REPUBBLICA ITALIANA
Regione Siciliana

ASSESSORATO DELLA SALUTE
Dipartimento Regionale per le Attività Sanitarie e Osservatorio Epidemiologico
Servizio 3 "Progetti, Ricerca, Innovazione e Tecnica sanitaria"

Prot. n. 0062913   Palermo,   9 AGO 2019

OGGETTO: Bando Ricerca Finalizzata del Ministero della Salute 2018. Programma di Rete NET-2018-12367032 "Palliative care needs and prognostic factors assessment for appropriate referral to specialized palliative care services. Impact on quality of care in oncological and non-oncological terminally ill patients.". Approvazione graduatoria e finanziamento Progetto.

Inviata per posta elettronica

> Al Direttore Generale ARNAS Civico
> direzione.generale@arnascivico.it
>
> Al Prof. Salvatore Corrao
> Responsabile Scientifico WP4
> ARNAS Civico
> s.corrao@tiscali.it

   Premesso che l'ARNAS Civico ha partecipato per il tramite della Regione Siciliana – Assessorato della Salute al Bando della Ricerca Finalizzata 2018 (anni finanziari 2016-2017) con il Programma di rete in oggetto indicato coordinato dalla Regione Lombardia, con la partecipazione delle Regioni Emilia Romagna e Liguria.

   Con la nota prot. n. 3317 del 26 luglio 2019, che si allega, il Ministero della Salute ha comunicato che è stata approvata la graduatoria e che il predetto Programma si è utilmente collocato nell'area di finanziamento ministeriale per complessivi € 1.200.000,00, da erogare agli Enti del SSN partecipanti, cui si aggiungono i cofinanziamenti regionali pari a € 300.000,00 per ciascuna Regione.

   Lo stesso Ministero ha richiesto, per la sottoscrizione della convenzione nazionale, l'acquisizione di diversi documenti tra cui, per ogni Work Package (WP), la convenzione relativa al cofinanziamento regionale, che dovrà essere sottoscritta digitalmente da ogni singola Regione cofinanziatrice e dall'Ente nel cui ambito sono svolte le attività di ricerca del WP di competenza.

   Tutta la documentazione dovrà pervenire al Ministero della Salute, attraverso la Regione capofila Lombardia entro il 26 novembre 2019.

   Detto quanto sopra, nell'invitare il Responsabile Scientifico del WP 4 Prof. Salvatore Corrao a prendere visione della nota ministeriale e della documentazione richiesta, sarà cura dello scrivente Dipartimento sottoporre successivamente alle SS. LL. la convenzione regionale per la sottoscrizione, nonché comunicare ogni altra disposizione per il completamento della procedura amministrativa.

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Il Dirigente Generale
(D.ssa Maria Letizia Di Liberti)

</div>

Il Dirigente del Servizio
(D.ssa Sonia Lo Bue)

	Project Title:
![Ministero della Salute emblem] *Ministero della Salute* Direzione Generale della Ricerca Sanitaria e Biomedica e della Vigilanza sugli Enti **BANDO RICERCA FINALIZZATA 2018** esercizio finanziario anni 2016-2017	Early identification of end-of-life care needs and prognostication in complex patients hospitalized in internal medicine and geriatric wards.

Project Code:	NET-2018-12367032-4	Principal Investigator:	Corrao Salvatore
Research Type:	b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:**	Sicilia

Project Type: WP PROJECT - 4

Major Diagnostic Category*:   Oncologia

Project Classification IRG: Healthcare Delivery and Methodologies

Project Classification SS: Health Services Organization and Delivery - HSOD

Project Keyword 1:   Healthcare quality, effectiveness, and outcomes; clinical practice guidelines; treatment and prevention outcomes; patient and provider satisfaction; health status and outcomes assessment; evidence-based practice; health-related quality of life; medical decision-making.

Project Keyword 2:   Palliative care needs

Project Keyword 3:   Palliative care for advanced cancer and non-cancer patients

Project duration (months):   36

Project Request: **Animals:** ☐   **Humans:** ☒   **Clinical trial:** ☒

The object/s of this application is/are under patent copyright Y/N: ☐

Investigators, Institution and Role in the Project

	Co-PI	Key Personnel	Institution/Org./Pos.	Role in the project	Birth Date
1	X	Pistone Giovanni	ARNAS Civico- Di Cristina- Benfratelli, Palermo, Internal Medicine Department, Physician	Co-PI	04/10/1960
2		Argano Christiano	ARNAS Civico- Di Cristina- Benfratelli, Palermo, Internal Medicine Department, Physician	Expert Research and Clinical Collaborator	22/07/1971

Overall Summary

The management of elderly patients with chronic diseases represents an important public health need of our times with consequent increasing costs and reducing sustainability of our NHS. According to the 2013 United Nations report, people in developed countries are ageing; increasingly patients develop chronic disease progression with serious complication up to the irreversibility and referral to PC. In this scenario, the early identification of terminally ill patient might contribute to the development of clinical strategies to avoid overuse of medical care and to help patients with terminal illness to achieve the best quality of life and care, nearing the end-of-life. Evaluation of multidimensional approach of a patient with chronic disease by a multiprofessional team, is expected to lead to more appropriate "end-of-life" decisions.

