PERSONAL DATA A

Lars G. Damstrup, MD, PhD

Medical Oncology Expert

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EDUCATION

Student from Wellingborough Grammar School, England 1976

Medical Doctor, University of Copenhagen 1983

License to practice independent medicine 1985

PhD -University of Copenhagen 1993

Specialist in medical oncology oncology and radiotherapy 2000

LANGUAGE KILLS .

Danish: Mother tongue

English: Fluent in oral and written communication

Scandinavian languages: comfortable

German: Basic

PROFESSIONAL CAREER – DRUG DEVELOPMENT.

Debiopharm International, Switzerland **– April 2019 Until July 2022**

Medical Director

**Main responsibilities:**

Global medical lead for Debio 0123 (Wee-1 inhibitor)

Overarching medical lead for Debiopharm 1143 (IAP), all studies except the Phase III TrilynX study

Responsibilities included:

The develop of the clinical strategy and design the protocol for the 1143 and 0123 and have been an integral member of the development team (core team) and work closely with Clinical Operations, Biostats, Drug Safety, Regulatory Affairs and Business functions.

Functional leadership to the Clinical Scientist assigned to the programs with respect to monitoring, reviewing and interpreting patient profiles, safety and efficacy data of the Phase I/II/III studies on an ongoing basis and assure the completeness and quality of the data.

At the company level responsible for the updating and defending the Clinical Development Plans with respect to Phase I/II/ III activities.

Consulted with internal and external experts for the generation of an innovative and optimal designed Phase I/II/III program and Clinical Trial Protocols.

For both projects delivered and execute the Phase I/II clinical development plan in collaboration with study teams by ensuring efficient execution/compliance of protocols, appropriate study medical monitoring, timely resolution of issues, and reporting of study results including communication at congresses.

Also worked with the PV team to provide efficient and proper medical review of safety of participating subjects in the studies including SUSAR, AESIs, SAEs review, to deliver phase I/II/III data update for DSUR, IB IND updates and other regulatory and/or business required documents.

Guidance and support to the clinical study team with respect to feasibility studies for identifying lead investigator(s) and high-quality investigational sites and the organization of Investigator Meetings.

Acted as medical expert for clinical study teams, CRO's, study sites and others, developed and consolidate a network of Key Opinion Leaders /investigators, through the participation in medical congresses and symposia, and taken the lead in the organization of Scientific Advisory Boards.

Involved in the develop of the scientific communication plan and supervise the development and delivery of scientific publications and scientific presentations to internal and external stakeholders.

Provided medical expertise and input into documents that have been required for the interaction with Regulatory Authorities worldwide.

**Symphogen A/S, Ballerup, Copenhagen, Denmark – November 2018 Until April 2019**

Senior Medical Director

**Global medical lead of Symphogen’s IO products:**

**Sym021 PD-1**

**Sym022 TIM-3**

**Sym023 LAG-3**

**Sym024 – 026 preclinical compounds**

Due to downscaling of the company very short employment period.

**Merck Serono, Darmstadt, Germany - October 2012 until November 2018**

Senior Medical Director

**Global medical lead of pimasertib** (October 2012 to August 2014)

Responsibilities and accomplishment

* Medical oversight of the ongoing trials (10 trials)
* Medical input to clinical pharmacology studies (3 trials)
* Medical input to new trials (1 trial)
* Medical input to: iDP, IB, IND, IMPD, DSURs
* Leading the medical collaboration with Sanofi oncology (US) 4 trials 1 completed, 1 ongoing and 2 new trials initiated
* Core member of the global project team
* Review of CTR
* Presented at investigator meetings
* Presenter at an Asian advisory board meeting November 2013

**Global medical lead of DNA-PKi** (since November 2013)

Responsibilities and accomplishment

* With project management driving the process to achieve internal approval to move from non-clinical to clinical development
* Leading advisory board meetings (EU and USA)
* Driving the protocol creation and having first patient in the first in man study in 10 months
* Driving the protocol creation for the second protocol in combination with radiotherapy
* Medical input to: iDP, IB, IND, IMPD, briefing book and other documents submitted to FDA
* Medical input to questions posed by VHP, national regulators as well as ethical committees
* Medical input and co-leading the strategic development plan for DNA-PKi both in the short (1-2 years) and in the long run (2-5 years)
* Presented at investigator meetings
* Core member of the global project team
* Medical input to SMC charter and SMC meetings
* Core member and driver for the integration of avelumab (PD-L1) into DNA-PKi clinical trials

