

Ruolo delle terapie integrate nelle pazienti con carcinoma mammario metastatico

Gemelli



Stefano Magno, MD

13 Ottobre 2023

Fondazione Policlinico Universitario A. Gemelli
Università Cattolica del Sacro Cuore



susan g. komen.
ITALIA
PER LA LOTTA
AI TUMORI
DEL SENO

AIGOM

ASSOCIAZIONE ITALIANA
GRUPPI ONCOLOGICI MULTIDISCIPLINARI



13 OTTOBRE

**LA GIORNATA NAZIONALE
del tumore mammario metastatico**

**2023
CARCINOMA
MAMMARIO METASTATICO:
QUALI NOVITÀ?**

*Conoscere le novità per assicurare
il trattamento migliore a ogni paziente*

Conflitti di interesse : nessuno

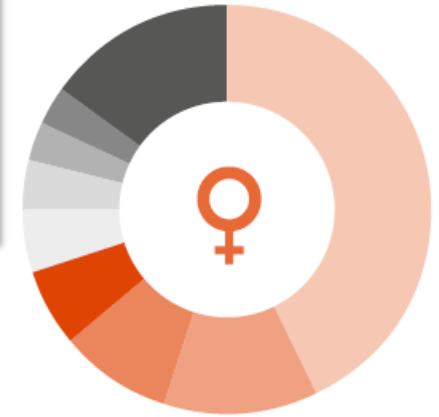
REVIEW ARTICLE

Dan L. Longo, M.D., *Editor*

Cancer Survivorship

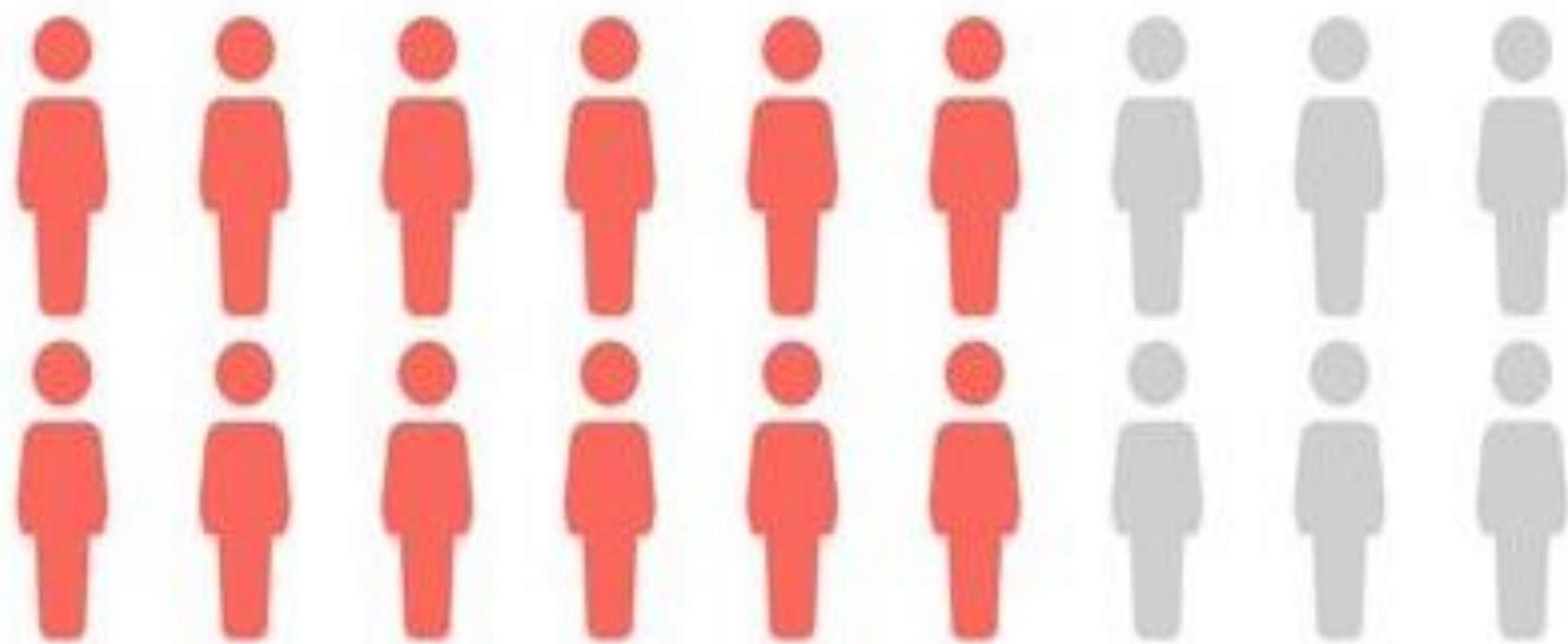
Charles L. Shapiro, M.D.

ADVANCES IN CANCER SCREENING AND EARLY DETECTION, IMPROVEMENTS in therapeutics, and supportive care all contribute to decreasing cancer mortality. Figure 1 shows the changing demographic characteristics of the cancer population from 1975 through 2040. There will be an estimated 26 million survivors in 2040, the majority of whom will be in their 60s, 70s, or 80s.¹ Nearly every health care provider will encounter cancer survivors. This review is primarily intended for primary care physicians, obstetrician–gynecologists, midlevel providers, and subspecialists who have patients who are cancer survivors. The review also serves as a primer for surgeons, radiotherapists, and medical oncologists who may not be familiar with the broad topic of survivorship. At present, the care of cancer survivors is often an afterthought, tends to be fragmentary, and is not well integrated into the mainstream of cancer care. Also, the best models for providing survivor care remain undefined.



Tumore	n	%
Mammella	834.154	43
Colon-retto-ano	233.245	12
Tiroide	166.914	9
Utero (corpo)	122.553	6
Melanomi, cute	89.831	5
Linfomi non-Hodgkin	73.584	4
Vescica	58.608	3
Utero cervice	51.136	3
Altri	292.061	15

The number of survivors of cancer is growing worldwide due to ageing populations and improved early detection and treatment



At least two-thirds of survivors have physical, psychological, health information, and supportive care needs that are not recognised or well managed in current care models

ABC GLOBAL CHARTER

1 **HELP PATIENTS WITH ABC LIVE LONGER BY DOUBLING ABC MEDIAN OVERALL SURVIVAL BY 2025**

2 **ENHANCE OUR UNDERSTANDING ABOUT ABC BY INCREASING THE COLLECTION OF HIGH QUALITY DATA**

3 **IMPROVE THE QUALITY OF LIFE (QOL) OF PATIENTS WITH ABC**

4 **ENSURE THAT ALL PATIENTS WITH ABC RECEIVE THE BEST POSSIBLE TREATMENT AND CARE BY INCREASING AVAILABILITY OF AND ACCESS TO CARE FROM A MULTIDISCIPLINARY TEAM**

5 **IMPROVE COMMUNICATION BETWEEN HEALTHCARE PROFESSIONALS (HCP) AND PATIENTS WITH ABC THROUGH THE PROVISION OF COMMUNICATION SKILLS TRAINING FOR HCPS**

6 **MEET THE INFORMATIONAL NEEDS OF PATIENTS WITH ABC BY USING EASY TO UNDERSTAND, ACCURATE AND UP-TO-DATE INFORMATION MATERIALS AND RESOURCES**

7 **ENSURE THAT PATIENTS WITH ABC ARE MADE AWARE OF AND ARE REFERRED TO NON-CLINICAL SUPPORT SERVICES**

8 **COUNTERACT THE STIGMA AND ISOLATION ASSOCIATED WITH LIVING WITH ABC BY INCREASING PUBLIC UNDERSTANDING OF THE CONDITION**

9 **ENSURE THAT PATIENTS WITH ABC HAVE ACCESS TO TREATMENT REGARDLESS OF THEIR ABILITY TO PAY**

10 **HELP PATIENTS WITH ABC CONTINUE TO WORK BY IMPLEMENTING LEGISLATION THAT PROTECTS THEIR RIGHT TO WORK AND ENSURES FLEXIBLE AND ACCOMMODATING WORKPLACE ENVIRONMENTS**

Do Patients With Advanced Cancer Value Quality Over Quantity of Life?

By The ASCO Post Staff

Posted: 10/9/2023 10:54:00 AM

Last Updated: 10/9/2023 12:11:09 PM

 Get Permission

A recent study published by Yong et al in *Value in Health* may help clarify the intricate interplay between the quality-of-life and survival preferences of patients with advanced cancer.

Limited access to palliative care services may contribute to suffering, particularly among patients with cancer who reside in low- and middle-income countries. Only 14% of hospice and palliative care needs are met across the world, with most unmet needs concentrated in these countries. Within the Malaysian health system, over 63% of patients with cancer were diagnosed in advanced stages—yet, access to palliative care was available to less than 10% of the population.

