



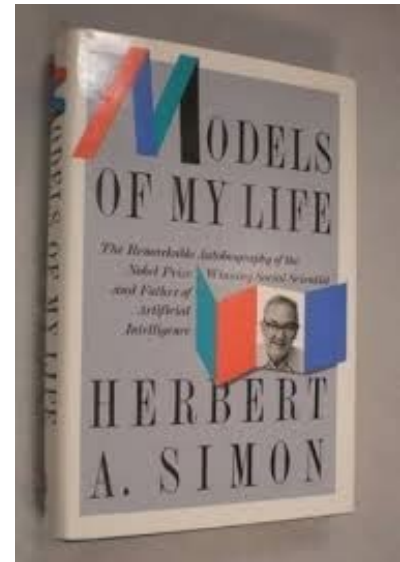
Fabiana Rubba



Il Ruolo dei Gom nella Formazione del Chirurgo



H Simon has been awarded this year's prize in economics for his research into the decision-making process within economic organizations, but he has also made other important contributions to the science of economics. For example, his interest in simplifying and understanding complex decision-making situations led him at an early stage to the problem of breaking down complex equation systems. His studies of "causal order" in such systems have been of particular importance.



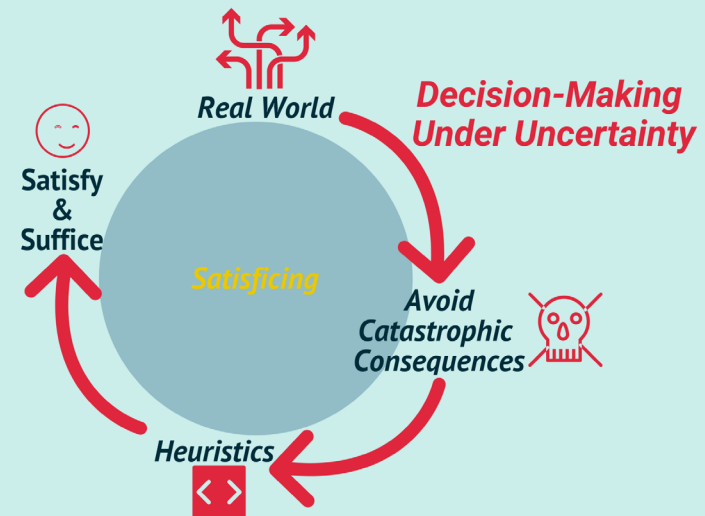
medicine is an example of connected path

Place a check mark by every word that describes how it currently feels to work at your company. Total the number checked in each quadrant to see where your company falls.



Simon's Satisficing Strategy In A Nutshell

Simon's satisficing strategy is a decision-making technique where the individual considers various solutions until they find an acceptable option. Satisficing is a portmanteau combining sufficing and satisfying and was created by psychologist Herbert A. Simon. He argued that many individuals make decisions with a satisfactory (and not optimal) solution. Satisfactory decisions are preferred because they achieve an acceptable result and avoid the resource-intensive search for something more optimal.

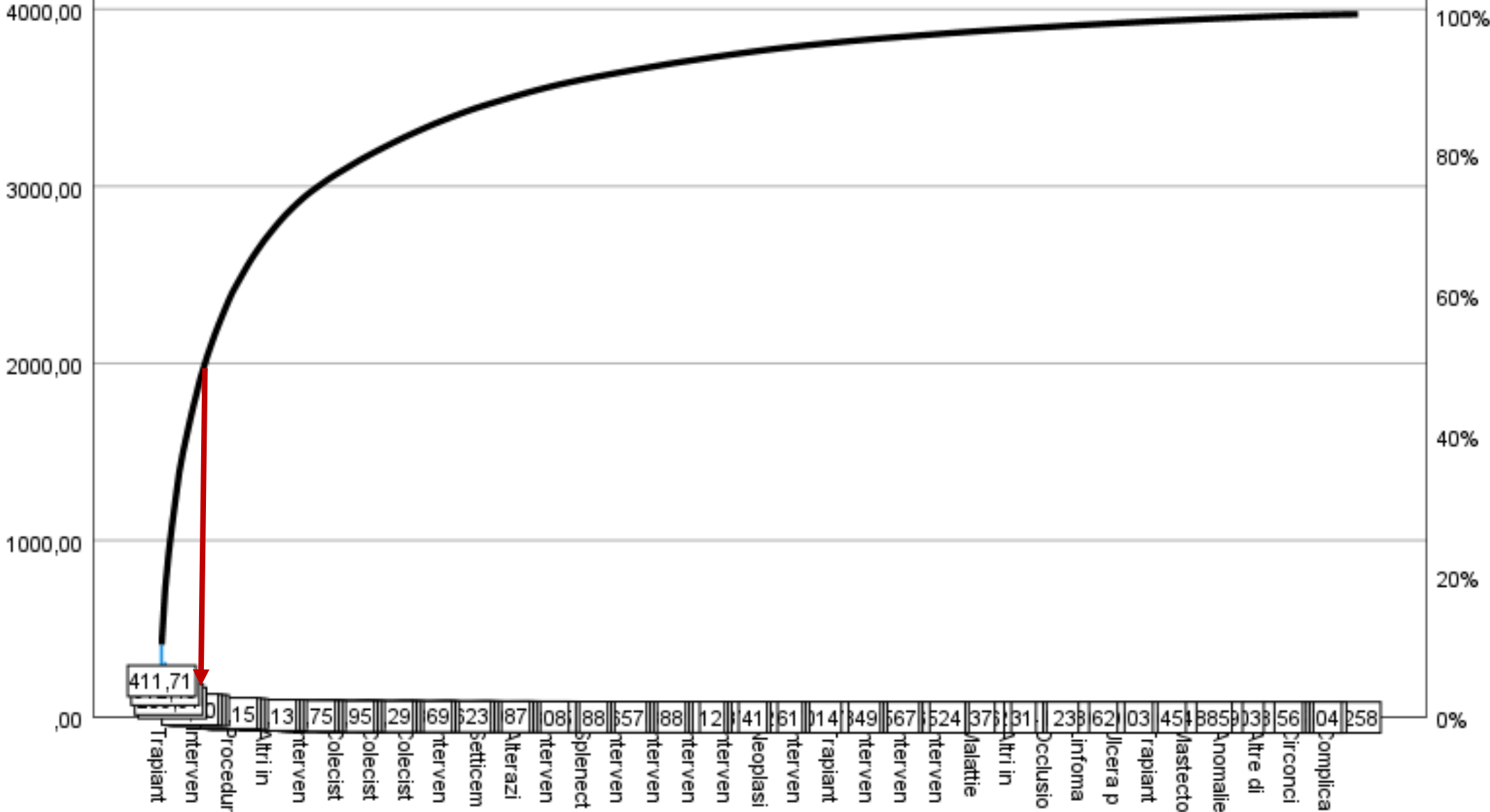


Valutazione dei DRG Chirurgici 2022 secondo analisi di pareto
ANNO 2022 (data base dinamico)
(Courtesy Of Dr R Egidio)

