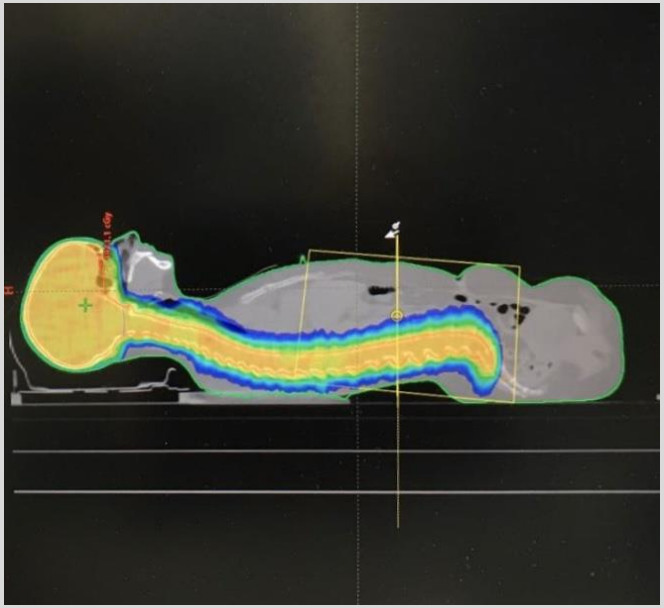
IL MEDICO TRA INNOVAZIONI SCIENTIFICHE, BUDGET, NORMATIVE ED ETICA PROFESSIONALE: È DAVVERO POSSIBILE UNA *MEDICINA DELLA PERSONA* ?

Ordine dei Medici di Reggio Emilia, sabato 9 novembre 2019



GLI ASPETTI CLINICI NEL PRENDERSI CURA DI CHI E DI CHE COSA VERSO SCELTE FINALIZZATE ALL'ARMONIZZAZIONE TRA RISORSE FINANZIARIE, NUOVE TECNOLOGIE, RICERCA SCIENTIFICA ED ESIGENZE ETICHE NELL'OTTICA DEL GIURAMENTO DI IPPOCRATE

Dr.ssa N. D'Abbiero AOU Parma

CONTESTO ATTUALE

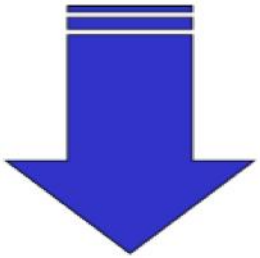
“ESSI CERCANO SEMPRE DI EVADERE/ DAL BUIO ESTERIORE E INTERIORE/ SOGNANDO SISTEMI TALMENTE PERFETTI CHE PIÙ NESSUNO AVREBBE BISOGNO D’ESSER BUONO”
T.S.ELIOT *CORI DALLA ROCCA*

RIMANERE UMANI

VEDERE LE COSE DALL'ALTO SENZA PERDERE IL CONTATTO CON LA TERRA

ECONOMIA E SANITÀ (BUDGET) VALUE

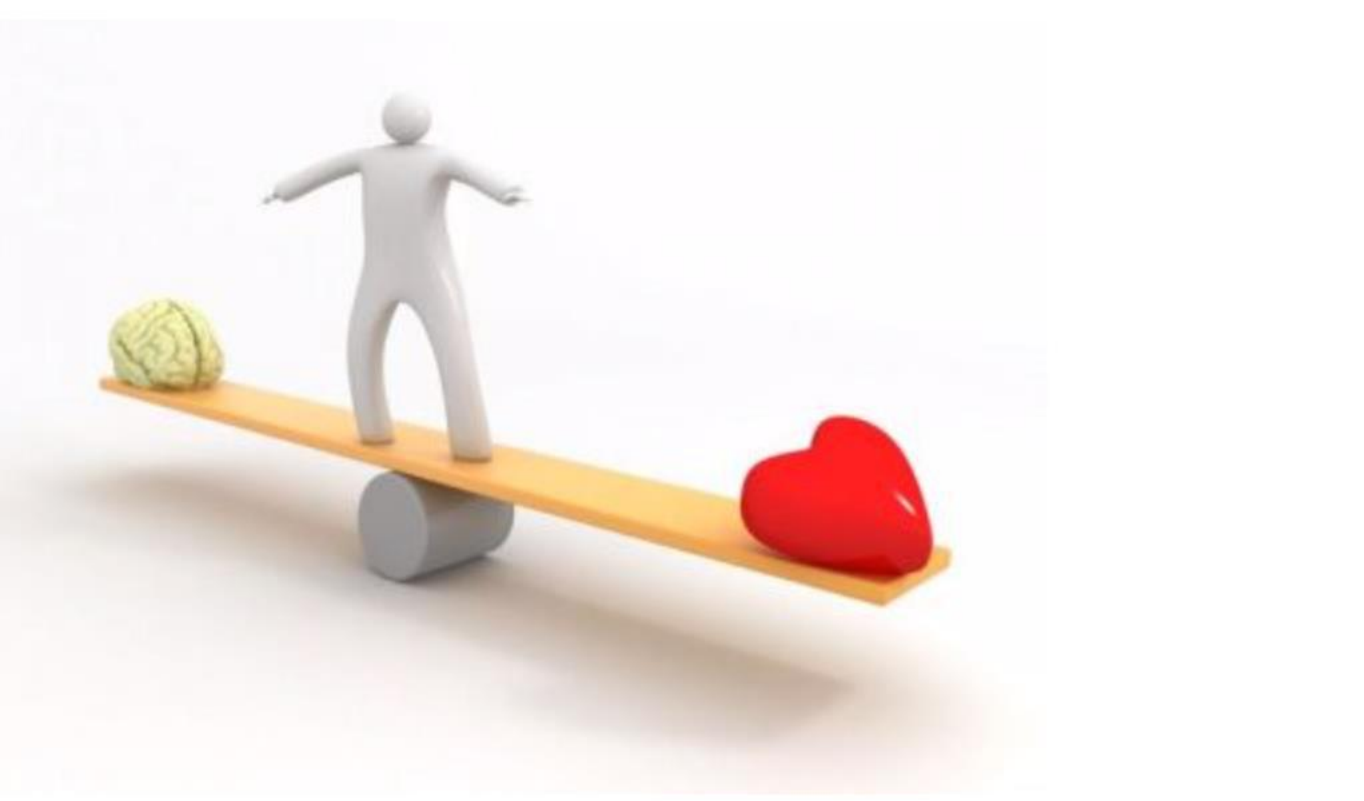
Does It Work?



