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

HOSPITALIZATIONS AND MORTALITY DUE TO CERVICAL NEOPLASMS IN BELÉM AND MARABÁ, PARÁ, BRAZIL (2013–2023)

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Introduction: Cervical cancer (CC) is one of the leading causes of morbidity and mortality among women in Brazil. Although Pap smear screening enables early diagnosis, disparities in access to diagnostic services persist, particularly in the Amazonian region. Factors such as low education, insufficient income, lack of specialized healthcare units, and transportation barriers exacerbate the situation. This study analyzes the epidemiological profile of CC in Belém and Marabá, cities in Pará with contrasting socioeconomic and healthcare infrastructure conditions, aiming to elucidate how regional inequities impact clinical outcomes. **Objectives:** To describe the incidence and mortality of CC and cervical carcinoma in situ (CCIS) in Belém and Marabá (2013–2023) and identify the sociodemographic profile of patients. **Methods:** Observational, descriptive, and comparative study using secondary data from DATASUS/SIH-SUS (2013–2023). Records of hospitalizations and deaths due to CC (ICD-10: C53) and CCIS (D06) were filtered by municipality. Variables analyzed: age group, race/ethnicity, sex, and location. Data were processed in Excel® using descriptive analysis (absolute/relative frequencies) and temporal trend evaluation. **Results:** Belém recorded 3,965 CC hospitalizations (99.7% of the total), compared to only 10 in Marabá. In the capital, hospitalizations increased from 270 (2013) to 516 (2022), likely due to the absorption of patients from neighboring municipalities and Marabá, which lacked oncology services until 2024. The most affected age group was 40–49 years (1,095 cases), followed by 30–39 years (883 cases). Mixed-race women accounted for 93% of hospitalizations (3,689 cases), contrasting with the national predominance of white women (91,577 cases). The average CC mortality rate in Belém (21.64/100,000 inhabitants) exceeded national (11.06) and regional (15.68) rates, peaking in 2016 (26.87) and reaching its lowest in 2018 (15.12). Mortality analysis in Marabá was unfeasible due to insufficient data. For CCIS, Belém reported 97 hospitalizations (28 in women aged 30–39), and Marabá recorded 15 cases (7 in the same age group), with no mortality in either city. **Conclusion:** Disparities between Belém and Marabá highlight the consequences of centralized oncology services: overburdening the capital's healthcare system and underreporting in Marabá. The rising hospitalizations in Belém reflect unmet demand in peripheral regions, gaps in primary prevention, and patient migration due to inadequate infrastructure in smaller cities. The predominance of mixed-race women among CC hospitalizations underscores structural inequalities and socioeconomic barriers limiting access to screening and treatment. High mortality in Belém (21.64/100,000) emphasizes the urgent need for early diagnosis policies, particularly for young women (30–49 years). The absence of CCIS-related

deaths demonstrate the effectiveness of screening. The initiation of oncology services in Marabá may improve outcomes. To address these challenges, tailored screening campaigns for vulnerable populations and enhanced local data systems are essential. Regional and racial inequities in Pará demand intersectoral actions to translate data into practical interventions, ensuring screening advancements reduce mortality.

Keywords: Cervical neoplasms; Health disparities; Epidemiology; Brazil.