Background
Cancer Survival in Italy has increased significantly over the past twenty years, as evidenced by new data from the Italian Cancer Registries demonstrating that the 5-year survival rate has risen to 45.7% in men and 57.5% in women. Such increasing survival rates are in line with improvements in the European average, but still lag behind the United States, where values of more than 67% for men and women are seen for all cancers combined. These data show an increase of about 15% since 1985 for the 5-year survival rate, while 10-year survival rates have improved by approximately 6% over the same period of time. Prevalence estimates indicate more than 11 million Americans (3.3% of the total population) are living with a history of cancer, and they are growing and increasingly vocal population. In Italy, the population of Cancer Survivors is more than 1.7 million, which corresponds to roughly 2.5% of the whole population. Furthermore, it’s estimated that by the year 2010, this number will be approximately 1.95 million (3.3% of the population). For Italian region of Puglia, there are an estimated 70-80,000 long-term (>5-years) cancer survivors.

Improvement in survival is due to the increased availability of efficacious therapies and to the diffusion of screening programs. Most cancer therapies may result in adverse effects and while many of the symptoms are transitory, others can become chronic or persistent and may result in clinical impact that can range from being moderately annoying to life threatening. For these reasons, Cancer Survivors often have medical, psychosocial, emotional, cognitive, physical, spiritual and economic sequelae that complicate their lives.

The terms late effects and long-term effects can be used to distinguish health effects according to their onset. The late effects of cancer and its therapies refer to toxicities that are either absent at the end of cancer treatment (or present at sub-clinical, undetected levels) but that manifest later because of these following factors: developmental processes, failure of compensatory mechanisms with the passage of time or with the premature organs and systems aging. They can present in survivors who are otherwise healthy months or even years after the completion of cancer therapies. In contrast to late effects, long-term effects, otherwise known as long-term sequelae or persistent effects, refer to side effects or complications of therapies that are already present during the treatment and continue beyond the end of treatment. Information on long-term and late effects is limited but it is generally recognized that they are more common among patients who have received complex cancer strategies that often include combined therapies such as surgery, chemotherapy, loco-regional therapies, radiotherapy and hormonal therapies. While solid prevalence data is lacking, it estimated that late effects and long-term sequelae of cancer and its therapies are present in about 75% of long-term survivors. Despite such high estimated prevalence, still now, there are low clinical evidences to sustain the requirement of a rehabilitation program for long-term survivors.

Italy and Europe lack knowledge and epidemiological data about the incidence of Pain, Fatigue, Major Depression, and Other Symptoms in Cancer Survivors. Reports and data regarding the occurrence and onset of pain related to cancer trajectory, stage and treatments are poor and insufficient, but also regarding the presence of possible comorbidities, the unpredictability of symptoms and the main clinical features of pain. No Italian study has been conducted with cancer patients and survivors about the psychosocial impact of both Post-Cancer Pain and Suffering, the occurrence and physiopathology of Fatigue, the distress derived from accepting, and tolerance for
these effects of cancer and its treatments.

**Purposes**

The main purposes of this 2nd Study Day about Cancer Survivorship are:

- to collect preliminary data and information about Pain, Fatigue, Major Depression, and Other Symptoms in Cancer Survivors;
- to deepen participants understanding of the clinical characteristics and influence of these Symptoms on the Quality of Life of these Persons cured of cancer but still dealing with long-term and late effects of cancer and its therapies.

**Target**

The CME Course is addressed to Medical Doctors, Psychologists and Nurses, for improving the knowledge about the issues of Cancer Survivorship.

The American and Italian Chairmen and Speakers of this Study Day will present data and reports from the studies done in this field, particularly in the USA since the seventies, about Medical and Psychosocial Concerns and QoL, offering to the attendees a deeper understanding and appreciation for these aspects of Cancer Survivorship. Both the presentations and the discussion conducted by the Chairmen and Discussants will offer new perspectives and describe emerging approaches to meet Cancer Survivors needs and help them manage cancer related sequelae.

