

## REGIONAL ESTIMATES OF COLORECTAL CANCER BURDEN IN ITALY

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**Aims and background:** In terms of new diagnoses, colorectal cancer is one of the most important cancers in Italy and worldwide. The aim of this paper is to present estimates of the mortality, incidence and prevalence of colorectal cancer in Italy at a national and regional scale over the period 1970-1999, with projections up to 2010.

**Methods:** The estimates were obtained by applying the MI-AMOD method, a statistical back-calculation approach to derive incidence and prevalence estimates from mortality and relative survival data. Published data from the Italian cancer registries were modelled to obtain regional and national estimates of colorectal cancer survival.

**Results:** Different incidence patterns were observed for men and women, especially in the projection period: the national age-standardized rate is estimated to increase throughout the study period 1970-2010 for men from 30 to 70 per 100,000, and to stabilize from the end of the 1990s for women at around 38

per 100,000. A stabilization or a slight decrease in age-standardized incidence rates is expected in most regions for women and in most northern-central regions for men. The most critical situation is estimated among men for southern regions, where the rise in incidence is accompanied by a dramatic increase in mortality. About 46,000 incident cases, 267,000 prevalent cases, and 16,000 deaths from colorectal cancer are estimated in Italy for the year 2005.

**Conclusions:** Despite the risk reduction estimated in most northern-central regions among men and in the large majority of regions among women, the colorectal cancer burden in Italy is expected to remain relevant in the next years. Prospects for reducing this burden appear mainly connected to the adoption of prevention policies aimed at increasing the awareness of the risk related to dietary habits and lifestyles and at promoting colorectal cancer screening.

**Key words:** cancer registries, colorectal cancer, incidence, Italy, mortality, prevalence, survival.

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**Acknowledgments:** The study was supported by: Foundation "Compagnia di San Paolo" (project "Sperimentazione di un sistema di rilevazione e diffusione dei dati di sopravvivenza per tumore"); Italian Ministry of Health (project "I TUMORI IN ITALIA" promoted by Alleanza Contro il Cancro); European Commission, Health and Consumer Protection Directorate-General (project "EUROCHIP-2: European Cancer Health Indicator Project - The Action").

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Received December 20, 2006; accepted March 5, 2007.