GISMa gruppo italiano screening mammografico

GISMa 2024
DIALOGO E CONFRONTO

Aula Magna "Rita Levi Montalcini"
Palazzina Anatomia Patologica
Ospedale di Cattinara

TRIESTE 15-17 MAGGIO 2024

Screening e registri tumori: sinergie vitali

Fabrizio Stracci

AIRTum

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Il sottoscritto Fabrizio Stracci
ai sensi dell'art. 3.3 sul Conflitto di Interessi, pag. 17 del Reg. Applicativo dell'Accordo Stato-Regione del 5 novembre 2009,

dichiara

che negli ultimi due anni non ha avuto rapporti diretti di finanziamento con soggetti portatori di interessi commerciali in campo sanitario

Towards better implementation of cancer screening in Europe through improved monitoring and evaluation and greater engagement of cancer registries

Ahti Anttila [a,*], Stefan Lönnberg [a,b], Antonio Ponti [c], Eero Suonio [d], Patricia Villain [d], Jan Willem Coebergh [e,f], Lawrence von Karsa [d]

Data essential to monitoring and evaluation of cancer screening programmes are not only stored in cancer registries and screening registries.

It must also be obtained by linkage of these with population registers, cause of death registers, and – where available – clinical registers of diagnostic and treatment services such as hospital and outpatient registers. Relevant information must also be obtained from vaccination registers (human papilloma virus, HPV)

Reporting pre-cancerous lesions

Data on pre-cancerous lesions are needed to weigh the achieved benefit of screening in the light of potential harm by detecting and treating pre-cancerous lesions, many of which would not progress to cancer for a long time if left untreated. Comprehensive screening registers are the primary source for these data in combination with the cancer registry.

Strengthening prevention through early detection: A new EU approach on cancer screening

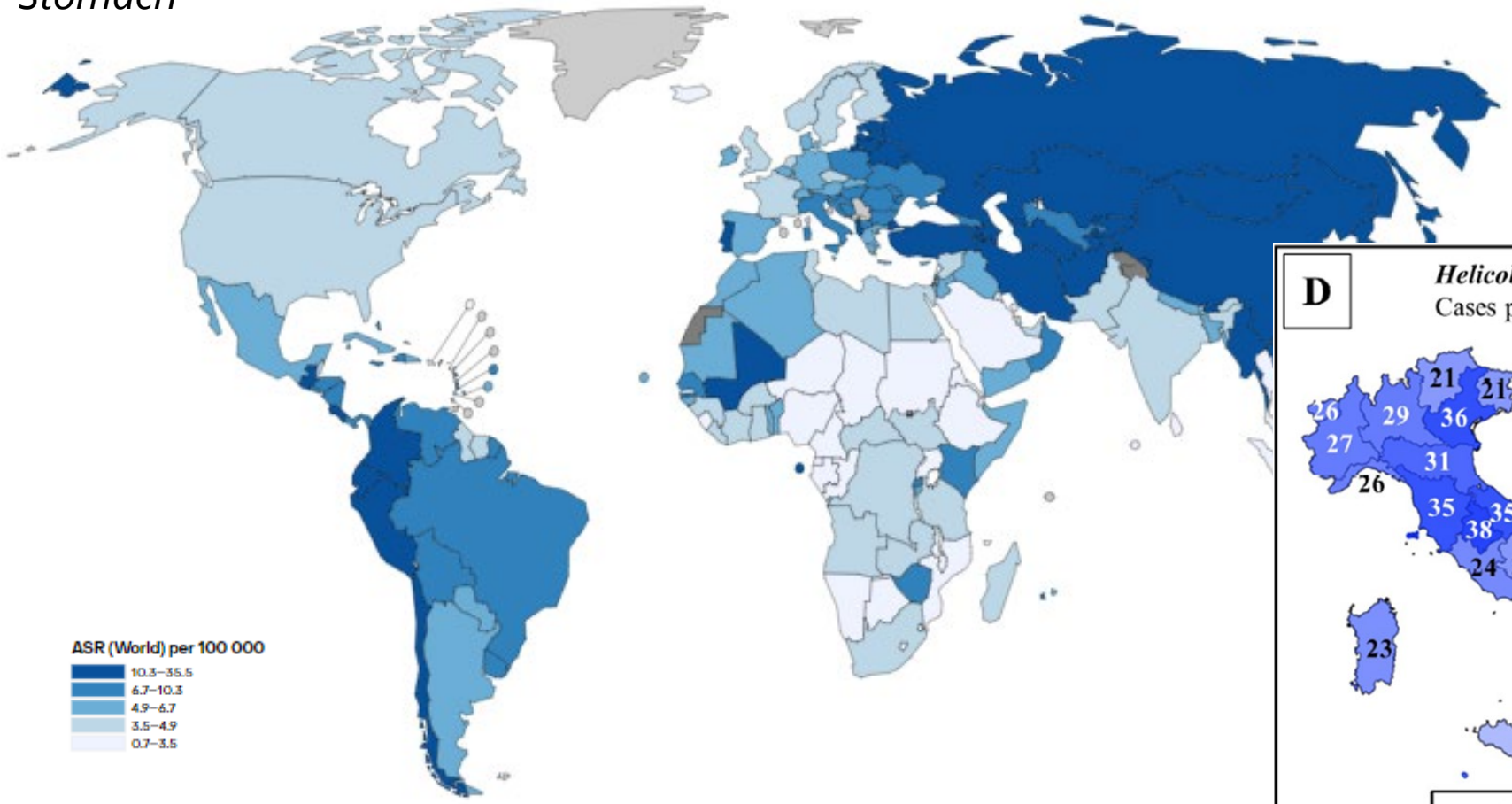
(4) to work in close cooperation with Member States towards overcoming legal and technical barriers in order to **improve interoperability among cancer and screening registries**, other national and regional cancer information systems, the European cancer information system, the European Reference Networks dedicated to cancer, European digital infrastructures, and other relevant data sources and infrastructures, in full compliance with applicable data protection legislation and avoiding duplication of activities and information transmitted;

9 December 2022 (2022/C 473/01)

Descrizione epidemiologica

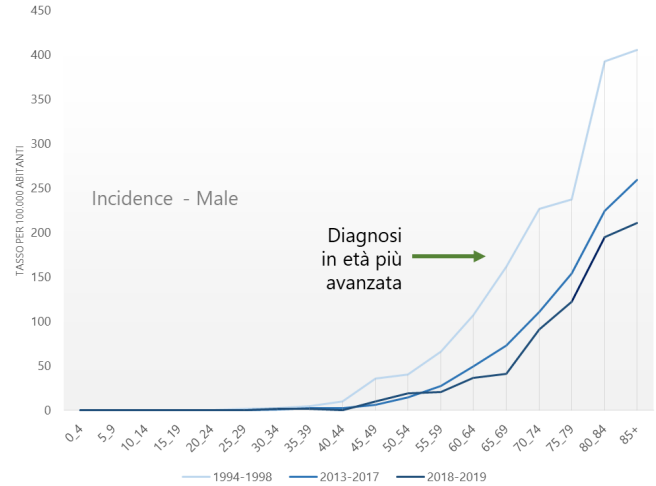
Dati epidemiologici per la programmazione degli interventi

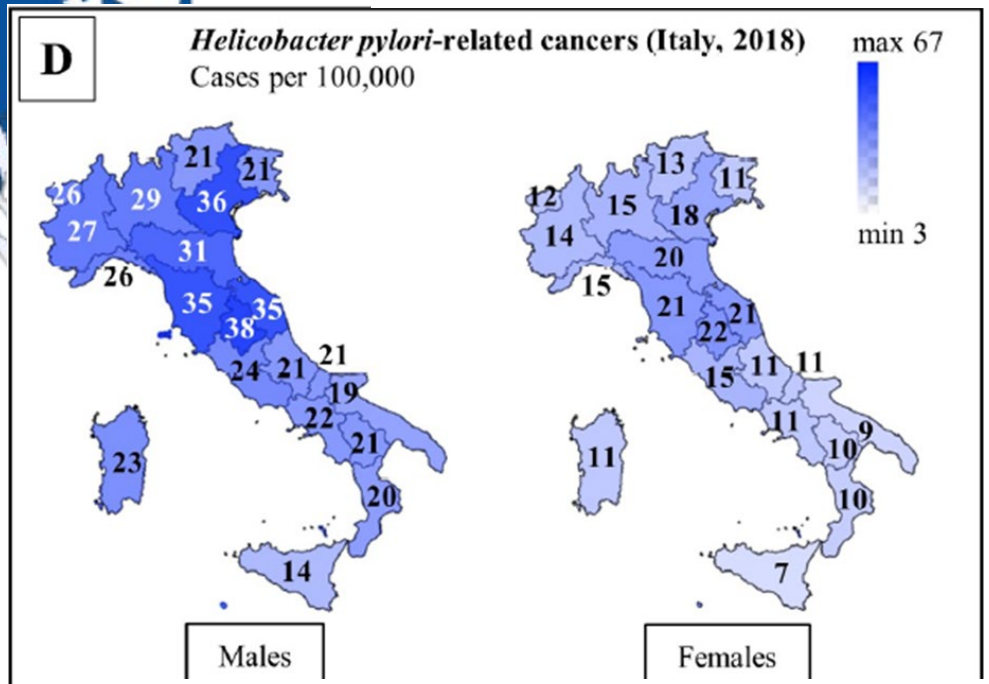
Age-Standardized Rate (World) per 100 000, Incidence, Both sexes, in 2022
Stomach



https://gco.iarc.fr/today/en/dataviz/mapsheatmap?mode=population&cancers=7

Incidenza del cancro gastrico per età e periodo





Estimates of the incidence of infection-related cancers in Italian regions in 2018 De Flora *et al.*

Review Article

Gastric cancer screening in Western countries: A call to action

Fabio Farinati[a,b,*], Filippo Pelizzaro[a,b]

The lack of a perfect bullet against HP and GC cannot represent an "alibi", and molecularly-based susceptibility profiling for the selection of personalized eradication regimens is still far to be widely available [141] .