INTERVENTI AOU 2022 = 2497

Peso_totale

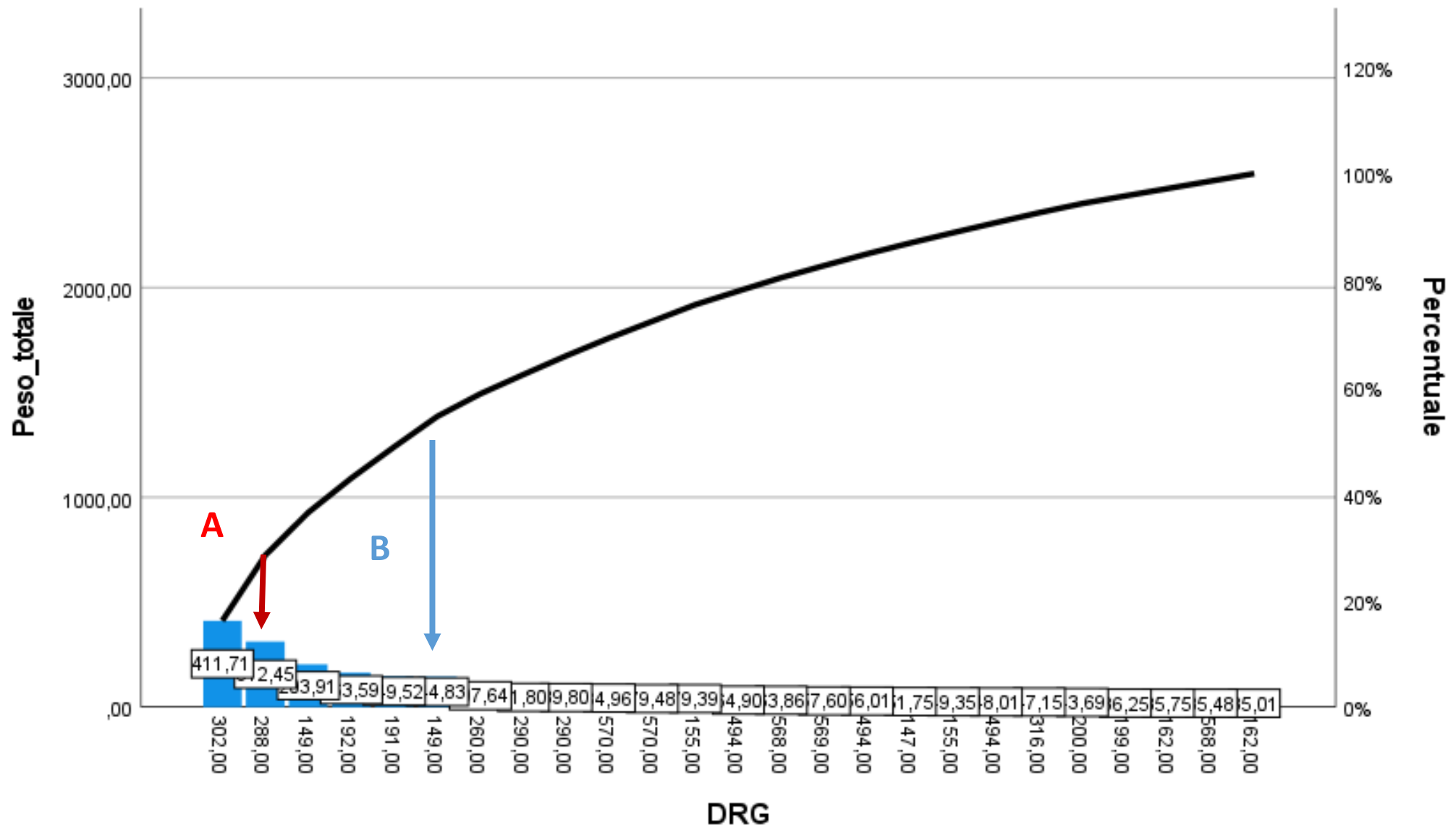
Percentuale



NOMEDRG

TOP 20

Reparto_ dimissione	Reparto_ dimissione_descrizione	DRG	DRG_descrizione	Peso_medio	Numero_ dimessi	Peso_totale	
0928	CHIRURGIA	302	Trapianto renale	10,2927	40	411,708	10,365
0902	CHIRURGIA	288	Interventi per obesità	1,8598	168	312,4464	7,866031
0927	CHIRURGIA	149	Interventi maggiori su intestino	1,9057	107	203,9099	5,133558
0928	CHIRURGIA	192	Interventi su pancreas, fegato	2,5966	63	163,5858	4,118374
0928	CHIRURGIA	191	Interventi su pancreas, fegato	3,5599	42	149,5158	3,764153
0926	CHIRURGIA	149	Interventi maggiori su intestino	1,9057	76	144,8332	3,646265
0910	BREAST UNIT	260	Mastectomia subtotale per neoplasia	0,8896	121	107,6416	2,709944
0926	CHIRURGIA	290	Interventi sulla tiroide	0,9978	92	91,7976	2,311061
0902	CHIRURGIA	290	Interventi sulla tiroide	0,9978	90	89,802	2,260821
0926	CHIRURGIA	570	Interventi maggiori su intestino	2,7406	31	84,9586	2,138885
0927	CHIRURGIA	570	Interventi maggiori su intestino	2,7406	29	79,4774	2,000893
0927	CHIRURGIA	155	Interventi su esofago, stomaco	2,1457	37	79,3909	1,998715
0926	CHIRURGIA	494	Colecistectomia laparoscopica	0,889	73	64,897	1,633822
0927	CHIRURGIA	568	Interventi su esofago, stomaco	3,5475	18	63,855	1,607589
0927	CHIRURGIA	569	Interventi maggiori su intestino	3,3881	17	57,5977	1,450058
0927	CHIRURGIA	494	Colecistectomia laparoscopica	0,889	63	56,007	1,410011
0926	CHIRURGIA	147	Resezione rettale senza CC	2,1564	24	51,7536	1,302929
0926	CHIRURGIA	155	Interventi su esofago, stomaco	2,1457	23	49,3511	1,242444
0928	CHIRURGIA	494	Colecistectomia laparoscopica	0,889	54	48,006	1,208581



