



MEDICAL ONCOLOGY DEPARTMENT



DIRECTOR OF DEPARTMENT

Paolo Corradini
 Professor of Hematology
 University of Milan
 +39 02 2390 2950
 paolo.corradini@istitutotumori.mi.it

UNITS

HEMATOLOGY AND ALLOGENEIC BONE MARROW TRANSPLANTATION (ETMO)

Paolo Corradini

MEDICAL ONCOLOGY 1

Luca Gianni

MEDICAL ONCOLOGY 2

Emilio Bajetta (*until 9/2010*)
 Roberto Buzzoni (*from 10/2010*)

MEDICAL ONCOLOGY 3

A. Massimo Gianni

ADULT SARCOMA MEDICAL TREATMENT

Paolo G. Casali

HEAD AND NECK CANCER MEDICAL ONCOLOGY

Lisa Licitra

PEDIATRIC ONCOLOGY

Maura Massimino

MEDICAL DAY HOSPITAL

Maria C. Brambilla (*until 9/2010*)
 Roberto Buzzoni (*from 10/2010*)

The Department consists of five 5 clinical divisions (81 beds), one centralized day hospital (28 beds), 22 outpatient rooms, and a laboratory area for clinical cell manipulation, flow cytometry, clinical pharmacology, and molecular biology.

Routine clinical activity is focused on the treatment of adult and pediatric patients with solid tumors and hematological malignancies. Several clinical programs are active, which range from conventional chemotherapy to Phase I studies to the transplantation of hematopoietic cells.

The Department is organized in Units which are involved in different aspects of cancer research and treatment.

- Medical Oncology 1: breast cancer treatment and development of new drugs
- Medical Oncology 2: gastrointestinal, lung, renal, and prostate cancer, melanoma, and neuroendocrine tumors
- Medical Oncology 3: preclinical and clinical activities mainly in the field of non-Hodgkin and Hodgkin lymphomas, multiple myeloma, and selected patients with high-risk germ cell testicular tumors
- Head & Neck Cancer Unit
- Adult Sarcoma Medical Treatment Unit
- Pediatric Oncology: pediatric patients with solid cancers
- Hematology and Allogeneic Bone Marrow Transplantation: treatment of hematological malignancies and allogeneic transplantation
- The Medical Day Hospital treats adult patients referred by the clinical Units of the Department.

HEMATOLOGY AND ALLOGENEIC BONE MARROW TRANSPLANTATION (ETMO)

