PROFESSOR SALEEM HAJ-YAHIA BSc MD FRCS (Eng) FRCS (Glas)

CURRICULUM VITAE

November 2014

Saleem Haj-Yahia

BSc MD FRCS

Dean of the Faculty of Medicine & Health Sciences, An-Najah University, Nablus, Palestine Chief Executive Officer of An-Najah National University Hospital, Nablus, Palestine Honorary Consultant Cardiac and Transplant Surgeon, Golden Jubilee National Hospital, UK International Proctor for Heart & Lung Transplant & Artificial Heart & LVAD Implant Surgery

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Gender: Male Marital Status: Married with three children Nationality: British

PROFESSIONAL QUALIFICATIONS

Jul 2008 Inclusion in the Specialist Register in Cardiothoracic Surgery, (CCST)

UK

Dec 1993 MD, The Technion, Haifa

May 1991 BSc in Medical Science, The Technion, Haifa

PROFESSIONAL PROFILE

I am an ambitious, highly motivated and energetic dean, a dynamic chief executive officer and an experienced, dedicated and conscientious consultant cardiothoracic surgeon specialising in a wide range of advanced and complex cardiothoracic surgical procedures with extensive experience in surgery for advanced heart failure (cardiothoracic transplantation, mechanical circulatory support and artificial heart implantation), valve surgery and surgery by minimally invasive techniques. I have a particular interest in basic science and translational research.

KEY SKILLS

My key skills include the following:

- Strong leadership qualities as the Dean of the Faculty of Medicine and Health Sciences at An-Najah National University
- Leadership skills as the Chief Executive Officer of An-Najah National University Teaching Hospital
- Vast experience in simple and complex cardiac surgery
- Extensive experience in heart failure surgery including cardiothoracic, mechanical circulatory support and ventricular assist devices (VADs) implantation
- Specific clinical experience and academic interest in minimally invasive surgery
- Substantial academic, research and publication record in high-impact-factor journals
- Unique experience in setting up pioneering advanced national complex cardiac surgery services in the UK, Europe and the Middle East.
- Senior member of British government advisory groups for transplantations and mechanical circulatory support (Cardiothoracic Transplant Advisory Group, CTAG) and to the Scottish government advisory group on transplantation, organ retrieval and organ donation (Scottish Transplant Group, STG)
- Unique experience in clinical application of cutting edge medical technologies
- Experience in obtaining educational funds for advancing staff training
- Leadership qualities at consultant level
- Solid experience in clinical audit, research, teaching and presentations Practicing evidenced-based medicine
- Strong analytical and diagnostic skills
- Highly developed organisational and management skills within and outside medicine
- Large experience of working proactively within multi-disciplinary teams
- Sound knowledge of medical ethics in general and in the context of setting up new advanced and complex health care services in particular

- Proven record of reliability and responsibility
- Excellent communication skills and interpersonal skills at all levels.

PRESENT POSITIONS

Present - Dean of the Faculty of Medicine and Health Sciences and Professor of Cardiothoracic Surgery, An-Najah National University, Nablus.

An-Najah National University is a leading university in the Middle East and the largest university in Palestine. The Faculty of Medicine and Health Sciences (including Biomedical Sciences, Pharmacy, Nursing and the An-Najah Child Institute) is the largest faculty in the university (7000 of a total of 21000 students) and the region. For almost 15 years, this faculty's mission has been to teach and train local leaders. I am actively working to take it to the next stage to make our graduates competitive internationally with the ultimate goal of educating the future world leaders in medicine and health sciences. In my current dean and professorial role, I oversee the work of many professors and have the overall responsibility for granting professorial positions and promoting readers and associate professors to professors. My emphasis is on creating a niche for world class scientific research through nurturing home grown talent, developing strong laboratory infrastructure including live animal laboratories, and attracting worldwide grants, endowments and partnerships.

Present - Chief Executive Officer of An-Najah National University Hospital, Nablus.

The An-Najah University Hospital (NNUH) is the main university hospital in Palestine. In my current chief executive officer role, I lead the management of all medical and administrative activities, enterprises, investments and business dealings relating to the hospital. I am the head of the administrative and clinical hierarchy in the hospital and report directly to the Prime Minister. In such capacity I oversee the hospital's day-to-day operations and I am responsible for its daily management. I direct, manage, communicate and lead the policy and strategy outlined mutually by me and by the board of trustees. I have the independent capacity to enforce high-level decisions regarding policy and strategy. I advise the board of trustees and motivate the employees of all levels in order to drive change. Furthermore through funding subspecialist scholarships and attracting major worldwide endowments, I am setting the foundations for it to become the region's best state-of-the-art hospital with specialists in all medical fields including adult and congenital cardiac surgery, transplantation, and neurosurgery.

Present- Honorary Consultant Cardiothoracic & Transplant Surgeon, Golden Jubilee National Hospital, Glasgow.

POSITIONS AND EMPLOYMENT HISTORY

Jan 2010 – Mar 2014 Consultant Cardiothoracic & Transplant Surgeon, Golden Jubilee National Hospital, Glasgow.

