

# **GIM3-FATA**

## **First Adjuvant Trial on All aromatase inhibitors in early breast cancer**

**A phase III study comparing anastrozole, letrozole and exemestane, upfront (for 5 years) or sequentially (for 3 years after 2 years of tamoxifen), as adjuvant treatment of postmenopausal patients with endocrine-responsive breast cancer**

S.De Placido, C.Gallo, M.De Laurentiis, G.Bisagni, G.Arpino, M.G.Sarobba, F.Riccardi, A.Russo, L.Del Mastro, A.A.Cogoni, F.Cognetti, S.Gori, A.Frassoldati, D.Amoroso, L.Laudadio, L.Moscetti, F.Montemurro, F.Nuzzo, P.Carlini and F.Perrone  
on behalf of the GIM Investigators.



EUDRACT number: **2006 – 004018 - 42**



AIFA code: **FARM5K3MEE**

# GIM3-FATA



● FATA Centers

# Adjuvant anastrozole versus exemestane versus letrozole, upfront or after 2 years of tamoxifen, in endocrine-sensitive breast cancer (FATA-GIM3): a randomised, phase 3 trial



Sabino De Placido\*, Ciro Gallo\*, Michelino De Laurentiis, Giancarlo Bisagni, Grazia Arpino, Maria Giuseppa Sarobba, Ferdinando Riccardi, Antonio Russo, Lucia Del Mastro, Alessio Aligi Cogoni, Francesco Cognetti, Stefania Gori, Jennifer Foglietta, Antonio Frassoldati, Domenico Amoroso, Lucio Laudadio, Luca Moscetti, Filippo Montemurro, Claudio Verusio, Antonio Bernardo, Vito Lorusso, Adriano Gravina, Gabriella Moretti, Rossella Lauria, Antonella Lai, Carmen Mocerino, Sergio Rizzo, Francesco Nuzzo, Paolo Carlini, Francesco Perrone\*, on behalf of the GIM Investigators†

## Summary

**Background** Uncertainty exists about the optimal schedule of adjuvant treatment of breast cancer with aromatase inhibitors and, to our knowledge, no trial has directly compared the three aromatase inhibitors anastrozole, exemestane, and letrozole. We investigated the schedule and type of aromatase inhibitors to be used as adjuvant treatment for hormone receptor-positive early breast cancer.

*Lancet Oncol* 2018

Published Online

February 23, 2018

[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S1470-2045(18)30116-5)

S1470-2045(18)30116-5

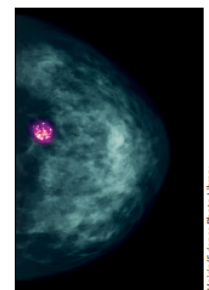
## Adjuvant aromatase inhibition: more options for patients



Aromatase inhibitors are the preferred treatment for postmenopausal patients with hormone receptor-positive early breast cancer.<sup>1</sup> Third-generation aromatase inhibitors exist in two classes with different modes of action: reversible binding of the aromatase enzyme by the non-steroidal aromatase inhibitors anastrozole and letrozole, and irreversible inhibition of the enzyme by the steroidal aromatase inhibitor exemestane.

It is conceivable that clinical differences exist between the steroidal and non-steroidal aromatase inhibitors given the irreversible aromatase inhibition by

An important issue discussed extensively by the authors is the slower than expected accrual and event rates, which led the independent data monitoring committee to do a time-based analysis of the study after a median follow-up of 5 years, rather than the initially planned event-driven analysis. After 5 years, disease-free survival was 88.5% (95% CI 86.7–90.0) with the switch strategy and 89.8% (88.2–91.2) with the upfront aromatase inhibitor regimen (hazard ratio 0.89, 95% CI 0.73–1.08;  $p=0.23$ ). The assumption was that only a 2% absolute difference in 5-year disease-



*Lancet Oncol* 2018

Luc Y Dirix

AZ-Sint-Augustinus, University of Antwerp, Antwerp B-2610, Belgium



Agenzia Italiana del Farmaco  
AIFA

# Background

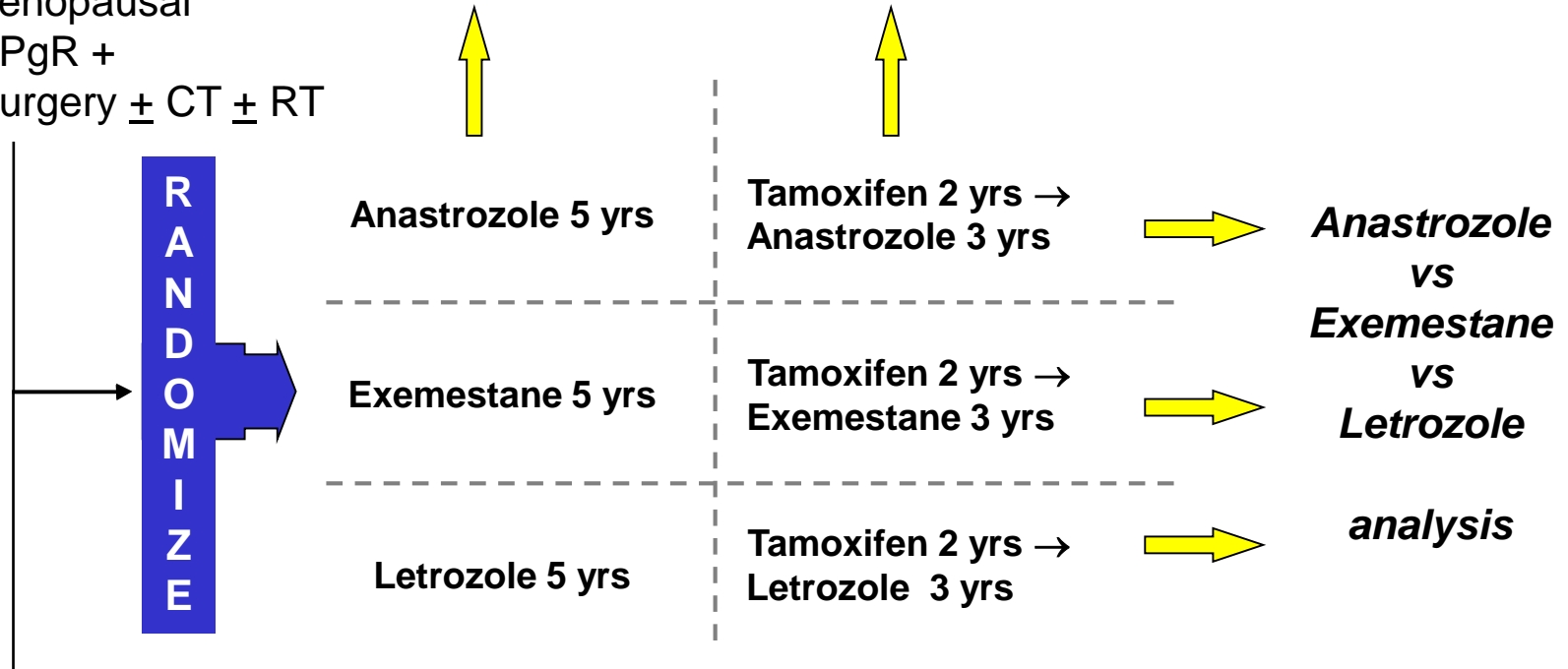
- **Uncertainty exists about the optimal schedule of adjuvant treatment with Aromatase Inhibitors (AI) in postmenopausal patients with hormone-responsive breast cancer**
- **No trial has ever compared all the three AI**

