

Riunione O.R.I.A

Unità di Endoscopia Digestiva

**Ricerca
prevalentemente
valutativa**

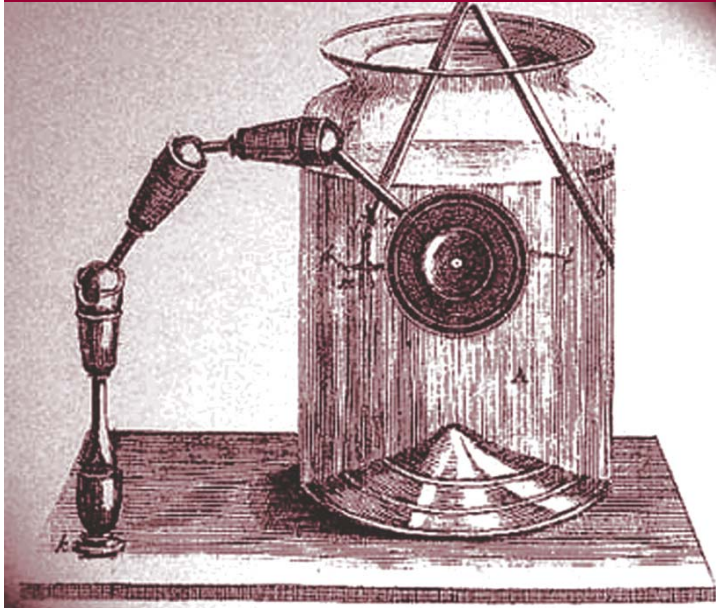
In ambito oncologico. Due filoni principali:

- COLON: Frequenza della patologia

Disponibilità di terapie efficaci

- PANCREAS: Patologia talora devastante

Disponibilità di percorsi che possono permettere di selezionare i pazienti che possono giovare di trattamenti curativi, o potrebbero più utilmente avere solo un trattamento palliativo.



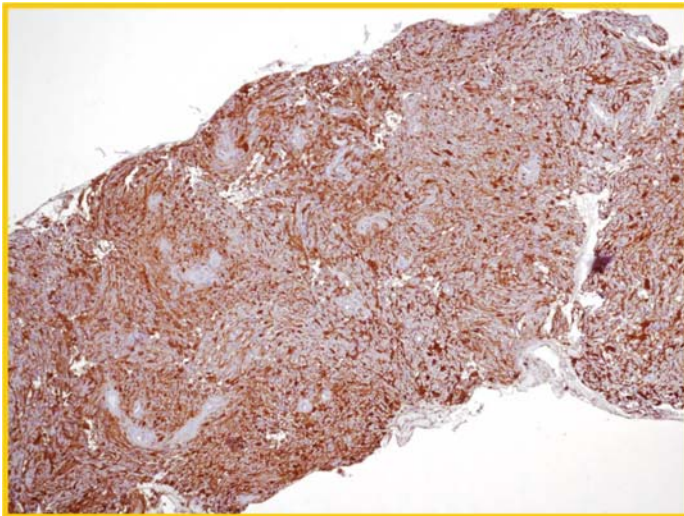
**EUS and ERCP:
an integrated future?
A 2005 Consensus**

**Reggio Emilia, Italy –
February 18-19, 2005**

**Non i primi ad
acquisire una sonda
EUS, ma fra i primi in
Italia ad integrare la
metodica nel percorso
clinico dei pazienti con
patologia
biliopancreatica.**

Progetto di audit sulla qualità della EUS-FNA: il valore della citoassistenza

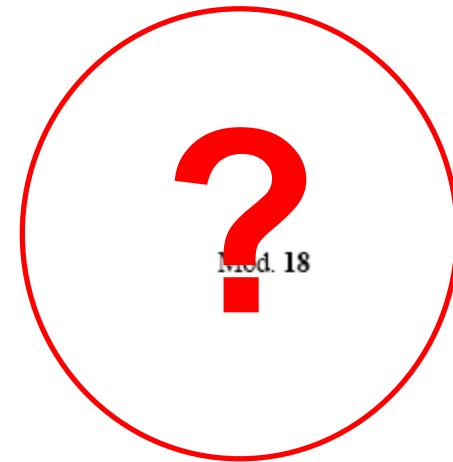
	2005-2006	2007
Number of EUS-FNA (solid lesions)	49 (40)	61 (48)
Adequate specimens (%)	27/49 (55)	48/61 (79)
Adequate specimens, solid lesions (%)	23/40 (57)	43/48 (90)
Follow up data available (%)	35/49 (71)	42/61(69)
Sensitivity* % (95% CI)	50 (31-69)	84 (68-94)
Specificity* % (95% CI)	100/(65-100)	90 (60-99)
Diagnostic rate of malignancy (%) (solid pancreatic masses)	10/27 (37)	23/36 (64)
* Sensitivity and specificity for diagnosis of malignancy. Calculated only for patients, whose follow up data are available.		



