



Associazione Italiana di Oncologia Medica

*45 years*

06 luglio 2018

# AIOM-2018

*Associazione Italiana Oncologia Medica*

**Soci AIOM  
(oltre 2.500)**

**Sezioni regionali  
AIOM (=20)**



Presidente: S. Gori

**AIOM**

**Fondazione  
AIOM**

**AIOM Servizi  
srl**



Presidente: F. Nicolis



Presidente: P. Marchetti

# 1-The best care for every patient

**Prevenzione**

**Assistenza**

**Informazione**

**Formazione**

**Ricerca**

**Aggiornamento**



Associazione Italiana Oncologia Medica

# The best care for every patient



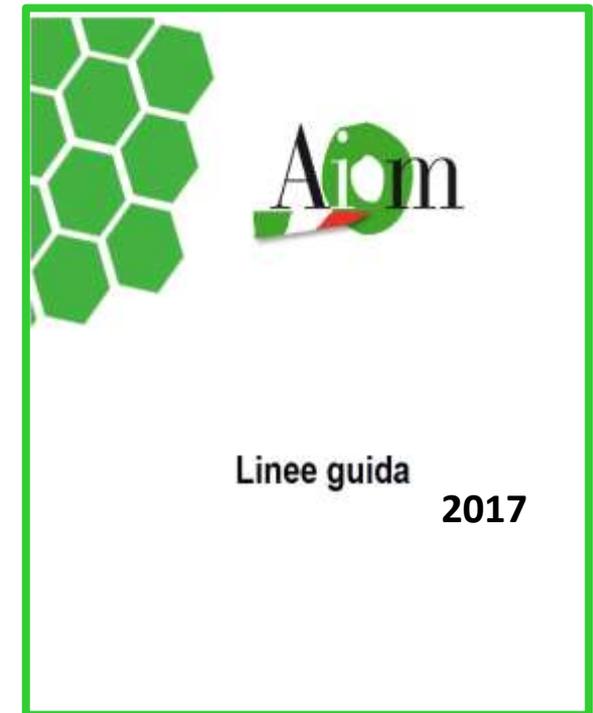
Incidenza, Mortalità  
Sopravvivenza, Prevalenza  
**I numeri del cancro**



Strutture, Personale (=331 strutture)  
**Organizzazione**  
**Reti Regionali Oncologiche**



Standard diagnostico-  
terapeutici  
**Appropriatezza**



## Incidenza: 369.000 nuovi casi nel 2017

Rango	Maschi	Femmine	Tutta la popolazione
1°	Prostata (18%)	Mammella (28%)	Colon-retto (14%)
2°	Colon-retto (16%)	Colon-retto (13%)	Mammella (14%)
3°	Polmone (15%)	Polmone (8%)	Polmone (11%)
4°	Vescica* (11%)	Tiroide (6%)	Prostata (9%)
5°	Rene, vie urinarie** (5%)	Utero corpo (5%)	Vescica* (7%)

TABELLA 6. Primi cinque tumori più frequentemente diagnosticati e proporzione sul totale dei tumori (esclusi i carcinomi della cute) per sesso. Stime per l'Italia 2017.

Ra **1.000 nuove diagnosi di tumore al giorno!**

Rango	Maschi	Femmine	Tutta la popolazione
1°	Polmone (17%)	Polmone (15%)	Polmone (16%)
2°	Cute (melanomi) (9%)	Polmone (14%)	Colon-retto (12%)
3°	Colon-retto (13%)	Colon-retto (14%)	Utero corpo (7%)
4°	Linfoma non-Hodgkin (8%)	Cute (melanomi) (7%)	Polmone (7%)
5°	Colon-retto (8%)	Vescica* (10%)	Colon-retto (4%)
6°	Tiroide (8%)	Vescica* (12%)	Polmone (7%)
7°	Vie aerodigestive superiori** (5%)	Stomaco (5%)	Tiroide (5%)
8°		Stomaco (5%)	Stomaco (5%)

TABELLA 7. Primi cinque tumori in termini di frequenza e proporzione sul totale dei tumori incidenti (esclusi i carcinomi della cute) per sesso e fascia di età. Pool AIRTUM 2008-2013.



