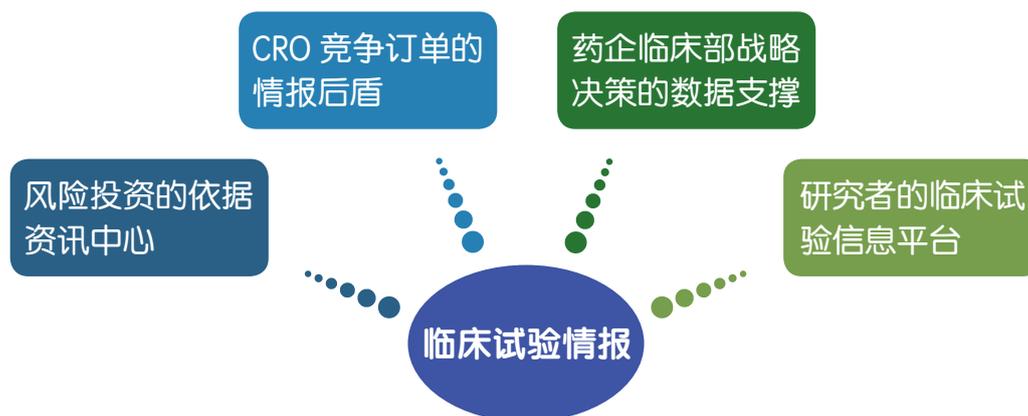


全球首创一体化临床试验竞争情报

Clinical Trials Intelligence 临床试验情报

加速临床试验开发决策和产品组合战略的强有力资源

您的工作是否涉及



Clinical Trials Intelligence 内容包括:

- 超过 260,000 全球的临床试验，覆盖药物、生物制品、医疗设备、生物标记物的临床试验数据
- 超过 314,000 临床试验相关的新闻发布
- 全文抽提的文献论文：240,000 临床试验结果相关，2,420,000 临床试验方案相关
- 超过 53,000 会议摘要和超过 9,000 会议报告
- 以上内容每天更新

Clinical Trials Intelligence 信息来源:

- 全球注册机构
- 公司注册机构
- 公司网站
- 生物医学期刊
- 医学 & 投资会议
- 新闻发布
- 其他的药物产品线来源

- CT.gov - US
- EudraCT - EU
- UMIN - Japan
- ISRCTN - global
- ChiCTR - China
- ANZCTR - Australia and New Zealand
- JapicCTI - Japan
- IRCT - Iran
- CTRI - India
- NTR - Netherlands
- CRiS - Korea
- NMRR - Malaysia
- HSA CTR - Singapore
- Hong Kong CTR
- JMACCT CTR - Japan
- ReBeC - Brazil
- PHRR - Philippines
- TCTR - Thailand

Cortellis for Clinical Trials Intelligence 是全球最广泛最深入的临床试验情报平台，包含药物、生物制品、医疗设备、生物标记物相关的临床试验数据。

Cortellis for Clinical Trials Intelligence 中的临床试验信息均经过人工审阅，并与科睿唯安其他的药物信息与竞争情报完美整合，以支持您做出最明智的决策，从而指导临床试验策略。

Cortellis for Clinical Trials Intelligence 数据库，帮助您：

获取竞争情报

- 在我的领域，谁还在做着临床研究？他们有可能与我形成竞争吗？他们以后会进入什么适应症？他们进行了怎样的病患分层？
- 我的竞争产品预计会到达什么临床终点？我需要拿出怎样的临床试验结果去迎战？我该做怎样的定位？
- 竞争试验的时间轴如何？竞争对手的产品预计何时进入市场？对于相同的病人群体，至少会存在哪些竞争产品？
- 如何有效追踪我的竞争对手的临床方案设计？
- 我的竞争产品临床试验进展如何？我该如何开展我的临床试验以减小竞争产品对病人的影响？

进行临床方案设计

- 哪些生物标记物正用于病患分层，我该选用哪一种？
- 哪一种阳性对照可以获得全球的认可？
- 哪些专家的建议可以去探询和听取？
- 哪种入排标准可以让试验更简单，减小花费，增加招募，进而得到全球的监管机构批准？

