Sistema Socio Sanitario

Fondazione IRCCS Istituto Nazionale dei Tumori

Regione Lombardia

GISCoR gruppo italiano screening colorettale

Stili alimentari nella prevenzione dei tumori del colon-retto: evidenze epidemiologiche

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Milano

XVIII CONGRESSO NAZIONALE 2025

Tumore del colon-retto: i numeri in Italia

COLON-RETTO	
Incidenza	Nel 2024 sono stimate circa 48.706 nuove diagnosi (uomini = 27.473; donne = 21.233)
Mortalità	Nel 2022 sono stimati 24.200 decessi (uomini = 13.000; donne = 11.200) Le stime per il 2023 non sono disponibili
Sopravvivenza netta a 5 anni dalla diagnosi	65% negli uomini e 66% nelle donne
Probabilità di vivere ulteriori 4 anni condizionata ad aver superato il primo anno dopo la diagnosi	77% negli uomini e 79% nelle donne
Prevalenza	Sono 442.600 le persone viventi in Italia dopo una diagnosi di tumore del colon retto (uomini = 227.600; donne = 215.000)

Associazione Italiana Oncologia Medica (AIOM). I numeri del cancro in Italia 2024

Numeri globali e fattori di rischio

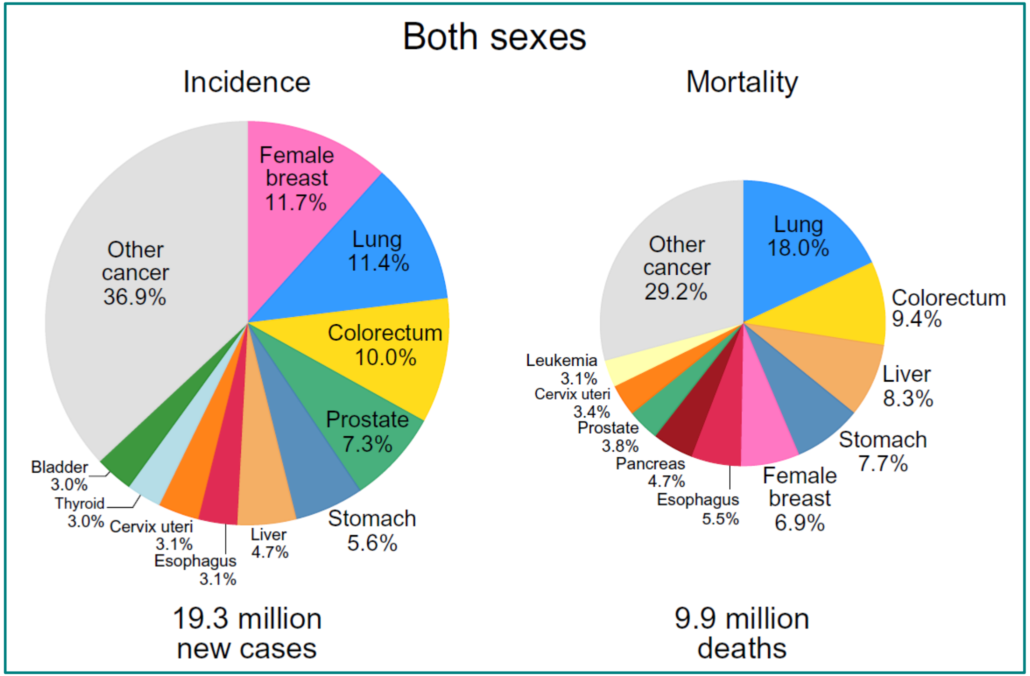
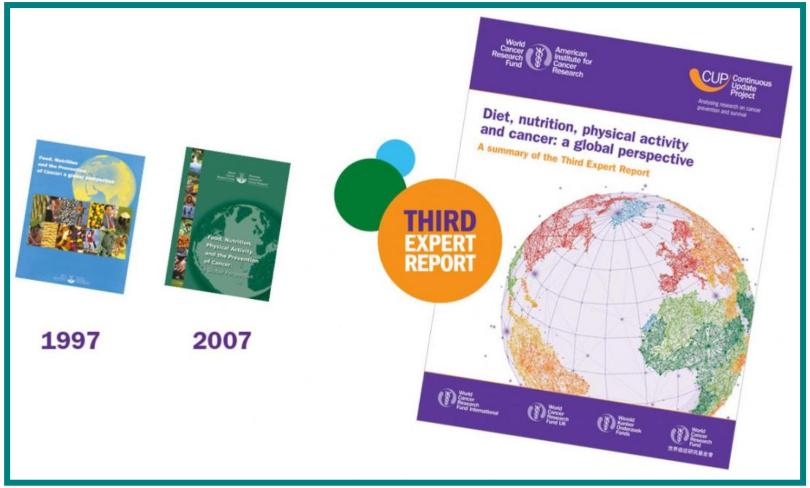