Is It Worth?

DALL'EVIDENCE-BASED MEDICINE
ALL'EVIDENCE-BASED VALUE

RAZIONALITA' NELLE SCELTE ALLOCATIVE IN SANITA'



LE DECISIONI ALLOCATIVE SONO ECONOMICAMENTE RAZIONALI
SE CONFRONTATE CON L'IMPATTO SULLA SALUTE

Analisi costo-efficacia

- ✓ Analisi economica completa che misura i benefici in:
  - Vite salvate, Anni di vita guadagnati, QALYs – quality adjusted life years (analisi costo-utilità) – outcome finali
- ✓ Unità di misura fisica e comune alle diverse tecnologie, gradi di efficacia diversi
- ✓ Obiettivo: massimizzare i guadagni in salute con il budget disponibile

ECONOMIC

ORGANIZATION

HEALTH

VALUE FOR MONEY

ORGANIZZAZIONE

LEADERSHIP

LEADERSHIP IS NOT ABOUT CONTROL,
IT'S ABOUT TAKING CARE YOUR PEOPLE

SKILLS


THE FUNDAMENTAL 4
CORE LEADERSHIP SKILLS
FOR EVERY CAREER
SELF AWARENESS
Understand your behavior's impact on organizational outcomes.
COMMUNICATION
Effectively communicate goals and inspire trust.
INFLUENCE
Be comfortable persuading, promoting, and delegating.
LEARNING AGILITY
Know when to change course, and help others to do so.
Center for Creative Leadership

RESPONSABILITÀ

IL CASO DELLA RADIOTERAPIA ONCOLOGICA DI PARMA

DI CHI SI PRENDE CURA UN DIRETTORE DI SC?

LE PERSONE

LIMITE → OPPORTUNITÀ

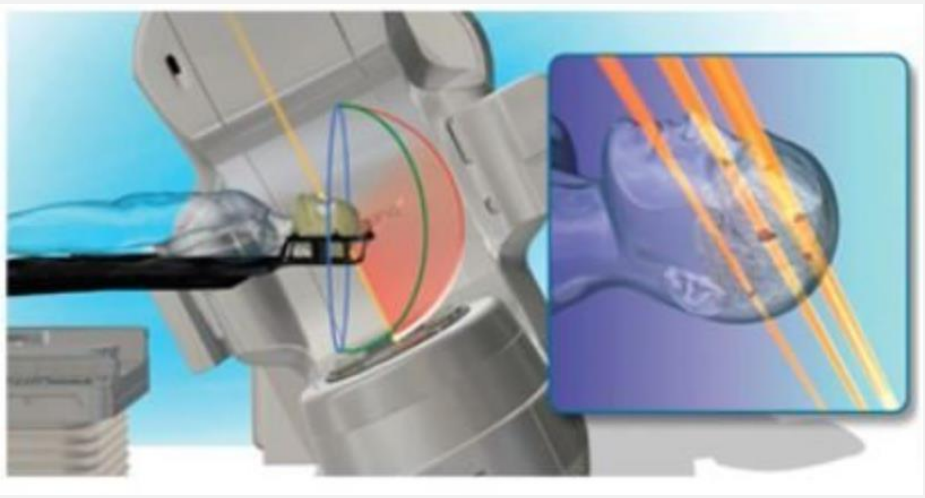

PARMA MARATHO

TUNNEL of
OPEN
11221
OPEN
11433
macron


trueBEAM

INVESTIMENTI E TECNOLOGIA

«Gli investimenti sanitari ammontano solo a 60 euro annui per abitante, corrispondenti circa al 3% del fondo sanitario nazionale, a testimonianza di scarsità di risorse destinate a rinnovare il capitale tecnologico e infrastrutturale del SSN in un ambito ad alto tasso di innovazione»
da Proposte manageriali per il SSN, rapporto OASI 2018



Le evidenze scientifiche hanno largamente dimostrato i guadagni in salute ottenuti grazie all'innovazione tecnologica