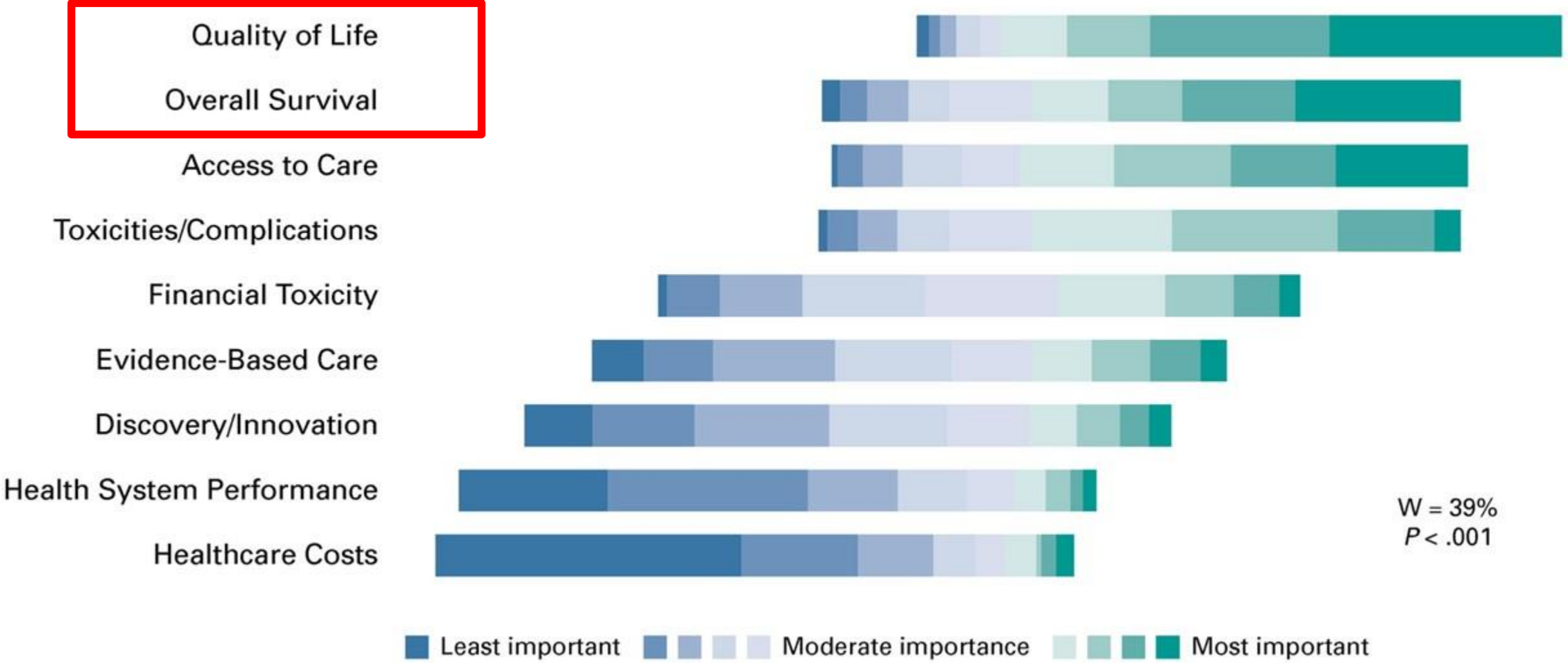
Study Methods and Findings

In the new analysis, the investigators focused on palliative care access in Malaysia and quantified patients' preferences for quality-of-life outcomes against survival.

The investigators found that patients with advanced cancer assigned significantly higher value to quality-of-life improvements than 1-year survival. The patients reported that life extension only brought value to them when they could maintain at least moderate levels of function. They considered the importance of physical function and having good pain management a priority. After a follow-up of 3 months, the patients demonstrated increased significance of these priorities.

Sopravvivenza e Qualità di vita

Quality of Life
Overall Survival



The "Time Toxicity" of Cancer Treatment

Time Toxicity

Time spent coordinating treatments and in-visits to a health care facility (including travel and waiting), seeking urgent/emergent care for side effects, hospitalizations, and follow-up tests and rehabilitation.

Proposed Metric of Time Toxicity

Days with Physical Health Care System Contact

(a 1-hour lab visit = a 6-hour infusion = a 12-hour urgent care visit = an overnight hospitalization; all these are "all-day affairs")

Overall survival =

Days With Physical Health Care System Contact

+

Home Days

Hypothetical Treatment	Clinical Trajectory	Overall Survival (in days)	Home Days
Option A (Chemotherapy)	<p>Frequent clinic visits Chemotherapy toxicity, hospitalization, and rehabilitation</p>	150	90
Option B (No cancer-directed treatment)	<p>Short hospitalization for symptom control</p>	120	115

Day 0

Day 30

Day 90

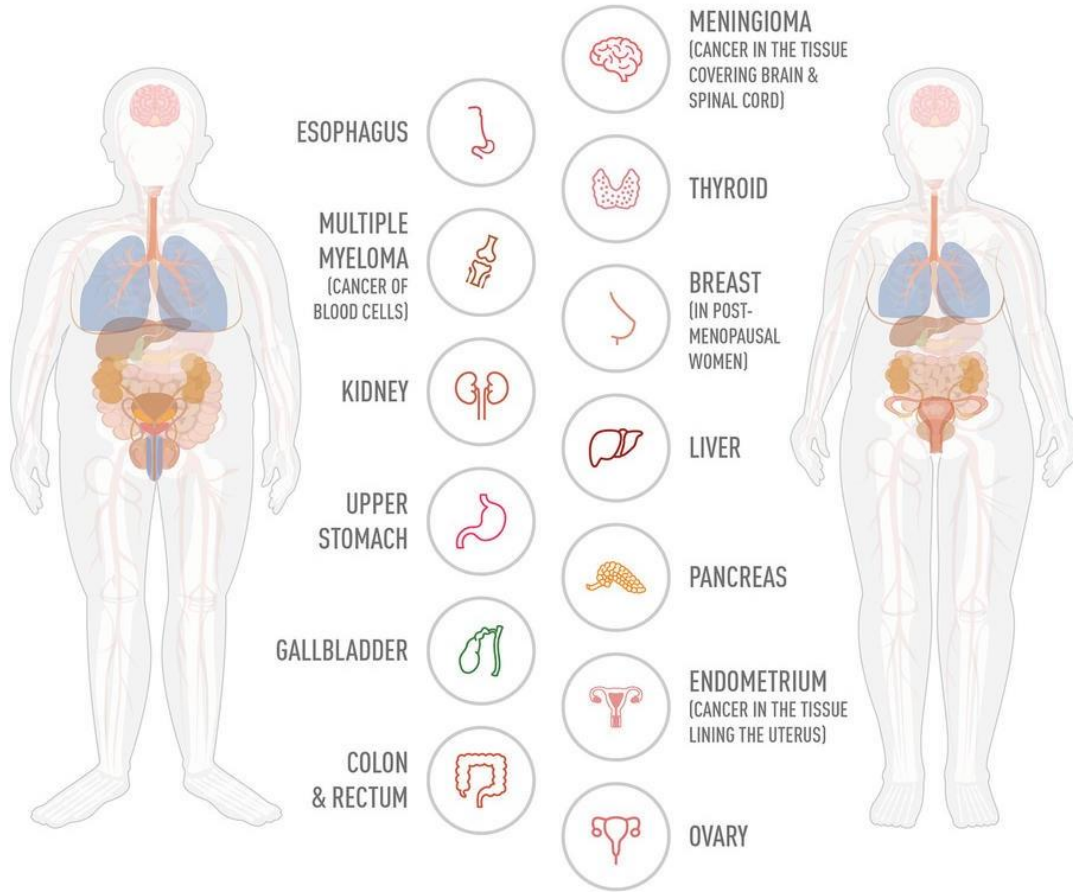
Day 180

With information on **"Time Toxicity"** and **"Home Days"**, a clinician can better guide a patient regarding a treatment strategy that best aligns with the patient's goals.

Terapie integrate in oncologia

Risorse terapeutiche che affiancano il percorso oncologico standard e che, attraverso il **supporto psicologico, il miglioramento dello stile di vita e l'uso di terapie complementari scientificamente validate** mirano a migliorare il benessere psico-fisico durante il percorso di cura, ridurre gli effetti collaterali e il rischio di recidiva

OBESITY INCREASES THE RISK OF 13 CANCER TYPES¹

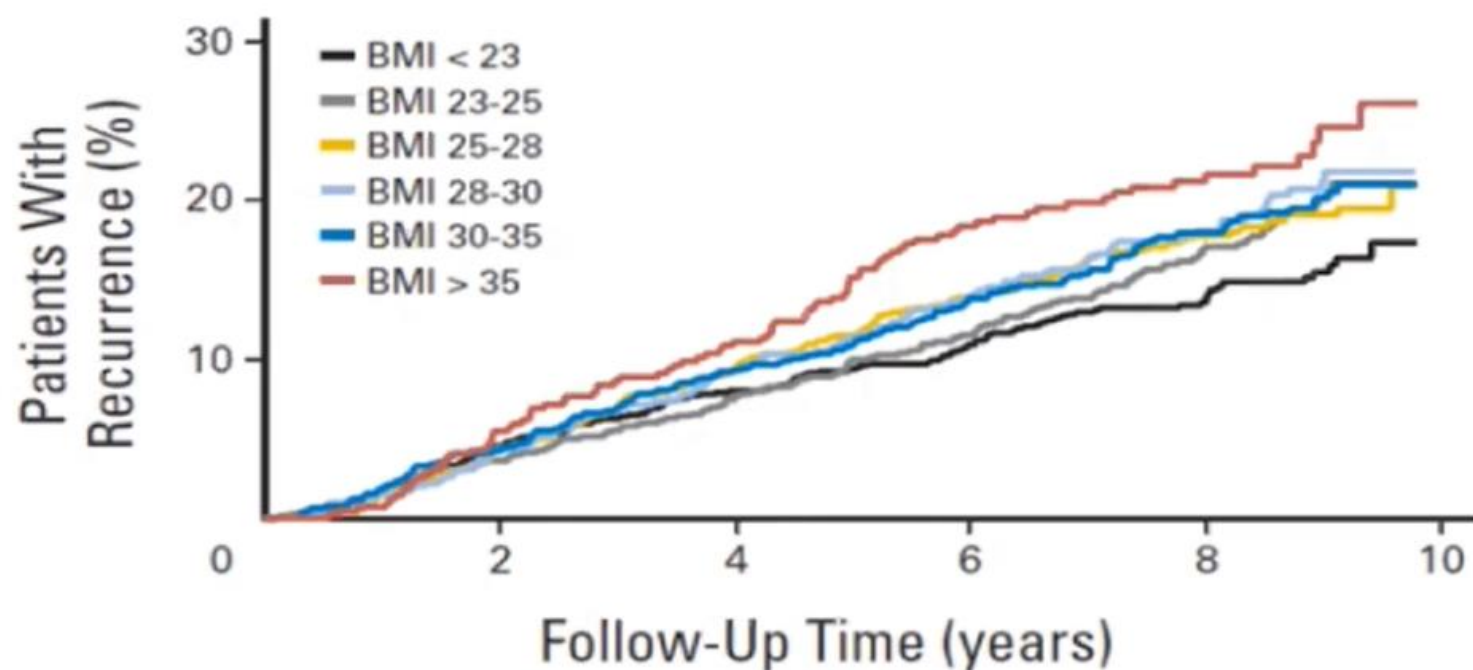


OBESITY AFFECTS EVERY ASPECT OF THE CANCER CONTINUUM










Effect of Body Mass Index on Recurrences in Tamoxifen and Anastrozole Treated Women: An Exploratory Analysis From the ATAC Trial

