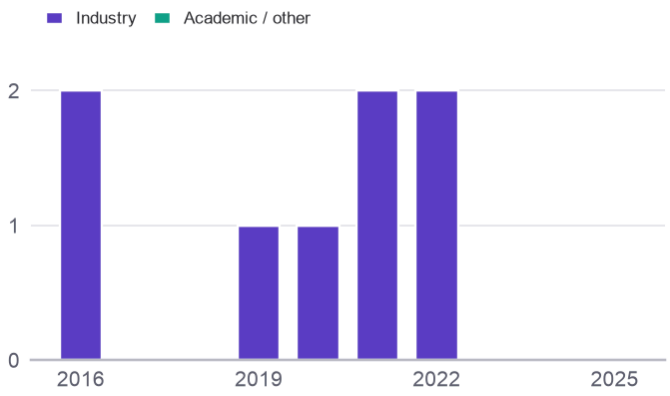
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

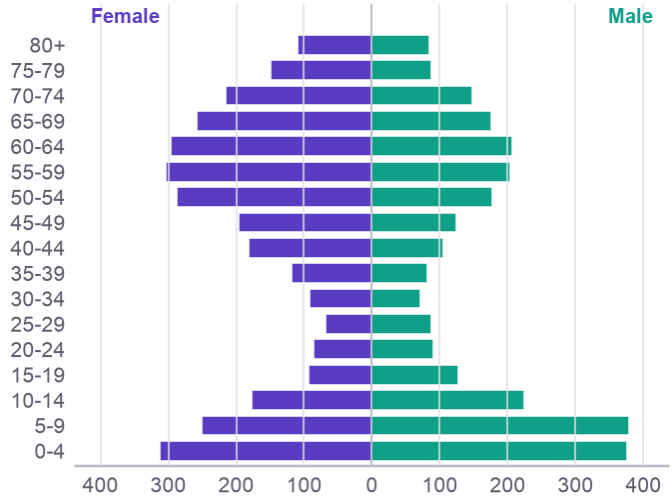
Phase 3: 4 · Phase 2: 3 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

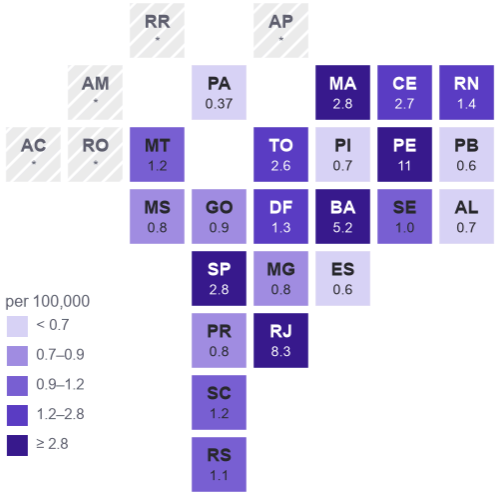
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

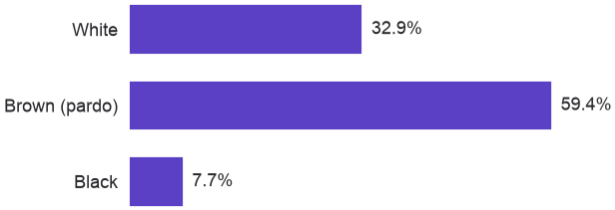
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **5,949** patients were in SUS specialised outpatient care in 2024 (2.8 per 100,000 inhabitants); **2,593** were new to the system that year (1.2 per 100,000).
- The population in care changed by **+13.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; Rio de Janeiro, São Paulo and Pernambuco concentrate **64%** of them. The highest rate is in Pernambuco (11.4 per 100,000).
- Specialised visits and procedures took place in **356** SUS facilities; **16** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 72 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: nusinersen (398 patients) and risdiplam (380 patients).
- **1,013** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.3%.
- **8** interventional trials with a Brazilian site started between 2016 and 2025 (8 industry-sponsored, 4 phase 3, 2 still active). Brazil hosts 5.9% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in spinal muscular atrophy? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Mental health

8 conditions · 177 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Schizophrenia	337,523	158.8	47,184	36,640	12	0.9%	210
Autism spectrum disorder	329,758	155.1	132,987	1,069	11	0.9%	212
Bipolar disorder	171,150	80.5	50,030	26,808	13	2.3%	214
Anxiety disorders	105,313	49.5	55,874	3,045	54	1.1%	216
ADHD	70,546	33.2	34,927	181	12	1.5%	218
Substance use disorders	50,194	23.6	17,086	84,190	13	0.4%	220
Major depressive disorder	33,414	15.7	15,631	38,804	77	1.9%	222
Insomnia	1,030	0.48	519	208	21	1.5%	224

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

MENTAL HEALTH

Schizophrenia

ICD-10: F20

337,523
Patients in SUS specialised care, 2024
158.8 per 100,000 (treated prevalence)

47,184
New patients in SUS, 2024
22.2 per 100,000 (SUS-recorded incidence)

36,640
SUS hospital admissions, 2024
in-hospital mortality 0.2%

31,236
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

12
Trials with a Brazilian site, 2016–25
8 industry · 2 active now

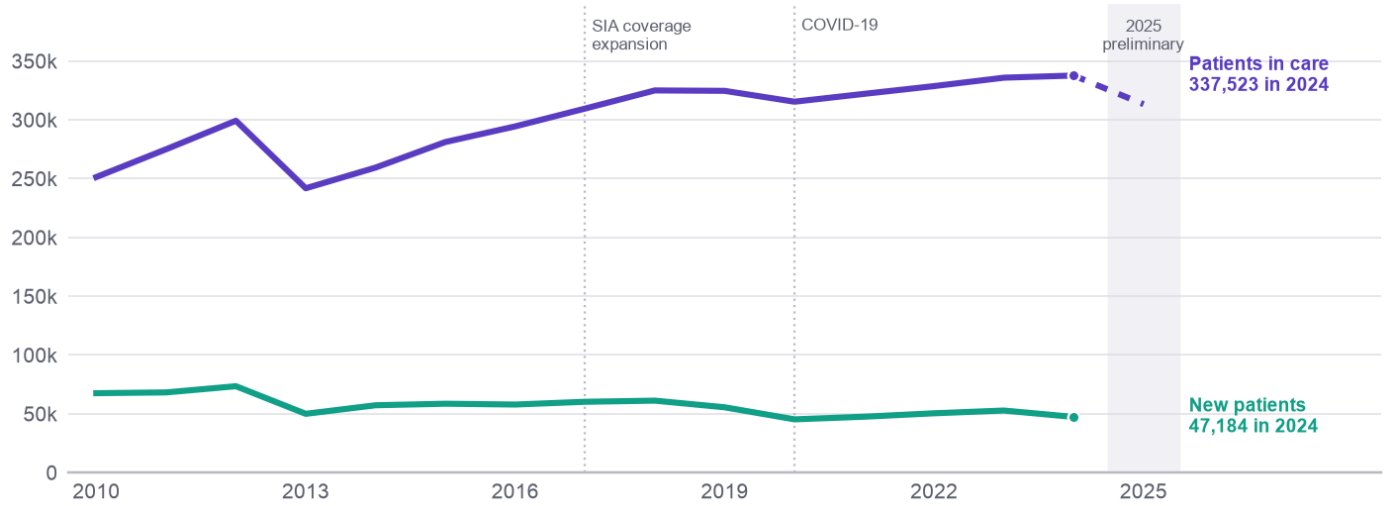
0.9%
Brazil's share of global trials
same condition, start 2016–2025

1,719
SUS facilities with visits or procedures
310 cover 80% of contacts · plus 219 CEAF pharmacies

49 y · 47% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

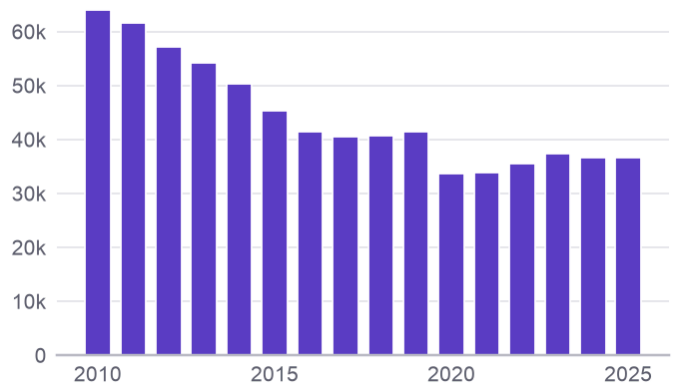
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

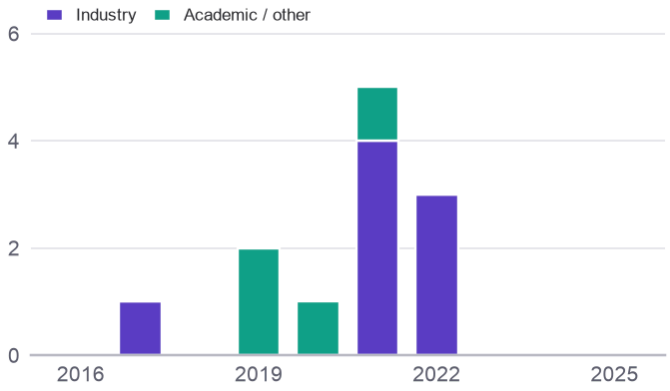
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

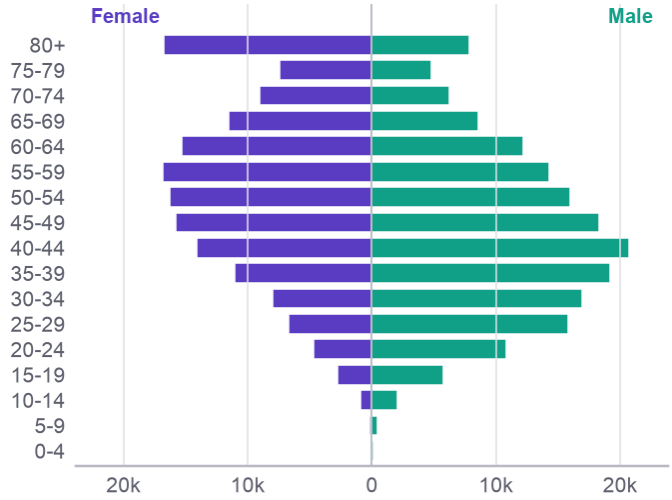
Phase 3: 9 · Phase 2: 4 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

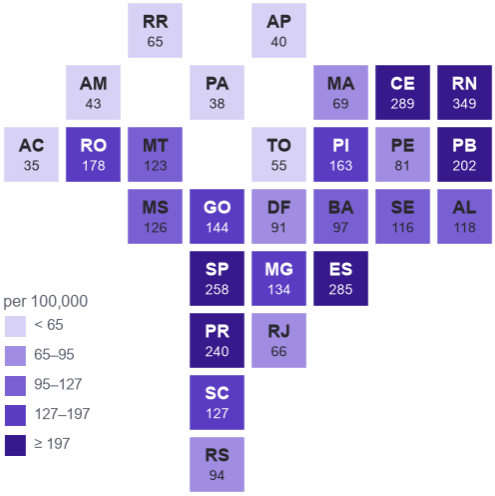
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

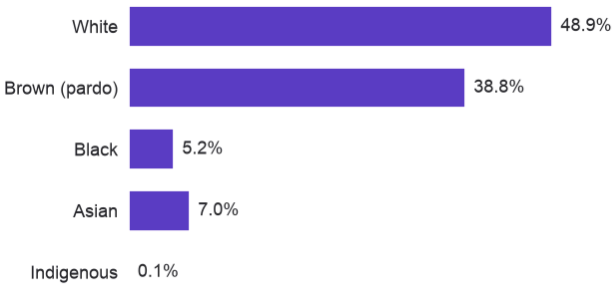
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

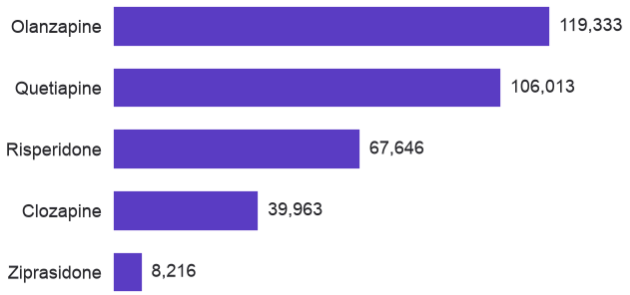
Share among patients with race/colour recorded (82% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **337,523** patients were in SUS specialised outpatient care in 2024 (158.8 per 100,000 inhabitants); **47,184** were new to the system that year (22.2 per 100,000).
- The population in care changed by **+2.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **52%** of them. The highest rate is in Rio Grande do Norte (348.7 per 100,000).
- Specialised visits and procedures took place in **1,719** SUS facilities; **310** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 219 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: olanzapine (119,333 patients) and quetiapine (106,013 patients).
- **36,640** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.2%.
- **12** interventional trials with a Brazilian site started between 2016 and 2025 (8 industry-sponsored, 9 phase 3, 2 still active). Brazil hosts 0.9% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in schizophrenia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

MENTAL HEALTH

Autism spectrum disorder

ICD-10: F84

329,758
Patients in SUS specialised care, 2024
155.1 per 100,000 (treated prevalence)

132,987
New patients in SUS, 2024
62.6 per 100,000 (SUS-recorded incidence)

1,069
SUS hospital admissions, 2024
in-hospital mortality 0.1%

4,571
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

11
Trials with a Brazilian site, 2016–25
1 industry · 3 active now

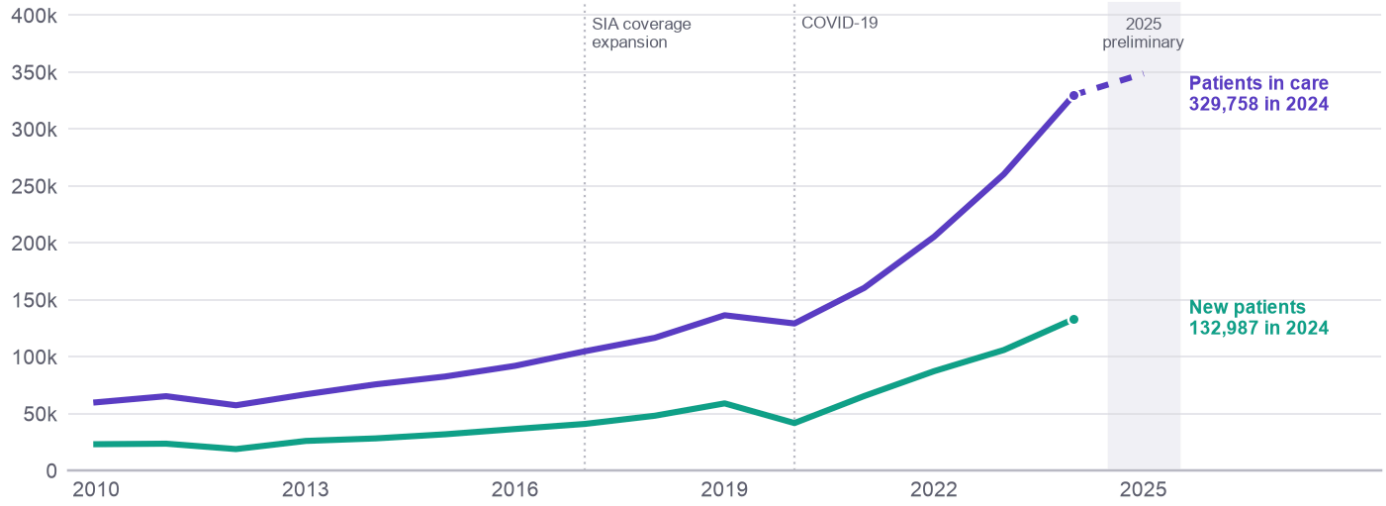
0.9%
Brazil's share of global trials
same condition, start 2016–2025

4,027
SUS facilities with visits or procedures
680 cover 80% of contacts · plus 209 CEAF pharmacies

9 y · 32% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

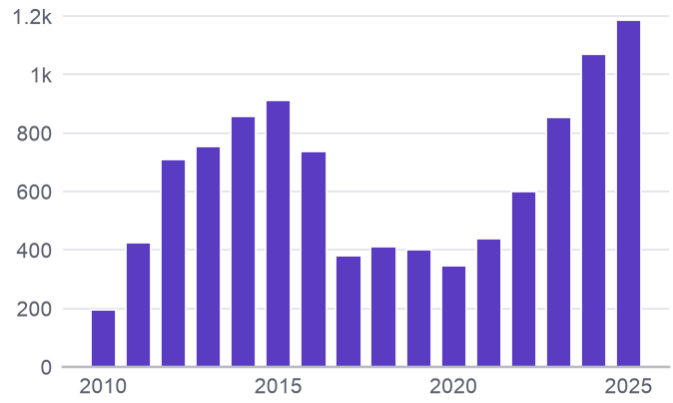
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

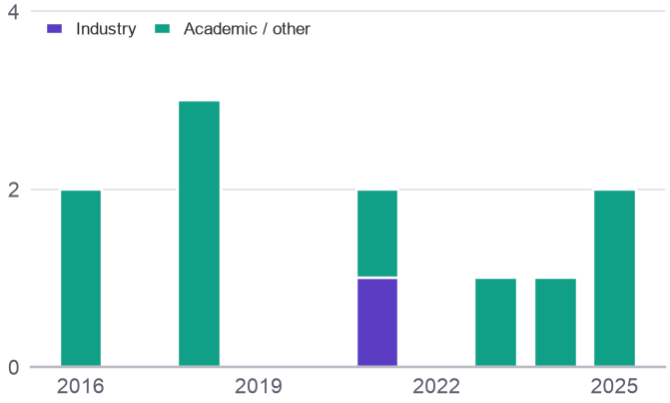
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

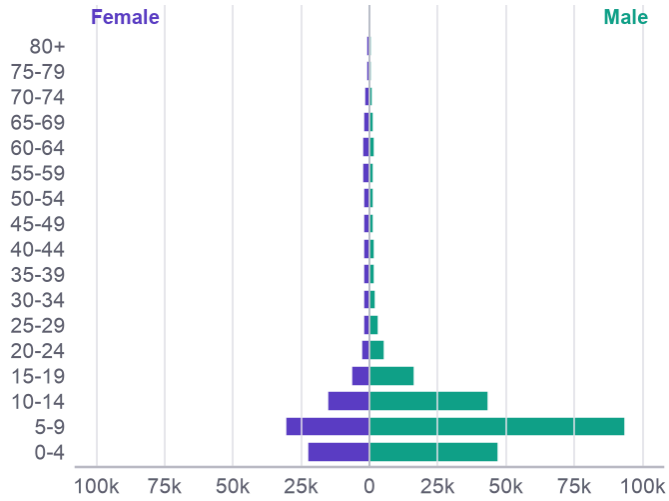
Not applicable: 8 · Phase 3: 2 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

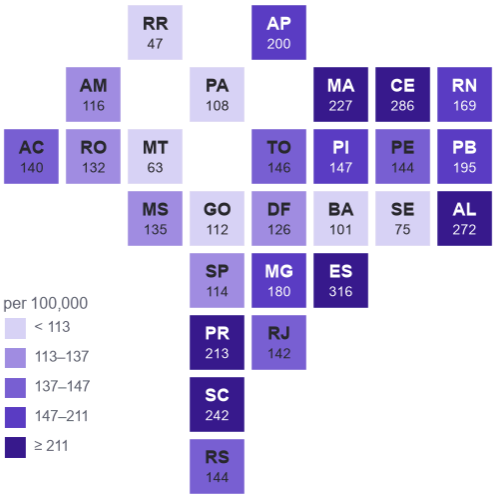
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

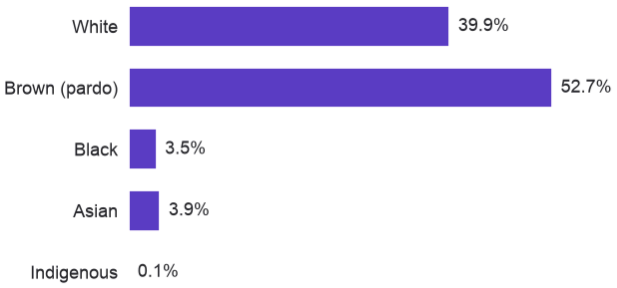
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (99% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

47,576

patients with Risperidone in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **329,758** patients were in SUS specialised outpatient care in 2024 (155.1 per 100,000 inhabitants); **132,987** were new to the system that year (62.6 per 100,000).
- The population in care changed by **+15.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Ceará concentrate **36%** of them. The highest rate is in Espírito Santo (315.5 per 100,000).
- Specialised visits and procedures took place in **4,027** SUS facilities; **680** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 209 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: risperidone (47,576 patients).
- **1,069** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.1%.
- **11** interventional trials with a Brazilian site started between 2016 and 2025 (1 industry-sponsored, 2 phase 3, 3 still active). Brazil hosts 0.9% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in autism spectrum disorder? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

MENTAL HEALTH

Bipolar disorder

ICD-10: F31

171,150
Patients in SUS specialised care, 2024
80.5 per 100,000 (treated prevalence)

50,030
New patients in SUS, 2024
23.5 per 100,000 (SUS-recorded incidence)

26,808
SUS hospital admissions, 2024
in-hospital mortality 0.1%

37,915
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

13
Trials with a Brazilian site, 2016–25
3 industry · 5 active now

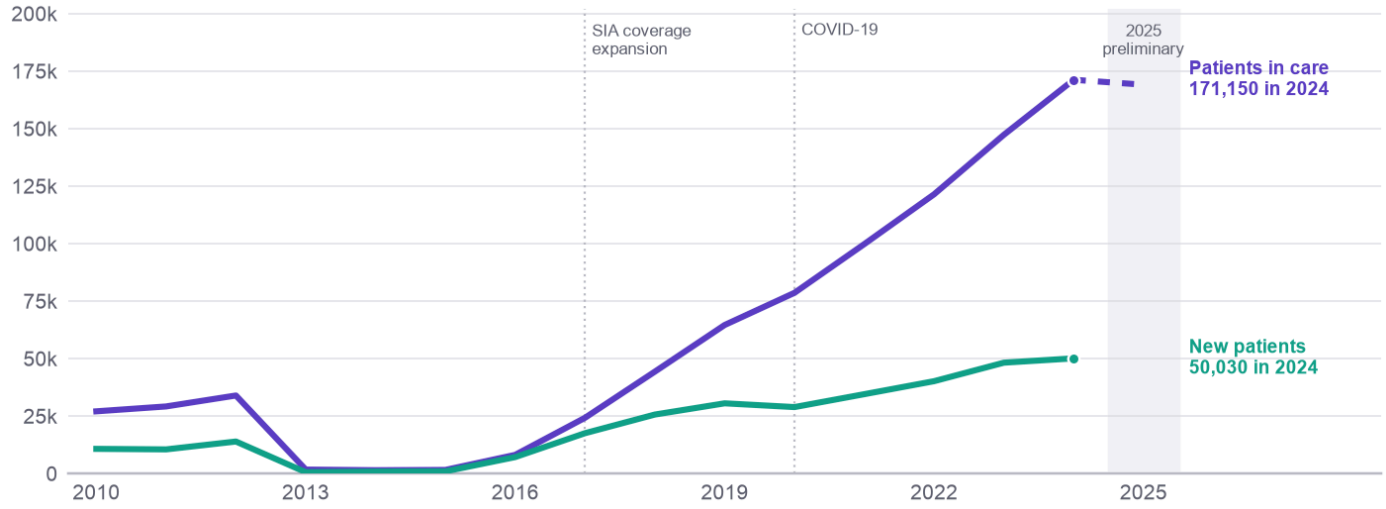
2.3%
Brazil's share of global trials
same condition, start 2016–2025