ESTRO
European Society for
RADIOTHERAPY
& ONCOLOGY

Investment

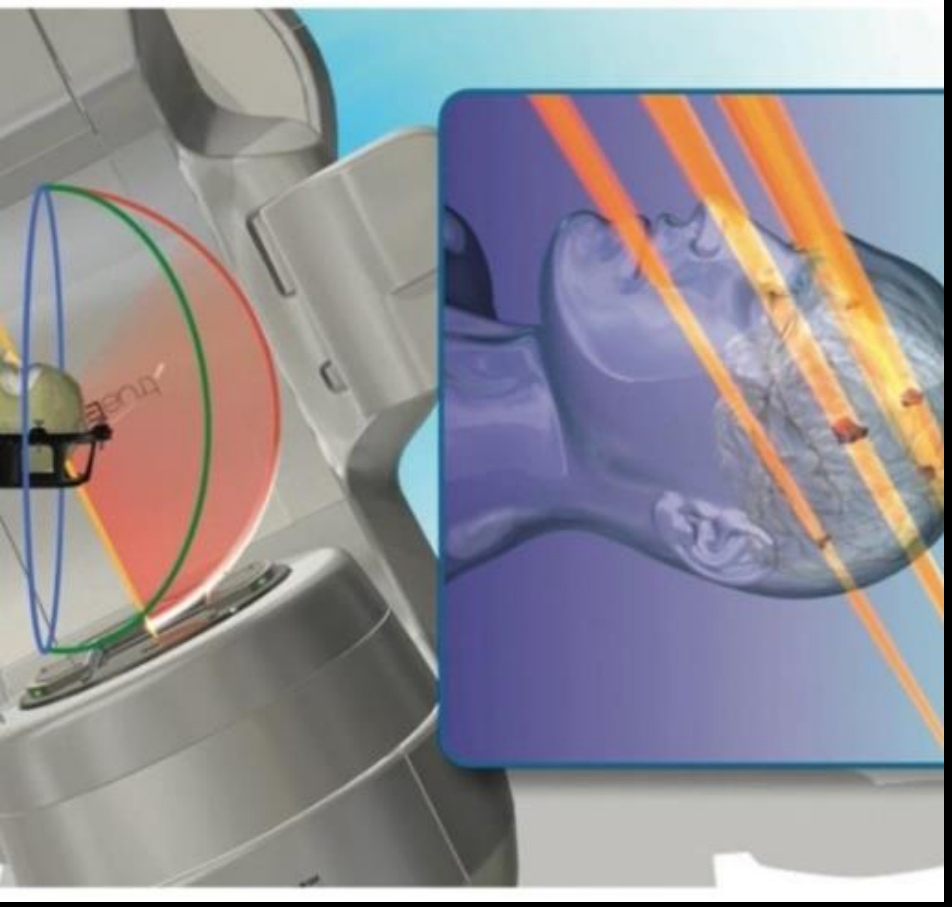
in radiotherapy makes economic sense

'There is strong evidence that radiotherapy is a sound investment for healthcare systems. If we used radiotherapy to match demand, there would be a return of up to €5 for every €1 invested by 2035, depending on the model of care being adopted.'

Yolande Lievens,
Ghent University Hospital, Belgium

Radiotherapy is an inexpensive treatment option. While it requires a well-planned initial investment in equipment, infrastructure and training, the long-term costs are low.[4] Even where radiotherapy is a major component of cancer care, it only accounts for a small proportion of the cancer budget; in Sweden and England, for example, this figure is just 5%.[9 31]

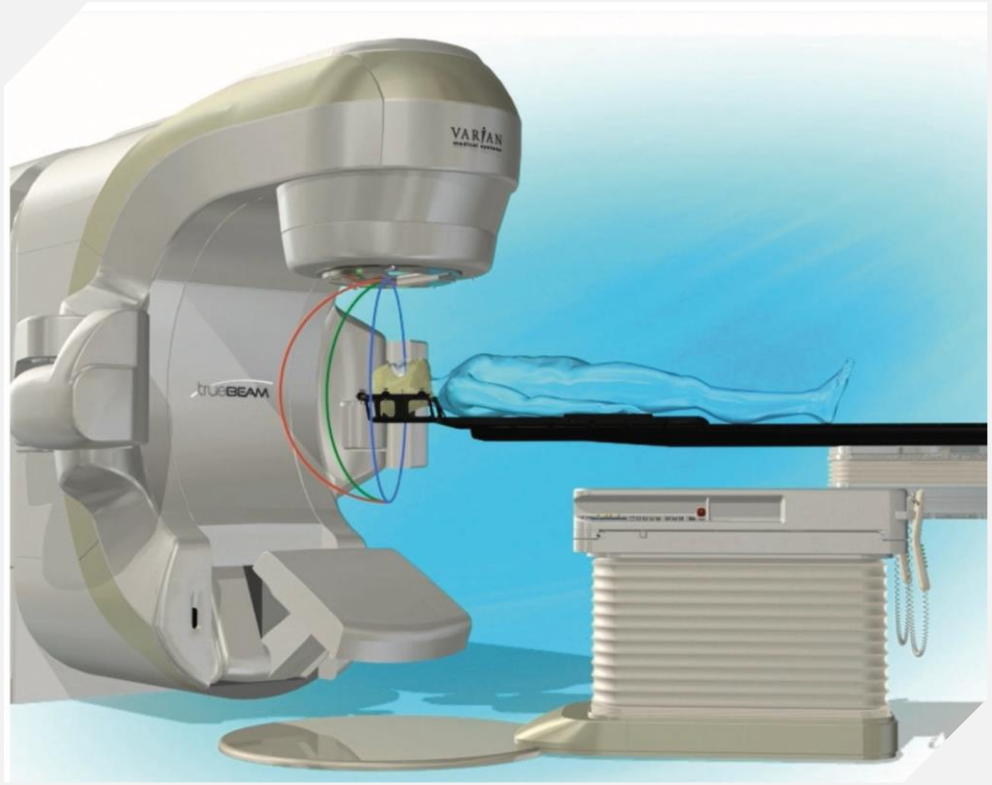
As technology advances, there are huge opportunities to reduce both treatment costs and broader societal costs even further.[4 32] In breast cancer, for example, shorter radiotherapy treatment delivering a lower total dose has already reduced healthcare costs while achieving comparable health effects.[32 33] Greater use of automation is likely to further reduce costs by achieving more efficient treatment planning and quality control.[4]



