Preface

An overwhelming majority of colorectal cancer patients worldwide are diagnosed via the clinical route. Screening programmes are not implemented in all countries, compliance rates are far from complete, and the screening test itself is likely not to be fully sensitive. The aim of this book is therefore to target the searchlight, not on screening but on the important and difficult task of diagnosing colorectal cancer in symptomatic patients.

The design of the diagnostic process, or simply ordinary clinical work to diagnose disease, naturally involves those who are finally found to harbour a cancer. But it also involves a large number of patients who seek an explanation of their symptoms, potentially associated with bowel cancer. The challenge, in spite of all the alternative benign explanations, is to establish the diagnosis of colorectal cancer in a timely manner.

In our era of abundant information, and some disinformation, on the Internet, the acceptance of all but a very prompt investigation of symptoms possibly associated with serious diseases like cancer is decreasing. The claims from patients to rule out colorectal cancer very early on will probably get more pronounced. In addition, many countries face ageing populations, with an increasing risk of both gastrointestinal symptoms and colorectal cancer.

This book will be of interest to all professionals who struggle with these issues. Whether you are a qualified clinician, perhaps with a special interest in colorectal cancer, or a dedicated clinical researcher, the chapters will provide you with knowledge and inspiration at a cutting-edge level. Together they evoke some optimism for the way forward.

Non-invasive tests for an optimal selection of patients and further adequate examinations of the large bowel are crucial to sustain the increasing demands. You will find a hopeful chapter on the merits of faecal immunochemical tests, and a balanced discussion on computed tomographic colonography and colonoscopy. A new idea worth further exploration is the ability to make better use of already collected haemoglobin values by using computerized algorithms for trend analyses. The low predictive value of bowel symptoms is highlighted separately and, on the other hand, there is a valuable account of standardized colorectal cancer pathways based on the referral of alarm symptoms. You will also find two very thought-provoking chapters on a poor general awareness of colorectal cancer and on the psychological implications of diagnostic delay.

Let's hope the book will bring about many further optimizing ideas on how to proceed in the future. After all, a timely diagnosis is associated not only with a swift procedure, but also with a high clinical quality in the management of patients. Welcome to some rewarding hours of reading, and to share my appreciation of the authors. I also wish to express my gratitude to Evgenia Koutsouki at Springer for her professional support. Thank you all!

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