# Study design

## Patient population

- Early breast cancer
- Postmenopausal
- ER or PgR +
- After surgery  $\pm$  CT  $\pm$  RT

## Up-front vs sequential treatment analysis



## Stratification:

- ER/PgR status (+/+, +/- or -/+, +/-, uk/+ , uk/uk)
- Previous chemotherapy (no/adjuvant/neoadjuvant or both)
- pN (pN0/pN1/pN2 or pN3)
- HER2 (positive/negative/unknown)

## Drug doses:

- Anastrozole**, 1 mg daily, orally
- Exemestane**, 25 mg daily, orally
- Letrozole**, 2.5 mg daily, orally
- Tamoxifen**, 20 mg daily, orally

# Study endpoint

## Primary objectives:

- To compare the disease free survival (DFS) in patients treated with:
  - sequential (Tamoxifen 2 yrs →Als 3 yrs) vs upfront (Als 5 yrs) strategy of treatment
  - The three Als (A – anastrozole, E – exemestane, L – Letrozole) among themselves

## Secondary objectives:

- Overall survival (OS)
- Toxicity
- Distant-metastasis-free survival (DMFS),
- Cumulative incidence of contralateral breast cancer as first event
- Breast cancer-free survival
- Cumulative incidence and type of second non-breast invasive cancer

# Sample size

- Sample size was calculated to detect a **2% absolute advantage in DFS at 5yrs** with Up-front schedule (HR=0.79)
  - assuming 90% 5-yr DFS in the switch arm
  - 2-sided alpha error = 0.05
  - 80% power
- 669 events required
- 3600 patients planned

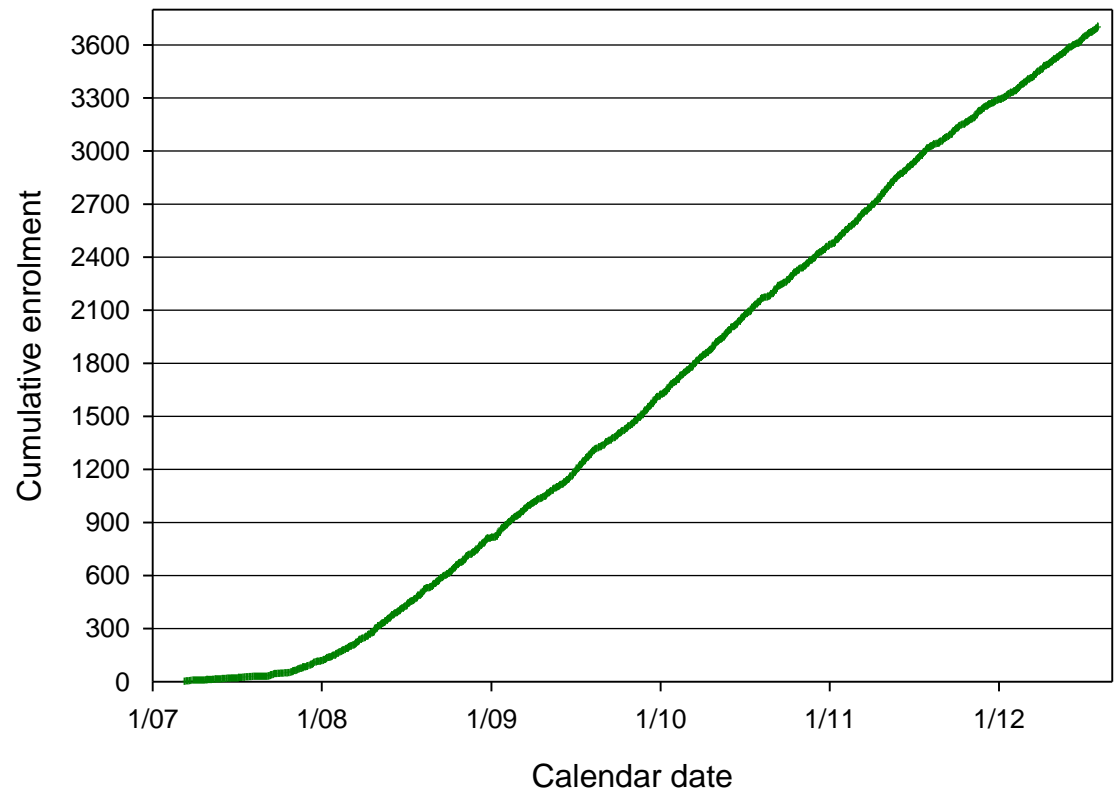
Participating Centres: **96**

Centres enrolled at least one patient: **76**

Enrolment of first patient: **March 9<sup>th</sup>, 2007**

Enrolment of last patient: **July 31<sup>st</sup>, 2012**

**3697 patients**



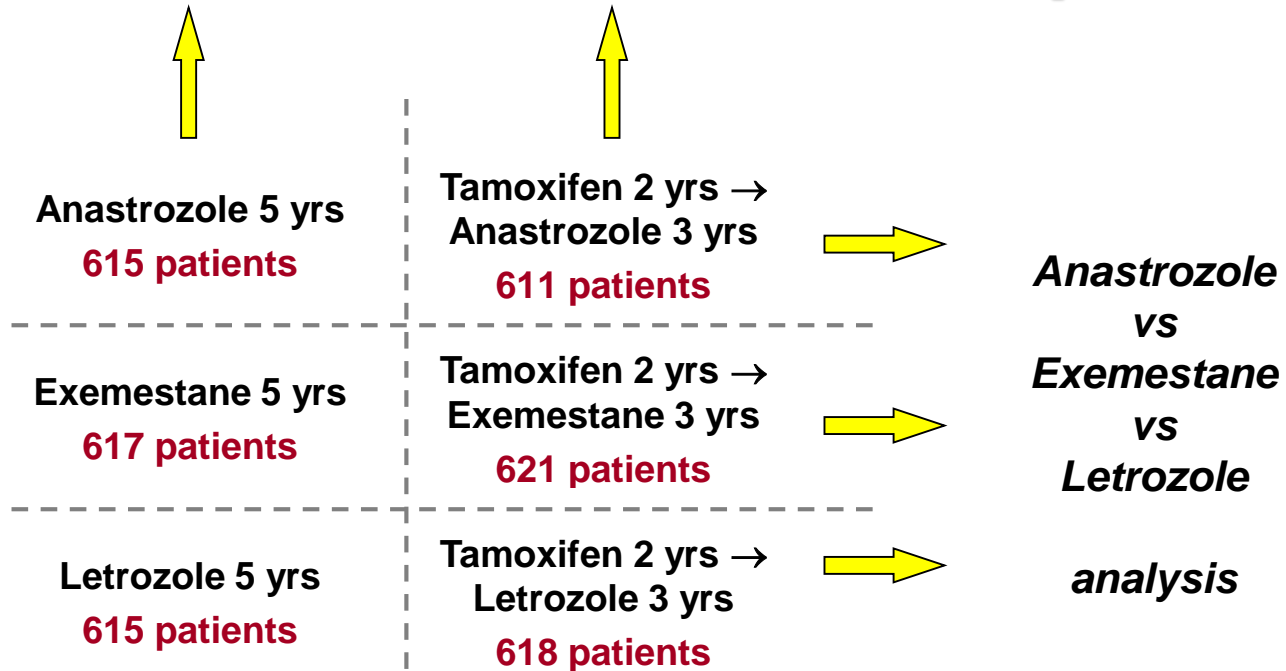


# Study design

*Up-front vs sequential treatment analysis*

**3697 patients**

**R  
A  
N  
D  
O  
M  
I  
Z  
E**



# Baseline characteristics

**All balanced  
among  
comparison  
arms**

## Age category

Median (IQR)	64 (58-70)
<60	1152 (31.2%)
60 – 69	1510 (40.8%)
70 +	1035 (28.0%)

