XXXIII CONGRESSO NAZIONALE AIRO

AIRO2023

BOLOGNA,
27-29 OTTOBRE 2023
PALAZZO DEI CONGRESSI

Radioterapia Oncologica: l'evoluzione al servizio dei pazienti

Grandangolo in radioterapia oncologica: nuove evidenze e pratica clinica
RETTO-CANALE ANALE

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Fondazione policlinico Universitario A. Gemelli IRCCS
Università Cattolica del sacro Cuore

Associazione Italiana
Radioterapia e Oncologia clinica

No disclosure

TOPICS

- RETTO

- CANALE ANALE

TOPICS

RETTO

Total Neoadjuvant Treatment

- Earlier use of systemic therapy: micrometastases
- Maximal downsizing primary tumor for good local control

C. Marijnen LGI ESTRO Course Florence 2023

TNT: published randomized trials

RAPIDO	5x5 Gy + c-CT	Standard CRT
Polish-II	5x5 Gy + c-CT	Standard CRT
STELLAR	5x5 Gy + c-CT	Standard CRT
PRODIGE-23	i-CT + CRT	Standard CRT
CAO/AIO/ARO-12	i-CT + CRT	CRT + c-CT
OPRA	i-CT + CRT	CRT + c-CT

TNT: published randomized trials

			Best arm DFS
RAPIDO	5x5 Gy + c-CT	Standard CRT	5x5 Gy + c-CT
Polish-II	5x5 Gy + c-CT	Standard CRT	similar
STELLAR	5x5 Gy + c-CT	Standard CRT	similar
PRODIGE-23	i-CT + CRT	Standard CRT	i-CT + CRT
CAO/AIO/ARO-12	i-CT + CRT	CRT + c-CT	similar
OPRA	i-CT + CRT	CRT + c-CT	similar

TNT: published randomized trials

			Best arm DFS	Best arm pCR
RAPIDO	5x5 Gy + c-CT	Standard CRT	5x5 Gy + c-CT	5x5 Gy + c-CT
Polish-II	5x5 Gy + c-CT	Standard CRT	similar	similar
STELLAR	5x5 Gy + c-CT	Standard CRT	similar	5x5 Gy + c-CT
PRODIGE-23	i-CT + CRT	Standard CRT	i-CT + CRT	i-CT + CRT
CAO/AIO/ARO-12	i-CT + CRT	CRT + c-CT	similar	CRT + c-CT
OPRA	i-CT + CRT	CRT + c-CT	similar	CRT + c-CT

Playing With Dynamite? A Cautious Assessment of TNT

Diana D. Shi, MD[1] and Harvey J. Mamon, MD, PhD[2]

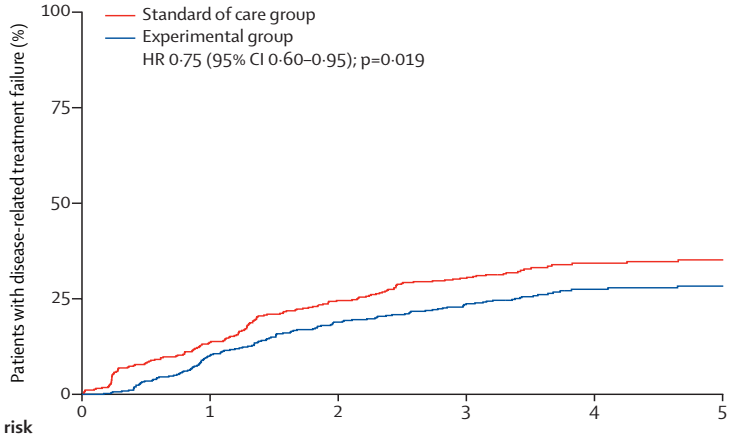
Journal of Clinical Oncology®

2020 Volume 39, Issue 2 **103**

TNT: outcomes

RAPIDO	5x5 Gy + c-CT	Standard CRT	Best arm DFS
	76%	70%	5x5 Gy + c-CT

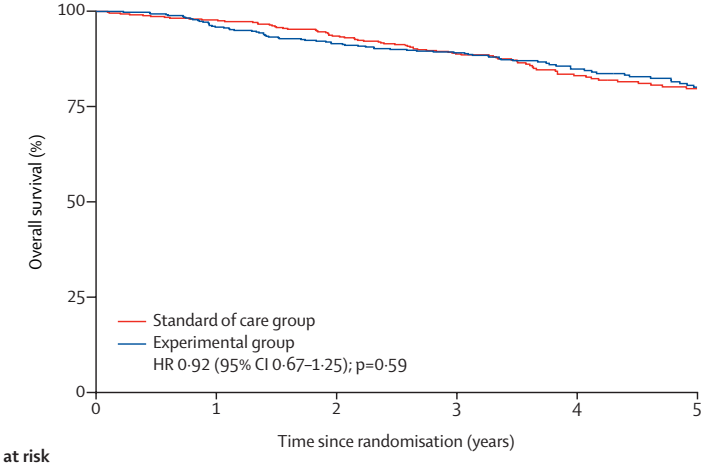
Disease Related Treatment Failure



Number at risk (number censored)						
Standard of care group	450 (0)	450 (2)	385 (3)	334 (7)	300 (133)	159 (160)
Experimental group	462 (0)	462 (1)	411 (2)	367 (8)	339 (150)	179 (182)

Bahadoer RR Lancet 2021

Overall Survival



Number at risk (number censored)						
Standard of care group	450 (0)	450 (2)	438 (3)	418 (8)	392 (169)	214 (208)
Experimental group	462 (0)	462 (1)	442 (2)	421 (9)	403 (181)	216 (217)

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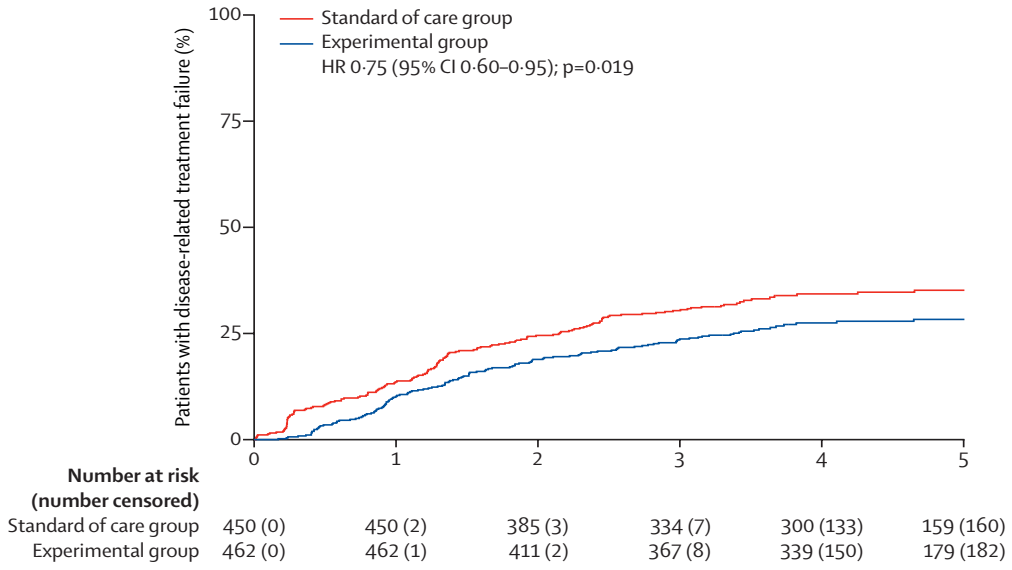
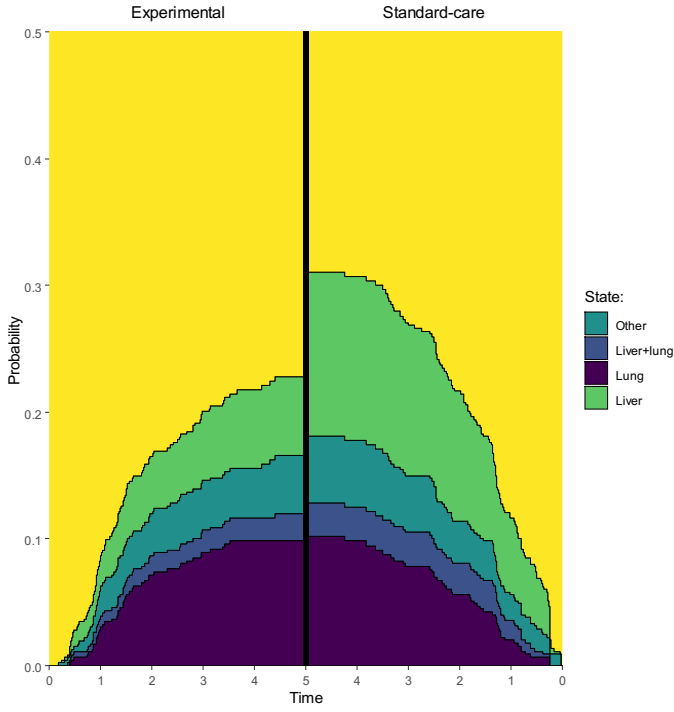
Disease Related Treatment Failure