FIGURE 4. Distribution of Cases and Deaths for the Top 10 Most Common Cancers in 2020 for both sexes (Sung H, CA Cancer J Clin 2021;71:209–249, doi: 10.3322/caac.21660)

Fattori di rischio

- Familiarità
- Malattia di Crohn e rettocolite ulcerosa
- Stile di vita:
  - Fumo
  - Eccesso ponderale
  - Inattività fisica
  - Dieta

WCRF Third Expert Report 2018



World Cancer Research Fund
American Institute for Cancer Research

CUP GLOBAL
Cancer Update Programme

✓ Fonte più autorevole su alimenti, nutrizione e prevenzione dei tumori

✓ Revisione sistematica di tutta la letteratura scientifica prodotta fino al 2015 per stilare raccomandazioni complete su alimentazione, nutrizione e attività fisica mirate alla riduzione del rischio di tumore e utilizzabili da tutte le popolazioni

WCRF 2018: sintesi delle evidenze

2017	DIET, NUTRITION, PHYSICAL ACTIVITY AND COLORECTAL CANCER		
		DECREASES RISK	INCREASES RISK
STRONG EVIDENCE	Convincing	Physical activity[1,2]	Processed meat[3] Alcoholic drinks[4] Body fatness[5] Adult attained height[6]
	Probable	Wholegrains Foods containing dietary fibre[7] Dairy products[8] Calcium supplements[9]	Red meat[10]
LIMITED EVIDENCE	Limited – suggestive	Foods containing vitamin C[11] Fish Vitamin D[12] Multivitamin supplements[13]	Low intakes of non-starchy vegetables[14] Low intakes of fruits[14] Foods containing haem iron[15]
	Limited – no conclusion	Cereals (grains) and their products; potatoes; animal fat; poultry; shellfish and other seafood; fatty acid composition; cholesterol; dietary n-3 fatty acid from fish; legumes; garlic; non-dairy sources of calcium; foods containing added sugars; sugar (sucrose); coffee; tea; caffeine; carbohydrate; total fat; starch; glycaemic load; glycaemic index; folate; vitamin A; vitamin B6; vitamin E; selenium; low fat; methionine; beta-carotene; alpha-carotene; lycopene; retinol; energy intake; meal frequency; dietary pattern	

Pattern alimentari e di stile di vita

↓

Evidenze insufficienti

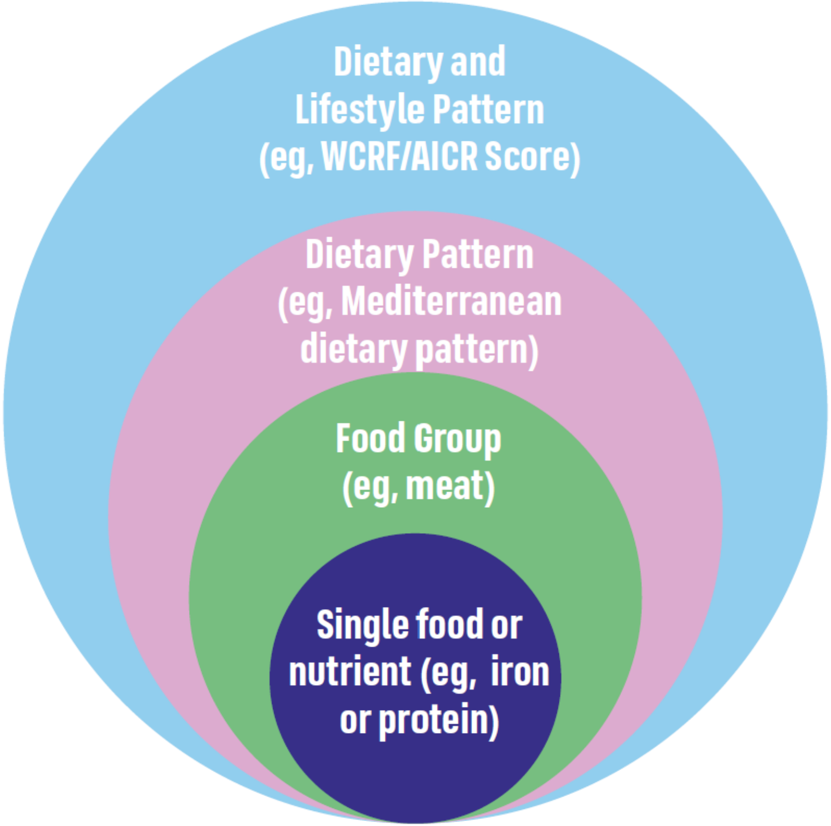
There is strong evidence that:

