

GEOGRAPHIC BARRIERS IN ACCESS TO ONCOLOGY SERVICES IN MUNICIPALITIES IN PARÁ

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Introduction: Cancer treatment in the Unified Health System SUS is carried out, preferably in hospitals qualified as High Complexity Oncology Units and High Complexity Oncology Assistance Centers. In the state, the large territorial extension and the concentration of services in a few municipalities can generate significant geographic barriers to access. **Objectives:** Analyze the distance between the municipalities of Pará and hospitals qualified for oncological treatment. **Methods:** This is a descriptive, cross-sectional ecological study, based on public secondary data. The 144 municipalities of Para were analyzed. The presence of qualified hospitals was verified through the Access Protocol to the medium and high complexity oncology care network in the state of Para. For each municipality without a license, the road distance to the nearest hospital was calculated using Google Maps. The dictatorships were grouped into bands of up to 50 km, between 51–100 km, between 101–200 km and over 200 km. **Results:** Of the 144 municipalities in Pará, only 10 (7%) are within 50 km of a hospital qualified for oncology treatment. Another 22 municipalities (15%) are located between 51 and 100 km. The majority are between 101 and 200 km (53 municipalities, 37%) or more than 200 km (58 municipalities, 40%). This means that more than three quarters of the state's municipalities are more than 100 km away from a specialized oncology service. The physical distance to the oncology treatment service represents a real barrier for a large part of the population of Pará, especially those who live in inland, riverside and difficult-to-access regions. Prolonged travel can compromise the timely initiation of treatment, increase transportation and accommodation costs, and negatively impact adherence and clinical outcomes. In a state with continental dimensions and low density of services, inequality in access to oncology care worsens, requiring more efficient regional strategies. **Conclusion:** The analysis revealed a concentration of oncology services enabled in a few urban centers in Pará, generating high distances for most municipalities. These findings reinforce the importance of regionalizing cancer care in the SUS, with the expansion of enabled services and the implementation of measures to support the movement of patients in remote regions.

Keywords: Access to health services;Oncology; Regionalization in Health.