1,220
SUS facilities with visits or procedures
220 cover 80% of contacts · plus 215 CEAF pharmacies

49 y · 70% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

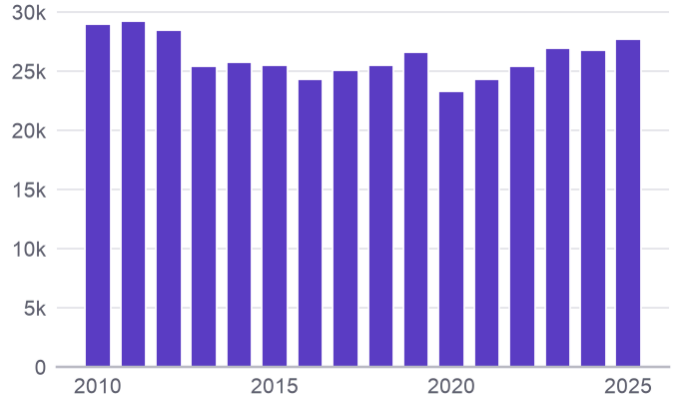
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

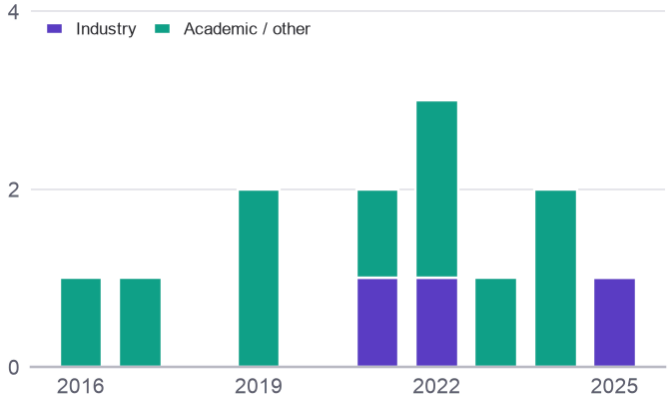
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

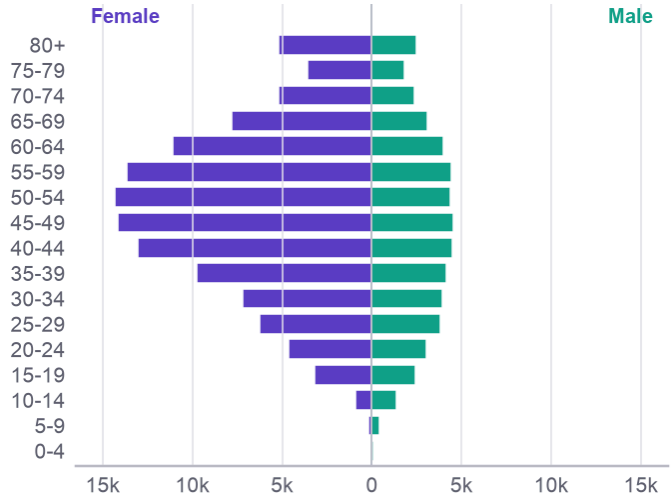
Not applicable: 7 · Phase 3: 4 · Phase 2: 4 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

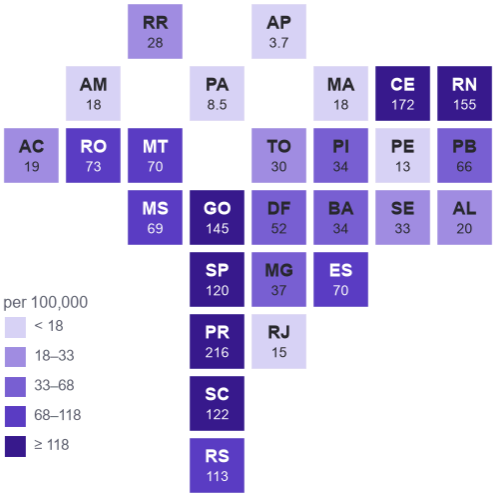
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

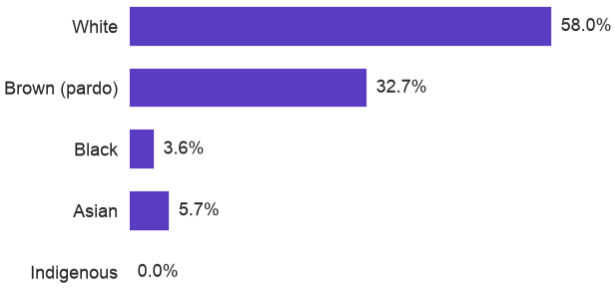
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

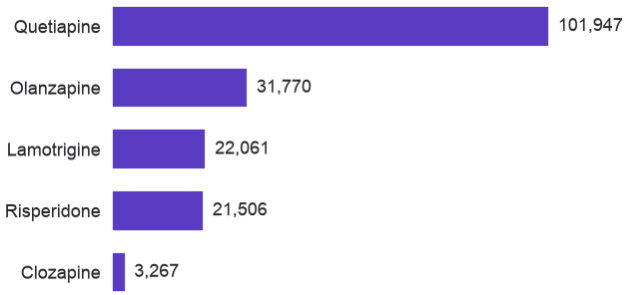
Share among patients with race/colour recorded (92% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **171,150** patients were in SUS specialised outpatient care in 2024 (80.5 per 100,000 inhabitants); **50,030** were new to the system that year (23.5 per 100,000).
- The population in care changed by **+61.8% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Ceará concentrate **56%** of them. The highest rate is in Paraná (215.9 per 100,000).
- Specialised visits and procedures took place in **1,220** SUS facilities; **220** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 215 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: quetiapine (101,947 patients) and olanzapine (31,770 patients).
- **26,808** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.1%.
- **13** interventional trials with a Brazilian site started between 2016 and 2025 (3 industry-sponsored, 4 phase 3, 5 still active). Brazil hosts 2.3% of the trials registered worldwide for this condition in the same period.

Data notes. The 2017 expansion of outpatient records tripled the recorded series.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in bipolar disorder? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

MENTAL HEALTH

Anxiety disorders

ICD-10: F40, F41

105,313
Patients in SUS specialised care, 2024
49.5 per 100,000 (treated prevalence)

55,874
New patients in SUS, 2024
26.3 per 100,000 (SUS-recorded incidence)

3,045
SUS hospital admissions, 2024
in-hospital mortality 0.2%

7,517
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

54
Trials with a Brazilian site, 2016–25
0 industry · 10 active now

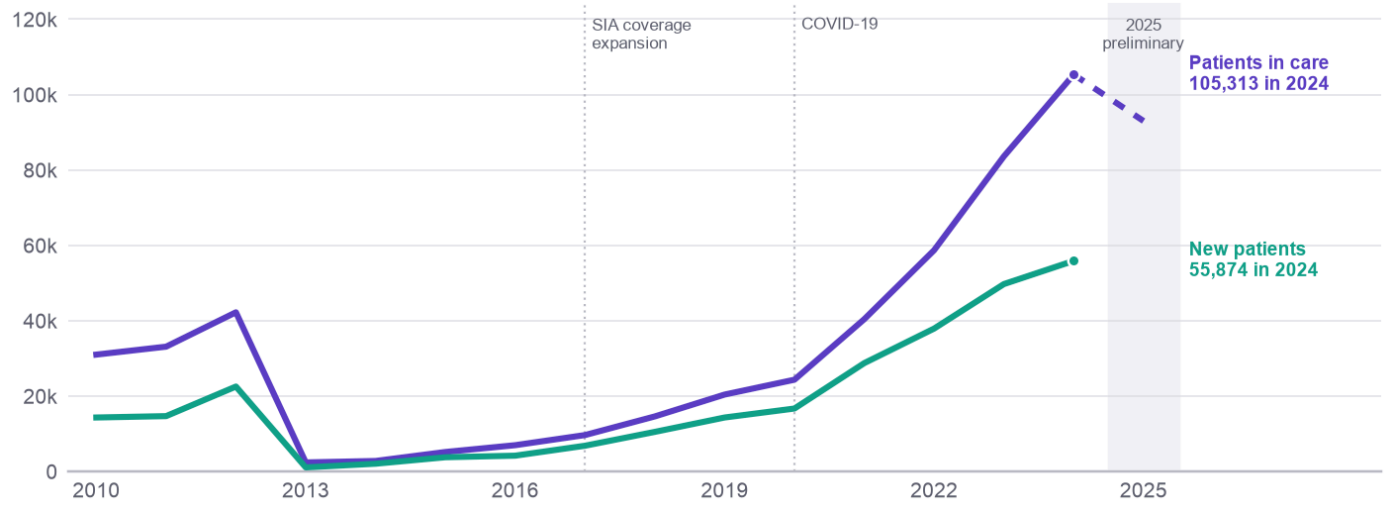
1.1%
Brazil's share of global trials
same condition, start 2016–2025

2,496
SUS facilities with visits or procedures
396 cover 80% of contacts

37 y · 76% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

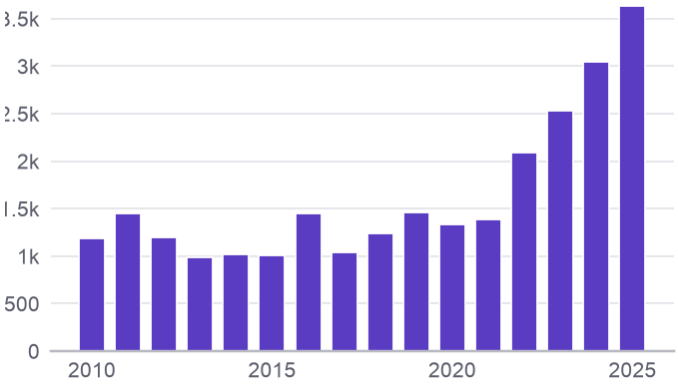
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

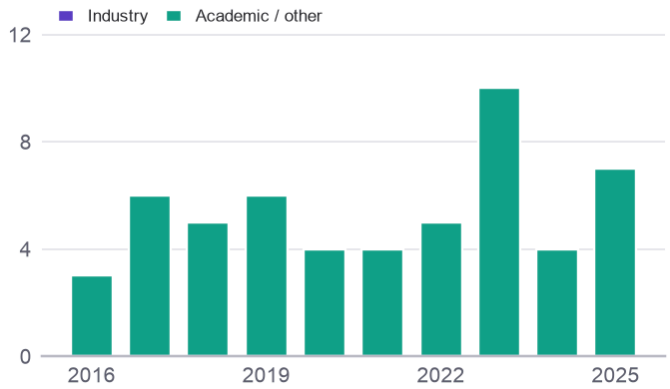
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

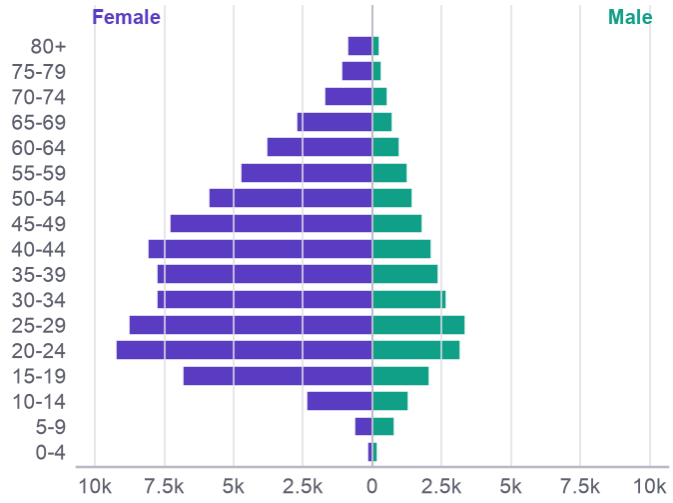
Not applicable: 51 · Early phase 1: 1 · Phase 1: 1 · Phase 2: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

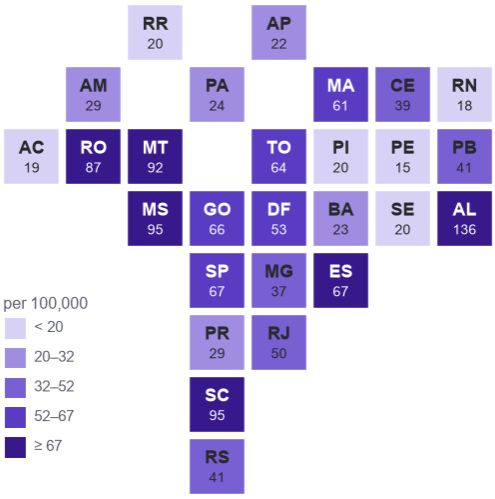
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

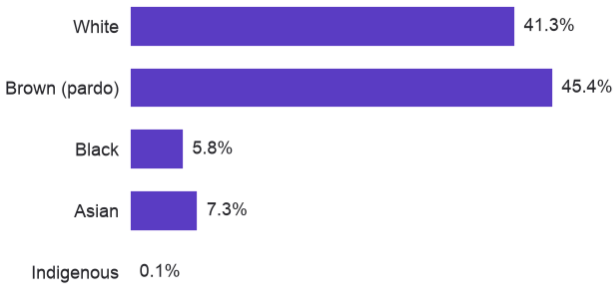
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **105,313** patients were in SUS specialised outpatient care in 2024 (49.5 per 100,000 inhabitants); **55,874** were new to the system that year (26.3 per 100,000).
- The population in care changed by **+43.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Minas Gerais concentrate **45%** of them. The highest rate is in Alagoas (135.5 per 100,000).
- Specialised visits and procedures took place in **2,496** SUS facilities; **396** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **3,045** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.2%.
- **54** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 0 phase 3, 10 still active). Brazil hosts 1.1% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care. Trials in Brazil for this condition are almost entirely academic (physiotherapy, behavioural or device studies).

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in anxiety disorders? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

MENTAL HEALTH

ADHD

ICD-10: F900

70,546
Patients in SUS specialised care, 2024
33.2 per 100,000 (treated prevalence)

34,927
New patients in SUS, 2024
16.4 per 100,000 (SUS-recorded incidence)

181
SUS hospital admissions, 2024
in-hospital mortality 0.6%

168
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

12
Trials with a Brazilian site, 2016–25
0 industry · 2 active now

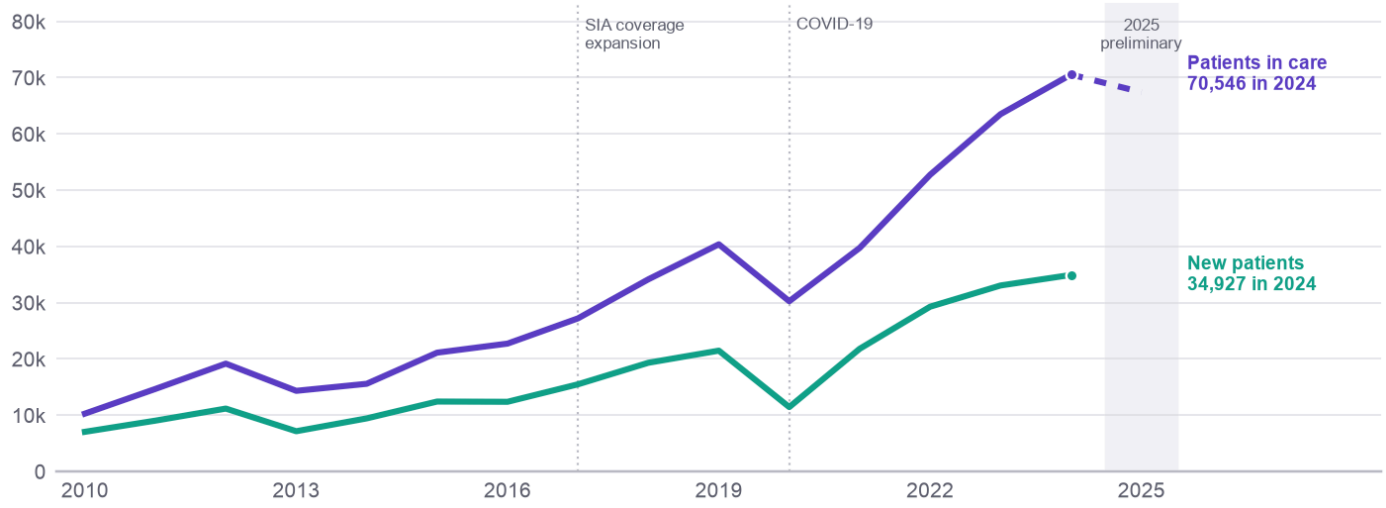
1.5%
Brazil's share of global trials
same condition, start 2016–2025

1,840
SUS facilities with visits or procedures
364 cover 80% of contacts

9 y · 34% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

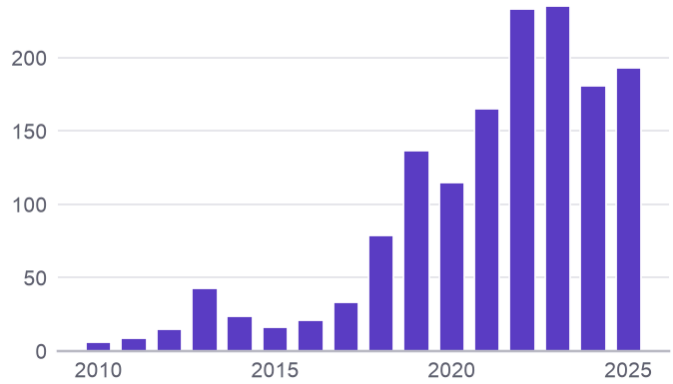
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

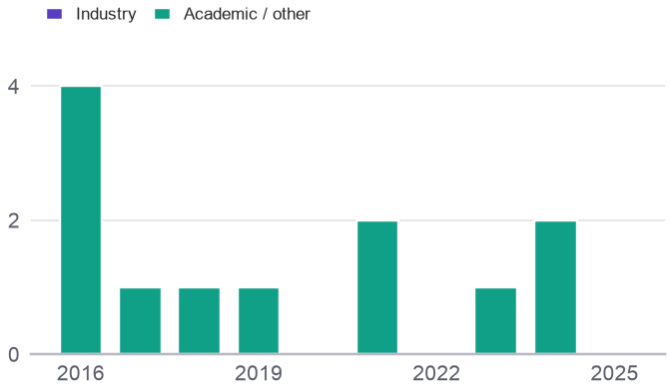
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

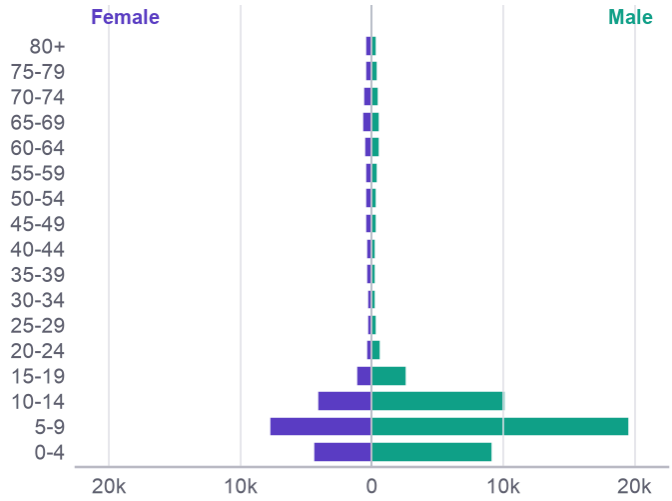
Not applicable: 8 · Phase 4: 3 · Phase 3: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

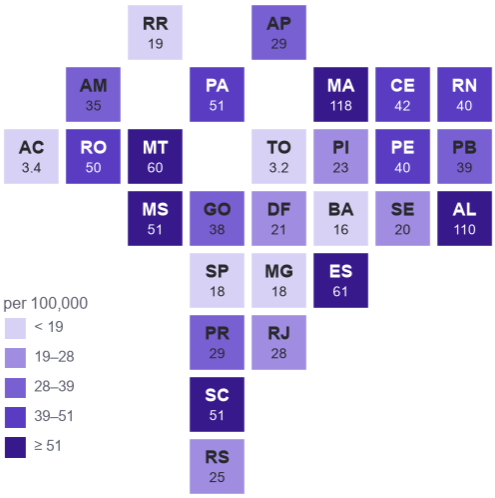
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

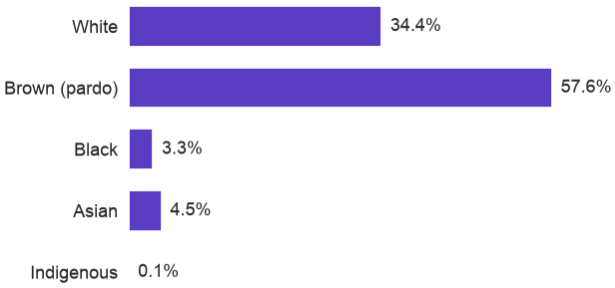
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **70,546** patients were in SUS specialised outpatient care in 2024 (33.2 per 100,000 inhabitants); **34,927** were new to the system that year (16.4 per 100,000).
- The population in care changed by **+16.3% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Maranhão and Rio de Janeiro concentrate **30%** of them. The highest rate is in Maranhão (118.1 per 100,000).
- Specialised visits and procedures took place in **1,840** SUS facilities; **364** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **181** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.6%.
- **12** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 1 phase 3, 2 still active). Brazil hosts 1.5% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in ADHD? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

MENTAL HEALTH

Substance use disorders

ICD-10: F10, F11, F12, F13, F14, F15, F16, F17, F18, F19

50,194
Patients in SUS specialised care, 2024
23.6 per 100,000 (treated prevalence)

17,086
New patients in SUS, 2024
8.0 per 100,000 (SUS-recorded incidence)

