



L'adesione: dati della survey ONS

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Analisi dei trend 2006-2013

Programmi che hanno partecipato alla survey ONS ininterrottamente dal 2006 al 2013

N. programmi = 49

Popolazione target anno 2009 = 5.217.390

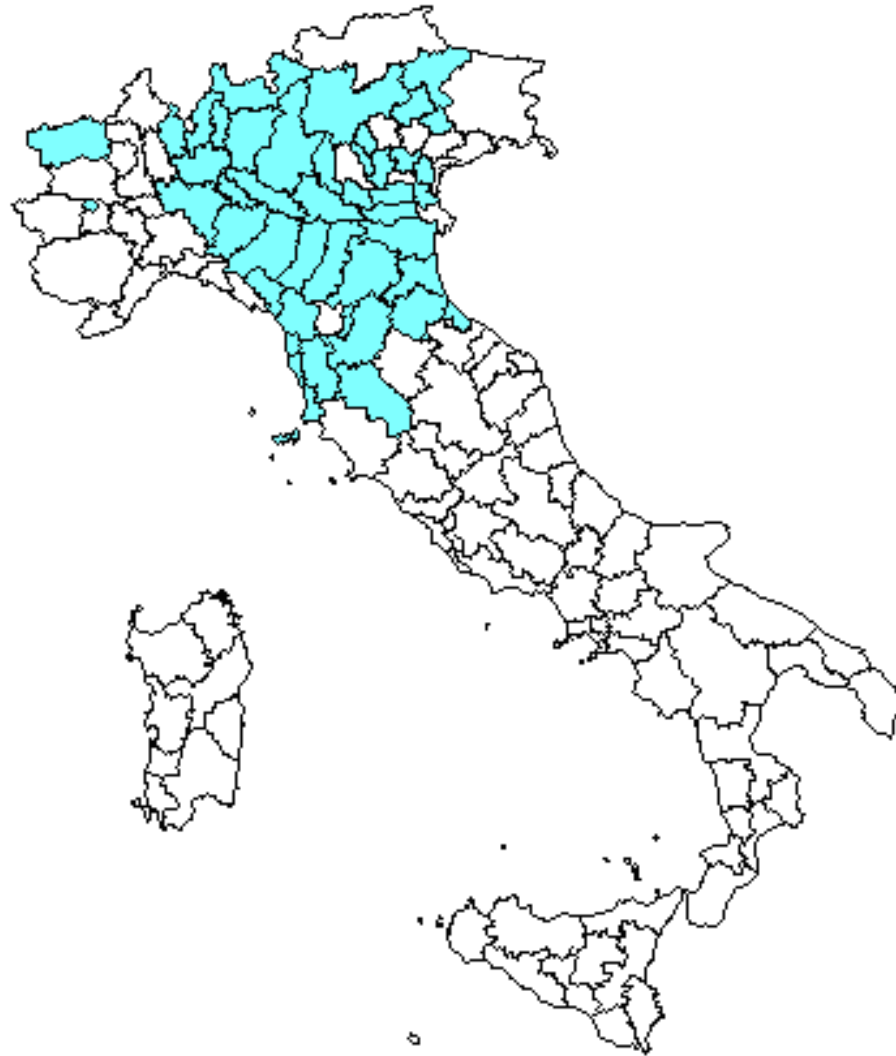
N. totale inviti = 17.649.213

N. totale episodi di screening = 8.587.676 (41% primi esami)

N. totale diagnosi di carcinoma = 13.796

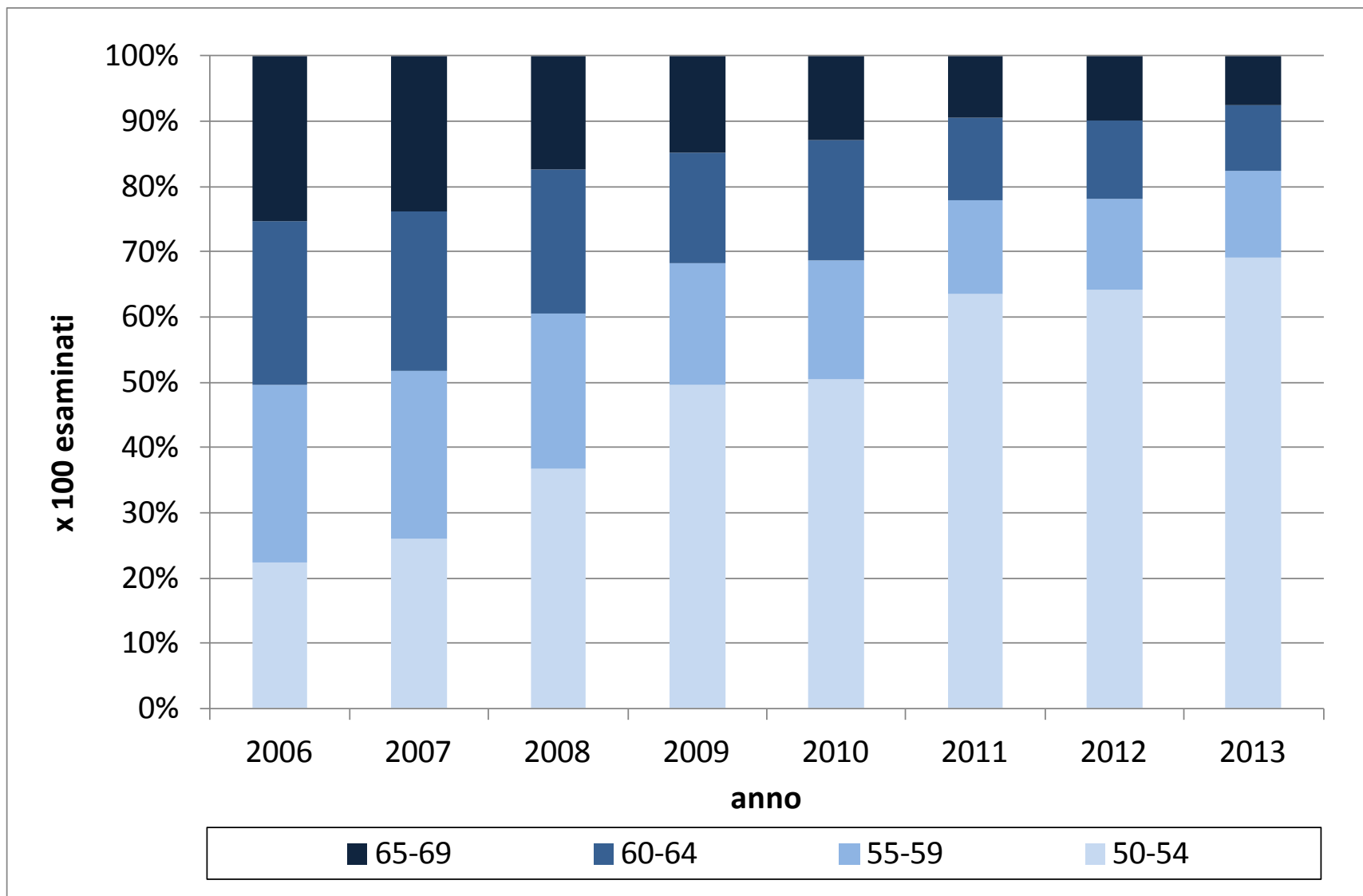
N. totale diagnosi di adenoma avanzato = 79.319

Programmi che hanno partecipato alla survey ONS ininterrottamente dal 2006 al 2013



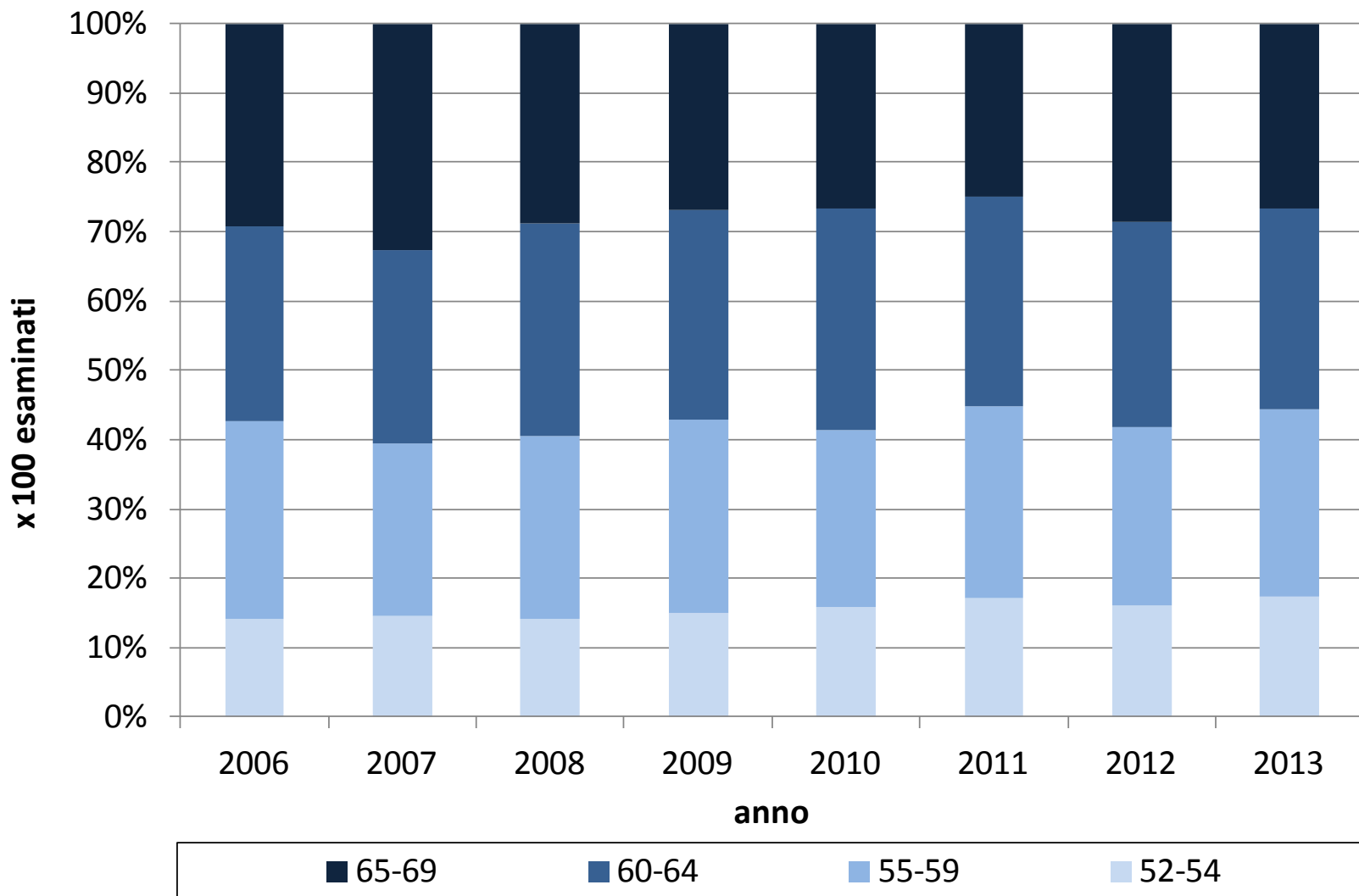
Distribuzione per età, per anno.

