

Colorectal cancer in Latin America. Novel concerns

Cáncer colorectal en Latinoamérica. Nuevas preocupaciones

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Dear Editor:

In Latin America, colorectal cancers are the third most common malignancies among women and the fourth among men; with an estimated increase of incidence due to the growing number of sedentary older population, and inadequate food or social habits⁽¹⁻³⁾. Worthy of note, early diagnosis remains a main factor in determining good outcome; however, too many concerns are involving insufficient public health infrastructure to promote adequate screening and good control of cancer in Latin American countries⁽¹⁻³⁾.

I read the recent manuscripts by Torres-Román et al. and by Garcia et al. emphasizing concerns about colorectal cancer in Peru and in Brazil, respectively^(1,2). Both papers strongly focused the lack of effective and efficacious practical tools, which are considered necessary to change the actual scenario with possibility of success^(1,2). Fecal occult blood test and recto sigmoidoscopy must be done in 50-year-old people, although patients under 30 years may present with late stage of colorectal cancer^(2,3). Predisposing factors in younger individuals are inflammatory bowel disease, familial adenomatous polyposis, and the hereditary non-polyposis colorectal syndrome^(2,3). Usual concerns include lack of ample population awareness about this kind of cancer; low number of clinical and surgical oncologists; lack of available diagnostic and interventional equipment; and insufficient resources for surgery and chemotherapy⁽¹⁻³⁾. Important factors involve the adherence to the protocols by physicians and patients; and, in special, by their relatives under elevated risk of colorectal cancer development⁽²⁾. The Brazilian study revealed that only 62.9% of patients received recommendations about screening for their first-degree relatives; moreover, 20.5% informed that all relatives completed the exams, and 51.2% affirmed that no relative underwent the evaluation⁽²⁾. These findings are probably in accordance to the majority of Latin American countries.

In this setting, I would like to add comments about a 26-year-old Brazilian woman with unsuspected widespread colon cancer at diagnosis, without familiar antecedent⁽³⁾. The diagnosis of advanced colon cancer was incidental, established during imaging studies to know the etiology of right hypochondrium pain of allegedly skeletal origin⁽³⁾. Histopathologic data characterized a stage IV well-differentiated colon adenocarcinoma; the patient was successfully submitted to hemicolectomy followed by chemotherapy⁽³⁾. The authors highlighted the absence of intestinal symptoms and the concern about high mortality among younger patients with late evidence of disseminated colorectal cancer. In fact, the target population for colorectal malignancy has involved individuals over 40 years of age, but late stages of sporadic cases have been found even in younger people. Additional concern may be about cost-effective procedures in Latin American countries.

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