**The Natural History of Upper
Gastrointestinal Subepithelial Tumors:
A Multicenter Endoscopic Ultrasound
Survey**

AUDIT PERCORSO DIAGNOSTICO E TERAPEUTICO PAZIENTI AFFETTI DA NEOPLASIA BILIO-PANCREATICA

LARIO
ite 3



Ministero della Salute

DIPARTIMENTO INNOVAZIONE
Direzione Generale della Ricerca Scientifica e Tecnologica



Pazienti affetti da neoplasie neuroendocrine del pancreas e del duodeno. Approccio diagnostico basato sulla valutazione clinica, le nuove tecniche scintigrafiche (Ga-DOTATOC), l'EUS, l'EUS-FNA. Finora una serie di casi valutati assieme ai colleghi dell'Endocrinologia della Medicina Nucleare, delle Chirurgie. Possibile una esperienza più strutturata?

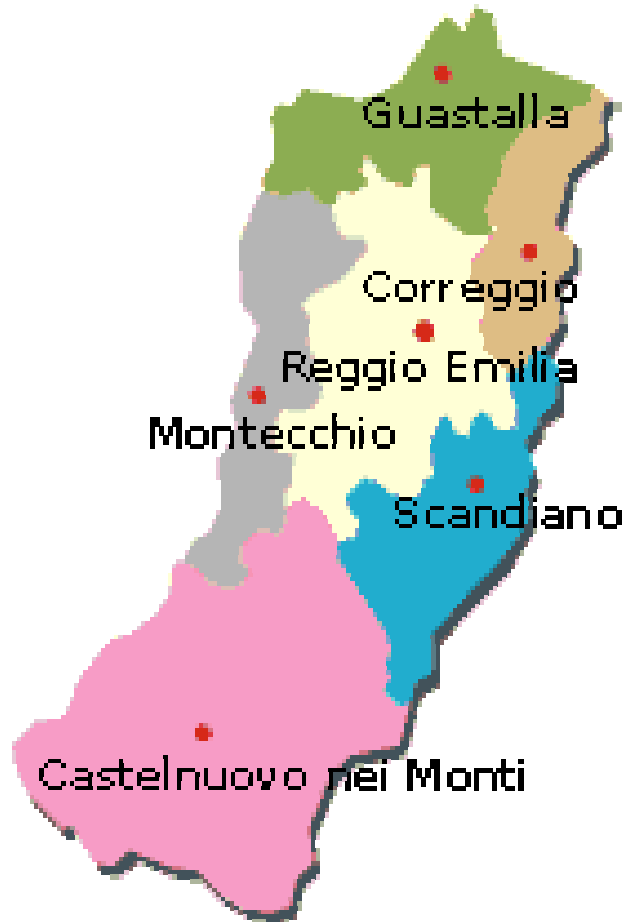


**Ha cambiato il
nostro modo di
lavorare.
Ma quanto
conosciamo
quello che è già
successo?**

Comunque presenti fino dalla programmazione.

Audit interaziendale qualità della colonscopia.

2003 -



Risultati per l'organizzazione, gli operatori, gli utenti.

