



Mercoledì 26 ottobre  
- Centro Formazione e Solidarietà -

## Il carcinoma del colon retto



# I numeri del carcinoma del colon retto in Italia e fattori di rischio

## Incontri di aggiornamento del Dipartimento Oncologico

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23 novembre - 30 novembre  
2022

SEDE:

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# Tumori del colon-retto in Italia: incidenza

## Incidenza

Nel 2020, sono state stimate circa 43.700 nuove diagnosi (uomini = 23.400; donne = 20.300).

Rango	Maschi	Femmine	Tutta la popolazione
1°	Prostata (19%)	Mammella (30%)	Mammella (14%)
2°	Polmone (15%)	Colon-retto (12%)	Colon-retto (13%)
3°	Colon-retto (14%)	Polmone (12%)	Polmone (11%)
4°	Vescica* (12%)	Tiroide (5%)	Prostata (10%)
5°	Stomaco (4%)	Utero corpo (5%)	Vescica* (8%)

**TABELLA 6. Primi cinque tumori più frequentemente diagnosticati e proporzione sul totale dei tumori (esclusi i carcinomi della cute) per sesso.**

\* Comprende sia tumori infiltranti sia non infiltranti.

# Tumori del colon-retto in Italia: mortalità

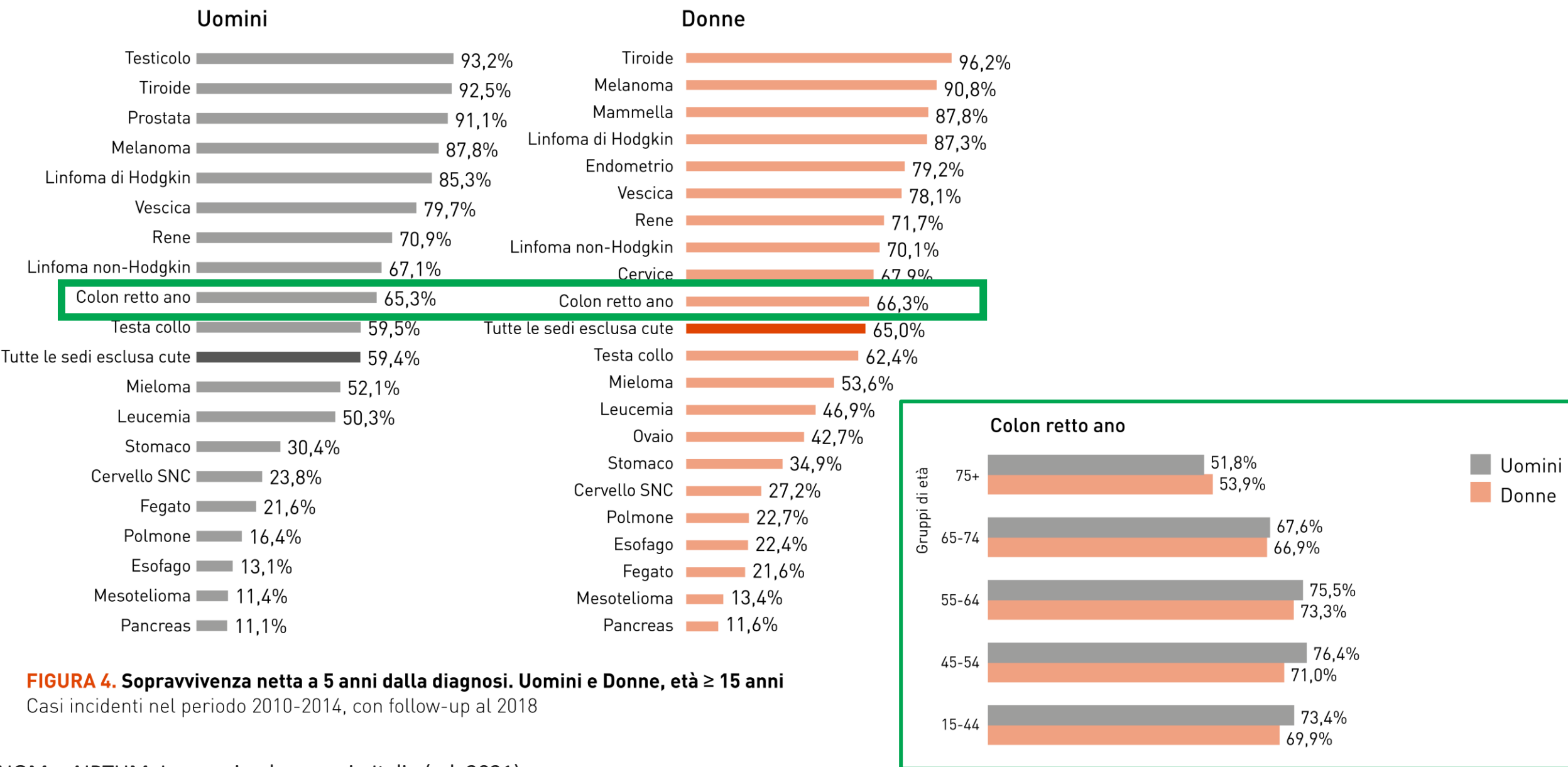
Mortalità

Nel 2021, sono stimati 21.700 decessi (uomini = 11.500; donne = 10.200)

Rango	Maschi	Femmine	Tutta la popolazione
1°	Polmone (27%)	Mammella (17%)	Polmone (12%)
2°	Colon-retto (11%)	Colon-retto (12%)	Colon-retto (7%)
3°	Prostata (8%)	Polmone (11%)	Mammella (4%)
4°	Fegato (7%)	Pancreas (8%)	Pancreas (4%)
5°	Stomaco (6%)	Stomaco (6%)	Fegato (4%)

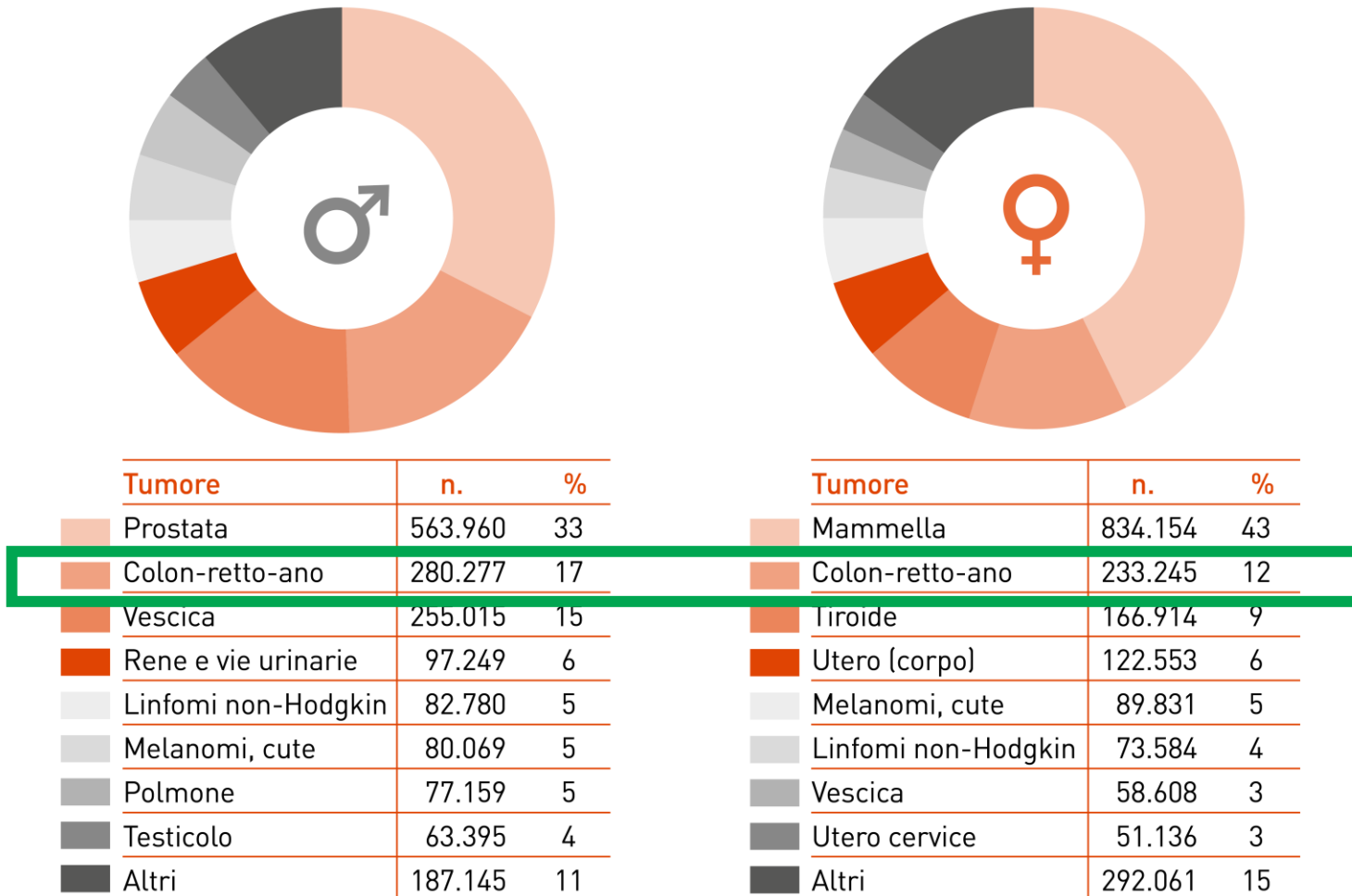
**TABELLA 9.** Prime cinque cause di morte oncologica e proporzione sul totale dei decessi oncologici per sesso. Pool AIRTUM 2010-2015

