Uno sguardo interno …

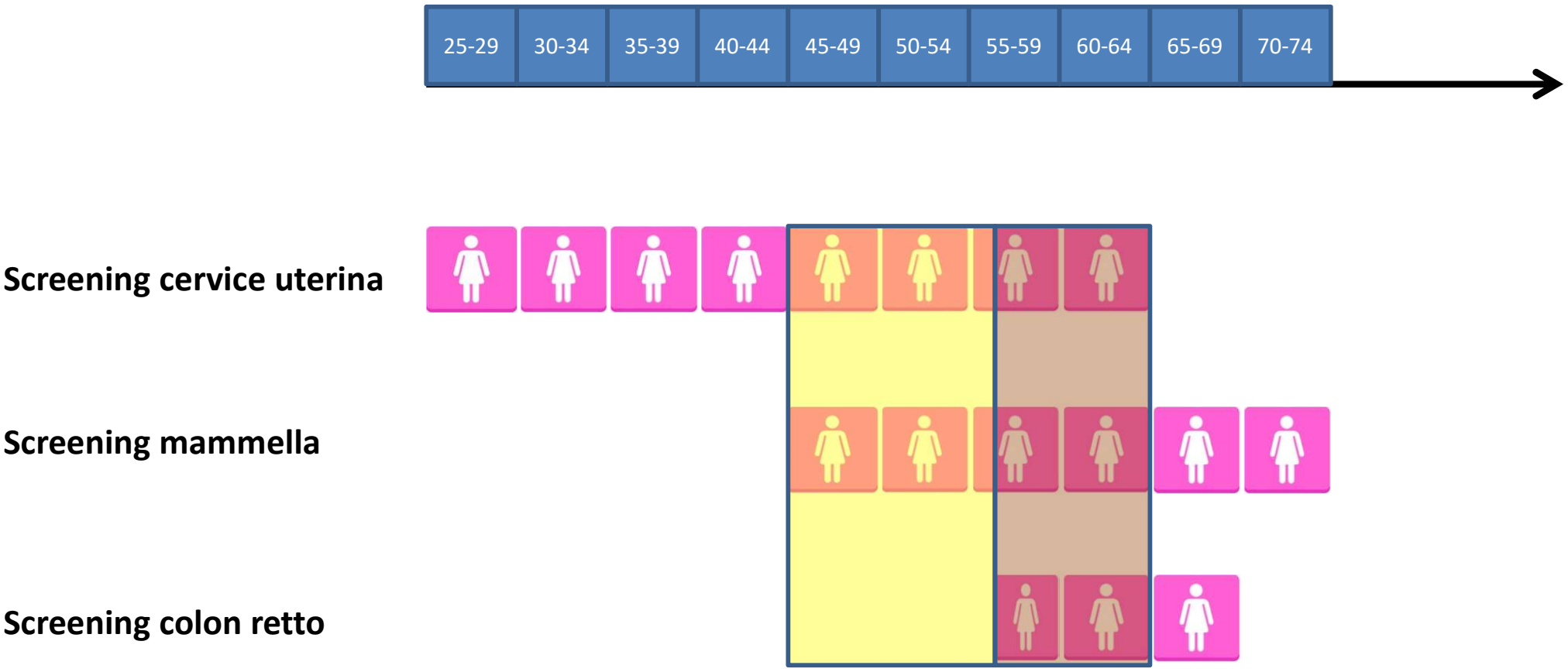
Poche riflessioni aggiuntive:

- partecipazione congiunta
- problematiche italiane
- partecipazione in sottogruppi più fragili
- alcuni spunti …

Screening diversi …
donne inserite nelle stesse
popolazioni bersaglio

… **partecipazione congiunta**

Popolazioni target dei tre screening



Original Article

Concurrent participation in screening for cervical, breast, and bowel cancer in England

J Med Screen
2020, Vol. 27(1) 9–17

DOI: 10.1177/0969141319871977
journals.sagepub.com/home/msc
SAGE

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Abstract

Objectives: To determine how many women participate in all three recommended cancer screening programmes (breast, cervical, and bowel). During their early 60s, English women receive an invitation from all the three programmes.

