

The Influence of Social and Health Care Inequalities on Cancer Incidence and Mortality

<https://doi.org/10.32635/2176-9745.RBC.2018v64n4.211>

Influência das Iniquidades Sociais e dos Cuidados de Saúde na Incidência e Mortalidade por Câncer

Influencia de la Desigualdad Social y de la Atención Médica sobre la Incidencia y Mortalidad del Cancer

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In September, the *International Agency for Research on Cancer* (Iarc) published the Globocan 2018 estimates about the incidence and mortality by cancer in the world. Data presented were obtained from 185 countries and address cancer in general and 36 specific types. In 2018, worldwide, 18.1 million new cases and 9.6 million of deaths by cancer were estimated¹. Stratified by gender, it means that one in each 5 men and one in each 6 women were diagnosed with cancer and one in each 8 men and one in each 10 women may die of the disease. These findings reveal that cancer continues to be a critical health public issue, because of an epidemiologic, demographic technological transition and life styles.

These results, it is important to point out, are very much uneven when social and economic development of different countries are considered, as 75% of death by cancer are expected in low and average income countries¹. If preventive and control measures fail to be properly followed and improvements of access to health care services are not implemented, it will be unattainable one of the UN – United Nations goals of Agenda 2030, which embraces the reduction of one third of deaths by Non-Communicable Diseases (DANT)².

Also, the social inequalities and health care impact the incidence data. While in the majority of the countries, breast cancer appears as the most incident type in women, in Asia and Latin America less developed countries, these figures are surpassed by cervical cancer, a totally unavoidable cancer.

The exposure to risk factors and failure of prevention care showed to be essential for the distribution of new cases of lung, colorectal and liver cancer. In face of these results, the strengthening of the PNCT Programa Nacional de Controle do Tabagismo (National Program of Tobacco Control), is essential, as tobacco is the key lung cancer risk factor, responsible for the major number of deaths in the world population¹. The data reveal how the model of health care in different countries impacts the development of the disease.

Improvements of the local epidemiological surveillance process, particularly the registry of cancer are of essence. Currently, only 15% of the world population is object of a high quality cancer registry³. The absence or insufficiency of the registries compromises the planning process and organization of care in oncology.

Changes must be made to reverse the current epidemiologic indicators. Many types of cancer are preventable and could be avoided. Yet, others are curable. Avoid exposure to carcinogenic agents, do not smoke, eat healthy food, practice physical activity, promote education actions about the leading cancer suggestive signs and symptoms and widen the access of the population to quality diagnosis and treatment are but the main measures to be followed to reduce the incidence, increase the survival and improve the life quality of the persons who live with cancer. Still, the improvement of the results is contingent upon qualified information, measures aimed to the patients' lifestyle, implementation of public policies that prioritize cancer control and prevention.

The BJO – Brazilian Journal of Oncology (Revista Brasileira de Cancerologia (RBC)), committed to the disclosure of knowledge about cancer epidemiology and oncologic attention wishes to continue contributing for the discussion about cancer control in Brazil and worldwide.

We thank all the authors who submitted their papers to be published in our journal, to the reviewers and members of the editorial board for their contributions along 2018.

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