Università degli Studi di Padova
Dipartimento di Scienze Cardiologiche Toraciche Vascolari
Unità di Igiene e Sanità Pubblica
Laboratorio di Valutazione dei
Servizi Sanitari e della Promozione della Salute

Screening di Popolazione

*Where are we now and what's next_*

14.00 Saluti e presentazione
Vincenzo Baldo
Università degli Studi di Padova

14.10 Programmi di screening negli Stati Uniti: where are we now and what's next?
Mark H. Ebell
University of Georgia, US Preventive Services Task Force

15.00 Programmi di screening in Italia: where are we now and what's next?
Marco Zappa
Valutazione Screening e Osservatorio Nazionale Screening
Istituto per lo studio e la prevenzione oncologica, Regione Toscana

15.30 Programmi di Screening in Veneto: where are we now and what's next?
Adriana Montaguti
Coordinamento Regionale Screening Oncologici
Direzione Prevenzione, Sicurezza Alimentare, Veterinaria, Regione Veneto

16.00 Screening cardiovascolare: esperienze regionali a confronto
Federica Michieletto
Direzione Prevenzione, Sicurezza Alimentare, Veterinaria, Regione Veneto
Mara Morini
già Direttore Cure Primarie AUSL Bologna
Grazia Orizio
Dipartimento Cure Primarie ATS Brescia

16.30 Conclusioni
Manuel Zorzi
Registro dei Tumori del Veneto Regione Veneto
Alessandra Buja
Università degli Studi di Padova

Giovedì 18 maggio 2017
ore 14.00

Aula A - Istituto di Igiene
via Loredan 18 — Padova

Segreteria organizzativa ed informazioni:
Alessandra Buja - alessandra.buja@unipd.it
Mirko Claus - mirko.claus@studenti.unipd.it

UNIVERSITÀ DEGLI STUDI DI PADOVA

DIPARTIMENTO DI SCIENZE CARDIOLOGICHE TORACICHE E VASCOLARI

UNITÀ DI IGIENE E SANITÀ PUBBLICA
LABORATORIO DI VALUTAZIONE DEI SERVIZI SANITARI E DELLA PROMOZIONE DELLA SALUTE

REGIONE DEL VENETO

Screening programs in Veneto: where are we now and what's next?

Dr.ssa Adriana Montaguti

Direzione Prevenzione, Sicurezza alimentare, Veterinaria

Coordinamento Regionale Screening Oncologici

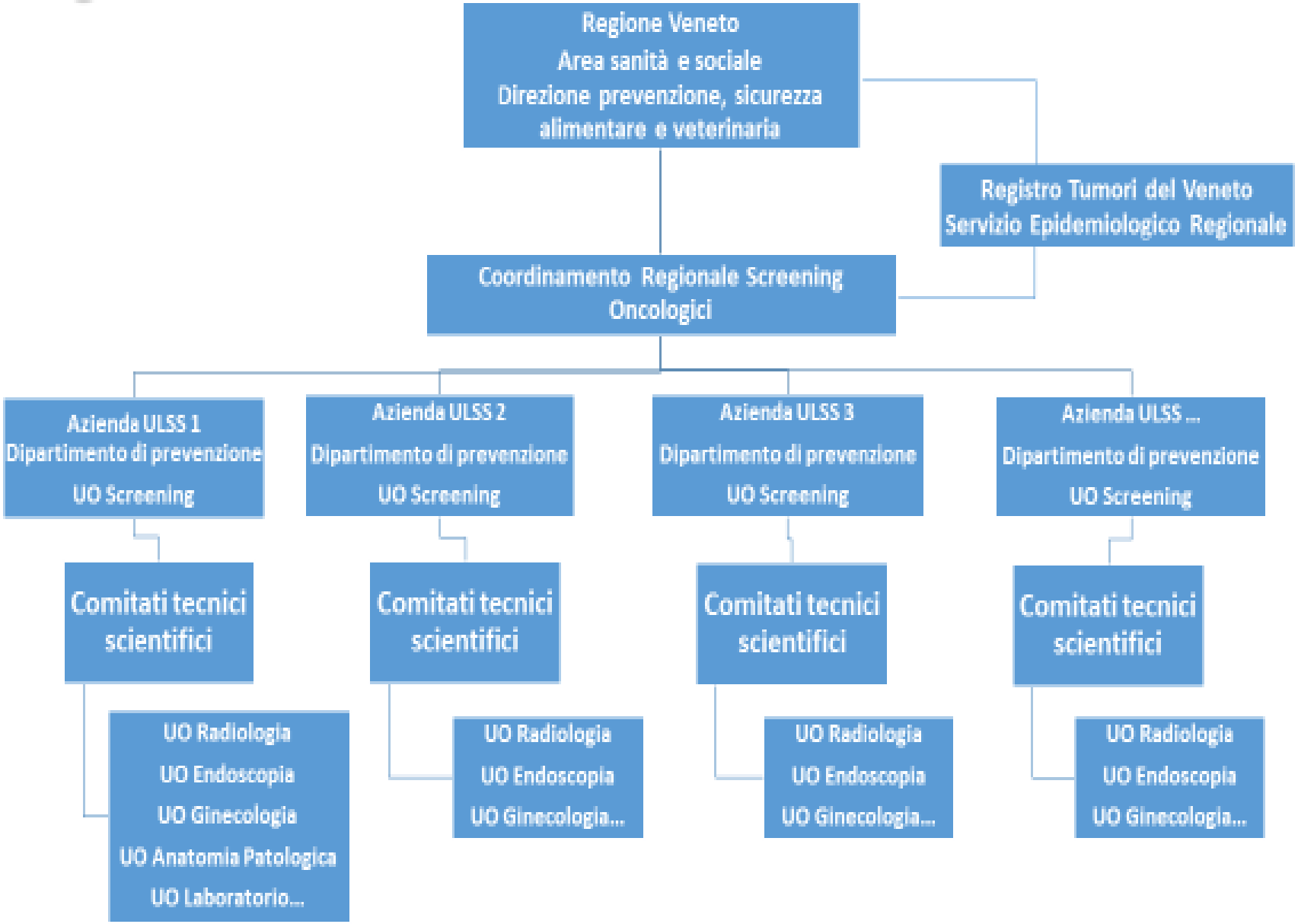
Padova, 18 Maggio 2017

Screening Program

Definition

Active Public Health Intervention:
A complex set of activities that include, in addition to the 1st level test, target population information, the organization that facilitates access to the test, and, for people with positive test, the activation of diagnostic, therapeutic and follow-up protocols.

