



*Il sottoscritto_ **ANTONINO MAZZONE**
in qualità di moderatore, relatore, formatore, tutor, docente,
all'evento
ai sensi dell'art. 3.3 sul Conflitto di Interessi, pag. 17 del Reg.
Applicativo dell'Accordo Stato-Regione del 5 novembre 2009, che
negli ultimi due anni ha avuto rapporti diretti di finanziamento con i
seguenti soggetti portatori di interessi commerciali in campo
sanitario:*

*Conference fees (last three years):
BMS,Boeringher, Daichi Sankio,
Italfarmaco, Merck ,Pfizer ,Mundipharma,
Bayer ,Novartis, Sanofi-aventis*

**IL
PARADOSSO
DELLA
MEDICINA
MODERNA**

***"We are still practicing
acute care medicine
in a world of
chronic disease"***

Kane RL. The chronic care paradox. Aging Soc Policy 2000;11(2-3):107-14.
Kane RL. Changing the face of long-term care. J Aging Soc Policy 2005;17(4):1-18

8-14 marzo 2011 **Sanità** LAVORO/PROFESSIONE **25**

FADOI/ Negli Usa è boom di assunzioni mentre in Italia si tagliano i posti letto

La centralità degli internisti

Reparti per intensità di cura e letti "flessibili" per gestire le cronicità

Negli States gli «hospitalist» sono passati dal 5,6% al 19%

Serve maggiore integrazione tra Medicina interna e quella generale

Carlo Nozzoli, Presidente nazionale Fadoi e Presidente Fondazione Fadoi, Federazione delle Associazioni dei dirigenti ospedalieri internisti

(Note: The image contains a newspaper clipping with red arrows pointing to specific sections of text. The text discusses the role of hospitalists in the US and the need for integration between internal and general medicine in Italy.)

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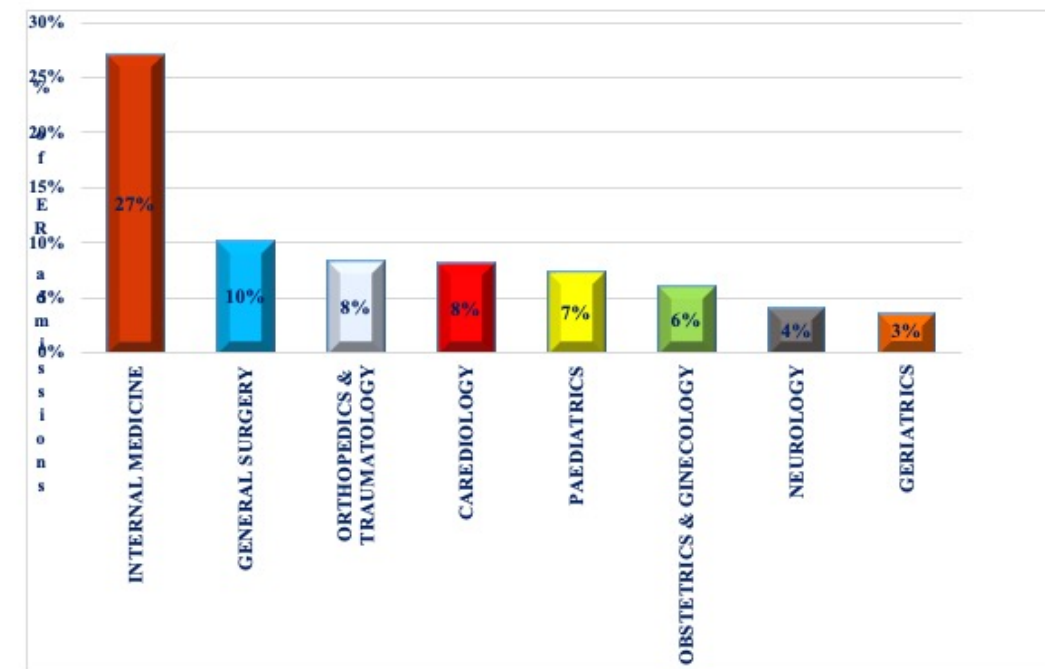


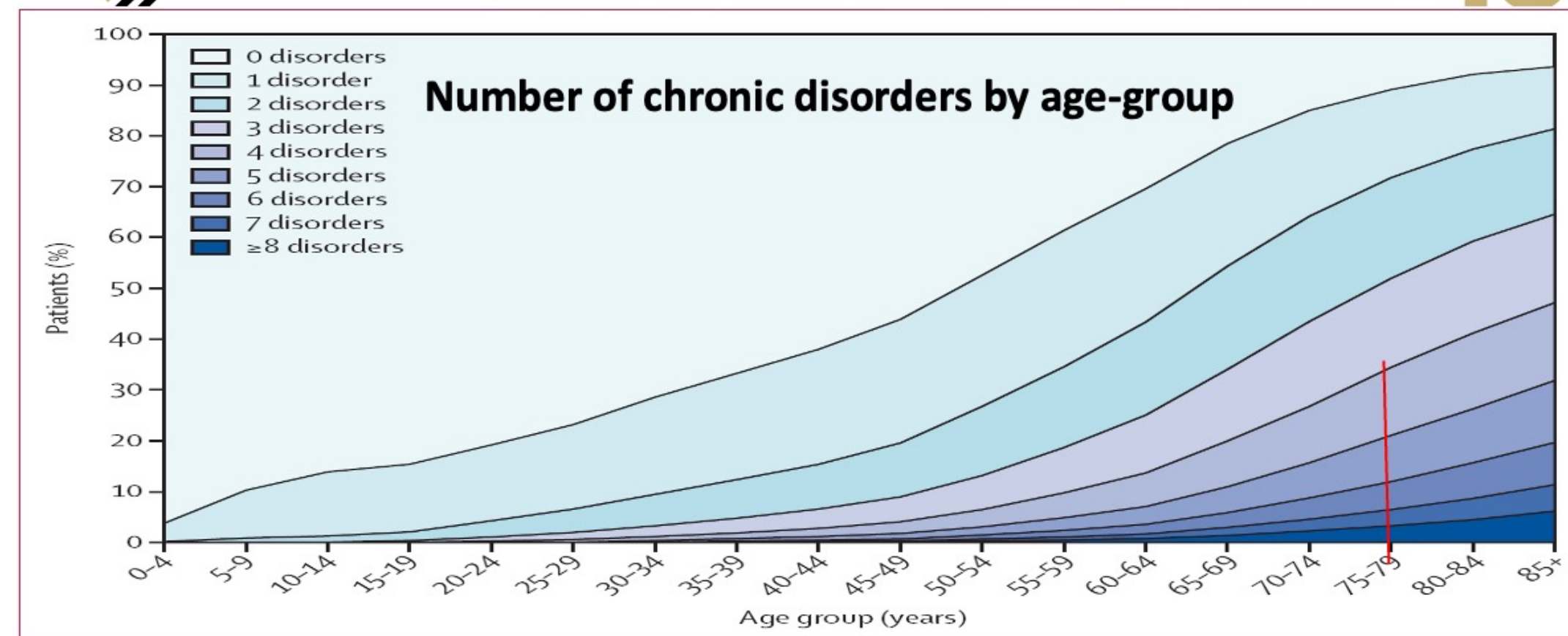
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Distribuzione dei ricoveri urgenti per Reparto di Accettazione
 (dati SDO 2020)





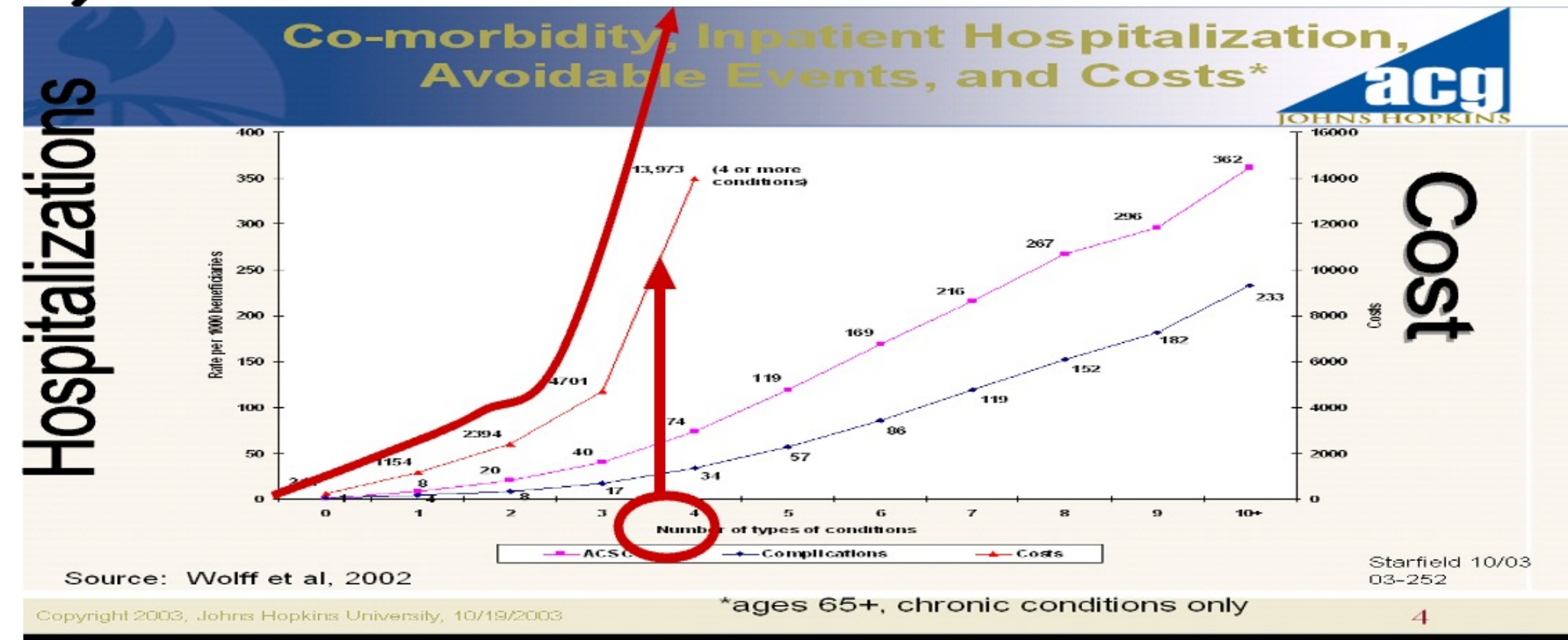
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Barnett K et al, The Lancet, May 10, 2012 DOI:10.1016/S0140-6736(12)60240-2



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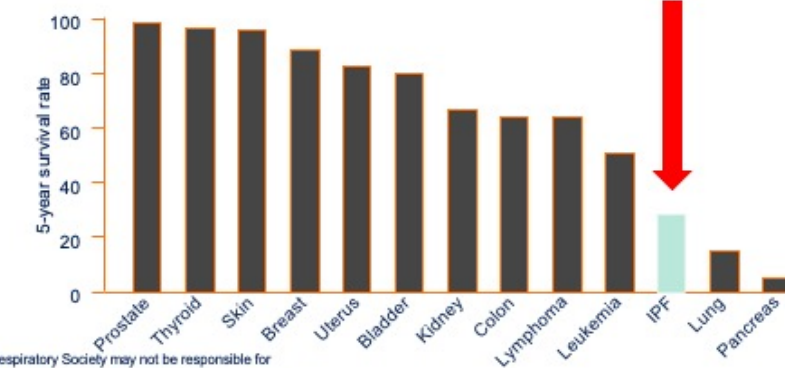
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IPF results in declining lung function and has a poorer prognosis than many cancers

IPF is characterized by progressive and irreversible loss of lung function²
 The median estimated survival time after diagnosis is 2-5 years^{2*}
 IPF has a poorer prognosis than many cancers!^{*}