# Mortalità 2014\*: 177.301 decessi

Rango	Maschi	Femmine	Tutta la popolazione
1°	Polmone (27%)	Mammella (17%)	Polmone (20%)
2°	Colon-retto (11%)	Colon-retto (12%)	Colon-retto (11%)
3°	Prostata (8%)	Polmone (11%)	Mammella (8%)
4°	Fegato (7%)	Pancreas (7%)	Stomaco (6%)
5°	Stomaco (6%)	Stomaco (6%)	Pancreas (6%)

TABELLA 9. Prime cinque cause di morte oncologica e proporzione sul totale dei decessi oncologici per sesso. Pool AIRTUM 2008-2013.

**~ 480 decessi per tumore, ogni giorno**

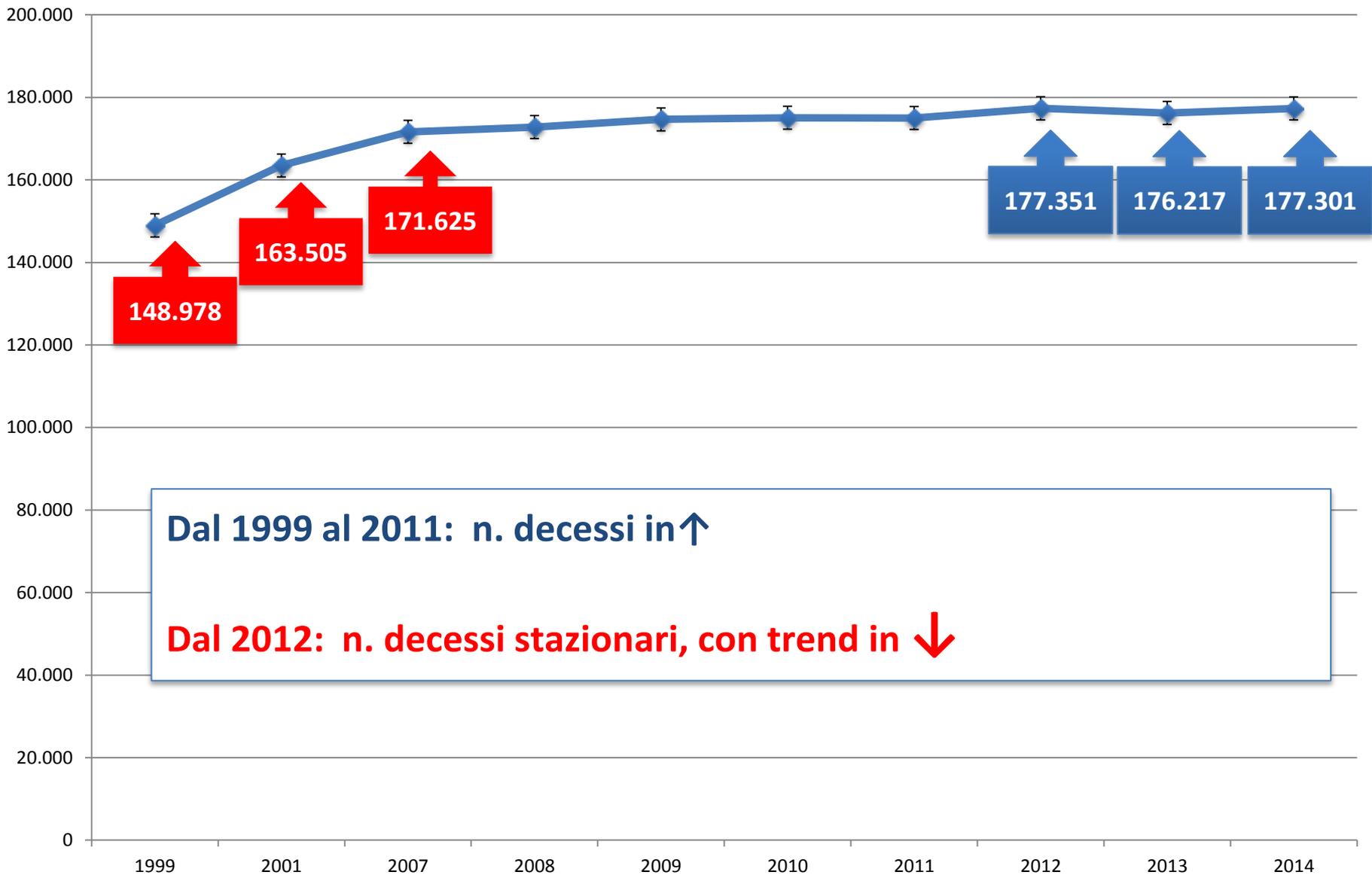


Rango	Maschi	Femmine	Tutta la popolazione
