

GISCoR

gruppo italiano screening coloretta

**Screening integrato
cancro colo-rettale e cancro gastrico**

*G. Feliciangeli
UOC Gastroenterologia
AST Macerata*

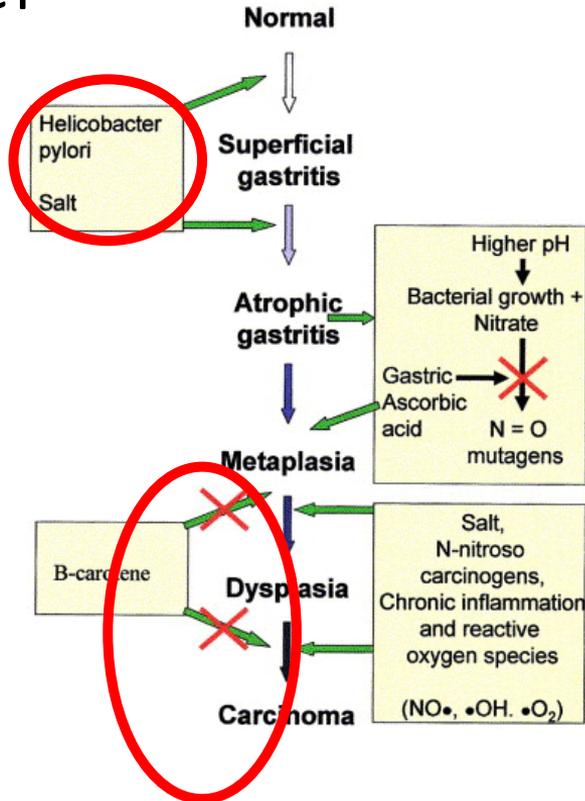
**T Hotel, Cagliari
6-7 Novembre 2025**

**XVIII CONGRESSO
NAZIONALE 2025**

European Council Recommendation

 <p>BREAST CANCER suggesting a lower age limit of 45 and a higher age limit of 74 (standard 50 – 69), plus MRI scans when medically appropriate</p>	 <p>HPV testing for women aged 30 to 65, every 5 years or more, to detect CERVICAL CANCER, taking account of HPV vaccination status</p>	 <p>Triage testing for COLORECTAL CANCER in people aged 50 – 74 through faecal immunochemical testing (FIT) to determine follow-up via endoscopy/colonoscopy</p>
 <p>LUNG CANCER testing for individuals at high risk (i.e. smokers), incl. prevention approaches</p>	 <p>Prostate specific antigen testing for PROSTATE CANCER in men, plus MRI scans for follow-up</p>	 <p>In places with high GASTRIC CANCER incidence and death rates, screening for Helicobacter pylori and surveillance of precancerous stomach lesions</p>

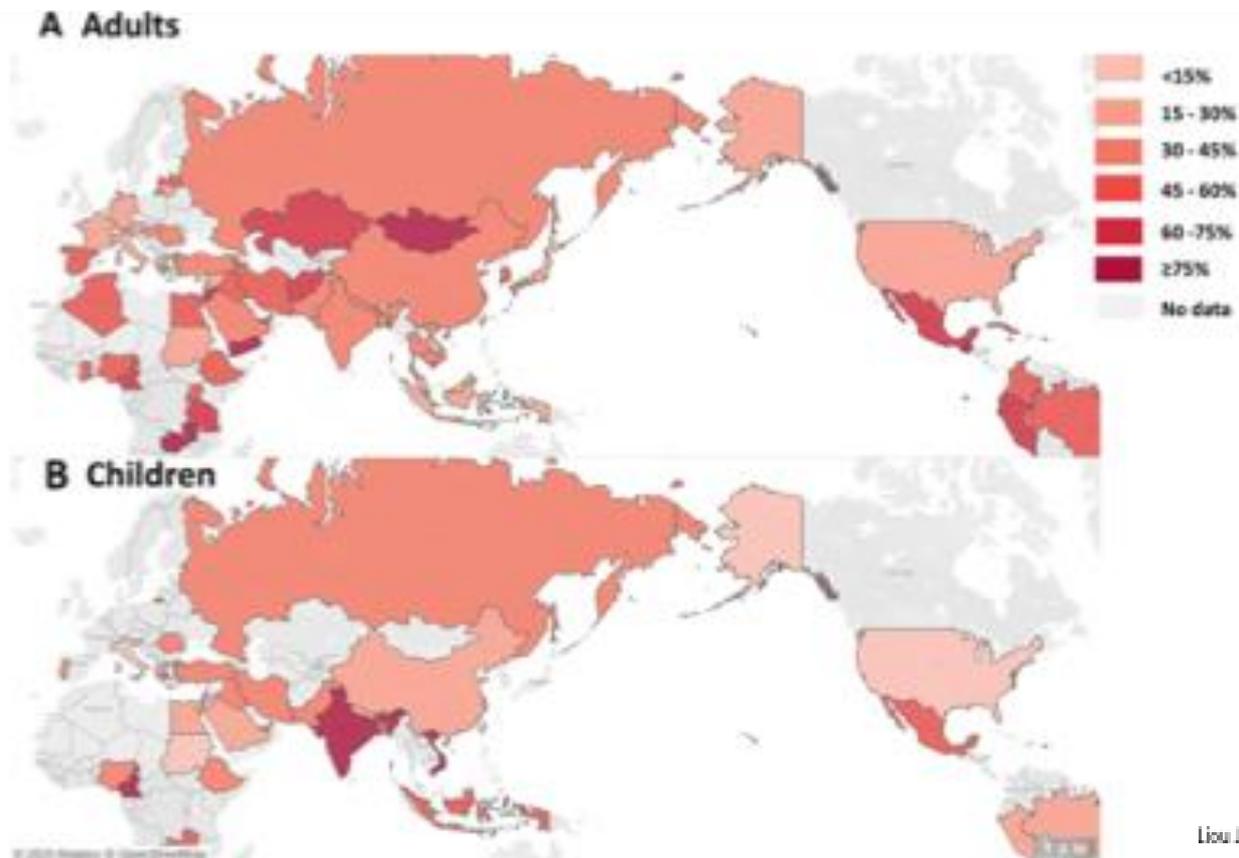
Multistep Model for the Progression to Gastric Cancer



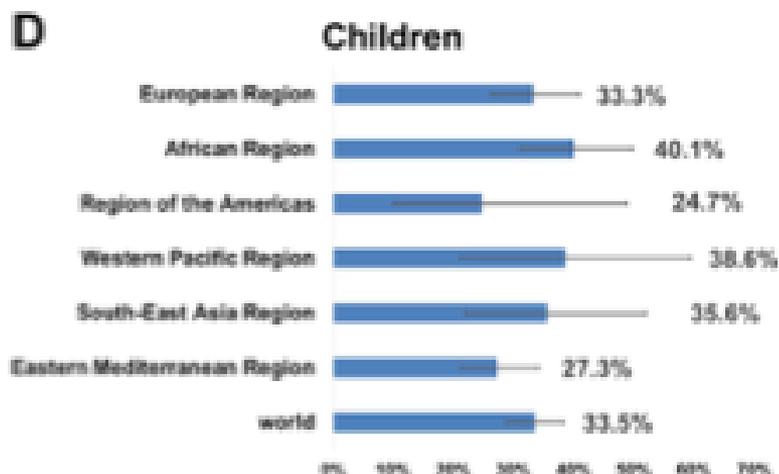
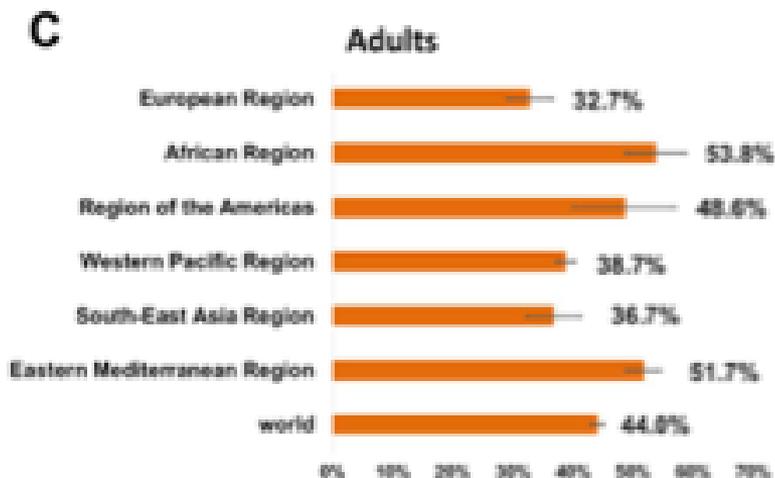
IARC, Dec. 4,
2013

Correa P et al. Lancet 1975
Fox JG, Wang TC. N Engl J Med
2001.
Houghton J, Wang TC.
Gastroenterology 2005

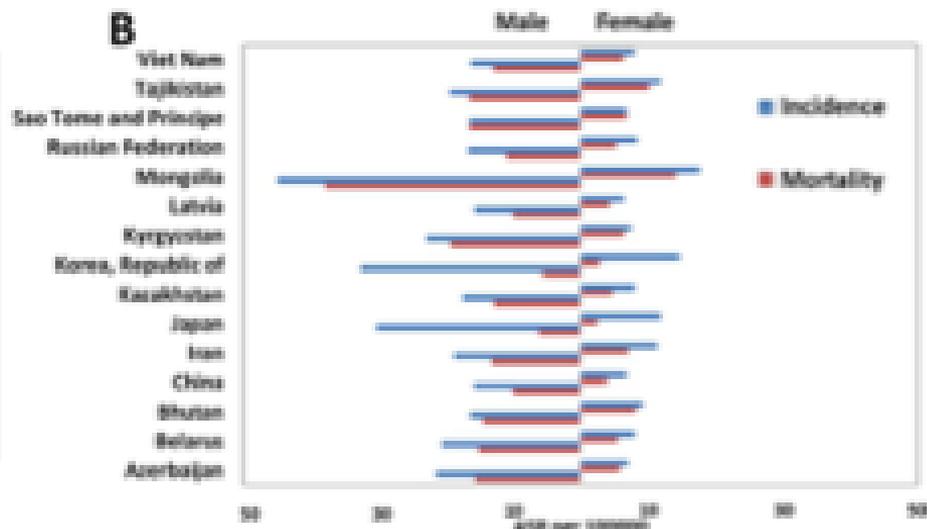
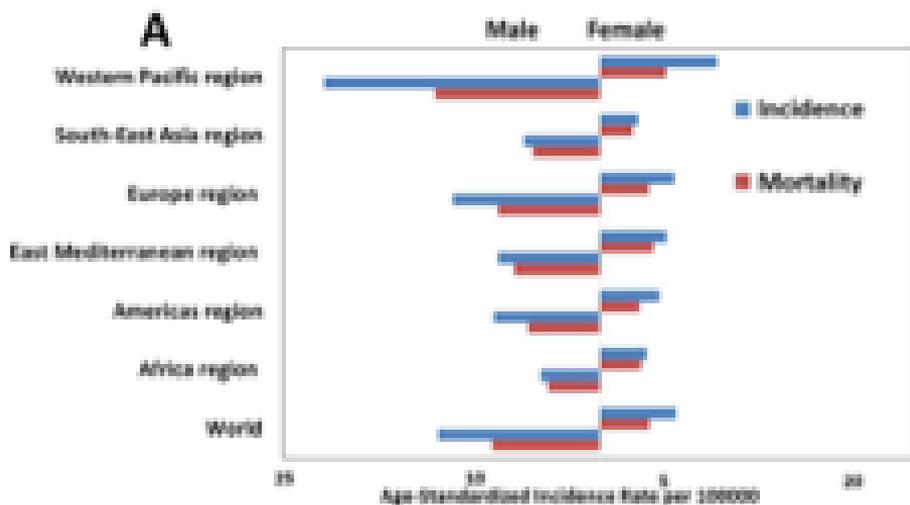
Prevalenza Helicobacter Pylori