HEAD

Paolo Corradini, MD

STAFF MEMBERS

Cristiana Carniti, PhD

Anna Dodero, MD

Lucia Farina, MD

Jacopo Mariotti, MD

Raffaella Milani, MD

Vittorio Montefusco, MD

FELLOWS

Serena Dalto, MD

Mara Morelli, MD

Cecilia Olivares, MD

Luisa Roncari, MD

Barbara Scimeca, MD

PHD STUDENTS

Anisa Bermema, Biol Sci D,

Francesco Spina, MD

Antonio Vendramin, Biol Sci D

Liana Bevilacqua, data manager

Elena Maggioni, data manager

ADMINISTRATIVE

Marialuisa Longhi

NURSES

Giorgia Gobbi, Rosa Abate, Sonia Citro,

Letteria Consolo, Riccardo De Stefano,

David Guiote Pertierra, Donatella

Luongo, Simona Mazzella, Elisabetta

Martinelli, Francesco Murana, Rita

Russo, Leonardo Orsini, Rita

Sciancalepore, Serafina Tomasicchio,

Giuseppe Torregrossa, Anna Vernone

HEALTHCARE ASSISTANTS

Nunzio Bovello, Carmelo Fede,

Evelina Palella

The ETMO Unit coordinates and participates in several clinical trials investigating new combinations of drugs and monoclonal antibodies for the treatment of lymphoid and myeloid malignancies with the aim of enhancing anti-tumor activity and reducing the toxicity. The Unit has focused on implementing a program to determine the therapeutic benefit of bendamustine combined with ofatumumab in patients with relapsed or refractory B-cell chronic lymphocytic leukemia. In addition, an intensified program including bendamustine, high-dose therapy and autograft has just been initiated in patients affected by relapsed or refractory non-Hodgkin lymphoma. A Phase I/II prospective multicenter trial is ongoing to evaluate the combination of pomalidomide with cyclophosphamide and prednisone in patients with multiple myeloma (MM) that has relapsed and/or refractory to lenalidomide. The Unit has designed and will coordinate a Phase III trial for MM patients at first relapse aiming at comparing the activity of a regimen including bortezomib or lenalinomide to cyclophosphamide and dexamethasone. This trial includes also biological evaluation of biomarkers based on FISH, flow cytometry, and molecular monitoring that might be useful to predict long term response in the relapse setting. We are also exploring the possibility that the quantitation of MM progenitor cells may be used as a surrogate marker for clinical response to a given drug combination. Circulating microRNAs are currently being evaluated as possible biomarkers of disease and response to therapy in patients with MM. Other research projects include: i) the phenotypic, functional, and molecular characterization of post-transplant T-cell and B-cell recovery to elucidate the kinetics of the immune recovery after stem cell transplantation; ii) prospective analysis of the plasma miRNA profile of allografted patients to identify markers predictive of acute GVHD onset.

Keywords: b-cell chronic lymphocytic leukemia, multiple myeloma, graft versus host disease



2010 RELEVANT NOTES

Publications

Allogeneic transplantation improves the overall and progression-free survival of Hodgkin's lymphoma patients relapsing after autologous transplantation: a retrospective study based on the time of HLA typing and donor availability. *Blood*. 2010;115:3671-7.

Pretransplantation [18-F] fluorodeoxyglucose positron emission tomography scan predicts outcome in patients with relapsed Hodgkin lymphoma or aggressive non-Hodgkin lymphoma undergoing reduced-intensity conditioning followed by allogeneic stem cell transplantation. *Cancer* 2010;116:5001-11.

MEDICAL ONCOLOGY 1

HEAD

Luca Gianni, MD

STAFF MEMBERS

Giulia Bianchi, MD

Giuseppe Capri, MD

Sara Cresta, MD

Gabriella Mariani, MD

Angela Moliterni, MD

Antonella Perotti, MD

Milvia Zambetti, MD

CONSULTANT

Cristiana Sessa, MD

RESEARCH MEMBERS

Giampaolo Bianchini, MD

Gianluca Del Conte, MD

Angelica Fasolo, MD

Silvia Damian, MD

Elena De Benedictis, MD

Paola Mariani, MD

Alberta Locatelli, Biol Sci D

FELLOWS

Maria Chiara Dazzani, MD

Silvia Grecchi, MD

Maria Chiara Parati, MD

Lorenzo Sica, MD

Anna Tessari, MD

RESIDENT

Daniele Raggi, MD

ADMINISTRATIVE

Gaia Missaglia

LABORATORY TECHNICIAN

Lucia Viganò, Biol Sci D

RESEARCH NURSES

Giovanni Brambilla, Mauro Desogus

Technicians, Nurses and Healthcare Assistants are shared with the Medical Oncology Unit 2

This Unit is dedicated to planning and carrying out medical and/or multidisciplinary clinical trials in breast cancer, and is also responsible for a strategic project (Montabone Project) in clinical trials involving all types of solid tumors (Phase I and early Phase II studies). The activity of Medical Oncology 1 (MO1) is organized in small groups of staff members and fellows-in-training who are responsible for the coordinated conduction of clinical assistance and research. Each group provides care to a pre-determined number of patients and is in charge of specific research programs with coordinated access to all facilities. The Unit leads an outpatient daily clinic in which all new patients referred to the INT, who have a confirmed diagnosis of invasive breast cancer, are seen by a multidisciplinary team (medical oncologists, surgeons, pathologists, and radiotherapists when needed) that provides prompt staging and planning of treatment for new cases of breast cancer, allows uniform information and communication to patients, and streamlines the application of specific procedures, tailoring intervention to individual patient needs.

Available facilities in MO1 include 11 in-hospital beds, day-hospital areas, out-patient rooms, and a research laboratory for pharmacokinetic and pharmacodynamic evaluation of new treatments. The core of the clinical activity is conducted as outpatient care in 6 daily clinics (one exclusively dedicated to Phase I studies).