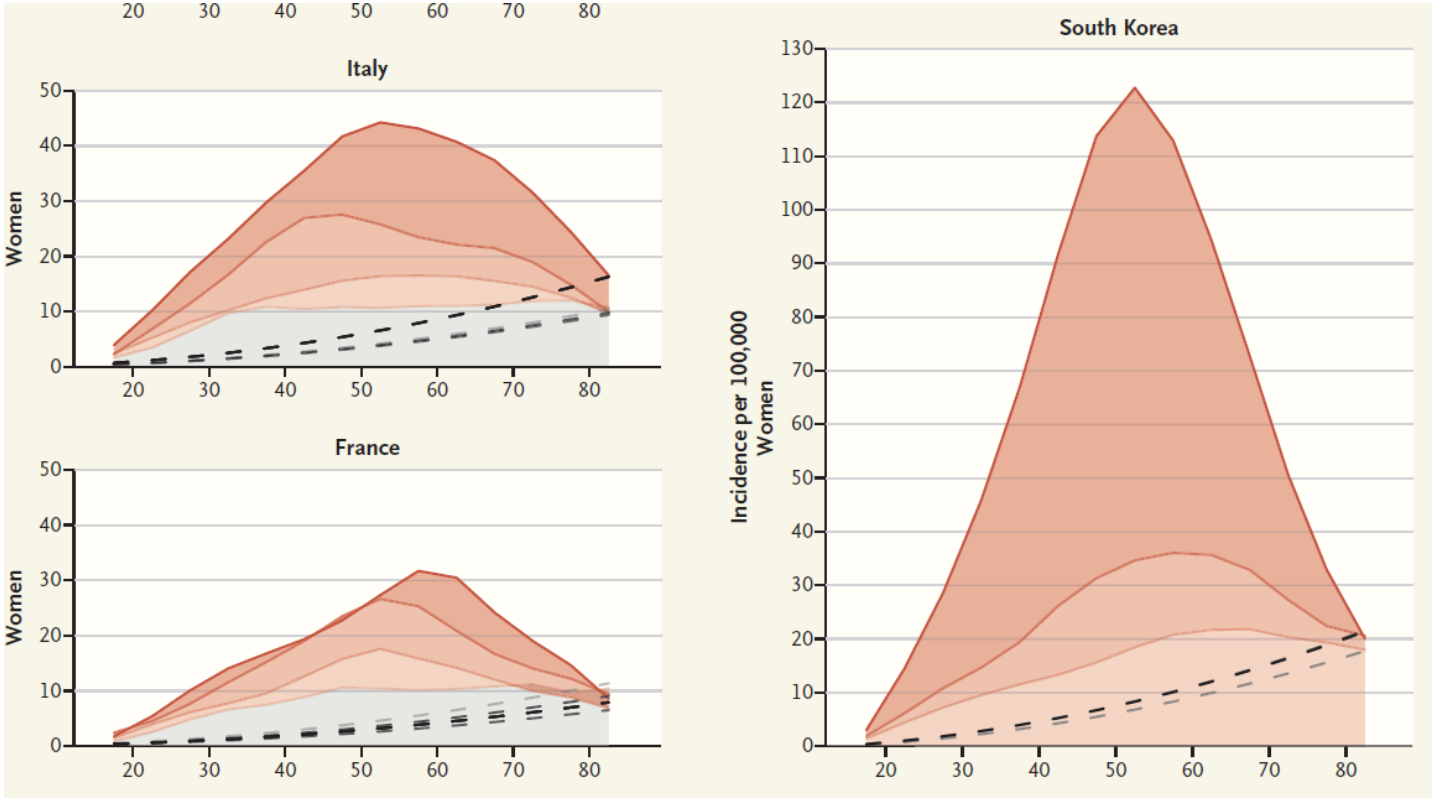
Since any results we will be able to obtain will not be a "tomorrow morning effect"[142] , we should not waste any more time, agree on a methodology and **start screening at least in the high-risk area of Italy**, as well as in intermediate to high-risk areas in the Western world.

Digestive and liver disease 2024

Contributo ad una ecologia della diagnosi precoce

Worldwide Thyroid-Cancer Epidemic? The Increasing Impact of Overdiagnosis

Salvatore Vaccarella, Ph.D., Silvia Franceschi, M.D., Freddie Bray, Ph.D., Christopher P. Wild, Ph.D., Martyn Plummer, Ph.D., and Luigino Dal Maso, Ph.D.



Observed versus Expected Changes in Age-Specific Incidence of Thyroid Cancer per 100,000 Women, 1988–2007. **The expected rates were based on the observation that before the introduction of ultrasonography** and other novel diagnostic techniques, thyroid cancer incidence increased exponentially with age in all countries with available long-term data, in keeping with the multistage model of carcinogenesis (rate proportional to age k, where the exponent k is to be estimated from incidence data).

Recommendation Summary

Population	Recommendation	Grade
Adults	The USPSTF recommends against screening for thyroid cancer in asymptomatic adults.	D

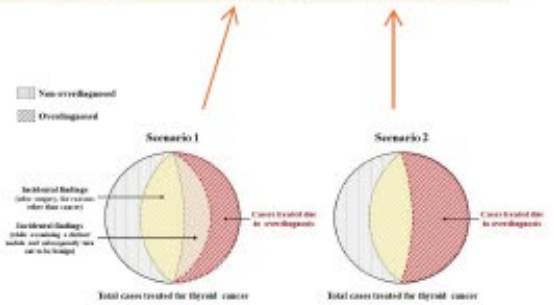
The Economic Cost of Thyroid Cancer in France and the Corresponding Share Associated With Treatment of Overdiagnosed Cases

Mengmeng Li, PhD,* Filip Meheus, PhD,* Stephanie Polazzi, MD, Patricia Delafosse, PhD, Françoise Borson-Chazot, MD, Arnaud Seigneurin, MD, Raphael Simon, MSc, Jean-Damien Combes, PhD, Luigino Dal Maso, PhD, Marc Colonna, PhD, Antoine Duclos, PhD, Salvatore Vaccarella, PhD, on behalf of the The Thyroid Cancer Group FRANCIM

Table 3. Summary table of the total number of thyroid cancer cases, of treatment of overdiagnosed cases, and relative associated costs, among women, 2011 to 2015.

Department	Total cases	Overdiagnosed	Incidental findings		Treatment for cancer			Costs for cancer treatment (million euros)		
	A	B	After surgery, for reasons other than cancer, C	While examining a distinct nodule (subsequently benign), D	Total	Overdiagnosed (range)		Total	Overdiagnosed (range)	
					E = A − C E/A (%)	Lower bound, F_1 = B − C − D F_1/A (%)	Upper bound, F_2 = B − C F_2/A (%)	G = E × MCP*	Lower bound, H_1 = F_1 × MCP* H_1/G (%)	Upper bound, H_2 = F_2 × MCP* H_2/G (%)
21 departments	7707	5487	2095	1548	5612 (73)	1844 (24)	3392 (44)	35.1	11.5 (33)	21.2 (60)
France†	33 911	24 143	9218	6811	24 693 (73)	8114 (24)	14 925 (44)	154.3	50.7 (33)	93.3 (60)

The cost of **overtreatment due to overdiagnosis ranges between 51 and 93 million € for women** in 2011-2015 (60-112 millions overall).