Prevalenza Helicobacter Pylori

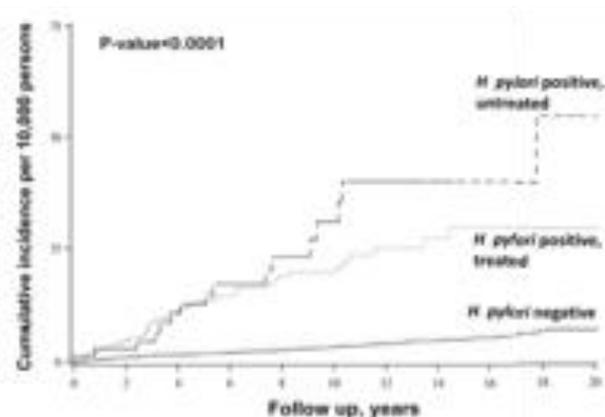


Incidenza Cancro Gastrico



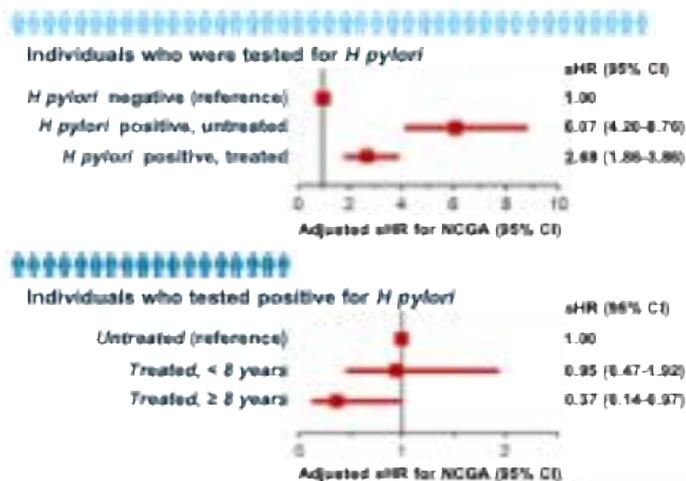
Effect of *Helicobacter pylori* Eradication Therapy on the Incidence of Noncardia Gastric Adenocarcinoma in a Large Diverse Population in the United States

Cumulative incidence of noncardia gastric adenocarcinoma*



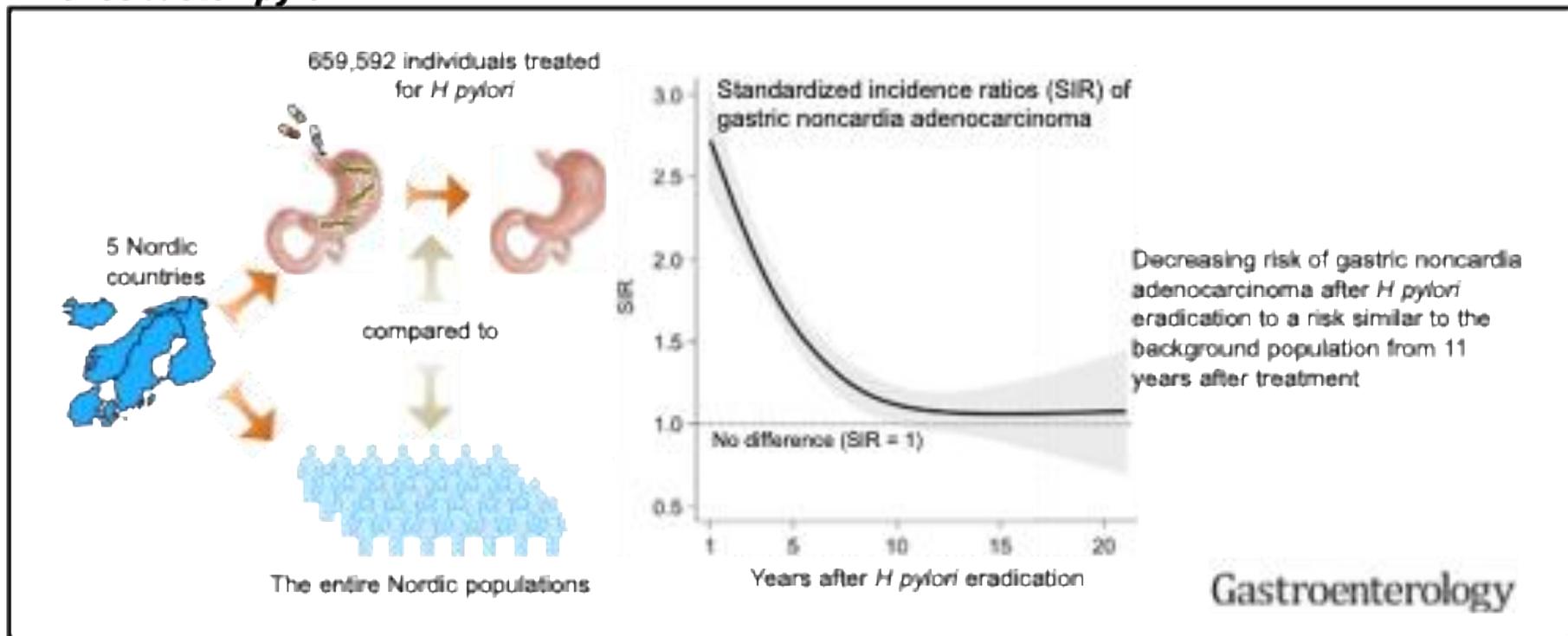
* Cumulative incidence function curves with competing-risk **Subdistribution based model with competing risk, adjusted for age, sex, race and ethnicity, Charlson comorbidity index, history of smoking, and family history of stomach cancer. Abbreviations: aHR, subdistribution hazard ratio; CI, confidence interval