# Tumori del colon-retto in Italia: sopravvivenza a 5 anni



**FIGURA 4. Sopravvivenza netta a 5 anni dalla diagnosi. Uomini e Donne, età ≥ 15 anni**  
Casi incidenti nel periodo 2010-2014, con follow-up al 2018

# Tumori del colon-retto in Italia: casi prevalenti



**FIGURA 7.** Proporzione di persone che vivono dopo una diagnosi di tumore in Italia nel 2020, per i tipi di tumore più frequenti e sesso

# Tumori del colon-retto in Italia: guarigioni

Tipo di tumore	Frazione di guarigione		Tempo per la guarigione (anni)	
	Uomini	Donne	Uomini	Donne
Tutti i tumori	39%	52%	-	-
Colon	54%	57%	9	8
Retto	48%	54%	11	10
Polmone	8%	13%	13	13
Melanoma cutaneo	75%	83%	8	10
Mammella	-	67%	-	>20
Corpo dell'utero	-	70%	-	11
Prostata	75%	-	17	-
Rene	44%	51%	>20	>20
Vescica	59%	69%	16	16
Tiroide	83%	95%	4	1
Linfomi non-Hodgkin	36%	37%	>20	>20

**TABELLA 8. Frazione di guarigione<sup>a</sup> e tempo per la guarigione<sup>b</sup> in Italia per i principali tipi di tumore**

<sup>a</sup> Stimata per i pazienti diagnosticati in Italia nel 2000, come media di tutte le età, pesata per il numero di casi in ciascuna di esse

<sup>b</sup> Stimato nella classe di età più frequente (65-74, tranne che per i tumori della tiroide, 15-44) per i tumori con frazione di guarigione >20% in almeno uno dei 2 sessi

# Tumori del colon-retto in Italia: stato dello screening

**2.359.061 di screening (dati del 2019)**

*2.345.725 a SOF e 13.336 a rettosigmoidoscopia*

	Estensione degli inviti	Partecipazione all'invito
Nord	91%	50%
Centro	95%	35%
Sud-Isole	44%	28%
<b>Italia (totale)</b>	<b>75%</b>	<b>40%</b>

**TABELLA 17.** Estensione degli inviti allo screening coloretale (% di soggetti di età 50-69 che ricevono la lettera di invito rispetto alla popolazione target nel 2019) e partecipazione (% di soggetti che si sottopongono al test in seguito alla lettera di invito), per area geografica

