

# CURRICULUM VITAE

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## Ausbildung

1963 - 1975 Grundschulen und Gymnasium in Bern, Matura Typ B  
1975 – 1978 Sportlehrerstudium Universität Bern, Abschluss mit  
Diplom I und II  
1978 – 1984 Studium und Abschluss Humanmedizin an der  
Universität Bern  
1984 Erlangung der Doktorwürde Universität Bern

## Weiterbildung

1985 – 1987 Assistenzarzt Medizinische Klinik Spital Thun  
1987 – 1988 Wissenschaftlicher Assistenzarzt für  
Leistungsphysiologie am anatomischend Institut der  
Universität Bern  
1988 – 1990 Assistenzarzt Department für Innere Medizin  
Universitätsspital Zürich  
1990 – 1991 Assistenzarzt Hämatologie Universitätsspital Zürich  
1991 – 1992 Assistenzarzt Onkologie Universitätsspital Zürich  
1992 – 30.06.1993 Assistenzarzt Institut für Medizinische Onkologie  
Universität Bern  
30.06.1993 Facharzt Allgemeine Innere Medizin und Medizinische  
Onkologie

## Berufliche Stationen

01.07.1993 – 30.06.2004 Leitender Arzt Medizinische Klinik und Onkologie Spital  
Thun  
01.06.2003 – 30.06.2004 Co-Chefarzt Medizinische Klinik Spital Thun  
01.07.2004 – 31.12.2019 Chefarzt Onkologie- und Hämatologiezentrum Spital  
STS AG Thun  
14.11.2006 – 30.06.2020 Verwaltungsrat Radioonkologie Berner Oberland  
01.04.2010 – 31.10.2018 Geschäftsleitungsmitglied Spital STS AG

## Aktuelle berufliche Positionen

Seit 01.03.2001 Gründer und Geschäftsführer der KrebsStiftung Thun-  
Berner Oberland  
Seit 2005 Medizinischer Mitverantwortlicher CAS/DAS in  
Sporttherapie für Krebspatienten der Universität Bern  
Seit 01.01.2020 Senior Consultant Onkologie- und Hämatologiezentrum  
Spital STS AG Thun  
Seit 01.07.2020 Verwaltungsrat Psychiatriezentrum Münsingen

## Publikationen

### Erstautor

- 1986 Structural Changes in Skeletal Muscle Tissue with Heavy-Resistance Exercise  
*International Journal of Sports Medicine* 1986; 7:123-127
- 1989 Die verletzte und immobilisierte Muskelzelle: ultrastrukturelle Veränderungen  
*Sportverletzung – Sportschaden* 1989; 3: 58-61
- 1989 Muscle Filament Spacing and Short-Term Heavy-Resistance Exercise in Humans  
*Journal of Physiology* 1989; 409: 491-495
- 1990 Anabolika – Trotz Sieg verloren  
*Schneehase, 34. Jahrbuch des Schweizerischen Akademischen Ski-Clubs*, pp104-109
- 1990 Muskelverletzung und Muskelschäden im Mikrobereich  
*Schneehase, 34. Jahrbuch des Schweizerischen Akademischen Ski-Clubs*, pp174-176
- 1991 When is Muscle Training Possible? A Physiologist's View on Structural and Functional Basis for Muscle Training Protocols  
*Physiotherapy: Controlled Trials and Facts. Rheumatology.*  
*Karger, 1991, vol 14, pp 218-234*
- 2018 Onkologie- und Hämatologiezentrum Thun-Berner Oberland  
*Schweizer Krebsbulletin* 2018; 04: 350-357

### Co-Autor

- 1988 Grundlagen der verbesserten Ausdauerleistungsfähigkeit im Radsport  
*Sporterziehung im Wandel; Schriftenreihe des Instituts für Sport und Sportwissenschaft der Universität Bern*, pp109-125
- 2002 A high-resolution allelotype of B-cell chronic lymphocytic leukemia (B-CLL)  
*Blood* 2002; 100: 1787-1794
- 2007 The multicentric trial SAKK 37/95 of cladribine, cyclophosphamide and prednisone in the treatment of chronic lymphocytic leukemias and low-grade non-Hodgkin's lymphoma  
*Acta Haematol* 2007; 117: 40-47
- 2008 Redimune NF Liquid, a ready-to-use, high-concentration intravenous immunoglobulin therapy

preparation, is safe and typically well tolerated in the routine clinical management of a broad range of conditions