## BMI category

Under/Normal	1031 (27.9%)
Overweight	1105 (29.9%)
Obese	842 (22.8%)
Unknown	719 (19.4%)

## Hormone receptors

Both positive	3288 (88.9%)
Only one positive	409 (11.1%)

## HER-2 status

Negative	3332 (90.1%)
Positive	330 (8.9%)
Unknown	35 (0.9%)

## pN category

pN0	2378 (64.3%)
pN1	928 (25.1%)
pN2/pN3	391 (10.6%)

## pT category

pT1	2586 (69.9%)
pT2	893 (24.2%)
pT3/pT4	91 (2.5%)
Unknown	127 (3.4%)

## Histologic grading

Low	485 (13.1%)
Intermediate	2129 (57.6%)
High	797 (21.6%)
Unknown	286 (7.7%)

## Previous chemo

No	2282 (61.7%)
Yes	1415 (38.3%)

## Trastuzumab

No	3323 (89.9%)
Yes	257 (7.0%)
Unknown	117 (3.2%)

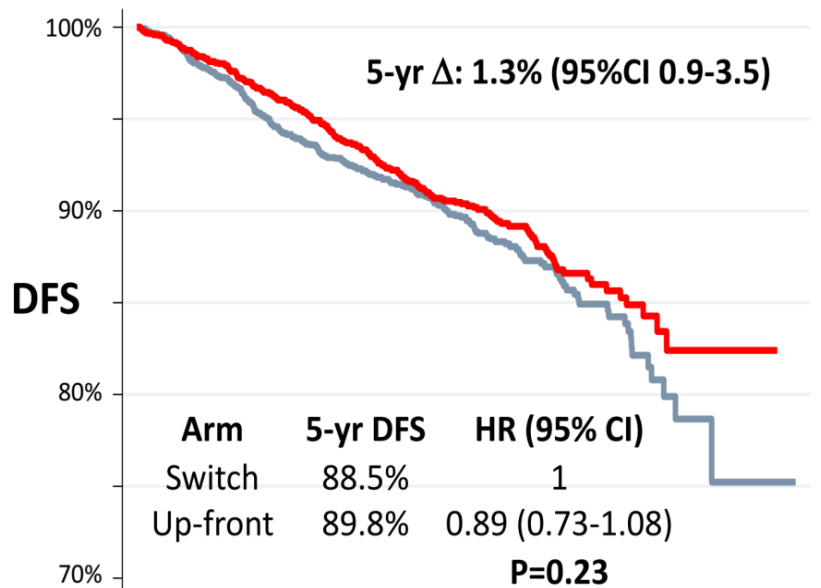
## Radiotherapy

No	1080 (29.2%)
Yes	2500 (67.6%)
Unknown	117 (3.2%)

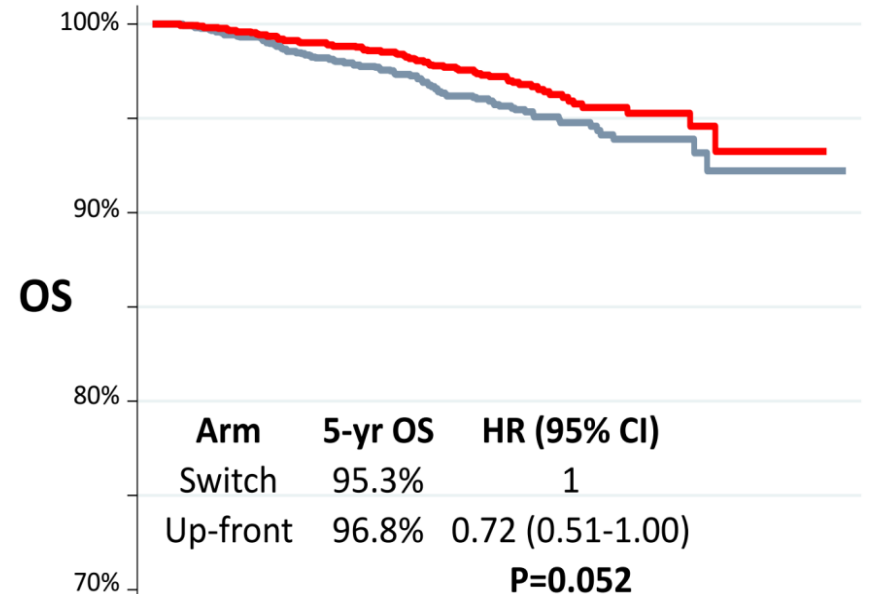
# Events

	<b>Switch</b>		<b>Up-front</b>		<b>Anastrozole</b>		<b>Exemestane</b>		<b>Letrozole</b>	
	N=1850		N=1847		N=1226		N=1238		N=1233	
<b>DFS events</b>	<b>211</b>	<b>(11.4)</b>	<b>190</b>	<b>(10.3)</b>	<b>124</b>	<b>(10.1)</b>	<b>148</b>	<b>(12.0%)</b>	<b>129</b>	<b>(10.5%)</b>
<b>Type of 1<sup>st</sup> DFS event</b>										
Locoregional	30	(1.6%)	26	(1.4%)	12	(1.0%)	30	(2.4%)	14	(1.1%)
Distant	99	(5.4%)	84	(4.5%)	63	(5.1%)	57	(4.6%)	63	(5.1%)
2 <sup>nd</sup> breast cancer	13	(0.7%)	16	(0.9%)	12	(1.0%)	11	(0.9%)	6	(0.5%)
2 <sup>nd</sup> non-breast cancer	44	(2.4%)	36	(1.9%)	26	(2.1%)	29	(2.3%)	25	(2.0%)
Death without cancer	25	(1.4%)	28	(1.5%)	11	(0.9%)	21	(1.7%)	21	(1.7%)
<b>Deaths</b>	<b>80</b>	<b>(4.3%)</b>	<b>58</b>	<b>(3.1%)</b>	<b>43</b>	<b>(3.5%)</b>	<b>52</b>	<b>(4.2%)</b>	<b>43</b>	<b>(3.5%)</b>

# Schedule comparison



Number at risk	0	1	2	3	4	5	6	7	8	9 yrs
Switch	1850	1710	1611	1482	1225	813	407	184	34	3
Up-front	1847	1721	1633	1511	1251	837	433	182	28	1