探索临床科学数据

- 竞争产品 I 期和 II 期的试验结果验证了我们关于作用机制的设想吗？
- 为什么竞争对手会选择在这样一个特定的病患分层进行试验？
- 生物标记物的临床有效性如何？
- 临床安全性如何？

以肿瘤领域为例，利用 Cortellis for Clinical Trials Intelligence 数据库进行临床试验规划和支持战略决策

1 肿瘤领域已经做了哪些**临床试验**？哪些**竞争对手**在做着这些工作？他们选择哪些**生物标记物**？他们的**临床试验终点**是什么？

- **药企临床部**：根据领域的全球临床试验全景分析优劣势，进行战略决策
- **CRO 竞投标**：领域的当前进展和临床试验设计，作为翔实的竞投标参考依据
- **研究者**：依托全、快、准的综合临床试验情报，开展前沿临床学术研究
- **风险投资**：临床试验结果情报，作为预测品种及公司未来经济效益的重要指标

39212 results found for 'Condition (Neoplasm)'

Report Type: Results Per page: 10

View: 1 2 3 4 5 6 7 8 9 Next Last

Refine Search

Search within Results

Search

Condition

Patient Segment

Biomarker

Biomarker Type

Biomarker Role

Interventions

Sponsors/Collaborators

Phase

肿瘤的相关临床试验，包括子分类（乳癌、肺癌等各种肿瘤）

“Refine Search”帮助我们快速从结果中找出我们最需要的内容，例如根据适应症、阶段、作用机制、药物分类、病患分层、入组条件、生物标记物、阳性对照、临床试验终点、不良反应、联合用药、招募状态、国家等进一步精炼

Title	Biomarker	Interventions	Phase
Phase III Study of Trametinib With Pembrolizumab in Patients With Advanced/metastatic Melanoma	Advanced Melanoma; Melanoma - Subjects with Evidence of Metastasis	pembrolizumab plus trametinib; DMSO	Phase 1/Phase 2 Clinical
A trial to evaluate the effect of lenalidomide on T-cell immune reconstitution in multiple myeloma (MM) patients who underwent autologous peripheral blood stem cell transplantation (ASCT)	Multiple myeloma	Stem Cell Transplant - Subjects with H/O Hematological Malignancies Indicated for SCT; Stem Cell Transplant - Subjects with History of Indicated for Autologous	Phase not specified
A case-control study in Chinese population to evaluate genetic polymorphisms of TERT and C/PTM1L and risk of lung cancer	Lung tumor		Phase not specified
ICTN1: Icotinib Following Chemotherapy Versus	Non-small-cell lung cancer	icotinib hydrochloride alone	Phase 3 Clinical

CHOOSE MORE FILTERS

Select filter view: Frequency Hierarchical: OFF Previous filters will be removed if switched On/Off

