

**RAPPORTO ANNUALE E DISUGUAGLIANZE
SOCIOECONOMICHE E DI GENERE
NELLA MALATTIA RENALE CRONICA**



Sintesi delle attività

Nera Agabiti

Venerdì 15 dicembre 2023
Sala Teatro Santa Maria della Pietà

ATTIVITA' anno 2023

- Gestione RRDTL – contatto con i centri e verifiche di qualità
- Analisi dei dati
- Supporto alla Regione per fabbisogno sottostante ai pareri per l'apertura di nuovi centri
- Rapporto Tecnico (su dati 2022)
- Workshop annuale

- Partecipazione al PReValE
- Rapporti con Società Italiana Nefrologia (SIN)
- Rapporti con Centro Nazionale Trapianti (CNT)
- Contributi scientifici / partecipazione a progetti di ricerca / collaborazioni

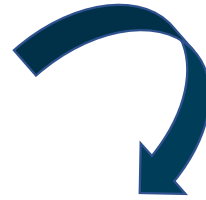
Rapporti con la Regione Lazio



- Censimento storicizzato dei centri dialisi
- Stima del fabbisogno posti dialisi
- Tavolo regionale Rete Nefrologica Ospedale - Territorio

(DCA 352, 7 agosto 2019)

Collaborazioni



- Centro Nazionale Trapianti (CNT) - Registro Nazionale Insufficienza Renale Cronica e Trattamento Sostitutivo (Sistemi di Sorveglianza e Registri – DPCM 3 marzo 2017)
- Società Italiana Nefrologia (SIN) – accordo di collaborazione per Registro Nazionale Dialisi e Trapianto (RIDT)
- Centro Regionale Trapianti (CRT)


Gruppo di lavoro RRDTL

Clinici ed
Epidemiologi

- I membri del Gruppo di Lavoro del RRDTL: *Nera Agabiti, Maurizio Bossola, Maria Grazia Chiappini, Ernesto Anselmo Cioffi, Carmine De Cicco, Paolo De Paolis, Salvatore Di Giulio, Anteo Di Napoli, Mariano Feccia, Sandro Feriozzi, Pietro Manuel Ferraro, Marco Galliani, Giuseppe Grandaliano, Isabella Guzzo, Claudia Marino, Fulvio Marrocco, Sandro Mazzaferro, Paolo Mene', Santo Morabito, Francesco Pesce, Nicola Petrosillo, Marco Pignocco, Anna Rachele Rocca, Luigi Tazza, Giuseppe Tisone, Antonio Treglia, Elio Vitaliano.*



CONSULENZA e PROMOZIONE SVILUPPO

Journal of Clinical Medicine 

Article

Validation of a Classification Algorithm for Chronic Kidney Disease Based on Health Information Systems

Pietro Manuel Ferraro ^{1,2}, Nera Agabiti ^{3,*}, Laura Angelici ³, Silvia Cascini ³, Anna Maria Bargagli ³, Marina Davoli ³, Giovanni Gambaro ⁴ and Claudia Marino ³


J. Clin. Med. 2022, 11, 2711. <https://doi.org/10.3390/jcm11102711> <https://www.mdpi.com/journal/jcm>

Marino et al. *BMC Nephrology* (2020) 21:23
<https://doi.org/10.1186/s12882-020-1689-z> BMC Nephrology

RESEARCH ARTICLE Open Access

Prevalence of chronic kidney disease in the Lazio region, Italy: a classification algorithm based on health information systems

Claudia Marino ¹, Pietro Manuel Ferraro ^{2,3}, Matteo Bargagli ^{2,3}, Silvia Cascini ¹, Nera Agabiti ¹, Giovanni Gambaro ⁴ and Marina Davoli ¹




Bossola et al. *BMC Nephrology* (2023) 24:111
<https://doi.org/10.1186/s12882-023-03170-w> BMC Nephrology

RESEARCH Open Access

Trend and determinants of mortality in incident hemodialysis patients of the Lazio region



Maurizio Bossola ^{1,2}, Anteo Di Napoli ³, Laura Angelici ⁴, Anna Maria Bargagli ⁴, Silvia Cascini ⁴, Ursula Kirchmayer ⁴, Nera Agabiti ⁴, Marina Davoli ⁴ and Claudia Marino ⁴


Journal of Clinical Medicine 

Article

SARS-CoV-2 Infection in Patients on Dialysis: Incidence and Outcomes in the Lazio Region, Italy

Claudia Marino ¹, Laura Angelici ^{1,*}, Valentina Pistolesi ², Santo Morabito ², Anteo Di Napoli ³, Enrico Calandrini ¹, Silvia Cascini ¹, Anna Maria Bargagli ¹, Nicola Petrosillo ⁴, Nera Agabiti ¹, Marina Davoli ¹ and on behalf of the Regional Registry Dialysis and Transplant Lazio Region [†]

