







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

*G. Feliciangeli  
UOC Gastroenterologia  
AST Macerata*

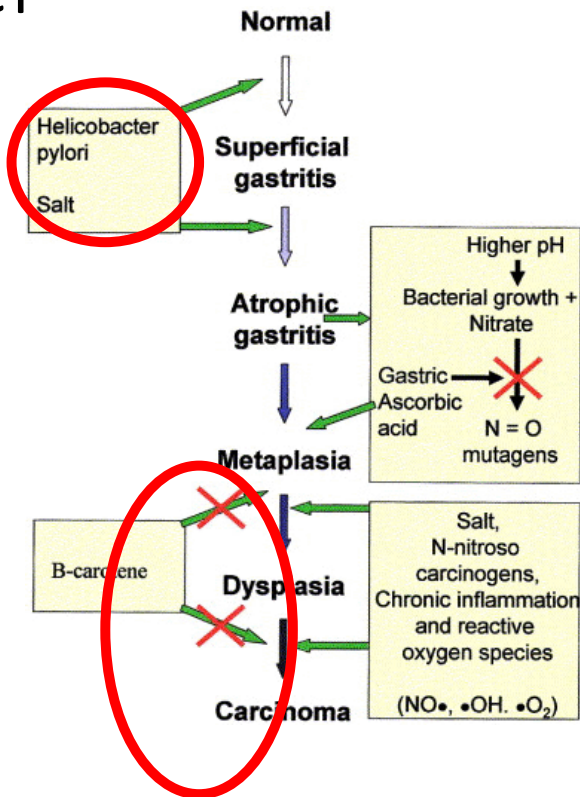
**T Hotel, Cagliari  
6-7 Novembre 2025**

**XVIII CONGRESSO  
NAZIONALE 2025**

# European Council Recommendation

 <p><b>BREAST CANCER</b> 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><b>LUNG CANCER</b> 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>

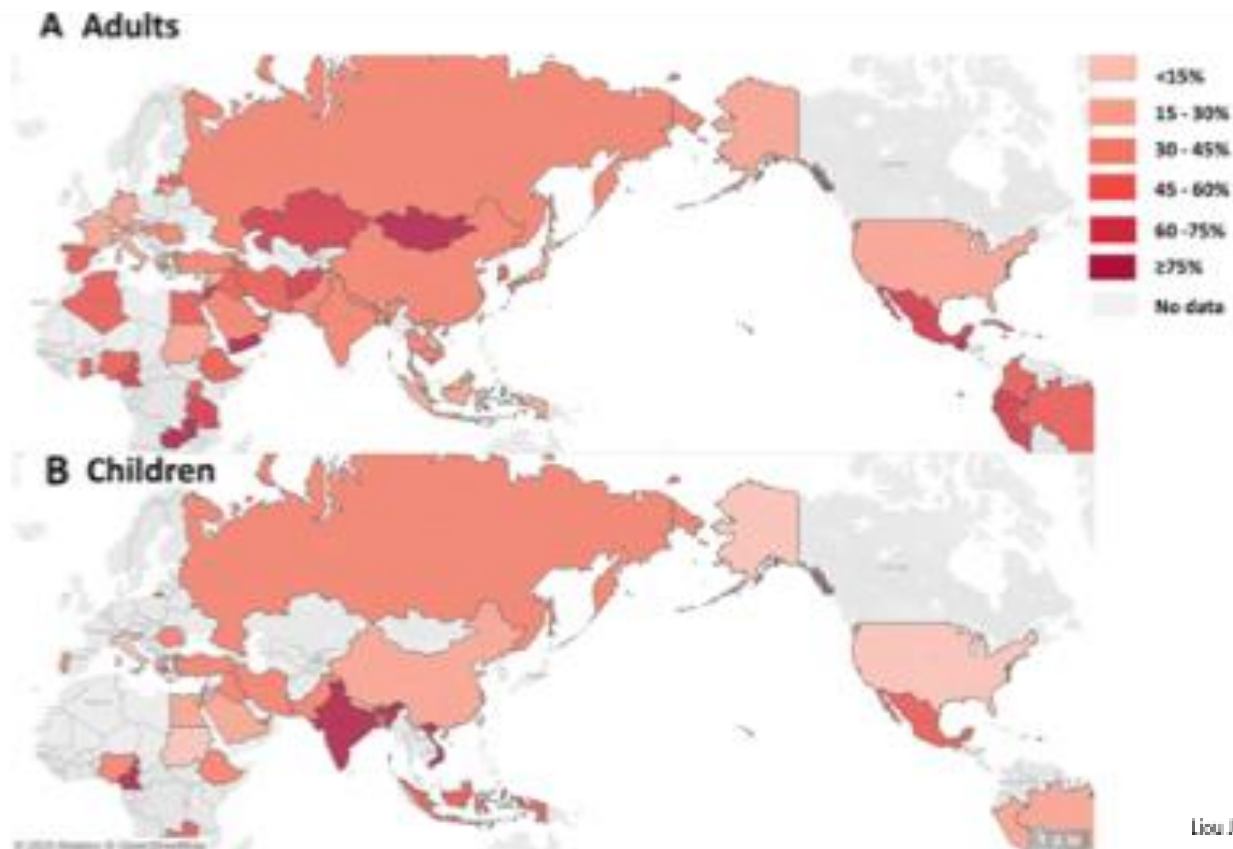
# Multistep Model for the Progression to Gastric Cancer