**Program**

**October 1st**

**QUALITY OF LIFE BEYOND CANCER**

**Afternoon Session**

*Opening remarks* Vittorio Mattioli

*Chairman:* Charles S. Cleeland  
*Discussants:* Tommaso Fiore, Ferruccio De Natale

1) **The moral certainties** Carmelo Vigna
2) **Highlights and shades** Raffaella De Franco
3) **Investigation Areas and Tools** Riccardo Capocaccia
4) **QoL as working tool of Voluntary Advocacy in Oncology** Francesco De Lorenzo

**Discussion**

5) **Lecture: QoL in Cancer Survivors: Results of the ACS Nationwide Survivorship Survey** Kevin Stein

**October 2nd**

**PAIN, FATIGUE AND OTHER CONCERNS IN CANCER SURVIVORS**

**Morning Session**

*Chairman:* Kevin Stein  
*Discussants:* Angelo Paradiso, Giuseppe Colucci

1) **Cancer Survival and Italian Tumors Registers** Andrea Micheli
2) **Follow up in Cancer Longsurvivors** Francesco Giotta
3) **Relationship between Major Depression and gene 5HTT in Cancer Survivors** Riccardo Torta
4) **Cognitive sequaele in Cancer Survivors: assessment and tools** Claudia Cormio
5) **Cardiovascular diseases cancer and treatments related** Stefano Oliva

**Discussion**

6) **Lecture: Fatigue in Cancer Survivors** Xin Shelley Wang

**Afternoon Session**

*Chairman:* Xin Shelley Wang  
*Discussants:* Francesco Bruno, Francesco Paoletti

1) **Chronic Pain in Cancer Survivors: Post-Cancer Pain, a new frontier** Vittorio Mattioli
2) **Study Project ACD-SIAARTI on Post-Cancer Pain** Amedeo Costantini
3) **Nutritional management of Cancer Longsurvivors** Maurizio Muscaritoli
4) **Life Beyond Cancer: which paradigm shift in Nursing?** Antonia Di Lella/Grazia Bradascio
5) **Italian Project PIO7: earlier reports from NCI of Bari** Rosanna Montanaro/Francesca Romito

**Discussion**

6) **Lecture: The Future of Symptom Research** Charles S. Cleeland

*Closing remarks* Raffaella De Franco
FACULTY

Amedeo Costantini  
Director, Center of Pain Physiopathology & Medicine, and Palliative Care. SS. Annunziata Hospital, Chieti. Italy

Andrea Micheli  
Director, Descriptive Epidemiology and Health Planning Unit. NCI IRCCS Foundation, Milan. Italy

Angelo Paradiso  
Scientific Director, NCI IRCCS “G. Paolo II”, Bari. Italy

Antonia Di Lella  
Department of Critical Area and Surgery, NCI IRCCS “G. Paolo II”, Bari. Italy

Carmelo Vigna  
Full Professor, Chair of Moral Philosophy, Ca Foscari University, Venice. Italy

Charles S. Cleeland  
Director, Department of Symptom Research, University of Texas M. D. Anderson Cancer Center, Houston. USA

Claudia Cermio  
Psychooncolgy Unit. Dpt. of Critical Area and Surgery, NCI IRCCS “G. Paolo II”, Bari. Italy

Ferruccio De Natale  
Director of Department of Philosophical Sciences, Bari University. Italy

Francesca Romito  
Psychooncolgy Unit. Dpt. of Critical Area and Surgery, NCI IRCCS “G. Paolo II”, Bari. Italy

Francesco Bruno  
Director, Institute Anesthesiology and Reanimation, Bari University. Italy

Francesco De Lorenzo  
National President, Italian Federation of Voluntary Organizations in Oncology, Rome. Italy

Francesco Giotta  
Department of Medical Oncology, NCI IRCCS “G. Paolo II”, Bari. Italy

Francesco Paoletti  
Director, O. U. Anesthesia, Reanimation and Pain Medicine.. A.O. S.Maria Misericordia Perugia. Italy

Giuseppe Colucci  
Director, Department of Medical Oncology, NCI IRCCS “G. Paolo II”, Bari. Italy

Grazia Bradascio  
Department of Critical Area and Surgery, NCI IRCCS “G. Paolo II”, Bari, Italy