Organization



Screening programs in Veneto: some number of 2016

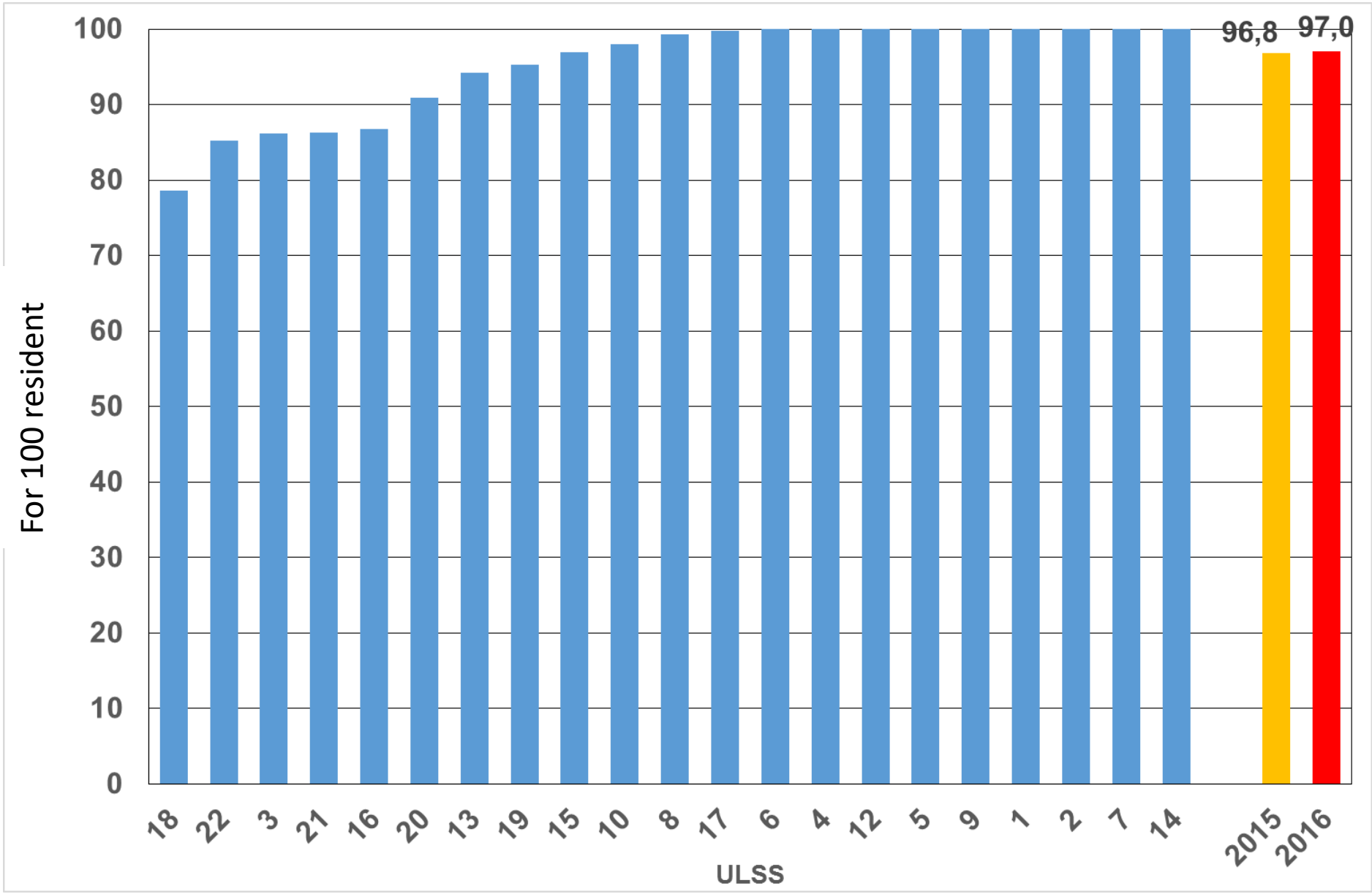
	Annual target population	Popolation Invited * 2016	Popolation Responding * 2016	Coverage screening test **
Cervical Screening 25-64	449.000 (1.347.195)	384.878 (93,5%)	218.985 (63,2%)	89,6%
Breast cancer Screening 50-69	338.000 (677.143)	296.180 (97%)	194.321 (74,1%)	83%
Screening of colon cancer 50-69	666.000 (1.332.027)	582.708 (94,3%)	355.023 (63,5%)	68,3%

* Dato 2016 aggiornato al 02 maggio 2017
** Pool Passi 2011-2014

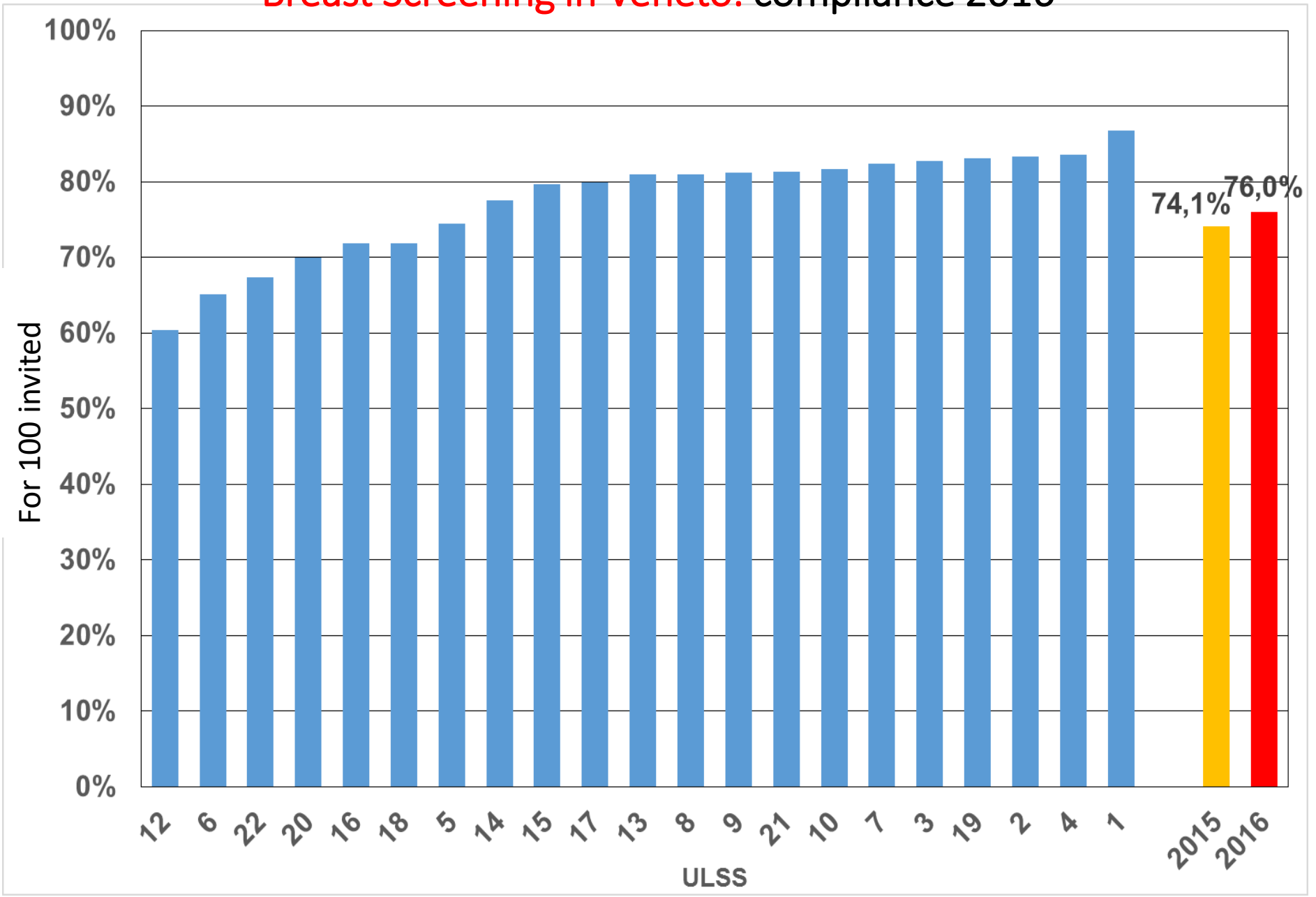
Breast screening in Veneto

- **Screening invitations**
  - Eligible women, aged 50 to 69, receive an invitation letter every 2 years explaining:
  - the programme,
  - the benefits and risks of breast screening
  - A pre-established appointment for a mammogram
- **Age extension**
  - In some areas, women aged 70 to 74 receive invitations for screening. Regional Prevention Program 2014-2018, forseeses extasion to 70-74 age.
- **Higher risk women**
  - Women identified as having a higher risk of breast cancer should receive:
  - a formal assessment of risk profils
  - We’re working in progress ..

