GISCoR
gruppo italiano screening colorettale

XII CONGRESSO NAZIONALE 2017
7-8 Novembre 2017

CORSO PRE-CONGRESSO
7 Novembre 2017

# Survey Nazionale 2016: gli indicatori del 2° livello diagnostico

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# In programma…

Dati di secondo livello relativi ai soggetti screenati nell’anno 2015

**Conflitto di interessi: nessuno**

# Programmi 2015 con dati incompleti

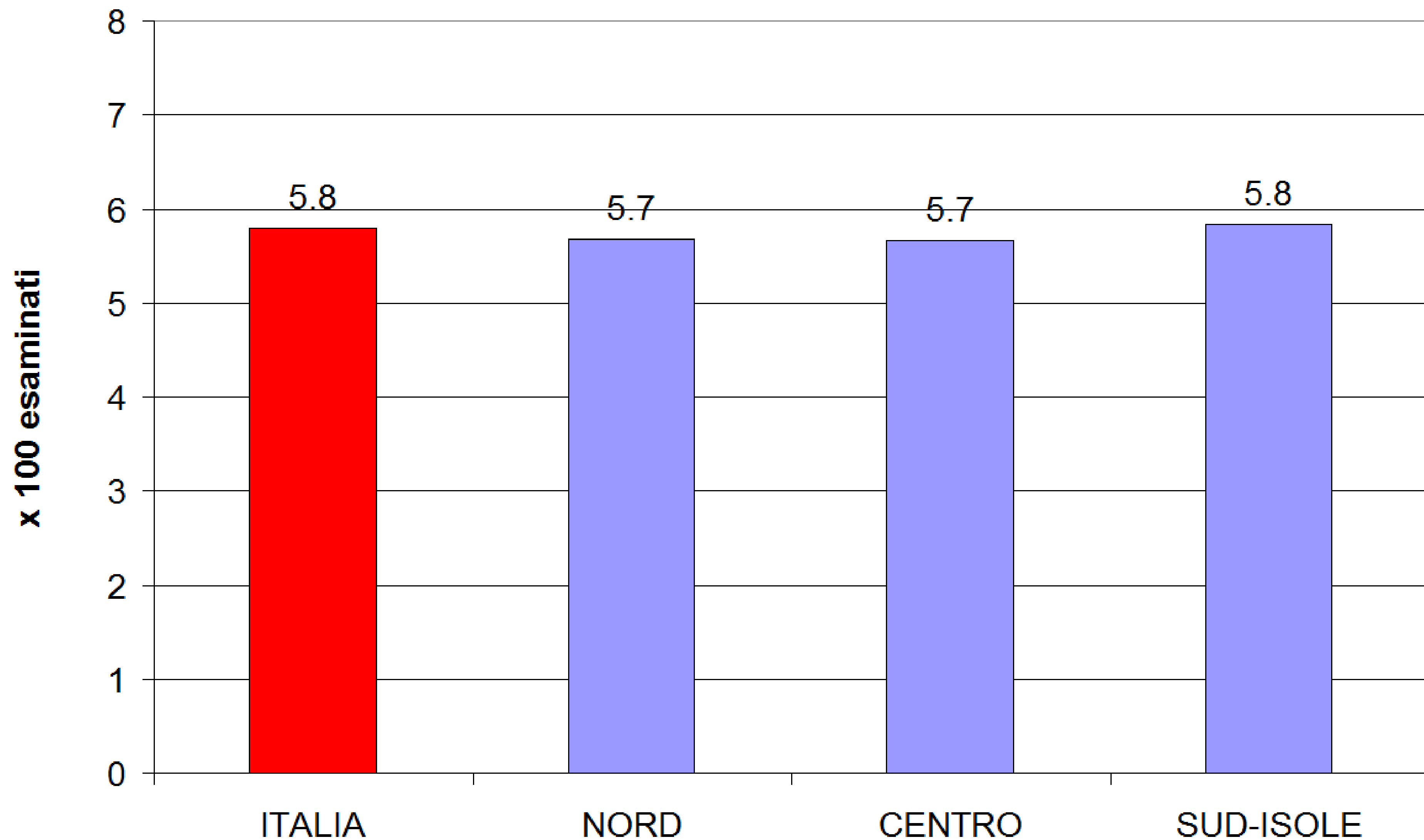
| Regione | Totale | Adesione | Invio 2° parte | 2° Livello | Diagnosi | Trattamento | Follow up |
|---|---|---|---|---|---|---|---|
| Abruzzo | 4 | 4 | | | 1 | 2 | 3 |
| Alto Adige | 1 | | | | | | 1 |
| Basilicata | 1 | | | | | 1 | |
| Calabria | 2 | 2 | | | | 2 | 1 |
| Campania | 6 | | | | | 2 | 1 |
| E. Romagna | 11 | | | | | | |
| Friuli V. Giulia | 1 | | | | | | |
| Lazio | 12 | 1 | | 1 | 1 | 1 | |
| Liguria | 5 | | | | | 2 | 1 |
| Lombardia | 15 | | | | | 1 | 1 |
| Marche | 5 | | | | | | |
| Molise | 1 | | | 1 | 1 | 1 | 1 |
| Piemonte | 9 | | | | | 5 | |
| Puglia | 0 | | | | | | |
| Sardegna | 8 | 1 | | | | 3 | |
| Sicilia | 9 | 1 | | 1 | | 4 | 1 |
| Toscana | 12 | | | | | 1 | 4 |
| Trentino | 1 | | | | | | |
| Umbria | 1 | | | | | | 1 |
| Valle d'Aosta | 1 | | | | | | |
| Veneto | 21 | | | | | 4 | |
| **TOTALE** | **126** | **9** | **0** | **3** | **3** | **29** | **15** |

# I numeri

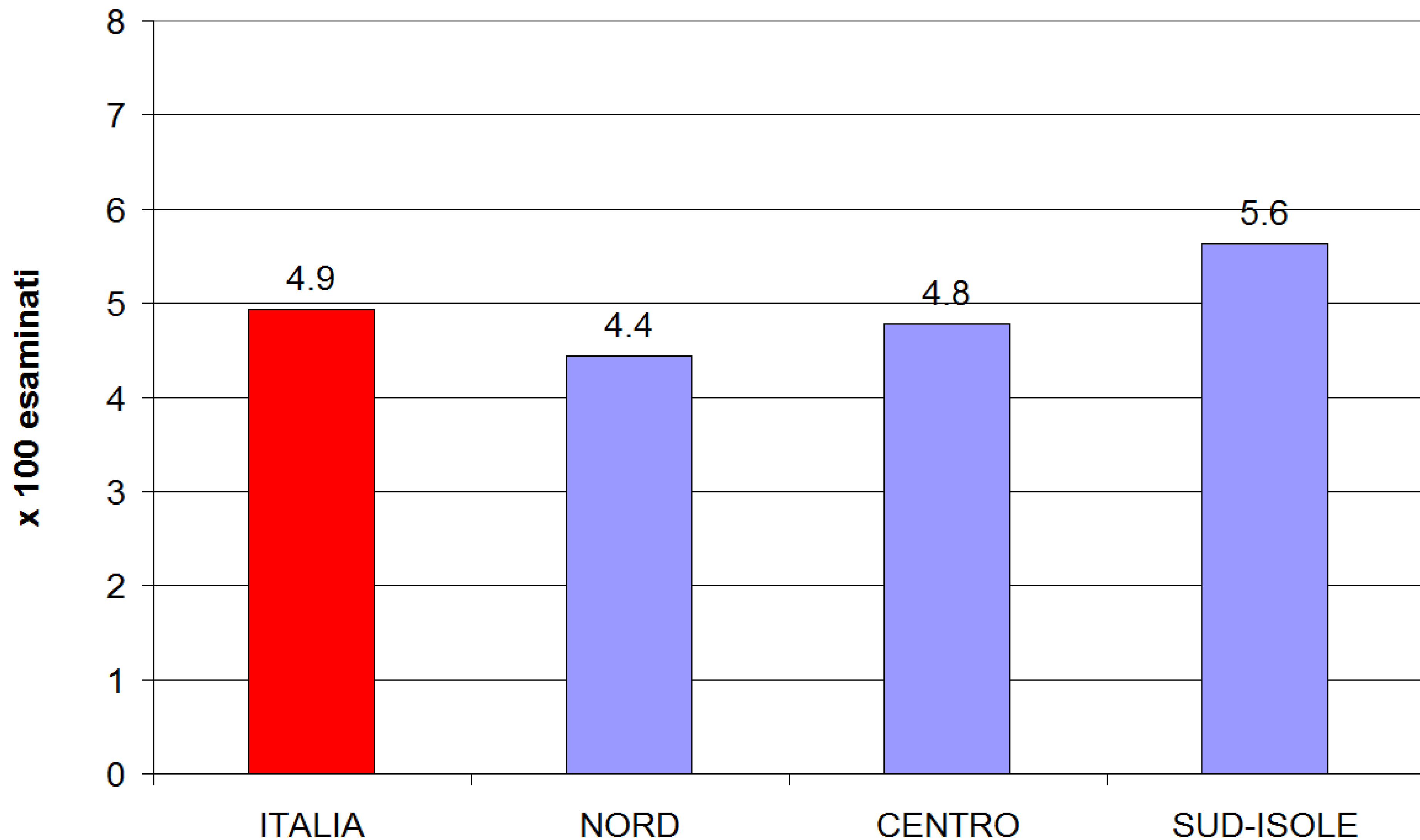
| | Primi esami | Es. successivi | Totale |
|---|---|---|---|
| Screenati | 779.190 | 1.555.328 | 2.334.518 |
| Positivi | 46.585 | 72.366 | 118.951 |
| Colonscopie eseguite | 34.143 | 58.378 | 92.521 |
| Carcinomi | 1.497 | 1.625 | 3.122 |
| di cui adenomi cancerizzati | 29,8% | 19,4% | 24,4% |
| Adenomi avanzati | 7.266 | 10.253 | 17.519 |
| Carcinomi stadiati | 67,4% | 71,3% | 69,5% |

| | NORD | CENTRO | SUD-ISOLE |
|---|---|---|---|
| Screenati | 1.501.138 | 507.303 | 326.077 |

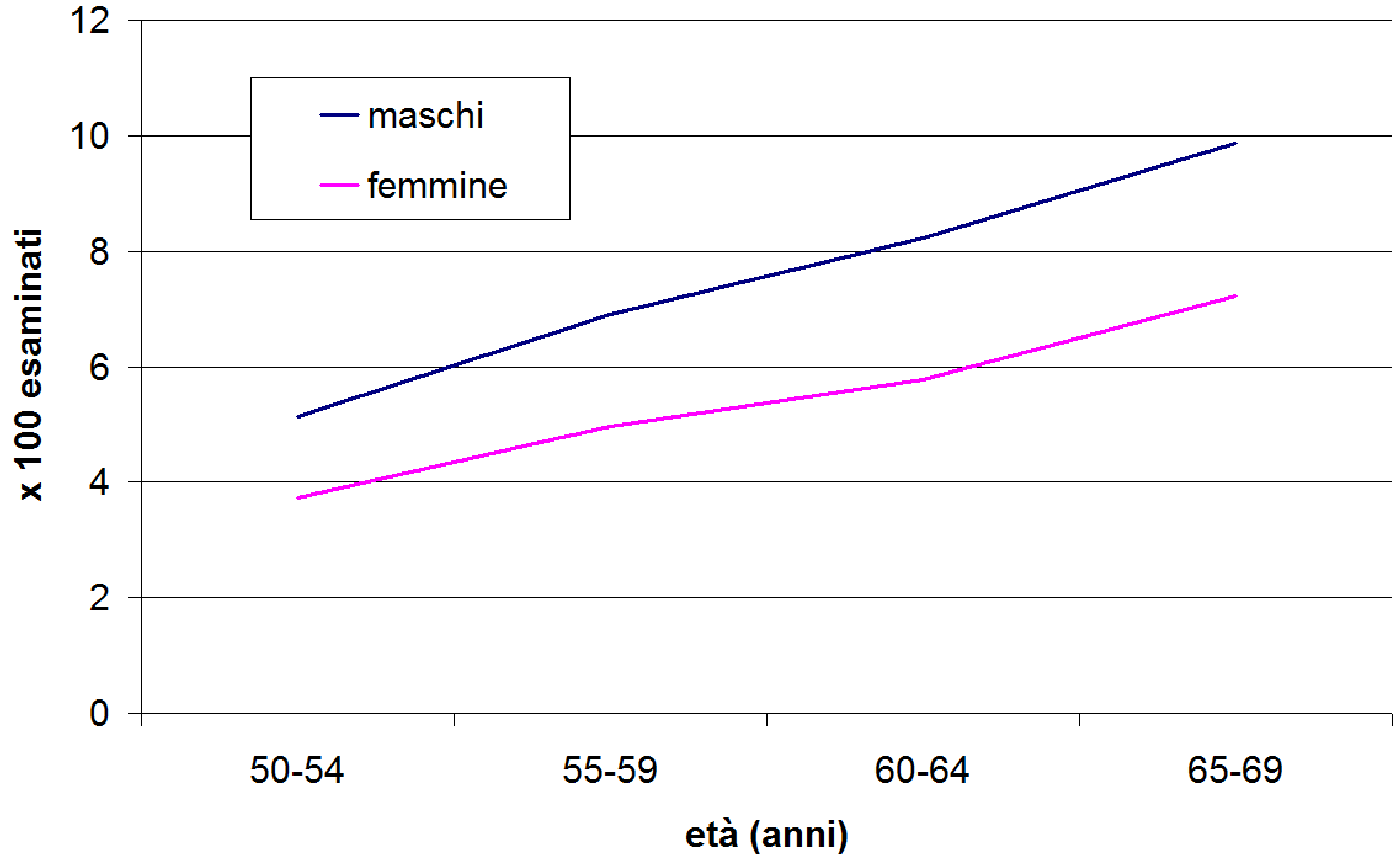
# Tassi standardizzati di positività al sangue occulto primi esami



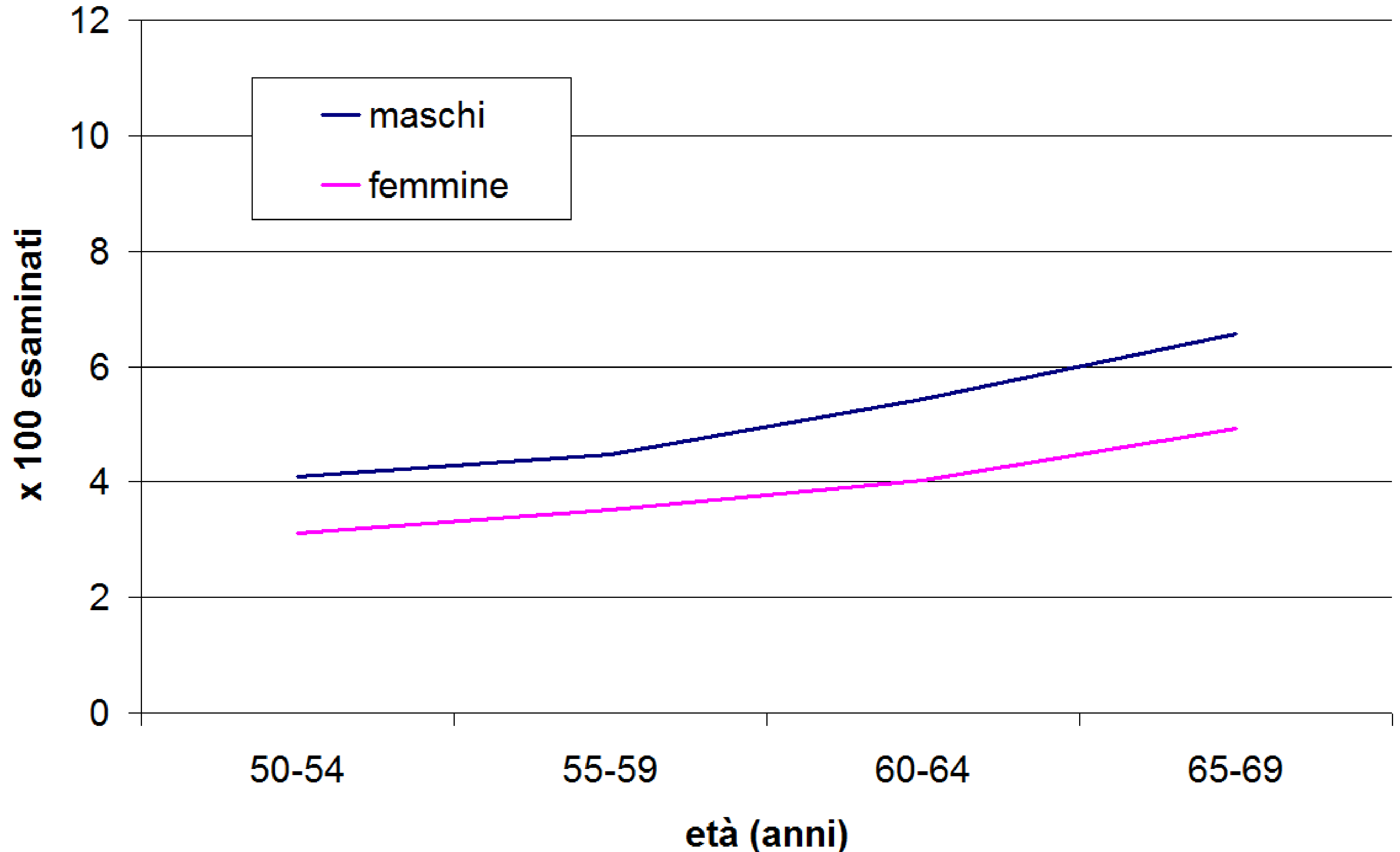
# Tassi standardizzati di positività al sangue occulto esami successivi



