



XXXII CONGRESSO NAZIONALE AIRO
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AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

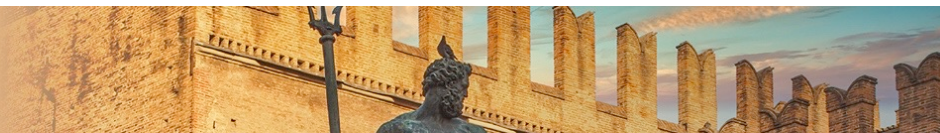
BOLOGNA, 25-27 NOVEMBRE
PALAZZO DEI CONGRESSI

Progetto Young: il punto di vista del chirurgo oncologo

Dario Parini

Rovigo

Federica Cipriani - Luigi Marano - Raffaele De Luca

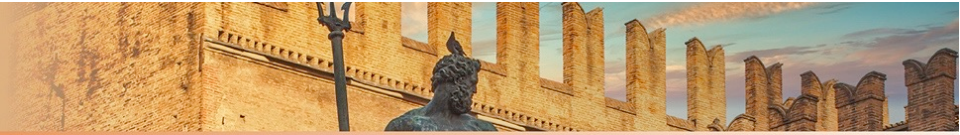


DICHIARAZIONE

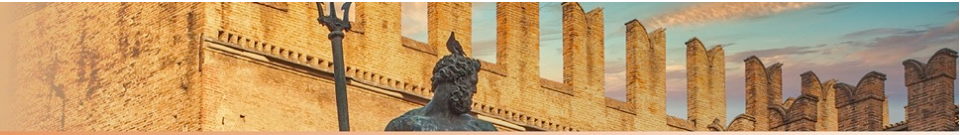
Relatore: DARIO PARINI

Come da nuova regolamentazione della Commissione Nazionale per la Formazione Continua del Ministero della Salute, è richiesta la trasparenza delle fonti di finanziamento e dei rapporti con soggetti portatori di interessi commerciali in campo sanitario.

- Posizione di dipendente in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Consulenza ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Fondi per la ricerca da aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazione ad Advisory Board **(NIENTE DA DICHIARARE)**
- Titolarità di brevetti in compartecipazione ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazioni azionarie in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**



- Malnutrition & surgery
- Awareness
- Solutions

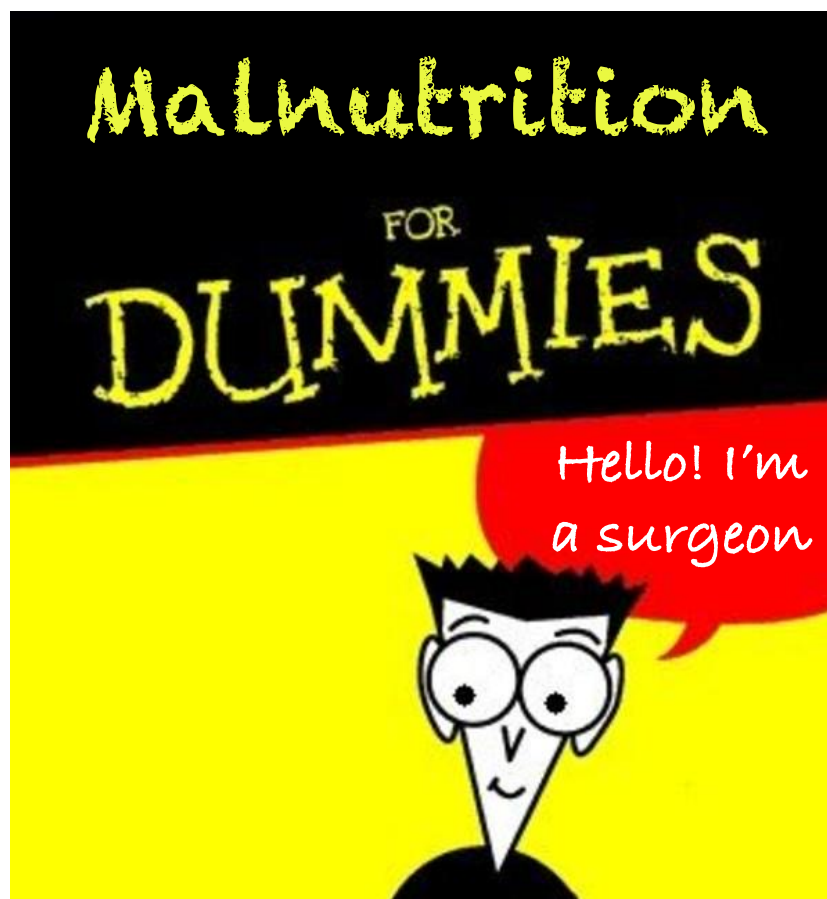
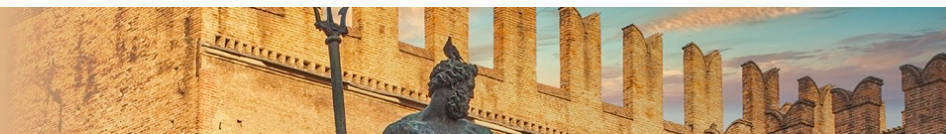


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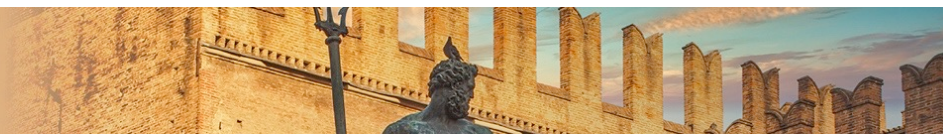
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Wischmeyer PE et al, *Anesth Analg.* 2018 Jun;126(6):1883-1895

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NUTRITION AND CANCER

<https://doi.org/10.1080/01635581.2019.1566478>



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Nutritional Risk Assessment by Scored Patient-Generated Subjective Global Assessment Associated with Demographic Characteristics in 23,904 Common Malignant Tumors Patients

Chunhua Song^{a*} , Jingjing Cao^{b*}, Feng Zhang^{a,c}, Chang Wang^d, Zengqing Guo^e, Yuan Lin^f, Yingying Shi^g, Wen Hu^h, Yi Baⁱ, Hongxia Xu^j, Wei Li^d, and Hanping Shi^k



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CANCER

MALNOURISHED

80%

NUTRITION

30%



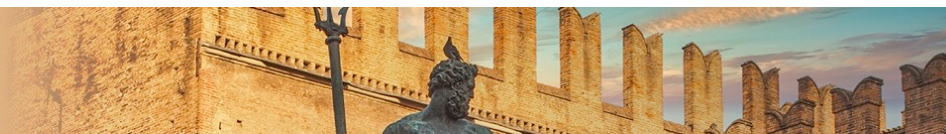
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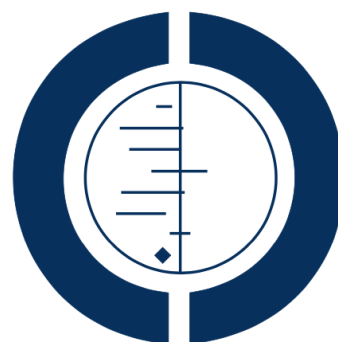


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Pre-operative Nutrition Support in Patients Undergoing Gastrointestinal Surgery. (Review)

Burden S, Todd C, Hill J, Lal S



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This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library*
2012, Issue 11

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Clinical Nutrition 36 (2017) 623–650



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Clinical Nutrition

journal homepage: <http://www.elsevier.com/locate/clnu>



ESPEN guideline: Clinical nutrition in surgery

Arved Weimann^{a,*}, Marco Braga^b, Franco Carli^c, Takashi Higashiguchi^d,
Martin Hübner^e, Stanislaw Klek^f, Alessandro Laviano^g, Olle Ljungqvist^h, Dileep N. Loboⁱ,
Robert Martindale^j, Dan L. Waitzberg^k, Stephan C. Bischoff^l, Pierre Singer^m



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Clinical Nutrition 40 (2021) 4745–4761

Contents lists available at [ScienceDirect](#)

Clinical Nutrition

journal homepage: <http://www.elsevier.com/locate/cinu>

ESPEN Guideline

ESPEN practical guideline: Clinical nutrition in surgery[☆]

Arved Weimann^{a,*}, Marco Braga^b, Franco Carli^c, Takashi Higashiguchi^d,
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Review

Perioperative nutrition: Recommendations from the ESPEN expert group

Dileep N. Lobo ^{a, b, *}, Luca Gianotti ^c, Alfred Adiamah ^a, Rocco Barazzoni ^d,
Nicolaas E.P. Deutz ^e, Ketan Dhatariya ^f, Paul L. Greenhaff ^b, Michael Hiesmayr ^g,
Dorthe Hjort Jakobsen ^h, Stanislaw Klek ⁱ, Zeljko Krznaric ^j, Olle Ljungqvist ^{k, l},
Donald C. McMillan ^m, Katie E. Rollins ^a, Marina Panisic Sekeljic ⁿ, Richard J.E. Skipworth ^o,
Zeno Stanga ^p, Audrey Stockley ^q, Ralph Stockley ^q, Arved Weimann ^r

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Clinical Nutrition

European Journal of Surgical Oncology 44 (2018) 509–514

Contents lists available at [ScienceDirect](#)

European Journal of Surgical Oncology

journal homepage: www.ejso.com

Review

Perioperative nutrit
group

Dileep N. Lobo ^{a, b, *}, Luca
Nicolaas E.P. Deutz ^e, Keta
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Perioperative nutrition and enhanced recovery after surgery in
gastrointestinal cancer patients. A position paper by the ESSO task
force in collaboration with the ERAS society (ERAS coalition)

Sergio Sandrucci ^{a, *}, Geerard Beets ^{b, c}, Marco Braga ^d, Kees Dejong ^{e, f},
Nicolas Demartines ^g

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ESPEN Guideline

ESPEN practical guidelines

Arved Weimann ^{a, *}, Martin Hübner ^e, Stanislav Martindale ^f, Robert G. Martindale



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Review

Perioperative nutrition in cancer patients: a practical approach for the surgical oncologist

Dileep N. Lobo ^{a, b, *}, Luca Nicolaas E.P. Deutz ^e, Ketan D. Datta ^f, Dorthe Hjort Jakobsen ^h, Donald C. McMillan ^m, Kai Zeno Stanga ^p, Audrey Stanga

Journal of Cancer 2022, Vol. 13

2705



Journal of Cancer

2022; 13(9): 2705-2716. doi: 10.7150/jca.73130

Research Paper

Nutritional Support in Cancer patients: update of the Italian Intersociety Working Group practical recommendations

Riccardo Caccialanza^{1✉}, Paolo Cotogni², Emanuele Cereda¹, Paolo Bossi³, Giuseppe Aprile⁴, Paolo Delrio⁵, Patrizia Gnagnarella⁶, Annalisa Mascheroni⁷, Taira Monge⁸, Ettore Corradi⁹, Michele Grieco¹⁰, Sergio Riso¹¹, Francesco De Lorenzo¹², Francesca Tracò¹², Elisabetta Iannelli¹², Giordano Domenico Beretta¹³, Michela Zanetti¹⁴, Saverio Cinieri¹⁵, Vittorina Zagonel¹⁶, and Paolo Pedrazzoli¹⁷, on behalf of the Intersociety (AIOM-SINPE-FAVO-SICO-ASAND) Italian Working Group for Nutritional Support in Cancer Patients[#]

Perioperative nutrition and enhanced recovery after surgery in gastrointestinal cancer patients. A position paper by the ESSO task force in collaboration with the ERAS society (ERAS coalition)

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Journal of Cancer



Research Paper

Nutrition
Italian In

The Journal of Laryngology & Otology (2016), **130** (Suppl. S2), S32–S40.

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doi:10.1017/S0022215116000402

GUIDELINE

Nutritional management in head and neck cancer: United Kingdom National Multidisciplinary Guidelines

B TALWAR¹, R DONNELLY², R SKELLY³, M DONALDSON⁴

Gynecologic Oncology 145 (2017) 192–199

Contents lists available at ScienceDirect

Gynecologic Oncology

journal homepage: www.elsevier.com/locate/ygyno



Review Article

Nutrition interventions in patients with gynecological cancers requiring surgery

Andreas Obermair^{a,*}, Marko Simunovic^b, Liz Isenring^c, Monika Janda^b

^a Nicolas Demartines^c

<http://www.thecochranelibrary.com>



uele Cereda¹, Paolo Bossi³, Giuseppe Aprile⁴, Paolo Delrio⁵,
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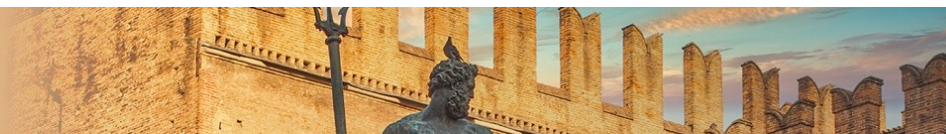


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Obesity Surgery
<https://doi.org/10.1007/s11695-020-04516-1>



REVIEW



Sarcopenia: What a Surgeon Should Know

Enrico Pinotti^{1,2} • Mauro Montuori^{1,2} • Vincenzo Borrelli² • Monica Giuffrè² • Luigi Angrisani³

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REVIEW

Sarcopenia

Enrico Pinotti

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International Journal of Colorectal Disease (2021) 36:1077–1096
<https://doi.org/10.1007/s00384-021-03839-4>

REVIEW



Sarcopenia predicts worse postoperative outcomes and decreased survival rates in patients with colorectal cancer: a systematic review and meta-analysis

Mario Trejo-Avila¹ • Katya Bozada-Gutiérrez² • Carlos Valenzuela-Salazar² • Jesús Herrera-Esquivel² • Mucio Moreno-Portillo²



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Sarcopenia predicts survival rates in patients with colorectal cancer: a systematic review and meta-analysis

Mario Trejo-Avila¹ · Katya B. Mucio Moreno-Portillo²

Gastric Cancer
DOI 10.1007/s10120-017-0722-9



REVIEW ARTICLE

Sarcopenia in gastric cancer: when the loss costs too much

Elena Ongaro¹ · Vanessa Buoro¹ · Marika Cinausero¹ · Riccardo Caccialanza² · Annalisa Turri² · Valentina Fanotto¹ · Debora Basile¹ · Maria Grazia Vitale¹ · Paola Ermacora¹ · Giovanni Gerardo Cardellino¹ · Laura Nicoletti³ · Lorenzo Fornaro⁴ · Andrea Casadei-Gardini⁵ · Giuseppe Aprile^{1,3}

Received: 9 February 2017 / Accepted: 23 April 2017



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SARCOPENIA: DEFINIZIONE E STRUMENTI PER LA DIAGNOSI

È stato pubblicato nel 2019¹ un aggiornamento delle linee guida dell'European Working Group on Sarcopenia in Older People (EWGSOP2) in cui la sarcopenia viene formalmente riconosciuta come una vera e propria **"malattia del muscolo"** e sono stati stabiliti criteri e strumenti precisi per definire e caratterizzare la sarcopenia nella pratica clinica. Nella seguente infografica vengono riepilogate le principali novità emerse.