Bahadoer RR Lancet 2021

Distant Metastases



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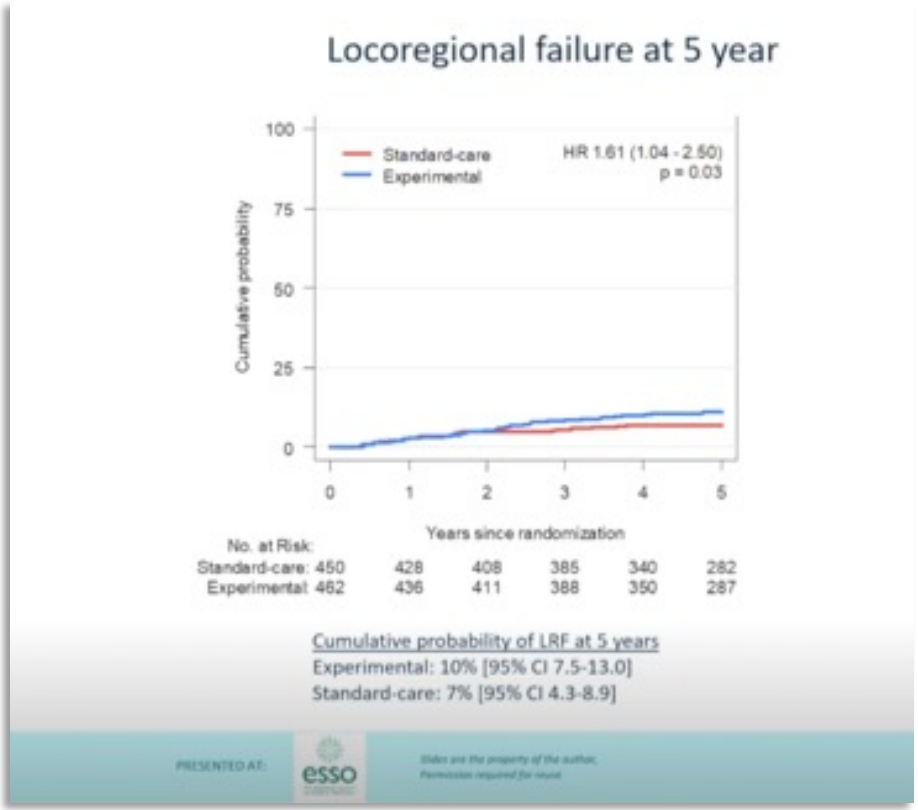
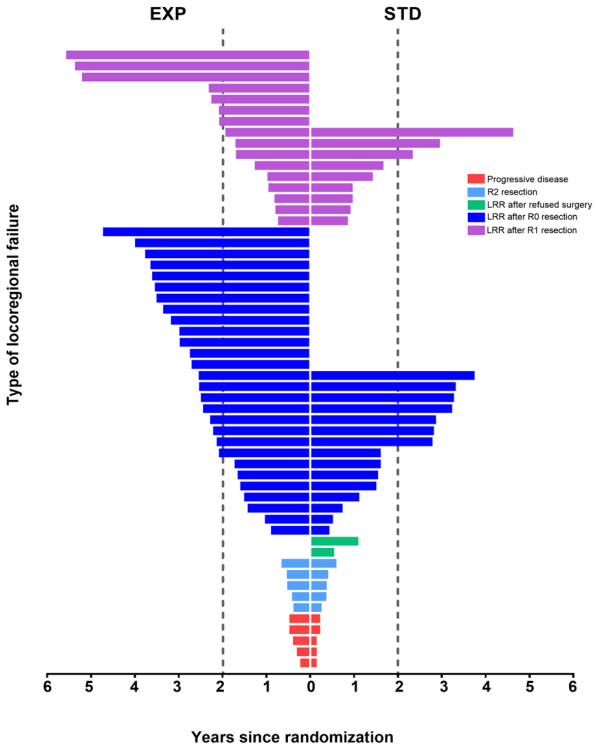
Locoregional Recurrence





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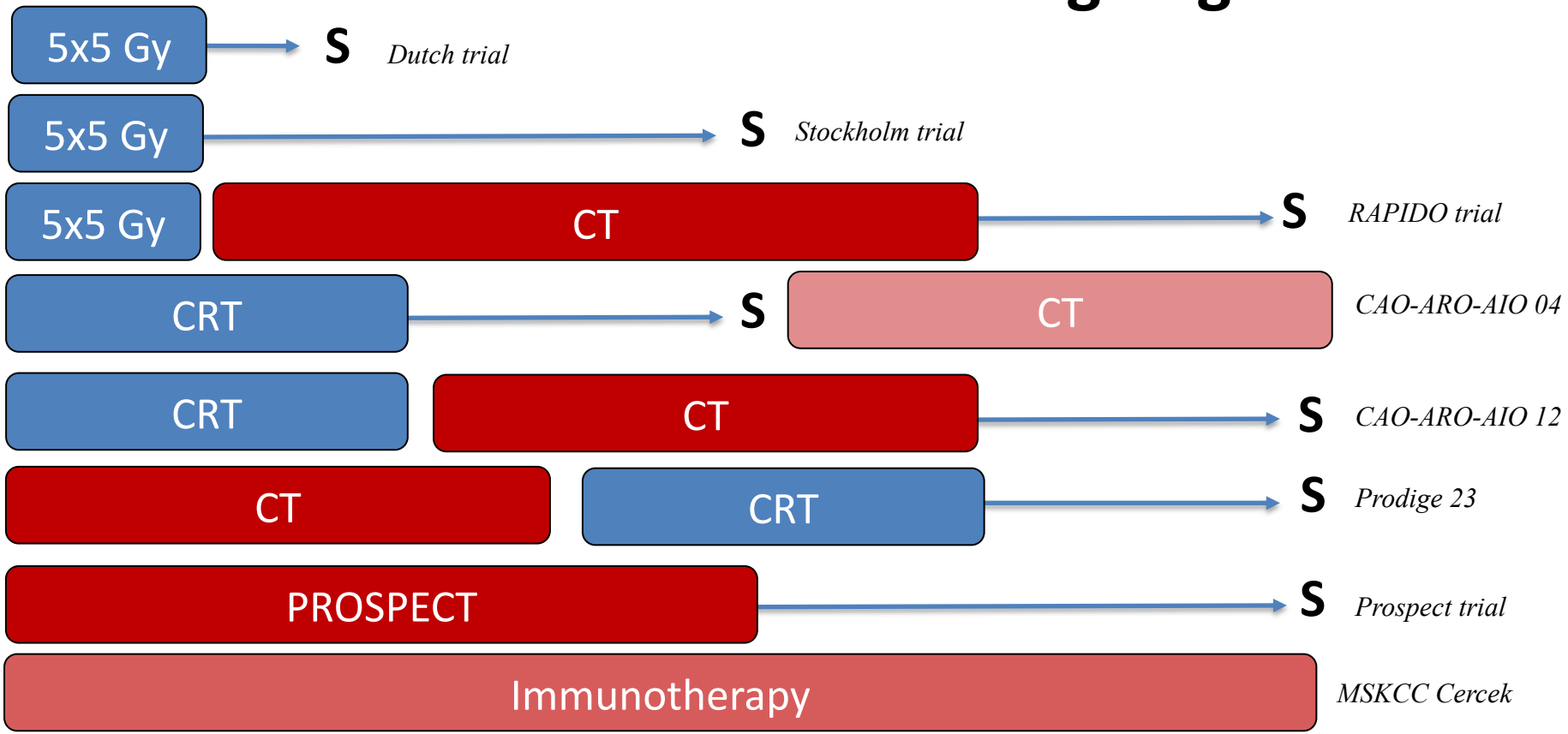
Where are we going?

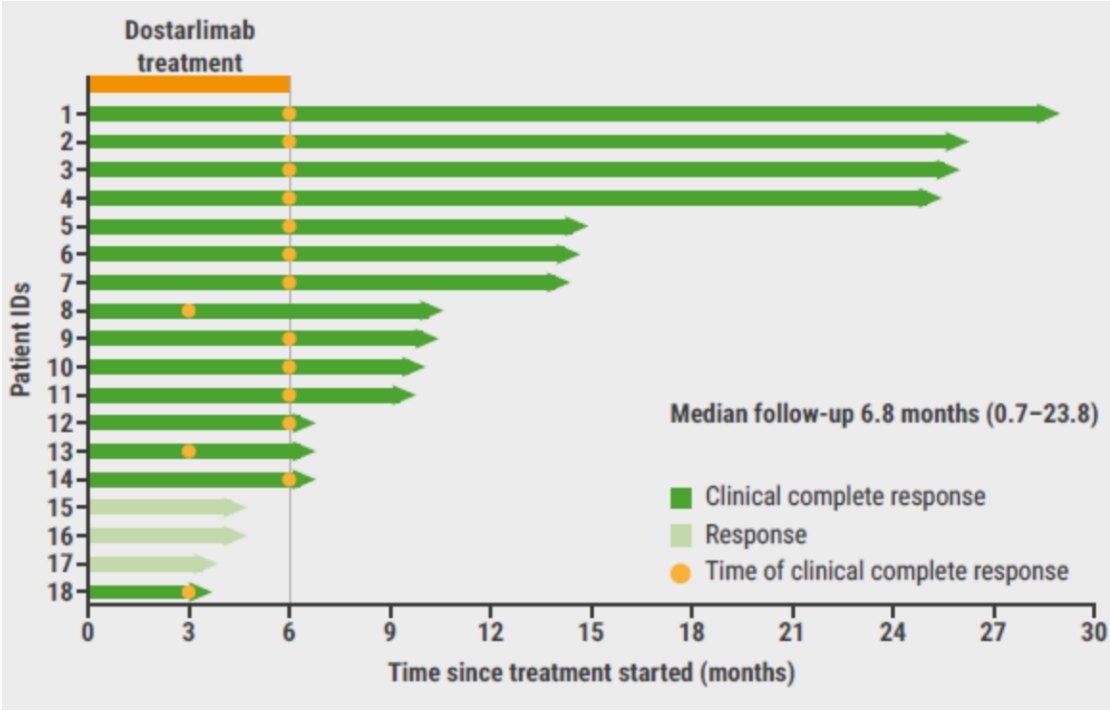


The New York Times

A Cancer Trial's Unexpected Result: Remission in Every Patient

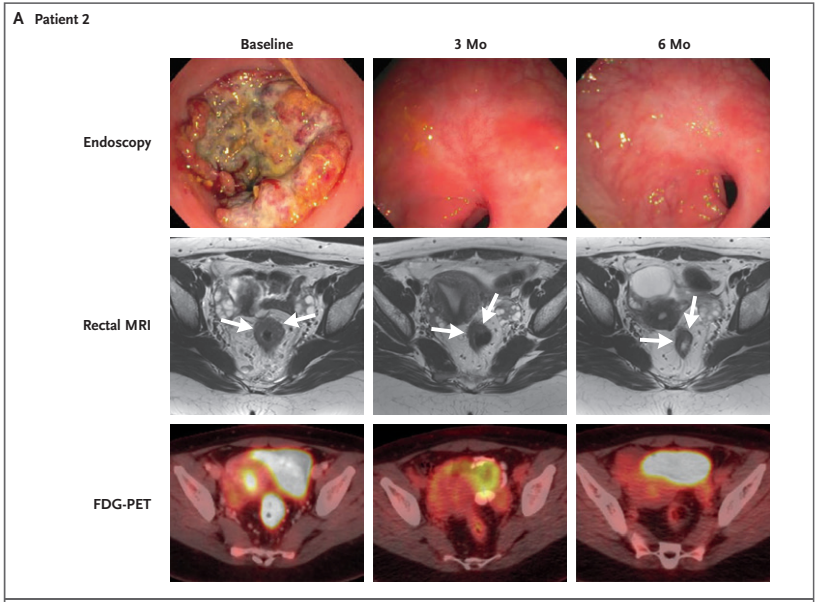
The study was small, and experts say it needs to be replicated. But for 18 people with rectal cancer, the outcome led to "happy tears."

