NO COLORECTAL CANCER SCREENING PROGRAM IN ROMANIA! THUS, START WITH OPPORTUNISTIC SCREENING

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NO COLORECTAL CANCER SCREENING PROGRAM IN ROMANIA! THUS, START WITH OPPORTUNISTIC SCREENING (Abstract). Colorectal cancer is a major health problem in the world. It can be detected in asymptomatic early stages so screening programs have been implemented in many countries for many years. Unfortunately, in Romania, the screening program for the detection of colonic pathologies is still not working. This paper suggests that an opportunistic colorectal cancer screening may be a solution in our country. This means that when a physician is contacted by a subject older than 50 years, a colorectal screening procedure – fecal occult blood testing or colonoscopy should be suggested to him/her. Thus, by collaborating between physicians from many specialties (gastroenterologists, general practitioners, internal medicine specialists, and surgeons) we hope to decrease the rate of advanced colorectal cancers found in daily practice. Key words: COLORECTAL CANCER SCREENING, COLONOSCOPY, FECAL OCCULT BLOOD TESTING.

Colorectal cancer is an important oncologic problem both in Europe and in the world. Even if it is in the top three human cancers, it has the advantage that it can be detected in asymptomatic early stages, by screening programs. On the other hand, progression from adenomatous polyps to cancer is a known and documented fact. Thus, by performing polypectomies, we can decrease the rate of colon cancer.

This is why screening programs for the detection of asymptomatic colorectal cancers and of colonic polyps were implemented in many countries, years ago.

Several studies proved that colorectal cancer screening programs decreased the mortality by colonic cancers (1-3), regardless of the screening strategy (based on fecal occult blood testing – such as FOBT or FIT - or on colonoscopy).

Many years ago, in Romania it was decided that colorectal cancer screening programs are valuable and a pilot study was started. Unfortunately, even after 10 years, the screening program for the detection of colonic pathologies is still not working.

A legislative program for cancer screening in three organs was issued some years ago: for breast, cervix and colon cancer. But no financial support was provided for the colorectal cancer screening during the last years!

Efforts were made by the National Society of Gastroenterology and Hepatology (SRGH) to obtain funding for this program, but nothing happened!
No colorectal cancer screening program in Romania! Thus, start with opportunistic screening

Thus, what to do? There is not time to wait since in every day practice, the endoscopists find too many advanced colorectal cancers (sometimes with metastases).

Of course, it is a priority to continue the pressure on politicians to find financial support for such a program, but this is not enough!

Can we find other available methods?
We believe that we must start with an opportunistic colorectal cancer screening.

What does this mean?
It means that when a physician is contacted by a subject older than 50 years, a colorectal screening procedure should be suggested to him/her.

These colorectal screening procedures can be performed according to the financial means of patients or according to the physician’s preference (fecal occult blood tests are very cheap and can be preferred by general practitioners - GP, while colonoscopy may be preferred by gastroenterologists, internal medicine specialists or surgeons).

In a recent study (4) performed in Romania in a large cohort of asymptomatic subjects (2433 patients), using colonoscopy as screening method for colonic pre neoplastic and neoplastic lesions, we found in polyps in 32.1% of cases (in 7.2% cases polyps larger than 1 cm) and carcinomas in 2% of cases. What does this mean? By adding cancers and large polyps, in 9.2% of cases we found an advanced disease (1/11 asymptomatic subjects have pre neoplastic or neoplastic lesions).

Thus, using this modality of screening that can be offered to all patients over 50 that contact a physician, we can discover a lot of pathological cases in early stages.

In addition we can decrease the risk for further cancers by performing polypectomy for all detected polyps.

Gastroenterologists play a major role in the awareness of colorectal cancer risk. We must train the other specialists regarding this risk and we should work together for the opportunistic screening (at least until a population based screening program will properly funded).

The GPs must know the real value of fecal occult blood tests (and which is the difference between FOBT and FIT), how often to propose these tests to the patients (annually or biennial), or if they should propose a colonoscopic evaluation (with the advantage that a normal colonoscopy must be repeated only after 10 years).

On the other hand, all must be informed regarding the importance of colonoscopy’s quality (cecal intubation in more than 90-95% of cases); of the preparation for colonoscopy; regarding which is the risk for complications and on other issues on this topic.

Of course, we can talk about the funding of a screening program. Usually this is covered by the National Health Authority!

But since this is still not happening in Romania, we must do something. And the only thing that we can do (excepting political pressure) is to work in the patients' interest, with the opportunistic screening.

Thus, by collaborating with physicians from other specialties: GPs, internal medicine specialists, surgeons and maybe others, we can decrease the rate of advanced colorectal cancers found in daily practice.

Thus, don't worry..... begin the opportunistic screening stating from tomorrow, so we can fulfill our task of decreasing the number of advanced cases.
REFERENCES


**BETA-BLOCKER MEDICATIONS AND RISK OF PSORIASIS**

Psoriasis is an immune-mediated skin disease which can affect internal organ such as cardiovascular system. Besides, cardiovascular diseases have been linked to psoriasis development. In a study published in *JAMA Dermatology*, the authors evaluated the association on hypertension and beta (β)-blocker medication with risk of psoriasis. The study group included 77,728 normotensive and hypertensive women, with or without antihypertensive medications. The results showed that the hypertensive women with long-term status (6 years or more) have had a higher risk of developing psoriasis compared with normotensive women. Also, the highest risk of psoriasis was documented among hypertensive women who used β-blockers for 6 years or more. These results sustain the role of hypertension and medications in psoriasis development. (Shaowei Wu, Jiali Han, Wen-Qing Li et al. Hypertension, antihypertensive medication use, and risk of psoriasis. *JAMA Dermatology*, 2014; DOI: 10.1001/jamadermatol.2013.9957).

*Cătălina Luncă*

**A NOVEL TRANSUNGUAL PERMEATION ENHANCER FOR TOPICAL DRUG DELIVERY SYSTEM IN ONYCHOMYCOSIS**

The treatment of onychomycosis is difficult because of the barrier properties of the nail plate that impede the passage of antifungal drugs. In a study by Chouhan et al., hydroxypropyl-β-cyclodextrin (HP-β-CD) was tested as a transungual drug permeation enhancer for poorly water soluble antifungal drugs such as terbinafine hydrochloride. According to Chouhan et al., HP-β-CD improves hydration of nail plates and increases solubility of terbinafine hydrochloride. Using HP-β-CD as a permeation enhancer, the researchers designed a nail lacquer formulation (containing 10%w/v of HP-β-CD) to deliver the drug in an effective concentration across nail plates, proving *in vitro* higher flux (4.586 ± 0.08μg/mL/cm²) than the control formulation (0.868 ± 0.06μg/mL/cm²). The study concluded that HP-β-CD is an effective permeation enhancer for transungual delivery of terbinafine hydrochloride and other poorly water soluble drugs (Chouhan P, Saini TR. Hydroxypropyl- β-cyclodextrin: a novel transungual permeation enhancer for development of topical drug delivery system for onychomycosis. *J Drug Deliv*. 2014;2014:950358. doi: 10.1155/2014/950358).

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