Value Health 2023

Tennis & Friends al Foro Italico con un nuovo record, 80mila presenze registrate e 30.000 screening e consulti gratuiti

Sport e prevenzione, benessere per il cittadino, risparmio per lo Stato

by Giada Giunti — 30 Ottobre 2023 in Attualità, Eventi, Salute, Sport, Territorio 0

Popolari

Oltre 18 000 controlli effettuati e circa 2.700 contatti nel punto informativo. Di cui 2740 tiroide, 1910 colesterolo e diabete, 900 cuore, 2018

Questi i percorsi di prevenzione: …Tiroide, … 2023

TIROIDE: 2021

Prevenzione delle malattie tiroide con visita ed esame ecografico

TIROIDE:

Screening tiroideo, visita, ecografia – **dott. Salvatore Oleandri ASL Città di Torino**

PRESS

Corriere dello Sport Speciale Tennis & Friends

DATA STAMPA

PASSIONE E PREVENZIONE

Al Foro Italico, fino a domani, la 13ª edizione di Tennis & Friends - Salute e Sport
Tra match, screening gratuiti e un focus speciale sui giovani

Tra gli sport, il tennis è un ottimo alleato per una vita sana

La prevenzione inizia dall'infanzia

Coinvolgere le famiglie per ridurre i rischi è l'obiettivo dell'edizione: un equilibrio tra attività fisica, sedentarietà e sonno regolare

In Europa, l'Italia è uno dei Paesi a maggior rischio di obesità infantile

Corriere dello Sport Speciale Tennis & Friends

DATA STAMPA

Intervista al professor Giorgio Meneschincheri

«Ai giovani dico: vincete lo smash della prevenzione»

Il fondatore della manifestazione: «Lo sport preserva il benessere fisico e anche la salute mentale»

Efficacia dello screening

JAMA Internal Medicine | Original Investigation

Estimated Lifetime Gained With Cancer Screening Tests
A Meta-Analysis of Randomized Clinical Trials

Michael Bretthauer, MD, PhD; Paulina Wieszczy, MSc, PhD; Magnus Løberg, MD, PhD; Michal F. Kaminski, MD, PhD; Tarjei Fiskergård Werner, MSc; Lise M. Helsingen, MD, PhD; Yuichi Mori, MD, PhD; Øyvind Holme, MD, PhD; Hans-Olov Adami, MD, PhD; Mette Kalager, MD, PhD

JAMA Int. Med. 2023

CONCLUSIONS AND RELEVANCE The findings of this meta-analysis suggest that current evidence does not substantiate the claim that common cancer screening tests save lives by extending lifetime, except possibly for colorectal cancer screening with sigmoidoscopy.

Figure 2. Lifetime Gained With Commonly Used Cancer Screening Tests

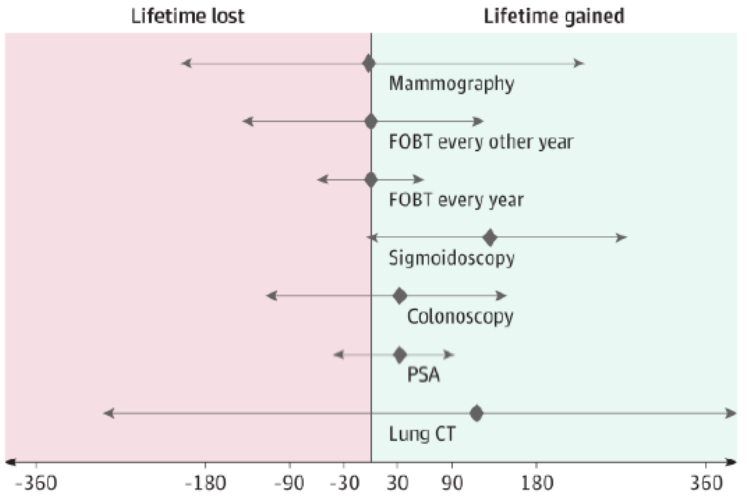


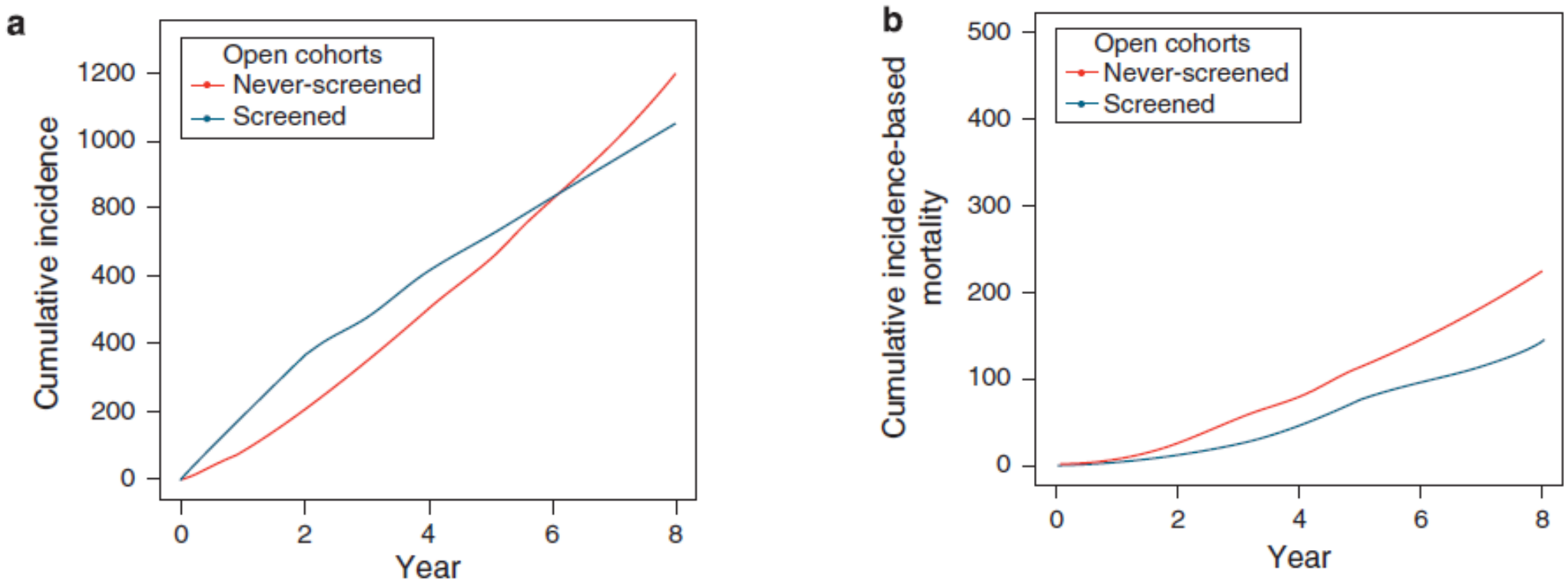
Table 2. Absolute Risk of Cancer-Specific and All-Cause Death per 100 Person-Years With vs Without Screening in Randomized Clinical Trials

Cancer screening test	No. of individuals	Follow-up time, y[a]	Absolute risk of death from target cancer per 100 person-years		Absolute risk of all-cause death per 100 person-years		RR (95% CI) all-cause mortality	Lifetime gained with screening (95% CI), d
			Screening	No screening	Screening	No screening		
Breast cancer: mammography[8]	73 634	13	0.038	0.039	0.65	0.65	1.00 (0.95-1.04)	0 (−190 to 237)
Colorectal cancer: fecal testing every year[31]	457 750	15	0.05	0.07	1.8	1.8	1.00 (0.98-1.03)	0 (−164 to 110)
Colorectal cancer: fecal testing every 2 y[31]	598 934	15	0.06	0.07	1.8	1.8	1.00 (0.99-1.01)	0 (−55 to 55)
Colorectal cancer: sigmoidoscopy[14]	274 952	15	0.03	0.04	0.95	0.97	0.98 (0.95-1.00)	110 (0 to 274)
Colorectal cancer: colonoscopy[9b]	84 585	10	0.028	0.031	1.1	1.1	0.99 (0.96-1.04)	37 (−146 to 146
Prostate cancer: PSA testing[32]	675 232	10	0.03	0.03	1.3	1.3	0.99 (0.98-1.01)	37 (−37 to 73)
Lung cancer: CT[c]	20 505	10[d]	0.23	0.30	1.2	1.2	0.97 (0.88-1.08)	107 (−286 to 430)
PLCO multiple screening tests[28]	154 887	17[d]	0.24	0.25	1.8	1.9	0.98 (0.96-1.00)	123 (6 to 227)

Influenza dello screening colorettale su incidenza e mortalità nella provincia di Reggio Emilia

