

Sessione pratica di contouring

Silvia Scoccianti
Firenze

The poster features a stylized illustration of a man in a dark suit and red tie, with a large blue question mark above his head. The background is a blue sky with clouds. Logos for UdA, AIO, and AIEOP are at the top. The text is in Italian, detailing the event's title, dates, location, and president.

UdA
Università degli Studi
"G. d'ANNUNZIO"

AIO
Associazione Italiana
Radioterapia Oncologica

AIEOP
Associazione Italiana
Ematologia Oncologia
Pediatrica

INCONTRO CON GLI ESPERTI - IX EDIZIONE
**LE TERAPIE INTEGRATE
NEI TUMORI DEL SISTEMA
NERVOSO NELL'ADULTO
E NEL BAMBINO**
DAL MANAGEMENT
CLINICO
AL PLANNING
RADIOTERAPICO

**17 e 18
FEBBRAIO 2011**
Auditorium
Nuovo Rettorato,
Università
G. d'Annunzio
Chieti-Pescara
Via dei Vestini,
Località
Colle dell'Ara,
Chieti Scalo

Presidente
Prof. G. AUSILI CEFARO
(Chieti)

Pituitary gland



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INCONTRO CON GLI ESPERTI - IX EDIZIONE

LE TERAPIE INTEGRATE NEI TUMORI DEL SISTEMA NERVOSO NELL'ADULTO E NEL BAMBINO

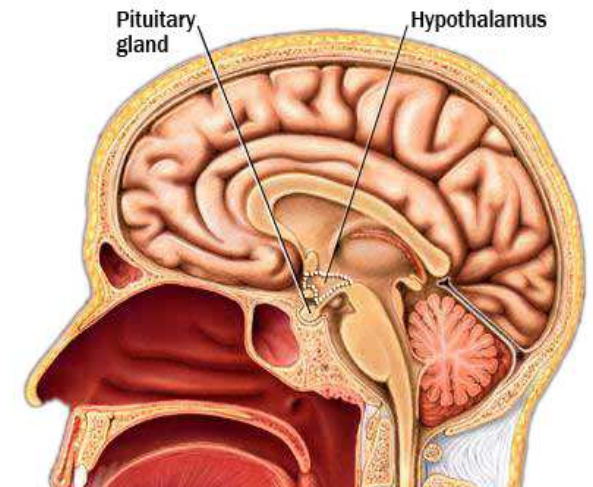
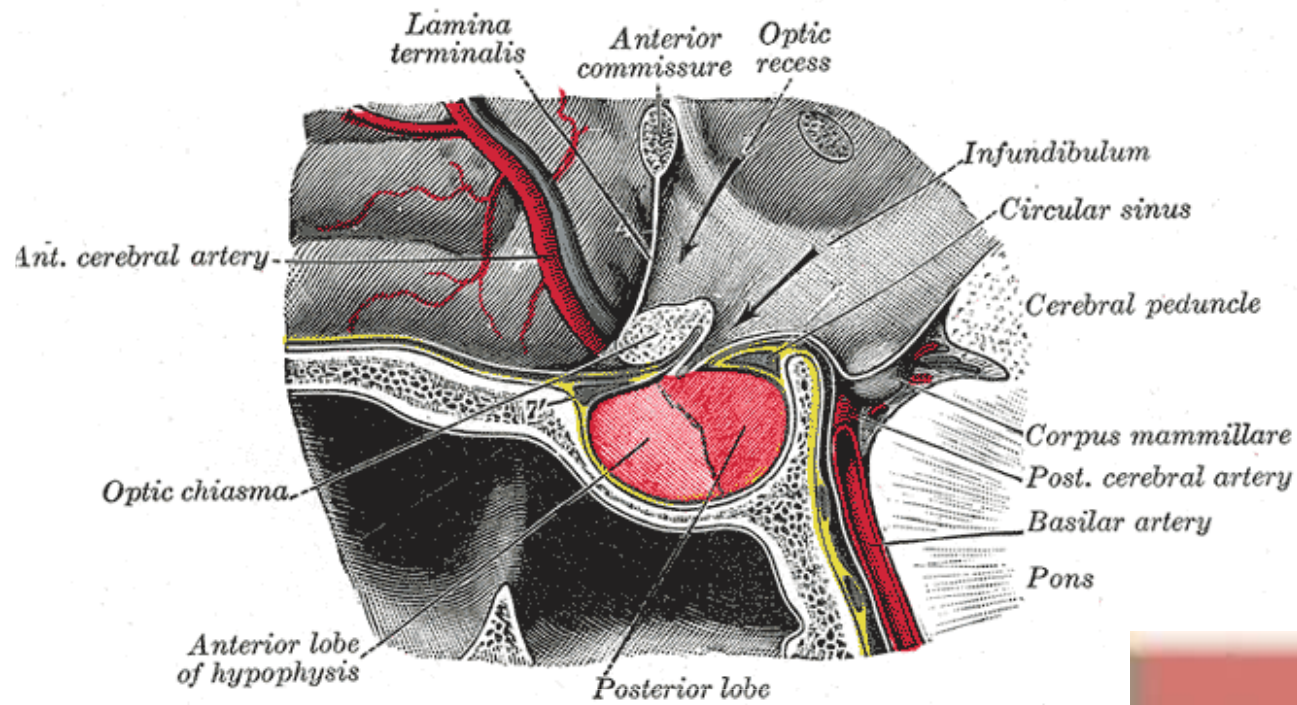
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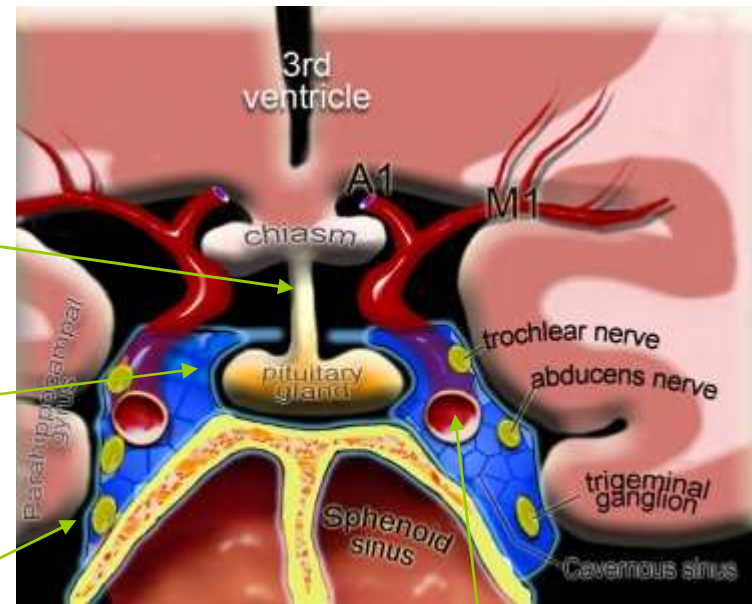




