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## 15+ YEARS OF ONCOTHERMIA TREATMENTS IN ITALY

PRESENTATION FROM “ONCOTHERM IN ITALY” CONFERENCE 2025.04.02.

PROF. GIAMMARIA FIORENTINI

Società Italiana Ipertermia Oncologica (SIIO) – Via Casale Malatesta 10, 00049 Velletri, Roma, Italy;  
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## CITATION

Fiorentini, G. (2025) 15+ years of Oncothermia treatment results in Italy – Oncotherm in Italy, 2025.04.02.

[https://www.youtube.com/watch?v=oph8\\_i84BBU&list=PLEaAiXVgvMsGMMHSufONT8E7zYBSSDNO4](https://www.youtube.com/watch?v=oph8_i84BBU&list=PLEaAiXVgvMsGMMHSufONT8E7zYBSSDNO4)

Oncothermia Journal 37, September 2025., 24-45.

[https://oncotherm.com/FiorentiniG\\_2025\\_Oncotherm\\_in\\_Italy\\_20250402](https://oncotherm.com/FiorentiniG_2025_Oncotherm_in_Italy_20250402)

**EMBASSY OF HUNGARY IN ROME**  
**2ND APRIL 2025**

**15+ YEARS OF ONCOTHERMIA TREATMENT  
RESULTS IN ITALY**

( STUDI CLINICI E ATTIVITA' DELLA SOCIETA' ITALIANA IPERtermia ONCOLOGICA-SIIO)

**Prof. Giammaria Fiorentini**

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## **AGENDA**

- **ONCOTHERM DEVELOPMENT IN ITALY**
- LIMITATIONS TO THE DEVELOPMENT OF  
HYPERthermia IN EUROPE AND ITALY
- FOUNDATION OF A NEW SCIENTIFIC  
SOCIETY DEDICATED TO HYPERthermia
- LATEST NEWS

## Development of Oncothermia in Italy ( 2004-2025)



2003 Prof Andras Szasz visiting professor at San Giuseppe Hospital, Empoli, Florence



2004 April, first Oncotherm 2000 device activated at Empoli-Florence, Italy

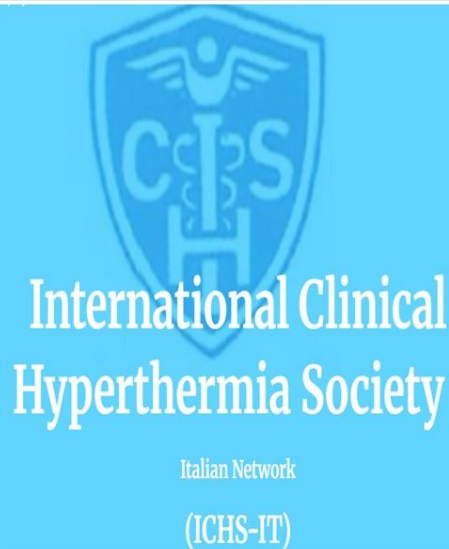


2005 May, second Oncotherm 2000 device activated at Massa Carrara Hospital, Italy

## ONCOTHERM 2000 DEVICES IN ITALY (2005-2025)

1. San Giuseppe Hospital, Empoli, Florence (oncotherm 2000, active since 2004)
2. Apuane Regional Hospital, Massa Carrara ( oncotherm 2000, active since 2005)
3. Istituto Tumori “Giovanni Paolo II” I.R.C.C.S. Bari ( since 2007 ), actually with 2 devices: 2000 plus and new 2030
4. Casa di Cura Salaria , dott Carlo Pastore, Roma ( oncotherm 3010 ML, active since 2012-22, ceased)
5. Centro Aktis, Napoli (oncotherm 2000, active since 2008)
6. Casa Di Cura M. Tommasini , Dott Astara, Jerzu, Sardegna, (oncotherm 2000, active from 2004 to 2008, ceased)
7. Clinica Demetra then Clinica Bellesere, dott Ballerini, Terni (oncotherm 2000, active since 2011)
8. ARTOI , Roma , prof Bonucci ( oncotherm 2000, active since 2019) \*
9. Department of Oncology, San Salvatore Hospital, Pesaro ( oncotherm2000 plus active from 2016 to 2024, ceased) #
10. Integrative Oncology, IHF Out-patient Clinic, Bologna (oncotherm2000, active from 2021 to 2024, ceased)
11. Oncologia, Spedali Civili di Brescia (oncotherm 2000, active from 2008 to 2019, actually suspended) ,
12. Ospedale Poliambulanza , Brescia (oncotherm 2000, active from 2006 to 2012, ceased) #
13. Servizi Medici Avanzati, Republic of San Marino (active from 2012 to 2017,ceased) \*