*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*

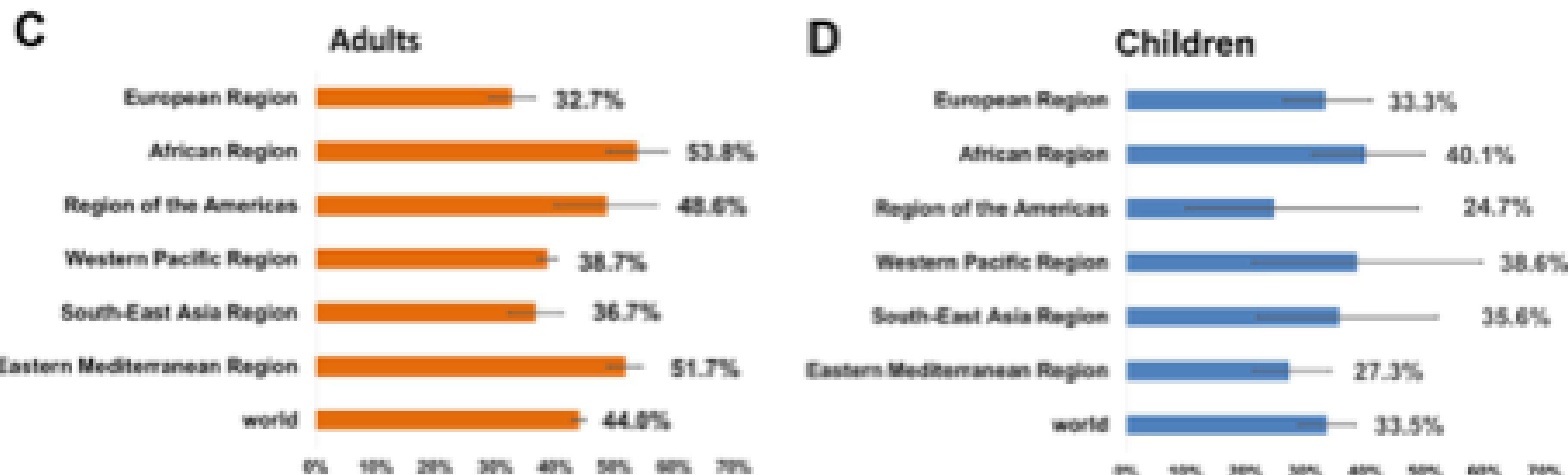
## Prevalenza Helicobacter Pylori



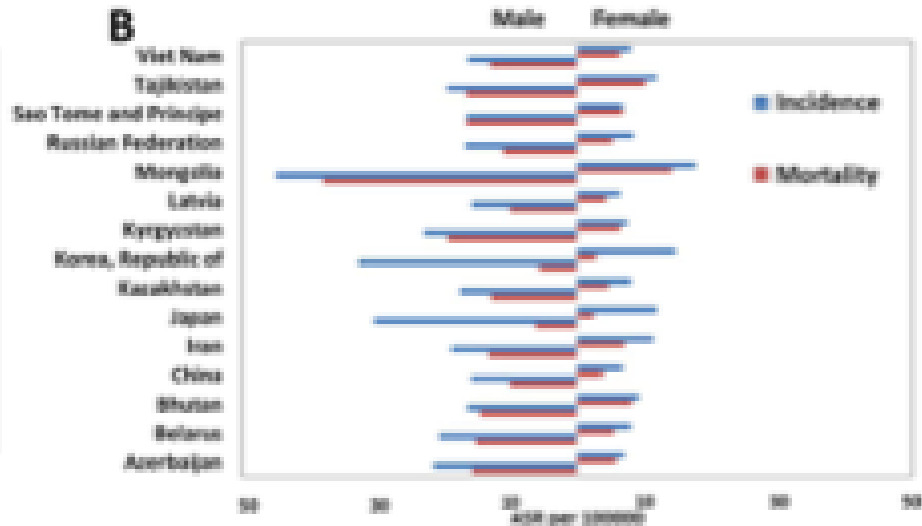
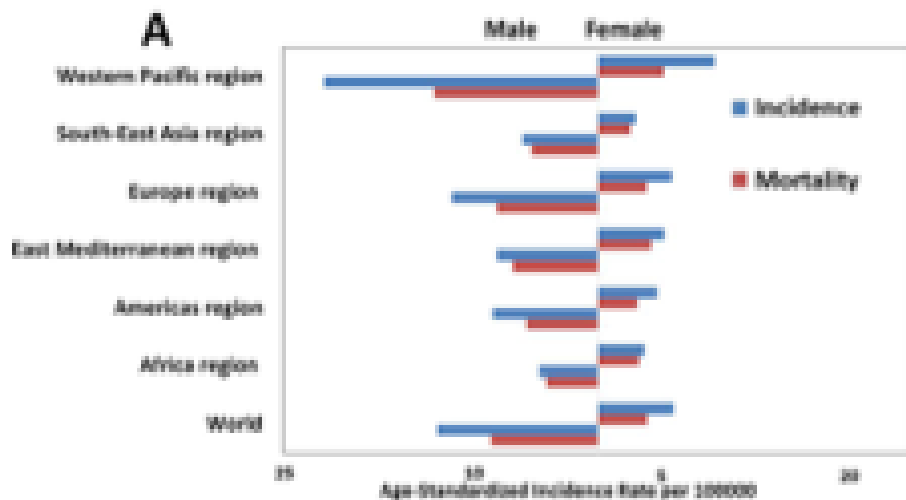
Liu J-M, et al. *Gut* 2025;74:1767-1791.



## Prevalenza Helicobacter Pylori

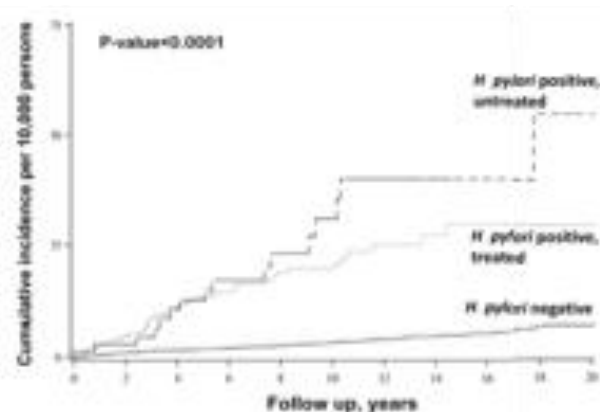


## Incidenza Cancro Gastrico



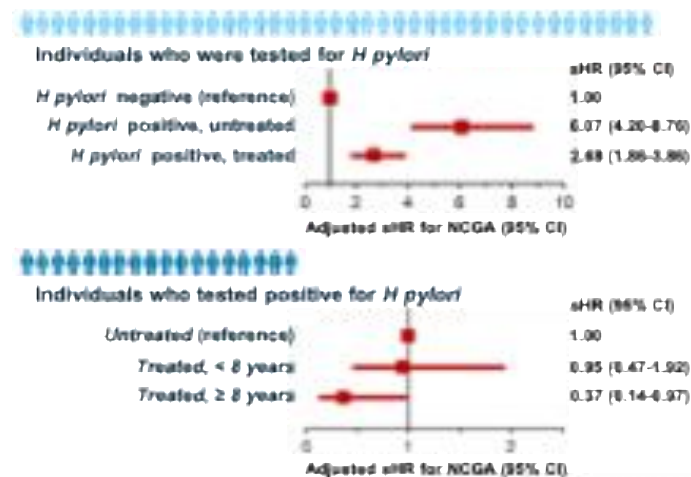
# Effect of *Helicobacter pylori* Eradication Therapy on the Incidence of Noncardia Gastric Adenocarcinoma in a Large Diverse Population in the United States

Cumulative incidence of noncardia gastric adenocarcinoma\*



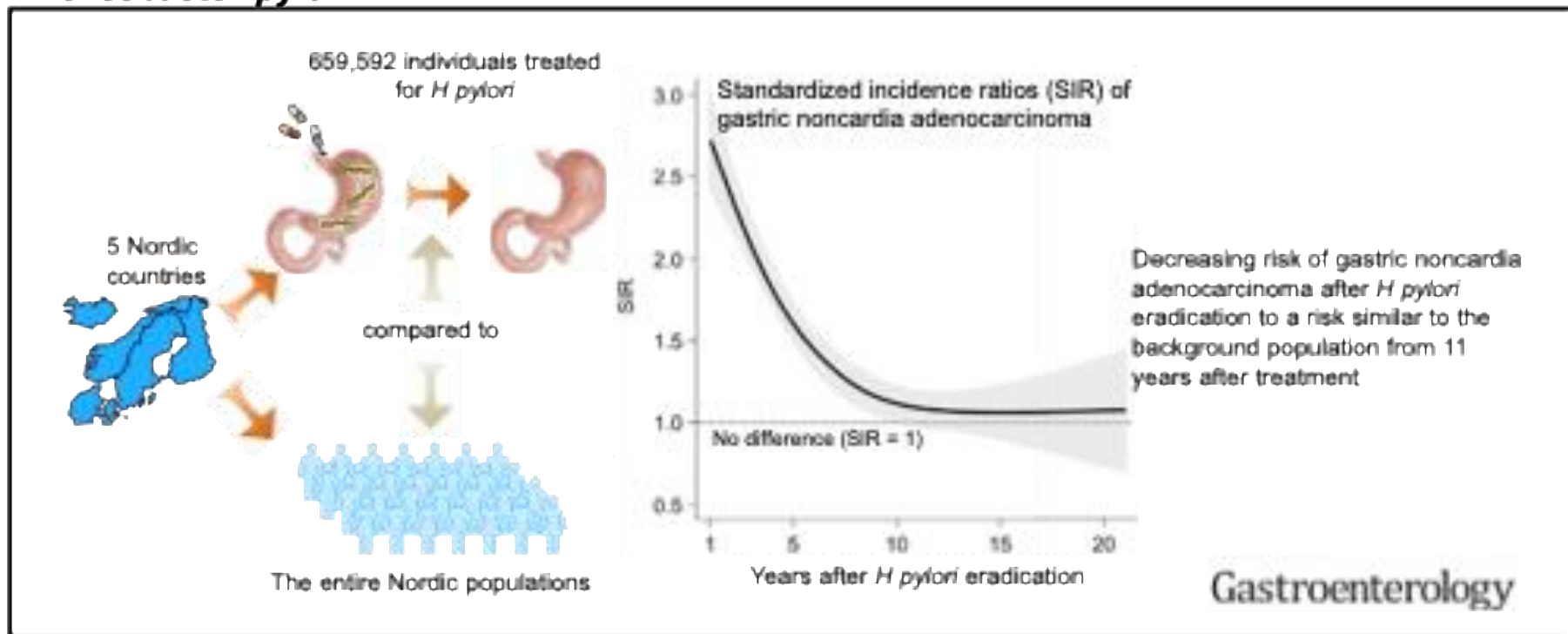
\* Cumulative incidence function curves with competing-risk \*\*Subdistribution hazard model with competing risk, adjusted for age, sex, race and ethnicity, Charlson comorbidity index, history of smoking, and family history of stomach cancer. Abbreviations: sHR, subdistribution hazard ratio; CI, confidence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

Relative risk of incident noncardia gastric adenocarcinoma\*\*



Gastroenterology

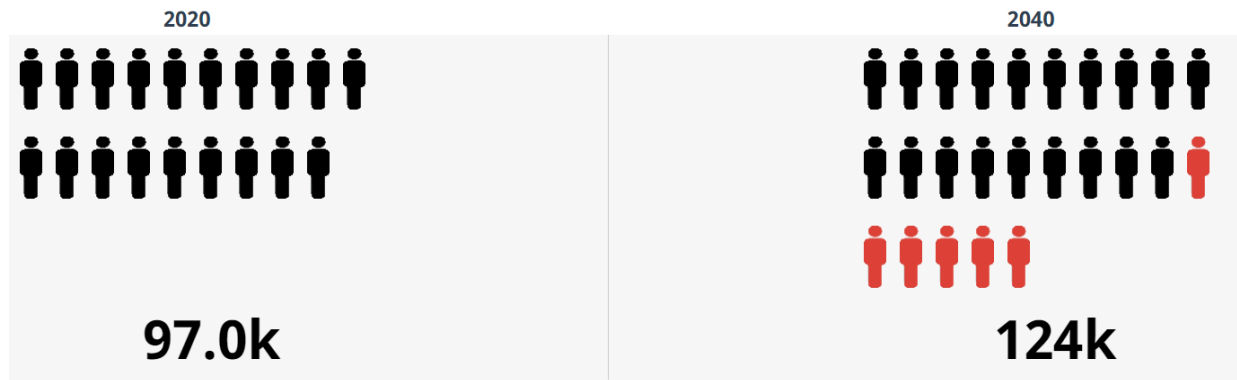
## Risk of Gastric Adenocarcinoma After Eradication of *Helicobacter pylori*



