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Colorectal cancer screening adherence in the Calabrian Region (Italy)

C. Anselmini (1), E. Nasso (1)

(1) Local Health Authority, Reggio Calabria, Italy

Background. Colorectal cancer is one of the most common cancers worldwide and represents a major public health concern due to its high incidence and socioeconomic impact. The natural history of the disease, characterized by the slow progression of precancerous lesions, provides a wide time window for early detection. Screening is a key secondary prevention strategy aimed at reducing mortality and improving quality of life.

Materials and Methods. At the Local Health Authority (ASP) of Reggio Calabria, the screening program targets the asymptomatic population aged 50 to 69 years through the active biennial provision of a quantitative fecal immunochemical test (FIT) for the detection of occult blood in stool. The test is performed on a single stool sample, with no dietary restrictions, using a cut-off value of 100 ng/ml. In the event of a positive result, individuals are referred for total colonoscopy, allowing further diagnostic assessment and endoscopic removal of any lesions detected. The screening pathway includes identification of the target population, first-level screening, diagnostic assessment, and treatment/follow-up.

Results. In 2025, 67920 individuals were invited to participate in the screening program at the ASP of Reggio Calabria, out of a target population of 68119 individuals. A total of 6048 individuals underwent first-level screening. After accounting for 5433 undelivered invitations, the participation rate among successfully invited individuals was 9.67%, representing an increase of nearly one percentage point compared with 2024. Despite this improvement, a substantial gap remains compared with participation rates observed in northern Italian regions.

Conclusions. Colorectal cancer screening is a well-established and highly relevant secondary prevention intervention. The integration of FIT and colonoscopy enables early disease detection and intervention on precancerous lesions, thereby contributing to a reduction in mortality and healthcare costs. Data from 2025 show an increase in screening participation, although considerable room for improvement remains. Strengthening awareness campaigns, actively engaging the population, and implementing community-based outreach strategies may promote more equitable access to screening and help reduce geographical disparities. Fostering a widespread culture of prevention is essential to increase screening participation and reduce the healthcare and socioeconomic burden of the disease.