Definizione operativa di sarcopenia (2018)

CRITERIO 1 Scarsa forza muscolare	CRITERIO 2 Scarsa quantità o qualità dei muscoli	CRITERIO 3 Scarsa performance fisica
PROBABILE SARCOPENIA Attualmente la mancanza di forza è considerato il parametro più affidabile per misurare la funzionalità muscolare	DIAGNOSI DI SARCOPENIA La diagnosi è confermata se i criteri 1 e 2 coesistono	SARCOPENIA SEVERA Se sono presenti tutti e 3 i criteri siamo in presenza di sarcopenia severa

Mod. da 1) Age and Aging 2019



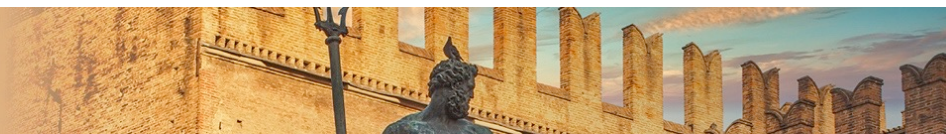
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REVIEW

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Mei et al. *Perioperative Medicine* (2016) 5:30
DOI 10.1186/s13741-016-0052-1

Perioperative Medicine

REVIEW

Open Access

Sarcopenia and sarcopenic obesity: do they predict inferior oncologic outcomes after gastrointestinal cancer surgery?

Kimberly L. Mei¹, John A. Batsis^{2,3,4}, Jeannine B. Mills² and Stefan D. Holubar^{2,3*}



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Criteri di sarcopenia (2018)

CRITERIO 2

Quantità
dei muscoli

CRITERIO 3

Scarsa performance fisica

SARCOPENIA

Se confermata
2 coesistono

SARCOPENIA SEVERA

Se sono presenti tutti e 3
i criteri siamo in presenza
di sarcopenia severa



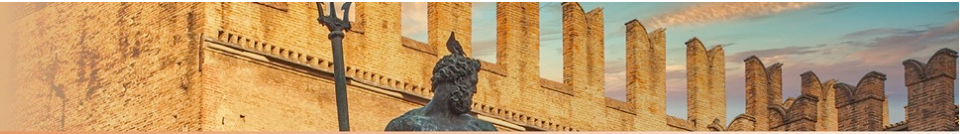
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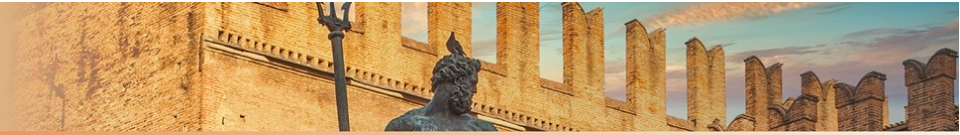
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- **Sarcopenia is an independent predictor factor of post-surgical outcome in many GI cancers**
- **Sarcopenia + Indexes of poor nutritional status (low BMI, low albumin)**
 1. Higher post-operative infection rate
 2. Longer hospital stay
 3. Need for mechanical ventilation (ICU)
 4. Higher morbidity rate
 5. Higher rate of hospital readmissions
 6. Need of rehabilitation programs
 7. Decreased physical ability and autonomy in daily activities, hindering normal postoperative recovery
 8. Increased health care cost

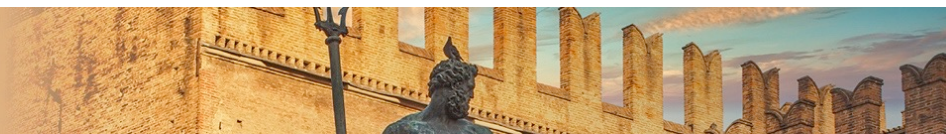


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European Journal of Surgical Oncology 46 (2020) 2074–2082



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journal homepage: www.ejso.com



Nutritional assessment in surgical oncology: An ESSO-EYSAC global survey

Laura Lorenzon ^{a,*}, Andreas Brandl ^b, Delia Cortes Guiral ^c, Frederik Hoogwater ^d,
Dara Lundon ^e, Luigi Marano ^f, Giacomo Montagna ^g, Karol Polom ^h, Florian Primavesi ⁱ,
Yvonne Schrage ^l, Santiago Gonzalez-Moreno ^m, Tibor Kovacs ⁿ, Domenico D'Ugo ^a,
Sergio Sandrucci ^o



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XXXIII CONGRESSO NAZIONALE AIRB
XII CONGRESSO NAZIONALE AIRO GIOVANI

Radioterapia di precisione per un'oncologia innovativa e sostenibile

European Journal of Surgical Oncology 46 (2020) 2074–2082

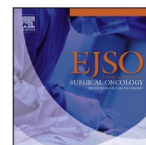


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Nutritional assessment in surgical oncology: A survey

Laura Lorenzon ^{a,*}, Andreas Brandl ^b, Delia Cortes Guiral ^c,
Dara Lundon ^e, Luigi Marano ^f, Giacomo Montagna ^g, Karol
Yvonne Schrage ^l, Santiago Gonzalez-Moreno ^m, Tibor Kovacs ⁿ,
Sergio Sandrucci ^o

Surgical Oncology 43 (2022) 101788



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journal homepage: www.elsevier.com/locate/suronc



Nutritional support in surgical oncology: A survey by SICO in collaboration with the Intersociety Italian Working Group for Nutritional Support in Cancer Patients^{*}

Michele Grieco ^{a,*}, Paolo Delrio ^b, Laura Lorenzon ^c, Amedea Luciana Agnes ^d,
Riccardo Caccialanza ^e, Paolo Pedrazzoli ^f, Gloria Santoro ^c, Franco Roviello ^g, Massimo Carlini ^a,
on behalf of the “Intersociety Italian Working Group for Nutritional Support in Cancer Patients
(AIOM – SINPE – FAVO – SICO – ASAND)”, AIOM (Italian Association of Medical Oncology),
SINPE (Italian Society of Artificial Nutrition and Metabolism), FAVO (Italian Federation of
Volunteer-based Cancer Organizations), SICO (Italian Society of Oncological Surgery), ASAND
(Technical Scientific Association of Food, Nutrition and Dietetics)



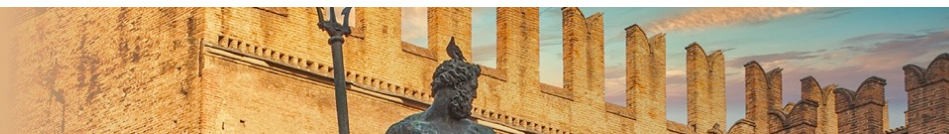
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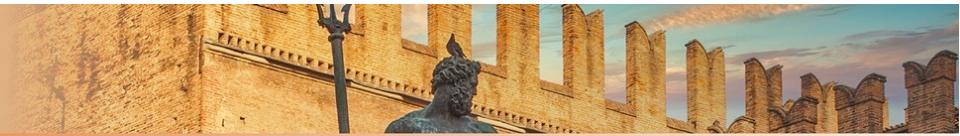


BOLOGNA, 25-27 NOVEMBRE
PALAZZO DEI CONGRESSI



Clinical nutrition in surgical oncology: young AIOM-AIRO-SICO multidisciplinary national survey on behalf of NutriOnc Research Group. Last call to action

Luigi Marano^{1*}, Federica Marmorino^{2*}, Isacco Desideri^{3*}, Ludovico Carbone^{1#}, Alessandro Rizzo⁴, Viola Salvestrini³, Franco Roviello¹, Saverio Cinieri⁵, Vittorio Donato⁶, Raffaele De Luca⁷, on behalf of the NutriOnc Research Group+



Multi-specialistic survey

Knowledge and practices: Use of internal protocols and presence of nutritionists/dieticians/expert consultant as part of the multi-disciplinary team.

Timing of screening and assessment: Pre- and In-hospital Nutritional Screening and Assessment, who oversees patients' nutritional evaluation, when nutritional assessment is conducted, which questionnaires are administered.

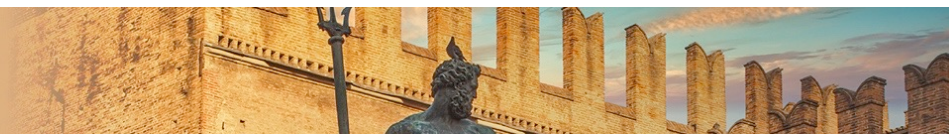
Treatment: Post-Hospital Nutritional Management, who oversees activating a home therapeutic plan, what kinds of nutritional therapy are planned, what are the main discomforts encountered by patients.

Educational topics: The level of knowledge of Immunonutrition or Immunoenhanced nutrition, suggestions for further discussion.

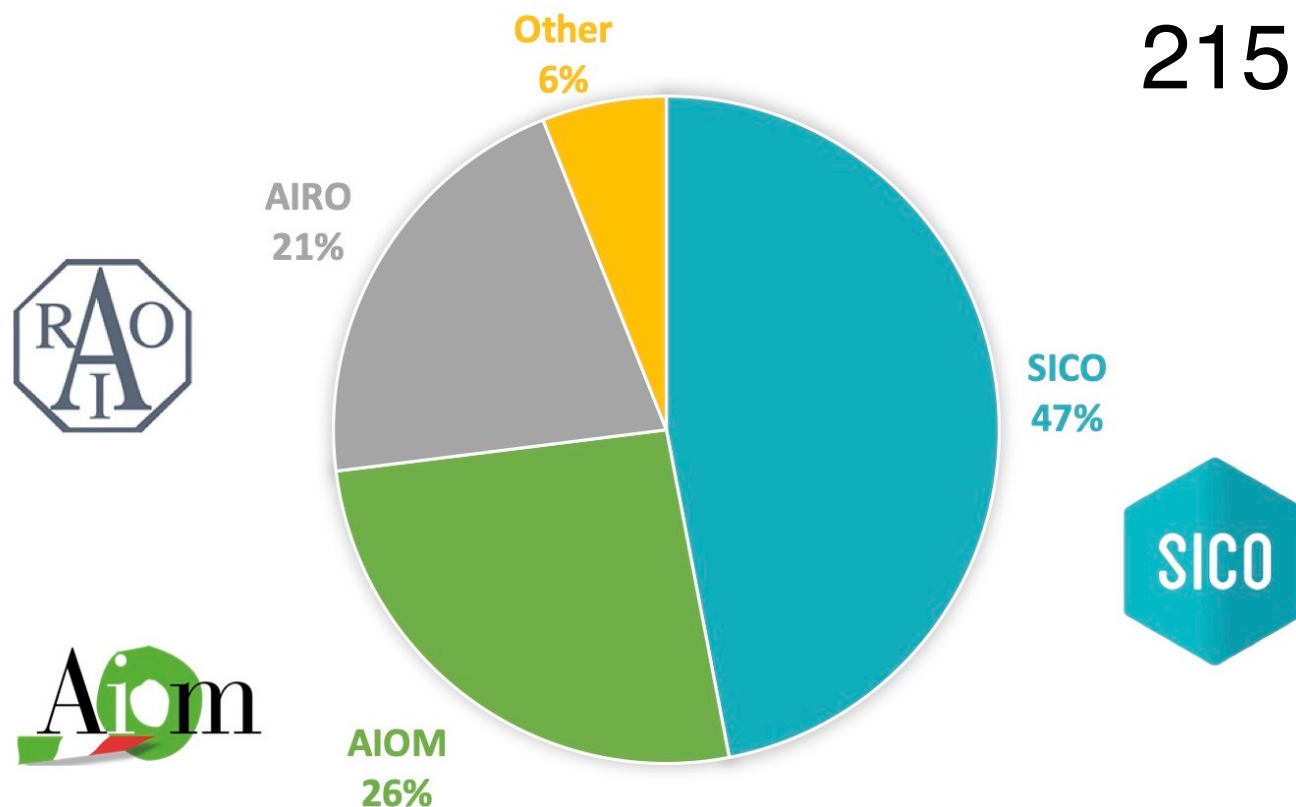
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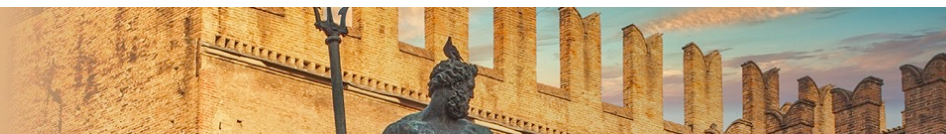
215 Participants