## INTERNATIONAL CLINICAL HYPERTHERMIA SOCIETY – ITALIAN NETWORK



## About us

ICHS-IT is a working group dedicated to the use and development of modulated Electro Hyperthermia (mEHT).

## Our Protocols and Projects

ICHS-IT programs are oriented to treat any type of tumor with mEHT alone or in association with Chemo and/or radiotherapy

ICHS-IT is planning to activate several studies on mEHT for the treatment of brain, ovary, pancreatic, lung and kidney cancer and melanoma, in order to improve patients' care.

### 34<sup>th</sup> ANNUAL CONFERENCE OF THE INTERNATIONAL CLINICAL HYPERTHERMIA SOCIETY

International Training Workshop on  
- Clinical Application of Local Hyperthermia  
- Moderate and Extreme Whole Body Hyperthermia

4th International Oncotherm congress

September 22<sup>nd</sup> 2016



It has been requested the patronage of



### Programme: 34<sup>th</sup> ANNUAL CONFERENCE OF THE INTERNATIONAL CLINICAL HYPERTHERMIA SOCIETY (ICHS)

Thursday 22<sup>nd</sup> September 2016

#### Session 1

**Topic: Biological basics, experimental and technical studies of hyperthermia**

Chairman: **S. Roussakow, G. Fiorentini**

8.00 Technique of Whole-Body Hyperthermia and Fibromyalgia Syndrome  
**A. Von Ardenne**

8.20 Critical Issues in the use of double antennas in superficial hyperthermia treatment. **A. Di Dia**

8.40 Local hyperthermia in combination with traditional chinese medicine **C. Pang**

9.00 Place and role of clinical hyperthermia in the system of thermotherapy in oncology: let's define what we are doing  
**Sergey Roussakow**

#### Session 2

**Topic: Clinical evidences of increasing survival adopting hyperthermia alone or in combination with anti-cancer methods**

Chairman: **C. Pang, M. Hussein**

9.30 Hyperthermia combined with conventional and complementary anticancer treatment  
**J. Brenner**

9.50 Colorectal cancer and the effect of the

10.50 Quo vadis oncological Hyperthermia: Update 2016 **A. Szasz**

11.10-11.20 coffee break

#### Session 3

**Topic: Results and perspective of hyperthermia associated with radiotherapy and chemotherapy**

Chairman: **S. Dall'Oglio, F. Bunkella**

11.20 Hyperthermia combined with radiation in cervical cancer **C. Minnaar-Strauss**

11.40 World-wide status of Hyperthermia  
**S. Maluta**

12.00 Combination of hyperthermia and radiotherapy in pancreatic cancer  
**P. Gabriele**

12.20 Prostate cancer: integration of radiotherapy and hyperthermia **S. Dall'Oglio**

12.40 Superficial Hyperthermia in association with Radiotherapy: toxicity and outcome in metastatic lesions. **G. Cattari**

1.00-1.30 pm LUNCH

#### Session 4

**Topic: Workshop section**

Chairman: **P. Gabriele, S. Maluta**

3.00 p.m. Extreme hyperthermia in lung lesions **C. Gadaleta**

3.20 p.m. Microwave ablation of large HCC by

multiple synchronous antennae: technique, results and long term follow-up  
**L. Tarantino**

#### Session 6

**Topic: Peritoneal surface malignancies treated with Cytoreductive Surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) –PART I**

Chairman: **M. Deraco, S. Guadagni**

3.40 p.m. HIPEC: state of the art  
**S. Kusamura**

4.00 p.m. Ovarian Cancer I **M. De Simone**

4.20 p.m. Ovarian cancer II **P. Sammartino**

4.40 p.m. Use of C-Pap inhibitors in ovarian cancer **F. Graziano**

#### Session 7

**Topic: Peritoneal surface malignancies treated with Cytoreductive Surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) –PART II**

