Oncology 2025
The Cancer Control Challenge:
Better Understanding It to Better Face It

EPIDEMIOLOGICAL PROFILE OF MORTALITY FROM FOLLICULAR NON-HODGKIN LYMPHOMA IN THE STATE OF PARÁ, BRAZIL (2019–2023)

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Introduction: Follicular non-Hodgkin lymphoma (FNHL), the second most common subtype of non-Hodgkin lymphoma and the seventh most frequent cancer in Western countries, is characterized by the malignant proliferation of germinal center B cells within lymphoid follicles. It predominantly affects supradiaphragmatic and abdominal lymph nodes and may disseminate to the bone marrow and other organs. Diagnosis typically occurs in individuals aged 60 to 65 years. Its global incidence has increased, attributed to improvements in diagnostic technologies and reporting systems. However, epidemiological studies on FNHL in Brazil, particularly in the Northern region, remain scarce and insufficient to accurately define its local epidemiological profile. **Objectives:** To analyze mortality patterns associated with follicular non-Hodgkin lymphoma in the state of Pará, Brazil, from 2019 to 2023. **Methods:** This is a descriptive, retrospective epidemiological study of mortality from FNHL in Pará between 2019 and 2023. Data were extracted from the Mortality Information System (SIM), available on the TABNET/DATASUS platform, using ICD-10 code C82. Variables analyzed included age group, year of death, sex, race/ethnicity, education level, and municipality of residence. **Results:** A total of 15 FNHL-related deaths were recorded in Pará during the study period, distributed across 11 municipalities. The capital, Belém, reported the highest number of deaths (33.3%, 5/15). The highest annual number of deaths occurred in 2023 (40%, 6/15), followed by 2019 (26.6%, 4/15); the lowest was in 2021, with only one death reported. Most decedents were male (66.6%, 10/15), and 33.3% (5/15) were female. Regarding race/ethnicity, 46.6% (7/15) were brown, 33.3% (5/15) white, and 20% (3/15) black. In terms of education, 13.3% (2/15) had more than 12 years of schooling, while 33.3% (5/15) had no formal education. The highest mortality was observed in individuals aged 80 years and older (33.3%, 5/15), followed by those aged 60–69 years (26.6%, 4/15), and 70–79 years (20%, 3/15). Isolated deaths (6.6%, 1/15 each) occurred in the age groups 5–9, 40–49, and 50–59 years. No deaths were reported in other age groups during the study period. **Conclusion:** This study underscores the association between FNHL mortality, aging, and social determinants such as education, gender, and race. Individuals with lower educational attainment face barriers to accessing health information, timely diagnosis, and treatment, which increases their mortality risk. The predominance of male deaths may

reflect lower healthcare-seeking behavior and delayed treatment initiation. Moreover, structural inequalities continue to hinder healthcare access, contributing to higher mortality among racialized populations. These findings highlight the need for further research and the development of public health strategies tailored to regional and social contexts.

Keywords: Follicular Lymphoma; Mortality; Pará.