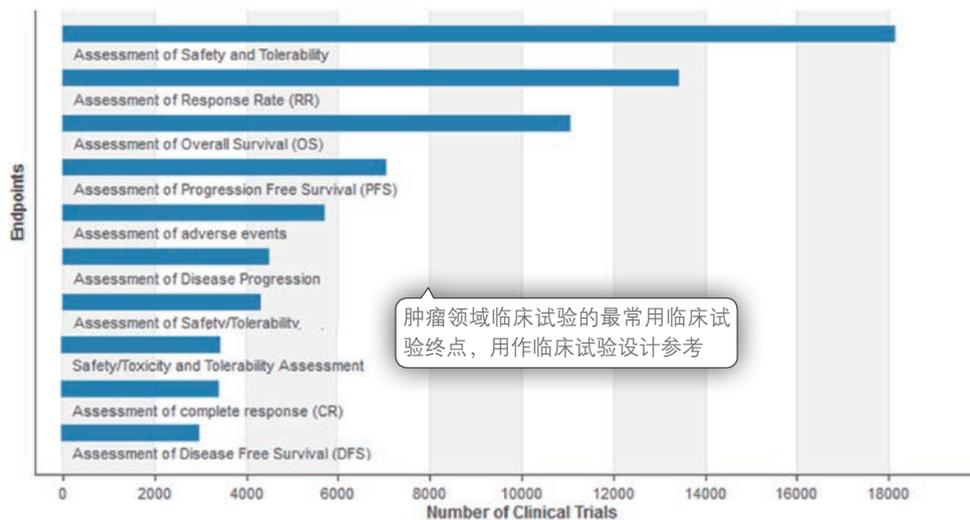
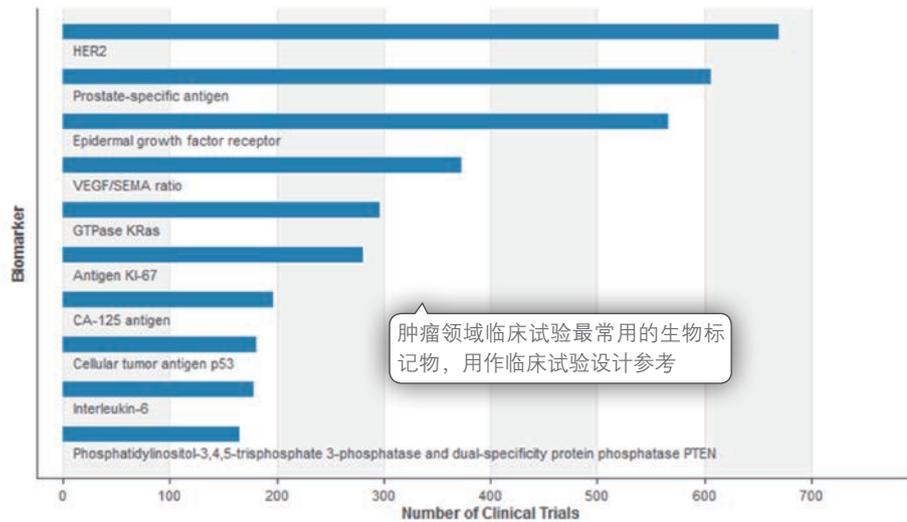
Sponsors/Collaborators

- National Cancer Institute (7022)
- Novartis AG (1121)
- MD Anderson Cancer Center (882)
- Pfizer Inc (749)
- GlaxoSmithKline plc (741)
- Eli Lilly & Co (677)
- AstraZeneca plc (671)
- Memorial Sloan-Kettering Cancer Center (660)
- Sanofi (657)
- Genentech Inc (655)
- Bristol-Myers Squibb Co (650)
- Roche Holding AG (613)
- Celgene Corp (502)
- Dana-Farber Cancer Institute Inc (415)

Apply

概览当前的肿瘤领域临床试验角逐者，识别竞争对手或投资对象

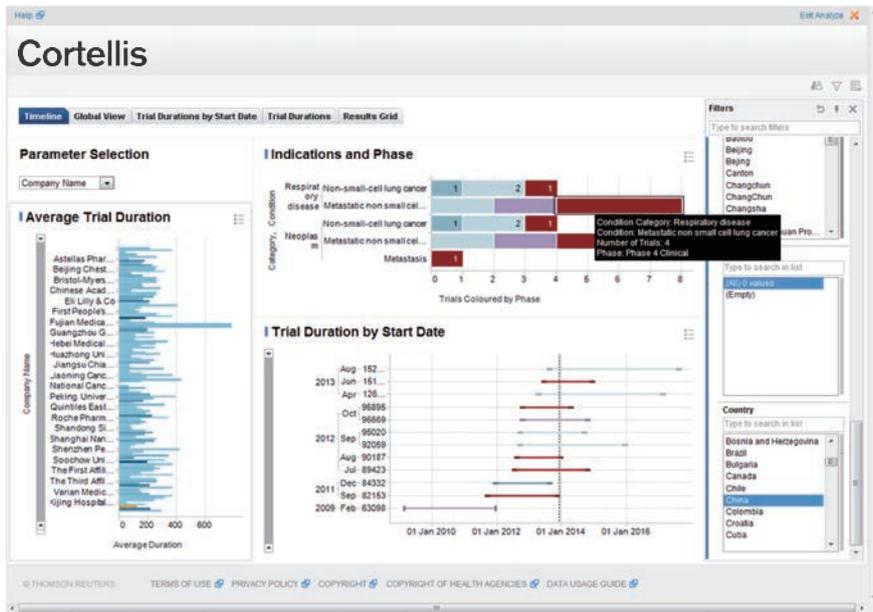
Condition	Biomarker	Interventions	Phase
A trial to evaluate the effect of lenalidomide on T-cell immune reconstitution in multiple myeloma (MM) patients who underwent autologous peripheral blood stem cell transplantation (ASCT)	Multiple myeloma	Stem Cell Transplant - Subjects with H/O Hematological Malignancies Indicated for SCT; Stem Cell Transplant - Subjects with History of Indicated for Autologous	Phase not specified
A case-control study in Chinese population to evaluate genetic polymorphisms of TERT and C/PTM1L and risk of lung cancer	Lung tumor		Phase not specified
ICTN1: Icotinib Following Chemotherapy Versus	Non-small-cell lung cancer	icotinib hydrochloride alone	Phase 3 Clinical