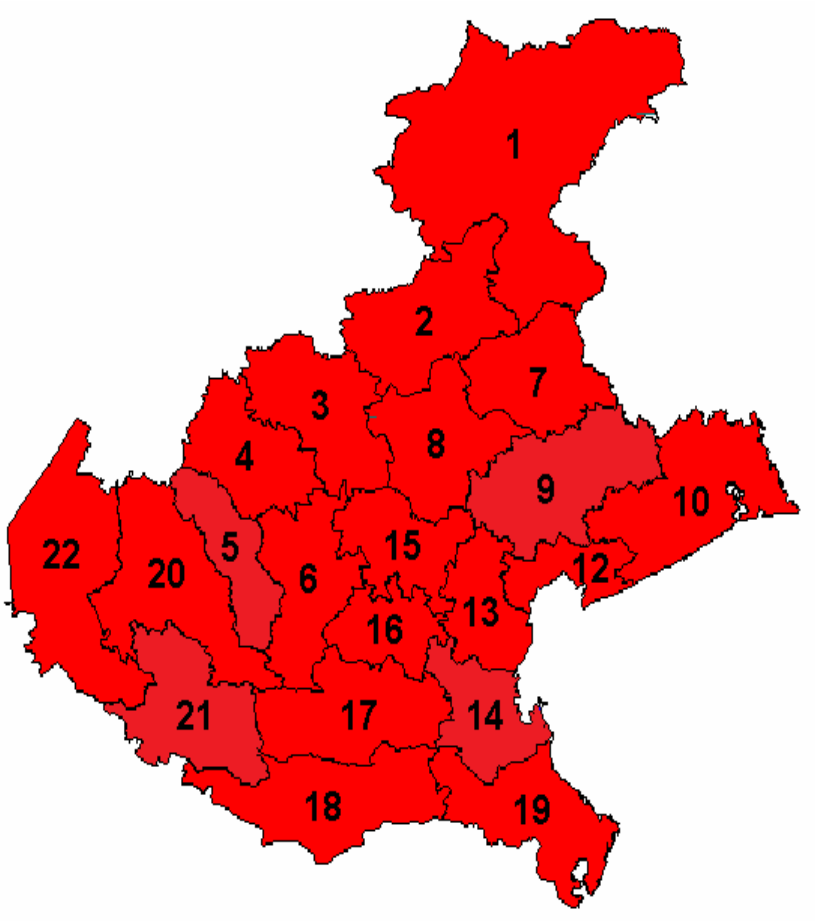
Breast Screening in Veneto: extension 2016



Breast Screening in Veneto: compliance 2016



BREAST SCREENING - 2015



Alcuni numeri (50-69enni)

Screenate: 187.463

First round: 29.430 (16%)

Next round: 158.033 (84%)

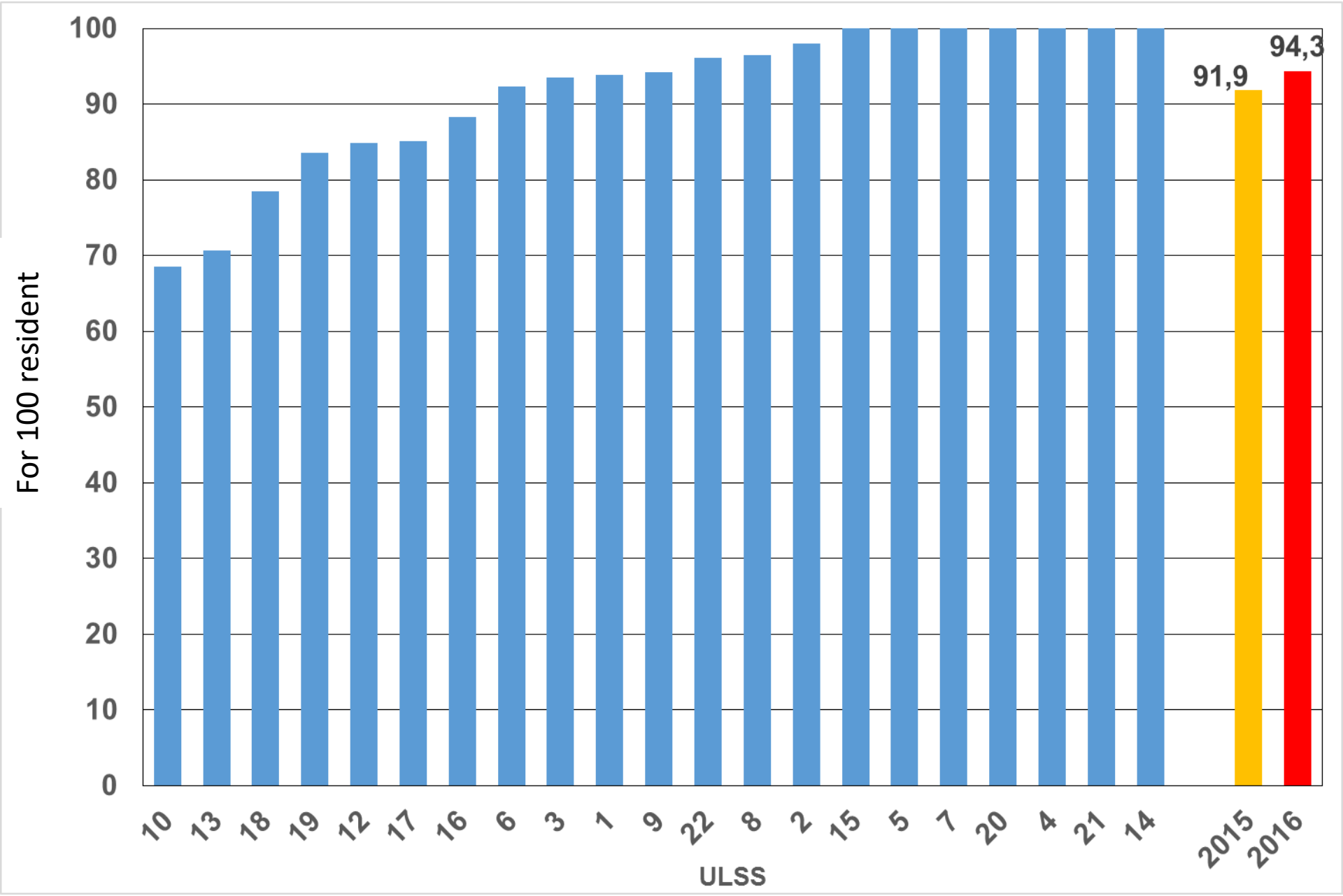
Cancer at first round: 164 (DR 5,5x1000)

Cancer at next round: 784 (DR 5,1x1000)

