



**Decree of the Rector n. 492 of 29/05/2024**

Competition for awarding 1 research grant at the University of Udine

**DISCLAIMER:**

The official and legally binding call for applications is in Italian only.

This document cannot be used for legal purposes and is only meant to provide information in English on the call for applications (Decree of the Rector n. 492 of 29/05/2024). Please refer to the official call published on: <https://www.uniud.it/it/albo-ufficiale>

Any change and integration will be made available on the above-mentioned web page. Therefore, no personal written communication regarding the examination date and/or competition results shall be provided to applicants.

**Annex 1**

**Call for applications for the award of 1 grant for the performance of research activities at the University of Udine on the topic "Humanization of care in head and neck oncology for prevention and health promotion: innovative organizational models and digital technologies for data collection and analysis in plastic surgery and maxillofacial surgery" SSD: MED/19 (principal investigator, Pier Camillo Parodi)**

**Art. 1**

A selection proceeding is hereby announced for the award of 1 research grant at the University of Udine for the performance of the research activity identified in Annex A, which forms an integral and substantial part of this call. The research grant is linked to the research project on which it is based and is subject to the corresponding financial coverage.

The grant may be renewed with the winner in accordance with the provisions of Article 22 of Law no. 240 of 30 December 2010 (in the text prior to Leg. Decree no. 36 of 30 April 2022, converted with amendments by Law no. 79 of 29 June 2022) and the Regulations of the University of Udine for the awarding of research grants issued by Rector's Decree no. 182 of 31 March 2021, in the presence of a positive assessment by the scientific supervisor of the activity carried out by the research fellow, adequate scientific justification and related financial coverage, within the limits set out in Article 3, letters b) and c) below.

The research grant does not entitle the successful candidate to any rights as regards access to University roles.

Any personal communication to candidates relating to this selection will be sent exclusively to the email address indicated in the application form.

**Art. 2**

The activities covered by the research grant referred to in this call for competition and the admission requirements are indicated and described in Annex A. Failure to meet the admission requirements at the time of applying shall result in the **exclusion** of the candidate from the selection process.



Possession of a PhD qualification or equivalent qualification obtained abroad or, for the sectors concerned only, of a medical specialisation qualification accompanied by an adequate scientific production, constitutes a preferential requirement for the awarding of the grant envisaged for this selection, if it has not been mentioned as an admission requirement.

Candidates in possession of a specialization qualification in the medical area obtained abroad must also attach the recognition decrees issued by the Italian Ministry of Health in order to avail themselves of the qualification of specialist doctor and of the title of surgeon. These recognition decrees are also required if the qualification has already been recognized in another country of the European Union.  
<http://www.salute.gov.it/ProfessioniSanitariePubblico/>

The Selection Board shall assess, for the sole purpose of admission to the competition, the suitability of any qualification obtained abroad, without prejudice to the assessment of the medical specialisation qualification to which Article 38, paragraph 3.1 of Legislative Decree 165/2001, as amended, and the relevant Community regulations apply.

The Board assesses the qualification obtained abroad based on the relevant documentation enclosed with the application to take part in the selection and may exclude the candidate if the submitted documentation does not provide sufficient elements for the assessment.

Candidates are therefore invited to enclose all documentation in their possession relating to their qualifications in order to provide the Board with sufficient elements to assess their position.

Candidates are admitted to the selection process subject to a reservation and their exclusion, for failure to meet the requirements, may be ordered at any time by reasoned decision.

### Art. 3

The research grant referred to in this call cannot be awarded to the following subjects:

- a) Employees of Universities and the entities referred to in Article 22(1) of Law no. 240 of 30 December 2010 (in the text prior to Leg. Decree no. 36 of 30 April 2022, converted with amendments by Law no. 79 of 29 June 2022).
- b) Recipients of previous research grants pursuant to Law no. 240 of 30 December 2010, for the maximum period allowed by the regulations, excluding the period in which the grant was received in conjunction with a PhD, up to the legal duration of the relevant course.
- c) Those who have already been awarded research grants and fixed-term researcher contracts pursuant to Law no. 240 of 30 December 2010 for a total of 12 years, even if not consecutive.
- d) Those who have a degree of kinship or relationship, up to and including the fourth degree, with:
  - The Rector, the Director General or a member of the Board of Directors of the University of Udine.
  - The principal investigator or a professor/researcher belonging to the department or structure of interest where the research grant activity takes place.

The research grant referred to in this call cannot be cumulated with the following:

- a) Awarded scholarships of any kind, except those granted by national or foreign institutions useful for supplementing, by means of stays abroad, the fellow's training or research activities.
- b) Other research grants.
- c) Employment relationships, even if part-time, without prejudice to the provisions of the regulations for employees of public administrations.



The grant referred to in this call is also incompatible with simultaneous attendance of degree courses, master's degrees, and PhDs with scholarships and medical specialisation, in Italy and abroad.

Persons who have been convicted of a criminal offence resulting in disqualification from holding public office or inability to contract with the public administration as a secondary penalty are not eligible for selection.

#### Art. 4

Applicants must submit, in the manner described in Article 5 below, the application to take part in the selection, duly signed in handwritten or digital form. An application without a signature will result in the **exclusion** of the candidate, except in the case of access through the use of the Public Digital Identity System (SPID) in which case the signature will not be necessary.

The application must be uploaded in its entirety (i.e., every page), **otherwise** the applicant will be **excluded** from the selection.

Applicants must enclose the following with their application for participation in the selection, **under penalty of exclusion**:

1. The professional scientific *curriculum vitae* in Italian or English or one of the additional languages, if any, indicated in Annex A, highlighting the candidate's aptitude for carrying out and implementing the research programme.
2. Copy of valid identity document or other identification document. Citizens of non-EU countries must enclose a copy of their passport.
3. Limited to citizens of non-EU states residing or authorised to reside in Italy, a copy of their residence permit or authorisation to reside in Italy.
4. For candidates who cannot provide a self-certification under the conditions set out below, documentation proving possession of the academic qualification required for admission to the selection. Possession of a higher academic qualification does not exempt the candidate from producing such documentation, which, if missing, will result in exclusion:
  - **Candidates who are Italian citizens or citizens of a European Union Member State** must submit a declaration in lieu of certification and, if necessary, a notarial deed regarding the academic qualification needed for admission (indicating the academic qualification, the academic institution awarding the qualification, the year it was awarded and the mark obtained) and the publications and other qualifications held, indicating for each one all the identification details necessary for the Board's assessment. **The application for participation counts as a declaration in lieu of certification of the declared academic qualification.** If the subject matter of the declaration is not clearly identified in terms of its nature, duration, time setting and institution concerned, the selection board will disregard it. The Administration reserves the right to carry out appropriate checks on the truthfulness of the content of the declarations made; in the event of a false declaration, the provisions of Article 76 of Presidential Decree no. 445/2000 and Articles 483, 485, and 486 of the Italian Criminal Code shall apply. The University will not take into account any certificates attached by candidates who are Italian citizens or citizens of a state belonging to the European Union.
  - **Citizens of a non-European Union State** must submit documents and qualifications in Italian or English or one of the additional languages, if any, indicated in Annex A, under penalty of exclusion from the selection or, as the case may be, non-assessment.  
Documents and titles, originally in a different language, must be accompanied by a translation, made by the candidate under his or her responsibility, into Italian or English or any other language indicated in Appendix A. With reference to the dissertation only, the translation may be limited to an extended abstract.
  - **Citizens of a non-EU State regularly residing in Italy** may use declarations in lieu of certification only in respect of states, personal qualities or facts that can be certified or attested to by Italian public bodies,



without prejudice to the special provisions contained in the laws and regulations governing immigration and the status of foreigners.

- **Citizens of non-EU states authorised to reside in Italy** may use the aforementioned declarations in cases where they are produced pursuant to international conventions between Italy and the declarant's country of origin.

Applicants may also enclose with their application for assessment purposes their publications and any other qualification deemed useful to prove their qualification in relation to the research programme described in Annex A and to certify any research activity carried out in public and/or private entities (with the indication of the starting date and duration). The submission modalities are similar to those indicated in point 4 of the previous paragraph.

Only the qualifications possessed by the candidate on the date of submission of the application for selection and presented in accordance with Article 5 will be assessed.

Any exclusion from the selection procedure due to lack of eligibility requirements, absence of mandatory documents, failure to sign the application to take part in the selection or submission of the application in a manner other than that provided for in this call will be communicated to the parties concerned exclusively by email to the email address indicated in the application to take part in the selection.

#### Art. 5

Registration for this selection will begin on June 6, 2024 at 2:00 pm (Italian time) and will end on July 1, 2024 at 2:00 pm (Italian time).

The application to take part in the selection must be completed, under penalty of exclusion, using the appropriate online procedure, available at <https://pica.cineca.it/>.

For those who do not already have a user account, the procedure involves a registration phase for the applicant, and a subsequent phase for completing the application online.

Once completed, the application must be signed in the manner (handwritten signature, with attached identity document, or digital signature) described in the online procedure, under penalty of exclusion from the selection. The application does not have to be signed if the above-mentioned online procedure is accessed using the Sistema Pubblico di Identità Digitale (SPID - Digital ID Public System). In the case of a handwritten signature, the applicant must upload the application to the system in its entirety. The information entered in the application form shall constitute a declaration in lieu of certification and affidavit, pursuant to Articles 46 and 47 of Presidential Decree no. 445/2000.

The qualifications referred to in Article 4 must be attached to the application in .pdf format. Individual files, in .pdf format, may not exceed 30MB in size.

It is not permitted to submit attachments to the application in the form of links to files residing on "online storage/file sharing" services or web pages. Reference may not be made to documents or publications submitted to this or other administrations or documents attached to the application for participation in another selection procedure.

The application for participation in the selection is automatically sent to the University of Udine with the final closure of the online procedure.



The University Administration:

- accepts no liability if it is impossible to read the submitted documentation in electronic format due to damaged files;
- does not accept or take into consideration qualifications or documents received in paper form or by any other means than those specified in this article.

The Administration accepts no liability in the event of incorrect indication by the candidate of his/her email address or in the event of failure or delay in communicating a change in the email address indicated in the application, nor for any digital transmission errors attributable to third parties, unforeseeable circumstances or force majeure.

Applicants are advised not to wait until the last few days before the deadline to submit their application. The University accepts no liability for any malfunctions due to technical problems and/or overloading of the communication line and/or application systems.

#### Art. 6

The selection test takes place according to the modalities set out in Annex A.

The test will aim to ascertain the candidates' preparation, experience and research aptitude. It will consist of an assessment of the professional scientific curriculum, publications and titles submitted, and an interview, where applicable.

Failure of the candidate to attend the interview will be considered as withdrawal from the selection, whatever the cause.

Candidates who intend to avail themselves of the benefits provided for by Article 20 of Law no. 104 of 1992 (need for assistance, possible use of additional time for the performance of examination tests) in relation to their disability situation, must declare this and accompany the application with appropriate medical certification in order to allow the Administration to prepare in time the means and tools to guarantee the statutory benefits; failure to submit the medical certification exempts the Administration from any obligation in this regard.

#### Art. 7

The Competition Selection Board is identified in Annex A to this call, of which it forms an integral part. At its first meeting, the Board appoints the Chairperson and the Secretary taking the minutes, and establishes the criteria and procedures for assessing the qualifications and the interview, where applicable.

The results of the assessment must be made known to the parties concerned at the interview, where provided for.

The Board can attribute to the selection a total number of 100 points (one hundred hundredths). At the end of its work, the Board formulates the overall merit list based on the total marks obtained by each candidate and draws up the minutes of the competition operations.

The grant may be awarded, subject to the ranking list, to candidates who have obtained a minimum overall mark of 70/100 (seventy hundredths).

The Board's judgement is final on the merits.



The ranking list will be made public exclusively by publication on the University's official notice board; the outcome of the assessment will not be the subject of personal communication to candidates.

Those who do not declare their acceptance of the research grant and do not present themselves at the structure where the research activities are to be carried out to sign the contract by the deadline communicated by the same to the email address indicated by the candidate in the application shall forfeit their right to the research grant, except for health reasons or reasons of force majeure duly documented and promptly notified.

