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

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Citation: Fayadh MH, Wadh Sabih SA,
Beejay NU. Colorectal Cancer in Abu Dhabi,
UAE - Initial Data 2014-2016. Colorec Cancer
2016, 2:3.

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 as 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 every 5 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.

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/

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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%), hyperplasic (33%), cancer rectum and colon 17 cases.

Our data showed a prevalence rate of polyps 27%, hyperplasic 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%, hyperplasic 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

2 http://www.haad.ae/simplycheck/tabid/131/Default.aspx
3 Health Insurance Amendments 2016.