A Preventive Approach

Aims to decrease rates of morbidity and mortality, also reducing overall healthcare costs.

Early discussion, education, and emphasis on downstream consequences of inadequately treated disease can better inform patients.

Family history genetic tests create personalised prevention programmes by detecting malignancies and risks, to inform changes, and prevent development of disease at an earlier, curable stage.

Interventions focus on lifestyle adaptation, and encourage patients to be proactive with their approach to healthcare.

Identifying which preventive measures are better delivered at primary, secondary, and tertiary care levels is crucial to delivery of quality care.

Barriers:
- Focus on symptom control ahead of prevention
- Infrequent healthcare visits
- Confusion over where and when preventive services should be offered

Colorectal Cancer

Third most common cancer type worldwide, growing annually.

Highest rates currently seen in Asia; China reports 280,000 deaths per year, and Japan 60,000.

| Year | Number of Cases/Diagnosed
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<tr>
<td>2020</td>
<td>~2 million cases were diagnosed</td>
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<td>2040</td>
<td>~1.6 million deaths are forecast</td>
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Mortality can be reduced through screening and early detection. Improved colonoscopy has contributed to improvement in recent years. FOBT, sigmoidoscopy, and colonoscopy, which is the ‘gold standard’, are the most used screening techniques.

FIT continues to prove an effective and sustainable tool for population-based screening.

Primary prevention interventions involve dietary measures such as limiting red and processed meat.

Recent developments in drug therapy are promising.

Protective factors to decrease risk:
- Physical activity
- Aspirin
- Combination hormone replacement therapy
- Polyp removal

Lifestyle modification significantly reduces risk, improving QoL and patient outcomes.

Primary care providers are often not comfortable providing routine preventive care to patients with IBD, particularly those on immunosuppressants.

Patients often consider their gastroenterologist their primary provider of care. Clinicians must communicate comorbidities with the patient, and co-ordinate with other specialists to improve quality of care.

Colorectal Cancer

- Preventive recommendations:
  - Regular physical activity
  - Maintenance of a healthy weight
  - High fibre diet with vitamins A and C
  - Limiting alcohol intake

Gastrointestinal Cancer

Cessation of smoking and treating Helicobacter pylori infection are protective factors that decrease risk.

Risk assessment is recommended in families with cancer predisposition, eg, Lynch syndrome, hereditary diffuse gastric cancer, and polypsis syndromes.

Gut microbiota plays an important role in dictating carcinogenesis.

Ongoing investigations focus on providing preventive treatment through modification of this gut microbiome.

Key:
- FIT: faecal immunochemical test; FOBT: faecal occult blood test; IBD: inflammatory bowel disease; QoL: quality of life.

References: