# UNA LEZIONE INTRODUTTIVA

Prof. Fabrizio Stracci

# La Sanità Pubblica

- Controllo dei fenomeni sanitari
  - Conoscenza
  - Capacità di determinare l'evoluzione dei fenomeni
- Sistema sanitario
  - Insieme degli elementi che hanno influenza sulla salute della popolazione
- Servizio sanitario
  - Insieme delle strutture, organizzazioni e professionalità che hanno il compito precipuo di mantenere o migliorare la salute di una popolazione

# Programma 1

- 1. Modello clinico e modello di Sanità Pubblica nel controllo delle malattie
- 2. Classificazione degli interventi sanitari
- 3. Programmazione, organizzazione e valutazione degli interventi sanitari
- 4. Sistemi di valutazione degli interventi sanitari
- 5. Epidemiologia e controllo delle patologie cronico degenerative
- 6. Il controllo della patologia oncologica
- 7. Gli screening oncologici: classificazione
- 8. Modello dello screening organizzato a confronto con lo screening opportunistico
- 9. Epidemiologia e controllo del cancro del grosso intestino
- 10. Epidemiologia e controllo del cancro della mammella
- 11. Epidemiologia e controllo del cancro della prostata
- 12. Epidemiologia e controllo del cancro gastrico
- 13. Altri tumori maligni

# Programma 2

- 14. Patologie cardio- e cerebro- vascolari
- 15. Il diabete mellito tipo 2
- 16. Ambiente e salute
- 16.1. Il suolo
- 16.2. L'acqua: criteri di potabilità; rischio infettivo, tossico e mutageno
- 16.3. Inquinamento atmosferico
- 16.4. Ambienti confinati
- 16.5. I rifiuti
- 17. Lo studio dell'impatto sulla salute dei fattori ambientali
- 18. Epidemiologia e controllo delle malattie trasmissibili
- 18.1 Ruolo dei vaccini nel controllo delle malattie infettive
- 18.2 Il morbillo

# Testi

- Igiene. Medicina preventiva e sanità pubblica
- Edito da Gualtiero Ricciardi. Idelson-Gnocchi 2013

- Manuale critico di sanità pubblica –
- Francesco Calamo-Specchia. Maggioli Editore 2015

- Manuale Oxford di Sanità Pubblica. Guest C, Ricciardi W, Lang I. Piccin 2013

- *Public Health & Preventive Medicine*
- *Editor Robert B. Wallace,. McGraw Hill*

# Esame

- Quiz a risposta multipla
  - Programma
  - Approfondimenti a lezione

- Materiale disponibile

# x. Lo screening mediante PSA per il cancro della prostata

- ☐ a. è efficace in tutte le classi d’età
- ☐ b. sicuramente non andrebbe eseguito in persone oltre i 70 anni o con speranza di vita <10 anni
- ☐ c. andrebbe concordato in base alle preferenze individuali indipendentemente dall’età
- ☐ d. andrebbe concordato in base alle preferenze individuali in persone oltre i 70 anni o con speranza di vita <10 anni
- ☐ e. non andrebbe eseguito mai perché inefficace

# y. Quali dei seguenti vaccini è costituito da virus viventi attenuati ?

- a. Antitetanico
- b. Antirabbico
- c. Antipolio tipo Sabin (OPV)
- d. Antipolio tipo Salk (IPV)
- e. Tutte le altre risposte sono corrette

# Campi di interesse della sanità pubblica

- Interventi per ridurre il rischio di malattia nella popolazione
- Interventi per ridurre le conseguenze delle malattie
- Organizzazione del servizio sanitario
- Valutazione dell'intervento sanitario

# Ingredienti

- Evidenze scientifiche
- Sorveglianza
- Interventi
- Risorse
- Strategia
- Valutazione

# Tipo di interventi

- Preventivi
  - Ambientali
  - Sociali, economici e legislativi
  - Individuali
    - Potenziamento dell’individuo
    - Diagnosi precoce
- Terapeutici
- Riabilitativi
- *Palliativi*

# Interventi di prevenzione 1

- Si rivolgono ad individui sani o asintomatici
- Primaria: Intervento che modifica i determinanti di malattia
  - Aumento dei fattori di benessere
  - Riduzione o eliminazione dei fattori di rischio

  - Determinanti di salute/malattia:
    - Modificabili
    - Non modificabili

# Interventi di prevenzione 2

- Secondaria
  - Diagnosi e trattamento di malattia asintomatica in fase precoce
  - Diagnosi e trattamento di condizioni precedenti la malattia associati ad elevato rischio di sviluppare la malattia medesima

  - Interventi programmati o organizzati
  - Interventi opportunistici

# Tipo di interventi

- Interventi sanitari
- Interventi extra-sanitari

- Interventi semplici
- Interventi complessi (combinazione di interventi)

- Strategia di controllo

# Strategia di controllo

- Combinazione di interventi messi in atto per controllare un fenomeno sanitario
- Risorse dedicate

# Selezione degli interventi

- Evidenza di efficacia
- Sostenibilità
- Opportunità rispetto al contesto locale
- Preferenza

# Controllo

- Combinazione di interventi che assicura il miglior controllo con le risorse disponibili
  - Prevenzione
  - Cura
  - Prevenzione delle complicanze e riabilitazione
  - Riduzione dei sintomi

- Preferenze

# Drivers of poor medical care

Saini V, et al. Lancet. 2017 Jan 6. pii: S0140-6736(16)30947-3

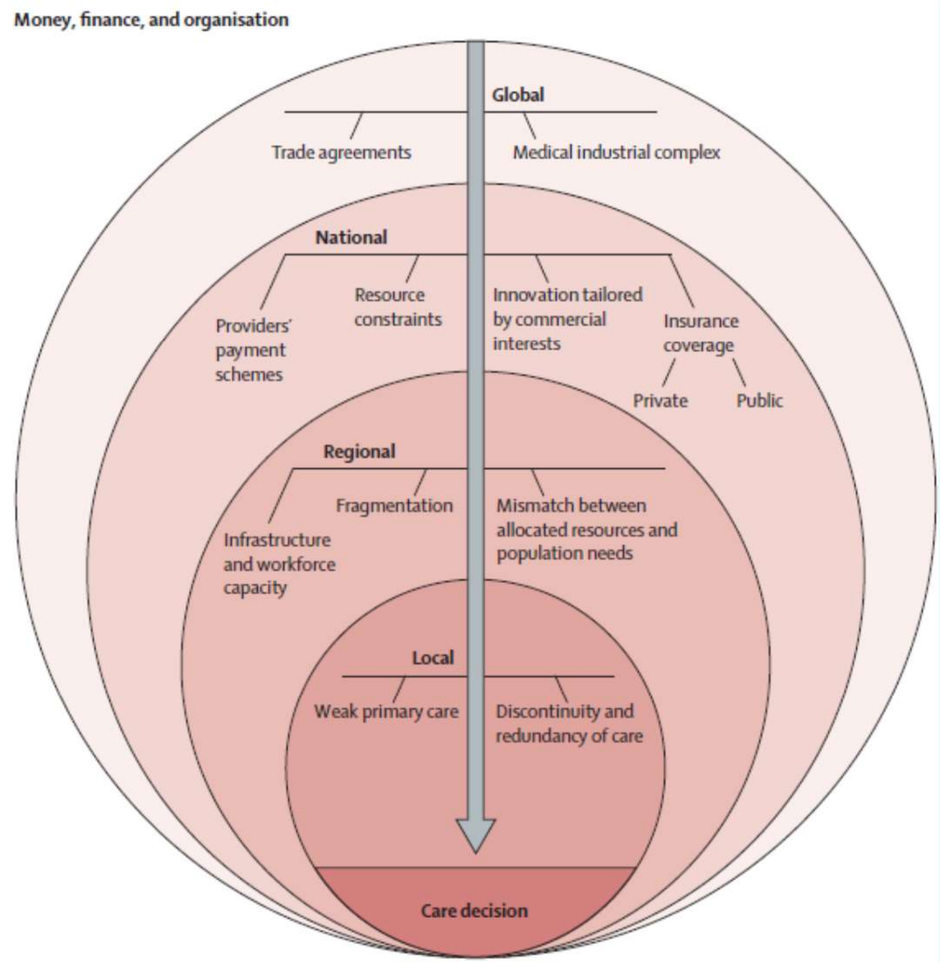

Money, finance, and organisation
Global
Trade agreements
Medical industrial complex
National
Providers' payment schemes
Resource constraints
Innovation tailored by commercial interests
Insurance coverage
Private
Public
Regional
Infrastructure and workforce capacity
Fragmentation
Mismatch between allocated resources and population needs
Local
Weak primary care
Discontinuity and redundancy of care
Care decision

*Figure* 1: Money, finance, and organisation affect health-care decisions at global, national, regional, and local levels

