

Advancing women-centric breast cancer care in Italy

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Background



1/40 is diagnosed before the age of 49

Breast cancer is increasingly affecting women in their working years. In Italy, one in forty women is diagnosed with the disease before the age of 49, and one in twenty between 50 and 69 years.²

€1bn

The economic impact of breast cancer is significant. In Italy alone, the disease costs €1bn (US\$1.1bn) annually, with 50% of these expenses attributed to social costs such as disability benefits.⁴

88%

Women with breast cancer in Italy are now living longer than ever. The five-year survival rate for breast cancer is 88% overall and exceeds 90% when the disease is detected at an early stage.⁵

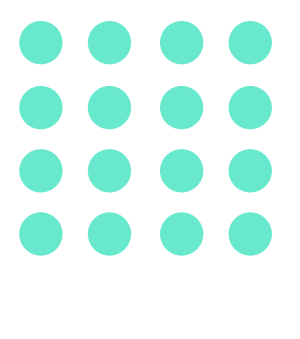
Our assessment of women-centricity in breast cancer care in Italy is largely informed by insights from 14 multi-disciplinary experts, many of whom are women, including some with lived experience of breast cancer.

The key challenges faced by women with breast cancer in Italy

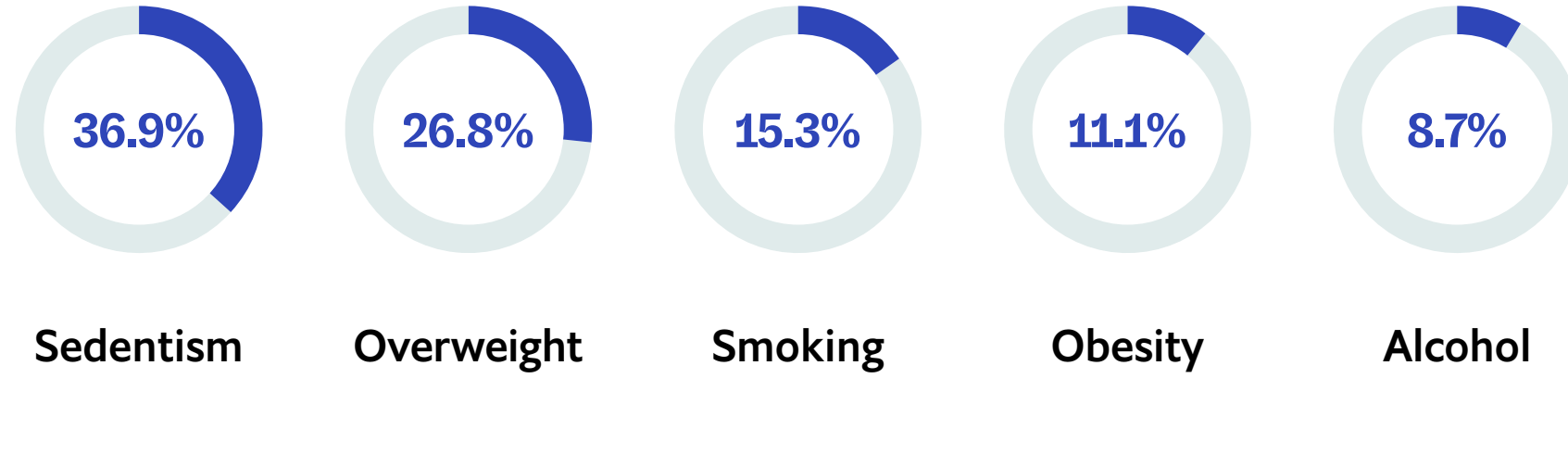
PREVENTION

Almost a quarter of breast cancer cases in Italy (23%) are attributed to preventable risk factors, including smoking, being overweight, alcohol consumption and a sedentary lifestyle. Notably, excessive alcohol consumption alone accounts for up to 11% of new breast cancer diagnoses, accounting for over

Physical inactivity and obesity, both significant risk factors for breast cancer, are on the rise in Italy, yet awareness of these risks remains low.⁶ "I have never seen a health campaign from the Ministry of Health that says if you are an obese person, if you are post-menopausal, then you have an increased risk of having breast cancer," says **Giampaolo Bianchini**, associate professor at the Vita-Salute San Raffaele University and head of breast oncology at the San Raffaele Scientific Institute.