Jan 2010 – Feb 2013 Lead Consultant for Cardiac Transplantation and Ventricular Assist Devices, Deputy Director of the Scottish National Advanced Heart Failure Service, Golden Jubilee National Hospital, Glasgow.

My appointment to this key position at the Golden Jubilee National Hospital, now one of the biggest cardiothoracic units in the United Kingdom, was orchestrated by the Scottish government to advance the Scottish surgical heart failure services by reviving the heart transplantation programme and constructing an advanced short and long-term ventricular assist device (VAD) programme to complete the range of advanced heart failure therapies available in Scotland.

In this role as a surgical director of one of only six prestigious transplant and VAD units, I was privileged to play an important role in developing this field in the UK and Europe. Through undertaking leading roles in strategic planning, patient selection, surgical device implantation, intensive care management, and training of consultant colleagues and junior staff, I set-up the first national ventricular assist device and complex mechanical circulatory support programme in Scotland with notable successes and revived the heart transplantation programme. Last year we boasted a significant increase in heart transplantations, the highest number of short-term ventricular assist device implantations in the United Kingdom, and one of the lowest rates of exit site and driveline infections. Our proven record led to the successful acquisition of a 1.5 million external fund to run the REACH trial (See below) that I personally pursued in close collaboration with the University of Glasgow, including Professor Rhian Touyz, Professor John McMurray, Professor Godfrey Smith and Professor Ian Ford.

With regards to routine cardiac surgery, my individualised outcomes are one of the best in the UK and these are in the public domain.

2002–2009 Senior Cardiothoracic and Transplant Surgeon Fellow, Royal Brompton and Harefield Hospital NHS Trust

This clinical post was offered to me by Professor Magdi Yacoub in 2001 and I was privileged in playing a key role in the pre-operative, peri-operative and post-operative management of general cardiac, cardiothoracic transplant, and complex VAD patients in the intensive care unit and the ward. As described by my senior colleague, Professor John Pepper, I was the pillar of the transplant surgical services at Harefield and England where I played a key role in advancing the artificial heart programme with a number of key international peer-reviewed publications.

Throughout my clinical duties I initiated a large number of research projects and established a network of local and international collaborative research. I delivered numerous talks and contributed to the literature with a number of abstracts and publications in high-impact-factor journals on the medical and surgical management of cardiac, transplant and VAD patients.

I was the main supervisor and trainer for twelve senior fully trained cardiothoracic transplant fellow surgeons from all across Europe and the Middle East, and four fully trained fellow anaesthetists as donor management anaesthetists and I was responsible for signing them off. Additionally, I trained and supervised three junior registrars in general cardiac surgery.

In summary, whilst in this post I gained extensive clinical skills and experience in:

- Simple, complex and high-risk general cardiac procedures
- Cardiothoracic transplantation and mechanical circulatory support
- Minimally invasive surgery
- Assessment and selection of patients with end-stage lung disease advanced heartfailure for transplantation or VAD implantation
- Donor–recipient selection and matching
- Pre-operative, peri-operative, and intensive-care post-operative management of post-general cardiac surgery, VADs, and transplant patients
- Setting up new initiatives in transplantation such as NHBD and Ex-Vivo Lung Perfusion programmes
- Clinical application of new technologies such as new VADs, the OCS (Transmedics - donor beating heart transport) and Extra-Pulmonary Airway Bypass in Emphysema
- Brain-stem dead donor management and thoracic organ retrievals
- Collaborative research, presentations and writing clinical papers
- Teaching and training junior colleagues

• Multi-disciplinary decisions and team work in the care of complex patients.

2005 – 2010 Senior Clinical Research Fellow and MD (Part time)

- 1. Biomedical Engineering Department, Imperial College London
- 2. National Heart & Lung Institute, Imperial College London.

I initiated and developed collaborative links with the Heart Science Centre at Harefield, the Airway Disease Section of the Respiratory Pharmacology Group at the National Heart and Lung Institute, and the Biomedical Engineering Department at Imperial College London.

Despite my heavy clinical duties, I commenced my part-time PhD studies, but due to heavy clinical commitment I converted three years later to an MD. The focus of the degree was on analysing the acoustic and instantaneous signal of LVADs in a mock circulation to obtain an insight into the LVAD-LV interactions. These studies explored the acoustic and instantaneous properties of rotary LVADs in a normal and failing LV models. During these studies, I obtained skills in:

- Setting up investigational plans and methodology
- Ethics and grant applications
- Scientific writing
- Mock circulation for mechanical circulatory support investigations.

I presented my thesis to a postgraduate and PhD student meeting at Imperial College and subsequently to international conferences. I have not completed my thesis as of yet due to heavy clinical commitment.

Dec 2001 – Aug 2002 Consultant Cardiothoracic Surgeon

Chaim Sheba Medical Centre, Tel-Hashomer, Tel-aviv.

During this appointment, I obtained experience in coronary and simple valve surgery, and in clinical management, risk control, audit, clinical administration and in teaching and training of cardiothoracic trainees.

Aug 1995 – Oct 2001 Specialist Registrar, Cardiothoracic Surgery

Chaim Sheba Medical Centre, Tel-Hashomer. Tel-aviv.