2°	Sistema nervoso centrale (10%)	Colon-retto (10%)	Polmone (9%)
3°	Colon-retto (8%)	Fegato (8%)	Polmone (14%)
4°	Leucemie (8%)	Prostata (10%)	Colon-retto (7%)
5°	Fegato (7%)	Fegato (7%)	Colon-retto (10%)
		Pancreas (7%)	Ovaio (6%)
		Stomaco (6%)	Pancreas (7%)
		Stomaco (7%)	Sistema nervoso centrale (6%)
			Ovaio (7%)
			Stomaco (7%)

TABELLA 10. Prime cinque cause di morte oncologica e proporzione sul totale dei decessi per tumore per sesso e fascia di età. Pool AIRTUM 2008-2013.

\*dati ISTAT

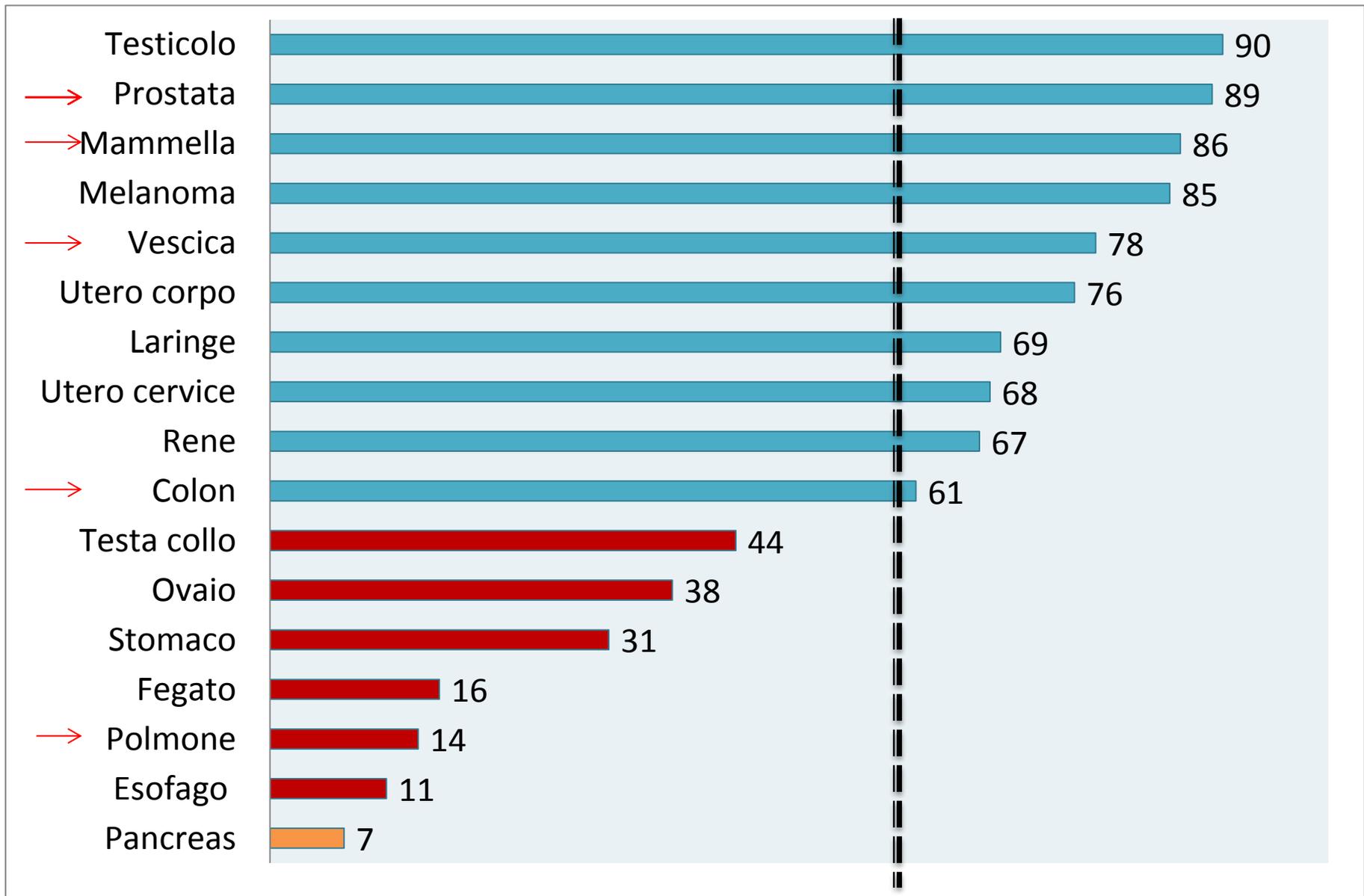
# Numero di decessi per tumore in Italia



