Francesco Saverio Papadia

Professore associato

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Istruzione e formazione

2016
Fellow
American College of Surgeons - US

1998
Medical Doctor Degree (M.D.)
University of Genoa School of Medicine - Genoa - IT

Esperienza accademica

2004 - IN CORSO
Assistant Professor of Surgery
University of Genoa - Genoa - IT

Esperienza professionale

2005
Clinical Fellow Specialist Registrar
Bart's and The London NHS Trust - London - GB

Competenze linguistiche

Italian	German	English	French
Madrelingua	Esperto Allgemeine Hochschulreife (Abitur)	Esperto	Buono

Attività didattica
Digestive Surgery (4th year Medical School)
General Surgery 1 (5th year Medical School),

Interessi di ricerca

- Surgery
- General Surgery

- Laparoscopic Surgery
- Bariatric Surgery
- Surgical Oncology
- Colorectal Cancer
- Pancreatic Cancer
- Colorectal Surgery
- Surgocal critical care

Progetti di ricerca

2007 - IN CORSO

NCT00996294 Surgical Treatment of Type 2 Diabetes Mellitus in

IRCCS Azienda Ospedaliera Universitaria San Martino - IST Istituto Nazionale per la Ricerca sul Cancro Genoa Italy - IT

Partecipante

Brief Summary:Thirty type 2 diabetic patients will be submitted to biliopancreatic diversion and 20 to gastric bypass. Subjects will be monitored during a 5 year period to assess the effects of the operations on diabetes control.

Study Type :Interventional (Clinical Trial)Actual Enrollment :50 participantsAllocation:Non-RandomizedIntervention Model:Single Group AssignmentMasking:None (Open Label)Primary Purpose:Treatment

2009 - 2014

NCT01041768 Multicentric Prospective Randomized Trial on Surgery Versus Standard Medical Care in Type 2 Diabetic Patients BMI 30

IRCCS Azienda Ospedaliera Universitaria San Martino - IST Istituto Nazionale per la Ricerca sul Cancro Genoa Italy - IT

Partecipante

The study is a multicentric prospective 2-arm randomized controlled trial. Only Centers with at least 50 bariatric surgeries performed during the time window January 2007 and September 2008 will be allowed to participate in the study.

Each Collaborating Center participating in the study will perform only one type of surgical procedure (GBP or BPD), depending on which one it is more familiar with.

Patients will be randomly assigned with a 2 to 1 ratio to receive either bariatric surgery (BS) (either GBP or BPD) or standard antidiabetic care (AC). The randomization will be centralized in the Coordinating Center. Patients assigned to BS will undergo GBP or BPD, depending on each Collaborating Center. Recruitment will continue, independently of the number of recruited patients per center, until the target of 200 GBP+BPD patients, and 100 AC patients will be attained.

After one year since enrollment, patients in AC group will be offered the choice to undergo one of the two surgical procedures, and then will follow

the same protocol study as the other surgical patients. In addition, each Collaborating Center will be responsible for selecting one diabetic subject for each operated patient, matched as closely as possible with the patients assigned to surgical therapy, from the local population in medical treatment. These patients will serve as controls for long term mortality and morbidity.
Study Type :Interventional (Clinical Trial)
Estimated Enrollment :300 participants
Allocation:Randomized Intervention
Model:Single Group Assignment
Masking:None (Open Label)
Primary Purpose:Treatment

2009 - 2014

NCT01046994 Prospective Controlled Trial on Surgical Treatment of Type 2 Diabetes Patients With BMI 25-30 by Means of Biliopancr

IRCCS Azienda Ospedaliera Universitaria San Martino - IST Istituto Nazionale per la Ricerca sul Cancro Genoa Italy - IT

Partecipante

A previous prospective study of BPD effect on type 2 diabetes patients with BMI 25-35 (DIA-CHIR) showed that T2DM is less sensitive to BPD beneficial effect in the simply overweight patients. A new prospective study was then planned with the aim to gain insight in the mechanism of action of BPD in T2DM patients in the 25-30 BMI range. Thirty patients will be submitted to BPD and compared with 10 nonoperated controls. Euglycemic-hyperinsulinemic clamp, OGTT, and mixed meal test will be performed in all subjects preoperatively, and 1 month, 1 year, and 5 years after BPD. Complete clinical and biochemical evaluations will be performed at 1, 4, 8, and 12 months, and every sixth month thereafter until the end of the fifth year.
Study Type :Interventional (Clinical Trial)
Estimated Enrollment :40 participants
Allocation:Non-Randomized Intervention
Model:Parallel Assignment
Masking:None (Open Label)
Primary Purpose:Treatment

2018 - IN CORSO

Vitamin Supplementation after biliopancreatic diversion for morbid obesity- a retrospective case-control study of two different

Ospedale Policlinico San Martino - IT

Responsabile scientifico

Primary goal:

To research whether an optimized BPD multivitamin supplement reduces the amount of deficiencies compared to regular or no multivitamin.

Secondary goals:

Optimisation of the required micronutrients by calculating the amount of:

1. Serum vitamin B11 reduction over time
2. Serum vitamin B12 reduction over time
3. Serum vitamin D reduction over time
4. Serum vitamin iron/ferritin over time
5. Serum vitamin zinc reduction over time
6. Other serum micronutrient reduction over time

We strive to find a reduction of all deficiencies common after bariatric surgery, but especially for ferritin, vitamin B12 and vitamin D