Chairman: **C. Milandri, G. De Manzoni**



#### TRATTAMENTI DI ONCOTHERMIA ESEGUITI IN ITALIA

Centro	Città	periodo	pz trattati	sedute ese	H pubblicc
INT Bari	Bari	gen-set 24	75	766	si
		2018-23	625	9997	si
H Carrara	MS	3/23-6/24	90	627	si
H Pesaro	Pesaro	2016-19	560	6720	si
H Pesaro	Pesaro	1/20-8/24	420	3870	si
IHF Bologn	Bologna	1/22-5/24	145	1312	no
H Empoli	Empoli	2004-2011	560	6000	si

Totale 2475

29.292

Villa Salaria, Roma, 2012-2022, dr Pastore, Oncotherm 3010 ML  
5000 patients treated, 60.000 sessions delivered

#### ONCOTHERMIA IN THE TREATMENT OF PANCREATIC CANCER AND GLIOMA: RECENTE ARTICLES

- **Fiorentini G**, et Al. Modulated electro-hyperthermia in stage III and IV pancreatic cancer: Results of an observational study on 158 patients. World J Clin Oncol. **2021 Nov** 24;12(11):1064-1071. doi: 10.5306/wjco.v12.i11.1064. PMID: 34909400; PMCID: PMC8641006. (IF 2.7)
- Fiorentini C, Sarti D, Guadagni S, **Fiorentini G**. Immune response and locoregional treatments for peritoneal carcinomatosis. Int Rev Cell Mol Biol. 2022;371:97-116. doi: 10.1016/bs.ircmb. Epub 2022 Jul 8. (IF 6.4)
- **Fiorentini G**, et Al. Hyperthermia combined with chemotherapy vs chemotherapy in patients with advanced pancreatic cancer: A multicenter retrospective observational comparative study. World J Clin Oncol. **2023 Jun** 24;14(6):215-226. doi: 10.5306/wjco.v14.i6.215. PMID: 37398545; PMCID: PMC10311475. (IF 2.7)

#### ONCOTHERMIA IN THE TREATMENT OF PANCREATIC CANCER AND GLIOMA: RECENT ARTICLES

- **Fiorentini G**, et Al. Modulated Electrohyperthermia in Integrative Cancer Treatment for Relapsed Malignant Glioblastoma and Astrocytoma: Retrospective Multicenter Controlled Study. *Integr Cancer Ther.* 2019 Jan-Dec;18:1534735418812691. doi: 10.1177/1534735418812691. Epub **2018 Dec 22**. PMID: 30580645; (IF 3)
- **Fiorentini G** et Al. Modulated Electro-Hyperthermia as Palliative Treatment for Pancreatic Cancer: A Retrospective Observational Study on 106 Patients. *Integr Cancer Ther.* **2019 Jan-Dec**;18:1534735419878505. doi: 10.1177/1534735419878505. PMID: 31561722; PMCID: PMC6767725. (IF 3)
- **Fiorentini G** et Al. A Narrative Review of Regional Hyperthermia: Updates From 2010 to 2019. *Integr Cancer Ther.* **2020 Jan-Dec**;19:1534735420932648. doi: 10.1177/1534735420932648. PMID: 33054425 (IF 3)
- Lee SY, **Fiorentini G**, Szasz AM, Szigeti G, Szasz A, Minnaar CA. Quo Vadis Oncological Hyperthermia (2020)? *Front Oncol.* 2020 Sep 4;10:1690. doi: 10.3389/fonc.2020.01690. PMID: 33014841; PMCID: PMC7499808. (IF 6.24)

Today the Top Player is.....