- being physically active decreases the risk of colon cancer
- consuming wholegrains decreases the risk of colorectal cancer
- consuming foods containing dietary fibre decreases the risk of colorectal cancer
- consuming dairy products decreases the risk of colorectal cancer
- taking calcium supplements decreases the risk of colorectal cancer
- consuming red meat increases the risk of colorectal cancer
- consuming processed meat increases the risk of colorectal cancer
- consuming approximately two or more alcoholic drinks per day increases the risk of colorectal cancer
- being overweight or obese increases the risk of colorectal cancer
- being tall increases the risk of colorectal cancer

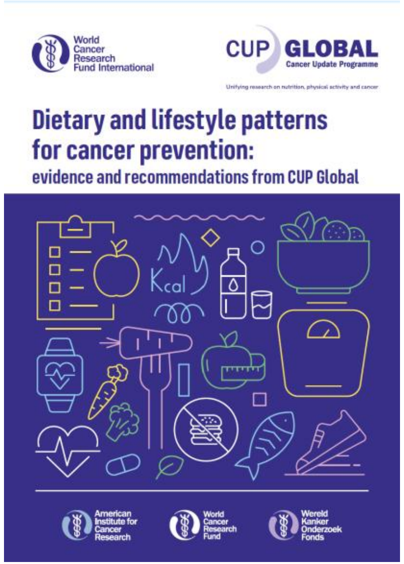
WCRF CUP Global 2025

Nuovo approccio analitico

- Revisione sistematica dell'associazione tra **modelli alimentari e di stile di vita** e **rischio di/mortalità per tumore del colon-retto**
- Visione olistica dei fattori di rischio modificabili: miglior comunicazione delle strategie di prevenzione
- Approccio che completa il report del 2018 per approfondire le conoscenze pregresse



WCRF CUP Global 2025



Recommendation for a DLP for cancer prevention, with specific considerations for breast and colorectal cancer

For cancer prevention, follow a healthy dietary pattern, aim to be physically active, maintain a healthy body weight and avoid smoking.

In such a dietary pattern, fruit, vegetables and fibre containing foods are prioritised.

For colorectal cancer prevention, there is a specific recommendation to include calcium-containing foods (such as dairy products) and coffee in this dietary pattern, with strong wording on avoiding processed meats.

For breast cancer prevention, there is stronger wording on avoiding alcohol, due to consistent evidence showing that any amount of alcohol increases breast cancer risk.

www.wcrf.org

Metodologia WCRF CUP Global

- Ricerca bibliografica PubMed & Embase al 31/03/2023
- Studi inclusi: RCTs, studi osservazionali longitudinali e pooled analyses
- Esposizioni: pattern alimentari (dietary patterns) e alimentari + stile vita (dietary and lifestyle patterns)
  1. Pattern a priori
  2. Pattern a posteriori
  3. Pattern «ibridi»
- Outcome: incidenza/mortalità tumore del colon-retto (CRC) e sottosedi (colon tot, colon prossimale, colon distale, retto)
- Valutazione della qualità dell'evidenza e sintesi