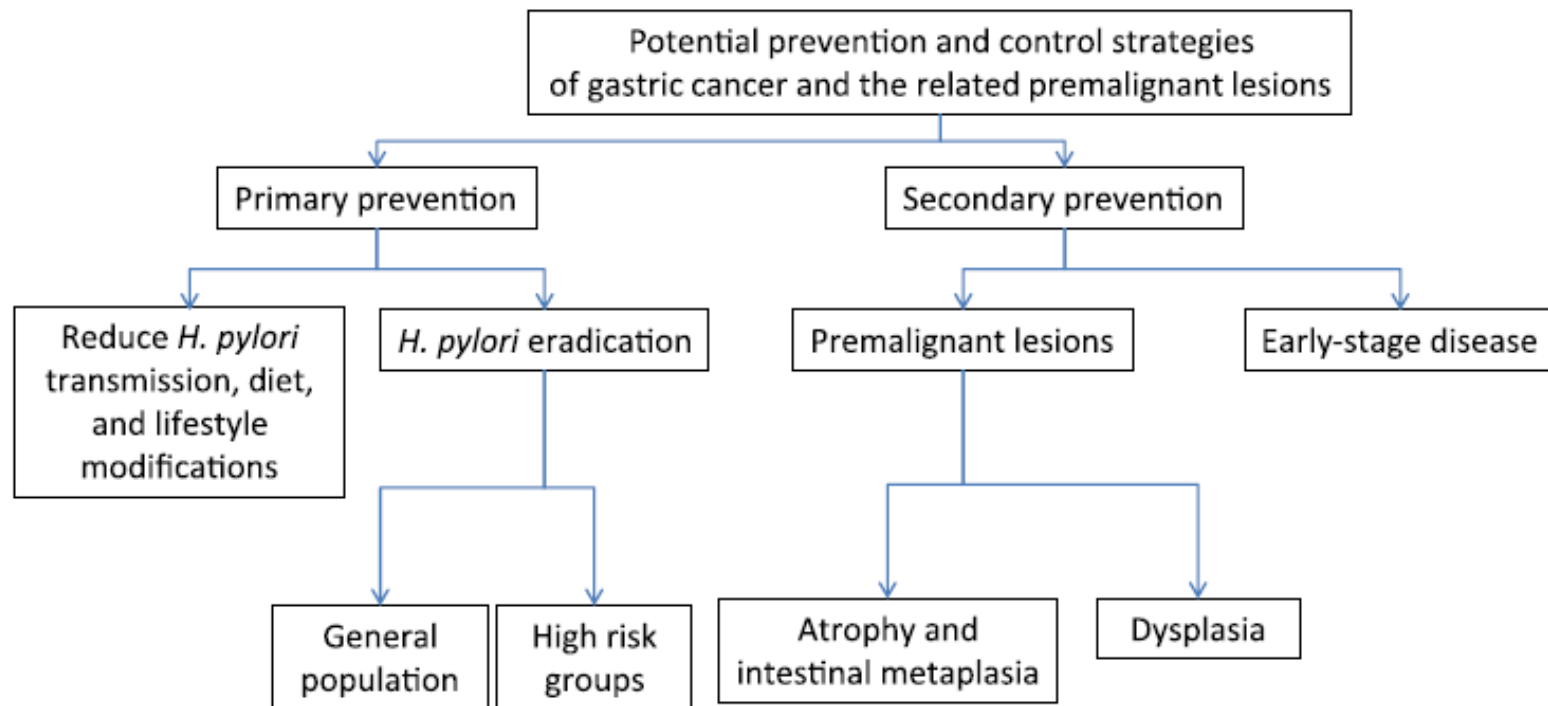


# Gastric cancer in Europe

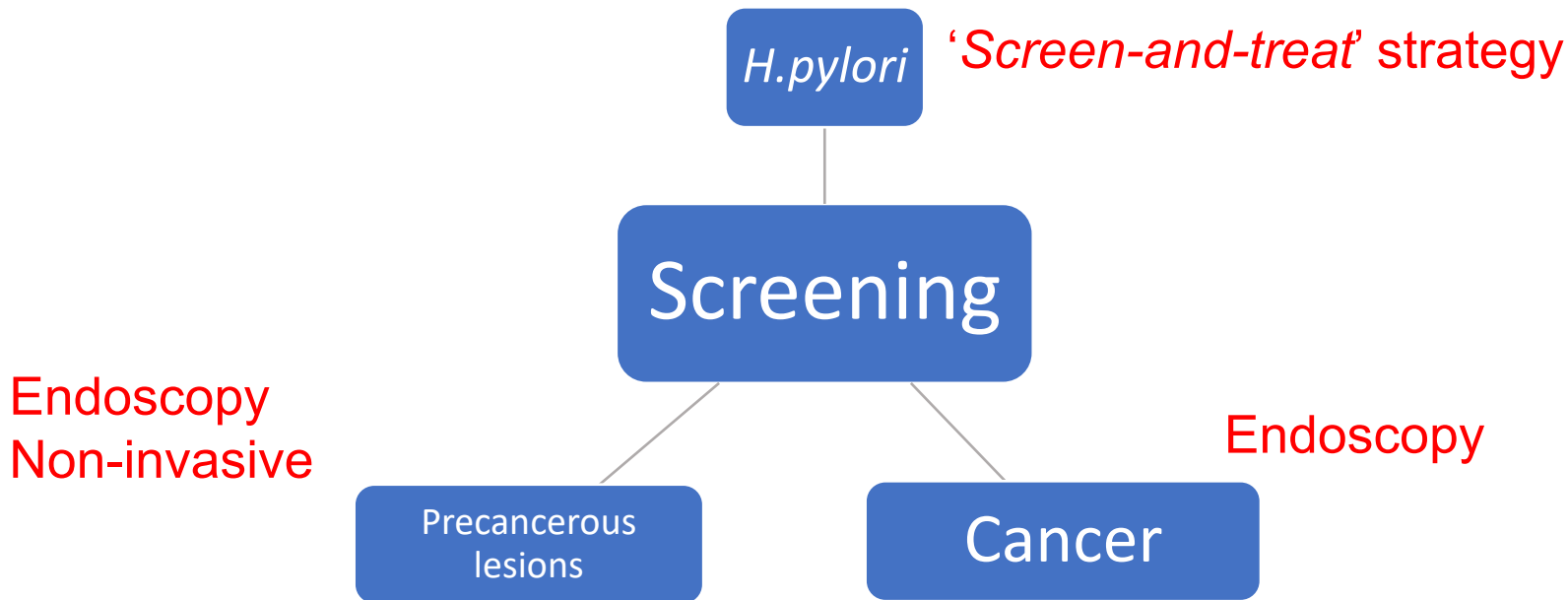
- Gastric cancer in Europe (2020) 12.8% (136k) of the global cases
- Projection for 2040 – new cases -169 k; deaths – 124k
- Preventable proportion of deaths – 35-40%
- 46.5 k annual cases could be prevented by 2040 in Europe



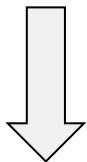
# Prevention strategies



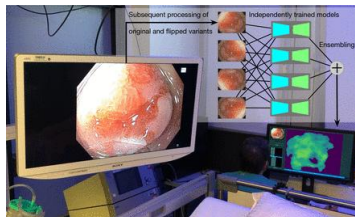
## Screening options to decrease gastric cancer-cause mortality



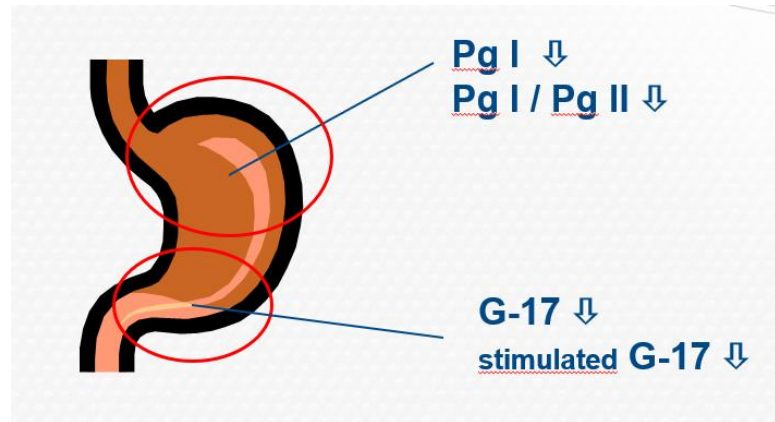
# Approaches to precancerous lesion identification



