



Piattaforma Italiana per lo studio
della Terapia delle Epatiti virali.



Update on PITER activities

Maria Giovanna Quaranta

Centro Nazionale per la Salute Globale
Istituto Superiore di Sanità

UN PATTO DI COLLABORAZIONE: DALL'ELIMINAZIONE REGIONALE
DELL'**EPATITE C** ALLE NUOVE SFIDE PER LA **SALUTE DEL FEGATO**

1 FEBBRAIO 2024 H. 9:00-17:40

RESIDENZIALE + WEBINAR



All HCV-infected patients (any clinical and histopathologic stage of HCV infection, infection by any HCV genotype, HBV, HDV or HIV coinfecting patients)

Data collected from 2014 to 2023	N.
Enrolled patients	12.419
From 2014 to 2016	9.358
From 2017 to 2023	3.061
Patients with at least 1 follow-up	9.730
Patients with a DAA therapy	7.043
Patients with at least 1 follow-up post therapy	5.614
Median FU time from the end of treatment	27 months
Range FU time from the end of treatment	3-101 months
Patients lost to follow-up	1129
Deceased patients	203
PITER network Centers	89
Currently active	50

In progress:

Update of annual follow-up

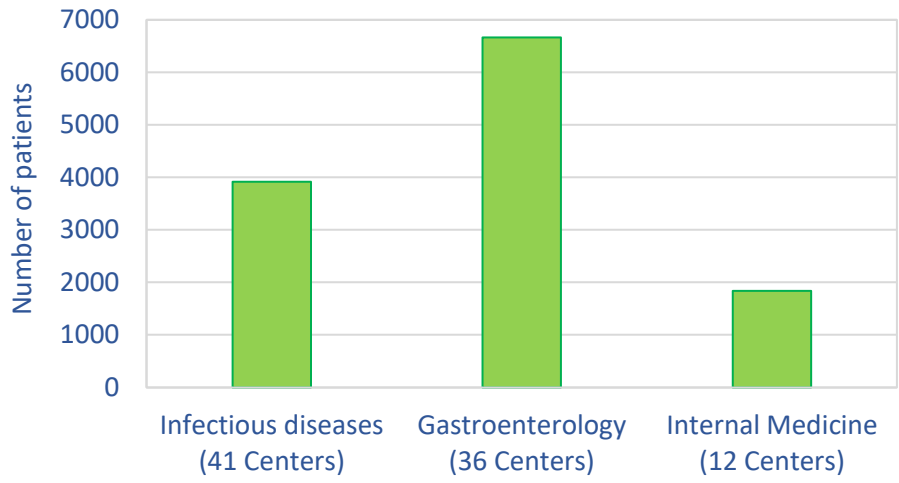
Update new enrolments to evaluate the epidemiological changes of patients in care in the last years



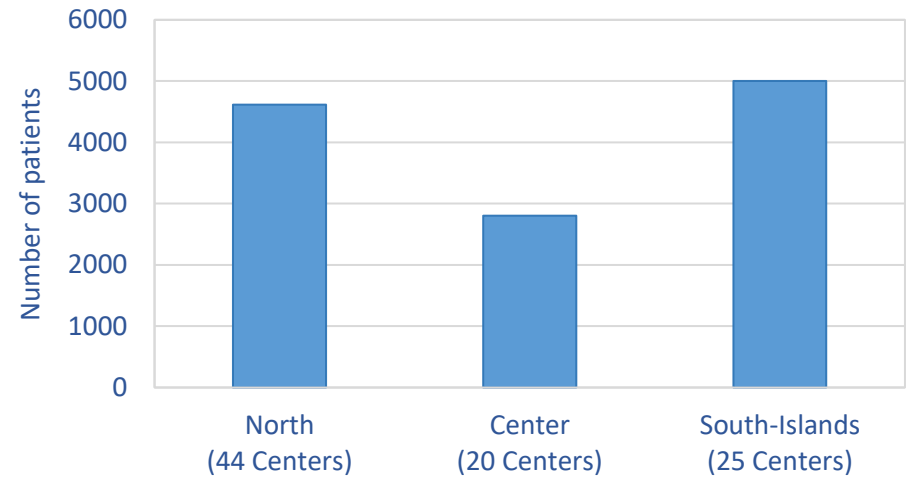
Piattaforma Italiana per lo studio
della Terapia delle Epatiti virali.

