SELEZIONE PUBBLICA, PER ESAMI, PER IL RECLUTAMENTO DI N. 1 UNITA' DI PERSONALE DI CATEGORIA D, POSIZIONE ECONOMICA D/1, AREA TECNICA, TECNICO-SCIENTIFICA ED ELABORAZIONE DATI CON RAPPORTO DI LAVORO SUBORDINATO A TEMPO DETERMINATO E A TEMPO PIENO (12 MESI) PRESSO IL DIPARTIMENTO DI MEDICINA E CHIRURUGIA (SCHOOL OF MEDICINE AND SURGERY) DELL'UNIVERSITA' DEGLI STUDI DI MILANO – BICOCCA, BANDITO CON DECRETO REPERTORIO N. 9099/2021 DELL'11.11.2021, PUBBLICATO SULLA G.U. SERIE SPECIALE "CONCORSI ED ESAMI" – 4^ SERIE SPECIALE N. 91 DEL 16.11.2021 (CODICE 21PTA027).

ESTRATTO CRITERI E TRACCE

La Commissione Giudicatrice della selezione pubblica, per esami, per il reclutamento di n. posto di categoria D, posizione economica D/1, area tecnica, tecnico-scientifica ed elaborazione dati, con rapporto di lavoro subordinato a tempo determinato (12 mesi) e a tempo pieno, per le esigenze del Dipartimento di Medicina e Chirurgia (School of Medicine and Surgery) (cod. 21PTA027) dell'Universita' degli Studi di Milano – Bicocca, bandito con Decreto n. 9099/2021 del 11.11.2021, pubblicato sulla G.U 4^ Serie Speciale Concorsi ed Esami n. 91 del 16.11.2021, nominata con Decreto repertorio n. 6822 del 10.01.2022, composta da:

PROF.SSA PAOLA NOVERINA PALESTINI	Dipartimento di Medicina e Chirurgia Università degli Studi di Milano - Bicocca PRESIDENTE
PROF.SSA FERRARETTO ANITA	Professore Associato del Dipartimento di Scienze Biomediche per la Salute – Università degli Studi di Milano Esperta della materia–COMPONENTE
DOTT.SSA BIANCHI CRISTINA	Dipartimento Medicina e Chirurgia – Università degli Studi di Milano - Bicocca Esperta della materia–COMPONENTE
SIG.RA BERNOCCO GABRIELLA	Area del Personale – Ufficio Personale Tecnico-Amministrativo SEGRETARIO

CRITERI DI VALUTAZIONE:

I criteri di valutazione delle due prove scritte saranno i seguenti, adottati complessivamente:

- grado di conoscenza della materia, capacità di sintesi della stessa, chiarezza espositiva nell'elaborazione dell'argomento oggetto della prova.

La valutazione sarà fatta in base all'esito complessivo della prova ed espressa in trentesimi.

La Commissione stabilisce che per la prova orale verranno adottati gli stessi criteri previsti per le due prove scritte.

La prova orale verterà sugli argomenti riportati nel bando e la Commissione predeterminerà prima dell'inizio della prova orale le domande da porre alla candidata predisponendo un numero congruo di domande per consentire che la candidata possa procedere alla individuazione dei quesiti mediante sorteggio.
Come previsto dal bando, in sede di prova orale, verrà accertata la conoscenza della lingua inglese e dell'uso delle apparecchiature e delle applicazioni informatiche più diffuse.
La prova di lingua inglese consisterà nella lettura, traduzione di un breve brano in detta lingua; si darà rilievo alla pronuncia e alla corretta comprensione del testo proposto.

La capacità di utilizzo delle apparecchiature e applicazione informatiche più diffuse verrà verificata attraverso almeno un quesito specifico eventualmente anche mediante una prova pratica su personal computer.

Tracce relative alla prima prova scritta:

TRACCIA n. 1:

Illustri quali sono i meccanismi molecolari relativi l'assetto lipidico cellulare che possono essere coinvolti in un contesto di stress ossidativo

TRACCIA n. 2:

Illustri quali sono le risposte, a livello proteico, che si attivano a livello cellulare durante lo stress infiammatorio

TRACCIA n. 3:

Illustri quali sono le risposte cellulari che si attivavo, a livello proteico, durante un evento di stress ossidativo

Tracce relative alla seconda prova scritta a contenuto teorico-pratico:

TRACCIA n. 1:
Illustri quali indagini biochimiche sono possibili in un modello cellulare di infiammazione.

TRACCIA n. 2:
Illustri quali indagini biochimiche sono possibili in un modello cellulare di stress ossidativo.

TRACCIA n. 3:
Illustri quali metodi si possono utilizzare in un sistema cellulare in vitro per indurre stress ossidativo.

Tracce prova orale:

TRACCIA N. 1

1. Modelli cellulari di barriera intestinale di infiammazione.
2. Mediante l'utilizzo di foglio di calcolo .xls Valutazione dei livelli proteici in un lisato cellulare (metodo dell'acido bicinconinico).
3. Prova inglese Intermittent fasting in the prevention and treatment of cancer. Allegato.

