

Colorectal Cancer Screening

Why you need to do it now!

by Dr Charles Tsang

COLORECTAL CANCER (CRC) is the most common cancer in males and second to breast cancer in females in Singapore. More worrying is the rising trend not just in Singapore, but also in surrounding countries in Asia (**Figure 1**). In a forecast by GLOBOCAN, Singapore is expected to see a doubling in the number of colorectal cancer cases from 2,329 a year to 4,189 in the year 2020. This is not surprising given the fact that colorectal cancer usually strikes a person in his 60s to 70s, and Singapore is expected to see a silver tsunami, i.e. a rapidly ageing population. The ratio of CRC mortality to incidence is 0.41 in Singapore. This means that the probability of dying from the disease is 41% when one is diagnosed to have CRC. In Korea and Australia, the ratio is 0.29 and 0.32, respectively.

The Importance of Early Screening

There are three main factors affecting survival for colorectal cancer. The first is access to care. The second is the effectiveness of treatment. The third factor is the stage distribution of the CRC at the time of presentation. Singapore scores high marks in the first two areas, as Singaporeans have very good and quick access to high quality medical care. However, many Singaporeans still present late when diagnosed with CRC. This third factor can be influenced by the impact of screening. This relationship was shown in a randomised controlled study in Minnesota, published by Dr Mandel and co-workers in 1993. In this *Minnesota Colon Cancer Control Study* (**Figure 2**), annual stool testing for faecal occult blood decreased the chances of dying from CRC by 33% should someone was found to have the disease. The premise was that the detection of blood in the stool from a silent CRC would lead to detection of the disease at an earlier stage, which in itself when treated, results in a higher chance of cure. This philosophy is the cornerstone of population screening programmes using stool testing for occult blood in many countries worldwide. It is the preferred modality of screening for early detection of CRC.

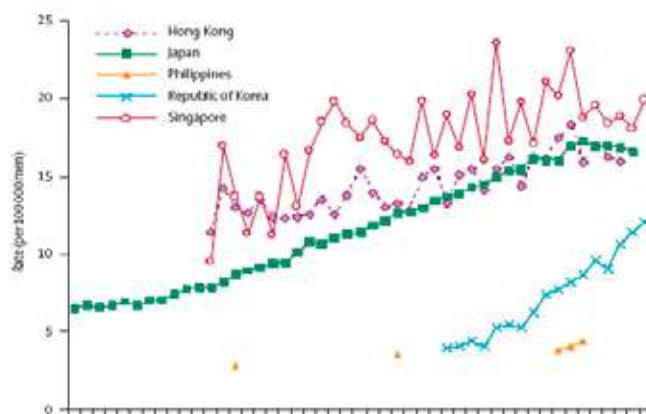
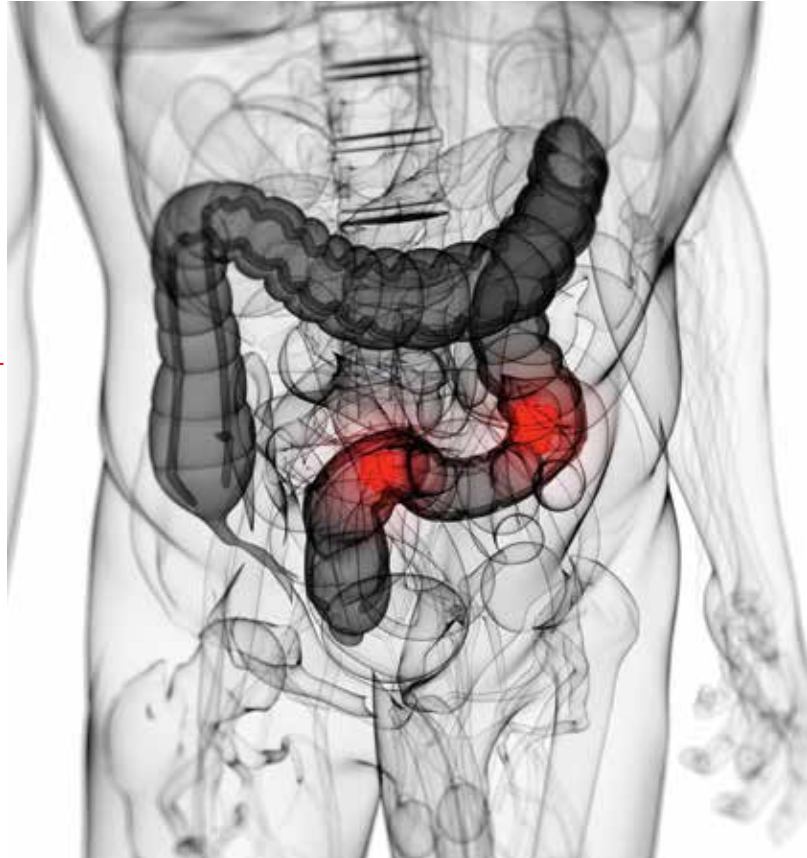