**Global medical lead of ATMi** (since January 2015 until Jan 2016)

Responsibilities and accomplishment

* With project management driving the process to achieve internal approval to move from non-clinical to clinical development
* Medical input to: iDP and TPP
* Core member of the global project team

**Medical co-lead for combination studies with DNA-PKi and avelumab (PD-L1)** (since January 2017)

Responsibilities and accomplishment

* With project management driving the process to achieve internal approval to move from non-clinical to clinical co-development
* Medical input to: protocol amendment(s) to include avelumab in current DNA-PKi development program

**Member of innovation cluster: DNA damage and repair** – medical input to development and in-licensing and evaluation of new targets.

Report to VP for early clinical development, 2 medical doctors’ report to me.

**Topotarget A/S, Copenhagen – Jan 2010 Until Sep 2012**

Medical Director Oncology

(CMO ad interim 01-May 2010 – 01-Dec 2010)

**Global medical lead of Belinostat (now approved by FDA for the treatment of patients with PTCL)**

Reported to CEO, since 01-Dec 2010 reported to CMO

2-4 FTE report to me and 4 external consultants (Medical writers and statistician)

Responsibilities and accomplishment

* Head of medical and preclinical department
* Present and argue company´s view to BfArM (Germany) and MPA (Sweden) to obtain national scientific advice in hematological malignant diseases
* Present and argue company position at EMEA in orphan drug indication
* Medical responsible for all Topotarget sponsored trials
* Member of management team with responsibility for development plans from phase I through pivotal trials.
* Present and defend development strategy to the Topotarget board including budget and timelines
* Arranging and leading advisory board meetings (5 disease specific – 3 global advisory board meeting including pipeline presentation).
* Active participant in Joint Development Committee between Topotarget and Spectrum
* Review function
  + Protocol in Non-small cell lung cancer (phase I/II)
  + Annual report and annual safety report
  + Clinical study reports
* Written synopsis for drug-drug-interaction study, review of final protocol
* Contact with investigators both by TC, e-mail and face to face
* Building extensive KOL relationship in
  + NSCLC, bladder cancer, colorectal cancer, CUP and hematological malignancies
* Active interactions with investigators from the National Cancer Institute, vendors, pathology review meetings etc
* Compiled request for proposals for statistical help and clinical study reports needed for NDA filling
* Leading the process for updating investigator brochure
* Written press releases
* Generating the publication plan and news flow overview for 2010-2013 (for potential press releases)
* Medical input to
  + CMC issues and new formulations
  + Contact with regulatory consultants
  + FDA type C meeting
  + Orphan drug application
  + Patent issues
  + Pharmaco-vigilance (SAEs and SUSARS)
  + Investigator sponsored trials
  + Publications from in-house sources as well as investigators
  + Pipeline including commercial valuation thereof and partnering discussion
* Medical driving force to complete enrollment on time in a randomized phase II proof-of-concept study
* Medical lead in collaboration with US partner Spectrum to review CTR for NDA filing

**Clinical trials**

* Phase I
  + Completed – lymphoma
* Phase II
  + Completed – soft tissue sarcoma
  + Completed – cancer of unknown primary site (CUP) – randomized trial
* Pivotal
  + Completed – Peripheral T-cell lymphoma (lead to registration)

