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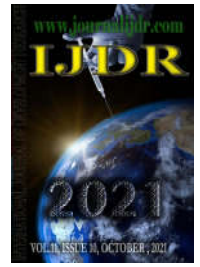
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## EPIDEMIOLOGICAL PROFILE OF COLORECTAL CANCER IN THE PUBLIC NETWORK OF NOVA IGUAÇU - RJ

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### ABSTRACT

**Introduction:** Colorectal cancer is the third most common cancer worldwide, with an increasing number of cases and diagnoses in advanced stages of the disease, leading to a significant increase in mortality in affected individuals. The identification of the regional epidemiological profile enables actions with a positive impact on the population and adherence to screening campaigns, reducing the deleterious impact of the disease. **Methodology:** The project was submitted to the Ethics Committee of the Universidade Iguazu (UNIG). We opted for a quantitative and qualitative descriptive cross-sectional study, arising from the verification of 67 medical records - meeting the inclusion criteria, the Municipal Oncological Institute, admitting variables: sex, age, waiting time to the start of treatment, degree of invasion of the lesion, patients with metastatic lesion and colostomized. **Results:** The sample profile was subdivided into gender, 38 (56.7%) male and 29 (43.3%) female patients. The calculated mean age of the study is approximately 60.2 years, mode and median 60 years. The respective mean waiting time was 61.8 days. Twenty-six cases with metastasis were quantified. According to the invasion grade of the lesion, grade I was 2 (2.9%) cases, grade II was 22 (32.8%), grade III was 23 (34.3%), and grade IV was 20 (29.8%). Of these, 38% were colostomized. **Conclusion:** The number of cases in the region in one year, most of them severe, infers the seriousness of the disease and the importance of adherence to the Colorectal Cancer screening program since Primary Care, enabling early treatment and improvement in life expectancy.

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## INTRODUCTION

Colorectal Cancer (CRC) is the third highest incidence in oncology clinics worldwide, generally affecting men and women in their fifth decade of life. Its carcinogenesis presents a mean development time of 10 years, the neoplasm is diagnosed in colonoscopy with biopsy and its suggestive symptoms may be neglected by differential diagnoses of benign diseases, such as hemorrhoidal disease and gastric ulcer, reflecting in the growing statistics of CRC diagnoses in its more advanced stages (Instituto Nacional Do Câncer, 2020; Pimenta, 2006).

According to the Cancer Institute, the risk factors elucidated by scientific research indicate individuals in the fifth decade of life, overweight, unhealthy eating habits, such as consumption of processed and industrialized foods, red meat intake exceeding 500g/week, family history of CRC, inflammatory bowel diseases and hereditary - Familial Adenomatous Polyposis, smoking and alcoholism (Instituto Nacional Do Câncer, 2020). The oncogenesis process promotes dysfunctional multiplication of the target tissue, causing metabolic and functional changes, which will be responsible for breaking the subclinical period of the RCC condition. Cancer is still an incurable chronic disease and of great relevance to public health, the treatments that are prescribed aim to contain the

progression and aggressiveness of the pathology, tumor recurrence and systemic reflexes, which will debilitate the patient's quality of life and his or her relationship life (Instituto Nacional Do Câncer, 2020; Esther, 2020). As screening and early diagnosis are significant strategies to identify the course of the disease in its various stages, make it possible to raise awareness of social self-care, thus reducing morbidity and mortality (Instituto Nacional Do Câncer, 2020). The World Health Organization (WHO) recommends screening for neoplastic lesions in the risk group by means of the fecal occult blood test, and if the test is positive, the patient should be advised about the relevance of colonoscopy or rectosigmoidoscopy, enabling macroscopic evaluation of the internal mucosa of the organ and biopsy (Instituto Nacional Do Câncer, 2020). One of the therapies for CRC is the surgical approach, the method is performed for tumor resection with safety margins in the region of the colon and/or rectum, most of the times interrupting the temporary or permanent intestinal transit, by partial, subtotal or total colectomy and rectosigmoidectomy (Lilian Hennemann-Krause, 2012). Colostomy is an important accomplishment in the patient in oncologic treatment, because the technique was described as a factor of increase in survival in diagnosed patients, but the same infers in the acceptance and adherence to the treatment, being - many times - necessary the interruption of the intestinal transit, making an ostomy, a procedure of great aggravation to the psychodynamics of the patient (Scarton, 2017; Pinheiro, Rodrigo Nascimento, 2020; Ward Laura Sterian, 2002).

The concept of total pain, addressed in the area of palliative care and founded by Cicely Saunders, cites that the process of falling ill from incurable pathologies is multifactorial. There is a physical, psychological, and spiritual extenuation, where the individual recognizes the changes caused by the disease, loses his independence, and the other factors will influence the adherence to treatment (Teixeira, Mônica, 2007; Maruyama Sônia, 2005). The city of Nova Iguaçu had its population estimated in 823,302 people in 2020 by the Brazilian Institute of Geography and Statistics (IBGE), municipal databases indicate a population 51.5% composed of women, with an average age of 28.76 years, where 57.5% are adults between 18 and 59 years old and an average monthly salary of 2.1 minimum wages. The sanitary region has 1 General Hospital, 1 maternity hospital, 3 mixed units of Health Posts (24h) and 42 basic care units for the iguaçuana population (Odilea Rangel, 2012; Oliveira Rodrigo, 2011).