**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



Co-funded by  
the European Union



## **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

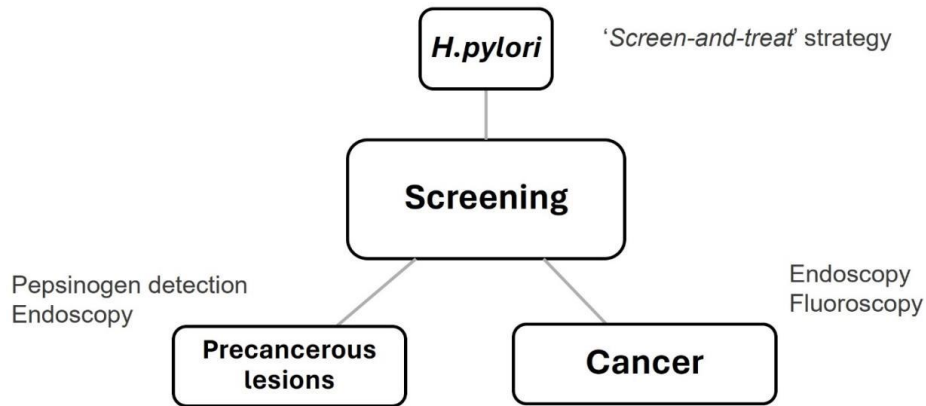
Acronym:

**EUGastScreen**

STUDY PROTOCOL

Version 1.8

2025



### Original pilot sites

**Estonia** – the capital Tallinn and surrounding county Harjumaa

**Italy** – Marche Region – Macerata District

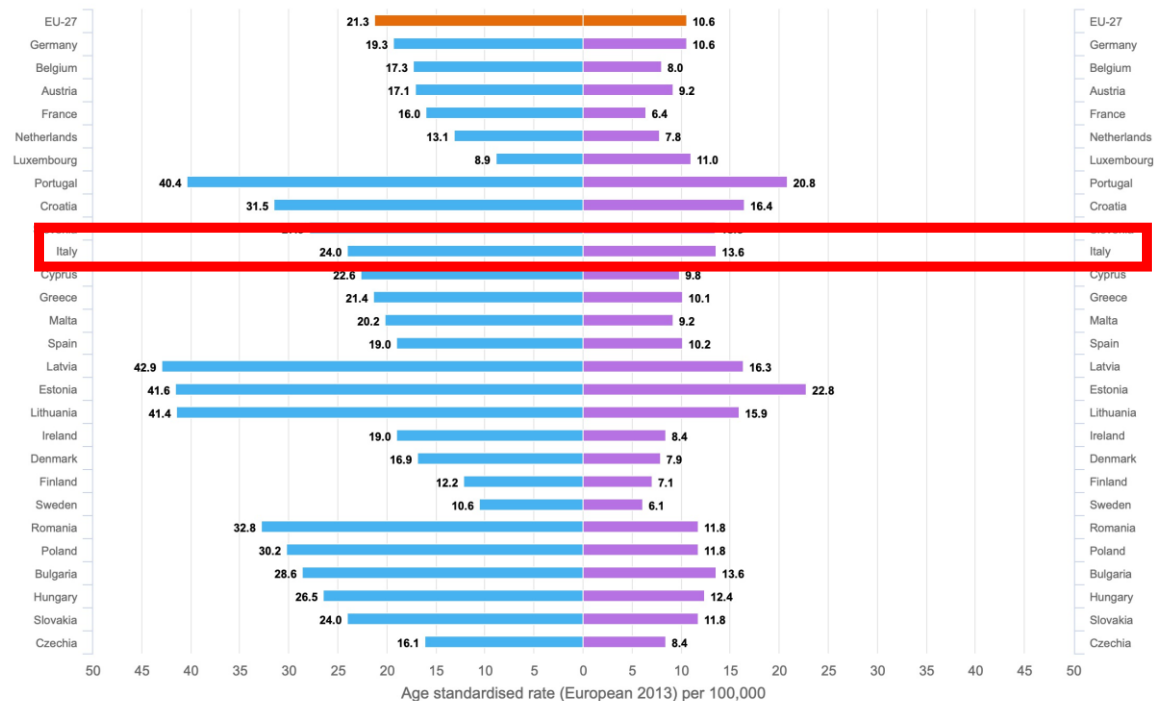
**Latvia** – TBD, eventually Riga and Jēkabpils region

**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

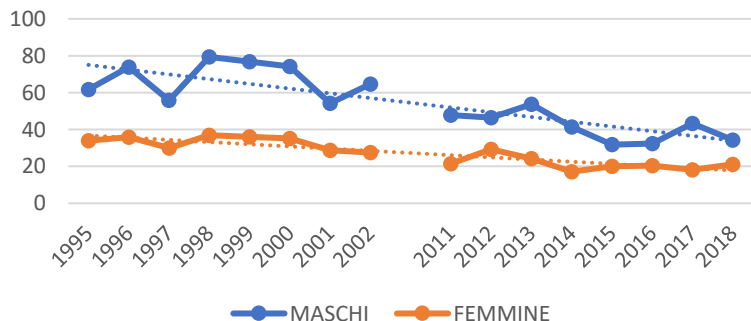
Female

## Tumore dello stomaco

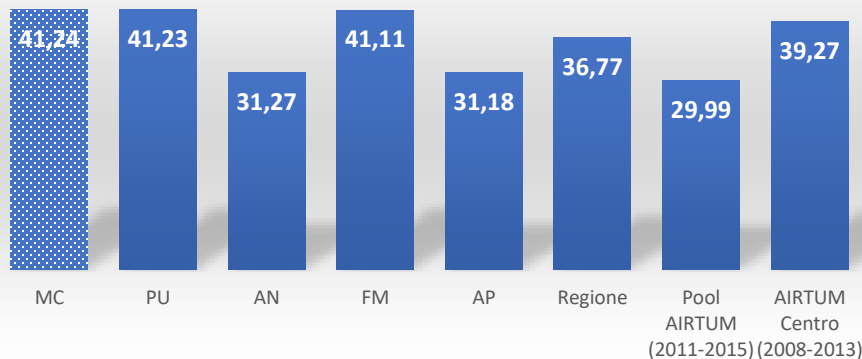
Incidenza STOMACO: Sintesi dei dati

	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

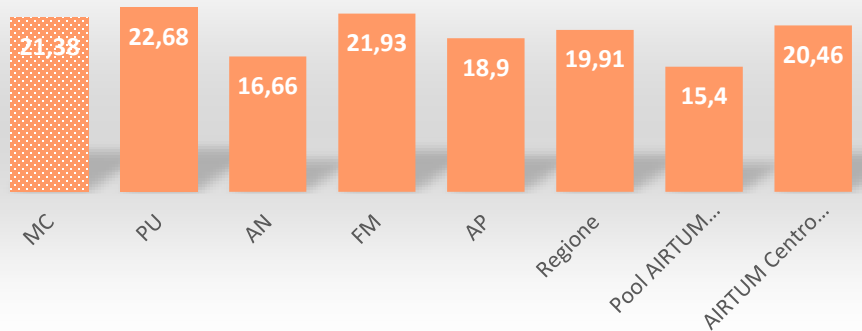
Incidenza provincia MC



TSD 2011-2018 - MASCHI



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)