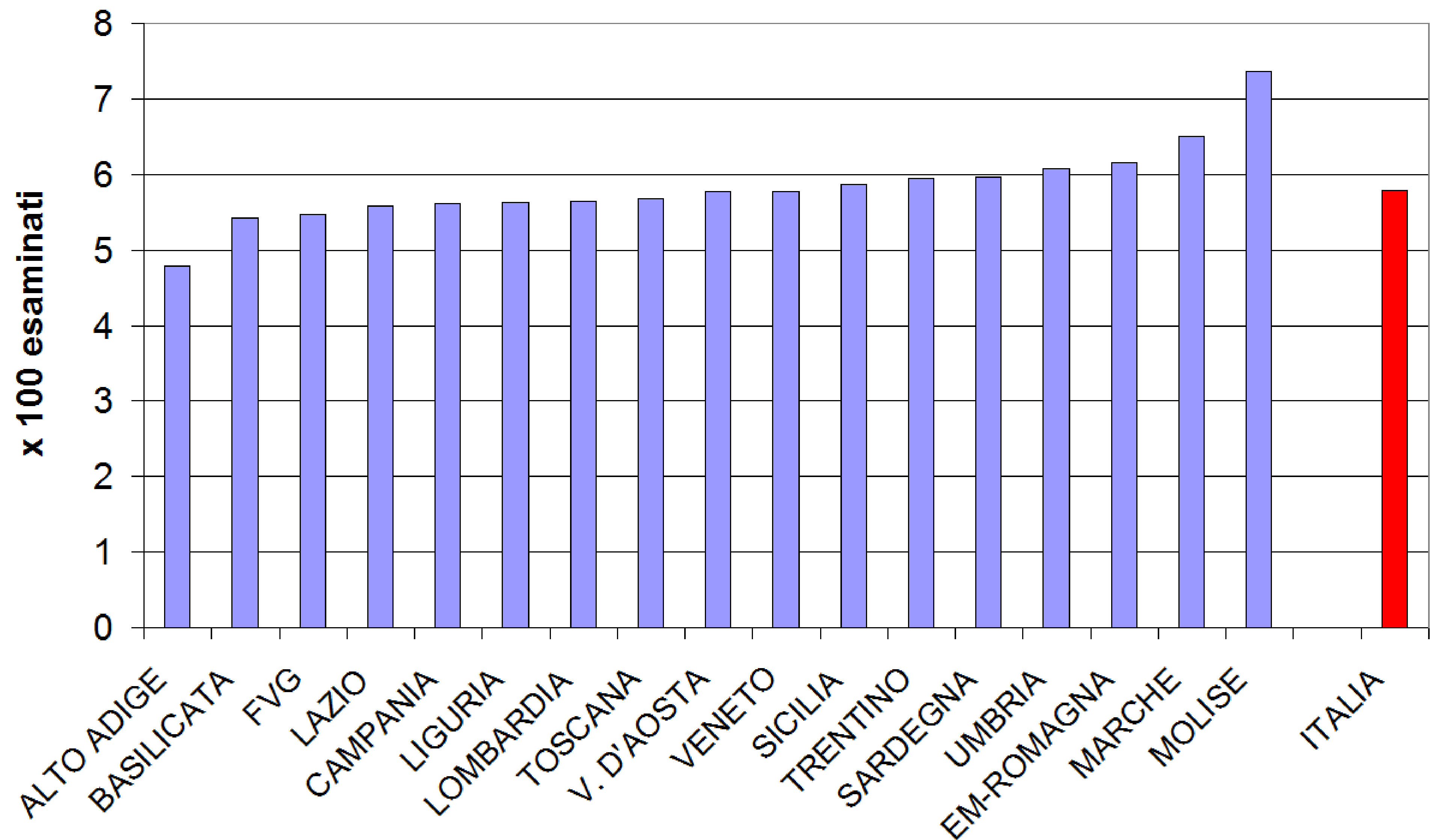
# Positività al sangue occulto per sesso ed età
# Primi esami



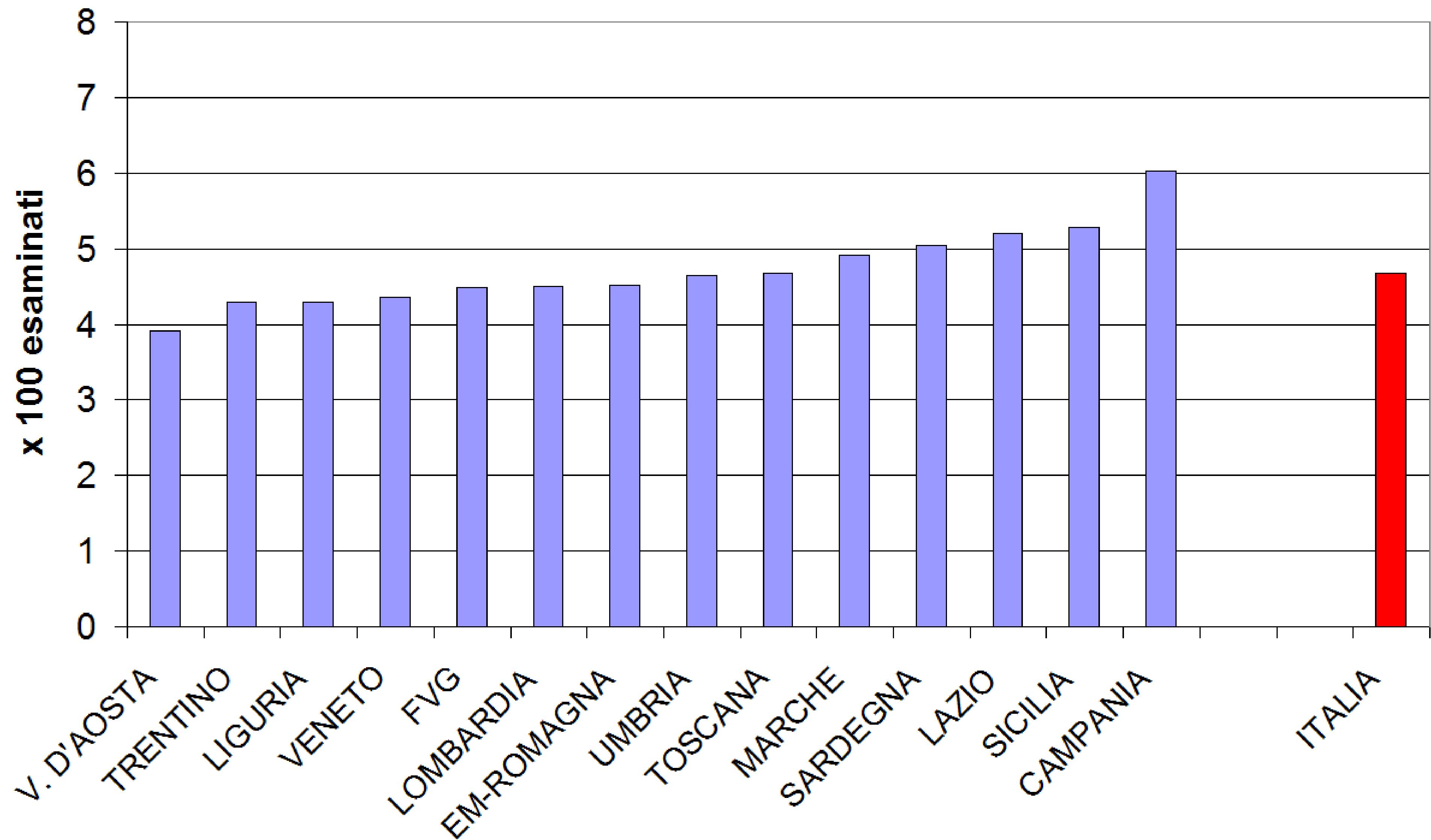
# Positività al sangue occulto per sesso ed età
# Esami successivi



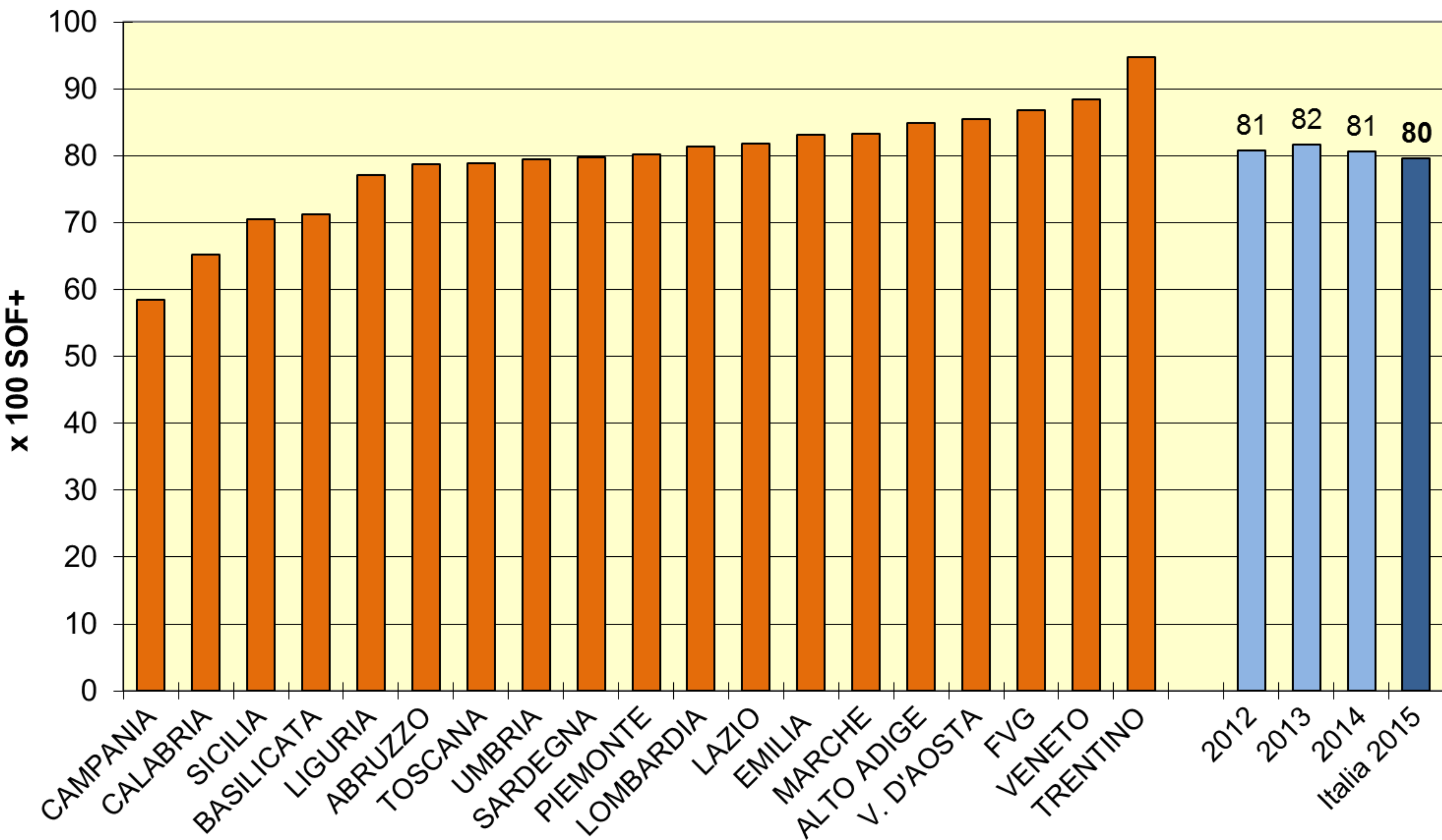
# Tassi standardizzati di positività al sangue occulto, per Regione. Primi esami