Following the world guidelines on the incidence of cancer in the fifth decade of life, the highest rate of potential years of life lost (TAPV) in the city of Nova Iguaçu, according to the Mortality Information System (SIM) and the Department of Informatics of the Unique Health System (DATASUS) for colorectal cancer is between 50-59 years, estimated at 2.5 years per 1,000 Iguazuans, configuring the decrease in life expectancy (Instituto Brasileiro de Geografia e Estatística, 2020). As proposed by the public health system (SUS), integrality, universality, and equity are fundamental pillars for the development and management of health care for Brazilian citizens, where care prevents and contemplates all the factors that corroborate the development of physical and psychological illnesses, humanizing and directing the needs of each individual (Law 8.080 - Federal Government).

## METHODOLOGY

This is a quantitative and qualitative descriptive cross-sectional study, about the epidemiological profile of CRC in the city of Nova Iguaçu - Rio de Janeiro, considering as inclusion criteria: Patients diagnosed with Colorectal Cancer, exclusively dependent on the Unified Health System and regulated in the Regulation System (SISREG) in the year 2020. A total of 72 medical records of patients admitted to the Oncological Institute of Nova Iguaçu, authorized by a letter of consent and previously submitted to the Committee for Ethics and Scientific Research of the Universidade Iguaçu, with treatment previously authorized by the Health Secretariat of the Municipality, were investigated and reviewed. From the documentation for study

design, the variables extracted were: sex, age, waiting time from authorization to the beginning of treatment, classification of the lesion by anatomopathological report and colostomy. Through the raw data survey, statistical analysis was performed and the results presented in graphs, to provide the basis for a critical and reflective analysis of the theme.

## RESULTS

The study comprises 67 patients admitted as new cases of Colorectal Cancer, diagnosed and regulated between the twelve months of the year 2020 in the municipal treatment unit. The sample profile was subdivided into gender, 38 (56.7%) male patients and 29 (43.3%) female patients, showing equivalence of the affection between the genders. The calculated mean age of the study is approximately 60.2 years, as well as mode and median 60 years. Considering the date of authorization by the health department in the city and the beginning of chemotherapy treatment, taking the average in days, it presents an approximate waiting time of 61.8 days. Inferring the high risk of morbidity and mortality in oncogenic metastatic pictures and the unfeasibility of curative therapy, 26 patients with distant lesions from adenocarcinoma of the colon and rectum were documented. By staging the lesion and determining the severity of the clinical picture, the statistics show 2 cases in grade I, 22 cases in grade II, 23 patients in grade III, and 20 diagnosed in grade IV. One of the therapeutics of Colorectal Cancer is the surgical indication and intervention of the intestinal transit, making a colostomy, a factor of psychosocial worsening of the patient and adherence to treatment, this variable denotes 38% of the patients in the sample are carriers of the bag.

## DISCUSSION

The proposed study promotes an alert about the prevalence of the disease in the city, when it draws a comparison between new cases of CRC in the period and the degree of invasion of the lesion, intrinsically linked to the lack of incentive and elucidation to the population about screening, even though there are public health policies that promote the fight against Colorectal Cancer. Considering one of the few Brazilian studies in the proposed scope in the interval from 2013 to 2018, it presents a sample of 60 patients. 28 When compared to the sample of cases in this study - 64 patients admitted only in 2020 in the city of Nova Iguaçu, the need for intervention regarding the management and adherence to early screening of the disease is evident. Along with the bias, the significant number of cases and their respective grades should be highlighted, where the number of grade I cases is approximately 10 times lower than those of grade II, III, and IV, as shown in graph 1. The Human Development Index (HDI), is a relevant unit of measurement to the health outcome and the progression of RCC and its risk factors, where the socioeconomic reality increases the probability of an increase in the number of severe cases (Instituto Nacional Do Câncer, 2020; Pimenta, 2006; <https://mortalidade.inca.gov.br/MortalidadeWeb/pages/Modelo07/consultar.xhtml#panelResultado>), validating the assumption by the Unified Health System and its fundamental social role (Esther Jean Langdon, 2010; Camila Costa Santos de Menezes, 2016). According to Duarte (2018), a national production that allows evidence-based, the socioeconomic aspect of the patient notifies inequity regarding the health outcome, showing higher mortality rates in cancer patients, dependent on the comprehensive care provided by the Brazilian health system. Such phenomenon is described by the distinction of lifestyle habits, access to health and treatment, adherence and early screening (PRISCILA BERENICE DA COSTA, 2019). Emphasizing the screening of CRC is consistent with the improvement of mortality rates, along with an adequate therapeutic approach and cost-effective treatment for its applicability in a public health system. Promoting health education, including multidisciplinary guidance to the population and accessibility are essential factors in the process and its outcome (Sistema de Informação Ambulatorial, 2021).

## CONCLUSION

Considering the statistical survey of the project, it signals the severity and incidence of Colorectal Cancer in the year 2020, amid the pandemic scenario of Covid-19, where access to health care has become more complex. Correlating epidemiological data and impact studies on the topic, gives us the risk of developing the disease in individuals and the time until diagnosis, in a variation of time incompatible with a favorable prognosis.

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