

CLINICAL AND EPIDEMIOLOGICAL PROFILE OF ESOPHAGEAL NEOPLASIA IN NORTHERN BRAZIL: A REGIONAL PERSPECTIVE ON CANCER CONTROL STRATEGIES (2019–2024)

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Introduction: The high mortality associated with esophageal cancer reflects current weaknesses in access to early diagnosis and specialized treatment, constituting a significant challenge for health equity and effective cancer control in Brazil. In the Northern region, consisting of seven states, a concerning epidemiological reality persists, characterized by the prevalence of risk factors for neoplasia, such as smoking use and chronic alcohol consumption. In this context, regionalized analysis of the Amazonian capitals enables the identification of morbidity patterns and contributes to a better understanding of existing limitations in oncological surveillance and in the continuum of care for individuals with esophageal cancer. **Objectives:** To conduct a study on the epidemiological, clinical, and sociodemographic profile of esophageal neoplasia cases in the states of Acre, Amapá, Amazonas, Pará, Rondônia, Roraima, and Tocantins, between 2019 and 2024, with a focus on early diagnosis, opportunistic screening, and risk stratification of the population. **Methods:** This is an ecological, descriptive, cross-sectional and quantitative study, based on consolidated data on the incidence and mortality of esophageal cancer in the Northern Region between 2019 and 2024. Data on Malignant Esophageal Neoplasia (ICD-10 C15) were obtained from the Department of Information Technology of the Unified Health System, using secondary data made available through the Mortality Information System. The analysis considered: sex, age group, and self-reported race/skin color, according to the classification adopted by the Brazilian Institute of Geography and Statistics. **Results:** During the study period, a total of 3,189 hospital admissions due to malignant esophageal neoplasia were recorded in Northern Brazil. The most affected states were Pará (968; 30.6%), Rondônia (728; 22.8%), and Tocantins (637; 19.9%), while Roraima registered the lowest number (87 hospitalizations). A predominance of cases was observed among male individuals (2,457; 77.04%), those who self-identified as mixed race (2,500; 78.3%), and within the 50 to 79-year age group (1,900; 59.5%). Northern Brazil recorded 591 deaths from esophageal cancer. The highest number occurred in Pará (195; 32.9%), followed by Rondônia (111;

18.7%), and the lowest in Roraima (23 occurrences). Among the deceased, 470 (79.5%) were male and 121 (20.5%) were female. Regarding race/skin color, 467 deaths (79%) occurred among individuals who self-identified as mixed race. The age group with the highest number of deaths was 50 to 69 years (344; 58.2%). **Conclusion:** The analyzed clinical-epidemiological profile underscores a high burden of esophageal cancer incidence and mortality, particularly concentrated in specific territories and among vulnerable population groups, namely, mixed race men aged 50 to 79 years. The regional disparities identified point to significant gaps in access to early diagnosis and specialized oncological care. It is important, to reduce the incidence of esophageal carcinomas, to implement strategies for opportunistic and early screening at the primary care level, with an emphasis on performing exams such as endoscopy, primarily targeting high-risk populations such as chronic alcoholics, smokers, and patients with progressive dysphagia. Strengthening this comprehensive health network is essential to reduce mortality, improve clinical prognosis, and promote effective cancer control in these territories, in a manner adapted to regional socio-demographic realities.

Keywords: Epidemiological profile; esophageal neoplasms; esophageal diseases.