Ivana Sestak, Wolfgang Distler, John F. Forbes, Mitch Dowsett, Anthony Howell, and Jack Cuzick



Clinical Implications of Body Mass Index in Metastatic Breast Cancer Patients Treated With Abemaciclib and Endocrine Therapy

Maria Alice Franzoi , MD,^{1,*} Daniel Eiger , MD,¹ Lieveke Ameye, MSc,¹ Noam Ponde , MD,² Rafael Caparica , MD,¹ Claudia De Angelis , MD,¹ Mariana Brandão, MD,¹ Christine Desmedt , PhD,³ Serena Di Cosimo, MD,⁴ Nuria Kotecki, MD, PhD,⁶ Matteo Lambertini , MD, PhD,⁵ Ahmad Awada, MD, PhD,⁶ Martine Piccart, MD, PhD,⁶ Evandro de Azambuja, MD, PhD^{1,6}

¹Clinical Trials Support Unit, Institut Jules Bordet, and l'Université Libre de Bruxelles (U.L.B), Brussels, Belgium; ²Oncology Department, AC Camargo Cancer Center, São Paulo, Brazil; ³Laboratory for Translational Breast Cancer Research, Department of Oncology, KU Leuven, Leuven, Belgium; ⁴Fondazione IRCCS Istituto Nazionale dei Tumori di Milano, Milan, Italy; ⁵University of Genova and IRCCS Ospedale Policlinico San Martino, Genova, Italy; and ⁶Oncology Department, Institut Jules Bordet, Brussels, Belgium

*Correspondence to: Maria Alice Franzoi, MD, Institut Jules Bordet: Rue Héger-Bordet 1, 1000, Brussels, Belgium (e-mail: franzoi.alice@gmail.com).

Abstract

Background: There are limited data regarding the impact of body mass index (BMI) on outcomes in advanced breast cancer, especially in patients treated with endocrine therapy (ET) + cyclin-dependent kinase 4/6 inhibitors. **Methods:** A pooled analysis of individual patient-level data from MONARCH 2 and 3 trials was performed. Patients were classified according to baseline BMI into underweight (<18.5 kg/m²), normal (18.5–24.9 kg/m²), overweight (25–29.9 kg/m²), and obese (≥30 kg/m²) and divided into 2 treatment groups: abemaciclib + ET vs placebo + ET. The primary endpoint was progression-free survival (PFS) according to BMI in each treatment group. Secondary endpoints were response rate, adverse events according to BMI, and loss of weight (≥5% from baseline) during treatment. **Results:** This analysis included 1138 patients (757 received abemaciclib + ET and 381 placebo + ET). There was no difference in PFS between BMI categories in either group, although normal-weight patients presented a numerically higher benefit with abemaciclib + ET ($P_{\text{interaction}} = .07$). **Normal and/or underweight patients presented higher overall response rate in the abemaciclib + ET group compared with overweight and/or obese patients (49.4% vs 41.6%, odds ratio = 0.73, 95% confidence interval = 0.54 to 0.99) as well as higher neutropenia frequency (51.0% vs 40.4%, $P = .004$).** Weight loss was more frequent in the abemaciclib + ET group (odds ratio = 3.23, 95% confidence interval = 2.09 to 5.01). **Conclusions:** Adding abemaciclib to ET prolongs PFS regardless of BMI, showing that overweight or obese patients also benefit from this regimen. Our results elicit the possibility of a better effect of abemaciclib in normal and/or underweight patients compared with overweight and/or obese patients. More studies analyzing body composition parameters in patients under treatment with cyclin-dependent kinase 4/6 inhibitors may further clarify this hypothesis.

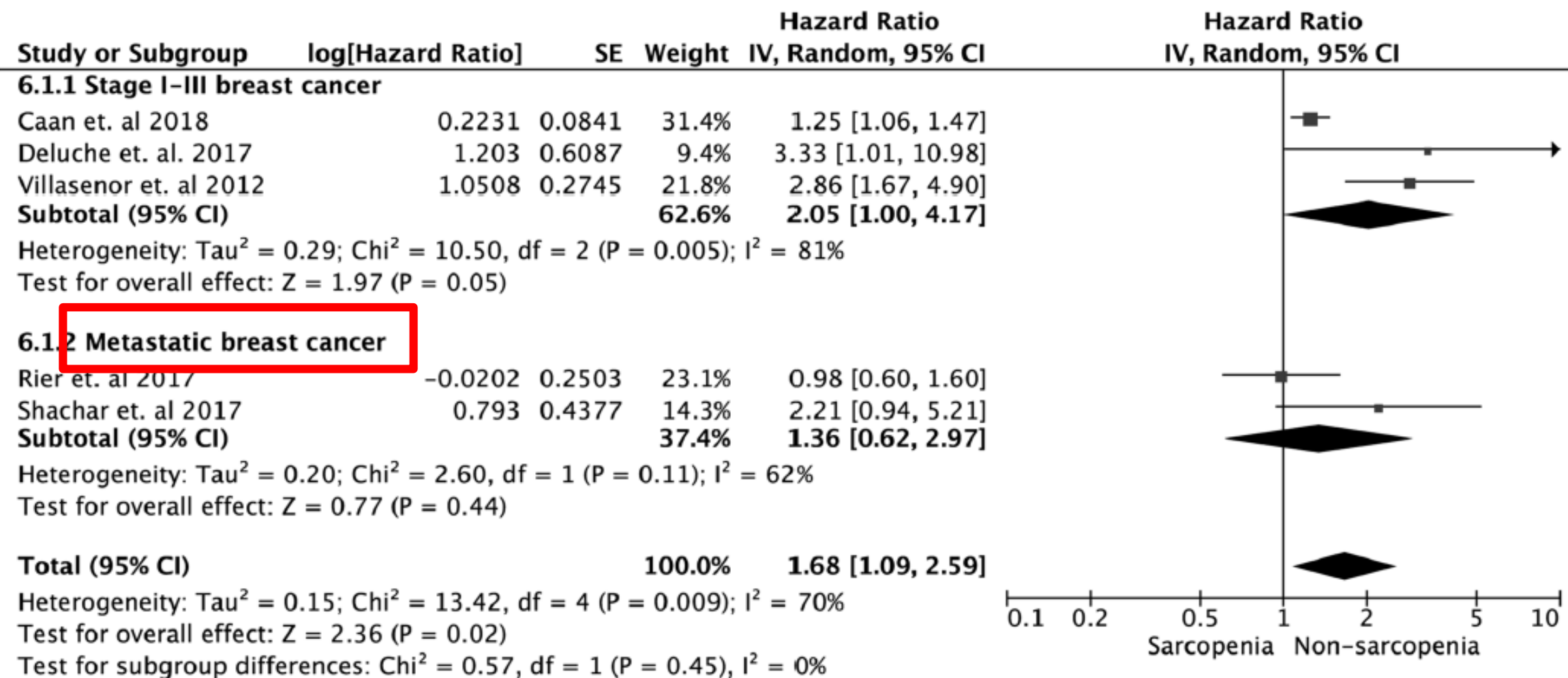


Fig. 2 Sarcopenia and overall survival: Forest plot

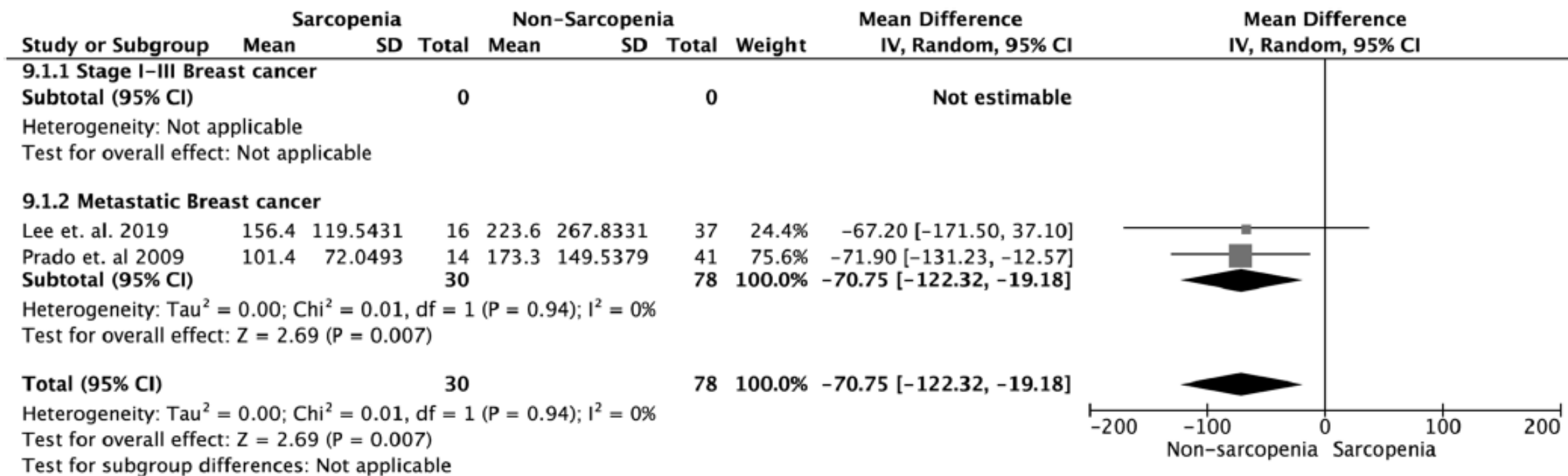
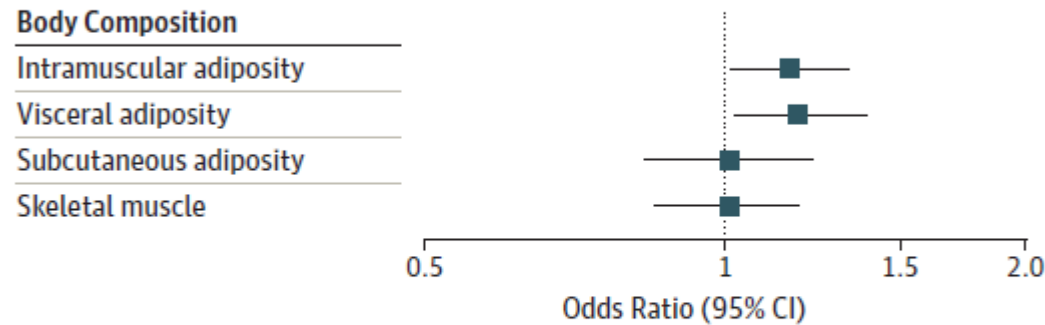