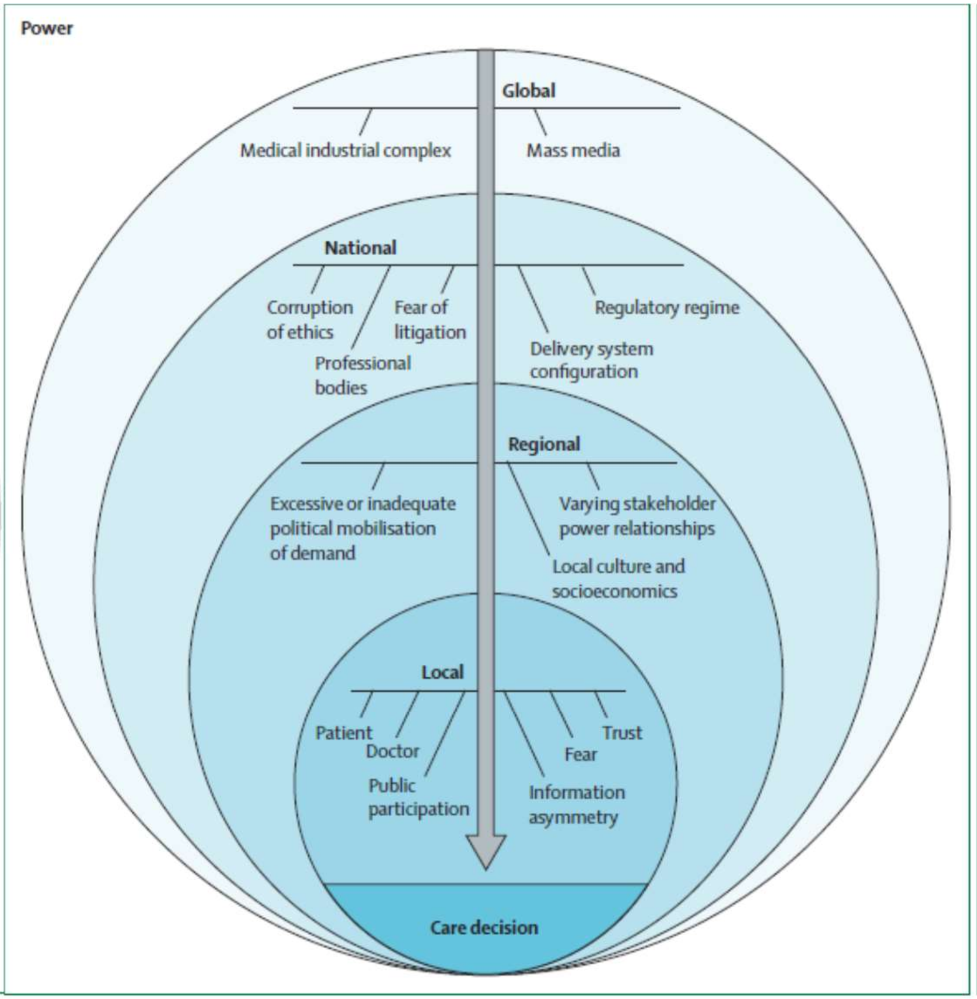
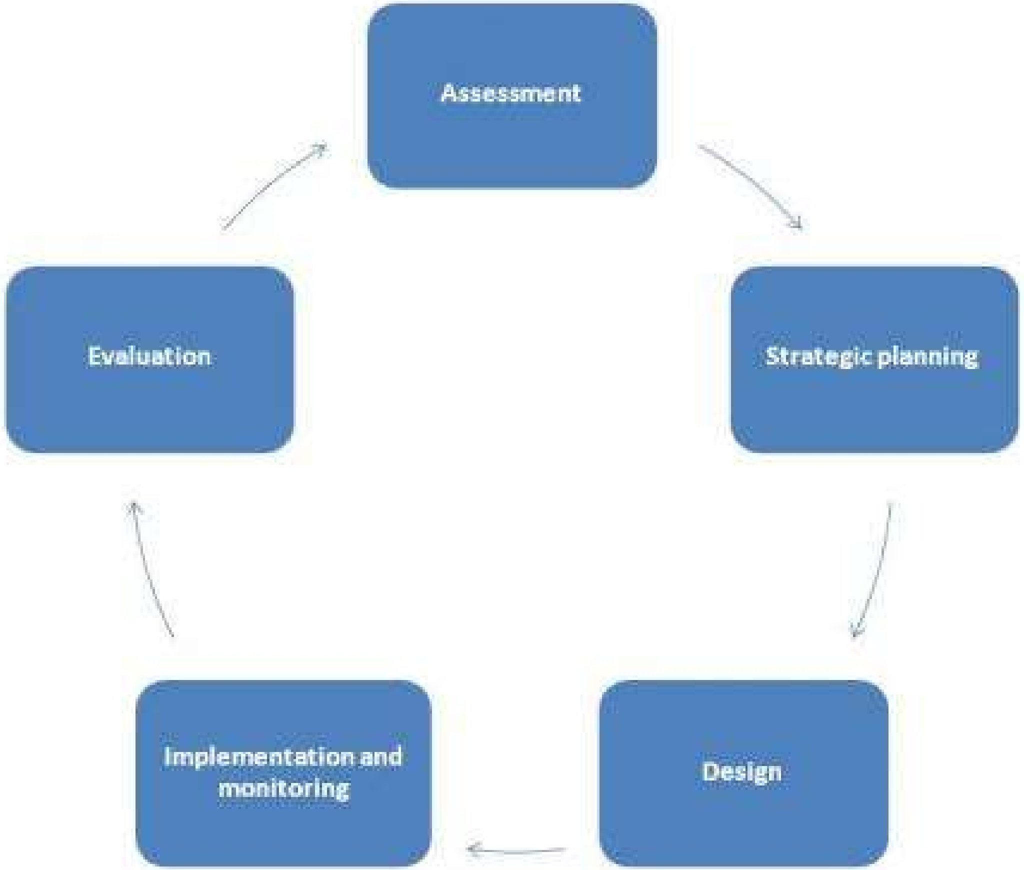

Power
Global
Medical industrial complex
Mass media
National
Corruption of ethics
Fear of litigation
Professional bodies
Delivery system configuration
Regulatory regime
Regional
Excessive or inadequate political mobilisation of demand
Varying stakeholder power relationships
Local culture and socioeconomics
Local
Patient
Doctor
Public participation
Information asymmetry
Fear
Trust
Care decision

*Figure* 3: Distribution of social and political power affects health-care decisions at global, national, regional, and local levels

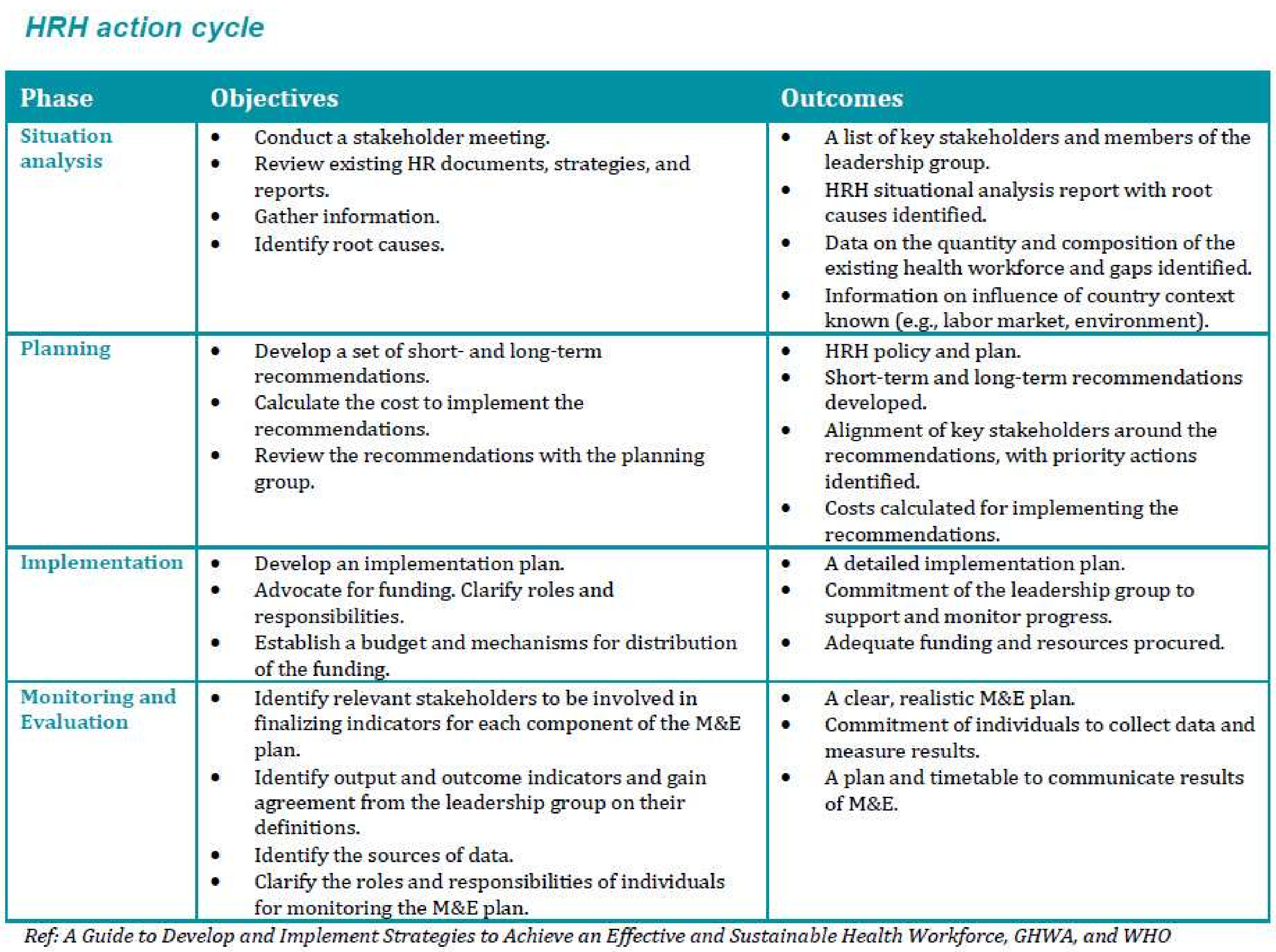
# Interventi di prevenzione in comunità

- Bisogni e domanda di salute locali
  - Assenza di salute
  - Fattori di rischio e di benessere
- Matrice degli interventi efficaci
  - Partecipazione ad interventi introdotti su scala più vasta
  - Realizzazione di interventi locali
- Assetto organizzativo e risorse
- Sistemi di valutazione