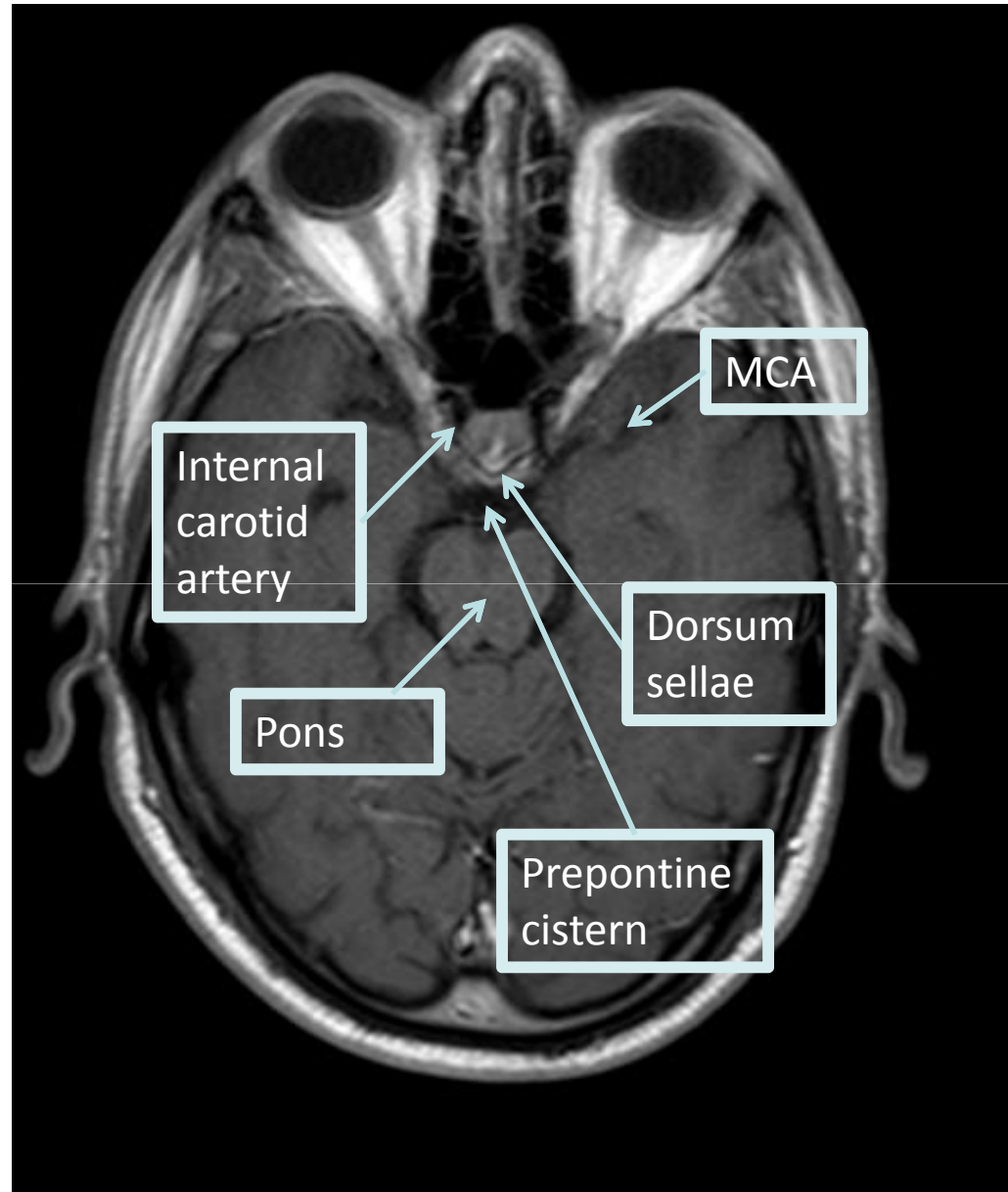
Pituitary stalk

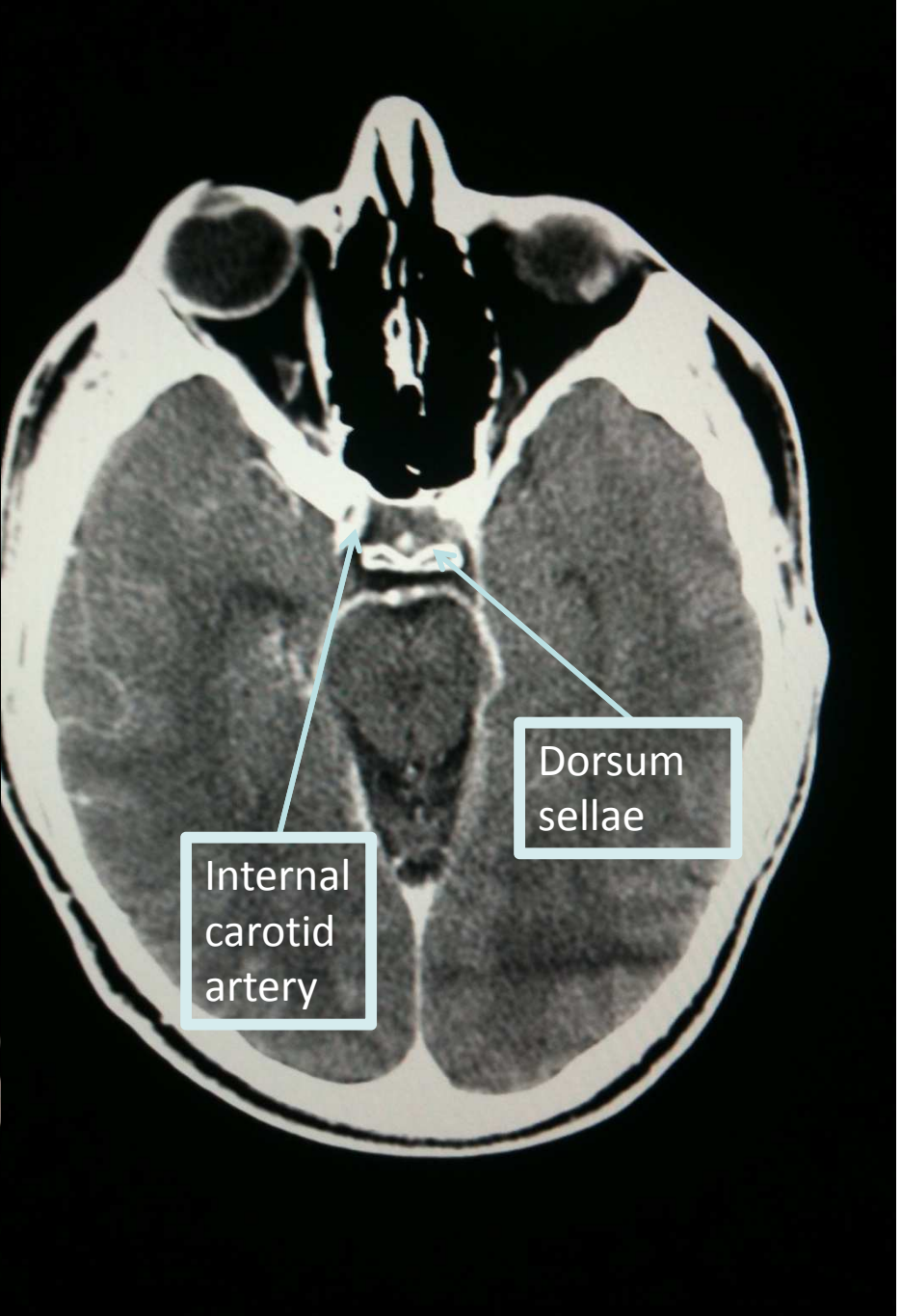
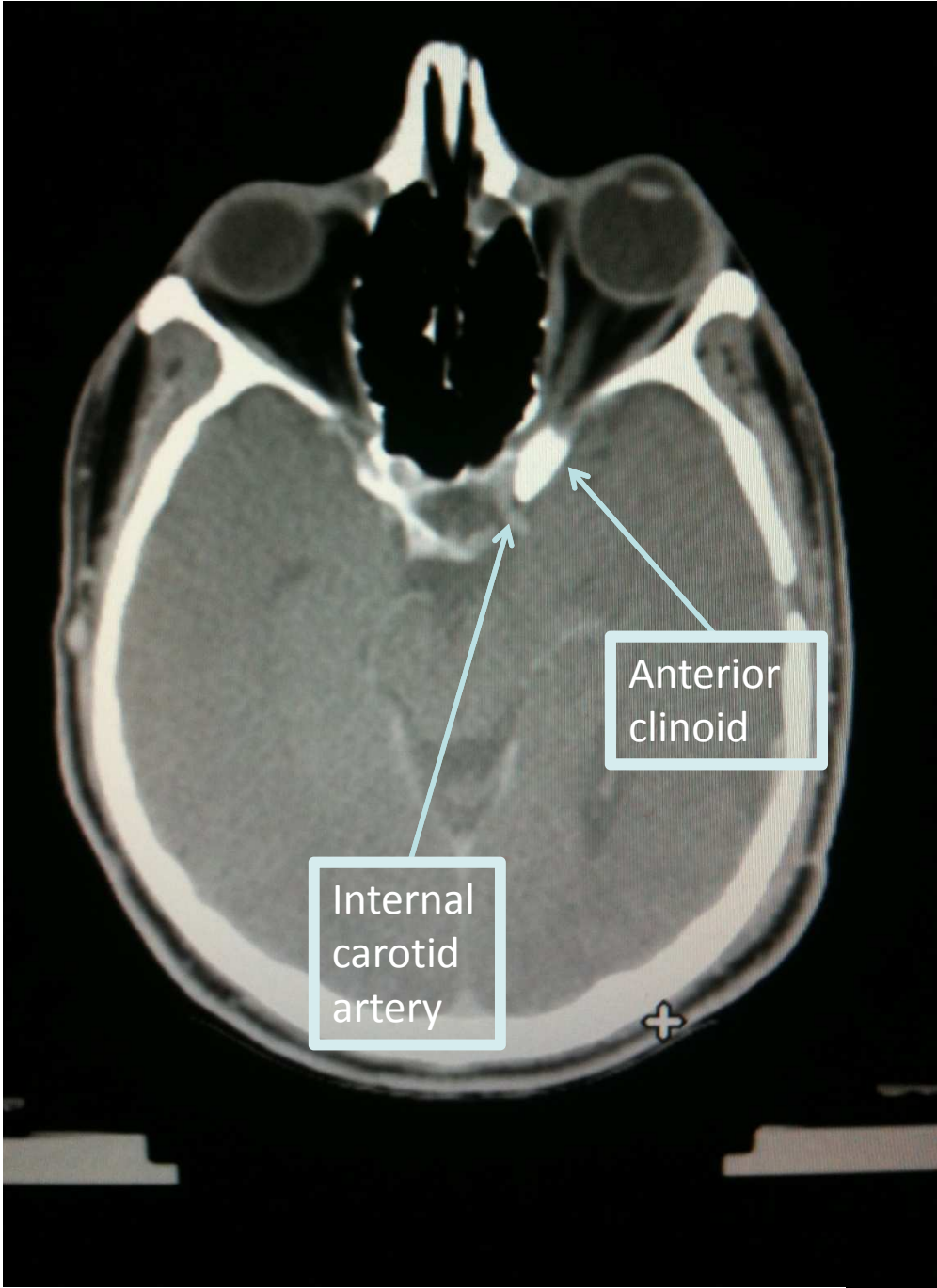
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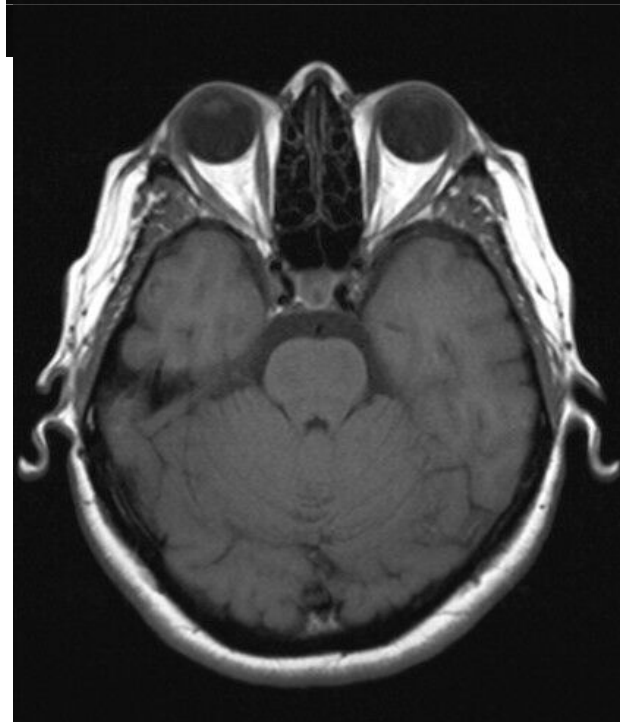
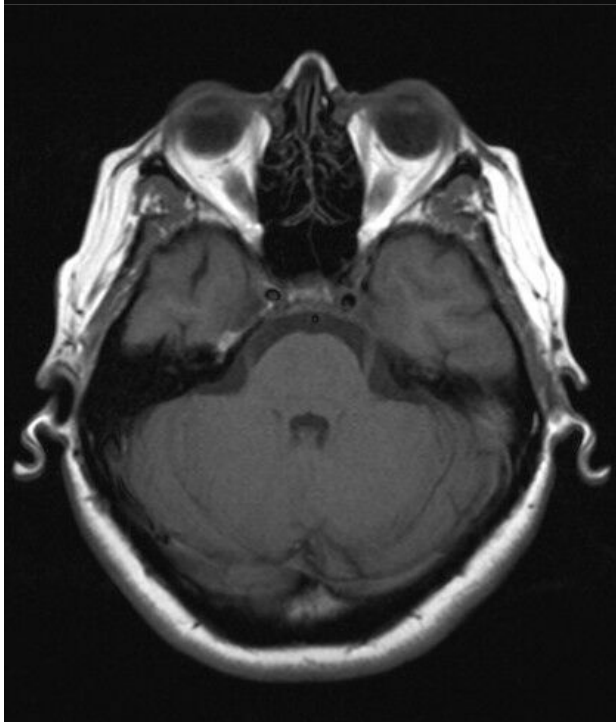
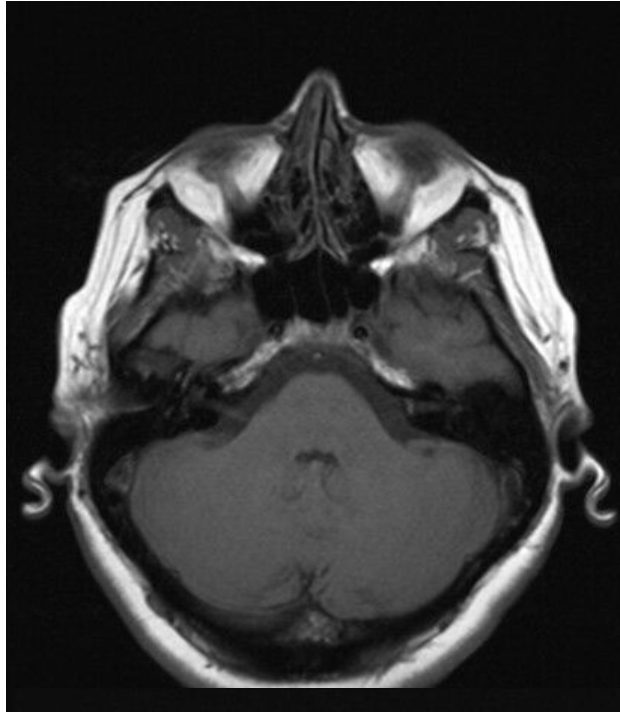
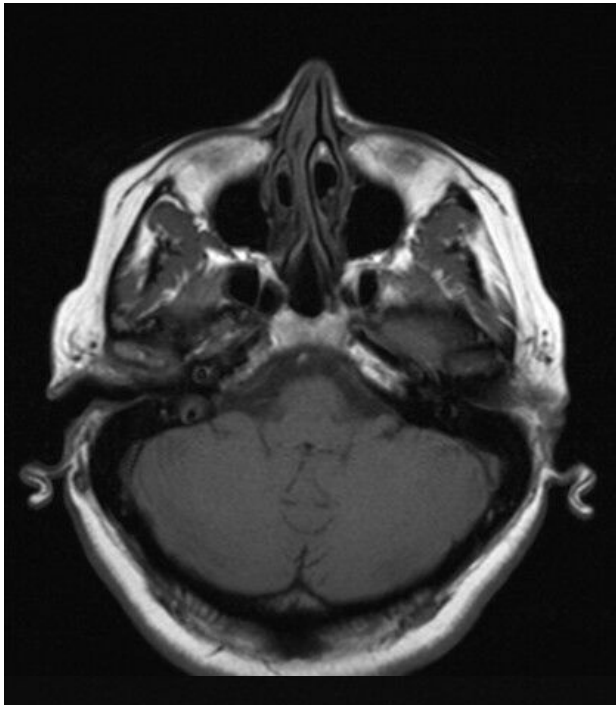
Meninges