Valutazione delle evidenze

EVIDENCE GRADES		GRADING CRITERIA FOR EVIDENCE ON DIET, NUTRITION, PHYSICAL ACTIVITY AND CANCER INCIDENCE	Het	PB	Mec
STRONG EVIDENCE	CONVINCING	Evidence from more than one good quality study type, including at least two independent cohort studies (acceptable study designs listed below)*	NO	NO	REQUIRED
	PROBABLE	Evidence from at least two good quality independent cohort studies	NO	NO	REQUIRED
LIMITED EVIDENCE	LIMITED-SUGGESTIVE	Evidence from at least two independent cohort studies	YES	YES	REQUIRED
	LIMITED-NO CONCLUSION	Any of the following reasons: - Too few studies available - Inconsistency of direction of effect - Magnitude of effect unlikely to affect cancer risk - Poor quality of studies (for example, lack of adjustment for known confounders)	-	-	-
STRONG EVIDENCE	SUBSTANTIAL EFFECT ON RISK UNLIKELY	Evidence of the absence of an effect. All of the following generally required: - Evidence from more than one good quality study type (acceptable study designs listed below)* - Evidence from at least two independent cohort studies - Summary estimate of effect close to 1.0 for comparison of high-versus low-exposure categories	NO	NO	ABSENCE

Raccomandazioni per la prevenzione

DIETARY PATTERNS AND DIETARY AND LIFESTYLE PATTERNS AND COLORECTAL CANCER

2024

		DECREASES RISK		INCREASES RISK	
		EXPOSURE	OUTCOME	EXPOSURE	OUTCOME
		DIETARY AND LIFESTYLE PATTERNS			
STRONG EVIDENCE	CONVINCING				
STRONG EVIDENCE	PROBABLE	WCRF/AICR Score	Colorectal cancer Colon cancer	ELIH	Colorectal cancer
		DIETARY PATTERNS			
STRONG EVIDENCE	PROBABLE			EDIH	Colorectal cancer Colon cancer
STRONG EVIDENCE	PROBABLE			EDIP	Colorectal cancer Colon cancer
		DIETARY AND LIFESTYLE PATTERNS			
LIMITED EVIDENCE	LIMITED-SUGGESTIVE	American Cancer Society	Colorectal cancer		
LIMITED EVIDENCE	LIMITED-SUGGESTIVE	Healthy Living Index (and modifications)[2]	Colorectal cancer		
		DIETARY PATTERNS			
LIMITED EVIDENCE	LIMITED-SUGGESTIVE	Mediterranean dietary pattern	Colorectal cancer Rectal cancer		
LIMITED EVIDENCE	LIMITED-SUGGESTIVE	Healthful plant based diet[1]	Colorectal cancer		
LIMITED EVIDENCE	LIMITED-SUGGESTIVE	HEI, AHEI	Colorectal cancer Colon cancer Rectal cancer		
LIMITED EVIDENCE	LIMITED-SUGGESTIVE	The DASH diet	Colorectal cancer Colon cancer Rectal cancer		

Dietary & Lifestyle Patterns

ASN EST. 1928 American Society for Nutrition

ajcn.nutrition.org/

WCRF/AICR score

Dietary-Lifestyle Patterns and Colorectal Cancer Risk: Global Cancer Update Programme (CUP Global) Systematic Literature Review

Empirical Lifestyle Index for Hyperinsulinemia (ELIH)

(2025) 986–998

Dietary Patterns

Empirical Dietary Index for Hyperinsulinemia (EDIH)

Dietary patterns and colorectal cancer risk: Global Cancer Update

Empirical Dietary Inflammatory Pattern (EDIP)

The American Journal of Clinical Nutrition 121 (2025) 999–1016

EDIH: Empirical Dietary Index for Hyperinsulinemia, **EDIP**: Empirical Dietary Inflammatory Pattern, **ELIH**: Empirical lifestyle Index for Hyperinsulinemia, **WCRF/AICR**: World Cancer Research Fund/American Institute for Cancer Research Cancer Prevention Score, **HEI**: Health Eating Index, AHEI: Alternative Healthy Eating Index, **DASH diet**: Dietary Approaches to Stop Hypertension.

