

**A COMPARISON BETWEEN THE FIRST AND A PART OF THE SECOND ROUND OF  
COLORECTAL SCREENING CANCER PROGRAMME IN RIMINI  
(Confronto tra primo e secondo round di Screening per il cancro del Colon Retto nella  
Provincia di Rimini)**

**Authors: Casale C., Antonioli G, Di Marco M, Giovanardi M., Miracolo A., Onorato G.D., Santilli F., Scarpulla R., Solmi L., Fava C., Canuti D.**

**Introduction:** Cancer of the large bowel (colorectal cancer) is the third most common form of cancer after lung cancer and prostate cancer in males in Italy and the second form in females after the cancer of the breast.

Colorectal cancer is registered as the underlying cause of approximately 20.000 deaths in Italy every year.

In 2005 in Rimini, we started the first round of the Colorectal Cancer Screening Programme; we invited, from March 2005 to March 2007 about 75.464 individuals aged 50-69, offering FOBT (Faecal Occult Blood Test) every two years (biennial screening). 33.098 individuals responded to our invite (43.9%); 1097 males (7%) and 838 (5%) females were positive at the first level test (FOBT). Consequently we made 1478 first pan-colonoscopy and 260 follow up colonoscopy. We found 433 adenomas at high risk, and 112 tumors. The first round ended on March 2007.

From April 2007 to September 2008 (17 months of the second round) we invited 51.885 and 23.608 responded to our invite (45.5%). In the same period we found 50 tumors.

We would compare the histopathological profile of the tumors and the detection rate between the first (prevalence round) and the second round (17 months).

**Materials and methods:**

The Screening Center collected data - by Oracle software - from gastroenterologists on colonoscopy results for people who were screened positive. Then we compared cancer screen-detected in the first round with cancer

**Results:**

The main differences between the first and the second round are synthesized below (see the attached file). We analyzed sex, age, T, Dukes Stage and Detection Rate (D.R.) for screen-detected cancers in the two groups.

<b>sex</b>	<b>M</b>	<b>F</b>
First Round	65 (59%)	47 (41%)
Second round	30 (60%)	20 (40%)

<b>age</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>
<b>First Round</b>	14 (12,5%)	25 (22,3%)	35 (31.3%)	38 (33.9%)
<b>Second Round</b>	4 (8,0%)	12 (24,0%)	11 (22,0%)	23 (46,0%)

<b>T</b>	<b>T1</b>	<b>T2</b>	<b>T3</b>	<b>T4</b>	<b>yT</b>	<b>TX</b>
<b>First Round</b>	30 (26.8%)	30 (26.8%)	33 (29.4%)	2 (1.8%)	3 (2.7%)	14 (12,5%)
<b>Second Round</b>	20 (40.0%)	8 (16.0%)	16 (32.0%)	1 (2.0%)	2 (4.0%)	3 (6.0)

<b>Dukes</b>	<b>A</b>	<b>B1</b>	<b>B2</b>	<b>B3</b>	<b>C1</b>	<b>C2</b>	<b>C3</b>	<b>D</b>	<b>n.n.</b>
<b>First Round</b>	42 (37.5%)	21(18.8%)	6(5.3%)	1(0.9%)	14(12.5%)	11(9.8 %)	1(0.9)	2(2%)	14(12%)
<b>Second Round</b>	21 (42%)	6(12%)	10(20%)	0(0%)	2(4%)	6(12%)	0(0%)	1(2%)	4(8)

<b>D.R</b>	
<b>First Round</b>	<b>3.4 x1000</b>
<b>Second Round</b>	<b>2.1x1000</b>

We observed a significant increase in T1 cancer from the first to the second round from 27% to 40% and in Dukes A stage from 37% to 42%. Nevertheless detection rate confirm a significative difference in the round of prevalence vs the second round from 3.4 x 1000 to 2.1 x1000.

**Conclusions:**

These results, even if are not completed, suggest that indicators are consistent with international references. We need further studies to complete our considerations at the end of the second round.