



MEETING GIVITI 2025

La rete TIPNET: raccolta dati e progetti

Angela Amigoni

PICU - University Hospital of Padova



Angela Amigoni October 9th 2025

- **Content**



- PICU Networks in the world
- TIPNET details
- TIPNET centers
- Database details
- TIPNET data
- TIPNET data quality
- Tipnet meetings
- Tipnet research



- **PICU Networks in the world**



**PICA
Net**



UNIVERSITY OF LEEDS



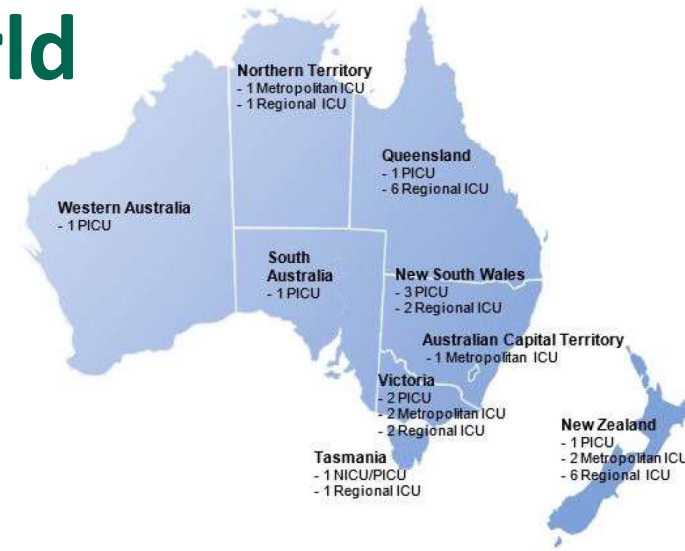
UNIVERSITY OF
LEICESTER

General Enquiries

picanet@leeds.ac.uk

0113 343 8125

- **PICU Networks in the world**



AUSTRALIAN AND NEW ZEALAND PAEDIATRIC INTENSIVE CARE REGISTRY (ANZPICR)

Australian and New Zealand
Paediatric Intensive Care Registry
Activity Report 2018

• TIPNET details



- To obtain descriptive epidemiological data on children admitted to Pediatric Intensive Care Units.
- To monitor the quality of care in Pediatric Intensive Care Units in our country.
- To identify the best clinical practice.
- To define national standards of care in Pediatric Intensive Care.
- To establish national quality indicators for Pediatric Intensive Care.
- To provide updated and comparable data for national healthcare policy decisions.
- To design clinical studies.



- **TIPNET details**



One of the **Scientific Direction** of the Italian
Pediatric Society of Neonatal & Pediatric
Anesthesia and Critical Care – **Coordinator:**
Angela Amigoni



Steering Committee:

Angela Amigoni; Dario Gregori (data coordinator); Paolo Biban; Rosanna Irene Comoretto;
Francesca Izzo; Matteo Martinato; Maria Cristina Mondardini; Cinzia Papappicco; Andrea Wolfler

- **TIPNET details**

OSPEDALE DEI BAMBINI
"VITTORE BUZZI"
Via Castelvetro 32
20154 Milano

Sistema Socio Sanitario



Regione
Lombardia

ASST Fatebenefratelli Sacco



S.C. Anestesia e Rianimazione

Direttore: D.ssa E. Zoia
Direzione: tel 02.63635484
Segreteria: tel. 0263635335; fax: 0263635178
E-mail: anestesia.buzzi@asst-fbf-sacco.it

Institutional Ethics
Committee approval



***Titolo dello studio:** Studio epidemiologico, osservazionale, prospettico multicentrico sulle Terapie Intensive Pediatriche in Italia*

Versione: 1.0 del 17/11/2019

Promotore: Azienda Ospedaliera FBF Sacco – Ospedale dei Bambini Vittore Buzzi

Sperimentatore principale: Dott.ssa Francesca Izzo

- **TIPNET details**

2012- 2020:



2020 - actually:



Unità di Biostatistica, Epidemiologia, e Sanità Pubblica
Dipartimento di Scienze Cardio-Toraco-Vascolari e Sanità Pubblica
University of Padova



- **TIPNET details**



WEBSITE



TIPNET CLICCA PER VEDERE IL SITO »

SOCIETÀ ▾

SOCI ▾

ATTIVITÀ ▾

NEWS

GALLERY

LINKS

HOME

LE PUBBLICAZIONI

I GRANTS

I MEETINGS NAZIONALI TIPNET

CONTATTI



TIPNET

www.tipnet.org

- **TIPNET centers**



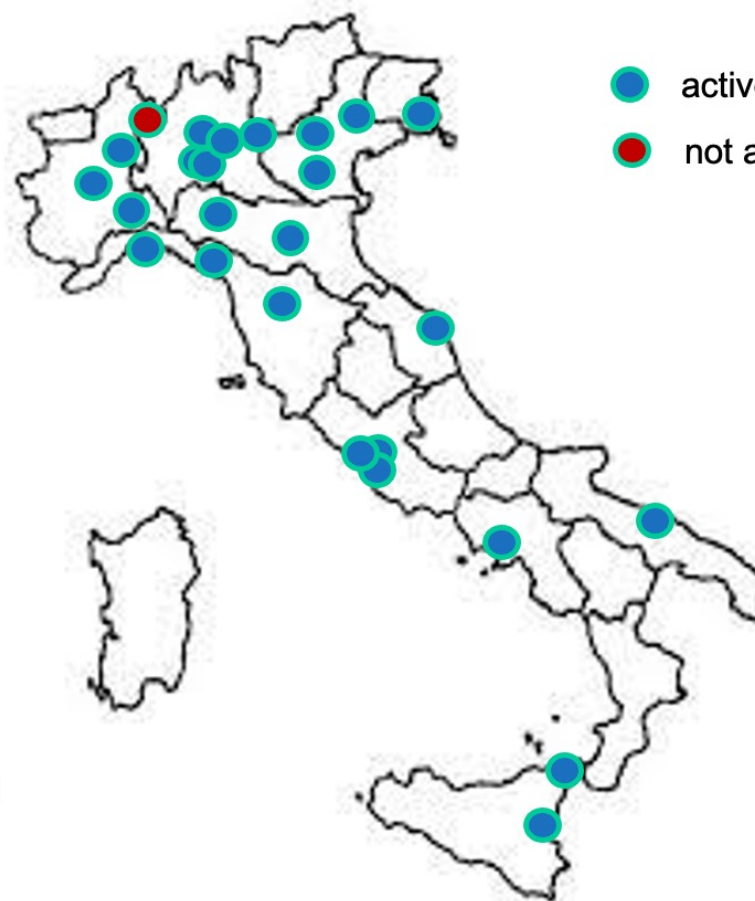
ENROLLED

With GiViTi:

- Bergamo
- Brescia
- Massa Carrara

STARTED or RE-STARTED in 2025:

- Ancona
- Bari
- Roma OPBG (ARCO e DEA)



● active 2025 (23)

