

1861 > 2011 > >

150° anniversario Unità d'Italia

Dalla Costituzione della Repubblica Italiana

Art. 32 «La Repubblica tutela la salute come fondamentale diritto dell'individuo e interesse della collettività, e garantisce cure gratuite agli indigenti»

Art. 38 «Ogni cittadino inabile al lavoro e sprovvisto dei mezzi necessari per vivere ha diritto al mantenimento e all'assistenza sociale»

La Sanità per la ripresa economica:

1. Se la spesa sanitaria aumenta dell'1%, il Pil italiana sale dello 0.26%
   (1 PUNTO Pil = 17 miliardi di euro;
   0.26% = 4.42 miliardi di euro)
2. Se i pazienti cronici diminuiscono del 10%, l'economia italiana risparmia 150 milioni di euro all'anno
3. Se l'aspettativa di vita aumenta di 5 anni, il tasso di crescita annuale del Pil è dello 0.3-0.5%
4. Giornate perse per malattia = 6.3 miliardi di euro (2009): un aumento dello 0.1% dei pazienti sottoposti a terapie farmacologiche può determinare una riduzione dello 0.25% delle giornate perse

Rapporto 2010 sul SSN.
Fondazione Farmafactoring, con Cer-Nib, Cergas, Censis

Il 25% di tutta la spesa MEDICARE (Usa) è assorbita dal 5% di pazienti che stanno vivendo il loro ultimo anno di vita, e buona parte di quei fondi è destinata agli ultimi 2 mesi, apparentemente con scarsi benefici.

Letting Go.
A.Gawande , The New Yorker
2 Agosto 2010





Gawande.com

Treatment-Related Mortality With Bevacizumab in Cancer Patients

A Meta-analysis

Vishal Ranpura, MD
Sanjaykumar Hapani, MD
Shenhong Wu, MD, PhD

A FATAL ADVERSE EVENT (FAE) is defined as a death caused in all likelihood by a drug and is a major cause of fatality in the United States.[1] In prospective studies, the reported incidence of FAEs is 0.3%, and adverse drug reactions account for 4.6% of all hospital fatalities.[2] In cancer patients, the overall risk of FAEs may be higher due to serious toxic effects commonly associated with chemotherapy.[3] Therefore, it is important to develop risk reduction strategies.

Vascular endothelial growth factor (VEGF) plays an important role in tumor growth, invasion, and metastasis by promoting tumor angiogenesis.[4-6] Bevacizumab, a humanized monoclonal antibody that inhibits VEGF activity, was approved in combination with chemotherapy for treating many types of advanced cancer, including colorectal cancer, non–small cell lung cancer (NSCLC), breast cancer, renal cell car-

Context Fatal adverse events (FAEs) have been reported in cancer patients treated with the widely used angiogenesis inhibitor bevacizumab in combination with chemotherapy. Currently, the role of bevacizumab in treatment-related mortality is not clear.

Objective To perform a systematic review and meta-analysis of published randomized controlled trials (RCTs) to determine the overall risk of FAEs associated with bevacizumab.

Data Sources PubMed, EMBASE, and Web of Science databases as well as abstracts presented at American Society of Clinical Oncology conferences from January 1966 to [illegible] dies.

Study S [illegible] uded prospective RCTs in which [illegible] biological therapy was compare [illegible] nmary incidence rates, relative r [illegible] lculated using fixed- or random- [illegible]

Data Sy [illegible] advanced solid tumors from 16 [illegible] nce of FAEs with bevacizumab [illegible] emotherapy alone, the addition [illegible] of FAEs, with an RR of 1.46 (95 [illegible] This association varied significar [illegible] th tumor types (P=.13) or bevac [illegible] /ith an increased risk of FAEs in patients receiving taxanes or platinum agents (RR, 3.49; 95% CI, 1.82-6.66; incidence, 3.3% vs 1.0%) but was not associated with increased risk of FAEs when used in conjunction with other agents (RR, 0.85; 95% CI, 0.25-2.88; incidence, 0.8% vs 0.9%). The most common causes of FAEs were hemorrhage (23.5%), neutropenia (12.2%), and gastrointestinal tract perforation (7.1%).