In 2010, there were about 500 admissions for in-hospital beds, of which more than 150 for patients enrolled in clinical trials. The Unit carried out around 30,000 clinical visits (100 per day), 1,200 consultations to patients at their first access, including cases of second and further opinion, and 1,200 multidisciplinary consultations to patients surgically treated in the Institute for breast cancer

Keywords: breast cancer, targeted therapies, new drugs (Phase I and II studies)

2010 RELEVANT NOTES

Collaborations

MO1 is leading the clinical and scientific coordination of the Breast Cancer Working Group of the Michelangelo Foundation, has a long-standing collaboration with the Southern Europe New Drugs Organization, and coordinates Italian and European collaborative groups focused on Phase III trials in operable breast cancer.

Publications

Neoadjuvant chemotherapy with trastuzumab followed by adjuvant trastuzumab versus neoadjuvant chemotherapy alone, in patients with HER2-positive locally advanced breast cancer (the NOAH trial): a randomised controlled superiority trial with a parallel HER2-negative cohort. *Lancet*. 2010;375:377-84.

Open-Label, Phase II, Multicenter, Randomized Study of the Efficacy and Safety of Two Dose Levels of Pertuzumab, a Human Epidermal Growth Factor Receptor 2 Dimerization Inhibitor, in Patients With Human Epidermal Growth Factor Receptor 2-Negative Metastatic Breast Cancer. *J Clin Oncol*. 2010;28:1131-7.

Contributions

Luca Gianni is a member of the Editorial Boards of: *Clinical Cancer Research*, *Clinical Breast Cancer*; *European Journal of Cancer*; *Nature Practice Clinical Oncology* (currently renamed *Nature Reviews Clinical Oncology*). He is also Consulting Editor of the *Journal of Clinical Investigation*, and is a member of the Scientific and Ethical Committee of the *Fondazione Piemontese per la Ricerca sul Cancro (Istituto di Candiolo)* and the *Breast Cancer Scientific Program Committee of the American Society of Clinical Oncology (ASCO)*.



MEDICAL ONCOLOGY 2

HEAD

Emilio Bajetta, MD until 9/2010
Roberto Buzzoni, MD from 10/2010

STAFF MEMBERS

Luigi Celio, MD
Michele Del Vecchio, MD
Maria Di Bartolomeo, MD
Giuseppe Procopio, MD
Nicoletta Zilembo, MD

RESEARCH MEMBER

Antonia A. Martinetti, Biol Sci D
Marco Platania, MD

POSTDOCTORAL FELLOWS

Lorenza A. Di Guardo, MD
Katia F. Dotti, MD
Lucia E. Franceschelli, MD
Sara Pusceddu, MD
Elena Verzoni, MD

FELLOW

Milena Vitali, MD

RESIDENTS

Francesco Agustoni, MD
Pamela Biondani, MD
Valentina Colonna, MD
Francesco Gelsomino, MD
Filippo Pietrantonio, MD
Isabella Testa, MD

ADMINISTRATIVES

Barbara Formisano, Giuseppa Iannaci

*Technicians, Nurses and Healthcare Assistants
are shared with the Medical Oncology Unit 1*

The goals of Medical Oncology 2 (MO2) are to promote cancer research and, in particular, the development of new avenues for early detection of malignant processes and novel therapeutic approaches. The research programs at MO2 are at the forefront of cancer research in the development of treatment schedules, and most of the ongoing programs utilize biological agents such as inhibitors of the EGFR, VEGFR, Raf kinase, and mTOR signaling pathways. Furthermore, the Unit is part of the "Centro di Riferimento per lo Studio e la Cura dei Carcinoidi e dei Tumori Neuroendocrini (Ce.Ri.Ca.)" which applies a multidisciplinary approach to the treatment of rare neuroendocrine tumors.

All new patients receive tailored treatment recommendations, whether just visiting for a consultation or considering transfer of care. Pathology slides and imaging studies are carefully reviewed as part of initial evaluation. Appointments can generally be scheduled within one week, or sooner, if clinically indicated. We offer our patients the opportunity to participate in clinical research studies sponsored by our institution and pharmaceutical industry, including many studies with novel targeted biological agents, as well as new chemotherapy regimens. Study selections are tailored for the individual patient, taking into consideration many factors such as the type of cancer, previous treatment history, and general health conditions. In 2010, the clinical hospitalization activity (the ward has 14 beds for inpatients) had about 650 admissions; the outpatient activity (four consulting rooms, one of which dedicated to consultations and first-admittance visits) provided 33,185 visits.