Dal 1999 al 2011: n. decessi in ↑

Dal 2012: n. decessi stazionari, con trend in ↓

# Sopravvivenza (%) a 5 anni per sede tumorale in Italia



# Linee Guida AIOM 2017 (=35)

## Linee Guida d'organo (=26)

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>-Mammella</li><li>-Esofago</li><li>-Stomaco</li><li>-Colon</li><li>-Retto e ano</li><li>-Epatocarcinoma</li><li>-Pancreas esocrino</li><li>-Polmone</li><li>-Rene</li><li>-Prostata</li><li>-Vescica</li><li>-Testicolo</li><li>-Ovaio</li><li>-Utero:endometrio e cervice</li></ul> | <ul style="list-style-type: none"><li>-Testa-collo</li><li>-Tumori neuroendocrini</li><li>-Cerebrali</li><li>-Melanoma m.</li><li>-Sarcomi tessuti molli e GIST</li><li>-Linfomi</li><li>-Mieloma m.</li><li>-Tiroide</li><li>-Vie biliari</li><li>-Sede primitiva ignota</li><li>-Mesotelioma pleurico</li><li>-Tumori della cute non melanoma</li></ul> |
|--|---|

## Linee Guida\* (=9)

- Anziano: parte generale
- Terapia antiemetica
- Metastasi ossee
- Cachessia neoplastica
- Tromboembolismo venoso
- Tossicità ematopoietica
- Terapia del dolore oncologico
- Assistenza psicosociale
- Preservazione fertilità in oncologia

\*su temi generali/complicanze/supporto



# Linee Guida AIOM



Pdf scaricati dal sito AIOM	Accessi Linee Guida dalle APP
<i>Dal 2013 al 2017</i>	
<b>1.338.306</b>	<b>308.944</b>



## Fertility Preservation in Patients With Cancer: ASCO Clinical Practice Guideline Update

*Kutluk Oktay, Brittany E. Harvey, Ann H. Partridge, Gwendolyn P. Quinn, Joyce Reinecke, Hugh S. Taylor, W. Hamish Wallace, Erica T. Wang, and Alison W. Loren*

Author affiliations and support information (if applicable) appear at the end of this article.

Published at [jco.org](http://jco.org) on April 5, 2018.

K.O. and A.W.L. were Expert Panel co-chairs and contributed equally to this work.

Clinical Practice Guideline Committee approved: January 25, 2018

Editor's note: This American Society of Clinical Oncology (ASCO) Clinical Practice Guideline provides recommendations, with comprehensive review and analyses of the relevant literature for each recommendation. Additional information, including an abbreviated Data Supplement with new studies, a Methodology Supplement, slide sets, clinical tools and resources, and links to patient information at [www.cancer.net](http://www.cancer.net), is available at [www.asco.org/survivorship-guidelines](http://www.asco.org/survivorship-guidelines).

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0732-183X/18/3699-1/\$20.00

### A B S T R A C T

#### Purpose

To provide current recommendations about fertility preservation for adults and children with cancer.

#### Methods

A systematic review of the literature published from January 2013 to March 2017 was completed using PubMed and the Cochrane Library. An Update Panel reviewed the identified publications.

#### Results

There were 61 publications identified and reviewed. None of these publications prompted a significant change in the 2013 recommendations.

