Rete Oncologica Veneta
e
Ruolo dello IOV
nella Ricerca Oncologica

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Padova

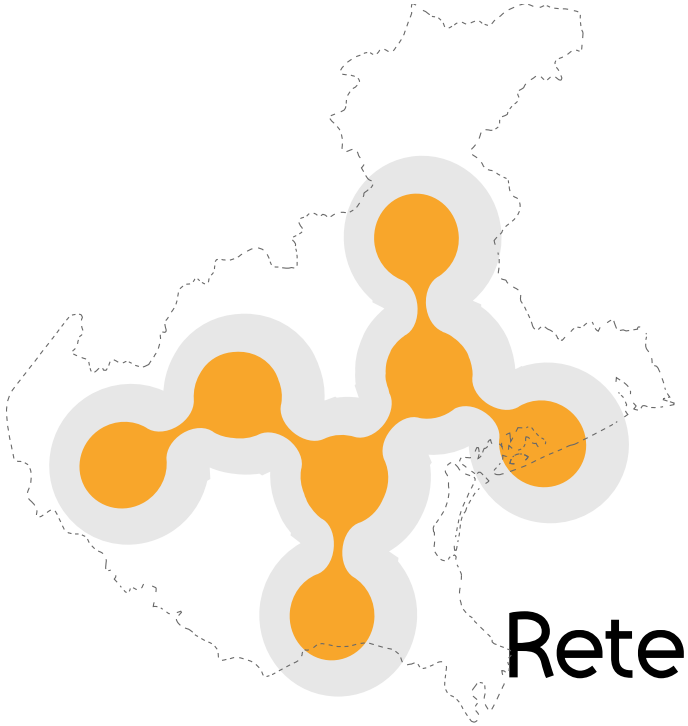
Regione del Veneto

The Networks

Networks are the best solution to:

- **clinical**
- **research**
- **organizational and**
- **sustainability**

to ensure the best cancer care to all citizens.



Rete Oncologica Veneta

Ricerca, innovazione, assistenza

Coordinatore: P.F. Conte

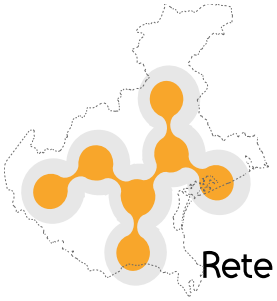
Hub:Istituto Oncologico Veneto, IRCCS

ROV: ambiti d'intervento

(DGR 2067/2013)

Gruppi Multidisciplinari attivati nel 2014

- Percorsi Diagnostico Terapeutici Assistenziali
- Diagnostica molecolare e Biobanche
- Sito WEB



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Gruppi di lavoro attivati nel 2015

- Raccomandazioni Farmaci Innovativi
- Ricerca Clinica
- Formazione

Gruppi Multidisciplinari Attivati nel 2016

- Informatizzazione
- Indicatori, volumi di attività per PDTA
- Schemi di trattamento
- Punti di accoglienza ROV

PDTA ROV

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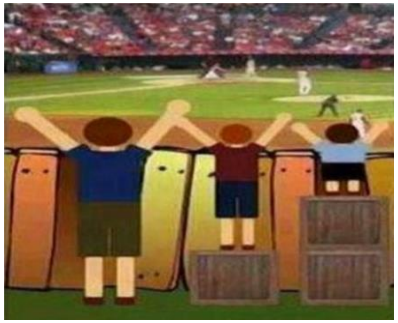
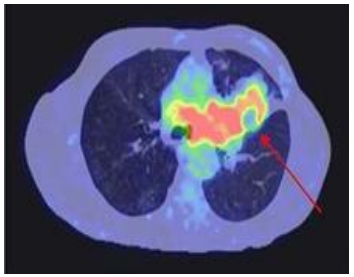
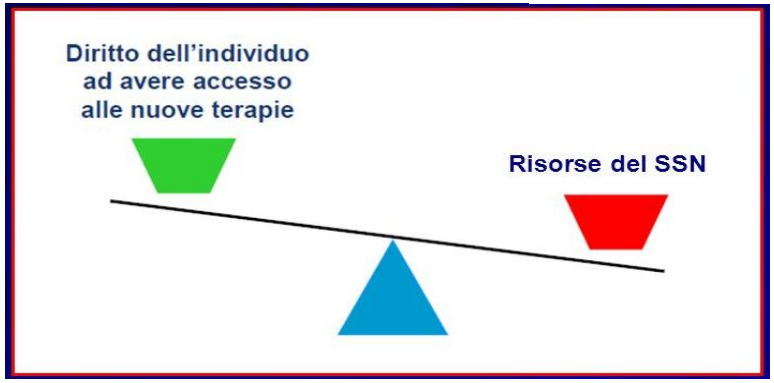
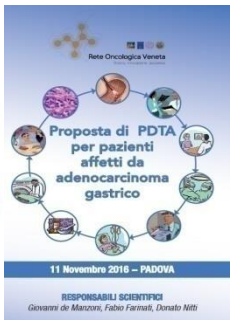


- EQUITA’
- APPROPRIATEZZA
- SOSTENIBILITA’
- CONDIVISIONE







What makes the difference for survival and quality of life in cancer patients?

- **Professional skills (high volume)**
- **Technology & facilities (hospital)**
- **Multidisciplinary treatment planning**
- **New drugs & Clinical trials**
- **Supportive, Simultaneous & Palliative care**
- **Rehabilitation**

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PDTA ROV: punti di forza

- **Multidisciplinarietà** come cardine del percorso di diagnosi, cura e assistenza, condiviso
- Inserimento delle **Raccomandazioni ROV per l'utilizzo di farmaci oncologici sottoposti a monitoraggio**
- **Precoce integrazione delle cure palliative** (modello cure simultanee)
- Inserimento di **indicatori di processo e di esito**
- **Strumento di governo clinico, organizzativo e gestionale per valutare la performance non solo dei singoli operatori ma delle strutture sanitarie.**

Gruppo	Diagnosi e stadiazione	Trattamento	Follow-up	Indicatori di performance	Avanzamento
Colon-retto	100%	100%	100%	100%	Decretato 2015
Sarcomi e GIST	100%	100%	100%	100%	Decretato 2015
Melanoma	100%	100%	100%	100%	Decretato 2015
Mammella	100%	100%	100%	100%	Decretato 2016
Rene	100%	100%	100%	100%	Decretato 2016
Prostata	100%	100%	100%	100%	In attesa di decreto
Polmone	100%	100%	100%	100%	In attesa di decreto
Testa e Collo	100%	100%	100%	100%	In attesa di decreto
Esofago	100%	100%	100%	100%	In attesa di decreto
Epatobiliare	100%	100%	100%	100%	in attesa di decreto
Stomaco	100%	100%	100%	100%	In attesa di decreto
Ovaio	100%	100%	100%	100%	In attesa di decreto
Ereditari *Mammella e Ovaio*	70%	70%	70%	In corso	
Neuroendocrini	100%	100%	100%	In corso	
Metastasi ossee	100%	70%	70%	In corso	

12 PDTA operativi per fine 2016 entro 2017 previsto completamento di tutti i PDTA

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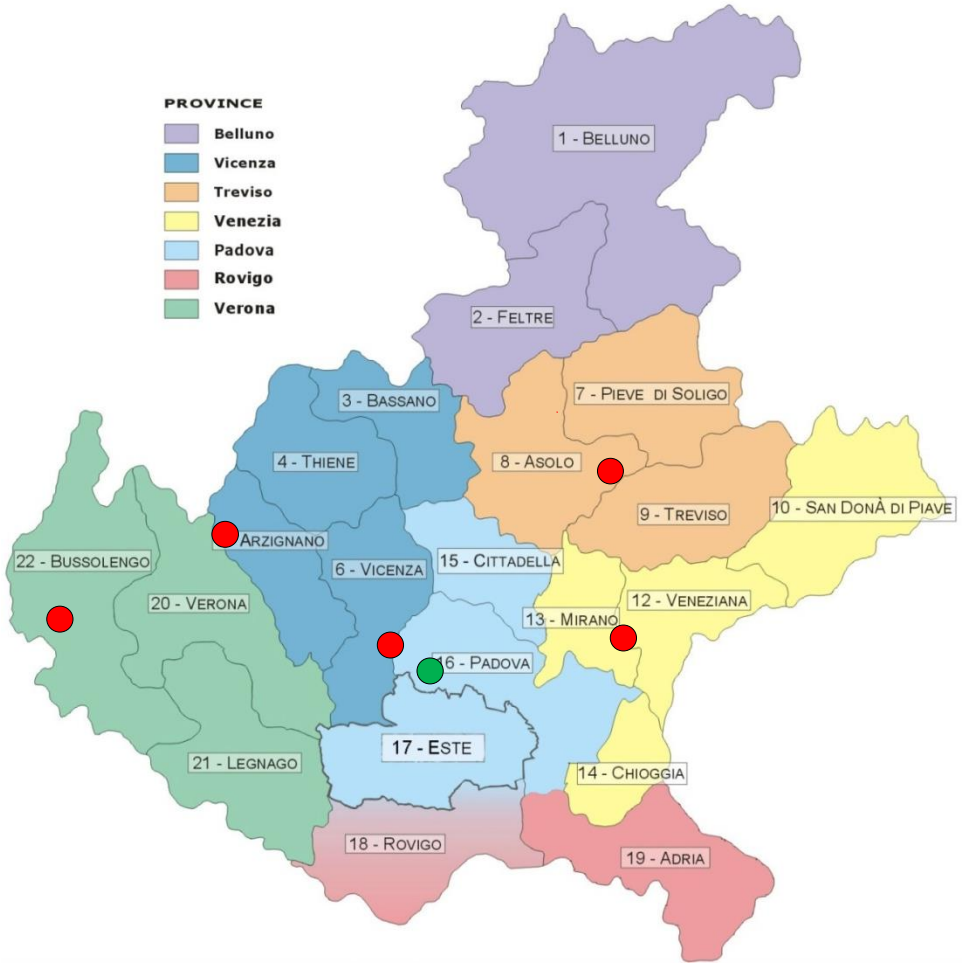
GOVERNANCE DEL PDTA

Il Dipartimento Oncologico del Polo ed i suoi gruppi multidisciplinari

Contestualizzare il PDTA elaborato dal gruppo di esperti della ROV, per renderlo operativo in sede.