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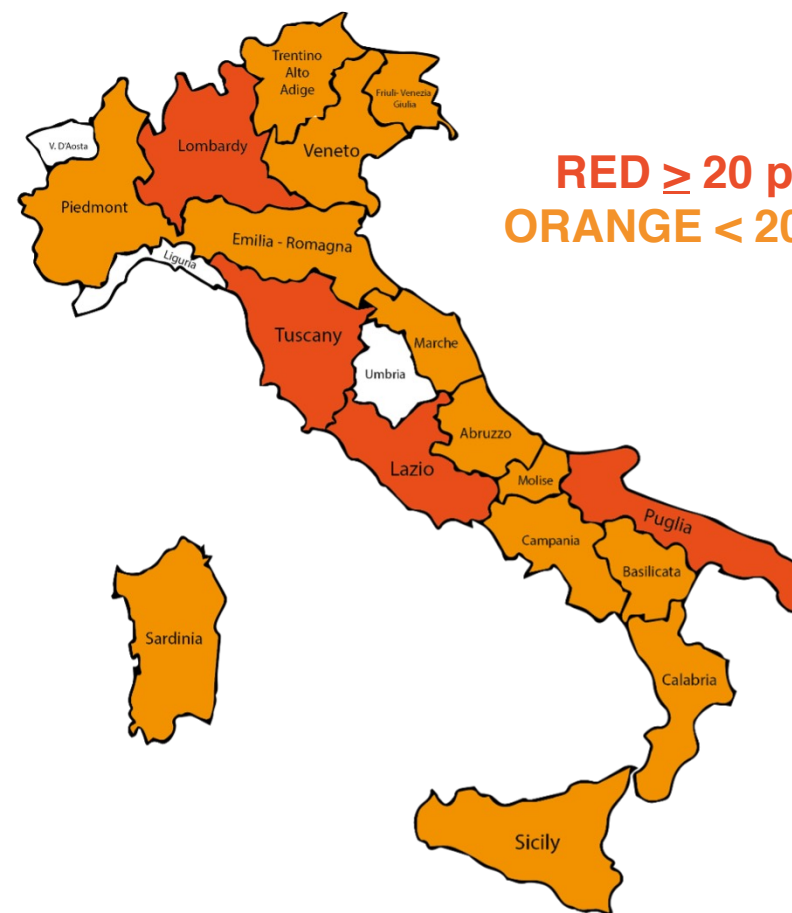
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Gastro-esophageal (24.19%)
Colorectal (60.93%)
HPB (14.88%)

Residents (38.1%)
Consultants young (31.2%)
Consultants senior (30.7%)



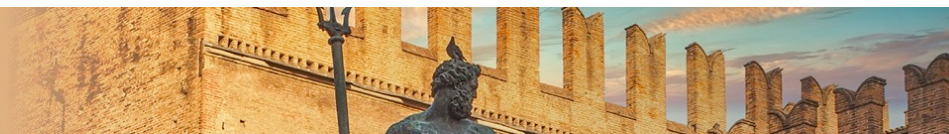
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Radioterapia e Oncologia clinica



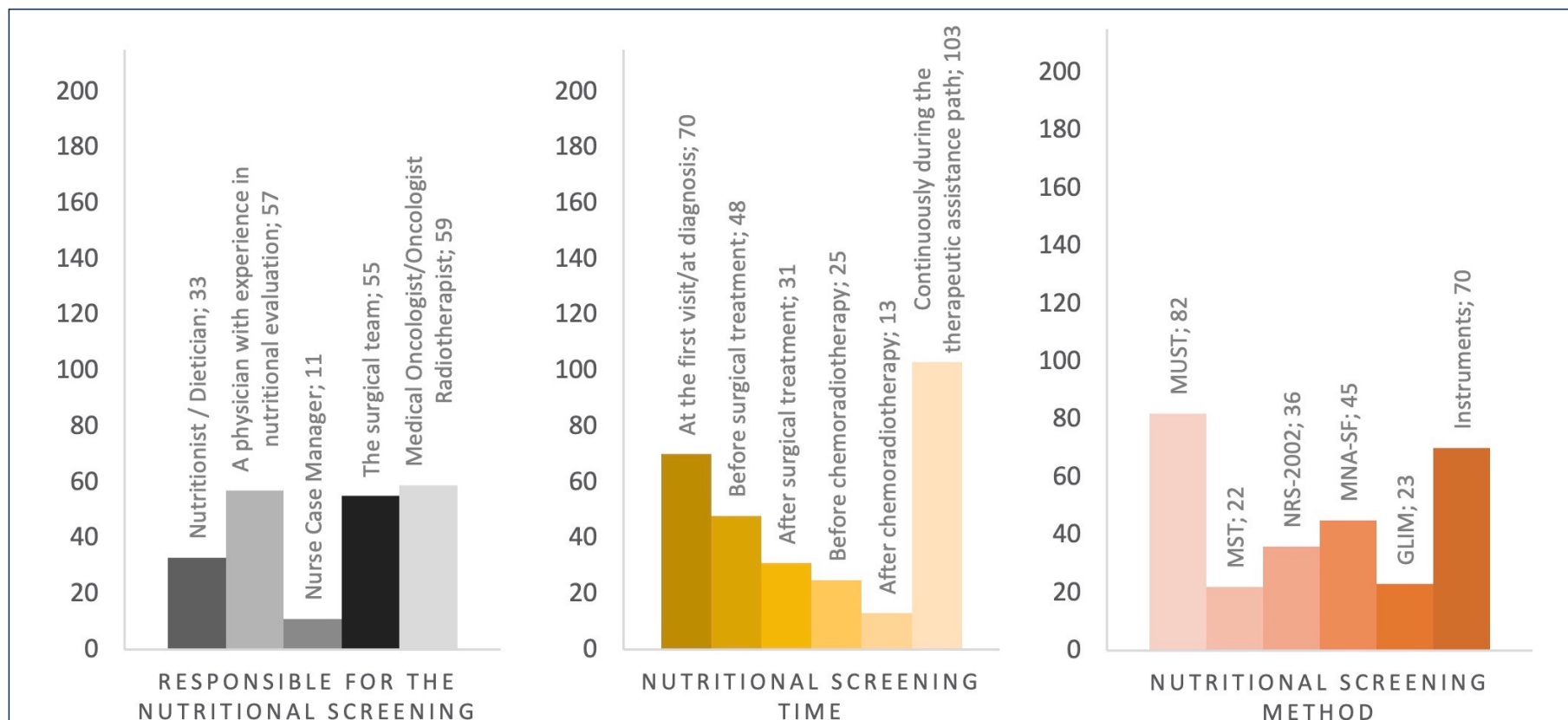
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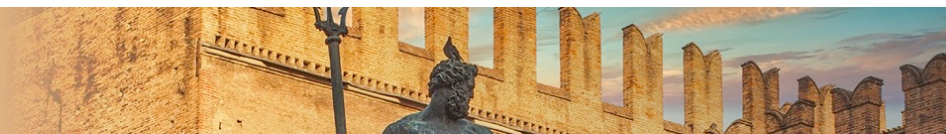


BOLOGNA, 25-27 NOVEMBRE
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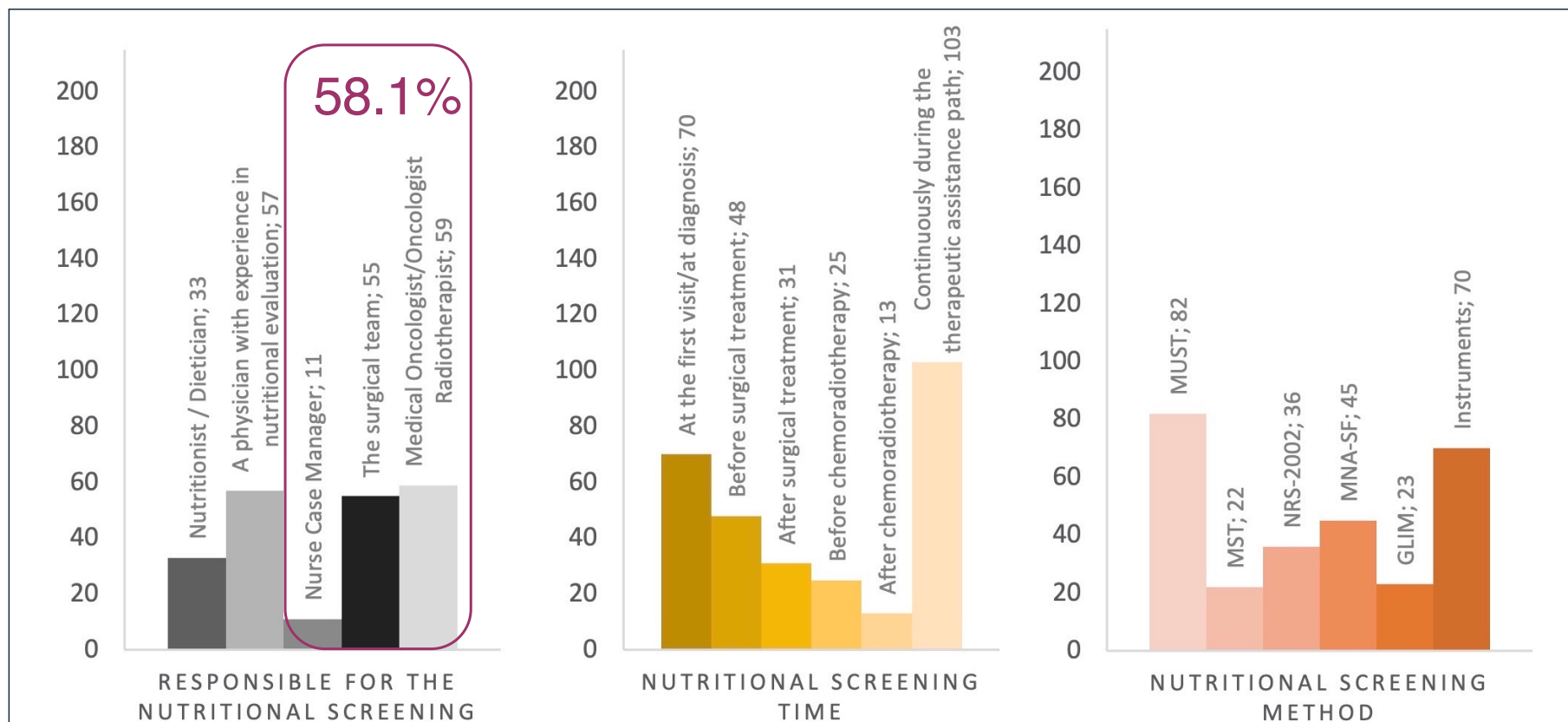


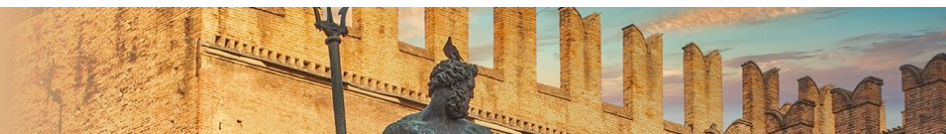
Screening



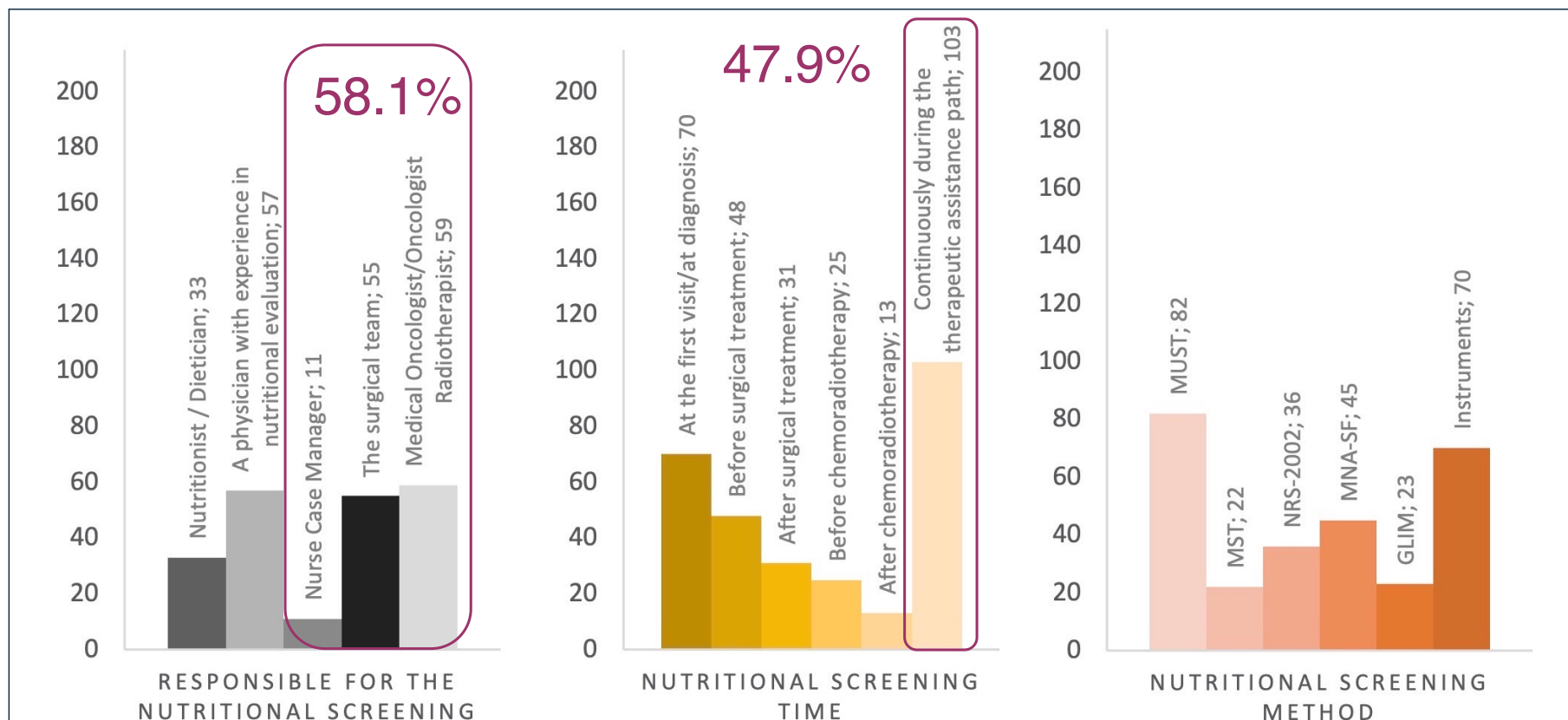


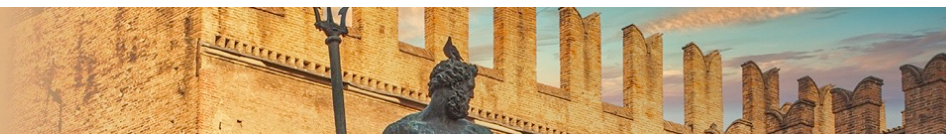
Screening



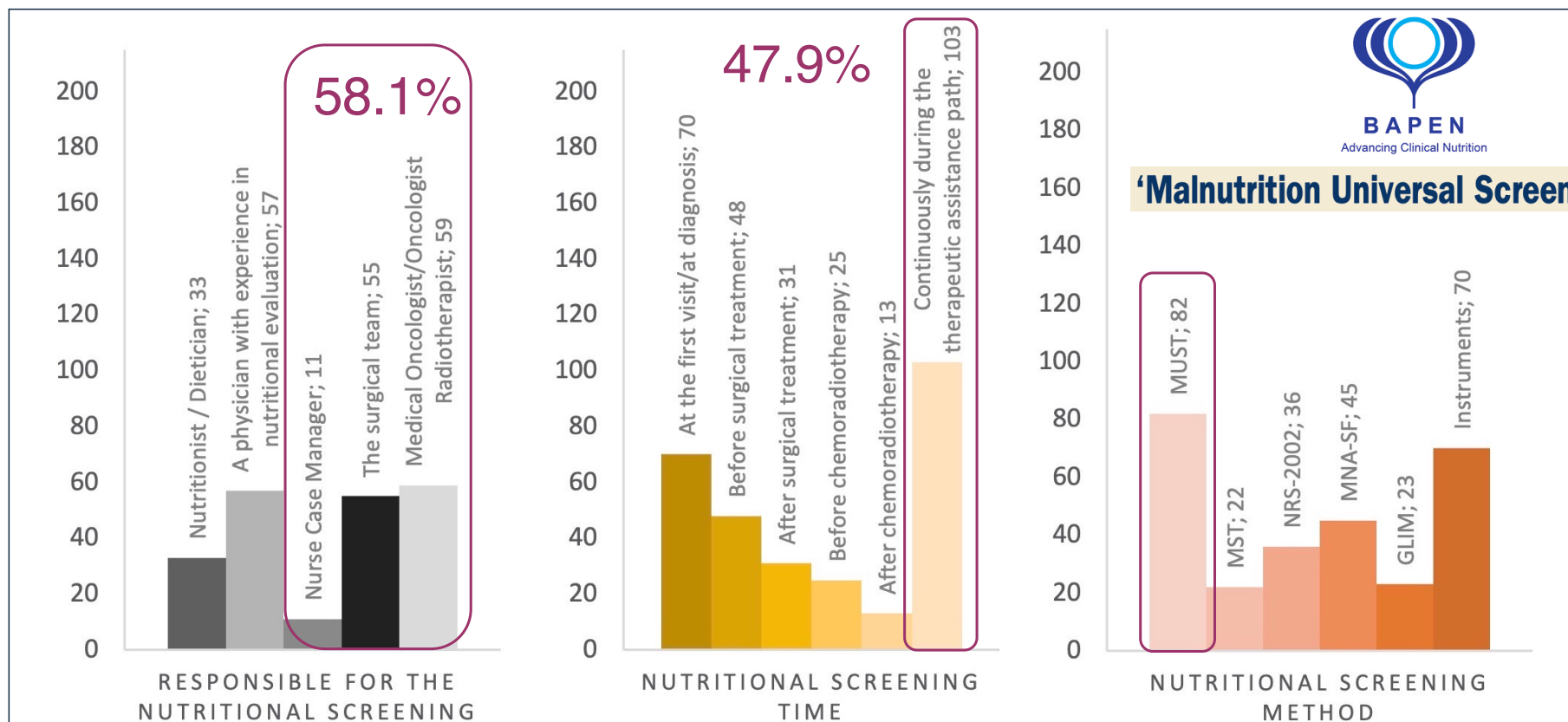


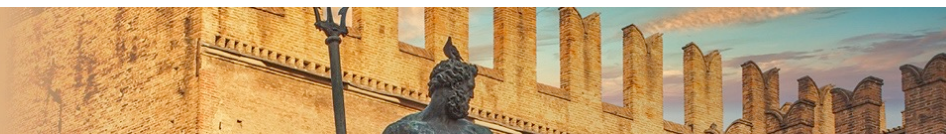
Screening



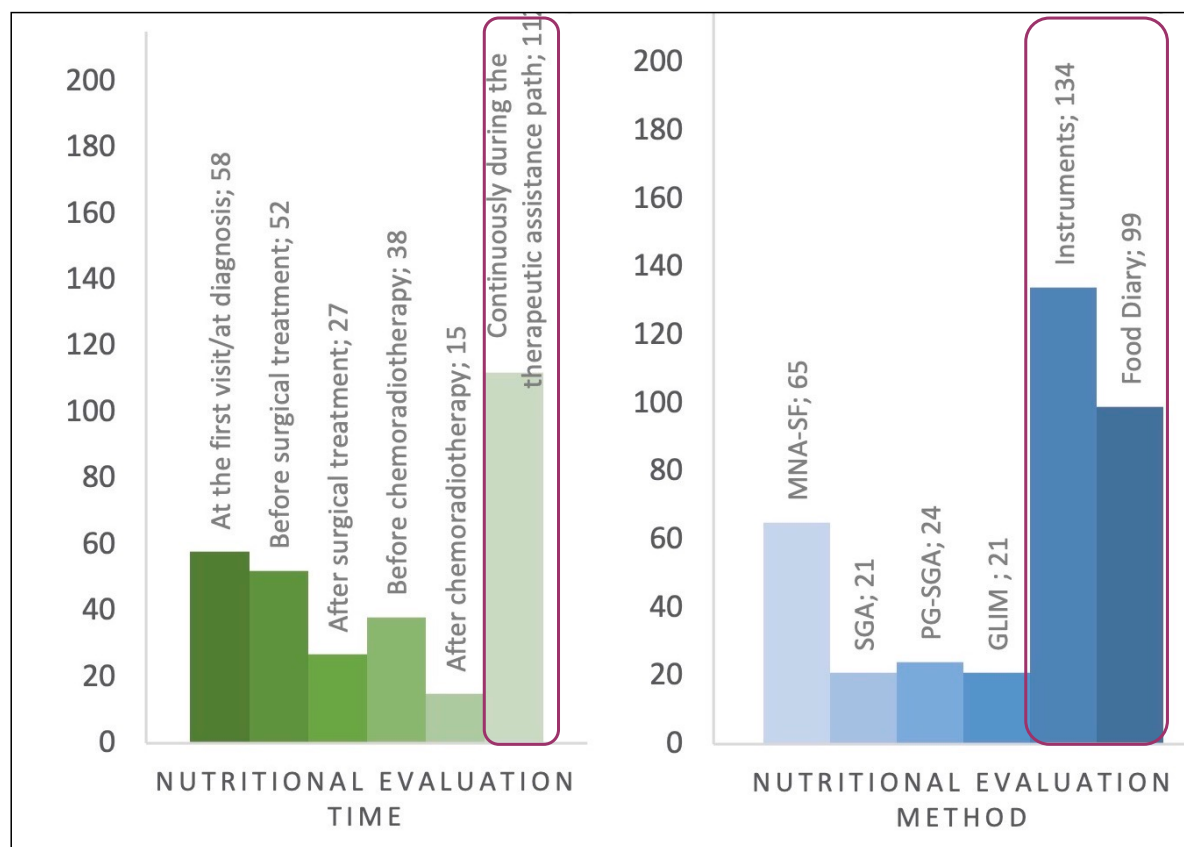


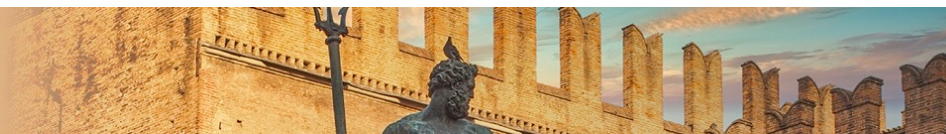
Screening



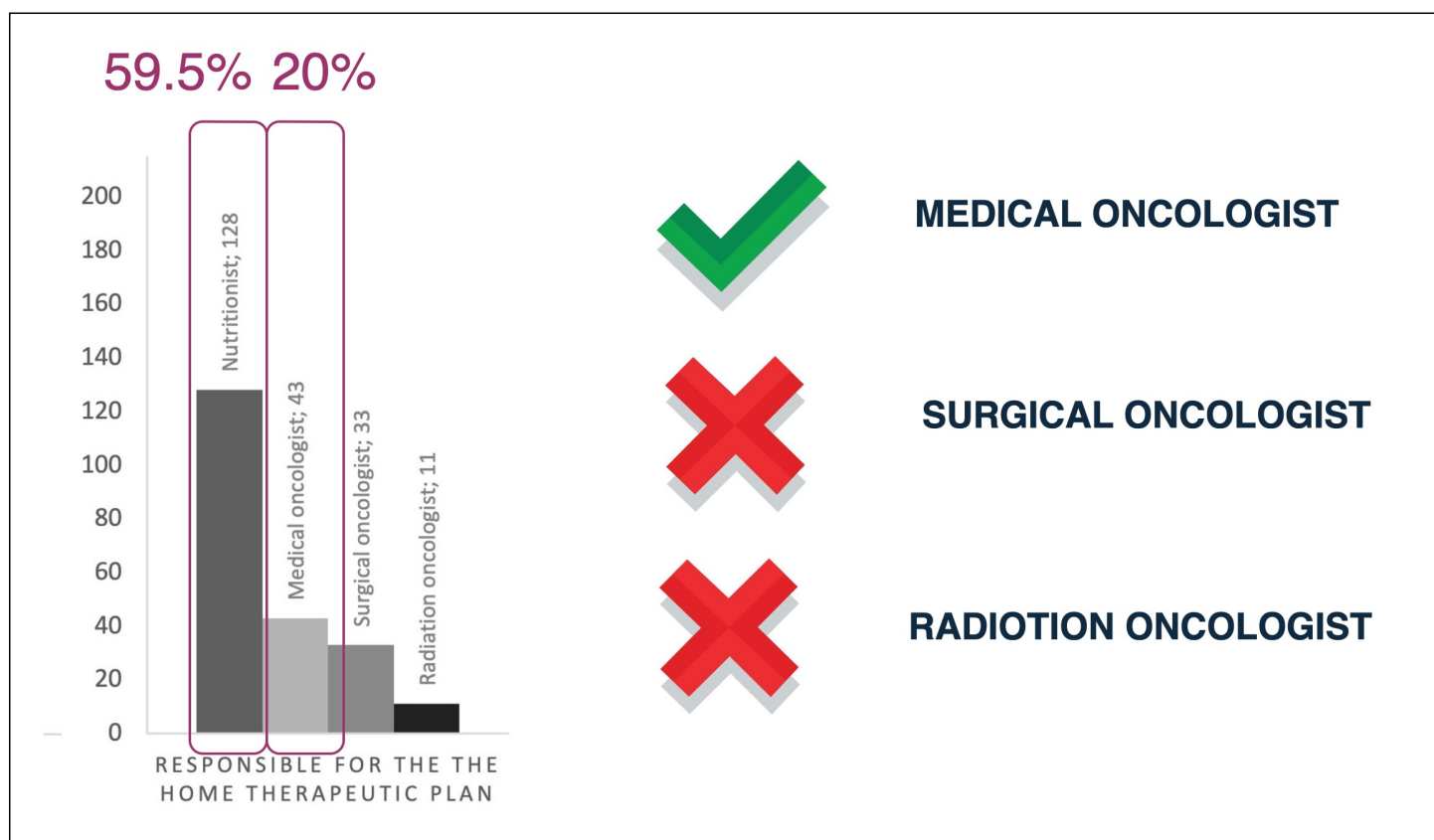


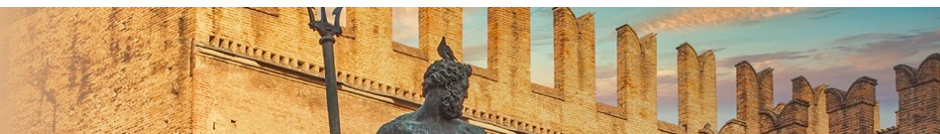
Assessment





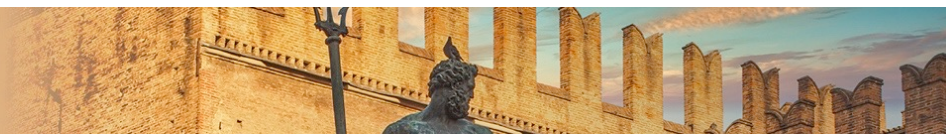
Treatment





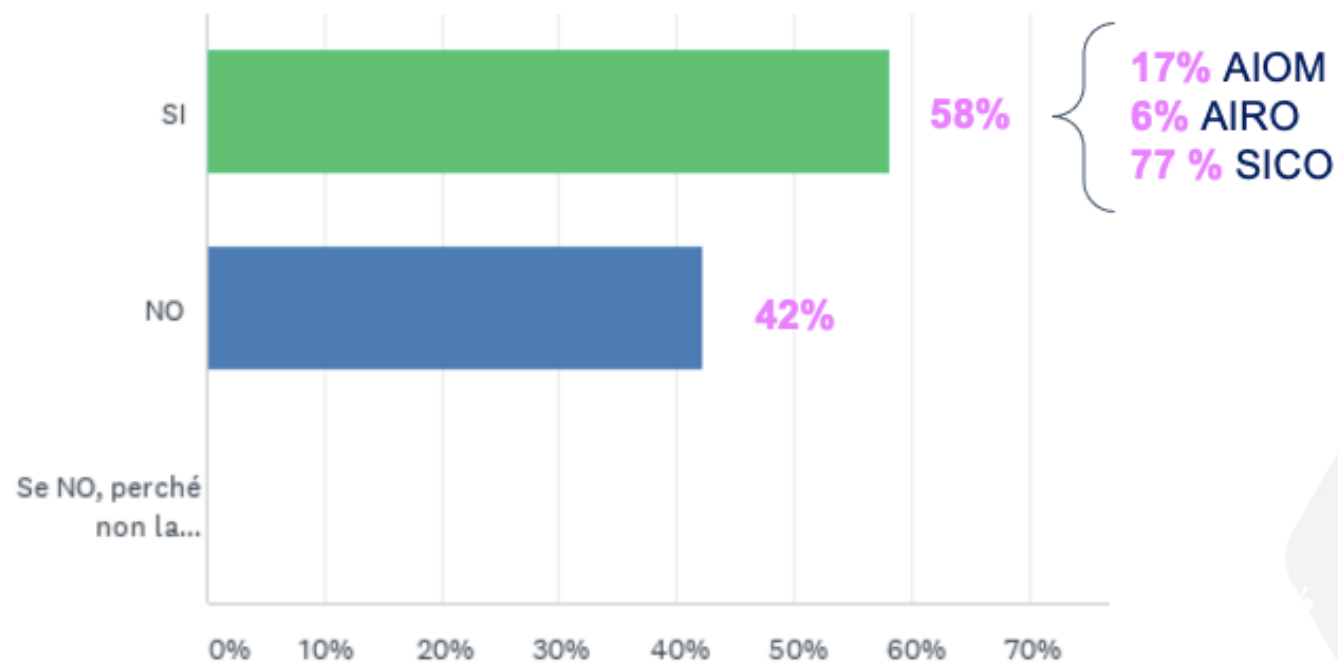
Treatment

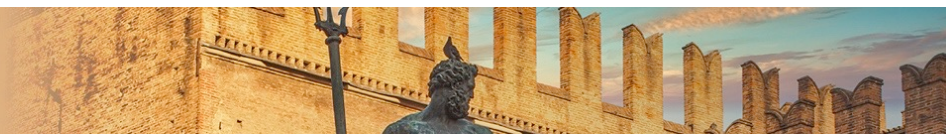
	All (n=215)	SICO (n=101)	AIOM (n=56)	AIRO (n=45)
Q11. What are the problems you face during the delivery of nutritional therapy? *				
Supply and/or Refundability of the product	95 (44.19%)	41 (40.59%)	28 (50%)	18 (40%)
Absence of a therapeutic plan in the regional Risk Assessment Document	28 (13.02%)	15 (14.85%)	10 (17.86%)	2 (4.44%)
Absence of a nutritionist in the ward	61 (28.37%)	33 (32.67%)	18 (32.14%)	6 (13.33%)
Mucositis	24 (11.16%)	4 (3.96%)	8 (14.29%)	11 (24.44%)
Asthenia/loss of appetite	77 (35.81%)	31 (30.69%)	20 (35.71%)	21 (46.67%)
Dysphagia	47 (21.86%)	14 (13.86%)	11 (19.64%)	20 (44.44%)
Nausea	63 (29.3%)	30 (29.7%)	10 (17.86%)	20 (44.44%)
Vomiting	40 (18.6%)	19 (18.81%)	8 (14.29%)	12 (26.67%)
Malabsorption	52 (24.19%)	28 (27.72%)	11 (19.64%)	12 (26.67%)
Other	15 (6.98%)	9 (8.91%)	4 (7.14%)	2 (4.44%)



Immunonutrition

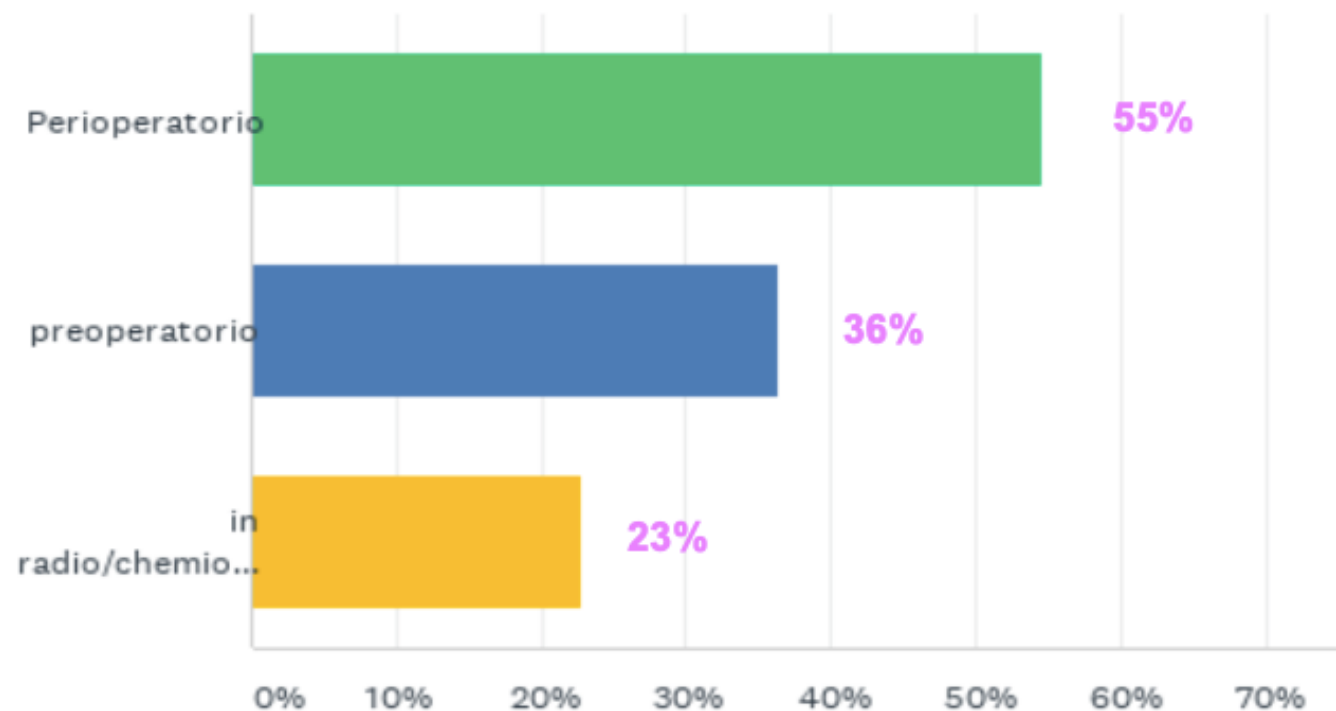
Conosci
l'immunonutrizione?

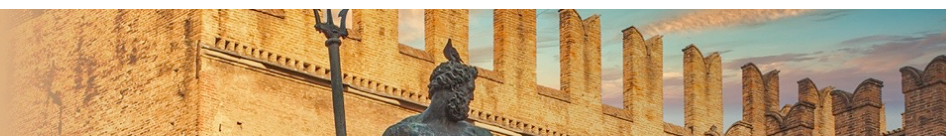




Immunonutrition

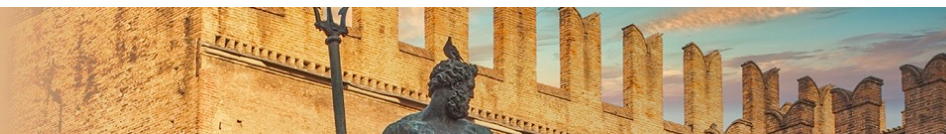
Quando viene
prescritta
l'immunonutrizione?





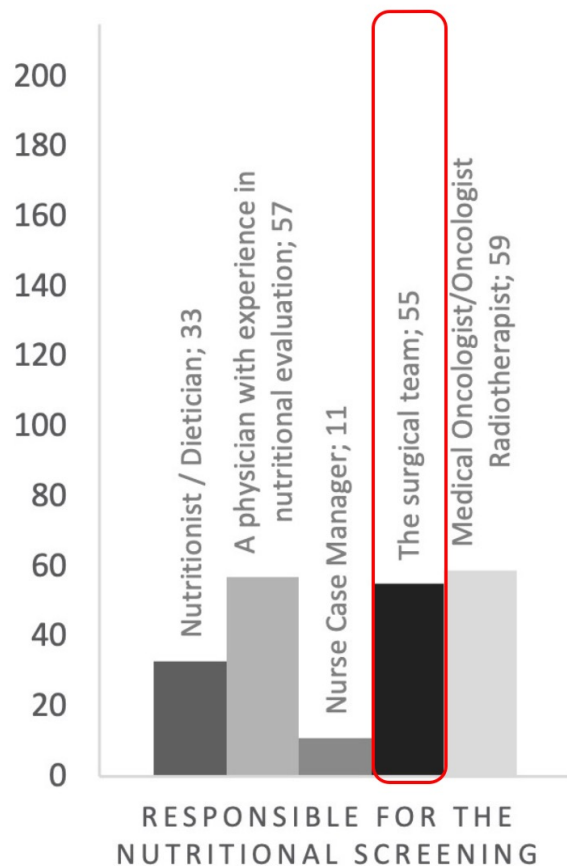
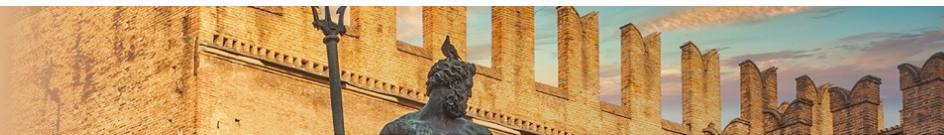
Immunonutrition

	All (n=215)	SICO (n=101)	AIOM (n=56)	AIRO (n=45)
Q15. How do you wish to receive information (indicate the methods you prefer)? *				
Specific webinar	168 (78.14%)	84 (83.17%)	46 (81.14%)	28 (62.22%)
Clinical work presentation	78 (36.28%)	42 (41.58%)	14 (25%)	15 (33.33%)
Podcast	30 (13.95%)	15 (14.85%)	6 (10.71%)	7 (15.56%)
Infographic card	40 (18.60%)	20 (19.8%)	7 (12.5%)	7 (15.56%)
Information slide set	79 (36.74%)	28 (27.72%)	30 (53.57%)	17 (37.78%)

