Congress of the United States
House of Representatives
SELECT COMMITTEE ON CHINA

June 29, 2026

David A. Ricks
Chairman of the Board and Chief Executive Officer
Eli Lilly and Company
Lilly Corporate Center
Indianapolis, IN 46285

Dear Mr. Ricks,

The United States is engaged in a fierce biotechnology competition with the People's Republic of China (PRC). This competition has implications for our national and economic security as well as for the future of healthcare and the security of American medical data. In its 15th Five-Year Plan issued in March 2026, the Chinese Communist Party (CCP) refined its plan to target biotechnology breakthroughs as a national priority.[1] This plan also calls for tighter biological data regulations, and for Chinese firms to maximize the use of artificial intelligence (AI) across the biotechnology sector, recognizing data as a strategic asset.[2] This is significant because the U.S. Congress, through its passage of the BIOSECURE Act, has also identified biotechnology as a key sector in economic and national security competition with China. We now have two systems racing to gain an edge in this critical technology.

At the heart of this biotechnology competition is China's clinical trial system. Through a combination of regulatory reforms, state subsidies, and (at best) questionable ethics, China has transformed itself into the cheapest and fastest place in the world to run early-stage human drug trials. First-in-human data remains the currency of the biotechnology sector—whoever gets it fastest de-risks their investment and can move to larger clinical trials.

Patient enrollment at Chinese clinical trial sites is two to five times faster than in the United States.[3] This is due to several factors, including large potential patient populations concentrated around large hospitals in China. The speed of China's patient enrollment may also be accelerated by its lack of ethical safeguards surrounding informed consent and voluntary participation, according to U.S. biotechnology company executives.[4] Research studies of informed consent in

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[1] Melanie Hart, Caroline Costello, and Samantha Wong, "Five Takeaways for US Policymakers about China's New Five-Year Development Plan," *Atlantic Council*, March 31, 2026, https://www.atlanticcouncil.org/dispatches/five-takeaways-for-us-policymakers-about-chinas-new-five-year-development-plan/; "China's 15th Five-Year Plan: Full English Translation," *Mandarin Peel* (Substack), March 26, 2026, https://mandarinpeel.substack.com/p/chinas-15th-five-year-plan-full-english.

[2] Hart, Costello, and Wong, "Five Takeaways for US Policymakers."

[3] Anirudh Roy Popli, Fangning Zhang & Jay Park, *The Emerging Epicenter: Asia's Role in Biopharma's Future*, McKinsey & Co. (Jan. 7, 2026), https://www.mckinsey.com/industries/life-sciences/our-insights/the-emerging-epicenter-asias-role-in-biopharmas-future.

[4] Documentation on file with the Select Committee.

Chinese trials have corroborated these concerns.[5] These factors have enabled China to surpass the United States in the number of registered clinical trials conducted in the country.[6]
In that light, I write to you regarding Lilly's conduct of clinical trials in China, where it appears to have sponsored or collaborated on more than 220 clinical studies since 2003, including at sites in Xinjiang, China, and at PRC military medical centers and hospitals, according to publicly available information at https://clinicaltrials.gov and https://ChinaDrugTrials.org.cn. Xinjiang is the epicenter of the CCP's genocide targeting Uyghurs and other ethnic and religious minorities. Specifically, between 2016 and 2024, the Select Committee identified Lilly as having participated in:

- At least 11 trials that included hospitals in Xinjiang, China, with several that are still ongoing today—the most recent of which began in March 2024; and

- At least 16 trials that included PRC military medical centers and hospitals, with several that are still ongoing—the most recent of which began in March 2024.[7]

Additional details on these trials, which are not to be considered exhaustive, are included in the attachment at the end of this letter. These data also do not include any early-stage clinical trials conducted by Chinese biotechnology companies for drug prospects later licensed or co-developed by Lilly, such as could occur through its recent partnerships with Chinese drugmakers Innovent Biologics, worth up to $8.8 billion,[8] and Haisco Pharmaceutical Group, worth up to $3 billion.[9]

