Editorial

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Screening For Colorectal Cancer – Time to Act

Colorectal cancers (CRC) is a major global challenge and is the third most common cancer worldwide. In Malaysia, it is the most common cancer in males and second commonest in females in people over the age of 50 years. In the younger 15-40 year group, CRC accounts for the second commonest in males. It is the third commonest cause of cancer deaths in Malaysia.[1]

The incidence is expected to increase mainly due to the transformation of the Malaysia population to a western oriented life style. Consumption of red meat and obesity, with lack of physical activity and reduced intake of dietary fibre are recognized risk factors. Researchers in UK have shown that about 47% of cases of CRC can be prevented by eating and drinking healthily, being physically active and maintaining a healthy weight.[2]

Aging population is another significant factor in the Malaysian population and this trend may further increase the prevalence in future. Majority of our patients present at a late stage and inevitably with a poor prognosis. This escalates the nation's economic burden due to greater treatment costs and also the expenditure incurred in ensuring a reasonable quality of life of these terminally ill patients. Not forgetting the socioeconomic impact on the family members. A 2002 Malaysian study revealed the cost of treating new cases alone to be around RM108 million per year. This figure-excluded cost for targeted therapy and it must be significantly higher now.[3]

Neighboring countries like Singapore and South Korea have a higher incidence of CRC than Malaysia but lately a decreasing trend similar to western countries is being observed in these countries. Both countries have very effective screening programs. Five-year relative survival by stage in Malaysia is comparatively lower than these neighboring countries. Interestingly overall 5-year relative survival rate in Kuala Lumpur is similar to most other developed countries. Patient demography and access to screening facilities in Klang valley may be the most likely reason for this observation.[4]

Benefit of screening for CRC is well established. Several randomized, controlled trials (RCTs) have clearly demonstrated that screening for CRC can reduce disease incidence and disease specific mortality. In the US, an increase in the rate of CRC screening from approximately 25 percent in the 1980s to about 65 percent in 2012 is attributed to the significant reduction in the incidence and mortality over the last two decades.[5]

Many aspects have to be considered prior to implementing any screening program to be effective but unfortunately there is no clear policy or guidelines for CRC screening in Malaysia. Coordination between the professional bodies and the Ministry of Health in creating a robust and a visible public awareness program is grossly lacking. Malaysian Society of Gastroenterology & Hepatology in association with the College of Surgeons of Malaysia and Academy of Medicine did produce a consensus document on screening for CRC in 2001 but unfortunately remains dormant.

The current approach by the Ministry of Health by offering on-demand colonoscopy in public hospitals or appearance of specialists on media and espousing the virtues of the latest treatment modalities are not working. It is time the stakeholders establish a task force and formulate a new and an effective strategy. This task force should comprise of members from the academic institutions, professional bodies and Ministry of Health. Their scope should encompass primary protection to screening including incentives to providers and target population.

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