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EPIDEMIOLOGIA DO MIELOMA MÚLTIPLO NO NORDESTE DO BRASIL NA ÚLTIMA DÉCADA

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Introdução: O mieloma múltiplo (MM) é uma neoplasia maligna resultante da proliferação clonal de plasmócitos, constituindo um dos tipos de câncer hematológico mais comuns no Brasil e no mundo, o que configura um relevante problema de saúde pública que exige maior atenção. **Objetivos:** Analisar a epidemiologia do mieloma múltiplo na região nordeste do Brasil ao longo da última década. **Material e métodos:** Foi realizado um estudo descritivo, quantitativo, de caráter retrospectivo e com recorte transversal, através de dados coletados no sistema de Informática do Sistema Único de Saúde (DATASUS), no endereço eletrônico (<https://datasus.saude.gov.br/>). Os dados obtidos são referentes ao perfil epidemiológico do mieloma múltiplo no nordeste brasileiro ao longo dos anos de 2014 à 2024. **Resultados:** Entre 2014 e 2024, foram reportados 7861 diagnósticos de mieloma múltiplo na região, sendo que os estados com maior número de casos foram a Bahia (1979), Ceará (1383) e Pernambucano (1190), totalizando 58% do número de casos. Em relação ao sexo, os homens receberam maior número de diagnósticos (4021, o que corresponde a 51%) em comparação às mulheres (3840, o que equivale a 49%). Por sua vez, a faixa etária com maior número de casos foi entre 65 e 69 anos com 1290 diagnósticos (16,4%). Vale ressaltar que a população geriátrica foi a que apresentou o maior número de casos: indivíduos com idade maior ou igual a 60 anos correspondendo a 4931 diagnósticos (62,7%). Quanto às modalidades terapêuticas, a quimioterapia foi a mais adotada, com 7089 tratamentos realizados (90%), seguido de radioterapia, com 749 tratamentos realizados (1%), ambas as modalidades (16) e, por último, o tratamento cirúrgico (7). **Discussão e conclusão:** O período analisado evidenciou 7861 diagnósticos de mieloma múltiplo no Nordeste brasileiro. Essa doença se mostrou mais prevalente no sexo masculino e na população geriátrica, com a quimioterapia sendo a modalidade de tratamento preferencial. Dessa forma, torna-se essencial ampliar os investimentos em políticas públicas voltadas ao diagnóstico precoce e ao tratamento do mieloma múltiplo, especialmente considerando que a população idosa é a mais impactada pela doença, em um cenário de envelhecimento populacional e crescente expectativa de vida no Brasil.

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EPIDEMIOLOGICAL ANALYSIS OF THE INCIDENCE OF EARLY-ONSET MULTIPLE MYELOMA STRATIFIED BY COUNTRY AND CONTINENT

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Introduction: Multiple myeloma (MM) is a malignant neoplasm of clonal plasma cells predominantly affecting older adults, with a median diagnosis age around 70 years. However, a minority of cases occur in younger individuals and may exhibit distinct biological behavior, treatment responses, and outcomes compared to typical late-onset disease. Early-onset multiple myeloma (EO-MM), defined here as diagnosis at or before 49 years, is rare but relevant for clarifying etiologic heterogeneity, hereditary predisposition, and potential environmental or infectious triggers. Studying its global distribution may provide insights into genetic susceptibility, environmental exposures, healthcare access, and registry quality, guiding prevention and detection strategies. **Objectives:** To analyze the global incidence of EO-MM (ages 0-49) in 2022, stratified by country, continent, United Nations (UN) region, Human Development Index (HDI), and World Bank income classification, and to explore potential genetic, environmental, and socioeconomic factors in specific populations. **Material and methods:** This is a descriptive epidemiological study based on data extracted from the Cancer Today platform of the International Agency for Research on Cancer (IARC), part of the World Health Organization (WHO). Incidence estimates for MM in individuals aged 0-49 years in 2022 were analyzed. The age-standardized rate (ASR, per 100,000 inhabitants) was used for comparisons. Stratifications were made by geographic (country, continent, and UN region), socioeconomic (HDI), and economic (World Bank income classification) parameters to identify patterns and disparities. **Results:** A total of 14,011 new cases were identified globally in 2022, with an ASR of 0.21 per 100,000. The highest national ASRs were observed in Barbados (0.80), Solomon Islands (0.64), the United States (0.63), and Guadeloupe (0.60). Twenty-one countries, mostly low-income, reported zero cases. North America had the highest continental ASR (0.62), followed by Oceania (0.39), Europe (0.30), Latin America (0.25), Africa (0.19), and Asia (0.17). Among UN regions, Australia-New Zealand (0.47) and Northern Europe (0.42) showed relatively high rates, while Western Africa (0.13), South-Eastern Asia (0.11), and Micronesia (0.00) had the lowest. By HDI, very high HDI countries exhibited an ASR of 0.34, compared to 0.20 in high, 0.17 in low, and 0.16 in medium HDI nations. Income level analysis revealed a gradient: high-income countries had the highest incidence (0.36), followed by upper-middle- (0.22), lower-middle- (0.16), and low-income (0.15) nations. Brazil