2 竞争对手进行临床试验的时间轴如何？我关心的品种都做了哪些临床试验？使用了哪些阳性对照？临床试验的设计、入组条件如何？临床试验结果如何？有哪些不良反应？据此参考进行我的临床试验设计。

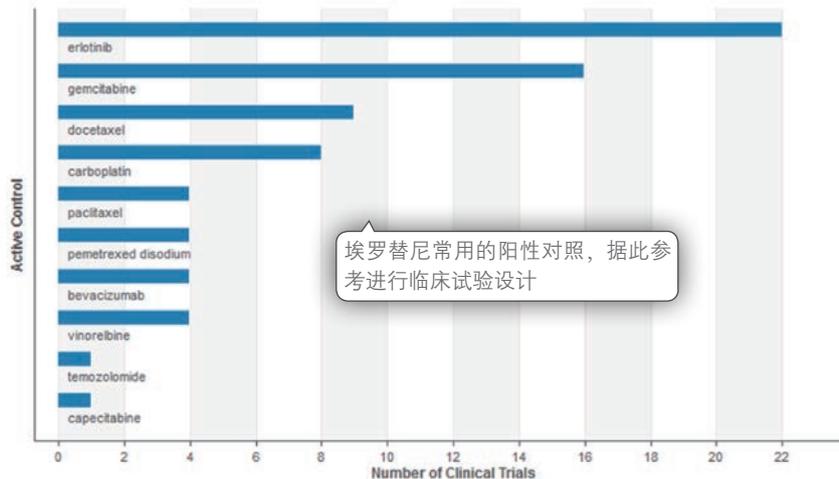
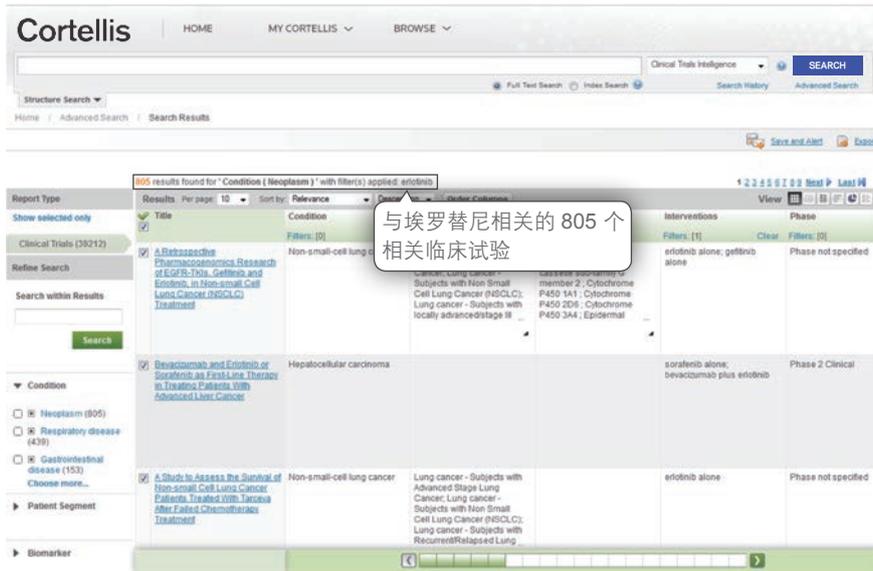
- **药企临床部**：预估试验风险，查看竞争对手，借鉴实验设计，进行项目评估
- **CRO 竞标**：汇总呈现同类试验进展，时间轴作为参考基准，增加竞标说服力
- **研究者**：了解同类试验常见问题，尽早取得突破性进展和及时调整研究方案
- **风险投资**：评估多个候选公司临床表现，做出最有前景的投资