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Gruppo farmaci innovativi

Valutate 21 molecole e formulate 48 raccomandazioni

- *Pertuzumab mammella*
- *Everolimus mammella*
- *Bevacizumab ovaio*
- *Trastuzumab-Emtansine mamm.*
- *Aflibercept colon e retto*
- *Bevacizumab colon e retto*
- *Cabazitaxel prostata*
- *Enzatulamide prostata*
- *Abiraterone prostata*
- *Regorafenib colon e retto*
- *Regorafenib GIST*
- *Crizotinib polmone*
- *Permetrexed polmone*
- *Afatinib polmone*
- *Radio 223-Dicloruro prostata*
- *Paclitaxel-Albumina pancreas*
- *Vismodegib basocellulare*
- *Sunitinib pNET*
- *Ramucirumab gastrico*
- *Olaparib ovaio*
- *Nivolumab NSCLC*

Vedi Decreti Regionali o sito ROV

Utilizzo di strumenti condivisi

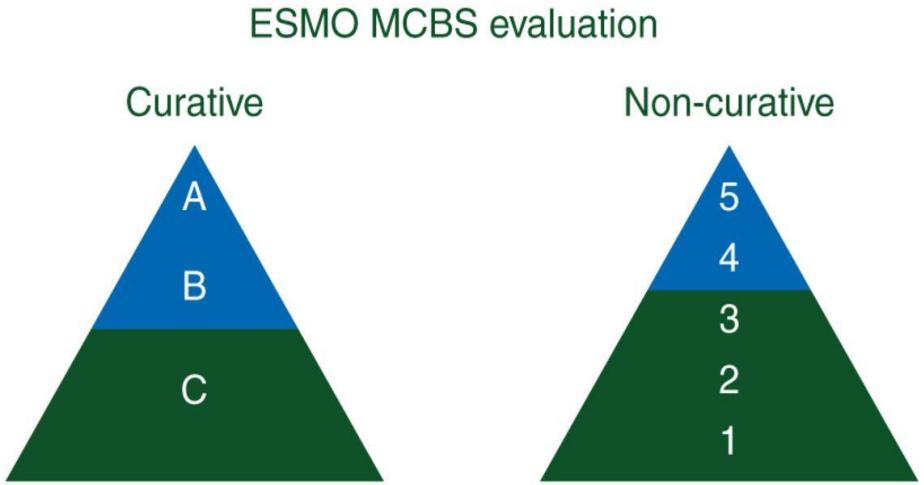
Annals of Oncology 26: 1547–1573, 2015
doi:10.1093/annonc/mdv249
Published online 30 May 2015

A standardised, generic, validated approach to stratify the magnitude of clinical benefit that can be anticipated from anti-cancer therapies: the European Society for Medical Oncology Magnitude of Clinical Benefit Scale (ESMO-MCBS)

N. I. Cherny[1]*, R. Sullivan[2], U. Dafni[3], J. M. Kerst[4], A. Sobrero[5], C. Zielinski[6], E. G. E. de Vries[7] & M. J. Piccart[8,9]

Table 1. Potential benefits of a new treatment

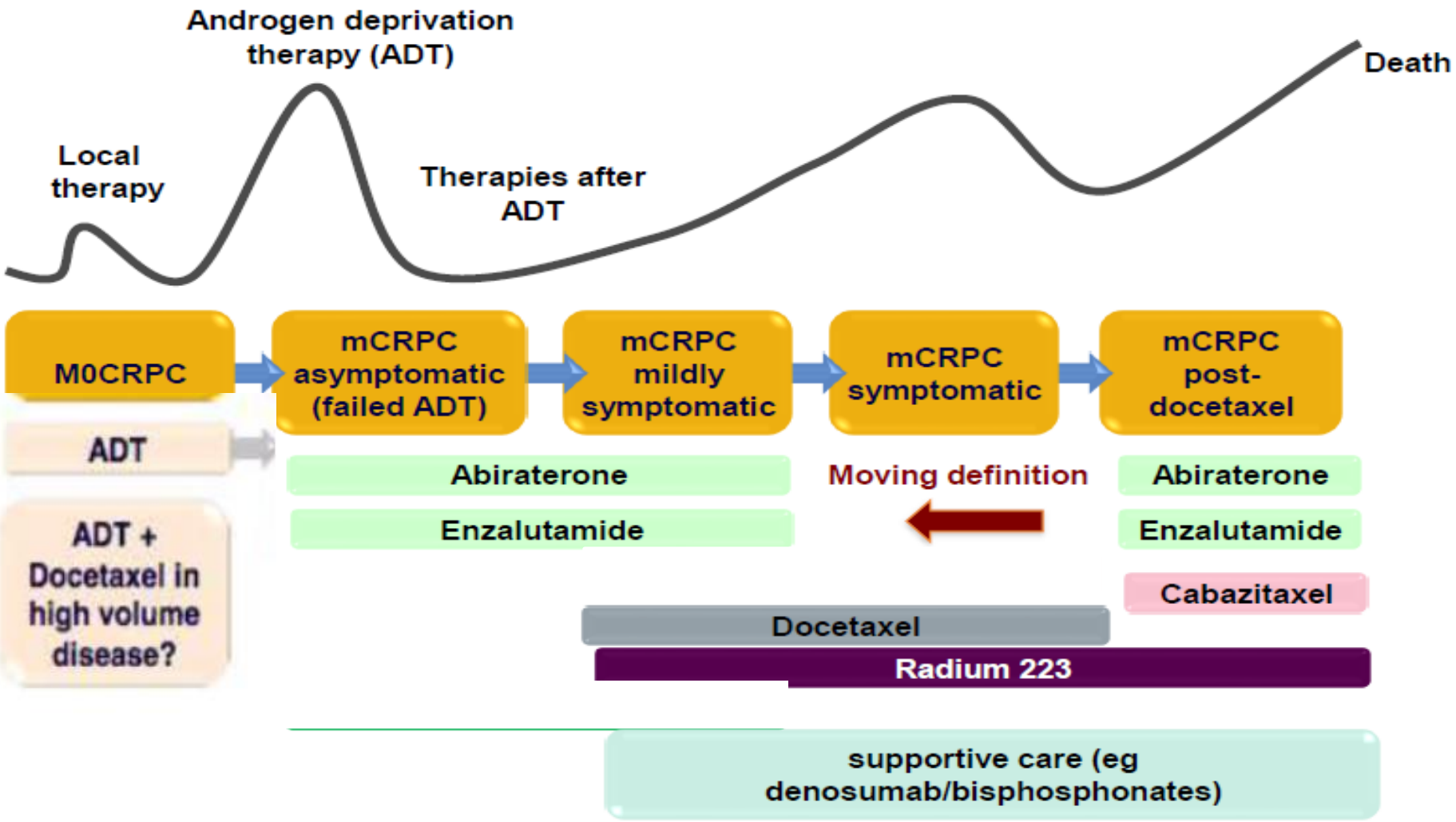
Living longer
Improved OS
Improved surrogate of OS
DFS (when OS data are immature in adjuvant setting)
Improved PFS
Living better
Improved quality of life
Improved surrogate of quality of life
Improved PFS
Reduced toxicity



Curative-Evaluation form 1: for new approaches to adjuvant therapy or new potentially curative therapies

Non-curative-Evaluation forms 2a, b or c: for therapies that are not likely to be curative

Dalla valutazione di un farmaco alla strategia terapeutica:l'esempio del ca prostata



ROV e RICERCA

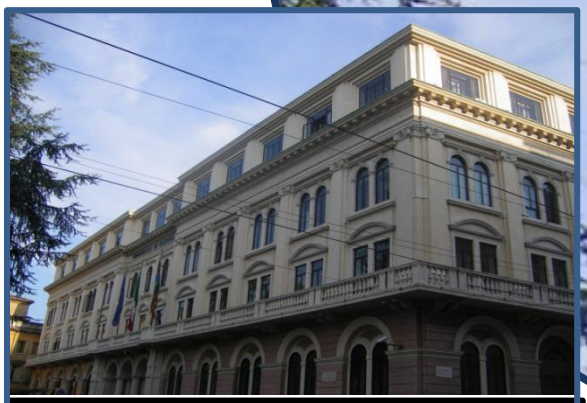
- Comunicazione diretta tramite mail e sito ROV delle nuove sperimentazioni disponibili
- Disponibilità di valutare il paziente per eventuale inserimento in trial
- Raccolta del materiale istologico per indagini molecolari
- Apertura ai centri di sperimentazioni indipendenti proposte dallo IOV.

IOV, IRCCS PADOVA

Edificio Busonera

Palazzina Immunologia

Edificio Radioterapia

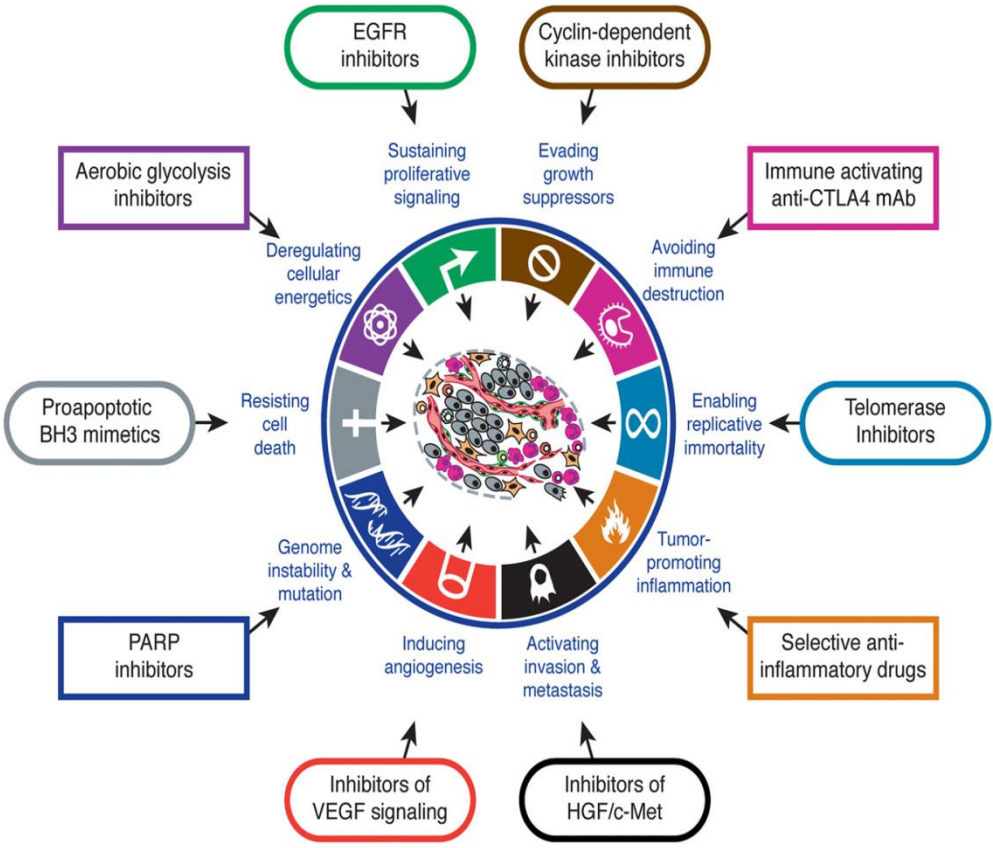


Uffici amministrativi
Palazzo S. Stefano
- sede provvisoria-

Laboratori c/o
Torre della ricerca

IOV: Quale ricerca?