Relative risk of incident noncardia gastric adenocarcinoma**



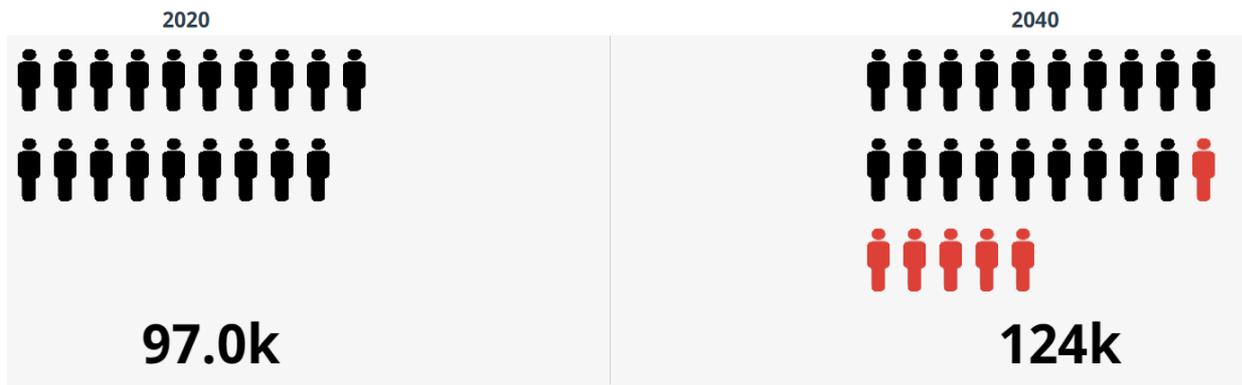
Gastroenterology

Risk of Gastric Adenocarcinoma After Eradication of *Helicobacter pylori*

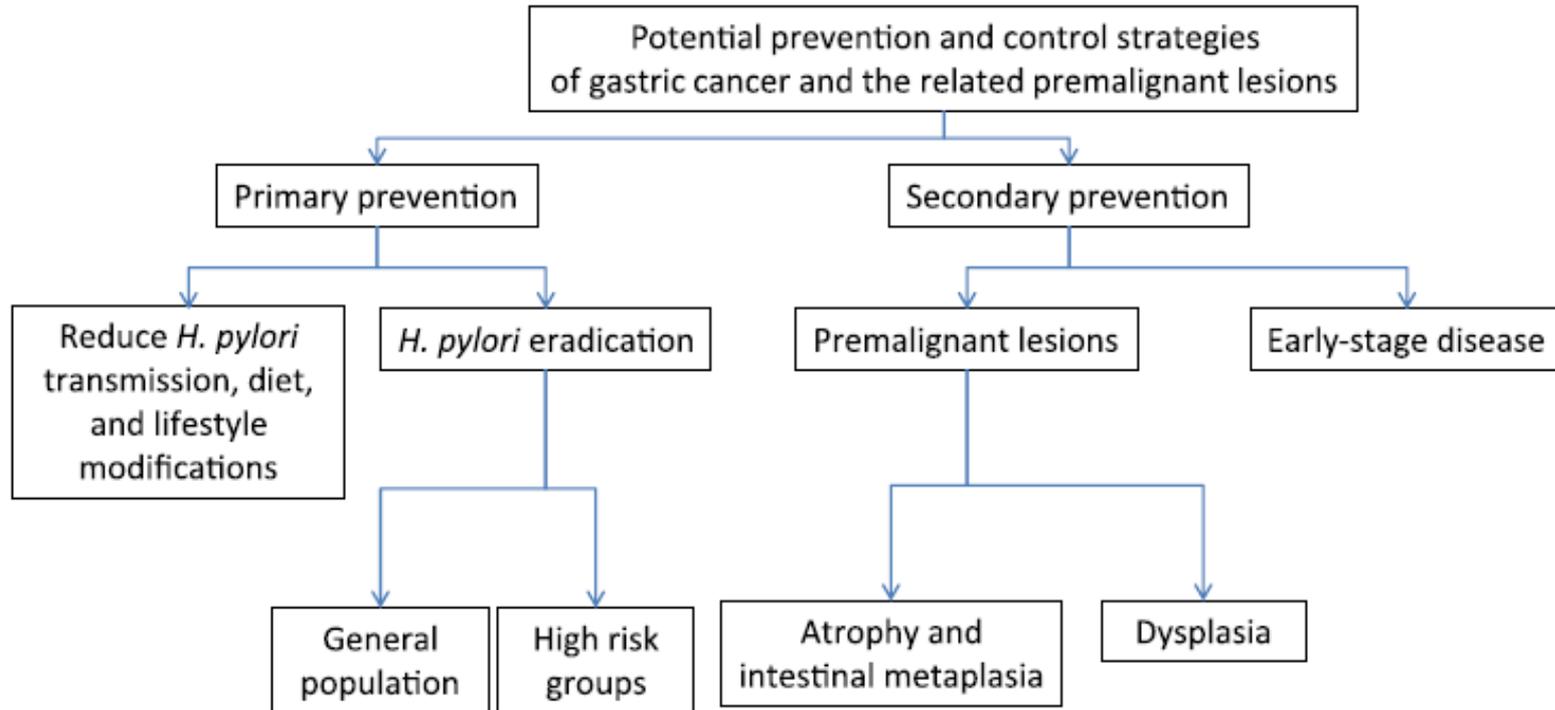


Gastric cancer in Europe

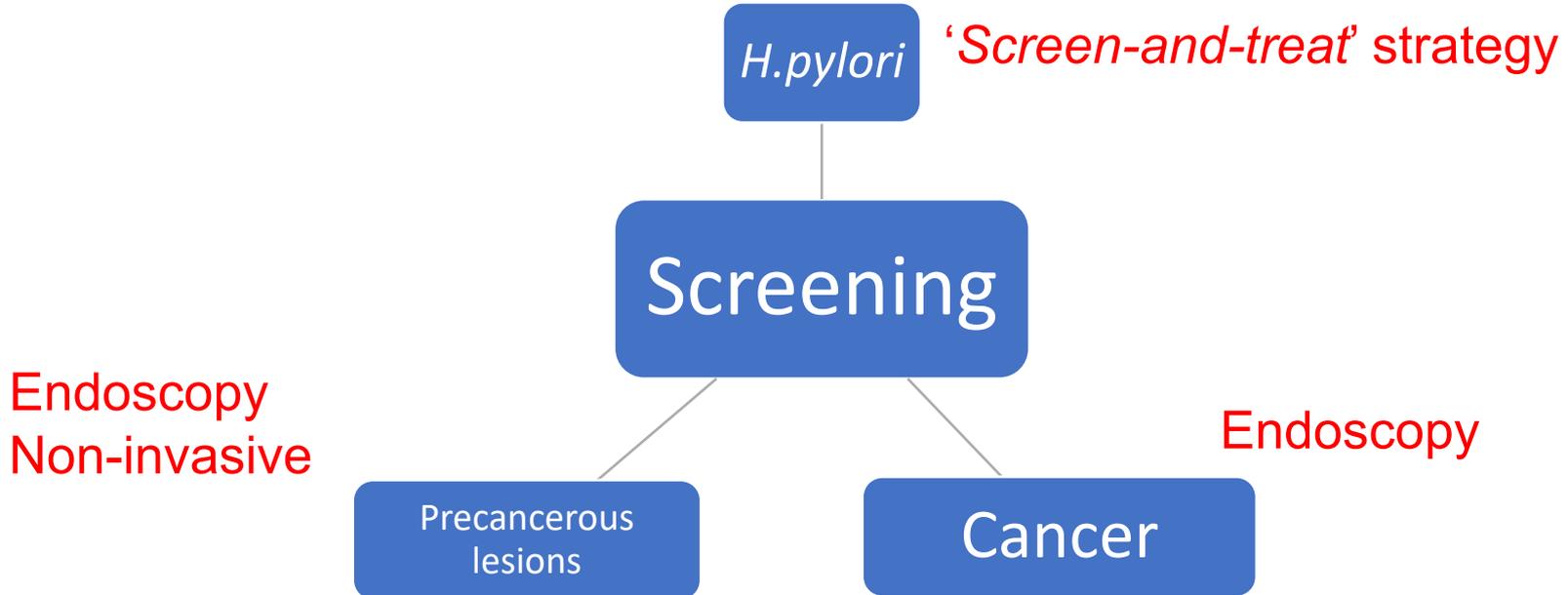
- Gastric cancer in Europe (2020) 12.8% (136k) of the global cases
- Projection for 2040 – new cases -169 k; deaths – 124k
- Preventable proportion of deaths – 35-40%
- 46.5 k annual cases could be prevented by 2040 in Europe



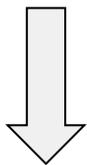
Prevention strategies



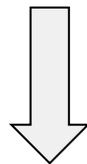
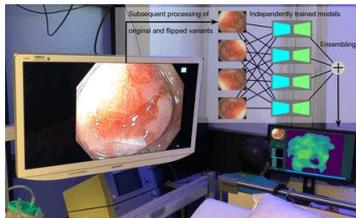
Screening options to decrease gastric cancer-cause mortality



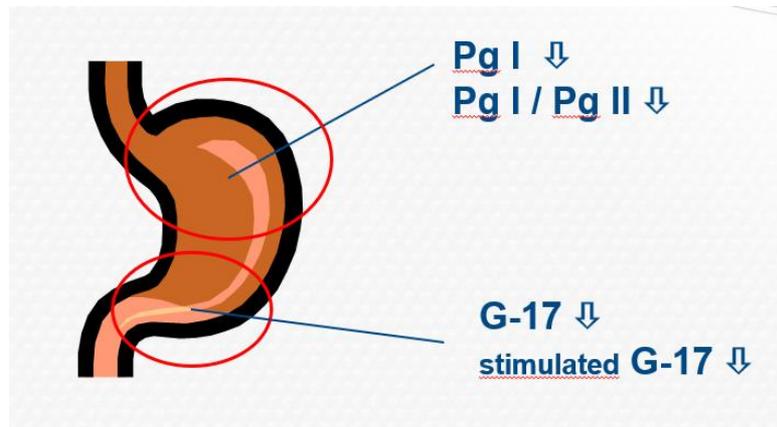
Approaches to precancerous lesion identification



INVASIVE



NON-INVASIVE



Ongoing studies in Europe

- **GISTAR**
- **EUROHELICAN**
- **TOGAS**
- **EUCanScreen**

Partenariato

29 Paesi (25 Stati membri UE, Ucraina, Moldavia, Norvegia, Islanda)

29 Autorità competenti **61** Partner affiliati

7 Partner associati

Coordinatore University of Latvia

Informazioni di Progetto

Durata: 48 mesi

Budget: 38.749.935,32 EUR

Contatti

Web: eucanscreen.eu

Email:

Coordinatore
screening@lu.lv

Partner locale
p.mantellini@ispro.toscana.it
jacancerscreening.italy@gmail.com

Comunicazione
eucanscreendissemiation@dypede.gr



Co-funded by
the European Union



**Azione
congiunta
sull'attuazione
dei programmi
di screening
oncologico**

Il Progetto

Il progetto **EUCanScreen** fa parte del Piano europeo di lotta contro il cancro e mira a sviluppare programmi di screening oncologico sostenibili e di alta qualità in tutta l'Unione europea.

Obiettivo generale

L'attuazione sostenibile di programmi di screening di alta qualità per il tumore al seno, della cervice uterina e del colon-retto, nonché l'implementazione dei programmi di screening recentemente raccomandati per i tumori del polmone, della prostata e dello stomaco.

EUCANSCREEN

Obiettivi specifici

Attuare programmi di screening per i tumori della mammella, della cervice uterina e del colon-retto;

Preparare l'implementazione di programmi di screening per i tumori del polmone, della prostata e dello stomaco;

Garantire una corretta governance e la sostenibilità dei programmi;

Migliorare la raccolta dei dati e il monitoraggio dei programmi di screening;

Garantire pari accesso ai programmi di screening e ridurre le disuguaglianze legate al cancro;

Assicurare lo sviluppo delle competenze nel campo dello screening oncologico;

Aumentare la collaborazione e la coerenza con progetti correlati finanziati nell'ambito dei programmi dell'UE.

Il progetto garantirà l'attuazione sostenibile di programmi di screening oncologico di alta qualità per:



e preparerà l'implementazione per:





EUCanScreen WP8

Facilitation of the new screening approach
implementation

EUCanScreen



Funded by
the European Union



UNIVERSITY OF LATVIA
INSTITUTE OF CLINICAL
AND PREVENTIVE
MEDICINE

Task 8.4

Feasibility of *H. pylori* stool antigen testing (SAT) in combination with FIT-based colorectal cancer screening programs

Prof. Mārcis Leja
Dr. Linda Mežmale
Prof. Yelena Tarasenko

Institute of Clinical and Preventive Medicine,
University of Latvia

European implementation study on simultaneous screening for gastric and colorectal cancers

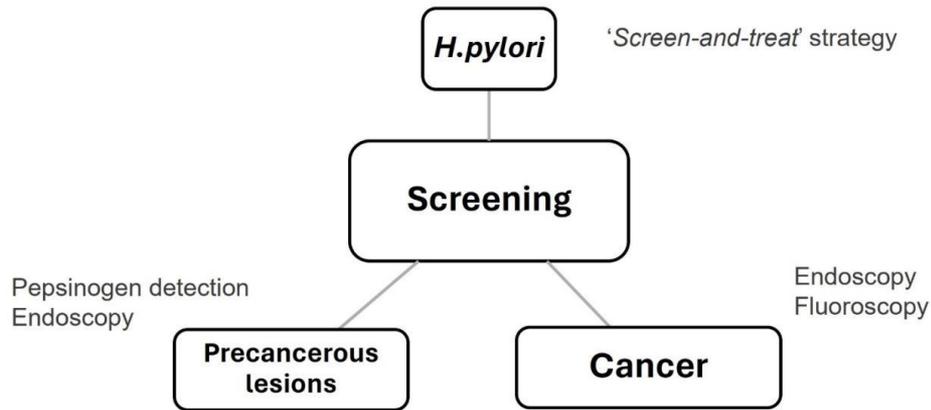
Acronym:

EUGastScreen

STUDY PROTOCOL

Version 1.8

2025



Original pilot sites

Estonia – the capital Tallinn and surrounding county Harjumaa

Italy – Marche Region – Macerata District

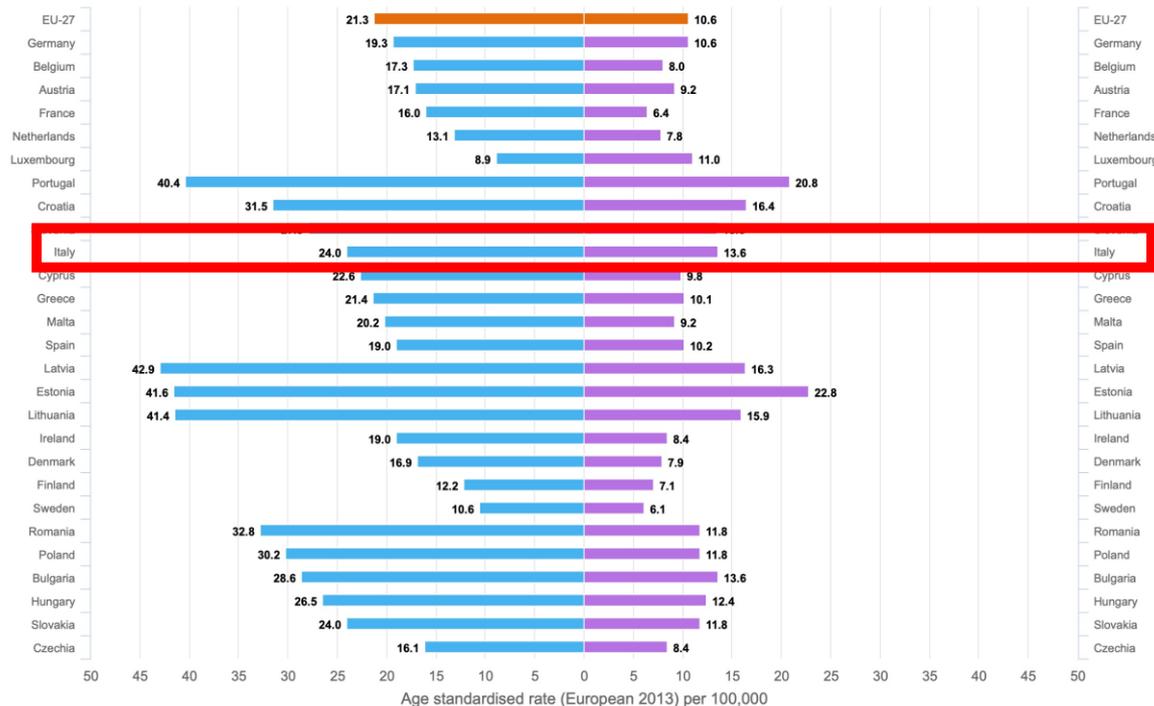
Latvia – TBD, eventually Riga and Jēkabpils region

Portugal – North of Portugal, Santo Tirso TBC

Tumore dello stomaco

Estimated incidence by country - Comparison by sex

EU27, Both sexes, Stomach, All ages, 2022



Sex ▲

Male —

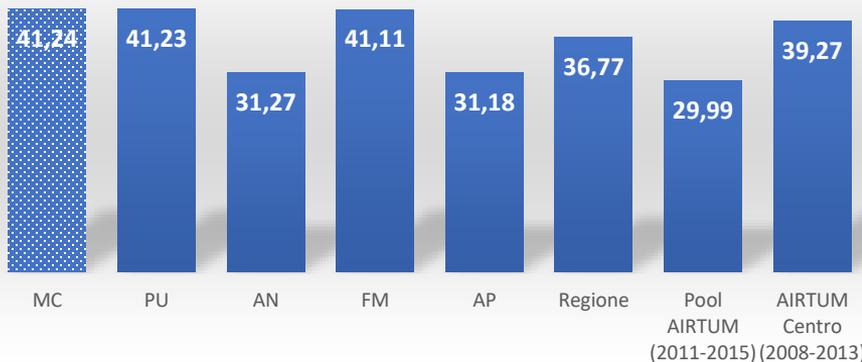
Female —

Tumore dello stomaco

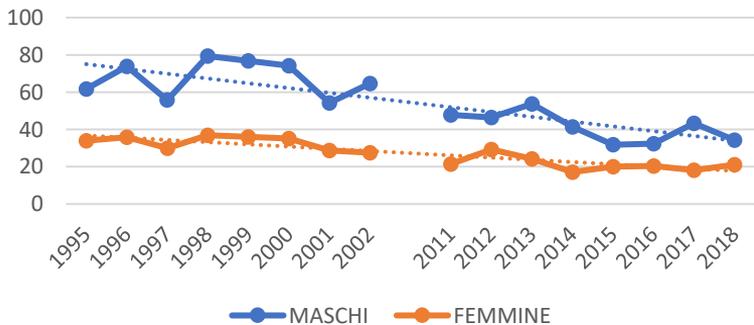
Incidenza STOMACO: Sintesi dei dati

	1995-2002		2011-2018	
	M	F	M	F
Numero casi	742	493	562	401
% sul totale	8,7	7,48	5,91	5,08
Tasso grezzo	64,13	40,05	45,32	30,42
Tasso standardizzato	67,56	32,96	41,24	21,38
Rischio cumulativo	3,02	1,38	1,9	0,87
Età media	71,1	73,9	72,9	76,3
Età mediana	72	76	75	79

TSD 2011-2018 - MASCHI



Incidenza provincia MC



TSD 2011-2018 - FEMMINE



The rationale

- The European Council has recommended screen and treat strategy for H.pylori for gastric cancer prevention
- The preliminary results from ongoing studies in young individuals demonstrate low participation among 30-35 years old
- Combining the strategy to colorectal cancer may be a viable option, and could assure higher participation
- However, no studies to demonstrate this have been so far run in Europe (the only available studies are from Taiwan)



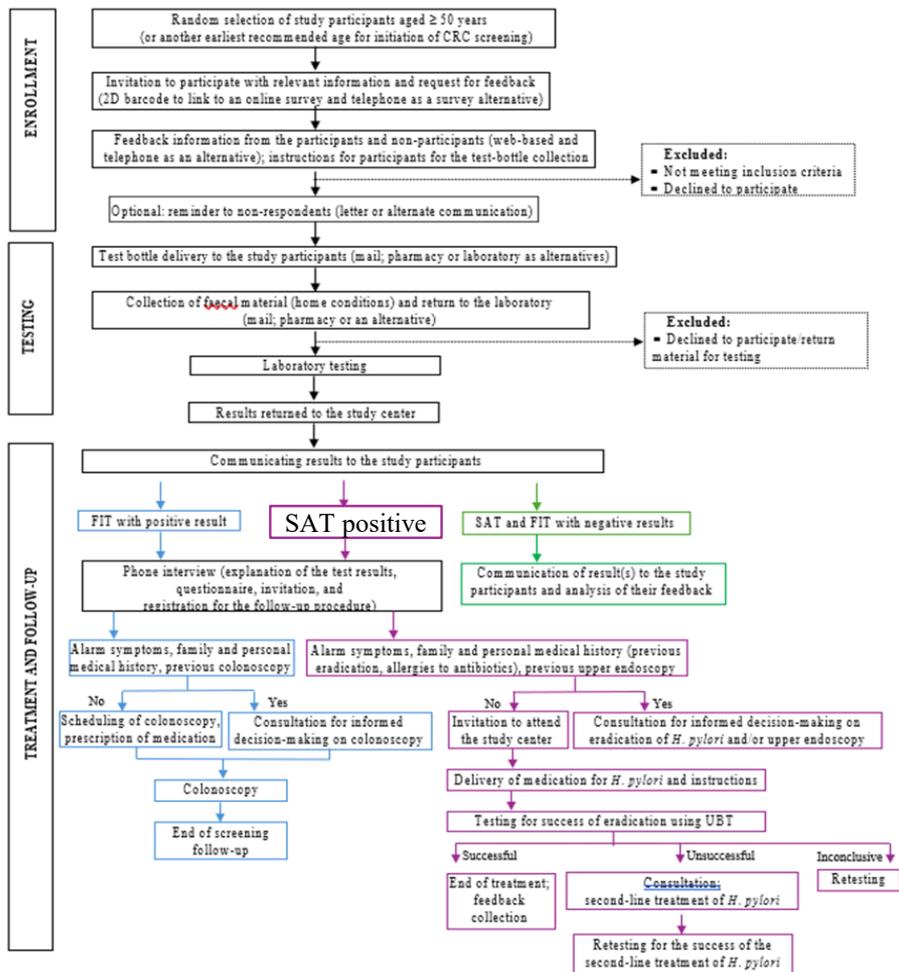
Study aim

- The study is designed to address the **feasibility and acceptability of screen and treat strategy for *H. pylori*** to prevent gastric cancer in combination to colorectal cancer screening

Activities

- The global experience of the potential of gastric cancer screening at the age of >50 years, including by *H.pylori* SAT will be analyzed (Taiwan)
- Protocol for a study combining fecal test for occult blood (FIT) to *H.pylori* stool antigen test (SAT) will be developed
- The initial pilot study will be conducted to address the feasibility of this approach in the EU
- At least **1000 subjects** will be invited to participate in **4 centers** in Europe
- Invitations will be sent to individuals **≥50 years**
- **Stool samples** will be collected by the participants in home conditions and delivered to a centralized laboratory.
- Those testing **positive for *H.pylori*** will get invited to the study center
- Standardized **survey questions** will be used to collect information on previous medical history and lifestyle factors
- **Eradication therapy** for *H.pylori* will be offered
- One month after treatment, the effectiveness will be tested by **a breath test (UBT)**, and data on the potential adverse events will be surveyed
- A proportion of non-responders will be surveyed using a telephone interview





