

CURRICULUM VITAE

C. PIERS CLIFFORD MD BA MBBS FRCP

October 2016

PERSONAL:

NAME: Christopher Piers Clifford

DATE OF BIRTH: 9th March 1963

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NATIONALITY: British

GMC Registration No: 3259797

EDUCATION:

1974-1980 Open Scholarship to Christ's Hospital, Horsham, Sussex.

1981-1984 Open Scholarship to St. John's College, Oxford.

1984-1987 St. Mary's Hospital Medical School, London.

QUALIFICATIONS:

1984 BA Hons (Oxon) First Class

1987 MB BS (London)

1998 MD (London)

2000 (February) CCST Cardiology

2007 FRCP (UK)

2014 Cardiff University CUBS certificate for medico-legal work

PRIZES & AWARDS:

Scholarship to St. John's College, Oxford. October 1982.

College Book Prize for Physiological Sciences. July 1984.

Prize from the Martin Wronker Fund, Oxford. July 1984.

First Class Honours in Physiological Sciences. July 1984.

Davenport Award (Bucks Healthcare) July 2014

PENN award for cardiac rehabilitation 2014

CUBS certificate (Cardiff University) 2014

HSJ Innovation Award 2015

Finalist HSJ Value in Healthcare Award 2014

Finalist Pharmatimes NHS Research Site of the Year 2016

Award from Dame Sally Davies for delivering NIHR commercial research 2015

PRESENT APPOINTMENTS:

Oct 1999 – Present	<u>Consultant Cardiologist</u> Buckinghamshire Healthcare NHS Trust Imperial Hospitals NHS Trust (Hammersmith Campus)
May 2014-Present	Elected Council Member of the British Cardiovascular Society. On Academic and Research Committee
May 2014-Present	NIHR CRN (Thames Valley and South Midlands) subspeciality lead for Cardiology

CLINICAL EXPERIENCE:

I have been a Consultant Cardiologist for 16 years and have a wide and extensive experience in General Cardiology as well as in coronary intervention. At present I perform 200 angioplasties per year, mainly involving coronary stenting, which places me in the upper decile for interventional procedures in the UK. My areas of particular interest are in primary angioplasty and bifurcation stenting. I have been on a primary angioplasty on call rota at the Harefield/ Hammersmith Hospitals for 9 years. I continue to provide a pacing and angiography service. My other areas of interest are in the mechanisms of hypertension and LVH, as well as a particular interest in the management of atrial fibrillation. I have run hypertension clinics for the last 19 years.

RESEARCH EXPERIENCE:

My doctorate investigated the molecular mechanisms of left ventricular hypertrophy in hypertensive adults. Since I became a consultant I have participated in multi-centre trials including IONA, SENIORS, OVERTURE, EPICOR, DAPT, and Leaders Free studies.

I am PI for 20 studies at present, most of which are commercial studies on the NIHR portfolio. I received recognition in 2015 from Dame Sally Davies, the Chief Medical Officer, for my contribution to NIHR research and won an award from the Thames Valley CRN as the 'high performing research team'

I am now actively involved on the Council of the British Cardiovascular Society in promoting cardiovascular research in the UK, via the Academic and Research committee. I am on the cardiovascular research committee at Imperial Hospitals NHS Trust and have already set up 4 commercial trials at the Hammersmith, since I started in July 2016.

I am the sub-speciality lead for cardiovascular research for the NIHR CRN for Thames Valley and South Midlands.

My research fields are diverse but include-

Hypertension (especially the use of renal denervation)

Atrial fibrillation- Gloria, Re-DUAL, Pioneer, Prefer AF.

Heart Failure- Relax 2 and in collaboration with Janssen, PARAGON, Ariadne.

Novel lipid lowering drugs- Oddysey Outcomes, Oddysey Diabetes and Orion

Coronary stenting- e-Ultimaster, MASCOT, DAPT, Leaders Free

Cardiac rehabilitation- Care for Today

Heart Attack- PICSO

I also develop and lead investigator initiated studies

I employ 3 full time research nurses at Wycombe Hospital, a trial coordinator and a data administrator, predominantly funded by NIHR.