# Cicli


Assessment
Strategic planning
Design
Implementation and monitoring
Evaluation

# Liste griglie schemi…



## HRH action cycle

| Phase | Objectives | Outcomes |
|---|---|---|
| Situation analysis | • Conduct a stakeholder meeting.<br>• Review existing HR documents, strategies, and reports.<br>• Gather information.<br>• Identify root causes. | • A list of key stakeholders and members of the leadership group.<br>• HRH situational analysis report with root causes identified.<br>• Data on the quantity and composition of the existing health workforce and gaps identified.<br>• Information on influence of country context known (e.g., labor market, environment). |
| Planning | • Develop a set of short- and long-term recommendations.<br>• Calculate the cost to implement the recommendations.<br>• Review the recommendations with the planning group. | • HRH policy and plan.<br>• Short-term and long-term recommendations developed.<br>• Alignment of key stakeholders around the recommendations, with priority actions identified.<br>• Costs calculated for implementing the recommendations. |
| Implementation | • Develop an implementation plan.<br>• Advocate for funding. Clarify roles and responsibilities.<br>• Establish a budget and mechanisms for distribution of the funding. | • A detailed implementation plan.<br>• Commitment of the leadership group to support and monitor progress.<br>• Adequate funding and resources procured. |
| Monitoring and Evaluation | • Identify relevant stakeholders to be involved in finalizing indicators for each component of the M&E plan.<br>• Identify output and outcome indicators and gain agreement from the leadership group on their definitions.<br>• Identify the sources of data.<br>• Clarify the roles and responsibilities of individuals for monitoring the M&E plan. | • A clear, realistic M&E plan.<br>• Commitment of individuals to collect data and measure results.<br>• A plan and timetable to communicate results of M&E. |

*Ref: A Guide to Develop and Implement Strategies to Achieve an Effective and Sustainable Health Workforce, GHWA, and WHO*

# Sistemi di valutazione

- Sorveglianza : andamento di un fenomeno
- Valutazione : riferimento ad un intervento o ad una struttura

- Indicatori
- Sistemi di valutazione

# Good indicators

- *Do the indicators address the important issues?* Clarify the most important aspects and purpose of a system. Measure what is most relevant by selecting indicators that focus on **key aspects of the program or system.** If using a set of indicators, use indicators in a balanced way to ensure **all important areas are considered** and measured. Use indicators and indicator sets to clarify consensus on the objectives of a system, program or organization.

# GI

- *Are the indicators scientifically valid?* Ensure that the indicator has been **tested and validated** to measure what it is intended to measure.
- *Is it possible to populate the indicator with meaningful data?* Determine if there is sufficiently **reliable data available. Assess the costs and benefits of obtaining additional data** if it is not readily available.

# GI

- *What is the meaning? What is the indicator telling you and how much precision is there?* Assess if the indicator provides **information on important issues** and not on irrelevant issues. Determine if the indicator can be understood or deconstructed to assess the underlying issues that may be contributing to a particular value. Determine **how the findings can be communicated to and interpreted by your audience** so they will lead to change.

# GI

- *What are the implications of an indicator and the next steps?* Determine if there **is sufficient understanding of the system** so that any issues identified can be studied further and addressed. Assess if there are any unintended or **negative consequences** of your data. Determine if the indicator can be used to **monitor the issue regularly to support a responsive system.**

# Indicatori e controllo

- Rendono esplicito e preciso
- Richiamano l'attenzione su ciò che è misurato (indicano)
- Inducono reazioni

## Parte 2

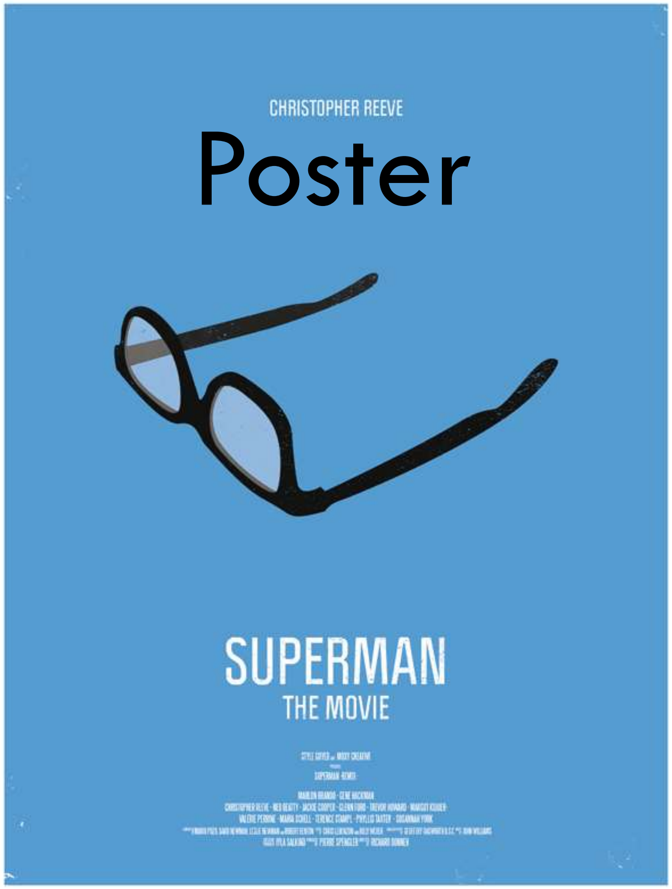
# Interventi ed evidenza scientifica

# Efficacia 1

- Gerarchia delle evidenze:
  1. Studi sperimentali ben disegnati e di adeguate dimensioni
  2. Meta-analisi
  3. Studi di coorte
  4. Studi caso controllo
  5. [Studi trasversali]
  6. Casistiche

# Efficacia 2

- Efficacia teorica derivante da studi internamente validi
- Efficacia pratica o applicativa associata al mantenimento dell’efficacia quando l’intervento è applicato al di fuori del contesto originale (validità esterna)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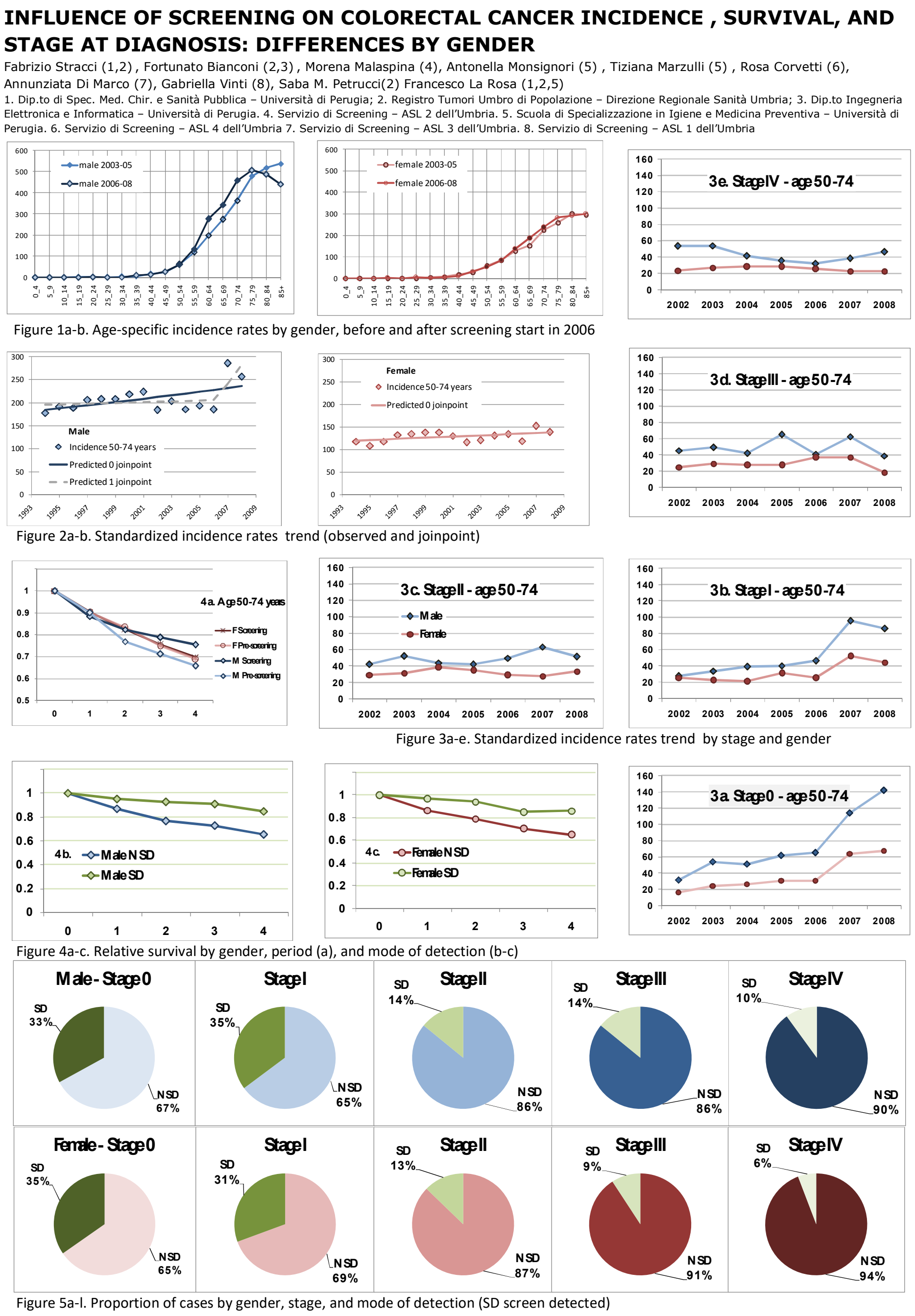
Poster
SUPERMAN
THE MOVIE