Riconoscimenti in occasione di convegni dedicati al miglioramento della qualità dell'organizzazione sanitaria. (2007 Barcelona International forum on Quality and Safety in Health care)

Follow up pazienti sottoposti a colonscopia da screening. Comunicazione orale GISCoR 2007, FIMAD 2008

TITLE: Appropriateness of follow-up in a colorectal cancer screening setting

AUTHORS: R. Sassatelli¹, L. Camellini¹, C. Campari², F. Azzolini¹, F. Decembrino¹, V Iori¹, G Sereni¹, C Tioli¹, F. Fabbian³, L. Mariani³, L. Paterlini²

¹ Servizio di Endoscopia Digestiva, Azienda Ospedaliera Santa Maria Nuova di Reggio Emilia, ² Centro Screening, Azienda USL di Reggio Emilia, ³Servizio di endoscopia Digestiva, AUSL di Reggio Emilia

BACKGROUND: Follow-up represents one of the most challenging aspects of the appropriate use of colonoscopy and colorectal cancer screening might represent an adequate setting to optimize such appropriateness. In Emilia-Romagna a dedicated multidisciplinary group licensed a regional protocol of follow-up of benign lesions removed at colonoscopy. In the province of Reggio Emilia follow up is defined for each screening patient by a strict cooperation between endoscopists, pathologist and the coordinating centre.

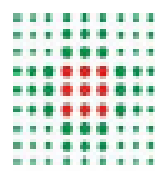
Aim: To verify whether our integrated model allowed an appropriate use of the regional protocol for the first follow-up.

METHODS: In the province of RE screening started March 21st 2005 and was completed in two years; compliance was 64.9% (61.9% males, 67.8% females). 4.592 persons were FOBT positive (6.1%: 7.6% males, 4.8% females) and 4.124 colonoscopies were performed. We analyzed data relative to 3.104 patients, whose first follow-up had already been defined.

RESULTS: Data concerning the first follow-up are reported in Table 1. Inappropriate follow-up are highlighted in grey cells. Overall, such inappropriateness seems to be in the order of 6.9%. Low-risk adenomas were "over-followed" in 11% of cases. Few benign lesions had been operated on and a dedicated audit had been initiated.

CONCLUSIONS: In a screening setting, an integrated model involving endoscopists, pathologists and the coordinating centre obtained a good adherence to follow-up protocols. This model should be adapted to "clinical" follow-up pathways.

Type of follow up	Findings at colonoscopy						Total
	Cancer	Malignant polyp	Advanced adenoma	At least 3 adenomas	Low risk adenoma	Other lesions	
Early recall (suspect of incomplete treatment, bulky lesions...)	9	25	312	2	11	7	366
Colonoscopy after 3 years (Advanced adenoma or > 3 adenoma)	0	0	1217	153	57	10	1437
Colonoscopy after 5 years (< 3 low risk adenoma)	1	0	94	12	558	19	684
Colonoscopy after 5 years (Hyperplastic polyp > 1 cm, or > 2 hyperplastic polyps)	0	0	0	0	0	20	20
FOBT after 5 years (hyperplastic polyps < 1 cm)	0	0	0	0	0	201	201
FOBT after 5 years (negative examination)	0	0	0	0	0	98	98
Surgical indication	157	49	25	0	2	0	233
Indication to medical follow up (temporary exclusion from further recall)	0	1	5	0	4	55	65
Total	167	75	1653	167	632	410	3104
% inappropriate	0.6	1.3	5.7	7.2	11.1	8.8	6.9



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliera di Reggio Emilia



in collaborazione con



Assessorato politiche per la salute

Convegno GISCoR
“Screening del cancro del colon retto: trattamento e followup”
(Reggio Emilia, 29 febbraio 2008)



Studio Giscor-SEC.

Studio osservazionale multicentrico polipi cancerizzati trattati endoscopicamente o con radicalizzazione chirurgica.

Collaborazione tra Unità Operative dell'ASMN (Endoscopia Digestiva, Anatomia Patologica, Chirurgia) con l'IEO, all'interno del GISCoR.