MANAGEMENT EXPERIENCE:

I am the Clinical Lead for Cardiology at Buckinghamshire Hospitals NHS Trust.

As cardiology lead I have developed a highly successful unit. We now perform 1400 angiograms, 540 angioplasties and 260 pacemakers through a single catheter laboratory. Prior to my arrival all this work was performed elsewhere leading to delays in treatment and excessive lengths of stay. Our bed stock has diminished by 50% as a result. We generate more income and profit for the Trust as an SDU than any other in the Hospital. I

have maintained and developed strong links with our surrounding Tertiary Centres to deliver high quality care to Buckinghamshire patients.

I was previously the Chairman of the Division of Medicine. I delivered a 15% reduction in the Medical budget without any loss of service. We developed our hyperacute services to include daytime primary angioplasty and a HASU. We streamlined the urgent care pathway to reduce admissions and encourage early discharge through a short stay medical assessment ward.

TEACHING EXPERIENCE:

I teach undergraduates from the Oxford Deanery and have an active involvement in the F1/F2 teaching programs. I am a trainer in coronary angioplasty and regularly lecture on interventional cardiology. I am on advisory boards for many different device and pharmaceutical companies.

MEDICOLEGAL EXPERIENCE:

I prepare approximately 35 reports per year- 85% for the Claimant and 15% for the Defendant. These cover the whole range of clinical cardiology.

I would expect to provide the report within 2 weeks of receiving instructions and the medical notes.

My professional fees are outlined on my website- piersclifford.co.uk. My Hourly rate is £300 and the average report is £900-1200.

I received training in medicolegal work from Bond Solon and have attained the Cardiff University CUBS certificate in medicolegal work. I attended the Bond Solon annual conference 2015 and 2016

PUBLICATIONS:

1. **Clifford CP**, Cook DWM, Conlon CP et al. 1991.
Impact of waterborne outbreak of cryptosporidiosis on AIDS and renal transplant patients.

Lancet; 335: 1455-1456 (letter).
2. **Clifford CP**, Nunez DJ. 1996.
5HT 2a receptor T102C polymorphism and schizophrenia.

Lancet; 347: 1830 (letter).
3. **Clifford CP**, Unwin RJ, Dollery CT, Wilkins MR. 1993.
Assessment of alpha-adrenoceptor selectivity of Bunazosin Retard in man.

Br J Clin Pharm; 5: 541-542.
4. **Clifford CP**, Nunez DJR. 1996
Racial differences in the frequency of a restriction site polymorphism of the angiotensin converting enzyme gene.

J Hypertens; 14 (suppl 1): S13.
5. **Clifford CP**. 1994
Pharmacological treatment of tachycardias.

Postgraduate Doctor; 17: 268-273.
6. **Clifford CP**. 1994.
Drugs used in the treatment of heart failure.

Postgraduate Doctor 1994; 11: 2-7.
7. Donnelly LE, Boyd RS, **Clifford CP**, Olmos G, Allport JR, Lo G. & MacDermot J. 1994.
Endogenous substrates and functional role of eukaryotic mono (ADPribose)yl transferases.

Biochem Pharmac; 48: 1669-1675.
8. Nunez DJR, **Clifford CP**, Al-Mahdawi S, Dutka D. 1996
Hypertensive cardiac hypertrophy – is genetic variance the missing link.

Br J Clin Pharm; 42 (1): 107-117.

9. **Clifford CP**, Adams DA, Murray S, Taylor GW, Wilkins MR, Boobis AR, Davies DS. 1997.

Pharmacokinetic and cardiac effects of terfenadine after inhibition of its metabolism by grapefruit juice.

Eur J Clin Pharm; 4: 311-317.
10. Adams DA, Murray S, **Clifford CP**, Rendall NB, Davies DS, Taylor GW. 1997.

Analysis of terfenadine in human plasma using microbore high-performance liquid chromatography-electrospray ionisation mass spectrometry.

J. Chromatog; 693: 354-351.
11. **Clifford CP**, Eykyn SJ, Oakley CM. 1994.

Staphylococcal tricuspid valve endocarditis in patients with structurally normal hearts and no evidence of narcotic abuse.