Pattern alimentari e di stile vita: composizione

PATTERN TYPES AND COMPONENTS				EVIDENCE
	Pattern name & type	Main foods & behaviours included in this pattern		Evidence conclusion
		More of these:	Less of these:	
Patterns strongly associated with a decreased risk of cancer	WCRF/ AICR Cancer Prevention score*	• Keeping weight within a healthy BMI range • Physical activity • Wholegrains & fibre containing foods • Vegetables • Fruits	• "Fast foods" and other foods high in fat, starches and salt • Red and processed meat • Sugar sweetened beverages • Alcohol consumption	Strong evidence that following the WCRF/AICR score is associated with a reduced risk of breast and colorectal cancer Evidence grading: strong probable
Patterns strongly associated with an increased risk of cancer	Empirical Lifestyle Index for Hyper-insulinemia*	• Higher BMI • Liquor/alcoholic drinks • Butter • Red meat • Fruit juice	• Physical activity • Coffee • Fruits (whole) • Wine • High fat dairy	Strong evidence that following this pattern is associated with an increased risk of colorectal cancer Evidence grading: strong probable

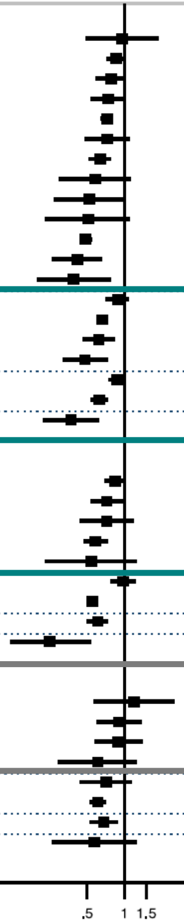
WCRF/AICR score

Empirical Lifestyle Index for Hyperinsulinemia (ELIH)

"constructed from components found to predict biomarkers associated with increased insulin"

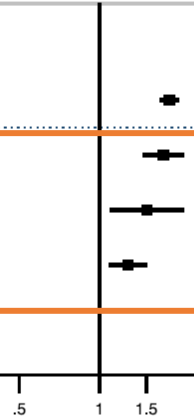
Pattern alimentari e di stile vita a priori: risultati