Carotid artery









Pituitary gland	Primary criteria		Secondary criteria	
Children	$D_{\max} < 42 \text{ Gy}$	<i>Launghon, JCO 2008</i>	.	
Adults	$D_{\max} < 30 \text{ Gy}$	<i>Suzuki, JJCO 2003</i>	.	
	$D_{\max} < 50 \text{ Gy}$	<i>Pai, IJROBP 2001</i>	.	
	$D_{\max} < 60 \text{ Gy}$	<i>Lee, R&O 2008</i>	$D_{\max} < 65$	<i>Lee, R&O 2008</i>

Dose < 30 Gy Pituitary impairment in 33%

Dose 30-50 Gy Pituitary impairment in 50%

Haberer 2010, Cancer Radiotherapie

TD 5/5 20 Gy; TD 50/5 35 Gy

Cochlea



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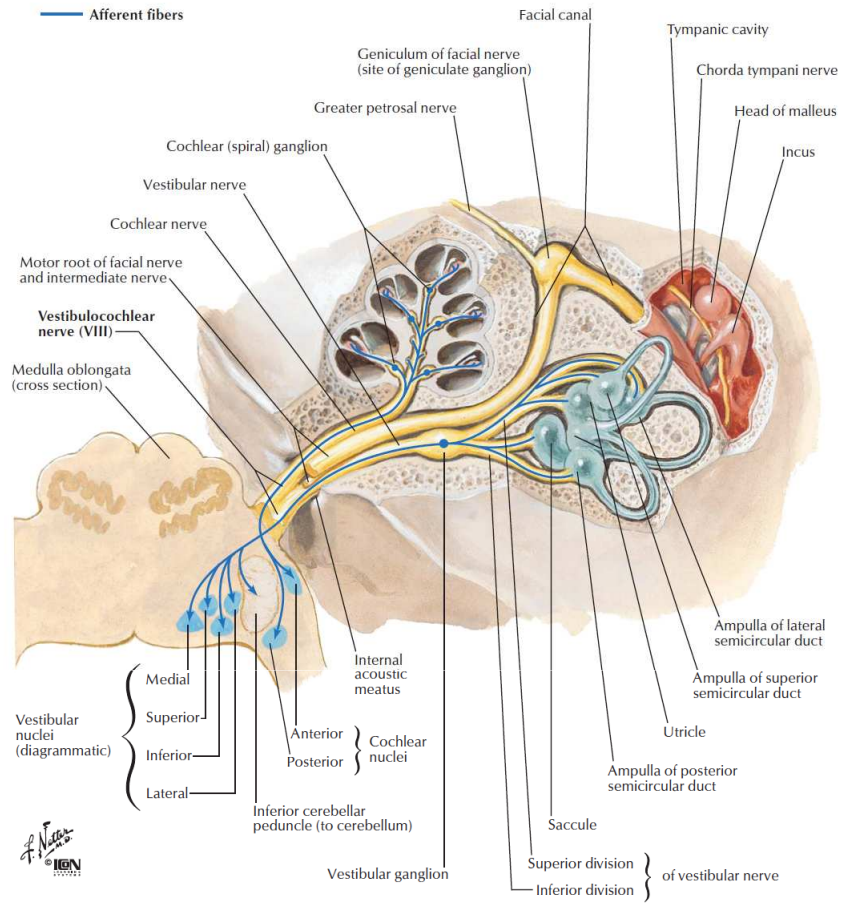
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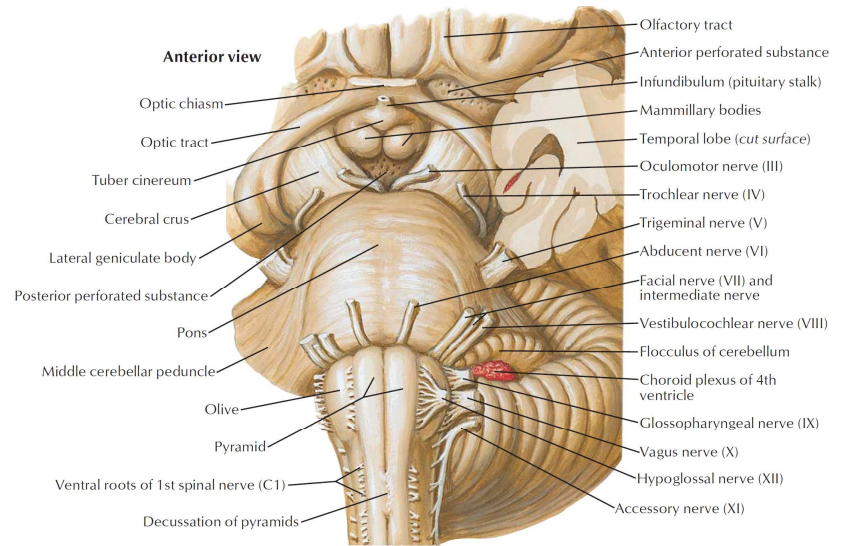
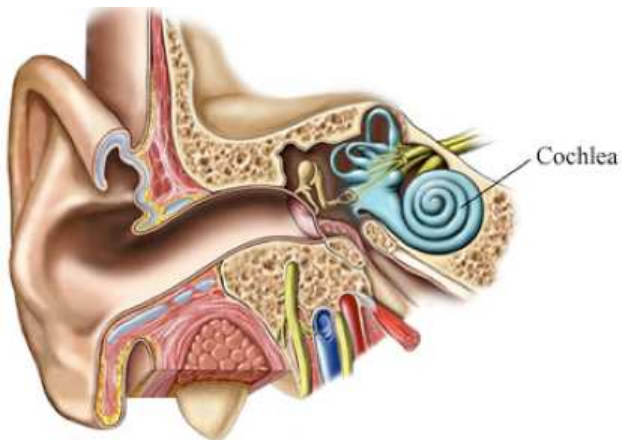
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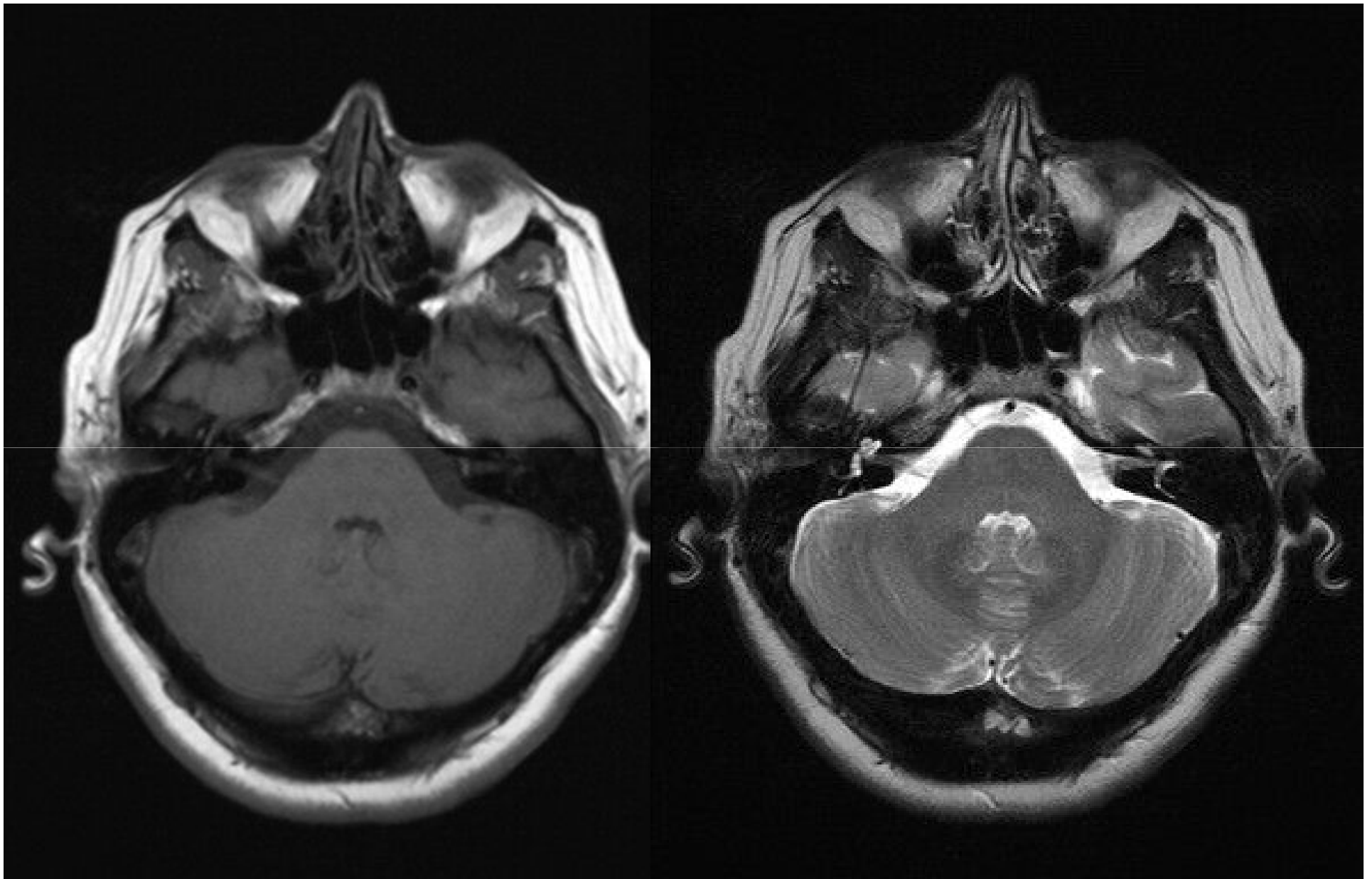
Presidente
Prof. G. AUSILI CEFARO
(Chieti)





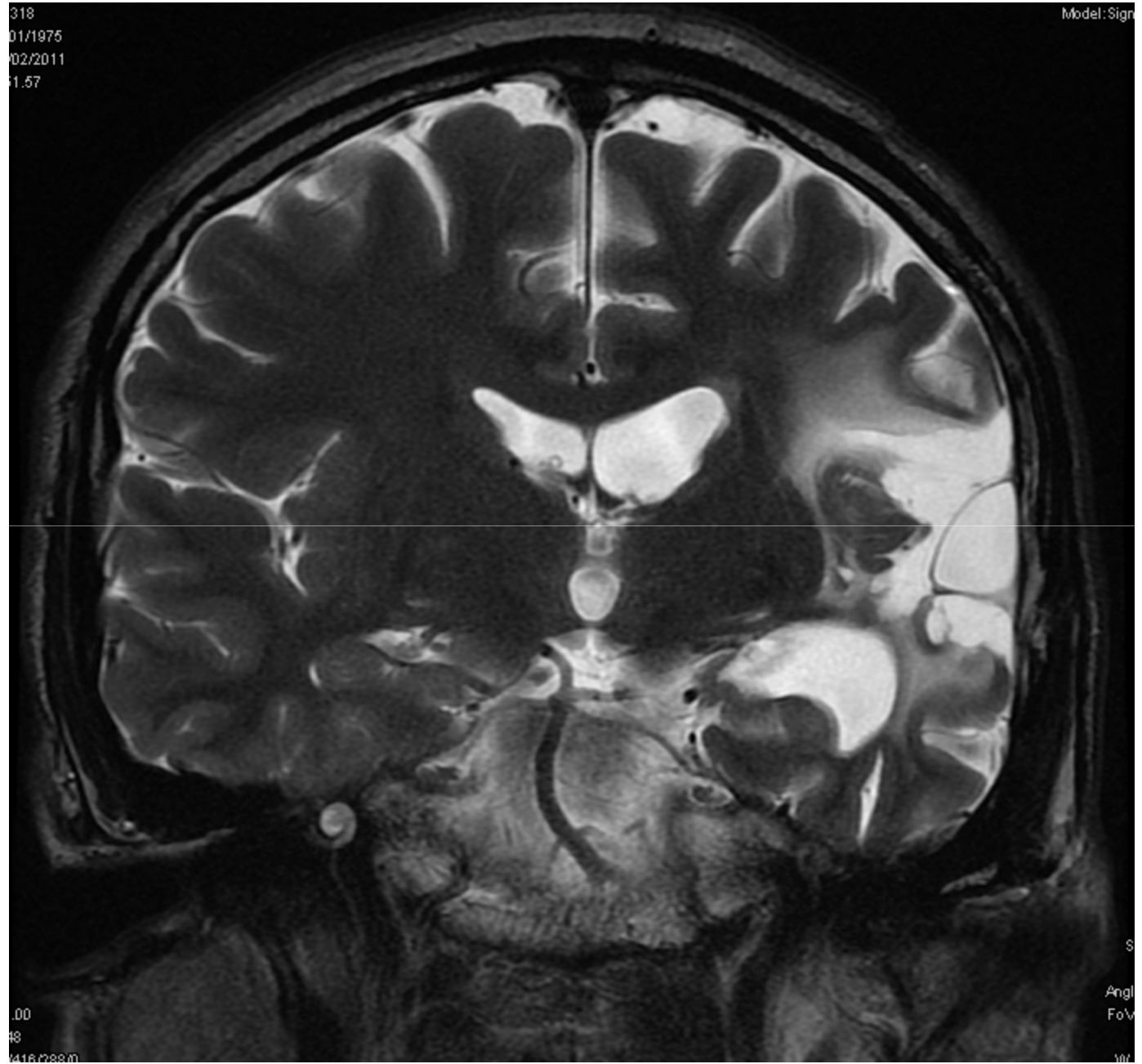
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01/1975
02/2011
1.57