Q J Med; 87: 755-757.
12. **Clifford CP**, Davies GJ. 1993.

Tuberculosis pericarditis with rapid progression to constriction.

Br Med J; 37: 1052-1054.
13. **Clifford CP**, Nihoyannopoulos P.

Symptomatology and diagnosis of coronary artery disease

Angiology in Practice. Ed Salmasi.
14. **Clifford CP**. 1998.

The use of platelet glycoprotein receptor antagonists in coronary artery disease.

Interventional Cardiology Monitor; 5: 30-31.
15. **Clifford CP**, Nunez DJR. 1998.

Human beta-myosin heavy chain gene mRNA prevalence is inversely related to the degree of methylation of its regulatory elements.

Cardiovasc Res; (3): 736-743.
16. **Clifford CP**, Nunez DJR. 1999.

Mutation profile in the beta-myosin heavy chain gene in hypertensive heart disease.

Human Mutation (on line).

17. Alabas OA, West RM, Gillott RG, Khatib R, Hall AS, Gale CP; EMMACE-3 Investigators. Evaluation of the Methods and Management of Acute Coronary Events (EMMACE)-3: protocol for a longitudinal study.

BMJ Open. 2015 Jun 23;5(6):

18. Sharp A, Hameed A, Nightingale A, Martin U, Mark P, Mckane W, Cunnington M, Lobo M, Mahadevan K, Richardson T, Gerber R, Clifford P, Burchell A, Doulton T, Dimario C, Thackray S, Redwood S, Davies J, Antonios T, Dasgupta I. 8B.07: RESULTS FROM THE UK RENAL DENERVATION AFFILIATION- 246 CASES FROM 17 CENTRES.

J Hypertens. 2015 Jun;33Suppl 1:e109.

19. Böhm M, Mahfoud F, Ukena C, Hoppe UC, Narkiewicz K, Negoita M, Ruilope L, Schlaich MP, Schmieder RE, Whitbourn R, Williams B, Zeymer U, Zirlik A, Mancia G; GSR Investigators. First report of the Global SYMPLICITY Registry on the effect of renal artery denervation in patients with uncontrolled hypertension.

Hypertension. 2015 Apr;65(4):766-74

19. Kereiakes DJ, Yeh RW, Massaro JM, Driscoll-Shempp P, Cutlip DE, Steg PG, Gershlick AH, Darius H, Meredith IT, Ormiston J, Tanguay JF, Windecker S, Garratt KN, Kandzari DE, Lee DP, Simon DI, Iancu AC, Trebacz J, Mauri L; Dual Antiplatelet Therapy (DAPT) Study Investigators. Antiplatelet therapy duration following bare metal or drug-eluting coronary stents: the dual antiplatelet therapy randomized clinical trial.

JAMA. 2015 Mar 17;313(11):1113-21.

20. Mauri L, Kereiakes DJ, Yeh RW, Driscoll-Shempp P, Cutlip DE, Steg PG, Normand SL, Braunwald E, Wiviott SD, Cohen DJ, Holmes DR Jr, Krucoff MW, Hermiller J, Dauerman HL, Simon DI, Kandzari DE, Garratt KN, Lee DP, Pow TK, Ver Lee P, Rinaldi MJ, Massaro JM; DAPT Study

Investigators. Twelve or 30 months of dual antiplatelet therapy after drug-eluting stents.

N Engl J Med. 2014 Dec 4;371(23):2155-66.

21. Iqbal MB, Ilesley C, Kabir T, Smith R, Lane R, Mason M, Clifford P, Crake T, Firoozi S, Kalra S, Knight C, Lim P, Malik IS, Mathur A, Meier P, Rakhit RD, Redwood S, Whitbread M, Bromage D, Rathod K, MacCarthy P, Dalby M; London Heart Attack Centre (HAC) Group Investigators. Culprit vessel versus multivessel intervention at the time of primary percutaneous coronary intervention in patients with ST-segment-elevation myocardial infarction and multivessel disease: real-world analysis of 3984 patients in London.

Circ Cardiovasc Qual Outcomes. 2014 Nov;7(6):936-43

REFEREES:

1. Dr Graz Luzzi MD., FRCP.
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