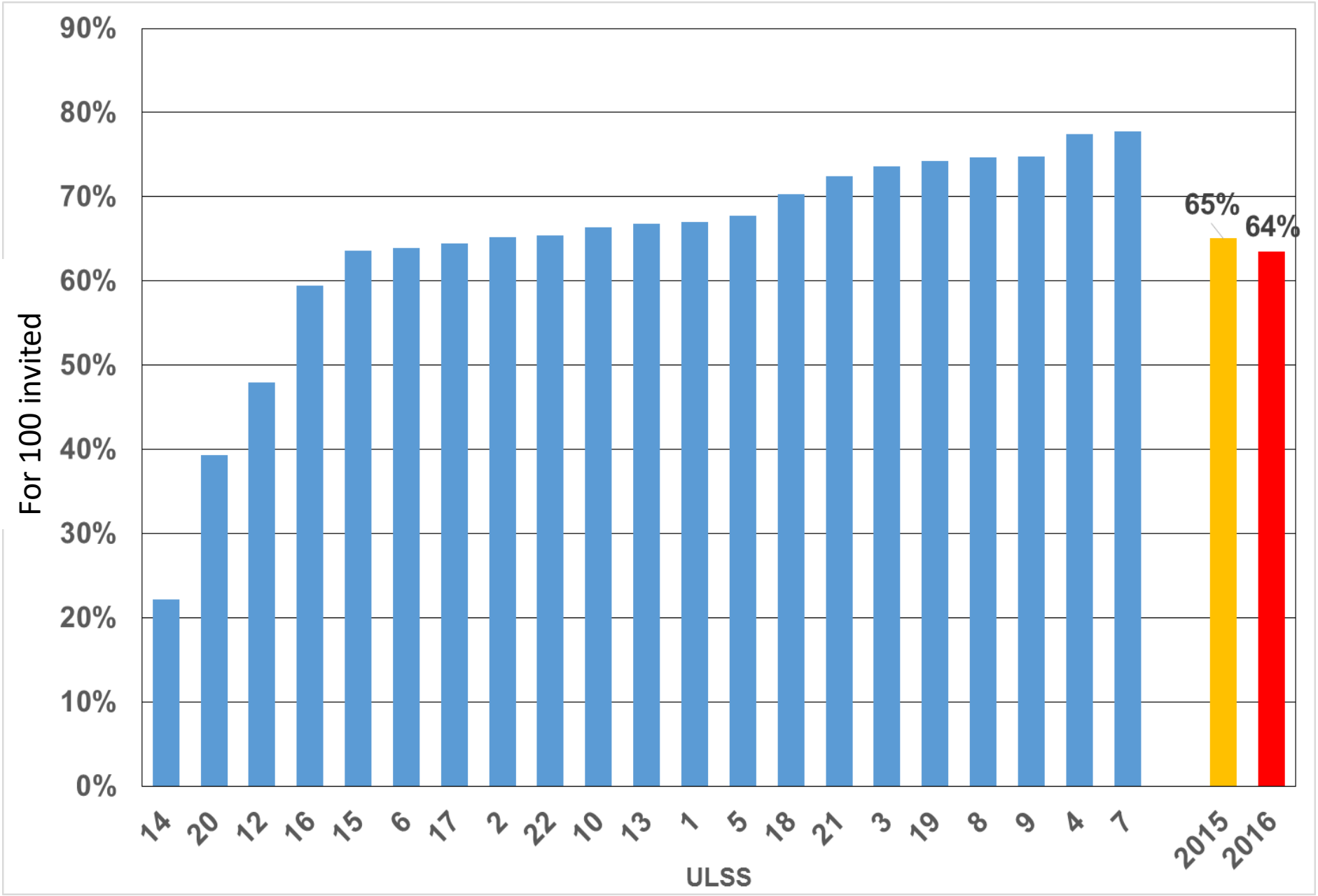
Colon screening in Veneto

- **Screening invitations**
  - Eligible population, aged 50 to 69, receive an invitation letter every 2 years explaining:
  - the programme,
  - A pre-established appointment for a FOBT

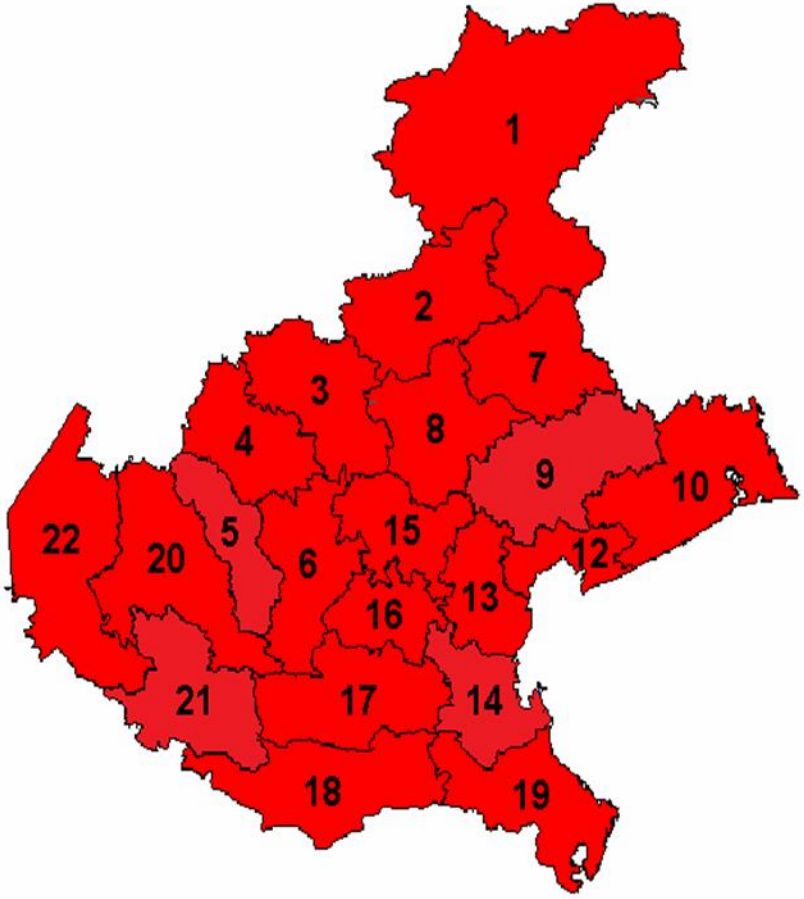
Colorectal Screening in Veneto: extension 2016



Colorectal Screening in Veneto: compliance 2016



Colorectal screening - 2015



Popolazione Veneto 50-69
interessata: 97%

	2015	2014
Population resident	1.297.184	1.203.592
Invited	506.133	**525.863**
Extension	92%	95%
exsamined	328.579	350.197
Compliance	65,6%	65,0%
Cancer	261 (0,8‰)	519 (1,5‰)
Advanced adenoma	1722 (5,2‰)	4453 (12,7‰)

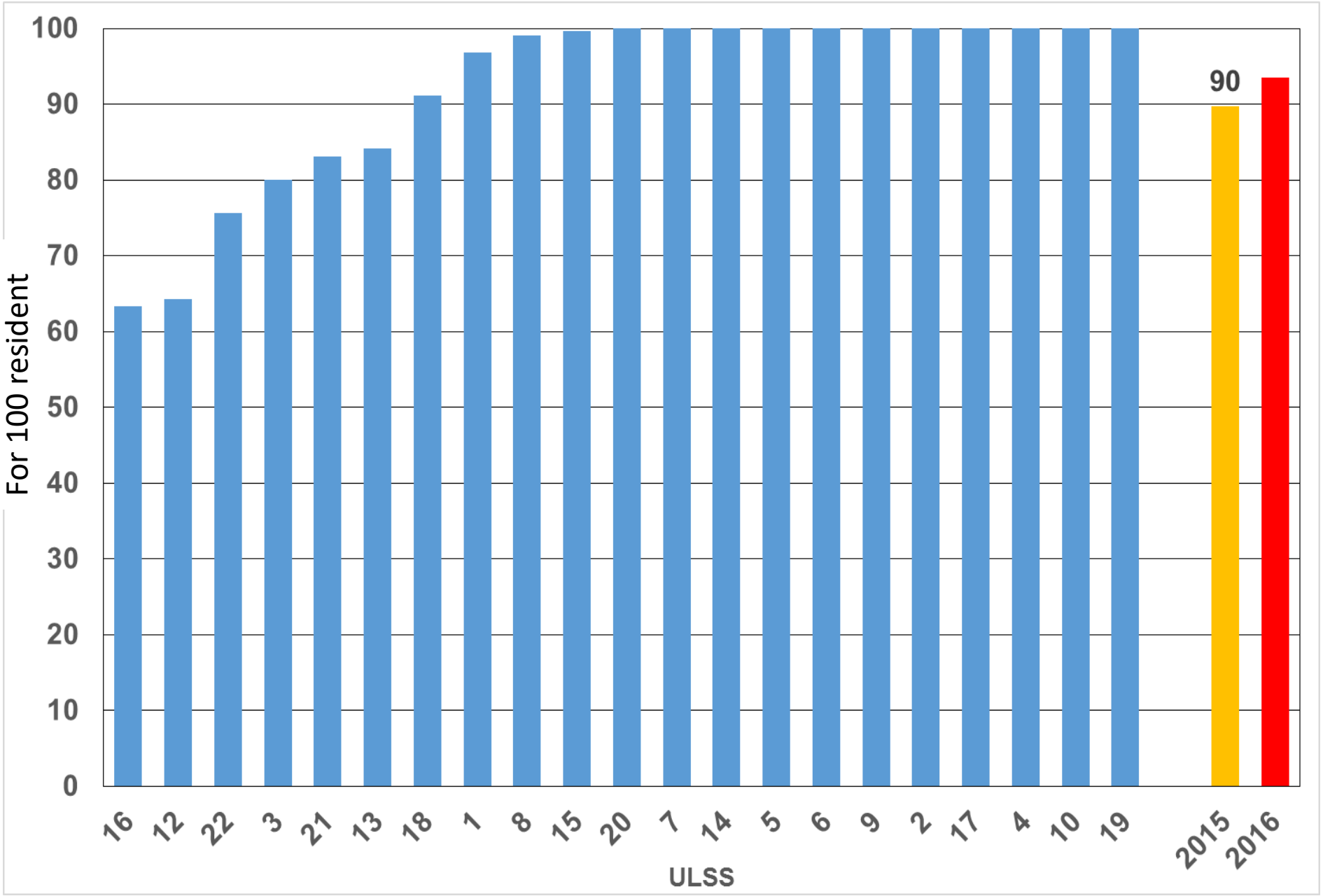
Stage distribution to diagnosis - only the staged cases (n=243/370 = 66%)