DISTRIBUTION OF PITER NETWORK CLINICAL CENTERS BY DEPARTMENT AND GEOGRAPHICAL AREA

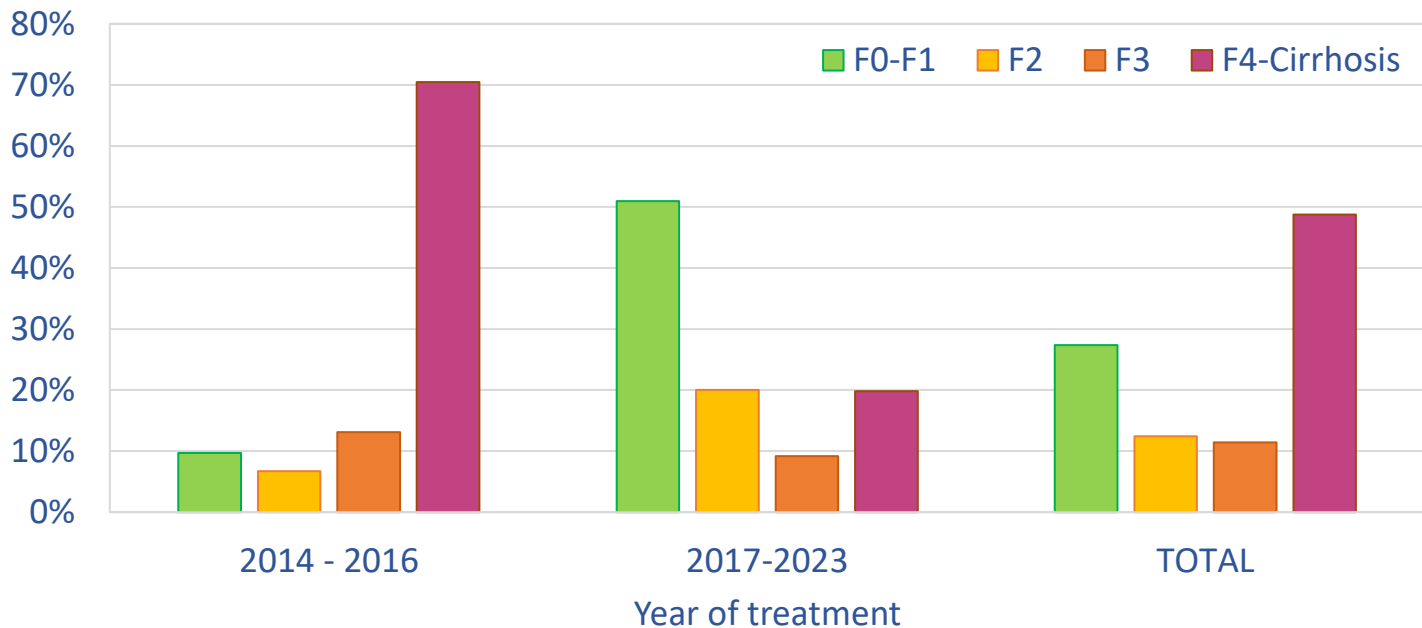
Department



Geographical area



STAGE OF FIBROSIS IN DAA TREATED PATIENTS



Premature ovarian failure and its impact on liver function

Hepatology International (2020) 14:362–372
<https://doi.org/10.1007/s12072-020-10034-0>

ORIGINAL ARTICLE



LETTER TO THE EDITOR
Mixed cryoglobulinemia: an unrecognized real life problem



PUBLISH ABOUT BROWSE

OPEN ACCESS PEER-REVIEWED

RESEARCH ARTICLE

Real-life data on potential drug-drug interactions with chronic hepatitis C viral infection

Advanced liver disease outcomes by human immunodeficiency virus status

Maria Giovanna Quaranta¹, Guglielmo Migliorini^{1,3}, Liliana Chemello^{1,3}, Giulia Morsica⁴, Gaetano Lora⁵, Andrea Loiacono⁶, Loretta A. Kondili^{1,4}



Pharmacoeconomics
<https://doi.org/10.1007/s11127-021-09732-1>

ORIGINAL RESEARCH

Quaranta
<https://doi.org/10.1007/s11127-021-09732-1>

Received: 27 July 2021 | Revised: 27 October 2021 | Accepted: 8 December 2021

DOI: 10.1002/hep.32281

ORIGINAL ARTICLE

Economic Co...
Contents lists available at www.wiley.com

Digestive and Liver Medicine

journal homepage: www.elsevier.com

HEPATOLOGY



HEPATOLOGY

HEPATOLOGY, VOL. 66, NO. 6, 2021

Modeling Cost-Effectiveness and Health Outcomes of “First-in-Class” Direct-Acting Antiviral Therapy



A prospective study of direct-acting antiviral effectiveness and relapse risk in HCV cryoglobulinemic vasculitis by the Italian PITER cohort

Received: 13 August 2020 | Accepted: 19 October 2020

DOI: 10.1002/veg2.12496

Loretta A. Kondili¹
Laura Gragnani²
Cesare Mazzaro⁵

ORIGINAL ARTICLE

WILEY
veg journal

Predicting *de-novo* portal vein thrombosis after HCV eradication: A long-term competing risk analysis in the ongoing PITER cohort