I was accepted to the cardiothoracic residency programme and later was labeled by the head of Sheba Medical Centre, Professor Rotstien, as one of Sheba's best trainees

in generations. Following completion of a six year residency in cardiothoracic surgery with particular focus on cardiac surgery, I became the youngest cardiothoracic consultant surgeon in Israel in Oct 2001. My training was conducted strictly in accordance with the specialisation curriculum in cardiothoracic surgery at Sheba Medical Centre, as approved by the High Scientific Board which regulates all medical-specialty training. As part of the curriculum, I undertook five years of cardiac surgery and obtained one year of training in thoracic, general, and vascular surgery, trauma, anaesthesia, and cardiology.

Apr 1994 – Jul 1995 Senior House Officer Rotation

Chaim Sheba Medical Center,

Tel-Hashomer, Tel-aviv.

Through different rotations in this position I gained clinical skills and experience in managing patients presenting to

- Accident and emergency
- Trauma unit
- Internal Medicine
- Inpatient and outpatient paediatric services
- Surgical inpatient and outpatient services.

CONTINUING PROFESSIONAL DEVELOPMENT

At every stage of my career I have strived to remain up to date with the cardiothoracic medical literature. I have made special efforts to remain at the forefront of the field by creating collaborative links with other surgical and research groups.

DEVELOPMENT COURSES ATTENDED

1. Jan	2012	Leadership Development Programme for Consultants,
		Directors and Senior Managers. Beardmore, UK
2. Jan	2013	Personal leadership coaching
3. Jan	2012	Media Master Class, Cameronian Rm Hotel, Glasgow, UK

Facilitated by Previous Prime Minister Tony Blair's Media Advisor.

4. Jan 2010 Human Factors in Risk Management Masterclass

For the development of non-technical skills, delivered by Team Resources Management (TEREMA) for training, risk management solutions and error prevention methodology. Glasgow, Scotland.

5. Sep 2009 Learning and Assessment in Cardiac Surgery: Some ways of reflecting on your case

Workshop delivered by Professor Linda de Cossart and Dr Della Fish. Royal Brompton Hospital, London.

6. Mar 2009 Writing for Publication

Professor Myra McClure. St Mary's Hospital, Imperial College London.

7. Feb 2009

Communication and Presentation Skills Workshop

Dr Huw Williams. South Kensington, Imperial College London

8. Nov 2008 Consultant Interview Course

University City London. (5 CPD).

9. Nov 2008 The Harefield VAD Course (also as a speaker)

Two-day advanced course for senior cardiothoracic surgeons, London. (15 CPD)

10. Oct 2008 Master of Valve Repair Programme: 11th Advanced Course

Three-day live teleconference. Royal Brompton and Harefield Hospital, London.

11. Oct 2008 Birmingham Cardiothoracic Review Course

Four-day course. Birmingham, UK. (35CPD).

12. May 2008 The King's Fund Management Course for SpRs

One-week full-time course for stepping up into the NHS management. London.

13. Mar 2007 Master of Valve Repair Programme: 10th Advanced Course

			Harefield Hospital, London.
14.	Jun	2006	Graduate Teaching Training course
			A training the trainer course, NHLI, Imperial College London, London
15.	Nov	2005	Pharmacology of Asthma and COPD
			Four days, directed by Professor Peter Barnes, NHLI, Imperial College, London
16.	Oct	2005	The Organ Care System (OCS)- Transmedics
			Three days, training course on the use of the OCS for the preservation of perfused beating hearts throughout the transport of a donor heart, Transmedics, Boston, USA
17.	Apr	2005	Introductory statistics course
			Two days, NHLI, Imperial College London, London
18.	Feb	2005	Research Training Day
			One day, Royal Brombton & Harefield Hospital. London
19.	Oct	2004	TTE and TOE Echo Course
		o	Two days, Run by Professor John Pepper and Dr Chin,
20.	Mar	2004	1st Annual Symposium on New Interventions in
	1.2002	_001	Transcatheter Valve Techniques
			Two Days, Professor P Bonhoeffer, London
21.	Mar	2004	Master of Valve Repair Program: 9th Advanced Course Three day live Teleconference, Royal Brompton, London
22.	Sep	2001	Harefield Valve Symposium: A Training Course in Homografts and Autografts replacement, Ascending Aortic Replacement with Valve Resuspention Three days live Teleconference, directed by Professor Magdi Yacoub, London

Three-day live Teleconference. Royal Brompton and

Advanced Paediatric Life Support

23. **Jan 2001**

Three days, The Paediatric Intensive Care Unit and the American Paediatric Cardiology Society & Emergency Medicine Department.

24.Nov 2000 Homografts harvesting, dissection and cryopreservation training course

Three days course directed by Dr Z Ziskend at Chaim Sheba Medical Centre Tissue Bank

25. Mar 1997 Advanced Cardiac Life Support

Three days, The Accidents and Emergency Department, Sheba Medical Centre.

26. Apr 1993 Advanced Trauma Life Support

Two weeks, organised and approved by the American Heart College, School of Medicine, The Technion Institute of Technology, Haifa.