# Tassi standardizzati di positività al sangue occulto, per Regione. Esami successivi

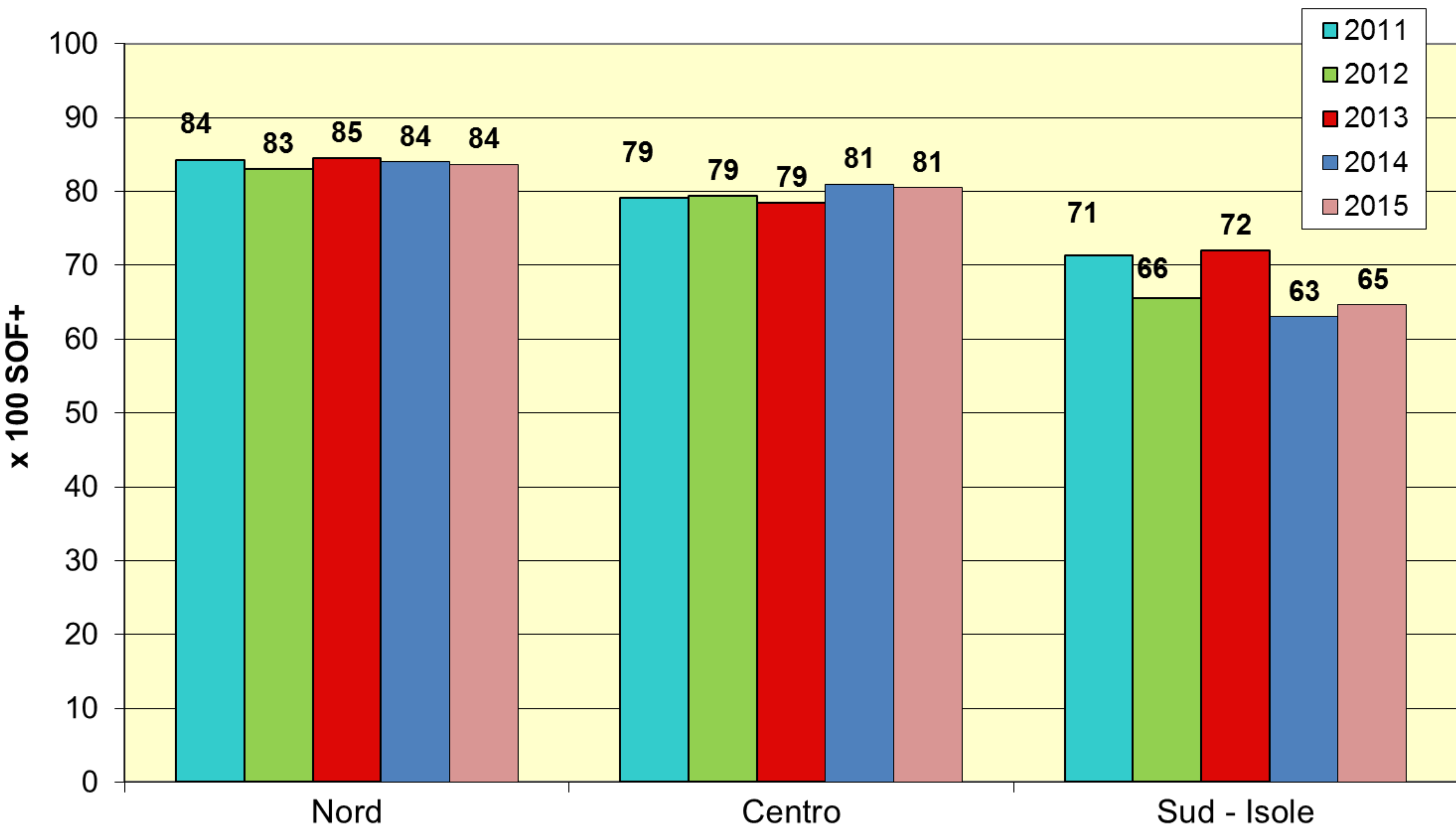


# Adesione alla colonscopia



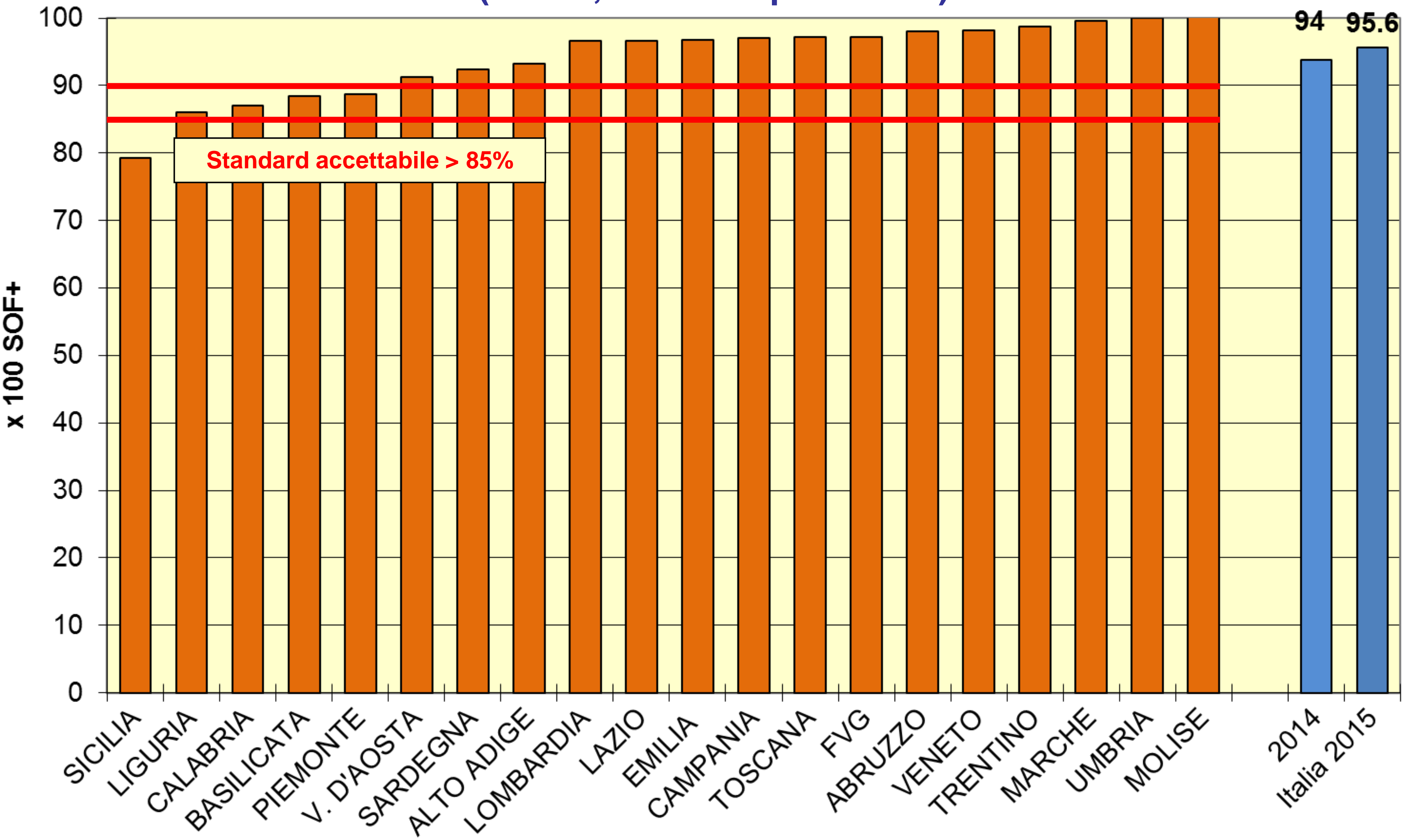

**Standard accettabile > 85%, desiderabile > 90%**

# Adesione alla colonscopia per macroarea e anno



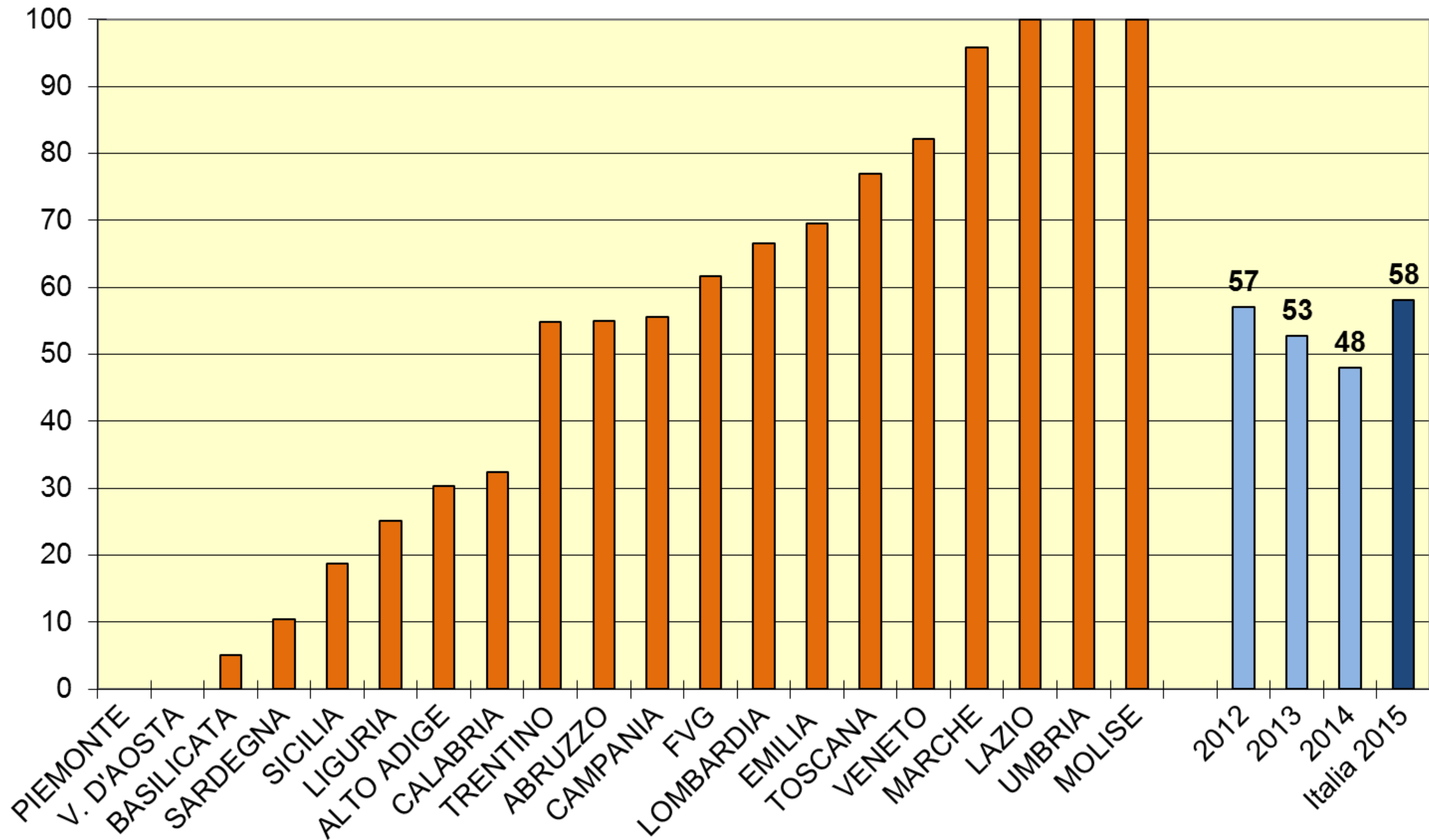
# Colonscopie complete*

## (media, 10° e 90° percentile)




* Incluse colonscopie completate in momenti successivi ma comunque entro i 6 mesi dalla colonscopia indice

# Colonscopie incomplete che vengono completate



# VENETO - Studio delle complicanze post-colonscopia (= ricovero entro 30 giorni dall'esame)

| | | Survey 2012 (‰) | Studio delle complicanze (‰) |
|---|---|---|---|
| Colonscopie operative | Sanguinamenti | 7.6 | 1.0 |
| | Perforazioni | 0.6 | 4.2 |
| Colonscopie Non operative | Sanguinamenti | 0 | 0.2 |
| | Perforazioni | 0.4 | 0.2 |

# VENETO - Studio delle complicanze post-colonscopia (= ricovero entro 30 giorni dall'esame) PERIODO 2002-2015

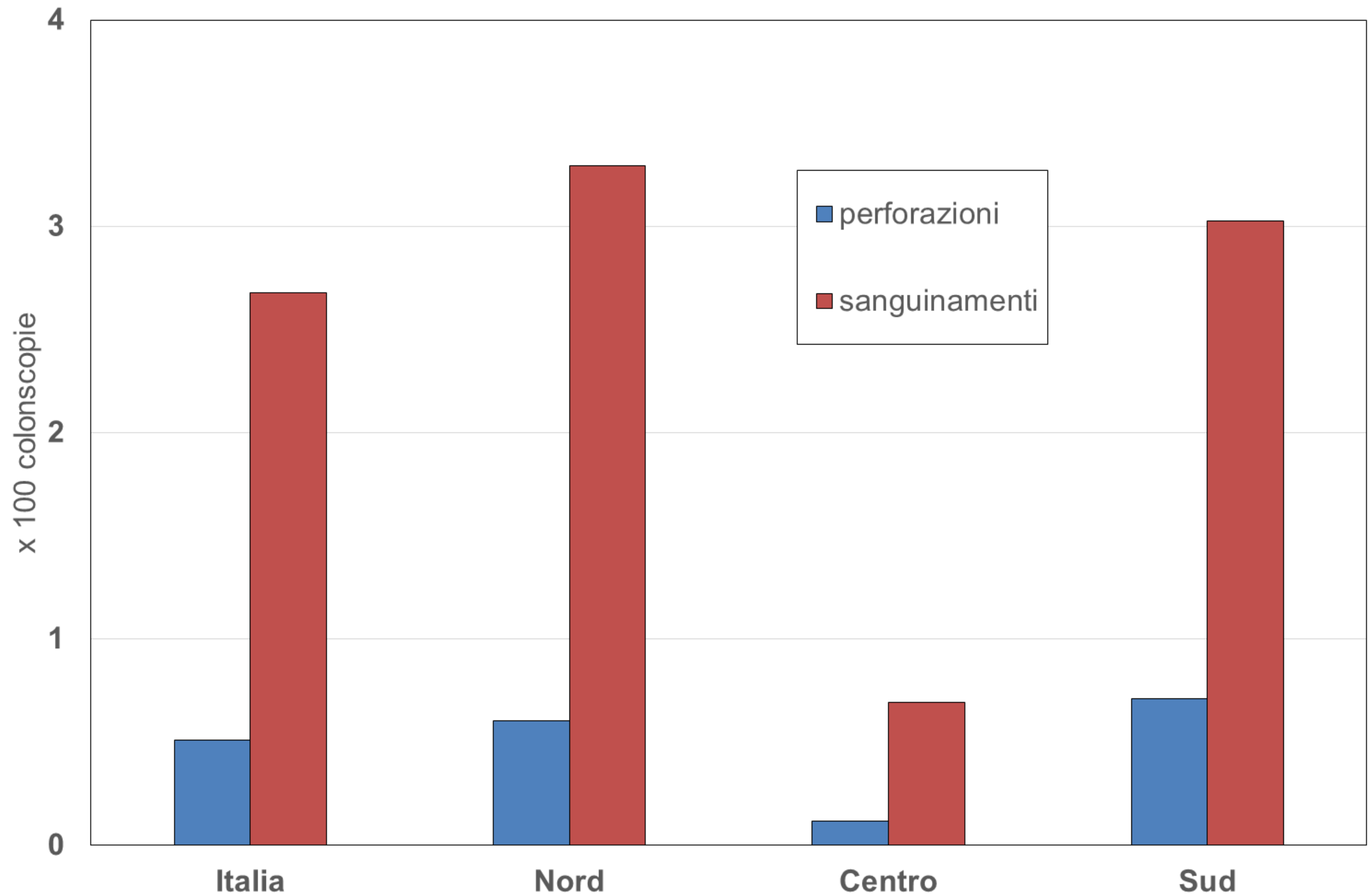
| | | N° | Complicanze (%) | p value |
|---|---|---|---|---|
| Totale | | 117881 | 0.42 | |
| Tipo di colonscopia | FIT+ | 99704 | 0.45 | <0.001 |
| | follow up | 16743 | 0.22 | |
| | completamento | 1434 | 0.70 | |

# Complicanze all’endoscopia

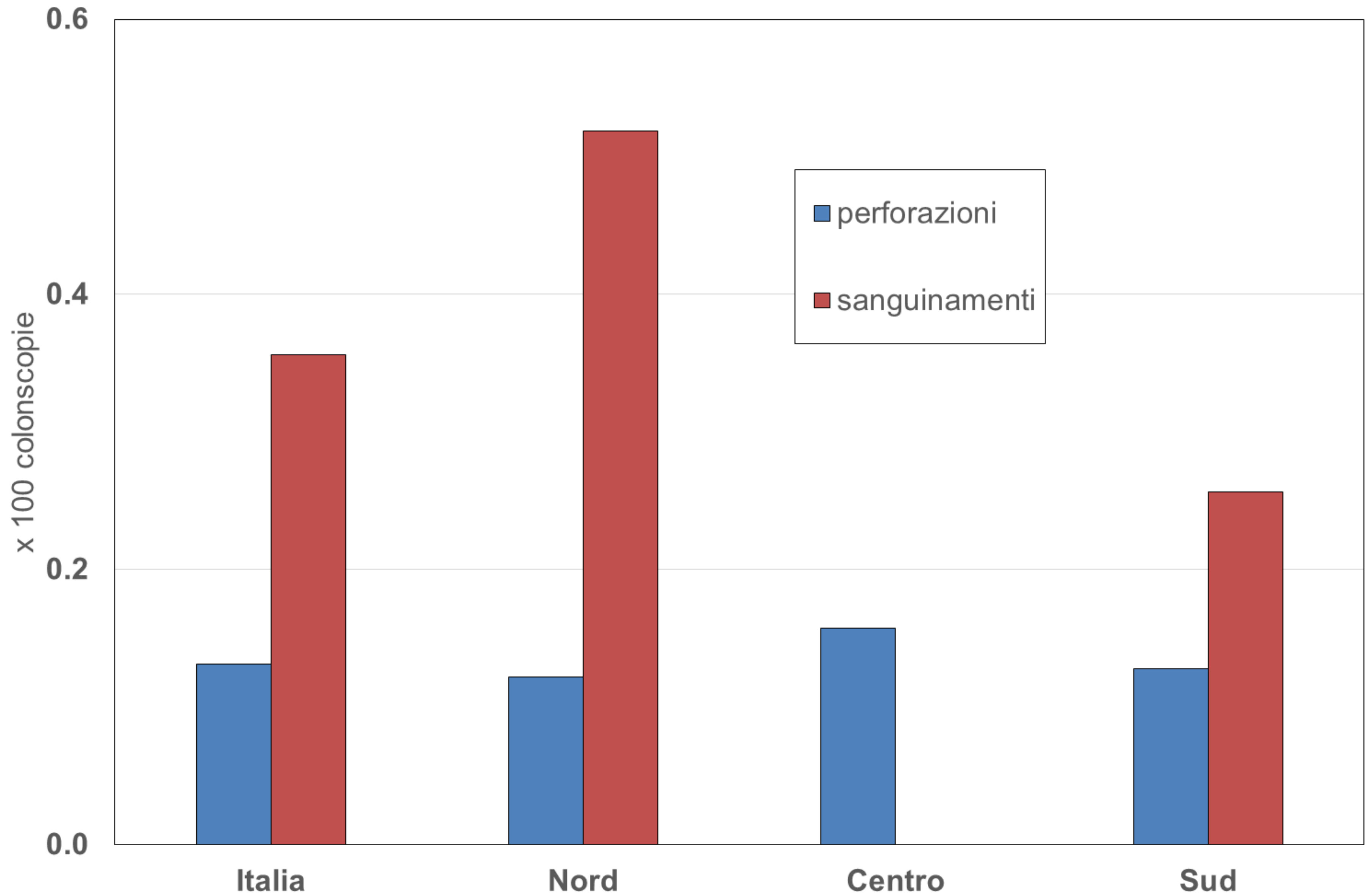
| **CT OPERATIVE** | Media 2015 | 90° percentile | 95° percentile | Standard |
|---|---|---|---|---|
| Sanguinamenti | 2,7‰ | 5,1‰ | 8,5‰ | <25‰ |
| Perforazioni | 0,5‰ | 1,7‰ | 3,6‰ | <25‰ |

| **CT NON OPERATIVE** | Media 2015 | 90° percentile | 95° percentile | Standard |
|---|---|---|---|---|
| Sanguinamenti | 0,4‰ | 0,0‰ | 1,6‰ | <5‰ |
| Perforazioni | 0,1‰ | 0,0‰ | 0,1‰ | <5‰ |

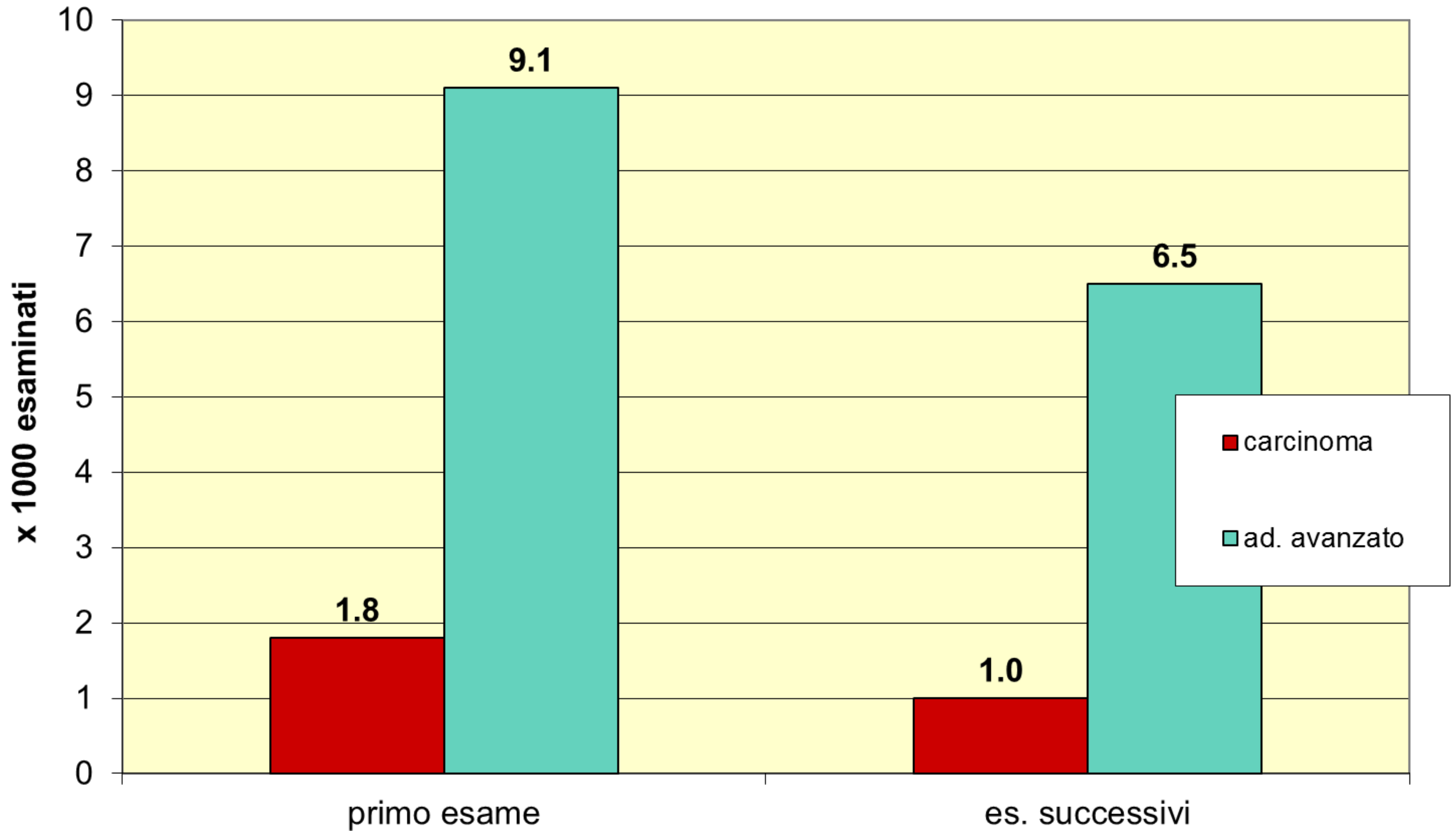
# Complicanze delle colonscopie operative



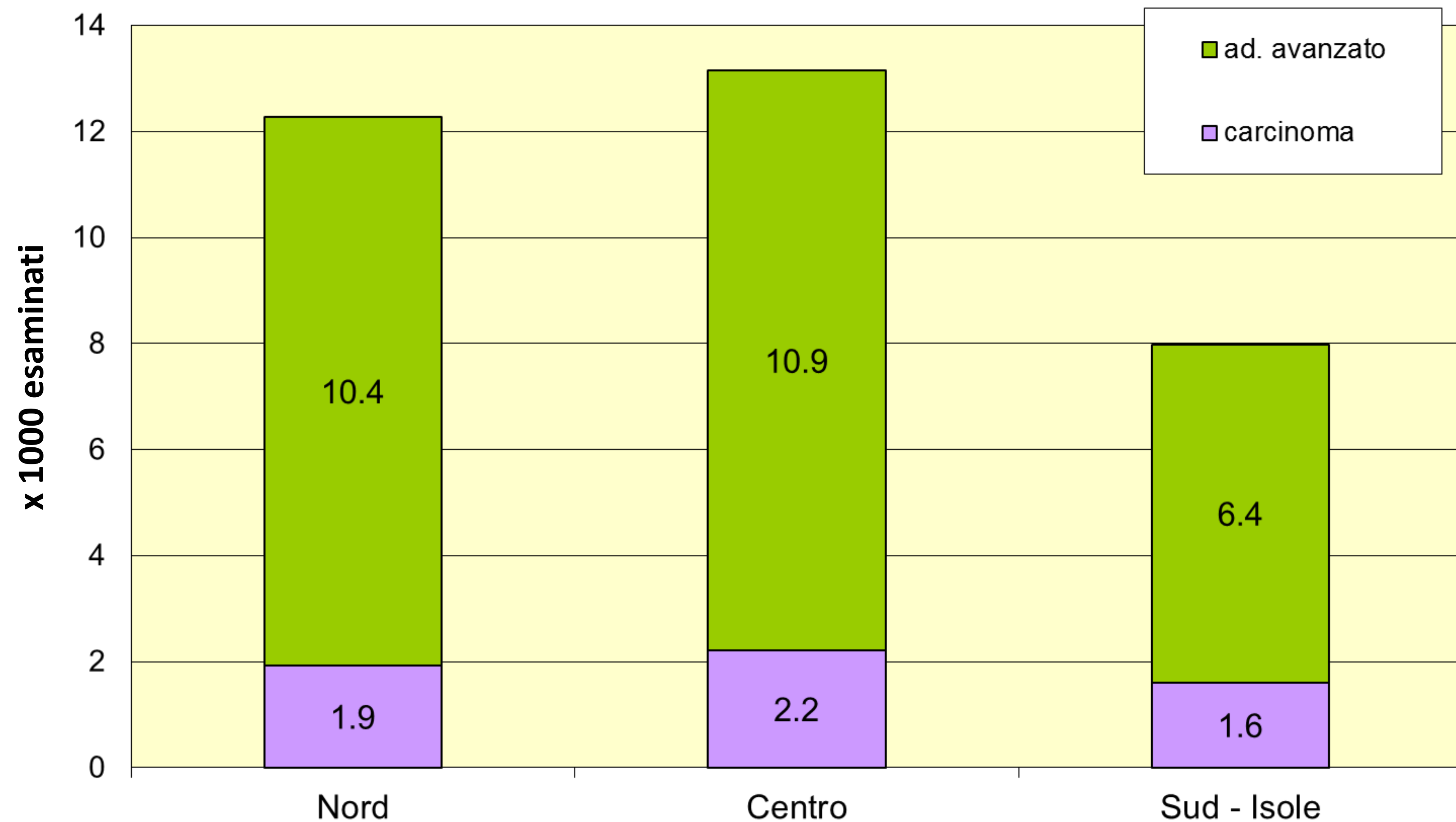
# Complicanze delle colonscopie non operative