Keywords: chemotherapy, targeted therapy, multidisciplinary approach



2010 RELEVANT NOTES

Publications

Phase III trial of bevacizumab plus interferon alfa-2a in patients with metastatic renal cell carcinoma (AVOREN): final analysis of overall survival. *J Clin Oncol.* 2010;28:2144-50.

Bevacizumab plus fotemustine as first-line treatment in metastatic melanoma patients: clinical activity and modulation of angiogenesis and lymphangiogenesis factors. *Clin Cancer Res.* 2010;16:5862-72.

Contributions

The Unit, together with other important members of the multidisciplinary team on neuroendocrine tumors, was asked by the ROL (Rete Oncologica Lombarda) to update national guidelines for neuroendocrine tumors.

MEDICAL ONCOLOGY 3

HEAD

Massimo A. Gianni, MD

STAFF MEMBERS

Carmelo Carlo-Stella, MD

Liliana F. Devizzi, MD

Massimo A. Di Nicola, MD

Anna Guidetti, MD

Michele Magni, MD

Paola Matteucci, MD

Simonetta Viviani, MD

RESEARCH MEMBERS

Alessandra Canavè, PhD,

Arianna Giacomini, PhD

Silvia Locatelli, PhD

Roberta Zappasodi, PhD

ADMINISTRATIVE

Anabela Di Giovanni

NURSES

Lucia Saracino (head nurse)

Maria G. Abbruzzi, Gaetano Bellotti,

Stefania Bevacqua, Matteo Biondelli,

Rita Boffa, Michele Capobianco, Chiara

Paternoster, Salvatore Capuano, Dario

Longo, Fabio Pagliara, Santina

Marafioti, Immacolata Navarra,

Giuseppina Tomassini, Daniela Trentin

HEALTHCARE ASSISTANTS

Loredana Costa, Antonella Di Perna,

Agnese Lasala, Antonietta M. Maglione,

Mauro L. Pedretti

TECHNICIANS

Paolo D. Longoni, Marco Milanese

The Unit carries out both preclinical and clinical translational research in different areas, including hematopoietic stem cells, immunotherapy, cell and gene therapy, high-dose sequential chemotherapy (HDS), autologous stem cell transplantation (ASCT), and targeted therapies.

The facilities available at Medical Oncology 3 (MO3) include a 10 bed in-patient ward, a day hospital facility, three consulting rooms for outpatients, and a cell processing laboratory. In 2010, 100 patients were treated as in-patients, with a total of about 600 admissions; 35 patients received ASCT. A total of 1,500 treatments were administered on an outpatient basis. An average of 300 new outpatients requested clinical visits. The activity of the cell processing laboratory consisted in 1,100 CD34+ cell monitoring assays and 220 stem cell cryopreservations.

Several randomized Phase III clinical studies comparing standard-dose and high-dose chemotherapy were conducted in aggressive non-Hodgkin's lymphoma (NHL) and chronic lymphocytic leukemia.

A randomized Phase III trial in advanced stage Hodgkin's lymphoma (HL) patients receiving ABVD or BEACOPP as first-line chemotherapy has been concluded and the data is currently being analyzed.

A Phase III study comparing rituximab-supplemented ABVD (R-ABVD) and ABVD followed by involved-field radiotherapy (ABVD-RT) has been started in early-stage HL patients. In addition, a randomized, double-blind, placebo-controlled Phase III study of SGN-35 (brentuximab vedotin) and best supportive care (BSC) versus placebo and BSC in the treatment of high risk HL patients following high-dose chemotherapy and autologous stem cell transplant has been initiated.

A Phase II trial evaluating the DOT regimen (ofatumumab, bendamustine, dexamethasone) has been started in elderly patients with mantle cell lymphoma at diagnosis. Several Phase II trials investigating the efficacy and safety of epigenetic (histone deacetylase inhibitor ITF2357 in combination with meclorothamine) and targeted therapies (sorafenib, perifosine) in relapsed/refractor.

Keywords: lymphoproliferative disease, stem cell transplantation, immunotherapy

2010 RELEVANT NOTES

Collaborations

Istituto Superiore di Sanità, Rome

Publications

Human CD34+ cells engineered to express membrane-bound tumor necrosis factor-related apoptosis-inducing ligand target both tumor cells and tumor vasculature. *Blood*. 2010;115:2231-40.

Improved clinical outcome in indolent B-cell lymphoma patients vaccinated with autologous tumor cells experiencing immunogenic death. *Cancer Res*. 2010;70:9062-72.



