

EPIDEMIOLOGICAL PROFILE OF COLORECTAL CANCER MORTALITY IN NORTHEAST BRAZIL FROM 2017 TO 2021

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INTRODUCTION

Colorectal cancer is a malignant tumor that develops in the large intestine, that is, in the colon or its final portion, the rectum. The main type of tumor in this organ is adenocarcinoma. In 90% of cases, this tumor originates from an adenomatous polyp that, over the years, undergoes progressive changes in its cells. Therefore, the main way to prevent this cancer is screening through tests such as colonoscopies, aiming to detect and remove polyps before they degenerate into cancer (29/5 [...]).

Risk factors for the development of colorectal cancer include: high consumption of red or processed meat, excessive alcohol consumption, a diet low in fruit and fiber, age 50 years or over, obesity, physical inactivity and smoking. Hereditary factors also contribute, such as a family history of colorectal cancer and adenomatous polyposis, as well as chronic conditions such as chronic inflammatory bowel disease (ulcerative colitis or Crohn's disease) and Type 2 Diabetes Mellitus (Find out [...]).

People with suspicious signs and symptoms may present blood in the stool, change in bowel habits (alternating diarrhea and constipation), abdominal pain or discomfort, weakness and anemia, weight loss without apparent cause, change in the shape of the stool (very thin and long) and abdominal mass (tumor) (March [...], 2023).

Considering the evolution of the disease, early diagnosis will occur in the clinical period, that is, the application of an exam to individuals who already present initial manifestations of the disease. This strategy makes it possible to use simpler and more effective therapies, contributing to reducing the cancer's presentation stage, known in the English-language literature as stage-shift. With early diagnosis, cancer can be detected at a potentially curable stage, improving survival

and quality of life (Detection [...], 2021, p. 16).

Worldwide, colorectal cancer is the second type of tumor that most affects women (incidence rate of 21.8/100,000 inhabitants) and the third most common in men (incidence rate of 26.6/100,000 inhabitants). In Brazil, in 2019, the mortality rate from this type of cancer was 8.92/100 thousand people, with 10,191 deaths recorded among men and 10,385 deaths among women, with a crude mortality rate of 8.99/100 thousand and of 8.85/100 thousand.

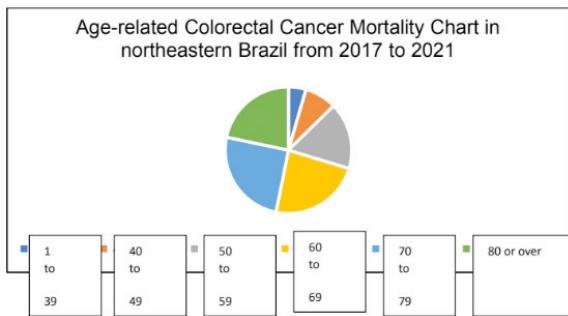
METHODOLOGY

This is an observational, retrospective study in which data were collected from the DATASUS Mortality Information System (SIM), in October 2023. Death due to colorectal neoplasia was defined as one in which the disease was the underlying cause of the disease. death on the death certificate (DO). Codes C18.0 to C21.0 of the International Classification of Diseases, 10th revision (ICD-10) were considered, referring to malignant neoplasm of the colon (C18.0), malignant neoplasm of the rectosigmoid junction (C19.0), malignant neoplasm of the rectum (C20.0) and malignant neoplasm of the anus (C21.0). Sex, color/race and age group were the variables observed. The region investigated was the Brazilian Northeast from 2017 to 2021.