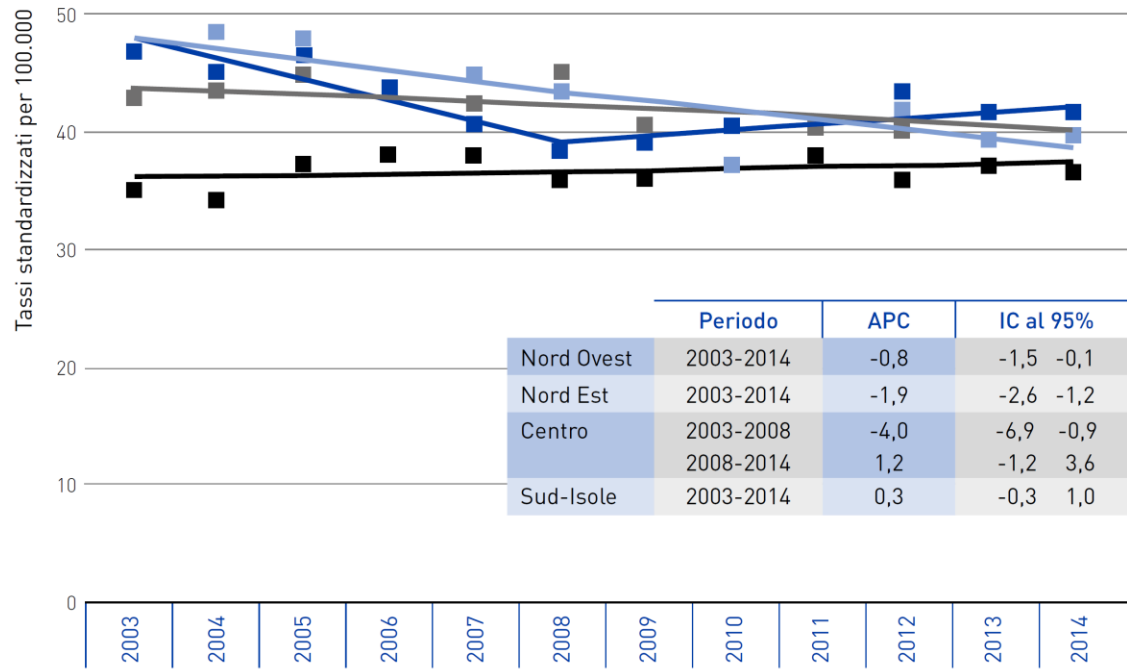
Fonte: survey ONS

**18.055 adenomi avanzati**

**2.916 carcinomi (14.6% trattati con resezione endoscopica)**

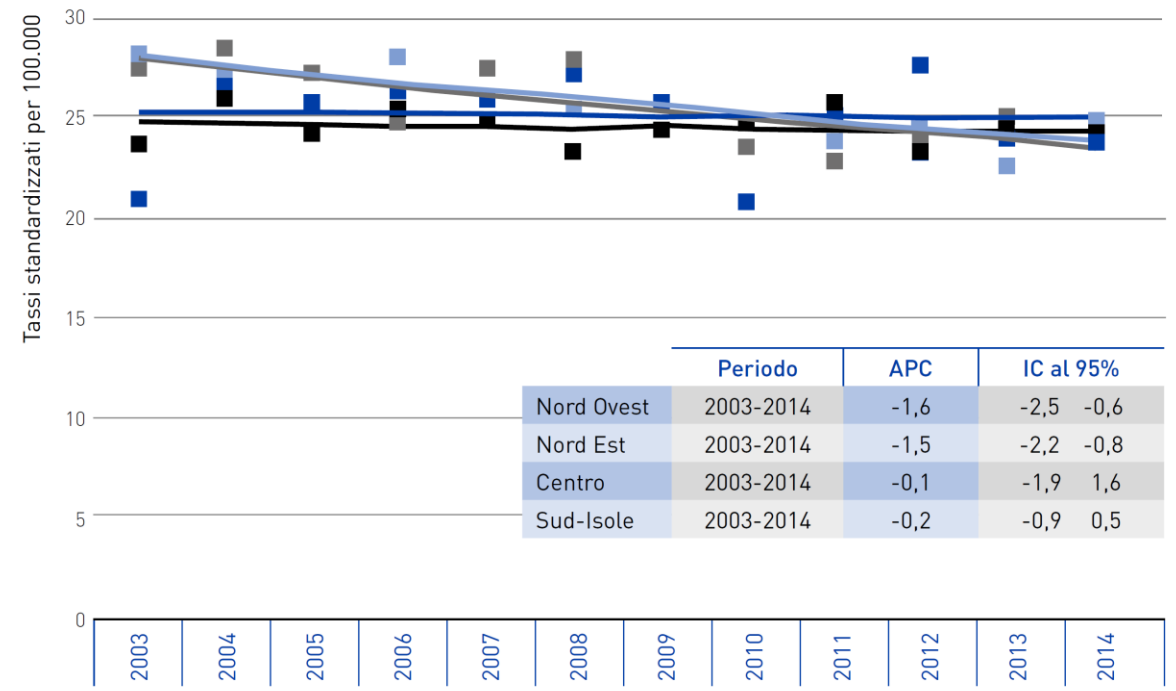
# Tumori del colon-retto in Italia: mortalità nel tempo

## Mortalità maschi



- Nord Ovest
- Nord Est
- Centro
- Sud e Isole

## Mortalità femmine



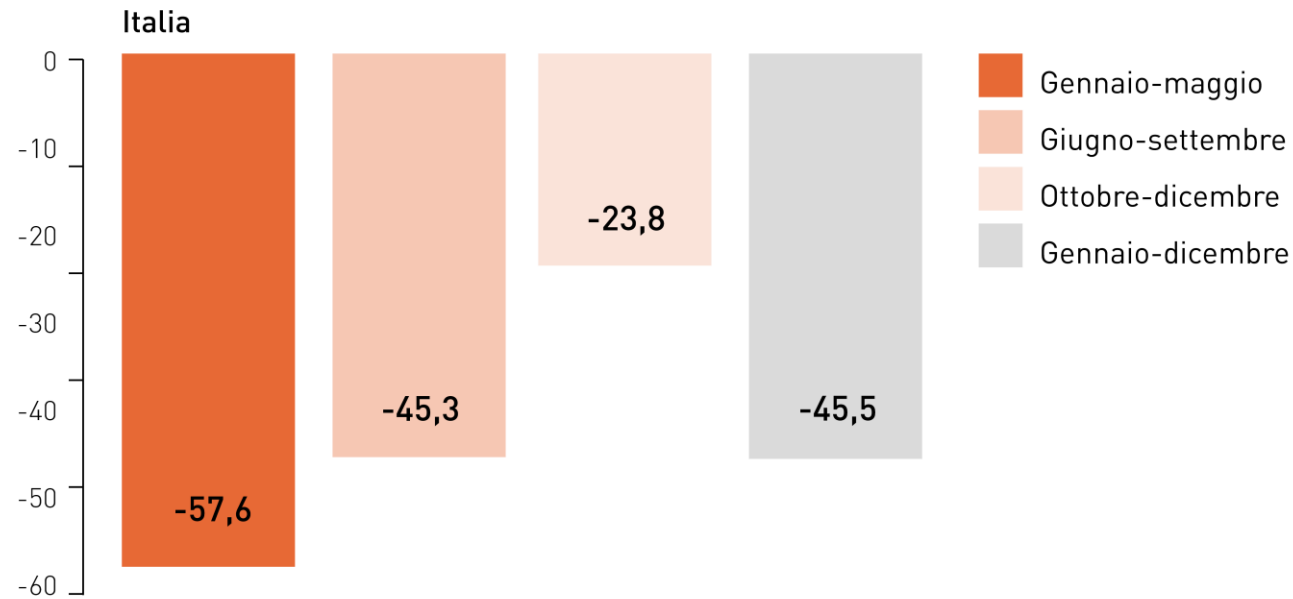
**FIGURA 12.** Tassi di mortalità per tumore del colon retto in Italia dal 2003 al 2014, per macro-area geografica e sesso



# Tumori del colon-retto in Italia: impatto del COVID-19 sullo screening

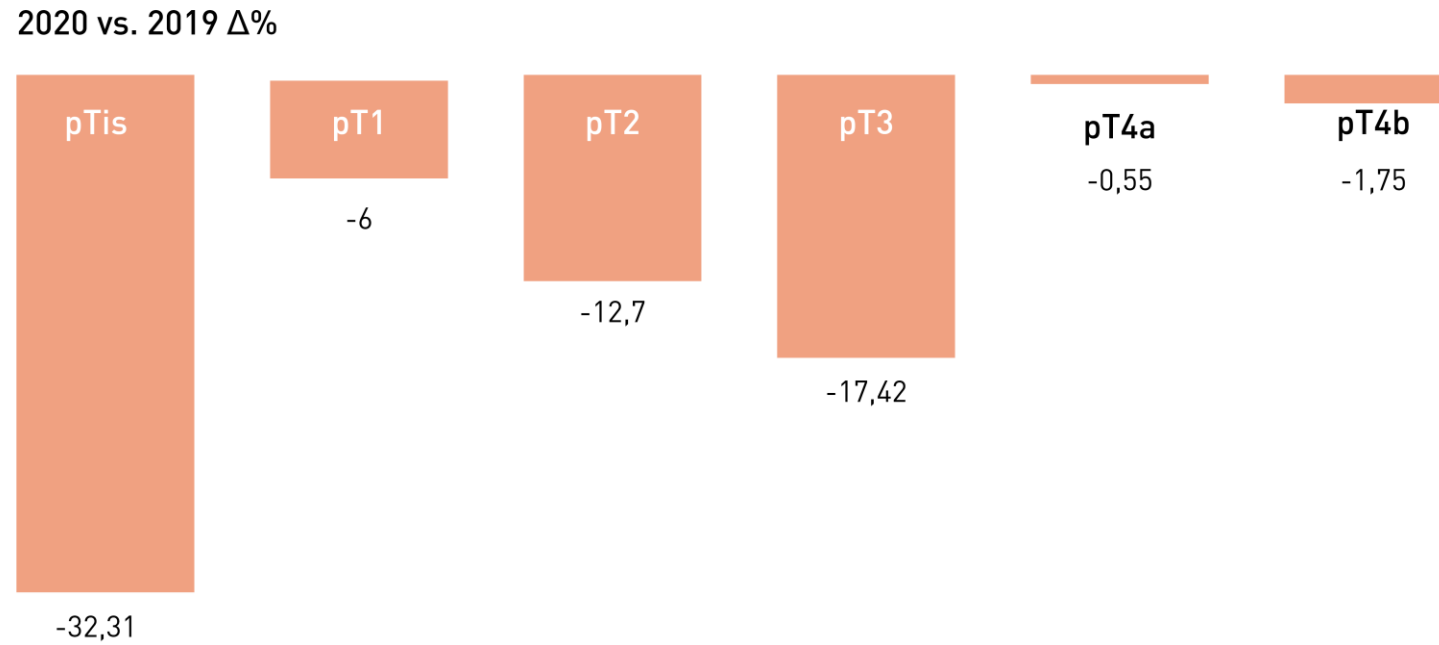
	Riduzione inviti (%)	Riduzione esami (%)	Mesi standard di ritardo
Screening cervicale	1.279.608 (33)	669.742 (43,4)	5,2
Screening mammografico	980.994 (26,6)	751.879 (37,6)	4,5
<b>Screening colorettales</b>	<b>12.929.530 (31,8)</b>	<b>1.110.414 (45,5)</b>	<b>5,5</b>