ADULT SARCOMA MEDICAL TREATMENT

HEAD

Paolo G. Casali, MD

STAFF MEMBERS

Rossella Bertulli, MD

Paola Coco, MD

Elena Fumagalli, MD

Elena Palassini, MD

Roberta Sanfilippo, MD

Silvia Stacchiotti, MD

RESIDENTS

Elisa Puma, MD

Mauro Rossitto, MD

Camilla Cassani, PhD - pt data manager

Stefania Cimbari, PhD - pt data administrative

Anabela Di Giovanni, PhD - pt data administrative

Paola Esposti - pt administrative

Cinzia Molendini, PhD - pt data manager

The Unit is devoted to the medical treatment of sarcomas in adults and works within the institutional Multidisciplinary Sarcoma Group, providing organizational support, in addition to serving as the medical oncology facility to the group. This activity is carried out within a special clinical-translational institutional project on sarcomas.

In 2010, the Unit had more than 450 in-patient admissions and over 5,000 outpatient visits, with more than 1,000 new sarcoma patients seen. About 550 new sarcoma patients were clinically shared with other Italian centers mainly through the Italian Network on Rare Cancers (RTR). RTR, coordinated by the Unit, has performed retrospective analysis on rare tumors in Italy. The interest in distant clinical collaboration led the Unit to coordinate a workpackage in the ROL3 Project (see Scientific Directorate, page 57), aimed at the creation of a regional virtual center on mesenchymal neoplasms in collaboration with RTR. Research activities include worldwide collaborations and prospective trials with 72 patients enrolled in 2010. Clinical studies are active on imatinib-sunitinib resistant GIST (regorafenib) and imatinib resistant-chordoma (imatinib + everolimus/lapatinib). The antitumor activity of sunitinib in alveolar soft-part sarcomas and clear cell sarcoma, and the role of sunitinib and figitumumab in solitary fibrous tumor treatment have been documented. Retrospective analyses on the role of imatinib in fibrosarcoma-dermatofibrosarcoma, dacarbazine in uterine leiomyosarcoma, and trabectedine in myxoid liposarcoma were conducted. In addition a randomized trial on neoadjuvant chemotherapy in localized STS was reported at ASCO in 2010. Lastly, a trial on the activity of histotype-tailored neoadjuvant chemotherapy is ongoing.

Keywords: adult sarcoma, italian network on rare tumors, GIST

2010 RELEVANT NOTES

Collaborations

Paolo G. Casali is:

Project Responsible, Italian Network on Rare Tumors

Secretary, Italian Sarcoma Group

Full member, EORTC Soft Tissue and Bone Sarcoma Group

Expert of the Italian Ministry of Health for the Continuous Medical Education Programme

Publications

Trabectedin therapy for sarcomas. *Curr Opin Oncol.* 2010;22:342-6.

Sunitinib malate and figitumumab in solitary fibrous tumor: patterns and molecular bases of tumor response. *Mol Cancer Ther.* 2010;9:1286-97.

Contributions

Paolo G. Casali is:

-Member of the Board of Directors and Executive Committee, serving as Treasurer, of the European Society for Medical Oncology (ESMO)

Member of the Cancer Education Committee (Sarcoma/Bone and Soft Tissue Cancers Track Team Leader for ASCO 2009) of the American Society of Clinical Oncology (ASCO)

Editor, START - State-of-the-Art Oncology in Europe

Member of the Editorial Board of Cancer Treatment Reviews

Faculty coordinator for sarcoma of the European Society for Medical Oncology (ESMO)

The Unit has been involved in driving the update of the ESMO Clinical Guidelines on STS and GIST and the Clinical Guidelines on Sarcomas and Rare Tumors within the Regional Cancer Network



HEAD AND NECK CANCER MEDICAL ONCOLOGY

HEAD

Lisa Licitra, MD

STAFF MEMBERS

Cristiana Bergamini, MD

Paolo Bossi, MD

Laura Locati, MD

Aurora Mirabile, MD

RESIDENTS

Roberta Granata, MD

Carlo Resteghini, MD

Data managers and administrative staff are shared with the Adult Sarcoma Medical Treatment Unit

The Unit performed the following clinical activities in 2010: 454 in-patient admissions, 72 day hospital admissions and 4,243 outpatient visits.