U.S. regulations require that clinical investigators in the United States obtain legally effective informed consent of human clinical trial subjects; seek consent only under circumstances that minimize the possibility of coercion or undue influence; and that information provided to the subjects be in a language that is understandable to the subject, among other requirements.[10]
While China has laws requiring informed consent in clinical trials, Chinese researchers have documented significant issues with obtaining informed consent in practice. For instance, a 2023 survey of findings from research of informed consent in Chinese cancer clinical trials found that:

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[5] For example, Xing Liu et al., *Informed Consent in Cancer Clinical Drug Trials in China: A Narrative Literature Review of the Past 20 Years*, 24 Trials 445 (2023), https://doi.org/10.1186/s13063-023-07482-y; Ping Wen et al., *Research on Issues in the Protection of Clinical Trial Human Subjects in China: A Delphi Study*, 26 BMC Med. Ethics 161 (2025), https://doi.org/10.1186/s12910-025-01302-5; Jing-Bao Nie, *The Harms of Family-Oriented Informed Consent in Clinical Practice in Two Megacities in Northern China: A Sociological and Ethical Study*, Asian Bioethics Rev. (Nov. 15, 2025), https://doi.org/10.1007/s41649-025-00373-1.

[6] One study examining clinical trial data across multiple trial registries showed that the number of trials run in China in 2014 was only 1,826—far lower that the U.S. leading 7,268 trials. In 2023, the number of trials in China had grown to 11,268, far surpassing the U.S. number of 7,569. Till Bruckner, "New Study Shows That China Is Now a Global Powerhouse of Clinical Research," *TranspariMED*, May 26, 2025, https://www.transparimed.org/single-post/new-study-shows-that-china-is-now-a-global-powerhouse-of-clinical-research.

[7] Select Committee analysis of data from *ClinicalTrials.gov*, U.S. National Library of Medicine, https://clinicaltrials.gov/ (last visited June 3, 2026) and ; Nat'l Medical Prods. Admin., *Drug Clinical Trial Registration and Information Disclosure Platform*, https://www.chinadrugtrials.org.cn/index.html (last visited June 3, 2026).

[8] Lilly and Innovent Biologics signed a deal for $350 million in upfront cash to collaborate on the development of new cancer and immune disorder medicines, with potential payments of up to $8.5 billion based on development, regulatory, and commercial milestones. James Waldron, *Lilly, Innovent Pen $8.8B Collab "Beyond Traditional Licensing,"* FierceBiotech (Feb. 9, 2026), https://www.fiercebiotech.com/biotech/lilly-innovent-pen-88b-collab-moves-beyond-traditional-licensing.

[9] Lilly and a unit of Haisco Pharmaceutical Group signed a deal to collaborate on and possibly license experimental medicines for $87 million in upfront and near-term payments and up to $3 billion in additional payments based on clinical, regulatory, and commercial milestones. *Unit of China's Haisco, Eli Lilly Sign Collaboration, Licensing Deals*, Reuters (June 1, 2026), https://www.reuters.com/legal/litigation/unit-chinas-haisco-eli-lilly-sign-collaboration-licensing-deals-2026-06-01/.

[10] 21 C.F.R. pt. 50 (2024)

- 91.2% of surveyed participants mistook clinical trials as the standard-of-care treatment;
- 55.9% of surveyed participants said their doctors did not offer any alternatives besides treatment in a clinical trial while 41.2% were unsure whether they had been offered alternative treatments;
- More than 70% of surveyed participants in cancer drug trials believed that treatment regimens studied in the trial were proven to be the best;
- 80% of surveyed participants mistakenly believed that drugs in clinical trials would not cause severe side effects; and
- Undue influence was observed in clinical trials and investigators were prone to tendentious explanations of trials, including understating potential toxic effects and overstating efficacy of trial protocols.[11]

These, and other, findings indicate the need for heightened due diligence by American companies conducting clinical trials in China to ensure that their trials are complying with Good Clinical Practice and are not profiting from a system that is failing to protect the rights of participants.[12]

Regarding Lilly's clinical trials conducted in Xinjiang, more specifically, the Uyghur Forced Labor Prevention Act (UFLPA) was passed by Congress and enacted in December 2021 to prevent goods made with forced labor in the Xinjiang Uyghur Autonomous Region (XUAR) of China from entering the United States.[13] Congress passed this law because it found credible evidence that the government of the PRC has been pursuing a deliberate and systematic program of state-imposed forced labor in region, specifically targeting the Uyghur people and other minorities in the region. It creates the rebuttable assumption that goods mined, produced, or manufactured wholly or in part in the XUAR are made with forced labor and are therefore prohibited from importation into the United States. This rebuttable assumption exists because of the extreme difficulty involved in conducting credible independent audits or investigations at sites in Xinjiang.