#### Recommendations

Health care providers should initiate the discussion on the possibility of infertility with patients with cancer treated during their reproductive years or with parents/guardians of children as early as possible. Providers should be prepared to discuss fertility preservation options and/or to refer all potential patients to appropriate reproductive specialists. Although patients may be focused initially on their cancer diagnosis, providers should advise patients regarding potential threats to fertility as early as possible in the treatment process so as to allow for the widest array of options for fertility preservation. The discussion should be documented. Sperm, oocyte, and embryo cryopreservation are considered standard practice and are widely available. There is conflicting evidence to recommend gonadotrophin-releasing hormone agonists (GnRHa) and other means of ovarian suppression for fertility preservation. The Panel recognizes that, when proven fertility preservation methods are not feasible, and in the setting of young women with breast cancer, GnRHa may be offered to patients in the hope of reducing the likelihood of chemotherapy-induced ovarian insufficiency. GnRHa should not be used in place of proven fertility preservation methods. The panel notes that the field of ovarian tissue cryopreservation is advancing quickly and may evolve to become standard therapy in the future. Additional information is available at [www.asco.org/survivorship-guidelines](http://www.asco.org/survivorship-guidelines).

**Table 3.** Guidelines

Guideline	Recommendation
NCCN Breast Cancer 2017 <sup>21</sup>	Randomized trials have shown that ovarian suppression with GnRH agonist therapy administered during adjuvant chemotherapy in premenopausal women with ER-negative tumors may preserve ovarian function and diminish the likelihood of chemotherapy-induced amenorrhea. Smaller historical experiences in patients with ER-positive disease have reported conflicting results with regard to the protective effect of GnRH agonist therapy on fertility.
NCCN AYA Oncology 2017 <sup>20</sup>	Some data suggest that menstrual suppression with GnRH agonists may protect ovarian function. However, evidence that menstrual suppression with GnRH agonists protects ovarian function is insufficient, so this procedure is not currently recommended as an option for fertility preservation.
AIOM 2016 <sup>15</sup>	Temporary ovarian suppression with LHRHa during chemotherapy should be recommended to all premenopausal patients with breast cancer undergoing chemotherapy who are interested in ovarian function and/or fertility preservation.
SEOM 2016 <sup>16</sup>	The use of GnRHa could be an option to discuss with patients with early-stage receptor-negative breast cancer if embryo or oocyte cryopreservation not feasible. The use of GnRHa to preserve fertility in women with other cancer should not be recommended.
BCY2 2016 <sup>17</sup>	The most recent data suggested a protective ovarian effect of LHRHa in both patients with hormone receptor-positive and -negative disease with no signal for harm from a breast cancer recurrence standpoint. The BCY2 Panel therefore agreed this strategy can be discussed with patients interested in potentially preserving fertility and/or ovarian function.
St Gallen 2015 <sup>18</sup>	LHRH agonist therapy during chemotherapy proved effective to protect against premature ovarian failure and preserve fertility in young women with ER-negative breast cancer undergoing chemotherapy.
ESMO 2013 <sup>19</sup>	The use of GnRH analogs concomitantly with chemotherapy should not be regarded as a reliable means of preserving fertility. Data on long-term ovarian function and pregnancy rates in these cohorts are warranted.

Abbreviations: AIOM, Italian Association of Medicine; AYA, Adolescent and Young Adult; BCY2, International Consensus Conference for Breast Cancer in Young Women; ER, estrogen receptor; ESMO, European Society for Medical Oncology; GnRHa, gonadotrophin-releasing hormone agonist; LHRH, luteinizing hormone-releasing hormone; LHRHa, luteinizing hormone-releasing hormone agonists; NCCN, National Comprehensive Cancer Network; SEOM, Sociedad Española de Oncología Médica.

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Associazione Italiana Oncologia Medica

# IV CORSO NAZIONALE AIOM PER GIORNALISTI MEDICO-SCIENTIFICI ED ONCOLOGI

DIRETTORE DEL CORSO: STEFANIA GORI

PROGRAMMA



MILANO 13-14 APRILE 2018

HOTEL DEI CAVALIERI MILANO DUOMO  
Piazza Giuseppe Missori, 1



# IV CORSO NAZIONALE AIOM PER GIORNALISTI MEDICO-SCIENTIFICI ED ONCOLOGI

DIRETTORE DEL CORSO: STEFANIA GORI

ASCO 2018: sala stampa



**MILANO 13-14 APRILE 2018**  
HOTEL DEI CAVALIERI MILANO DUOMO  
Piazza Giuseppe Missori, 1

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Associazione Italiana Oncologia Medica