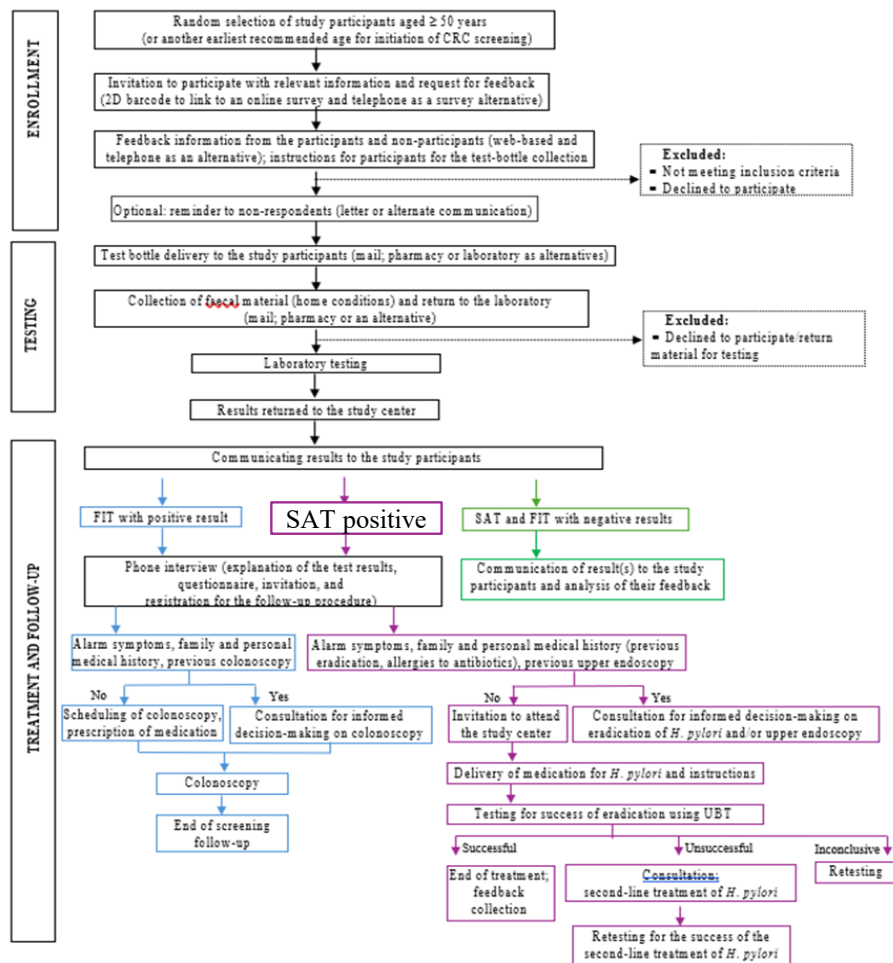
# Study aim

- 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

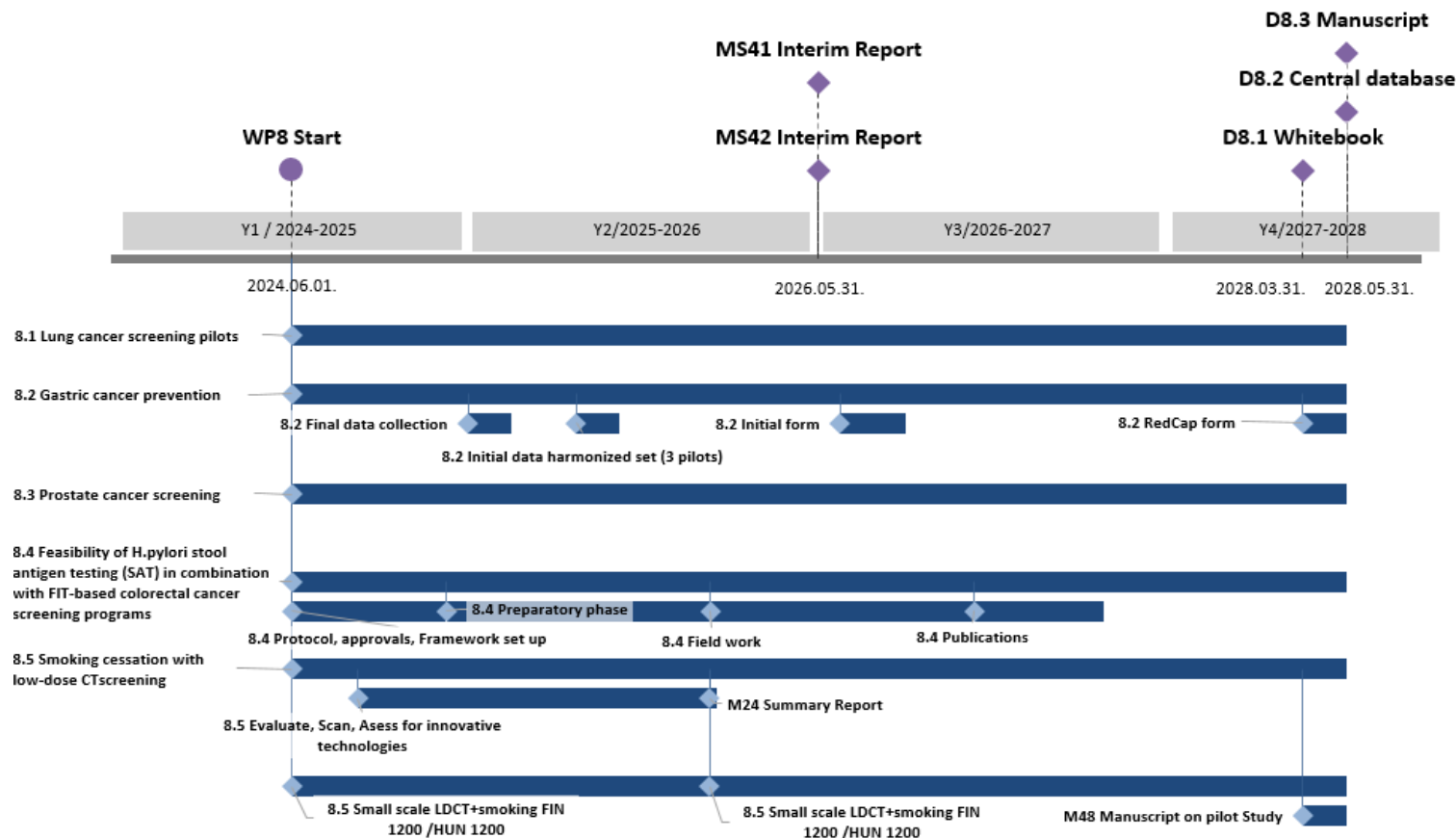


## Samples sizes

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  
Riga

Riga 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:** Riga East Clinical University Hospital

The above project has been:

approved X; 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  
Riga 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
Età 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