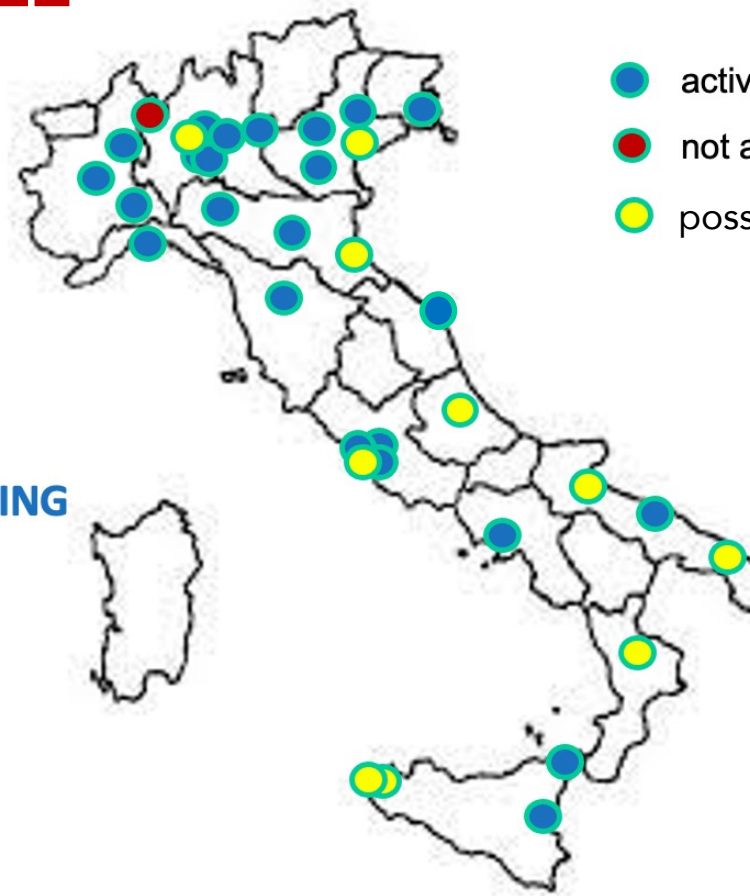
● not active 2025

25

- **TIPNET centers**



POSSIBLE



- active 2025 (23)
- not active 2025 (1)
- possible centers

- Pescara
 - Milano TIP Niguarda
- } **ONGOING**
- Roma Umberto I?
 - Treviso?
 - Cesena ?
 - Foggia?
 - Lecce?
 - Cosenza/Catanzaro?
 - Palermo (di Cristina, ISMETT)?



Regions without TIP:

Umbria, Molise,
Basilicata, Sardegna

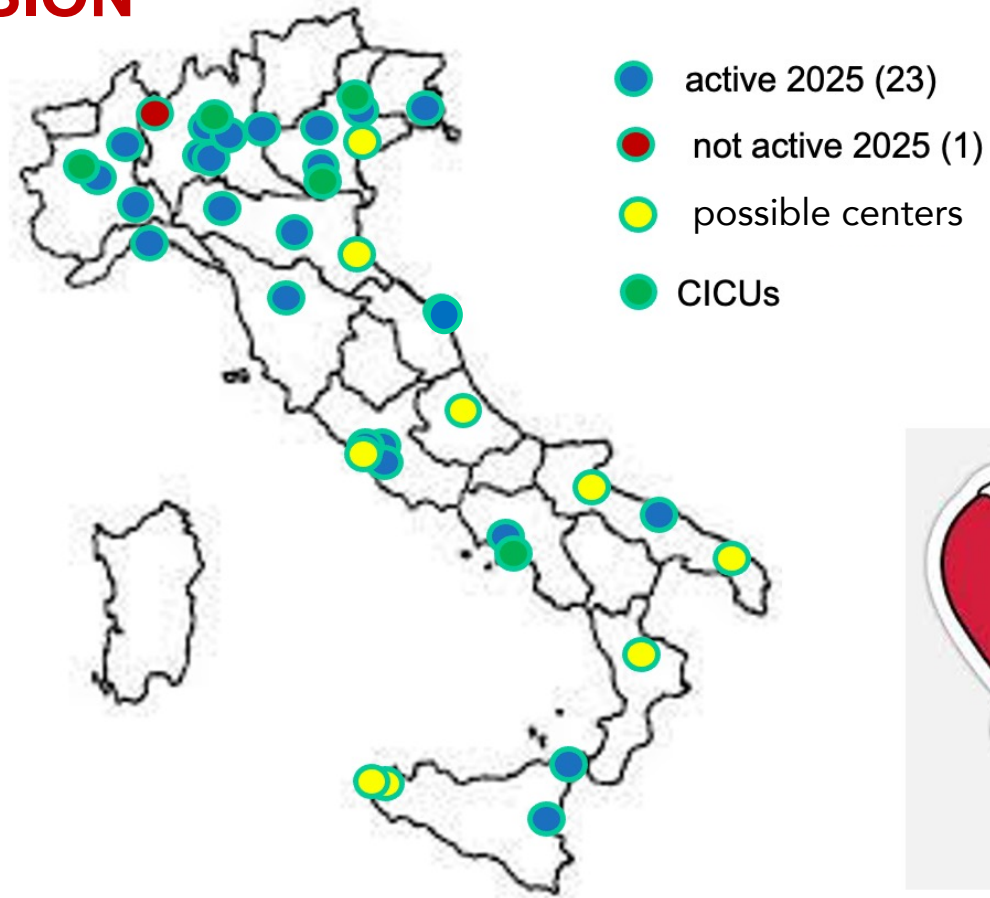
- **TIPNET centers**



FUTURE EXTENSION

CICUs:

- Milano San Donato
- Torino CCH
- Napoli Monaldi
- TIPO CCH Padova
- TIPO CCH Verona
-



- Database details



TIPNET CENTER

Data on center's characteristics

Human resources

Technologic resources

Procedures



- Database details



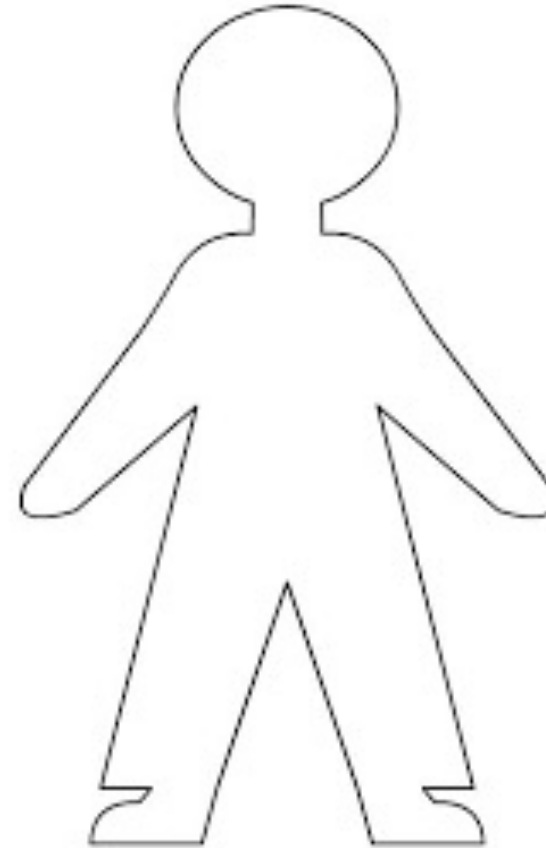
TIPNET DATA

Name / last name

DOB

CF

code



- Database details



TIPNET DATA

Codice paziente	Anagrafica		
	Anagrafica	Accettazione	Ingresso

- Database details



TIPNET DATA

Ricovero								
Pim	Pelod Scheda Facoltativa	Punteggio Di Aristotle Da Compilare Solo Per Pazie	Degenza	Procedure Di Ventilazione	Infezione	Sepsi Prima Infezione	Sepsi Seconda Infezione	Dimissione

• Database details

PRIORITY



PIM, PELOD & ARISTOTLE score

Pediatric index of mortality (PIM)

Si tratta di uno score che calcola la probabilità di morte (%) per i bambini di età inferiore a 16 ricoverati in terapia intensiva. Non si calcola per i neonati prematuri con meno di 36 settimane gestazionale.

Pediatric Logistic Organ Dysfunction score (PELOD)

Si tratta di uno score che descrive quantitativamente e obiettivamente il grado di disfunzione insufficienza d'organo all'ingresso e quotidianamente.

