



Beating Colorectal Cancer: The Value of Total Patient Support

Quality and Inequality of Colorectal Cancer Treatment: The Italian Perspective

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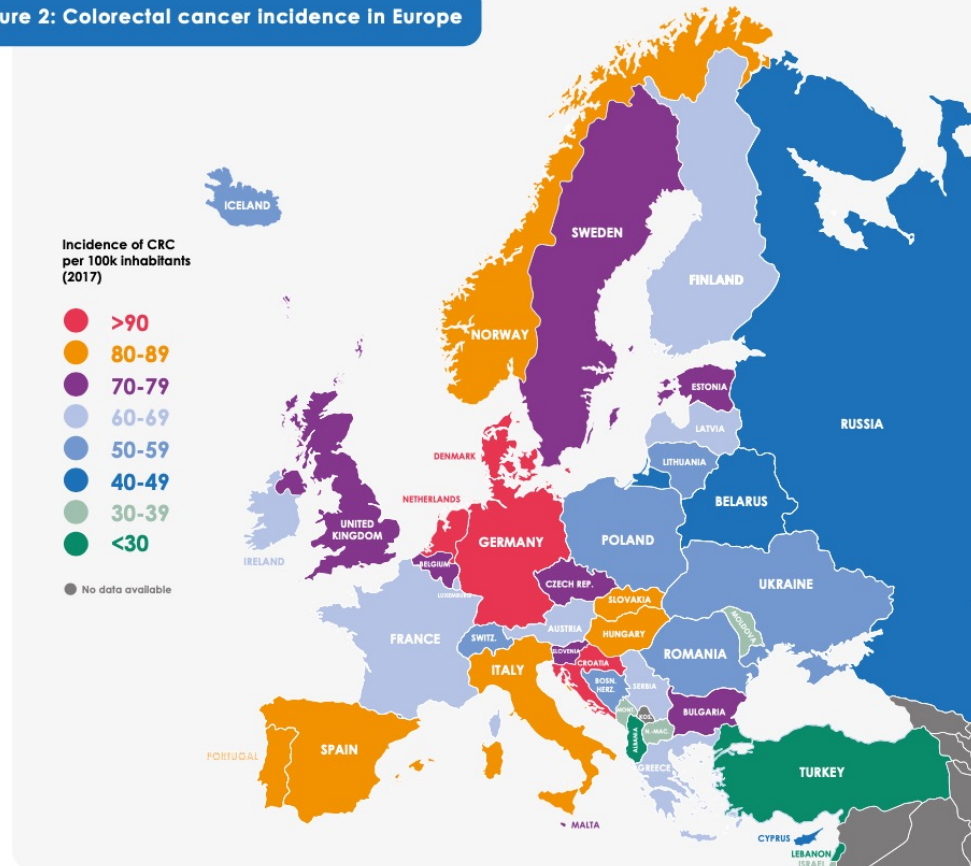
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Colorectal Cancer Incidence in EU

Figure 2: Colorectal cancer incidence in Europe



Italy: 50.000 /year

10% all new cases in EU

Health System In Italy

National Health System since 1979

20 Regions

20 Regional Health Systems

650 local health districts

Italian National Cancer Plan

Regional Cancer Networks





Presidenza del Consiglio dei Ministri

CONFERENZA PERMANENTE PER I RAPPORTI
TRA LO STATO, LE REGIONI E LE PROVINCE AUTONOME
DI TRENTO E DI BOLZANO

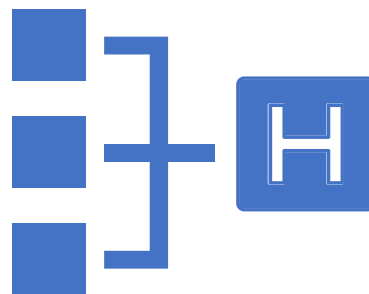


Accordo, ai sensi dell'articolo 4, del decreto legislativo 28 agosto 1997, n. 281, tra il Governo, le Regioni e le Province autonome di Trento e di Bolzano sul documento recante "Revisione delle Linee Guida organizzative e delle raccomandazioni per la Rete Oncologica che integra l'attività ospedaliera per acuti e post acuti con l'attività territoriale".

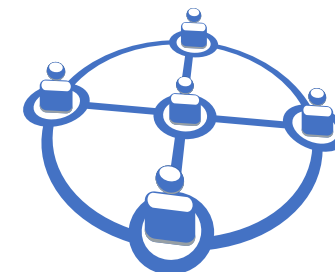
Repertorio Atti n. 59/CSR del 17 aprile 2019



Comprehensive Cancer Center
(CCC)



Hub and Spoke
(H&S)



Cancer Care Network
(CCN)

**Comprehensive Cancer Care Network
(CCCN)**



Brussels, 3.2.2021
COM(2021) 44 final

EUROPEAN
COMMISSION

COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN
PARLIAMENT AND THE COUNCIL

Europe's Beating Cancer Plan

Flagship 5: The Commission will establish, by 2025, an **EU Network** linking recognised National **Comprehensive Cancer Centres** in every Member State⁵⁶. It will facilitate the uptake of quality-assured diagnosis and treatment, including training, research and clinical trials across the EU. This cross-border collaboration will improve patients' access to high-quality diagnostics and care and the latest innovative treatments. It can also help with patient mobility to ensure adequate treatment for patients with complex conditions. A new 'EU Cancer Treatment Capacity and Capability Mapping' project will help to map and share the different capabilities and expertise available across the EU.

This action will help deliver higher-quality care and reduce inequalities across the EU, while enabling patients to benefit from diagnosis and treatment close to home. The Cancer Plan aims to ensure that **90% of eligible patients** have access to such **centres by 2030**.