# INFLUENCE OF SCREENING ON COLORECTAL CANCER INCIDENCE , SURVIVAL, AND STAGE AT DIAGNOSIS: DIFFERENCES BY GENDER

Fabrizio Stracci (1,2) , Fortunato Bianconi (2,3) , Morena Malaspina (4), Antonella Monsignori (5) , Tiziana Marzulli (5) , Rosa Corvetti (6), Annunziata Di Marco (7), Gabriella Vinti (8), Saba M. Petrucci(2) Francesco La Rosa (1,2,5)

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male 2003-05
male 2006-08
female 2003-05
female 2006-08
3e. Stage IV - age 50-74

Figure 1a-b. Age-specific incidence rates by gender, before and after screening start in 2006

Male
Incidence 50-74 years
Predicted 0 joinpoint
Predicted 1 joinpoint
Female
Incidence 50-74 years
Predicted 0 joinpoint
3d. Stage III - age 50-74

Figure 2a-b. Standardized incidence rates trend (observed and joinpoint)

4a. Age 50-74 years
F Screening
F Pre-screening
M Screening
M Pre-screening
3c. Stage II - age 50-74
Male
Female
3b. Stage I - age 50-74

Figure 3a-e. Standardized incidence rates trend by stage and gender

4b. Male NSD
Male SD
4c. Female NSD
Female SD
3a. Stage 0 - age 50-74

Figure 4a-c. Relative survival by gender, period (a), and mode of detection (b-c)

Male - Stage 0
SD 33%
NSD 67%
Stage I
SD 35%
NSD 65%
Stage II
SD 14%
NSD 86%
Stage III
SD 14%
NSD 86%
Stage IV
SD 10%
NSD 90%
Female - Stage 0
SD 35%
NSD 65%
Stage I
SD 31%
NSD 69%
Stage II
SD 13%
NSD 87%
Stage III
SD 9%
NSD 91%
Stage IV
SD 6%
NSD 94%

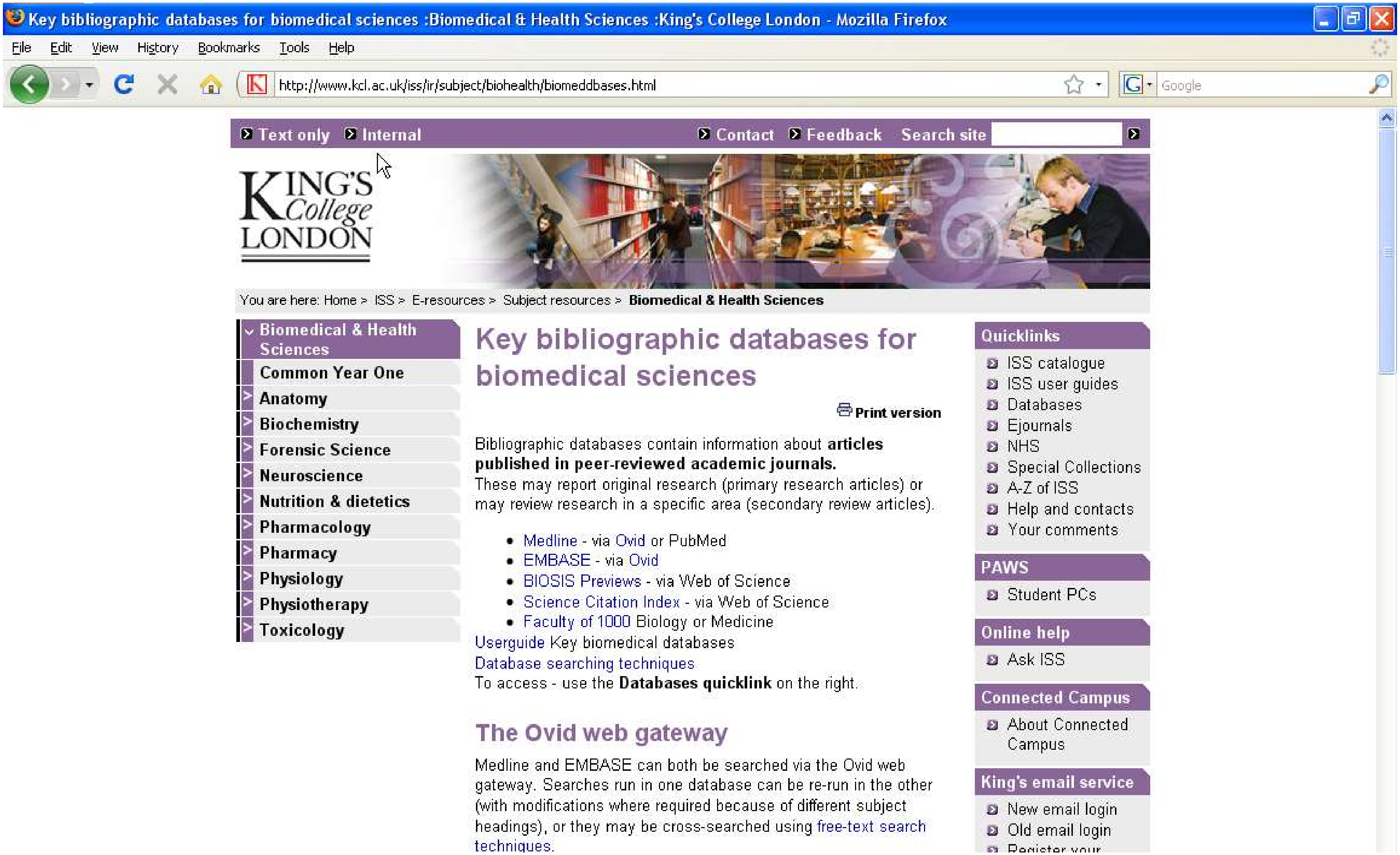
Figure 5a-l. Proportion of cases by gender, stage, and mode of detection (SD screen detected)

# Poster

# Evidenze scientifiche

- Ricerca di base
- Ricerca clinica
- Ricerca sugli esiti

# Basi dati bibliografiche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## Key bibliographic databases for biomedical sciences

Bibliographic databases contain information about **articles published in peer-reviewed academic journals.**
These may report original research (primary research articles) or may review research in a specific area (secondary review articles).

- Medline - via Ovid or PubMed
- EMBASE - via Ovid
- BIOSIS Previews - via Web of Science
- Science Citation Index - via Web of Science
- Faculty of 1000 Biology or Medicine

Userguide Key biomedical databases
Database searching techniques
To access - use the **Databases quicklink** on the right.

## The Ovid web gateway

Medline and EMBASE can both be searched via the Ovid web gateway. Searches run in one database can be re-run in the other (with modifications where required because of different subject headings), or they may be cross-searched using free-text search techniques.