RESEARCH

Research interests: My research interests lie in the fields of mechanical circulatory support, heart failure surgery and transplantation, and surgery for coronary artery disease. Below are summaries of two randomised trials I recently designed in this field for which I am the chief investigator. The REACH trial is due to commence in March 2014.

<u>Randomised Trial of Extra-Aortic Counterpulsation in Chronic Heart Failure</u> (REACH trial)



Synopsis: A single-centre, dual arm, randomised controlled trial to evaluate the clinical efficacy and medium-term safety profile of the novel C-Pulse® heart assist system against optimal medical therapy alone in patients with refractory moderate to severe ambulatory heart failure that are not eligible for cardiac transplantation or long-term ventricular assist device implantation. A minimum of 60 patients with moderate to severe heart failure will be recruited and randomised. This represents the first randomised trial of any heart assist technology for chronic heart failure in Europe. Endpoints: 6 Minute-Walk, Peak VO2, Quality of life, Survival, Safety, LV

Ejection Fraction and Volumes, Myocardial Remodelling (myocardial biopsies and peripheral blood samples), Health Economic Evaluation

Collaboration: Close collaboration with the University of Glasgow will be on four major fronts: Clinical (Institute of Cardiovascular and Medical Sciences): The trial protocol was constructed in collaboration with Professor John JV McMurrary, Professor Keith Oldroyd, Professor Ian Ford and Professor Colin Berry; Data Management and Safety Reporting will be led by Professor Ian Ford, Robertson Centre for Biostatics; Health Economic Evaluation of this novel therapy in the context of the UK healthcare system will be led by Professor Andrew Briggs; and Laboratory analysis (Led by Professor Rhian Touyz and Professor Godfrey Smith) of prospective myocardial biopsies and peripheral blood samples to capture evidence of myocardial reverse remodelling and improvement in molecular markers of inflammation and oxidative stress.

Progress: Ethical approved (November 2013). **Funding**: The trial has received strong support with confirmed funding to date in excess of £1,500,000. Applications for additional funding will be submitted to **Horizon 2020** (EU Framework Programme for Research and Innovation), the **British Heart Foundation** and **Chief Scientist Office**. Full funding for the first five patients is in place and the **trial will formally commence in December 2014**.

Randomised <u>Trial</u> of <u>Aspirin Combined with <u>Ticargelor In Coronary Artery</u> Surgery as <u>Long-term Prophylaxis</u> (TACTICAL trial)</u>



Synopsis: During the first year after coronary artery bypass surgery (CABG), 10-20% of saphenous venous grafts occlude and angina recurs in up to 20% of patients. Perioperative aspirin therapy has been associated with significant reductions in the risk of death and ischaemic events, and improvements in graft patency after CABG. The proposed study is a multicentre, prospective, randomised, double blind, placebo controlled trial of two antiplatelet regimens (dual aspirin and ticagrelor therapy versus aspirin monotherapy) after elective isolated CABG procedures for stable coronary artery disease as long-term prophylaxis against incidence of major adverse cardiac and cerebrovascular events (MACCE). The patient recruitment phase of the trial is estimated to last a period of around 3 years. Endpoints: The primary efficacy endpoint is the incidence of MACCE events at 12 months. The primary safety endpoint is the incidence of major or life threatening bleeding events (procedural and non-procedural) at 12 months. Secondary endpoints: Coronary graft patency (as assessed by CT angiography); all-cause mortality; repeat

revascularisation; thromboembolic or ischaemic events; and the incidence of all minor and major bleeding events.

Collaboration: Close collaboration with the University of Glasgow will be on two major fronts: **Clinical** - The trial protocol is currently being constructed in collaboration with Professor John JV McMurrary, Professor Keith Oldroyd, Dr Mark Petrie, Professor Ian Ford and Professor Colin Berry; and **Data Management and Safety Reporting** (Professor Ian Ford): The Robertson centre will oversee all statistical analyses and set-up of an Independent Data Monitoring Committee (IDMC).

Progress: Protocol: Finalising a detailed trial protocol *Funding:* The trial concept and initial summary protocol has received strong interest from AstraZeneca.

PUBLICATIONS IN PEER-REVIEWED JOURNALS

- 1. Al-Adhami A, Macfie A, Mathieson CS, Quasim I, Smith R, Craig S, Gardner R, Payne J, Petrie M, **Haj-Yahia S**. Ventricular assist devices as rescue therapy in cardiogenic shock after subarachnoid hemorrhage. Annals of Thoracic Surgery. In Press, June 2013 (Manuscript ID: ATS/2012/376319).
- 2. Pettit SJ, Jhund PS, Hawkins NM, Gardner RS, **Haj-Yahia S**, McMurray JJV, Petrie MC. How small is too samll? A systematic review of center volume and outcome after cardiac transplantation. Circ Cardiovasc Qual Outcomes. 2012 Nov 1;5(6) 783-90.
- 3. Bonser RS, Taylor R, Collett D, Thomas HL, Dark JH, Neuberger J; Cardiothoracic Advisory Group to NHS Blood and Transplant and the Association of Lung Transplant Physicians (UK). Effect of donor smoking on survival after lung transplantation: a cohort of prospective registry. <u>Lancet.</u> 2012 Aug 25;380(9843):747-55.
- 4. Pettit SJ, Petrie MC, Connelly DT, Japp AG, Payne JR, **Haj- Yahia S**, Gardner RG. Use of implantable cardioverter defibrillators in patients with left ventricular assist devices. Eur J Heart Fail. 2012 Jul;14(7):696-702.
- 5. Mohsen TA, Zeid AA, Meshref M, Tawfeek N, Redmond K, Ananiadou OG, **Haj- Yahia S**. Eur J Cardiothorac Surg. 2011 Aug;40(2):282-6. Local iodine pleurodesis versus thoracoscopic talc insufflation in recurrent malignant pleaural effusion: a prospective randomised control trial. J Cardiothorac Surg. 2011 Aug;40(2):282-6.