Methods: For 3060 women aged 60–65 included in an England-wide breast screening case–control study, we investigated the number of screening programmes they participated in during the last invitation round. Additionally, using the Fingertips database curated by Public Health England, we explored area-level correlations between participation in the three cancer screening programmes and various population characteristics for all 7014 English general practices with complete data.

Results: Of the 3060 women, 1086 (35%) participated in all three programmes, 1142 (37%) in two, 526 (17%) in one, and 306 (10%) in none. Participation in all three did not appear to be a random event ($p < 0.001$). General practices from areas with less deprivation, with more patients who are carers or have chronic illnesses themselves, and with more patients satisfied with the provided service were significantly more likely to attain high coverage rates in all programmes.

Conclusions: Only a minority of English women is concurrently protected through all recommended cancer screening programmes. Future studies should consider why most women participate in some but not all recommended screening.

Keywords
Breast cancer, cervical cancer, bowel cancer, screening, participation

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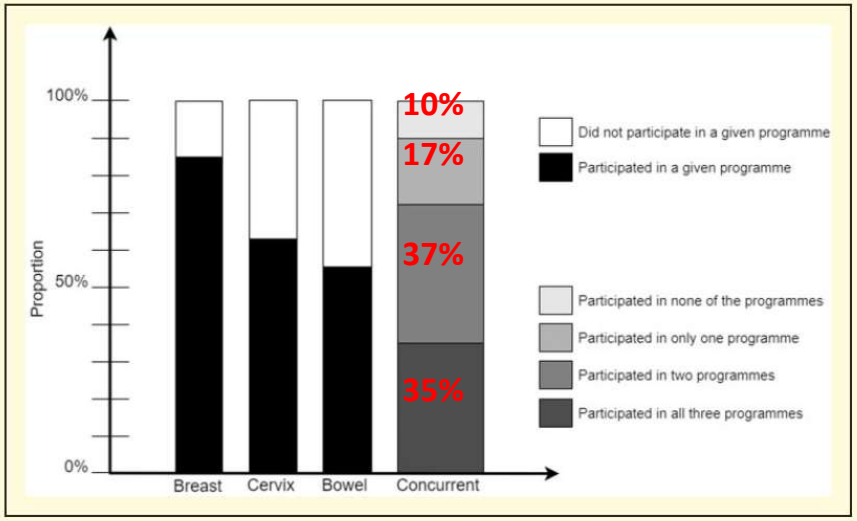

Figure 2. Participation in individual screening programmes, and concurrent participation in all three programmes in the last invitation round.

problematiche italiane

Original Article

Invitation coverage and participation in Italian cervical, breast and colorectal cancer screening programmes

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Abstract

Objectives: In Italy, regional governments organize cervical, breast and colorectal cancer screening programmes, but there are difficulties in regularly inviting all the target populations and participation remains low. We analysed the determinants associated with invitation coverage of and participation in these programmes.

Methods: We used data on screening programmes from annual Ministry of Health surveys, 1999–2012 for cervical, 1999–2011 for breast and 2005–2011 for colorectal cancer. For recent years, we linked these data to the results of the national routine survey on preventive behaviours to evaluate the effect of spontaneous screening at Province level. Invitation and participation relative risk were calculated using Generalized Linear Models.

Results: There is a strong decreasing trend in invitation coverage and participation in screening programmes from North to South Italy. In metropolitan areas, both invitation coverage (rate ratio 0.35–0.96) and participation (rate ratio 0.63–0.88) are lower. An inverse association exists between spontaneous screening and both screening invitation coverage (1–3% decrease in invitation coverage per 1% spontaneous coverage increase) and participation (2% decrease in participation per 1% spontaneous coverage increase) for the three programmes. High recall rate has a negative effect on invitation coverage in the next round for breast cancer (1% decrease in invitation per 1% recall increase).