# Dove trovare le evidenze scientifiche

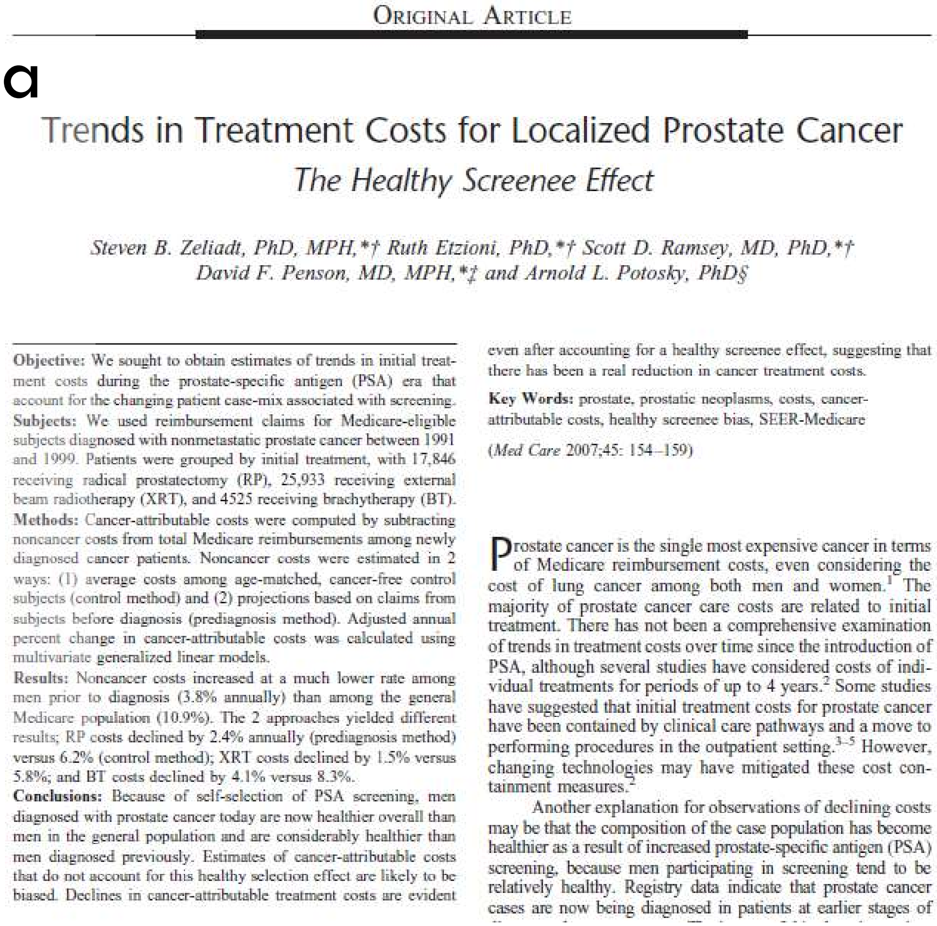
- **# PubMed**
- # EMBASE (Ovid)*
- # CINAHL (Ovid)*
- # PsycINFO (Ovid)*
- # Google Scholar – beta
- # Cochrane Database of Systematic Reviews (Ovid)*
- # Cochrane Reviews - Abstract gratuiti
- # Database of Abstracts of Reviews of Effects (DARE) ; NHS Economic Evaluation Database (NHS EED) ; Health Technology Assessment (HTA) Database
- # Catalogo dei periodici cartacei ed elettronici delle biblioteche biomediche dell'Università
- # FreeMedicalJournals

# Cosa cercare

- Ricerca originale
- Revisione
- Revisione sistematica
- Meta-analisi
- Linee guida - raccomandazioni
- Opinione - editoriale
- Lettera

# Struttura di un articolo scientifico

- Titolo
- Riassunto
- Base di partenza scientifica
- Scopo
- Casi e metodi
- Risultati
- Discussione
- Bibliografia



ORIGINAL ARTICLE

## Trends in Treatment Costs for Localized Prostate Cancer

### *The Healthy Screenee Effect*

*Steven B. Zeliadt, PhD, MPH,*† Ruth Etzioni, PhD,*† Scott D. Ramsey, MD, PhD,*†*
*David F. Penson, MD, MPH,*‡ and Arnold L. Potosky, PhD§*

**Objective:** We sought to obtain estimates of trends in initial treatment costs during the prostate-specific antigen (PSA) era that account for the changing patient case-mix associated with screening.

**Subjects:** We used reimbursement claims for Medicare-eligible subjects diagnosed with nonmetastatic prostate cancer between 1991 and 1999. Patients were grouped by initial treatment, with 17,846 receiving radical prostatectomy (RP), 25,933 receiving external beam radiotherapy (XRT), and 4525 receiving brachytherapy (BT).

**Methods:** Cancer-attributable costs were computed by subtracting noncancer costs from total Medicare reimbursements among newly diagnosed cancer patients. Noncancer costs were estimated in 2 ways: (1) average costs among age-matched, cancer-free control subjects (control method) and (2) projections based on claims from subjects before diagnosis (prediagnosis method). Adjusted annual percent change in cancer-attributable costs was calculated using multivariate generalized linear models.

**Results:** Noncancer costs increased at a much lower rate among men prior to diagnosis (3.8% annually) than among the general Medicare population (10.9%). The 2 approaches yielded different results; RP costs declined by 2.4% annually (prediagnosis method) versus 6.2% (control method); XRT costs declined by 1.5% versus 5.8%; and BT costs declined by 4.1% versus 8.3%.

**Conclusions:** Because of self-selection of PSA screening, men diagnosed with prostate cancer today are now healthier overall than men in the general population and are considerably healthier than men diagnosed previously. Estimates of cancer-attributable costs that do not account for this healthy selection effect are likely to be biased. Declines in cancer-attributable treatment costs are evident even after accounting for a healthy screenee effect, suggesting that there has been a real reduction in cancer treatment costs.

**Key Words:** prostate, prostatic neoplasms, costs, cancer-attributable costs, healthy screenee bias, SEER-Medicare

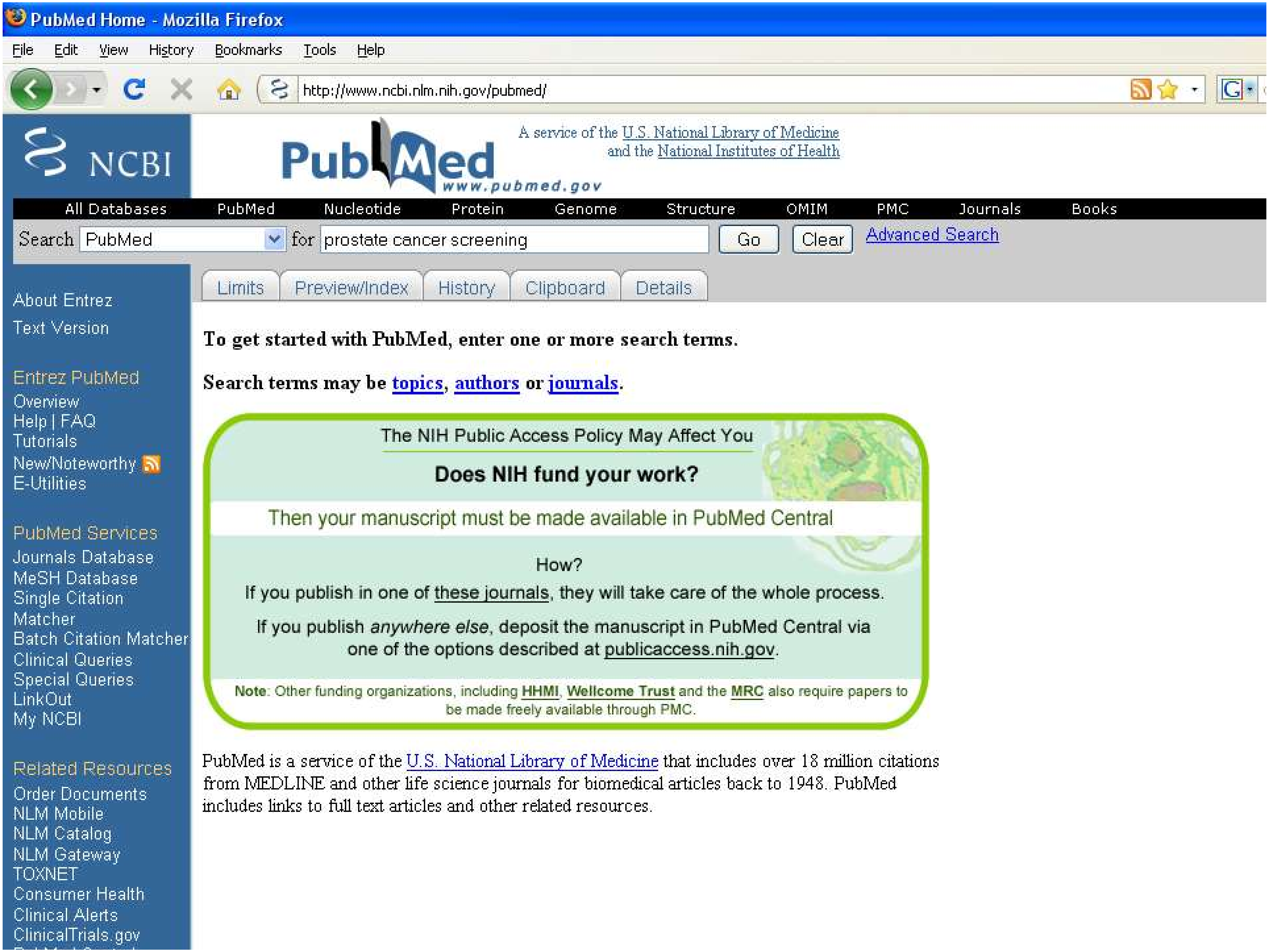
(*Med Care* 2007;45: 154–159)