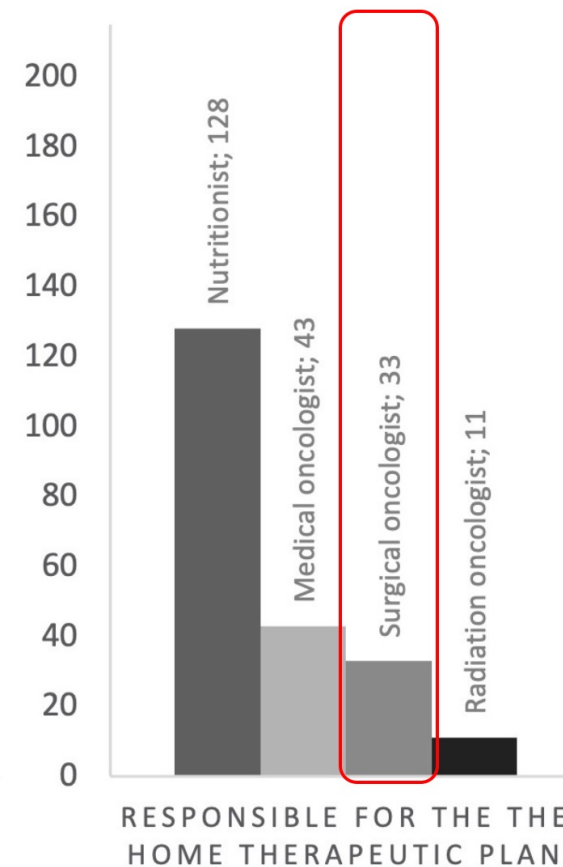


Immunonutrition

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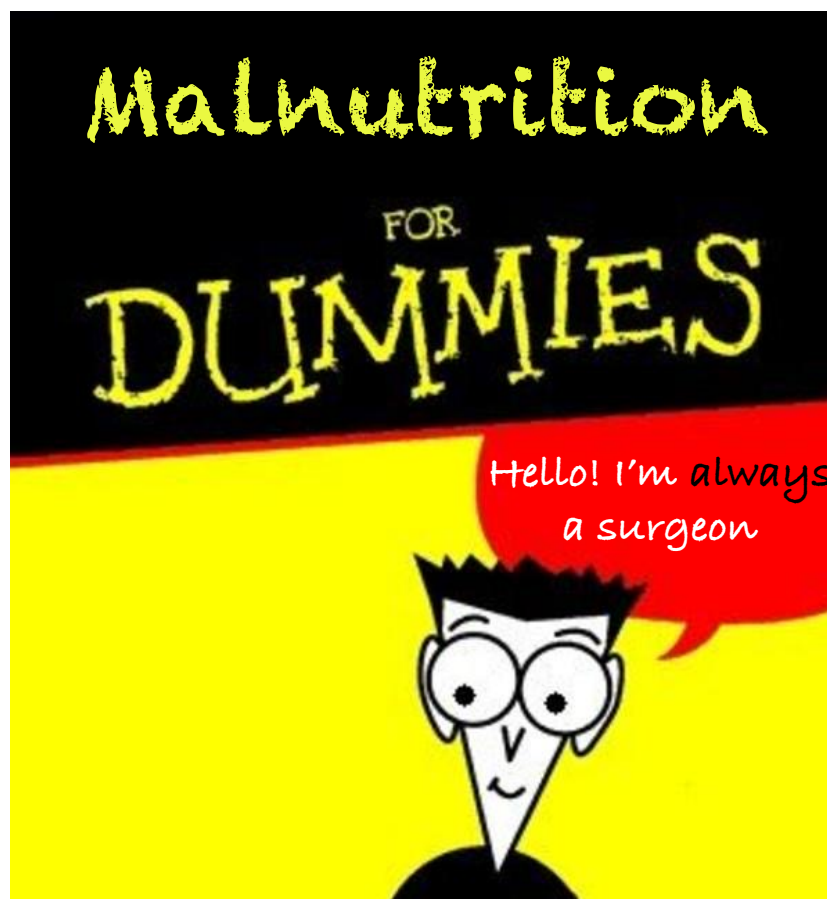
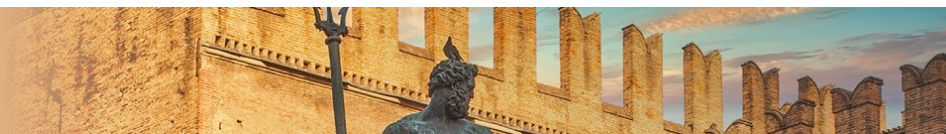
WHAT IS THE ROLE OF SURGEONS?



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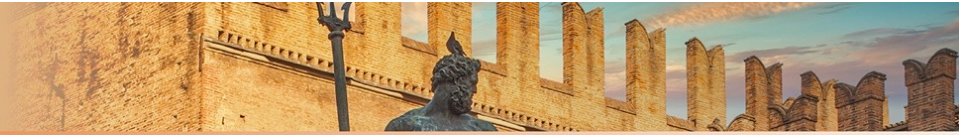
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BOLOGNA, 25-27 NOVEMBRE
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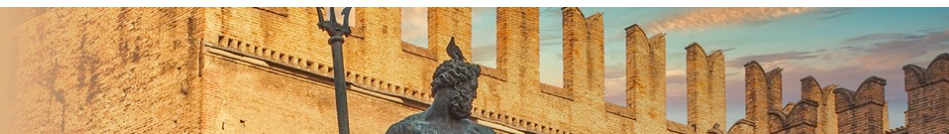


- Malnutrition & surgery
- Awareness
- Solutions

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Radioterapia di precisione per un'oncologia innovativa e sostenibile



Malnutrition management in oncology: An expert view on controversial issues and future perspectives

Paolo Bossi¹, Raffaele De Luca^{2*}, Oriana Ciani³,
Elisa D'Angelo⁴ and Riccardo Caccialanza⁵

 frontiers | Frontiers in Oncology

TYPE Perspective
PUBLISHED 05 October 2022
DOI 10.3389/fonc.2022.910770



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Malnutrition management in oncology: An expert view on controversial issues and future perspectives

Paolo Bossi¹, Raffaele De Lencastre²,
Elisa D'Angelo⁴ and Riccardo D'Amico³



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Clinical Nutrition 41 (2022) 1578–1590

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Narrative Review

Unresolved issues in perioperative nutrition: A narrative review

Katherine L. Ford^a, Carla M. Prado^a, Arved Weimann^b, Philipp Schuetz^{c, d},
Dileep N. Lobo^{e, f, *}



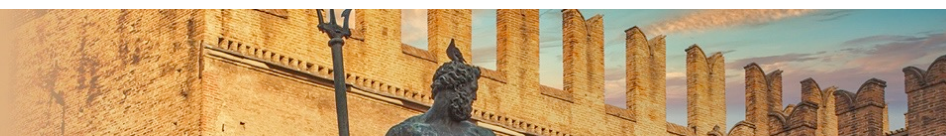
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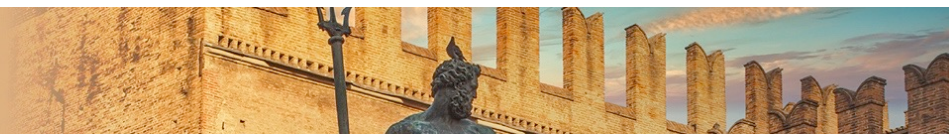
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Area of interventions	Actions
Appropriateness of healthcare interventions	Improve the education of the clinicians. Raise the awareness of nutritional issues among the institutional stakeholders and payers and encourage investments to increase economic and human resources. Inform policymakers of the importance of standardizing access to ONS by all patients to improve therapeutic appropriateness and adherence.
Diagnosis	Perform nutritional assessments at any step of the oncologic pathway, with periodical follow-ups and re-evaluations of the nutritional status.
Management	Institute multidisciplinary teams. Involve a clinical nutritionist within the multidisciplinary team. Identify patients at a high risk of malnutrition and take prompt and appropriate action. Implement the ERAS® pathway for every cancer patient undergoing surgery.



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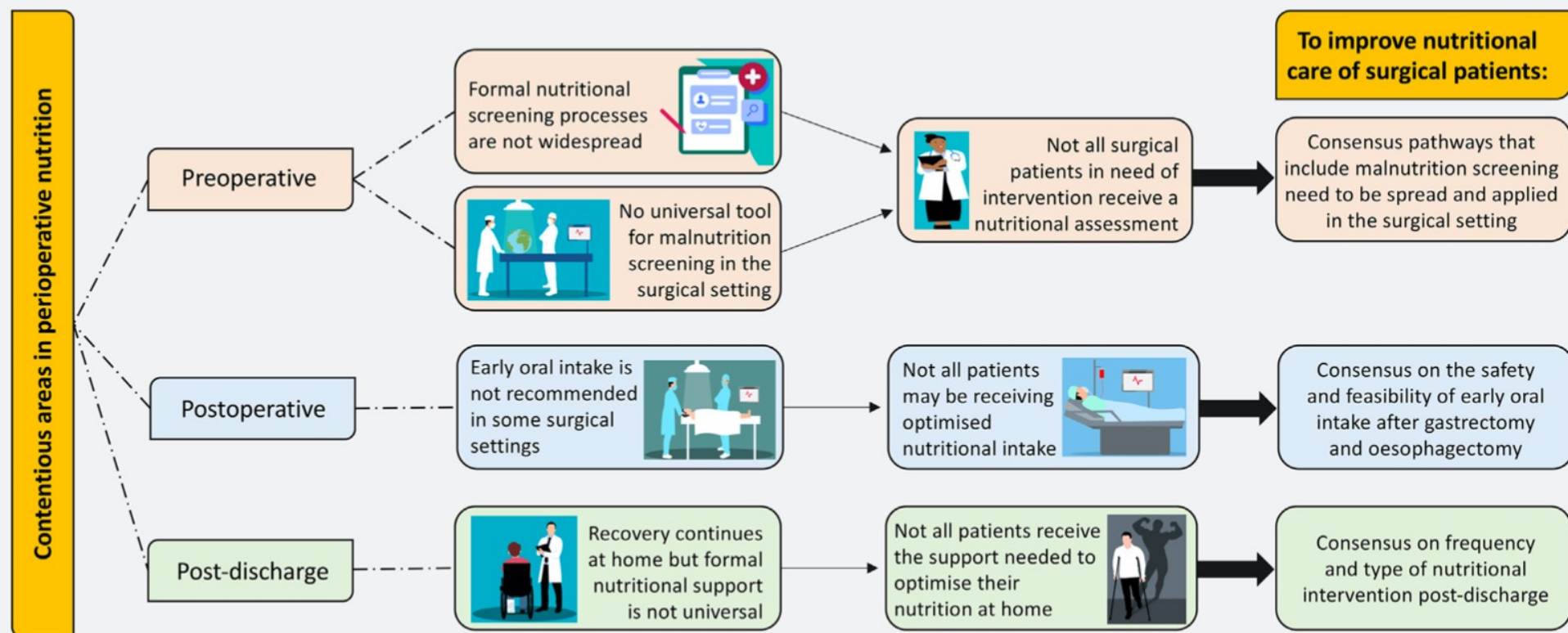
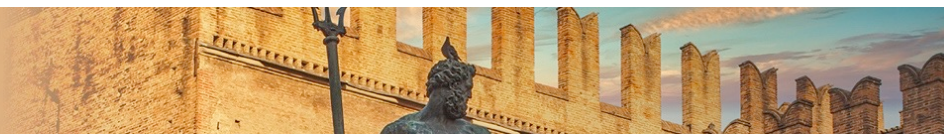


Fig. 1. Select contentious areas in perioperative nutrition, their impact on patients, and suggestions for improvements in patient care.

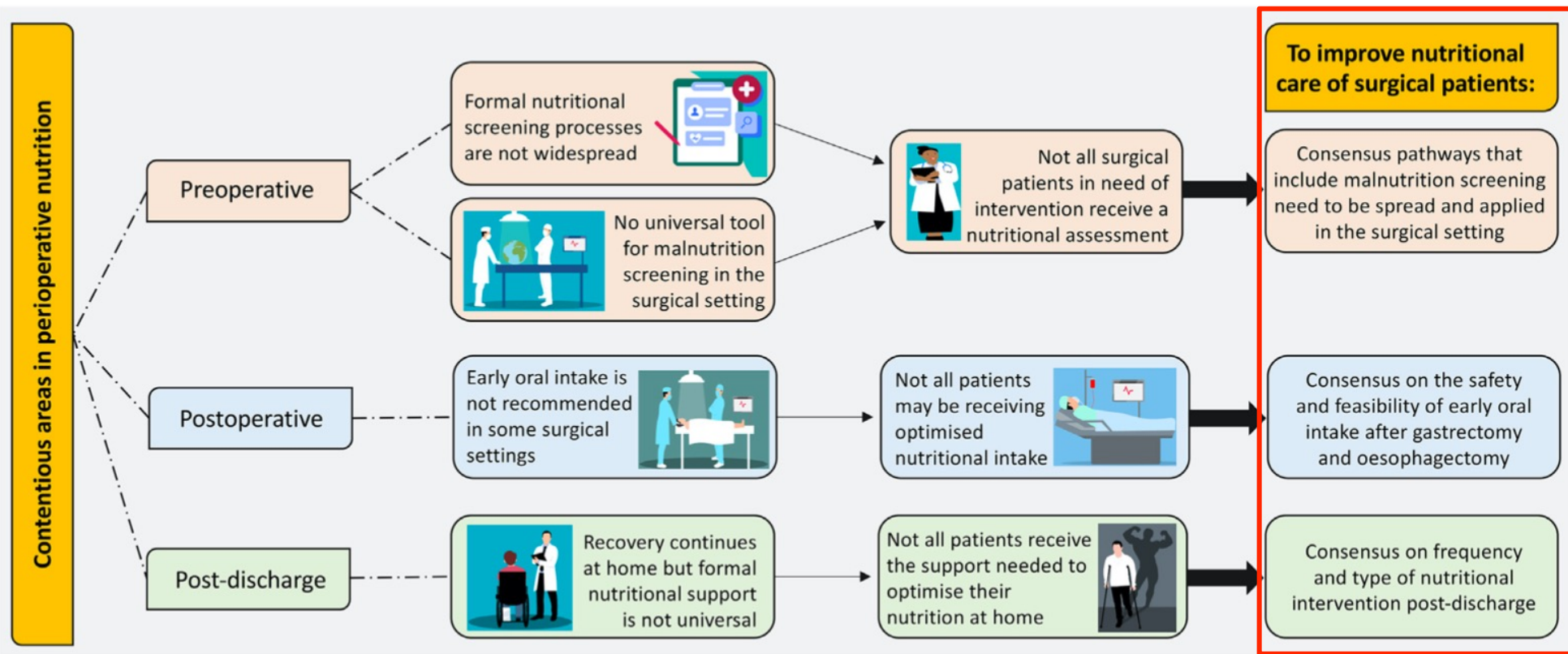
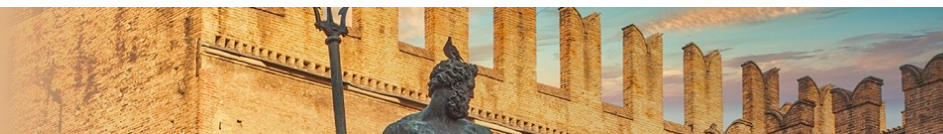


Fig. 1. Select contentious areas in perioperative nutrition, their impact on patients, and suggestions for improvements in patient care.