Fig. 4 Sarcopenia and high-grade chemotherapy toxicity. Forest plot

Body Composition, Adherence to Anthracycline and Taxane-Based Chemotherapy, and Survival After Nonmetastatic Breast Cancer

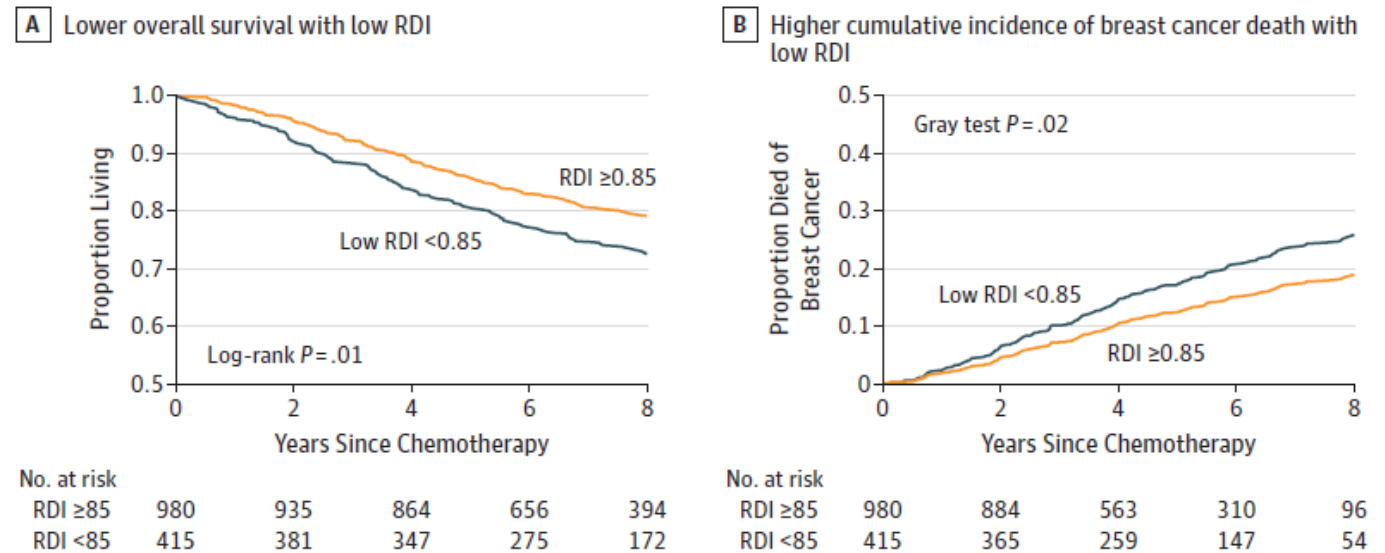
Elizabeth M. Cespedes Feliciano, ScD, SM; Wendy Y. Chen, MD; Valerie Lee, MHS; Kathleen B. Albers, MPH; Carla M. Prado, PhD, RD; Stacey Alexeeff, PhD; Jingjie Xiao, PhD; Shlomit S. Shachar, MD; Bette J. Caan, DrPH

Figure 2. Risk of Low Relative Dose Intensity of Anthracycline and Taxane-Based Chemotherapy by SD of Body Composition Exposures



Odds ratios are per SD exposure from logistic regression models adjusted for age at diagnosis and initial dosing body surface area. Greater intramuscular and visceral adiposity are associated with a higher risk of low relative dose intensity less than 0.85.

Figure 3. Overall Survival and Cumulative Incidence of Breast Cancer Death by Relative Dose Intensity (RDI) on Anthracycline and Taxane-Based Chemotherapy



The effect of physical exercise on anticancer immunity

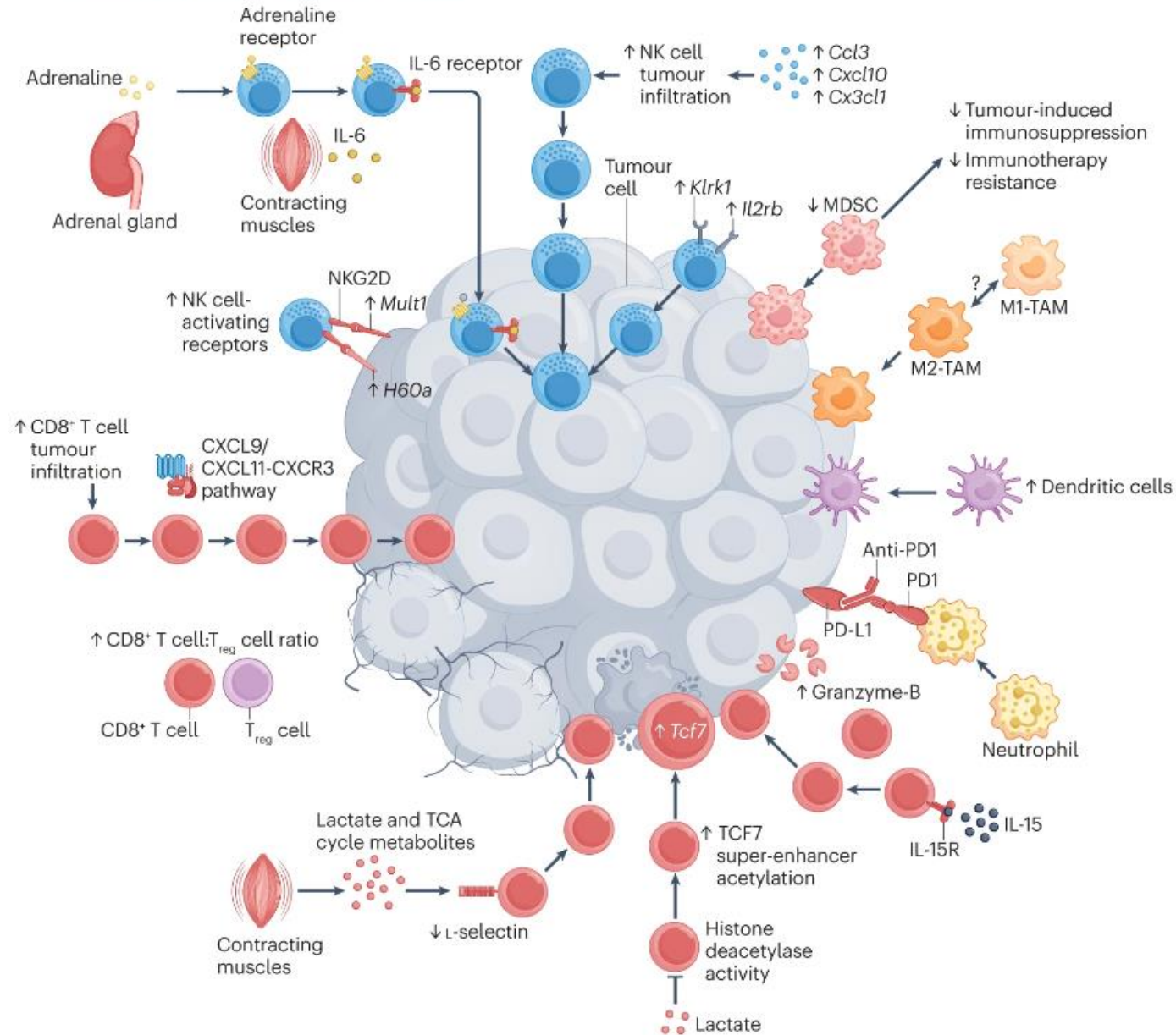
[Carmen Fiuza-Luces](#) , [Pedro L. Valenzuela](#), [Beatriz G. Gálvez](#), [Manuel Ramírez](#), [Alejandro López-Soto](#) ,
[Richard J. Simpson](#) & [Alejandro Lucia](#) 

Conclusion

There is biological evidence for an immune-stimulating effect of regular physical activity or exercise, notably, by stimulating immune cell mobilization (and, at least potentially, homing into tumours) in the few hours after each acute bout of exercise. As opposed to immunotherapeutic approaches, the beneficial immune effects of exercise are not accompanied by detrimental side effects, and carefully adapting exercise programmes to the individual characteristics of each patient can have a positive impact on health status, even in those with advanced-stage cancer¹⁴². These observations support the recommendation of

Fig. 3: Regular exercise has the potential to 'heat' tumours.