- 6. Moore AJ, Cetti E, **Haj-Yahia S**, Carby M, Björling G, Karlsson S, Shah P, Goldstraw P, Moxham J, Jordan S, Polkey MI. Unilateral Extrapulmonary Bypass in Advanced Emphysema. Ann Thorac Surg. 2010 Mar;89(3):899-906, 906.e1-2.
- 7. Freund-Michel VC, Birrell MA, Giembycz MA, Hele DJ, **Haj-Yahia S**, Belvisi MG. Beta(2)-agonists block tussive responses in guinea pigs via an atypical cAMP-dependent pathway. Eur Respir J. 2010 Mar;35(3):647-54.
- 8. **Haj-Yahia S**, Petrou M, Amrani M, T Bahrami, Dreyfuss G, Birks EJ, Khaghani A. Bridging Salvaged Patients Direct to Transplantation using Prolonged Support with the CentriMag (Levitronix®) Centrifugal Pump. J Thorac Cardiovasc Surg. 2009 Jul;138(1):227-30.
- 9. Smith JD, Hamour IM, Burke MM, Mahesh B, Stanford RE, **Haj-Yahia S**, Robinson DR, Kaul P, Yacoub MH, Banner NR, Rose ML. A reevaluation of the role of IgM Non-HLA antibodies in cardiac transplantation. Transplantation. 2009 Mar 27;87(6):864-71.
- 10. Mohsen TA, Zeid AA, Meshref M, Tawfeek N, Redmond K, Ananiadou OG, Haj-Yahia S. Local iodine pleurodesis provides similar palliation to thoracoscopic talc insufflation in recurrent malignant pleural effusion: A prospective randomized control trial. Eur J Cardiothorac Surg. 2011 Aug; 40(2):282-6.
- 11. **Haj-Yahia S**, Birks EJ, Dreyfus G, Khaghani A. Limited surgical approach for explanting the HeartMate II left ventricular assist device after myocardial recovery. J Thorac Cardiovasc Surg. 2008 Feb;135(2):453-4.
- 12. Erer D, Ghosh AK, **Haj Yahia S**. Abdominal aortic aneurysm repair: endovascular treatment or surgical repair in critically unstable patients. Interact Cardiovasc Thorac Surg. 2008 May;7(3):525-6.
- 13. Catley MC, Birrell MA, Hardaker EL, de Alba J, Farrow S, **Haj-Yahia S**, Belvisi MG. Estrogen receptor beta: expression profile and possible anti-inflammatory role in disease. J Pharmacol Exp Ther. 2008 Jul;326(1):83-8.
- 14. Ananiadou OG, Bibou K, Drossos GE, Bai M, **Haj-Yahia S**, Charchardi A, Johnson EO. Hypothermia at 10 degrees C reduces neurologic injury after

- hypothermic circulatory arrest in the pig. J Card Surg. 2008 Jan-Feb;23(1): 31-8.
- 15. Birrell MA, Catley MC, Hardaker E, Wong S, Willson TM, McCluskie K, Leonard T, Farrow SN, Collins JL, **Haj-Yahia S**, Belvisi MG. Novel role for the liver X nuclear receptor in the suppression of lung inflammatory responses. J Biol Chem. 2007 Nov 2;282(44):31882-90.
- 16. Haj-Yahia S, Birks EJ, Hipkin M, Bowles C, Amrani M, Petrou M, Pepper J, Dreyfus G, Khaghani A. Intermediate term experience with the Jarvik 2000 axial flow left ventricular assist device (LVAD). J Thorac Cardiovasc Surg. 2007 Jul;134(1):199-203.
- 17. **Haj-Yahia S**, Mittal S, Birks EJ, Carby M, Petrou M, Pepper J, Dreyfus G, Amrani M. Lung fibrosis as a potential complication of the haemostatic tissue sealant Biologic Glue (Bioglue). J Thorac Cardiovasc Surg. 2007 May; 133(5):1387-1388.
- 18. Mohsen T, Abou Zeid A and **Haj-Yahia S**. Lobectomy or pneumonectomy for multi-drug resistant pulmonary tuberculosis (MDR-TB) can be performed with acceptable mortality and morbidity: A seven-year review of single institution's experience. J Thorac Cardiovasc Surg 2007 Jul;134(1):194-8.
- 19. Ananiadou O, Drossos G, Bibou A, Charchanti A, Bai M, Haj-Yahia S, Anagnostopoulos CE, Johnson E. Effect of Profound Hypothermia During Circulatory Arrest on Neurological Injury and Apoptotic Repressor Protein Bcl-2 Expression in an Acute Porcine Model. J Thorac Cardiovasc Surg. 2007 Apr;133(4):919-26
- 20. Mangoush O, Purkayastha S, **Haj-Yahia S**, Kinross J, Hayward M, Bartolozzi F, Darzi A, Athanasiou T. Heparin-bonded Circuits versus Non-heparin-bonded Circuits: An evaluation of their effect on clinical outcomes. Eur J Cardiothorac Surg. 2007 Jun;31(6):1058-69
- 21. **Haj-Yahia S**, Birks EJ, Hardy J, Yacoub MH, Khaghani A. Minimally invasive technique for explantation of right ventricular assist devices. Ann. Thorac Surg. 2006; 82: 1547-1548.

