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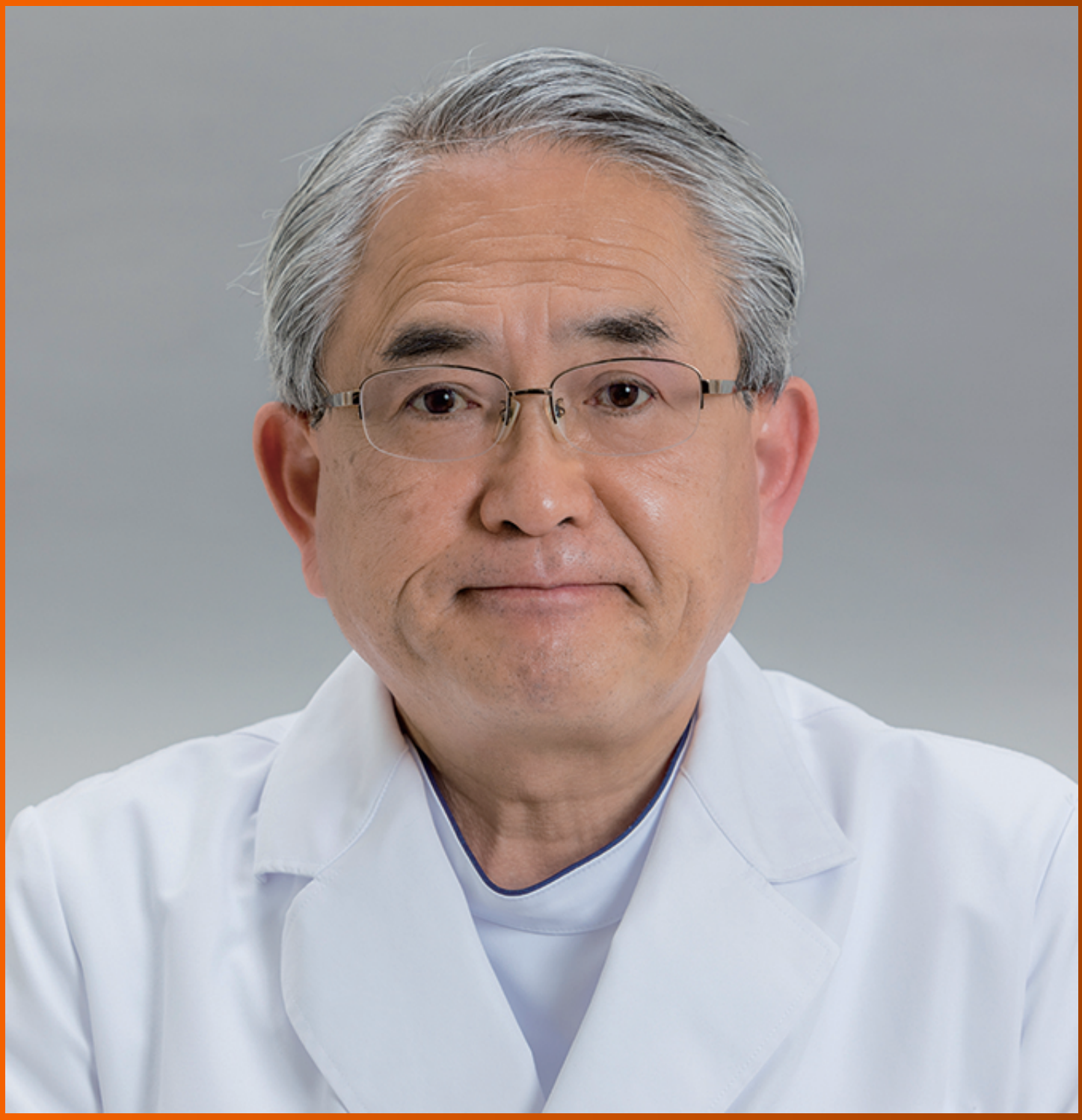

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Editorial Board Member of *World Journal of Gastroenterology*, Kentaro Yoshioka, MD, PhD, Director, Center for Liver Diseases, Meijo Hospital, Nagoya 460-0001, Aichi, Japan. kyoshiok8@gmail.com