reported 530 cases, with an ASR of 0.26, above both the global and South American (0.23) averages. **Discussion and conclusion:** EO-MM accounts for a small proportion of myeloma cases worldwide but displays marked geographic and socioeconomic disparities. Higher ASRs in very high HDI and high-income regions likely reflect better diagnostic capacity and cancer registration, as well as possible differences in population risk profiles. Lower rates in parts of Africa and Asia may result from underdiagnosis, limited diagnostic infrastructure, and competing health priorities, whereas elevated incidence in certain small island states could relate to genetic isolation and environmental exposures, warranting targeted investigation. Strengthening surveillance systems, improving access to early diagnosis, and expanding research into genetic and environmental determinants are fundamental to reducing the global burden of EO-MM and addressing disparities.

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EPIDEMIOLOGICAL PROFILE ANALYSIS OF MULTIPLE MYELOMA – PROSPECTIVE DATA FROM A POPULATION-BASED CANCER REGISTRY

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Introduction: The present study provides a prospective analysis of data collected by the Population-Based Cancer Registry (PBCR) of Campinas, São Paulo, covering the period from 2010 to 2019. By systematically gathering data on cancer incidence within a defined geographic region, PBCRs support public health planning, resource allocation, and scientific research. The PBCR of Campinas holds international recognition from the International Agency for Research on Cancer (IARC), affiliated with the World Health Organization, which establishes stringent standards to ensure data quality, comparability, and reliability. **Objectives:** The present study aims to characterize multiple myeloma cases by sex, age group, race/ethnicity, and geographic distribution within the municipality. **Material and methods:** The present study stratified data by sex and age group and in incidence, and examined geographic distribution across the six administrative health districts of Campinas. Researchers also considered socioeconomic indicators in each district. The PBCR compiled data from 29

reporting sources, including both public and private institutions, five hospital-based cancer registries, and the municipal mortality information system. **Discussion and conclusion:** Between 2010 and 2019, the PBCR recorded 526 cases of multiple myeloma, with 277 cases (52.7%) occurring in women and 249 (47.3%) in men. Temporal analysis revealed fluctuations in annual incidence, with the highest number of diagnoses in 2019 (73 cases) and the lowest in 2017 (37 cases). The age distribution showed a progressive increase in incidence with advancing age, particularly among individuals aged 80 and older, 45 cases (8.5%) in women and 40 (7.6%) in men. The 60–69 age group had the highest concentration of cases, with 86 (16.3%) in women and 93 (17.7%) in men. Most cases occurred among white individuals (363 cases; 69%), followed by Black individuals (94 cases; 18%). Geographic analysis according to the health districts of residence, revealed a higher concentration of cases in the Eastern District (171 cases; 32%), followed by the Southern District (136 cases; 26%). The Eastern District is characterized predominantly elderly population with low social vulnerability. In contrast, the Southern District encompasses areas with distinct socioeconomic profiles, including regions of high and low social vulnerability. Subsequently, there were 96 cases (18%) in the Northern District, 66 cases (12.5%) in the Southwest District and 57 cases (11%) in the Northwest District. In conclusion, the present study highlights the epidemiological profile of multiple myeloma within a socioeconomically diverse urban population. The findings underscore the importance of population-based cancer registries, such as the PBCR, in guiding cancer prevention strategies, diagnostic efforts, and treatment planning. In Campinas, the PBCR serves as a critical tool for informing public health policies and interventions grounded in local epidemiological evidence. **Funding:** Grant FAPESP #2021/10265-8, Cancer Theranostics Innovation Center; Multicenter Study Group in Oncohematology (HEMOH).

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ESQUEMA CTD NO TRATAMENTO DE MIELOMA MÚLTIPLO ELEGÍVEL AO TRANSPLANTE AUTÓLOGO DE CÉLULAS-TRONCO HEMATOPOIÉTICAS (TACTH) NO SUS

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Introdução: O mieloma múltiplo (MM) é uma neoplasia hematológica da medula óssea, causada pela proliferação clonal de