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Fighting colorectal cancer: understanding how changes in epidemiological distribution imposes new challenges on prevention

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Colorectal cancer remains a significant global health challenge, demanding our utmost attention and proactive measures. As the third most diagnosed cancer and the second leading cause of cancer-related deaths⁽¹⁾, it poses a formidable threat to public health. However, recent developments in medical guidelines have brought forth a crucial change in screening recommendations that warrant discussion. This editorial aims to shed light on the importance of colorectal cancer prevention, the updated screening guidelines, the risk factors associated with the disease, and the significance of early detection in our fight against this malignancy.

Colorectal cancer affects millions of lives worldwide, causing immense suffering and loss. Early detection is often critical to successful treatment, and this is where screening plays a pivotal role. Traditionally, screenings have been recommen-

ded for individuals aged 50 and older due to the increased risk associated with advancing age. However, recent studies and observations have revealed a concerning rise in colorectal cancer incidence among younger adults⁽²⁾.

To address this worrisome trend, major medical societies, including the American Cancer Society and the United States Preventive Services Task Force, have made a significant change in screening guidelines. The updated recommendation now advocates for regular colorectal cancer screening to begin at the age of 45 years, lowering the initiation age by five years⁽³⁾. This modification aims to enhance early detection and preventive measures, especially for individuals who may not have been considered at higher risk in the past.

The decision to start screening at 45 years old is based on the increasing number of colorectal cancer cases in younger adults and the



understanding that early-onset colorectal cancer can progress more aggressively. In this edition of **Archives of Gastroenterology**, Piñerúa-Gonsálvez, JF et cols⁽⁴⁾; describe their experience in an eleven-year period showing that the early onset of CRC (EO-CRC) accounts for 3% of all cases. It is worth mentioning that 50% of EO-CRC arises in individuals aged between 45 and 50. Further, over 90% of this population are diagnosed when symptomatic, and two-thirds staged III or IV.

By initiating screenings earlier, healthcare providers can detect precancerous polyps or early-stage colorectal cancer in younger individuals, thereby improving the chances of successful treatment and long-term survival.

While age is a significant risk factor for colorectal cancer, other important factors must be considered. A family history of colorectal cancer or certain hereditary conditions, such as Lynch syndrome and familial adenomatous polyposis (FAP), elevate the risk. Moreover, modifiable lifestyle factors also play a substantial role in developing colorectal cancer. Sedentary lifestyles, obesity, type 2 diabetes and a diet high in processed meats and low in fiber have been linked to an increased risk of this malignancy. Additionally, excessive alcohol consumption and smoking compound the risk, underscoring the importance of adopting a healthy lifestyle. BOUSTANY A et cols; showed us in this number of **Archives of**

Gastroenterology patients with chronic tophaceous gout patients have a higher prevalence of CRC, since some metabolic factors and microbiota characteristics may induce carcinogenesis⁽⁵⁾.

The updated screening recommendation emphasizes the need for individuals and healthcare providers to remain vigilant about colorectal health, irrespective of age. Those with a family history of colorectal cancer or certain risk factors should consult their healthcare professionals to determine if earlier or more frequent screenings are necessary.

Prevention remains the cornerstone of our fight against colorectal cancer. The earlier the detection and subsequent treatment of CRC, higher is the chance of survival. For instance, the 5-year survival rate in stage I is over 90%, compared to merely 15% in stage IV⁽²⁾.

Empowering individuals with knowledge about the disease, its risk factors, and the significance of early detection is essential in inspiring proactive healthcare-seeking behaviors. Regular screenings and lifestyle modifications such as adopting a healthy diet and engaging in regular physical activity play a pivotal role in reducing colorectal cancer risk and deaths.

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REFERENCES

1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin.* 2021;71:209-49.
2. SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute; 2023 Apr 19. Available from: <https://seer.cancer.gov/statistics-network/explorer/>. Data source(s): SEER Incidence Data, November 2022 Submission (1975-2020), SEER 22 registries.
3. US Preventive Services Task Force; Davidson KW, Barry MJ, Mangione CM, Cabana M, Caughey AB, Davis EM, et al. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2021;325:1965-77. doi: 10.1001/jama.2021.6238. Erratum in: *JAMA.* 2021;326:773.
4. Piñerúa-Gonsálvez JF, Zambrano-Infantino RC, Rizzo-Rodríguez MA, Diez AD, Fernández-Salazar L. Early-onset colorectal cancer: an eleven-year analysis of clinicopathological characteristics at a tertiary healthcare center. *Arq Gastroenterol.* 2023;60(3):515-21.
5. Boustany A, Rahhal R, Mitri J, Onwuzo S, Zeid HKA, Asaad I. Increased risk of colorectal cancer in patients with chronic tophaceous gout: a population-based study. *Arq Gastroenterol.* 2023;60(3):339-44.