

# EUROPEAN CURRICULUM VITAE FORMAT



## PERSONAL INFORMATION

Name **RESTIVO, ANGELO**

E-mail **arestivo@unica.it**

## WORK EXPERIENCE

- Dates (from – to) from 2019
- Name and address of employer University of Cagliari, Italy
  - Type of business or sector School of Medicine
  - Occupation or position held Associate Professor of Surgery
  
- Dates (from – to) from 2012 – 2019
- Name and address of employer University of Cagliari, Italy
  - Type of business or sector School of Medicine
  - Occupation or position held Assistant Professor of Surgery
  
- Dates (from – to) from 2005 – to 2009
- Name and address of employer University of Cagliari, Italy
  - Type of business or sector School of Specialization in Digestive Surgery
  - Occupation or position held Resident-Fellow
  
- Dates (from – to) from 2009 – to now
- Name and address of employer Azienda Ospedaliero-Universitaria of Cagliari, Italy
  - Type of business or sector Unit of General and Colorectal Surgery
  - Occupation or position held Surgeon
  
- Dates (from – to) from 2009 – to now
- Name and address of employer University of Cagliari, Italy
  - Type of business or sector Center for research in colorectal diseases
  - Occupation or position held Researcher

## EDUCATION AND TRAINING

- Name and type of organisation providing education and training
  - Dates (from – to) 2009
  - Principal subjects/occupational skills covered University of Cagliari, Italy  
Specialization in Digestive Surgery
  - Title of qualification awarded Surgeon
  
- Name and type of organisation providing education and training
  - Dates (from – to) 2004
  - Principal subjects/occupational University of Cagliari, Italy  
Graduation in Medicine

skills covered

Medical doctor

Dates (from – to)

2007- 2008

• Name and type of organisation providing education and training

Moffit Cancer Centre- Tampa, FL- USA

• Principal subjects/occupational skills covered

Visiting Scholar in Gastrointestinal Surgery Oncology and Clinical Research

Dates (from – to)

2019-2021

• Name and type of organisation providing education and training

Harvard University- Boston (USA)

• Principal subjects/occupational skills covered

Post Graduate Program  
High Impact Cancer Research Program

## PERSONAL SKILLS AND COMPETENCES

Acquired in the course of life and career  
but not necessarily covered by formal  
certificates and diplomas.

MOTHER TONGUE

ITALIAN

OTHER LANGUAGES

- Reading skills
- Writing skills
- Verbal skills

ENGLISH  
excellent  
excellent  
excellent

## SOCIAL SKILLS AND COMPETENCES

Living and working with other people, in  
multicultural environments, in positions  
where communication is important and  
situations where teamwork is essential  
(for example culture and sports), etc.

Memberships:

European Society of Surgical Oncology  
Società Italiana di Chirurgia Colo-Rettale (SICO): Board member  
Società Italiana di Chirurgia Oncologica (SICCR)

Director of the Italian Colorectal Cancer Network (OncoTeam)

Member Research and AUDIT commission of SICCR

GRANTS

- Artificial intelligence model predicting pathological response in patients with locally advanced rectal cancer after neoadjuvant treatment. (PRIN 2022)
- “Improving the unmet need of early diagnosis of cancer in Lynch syndrome carriers: the role of differential microRNAs expression patterns, exome analyses, immunological profiles and tumor type-specific intracellular bacteria.( PNRR-MCNT2-2023-12378234. )
- “Ricerca e Sviluppo di una soluzione innovativa per il miglioramento della capacità di diagnosi e stadiazione ecografica del cancro del retto.PI (POR FESR 2014/2020)
- Neoadjuvant aspirin and metformin during preoperative chemoradiotherapy (CRT) for locally advanced rectal cancer. A randomized phase II trial (NeoAspMet)” **Acronimo: “NeoAspMet”. PI (finanziato da Anticancer Fund- Belgio).**
- *Fattori predittivi di risposta al trattamento multimodale nel cancro del retto. PI (P.O.R. SARDEGNA F.S.E. 2007-2013).*

## MAIN PUBLICATIONS

1. Circulating Tumor DNA as a Real-Time Biomarker for Minimal Residual Disease and Recurrence Prediction in Stage II Colorectal Cancer: A Systematic Review and Meta-Analysis. *International Journal of Molecular Sciences*. 2025
2. Predictors of Recurrence After Curative Surgery for Stage I Colon Cancer: Retrospective Cohort Analysis of the Italian Society of Surgical Oncology Colorectal Cancer Network Collaborative Group. *Annals of Surgery Open*. 2024
3. Rectal Sparing Approach after preoperative Radio- and/or Chemo-therapy (ReSARCh): a prospective,

