**Abstract**

**Background:** Income inequality in India is linked to higher rates of oesophageal cancer and mortality, worsened by poor lifestyle choices and low socioeconomic status. The treatment of it is hindered by difficulty in accessing advanced care. There are more research is needed to identify potential hazard factors and their relationship to income stratification. **Methodology:** The study selected (200) oesophageal cancer patients. Modified BG Prasad (2023) and percentile used to categorise economic disparity. The Gini coefficient and Lorenz curve were used to assess economic inequality. Cox regression analysis was used for the hazards factors.

**Result:** Based on the BG Prasad, the upper middle class contributed most to the income distribution; in terms of percentile, less than 25th contributed most. The hazard factors found are traditional alcoholic drink consumption (HR 4.628) and family cancer history (HR 3.791), for lower than 25th percentile, and75th percentile or more, alcohol drinkers (HR 5.780) and smoked meat consumers' (HR 7.576) for the middle class, traditional alcoholic drink (HR 4.960) and family cancer history (HR 3.79) and for the upper class, the hazard factors are the alcohol drinker's (HR 5.716) and smoked meat (HR 7.497),which are significantly associated with Oesophageal cancer.

**Conclusions**: Economic inequality heightens oesophageal cancer risk and mortality, necessitating targeted interventions by policymakers and healthcare professionals considering location, culture, and geography

**Keyword:** Oesophageal cancer, Hazard, Economic, Disparity, Survivability