- 22. George RS, Birks EJ, **Haj-Yahia S**, Bowles CT, Hall A, Khaghani A, Petrou M. Acinetobacter mediastinitis in a heart transplant patient. Ann. Thorac Surg. 2006; 82: 715-716.
- 23. Molina V, **Haj-Yahia S**, Solodeev I, Levy Y, Blank M, Shoenfeld Y. Imunomodulation of experimental pulmonary fibrosis by intravenous immunoglobulin (IVIG) dagger. Autoimmunity. 2006; 39: 711-717.
- 24. Birrell MA, Wong S, Dekkak A, De Alba J, **Haj-Yahia S**, Belvisi MG. Role of matrix metalloproteinases in the inflammatory response in human airway cell-based assays and in rodent models of airway disease. Pharmacol. Exp. Ther. 2006 Aug; 318 (2): 741-750.
- 25. Birrell MA, Wong S, Hardaker EL, Catley MC, McCluskie K, Collins M, **Haj-Yahia S**, Belvisi MG. IkappaB kinase- 2 independent and –dependent inflammation in airway disease models: relevance of IKK-2 inhibition to the clinic. Mol Pharmacol. 2006 Jun; 69(6):1791-800.
- 26. Birrell MA, Wong S, McCluskie K, Catley MC, Hardaker EL, **Haj-Yahia S**, Belvisi MG. Second-generation inhibitors demonstrate the involvement of p38 mitogen-activated protein kinase in post-transcriptional modulation of inflammatory mediator production in human and rodent airways. J. Pharmacol. Exp. Ther. 2006. Mar; 316(3):1318-1327.
- 27. Birrell MA, Hardaker E, Wong S, McCluskie K, Catley M, De Alba J, Newton R, **Haj-Yahia S**, Pun KT, Watts CJ, Shaw RJ, Savage TJ, Belvisi MG. Ikappa-B kinase-2 inhibitor blocks inflammation in human airway smooth muscle and a rat model of asthma. Am. J. Respir. Crit. Care. Med. 2005 Oct 15; 172(8): 962-971.
- 28. **Haj-Yahia S**, Sherer Y, Blank M, Kaetsu H, Smolinsky A, Shoenfeld Y. (2006) Anti-prothrombin antibodies cause thrombosis in a novel qualitative ex-vivo animal model. (vol 12; 364, 2003) Lupus J. 15: 254-254.
- 29. **Haj-Yahia S**, Rabi I, Adar R. Ischemic complications of accidental intraarterial injection in drug addicts. Harefuah. 1996 Sep; 131 (5-6):178-180.

PRESENTATIONS TO INTERNATIONAL MEETINGS AND CONFERENCES

- Lung Transplantation From Controlled Non-Heart-Beating Donors (NHBD) Is as Safe and Successful as Conventional Heart Beating Donor Transplantation: Harefield Hospital Experience. European Society for Organ Transplantation, Joint 6th ELITA-ELTR Annual meeting. London, UK. May 2010.
- 2. Lung Transplantation from Non-Heart-Beating Donors: The Harefield Early Experience. Presented for the International Society for Heart and Lung Transplantation (ISHLT), Paris, France. April 2009
- 3. Limited Surgical Approaches for LVAD Explant Following Myocardial Recovery are Associated with Low Morbidity and Improved Outcome. Presented for the International Society for Heart and Lung Transplantation (ISHLT), Paris, France. April 2009.
- **4.** The Role of Oestrogen Receptors in Inflammatory Airways Disease. Postgraduate Theses Presentation Day, NHLI, Imperial College London, London, UK. June 2007.
- 5. The Effect of the Selective ERβ agonist ERB-041 on Antigen Induced Lung Inflammation in the Rat. American Thoracic Society (ATS), San Francisco. May 2007.
- 6. Effectiveness of Miniaturised Axial Flow Pumps Compared to Large Pulsatile LVADs in Rescuing the End-stage Heart Failure Patient. International Society for Heart and Lung Transplantation (ISHLT), San Francisco. May 2007.
- 7. Preoperative Variables That Predict Postoperative Course and May Aid Timing Of LVAD Implantation. International Society for Heart and Lung Transplantation (ISHLT), San Francisco. April 2007.
- 8. Predictors of Survival Beyond Twenty Years After Orthotopic Heart Transplant .International Society for Heart and Lung Transplantation (ISHLT), San Francisco. April 2007.
- 9. Pre-transplant IgM non-HLA antibodies are an independent risk factor for graft survival following cardiac transplantation. American Society for Histocompatibility and Immunogenetics. April 2007.