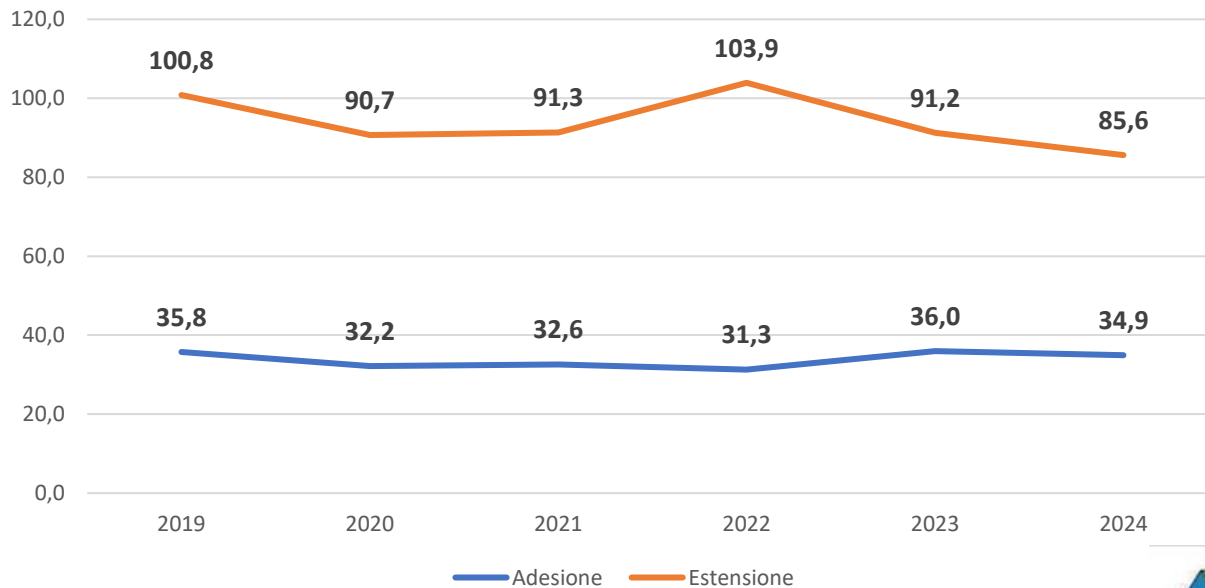
# Centri Screening nella Regione Marche



## Screening Oncologici

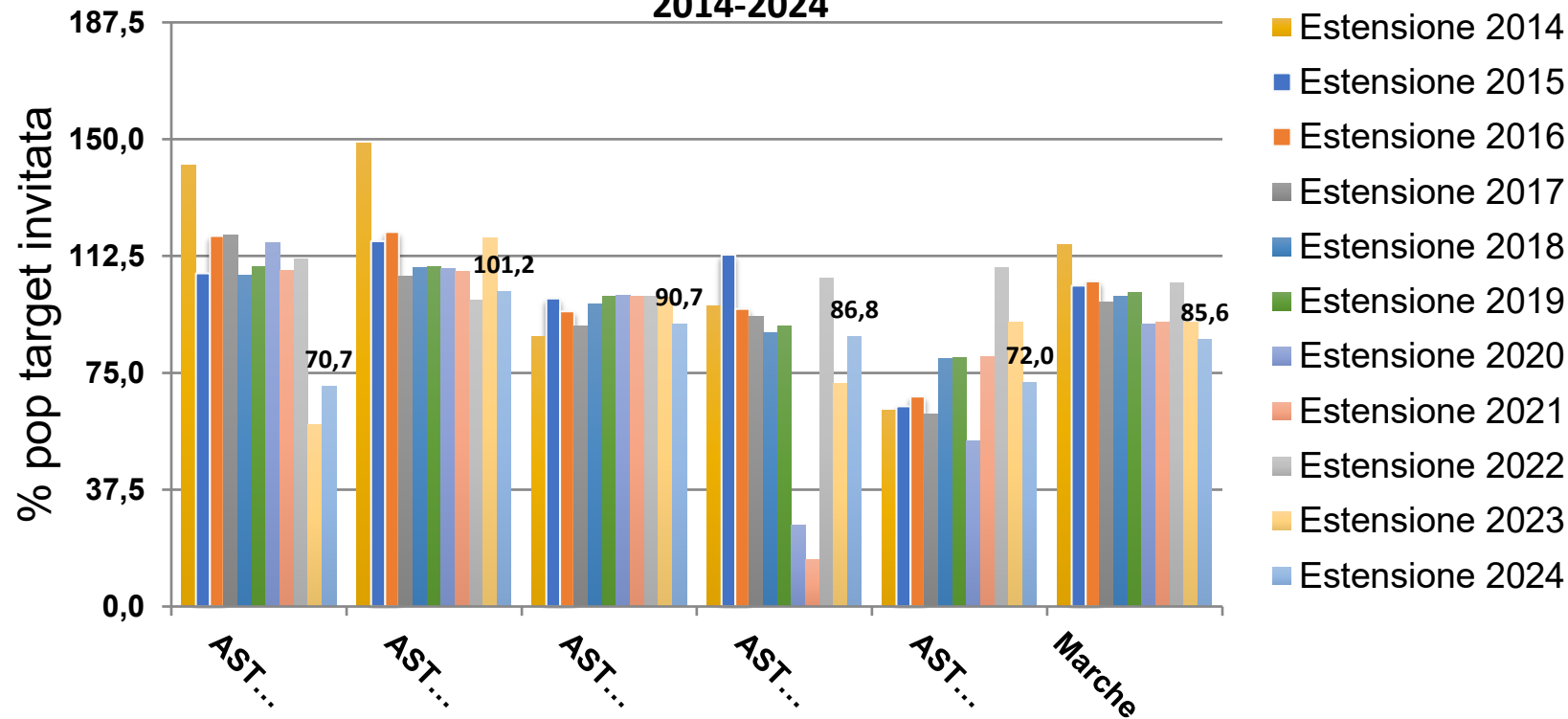
Totali screening	Invitate 2024	Aderenti 2024
<b>GISMA</b>	<b>161870</b>	<b>65490</b>
<b>GISCI</b>	<b>133725</b>	<b>50890</b>
<b>GISCOR</b>	<b>192717</b>	<b>63318</b>
<b>Totale</b>	<b>488312</b>	<b>179698</b>

## Survey GISCOR Marche 2019-2024

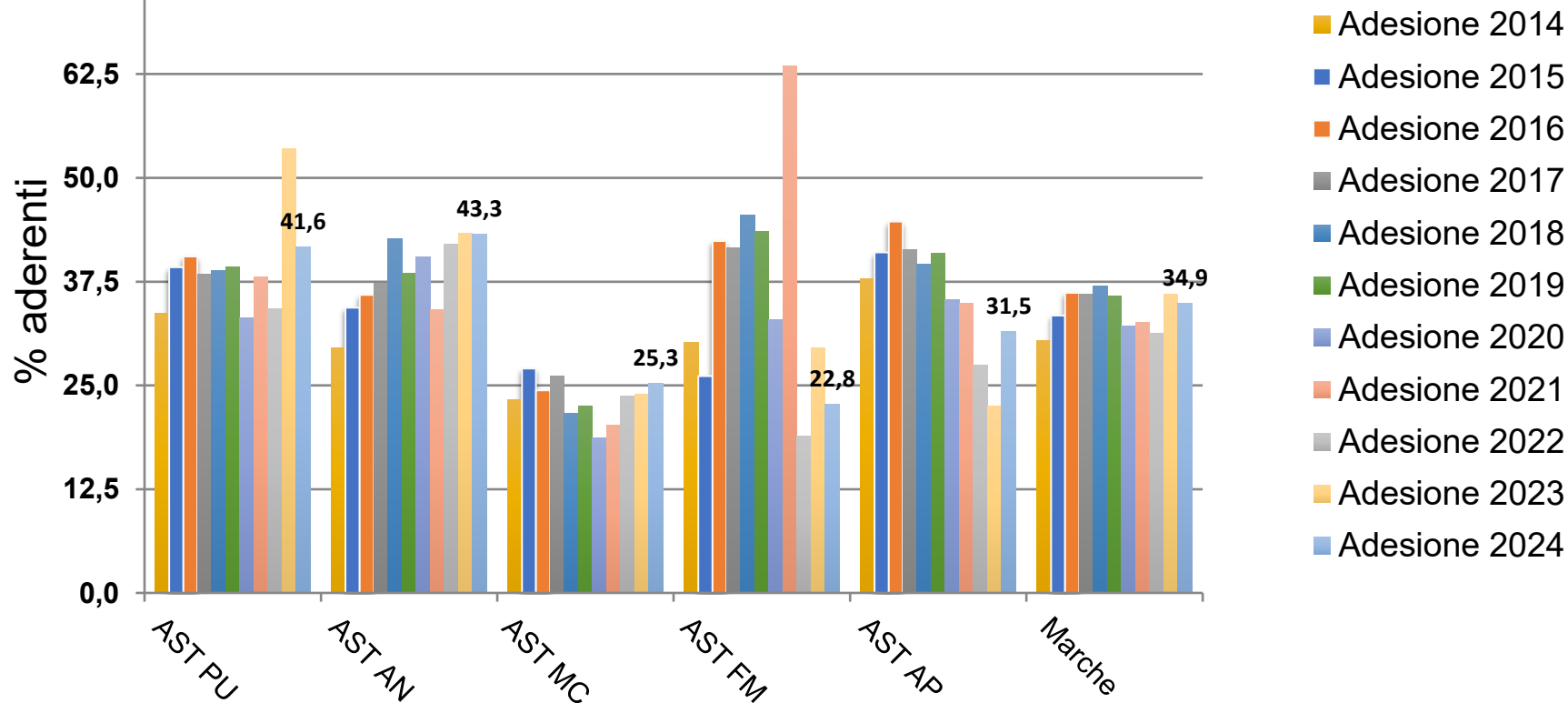


Obiettivo Nazionale: Estensione: 100%, Adesione 50%

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



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







## Indicatori - PASSI 2023-2024

	Copertura screening coloretale totale	Copertura screening coloretale organizzato	Copertura screening coloretale 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
<b>Italia</b>	<b>31.8</b>	<b>26.7</b>	<b>3.8</b>	<b>28.4</b>	<b>8.8</b>

