



Letter to the Editor

8 years observational study on colorectal cancer in UAE

Oito anos de estudo observacional sobre câncer colorretal nos Emirados Árabes Unidos

Dear Editor,

Colorectal cancer is the fourth (4th) common cancer in both sexes, worldwide and is the third most common cancer in men and the second in women.¹⁻²²

In 2012, 1.36 million cases of colorectal cancer occurred and there were 693,881 deaths.⁴ The incidence is increasing under age 50 and it is the second killer cancer in UAE in 2017. In the Emirate of Abu Dhabi the Health Authority of Abu Dhabi (HAAD) instituted 2013 a colon cancer screening program.¹

According to HAAD in a report published in 2012 colon cancer are the 2nd common cancer and 4th common cause of cancer deaths in men and 3rd most common cancer and 2nd common cause of cancer deaths in women.¹

HAAD colon cancer prevention program included primary preventive strategies and secondary prevention by stool fit test every 2 years or colonoscopy every 10 years.¹

Colorectal cancer risk factors in Abu Dhabi

Non-modifiable risk factors included:

Family history of colorectal cancer;

Personal history of colorectal cancer;

Personal history of polyps in the colon, ulcerative colitis or Crohn's Disease;

Age older than 40 years.

Modifiable risk factors include:

Obesity;

A diet high in fat and red meat and low in fruits and vegetables;

Low levels of physical activity (sedentary lifestyle);

Tobacco use (cigarettes, shisha and medwakh, etc.);

Alcohol consumption.

In 2017: The Health Authority of Abu Dhabi (HAAD) revealed that the majority 63% of colorectal cancer cases are detected at a late stage and 90% of colorectal cancer can be successfully cured if the disease is detected early.

HAAD recommends screening for colorectal cancer for men and women 40-75.¹

Fecal exam once every 2 years or by Colonoscopy once every 10 years.¹

Regular screening can prevent development of colorectal cancer through the detection and removal of pre-cancerous lesions.¹⁻⁹

The risk of developing colorectal cancer increases with age.¹⁻²⁰

Medical conditions such as colorectal polyps or inflammatory bowel disease increase the risk of developing colorectal cancer.

Genetic factors also play a role.

A family history of colorectal cancer or other related genetic syndromes increase the risk of developing the disease.

HAAD's statistics revealed that the early detection program contributed to the early diagnosis of 37% (Stage 0 or in situ: 6.7%, Stage I: 21.3% and Stage II: 8.9%) from all diagnosed and staged colorectal cancer cases while 63% of were detected in their later stages.¹

HAAD urges all members of the community who wish to take colorectal cancer screening tests to visit any of the 27 health facilities offering them throughout the Emirate of Abu Dhabi. Patients are recommended to use online appointments through www.haad.ae/simplycheck/appointment.1

Colorectal cancer doesn't display any symptoms in its early stages, and so regular screenings contribute to saving many lives.¹⁻²⁰

Undergoing periodic preventive tests helps to eradicate and remove polyps in the colon or rectum before they become cancerous.¹⁻²⁰

The tests also help to detect tumors at an early stage, which increases the chances of successful treatment and minimizes medical intervention.¹⁻²⁰

Symptoms of colorectal cancer don't appear until a later stage. These symptoms include; rectal bleeding or blood in the stool, a change in normal bowel movements (diarrhoea, constipation or both for more than 2 weeks), abdominal pain and unexplained weight loss or anaemia.¹⁻²⁰

HAAD's efforts come in line with its cancer awareness campaign launched in October 2016 for a period of 6 months through March 2017, under the slogan "Live Healthily and Simply Check".¹⁻²⁰

The campaign was designed to coincide with the global awareness months that are assigned for each respective disease: October for breast cancer, November for lung cancer, January for cervical cancer and March for colorectal cancer. For cancer screening appointments and all campaign information, please visit www.haad.ae/simplycheck.¹⁻²⁰

Risk stratification for CRC:¹⁻²⁰

High risk;

100% Presence of familial adenomatous polyposis;

80% Presence of hereditary nonpolyposis colorectal cancer;

Moderate risk;

20% Presence of chronic colitis due to ulcerative colitis or Crohn's colitis;

10%–20% Familial: First-degree relative with colorectal cancer;

Average risk (negative family history);

5%–6% <50 years of age.

Available genetic tests for the patient or her affected family member(s) that may be recommended by the Cancer Genetics professional based on the assessment.

Outcome (Single Center Experience) ACDS 2012–2019 showed that colorectal cancer affected younger population and the implications for that is to screen possible at earlier ages.

Conclusion

Our data from 7540 colonoscopies showed a prevalence rate of polyps 26% & 69 cancers seen during this period with average age of colon cancer of 53 years; 46% of cancers below age 50 and 14% below the age of 40 years.


More multi center studies are needed to understand the burden of disease that colon cancer presents in the Emirate of Abu Dhabi.

Conflicts of interest

The authors declare no conflicts of interest.