AIOM POST ASCO GI REVIEW

## UPDATES AND NEWS FROM THE GASTROINTESTINAL

in San Francisco, CA, USA

ROMA | 16-17 FEBBRAIO 2018

AIOM POST ASCO GU REVIEW

## UPDATES and NEWS from the Genitourinary Cancers Symposium

in San Francisco, CA, USA



Milano, Hilton Milan Hotel  
2 Marzo 2018

**AiOm**  
Associazione Italiana di Oncologia Medica



# AIOM POST-ASCOREVIEW:

Updates and news from the Annual Meeting in Chicago



## PROGRAMME - FRIDAY JUNE 15 2018

### 11.30 - 13.30 LUNG CANCER

Moderatori: *Emilio Bria (Roma),  
Rita Chiari (Perugia)*

#### 11.30 Highlights

*Sara Pilotto (Verona)*

#### 12.10 ASCO Poster review

*Paolo Bironzo (Orbassano, TO)*

#### 12.25 Critical review

*Silvia Novello (TO)*

#### 12.40 Discussion

### 13.00 Lunch

### 14.30 - 15.30 GASTROINTESTINAL (NO COLORECTAL)

Moderatori: *Maria Di Bartolomeo (Milano),  
Evaristo Maiello (San Giovanni Rotondo, F)*

#### 14.30 Highlights

*Gianluca Tomasello (Cremona)*

#### 14.45 ASCO Poster review

*Federica Morano (Milano)*

#### 15.00 Critical review

*Stefano Cascinu (Modena)*

#### 15.15 Discussion

### 15.30 - 16.30 MELANOMA

Moderatori: *Vanna Chiarion Sileni (Padova),  
Pierosandro Tagliaferri (Catanzaro)*

#### 15.30 Highlights

*Paola Queirolo (Genova)*

#### 15.45 ASCO Poster review

*Francesco De Rosa (Meldola, FC)*

#### 16.00 Critical review

*Paolo Marchetti (Roma)*

#### 16.15 Discussion

### 16.30 Coffee break

### 17.00 - 18.00 COLORECTAL CANCER

Moderatori: *Carmine Pinto (Reggio Emilia),  
Vittorina Zagonel (Padova)*

#### 17.00 Highlights

*Francesca Bergamo (Padova)*

#### 17.15 ASCO Poster review

*Carlotta Antoniotti (Pisa)*

#### 17.30 Critical review

*Alfredo Falcone (Pisa)*

#### 17.45 Discussion

# ASCO 2018

1-5 June, 2018

McCormick Place-Chicago, Illinois



## Ricercatori italiani all'ASCO 2018: presentazioni orali

De-escalated treatment with trastuzumab-pertuzumab-letrozole in patients with HR+/HER2+ operable breast cancer with Ki67 response after 2 weeks letrozole: Final results of the PerELISA neoadjuvant study.

Sub-category:  
Neoadjuvant Therapy

*Valentina Guarneri*

Padova

Category:  
Breast Cancer--Local/Regional/Adjuvant

Preoperative pembrolizumab (pembro) before radical cystectomy (RC) for muscle-invasive urothelial bladder carcinoma (MIUC): Interim clinical and biomarker findings from the phase 2 PURE-01 study.

Sub-category:  
Bladder Cancer

*Andrea Necchi*

Milano

Category:  
Genitourinary (Nonprostate) Cancer

Chemotherapy plus or minus bevacizumab for platinum-sensitive ovarian cancer patients recurring after a bevacizumab containing first line treatment: The randomized phase 3 trial MITO16B-MaNGO OV2B-ENGOT OV17.

Sub-category:  
Ovarian Cancer

*Sandro Pignata*

Napoli

Category:  
Gynecologic Cancer

Actionable targets involving FGF receptors in gliomas: Molecular specificities, spatial distribution, clinical outcome and radiological phenotype.

Sub-category:  
Central Nervous System Tumors

*Anna Luisa Di Stefano*

Pavia

Category:  
Central Nervous System Tumors

A randomized, open label, multicenter phase 2 study, to evaluate the efficacy of sorafenib (So) in patients (pts) with metastatic renal cell carcinoma (mRCC) after a radical resection of the metastases: RESORT trial.

Sub-category:  
Kidney Cancer

*Giuseppe Procopio*

Milano

Category:  
Genitourinary (Nonprostate) Cancer

A randomized phase 2 study investigating 3 dosing regimens of radium-223 dichloride (Ra-223) in bone metastatic castration-resistant prostate cancer (mCRPC).

Sub-category:  
Advanced Disease

*Cora N Sternberg*

Roma

Category:  
Genitourinary (Prostate) Cancer

First-line FOLFOX plus panitumumab (Pan) followed by 5FU/LV plus Pan or single-agent Pan as maintenance therapy in patients with RAS wild-type metastatic colorectal cancer (mCRC): The VALENTINO study.