In 2010, the following clinical trials were conducted: four studies on squamous head and neck cancer were opened with 20 patients enrolled; 3 trials on thyroid cancer were active and 22 patients were enrolled, treated, and followed; two studies were dedicated to supportive care with 18 patients enrolled; one study was dedicated to salivary gland tumors with 12 patients included.

The Unit was also involved in the establishment of the oncological network of Lombardy (ROL) for head and neck cancers.

Keywords: head and neck cancer, medical oncology, clinical research



2010 RELEVANT NOTES

Collaborations

Lisa Licitra is a member of the board of of the EORTC and chair-elect of the Head & Neck EORTC group

The Unit coordinates the START project.

Publications

Evaluation of EGFR gene copy number as a predictive biomarker for the efficacy of cetuximab in combination with chemotherapy in the first-line treatment of recurrent and/or metastatic squamous cell carcinoma of the head and neck: EXTREME study. *Ann Oncol.* 2011;22:1078-87.

Squamous cell carcinoma of the head and neck: EHNS-ESMO-ESTRO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol.* 2010;21 Suppl 5:v184-6.

Contributions

Lisa Licitra is:

Associate Editor, *Annals of Oncology*

Chair Head and Neck faculty for ESMO

The Unit is responsible for the production and updating of guidelines for head and neck cancer.

PEDIATRIC ONCOLOGY

HEAD

Maura Massimino, MD

STAFF MEMBERS

Michela Casanova, MD
Graziella S. Cefalo, MD
Andrea Ferrari, MD
Roberto Luksch, MD
Daniela Polastri, MD
Filippo Spreafico, MD
Monica Terenziani, MD

RESEARCH MEMBERS

Veronica Biassoni, MD
Serena Catania, MD
Cristina Meazza, MD
Marta Podda, MD
Elisabetta Schiavello, MD
Carlo A. Clerici, MD psychologist
Barbara Giacon, psychologist
Fabio Simonetti, MD

RESIDENT

Francesca Favini, MD
Patrizia Giannatempo, MD

ADMINISTRATIVES

Paola Gorgoglione, Daniela Migliorini,
Gabriella Vighi
Luna Boschetti, data manager
Chiara Secco, data manager

TECHNICIANS

Elena Barzanò, Giovanni Malatacca,
Giovanna Casiraghi, social worker,
Michela Rapetti, social worker,

TEACHERS

Stefania Benedetti, Franca Bertola,
Cinzia Cassanelli,

EDUCATORS

Antonia Biasi, Greta Bulbarelli, Maria
Cremona, Andrea Gazzi, Angelo Prati

NURSES

Mariangela Armiraglio, head nurse
Cecilia Alberti, Giulia Antonacci, Iris
Baranella, Morena Berti, Daniela Bruno,
Cristina Comelli, Patrizia Conti,
Domenica Costeri, Lucia Curelli, Ruggero
Fauro, Marta Ferrante, Carmelo Fiorello,
Giuseppe Forzini, Marinella Gaidolfi,
Rossana Ghezzi, Laura Lottaroli, Simone
Macchi, Rossana Marra, Manuela Oriani,
Elisa Procopio, Silvana Saverino

HEALTHCARE ASSISTANTS

Annamaria Bilanzuoli, Gisella Cancedda,
Rita Carulli, Silvana Celauro, Rita
Marina Tamburo, Stella Uzzardi

The Unit is involved in the following clinical-research projects in pediatric cancers.

Brain tumors: national coordination of trials in localized medulloblastoma; coordination for the second national study on ependymoma with a total of 112 patients; a pilot study with concomitant radiotherapy, anti-EGFR nimotuzumab and vinorelbine has enrolled 12 patients with brain stem glioma and is demonstrating a statistically significant difference compared to previous results in EFS.

Neuroblastoma: national coordination of the pan-European protocol for high-risk neuroblastoma with 310 Italian patients enrolled to date.

Wilms' tumor: chair of the AIEOP WT Working Group and coordination of national clinical and biological studies; chair of the relapse program in SIOP.

Soft-tissue sarcomas: enrollment for the EpSSG trials is ongoing; 1556 patients have been registered from 14 countries, and enrollment is highest from our center (156 patients); coordination of the EpSSG NRSTS 2005 protocol.

Bone tumors: coordination of a new protocol for high risk Ewing's sarcoma.

Germ-cell malignancies: national coordination for this trial.