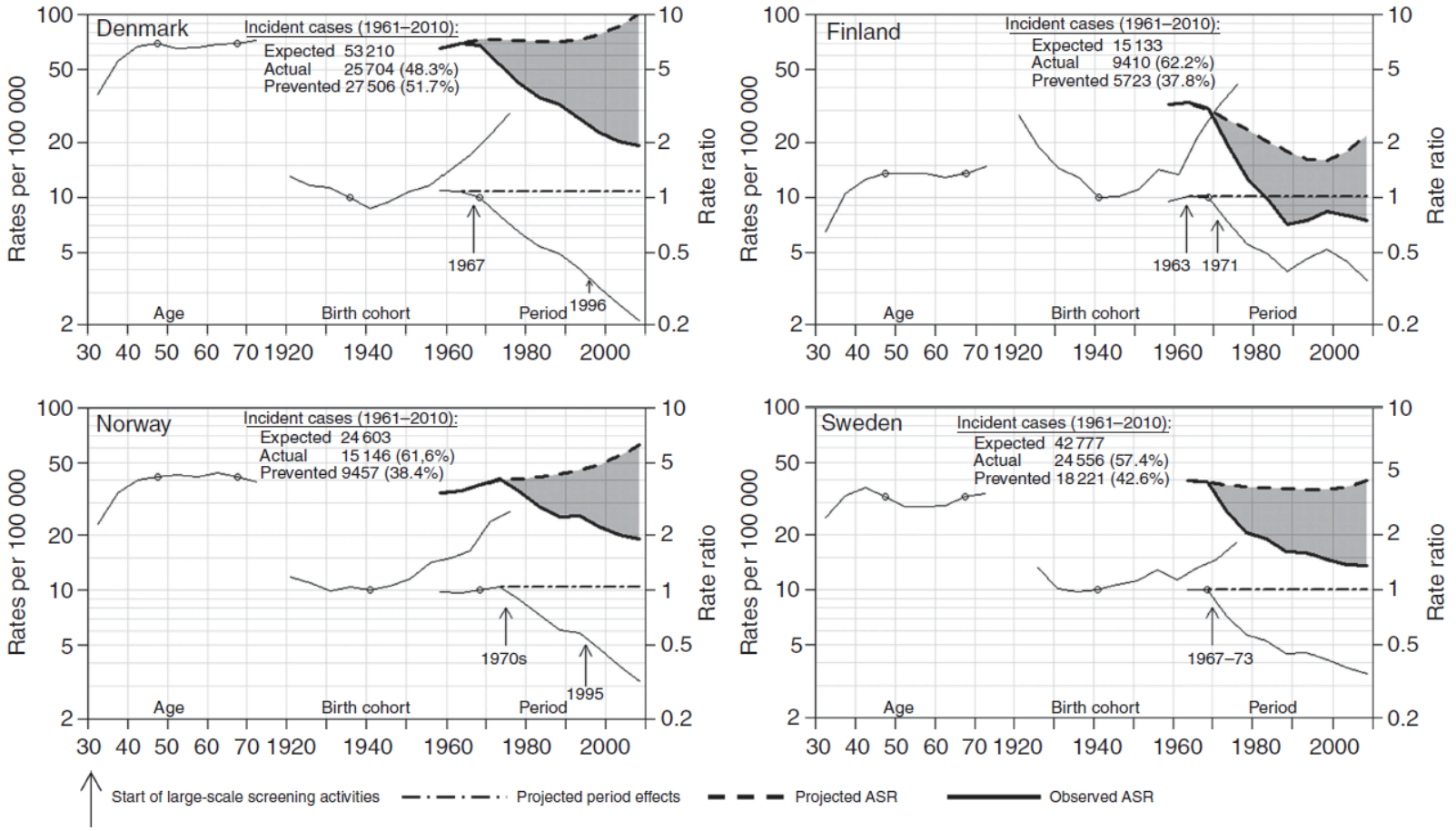
L'effetto di remozione delle lesioni premaligne prevale dopo 6-8 anni

Precoce differenza di mortalità a favore dello screening



Conclusion. FIT screening leads to a decrease in the incidence of CRC and in its mortality. *Giorgi Rossi P et al. Am J Gastroenterol 2015*

Ruolo dello screening per il cervicocarcinoma



50 years of screening in the Nordic countries: quantifying the effects on cervical cancer incidence Vaccarella S et al. BJC 2014

- **Screening programmes might have prevented a HPV-driven epidemic of cervical cancer in Nordic countries**.
- According to extrapolations from cohort effects, cervical cancer incidence **rates** in the Nordic countries **would have been otherwise comparable to the highest incidence rates currently detected in low-income countries**
- might not exclude, however, that the initial impact of screening may be partly obscured by the early detection of microinvasive cancers

Sviluppo della registrazione dei tumori

Lesioni pre-maligne

In Iceland, nationwide population-based mammography screening was introduced in 1987 for women aged 40–69 years, at a two-year interval.

The purpose of this study was to describe the incidence of in situ carcinoma in Iceland and to compare the management of DCIS between Iceland and UÖR in Sweden.

The Icelandic Cancer Registry provided data on the incidence of in situ breast cancer in women during the time period 1955–2017

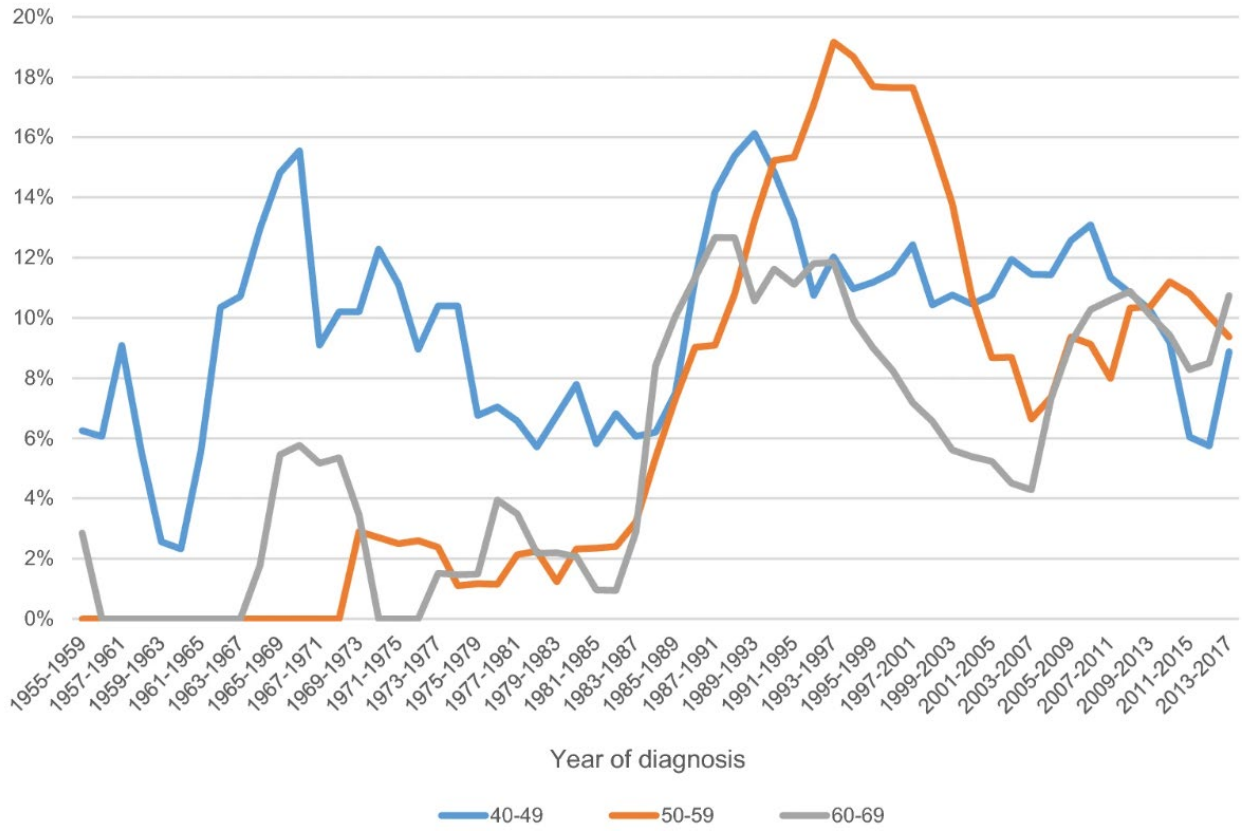
Studies from the USA, France and Norway have also demonstrated an increase in the incidence of in situ breast cancer after the initiation of mammography screening programs, especially in women aged 50 years or older

Article | Open access | Published: 19 October 2020

In situ breast cancer incidence patterns in Iceland and differences in ductal carcinoma in situ treatment compared to Sweden

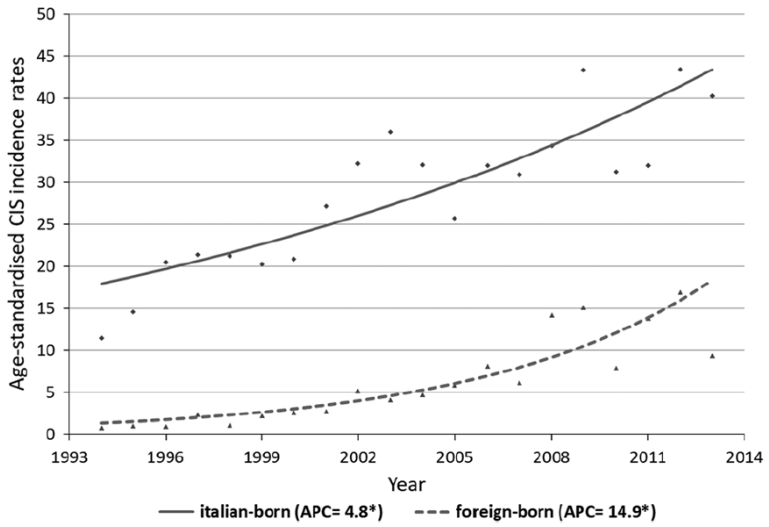
Arnar S. Agustsson ✉, Helgi Birgisson, Bjarni A. Agnarsson, Thorvaldur Jonsson, Hrefna Stefansdottir, Fredrik Wärnberg, Mats Lambe, Laufey Tryggvadottir & Asgerdur Sverrisdottir

