



广东省医学科学院
广东省人民医院
GUANGDONG PROVINCIAL PEOPLE'S HOSPITAL
GUANGDONG ACADEMY OF MEDICAL SCIENCES

肿瘤学

广东省人民医院肿瘤医院

广东省肺癌研究所

广东省人民医院招生说明



2025年我院在:

南方医科大学（招生代码：12121，**报考请选择广东省人民医院临床分委会**）、
广东省心血管病研究所（招生代码：88911）、
华南理工大学医学院（招生代码：10561）均有招生。

联系方式:

广东省心血管病研究所办公室： 020-83827812转10280（吴老师）
广东省人民医院研究生科： 020-83827812转20976（张老师）

咨询QQ群:

报考广东省心血管病研究所的考生请加入QQ群：广东省心血管病研究所2025年研招咨询326141598。
报考南方医科大学的考生请加入QQ群：广东省人民医院分委会2025年研招咨询群：925973104、
741133834，报考请务必选择广东省人民医院临床分委会。

导师简介



周清

• 教育部“长江学者”特聘教授

- 广东省人民医院肿瘤医院院长
- 广东省肺癌研究所副所长
- 国家十三五重点研发计划项目负责人
- 国际肺癌研究协会奖学金评审委员会委员
- 中国胸部肿瘤研究协作组副会长
- 广东省女医师协会肺癌专委会主任委员
- 广东省基层医药学会肺癌专委会主任委员
- 广东省医师协会临床试验专委会主委
- 全国三八红旗手
- 全国巾帼建功标兵

- 以第一作者/通讯作者在国际高影响力杂志发表55篇论文，包括Nat Rev Clin Oncol、Nat Med、Ann Oncol、Cancer Cell、Lancet Oncol。
- 国家科学技术进步奖二等奖*1
- 中华医学科技奖一等奖*2
- 广东省科学技术奖一等奖*3
- 广东省科学技术奖二等奖*2
- 广东医学科学技术奖一等奖*1
- 中国抗癌协会科技奖一等奖*1



- 广东省肺癌研究所成立于2003年，依托于广东省人民医院肿瘤医院肺部肿瘤专科，集医疗、教学、研究、预防于一体，是全方位开展肺癌的相关基础与转化研究与临床诊治服务的专科单位。
- 广东省肺癌研究所是当前国际国内肺癌领域知名的研究所，它汇集肺外科、肺内科、放射治疗、病理、影像、分子诊断等多学科诊疗优势，全方位全链条打造肺癌单病种预防、诊断、研究及精准治疗的整合平台。

团队研究方向

- 肺癌分子靶向治疗和免疫治疗耐药机制及转化性研究。
- 肿瘤微环境与免疫逃逸机制。
- 肿瘤代谢重编程与肺癌精准治疗。
- 免疫治疗新靶点的鉴定与开发。
- 创新型临床试验和转化性研究。
- 中晚期肺癌慢病化管理模式的探索。

依托高水平学术平台



汇集肺外科、肺内科、放射治疗、病理、影像、分子诊断等多学科优势

研究资助：国家自然科学基金面上项目2项（2021年、2024年）；2023年度南医科技攀峰青年人才培养专项计划；2024年国家重点研发计划的重点专项

建立与 MSK 医院和香港中文大学的交流与合作，每年互访一次，每年选送一名医生赴美 MSK 交流学习。积极参与 IASLC/WCLC、ASCO、AACR、CSCO 等国际国内会议或学术组织活动，紧跟相关领域国际动态，鼓励和引导青年医生参与 IASLC 任职和申请 IASLC 奖学金，与国际同行深入交流合作。



拥有高质量研究经验

These data are published in *Cancer Cell*, a multidisciplinary journal published by Cell Press. For more information, visit <https://doi.org/10.1016/j.ccr.2021.09.008>.