- **Ricerca di base**
- **Ricerca traslazionale**
- **Ricerca clinica**



With respect to research the network is crucial to face

- **Biological complexity:** all cases of cancer becomes "rare" considering the mutations that expresses
- **Scientific complexity** It's 'impossible by a single scientist, to know in real time all informations published every day
- **Organizational complexity:** you need to share the knowledge to achieve results within a reasonable time

Nuovo test standard di screening per l'infezione da HPV

Efficacy of human papillomavirus testing for the detection of invasive cervical cancers and cervical intraepithelial neoplasia: a randomised controlled trial

Guglielmo Ronco, Paolo Giorgi-Rossi, Francesca Carozzi, Massimo Confortini, Paolo Dalla Palma, Annarosa Del Mistro, Bruno Ghiringhello, Salvatore Girlando, Anna Gillio-Tos, Laura De Marco, Carlo Naldoni, Paola Pierotti, Raffaella Rizzolo, Patrizia Schincaglia, Manuel Zorzi, Marco Zappa, Nereo Segnan, Jack Cuzick, and the New Technologies for Cervical Cancer screening (NTCC) Working Group*

Summary

Background Human papillomavirus (HPV) testing is known to be more sensitive, but less specific than cytology for

Lancet Oncol 2010; 11: 249–57

Interpretation HPV-based screening is more effective than cytology in preventing invasive cervical cancer, by detecting persistent high-grade lesions earlier and providing a longer low-risk period. However, in younger women, HPV screening leads to over-diagnosis of regressive CIN2.

Correlazione tra efficacia della terapia antivirale e l'inibizione di hTERT

Clinical Cancer Research

Cancer Therapy: Preclinical

hTERT Inhibition Triggers Epstein–Barr Virus Lytic Cycle and Apoptosis in Immortalized and Transformed B Cells: A Basis for New Therapies

Silvia Giunco[1], Riccardo Dolcetti[3], Sonia Keppel[2], Andrea Celeghin[1], Stefano Indraccolo[2], Jessica Dal Col[3], Katy Mastorci[3], and Anita De Rossi[1,2]

Conclusions: These results suggest that combination of antiviral drugs with strategies able to inhibit hTERT expression may result in therapeutically relevant effects in patients with EBV-related malignancies.

Clin Cancer Res; 19(8); 2036–47.

Identificazione di nuove mutazioni driver

Human Molecular Genetics, 2013, Vol. 22, No. 4 **804–815**
doi:10.1093/hmg/dds487
Advance Access published on November 21, 2012

Yeast model for evaluating the pathogenic significance of *SDHB*, *SDHC* and *SDHD* mutations in PHEO–PGL syndrome

Elena Panizza[1], Tonino Ercolino[2], Luigi Mori[3], Elena Rapizzi[6], Maurizio Castellano[3], Giuseppe Opocher[4], Ileana Ferrero[1], Hartmut P.H. Neumann[5], Massimo Mannelli[6,7] and Paola Goffrini[1,*]

The aim of this study was to evaluate whether and to which extent the yeast model may be useful for establishing the pathological significance of missense SDH mutations in humans. The results of our study demonstrate that the yeast is a good functional model to validate the pathogenic significance of *SDHB* missense mutations while, for missense mutations in *SDHC* and *SDHD* genes, the model can be informative only when the variation involves a conserved residue in a conserved domain.

Profilo di resistenza alla terapia antiangiogenica

Oncotarget, Vol. 5, No. 12

Cancer stem cells from epithelial ovarian cancer patients privilege oxidative phosphorylation, and resist glucose deprivation

Anna Pastò[1,*], Chiara Bellio[1,*], Giorgia Pilotto[1,*], Vincenzo Ciminale[1,2], Micol Silic-Benussi[2], Giulia Guzzo[3], Andrea Rasola[3], Chiara Frasson[4], Giorgia Nardo[2], Elisabetta Zulato[2], Maria Ornella Nicoletto[2], Mariangela Manicone[2], Stefano Indraccolo[2,*] and Alberto Amadori[1,2,*]

[1] Department of Surgery, Oncology, and Gastroenterology, Oncology Section, University of Padova, Padova, Italy

[2] Istituto Oncologico Veneto-IRCCS (IOV), Padova, Italy

[3] Department of Biomedical Sciences, University of Padova, Padova, Italy

[4] Department of Woman and Child Health, Laboratory of Hemato-Oncology, University of Padova, Padova, Italy

[*] These Authors contributed equally to this work

Correspondence to: *Alberto Amadori*, ***email***: *albido@unipd.it*

Keywords: Ovarian cancer, Cancer Stem Cells, metabolism, glucose, Warburg effect

Received: *February 27, 2014* ***Accepted***: *May 24, 2014* ***Published***: *May 26, 2014*

These observations may explain the CSC resistance to anti-angiogenic therapies, and indicate this peculiar metabolic profile as a possible target of novel treatment strategies.

Test diagnostico per presenza di cellule tumorali circolanti nel tumore alla mammella

Clinical validity of circulating tumour cells in patients with metastatic breast cancer: a pooled analysis of individual patient data

François-Clément Bidard, Dieter J Peeters, Tanja Fehm, Franco Nolé, Rafael Gisbert-Criado, Dimitrios Mavroudis, Salvatore Grisanti, Daniele Generali, Jose A Garcia-Saenz, Justin Stebbing, Carlos Caldas, Paola Gazzaniga, Luis Manso, Rita Zamarchi, Angela Fernandez de Lascoiti, Leticia De Mattos-Arruda, Michail Ignatiadis, Ronald Lebofsky, Steven J van Laere, Franziska Meier-Stiegen, Maria-Teresa Sandri, Jose Vidal-Martinez, Eleni Politaki, Francesca Consoli, Alberto Bottini, Eduardo Diaz-Rubio, Jonathan Krell, Sarah-Jane Dawson, Cristina Raimondi, Annemie Rutten, Wolfgang Janni, Elisabetta Munzone, Vicente Carañana, Sofia Agelaki, Camillo Almici, Luc Dirix, Erich-Franz Solomayer, Laura Zorzino, Helene Johannes, Jorge S Reis-Filho, Klaus Pantel*, Jean-Yves Pierga*, Stefan Michiels*

Lancet Oncol 2014; 15: 406–14

Published Online

Summary

Background We aimed to assess the clinical validity of circulating tumour cell (CTC) quantification for prognostication of patients with metastatic breast cancer by undertaking a pooled analysis of individual patient data.

Mutazione *BRCA1-2* e rischio di cancro

Published in final edited form as:
JAMA. 2015 April 7; 313(13): 1347–1361. doi:10.1001/jama.2014.5985.

Association of Type and Location of *BRCA1* and *BRCA2* Mutations With Risk of Breast and Ovarian Cancer

Timothy R. Rebbeck, PhD, Nandita Mitra, PhD, Fei Wan, MS, Olga M. Sinilnikova, PhD†, Sue Healey, Lesley McGuffog, Sylvie Mazoyer, PhD, Georgia Chenevix-Trench, PhD, Douglas F. Easton, PhD, Antonis C. Antoniou, PhD, Katherine L. Nathanson, MD, and the CIMBA Consortium **Marco Montagna**

CONCLUSIONS AND RELEVANCE—Breast and ovarian cancer risks varied by type and location of *BRCA1/2* mutations. With appropriate validation, these data may have implications for risk assessment and cancer prevention decision making for carriers of *BRCA1* and *BRCA2* mutations.

Fenotipo glicolitico conferisce resistenza alla terapia antiangiogenica

Therapeutics, Targets, and Chemical Biology

Cancer Research

VEGF-Targeted Therapy Stably Modulates the Glycolytic Phenotype of Tumor Cells

Cancer Res; 75(1) January 1, 2015

Matteo Curtarello[1], Elisabetta Zulato[1], Giorgia Nardo[1], Silvia Valtorta[2,3], Giulia Guzzo[4], Elisabetta Rossi[5], Giovanni Esposito[1], Aichi Msaki[1], Anna Pastò[1], Andrea Rasola[4], Luca Persano[6], Francesco Ciccarese[1], Roberta Bertorelle[1], Sergio Todde[2], Mario Plebani[7], Henrike Schroer[8], Stefan Walenta[8], Wolfgang Mueller-Klieser[8], Alberto Amadori[1,5], Rosa Maria Moresco[2,3], and Stefano Indraccolo[1]

Our results support the hypothesis that the highly glycolytic phenotype of tumor cells studied in xenograft models, either primary or secondary, is a cell-autonomous trait conferring resistance to VEGF blockade. The finding that metabolic traits of tumors can be selected by antiangiogenic therapy suggests insights into the evolutionary dynamics of tumor metabolism. *Cancer Res; 75(1); 120–133. ©2014 AACR.*

Nuova strategia terapeutica

ONCOIMMUNOLOGY
2016, VOL. 0, NO. 0, e1199311 (10 pages)
http://dx.doi.org/10.1080/2162402X.2016.1199311

Taylor & Francis
Taylor & Francis Group

ORIGINAL RESEARCH

OPEN ACCESS

Retargeting cytokine-induced killer cell activity by CD16 engagement with clinical-grade antibodies

Elisa Cappuzzello[a], Anna Tosi[a], Paola Zanovello[a,b], Roberta Sommaggio[a,*], and Antonio Rosato[a,b,*]

[a]Department of Surgery, Oncology and Gastroenterology, Oncology and Immunology Section, University of Padova, Padua, Italy; [b]Department of Clinical and Experimental Oncology, Veneto Institute of Oncology IOV-IRCCS, Padua, Italy

. Overall, these data provide a new therapeutic strategy for the treatment of Her2 and EGFR expressing tumors by adoptive cell therapy, which could find wide implementation and application, and could also be expanded to the use of additional therapeutic antibodies.

Gruppi Cooperativi Nazionali ed Internazionali

- **GONO**
- **GISCAD**
- **FIL**
- **AINO**
- **EORTC**
- **……**

Ricerca traslazionale-clinica INDIPENDENTE

Nuovo standard di trattamento pazienti mCRC

GONO trial

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Initial Therapy with FOLFOXIRI and Bevacizumab for Metastatic Colorectal Cancer

Fotios Loupakis, M.D., Ph.D., Chiara Cremolini, M.D., Gianluca Masi, M.D., Sara Lonardi, M.D., Vittorina Zagonel, M.D., Lisa Salvatore, M.D., Enrico Cortesi, M.D., Gianluca Tomasello, M.D., Monica Ronzoni, M.D., Rosella Spadi, M.D., Alberto Zaniboni, M.D., Giuseppe Tonini, M.D., Angela Buonadonna, M.D., Domenico Amoroso, M.D., Silvana Chiara, M.D., Chiara Carlomagno, M.D., Ph.D., Corrado Boni, M.D., Giacomo Allegrini, M.D., Luca Boni, M.D., and Alfredo Falcone, M.D.