- 10. Incidence and possible determinants of survival beyond twenty years after orthotopic heart transplantation, International Society for Heart and Lung Transplantation (ISHLT), Madrid. April 2006.
- 11. Ik-B kinase-2 independent inflammations in an airway disease model: relevance to the clinic. American Thoracic Society (ATS), San Francisco. May 2006.
- 12. Increased Bcl-2 Immunoreactivity at 10°C Indicates Additional Protection of Neocortex and Hippocampus during Prolonged Hypothermic Circulatory Arrest (HCA), American Association for Thoracic Surgery (AATS), Philadelphia. April 2006.
- 13. Profound hypothermia to 10°C reduces neurological injury during prolonged hypothermic circulatory arrest (HCA) in an acute porcine model. Society of Thoracic Surgeons (STS) 42nd Annual Meeting, New Orleans, Louisiana. January 2006.
- 14. Intermediate experience with the Jarvik 2000 axial flow left ventricular assist device (LVAD). International Society for Heart & Lung Transplantation (ISHLT), Philadelphia, April 2005.
- 15. The presence of non-HLA IgM antibodies adversely effects graft survival following Cardiothoracic transplantation. International Society for Heart & Lung Transplantation (ISHLT). Philadelphia. July 2005.
- 16. C-AMP elevators suppress sensory nerve activity and the cough reflex in conscious guinea pigs Respiratory Pharmacology, Faculty of Medicine, Imperial College London. American Thoracic Society (ATS), San Diego. May 2005.
- 17. Intermediate experience with the Jarvik 2000 axial flow left ventricular assist device (LVAD), International Society for Heart & Lung Transplantation (ISHLT). Philadelphia. April 2005.
- 18. Immunomodulation of experimental pulmonary fibrosis by intraveneous immunoglobulin (IVIG) The Immunological Society, 34th Annual Meeting. May 2005.

- 19. Circulating Troponin I in the diagnosis of impaired cardiac function in organ donors. International Society for Heart & Lung Transplantation (ISHLT). San Francisco. April 2004.
- 20. Incidence and severity of rejection and infection in patients bridged to transplantation with ventricular assist devices International Society for Heart & Lung Transplantation (ISHLT). San Francisco. April 2004.
- 21. Coronary artery disease, but not coronary calcification is associated with elevated levels of cardiolipin, β-2-Glycoprotein-I, and Oxidized-LDL Antibodies. The European Atherosclerosis Society workshop on the immune system in Atherosclerosis, Geneva. May 2002.
- 22. Aortocoronary bypass operations without cardioplegia revival and modification of an old method. MD thesis presented at the Technion, Institute of Technology. April 2004.

INTERNATIONAL AND REGIONAL ENGAGEMENT AS AN INVITED GUEST SPEAKER

- May 2013 Myocardial Recovery in VAD Patients: Myth or Reality? Turkish VADs Users Meeting. Istanbul.
- Apr 2013 Advanced Heart Failure Treatment: State of the Art and Beyond. CardioArab, Dubai.
- Feb 2013 Technological Advances in the Management of Advanced Heart Failure. SHA. Riyadh.
- Jan 2012 Mechanical Circulatory Support: From short to long. Saudi Heart Association Meeting. Riyadh.
- Jun 2012 Advances in the Management of Acute Heart Failure. Jordan Cardiac Society
- **Nov 2011** The Short Journey of Short Term VADs. The European Mechanical Circulatory Support Annual. Paris.
- Apr 2010 Fundamentals in Medical and Nursing Training for Effective,
 Durable and Safe Cardiothoracic Service The International Forum

- for Supporting Health Education organized by Red Crescent Society. Cornell University, Qatar.
- Mar 2010 Advances in the Management of Heart Failure: The Current and Future Role of Ventricular Assist Devices. The West of Scotland Regional Cardiology CME meeting. Glasgow, Scotland.
- May 2009 Recent Advances in Lung Transplantation. Invited guest speaker at Alquds Medical School Annual Scientific International Conference. Jericho, West bank.
- Nov 2008 The Clinical Application of Short-term VADs in Salvaging Moribund Multi-organ Failure Patients as a Bridge to Decision-case Analysis. Gerrards Cross, UK.
- May 2008 Mending the Failing Heart: Technological Advances in Cardiothoracic Surgery and Mechanical Circulatory Support.

