



3RD INTERNATIONAL
Cancer Control Congress



INTERNATIONAL COLLABORATIONS 8-11 NOVEMBER 2009 / CERNOBBIO, COMO, ITALY



REGISTRO TUMORI REGGIANO

Survivors: Living Through and Beyond Cancer

CAREMORE study

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CAREMORE

CANCER
REGISTRY
MODEL
REHABILITATION



an Italian Study on Rehabilitation for Survivors (Prevalent cases)

STUDY RATIONALE

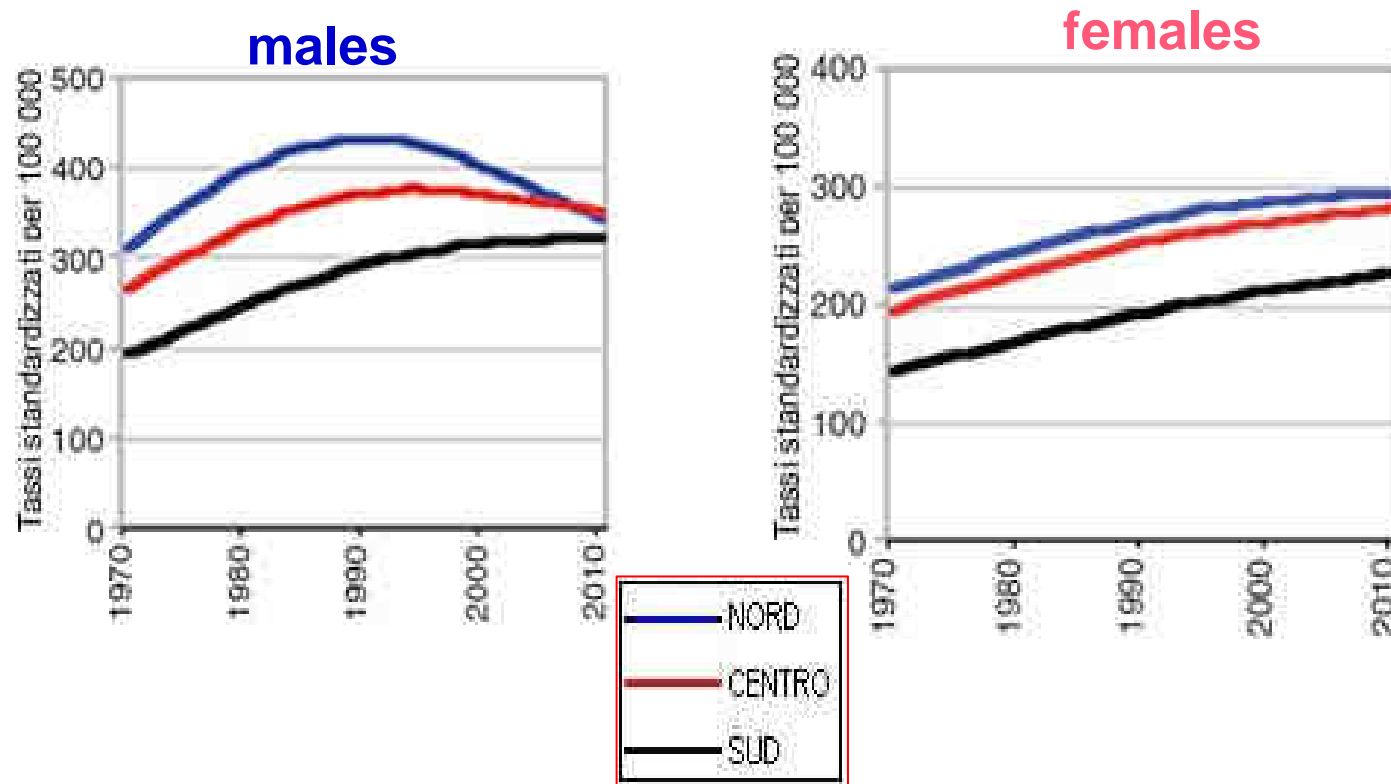
A light blue map of Italy with white outlines of its regions, centered on the slide.

