



CURRICULUM VITAE

Pasquale De Negri, M.D., F.I.P.P., ESRA – E.D.P.M.

Personal data

Name: Pasquale

Forename: De Negri

Age: 60 yo

D.O.B.: 24th September 1957

Birthplace : Napoli, Italy

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Marital status: Married, two daughters (23 y.o., 19 y.o.)

Nationality : Italian

◆ Registrations

- UK: GMC n.° 7409280 (Fully Registered Medical practitioner with Specialist Registration) since 20/06/2013 (Last appraisal : June 2018, Last revalidation: June 2018)
- ITALY : Ordine dei Medici – Chirurghi della Provincia di Caserta since 29/12/1981 n.° 2686
- GUERNSEY, ALDERNEY, HERM and JETHOU, CHANNEL ISLANDS :Medical Practitioner since 03/09/2014 n.° 2014/44

◆ Education and Qualifications

- 1971–1975 High School “Classic Liceum” Istituto “Pietro Giannone”, Caserta, Italy; Graduation with honour
- 1975 – 1981 Medical Studies; Medical School at at University of Napoli, Napoli Italy Degree: Medicine Doctor passed with distinction (110/110 cum laude)
- 1981 – 1984 Specialist Exam in Anaesthesia and Intensive Care passed with distinction– Medical School at University of Napoli, Napoli Italy. Gives the right to work as an independent specialist in Anaesthesia and Intensive care Medicine
- Internship in Anesthesiology and Intensive care , “Cardarelli” Hospital , Naples , Italy (October 1981 – March 1983)
- 1984 – 1987 Specialist Exam in Underwater and Hyperbaric Medicine– Medical School at University “D’Annunzio”, Chieti , Italy
- 1988 – 1992 Specialist Exam in Pediatrics – Medical School at University of Genoa, Italy

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- 2009 – Fellowship in Interventional Pain Practice – World Institute of Pain; New York, USA
- European Paediatric Life Support, January 2014
- 2017 – European Diploma of Pain Medicine – European Society Regional Anaesthesia , Lugano, CH

◆ **Phoreign languages**

English written and spoken

Portuguese written and spoken

◆ Current Employment

● September 16th 2018

Chairman – Department of Anaesthesia, Intensive Care and Pain Medicine, “S.Giuliano” Hospital – ASL NAPOLI2 NORD , Giugliano (NAPOLI), – ITALY

◆ Previous employment

➤ November 1st 2001 – September 15th 2018

Consultant in Anaesthesia, Intensive Care and Pain Medicine, IRCCS Centro di Riferimento Oncologico della Basilicata (Cancer Center) – Rionero in Vulture (PZ) , Italy, being the Director of Department of Anaesthesia, Intensive Care and Pain Medicine; I have been appointed Chairman of Department of Surgical Oncology and Pain Medicine since 2010

IRCCS Centro di Riferimento Oncologico della Basilicata (CROB) is one of the ten Italian cancer centers in Italy with approximately 120 beds, treating more than 10,000 patients every year. It has been recently accredited and designated by Organization of European Cancer Institutes for the quality standards of cancer care and research (2015–2020). The hospital provides specialist oncologic care. IRCCS CROB is the only cancer center in the South East part of Italy serving 1 million people across three regions; it is research-based, independently governed and funded by the National Health System.

The department of Anaesthesia has diverse interests; outside the theatres the department is involved in interventional radiological services and chronic pain services as well as MRI and CT scanning. An acute pain team is attached to the department and as well as anaesthetic input, there are two full-time nurses. IRCCS CROB's department of anaesthesia is very proactive in teaching regional anaesthesia and interventional pain medicine under fluoroscopic and ultrasound guidance. In the Pain Clinic we treat chronic cancer as well as non-cancer pain.

patients, using neuromodulative/ neuroablative techniques, looking after patient under my care who are on wards. The Pain Management team consists of two Chronic Pain Consultants, two nurses, one Clinical Psychologist . It operates on “hub and spoke” clinic system, with main clinics in at IRCCS CROB and outreach clinic in surroundings.