«Il raggio gentile»

per la

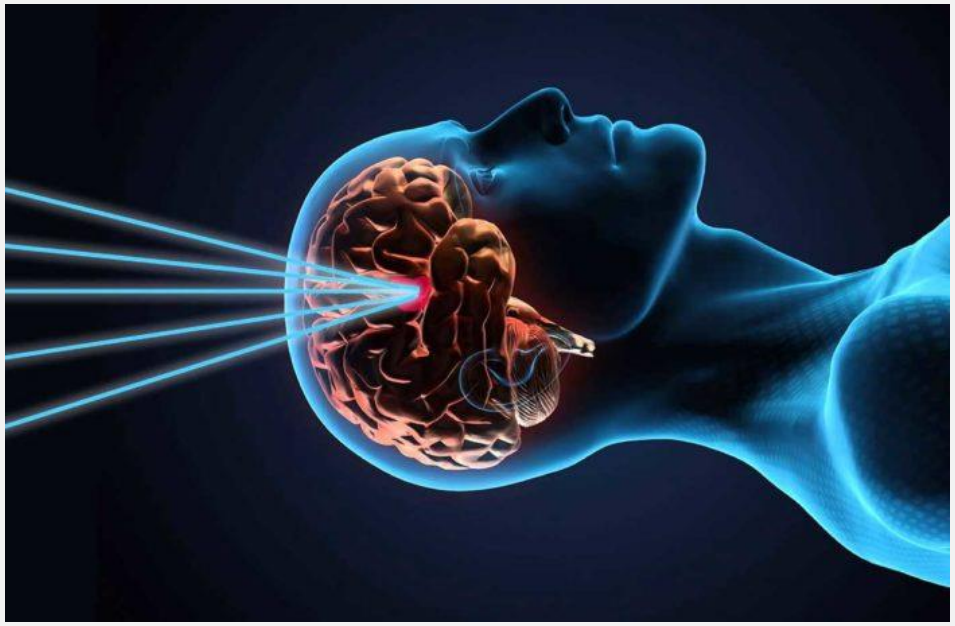
RADIOCHIRURGIA



HyperArc™

UNA SOLUZIONE AVANZATA PER LA RADIOCHIRURGIA INTRACRANICA

RADIOCHIRURGIA



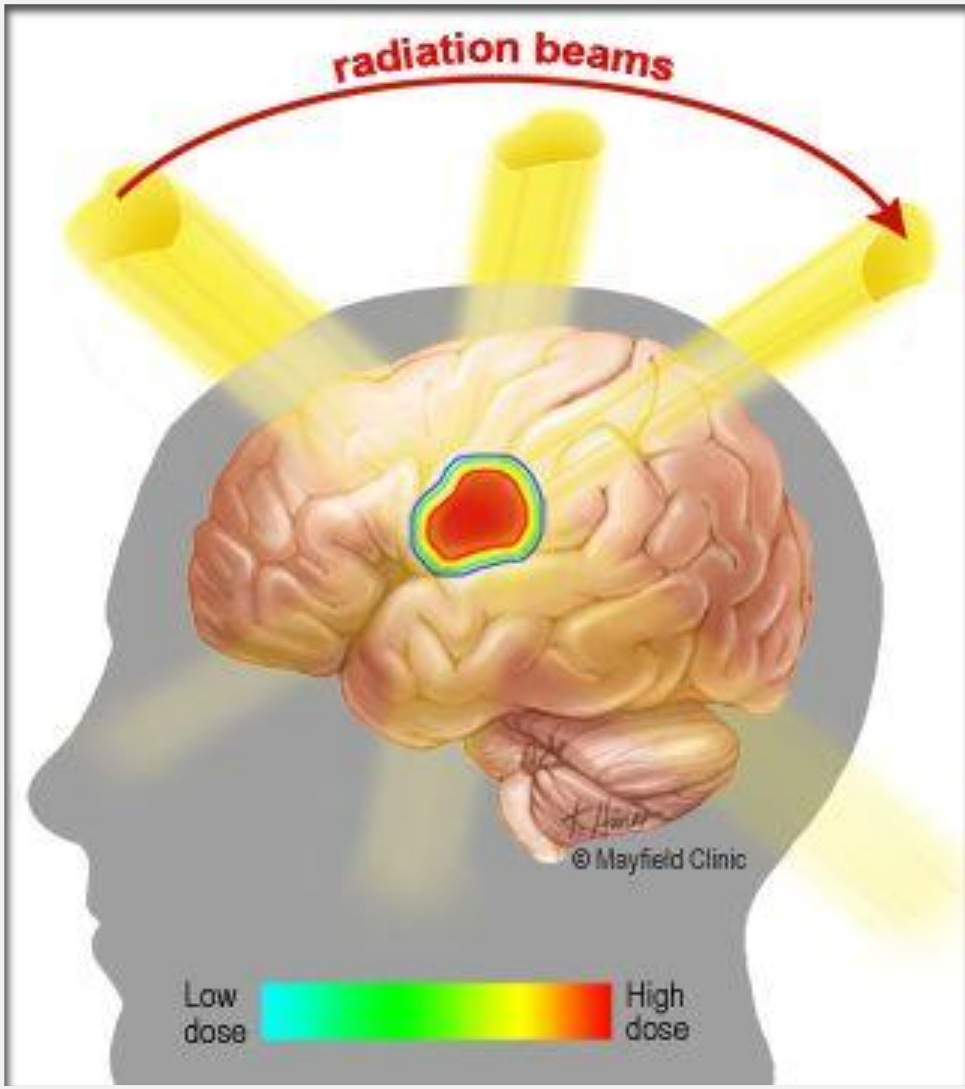
Tecnica radioterapica non invasiva che permette di irradiare lesioni tumorali benigne e maligne intracraniche con un elevata dose di radiazioni in modo estremamente preciso e accurato.