■ peggiore del valore nazionale

■ simile al valore nazionale

■ migliore del valore nazionale



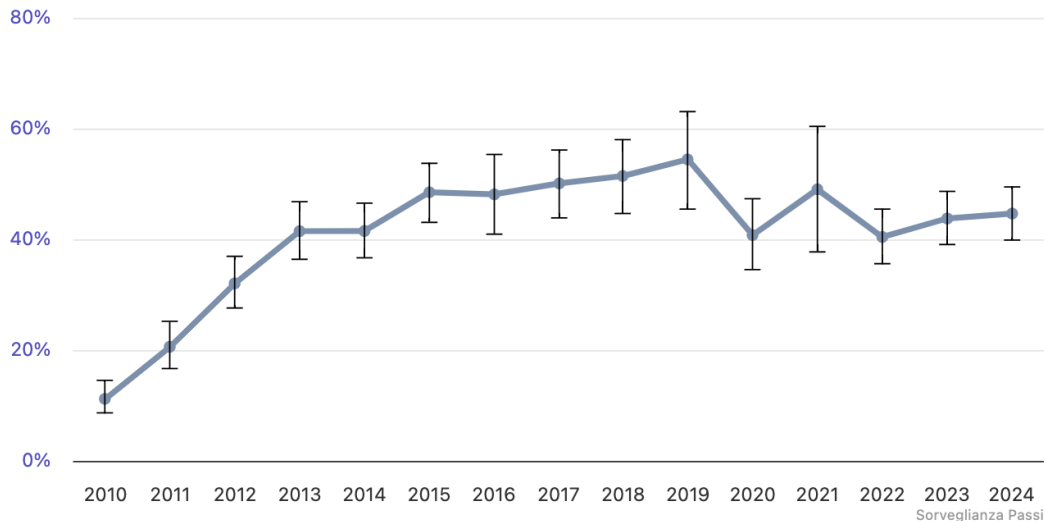
Sorveglianza PASSI

**Analisi delle serie storiche**

Indicatore: Copertura screening coloretale organizzato

**Trend annuale Copertura screening coloretale organizzato - Regione Marche**

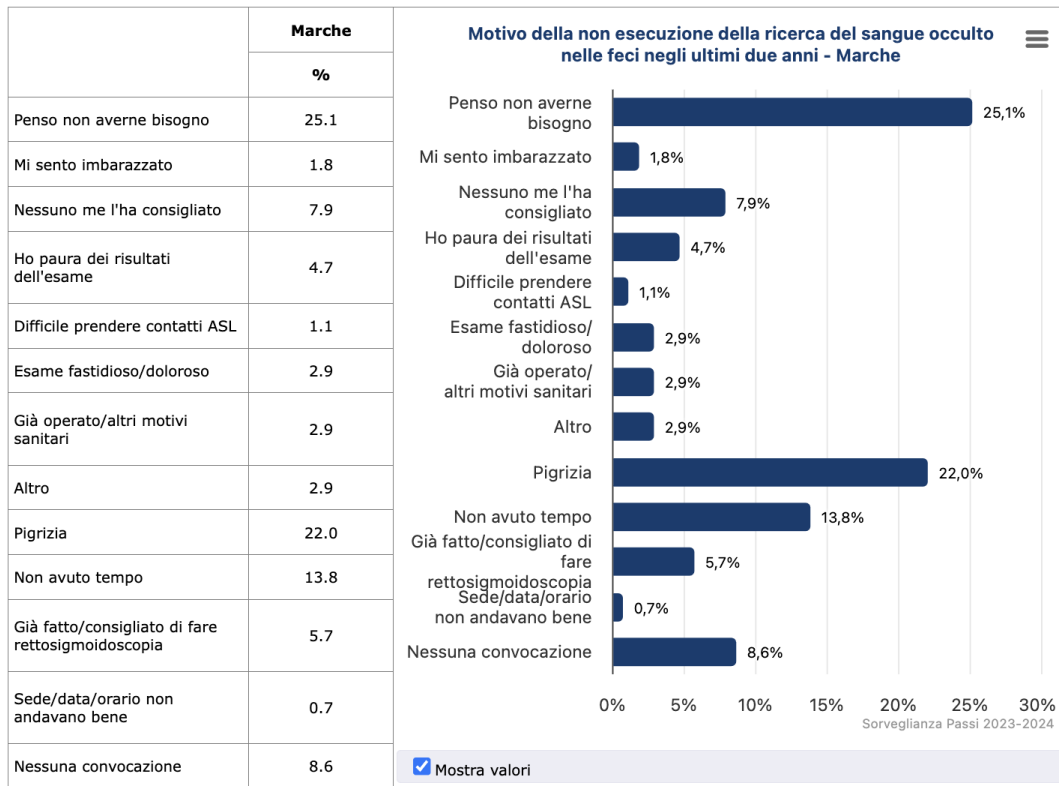
Passi 2010 - 2024



**Sorveglianza PASSI**



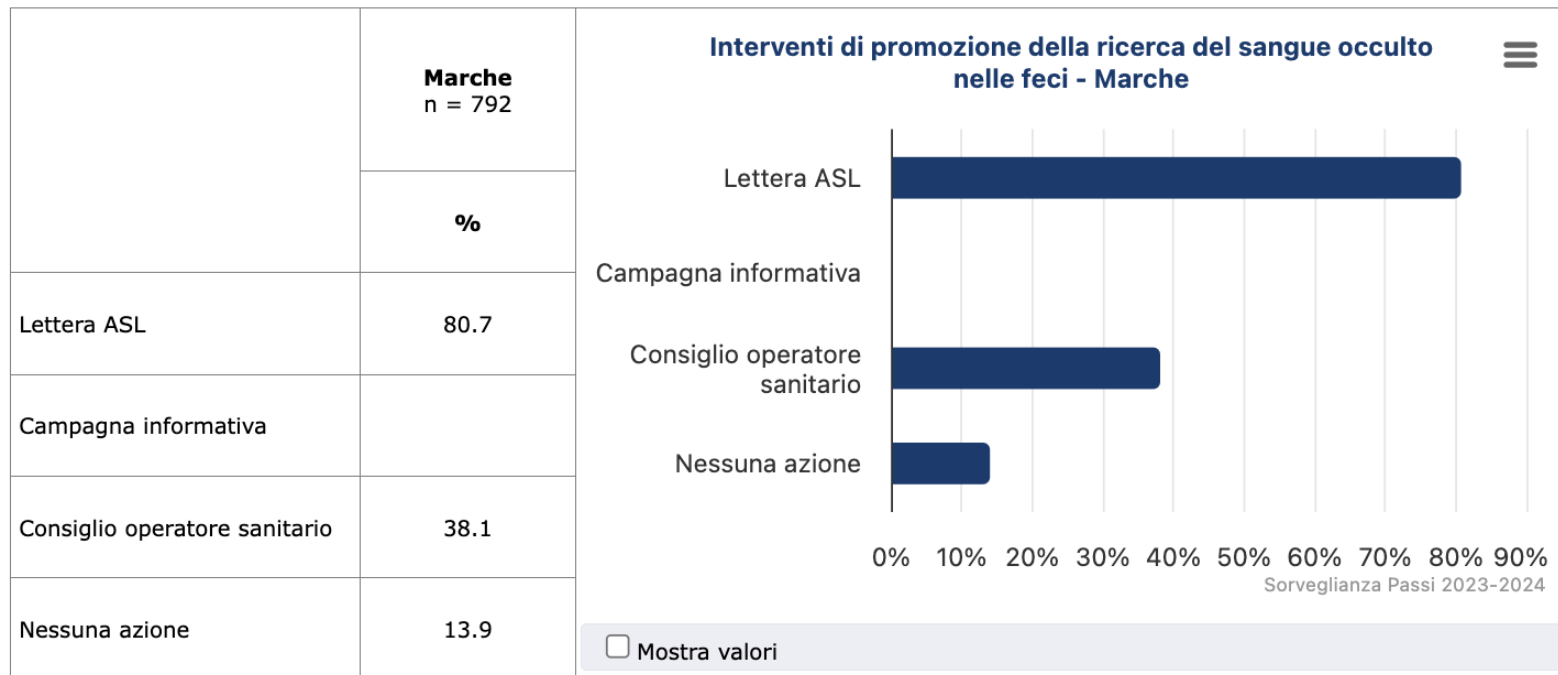
**Motivi della non effettuazione della ricerca del sangue occulto nelle feci negli ultimi due anni**



**Sorveglianza PASSI**



**Interventi di promozione della ricerca del sangue occulto nelle feci**



### Copertura screening colorettaie

	Regione			Italia			<p>Valore più basso    25° percentile    75° percentile    Valore più alto</p> <p>● peggiore    ● simile    ● migliore</p> <p>rispetto al valore nazionale</p>
	%	IC95% inf	IC95% sup	%	IC95% inf	IC95% sup	
Copertura screening colorettaie totale	57.3	53.7	60.7	47.4	46.7	48.1	
Copertura screening colorettaie organizzato	44.2	40.7	47.8	39.3	38.7	39.9	
Copertura screening colorettaie 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**

**ast**  
MARCHE

## Percentuali per Regione

Indicatore: **Copertura screening coloretale organizzato**

☒ Dati standardizzati ☐ Dati grezzi

Dati standardizzati

### Copertura screening coloretale organizzato per regione di residenza

Passi 2023-2024

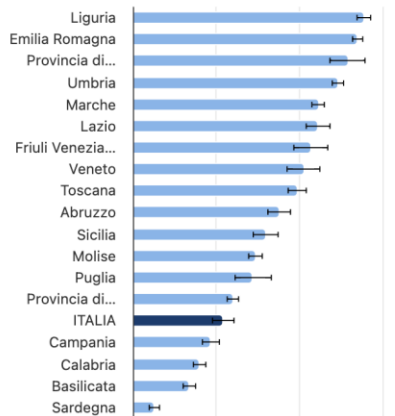


● peggiore del valore nazionale  
● simile al valore nazionale  
● migliore del valore nazionale

Sorveglianza Passi

### Copertura screening coloretale organizzato per regione di residenza

Passi 2023-2024



0% 25% 50% 75%

☐ Mostra valori

Sorveglianza Passi

## Percentuali per Regione

Indicatore: **Copertura screening coloretale spontaneo**

☒ Dati standardizzati ☐ Dati grezzi

Dati standardizzati

### Copertura screening coloretale spontaneo per regione di residenza

Passi 2023-2024

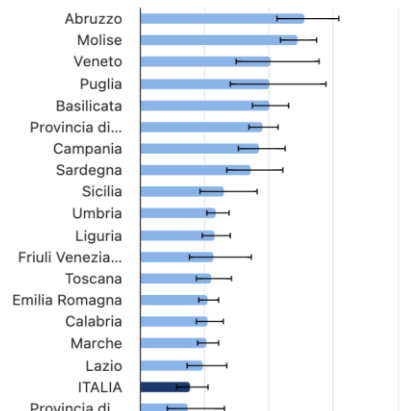


● peggiore del valore nazionale  
● simile al valore nazionale  
● migliore del valore nazionale