Comparison of the 5-year survival rate for IPF and different forms of cancer¹

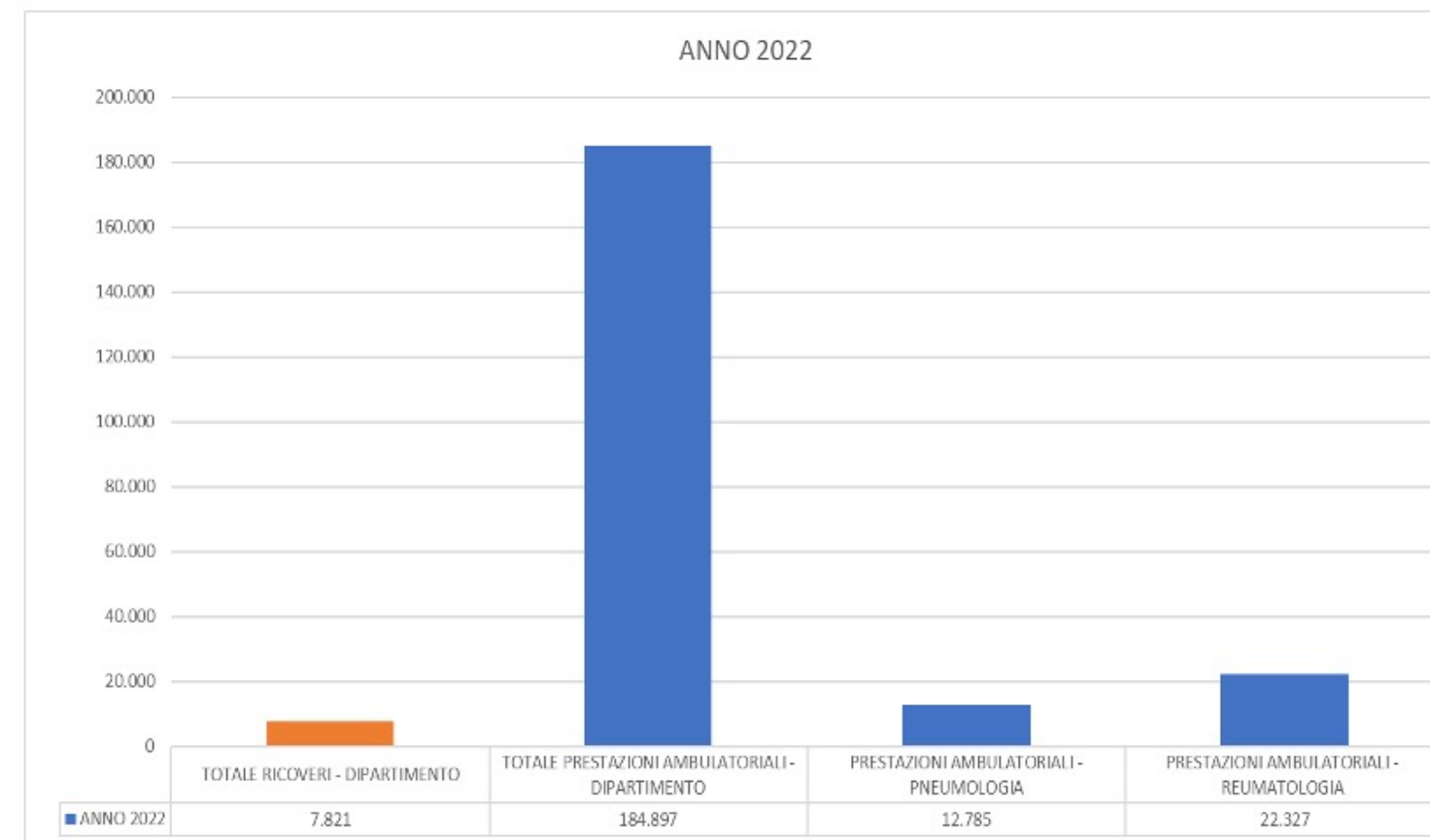


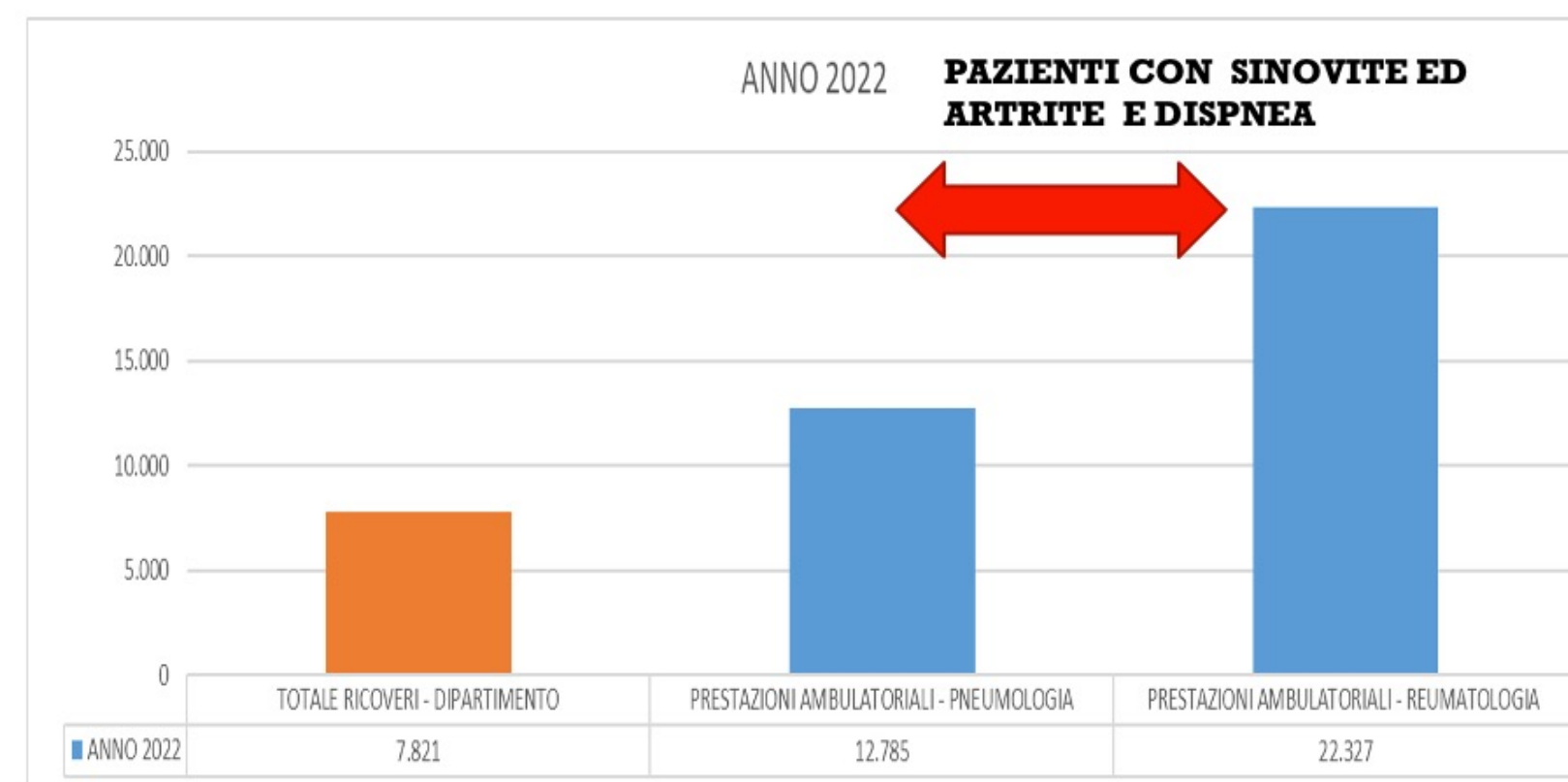
This material has not been reviewed prior to release, therefore the European Respiratory Society may not be responsible for any errors, omissions or inaccuracies, or for any consequences arising there from, in the content. Reproduced with permission of the © ERS 2018. European Respiratory Journal Mar 2010, 35 (3) 496-504; DOI: 10.1183/09031936.00077309

*For patients not receiving nintedanib or pirfenidone

1. Vancheri C et al. Eur Respir J 2010;35:496-504
 2. Molina-Molina M et al. Eur Rev Res Med 2018;12:537-539

Ing
 Paola Bellini
 controllo di
 gestione
 ASST ovest
 Milanese





CONTROLLO DI GESTIONE ASST LEGNANO 2022
PRIME VISITE CIRCA 22000 IL 10% SINOVITE E DISPNEA



Ambulatori di visite reumatologiche

Tabella 2. Caratteristiche degli accessi (continua)

Variabile	Valore	N	%
Diagnosi	1. Malattie infettive e parassitarie	5.993	2,8
	2. Tumori	1.654	0,3
	3. Malattie endocrine, nutrizionali, metaboliche e disturbi immunitari	1.383	0,5
	4. Malattie del sangue e degli organi ematopoietici	1.111	0,5
	5. Disturbi mentali	9.114	4,7
	6. Malattie del sistema nervoso e degli organi di senso	7.600	3,6
	7. Malattie del sistema circolatorio	10.009	5,2
	8. Malattie dell'apparato respiratorio	144.484	7,0
	9. Malattie dell'apparato digerente	80.087	3,9
	10. Malattie del sistema genito-urinario	63.310	3,1
	11. Complicanze della gravidanza, del parto e del puerperio	64.480	3,1
	12. Malattie della cute e del tessuto sottocutaneo	49.882	2,4
	13. Malattie del sistema osteomuscolare e del tessuto connettivo	132.589	6,4
	14. Malformazioni congenite	52.640	2,6
	15. Alcune manifestazioni morbose di origine perinatale	1.702	<0,1
	16. Sintomi, segni e stati morbosi mal definiti	362.433	17,6
	17. Traumatismi e avvelenamenti	497.336	24,1
	18. Fattori che influenzano lo stato di salute e il ricorso ai servizi sanitari	82.785	4,0
	19. Cause esterne di traumatismo e avvelenamento	-	-
Dato mancante	86.762	4,2	

Alessandro Nobili
Mario Negri
Confidential 2023

Tabella 3. Statistiche sul tempo di attesa tra ingresso e presa in carico

Validi	Missing	%	Min	P1	P5	P25	P50	P75	P95	P99	Max	Media	DS
2.006.674	56.537	2,7	0	0	1	10	30	82	232	390	122.640	62,9	127,7

Ai fini delle analisi sono stati considerati gli accessi con tempo di attesa tra ingresso e incarico compreso tra 0 e 480 minuti (8 ore).



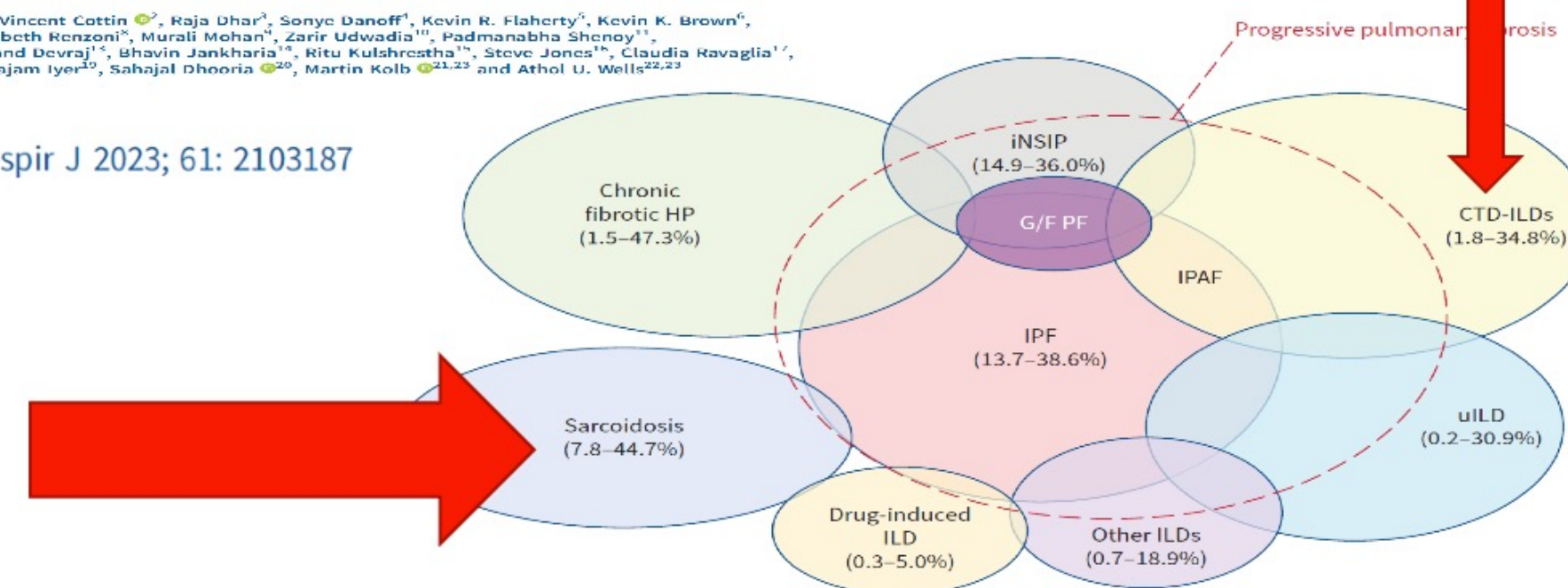
EUROPEAN RESPIRATORY JOURNAL
 REVIEW
 S.K. RAJAN ET AL.

Progressive pulmonary fibrosis: an expert group consensus statement

Subject K. Rajan¹, Vincent Cottin², Raja Dhar³, Sonya Danoff⁴, Kevin R. Flaherty⁵, Kevin K. Brown⁶, Anant Mohan⁷, Elizabeth Kenzani⁸, Murali Mohan⁹, Zarir Udawadia¹⁰, Padmanabha Shenoy¹¹, David Currow¹², Anand Devraj¹³, Bhavin Jankharia¹⁴, Ritu Kulshrestha¹⁵, Steve Jones¹⁶, Claudia Kavaglia¹⁷, Silvia Quadrelli¹⁸, Rajam Iyer¹⁹, Sahajal Dhooria²⁰, Martin Kolb^{21,22} and Athol U. Wells^{23,24}

Eur Respir J 2023; 61: 2103187

REVIEW | S.K. RAJAN ET AL.