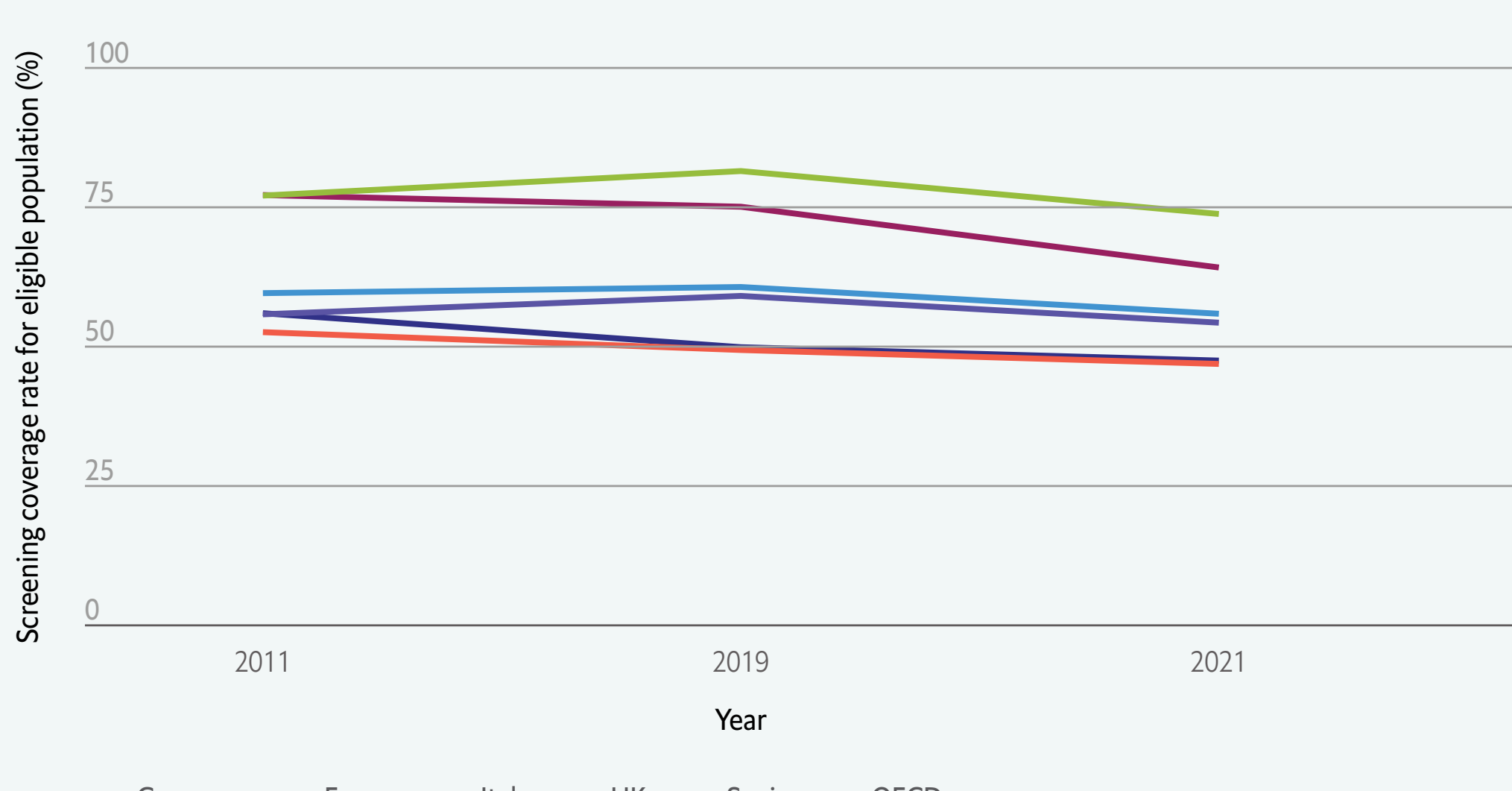
6,000 cases annually.⁵



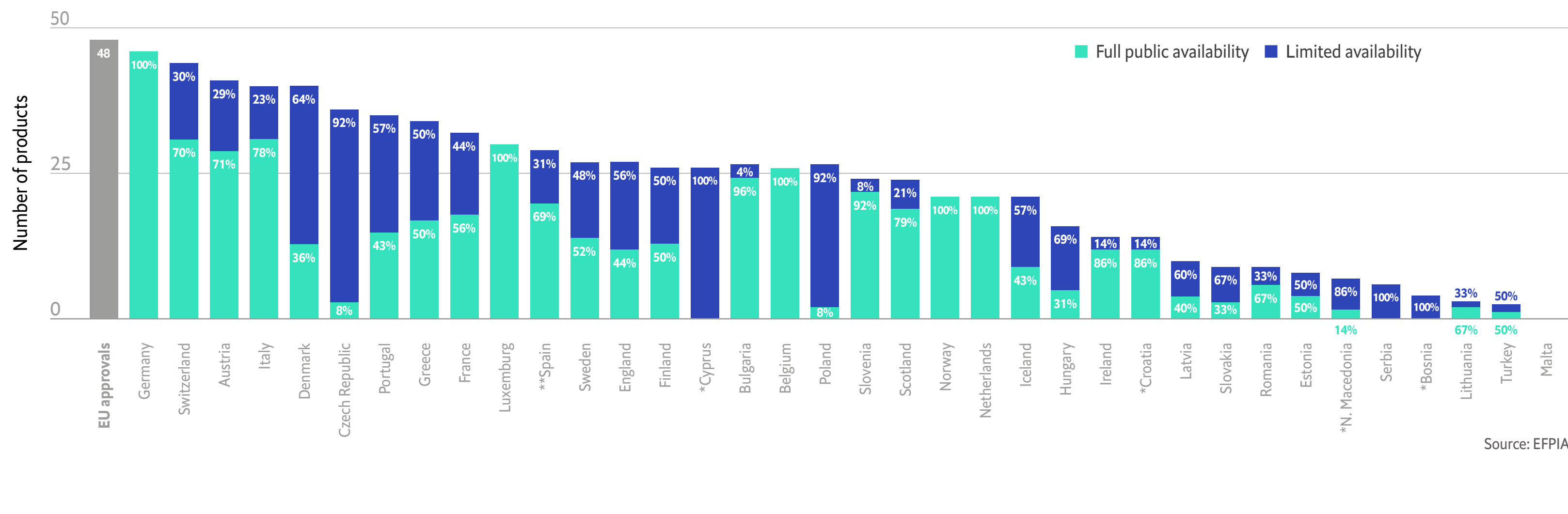
SCREENING

Breast screening participation in Italy falls below the EU guideline recommendation of 70-75%.⁷ The covid-19 pandemic further disrupted health services, leading to a decline in screening rates. Although Italy has a national breast cancer screening programme for women aged 50-69, and 45-74 in some regions, low participation rates suggest the presence of significant barriers to access.⁸

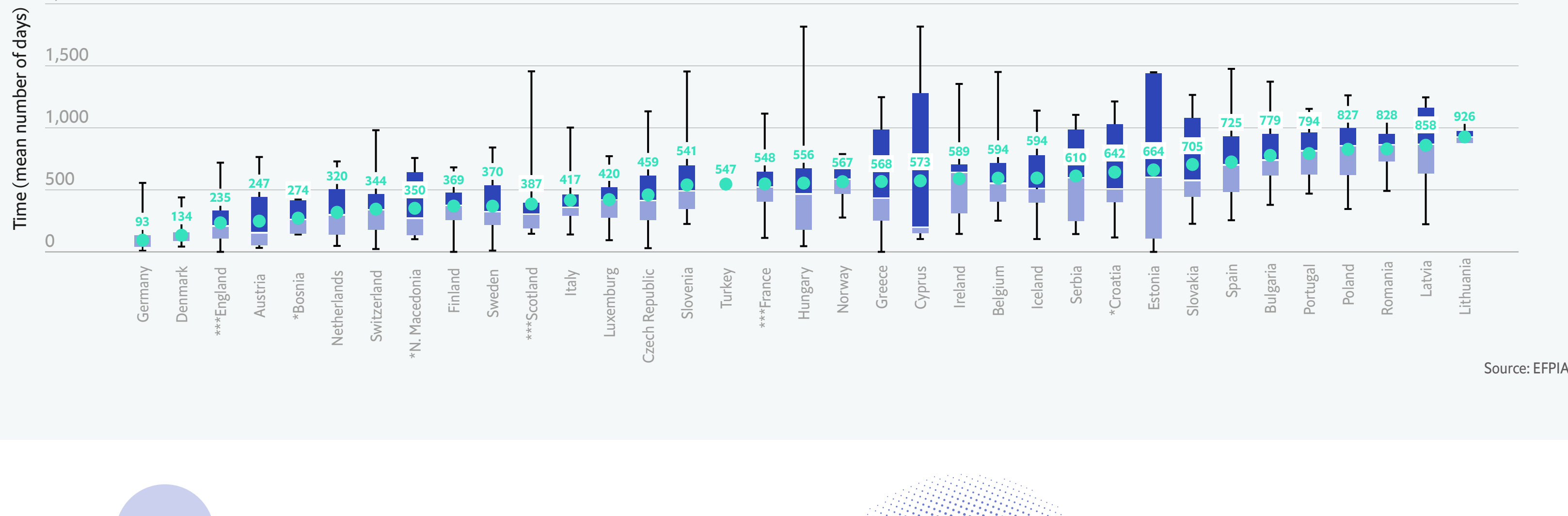
Mammography coverage trends in Europe between 2011 and 2021



Italy has a higher rate of fully publicly available breast cancer treatments (78%) compared to other EU-5 countries (France, Germany, Spain and the UK), second only to Germany, which offers full public availability.⁹ However, access remains a challenge. Healthcare decentralisation has led to the development of 20 administrative regions, each providing different levels of care, which has worsened regional disparities in breast cancer treatment.¹⁰



In Italy, cancer patients can wait up to 417 days to receive access to treatment, which is faster than the EU average (559 days).¹¹



SURVIVORSHIP

Although breast cancer survival rates in Italy have improved, more focus is needed on enhancing survivors' quality of life and strengthening support structures.