Cancer Cell | CellPress

Articles

Bevacizumab plus erlotinib in Chinese patients with untreated, EGFR-mutated, advanced NSCLC (ARTEMIS-COTNG1509): A multicenter phase 3 study

Qing Zhou,^{1,†} Cheng-Rui Xu,^{2,†} Ying Cheng,³ Yan-Ping Liu,⁴ Gong-Yan Chen,⁵ Jun-Mei Dai,⁶ Hong Yang,⁷ Yong-Bin Xiao,⁸ Liu-Li Shou,⁹ Jian-Ying Zhou,¹⁰ Zhi-Yong Ma,¹¹ Shi-Yang Yu,¹² Dong Huang,¹³ Yong-Gang Sun,¹⁴ Zhen-Wang Zhu,¹⁵ Yan-Yan Yu,¹⁶ Wei-Dong Zhang,¹⁷ and Yi-Ling Wu^{18,*}

Summary

Dual inhibition of epidermal growth factor receptor (EGFR) and vascular endothelial growth factor (VEGF) pathways may delay therapeutic resistance in advanced non-small-cell lung cancer (NSCLC). This phase 3 study investigated the efficacy and safety of an erlotinib plus bevacizumab regimen in untreated patients with advanced NSCLC. In total, 311 patients received bevacizumab plus erlotinib (n = 157) or erlotinib only (n = 154). Progression-free survival (PFS) was 17.8 months (95% confidence interval [CI], 15.7–19.9 for bevacizumab plus erlotinib and 11.2 months (95% CI, 9.3–13.0) for erlotinib only [hazard ratio (HR), 0.55; 95% CI, 0.41–0.73, p < 0.001]. A brain metastasis subgroup treated with bevacizumab plus erlotinib also showed improved PFS (HR, 0.49; 95% CI, 0.25–0.93, p = 0.008). Grade 3–5 treatment-related adverse events occurred in 86 (54.1%) and 40 (26.1%) patients, respectively. Bevacizumab plus erlotinib significantly improved outcomes in patients with untreated metastatic EGFR-mutated NSCLC, including those with brain metastases at baseline.

Introduction

EGFR mutations in advanced NSCLC confer sensitivity to small-molecule EGFR tyrosine kinase inhibitors (TKIs) (Yu et al., 2015; Yu et al., 2018). EGFR TKIs, such as gefitinib and erlotinib, are established standard of care in patients with EGFR-mutated NSCLC (Eramo et al., 2020; Mok et al., 2009; Mok et al., 2009; Wu et al., 2019). However, most patients treated with these agents develop therapeutic resistance, which results in disease progression (Fried et al., 2017; Yu et al., 2018). Furthermore, the benefit achieved with one 18 mg bid dose of a tyrosine-kinase inhibitor in

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These data are published in *Cancer Cell*, a multidisciplinary journal published by Cell Press. For more information, visit <https://doi.org/10.1016/j.ccr.2021.09.008>.

Cancer Cell | CellPress

Articles

Sugemalimab versus placebo after concurrent or sequential chemoradiotherapy in patients with locally advanced, unresectable, stage III non-small-cell lung cancer (GEMSTONE-301): interim results of a randomised, double-blind, multicentre, phase 3 trial

Yi Pan,¹ Jian-Xu Zhang,¹ Xuan Guo,² Zhi-Yong Chen,³ Bing-Yan Yan,⁴ Fei-Han Yan,⁵ Xiao-Ming Yang,⁶ Wei Guo,⁷ Yuhua Chen,⁸ Zhen-Yang Wang,⁹ Hai-Li Han,¹⁰ Hai-Sun Li,¹¹ Hong Zhang,¹² Shi-Yang Yu,¹³ Yong-Gang Sun,¹⁴ Hai-Yan Tu,¹⁵ Xiao-Ming Yang,¹⁶ Wen-Zhi Zhong,¹⁷ Xuefeng Xia,¹⁸ Xu-Yi Yi,¹⁹ Qing Zhou,²⁰ and Yi-Ling Wu^{21,*}

Summary

Background: A molecularly targeted, anti-angiogenic drug (anti-VEGF monoclonal antibody) is commonly used. We assessed the efficacy and safety of sugemalimab, an anti-VEGF antibody, in patients with III NSCLC whose disease had not progressed after concurrent or sequential chemoradiotherapy. We assessed sugemalimab plus erlotinib versus placebo plus erlotinib in patients with III NSCLC whose disease had not progressed after concurrent or sequential chemoradiotherapy.