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**Idiopathic Pulmonary Fibrosis (an Update) and Progressive
Pulmonary Fibrosis in Adults**
An Official ATS/ERS/JRS/ALAT Clinical Practice Guideline

Ganesh Raghu, Martine Remy-Jardin, Luca Richeldi, Carey C. Thomson, Yoshikazu Inoue, Takeshi Johkoh, Michael Kreuter, David A. Lynch, Toby M. Maher, Fernando J. Martinez, Maria Molina-Molina, Jeffrey L. Myers, Andrew G. Nicholson, Christopher J. Ryerson, Mary E. Strek, Lauren K. Troy, Marlies Wijsenbeek, Manoj J. Mammen, Tanzib Hossain, Brittany D. Bissell, Derrick D. Herman, Stephanie M. Hon, Fayez Kheir, Yet H. Khor, Madalina Macrea, Katerina M. Antoniou, Demosthenes Bouros, Ivette Buendia-Roldan, Fabian Caro, Bruno Crestani, Lawrence Ho, Julie Morisset, Amy L. Olson, Anna Podolanczuk, Venerino Poletti, Moisés Selman, Thomas Ewing, Stephen Jones, Shandra L. Knight, Marya Ghazipura, and Kevin C. Wilson; on behalf of the American Thoracic Society, European Respiratory Society, Japanese Respiratory Society, and Asociación Latinoamericana de Tórax

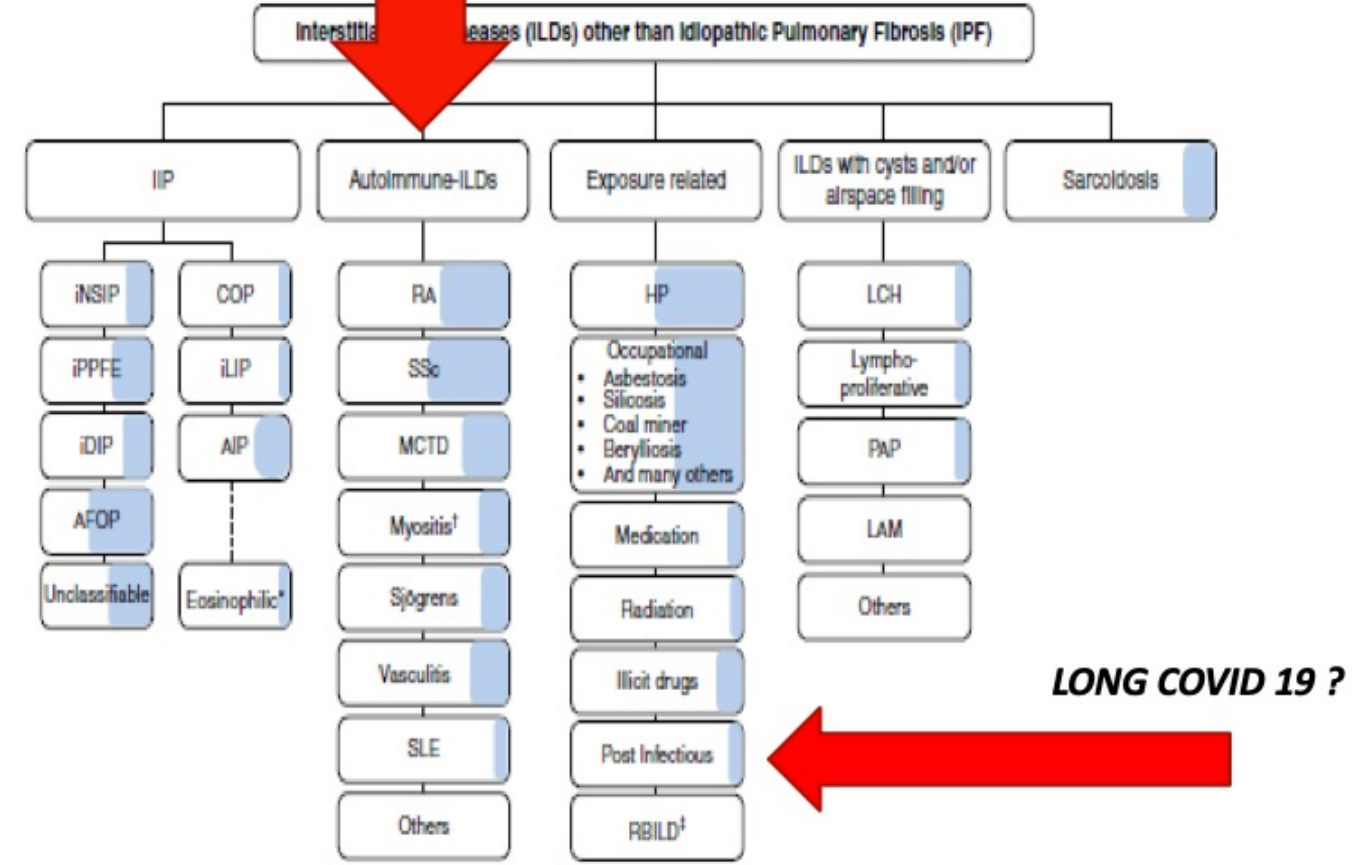
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American Journal of Respiratory and Critical Care Medicine Volume 205 Number 9 | May 1 2022

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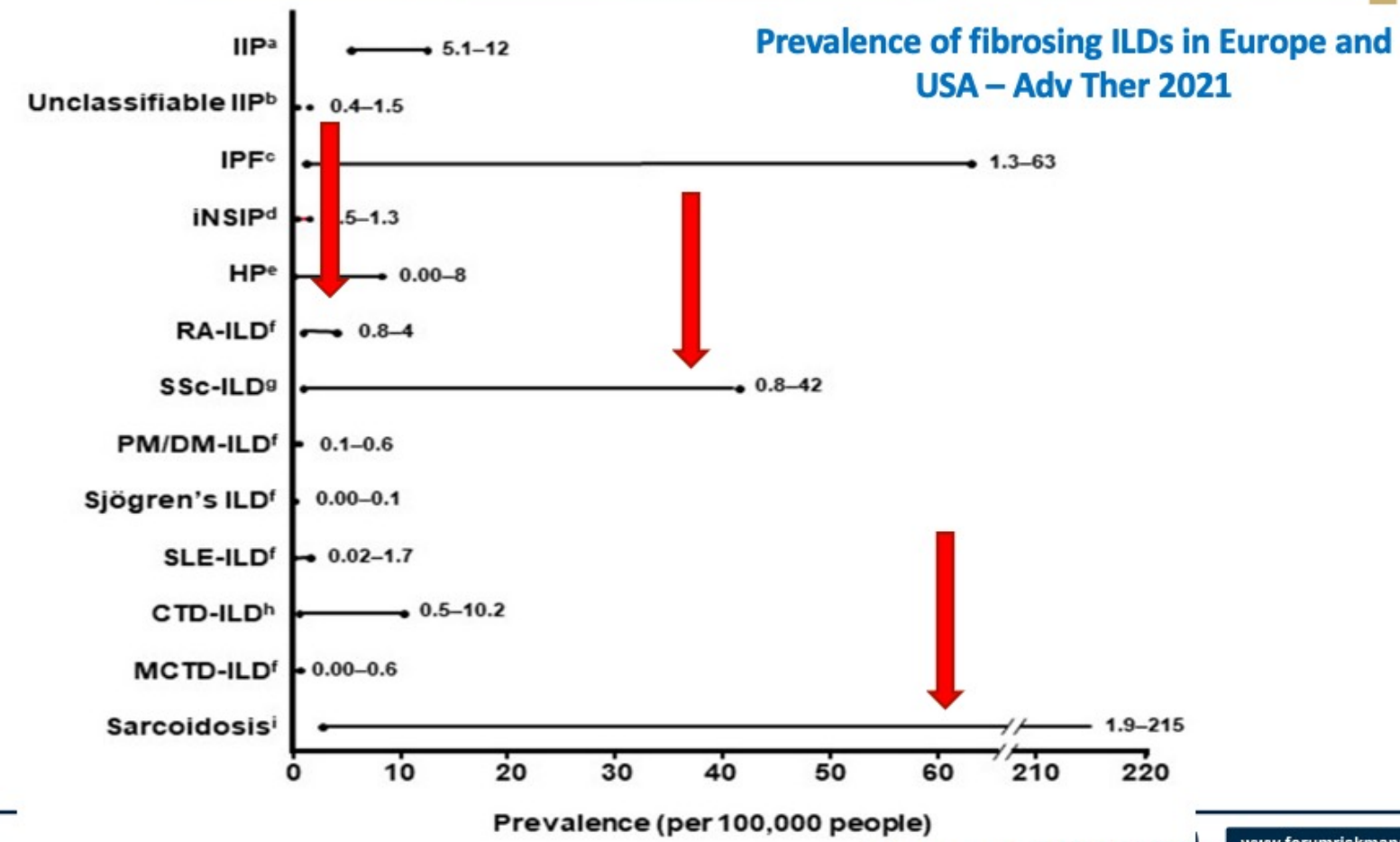


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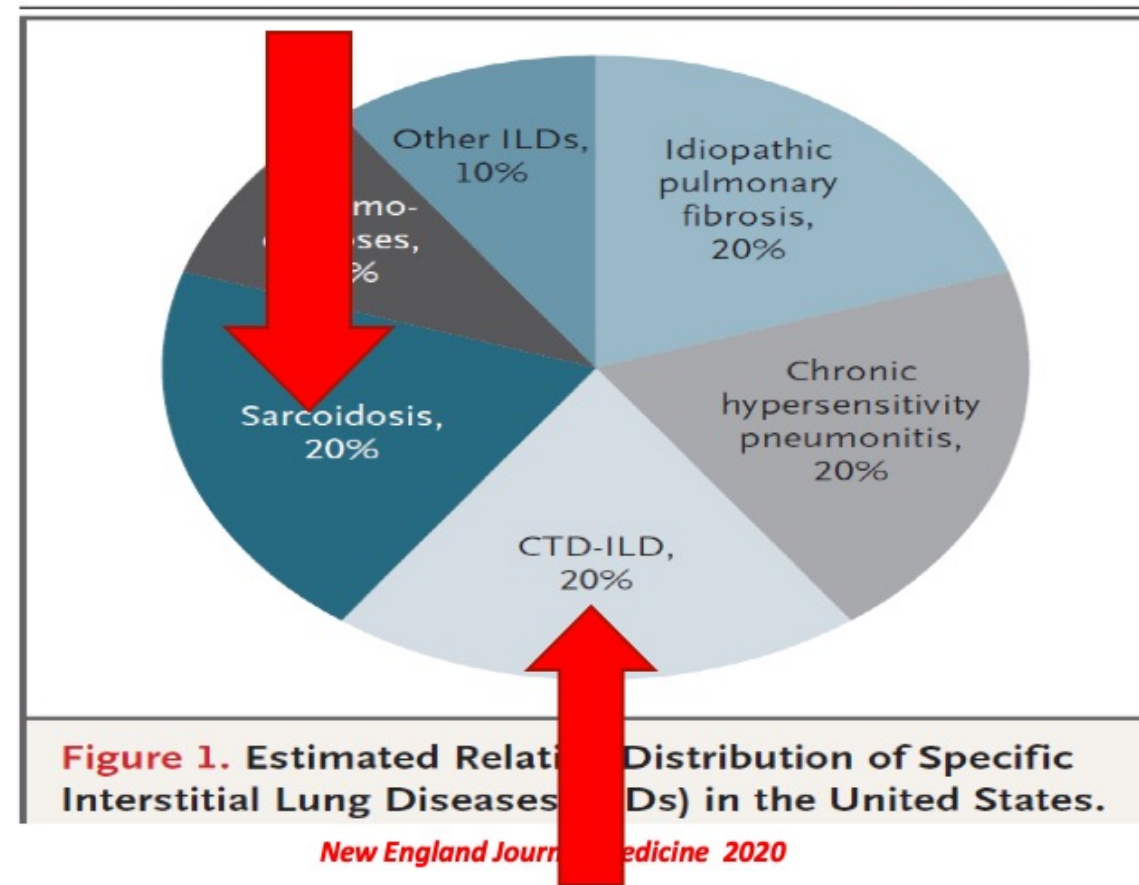
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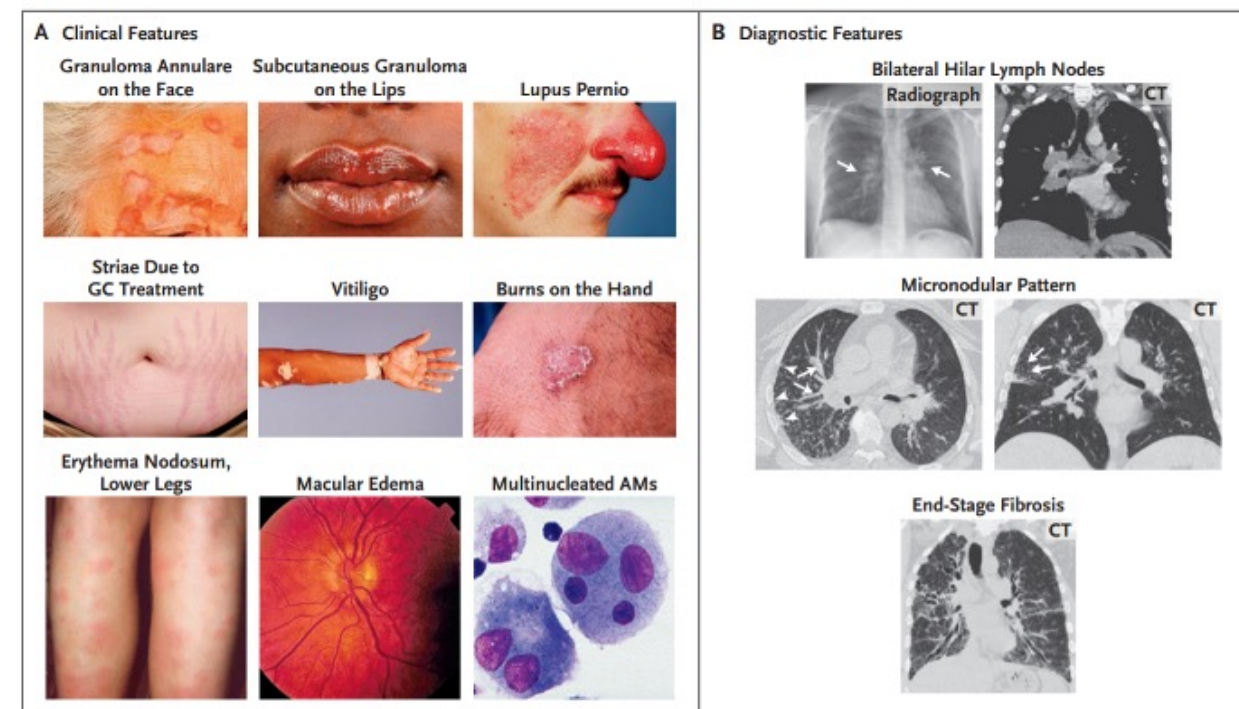
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Advances in Therapy - 2021