"Italy is behind in this respect; there are no specific resources of the health system to satisfy the needs of survivorship. There still exists a lot of stigma around post-cancer patients."

Michelino De Laurentiis, Chief of the Breast Oncology Division, National Cancer Institute "Fondazione Pascale"



Women with breast cancer often face significant financial hardships, yet this issue is not addressed in national cancer plans or incorporated into the patient care journey.

"In Italy, there is no national health system, or rather it should exist, but in fact there are several regional health systems. In reality, patients often have to pay for screenings, they have to pay for health checks after having had a breast cancer diagnosis, especially for an organisation of health systems that today struggles to keep up with demand."

Giampaolo Bianchini, Associate Professor, Vita-Salute San Raffaele University and Head of Breast Oncology, San Raffaele Scientific Institute

Revolutionising breast cancer care: shaping women-centric solutions

1 Tackling inequities in breast cancer care

Screening coverage rates vary across Italy and among different socioeconomic groups, with lower participation in more deprived areas. "The percentage of coverage of oncological screening in Italy is around 45% for breast cancer, 30% for ovarian cancer, and 40% for cervical cancer, with a significant gradient from the northern Regions to the southern regions and islands of the country, where the lowest values are recorded," explains **Carmine Pinto**, director of medical oncology at the Scientific Research Institute of Reggio-Emilia. He also notes that the severity of the problem, especially for those living in the southern regions, has led to medical health migration.

Collaboration between government ministries is essential to fully understand the scope of screening disparities and improve resource allocation in breast cancer care, with the aim of reducing the significant disparities that impact patients' lives and livelihoods. In addition, screening rates can be optimised by introducing mobile screening units to overcome access barriers related to distance, and by shifting communication methods to e-letters or texts. "It's 2024, and women are still invited to do mammography screenings through a party," says **Ylenia Zambito**, a senator representing Italy's Democratic Party. "We should find a slightly more direct way that somehow increases patient engagement ... [using] new technologies, but also with the involvement of primary care physicians."

Such initiatives can improve access to screening and help to reduce inequities across the country. To address these disparities, in 2019 Italy began taking steps to make cancer care more accessible by developing regional oncological care networks. These networks embed a multidisciplinary approach, ensuring equitable and timely access to care, with coordinated efforts from care providers across prevention, diagnosis, treatment and palliative care.¹²

2 Prioritising survivorship alongside survival

Italy has taken a step towards addressing the needs of cancer survivors with the recent introduction of the Right to Be Forgotten law, allowing recovering cancer patients to withhold information about their past illness from financial institutions or adoption authorities if 5-10 years have passed since the successful end of treatment.¹³ However, unmet needs of survivors still exist. "More rights should be given to post-cancer patients, such as the right to a mutual health insurance, the same tax rates of those who have not had cancer [and] the right to private health insurance that is equal to those who have not had cancer before," says **Fedro Peccatori**, director of the fertility and reproduction unit at the European Institute of Oncology. Developing effective survivorship policies that address the needs of survivors, including access to psychological care, is essential for improving quality of life and helping cancer survivors to reintegrate into society.

3 Streamlining access to treatment

In Italy, cancer treatments take around 417 days to go from EU marketing authorisation to being available to patients. Additional local reimbursement requirements further delay access to treatments. Streamlining the regulatory process can ensure faster and more equitable access to oncological care. "In Italy, drugs must go through the public tender system to establish a local price in different territories, in accordance with legal requirements, just like any other product or service," says **Dr De Laurentiis**. "These processes, though illogical since the price is already fixed at the national level by the Italian Medicines Agency [AIFA], can take months and may result in the loss of human lives." Decentralisation of healthcare has led to stark disparities in the country, as approval criteria vary by region, leaving some areas with access to treatments that others lack.

4 Raising awareness

Public campaigns to raise awareness about modifiable risk factors for breast cancer are insufficient. In 2020 per capita alcohol consumption in Italy was 7.7 litres, and in 2019 16.5% of adults smoked cigarettes daily.¹⁴ "Prevention is placed badly, in my opinion, in the sense that it is not enough, it is absolutely lacking," says **Dr Bianchini**. "It should provide the population with the necessary information to know the most important risk factors to which they are exposed." Implementing public prevention policies that address these risk factors is essential to educate women about healthier lifestyles and reduce their risk of developing breast cancer.

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