Liver, Pancreas and Biliary Tract

Clinical features and comorbidity pattern of HCV-related cryoglobulinemic vasculitis compared to non-vasculitic HCV: the PITER cohort
The European Journal of Health Economics
<https://doi.org/10.1007/s10198-023-01652-0>

Maria Giovanna Quaranta¹, Marco Massari⁵, Calessia Ciancio¹, Piroska Maurizia Rossana Borsari¹, Giulia Morsica⁴, Gaetano Lora⁵, Loretta A. Kondili^{1,4}

ORIGINAL PAPER

Screening strategy to advance HCV elimination: a cost-consequence analysis

Andrea Marcellusi¹ · Francesco Saverio Mennini^{1,2} · Massimo Massari⁵ · collaboration study group

Loretta A. Kondili^{1,2} | Alberto Zanetto^{3,4} | Maria Giovanna Quaranta¹ | Luigina Ferrigno¹ | Valentina Panetta⁵ | Vincenza Calvaruso⁶ | Anna Linda Zignego⁷ | Maurizia R. Brunetto⁸ | Giovanni Raimondo⁹ | Elisa Billiotti¹⁰ | Donatella Ieluzzi¹¹ | Andrea Iannone¹² | Salvatore Madonna¹³ | Liliana Chemello¹⁴ | Luisa Cavalletto¹⁴ | Carmine Coppola¹⁵ | Filomena Morisco¹⁶ | Francesco Barbaro¹⁷ | Anna Licata¹⁸ | Alessandro Federico¹⁹ | Federica Cerini²⁰ | Marcello Persico²¹ | Maurizio Pompili²² | Alessia Ciancio²³ | Fabio Piscaglia²⁴ | Luchino Chessa²⁵ | Andrea Giacometti²⁶ | Pietro Invernizzi^{27,28} | Giuseppina Brancaccio²⁹ | Antonio Benedetti³⁰ | Leonardo Baiocchi³¹ | Ivan Gentile³² | Nicola Coppola³³ | Gerardo Nardone³⁴ | Antonio Craxi⁶ | Francesco Paolo Russo^{3,4} | on behalf of PITER Collaborating Investigators

PITER-HBV/HDV Cohort

All patients with HBsAg positivity for at least 6 months with or without co-infection with HDV and/or HCV and/or HIV who are consecutively observed in the participating clinical centers in a given time span (approximately 6 months), independently of antiviral treatment at the time of enrolment.

Data collected from 2019 to 2023	N.
Enrolled patients from November 2019 to December 2023	5.853
Anti-HDV screened	4.411
Anti-HDV positive	507
Patients with at least 1 follow-up	1.739
Participating Centers	63

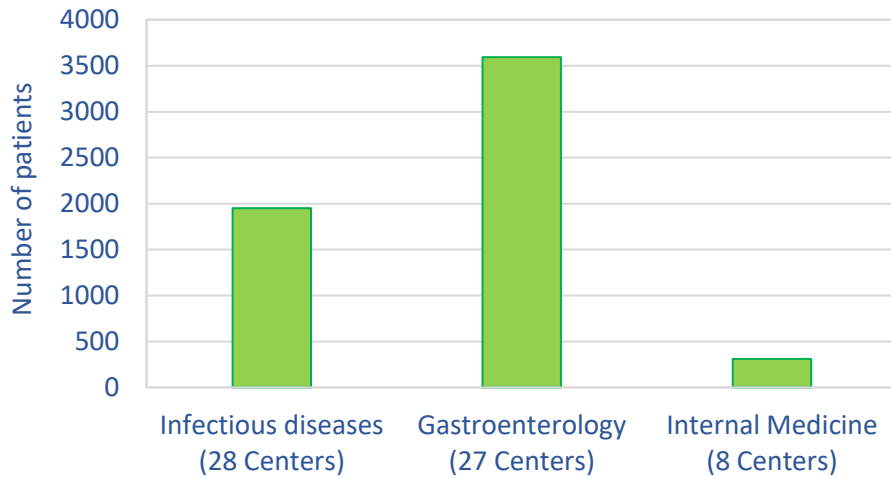
In progress:

- Enrollment
- Update of annual follow-up

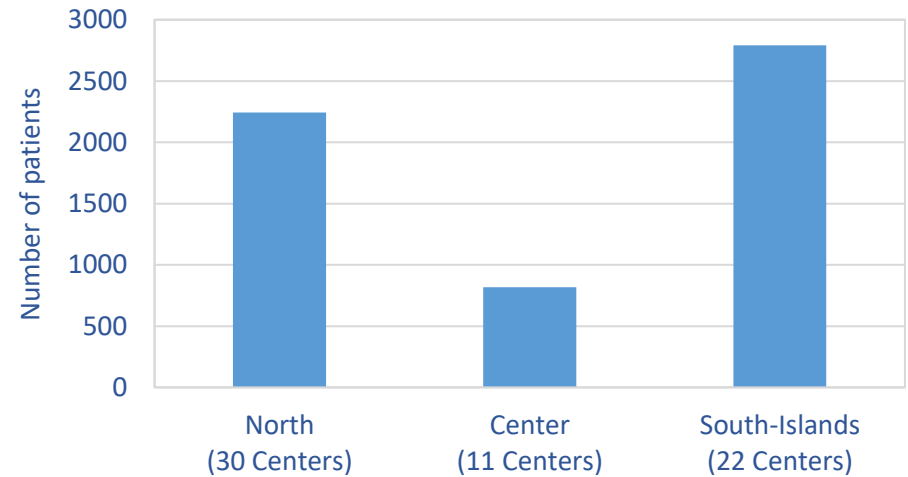


DISTRIBUTION OF PITER NETWORK CLINICAL CENTERS BY DEPARTMENT AND GEOGRAPHICAL AREA

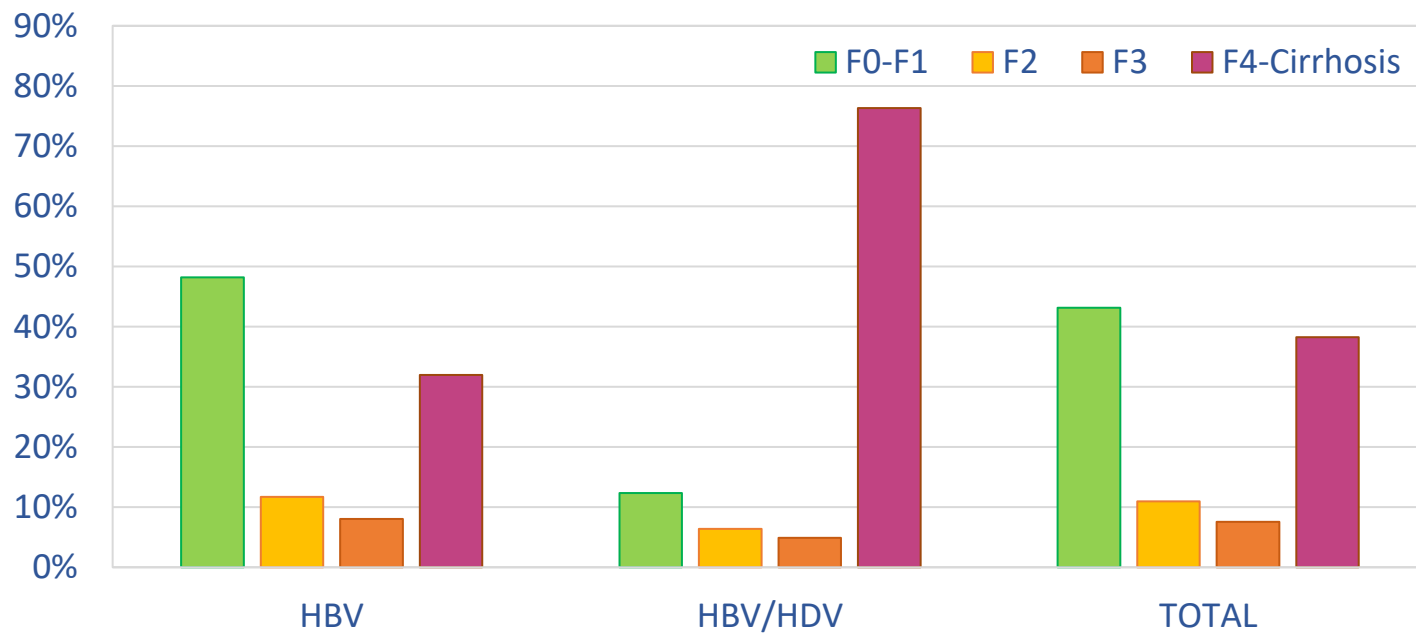
Department



Geographical area



STAGE OF FIBROSIS IN HBV AND HBV/HDV PATIENTS





PITER

Piattaforma Italiana per lo studio della Terapia delle Epatiti virali.



ELSEVIER

Contents lists available at ScienceDirect

International Journal of Infectious

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

Trends in chronic hepatitis B virus infection in Italy period: Clues from the nationwide PITER and MAST elimination

Giuseppina Brancaccio^{a,*,#}, Barbara Coco^{b,*,#}, Alessandra Nardi^c, Mari Maria Elena Tosti^d, Luigina Ferrigno^d, Irene Cacciola^e, Vincenzo M Filomena Morisco^b, Michele Milella^f, Francesco Barbaro^g, Alessia C Francesco Paolo Russo^h, Nicola Coppola^m, Pierluigi Blancⁿ, Ernesto Gabriella Verucchi^p, Massimo Puoti^q, Anna Linda Zignego^r, Liliana Salvatore Madonia^t, Stefano Fagioli^{u,v}, Alfredo Marzano^w, Carlo F Pietro Lampertico^{y,z}, Vito Di Marco^{aa}, Antonio Craxi^{ab}, Teresa Anto Giovanni Raimondo^c, Maurizia R. Brunetto^b, Giovanni Battista Gae Loreta A. Kondili^{d,ae,*,#}, PITER collaborating investigators[†]