Prostate cancer is the single most expensive cancer in terms of Medicare reimbursement costs, even considering the cost of lung cancer among both men and women.[1] The majority of prostate cancer care costs are related to initial treatment. There has not been a comprehensive examination of trends in treatment costs over time since the introduction of PSA, although several studies have considered costs of individual treatments for periods of up to 4 years.[2] Some studies have suggested that initial treatment costs for prostate cancer have been contained by clinical care pathways and a move to performing procedures in the outpatient setting.[3–5] However, changing technologies may have mitigated these cost containment measures.[2]

Another explanation for observations of declining costs may be that the composition of the case population has become healthier as a result of increased prostate-specific antigen (PSA) screening, because men participating in screening tend to be relatively healthy. Registry data indicate that prostate cancer cases are now being diagnosed in patients at earlier stages of

# Metodologia epidemiologica

- Ricerca e progresso in campo biomedico
  - Ragionamento biologico
  - Disegno dello studio
  - Analisi statistica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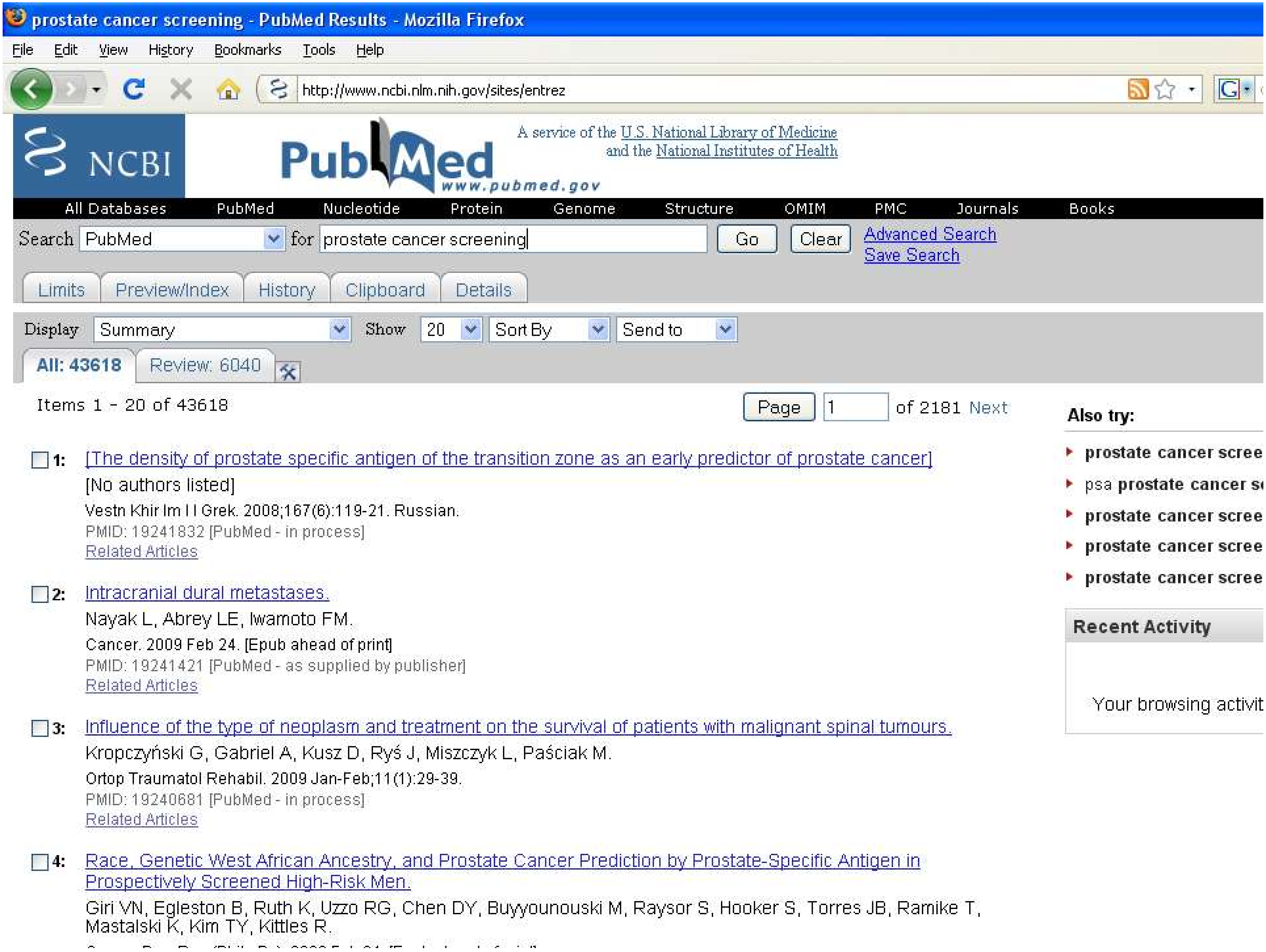
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☐ 1: [The density of prostate specific antigen of the transition zone as an early predictor of prostate cancer]
[No authors listed]
Vestn Khir Im I I Grek. 2008;167(6):119-21. Russian.
PMID: 19241832 [PubMed - in process]

☐ 2: Intracranial dural metastases.
Nayak L, Abrey LE, Iwamoto FM.
Cancer. 2009 Feb 24. [Epub ahead of print]
PMID: 19241421 [PubMed - as supplied by publisher]

☐ 3: Influence of the type of neoplasm and treatment on the survival of patients with malignant spinal tumours.
Kropczyński G, Gabriel A, Kusz D, Ryś J, Miszczyk L, Paściak M.
Ortop Traumatol Rehabil. 2009 Jan-Feb;11(1):29-39.
PMID: 19240681 [PubMed - in process]

☐ 4: Race, Genetic West African Ancestry, and Prostate Cancer Prediction by Prostate-Specific Antigen in Prospectively Screened High-Risk Men.
Giri VN, Egleston B, Ruth K, Uzzo RG, Chen DY, Buyyounouski M, Raysor S, Hooker S, Torres JB, Ramike T, Mastalski K, Kim TY, Kittles R.