**Medical Department, Genmab A/S, Copenhagen – Sep 2007 Until Dec 2009**

Medical Director Oncology - 01-Jul-2008 – 31-Dec-2009

Medical & Scientific Advisor Oncology - 01-Sep-2007 – 30-Jun-2008

**Global medical lead for zalutumumab**

2FTE reported to me – I reported to Senior Vice President

Responsibilities and accomplishment

**Drug development – monoclonal antibodies in solid tumors**

* Medical overview of potential new targets in different malignancies
  + 3 new drugs have been moved forward to preclinical evaluation with the goal to potentially move these forward as investigational new drugs
* Medical rationale for new indications with target validated drug
  + 3 new protocols have been implemented – phase I - II
* Medical rationale and input to drug development plans and clinical development plans
  + 2 new indication and one Head-2-Head studies have been reviewed and accepted by senior management (not implemented)
* Medical review of SUSAR and potential safety concern
  + Partial Clinical hold implemented by FDA – medical review of safety parameters which resulted in a timely lifting the clinical hold
* Lead on new indication
  + Identification of KOL, arrangement for advisory board meeting, writing protocol and silent approval by FDA performed in 10 months
* Medical rationale for preclinical studies
  + Instrumental in suggesting preclinical models and combination of our drug and chemotherapy and or radiotherapy
* Medical review of documents to be included in BLA process
* Medical review of own and competitors patents
  + Patent extension granted

**Clinical trials**

* Phase I
  + Completed – colorectal cancer; medical review of clinical study report
  + Completed – squamous cell carcinoma head and neck
* Phase II
  + Terminated – non-small cell lung cancer; medical review of clinical study report
  + Completed – squamous cell carcinoma head and neck
  + Completed – squamous cell carcinoma head and neck
* Phase III
  + Pivotal trial recruitment complete – squamous cell carcinoma head and neck. Study did not meet primary endpoint
* Investigator meetings
  + Medical lead in investigator meetings in above trials ~15 meetings conducted on 3 continents. In all meetings disease introduction, drug introduction and safety parameters covered.
* Medical indication synopsis
  + Medical rationale lead to endorsement by senior management of two protocols in lung and head and neck cancer
  + Implementation of QTc evaluation in one trial
* Medical review of protocols, informed consent, statistical analysis plans and CRF´s
  + All submitted protocols have been accepted by competent authorities
* Pediatric investigational plans
  + Wrote waiver for pediatric investigational plan for one drug – accepted by EMEA
* International experience
  + Trials conducted in Eastern Europe, Russia, EU, USA, Canada and South America
* Alternative dosing regimens
  + Successfully argued to study giving one of our drugs in a different dosing regime

**Multi-disciplinary interaction**

* Multi-disciplinary task force – medical, drug regulatory affairs and biometrics
  + Successfully suggested a head-to-head study with biomarker assessment
* Lead in drug positioning team
  + Help complete non-confidential material for one drug

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**Medical Department, Novartis A/S, Copenhagen – Dec 2005 Until Aug 2007**

Nordic Medical Advisor Oncology

Reported to Nordic Medical Director

**Nordic medical lead for sandostatin**

Responsibilities and accomplishment

**Drug development oncology**

* Novartis representative in the Nordic Neuroendocrine Tumor Group (NNTG)
  + Liaison between NNTG and Novartis in an investigator initiated study

**Clinical trials**

* Phase I-III
  + Danish representative in Novartis trials running in Denmark within, hematology, neuroendocrine tumors, glioblastoma, various intracranial tumors, breast and ovarian cancer
* Post-marketing studies
  + Danish representative in Nordic Zometa study, responsible for local budget
* Compassionate use program
  + Neuroendocrine tumors within the Nordic region
  + Hematology in Denmark
* Protocols
  + Medical review of centrally approved protocols to ensure they adhere to Danish regulations, review of informed consent. Certification of translations within time frames. Evaluation of serious adverse events

**Sales and marketing**

* Medical support for sales force
* Medical training of sales force
* Medical review of promotional material to adhere to Danish law

DRUG DEVELOPMENT - INVESTIGATOR INITIATED STUDIES .

During my time as Associated Professor GI Oncology I was sponsor-investigator on:

A phase I study in patients treated with chemoradiation for esophageal cancer

* Initial data presented at ASCO 2009 abstract #66

A phase II trial in patients with metastatic esophageal cancer

* Recruitment complete

All aspect was covered by me such as protocol writing, generation of CRF´s, submission to and obtaining approval from health authorities and ethical committees, training of all relevant staff including study nurses and investigators. Monitoring of the study was outsourced. Financially my projects were supported by Merck Darmstadt, Bristol-Myers-Squibbs and Sanofi-Aventis.