FOLFOXIRI plus bevacizumab versus FOLFIRI plus bevacizumab as first-line treatment of patients with metastatic colorectal cancer: updated overall survival and molecular subgroup analyses of the open-label, phase 3 TRIBE study

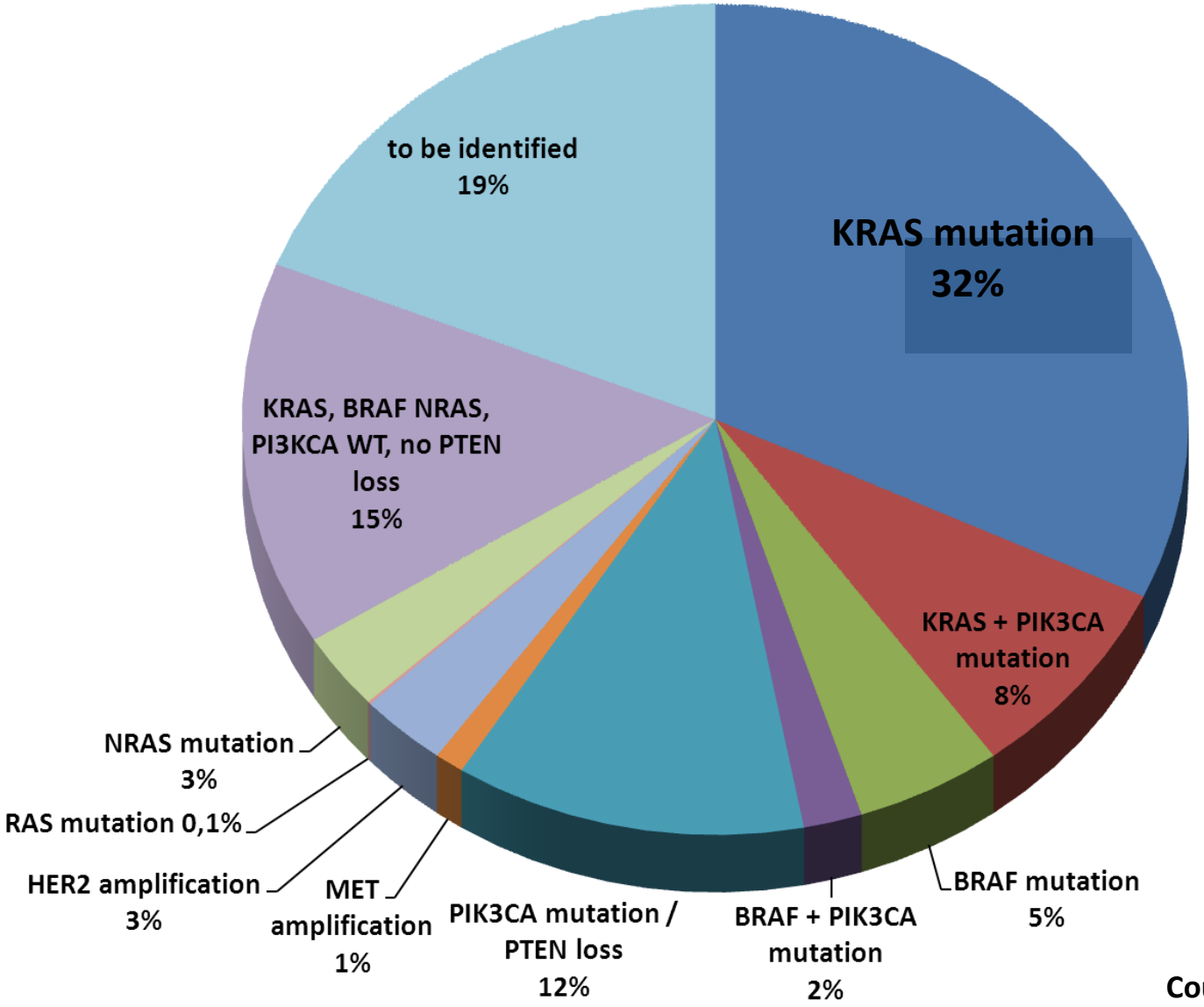
Chiara Cremolini, Fotios Loupakis*, Carlotta Antoniotti, Cristiana Lupi, Elisa Sensi, Sara Lonardi, Silvia Mezi, Gianluca Tomasello, Monica Ronzoni, Alberto Zaniboni, Giuseppe Tonini, Chiara Carlomagno, Giacomo Allegrini, Silvana Chiara, Mauro D'Amico, Cristina Granetto, Marina Cazzaniga, Luca Boni, Gabriella Fontanini, Alfredo Falcone*

Lancet Oncol 2015; 16: 1306–15

Summary

Background In the TRIBE study, FOLFOXIRI (fluorouracil, leucovorin, oxaliplatin, and irinotecan) plus bevacizumab

Precision medicine stands on exceptions…… mCRC



Courtesy S. Marsoni 2013

HERACLES First trial in HER2+ mCRC

Validazione del test molecolare HER2 in oltre 800 pazienti con carcinoma del colon e retto metastatici

MODERN PATHOLOGY (2015) 28, 1481–1491

Assessment of a HER2 scoring system for colorectal cancer: results from a validation study

Emanuele Valtorta[1,19], Cosimo Martino[2,19], Andrea Sartore-Bianchi[1], Frédérique Penaullt-Llorca[3], Giuseppe Viale[4], Mauro Risio[2], Massimo Rugge[5], Walter Grigioni[6], Katia Bencardino[1], Sara Lonardi[7], Vittorina Zagonel[7], Francesco Leone[2], Johannes Noe[8], Fortunato Ciardiello[9], Carmine Pinto[6], Roberto Labianca[10], Stefania Mosconi[10], Claudio Graiff[11], Giuseppe Aprile[12], Barbara Frau[13], Carlo Garufi[14], Fotios Loupakis[15], Patrizia Racca[16], Giuseppe Tonini[17], Calogero Lauricella[1], Silvio Veronese[1], Mauro Truini[1], Salvatore Siena[1,18,20], Silvia Marsoni[2,20] and Marcello Gambacorta[1,20]

What it means to be Network

Dual-targeted therapy with trastuzumab and lapatinib in treatment-refractory, *KRAS* codon 12/13 wild-type, HER2-positive metastatic colorectal cancer (HERACLES): a proof-of-concept, multicentre, open-label, phase 2 trial

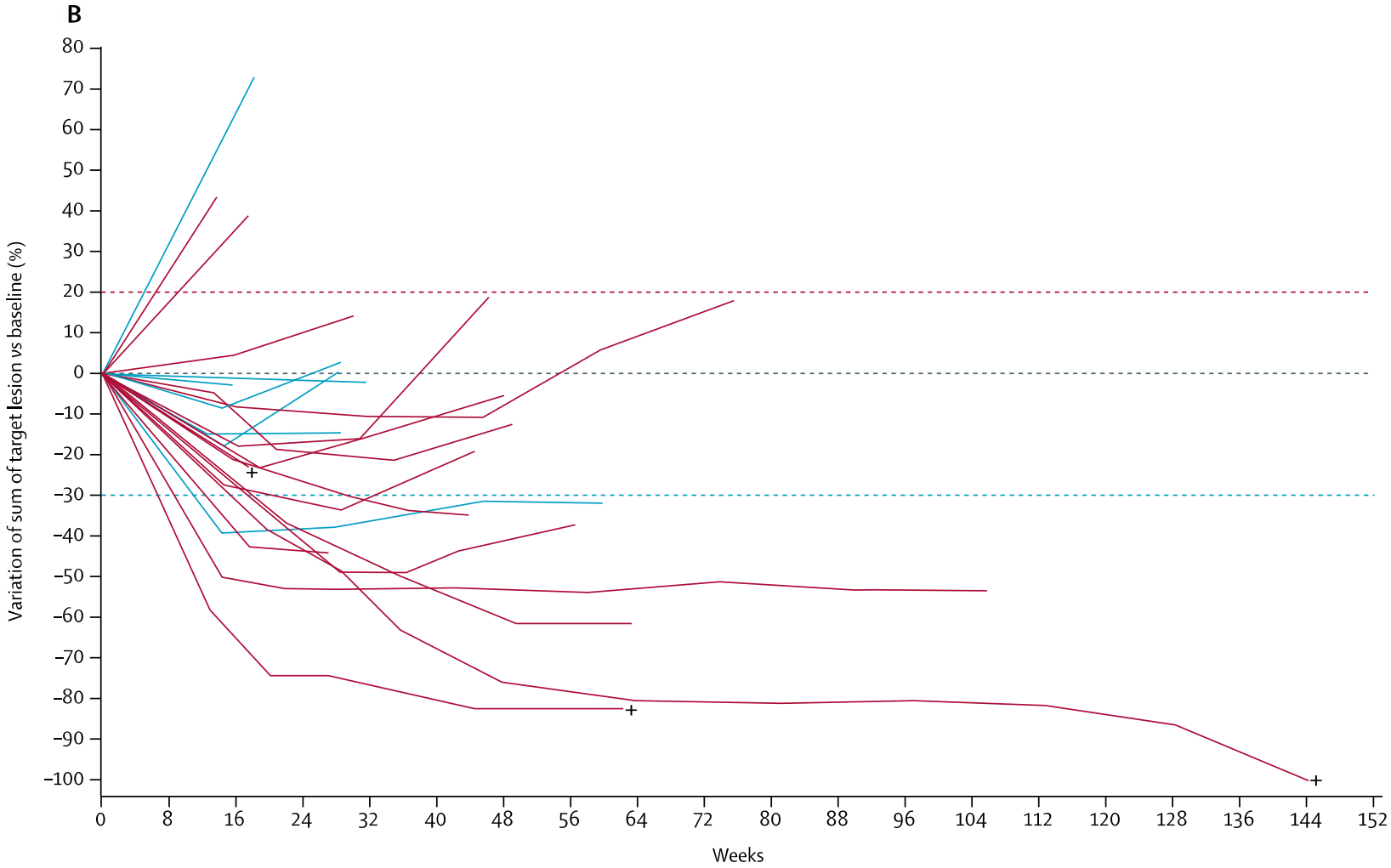
Andrea Sartore-Bianchi, Livio Trusolino*, Cosimo Martino, Katia Bencardino, Sara Lonardi, Francesca Bergamo, Vittorina Zagonel, Francesco Leone, Ilaria Depetris, Erika Martinelli, Teresa Troiani, Fortunato Ciardiello, Patrizia Racca, Andrea Bertotti, Giulia Siravegna, Valter Torri, Alessio Amatu, Silvia Ghezzi, Giovanna Marrapese, Laura Palmeri, Emanuele Valtorta, Andrea Cassingena, Calogero Lauricella, Angelo Vanzulli, Daniele Regge, Silvio Veronese, Paolo M Comoglio, Alberto Bardelli, Silvia Marsoni*, Salvatore Siena*

Highlights

- **70% Disease control rate**
- **30% Objective Response rate (2 CRs)**
- **Long lasting responses in EGFRs resistant patients**

http://dx.doi.org/10.1016/

HERACLES TRIAL: deepness and duration of response



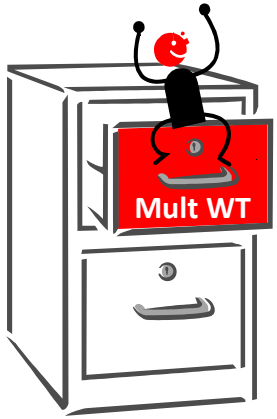
Sartore Bianchi et al, Lancet Oncology '16