While the UFLPA does not specifically address the conduct of clinical trials in the region, it reflects best practices given the ethical risks of operating there and the necessity for U.S. companies to conduct due diligence regarding their supply chains to ensure they are free of forced labor. While not part of a supply chain for physical goods, clinical trials are a critical part of the drug discovery pipeline—an intellectual supply chain, where human clinical trial subjects are a foundational input. In addition to evidence of widespread forced labor and oppression in Xinjiang, there have been numerous credible investigations that have documented forced medical testing, procedures, medications, and biodata collections on Uyghurs and other oppressed minorities in Xinjiang.[14] Given what we know about the human rights abuses and oppression in

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[11] Xing Liu et al., *Informed Consent in Cancer Clinical Drug Trials in China: A Narrative Literature Review of the Past 20 Years*, 24 Trials 445 (2023), https://doi.org/10.1186/s13063-023-07482-y

[12] Good Clinical Practice is an international ethical and scientific standard that ensures the safety, rights, and well-being of clinical trial participants while guaranteeing the credibility and reliability of trial data.

[13] Uyghur Forced Labor Prevention Act, Public Law 117-78, 135 Stat. 1525 (2021), https://www.congress.gov/bill/117th-congress/senate-bill/65/text.

[14] Human Rights Watch, "China: Minority Region Collects DNA from Millions," December 13, 2017, https://www.hrw.org/news/2017/12/13/china-minority-region-collects-dna-millions; Emile Dirks and James Leibold, *Genomic Surveillance: Inside China's DNA Dragnet*, Australian Strategic Policy Institute, Policy Brief Report No. 34/2020, June 2020, https://www.aspi.org.au/report/genomic-surveillance/; Dake Kang et al., "China Cuts Uighur Births with IUDs, Abortion, Sterilization," Associated Press, June 29, 2020, republished by *PBS NewsHour*, https://www.pbs.org/newshour/world/ap-report-china-stifling-uighur-births-

Xinjiang, it is reasonable to question whether clinical trial subjects there are participating voluntarily and with informed consent—indispensable principles of good clinical practice.

Lilly's clinical trials held at PRC military hospitals raise significant questions related to how data developed through clinical trials at those hospitals could fuel the CCP's military biotechnology research, experimentation, and capability development. Clinical trials involve collaborative research activities with doctors, nurses, and other officials at the trial sites and produce sensitive and proprietary data. Conducting this research at PRC military hospitals puts the cutting-edge, biotechnology Intellectual Property (IP) of American companies at potential risk of being transferred to the Chinese military. Make no mistake, acquiring this knowledge is a high priority for the CCP, as its latest Five-Year Plan makes clear. As evidence of the vulnerability of medical data, the U.S. Department of Commerce has listed the People's Liberation Army (PLA) Academy of Military Medical Sciences on its entity list, due to recognition that biotechnology research can be used to support Chinese military end uses, including development of potential dual-use technologies.[15]

While there is no evidence that Lilly has engaged in illegal activity or wrongdoing, conducting clinical trials in China, and in Xinjiang and PRC military hospitals more specifically, exposes American companies to ethical and security risks—some of which even the most robust due diligence may not be sufficient to mitigate.

I request that Lilly provides the following information by July 17, 2026.

1. A detailed briefing and information on Lilly's due diligence processes to ensure Good Clinical Practice standards at its clinical trial sites in China broadly, and in Xinjiang and at PRC military hospitals more specifically.

2. Company policies, regulations, strategies, guidance documents, and other communications that outline or govern Lilly's Good Clinical Practice standards for the conduct of clinical trials generally, and more specifically, in China, at PRC military hospitals, and in Xinjiang.

3. Data and/or information sufficient to show the number and frequency of Lilly's inspections of its clinical trial sites in China, and efforts to ensure the validity of such inspections (e.g., use of company translators).