in 2010 we estimate **2 million** prevalent cases in Italy

and we expect the number to continue to increase

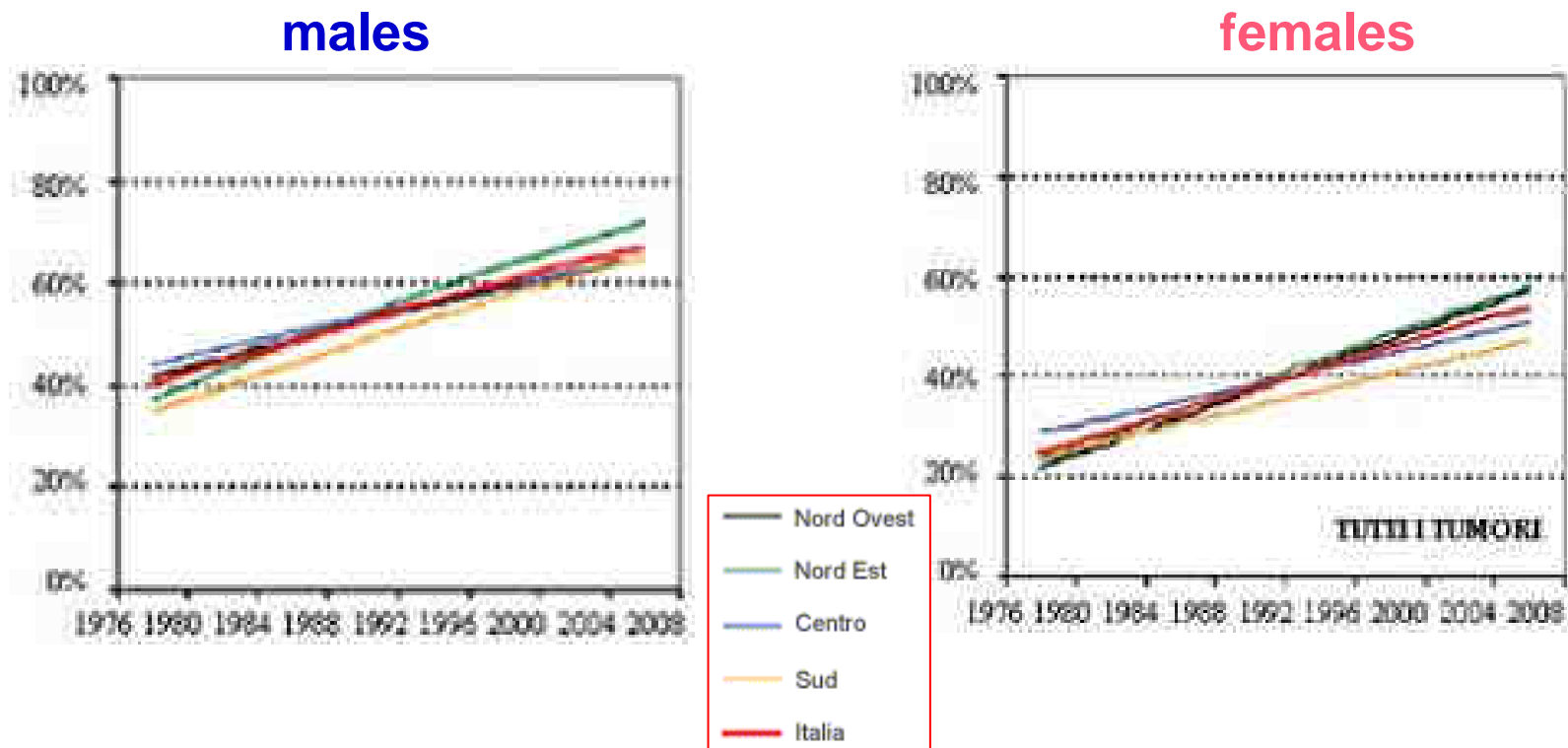
INCIDENCE

in Italy incidence is increasing, especially in females



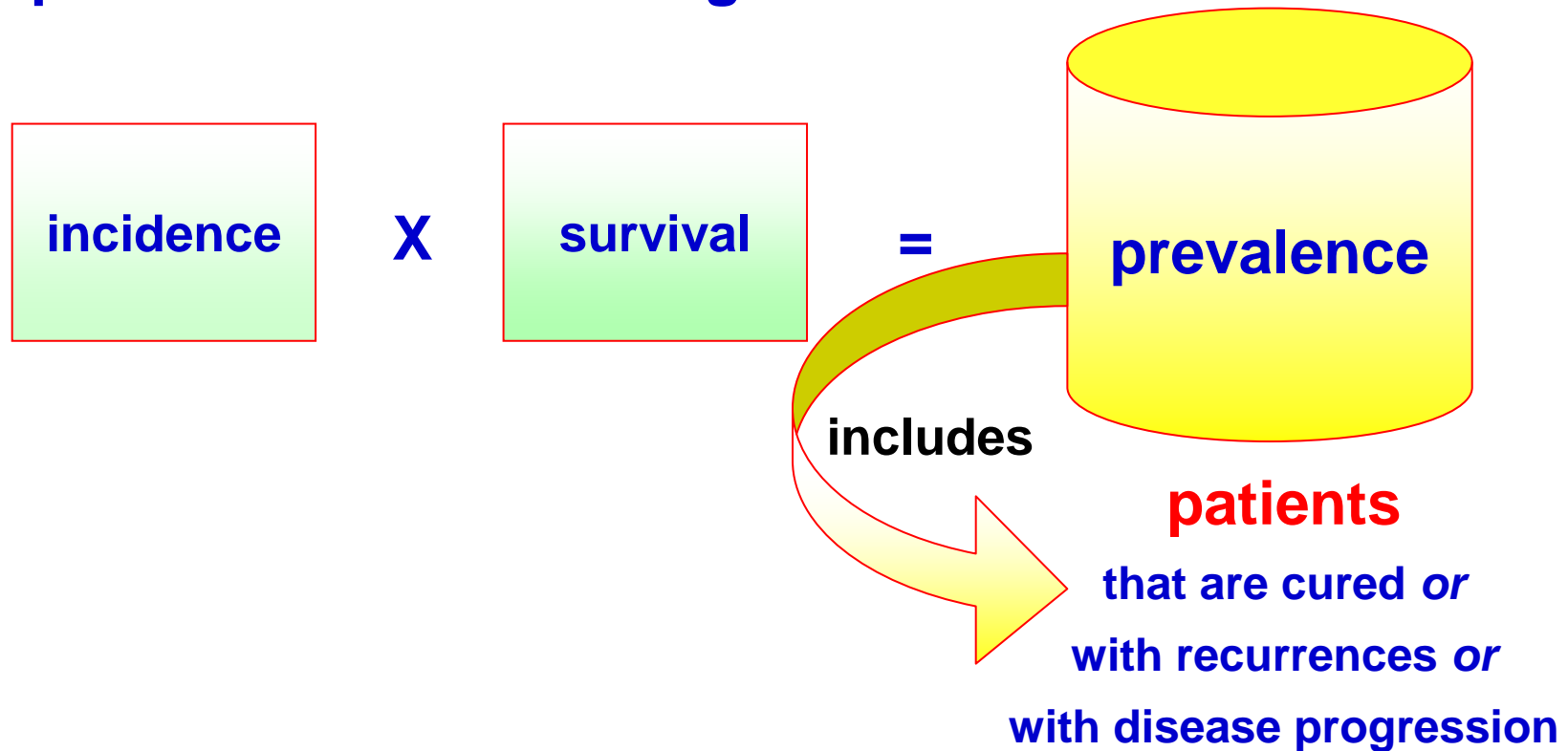
SURVIVAL

in Italy survival is increasing both in males and females



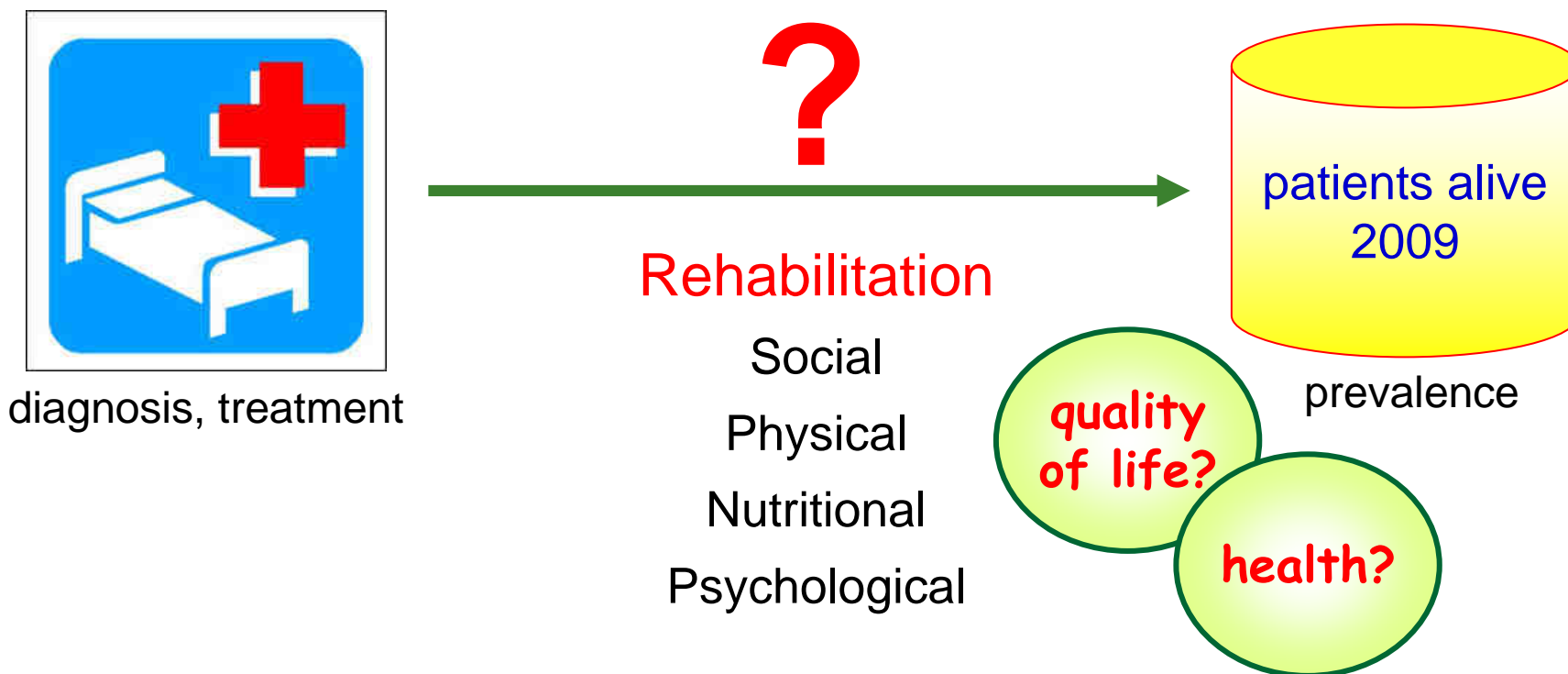
PREVALENCE