**TABELLA 20.** Ritardo accumulato nel 2020 rispetto al 2019 in termini di inviti, test di screening e mesi standard



**FIGURA 31.** Screening colorettales: differenze % nel numero di test eseguiti per periodo 2020 vs 2019

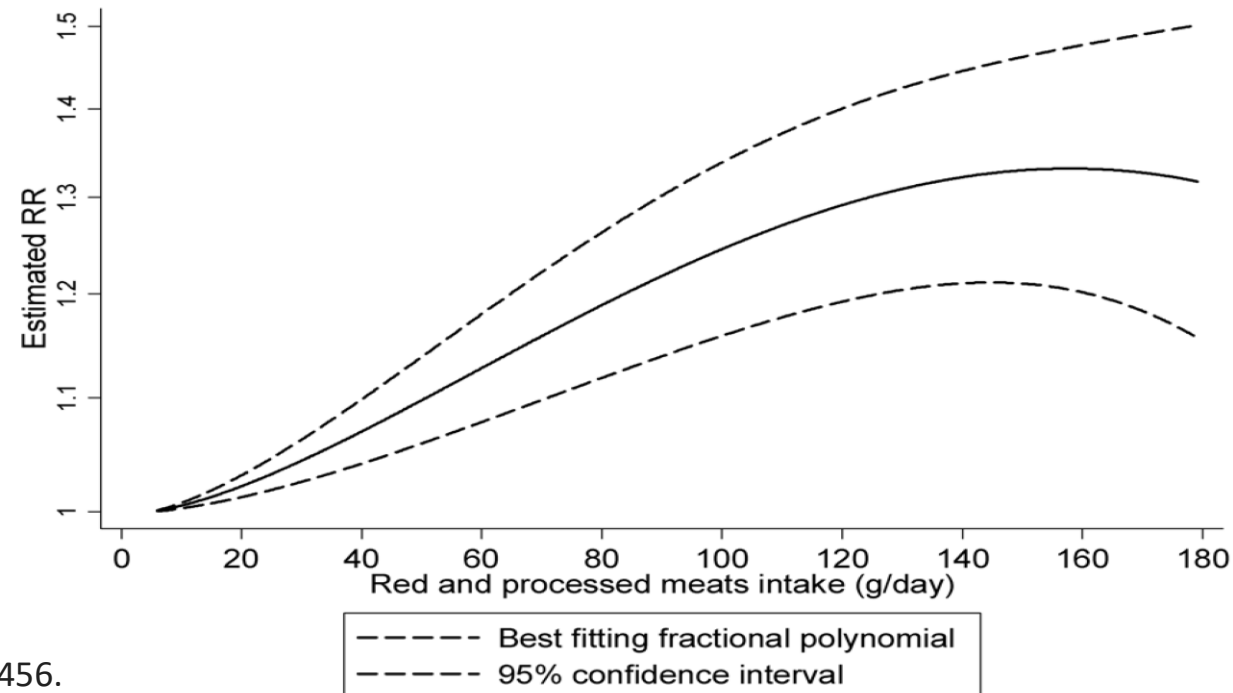
# Tumori del colon-retto in Italia: impatto del COVID-19 sulle diagnosi



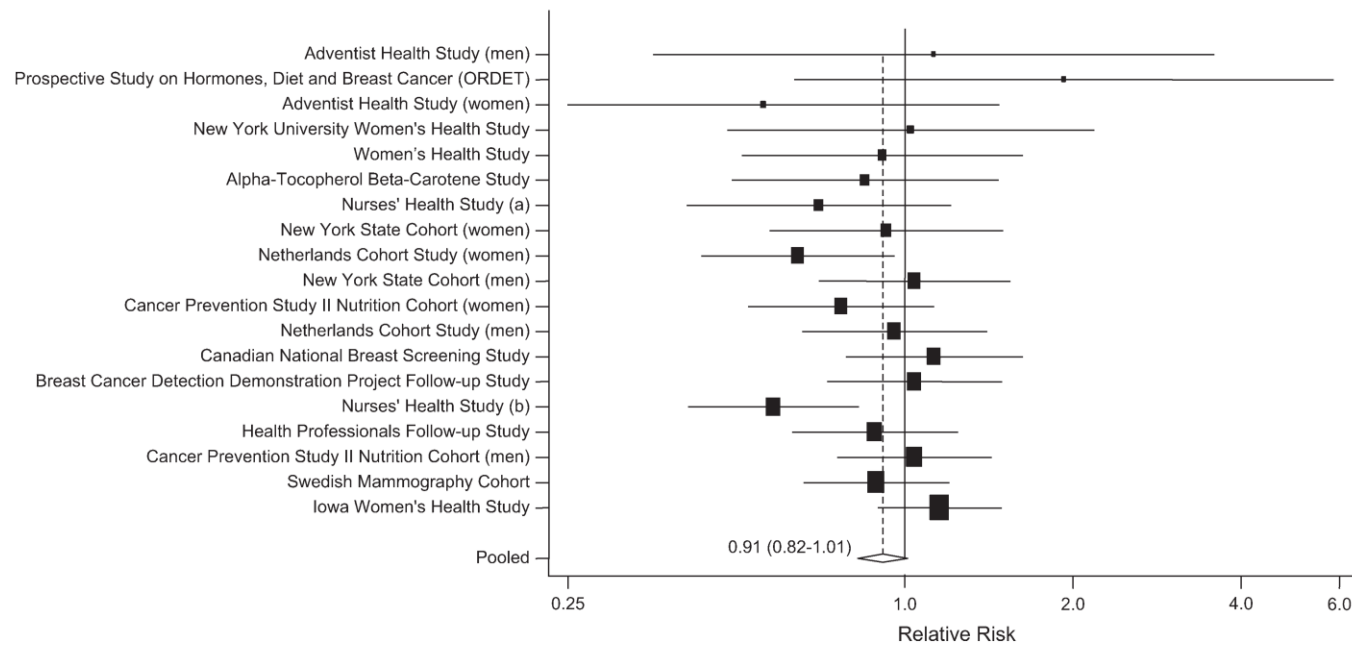
**FIGURA 16.** Differenza percentuale nei diversi stadi pT dei tumori del colon-retto operati senza terapia neoadiuvante nel 2020 verso il 2019

# Fattori di rischio: consumo di carne rossa/lavorata

	Red and processed meats		Red meat		Processed meat	
	Pooled RR (95% CI)*, P value	Heterogeneity n I <sup>2</sup> , P value	Pooled RR (95% CI)*, P value	n I <sup>2</sup> , P value	Pooled RR (95% CI)*, P value	Heterogeneity n I <sup>2</sup> , P value
Dose-response meta-analysis	Per 100 g/day		Per 100 g/day		Per 50 g/day	
All studies						
Colorectal cancer	1.14 (1.04–1.24), 0.00	11 56%, 0.01	1.17 (1.05–1.31), 0.01	8 0%, 0.48	1.18 (1.10–1.28), 0.00	9 12%, 0.33
Colon cancer	1.25 (1.10–1.43), 0.00	8 60%, 0.02	1.17 (1.02–1.33), 0.02	10 0%, 0.65	1.24 (1.13–1.35), 0.00	10 0%, 0.65
Proximal colon cancer	1.11 (0.88–1.40), 0.37	2 0%, 0.67	–	1 –	1.12 (0.81–1.56), 0.49	2 0%, 0.64
Distal colon cancer	1.22 (0.62–2.38), 0.57	2 90%, 0.00	–	1 –	1.41 (0.93–2.14), 0.10	2 0%, 0.69
Rectal cancer	1.31 (1.13–1.52), 0.00	5 18%, 0.30	1.18 (0.98–1.42), 0.08	7 0%, 0.67	1.12 (0.99–1.28), 0.08	8 0%, 0.56



