Lung and colorectal cancer in relation to gender: a focus on data from the National Health Observatory in Italian Regions

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The analysis by macro-area of the country (North, Central, South and Islands) of the estimated annual percent change in the rate (standardized by age, European population, per 100,000 persons/year) of incidence and mortality and of the absolute percent difference of survival at 5 years after diagnosis has made it possible to identify four levels of progress (optimal, moderate, partial and inadequate).

The study has shown that there are differences in the progression of values in relation to gender.

Analyzing lung cancer over the 2005-2015 period (Table 1), it can be seen that, at national level, male gender was associated with optimal progress in terms of incidence (-2.7%), mortality (-3.2%) and survival (+5.7%), whereas female gender recorded an increase in incidence and mortality (+1.6% and +0.8%, respectively), although there was an increase in survival at 5 years from diagnosis (+5.6%). The incidence and mortality for men improved mainly in the North (-3.3% and -3.8%, respectively), while the increase in survival was greater in the South and Islands (+7.6%). As far as women are concerned, on the other hand, the worst data on incidence and mortality were found in Central Italy, with an increase of 2.5% and 1.7%, respectively, while the rather positive data on survival was recorded in the North (+8.6%).

The situation for colorectal cancer was different for each gender (Table 2). In this case, women showed a better progress, with a decrease at national level in both incidence (-0.4%) and mortality (-2.5%) and a significant increase in survival of 8.4%. Among men, mortality improved (-1.6%), incidence grew slightly (+0.5%), but above all, survival increased (+8.8%). By macro-area, the best progress among women was observed in the Central Regions with a decline in incidence (-0.5%) and mortality (-2.7%). As for survival, on
the other hand, the South recorded the greatest increase (+8.9%). Men too recorded the greatest increase in survival in the South and Islands (+9.6%), while the best values for incidence and mortality were observed in the North where the incidence did not increase and, therefore, the annual percent change was 0.0% and mortality decreased by 2.1%.

In the light of these findings, two considerations emerge that can guide health policies in this area.

The first concerns the need to promote policies aimed at further reducing the prevalence of smoking, which still remains one of the main risk factors for developing lung cancer. In this regard, it is necessary to specifically launch prevention campaigns among the female population, which has recorded a worsening oncological trend in terms of incidence and mortality, probably due to smoking, which has grown among women in recent decades. These activities should be included in a set of prevention strategies and recommendations, which are still not yet spread evenly across the country, in order to counter bad lifestyles and promote healthy lifestyles.

The second, on the other hand, concerns fair access to services and the adoption/application of therapeutic protocols consistent with guidelines.

All of these elements can help to ensure progress in oncological trends, intervening on territorial and gender differences.