T8.4 Preliminary flow-chart of the study

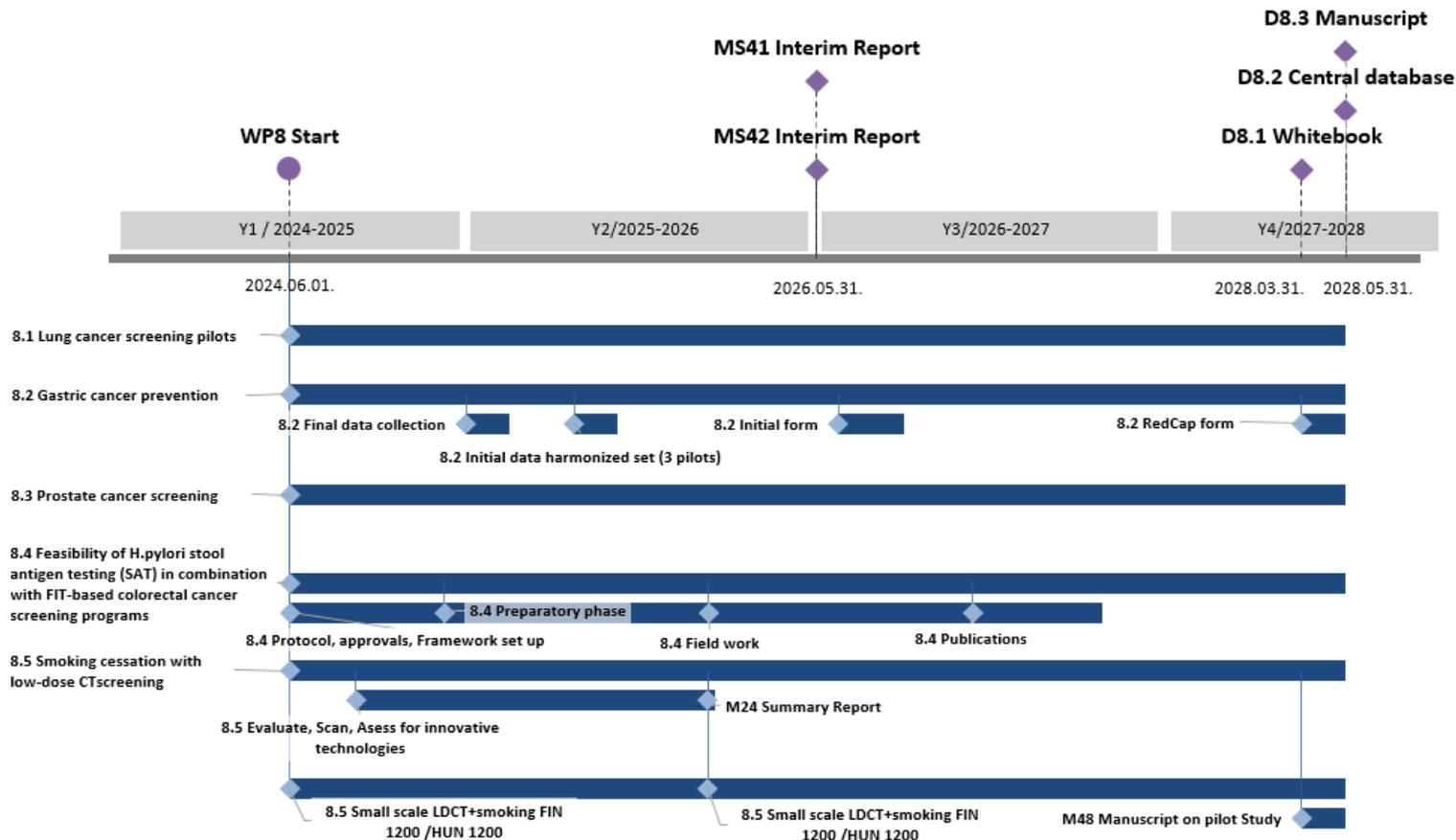


Samples sizes

The sample sizes are estimated on the **number of returned tests** made available for the analysis:

Country	Minimal target	Optimal target
Estonia	600	1000
Italy	500	1000
Italy- Emilia Romagna	500	1000
Latvia	1000	3000
Portugal	500	1000
Lithuania	1000	1000
TOTAL:		

WP8 Tasks and MS/D



Operating in accordance with ICH – GCP regulations

No.11-A/25
31.07.2025
Rīga

Rīga East Clinical University Hospital Support Fund
Medical and Biomedical Research Ethics Committee

APPROVAL NOTICE

Project title: European implementation study on simultaneous screening
for gastric and colorectal cancers

Applicant: Mārcis Leja

Work place of the applicant: Rīga East Clinical University Hospital

The above project has been:

approved ; approved with comments ; disapproved

in the meeting of the Ethics Committee held at 31.07.2025 on the basis of the information
included in the application and its attachments.

Roberts Stašinskis
Head of Ethics Committee
Rīga East Clinical University Hospital Support Fund
Medical and Biomedical Research Ethics Committee





COMITATO ETICO TERRITORIALE (CET) DELLE MARCHE

Area: **AMMINISTRATIVA**

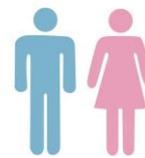
Seduta 4 dicembre 2025



Grazie

Screening Oncologici Regione Marche

Percorso	Screening Cervice Uterina		Screening Mammella	Screening Colon-retto
Etá di riferimento	30-64 anni	25-29 anni <i>(solo per donne non vaccinate contro il Papilloma Virus)</i>	45-74 anni	50-69 anni
Test di screening	HPV-Test ogni 5 anni	Pap-Test ogni 3 anni	Mammografia ogni 2 anni	Sangue occulto fecale ogni 2 anni



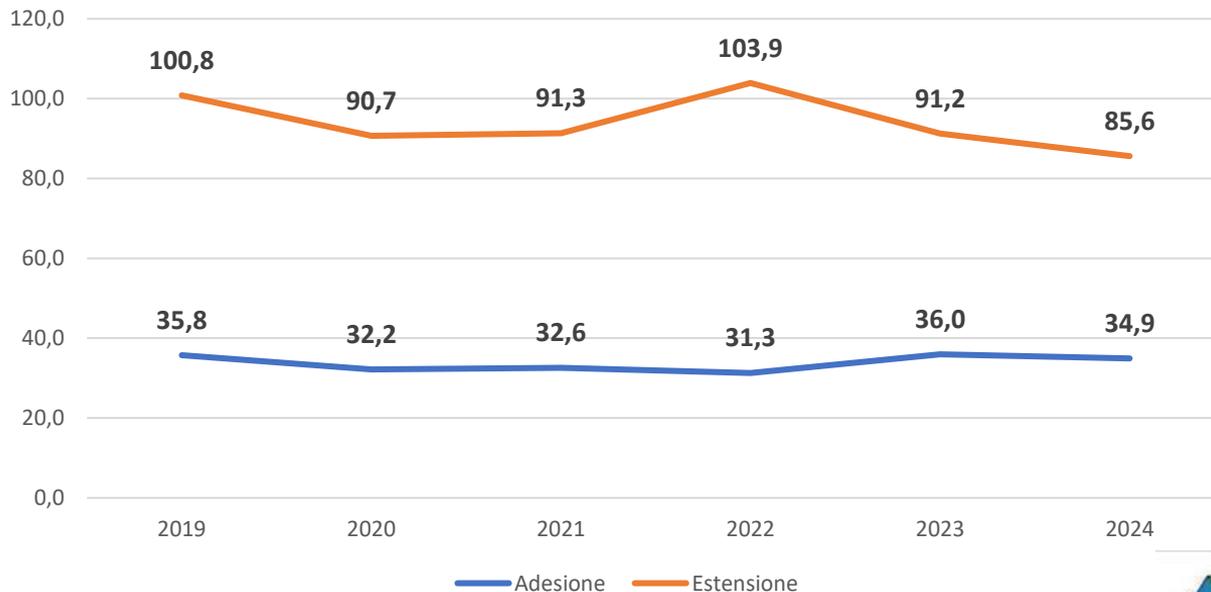
Centri Screening nella Regione Marche



Screening Oncologici

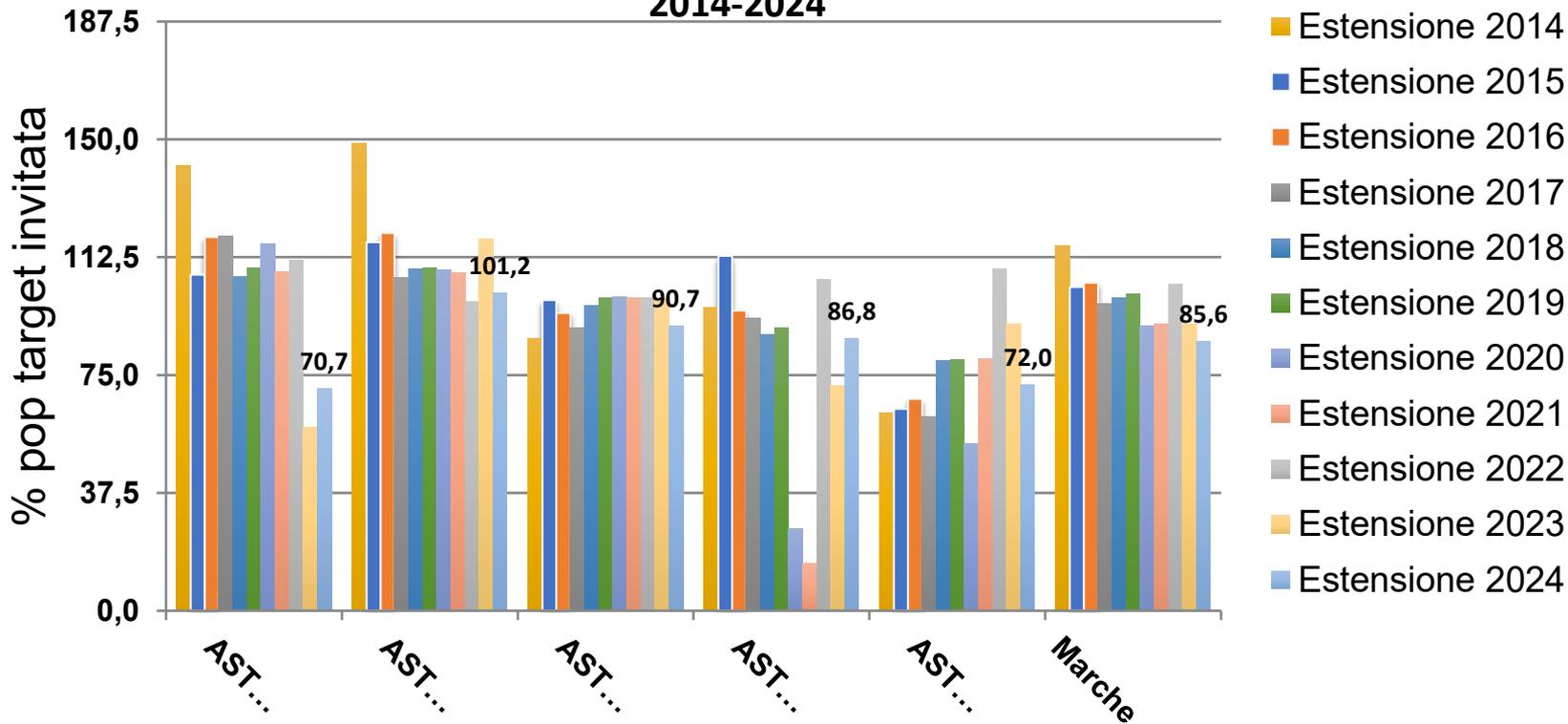
Totali screening	Invitate 2024	Aderenti 2024
GISMA	161870	65490
GISCI	133725	50890
GISCOR	192717	63318
Totale	488312	179698

