

INCIDENCE OF LYMPHOPROLIFERATIVE DISORDERS IN BELÉM, BRAZIL

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Introduction: Lymphoproliferative disorders, including lymphomas and leukemias, pose a major public health concern due to their considerable morbidity and mortality. In Brazil, data from the National Cancer Institute (INCA) estimate over 10,000 new cases of non-Hodgkin lymphoma and more than 6,000 of leukemia annually, with high mortality especially among older adults. Understanding the epidemiological distribution of these diseases by sex and age is key to informing prevention strategies and promoting early diagnosis. **Objective:** To analyze epidemiological trends of lymphoproliferative malignancies in an oncology hospital in Belém, Pará, with emphasis on prevalence by histological type. **Methods:** This analytical study used data from the Population-Based Cancer Registry (RCBP) of Belém, collected by INCA from 2015 to 2019. A total of 1,186 cases were included and classified by histological type according to ICD-O-3 codes. Data were presented in absolute numbers and percentages. **Results:** Among the total cases, 52.8% (n = 626) occurred in males and 47.2% (n = 560) in females. The most frequent histological types in men were myeloid leukemia (20.61%), lymphoid leukemia (20.45%), and diffuse malignant lymphoma/not otherwise specified (NOS) (19.49%). Among women, the predominant types were malignant lymphoma NOS (19.64%), plasma cell tumors (14.46%), and myeloid leukemia (18.39%). In terms of age, 46.3% of all patients were aged 60 years or older, followed by 32.5% between 40 and 59 years. The age group 0–19 years accounted for only 7.9% of cases, highlighting the predominance of these diseases in adult and elderly populations. **Conclusion:** The findings indicate important sex- and age-related differences in the profile of lymphoproliferative diseases. Leukemias and B-cell lymphomas were more prevalent in men, while plasma cell tumors were more common in women. Most cases occurred in older individuals, emphasizing the role of aging as a risk factor. Furthermore, a significant portion of the patients resided in socioeconomically disadvantaged urban areas, suggesting that social determinants may influence both access to care and disease outcomes. These results support the need for

targeted early detection programs and regional policies that address both biomedical and social determinants of cancer.

Keywords: Lymphoproliferative disorders; cancer epidemiology; leukemia; lymphoma.