

Curriculum vitae del dott. Giuseppe Renne

Titoli di Studio e Specializzazioni

- Laurea in Medicina e Chirurgia (Napoli II Fac.-1981)
- Specializzazione in Anatomia e Istologia Patologica (Roma UCSC - 1985)
- Certificato di formazione Manageriale della Scuola di Direzione in Sanità (2005)

Cariche ricoperte (incluse memberships)

- Tutore di citopatologia presso la Scuola di Specializzazione in Anatomia Patologica dell'Università degli studi di Milano (1996-2012)
- Membro BIG Breast International Group (2001-2012)
- Membro VANCBS Study Group (2010-2012)

Attività Clinica svolta allo IEO

- Attività diagnostica IEO diretta e TAT (2007-2014):

%ISTO	TAT ISTO	% CITO	TAT CITO
7.4	3.0	29.0	1.2

- patologia senologica
- uro patologia
- citopatologia

Attività di Ricerca svolta allo IEO

- Ricerca di nuove metodologie diagnostiche e ricerca di base in ambito uropatologico

Pubblicazioni (coautore)

1. A rare case of lung metastasis from a malignant adenomyoepithelioma of the breast: histological features and therapeutic implications. *Ecancermedicallscience*. 2013 Nov 12;7:372.
2. The indocyanine green method is equivalent to the mTc-labeled radiotracer method for identifying the sentinel node in breast cancer: a concordance and validation study. *Eur J Surg Oncol*. 2013 Dec;39(12):1332
3. Immediate breast reconstruction with expander in pregnant breast cancer patients. *Breast*. 2013 Oct;22(5):657-60
4. The clinical relevance of micropapillary carcinoma of the breast: a case-control study. *Histopathology*. 2013 Aug;63(2):217-24
5. Ultrasound challenge: secondary breast angiosarcoma mimicking lipoma. *Breast J*. 2013 Jul-Aug;19(4):437-8
6. Morphological parameters of lobular in situ neoplasia in stereotactic 11-gauge vacuum-assisted needle core biopsy do not predict the presence of malignancy on subsequent surgical excision. *Histopathology*. 2013 Jul;63(1):83-95
7. Discordant hormone receptor and human epidermal growth factor receptor 2 status in bone metastases compared to primary breast cancer. *Acta Oncol*. 2013 Nov;52(8):1649-56.
8. Morphological parameters of flat epithelial atypia (FEA) in stereotactic vacuum-assisted needle core biopsies do not predict the presence of malignancy on subsequent surgical excision. *Virchows Arch*. 2012 Oct;461(4):405-17. doi: 10.1007/s00428-012-1279-y. Epub 2012 Sep 1.
9. Anterior prostatic tumours are difficult to diagnose without MRI. *Ecancermedicallscience*. 2012;6:252. Epub 2012 Apr 24.
10. Subjective cognitive complaints one year after ceasing adjuvant endocrine treatment for early-stage breast cancer. *Br J Cancer*. 2012 May 8;106(10):1618-25. doi: 10.1038/bjc.2012.156. Epub 2012 Apr 24.
11. Neuroendocrine differentiation in castration-resistant prostate cancer: a systematic diagnostic attempt. *Clin Genitourin Cancer*. 2012 Sep;10(3):164-73. Epub 2012 Mar 7.

12. The biological features and prognosis of breast cancer diagnosed during pregnancy: a case-control study. *Acta Oncol.* 2012 May;51(5):653-61. Epub 2011 Dec 16.
13. Assessment of letrozole and tamoxifen alone and in sequence for postmenopausal women with steroid hormone receptorpositive breast cancer: the BIG 1-98 randomised clinical trial at 8.1 years median follow-up. *Lancet Oncol.* 2011 Nov;12(12):1101-8. Epub 2011 Oct 20.
14. The advantage of letrozole over tamoxifen in the BIG 1-98 trial is consistent in younger postmenopausal women and in those with chemotherapy-induced menopause. *Breast Cancer Res Treat.* 2012 Jan;131(1):295-306. Epub 2011 Sep 4.
15. Interpreting Breast International Group (BIG) 1-98: a randomized, double-blind, phase III trial comparing letrozole and tamoxifen as adjuvant endocrine therapy for postmenopausal women with hormone receptor-positive, early breast cancer. *Breast Cancer Res.* 2011 May 26;13(3):209. doi: 10.1186/bcr2837. Review.