Survey GISCOR Marche 2019-2024

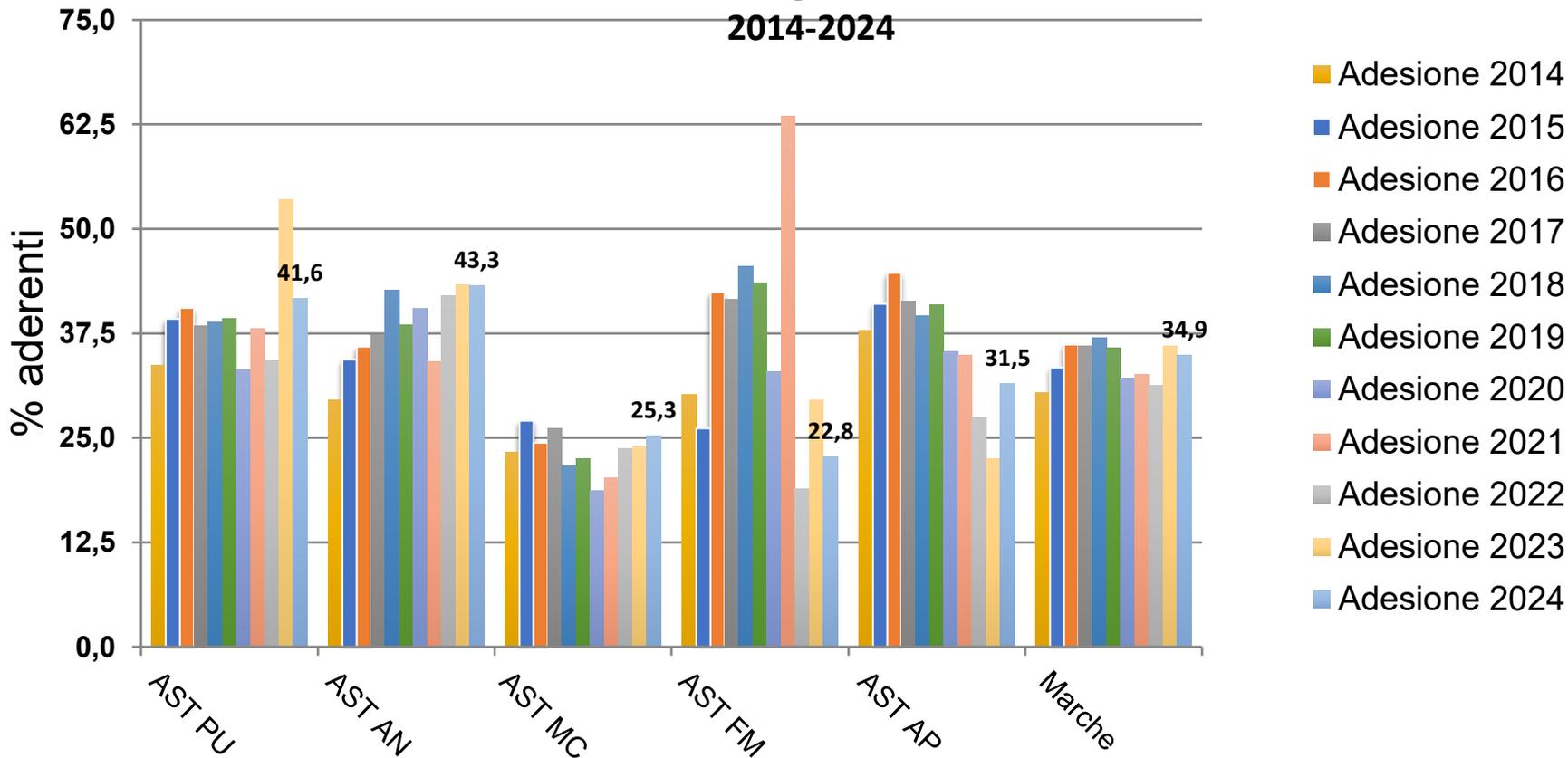


Obiettivo Nazionale: Estensione: 100%, Adesione 50%

**Regione Marche
Estensione Screening Tumore colon-retto
2014-2024**



Regione Marche
Adesione Screening Tumore colon-retto
2014-2024



Indicatori - PASSI 2023-2024

	Copertura screening colorettrale totale	Copertura screening colorettrale organizzato	Copertura screening colorettrale spontaneo	Ricerca sangue occulto nelle feci negli ultimi 2 anni	Colonscopia/rettosigmoidoscopia negli ultimi 5 anni
Abruzzo	57.3	44.2	12.7	49.9	20.7
Basilicata	28.3	17.3	10.1	22.1	11.0
Calabria	26.6	20.7	5.3	23.4	8.3
Campania	33.4	23.6	9.3	25.2	14.0
Emilia Romagna	73.3	67.8	5.3	67.5	18.3
Friuli Venezia Giulia	60.4	54.1	5.8	51.6	18.0
Lazio	60.6	55.5	4.9	53.9	20.5
Liguria	75.3	69.3	5.8	69.5	20.2
Lombardia					
Marche	61.3	55.8	5.2	56.9	13.7
Molise	49.5	36.9	12.4	42.3	19.1
Piemonte					
Provincia di Bolzano	39.7	29.7	9.5	28.4	17.8
Provincia di Trento	68.4	64.2	4.1	67.4	8.0
Puglia	44.5	32.9	11.7	34.7	19.6
Sardegna	15.5	6.3	9.0	10.3	10.6
Sicilia	48.0	41.2	6.3	44.2	13.9
Toscana	55.4	49.7	5.6	50.4	18.7
Umbria	67.6	61.5	6.0	62.4	17.3
Valle d'Aosta					
Veneto	63.1	51.3	10.5	52.5	23.2
Italia	31.8	26.7	3.8	28.4	8.8

■ peggiore del valore nazionale
 ■ simile al valore nazionale
 ■ migliore del valore nazionale

