

### Abbreviated Curriculum Vitae (CV)

**First Name:** Carmen  
**Middle Name:**  
**Last Name:** Leser  
**Profession:** Obstetrics and Gynecology  
**Affiliation Name:** Medical University Vienna  
  
**Address:** Währinger Gürtel 18-20  
  
**City:** Vienna  
**Postal Code:** 1090  
**State/Region/Province:** Vienna  
**Country:** Austria  
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**Fax:** 004314040023230  
**Email:** carmen.leser@meduniwien.ac.at  
  
**Study Location Name (if different):**  
**Address :**  
  
**City:**  
**Postal Code:**  
**State/Region/Province:**  
**Country:**  
**Phone:**  
**Extension:**  
**Fax:**  
**Email (if different):**

EDUCATION			
University		Degree	Year Completed
MEDICAL EDUCATION			
University		Degree	Year Completed
Medical University Vienna		Dr. med. univ	2012
Medical University Vienna		Dr. scient.med.	2016

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PROFESSIONAL EXPERIENCE/OTHER RELATED TRAINING		
Institution	Medical Field	Year (Completed)
Medical University of Vienna and KRAGES Burgenland	Gynecology	2020

**Professional License Number:** 65570-11  
**State/Region/Province:** Vienna Austria  
**Expiration Date:**  
**Research Area(s) of Interest:** Breast Cancer  
**Clinical Trial Phases:**  I  II  III  IV

**List your most Current Clinical Research below:**

Therapeutic Area:	Type of Trial	Phase:	Completed	On-Going
Perlipin 1 to 5	Academic	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RB, pRB, CDK 4/6, Cyclin D	Academic	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
negative pressure wound therapy	Academic	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mesh vs acellular dermal matrix	Investigator Initiated	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bleeding complications after neoadjuvant chemotherapy	Academic	▼ 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MRI brain metastases screening in Her2 positive and triple neg patients	Academic	▼ 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Choose an item		<input type="checkbox"/>	<input type="checkbox"/>
	Choose an item		<input type="checkbox"/>	<input type="checkbox"/>

**GCP Training Documentation (Course Provider/Year Completed):** 10.10.2018

TU Munich, Klinikum rechts der Isar, updated online 2021 and 2023

**By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

27.3.2024