From: [The effect of physical exercise on anticancer immunity](#)



REVIEW

Physical activity, risk of death and recurrence in breast cancer survivors: A systematic review and meta-analysis of epidemiological studies

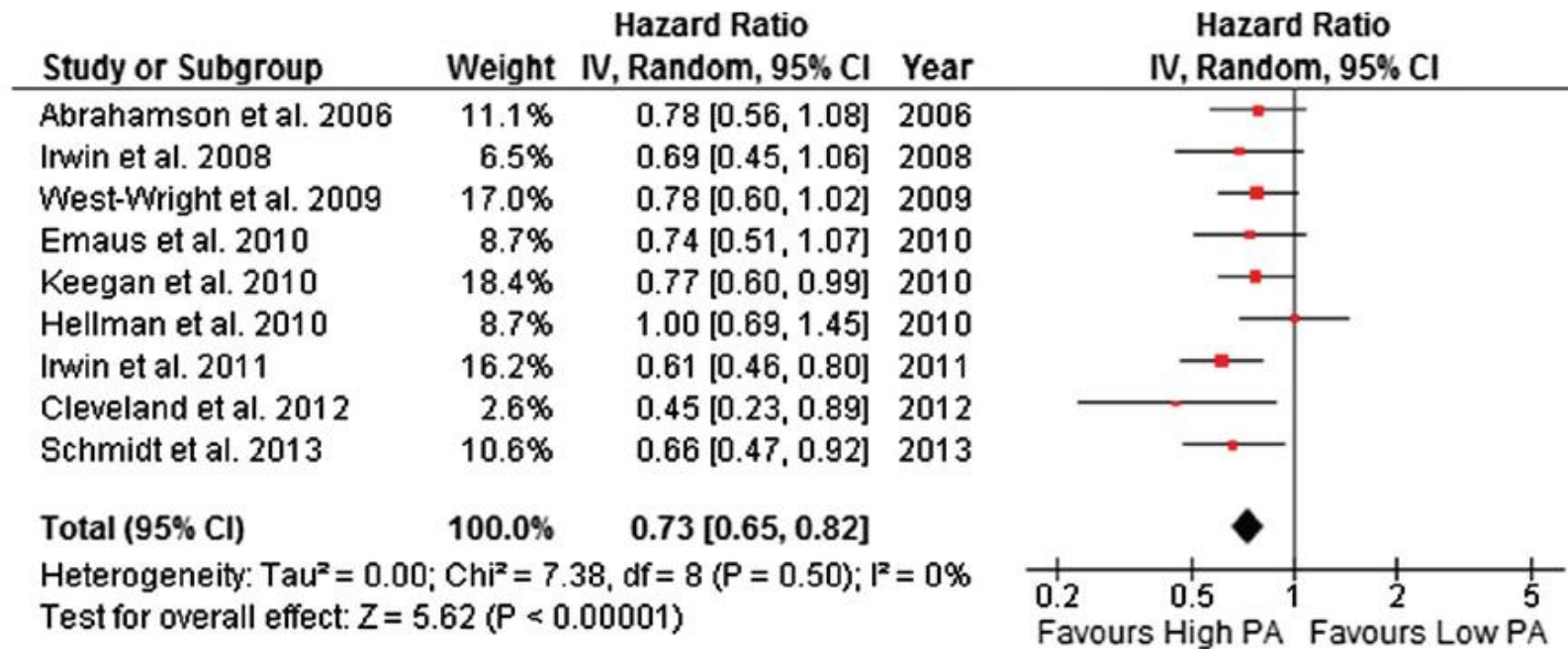


Figure 6. Forest plot with random effects overall hazard ratio for association between recent pre-diagnosis recreational physical activity (highest vs. lowest physical activity categories) and all-cause death in breast cancer survivors.

ASCO SPECIAL ARTICLES

Exercise, Diet, and Weight Management During Cancer Treatment: ASCO Guideline

 Check for updates

[Jennifer A. Ligibel](#) , MD¹; [Kari Bohlke](#) , ScD²; [Anne M. May](#) , PhD³; [Steven K. Clinton](#) , MD, PhD⁴; [Wendy Demark-Wahnefried](#) , PhD, RD⁵; [Susan C. Gilchrist](#), MD, MS⁶; ...

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*J.A.L. and C.M.A. were expert panel cochairs.

[Abstract](#) [Full Text](#) [PDF](#) [Figures and Tables](#) [Supplements](#)

ABSTRACT

Choose 

RECOMMENDATIONS

Oncology providers should recommend regular aerobic and resistance exercise during active treatment with curative intent and may recommend preoperative exercise for patients undergoing surgery for lung cancer. Neutropenic diets are not recommended to prevent infection in patients with cancer during active

The evidence base consisted of 52 systematic reviews (42 for exercise, nine for diet, and one for weight management), and an additional 23 randomized controlled trials. The most commonly studied types of cancer were breast, prostate, lung, and colorectal. Exercise during cancer treatment led to improvements in cardiorespiratory fitness, strength, fatigue, and other patient-reported outcomes. Preoperative exercise in patients with lung cancer led to a reduction in postoperative length of hospital stay and complications. Neutropenic diets did not decrease risk of infection during cancer treatment.

RECOMMENDATIONS

Oncology providers should recommend regular aerobic and resistance exercise during active treatment with curative intent and may recommend preoperative exercise for patients undergoing surgery for lung cancer. Neutropenic diets are not recommended to prevent infection in patients with cancer during active

ESMO > Guidelines > Breast Cancer

CLINICAL PRACTICE GUIDELINES – EARLY BREAST CANCER

Breast Cancer

Early Breast Cancer: ESMO Clinical Practice Guidelines

Published in 2019 – Ann Oncol (2019); 30: 1194-1220.

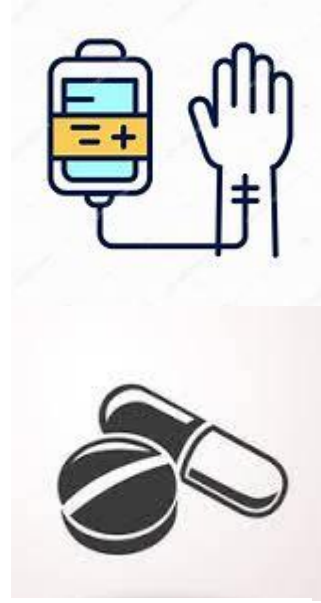
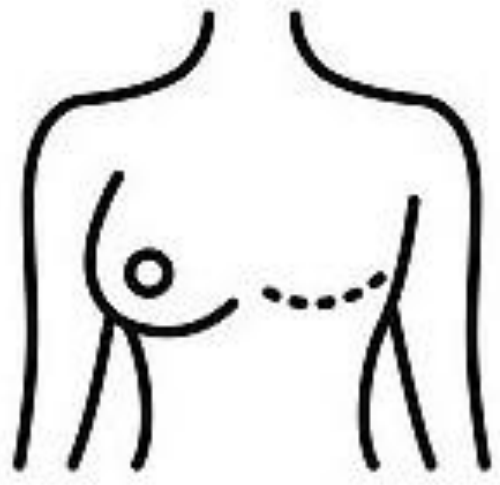
Authors: *F. Cardoso, S. Kyriakides, S. Ohno, F. Penault-Llorca, P. Poortmans, I. T. Rubio, S. Zackrisson and E. Senkus*

Patients should be encouraged towards adopting a healthy lifestyle, including diet modification and exercise [II, A].

SPECIAL ARTICLE



5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5)[☆]

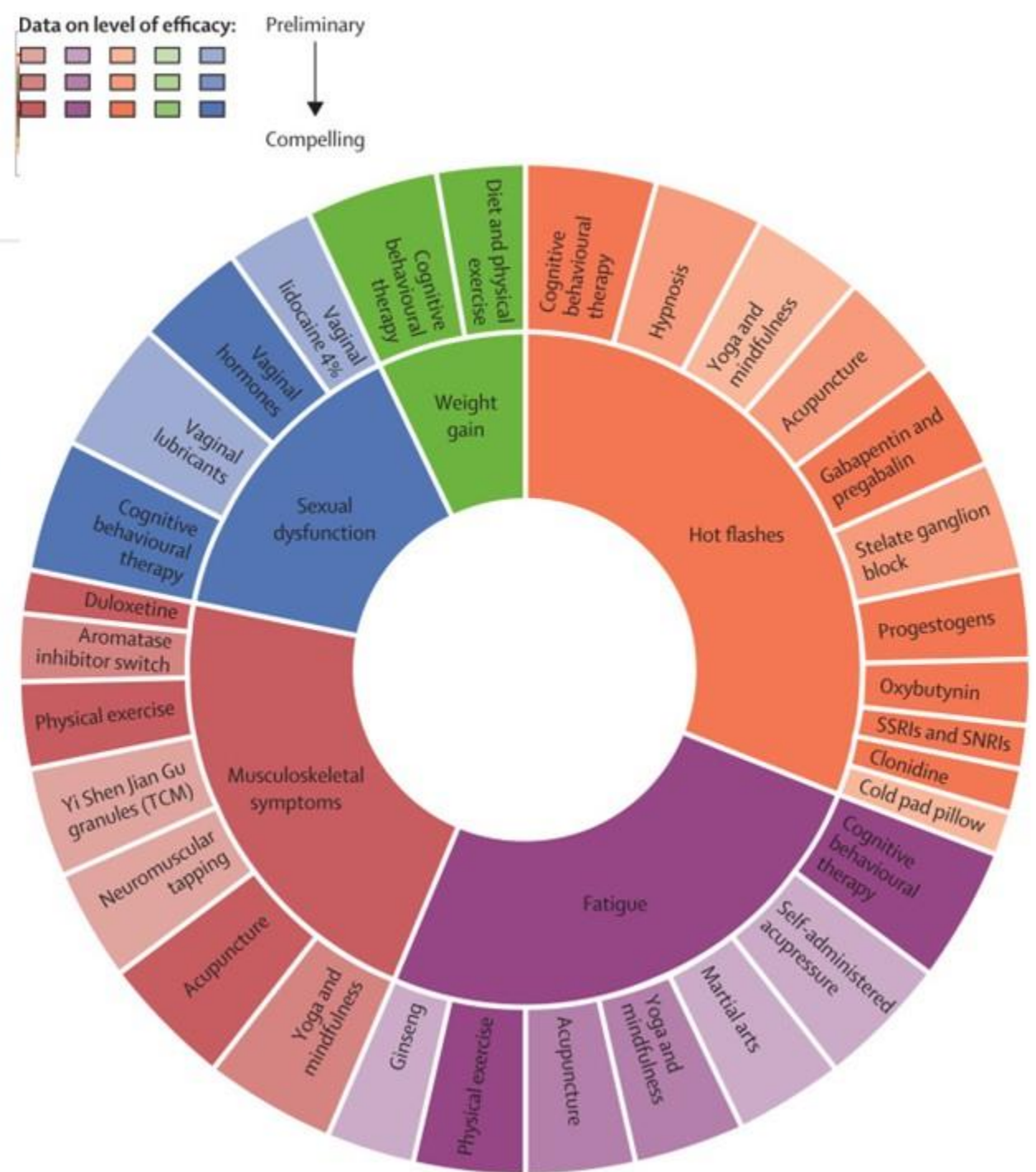
F. Cardoso^{1*}, S. Paluch-Shimon², E. Senkus³, G. Curigliano⁴, M. S. Aapro⁵, F. André⁶, C. H. Barrios⁷, J. Bergh⁸, G. S. Bhattacharyya⁹, L. Biganzoli¹⁰, F. Boyle¹¹, M.-J. Cardoso^{1,12}, L. A. Carey¹³, J. Cortés^{14,15}, N. S. El Saghir¹⁶, M. Elzayat¹⁷, A. Eniu¹⁸, L. Fallowfield¹⁹, P. A. Francis²⁰, K. Gelmon²¹, J. Gligorov²², R. Haidinger²³, N. Harbeck²⁴, X. Hu²⁵, B. Kaufman²⁶, R. Kaur²⁷, B. E. Kiely²⁸, S.-B. Kim²⁹, N. U. Lin³⁰, S. A. Mertz³¹, S. Neciosup³², B. V. Offersen³³, S. Ohno³⁴, O. Pagani³⁵, A. Prat^{36,37,38}, F. Penault-Llorca^{39,40}, H. S. Rugo⁴¹, G. W. Sledge⁴², C. Thomssen⁴³, D. A. Vorobiof⁴⁴, T. Wiseman⁴⁵, B. Xu⁴⁶, L. Norton⁴⁷, A. Costa^{48,49} & E. P. Winer³⁰