Primi esami



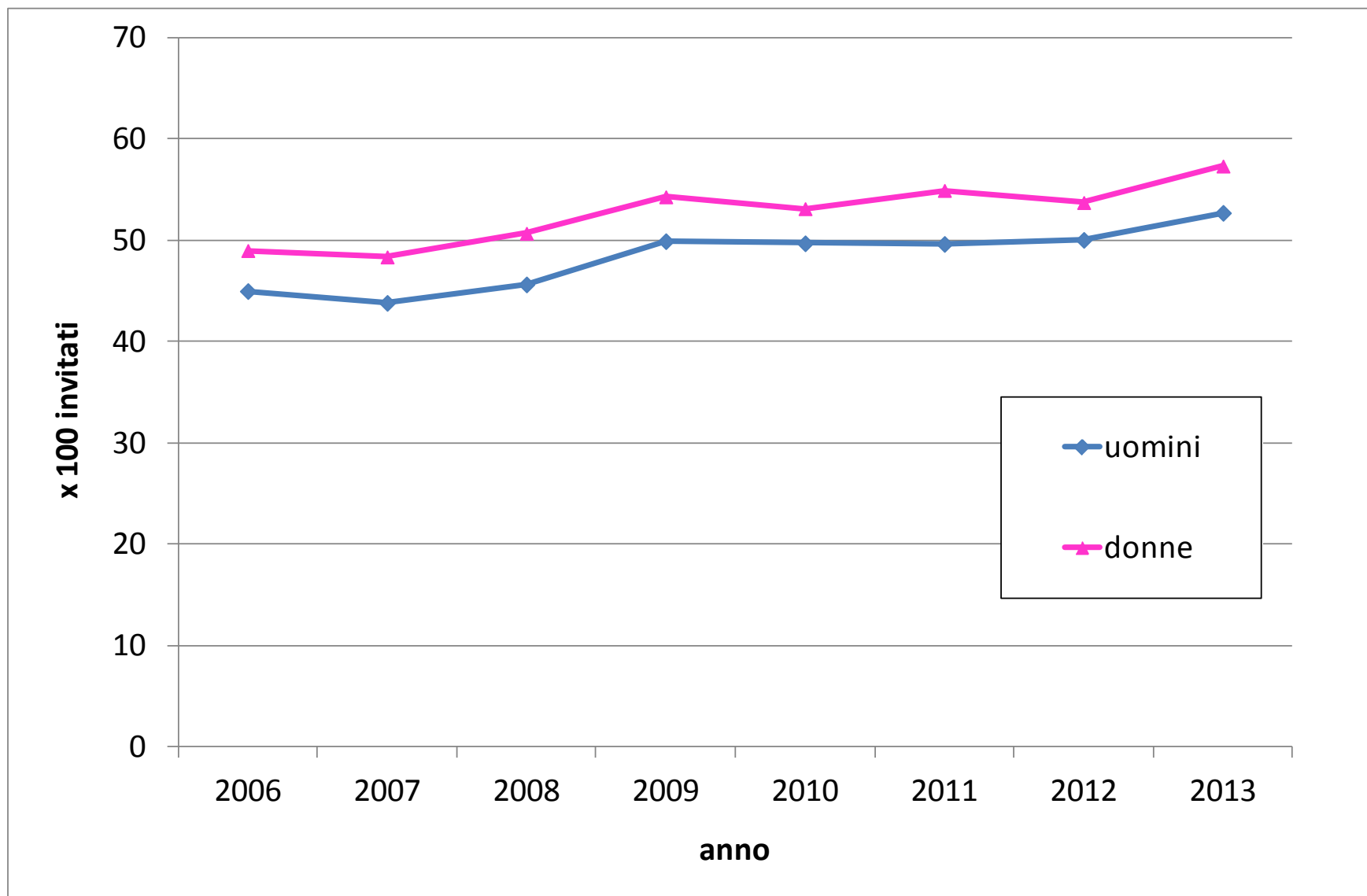
Distribuzione per età, per anno.

Esami successivi

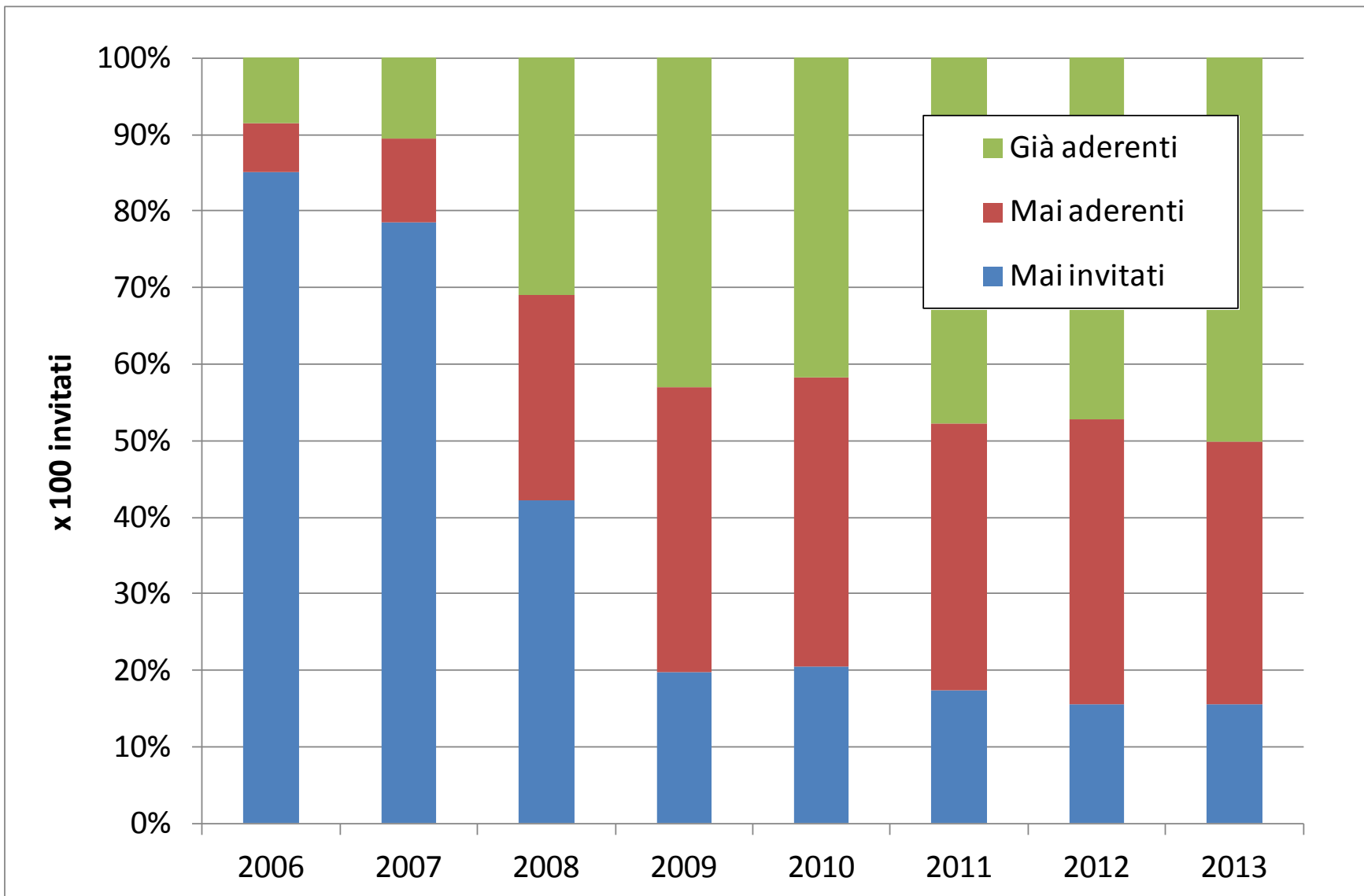


Adesione all'invito

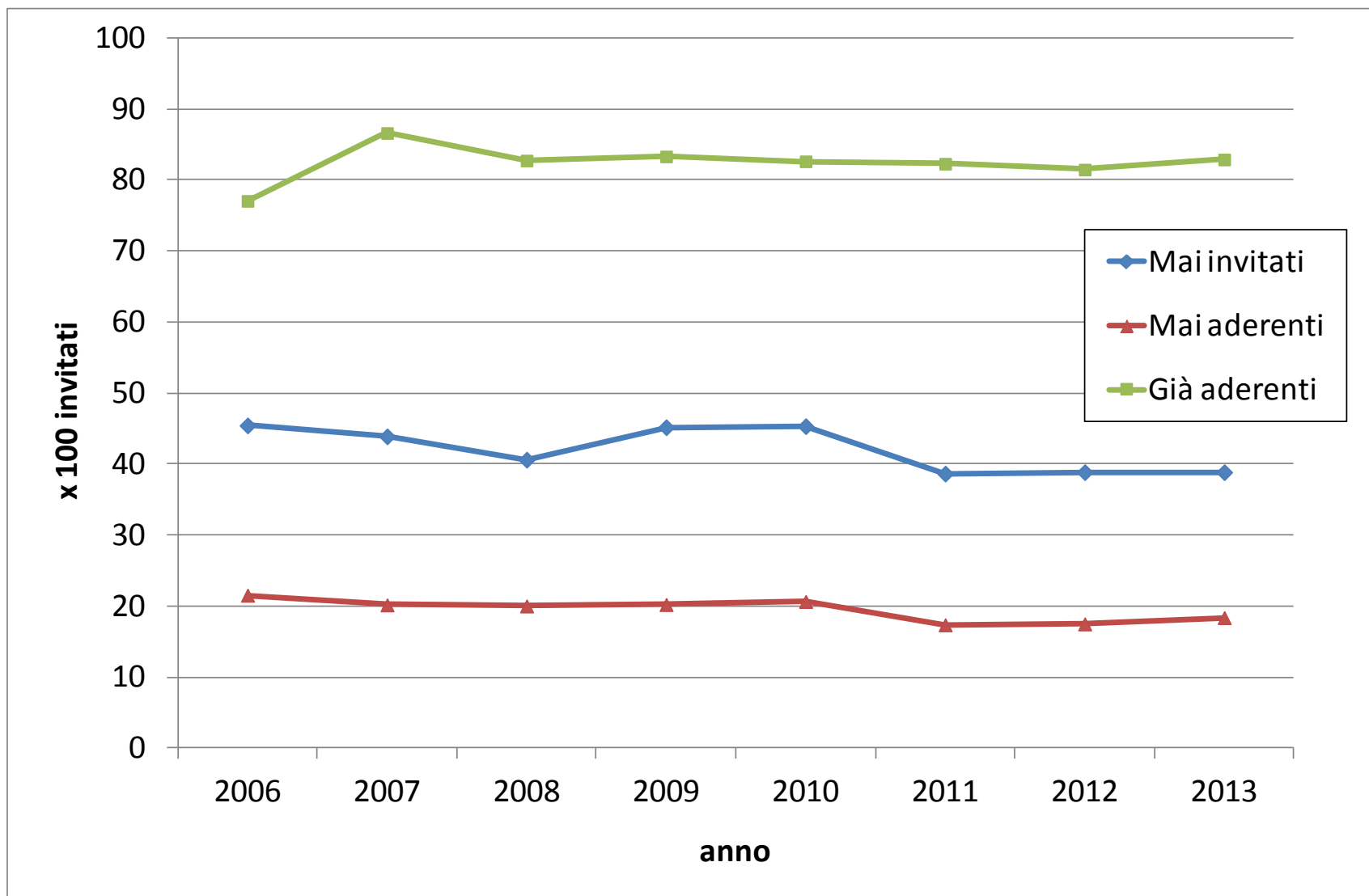
Adesione corretta all'invito, standardizzata per età