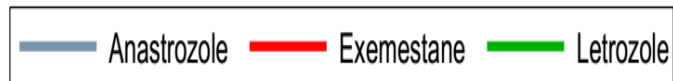
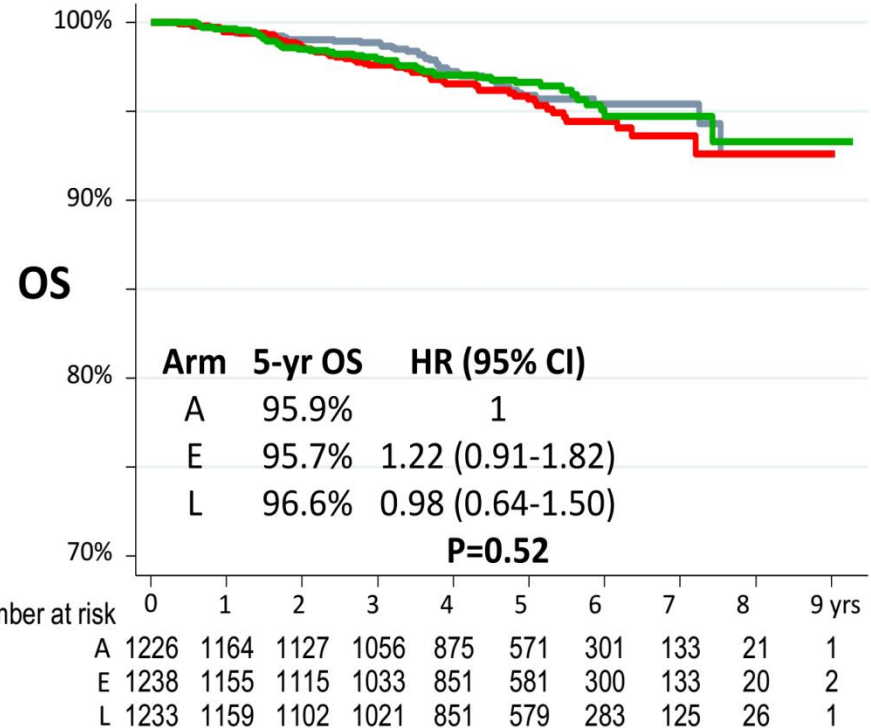
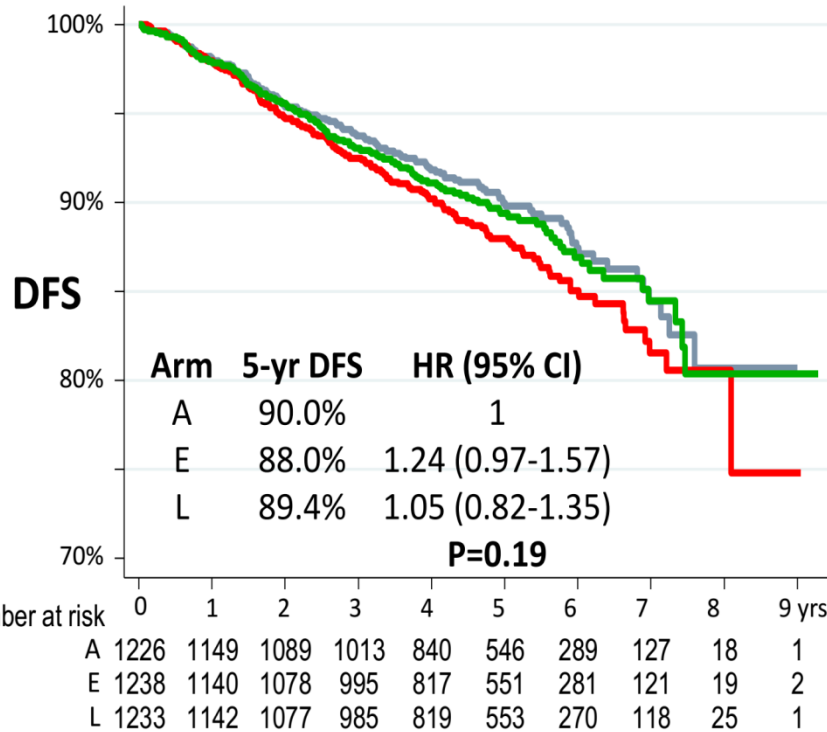


Number at risk	0	1	2	3	4	5	6	7	8	9 yrs
Switch	1850	1737	1670	1548	1272	858	432	199	38	3
Up-front	1847	1741	1674	1562	1305	873	452	192	29	1



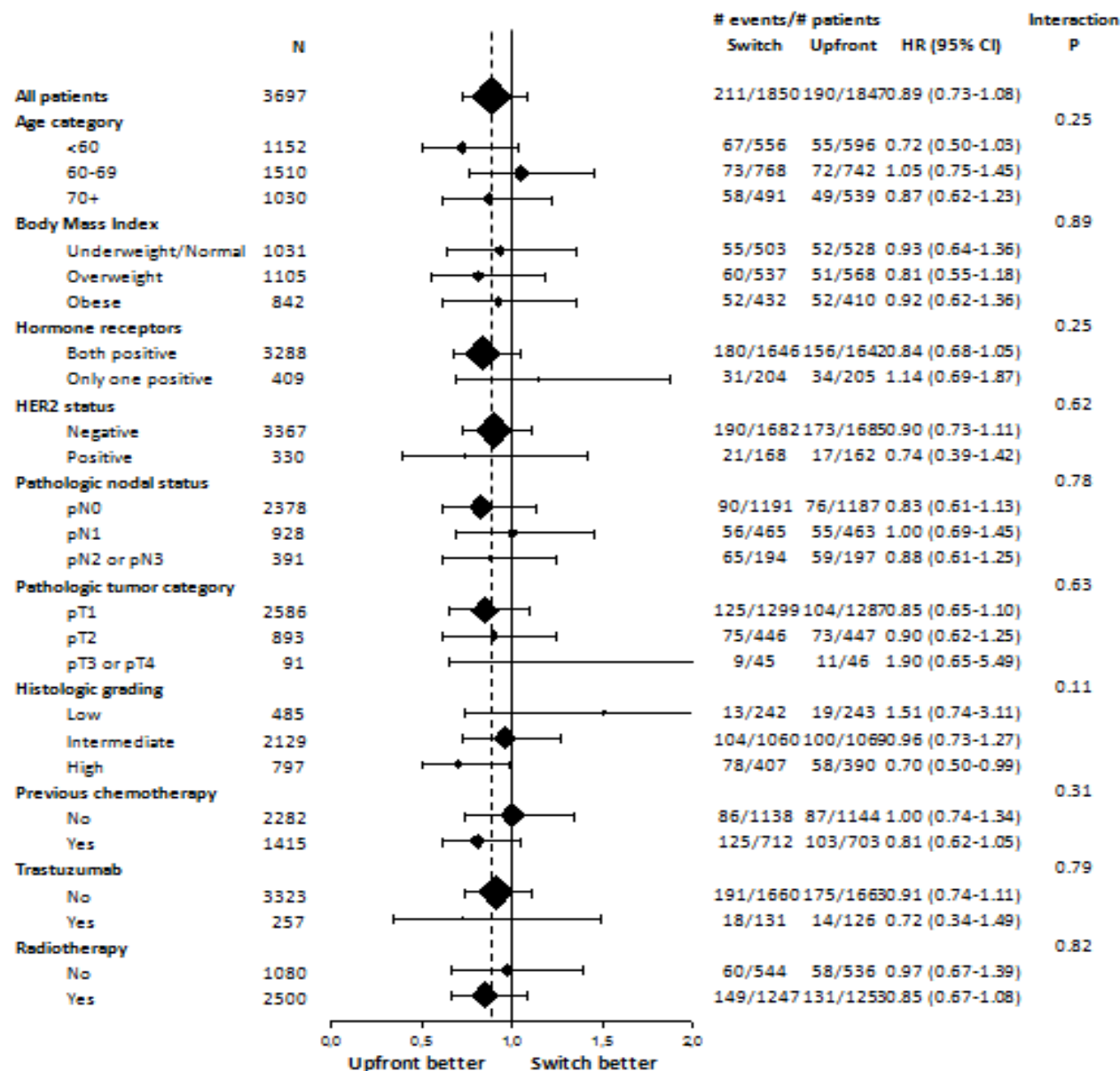
Adjusted by ER status, HER2 status, Nodal status and Previous Chemotherapy