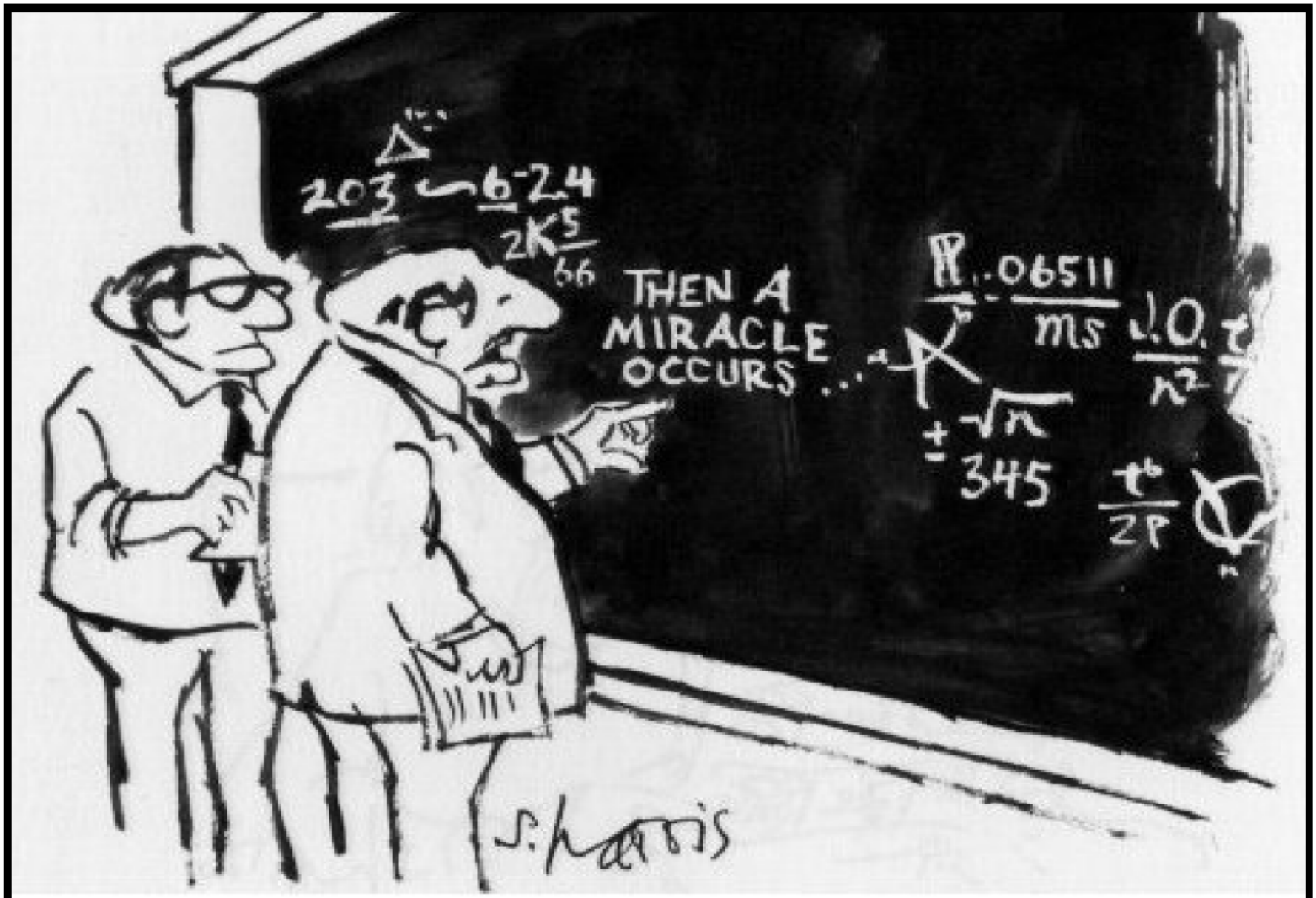
Conclusion In a meta-analysis of RCTs, bevacizumab in combination with chemotherapy or biological therapy, compared with chemotherapy alone, was associated with increased treatment-related mortality.

+TAXANI
o PLATINUM
RR 3.49

Emorragia 23.5%
Neutropenia 12.2%
Gi perforazione 7.1%

JAMA. 2011;305(5):487-494 www.jama.com

COSì ANCHE IL PROCESSO DECISIONALE
NELLA PRATICA CLINICA DI OGNI GIORNO E' A RISCHIO



"Penso che dovremmo essere più espliciti ,qui, nel passaggio 2"

Evidence-based practice =
lower cost, fewer health disparities



Gawande.com



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

The Path to Personalized Medicine

Margaret A. Hamburg, M.D., and Francis S. Collins, M.D., Ph.D.

This article (10.1056/NEJMp1006304) was published on June 15, 2010, at NEJM.org.



IN MORTE DEL MEGA-TRIAL



Benedetta Cappa Marinetti

“ Il futuro della Azienda San Filippo Neri”