REFERENCES

- <http://www.haad.ae/simplycheck/tabid/252/Default.aspx> HAAD Standard for Colorectal Cancer Screening.
- Precancerous Lesions in Colorectal Cancer – Hindawi Publishing, [www.hindawi.com/journals/grp/2013/457901/by F Sandouk](http://www.hindawi.com/journals/grp/2013/457901/by_F_Sandouk) – 2013, www.haad.ae/HAAD/LinkClick.aspx?fileticket=n7rHlrJbh10%3D&tabid=820 Oct 2, 2014.
- SEER Stat Fact Sheet; colon and rectum. National Cancer Institute. Available at: <http://seer.cancer.gov/statfacts/html/colorect.html> (Accessed on October 10, 2011).
- Jemal A, Bray F, Center MM, Ferlay J, Ward E, Forman D. Global cancer statistics. *CA Cancer J Clin.* 2011;61:69.
- Siegel RL, Miller KD, Jemal A. Cancer statistics, 2015. *CA Cancer J Clin.* 2015;65:5.
- SEER Stat Fact Sheet; colon and rectum. National Cancer Institute. Available at: <http://seer.cancer.gov/statfacts/html/colorect.html> (Accessed on October 10, 2011).
- Imperiale TF, Glowinski EA, Lin-Cooper C, Larkin GN, Rogge JD, Ransohoff DF. Five-year risk of colorectal neoplasia after negative screening colonoscopy. *N Engl J Med.* 2008;359:1218–24.
- Winawer SJ, Zauber AG, Ho MN, O'Brien MJ, Gottlieb LS, Sternberg SS, et al. Prevention of colorectal cancer by colonoscopic polypectomy. The National Polyp Study Workgroup. *N Engl J Med.* 1993;329:1977–81.
- Hassan C, Pickhardt PJ, Rex DK. A resect and discard strategy would improve cost-effectiveness of colorectal cancer screening. *Clin Gastroenterol Hepatol.* 2010;8:865–9, 869.e1-3.
- Ignjatovic A, East JE, Suzuki N, Vance M, Guenther T, Saunders BP. Optical diagnosis of small colorectal polyps at routine colonoscopy (Detect InSpectCharacterise Resect and Discard; DISCARD trial): a prospective cohort study. *Lancet Oncol.* 2009;10:1171–8.
- Brown SR, Baraza W. Chromoscopy versus conventional endoscopy for the detection of polyps in the colon and rectum. *Cochrane Database Syst Rev.* 2010;(10):CD006439.
- Wallace MB, Kiesslich R. Advances in endoscopic imaging of colorectal neoplasia. *Gastroenterology.* 2010;138:2140–50.
- van den Broek FJ, Reitsma JB, Curvers WL, Fockens P, Dekker E. Systematic review of narrow-band imaging for the detection and differentiation of neoplastic and nonneoplastic lesions in the colon (with videos). *Gastrointest Endosc.* 2009;69:124–35.
- Sonwalkar S, Rotimi O, Rembacken BJ. Characterization of colonic polyps at conventional (nonmagnifying) colonoscopy after spraying with 0.2% indigo carmine dye. *Endoscopy.* 2006;38:1218–23.
- Jemal A, Bray F, Center MM, Ferlay J, Ward E, Forman D. Global cancer statistics. *CA Cancer J Clin.* 2011;61:69.
- Siegel R, Naishadham D, Jemal A. Cancer statistics, 2012. *CA Cancer J Clin.* 2012;62:10.
- Kohler BA, Ward E, McCarthy BJ, Schymura MJ, Ries LA, Ehemann C, et al. Annual report to the nation on the status of cancer, 1975–2007, featuring tumors of the brain and other nervous system. *J Natl Cancer Inst.* 2011;103:714.
- Centers for Disease Control and Prevention (CDC). Vital signs: Colorectal cancer screening, incidence and mortality—United States, 2002–2010. *MMWR Morb Mortal Wkly Rep.* 2011;60:884.
- Edwards BK, Ward E, Kohler BA, Ehemann C, Zauber AG, Anderson RN, et al. Annual report to the nation on the status of cancer, 1975–2006, featuring colorectal cancer trends and impact of interventions (risk factors, screening, and treatment) to reduce future rates. *Cancer.* 2010;116:544.
- Centers for Disease Control and Prevention (CDC). Use of colorectal cancer tests—United States, 2002, 2004, and 2006. *MMWR Morb Mortal Wkly Rep.* 2008;57:253.
- Meissner HI, Breen N, Klabunde CN, Vernon SW. Patterns of colorectal cancer screening uptake among men and women in the United States. *Cancer Epidemiol Biomarkers Prev.* 2006;15:389.
- Henley SJ, King JB, German RR, Richardson LC, Plescia M, Centers for Disease Control and Prevention (CDC). Surveillance of screening-detected cancers (colon and rectum, breast, and cervix)—United States, 2004–2006. *MMWR Surveill Summ.* 2010;59:1.

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