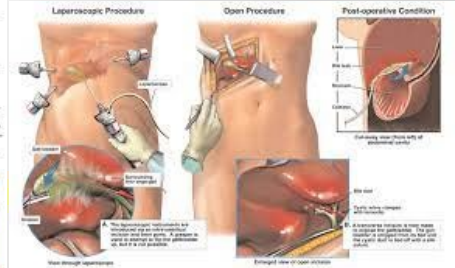
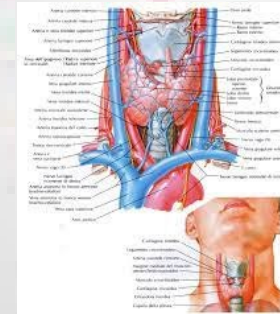
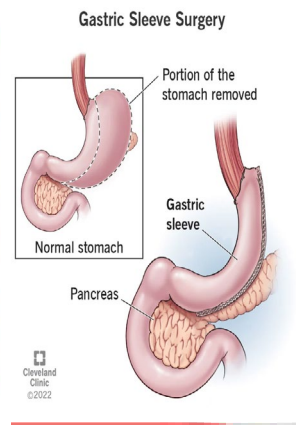
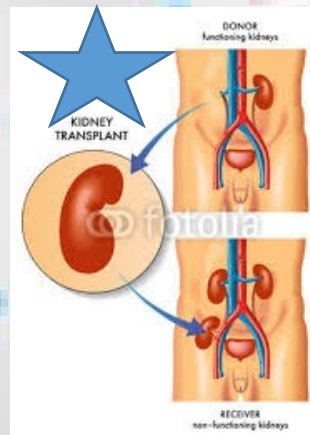
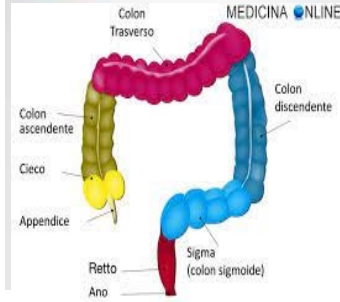
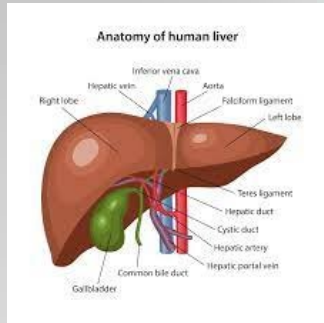
TOP 20 PESATI sono 1346 su 2497 interventi totali

Reparto_dimissione	Reparto_dimissione_descr	DRG	DRG_descr	Peso_medio	Numero_dimessi	Peso_totale	
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0928	CHIRURGIA	494	Colecistectomia laparoscopica	0,889	54	48,006	1,208581

208 /18%

285 /16,5%

Reparto_ dimissione	Reparto_ dimissione_desc	DRG	DRG_desc	Peso_me dio	Numero_ dimessi	Peso_tot ale	% Impact	Impact per intervento
0928	CHIRURGI	302	Trapianto renale	10,2927	40	411,708	10,365	0,25912509
0902	CHIRURGI	288	Interventi per obesità	1,8598	168	312,4464	7,866031	0,04682162
0927	CHIRURGI	149	Interventi maggiori su intestini	1,9057	107	203,9099	5,133558	0,04797718
0928	CHIRURGI	192	Interventi su pancreas, fegato	2,5966	63	163,5858	4,118374	0,06537101
0928	CHIRURGI	191	Interventi su pancreas, fegato	3,5599	42	149,5158	3,764153	0,08962269
0926	CHIRURGI	149	Interventi maggiori su intestini	1,9057	76	144,8332	3,646265	0,04797718



2

1

3

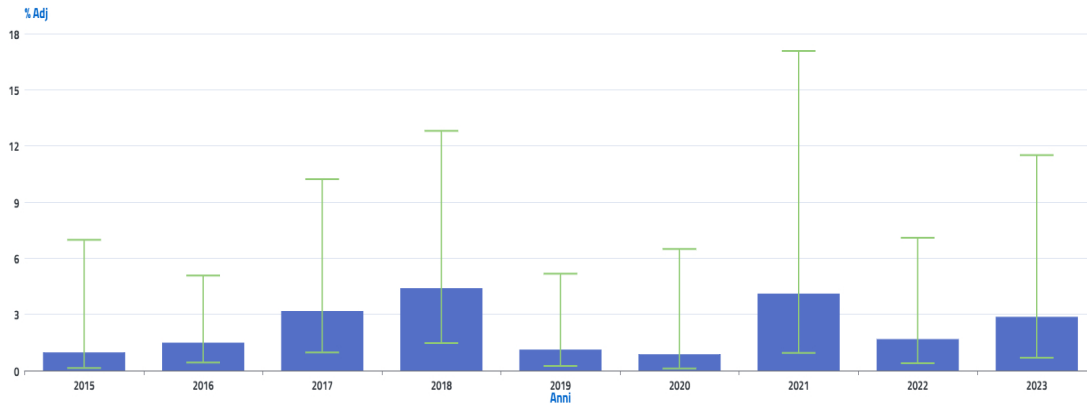
L'importanza dei volumi

Regional Collaboration and Trends in Clinical Management of Thyroid Cancer, 2023

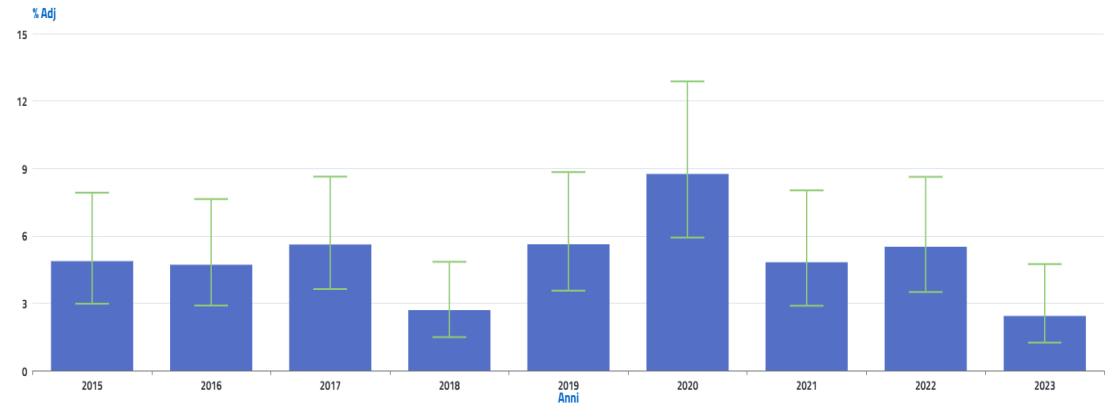
Conclusion: The establishment of a regional oncological network coincided with a de-escalation of thyroid cancer treatment and centralization of complex patients and interventions. However, no differences in postoperative complications over time were observed. Determining the impact of regional oncological networks on quality of care is challenging in the absence of uniform quality indicators.