Current FUNNEL Trials

HERACLES A
Lapatinib+ trastuzuman in naïve pts (terminated)

HERACLES RESCUE
TDM1 in antiHER2 resistant pts

HERACLES B
TDMI + pertuzumab in naïve pts



CHRONOS
Rechallenge with panitutumab in secondary KRAS resistance

STARTRK2
Entrectenib Phase 2 (Pharma basket trial including CRC)

ARETHUSA
MMR-status guided Immunotherapy

Courtesy Marsoni S, Candiolo IRCCS

REGOMA trial

Regorafenib in relapsed Glioblastoma

Randomized, controlled open-label phase II clinical trial

Regoma Trial TEAM

Study Coordinator: *Dr. V. Zagonel*

Clinical Trials and Biostatistics: *Dr. G.L. De Salvo*

Transaltional Research: *Dr. Stefano Indraccolo, Dr. G. Cabrini, Dr. MP Gardiman*

Medical Monitor: *Dr. G. Lombardi; (+39)-0498215888; giuseppe.lombardi@ioveneto.it*

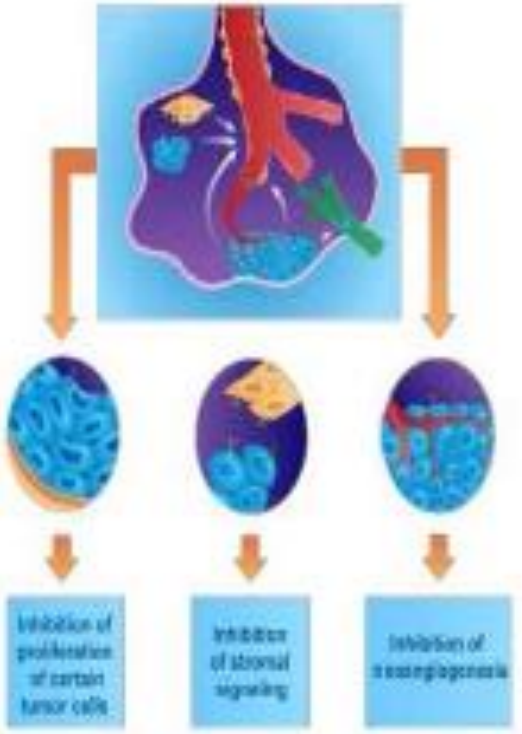
Drug management and pharmacovigilance: *Dr. D. Maran; (+39)-0498215729; daniele.maran@ioveneto.it*

Data Manager: *Dr. M. Farina; (+39)-0498215908; miriam.farina@ioveneto.it*

eCRF Coordinator: *Dr. M. Braggion; (+39)-0498215524; marco.braggion@ioveneto.it*

Mode of Action of Regorafenib

- Regorafenib inhibits multiple cell-signaling kinases:
  - Angiogenic
    - VEGFR1–3, TIE2
  - Stromal
    - PDGFR-β, FGFR
  - Oncogenic
    - KIT, PDGFR, RET
- $T_{1/2}$ in man: approx. 26-28 hrs
  - Two major metabolites (M2, M5) are pharmacologically active

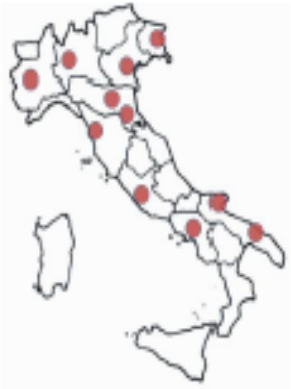


Wilhelm SM et al. Int J Cancer 2011

REGOMA trial

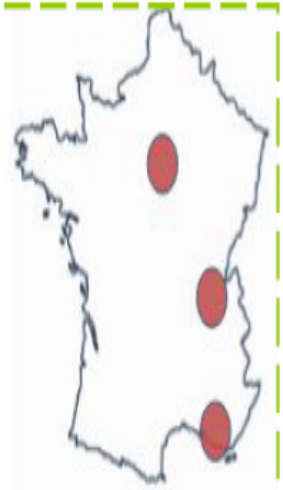
ACTIVE SITES: 11 Italian sites

- IOV Istituto Oncologico Veneto IRCCS (PD) (PI: Dr. Zagonel/Lombardi)
- Istituto Neurologico C. Besta (MI) (PI: Dr. Eoli)
- Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (I.R.S.T.) (Meldola - FC) (PI: Dr. Faedi)
- A.O.U. S. Maria della Misericordia di Udine (UD) (PI: Dr. Rizzato)
- IRRCS "De Bellis" (Castellana Grotte - BA) (PI: Dr. Lolli)
- A.O.U. Città della Salute e della Scienza di Torino (TO) (Dr. Rudà)
- Ospedale Casa Sollievo della Sofferenza IRCCS (San Giovanni Rotondo – FG) (PI: Dr. Maiello)
- Azienda Ospedaliera "Rummo"(BN) (PI: Dr. Daniele)
- Ospedale Santa Chiara (PI) (PI: Dr. Pasqualetti)
- Istituto Nazionale Tumori Regina Elena (RO) (PI: Dr. Pace)
- Ospedale Bellaria (BO) (PI: Dr. Brandes)



FRENCH SITES:

- Hospices Civils de Lyon, Lyon Cedex
- Hopitaux Universitaires Pitié Salpetrière Charles Foix, Paris
- Hôpital de la Timone, Marseille



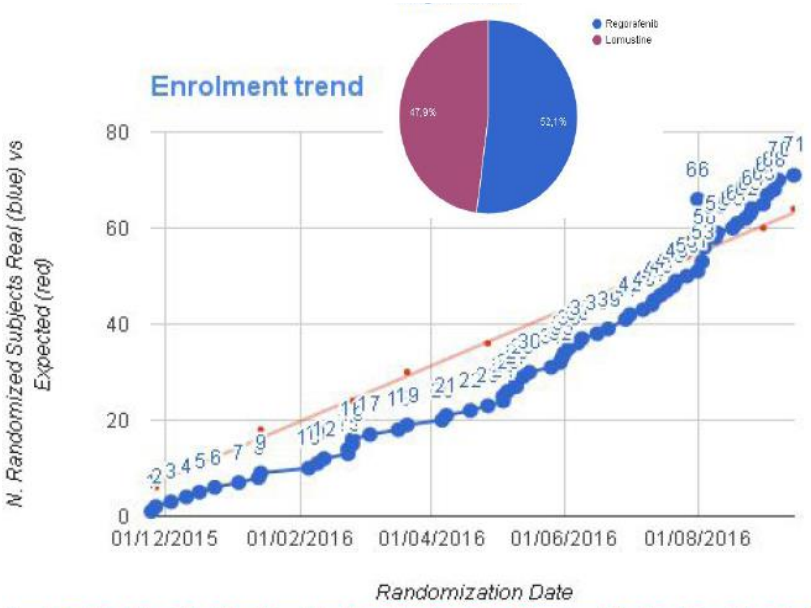
REGOMA Newsletter n. 4 September 2016

ENROLLMENT UPDATE:

71 patients were randomized. The final target is 112 subjects.

Date of first randomized patient: 25th November 2015 at IOV.

Enrolling sites	N. of Randomized Subjects
IOV (PD)	23
Besta (MI)	16
Città della Salute e della Scienza (TO)	9
Bellaria (BO)	7
IRST (FC)	6
Regina Elena (RM)	3
Castellana Grotte (BA)	2
Rummo (BN)	2
Santa Maria della Misericordia (UD)	2
Santa Chiara (PI)	2



G.O.N.O
Gruppo Oncologico del Nord Ovest

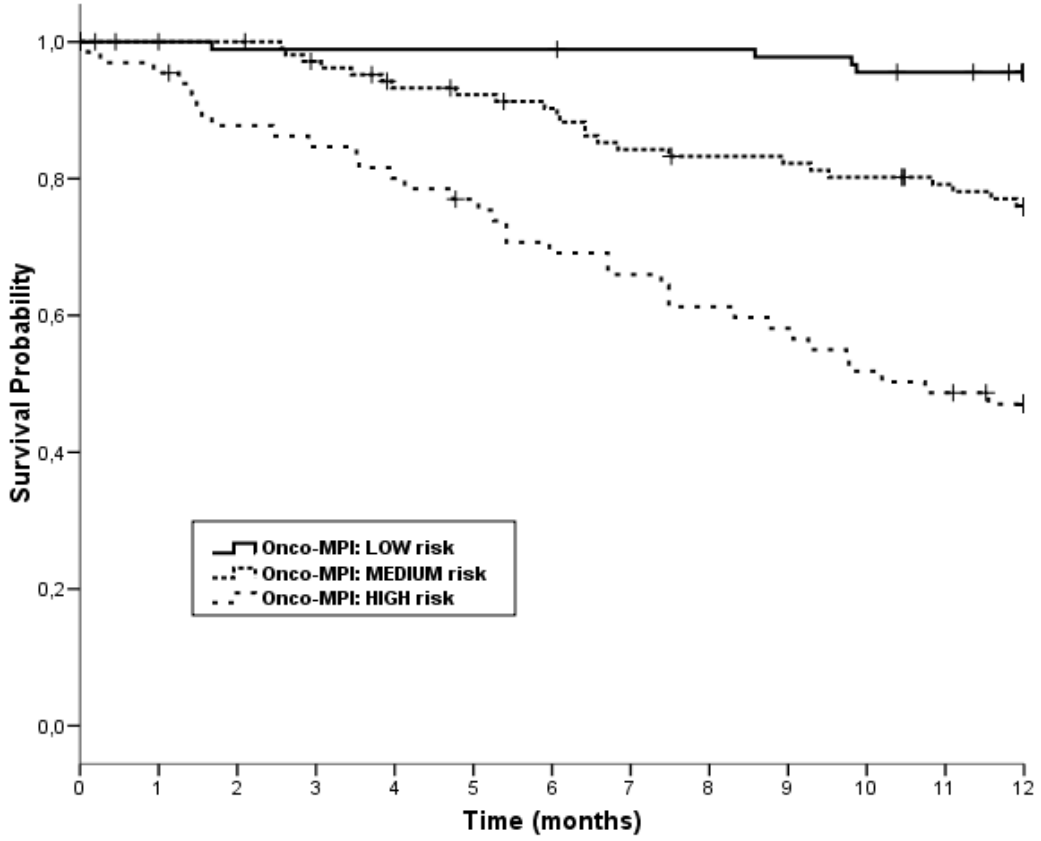
Panda Study

Randomized phase 2 study of first-line FOLFOX plus panitumumab versus 5FU plus pan in elderly RAS/BRAF wild-type mCRC