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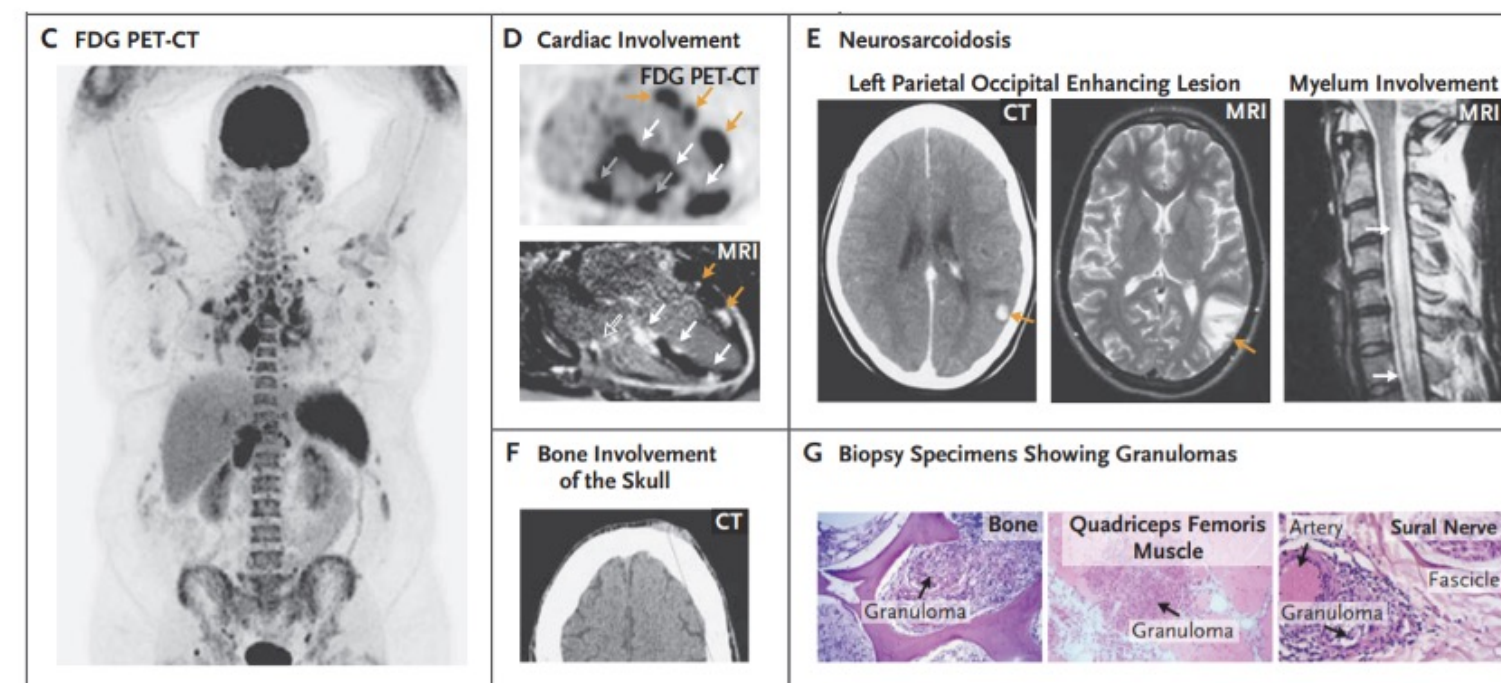


Sarcoidosis Diagnosis



Challenges of Sarcoidosis and Its Management – NEJM 2021

Sarcoidosis Diagnosis



Challenges of Sarcoidosis and Its Management – NEJM 2021

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REVIEW
published: 13 May 2022
doi: 10.3389/fmed.2022.837133



Interstitial Lung Disease in Rheumatoid Arthritis: A Practical Review

Antonella Laria^{1*}, Alfredo Maria Lurati¹, Gaetano Zizzo², Eleonora Zaccara³,
Daniela Mazzocchi¹, Katia Angela Re¹, Mariagrazia Marrazza¹, Paola Faggioli³ and
Antonino Mazzone³

¹Asst Ovest Milanese-Rheumatology Unit, Magenta Hospital, Milan, Italy, ²Asst Ovest Milanese-Internal Medicine Department, Cuggiono Hospital, Milan, Italy, ³Asst Ovest Milanese-Internal Medicine Unit, Legnano Hospital, Milan, Italy

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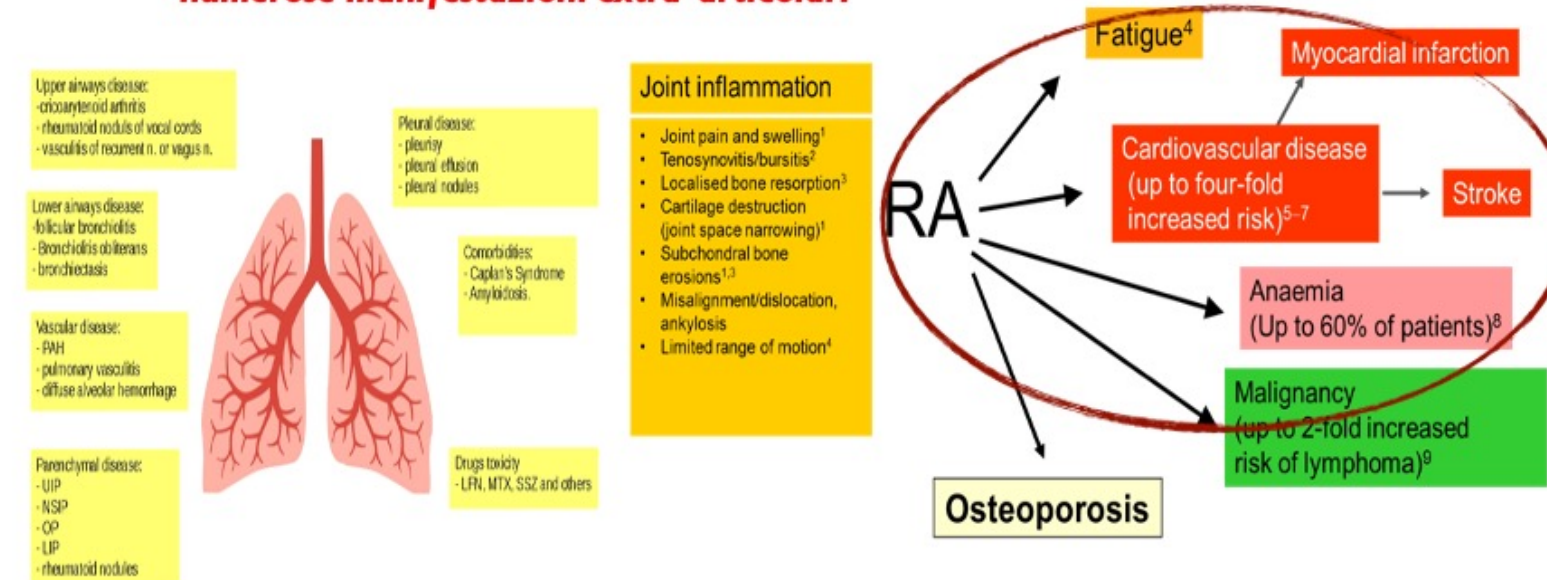
AZIENDA SOCIO SANITARIA TERRITORIALE - OVEST MILANESE

21-24 NOVEMBRE 2023
AREZZO FIERE E CONGRESSI

Sistema Sanitario Regione Lombardia



L'ARTRITE REUMATOIDE è un'artrite infiammatoria cronica associata a numerose manifestazioni extra-articolari



Interstitial lung disease in rheumatoid arthritis. A practical review

Laria Antonella,Mazzone Antonino.

Frontiers of Medicine 2022

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¹Smolen JS, et al. *Nat Rev Drug Disc* 2003;2:473-488. ²Grassi W, et al. *Eur J Radiol* 1998;27 (Suppl 1):S18-24. ³Firestein G. *Nature* 2003;423:356-361. ⁴Smolen JS, et al. *Lancet* 2007;370:1861-1874. ⁵Turesson C, et al. *Ann Rheum Dis* 2004;63:952-955. ⁶del Rincón I, et al. *Arthritis Rheum* 2001;44:2737-2745. ⁷Hochberg MC, et al. *Curr Med Res Opin* 2008;24:469-489. ⁸Pestors HR, et al. *Ann Rheum Dis* 1996;55:162-168. ⁹Smitten AL, et al. *Arthritis Res Ther* 2008;10:R45.



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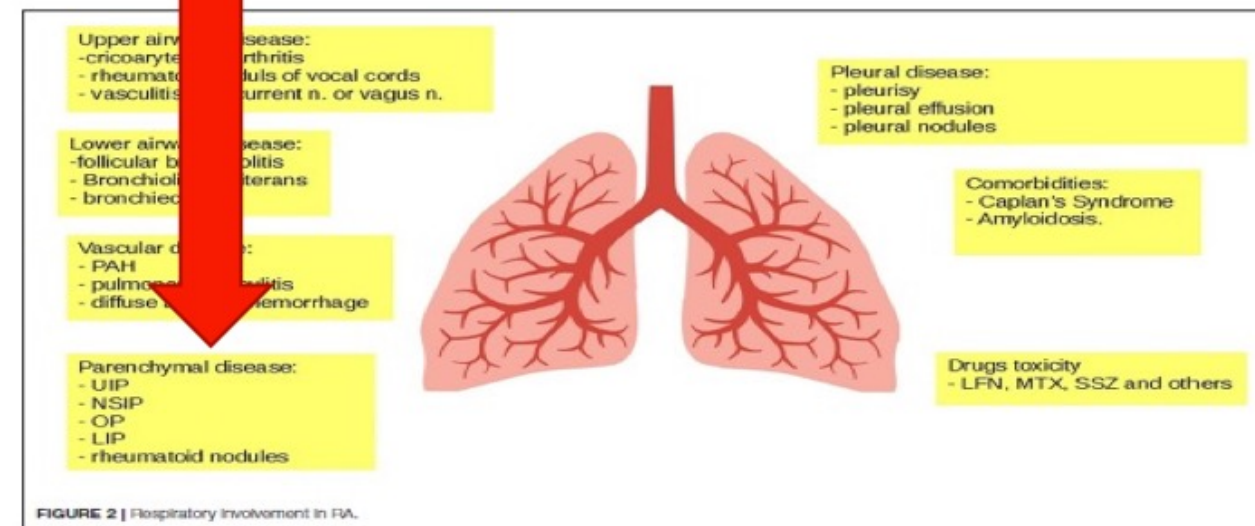


FIGURE 2 | Respiratory involvement in RA.

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Frontiers in Medicine | www.frontiersin.org

3

May 2022 | Volume 9 | Article 837133

What are the signs and symptoms of IPF?

Mr. IPF:

Male
Age 55-70 years
Smoker o former smoker

Dyspnea (first during exercise, than rest dyspnea)

Cough (without sputum)

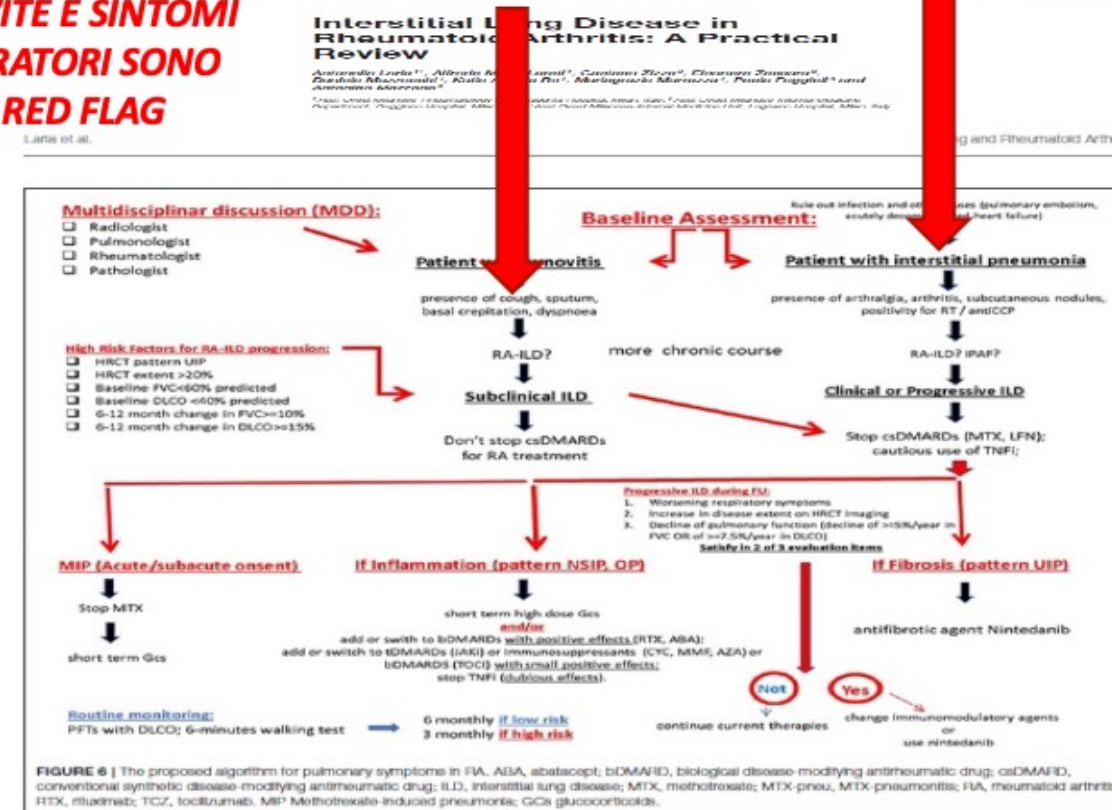
Auscultation: crackles

Clubbing fingers

Spirometric pattern: restrictive

Early symptoms such as cough and breathlessness are nonspecific and may precede diagnosis by up to 2 years^{3,4}