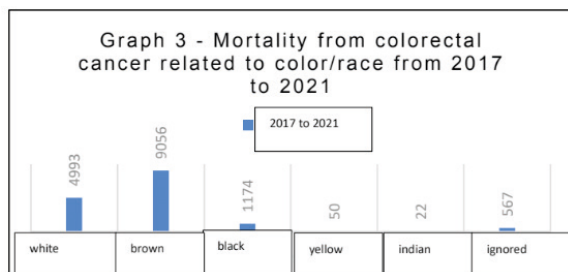
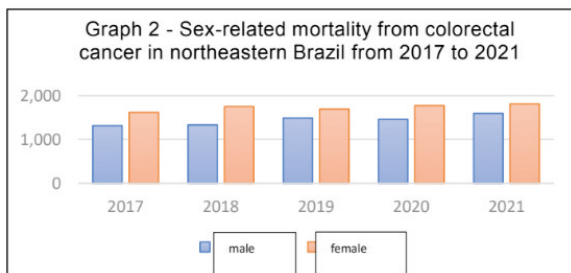
RESULTS

Between 2017 and 2021, a progressive increase in the number of deaths from colorectal cancer was observed in the Northeast region, with the total number of cases being 15,862 victims. Those most affected were female, mixed race and aged between 70 and 79 years old. The year 2021 saw the most deaths from the disease in the period studied, with a total of 3410 deaths. There is also a significant increase in mortality

after the age of 50, as from this age onwards, 87% of those whose lives were shortened by the disease are concentrated.



Females account for 54.5% of deaths from colorectal cancer in the Northeast. In relation to mortality by color/race, those considered black and brown correspond to 64.5% of the victims, followed by the white race with 31.4% of those affected.



DISCUSSION

Given the results found in the present study on mortality from colorectal cancer in northeastern Brazil from 2017 to 2021, it appears that the data obtained corroborate the epidemiology already observed in current medical literature. Individuals over 50 years of age, especially women and those of mixed race, are those most likely to be victims of this

disease.

The estimated number of new cases of colon and rectal cancer (or bowel cancer) for Brazil, for each year from 2023 to 2025, is 45,630 cases, corresponding to an estimated risk of 21.10 cases per 100 thousand inhabitants, with 21,970 cases among men and 23,660 cases among women. These values correspond to an estimated risk of 20.78 new cases for every 100 thousand men and 21.41 for every 100 thousand women (Cancer [...])

Considering age as a major risk factor, several countries recommend screening for colorectal cancer through screening colonoscopy from the age of 50, or at least through blood testing in feces (recommended among others by the Ministry of Health in Brazil). The detection of blood in the stool must prompt the patient to seek appropriate investigation with a clinician, gastroenterologist, proctologist or surgeon (Cancer [...])

The fecal occult blood test, using the immunochemical method (FIT), is a strategy used as a first screening test as it has high sensitivity and specificity (approximately 85%) and presents some advantages: low cost and absence of complications, in However, positive cases require confirmatory tests (colonoscopy). Video colonoscopy reduces the risk of left colon cancer by 77% and the risk of right colon cancer by 56%. It is considered the gold standard exam for evaluating the colon and rectum. Its indication is established, during screening, to confirm possible changes suggested by the Fecal Occult Blood Test (Action [...]).

To meet the essential elements of early diagnosis, it is important that healthcare professionals can recognize the warning signs of the most common cancers, that there are evidence-based clinical flows and protocols to guide actions, and that there are diagnostic confirmation and treatment services, with access available to the population in the RAS.

There are many barriers that can interfere with early diagnosis, for example, the population's low understanding of the clinical manifestations of the disease; the stigma of cancer as an incurable disease, which leads the population to not seek health services; poor training and outdated health professionals, which affect the identification and follow-up of cancer cases; and the difficulty in accessing services for assessment, diagnostic investigation and treatment. Continuous assessment and monitoring of cancer control actions allow the identification of these barriers and the planning of measures to overcome them, so that there is an impact on the cancer staging profile at the time of diagnosis and an improvement in quality of life and survival of individuals (Detection [...], 2021, p. 17).

CONCLUSION

Colorectal cancer is a disease that is increasingly affecting the Brazilian population, as our society is increasing its life expectancy, as well as the consumption of processed foods, factors that the medical literature can associate as being at risk for the emergence of such an illness. It is therefore necessary to adopt educational measures, informing the population about the prevention of the disease, as well as its screening and offering diagnostic means to users in the public health network. Furthermore, train health teams, especially in primary health care, to recognize signs and symptoms of risk and act on their prevention, encouraging healthy lifestyle habits in the population, especially in the most affected population: individuals over 50 years old, mainly women, brown and black.

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