PROFESSIONAL CAREER - BASIC RESEARCH

**Research**

**Research area: the epidermal growth factor receptor system**

01-Feb-1990 – 31-Mar-1996 –PhD conferred Dec 1993.

Post-Doc at Vanderbilt University Medical School, Nashville, Tennessee, USA

**Additional research**

01-Apr-1996 – 31-Jan-2001

In this period I was working full-time as a clinician and supervised 1 PhD study and ran several projects in collaboration with a technician.

PROFESSIONAL CAREER – CLINICAL EXPERIENCE .

**Head of GI oncology**

01-Apr-2002 – 30-Nov-2005

**General Oncology**

01-May-1986 – 31-Mar-2002

Areas of responsibilities all malignancies (solid tumors) with focus on Heck and Neck, Gyn, Gastrointestinal, Mesothelioma and Malignant brain tumors, Lung cancer, Breast cancer and radiotherapy given to these malignancies as well as to pediatric malignancies.

**Medical training (internship) Haderslev Hospital, Denmark**

01-Sep-1983 – 30-Apr-1986

**National Service – medical core**

01-Jul-1983 – 31-Aug-1983

**Corporate Health Care Carlsberg Breweries, Copenhagen**

01-Apr-1983 – 30-Jun-1983

OTHER ACTIVITIES .

Vice chairman for the Junior Doctors Council at Haderslev Hospital

Chairman for the Junior Doctors Council at Haderslev Hospital

Supervisor on a PhD project in Section for Radiation Biology, Finsen Centre.

Daily senior supervisor in Section for Radiation Biology, Finsen Centre.

Secretary at the 5th International IASLC Workshop on Lung Cancer Biology, Switzerland,

August 1996

Review function

International Journal of Cancer, Cancer Research, Lung Cancer, Annals of Oncology

and Acta Oncologica

Censor

1 University of Copenhagen, January 1996, OSWALD I (Faculty of Medicine)

2 University of Aarhus, November 1997, PhD opponent (Faculty of Medicine)

3 University of Aarhus, March 1999, PhD opponent (Faculty of Medicine

MEMBERSHIP

Danish Medical Association

Danish society for GCP

ASCO

Danish society for doctors employed in the pharma-industry

ESMO

AACR

ADMINISTRATIVE FUNCTIONS .

1.

Network administrator at Institute of Molecular Pathology, University of

Copenhagen, Copenhagen, Denmark (25 computers; Novell Netware server)

2.

Network administrator at Medibase A/S, Copenhagen, Denmark (12 computers;

Windows NT server)

3.

Member of the local committee for staff relationship and co-operation at

Department of Radiation, Finsen Center, University Hospital Copenhagen,

Denmark

4.

Head GI Oncology at University Hospital Copenhagen, Denmark. Responsible for 4 doctors (no hiring and firing involved)

5.

National coordinator on a multinational pancreas cancer study (ESPAC-3)

6.

Member of committee for purchase of new accelerator at Department of Radiation Oncology, Finsen Center, University Hospital Copenhagen, Denmark

7.

Member of committee for the implementation of virtual simulation at Department of Radiation Oncology, Finsen Center, University Hospital Copenhagen, Denmark

8.

Sponsor-investigator on multi-center clinical protocols within the scope of GI

cancer. Five University centers involved

9.

Head of Committee for writing Quality Assurance handbook at University Hospital Copenhagen for ionizing radiation to comply with EU law. Project ran for 1 year, involved 20 nurses and 20 doctors.

10.

Member of task force at Novartis within Region Europe – clinical development plans for pipeline product

11.

Director of Oncology Genmab A/S. Manager for 2 academic FTE

12.

Director of Oncology Topotarget A/S. Manager for up to 4 FTE and external consultants

13.

Senior Director of Oncology Merck Serono. Manager for 2 academic FTE and external consultants

TEACHING (excluding internal staff training) .