Candidates holding qualifications obtained abroad, if successful, must submit the following, if not already attached to the application:

- **For degrees issued by a country that is a party to the Lisbon Convention (<https://www.enic-naric.net/>), the following documentation:**
  - *Supplement* Diploma or similar certificate in English issued by the competent University.
  - "Certificate of Verification of Foreign Qualification - CIMEA" issued by CIMEA (Centre for Information on Academic Mobility and Equivalences) via the "*diplome*" service at <https://cimea.diplo-me.eu/udine/#/auth/login>
- **For degrees issued by a country not party to the Lisbon Convention (<https://www.enic-naric.net/>), one of the following options:**
  - Declaration of the on-site value of the qualification held and the certificate relating to the qualification with examinations and grades. The certificate in a language other than Italian or English must be accompanied by an official translation into one of those languages (certified by the competent diplomatic-consular authority or sworn at a court in Italy).
  - "Certificate of Comparability and Verification of Foreign Qualifications - CIMEA" issued by CIMEA (Centre for Information on Academic Mobility and Equivalences) via the "*diplome*" service at <https://cimea.diplo-me.eu/udine/#/auth/login>

If the aforementioned documentation is not available at the time of the conclusion of the contract, the candidate must prove that he or she has requested it and submit it as soon as possible; if it is not submitted within six months of the start of the contract, the candidate will forfeit the contract and will be required to repay any related sums received to date.

The selected candidate will have to undergo any health assessment deemed necessary by the competent doctor and aimed at issuing the assessment of suitability for the specific task according to the protocol of the host structure. The signature of the contract will be possible only after obtaining the judgment of suitability for the specific task by the Azienda Sanitaria Universitaria Friuli Centrale (ASU FC). Before signature of the research grant contract, the candidate awarded of reference research grant must submit a copy of the vaccination booklet or related certificate, and intradermal reaction – sec. Mantoux (performed in the last 12 months).

#### Art. 8

The research activity cannot be started before the contract defining the terms of the collaboration is signed.

The activity covered by the research grant must have the following characteristics:

- a) Be carried out in the context of the research programme covered by the grant and not be a purely technical support to the same.
- b) Close connection with the implementation of the research programme that is the subject of the relationship with the winner.
- c) Having a continuous and in any case temporally defined character, not merely occasional, and in coordination with the overall activity of the University.



d) Performance in a condition of autonomy, within the sole limits of the programme prepared by the Head of the same, without predetermined working hours.

The research fellow is obliged to submit a detailed written report on the work carried out and the results achieved, together with the opinion of the scientific supervisor, to the reference structure within the deadlines laid down in the contract. The research fellow will also have to submit interim reports and time sheets if requested by the reference structure and/or the scientific supervisor.

The research fellow is bound to strict confidentiality regarding the data and information to which he/she becomes privy in the course of his/her research activity. At the request of the scientific coordinator, he/she will be required to sign an appropriate confidentiality agreement.

The industrial property rights to the results obtained by the research fellow in the performance of the research activity belong exclusively to the University, without prejudice to the moral right of the research fellow to be recognised as an author or inventor.

The University reserves the right to revoke this call for competition for reasons of public interest, should the research project and/or the financial backing on which the research grant is based cease to exist. Should these causes arise after the contract has been signed, the University may terminate the contract without notice.

With regard to accident insurance and third-party liability, the provisions of art. 3 c. 5 of the "Internal rules for awarding research grants pursuant to Italian Law no. 240 of 30 December 2010" of the University of Udine, issued by Rector's Decree no. 182 of 31 March 2021, are applied.

The Azienda Sanitaria Universitaria Friuli Centrale (ASU FC), by authorizing with a subsequent deed the access of the selected candidate to its facilities, ensures insurance cover for professional risks and third-party liability in the course of the authorized activity. The insurance policy for accidents and occupational diseases remains at the expense of the selected candidate. In the absence of such policy, the selected candidate will not be allowed to access the facilities of the Azienda Sanitaria Universitaria Friuli Centrale (ASU FC), and it will not be possible to proceed with the signature of the contract.

#### Art. 9

The following apply to the grant under this call:

- On tax matters, the provisions of Article 4 of Law no. 476 of 13 August 1984, as amended.
- On social security matters, the provisions of Article 2(26) et seq. of Law no. 335 of 8 August 1995, as amended.
- On compulsory maternity leave, the provisions of the Ministerial Decree of 12 July 2007.
- On sick leave, the provisions of Article 1(788) of Law No 296 of 27 December 2006, as amended.

During the period of compulsory maternity leave, the allowance paid by INPS pursuant to Article 5 of the Ministerial Decree of 12 July 2007 is supplemented by the University up to the full amount of the research grant.

The grant will be paid in monthly instalments in arrears.



Art. 10

The data collected as part of the procedure referred to in Article 5 is necessary for the proper management of the selection procedure, for the possible subsequent management of the research grant and purposes related to the management of the services provided by the University. The University of Udine is the Data Controller. At any time, the data subject may request access, rectification and, compatibly with the institutional purposes of the University, cancellation and restriction of processing or may object to the processing of his/her data. He/she can always lodge a complaint with the Italian Data Protection Authority. The full information is available on the University of Udine website in the "Privacy" section accessible from the home page [www.uniud.it](http://www.uniud.it) Direct Link: <https://www.uniud.it/it/it/pagine-speciali/guida/privacy>

Art. 11

For any matters not expressly mentioned in this call, reference is made to the relevant regulations in force cited in the introduction and to the "Internal regulations for the award of research grants pursuant to Law no. 240 of 30 December 2010" of the University of Udine issued by Rector's Decree no. 182 of 31 March 2021.

Art. 12

The official in charge of the proceeding is Dr. Sandra Salvador, Head of the Research Services Area of the University of Udine.

The reference office at the University of Udine is the "Area Servizi per la Ricerca - Ufficio Formazione per la Ricerca", Via Mantica 31 - 33100 Udine.

To request information on the call, please complete the following form available on the University of Udine website: [https://helpdesk.uniud.it/SubmitSR.jsp?type=req&accountId=universityofudine&populateSR\\_id=42105](https://helpdesk.uniud.it/SubmitSR.jsp?type=req&accountId=universityofudine&populateSR_id=42105)





**Annex A**

**Responsabile scientifico della ricerca / Principal investigator:**

Nome e cognome / Name and surname: Pier Camillo Parodi  
 Qualifica / Position: Professore Ordinario / Full Professor  
 Dipartimento / Department: Medicina (DMED) / Medicine  
 Area MUR / Research field: 06 - Scienze Mediche / Medical Sciences  
 Settore concorsuale e Settore scientifico disciplinare / Scientific sector: 06/E2; MED/19 - Chirurgia plastica

**Titolo dell'assegno di ricerca / Topic of the research fellowship "assegno di ricerca":**

*I bandi sono consultabili dal sito dell'Ateneo, del MUR e di Euraxess / The calls are available on the University, MUR and Euraxess websites*

Testo in italiano:

Umanizzazione delle cure nell'oncologia testa-collo per la prevenzione e promozione della salute: modelli organizzativi innovativi e tecnologie digitali per la raccolta e l'analisi dei dati in chirurgia plastica e chirurgia maxillo facciale.