4. Any internal analyses, risk assessments, or other similar research products that Lilly has conducted or sponsored regarding clinical trials in China, in Xinjiang, or at PRC military hospitals.

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with-iuds-abortion-sterilization; Office of the United Nations High Commissioner for Human Rights, *OHCHR Assessment of Human Rights Concerns in the Xinjiang Uyghur Autonomous Region, People's Republic of China*, August 31, 2022, https://www.ohchr.org/sites/default/files/documents/countries/2022-08-31/22-08-31-final-assesment.pdf; U.S. Department of State, *2023 Country Reports on Human Rights Practices: China*, https://www.state.gov/report/custom/cffccc34d2/.

[15] "Supplement No. 4 to Part 744: Entity List," *Electronic Code of Federal Regulations*, Title 15, Subtitle B, Chapter VII, Subchapter C, Part 744, U.S. Department of Commerce, Bureau of Industry and Security, accessed May 7, 2026, https://www.ecfr.gov/current/title-15/subtitle-B/chapter-VII/subchapter-C/part-744/appendix-Supplement%20No.%204%20to%20Part%20744.

5. Data sufficient to show the number of clinical trials that Lilly has conducted in China since January 1, 2015, by trial and site, and any Contract Research Organization (CRO) or Contract Development Manufacturing Organization (CDMO) that Lilly engaged to set up, manage, facilitate, or produce materials for any such trial.

6. Data sufficient to show the number of clinical trials that Lilly has conducted at PRC military hospitals since January 1, 2015, by trial and site, and including any CRO and CDMO that Lilly engaged to set up, manage, facilitate, or produce materials for any such trial.

7. Data sufficient to show the number of clinical trials that Lilly has conducted at hospitals in Xinjiang since January 1, 2015, by trial and site, and including any CRO and CDMO that Lilly engaged to set up, manage, facilitate, or produce materials for any such trial.

8. Information about Lilly's due diligence processes to ensure the protection of its intellectual property and other sensitive data at clinical trial and manufacturing sites in China broadly, and in Xinjiang and at PRC military hospitals more specifically, including how data is stored and how the company navigates China's data transfer laws.

9. All agreements since January 1, 2020 between Chinese companies and Lilly related to licensing, equity, or joint ventures. Data sufficient to show the locations of clinical trials conducted prior to Lilly's acquisition; and Lilly's due diligence processes regarding the conduct of such clinical trials.

I look forward to constructive engagement with Lilly on this important topic affecting U.S. national security and the health of American citizens.

Sincerely,

John Moolenaar
Chairman, Select Committee on the CCP

Enclosure: Lilly Clinical Trials at Military and Xinjiang Facilities

Eli Lilly — Clinical Trials at PLA/Military and Xinjiang Facilities

Trial Title	Facility	Start Date	Drugs
A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study to Investigate the Effect of Lepodisiran on the Reduction of Major Adverse Cardiovascular Events in Adults With Elevated Lipoprotein(a) Who Have Established Atherosclerotic Cardiovascular Disease or Are at Risk for a First Cardiovascular Event - ACCLAIM-Lp(a) (NCT06292013)	The First Affiliated Hospital of Xinjiang Medical University Tangdu Hospital of Fourth Military Medical University of Chinese People's Liberation Army	Mar. 2024	Lepodisiran Sodium, Placebo
SUNRAY-01, A Global Pivotal Study in Participants With KRAS G12C-Mutant, Locally Advanced or Metastatic Non-Small Cell Lung Cancer Comparing First-Line Treatment of LY3537982 and Pembrolizumab vs Placebo and Pembrolizumab in Those With PD-L1 Expression ≥50% or LY3537982 and Pembrolizumab, Pemetrexed, Platinum vs Placebo and Pembrolizumab, Pemetrexed, Platinum Regardless of PD-L1 Expression (NCT06119581)	Xinjiang Medical University Cancer Hospital, Urumqi	Dec. 2023	LY3537982, Pembrolizumab, Placebo, Cisplatin, Carboplatin, Pemetrexed
A Randomized, Double-blind, Placebo-controlled Study to Investigate the Efficacy and Safety of Tirzepatide Monotherapy Compared With Placebo in Chinese Participants With Type 2 Diabetes (NCT05963022)	Chinese PLA General Hospital	Aug. 2023	Tirzepatide, Placebo
A Phase 3, Randomized, Double-Blind Study to Investigate the Efficacy and Safety of Once-Daily Oral LY3502970 Compared With Placebo in Adult Participants With Obesity or Overweight and Type 2 Diabetes (ATTAIN-2) (NCT05872620)	Chinese PLA General Hospital	Jun. 2023	Orforglipron, Placebo
A Phase 3, Randomized, Double-Blind Study to Investigate the Efficacy and Safety of Once-Daily Oral Orforglipron Compared With Placebo in Adult Participants With Obesity or Overweight With Weight-Related Comorbidities (ATTAIN-1) (NCT05869903)	Chinese PLA General Hospital	Jun. 2023	Orforglipron, Placebo
Donanemab in Early Symptomatic Alzheimer's Disease (NCT05508789)	Chinese PLA General Hospital Tangdu Hospital of Fourth Military Medical University of Chinese PLA	Oct. 2022	Donanemab / Placebo
EMBER-4: A Randomized, Open-Label, Phase 3 Study of Adjuvant Imlunestrant vs Standard Adjuvant	The 900th Hospital of the Joint Logistics Support Force of the Chinese People's Liberation Army	Oct. 2022	Imlunestrant, Tamoxifen, Anastrozole, Letrozole, Exemestane

