Colorectal cancer (CRC) is now ranked among the three most frequent cancers globally. As the level of human development is increasing, so is the CRC burden in South Africa (SA) and Brazil (BR). Monitoring CRC epidemiological trends is important to ensure responsive policies informing public health detection and control. The study compared CRC incidence and mortality patterns in SA and BR.

National-level prevalence, incidence, mortality data was obtained from the WHO cancer database (GLOBOCAN 2018) and extracted for the two countries.

CRC is the top four and five leading cancer in SA and BR, respectively. In 2018, the number of new CRC cases in South Africa 6 937 cases (6.5% of all cancer cases) while in Brazil there were 51 783 (9.3% of all cancer cases). The CRC incidence rate in SA was 1.1 times higher in males than in females, while in BR, CRC rate was 1.07 times higher in females than in males (females: 10.2, males: 9.5 per 100 000). The incidence cumulative risk was slightly lower in in South Africa (1.03%) than in Brazil (1.2%). The mortality cumulative risk was at 0.54% in South Africa and 0.60% in Brazil. The highest age-standardized incidence rate (ASIR) is observed in Brazil with 19.6 per 100 000 population compared to South Africa that reported 14.4. per 100 000 population. The age-standardized mortality rates (ASMRs) were above 10 per 100 000 population for both sexes in both countries.

Epidemiological variation in CRC between countries reflects differences in terms of socio-economic development. Noting that the CRC burden is increasing, there are opportunities for sharing lessons learned between developed and developing countries, to improve surveillance systems at sub-national levels. In addition, the data highlight the needs for targeting CRC screening campaigns by gender, socio-economical status, ethnicity background and geography to yield better results.

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[illegible] BR [illegible] 5 [illegible] BR [illegible] P 5.1([illegible]) / [illegible]

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