J. Clin. Med. 2021, 10, 5818. <https://doi.org/10.3390/jcm10245818> <https://www.mdpi.com/journal/jcm>

Journal of Clinical Medicine 

Article

Gender Disparities in Vascular Access and One-Year Mortality among Incident Hemodialysis Patients: An Epidemiological Study in Lazio Region, Italy

Laura Angelici ¹, Claudia Marino ¹, Iliara Umbro ^{2,*}, Maurizio Bossola ³, Enrico Calandrini ¹, Luigi Tazza ^{4,5}, Nera Agabiti ¹, Marina Davoli ¹, on behalf of the Regional Registry Dialysis and Transplant Lazio Region [†]

J. Clin. Med. 2021, 10, 5116. <https://doi.org/10.3390/jcm10215116> <https://www.mdpi.com/journal/jcm>

Aumento dell'offerta di trapianto di rene e miglioramento degli esiti nella regione Lazio, anni 2008-2017

Increased offer of renal transplantation and better outcomes in the Lazio Region, Italy 2008-2017

Claudia Marino,¹ Nera Agabiti,¹ Anteo Di Napoli,² Anna Maria Bargagli,¹ Silvia Cascini,¹ Marina Davoli¹

¹ Dipartimento di epidemiologia del Servizio sanitario regionale, ASL Roma 1, Regione Lazio, Roma

² Istituto nazionale per la promozione della salute delle popolazioni migranti e il contrasto delle malattie della povertà (INMP), Roma

Corrispondenza: Claudia Marino; c.marino@deplazio.it

 anno 44 (4) luglio-agosto 2020

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Epidemiol Prev 2020; 44 (4):254-262. doi: 10.19191/EP20.4.P254.055

Partecipazione a progetti di ricerca

Valutazione della efficacia e sicurezza dell'etelcalcetide nel trattamento dell'iperparatiroidismo secondario del paziente in emodialisi

Progetto **Farmacovigilanza AIFA - regionale**

Durata: 24 mesi

Inizio: Giugno 2021 – proroga fino a **Febbraio 2024**

Partecipanti:

Dipartimento di Epidemiologia del SSR Lazio, ASL ROMA 1 (DEP)

- **Claudia Marino (PI)**, Ursula Kirchmayer

UOC Nefrologia e Dialisi ASL di Viterbo - Sandro Feriozzi

Centri dialisi regionali



Rapporti tecnici
Partecipazione a convegni
Articoli scientifici

Partecipazione a progetti di ricerca



PROGETTO **CESIT**

Valutazione **C**omparativa di **E**fficacia e **S**icurezza dei
Farmaci **I**mmunosoppressori nei Pazienti **T**rapiantati

Network Italiano

Responsabile Scientifico: Valeria Belleudi

Finanziamento: AIFA

Evento conclusivo: 22 settembre 2023

<https://www.deplazio.net/it/vai-alla-pagina-delle-news/494-progetto-cesit-uso-efficacia-e-sicurezza-dei-farmaci-immunosoppressivi-nei-pazienti-trapiantati>

Partecipazione a progetti di ricerca



**Socio-Economic position and Multimorbidity in longitudinal studies:
the mediation role of lifestyles, blood biomarkers and Microbiota (SEMME)
PNRR-MAD-2022-12376416**

Finanziato dall'Unione europea Next Generation EU PNRR M6C2 - Investimento 2.1
Valorizzazione e potenziamento della ricerca biomedica del SSN

Partecipanti:

- DEP - Responsabile scientifico: **Giulia Cesaroni**
- Università di Torino
- Azienda Ospedaliera di Sassari

Partecipazione a progetti di ricerca

- ✓ Long-term effects of air pollution on end stage renal disease –
Università di Ulm

IN CORSO

- ✓ Sottomesso fondi PNRR 2023: *SYNDEMICS - The syndemic approach: an innovative diagnostic framework for multimorbidity applied to subjects with end stage-renal disease* - Policlinico
Foggia

IN ATTESA ESITO

Collaborazione con Università Cattolica – Policlinico Gemelli



Dottorato di ricerca in Medicina Sperimentale e Traslazionale

Dr.ssa Marta Giaccari

Sviluppi scientifici

Argomenti proposti / in studio:

- ✓ Dialisi peritoneale
- ✓ Fine vita
- ✓ Confronto tra tecniche dialitiche / esiti
- ✓ DISUGUAGLIANZE

The best medicine for improving global health? Reduce inequality

Good health means addressing the underlying social and economic causes of ill health.

The past few years have not been easy on the world's health-care systems. When the United Nations set its Sustainable Development Goals (SDGs) in 2015, the threat of a pandemic sweeping the world would not have registered with most people.