Trial Title	Facility	Start Date	Drugs
Endocrine Therapy in Patients Who Have Previously Received 2 to 5 Years of Adjuvant Endocrine Therapy for ER+, HER2- Early Breast Cancer With an Increased Risk of Recurrence (NCT05514054)	Xinjiang Medical University Cancer Hospital, Urumqi		
LIBRETTO-432: A Placebo-controlled Double-Blinded Randomized Phase 3 Study of Adjuvant Selpercatinib Following Definitive Locoregional Treatment in Participants With Stage IB-IIIA RET Fusion-Positive NSCLC (NCT04819100)	Tangdu Hospital of Fourth Military Medical University of Chinese People's Liberation Army	Dec. 2021	Selpercatinib, Placebo
EMBER-3: A Phase 3, Randomized, Open-Label Study of Imlunestrant, Investigator's Choice of Endocrine Therapy, and Imlunestrant Plus Abemaciclib in Patients With Estrogen Receptor Positive, HER2 Negative Locally Advanced or Metastatic Breast Cancer Previously Treated With Endocrine Therapy (NCT04975308)	Fifth Medical Center of PLA General Hospital	Oct. 2021	Imlunestrant, Exemestane, Fulvestrant, Abemaciclib
A Phase 2 Study of Oral LOXO-305 in Patients With Previously Treated Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) or Non-Hodgkin Lymphoma (NHL) (NCT04849416)	Xinjiang Medical University Cancer Hospital, Urumqi	May. 2021	LOXO-305
eMonarcHER: A Randomized, Double Blind, Placebo-Controlled Phase 3 Study of Abemaciclib Plus Standard Adjuvant Endocrine Therapy in Participants With High-Risk, Node-Positive, HR+, HER2+ Early Breast Cancer Who Have Completed Adjuvant HER2-Targeted Therapy (NCT04752332)	Xinjiang Medical University Cancer Hospital, Urumqi	May. 2021	Abemaciclib, Standard Adjuvant ET, Placebo
A Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study Comparing the Efficacy and Safety of Tirzepatide Versus Placebo in Patients With Heart Failure With Preserved Ejection Fraction and Obesity (SUMMIT) (NCT04847557)	The First Affiliated Hospital of Xinjiang Medical University	Apr. 2021	Tirzepatide, Placebo
A Multicenter, Randomized, Double-Blind and Placebo-Controlled 16-Week Study Followed by Long Term Evaluation of Efficacy and Safety of Ixekizumab (LY2439821) in Chinese Patients With Radiographic Axial Spondyloarthritis (NCT04285229)	People's Hospital of Xinjiang Uygur Autonomous Region	Apr. 2020	Ixekizumab, Placebo