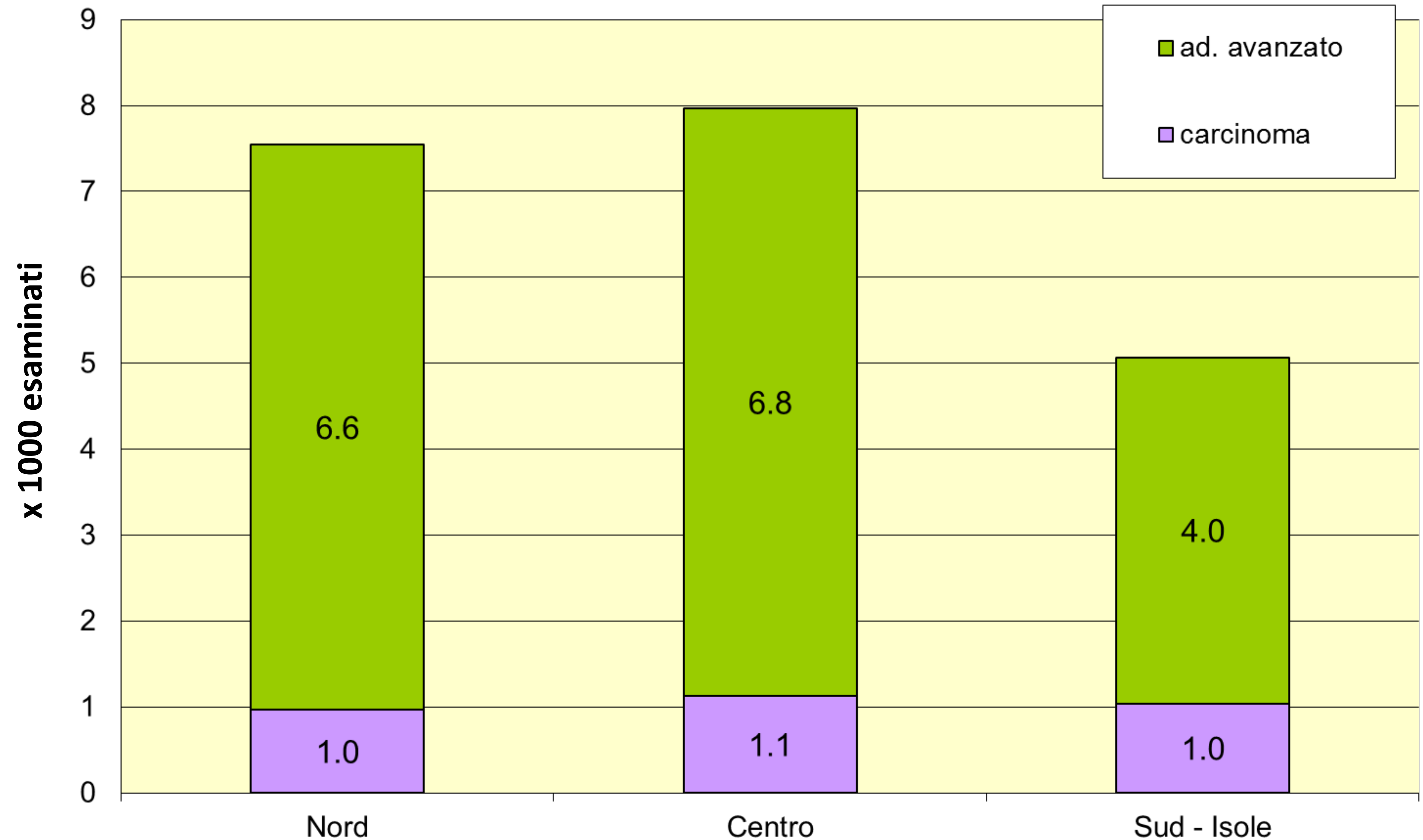
# Tassi di identificazione 2015



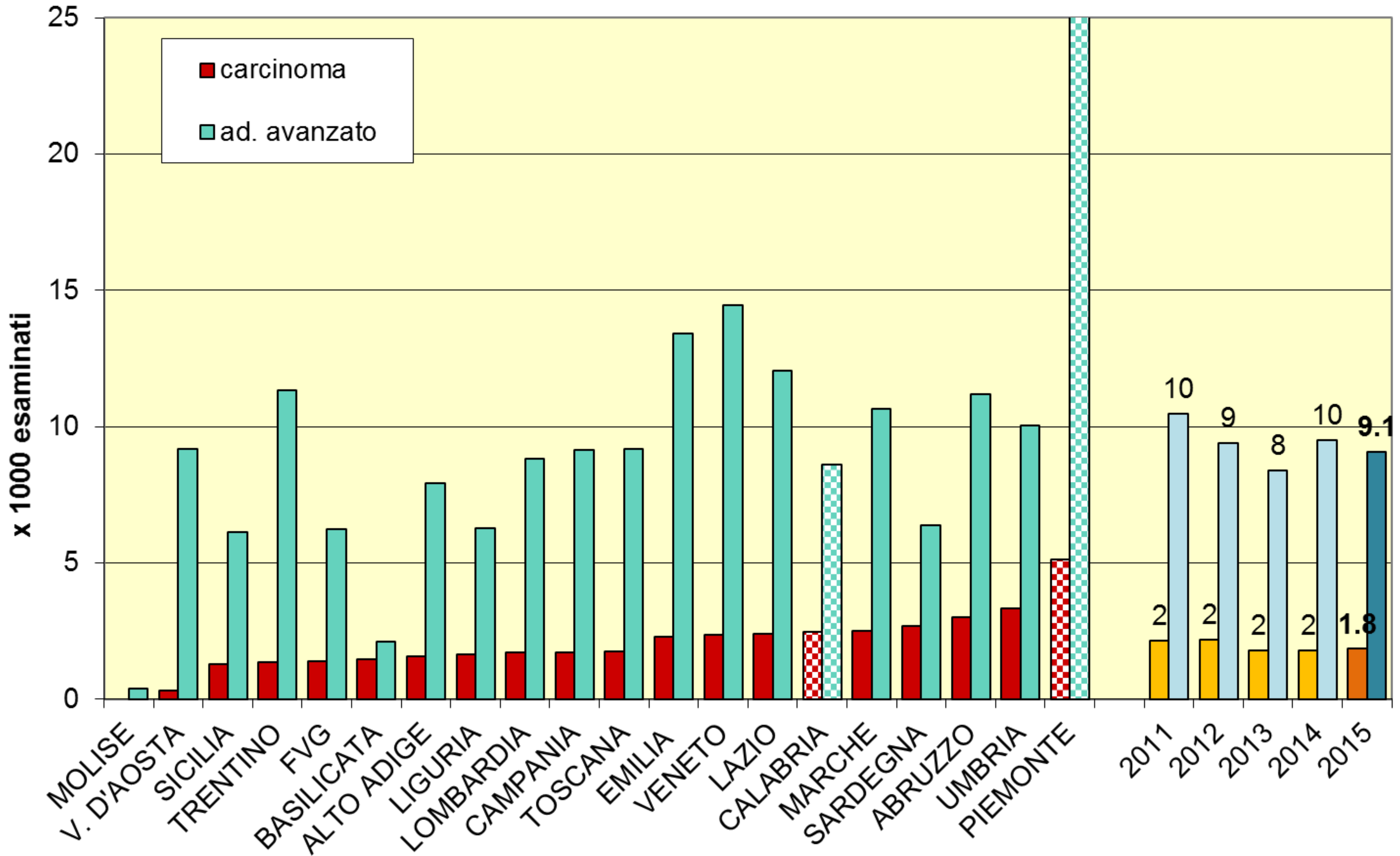
# Tassi di identificazione per macroarea – primi esami



# Tassi di identificazione per macroarea esami successivi



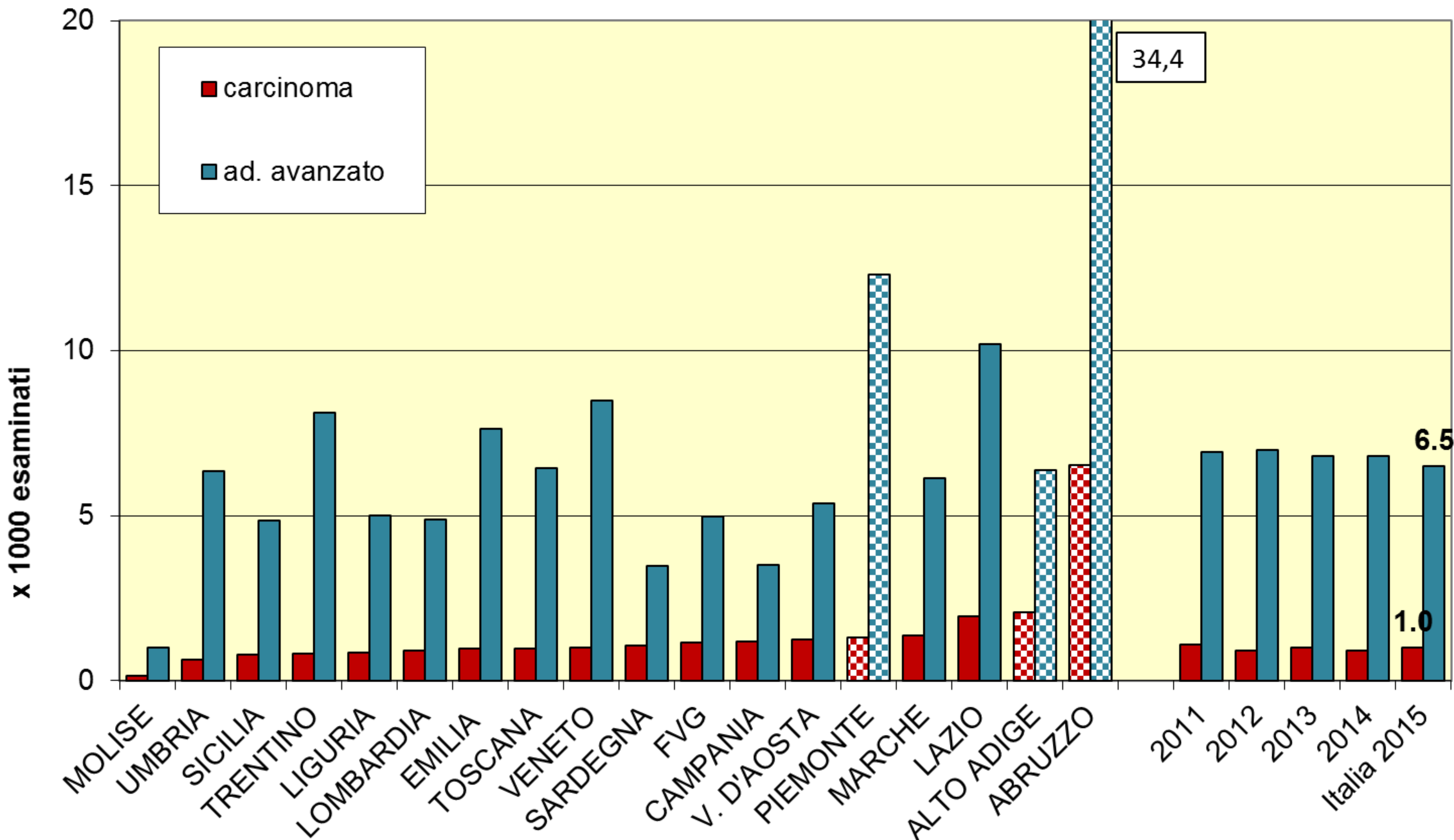
# Tassi st. di identificazione ai primi esami




Carcinoma: Standard accettabile >2.0‰, desiderabile >2.5‰

AAV: Standard accettabile >7.5‰, desiderabile >10‰

# Tassi st. di identificazione agli esami successivi




**Carcinoma: Standard accettabile >1.0‰, desiderabile >1.5‰**

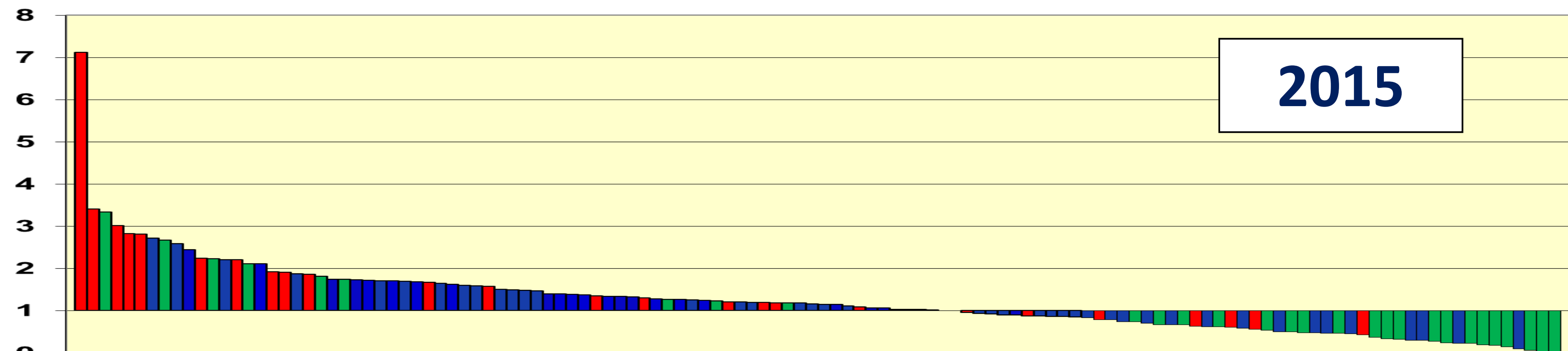
**AAV: Standard accettabile >5.0‰, desiderabile >7.5‰**

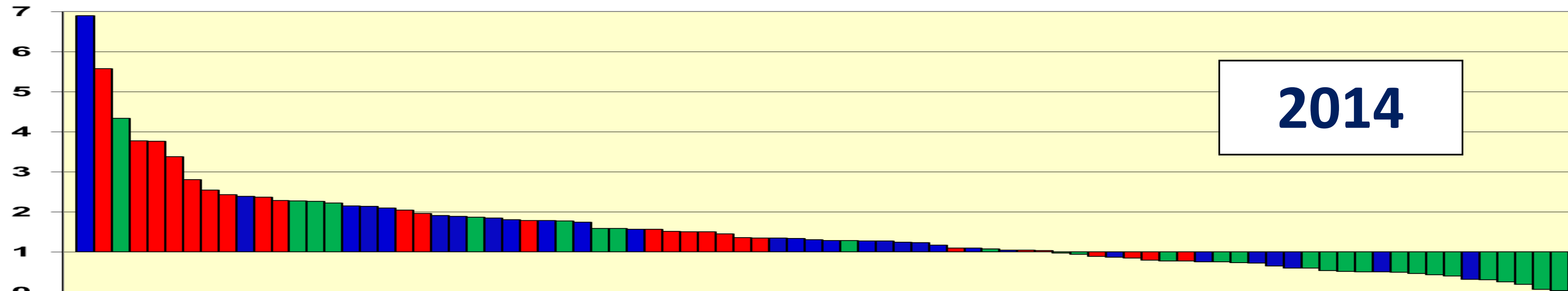
# Rapporto tra adenomi avanzati / iniziali, per macroarea (2015)

