

### Higher prevalence in young population and rightward shift of colorectal carcinoma. *Is it right?*

*To the Editor*

I read with interest the article by Guraya SY and Eltinay OE.<sup>1</sup> I do not agree, however, with the conclusion that there is a profound rightward shift of colorectal carcinoma compounded with arising incidence of advanced lesions in the younger age group. The last Cancer Incidence Report (2001)<sup>2</sup> showed the mean age at diagnosis of colorectal cancer was 57 years in males (range 20-92 years) and 53 years for females (range 17-87 years) whereas in this article,<sup>1</sup> the mean age was 46 years in males (range 21-76) and the mean age in female was 41 years (range 26-79 years). Also, the number of the patients is very small and it is really difficult to reach such a conclusion (higher prevalence of advanced lesions in young patients). Unfortunately, in the Cancer Incidence Report from the Ministry of Health,<sup>2</sup> the percentage of right colon cancer among the incidence of all colorectal cancers is not mentioned. The Tumor Registry Annual Report<sup>3</sup> from King Faisal Cancer Centre at King Faisal Specialist Hospital & Research Centre (KFSH & RC) did report that the number of recto sigmoid cancer patients is more than colon cancer (118:76). This is clearly against the second part of the article's title (rightward shift of colorectal carcinoma). In addition, our personal observation at the Section of Colorectal Surgery at KFSH & RC, on a weekly basis shows more left sided colon cancer than right sided, which accounts for two-third of all colorectal cancer. At the end, I do agree with the authors when they mentioned that this study reported results from a single institution, and that further evidence-based cross-sectional studies are required to support their observations.

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### *Reply from the Author*

I appreciate Dr. Alaa's note detailing his concerns about our article published in Saudi Medical Journal. The driving issue that prompted us to present this series was the striking data with obvious deviation from the region's

published literature. The conclusion of our study is based on a small group of patients retrieved from one center, which, on its own, does not testify its global application and acceptance. Furthermore, the results should not be perceived as the authors' inclination towards a drifting change in the subsite distribution and age incidence of colorectal cancer world wide,<sup>4-7</sup> simply the conclusion is based on the results. The Cancer Incidence Reports from the National Cancer Registry, Ministry of Health Saudi Arabia have been cited in the article (references 15 and 16) which, of course reflects the incidence of colorectal cancer in the Kingdom, and a mere 57 cases in our series cannot have a major impact on the overall incidence. At the same time, Dr Alaa has endeavored to compare the results of King Faisal Specialist Hospital and Research Center with King Khalid University Hospital, which should not be expected to be the same at any given time in any perspective. Finally, as emphasized in the article, major conclusions cannot be drawn from our observations, which need further evidence-based cross-sectional research for authenticity.

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