


PROGETTO: “Medici Eccellenti - 6° edizione”

Scheda tecnica per la raccolta dei dati da pubblicare in Internet su www.alcase.eu¹

Nome	UGO
Cognome	CIOFFI
Titolo di studio	Laurea in Medicina e Chirurgia
Titoli accademici	<ul style="list-style-type: none"> • PhD in Fisiopatologia Cardiovascolare, • Abilitazione Scientifica Nazionale in qualità di Ordinario in Chirurgia Generale • Abilitazione Scientifica Nazionale in qualità di Associato in Chirurgia Toracica • Full Professor of Surgery (National Scientific Qualification) at University of Milan from 2012 • Master in Scientific English as a second language at Albany University, Albany New York, USA
Specialità (chirurgia toracica, radioterapia oncologica, oncologia, pneumologia, radiodiagnostica, altro: specificare)	General and Thoracic Surgery
Posizione lavorativa corrente	He worked as visiting Doctor at Albany Medical College Albany New York and at Albert Einstein College of Medicine in 1983, 1984, 1986, 1992, 2000. He worked as a Researcher at IRCCS Ospedale Maggiore Policlinico, University of Milan, since 1989. From 2005 he was a Contract Professor at the University of Milan. Since 2012 he has been working as a Full Professor of surgery
Eventuali docenze universitarie	From 1995 to 2005 Tutor at the School of Specialization in General Surgery. From 2005 he was a Contract Professor at the University of Milan. Since 2012 he has been working as a Full Professor of surgery
Recapiti (indirizzo, telefono fisso, cellulare, fax, e-mail)	Milano, Via Francesco Sforza 35, 20122 Milano. Mobile Phone +39.3388804789 ugocioffi5@gmail.com
Come richiedere un consulto	Via mail o telefonicamente
Tempi medi di attesa	10 giorni

<p>PRINCIPALI AREE DI COMPETENZA (elencare le 3 più importanti)</p>	<p>Lung Cancer, Lung Diseases, Video-Assisted Thoracic Surgery, Mediastinal diseases,</p>
<p>PROTOCOLLI SPERIMENTALI (SI o NO) ²</p>	<p>SI Lung Cancer Treatment: From Tradition to Innovation. The future of artificial intelligence in thoracic surgery for non-small cell lung cancer treatment</p>
<p>EVENTUALE FOTO (SI o NO) ³</p>	
<p>Data</p>	<p>22/aprile/2024</p>
<p>Firma digitale (con la presente firma autorizzo i responsabili del progetto “Medici Eccellenti” a mettere online i miei dati sul sito www.akase.eu)</p>	