	Casi screen-detected						Padova 2000-1 (n=566)
	First round			Next round			
Stadio	2015 (n=76)	2014 (n=86)	2013 (n=56)	2015 (n=167)	2014 (n=145)	2013 (n=196)	
I	55%	50%	70%	59%	48%	55%	**13%**
II	19%	23%	18%	18%	22%	18%	**34%**
III – IV	26%	27%	12%	23%	30%	27%	**53%**

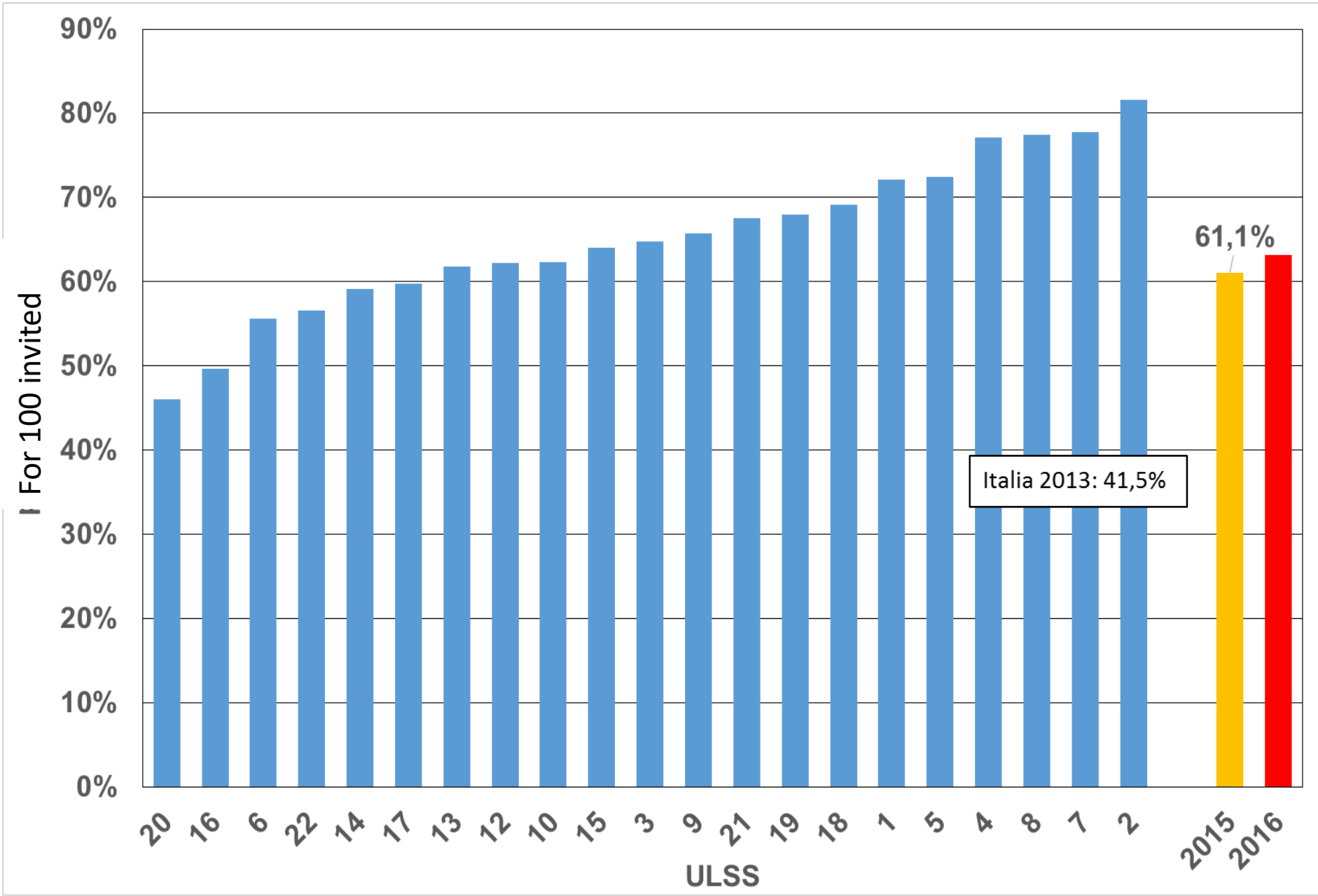
Cervical screening in Veneto

- **Screening invitations**
- Eligible women, aged 25 to 64, receive an invitation letter explaining:
  - the programme,
  - the benefits and risks of program screening
  - A pre-established appointment for test
- **Age range and test:**
  - 25-29 PAP-TEST every 3 years;
  - 30-64 HPV-DNA every 5 years;
- **More: vaccination programs for papilloma virus**
  - Boys from 9 - 14
  - Girls from 9 - 14