Text in English:

Humanization of care in head and neck oncology for prevention and health promotion: innovative organizational models and digital technologies for data collection and analysis in plastic surgery and maxillofacial surgery.

**Obiettivi previsti e risultati attesi del programma di ricerca in cui si colloca l'attività dell'assegnista di ricerca / Foreseen objectives and results of the research programme performed by the research fellow "assegnista di ricerca":**

*I bandi sono consultabili dal sito dell'Ateneo, del MUR e di Euraxess / The calls are available on the University, MUR and Euraxess websites*

Testo in italiano:

<p>Abstract del progetto</p>	<p>L'umanizzazione delle cure si definisce in letteratura come una strategia volta a rispondere in modo adeguato ai bisogni della salute della popolazione, integrando la prospettiva clinico-assistenziale con la prospettiva organizzativo-gestionale. Tale strategia si concretizza in un sistema di gestione articolato in 4 aree di sviluppo: ricerca, formazione, clinico assistenziale, esiti e outcome. Il progetto di ricerca intende applicare le 4 aree di sviluppo nella branca dell'oncologia testa collo e dei tumori cutanei e/omelanomi del volto, che richiedono l'integrazione e cooperazione tra le competenze di chirurgia plastica e le competenze di chirurgia maxillo-facciale per offrire al paziente i migliori trattamenti ed esiti di cura (soprattutto quando il trattamento chirurgico si concretizza in diverse fasi: chirurgia demolitiva, microchirurgia ricostruttiva e chirurgia estetica). L'obiettivo è quello di migliorare le strategie di cura, promozione della salute e prevenzione delle patologie oncologiche testa-collo attraverso la capacità di:</p> <ol style="list-style-type: none"> <li>1. ottenere risultati attendibili e certi dal confronto tra la letteratura e l'analisi sistematica dei dati inerenti alle patologie trattate negli anni;</li> <li>2. considerare sempre il percorso globale del paziente: dalla diagnosi, alla cura e follow-up.</li> </ol> <p>L'attività di ricerca basata sulla costruzione di un modello organizzativo, supportato dalle tecnologie digitali, e sulla definizione di un sistema volto alla raccolta e all'analisi dei dati in chirurgia plastica e in chirurgia</p>
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	<p>maxillo facciale sulle patologie oncologiche testa collo, tumori cutanei e/o melanomi del volto, permetterà di:</p> <ol style="list-style-type: none"><li>1) favorire l'avanzamento della ricerca scientifica, non solo in fase di diagnosi e cura, ma anche nella prevenzione oncologica primaria (identificazione/valutazione/rimozione di fattori di rischio ambientali, professionali, psicofisici, genetici, biomolecolari ed immunologici, con particolare riferimento a stili di vita, alimentazione, alcool, tabagismo, attività fisica); prevenzione oncologica secondaria (approcci innovativi clinico-diagnostici per la diagnosi precoce dei tumori) e prevenzione oncologica terziaria (riabilitazione fisica, sociale, psicologica, occupazionale ed estetico-rigenerativa del/la paziente oncologico/a, con particolare attenzione al coinvolgimento attivo e diretto della famiglia/caregivers);</li><li>2) garantire l'applicazione di un metodo rigoroso e scientifico nella organizzazione e gestione della presa in carico globale del paziente/cittadino, partendo dalla promozione della salute e dalla prevenzione dei tumori oggetto della ricerca;</li><li>3) valutare un utilizzo efficace, efficiente, sicuro e appropriato delle nuove tecnologie, in tutte le fasi della filiera della salute: promozione della salute, prevenzione, diagnosi precoce, cura e follow up.</li></ol>
Obiettivi del progetto	<p>Il progetto di ricerca si propone di introdurre sistematicamente un modello organizzativo innovativo che permetta di attivare a favore del cittadino iniziative di promozione della salute, prevenzione oncologica primaria, secondaria e terziaria, diagnosi e cura riguardo alle patologie oncologiche testa collo, tumori cutanei e/o melanomi del volto, che richiedono l'intervento congiunto del chirurgo plastico e del chirurgo maxillo-facciale (chirurgia demolitiva, microchirurgia ricostruttiva e chirurgia estetica). Al fine di raggiungere tale obiettivo, si rende necessaria la realizzazione di una attività di ricerca volta alla progettazione di un sistema innovativo di raccolta, gestione ed elaborazione dei dati esistenti e inerenti alla patologia oncologica oggetto della ricerca. Tale sistema permetterà ai clinici di:</p> <ol style="list-style-type: none"><li>1) effettuare una valutazione sistematica sulle patologie trattate e sugli esiti;</li><li>2) estrapolare e utilizzare informazioni e dati utili a supporto della fase di valutazione dei casi e del processo decisionale rispetto alle terapie da adottare;</li><li>3) attivare protocolli di prevenzione primaria, secondaria e terziaria, anche grazie all'utilizzo di tecnologie digitali e intelligenza artificiale.</li></ol>
Stato dell'arte	<p>Secondo il rapporto "I numeri del cancro 2023", frutto della collaborazione tra AIOM (Associazione italiana di oncologia medica), AIRTUM (Associazione italiana registri tumori), Fondazione AIOM e PASSI (Progressi nelle aziende sanitarie per la salute in Italia) e i dati aggiornati del Ministero della Salute e di AIRC, i dati attualmente disponibili sono i seguenti:</p> <ol style="list-style-type: none"><li>1) I tumori testa-collo delle vie aero-digestive superiori (faringe, laringe e cavo orale), sebbene siano relativamente poco frequenti, rappresentano un problema clinico e sociale maggiore per la delicatezza delle funzioni che possono compromettere. Nel 2022, in Italia sono state stimate circa 9.750 nuove diagnosi (uomini = 7.050; donne = 2.700) per quanto riguarda i tumori testa-collo. Le stime per il 2023 non sono disponibili. Nel 2023, sono stati stimati 3.800</li></ol>