A holistic evaluation of patients with chronic Hepatitis D virus (HDV) infection: Insights from the Italian PITER-B and Delta cohort

Loreta A. Kondili^{1,2a}, Giuseppina Brancaccio³, Maria Elena Tosti⁴, Barbara Coco⁵, Maria Giovanna Quaranta⁶, Vincenzo Messina⁷, Alessia Ciancio⁸, Filomena Morisco⁹, Valentina Cossiga¹, Ernesto Chiar⁶, Valerio Rosato⁶, Marianna Ciarallo⁹, Irene Cacciola¹⁰, Francesca Romana Ponziani¹¹, Lucia Cerrito¹¹, Roberta Coppola¹², Francesco Longobardi¹², Elisa Biliotti¹³, Alessia Rianda¹³, Francesco Barbaro¹⁴, Nicola Coppola¹⁵, Maria Stanzone¹⁵, Francesco Barchiesi¹⁶, Stefano Fagioli¹⁷, Mauro Viganò¹⁷, Marco Massari¹⁸, Francesco Paolo Russo¹⁹, Alberto Ferraresi²⁰, Diletta Laccabue²¹, Vito Di Marco²², Pierluigi Blanc²³, Aldo Marrone²⁴, Giulia Morsica²⁵, Alessandro Federico²⁶, Donatella Ieluzzi²⁷, Alba Rocco²⁸, Francesco Giuseppe Foschi²⁹, Alessandro Soria³⁰, Ivana Maida³¹, Luchino Chessa³², Michele Milella³³, Elena Rosselli del Turco³⁴, Salvatore Madonia³⁵, Liliana Chermello³⁶, Ivan Gentile³⁷, Pierluigi Toniutto³⁸, Matteo Bassetti³⁹, Lorenzo Surace⁴⁰, Leonardo Baiocchi⁴¹, Adriano Pellicelli⁴², Adriano De Santis⁴³, Massimo Puoti⁴⁴, Elisabetta Degasperis⁴⁵, Grazia Anna Niro⁴⁶, Anna Linda Zignego⁴⁷, Antonio Craxi⁴⁸, Giovanni Raimondo⁴⁹, Teresa Antonia Santantonio⁵⁰, Maurizia Rossana Brunetto⁵⁰, Giovanni Battista Gaeta^{50*} on behalf of PITER

Collaborating Investigators*

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- ²³Infectious Disease Unit, Santa Maria Annunziata Hospital, Florence, Italy

Gilead Fellowship Program 2022: OTTIMIZZARE LA RETE TRA MEDICO DI MEDICINA GENERALE E CENTRI SPECIALISTICI AL FINE DI SENSIBILIZZARE I PROFESSIONISTI E FORNIRE LORO STRUMENTI PER INCREMENTARE LA DIAGNOSI E L'AWARENESS DEL PAZIENTE CON INFEZIONE DA HBV/HDV

Investigator-Sponsored Research (ISR) Grant Program, Gilead: A PROSPECTIVE EPIDEMIOLOGICAL, CLINICAL, AND VIROLOGICAL EVALUATION OF AN ONGOING MULTICENTER REPRESENTATIVE COHORT OF HEPATITIS B VIRUS (HBV)/HEPATITIS DELTA VIRUS COINFECTION (HDV) IN ITALY

EU4Health Joint Action on Cancer and other NCDs prevention – Action on Health

Determinants. WP7 - Social Inequalities - Pilot Study: PROSPECTIVE EVALUATION OF THE ROLE OF SOCIAL DETERMINANTS OF HEALTH IN THE LIVER CANCER PATHWAY IN REPRESENTATIVE REAL-LIFE MULTICENTER COHORTS IN ITALY

NEW PROPOSAL - 1

PROPONENT: Anna Linda Zignego

RESEARCH QUESTION: LIVER AND AUTOIMMUNITY IN THE POST-PANDEMIC ERA

BACKGROUND: Autoimmune manifestations, from autoreactivity to organ-specific or systemic pathologies, have been widely described in Hepatology, both as manifestations in themselves and as a consequence of hepatitis virus infection, with particular reference to HCV.

The COVID-19 pandemic has also led to numerous observations that suggest an effect of the latter and related vaccinations on autoimmune diseases. However, this is a debated topic and further information would be valuable for the purposes of correct F-U and counseling in cases with a positive anamnesis.