以非小细胞肺癌为例，查看中国各家公司或机构的临床试验的时间轴（由于篇幅所限，下图只显示了部分公司、机构的临床试验）。



一步查看目标品种的全套临床试验研究，这里汇总了多信息来源的设计和方案：

以埃罗替尼为例，进一步查看与埃罗替尼相关的 805 个相关临床试验



临床试验信息公布得太零散？难以获得？看一看临床试验报告吧！

综合了来自行业会议、新闻、期刊文献、监管网站等关于本临床试验的信息，分门别类进行汇总整理，帮助我们清晰有序地了解临床试验的方案设计和结果

Combination Chemotherapy, Bevacizumab, Radiation Therapy, and Erlotinib in Treating Patients With Stage III Non-Small-Cell Lung Cancer

Snapshot

Protocol & Results

PROTOCOL & RESULTS

临床试验设计的方案和结果信息，分类进行整理汇总

Bevacizumab and erlotinib when given together with combination chemotherapy and radiation with stage III non-small-cell lung cancer.

The primary objectives of this study were to:
 Determine the maximum tolerated dose of bevacizumab and erlotinib when given together with carboplatin, paclitaxel, and thoracic conformal radiotherapy in patients with stage IIIA or IIIB non-small-cell lung cancer (phase I).
 Determine the safety and toxicity profile of this regimen in these patients (phase I).
 Determine the progression-free survival of patients treated with induction therapy comprising carboplatin, paclitaxel, and bevacizumab followed by chemoradiotherapy comprising thoracic conformal radiotherapy, carboplatin, paclitaxel, bevacizumab, and erlotinib and consolidation therapy comprising bevacizumab and erlotinib (Phase II).
 Determine the overall toxicity profile of this regimen in these patients (phase II).

The secondary objectives of this study were to:
 Determine the response rate in patients treated with induction therapy comprising carboplatin, paclitaxel, and bevacizumab (phase I and II).
 Determine the toxicity profile of induction therapy in these patients (phase I and II).
 Determine the overall response rate and survival profile in patients treated with this regimen (phase I and II).
 Determine the feasibility and tolerability of administering consolidation therapy comprising erlotinib and bevacizumab after treatment with combined modality therapy (induction therapy and chemoradiotherapy) in these patients (phase I and II).
 Collect tumor and blood samples from these patients for future analysis of correlation between molecular markers and clinical benefit (phase I and II).

Phase I:
 Induction therapy: patients would receive paclitaxel iv over 3 h, carboplatin iv over 15 to 30 min, and bevacizumab iv over 30 to 90 min on day 1. Treatment would repeat every 21 days for two courses. Patients with stable or responding disease would proceed to chemoradiotherapy.
 Chemoradiotherapy: patients would receive chemoradiotherapy according to their assigned dose cohort.

Cohort 1: patients would undergo thoracic conformal radiotherapy (TCRT) on days 1 to 5, 8 to 12, 15 to 19, 22 to 26, 29 to 33, 36 to 40, and 43 to 47. Patients would also receive carboplatin iv and paclitaxel iv on days 1, 8, 15, 22, 29, 36, and 43. Bevacizumab iv over 30 to 90 min on days 1, 15, 29, and 43.
 Cohort 2: patients would undergo TCRT and would receive carboplatin, paclitaxel, and bevacizumab on days 1 to 5, 8 to 12, 16 to 19, 23 to 26, 30 to 33, 37 to 40, and 44 to 47.
 Cohort 3: patients would undergo TCRT and would receive carboplatin, paclitaxel, and erlotinib on days 2 to 5, 9 to 12, 16 to 19, 23 to 26, 30 to 33, 37 to 40, and 44 to 47.
 Cohorts of five patients would receive chemoradiotherapy as described above. Patients with stable or responding disease would proceed to consolidation therapy.
 Consolidation therapy: patients would receive bevacizumab iv on day 1 and oral erlotinib on days 1 to 21. Treatment would repeat every 21 days for two to six courses.