Introduction

Sugemalimab, an anti-VEGF monoclonal antibody, is commonly used. We assessed the efficacy and safety of sugemalimab, an anti-VEGF antibody, in patients with III NSCLC whose disease had not progressed after concurrent or sequential chemoradiotherapy. We assessed sugemalimab plus erlotinib versus placebo plus erlotinib in patients with III NSCLC whose disease had not progressed after concurrent or sequential chemoradiotherapy.

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Articles

Dynamic circulating tumor DNA during chemoradiotherapy predicts clinical outcomes for locally advanced non-small-cell lung cancer patients

Yi Pan,¹ Jian-Xu Zhang,¹ Xuan Guo,² Zhi-Yong Chen,³ Bing-Yan Yan,⁴ Fei-Han Yan,⁵ Xiao-Ming Yang,⁶ Wei Guo,⁷ Yuhua Chen,⁸ Zhen-Yang Wang,⁹ Hai-Li Han,¹⁰ Hai-Sun Li,¹¹ Hong Zhang,¹² Shi-Yang Yu,¹³ Yong-Gang Sun,¹⁴ Hai-Yan Tu,¹⁵ Xiao-Ming Yang,¹⁶ Wen-Zhi Zhong,¹⁷ Xuefeng Xia,¹⁸ Xu-Yi Yi,¹⁹ Qing Zhou,²⁰ and Yi-Ling Wu^{21,*}

Summary

The value of circulating tumor DNA (ctDNA) during chemoradiotherapy (CRT) remains unclear but is critical for detecting molecular residual disease (MRD). In this prospective study, we sequenced 761 blood samples from 130 patients with locally advanced non-small-cell lung cancer treated with definitive radiotherapy (RT). ctDNA concentrations showed a significantly decreasing trend as CRT progressed at on-RT and off-RT time points versus baseline. Thirty-eight (27.2%) patients with early undetectable ctDNA at both on-RT (RT reached 40 Gy) and off-RT time points, indicating early response to CRT, had better survival outcomes for both with or without concurrent immune checkpoint inhibitors. Longitudinal undetectable MRD was associated with a significantly improved progression-free survival (PFS) and overall survival (OS) in the entire cohort (n = 130), corresponding to a potentially curable population. Further analysis revealed that pretreatment ctDNA variants serve as an essential MRD informed source. These data provide clinical insights for ctDNA-MRD detection.

Introduction

Currently, there is an increasing interest in the use of circulating tumor DNA (ctDNA) to monitor molecular residual disease (MRD) in patients with locally advanced non-small-cell lung cancer (NSCLC). In this prospective study, we confirmed the prognostic value of longitudinal ctDNA detection in the post-treatment period. In addition, we highlighted that patients with undetectable MRD might be a potentially curable population. Hence, the presence of ctDNA at MRD detection is a prognostic factor for NSCLC patients.

