

Conference Abstract

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Wellness Watch: Advancing Quality of Life through Colorectal Cancer Screening

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Background

Colorectal cancer (CRC) remains a major cause of cancer-related mortality in Saudi Arabia, influenced by genetic predisposition, dietary patterns, lifestyle factors, and population aging. Its incidence continues to rise, ranking as the most common cancer among Saudi males and the second among females. Between 2006 and 2018, the age-standardized rate increased from 9.9 to 14.2 in males and from 8.8 to 11.5 in females. In 2018 alone, CRC accounted for 14.6% of all cancer cases, with a mortality rate of 1.48%, and a notably higher incidence in males (19.6%) than females (9.5%). Persistent challenges—such as limited availability of screening tests, delayed follow-up, and inconsistencies in care pathways—further widen gaps in timely diagnosis. Addressing these barriers is essential not only for effective prevention but also for promoting equitable access to early detection services across the population. As of April 2023, only 16% of the average-risk target population had undergone CRC screening, far below the required threshold.

Moreover, the absence of a clear management pathway for patients with positive FOBT results led to delays in definitive assessment and treatment, reducing opportunities for early cancer detection.

Methods

The intervention targeted 15,637 individuals aged 45–75. It incorporated Patient-Centered Personalized WhatsApp Alerts (PCPA) to enhance awareness and motivate screening uptake, in addition to educational messages emphasizing the value of early detection. A cross-functional agreement with the gastroenterology clinic at Al-Hada Hospital ensured guaranteed colonoscopy appointments within two weeks of a positive FIT result. Coordination with the laboratory department secured adequate test supply to support mass screening efforts. The strategy enhanced both patient knowledge and rapid access to diagnostic services. Interventions were designed with the goal of achieving a screening rate of 60% of the target population within six months.

Results

Following implementation, screening uptake surpassed expectations, reaching over 67% within five months. The program successfully detected and managed three early-stage cancers and six precancerous lesions. These outcomes were driven by effective personalized WhatsApp alerts and a streamlined pathway for expedited colonoscopy, highlighting substantial improvements in accessibility, screening adherence, and early detection.

Conclusion

This intervention significantly improved CRC screening rates through the combined use of WhatsApp PCPA and rapid access pathways for diagnostic follow-up. Beyond its measurable outcomes, the project demonstrates how simple, scalable tools can reduce disparities, ensure more equitable access to preventive services, and bridge gaps in care delivery. Its sustainability is supported by an adaptable framework, including a registry system for ongoing patient engagement. This model offers a replicable, equity-focused approach that can be expanded across MODHS hospitals and applied to other screening programs to enhance accessibility and population health outcomes.