The Pain Management team see more than 3,000 patients a year, offering them a number of different treatment types including: Pain Management Programme, , Epidural therapy, (transforaminal, caudal, epiduroscopy), Joint injections, PRP injection, Botox for migraine and muscle spasms, Nerve blocks, , Neuromodulative techniques (intrathecal pumps, SCS, DRG stimulation),, PRF - CRF techniques, Vertebral augmentation procedures (Vertebro/ kyphoplasty), , Neurolesive procedures, , Medication management, Counselling.

My actual duties include :

in the OR attending and supervising 5 ORs, managing the organization and planning staffing duties and rota's for medical staff, attending clinical audit, contributing to local guidelines, ensuring co- ordination and delivery of all work activities within area of responsibility. I manage anaesthetic procedures providing spinal and epidural anaesthesia, TIVA/ TCI techniques, low flow anaesthesia, combined general/ regional anesthesia for urological, thoracic, abdominal, breast and gyn, ENT cancer surgery as well as for plastic/ reconstructive surgery and interventional endoscopy, managing post-operative pain, offering NORA for CT/MRI/RT and interventional Rx procedures. I am experienced of the day to day management of a busy OR, setting the surgery / practice budget; dealing with patient complaints about the quality of service of the practice. Arranging the cleaning, security, health and safety of the OR's. Able to lead and motivate staff with excellent organizational skills, working as part of a team liaising with nurses, registrars and other healthcare professionals. Able to prioritize work loads during busy periods and to control multiple projects at the same time. Able to work long and unsociable hours.

In ITU (post-surgical patients, attending also critically ill onco - haematological patients) My clinical tasks consist in

managing the 6 bed ICU (critically ill cancer patients and postoperative cancer patients). I am experienced in cannulating central and arterial lines, performing percutaneous tracheostomy and PEG; in FOB, in CVVH techniques and in ventilatory assistance.

In Pain Clinic I treat chronic cancer as well as non cancer pain patients, using **neuromodulative/ neuroablative techniques**, looking after patient under my care who are on wards. It operates on “hub and spoke” clinic system, with main clinic at IRCCS CROB and outreach clinic in surroundings.

The Pain Management team see more than 3,000 patients a year, offering them a number of different treatment types.

Current job plan

	Am	Pm
Monday	SPA	Pain Clinic
Tuesday	Thoracic	Thoracic
Wednesday	Plastic Surgery	ICU
Thursday	General Surgery	Pain Clinic
Friday	Pain Interventions	Pain Interventions

- **2016 (may)** : successful interview as Consultant Anaesthetist at NorthCumbria University Hospital
- **2014 (september)**: Locum Chronic Pain Consultant (September 2014) for Medical Specialist Group at Princess Elizabeth Hospital, Le Vauquiedor, Guernesey, Channel Island
- **1992 - 2001**: Specialty Registrar/Consultant , at Dept of Anaesthesia and Intensive Care of “Casa Sollievo della Sofferenza” Hospital (Teaching Hospital). Anaesthetics – Intensive Care Unit and Pain Management . It is an Hospital serving an area of about 700 000 people, with a capacity of approximately 900 beds, serving also as a teaching hospital for the Catholic University of Rome . I used to work at the

beginning as specialist register anaesthetist and then as Consultant, member of a team of 22 between SHO and consultants My clinical tasks consisted in attending and supervising the ORs and the 12 bed ICU managing critically ill patients . In the OR I managed anesthetic procedures providing spinal and epidural anaesthesia, TIVA/TCI techniques, combined general/ regional anesthesia for urological (paediatric/adults), vascular/ cardio and ENT patients, managing post-operative pain, offering NORA for CT/MRI/endovascular procedures. In ICU (mainly neurosurgical and post trauma ICU, but attending also post-surgical patients) I did invasive procedures :cannulating central and arterial lines, percutaneous tracheostomy, FOB, PEG, CVVH techniques.