*Clin Exp Immunol 2008; 152: 45-49*

2011 Bone mineral density in breast cancer patients treated with adjuvant letrozole, tamoxifen, or sequences of letrozole and tamoxifen in the BIG 1-98-study (SAKK 21/07)  
*Annals of Oncology 2011*

2013 Adjuvant pegylated liposomal doxorubicin for older women with endocrine nonresponsive breast cancer who are not suitable for a „standard chemotherapy regimen“: the CASA randomized trial  
*The Breast 2013*

2017 NSAID treatment with meloxicam enhances peripheral stem cell mobilization in myeloma  
*Bone Marrow Transplantation 2017*

2018 Knee Extensors Muscle Plasticity Over a 5-Years Rehabilitation Process After Open Knee Surgery  
*Frontiers in Physiology 2018; 9: 1343*

2020 A randomized evaluation of vinorelbine versus gemcitabine chemotherapy mobilization of stem cells in myeloma patients  
*Bone Marrow Transplantation 2020*

## **Mitarbeit**

2008 Prognostic and predictive value of centrally reviewed Ki-67 labelling index in postmenopausal women with endocrine-responsive breast cancer: results from Breast International Group Trial 1-98 comparing adjuvant tamoxifen with letrozole  
*J Clin Oncol 2008; 26: 5569-5575*

2008 p27 and Skp2 immunoreactivity and its clinical significance with endocrine and chemo-endocrine treatments in node-negative early breast cancer  
*Annals of Oncology 2008; 19: 660-668*

2008 Extracapsular tumor spread and the risk of local, axillary and supraclavicular recurrence in node-positive, premenopausal women with breast cancer.  
*Annals of Oncology 2008; 19: 1393-1401*

2009 Is chemotherapy necessary in for premenopausal women with lower-risk node-negative, endocrine responsive breast cancer? 10-year update of International Breast Cancer Study Group Trial 11-93  
*Breast Cancer Res Treat 2009; 116: 137-144*

2009 Is adjuvant chemotherapy of benefit for postmenopausal women who receive endocrine treatment for highly endocrine-responsive, node-positive breast cancer? International Breast Cancer

Study Group Trials VII and 12-93  
*Breast Cancer Res Treat* 2009; 116: 491-500

- 2009 Letrozole therapy alone or in sequence with tamoxifen in women with breast cancer  
*N Engl J Med* 2009; 361: 766-776
- 2009 Design, conduct and analysis of Breast International Group (BIG) 1-98: a randomized, double blind, phase-III study comparing letrozole and tamoxifen as adjuvant endocrine therapy für postmenopausal women with receptor positive, early breast cancer  
*Clin Trials* 2009; 6: 272-287
- 2009 The effect of endocrine responsiveness on high-risk breast cancer treated with dose-intensive chemotherapy: results of International Breast Cancer Study Group 15-95 after prolonged follow-up  
*Annals of Oncology* 2009; 20:1344-1351
- 2009 Bone fractures among postmenopausal patients with endocrine-responsive early breast cancer treated with 5 years of letrozole or tamoxifen in the BIG 1-98 trial  
*Annals of Oncology* 2009; 20: 1489-1498
- 2011 Assessment of letrozole and tamoxifen alone and in sequence for postmenopausal women with steroid hormone receptor-positive breast cancer: the BIG 1-98 randomised clinical trial at 8.1 years median follow-up  
*Lancet Oncol* 2011; 12: 1101-1108
- 2011 Interpreting Breast International Group (BIG) 1-98: a randomized, double-blind, phase III trial comparing letrozole and tamoxifen as adjuvant endocrine therapy for postmenopausal women with hormone receptor-positive, early breast cancer  
*Breast Cancer Res* 2011; 13: 209
- 2012 The advantage of letrozole over tamoxifen in the BIG 1-98 trial is consistent in younger postmenopausal women and in those with chemotherapy-induced menopause  
*Breast Cancer Res Treat* 2012; 131: 295-306