Author	Year	Exposure name	Study	Cases	RR (95% CI)	Pooled	Comparison
Colorectal cancer							
Wie	2014	2007 WCRF/AICR score + BMI	CSECK	53	0.96 (0.49, 1.89)		0.00 - 2.00 score vs 3.00 - 4.00 score
Petimar	2019	2018 WCRF/AICR score	NHS	1298	0.86 (0.72, 1.02)		Q5 vs Q1
Onyeaghala	2020	2018 WCRF/AICR score	ARIC Study, 1987	368	0.78 (0.59, 1.02)		4.50 - 7.00 points vs 1.00 - 3.00 points
Moazzen	2022	2018 WCRF/AICR score	Dutch Lifelines cohort	434	0.74 (0.54, 1.01)		Q5 vs Q1
Romaguera	2012	2007 WCRF/AICR score	EPIC cohort	3880	0.73 (0.65, 0.81)		4-<5(M)/5-<6(W) vs 0-2(M)/0-3(W)
Jones	2018	2007 WCRF/AICR score	UKWCS, 1993	444	0.73 (0.48, 1.10)		3 vs 1
Petimar	2019	2018 WCRF/AICR score	HPFS	1151	0.64 (0.52, 0.77)		Q5 vs Q1
Lavalette	2018	2007 WCRF/AICR score	NutriNet-Santé study	118	0.58 (0.30, 1.12)		Q5 vs Q1
Barrubés	2020	2018 WCRF/AICR score	PREDIMED	97	0.52 (0.27, 0.99)		Q4 vs Q1
Nomura	2016	WCRF/AICR score	Black Women's Health Study, 1995	328	0.51 (0.23, 1.10)		5.00 - 6.00 vs 0.00 - 2.00
Akinyemiju	2017	2007 WCRF/AICR score	NIH-AARP Diet and Health Study	10300	0.49 (0.44, 0.54)		5 score vs ≤1 score
Hastert	2016	2007 WCRF/AICR score	VITamins And Lifestyle (VITAL)	546	0.42 (0.26, 0.66)		4.00 - 6.00 unit vs 0.00 unit
Wang	2021	2007 WCRF/AICR score	CCHS	1088	0.39 (0.20, 0.77)		4.00 vs 0.00
Andersen	2022	ACS guidelines	SCCS	742	0.88 (0.71, 1.08)		3.00 - 5.00 points vs 0.00 - 1.00 points
Wu	2022	ACS guidelines	UK Biobank	4090	0.66 (0.60, 0.72)		5.00 - 6.00 points vs 0.00 - 2.00 points
Moazzen	2022	ACS guidelines	Dutch Lifelines cohort	434	0.62 (0.46, 0.84)		Q5 vs Q1
Thomson	2014	ACS guidelines	WHI-OS	751	0.48 (0.32, 0.73)		7-8 score vs 0-2 score
Chen	2021	Healthy Lifestyle Index (HLI)	NOWAC Study	1281	0.87 (0.75, 1.00)		16.00 - 20.00 score vs 11.00 - 15.00 score
Aleksandrova	2014	Healthy Lifestyle Index (HLI)	EPIC cohort	3759	0.63 (0.54, 0.74)		5 points vs 0-1 points
Odegaard	2013	Protective Lifestyle Factor Index Score	Singapore Chinese Health study	969	0.37 (0.22, 0.62)		9/10 score vs 0/1/2/3 score
Colon cancer							
Petimar	2019	2018 WCRF/AICR score	NHS	1023	0.84 (0.69, 1.03)		Q5 vs Q1
Onyeaghala	2020	2018 WCRF/AICR score	ARIC Study, 1987	313	0.72 (0.54, 0.97)		4.50 - 7.00 points vs 1.00 - 3.00 points
Jones	2018	2007 WCRF/AICR score	UKWCS, 1993	322	0.72 (0.44, 1.19)		3 vs 1
Petimar	2019	2018 WCRF/AICR score	HPFS	907	0.58 (0.47, 0.73)		Q5 vs Q1
Nomura	2016	WCRF/AICR score	Black Women's Health Study, 1995	259	0.54 (0.23, 1.26)		5.00 - 6.00 vs 0.00 - 2.00
Andersen	2022	ACS guidelines	SCCS	537	0.98 (0.77, 1.23)		3.00 - 5.00 points vs 0.00 - 1.00 points
Kabat	2015	ACS guidelines	NIH-AARP Diet and Health Study	4131	0.55 (0.50, 0.61)	*	8.00 - 11.00 score vs 0.00 - 3.00 score
Aleksandrova	2014	Healthy Lifestyle Index (HLI)	EPIC cohort	2369	0.61 (0.50, 0.74)		5 points vs 0-1 points
Odegaard	2013	Protective Lifestyle Factor Index Score	Singapore Chinese Health study	590	0.25 (0.12, 0.54)		9/10 score vs 0/1/2/3 score
Rectal cancer							
Onyeaghala	2020	2018 WCRF/AICR score	ARIC Study, 1987	56	1.20 (0.57, 2.51)		4.50 - 7.00 points vs 1.00 - 3.00 points
Petimar	2019	2018 WCRF/AICR score	NHS	275	0.90 (0.60, 1.36)		Q5 vs Q1
Petimar	2019	2018 WCRF/AICR score	HPFS	244	0.89 (0.58, 1.39)		Q5 vs Q1
Jones	2018	2007 WCRF/AICR score	UKWCS, 1993	146	0.61 (0.29, 1.26)		3 vs 1
Andersen	2022	ACS guidelines	SCCS	125	0.71 (0.44, 1.14)		3.00 - 5.00 points vs 0.00 - 1.00 points
Kabat	2015	ACS guidelines	NIH-AARP Diet and Health Study	1999	0.61 (0.53, 0.71)	*	8.00 - 11.00 score vs 0.00 - 3.00 score
Aleksandrova	2014	Healthy Lifestyle Index (HLI)	EPIC cohort	1390	0.68 (0.53, 0.88)		5 points vs 0-1 points
Odegaard	2013	Protective Lifestyle Factor Index Score	Singapore Chinese Health study	379	0.57 (0.26, 1.24)		9/10 score vs 0/1/2/3 score



Pattern alimentari e di stile vita «ibridi»: risultati

Author	Year	Exposure name	Study	Cases	RR (95% CI)	Comparison
Colorectal cancer						
Byrd	2020	Lifestyle + Dietary Inflammation Scores	NIH-AARP Diet and Health Study	10336	1.83 (1.68, 1.99)	LIS Q5 + DIS Q5 vs LIS Q1 + DIS Q1
Wang	2018	Empirical Lifestyle Index for Hyperinsulinemia (ELIH)	HPFS	1232	1.74 (1.46, 2.07)	Q5 vs Q1
Yue	2021	Empirical Lifestyle Index for Hyperinsulinemia (ELIH)	NHS II	332	1.51 (1.10, 2.08)	1.40 - 4.50 points vs -0.50 - 1.10 points
Wang	2018	Empirical Lifestyle Index for Hyperinsulinemia (ELIH)	NHS	1439	1.28 (1.09, 1.51)	Q5 vs Q1



