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Letter to the Editor
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Rising Colorectal Cancer in Young Adults: A Call for Earlier Screening and Awareness in Pakistan

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Dear Editor,

Sodium Colorectal cancer (CRC), once regarded as a disease of older adults, is increasingly affecting younger populations. A study from Karachi reported that nearly 20% of new CRC cases occur in patients under 40 years, many of whom present at advanced stages. [1] This mirrors international observations of a steady rise in early-onset CRC (eoCRC).[2] Such late-stage diagnoses limit treatment options and worsen survival, highlighting an urgent need for early detection strategies in Pakistan.

Multiple factors contribute to this trend. Obesity and physical inactivity—now affecting more than 20–30% of Pakistani adults—are strong CRC risk factors.[2] Diets high in red or processed meat increase risk by approximately 20%, while low fiber intake elevates it by 15–25%.[3] Though hereditary syndromes like Lynch syndrome (3–5% of cases) and familial adenomatous polyposis (<1%) explain a minority, the majority of cases are sporadic. Importantly, CRC is often overlooked in young adults; red-flag symptoms such as rectal bleeding, unexplained iron-deficiency anemia, and persistent changes in bowel habits are commonly misattributed to benign conditions, delaying diagnosis.

Screening remains the most effective preventive measure. In the United States, the starting age for average-risk screening has been lowered to 45 years. Pakistan currently lacks such context-specific guidelines. Given the rising incidence of eoCRC, a feasible step may be adopting a stool-based FIT (fecal immunochemical test)-first approach, followed by colonoscopy in positives, particularly for individuals with a family history or other risk factors. This approach is cost-conscious, more acceptable to patients, and may improve uptake. Evidence suggests that screening can prevent up to 60% of CRC deaths, with survival improving from ~15% in late stages to >90% when detected early.[4]

Strengthening local cancer registries is also vital. Current data are fragmented, with most evidence limited to single-center studies. Robust registries would enable clearer insights into age-specific incidence, risk factors, and outcomes, thereby guiding national policy.

In conclusion, rising eoCRC in Pakistan represents an emerging public health concern. We recommend three immediate priorities: (i) awareness campaigns targeting both clinicians and the public to recognize red-flag symptoms; (ii) piloting a FIT-first screening strategy for high-risk groups; and (iii) investment in comprehensive cancer registries. Timely interventions may help curb the burden of eoCRC and improve survival among younger adults.

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