DATI PNE

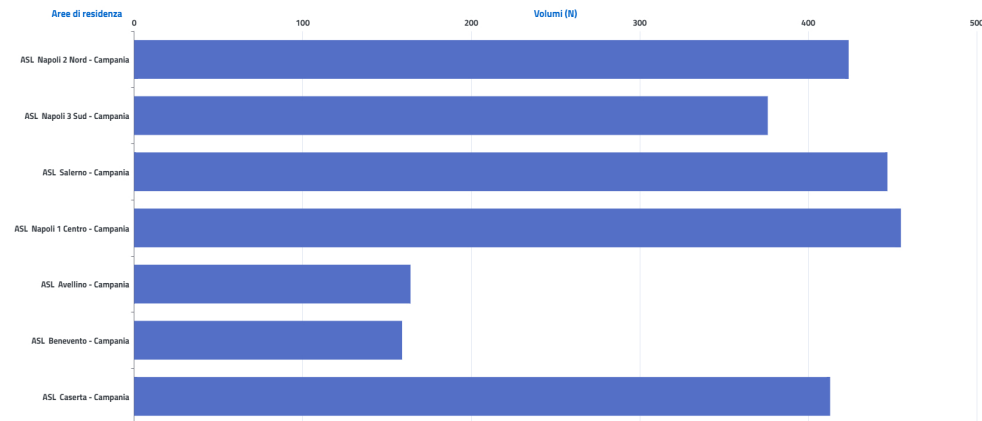
ASL Napoli 1 Centro - Intervento chirurgico per TM retto: mortalità a 30 giorni (2021 - 2023)



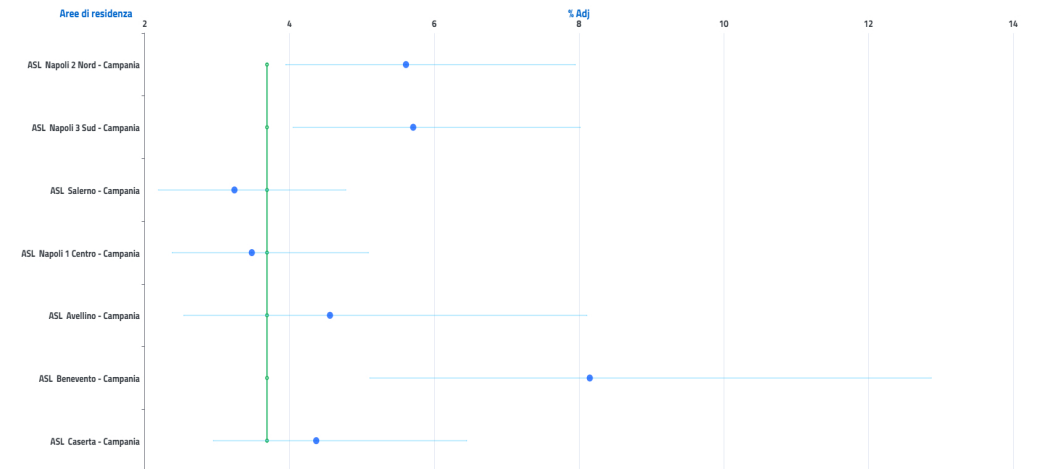
ASL Napoli 1 Centro - Intervento chirurgico per TM colon: mortalità a 30 giorni (2022 - 2023)



Intervento chirurgico per TM colon: volume di ricoveri (2023)

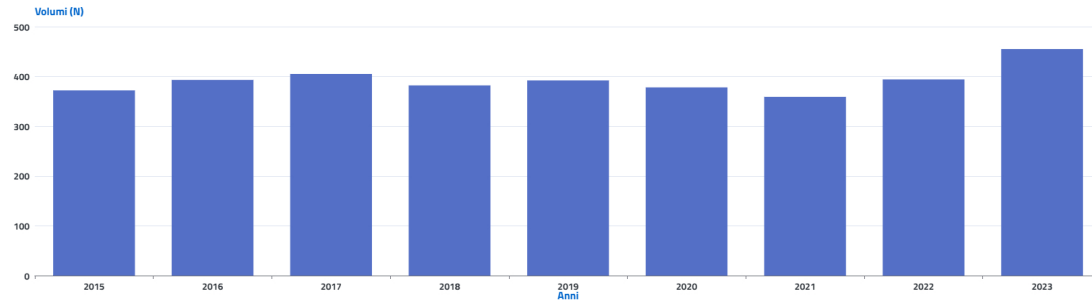


Intervento chirurgico per TM colon: mortalità a 30 giorni (2022 - 2023)

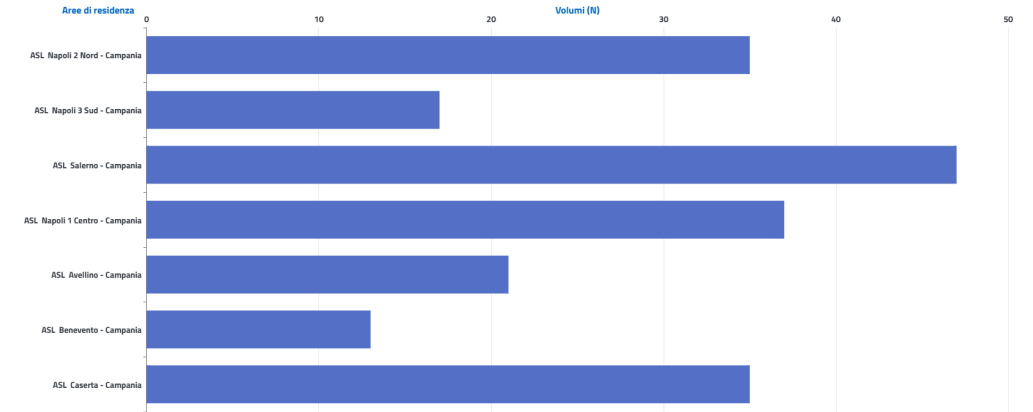


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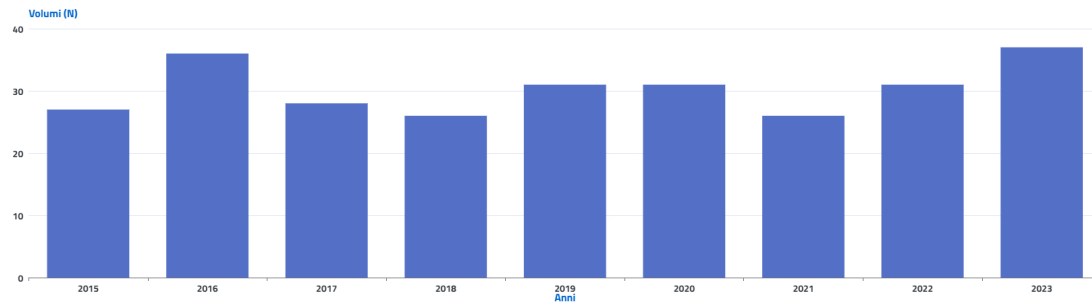
ASL Napoli 1 Centro - Intervento chirurgico per TM colon: volume di ricoveri (2023)