as a result of improvement in incidence and survival
prevalence is increasing too



SURVIVORS or PREVALENT CASES

persons alive on a given date with a past cancer experience



HEALTH IS DEFINED AS ...

“a state of complete physical, mental, and social well-being and **not merely the absence of disease or infirmity”**

WHO, 1948

AIMS

- **to define “rehabilitation services”**
- **to create a Joint Community of researchers, clinicians, specialists, patients, and volunteer associations**
- **to provide information to frame a national and regional rehabilitation plan**
- **to start a *pilot study* on cost analysis of breast cancer**



MATERIALS AND METHODS

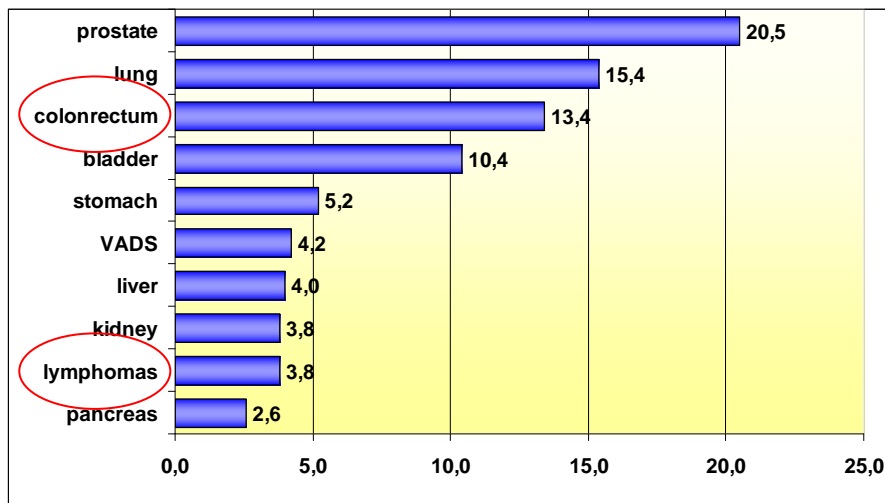
- **1.800 cases will be collected**
- **3 tumour sites**
- **5 Cancer Registries**
- **period 1997-2002**