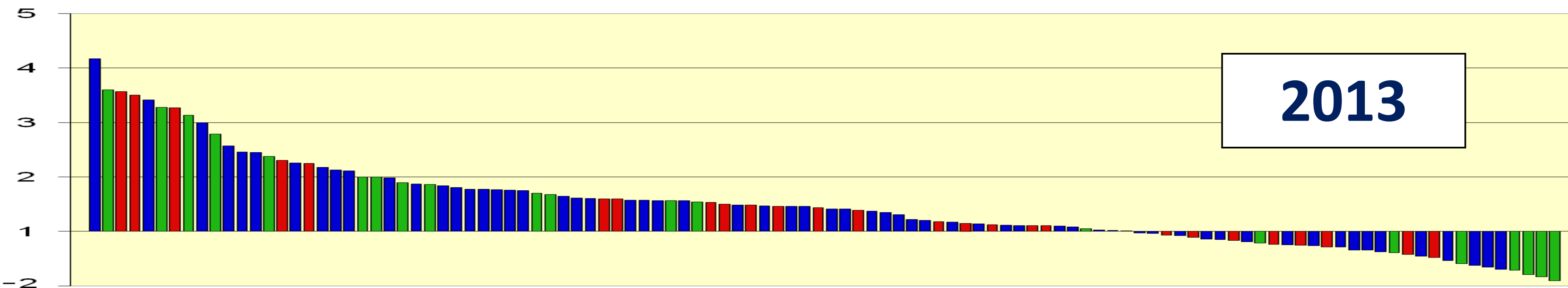
8
7
6
5
4
3
2
1
0

NORD
CENTRO
SUD - ISOLE

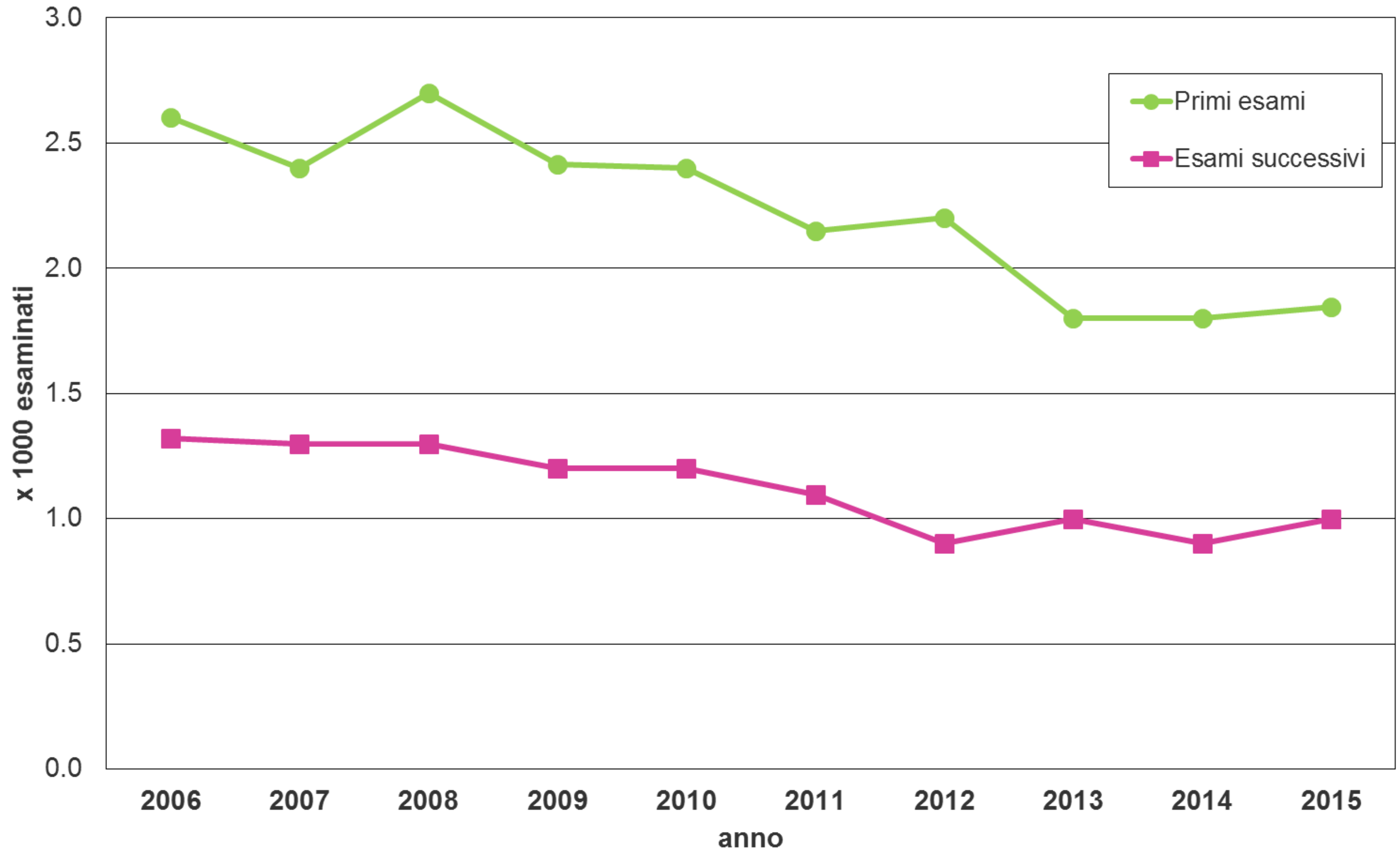
# Rapporto tra adenomi avanzati / iniziali, per macroarea (2013-2015)



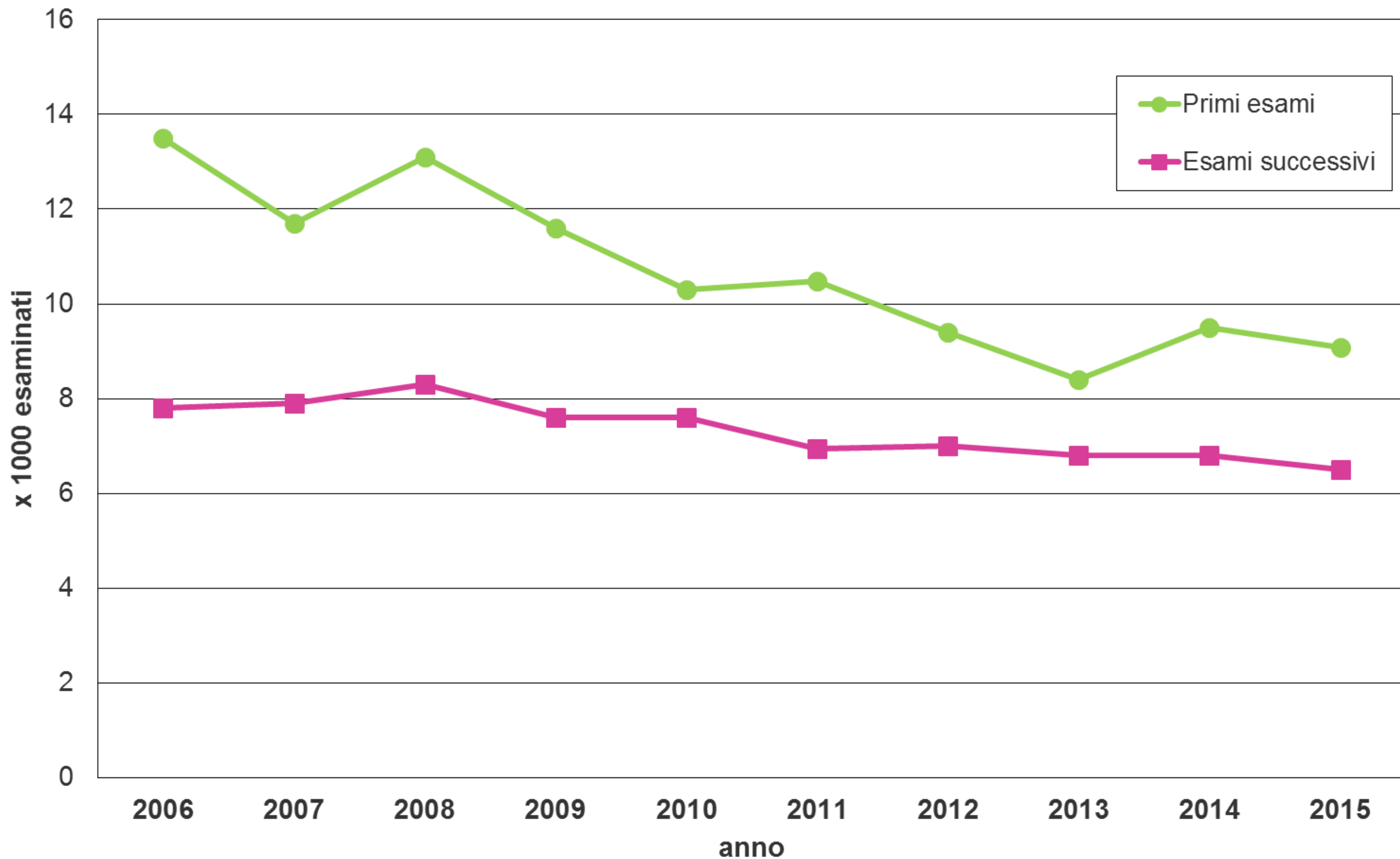



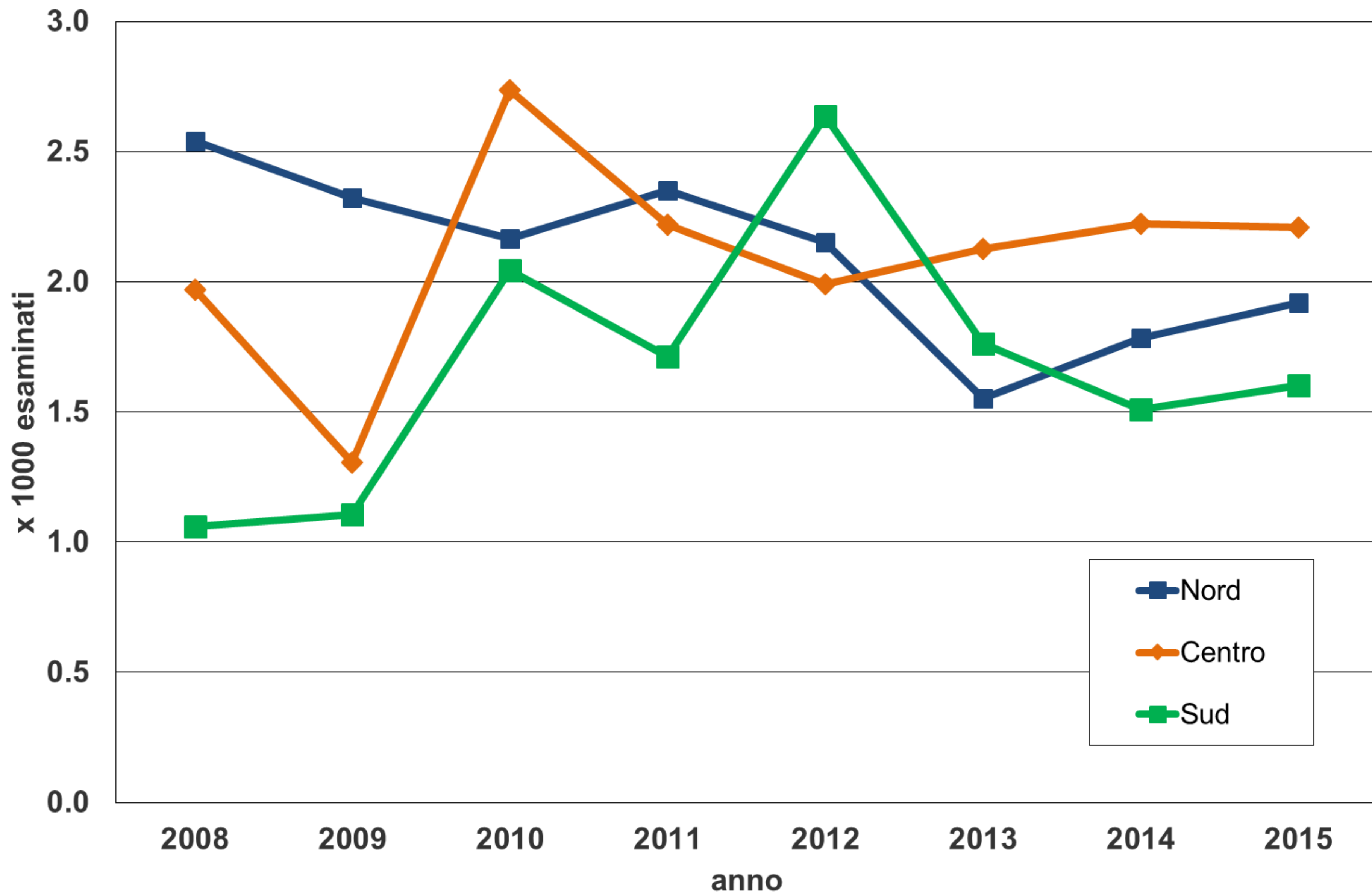
# Tasso st. di identificazione di carcinoma ITALIA, Trend 2006 - 2015



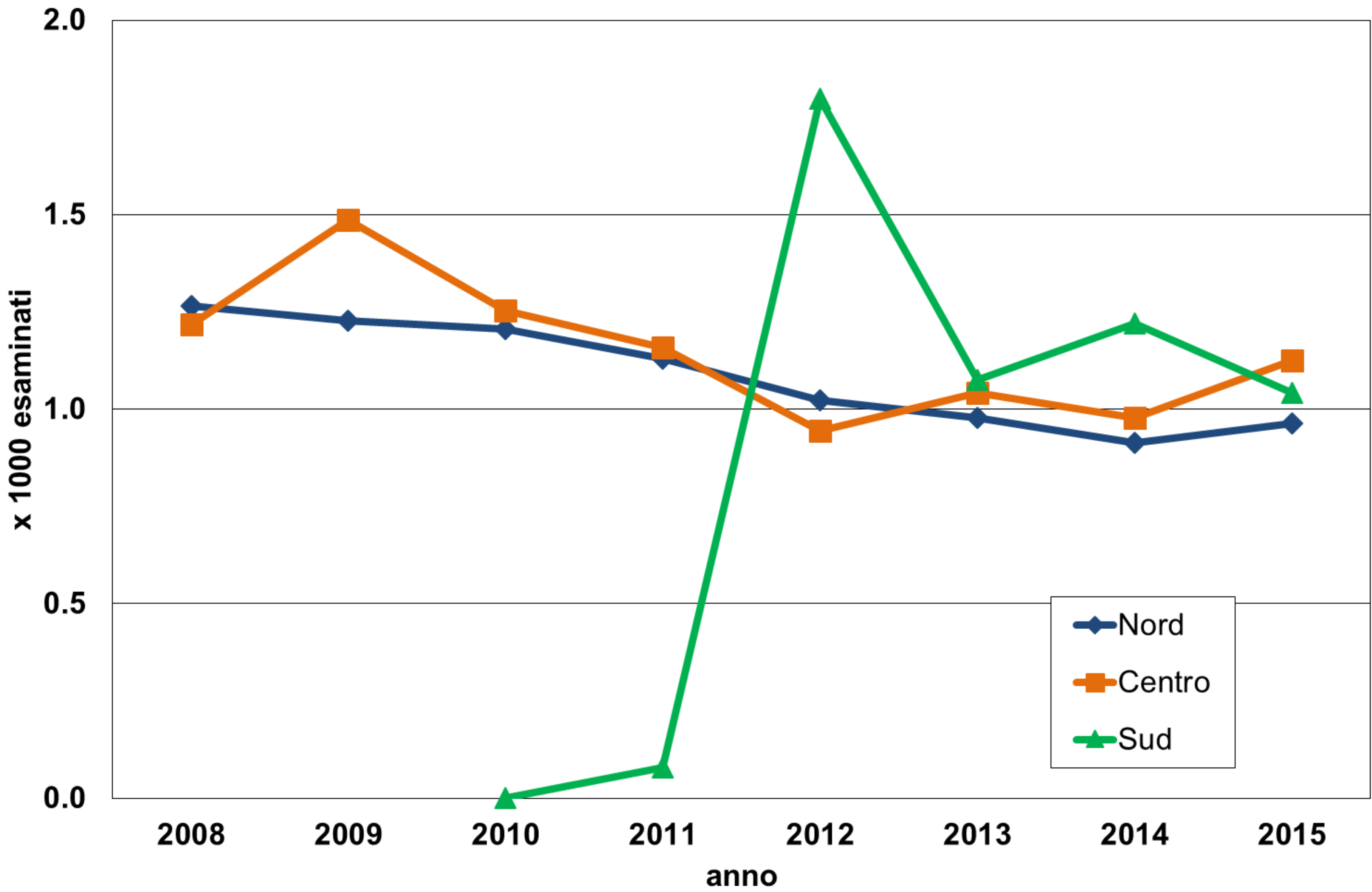
# Tasso st. di identificazione di adenoma avanzato ITALIA, Trend 2006 - 2015



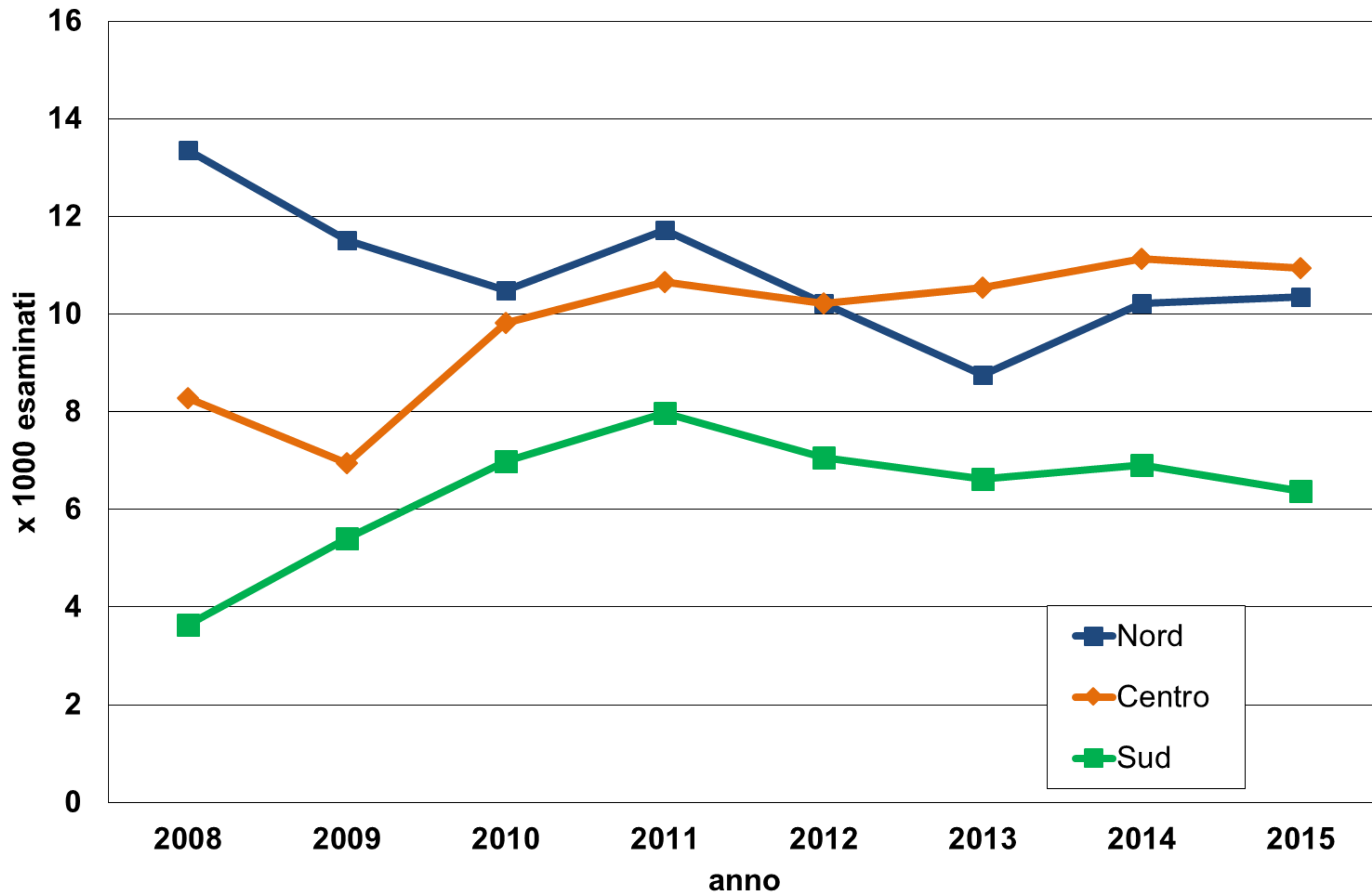
# Tasso st. di identificazione di carcinoma per Macroarea primi esami, Trend 2008 – 2015