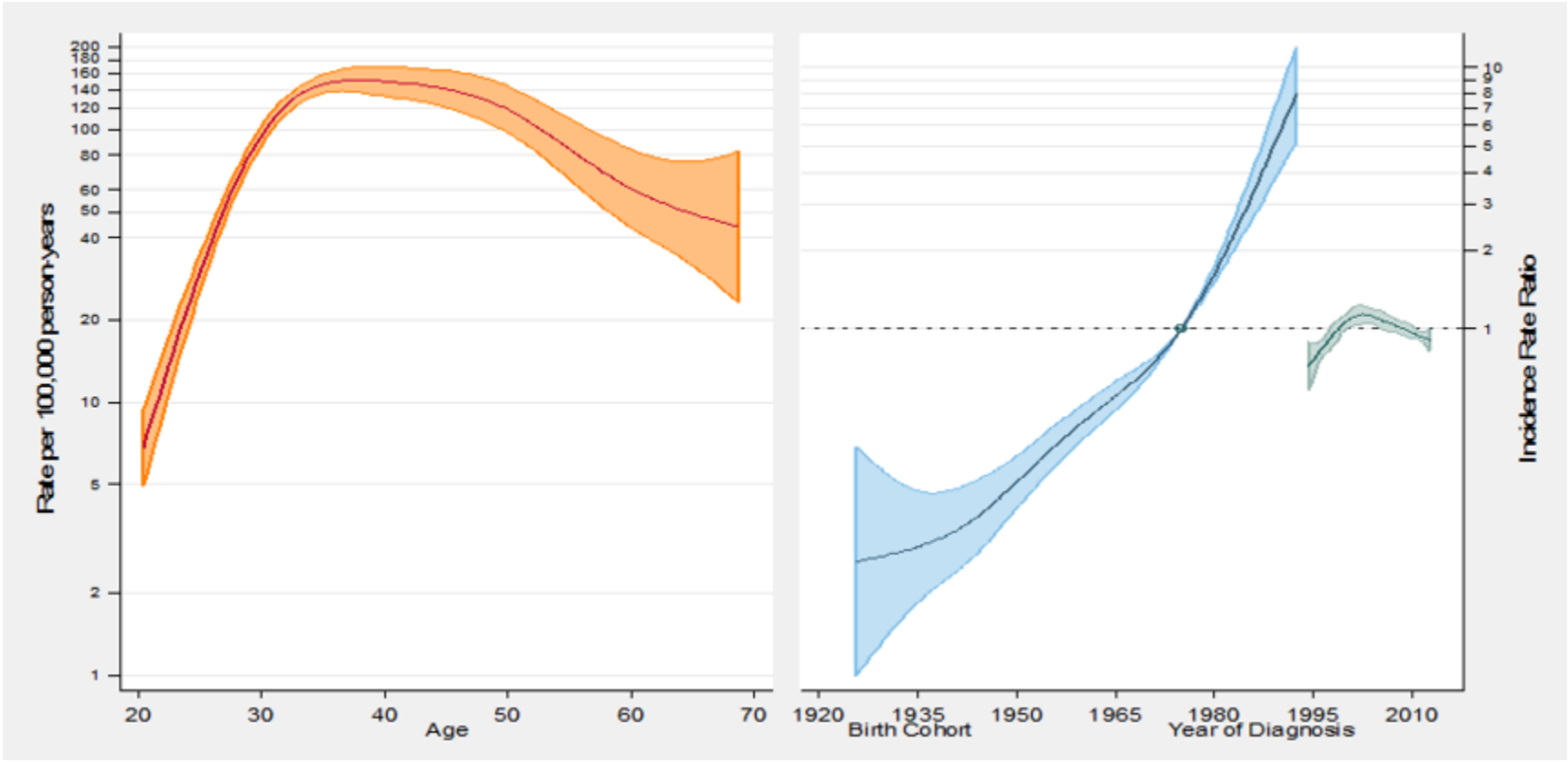
Scientific Reports **10**, Article number: 17623 (2020) | Cite this article



Immigration, screening, and cervical cancer incidence: an application of Age–Period–Cohort analysis

Dania Bucchi[a], Manuela Chiavarini[b], Fortunato Bianconi[c], Maria E. Galeotti[a], Alessio Gili[c] and Fabrizio Stracci[a,b,c]





Modello età-coorte-periodo per CIN III - Umbria

EJCP 2019

Classificazioni molecolari

Age-specific differences in tumour characteristics between screen-detected and non-screen-detected breast cancers in women aged 40–74 at diagnosis in Sweden from 2008 to 2017

Håkan Jonsson[1,2], Anne Andersson[1], Zheng Mao[1], and Lennarth Nyström[2]

… screen-detected invasive breast cancers had more favourable tumour characteristics than non-screen-detected after adjusting for age, year and county of diagnosis, and even after adjusting for T and N.

Table 7. Logistic regression[110] analysis of the likelihood of invasive breast cancer being screen-detected by tumour characteristics in women aged 40–49, 50–59, 60–69 and 70–74 at diagnosis adjusted for year, county, T and N.[a]

Tumour characteristics	Categories	40–49 OR	40–49 CI	50–59 OR	50–59 CI	60–69 OR	60–69 CI	70–74 OR	70–74 CI	p value
ER status	Positive	1		1		1		1		0.86
	Negative	0.50	0.43–0.57	0.47	0.43–0.52	0.47	0.43–0.51	0.49	0.42–0.58	
PgR status	Positive	1		1		1		1		0.076
	Negative	0.56	0.50–0.63	0.61	0.56–0.66	0.66	0.62–0.71	0.64	0.57–0.71	
HER2 status	Neg (not amplified/0–2)	1		1		1		1		0.021
	Pos (amplified/3+)	0.92	0.80–1.06	0.73	0.66–0.81	0.72	0.65–0.79	0.71	0.60–0.85	
Ki-67	Low (≤20%)	1		1		1		1		0.051
	High (>20%)	0.73	0.65–0.81	0.60	0.55–0.66	0.62	0.57–0.67	0.59	0.53–0.67	
Surrogate molecular sub-type	Luminal A-like	1		1		1		1		0.096
	Luminal B-like	0.82	0.70–0.95	0.75	0.66–0.84	0.73	0.66–0.81	0.60	0.51–0.71	
	HER2-positive	0.71	0.60–0.85	0.57	0.50–0.66	0.56	0.50–0.63	0.49	0.40–0.60	
	Triple-negative /basal-like	0.39	0.31–0.48	0.36	0.30–0.42	0.39	0.34–0.45	0.35	0.28–0.45	

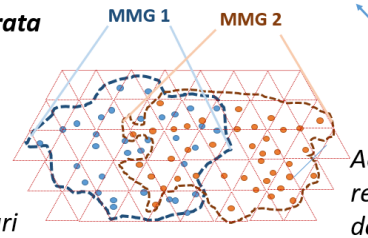
J Med Screen 2024

Geocodifica di popolazione

Geocodifica di popolazione – indagini su rischi ambientali ma anche percorsi, interventi …

SAR-MMG Adesione standardizzata e ponderata

Adesione assistibili



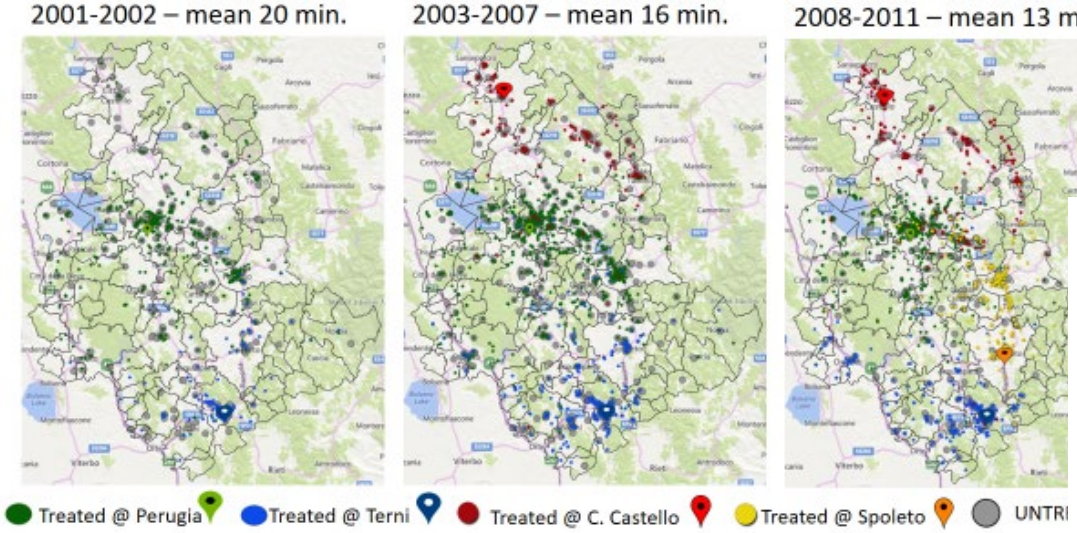
Adesione popolazione residente nelle aree degli assistibili

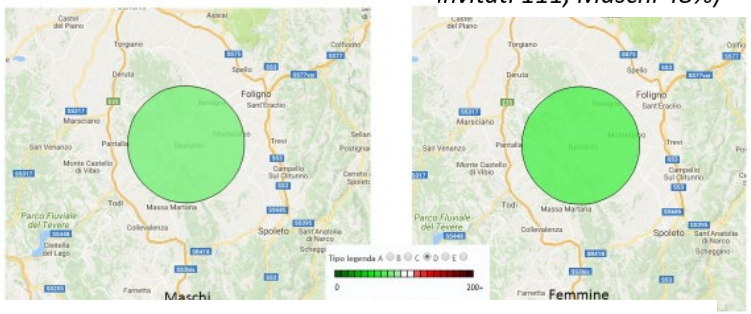
Popolazione residente suddivisa in aree triangolari (area 0.68 km², numero medio invitati 111, Maschi 48%)

