LETTER to the EDITOR **Editorial Process:** Submission:08/03/2025 Acceptance:01/05/2026 Published:01/22/2026

From Evidence to Action: Reinforcing FIT as the Cornerstone of Colorectal Cancer Prevention Worldwide

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Dear Editor

Colorectal carcinoma (CRC) ranks among the top three most common cancer diagnosed worldwide only surpassed by Breast and Lung Cancer with about 1.9 million new cases and second-leading cause of cancer related mortality with about 935,000 deaths in 2020 [1]. Despite the fact that early detection is proven to be beneficial, conventional colonoscopy remains limited in most parts of the world specifically in middle and low income countries due to high cost, infrastructure constraint and invasiveness.

In this scenario The Fecal Immunochemical Test (FIT) offers an affordable,more effective, validated, and non-invasive approach unlike conventional colonoscopy. It is a cost-effective and non-invasive approach for CRC screening. Sensitivity of FIT in detecting CRC ranges from 79% to 90% with a specificty consistency above 90% [2]. FIT doesn't require any dietary restrictions and is more acceptable to patients unlike Guaiac-based fecal occult test(gFOBT).

National screening programs employing FIT such as those in the UK, South Korea, and Taiwan have achieved measurable reductions in CRC mortality ranging from 22% to 33% [3-5]. In symptomatic populations, FIT also shows high triage utility, with a negative predictive value exceeding 99% [4]. Taiwan is at the forefront of FIT demonstrating a 10% decline in mortality in a nationwide cohort. They initiated screening at ages 40-49 resulted in a 25% decline in incidence and 34% decline in CRC mortality [5].These findings suggest the potential benefit of lowering the starting age for screening, especially as there has been an increase in early-onset CRC incidence globally.

Incorporating FIT into primary care-based screening strategies, particularly for average-risk adults aged 40 and above, aligns with evolving recommendations and FIT should be prioritized as primary screening tool to enhance early CRC detection and management.

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