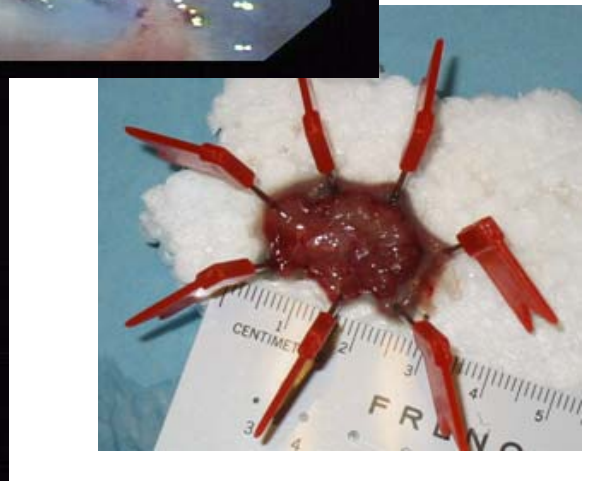
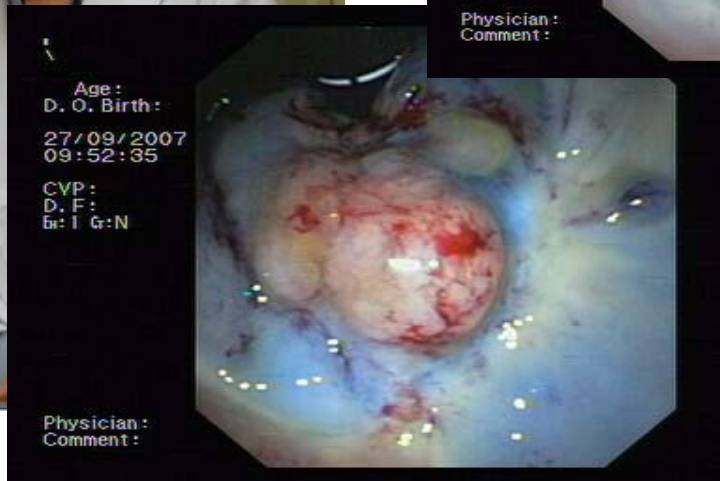
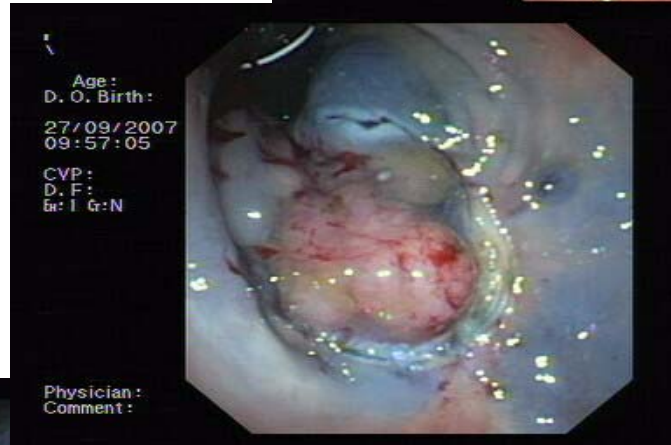
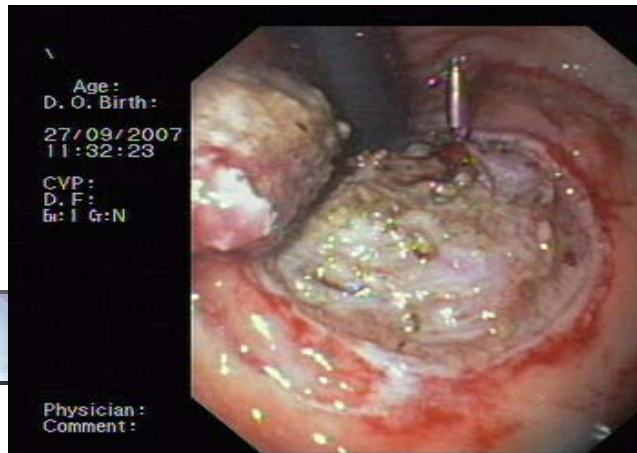
“ Storica” collaborazione con il gruppo del Prof. Ponz De Leon (UniMORE) sullo studio delle neoplasie ereditarie del colon-retto