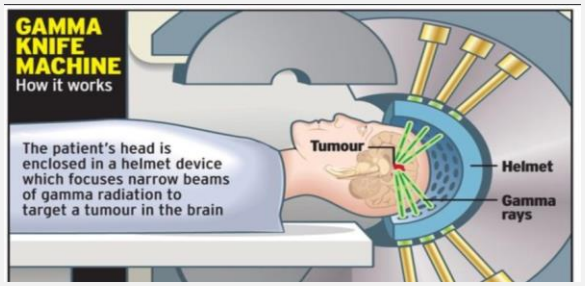
Permette di utilizzare la Radioterapia come fosse il bisturi del Neurochirurgo.

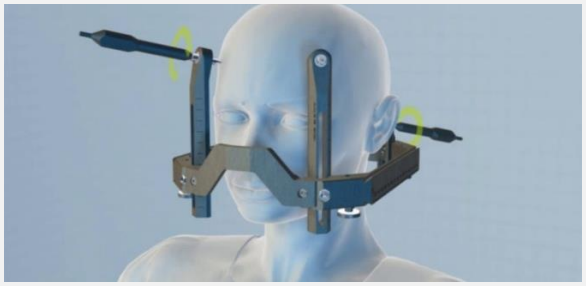
Le alte dosi erogate mimano gli effetti radicali dell'intervento chirurgico sul tumore provocandone la distruzione o la necrosi (morte cellulare)