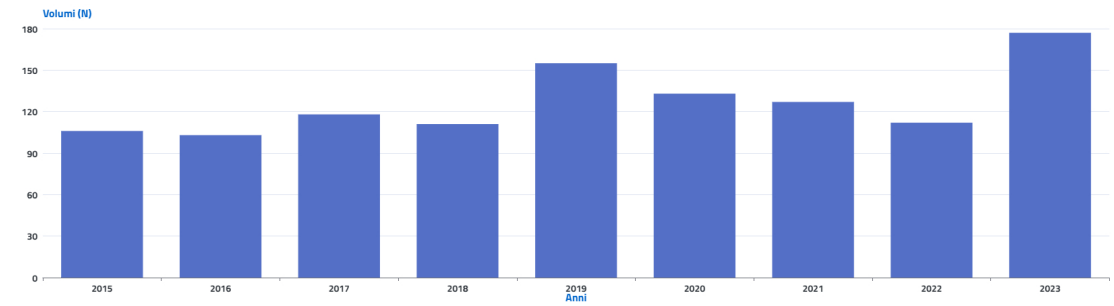
Intervento chirurgico per TM retto: interventi in laparoscopia (2023)



ASL Napoli 1 Centro - Intervento chirurgico per TM retto: interventi in laparoscopia (2023)



ASL Napoli 1 Centro - Intervento chirurgico per TM colon: interventi in laparoscopia (2023)





LIVER METASTASIS RENDERING
PER CHIARIRE IL MODELLO EVOLUTIVO DELLA
MALATTIA METASTATICA
Una ipotesi di interazione con il Tumor Molecular Board

What Are Spandrels?

- Spandrels are byproducts of evolution. They arise due to the evolution of one trait, but this unintended trait may not have any function.
- Gould and Lewontin called these nonadaptive by-products that "become available for later and secondary utility" "spandrels". In masonry vocabulary, spandrels are triangular spaces between two arches or between an arch and a supporting dome
- Gould and Lewontin defined a biological spandrel as a byproduct of evolutionary adaptation. Simply put, they're like 'leftovers' of some other trait that evolved. This means that the spandrel isn't an adaptation to anything in the environment. Instead, it is a secondary trait that arose from the development of another primary trait.
- The easiest spandrel to visualize is the human chin. One hypothesis about why humans are the only animals that have a chin is that it is merely a byproduct of the growth of different parts of the jaw.

Result from biochemical constraints that are "hardwired" in signaling and metabolic pathways

Several recent reports have revealed unexpected mechanisms that do not fit the gradualist scenario involving the stepwise genetic modifications of cells toward malignancy but resemble the "punctuated-equilibrium" model of speciation (34–36). In some review, it was proposed that cooption, another concept initially developed to resolve questions raised by the Darwinian theory, may also have broad applicability in oncology. Finally, from a clinical standpoint, it is worth underscoring that components of the genetic regulatory networks co-opted during tumor progression will constitute, when identified, prime choices for designing targeted drugs

What about observational data

BREAST **5**

CAUDADECTOMY 1

HEPATIC RESECTION Sg V ALLARGATA ALL'VIII 1

MCW THERMOABLATION 1

WEDGE HEPATECTOMY Sg2 LPS 1

WEDGE RESECTION Sg. IV 1

Calculous chronic cholecystitis **1**

WEDGE RESECTION Sg II e VII 1

Cholangiocarcinoma **1**

GASTRIC **2**

ABLATION SG III-IV-V-VI 1

WEDGE SG III SG IVb 1

Kidney **3**

BIOPSY 1

MESOHEPATECTOMY SG IV-V-VIII 1

PANCREATICODUODENECTOMY 1

MELANOMA **1**

RESECTION IVb-V+Cholecistectomy+Roux 1

OVARIC **1**

BISEGMENTECTOMY V-VIII 1

PANCREAS **1**

Anatomical Resection S7 1

PROSTATE **1**

RIGHT HEPATECTOMY 1

UVEAL **1**

SEGMENTECTOMY SG 1 1

UVEAL MELANOMA **1**

EXPLORATIVE LAPAROSCOPY 1

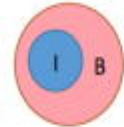
VATER PAPILLA TUMOR **1**

Wedge Hepatectomy Sg4a 1

1. Formulate the **I**ntrinsic hypothesis. Is it sufficient?

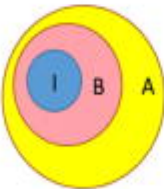








2. If not, brainstorm **B**yproduct hypotheses. Focus especially on ones that are necessarily true.



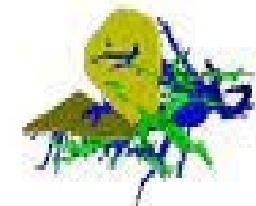
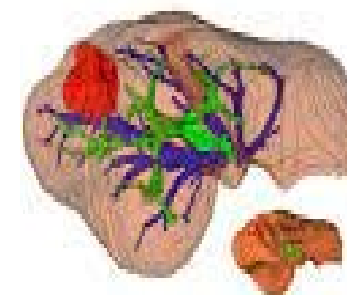
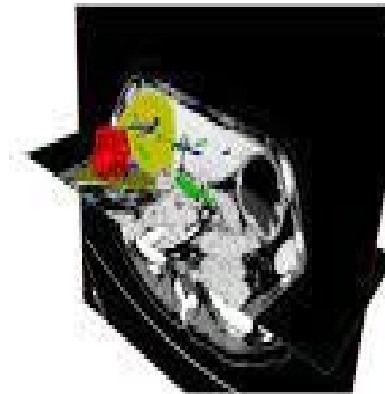
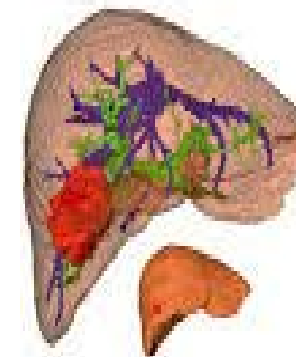
Quantitatively, how much is explained by intrinsic vs. byproduct. Have you explained more or less everything?