	<p>decessi (uomini = 2.700; donne = 1.100). Le stime per il 2023 non sono disponibili. Secondo i dati riportati dal Ministero della Salute il tasso di incidenza media del cancro orale è di 8,44 nuovi casi ogni 100.000 uomini all'anno e di 2,2 per le donne, con un tasso di mortalità a 5 anni pari al 70%. Il tasso di mortalità è in lento, ma costante aumento in tutte le fasce di età, soprattutto a causa del ritardo della diagnosi. La mancanza di uno screening di base è responsabile del fatto che la risposta medica avviene dopo 5-6 mesi dall'comparsa dei sintomi. Inoltre, alla diagnosi già il 53% dei pazienti presenta diffusione locale o adistanza del tumore.</p> <p>2) Circa l'85% dei melanomi cutanei che insorgono annualmente nel mondo interessa le popolazioni di Nord-America, Europa e Oceania. Si tratta di uno dei principali tumori che insorgono in giovane età e costituisce in Italia attualmente il terzo tumore più frequente in entrambi i sessi al di sotto dei 50 anni. Il rischio di insorgenza del melanoma cutaneo è legato a fattori genetici, fenotipici, ambientali e alle combinazioni tra questi. Nel 2023, sono stimate circa 12.700 nuove diagnosi di melanoma della cute (uomini = 7.000; donne = 5.700). Per quanto concerne la mortalità, nel 2022, sono stimati 2.500 decessi per melanoma (uomini = 1.500; donne = 1.000). Le stime per il 2023 non sono disponibili. È opportuno inoltre ricordare che il melanoma cutaneo rappresenta solo una piccola percentuale (circa il 5 per cento) di tutti i tumori che colpiscono la pelle ma è certamente il più aggressivo.</p>
Descrizione del progetto	<p>Il piano di progetto, della durata di 12 mesi, si svilupperà in 3 WP metodologiche: 1) research and model design; 2) data collection and evaluation; 3) model testing and results.</p> <p><b>WP1 - Research and model design (durata: M1-M5)</b> Tale WP ha l'obiettivo di:</p> <ul style="list-style-type: none"><li>- svolgere una analisi sistematica della letteratura sui potenziali modelli organizzativi esistenti e strumenti attendibili di raccolta dati;</li><li>- definire le caratteristiche del sistema di raccolta dati e i criteri di analisi e classificazione dei casi clinici trattati.</li></ul> <p><b>WP2 - Data collection and evaluation (durata: M4-M8)</b> Tale WP ha l'obiettivo di:</p> <ul style="list-style-type: none"><li>- eseguire la raccolta dati rispetto ai criteri definiti in WP1 e ai risultati della analisi della letteratura;</li><li>- valutare e selezionare quale tecnologia digitale o di intelligenza artificiale utilizzare per sistematizzare la raccolta e analisi dei dati;</li><li>- identificare il modello organizzativo interno più appropriato confrontando i risultati dalla letteratura e il contesto di applicazione.</li></ul> <p><b>WP3 - Model testing and results (durata: M4-M12)</b> La WP3 si articolerà nelle seguenti attività e sarà simultanea alla WP2 in modo da rendere più efficace il processo decisionale:</p> <ul style="list-style-type: none"><li>- test della tecnologia identificata per la raccolta e analisi dei dati clinici;</li><li>- implementazione in piccola scala del modello organizzativo per la promozione della salute, prevenzione, diagnosi e cura della patologia oncologica testa-collo;</li><li>- proposta di iniziative sistemiche di prevenzione primaria, secondaria e terziaria;</li><li>- prima validazione del sistema di raccolta e analisi dei dati e modello</li></ul>



	<p>organizzativo, applicando i principi e le aree di sviluppo dell'umanizzazione delle cure.</p> <p>La metodologia di lavoro utilizzata rappresenta un progetto di medicina traslazionale che intende trasferire i risultati della ricerca nella pratica clinica, sia dal punto di vista medico-sanitario sia dal punto di vista organizzativo-gestionale, considerando l'intera filiera della salute: dalla promozione/prevenzione fino alla cura e follow-up.</p>
<p>Possibili potenzialità applicative</p>	<p>Le possibili potenzialità applicative del progetto proposto nel medio-lungo termine sono le seguenti:</p> <p><b>IMPATTO SCIENTIFICO E TECNOLOGICO</b></p> <ul style="list-style-type: none"> <li>• <b>Aumentare la conoscenza e la consapevolezza clinica e scientifica:</b> individuare e definire in modo sistematico i fattori predisponenti i tumori testa-collo e la correlazione tra di essi, lo stile di vita, le patologie concomitanti e le caratteristiche anamnestiche dei cittadini, attraverso l'analisi della letteratura e dei dati in possesso derivanti dall'attività clinica, garantendo l'anonimizzazione dei dati.</li> <li>• <b>Ampliare e perfezionare il lavoro di ricerca,</b> attraverso l'analisi dei dati aggregati.</li> <li>• <b>Favorire e migliorare il processo decisionale dei clinici</b> grazie alla mappatura delle casistiche e all'attivazione di un processo sistematico di prevenzione mirata primaria, secondaria e terziaria, diagnosi e cura.</li> </ul> <p><b>IMPATTO SOCIALE ED ECONOMICO</b></p> <ul style="list-style-type: none"> <li>• <b>Ridurre nel medio lungo termine l'incidenza della diagnosi tardiva dei tumori testa-collo, tumori cutanei e/o melanomi del volto,</b> migliorando la gestione, valutazione e rimozione dei fattori di rischio e permettendo di prevenire la malattia e anticipare la diagnosi precoce.</li> <li>• <b>Aumentare il tasso di predizione e prevenzione</b> dei sintomi nell'insorgenza dei tumori oggetto della ricerca e successiva eventuale diagnosi precoce.</li> <li>• <b>Garantire al cittadino la migliore esperienza di prevenzione primaria, secondaria e terziaria</b> del tumore testa-collo, dei tumori cutanei e/o melanomi del volto, e conseguentemente il mantenimento dello stato di salute, attraverso l'individuazione personalizzata dei fattori predisponenti la patologia oncologica e la correlazione tra questi, lo stile di vita, le patologie concomitanti e le caratteristiche anamnestiche dei cittadini.</li> <li>• <b>Educare il cittadino al contenimento dei fattori di rischio,</b> aumentando la consapevolezza sui rischi e sui fattori predisponenti i tumori considerati nell'analisi.</li> </ul> <p>Tali risultati attesi rappresentano l'effettiva capacità di trasferibilità sociale del progetto e di creare un cambiamento utile per la collettività, migliorando inoltre gli indicatori di sostenibilità economica. La predizione e prevenzione dei tumori testa collo, tumori cutanei e/o melanomi del volto richiede uno sforzo collettivo. Con questo progetto di ricerca scientifica e applicata, si intende contribuire a ridurre l'incidenza di queste patologie e migliorare la salute della comunità, adottando un approccio medico e organizzativo, a partire dalla promozione della</p>



	salute e dalla prevenzione, fino alla diagnosi, cura e follow-up.
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Text in English:

<p>Abstract</p>	<p>According to scholars, Humanization of Care is defined as a strategy aimed at responding appropriately to population health needs by integrating the clinical-care perspective with the organizational-management perspective. This strategy is embodied in a management system divided into 4 areas of development: research, training, clinical care and outcomes. The research project intends to apply the 4 areas of development in the branch of head and neck oncology and cutaneous and/or face melanoma cancer, which require the integration and cooperation between plastic surgery skills and maxillofacial surgery skills to provide the best treatments and outcomes of care for the patient (especially when surgical treatment takes the form of several stages: demolitive surgery, reconstructive microsurgery, and cosmetic surgery). The goal is to improve strategies for the treatment, health promotion, and prevention of oncologic diseases through the ability to:</p> <ol style="list-style-type: none"> <li>1. obtain reliable results from comparing the literature and the systematic analysis of data inherent in the diseases treated over the years;</li> <li>2. consider the global patient pathway: from early diagnosis to treatment and follow-up.</li> </ol> <p>The research activity is based on:</p> <ul style="list-style-type: none"> <li>- proposing an organizational model, supported by digital technologies.</li> <li>- defining a system aimed at the collection and analysis of data in plastic surgery and maxillofacial surgery on head and neck oncologic pathologies, skin cancers and/or face melanomas.</li> </ul> <p>Thus, the project will allow to:</p> <ol style="list-style-type: none"> <li>1. encourage the advancement of scientific research, not only in diagnosis and treatment, but also in primary oncological prevention (identification/assessment/removal of environmental, occupational, psychophysical, genetic, biomolecular and immunological risk factors, with particular reference to lifestyles, diet, alcohol, smoking, physical activity); secondary oncological prevention (innovative clinical-diagnostic approaches for early detection of cancer) and tertiary oncological prevention (physical, social, psychological, occupational and aesthetic-regenerative rehabilitation of the cancer patient(s), with emphasis on active and direct involvement of the family/caregivers);</li> <li>2. ensure the application of a rigorous and scientific method in the organization and management of the comprehensive care of the patient/citizen, starting from health promotion and prevention of cancers under research;</li> <li>3. evaluate effective, efficient, safe, and appropriate use of new technologies, at all stages of the health chain: health promotion, prevention, early diagnosis, treatment, and follow-up.</li> </ol>
<p>Objectives of the project</p>	<p>The research project aims to systematically introduce an innovative organizational model to enable citizen- friendly initiatives in health promotion, primary, secondary, and tertiary oncological prevention, diagnosis and treatment regarding head and neck oncologic pathologies, skin tumors and/or melanomas of the face, which require the joint intervention of the plastic surgeon and maxillofacial surgeon (demolition</p>



	<p>surgery, reconstructive microsurgery, and cosmetic surgery). To achieve this goal, it is necessary to carry out a research activity aimed at designing an innovative system for the collection, management, and processing of existing data inherent to the oncologic diseases under research. Such a system will enable clinicians to:</p> <ol style="list-style-type: none"> <li>1) carry out a systematic assessment of pathologies treated and outcomes;</li> <li>2) extrapolate and use useful information and data to support the case evaluation phase and decision making with respect to treatment therapies to be adopted;</li> <li>3) activate primary, secondary, and tertiary prevention protocols, including digital technologies and artificial intelligence.</li> </ol>
<p>State of the art</p>	<p>According to the report "The Numbers of Cancer 2023," a collaboration between AIOM (Italian Association of Medical Oncology), AIRTUM (Italian Association of Cancer Registries), AIOM Foundation and PASSI (Progress in Health Care Companies for Health in Italy) and updated data from the Ministry of Health and AIRC, the currently available data are as follows:</p> <ol style="list-style-type: none"> <li>1. Head and neck cancers of the upper aero-digestive tract (pharynx, larynx, and oral cavity), although relatively uncommon, represent a major clinical and social problem because of the delicacy of the functions they can impair. In 2022, 9,750 new diagnoses (men = 7,050; women = 2,700) of head and neck cancers were estimated in Italy. Estimates for 2023 are not available. In 2022, 3,800 deaths were estimated (men = 2,700; women = 1,100). Estimates for 2023 are not available. According to data reported by the Ministry of Health, the average incidence rate of oral cancer is 8.44 new cases per 100,000 men per year and 2.2 for women, with a 5-year mortality rate of 70%. The mortality rate is slowly but steadily increasing in all age groups, mainly due to delayed diagnosis. The lack of baseline screening is responsible for the fact that medical response occurs 5-6 months after the onset of symptoms. Moreover, at diagnosis already 53% of patients have local or distant spread of the cancer.</li> <li>2. Approximately 85% of cutaneous melanomas arising annually worldwide affect populations in North America, Europe, and Oceania. It is one of the major cancers arising at a young age and is currently the third most frequent cancer in both sexes under the age of 50 in Italy. The risk of occurrence of cutaneous melanoma is related to genetic, phenotypic, environmental factors and combinations among them. In 2023, about 12,700 new diagnoses of melanoma of the skin are estimated (men = 7,000; women = 5,700). Regarding mortality, in 2022, 2,500 deaths from melanoma are estimated (men = 1,500; women = 1,000). Estimates for 2023 are not available. It should also be remembered that cutaneous melanoma represents only a small percentage (about 5 percent) of all cancers affecting the skin but is certainly the most aggressive.</li> </ol>
<p>Project description</p>	<p>The 12-month project plan will be developed into 3 methodological WPs:</p> <ol style="list-style-type: none"> <li>1) research and model design;</li> <li>2) data collection and evaluation;</li> <li>3) model testing and results.</li> </ol> <p><b>WP1 - Research and model design (duration: M1 - M5)</b> This WP aims to:</p> <ol style="list-style-type: none"> <li>1) conduct a systematic literature review of potential existing</li> </ol>