**SINOVITE E SINTOMI
RESPIRATORI SONO
DELLE RED FLAG**





AR

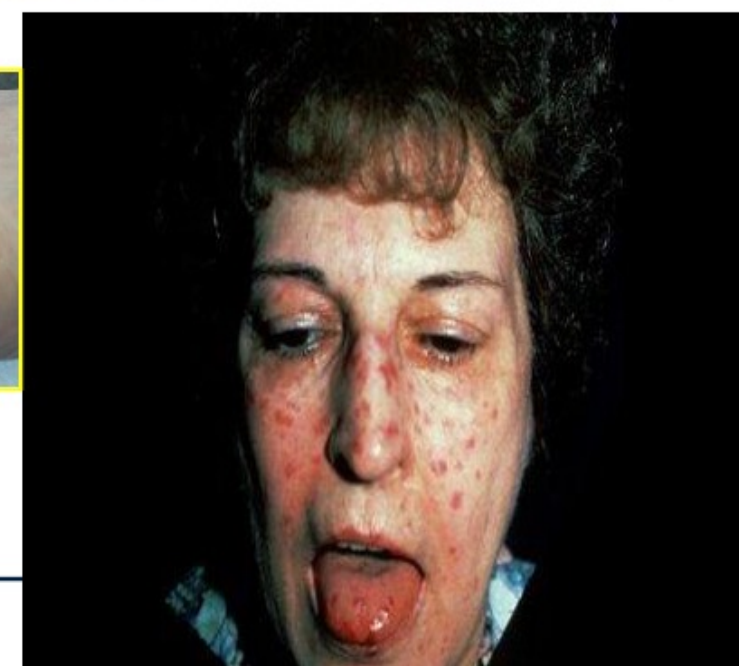


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SCLERODERMIA



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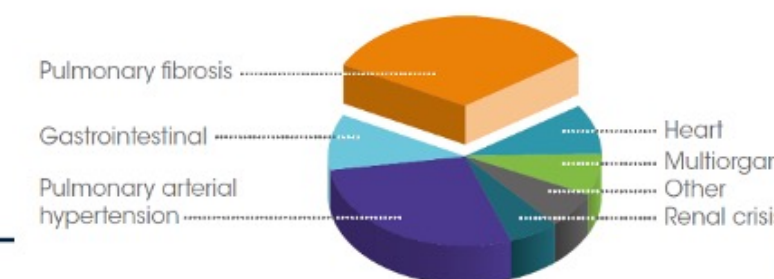
SSc-ILD and mortality

Lung involvement reduces survival in patients with SSc

10-year survival in patients with SSc is reduced from 82% to 69% by presence of lung involvement¹

Approximately a third of deaths related to SSc are due to ILD²

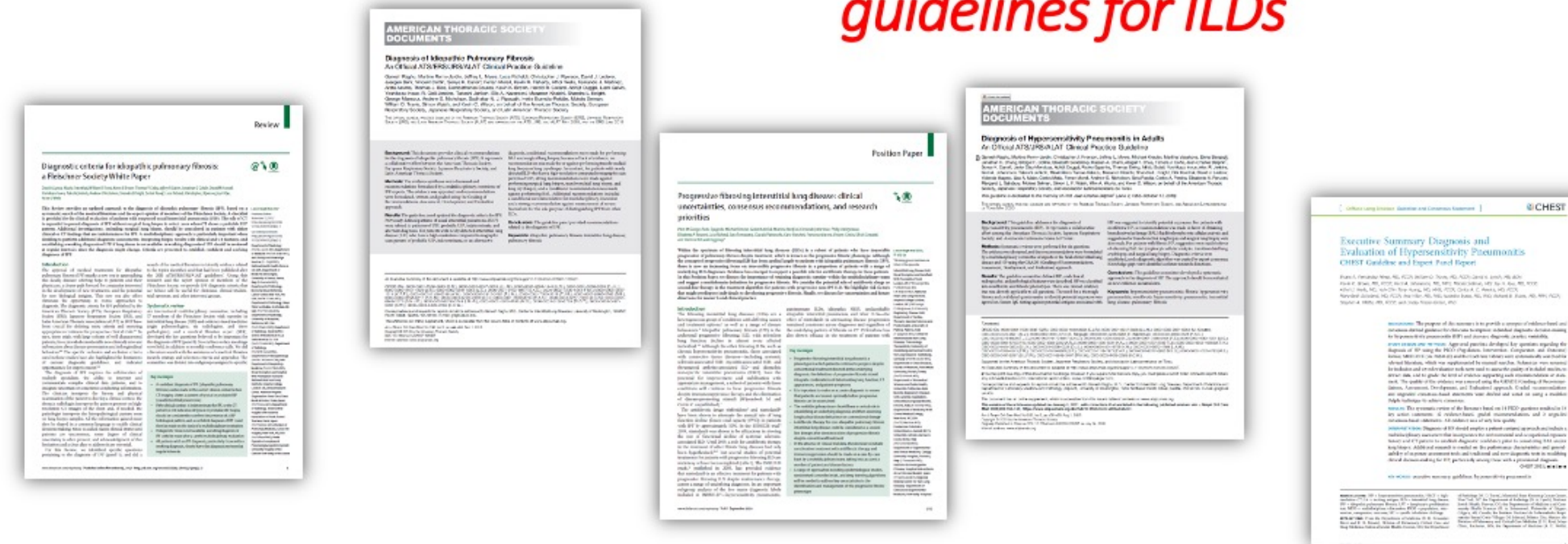
- 1 Czirják L, et al. Ann Rheum Dis 2008;67:59-63;
- 2 Data from Steen VD and Medsger TA. Ann Rheum Dis 2007;66:940-4



The role of the MDT has evolved



MDT is recommended in diagnostic guidelines for ILDs



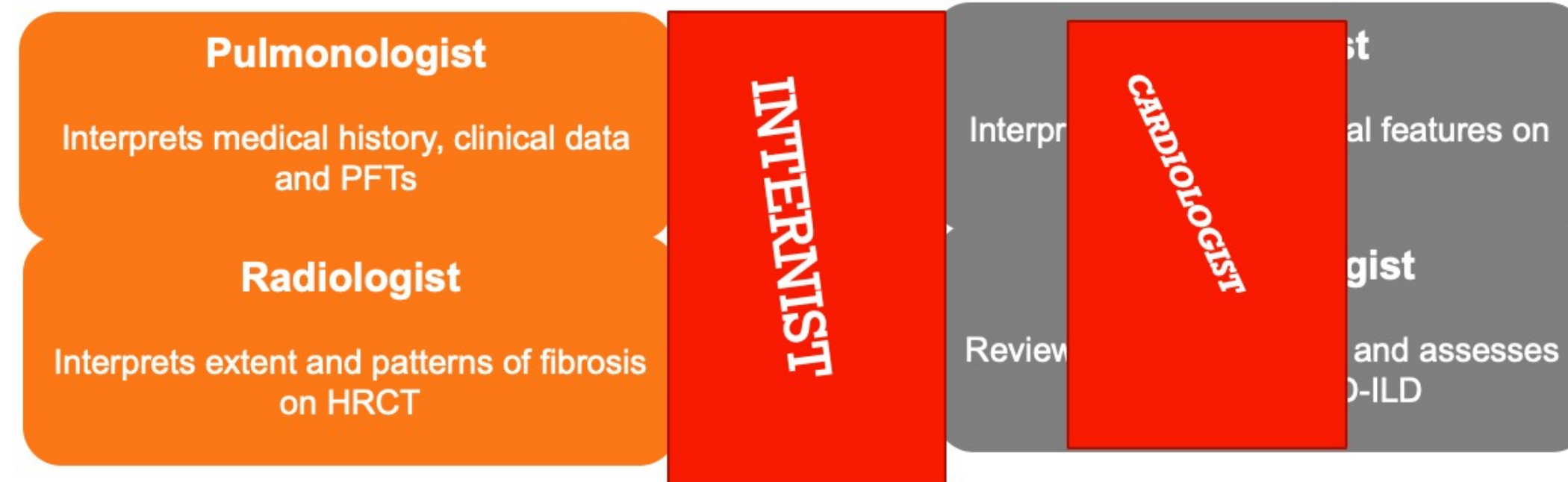
Lynch DA et al. Lancet Respir Med 2018;6:138-153; Raghu G et al. Am J Respir Crit Care Med 2018;198:e44-e68; George PM et al. Lancet Respir Med 2020;8:925-934; Raghu G et al. Am J Respir Crit Care Med 2020;202:e36-e69; Fernández Pérez ER et al. Chest 2021;S0012-3692(21)00687-5.



Who should be involved in MDT discussion of diagnosis of ILD?

Required:

As needed:



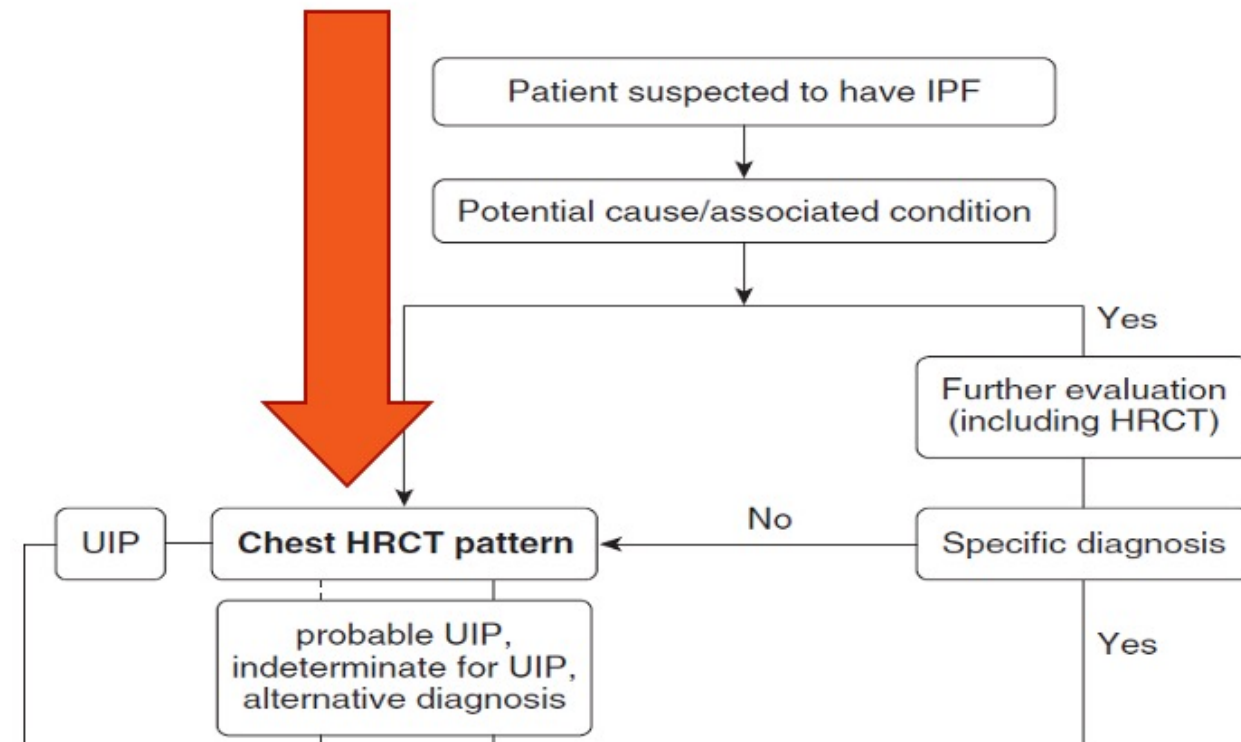
CTD, connective tissue disease.
 Travis WD et al. Am J Respir Crit Care Med 2013;188:733-48; Prasad JD et al. Respirology 2017;22:1459-1472; Lynch DA et al. Lancet Respir Med 2018;6:138-153; Raghu G et al. Am J Respir Crit Care Med 2018;198:e44-e68; Raghu G et al. Am J Respir Crit Care Med 2020;202:e36-e69; Fernández Pérez ER et al. Chest 2021:S0012-3692(21)00687-5; Teoh AKY et al. Ann Am Thorac Soc 2021 doi: 10.1513/AnnalsATS.202011-1421OC.