# Als comparison

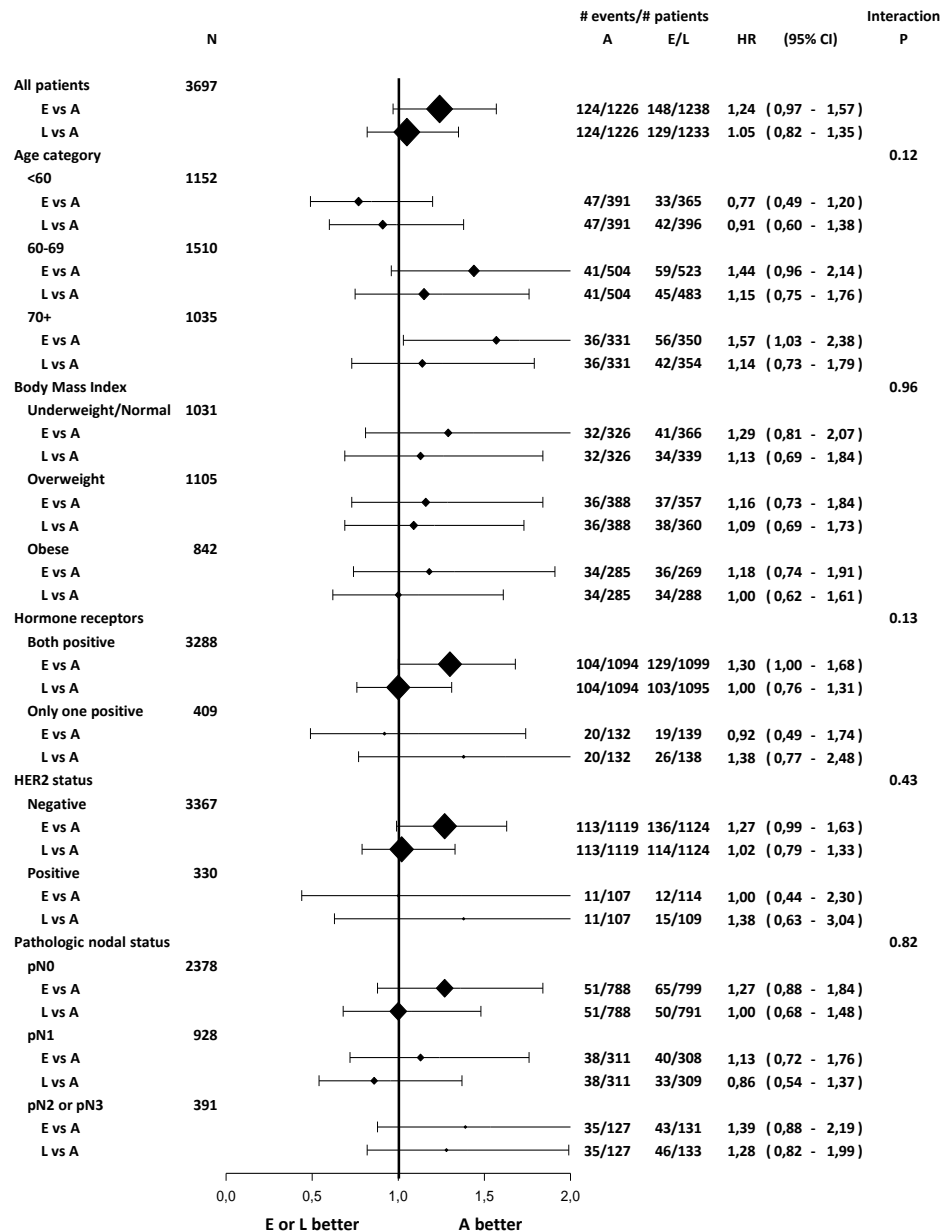


Adjusted by ER status, HER2 status, Nodal status and Previous Chemotherapy

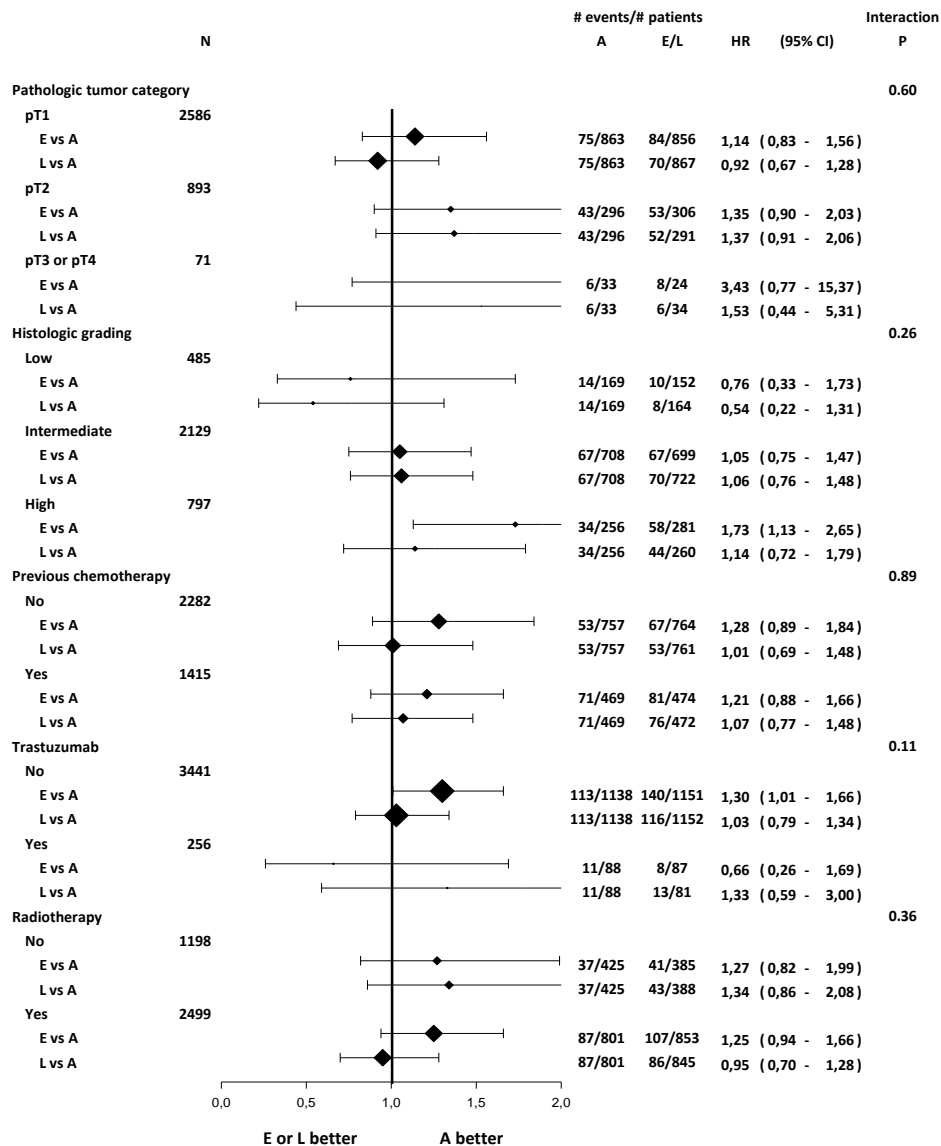
# Forest plot of the effect of schedule on the HR of progression or death according to patients' and tumors' characteristics