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EDITORIAL

Refining the targeted population and achieving better for colorectal cancer screening

Nuo-Ya Zhou, Yi-Xiu Lin, Liu-Xiang Chen, Lian-Song Ye, Bing Hu

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Abstract

This editorial comments on the article entitled "Stage at diagnosis of colorectal cancer through diagnostic route: Who should be screened?" by Agatsuma *et al*, who conducted a retrospective study aiming at clarifying the stage at colorectal cancer (CRC) diagnosis based on different diagnostic routes. We share our opinion about CRC screening programs. The current situation suggests the need for a more specific and targeted population for CRC screening.

Key Words: Colorectal cancer; Screening; Early diagnosis; Technology; Cost-effectiveness

Core Tip: We comment on a retrospective study by Agatsuma *et al* on the early-stage detection of colorectal cancer (CRC) in three groups based on different diagnostic routes. We share our opinion about this study and further discuss the current status of CRC screening in different countries and regions. We believe that a more specific and targeted population is necessary for the better implementation of CRC screening.

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INTRODUCTION

Colorectal cancer (CRC) is a common malignant tumor worldwide and its screening facilitates early diagnosis and may ultimately improve patient prognosis[1]. Screening should begin at age 50 years in those without a high-risk family history and at age 40 years or age 45 years in those with a family history of CRC[2,3]. Current screening options include guaiac fecal occult blood testing, the fecal immunochemical test (FIT), stool DNA-FIT (sDNA-FIT), colonoscopy, flexible sigmoidoscopy and computed tomography, among which colonoscopy and FIT are the primary screening modalities for CRC screening[3].

COMMENTS ON A RECENT PUBLISHED ARTICLE

We read with great interest an article entitled "Stage at diagnosis of colorectal cancer through diagnostic route: Who should be screened?" by Agatsuma *et al*[4]. They conducted a retrospective study on the early detection of CRC in three groups based on different diagnostic routes. In this study, a total of 2083 patients diagnosed with CRC between January 2016 and December 2019 were evaluated. The patients were divided into three groups: cancer screening group, follow-up group and symptomatic group. Results showed that the early-stage CRC detection rate of follow-up group was higher than that of symptomatic group (57.3% *vs* 23.9%, $P < 0.001$) and was comparable to that of cancer screening group (57.3% *vs* 59.5%, $P = 0.493$). Agatsuma *et al*[4] concluded that CRC screening should be recommended, especially for patients without periodical hospital visits for comorbidities.

Early detection of CRC is absolutely essential for a better prognosis of the patients[5]. Despite the effectiveness of CRC screening, its implementation is barely satisfactory possibly due to factors such as inadequate publicity and limited human and financial resources, although guidelines vary from country to country due to different conditions[6,7]. Current situation suggests a need for a more specific, and targeted population for CRC screening.

Various technologies, such as FITs, colonoscopy, sigmoidoscopy, and computed tomography, can aid in CRC detection [8]. Some of those techniques are applied to follow-up examination for patients with other comorbidities, during which CRCs may be accidentally found. Those follow-up examinations for patients with comorbidities plays a role in cancer screening, suggesting that the need for CRC screening may be more urgent for people without regular follow-up examinations. This might relate to the easy access for publics to advanced medical technologies in some countries and regions. For instance, in China, people have easy access to a wide range of advanced medical technologies. Computed tomography, colonoscopy, and other examinations are often carried out in hospitals at all levels.

Despite the encouraging results shown in this study, we highly agree with Agatsuma *et al*[4] that further investigations are warranted. In our opinion, the type of comorbidities, specific examination during follow-up and frequency of follow-up examinations necessitate further analysis. In-depth studies may help refine the targeted population for cancer screening programs without excluding eligible individuals.

CONCLUSION

The work by Agatsuma *et al*[4] provides us with an enlightening way to identify the population for whom CRC screening should be particularly recommended, positively impacting the implementation of CRC screening programs.

FOOTNOTES

Author contributions: Zhou NY and Lin LX drafted the manuscript; Chen LX, Ye LS, and Hu B revised the manuscript; and all authors have read and approved the final manuscript.

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