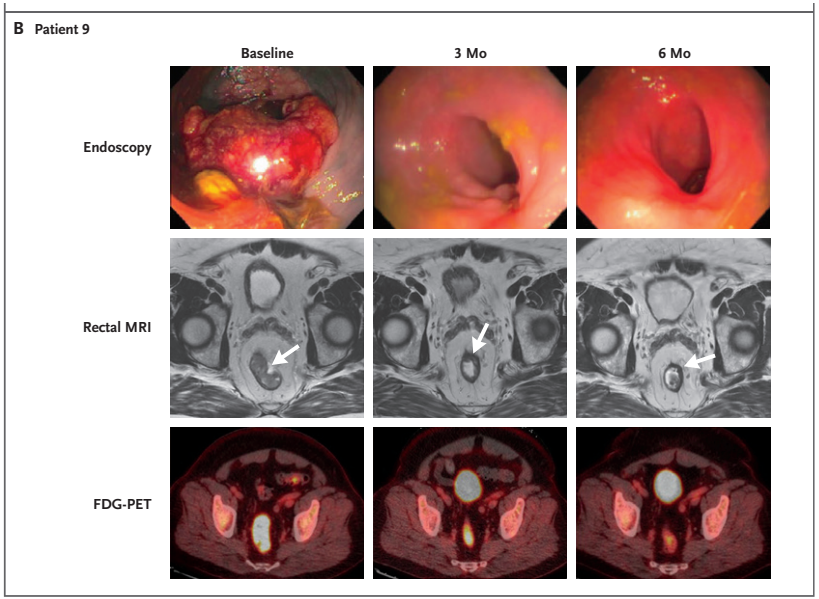
Sascha Roth, the first patient in the trial, unexpectedly learned she had rectal cancer in 2019. Her gastroenterologist, she recalled, told her during a sigmoidoscopy, "Oh no. I was not expecting this!" Shuran Huang for The New York Times



mmunotherapy

Immune therapy in rectal cancer

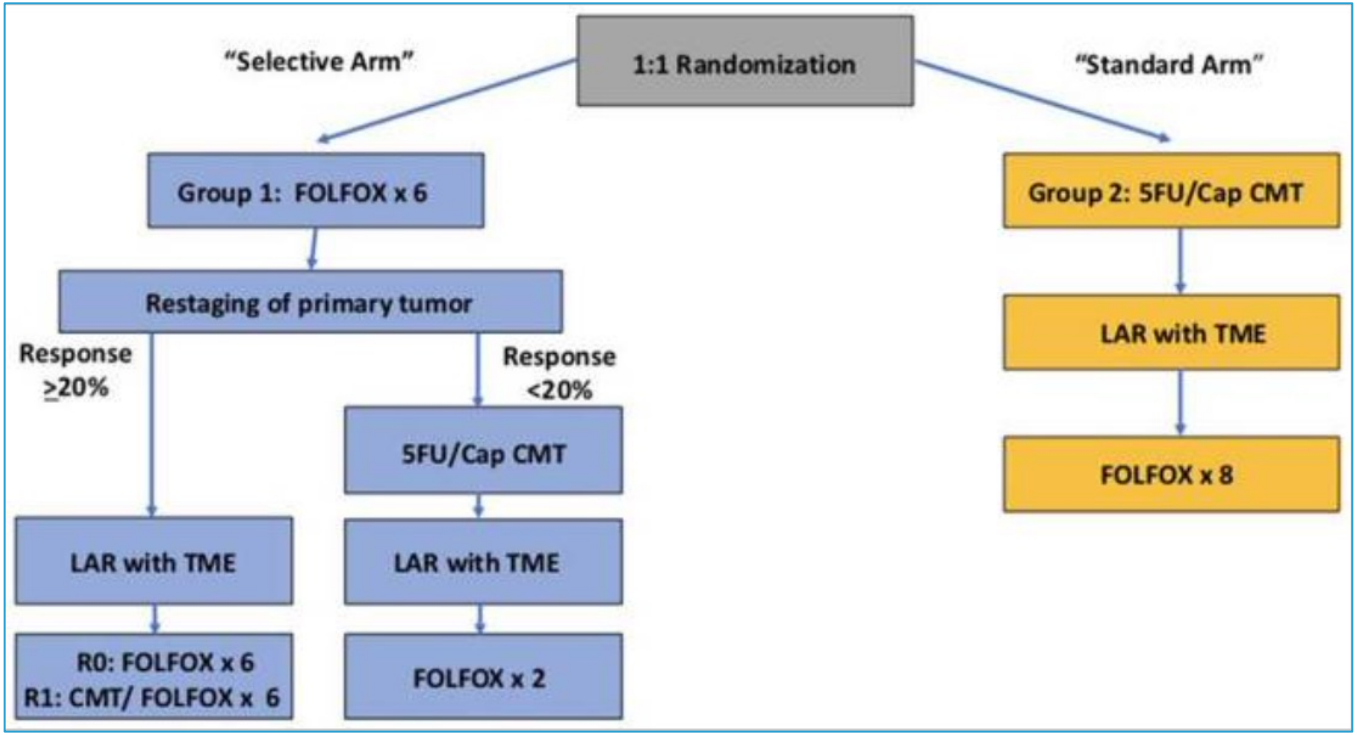




1. < 5% of all rectal cancer

2. MMR/MSI evaluation to ALL patients

PROSPECT trial



The New York Times

Rectal Cancer Patients Could Be Spared the Brutal Effects of Radiation

A large "de-escalation" trial suggests that tens of thousands of people annually may be able to rely on only chemotherapy and surgery to treat their illness.

Give this article

Rectal Cancer Patients Could Be Spared the Effects of Radiation

A large "de-escalation" trial suggests that tens of thousands of people annually may be able to rely on only chemotherapy and surgery to treat their illness

PELVIC CHEMORADIOTHERAPY FOR LOcally advanced rectal cancer reduces the risk of disease recurrence in the pelvis to less than 10% and has been standard care in North America since 1990.[1-6] However, it is associated with short-term and long-term toxic effects[7-9] that can adversely affect quality of life and physical function.[8]

These findings motivated us to investigate whether neoadjuvant treatment with FOLFOX could allow the elimination of chemoradiotherapy without increasing the risk of recurrence.

