

## HOSPITAL MORBIDITY PROFILE OF COLON CANCER IN THE NORTHERN REGION FROM 2020 TO 2024

Júlio César Coelho de Lima<sup>1</sup>, Carlos Eduardo Oliveira da Silva<sup>1</sup>, Lucas Quaresma Martins<sup>1</sup>, Beatriz Lobato Canizo Pereira<sup>1</sup>, Marina Rodrigues Moura<sup>2</sup>, Giovanna Gilioli da Costa Nunes<sup>2</sup>

<sup>1</sup>Universidade do Estado do Pará (UEPA)

<sup>2</sup>Universidade Federal do Pará (UFPA)

**Introduction:** Cancer is characterized by the uncontrolled growth of malignant cells, with the potential for local and distant invasion. It is one of the leading public health problems worldwide and represents the second most common cause of death in most countries. Colon cancer is the second most frequent malignant neoplasm in both men and women, with a growing number of cases among younger individuals, especially in developed countries, giving it significant epidemiological relevance. **Objective:** To analyze hospital morbidity due to colon cancer in the Northern Region of Brazil from 2020 to 2024. **Methods:** This is an ecological time-series study based on secondary data from the Hospital Information System (SIH/SUS), provided by the Department of Informatics of the Brazilian Unified Health System (DATASUS). Hospital admissions with a primary diagnosis of malignant neoplasm of the colon (ICD-10: C18), recorded between January 2020 and December 2024, for residents of the Northern states of Brazil were included. The variables analyzed included: number of hospitalizations, sex, age group, race/ethnicity, average length of stay, average hospitalization cost, and hospital mortality rate. Data were organized in Microsoft Excel spreadsheets and analyzed descriptively. Temporal trends were assessed based on simple annual percentage variation. **Results:** Between 2020 and 2024, there were 5,964 hospitalizations for colon cancer in the Northern Region, accounting for approximately 1.98% of the national total. The year with the highest prevalence was 2024 (24.0%) and the lowest was 2020 (16.2%). A predominance of female patients (52.1%) was observed, with the most affected age group being 60 to 69 years (26.9%), followed by the 50 to 59 and 40 to 49 age groups. Most patients were of mixed race (77.1%). The average cost per hospitalization was R\$ 2,505.00, slightly below the national average (R\$ 2,514.00). The average length of stay was 7 days, higher than the national average of 4.8 days. The hospital mortality rate was 11.4 deaths per 100 hospitalizations, compared to 8.07 in Brazil. **Conclusion:** The epidemiological profile of hospitalizations due to colon cancer in the Northern Region of Brazil reveals a predominance of mixed-race women aged 60 to 69 years. A progressive increase in hospitalizations was observed over the period,

which may reflect improved disease detection, expanded access to diagnosis, or an actual rise in incidence. The longer hospital stays and higher mortality rates compared to the national average suggest potential weaknesses in the region's oncology care infrastructure, including late diagnosis, limited access to specialized treatment, and reduced service resolution capacity. The findings underscore the need for public policies aimed at prevention, screening, and early diagnosis, with emphasis on regions with lower healthcare coverage.

**Keywords:** Epidemiology; descriptive; colonic neoplasms; hospitalization.