

LETTER to the EDITOR

Colorectal Cancer Screening Program: a Needed Intervention in Saudi Arabia

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Dear Editor

We commend the work of Mosali and Al-Ahwal published in 2012 in the Asian Pacific Journal of Cancer Prevention. They recommended implementing a national screening program based on their findings of lower age at diagnosis of colorectal cancer (CRC) in Saudi Arabia in comparison to developed countries. Due to the lack of data, the actual incidence and prevalence of colorectal cancer in Saudi Arabia is unknown. In addition, there is a paucity of epidemiological studies to assess the burden of CRC on the health system. It is estimated that in 2030 there will be a huge increase in the incidence of CRC by 4 folds (Ibrahim et al., 2008). According to the most recent review of the current American Cancer Society guidelines and current issues in cancer screening, the recommended commencement of screening is 50 years of age (Smith et al., 2015). In Saudi Arabia, poor outcomes (prognosis) were reported after CRC diagnosis mostly due to the unavailable national screening program, while in countries with screening programs great outcomes and reduction of CRC mortality can be noticed (Elsamany et al., 2014). In combatting this epidemic, we think increasing the awareness of public should be in mind after an important insight came from various international studies (although they were established from convenient samples) in which low level of knowledge about symptoms of CRC (Kayyat et al., 2014; Zubaidi et al., 2015).

Early detection is the key in treatment of CRC (Smith et al., 2015). Cancer consequences could be minimized with an evidence-based plan to commitment to save lives and reduce medical costs, which is possible with screening. Furthermore, screening can help reduce mortality and reduce the costs associated with treatment of delayed presentations of CRC. Expected challenges with implementation such as infrastructure, access to screening, and follow-up can be overcome with a well-designed and thoughtful plan, given the availability of economic resources.

Multiple in parallel evidence-based strategies are needed. First, we recommend explicit implementation of the Saudi Oncology Society clinical management guidelines (Bazarbashi et al., 2014). Therefore, to develop a cost effective interventions; more important data are needed to assess the prevalence, problem extent and the variation in presentation based on population (community) level. Second, to increase the appropriate use of CRC screening, we suggested using patient, provider and system level interventions (Holden et al., 2010).

Health of Saudi population has greatly improved in recent years and implementing CRC screening program will help maintaining good health outcomes. In the interest of the population; screening is fundamental to decrease CRC mortality.

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