AIRO2023
PREOPERATIVE TREATMENT OF RECTAL CANCER

Radioterapia Oncologica:
l'evoluzione al servizio dei pazienti

POPULATION

T2N1, T3N0, or T3N1 who are candidates for curative intent sphincter sparing

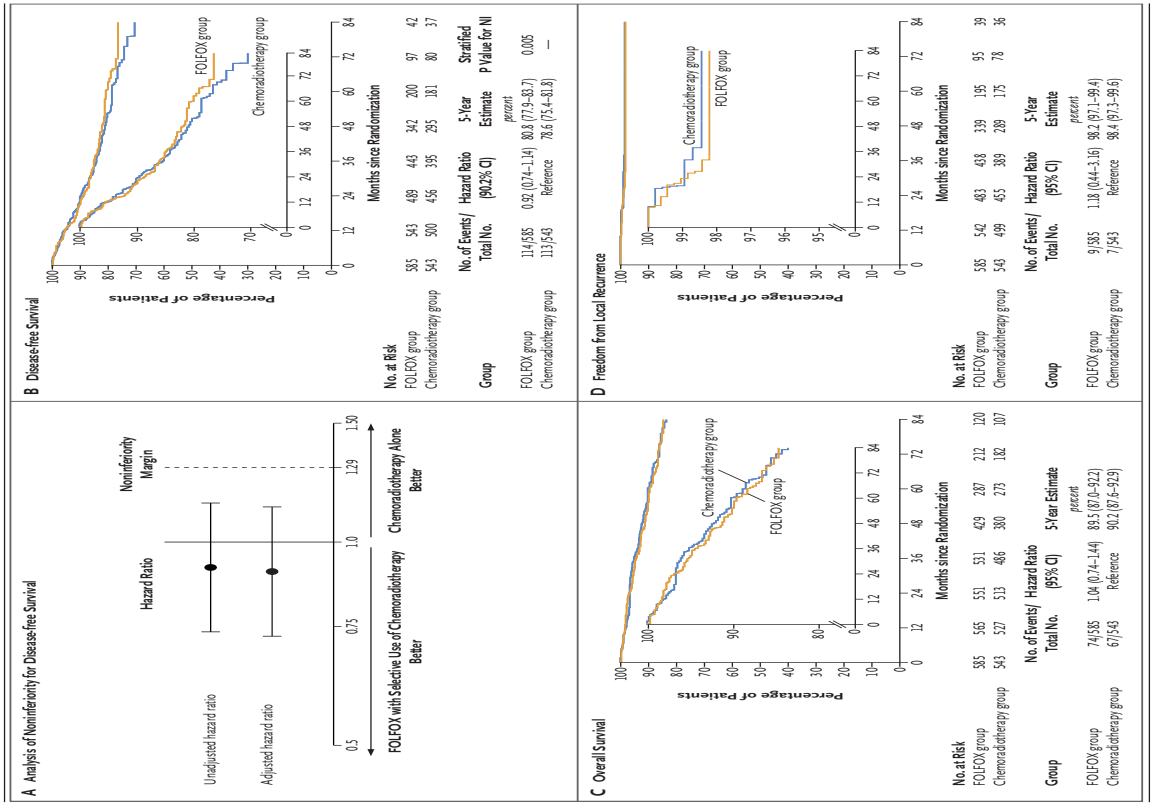
ENDPOINTS

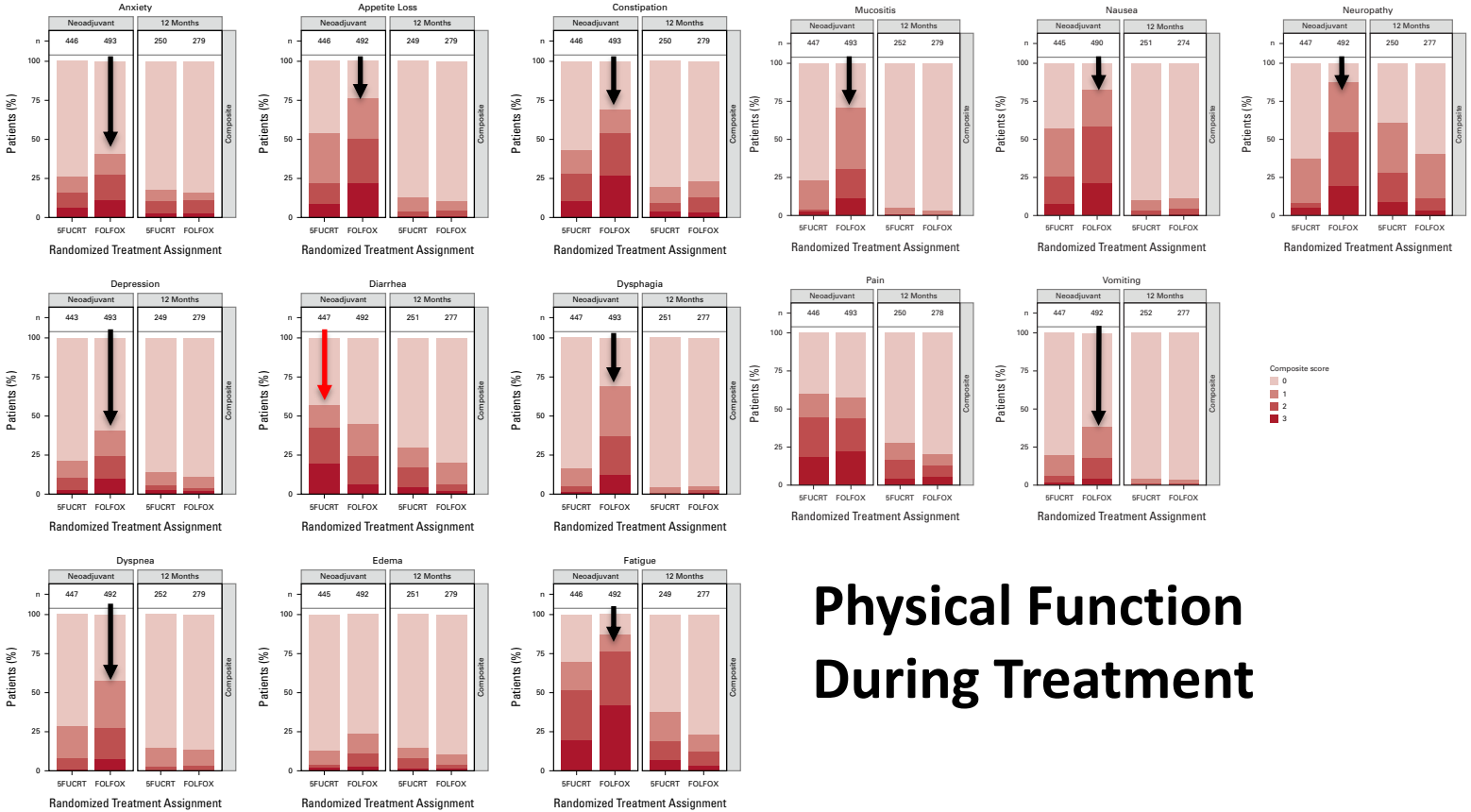
NON INFERIORITY
disease-free survival

RESULTS

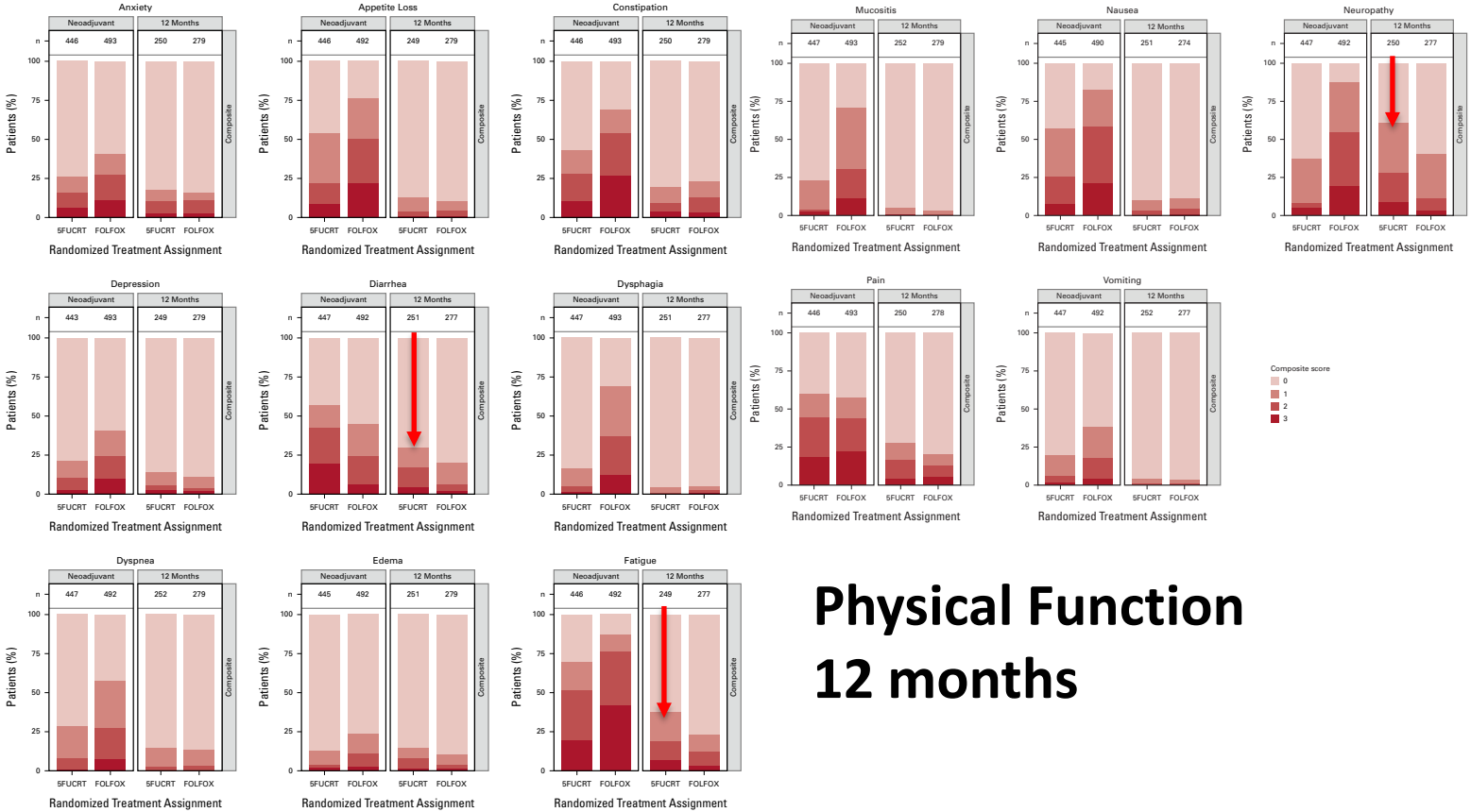
A total of **1128** patients (**585** in the FOLFOX group and **543** in the chemoradiotherapy group)
Resectable, with SS

FOLFOX group
10.4% received chemoradiotherapy

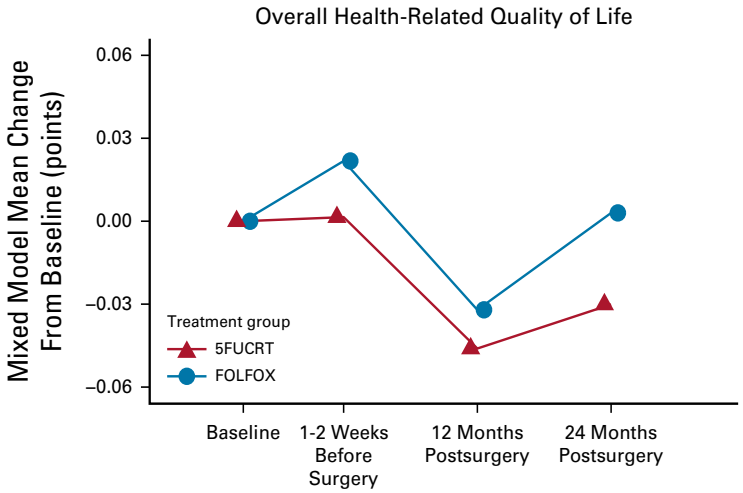


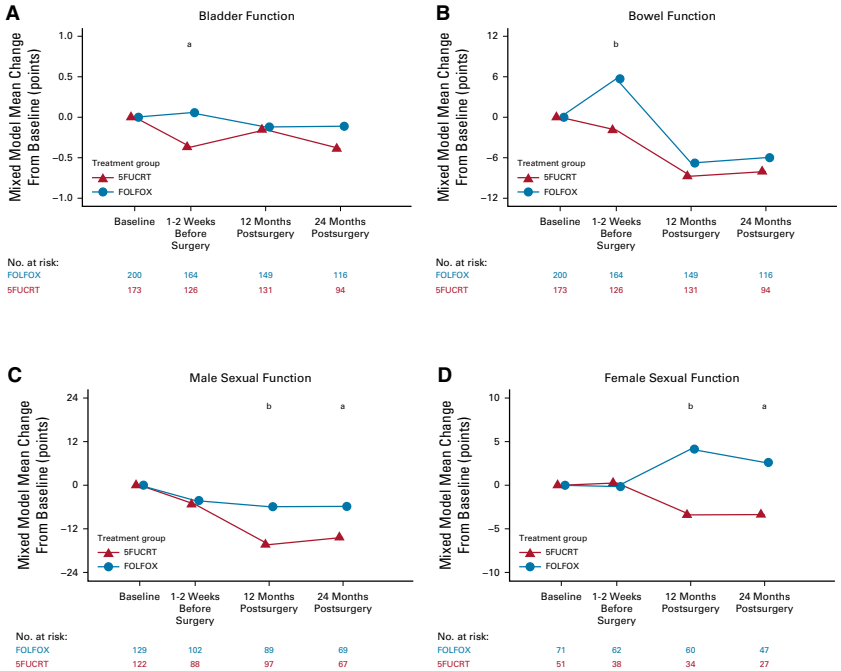


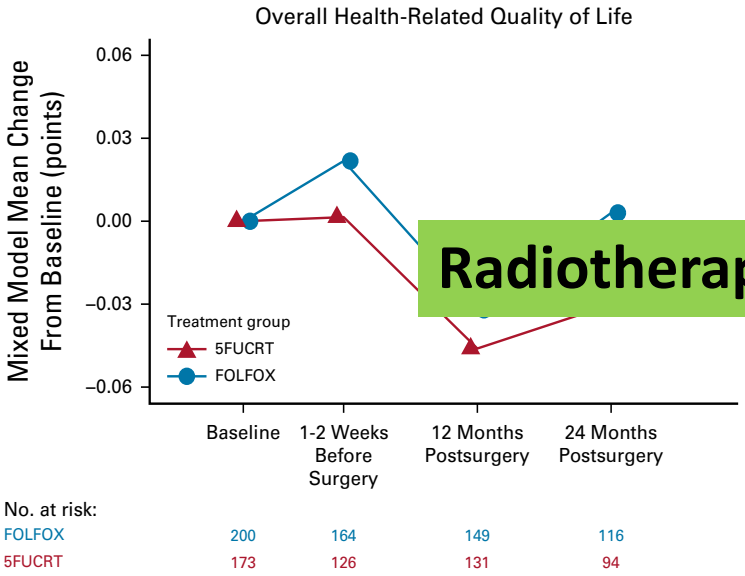
Physical Function During Treatment



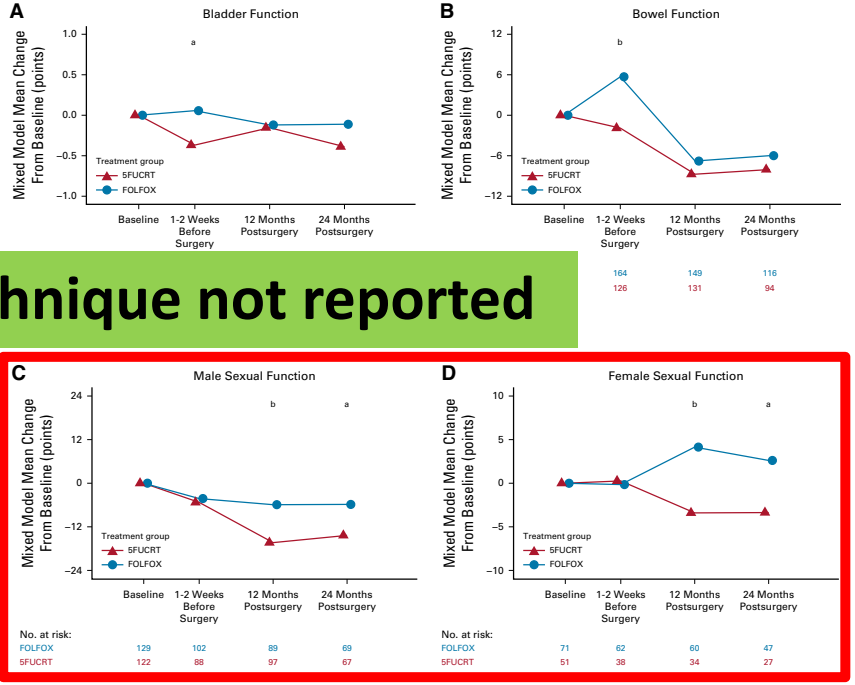
Physical Function
12 months


Overall Health-Related Quality of Life
Mixed Model Mean Change From Baseline (points)
0.06
0.03
0.00
−0.03
−0.06
Treatment group
5FUCRT
FOLFOX
Baseline
1-2 Weeks Before Surgery
12 Months Postsurgery
24 Months Postsurgery
No. at risk:
FOLFOX 200 164 149 116
5FUCRT 173 126 131 94