**EU Network
of CCC**



Health System In Italy

10 regional cancer networks
only 7 full active

369 hospitals providing cancer care

3 million cancer patients

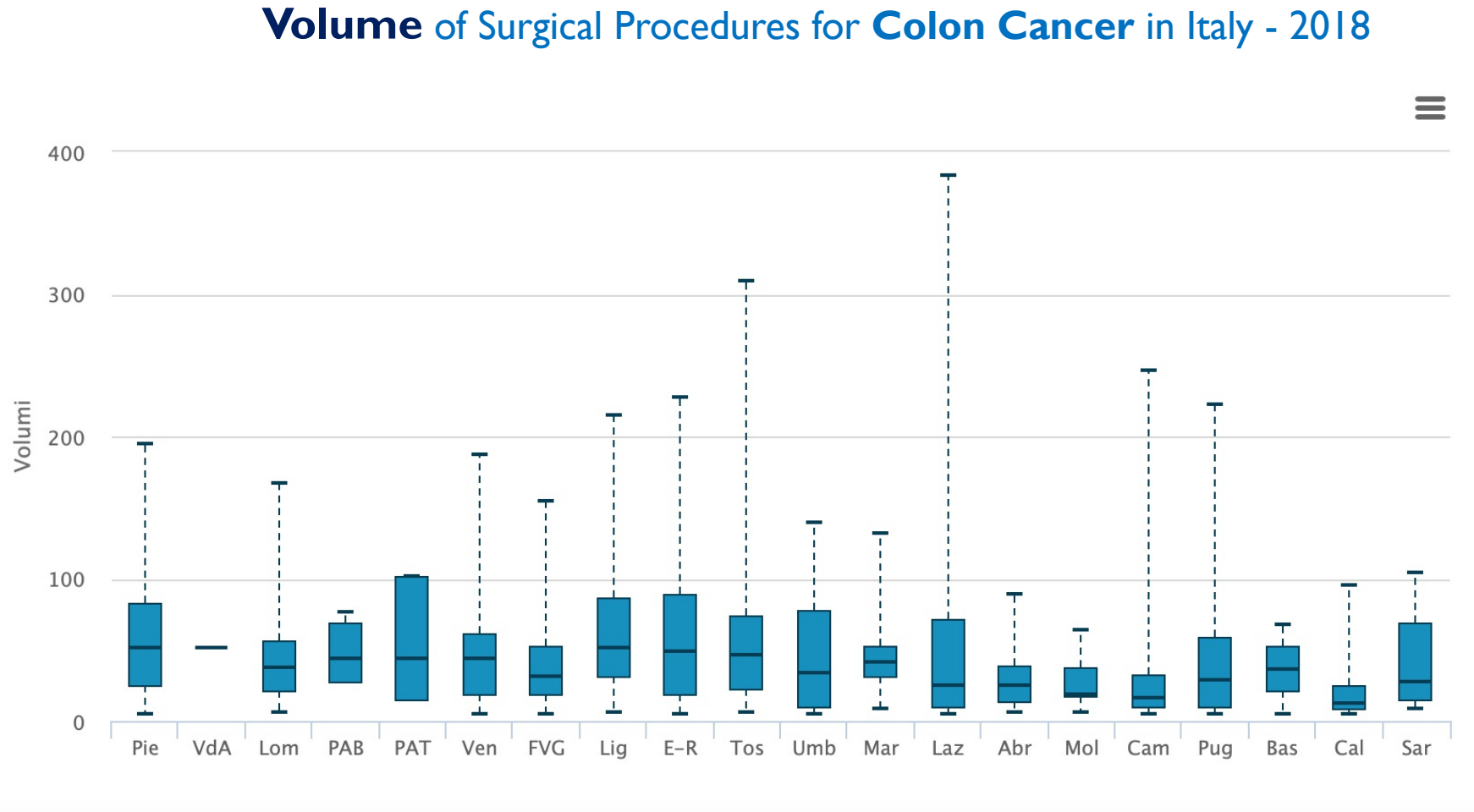


The choice of hospital

It is clear from hospital outcomes data that there is a clear-cut association between mortality at one month after surgery and the level of expertise of the hospital in terms of number of patients treated (low and high case load hospitals). A recent report from Germany²⁹ showed that patients with colorectal cancer have a greater chance of survival if they are operated in hospitals with a high case load because complications that can happen after surgery can be better managed in such hospitals³⁰.