3. If not, formulate **A**daptive hypothesis. Pay particular attention to costs as well as benefits of adaptation. Show that it explains more than the necessarily true theories you already have.

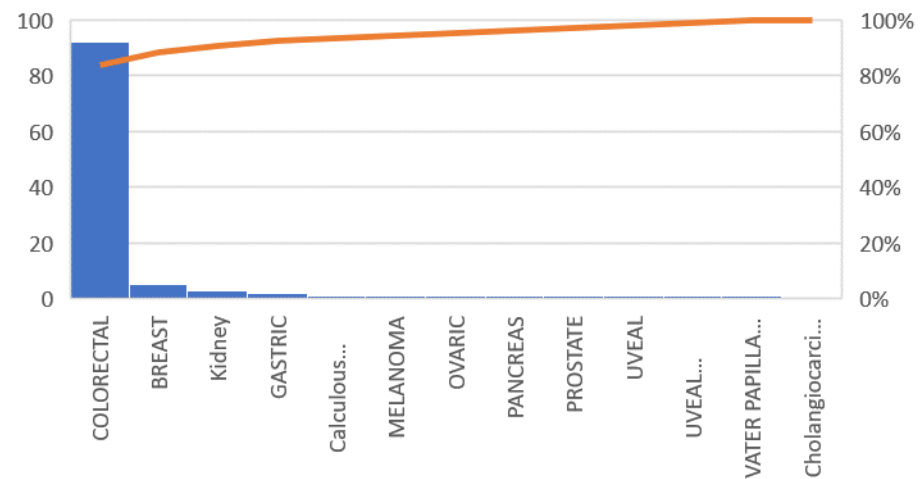


	Proteins exist	Beneficial wild-type alleles tend to be dominant	Aging happens
Intrinsic 	Transcription is common. Chance mutation alone gives rise to open reading frames with an average of ~20 codons, some of them larger.	Michaelis-Menten	Mutation accumulation
Byproduct 	The genetic code is relatively arbitrary, so it is hard to see what DNA-based process could give rise to a local paucity of 3 particular codons UAA, UAG and UGA. This suggests that lack of a byproduct explanation is not just a failure of imagination.	Excess "factor of safety" wild-type protein levels to cope with environmental perturbations	Antagonistic pleiotropy
Adaptive 	Natural selection for a protein's activity weeds out premature stop codons.	Robustness to mutation	Benefits to relatives / group
Amount explained			

ROADMAPS



LIVER METASTASIS



PATIENT CENTERED CARE

PROMS e GOMS

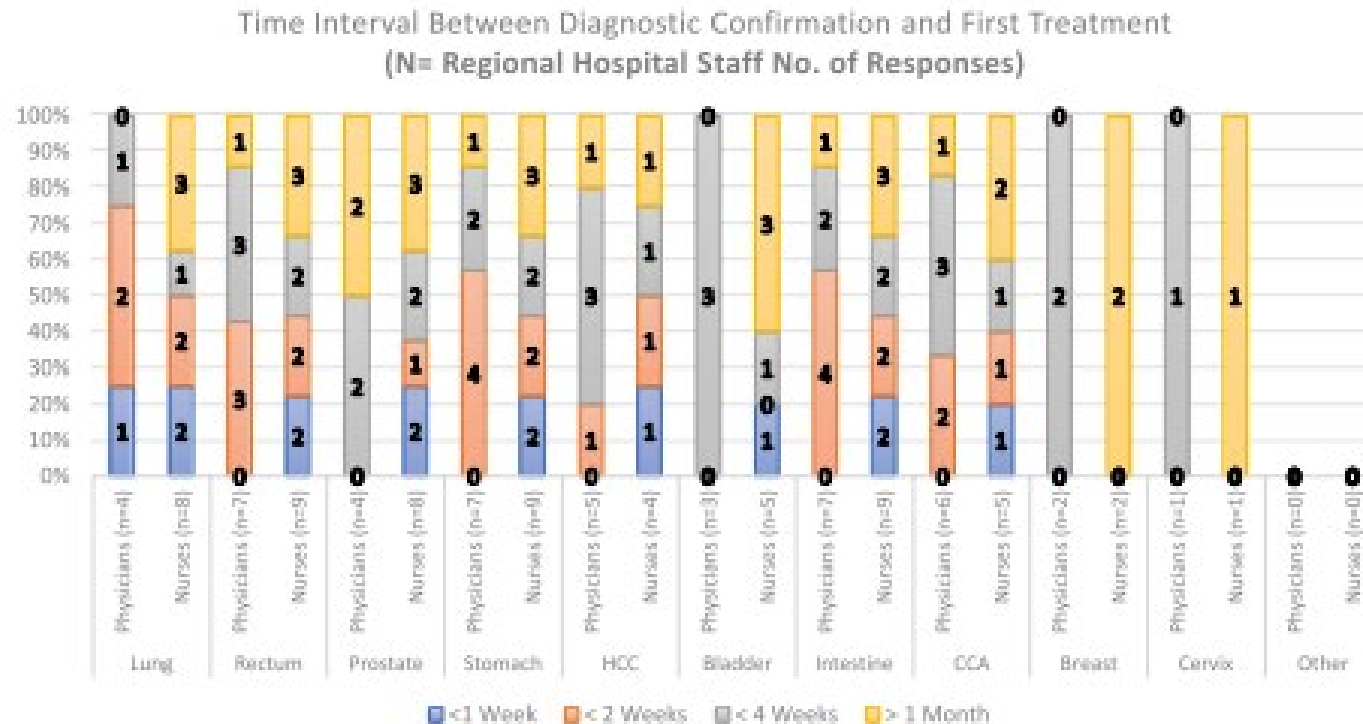


Fig. 7 Time interval between Diagnosis Confirmation and First Treatment (Regional Hospital Staff Responses). HCC: Hepatocellular Carcinoma; CCA: Cholangiocarcinoma

New approach to implement cancer patient care: The valutazione percorso rete oncologica campana (ValPeROC)-experience from an Italian oncology network

[Anna Crispo](#), [Giorgia Riveccio](#), [Luca Cataldo](#), [Sergio Coluccia](#), [Assunta Luongo](#), [Elisabetta Coppola](#), [Maria Grimaldi](#), [Concetta Montagnese](#), [Flavia Nocerino](#), [Davide D'Errico](#)

Objective

- The primary goal of the Campania Oncology Network (ROC) was to reduce cancer delay and care fragmentation through the establishment of cancer-specific multidisciplinary oncologic groups (GOMs) and diagnostic and therapeutic assistance paths (PDTAs).