I have been on call on the ICU, and OR approximately 10 times a month. Since 1999 I started to be involved (and then managed by myself) in Chronic pain management for cancer pain patients . I have become more confident in managing ITU patients, labour pain and obstetric emergencies being on call for both, advanced my skill in theatre including complex vascular cases, orthopaedics, general surgery, ENT, paediatrics, postoperative care, acute and chronic pain

➤**1987 – 1992** Specialist Register at Dept. of Anaesthesia and Intensive Care at IRCCS “ G. Gaslini “ Children’s Hospital , Genoa, Italy (Anaesthetics – ICU OB and paediatric anesthesia) . “Gaslini” Children’s Hospital is an oldest and famous institution for pediatric care and for risk OB in Italy , with a capacity of more than 500 bed capacity, offering one of the best neonatal intensive care unit in Italy. At “Gaslini” Children’s Hospital, all cases of obstetrics at risk are covered, as well as a broad range of paediatric diagnostic and therapeutic services, with 10 operating theaters+ 1 neonatal/ paediatric ICU (more than 12 bed) . I used to work as specialist register anaesthetist, member of a team of 30 between SHO and consultants. I was also responsible for daily neonatal assistance (normal delivery and C-section : almost 1500 cases per year) and neonatal/ paediatric ICU and resuscitation in case of emergencies. I am experienced in paediatric and neonatal anaesthesia

(general surgery, urological surgery, scoliosis and neurosurgery) and especially in caudal/epidural anaesthesia. I am also experienced in obstetric anaesthesia as I started epidural analgesia service for natural delivery, C section and gyn procedures. I have been on call on the ITU, and OR approximately 8 times a month

➤ **1984 - 1987:** private practice - cardioanaesthesia, anesthesia for general surgery, OB.

◆ Training

Department of Anaesthesia & ITU at the University Hospital in Napoli has accreditation for training.

In 1981 I began basic anaesthetic training under supervision of Consultant Dr. Gildo Santangelo. During first two years of practice I progressively became more competent and independent in the management of anaesthetic cases including general surgery, oncologic surgery, urology, orthopedics, trauma, ENT, gynecology, obstetrics, paediatrics, dental anaesthesia. It covered both elective and emergency cases.

After primary anaesthetic exam in 1984 I became more independent and gained more experience and practice in management of complicated cases and compromised patients. I continued training in specific subspecialties such as Neurosurgery, Vascular Anaesthesia, Cardiac Anaesthesia . For Thoracic anaesthesia, General Intensive Care (12 months) and Neonatal Intensive Care (3 months) training I have chosen General Hospital "A. Cardarelli", Napoli .

Advanced training in Pain Management I gained at the Pain Centre at IRCCS "Casa Sollievo della Sofferenza" in S. Giovanni Rotondo (FG) ,Italy under direct supervision of Dr. Paolo De Vivo, learning not only invasive anaesthetic technique in pain management but all principles of palliative care. (Dec 92, October 2001) Since the very beginning my interest was focused on pain treatment and I attended many conferences and courses as a part of my training including visiting other Pain Centres in Italy and abroad .

During my stay at Children's Hospital "G.Gaslini" , Genoa, Italy I have become more confident in managing paediatric ITU patients, labour pain and obstetric emergencies being on call for both.

◆ Courses And Training Attended

- FEBRUARY/MARCH 1991: Department of Anesthesia and Intensive Care , Ospedale Ginecologico "S.Anna" Torino as practitioner (epidural anesthesia for spontaneous delivery).
- JANUARY 1992 (13–25), JUNE (3–8): Department of Anesthesia Clinique "St.Anne" – Bruxelles (Belgium) as practitioner (epidural anesthesia, continuous spinal for OB, orthopedics, urology and general surgery).
- NOVEMBER 1988 (10–18): Department of Anesthesia Children's Memorial Hospital Chicago (USA) acute and chronic pain treatment as visiting physician
- MARCH 1999 (13–15):Department of Anesthesia Hospital for Sick's Children in Toronto – Canada as visiting physician
- APRIL 2002 (7–11): Pain Management Roswell Park Cancer Institute, Buffalo NY (USA) as visiting physician
- FEBRUARY 2005: Ballon Kyphoplasty Surgeon Training Program, Leiden (NL)
- JUNE 2006: Clinical Training for Percutaneous discectomy, Freiburg (D)
- APRIL 2009: Advanced Course on Radiofrequency Lesioning, NHS Coleraine, (UK)
- MAY 2010: Pain Management Center MD Anderson Cancer Center, Houston TX (USA) as visiting physician
- MAY 2011: Training in Neuromodulation Live Workshop (European Continuing Medical Training – European CME credits), London (UK)