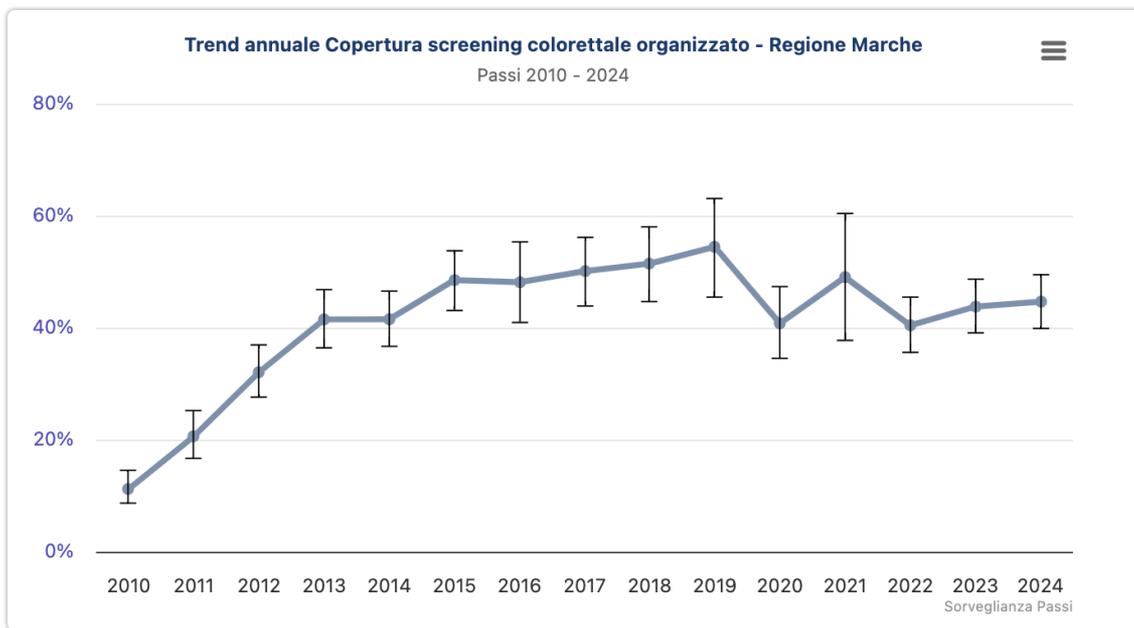


Sorveglianza PASSI



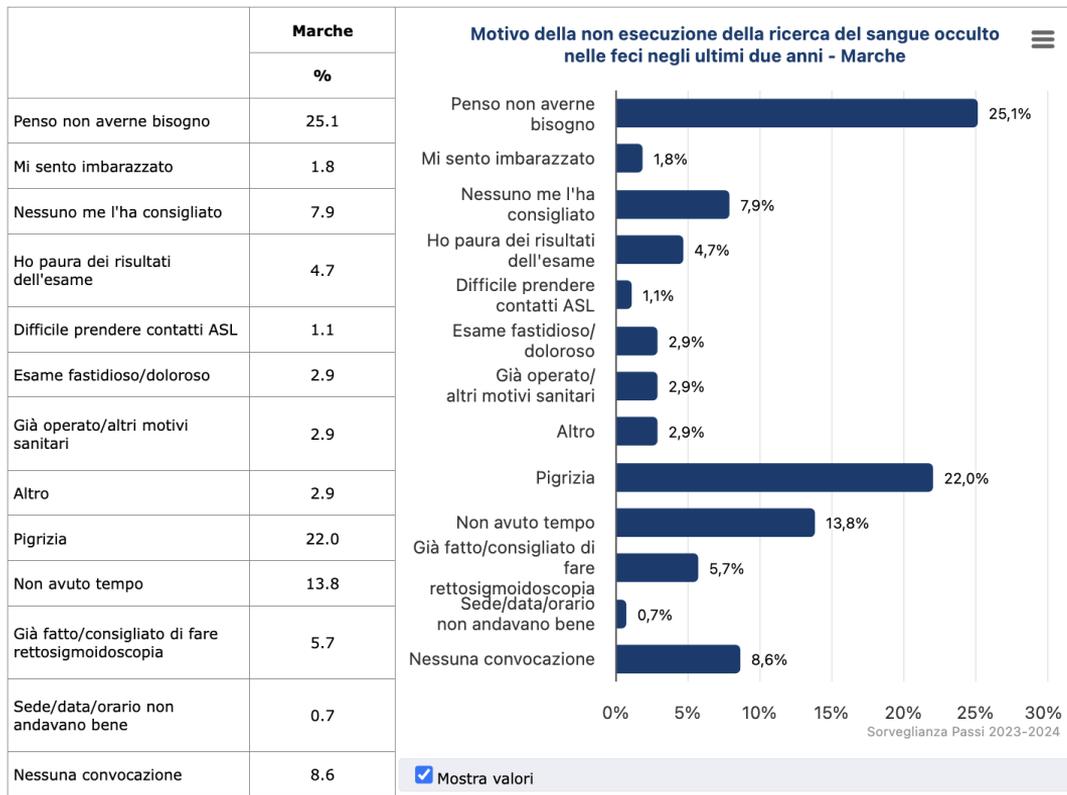
Analisi delle serie storiche

Indicatore: Copertura screening colorettaie organizzato



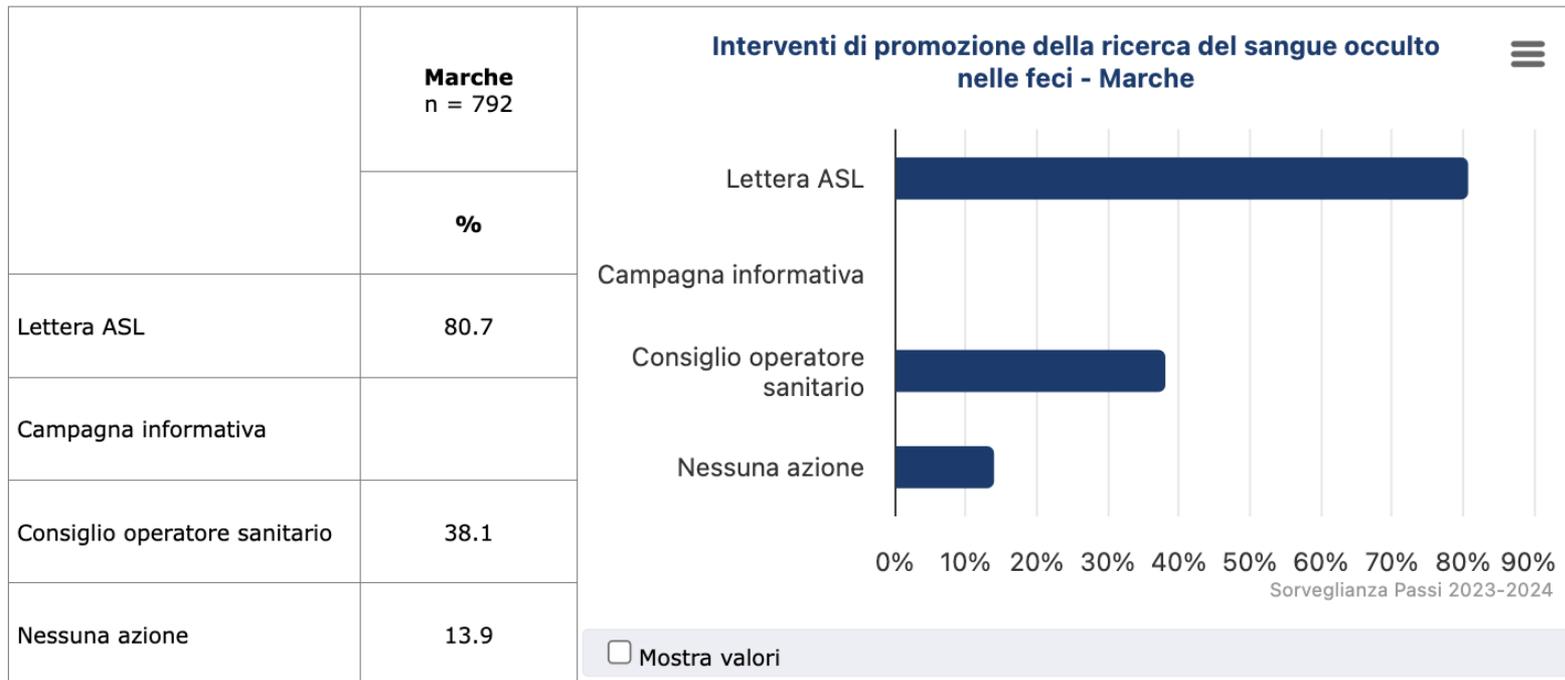
Sorveglianza PASSI

Motivi della non effettuazione della ricerca del sangue occulto nelle feci negli ultimi due anni



Sorveglianza PASSI

Interventi di promozione della ricerca del sangue occulto nelle feci



Copertura screening coloretta

	Regione			Italia			
	%	IC95% inf	IC95% sup	%	IC95% inf	IC95% sup	
Copertura screening coloretta totale	57.3	53.7	60.7	47.4	46.7	48.1	
Copertura screening coloretta organizzato	44.2	40.7	47.8	39.3	38.7	39.9	
Copertura screening coloretta spontaneo	12.7	10.5	15.2	7.7	7.3	8.0	
Ricerca sangue occulto nelle feci negli ultimi 2 anni	49.9	46.3	53.4	41.3	40.7	41.9	
Colonscopia/rettosigmoidoscopia negli ultimi 5 anni	20.7	18.0	23.6	15.2	14.7	15.7	



Sorveglianza PASSI



REGIONE MARCHE



Percentuali per Regione

Indicatore: **Copertura screening colorettaie organizzato**

Dati standardizzati Dati grezzi

Dati standardizzati

Copertura screening colorettaie organizzato per regione di residenza

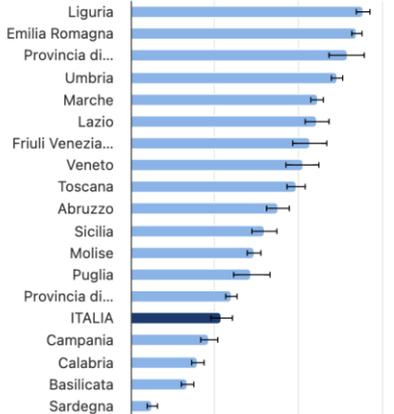
Passi 2023-2024



Sorveglianza Passi

Copertura screening colorettaie organizzato per regione di residenza

Passi 2023-2024



Mostra valori

Percentuali per Regione

Indicatore: **Copertura screening colorettaie spontaneo**

Dati standardizzati Dati grezzi

Dati standardizzati

Copertura screening colorettaie spontaneo per regione di residenza

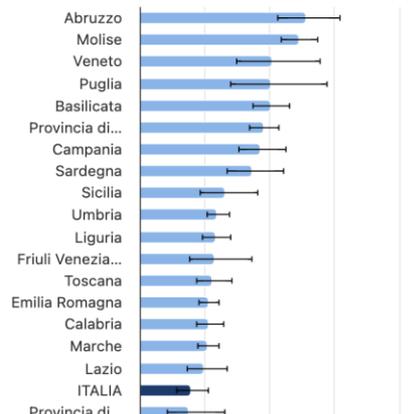
Passi 2023-2024



Sorveglianza Passi

Copertura screening colorettaie spontaneo per regione di residenza

Passi 2023-2024



Sorveglianza Passi

Mostra valori

Sorveglianza PASSI

Percentuali per Regione

Indicatore: Copertura screening coloretta totale Dati standardizzati Dati grezzi

Dati standardizzati

Copertura screening coloretta totale per regione di residenza

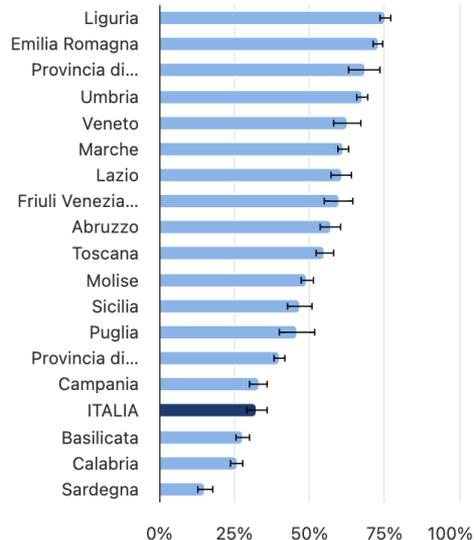
Passi 2023-2024



Sorveglianza Passi

Copertura screening coloretta totale per regione di residenza

Passi 2023-2024



Mostra valori



Sorveglianza PASSI



Fai lo screening. Proteggi la tua salute

Informazioni in 12 lingue

- 
Screening është një program shërbëtor për diagnostikimin e parakohshëm të sëmundjeve (tumoreve) për mbranjën e shëndetit tuaj.
Merrni pjesë në screening
Mbroni shëndetin tuaj
- 
Le screening est un programme national qui prévoit le dépistage précoce des tumeurs utiles pour ta santé.
Fais le screening
Protège ta santé
- 
Screening is a national health programme used to identify early cancer so that early treatment can be offered.
Do the Screening
Protect your health
- 
Screening-ul este un program național pentru diagnosticarea precoce ută pentru sănătatea ta.
Fă Screening-ul
Protejează-ți sănătatea
- 
筛查是一项早期诊断肿瘤的全民性计划它对你的健康极为有益
请您做筛查
拯救您的健康
- 
اسکریننگ ایک قومی پروگرام ہے جو آپ کی صحت مند رہنے کیلئے صحت کا خیال رکھنے کے لئے
اسکریننگ کروائے
اپنی صحت کا خیال رکھنے کے لئے
- 
Скрининг – це національна програма ранньої діагностики, націленої для вашого здоров'я.
Пройдіть скринінг
Бережіть ваше здоров'я
- 
التصنيء الطبي هو برنامج وطني للتشخيص المبكر للأمراض الخبيثة بهدف المساعدة.
عليك القيام بالفحص الطبي
اعتني بنفسك
- 
આ સ્ક્રીનિંગ પ્રોગ્રામનો હેતુ છે કે આપને સ્વાસ્થ્ય રાખવામાં મદદ કરવામાં આવે.
સ્ક્રીનિંગ કરવન
આપના સ્વાસ્થ્ય રક્ષવા કરવન
- 
El screening es un Programa Nacional que ayuda a tener acceso a programas de evaluación temprana de algunos cánceres.
Sometea una prueba de diagnóstico
Cuida de tu salud
- 
स्क्रिनिंग एक राष्ट्रीय स्वास्थ्य सेवा कार्यक्रम है जो आपको शुरुआती कैंसर की पहचान करने में मदद करता है।
स्क्रिनिंग करवाइए
अपनी सेहत को सुरक्षित रखने के लिए

Scarica gratuitamente l'APP
"Il Servizio Sanitario si prende cura di te" da Play Store o App Store.



