

ANALYSIS OF PROSTATE CANCER MORTALITY IN THE SOUTHEAST REGION OF BRAZIL BETWEEN 2014 AND 2023



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INTRODUCTION

Prostate cancer is the second leading cause of cancer-related deaths among men in Brazil, representing a significant public health issue. In recent years, advances in the understanding of the disease's pathophysiology, earlier diagnoses, and innovative therapies have contributed to improvements in clinical management and patient prognosis. Assessing mortality trends over time helps identify patterns and inform policies to improve disease outcomes. This study analyzed prostate cancer mortality in the Southeast region of Brazil between 2014 and 2023, focusing on its age, racial, and temporal distribution.

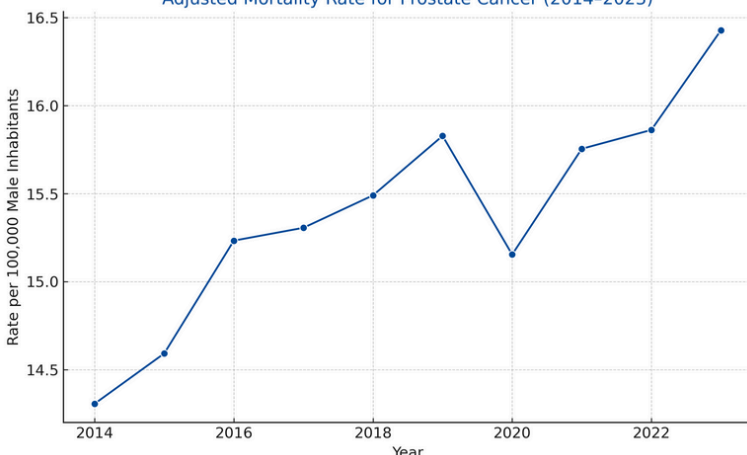
SCIENTIFIC METHODOLOGY

This is a descriptive study based on secondary data on deaths from malignant prostate neoplasms (ICD-10: C61) in the Southeast region of Brazil, obtained from DataSUS. Mortality rates per 100,000 inhabitants were calculated and adjusted according to the male population residing in each year. The analysis included the distribution of deaths by age group, race/color, and year of occurrence.

RESULTS

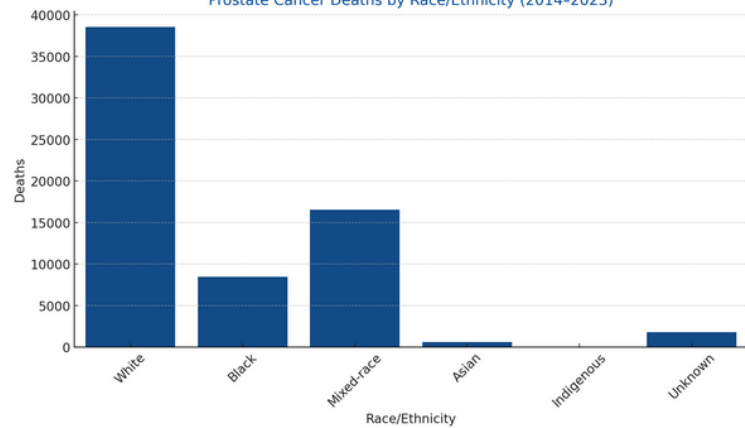
Prostate cancer mortality showed an increasing trend over the years, with 5,917 deaths recorded in 2014 and 7,270 in 2023. The adjusted mortality rate per 100,000 inhabitants increased from 14.3 in 2014 to 16.4 in 2023, indicating gradual growth.

Adjusted Mortality Rate for Prostate Cancer (2014-2023)



Regarding age distribution, most deaths occurred in individuals aged 60 years or older, accounting for 85.8% of the total (62,706 deaths). Concerning racial distribution, white men represented 59.3% of deaths (38,550 deaths), followed by mixed-race (16,551; 25.5%) and black men (8,466; 13%).

Prostate Cancer Deaths by Race/Ethnicity (2014-2023)



CONCLUSION

The data demonstrate a consistent increase in prostate cancer mortality in the Southeast region between 2014 and 2023. The predominance of deaths among older individuals underscores the importance of early screening from age 50, particularly in higher-risk groups, such as black men and those with a family history of the disease.

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