Distribuzione degli invitati per storia di screening



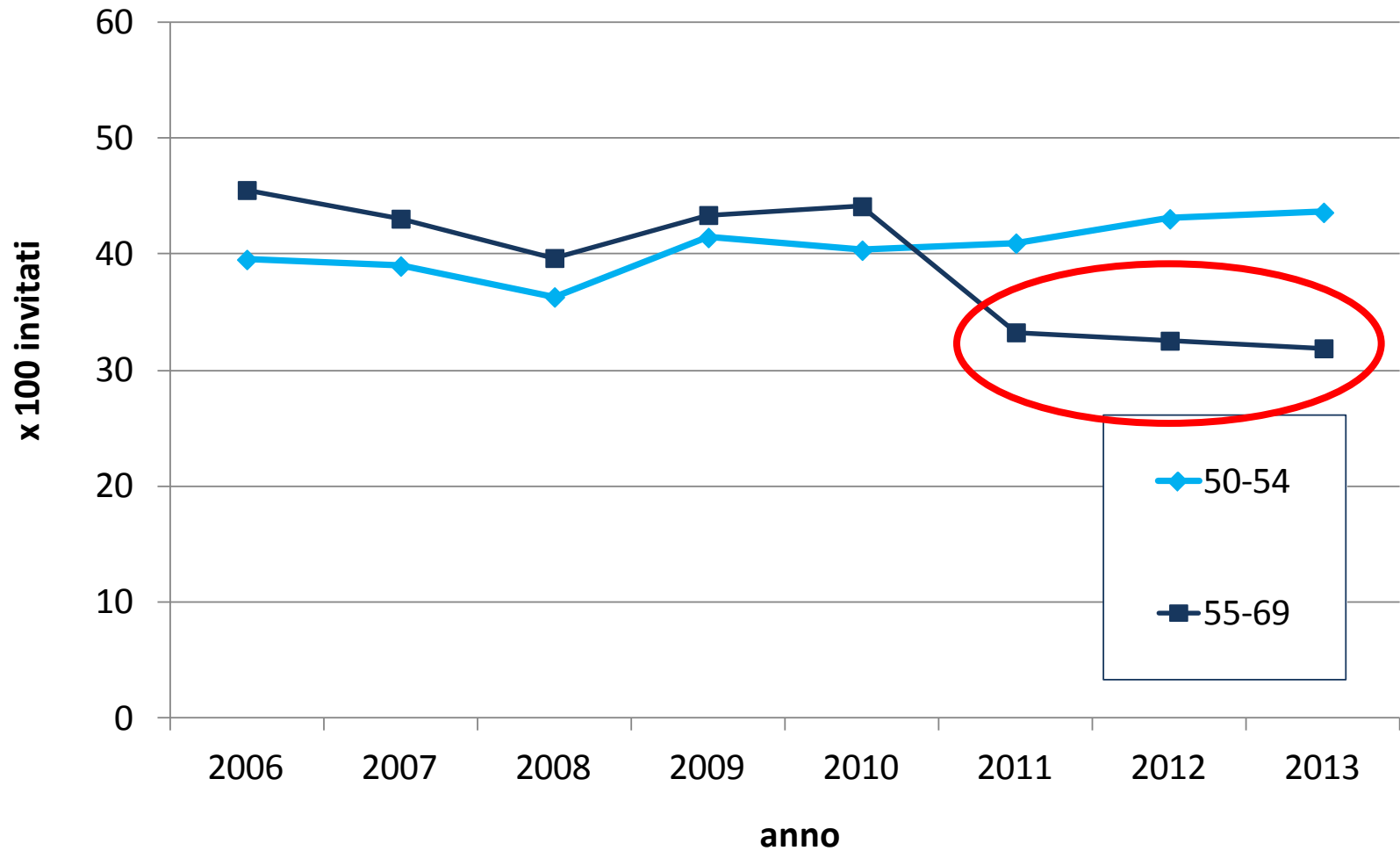
Adesione corretta all'invito, standardizzata per età e sesso