- 1: [Roncari B. Pedroni M. Maffei S. Di Gregorio C. Ponti G. Scarselli A. Losi L. Benatti P. Roncucci L. De Gaetani C. Camellini L. Lucci-Cordisco E. Tricarico R. Genuardi M. Ponz de Leon M.](#)
Frequency of constitutional MSH6 mutations in a consecutive series of families with clinical suspicion of HNPCC.
Clin Genet. 2007 Sep;72(3):230-7.
PMID: 17718861 [PubMed - indexed for MEDLINE]
- 2: [Biasco G. Nobili E. Calabrese C. Sassatelli R. Camellini L. Pantaleo MA. Bertoni G. De Vivo A. Ponz De Leon M. Poggioli G. Bedogni G. Venesio T. Varesco L. Risio M. Di Febo G. Brandi G.](#)
Impact of surgery on the development of duodenal cancer in patients with familial adenomatous polyposis.
Dis Colon Rectum. 2006 Dec;49(12):1860-6.
PMID: 17103055 [PubMed - indexed for MEDLINE]
- 3: [Ponz de Leon M. Varesco L. Benatti P. Sassatelli R. Izzo P. Scarano MI. Rossi GB. Di Gregorio C. Gismondi V. Percesepe A. de Rosa M. Roncucci L.](#)
Phenotype-genotype correlations in an extended family with adenomatosis coli and an unusual APC gene mutation.
Dis Colon Rectum. 2001 Nov;44(11):1597-604.
PMID: 11711730 [PubMed - indexed for MEDLINE]
- 4: [Ponz de Leon M. Benatti P. Percesepe A. Roncucci L.](#)
Clinical features and genotype-phenotype correlations in a family with familial adenomatous polyposis.
Ital J Gastroenterol Hepatol. 1999 Dec;31(12):1066-70.
PMID: 10669993 [PubMed - indexed for MEDLINE]
- 5: [Bertoni G. Sassatelli R. Nigrisoli E. Percesepe A.](#)
Dysplastic changes in gastric fundus in patients with familial adenomatous polyposis.
Ital J Gastroenterol Hepatol. 1999 Apr;31(4):373-6.
PMID: 10379478 [PubMed - indexed for MEDLINE]
- 6: [Percesepe A. Benatti P. Roncucci L. Sassatelli R.](#)
Survival analysis in families affected by familial adenomatous polyposis.
Int J Cancer. 1997 May 2;71(3):373-6.
PMID: 9139871 [PubMed - indexed for MEDLINE]
- 7: [Bertoni G. Sassatelli R. Nigrisoli E. Percesepe A.](#)
High prevalence of adenomas and microadenomas of the duodenal papilla and periampullary region in patients with familial adenomatous polyposis.

Attualmente in via di definizione protocollo identificazione sospette neoplasie ereditarie diagnosticate a partire dai probandi sottoposti a screening colo rettale con riscontro di cancro colo rettale.



受診を希望の方 ESD



E le altre tecniche endoscopiche?

Protesi

□ 1: [Am J Gastroenterol](#). 2007 Dec;102(12):2667-77.

Comment in:

[Am J Gastroenterol](#). 2007 Dec;102(12):2678-9.

A randomized prospective comparison of self-expandable plastic stents and partially covered self-expandable metal stents in the palliation of malignant esophageal dysphagia.

[Conio M](#), [Repici A](#), [Battaglia G](#), [De Pretis G](#), [Ghezzi L](#), [Bittinger M](#), [Messmann H](#), [Demarquay JF](#), [Blanchi S](#), [Togni M](#), [Conigliaro R](#), [Filiberti R](#).

Department of Gastroenterology, Sanremo Hospital, Sanremo, Italy.

□ 1: [J Clin Gastroenterol](#). 2006 Mar;40(3):213-9.

Clearance of irretrievable bile duct and pancreatic duct stones by extracorporeal shockwave lithotripsy, using a transportable device: effectiveness and medium-term results.

[Conigliaro R](#), [Camellini L](#), [Zuliani CG](#), [Sassatelli R](#), [Mortilla MG](#), [Bertoni G](#), [Formisano D](#), [Bedogni G](#).