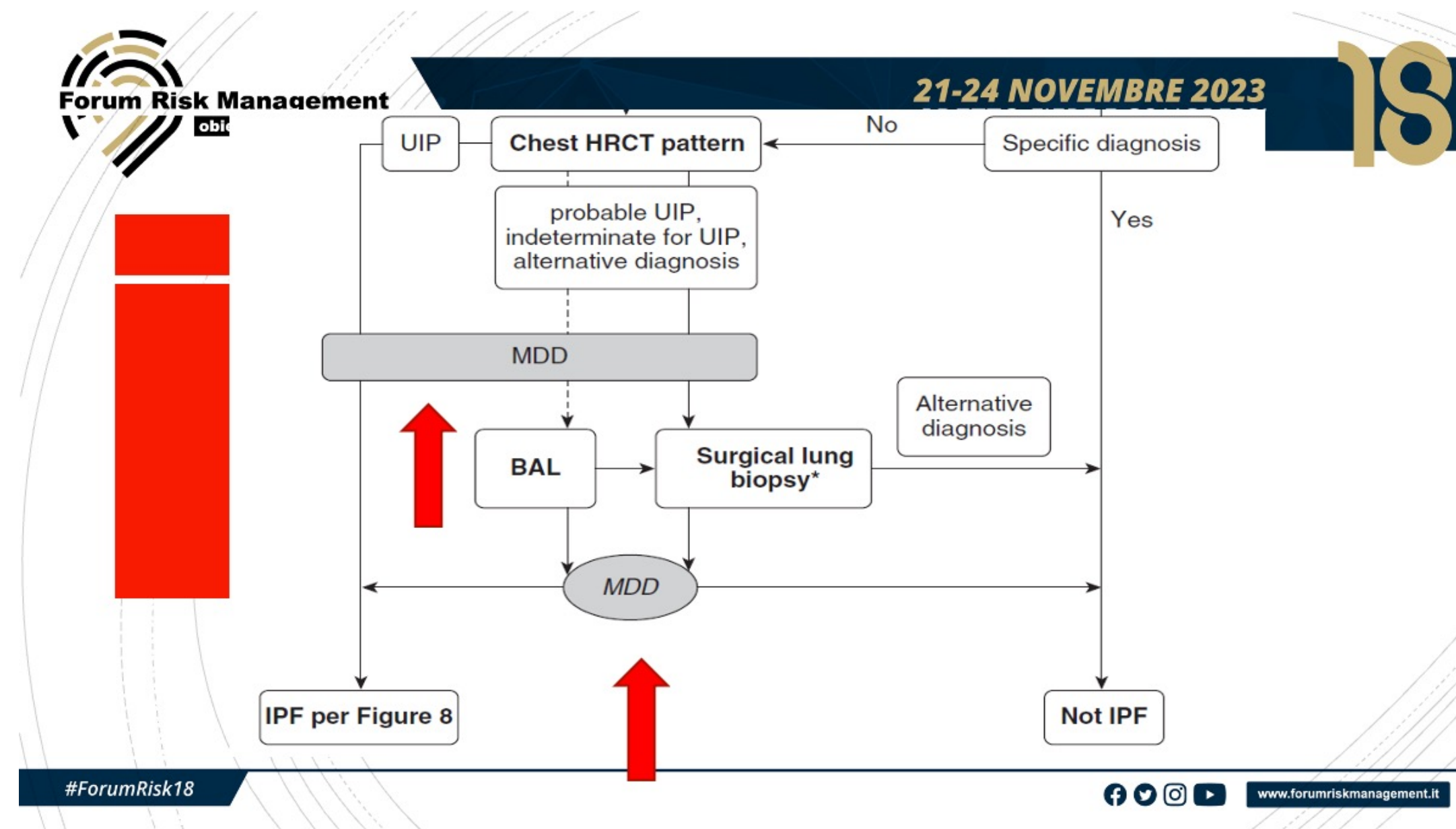
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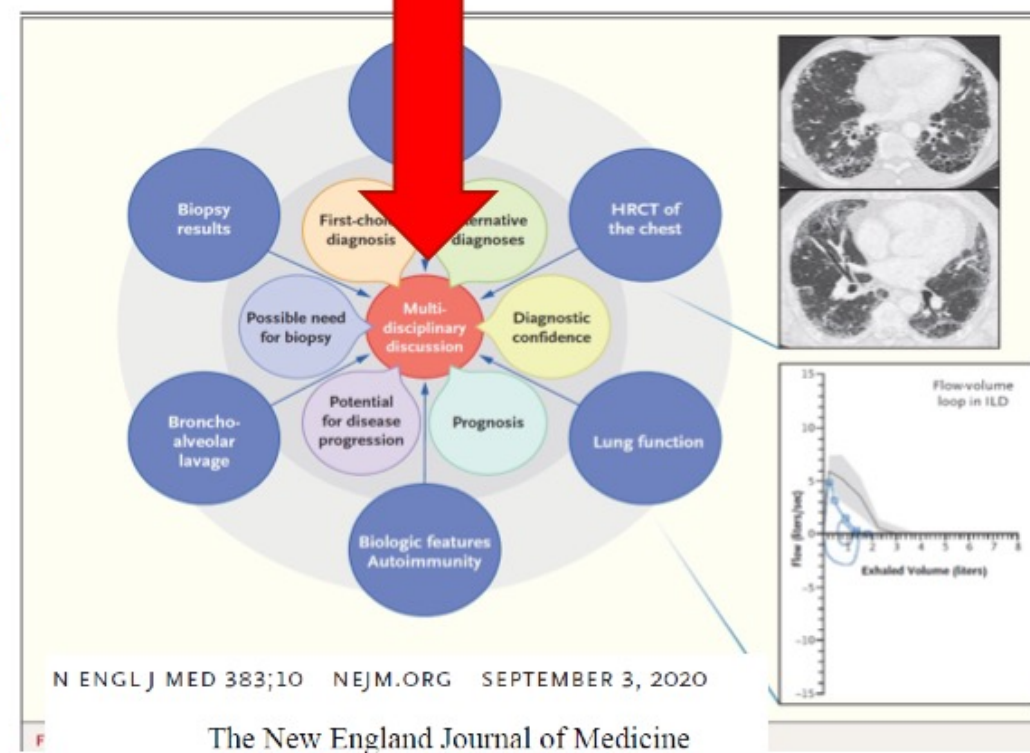
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MDT discussion plays a central role in the diagnosis of ILD



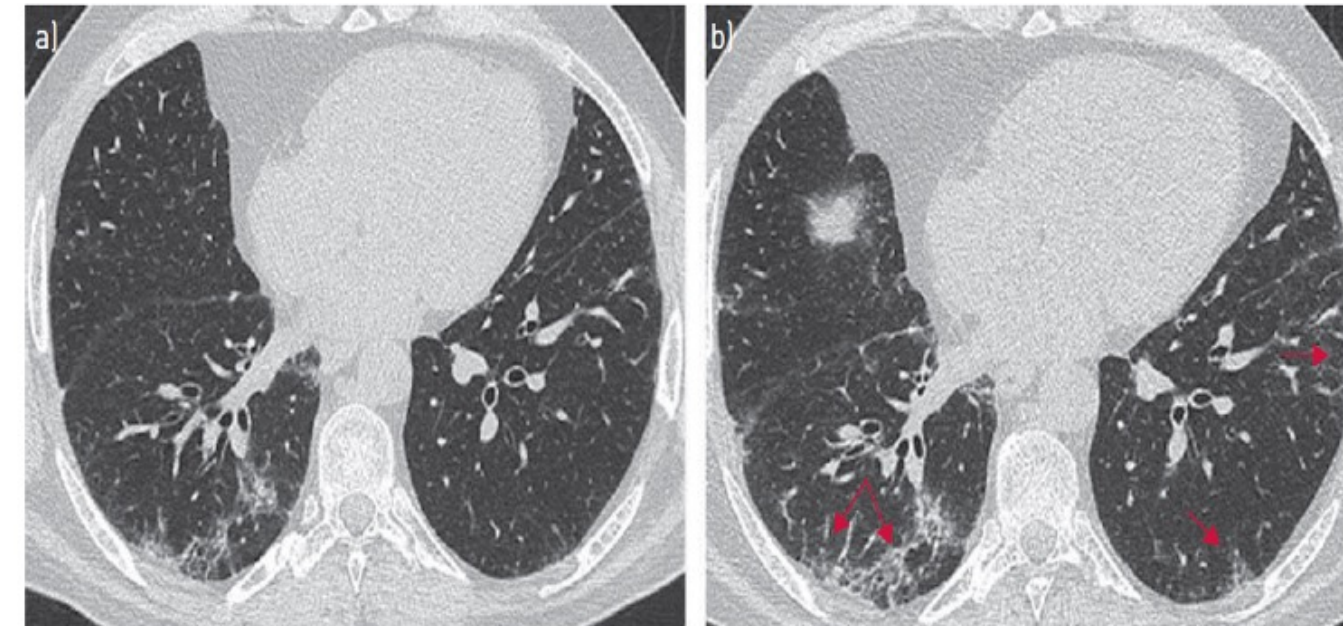
Spectrum of Fibrotic Lung Diseases

Marlies Wijsenbeek, M.D., and Vincent Cottin, M.D.

**Imaging in progressive fibrosing ILD:
Disease progression (patient 1)**

12 months

Baseline



Progressive reticulation in both lower lobes

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HRCT, high-resolution computed tomography
Walsh S et al. Eur Respir Rev 2018;27:180073



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Interstitial Lung Disease in Rheumatoid Arthritis: A Practical Review

Antonella Lupo^{1*}, Alfredo Maria Lupatelli¹, Costantino Zirio², Eleonora Zaccaro³, Daniela Mazzocchi⁴, Katta Angela Re⁵, Mariagrazia Marazza¹, Paola Faggioli¹ and Antonino Mazzone⁶

¹ASST L'Ortoleone, Pneumologia Unit, Ospedale L'Ortoleone, ASST, Italy; ²ASST L'Ortoleone, Ospedale L'Ortoleone, ASST, Italy; ³ASST L'Ortoleone, Ospedale L'Ortoleone, ASST, Italy; ⁴ASST L'Ortoleone, Ospedale L'Ortoleone, ASST, Italy; ⁵ASST L'Ortoleone, Ospedale L'Ortoleone, ASST, Italy; ⁶ASST L'Ortoleone, Ospedale L'Ortoleone, ASST, Italy

Lupo et al. | Lung and Rheumatoid Arthritis

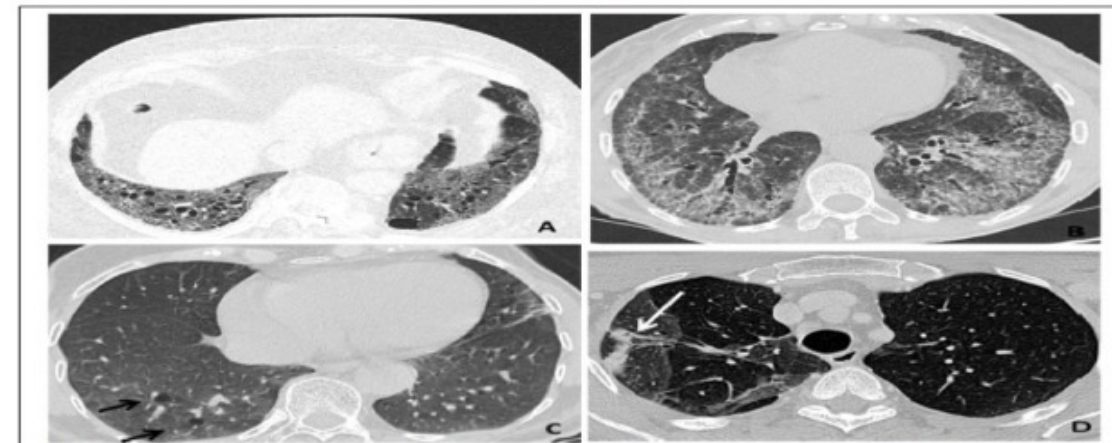


FIGURE 3 | High-resolution computed tomography (HRCT) findings in respiratory diseases and particularly interstitial disease (IA). (A) An usual interstitial pneumonia (UIP) pattern representing the most typical radiological presentation in patients with IVD is primarily characterized by reticular markings, traction bronchiectasis, and subpleural cysts (honeycombing). (B) A nonspecific interstitial pneumonia (NSIP) pattern is primarily characterized by ground-glass opacities, variably mixed with reticular thickening, and tubular bronchiectasis (black arrows). (C) A lymphocytic interstitial pneumonia (LIP) pattern is primarily characterized by peribronchovascular thickening (black arrows). (D) An organizing pneumonia (OP) pattern is primarily characterized by pulmonary consolidation (white arrow).

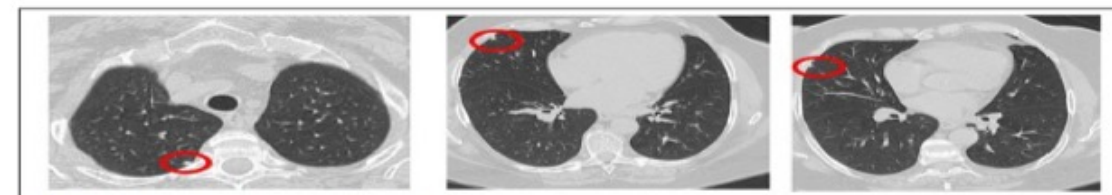


FIGURE 4 | Multiple pulmonary nodules on HRCT in a patient with IVD.