Extensive training at MD specialist courses

Extensive training of sales force, CRA´s and vendors in disease specific areas, general

oncology training as well as targeted therapy.

PRESENTATIONS .

>20 presentations at national and international conferences/meetings

POST GRADUATE COURSES .

17 postgraduate courses nationally and internationally

CONFERENCES .

Participated in > 100 national and international conferences

Publications .

1. **Damstrup L**. and Jensen T.T. Retroperitoneal Fibrosis after Long-term Daily Use of Ergotamine. Int U Nephr 1986, 18, 299-301 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/3771129/))
2. **Damstrup L**., Daugaard G., Gerstoft J. and Rørth M. Effects of Antineoplastic Treatment of HIV-positive Patients with Testicular Cancer. Eur J Can Clin Oncol 1989, 25, 983-986 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/2473906/))
3. **Damstrup L**., Rørth M. and Skovgaard Poulsen H. Growth Factors in Human Malignancies with Special Reference to Lung Cancer: A Review. Lung Cancer 1989, 5, 49-68 ([Link to publication](https://www.sciencedirect.com/science/article/abs/pii/0169500289900020))
4. **Damstrup L**., Andersen J. and Skovgaard Poulsen H. Immunocytochemical Assay for the Estrogen-regulated Proteins Mr 52,000 and Mr 24,000 in Primary Breast Cancer correlation with Estrogen Receptor and Response to Endocrine Therapy. Life Sci Adv. 1990, 9, 69-76 (No link)
5. **Damstrup L**., Andersen J., Hayes D.F. and Skovgaard Poulsen H. Estrogen-regulated Proteins in Human Breast Cancer: Relation to Clinical Parameters. In: Recent Advances in Cellular and Molecular Biology. Wegmann R.J. & Wegmann M.A. (eds). Peeters Press, Leuven, 1992, 4, 243-251 (Book chapter – No link)
6. **Damstrup L**., Andersen J., Kufe D.W., Hayes D.F. and Skovgaard Poulsen H. Immunocytochemical Determination of the Estrogen-regulated Proteins Mr 52,000, Mr 24,000 and DF3 Breast Cancer Associated Antigen: Clinical Value in Advanced Breast Cancer and Correlation with Estrogen Receptor. Ann. Oncol. 1992, 3, 71-77 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/1606073/))
7. **Damstrup L**., Rygaard K., Spang Thomsen M., Skovgaard Poulsen H. Expression of Epidermal Growth Factor Receptors in Small Cell Lung Cancer Cell Lines. Cancer Res. 1992, 52, 3089-3093 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/1317257/))
8. Nørgaard P., **Damstrup L**., Spang-Thomsen M. and Skovgaard Poulsen H. Transforming Growth Factor-. A Multipotent Growth Factor for Normal and Malignant cells. Ugeskrift for laeger 1992, 154, 3494-3498 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/1334294/))
9. **Damstrup L**., Rygaard K., Spang Thomsen M., Skovgaard Poulsen H. Expression of the Transforming Growth Factor  (TGF) Receptors and TGF1, TGF2 and TGF3 in Small Cell Lung Cancer Cell Lines. Br. J. Cancer 1993, 67, 1015-1021 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/8388229/))
10. **Damstrup L**. Receptors for the growth factors TGF and TGF in human small cell lung cancer. PhD thesis, Copenhagen 1993 (Abstract printed in Danish Medical Bulletin 1994, 41, 93
11. Nørgaard P., **Damstrup L**., Rygaard K., Spang Thomsen M., Skovgaard Poulsen

H. Growth Suppresion by Transforming Growth Factor 1 of Human Small Cell Lung Cancer Cell Lines is Associated to Expression of the type II Receptor. Br. J. Cancer, 1994, 69, 802-808 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/8180008/))