# Fattori di rischio: consumo di frutta/verdura



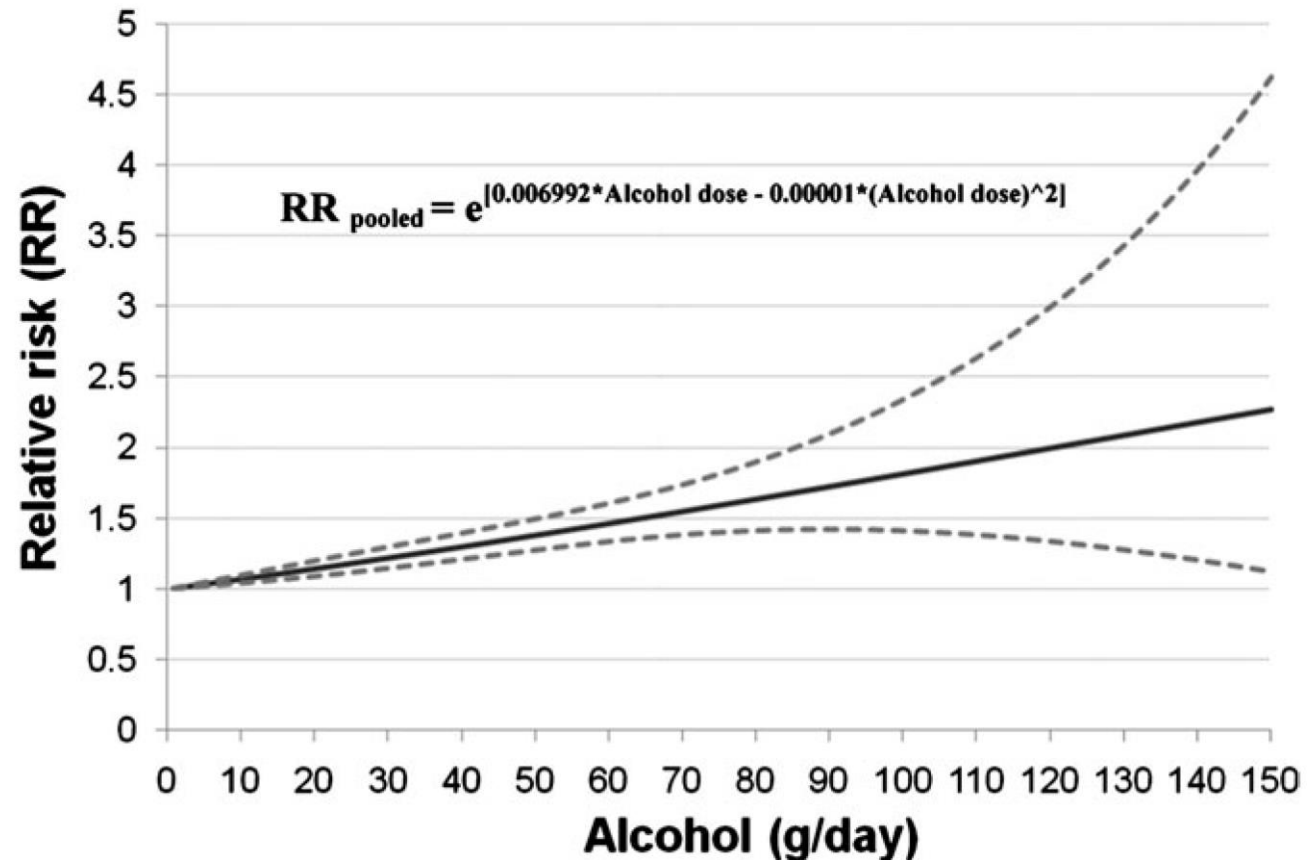
**Fig. 1.** Study-specific and pooled multivariable relative risks (RR) and 95% confidence intervals of colon cancer according to intake of total fruits and vegetables, quintile 5 versus quintile 1. The **black squares** and **horizontal lines** correspond to the study-specific multivariable relative risks and 95% confidence intervals, respectively. The **area of the black square** reflects the study-specific weight (inverse of the variance). The **diamond** represents the pooled multivariable relative risk and 95% confidence interval. The **solid vertical line** indicates a RR of 1.0.

	Cutpoint category					P value, test for trend§	P value, test for heterogeneity, highest category  ,¶	P value, test for common effects by tumor site, highest category#
	1	2	3	4	5			
<b>Total fruits and vegetables (g/day)</b>	<200	200 to <400	400 to <600	600 to <800	≥800**			
No. of cases distal (women, men)	167, 111	433, 294	421, 203	239, 120	170, 82			
No. of cases proximal (women, men)	278, 136	608, 323	555, 230	344, 177	280, 106			
<b>Total</b>								
Distal	1.00	0.93 (0.80 to 1.09)	0.84 (0.71 to 0.99)	0.78 (0.63 to 0.97)	0.74 (0.57 to 0.95)	.02	.40	.14
Proximal	1.00	0.86 (0.75 to 0.99)	0.80 (0.69 to 0.94)	0.86 (0.71 to 1.03)	1.02 (0.82 to 1.27)	.57	.76	

# Fattori di rischio: consumo di alcol

Factors stratified	Drinkers versus non-/occasional drinkers <sup>a</sup>					Light versus non-/occasional drinkers <sup>a</sup>					Moderate versus non-/occasional drinkers <sup>a</sup>					Heavy versus non-/occasional drinkers <sup>a</sup>				
	No. of studies <sup>b</sup>	RR	LCI	UCI	P value <sup>c</sup>	No. of studies <sup>b</sup>	RR	LCI	UCI	P value <sup>c</sup>	No. of studies <sup>b</sup>	RR	LCI	UCI	P value <sup>c</sup>	No. of studies <sup>b</sup>	RR	LCI	UCI	P value <sup>c</sup>
All studies	57	1.12	1.06	1.19		49	1.00	0.95	1.05		53	1.21	1.13	1.28		19	1.52	1.27	1.81	

<sup>a</sup>Nondrinkers category included nondrinkers and occasional drinkers; light drinking was defined as  $\leq 12.5$  g/day of alcohol ( $\leq 1$  drink/day), moderate drinking as 12.6-49.9 g/day (2-3 drinks/day), and heavy drinking as  $\geq 50$  g/day ( $\geq 4$  drinks/day).