Background / State of Art

With ageing of the population, there is an increase risk of death due to chronic diseases, such as cancer and heart failure (1). According to WHO and Cancer Research UK, in 2008 cancer was estimated to account for 7.6 million deaths (12% of all deaths) worldwide (2). Therefore, palliative care has been identified as one of the worldwide public health priorities (3). Palliative care interventions are focused with "the quality-of-life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psycho-social support from diagnosis to the end-of-life and bereavement" (4). Obstacles to quality end-of-life care have also been identified and may include failure to recognise treatment futility, lack of communication among decision makers, disagreement on the course of end-of-life care, and failure to implement a

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timely end-of-life plan of care.

In many clinical areas, integrated care pathways are utilised as structured multidisciplinary care plans (5). In particular, care pathways for the dying have been developed as a model to improve care of patients who are in the last days of life. The care pathways were designed with the aim of ensuring that the most appropriate management occurs at the most appropriate time, and that it is provided by the most appropriate health professional. According to Chan's systematic review (6) evidence supporting end-of-life care pathways is lacking but the principles underpinning such pathways are relevant and plans for end-of-life care should be developed in open consultation with the patient and significant others.

There is then a clinical need to evaluate advanced and terminally ill patients through a multiprofessional and multidimensional assessment to identify those to be admitted to palliative care pathways in order to improve patient and families' quality of life and reduce the number of unnecessary overtreatments (7). This multidimensional assessment model was successfully used at the Internal Medicine Outpatient Clinic at the ARNAS Civico Hospital in Palermo in 2016 to assess elderly affected by chronic diseases (8).

Hyphotesis and Specific AIMS

Hyphotesis and Significance:
This study aims to evaluate complex patients hospitalised in internal medicine and geriatric wards through a multidimensional and multiprofessional assessment for the early identification of terminal conditions allowing physicians to send patients to the hospice or the palliative home care service.

Preliminary Data:
In 2008 the research team participated in a study (9) aimed to recognize, among hospitalized elderly, clusters of diseases (i.e., two or more co-occurrent diseases) and to identify accordingly groups of patients at risk of in-hospital death and adverse clinical events. This cross-sectional study was conducted in Italy in 38 internal medicine and geriatric wards participating in the Registro Politerapie SIMI (REPOSI). The study enrolled 1,332 inpatients aged 65 years or older: 86.7% of the patients were discharged, 8.3% were transferred to other hospital units, 5.0% died during hospitalization and 36.4% of the patients had at least one adverse clinical event. Patients affected by the clusters (which included heart failure (HF) and either chronic renal failure (CRF) or chronic obstructive pulmonary disease) had a significant association with in-hospital death (OR, 4.3;95% confidence interval [CI], 1.6-11.5; OR, 2.9; 95% CI, 1.1-8.3, respectively), as well as patients affected by CRF and anemia (OR, 6.1; 95% CI, 2.3-16.2). The cluster including HF and CRF was also associated with adverse clinical events (OR, 3.5; 95% CI, 1.5-7.8). The effect of both HF and CRF and anemia and CRF on in-hospital death was additive. Authors'conclusion was that several groups of older patients at risk of in-hospital death and adverse clinical events were identified according to disease clustering. Knowledge of the relationship among co-occurring diseases may help developing strategies to improve clinical practice and preventative interventions.

In a recent study by Corrao S., et al (10) on predictors of mortality in older patients with co-morbidites hospitalized in internal medicine and geriatric wards, the authors retrospectively analyzed the data collected from the REPOSI project. Socio-demographic, laboratory and clinical characteristics of subjects with pneumonia were investigated and a multivariate logistic analysis was used to explore the relationship between variables and mortality. Among 4714 patients 284 had pneumonia, 52.8% were males and the mean age was 80 years old. 19.8% of these patients had a Barthel Index <=40 (p < 0.0001), as well as 43.2% had a short blessed test >=10 (p < 0.0117). In these subjects a significant Cumulative Illness Rating Scale (CIRS) for the evaluation of severity and co-morbidity indexes (p < 0.0001) were present. Although a higher fasting glucose level was identified in people with pneumonia, in the multivariate logistic analysis diabetes was not independently associated with in-hospital, 3-month and 1-year mortality, whereas patients with lower Barthel Index had a

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higher mortality risk (odds ratio being 9.45, 6.84, 19.55 in hospital, at 3 and 12 months). The authors' conclusion was that elderly hospitalised patients affected by pneumonia with a clinically significant disability had a higher mortality risk while diabetes does not represent an important determinant of short and long-term outcome.

In this scenario, the multidimensional assessment has been successfully used to assess elderly in the Internal Medicine Department of the National Relevance and High Specialisation Hospital Trust (ARNAS) Civico, Di Cristina, Benefratelli of Palermo and allowed a timely identification of clinical conditions relevant to prognosis estimation through screening tests done by different healthcare specialists like an internist, a nurse, a nutritionist and a podiatrist. For the purpose of this project, the Multidimensional Assessment will be redesigned according to palliative care approach and terminal patients' needs and will include a case-manager, psychologists, physiotherapists and clinical pharmacologists in order to better investigate patients' conditions.

Specific Aim 1:

To identify criteria and tools to evaluate palliative care needs and assess prognostic factors by developing a multidimensional assessment for internal medicine patients, for the early identification of patients suitable for transfer to hospice or the palliative home care service.

Specific Aim 2:

To develop assessment procedures to modify clinical practices and prescribing attitudes in the internal medicine ward, in order to avoid possible therapeutic obstinacy and overtreatment.

Specific Aim 3:

Implementation of early identification of end-of-life patients in the internal medicine setting.