84,190
SUS hospital admissions, 2024
in-hospital mortality 0.5%

34,101
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

13
Trials with a Brazilian site, 2016–25
0 industry · 1 active now

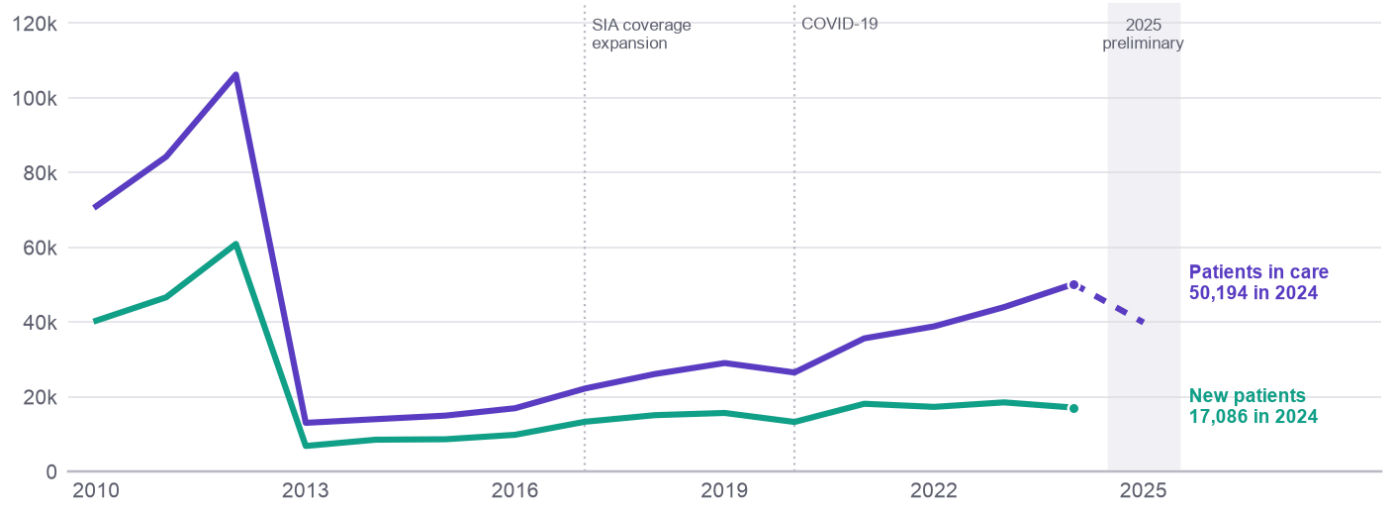
0.4%
Brazil's share of global trials
same condition, start 2016–2025

1,965
SUS facilities with visits or procedures
280 cover 80% of contacts

41 y · 21% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

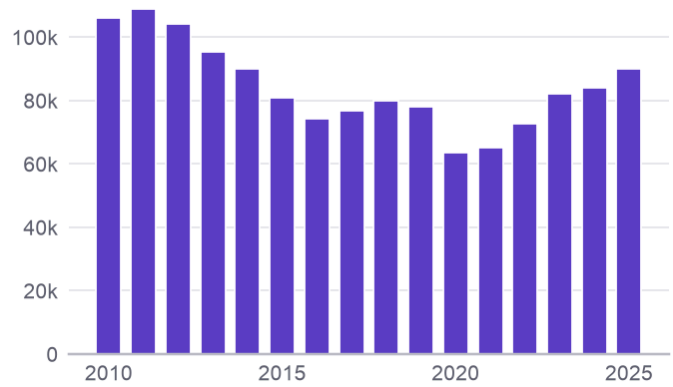
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

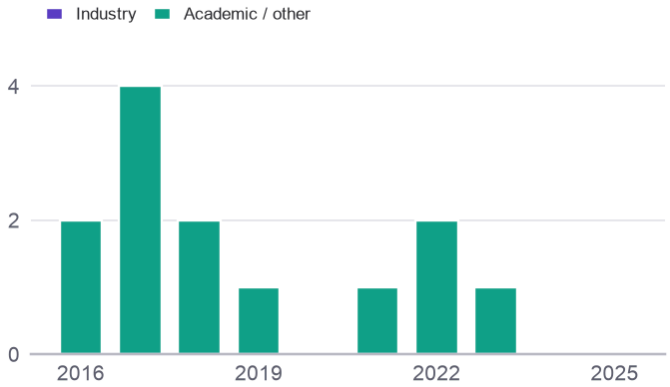
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

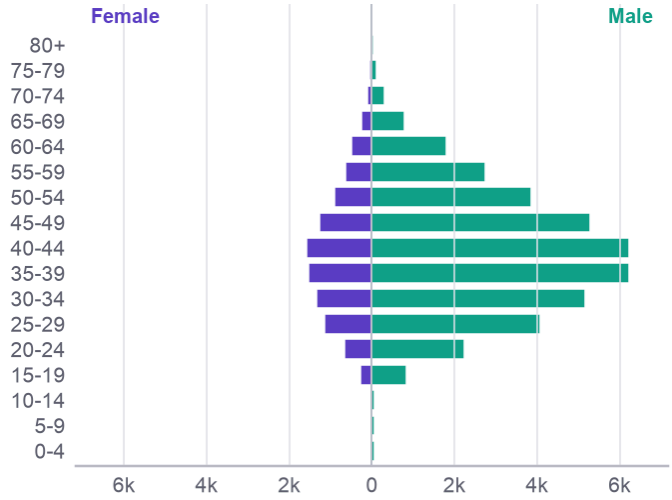
Not applicable: 8 · Phase 4: 3 · Phase 2: 2 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

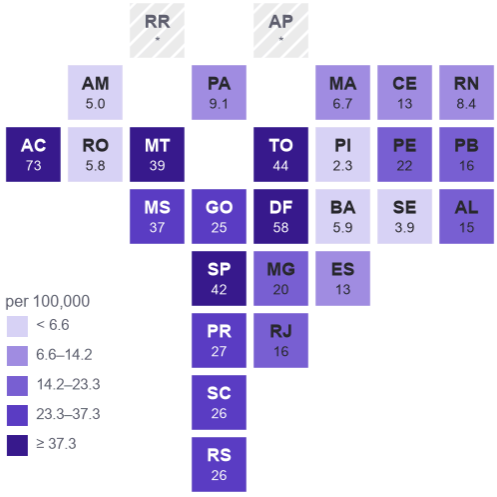
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

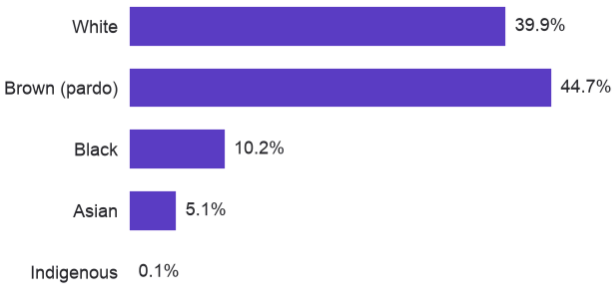
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **50,194** patients were in SUS specialised outpatient care in 2024 (23.6 per 100,000 inhabitants); **17,086** were new to the system that year (8.0 per 100,000).
- The population in care changed by **+13.6% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **54%** of them. The highest rate is in Acre (72.7 per 100,000).
- Specialised visits and procedures took place in **1,965** SUS facilities; **280** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **84,190** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.5%.
- **13** interventional trials with a Brazilian site started between 2016 and 2025 (0 industry-sponsored, 0 phase 3, 1 still active). Brazil hosts 0.4% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in substance use disorders? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

MENTAL HEALTH

Major depressive disorder

ICD-10: F32, F33

33,414
Patients in SUS specialised care, 2024
15.7 per 100,000 (treated prevalence)

15,631
New patients in SUS, 2024
7.4 per 100,000 (SUS-recorded incidence)

38,804
SUS hospital admissions, 2024
in-hospital mortality 0.2%

27,004
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

77
Trials with a Brazilian site, 2016–25
15 industry · 12 active now

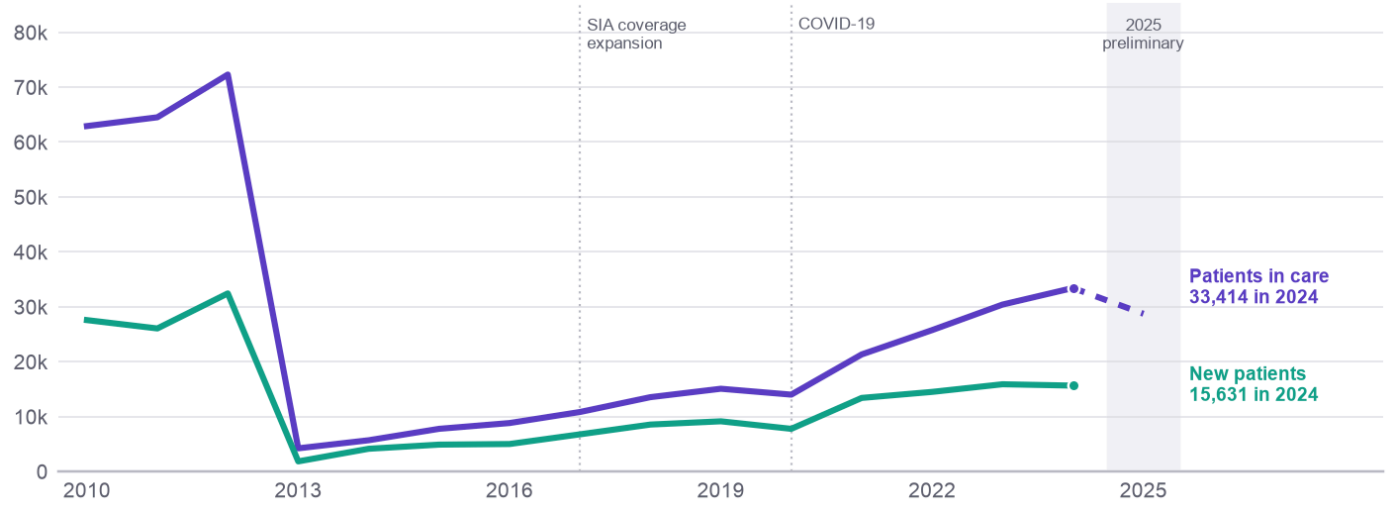
1.9%
Brazil's share of global trials
same condition, start 2016–2025

1,851
SUS facilities with visits or procedures
318 cover 80% of contacts

47 y · 76% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

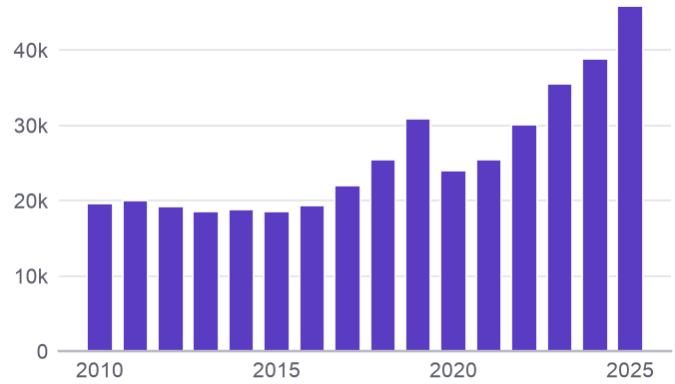
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

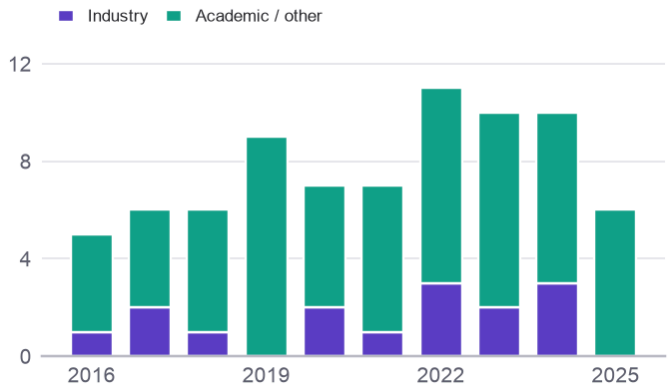
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

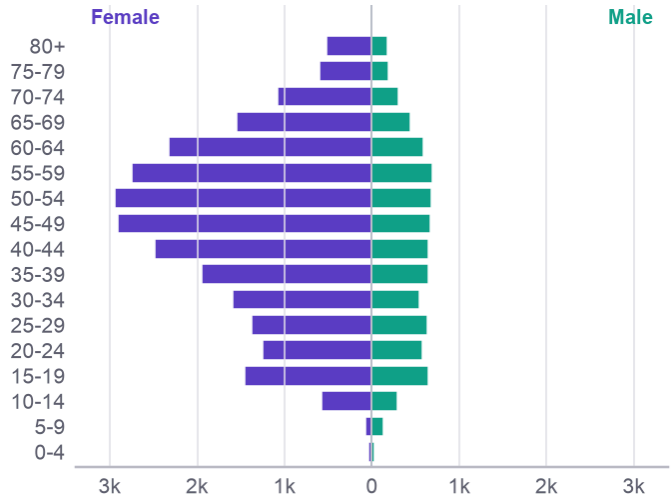
Not applicable: 51 · Phase 3: 16 · Phase 2: 10 · Phase 1: 2 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

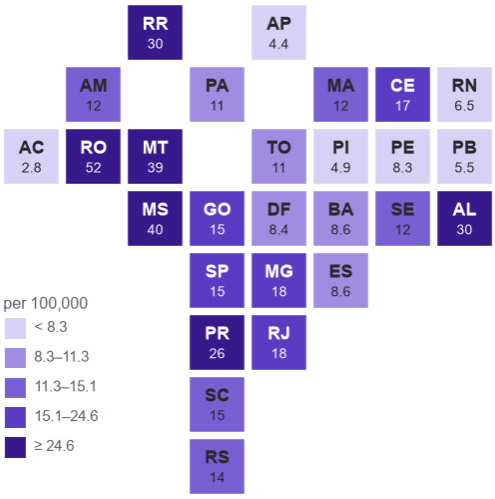
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

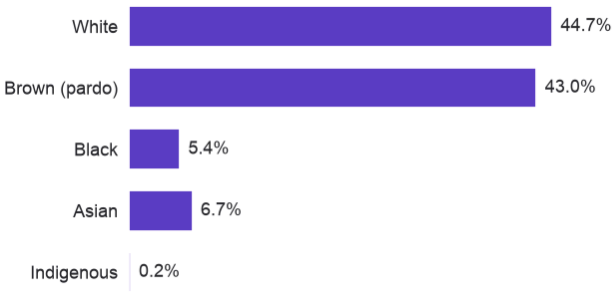
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **33,414** patients were in SUS specialised outpatient care in 2024 (15.7 per 100,000 inhabitants); **15,631** were new to the system that year (7.4 per 100,000).
- The population in care changed by **+19.4% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **42%** of them. The highest rate is in Rondônia (52.4 per 100,000).
- Specialised visits and procedures took place in **1,851** SUS facilities; **318** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **38,804** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.2%.
- **77** interventional trials with a Brazilian site started between 2016 and 2025 (15 industry-sponsored, 16 phase 3, 12 still active). Brazil hosts 1.9% of the trials registered worldwide for this condition in the same period.

Data notes. TechTrials' trial count includes studies on depressive symptoms; the registry-based global share covers major depressive disorder only. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in major depressive disorder? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

MENTAL HEALTH

Insomnia

ICD-10: G470, F510

1,030
Patients in SUS specialised care, 2024
0.48 per 100,000 (treated prevalence)

519
New patients in SUS, 2024
0.24 per 100,000 (SUS-recorded incidence)

208
SUS hospital admissions, 2024
in-hospital mortality 0.0%

275
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

21
Trials with a Brazilian site, 2016–25
3 industry · 6 active now

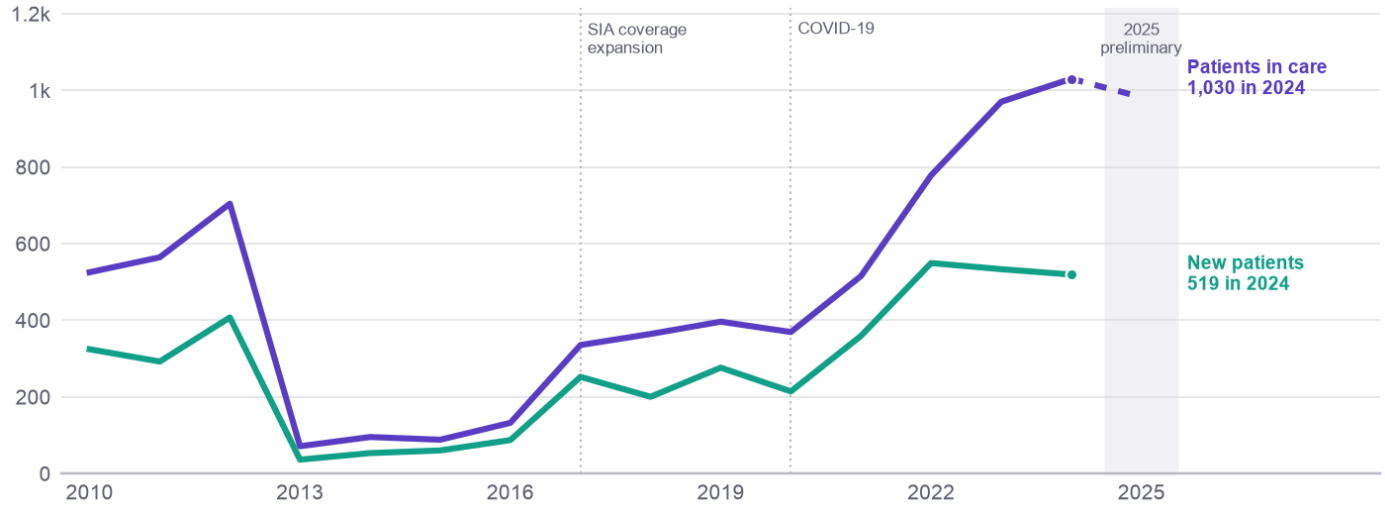
1.5%
Brazil's share of global trials
same condition, start 2016–2025

277
SUS facilities with visits or procedures
108 cover 80% of contacts

55 y · 54% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

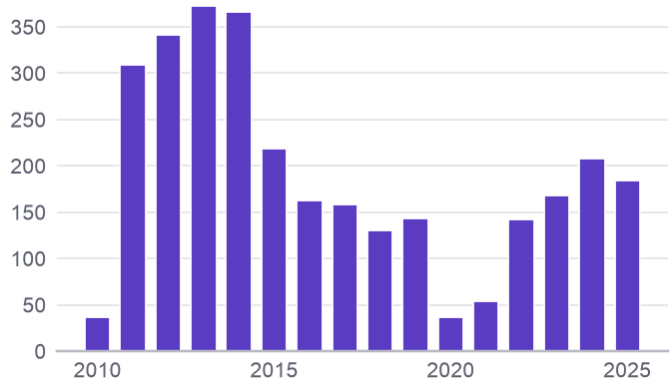
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

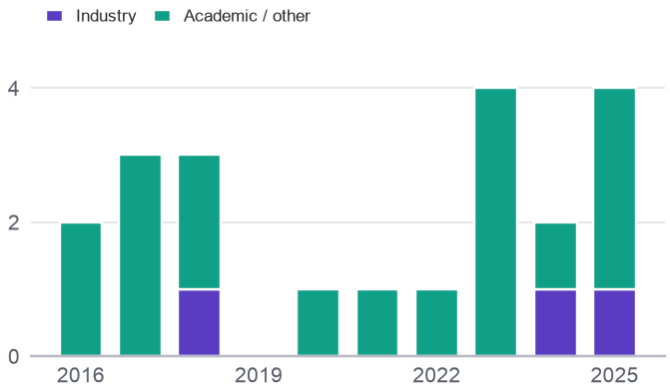
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

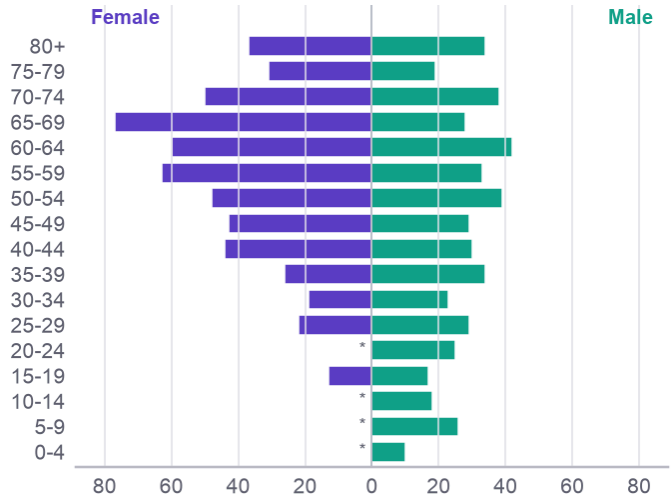
Not applicable: 13 · Phase 4: 4 · Phase 3: 3 · Early phase 1: 1 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

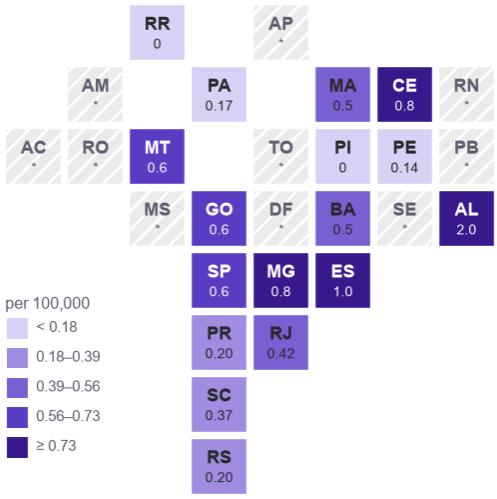
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

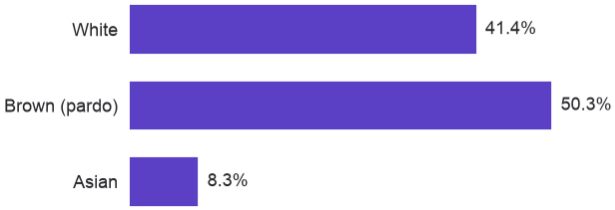
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **1,030** patients were in SUS specialised outpatient care in 2024 (0.48 per 100,000 inhabitants); **519** were new to the system that year (0.24 per 100,000).
- The population in care changed by **+26.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 25 of the 27 states; São Paulo, Minas Gerais and Bahia concentrate **51%** of them. The highest rate is in Alagoas (2.0 per 100,000).
- Specialised visits and procedures took place in **277** SUS facilities; **108** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **208** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.0%.
- **21** interventional trials with a Brazilian site started between 2016 and 2025 (3 industry-sponsored, 3 phase 3, 6 still active). Brazil hosts 1.5% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in insomnia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Non-malignant haematology

3 conditions · 54 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Sickle cell disease	30,505	14.3	3,809	14,815	22	5.0%	227
Haemophilia A and B	2,064	0.97	452	639	21	6.5%	229
Paroxysmal nocturnal haemoglobinuria	590	0.28	245	218	11	10.9%	231

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

NON-MALIGNANT HAEMATOLOGY

Sickle cell disease

ICD-10: D57

30,505
Patients in SUS specialised care, 2024
14.3 per 100,000 (treated prevalence)

3,809
New patients in SUS, 2024
1.8 per 100,000 (SUS-recorded incidence)