# Forest plot of the effect of different aromatase inhibitors on the HR of progression or death according to major patient's and tumor's characteristics. A=anastrozole, E=Exemestane, L=Letrozole



**(continued). Forest plot of the effect of different aromatase inhibitors on the HR of progression or death according to major patient's and tumor's characteristics. A=anastrozole, E=Exemestane, L=Letrozole**





# Causes of treatment interruption

	Tam→Anastrozole N=611	Tam→Exemestane N=621	Tam→Letrozole N=618	Anastrozole N=615	Exemestane N=617	Letrozole N=615
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
<b>Tamoxifen</b>						
Death	3 (0.5)	2 (0.3)	4 (0.6)			
Relapse/second cancer	22 (3.6)	31 (5.0)	16 (2.6)			
Patient refusal	11 (1.8)	14 (2.3)	11 (1.8)			
Toxicity	74 (12.1)	61 (9.8)	69 (11.2)			
Other	22 (3.6)	13 (2.1)	16 (2.6)			
<b>Aromatase inhibitors</b>						
Death	4 (0.7)	5 (0.8)	2 (0.3)	4 (0.7)	8 (1.3)	5 (0.8)
Relapse/second cancer	23 (3.8)	13 (2.1)	17 (2.8)	29 (4.7)	44 (7.1)	36 (5.9)
Patient refusal	9 (1.5)	14 (2.3)	12 (1.9)	12 (2.0)	15 (2.4)	17 (2.8)
Toxicity	22 (3.6)	29 (4.7)	42 (6.8)	43 (7.0)	44 (7.1)	44 (7.2)
Other	23 (3.8)	24 (3.9)	21 (3.4)	19 (3.1)	23 (3.7)	21 (3.4)

## Toxicity

**TAM = 204**

**AI = 93**

**AI = 131**

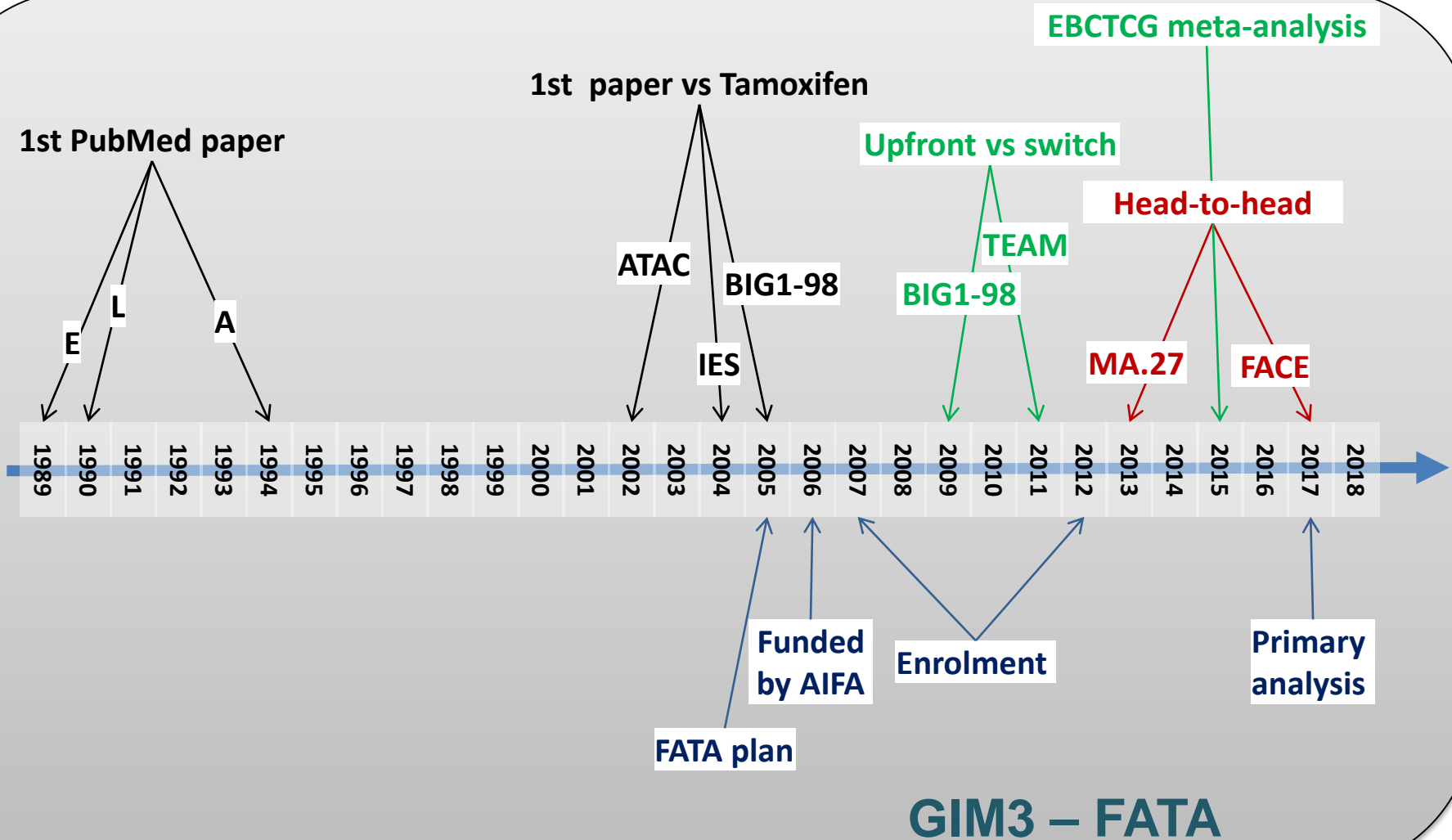
# Side effects - schedule

	Any CTCAE grade >0, n (%)				P
	Switch (N=1761)		Upfront (N=1766)		
Hot flushes	193	(11,0)	145	(8,2)	0.005
Cholesterol	1040	(59,1)	1163	(65,9)	<0.0001
Triglyceride	549	(31,2)	460	(26,0)	0.0007
Osteoporosis	343	(19,5)	422	(23,9)	0.003
Arthritis	456	(25,9)	595	(33,7)	0.0001
Muscle weakness/pain	230	(13,1)	294	(16,6)	0.003
Bone pain	387	(22,0)	483	(27,3)	0.0001
Neurology other	50	(2,8)	79	(4,5)	0.001
Vaginal other	29	(1,6)	6	(0,3)	<0.0001
Vascular	68	(3,9)	41	(2,3)	0.007

# Side effects – AIs

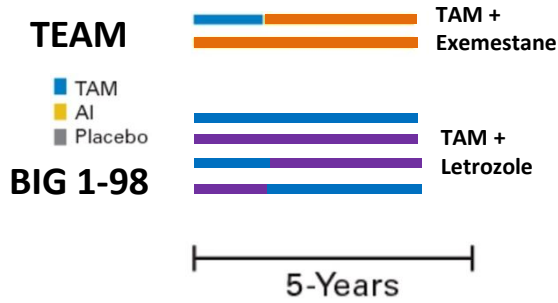
	Any CTCAE grade >0, n (%)						P
	Anastrozole (N=1175)		Exemestane (N=1177)		Letrozole (N=1175)		
Gastrointestinal	116	(9,9)	144	(12,2)	89	(7,6)	0.0007
Cholesterol	752	(64,0)	698	(59,3)	753	(64,1)	<0.0001

# Research in context



# GIM3 – FATA results within the current scenario

## Upfront treatment with AI for 5 ys Vs. switch strategy

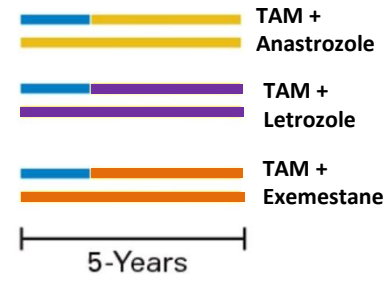


No difference

### The EBCTCG Meta-analysis

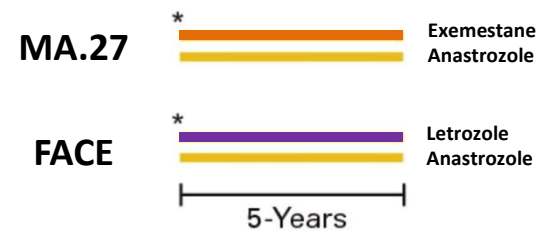
Small absolute benefit in favor of upfront AI  
Clinically relevant?