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia
IRCCS Istituto di tecnologia avanzate e modelli assistenziali in oncologia



Alisa
Sistema Sanitario Regione Liguria

senza confini
ASSOCIAZIONE PER LA COOPERAZIONE SOCIALE
E LO SVILUPPO TERRITORIALE ITALIANA

Progetto finanziato da



Quale futuro?

Screening Oncologici



Rafforzamento collaborazione MMG - Sistema Screening Oncologici

MMG

- Selezione dei pazienti (rischio generico-rischio aumentato)
- Sostenere attivamente la partecipazione ai programmi screening oncologici

Segreterie Screening Oncologici

- Concordare con MMG elenco pazienti invitati
- Ritorno informativo esito programma screening

+ SCOPRE

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[Log in con Cohesion](#)

Si consiglia l'utilizzo di **browser moderni** per una corretta visualizzazione.

Screening Oncologici

Quale futuro?



- **Aggiornamento PDTA Screening Oncologici**
- **Percorsi screening tumori eredo-familiare**
 - **Mammella**
 - **Colon-retto**

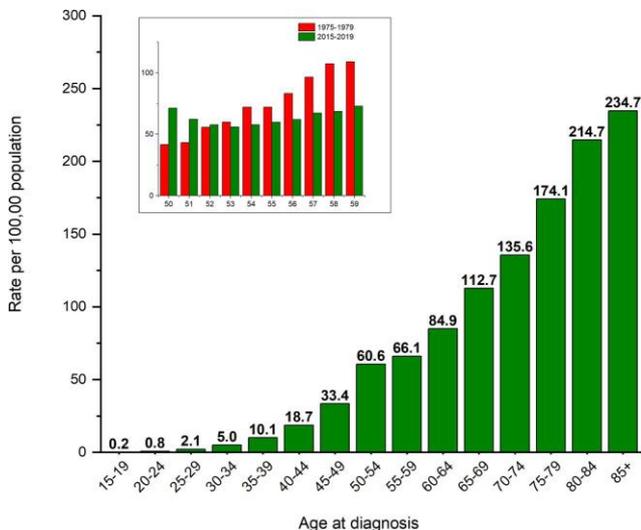


Progetto Comunicazione Social Screening



Colorectal cancer statistics, 2023

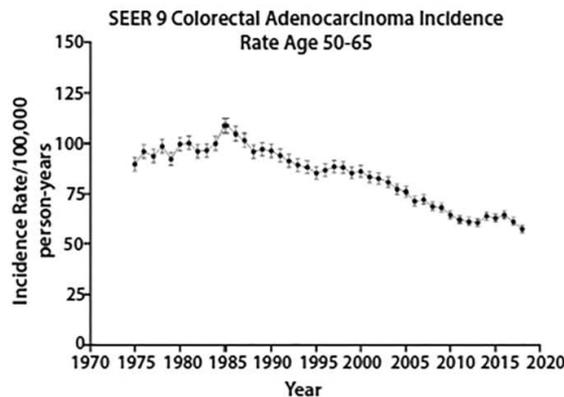
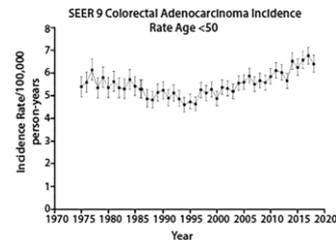
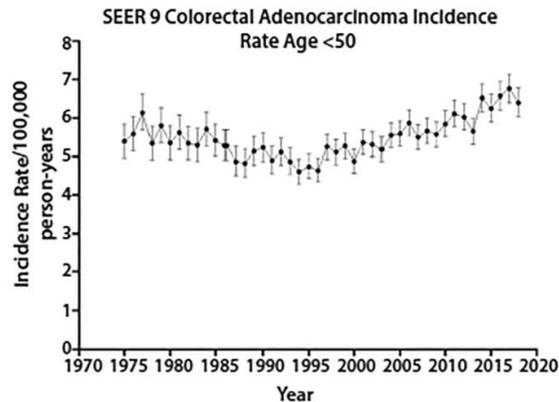
Rebecca L. Siegel MPH¹ | Nikita Sandeep Wagle MBBS, MHA, PhD¹ |
 Andrea Cercek MD² | Robert A. Smith PhD³ | Ahmedin Jemal DVM, PhD¹



CA Cancer J Clin. 2023;73:233-254.

Updates on Age to Start and Stop Colorectal Cancer Screening: Recommendations From the U.S. Multi-Society Task Force on Colorectal Cancer

Swati G. Patel, MD, MS^{1,2}, Folasade P. May, MD, PhD, MPhil^{3,4}, Joseph C. Anderson, MD^{5,6}, Carol A. Burke, MD⁷, Jason A. Dominitz, MD, MHS⁸, Seth A. Gross, MD⁹, Brian C. Jacobson, MD, MPH¹⁰, Aasma Shaukat, MD, MPH¹¹ and Douglas J. Robertson, MD, MPH⁹





Gastroenterology

www.gastrojournal.org Volume 155 Number 4 October 2018

Colorectal Cancer Screening

Strategies for Today & the Future

947, 950, 1059, 1069



1569 Treatments for Opioid-Induced Constipation | 1607 Risk of Acute Myocardial Infarction and Heart Failure in IBD | 1622 Diets and Risk of Colorectal Carcinomas

Clinical Gastroenterology and Hepatology

www.cghjournal.org Volume 16 Number 10 October 2018

45 Is the New 50

Changing the Start Time of CRC Screening

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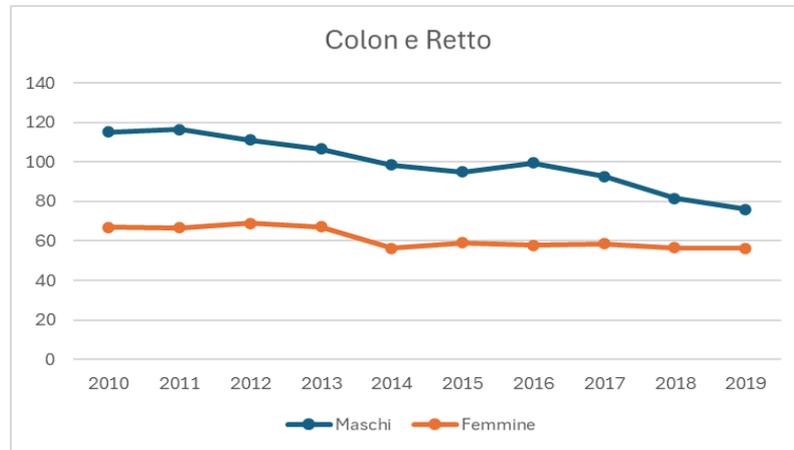
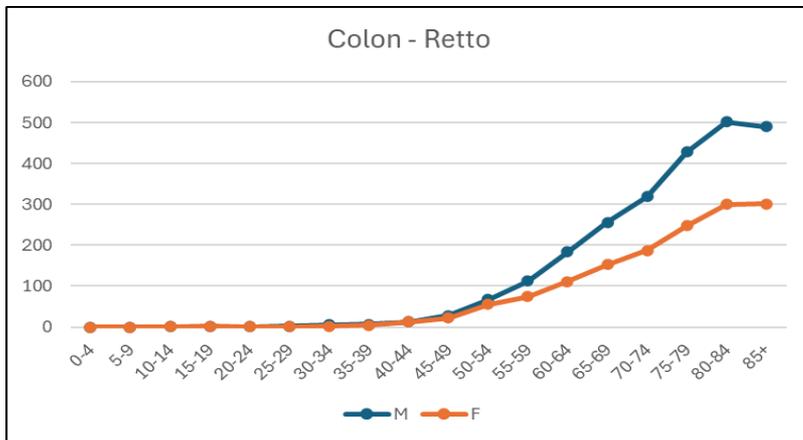
ALSO: ADDING VALUE TO THE CONVERSATION ABOUT COLORECTAL CANCER SCREENING 1545

The logo of the American Gastroenterology Association (AGA), featuring a circular emblem with a caduceus and the text 'AMERICAN GASTROENTEROLOGY ASSOCIATION'.

Tumore del Colon-retto

Incidenza COLON-RETTO: Sintesi dei dati

	2010-2019	
	M	F
Numero casi	8000	6387
% sul totale	13,92	13,15
Tasso grezzo	107,17	80,38
Tasso standardizzato	98,92	61,38
Rischio cumulativo	4,85	3,1
Età media	71,5	73,2
Età mediana	73	75



Quale futuro? Allargamento fasce d'età



Screening tumore del colon-retto (50-69aa) Survey GISCOR



2018 Colorectal Cancer Screening Guideline for men and women at average risk



Ages 45 - 75

Get screened. Several types of tests can be used. Talk to your doctor about which option is best for you.



Ages 76 - 85

Talk to your doctor about whether you should continue screening. When deciding, take into account your own preferences, overall health, and past screening history.



Age 85 +

People should no longer get colorectal cancer screening.

TESTING OPTIONS

- **Stool-based tests** look for signs of cancer in a person's stool.
- **Visual exams** such as colonoscopy or CT colonography, look at the inside of the colon and rectum for polyps or cancer.
- No matter which test you choose, the most important thing is to get tested.

Visit cancer.org/colonguidelines to learn more.

Molte Regioni
50-74 anni

DGR 4 del 13/01/2025
Estensione
Screening CCR
50-74 anni

45-74 anni (2026)



Grazie

Gastric cancer

Screening for *Helicobacter pylori* should be considered in those countries or regions inside countries with high gastric cancer incidence and death rates, according to thresholds to be defined in European guidelines with quality assurance.

Screening should also address strategies for identification and surveillance of patients with **precancerous stomach lesions** unrelated to *Helicobacter pylori* infections. Considering the evidence for screening and the need for a stepwise approach, countries should begin to test the feasibility of this programme, including by using implementation studies.