14,815
SUS hospital admissions, 2024
in-hospital mortality 1.3%

3,193
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

22
Trials with a Brazilian site, 2016–25
17 industry · 9 active now

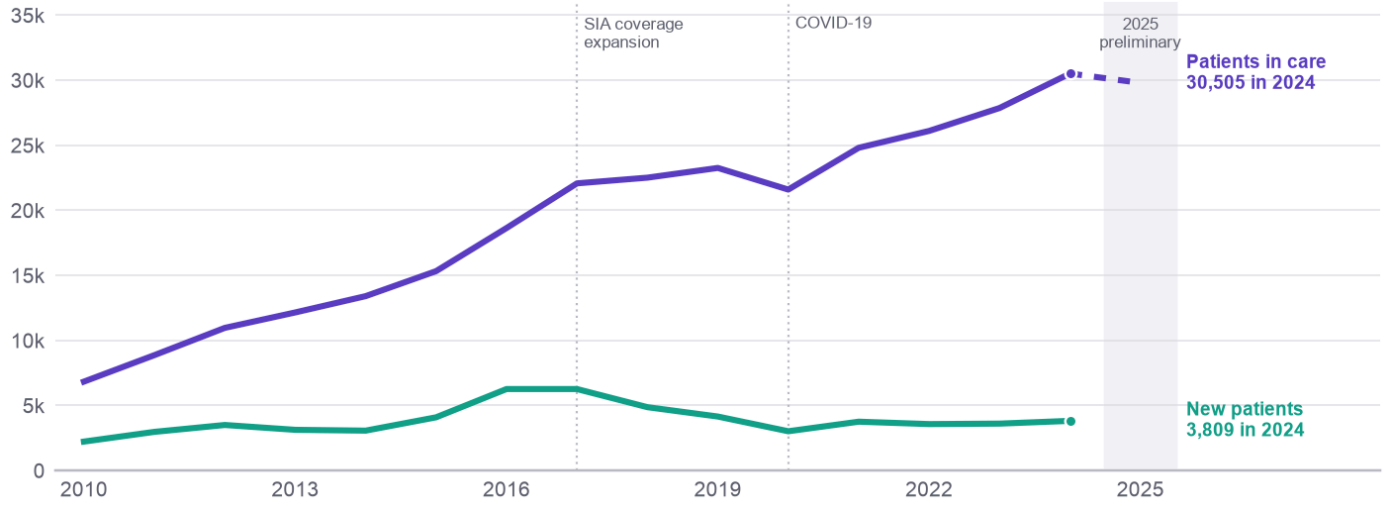
5.0%
Brazil's share of global trials
same condition, start 2016–2025

847
SUS facilities with visits or procedures
48 cover 80% of contacts · plus 205 CEAF pharmacies

19 y · 52% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

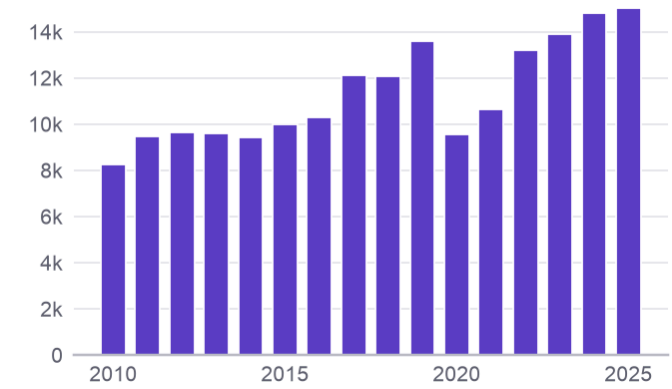
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

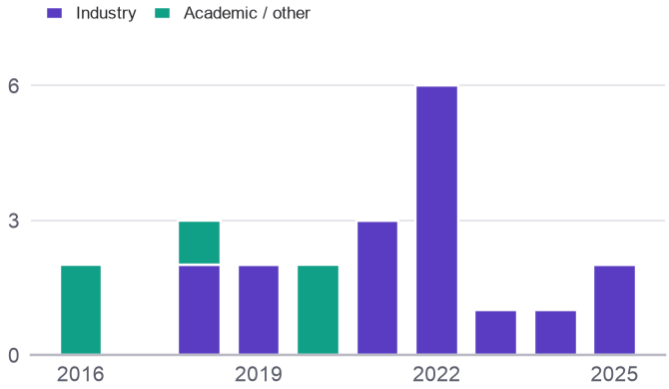
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

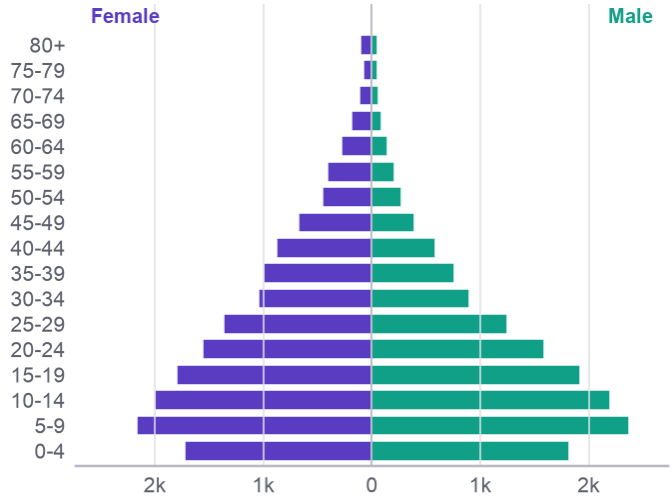
Phase 3: 12 · Phase 2: 8 · Phase 4: 2 · Phase 1: 2 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

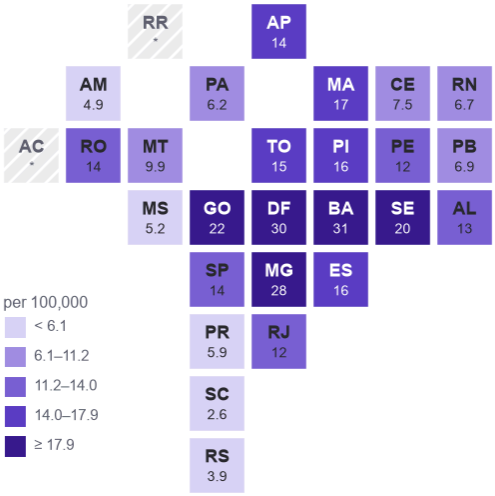
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

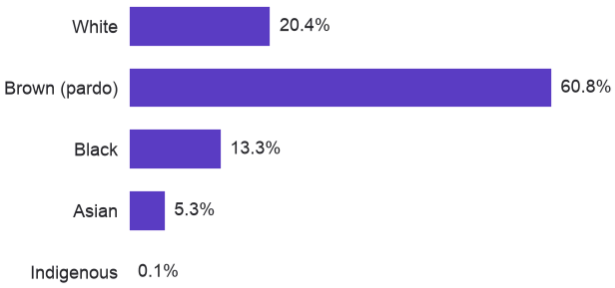
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (95% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

19,787

patients with Hydroxyurea in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **30,505** patients were in SUS specialised outpatient care in 2024 (14.3 per 100,000 inhabitants); **3,809** were new to the system that year (1.8 per 100,000).
- The population in care changed by **+8.6% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Bahia concentrate **56%** of them. The highest rate is in Bahia (31.2 per 100,000).
- Specialised visits and procedures took place in **847** SUS facilities; **48** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 205 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: hydroxyurea (19,787 patients).
- **14,815** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 1.3%.
- **22** interventional trials with a Brazilian site started between 2016 and 2025 (17 industry-sponsored, 12 phase 3, 9 still active). Brazil hosts 5.0% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in sickle cell disease? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NON-MALIGNANT HAEMATOLOGY

Haemophilia A and B

ICD-10: D66, D67

2,064
Patients in SUS specialised care, 2024
0.97 per 100,000 (treated prevalence)

452
New patients in SUS, 2024
0.21 per 100,000 (SUS-recorded incidence)

639
SUS hospital admissions, 2024
in-hospital mortality 2.2%

55
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

21
Trials with a Brazilian site, 2016–25
20 industry · 11 active now

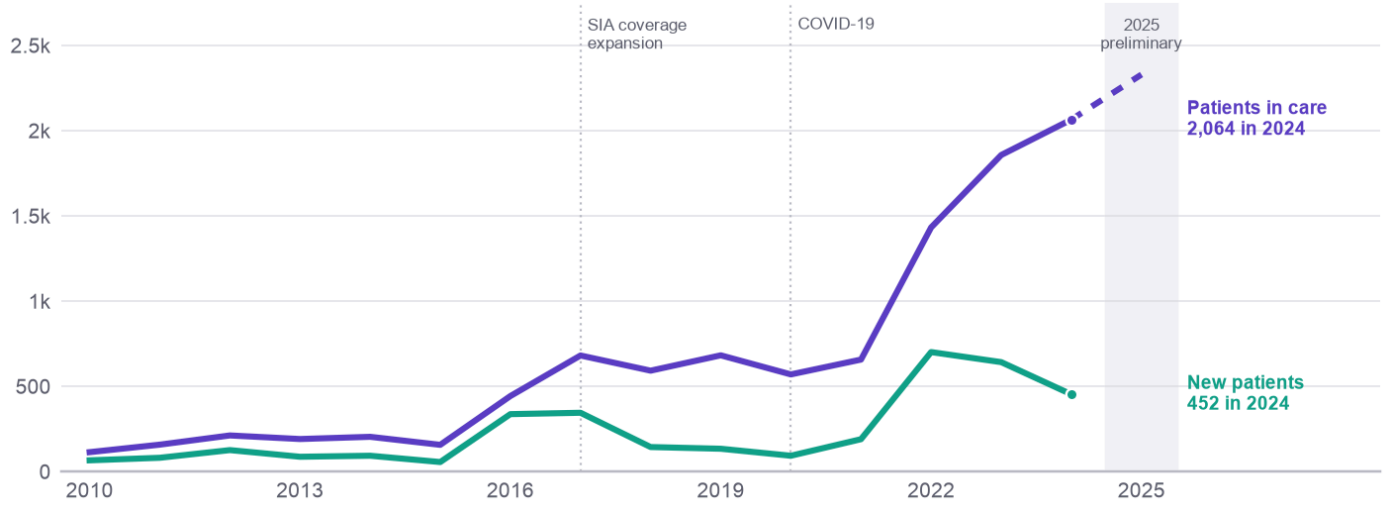
6.5%
Brazil's share of global trials
same condition, start 2016–2025

93
SUS facilities with visits or procedures
13 cover 80% of contacts

25 y · 5% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

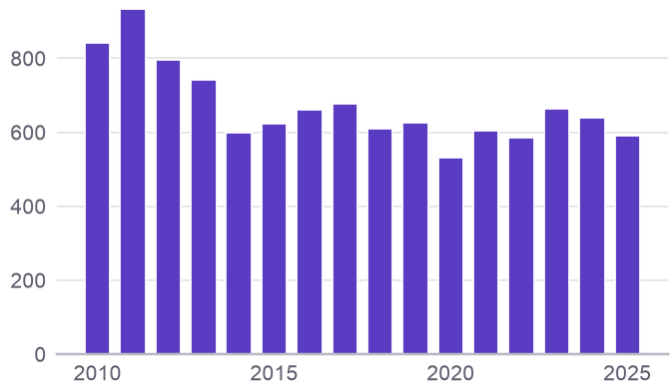
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

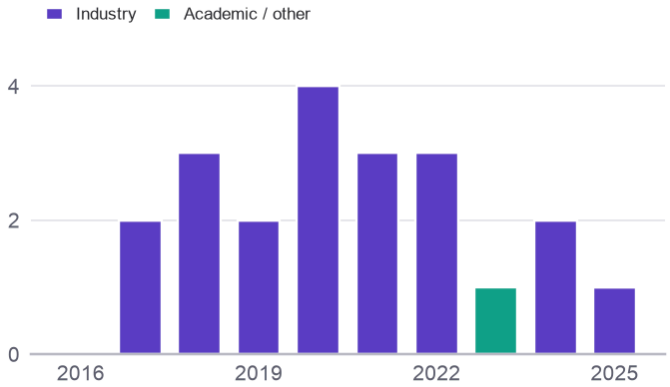
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

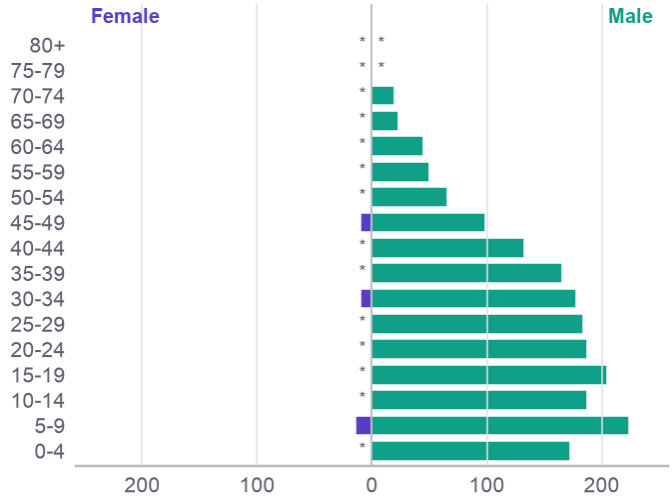
Phase 3: 16 · Phase 2: 3 · Phase 1: 2 · Phase 4: 1 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

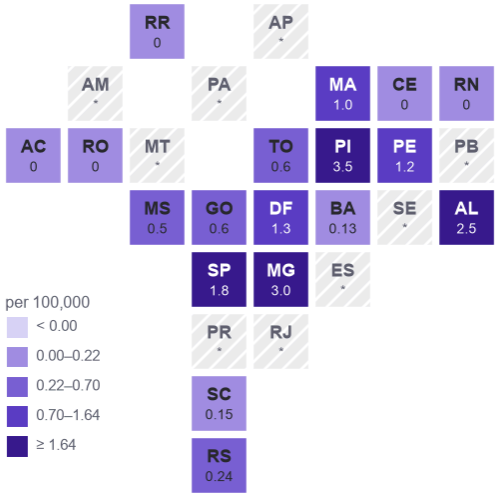
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

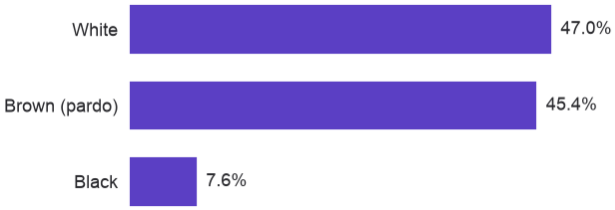
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **2,064** patients were in SUS specialised outpatient care in 2024 (0.97 per 100,000 inhabitants); **452** were new to the system that year (0.21 per 100,000).
- The population in care changed by **+26.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 22 of the 27 states; São Paulo, Minas Gerais and Piauí concentrate **78%** of them. The highest rate is in Piauí (3.5 per 100,000).
- Specialised visits and procedures took place in **93** SUS facilities; **13** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **639** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 2.2%.
- **21** interventional trials with a Brazilian site started between 2016 and 2025 (20 industry-sponsored, 16 phase 3, 11 still active). Brazil hosts 6.5% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in haemophilia A and B? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

NON-MALIGNANT HAEMATOLOGY

Paroxysmal nocturnal haemoglobinuria

ICD-10: D595

590
Patients in SUS specialised care, 2024
0.28 per 100,000 (treated prevalence)

245
New patients in SUS, 2024
0.12 per 100,000 (SUS-recorded incidence)

218
SUS hospital admissions, 2024
in-hospital mortality 0.0%

29
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

11
Trials with a Brazilian site, 2016–25
11 industry · 7 active now

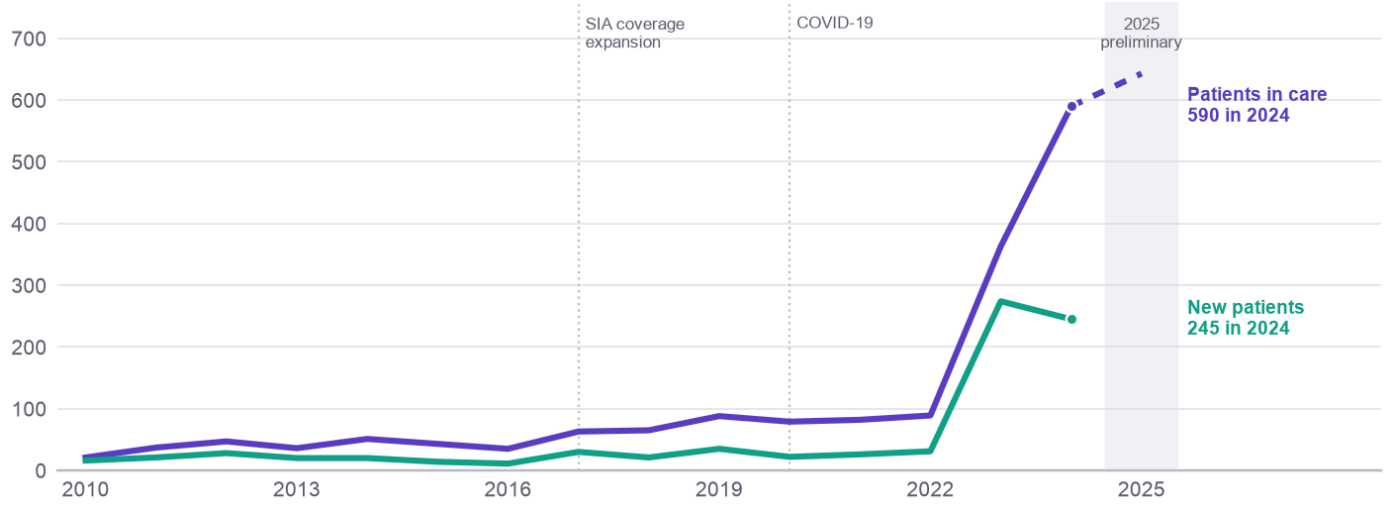
10.9%
Brazil's share of global trials
same condition, start 2016–2025

46
SUS facilities with visits or procedures
24 cover 80% of contacts · plus 90 CEAF pharmacies

44 y · 52% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

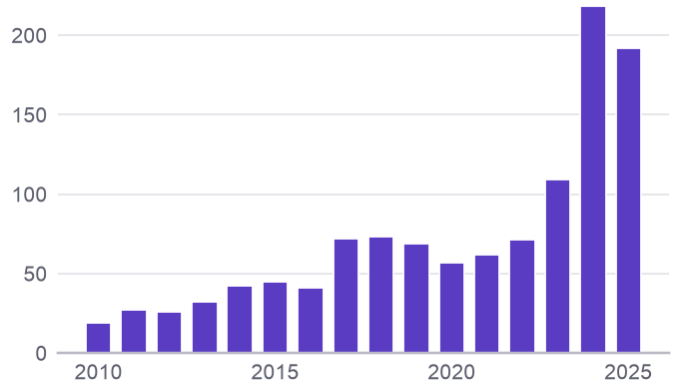
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

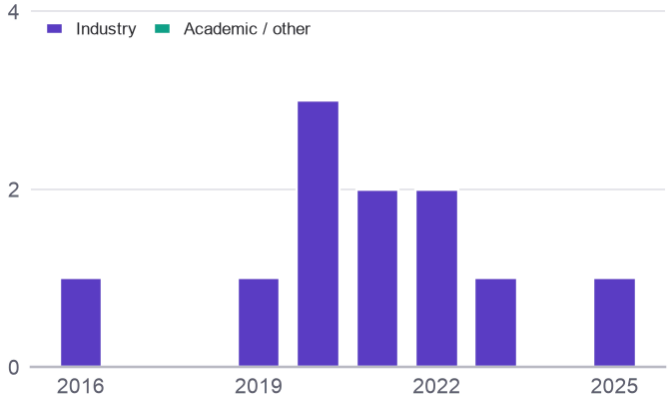
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

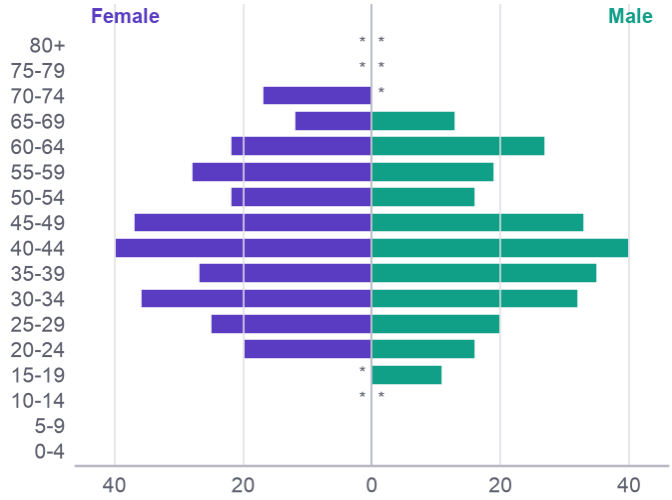
Phase 3: 11



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

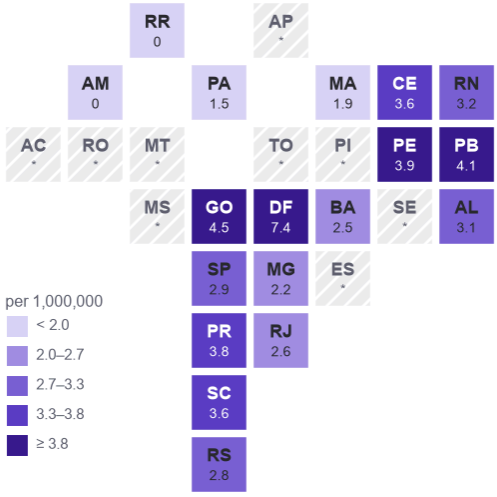
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

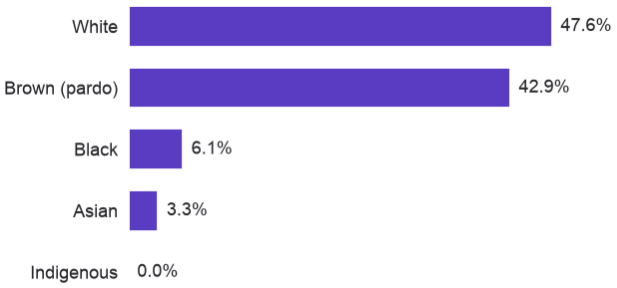
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (97% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

543

patients with Eculizumab in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **590** patients were in SUS specialised outpatient care in 2024 (0.28 per 100,000 inhabitants); **245** were new to the system that year (0.12 per 100,000).
- The population in care changed by **+27.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Specialised visits and procedures took place in **46** SUS facilities; **24** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 90 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: eculizumab (543 patients).
- **218** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.0%.
- **11** interventional trials with a Brazilian site started between 2016 and 2025 (11 industry-sponsored, 11 phase 3, 7 still active). Brazil hosts 10.9% of the trials registered worldwide for this condition in the same period.