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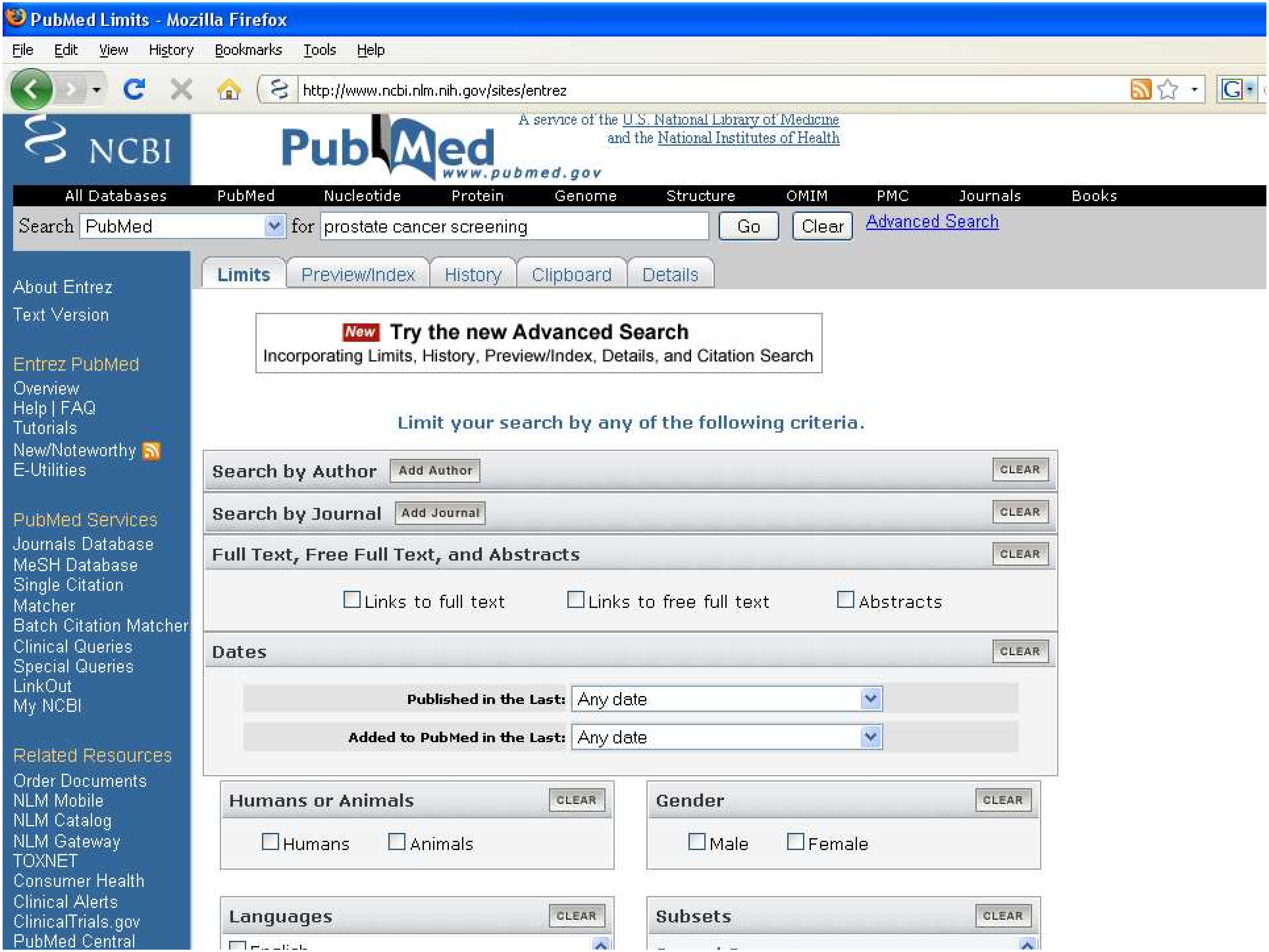
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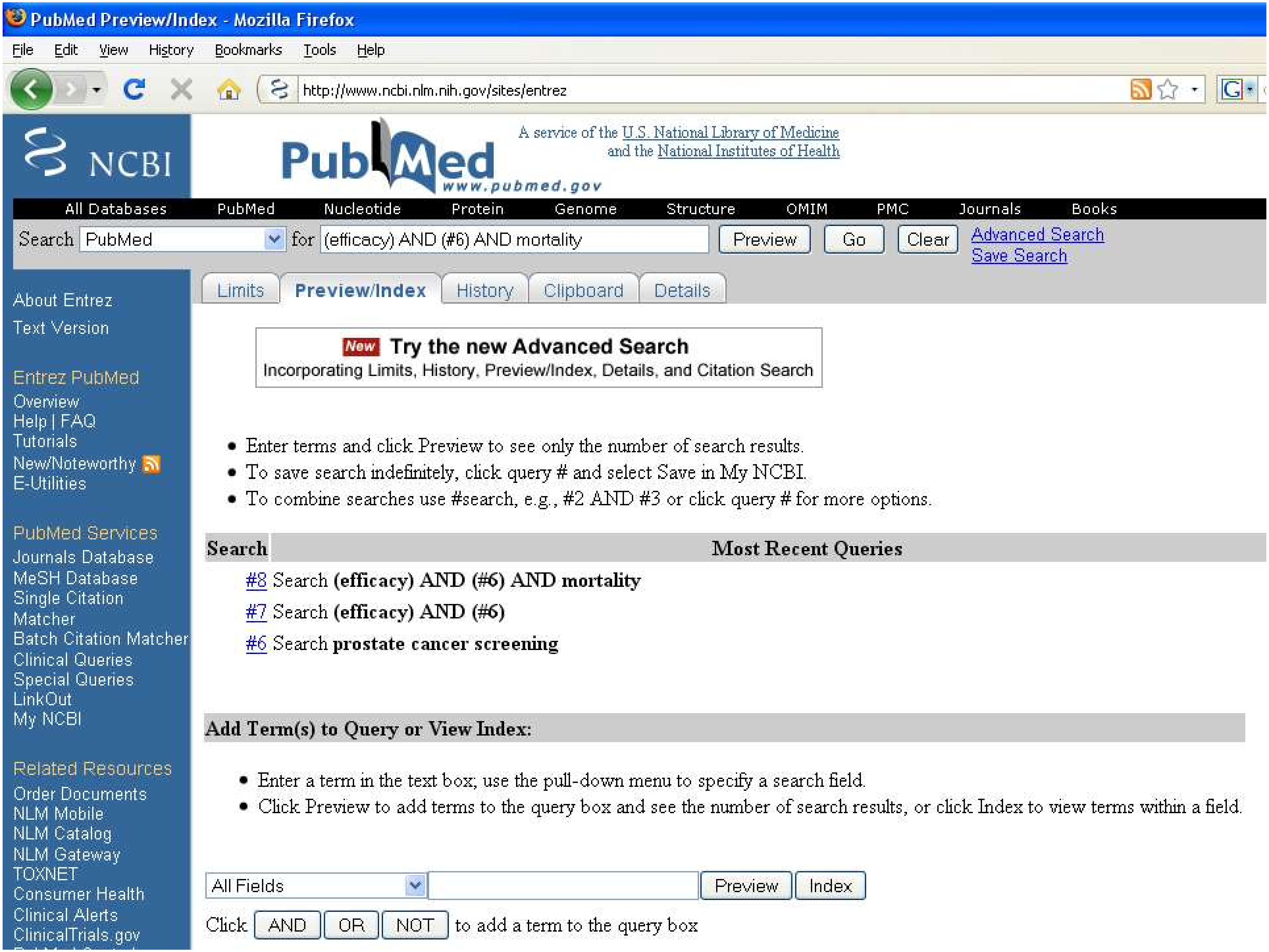
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Search: PubMed for: (efficacy) AND (#6) AND mortality

- Enter terms and click Preview to see only the number of search results.
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| #7 | Search **(efficacy) AND (#6)** |
| #6 | Search **prostate cancer screening** |

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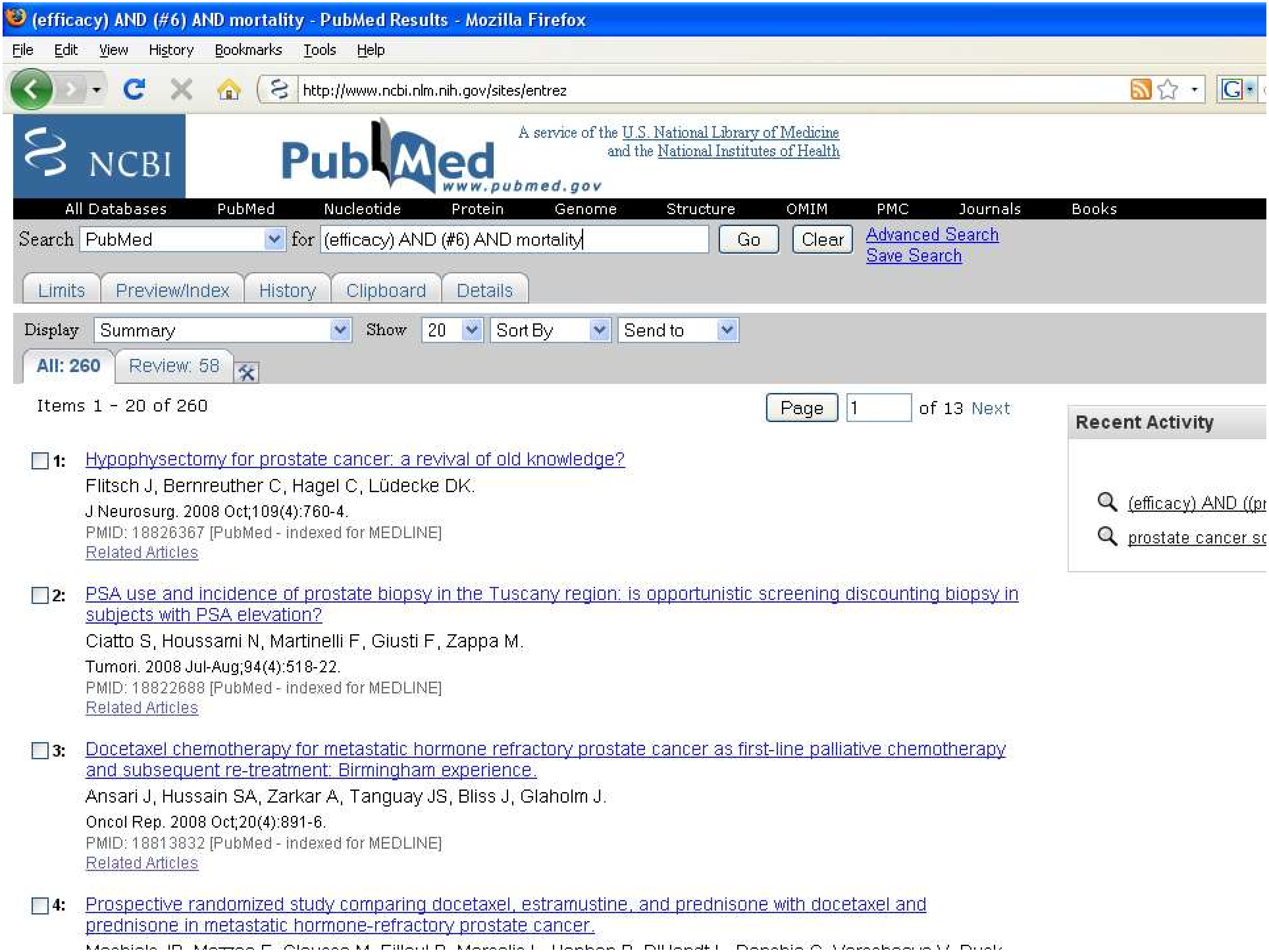
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(efficacy) AND ((pr