	<p>organizational models and reliable data collection tools.</p> <p>2) define the characteristics of the data collection system and the criteria for analysis and classification of clinical cases treated.</p> <p><b>WP2 - Data collection and evaluation (duration: M4 - M8)</b> This WP aims to:</p> <ol style="list-style-type: none"> <li>1) perform data collection against the criteria defined in WP1 and the results of the literature review;</li> <li>2) evaluate and select which digital or artificial intelligence technology to use to systematize data collection and analysis;</li> <li>3) identify the most appropriate internal organizational model by comparing the results from the literature and the context of application.</li> </ol> <p><b>WP3 - Model testing and results (duration: M4 - M12)</b> WP3 will consist of the following activities and will be simultaneous with WP2 to make the decision-making process more effective:</p> <ol style="list-style-type: none"> <li>1) Testing of the identified technology for clinical data collection and analysis.</li> <li>2) Small-scale implementation of the organizational model for health promotion, prevention, diagnosis and treatment of head and neck oncology disease.</li> <li>3) Proposal of systemic primary, secondary and tertiary prevention initiatives.</li> <li>4) First validation of the data collection and analysis system and organizational model, applying the principles and development areas of humanization of care.</li> </ol> <p>The working methodology used represents a translational medicine project that intends to transfer research results into clinical practice, both from a medical/health care perspective and from an organizational/management perspective, considering the entire health chain: from promotion/prevention to treatment and follow-up.</p>
Possible application potentialities	<p>The possible application potential of the proposed project in the medium to long term are as follows:</p> <p><b>SCIENTIFIC AND TECHNOLOGICAL IMPACT</b></p> <ul style="list-style-type: none"> <li>- Increasing clinical and scientific knowledge and awareness: systematically identifying and defining predisposing factors for head and neck cancers and the correlation between them, lifestyle, concomitant diseases, and anamnestic characteristics of citizens, through analysis of literature and data in possession derived from clinical activity, ensuring data anonymization.</li> <li>- Expand and refine the research work, through analysis of aggregated data.</li> <li>- Facilitate and improve clinicians' decision making through case mapping and activation of a systematic process of targeted primary, secondary and tertiary prevention, diagnosis and treatment.</li> </ul> <p><b>SOCIAL AND ECONOMIC IMPACT</b></p> <ul style="list-style-type: none"> <li>- Reducing in the med-long term the incidence of late diagnosis of head-neck cancers, skin cancers, and/or melanomas of the face by improving management, assessment, and removal of risk factors and enabling disease prevention and earlier diagnosis.</li> <li>- Increasing the rate of prediction and prevention of symptoms in the</li> </ul>



	<p>onset of the cancers being researched and subsequent possible early diagnosis.</p> <ul style="list-style-type: none"> <li>- Ensuring the citizen's best experience of primary, secondary and tertiary prevention of head-neck cancer, skin cancers and/or melanomas of the face, and consequently the maintenance of health status, through the personalized identification of predisposing factors for oncological pathology and the correlation between these, lifestyle, concomitant diseases and anamnestic characteristics of citizens.</li> <li>- Educating citizens on the containment of risk factors, increasing awareness about the risks and predisposing factors of cancers considered in the analysis.</li> </ul> <p>These expected results represent the project's effective ability to be socially transferable and to create a useful change for the community, while also improving economic sustainability indicators. The prediction and prevention of head and neck cancers, skin cancers and/or face melanomas requires a collective effort. With this scientific and applied research project, we aim to help reduce the incidence of these diseases and improve the health of the community, by adopting a medical and organizational approach, starting from health promotion and prevention to diagnosis, treatment and follow-up.</p>
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	<p>PMID: 33308993</p> <p>The Impact of COVID-19 on Plastic Surgery Residency Training. Zingaretti N, Contessi Negrini F, Tel A, Tresoldi MM, Bresadola V, Parodi PC. Aesthetic Plast Surg. 2020 Aug;44(4):1381-1385. doi: 10.1007/s00266-020-01789-w. Epub 2020 May 26. PMID: 32458042 Free PMC article</p> <p>Study on the Aging Dynamics of the Periorbital Region: From Observation to Knowledge of Physiopathology. De Biasio F, Miotti G, Zingaretti N, Castriotta L, Parodi PC. Ophthalmic Plast Reconstr Surg. 2019 Jul/Aug;35(4):333-341. doi: 10.1097/IOP.0000000000001247. PMID: 30320720</p> <p>Immediate pre-pectoral implant-based breast reconstruction after J-pattern skin reducing mastectomy. Caputo GG, Pisano G, Albanese R, Mura S, Scarabosio A, Contessi Negrini F, Parodi PC. Plast Reconstr Surg. 2023 Aug 29. doi: 10.1097/PRS.0000000000011028. Online ahead of print. PMID: 37647526</p> <p>Pre-pectoral Breast Reconstruction: Surgical and Patient-Reported Outcomes of Two- Stages vs Single-Stage Implant-Based Breast Reconstruction. Zingaretti N, Piana M, Battellino L, Galvano F, De Francesco F, Riccio M, Beorchia Y, Castriotta L, Parodi PC. Aesthetic Plast Surg. 2023 Aug 29. doi: 10.1007/s00266-023-03601-x. Online ahead of print. PMID: 37644192</p> <p>The Effect of Adjuvant Radiotherapy on One- and Two-Stage Prosthetic Breast Reconstruction and on Autologous Reconstruction: A Multicenter Italian Study among 18 Senonetwork Breast Centres. Emanuele Lisa AV, Salgarello M, Huscher A, Corsi F, Piovani D, Rubbino F, Andreoletti S, Papa G, Klinger F, Tinterri C, Testori A, Scorsetti M, Veronesi P, Leonardi MC, Rietjens M, Cortinovis U, Summo V, Rampino Cordaro E, Parodi PC, Persichetti P, Barone M, De Santis G, Murolo M, Riccio M, Aquinati A, Cavaliere F, Vaia N, Pagura G, Dalla Venezia E, Bassetto F, Vindigni V, Ciuffreda L, Bocchiotti MA, Sciarillo A, Renzi N, Meneghini G, Kraljic T, Loreti A, Fortunato L, Pino V, Vinci V, Klinger M. Breast J. 2023 May 9;2023:6688466. doi: 10.1155/2023/6688466. eCollection 2023. PMID: 37205012 Free PMC article.</p> <p>Comparing Outcomes of Robotically Assisted Latissimus Dorsi Harvest to the Traditional Open Approach in Breast Reconstruction. Albanese R, Zingaretti N, Caputo GG, Rampino Cordaro E, Parodi PC. Plast Reconstr Surg. 2023 Feb 1;151(2):343e-344e. doi: 10.1097/PRS.0000000000009868. Epub 2022 Nov 15. PMID: 36696338 No abstract available.</p> <p>Letter in response to the article: "A retrospective case series of ten patients with malignant melanomas arising from small- and medium-sized congenital melanocytic nevi in South Koreans. Zingaretti N, Albanese R, Errichetti E, Stinco G, Caputo GG, Parodi PC. Indian J Dermatol Venereol Leprol. 2021 Nov- Dec;87(6):837-838. doi: 10.25259/IJDVL_461_2021. PMID: 34245521 No abstract available</p> <p>Dermatofibrosarcoma protuberans arising in post- mastectomy irradiated breast after autologous fat- transfer reconstruction. Mura S, Miotti G, Contessi Negrini F, Rampino Cordaro E, Mariuzzi L, Parodi PC. Regen Ther. 2020 Sep 7;15:169-172. doi: 10.1016/j.reth.2020.08.002. eCollection 2020 Dec. PMID: 33426215 Free PMC article. No abstract available</p> <p>Experience with gluteal V-Y fasciocutaneous advancement flaps in vulvar reconstruction after oncological resection and a modification to the marking: Playing with tension lines. Fin A, Rampino Cordaro E, Guarneri GF, Revesz S, Vanin M, Parodi PC. Int Wound J. 2019 Feb;16(1):96-102. doi: 10.1111/iwj.12997. Epub 2018 Oct 10. PMID: 30303301 Free PMC article</p>
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**Struttura dell'Università di Udine presso la quale verrà sviluppata l'attività di ricerca / Department or other structure of the University of Udine where research activities will be carried out:**