Department of Surgery, Gastrointestinal Endoscopy Unit, Arcispedale Santa Maria Nuova, Reggio Emilia, Italy. rita.conigliaro@asmn.re.it

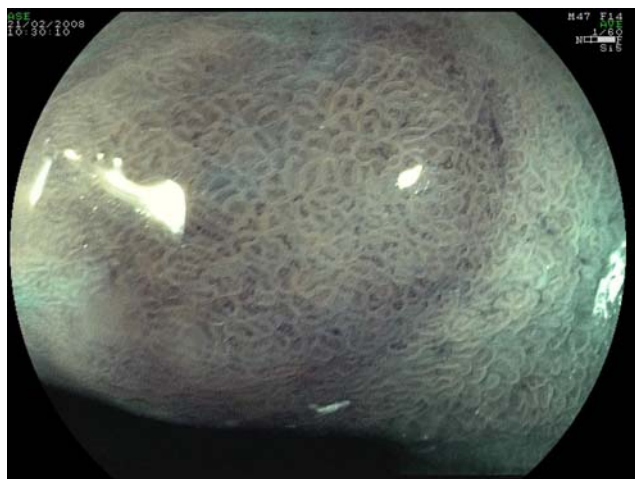
ESWL

Audit multicentrico infermieristico risultati posizionamento PEG: Terminata raccolta dati. Attualmente in corso analisi.