Aristotle score

L'Aristotle score è uno strumento che misura la performance e non direttamente la mortalità. Il calcolo dello score la complessità è una costante ed è data dalla somma di morte potenziale per la morbidità e la difficoltà tecnica. La performance viene valutata infine in relazione alla complessità con l'outcome.

Livello di priorità del ricovero

PRIORITA' 1

pazienti "critici", instabili con necessità di trattamento intensivo (ad esempio, ventilazione, amine) e monitoraggio che non possono essere forniti al di fuori della TIP. Per questi pazienti non sono generalmente previsti limiti per l'intensità di cure da attuare.

Es: insufficienza respiratoria acuta o post-operatoria con necessità di ventilazione meccanica, shock, ecc.

PRIORITA' 2

pazienti che necessitano di monitoraggio intensivo e, potenzialmente, di un trattamento immediato. Per essi non sono in genere previsti limiti per l'intensità delle cure da ricevere (es: paziente con comorbidità cronica con un evento acuto di tipo medico o chirurgico)

PRIORITA' 3

pazienti "critici" e instabili ma che hanno ridotte probabilità di ripresa a causa della malattia sottostante o della natura della loro malattia acuta. Questi pazienti possono ricevere trattamenti intensivi per superare una fase acuta ma possono avere dei limiti nel grado di intensità di cura (no intubazione, no manovre di RCP)

PRIORITA' 4

pazienti per i quali non è appropriato il ricovero in TIP.

4a) "troppo sani per il ricovero in TIP"

Pazienti che prevedibilmente non hanno o hanno poco beneficio dal ricovero in TIP e per i quali le cure possono essere effettuate in reparti diversi dalla TIP

4b) "troppo malati per il ricovero in TIP".

Pazienti con patologia terminale ed irreversibile che sono a imminente rischio di morte

* must provide value

Peso stimato in benessere (kg)

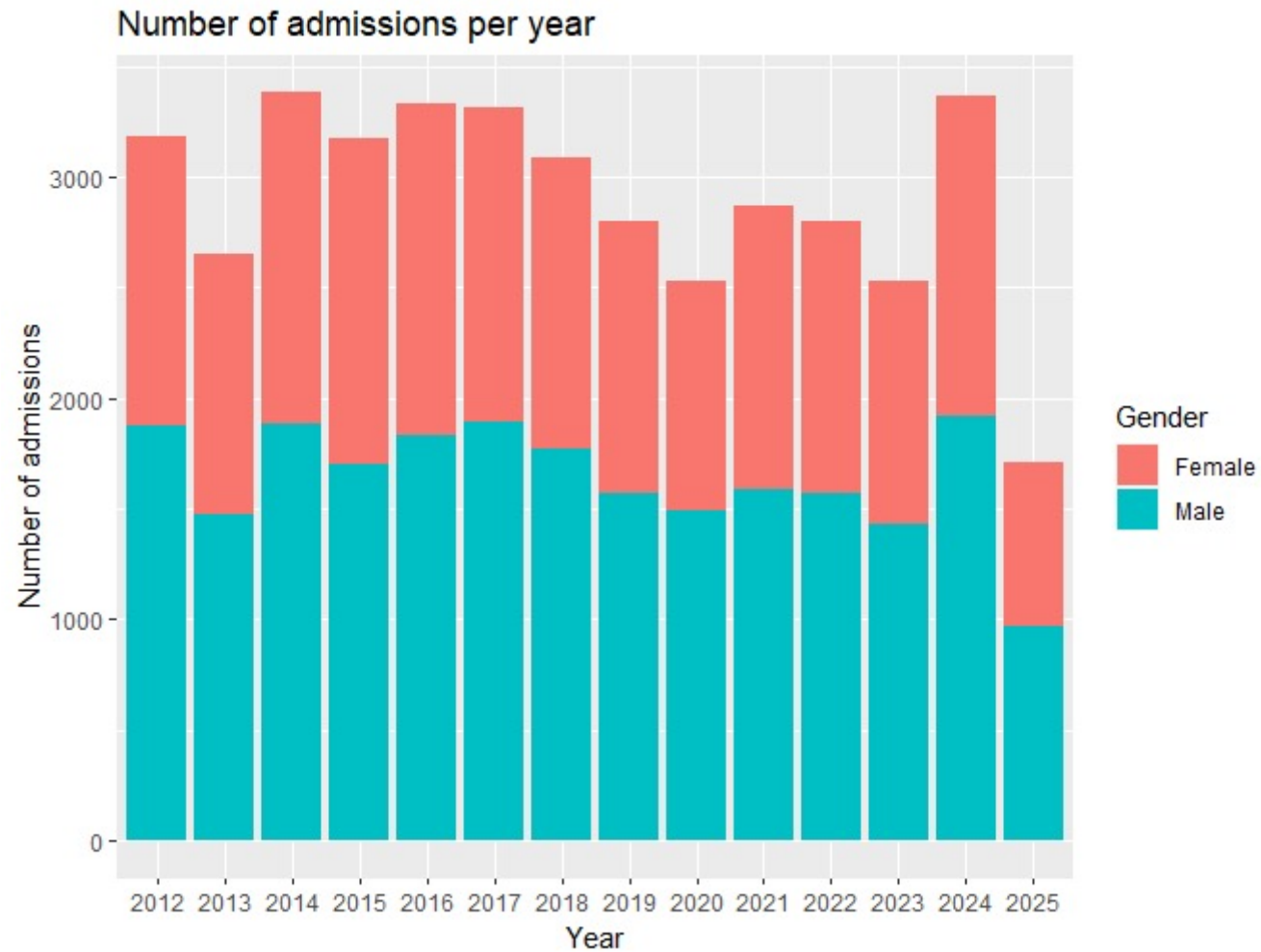
* must provide value

Ricovero programmato (ricovero programmato si intende il ricovero per intervento/procedura procrastinabile di almeno 12 ore)