Methods

- Five cancer centres of the ROC, with their own cancer specific GOM, were selected. In our analysis, we have focused on four neoplasms: lung, colon, ovarian and prostate cancers. The median time for pre-GOM and GOM Times was calculated for each tumour site. Univariate and multivariate logistic regressions were performed to individuate risk factors for pre-GOM and GOM Time.

Methodological Quality of PROMs in Psychosocial Consequences of Colorectal Cancer Screening: A Systematic Review

Emma Grundtvig Gram^{1,2}, Jessica á Rogvi¹, Anders Heiberg Agerbeck¹, Frederik Martiny¹, Anne Katrine Lykke Bie¹, John Brandt Brodersen¹⁻³

¹The Center of General Practice, Department of Public Health, University of Copenhagen, Copenhagen, Denmark; ²Research Unit for General Practice in Region Zealand, Region Zealand, Denmark; ³The Research Unit for General Practice, Department of Social Medicine, University of Tromsø, Tromsø, Norway

Correspondence: Emma Grundtvig Gram, Email emma.gram@sund.ku.dk

Table 1 The COSMIN Checklist

Box	Domain	Taxonomy/Subdomains
1	PROM development	1. PROM design 2. Cognitive interview study or other pilot tests
2	Content validity	The PROM is an adequate reflection of the construct to be measured 1. Asking patients about relevance 2. Asking patients about comprehensiveness 3. Asking patients about comprehensibility 4. Asking professionals about relevance 5. Asking professionals about comprehensiveness
3	Structural validity	The degree to which the scores of a PROM are an adequate reflection of the dimensionality of the construct to be measured and is usually assessed by factor analysis or exploratory analysis
4	Internal consistency	The degree of interrelatedness among the items and is often assessed by Cronbach's alpha or omega
5	Cross-cultural validity /measurement invariance	The degree to which the performance of the items on a translated or culturally adapted instrument are an adequate reflection of the performance of the items of the original version of the instrument
6	Reliability	The proportion of the total variance in the measurements which is due to "true" differences between patients (Intraclass correlation coefficient, Kappa, etc.).
7	Measurement error	The systematic and random error on an individual patient's score that is not attributed to true changes in the construct to be measured (Stability of patients in interim period, time interval, and test conditions and appropriateness of the statistical methods)
8	Criterion validity	The degree to which the scores of a PROM are an adequate reflection of a "gold standard" (ROC curves, sensitivity, specificity, correlations)
9	Hypothesis testing for construct validity	The degree to which the scores of a PROM are consistent with hypotheses based on the assumption that the PROM validly measures the construct to be measured. For instance, comparison with other outcome measurement instruments (convergent validity) or comparison between subgroups (discriminative or known-groups validity)
10	Responsiveness	The ability of a PROM to detect change over time in the construct to be measured (Criterion approach, Construct approach: comparison with other outcome measurement instruments or comparison between subgroups or before and after intervention)

Review

Patient-Reported Outcome Measures in Liver and Gastrointestinal Cancer Randomized Controlled Trials

Carolin Winkelmann ^{1,2}, Anna Mazanteava ¹, Rodo Vont ^{1,2,3,*} and Thomas Naumann ^{1,2,4,5}

FACT-G, and the MD Anderson Symptom Inventory (MDASI) are considered general cancer PROMs [25–27].

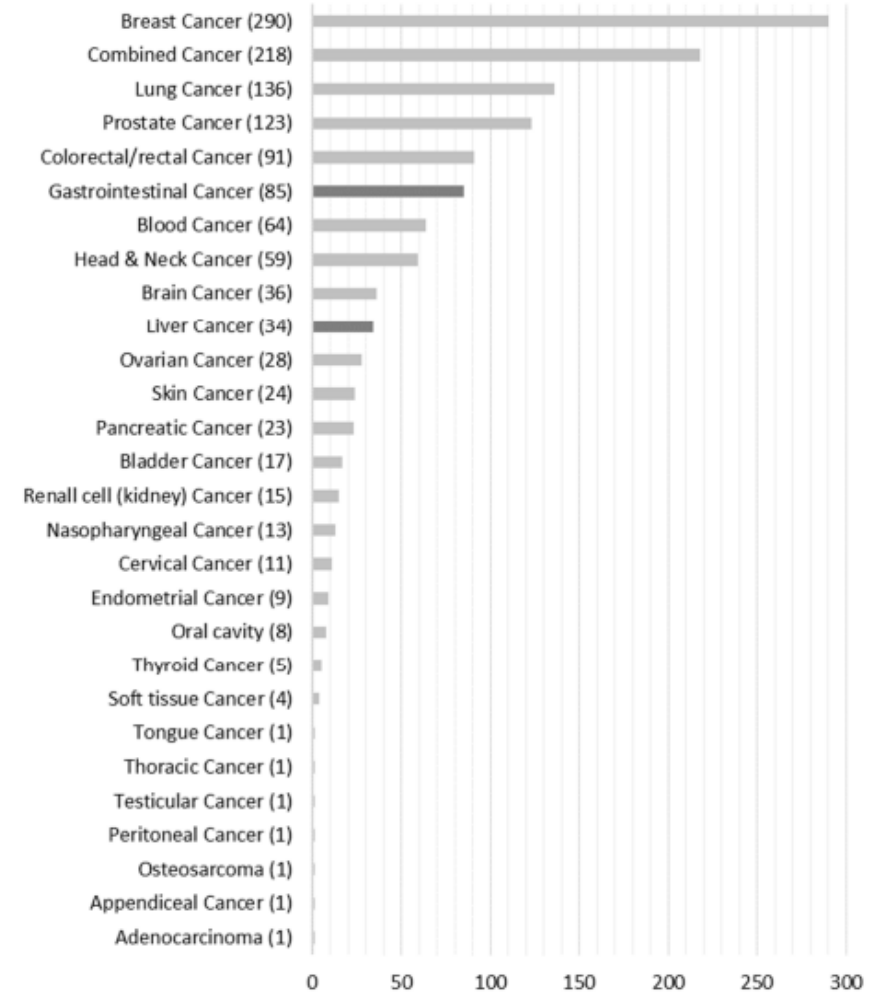


Figure 3. Number of papers grouped according to cancer type.