Nutrient-focused

- Omega-3 fatty acids
 - Eicosapentaenoic acid
 - Docosahexaenoic acid
- Arginine
- Glutamine
- Ribonucleotides

Immunonutrition

Skeletal muscle preservation

- Targeted nutritional intake (e.g., energy, protein)
- Omega-3 fatty acids
- Branched-chain amino acids (e.g., leucine)
- β -hydroxy β -methylbutyrate
- Synergistic effect of nutrients

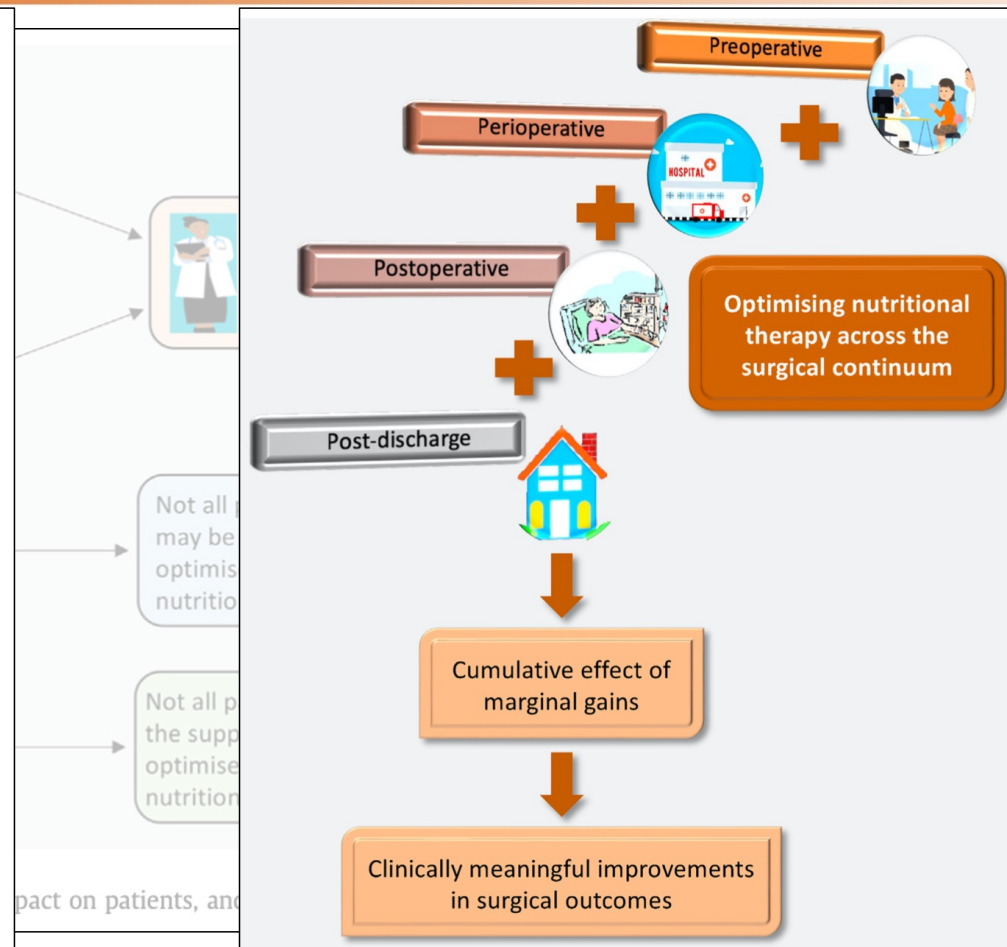
Nutrition-focused

- Unimodal (e.g., targeted nutritional interventions)
- Multimodal (e.g., nutritional, physical, psychological interventions)
- Home-based vs. supervised settings

Prehabilitation

Recovery

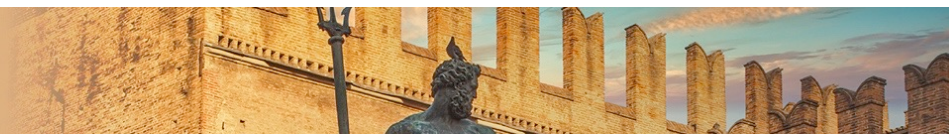
- Timing of initiation of postoperative nutrition in select surgical settings
- Post-discharge nutritional interventions



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REVIEW ARTICLE

Acta Anaesthesiologica Scandinavica **59** (2015) 1212–1231

Enhanced Recovery After Surgery (ERAS) for gastrointestinal surgery, part 1: pathophysiological considerations

M. J. Scott¹, G. Baldini², K. C. H. Fearon³, A. Feldheiser⁴, L. S. Feldman⁵, T. J. Gan⁶, O. Ljungqvist⁷, D. N. Lobo⁸, T. A. Rockall¹, T. Schricker⁹ and F. Carli²



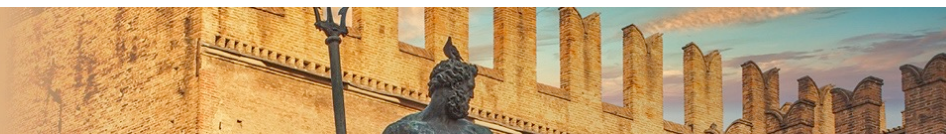
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BOLOGNA, 25-27 NOVEMBRE
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REVIEW ARTICLE

Enhanced Recovery After Surgery, part 1: pathophysiology

M. J. Scott¹, G. Baldini², K. C. H. Fearon³, A. F. D. N. Lobo⁸, T. A. Rockall¹, T. Schrickler⁹ and

Mid-thoracic epidural anesthesia/analgesia

No nasogastric tubes

Prevention of nausea and vomiting

Avoidance of salt and water overload

Early removal of catheter

Early oral nutrition

Non-opioid oral
analgesia/NSAIDs

Early mobilization

Stimulation of gut motility

Audit of compliance
and outcomes

Postoperative

Preoperative

ERAS

Intraoperative

Preadmission counseling

Fluid and carbohydrate loading

No prolonged fasting

No/selective bowel preparation

Antibiotic prophylaxis

Thromboprophylaxis

No premedication

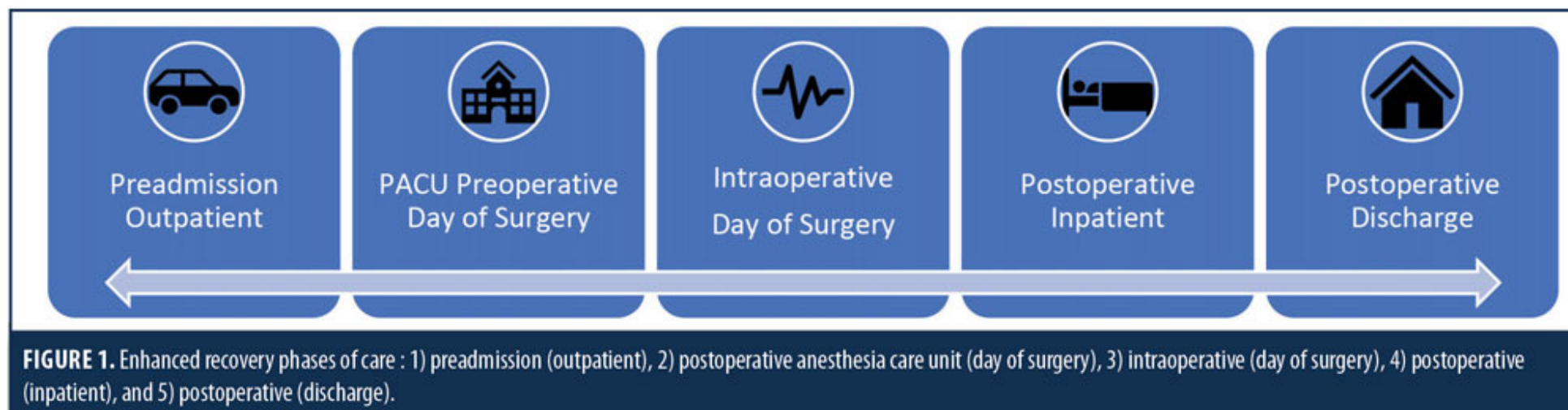
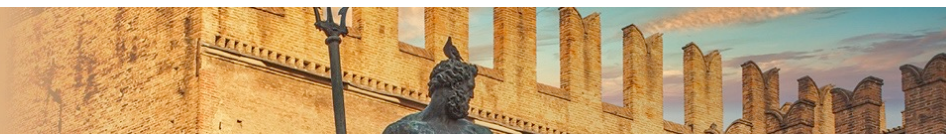
Short-acting anesthetic
agents

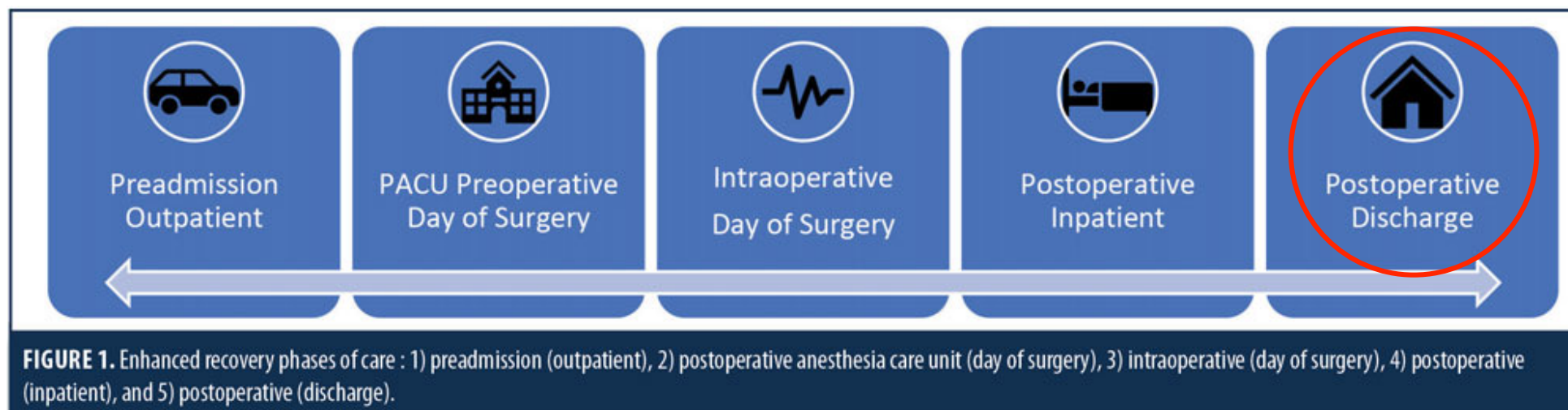
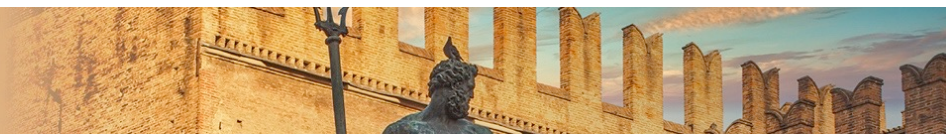
Mid-thoracic epidural anesthesia/analgesia

No drains

Avoidance of salt and water overload

Maintenance of normothermia (body warmer/warm intravenous fluids)





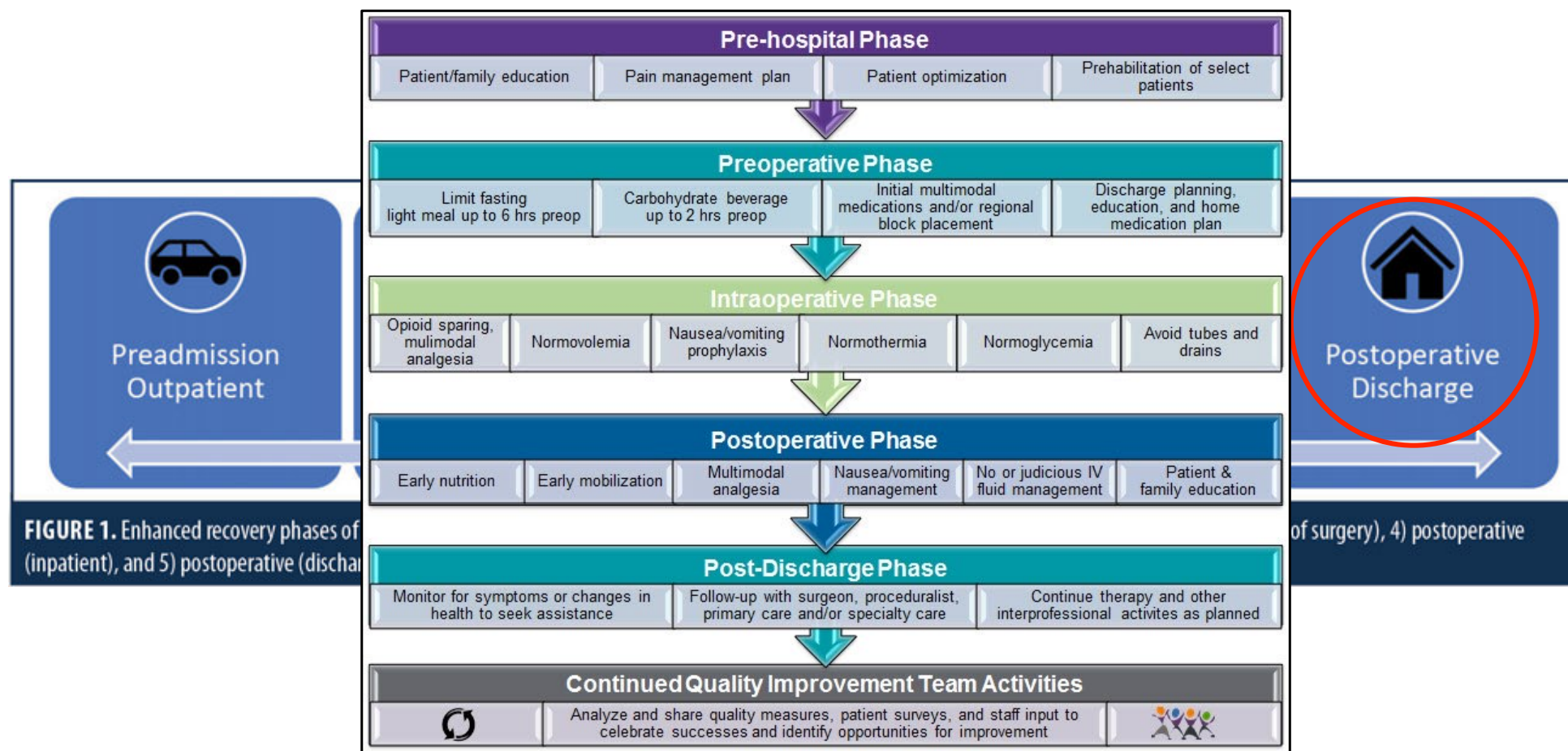
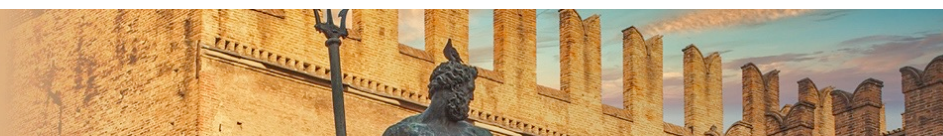