1. **Damstrup L**. and Skovgaard Poulsen H. Review of the Curative Role of Radiotherapy in the Treatment of Non-Small Cell Lung Cancer. Lung Cancer, 1994, 11, 153-178 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/7812695/))
2. Barnard J., Graves-Deal R., Pittelkow MR., DuBois R., Cook P., Ramsey GW., Bishop PR., **Damstrup L.** and Coffey RJ. Auto-and Cross-induction within the Mammalian Epidermal Growth Factor-related Peptide Family. J. Bio. Chem, 1994, 269, 22817-22822 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/8077234/))
3. Coffey R., Gangarosa L., **Damstrup L** and Dempsey PJ. Basic Actions of TGF and Related Peptides. Eur. J. Cancer. 1996 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/8590135/))
4. Nørgaard P., **Damstrup L**., Rygaard K., Spang Thomsen M., Skovgaard Poulsen H. Acquired TGFb sensitivity and TGFb1 expression in cell lines established from a single small cell lung cancer patient during clinical progression. Lung Cancer, 1996, 14, 63-73 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/8696721/))
5. Gangarosa L.,Dempsey PJ., **Damstrup L**. and Coffey RJ. Transforming growth factora. Clin. Gastroenterol., 1996, 10, 49-63 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/8732300/))
6. Coffey RJ, Hawkey C. **Damstrup L**., Graves-Deal R., Daniel VC., Dempsey PJ., Chinery R., Kirkland S., DuBois RN., Jetton TL. and Morrow JD. Vectorial release and TGFa mediated production of prostaglandin in polarized colon carcinoma cell lines. PNAS, 1997, 94, 657-662 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/9012840/))
7. Voldborg, B., **Damstrup L**., Spang-Thompsen and Skovgaard Poulsen H. Epidermal growth factor receptor (EGFR) and EGFR mutations, function and possible role in clinical trials. Annals of Oncology, 1997, 8, 1197-1206 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/9496384/))
8. **Damstrup L**., Voldborg, B.R., Spang-Thomsen M., Brünner N., Skovgaard Poulsen H. In vitro invasion of small cell lung cancer cell lines correlation to the epidermal growth factor receptor. Br. J Cancer 1998, 78, 631-640 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/9744504/))
9. Hougaard S., Krarup M., Nørgaard P., **Damstrup L**., Spang-Thomsen M. and Skovgaard Poulsen H. High value of the radiobiological parameter Dq correlates to the expression of transforming growth factor  type II receptor in a panel of human small cell lung cancer cell lines. Lung Cancer, 1998, 20, 65-69 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/9699189/))
10. **Damstrup L**., Kuwada SK., Dempsey PJ., Brown CL., Hawkey CJ., Skovgaard Poulsen H., Wiley HS. and Coffey RJ. Amphiregulin acts as an autocrine growth factor in two human polarizing colon cancer cell lines that exhibit domain selective EGF receptor mitogenesis. Br. J. Cancer 1999, 80, 1012-1019 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/10362109/))
11. Kuwada SK., Li X-F., **Damstrup L**., Dempsey PJ., Coffey RJ. and Wiley HS. Thedynamic expression of the epidermal growth factor receptor and epidermal growth factor ligand family in a differentiated intestinal epithelial cell line. Growth factors 1999, 17, 139-153 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/10595313/))
12. Stensgaard Frederiksen K., Abrahamsen N., Christiano RJ., **Damstrup L**., and Skovgaard Poulsen H. Gene delivery by an epidermal growth factor/DNA polyplex to small cell lung cancer cell lines expressing low levels of epidermal growth factor receptor. Cancer Gene Therapy 2000, 7, 262-8 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/10770635/))
13. Petersen MW., Meltorn M., **Damstrup L** and Skovgaard Poulsen H. The type III epidermal growth factor receptor mutation. Biological significance and potential target for anti-cancer therapy. Ann Oncology 2001, 12, 745-60 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/11484948/))
14. Petersen MW., Thykjær T., Ørntoft TF., **Damstrup L** and Skovgaard Poulsen H. Profile of differentially expressed genes mediated by the type III epidermal growth factor receptor mutation in a small cell lung cancer cell line. Br. J. Cancer, 2001,

85, 1211-1218 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/11710837/))