Review

Evidence-based approaches for the management of side-effects of adjuvant endocrine therapy in patients with breast cancer

[Maria Alice Franzoi MD^a](#), [Elisa Agostinetti MD^{a b}](#), [Marta Perachino MD^{c d}](#),
[Lucia Del Mastro MD^{d e}](#), [Evandro de Azambuja MD^a](#), [Ines Vaz-Luis MD^f](#),
[Prof Ann H Partridge MD^g](#), [Matteo Lambertini MD^{c d}](#)  



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ASCO SPECIAL ARTICLES

Integrative Medicine for Pain Management in Oncology: Society for Integrative Oncology-ASCO Guideline

OI



TABLE 3. Summary of Recommendations

Integrative Intervention	Type of Recommendation	Quality of Evidence	Level of Obligation	Benefit/Harm	Strength of Recommendation
AI-related joint muscle pain					
Acupuncture/acupuncture	Evidence based	Intermediate	Should	Benefit outweighs harm	Moderate
Breathing exercises Hatha and restorative yoga postures Meditation	Evidence based	Low	May	Benefit outweighs harm	Weak
General cancer pain/musculoskeletal pain					
Acupuncture/acupuncture	Evidence based	Intermediate	May	Benefit outweighs harm	Moderate
Reflexology	Evidence based	Intermediate	May	Benefit outweighs harm	Moderate
Massage	Evidence based	Low	May	Benefit outweighs harms	Moderate
Yoga	Evidence based	Low	May	Benefit outweighs harm	Weak
Guided imagery + PMR	Evidence based	Low	May	Not assessable	Weak
CIPN					
Acupuncture/acupuncture	Evidence based/informal consensus	Low	May	Not assessable	Weak
Reflexology	Evidence based	Low	May	Benefit outweighs harm	Weak
Procedural pain					
Hypnosis	Evidence based	Intermediate	May	Benefit outweighs harm	Moderate
Surgical pain					
Acupuncture/acupuncture	Evidence based/informal consensus	Low	May	Benefit outweighs harm	Weak
Music therapy	Evidenced based	Low	May	Benefit outweighs harm	Weak
Pain during palliative care					
Massage	Evidence based	Intermediate	May	Benefit outweighs harms	Moderate

Abbreviations: AI, aromatase inhibitor; CIPN, chemotherapy-induced peripheral neuropathy; PMR, progressive muscle relaxation.

Introduction: Complementary and Alternative Medicine (CAM) in range of products (herbs, vitamins, minerals, and probiotics) and medicine developed outside of the mainstream Western medicine. Patients will more likely to resort to CAM first or then in their disease history; the potential side effects as well as the costs of such practices are largely underestimated.

Patients and method: We conducted a descriptive survey in five Italian hospitals involving 468 patients with different malignancies. The survey consisted of a forty-two question questionnaire, patients were eligible if they were Italian-speaking and receiving an anticancer treatment at the time of the survey or had received an anticancer treatment no more than three years before participating in the survey.

Results: Of our patients, 48.9% said they use or have recently used CAM. The

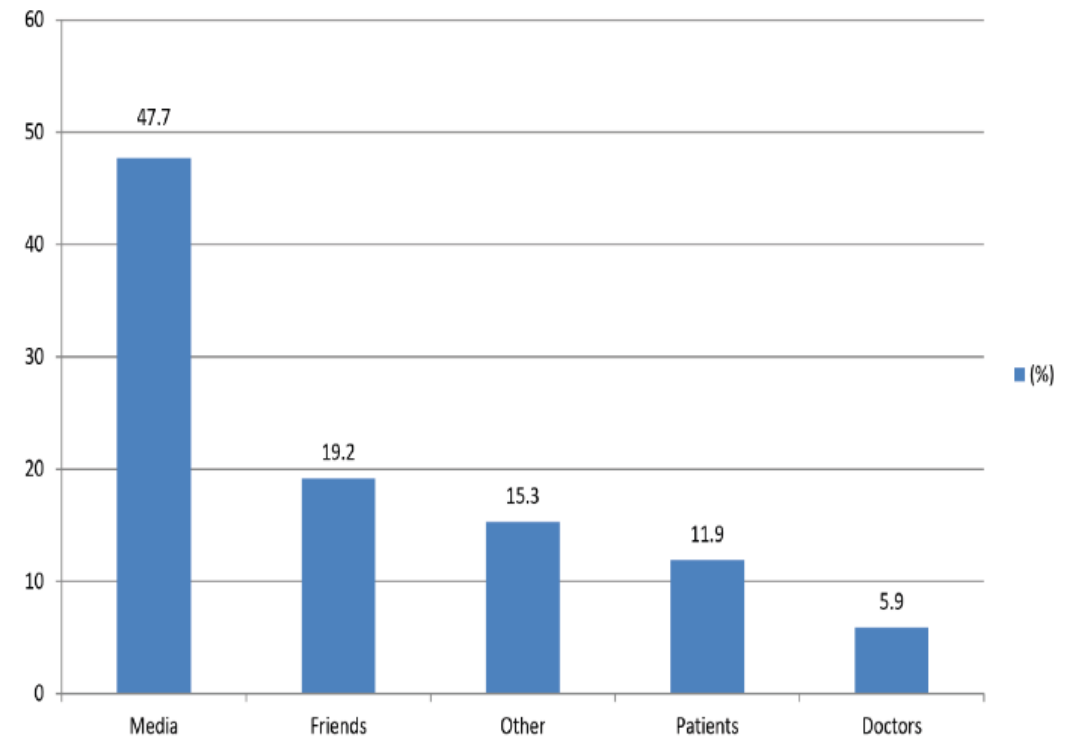


Figure 1: Source of knowledge about CAM.

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AMERICAN SOCIETY OF CLINICAL ONCOLOGY

NATIONAL CANCER OPINION SURVEY

2018 KEY FINDINGS



4,887
U.S. adults

20%^{*}
have / had cancer

Alternative Medicine: Widespread Misconceptions

ASCO

AMERICAN SOCIETY OF CLINICAL ONCOLOGY

NATIONAL CANCER OPINION SURVEY 2018 KEY FINDINGS

Nationally
representative
survey

4,887
U.S. adults

20%*
have / had cancer

Alternative Medicine: Widespread Misconceptions



A surprising number of Americans believe that cancer can be cured solely through alternative therapies