STUDY POPULATION: Consecutive liver diseases of various etiology: viral, post-viral etc. Exclusion criteria: Liver or other organ transplant patients; Lymphomas or leukemias.



PITER

Piattaforma Italiana per lo studio della Terapia delle Epatiti virali.

CRF-AUTOIMMUNITY

Centro:

PREVIORE ACCESSO IN LIVRAZIONE

Clinico
Accesso

Malattie
Autoimmuni

Data visita

12/03/20

Malattie Autoimmuni

PRIMA DIAGNOSI

Ricertificazione di disturbo già noto

	+	-	?
Osteoporosi sintomatica			
Artrite reumatoide			
Artrite psoriatrice			
Sclerosi sistemica			
Tiroide			
Malattia di Crohn			
Spasmi addominali			
Disturbi biliari primari			
Disturbi endocrini primari			
Disturbi circolatori			
Malattia di Sjogren			
Altre, specificare			

PUM	12/03/20		
P00	12/03/20		
P00	12/03/20		

Presenza di Autoanticorpi

PRIMA DIAGNOSI

Ricertificazione di disturbo già noto

	+	-	?
AMA			
AMA			
AMA			
AMA-LHM			
AMA			
AMA			
anti-transglutaminasi IgG			
Altre, specificare			

FAMILIARITA'

Familiarità per Malattie Autoimmuni sì no non noto

Familiarità per Malattie Autoanticorpi sì no non noto

COVID

INFEZIONE COVID

sì no

Data inizio

Caratteristiche dell'infezione

Prima infezione

sì no

Di fatto sono state altre infezioni dopo la prima?

sì no

VACCINO COVID

sì no

Data

Tipologia vaccino

INTERVENTI CHIRURGICI

sì no non noto

Quale (totale 5 righe)

Data intervento

TUMORE

sì no non noto

Metastasi

sì no

Sede (totale 5 righe)

Data diagnosi

Stato

Maligno

Recidiva

ALTRE INFEZIONI

sì no non noto

Quale (totale 5 righe)

Data inizio

Vaccino Antinfluenzale

2020 sì no

2021 sì no

2022 sì no

2023 sì no

Terapia immunosoppressiva

Terapia immunosoppressiva in corso: sì no

Ritrovata

Diagnosi

Data inizio

altro, specificare

Nota

NEW PROPOSAL - 2

- PROPONENTS:** Marcello Persico, Mario Masarone
- RESEARCH QUESTION:** **LONG TERM IMPACT OF DAA THERAPY ON NATURAL HISTORY OF HCV PATIENTS WITH DIFFUSE LARGE B CELL LYMPHOMA**
- BACKGROUND:**
- The association between NHL and HCV is well known.
 - This association is not only epidemiological but also pathophysiological.
 - Antiviral therapy for HCV is a well-established treatment for HCV-Related Marginal Zone and low-grade lymphomas.
 - Less is known in DLBCL (High grade lymphomas).
 - In 2017 our group published on the significant impact on Disease-free survival (DFS) of a successful DAA therapy in DLBCL HCV positive patients.
- STUDY POPULATION:** Patients enrolled in PITER- C Cohort with a reported lymphoma. Estimated n.= 160.

CRF-LYMPHOMA

SCHEMA LINFOMI

Data diagnosi linfoma: * / 

Tipo linfoma: * grating istologico

ISTOLOGIA WHO/REAL

Staging linfoma: * staging (Ann Arbor)

Lesioni extranodali: * Sì No No noto

LDH: x ULN (indicare in numero di volte rispetto al valore superiore della norma)

Chemioterapia: * Sì No

Data inizio chemioterapia: / 

Data fine chemioterapia: / 

Risposta chemioterapia:

se risposta parziale,
specificare:

FOLLOW-UP

Se il paziente ha terminato la terapia antivirale con DAA aggiungere Follow-up a 6, 12, 24, >24 mesi post-terapia.
Se il paziente non ha fatto terapia antivirale con DAA aggiungere Follow-up secondo il calendario delle visite programmate.

[Aggiungi Follow-Up](#)

Gestione FOLLOW-UP

Data visita: * / 

Linfoma: * 

Il paziente è in vita? * 

Causa decesso:

Data recidiva: / 

Data morte: / 

[Aggiungi](#) [Cerca](#)

NEW PROPOSAL - 3

PROPONENTS: Carlo Torti

RESEARCH QUESTION: WHAT ARE THE RISK OF CLINICAL COMPLICATIONS IN HCV INFECTED PATIENTS WHO OBTAINED SVR OVER LONG-TERM FOLLOW-UP AND THEIR PREDICTORS?