Adesione corretta

Persone invitate per la prima volta

UOMINI



Adesione corretta

Persone invitate per la prima volta

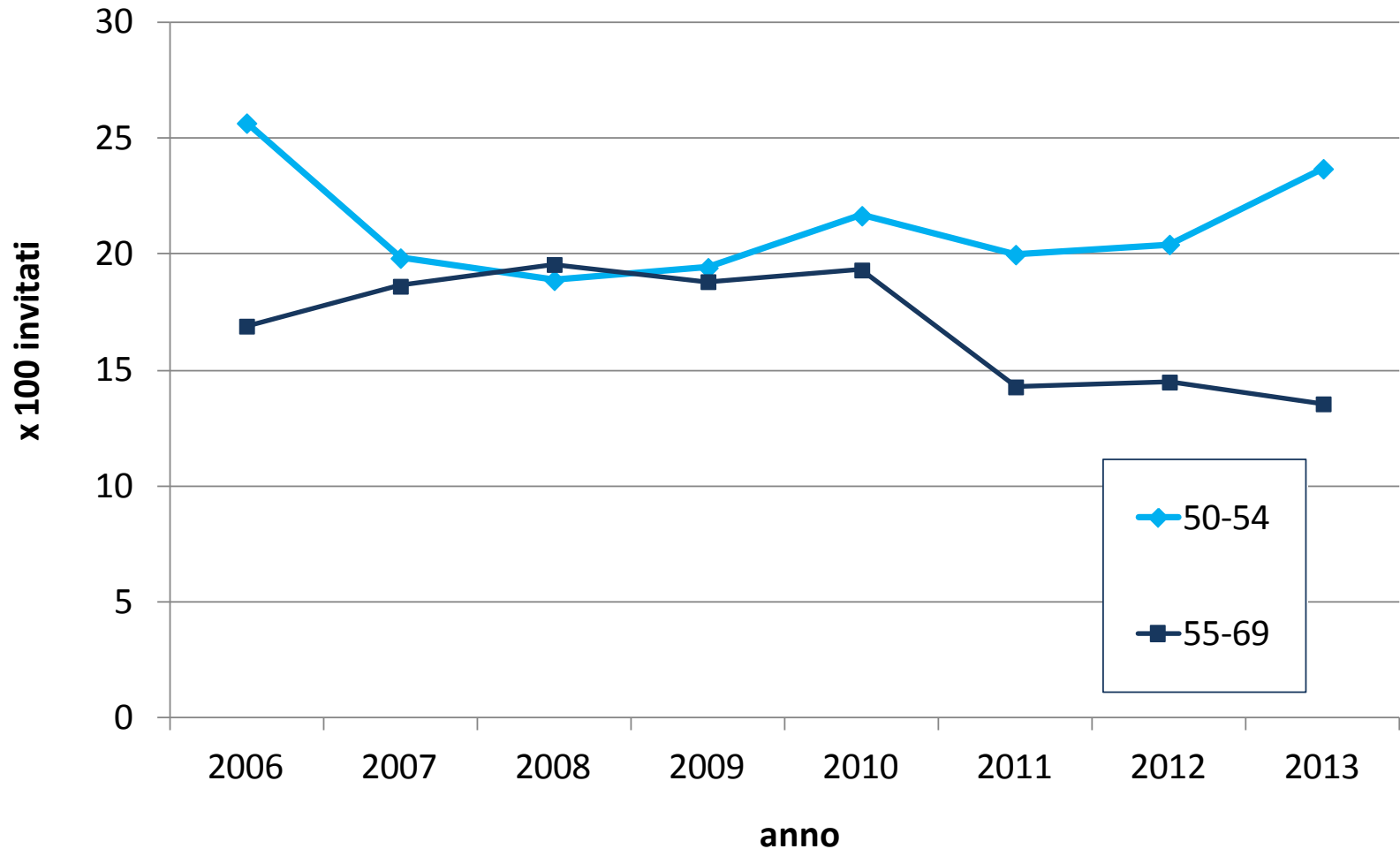
DONNE



Adesione corretta

Persone già invitate ma mai aderenti

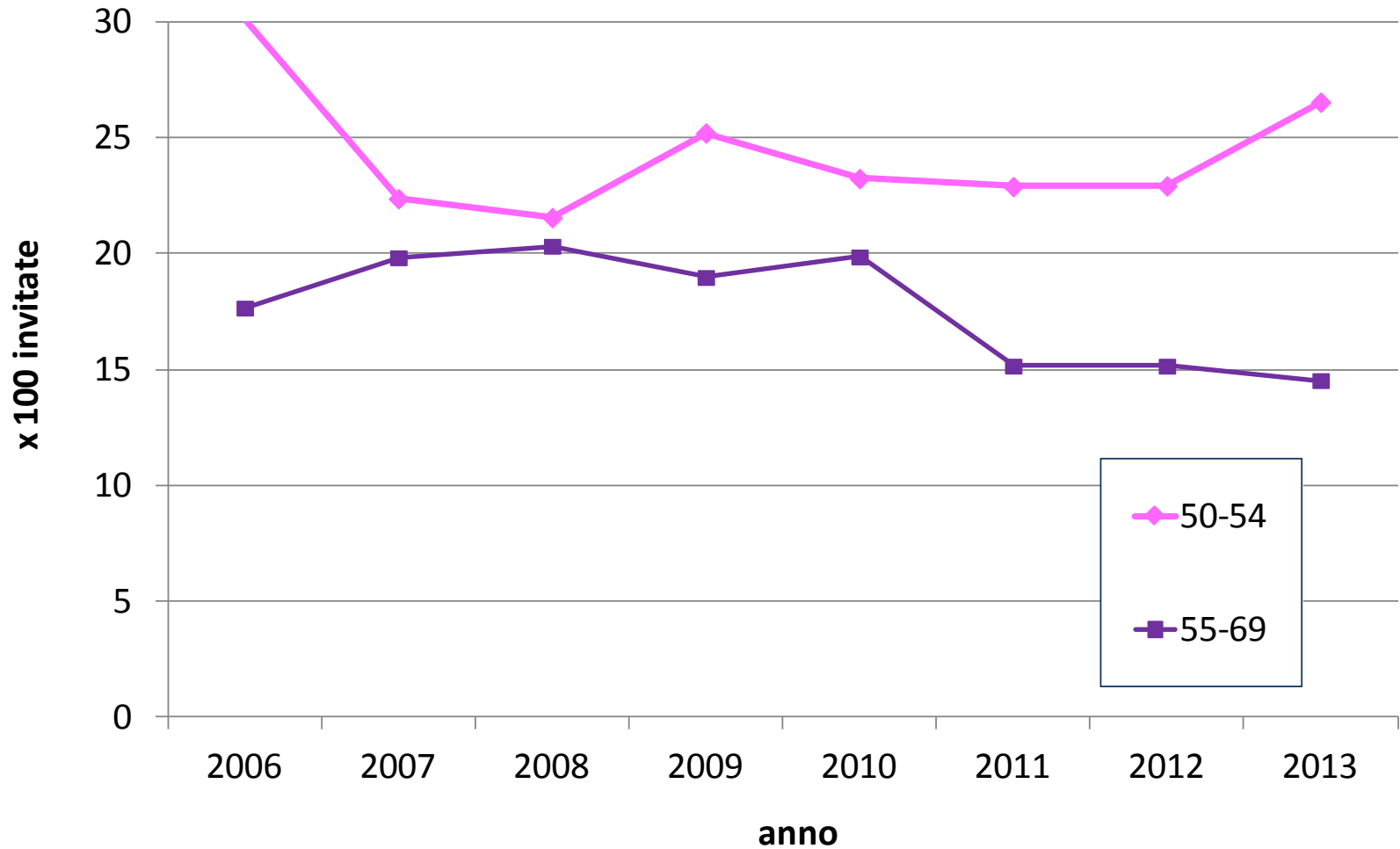
UOMINI



Adesione corretta

Persone già invitate ma mai aderenti

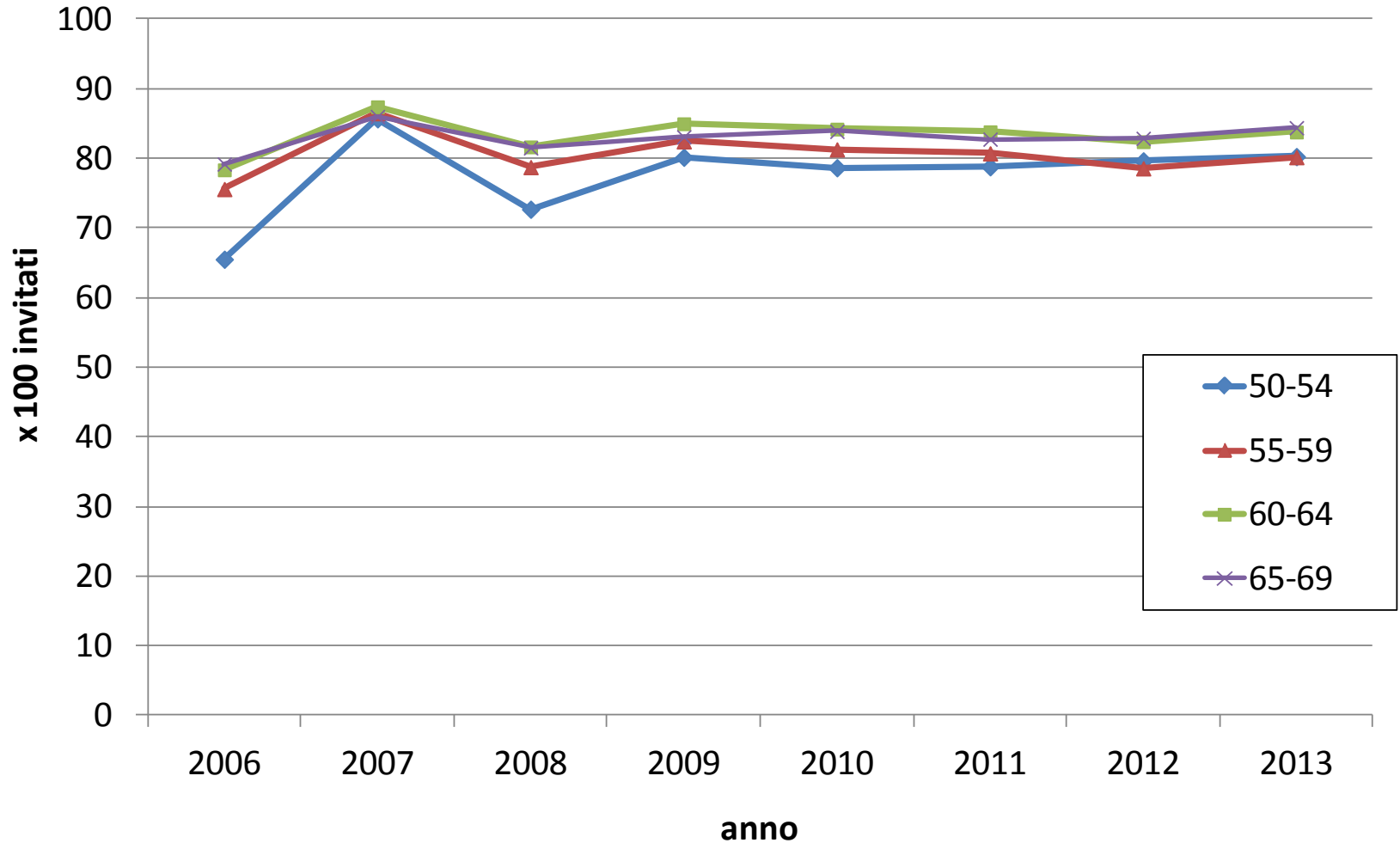
