

PANORAMA OF MALIGNANT SKIN NEOPLASMS IN BRAZIL: EPIDEMIOLOGICAL ANALYSIS BY REGION, AGE, GENDER, AND RACE/ETHNICITY (2018–2025)

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Introduction: Skin cancer is the most prevalent malignant neoplasia in Brazil, accounting for 33% of cases, with approximately 185,000 registrations made annually by the National Cancer Institute (INCA). The condition is classified into two types: non-melanoma malignant skin neoplasia and melanoma-type malignant skin neoplasia. Due to its high prevalence, it represents a significant public health challenge in the country. **Objectives:** To analyze the data obtained, comparing results, and seeking patterns of variation in the incidence and mortality of malignant skin neoplasia according to race/ethnicity, gender, and age across different states in Brazil. **Methods:** This is a descriptive, cross-sectional, and quantitative epidemiological study, developed from secondary data obtained from the Department of Informatics of the Unified Health System of the Ministry of Health (DATASUS/MS). **Results:** Between 2018 and 2025, 55,633 hospitalizations for malignant skin neoplasia were registered in Brazil. The most affected regions were Southeast (22,589) and South (19,552), while the North had the lowest rate (1,267). In terms of gender, skin cancer predominated in the male population (28,565) in all regions. The highest prevalence was among white individuals (35,469 cases, 63.7%), followed by mixed-race individuals (15,105). The indigenous population had the lowest incidence, with 17 records. The age groups most affected were 40 to 79 years (76.1% of hospitalizations). During the same period, Brazil registered 4,289 deaths, with the highest rate in the Southeast (1,989, 46.3%) and the lowest in the North (138, 3.2%). Mortality was higher among men (2,486 deaths) and whites (2,720, 63.4%), followed by mixed-race individuals (1,141). The age group of 60 to 69 years had the highest number of deaths (1,109, 25.8%). **Conclusion:** The higher concentration of cases in the Southeast and South regions suggests the influence of regional factors, such as a higher proportion of people with fair skin types and better access to healthcare services. The low incidence among indigenous people and in the North region may be attributed to genetic, cultural factors, or underreporting. The higher prevalence among men and whites supports known risk factors for skin cancer. The highest mortality in the 60 to 69 age group emphasizes the need for specific prevention and diagnosis strategies. Finally, the data highlight the importance of prevention, early screening, and health education efforts.

Keywords: Malignant skin neoplasia; Epidemiological analysis; Demographic profile