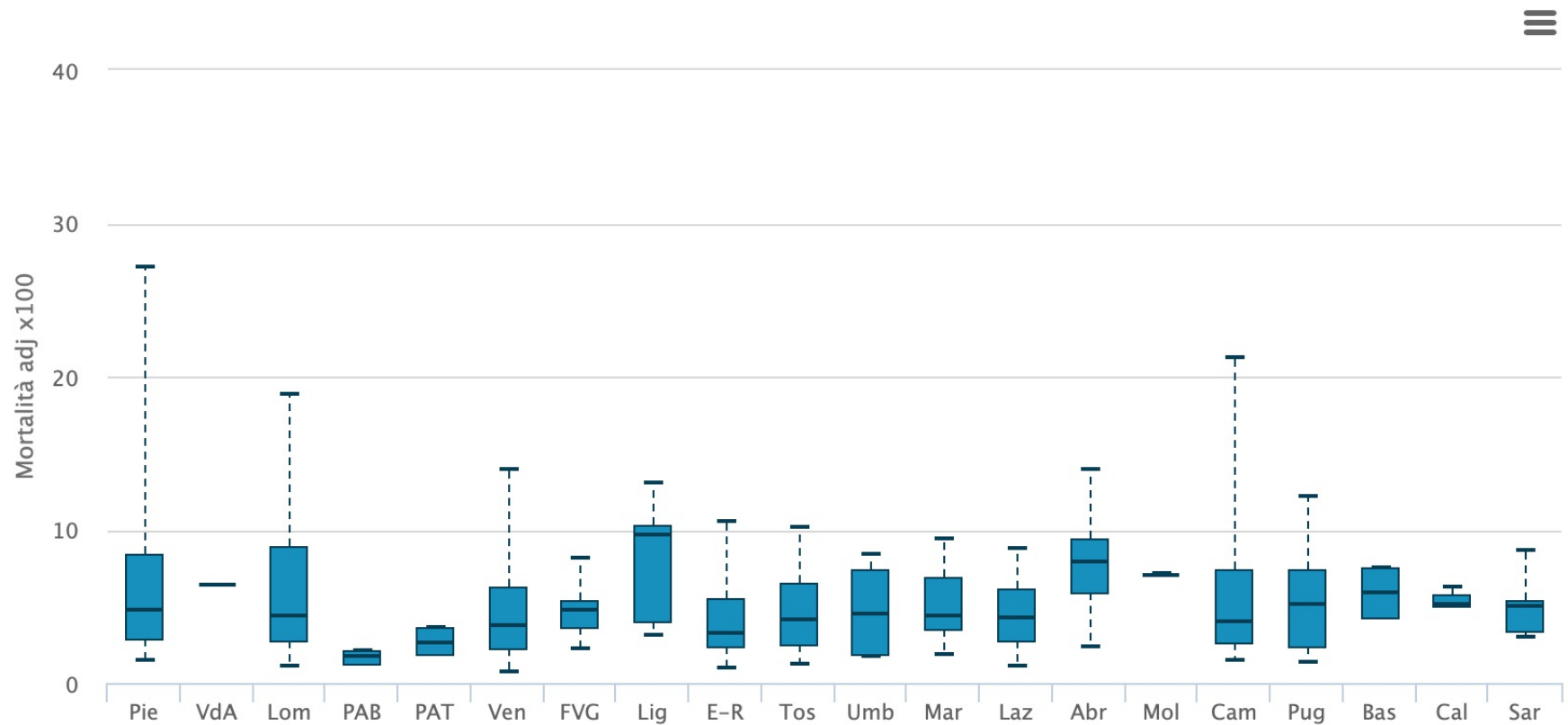
National Variability



National Variability

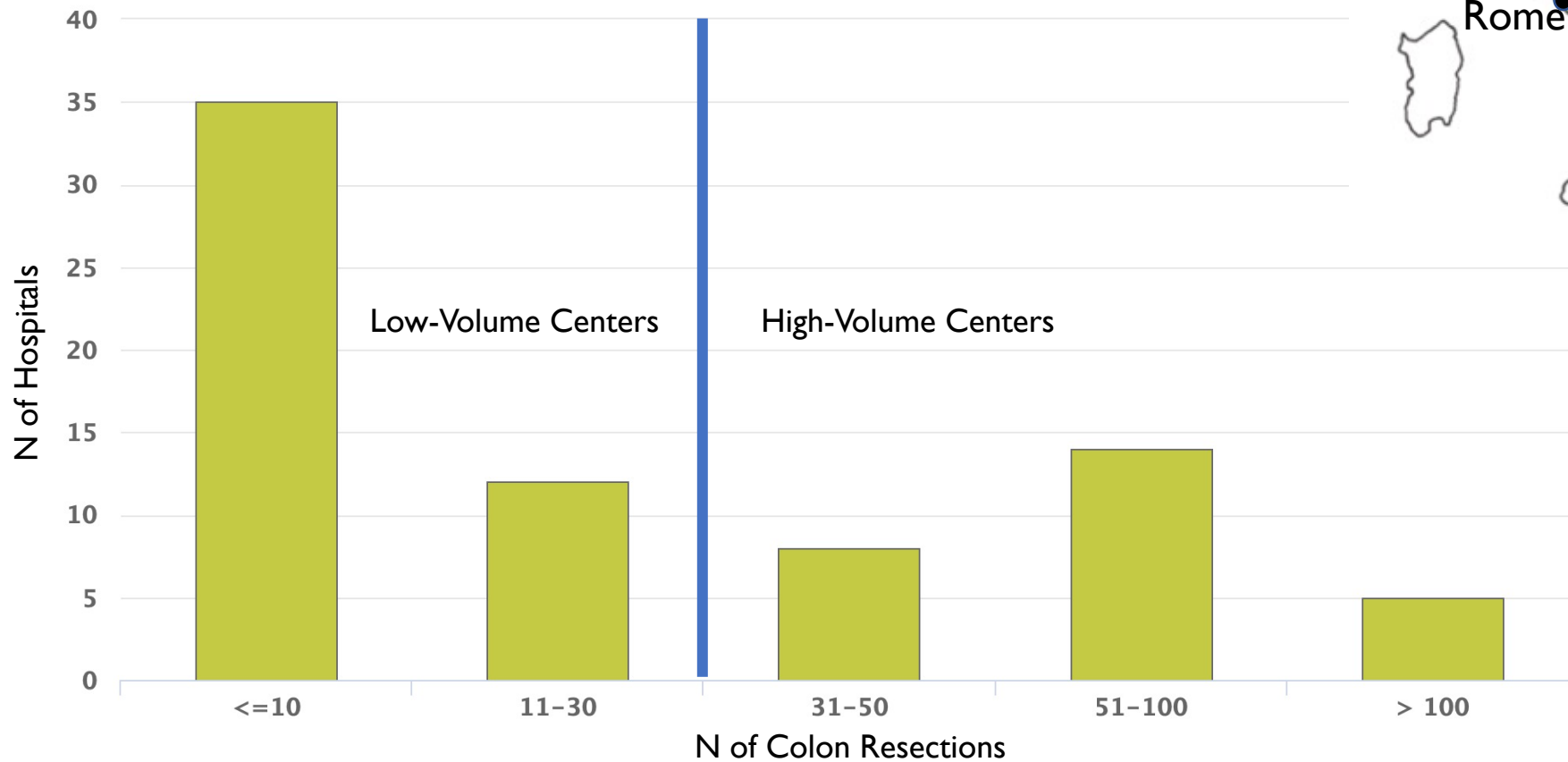


30-Day Mortality after Surgical Resection for Colon Cancer in Italy – 2018