Experimental Design Aim 1:

Criteria and tools used for multidimensional assessment of complex patient with multimorbidities, including symptoms burden and prognostic criteria, will be identified in accordance with existing scientific literature. The tools identified will be adapted if needed. The appropriateness of the criteria chosen will be evaluated in a focus group carried out with multiprofessional health care providers with extensive experience in the management chronic patients and in palliative care.

Experimental Design Aim 2:

A longitudinal observation study on palliative care needs and prognostic factors, using validated international instruments (such as the NECPAL and the and the Edmonton Symptom Assessment Scale) will be conducted including all the consecutively admitted patients for 12 months at the internal medicine department of the National Relevance and High Specialization Hospital Trust (ARNAS) Civico, Di Cristina, Benfratelli of Palermo, to investigate patients conditions and to early identify their palliative care needs.

Experimental Design Aim 3:

A longitudinal study will aim at validating the predictive model developed in the first phase of WP4 (see Experimental Design Aim 2) and at documenting quality of life, symptom control and clinical and prescribing changes for the patients who will die in the ward and for the patient referred to hospice and palliative care at multidisciplinary multiprofessional evaluation and description of the referral process. Family satisfaction with care will be assessed with the FAMCARE questionnaire (11).

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Picture to support preliminary data:

Preliminary Data.pdf

Metodologies and statistical analyses:

The estimated sample size is of 1000 complex patients admitted to the internal medicine ward from emergency room, based on the foreseen number of admission during an 12 months period. The number of patients who will die in the ward or who will be transferred to palliative care services during the study period can be estimated as equal to the 5% (±2) of these patients. Data will be reported as percentages for categorical variables and as means (95% confidence intervals) for quantitative variables. Stata (Stata Corp. 2016. Stata Statistical Software: Release 14.1. College Station, TX: Stata Corp LP) will be used for database management and analysis.

Expected outcomes:

1. To share the end-of-life care decisions with the patient, the caregivers and all the specialists involved in the care of patients admitted to internal medicine and geriatric wards.
2. To reduce healthcare service costs through the early identification of terminal patients that can limit the number of unnecessary exams and their costs.
3. The development of a management model and improved clinical pathway for the early identification of terminal internal medicine inpatient and referral to palliative care. This new model could be exported, shared and implemented in other healthcare settings.
4. Realisation of training and learning paths and development of ad hoc reporting system for multidimensional and prognostic assessment and referral procedures to palliative care.

Risk analysis, possible problems and solutions:

It could be difficult to identify a large number of patients to admit to the hospice or to the palliative care home services because the study will start as a single centre one. We expect to create an hospital regional network to enroll a larger number of patients to assess.

Significance and Innovation

This project aims to improve and create a new way to assess non-oncological and oncological inpatient. Up to date no evaluation score is used to detect terminal conditions and the hospital medical specialist decides alone on patients' goals of care and clinical care pathway. Thank to this new approach terminally ill patients' needs can be detected according to different points of views given by different specialists including palliative care. This is important to allow a better vision of the whole patients' needs and to improve quality of care and patients' and their caregivers' quality of life.

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Description of the complementary and sinergy research team

The strength of this project is the synergy of a multiprofessional team who will assess patients, in particular, there will be:

-n.5 Physicians: to assess patient's clinical condition;

-n.1 Nutritionist (dietist see agreement 10 July 2014) to assess frailty conditions and to ensure adequate nutritional support, preventing malnutrition and/or dehydration, and according to patient's condition choose alternative ways for nutrition and hydration;

-n.1 Clinical pharmacologist to evaluate the therapeutic appropriateness and the drafting of any deprescribing protocols;

-n.2 Nurses who will be responsible for assessing patients and to early identify their palliative care needs, assessing vital functions and ensuring therapeutic support, planning and implementing personalised assistance to improve quality of life;

-n.1 Physiotherapist to evaluate patient autonomy and their needs to continue exercise, manual therapy, education and advice and to help patients to manage pain to remain independent for as long as possible;

-n.1 Psychologist to evaluate and to manage psychosocial well-being, cognitive state, mood of the patients and / or the caregiver;

-n.1 Case-manager to take care of the patient and his caregiver during the hospital evaluation;

-n.1 Statistical Data Manager to collect and process data related to socio-demographic, clinical-laboratory characteristics and prognostic factors in order to determine possible outcomes.

Training and tutorial activities

Researchers involved in the the work-package will attend scientific courses about palliative care and multidimensional assessment protocol to improve their knowledge and will write scientific papers to disseminate results.
This project aims to educate other hospital professionals to use the multidimensional assessment with the possibility to introduce this new evaluation in clinical practice of different healthcare setting. In order to reduce healthcare costs it will be possible to organise conferences about the topic to discuss with other healthcare professionals.

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Bibliography

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2. World Health Organization and Cancer Research UK, World Cancer Factsheet, 2012;
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4. Legge 15 marzo 2010 n. 38 Disposizioni per garantire l'accesso alle cure palliative e alla terapia del dolore, Gazzetta Ufficiale n. 65, 19 marzo 2010;
5. Brinkman-Stoppelenburg A. et al. Pall Med. 2014; 28: 1000-1025;
6. Chan RJ. et al. Cochrane Database of Systematic Reviews 2016; Issue 2. Art. No.: CD008006;
7. Gomez-Batiste X. et al. Curr. Opin. SupportPalliat. Care 2012; 6:371-78;
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10. Corrao S. et al. Eur J Intern Med. 2018 May, doi: 10.1016/j.ejim.2018.04.012. [Epub ahead of print]
11. Chattat R et al. Support Care Cancer. 2016; Sep24(9):3821-30

Timeline / Deliverables / Payable Milestones

See Gantt Chart attached.