临床试验设计方案，了解试验的目的和范围、设计方案、疗程等信息

RESULTS

Data presented in May 2009 showed that the overall response rate was 68.2% after the treatment. One-year progression-free survival was 58% and one-year overall survival rate was 79%. After induction, 37% of patients had partial response, 59% had stable disease and 4% had progressive disease. A significant reduction in tumor volumes and PET SUVs (standardized uptake values) were seen when comparing pre- and post-induction studies ($p = 0.0001$ and $p = 0.0002$, respectively) [1012863].

In November 2012, results were published. Results showed that the objective response rates to induction and overall treatment were 39 and 60%, respectively; the median progression-free and overall survival times were found to be 10.2 and 18.4 months, respectively [1356279].

ADVERSE EVENTS

Induction carboplatin + paclitaxel + bevacizumab therapy was well tolerated with one grade 3 hypertension. During induction, there were no pulmonary hemorrhagic complications. During concurrent therapy, one grade 3 pulmonary hemorrhagic complication was seen in one squamous patient and one grade 5 pulmonary hemorrhagic complication (> 2 months after treatment) was seen in the other squamous patient. The most common toxicity observed during concurrent therapy was esophagitis (53.8% grade 2, 19.2% grade 3). Hematological toxicities were neutropenia, thrombocytopenia and anemia; non-hematological toxicities were hemorrhage, hypertension, alopecia, nausea/vomiting, myalgia and neuropathy. Incorporation of sequenced erlotinib was feasible and well tolerated, but following induction and concurrent therapy, consolidation erlotinib plus bevacizumab was not feasible. The principal toxicity was esophagitis (29% grade 3 or 4 esophagitis) in which one patient had grade 3 tracheoesophageal fistula that was often prolonged [1012863], [1356279].

Adverse Event Details

Collapse all

carboplatin + paclitaxel + bevacizumab (1)			
Adverse Event	% Patients with Adverse Event	Number of Patients with Adverse Events	Total Number of Patients
Hypertension		1	

carboplatin + paclitaxel + bevacizumab + erlotinib (11)			
Adverse Event	% Patients with Adverse Event	Number of Patients with Adverse Events	Total Number of Patients

临床试验结果和详细的不良反应信息汇总

Combination Chemotherapy, Bevacizumab, Radiation Therapy, and Erlotinib in Treating Patients With Stage III Non-Small-Cell Lung Cancer

Snapshot

Protocol & Results

Subjects & Measurements

SUBJECTS & MEASUREMENTS

ELIGIBILITY CRITERIA

Inclusion Criteria

- Disease characteristics:
 - Diagnosis of non-small-cell lung cancer
 - Stage IIIA or IIIB disease
 - No malignant pleural or pericardial effusions
 - No palpable supraclavicular adenopathy
 - Squamous cell histology allowed provided there is no hemoptysis and no central invasive lesions that abut or invade major blood vessels in the chest (with or without cavitation)
 - Considered suitable and appropriate for combined modality therapy and thoracic conformal radiotherapy, as determined by the treating medical and radiation oncologist
- Patient characteristics:
 - ECOG performance status 0 to 1
 - Hemoglobin \geq 9.0 mg/dl
 - Platelet count \geq 100,000/mm³
 - ANC \geq 1500/mm³
 - FEV1 \geq 1 l
 - Creatinine \leq 1.5 times upper limit of normal (ULN)
 - AST or ALT \leq 2.5 times ULN
 - Bilirubin normal
 - PTT and INR normal
 - Urine protein:creatinine ratio \leq 1.0
 - Blood pressure \leq 150/100 mmHg on three separate occasions
 - Not pregnant or nursing
 - Negative pregnancy test
 - Fertile patients must use contraception
 - No significant recent hemoptysis (\geq 1/2 teaspoon of bright red blood)
 - No unstable angina

临床试验的入 / 排标准和结果评估

3 临床试验 Feasibility 调研：研究中心的选择，查看竞争对手临床试验实施的研究中心和负责人，这个研究中心研究过哪些试验的经验

例如，针对埃罗替尼非小细胞肺癌的一个临床试验，查看到其研究中心为 XX 医院，以及其主要负责人和其联系方式

Erlotinib Versus Gemcitabine/Cisplatin as (Neo)Adjuvant Treatment in Non-Small Cell Lung Cancer