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Essential features of an ILD MDT meeting



≥1 Internist, reumathologist, pulmonologist and radiologist present



Good quality HRCT scan for every case



Visual projection system for real-time viewing of CT scans



Patient information collated on standardised template



A quiet setting

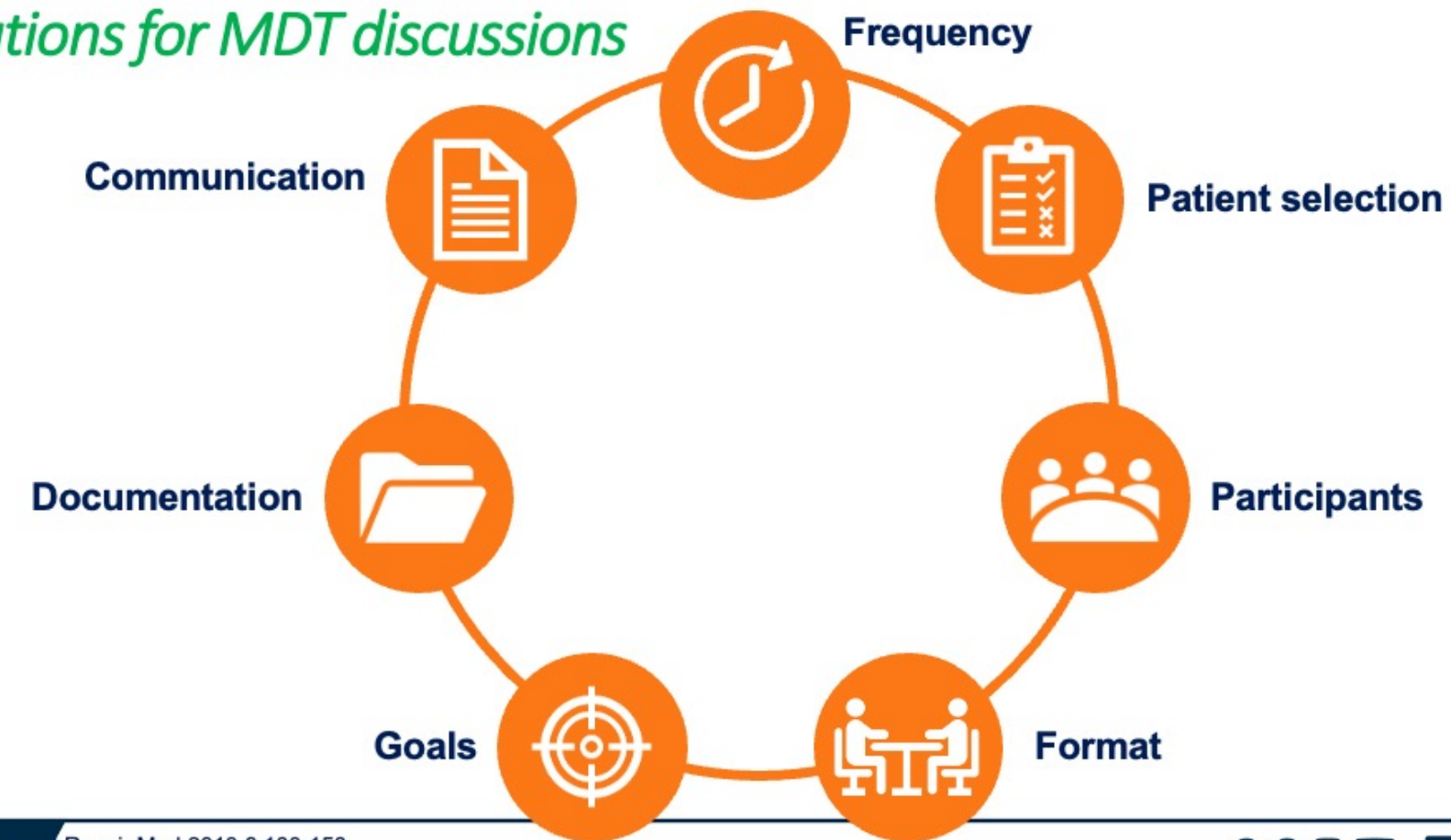
Based on results of a Delphi survey of 102 ILD experts of whom 93% were pulmonologists.
Teoh AKY et al. Ann Am Thorac Soc 2021; doi: 10.1513/AnnalsATS.202011-1421OC.

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Considerations for MDT discussions



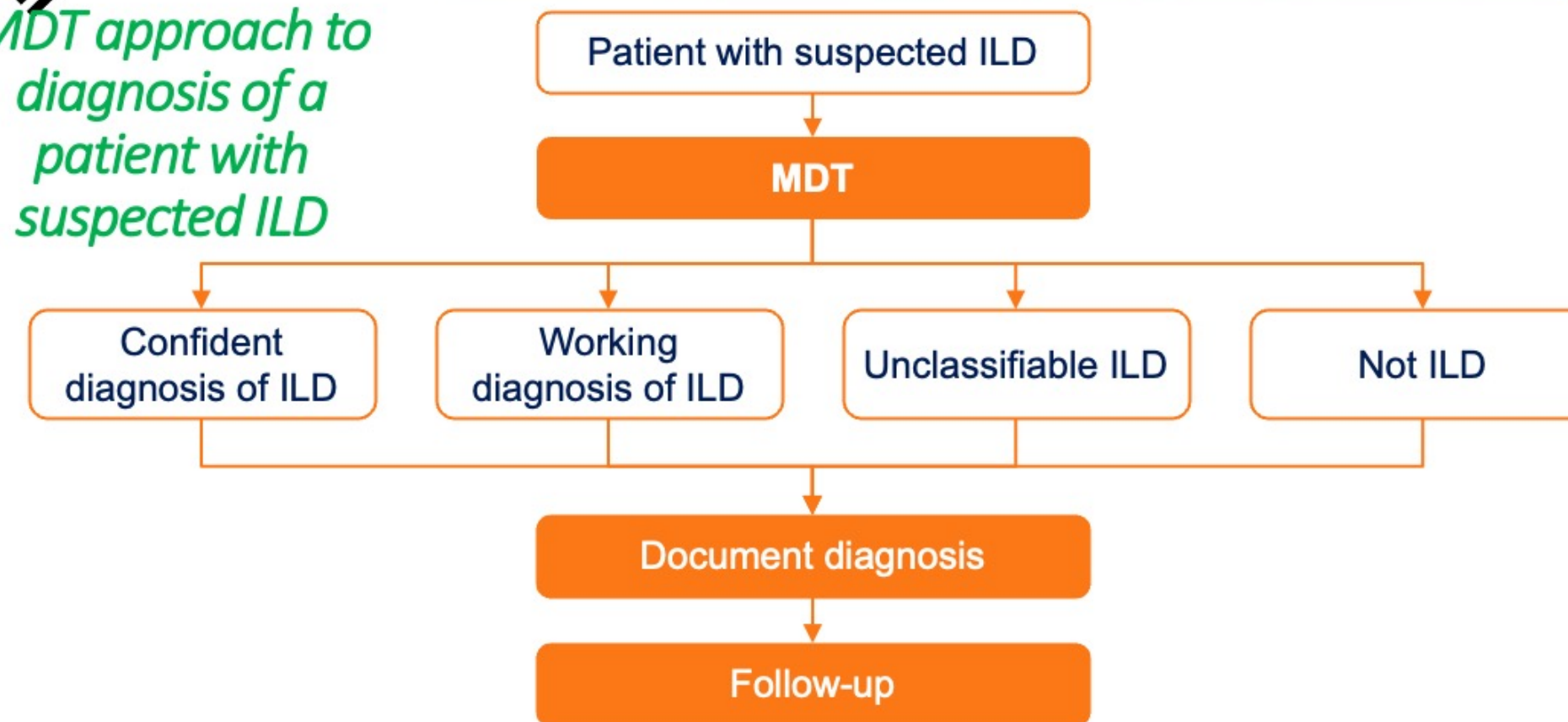
#ForumRisk18 Respir Med 2018;6:138-153.



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MDT approach to diagnosis of a patient with suspected ILD



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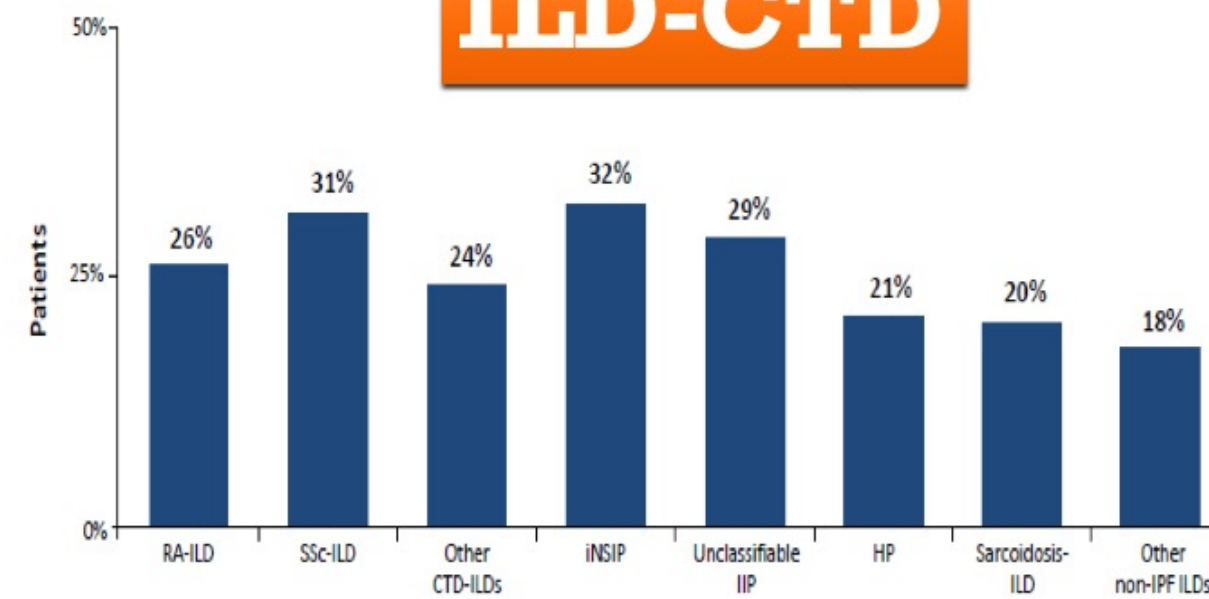
Ryerson CJ et al. Am J Respir Crit Care Med 2017;196:1249-54; al. Lancet Respir Med 2020;8:925-934; Fernández Pérez ER et al. Chest 2021:S0012-3692(21)00687-5.



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ILD-CTD



From a survey of 486 physicians who regularly managed ILD patients, it was estimated that 18–32% of patients diagnosed with non-IPF ILD develop progressive fibrosis¹

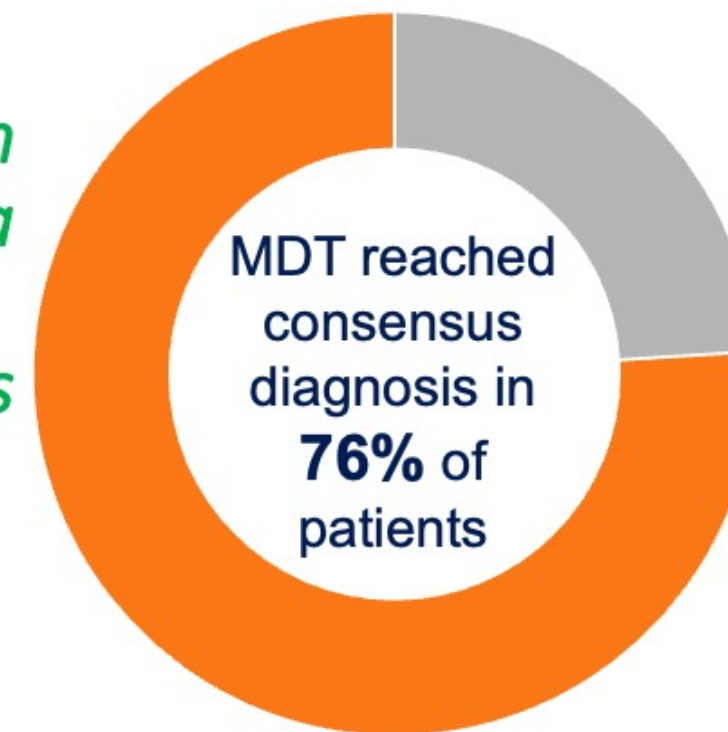
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Eur Respir Rev 2018; 27: 1007

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Among 75 patients with unclassifiable ILD referred to a tertiary centre:

*MDT discussion
may establish a
diagnosis in
uncertain cases*



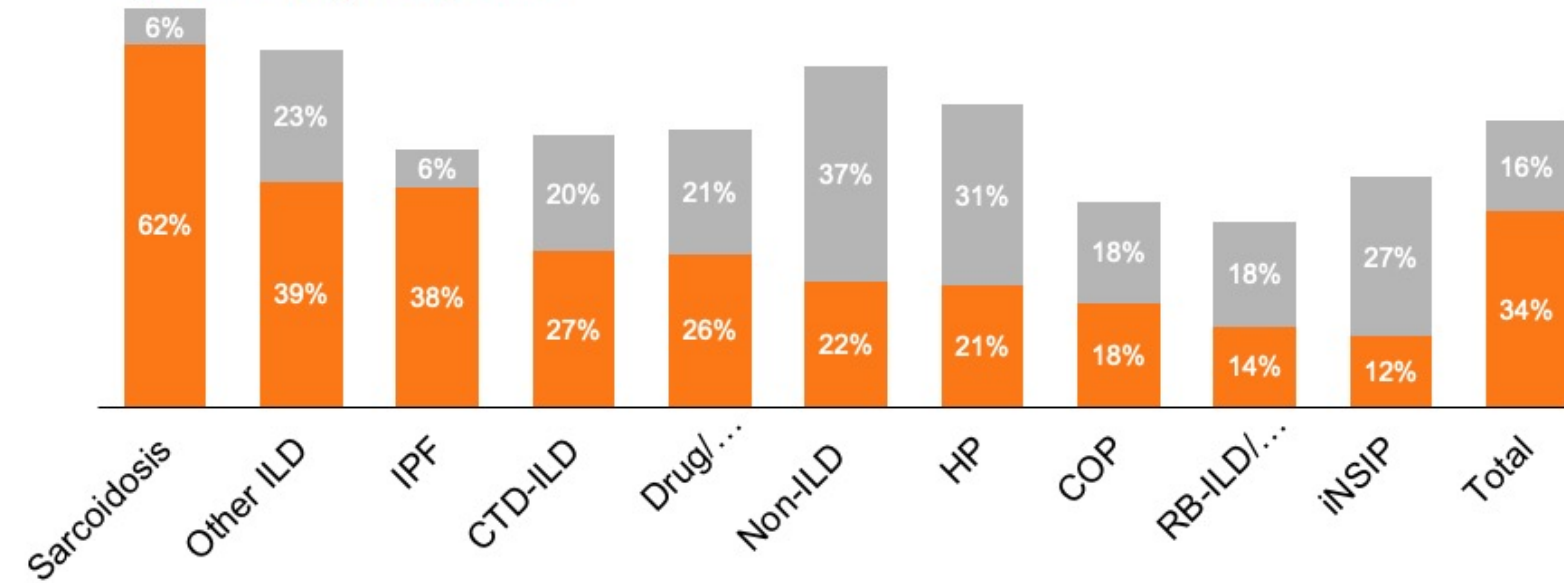
Retrospective analysis of data from single centre.
#ForumRisk18 *in Med* 2016;5:66.