- JUNE 2012: Department of Anaesthesia Montreal General Hospital McGill University Health Centre as visiting physician , Montreal (Canada)
- OCTOBER 2013 : Honorary Contract as Fellow in Pain Management at South Tees Hospitals NHS Foundation Trust
- NOVEMBER 2013 :Certificate of Training Completion “Axium’s” Neurostimulator System Cadaver Master Course , Leiden (NL)
- DECEMBER 2014 : Cadaver Lab in Spinal Cord Stimulation at Boston Scientific, Los Angeles (US)
- MAY 2016 : Operating room day at Neurosurgery Cardiff and Vale University Health Board (University Hospital of Wales) for SCS surgical implantation

◆ Skills

➤ ANAESTHETICS (> 30.000 cases)

IRCCS CROB is a busy cancer center providing service in all oncologica medical specialities and serving local community as well . It gives enormous opportunity of constant learning and development. I have been holding substantive Consultant appointment post since November 2001. I have been member of organizing and scientific committee on several national and international conferences. I have taught and lectured on local , national and nternational courses and workshops.

My lists have included various surgical specialities so I could have further improve and establish my expertise and skill in regional anaesthesia and maintain skill in general anaesthesia in various subspecialities: general, plastic surgery, breast cancer surgery, thoracic, urology, gynecology, head and neck surgery. I actually provide care for major General Surgery for cancer patients, laparoscopic procedures, urology (cystectomy, radical prostatectomy, nephrectomy), experienced in TIVA, TCI techniques, low flow anaesthesia, OLV, regional anaesthesia as lumbar epidural, thoracic epidural, continuous spinal, combined spinal-epidural anesthesia, peripheral blocks. I also feel confident in fiberoptic intubation .

I have performed regular vascular list between 1996 -2001 which covered abdominal aortic surgery, peripheral vascular surgery, carotid endarterectomy. Vascular patients are one of the most challenging in view of a nature of disease , comorbidities and procedure itself. High perioperative risk render thorough preoperative assessment , meticulous intraoperative and postoperative management. I introduced protocols for intra and postoperative management of AAA. Regional anaesthesia plays an important role in patient treatment and this practice was followed by introducing

protocols for regional anaesthesia in view of anticoagulation .

In Paediatrics list combination of LMA and regional anaesthesia (epidural, caudal, brachial, inguinal, penile blocks) seems to be perfect combination and is a constant source of satisfaction to me.

Obstetrics Maternity Ward at the IRCCS “Gaslini” Hospital in Genoa handled between 1300–1500 deliveries per year. I consolidated my experience in Obstetrics, introducing epidural protocols for obstetrics anaesthesia and epidural analgesia chart standardizing the management. Several teaching sessions for anaesthetists, obstetricians, anaesthetic nurses and midwives were provided. The result of this effort was the raise in epidural rate for labour pain from 0% to regular and monitored 25% (1990 – 1992)

From the beginning of my practice I have been handling neurosurgical patients being involved in more and more complicated cases(during my stay at IRCCS “Casa Sollievo della Sofferenza”) as my responsibility and skill has increased. My experience covers patients with head injury, cerebral aneurysms, posterior fossa surgery in sitting position including prompt diagnosis and successful management of air embolism.

I am a member of the: European Society of Regional Anaesthesia and Pain Medicine; World Institute of Pain; Italian Society of Anaesthesia – Intensive Care ; International Neuromodulation Society .