Model: Sign

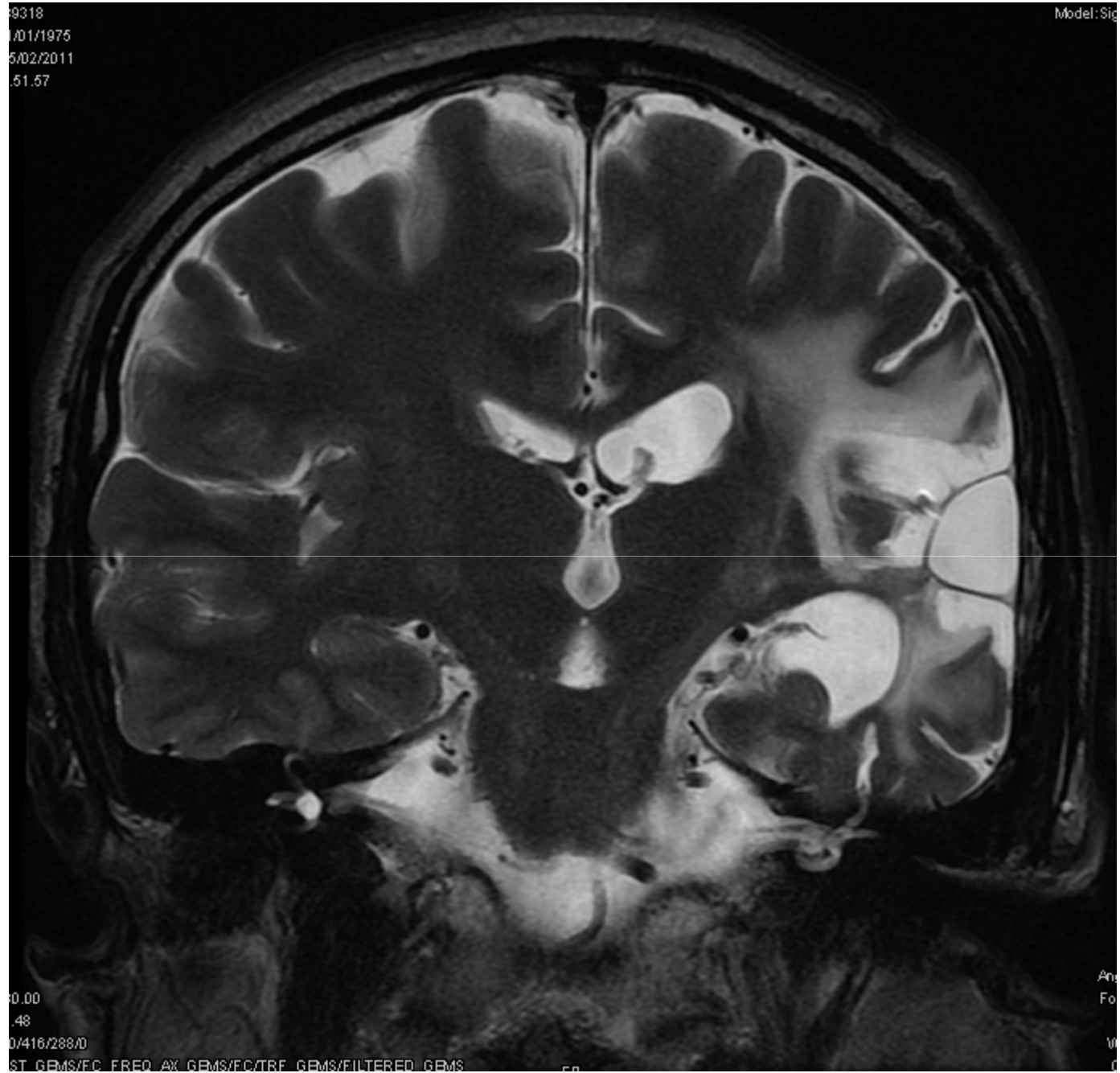


.00
#8
416.038.0

S
Angl
FoV
104

9318
01/1975
5/02/2011
51.57

Model: Sig



0.00
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0/416/288/0

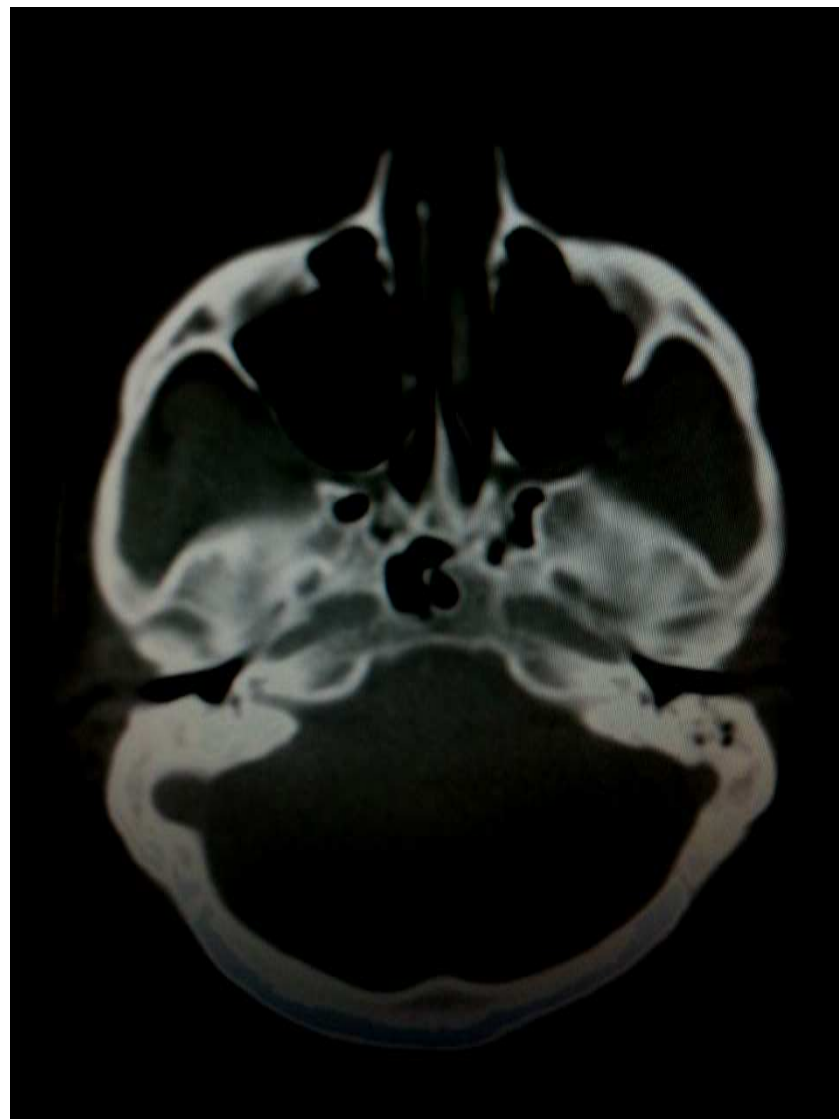
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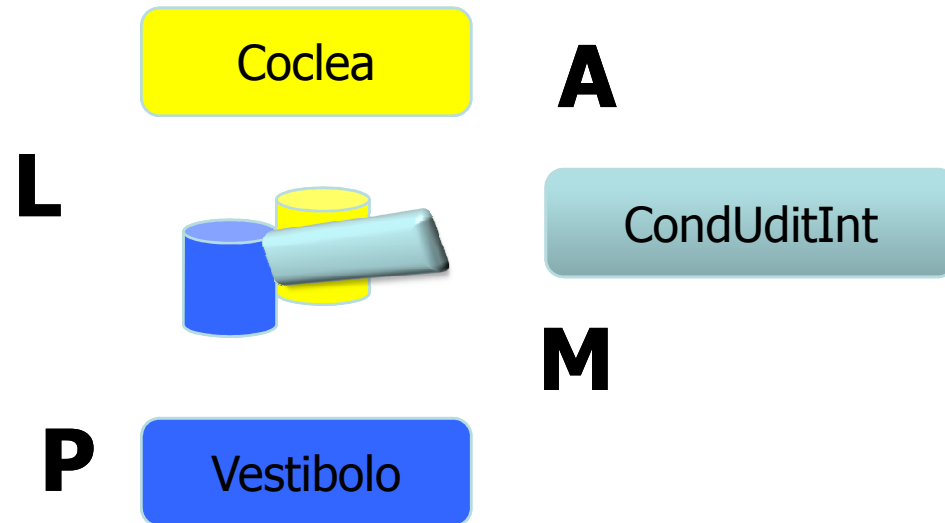
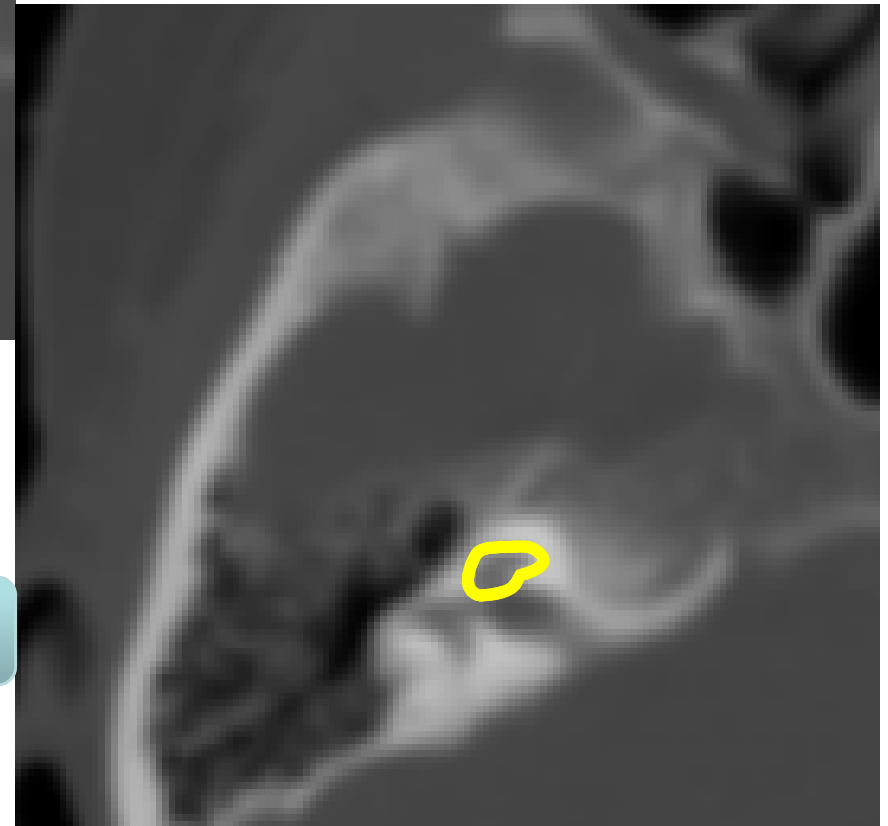
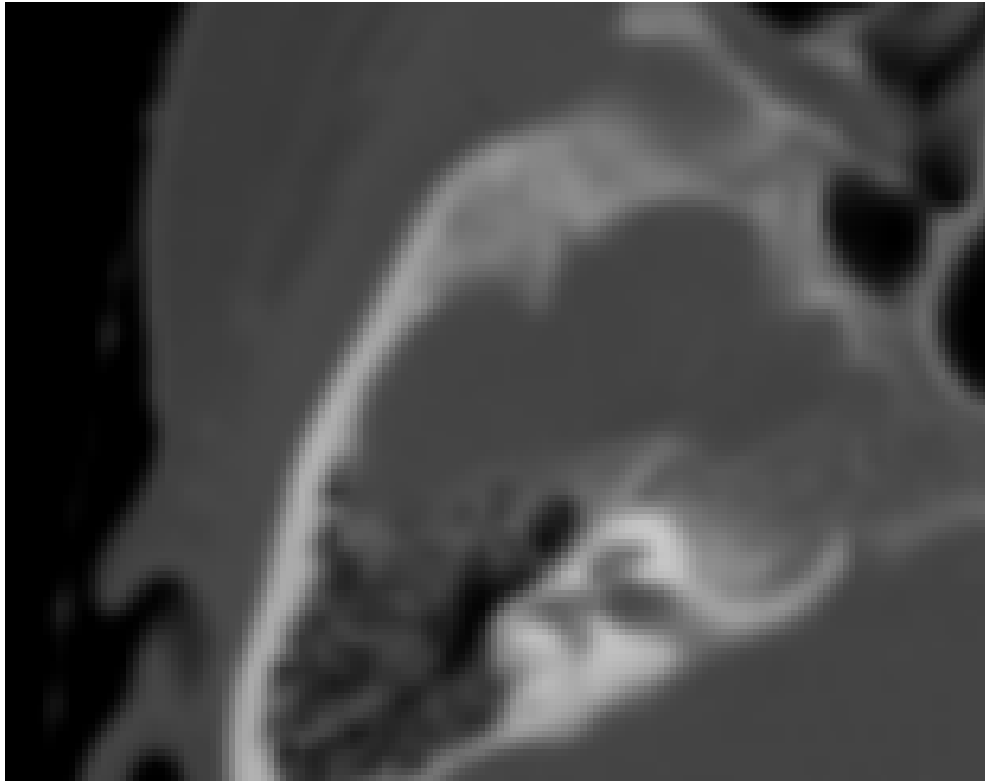
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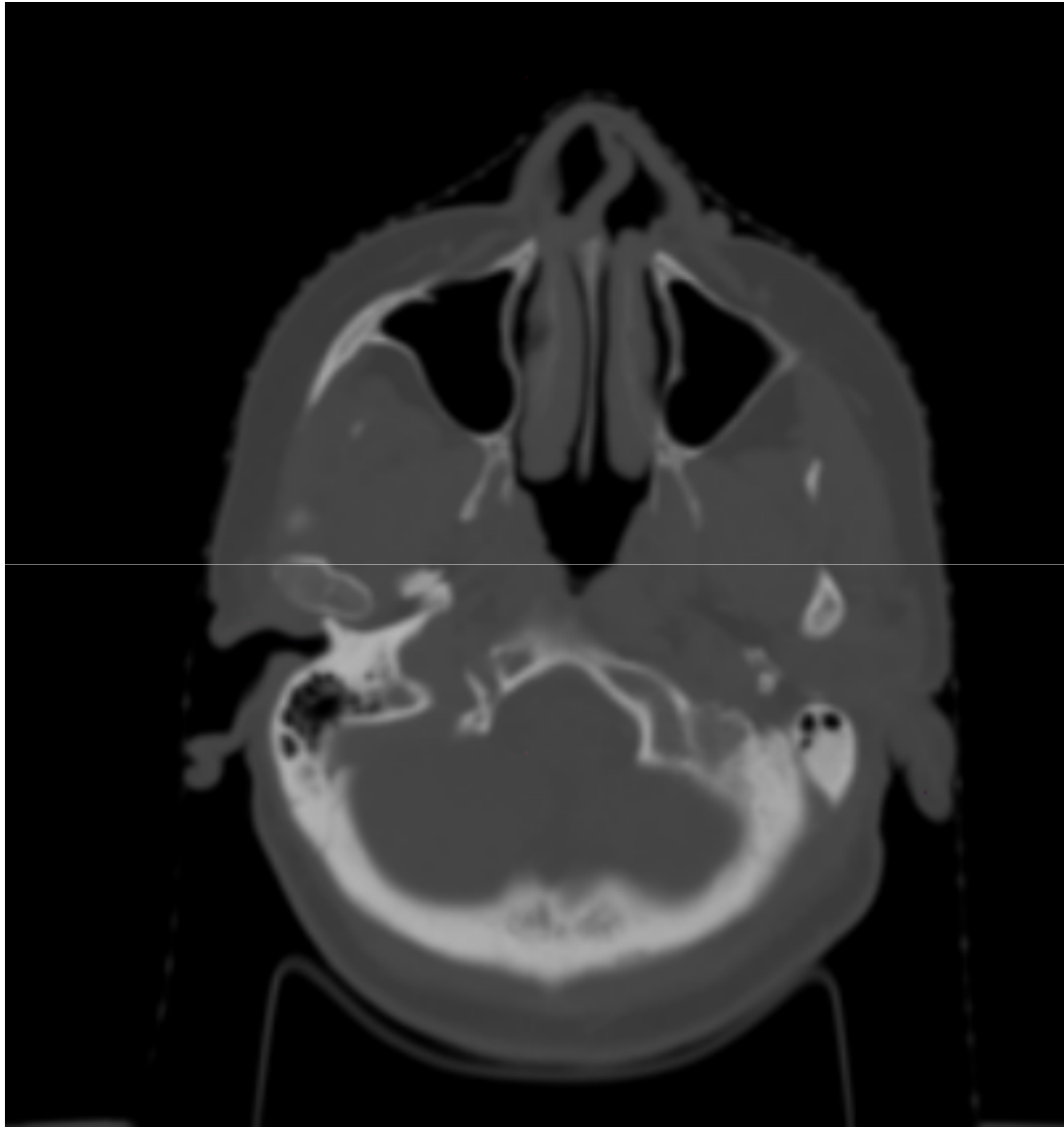