Milestones 18 month

In the first phase of the project researchers will revise existing literature to identify the most appropriate tools for multidimensional assessment; writing and submitting the research protocol to Ethical Committee. A prognostic score will be developed to modify prescribing attitudes to avoid therapeutic obstinacy, in recruited patients. All the participants will attend training courses to improve the quality of terminal patients care. Report with preliminary data will be written and shared.

Milestones 36 month

In the second phase of the project, implementation of early identification of end-of-life patients in the internal medicine setting will be assessed. In the last part of the project the data manager will analyse data and researchers will write scientific papers and will share results at national and international conferences.

Gantt chart

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Equipment and resources available

The study will be conducted in an internal medicine ward at the National Relevance and High Specialisation Hospital Trust (ARNAS) Civico, Di Cristina, Benfratelli of Palermo. At the ward we have the possibility to investigate about patients conditions using the available resources by the hospital and the palliative care services.

Translational relevance and impact for the National Health System (SSN)

The early identification of terminally ill patient through this new approach might contribute to development of clinical strategies to avoid overuse of medical care and to help patients with terminal illness to achieve the best quality of life and care, nearing the end-of-life. Evaluation of multidimensional approach of a patient with chronic diseases (or non oncologic diseases) by a multiprofessional team, might lead to more appropriate "end-of-life" decisions, reducing access at the emergency department and other acute care facilities, avoiding unnecessary diagnostic and therapeutic exams.

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PRINCIPAL INVESTIGATOR PROFILE

Name	Institution	Sicilia
Corrao Salvatore	Department/Unit	Internal Medicine and Rheumatology
	Position Title	Director

Personal Statement

Patients with chronic multiple diseases admitted to the internal medicine ward develop progression of their chronic illness, with serious complication up to the irreversibility and the palliative care recognition. The early identification of terminally ill patient might contribute to improve clinical strategies to avoid overuse of medical care and to achieve the best possible quality of care. Professor Salvatore Corrao has a great experience in the management of patients with multiple chronic diseases, as documented through more than 150 publications on international scientific journals, drafting of books, such as, by his experience in clinical practice. As Principal Investigator of Sicilian work package, he will coordinate and supervise all clinical and scientific activities.

Education/Training - Institution and Location	Degree	Year(s)	Field of study
The European House Ambrosetti, Milan, Italy	MA in Business Management	1	Health care Business Management
University of Palermo, Palermo, Italy	Board Certification in Hygene and Preventive Medicine	4	Medicine: Hygene and Preventive Medicine
University of Palermo, Palermo, Italy	Board Certification in Internal Medicine	5	Medicine: Internal Medicine
University of Palermo, Palermo, Italy	Degree in Medicine and Surgery	6	Medicine

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Positions

Institution	Division / Research group	Location	Position	From year	To year
ARNAS- Civico Di Cristina-Benfratelli	Internal Medicine and Rheumatology Complex Unit	Palermo, Italy	Director	2012	2018
University of Palermo	(CREAM) Interdipartimental Center of Research for effectiveness and appropriateness in medicine	Palermo, Italy	Director	2012	2018
University Hospital of Palermo	Faculty of Medicine	Palermo, Italy	Member of the Committee for Evaluation of scientific research	2011	2012
Academic Hospital Paolo Giaccone	Nursing School Complex Unit of Internal Medicine and Heart Angiology.	Palermo, Italy	Head of Nursing School Supervisor of Ecocardiography, Sprometry and Polysomnography	2011	2012
University Hospital of Palermo	Degree in Nursing, Nursing and Midwifery Sciences	Palermo, Italy	Associate Professor. Member of the Biomedical DPT of Internal and Specialistic Medicine (Di.Bi.M.I.S)	2005	2018
ARNAS- Civico Di Cristina-Benfratelli	Clinical Methodology in Statistic and Epidemiology Unit	Palermo, Italy	Director of Clinical Methodology in Statistic and Epidemiology Unit Staff member of the General Directorate	1999	2005
ARNAS- Civico Di Cristina-Benfratelli	Internal Medicine Department	Palermo, Italy	Physician in Internal Medicine and Assistant to Medical Director	1994	1999
Academic Hospital Paolo Giaccone	Medical Pathology Unit	Palermo, Italy	MD Student, Intern	1986	1994

Official H index: 29.0   (autocertificated)

Source: Scopus   **Scopus Author Id:** 7003635140

ORCID ID: 0000-0001-5621-1374   **RESEARCH ID:**   K-3504-2018

Awards and Honors:

Research Award in Internal Medicine by Italian Society of Internal Medicine, National Congress of Internal Medicine, 1991.
Award for Young Researchers- Sicilian Regional Section- Italian Society Cardiology (Catania) XXXIII Congress, 1991
Award Telamone for professional and scientific honours. Agrigento, 1999

Other CV Informations:

Prof. Salvatore Corrao had collaborated with the "Istituto Superiore di Sanità" on the national guidelines plan, and with other national health Institutions. Moreover, he collaborates with The REPOSI Registry, a collaborative project of the Italian