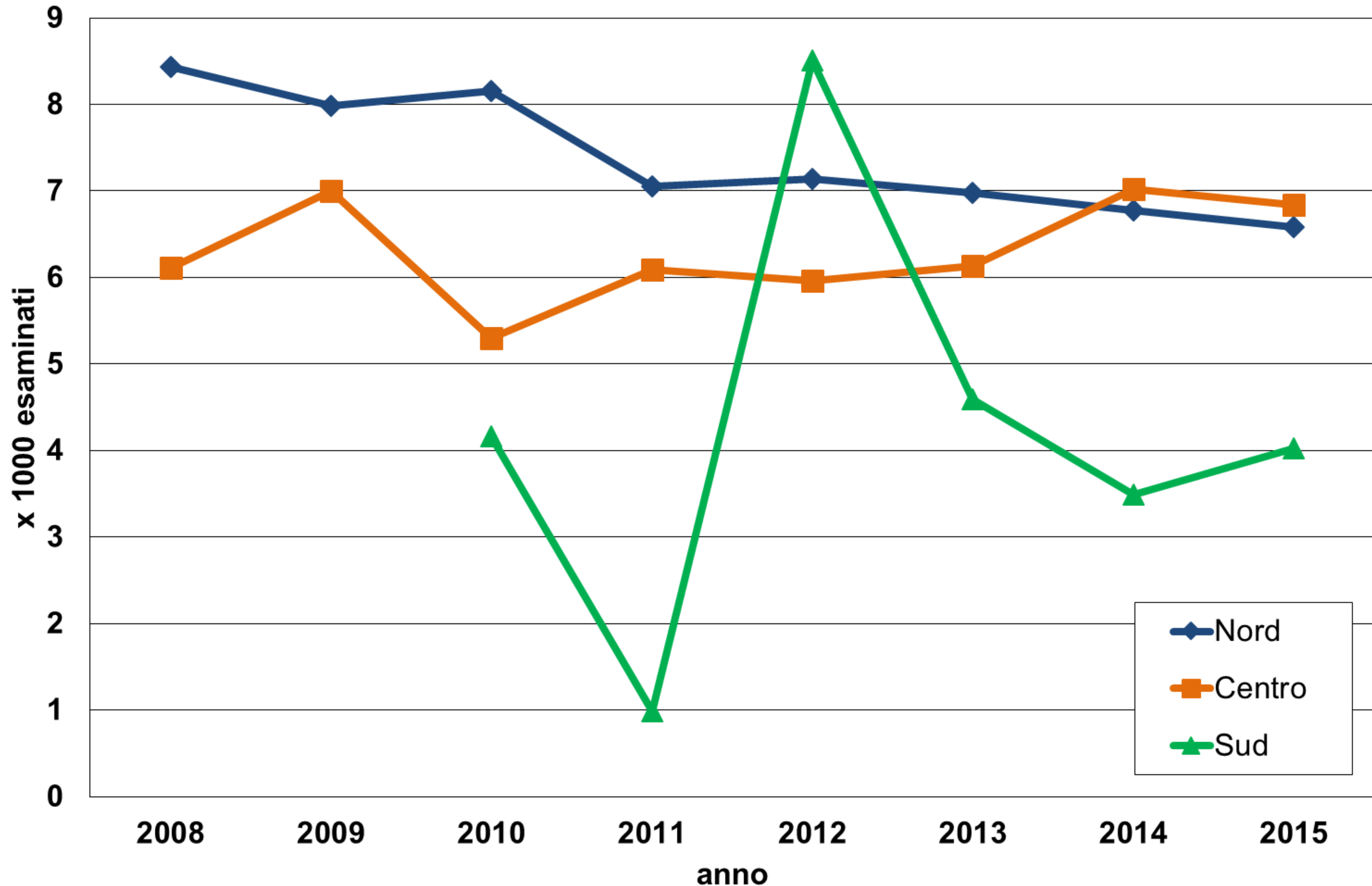
# Tasso st. di identificazione di carcinoma per Macroarea esami successivi, Trend 2008 – 2015



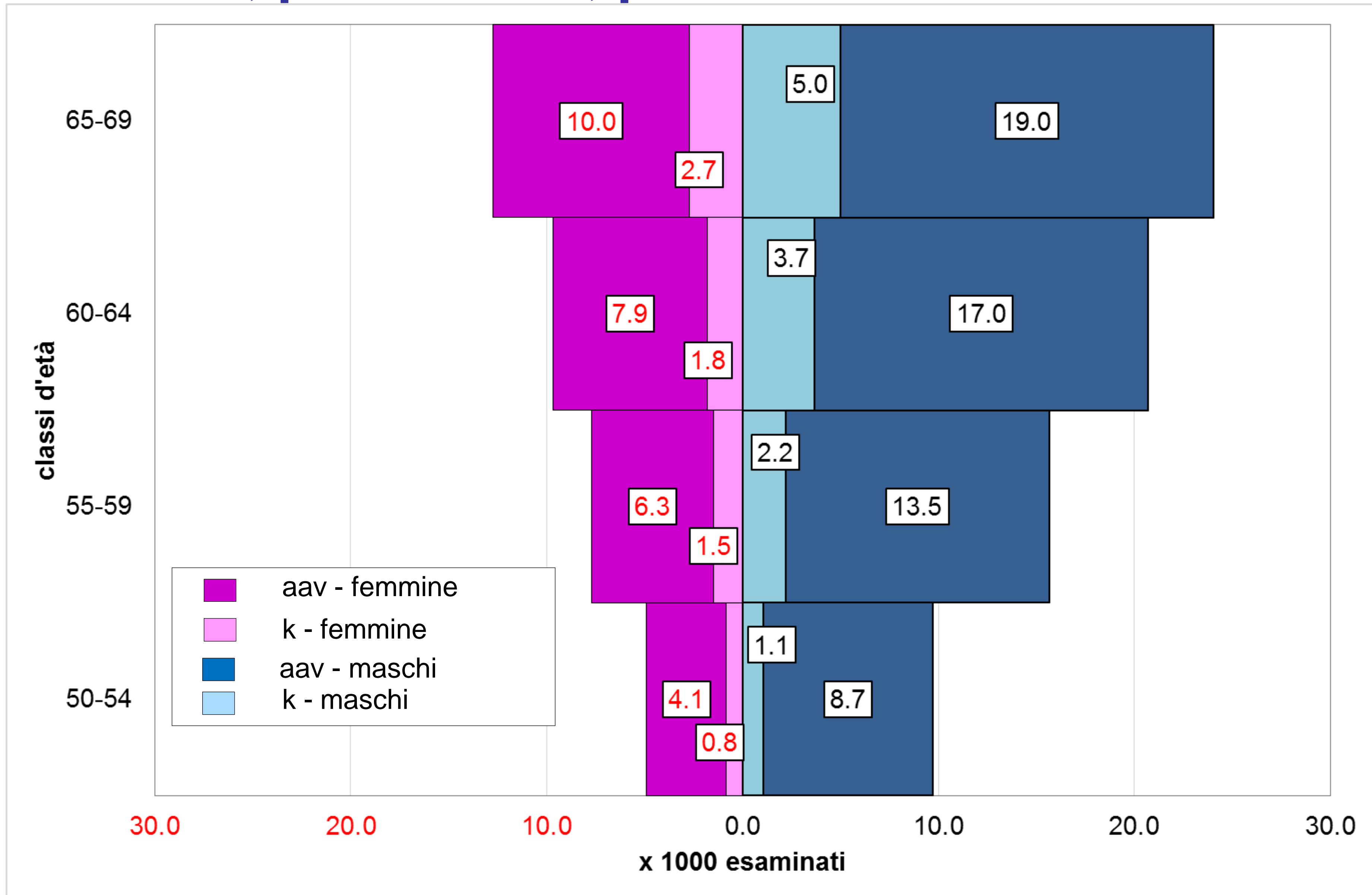
# Tasso st. di identificazione di adenoma avanzato per Macroarea primi esami, Trend 2008 – 2015



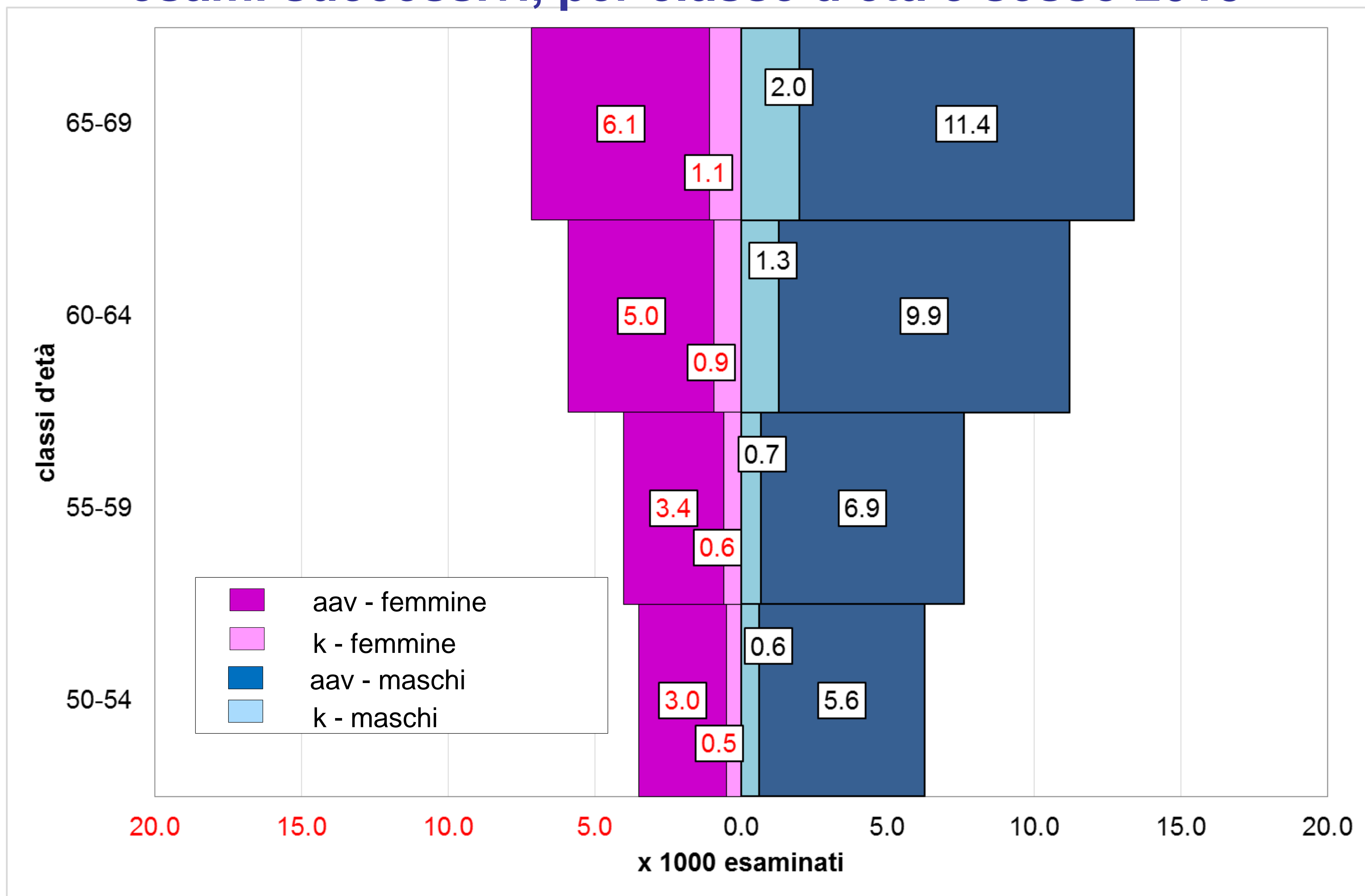
# Tasso st. di identificazione di adenoma avanzato per Macroarea esami successivi, Trend 2008 – 2015



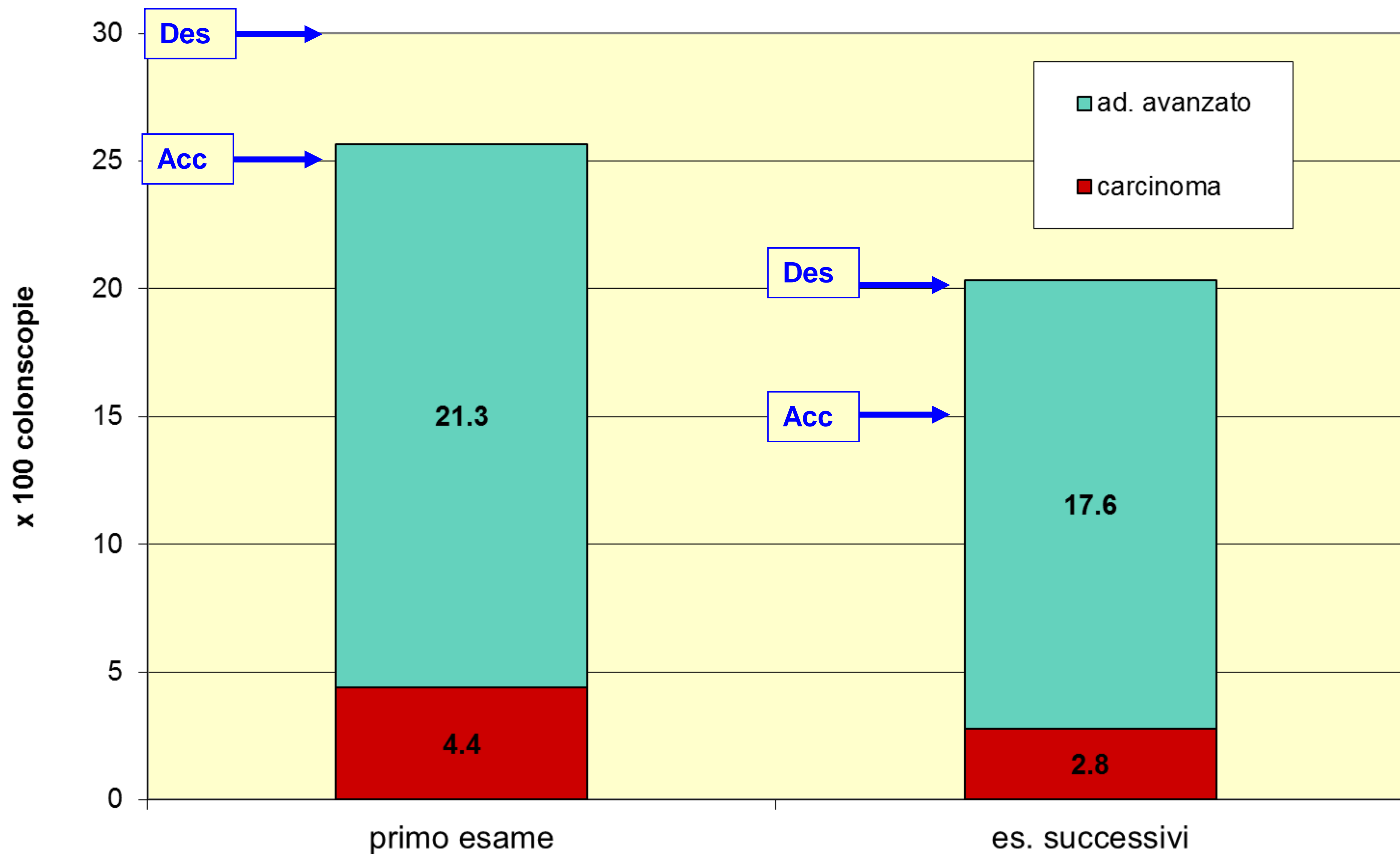
# Tasso st. di identificazione di cancro e adenoma avanzato, primi esami, per classe d'età e sesso 2015



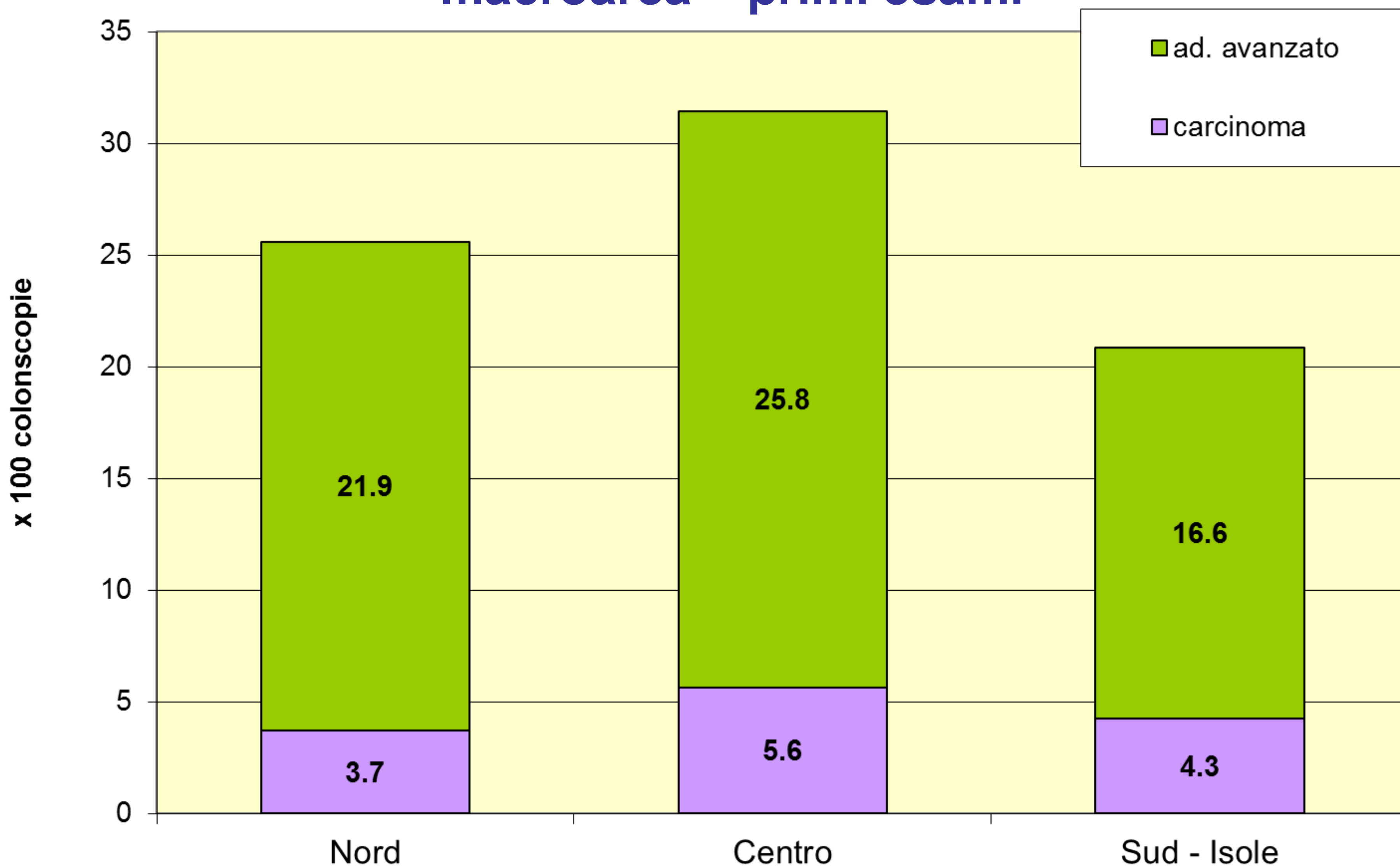
# Tasso st. di identificazione di cancro e adenoma avanzato, esami successivi, per classe d'età e sesso 2015