ORIGINAL ARTICLE – COLORECTAL CANCER

A Randomized Phase III Trial of Complete Mesocolic Excision Compared with Conventional Surgery for Right Colon Cancer: Interim Analysis of a Nationwide Multicenter Study of the Italian Society of Surgical Oncology Colorectal Cancer Network (CoME-in trial)

Maurizio Degiuli, MD¹, Aridai H. Resendiz Aguilar, MD¹, Mario Solej, MD¹, Danila Azzolina, MA, PhD², Giulia Marchiori, MD³, Francesco Corcione, MD⁴, Umberto Bracale, MD, PhD, FACS⁵, Roberto Peltrini, MD⁵, Maria M. Di Nuzzo, MD⁵, Gianandrea Baldazzi, MD⁶, Diletta Cassini, MD⁶, Giuseppe S. Sica, MD⁷, Brunella Pirozzi, MD⁷, Andrea Muratore, MD⁸, Marcello Calabrò, MD⁸, Elio Jovine, MD, FACS⁹, Raffaele Lombardi, MD¹⁰, Gabriele Anania, MD¹¹, Matteo Chiozza, MD¹¹, Wanda Petz, MD¹², Paolo Pizzini, MD¹², Roberto Persiani, MD¹³, Alberto Biondi, MD¹³, and Rossella Reddavid, MD, PhD¹⁴



ASO AUTHOR REFLECTIONS

ASO Author Reflections: Complete Mesocolic Excision Versus Conventional Surgery for Right Colon Cancer (CoME-in trial): An Interim Analysis of a Multicenter, Randomized, Controlled Trial

M. Degiuli, MD^{1,2}, D. Azzolina, MA, PhD³, F. Corcione, MD⁴, U. Bracale, MD⁴, R. Peltrini, MD⁴, G. Baldazzi, MD⁵, G. S. Sica, MD⁶, A. Muratore, MD⁷, E. Jovine, MD⁸, G. Anania, MD⁹, S. Borin, MD¹⁰, R. Persiani, MD¹¹, and R. Reddavid, MD, PhD^{1,2}

LETTER TO THE EDITOR



Benchmarks in low anterior rectal resection to prevent anastomotic leakage: the BASIC checklist

Roberto Peltrini¹ · Francesco Ferrara² · Vincenzo Pilone¹

Received: 13 March 2024 / Accepted: 18 May 2024 / Published online: 22 May 2024
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ORIGINAL ARTICLE



Current approach to loop ileostomy closure: a nationwide survey on behalf of the Italian Society of ColoRectal Surgery (SICCR)

Roberto Peltrini¹ · Francesco Ferrara² · Dario Parini³ · Daniela Pacella¹ · Antonio Vitiello⁴ · Fabrizio Scognamillo⁵ · Vincenzo Pilone¹ · Renato Pietroletti⁶ · Paola De Nardi⁷ on behalf of Stoma Closure Collaborative Group

Received: 17 September 2024 / Accepted: 31 October 2024
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The influence model, with its four building blocks of change, still works.



THE LEADER AS ORGANIZATIONAL ARCHITECT

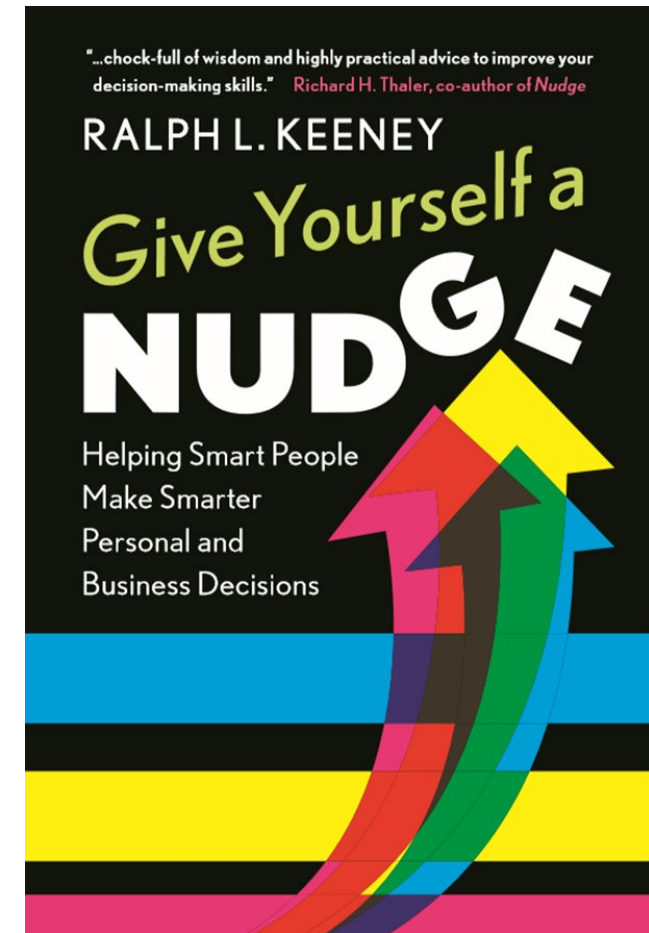
Recent McKinsey research into the health of organizations finds that the definition of great leadership varies according to context. (For more, see “Leadership in context,” forthcoming on mckinsey.com.) Certain kinds of baseline behavior that are required of leaders when organizational health is poor, for example, recede as it improves and other, higher-order forms of behavior come to the forefront. This idea bears a resemblance to Abraham Maslow’s hierarchy of needs: people concerned with their own (and their families’) physiological health and safety have little or no time for higher-order needs, like self-actualization.

THINK ‘PLATFORM,’ NOT ‘STRUCTURE’

Workforce platforms are therefore likely to provide considerable stability in changeable environments. Agile companies tend to have more fluid structures, in which day-to-day work is organized in smaller teams that often cut across business lines and market segments. Platform-based talent markets might provide a solid structure to help supplement and even replace traditional hierarchies. They could also greatly alter how matrix organizations work.

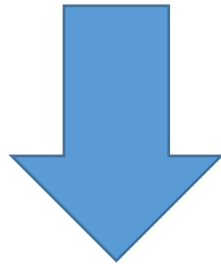
Making Good Decisions is a Skill

- A skill is an ability to perform an activity in a competent manner.
- Question: How can one develop or improve their decision making skill?
- Answer: The same way as with other skills, such as playing tennis, playing the piano, teaching, or driving a car.



ROADMAP

- **Incrementare i volumi** (sorvegliando la mortalità)
- **Favorire la diagnostica predittiva**
- **Integrare la percezione del paziente nel percorso GOM**



- **Centralizzare i GOM**
- **Lavorare sui tempi e sui percorsi multidisciplinari**
- **Sperimentare una griglia specifica di indicatori PROMS**

Il Ruolo dei Gom nella Formazione del Chirurgo



«Erano i momenti in cui la ferita è il centro del mondo e tutt'intorno non ci sono che inconsistenze. E' la ferita del tuo corpo e dell'intera umanità. Dunque le sue mani erano entrate in una sacra sintesi della fragilità universale. Non avevano avuto incertezze, sapevano perfettamente come si fa a scendere e a risalire da profondità guaste e indimenticabili.»

Wanda Marasco

Di spalle a questo Mondo

Neri pozza, Vicenza(2025)