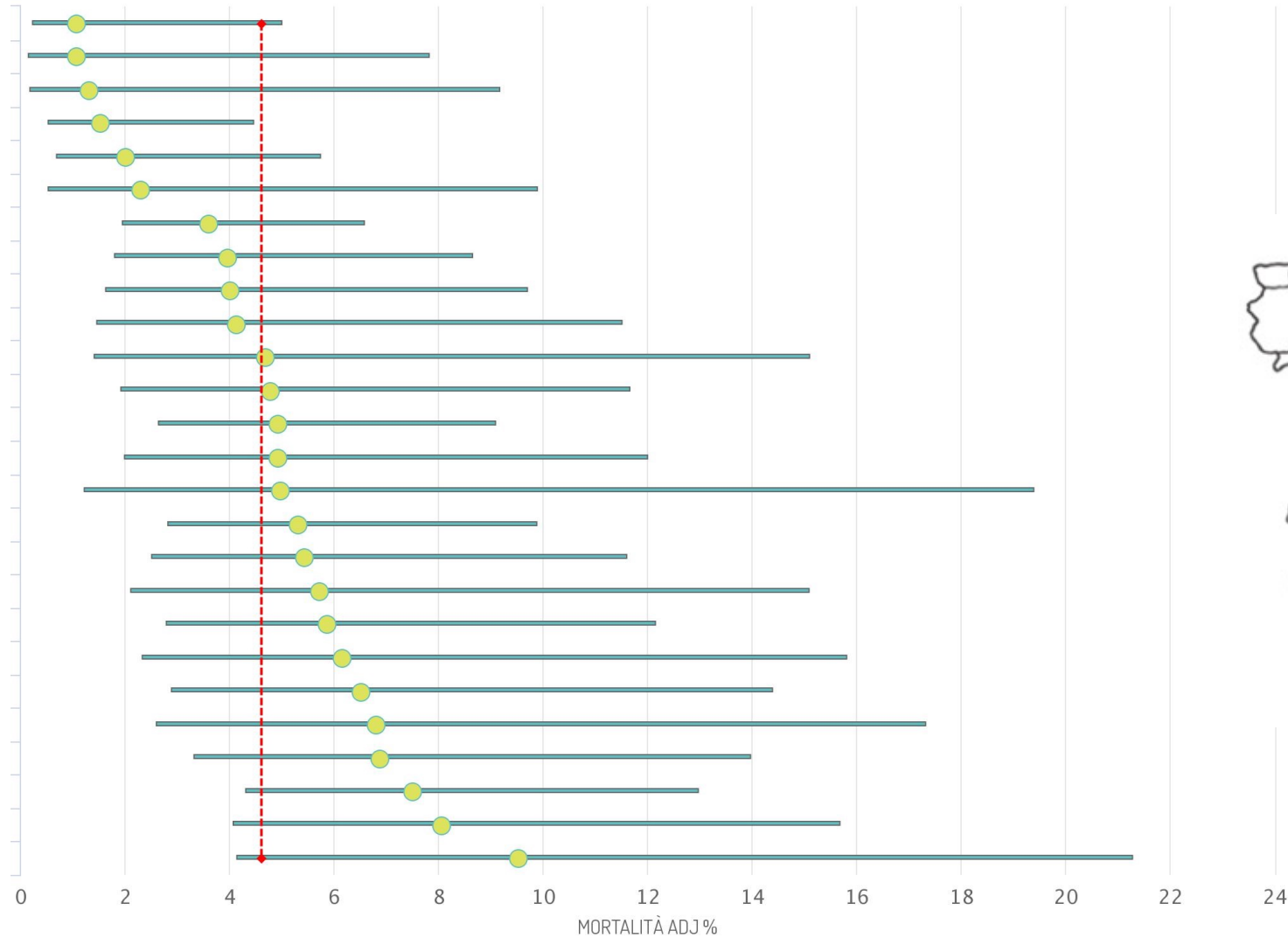
Regional Variability

Volume of Surgical Procedures for **Colon Cancer** Lazio – 2019

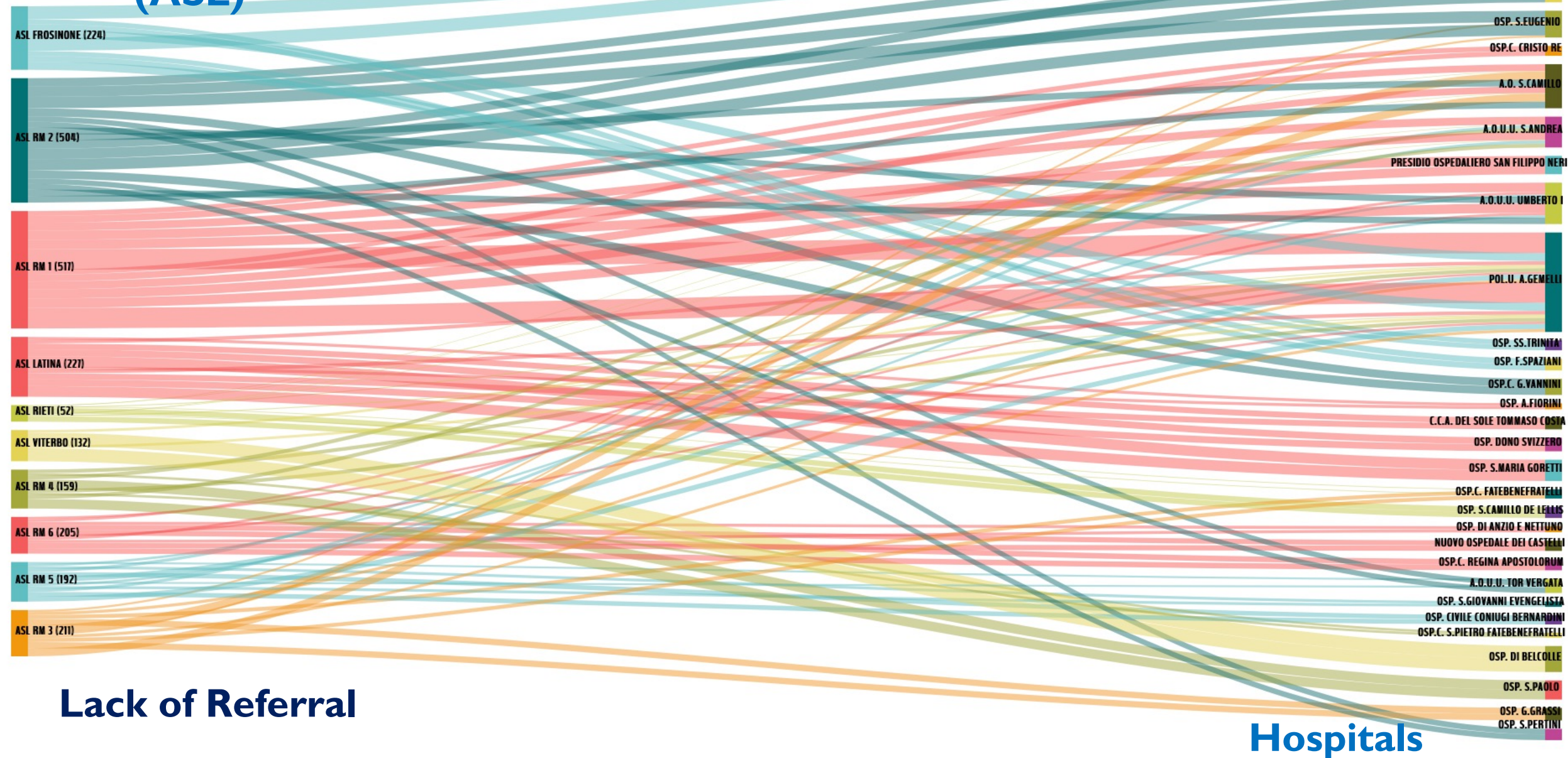


30-Day Mortality

Regional Variability



Health Districts
(ASL)

