

RATIONALE

Adeno-pituitary tumour represents a complex disease, with a wide spectrum of clinical manifestations, according to the ability of secreting different hormones or pro-hormones 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.

PRESIDENTE DEL CONGRESSO

Prof. Alfredo Pontecorvi

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

RESPONSABILI SCIENTIFICI

Prof.ssa Laura De Marinis

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

Dott. Antonio Bianchi

Dirigente medico I livello U.O.S. di Patologie Ipotalamo-ipofisarie - Fondazione Policlinico Universitario A. Gemelli - IRCCS Roma

SEDE

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L'evento è accreditato per n° 100 partecipanti per le seguenti figure professionali:

- **Medico - Chirurgo:** Anatomia Patologica, Chirurgia Generale, Endocrinologia, Gastroenterologia, Genetica Medica, Malattie Metaboliche e Diabetologia, Medicina Interna, Medicina Nucleare, Neurochirurgia, Neuroradiologia, Oftalmologia, Otorinolaringoiatria, Patologia Clinica (Laboratorio di Analisi Chimico- Cliniche e Microbiologia), Radiodiagnostica, Radioterapia.
- **Infermiere**

Assegnati n. 10 crediti formativi ECM

OBIETTIVO FORMATIVO

Documentazione clinica. Percorsi clinico-assistenziali diagnostici e riabilitativi, profili di assistenza - profili di cura

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11th ANNUAL MEETING ON PITUITARY TUMORS

EVENTO
ECM

UpToDate on PitNET. Adenomas research and management

RESPONSABILI SCIENTIFICI

Prof.ssa Laura De Marinis

Dott. Antonio Bianchi



UNIVERSITÀ
CATTOLICA
del Sacro Cuore

ROME

28th 29th

November **2024**

Hotel Donna Camilla Savelli

Via Garibaldi 27 Roma



Artwork: Simona Renè - Stampa: Arti Grafiche Vincero Srl

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. Gasbarrini, 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: M. L. Jaffrain-Rea, 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 response 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

FACULTY

Gianluca Aimaretti, *Novara*
Roberto Baldelli, *Roma*
Antonio Bianchi, *Roma*
Carmelo Caldarella, *Roma*
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