DONNE



Adesione corretta

Persone già aderenti in passato

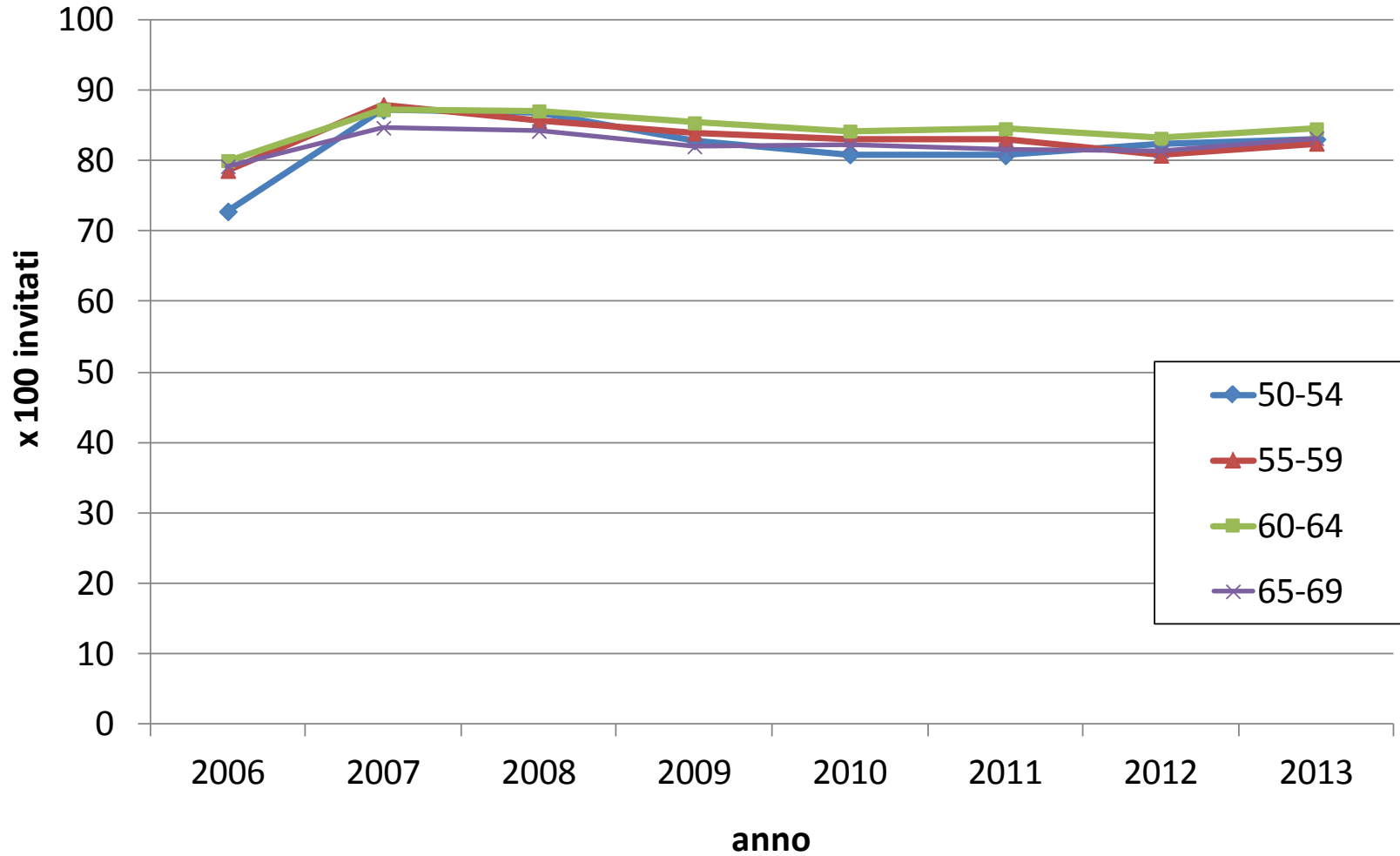
UOMINI



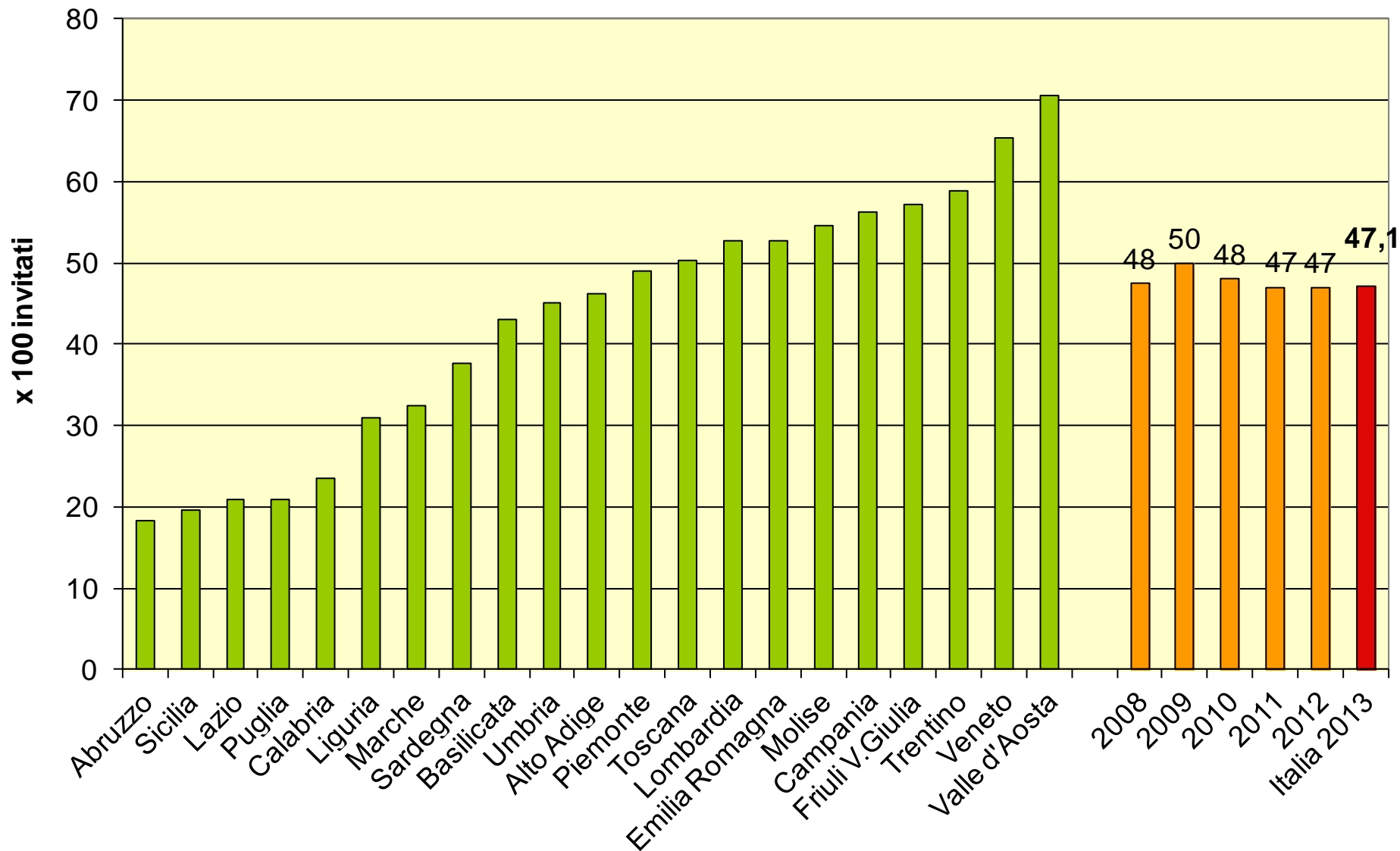
Adesione corretta

Persone già aderenti in passato

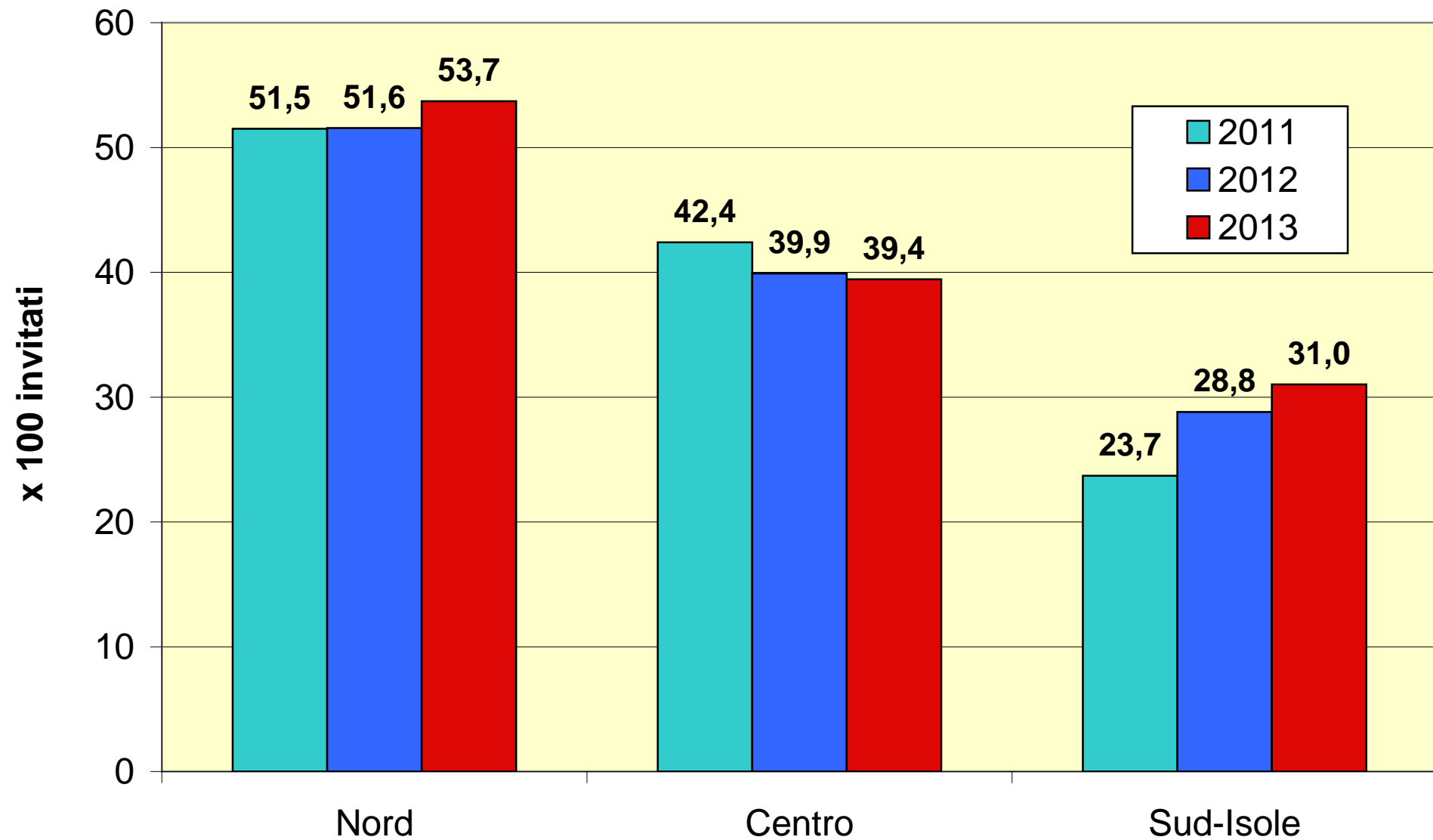
DONNE



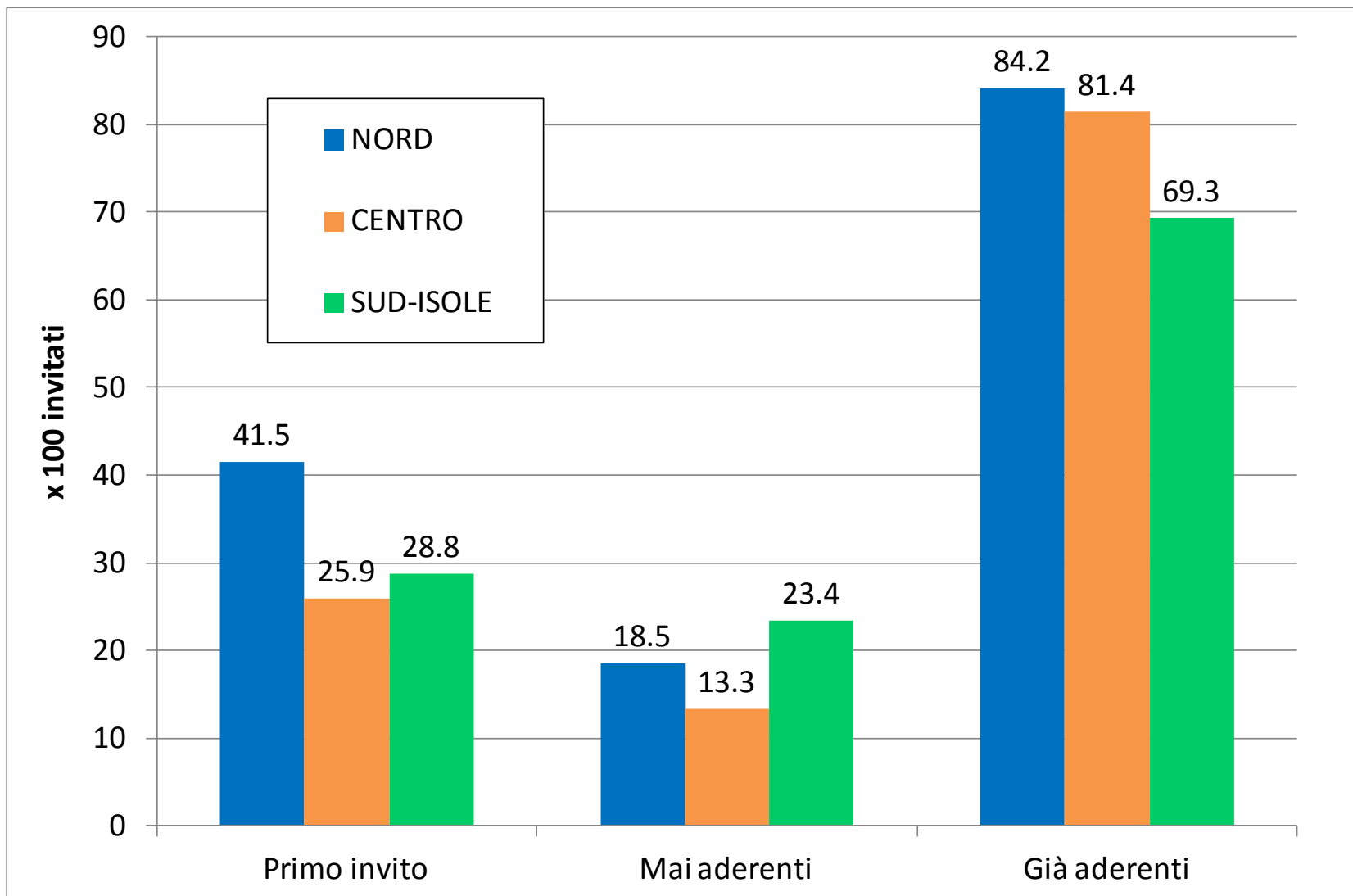
Anno 2013. Adesione corretta all'invito per Regione