Raggio 10 km dalla centrale Enel (SIR

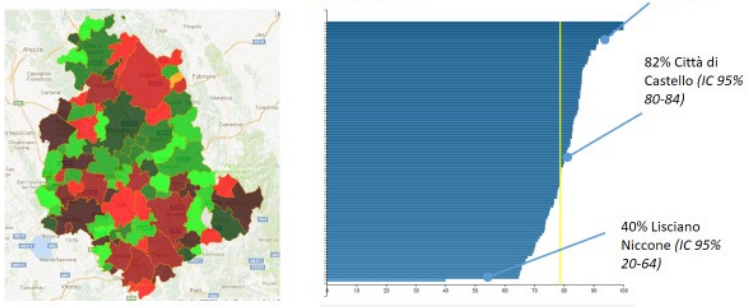
Polmone (C34

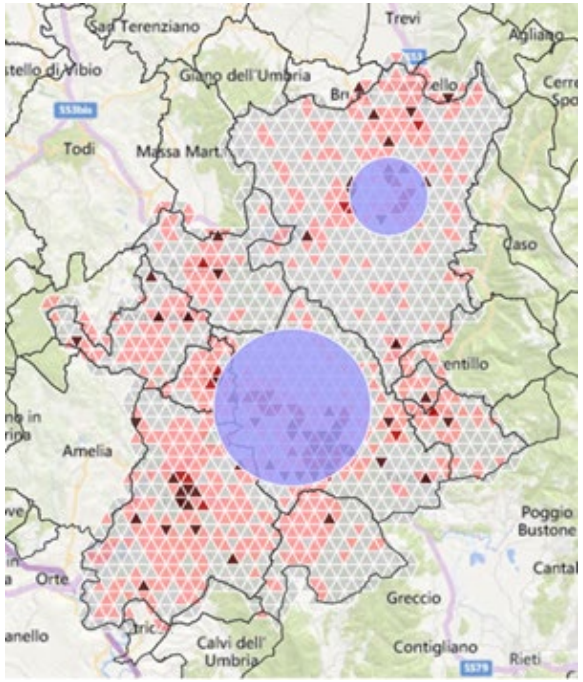
Distance and treatment maps



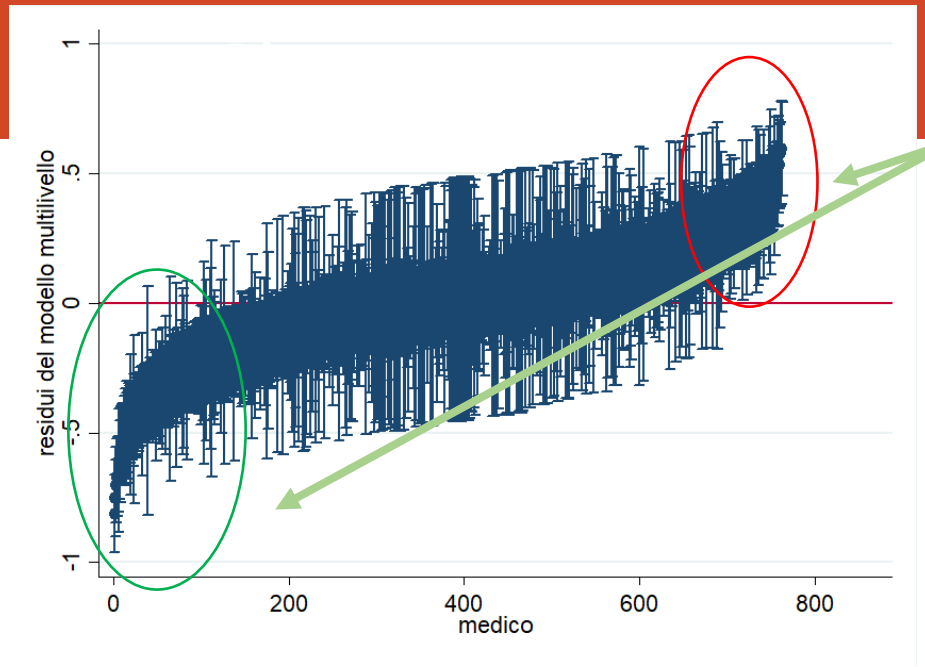


Mappe della % di vaccinate contro HPV per comune 2009-2015 ; media regionale circa 79%



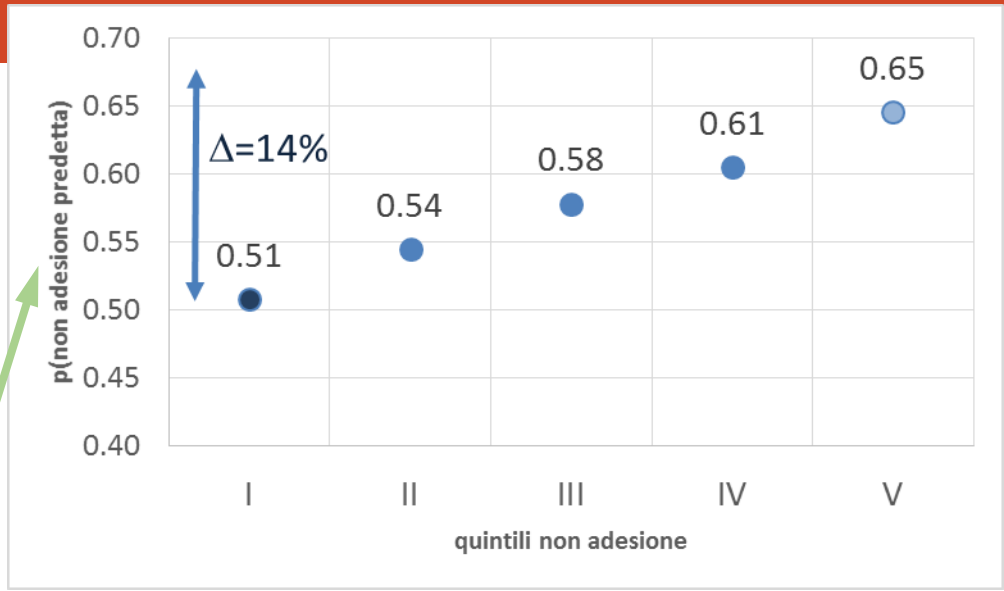


Mappatura provvisoria – in collaborazione con Dr. Becchetti, Ciani, Santocchia, Valsenti, Gianfredi, Brunori, Bianconi



Alcuni medici sono significativamente sotto o sopra la media di adesione

Tra il quintile con la migliore adesione e quello con la peggiore vi è una differenza del **14%**



	Stima (%)	95% Int. Conf.
VPC Varianza spiegata dalla nazionalità	3.8	2.7-5.5
VPC Varianza residua medico di famiglia	4.1	3-5.7
LR test vs effetti fissi	p<0.0001	-

$$VPC = \frac{\sigma_u^2}{\sigma_u^2 + \sigma_{e^*}^2}$$ where $\sigma_{e^*}^2$ = 1 for a probit model and 3.29 for a logit model.

Il 3,8% della variabilità è spiegata dalla nazionalità degli assistibili all'interno dei singoli cluster (assistibili del MMG)

Rimane un 4,1% di variabilità legata a caratteristiche non osservate del medico di famiglia

Studi collaborativi

Lo studio IMPATTO

Effectiveness of service screening: a case–control study to assess breast cancer mortality reduction

D Puliti[1], G Miccinesi[1], N Collina[2], V De Lisi[3], M Federico[4], S Ferretti[5], AC Finarelli[6], F Foca[7], L Mangone[8], C Naldoni[6], M Petrella[9], A Ponti[10], N Segnan[10], A Sigona[11], M Zarcone[12], M Zorzi[13], M Zappa[1] and E Paci[*,1], the IMPACT Working Group

The IMPACT database (Zorzi et al, 2006) was collected from cancer registries data of in situ and invasive breast cancer cases diagnosed between 1988 and 2001 in women aged 40–79, resident in 17 areas mainly located in central and northern Italy.

Table 2 The odds ratios for risk of breast cancer death by screening history

	No of cases/ controls	Odds ratio (95% CI)
Analysis by allocation		
Not-yet-invited	1093/4228	1
Invited[a]	657/2772	0.75 (0.62–0.92)
Analysis by screening status		
Unscreened[b]	1453/5282	1
Screened	297/1718	0.50 (0.42–0.60)
Analysis by screening status among invited women only		
Never respondent	360/761	1
Screened	297/1307	0.46 (0.38–0.56)
Screened (self-selection corrected)		0.55 (0.36–0.85)

[a]Screened+never-respondent. [b]Never-respondent+not-yet-invited.

› Eur J Cancer. 2017 Apr:75:109-116. doi: 10.1016/j.ejca.2016.12.030. Epub 2017 Feb 20.

Advanced breast cancer rates in the epoch of service screening: The 400,000 women cohort study from Italy

Donella Puliti [1], Lauro Bucchi [2], Silvia Mancini [2], Eugenio Paci [1], Susanna Baracco [3], Cinzia Campari [4], Debora Canuti [5], Claudia Cirilli [6], Natalina Collina [7], Giovanni Maria Conti [8], Enza Di Felice [4], Fabio Falcini [5], Maria Michiara [9], Rossella Negri [10], Alessandra Ravaioli [2], Priscilla Sassoli De' Bianchi [11], Monica Serafini [5], Manuel Zorzi [3], Adele Caldarella [1], Luigi Cataliotti [12], Marco Zappa [13]; IMPACT COHORT Working Group

› Cancer. 2013 Jun 1;119(11):2022-8. doi: 10.1002/cncr.28014. Epub 2013 Mar 15.