**Dr Girolamo Ranieri and his group**  
**Director Integrative Oncology and**  
**Hyperthermia Unit, IRCCS Bari**



2018-2025 820 Pazienti , 11000 sedute ipertermia  
 ISTITUTO NAZIONALE TUMORI



#### Papers by Integrated Oncology Unit, Dr G. Ranieri, IRCCS Giovanni Paolo II Bari

- Gadaleta-Caldarola G, Infusino S, Galise I, **Ranieri G, et Al.** Sorafenib and locoregional deep electro-hyperthermia in advanced hepatocellular carcinoma: A phase II study. *Oncol Lett.* 2014 Oct;8(4):1783-1787. doi: 10.3892/ol.2014.2376. Epub 2014 Jul 24. PMID: 25202410; PMCID: PMC4156230. **(IF 2)**
- **Ranieri G, et Al.** Bevacizumab-Based Chemotherapy Combined with Regional Deep Capacitive Hyperthermia in Metastatic Cancer Patients: A Pilot Study. *Int J Mol Sci.* 2017 Jul 6;18(7):1458. doi: 10.3390/ijms18071458. PMID: 28684680; PMCID: PMC5535949. **(IF 5)**
- **Ranieri G, et Al.** Bevacizumab Plus FOLFOX-4 Combined With Deep Electro-Hyperthermia as First-line Therapy in Metastatic Colon Cancer: A Pilot Study. *Front Oncol.* 2020 Nov 3;10:590707. doi: 10.3389/fonc.2020.590707. Erratum in: *Front Oncol.* 2021 Feb 05;10:637880. doi: 10.3389/fonc.2020.637880. PMID: 33224885; PMCID: PMC7670056. **(IF 5.7)**

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SOCIETY DEDICATED TO HYPERTHERMIA
- LATEST NEWS



#### MAJOR OBSTACLES TO THE SPREAD OF HYPERTHERMIA IN ITALY and EUROPE - 2025

In the studies reported in this last decade, HT confirms a general trend of improvement in clinical outcomes as can be observed in similar previous studies and reviews. Experts, who use HT daily, believe that the reasons for the low acceptance by doctors and diffusion between patients are not the poor efficacy of the method, but

- 1) the limited diffusion of qualified hyperthermia centers in Europe and Italy
- 2) the lack of guidelines to maintain temperature monitoring and poor quality of treatment schedules.
- 4) the hyperthermic centers don't have network and adopt heterogeneous practices and not easily reproducible everywhere
- 5) the lack of government funding and nothing from the non-interested pharmaceutical industry.
- 6) many hyperthermic centers have outdated technologies and devices that induce poor tolerance of patients

#### MAJOR OBSTACLES TO THE SPREAD OF HYPERTHERMIA IN ITALY and EUROPE - 2025

- 7) The lack of clear info given by Public Institutions and media that limits information access for patients, their families and doctors
- 8) the paucity of university teaching and training courses, specially in Italy
- 9) the competition with radiotherapy devices and the wrong idea that it is wasted time warming up a patient

In future the research should focus more on new devices and detecting these parameters: patients' acceptability, increased quality of life, tumor response, local control rates, time to progression, overall survival when HT is adjunct to classical therapies. Standardized equipments and treatments needed



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### WHY SIIO IS NECESSARY IN ITALY AND EUROPE ?

Since 2018 randomized studies, with increased OS and PFS, have been published in Local Advanced Cancer of the Cervix (LACC), cancer of rectum and anus, soft tissues sarcoma, breast chest recurrences, prostatic cancer, gliomas and cancer of head and neck.

In 2022 AIRO and AIOM have accepted the ESTRO and ESMO guidelines, including hyperthermia in the thoracic recurrences from breast cancer and in not operable or borderline operable soft tissue sarcomas, both after major evidence from large randomized studies.

It seems essential to develop an official network of hyperthermia in Italy where patients can be treated with competence in the context of shared decisions in multidisciplinary groups

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## HYPERTHERMIC TREATMENTS IN ITALY: NUMBER OF PATIENTS

More than **3000 patients** were treated with hyperthermia every year in Italy, **86% in private clinics and 14% in public Hospitals**, all patients are in the metastatic phase relapsing after chemotherapy and radiotherapy with a life expectancy ranging from 3 months to 24 months. It is estimated by default that at least **28,000 sessions of hyperthermia are administered every year in Italy.**

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## HYPERTHERMIC TREATMENTS IN ITALY:

No patients are currently enrolled in research phase III studies. All patients are treated in a palliative way following experience and personalized protocols present in each individual centre and dictated by the experience of the physicians, expert in hyperthermia. Each patient received eleven hyperthermia sessions (range 3-28). The median duration of hyperthermia session was 55 minutes (range 50 -110), 2-3 weekly sessions were administered on alternate days,

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## HYPERTHERMIC TREATMENTS IN ITALY

The patients treated with hyperthermia concurrently received single chemotherapy at personalized doses and 90% of them received integrative and supportive therapies.