Nearly 4 in 10 Americans



38% of caregivers to cancer patients

22% of people who have/had cancer

Younger people are most likely to hold this view

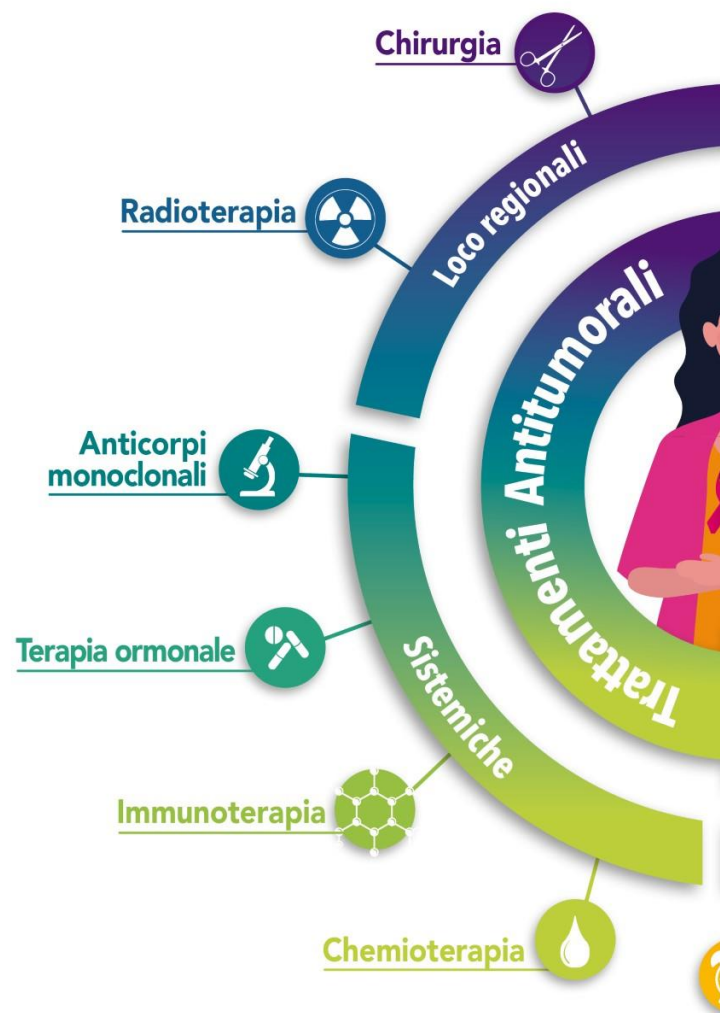


of people ages 18-37

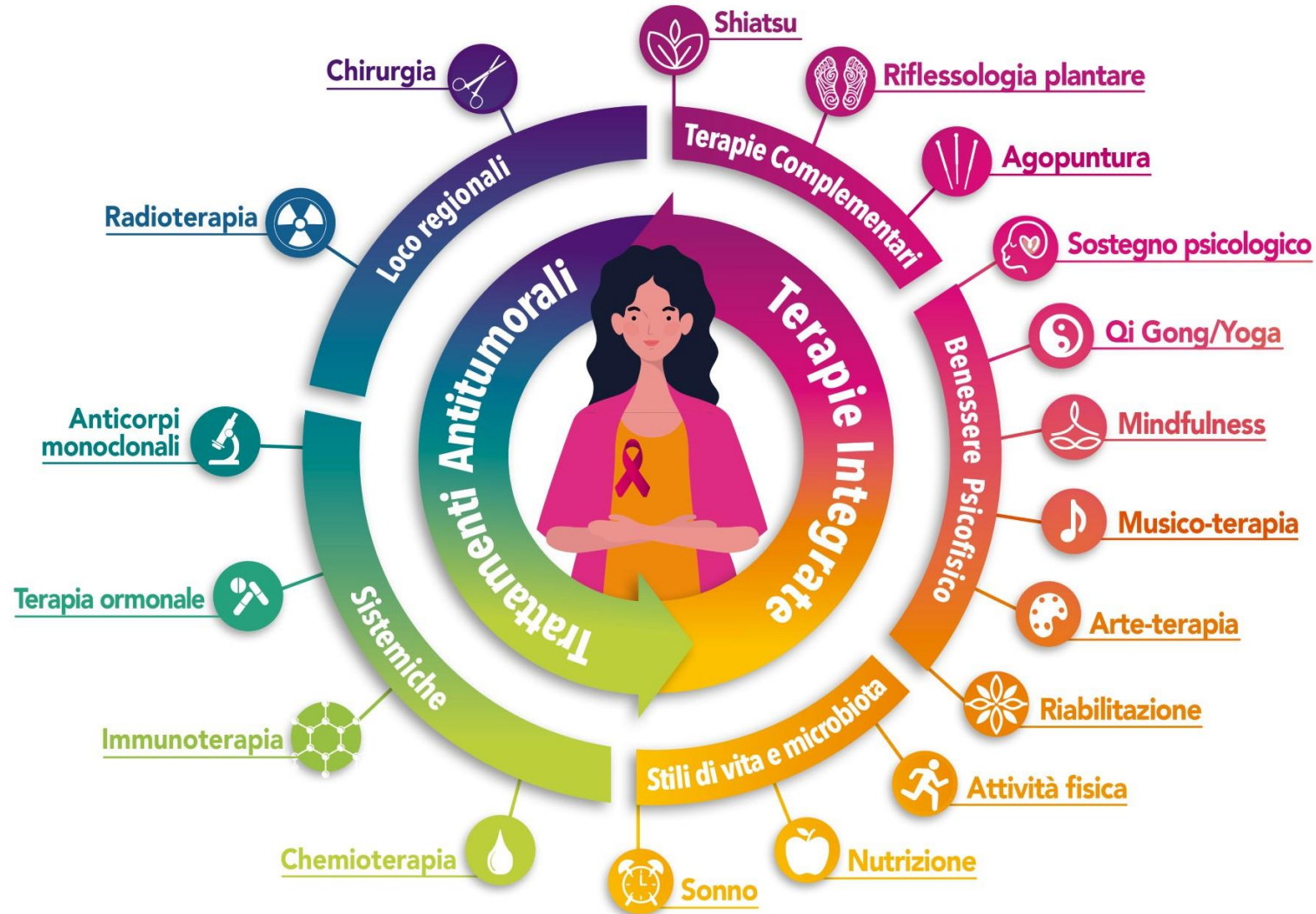


of people ages 72+

Oncologia integrata



Oncologia integrata



Section XIII. Integrative medicine		
Guideline statement	LoE/GoR	Consensus
Alternative therapies (i.e. therapies used instead of scientifically-based medicines) are <u>not recommended</u> in any phase or stage of cancer treatment.	n/a/E	100%
Breast cancer centres/units/departments should be aware that the majority of their patients would like to be informed about CIM and that many of them are using it. Physicians should actively ask for information about its use in view of the potential deleterious interactions with specific anticancer therapies. If complementary therapies are not available at the centre, certified contacts should be available to promote referral to practitioners qualified in the therapies people are interested in receiving.	Expert opinion/C	100%
Some complementary therapies have the potential to reduce disease symptom burden and/or side-effects of anticancer therapies, and therefore improve the QoL of ABC patients.	Expert opinion/C	100%
Evidence suggests <u>beneficial effects</u> of the following methods, which can therefore be used: <ul style="list-style-type: none"> • Physical exercise/sport (equivalent to 3-5 hours of moderate walking per week) improves QoL, cardiorespiratory fitness, physical performance and fatigue, and it may also improve DFS and OS. • MBSR programmes, hypnosis and yoga may improve QoL and fatigue, and help reduce anxiety, distress and some side-effects of anticancer therapies. • Acupuncture may help against ChT-induced nausea and vomiting, fatigue and hot flushes. 	I/B	100%

Methods with no or unfavourable effects

II/E

100%

The following methods of alternative medicine are not recommended in ABC since available evidence shows no effect at best, or even association with worse outcome:

- Antioxidant supplements
- Drugs outside the approved indication (e.g. methadone)
- Herbs including Chinese herbal medicine
- Orthomolecular substances (selenium, zinc, etc.)
- Oxygen and ozone therapy
- Proteolytic enzymes, thymic peptides
- Phytoestrogens (soy food, isoflavones)



SPECIAL ARTICLE

5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5)[☆]

Integrative Therapies During and After Breast Cancer Treatment: ASCO Endorsement of the SIO Clinical Practice Guideline

Gary H. Lyman, Heather Greenlee, Kari Bohlke, Ting Bao, Angela M. DeMichele, Gary E. Deng, Judith M. Fouladbakhsh, Brigitte Gil, Dawn L. Hershman, Sami Mansfield, Dawn M. Mussallem, Karen M. Mustian, Erin Price, Susan Rafté, and Lorenzo Cohen

Results

The ASCO Expert Panel determined that the recommendations in the SIO guideline—published in 2017—are clear, thorough, and based on the most relevant scientific evidence. ASCO endorsed the guideline with a few added discussion points.

Recommendations

Key recommendations include the following: Music therapy, meditation, stress management, and yoga are recommended for anxiety/stress reduction. Meditation, relaxation, yoga, massage, and music therapy are recommended for depression/mood disorders. Meditation and yoga are recommended to improve quality of life. Acupressure and acupuncture are recommended for reducing chemotherapy-induced nausea and vomiting. Acetyl-L-carnitine is not recommended to prevent chemotherapy-induced peripheral neuropathy because of a possibility of harm. No strong evidence supports the use of ingested dietary supplements to manage breast cancer treatment-related adverse effects. Additional information is available at: www.asco.org/supportive-care-guidelines.