Trial Title	Facility	Start Date	Drugs
LIBRETTO-431: A Multicenter, Randomized, Open-Label, Phase 3 Trial Comparing Selpercatinib to Platinum-Based and Pemetrexed Therapy With or Without Pembrolizumab as Initial Treatment of Advanced or Metastatic RET Fusion-Positive Non-Small Cell Lung Cancer (NCT04194944)	Xinjiang Medical University Cancer Hospital, Urumqi	Feb. 2020	Selpercatinib, Carboplatin, Cisplatin, Pemetrexed, Pembrolizumab
A Phase 3, Double-Blind, Multicenter Study to Evaluate the Long-Term Safety and Efficacy of Baricitinib in Patients With Systemic Lupus Erythematosus (SLE) (NCT03843125)	People's Hospital of Xinjiang Uygur Autonomous Region	Sep. 2019	Baricitinib, Placebo
A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study of the Efficacy and Safety of Galcanezumab in Patients With Episodic Migraine-the Persist Study (NCT03963232)	Chinese PLA General Hospital	Jul. 2019	Galcanezumab, Placebo
A Phase 3, Multicenter, Randomized, Double-Blind, Placebo- and Active-Controlled, Treat-Through Study to Evaluate the Efficacy and Safety of Mirikizumab in Patients With Moderately to Severely Active Crohn's Disease (NCT03926130)	The First Hospital Affiliated to AMU (Southwest Hospital) The Affiliated 2nd Hospital of Third Military Medical University of PLA	Jul. 2019	Mirikizumab, Ustekinumab, Placebo
A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study to Evaluate the Efficacy and Safety of Baricitinib in Adult Patients With Severe or Very Severe Alopecia Areata (NCT03899259)	Chinese PLA General Hospital	Jul. 2019	Baricitinib, Placebo
Randomized Controlled Trial of Lasmiditan Over Four Migraine Attacks (NCT03670810)	Chinese PLA General Hospital	Jun. 2019	Lasmiditan, Placebo
A Phase 2/3, Randomized, Double-Blind, Placebo-Controlled Study of Abiraterone Acetate Plus Prednisone With or Without Abemaciclib in Patients With Metastatic Castration-Resistant Prostate Cancer (NCT03706365)	Xinjiang Medical University Cancer Hospital, Urumqi	Nov. 2018	Abemaciclib, Placebo, Abiraterone acetate, Prednisone
A Phase 3, Multicenter, Randomized, Double-Blind, Parallel-Arm, Placebo-Controlled Maintenance Study of Mirikizumab in Patients With Moderately to Severely Active Ulcerative Colitis (LUCENT 2) (NCT03524092)	The Affiliated 2nd Hospital of Third Military Medical University of PLA The First Hospital Affiliated to AMU (Southwest Hospital)	Oct. 2018	Mirikizumab SC, Mirikizumab IV, Placebo SC
A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Phase 3 Study of Baricitinib in Patients With	People's Hospital of Xinjiang Uygur Autonomous Region	Aug. 2018	Baricitinib, Placebo

Trial Title	Facility	Start Date	Drugs
Systemic Lupus Erythematosus (NCT03616912)			
Abemaciclib + Adjuvant Endocrine Therapy in HR+/HER2- Breast Cancer (monarchE) (NCT03155997)	The Fifth Medical Center of PLA General Hospital	Jul. 2017	Abemaciclib / Standard Adjuvant Endocrine Therapy
A Randomized, Multicenter, Double-Blind, Placebo-Controlled, Phase 3 Study of Weekly Paclitaxel With or Without Ramucirumab (IMC-1121B) in Patients With Advanced Gastric or Gastroesophageal Junction Adenocarcinoma, Refractory to or Progressive After First-Line Therapy With Platinum and Fluoropyrimidine (NCT02898077)	The Fifth Medical Center of PLA General Hospital	Mar. 2017	Ramucirumab, Paclitaxel, Placebo
A Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study to Compare NSAI (Anastrozole or Letrozole) Plus Abemaciclib, a CDK4 and CDK6 Inhibitor, or Plus Placebo, and to Compare Fulvestrant Plus Abemaciclib or Plus Placebo in Postmenopausal Women With Hormone Receptor-Positive, HER2-Negative Locoregionally Recurrent or Metastatic Breast Cancer (NCT02763566)	The Fifth Medical Center of PLA General Hospital Fuzhou General Hospital of Nanjing Military Command	Dec. 2016	Abemaciclib, Anastrozole, Letrozole, Placebo, Fulvestrant