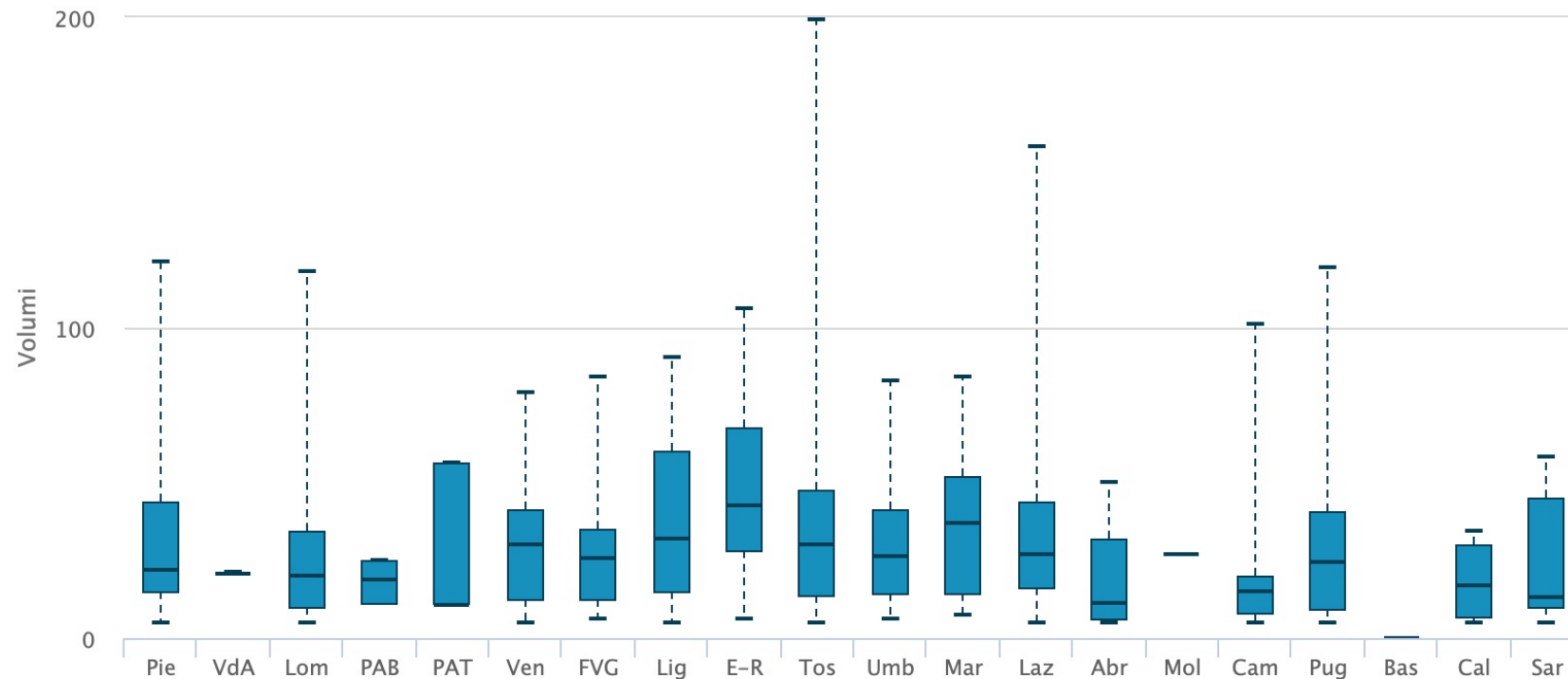


Lack of Referral

Hospitals

Volume of Surgical Laparoscopic Procedures for Colon Cancer in Italy – 2018

**Minimally
Invasive
Surgery**



Enhanced Recovery After Surgery (ERAS)

Since 1997

Clinical
Innovation
in
#colorectalsurgery

Multidisciplinary , Evidence-based interventions
in pre-, intra- and post-operative care