Sub-category:  
Advanced Disease

*Filippo Pietrantonio*

Milano

Category:  
Gastrointestinal (Colorectal) Cancer

Liquid biopsy to predict benefit from rechallenge with cetuximab (cet) + irinotecan (iri) in RAS/BRAF wild-type metastatic colorectal cancer patients (pts) with acquired resistance to first-line cet+iri: Final results and translational analyses of the CRICKET study by GONO.

Sub-category:  
Circulating Biomarkers

*Daniele Rossini*

Pisa

Category:  
Tumor Biology

The randomised induction for high-risk neuroblastoma comparing COJEC and N5-MSKCC regimens: Early results from the HR-NBL1.5/SIOPEN trial.

Sub-category:  
Pediatric Solid Tumors

*Alberto Garaventa*

Genova

Category:  
Pediatric Oncology

Maintenance low-dose chemotherapy in patients with high-risk (HR) rhabdomyosarcoma (RMS): A report from the European Paediatric Soft Tissue Sarcoma Study Group (EpSSG).

Sub-category:  
Pediatric Solid Tumors

*Gianni Bisogno*

Padova

Category:  
Pediatric Oncology

Plasma HER2 (ERBB2) copy number to predict response to HER2-targeted therapy in metastatic colorectal cancer.

Sub-category:  
Advanced Disease

*Alberto Bardelli, Giulia Siravegna*

*Candiolo (TO)*

Category:  
Gastrointestinal (Colorectal) Cancer

## Ricercatori italiani insigniti con i “Merit Award”

**Francesca Battaglin**  
Istituto Oncologico Veneto,  
Padova



**Vincenza Conteduca**  
Istituto scientifico romagnolo per  
lo studio e la cura dei tumori  
Meldola (Forlì)



**Luisa Carbognin**  
Università degli Studi di Verona



**Lisa Derosa**  
Gustave Roussy Cancer Campus,  
Paris Saclay University



**Alessia Castellino**  
AOU Città della Salute e della  
Scienza di Torino



## Ricercatori italiani insigniti con i “Merit Award”

**Sandro Pasquali**

Istituto nazionale tumori, Milano



**Paolo Strati**

The University of Texas, Md  
Anderson Cancer Center

**Pasquale Rescigno**

Institute of Cancer Research, The  
Royal Marsden Nhs Foundation  
Trust, Londra



**Alberto Puccini**

Usc Norris Comprehensive  
Cancer Center

**Daniele Rossini**

AOU Pisana, Istituto Toscano  
Tumori



**Matteo Lambertini**

Institut Jules Bordet, Bruxelles

12° CONGRESSO NAZIONALE **AiOm** GIOVANI



**PERUGIA**  
6 - 7 LUGLIO 2018

Alla Posta dei Donini  
San Martino in Campo

**AiOm**  
Associazione Italiana di Oncologia Medica



**venerdì**  
**6 LUGLIO**

## **PREMIAZIONE MIGLIORI TRE ABSTRACT GIOVANI**

**Presentazione dei lavori selezionati da parte dei tre giovani oncologi vincitori:**

**Palbociclib for metastatic breast cancer in real-world: a monocentric prospective study exploring efficacy (according to prior treatments), safety and subsequent therapies**

Alice Menichetti (Padova)

**Impact of EVERolimus-induced precocious modifications of systemic METabolism on the prognosis of postmenopausal women with advanced hormone receptor-positive HER2 negative breast cancer: preliminary monocentric data from the ongoing retrospective, multicenter italian EVERMET study**

Federico Nichetti (Milano)

**Platinum-based neoadjuvant chemotherapy in triple-negative breast cancer: A systematic review and meta-analysis**

Francesca Poggio (Genova)



# XX CONGRESSO NAZIONALE AIOM 2018

THE BEST CARE  
FOR EVERY PATIENT



Roma, 16-17-18 novembre 2018  
Marriott Park Hotel

**Aiom**  
Associazione Italiana di Oncologia Medica  
45 years



In un “mondo” che sta  
cambiando.....





L'obiettivo del nostro lavoro:  
**I PAZIENTI**



1973- 2018



A fianco dell'oncologia italiana.  
Da 45 anni.



**CONSIGLIO DIRETTIVO NAZIONALE  
AIOM  
2017-2019**