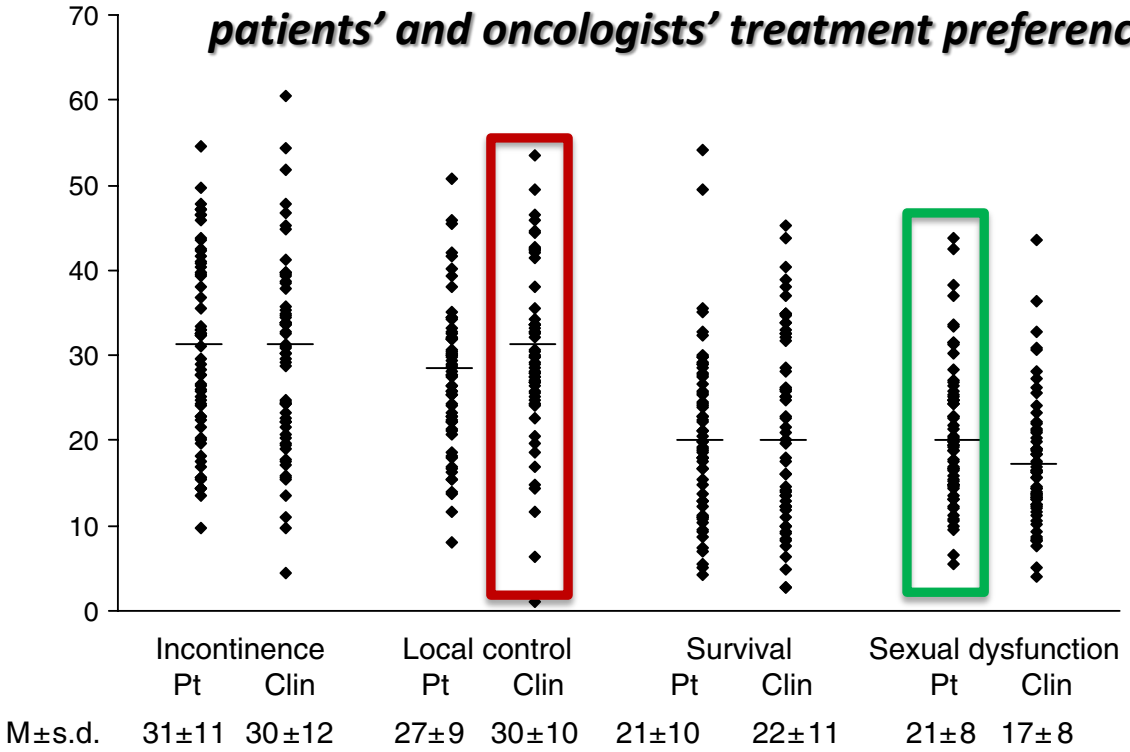

A
Bladder Function
B
Bowel Function
C
Male Sexual Function
D
Female Sexual Function
Mixed Model Mean Change From Baseline (points)
Treatment group
5FUCRT
FOLFOX
Baseline
1-2 Weeks Before Surgery
12 Months Postsurgery
24 Months Postsurgery
No. at risk:
FOLFOX 200 164 149 116
5FUCRT 173 126 131 94
FOLFOX 129 102 89 69
5FUCRT 122 88 97 67
FOLFOX 71 62 60 47
5FUCRT 51 38 34 27



Radiotherapy technique not reported

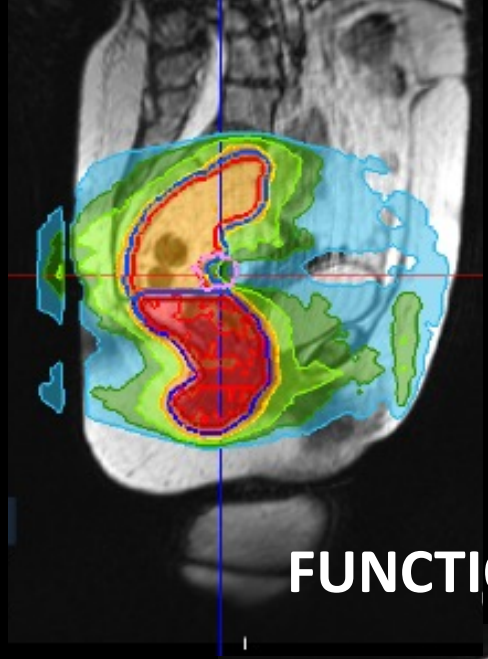


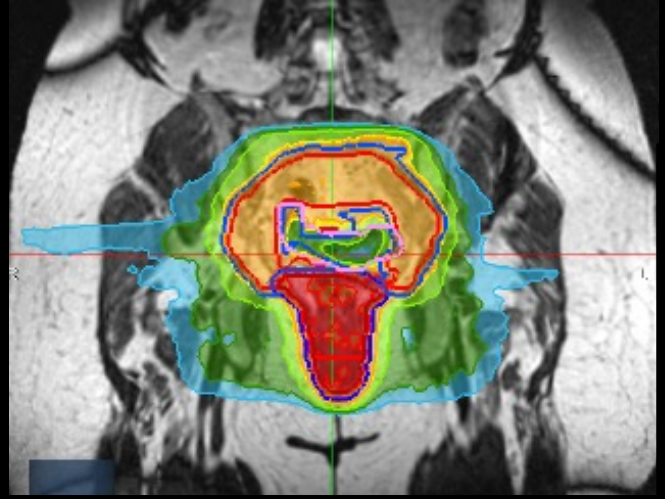
Relative importance of treatment outcomes



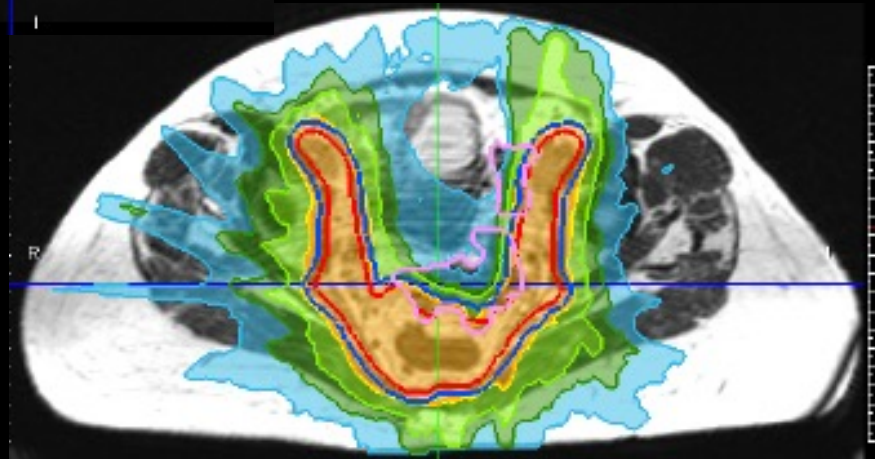
Value
Based
Oncology

Pieterse AH, et al Br J Can 2007





FUNCTION SPARING RADIOTHERAPY



Dose levels

☑	60.50 Gy 110.0 %
☑	55.00 Gy 100.0 %
☑	52.25 Gy 95.0 %
☑	44.00 Gy 80.0 %
☑	42.75 Gy 77.7 %
☑	33.00 Gy 60.0 %
☑	27.50 Gy 50.0 %
☑	22.00 Gy 40.0 %
☐	16.50 Gy 30.0 %
☐	11.00 Gy 20.0 %

HUmanistic
Guided
Oncology

Art4ART, il Policlinico Gemelli unisce arte e digitale per migliorare la cura dei pazienti oncologici

Salute *29 ottobre 2021, di lg*

Franceschini, Art4ART Gemelli esperienza da imitare che apre nuove strade

TOPICS

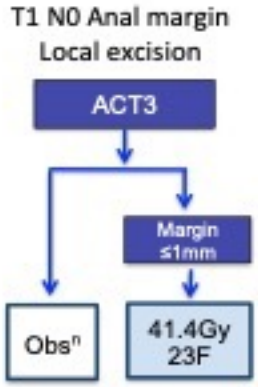
CANALE ANALE

Ongoing trials

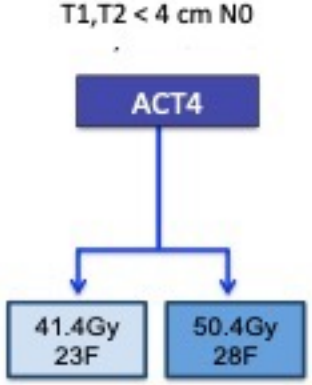
- **DECREASE:** De-escalation RT-Dose in T1-2N0
- **PLATO**: De-escalation/Escalation RT-Dose based on TNM-Risk
- **SWANCA:** Proton vs Photon

- **CORINTH** Phase IB: Best integration of **ICI** into CRT
- **RADIANCE**: CRT +/- **ICI** before, during, and after CRT
- **US NCT03233711:** CRT +/- consolidation **ICI**

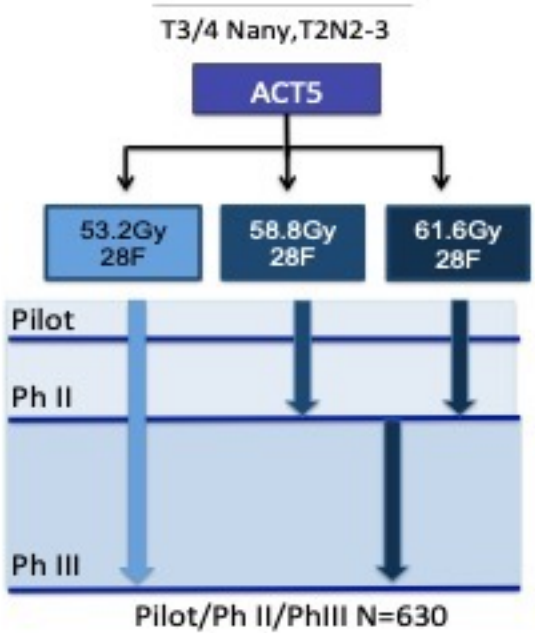
PLATO - **P**erson**a**L**i**sing **A**nal cancer radio**T**herapy d**O**se - Incorporating **A**nal **C**ancer **T**rials ACT3, ACT4 and ACT5



