

## Curriculum Vitae

### Hans-Peter Sinn, Apl. Prof. Dr. med.

Date of birth	16.04.1957
Place of birth	Erlangen, Germany
Nationality	German
Current Position	Head, Division of Gynecopathology Institute of Pathology Univ. Hospital Heidelberg, Germany



### Academic and professional education

1976 – 1982	Medical Schools, Universities of Erlangen and TU Munich, Germany
1982	MD-Thesis (magna cum laude), Univ. of Erlangen
1982	Licensure (Approbation) in Medicine, TU Munich
1993	Board Certification in Pathology
1999	PhD Degree (Habilitation)

### Academic career and appointments

1983 – 1986	Resident, Dept. of Pathology Univ. of Marburg
1986 – 1987	Postdoctoral Research Fellowship (DFG) Dept. of Pathology University of Kentucky at Lexington
1987 – current	Resident, Dept. of Pathology University of Heidelberg
1993	Consultant (Oberarzt), Dept. of Pathology University of Heidelberg
1999	Head, Division of Gynecopathology, Univ. Hospital, Heidelberg
2005	Associate Professor of Pathology (apl. Prof.) Univ. of Heidelberg
2007	Appointment as Chair (declined) Dept. of Gynaeco- and Paidopathology, Mainz

### Fields of Research

Molecular and translational pathology of the breast and female genital tract.

### Special interests

Gene expression analysis of breast cancer  
Digital pathology

### Memberships in professional societies

Fellow, International Society for the Study of Vulvovaginal Disease (ISSVD)  
Member, Deutsche Gesellschaft für Pathologie (DGP)  
Member, International Academy of Pathology (IAP), German Division  
Member, Arbeitsgemeinschaft für Gynäkologische Onkologie (AGO)  
Member, Deutsche Gesellschaft für Senologie (DGS)  
Member, Deutsche Krebsgesellschaft (DKG)  
Member, Leitlinienkommission Mamma der AGO  
Member, S3-Leitlinienkommission Mamma der DKG

## Ten recent publications (2017, 2016)

1. Sinn P, Schneeweiss A, Keller M, Schlombs K, Laible M, Seitz J, et al. Comparison of immunohistochemistry with PCR for assessment of ER, PR, and Ki-67 and prediction of pathological complete response in breast cancer. *BMC Cancer*. 2017 Feb 13;17(1):124.
2. Stefanovic S, Wirtz R, Deutsch TM, Hartkopf A, Sinn P, Varga Z, et al. Tumor biomarker conversion between primary and metastatic breast cancer: mRNA assessment and its concordance with immunohistochemistry. *Oncotarget*. Impact Journals; 2017 May 19;5(0).
3. Pfarr N, Penzel R, Endris V, Lier C, Flechtenmacher C, Volckmar A-L, et al. Targeted next-generation sequencing enables reliable detection of HER2 (ERBB2) status in breast cancer and provides ancillary information of clinical relevance. *Genes Chromosomes Cancer*. 2017 Apr;56(4):255–65.
4. Rüschoff J, Lebeau A, Kreipe H, Sinn P, Gerharz CD, Koch W, et al. Assessing HER2 testing quality in breast cancer: variables that influence HER2 positivity rate from a large, multicenter, observational study in Germany. *Mod Pathol*. Nature Publishing Group; 2017 Feb;30(2):217–26.
5. Untch M, Huober J, Jackisch C, Schneeweiss A, Brucker S, Dall P, et al. Initial Treatment of Patients with Primary Breast Cancer: Evidence, Controversies, Consensus. *Geburtshilfe und Frauenheilkunde*. 2017 Jun 28;77(06):633–44.
6. Heil J, Schaefgen B, Sinn P, Richter H, Harcos A, Gomez C, et al. Can a pathological complete response of breast cancer after neoadjuvant chemotherapy be diagnosed by minimal invasive biopsy? *Eur J Cancer*. Elsevier; 2016 Nov 4;69:142–50.
7. Sinn P, Helmchen B, Schott S, Löning T. Zervixkarzinom und seine Vorstufen. *Der Onkologe*. 2016 Aug 29;22(10):737–46.
8. Hennigs A, Riedel F, Gondos A, Sinn P, Schirmacher P, Marme F, et al. Prognosis of breast cancer molecular subtypes in routine clinical care: A large prospective cohort study. *BMC Cancer*. 7 ed. BioMed Central; 2016 Sep 15;16(1):734.
9. Hennigs A, Riedel F, Marme F, Sinn P, Lindel K, Gondos A, et al. Changes in chemotherapy usage and outcome of early breast cancer patients in the last decade. *Breast Cancer Res Treat*. 4 ed. Springer US; 2016 Dec;160(3):491–9.
10. Pfarr N, Sinn P, Klauschen F, Flechtenmacher C, Bockmayr M, Ridinger K, et al. Mutations in genes encoding PI3K-AKT and MAPK signaling define anogenital papillary hidradenoma. *Genes Chromosomes Cancer*. 2016 Feb;55(2):113–9.