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MDT discussion may confirm or change the preliminary diagnosis

- Preliminary diagnosis confirmed by MDT
- Preliminary diagnosis changed by MDT



MDT diagnosis

INSIP, idiopathic nonspecific interstitial pneumonia; RB, respiratory bronchiolitis; DIP, desquamative interstitial pneumonia; COP, cryptogenic organising pneumonia; HP, hypersensitivity pneumonitis.

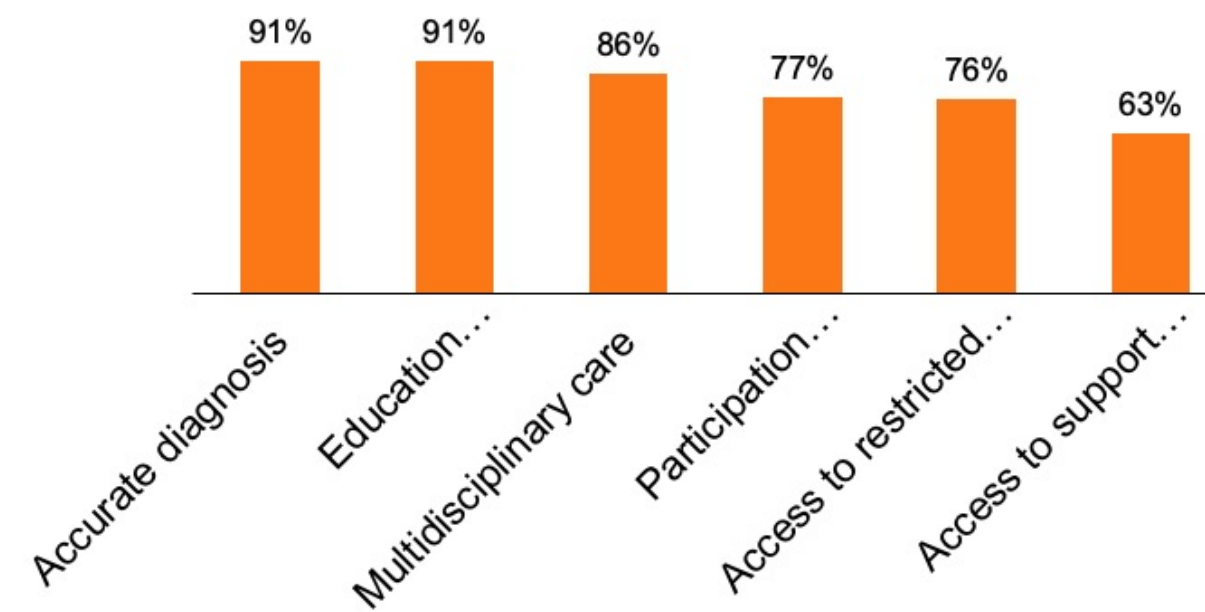
#ForumRisk18 Chest 2018;53:1416-1423.



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Factors important to patients attending a multidisciplinary ILD clinic

Multidisciplinary care is valued by patients



Proportion of patients (n=100) who responded "quite a lot" or "very important" to the question: "How important were each of the following to you when attending the ILD clinic?".
 McLean AEB et al. Respirology 2021;26:80-86.

MDT discussion can impact management of patients with ILD

Management recommendations before and after MDT discussion in patients with suspected ILD

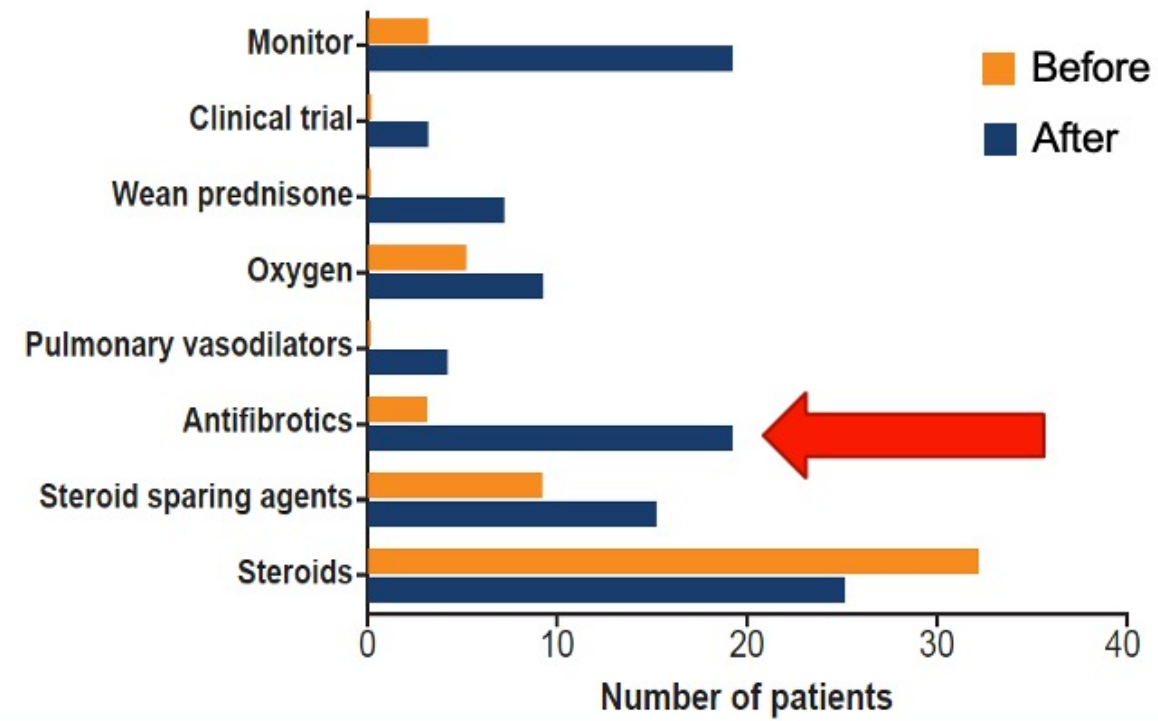
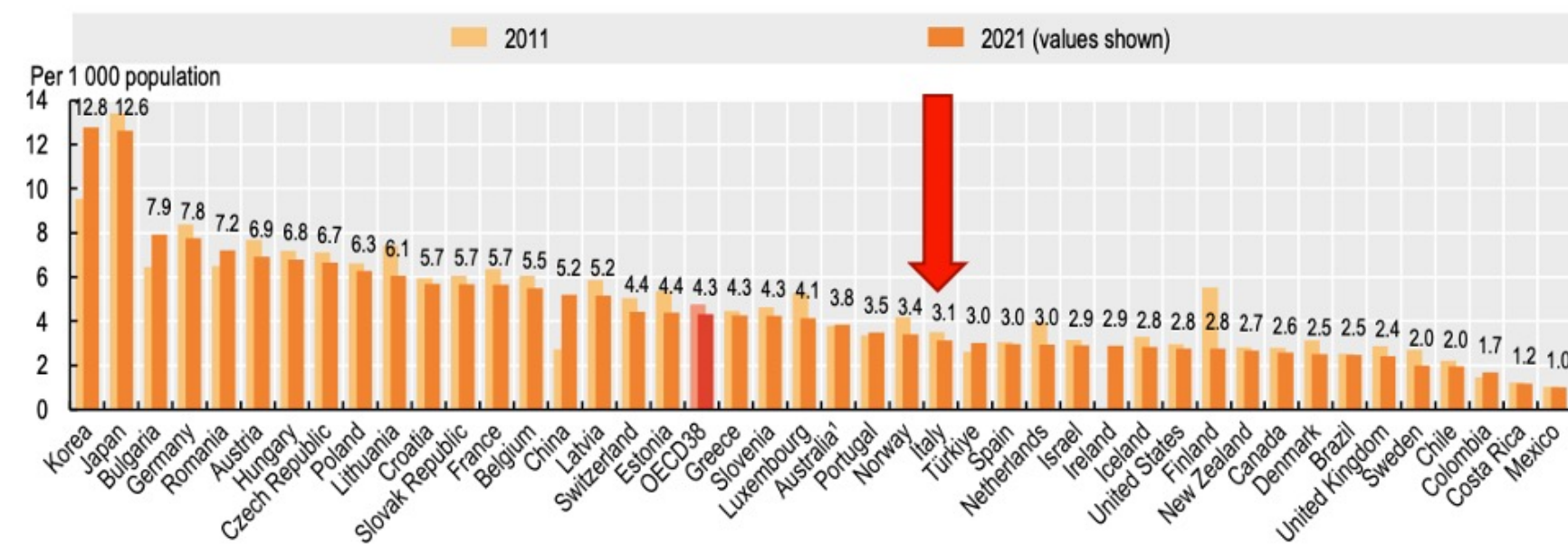


TABLE 2 Risk factors for progression of non-idiopathic pulmonary fibrosis interstitial lung diseases (ILDs)

Risk factor	First author (year) [ref.]	Hazard ratio (95% CI)	p-value
General risk factors			
UIP	FLAHERTY (2019) [2]	1.53 (-0.68–3.74)	NA
BMI	ALAKHRAS (2007) [19]	0.93 (0.89–0.97)	0.02
Oxygen desaturation during 6MWT*	ALFIERI (2020) [20]	OR [†] 8.7 (4.42–17.3)	NA
Disease			
Fibrotic hypersensitivity pneumonitis			
Decline in FVC	GIMENEZ (2018) [21]	4.13 (1.96–8.70)	0.05
Lower baseline FVC	GIMENEZ (2018) [21]	1.03 (1.01–1.05)	0.03
Antigen identification	GIMENEZ (2018) [21]	0.18 (0.04–0.77)	0.21
MUC5B [‡] /TLD gene variants	LEY (2019) [22]	3.52 (1.87–6.62)	0.009
Rheumatoid arthritis-ILD			
UIP versus NSIP	ZAMORA-LEGOFF (2017) [9]	3.29 (1.28–8.41)	0.13
High levels of CCP antibody/anti-CCP2 titres [†]	KHAN (2021) [23]	1.05 (1.01–1.10)	0.01
Smoking, 30 pack-years	KRONZNER (2021) [24]	OR [†] 6.06 (2.72–13.5)	0.002
Fibrotic score on HRCT	SOLOMON (2016) [25]	1.02 (1.01–1.03)	<0.00006
Extent of fibrosis on HRCT	SOLOMON (2016) [25]	1.12 (1.08–1.17)	<0.00006
Systemic sclerosis			
Low baseline FVC <65% and low baseline D _{LCO} <55%	SANCHEZ-CANO (2018) [27]; HOFFMANN-VOLD (2019) [28]	OR [†] 1.02 (1.01–1.03)	<0.001
Decline in D _{LCO} >15%	LE GOUELLEC (2017) [29]	2.03 (1.25–3.29)	<0.005
Decline in K _{CO} >10%	GOH (2017) [26]	2.35 (1.40–3.95)	<0.001
Fibrotic score on HRCT	IBRAHIM (2020) [30]	2.52 (1.16–5.49)	0.02
Extent of fibrosis on HRCT (HRCT extent 10–30% and FVC <70%)	GOH (2008) [31]	3.46 (2.19–5.46)	<0.0005

UIP: usual interstitial pneumonia; BMI: body mass index; 6MWT: 6-min walk test; NA: not available; FVC: forced vital capacity; NSIP: non-specific interstitial pneumonia; CCP: cyclic citrullinated peptide; HRCT: high-resolution computed tomography; D_{LCO}: diffusing capacity of the lung for carbon monoxide; K_{CO}: transfer coefficient of the lung for carbon monoxide. *: 6MWT correlates to some extent with D_{LCO} levels, but should not be strictly viewed as a surrogate marker [32]; †: hazard ratio for the risk factor was not available in the literature; hence, odds ratio was considered; ‡: usefulness of assessing anti-citrullinated peptide antibody levels merits future research as this study was done only in women.

Figure 5.17. Hospital beds, 2011 and 2021 (or nearest year)



1. 2017 data.
Source: OECD Health Statistics 2023.



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AREZZO FIERE E CONGRESSI

18

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Delitti in materia di violazione del diritto d'autore (Art. 25-novies, D.Lgs. n. 231/2001) [articolo aggiunto dalla L. n. 99/2009]

- Messa a disposizione del pubblico, in un sistema di reti telematiche, mediante connessioni di qualsiasi genere, di un'opera dell'ingegno protetta, o di parte di essa (art. 171, legge n.633/1941 comma 1 lett. a) bis)
- Reati di cui al punto precedente commessi su opere altrui non destinate alla pubblicazione qualora ne risulti offeso l'onore o la reputazione (art. 171, legge n.633/1941 comma 3)
- Abusiva duplicazione, per trarne profitto, di programmi per elaboratore; importazione, distribuzione, vendita o detenzione a scopo commerciale o imprenditoriale o concessione in locazione di programmi contenuti in supporti non contrassegnati dalla SIAE; predisposizione di mezzi per rimuovere o eludere i dispositivi di protezione di programmi per elaboratori (art. 171-bis legge n.633/1941 comma 1)
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- Mancata comunicazione alla SIAE dei dati di identificazione dei supporti non soggetti al contrassegno o falsa dichiarazione (art. 171-septies legge n.633/1941)
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