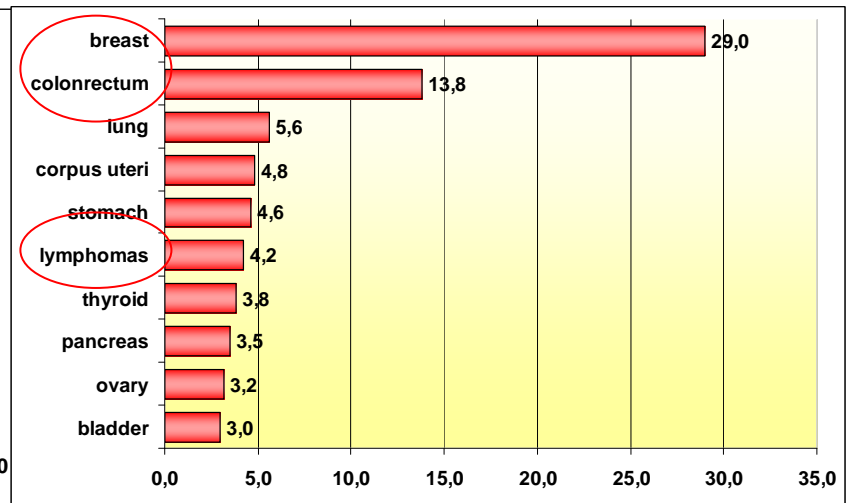
3 TUMOUR SITES

we chose breast, colon rectum, lymphoma

males



females



Italy, AIRTUM data. THE MOST FREQUENT SITES. Years 2003-2005

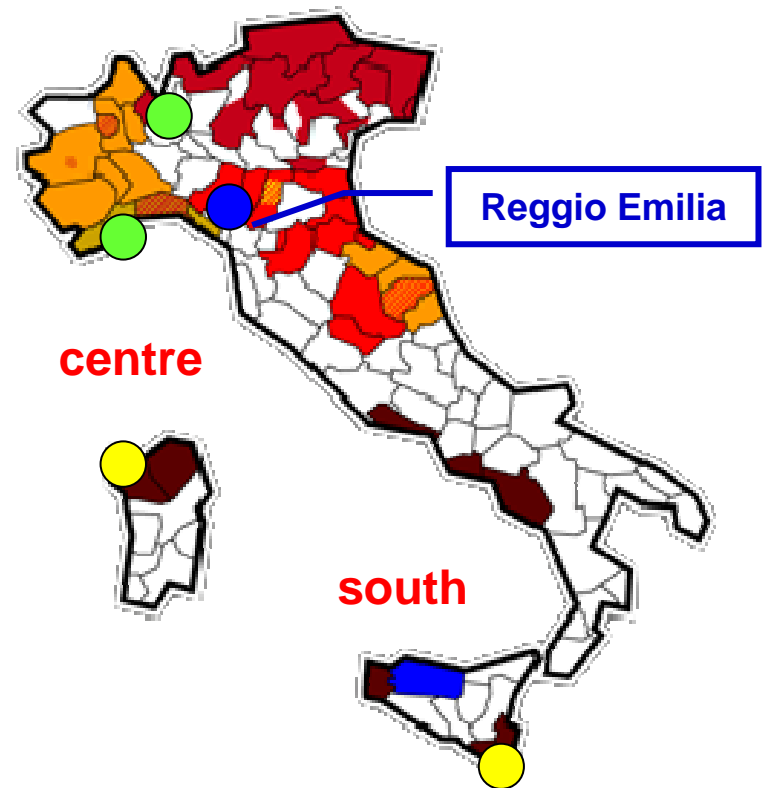
5 CANCER REGISTRIES (CRs)

we chose CRs representative for north, centre and south

We used CR data because their standardized collection methods assure data:

- GEOGRAPHICALLY COMPLETE
- HIGH QUALITY
- COMPARABLE

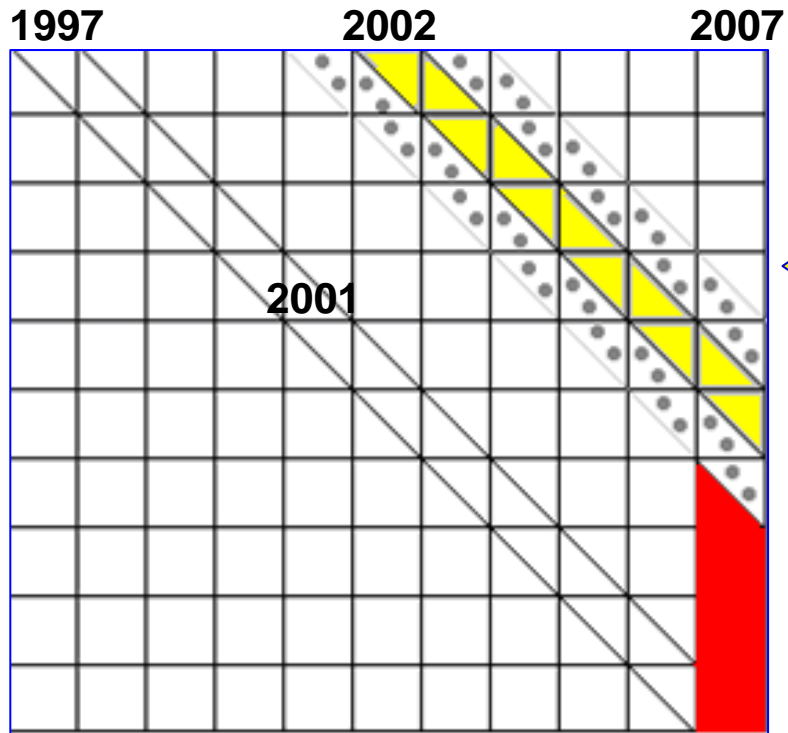
north



centre

south

THE APPROACH STUDY

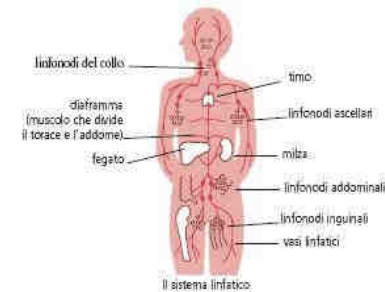
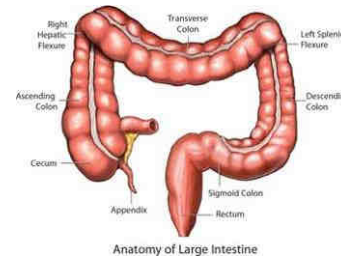
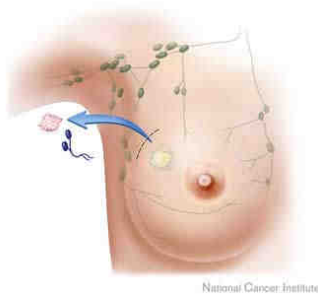


Cohort approach:
diagnosed in 2002 followed up until 2007

Period approach:
diagnosed in 1997-2001 studied in 2007

CLINICAL DATA

topography, morphology, stage, diagnostic procedures, surgery, chemotherapy, radiotherapy, recurrences, metastasis, etc.