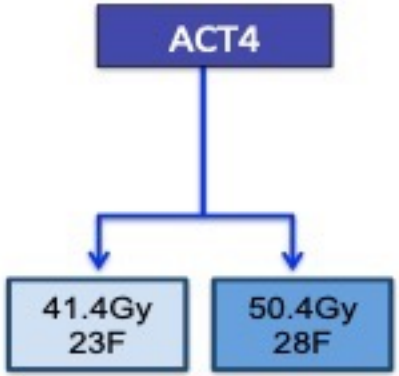
Phase II trial
Non randomised
N=90



Randomised 2:1
Phase II trial
N=162
May extend to ph III

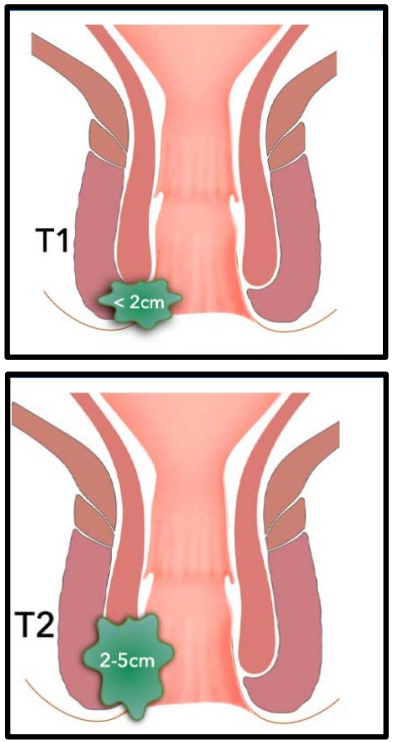


PLATO - ACT4

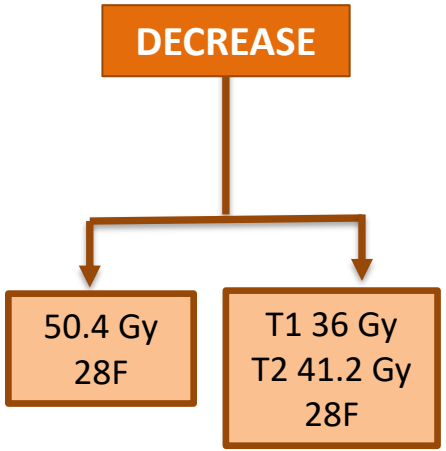


Randomised 2:1
Phase II trial
N=162
May extend to ph III

T1,T2 < 4 cm N0



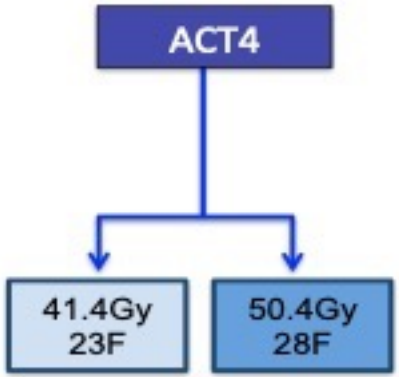
DECREASE



(De-intensified ChemoRadiation for Early-stage ASCC)
ECOG-ACRIN Cancer Research Group/NCI; NCT04166318)

PLATO - ACT4

T1,T2 < 4 cm N0



Randomised 2:1
Phase II trial
N=162
May extend to ph III

TREATMENT

- sd-IMRT (IMRT; **T 50.4Gy in 28F**; ENI 40Gy in 28F)

- dr-IMRT (T **41.4Gy in 23F**; ENI 34.5Gy in 23F)

concurrent mitomycin 12mg/m2 day (D)1 and capecitabine (CAP) 825mg/m2 twice daily on days of RT.

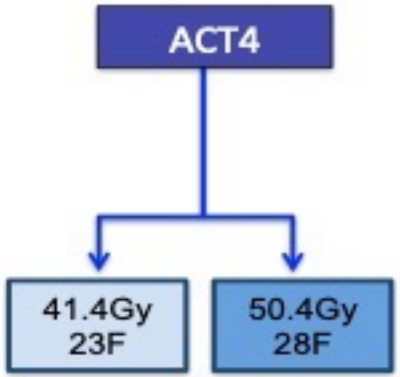
PRIMARY OUTCOME

- 3-year locoregional control

PLATO - ACT4

6 months end-point analysis

T1,T2 < 4 cm N0



Randomised 2:1
Phase II trial
N=162
May extend to ph III

Table 1: 6-month MRI TRG response assessment

TRG Grade	Standard dose IMRT (50.4 Gy 28F) N (%)	Reduced dose IMRT (41.4 Gy 23F) N (%)	Total N (%)
Grade 1	26 (47.3%)	49 (46.7%)	75 (46.9%)
Grade 2	19 (34.5%)	36 (34.3%)	55 (34.4%)
Grade 3	4 (7.3%)	5 (4.8%)	9 (5.6%)
Grade 4	0 (0.0%)	1 (1.0%)	1 (0.6%)
Grade 5	1 (1.8%)	1 (1.0%)	2 (1.3%)
No imaging data	5 (9.1%)*	13 (12.4%)**	18 (11.3%)
Total	**55 (100%)**	**105 (100%)**	**160 (100%)**

TRG 1: Complete response with no evidence of tumour and normal appearances of the anus; TRG 2: Excellent response with only low signal post treatment fibrotic change and no evidence of tumour; TRG 3: Moderate response with reduction in size but evidence of intermediate tumour signal in keeping with residual disease; TRG 4: Minimal response with reduction in size but evidence of intermediate tumour signal in keeping with residual disease; TRG 5: No response of the primary tumour or frank tumour progression

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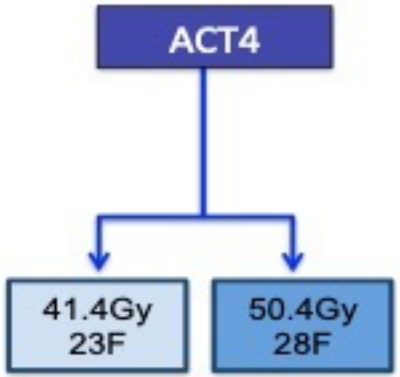
PLATO - ACT4

6 months end-point analysis

T1,T2 < 4 cm N0



Randomised 2:1
Phase II trial
N=162
May extend to ph III

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Grade 1	26 (47.3%)	49 (46.7%)	75 (46.9%)
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≥G3 ACUTE TOXICITY
45.5% sd-IMRT (n=25) vs **35.2% dr-IMRT (n=37)**

PROs
Sexual function improved to baseline levels by 6 weeks for men and 6 months for women in dr-IMRT

Poorer sexual function was maintained to 6 months in **sd-IMRT** for both men and women.

Gilbert A. ESTRO 2023

Basic Original Report

ECOG-ACRIN Guideline for Contouring and Treatment of Early Stage Anal Cancer Using IMRT/IGRT

Nicholas Damico, MD,[a] Joshua Meyer, MD,[b] Prajnan Das, MD,[c] James Murphy, MD,[d] Eric Miller, MD,[e] Bridget Koontz, MD,[f] William Hall, MD,[g] Mary McBride, BA,[a] Gisele Pereira, PhD,[a] Paul Catalano, PhD,[h] A. Bapsi Chakravarthy, MD,[i] Peter J. O'Dwyer, MD,[j] and Jennifer Dorth, MD[a,*]

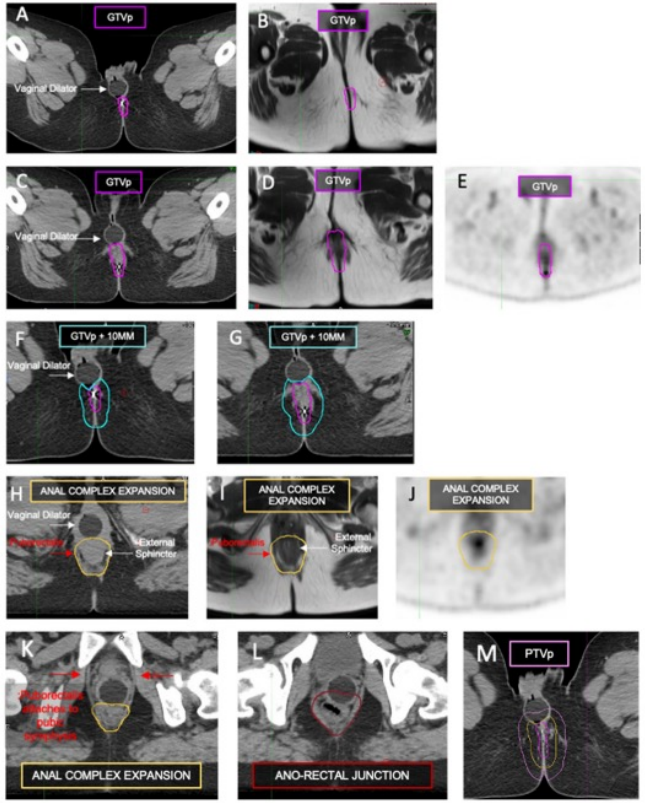
Practical Radiation Oncology® (2022) 12, 335–347

DECREASE

Table 2 Target volume definitions

	ECOG-ACRIN guideline	RTOG 0529
GTVp	Primary tumor gross disease as defined by clinical examination, endoscopy, and imaging. Include entire thickness and circumference of the anal complex on axial slices at the level of the tumor. Anal complex = anal canal (including internal and external sphincters) + puborectalis muscle where it adheres to the sphincter muscles laterally and posteriorly.	Primary tumor gross disease as defined by clinical examination, endoscopy, and imaging.
CTVp	GTVp + 1 cm + entire anal complex	GTVp + entire anal canal + 2.5 cm
CTVn	Mesorectum, presacral region, inguinal and iliac lymph node regions with customized expansions defined in Table 3	Mesorectum, presacral region, inguinal nodes, and iliac nodal regions + 1,cm
PTV	Combination of CTVp and CTVn with a 0.5-1-cm expansion based on institutional and patient setup uncertainty	Combination of CTVp and CTVn with >= 1-cm expansion

Abbreviations: CTVn = lymph node clinical target volume; CTVp = primary clinical target volume; GTVp = primary gross tumor volume; PTV = planning target volume; RTOG = Radiation Therapy Oncology Group.



ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/ionc20

Nordic anal cancer (NOAC) group consensus guidelines for risk-adapted delineation of the elective clinical target volume in anal cancer

Martin P. Nilsson, Christine Undseth, Per Albertsson, Monika Eidem, Birgitte Mayland Havelund, Jakob Johannsson, Anders Johnsson, Calin Radu, Eva Serup-Hansen, Karen-Lise Spindler, Björn Zakrisson, Marianne G. Guren & Camilla Kronborg

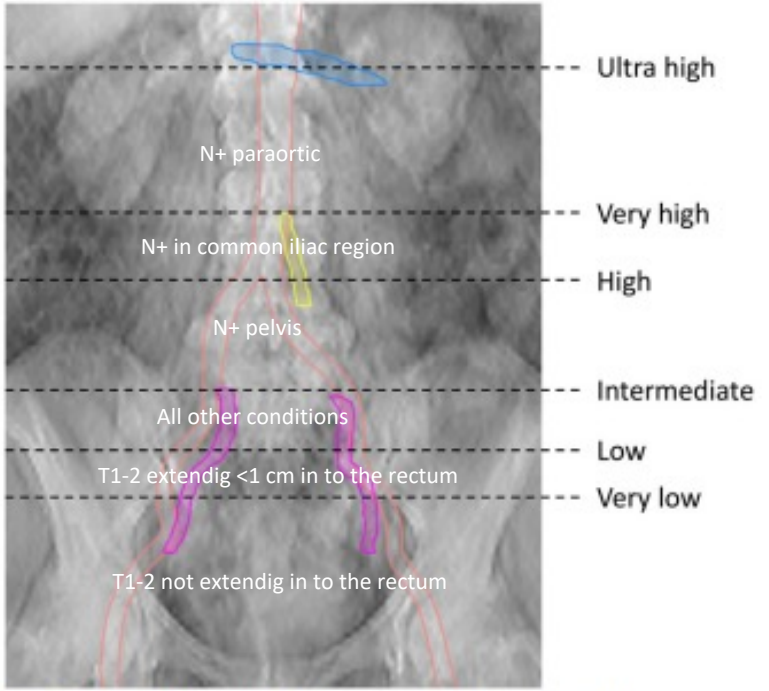


Figure 1. Cranial border of the CTVe according to 'Alternative B'. *Orange*, arteries; *blue*, left renal vein; *yellow*, inferior mesenteric artery; *purple*, internal iliac artery.

5y OS based on TNM AJCC v.08

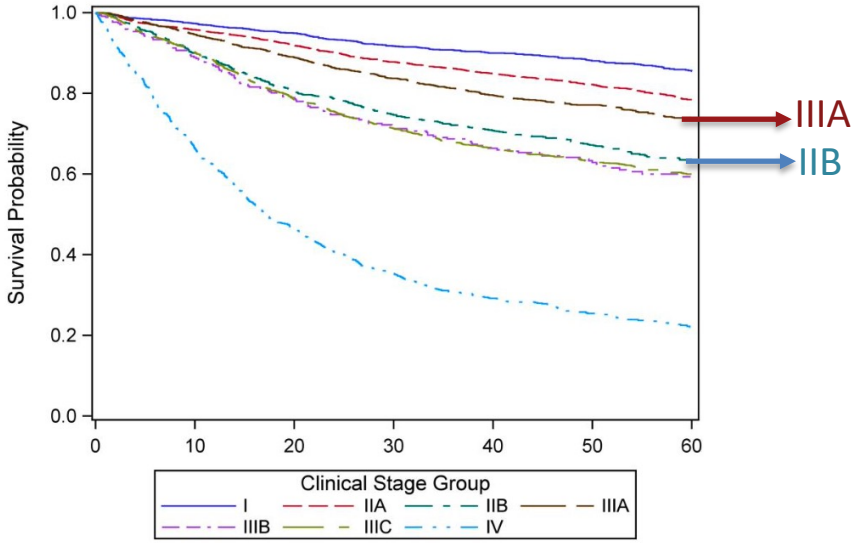


TABLE 1 AJCC Version 9 and 8th Edition Clinical Stage Groups based on Survival Data.

AJCC Version 9				AJCC 8th Edition			
T	N	M	Stage Group	T	N	M	Stage Group
T1	N0	M0	I	T1	N0	M0	I
T2	N0	M0	IIA	T2	N0	M0	IIA
T1	N1	M0	IIB	T3	N0	M0	IIB
T2	N1	M0	IIB	T1	N1	M0	IIIA
T3	N0	M0	IIIA	T2	N1	M0	IIIA
T3	N1	M0	IIIA	T4	N0	M0	IIIB
T4	N0	M0	IIIB	T3	N1	M0	IIIC
T4	N1	M0	IIIC	T4	N1	M0	IIIC
Any T	Any N	M1	IV	Any T	Any N	M1	IV

ATOM-CAT consortium

Theophanous *et al.*
Diagnostic and Prognostic Research (2022) 6:14
https://doi.org/10.1186/s41512-022-00128-8

Diagnostic and Prognostic Research

PROTOCOL Open Access

Development and validation of prognostic models for anal cancer outcomes using distributed learning: protocol for the international multi-centre atomCAT2 study

Stelios Theophanous[1*], Per-Ivar Lønne[2], Ananya Choudhury[3], Maaike Berbee[3], Andre Dekker[3], Kristopher Dennis[4], Alice Dewdney[5], Maria Antonietta Gambacorta[6], Alexandra Gilbert[1], Marianne Grønlie Guren[7], Lois Holloway[8], Rashmi Jadon[9], Rohit Kochhar[10], Ahmed Allam Mohamed[11], Rebecca Muirhead[12], Oriol Parés[13], Lukasz Raszewski[14], Rajarshi Roy[15], Andrew Scarsbrook[1,16], David Sebag-Montefiore[1], Emiliano Spezi[17], Karen-Lise Garm Spindler[18], Baukelien van Triest[19], Vassilios Vassiliou[20], Eirik Malinen[21†], Leonard Wee[3], Ane L. Appelt[1,16†] and on behalf of the atomCAT consortium

Prediction CLINICAL based

Table 3 Specification of the primary models for overall survival, locoregional control and freedom from distant metastasis

Prognostic factors to be included in the primary models			
	Overall survival model	**Locoregional control model**	**Freedom from distant metastasis model**
1	N stage: N0 vs N+	Sex: female vs male	N stage: N0 vs N+
2	T stage: T1–2 vs T3–4	N stage: N0 vs N+	T stage: T1–2 vs T3–4
3	Sex: female vs Male	T stage: T1–2 vs T3–4	Sex: female vs male
4	Age: modelled as a continuous, linear factor	Age: modelled as a continuous, linear factor	Age: modelled as a continuous, linear factor
5	Primary tumour GTV (cm^3): modelled as a continuous, log-transformed factor	Primary tumour GTV (cm^3): modelled as a continuous, log-transformed factor	Primary tumour GTV (cm^3): modelled as a continuous, log-transformed factor
6	Primary tumour dose (EQD2): modelled as a continuous, linear factor	Primary tumour dose (EQD2): modelled as a continuous, linear factor	Primary tumour dose (EQD2): modelled as a continuous, linear factor
7	Histology: SCC vs basaloid SCC	Histology: SCC vs basaloid SCC	Histology: SCC vs basaloid SCC
8	Chemotherapy regimen: [no chemotherapy] vs [mitomycin C-based regimen] vs [cisplatin-based regimen]	Chemotherapy regimen: [no chemotherapy] vs [mitomycin C-based regimen] vs [icsplatin-based regimen];	Chemotherapy regimen: [no chemotherapy] vs [mitomycin C-based regimen] vs [cisplatin-based regimen];
9	RT technique: [3D-CRT] vs [IMRT] vs [VMAT]	RT technique: 3D-CRT vs IMRT vs VMAT	RT technique: 3D-CRT vs IMRT vs VMAT

N stage nodal stage, *T stage* tumour stage, *GTV* Gross tumour volume, *EQD2* Equivalent dose in 2 Gy fractions ($\alpha/\beta = 10$ Gy), *SCC* Squamous cell carcinoma, *3D-CRT* Three-dimensional conformal radiation therapy, *IMRT* Intensity-modulated radiation therapy, *VMAT* Volumetric modulated arc therapy

The analysis aims to provide information on current international clinical practice outcomes and may aid the **personalization** and design of future anal cancer clinical trials through contributing to a better understanding of **patient risk stratifcation**.

Review J Natl Compr Canc Netw. 2023 Jun;21(6):678-684. doi: 10.6004/jnccn.2023.7031.

Prognostic and Predictive Markers for Patients With Anal Cancer

Emma B Holliday [1], Arjun Peddireddy [2], Van K Morris [3]

Prognostic Biomarkers for Localized SCCA

- Tissue-Based
- Blood-Based: Circulating Tumor DNA
- Serum-Based: Absolute Lymphocyte Count

Biomarkers Predictive to Immunotherapy Benefit

Table 1. Tissue-Based Biomarkers for Anal Cancer

Biomarker	Clinical Relevance
HPV	• HPV-positive status is prognostically favorable relative to HPV-negative status • HPV-negative status may be associated with greater prevalence for actionable somatic mutations
Somatic mutations	• *PIK3CA* is the most commonly mutated gene in multiple series profiling anal cancer • Genomic profiling may identify matched targets for clinical trials in rare occasions
TMB	• TMB >10 mutations/megabase is relatively uncommon in advanced anal cancer • In small series, high TMB has not definitively been linked to benefit with immunotherapy
PD-L1 expression	• Higher PD-L1 expression has been linked to improved clinical outcomes with immunotherapy in correlative analyses of small series from single-arm clinical trials • Pending further evaluation, a low PD-L1 expression status should not exclude offering immune checkpoint blockade therapy to patients with incurable anal cancer, either for standard treatment or for determination of clinical trial eligibility

Abbreviation: TMB, tumor mutational burden.