Adesione corretta per macroarea e anno



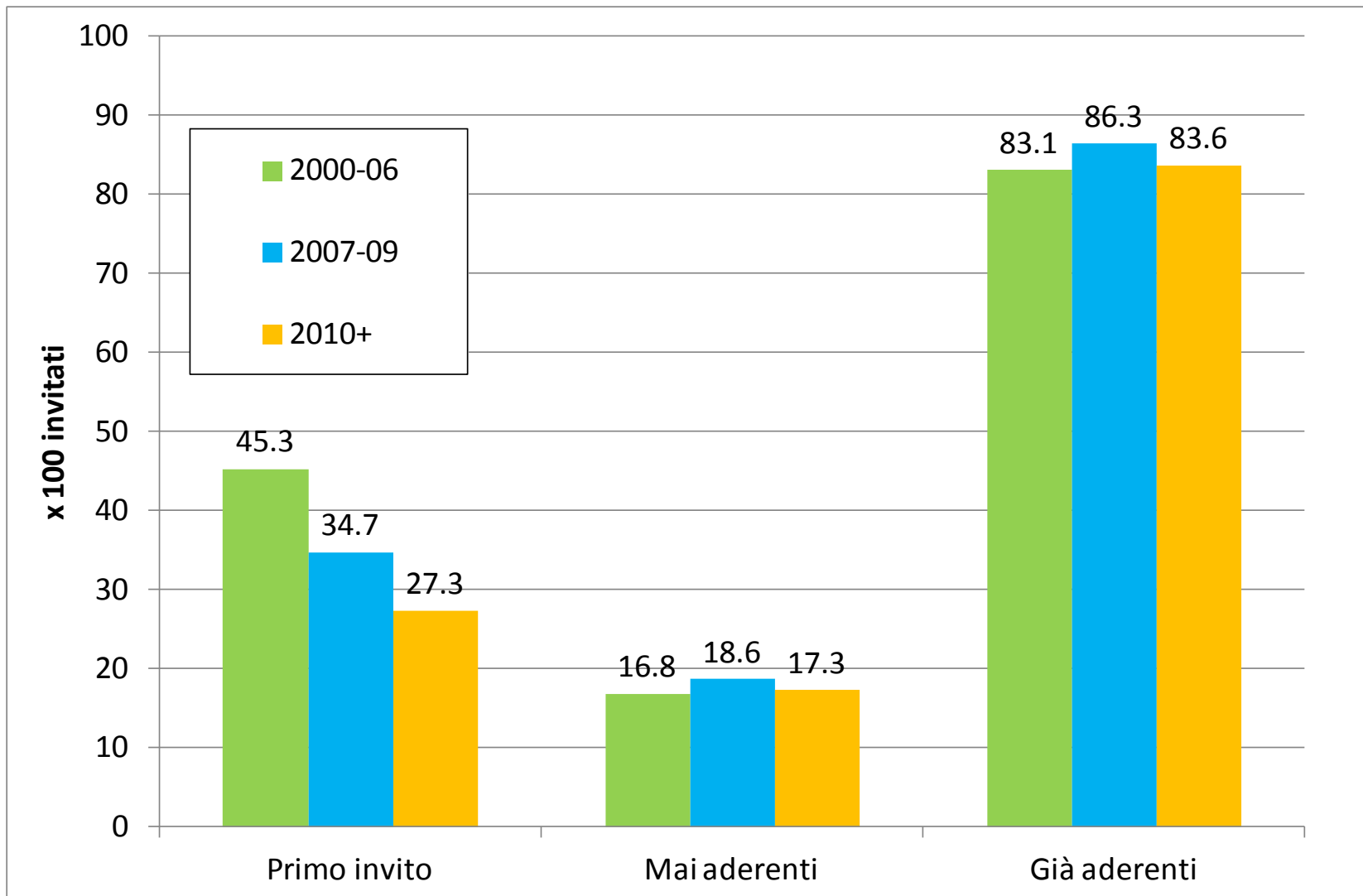
Adesione all'invito per macroarea e storia di adesione



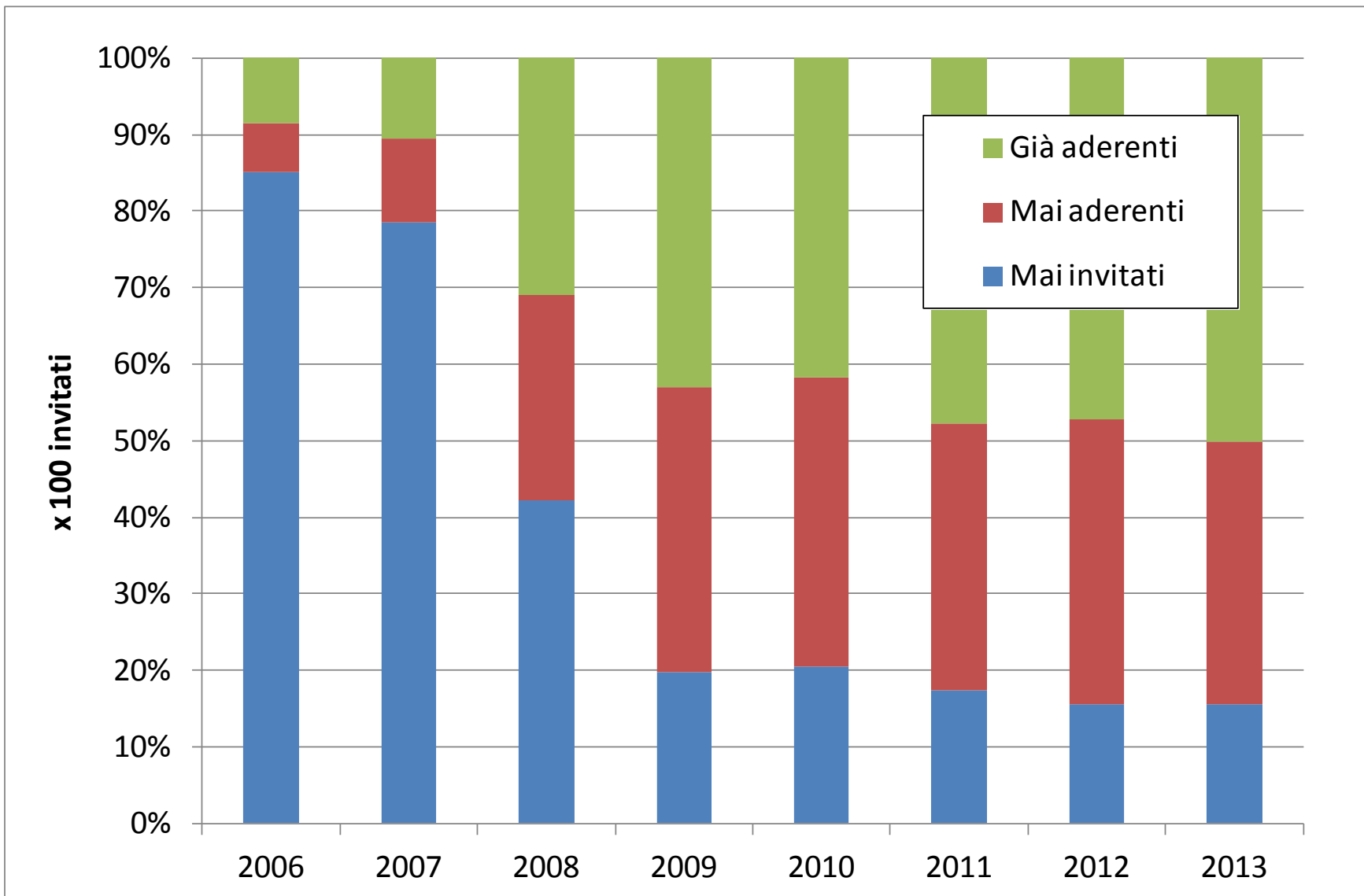
Adesione corretta all'invito per anno di attivazione

	Anno di attivazione			
	TOTALE	< 2007	2007-2009	2010 e +
n. programmi	120	58	30	32
Adesione	47,1	54,5	45,9	28,7
10° percentile	20,9	43,1	25,5	13,0
90° percentile	68,7	70,7	64,8	51,0
Programmi con adesione > 45%	55,8	84,5	36,7	21,9