Cervical Screening in Veneto: extension 2016

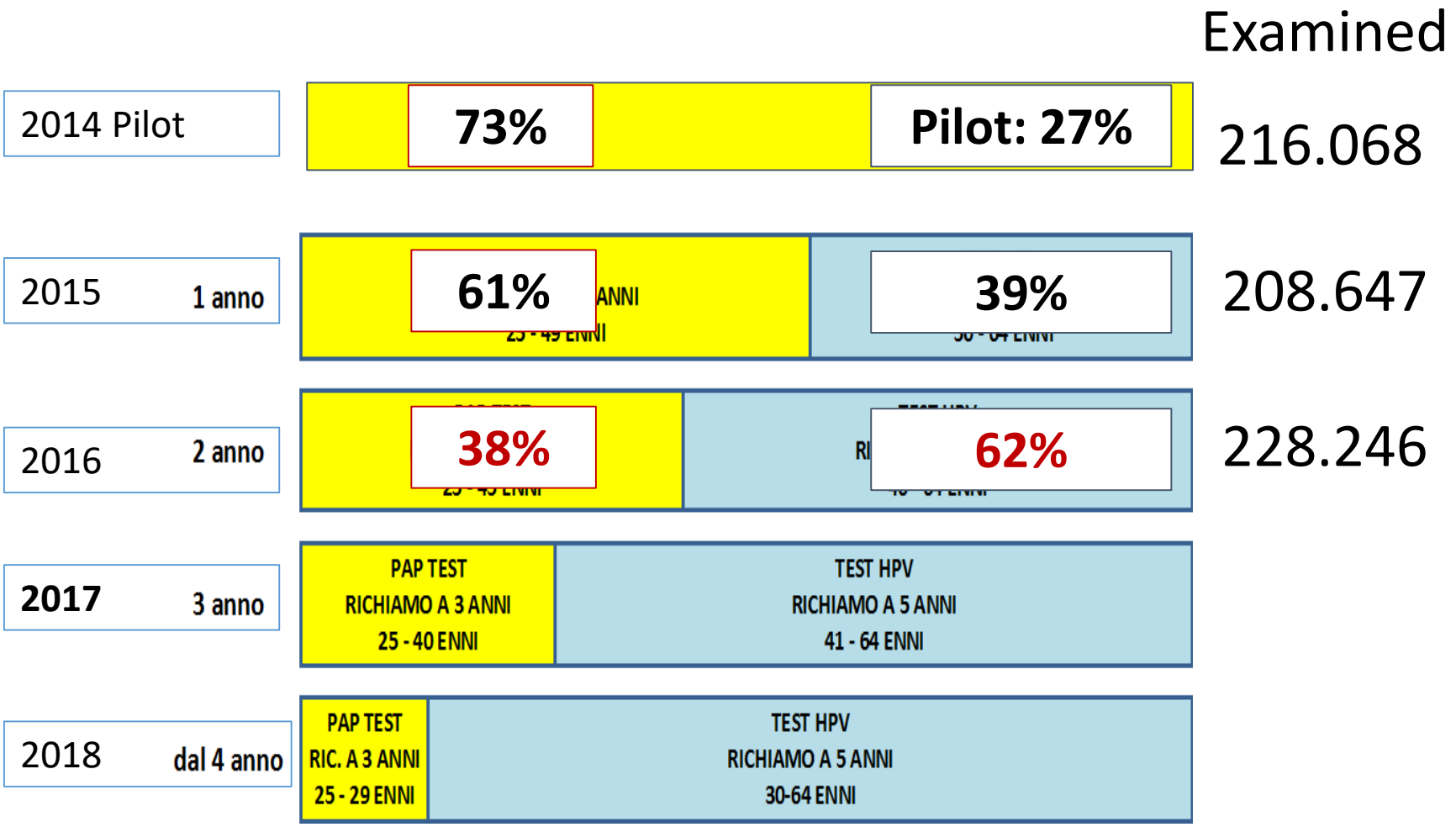


Cervical Screening in Veneto: compliance 2016

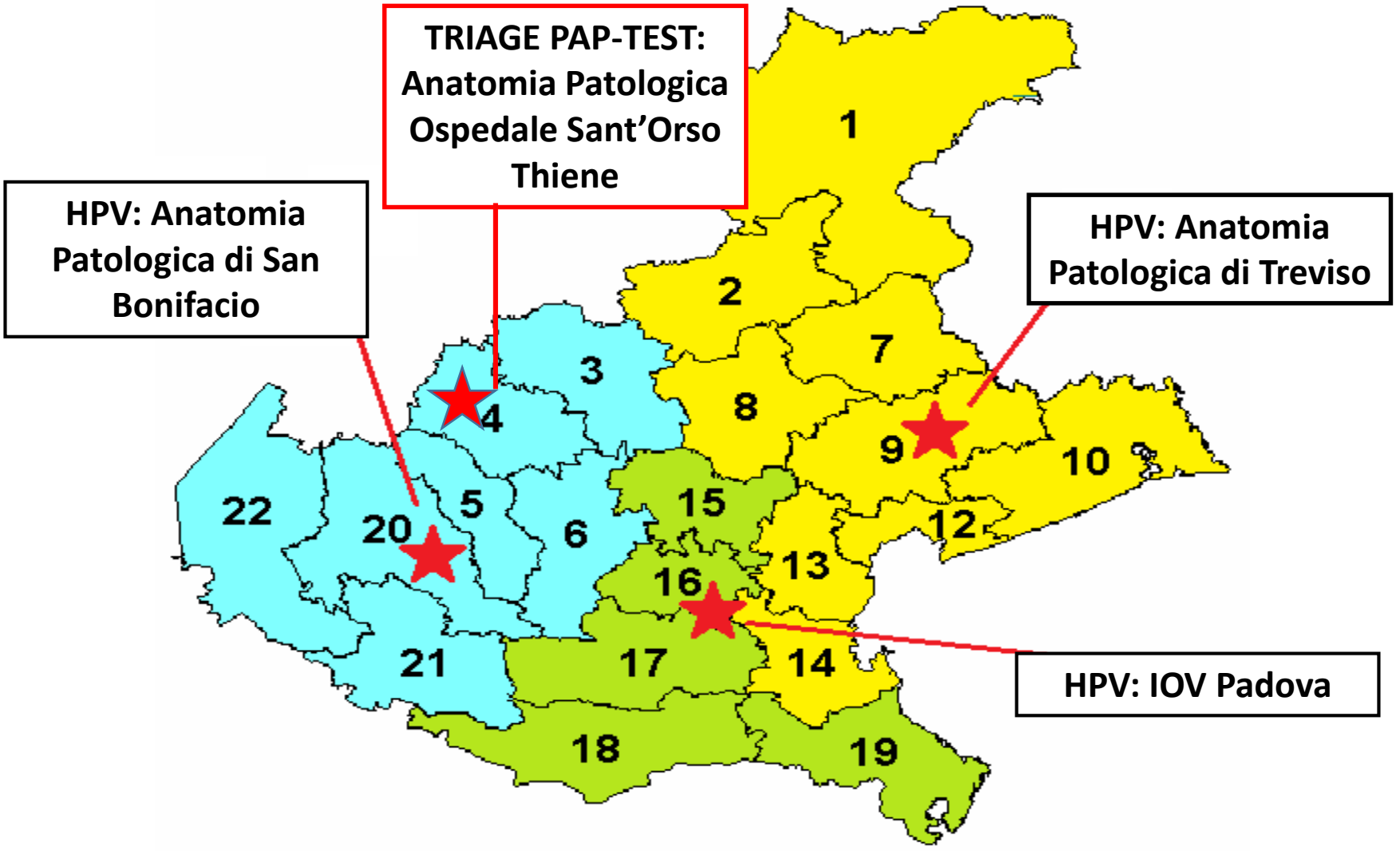


Ulss	Start date HPV
1	01/06/2015
2	04/05/2015
3	15/06/2015
4	15/06/2015
5	15/06/2015
6	15/06/2015
7	19/06/2015
8	27/05/2015
9	16/04/2015
10	19/05/2015
12	01/10/2011
13	04/05/2015
14	01/06/2015
15	26/07/2010
16	14/06/2011
17	20/04/2009
18	24/01/2011
19	15/12/2010
20	04/05/2015
21	15/06/2015
22	27/05/2015

Transition Phase from Screening - with Pap-test to Screening with HPV : 2015-2017