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naturemedicine

Articles

First-line pyrotinib in advanced HER2-mutant non-small-cell lung cancer: a patient-centric phase 2 trial

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Summary

To explore targeted treatment options in patients with non-small-cell lung cancer (NSCLC) with targetable mutations in the context of a patient-centric clinical trial, we initiated, in parallel, a phase 2 adaptive umbrella trial consisting of a certitinib (CET) cohort and a compassionate use (CU) cohort under expanded eligibility criteria, and a prospective real-world study (RWS). Here, we present efficacy and safety data from 44 patients with treatment-naïve, advanced HER2-mutant NSCLC treated with the pan-HER receptor tyrosine kinase inhibitor pyrotinib (P) and 40 patients or physician's therapy of choice (DOC) cohort. In the phase 2 trial (P cohort; n = 28), the primary endpoint was reached with an objective response rate of 35.7% after pre-treatment. Secondary endpoints included disease control rate (59.3%), median progression-free survival (PFS) (3.2 months), median overall survival (OS) (4.4 months) and toxicity, which was acceptable, with grade 4 treatment-related adverse events occurring in three patients (10.7%). The phase 2 real CU cohort (n = 12) showed an objective response rate of 25%, disease control rate of 58.3%, median PFS of 4.7 months and median OS of 4.2 months after pyrotinib treatment. The RWS cohort (n = 4) had no response to physician's therapy of choice, while median PFS and OS were 3.0 and 12.2 months, respectively.

Introduction

In 2020, the US Food and Drug Administration (FDA) released the guidance for early-stage oncology clinical trials, emphasizing the importance of patient-centricity and real-world evidence. We designed a patient-centric clinical trial to explore targeted treatment options in patients with non-small-cell lung cancer (NSCLC) with targetable mutations in the context of a patient-centric clinical trial, we initiated, in parallel, a phase 2 adaptive umbrella trial consisting of a certitinib (CET) cohort and a compassionate use (CU) cohort under expanded eligibility criteria, and a prospective real-world study (RWS). Here, we present efficacy and safety data from 44 patients with treatment-naïve, advanced HER2-mutant NSCLC treated with the pan-HER receptor tyrosine kinase inhibitor pyrotinib (P) and 40 patients or physician's therapy of choice (DOC) cohort. In the phase 2 trial (P cohort; n = 28), the primary endpoint was reached with an objective response rate of 35.7% after pre-treatment. Secondary endpoints included disease control rate (59.3%), median progression-free survival (PFS) (3.2 months), median overall survival (OS) (4.4 months) and toxicity, which was acceptable, with grade 4 treatment-related adverse events occurring in three patients (10.7%). The phase 2 real CU cohort (n = 12) showed an objective response rate of 25%, disease control rate of 58.3%, median PFS of 4.7 months and median OS of 4.2 months after pyrotinib treatment. The RWS cohort (n = 4) had no response to physician's therapy of choice, while median PFS and OS were 3.0 and 12.2 months, respectively.

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Cancer Cell | CellPress

Articles

Neoadjuvant SHR-1701 with or without chemotherapy in unresectable stage III non-small-cell lung cancer: A proof-of-concept, phase 2 trial

Qing Zhou,¹ Yi Pan,² Xuefeng Xia,³ Yanyan Zhu,⁴ Guang-Hua Gao,⁵ Qingqing Pang,⁶ Zhenfeng Zhang,⁷ Qiling Wang,⁸ Jun-Yan Yao,⁹ Weiyang Wang,¹⁰ Binggang Liu,¹¹ Qian Chen,¹² Xiangfeng Dai,¹³ Kaijun Cai,¹⁴ Binbin Wang,¹⁵ Yufan Jiang,¹⁶ Tian Li,¹⁷ Liang Wang,¹⁸ Wei Shi,¹⁹ and Yi-Ling Wu^{20,*}

Summary

We conducted a proof-of-concept, phase 2 trial to assess neoadjuvant SHR-1701 with or without chemotherapy, followed by surgery or radiotherapy, and then consolidation SHR-1701 in unresectable stage III non-small-cell lung cancer (NSCLC). In the primary cohort of patients receiving neoadjuvant combination of SHR-1701 with or without chemotherapy, we observed a significant improvement in response rate (58.0% confidence interval [CI], 47–68) and an 18-month overall-free survival (OFS) rate of 56.8% (95% CI, 46.6–67.0). Overall 27 (20%) patients achieved CR. In the secondary cohort of patients receiving radiotherapy-based therapy, neoadjuvant SHR-1701 with chemotherapy, followed by surgery or radiotherapy, showed promising efficacy with a tolerable safety profile in unresectable stage III NSCLC. Surgical conversion was feasible in a notable proportion of patients and associated with better survival outcomes.