(PREdictors of EVent After Svr – PRE.EV.A.S. STUDY)

- 1) To estimate the risk of Hepatic events (such as liver cirrhosis, hepatic failure, HCC) and extra-hepatic complications (in particular cardio-cerebral-vascular events) during long-term follow-up after SVR (considered as baseline);
- 2) To evaluate the predictors of these events including death for any causes and specific causes. A comparative analysis among non invasive measures for the risk of hepatic and extra-hepatic complications

STUDY POPULATION: DAAs treated patients who achieved SVR enrolled in PITER- C Cohort.

DESIGN and OUTCOMES: All relevant demographic and clinical characteristics at baseline will be collected and analyzed as baseline and time dependent variables, including non invasive indexes (such as APRI, FIB-4, NLR, PLR, PNI, MetS, Charlson Comorbidity Index, FCI, w-FCI).

NEW PROPOSAL - 4

- PROPONENTS:** Francesco Paolo Russo, Alberto Zanetto
- RESEARCH QUESTION:** **IMPACT OF HCV ERADICATION ON THE NATURAL HISTORY OF ADVANCED CHRONIC LIVER DISEASE**
- To assess the impact of HCV eradication by DAAs on the natural history of compensated and decompensated cirrhosis.
- To identify potential predictors of decompensation (in compensated patients), further decompensation or recompensation (according to Baveno VII) (in decompensated patients).
- STUDY POPULATION:** Cirrhosis DAA treated patients who achieved SVR enrolled in PITER- C Cohort.
- OUTCOMES:** Decompensation (in compensated patients), further decompensation/recompensation (in decompensated patients).

NEW PROPOSAL - 5

- PROPONENTS:** Massimo Colombo
- PROPOSAL:** **COMPARISON BETWEEN TREATMENTS OF HEPATOCELLULAR CARCINOMA AND RISK OF RECURRENCE**
- Resection, locoregional therapy, OLT
- STUDY POPULATION:** Patients who develop de-novo HCC post-SVR enrolled in PITER- C Cohort.

- PROPONENTS:** Giulia Morsica, Gianpiero D’Offizi, Massimo Puoti and potential collaboration with ICONA
- RESEARCH QUESTION:** **CLINICAL AND VIROLOGIC FEATURES OF HEPATITIS DELTA VIRUS INFECTION AMONG PEOPLE LIVING OR NOT WITH HIV**
- Hepatitis Delta prevalence and clinical course have been mainly studied in HIV negative participants, while, data on HIV-1 positive participants are limited.
 - Existing studies suggest that HBV/HDV double infection in people living with HIV is associated with faster progression of liver disease compared to HBV/HDV double infection in people not living with HIV.
 - We intend to compare biochemical and clinical features of liver disease as well as virological pattern in people living or not with HIV, with HBV/HDV coinfection.
- STUDY POPULATION:** Inclusion criteria: adults with HBV/HDV infection with or without concomitant HIV infection. Exclusion criteria: adults with previous IFN treatment. People living with HIV with less than 200 CD4 cells count. People on treatment with 3TC alone.
- OUTCOMES:** Primary end point: To evaluate characteristics of HIV+HBV+/HDV+ vs. HIV- HBV+/HDV+
Secondary end point: To compare clinical and virologic variables possibly associated with advanced liver fibrosis in HIV+HBV+/HDV+ vs. HIV- HBV+/HDV+.

NEW PROPOSAL - 7

- PROPONENTS:** Giuseppina Brancaccio, Maurizia Brunetto, Barbara Coco, Giovanni Battista Gaeta,
- RESEARCH QUESTION:** **DIFFERENCES AT DIAGNOSIS OF HEPATOCELLULAR CARCINOMA (HCC) ARISING IN PATIENTS WITH OR WITHOUT HDV INFECTION**
- To describe the clinical and virological characteristics of HCC arising in patients with chronic HBV infection in relation to the presence of Delta virus (HDV) infection
- STUDY POPULATION:** Patients with HCC enrolled in the PITER-BD cohort. Estimated n.= 150.
- OUTCOMES:** Clinical, virological and macro-pathological characteristics.

NEW PROPOSALS - 8

- PROPONENTS:** Maurizia Brunetto, Giovanni Battista Gaeta, Barbara Coco, Giuseppina Brancaccio
- RESEARCH QUESTION:** **GENDER-ORIENTED ANALYSIS**
- STUDY POPULATION:** Patients enrolled in the PITER-C and PITER-BD cohorts.
- OUTCOMES:** Epidemiological, Clinical and virological characteristics.