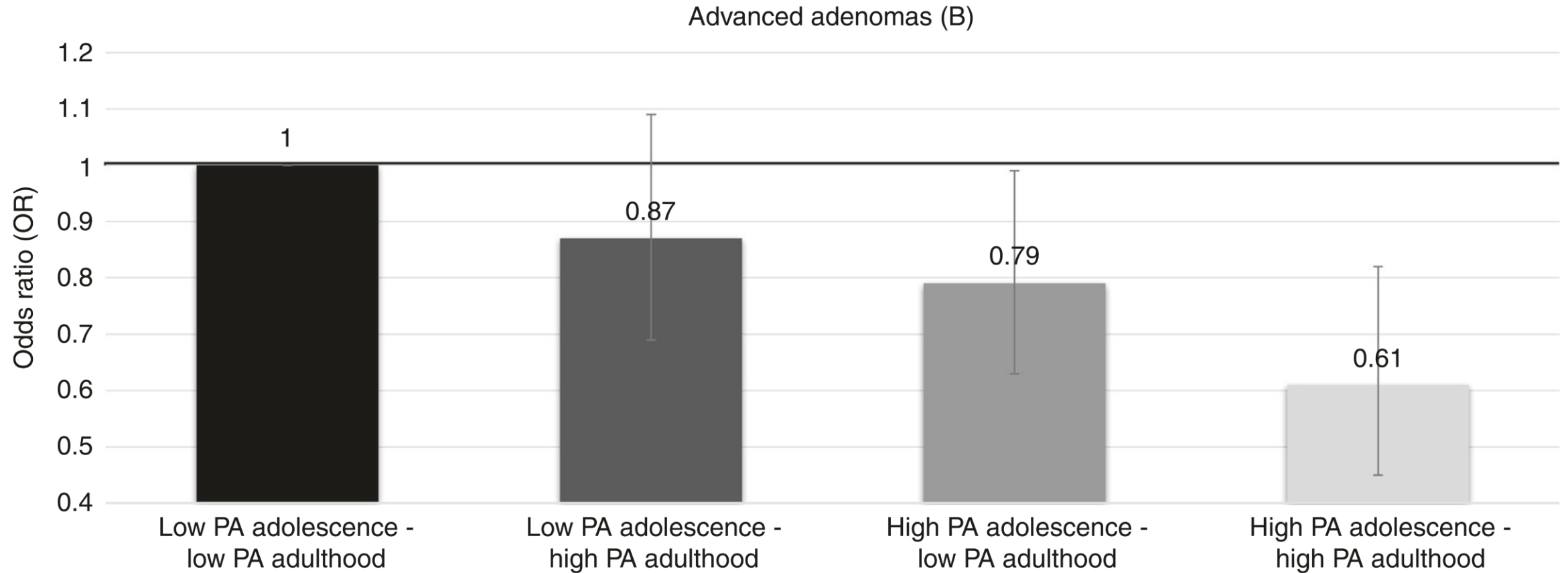


# Fattori di rischio: obesità

Cancer Site or Type	Strength of the Evidence in Humans†	Relative Risk of the Highest BMI Category Evaluated versus Normal BMI (95% CI)‡
Esophagus: adenocarcinoma	Sufficient	4.8 (3.0–7.7)
Gastric cardia	Sufficient	1.8 (1.3–2.5)
Colon and rectum	Sufficient	1.3 (1.3–1.4)
Liver	Sufficient	1.8 (1.6–2.1)
Gallbladder	Sufficient	1.3 (1.2–1.4)
Pancreas	Sufficient	1.5 (1.2–1.8)
Breast: postmenopausal	Sufficient	1.1 (1.1–1.2)§
Corpus uteri	Sufficient	7.1 (6.3–8.1)
Ovary	Sufficient	1.1 (1.1–1.2)
Kidney: renal-cell	Sufficient	1.8 (1.7–1.9)
Meningioma	Sufficient	1.5 (1.3–1.8)
Thyroid	Sufficient	1.1 (1.0–1.1)§
Multiple myeloma	Sufficient	1.5 (1.2–2.0)
Male breast cancer	Limited	NA
Fatal prostate cancer	Limited	NA
Diffuse large B-cell lymphoma	Limited	NA
Esophagus: squamous-cell carcinoma	Inadequate	NA
Gastric noncardia	Inadequate	NA
Extrahepatic biliary tract	Inadequate	NA
Lung	Inadequate	NA
Skin: cutaneous melanoma	Inadequate	NA
Testis	Inadequate	NA
Urinary bladder	Inadequate	NA
Brain or spinal cord: glioma	Inadequate	NA

**RR: 1.3 (1.3-1.4)**

# Fattori di rischio: sedentarietà



# Fattori di rischio: fumo di sigaretta

**Table 2. Age- and multivariate-adjusted HRs and 95% CIs by cigarette smoking characteristics among current and former smokers compared with never smokers (CPS-II Nutrition Cohort, 1992-2005)**

	All			Men			Women		
	Cases	Age-adjusted HR	Multivariate HR* (95% CI)	Cases	Age-adjusted HR	Multivariate HR* (95% CI)	Cases	Age-adjusted HR	Multivariate HR* (95% CI)
Never smokers	813	1.00	1.00 (reference)	303	1.00	1.00 (reference)	510	1.00	1.00 (reference)
Former smokers	993	1.34	1.23 (1.11-1.36)	619	1.35	1.26 (1.09-1.45)	374	1.15	1.19 (1.04-1.37)
Current smokers	156	1.57	1.27 (1.06-1.52)	84	1.54	1.24 (0.96-1.59)	72	1.47	1.30 (1.01-1.68)
Former smokers									
Age at cessation									
Before age 40	261	1.07	1.05 (0.91-1.22)	166	1.15	1.15 (0.95-1.39)	95	0.85	0.92 (0.74-1.16)
40-49 y of age	242	1.41	1.31 (1.13-1.52)	151	1.33	1.27 (1.04-1.55)	91	1.32	1.40 (1.12-1.76)
50-59 y of age	260	1.60	1.44 (1.24-1.66)	164	1.59	1.45 (1.19-1.77)	96	1.41	1.43 (1.14-1.78)
Age 60 or older	160	1.49	1.29 (1.08-1.54)	95	1.48	1.29 (1.01-1.63)	65	1.35	1.30 (1.00-1.70)
			<i>P</i> trend = 0.0014			<i>P</i> trend = 0.08			<i>P</i> trend = 0.003
Years since cessation									
≥31 y ago	239	1.03	1.03 (0.89-1.19)	147	1.06	1.07 (0.88-1.31)	92	0.90	0.99 (0.79-1.25)
21-30 y ago	238	1.37	1.28 (1.10-1.49)	160	1.43	1.36 (1.12-1.66)	78	1.09	1.15 (0.90-1.46)
11-20 y ago	232	1.48	1.33 (1.14-1.55)	139	1.42	1.30 (1.05-1.59)	93	1.37	1.39 (1.11-1.75)
1-10 y ago	214	1.72	1.48 (1.27-1.73)	130	1.70	1.48 (1.19-1.83)	84	1.53	1.47 (1.16-1.86)
			<i>P</i> trend = 0.0003			<i>P</i> trend = 0.033			<i>P</i> trend = 0.002
Current smokers									
Duration of smoking									
<40 y	29	1.19	1.02 (0.69-1.49)	12	1.25	0.98 (0.54-1.80)	17	1.14	1.04 (0.63-1.71)
40-49 y	71	1.68	1.32 (1.02-1.72)	36	1.46	1.12 (0.77-1.64)	35	1.75	1.56 (1.09-2.23)
50+ y	56	1.82	1.38 (1.04-1.84)	36	1.85	1.43 (0.99-2.07)	20	1.52	1.32 (0.83-2.09)
			<i>P</i> trend = 0.052			<i>P</i> trend = 0.24			<i>P</i> trend = 0.16

\*Multivariate models are adjusted for age, body mass index, education, family history of colorectal cancer, physical activity, race, aspirin use, alcohol use, vegetable consumption, fiber/whole grain consumption, red and processed meat consumption, and history of endoscopy.