### GIM3 - FATA



No difference

## Comparison of AIs among each other



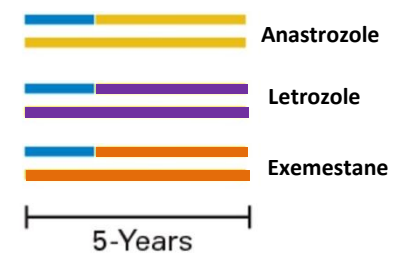
No difference

### The EBCTCG Meta-analysis

Indirect comparison among AIs

No apparent difference

### GIM3 - FATA



No difference

# Conclusions

- In the FATA-GIM3 trial there was a small DFS advantage for Up-front vs Switch strategy (1.3% at 5yr, 95% CI 0.9-3.5), not significant according to the pre-specified hypothesis
- No significant differences of efficacy were observed among anastrozole, exemestane and letrozole
- In both comparisons, toxicity profiles were consistent with expectations

## The patients participating in this trial, and the study investigators

### List of participating institutions and co-authors

- Istituto Nazionale per lo Studio e la Cura dei Tumori – Fondazione G. Pascale, IRCCS, Unità Sperimentazioni Cliniche, Napoli (Francesco Perrone, Maria Carmela Piccirillo, Gennaro Daniele, Gianfranco De Feo)
- Università degli Studi della Campania Luigi Vanvitelli - Statistica Medica, Napoli (Ciro Gallo, Simona Signoriello, Paolo Chiodini, Giuseppe Signoriello, Vittorio Simeoni)
- IRCCS - Istituto di Ricerche Farmacologiche Mario Negri, Laboratorio di Metodologia per la Ricerca Clinica, Milano (Valter Torri, Davide Poli, Irene Fioriani, Angela Pesenti Gritti)
- Istituto Nazionale per lo Studio e la Cura dei Tumori – Fondazione G. Pascale, IRCCS, Oncologia Medica Senologica, Napoli (Andrea De Matteis, Michelino De Laurentis, Francesca Di Rella, Adriano Gravina, Gabriella Landi, Francesco Nuzzo, Carmen Pacilio, Vincenzo Labonia, Giovanni Iodice)
- Arcispedale Santa Maria Nuova, Oncologia Medica Senologica, Reggio Emilia (Giancarlo Bisagni, Corrado Boni, Erika Gervasi)
- Università di Napoli Federico II - Facoltà di Medicina, Dipartimento di Oncologia-Endocrinologia Molecolare Clinica, Napoli (Sabino De Placido, Rossella Lauria, Grazia Arpino, Valeria Forestieri, Matilde Pensabene, Mario Giuliano, Carmine De Angelis, Cinzia Cardalesi, Giuliano Palumbo, Giuseppe Buono, Francesco Schettini, Gennaro Limite, Antonello Accurso, Renato Thomas, Guglielmo Thomas, Giuseppina Cortino)
- Azienda Ospedaliera Universitaria di Sassari, Oncologia Medica - Sassari (Giuseppina Sarobba, Antonio Farris, Antonella Lai, Antonella Mura)
- Ospedale Cardarelli, UO Oncologia Medica, Napoli (Ferdinando Riccardi, Carmela Mocerino, Giacomo Carteni, Maria Giuseppa Vitale)
- Azienda Ospedaliera Universitaria Policlinico Paolo Giaccone, Oncologia Medica, Palermo (Antonio Russo, Giuseppe Badalamenti, Sergio Rizzo, Antonio Galvano, Lorena Incorvaia, Stefania Cusenza)
- Ospedale Policlinico San Martino – IRCCS per l'oncologia, Dipartimento di Oncologia Medica, UO Sviluppo Terapie Innovative, Genova (Lucia Del Mastro, Claudia Bighin, Alessia Levaggi, Sara Giraudi)
- Azienda Ospedaliera Universitaria, Oncologia Medica, Sassari (Antonio Pazzola, Alessio Cogoni, Maria Grazia Alicico, Silvia Mura, Valeria Sanna)
- Istituto Nazionale Tumori Regina Elena, SC Oncologia Medica 1, Roma (Francesco Cognetti, Paolo Carlini, Cecilia Nisticò, Alessandra Fabi, Gianluigi Ferretti)
- Ospedale Sacro Cuore Don Calabria, UOC Oncologia Medica, Negrar (Stefania Gori, Monica Turazza)
- Ospedale Silvestrini, Oncologia Medica, S.Andrea delle Fratte (Carlo Basurto, Jennifer Foglietta)
- Azienda Ospedaliera S.Anna, UO Oncologia, Ferrara (Antonio Frassoldati, Alessio Schirone, Alessandra Santini)
- Presidio Ospedaliero "F. Renzetti" USL Lanciano-Vasto-Chieti, UO Oncologia Medica, Lanciano (Antonio Nuzzo, Samantha Forciniti, Edoardo Biondi, Lucio Laudadio)
- Presidio Ospedaliero "Belcolle", UOC Oncologia Medica, Viterbo (Luca Moscetti, Mario Chieffi, Agnese Fabbrì, Giuliana D'auria)
- Ospedale Unico Versilia, UO Oncologia Medica, Lido di Camaiore (Domenico Amoroso, Sara Donati)
- IRCC - Istituto per la Ricerca e la Cura del Cancro, Divisione Oncologia Medica, Candiolo (Filippo Montemurro, Caterina Aversa)
- Azienda Ospedaliera, SC Oncologia Medica, Saronno (Claudio Verusio, Giuseppe di Lucca, Claudia Pogliani, Chiara Rossini)
- IRCCS- Istituti Clinici Scientifici Maugeri, UO Oncologia Medica, Pavia (Antonio Bernardo, Raffaella Palumbo, Cristina Teragni)
- Polo Oncologico, Oncologia, Lecce (Vito Lorusso, Mariangela Ciccarese, Rosachiara Forcignano)
- Ospedale S.Spirito, Day Hospital Oncologia, Casale Monferrato (Alberto Muzio, Mario Botta, Federica Grosso, Giulia Gallizzi)
- Azienda Ospedaliera Fatebenefratelli ed Oftalmico, Divisione di Oncologia Medica E Chemioterapia, Milano (Gabriella Farina, Nicla La Verde)
- Ospedale Civile, Oncologia Medica, Faenza (Angelo Gambi, Laura Amaducci, Stefano Tambari)
- Ospedale Degli Infermi, Oncologia Medica, Biella (Mario Clerico)
- Ospedale A.Perrino, Oncologia, Brindisi (Saverio Cinieri, Laura Orlando, Paola Schiavone, Palma Fedele)
- Ospedale Clinicoizzato "S. Annunziata" - Università Degli Studi "G. D'Annunzio", Oncologia Medica, Chieti (Clara Natoli, Michele De Tursi, Antonino Grassadonia, Nicola Tinari)
- Ospedale di Circolo e Fondazione Macchi, UO Oncologia Medica, Varese (Giovanni Giardini, Graziella Pinotti)
- Ospedale Civile A. Cardarelli, UOC Oncologia Medica, Campobasso (Francesco Carozza)
- Ospedale, Oncologia Medica, Avezzano (Francesco Recchia, Anna Di Blasio)
- Azienda Ospedaliera G.Rummo, UOC Oncologia Medica, Benevento (Vincenza Tinessa, Pasquale Zagarese, Elisabetta Carfora, Piera Federico)
- Azienda Ospedaliera Universitaria Maggiore della Carità, Dipartimento Oncologia, Novara (Oscar Alabio)
- Azienda Sanitaria Unica Regionale Zona Territoriale 6, UO Oncologia Medica, Fabriano (Rosa Rita Silva, Cinzia Mariani)
- Ospedale Treviglio-Caravaggio, Oncologia Medica, Treviglio, (Sandro Barni, Fausto Petrelli)
- Ospedale, Oncologia Medica, Ravenna (Amelia Tienghi, Anna Carliello, Claudia Casanova, Claudio Dazzi)
- Istituto Tumori Giovanni Paolo II IRCCS Ospedale Oncologico, Oncologia Medica, Bari (Francesco Giotta, Daniele Rizzi, Agnese Latorre)