Conclusions: Organizational and cultural changes are needed to better implement cancer screening in southern Italy.

Table 2. Determinants of the participation in screening programmes.[a]

	Colorectal cancer		Cervical cancer		Breast cancer	
	RR	(95% CI)	RR	(95% CI)	RR	(95% CI)
Geographic area						
North	1		1		1	
Centre	0.79	(0.66–0.96)	0.84	(0.73–0.96)	0.98	(0.85–1.13)
South	0.65	(0.51–0.83)	0.64	(0.55–0.74)	0.61	(0.52–0.72)
Metropolitan area						
No	1		1		1	
Yes	0.63	(0.45–0.91)	0.69	(0.57–0.85)	0.88	(0.69–1.14)
Calendar year[b]						
Early period	1		1		1	
Medium period	–		1.01	(0.86–1.18)	1.02	(0.88–1.18)
Late period	1.04	(0.88–1.22)	1.11	(0.95–1.29)	1.03	(0.87–1.21)
Screening round since activation						
First	1		1		1	
Second	1.24	(1.01–1.54)	1.04	(0.88–1.24)	1.12	(0.84–1.49)
Third	1.40	(1.10–1.78)	1.06	(0.88–1.28)	1.17	(0.88–1.57)
Fourth	1.44	(1.10–1.88)	1.14	(0.92–1.41)	1.35	(1.02–1.79)
Difference in extension between actual and previous round						
Increase for 1% increase in difference	1.00	(0.99–1.00)	1.00	(1.00–1.00)	1.00	(0.99–1.00)
Spontaneous screening coverage in the area[c]						
Change for 1% increase in spontaneous screening	0.98	(0.94–1.01)	0.98	(0.98–0.99)	0.98	(0.97–1.00)

CI: confidence interval; RR: relative risk.
[a]All the relative risk (RR) estimates are adjusted for the other variables.
[b]For colorectal cancer: early = 2005–2009; late = 2009–2011. Cervical: early = 1999–2003; medium = 2004–2008; late = 2009–2012. Breast: early = 1999–2003; medium = 2004–2008; late = 2009–2011.
[c]Estimated only for the last two years of the dataset, i.e. 2011–2012 for cervical and colorectal cancer screening, 2010–2011 for breast cancer screening.

SCREENING PREVENZIONE SERENA

INVITI in DONNE IMMIGRATE

Nel programma di screening circa l'8-10% della popolazione invitata non è nata in Italia .

I Paesi di maggiore provenienza delle donne straniere residenti sono:

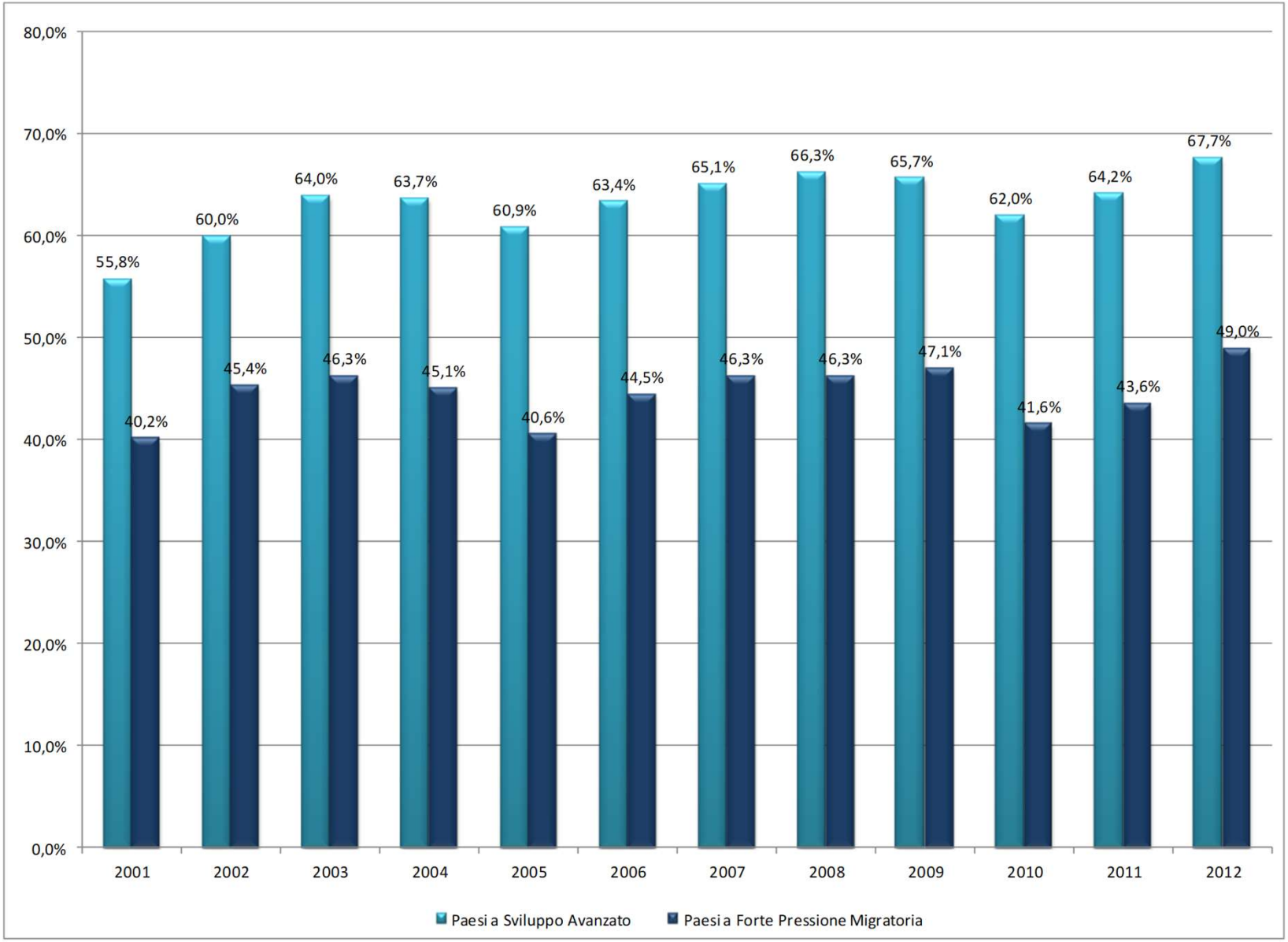
Romania (34,9 %)

Marocco (13,0 %)

Perù (9,2 %)

Nigeria (3,1 %)

SCREENING MAMMOGRAFICO - adesione: Piemonte, trend 2001-2012



Range Δ (-14,6%; - 20,6%)

LE BARRIERE

Organizzative

- Orari di apertura inadatti agli orari lavorativi da parte di fasce di lavoratori in condizione di precariato
- Assenza di competenze interculturali (culturali e comunicative) nel personale sanitario ed amministrativo

Sociali comunitarie

- Il cancro è considerato una malattia incurabile che porta inevitabilmente alla morte (credenze fataliste)
- Il tumore è causato da: volontà di Dio o stregoneria, scarsa igiene, promiscuità, prostituzione
- Il corpo femminile è considerato "privato"

Individuali

- Donne non abituate ad eseguire pratiche di prevenzione;
- Bisogno del consenso di un membro della famiglia (padre, madre, coniuge)
- Preoccupazione legata al genere del l'operatore

Nuove strade …

SERMIG – ARSENALE DELLA PACE DI TORINO

DAL 2014 …in corso

Coinvolgimento delle associazioni e strutture istituzionali

ASSOCIAZIONE DI VOLONTARIATO CAMMINARE INSIEME

DAL 2017 …in corso

Esiti screening mammografico

Tra le 76 donne che hanno effettuato una mammografia:

- 67 donne hanno avuto esito negativo (88,2%)
- 7 donne sono state inviate ad approfondimenti di II° livello (9,2%)
- 1 donna deve ripetere la mammografia per inadeguato tecnico (1,3%)
- 1 è in attesa di esito (1,3%).