Introduction

Stage III non-small-cell lung cancer (NSCLC) comprises a highly heterogeneous group of tumors with different morphologies, sizes and prognoses. The treatment for stage III NSCLC usually involves a multidisciplinary approach, requiring local therapy (surgery or radiotherapy) and systemic therapies for locoregional and distant disease control. However, the optimal combination and sequence of treatments are unknown, and a model evaluation within an experimental metastatic therapy team (MET) is mandatory for choosing the appropriate treatment. We conducted a proof-of-concept, phase 2 trial to assess neoadjuvant SHR-1701 with or without chemotherapy, followed by surgery or radiotherapy, and then consolidation SHR-1701 in unresectable stage III non-small-cell lung cancer (NSCLC). In the primary cohort of patients receiving neoadjuvant combination of SHR-1701 with or without chemotherapy, we observed a significant improvement in response rate (58.0% confidence interval [CI], 47–68) and an 18-month overall-free survival (OFS) rate of 56.8% (95% CI, 46.6–67.0). Overall 27 (20%) patients achieved CR. In the secondary cohort of patients receiving radiotherapy-based therapy, neoadjuvant SHR-1701 with chemotherapy, followed by surgery or radiotherapy, showed promising efficacy with a tolerable safety profile in unresectable stage III NSCLC. Surgical conversion was feasible in a notable proportion of patients and associated with better survival outcomes.

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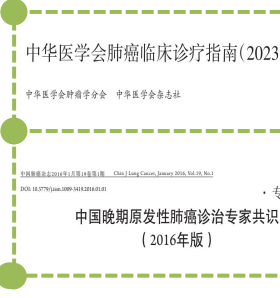
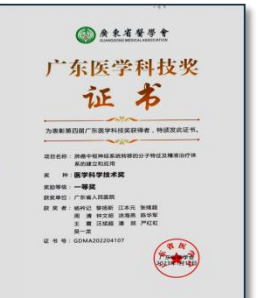
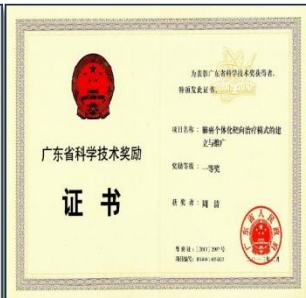
Cancer Cell, 2021
周清, 共一排第1

Lancet Oncol, 2022
周清, 共一排第1

Cancer Cell, 2023
周清, 共同通讯

Nat Med, 2023
周清, 共同通讯

Cancer Cell, 2024
周清, 共一排第1



国家级/省级科技奖共10项

成果纳入指南共识

具备和谐团队协作文化



无论遇到科研挑战还是日常困惑，我们的团队文化是相互扶持、共同解决问题

欢迎
加入

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张绪超

研究员 硕士研究生导师 博士研究生导师 广东省杰出青年医学人才
广东省人民医院 医学研究中心主任



招收研究生类型与专业

学术型硕士：细胞生物学或临床医学

教育与工作经历

- 2021.05-现在 研究员 广东省人民医院医学研究中心 主任
- 2017.08-2021.05 研究员 广东省肺癌研究所 所长
- 2011.12-2017.08 广东省人民医院 研究员 常务副所长
- 2014.11-2015.10 香港中文大学 访问学者
- 2006.12-2011.12 广东省人民医院 副研究员 副所长
- 2007.09-2008.02 阿斯利康AstraZeneca ICC 访问学者
- 2005.09-2006.12 广东省人民医院 助理研究员
- 2002.09-2005.07 中山大学第二附属医院 临床医学博士后
- 1999.09-2002.07 中国疾病预防控制中心 理学博士
- 1996.09-1999.06 中山医科大学 医学硕士
- 1991.09-1996.07 安徽医科大学 医学本科