➤INTENSIVE CARE

My duties at University Hospital in Napoli included responsibility for ITU. We rotated every month on leading the ITU and junior doctors training was a part of that commitment.

My knowledge , skill and confidence in decision making improved significantly after my ITU training at IRCCS “Casa Sollievo” Hospital as I learned a lot from the Consultants on

daily rounds and on calls, particularly on neurosurgical and trauma patients. On 12 beds ITU I took care of patients after major surgery, with septic or SIRS- related shock , multiorgan trauma , respiratory failure requiring artificial ventilation. I was also involved in brain stem death confirmation and the care of potential donors.

I am actually leading a 6 beds General ITU for postoperative patients and onco-haematological patients with septic shock requiring CVVH and artificial ventilation . I am confident with Percutaneous Tracheostomy (Ciaglia / Fantoni/ Griggs) ,Percutaneous Endoscopic Gastrostomy, Continuous Renal Replacement Techniques , Ventilatory Assistance and Septic shock treatment

➤ PAIN MEDICINE

In 1996 I joined my colleague Dr. P. De Vivo at the pain clinic and from that time I constantly increased my knowledge and experience in that field attending many training courses and conferences.

There was increasing number of patients with non-malignant pain seeking for our help so we formalized our activity as Chronic Pain Clinic in 2000. We introduced multimodal approach in pain management including other specialist consultation , rehabilitation ,psychotherapy, behavioural therapy, neuromodulation and various spinal interventions.

Actually I am able to see by myself about 10 patients at the pain clinic per session (4 hours) for pain assessment (incl. Pain Questionnaire), examination , follow up and drug prescription especially for those on long term opioid therapy. During weekly pain session in the theatre (about 8 patients per session) often under fluoroscopy guidelines I performed such interventional procedures as sympathetic axis blockades/ neurolysis, stellate ganglion blocks, lumbar/ thoracic/cervical epidurals, c piriformis, iliopsoas muscles, sacroiliac joints injections , facet joints injections, peripheral nerve blocks- occipital, suprascapular, intercostal, sciatic, femoral, obturator, ilioinguinal, iliohypogastric, LCT, ankle block, intraarticular injections- hip, knee and shoulder, IVRA, vertebro/kyphoplasty, cryoablation, RF ablation. I take care of

patients implanting Central vein devices such as port-a-cath, Broviac, Goshong. At the Pain Clinic I improved my communication and diagnostic skill , ability to work in a team , I learned new interventional techniques such bone RF or cryoablation of bone meta and consolidated previously mastered techniques. I attended many educational meetings and undertaken audit projects.

Actually I am the Chairman of Italian Section of World Institute of Pain (WIP)

◆ **Management and leadership experience**

- 2006 Certificate “ Management Training for Medical Managers “ Regional Law 10/7/2003 and Prov. Reg D.D. 276 of 20/2/2006 held by Basilicata Region and the Catholic University “Sacro Cuore” in Rome

◆ **Conferences attended as Faculty member/ Invited speaker**

2002 to 2004 :Annual Scientific Meeting Association of Pediatric Anaesthetists of Great Britain (APA)

2002 to 2010 :Annual Congress of American Society for Regional Anesthesia and Pain Therapy (ASRA)

2003 to 2017 :Annual Congress European Society of Regional Anaesthesia and Pain Therapy (ESRA)

2003 to 2017 : Annual Meeting Italian Society Pain Clinicians (Federdolore–SICD)

2002 to 2014 : Annual Meeting American Association of Anesthesiologists (ASA)

2005 – 2014 – 2018 : International Conference on Pain Control and Regional Anesthesia different locations

2002 to 2016 : Annual Meeting Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Therapy (SIAARTI)

2008: European Society of Anaesthesia Annual Congress

◆ Research experience

- Clinical Protocol A008 November 2006 “A randomized placebo- controlled trial of the efficacy and tolerability of flexibly dosed.... In the treatment of cancer induced bone pain “
- Clinical Protocol SNX - 111 - E044 - 401 , ICON Study n° 003/030 “An open label, long-term multinational post marketing observational study of the use of Prialt and alternative drugs for the management of severe, chronic pain
- Clinical Protocol “ A multicenter, single arm, open label study of the repeated administration of QUTENZA for the treatment of peripheral neuropathic pain” 2012
- Clinical Protocol “ ALI (Low Tv in OLV for thoracic anaesthesia); Protective ventilation vs Conventional ventilation during OLV in patients undergoing thoracic surgery” 2015