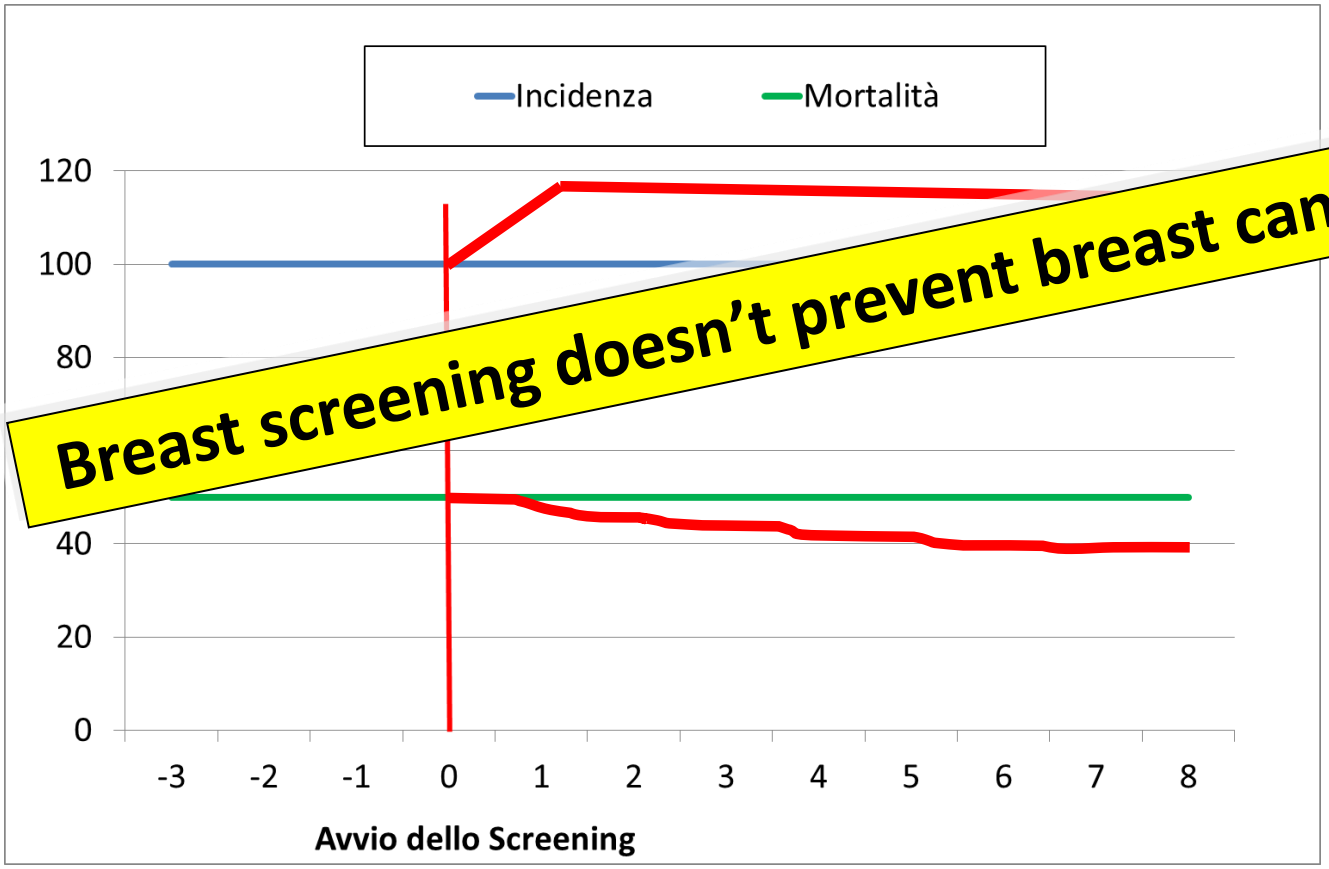
READING TEST CENTRALIZATION



What impact from screening programs on mortality and incidence?

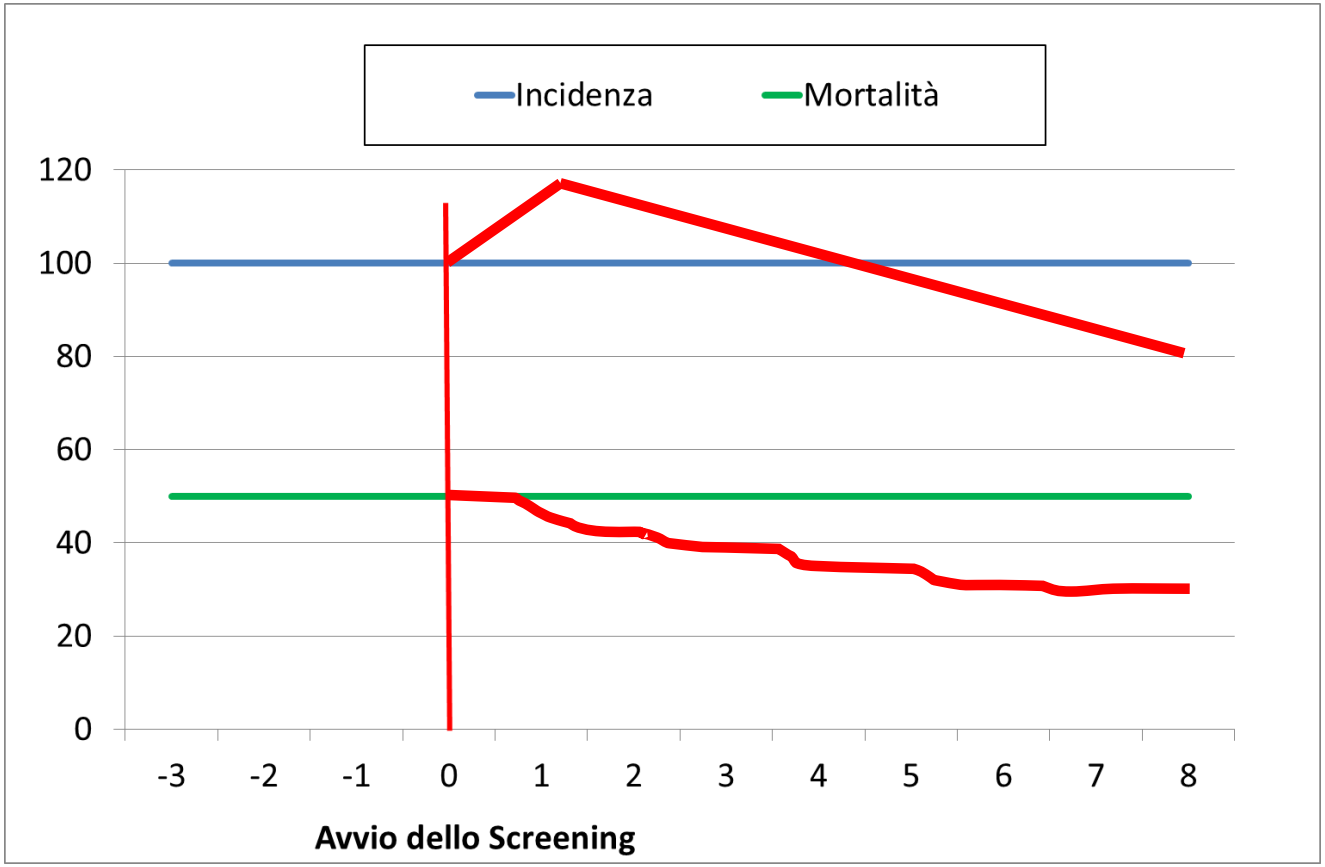
Screening Impacts on incidence and mortality