* must provide value

- TIPNET data

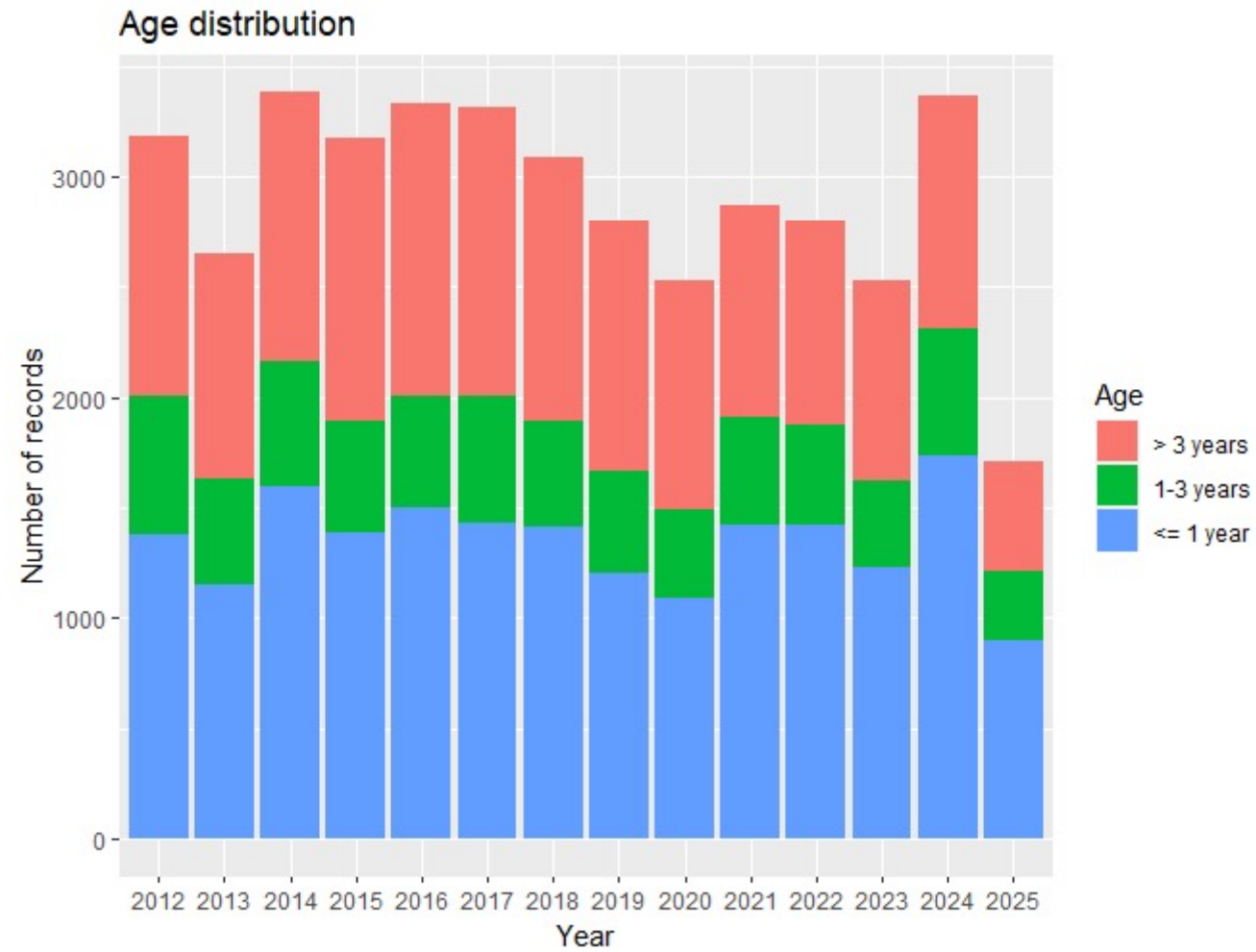
TREND



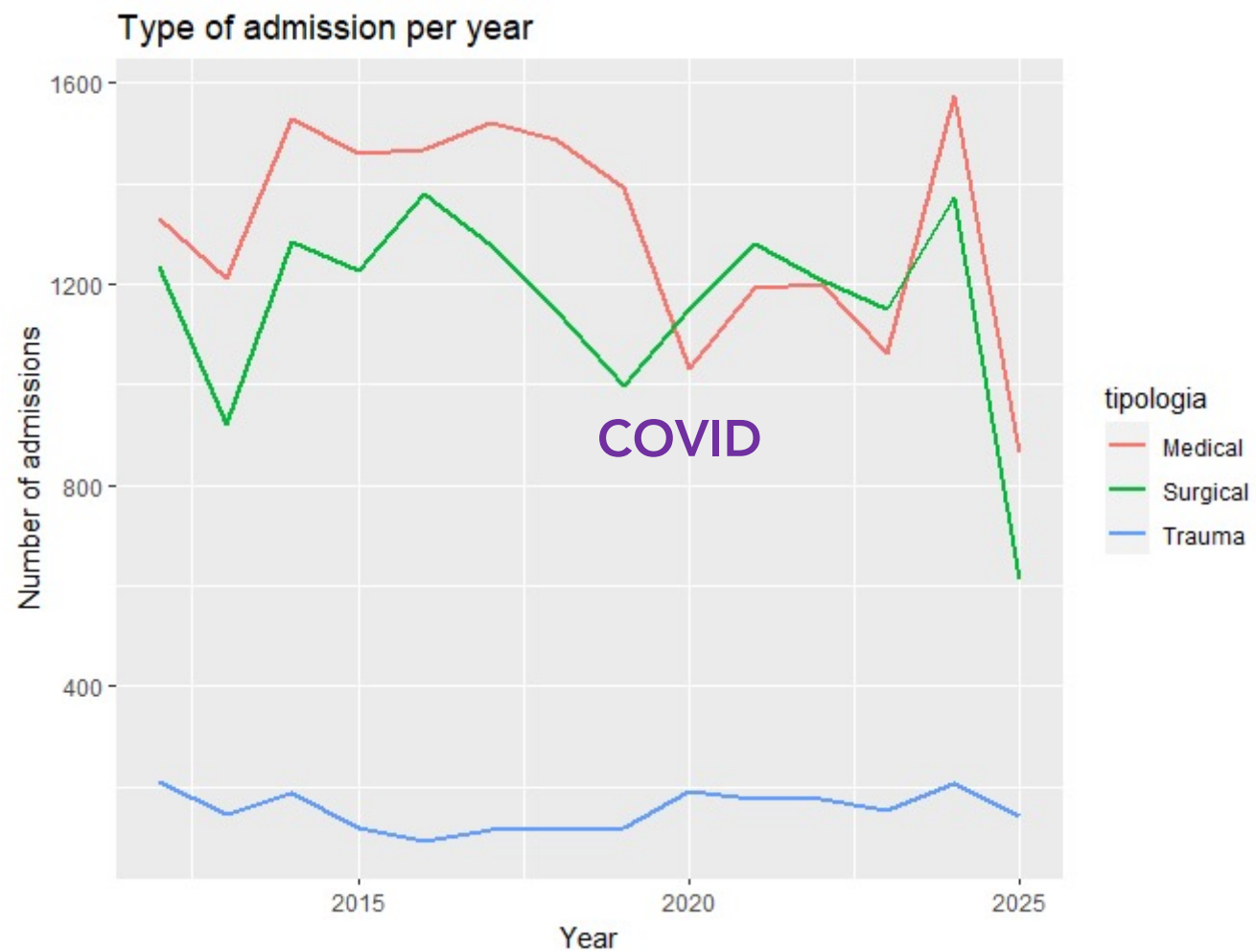
40733
admissions

- TIPNET data

AGE

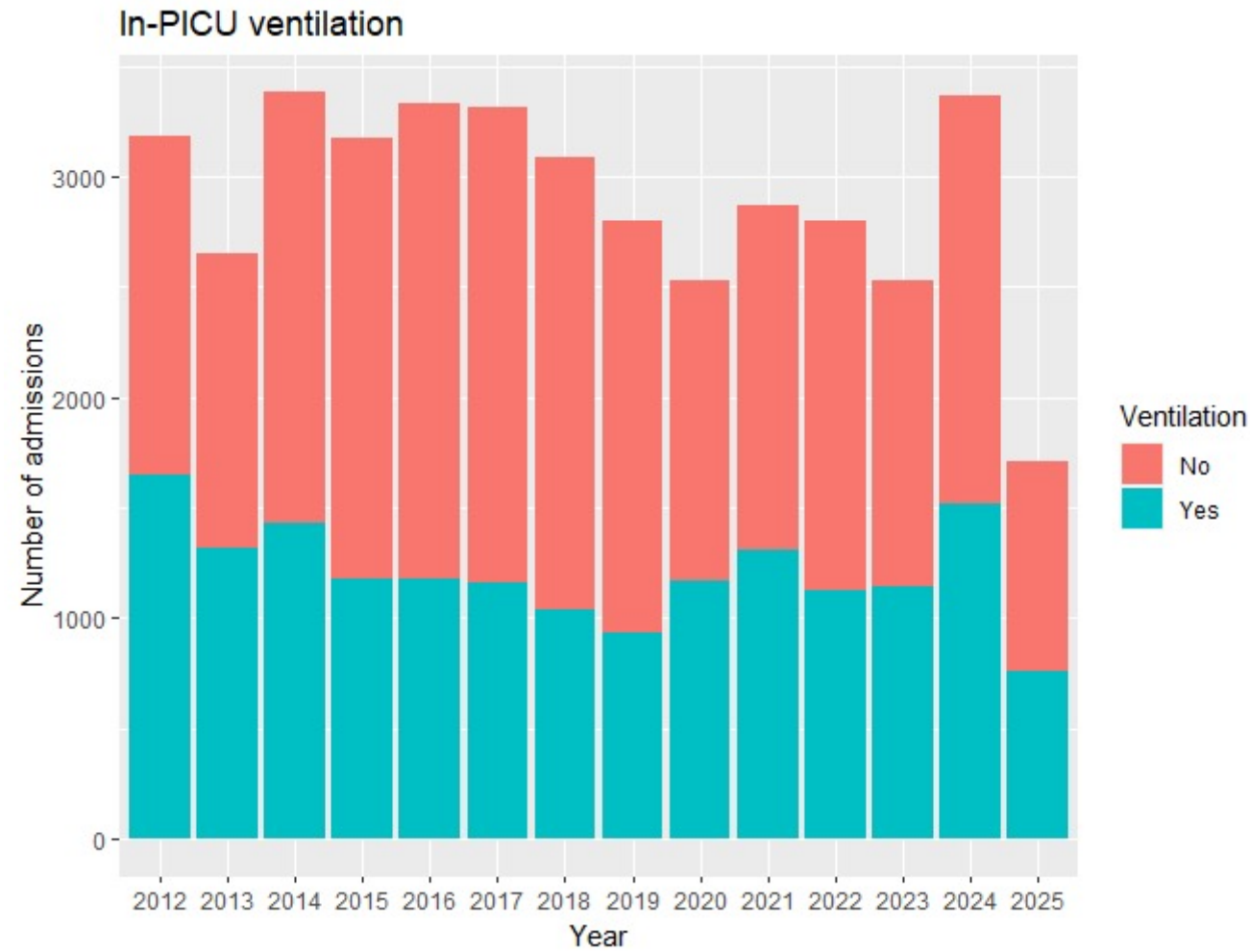


- TIPNET data** **TYPE OF ADMISSION**



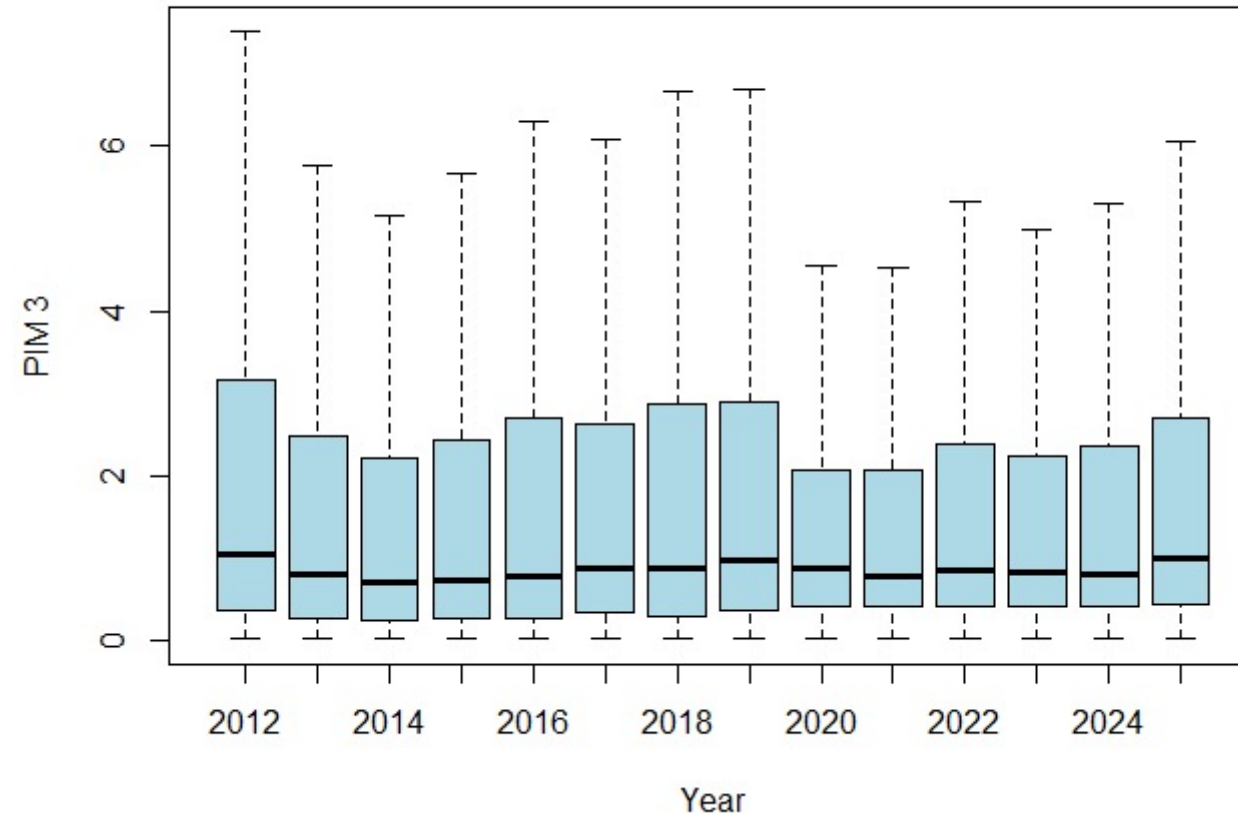
- TIPNET data

VENTILATION



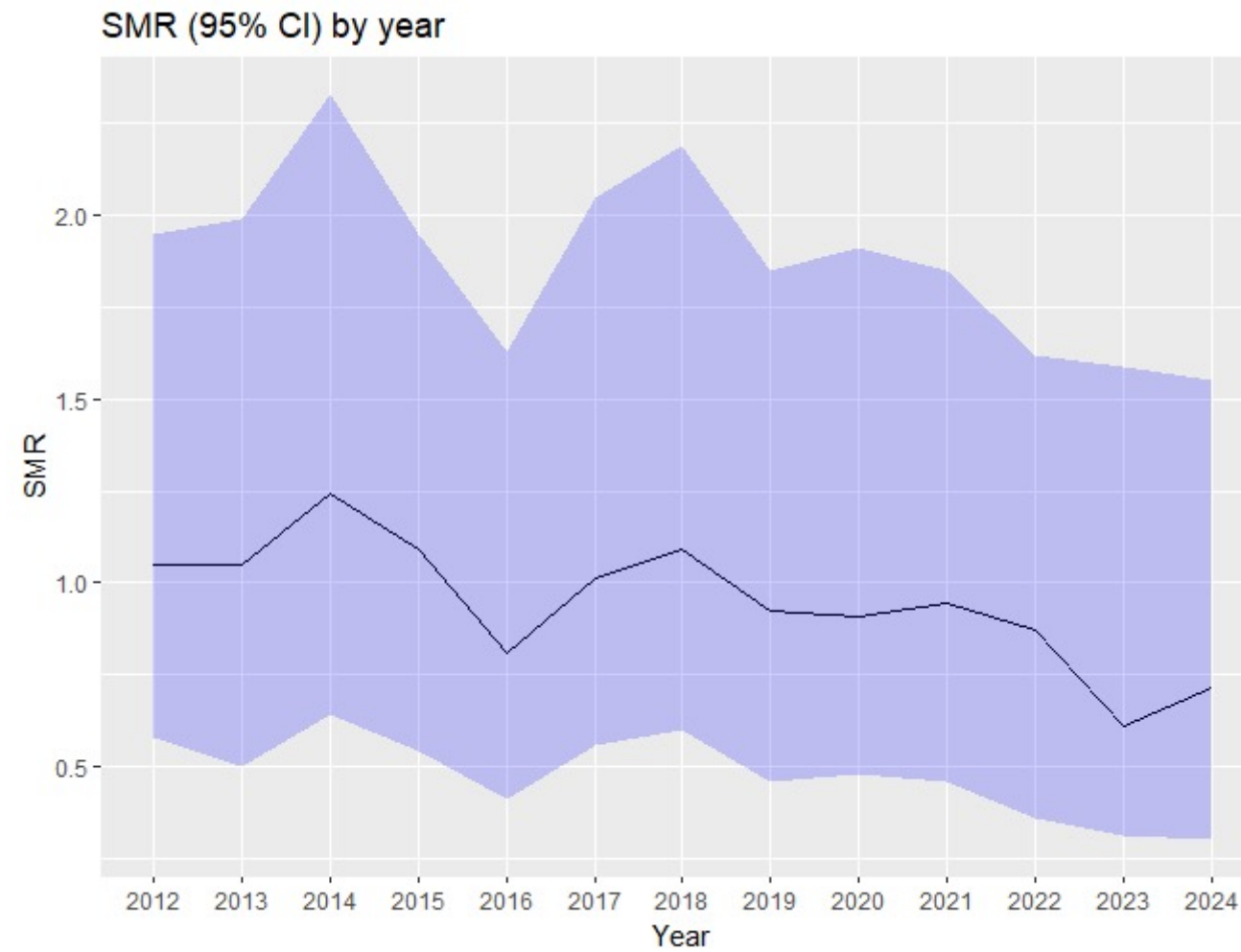
- TIPNET data

MORTALITY



- TIPNET data

SMR



- **TIPNET data**



Three possible Reports:

- A report downloaded by REDCAP
- A STATIC report
- A DYNAMIC interactive report



- **TIPNET data**



Three possible Reports:

- A report downloaded by REDCAP
- **A STATIC report**
- A DYNAMIC interactive report

- ✓ *Accettazione*: number of records
- ✓ *Descrittive*: descriptive table for the most important information collected
 - ✓ *SMR*



- Every 6 months*
 - ✓ Fix layout
 - ✓ General section
 - ✓ Study Center specific sections

• TIPNET data quality



Three possible Reports:

- A report downloaded by REDCAP
- A STATIC report
- **A DYNAMIC interactive report**

- ✓ Data quality section
- ✓ Descriptive section
 - ✓ Admission
- ✓ During the hospitalization
 - ✓ Discharge



- ✓ Customizable Time-frame
- ✓ Specific characteristics
- ✓ Zoom into a specific center
- ✓ Table with raw data

<https://r-ubesp.dctv.unipd.it/shiny/TIPNet/>

• TIPNET data quality



electronic case report form on REDCap using **coded formats** and **validation rules** to ensure **data quality** and **consistency**

Only permitted forms based on **logical conditions** are shown



Data Quality feature: a set of automatic and manual tools to **check and improve data quality** through predefined and custom **rules**. It is possible to flag corrections needed for users, add comments, and monitor the status of these corrections, facilitating a collaborative and transparent data review process.

Q Find Issues Resolve Issues 22 Resolution Metrics					