TRACCIA N. 2

1. Modelli cellulari di barriera ematoencefalica per studiare lo stress ossidativo.
2. Mediante l'utilizzo di foglio di calcolo.xls Determinazione/quantificazione densitometrica di bandeproteiche ottenute mediante EF,WB e chemiluminescenza.
3. Prova inglese -Eating habits and lifestyle changes during COVID-19 lockdown: an Italian survery. Allegato.

La segretaria della Commissione F.to Gabriella Bernocco

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RESEARCH Open Access

Eating habits and lifestyle changes during COVID-19 lockdown: an Italian survey

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Abstract

Background: On December 12th 2019, a new coronavirus (SARS-Cov2) emerged in Wuhan, China, sparking a pandemic of acute respiratory syndrome in humans (COVID-19). On the 24th of April 2020, the number of COVID-19 deaths in the world, according to the COVID-Case Tracker by Johns Hopkins University, was 195,313, and the number of COVID-19 confirmed cases was 2,783,512. The COVID-19 pandemic represents a massive impact on human health, causing sudden lifestyle changes, through social distancing and isolation at home, with social and economic consequences. Optimizing public health during this pandemic requires not only knowledge from the medical and biological sciences, but also of all human sciences related to lifestyle, social and behavioural studies, including dietary habits and lifestyle.

Methods: Our study aimed to investigate the immediate impact of the COVID-19 pandemic on eating habits and lifestyle changes among the Italian population aged $\geq$ 12 years. The study comprised a structured questionnaire packet that inquired demographic information (age, gender, place of residence, current employment); anthropometric data (reported weight and height); dietary habits information (adherence to the Mediterranean diet, daily intake of certain foods, food frequency, and number of meals/day); lifestyle habits information (grocery shopping, habit of smoking, sleep quality and physical activity). The survey was conducted from the 5th to the 24th of April 2020.

Results: A total of 3533 respondents have been included in the study, aged between 12 and 86 years (76.1% females). The perception of weight gain was observed in 48.6% of the population; 3.3% of smokers decided to quit smoking; a slight increased physical activity has been reported, especially for bodyweight training, in 38.3% of respondents; the population group aged 18–30 years resulted in having a higher adherence to the Mediterranean diet when compared to the younger and the elderly population ($p < 0.001$; $p < 0.001$, respectively); 15% of respondents turned to farmers or organic, purchasing fruits and vegetables, especially in the North and Center of Italy, where BMI values were lower.

Conclusions: In this study, we have provided for the first time data on the Italian population lifestyle, eating habits and adherence to the Mediterranean Diet pattern during the COVID-19 lockdown. However, as the COVID-19 pandemic is ongoing, our data need to be confirmed and investigated in future more extensive population studies.

Keywords: COVID-19, Coronavirus, Mediterranean diet, Eating habits, Lifestyle

Background

The 2019 Coronavirus Disease or, as it is now called, COVID-19, is a severe acute respiratory syndrome caused by SARS coronavirus 2 (SARS-CoV-2). It was supposed that in December 2019, SARS-CoV-2 apparently

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Intermittent Fasting in the Prevention and Treatment of Cancer

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Abstract: Chronic caloric restriction (CR) has powerful anticarcinogenic actions in both preclinical and clinical studies but may be difficult to sustain. As an alternative to CR, there has been growing interest in intermittent fasting (IF) in both the scientific and lay community as a result of promising study results, mainly in experimental animal models. According to a survey by the International Food Information Council Foundation, IF has become the most popular diet in the last year, and patients with cancer are seeking advice from oncologists about its beneficial effects for cancer prevention and treatment. However, as discussed in this review, results from IF studies in rodents are controversial and suggest potential detrimental effects in certain oncologic conditions. The effects of IF on human cancer incidence and prognosis remain unknown because of a lack of high-quality randomized clinical trials. Preliminary studies suggest that prolonged fasting in some patients who have cancer is safe and potentially capable of decreasing chemotherapy-related toxicity and tumor growth. However, because additional trials are needed to elucidate the risks and benefits of fasting for patients with cancer, the authors would not currently recommend patients undergoing active cancer treatment partake in IF outside the context of a clinical trial. IF may be considered in adults seeking cancer-prevention benefits through means of weight management, but whether IF itself affects cancer-related metabolic and molecular pathways remains unanswered. **CA Cancer J Clin 2021;0:1-20.**

Keywords: caloric restriction, fasting, obesity, neoplasms

Introduction

Despite significant advances in the field of oncology, cancer remains the second leading cause of mortality and morbidity in the United States,[1] accounting for an estimated 608,570 deaths in 2021 alone.[2] The incidence rate is expected to increase with a rapidly aging population. The current estimated lifetime risk of being diagnosed with cancer is 40.14% for males and 38.70% for females,[3] with a projected 22 million cancer survivors in the United States by 2030.[4] Furthermore, even with a marked improvement in overall survival at 5 years, cellular and organ damage from chemotherapy and/or radiation therapy frequently results in decreased quality of life for survivors, with common residual physical symptoms such as neuropathy, fatigue, cognitive problems, and pain.[5] Such physical and psychosocial symptoms often persist well beyond 5 years,[6] with survivors reporting unmet needs even 10 years after treatment.[7] Furthermore, approximately 8% of survivors develop a second cancer, one-half of whom are likely to die from the second malignancy[8,9]

Fortunately, studies of monozygotic twins suggest that hereditary factors exert a small contribution to the risk of most neoplasms and that environmental factors play