Doctor - centered
model of care



Patient - centered
model of care



ERAS
and
#colorectalsurgery

Evidence

Multimodal
Stress-minimizing
Approach

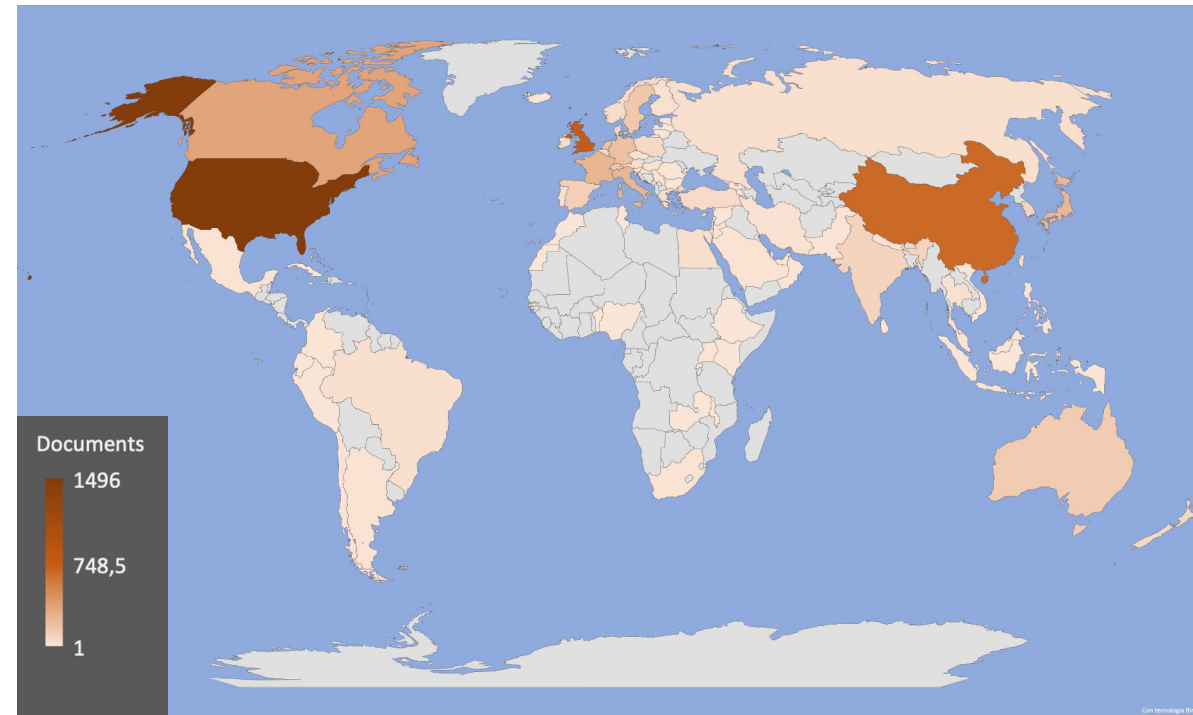
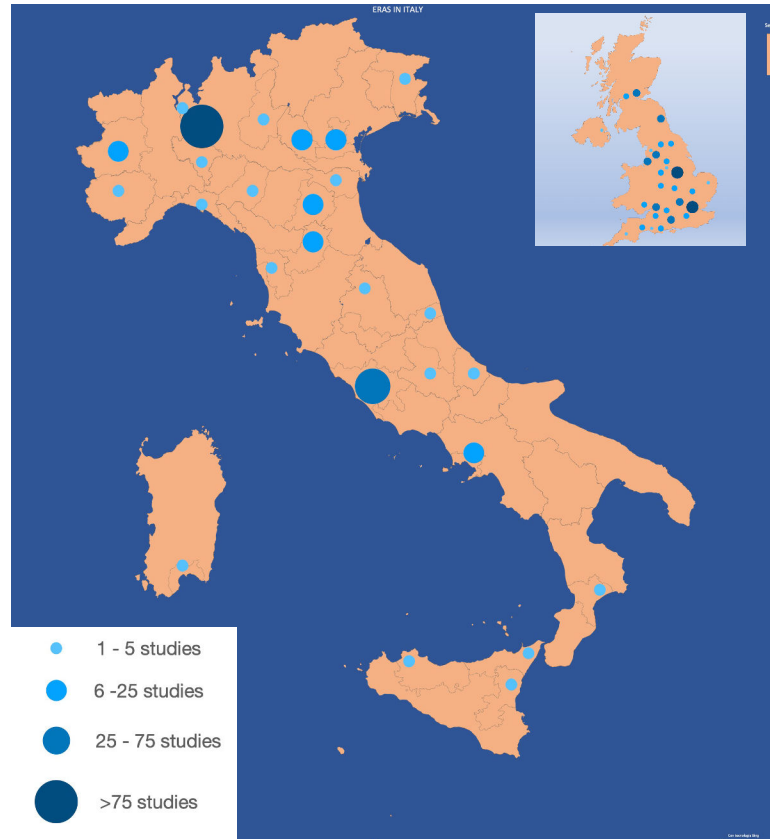
Reduce
MORBIDITY

Improve
RECOVERY

Shorten
Length
of
Stay

Enhanced Recovery After Surgery (ERAS)

ERAS Program
in the World
#colorectalsurgery



**Early
Discharge**
< 72 hours

Personal 5-years experience

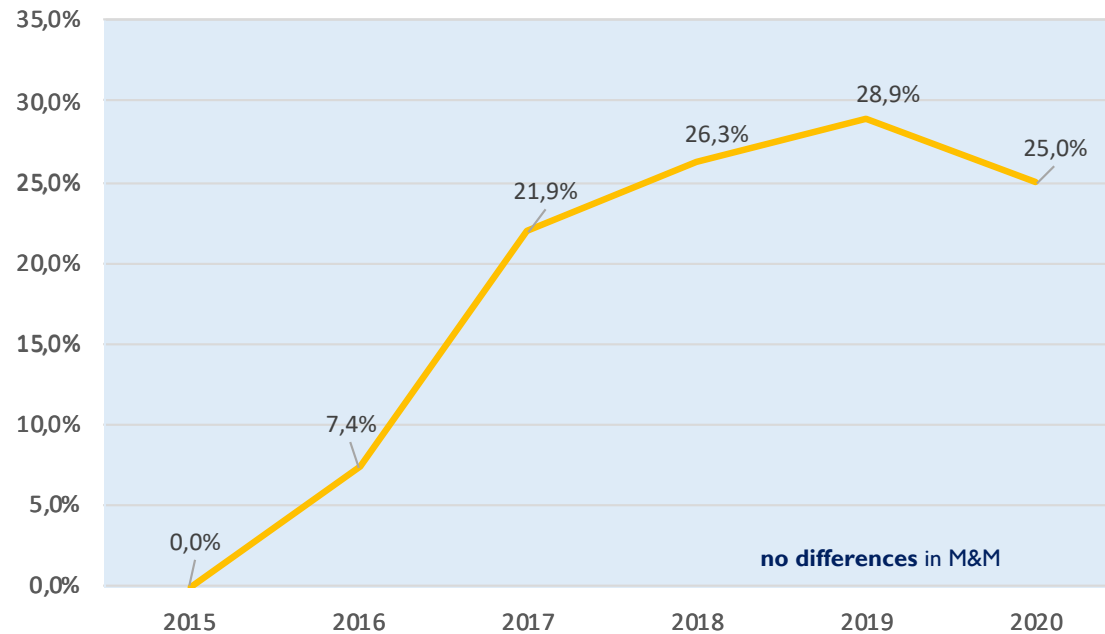
788 patients (Jan 2015 - July 2020)

Only major colorectal procedures
with anastomosis

Adherence $\geq 80\%$ in 70.4% of cases

86.3% MIS (Lap, robotics, TaTME)