Sperimentazione ed utilizzo sistemi rapidi per endoscopia biliare

Introduzione enteroscopia con doppio pallone

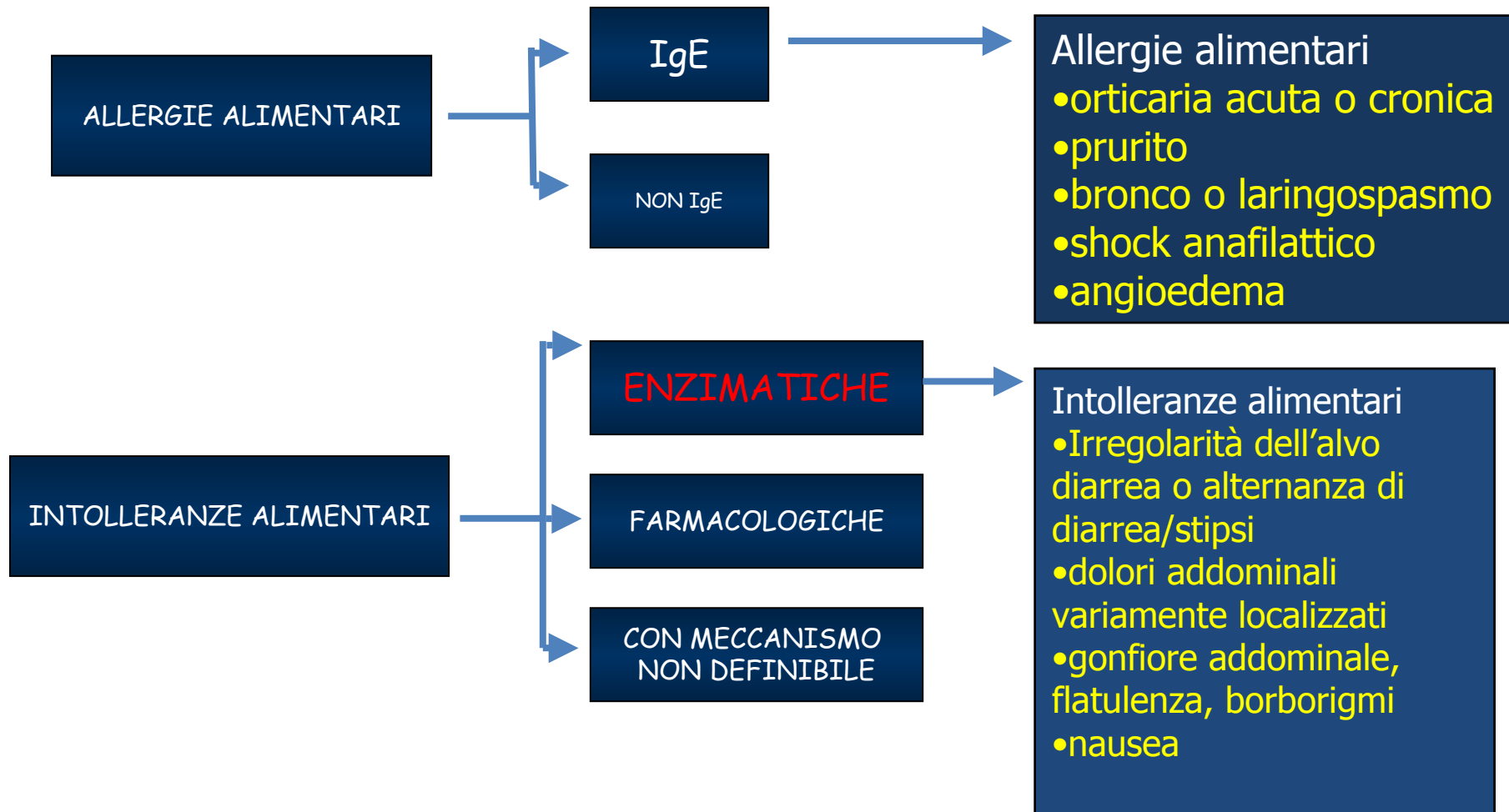


FICE

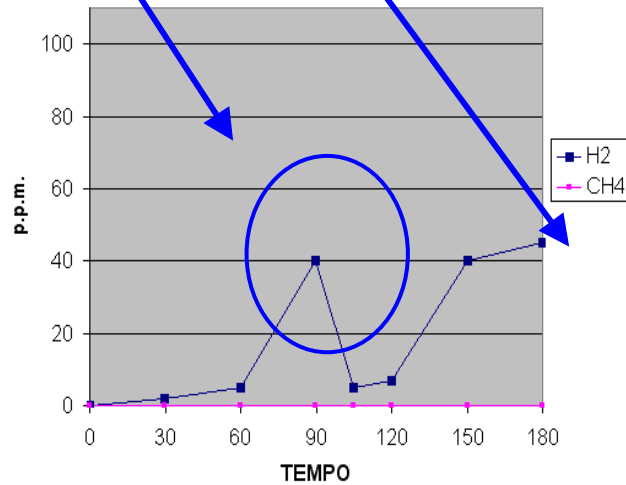
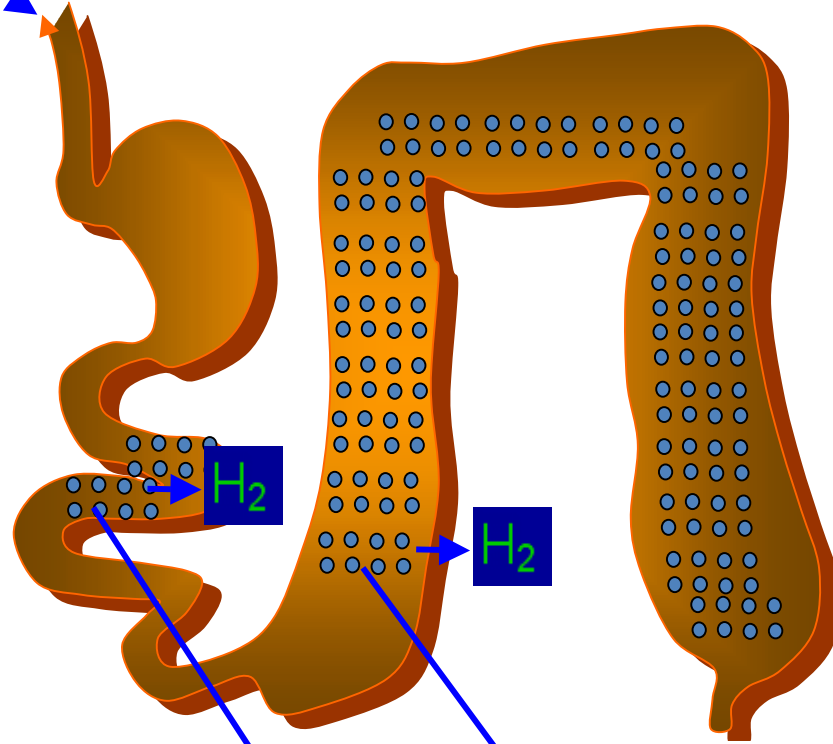
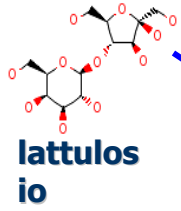