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Society of Internal Medicine, on hospitalized elderly patients. Prof. Salvatore Corrao is/has been coordinator of following projects: I.Te.M. Study: "Clinimetrical and Instrumental Evaluation of Patients' Disease Activity with Psoriatic Arthritis" "Epidemiology and management of soft tissue infections." "PIPAC project: new integrated pathways for the patient with Psoriasis /Psoriatic arthritis and comorbidity- Evaluation of the satisfaction index.National Health Plan Objective Project: "Advanced models for the management of chronic diseases"

Selected peer-reviewed publications of the PI

Valid for PI minimum expertise level

Title	DOI	PMID	Cit. **	P.*
Evidence-Based Knowledge Management: an approach to effectively promote good health-care decision-making in the Information Era.	10.1007/s11739-008-0185-4	18709495	12	F
Clinical severity, age, and sex overcome cardiometabolic morbidities but not stroke as predictors of mortality in elderly inpatients: data from the registro politerapie società italiana di medicina interna registry	10.1111/jgs.14197	27458820	0	F
Disability, and not diabetes, is a strong predictor of mortality in oldest old patients hospitalized with pneumonia	doi.org/10.1016/j.ejim.2018.04.012	29728312	0	F
Gender-differences in disease distribution and outcome in hospitalized elderly: data from the reposi study.	10.1016/j.ejim.2014.06.027	25051903	12	F
Brain and kidney, victims of atrial microembolism in elderly hospitalized patients? data from the reposi study.	10.1016/j.ejim.2015.02.01	25749554	4	F
Effectiveness and safety of concurrent beta-blockers and inhaled bronchodilators in copd with cardiovascular comorbidities.	10.1183/16000617.0123-2016.	28794142	0	F
Heart involvement in rheumatoid arthritis: systematic review and meta-analysis	10.1016/j.ijcard.2012.05.057	22703938	22	F
Rheumatoid arthritis affects left ventricular mass: systematic review and meta-analysis	10.1016/j.ejim.2015.02.008	25753937	9	F
Cognitive impairment and stroke in elderly patients	10.2147/VHRM.S75306	27069366	15	L
A novel flash glucose monitoring system in patients with diabetes mellitus type 1 and 2: which are the pieces of evidence for payer decision-makers?	10.1007/s11739-018-1855-5	29740729	0	F

* Position: F=First L=Last C=Corrispondent

** Autocertificated

![Ministero della Salute emblem] **Ministero della Salute** Direzione Generale della Ricerca Sanitaria e Biomedica e della Vigilanza sugli Enti **BANDO RICERCA FINALIZZATA 2018** esercizio finanziario anni 2016-2017	**Project Title:** Early identification of end-of-life care needs and prognostication in complex patients hospitalized in internal medicine and geriatric wards.	

Project Code: NET-2018-12367032-4	**Principal Investigator:**	Corrao Salvatore
Research Type: b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:**	Sicilia

Project Type: WP PROJECT - 4

For evaluation CV

Title	DOI	PMID	Cit. *
Association of anticholinergic burden with cognitive and functional status in a cohort of hospitalized elderly: Comparison of the anticholinergic cognitive burden scale and anticholinergic risk scale: Results from the REPOSI study	10.1007/s40266-012-0044-x.	23239364	59
Polypharmacy, length of hospital stay, and in-hospital mortality among elderly patients in internal medicine wards. The REPOSI study	10.1007/s00228-010-0977-0.	21221958	112
Immuno-inflammatory activation in acute cardio-embolic strokes in comparison with other subtypes of ischaemic stroke	10.1160/TH08-06-0375	19404547	65
Outcomes of Patients Hospitalized with Community-Acquired, Health Care-Associated, and Hospital-Acquired Pneumonia	10.7326/0003-4819-150-1-200901060-00005	19124816	221
Co-morbidity does not reflect complexity in internal medicine patients	10.1016/j.ejim.2007.05.002	17693224	66
Progression of coronary artery calcification in predialysis patients	10.1159/000100044	17312351	71
Echo-Doppler left ventricular filling abnormalities in patients with rheumatoid arthritis without clinically evident cardiovascular disease	10.1046/j.1365-2362.1996.133284.x	8732486	55
Central obesity and hypertension: Pathophysiologic role of renal haemodynamics and function	7550525		70
Cardiac involvement in rheumatoid arthritis: Evidence of silent heart disease	10.1093/oxfordjournals.eurheartj.a060892	7744098	58
Central obesity and hypertension relationship between fasting serum insulin, plasma renin activity, and diastolic blood pressure in young obese subjects.		8031546	87

* Autocertificated

Grant

Funded Institution / Country	Year	Title	Position in Projects
N/A	N/A	N/A	Collaborator

Employment contract extension:

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<img>Ministero della Salute logo</img>

Ministero della Salute
Direzione Generale della Ricerca Sanitaria
e Biomedica e della Vigilanza sugli Enti

BANDO RICERCA FINALIZZATA 2018
esercizio finanziario anni 2016-2017
</td>
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Project Title:

Early identification of end-of-life care needs and prognostication in complex patients hospitalized in internal medicine and geriatric wards.
</td></tr>
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Project Code: NET-2018-12367032-4	**Principal Investigator:** Corrao Salvatore
Research Type: b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:** Sicilia

Project Type: WP PROJECT - 4

Biographical Sketch Contributors 1

Name: Pistone Giovanni	Institution	ARNAS Civico- Di Cristina- Benfratelli, Palermo, Internal Medicine Department, Physician
	Department/Unit	Internal Medicine Department
	Position Title	Physician

Education/Training - Institution and Location	Degree	Year(s)	Field of study
University of Palermo, Palermo, Italy	Board Certification in Internal Medicine	5	Medicine: Internal Medicine
University of Catania, Catania, Italy	Board Certification in Rheumatology	5	Medicine: Rheumatology
University of Palermo, Palermo, Italy	Degree in Medicine and Surgery	6	Medicine

Personal Statement:

The early identification of terminally ill patient might contribute to the development of clinical strategies to avoid overuse of medical care and to achieve the best possible quality nearing the end-of-life.
Dr Pistone is a reumathology specialist that manages the outpatient clinic and the ordinary hospitalization (rheumatological field) will take care of the early identification of the terminally ill patient.

