

Colorectal cancer: A looming threat, opportunities, and challenges for the Saudi population and its healthcare system

Global colorectal cancer (CRC) is projected to increase by 60% as early as 2030 which translates into 2.2 million new CRC cases and 1.1 million deaths.^[1] Whereas these statistics indicate looming challenges, unprecedented opportunities enabling early diagnosis and a cure are also rapidly becoming part of clinical practice. CRC-related statistics are alarming for the Kingdom of Saudi Arabia. Saudi Cancer Registry data reveal CRC to be the second most common cancer across the population.^[2,3] Despite this scenario, institution of CRC screening and early diagnosis remains a formidable challenge.^[4-6] As a consequence, up to 24% of these patients have advanced disease with distant metastasis at initial diagnosis.^[2] The disconnect between the magnitude of the problem and the necessary national action plan is obvious. Efforts to fill this gap include the empowerment of the primary healthcare system while being cognizant of the younger age population polarity of this nation. Indeed CRC “age-shift” to younger populations is now well recognized, as has been reported from the United States of America.^[7] Thus, an inclusive and well-orchestrated program is essential to address this looming threat on a national front.

An elegant discussion making the case for a national screening policy for CRC in the Kingdom was recently published.^[8] Indeed only through implementation of such a policy, early CRC diagnosis and a cure can be envisioned as a population healthcare target. Such an initiative can be launched as a test and a tool to transform Saudi national healthcare delivery system for high-impact diseases. This discussion is timely because our healthcare delivery system is going through transformative changes with due emphasis on primary healthcare services – an element that has been slow to be established. Unfortunately, despite its one-of-a-kind tertiary healthcare system, the full potential of the allocated fiscal resources has not been harnessed largely due to poor integration of primary and tertiary care services. Without such a cohesion of primary and tertiary care services, an upswing in early age CRC could have a considerable negative impact on the economy in the long run. Therefore, it is high time that related healthcare disciplines such as gastroenterology, and medical and surgical oncology partner with the Saudi

healthcare authorities in establishing a comprehensive national program aimed at early detection and treatment of CRC.

Indeed, the stage is set for an encompassing and integrative CRC national program of excellence to prospectively tackle a looming national challenge through the application of molecular technologies enabling early diagnosis and curative therapies.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code: 	Website: www.saudijgastro.com
	DOI: 10.4103/sjg.SJG_164_18

How to cite this article: Aziz MA, Allah-Bakhsh H. Colorectal cancer: A looming threat, opportunities, and challenges for the Saudi population and its healthcare system. *Saudi J Gastroenterol* 2018;24:196-7.

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