multicenter, observational study. *International Journal of Surgery*. 2024

4. Oncological outcomes of patients not undergoing Total Mesorectal Excision after local excision: rethinking surgical indications, *BJS* 2024
5. Effect of centre volume on pathological outcomes and postoperative complications after surgery for colorectal cancer: results of a multicentre national study, *BJS* 2024
6. Mismatch Repair system protein deficiency as a resistance factor for locally advanced rectal adenocarcinoma patients receiving neoadjuvant chemo-radiotherapy. *Br J Cancer* 2023
7. Limits of Clinical Restaging in Detecting Responders After Neoadjuvant Therapies for Rectal Cancer. *Diseases of the Colon & Rectum*, 2023
8. Minimally invasive vs. open segmental resection of the splenic flexure for cancer: a nationwide study of the Italian Society of Surgical Oncology-Colorectal Cancer Network (SICO-CNN). *Surg Endosc*, 2023
9. The impact of anastomotic leak on long-term oncological outcomes after low anterior resection for mid-low rectal cancer: extended follow-up of a randomised controlled trial. *Int J Colorectal Dis*, 2022
10. Association of Delayed Surgery With Oncologic Long-term Outcomes in Patients With Locally Advanced Rectal Cancer Not Responding to Preoperative Chemoradiation. *JAMA Surg*. 2021
11. Rectal Sparing Approach After Neoadjuvant Therapy in Patients with Rectal Cancer: The Preliminary Results of the ReSARCh Trial. *Annals of Surgical Oncology*, 2022
12. Predictors of early distant relapse in rectal cancer patients submitted to preoperative chemoradiotherapy. *Oncology Research and Treatment*, 2020
13. Rectal sparing approach after preoperative radio-and/or chemo-therapy (resarch) in patients with rectal cancer: preliminary analysis of an observational multicentre prospective study. *European Journal of Surgical Oncology*, 2020
14. Rectal Sparing Approach After Preoperative Radio-And/Or Chemo-Therapy in Patients with Rectal Cancer: The Preliminary Results of the ReSARCh Trial, *ANNALS OF SURGICAL ONCOLOGY* 2020
15. The need of COVID19 free hospitals to maintain cancer care *European Journal of Surgical Oncology* 2020
16. The management of surgical patients during the COVID-19 pandemic *Surgery* 2020
17. Non-Operative Management Versus Total Mesorectal Excision for Locally Advanced Rectal Cancer with Clinical Complete Response After Neoadjuvant Chemoradiotherapy: a GRADE Approach by the Rectal Cancer Guidelines Writing Group of the Italian Association of Medical Oncology (AIOM) *Journal of gastrointestinal surgery: official journal of the Society for Surgery of the Alimentary Tract* 2020
18. National variations in perioperative assessment and surgical management of Crohn's disease: a multicentre study. *Colorectal Disease*, 2020
19. Gastrointestinal coronavirus disease 2019: epidemiology, clinical features, pathogenesis, prevention, and management *Expert Review of Gastroenterology & Hepatology*, 2020
20. Colonic J-Pouch or Straight Colorectal Reconstruction After Low Anterior Resection For Rectal Cancer: Impact on Quality of Life and Bowel Function: A Multicenter Prospective Randomized Study *Diseases of the Colon & Rectum* 2020
21. A snapshot of elective oncological surgery in Italy during COVID-19 emergency: pearls, pitfalls, and perspectives *Annals of surgery*, 2020
22. Multicentre randomized clinical trial of colonic J pouch or straight stapled colorectal reconstruction after low anterior resection for rectal cancer *British Journal of Surgery* 2019
23. Colorectal cancer early methylation alterations affect the crosstalk between cell and surrounding environment, tracing a biomarker signature specific for this tumor *International journal of cancer* 2018
24. Number of lymph nodes assessed has no prognostic impact in node-negative rectal cancers after neoadjuvant therapy. Results of the "Italian Society of Surgical Oncology (SICO) Colorectal Cancer Network"(SICO-CCN) multicentre collaborative study *European Journal of Surgical Oncology* 2018
25. WSES guidelines on colon and rectal cancer emergencies: obstruction and perforation. *World journal of emergency surgery*, 2018
26. Elevated platelet count is a negative predictive and prognostic marker in locally advanced rectal cancer undergoing neoadjuvant chemoradiation: a retrospective multi-institutional study on 965 patients *BMC cancer* 2018

27. Elevated level of peripheral blood T lymphocytes are predictors of complete response to chemoradiotherapy in patients with locally advanced rectal cancer      European Journal of Surgical Oncology, 2018
28. In-hospital mortality, 30-day readmission, and length of hospital stay after surgery for primary colorectal cancer: A national population-based study      European Journal of Surgical Oncology (EJSO)      2017
29. Aspirin: a new old anticancer drug      2017
30. Risk of thiamine deficiency and Wernicke's encephalopathy after gastrointestinal surgery for cancer. Supportive Care in Cancer, 2016
31. Risk of complications and long-term functional alterations after local excision of rectal tumors with transanal endoscopic microsurgery (TEM)      .International journal of colorectal disease      , 2016
32. Aspirin and cancer risk. JAMA oncology, 2016
33. Predictive factors of metastatic disease development during neoadjuvant therapy for rectal cancer      European Journal of Surgical Oncology      2016
34. Limits of Endorectal Ultrasound in Tailoring Treatment of Patients with Rectal Cancer. Digestive Surgery, 2015
35. Aspirin as a neoadjuvant agent during preoperative chemoradiation for rectal cancer. British journal of cancer, 2015
36. Elevated CEA levels and low distance of the tumor from the anal verge are predictors of incomplete response to chemoradiation in patients with rectal cancer. Annals of surgical oncology, 2013
37. Routine preoperative chest computed tomography does not influence therapeutic strategy in patients with colorectal cancer. Colorectal Disease, 2012
38. Thymosin  $\beta$ -4 in colorectal cancer is localized predominantly at the invasion front in tumor cells undergoing epithelial mesenchymal transition Cancer biology & therapy, 2012
39. MiR-1 downregulation cooperates with MACC1 in promoting MET overexpression in human colon cancer. Clinical Cancer Research, 2012
40. Does long-course radiotherapy influence postoperative perineal morbidity after abdominoperineal resection of the rectum for cancer?      Colorectal Disease, 2011
41. MUTYH-associated colon disease: adenomatous polyposis is only one of the possible phenotypes. A family report and literature review. Tumori, 2011
42. Complete pathologic response after combined modality treatment for rectal cancer and long-term survival: a meta-analysis. Journal of Clinical Oncology, 2011