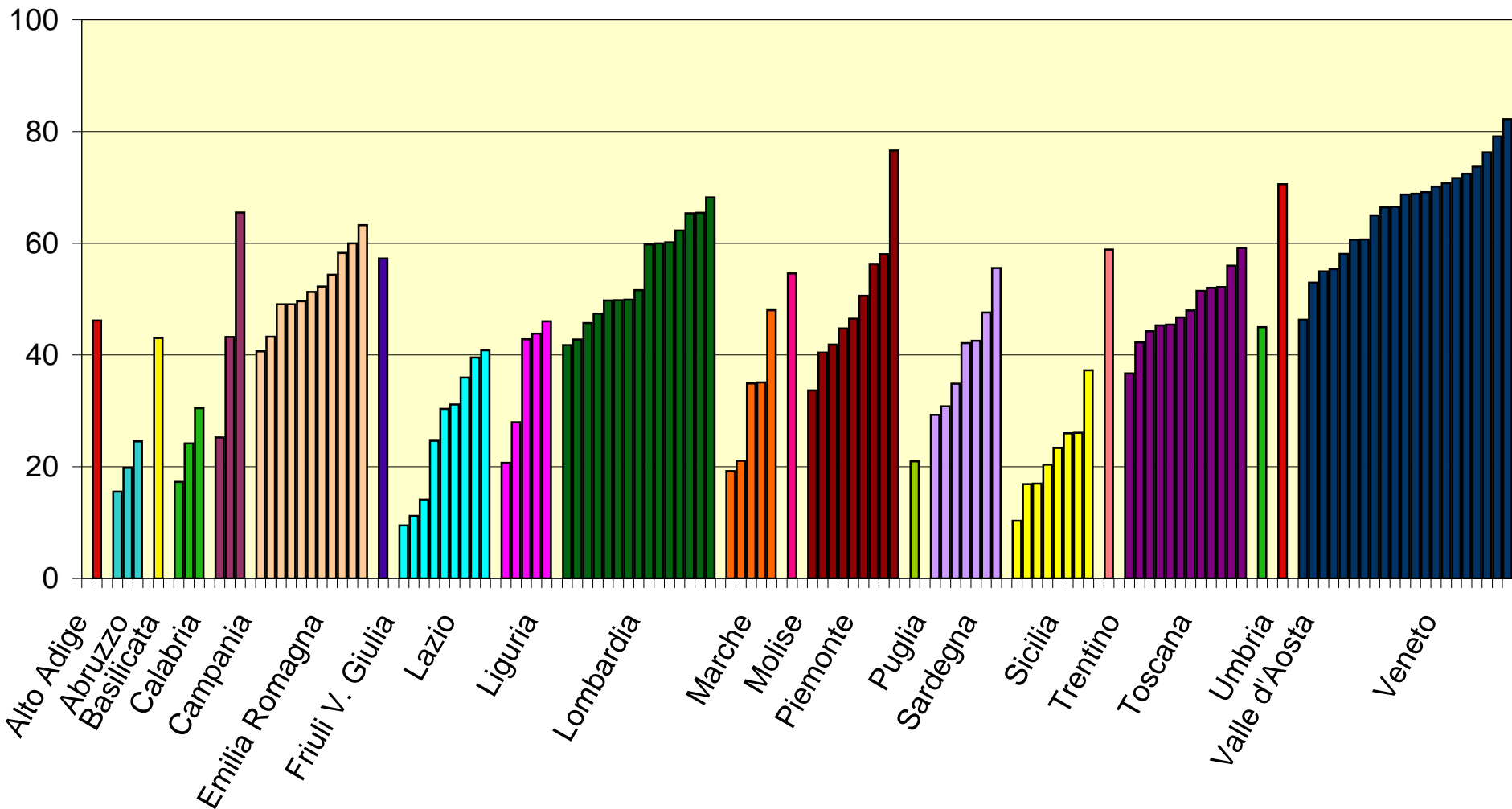
Adesione all'invito per anno di attivazione e storia di adesione



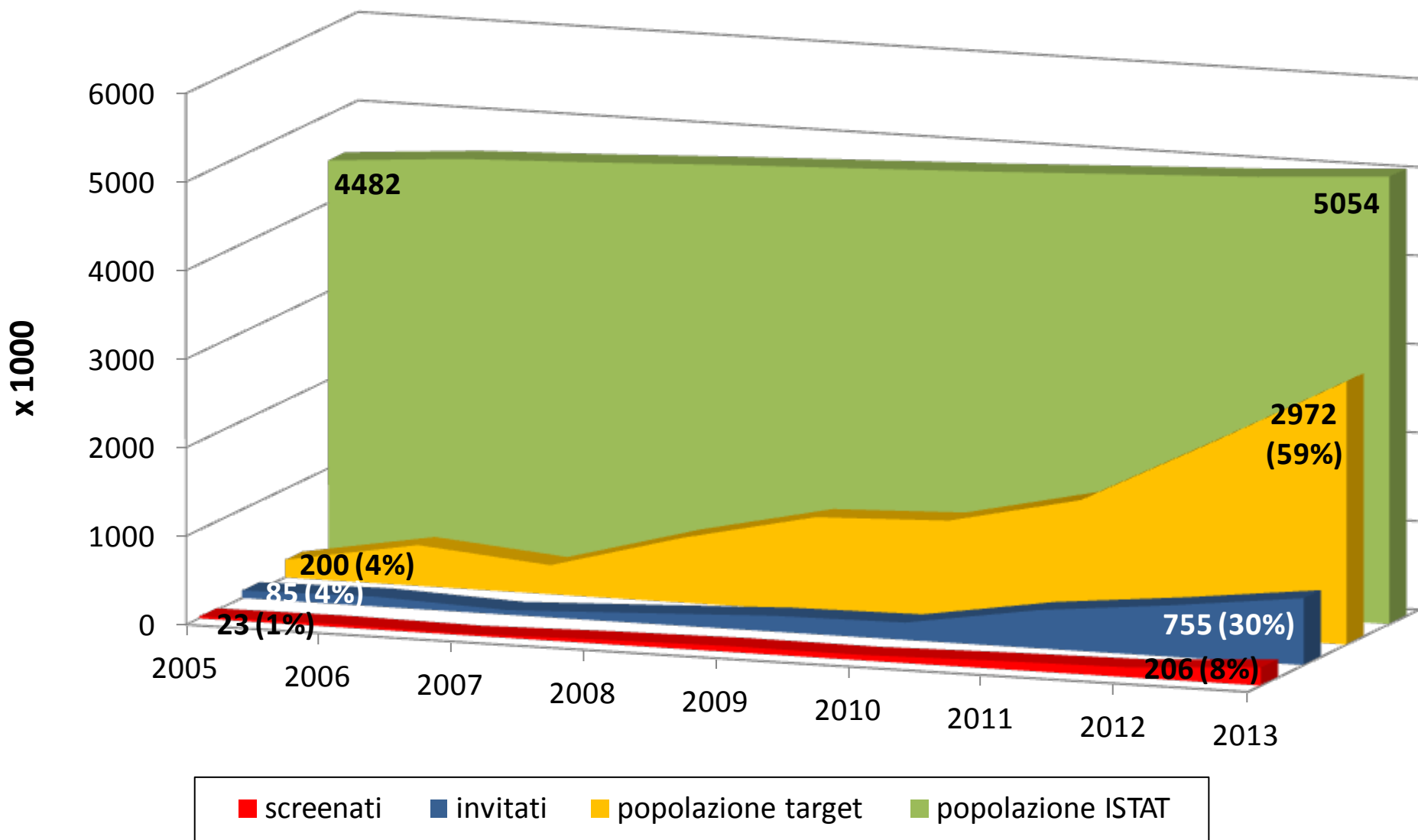
Distribuzione degli invitati per storia di screening



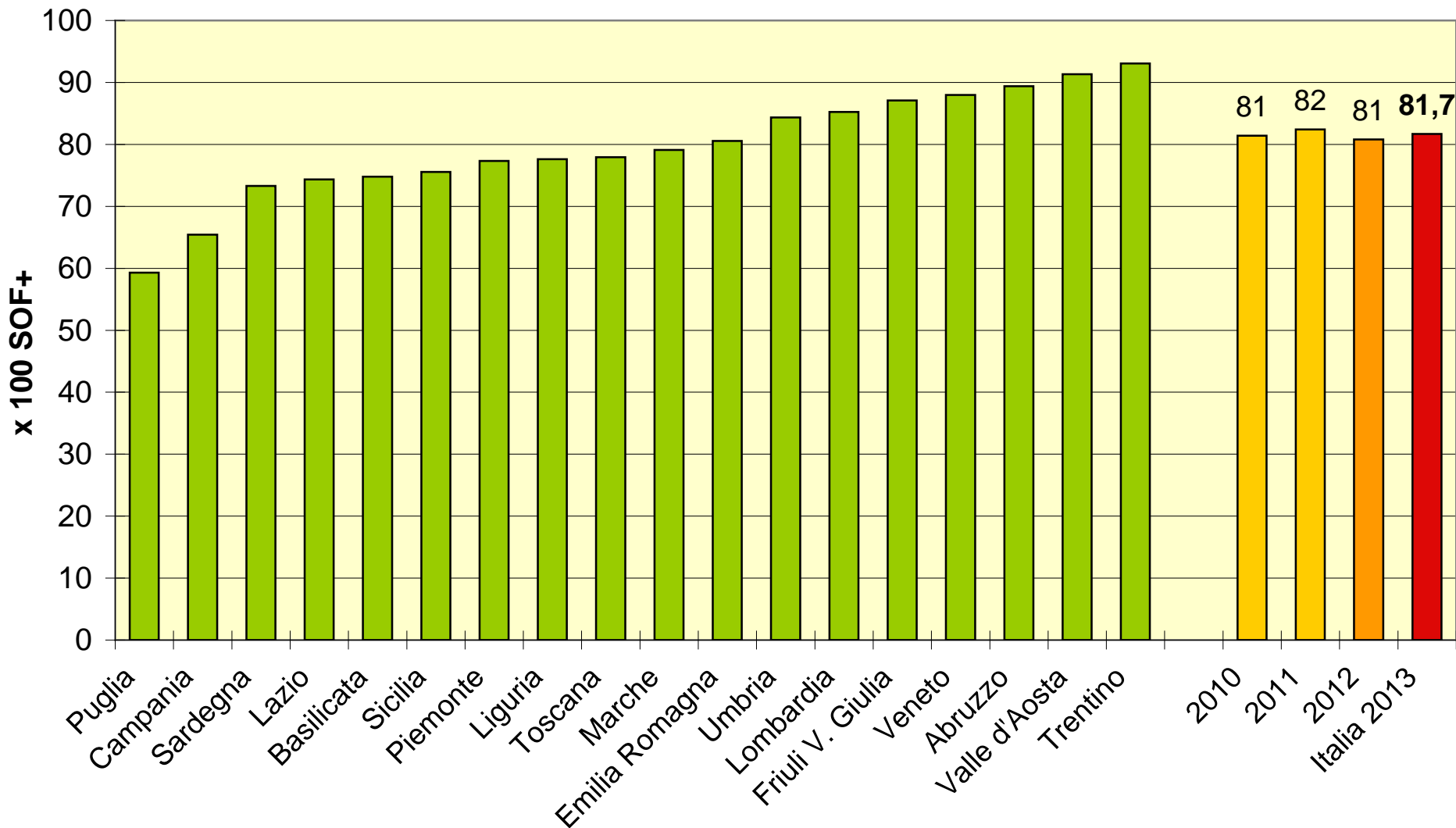
Adesione all'invito per Regione e programma



Popolazione ISTAT, popolazione target, invitati e screenati SUD – ISOLE 2005 - 2013



Adesione alla colonscopia



Standard accettabile > 85%, desiderabile > 90%



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Colorectal cancer screening of immigrants to Italy. Figures from the 2013 National Survey



Anna Turrin ^a, Manuel Zorzi ^{b,*}, Paolo Giorgi Rossi ^c, Carlo Senore ^d, Cinzia Campari ^e, Chiara Fedato ^a, Carlo Naldoni ^f, Emanuela Anghinoni ^g, Giuliano Carrozzi ^h, Priscilla Sassoli de' Bianchi ^f, Marco Zappa ⁱ,
The Italian colorectal cancer screening survey group

Methods. The 2013 National Survey on Italian colorectal cancer screening programmes compared immigrants born in low- or middle-income countries with subjects who were born in Italy, by collecting aggregated data on compliance, faecal immunochemical test results, compliance with colonoscopy, detected lesions and stage at diagnosis separately for Italians and immigrants.