Data notes. Rare in SUS care (fewer than 1,000 patients a year): no state × age × sex cross-tabulation is published.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in paroxysmal nocturnal haemoglobinuria? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Rare and endocrine diseases

3 conditions · 35 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Acromegaly	4,409	2.1	518	50	7	18.4%	234
Lysosomal storage diseases (Gaucher, Fabry, MPS, Pompe)	2,172	1.0	363	3,780	21	10.2%	236
Hereditary angioedema	403	0.19	92	46	7	11.4%	238

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

RARE AND ENDOCRINE DISEASES

Acromegaly

ICD-10: E220

4,409
Patients in SUS specialised care, 2024
2.1 per 100,000 (treated prevalence)

518
New patients in SUS, 2024
0.24 per 100,000 (SUS-recorded incidence)

50
SUS hospital admissions, 2024
in-hospital mortality 2.0%

33
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

7
Trials with a Brazilian site, 2016–25
6 industry · 1 active now

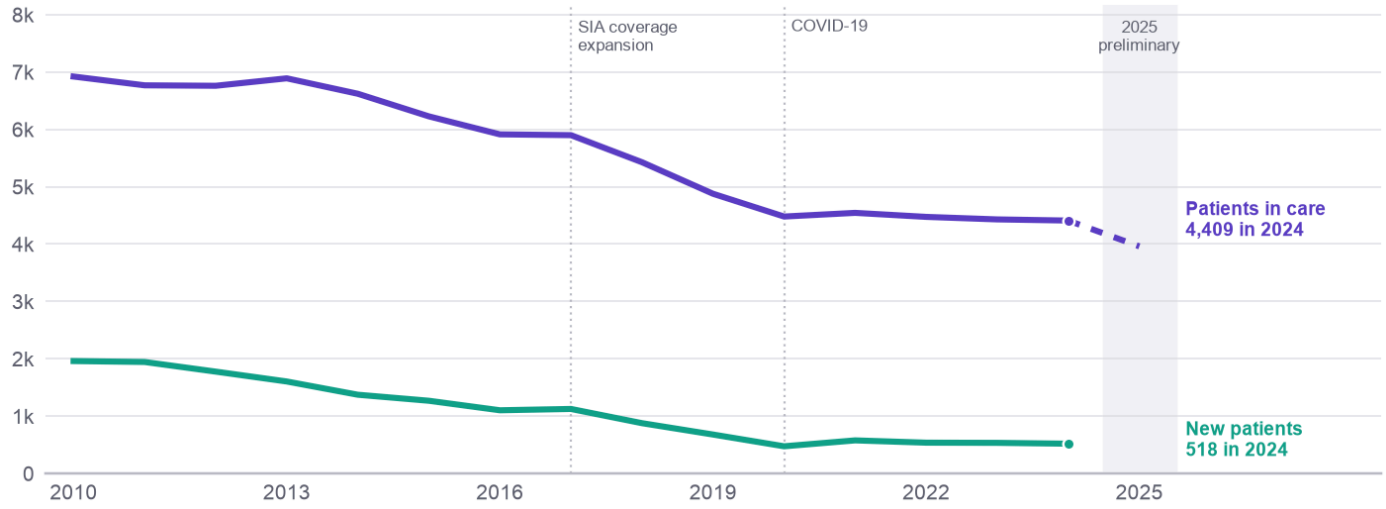
18.4%
Brazil's share of global trials
same condition, start 2016–2025

84
SUS facilities with visits or procedures
<10 cover 80% of contacts · plus 190 CEAF pharmacies

55 y · 61% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

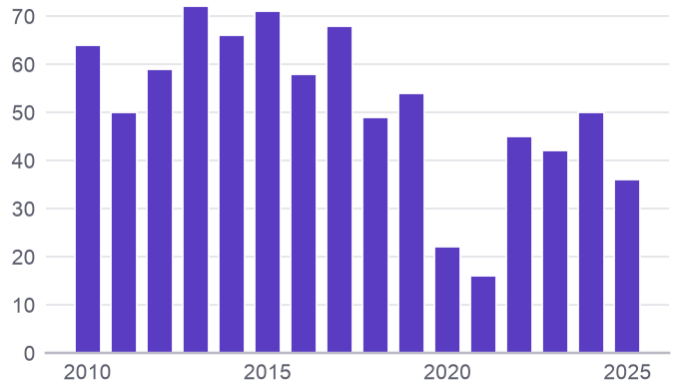
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

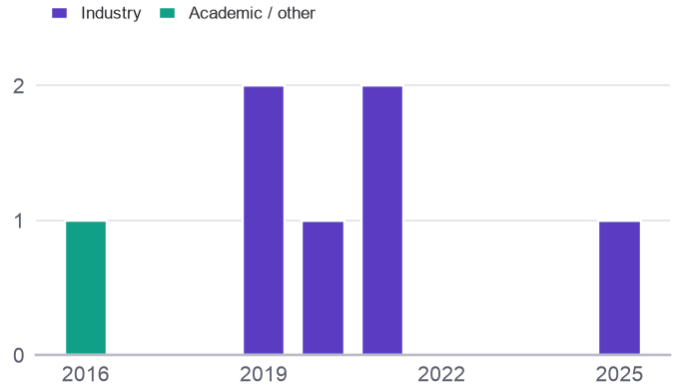
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

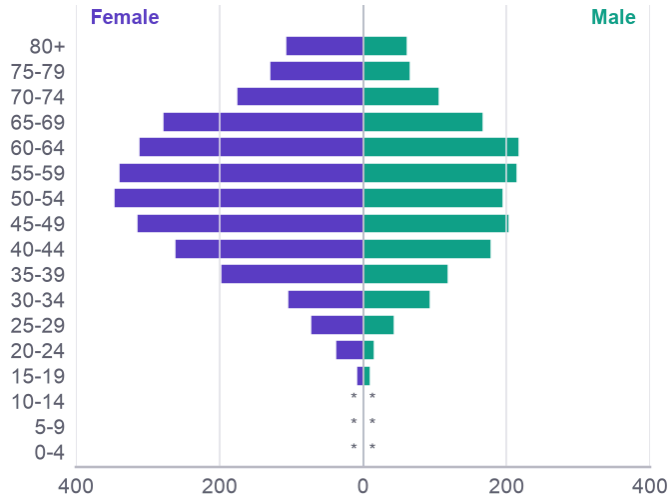
Phase 2: 3 · Phase 3: 3 · Not applicable: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

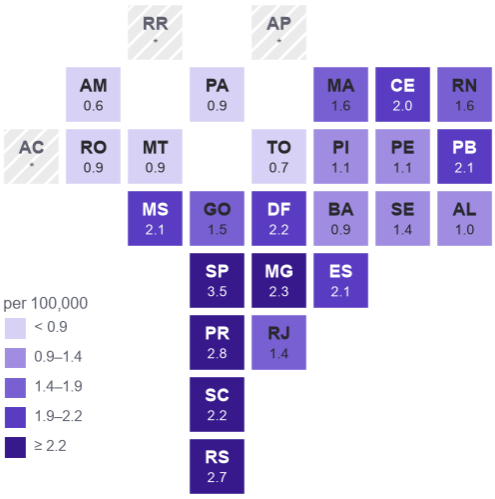
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

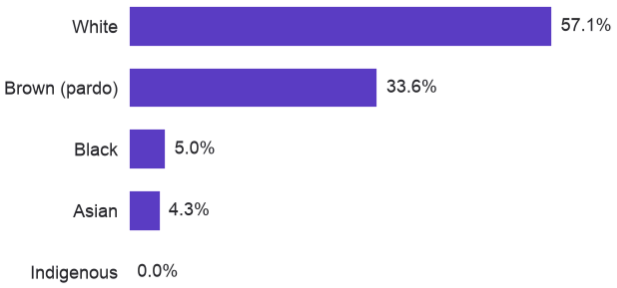
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

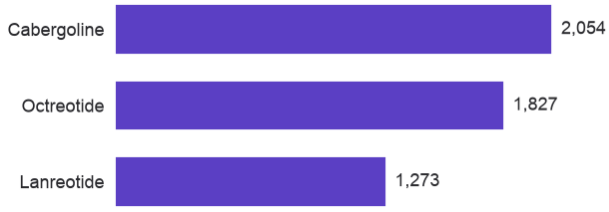
Share among patients with race/colour recorded (81% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **4,409** patients were in SUS specialised outpatient care in 2024 (2.1 per 100,000 inhabitants); **518** were new to the system that year (0.24 per 100,000).
- The population in care changed by **-4.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Paraná concentrate **54%** of them. The highest rate is in São Paulo (3.5 per 100,000).
- Specialised visits and procedures took place in **84** SUS facilities; **<10** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 190 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: cabergoline (2,054 patients) and octreotide (1,827 patients).
- **50** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 2.0%.
- **7** interventional trials with a Brazilian site started between 2016 and 2025 (6 industry-sponsored, 3 phase 3, 1 still active). Brazil hosts 18.4% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in acromegaly? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

RARE AND ENDOCRINE DISEASES

Lysosomal storage diseases (Gaucher, Fabry, MPS, Pompe)

ICD-10: E752, E76, E740

2,172
Patients in SUS specialised care, 2024
1.0 per 100,000 (treated prevalence)

363
New patients in SUS, 2024
0.17 per 100,000 (SUS-recorded incidence)

3,780
SUS hospital admissions, 2024
in-hospital mortality 0.2%

280
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

21
Trials with a Brazilian site, 2016–25
19 industry · 9 active now

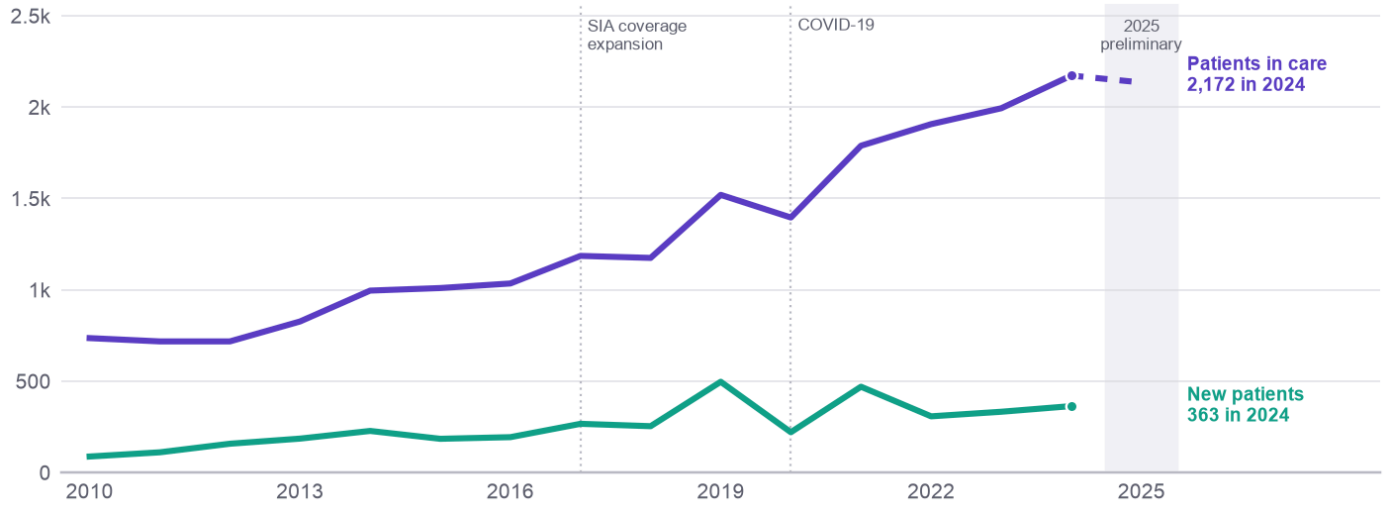
10.2%
Brazil's share of global trials
same condition, start 2016–2025

136
SUS facilities with visits or procedures
25 cover 80% of contacts · plus 163 CEAF pharmacies

23 y · 50% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

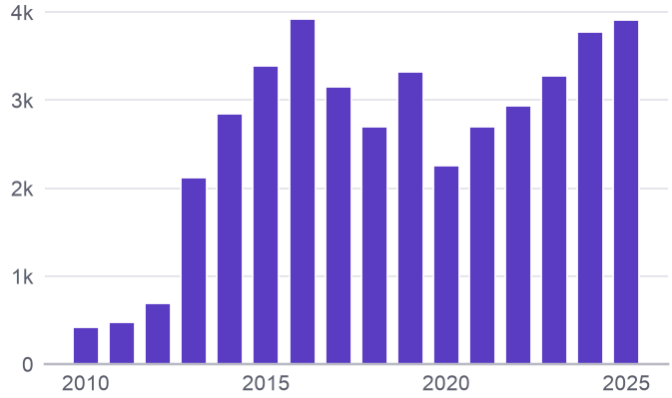
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

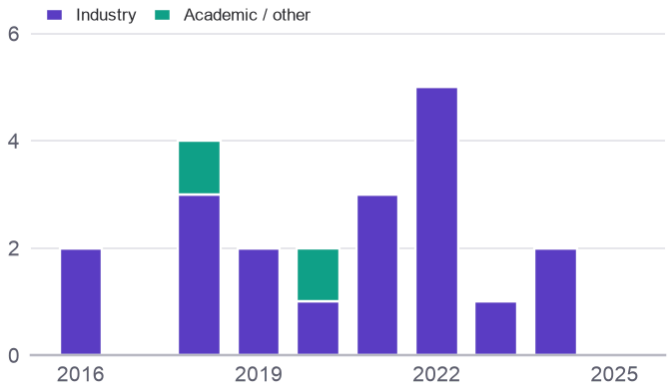
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

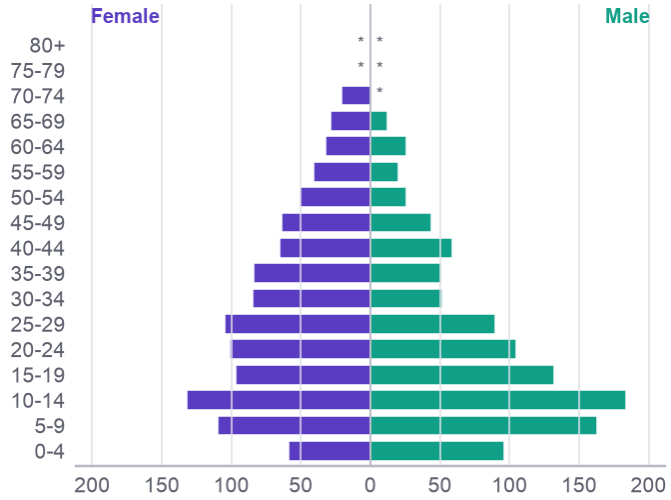
Phase 2: 14 · Phase 1: 10 · Phase 3: 6 · Not applicable: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

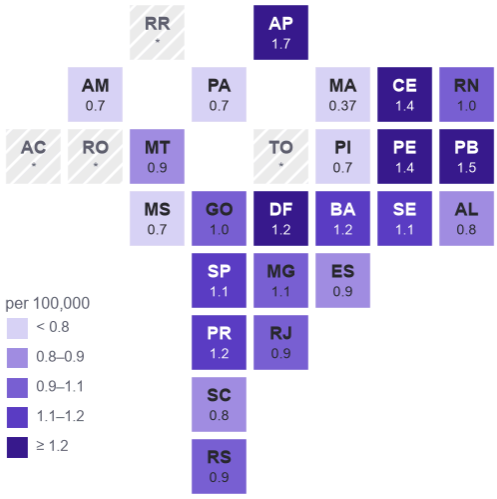
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

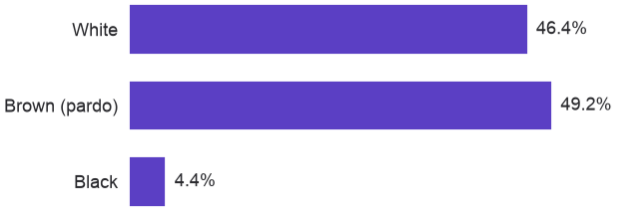
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

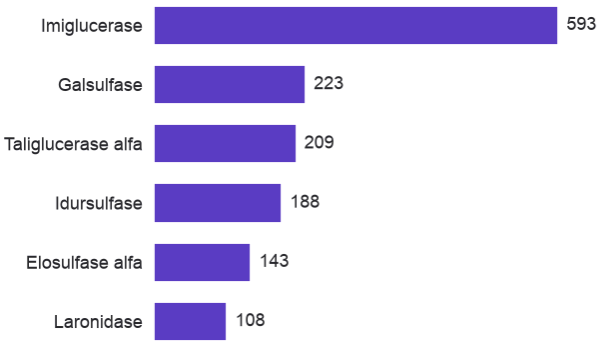
Share among patients with race/colour recorded (88% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **2,172** patients were in SUS specialised outpatient care in 2024 (1.0 per 100,000 inhabitants); **363** were new to the system that year (0.17 per 100,000).
- The population in care changed by **+8.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Bahia concentrate **42%** of them. The highest rate is in Amapá (1.7 per 100,000).
- Specialised visits and procedures took place in **136** SUS facilities; **25** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 163 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: imiglucerase (593 patients) and galsulfase (223 patients).
- **3,780** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.2%.
- **21** interventional trials with a Brazilian site started between 2016 and 2025 (19 industry-sponsored, 6 phase 3, 9 still active). Brazil hosts 10.2% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in lysosomal storage diseases (Gaucher, Fabry, MPS, Pompe)? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

RARE AND ENDOCRINE DISEASES

Hereditary angioedema

ICD-10: D841

403
Patients in SUS specialised care, 2024
0.19 per 100,000 (treated prevalence)

92
New patients in SUS, 2024
0.04 per 100,000 (SUS-recorded incidence)

46
SUS hospital admissions, 2024
in-hospital mortality 0.0%

28
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

7
Trials with a Brazilian site, 2016–25
7 industry · 6 active now

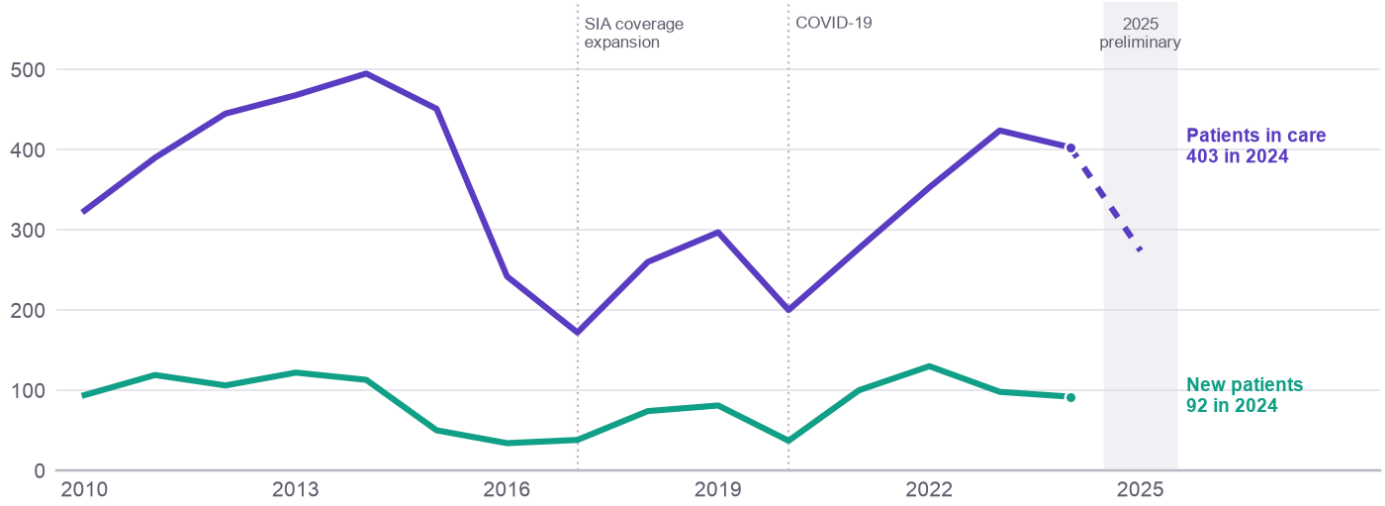
11.4%
Brazil's share of global trials
same condition, start 2016–2025

32
SUS facilities with visits or procedures
<10 cover 80% of contacts · plus 56 CEAF pharmacies

40 y · 63% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

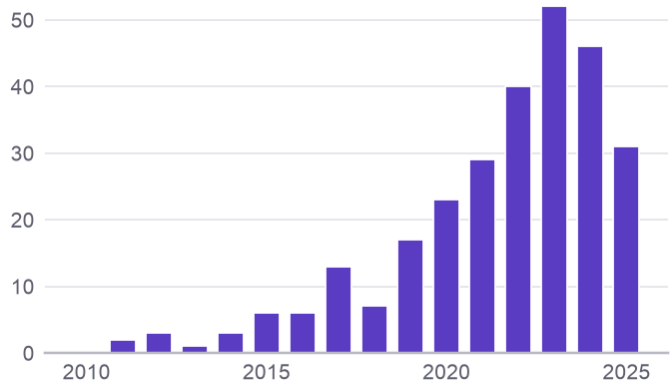
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

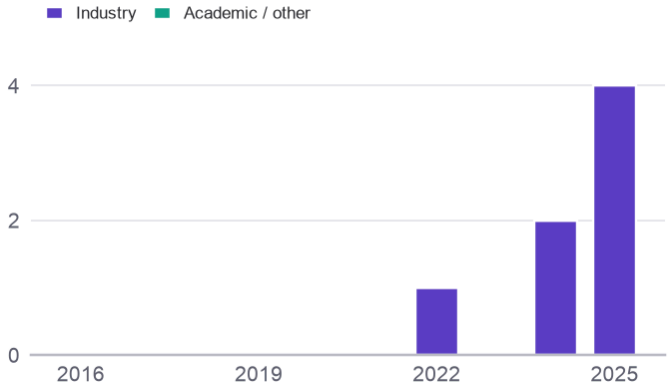
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

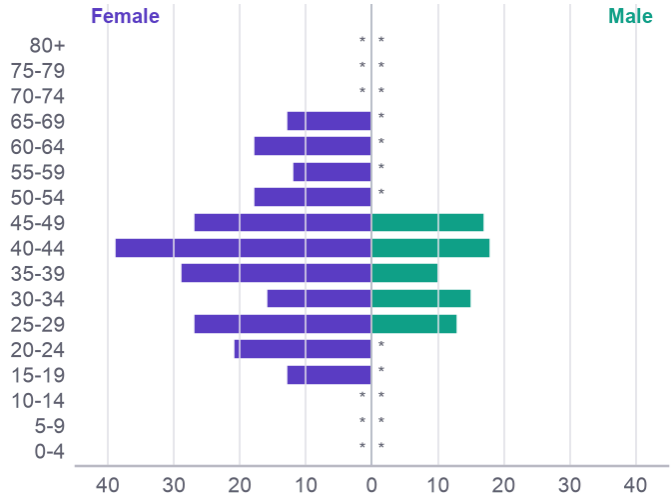
Phase 3: 7 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

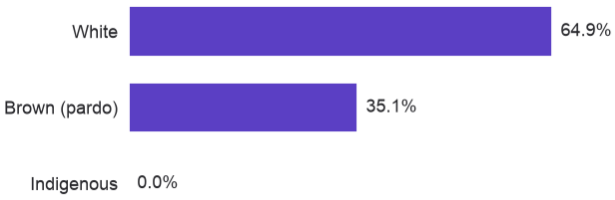
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (91% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

214

patients with Danazol in 2024 — the only medicine or modality recorded for this diagnosis

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **403** patients were in SUS specialised outpatient care in 2024 (0.19 per 100,000 inhabitants); **92** were new to the system that year (0.04 per 100,000).
- The population in care changed by **-2.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Specialised visits and procedures took place in **32** SUS facilities; **<10** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 56 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: danazol (214 patients).
- **46** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.0%.
- **7** interventional trials with a Brazilian site started between 2016 and 2025 (7 industry-sponsored, 7 phase 3, 6 still active). Brazil hosts 11.4% of the trials registered worldwide for this condition in the same period.