◆ **Editorial activities**

- Ad hoc reviewer
 - Anesthesia and Analgesia , Neurosurgery , The Clinical Journal of Pain , Journal of Pain Research , Indian Journal of Medical Sciences , Drugs, Bone, Pain Practice, Neuromodulation, Pain Physician , Journal of Pain Research
- Editor for Medicine

◆ Teaching Experience

Throughout my training I have regularly been involved in the education of medical students and nursing staff. Actually I am in charge of young physician training

- 1999 : **Visiting Professor** Pain Treatment Service del Children's Hospital , Harvard Medical School di Boston (USA) May 3–5
- 2000/2001: **Invited Lectures** ” Opioids and non opioids adjuvants in regional anaesthesia” at Medical Faculty of “Federico II” University Napoli
- 2004 **Visiting Professor** Department Of Anesthesiology And Critical Care Medicine At George Washington University Hospital – Washington DC, US March 15,
- 2004: **Visiting Professor** Department of Anesthesiology at Children’s National Medical Center – Washington DC ,USA March 16
- 2003–2004–2005 : **Invited lectures** on different subjects including paediatric anaesthesia and pain at Medical Faculty of Foggia – Italy
- 2007 to 2008: **Contract Professor** at Scuola di Specializzazione in Anestesia e Rianimazione of “Magna Graecia” University – Catanzaro, Italy
- 2011 to 2016 **Faculty Member** in “Advanced Course: Clinical & Basic Sciences for the management of the chronic pain patient Intrathecal. Delivery – Course – Barcelona, Spain “
- 2015: **Faculty Member** in “Master in Pain Medicine” at Medical Faculty – University of Chieti (Italy) 2015
- 2016: **Faculty Member** in “Master in Pain Medicine” at Medical Faculty – University of Bari (Italy)

- 2016: Appointed as **Board Member for EDPM** (European Diploma in Pain Medicine) sponsored by European Society of Regional Anaesthesia and Pain Medicine ,
- 2017: Board Member for 1st part of European Diploma of Pain Medicine
- 2017–2018: Instructor Cadaver Workshop on SCS – Budapest (H)
- 2019: Masterclass Analgesie Intrathecale en cancerologie, Angers (F)

◆ Membership in Professional Societies

- Member of European Society for Regional Anesthesia (ESRA)
- Member International Neuromodulation Society (INS)
- Member World Institute of Pain (WIP) – Appointed as Chairman of Italy Section of WIP May 2017
- Member Italian Society of Anesthesia, Analgesia, Intensive Care (SIAARTI)

◆ Volunteering experience



Anaesthetist

Faith In Practice

June 2000

Anesthesiologist at Hermano Pedro Hospital in Antigua,
Guatemala



Anaesthetist / Intensivist

Operation Smile

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September 2015

Volunteering with Operation Smile in Paraguay as anesthesiologist for cleft lip and cleft palate repair in children

March 2016

Volunteering with Operation Smile in Ghana as intensivist for cleft lip and cleft palate repair in children

July 2018

Volunteering with Operation Smile in Morocco as anesthesiologist for cleft lip and cleft palate repair in children

