RATIONALE

Adeno-pituitary tumour represents a complex disease, with a wide spectrum of clinical manifestations, according to the ability of secreting different hormones or prohormones and of invading the neighbouring anatomical structures, such as the same pituitary gland, the optical chiasm, the cavernous sinus, the bone, the third ventricle and the ventricular system.
In the most recent years, a better definition of these neoplasia was researched in order to identify biomarkers able to predict the natural history of adeno-pituitary tumour and their responsiveness to the different treatments.
Until now, the classifications of the neoplasms arising from adeno-hypophysial cells have been misleading because of their poor reproducibility and their weak ability in predicting the aggressiveness, the prognosis, and the outcome of these neoplasia. The 2004 WHO classification distinguished pituitary adenoma in typical and atypical ones according to the detection of mitoses and according to the expression of Ki-67 or p53. The 2004 WHO classification however failed in identifying pituitary tumours refractory to medical, surgical or radiation therapies or able to regrowth or to metastasize. Similarly, the new 2017 WHO classification lacks in defining the prognosis of pituitary neoplasia. Invasive, recurrent and proliferative pituitary neoplasia cause significant morbidity, in particular in cases of persistence hormonal hyper-secretion. Both long term hormonal hyper-secretion and hypopituitarism, in absence of an adequate hormonal replacement therapy, are associated to increased morbidity and mortality for their systemic complications, in particular bone fragility, that represent an emerging and irreversible complication requiring a prompt and personalities treatment.
Therefore, recently, adeno-pituitary tumours were included in neuroendocrine tumours (NETs). This new terminology of pituitary neuroendocrine tumor (PitNET) may reflect better the potential for aggressiveness and malignant behaviour and of these neoplasia. Anyway a consensus on PitNETs was not jet reached.
On this basis, in the recent years, a wide number of research investigated the genetic, molecular and biological features of PitNETs, in order to predict the clinical behaviour of these neoplasia and to personalize the treatments in not-secreting and secreting tumors as prolactinoma, acromegaly, Cushing disease. The current event has the aim of updating participants on the latest biological, genetic and clinical acquisitions on PitNET and on their impact in the management of PitNET affected patients according to the new knowledge, that requires a close clinical collaboration between pathologists, neurosurgeries and endocrinologists.

The meeting is part of the teaching activities of the Master Degree in Diagnosis and Treatment of pituitary disease (2024) - Faculty of Medicine, Università' Cattolica del Sacro Cuore, Rome.

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Direttore del Master Universitario di II Livello in diagnosi e terapia delle patologie ipotalamo-ipofisarie
Università Cattolica del Sacro Cuore

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Dott. Antonio Bianchi
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11th ANNUAL MEETING ON PITUITARY TUMORS

EVENTO ECM

UpToDate on PitNET. Adenomas research and management

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Prof.ssa Laura De Marinis
Dott. Antonio Bianchi

ROME
28th 29th November **2024**
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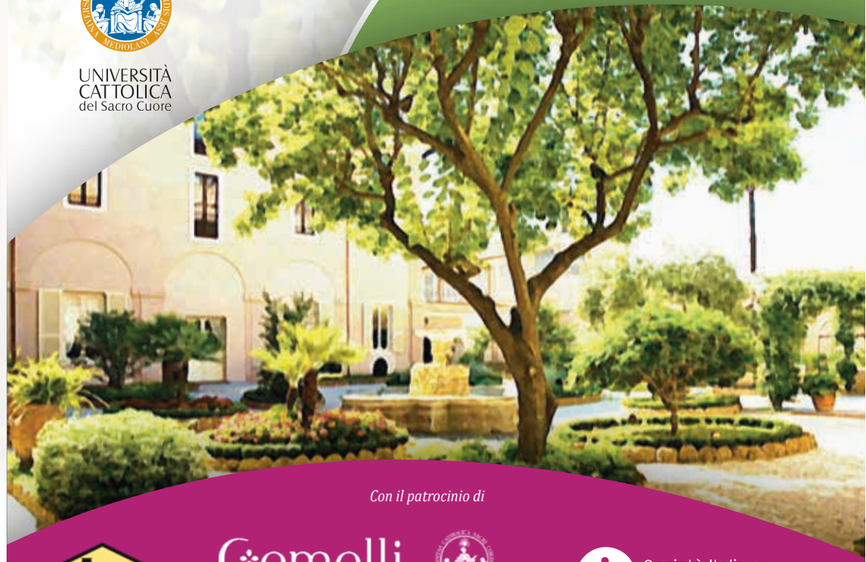