Pattern alimentari: composizione

PATTERN TYPES AND COMPONENTS				EVIDENCE
	Pattern name & type	Main foods & behaviours included in this pattern		Evidence conclusion
		More of these:	Less of these:	
Patterns strongly associated with an increased risk of cancer	Empirical Dietary Index for Hyperin-sulinemia*	• Red and processed meat • Poultry • Butter • French fries • Tomatoes • Low fat dairy	• Coffee • Whole fruits • Wine • High fat dairy • Green leafy vegetables	Strong evidence that following this pattern is associated with an increased risk of colorectal cancer Evidence grading: strong probable
	Empirical Dietary Inflammatory Pattern*	• Red and processed meat • Refined grains • Sugar sweetened beverages • Tomatoes • Fish (excluding dark meat fish) and seafood	• Beer • Wine • Tea & coffee • Dark yellow, and leafy green vegetables • Fruit juice	Strong evidence that following this pattern is associated with an increased risk of colorectal cancer Evidence grading: strong probable

Empirical Dietary Index for Hyperinsulinemia (EDIH)

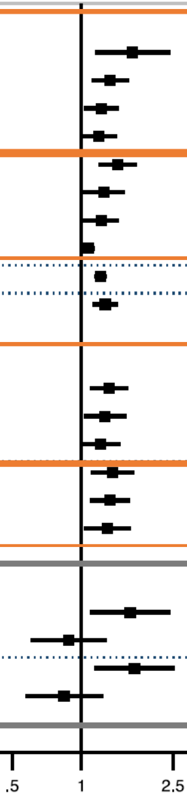
"constructed from dietary components found to predict biomarkers associated with increased insulin"

Empirical Dietary Inflammatory Pattern (EDIP)

"constructed from dietary components found to predict biomarkers associated with increased inflammation levels"

Pattern alimentari «ibridi»: risultati

Author	Year	Exposure name	Study	Cases	RR (95% CI)	Comparison
Colorectal cancer						
Yue	2021	Empirical Dietary Index for Hyperinsulinemia (EDIH)	NHS II	332	1.67 (1.15, 2.44)	0.50 - 4.80 vs -1.40 - 0.30 points
Tabung	2018	Empirical Dietary Index for Hyperinsulinemia (EDIH)	HPFS	1244	1.33 (1.11, 1.61)	Q5 vs Q1
Tabung	2018	Empirical Dietary Index for Hyperinsulinemia (EDIH)	NHS	1439	1.22 (1.03, 1.45)	Q5 vs Q1
Jin	2023	Empirical Dietary Index for Hyperinsulinemia (EDIH)	WHI-CT & OS	1608	1.19 (1.00, 1.42)	Q5 vs Q1
Tabung	2018	Empirical Dietary Inflammatory Pattern (EDIP)	HPFS	1258	1.44 (1.19, 1.74)	1.14 vs -1.20
Jin	2023	Empirical Dietary Inflammatory Pattern (EDIP)	WHI-CT & OS	1608	1.25 (1.01, 1.54)	Q5 vs Q1
Tabung	2018	Empirical Dietary Inflammatory Pattern (EDIP)	NHS	1441	1.22 (1.02, 1.45)	1.16 vs -1.20
Byrd	2020	Empirical Dietary Inflammatory Pattern (EDIP)	NIH-AARP Diet and Health Study	10336	1.07 (1.00, 1.14)	Q5 vs Q1
Byrd	2020	Dietary inflammation scores (DIS)	NIH-AARP Diet and Health Study	10336	1.21 (1.14, 1.29)	Q5 vs Q1
Wang	2021	Sulfur Microbial Diet Score	NHS + NHS II + HPFS	3217	1.27 (1.12, 1.44)	Q5 vs Q1
Colon cancer						
Tabung	2018	Empirical Dietary Index for Hyperinsulinemia (EDIH)	NHS	1129	1.32 (1.09, 1.60)	Q5 vs Q1
Tabung	2018	Empirical Dietary Index for Hyperinsulinemia (EDIH)	HPFS	984	1.26 (1.03, 1.56)	Q5 vs Q1
Jin	2023	Empirical Dietary Index for Hyperinsulinemia (EDIH)	WHI-CT & OS	1346	1.21 (1.00, 1.47)	Q5 vs Q1
Tabung	2018	Empirical Dietary Inflammatory Pattern (EDIP)	HPFS	997	1.37 (1.10, 1.69)	1.14 vs -1.20
Tabung	2018	Empirical Dietary Inflammatory Pattern (EDIP)	NHS	1131	1.33 (1.09, 1.62)	1.16 vs -1.20
Jin	2023	Empirical Dietary Inflammatory Pattern (EDIP)	WHI-CT & OS	1346	1.30 (1.03, 1.64)	Q5 vs Q1
Rectal cancer						
Tabung	2018	Empirical Dietary Index for Hyperinsulinemia (EDIH)	HPFS	260	1.63 (1.09, 2.44)	Q5 vs Q1
Tabung	2018	Empirical Dietary Index for Hyperinsulinemia (EDIH)	NHS	310	0.88 (0.60, 1.29)	Q5 vs Q1
Tabung	2018	Empirical Dietary Inflammatory Pattern (EDIP)	HPFS	261	1.70 (1.14, 2.54)	1.14 vs -1.20
Tabung	2018	Empirical Dietary Inflammatory Pattern (EDIP)	NHS	310	0.84 (0.57, 1.24)	1.16 vs -1.20