Data notes. Espírito Santo's treated rate is far above other states, consistent with a referral service. Rare in SUS care (fewer than 1,000 patients a year): no state × age × sex cross-tabulation is published.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in hereditary angioedema? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Ophthalmology and ENT

4 conditions · 29 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Hearing loss	381,308	179.4	94,578	1,091	0	0.1%	241
Glaucoma	356,808	167.8	78,622	9,364	9	1.2%	243
Diabetic retinopathy and macular oedema	124,191	58.4	51,103	1,622	8	1.4%	245
Age-related macular degeneration	108,019	50.8	45,463	384	13	2.8%	247

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

OPHTHALMOLOGY AND ENT

Hearing loss

ICD-10: H90, H91

381,308
Patients in SUS specialised care, 2024
179.4 per 100,000 (treated prevalence)

94,578
New patients in SUS, 2024
44.5 per 100,000 (SUS-recorded incidence)

1,091
SUS hospital admissions, 2024
in-hospital mortality 0.1%

2,825
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

0
Trials with a Brazilian site, 2016–25
0 industry · 0 active now

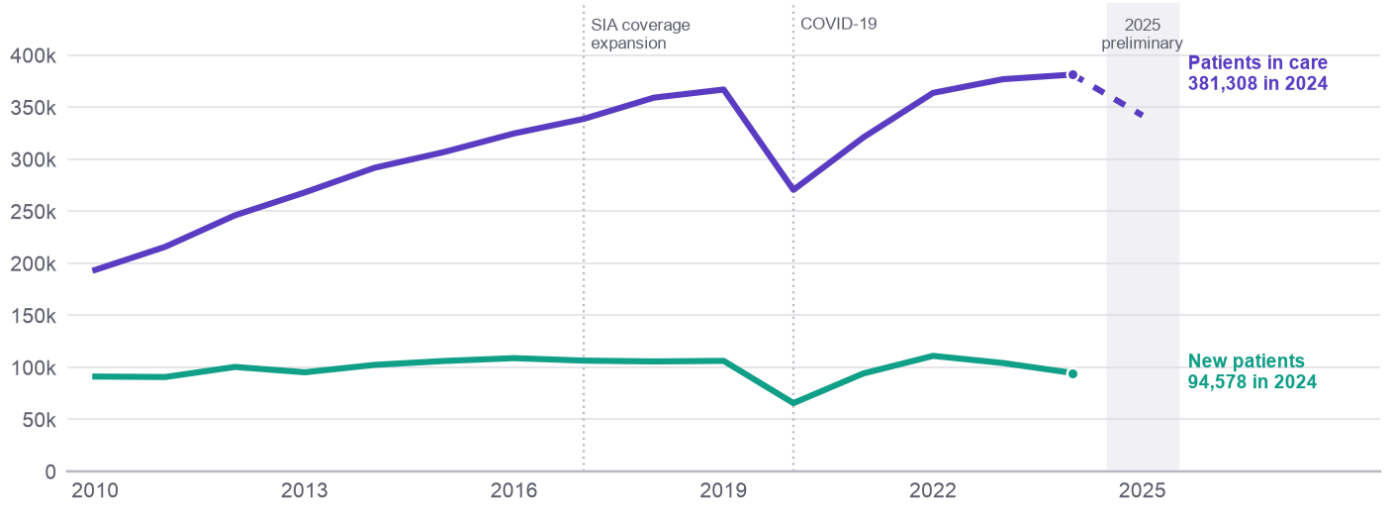
0.1%
Brazil's share of global trials
same condition, start 2016–2025

1,207
SUS facilities with visits or procedures
111 cover 80% of contacts

67 y · 55% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

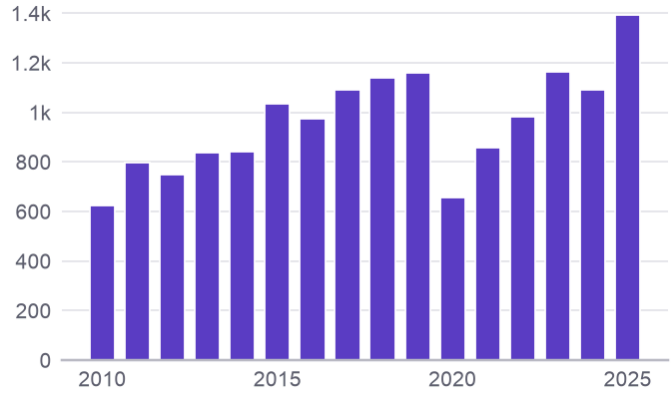
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

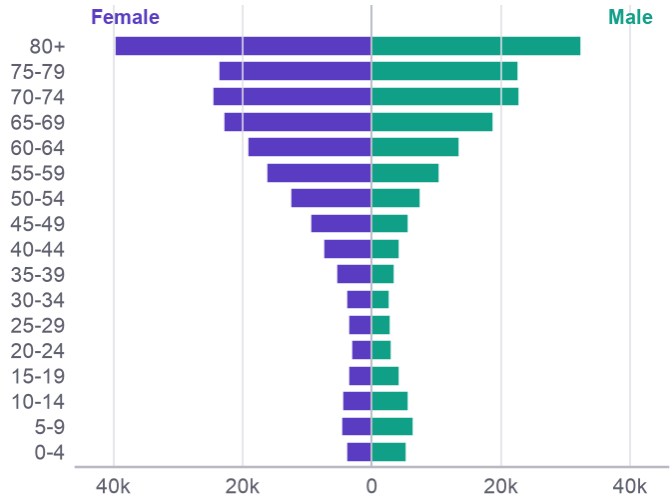
No trials identified



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

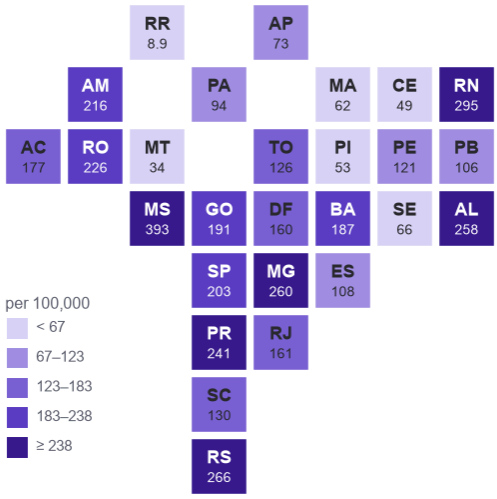
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

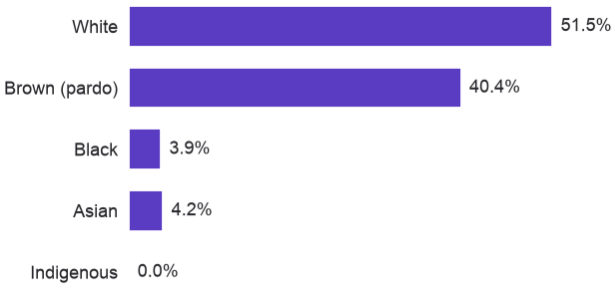
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **381,308** patients were in SUS specialised outpatient care in 2024 (179.4 per 100,000 inhabitants); **94,578** were new to the system that year (44.5 per 100,000).
- The population in care changed by **+2.7% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio Grande do Sul concentrate **47%** of them. The highest rate is in Mato Grosso do Sul (393.3 per 100,000).
- Specialised visits and procedures took place in **1,207** SUS facilities; **111** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **1,091** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.1%.
- No interventional trial with a Brazilian site started between 2016 and 2025 — an open field for sponsors planning studies in this condition.

Data notes. No interventional trial with a Brazilian site was identified for 2016–2025 in the TechTrials classification; the registry's broader condition search finds one, hence the share shown.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in hearing loss? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

OPHTHALMOLOGY AND ENT

Glaucoma

ICD-10: H40

356,808
Patients in SUS specialised care, 2024
167.8 per 100,000 (treated prevalence)

78,622
New patients in SUS, 2024
37.0 per 100,000 (SUS-recorded incidence)

9,364
SUS hospital admissions, 2024
in-hospital mortality 0.0%

2,298
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

9
Trials with a Brazilian site, 2016–25
3 industry · 2 active now

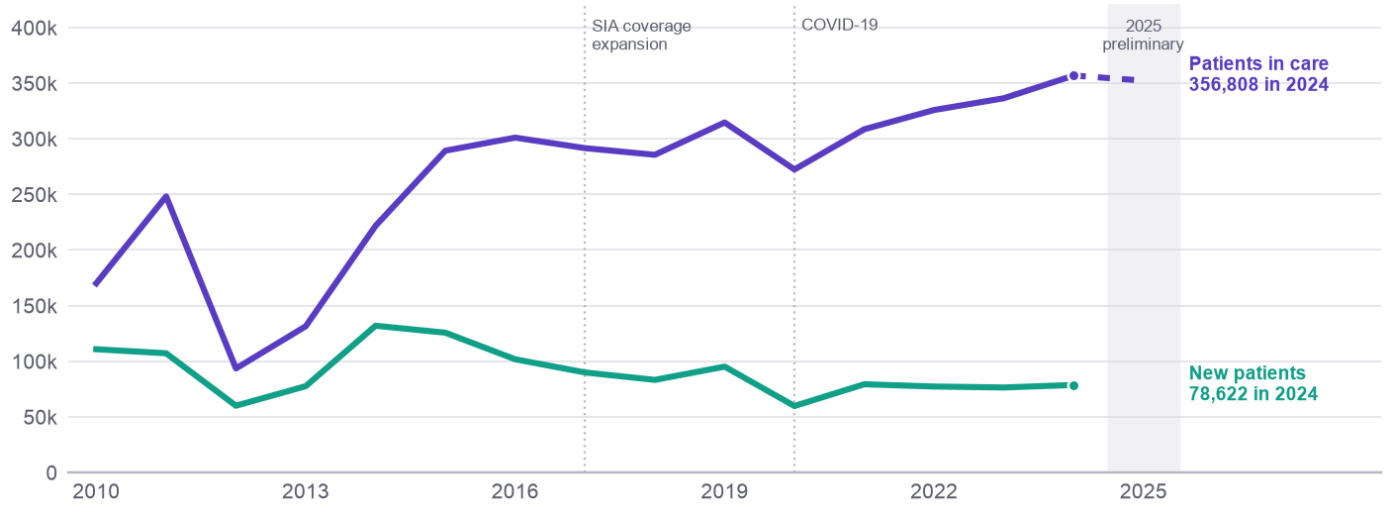
1.2%
Brazil's share of global trials
same condition, start 2016–2025

882
SUS facilities with visits or procedures
79 cover 80% of contacts · plus 127 CEAF pharmacies

67 y · 61% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

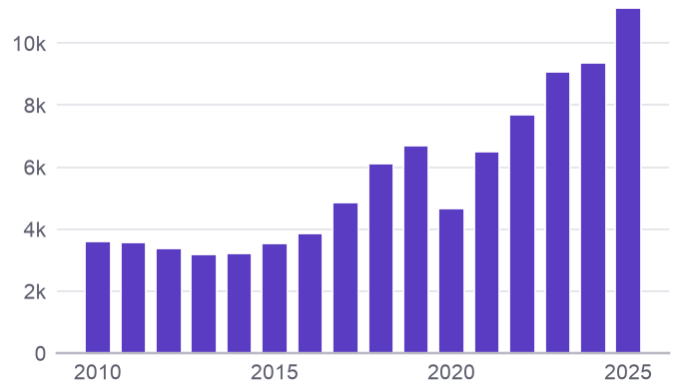
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

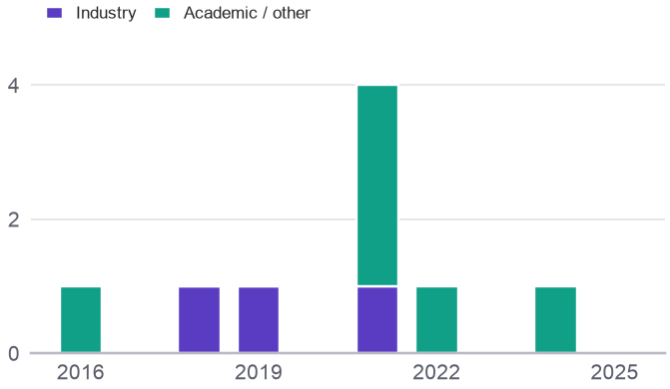
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

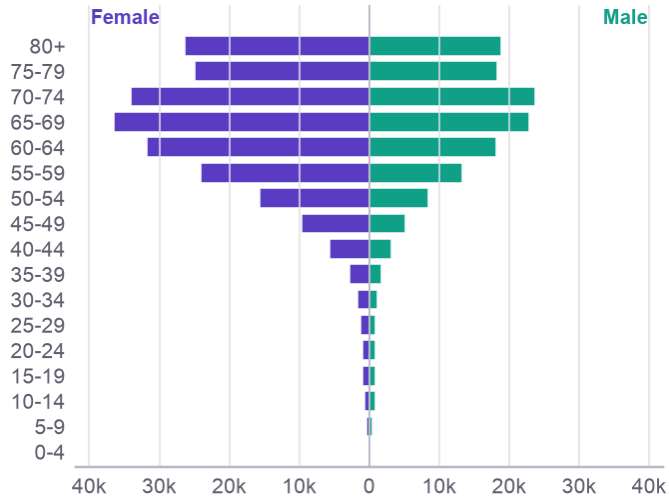
Not applicable: 6 · Phase 3: 2 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

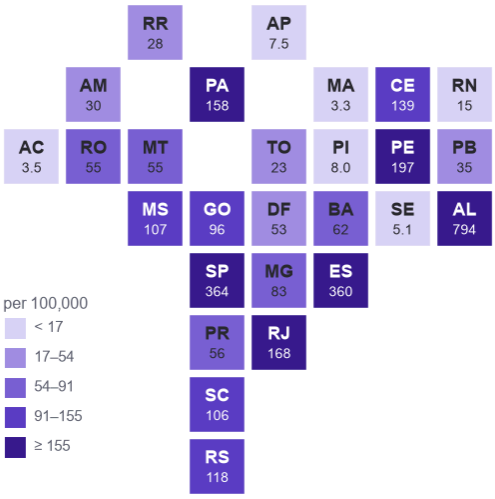
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

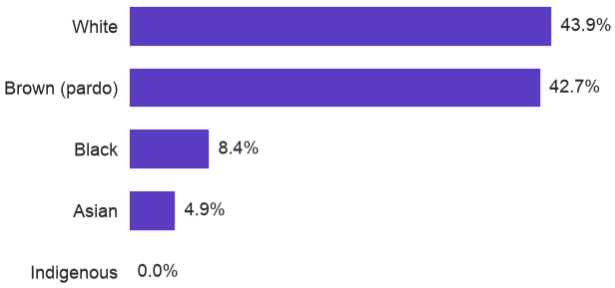
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

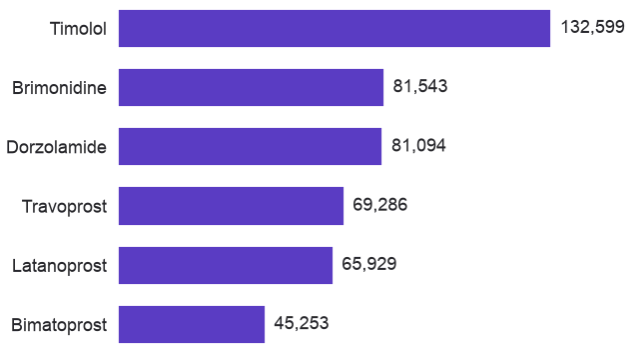
Share among patients with race/colour recorded (96% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **356,808** patients were in SUS specialised outpatient care in 2024 (167.8 per 100,000 inhabitants); **78,622** were new to the system that year (37.0 per 100,000).
- The population in care changed by **+4.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Alagoas concentrate **62%** of them. The highest rate is in Alagoas (793.8 per 100,000).
- Specialised visits and procedures took place in **882** SUS facilities; **79** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 127 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: timolol (132,599 patients) and brimonidine (81,543 patients).
- **9,364** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.0%.
- **9** interventional trials with a Brazilian site started between 2016 and 2025 (3 industry-sponsored, 2 phase 3, 2 still active). Brazil hosts 1.2% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in glaucoma? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

OPHTHALMOLOGY AND ENT

Diabetic retinopathy and macular oedema

ICD-10: H360, E103, E113, E143

124,191
Patients in SUS specialised care, 2024
58.4 per 100,000 (treated prevalence)

51,103
New patients in SUS, 2024
24.0 per 100,000 (SUS-recorded incidence)

1,622
SUS hospital admissions, 2024
in-hospital mortality 0.2%

1,870
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

8
Trials with a Brazilian site, 2016–25
4 industry · 2 active now

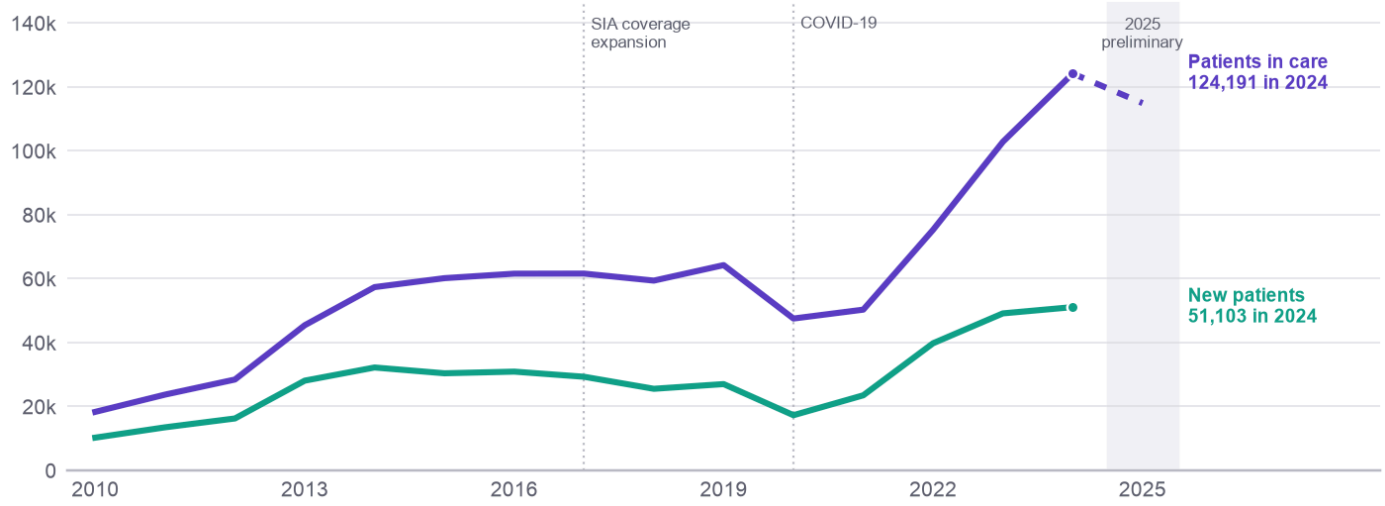
1.4%
Brazil's share of global trials
same condition, start 2016–2025

749
SUS facilities with visits or procedures
109 cover 80% of contacts · plus 187 CEAF pharmacies

65 y · 57% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

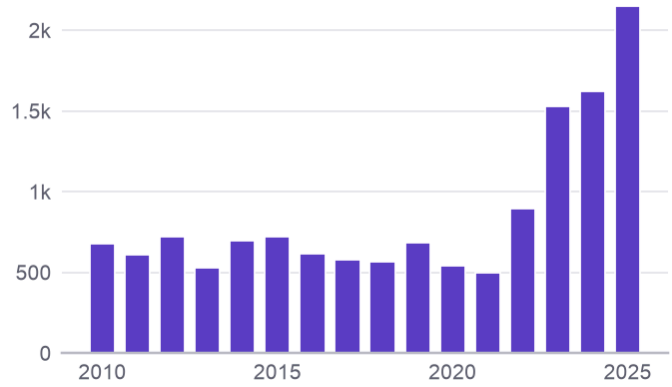
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

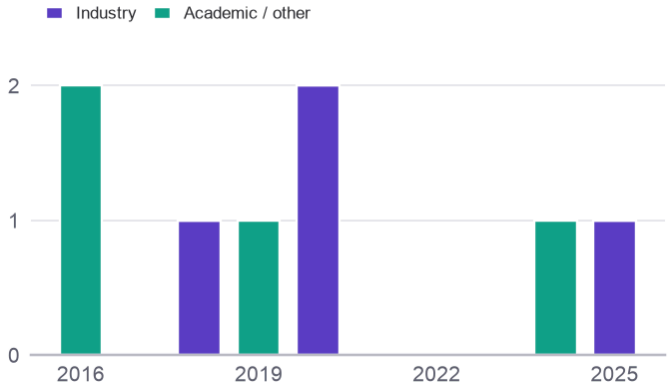
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

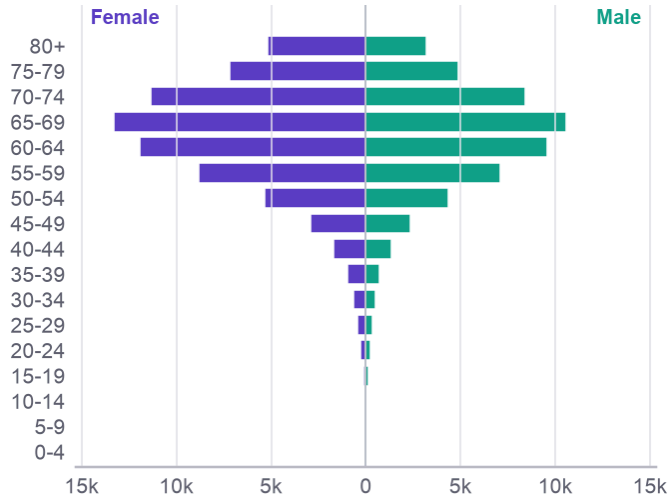
Phase 3: 4 · Phase 2: 3 · Not applicable: 2 · Phase 1: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

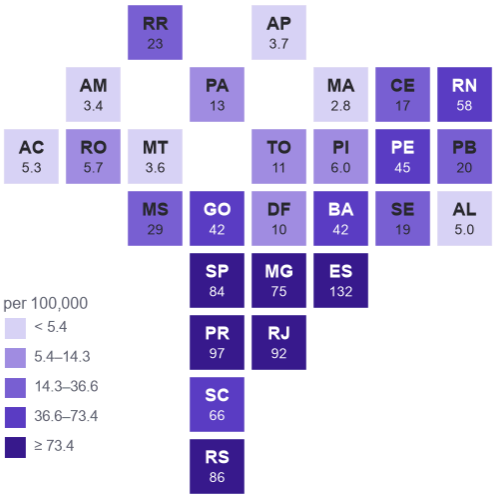
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

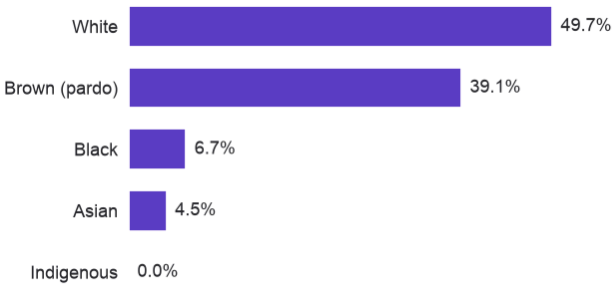
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