Decreasing incidence of late-stage breast cancer after the introduction of organized mammography screening in Italy

Flavia Foca [1], Silvia Mancini, Lauro Bucchi, Donella Puliti, Marco Zappa, Carlo Naldoni, Fabio Falcini, Maria L Gambino, Silvano Piffer, Maria E Sanoja Gonzalez, Fabrizio Stracci, Manuel Zorzi, Eugenio Paci; IMPACT Working Group

Conclusioni

Screening e registri tumori in Italia: criticità e prospettive

DECRETO 1 agosto 2023

Registro nazionale tumori.

Art. 3

a) **monitorare e valutare i dati relativi all'accesso, alla qualita'** delle attivita' diagnostiche e terapeutiche e ***agli esiti delle prestazioni dei servizi di prevenzione,***

Art. 7 Tipi di dati personali trattati

1. Nel Registro sono raccolti solo i dati che sono adeguati, pertinenti e limitati a quanto necessario…

d) interventi chirurgici e procedure diagnostiche e terapeutiche, ivi compresi gli screening oncologici;

Art. 8 Fonti dei dati

… non ci sono i servizi di screening

Nel tracciato c'è una variabile dedicata alla diagnosi mediante screening (alimentata come?). Manca anche il comune di residenza base delle analisi geografiche. Non ci sono indicatori di livello socio-economico. Non si fa riferimento alle lesioni pre-maligne.

Collaborazione tra AIRTum, GISMa e le Associazioni scientifiche dedicate agli screening

Dare continuità e incisività alla collaborazione:

1. Un **nuovo progetto IMPATTO** (XXIV convegno AIRTum Caserta 2024 Tavola rotonda)
2. Creazione di un gruppo di lavoro congiunto per individuare tematiche di interesse comune e preparare progetti collaborativi
3. Definizione di un sistema di indicatori fornito ordinariamente dai registri tumori per il monitoraggio e la valutazione degli screening
4. Collaborazione anche con altre Associazioni per sviluppare i metodi di analisi che utilizzano le basi dati sanitarie (XXIV convegno AIRTum Caserta 2024 Tavola rotonda)
5. Stesura di documenti congiunti per supportare il ministero e i decisori regionali nella programmazione e per affrontare problemi quali quello della tempestività delle analisi congiunta alla tutela dei dati sensibili (XXIV convegno AIRTum Caserta 2024 Tavola rotonda)

Grazie

fabrizio.stracci@unipg.it

Le raccomandazioni sui vecchi screening: colonretto

- **Quantitative** faecal immunochemical testing (**FIT**) (…) preferred screening test for referring individuals for follow-up colonoscopy between **50 and 74 years** old.
- implement **risk-tailored strategies**, introducing thresholds defined per **sex, age and earlier test results**.
- **Endoscopy may be** adopted as a **primary** tool to implement combined strategies.

Cortesia dr. Paolo Giorgi Rossi

Interval cancer rates in the Irish national breast screening programme

Katie M O'Brien, Fiona Dwane, Tracy Kelleher, Linda Sharp and Harry Comber

Methods: Data from BreastCheck was linked to National Cancer Registry breast cancer registrations, to calculate numbers of women screened, screen-detected cancers, and interval cancers, by year of screening, in the first and second years after screening, and by initial or subsequent screen. Estimated underlying cancer incidence from the period 1996–1999 inclusive was used to calculate proportionate incidence. We calculated the interval cancer ratio as an alternative measure of the burden of interval cancers.

Conclusion

The interval cancer rates over the first eight years of BreastCheck were centred in the range reported from other population-based screening programmes in Europe. Although the programme achieved the minimum standard it had set itself in the first 12 months after screening, it did not attain the "achievable" standard, especially in the second year after screening. It is important for all population-based screening programmes to undergo periodic external evaluation, including estimation of interval cancer rates. The challenges inherent in maintaining quality during nationwide programme roll-out mean that assessing interval cancer rates will remain important for the Irish programme in coming years.

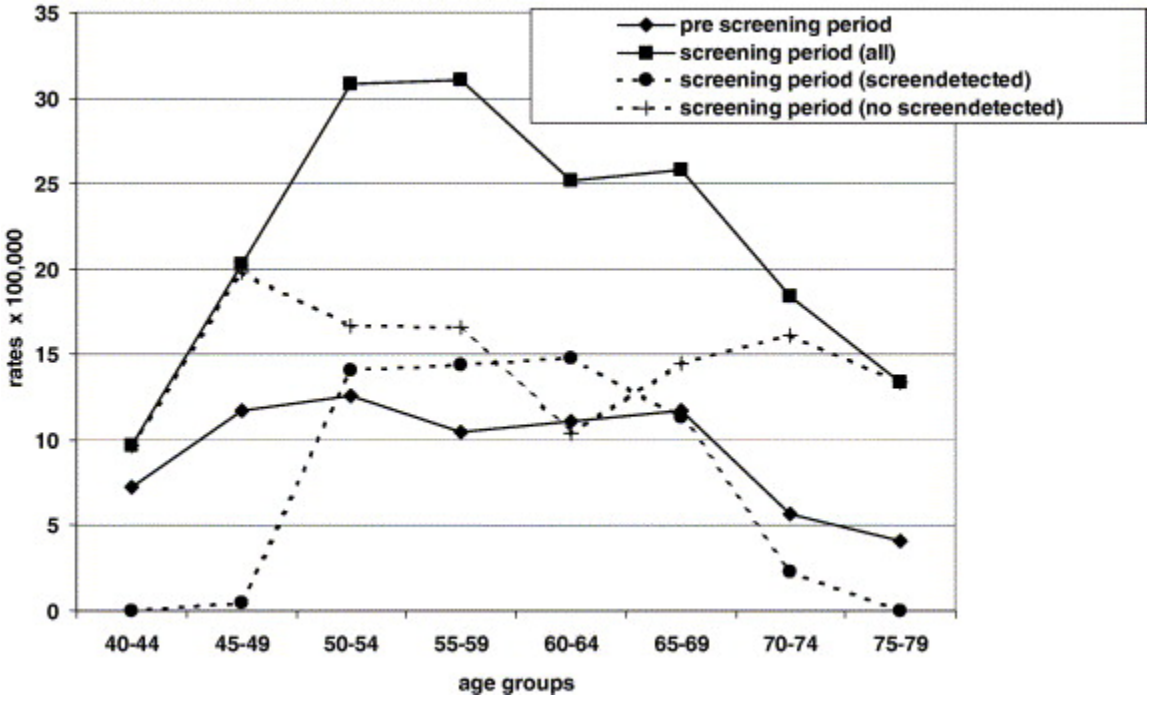
J Med Screen 2015

European Journal of Cancer
Volume 41, Issue 7, May 2005, Pages 1045-1050

In situ breast cancer: Incidence trend and organised screening programmes in Italy

Alessandro Barchielli [a], Massimo Federico [b], Vincenzo De Lisi [c], Lauro Bucchi [d], Stefano Ferretti [e], Eugenio Paci [f], Antonio Ponti [g], Eva Buiatti [h], for the SCREENREG Working Group [1]

The whole series collected in the SCREENREG study (Cancer Registries and Screening Programmes Monitoring) included 17,172 invasive and CISs (ICD-9 174 and 233.0) diagnosed between 1988 and 1999 in women aged 40–79 years

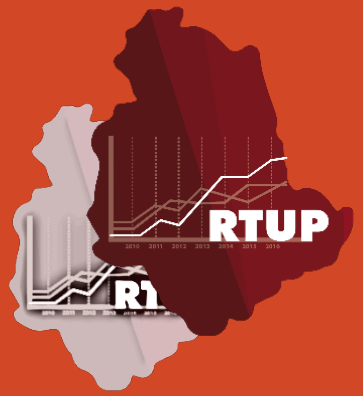


European transnational ecological deprivation index and participation in population-based breast cancer screening programmes in France

Samiratou Ouédraogo [a,b,*], Tienhan Sandrine Dabakuyo-Yonli [b,c], Adrien Roussot [d], Carole Pornet Nathalie Sarlin [h], Philippe Lunaud [i], Pascal Desmidt [j], Catherine Quantin [d,k], Franck Chauvin [l,m], Vincent Dancourt [k,n], Patrick Arveux [a,b]

This result **confirmed previous findings on the topic** using other deprivation indexes than the EDI (Dailey et al., 2007, 2011; Maheswaran et al., 2006; Pornet et al., 2010; von Euler-Chelpin et al., 2008). Peek and Han (2004) reported that **vulnerable groups such as the poor, the elderly and minorities** were often unaware of mammography screening programmes, had misconceptions regarding cancer, viewed mammography negatively and had fatalistic attitudes about cancer.