Median postop **LOS: 4 days**



Predictors of discharge <72H

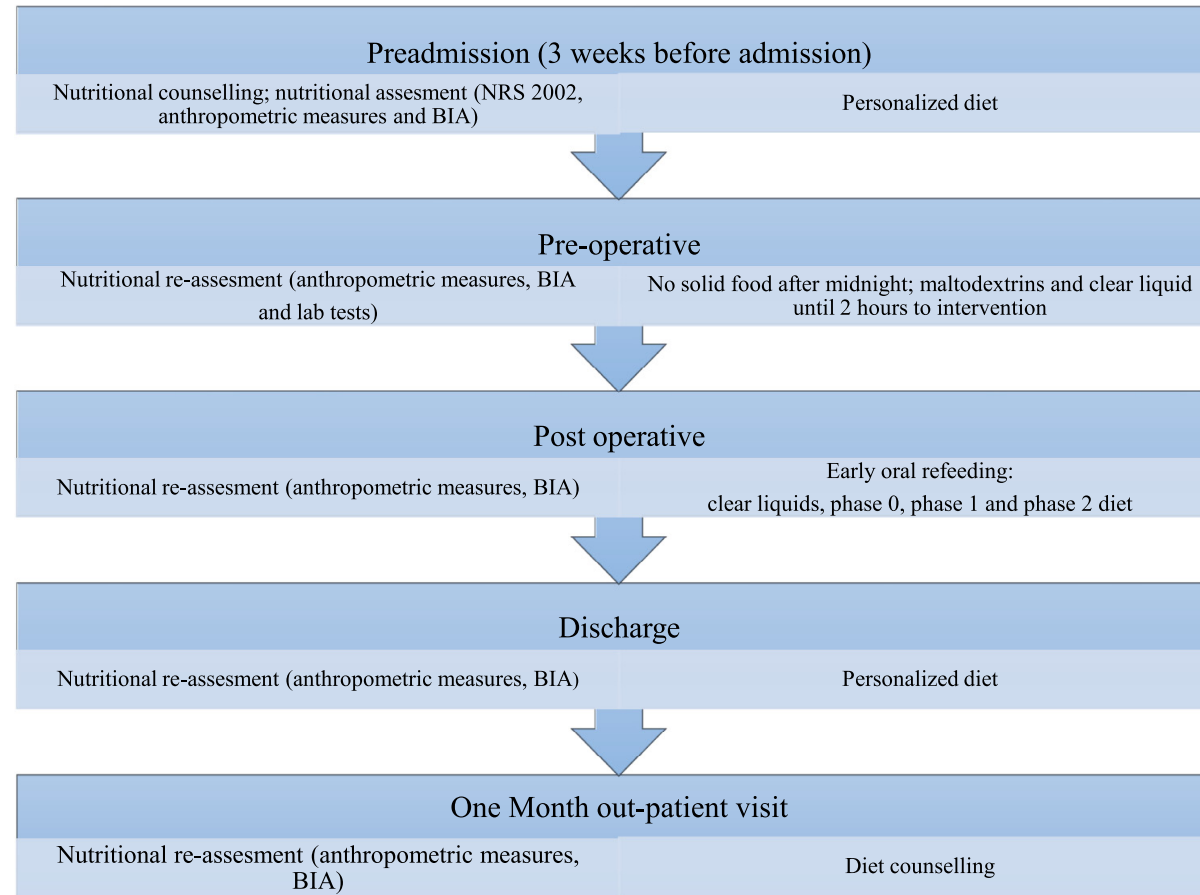
- + Adherence >80%
- + Duration of surgery < 3h
- Post-operative complications
- Resident far from hospital
- ICU stay
- Drain Positioning



NutriCatt protocol in the Enhanced Recovery After Surgery (ERAS) program for colorectal surgery: The nutritional support improves clinical and cost-effectiveness outcomes



Emanuele Rinninella M.D.^{a,*}, Roberto Persiani M.D.^b, Domenico D'Ugo M.D.^b,
Francesco Pennestrì M.D.^b, Americo Cicchetti Ph.D.^c, Eugenio Di Brino Ph.D.^c, Marco Cintoni M.D.^a,
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Nutrition