Institution	Division / Research group	Location	Position	From year	To year
ARNAS- Civico Di Cristina-Benfratelli	Internal Medicine Unit	Palermo, Italy	Internal Medicine Physician	2000	2018
Presidio Ospedaliero di Rho	Emergeny Room and Rheumatology outpatient clinic	Rho (MI), Italy	Internal medicine physician	1994	1999
G.Pini-Hospital	Rheumatology	Milan, Italy	Researcher	1991	1995

Awards and Honors

Official H index: 17.0 (autocertificated)

Source: Scopus **Scopus Author Id:** 7004586908

ORCID ID: 0000-0002-7316-6795 **RESEARCH ID:** K-3539-2018

Awards and Honors:

None

Project Code:	NET-2018-12367032-4	**Principal Investigator:**	Corrao Salvatore
Research Type:	b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:**	Sicilia

Project Type: WP PROJECT - 4

Biographical Sketch Contributors 2

Name: Argano Christiano	Institution Department/Unit Position Title	ARNAS Civico- Di Cristina- Benfratelli, Palermo, Internal Medicine Department, Physician Internal Medicine Department Internal medicine physician

Education/Training - Institution and Location	Degree	Year(s)	Field of study
University of Palermo, Palermo, Italy	PhD in Genetics and Pathophysiology of Cardiovascular Event in Endocrine-Metabolic Diseases	3	Genetics
University of Palermo, Palermo, Italy	Board Certification in Internal Medicine	5	Medicine: Internal Medicine
University of Palermo, Palermo, Italy	Degree in Medicine and Surgery	6	Medicine

Personal Statement:

The early identification of terminally ill patient might contribute to the development of clinical strategies to avoid overuse of medical care and to achieve the best possible quality nearing the end-of-life. Dr Argano is an internal medicine specialist with a great experience in the erderly patients with comorbidities management, he will take care of the early identification of the terminally ill patient.

Institution	Division / Research group	Location	Position	From year	To year
ARNAS Civico Di Cristina-Benfratelli	Internal Medicine Department	Palermo, Italy	Internal Medicine Physician	2017	2018
Villa Sofia-Cervello Hospital	Internal Medicine Unit	Palermo, Italy	Internal Medicine Physician	2014	2017
University of Palermo	Academic Hospital Paolo Giaccone	Palermo, Italy	Researcher	2012	2014
Fondazione San Raffaele G. Giglio di Cefalù	Internal Medicine Unit	Cefalù, Italy	Internal Medicine Physician	2005	2012

Awards and Honors

Official H index: 12.0 (autocertificated)

Source: Scopus **Scopus Author Id:** 6506894570

ORCID ID: 0000-0003-3114-4181 **RESEARCH ID:** K-3529-2018

Awards and Honors:

Award for Young Researchers, Italian Society of Internal Medicine; 2005

	Project Title:
Ministero della Salute Direzione Generale della Ricerca Sanitaria e Biomedica e della Vigilanza sugli Enti **BANDO RICERCA FINALIZZATA 2018** esercizio finanziario anni 2016-2017	Early identification of end-of-life care needs and prognostication in complex patients hospitalized in internal medicine and geriatric wards.

Project Code: NET-2018-12367032-4	**Principal Investigator:** Corrao Salvatore
Research Type: b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:** Sicilia

Project Type: WP PROJECT - 4

Award for Young Researchers, Italian Society of Internal Medicine; 2004

Award for Young Researchers, Italian Society of Internal Medicine (Sicilian Section); 2002

	Project Title:
Ministero della Salute Direzione Generale della Ricerca Sanitaria e Biomedica e della Vigilanza sugli Enti **BANDO RICERCA FINALIZZATA 2018** esercizio finanziario anni 2016-2017	Early identification of end-of-life care needs and prognostication in complex patients hospitalized in internal medicine and geriatric wards.

Project Code:	NET-2018-12367032-4	Principal Investigator:	Corrao Salvatore

Research Type:	b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	Applicant Institution:	Sicilia