◆ Publications

1. Del Gaudio A, **De Negri P**, Ciritella PL, et al. Microdialysis in Neuromonitoring: The Brain Interstitial Osmolality (BIO). *Anesthesiology* 2001; 95:A273
2. **De Negri P.** , Ivani G, Visconti C, et al. Dose response relationship for clonidine added to a postoperative continuous epidural infusion of ropivacaine in children. *Anesth. Analg* 2001 Jul;93(1):71–6.
3. **De Negri P**, Perrotta F, Tirri T, et al. Spinal anesthesia in children: pro. *Minerva Anesthesiol.* 2001 Sep;67(9 Suppl 1): 121–5
4. D'Ambrosio A, **De Negri P**, Damato A, et al. [S(-) bupivacaine (levobupivacaine) in peripheral blocks: preliminary results] *Minerva Anesthesiol.* 2001 Sep;67(9 Suppl 1):37–43
5. **De Negri P**, Ivani G, Visconti C, et al. How to prolong postoperative analgesia after caudal anaesthesia with ropivacaine in children: S- ketamine versus clonidine. *Paediatr Anaesth.* 2001 Nov;11(6): 679–83.

6. Ivani G, Conio A, **De Negri P**, et al. Spinal versus peripheral effects of adjunct clonidine: comparison of the analgesic effect of a ropivacaine–clonidine mixture when administered as a caudal or ilioinguinal–iliohypogastric nerve blockade for inguinal surgery in children. *Paediatr Anaesth*. 2002 ; 12:680–4.
7. Ivani G, **De Negri P**, Conio A, et al. Comparison of racemic bupivacaine, ropivacaine, and levo–bupivacaine for pediatric caudal anesthesia: effects on postoperative analgesia and motor block. *Reg Anesth Pain Med*. 2002 Mar–Apr;27(2): 157–61.
8. **De Negri P**, Ivani G Management of postoperative nausea and vomiting in children. *Paediatr Drugs*. 2002;4(11):717–28
9. Bergendahl HT, Lonqvist PA, **De Negri P**, et al. Increased postoperative arterial blood pressure stability with continuous epidural infusion of clonidine in children. *Anesth Analg*. 2002 Oct; 95(4):1121–2
10. **De Negri P**, Ivani G, Tirri T, et al. A New drugs, new techniques, new indications in pediatric regional anesthesia. *Minerva Anesthesiol*. 2002 May;68(5):420–7.
11. **De Negri P**, Ivani G, Tirri T , et al . A Comparison of Three Local Anesthetics for Postoperative Epidural Analgesia: Preliminary Results. *Anesthesiology* 2002; 96: A1209
12. Ivani G, **De Negri P**, Lonqvist PA et al .A Comparison of Three Different Concentrations of Levobupivacaine for Caudal Block in Children . *Anesth Analg* 2003 97: 368–371
13. **De Negri P**, Modano P, Tirri T, et al. PONV Incidence after TCI Propofol/Remifentanil Anesthesia in Oncologic Abdominal Gynecological Surgery: Efficacy of Prophylactic Clonidine and Tropisetron. *Anesthesiology* 2003; 99: A47
14. Ivani G, **De Negri P**, Lonqvist PA, et al. A comparison of three different concentrations of levobupivacaine for caudal block in children. *Anesth Analg*. 2003 Aug;97(2):368–71

15.**De Negri P**, Ivani G, Tirri T, et al. A comparison of epidural bupivacaine, levobupivacaine and ropivacaine on postoperative analgesia and motor blockade. *Anesth. Analg* 2004 Jul;99(1):45–8.

16.**De Negri P**, Mameli S, Tirri T, et al. Percutaneous Cervical Cordotomy for Management of Intractable Cancer Pain: Is It an Up- to-Date Technique? *Anesthesiology* 2004; 101: A1031

17.**De Negri P**, Reato CA, Tirri T, et al. Evaluation of Postoperative Pain and Bowel Function in Patients Undergoing Radical Prostatectomy: A Comparison between Intrathecal and Epidural Anesthesia. *Anesthesiology* 2004; 101: A1116

18.Ivani G,**De Negri P**, Lonqvist PA, et al .Caudal anesthesia for minor pediatric surgery:a prospective randomized comparison of ropivacaine 0.2% vs levobupivacaine 0.2%. *Paediatr. Anaesth* 2005; 15:491–4

19.**De Negri P**, T. Tirri, C Reato, et al. Post-Thoracotomy Analgesia: Is Intrathecal Morphine an Easier Alternative? *Anesthesiology* 2005; 103: A919