1. **Damstrup L**., Petersen MW., Bastholm L., Elling F. and Skovgaard Poulsen. Epidermal growth factor mutation type III transfected into a small cell lung cancer cell line is predominantly localized at the cell surface and enhance the malignant phenotype. International Journal of Cancer, 2002, 97, 7-14 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/11774237/))
2. Petersen MW., Petersen N., **Damstrup L**., Villingshoj M., Sonder SU., Rieneck K., Bovin LF., Spang-Thomsen M. and Skovgaard Poulsen H. Analysis of the epidermal growth factor receptor specific transcriptome: effect of receptor expression level and an activating mutation. J. Cell Biochem, 2005, 96, 412-27 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/16075456/))
3. Sørensen JB., Skovsgaard T., Bork E., **Damstrup L**. and Ingeberg S. Double blind, placebo-controlled, randomized study of chlorhexidine prophylaxis for 5 fluorouracil-based chemotherapy-induced oral mucositis with nonblinded randomized comparison to oral cooling (cryotherapy) in gastrointestinal malignancies. Cancer, 2008, 112, 1600-6 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/18300265/))
4. Holländer C, Baeksgaard L, Sorensen M, Albertsson P, **Damstrup L**, Lassen U. A phase I study of concurrent chemoradiotherapy and cetuximab for locally advanced esophageal cancer. Anticancer Res. 2012 Sep;32(9):4019-23. [Link to publication](https://pubmed.ncbi.nlm.nih.gov/22993353/))
5. Dizon DS, **Damstrup L**, Finkler NJ, Lassen U, Celano P, Glasspool R, Crowley E, Lichenstein HS, Knoblach P, Penson RT. Phase II activity of belinostat (PXD-101), carboplatin, and paclitaxel in women with previously treated ovarian cancer. Int J Gynecol Cancer. 2012 Jul;22(6):979-86 ([Link to Publication](https://pubmed.ncbi.nlm.nih.gov/22694911/))
6. Sharma RA, Plummer R, Stock JK, Greenhalgh TA, Ataman O, Kelly S, Clay R, Adams RA, Baird RD, Billingham L, Brown SR, Buckland S, Bulbeck H, Chalmers AJ, Clack G, Cranston AN, **Damstrup L**, Ferraldeschi R, Forster MD, Golec J, Hagan RM, Hall E, Hanauske AR, Harrington KJ, Haswell T, Hawkins MA, Illidge T, Jones H, Kennedy AS, McDonald F, Melcher T, O'Connor JP, Pollard JR, Saunders MP, Sebag-Montefiore D, Smitt M, Staffurth J, Stratford IJ, Wedge SR. [Clinical development of new drug-radiotherapy combinations.](https://www.ncbi.nlm.nih.gov/pubmed/27245279) NCRI CTRad Academia-Pharma Joint Working Group. Nat Rev Clin Oncol. 2016 Oct;13(10):627-42. ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/27245279/))
7. Schram AM, Gandhi L, Mita MM, **Damstrup L**, Campana F, Hidalgo M, Grande E, Hyman DM, Heist RS. A phase Ib dose-escalation and expansion study of the oral MEK inhibitor pimasertib and PI3K/MTOR inhibitor voxtalisib in patients with advanced solid tumours. Br J Cancer. 2018 Nov 14. doi: 10.1038/s41416-018-0322-4 ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/30425349/))
8. [Mark T. J. van Bussel](javascript:;), [Ahmad Awada](javascript:;), [Maja J. A. de Jonge](javascript:;), [Morten Mau-Sørensen](javascript:;), [Dorte Nielsen](javascript:;), [Patrick Schöffski](javascript:;), [Henk M. W. Verheul](javascript:;), [Barbara Sarholz](javascript:;), [Karin Berghoff](javascript:;), [Samer El Bawab](javascript:;), [Mirjam Kuipers](javascript:;), [**Lars Damstrup**](javascript:;), [Ivan Diaz-Padilla](javascript:;) & [Jan H. M. Schellens](javascript:;). A first-in-man phase 1 study of the DNA-dependent protein kinase inhibitor peposertib (formerly M3814) in patients with advanced solid tumours. [British Journal of Cancer](https://www.nature.com/bjc) volume 124, pages728–735(2021) ([Link to publication](https://pubmed.ncbi.nlm.nih.gov/33230210/))