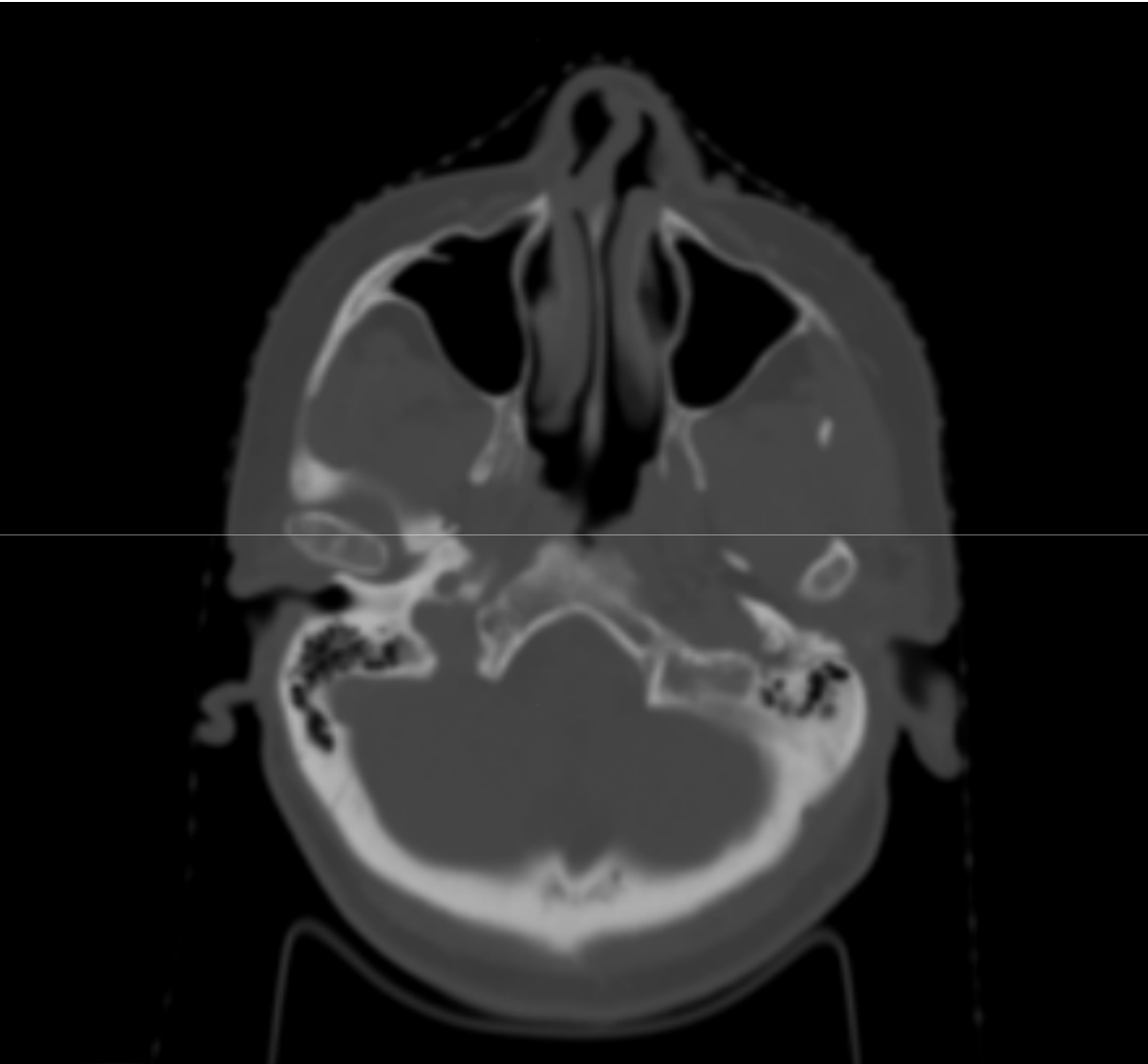
W 1800/2000
L 400

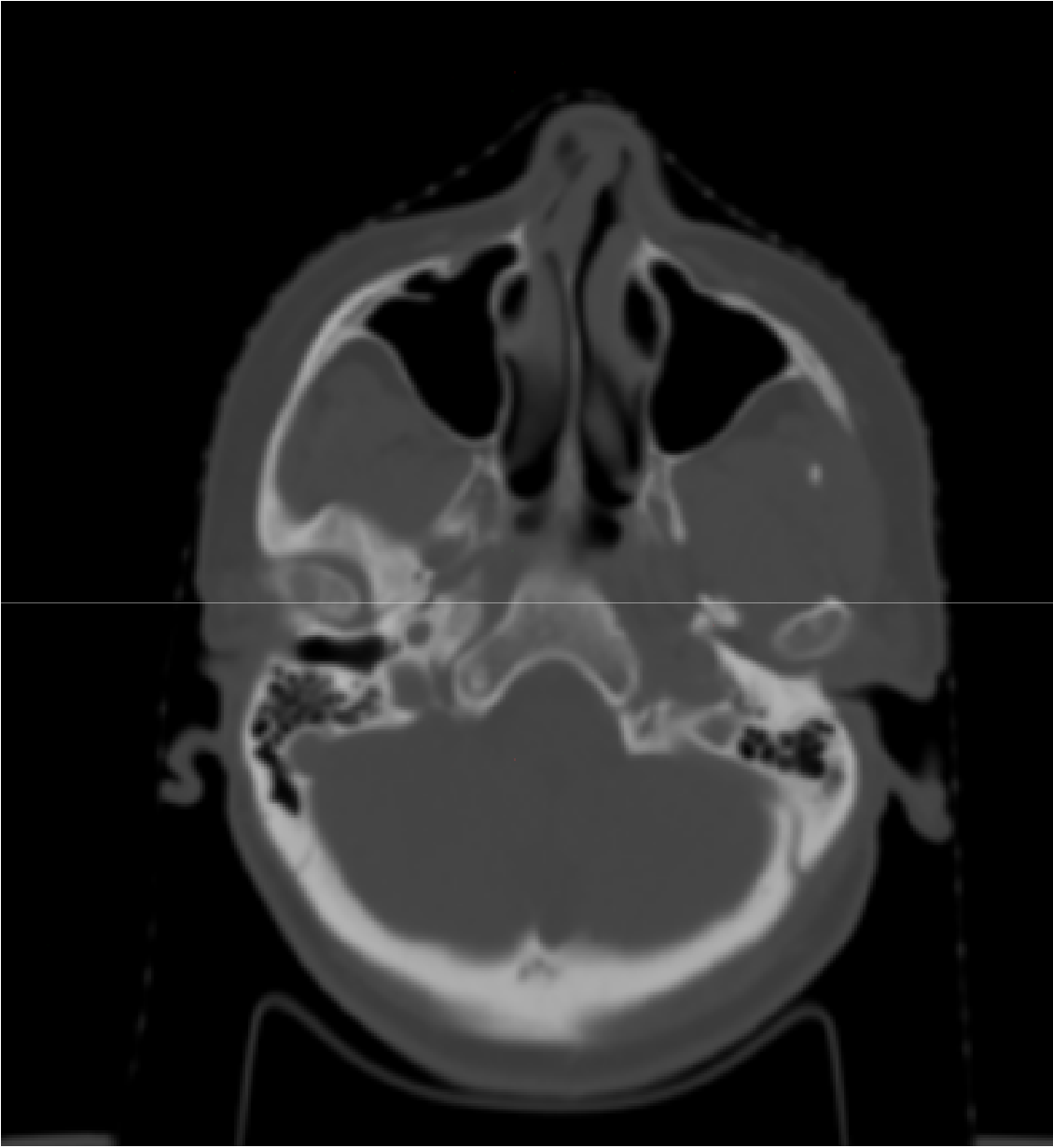
Γ 400
M 1800\5000

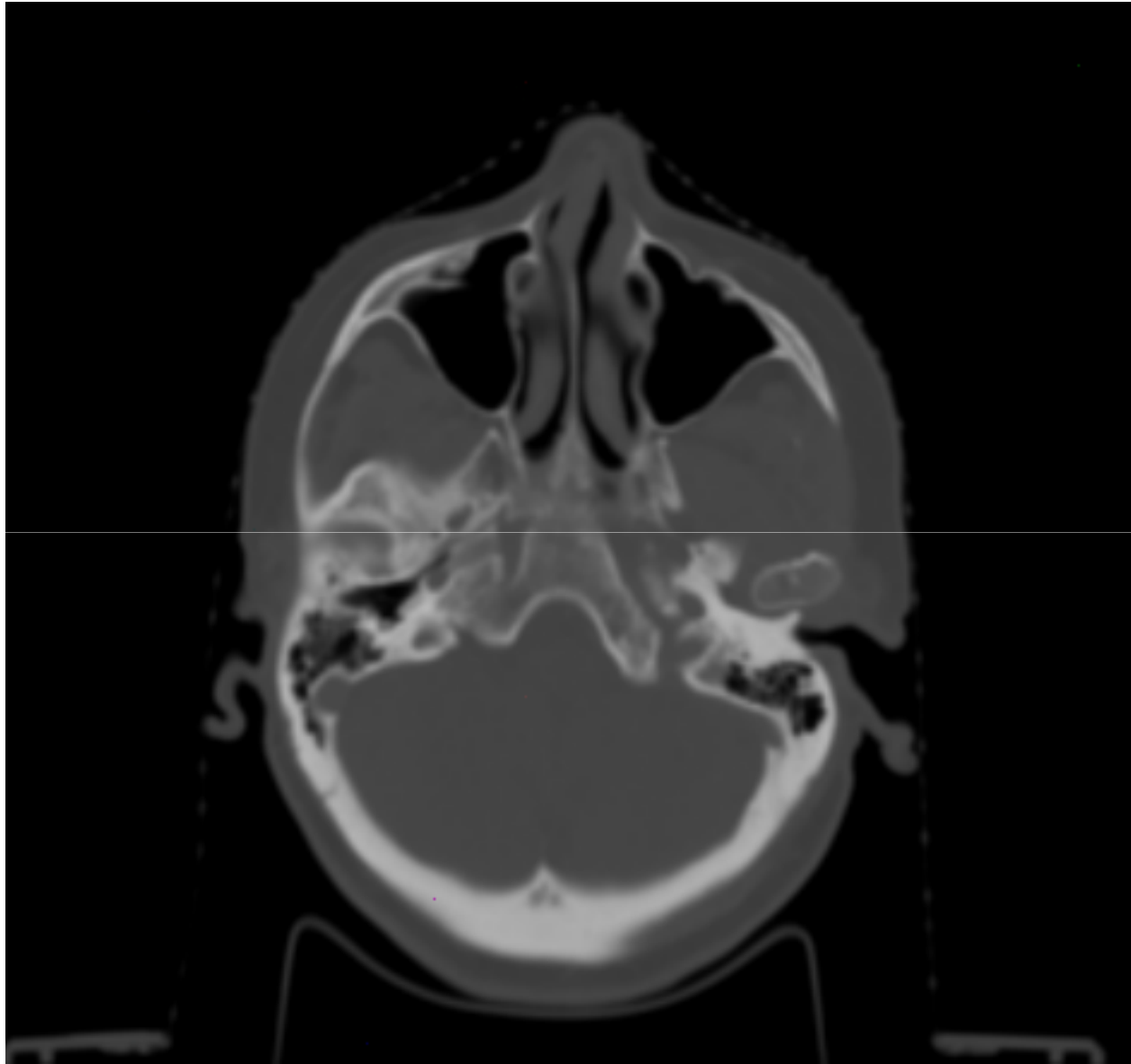


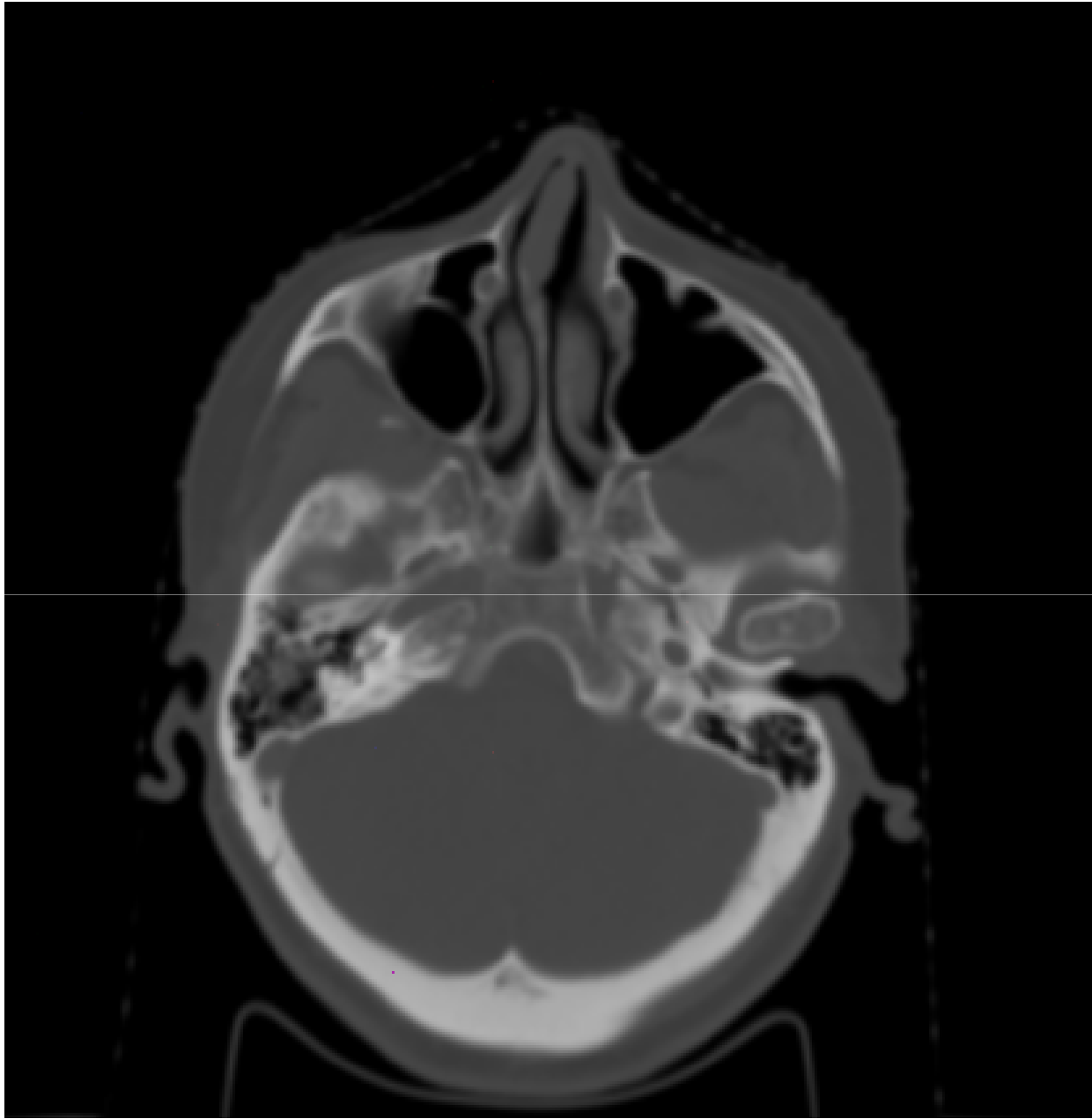


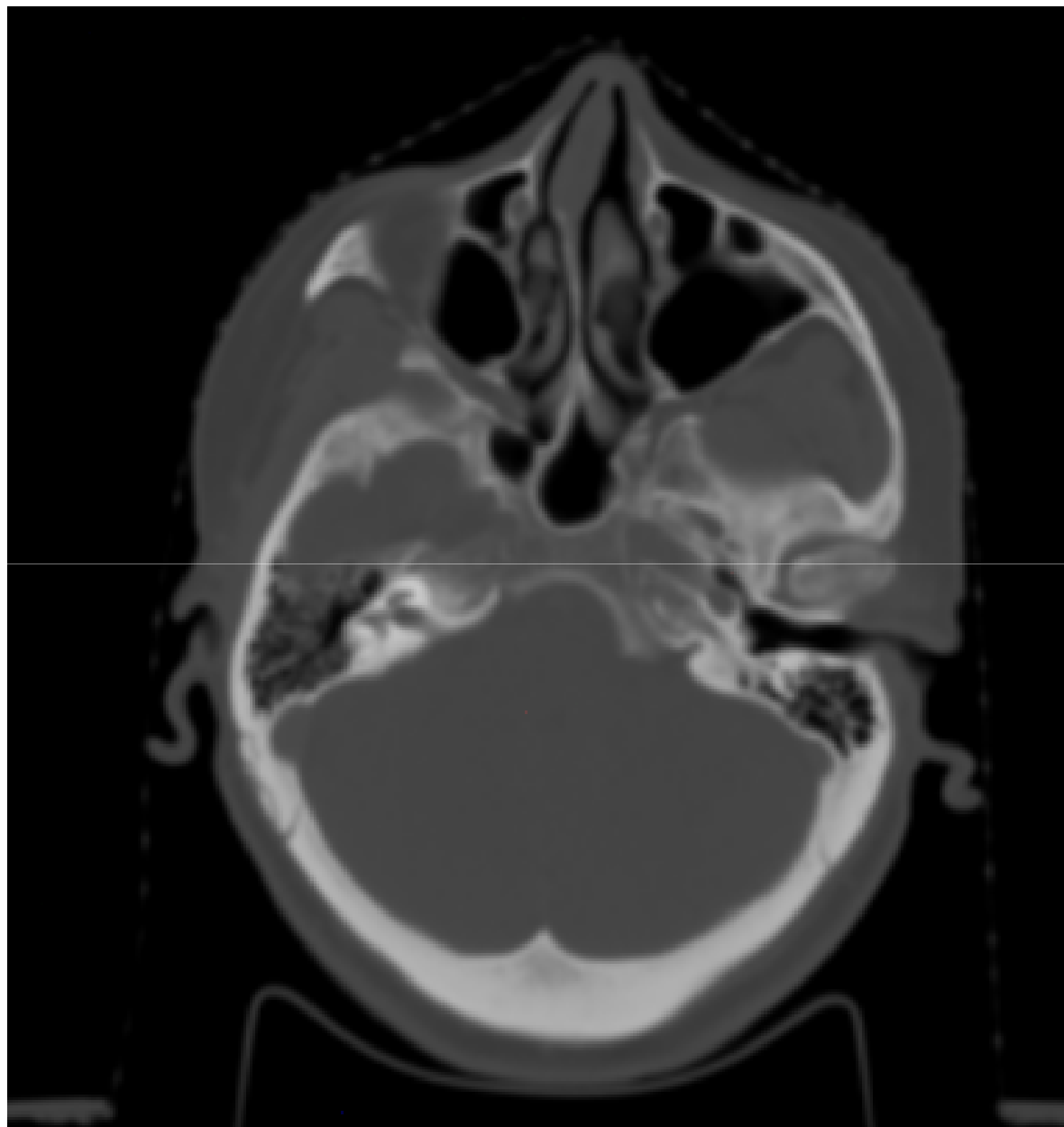


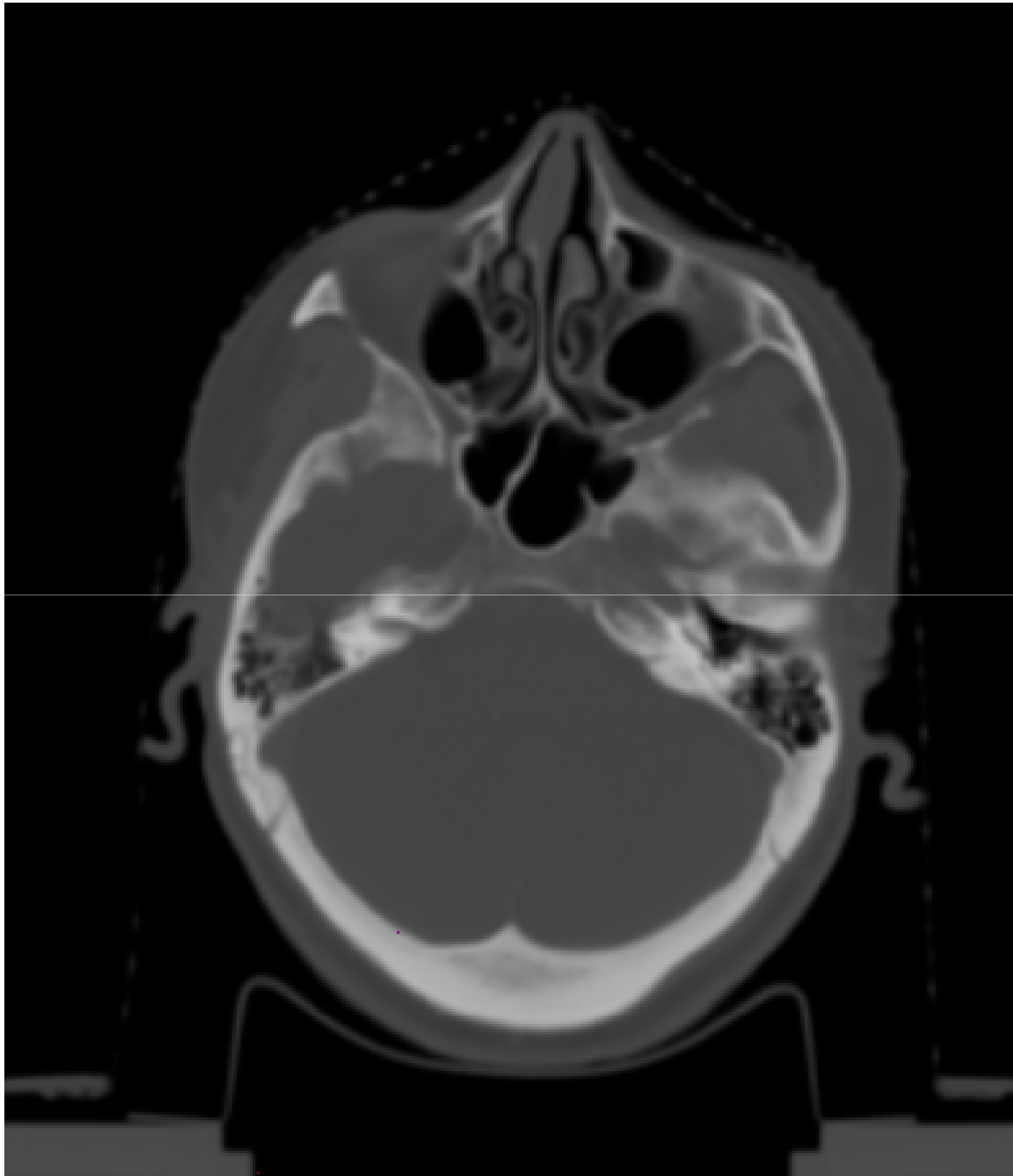


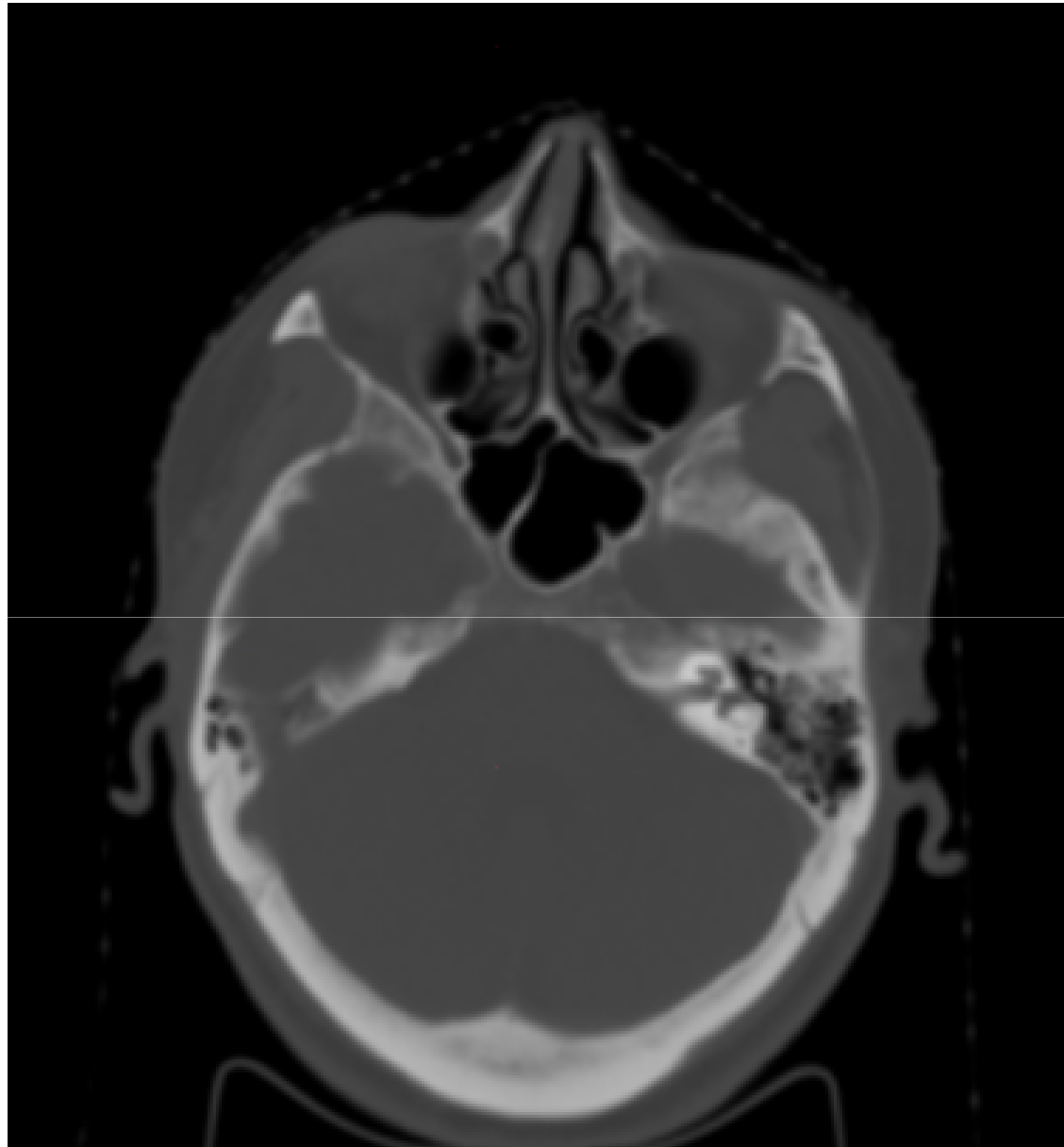


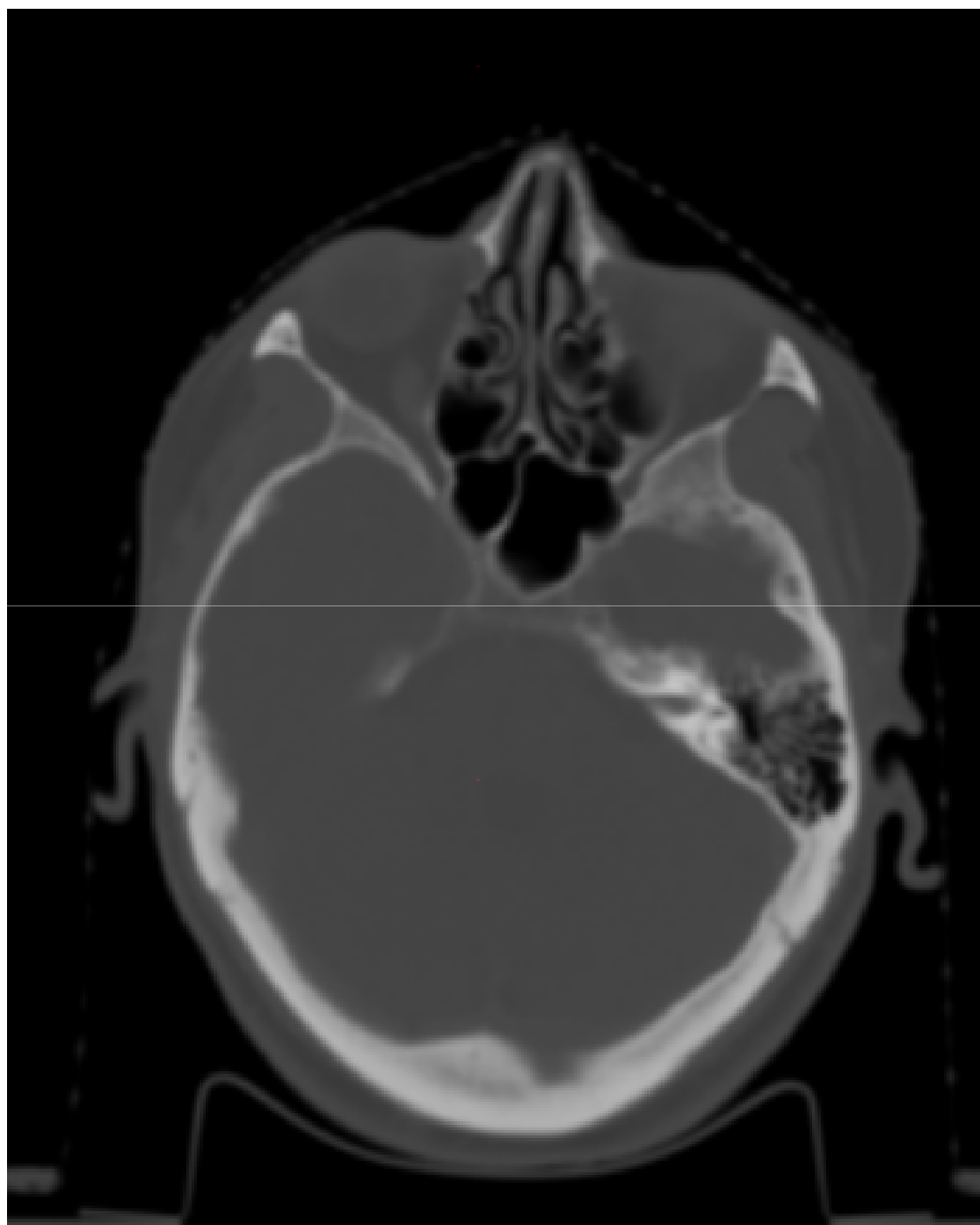


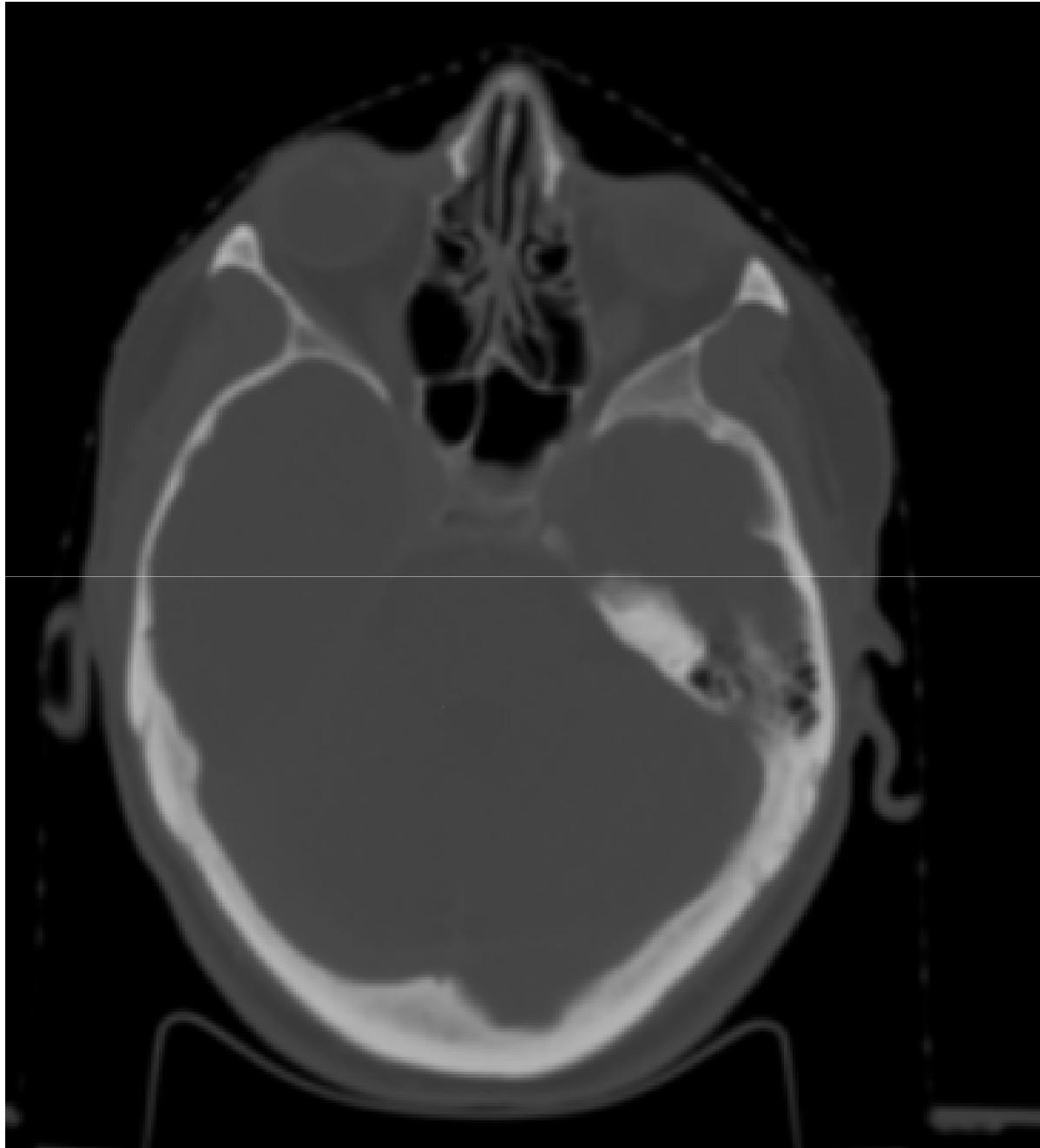












Cochlea		
Children	$D_{\text{mean}} < 35$	<i>Merchant, Child NervSyst 2009</i>
	$D_{\text{mean}} < 35$	<i>Hua, IJROBP 2008</i>
	$D_{\text{mean}} < 37-45 \text{ Gy}$	<i>Paulino, IJROBP 2010</i>
Adults	$D_{\text{mean}} < 50$	<i>Lee, R&O 2008</i>
	$V55 < 5\%$	<i>Lee, Radiation Oncology: an evidence based approach (Springer 2008)</i>

QUANTEC: ORGAN-SPECIFIC PAPER

Central Nervous System: Ear

RADIATION THERAPY AND HEARING LOSS

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 CHARLIE C. PAN, M.D.,‡ JOHN C. FLICKINGER, M.D.,§ PATRICK ANTONELLI, M.D.,||
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A review of literature on the development of sensorineural hearing loss after high-dose radiation therapy for head-and-neck tumors and stereotactic radiosurgery or fractionated stereotactic radiotherapy for the treatment of vestibular schwannoma is presented. Because of the small volume of the cochlea a dose-volume analysis is not feasible. Instead, the current literature on the effect of the mean dose received by the cochlea and other treatment- and patient-related factors on outcome