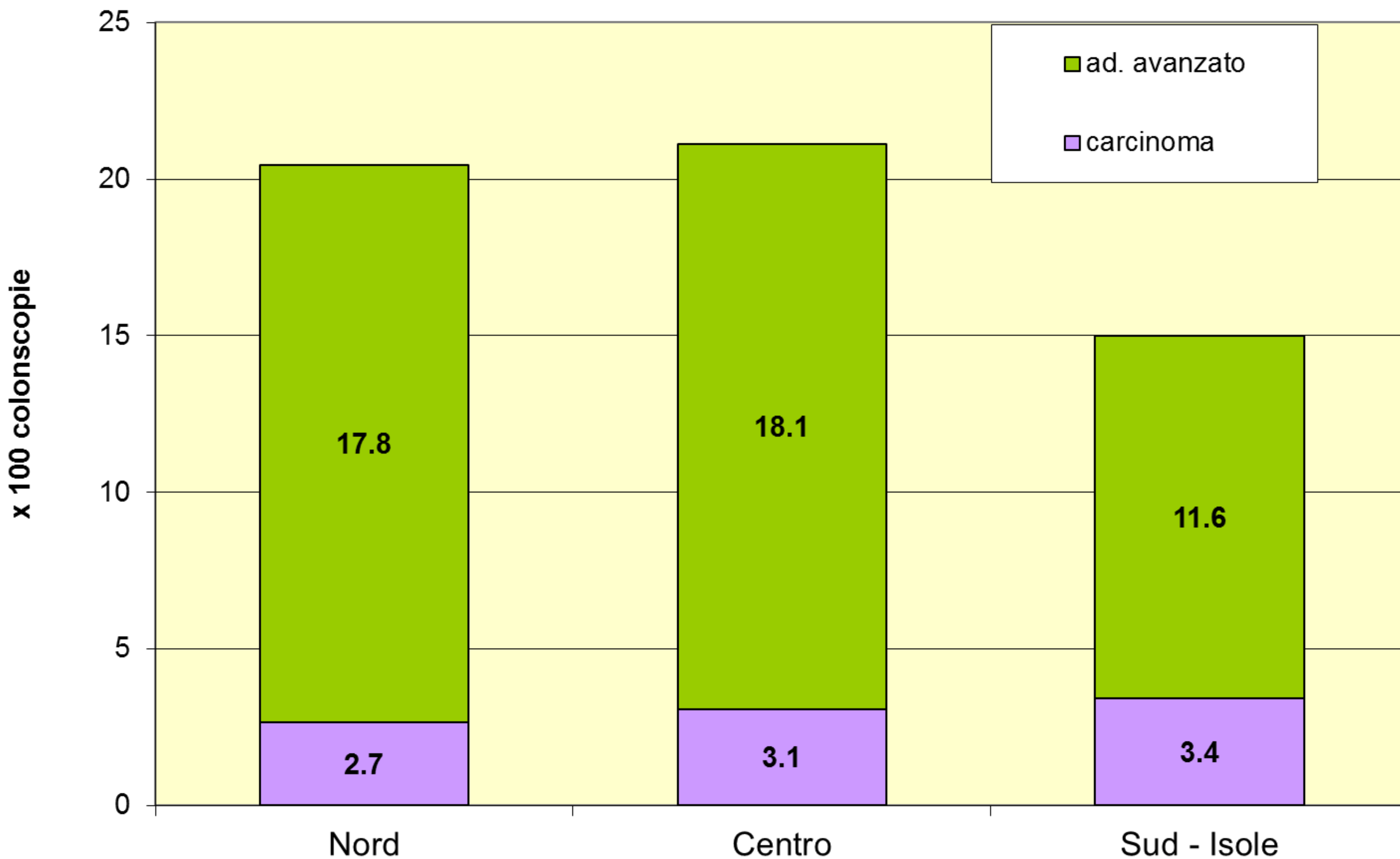
# Valore Predittivo Positivo del SOF+ alla colonscopia



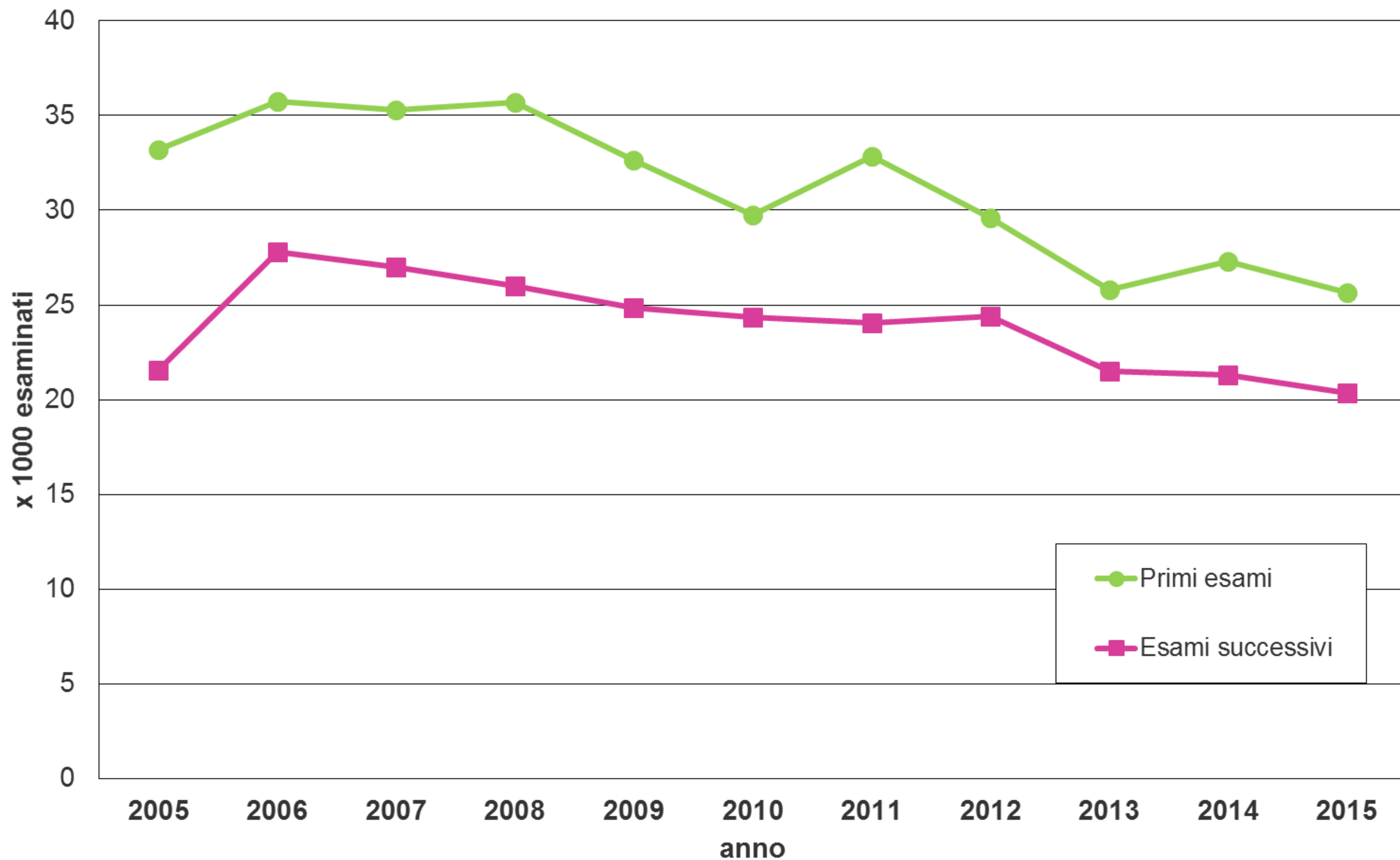
# Valore Predittivo Positivo del SOF+ alla colonscopia per macroarea – primi esami



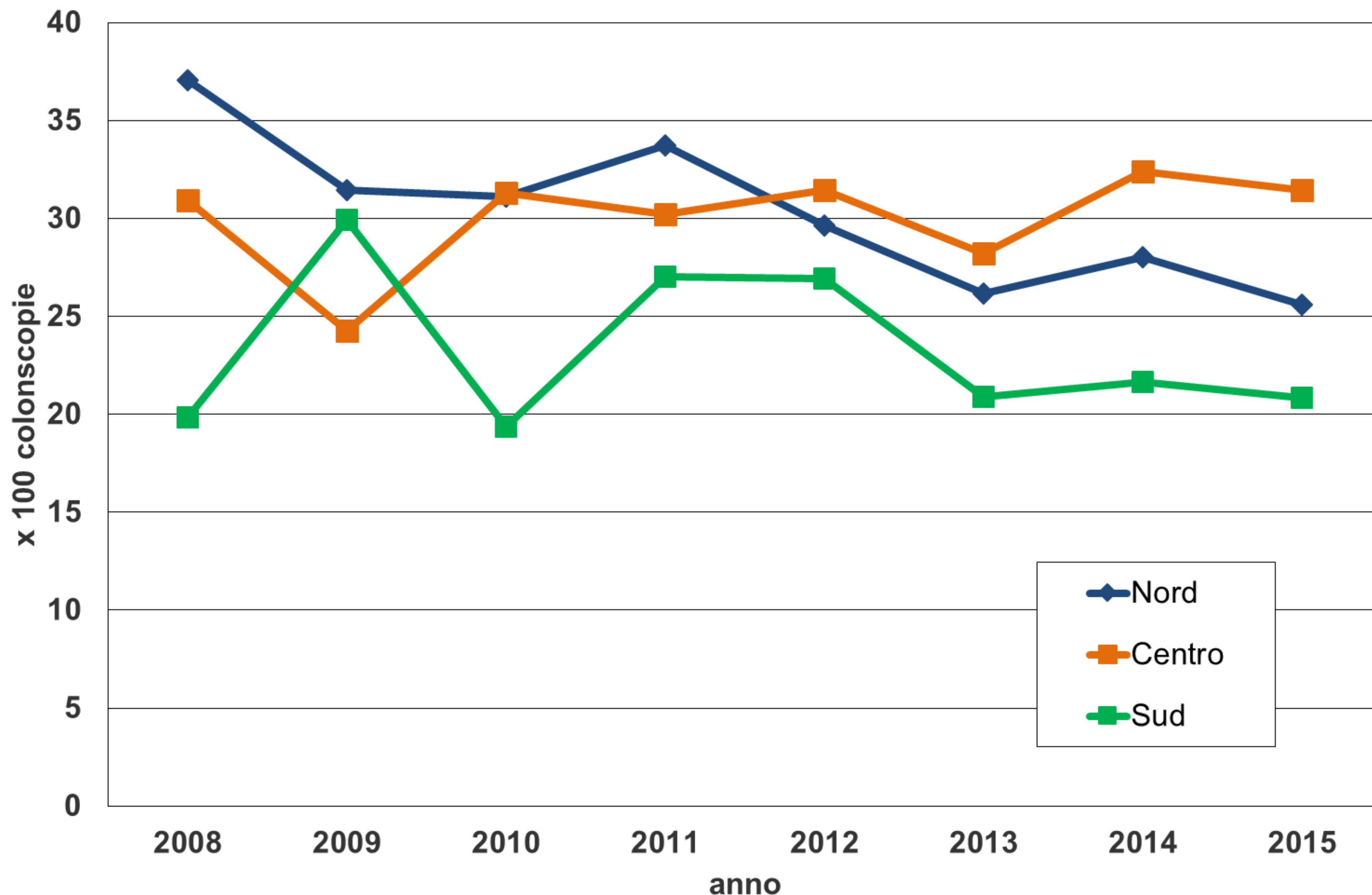
# Valore Predittivo Positivo del SOF+ alla colonscopia per macroarea – esami successivi



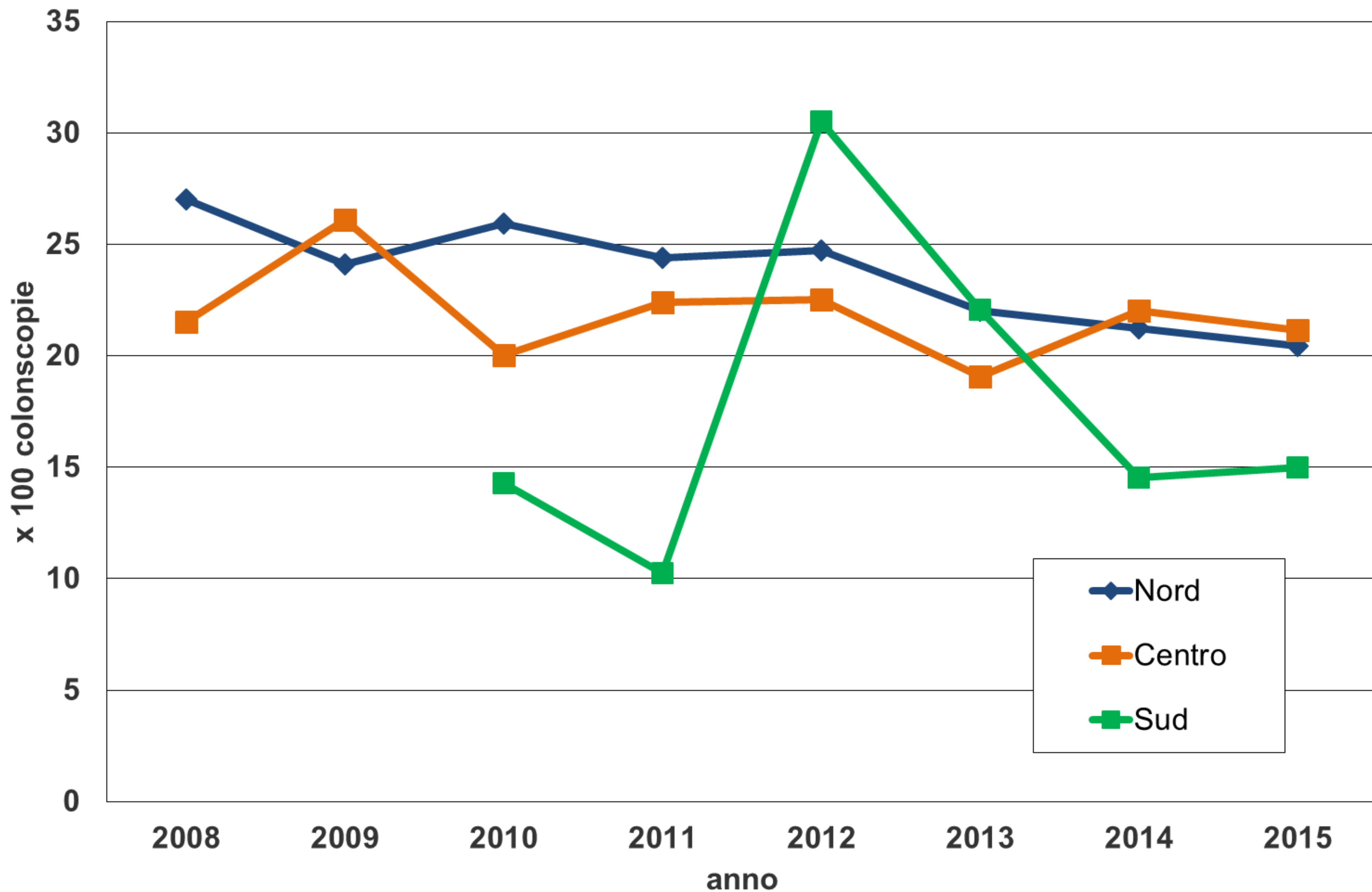
# VPP del SOF+ per carcinoma e adenoma avanzato. ITALIA, Trend 2005 - 2015



# VPP al SOF+ per carcinoma e adenoma avanzato per Macroarea primi esami, Trend 2008 – 2015



# VPP al SOF+ per carcinoma e adenoma avanzato per Macroarea esami successivi, Trend 2008 – 2015

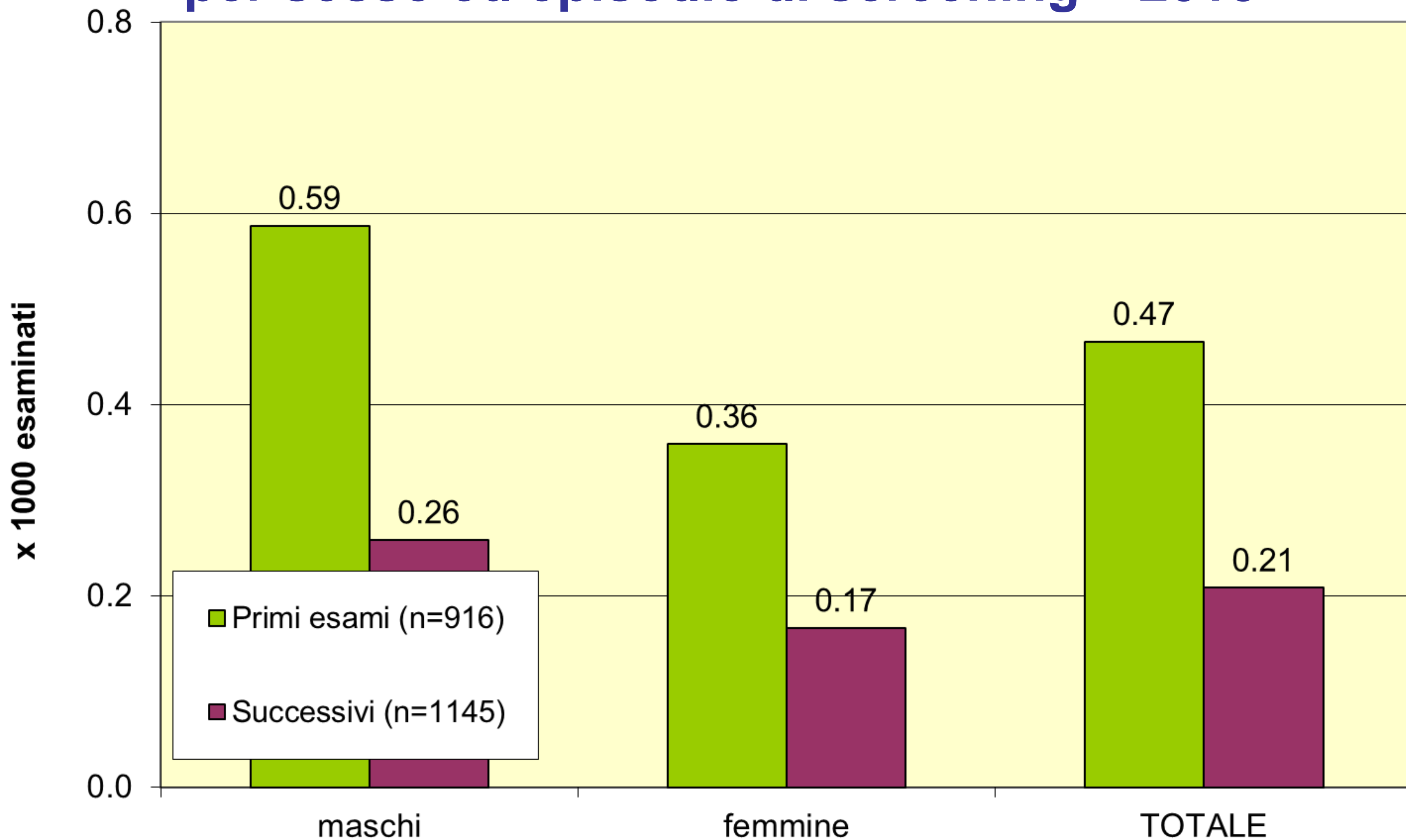


# Distribuzione per stadio alla diagnosi
## (solo casi con stadio noto = 70%)

| Stadio | Programmi SOF | |
|---|---|---|
| | Primi esami (n=1010) | Es. successivi (n=1159) |
| I | 32,2 | 40,2 |
| I* | 22,3 | 13,4 |
| II | 15,7 | 20,7 |
| III-IV | 29,8 | 25,6 |