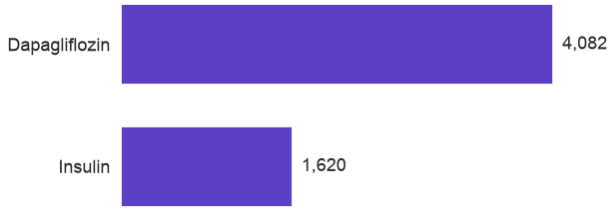
Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **124,191** patients were in SUS specialised outpatient care in 2024 (58.4 per 100,000 inhabitants); **51,103** were new to the system that year (24.0 per 100,000).
- The population in care changed by **+8.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **57%** of them. The highest rate is in Espírito Santo (131.7 per 100,000).
- Specialised visits and procedures took place in **749** SUS facilities; **109** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 187 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: dapagliflozin (4,082 patients) and insulin (1,620 patients).
- **1,622** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.2%.
- **8** interventional trials with a Brazilian site started between 2016 and 2025 (4 industry-sponsored, 4 phase 3, 2 still active). Brazil hosts 1.4% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in diabetic retinopathy and macular oedema? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

OPHTHALMOLOGY AND ENT

Age-related macular degeneration

ICD-10: H353

108,019
Patients in SUS specialised care, 2024
50.8 per 100,000 (treated prevalence)

45,463
New patients in SUS, 2024
21.4 per 100,000 (SUS-recorded incidence)

384
SUS hospital admissions, 2024
in-hospital mortality 0.0%

23,832
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

13
Trials with a Brazilian site, 2016–25
12 industry · 3 active now

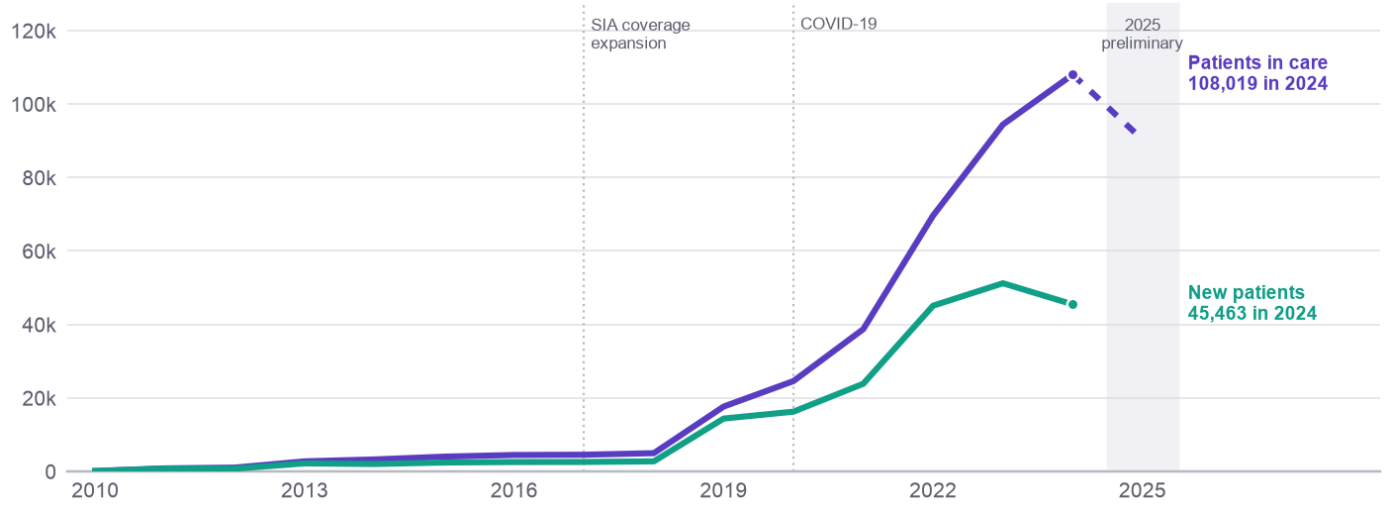
2.8%
Brazil's share of global trials
same condition, start 2016–2025

503
SUS facilities with visits or procedures
91 cover 80% of contacts

69 y · 58% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

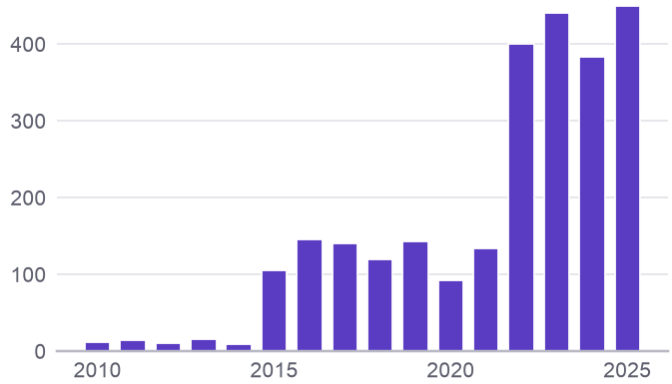
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

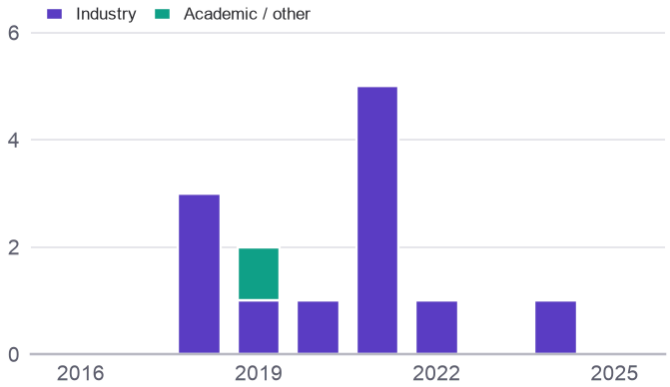
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

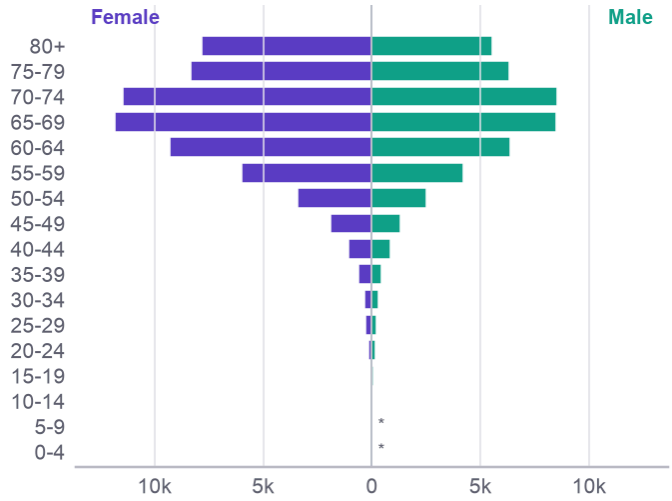
Phase 3: 12 · Phase 1: 1 · Phase 2: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

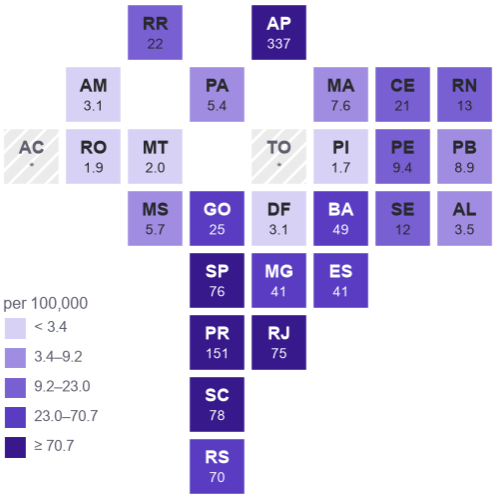
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

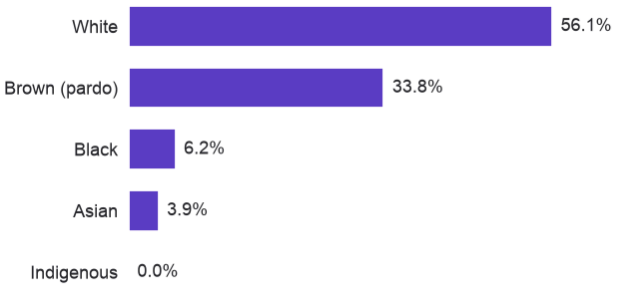
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **108,019** patients were in SUS specialised outpatient care in 2024 (50.8 per 100,000 inhabitants); **45,463** were new to the system that year (21.4 per 100,000).
- The population in care changed by **+41.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Paraná and Rio de Janeiro concentrate **61%** of them. The highest rate is in Amapá (336.7 per 100,000).
- Specialised visits and procedures took place in **503** SUS facilities; **91** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **384** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.0%.
- **13** interventional trials with a Brazilian site started between 2016 and 2025 (12 industry-sponsored, 12 phase 3, 3 still active). Brazil hosts 2.8% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in age-related macular degeneration? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Women's health

2 conditions · 18 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Uterine fibroids	18,358	8.6	11,478	122,775	6	2.8%	250
Endometriosis	8,286	3.9	4,700	18,540	12	3.2%	252

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

WOMEN'S HEALTH

Uterine fibroids

ICD-10: D25

18,358
Patients in SUS specialised care, 2024
8.6 per 100,000 (treated prevalence)

11,478
New patients in SUS, 2024
5.4 per 100,000 (SUS-recorded incidence)

122,775
SUS hospital admissions, 2024
in-hospital mortality 0.0%

36,406
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

6
Trials with a Brazilian site, 2016–25
5 industry · 0 active now

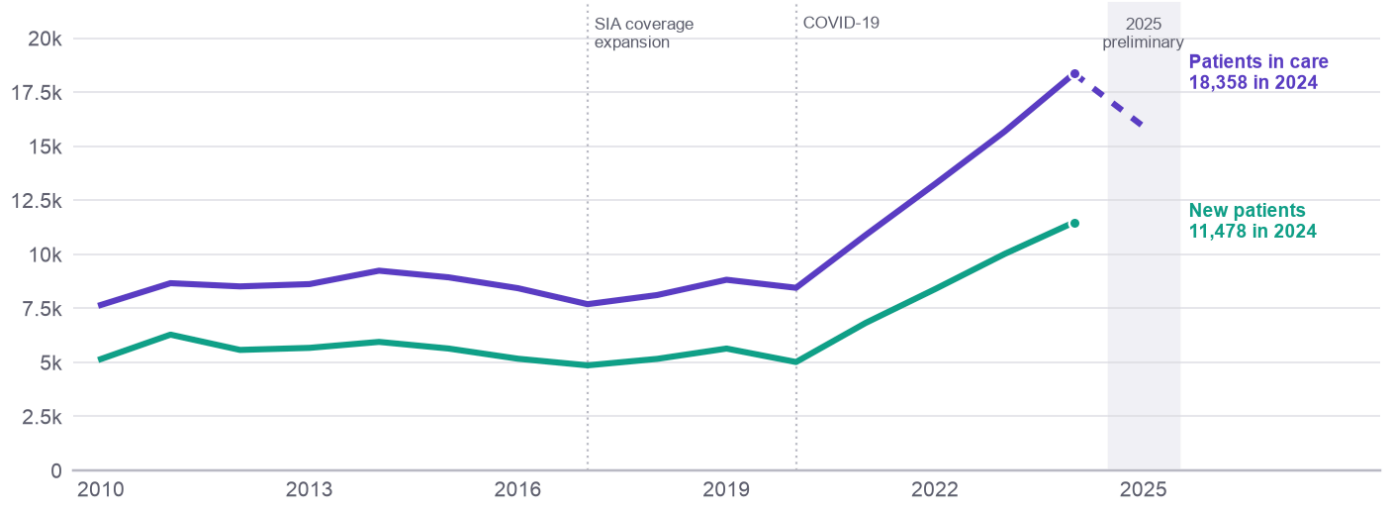
2.8%
Brazil's share of global trials
same condition, start 2016–2025

757
SUS facilities with visits or procedures
96 cover 80% of contacts · plus 162 CEAF pharmacies

46 y · 100% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

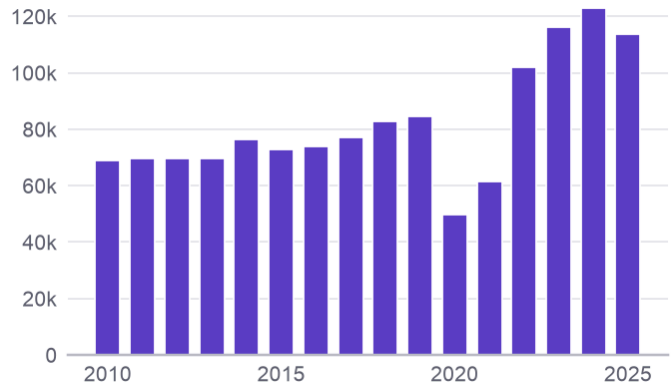
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

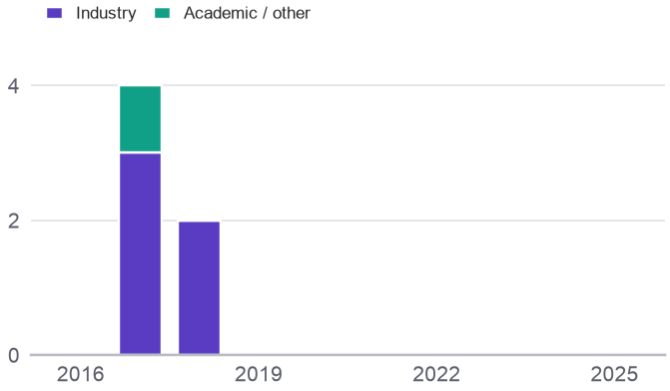
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

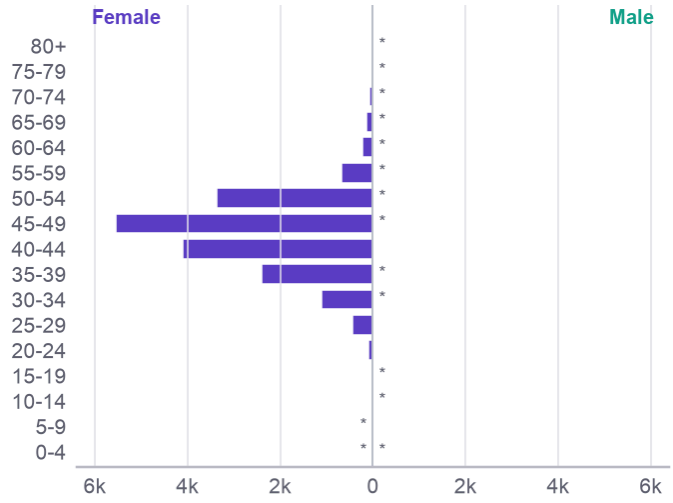
Phase 3: 4 · Not applicable: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

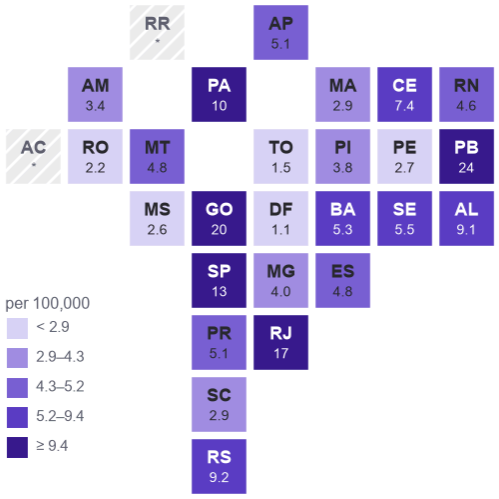
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

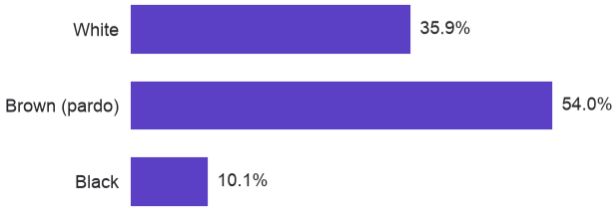
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (98% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **18,358** patients were in SUS specialised outpatient care in 2024 (8.6 per 100,000 inhabitants); **11,478** were new to the system that year (5.4 per 100,000).
- The population in care changed by **+7.1% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Goiás concentrate **56%** of them. The highest rate is in Paraíba (24.1 per 100,000).
- Specialised visits and procedures took place in **757** SUS facilities; **96** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 162 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: goserelin (7,814 patients) and leuprorelin (175 patients).
- **122,775** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.0%.
- **6** interventional trials with a Brazilian site started between 2016 and 2025 (5 industry-sponsored, 4 phase 3, 0 still active). Brazil hosts 2.8% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in uterine fibroids? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

WOMEN'S HEALTH

Endometriosis

ICD-10: N80

8,286
Patients in SUS specialised care, 2024
3.9 per 100,000 (treated prevalence)

4,700
New patients in SUS, 2024
2.2 per 100,000 (SUS-recorded incidence)

18,540
SUS hospital admissions, 2024
in-hospital mortality 0.1%

28,995
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

12
Trials with a Brazilian site, 2016–25
3 industry · 3 active now

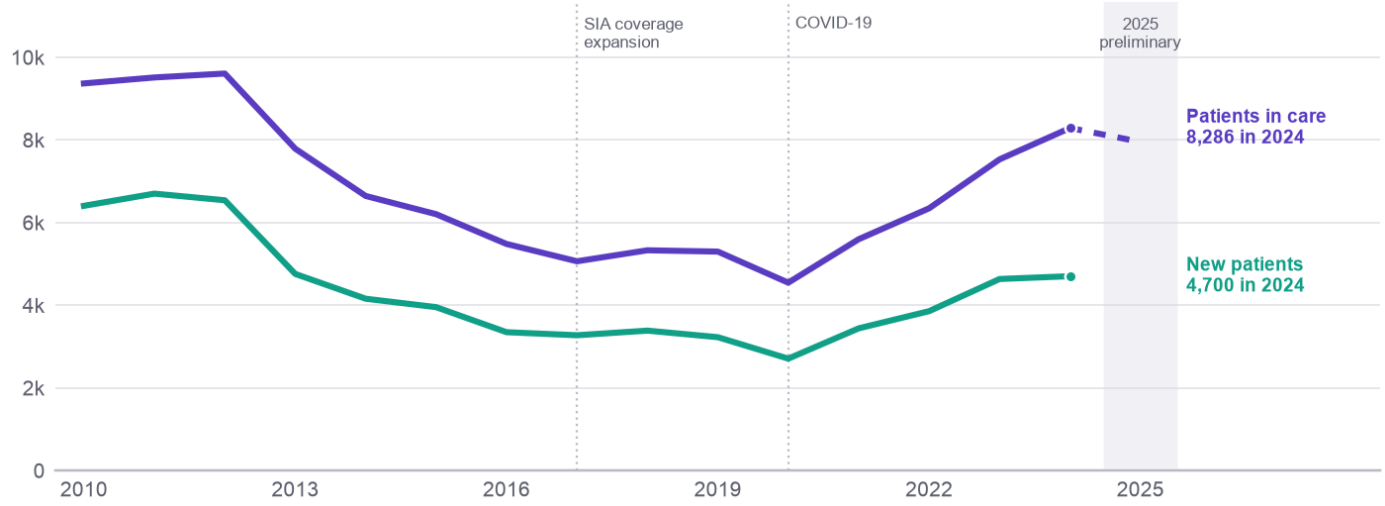
3.2%
Brazil's share of global trials
same condition, start 2016–2025

707
SUS facilities with visits or procedures
177 cover 80% of contacts · plus 171 CEAF pharmacies

39 y · 100% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

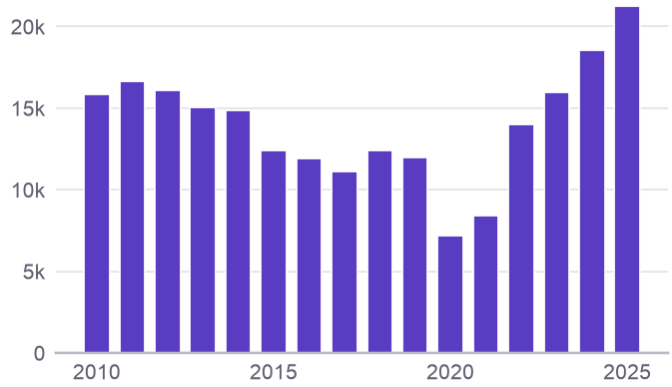
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

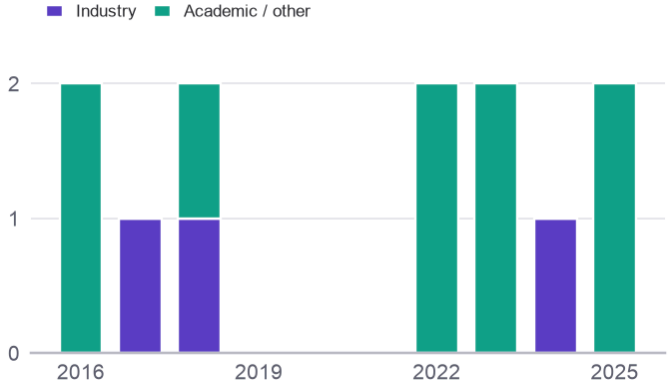
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

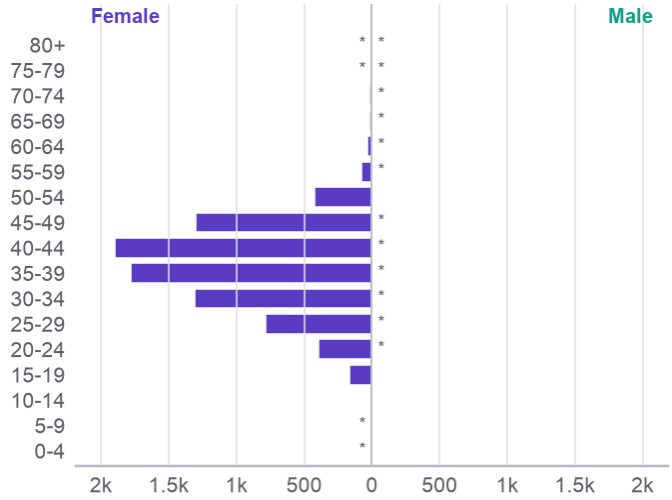
Not applicable: 6 · Phase 3: 3 · Phase 2: 2 · Phase 4: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

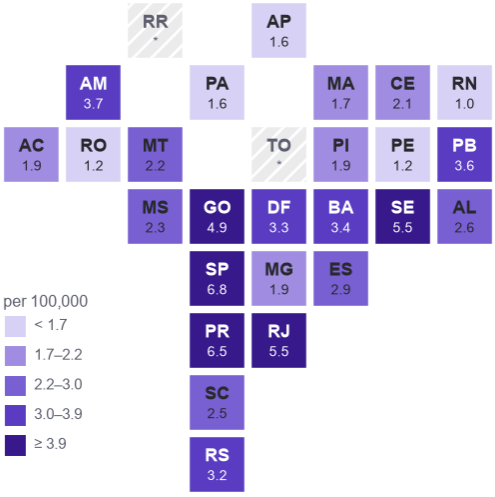
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

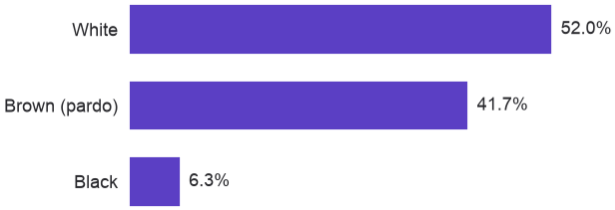
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (97% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **8,286** patients were in SUS specialised outpatient care in 2024 (3.9 per 100,000 inhabitants); **4,700** were new to the system that year (2.2 per 100,000).
- The population in care changed by **+2.2% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Rio de Janeiro and Paraná concentrate **59%** of them. The highest rate is in São Paulo (6.8 per 100,000).
- Specialised visits and procedures took place in **707** SUS facilities; **177** of them account for 80% of patient-facility contacts — the natural shortlist for site selection. High-cost medicines were dispensed by 171 CEAF pharmacies, not counted as sites.
- Most frequent SUS treatment in the outpatient record: goserelin (3,748 patients) and leuprorelin (132 patients).
- **18,540** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.1%.
- **12** interventional trials with a Brazilian site started between 2016 and 2025 (3 industry-sponsored, 3 phase 3, 3 still active). Brazil hosts 3.2% of the trials registered worldwide for this condition in the same period.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in endometriosis? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. ttrials.com

Urology

2 conditions · 39 distinct trials with a Brazilian site, 2016–2025 · reference year 2024

Condition	Patients in SUS care	per 100,000	New patients	SUS admissions	Trials in Brazil	Share of world	Page
Benign prostatic hyperplasia	31,555	14.8	14,249	30,542	5	1.3%	255
Urinary incontinence	14,910	7.0	9,802	14,479	35	3.7%	257

Sources: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025; ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Analysis: **TechTrials**.