This module will allow you to execute data quality rules upon your project data to check for discrepancies in your data. Listed below are some pre-defined data rules that you may utilize and run. You may also create your own rules or edit, delete, or reorder the rules you have already created. To find discrepancies for a given rule, simply click the Execute button next to it, or click the Execute All Rules button to fire all the rules at once. It will provide you with a total number of discrepancies found for each rule and will allow you to view the details of those discrepancies by clicking the View link next to each. Read more detailed instructions.					
Data Quality Rules					
			Execute rules: All All except A&B Clear		
			Apply to: -- All records --		
Rule #	Rule Name	Rule Logic (Show discrepancy only if...)	Real-time execution ?	Total Discrepancies	
A	Blank values*	-		Execute	
B	Blank values* (required fields only)	-		Execute	
C	Field validation errors (incorrect data type)	-		Execute	
D	Field validation errors (out of range)	-		Execute	
E	Outliers for numerical fields (numbers, integers, sliders, calc fields)**	-		Execute	
F	Hidden fields that contain values***	-		Execute	

- **TIPNET data quality**



Define Business Goals

Define the business goals for data quality improvement

3 Levels of Evaluation

- ① % Data Entry (TIPNET) compared to the number of admissions declared by each Center (TIPNET Centro) 2022-2023
- ② Database Completeness (on priority variables) - October – November 2023
- ③ Data Entry Concordance



• TIPNET data quality



- ① % Data Entry (TIPNET) compared to the number of admissions declared by each Center (TIPNET Centro), 2022-2023) by each Center

<u>redcap_data_access_group</u>	<u>anno_di_riferimento</u>	<u>n_ricoveri_anno</u>	<u>record tipnet</u>	<u>%</u>	
	2023	560	285	51%	✓
	2023	291	289	99%	✓