Consideration and attention in SIIO centres were given to evaluate the improvement in patients' quality of life and compliance using the ESAS scale, ECOG performance status scale and electronic self-report assessment .

Different brands of hyperthermia devices are currently adopted in Italy: Andromedic, Alba, BSD, Celsius, Oncotherm, Syncrotherm.

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## FOUNDATION of SIIO

- The Italian Society of Oncological Hyperthermia (Società Italiana di Ipertermia Oncologica - SIIO) was founded in September 2023 and became operative in January 2024 with the election of president, treasurer, secretary and councilors
- to promote oncological hyperthermia in Italy
- to better cure and serve cancer patients
- to give correct data to the Italian Ministry of Health and Regional Health Departments
- to reintroduce hyperthermia into the care services of the National Health System, cancelled on 31 December 2024

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## CENTRI SIO



SOCIETA' ITALIANA DI IPERTERMIA ONCOLOGICA MOTTO

*In the past, present and future...*

*...clinical experience and  
multidisciplinary together*



## RATIONALE and PURPOSES of SIIO

1. **To encourage** the advancement of hyperthermia in all areas of medical sciences.
2. **To organize a national database** regarding tumours treated with hyperthermia: defining histology, genetics, stage, line of therapy, therapeutic results, calculation of the duration of OS and response, and toxicities.

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## RATIONALE and PURPOSES of SIIO

3. **To define new phase II and III protocols** of chemo-hyperthermia, radio-hyperthermia, immuno-hyperthermia, magnetic hyperthermia, palliative medicine-hyperthermia.
4. **To develop Health Technology Assessment (HTA)** in hyperthermia as a multidisciplinary evaluation process that aims to determine the economic value of hyperthermia technologies and interventions to inform decision-making to promote an equitable, efficient and high-quality in NHS.
5. **To introduce the HYPERTHERMIA** medical service provided Italian NHS for oncological patients ( free for oncological patients).

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## CONCLUSIONS

SIIO wants to expand hyperthermia following the national and international guidelines through the increase the number of centres and the training of doctors, medical engineers, medical physics, nurses and technicians. SIIO is open to the participation of groups of patients and their families and to all interested professionals and stakeholders.

SIIO intends to collaborate constantly with the Agency for Regional Healthcare Services (AGENAS), chapter of Italian Ministry of Health, with all medical associations to provide truthful and real information on the use of hyperthermia to obtain the best results, lower costs for HS and facilitate the access of patients to hyperthermic treatments in Italy.

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## EDUCATIONAL EVENTS

### **Società Italiana di Ipertermia Oncologica**

Data: Aprile – Giugno 2025

Master Universitario II Livello “ Oncologia Integrata Prevenzione, Terapie Tradizionali, Innovative e di precisione ” VII Edizione. Corso Universitario di Alta Formazione : “ Ipertermia applicazioni specialistiche” Education provider: Consorzio Inter-Universitario Humanitas, Roma

### **European Thermotherapy School 2025**

Date: Monday, April 14-16, 2025

Education provider: Erasmus MC Cancer Institute, Amsterdam.

This 3-day European thermotherapy school aims to teach radiation oncologists, (clinical) physicists, radiation therapists, other medical specialists, and researchers the knowledge to perform high quality hyperthermia treatments.

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IPERTERMIA - APPLICAZIONI SPECIALISTICHE  
IPERTERMIA - APPLICAZIONI SPECIALISTICHE

**Università San Raffaele**  
Roma

**CONSORZIO UNIVERSITARIO HUMANITAS**

IN COLLABORAZIONE CON

**FONDAZIONE ARTOI**  
ASSOCIAZIONE ITALIANA TUMORI (A.I.T.)

PARTNERS

**ISTITUTO CLINICO INTERUNIVERSITARIO**

**LILT**  
LIVELLO DI QUALITÀ E SICUREZZA  
prevenire e vincere

**ONCOLOGIA INTEGRATA:  
PREVENZIONE,  
TERAPIE TRADIZIONALI,  
INNOVATIVE E  
DI PRECISIONE**

VII Edizione  
Anno Accademico 2023-2024  
II classe

**PROSPETTIVE FUTURE: STUDI CLINICI IN CORSO E ATTIVITA' DELLA SOCIETA' ITALIANA IPERTERMIA ONCOLOGICA (SIIO)**

Prof Giammaria Fiorentini

Consortio Universitario Humanitas Diritti Riservati - E' vietata la duplicazione e l'utilizzo senza l'autorizzazione