CONTACTS & SITES

CONTACTS

Public Queries

Wu-Liang (Wu, MD)
1820134271@163.com
wuliang@foxmail.com

Wen-Zhao (Wen, MD)
13826771134@163.com

Scientific Queries

Wu-Liang (Wu)
Guangdong Lung Cancer Institute

Wen-Hang (Wen)
Guangdong General Hospital

Wen-Zhao (Wen)
Guangdong Lung Cancer Institute

SITES

China (1)

Site	Contact	Last Known Recruitment Status
Guangdong General Hospital Guangzhou Guangdong 510080	Facility contact Wen-Hang Wen wengwenhang@gmail.com Facility contact backup Wen-Zhao Wen 13826771134@163.com	Recruiting

临床试验相关的联系人和联系方式，包括姓名、电话、邮箱

研究中心的主要负责人和其联系方式

XX 医院的临床试验经验如何？查看本中心承担的临床试验进行评估。

68 results found for "Guangdong General Hospital"

Results Per page: 10 Sort by: Relevance Descending Order Columns View

Title	Condition	Patient Segment	Biomarker	Interventions	Phase
The effects of the respiratory movement control training system on respiratory function in patients with pulmonary disease	Chronic obstructive pulmonary disease; Non-small-cell lung cancer	Cancer supportive care - Others; Cancer supportive care - Solid tumor subjects for supportive care; Chronic Obstructive Pulmonary Disease (COPD) - Subjects with GOLD Stage		electrical stimulation alone	Phase 1 Clinical
PRECOMIN: Predictive Value of Contrast Volume to Creatinine Clearance Ratio	Renal disease	Acute Renal Failure - Subjects exposed to nephrotoxins; Acute Renal Failure - Subjects with Intrarenal Causes for Acute Renal Failure (ARF); Acute Renal Failure - Subjects	Creatinine ; Cystatin C		Phase not specified
A Study of Sustained-Release Desvenlafaxine Hydrochloride for the Treatment of Major Depressive Disorder	Major depressive disorder	Depression - Subjects with Major Depressive Disorder; Depression - Subjects with Relapse/Recurrent Depression		desvenlafaxine alone	Phase 2/Phase 3 Clinical
Phase II Safety and Efficacy Study of Crizotinib in East Asian Patients With ROS-1 Positive, ALK Negative Advanced NSCLC	Metastatic non small cell lung cancer	Lung cancer - Subjects with Advanced Stage Lung Cancer; Lung cancer - Subjects with Non Small Cell Lung Cancer (NSCLC); Lung cancer - Subjects with locally advanced/stage III	ALK tyrosine kinase receptor	crizotinib alone	Phase 2 Clinical

Clinical Trials Intelligence 为您提供：

可信赖的翔实内容

来自于全球的专业编辑团队，为您提供专业的临床试验信息收集、整理、以及同行评议的内容

人性化的检索体系

使用最先进的门户网站技术，为每一条临床试验记录进行了细致索引，增强型检索结合数十项结果过滤工具，确保您第一时间找到**精准的结果**

动态可视化分析工具

可视化显示时间轴、适应症、试验药物、试验方案、研发阶段、招募状态、国家和阳性对照等信息，**加快您收集和分析临床试验信息的进程**

创建精准的预警服务

根据您的特定需求定制**私密邮件预警**，密切跟踪您关注领域、目标品种、竞争对手的最新临床试验进展和结果

独特的信息解决方案

通过 APIs（应用程序接口），我们可以将 Cortellis 的临床试验数据整合到您的指定系统平台中（如贵司内部平台），实时呈现；通过信息整合服务，将贵司的数据与科睿唯安的数据整合到 Cortellis 平台中，统一呈现

本材料数据采集截止日期为：2013 年 12 月 5 日

科睿唯安生命科学与制药解决方案, 请访问: Clarivate.com.cn

科睿唯安 中国办公室

北京海淀区科学院南路2号融科资讯中心C座北楼610单元

邮编：100190

电话：+86-10 57601200

传真：+86-10 82862088

邮箱：info.china@clarivate.com

网站：clarivate.com.cn



科睿唯安