Prediction PATIENTS based

Radiotherapy and Oncology 177 (2022) 9–15
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Original Article

External validation of a composite bio-humoral index in anal cancer patients undergoing concurrent chemoradiation

Pierfrancesco Franco [a,*], Annamaria Porreca [b], Giovanna Mantello [c], Francesca Valvo [d], Lucrezia Gasparini [e], Najla Slim [f], Stefania Manfrida [g], Francesca De Felice [h], Marianna A. Gerardi [i], Stefano Vagge [j], Marco Krengli [a], Elisa Palazzari [k], Mattia Falchetto Osti [l], Alessandra Gonnelli [m], Gianpiero Catalano [n], Patrizia Pittoni [o], Giovani B. Ivaldi [p], Marco Lupattelli [q], Maria Elena Rosetto [r], Rita Marina Niespolo [s], Alessandra Guido [t], Oreste Durante [u], Gabriella Macchia [v], Fernando Munoz [w], Badr El Khouzai [x], Maria Rosaria Lucido [y], Francesca Arcadipane [z], Andrea Casadei Gardini [aa], Rolando Maria D'Angelillo [ab], Maria Antonietta Gambacorta [g], Domenico Genovesi [e,ac], Marta Di Nicola [b], Luciana Caravatta [e]

$$\text{HEI} = \frac{\text{Hemoglobin}}{\text{Eosinophil}}$$

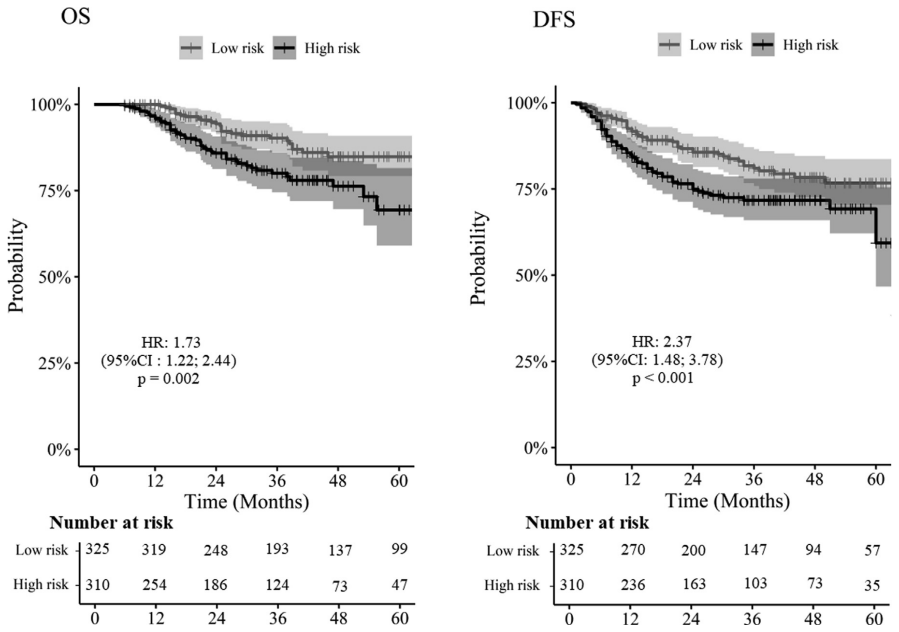
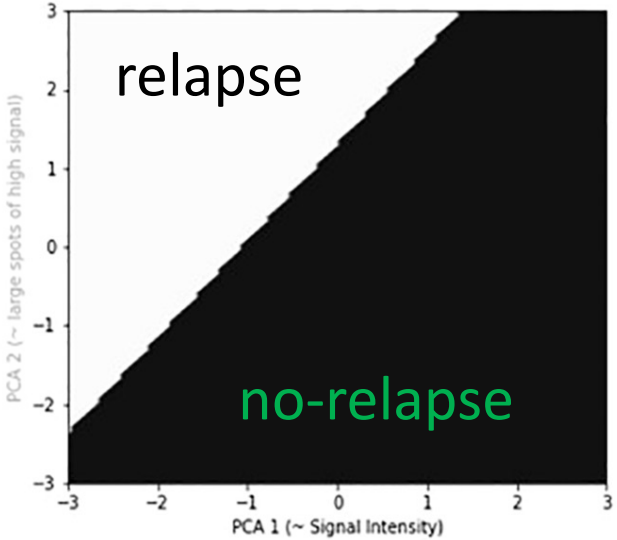


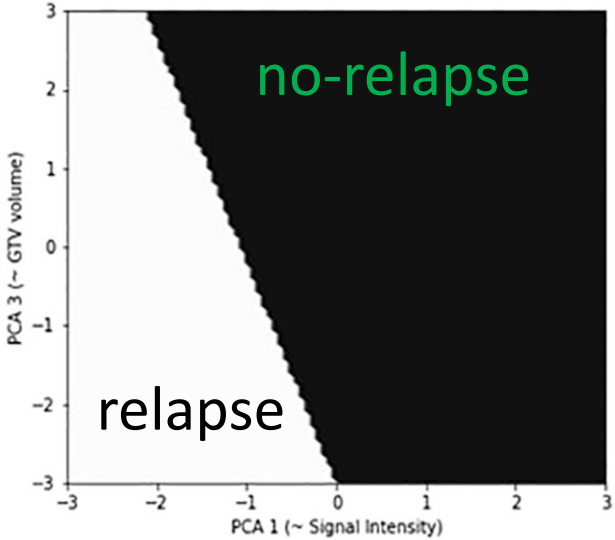
Fig. 1. Kaplan–Meier curves for overall (OS) and disease-free survival (DFS) and survival in high- and low-risk groups according to the HEI Index in the validation dataset.

Prediction rOMICS based

Anal squamous cell carcinoma: Impact of radiochemotherapy evolution over years and an explorative analysis of MRI prediction of tumor response in a mono-institutional series of 131 patients

Marco Lorenzo Bonù[1*], Salvatore La Mattina[1], Navdeep Singh[1], Cristian Toraci[2], Luigi Spiazzi[2], Fabrizia Terraneo[1], Fernando Barbera[1], Paola Vitali[1], Francesco Frassine[1], Andrea Guerini[1], Luca Triggiani[1], Davide Tomasini[1], Vittorio Morelli[1], Jessica Imbrescia[1], Jacopo Andreuccetti[3], Barbara Frittoli[4], Frida Pittiani[4], Luigi Grazioli[4], Nazario Portolani[5], Luca Nicosia[6], Domenico Albano[7], Francesco Bertagna[7], Stefano Maria Magrini[1] and Michela Buglione[1]





Relapse is a combination of **GTV volume**; **Signal Intensity**; **Areas of hyper-intense signal inside the GTV**

Consorti-arno

IMACC 2023 INTERNATIONAL MULTIDISCIPLINARY ANAL CANCER CONFERENCE – ROMA 9-10 NOVEMBRE 2023

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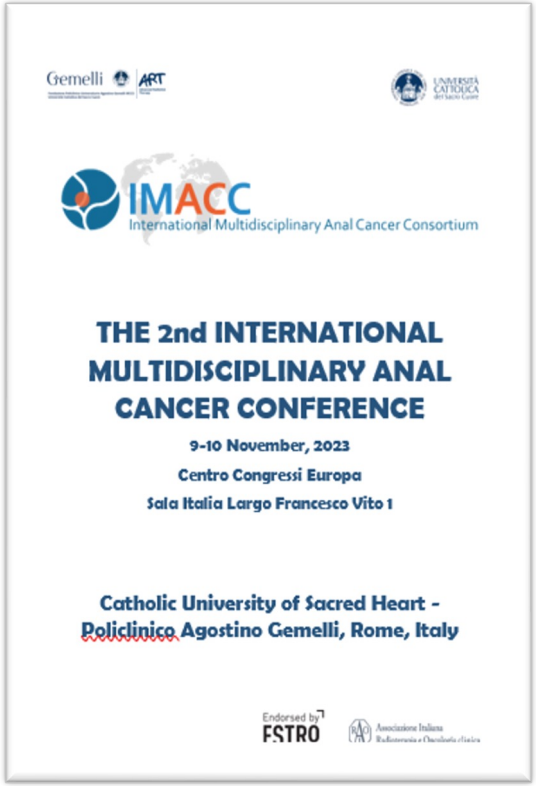

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Radioterapia e Oncologia clinica

- Luciana Caravatta
- Giovanna Mantello

Studi clinici conclusi e pubblicati o under review

TITOLO DEL PROGETTO/STUDIO	REFERENTE	RIVISTA
RETTO		
Analisi dei risultati a lungo termine dello studio sulla Intensificazione di dose mediante IMRT SIB nella RTCT preoperatoria per carcinoma del retto	Dr. Marco Lupattelli mlupattelli62@gmail.com Dr.ssa Elisa Palazzari elisa.palazzari@cro.it	under review alla rivista "Cancers"
Pattern of care for Re-Irradiation of locally recurrent rectal cancer: a national survey by the AIRO gastrointestinal tumors study group (Endorsement Nr 31/2022).	Dr.ssa Giovanna Mantello giovanna.mantello@ospedaliriuniti.marche.it	Radiol Med. 2023 Jul;128(7):869-876.
Studio Retrospettivo PILLAR:Predictive and prognostic value of inflammatory markers in patients with locally advanced rectal cancer undergoing neoadjuvant chemoradiotherapy (Endorsement Nr. 20/2022)	Dr.ssa Giuditta Chiloiro giuditta.chiloiro@policlinicogemelli.it	Clin Transl Radiat Oncol. 2023 Jan 12;39:100579.
Treatment Volume, Dose Prescription and Delivery Techniques for Dose-intensification in Rectal Cancer: a national survey	Dr.ssa Luciana Caravatta lcaravatta@hotmail.com	Anticancer Res. 2021 Apr;41(4):1985-1995.
CANALE ANALE		
Validazione esterna di un indice bio-umorale composito (HEI) in pazienti con carcinoma anale sottoposti a chemioradioterapia concomitante.	Prof. Pierfrancesco Franco pierfrancesco.franco@uniupo.it Dr.ssa Luciana Caravatta lcaravatta@hotmail.com	Radiother Oncol. 2022 Dec;177:9-15
Pattern of Care sulla gestione dei pazienti con carcinoma a cellule squamose dell'ano.	Prof. Pierfrancesco Franco pierfrancesco.franco@uniupo.it	Medicina (Kaunas). 2021 Dec 9;57(12):1342.
Radioterapia con tecniche ad intensità modulata (IMRT) nel trattamento del carcinoma anale (RAINSTORM): analisi retrospettiva multicentrica	Dr.ssa Luciana Caravatta lcaravatta@hotmail.com	Cancers (Basel). 2021 Apr 15;13(8):1902.

Studi clinici in corso

TITOLO DEL PROGETTO/STUDIO	REFERENTE (NOME, COGNOME, EMAIL)
RETTO	
Bridge I – studio prospettico randomizzato volto a valutare l'allungamento del tempo alla chirurgia dopo RT-CT nel tumore del retto	Prof.ssa Maria Antonietta Gambacorta mariaantonietta.gambacorta@policlinicogemelli.it
Bridge 2 – studio prospettico di fase II su TNT nel tumore del retto alto rischio	Dr.ssa Elisa Palazzari elisa.palazzari@cro.it
RETRY – studio prospettico sulla radioterapia e Total Neoadjuvant Therapy nei pazienti con recidiva di carcinoma del retto precedentemente irradiati	Prof.ssa Maria Antonietta Gambacorta mariaantonietta.gambacorta@policlinicogemelli.it
Analisi retrospettiva multicentrica sui programmi di Total Neoadjuvant Therapy per i pazienti con adenocarcinoma del retto ad alto rischio	Dr. Marco Lupattelli mlupattelli62@gmail.com; Dr.ssa Elisa Palazzari elisa.palazzari@cro.it
SCARLET - Registro prospettico nazionale sul trattamento dell'adenocarcinoma del retto pT1	Dott.ssa Giuditta Chiloroiro giuditta.chiloiro@policlinicogemelli.it
CANALE ANALE	
Validazione multicentrica di un modello predittivo di risposta tumorale basato su MRI diagnostica pre-trattamento nel carcinoma squamocellulare del canale anale	Dott. Marco L. Bonù marco.bonu@unibs.it

GRUPPO DI STUDIO PER LE NEOPLASIE GASTROINTESTINALI