- Azienda Ospedaliera S.Chiara, UO Oncologia Medica, Trento (Antonella Ferro, Alessia Caldara, Michela Frisinghelli)
- Centro di Riferimento Oncologico della Basilicata CROB, Unità Operativa di Oncologia Medica, Roniero In Vulture (Michele Aieta, Mariarosca Cocco, Carmen Romano)
- Università della Campania Luigi Vanvitelli, UOC Oncoematologia, Napoli (Fortunato Ciardiello, Michele Orditura, Anna Diana)
- Ospedale Civile – ASL1, Oncologia Medica, Città di Castello (Luigi Castori, Stefano Brav)
- Ospedale Fatebenefratelli Benevento, Oncologia Medica, Benevento (Antonio Febbraro, Ilaria Spagnoletti, Claudia Corbo)
- Ospedale Bufalini, Oncologia Medica, Cesena (Marina Faedi)
- Azienda USL - Ospedale S.Anna, Day Hospital Oncologico, Castelnuovo Nei Monti (Roberto Vignoli, Alda Zanni)
- Ospedale Civile - ASL 17, Struttura Complessa di Oncologia Medica, Saluzzo (Davide Perroni, Cinzia Bergamasco, Cinzia Nigro)
- Ospedale Civile, Ginecologia, Bressanone (Verena Thalmann, Sonia Prader)
- Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (I.R.S.T.), Oncologia, Meldola (Dino Amadori)
- Azienda Sanitaria Regionale Molise, UO Oncologia Medica, Isernia (Liberato Di Lullo, Divina Traficante)
- Azienda Ospedaliera S.Gerardo, SC Oncologia Medica, Monza (Paolo Bidoli, Marina Cazzaniga, Antonio Ardizziola)
- Azienda Ospedaliera di Melegnano Ospedale Serbelloni, Struttura Complessa di Oncologia Medica, Gorgonzola (Luciano Isa, Mario Comandè, Daniela Mandelli)
- Ospedale San Vincenzo, Oncologia Medica, Taormina (Francesco Ferrà, Rosalba Rossello)
- Ospedale Civile "San Massimo", Dipartimento di Oncologia AUSL Pescara, Penne (Donato Natale)
- Ospedale San Sebastiano, Day Hospital Oncologico - Divisione Medicina Acuti, Correggio (Alessandra Zoboli)
- Ospedale S.Croce Asur 3, Oncologia Medica, Fano (Silvia Pelliccioni, Claudia Cappelletti)
- Radioterapia Università Firenze, Radioterapia, Firenze (Lorenzo Livì)
- Azienda Ospedaliera Carlo Poma, SC Oncologia Medica Ed Ematologia, Mantova (Giovanna Cavazzini, Patrizia Morselli)
- Humanitas Centro Catanese di Oncologia, UFC di Oncologia Medica, Catania (Michele Canuso)
- Ospedale Oncologico M.Ascoli Arnas Civico, Oncologia Medica, Palermo (Biagio Agostara, Vita Leonardi)
- Università Della Campania Luigi Vanvitelli, Dipartimento Assistenziale di Medicina Interna Specialistica E Sociale, Napoli (Antonio Gambardella)
- Presidio Ospedaliero Santa Maria Della Misericordia USL 18, Oncologia Medica, Rovigo (Felice Pasini, Daniela Menon)
- IRCCS - Istituto di Ricovero e Cura a Carattere Scientifico "Casa Sollievo Della Sofferenza", UO Oncologia Medica, San Giovanni Rotondo, (Evaristo Malleo, Maria Grazia Moritti)
- Azienda Ospedale San Salvatore, Oncologia Medica, Pesaro (Virginia Casadei)
- Università Cattolica Sacro Cuore Centro di Ricerca E Formazione Ad Alta Tecnologia Nelle Scienze Biomediche, Dipartimento di Oncologia, Campobasso (Aida Di Stefano)
- Azienda Ospedaliera, Oncologia Medica, Alessandria (Vittorio Fusco)
- Ospedale Santa Croce, Ss Oncologia Medica, Moncalieri (Vincenzo Dongiovanni)
- Fondazione IRCCS Policlinico San Matteo, Oncologia Medica, Pavia (Donatella Grasso)
- Ospedale Umberto I ASL Salerno 1, Dipartimento di Onco-Ematologia, Nocera Inferiore (Alfonso Maria D'arco)
- Casa di Cura La Maddalena, Oncologia, Palermo (Vittorio Gebbia)
- Ospedale San Giovanni di Dio e Ruggi D'Aragona, UO Oncologia Medica, Salerno (Clementina Savastano)
- ASL 1 Torino - Ospedale Evangelico Valdese, Struttura Complessa di Oncologia, Torino (Gianni Fornari)
- Università Campus Biomedico, Oncologia Medica, Roma (Giuseppe Tonini)
- Azienda Unità Sanitaria Locale di Piacenza, Day Hospital Onco Ematologico, Piacenza (Luigi Cavanna)
- Azienda Ospedaliera Santa Maria Degli Angeli, Oncologia Medica, Pordenone (Silvana Saracchini)
- Presidio Ospedaliero "San Giuliano", Servizio D.H. Oncologia, Giugliano (Pasquale Inconranto)
- Università Politecnica Delle Marche, Clinica di Oncologia Medica, Ancona (Rossana Berardi)
- Azienda Ospedaliera S.Giovanni di Dio, Unità Operativa di Oncologia Medica, Agrigento (Alfredo Butera)
- Università Cattolica Sacro Cuore Policlinico Agostino Gemelli, Dipartimento Per La Tutela Della Salute Della Donna E Della Vita Nascente, Ginecologia Oncologica, Roma (Giovanni Scambia)
- Azienda Ospedaliera G.Vietri, UOS Oncologia, Larino (Lucia Moraca)