**Amsterdam UMC**

**Erasmus MC**

**European school of thermotherapy 2025**  
14-16 April 2025

- Hosted by Erasmus MC (Rotterdam) and Amsterdam UMC (Amsterdam), The Netherlands
- Topics include: biology, physics, clinical rationale, implementation, practical examples and new developments in thermotherapy
- Target audience: oncologists, radiation oncologists, physicists, radiation therapists, medical specialists and researchers
- Early registration fee (before 14-01-2025): €250
- Late registration fee: €325

Scan the QR for more practical information and instructions to register.

**ESHQ** Endorsed by **ESTRO**

**European Thermotherapy School 2025**

**The European thermotherapy school aims to provide knowledge about the fundamentals of thermoradiotherapy and how to perform high quality treatments by experts from the thermotherapy field.**

## ASSOCIATIONS OF CANCER PATIENTS SUSTAINING SIO

- Volto della Speranza, Massa Carrara, Toscana
- ASTRO, Empoli-Firenze, Toscana
- Il Giornale di Mirella Morigia, Roma
- ANVOLT, Regione Trentino - Alto Adige
- Salute Donna, Siracusa, Sicilia

## REINTRODUCTION OF HYPERTHERMIA IN THE ESSENTIAL LEVEL OF CARE

To make hyperthermia present in the services of the National Health Service, free of charge to cancer patients, SIO submitted an application to the Ministry of Health in March and November 2024 and had three meetings at the highest level with the most important Italian Authorities



**PER SOSTENERE INTRODUZIONE DI IPERTERMIA NEI LEA**  
**29/9/24 INCONTRO CON DOTT. MANTOAN, DIRETTORE AGENAS**



**18/11/24 INCONTRO CON PROF. AMERICO CICCHETTI (DIRETTORE GENERALE DELLA  
PROGRAMMAZIONE SANITARIA) PER INTRODUZIONE NEI LEA DI IPERTERMIA E VALURAZIONE HTA NEL  
PROGETTO NAZIONALE IPERTERMIA ONCOLOGICA**



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27/3/25 INCONTRO CON IL VICE-MINISTRO DEL MINISTERO DELLA SALUTE DOTT MARCELLO GEMMATO DI Dr. GIROLAMO RANIERI E Ing. DILETTA TRALDI



## LATEST NEWS.....

Yesterday 1<sup>st</sup> April 2025, the Spanish Ministry of Health has accepted the request of the SEOR (Sociedad Española de Oncología Radioterápica) and has included hyperthermia in the national handbook of therapeutic services for cancer patients. Each hyperthermia session will be paid to the hospital that provides it 270 Euros.

.....but also in Italy something is changing..

Please Ing Diletta Traldi tell us your story

## BUT... SOMETHING HAPPENED



## MY EXPERIENCE WITH HYPERTHERMIA

My father has a metastatic colon cancer.

That led me to:

- Get close to HT
- See its deep efficacy



One year after surgery and adjuvant therapy metastases at lungs, liver and peritoneum, here particularly widespread

- Dad had to start with chemotherapy (1<sup>st</sup> line Folfox+Bevacizumab)
- I started to look for some additional therapy to boost chemotherapy and after reading several papers I found HT
- Dad started also with HT with Dr Ranieri at Istituto Tumori “Giovanni Paolo II” I.R.C.C.S. Bari

## MY EXPERIENCE WITH HYPERTHERMIA

### 6 months later

complete response in abdominal area treated with HT and results at 1 year perfectly fit in a Pilot study led by Dr. Ranieri:

PFS in patients treated with Folfox+bevacizumab+HT was 2.7 months longer (median 12.1 months) than patients only treated with same 1<sup>st</sup> line without HT

Dr Ranieri told me about SIIO and I was more than convinced to support. Dr Fiorentini accepted me as PRP (Public Relations Person)

My will is to assist SIIO in:

- Encouraging use of HT through conferences and events
- Making cancer patients aware HT exists and is effective without any relevant side effect
- HT back in LEA soon (covered by NHS) as since January 1<sup>st</sup> it has been excluded