FIGURE 1. Enhanced recovery phases of (inpatient), and 5) postoperative (discharge)

of surgery), 4) postoperative

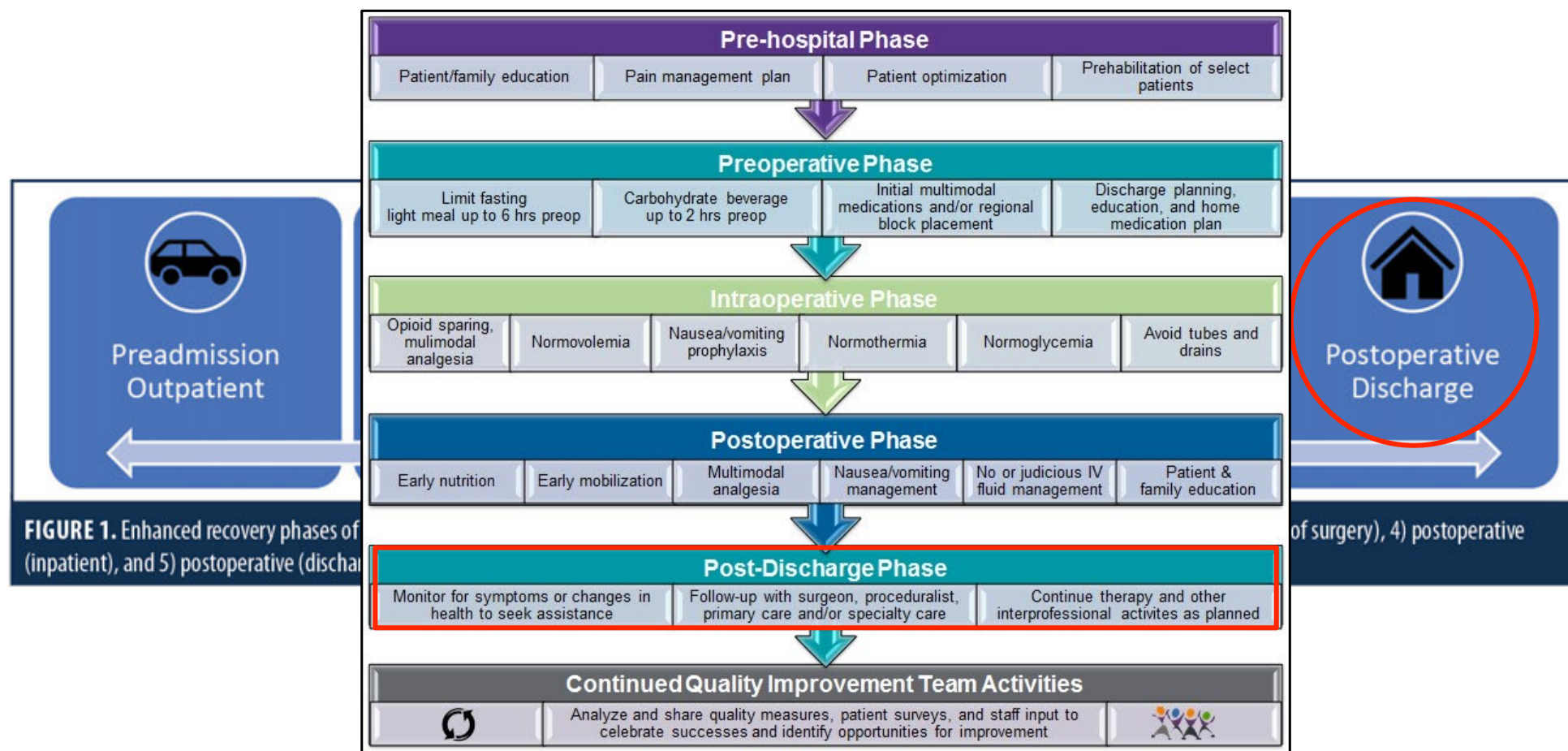
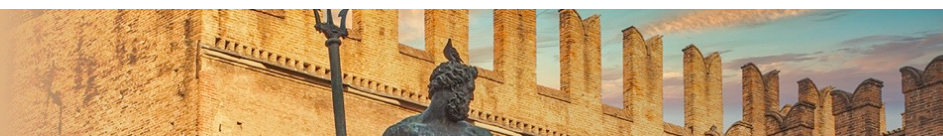
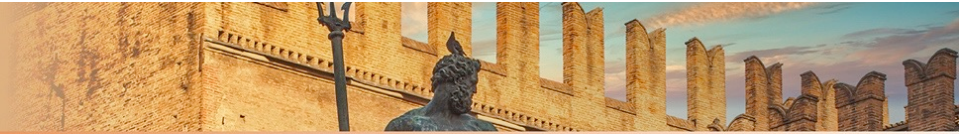


FIGURE 1. Enhanced recovery phases of (inpatient), and 5) postoperative (discharge)

of surgery), 4) postoperative

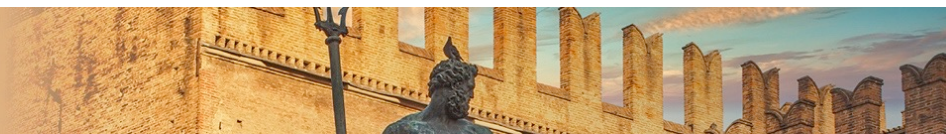


- **Extension of the ERAS protocol in the neoadjuvant setting**

1. Upper GI cancer

2. Pancreatic cancer

3. Colorectal cancer

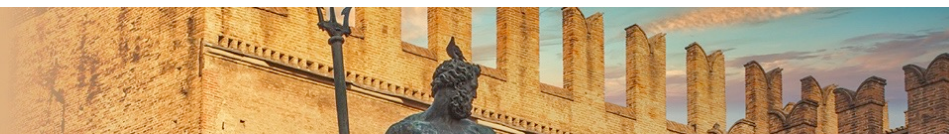


- **Nutritional screening as soon as possible**
- **Nutritionist in multidisciplinary team**
- **Pre-habilitation for all patients, even in case of neoadjuvant therapy**
- **ERAS items application in all patients**
- **Nutritional follow-up after discharge**

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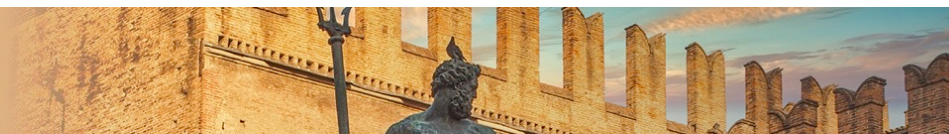
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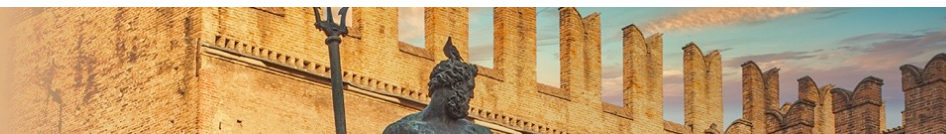


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Pisa - 8 febbraio 2020



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Luigi Marano

Raffaele De Luca



**1° incontro
congressuale
programmato**

11 settembre 2020

Isacco Desideri



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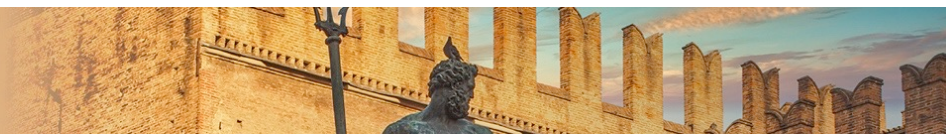


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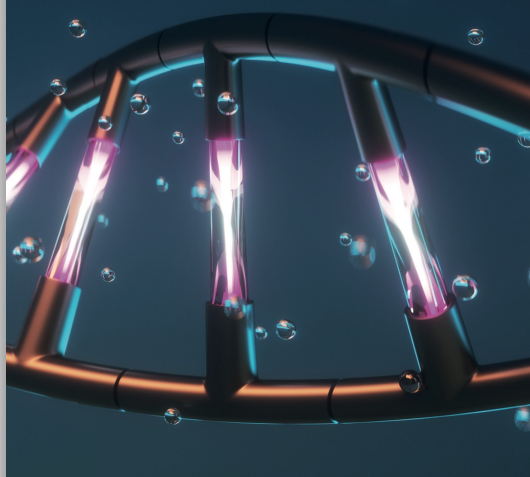
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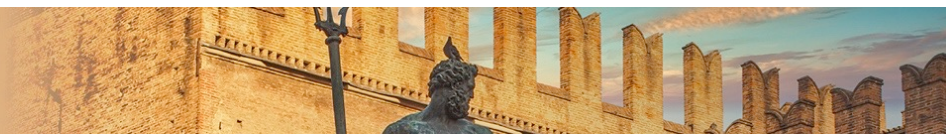
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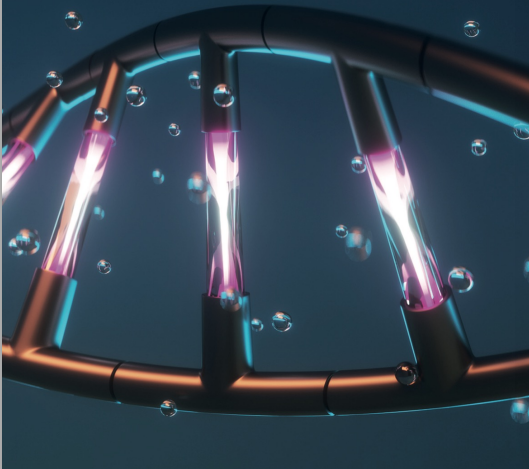
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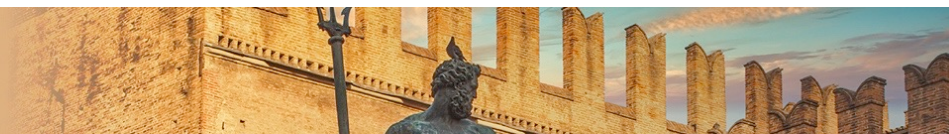
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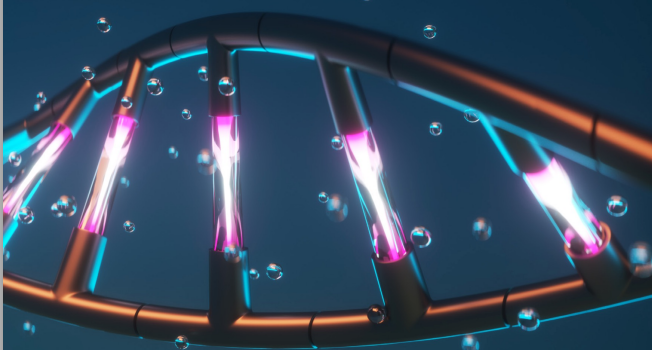
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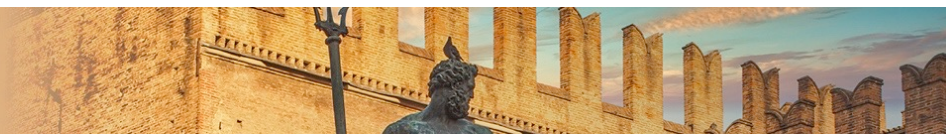
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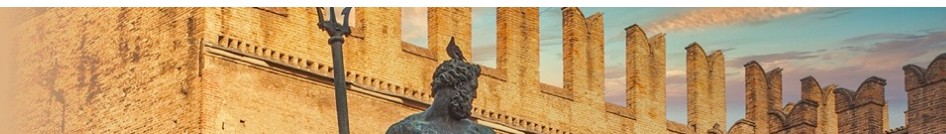
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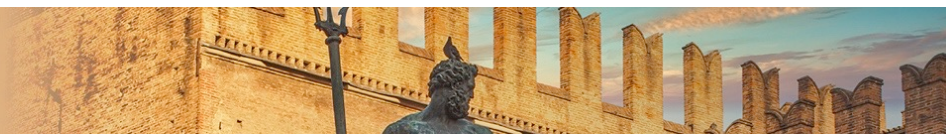
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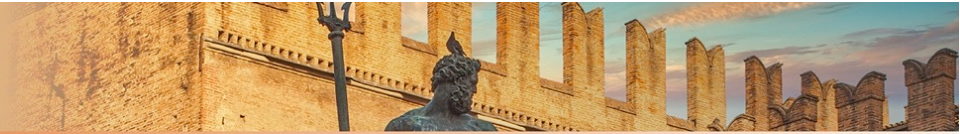
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• Future perspectives

1. Increase nutritional issue awareness in multidisciplinary setting
2. Application of International Nutritional Guidelines for oncologic patients
3. Editing and diffusion of shared documents
4. Educational programs
5. High quality multicentric studies proposal
6. Scientific papers publication



Thank you!