Summary delle evidenze

For overall cancer prevention	
Restrict these behaviours	**Prioritise these behaviours**
Alcohol consumption	Fruit and vegetable consumption
Red/processed meats consumption	Fibre containing foods, e.g. legumes, wholegrains consumption
	Maintaining a healthy body weight
	Being physically active
Additional specific consideration for colorectal cancer prevention	
Avoiding processed meats	Including calcium-containing products, such as dairy in your dietary pattern
	Including coffee in your dietary pattern

The Panel recommended for colorectal cancer prevention a healthy DLP which broadly involves the following:

- Maintaining a healthy weight and habitually taking part in physical activity.
- Prioritising consumption of fruit and vegetables, as well as fibre-containing foods.
- Including the consumption of coffee and calcium containing foods, such as dairy products.
- Limiting consumption of sugar sweetened beverages and alcohol.
- Avoiding processed meat.
- Not smoking.

Plausibilità biologica

Meccanismi comuni sottostanti i pattern

- Iperinsulinemia
- Infiammazione cronica di basso grado
- Stress ossidativo

Focus su raccomandazioni specifiche

- Calcio
- Caffè
- Carni lavorate

Alcol: aumento di rischio nonostante tramite meccanismi diversi da iperinsulinemia e infiammazione

Conclusioni

- Seguire il più possibile **uno stile di vita e una dieta sana** sono associati ad un minor rischio di tumore del colon-retto
- Sostanziale sovrapposizione di componenti tra i pattern associati al CRC
- Plausibilità biologica supportata
- **Necessità di nuovi studi** con:
  - Definizione omogenea dei pattern
  - Informazioni complete sui confondenti
  - Valutazione dell'effetto sulla mortalità per CRC
  - Valutazione dell'effetto nelle sottosedi
  - Valutazione del cambiamento nel tempo delle abitudini

YOUGOODY

Uno sguardo al futuro nell’Italia che cambia

È uno studio prospettico online su dieta e stili di vita per la prevenzione delle malattie cronico-degenerative promosso dalla **Fondazione IRCCS Istituto Nazionale dei Tumori di Milano.**

Lo studio mira a **reclutare almeno 100.000 volontari adulti (dai 18 anni in su)** nell’arco di tre anni, con l’obiettivo di **raccogliere informazioni relative a dieta, stile di vita, antropometria e altre caratteristiche individuali.**

Fondazione IRCCS Istituto Nazionale dei Tumori

Sistema Socio Sanitario Regione Lombardia

GISCoR
gruppo italiano screening colorettale

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Grazie per l'attenzione

Claudia Agnoli

SC Epidemiologia e Prevenzione

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Milano

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