Project Type: WP PROJECT - 4

Expertise Research Collaborators

Selected peer-reviewed publications of the Research Group / Collaborators

Collaborator	Title	DOI	PMID	Cit. *
Pistone Giovanni	Rheumatoid arthritis affects left ventricular mass: Systematic review and meta-analysis.	10.1016/j.ejim.2015.02.008	25753937	8
Pistone Giovanni	The challenge of using the rheumatoid arthritis diagnostic criteria in clinical practice.	10.1007/s11739-015-1206-8	25672833	2
Argano Christiano	Circulating adiponectin: A cardiometabolic marker associated with global cardiovascular risk	10.2143/AC.70.1.3064591	26137801	7
Argano Christiano	Gender-differences in disease distribution and outcome in hospitalized elderly: data from the REPOSI study.	10.1016/j.ejim.2014.06.027	25051903	12
Pistone Giovanni	Multiple cutaneous metastases in the chest from prostatic carcinoma.	10.1159/000346801	23898267	0
Argano Christiano	Hypoadiponectinemia: A Link between Visceral Obesity and Metabolic Syndrome.	10.1155/2012/175245	22013516	4
Pistone Giovanni	Fast recovery with etanercept in patients affected by polymyalgia rheumatica and decompensated diabetes: a case-series study.	10.1007/s10067-008-1026-6	18946712	8
Argano Christiano	Transforming growth factor beta1 T29C gene polymorphism and hypertension: relationship with cardiovascular and renal damage.	10.1080/08037050802431416	18821144	9
Argano Christiano	Effect of dual blockade of renin-angiotensin system on TGFbeta1 and left ventricular structure and function in hypertensive patients.	10.1038/sj.jhh.1002161	17301824	22
Argano Christiano	Antihypertensive and cardiovascular effects of combined blockade of renin-angiotensin system with ACE inhibitor and angiotensin II type 1 receptor blocker in hypertensive patients: A 24-week randomized controlled double-dummy trial	10.4081/hi.2006.39	21977250	0

* Autocertificated

Grant				
Funded Institution / Country	Year	Title	Position in Projects	Collaborator
N/A	N/A	N/A	Collaborator	Pistone Giovanni

Project Title: Early identification of end-of-life care needs and prognostication in complex patients hospitalized in internal medicine and geriatric wards.	

Project Code:	NET-2018-12367032-4	**Principal Investigator:**	Corrao Salvatore
Research Type:	b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:**	Sicilia

Project Type: WP PROJECT - 4

Total proposed budget (Euro)

Costs	TOTAL BUDGET	Co-Funding	Project costs proposed to funding Organization (no MOH request)	List of costs proposed for funding to the MOH	Percentage of total proposed to the MOH
1a Staff Salary	560.000,00	560.000,00	0,00	not permitted	0,00
1b Researchers' Contracts	462.727,27	40.000,00	272.727,27	150.000,00	50,00
2 Equipment (Leasing - Rent)	15.000,00	0,00	0,00	15.000,00	5,00
3a Supplies	5.000,00	0,00	0,00	5.000,00	1,67
3b Model Costs	0,00	0,00	0,00	0,00	0,00
3c Subcontracts	0,00	0,00	0,00	0,00	0,00
3d Patient Costs	62.727,27	0,00	0,00	62.727,27	20,91
4 IT Services and Data Bases	25.000,00	0,00	0,00	25.000,00	8,33
5 Publication Costs	6.000,00	0,00	0,00	6.000,00	2,00
6 Convegni	3.000,00	0,00	0,00	3.000,00	1,00
7 Travels	6.000,00	0,00	0,00	6.000,00	2,00
8 Overheads	54.545,46	0,00	27.272,73	27.272,73	9,09
9 Coordination Costs	0,00	0,00	0,00	0,00	0,00
Total	1.200.000,00	600.000,00	300.000,00	300.000,00	100,00

Report the Co-Funding Contributor:

ARNAS Civico- di Cristina- Benefratelli, Palermo, Italy

Project Code: NET-2018-12367032-4	**Principal Investigator:** Corrao Salvatore
Research Type: b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:** Sicilia

Project Type: WP PROJECT - 4

Budget Justification

1a Staff Salary	PI and clinicians, researchers, nurses with permanent contract position
1b Researchers' Contracts	3 researchers (3 years; 100% FTE) + 2 research nurses (2 years; 100% FTE)
2 Equipment (Leasing - Rent)	Rent of tablets for data collection
3a Supplies	Clinical analyses for patients enrolled in the study
3b Model Costs	None
3c Subcontracts	None
3d Patient Costs	Patients recruitment and eCRF management
4 IT Services and Data Bases	Data analysis
5 Publication Costs	Costs relating to English language-editing and editorial submissions of results to international peer-review journals included open-access fees
6 Convegni	Costs related to the participation to national/international congresses
7 Travels	Costs related to missions for dissemination
8 Overheads	General project management costs
9 Coordination Costs	None

	Project Title:
![Ministero della Salute emblem] *Ministero della Salute* Direzione Generale della Ricerca Sanitaria e Biomedica e della Vigilanza sugli Enti **BANDO RICERCA FINALIZZATA 2018** esercizio finanziario anni 2016-2017	Early identification of end-of-life care needs and prognostication in complex patients hospitalized in internal medicine and geriatric wards.

Project Code: NET-2018-12367032-4	**Principal Investigator:**	Corrao Salvatore
Research Type: b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:**	Sicilia

Project Type: WP PROJECT - 4

Principal Investigator Data - Working package 1 Code: NET-2018-12367032-1

Cognome: Caraceni
Nome: Augusto Tommaso
Codice fiscale: CRCGTT60M08F205L
Documento: Carta d'identità, Numero: AR8396874
Data di nascita: 08/08/1960
Luogo di nascita: Milano
Provincia di nascita: MI
Indirizzo lavorativo: via Venezian 1
Città: Milano
CAP: 20133
Provincia: MI
Email: augusto.caraceni@istitutotumori.mi.it
Altra email: augusto.caraceni@istitutotumori.mi.it
Telefono: 0223903272
Fax: 0223903393
Qualifica: Direttore di Struttura Complessa
Struttura: Cure Palliative, Terapia del dolore e Riabilitazione
Istituzione: Fondazione IRCCS Istituto Nazionale dei Tumori