Co-PI Sara LONARDI Fotios LOUPAKIS

Onco-MPI & mCRC

N = 475



p< 0,001

Brunello et al, J Geriatr Oncol 2016 vol 7/6 (suppl 1): s89

FULL PAPER

BJC

British Journal of Cancer (2015) 112, 1921–1928 | doi: 10.1038/bjc.2015.142

Keywords: *BRAF*; *RAS*; metastatic colorectal cancer; liver; prognostic

Identificazione di mutazioni prognostiche

BRAF and *RAS* mutations as prognostic factors in metastatic colorectal cancer patients undergoing liver resection

M Schirripa[1,9], F Bergamo[2,9], C Cremolini[1], M Casagrande[3], S Lonardi[2], G Aprile[3], D Yang[4], F Marmorino[1], G Pasquini[1], E Sensi[5], C Lupi[5], G De Maglio[6], N Borrelli[5], S Pizzolitto[6], G Fasola[3], R Bertorelle[7], M Rugge[8], G Fontanini[5], V Zagonel[2], F Loupakis*[,1,10] and A Falcone[1,10]

Ramucirumab versus placebo in combination with second-line FOLFIRI in patients with metastatic colorectal carcinom that progressed during or after first-line therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine (RAISE): a randomised, double-blind, multicentre, phase 3 study

Nuovo standard terapeutico

Josep Tabernero, Takayuki Yoshino, Allen Lee Cohn, Radka Obermannova, Gyorgy Bodoky, Rocio Garcia-Carbonero, Tudor-Eliade Ciuleanu, David C Portnoy, Eric Van Cutsem, Axel Grothey, Jana Prausová, Pilar Garcia-Alfonso, Kentaro Yamazaki, Philip R Clingan, Sara Lonardi, Tae Won Kim, Lorinda Simms, Shao-Chun Chang, Federico Nasroulah, and the RAISE Study Investigators

Summary

Background Angiogenesis is an important therapeutic target in colorectal carcinoma. Ramucirumab is a human IgG-1

Lancet Oncol 2015; 16: 499–508

Ricerca sponsorizzata

Nivolumab ± Ipilimumab in Treatment of Patients With Metastatic Colorectal Cancer With and Without High Microsatellite Instability: CheckMate 142 Interim Results

Michael Overman,[1] Scott Kopetz,[1] Ray McDermott,[2] Joseph Leach,[3] Sara Lonardi,[4] Heinz-Josef Lenz,[5] Michael Morse,[6] Jayesh Desai,[7] Andrew Hill,[8] Michael Axelson,[9] Rebecca A. Moss,[9] Chen-Sheng Lin,[9] Monica Goldberg,[9] Thierry Andre[10]

[1]MD Anderson Cancer Center, Houston, TX, USA; [2]St Vincent's University Hospital, Dublin, Ireland; [3]Allina Health System, Minneapolis, MN, USA; [4]Istituto Oncologico Veneto IOV-IRCSS, Padova, Italy; [5]USC Norris Comprehensive Cancer Center, Los Angeles, CA, USA; [6]Duke University Office of Research Administration, Durham, NC, USA; [7]Royal Melbourne Hospital, Victoria, Australia; [8]Tasman Oncology Research Pty Ltd, Southport, Queensland, Australia; [9]Bristol-Myers Squibb, Princeton, NJ, USA; [10]Hopital Saint Antoine, Paris, France

PRESENTED AT: ASCO ANNUAL MEETING '16

Rete Oncologica Veneta
Ricerca, innovazione, assistenza

What it means networking

Disponibilità di nuovi trattamenti

studio Check-mate 209-142 con Nivo+IPI

Pazienti con carcinoma del colon metastatico MSI-H

35 pazienti arruolati c/o l'Oncologia Medica 1, IOV

Sintesi dei risultati	
Overall Response Rate %	**33.3%**
PFS rate at 6 months % (CI)	**66.6 (45.5, 81.1)**
OS rate (6 months) % (CI)	**85.1 (65.0, 94.2)**

Modificato da Overman et al., ASCO 2016

Nuova terapia adiuvante aumenta la sopravvivenza

The NEW ENGLAND JOURNAL of MEDICINE

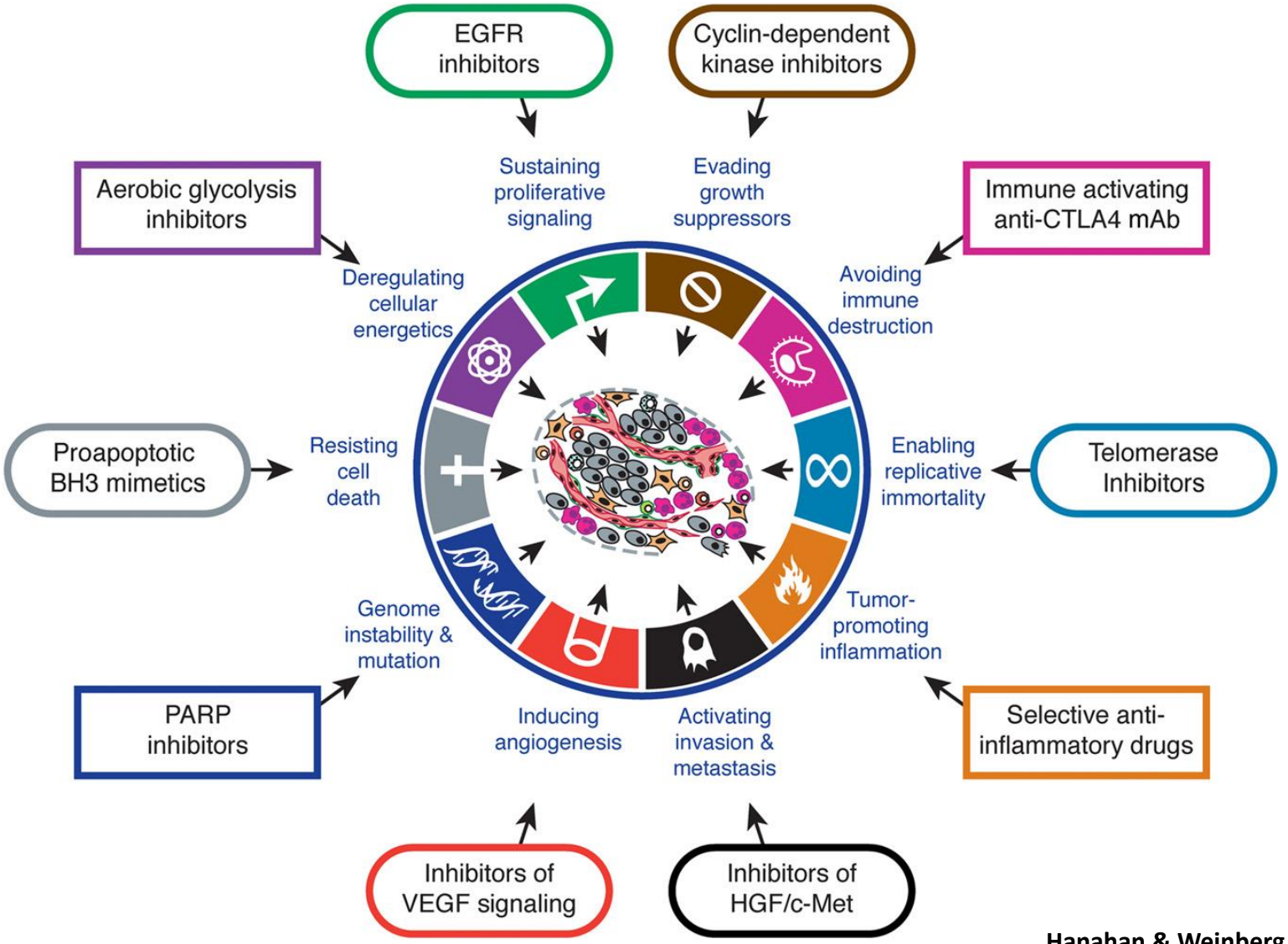
ORIGINAL ARTICLE

Prolonged Survival in Stage III Melanoma with Ipilimumab Adjuvant Therapy

A.M.M. Eggermont, V. Chiarion-Sileni, J.-J. Grob, R. Dummer, J.D. Wolchok, H. Schmidt, O. Hamid, C. Robert, P.A. Ascierto, J.M. Richards, C. Lebbé, V. Ferraresi, M. Smylie, J.S. Weber, M. Maio, L. Bastholt, L. Mortier, L. Thomas, S. Tahir, A. Hauschild, J.C. Hassel, F.S. Hodi, C. Taitt, V. de Pril, G. de Schaetzen, S. Suciu, and A. Testori

N Engl J Med 2016;375:1845-55.
DOI: 10.1056/NEJMoa1611299

Molecular landscape of cancer



Hanahan & Weinberg Cell 2011

European Journal of Cancer 65 (2016) 61–68

journal homepage: www.ejcancer.com

Nuovi modelli di presa in carico dei pazienti

Original Research

Systematic versus on-demand early palliative care: results from a multicentre, randomised clinical trial

Marco Maltoni [a], Emanuela Scarpi [b,*], Monia Dall'Agata [b], Vittorina Zagonel [c], Raffaella Bertè [d], Daris Ferrari [e], Chiara Maria Broglia [f], Roberto Bortolussi [g], Leonardo Trentin [h], Martina Valgiusti [i], Sara Pini [i], Alberto Farolfi [i], Andrea Casadei Gardini [i], Oriana Nanni [b], Dino Amadori [i] on behalf of Early Palliative Care Italian Study Group (EPCISG)

Adesione a linee guida

Annals of Oncology 24: 1685–1691, 2013
doi:10.1093/annonc/mdt031
Published online 27 February 2013

Adherence to treatment guidelines for primary sarcomas affects patient survival: a side study of the European CONnective TIssue CAncer NETwork (CONTICANET)

C. R. Rossi[1,2*], A. Vecchiato[1], G. Mastrangelo[3], M. C. Montesco[4], F. Russano[2], S. Mocellin[2], S. Pasquali[2], G. Scarzello[5], U. Basso[6], A. Frasson[2], P. Pilati[2], D. Nitti[2], A. Lurkin[7] & I. Ray-Coquard[7]

[1]Melanoma and Sarcomas Unit, Veneto Institute of Oncology-IRCCS, Padova; Departments of [2]Surgery, Oncology and Gastroenterology; [3]Molecular Medicine, University of Padova, Padova; [4]Pathology Unit; [5]Radiotherapy Unit and; [6]Medical Oncology, Veneto Institute of Oncology-IRCCS, Padova, Italy; [7]Department of Medical Oncology, Leon Berard Cancer Center, University of Lyon, Lyon, France