Rare childhood tumors: coordination of a national cooperative project for uncommon pediatric cancers (600 patients have been enrolled with one-third from our center).

New drugs: the center is one of 34 members of the ITCC Consortium with specific expertise in early drug development/clinical trials.

Late effects: the Unit has been admitted to PanCare, a European network to ensure that every European survivor of childhood and adolescent cancer receives optimal long-term care. In 2010, 265 newly diagnosed patients have been admitted.

Keywords: international trials, new drugs, adolescents, multidisciplinary care

2010 RELEVANT NOTES

Collaborations

AIEOP (Italian Association of Pediatric Oncology): the Unit leads a new Working Group on adolescents with cancer

Cooperation with the International Working Group on Adolescents is ongoing.

SIOP (International Society for Pediatric Oncology)

COG (Children Oncology Group)

ISG (Italian Sarcoma Group)

Publications

Comparison of the prognostic value of assessing tumor diameter versus tumor volume at diagnosis or in response to initial chemotherapy in rhabdomyosarcoma. *J Clin Oncol.* 2010;28:1322-8.

Teratoma with a malignant somatic component in pediatric patients: the Associazione Italiana Ematologia Oncologia Pediatrica (AIEOP) experience. *Pediatr Blood Cancer.* 2010;54:532-7.

Contributions

START chapters on neuroblastoma, Wilms' tumors, medulloblastoma;

MIUR guidelines for diagnosis and treatment of Ewing sarcoma

Andrea Ferrari was guest editor for a special issue of the *Journal of Clinical Oncology* on adolescents and young adults (November 2010)

Maura Massimino has acted as guest editor for *Pediatric Blood and Cancer* for a special issue on high-dose chemotherapy in brain tumors (January 2010)



MEDICAL DAY HOSPITAL

HEAD

Maria C. Brambilla, MD until 9/2010

Roberto Buzzoni, MD from 10/2010

STAFF MEMBER

Laura A. M. Ferrari

CLINICAL FELLOW

Fabio G. Rossi, M.D.

ADMINISTRATIVES

Anna R. Cabiddu, Antonella Bifano

NURSES

Zordan Deborah (head nurse)

Chiara Bernasconi, Domenica Comberiat, Laura Di Vico, Claudia Facchinetti, Carmela Fallacara, Anna Frisario, Lucia Giordano, Francesca Maffione, Santina Marafioti, Elena Nuti, Maria S. Paolillo, Maria N. Pisanu, Stefania Russo, Laura Sala, Pietrina Sanna, Davide Voinovich, Lucia D'Agnessa (Pharmacy), Elena Sala (Pharmacy)

HEALTHCARE ASSISTANTS

Maria L. Cipolletti, Claudia Cocciolo, Fabio Di Bortolo, Lucia A. Di Murro, Anna M. Meloni, Maria R. Moscatiello, Diego Putzu, Rita E. Trovato, Filomena Libori

The Medical Day Hospital (MDH) treats adult patients referred by different clinical Units of the Department. The administration of oncologic medical treatments has become increasingly complex. In fact, new molecules are now available, numerous patients are enrolled in medical trials which frequently need defined procedures during one day hospitalization, and all cases require close observation during treatment. Treatments are prepared by specialized nurses, who dilute therapeutic agents in a protected area equipped with two air flow cabinets and administer them under the supervision of MDH physicians. A separate section is dedicated to short duration regimens or biologic therapies by infusion pump systems and management of central venous catheters. Patients enrolled in research protocols are also evaluated during their stay in the MDH by physicians of the Medical Oncology Units. Special care is given to management and prevention of acute drug reactions, particularly allergic reactions, emesis, diarrhea, and extravasation of cytotoxic drugs. In 2010, the activities of the MDH consisted of approximately 21,000 procedures (monthly average activity of 1,750) [57% short therapies (treatments carried out in the outpatient area), 38 % long therapies (treatments administered in MDH but prescribed as "File F"), and MDH therapies (treatments requiring admission)]. The cancer types treated were breast cancer (35%), gastrointestinal cancer (29%), lymphoma and hematologic malignancies (22.5%), melanoma (4%), lung cancer (5%), head and neck cancer (2%), sarcomas (1%), and other tumors (1.5%).

Keywords: chemotherapy, biologic therapy, supportive care, medical procedure

2010 RELEVANT NOTES

Collaborations

Regional Pharmacovigilance survey of ADR (FARMA-ONCO)

