BIOSKETCH

Prof. Dr. med. Davide Rossi

Dr. Davide Rossi is Deputy Head of the Division of Hematology of the Oncology Institute of Southern Switzerland IOSI and Head of the Laboratory of Experimental Hematology at the Institute of Oncology Research IOR in Bellinzona, Switzerland.

Dr. Rossi obtained a Medical Degree magna cum laude from the Amedeo Avogadro University of Eastern Piedmont in 2000, he then trained in Internal Medicine (board certification in 2005) and obtained a PhD in Clinical and Experimental Medicine in 2009. From 2008 to 2015 Dr. Rossi worked as Assistant Professor of Hematology at the Amedeo Avogadro University of Eastern Piedmont and coordinated an independent clinical and research unit dedicated to lymphoproliferative disorders.

In 2011 Dr. Rossi was awarded the Young Investigator Prize for the research in the field of lymphomas and leukemias by the Italian National Academy of Sciences and in 2018 the European Research Council awarded him the prestigious ERC Consolidator Grant to support his research “Harnessing clonal evolution in chronic lymphocytic leukemia”.

Dr. Rossi has established himself as a leader in his field, as documented by a number of honors including: Chairing sessions at the Congress of the European Hematology Association (EHA) and at the Annual Meeting of the American Society of Hematology (ASH);

Providing educational contributions at the EHA, ASH and ICML meetings; Serving as reviewer for many leading journals and scientific institutions.

Furthermore, Dr. Rossi is author of 267 peer reviewed publications (total IF: 1678, total non-self-citations: 14571; h-index: 62).

The research topic of Dr. Davide Rossi is the molecular pathogenesis and diagnosis of B-cell tumors and translation of biological information into markers for disease diagnosis and prognostication. In this field, original and ground-breaking contributions of the proponent include:

I. Identification of NOTCH1, SF3B1 and BIRC3 mutations in chronic lymphocytic leukemia (CLL) and characterization of their clinical role;
II. Definition of the molecular bases of high risk CLL, including refractory and transformed disease;
III. Definition of the genetic profile of very low risk CLL patients, including highly stable/non-progressing patients and patients who gain durable remission after chemoimmunotherapy;
IV. First description of the clinical relevance of small TP53 mutated subclones in CLL;
V. Seminal characterization of the splenic and nodal marginal zone lymphoma genome, including the identification of NOTCH2, PTPRD and non-canonical NF-κB gene mutations in marginal zone lymphomas;
VI. Validation of plasma cell free DNA as a tool to inform on tumor genetics in lymphomas.