学术团体任职

中国临床肿瘤学会(CSCO) 理事会常务理事、CSCO肿瘤生物标志物专家委员会主任委员、国际肺癌研究学会 (IASLC) 会员；美国临床肿瘤学会 (ASCO) 会员；欧洲肿瘤内科学会 (ESMO) 会员；广东省抗癌协会分子诊断委员会候任主任委员；广东省转化医学学会肿瘤学分会主任委员；广东省抗癌协会靶向与个体化治疗专业委员会副主任委员。

科研工作

研究方向：肿瘤分子机制与标志物转化应用研究

研究兴趣为肿瘤微环境细胞与分子机制、癌症转移机制、肿瘤分子变异分析技术等。着重在肿瘤的临床分子靶点和相关信号通路分析及肿瘤进化和耐药机制方面开展研究。

主要业绩：在Signal Transduction and Targeted Therapy、Nature Communications、Journal of Clinical Oncology、Clinical Cancer Research、Molecular Cancer、Oncogene、Journal of Thoracic Oncology等杂志以第一或共同第一作者或参与作者发表SCI文章100余篇。参与获得国家科技进步奖二等奖1项、中华医学会医学科技一等奖1项、广东省科技成果一等奖2项。作为主要完成人获得国家发明专利3项。主要参与制定CSCO肺癌主要驱动基因EGFR、ALK等检测和NGS临床应用共识制定。研究论文获得“CSCO中国肺癌学术翘楚奖”、中华医学会呼吸病分会“高影响力呼吸学术论文奖”。

研究资助：获得国家自然科学基金3项（在研1项），省部级科研基金多项。作为骨干成员参与“863”课题、卫健委行业专项及国家自然科学基金多项。

招生要求

- 勤奋、善于思考、善于沟通交流、有团队意识和奉献精神。

学科简介

- 中国临床肿瘤学会肿瘤生物标志物专家委员会主委单位

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陈博

副研究员 硕士研究生导师
广东省人民医院 乳腺肿瘤科



招生专业与类型

专业硕士： 外科学（乳腺方向）
学术硕士： 外科学（乳腺方向）

教育与工作经历

- 2008.09 - 2013.06: 湖南师范大学, 医学院, 临床医学医学学士
- 2013.08 - 2018.06: 中山大学, 肿瘤防治中心, 临床医学（肿瘤学）博士（保送, 硕博连读）
- 2018.07入职 广东省人民医院, 现任乳腺肿瘤科 副研究员/主治医师

学术团体任职

中国临床肿瘤学会乳腺癌专家委员会 委员;
广东省药理学会肿瘤药理专业委员会 委员;
广州抗癌协会乳腺癌分会 委员;
广州抗癌协会分子生物专委会 委员;

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科研工作

研究方向: 1. 乳腺癌转移, 耐药的分子机制研究; 2. 基于基因组学的乳腺癌个体化精准治疗

主要业绩: 在 EBioMedicine, Theranostics, Cancer Letters, International Journal of Cancer, Endocrine-Related Cancer, Journal of Experimental & Clinical Cancer Research等期刊上, 以第一/共一/共通讯作者身份发表 SCI 论文 41 篇。获得中国发明专利 3项。

研究资助:

1. 国家自然科学基金,面上项目,主持, 2023.01-2026.12, 52.0万元 (82272998)
2. 国家自然科学基金,青年项目,主持, 2020.01-2022.12, 20.5万元 (81902828)
3. 广东省自然科学基金, 面上项目,主持, 2022.01-2024.12, 10.0万元 (2022A1515011599)
4. 广州市科技计划项目, 一般项目 (博士青年科技人员类), 主持, 2022.04-2024.03, 5.0万元 (202201011427)
5. 广东省人民医院“双青人才计划”, 优秀青年人才项目, 主持, 2021.07-2026.07, 50万元/年, 共支持5年 (KY012021190)
6. 广东省人民医院登峰计划, 青苗项目, 主持, 2019.07-2022.06, 100万元 (DFJH201921)
7. 2019年度基本科研业务费项目, 面上项目, 主持, 2019.01-2020.12, 10万元 (y2syD2192230)



姓名 杜莎莎

主任医师 博士研究生导师/博士后合作导师
广东省人民医院放疗科主任

招收研究生类型与专业

专业及学术型硕士： 肿瘤学（放疗方向）

专业型及学术型博士： 肿瘤学（放疗方向）

教育与工作经历

1998.09-2003.07 第一军医大学 临床医学 本科

2003.09-2006.07 第一军医大学 病理与病理生理学 硕士

2009.09-2012.07 南方医科大学 肿瘤学（放疗） 博士

2006.08-2021.11 南方医院放疗科 历任住院医师、住院总
医师、主治医师、副主任医师、主任医师

2021.12-至今 广东省人民医院 放疗科 主任医师 科主任

科研工作

研究方向: 放射性神经损伤发生及防护的分子机制研究；胶质瘤放射抵抗的分子调控机制及微环境影响；中枢神经系统肿瘤以精准放疗为基础的综合治疗方案优化

主要业绩: 主持国家自然科学基金4项（在研2项），省级课题3项，相关成果发表在CNS Neurosci Ther、Mol Neurobiol、Prog Neuropsychopharmacol Biol Psychiatry、Clin Neurol Neurosurg、Neuroscience等专业领域期刊

研究资助: 课题组研究经费充足。

培养学生: 目前在培规培型博士后1名，博士生3名，硕士生5名

团队简介: 课题组成员年轻有朝气，科研氛围浓厚，气氛团结和谐、积极向上，欢迎优秀的您加入我们！



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肿瘤学导师简介



导师:

马海清 主任医师 博士研究生导师

2003年本科毕业于山东大学临床医学专业；2008年硕博连读毕业于中山大学国家重点学科药理学；2008-2010在中山大学医学院作博士后；2010-2014分别在美国德克萨斯大学休斯顿医学院和贝勒医学院作博士后。2014年10月回国加入中山大学附属第五医院工作，2020年调入广东省人民医院。

联系方式: 13631362179 E-mail: haiqing_ma@163.com

学术情况:

中山大学肿瘤学博士，美国MD Anderson肿瘤中心博士后，广东省杰出青年医学人才，广东省人民医院高层次引进人才。从事肿瘤临床、科研和教学工作近20年，在头颈、消化系统肿瘤的综合治疗方面有较深造诣。以第一或通讯作者发表30余篇SCI论著。

课题基金:

主持在研国家和省自然科学基金多项，科研经费超300万。

研究方向:

肿瘤微环境、免疫治疗及肿瘤表观遗传和靶向治疗等

肿瘤学导师简介



导师:

孙环环 中山大学药理学博士，肿瘤学副研究员

2003年本科毕业于山东大学临床医学专业；2008年硕博连读毕业于中山大学国家重点学科药理学；2008-2010在中山大学医学院作博士后；2010-2014分别在美国德克萨斯大学休斯顿医学院和贝勒医学院作博士后。2014年10月回国加入中山大学附属第五医院工作，2020年调入广东省人民医院。

教学情况:

曾指导硕士研究生3人、中山大学医学八年制学生3人，并参与中山大学通识课“肿瘤学概论”的教学，学生评教优秀。

研究方向:

以干细胞分化和应用、肿瘤发病机制为主要研究方向。先后发表第一作者/通讯作者SCI论文十余篇，主持国家自然科学基金、广东省自然科学基金、中山大学青年教师培育项目各1项。