Figure 1. The rising trend of CRC in Asia

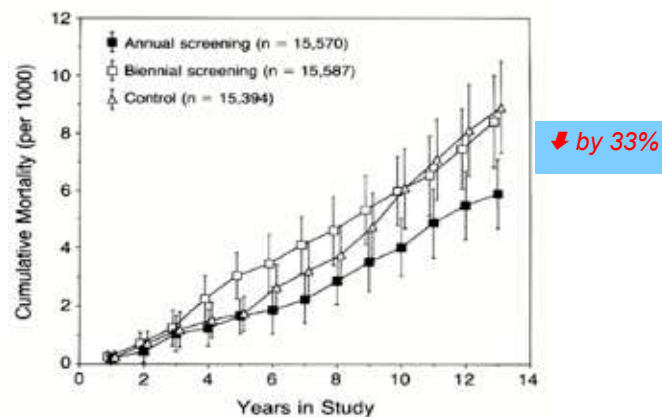


Figure 2. Minnesota Colon Cancer Control Study by Mandel 1993. Annual stool testing for occult blood decreases mortality risk by 33%.

Colonoscopy – Preferred CRC Prevention Strategy

Three-quarters of CRC is believed to arise from precursors known as polyps. Polyps are benign protruberant growths from the inner lining of the colon and rectum. With gradual increase in size, they can turn malignant, i.e. cancerous. This transformation was postulated to take place slowly over a period of 10 years. This is the reason why an alternative form of screening, using a colonoscope introduced via the anus into a cleaned colon, is recommended once every 10 years. In fact, the *American Cancer Society Guidelines* published in 2008 endorses a colonoscopy examination every 10 years as being the preferred cancer prevention test. CRC prevention is achieved by the removal of polyps detected during a screening colonoscopy. If a polyp is removed, it can no longer grow to a size where transformation to cancer can occur.

In the last five years, doctors have adopted a position of advocating to patients aged 50 and above a CRC prevention strategy using the preferred modality – colonoscopy. To encourage opportunistic screening using colonoscopy, the government has allowed the use of Medisave to reduce the financial burden.

In a survey by Omnibus in 2009, only 23% (one in four) of Singaporeans aged 50 to 69 years know about CRC screening. Only 27.8% (3 in 10) of Singaporeans aged 50 to 69 years reported ever having had a stool test for occult blood.

Faecal Immunohistochemical Testing

For patients who are not keen on colonoscopies, doctors will advocate a less invasive strategy first, i.e. early detection of CRC through annual stool testing for occult blood. Modern stool test kits are cheap, easy to use and highly sensitive and specific for human blood. Two test kits on two consecutive stool samples are recommended.

These Faecal Immunochemical Test (FIT) kits are distributed free of charge every year during *Colorectal Cancer Awareness Month* campaign in March. This outreach campaign is spearheaded by the Singapore Cancer Society. A convenient distribution point where one can obtain the free test kits would be the Guardian Health and Beauty Pharmacies, with many outlets scattered islandwide. In 2013, more than 60,000 kits were distributed with a return rate of 85%. This year, the Singapore Cancer Society hopes to increase its outreach programme with an increased target of FIT Kit screening. Instead of just the month of March, activities have been planned throughout the entire calendar year.

Get Screened

Although the data has been compelling on the increasing burden of CRC in Singapore in the years to come and that this disease is curable in the early stages and preventable through FIT Kit screening and removal of polyps, many people in Singapore who are at risk still have not been screened. Despite the extensive public education and awareness campaigns by the Singapore Cancer Society and the Health Promotion Board, there is still much work to be done. Having said that, no Herculean effort will amount to much if you as an individual at risk refuse to come forward to be screened.

So play a part in the fight against colorectal cancer – if you are 50 years old or above, pick up a FIT Kit today or encourage your loved ones, family and friends, or colleagues, to get screened today! eh



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