## DOUBLE ACTION: REGIONAL AND NATIONAL LEVEL

Since January 1<sup>st</sup> 2025 HT is not in LEA anymore, it meant interruption of care with NHS in Italy

1. We worked with Puglia administrators to the resumption of HT in Bari (hub also for patients coming from outside the region)

**REGIONE PUGLIA**  
Deliberazione della Giunta Regionale

**N. 319** del 17/03/2025 del Registro delle Deliberazioni

Codice CIRA: SGO DEL/2025/00038  
OGGETTO: Approvazione **pacchetti di day-service**. Modifica tariffario regionale ex D.G.R. n. 1862/23/12/2024.

L'anno 2025 addì 17 del mese di Marzo, si è tenuta la Giunta Regionale, previo regolare invito nelle persone dei Signori:

Sono presenti:	Nessuno assente.
Presidente: Michele Emiliano	

**PAC/DAY SERVICE TERAPEUTICO CHEMIO/IMMUNOTERAPIA PER NEOPLASIE MALIGNI IN COMBINAZIONE CON IPERTERMIA LOCOREGIONALE ESTERNA**

Il Day Service chemioterapico - infusionale può comprendere diversi accessi a seconda del programma assistenziale specifico per il singolo paziente. Il numero di accessi massimo per ciclo è di n. 30 sedute/anno per singolo Day Service chemioterapico. Il costo del farmaco chemioterapico/antitumorale è rimborsato attraverso le procedure del File F.

Descrizione Diagnosi e Procedure per ICD	ICD9-CM	Tariffa (€)
<b>TARIFFA DAY SERVICE PER SINGOLO ACCESSO (Chemioterapia + Ipertermia)</b>		<b>189,00 €</b>

**DELIBERA**

1. di approvare i pacchetti di day-service valutati positivamente nella riunione del Tavolo tecnico regionale "day-service" nella riunione del 12 marzo 2025, dettagliati nell'Allegato A, parte integrante e sostanziale del presente provvedimento, di seguito elencati:
  - CHEMIO/IMMUNOTERAPIA PER NEOPLASIE MALIGNI ED ONCOEMATOLOGICHE;
  - CHEMIO/IMMUNOTERAPIA PER NEOPLASIE MALIGNI ED ONCOEMATOLOGICHE IN COMBINAZIONE CON TRASFUSIONE;
  - CHEMIO/IMMUNOTERAPIA PER NEOPLASIE MALIGNI IN COMBINAZIONE CON **IPERTERMIA LOCOREGIONALE ESTERNA**;

## DOUBLE ACTION: REGIONAL AND NATIONAL LEVEL

Since January 1<sup>st</sup> 2025 HT is not in LEA anymore, it meant interruption of care with NHS in Italy

2. We are working at the national level to push forward the formal request already submitted by SIIO represented by Dr Fiorentini

LEA1091 - Richiesta di aggiornamento LEA

Allo  
Commissione nazionale per l'aggiornamento dei  
LEA e la promozione dell'appropriatezza nel  
Servizio sanitario nazionale  
Direzione Programmazione sanitaria - Ufficio 5  
Ministero della salute

Oggetto: LEA1091 - Richiesta di aggiornamento LEA

**Sezione 1. Questa sezione deve essere compilata se la richiesta riguarda una specifica prestazione o un servizio**

- 1.1 - Prestazione o servizio:  
Ipertermia Oncologica
- 2.1 - Indicazione clinica o condizione/patologia/forma o stadio clinico per cui la prestazione è necessaria e appropriata:  
da studi fase III nei sarcomi e nelle recidive toraciche da cancro mammella da studi di fase II nei tumori del cervello, pancreas, retto, polmoni, carcinoma pelvico, metastasi epatiche, metastasi ossee e
- 3.1 - Tecnologia utilizzata e rilevante per l'esecuzione della prestazione:  
ipertermia capacitiva esterna, ipertermia radiativa
- 4.1 - Si propone che questa prestazione/servizio sia:  
Inclusa



we met Deputy Minister of Health (Dr Marcello Gemmato) to highlight the current discrepancy: HT can be requested in an inpatient setting (as outlined in ICD-9) but cannot be provided in an outpatient setting