IOV

ULSS 16

- Anatomia Patologica
- Chirurgie
- Servizi

etc

AOU

Dipartimento Oncologico Interaziendale

GRUPPI MULTIDISCIPLINARI DI PATOLOGIA

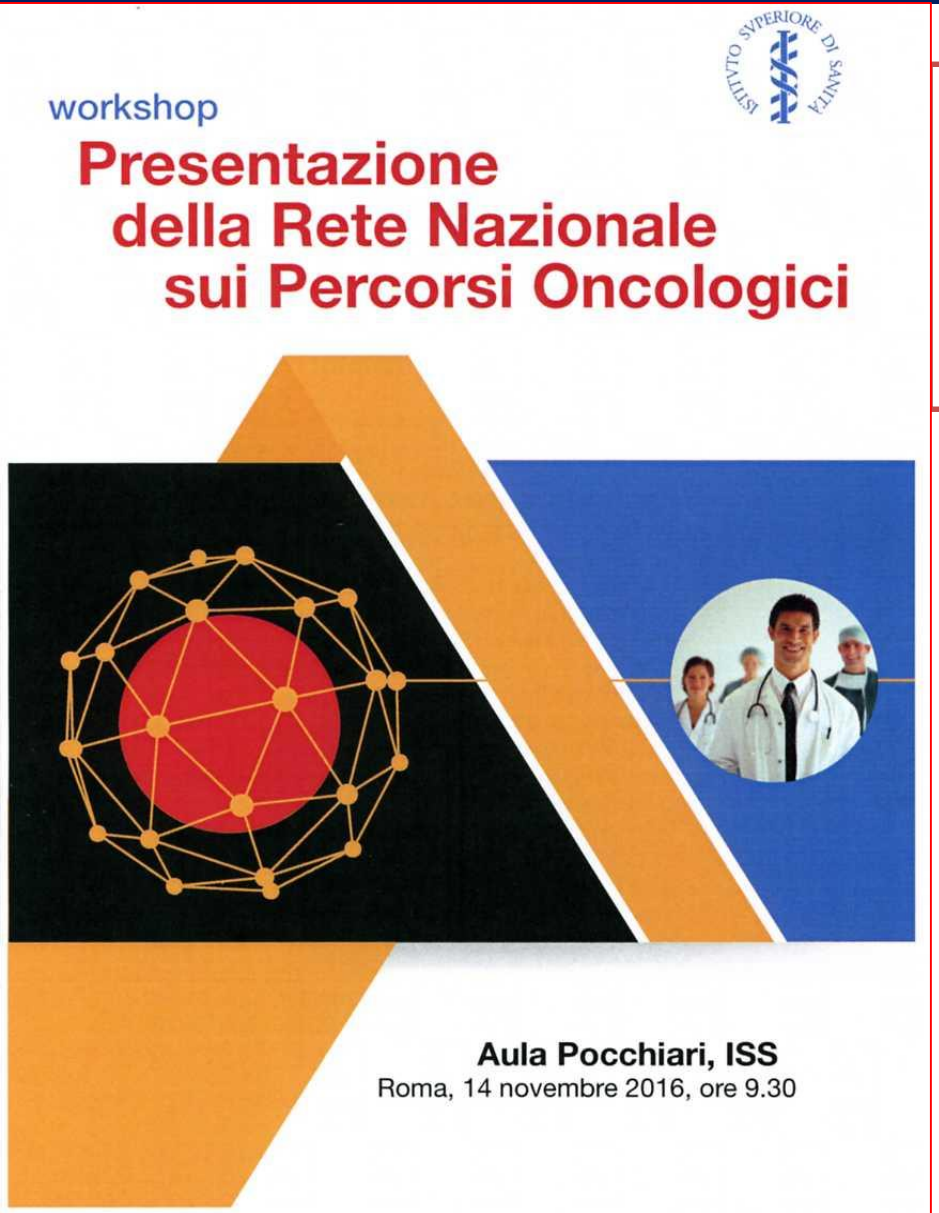
che cosa condividiamo?

- Clinical activity 40%
- Research 20%
- Guidelines / PDTA 10%
- Clinical trials 20%
- Training 10%

MDT: mandatory requirements

- Critical mass
- Documentation/audit
- Core team/associated services
- Patients' rights & empowerment
- Organization (nurse navigator)
- Policy Support

Le reti nazionali



Identificare le best practice clinico organizzative del PDTA per il paziente affetto da carcinoma del colon e del retto

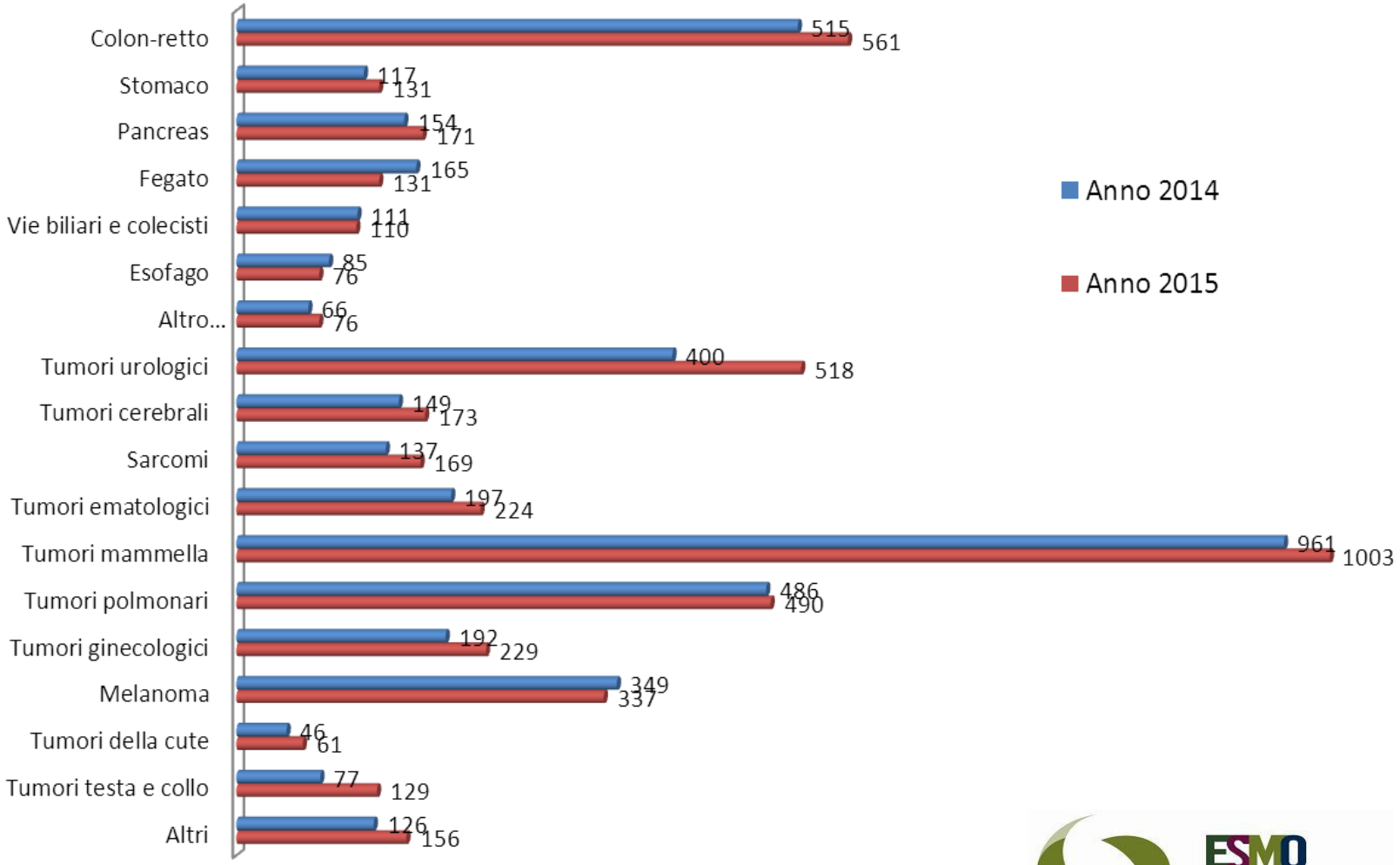
- Arcispedale Reggio Emilia, IRCCS
- ASST Papa Giovanni XXIII, Bergamo
- Fondazione Poliambulanza, Brescia
- Istituto Humanitas, IRCCS Rozzano
- Istituto Oncologico Veneto, Padova
- Ospedale Niguarda, Milano
- Policlinico Gemelli Roma

Sopravvivenza di pazienti Oncologia medica 1, IOV 2010-2013

TIPO TUMORE	N. Paz in carico IOV/ N. Paz. Visitati (%)	Paz. non Trattati %	% Paz. inseriti in trials clinici	Mediana N. linee terapie	mOS Paz. non trattati (mesi)	mOS Paz. IOV/ studio di riferimento (mesi)	Mediana ultima chemio-decesso (giorni)
COLON-RETTO	461/584 (79)	9.8	38	2	3.67	24,13 vs 25-30	83
STOMACO	97/127 (76)	16	8	1	2.2	10,2 vs 10-13	49
PANCREAS	141/143 (99)	11	0	1	1.28	8,6 vs 8,6-11	68
VIE BILIARI	198/315 (63)	34	0	1	1,43	13,4 vs 11,7	65
FEGATO	233/335 (69)	5	11	1	4.6	9.77 vs 10.7	NV

REGIONE DEL VENETO

PRIME VISITE ONCOLOGIA MEDICA



I.O.V. ISTITUTO ONCOLOGICO VENETO I.R.C.C.S.