* adenomi cancerizzati trattati con sola resezione endoscopica

# Tassi identificazione di carcinomi in stadio 3 e 4 per sesso ed episodio di screening – 2015*




*** programmi con stadio riportato per almeno l'80% dei casi**

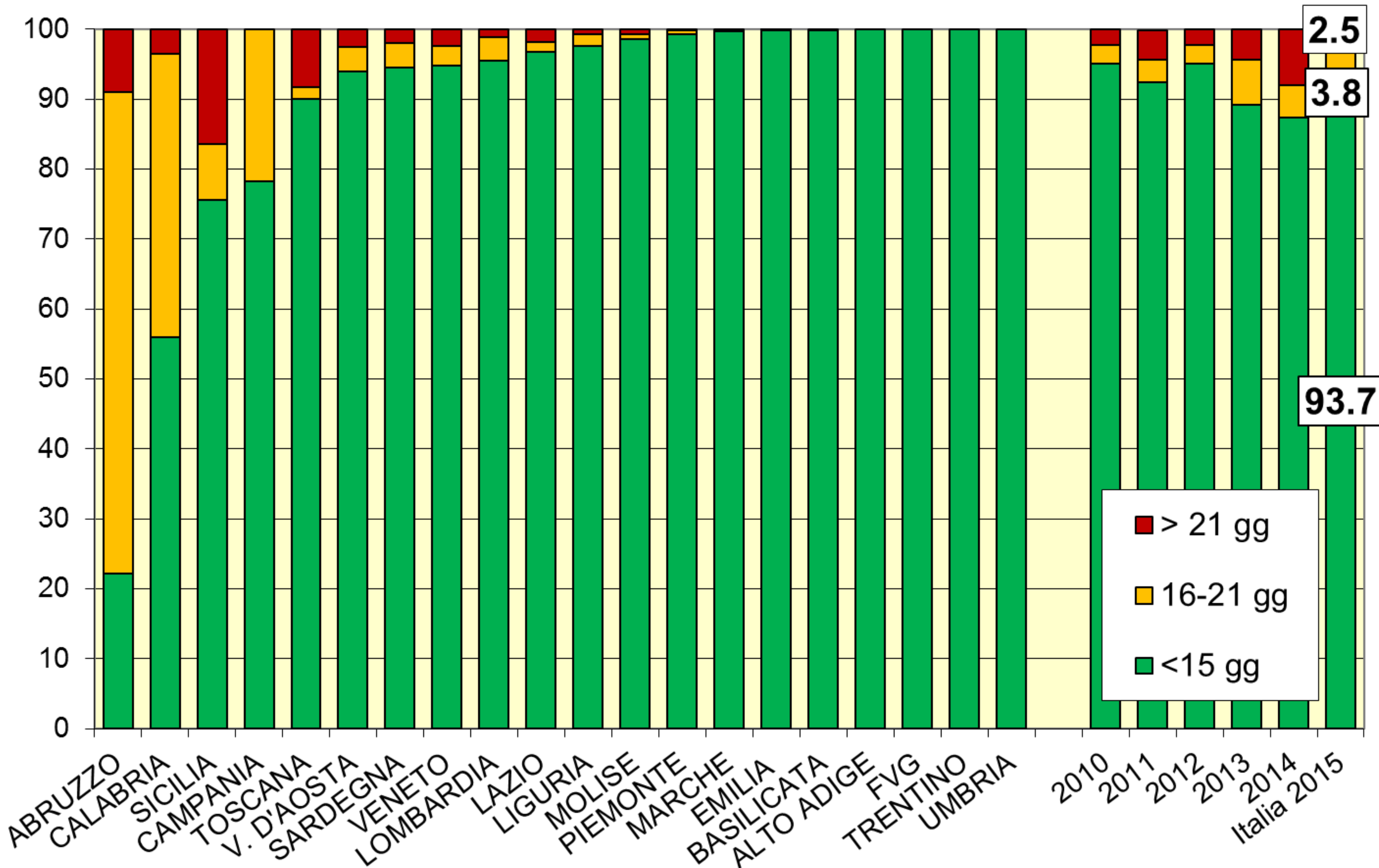
# Tassi identificazione di carcinoma negli screenati a episodi successivi nel 2015 SIR vs. tassi incidenza AIRTum 2009-2011

| | SIR | 95% CI |
|---|---|---|
| **ITALIA** | 0.80 | 0.78-0.82 |
| **Nord** | 0.77 | 0.74-0.80 |
| **Centro** | 0.79 | 0.75-0.83 |
| **Sud-Isole** | 0.95 | 0.91-0.99 |

# Quota di lesioni con trattamento esclusivamente endoscopico

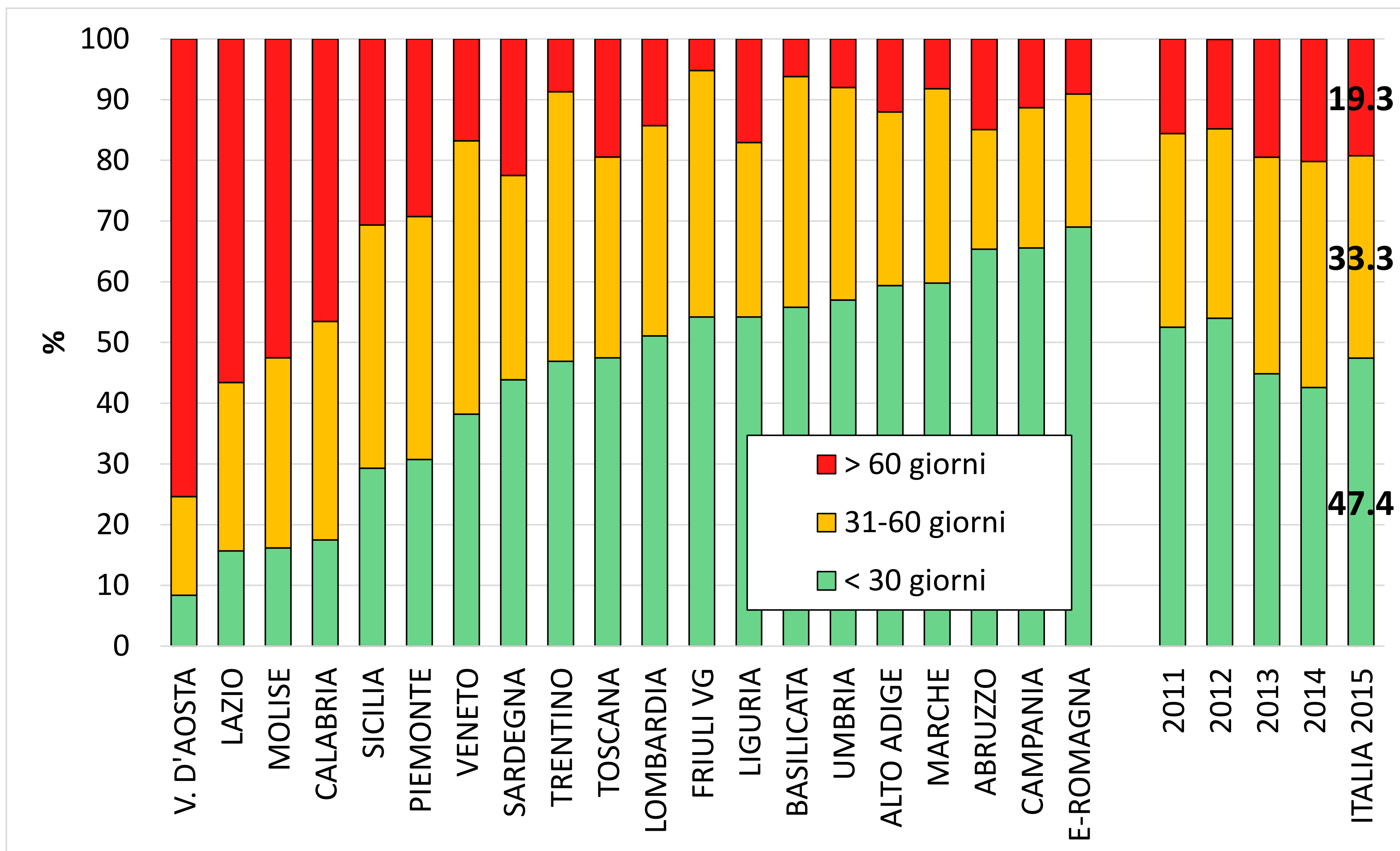
| | Media 2015 | 10°-90° percentile |
|---|---|---|
| Tutti i carcinomi | 14,3% | 0 – 42,9% |
| Carcinomi pT1 | 12,8% | 0 – 92,5% |
| Adenomi avanzati | 90,5% | 78,6 - 100% |

# Tempo per l'invio di risposta negativa



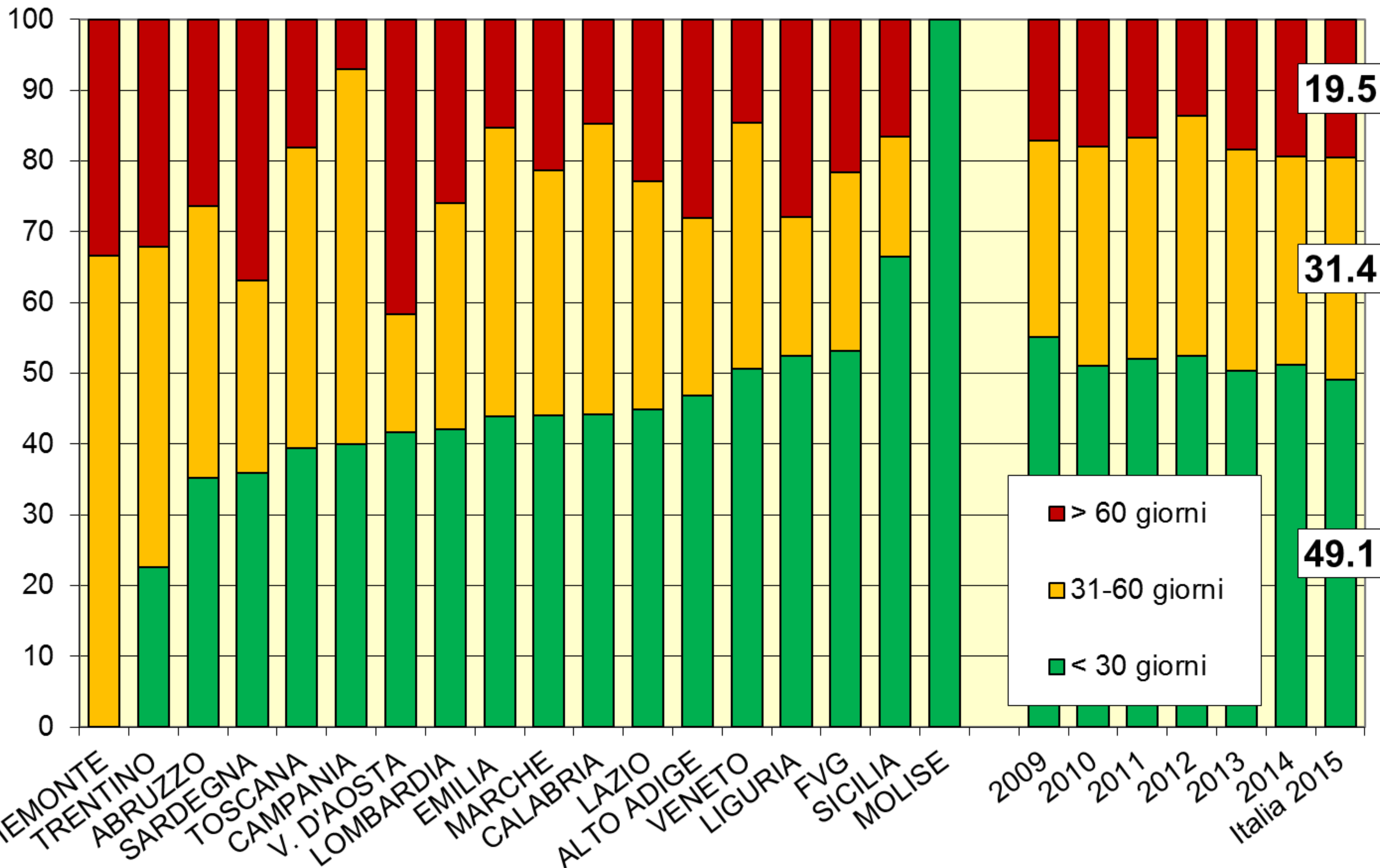

**Standard accettabile >90% entro 21 gg, desiderabile >90% entro 15 gg**

# Tempo per l'esecuzione della colonscopia di approfondimento




**Standard accettabile >90% entro 30 gg, desiderabile >95% entro 30 gg**

# Tempo per l'esecuzione dell'intervento chirurgico




**Standard accettabile >90% entro 30 gg**

Gut. 2015 Aug 21. pii: gutjnl-2015-310139. doi: 10.1136/gutjnl-2015-310139. [Epub ahead of print]

# Appropriateness of endoscopic surveillance recommendations in organised colorectal cancer screening programmes based on the faecal immunochemical test.

Zorzi M[1], Senore C[2], Turrin A[3], Mantellini P[4], Visioli CB[4], Naldoni C[5], Sassoli De' Bianchi P[5], Fedato C[3], Anghinoni E[6], Zappa M[4], Hassan C[7]; Italian colorectal cancer screening survey group.

## Abstract

**OBJECTIVES:** To assess the appropriateness of recommendations for endoscopic surveillance in organised colorectal cancer (CRC) screening programmes based on the faecal immunochemical test (FIT).

**DESIGN:** 74 Italian CRC screening programmes provided aggregated data on the recommendations given after FIT-positive colonoscopies in 2011 and 2013. Index colonoscopies were divided into negative/no adenoma and low- risk, intermediate-risk and high-risk adenomas. Postcolonoscopy recommendations included a return to screening (FIT after 2 years or 5 years), an endoscopic surveillance after 6 months or after 1 year, 3 years or 5 years, surgery or other. We assessed the deviation from the postcolonoscopy recommendations of the European Guidelines in 2011 and 2013 and the correlation between overuse of endoscopic surveillance in 2011 and the process indicators associated with the endoscopic workload in 2013.

**RESULTS:** 49 704 postcolonoscopy recommendations were analysed. High-risk, intermediate-risk and low-risk adenomas, and no adenomas were reported in 5.9%, 19.3%, 15.3% and 51.5% of the cases, respectively. Endoscopic surveillance was inappropriately recommended in 67.4% and 7%, respectively, of cases with low-risk and no adenoma. Overall, 37% of all endoscopic surveillance recommendations were inappropriate (6696/17 860). Overuse of endoscopic surveillance was positively correlated with the extension of invitations (correlation coefficient (cc) 0.29; p value 0.03) and with compliance with post-FIT+ colonoscopy (cc 0.25; p value 0.05), while it was negatively correlated with total colonoscopy waiting times longer than 60 days (cc -0.26; p value 0.05).

**CONCLUSIONS:** In organised screening programmes, a high rate of inappropriate recommendations for patients with low risk or no adenomas occurs, affecting the demand for endoscopic surveillance by a third.

# Conclusioni (dell'anno scorso…!)

- La survey è uno strumento fondamentale per monitorare il percorso di screening
- Per molti indicatori tuttavia sono presenti delle fragilità
- Il passaggio alla survey tramite DWH nazionale permetterà di superare alcuni limiti, ma non tutti
- Per aspetti specifici la survey rappresenta un sistema sentinella: per l'approfondimento vanno attivate linee di analisi dedicate a livello nazionale, da parte del GISCoR o a livello regionale (preferibilmente) o di singoli programmi

Gut. 2017 Nov 3. pii: gutjnl-2017-314753. doi: 10.1136/gutjnl-2017-314753. [Epub ahead of print]

# Long-term performance of colorectal cancer screening programmes based on the faecal immunochemical test.

Zorzi M[1], Hassan C[2], Capodaglio G[3], Fedato C[4], Montaguti A[4], Turrin A[4], Rosano A[1], Monetti D[1], Stocco C[1], Baracco S[1], Russo F[4], Repici A[5], Rugge M[6].

Author information

## Abstract

**BACKGROUND:** The long-term performance of colorectal cancer (CRC) screening programmes based on a 2-year faecal immunochemical test (FIT) is still unclear.

**METHODS:** In a sample of 50 to 69-year-olds repeatedly screened with the FIT (OC-Hemodia latex agglutination test; cut-off: 20 µg haemoglobin/g faeces), we examined: (1) the FIT positivity rate, the CRC and advanced adenoma detection rate and the FIT's positive predictive value (PPV) for advanced neoplasia, at each round of screening and (2) the cumulative CRC and advanced adenoma detection rate after five rounds of FIT.

**RESULTS:** Over 12 years (2002-2014), 123 347 individuals were administered the FIT up to six times, and 781 CRCs and 4713 advanced adenomas were diagnosed. The CRC and advanced adenoma detection rates declined substantially from the first to the third (rate ratio (RR) 0.25, 95% CI 0.20 to 0.32) and second (RR 0.51, 95% CI 0.47 to 0.56) rounds, respectively, and then remained stable. The PPV for advanced neoplasia dropped by 18% in the second round (RR 0.82, 95% CI 0.77 to 0.89), with no further reduction thereafter due to a concomitant decline in the FIT positivity rate (RR first to sixth rounds: 0.56, 95% CI 0.53 to 0.60).The cumulative CRC and advanced adenoma detection rates over five consecutive rounds were 8.5‰ (95% CI 7.8 to 9.2), and 58.9‰ (95% CI 56.9 to 61.0), respectively.

**CONCLUSIONS:** Repeated FIT significantly reduces the burden of colorectal disease while facilitating an efficient use of colonoscopy resources. The cumulative detection rate after five rounds of FIT is similar to primary screening with colonoscopy, supporting the need to account for the cumulative sensitivity of repeated FITs when evaluating the test's efficacy.

# Grazie per l'attenzione

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