REAZIONI AVVERSE AGLI ALIMENTI

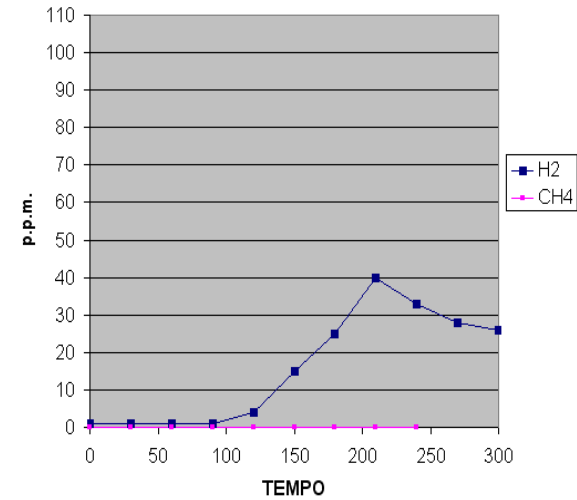
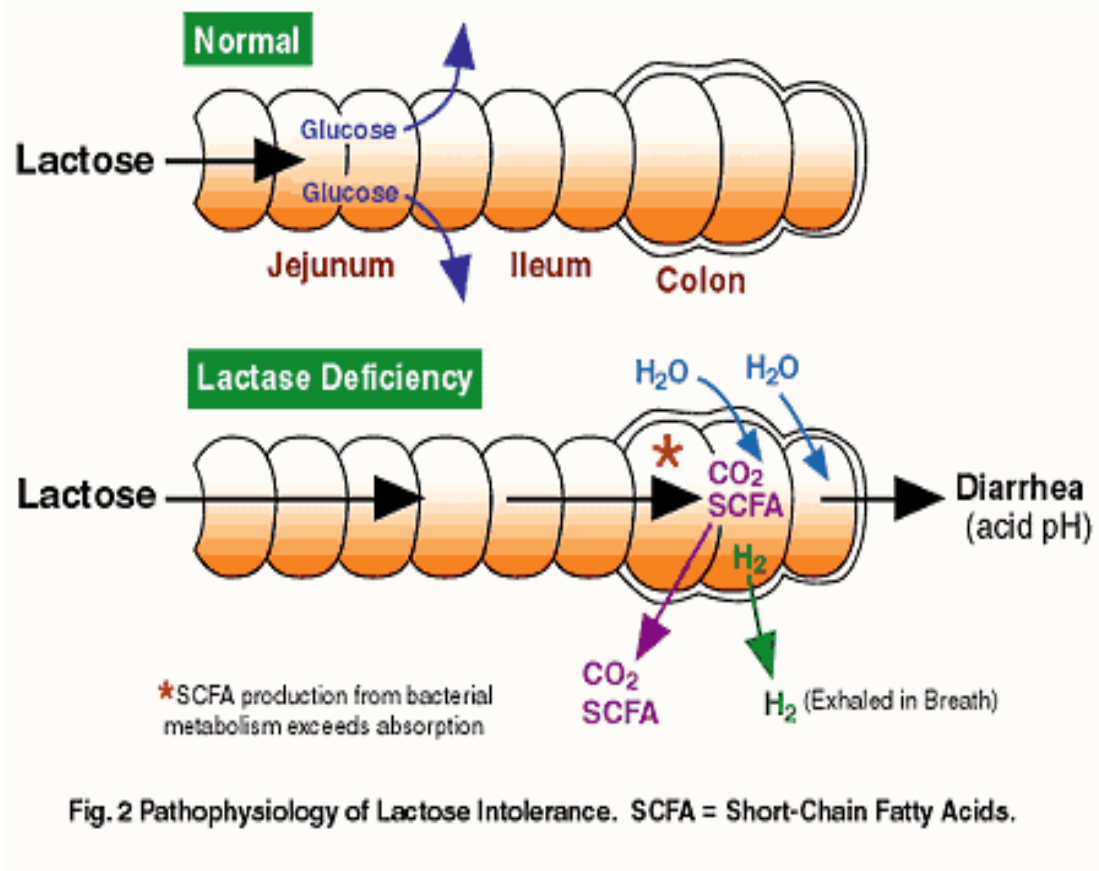
(EAACI CLASSIFICATION)



OVERGROWTH BATTERICO



INTOLLERANZA AL LATTOSIO



ALLERGIE ED INTOLLERANZE ALIMENTARI

- 1) Scrittura di un protocollo condiviso con i dermatologici per l'approccio a queste problematiche
- 2) Implementazione sul campo del protocollo
- 3) Audit clinico