- Delle 7 donne in revisione:
  - 6 controlli ad un anno
  - 1 invio ad intervento chirurgico

DR:13.2‰

Understanding uptake patterns – learning from the literature (1)

- Ethnic disparities in knowledge of cancer screening programmes in the UK (Robb et al 2010)

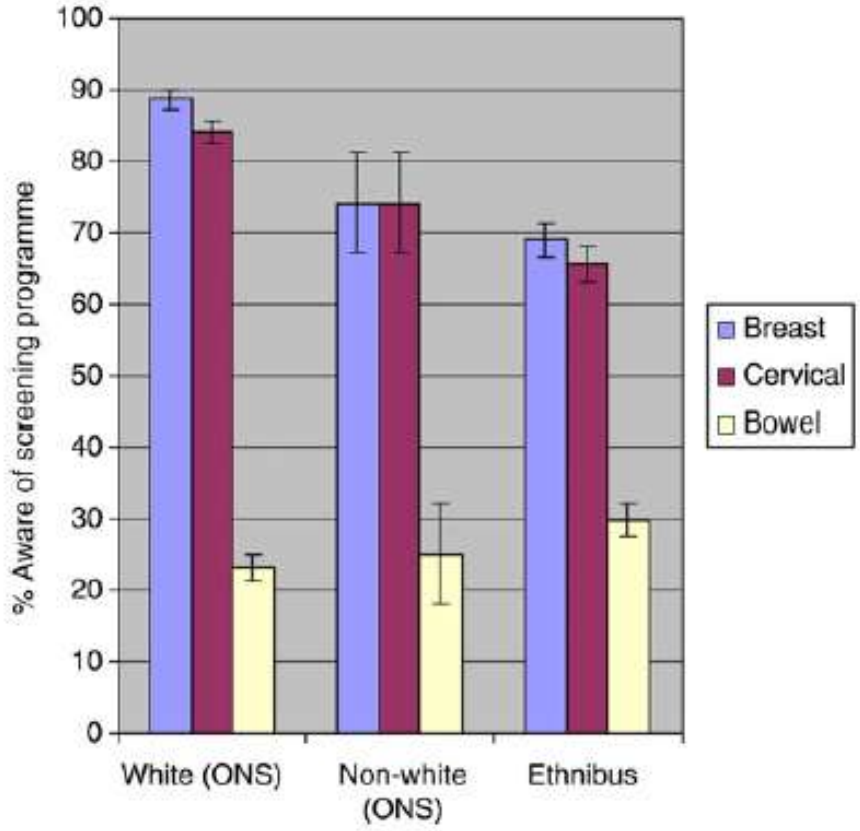


Figure 1 Awareness of cancer screening programmes in the Office of National Statistics (ONS) and Ethnibus™ samples (95% CI)

Used the Cancer Awareness Measure (CAM)

2216 adults, population-representative sampling

An additional 1500 adults using the Ethnibus™ sample

Review of some recent evidence (1)

- From the DH Policy Unit in England
- Reviewed evidence from 68 research papers
- **Interventions which consistently improved participation in screening:**
  - Pre-screening reminders (*consistent with Libby et al 2011*)
  - General practice endorsement
  - Personalised reminders to non-respondents
  - More acceptable screening tests

Original Article

Rapid review of evaluation of interventions to improve participation in cancer screening services

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