IN MODO ASSOLUTAMENTE NON INVASIVO

UTILIZZANDO LE RADIAZIONI ANZICHÉ IL BISTURI





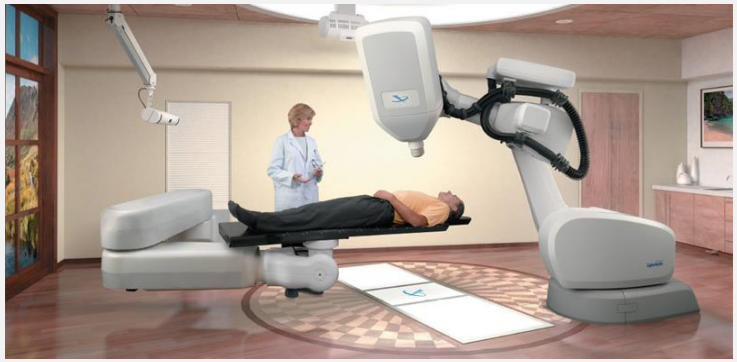


GammaKnife

Costose

Dedicate

CyberKnife



HYPERARC È UNA CLASS SOLUTION (HARDWARE E SOFTWARE) CHE «TRASFORMA» UN ACCELERATORE LINEARE IN UNA MACCHINA PER

RADIOCHIRURGIA

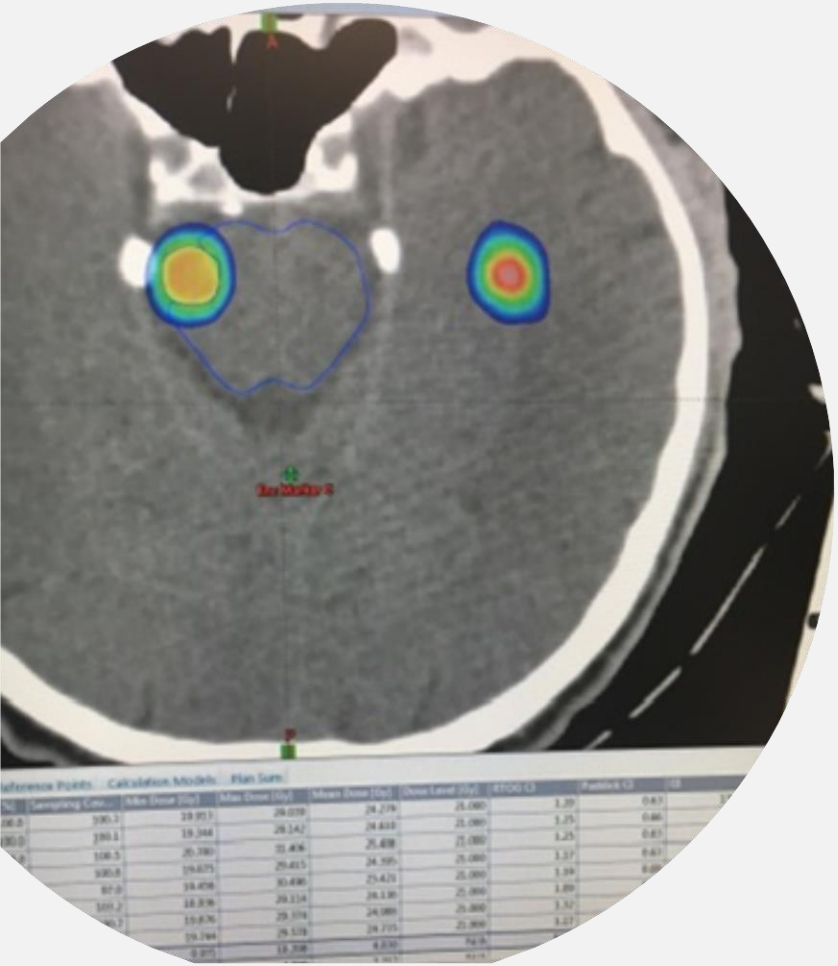
HYPERARC

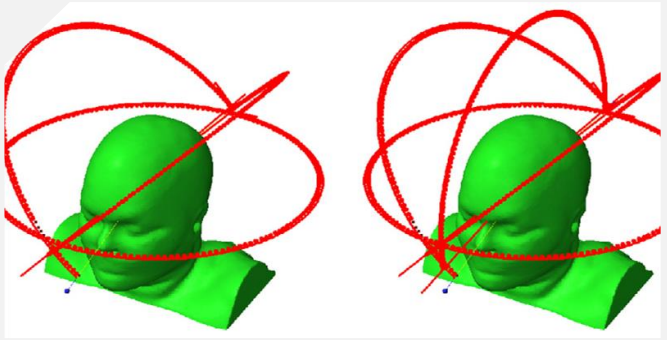
hardware

software

«trasformare» un Acceleratore Lineare

in una macchina per Radiochirurgia



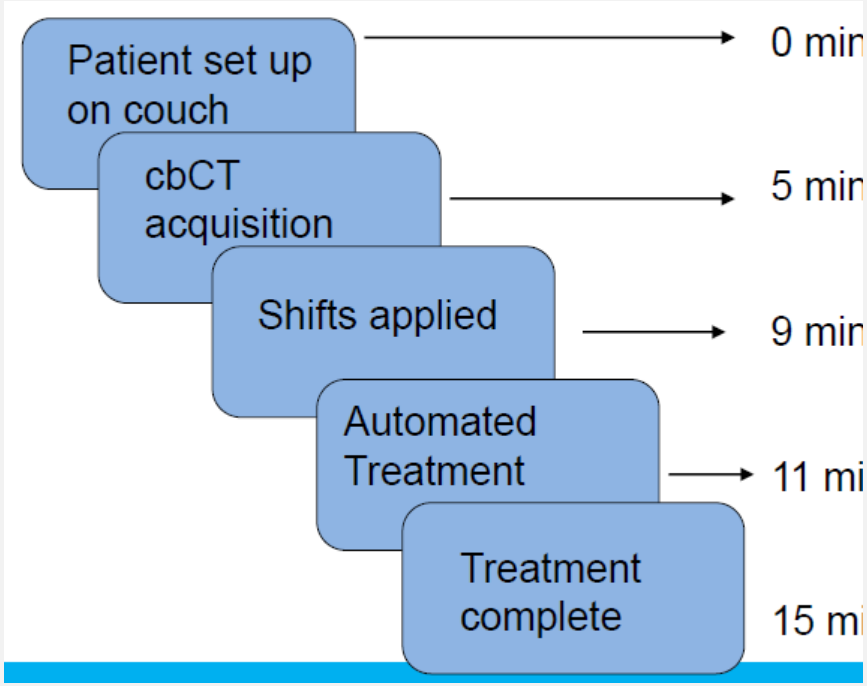


ISOCENTER

ARC ARRANGEMENT

DOSE DISTRIBUTION

POSIZIONE E SISTEMA D'IMMOBILIZZAZIONE NON INVASIVO



TRATTAMENTO RAPIDO

CARATTERISTICHE

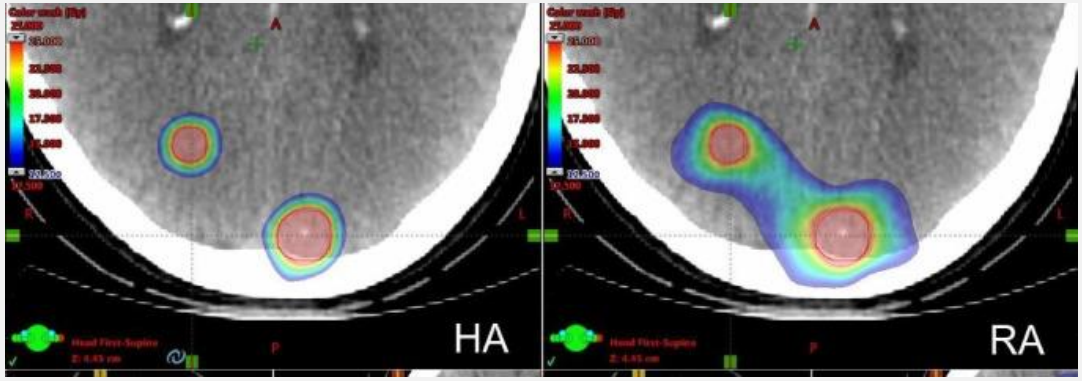
- **Nessuna differenza sulla qualità della dose erogata**
- **Nessuna apparecchiatura dedicata (con la stessa macchina si possono fare più cose)**
- **Trattamento**
  - **VELOCE**
  - **SICURO**
  - **NON INVASIVO**

Journal of Cancer Research and Clinical Oncology (2019) 145:193–200
https://doi.org/10.1007/s00432-018-2781-7

ORIGINAL ARTICLE – CANCER RESEARCH

First experience and clinical results using a new non-coplanar mono-isocenter technique (HyperArc™) for Linac-based VMAT radiosurgery in brain metastases

Filippo Alongi[1,2] · Alba Fiorentino[1] · Fabiana Gregucci[1] · Stefanie Corradini[3] · Niccolo Giaj-Levra[1] · Luigi Romano[4] · Michele Rigo[1] · Francesco Ricchetti[1] · Alberto Beltramello[4] · Gianluigi Lunardi[5] · Rosario Mazzola[1] · Ruggero Ruggieri[1]



From August 2017 to May 2018 → 381 BMs in 64 patients

246 were analized

In a median FU time of **6 months**:

244 (99%) BMs were controlled

- 18% CR
- 41% PR
- 40% SD

2 BMs showed a PD at the first control.

No acute or late toxicities were reported

Table 1 Patients and disease characteristics

Number of patients and BMs	43 and 246	
Sex (F/M)	25/18	
Age (years)		
Median	57 (range 38–79)	
<50	10 (23%)	
50–65	20 (47%)	
>65	13 (30%)	
Median Karnofsky index	80 (range 60–100)	
Histology no. (%)	Patients	BMs
Lung	16 (37%)	74 (30%)
Wild Type NSCLC	11 (69%)	37 (50%)
Oncogene-addicted NSCLC	5 (31%)	37 (50%)
Breast	14 (33%)	89 (36%)
Triple negative	5 (36%)	48 (54%)
HER2 positive	4 (29%)	14 (16%)
HR+/HER2 negative	5 (35%)	27 (30%)
Melanoma	7 (16%)	50 (20%)
BRAF positive	6 (86%)	47 (94%)
BRAF negative	1 (14%)	3 (7%)
Others	6 (14%)	33 (14%)
Gastrointestinal cancer	3 (50%)	22 (67%)
Renal cell carcinoma	2 (33%)	8 (24%)
Head and Neck cancer	1 (17%)	3 (9%)
Extracranial disease	Patients no. (%)	
Present	25 (58%)	
Absent	18 (42%)	
Brain disease presentation	Patients no. (%)	
Metachronous	35 (81%)	
Oligoprogression	13 (37%)	
Synchronous	8 (19%)	
Pre-brain treatment	Patients no. (%)	
SRS/SFRT	8 (19%)	
WBRT	3 (7%)	
WBRT + SRS	2 (4%)	
Median number BMs for patients	5 (range 1–21)	
Median CITV for patients (cc)	12.7 (range 1.1–47.7)	
Intracranial BMs site	BMs no. (%)	
Supratentorial	173 (70%)	
Infratentorial	69 (28%)	
Brainstem	4 (2%)	

Table 2 Volume and treatment characteristics

Median CTV [cc] (range)	0.3 (0.1–28.3)
Median PTV [cc] (range)	1 (0.1–42)
Median diameter BMs [cm] (range)	1 (0.6–3)
HA brain treatment	BMs no. (%)
SRS	
(15–25 Gy) 1 fraction	91 (37%)
SFRT	
(18–27 Gy) 3 fractions	128 (52%)
(20–30 Gy) 5 fractions	27 (11%)
$BED_{(alpha/beta\ 12\ Gy)}$	
Median (range) [Gy]	47.2 (26.7–77.1)
$<40\ Gy_{12}$ [BMs] (%)	78 (32%)
$\geq 40 \leq 47.2\ Gy_{12}$ [BMs] (%)	98 (40%)
$>47.2\ Gy_{12}$ [BMs] (%)	70 (28%)
Systemic therapy	Patients no. (%)
None	6 (14%)
Chemotherapy	19 (44%)
Target therapy	13 (30%)
Immuno therapy	3 (7%)
Hormone therapy	2 (5%)

Table 3 Analysis of predictive factors for LC by histology (Chi-square test)

Histology	CR (%)	PR (%)	SD + PD (%)	*p* value
Lung cancer	16	49	35	**0.0001**
Breast cancer	30	43	27	
Melanoma	0	32	68	
Others	18	30	52	