referent contacted	2023	400	101	25%	
	2023	337	280	83%	✓
	2023	264	242	92%	✓
	2023	343	319	93%	✓
	2023	211	207	98%	✓
referent contacted	2023	259	111	43%	
	2023	412	350	85%	✓
	2023	350	330	94%	✓
referent contacted	2023	400	10	3%	
referent contacted	2023	89	24	27%	
	2023	24	25	104%	✓
referent contacted	2023	285	30	11%	✓

• TIPNET data quality



② Database Completeness (on priority variables) October – November 2023

Missing variables, by center

	Characteristic	Overall, N = 372 ¹												
✓	POPC	22	6	0	7	0	0	3	0	0	5	0	1	0
✓	Provenienza	22	6	0	7	0	0	3	0	0	5	0	1	0
✓	insuff_organo_degenza	23	11	0	1	0	0	10	0	0	0	0	1	0
✓	procedure_rico	23	11	0	1	0	0	10	0	0	0	0	1	0
✓	sedazione	29	11	0	3	0	2	10	1	1	0	0	1	0
	astin	180	15	0	15	1	59	12	20	11	9	1	34	2
	delirium	168	Discussed with the referents				59	12	14	11	9	1	33	2
✓	Specifiche della nutrizione	27	13	0	2	0	0	10	0	1	0	0	1	0
✓	pim2	34	1	0	5	0	6	7	0	5	4	0	6	0
✓	pim3	34	1	0	5	0	6	7	0	5	4	0	6	0
✓	dimissione_dt	32	13	0	5	0	2	10	0	0	1	0	0	1
✓	diagnosi	34	13	0	7	0	2	10	0	0	1	0	0	1
✓	esito_tip	34	13	0	7	0	2	10	0	0	1	0	0	1

• TIPNET data quality

3

Data Entry Concordance

WHAT'S NEXT?



Steps and Timeline

5 different
clinical cases

- ✓ Select ideally 5 collaborators per center
- ✓ Send clinical cases: Early February 2025
- ✓ Deadline: 31.03.2025
- ✓ Data Analysis: To evaluate concordance and to identify critical issues
- ✓ Improvement Actions



- **TIPNET meetings**



MEETINGS OF THE CENTERS

2021:

February
April
June
September
November

2022:

January
April
September

2023:

January
April
July

2024:

January
May
September

2025:

January
March
September



- **TIPNET meetings**



DEDICATED MEETINGS

Bari
Catania
Firenze
Varese
Brescia
Bari refresh
Novara refresh
Ancona
Trieste refresh
Parma
Pescara
Varese refresh



- TIPNET meetings**



MEETINGS OF THE STEERING COMMITTEE

2022:

November

2023:

January
September
November

2024:

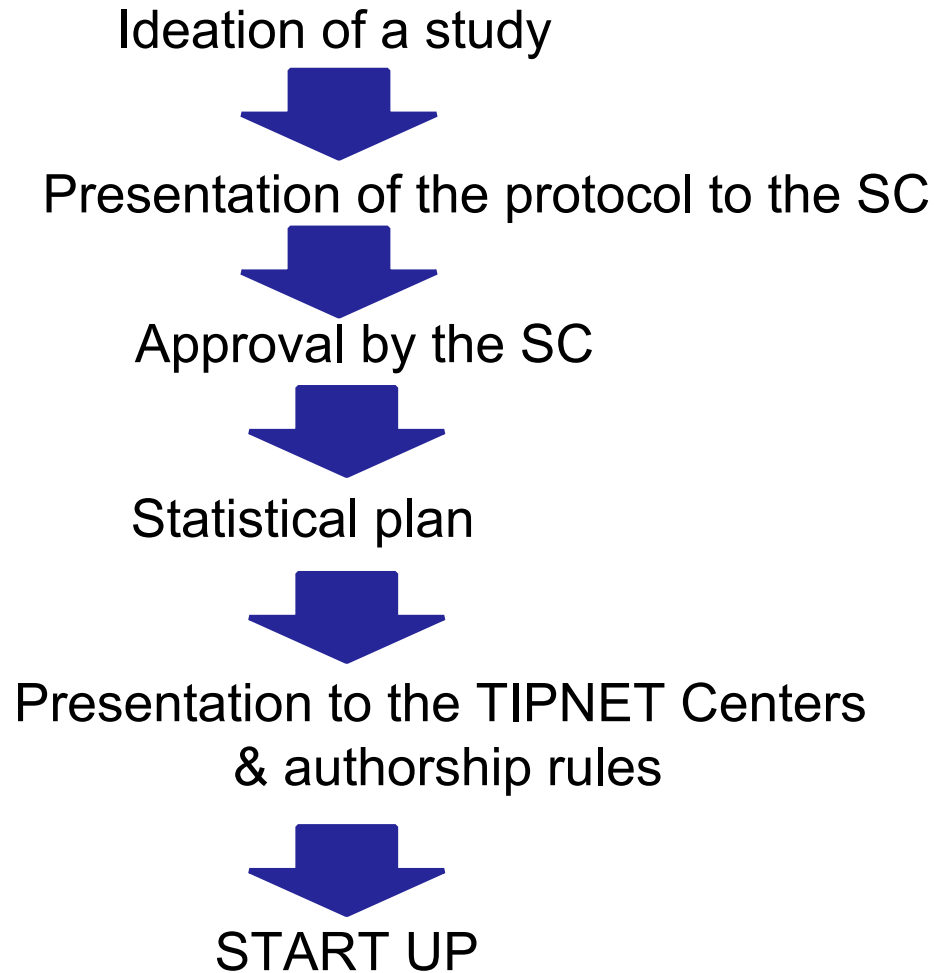
January
March
April
July

2025:

January
July
October



• TIPNET research



- Mortality Risk scores *
- Analgesia & sedation
- Covid -19 outbreak
- ARDS
- Bronchiolitis
- Non invasive ventilation
- Hemodynamics
- Sepsis *
- Oncology
- Vascular accesses *
- ICA *
- Mortality scores
- Palliative care
- Nurse research *
- **Studies with GiViTi**



* Work in progress

• TIPNET output



Observational Study > *Pediatr Crit Care Med.* 2017 Feb;18(2):e86-e91.

doi: 10.1097/PCC.0000000000001054.

Withdrawal Assessment Tool-1 Monitoring in PICU: A Multicenter Study on Iatrogenic Withdrawal Syndrome



Article

Predicting Hemodynamic Failure Development in PICU Using Machine Learning Techniques

Rosa And

European Journal of Pediatrics
https://doi.org/10.1007/s00431-020-03832-z

SHORT COMMUNICATION

Unplanned and medical admissions to pediatric intensive care units significantly decreased during COVID-19 outbreak in Northern Italy

Francesca Sperotto^{1,2} • Andrea Wolfler³ • Paolo Biban⁴ • Luigi Montagn

The Importance of Mortality Risk Assessment: Validation of the Pediatric Index of Mortality 3 Score

Andrea Wolfler, MD¹; Raffaella Osello, MD²; Jenny Gualino, MD³; Edoardo Calderini, MD⁴; Gianluca Vigna, MD⁵; Pierantonio Santuz, MD⁶; Angela Amigoni, MD⁷; Fabio Savron, MD⁸; Fabio Caramelli, MD⁹; Emanuele Rossetti, MD¹⁰; Corrado Cecchetti, MD¹¹; Maurizio Corbari, MD¹²; Marco Piastra, MD¹³; Raffaele Testa, MD¹⁴; Giancarlo Coffaro, MD¹⁵; Giusi Stancanelli, MD¹⁶; Eloisa Gitto, MD¹⁷; Roberta Amato, MSc¹⁸; Federica Prinelli, PhD¹⁹; Ida Salvo, MD²⁰; on behalf of the Network delle Terapie Intensive Pediatriche (TIPNet) Study Group

> *Crit Care Med.* 2022 Mar 1;50(3):e294-e303. doi: 10.1097/CCM.0000000000005334.

Neuromuscular Blocker Use in Critically Ill Children: Assessing Mortality Risk by Propensity Score-Weighted Analysis

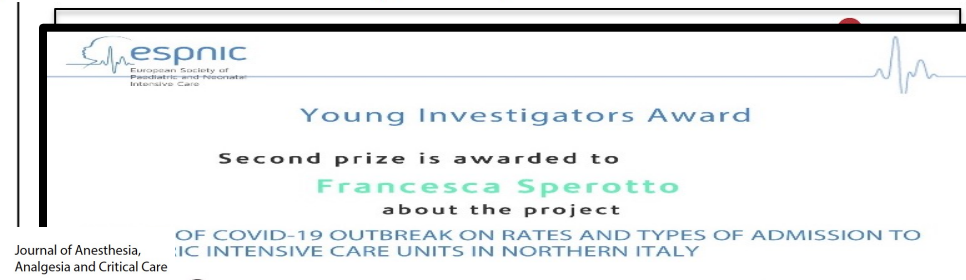
Wolfler et al. *BMC Pediatrics* (2019) 19:203
https://doi.org/10.1186/s12887-019-1579-3

BMC Pediatrics

RESEARCH ARTICLE

Open Access

A shared protocol for porcine surfactant use in pediatric acute respiratory distress syndrome: a feasibility study



Journal of Anesthesia, Analgesia and Critical Care

Izzo et al. *J Anesth Analg Crit Care* (2024) 4:78
https://doi.org/10.1186/s44155-024-00210-1



RESEARCH

Open Access

Severe bronchiolitis before and after the COVID-19 pandemic: a retrospective database analysis by the Italian Network of PICU study group (TIPNet)

Francesca Izzo^{1*}, Rosanna I. Comoretto², Angela Amigoni³, Marco Daverio³, Elena Zola¹, Veronica Diotto¹, Francesco Sacco⁴, Claudio Nettuno⁵, Anna Tessari⁶, Enzo Picconi⁶, Maria Cristina Mondardini⁷, Gaia Milvia Breganti⁸, Andrea Wolfler⁹, Dario Gregori¹⁰ and Anna Camporesi¹



diagnostics



Article

Non-Invasive Ventilation Failure in Pediatric ICU: A Machine Learning Driven Prediction

Maria Vittoria Chiaruttini¹, Giulia Lorenzoni¹, Marco Daverio², Luca Marchetto², Francesca Izzo³, Giovanna Chidini⁴, Enzo Picconi⁵, Claudio Nettuno⁶, Elisa Zanonato⁷, Raffaella Sagredini⁸, Emanuele Rossetti⁹, Maria Cristina Mondardini¹⁰, Corrado Cecchetti¹¹, Pasquale Vitale¹², Nicola Alaimo¹³, Denise Colosimo¹⁴, Francesco Sacco¹⁵, Giulia Genoni¹⁶, Daniela Perrotta¹⁷, Camilla Micalizzi¹⁸, Silvia Moggia¹⁹, Giosue Chisari²⁰, Immacolata Rulli²¹, Andrea Wolfler²², Angela Amigoni²³ and Dario Gregori^{1,*}

TIPNET in press






ESPNICx2024

The European Society of
Paediatric and Neonatal
Intensive Care

Rome | Italy
11-14 June 2024

COMPARISON OF THE PHOENIX SEPSIS SCORE WITH OTHER
PROGNOSTIC SCORES IN A COHORT OF CHILDREN WITH INFECTION
ADMITTED TO THE PICU: A MULTI-CENTER ITALIAN STUDY

Marchetto Luca,¹ Comoretto R.I., Zoppelleto F., Davide Padrin D., Biban P., Ferrario S., Mondardini M.C., Bordin G.,
Vitale P., Picconi E., Rulli I., Woffler A., Gregori D., Amigoni A., Daverio M.




