

Colorectal Cancer Awareness: The Gastroenterology Resolution for the Future

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Sensibilização para o Cancro Colo-Retal: O Desígnio da Gastreterologia Nacional para o Futuro

Palavras Chave

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Colorectal cancer (CRC) is the most frequent and lethal cancer in Portugal [1], even though it is well established that screening leads to a significant reduction in both CRC-specific mortality [2] and incidence [3, 4]. CRC is, therefore, a major public health issue and should be on top of the Portuguese Gastroenterological community priorities. It should also be a relevant priority to other relevant key stakeholders like public health services and political decision makers.

Screening has been shown to be effective; however, its effectiveness is significantly associated with population adherence [5, 6]. Health-care providers and especially health-care payers, whether being the state or private insurance companies, should be the first ones to invest in

and raise public awareness to promote screening, as it is in their best interest to increase cost-effective preventive measures. Unfortunately, in Portugal, this role is mainly assumed by medical and patient societies, such as the Portuguese Society of Gastroenterology or the Portuguese Society of Digestive Endoscopy. These associations use traditional media and, more recently, social media to convey these important messages. However, these actions have a limited penetration, and in a country without a population-based screening program in place, without responsible insurance companies who fail to focus on sustainability and long-term customer retention, it rests on the medical doctors, especially gastroenterologists and general practitioners (GPs), to take the opportunity to inform patients in each individual interaction about the risks of CRC and the screening options available.

In Portugal, there is a paucity of data regarding population screening adherence and, moreover, regarding personal preferences and knowledge. In the current edition of *GE – Portuguese Journal of Gastroenterology*, Teixeira et al. [7], from the Centro Hospitalar de Setúbal in Portugal, try to fill in this gap and report their valuable experience and the data gathered during a local awareness campaign designed and conducted by gastroenterologists and associated health professionals. Their aim was mainly to raise awareness by direct interaction with the public but

also to better understand the population's knowledge regarding CRC and CRC screening. The participants ($n = 140$) were recruited at a major shopping mall in the city of Setúbal and inquired on demographic characteristics and several aspects of CRC, such as screening options and risk factors.

It is interesting that according to the reported data, 60% of the participants had been screened in the past. A fecal immunochemical test was the first option in just over half of the patients and colonoscopy in 37% of them. This is an important aspect, and it clearly represents an underachievement that we should strive to improve. Moreover, we are unaware of what screening option was individually performed and how much time has passed since the procedure. On the other hand, one should bear in mind that this is an underestimation as the mean participant age was 54.7 years. In the age-stratified analysis, the screening rate was 70%; however, the sample was not only smaller (not disclosed) but also included patients

with an increased risk due to family history; a fecal immunochemical test was erroneously prescribed to 11 of these patients.

Another unsurprising but very important message to be aware of is that the GPs were by far the main driving force behind screening. They were the advisor for screening in 79% against 7% by specialized gastroenterologists.

This study offers a representative overview of the current situation in a specific Portuguese region, and while it shows that significant work has been done in the recent years, especially via the GPs, it calls for gastroenterologists to keep on improving and supporting the lobbying efforts to draw other key stakeholders' attention to CRC as a major and preventable health-care problem.

Disclosure Statement

The authors have no conflicts of interest to declare.

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