

Colorectal Cancer in Abu Dhabi, UAE - Initial Data 2014-2016

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Abstract

Colorectal malignancy is the third most basic reason for tumor passing on the world. The rate and age dispersion of this disease differ between the majority of middle-eastern and north America and Europe for many reasons. CRC is considered as a standout amongst the most preventable malignancies, since it may create from polyps and provocative inside maladies (IBD) in addition to the genetic predisposition, which became very well known in this disease. The studies in the United Arab Emirates showed an average incidence of CRC to be 51 years and because of the rise of this cancer, a program of screening for CRC screening started 2013 in Abu Dhabi starting from age 40-75 year.

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Introduction

Colorectal cancer (CRC) is one of the most common cancers worldwide. CRC lends itself well to a systematic screening program for many reasons. One of these reasons is that carcinogenesis occurs over a period of years through the adenoma-carcinoma sequence model. In this model, genetic and epigenetic mutations occur and accumulate eventually leading to malignant transformation.

A key part of the strategy to reduce the incidence and prevalence of CRC involves the early detection of pre-malignant lesions in the colon. Such a reduction can be achieved by the implementation of a CRC screening program.

The need for a CRC screening program was identified a part of an exercise carried out by the Health Authority of Abu Dhabi in 2010. Pilot studies in the UAE in the previous 5-10 years had demonstrated that the average age of incidence of CRC was 51 years. A multidisciplinary team was created and global best practice was reviewed, evaluated, and assessed in order to create a program that would suit the local milieu. In 2013 a CRC screening program was rolled out across the Emirate recommending CRC screening from age 40 to 75 years [1].

The two methods recommended as screening tests included screening colonoscopy and 2 yearly stool testing with the immune test. In Abu Dhabi in 2012 in women 3rd most common cancer, in men, it is the 2nd common cancer. Most of the colorectal cancer cases (59%) were men and (41%) were women. Median age of CRC in Abu Dhabi 51 years. Risk factors for CRC in Abu Dhabi.

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Non modifiable risk factors

A positive 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

Overweight and obesity, 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.

The health authority of Abu Dhabi (HAAD) started a program of prevention which included primary prevention focusing on life style change, exercise and diet and secondary prevention by colonoscopy or stool immunologic FIT testing, [2] the program can be reviewed in details in the website, <http://www.haad.ae/simplycheck/tabid/252/Default.aspx>

The recommendations are colonoscopy every 10 years in individuals of average risk from 40-75 years of age for both men and women or stool FIT test every two years. HAAD Standard for Colorectal Cancer screening available on website <http://www.haad.ae/HAAD/>

Case Studies and Results

A 12 months single center study during the period 2014-2015, of 1306 colonoscopies done for a variety of indications, 616 met the selection criteria total polyps detected 331 (27%), adenoma (13%), hyperplastic (33%), cancer rectum and colon 17 cases.

Our data showed a prevalence rate of polyps 27%, hyperplastic 33%, adenomatous polyps 13%, 17 cancers seen during this period 0.9% age range 38-70 years.

Data from UAE showed that CRC is increasing and occur at younger ages than the west, our initial data on colonoscopy showed high prevalence of pre-cancerous conditions including polyps and colitis and many familial and hereditary cancers [3-6].

Summary

Colorectal cancer CRC in UAE is a preventable disease. It affects young ages, an average incidence of CRC to be 51 years cases 59% were men and 41% were women.

In a small initial study of 616 colonoscopies, prevalence rate

of polyps 27%, hyperplastic 33%, adenomatous polyps 13%, 17 cancers seen 0.9% during this period age range 38-70 years.

Conclusion

CRC is one of the maximum preventable cancers in the world due to the fact we have already recognized masses of understanding at the genetic pathogenesis of this disorder and correlations with the surrounding food and environment to the diploma that we can intervene with many useful precaution plans.

The established precancerous lesions of this disease like polyps, dysplasia, and IBD additionally supply us higher possibility for earlier discovery with next resection. Global and regional collaboration is highly endorsed to reach the right public recognition campaign to defend us from this sickness.

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References

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