Breast Screening: no pre-tumor lesions



Screening Impacts on incidence and mortality

Colon retto and cervical: pre-tumoral lesion therapy



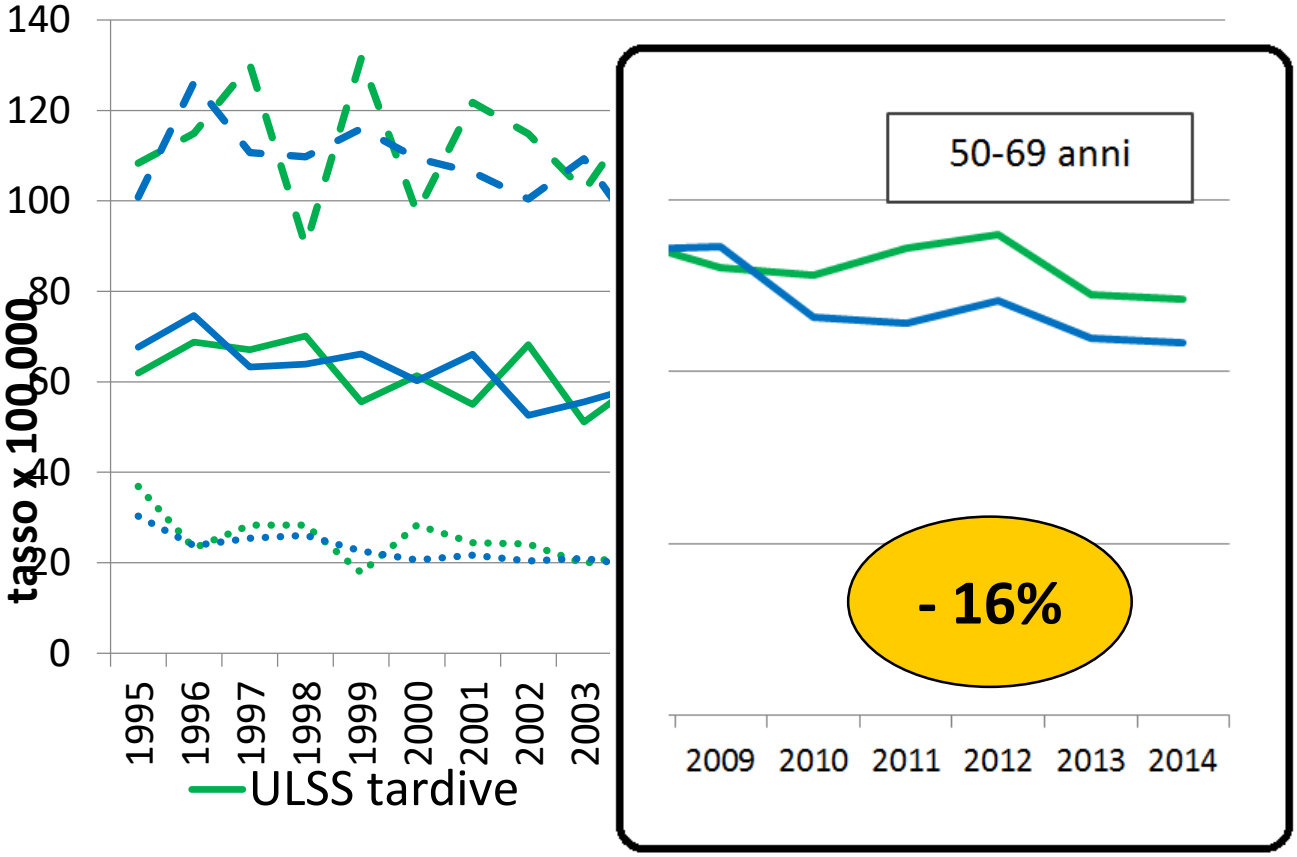
The impact on **incidence**:

1) The incidence increase is physiological (rather, it's an effect of screening!)

2) The potential for tumor contrast is enormous

Impact breast screening on mortality in Veneto

Mortality rates for breast cancer (St. Eu), for screening activation period. Veneto, 1995-2014.



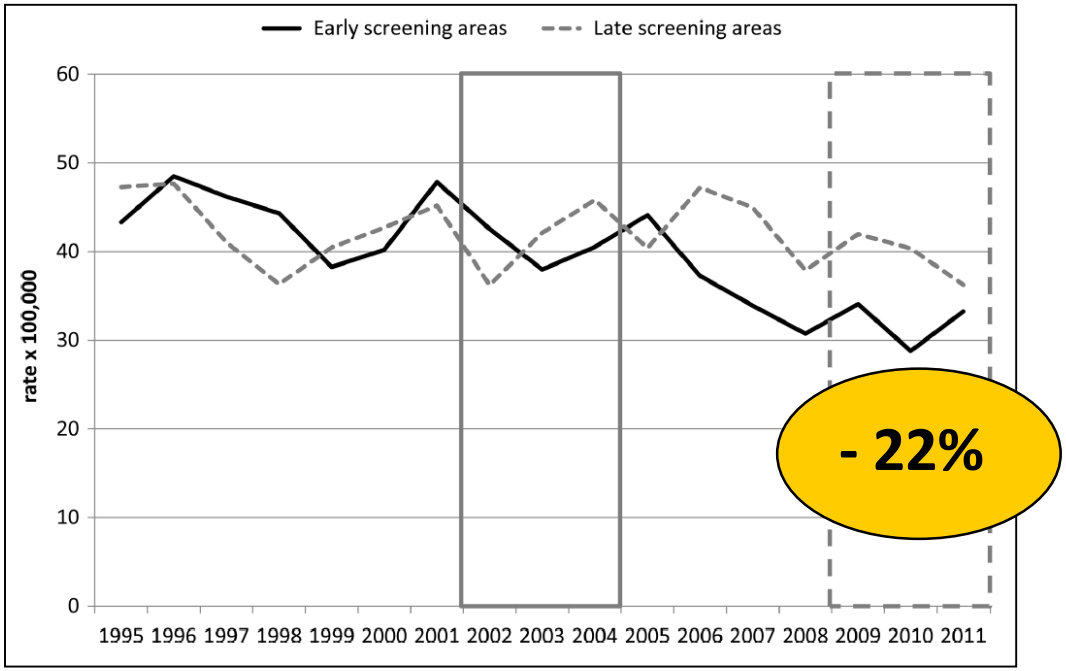
Impact colorectal screening on mortality in Veneto

ORIGINAL ARTICLE

Impact on colorectal cancer mortality of screening programmes based on the faecal immunochemical test

Manuel Zorzi,[1] Ugo Fedeli,[2] Elena Schievano,[2] Emanuela Bovo,[1] Stefano Guzzinati,[1] Susanna Baracco,[1] Chiara Fedato,[1] Mario Saugo,[2] Angelo Paolo Dei Tos[1,3]

Mortality rates, for screening activation period.



Zorzi M, *et al*. *Gut* 2015;**64**:784–790. doi:10.1136/gutjnl-2014-307508

Impact colorectal screening on surgical resection rates in Veneto

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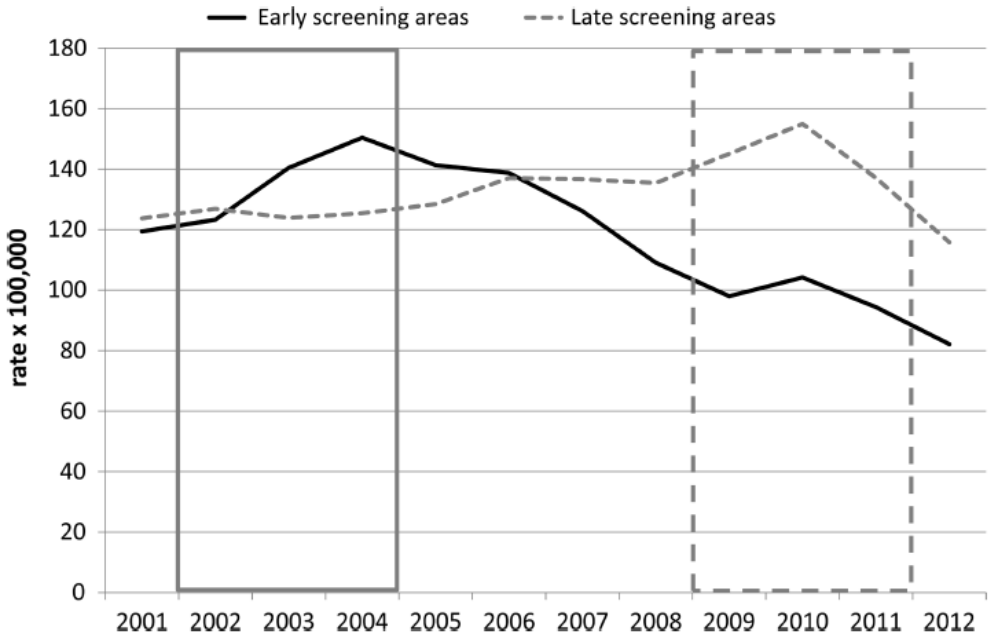
Surgical resection rates, for screening activation



Zorzi M, *et al*. *Gut* 2015;**64**:784–790. doi:10.1136/gutjnl-2014-307508

Conclusions

- Measuring the effectiveness of screening programs is complex
- Evidence is solid / strong
- Results are very positive
- It's necessary a good extantion of invit and a good adherence/coverage of test

Thank you for attention

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