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1st DAY | *Thursday,* 28 November 2024

14.00 Registration

14.30
Introduction
L. De Marinis, A. Pontecorvi
G. Fioroni - *Vicepresidente Fondazione Policlinico Universitario A. Gemelli*

Welcome Speech
R. Cozzi, L. Festa, A. Isidori, A. Lenzi, C. Motta, A. Pontecorvi

PRESIDENTIAL LECTURE
Chairmen: **A. Lenzi, A. Pontecorvi**
15.00 New consensus guidelines for medical therapy in acromegaly - **A. Giustina**

I SESSION: New knowledges and acquisitions on PitNETs
Chairmen: **E. D. Capoluogno, E. De Menis, G. Rindi**
Discussant: **G. L. Scaglione, M. Zollino**

15.30 PitNET/adenoma WHO classification and GH hypersecretion - **M. Gessi**

15.50 Difference in the diagnosis of T-PIT lineage in PitNETs- **F. Roncaroli**

16.10 Therapeutic targeting of the PitNET/adenoma microenvironment - **G. Raverot**

16.30 Predictors of biochemical responce to SRLs in acromegaly - **M. Puig Domingo**

16.50 Any role of medical treatment in not functioning PitNET/adenoma?
G. Mantovani

17.10 Targeting somatostatin and dopamine receptors: is there a role for chimeric molecules? – **F. Gatto**

17.30 Radiotherapy for aggressive PitNETs - **G. Minniti**

17.40 Discussion

PRESIDENTIAL LECTURE
Chairmen: **D. Ferone, M. C. Zatelli**
18.10 Gender differences in PitNET - **A. Colao**

18.40 Conclusions

2nd DAY | *Friday,* 29 November 2024

08.30 Registration

09.00 PRESIDENTIALE LECTURE
Chairmen: **E. Ghigo, P. Zuppi**
Deficit of Prolactin as a new medical entity - **F. Casanueva**

II SESSION: The emerging aspects of pituitary diseases
Chairmen: **A. M. Isidori, P. Maffei**
Discussant: **R. Baldelli, A. Spada, G. Vitale**

09.30 GHD and reproduction - **A. M. Isidori**

09.50 The direct impact of octreotide and pegvisomant on osteoblast proliferation and function - **G. Mazziotti**

10.10 Endocrine disruptors, aryl hydrocarbon receptor and cortisol secretion - **S. Cannavò**

10.30 Coffee Break

10.45 GH DEFICIT: new formulation of long acting GH in pediatric e adult age - **S. Grottoli**

11.05 Bone fragility as a marker of hypopituitarism - **S. Frara**

11.25 Discussion

11.45 PRESIDENTIAL LECTURE
Chairmen: **G. Rindi, V. Rufini**
Peptide Receptor Radionuclide Therapy of Neuroendocrine Tumors: Agonist, Antagonist and Alternatives - **D. Ferone**

III SESSION: Multidisciplinary management of difficult aggressive ACTH pituitary tumors
Chairmen: **A. G. Lania, C. Scaroni**
Discussant: **L. Lauretti, M. Rigante, C. Simeoli, T. Tartaglione**

12.15 Epidemiology and mortality of Cushing's syndrome - **N. Karavitaki**

12.35 Surgical strategies in Cushing disease- **F. Doglietto**

12.55 Diagnostic challenges in cyclic Cushing syndrome - **M. Reincke**

13.15 Role of medical treatments in Cushing disease - **R. Pivonello**

13.35 Light Lunch

14.20 Role of nuclear medicine in diagnosis of ACTH secreting PitNETs and NETs
C. Caldarella

14.40 Gene Involvement in Pituitary Corticotroph Tumors - **G. Trivellin**

15.10 The histology of pituitary corticotrophin tumors - **L. Poliani**

15.30 Role of radiology - **S. Gaudino**

15.50 Role of Radiotherapy - **C. Mazzarella**

16.00 Discussion

16.30 Closing remarks
CME Evaluation

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