Dipartimento di Medicina (DMED). / Department of Medicine.

**Tipologia di attività assistenziale prevista in relazione alle esigenze del programma di ricerca / Type of care activity scheduled in relation to the needs of the research program:**

Nessun contatto con pazienti ma solo con dati clinici sensibili. / No contact with patients but only with sensitive clinical data.

**Struttura ospedaliera coinvolta / Hospital facility involved:**

Azienda Sanitaria Universitaria Friuli Centrale (ASU FC), Presidio Ospedaliero Universitario Santa Maria della Misericordia – Udine, SOC Clinica di Chirurgia Plastica e SOC Clinica di Chirurgia Maxillo Facciale.

**Importo dell'assegno di ricerca (al lordo oneri carico assegnista) / Total grant gross for the research fellowship:**

€ 19.367,00

**Durata dell'assegno di ricerca / Duration of the research fellowship "assegno di ricerca":**

12 mesi / months

**Finanziamento / Financed by:**

La copertura finanziaria graverà sui fondi/progetti:

- risorse d'Ateneo: bando interno finanziamento assegni 2024 (D.R. n. 181/2024) - CUP: G23C24000370005;
- fondi di ricerca libera del prof. Pier Camillo Parodi - RICLIB\_PARODI;
- fondi di ricerca libera del prof. Massimo Robiony - RICLIB\_ROBIONY.

**Requisiti di ammissione / Minimum qualifications necessary:**

Possesso di un diploma di laurea vecchio ordinamento (ante decreto 3 novembre 1999 n. 509) o di laurea specialistica/magistrale (ex decreto 3 novembre 1999 n. 509 e decreto 22 ottobre 2004 n. 270) o titolo equivalente conseguito all'estero. / Possession of a University degree obtained before Decree n. 509 of 3 November 1999 or specialistic/Master's degree (post decree n. 509 of 3 November 1999 and decree n. 270 of 22 October 2004) or equivalent degree obtained abroad.



**Modalità di presentazione della documentazione oggetto di valutazione / Arrangements for the submission of documents:**

La modalità di presentazione della documentazione oggetto di valutazione è specificata all'art. 4 del bando. / The way of presenting the documentation under evaluation is specified in art. 4 of the present notice.

Ai fini valutativi, i candidati potranno presentare le pubblicazioni e ogni altro titolo ritenuto utile a comprovare la propria qualificazione in relazione al programma di ricerca descritto nell'Allegato A, nelle seguenti lingue: / For evaluation purposes, candidates may present publications and any other qualifications deemed useful to demonstrate their qualification in relation to the research program described in Attachment A, in the following languages:

- Italiano / Italian
- Inglese / English

**Procedura selettiva / Competition procedure:**

Valutazione per titoli e colloquio. / Evaluation of titles and oral exam.

I risultati della valutazione dei titoli saranno resi noti agli interessati nel corso del colloquio. / The evaluation of the qualifications will be disclosed to candidates during the interview.

Calendario del colloquio / Calendar of the oral exam	Modalità / Modality	In presenza / On site
	Data / Date	8 luglio / July 2024
	Ora / Time	10:00 / 10:00 am (Italian time)
	Luogo / Place	Presidio Ospedaliero Universitario Santa Maria della Misericordia - Biblioteca di Chirurgia Maxillo Facciale al II piano del Padiglione 5. Piazzale Santa Maria della Misericordia, 15 33100 Udine (UD)

Per sostenere il colloquio i candidati devono esibire un valido documento di riconoscimento. / Candidates must come to the interview with a valid identity document.

Eventuali variazioni saranno rese note esclusivamente mediante pubblicazione all'albo ufficiale on line dell'Ateneo / Any change will be made public solely through publication on the University web site [http://web.uniud.it/ateneo/normativa/albo\\_ufficiale](http://web.uniud.it/ateneo/normativa/albo_ufficiale)

**Commissione giudicatrice / Examining Board:**

Nome e Cognome	Qualifica	SSD	Università
<b>Membri Effettivi / Permanent members</b>			
Pier Camillo Parodi	PO	MED/19	Università degli Studi di Udine
Massimo Robiony	PO	MED/29	Università degli Studi di Udine
Sandro Sponga	PA	MED/23	Università degli Studi di Udine
<b>Membro Supplente / Temporary member</b>			
Vittorio Bresadola	PA	MED/18	Università degli Studi di Udine