20 anni di terapie oncologiche integrate



2019



CENTER FOR
INTEGRATIVE
ONCOLOGY



2014

Breast Unit



Servizio di Terapie
Integrate

Nutrizione
Qigong
Fitoterapia
Mindfulness
Arte terapia
Musico terapia

2008

Agopuntura
Riflessologia
Fisioterapia



2004

Psiconcologia

FASI DEL PERCORSO INTEGRATO

PREABILITAZIONE



RIABILITAZIONE



TERAPIE ADIUVANTI



FOLLOW UP & METASTATICHE



FASI DEL PERCORSO INTEGRATO

PREABILITAZIONE



RIABILITAZIONE

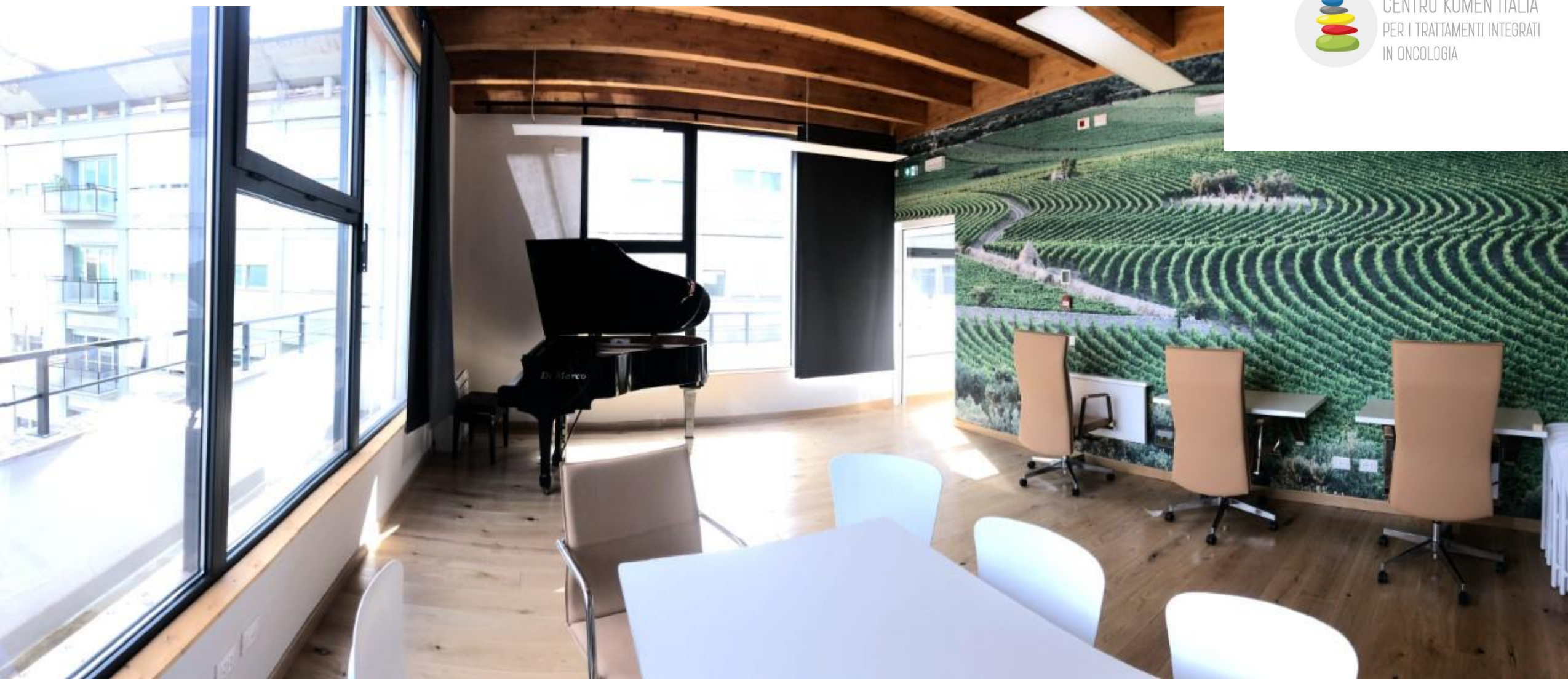


TERAPIE ADIUVANTI



FOLLOW UP & METASTATICHE





CENTRO KOMEN ITALIA
PER I TRATTAMENTI INTEGRATI
IN ONCOLOGIA

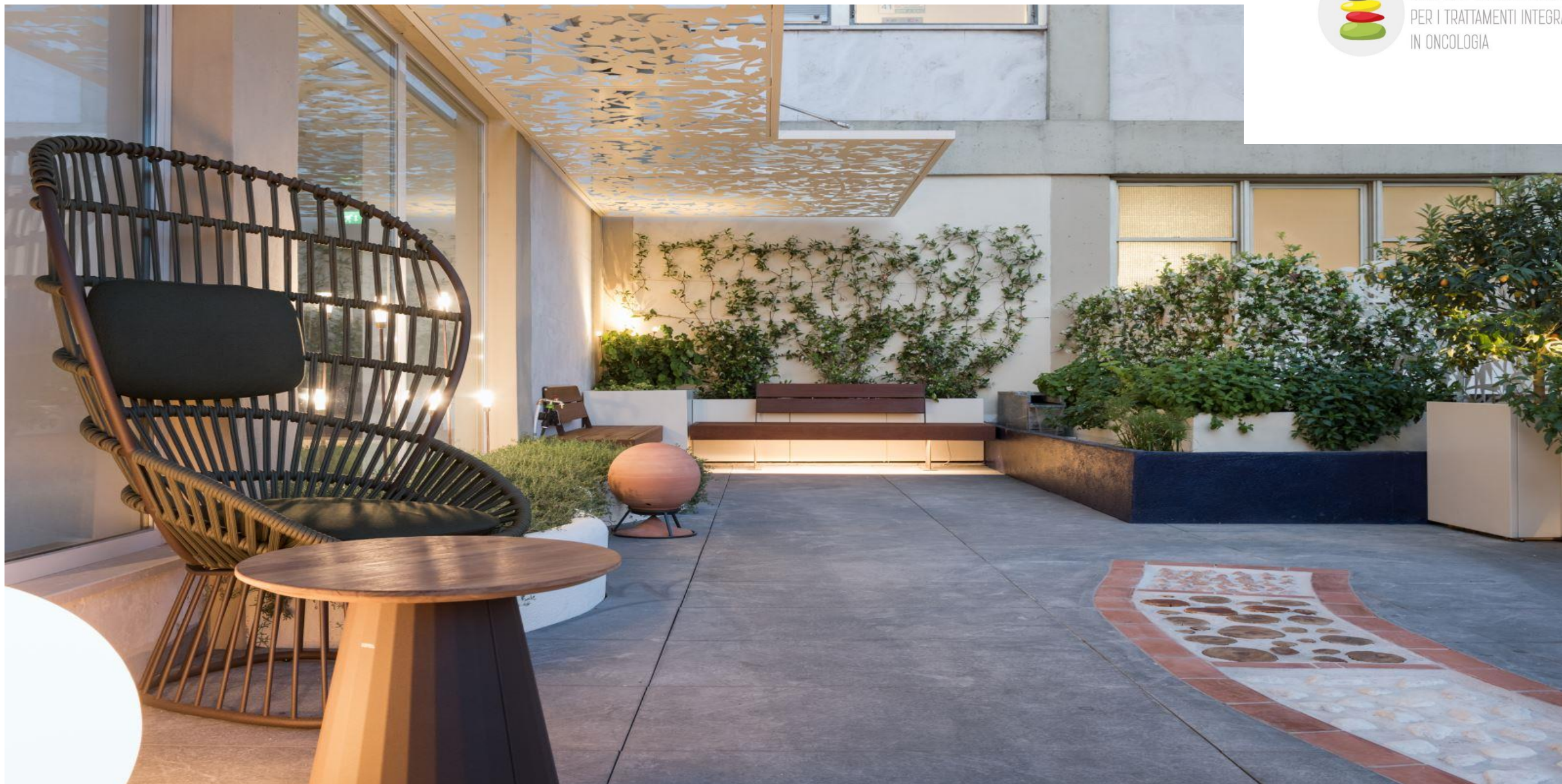


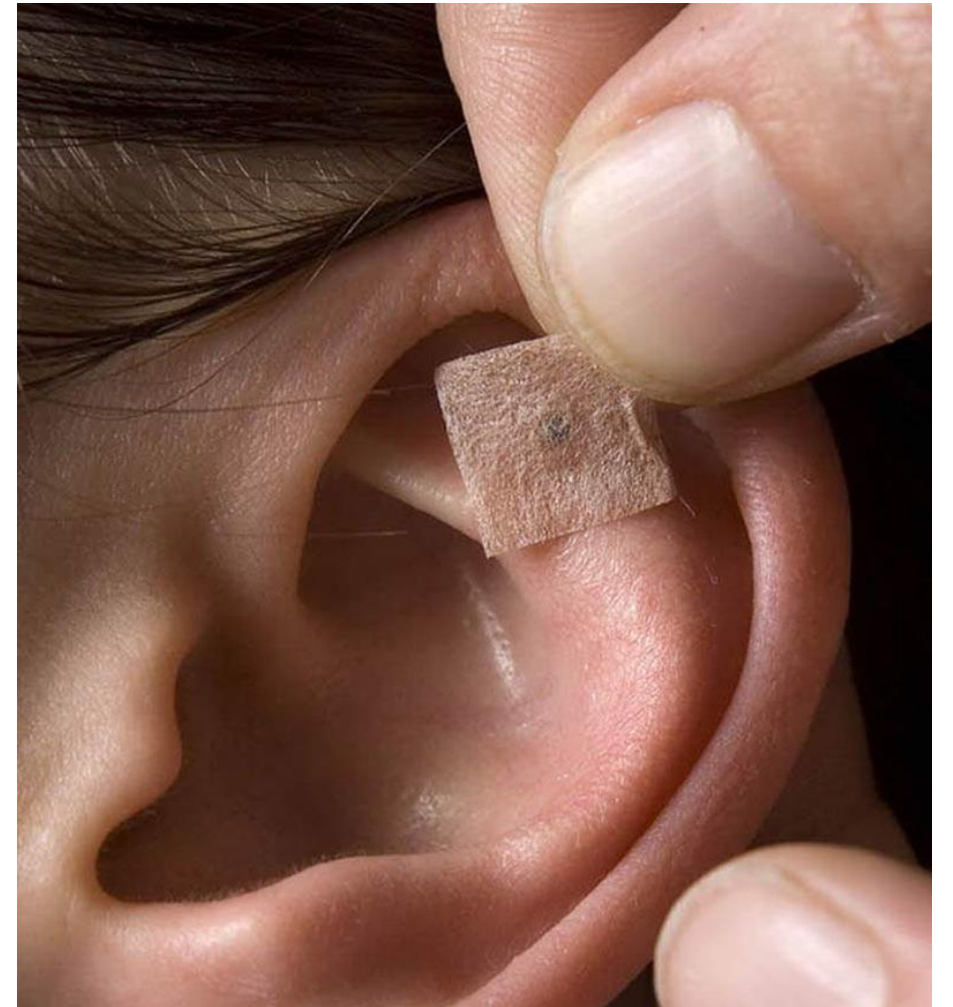
CENTRO KOMEN ITALIA
PER I TRATTAMENTI INTEGRATI
IN ONCOLOGIA





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META DINAMICHE

P E R c o r s i d i b e n E S S E R E





Terapie integrate nelle patologie oncologiche femminili



Per una sempre più efficace integrazione tra trattamenti oncologici specialistici e cure complementari

Questo Master vuole fornire agli operatori sanitari un'aggiornata formazione teorica e pratica nelle terapie integrate in Oncologia al fine di:

- ✓ potenziare i trattamenti standard attraverso risorse terapeutiche validate (Es: Agopuntura, Fitoterapia, Nutraceutica)
- ✓ favorire una migliore gestione, anche emotiva, della patologia, attraverso un percorso di cura più personalizzato
- ✓ alleviare gli effetti collaterali e favorire un pieno recupero del benessere psico-fisico della paziente durante e dopo le cure
- ✓ rimodulare lo stile di vita per una migliore prevenzione primaria e terziaria
- ✓ fornire le basi per una moderna, efficace ed empatica comunicazione tra operatore sanitario e paziente oncologico

Il Master è rivolto a laureati in Medicina e chirurgia, Farmacia, Scienze Biologiche, Scienze della nutrizione umana, Biotecnologie, Scienze infermieristiche.



RACE FOR THE CURE





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Gemelli



terapie.integrate@policlinicogemelli.it
06 3015 7077

Fondazione Policlinico Universitario A. Gemelli
Università Cattolica del Sacro Cuore



stemagno74