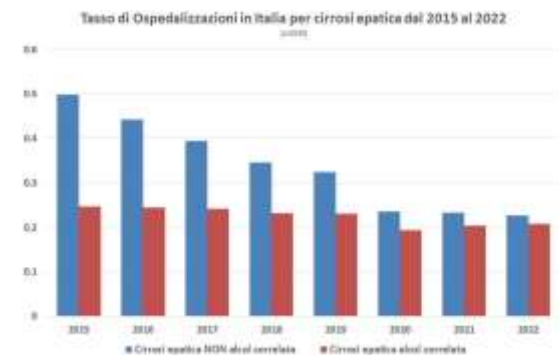
TRENDS IN HOSPITALIZATION FOR ALCOHOLIC AND NON-ALCOHOLIC LIVER CIRRHOSIS AND LIVER CANCER FROM 2012 TO 2022 IN ITALY

PROPONENTS: Stefano Rosato, Paola D'Errigo, Loreta Kondili, Maria Giovanna Quaranta (ISS)
Giovanni Baglio (Agenas)



The screenshot shows the 'Programma Nazionale Esiti' (PNE) website. The main navigation bar includes 'Home', 'Documentazione', 'Resistenza Ospedaliera', 'Assistenza Territoriale', 'Equità', and 'Sperimentazione'. A search bar is visible, and the results show 'Ospedalizzazioni per cirrosi epatica non alcol-correlata' and 'Ospedalizzazioni per cirrosi epatica alcol-correlata'. A table of data is partially visible, showing hospitalization rates for various regions and years.

- The study will examine the 10-year trends (2012-2022) of hospitalization rates for alcohol-related and non-alcohol-related liver cirrhosis, as well as the outcomes of these hospitalizations in terms of both mortality and readmissions.
- Furthermore, the results will be used to evaluate the permanent inclusion of hospitalization indicators for liver cirrhosis in the National Outcomes Program (PNE) - currently they are calculated but included in the Sperimentale section.





MANIFESTAZIONE DI INTERESSE STUDIO DI RETE
PROPOSTE DI STUDIO

Benvenuto

LE ULTIME NEWS

FORM – NUOVA PROPOSTA STUDIO

Centro:

Sperimentatore Principale:

Proponente:

Studio:

PITER HCV
PITER HBV/HCV

Titolo:

Allega proposta: [Allega file](#)

FORM - MANIFESTAZIONE DI INTERESSE PER LE PROPOSTE PRESENTATE

CENTRO PITER INTERESSATO A CONTRIBUIRE AL REGISTRO MALATTIE AUTOIMMUNI DEL FEGATO

CENTRO

elenco centri PITER	▼
Nome 1	▲
Nome 2	
Nome 3	▼

Centro già aderente al Registro nazionale delle malattie autoimmuni del fegato?: **SI/NO**
Sperimentatore Principale: **Estremi**
Sono interessato a partecipare allo studio: **.....email**

CENTRO PITER INTERESSATO A CONTRIBUIRE ALLO STUDIO MASLD

CENTRO

elenco centri PITER	▼
Nome 1	▲
Nome 2	
Nome 3	▼

Sperimentatore Principale: **Estremi**
Sono interessato a partecipare allo studio: **.....email**

CENTRO PITER INTERESSATO ALLO STUDIO SUI DETERMINANTI DI SALUTE E PROs IN HCC

CENTRO

elenco centri PITER	▼
Nome 1	▲
Nome 2	
Nome 3	▼

Sperimentatore Principale: **Estremi**
Sono interessato a partecipare allo studio: **.....email**



Collaborazioni



Center for Disease Analysis (CDA) (Colorado USA)
Polaris Observatory



CEIS-EEHTA, Università degli Studi di Roma Tor Vergata



Società Italiana di Medicina Generale e delle cure primarie (SIMG)



Club Epatologi Ospedalieri (CLEO)



Società Italiana di Medicina e Sanità Penitenziaria (SIMSPe)



Federazione Italiana degli Operatori dei Dipartimenti
e dei Servizi delle Dipendenze (FeDerSerD)



Società Italiana Patologie da Dipendenza (SIPaD)





Centro Nazionale per la Salute Globale – ISS

Loreta Kondili

Luigina Ferrigno

Maria Elena Tosti

Stefano Rosato

Benedetta Mattioli

Loredana Falzano

Franca D'Angelo

Federica Magnani

Rosangela Duranti

Alessandra Mattei

THANK YOU!



Consulenza Etica

Lucia Craxì (Università degli Studi di Palermo)

Supporto Informatico (area riservata, CRF)

Area riservata (eCRF): **Giampaolo La Terza**
(Medisoft Servizi Informatici)

Area pubblica: **Marco Mirra, Stefano Lucattini, Luca Fucili, Massimiliano Di Gregorio (ISS)**

Supporto Statistico

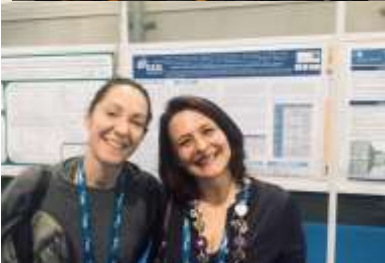
Valentina Panetta, Ilaria Simonelli (L'altrastatistica)

Valutazioni economiche a supporto delle politiche sanitarie

Francesco Saverio Mennini, Andrea Marcellusi

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