OECI COMPREHENSIVE Cancer Centre

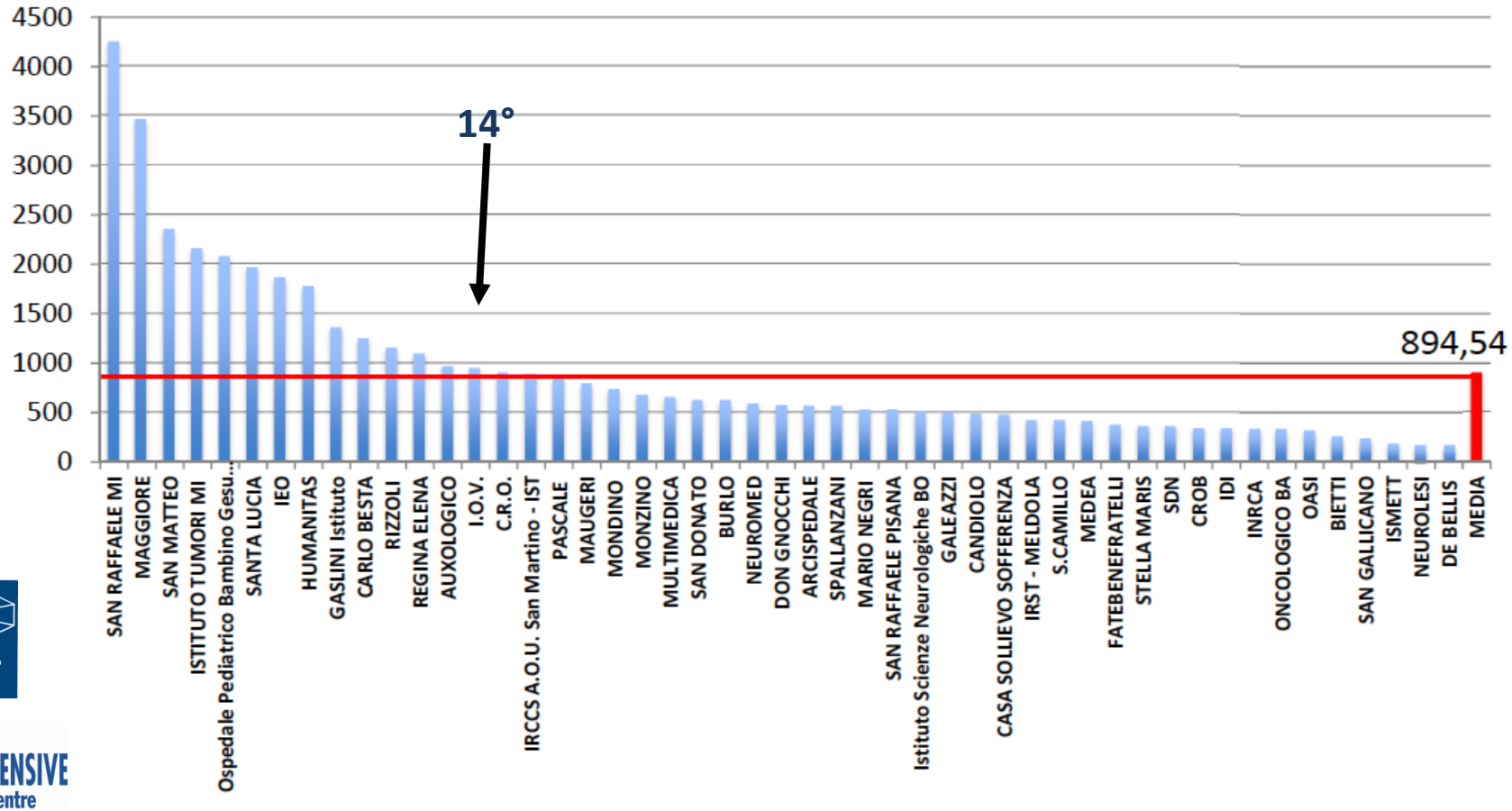
ESMO Designated Centers of Integrated Oncology and Palliative Care

IL CONTESTO NAZIONALE

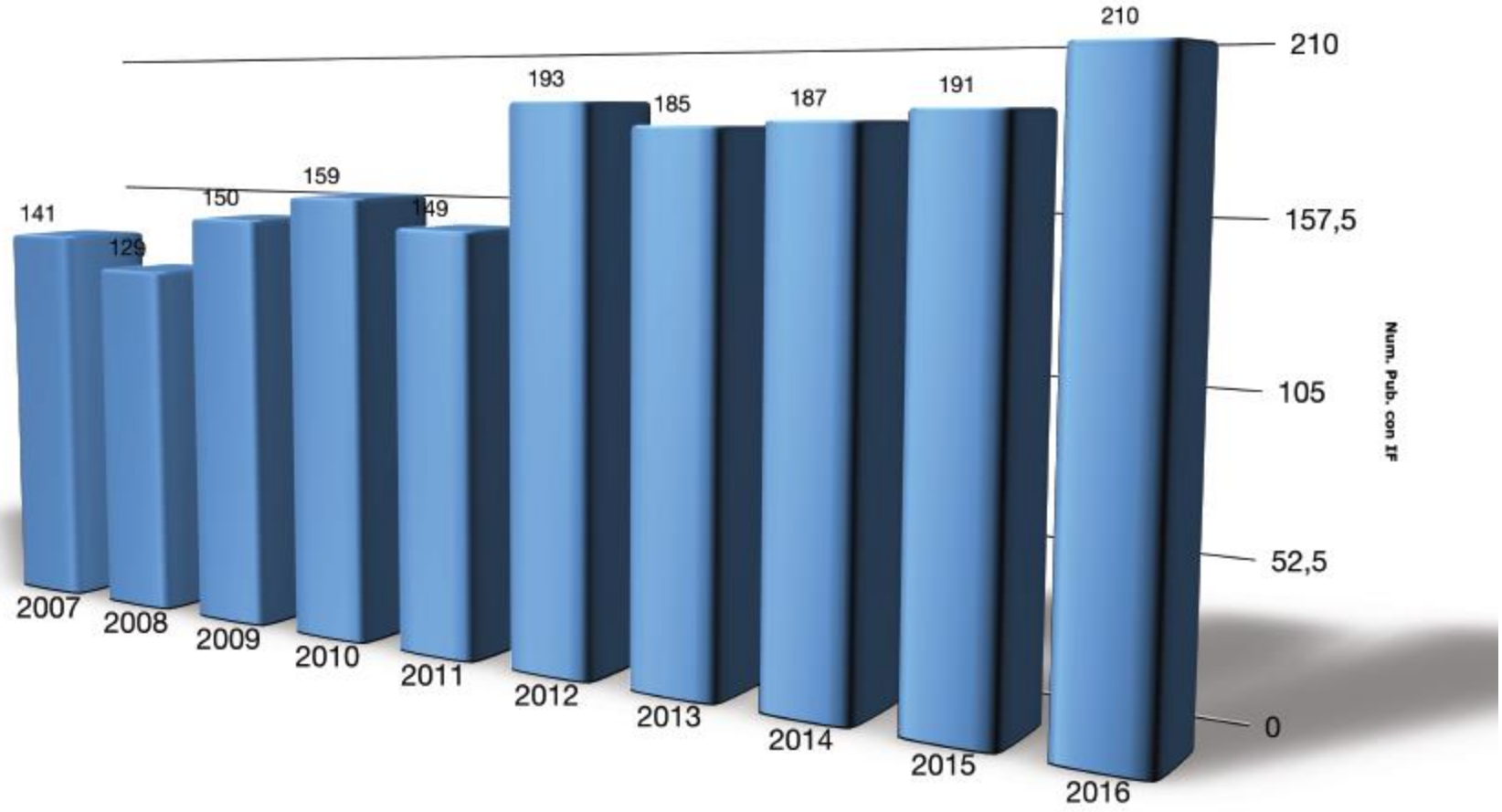
Ministero della Salute

RICERCA CORRENTE IRRCS Attività 2014

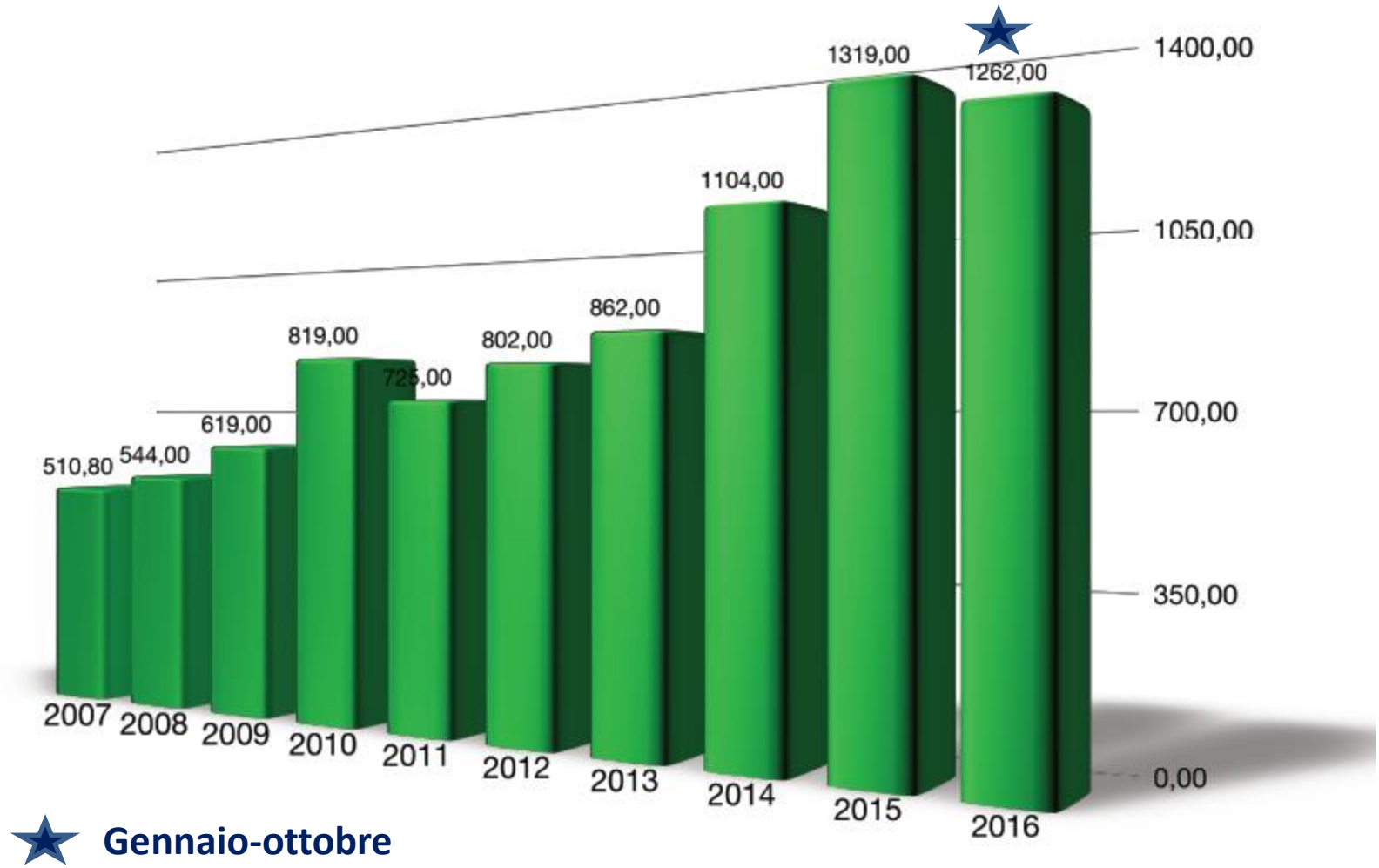
Direzione Generale della Ricerca e dell'Innovazione in Sanità



I nostri risultati: numero di pubblicazioni



Impact factor grezzo



★ **Gennaio-ottobre**

Rete Oncologica Veneta

Ricerca, innovazione, assistenza

- *P.D.T.A.*
- *Raccomandazioni farmaci innovativi*
- *Sperimentazioni cliniche*
- *Diagnostica molecolare e biobanche*
- *Informatizzazione*

- *AGENAS:PNE*
- *ISS*
- *AIFA*
- *Min. della Salute*

RETI

- **Organisation of European Cancer Institutes-*OECI***
- ***Cancer Control Joint Action - CanCon***
- ***Accreditamento Strutture per cittadini CE***

NON AVER PAURA DI SOGNARE

- **Passione**
- **Umiltà**
- **Ascolto**
- **Rispetto**
- **Determinazione**
- **Sfida**
- **Condivisione**

Alberto Mantovani

Decalogo per aspiranti scienziati