…**women living far from an accredited screening centre and those living in rural localities were less likely to attend MS sessions**. This result is in keeping with previous findings



Screening e registri tumori: sinergie vitali

Fabrizio Stracci

AIRTum

Trieste15 maggio 2024

Overdiagnosis in malignant melanoma: a scoping review

Mille Falk Bjørch [1], Emma Grundtvig Gram [1, 2], John Brandt Brodersen [1, 2, 3]

Results Our search resulted in 1134 potentially relevant studies. 35 studies were included: 29 register studies, 3 cohort studies, 1 case–control study, 1 survey study and 1 randomised controlled trial. Most register studies examined trends in melanoma incidence and/or mortality and found a significant increase in incidence between 0.39% and 6.6% annually and a little or no increase in mortality. Three cohort studies and one case–control study showed that skin screening was associated with increased detection of melanoma; especially in situ or thin invasive melanoma. Three studies estimated the degree of overdiagnosis which ranged from 29% to 60%.

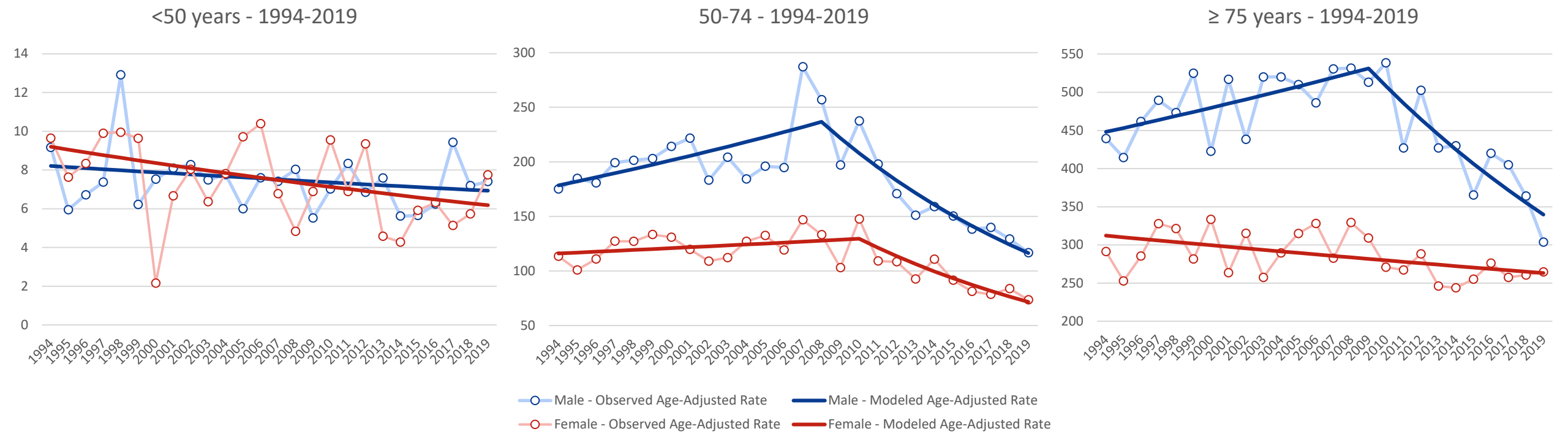
Conclusions Epidemiological data suggest a high degree of overdiagnosis in malignant melanoma. Studies that examined the association between skin screening and malignant melanoma all found increased detection of melanomas, mostly thin and in situ melanomas, which raises concern about overdiagnosis.

BMJ EBM 2023

Il trend di incidenza del cancro del colon-retto per classe d'età in Umbria (popolazione invitata 50-74 anni)

Non succede nulla

Lo screening inverte il trend di incidenza nei maschi e determina una riduzione significativa nella classe d'età screening nel sesso femminile oltre che nei maschi ≥50 anni



Trend per la classe d'età **<50** anni

Males 1994-2019 APC -0.7 ns

Females 1994-2019 **APC -1.6** (ic95%; -3.0 to -0.2)

Trend per la **classe d'età screening**

Males 1994-2008 **APC 2.0** (ic95%; 0.6 to 3.5)

Males 2008-2019 **APC -6.2** (ic95%; -8.3 to -4.2)

Females 1994-2010 APC 0.7 ns

Females 2010-2019 **APC -6.3** (ic95%; -9.0 to -3.7)

Trend per la classe d'età **≥75** anni

Males 1994-2009 **APC 1.1** (ic95%; 0.1 to 2.2)

Males 2009-2019 **APC -4.4** (ic95%; -6.0 to -2.8)

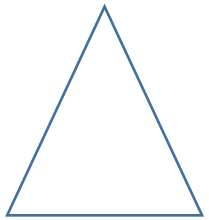
Females 1994-2019 **APC -0.7** (ic95%; -1.2 to -0.2)

RESEARCH ARTICLE

Geospatial analysis of the influence of family doctor on colorectal cancer screening adherence

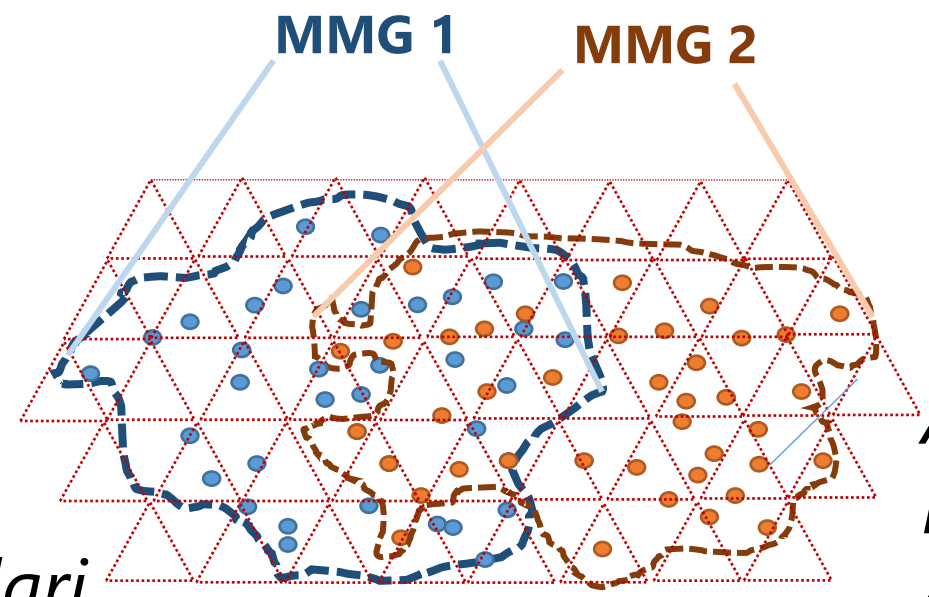
Fabrizio Stracci[1,2]*, Alessio Gili[2], Giulia Naldini[3], Vincenza Gianfredi[3], Morena Malaspina[4], Basilio Passamonti[4], Fortunato Bianconi[2]

SAR-MMG Adesione standardizzata e ponderata



Popolazione residente suddivisa in aree triangolari (area 0.68 km², numero medio invitati 111, Maschi 48%)

Adesione assistibili



Adesione popolazione residente nelle aree degli assistibili

Stadio alla diagnosi

JAMA | Original Investigation

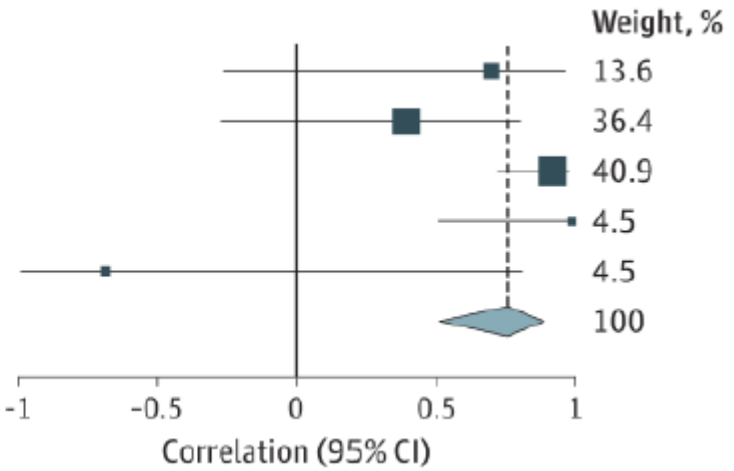
Cancer Stage Compared With Mortality as End Points in Randomized Clinical Trials of Cancer Screening
A Systematic Review and Meta-Analysis

Xiaoshuang Feng, PhD; Hana Zahed, PhD; Justina Onwuka, PhD; Matthew E. J. Callister, PhD; Mattias Johansson, PhD; Ruth Etzioni, PhD; Hilary A. Robbins, PhD, MHS, MSPH

CONCLUSIONS AND RELEVANCE In randomized clinical trials of cancer screening, incidence of late-stage cancer may be a suitable alternative end point to cancer-specific mortality for some cancer types, but is not suitable for others. These results have implications for clinical trials of multicancer screening tests.

Cancer type	studies	(95% CI)
Breast	6	0.70 (-0.26 to 0.96)
Colorectal	11	0.39 (-0.27 to 0.80)
Lung	12	0.92 (0.72 to 0.98)
Ovary	4	0.99 (0.51 to 1.00)
Prostate	4	-0.69 (-0.99 to 0.81)
Total		0.75 (0.51 to 0.89)

Heterogeneity: $\tau^2 = 0.4525$; $\chi^2_4 = 11.32$ ($P = .02$); $I^2 = 65\%$



JAMA 2024