Kevin Stein  
Director, QoL and Survivorship Research Program, Behavioral Research Center, American Cancer Society, Atlanta. USA

Maurizio Muscaritoli  
Department of Clinical Medicine, University La Sapienza University, Rome. Italy

Raffaella De Franco  
Full Professor, Chair of Bioethics, Bari University. Italy

Riccardo Capocaccia  
Research Director, Italian National Institute of Health, Rome. Italy

Riccardo Torta  
Full Professor Chair of Psychooncolgy, Torino University. Italy

Rosanna Montanaro  
Psychooncolgy Unit. Dpt. of Critical Area and Surgery, NCI IRCCS “G. Paolo II”, Bari. Italy

Stefano Oliva  
Cardiology Unit. Dpt of Critical Area and Surgery, NCI IRCCS “G. Paolo II”, Bari. Italy

Tommaso Fiore  
Director, Institute Anesthesiology and Reanimation, Bari University. Italy

Vittorio Mattioli  
Director, Department of Critical Area and Surgery NCI, IRCCS “G. Paolo II”, Bari. Italy

Xin Shelley Wang  
Department of Symptom Research, University of Texas M. D. Anderson Cancer Center, Houston. USA

ORGANIZATION

NATIONAL CANCER INSTITUTE IRCCS “G. PAOLO II”  Via S. Hahnemann, 10 – 70126 – BARI - ITALY

website www.oncologico.bari.it

President of the CIV (Guideline and Verification Committee), Emanuele Sannicandro, Dr

General Manager Nicola Pansini, MD

Scientific Director Angelo Paradiso, MD

Director Department Critical Area And Surgery Vittorio Mattioli, MD

phone/fax +390805555387  email v.mattioli@oncologico.bari.it

STUDY DAY SCIENTIFIC COMMITTEE

Angelo Paradiso  
NCI IRCCS “G. Paolo II”, Bari. Italy

Charles S. Cleeland  
University of Texas M. D. Anderson Cancer Center, Houston. USA

Giuseppe Colucci  
NCI IRCCS “G. Paolo II”, Bari. Italy

Kevin Stein  
American Cancer Society, Atlanta. USA

Raffaella De Franco  
University of Bari, Chair of Bioethics, Bari. Italy

Vittorio Mattioli  
NCI IRCCS “G. Paolo II”, Bari. Italy

Xin Shelley Wang  
University of Texas M. D. Anderson Cancer Center, Houston. USA

CME COMMITTEE AND MEETING ORGANIZATION

Luciano Grammatica  
Coordinators of the CME Scientific Committee NCI IRCCS “G. Paolo II”, Bari. Italy

Francesco Giotta  
NCI IRCCS “G. Paolo II”, Bari. Italy

Patrizia Nardulli  
O.U. CME NCI IRCCS “G. Paolo II”, Bari. Italy

Marisa Longo  
m.longo@oncologico.bari.it  phone/fax +390805555141

Cinzia Romanello  
Meeting Organization NCI IRCCS “G. Paolo II”. Bari, Italy

Alessandra Renna  
Phone/fax +390805555384  email educom@oncologico.bari.it
CME Credits
The Study Day is in process of obtaining accreditation by the Italian Ministry of Health in compliance with the national CME regulations.

Fee/Registration
The participation at the CME event is free, while the registration is obliged.
Once the maximum number of participants has been reached, registration will be closed and the organizing secretariat will promptly contact those participants exceeding.

The number of participants will be 80, divided as follows:
n.30 Oncologists/Aнаesthesiologists
n.20 Psychologists
n.30 Nurses

Participation will be free for students of the Degree and Specialization Courses of Disciplines related to the Study Day’s topics, and to the Patients and registered members of Voluntary Organizations in Oncology.

Poster Session
A Poster Session (size 70 x 90 cm) about the issues of the Study Day will be held in the Congress lounge for the duration of the event. A Scientific Commission will judge the posters, and an official award will be assigned to the worthiest poster based upon originality, research accuracy and innovation. Details regarding poster submission and acceptance dates will be forthcoming.

Services for Participants
During the Congress, translation will be provided from English to Italian and vice versa for the scientific sessions indicated in the program.

The Director
Dr. Vittorio Mattioli, MD