Principal Investigator Data - Working package 2 Code: NET-2018-12367032-2

Cognome: Pronzato
Nome: Paolo
Codice fiscale: PRNPLA53B06D969L
Documento: Passaporto, Numero: YA6297118
Data di nascita: 06/02/1953
Luogo di nascita: Genova
Provincia di nascita: GE
Indirizzo lavorativo: POLICLINICO SAN MARTINO Largo R. Benzi, 10
Città: GENOVA
CAP: 16132
Provincia: GE
Email: paolo.pronzato@hsanmartino.it
Altra email: paolo.pronzato@hsanmartino.it
Telefono: 335 6394706
Fax: 010 5556383
Qualifica: Direttore
Struttura: Oncologia Medica 2
Istituzione: POLICLINICO SAN MARTINO ISTITUTO DI RICOVERO E CURA A CARATTERE SCIENTIFICO PER

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Ministero della Salute
Direzione Generale della Ricerca Sanitaria
e Biomedica e della Vigilanza sugli Enti

BANDO RICERCA FINALIZZATA 2018
esercizio finanziario anni 2016-2017

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Project Title:

Early identification of end-of-life care needs and prognostication in complex patients hospitalized in internal medicine and geriatric wards.

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Project Code:	NET-2018-12367032-4	**Principal Investigator:**	Corrao Salvatore
Research Type:	b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:**	Sicilia

Project Type: WP PROJECT - 4

L'ONCOLOGIA

Principal Investigator Data - Working package 3 Code: NET-2018-12367032-3

Cognome: Maltoni
Nome: Marco Cesare
Codice fiscale: MLTMCC57T10D704X
Documento: Carta d'identità, Numero: AT3658522
Data di nascita: 10/12/1957
Luogo di nascita: Forlì
Provincia di nascita: FC
Indirizzo lavorativo: Via P. Maroncelli 40
Città: Meldola
CAP: 47014
Provincia: FC
Email: marcocesare.maltoni@auslromagna.it
Altra email: ilaria.massa@irst.emr.it
Telefono: 0543739424
Qualifica: Direttore
Struttura: Cure palliative e terapia del dolore
Istituzione: Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori IRST IRCCS

Principal Investigator Data - Working package 4 Code: NET-2018-12367032-4

Cognome: Corrao
Nome: Salvatore
Codice fiscale: CRRSVT63E25D960U
Documento: Carta d'identità, Numero: AT0186282
Data di nascita: 25/05/1963
Luogo di nascita: Gela
Provincia di nascita: CL
Indirizzo lavorativo: Piazza Nicola Leotta n4
Città: Palermo
CAP: 90127
Provincia: PA
Email: s.corrao@tiscali.it
Altra email: salvatore.corrao@unipa.it
Telefono: 3405907183
Altro telefono: 0916662717
Fax: 0916662830

Sent date: 21/05/2018 15.06

		Project Title:
Ministero della Salute Direzione Generale della Ricerca Sanitaria e Biomedica e della Vigilanza sugli Enti **BANDO RICERCA FINALIZZATA 2018** esercizio finanziario anni 2016-2017		Early identification of end-of-life care needs and prognostication in complex patients hospitalized in internal medicine and geriatric wards.
Project Code: NET-2018-12367032-4		**Principal Investigator:** Corrao Salvatore
Research Type:	b) Change-promoting: valutare la sicurezza, efficacia, costo-efficacia, di trattamenti/tecnologie/interventi sanitari per cui sussistano significativi margini di incertezza relativamente agli aspetti menzionati, anche con studi clinici di fase 3 e 4	**Applicant Institution:** Sicilia

Project Type: WP PROJECT - 4

Qualifica: Direttore Struttura Complessa
Struttura: UOC Medicina Interna 2
Istituzione: ARNAS Civico - Di Cristina - Benfratelli

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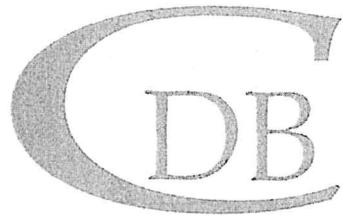
Civico Di Cristina Benfratelli

U.O.C. Economico Finanziario
Piazza Nicola Leotta, 4
90127 Palermo

Al Direttore dell'UOC SIRS
Dr. Giuseppe Carrubba
SEDE

OGGETTO: Finanziamento del Programma di Rete NET-2018-12367032.

In riferimento alla Vs. nota protocollo n. 1092 del 28/06/2021, si comunica che è stata incassata la prima rata del finanziamento del Programma di Rete NET-2018-12367032 , per un importo di euro 150.000 pari al 50% del totale, n. di conto S.P. 2.02.05.05.0116.

Si rimane in attesa di ricevere, gli atti deliberativi concernenti le modalità di programmazione del suddetto progetto.

Cordiali saluti.

Il Responsabile MOS Contabilità
(Dr Antonello Porcaro)

Il Direttore dell'UOC
Economico Finanziario
(Dr. Rosaria Di Fresco)

Regione Siciliana - Azienda Ospedaliera di Rilievo Nazionale e di Alta Specializzazione "Civico - Di Cristina - Benfratelli"
Sede legale: Piazza Nicola Leotta, 4 – 90127 PALERMO C.F./P.IVA n. 05841770828