Results. Overall, 85 screening programmes invited 3,292,451 subjects, of whom 192,629 had been born abroad (5.9%). Compliance with invitation was lower in immigrants (34.3% vs. 51.3% in Italians), with $p < 0.001$. Compliance was higher in females, regardless of the country of birth, in the youngest age group of immigrants but in the oldest of Italians.

Immigrants showed a borderline excess of standardised faecal immunochemical test positivity rate at first screening (5.4% vs. 5.1% in Italians, $p = 0.05$) and a significant excess at repeat screenings (4.8% vs. 4.4%, $p = 0.002$). The detection rates for carcinoma and advanced adenomas were lower in immigrants than in Italians at first screening (respectively 1.34% vs. 1.62% and 8.41% vs. 9.25%) – although the differences were not statistically significant – but not at repeat screening (respectively 1.06% vs. 0.98% and 6.90% vs. 6.79%).

Conclusions. Migrants showed a lower compliance with screening than Italians. The prevalence of neoplasia was lower at first screening and similar to the Italians' at repeat screenings.

Fig. 2. Compliance with invitation by gender and age class, in native- and foreign-born.

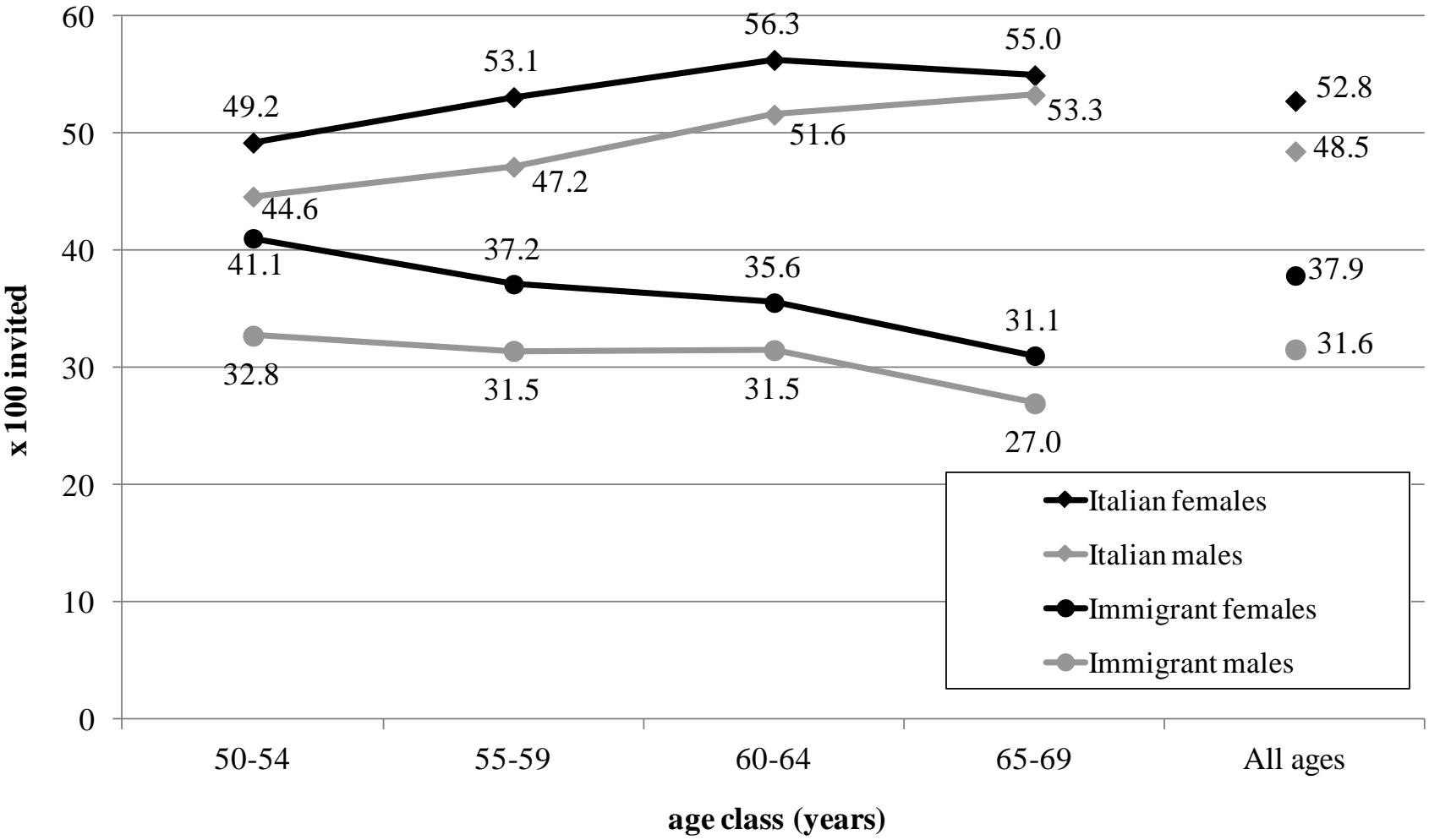
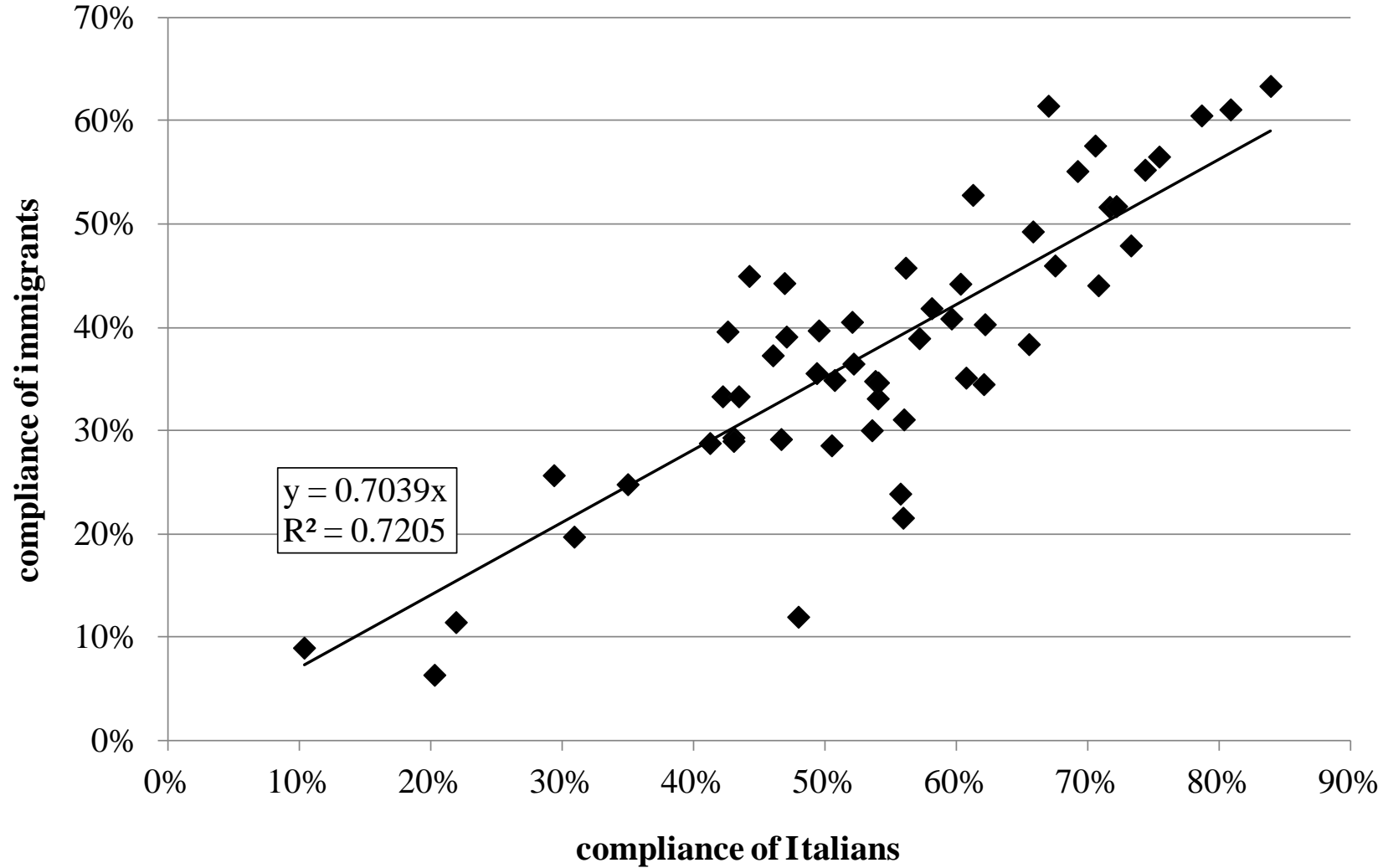


Fig. 3. Linear regression of the compliance with invitation to screening of immigrants with the compliance of Italians. Each point represents one screening programme.



Conclusioni (1)

- Adesione stabile nel tempo
- Fondamentale analizzare i dati nel dettaglio
- Gap tra Nord, Centro e Sud-Isole
- Ampia variabilità intra-regionale

Conclusioni (2)

- Problema di adesione all'approfondimento, soprattutto nelle regioni del Sud
- Migranti: adesione inferiore agli italiani, in particolare penalizzati i maschi
- Migranti: i determinanti strutturali che favoriscono l'adesione sono comuni per gli italiani e gli stranieri