REHABILITATION DATA

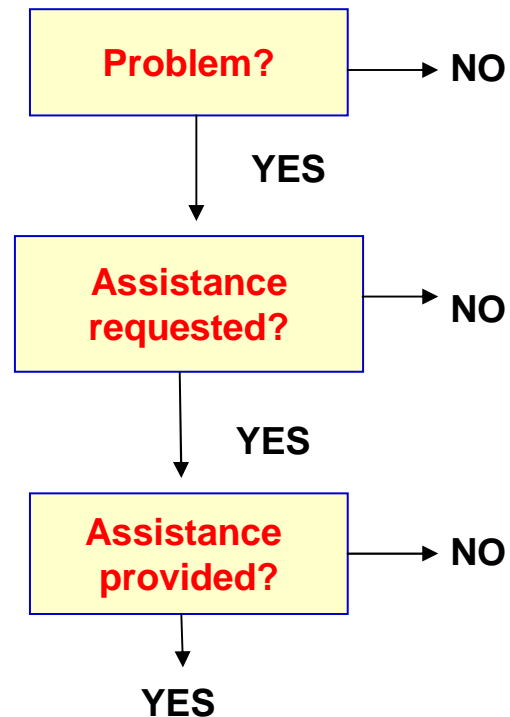
Physical indicators

BREAST

Lymphedema
(lymphangitis, erisipela)
Breast Prosthesis
Periarthritis

COLON

Stoma management
Urinary incontinence



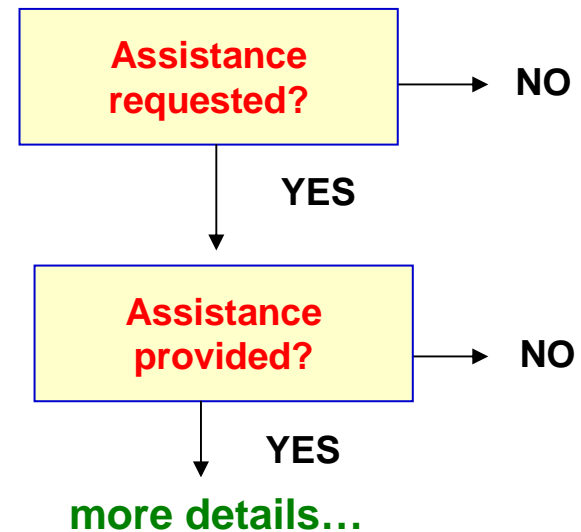
manual, mechanical, pharmacological...

REHABILITATION DATA

Social indicators

BREAST*
COLON
LIMPHOMA

Disability
Economic Assistance
Nursing Service
Home Assistance
**Other aids (wheelchair
incontinence pads, ...**



Costs evaluation

BREAST*

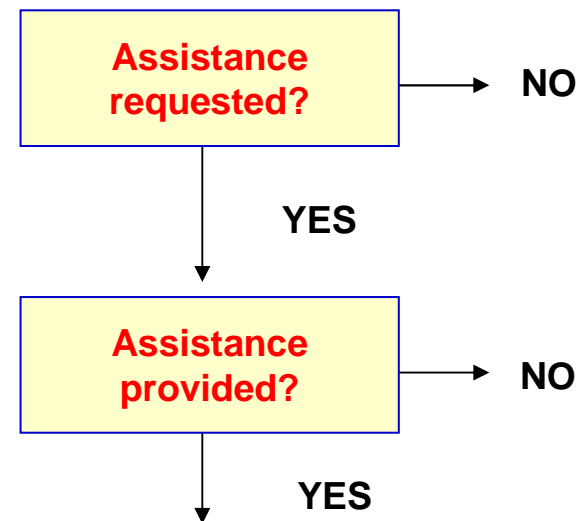
Direct: diagnostic and therapeutic tests
Indirect: job loss, demotion, decreased or lost wages

REHABILITATION DATA

Nutritional indicators

BREAST
COLON
LIMPHOMA

Nutritional rehabilitation
Home artificial nutrition



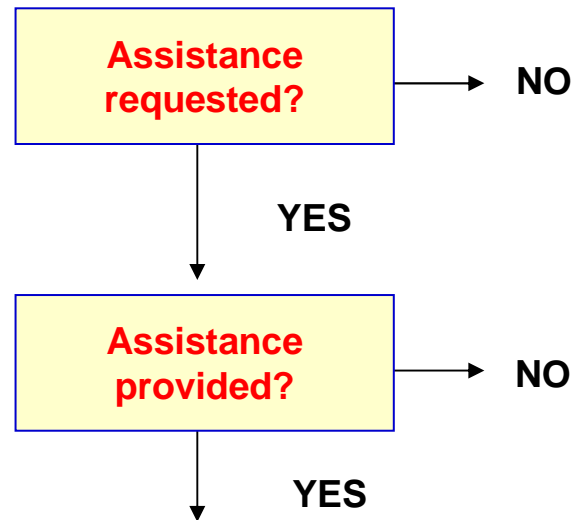
Where? What kind? By whom?

REHABILITATION DATA

Psychological indicators

BREAST
COLON
LIMPHOMA

Psychological assistance



By whom? What kind? Why?

TO SUMMARIZE

- **cancer incidence is increasing**
- **survival is increasing**
- **prevalence is therefore increasing as well**

**this is an emerging social issue and
therefore a priority in public health care**

CAREMORE

**aims to address
this issue**

TO DATE

- **created Joint Community**
- **identified rehabilitation indicators**
- **data collection underway**

we hope to be able to provide final results of this study next year and to share them with you

On behalf of

- Andrea Micheli, CAREMORE project leader
- CAREMORE Working Group, including
- Reggio Emilia Cancer Registry



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