

Puglia, Italy: Radiofrequency-induced thermal ablation of liver tumors

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	Yes
Verification of the Good Practice	No
Evaluation of the Good Practice	Yes
Type of the Good Practice	Good practice

Part 2: Description of the Good Practice

Name of the Good Practice	Radiofrequency-induced thermal ablation of live tumours
Short name (Acronym)	RITA
URL of the Good Practice	Not available
Geographical scope	Regional level
Country	Italy
Region(s) involved	Puglia region
Status of the Good Practice	Completed
Stakeholders involved	<ul style="list-style-type: none"> • Hospitals • Specialised physicians • Day care centres • Nurses • Large-sized industry • Research centres • National public authorities • WHO • Regional public authorities • Advocacy organisations of patients / users
Size of population covered	100-249
Targeted audience	50-64; 65-79; 80+

<p>Summary of the Good Practice</p> <ul style="list-style-type: none"> • Increasing life expectancy, reducing the rate of hospitalization, cost savings; • Minimally invasive treatment of liver tumours (including metastasis) to improve the quality of life and survival; • Radiofrequency-induced thermoablation/thermotherapy involves introducing a needle electrode into the cancer liver metastasis. Placing the probe is monitored through ultrasound. The procedure involves a radiologist, a nurse, a specialist and an anaesthesiologist. One or two treatment sessions are usually needed and are performed under short-term anaesthesia. The treatment is generally well-tolerated; • Replacement of surgical procedures with minimally invasive percutaneous techniques.
<p>Key words: liver tumour, treatment, radiofrequency, thermotherapy / thermoablation, cost saving health, life expectancy</p>
<p>Good practice being part of the larger programme</p> <p>Yes.</p> <p>Treatment of primary liver cancer and metastatic.</p>
<p>Challenges / problems addressed by the good practice</p> <p>Increase in life expectancy of patients with primary tumours and secondary liver with repeatable minimally invasive methods over time.</p>
<p>Importance of the challenges / problems before starting to implement good practice</p> <p>The procedure has requested a period of training in technical, important experience with ultrasound methods, and high knowledge in bioengineering from the company for the construction of equipment.</p>
<p>Environment before the good practice was implemented</p> <p>Compared to previous treatments, the technique reduced the hospitalization of patients, he has lengthened the average life expectancy and improved quality of life. innovative element is the use of radio frequency as a treatment for liver tumours with sometimes healing. Other innovative elements concern the same technique that is minimally invasive, easily repeatable and the use of a single needle.</p>
<p>Key innovative elements of the good practice and how the good practice improved situation compared to previous practice</p>

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Part 3: Transferability of the Good Practice

Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)	Equal costs, improved outcomes
Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required)	
<ul style="list-style-type: none"> • Personnel: one radiologist, one specialist, one nurse, one anaesthesiologist • Equipment: ECO sound, equipment to deliver radiofrequency, one needle electrode Facilities: sterile kit for operation 	
Total budget of the Good Practice	€100.00 - €499,999
Source of funding	Regional funding
The main actions that have to be done to deploy the Good Practice	
Radiofrequency-induced thermoablation/thermotherapy involves introducing a needle electrode into the cancer liver metastasis. Placing the probe is monitored through ultrasound. The procedure involves a radiologist, a nurse, a specialist and an anaesthesiologist. One or two treatment sessions are usually needed and are performed under short-term anaesthesia. The treatment is generally well-tolerated;	
Issues during the implementation of the Good Practice	
No issues were observed.	
Additional resources required to scale up Good Practice	No
Basis to support sustainability of the Good Practice	
The practice is not for everyone and there are few institutions that have the organisational skills to put it into practice.	
Evidence to observe the Good Practice	
<p>A practice report; A visit to an implementation site. www.irccsdebellis.it</p>	

Part 4: Viability assessment of the Good Practice

Time needed to deploy the Good Practice
Less than a year;
Investment per citizens / patient / client in terms of financial resources
Between €1.000 - €5.000 EUR per targeted citizen / patient
Evidence behind the Good Practice
Documented evidence. Evidence is based on systematic qualitative and quantitative studies.
Maturity of the Good Practice
The practice is “on the market” and integrated in routine use. There is proven market impact, in terms of job creation, spin-off creation or other company growth.
Estimated time of impact of the Good Practice
Medium impact - e.g. shortly beyond the pilot project period
Impact observed
Less hospital re-admission (economic)
Transferability of the Good Practice
Transferability has not been considered. The innovative practice has been developed on local/regional/national level and transferability has not been considered in a systematic way.

Part 5: Your organisation

Name of the organisation	IRCCS “S. De Bellis” gastroenterological hospital
Address of the organisation	Via Turi, 27 70013 Castellana Grotte BARI (ITALY)
Type of organisation	Hospitals
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