are evaluated. Based on the data, a specific threshold dose to cochlea for sensorineural hearing loss cannot be determined; therefore, dose-prescription limits are suggested. A standard for evaluating radiation therapy-associated ototoxicity as well as a detailed approach for scoring toxicity is presented. © 2010 Elsevier Inc.

$D_{\text{mean}} < 45 \text{ Gy}, 48 \text{ Gy}, 50 \text{ Gy}$



Grazie per l'attenzione

LEGACY—INSTITUTIONS AND PEOPLE

Concealed Neuroanatomy in Michelangelo's Separation of Light From Darkness in the Sistine Chapel

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Received, February 16, 2010
Accepted, December 3, 2010

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Michelangelo Buonarroti (1475–1564) was a master artist, poet, as well as an artistic genius. He disseminated anatomical information and developed a profound understanding of human anatomy. From 1508 to 1512, Michelangelo painted the ceiling of the Sistine Chapel in Rome. His Sistine Chapel frescoes are considered one of the monumental achievements of Renaissance art. In the winter of 1511, Michelangelo entered the final stages of the Sistine Chapel project and painted 4 frescoes along the longitudinal axis of the vault, which exemplified a series of 9 central panels depicting scenes from the Book of Genesis. It is reported that Michelangelo concealed an image of the brain in the first of these last 4 panels, namely, the Creation of Adam. Here we present evidence that he concealed another neuroanatomic structure