UROLOGY

Benign prostatic hyperplasia

ICD-10: N40

31,555
Patients in SUS specialised care, 2024
14.8 per 100,000 (treated prevalence)

14,249
New patients in SUS, 2024
6.7 per 100,000 (SUS-recorded incidence)

30,542
SUS hospital admissions, 2024
in-hospital mortality 0.3%

17,879
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

5
Trials with a Brazilian site, 2016–25
3 industry · 1 active now

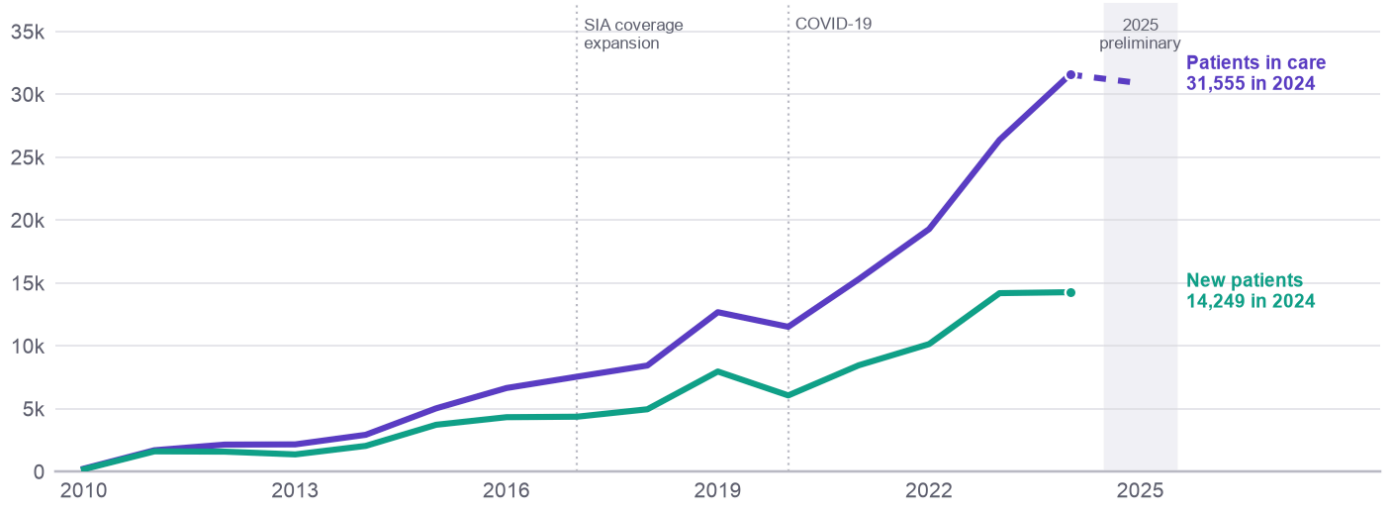
1.3%
Brazil's share of global trials
same condition, start 2016–2025

1,021
SUS facilities with visits or procedures
113 cover 80% of contacts

69 y · 1% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

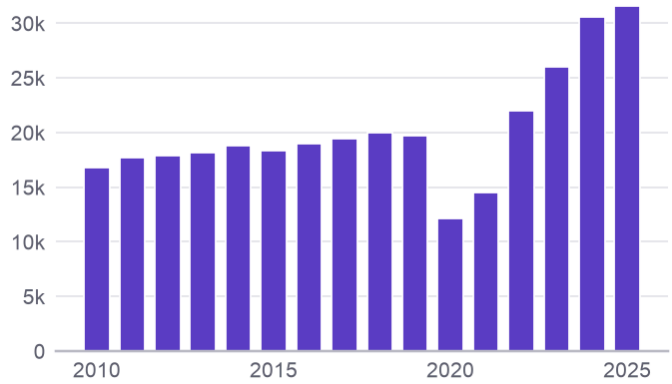
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

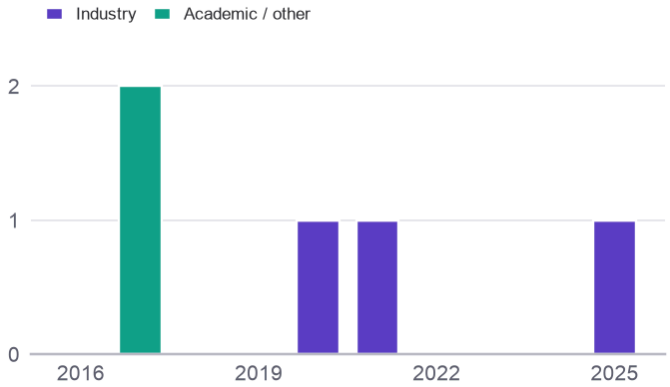
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

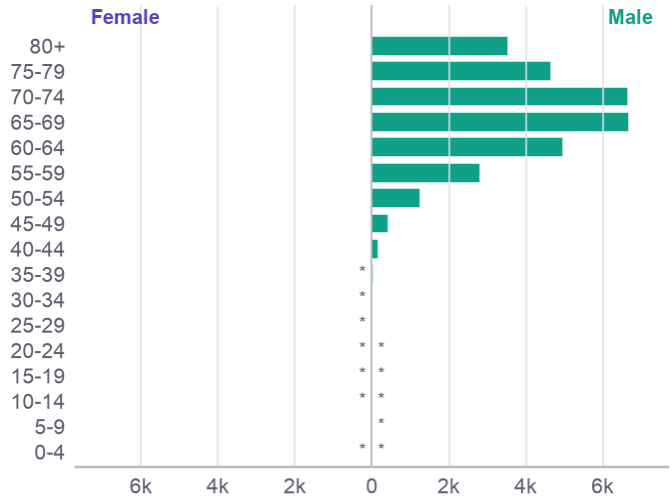
Not applicable: 3 · Phase 3: 2



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

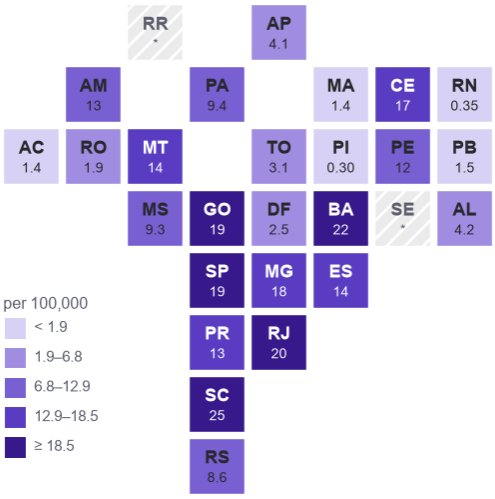
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

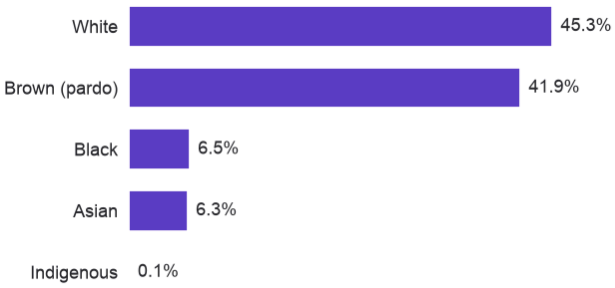
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **31,555** patients were in SUS specialised outpatient care in 2024 (14.8 per 100,000 inhabitants); **14,249** were new to the system that year (6.7 per 100,000).
- The population in care changed by **+26.9% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 27 of the 27 states; São Paulo, Minas Gerais and Rio de Janeiro concentrate **52%** of them. The highest rate is in Santa Catarina (25.1 per 100,000).
- Specialised visits and procedures took place in **1,021** SUS facilities; **113** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **30,542** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.3%.
- **5** interventional trials with a Brazilian site started between 2016 and 2025 (3 industry-sponsored, 2 phase 3, 1 still active). Brazil hosts 1.3% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care.

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in benign prostatic hyperplasia? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

UROLOGY

Urinary incontinence

ICD-10: N393, N394, R32

14,910
Patients in SUS specialised care, 2024
7.0 per 100,000 (treated prevalence)

9,802
New patients in SUS, 2024
4.6 per 100,000 (SUS-recorded incidence)

14,479
SUS hospital admissions, 2024
in-hospital mortality 0.5%

10,506
Private-sector admissions, 2024
ANS events with this diagnosis (floor)

35
Trials with a Brazilian site, 2016–25
1 industry · 2 active now

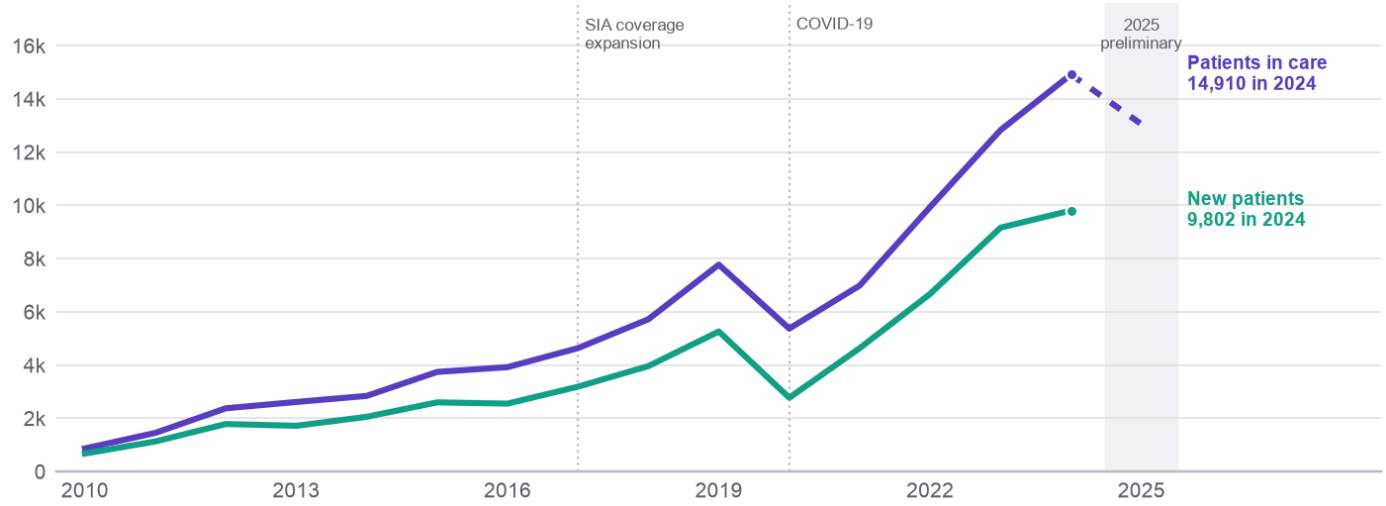
3.7%
Brazil's share of global trials
same condition, start 2016–2025

934
SUS facilities with visits or procedures
184 cover 80% of contacts

58 y · 89% F
Median age · share female
patients in care in 2024

Patients in SUS specialised outpatient care and new patients, 2010–2025

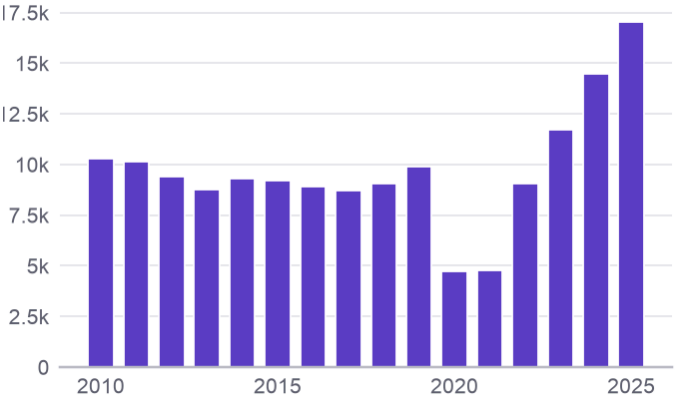
Patients with records in ≥2 distinct months (any SUS outpatient data set, 2008–2025). New = first record in that year; shown to 2024.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. 2025 is preliminary (late records). Analysis: **TechTrials**.

SUS hospital admissions per year

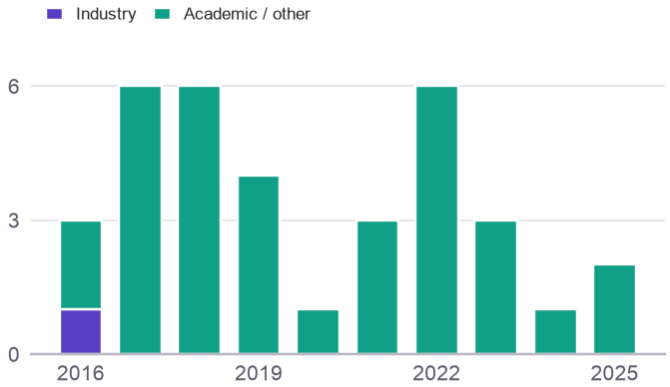
Main diagnosis; initial AIH only.



Source: DATASUS — SIH/SUS hospital admissions (AIH), 2010–2025. Analysis: **TechTrials**.

Clinical trials with a Brazilian site, by start year

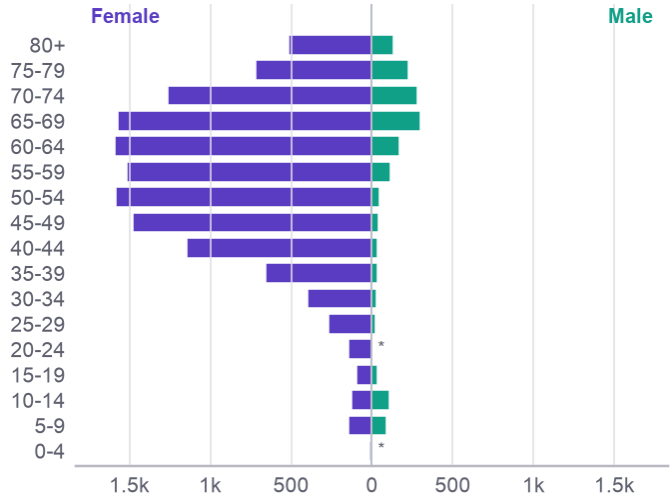
Not applicable: 32 · Phase 3: 2 · Phase 2: 1 · Phase 4: 1



Source: ClinicalTrials.gov, data version 2 Oct 2026; interventional trials with ≥1 site in Brazil, start 2016–2025. Classification: **TechTrials**.

Age and sex, 2024

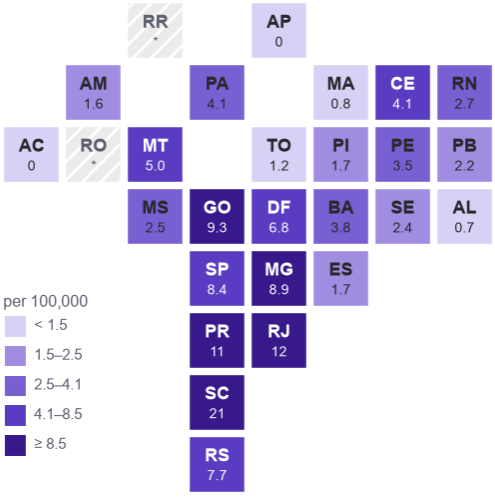
Patients in SUS specialised outpatient care.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. * suppressed (<10 patients or complementary suppression).

Patients by state, 2024

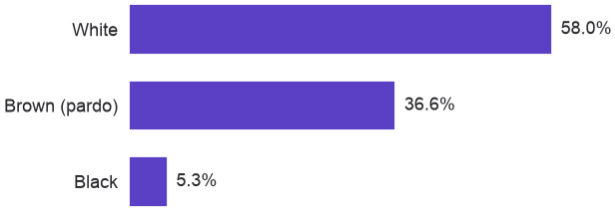
Rate per population, state of residence; five classes by quintile.



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; IBGE population estimates and projections, 2024. * suppressed.

Race / colour, 2024

Share among patients with race/colour recorded (100% of patients).



Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026. Self-reported IBGE categories.

Treatment recorded in SUS, 2024

Patients per medicine (CEAF) or oncology modality and setting.

No CEAF medicine or oncology procedure is recorded for this diagnosis: care appears as visits, exams and procedures.

Source: DATASUS — SIA/SUS outpatient records (BPA-I; APAC for chemotherapy, radiotherapy, CEAF specialised medicines and special procedures), 2008–2025, extracted Oct 2026; SIGTAP procedure table.

What the data show

- **14,910** patients were in SUS specialised outpatient care in 2024 (7.0 per 100,000 inhabitants); **9,802** were new to the system that year (4.6 per 100,000).
- The population in care changed by **+18.0% a year** between 2014 and 2024 (compound annual rate), partly reflecting the 2017 expansion of outpatient records.
- Patients live in 25 of the 27 states; São Paulo, Rio de Janeiro and Minas Gerais concentrate **52%** of them. The highest rate is in Santa Catarina (20.7 per 100,000).
- Specialised visits and procedures took place in **934** SUS facilities; **184** of them account for 80% of patient-facility contacts — the natural shortlist for site selection.
- **14,479** SUS hospital admissions had it as the main diagnosis in 2024; in-hospital mortality was 0.5%.
- **35** interventional trials with a Brazilian site started between 2016 and 2025 (1 industry-sponsored, 2 phase 3, 2 still active). Brazil hosts 3.7% of the trials registered worldwide for this condition in the same period.

Data notes. Much of the care for this condition happens in primary care, which is not part of these data; figures reflect specialised and high-cost care. Trials in Brazil for this condition are almost entirely academic (physiotherapy, behavioural or device studies).

2025: preliminary. About 18% of 2025 public outpatient records (3.8% in 2024) came without the national health card number and cannot be counted as patients, so 2025 outpatient figures are understated; hospital admissions are not affected.

Planning a trial in urinary incontinence? TechTrials runs site-, region- and treatment-line feasibility on these same SUS data. **ttrials.com**

Methods and limitations

Design and data

Descriptive, repeated cross-sectional analysis of Brazilian public health system records, reported following the STROBE and RECORD recommendations for observational studies using routinely collected health data [11, 12]. Outpatient data: SIA/SUS individualised procedures (BPA-I) and authorisations (APAC) for chemotherapy, radiotherapy, CEAF medicines and special procedures, 2008–2025; hospital data: SIH/SUS admissions (AIH), 2008–2025; supplementary health: ANS TISS hospital events, 2020–2025; population: IBGE [3, 4]; trials: ClinicalTrials.gov API v2, data version 2026-10-02 [6].

Case definition and indicators

A patient is counted for a condition when the condition's ICD-10 code is the main diagnosis in records from at least two distinct months between January 2008 and December 2025 (the outpatient system records month, not day, of care). Patients are identified by the encrypted national health card number in outpatient data and by the encrypted patient key in hospital data. Sex, age and race/colour are taken from the patient's own care records (most frequent value), with the national patient registry used only when missing. Serology and rapid tests for infections are excluded from the case definition. Incidence uses a two-year look-back at the start of the series (2008–2009), so it is reported from 2010.

Validation

Patient counts per condition, data set and year were reproduced through an independent pre-aggregated table and matched exactly for outpatient procedures, chemotherapy, radiotherapy and special procedures in every condition and year; CEAF dispensing differed by 2.6% because the two paths use different source files. Sex, age and geographic distributions were checked for clinical plausibility. The full processing was run twice and produced identical results. Hospital admissions were compared with the public DATASUS tabulation (TabNet, SUS Hospital Morbidity) for the 27 conditions whose morbidity-list category uses the same ICD-10 codes as this report: the counts matched exactly in 2023 and 2024 [7].

Limitations

- Counts reflect SUS specialised and high-cost care; primary care and exclusively private care are not included.
- Outpatient and hospital data cannot be reliably linked at patient level, so the two counts are never added.
- Diagnosis codes are recorded for billing, not research; absence of a code does not mean absence of disease, and conditions without a specific ICD-10 code are not profiled.
- The case definition accepts a second record at any distance in time, so recent years have had less time to confirm patients and are slightly undercounted; 2025 is preliminary.
- Since 2024, part of the public outpatient records come without the national health card number (3.8% in 2024; about 18% in 2025, as measured by **TechTrials** in the DATASUS files); these records cannot be attributed to a patient, so outpatient figures for 2024 and, above all, 2025 are understated.
- The 2017 expansion of outpatient records and the 2020 pandemic create steps in the series that do not reflect epidemiology.
- There is no linkage to mortality records; only in-hospital mortality is reported.
- ANS hospital data count events, not people, and about a third carry no diagnosis.
- Trial classification by condition uses the conditions declared in the registry; registry searches used for global shares can over- or under-retrieve, as flagged in the data notes.

Ethics and data protection

The analysis uses public, de-identified, aggregated data; no individual can be identified. Counts below 10 are suppressed, with complementary suppression. Processing was carried out by **TechTrials** in a controlled cloud environment from which no patient-level data was exported.

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Legal texts and official statistics were checked against the official sources on 3 October 2026. Trial data: ClinicalTrials.gov data version 2026-10-02. Patient data: DATASUS files extracted October 2026.

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About TechTrials

TechTrials is a Brazilian health intelligence company. It integrates large volumes of health data, applies artificial intelligence and advanced analytics, and turns complex health information into evidence for pharmaceutical companies, hospitals, government agencies and partners across the health ecosystem.

Services include real-world evidence studies, epidemiology and market sizing, clinical research support and feasibility, health economics and outcomes research, and hospital intelligence.

From this report to your protocol

Every figure in this report comes from national, individual-level public health records that TechTrials processes end to end. For a specific protocol, the same data can be cut by inclusion criteria, treatment line, centre, region and patient journey — for example, to estimate eligible patients per site, to identify the facilities that treat them, or to describe the standard of care a trial will be compared against.

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Suggested citation: Valverde DA, Firmiano EF, Perroud MW, Azevedo VF, Kotze PG, Quaresma A, Ortega C. Brazil Clinical Research Landscape, 2026 Edition. TechTrials; 2026. Available at https://ttrials.com/