Sorveglianza Passi

### Copertura screening coloretale spontaneo per regione di residenza

Passi 2023-2024



0% 5% 10% 15% 20%

☐ Mostra valori

Sorveglianza Passi

Sorveglianza PASSI

**Percentuali per Regione**

Indicatore: Copertura screening coloretale totale

☒ Dati standardizzati ☐ Dati grezzi

**Dati standardizzati**

**Copertura screening coloretale totale per regione di residenza**

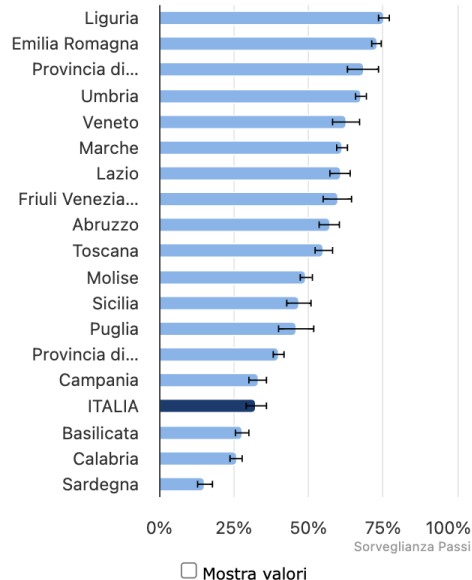
Passi 2023-2024



Sorveglianza Passi

**Copertura screening coloretale totale per regione di residenza**

Passi 2023-2024



**Sorveglianza PASSI**



Fai lo screening. Proteggi la tua salute

## Informazioni in 12 lingue

Screening este nă program de detectare a parakolshem te alundave (tumores) për mabrigjen 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 a tumorilor.



Fă Screening-ul  
Protejează-ți sănătatea

筛查是一项早期诊断肿瘤的全民性计划，它对您的健康有益。



请您做筛查  
拯救您的健康

اسکریننگ ایک قومی پروگرام ہے جو آپ کی صحت مند رہنے کیلئے بہت کم خطرہ ہے۔



اسکریننگ کروائے  
اپنی صحت کا خیال رکھنے کے لئے

Скрининг – це національна програма раннього виявлення, націленої для вашого здоров'я.



Пройдіть скринінг  
Бережіть ваше здоров'я

الفحص الوطني هو برنامج وطني للكشف المبكر عن السرطان.



عليك القيام بالفحص الطبي  
اعتني بنفسك

ਸਕਰੀਨਿੰਗ ਇੱਕ ਰਾਸ਼ਟਰੀ ਪ੍ਰੋਗਰਾਮ ਹੈ ਜੋ ਸਿਰਫ਼ ਸਿਹਤਮੰਦ ਰਹਿਣ ਲਈ ਬਹੁਤ ਘੱਟ ਖਤਰਾ ਹੈ।



ਸਕਰੀਨਿੰਗ ਕਰਵਾਓ  
ਆਪਣੀ ਸਿਹਤ ਬਚਾਓ

El screening es un Programa Nacional que ayuda a tener acceso a programas de evaluación temprana de algunos cánceres.



Sométeas una prueba de diagnóstico  
Quida detu salud

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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

## Screening Oncologici

Quale futuro?



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

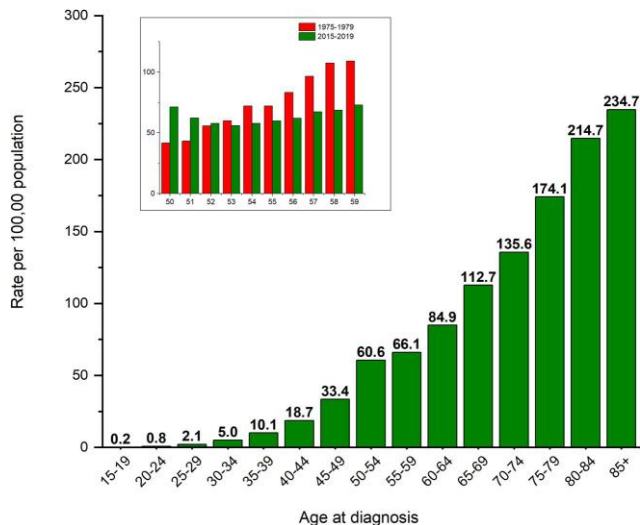


# Progetto Comunicazione Social Screening



### Colorectal cancer statistics, 2023

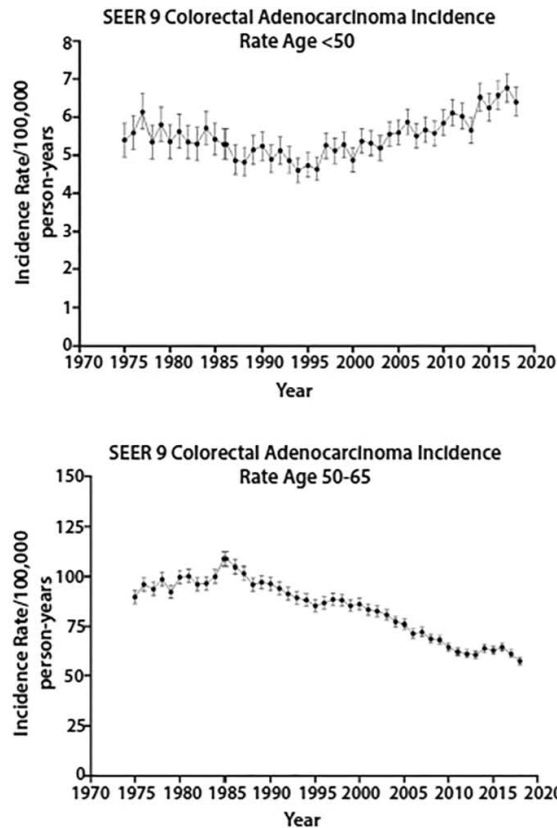
Rebecca L. Siegel MPH<sup>1</sup> | Nikita Sandeep Wagle MBBS, MHA, PhD<sup>1</sup> |  
Andrea Cercek MD<sup>2</sup> | Robert A. Smith PhD<sup>3</sup> | Ahmedin Jemal DVM, PhD<sup>1</sup>



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<sup>1,2</sup>, Folasade P. May, MD, PhD, MPH<sup>3-4</sup>, Joseph C. Anderson, MD<sup>5-6</sup>, Carol A. Burke, MD<sup>7</sup>, Jason A. Dominitz, MD, MHS<sup>8</sup>, Seth A. Gross, MD<sup>9</sup>, Brian C. Jacobson, MD, MPH<sup>10</sup>, Aasma Shaukat, MD, MPH<sup>11</sup> and Douglas J. Robertson, MD, MPH<sup>9</sup>





# 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**  
Page 1541

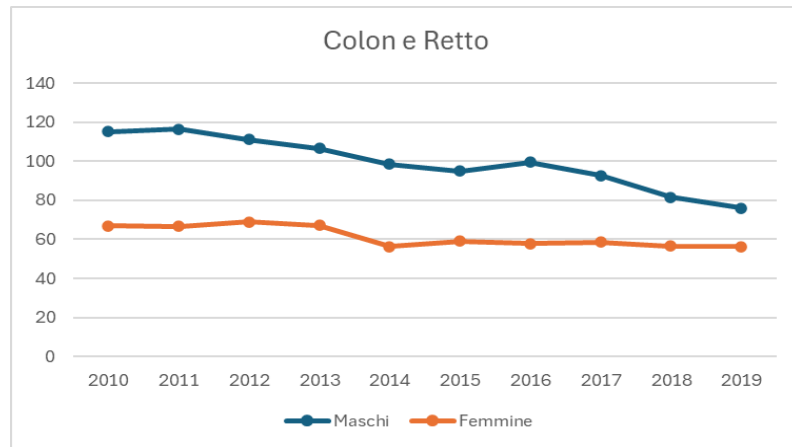
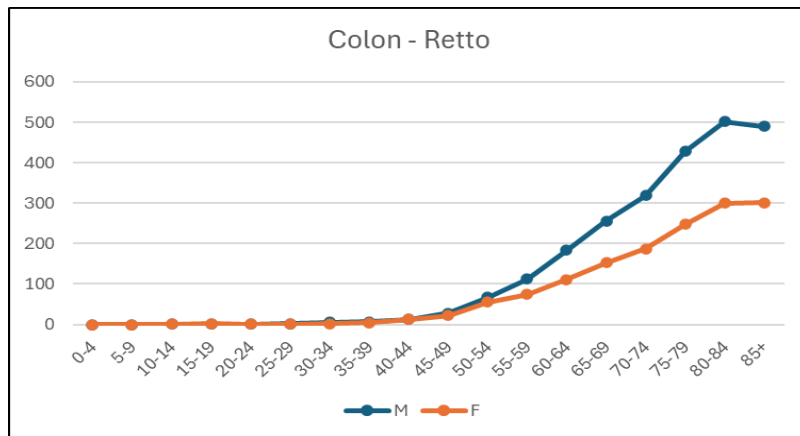
ALSO: ADDING VALUE TO THE CONVERSATION ABOUT COLORECTAL CANCER SCREENING 1545

OFFICIAL CLINICAL PRACTICE JOURNAL OF THE ACGA INSTITUTE

## 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](https://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.