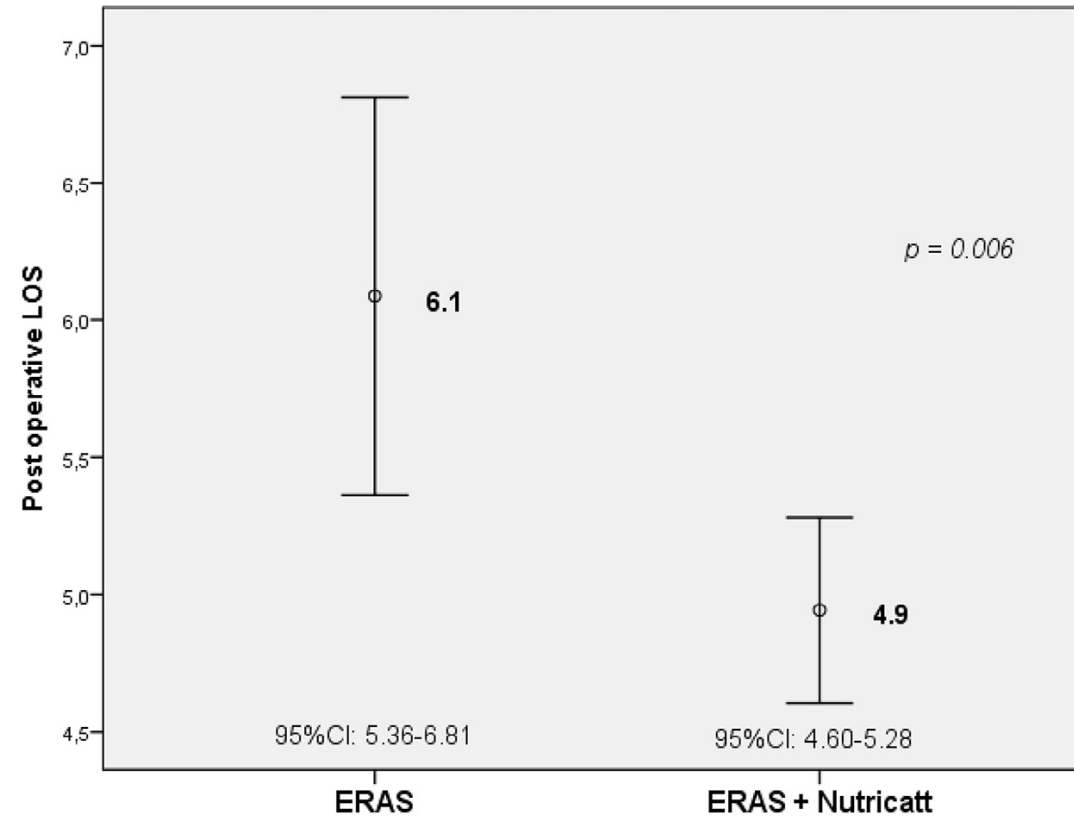
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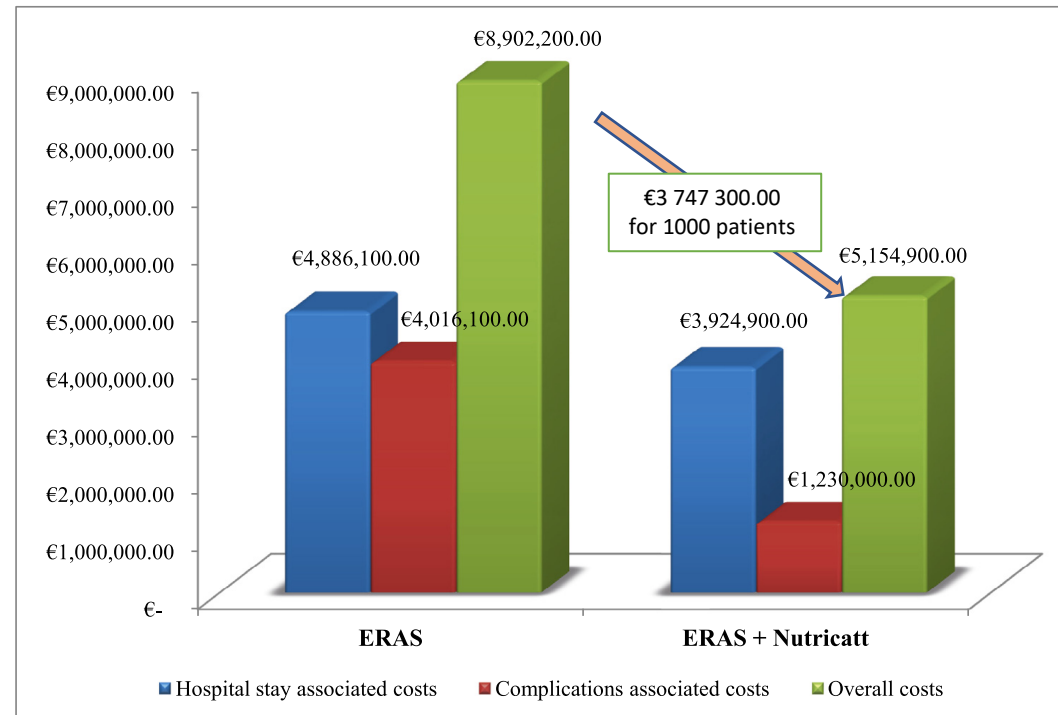
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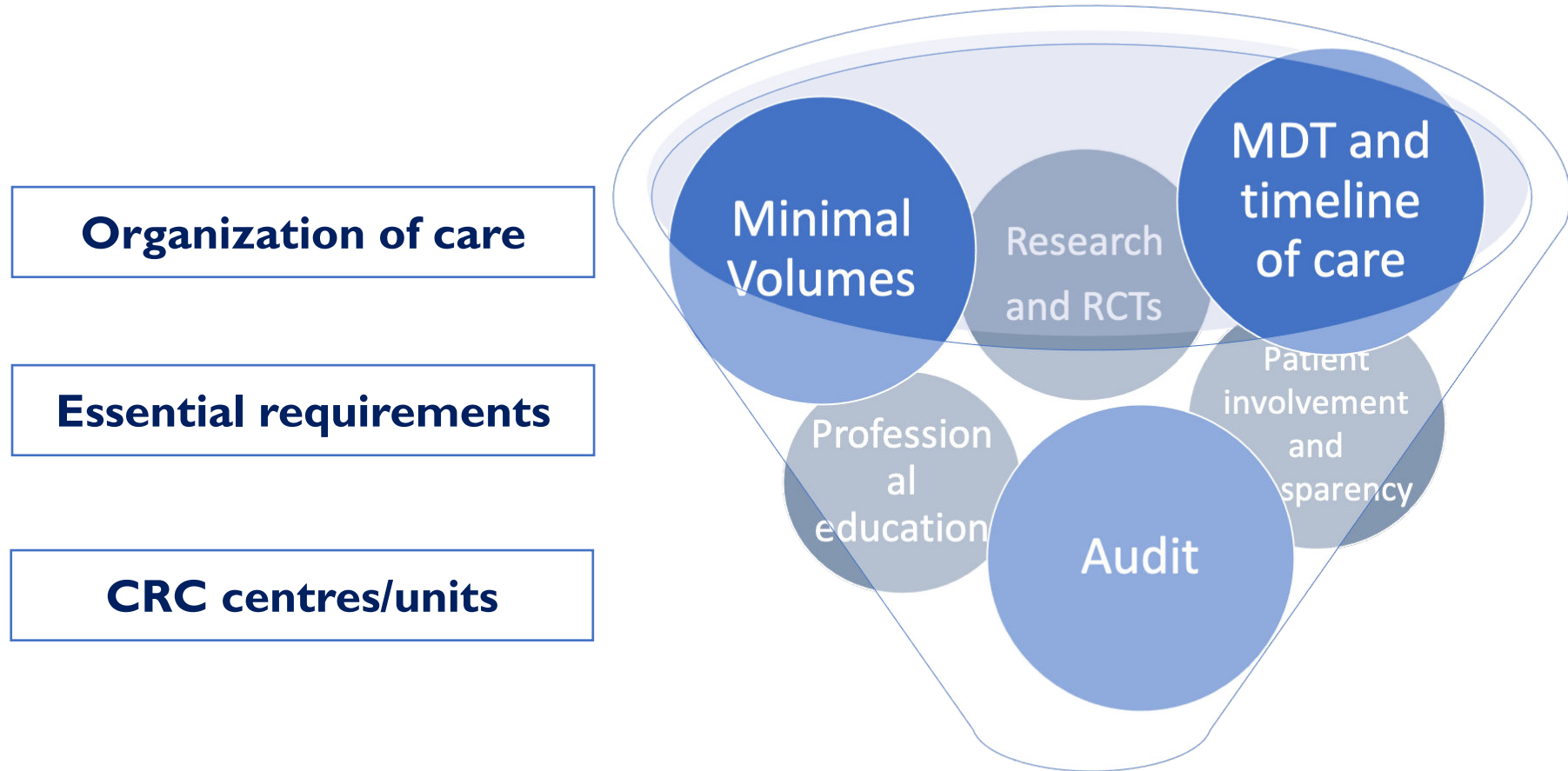


Deterministic Analysis
1000 patients Scenario

Fig. 3. Cost-effective deterministic analysis for 1000 people undergoing surgery in Enhanced Recovery After Surgery (ERAS) and ERAS + NutriCatt scenarios.

Beating Colorectal Cancer

Quality Cancer Care





CHI SIAMO ▾ TUMORE DEL COLON-RETTO PREVENZIONE DIAGNOSI E TERAPIE COME AIUTARCI ▾ NEWS [DONA ORA](#)

Insieme siamo più forti.

EuropaColon è l'associazione che supporta e assiste le persone nella lotta al cancro del colon-retto.

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Grazie