20.**De Negri P**, Ivani G, Tirri T, et al. New local anesthetic for pediatric anesthesia. *Curr.Opin Anesthesiol.* 2005;18:289–92

21.**De Negri P**, T. Tirri, G. Paternoster, et al . Regional Anesthesia for Head and Neck Oncologic and Reconstructive Surgery in High-Risk Patients. *Anesthesiology* 2006; 105: A896

22.Bertini L, (...), **De Negri P** et al. SIAARTI guidelines for safety in locoregional anesthesia. *Minerva Anesthesiol.* 2006;72:689–722

23.S Boffelli, C Rossi, A Anghileri, **et al.** Continuous quality improvement in intensive care medicine. The GiViTI Margherita Project – Report 2005. *Minerva anesthesiologica.* 2006; 72(6):419–32.

24.**De Negri P**, Tirri T, Paternoster GL, et al. Painful Osteoporotic or Traumatic Vertebral Compression Fractures

by Percutaneous Vertebral Augmentation Procedures: a non-randomised comparison between Vertebroplasty and Kyphoplasty. *Clin J Pain* , 2007; 23:425–430

25. **De Negri P**, Tirri T, Modano P et al. Percutaneous cryoablation for treatment of painful bone metastasis: is it a valid alternative to percutaneous cordotomy? *Reg Anesth Pain Med* 2009; PS3:4

26. Gristina GR, Antonelli M, Conti G, Ciarlone A, Rogante S, Rossi C, Bertolini G; **GiViTI (Italian Group for the Evaluation of Interventions in Intensive Care Medicine)**. Noninvasive versus invasive ventilation for acute respiratory failure in patients with hematologic malignancies: a 5-year multicenter observational survey. *Crit Care Med*. 2011 Oct;39(10):2232–9.

27. Kett DH, Azoulay E, Echeverria PM, et al. ; Extended Prevalence of Infection in ICU Study (EPIC II) Group of Investigators. Candida bloodstream infections in intensive care units: Analysis of the extended prevalence of infection in a intensive care unit study. *Crit Care Med*. 2011 Apr;39(4):665–70.

28. Bertoglio S, Fabiani F, **De Negri P** et al. Postoperative Analgesic Efficacy of Preperitoneal Continuous Wound Infusion Compared to Epidural Continuous Infusion with Local Anesthetics after Colorectal Cancer Surgery; A Randomized Controlled Multicenter Study. *Anesth. Analg.* 2012; Dec 115:1442– 1450;

29. **De Negri P**, Tirri T, Mastrangelo PA, et al. A Comparison of Three Different Anesthetic Techniques During Transrectal Ultrasound Guided 24–Core Prostate Biopsy: A Prospective Randomized Trial. *Anesthesiology* 2014 AM A3151 , p.87

30. De Waele J, Lipman J, Sakr Y, **et al.** Abdominal infections in the intensive care unit: characteristics, treatment and determinants of outcome. *BMC Infect Dis*. 2014 Jul 29;14:420. doi: 10.1186/1471-2334-14-420.

31. Vincent JL, Marshall JC, Namendys-Silva SA, **et al.** Assessment of the worldwide burden of critical illness: the Intensive Care Over Nations (ICON) audit. *Lancet Respir Med.* 2014 May;2(5):380–6. doi: 10.1016/S2213-2600(14)70061-X. Epub 2014 Apr 14.
32. Gustot T, Felleiter P, Pickkers P, **et al.** Impact of infection on the prognosis of critically ill cirrhotic patients: results from a large worldwide study. *Liver Int.* 2014 Nov;34(10):1496–503. doi: 10.1111/liv.12520. Epub 2014 Mar 26.
33. **De Negri P**, Tirri T, D'Alessandro L. Ziconotide added to intrathecal hydromorphone improves relief in high thoracic pain in cancer survivor. NANS 2014 Las Vegas
34. Tirri T, **De Negri P.** Hypertonic disarthria: uncommon and persistent side effects in long term ziconotide administration in myofascial pain syndrome. NANS 2014 Las Vegas
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