prostate cancer sc

☐ 1: Hypophysectomy for prostate cancer: a revival of old knowledge?
Flitsch J, Bernreuther C, Hagel C, Lüdecke DK.
J Neurosurg. 2008 Oct;109(4):760-4.
PMID: 18826367 [PubMed - indexed for MEDLINE]
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☐ 2: PSA use and incidence of prostate biopsy in the Tuscany region: is opportunistic screening discounting biopsy in subjects with PSA elevation?
Ciatto S, Houssami N, Martinelli F, Giusti F, Zappa M.
Tumori. 2008 Jul-Aug;94(4):518-22.
PMID: 18822688 [PubMed - indexed for MEDLINE]
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☐ 3: Docetaxel chemotherapy for metastatic hormone refractory prostate cancer as first-line palliative chemotherapy and subsequent re-treatment: Birmingham experience.
Ansari J, Hussain SA, Zarkar A, Tanguay JS, Bliss J, Glaholm J.
Oncol Rep. 2008 Oct;20(4):891-6.
PMID: 18813832 [PubMed - indexed for MEDLINE]
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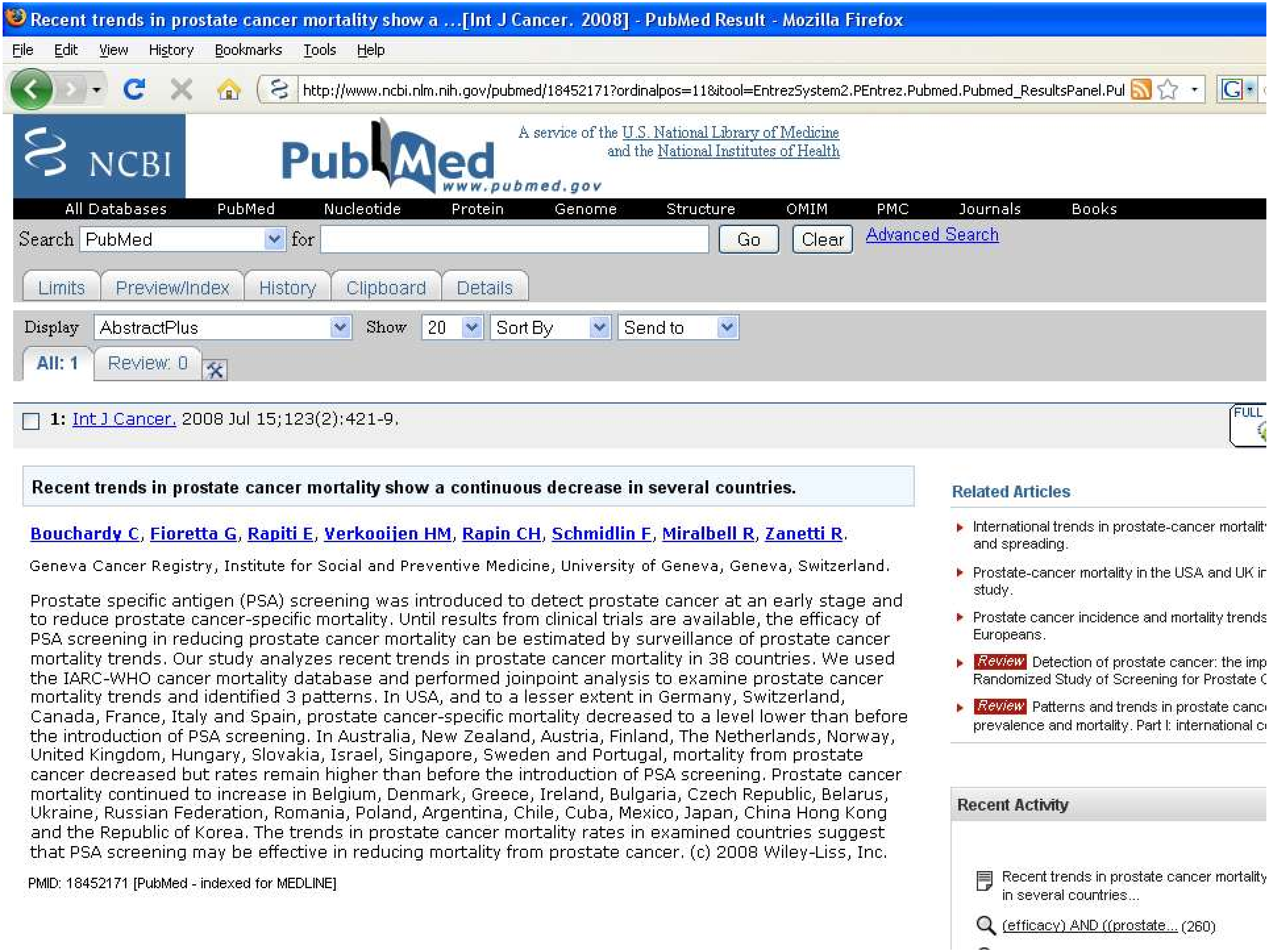
☐ 4: Prospective randomized study comparing docetaxel, estramustine, and prednisone with docetaxel and prednisone in metastatic hormone-refractory prostate cancer.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☐ **1:** Int J Cancer. 2008 Jul 15;123(2):421-9.

**Recent trends in prostate cancer mortality show a continuous decrease in several countries.**

**Bouchardy C, Fioretta G, Rapiti E, Verkooijen HM, Rapin CH, Schmidlin F, Miralbell R, Zanetti R.**

Geneva Cancer Registry, Institute for Social and Preventive Medicine, University of Geneva, Geneva, Switzerland.

Prostate specific antigen (PSA) screening was introduced to detect prostate cancer at an early stage and to reduce prostate cancer-specific mortality. Until results from clinical trials are available, the efficacy of PSA screening in reducing prostate cancer mortality can be estimated by surveillance of prostate cancer mortality trends. Our study analyzes recent trends in prostate cancer mortality in 38 countries. We used the IARC-WHO cancer mortality database and performed joinpoint analysis to examine prostate cancer mortality trends and identified 3 patterns. In USA, and to a lesser extent in Germany, Switzerland, Canada, France, Italy and Spain, prostate cancer-specific mortality decreased to a level lower than before the introduction of PSA screening. In Australia, New Zealand, Austria, Finland, The Netherlands, Norway, United Kingdom, Hungary, Slovakia, Israel, Singapore, Sweden and Portugal, mortality from prostate cancer decreased but rates remain higher than before the introduction of PSA screening. Prostate cancer mortality continued to increase in Belgium, Denmark, Greece, Ireland, Bulgaria, Czech Republic, Belarus, Ukraine, Russian Federation, Romania, Poland, Argentina, Chile, Cuba, Mexico, Japan, China Hong Kong and the Republic of Korea. The trends in prostate cancer mortality rates in examined countries suggest that PSA screening may be effective in reducing mortality from prostate cancer. (c) 2008 Wiley-Liss, Inc.

PMID: 18452171 [PubMed - indexed for MEDLINE]

**Related Articles**

- International trends in prostate-cancer mortalit
  and spreading.
- Prostate-cancer mortality in the USA and UK ir
  study.
- Prostate cancer incidence and mortality trends
  Europeans.
- Review Detection of prostate cancer: the imp
  Randomized Study of Screening for Prostate C
- Review Patterns and trends in prostate canc
  prevalence and mortality. Part I: international c

**Recent Activity**

Recent trends in prostate cancer mortality
in several countries...

(efficacy) AND ((prostate... (260)

## Parte 3

# Come ci organizziamo?

# Preparare un argomento 1

- **Intervento/strategia di prevenzione**
- [Scelta determinante di salute]
- Influenza sulla salute [danni/benefici, dosi, latenza, interazioni]
- Rilevanza epidemiologica
- Interventi di prevenzione efficaci
- [esposizione della comunità]
- Valutazione degli interventi

# Preparare un argomento 2

- **Controllo di una patologia**
- [Scelta della patologia]
- Definizione di caso
- Breve descrizione storia naturale
- Quadro epidemiologico:rilevanza e fattori di rischio
- Interventi efficaci per il controllo [prevenzione]
- [Situazione locale]
- Sistema di valutazione

# Prevention in relation to epidemiology

- Natural history of disease
- 3 stages
  - The predisease stage
  - The latent (asymptomatic) disease stage
  - The symptomatic disease stage

The central question for studies of prevention is whether the use of a particular preventative or treatment measure would change the natural history of the disease

## Parte 4

# Chi fa cosa?

# Possibili argomenti

Patologie

- Patologie cardiovascolari [Infarto, Ictus]
- Asma
- Tubercolosi

Determinanti di salute

- Patologie alcohol correlate
- Vaccinazione anti HPV

Argomenti complessi

- Cambiamenti climatici e patologie emergenti
- Altro…

# Operatività

- Composizione del gruppo (abilità da includere: lettura articoli in inglese)
- Formalizzazione gruppo
- Formalizzazione indice dettagliato
- Progetto didattico-formativo
  - Struttura lezione
  - Fonti consultate
  - Prodotto finito (data)
  - Esposizione (data concordata)
  - Produzione di materiale allegato