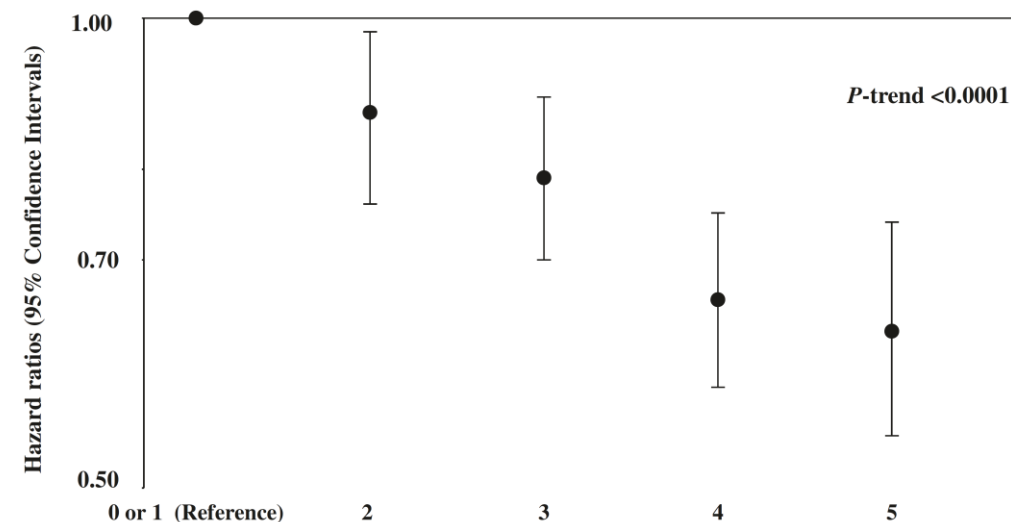


# Rischio di carcinoma del colon-retto: impatto degli stili di vita

**Table 1 Description and prevalences of the factors comprising the Healthy Lifestyle Index (HLI), the EPIC Cohort (1992 to 2010)**

Lifestyle factor	Index points	Description	Prevalence in the EPIC study population (%)		
			Men	Women	Overall
<b>Overweight and obesity<sup>a</sup></b>	0	Overweight or obese: BMI $\geq 25$ kg/m <sup>2</sup> or waist circumference $\geq 94$ cm for men and $\geq 80$ cm for women			
	1	Healthy weight: BMI 18 to 25 kg/m <sup>2</sup> or waist circumference $< 94$ for men cm and $< 80$ for women	52.2	62.1	58.6
<b>Physical activity<sup>b</sup></b>	0	Low and very low physical activity: sedentary or standing occupation and recreational METs $\leq 57$ for men and METs $\leq 82$ for women			
	1	High and very high physical activity: manual or heavy manual occupation and recreational METs $> 57$ for men and METs $> 82$ for women	50.3	52.6	51.7
<b>Smoking</b>	0	Smoking: current smokers			
	1	Non-smoking: never or former smokers	69.1	79.8	76.1
<b>Alcohol consumption</b>	0	Heavy alcohol consumption: not adherent to alcohol consumption recommendations of WCRF/AICR (2007) [15] for two standard drinks a day ( $> 24$ g/day) for men and one standard drink a day ( $> 12$ g/day) for women			
	1	Limited alcohol consumption: adherent to alcohol consumption recommendations of WCRF/AICR (2007) [15,16] for two standard drinks a day ( $\leq 24$ g/day) for men and one standard drink a day ( $\leq 12$ g/day) for women	66.0	75.9	72.4
<b>Diet quality<sup>c</sup></b>	0	Unhealthy diet quality: 0 to 4 points of the diet index of colorectal cancer related foods			
	1	Healthy diet quality: 5 to 8 points of the diet index of colorectal cancer related foods	60.9	59.6	60.1

<sup>a</sup>Based on the World Health Organisation's standard cutoff point for overweight [27] or waist circumference  $< 80$  cm for women and  $< 94$  cm for men according to the European Group for the Study of Insulin Resistance (EGIR) recommendations for European populations [28]. <sup>b</sup>A MET is defined as the ratio of work metabolic rate to a standard metabolic rate of 1.0 (4.184 kJ kg<sup>-1</sup> h<sup>-1</sup>); 1 MET is considered a resting metabolic rate obtained during quiet sitting. The MET values assigned to the non-occupational data were 3.0 for walking, 6.0 for cycling, 4.0 for gardening, 6.0 for sports, 4.5 for home repair (do-it-yourself work), 3.0 for housework and 8.0 for stair climbing [13]. <sup>c</sup>Healthy diet was evaluated based on a dietary quality index including eight dietary factors (fruits, vegetables, red and processed meat, fibre, fish, nuts, garlic and yogurt), which were previously shown to be related to CRC overall and in the EPIC data [2-8,11,12,38-40] (Additional file 2, Table S2). BMI, body mass index (calculated as weight in kilograms divided by height in squared metres); EPIC, European Prospective Investigation into Cancer and Nutrition; METs, metabolic equivalents of energy expenditure (MET)-hours per week per year; WCRF/AICR, World Cancer Research Fund/American Institute for Cancer Research.



# Tumori del colon-retto in Italia: morti potenzialmente evitabili

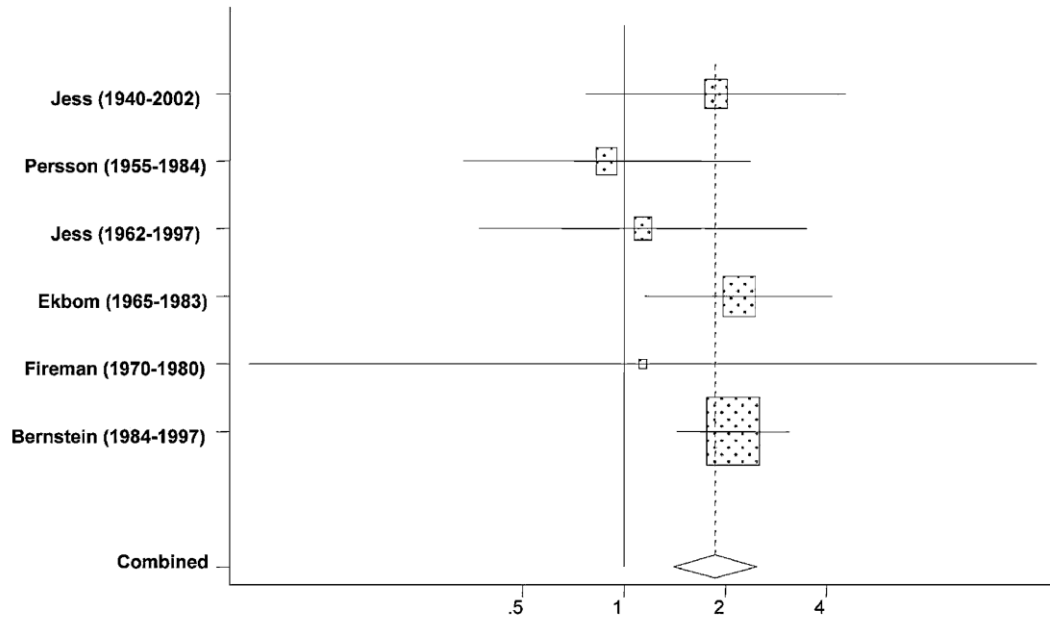
Sedi tumorali	Fumo		Abuso alcolico		Eccesso ponderale		Fattori di rischio nutrizionali		Inattività fisica		Combinato	
	U %	D %	U %	D %	U %	D %	U %	D %	U %	D %	U %	D %
Labbra e cavità orale	68	42	72	48	0	0	4	3	3	3	92	72
Nasofaringe	68	42	71	50	0	0	4	3	3	3	91	73
Altri tumori faringe	0	0	72	52	0	0	4	3	3	3	74	55
Laringe	80	91	49	28	0	0	4	3	3	3	91	94
Esophago	63	43	54	34	25	24	13	11	3	3	89	75
Stomaco	23	8	0	0	0	0	7	5	3	3	31	15
<b>Colon-retto</b>	<b>10</b>	<b>6</b>	<b>29</b>	<b>14</b>	<b>19</b>	<b>5</b>	<b>35</b>	<b>36</b>	<b>3</b>	<b>3</b>	<b>65</b>	<b>52</b>
Fegato	33	9	29	18	20	13	0,1	0	3	3	63	37
Pancreas	33	13	0	0	5	7	0	0	3	3	38	22
Trachea, bronchi e polmone	87	65	0	0	0	0	7	6	3	3	89	68
Leucemia	23	2	0	0	6	10	0	0	3	3	31	15
Cistifellea e vie biliari	0	0	0	0	11	25	0,1	0,1	3	3	14	27
Tiroide	0	0	0	0	15	10	0,1	0	3	3	18	13
Rene	29	7	0	0	17	23	0,1	0,1	3	3	43	31
Vescica	43	18	0	0	0	0	0	0	3	3	45	21
Mammella	-	4	27	17	-	6	-	0	-	2	-	27
Cervice	-	9	-	0	-	0	-	0	-	3	-	12
Corpo utero	-	0	-	0	-	40	-	0,1	-	3	-	42
Ovaio	-	0	-	0	-	3	-	0	-	3	-	6