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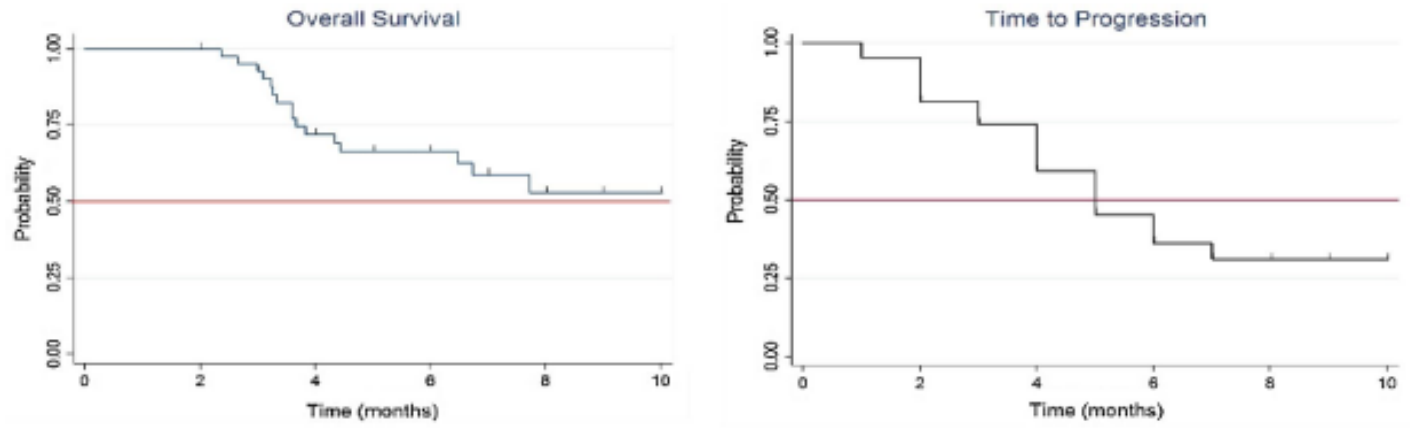
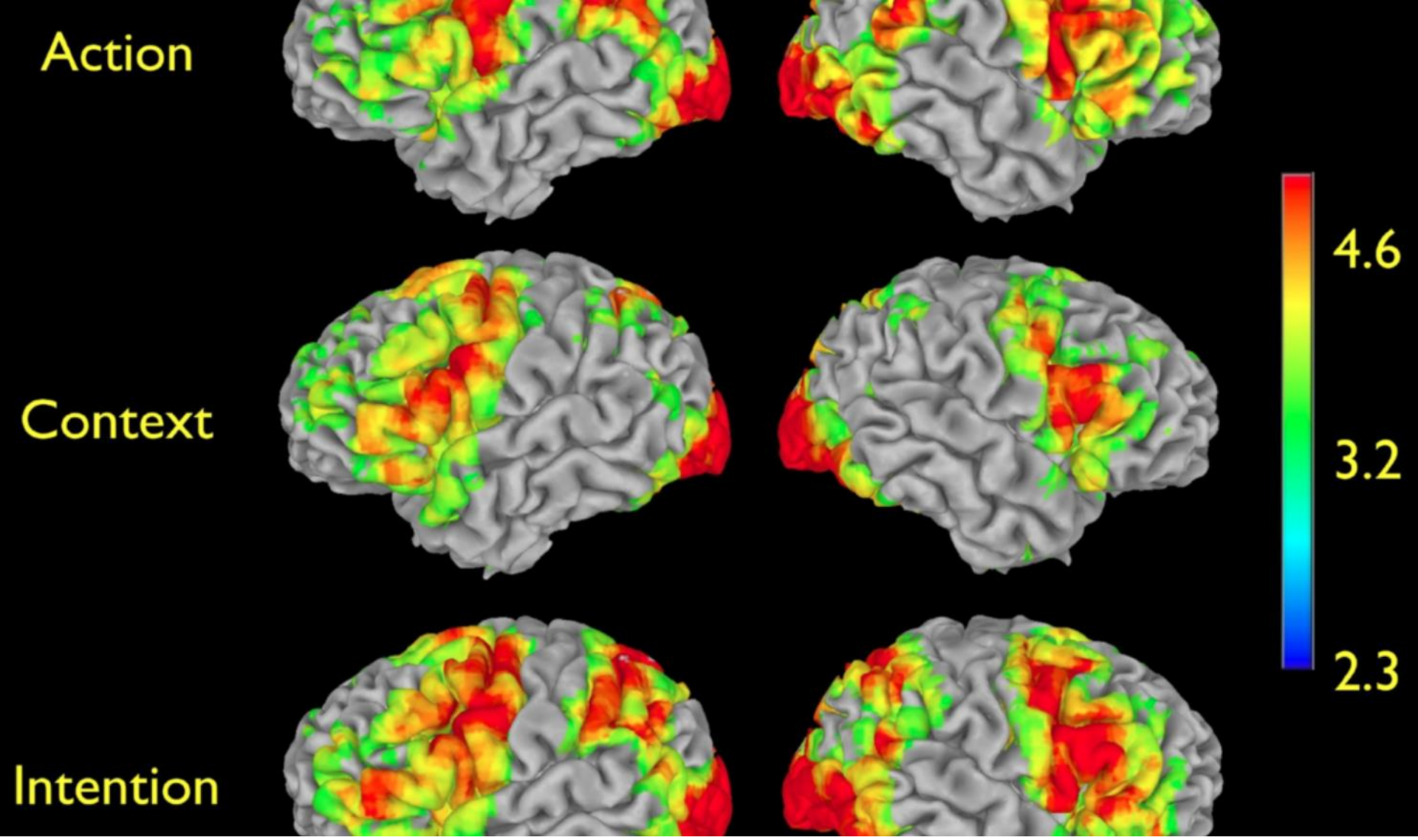


Fig. 1 Overall survival and time to progression curves in the population of study

INNOVAZIONE + ORGANIZZAZIONE = EFFICIENZA

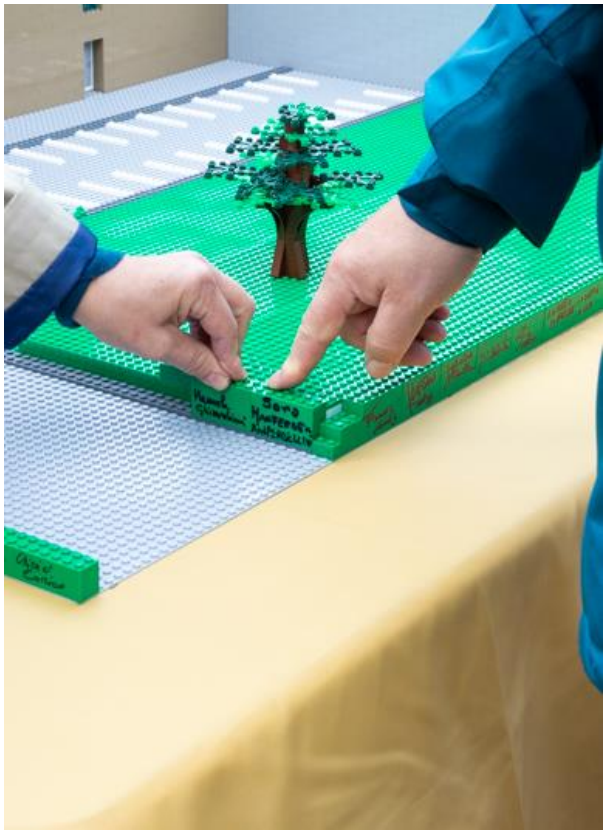
COMUNICARE. LA MEDICINA È RELAZIONE, È COMUNICAZIONE



EMPATIA....

PER ACQUISIRE LEADERSHIP E PER ACCRESCERLA BISOGNA SERVIRE GLI ALTRI, ESSERE CAPACI DI GUIDARLI AGLI OBIETTIVI CONDIVISI. BISOGNA OFFRIRE SOGNI GRANDI, CAPACITÀ ELEVATE, CONOSCENZE APPROFONDITE. E' UN RUOLO CHE SI ASSUME COSTRUENDO PER GLI ALTRI PRIMA CHE PER SE STESSI.

LUCA BRAMBILLA, COMUNICAZIONE STRATEGICA



GRAZIE PER L'ATTENZIONE