ESPNICx2024

The European Society of
Paediatric and Neonatal
Intensive Care

Rome | Italy
11-14 June 2024

AKI AND RAI SCORE ASSOCIATION WITH CLINICALLY
SIGNIFICANT OUTCOMES IN CHILDREN ADMITTED WITH
INFECTION TO THE PICU: A MULTICENTER COHORT STUDY

Marco Daverio¹ MD, PhD, Rosanna Irene Comoretto, Alessandra Alfisi, Giovanni Ceschia, Davide Padrin,
Anna Tessari, Francesco Sacco, Stefania Ferrario, Fabio Caramelli, Giulia Bordin, Alessandra Conio, Enzo
Picconi, Immacolata Rulli, Andrea Woffler, Dario Gregori, Enrico Vidal, Angela Amigoni, Luca Marchetto



ESPNICx2024

The European Society of
Paediatric and Neonatal
Intensive Care

Rome | Italy
11-14 June 2024

INDIVIDUAL ORGAN DYSFUNCTIONS IN CHILDREN
ADMITTED TO THE PICU WITH INFECTION:
A MULTI-CENTER ITALIAN STUDY

Padrin D.,¹ Comoretto R., Scaravetti S., Di Michele L., Tessari A., Sacco F., Ferrario S., Eusebi G., Bordin G.,
Vitale P., Picconi E., Rulli I., Woffler A., Gregori D., Daverio M., Marchetto L.

RISK FACTORS IN CANCER PATIENTS ADMITTED TO PAEDIATRIC INTENSIVE CARE UNIT: THE ONCOTIPNET STUDY

F. Cavagnero, R.I. Comoretto, C. Birolo, E. Bonanomi, G. Bottari, S. Ferrario, M. Ferrario, G. Maiolo, M.C. Mondardini, A. Montagnoli, E. Rossetti, I. Rulli, R. Sagredini, S. Spaggiari, B. Vasile, G. Vigna, D. Gregori,
L. Di Michele, S. Boscato, A. Amigoni, on the behalf of ONCOTIPNET study group

JND and AIM

markable progress in the field, 25-40% of cancer patients are still admitted to PICU; outcome is probably due to nature of the disease, early complications or interventions.

the study was to describe characteristics of paediatric cancer patients admitted to Italian PICUs and risk-factors associated with mortality and length-of-stay.

Fig 1. PICU patients' underlying diseases

ALL= acute lymphoblastic leukaemia
AML= acute myeloid leukaemia
NHL= non-Hodgkin lymphoma
HL= Hodgkin lymphoma

RESULTS

Fig 1. PICU patients' underlying diseases

ALL= acute lymphoblastic leukaemia
AML= acute myeloid leukaemia
NHL= non-Hodgkin lymphoma
HL= Hodgkin lymphoma

Mortality Predictors	OR	CI	P-value
HSCT*	3.31	1.37 – 7.99	0.007
PEWS score ¹	1.19	1.05 – 1.35	0.007
Priority level (1 and 2 vs 3 and 4b)	0.18	0.05 – 0.67	0.011
PIM 3 score ²	1.04	1.02 – 1.06	<0.001
Age	1.05	0.97 – 1.15	NS
Hematologic tumour	0.83	0.29 – 2.48	NS
POPC score ³	1.40	0.98 – 2.01	NS
Multi-organ failure	4.59	1.42 – 17.83	0.018
Cardiac arrest	126.4	21.96 – 2447.83	<0.001
Total Parental Nutrition (TPN)	0.69	0.25 – 1.87	NS
Infections	2.13	0.79 – 6.22	NS
Ventilation	4.47	1.42 – 17.83	0.018

Length of Stay Predictors	OR	CI	P-value
Kidney failure	7.61	1.91 – 13.32	0.009
Age	-0.07	-0.51 – 0.36	NS
Hematologic tumour	-1.88	-7.01 – 3.26	NS
HSCT	5.61	0.26 – 10.96	0.04
PEWS score	-0.15	-0.86 – 0.55	NS
PIM 3 score	0.03	-0.11 – 0.17	NS
POPC score	0.64	-1.51 – 2.78	NS
Priority level	7.14	-0.84 – 15.12	NS
pARDS	8.32	2.10 – 14.53	0.009
Duration of ventilation (NIV/HFOV/MV)	0.67	0.53 – 0.81	<0.001
Total Parental Nutrition (TPN)	3.83	1.25 – 6.40	0.004
Infections	2.01	-0.58 – 4.60	NS
Respiratory failure	-0.27	-2.84 – 2.29	NS
Cardiac failure	-1.73	-4.74 – 1.27	NS
Kidney failure	1.93	-1.64 – 5.51	NS

Table 1. Factors associated with PICU mortality

CITTA'	CENTRO (Ospedale)	REFERENTE	RESPONSABILE TIP
Alessandria	SS Biagio e Arrigo	Claudio Nettuno	Elisabetta Lampugnani
Ancona	Salesi	Roberta Pallotto	Alessandro Simonini
Bari	Giovanni XXXIII	Fabiana Cito	TBD
Bergamo	Giovanni XXXIII	Manuela Corno	Ezio Bonanomi
Brescia	Spedali Civili	Gianluca Vigna	Alberto Giannini
Bologna	S.Orsola Malpighi	Maria Cristina Mondardini	Fabio Caramelli
Catania	Garibaldi Nesima	Giosuè Chisari	Giusy Stancanelli
Firenze	Meyer	Denise Colosimo Manuela L'Erario;	Zaccaria Ricci
Genova	Gaslini	Camilla Micalizzi; Alessia Montaguti	Andrea Moscatelli
Milano	Buzzi	Francesca Izzo, Stefania Ferrario	Elena Zoia
Milano	Policlinico De Marchi	Virginia Figgiaconi	Giovanna Chidini
Messina	Policlinico TIN TIP	Imma Rulli	Eloisa Gitto
Napoli	Santobono	Silvia Moggia	Geremia Zito
Novara	Maggiore della carità	Giulia Genoni	Marco Binotti
Padova	Azienda Ospedaliera Università	Marco Daverio; Anna Tessari	Angela Amigoni
Parma	AOU Parma	Alessandra Oppici	Clelia Zanaboni
Roma	Gemelli	Picconi Enzo	Giorgio Conti
Roma OPBG	ARCO	Fabrizio Chiusolo	Corrado Cecchetti
Roma OPBG	DEA	Gabriella Bottari	Corrado Cecchetti
Torino	Regina Margherita TIP	Pasquale Vitale	Simona Quaglia
Trieste	Burlo Garofalo	Gaia Bregant; Giacomo Paluzzano	Raffaella Sagredini
Varese	ASST dei 7 laghi	Serena Azzari	Andrea Ambrosoli
Verona	Universitario	Francesco Sacco	Paolo Biban
Vicenza	San Bortolo	Elisa Zanonato	Massimo Bellettato

Thank you !



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