

Colorectal cancer screening in Latin America: Are we still in the Stone Age?

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Colorectal cancer (CCR) screening rates and success are very different among countries. This is unacceptable because of its highly preventable character. The natural history of this disease allows an advantage of an early detection and treatment of premalignant injuries.¹ As an example, Australia implemented screening guidelines for CCR lowering mortality rates. As a consequence, patients with guidelines detected CRC got a markedly reduced

risk of CRC recurrence and death compared to those cases with a clinical presentation.²

In 2013, the average mortality rate for CCR in South American countries was approximately 8,0%.³ However, this data is under estimated because of the lack of detection, the incorrect use of diagnostic exams and the fragmentation of the health systems mainly affecting primary care effectiveness.⁴

Despite the high mortality rate, a lot of South American countries do not have national practice guidelines for CCR screening (Table 1). Only four countries (Argentina, Chile, Colombia and Uruguay) have established formal recommendations. Four other countries have not guidelines, but screening instruments and exams are available for the population (public and private sectors). Finally, the situation in Peru and Paraguay is an emergency.

Table 1. Country profiles of colorectal cancer screening in South America.

| Country | Are there colorectal cancer screening guidelines available? | Availability of fecal occult blood test or fecal immunological test | Availability of colonoscopy |
|-----------|---|---|--|
| Argentina | Yes | Yes | Yes |
| Bolivia | No | Yes | Generally available only in the private sector |
| Brazil | No | Yes | Yes |
| Chile | Yes | Yes | Yes |
| Colombia | Yes | Yes | Yes |
| Ecuador | No | Yes | Generally available only in the private sector |
| Paraguay | No | No | No |
| Perú | No | No | No |
| Uruguay | Yes | Yes | Yes |
| Venezuela | No | Yes | Yes |

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These two countries do not have guidelines at all, and the availability of the screening exams is very limited.³

Specifically, in Peru, the alert has been sent several times. Two years ago, Rebaza remarked the great importance of implementing this preventing service.⁵ Regard less of his recommendation, actually there was no change to this date. Also, we consider screening to be an initiative from all medical professionals at primary care specially general practitioners and not just from gastroenterologists or oncologists, which is the point of view of the afore mentioned author.⁵

Therefore, we reiterate the importance of the urgent implementation of integral and integrated programs of CCR screening in South American and other developing countries, which will bring an early detection and intervention.

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