In a series of weekly editorials marking the halfway point to the SDGs' 2030 deadline, *Nature* is looking at each of the 17 goals in turn. It is no surprise that progress towards number 3 – “Ensure healthy lives and promote well-being for all at all ages” – has been stuttering, at best. But that does not mean that the targets embedded in this goal should be lowered when world leaders gather in New York City in September to assess progress towards achieving the SDGs. Instead, the health goal should be strengthened by increasing focus on the economic, social and power inequities that drive disease and disability worldwide – and researchers must play their part in making that happen.

The UN's health and well-being targets cover a wide territory that includes reducing maternal mortality to one-third of current rates, halving road-traffic accidents and ending epidemics of diseases such as tuberculosis and malaria. Before the COVID-19 pandemic, there were a few encouraging signs of progress.

“Good health is not just down to biology; it is affected by the environment, opportunity, and economics.”

the pandemic, global spending on tuberculosis services dropped by 10%, from US\$6 billion in 2019 to \$5.4 billion in 2021; over the same period, deaths from tuberculosis rose from 1.4 million to about 1.6 million. Malaria-associated deaths rose by 12%, from 558,000 in 2019 to 627,000 in 2020. Childhood vaccination rates against diphtheria, tetanus and pertussis fell between 2019 and 2021.

Education was also affected by the pandemic: children from disadvantaged socio-economic backgrounds experienced more setbacks in their learning than did those from higher-income ones (B. A. Betthäuser *et al. Nature Hum. Behav.* 7, 375–385; 2023). Prolonged school closures in several countries meant that some children left the education system early. The full ramifications of that exodus on health and well-being might not come into focus for years. For girls and young women, for example, pregnancy and HIV rates tend to decrease the longer they stay in education.

The ambition of the SDG health targets was always lofty, but they can provide a foundation for formulating national strategies and allocating resources to improve health and well-being outcomes and counter disparities. Good health is not just down to biology; it is affected by the environment, opportunity, economics and discrimination. The COVID-19 pandemic laid such influences bare, with widespread disparities between rich and poor people in terms of outcomes, treatment availability and vaccine distribution. But public discussion of the social determinants of health fizzled out as the pandemic eased, says public-health researcher Sarah Hawkes at University College London. “We seem to have moved on,” she says. “There has been a collective memory loss of just how bad it was.”

That discussion must be revived in the context of the SDGs. More researchers need to be studying the economic and social determinants of health, to, for example, help fill the data gaps that hinder effective action. Many countries still do not separate health-care statistics by sex, ethnicity or whether someone is a refugee. Without this information, it is too easy to gloss over inequities and their causes.

But to truly address global health and well-being,








Clinical Kidney Journal, 2023, vol. 16, no. 7, 1081–1091

<https://doi.org/10.1093/ckj/sfad028>
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CKJ Review

CKJ REVIEW

Deprivation and chronic kidney disease—a review of the evidence

Christopher H. Grant ^{1,2,*}, Ehsan Salim^{2,*}, Jennifer S. Lees ^{1,2}
and Kate I. Stevens ^{1,2}

¹The Glasgow Renal & Transplant Unit, Queen Elizabeth University Hospital, Govan, Glasgow, UK and ²College of Medical, Veterinary & Life Sciences, The University of Glasgow, Glasgow, UK

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Original Research

Impact of educational level on incident chronic kidney disease during 13 years of follow-up: a prospective cohort study



N. Barzegar^a, M. Tohidi^{a,*}, R. Ghodssi-Ghassemabadi^a, P. Amiri^b, F. Azizi^c, F. Hadaegh^a

^a Prevention of Metabolic Disorders Research Center, Research Institute for Endocrine Sciences, Shahid Beheshti University of Medical Sciences, Tehran, Iran
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^c Endocrine Research Center, Research Institute for Endocrine Sciences, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Original Investigation


AJKD

Neighborhood Socioeconomic Status and Identification of Patients With CKD Using Electronic Health Records



Lama Ghazi, J. Michael Oakes, Richard F. MacLehose, Russell V. Luepker, Theresa L. Osypuk, and Paul E. Drawz

Socioeconomic Position and Incidence of Glomerular Diseases

Mark Canney ^{1,2}, Dilshani Induruwage,² Anahat Sahota,³ Cathal McCrory,⁴ Michelle A. Hladunewich,⁵ Jagbir Gill,^{1,2} and Sean J. Barbour^{1,2}

Downloaded from <http://www.ajkd.com>

Conclusions Using population-level data and a centralized pathology database, we observed an inverse association between socioeconomic position and the standardized incidence of lupus nephritis and ANCA-GN.

CJASN 15: 367–374, 2020. doi: <https://doi.org/10.2215/CJN.08060719>

RINGRAZIAMENTI

- CENTRI DIALISI
- Claudia Marino
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- Gruppo di Lavoro RRDTL
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- Regione Lazio: Monica Foniciello, Guendalina Durante, Jones Mannino
- Grafica: Simona Ricci, Paola Giannantonio
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