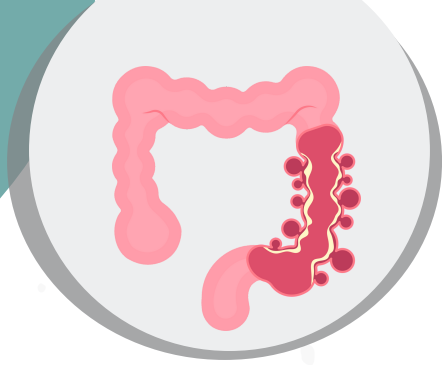




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The importance of early screening for colorectal cancer

- Can improve disease prognosis by identifying early-stage colorectal cancer.
- Easier to treat and has a lower mortality rate than colorectal cancer detected after symptoms develop
- Detecting and removing premalignant polyps before they progress to colorectal cancer..

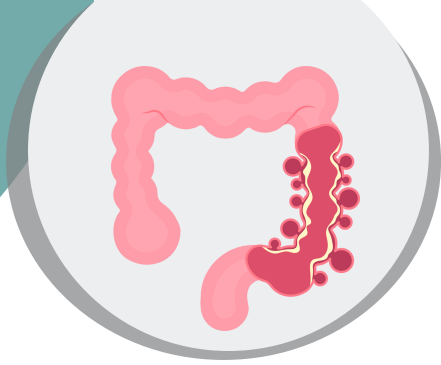
Age stratification for early screening

	Average risk patient	High risk patient
Age to initiate screening:	45 – 50 years old	At age 40 years or 10 years before youngest in the affected relative diagnosis
When to stop screening	75 years old	79 – 85 years old



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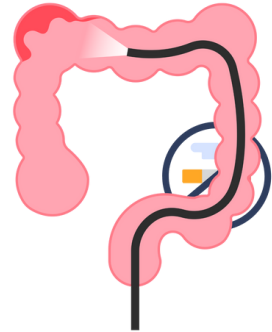


TYPES OF EARLY SCREENING FOR COLORECTAL CANCER

Colonoscopy:

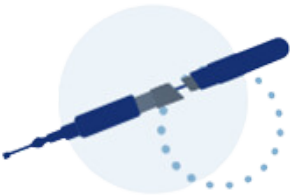
- Every 10 years for most patients at average risk
- Every 5 years for high risk

has the highest sensitivity for colorectal cancer.
and allows lesion removal before malignant progression.



Faecal occult blood (FIT) and Immunochemical testing:

- Annually
- recommend for patients who are unable to have a colonoscopy as initial screening, Compared with colonoscopy, FIT has similar detection rates for colorectal cancer.



Computed tomography colonography (CTC):

- Every five years

CTC is more sensitive than any test other than colonoscopy For older patients with comorbidities (eg, cardiopulmonary disease, diabetes mellitus, or history of stroke)



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Department of Surgery
Health Awareness Unit