**TABELLA 3. Quota percentuale di decessi per tumori potenzialmente evitabili rimuovendo i principali fattori di rischio legati a stili di vita individuali**

U = uomini D = donne

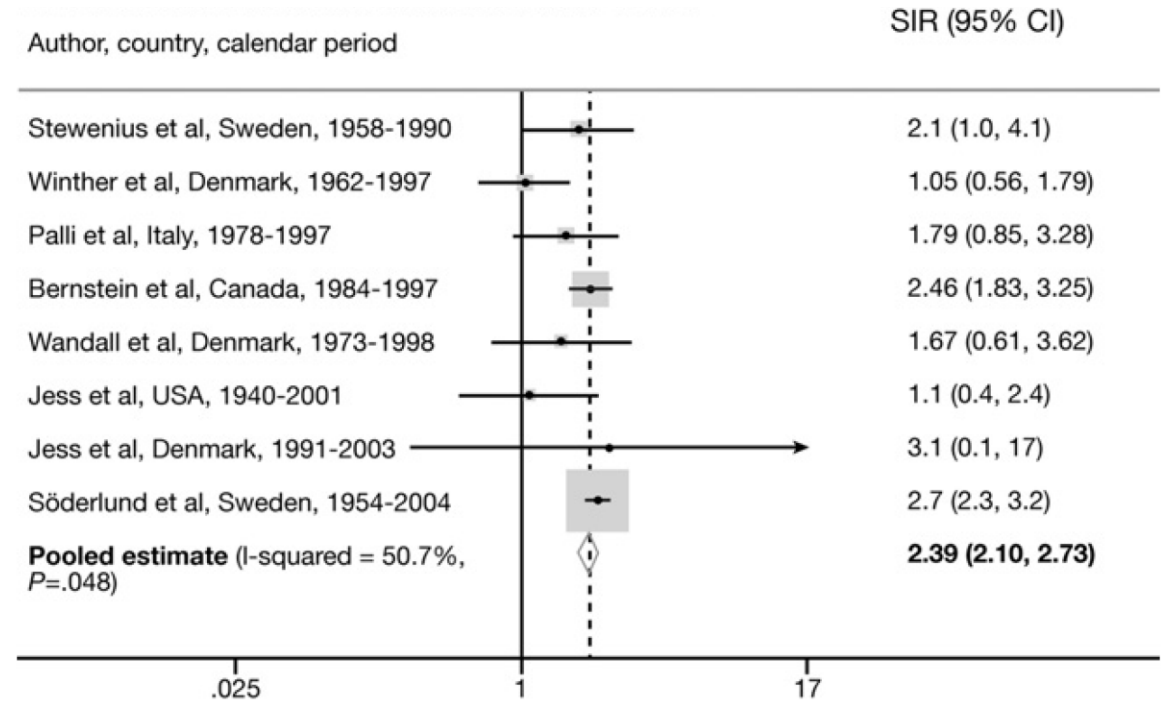
# Fattori di rischio: Malattie infiammatorie croniche dell'intestino

Morbo di Crohn



**1.9 (1.4–2.5)**

RCU



**2.39 (2.10–2.73)**

# Fattori di rischio eredo-familiari: familiarità

Table 1. Estimated Relative and Absolute Risk of Developing Colorectal Cancer (CRC)

Family History	Relative Risk of CRC [28]	Absolute Risk (%) of CRC by Age 79 y <sup>a</sup>
No family history	1	4 <sup>a</sup>
One FDR with CRC	2.3 (95% CI, 2.0–2.5)	9 <sup>b</sup>
More than one FDR with CRC	4.3 (95% CI, 3.0–6.1)	16 <sup>b</sup>
One affected FDR diagnosed with CRC before age 45 y	3.9 (95% CI, 2.4–6.2)	15 <sup>b</sup>
One FDR with colorectal adenoma	2.0 (95% CI, 1.6–2.6)	8 <sup>b</sup>

CI = confidence interval; FDR = first-degree relative.

<sup>a</sup>Data from the Surveillance, Epidemiology, and End Results database.

<sup>b</sup>The absolute risks of CRC for individuals with affected relatives was calculated using the relative risks for CRC [28] and the absolute risk of CRC by age 79 years<sup>a</sup>.

# Fattori di rischio eredo-familiari: geni di suscettibilità

Table 2. Genes Associated with a High Susceptibility of Colorectal Cancer

Gene	Syndrome	Hereditary Pattern	Predominant Cancers
<i>APC</i>	FAP, AFAP	Dominant	Colorectal, small bowel, gastric, etc.
<i>TP53 (p53)</i>	Li-Fraumeni	Dominant	Multiple (including colorectal)
<i>STK11 (LKB1)</i>	PJS	Dominant	Multiple (including colorectal, small bowel, pancreas)
<i>PTEN</i>	Cowden	Dominant	Multiple (including colorectal)
<i>BMPRIA, SMAD4 (MADH/DPC4)</i>	JPS	Dominant	Gastric and colorectal
<i>MLH1, MSH2, MSH6, PMS2, EPCAM</i>	Lynch syndrome	Dominant	Multiple (including colorectal, endometrial, and others)
<i>MUTYH (MYH)</i>	MUTYH-associated polyposis	Recessive	Colorectal
<i>POLD1, POLE</i>	PPAP	Dominant	Colorectal, endometrial

FAP = familial adenomatous polyposis; JPS = juvenile polyposis syndrome; PJS = Peutz-Jeghers syndrome; PPAP = polymerase proofreading-associated polyposis.

# Fattori di rischio eredo-familiari: sindromi ereditarie

Table 3. Absolute Risks of Colorectal Cancer (CRC) for Carriers of Pathogenic Variants in Hereditary CRC Syndromes

Syndrome	Absolute Risk of CRC in Carriers of a Pathogenic Variant
FAP <sup>a</sup>	90% by age 45 y [1]
Attenuated FAP	69% by age 80 y [2]
Lynch syndrome	10% to 56% by age 75 y, depending on the gene involved [3-6]
MUTYH-associated polyposis	35% to 53% [7]
PJS	39% by age 70 y [8]
JPS	17% to 68% by age 60 y [9,10]

FAP = familial adenomatous polyposis; JPS = juvenile polyposis syndrome; PJS = Peutz-Jeghers syndrome.

<sup>a</sup>Cancer risk estimates quoted here predate the widespread use of [surveillance](#) and prophylactic surgery.

# Take home messages

- Il carcinoma del colon-retto è il **secondo tumore** in Italia per: incidenza, prevalenza, mortalità.
- La **sopravvivenza a 5 anni** supera **il 60%**.
- Oggi oltre 500.000 italiani vivono con una diagnosi di tumore del colon-retto, e circa **il 50%** di essi può essere considerato **guarito**.
- La mortalità è in riduzione grazie alle campagne di **screening**, che devono essere implementate soprattutto al Sud
- Pazienti con **IBD, familiarità per carcinoma coloretale, sindromi ereditarie** sono a maggior rischio e necessitano di programmi di screening personalizzati
- Consumo di carni rosse/lavorate e di alcol, fumo di sigaretta, sedentarietà, obesità, basso consumo di frutta e verdura sono fattori di rischio modificabili (**stili di vita**)
- Circa il **60% dei decessi** da carcinoma del colon in Italia potrebbe essere **evitato** modificando gli stili di vita



**INSIEME  
NELLA RICERCA  
Più forti nella cura**

*Grazie per l'attenzione*

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