in the final panel of this series, the Separation of Light From Darkness, specifically a ventral view of the brainstem. The Separation of Light From Darkness is an important panel in the Sistine Chapel. Iconography because it depicts the beginning of Creation and is located directly above the altar. We propose that Michelangelo, a deeply religious man and anatomical prodigy, intended to enhance the meaning of the iconographically critical panel and possibly document his anatomic accomplishments by concealing his sophisticated neuroanatomic rendering within the image of God.

KEY WORDS: Creation, Sistine Chapel, Michelangelo, Neuroanatomy, Sistine Chapel

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In addition to being an artistic genius, the Florentine painter, sculptor, and architect Michelangelo Buonarroti (1475–1564) was a master anatomist. He acquired his vast understanding of human anatomy by performing cadaver dissections independent of and in association with Giorgio Vasari (1511–1574). Michelangelo's first biographer and contemporary, wrote in *Le vite de' più eccellenti pittori, scultori, e architetti (The Lives of the Most Excellent Painters, Sculptors, and Architects)* (published in 1550) and depended in 1560 that Michelangelo started cadaver dissections when he was between 17 and 19 years old (shortly after the death of Lorenzo the Magnificent in 1492 and the expulsion of the Medici from Florence in 1494).¹ According to Vasari, during this period, Michelangelo carved several mannequins for Niccolò Machiavelli, the prior of the church of Santo Spirito in Florence. The prior in return provided him with spatio-temporal, when on many occasions Michelangelo dissected dead bodies in order to study the mechanics of anatomy and began to

first disregard all in design that he subsequently pronounced.^{2,3} A certain Condivi (1570–1574), Michelangelo's student for many years and his second biographer wrote in *Vita di Michelangelo Buonarroti (Life of Michelangelo Buonarroti)* (1551–52) that the artist had an intense interest in cadaver dissections and human anatomy.

He had much familiar intercourse with the Prior of the church of Santo Spirito, and received many instructions from him, among others the use of a man and a subject to enable him to study anatomy. Nothing could have given him more pleasure, and this was the beginning of his study of the human anatomy, which he followed as long as fortune allowed him.⁴

Michelangelo performed cadaver dissections late in his life. According to both Vasari and Condivi, one of the famous anatomists of the Renaissance, Matteo Realdo Colombo (1516–1599),

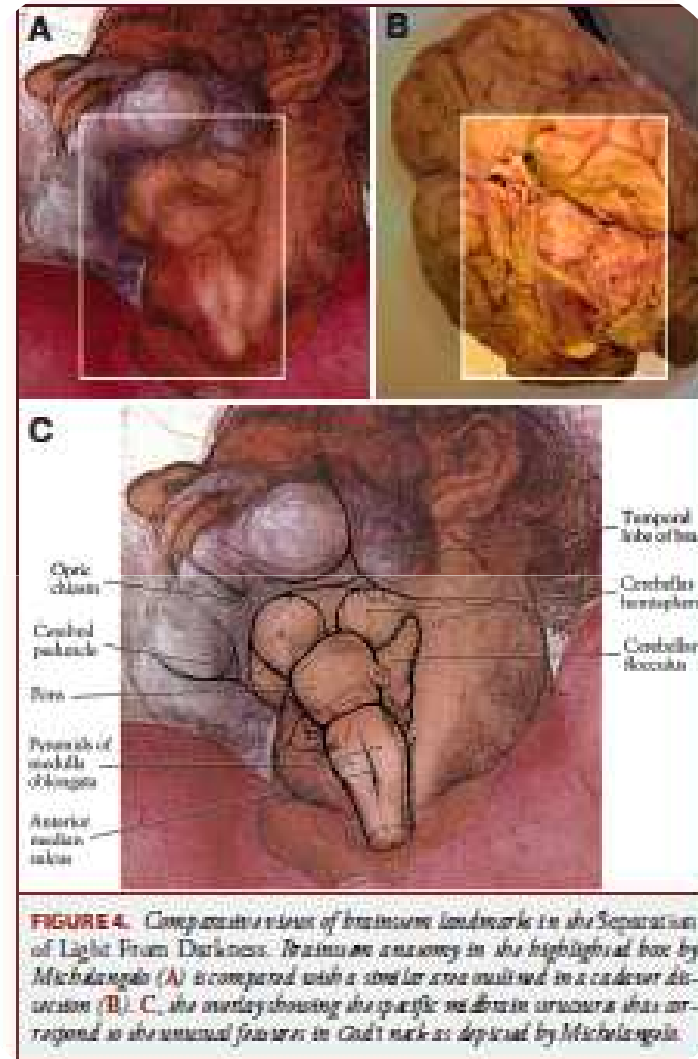


FIGURE 4. Comparative views of brainstem landmarks in the Separation of Light From Darkness. Brainstem anatomy in the highlighted zone by Michelangelo (A) is compared with a similar area multisectioned in a cadaver dissection (B). C, the anatomy showing the specific anatomic structures that correspond to the unusual features in God's mark as depicted by Michelangelo.