 Invited guest speaker for 450 delegates in the opening session at the First Annual Palestinian Medical Association Meeting. Ramallah, West Bank.
- Mar 2008 Lung Transplantation from Non Heart Beating Donors. Annual transplant coordinators meeting. Harefield, London, UK.
- May 2007 The upgrade dilemma in patients salvaged with short-term mechanical circulatory support. Invited guest lecturer, Cardiac Surgery Forum, Thessalonica, Greece.
- Apr 2006 Effective team work in multi-organ retrieval from brain stem dead donors. Transplant coordinators regional meeting, Guys Hospital. Theatre Nurses Academic Day, Harefield and ITU Nurse's Academic Day, Harefield.
- **Reviewer** I served as a **reviewer** for the *Annals of Thoracic Surgery* between 2006 and 2007

PROFESSIONAL MEMBERSHIPS

2008–2014	Fellow of the Royal College of Surgeons of England
2012-2014	Fellow of the Royal College of Surgeons of Glasgow
2010-2014	Senior member of the Cardiothoracic Advisory Group (CTAG),
	NHSBT, UK
2010-2014	Senior Member of the UK's VAD Forum

2011-2014	Founder of the UK VAD Club						
2010-2014	Senior Member of the Scottish Transplant Group						
2009–2010	Member of the British Transplant Society						
2009–2014	Fellow of the Cardiothoracic European Society						
2007–2014	Member of the International Society for Heart and Lung Transplantation						

CLINICAL GOVERNANCE AND AUDITS

- Chair of the Transplant consultant committee for reviewing donor referrals and management practice (GJNH; April 2010).
- I was the consultant lead for a transplant group which had audited the management of donor referrals. The outcome of this audit had an important impact in reforming and optimizing the relevant clinical practice (GJNH; February 2010).
- I took a senior role in the CTAG Subcommittee chaired by Professor Bonser for reviewing donor management at UK Transplant (2007–2008). The members of this committee are the directors of the UK cardiothoracic transplant units. The main objectives of this committee were to improve the pool of donors available for transplantation and to set a national standard minimum criteria for accepting cardiothoracic donor organs. The committee looked into reforming the role and composition of retrieval teams (2007–2008).
- I played an important role in Harefield Hospital's Donor Review Group in 2003. Due to the nationwide shortage of donor organs offered for transplantation in the UK, we had seen a gradual decline in the number of transplants performed within the Trust, perhaps more so than in other transplant centres. The group's consensus was that a need existed to investigate different areas of the transplant process in order to determine whether utilisation of this scarce resource could be maximised. The group made recommendations regarding the pathways to organ acceptance, retrieval team staffing, and consultant availability for transplantation. The outcome of this audit had major implications for improving patient care and management (2003).
- I audited the Harefield Live Lobe Transplant experience. The aim of this audit was to learn how to re-launch this service, to maximise the transplant chances for a certain categories of patients and improve the outcome (2003).
- I took part in auditing the Harefield lung preservation method. This audit had implications on the preservation method used in our unit and influenced our decision to switch from the traditional core-cooling technique to the widely used flush technique.

- I presented complex cases for the weekly transplant multidisciplinary meeting forum at Harefield and took an active role in the decision making.
- I perform regular self-auditing for my routine cardiac, retrieval, and transplant outcomes. My recent audit for the routine cardiac surgery performed as a consultant (2010-2011) demonstrated a 0% mortality (Logistic Euroscore 2.5%), 0% incidence of stroke and major sternal wound infection needing surgical intervention, 3.3% re-exploration rate for bleeding, mean duration of ventilation of 8 hours, and a mean ICU stay 24 hours.

LEADERSHIP AND MANAGEMENT EXPERIENCE

As my career has progressed I have relished the opportunity to hone my organisational skills through positions of leadership and management. My experience includes:

- Dean of the Faculty of Medicine and Health Sciences and Professor of Cardiothoracic Surgery, An-Najah National University, Nablus, Palestine (See above)
- Chief Executive Officer of An-Najah National University Hospital, a newly built major hospital in the Middle East (See above)
- Key leadership role as a surgical director of cardiac transplantation (See above).
- Leading consultant role in setting up a national mechanical circulatory support programme and VADs in Scotland. I have taken a key role in setting up the infrastructure, planning, organisation, training and education.
- Lead role in clinical governance and audit committees at consultant level in the Golden Jubilee National Hospital.
- Leading management role as a director in the FQMS British charity, which supports the development of medical schools and medical education in Jerusalem, the West Bank, and Gaza with approximately a half-a-million pounds annual fund. I have an important role in financial strategic planning and a key role in decision making.
- Leading management role in establishing Friends of Alnajah University (FAN) British charity, which supports the development of Alnajah University Medical School in Nablus in Occupied Palestine.
- Taking part in the panel interview and committee for an approximately half-million pound tender for commissioning a transport company for Royal Brompton and Harefield Transport services.
- As the senior transplant surgeon, I managed the transplant fellowship programme for the training of transplant fellows and senior registrars.

- Took an active part in organising and coordinating meetings with the Kings College liver transplant team to establish a coordinated Non-Heart-Beating Donor retrieval programme. These meetings and events began in August 2004, and led to the performance of the first successful NHBD lung retrieval and transplant.
- Organising the trainees' rota as a trainee Specialist Registrar in cardiothoracic surgery (1999–2001) and as a transplant fellow (2002–2008).
- Managing my family's agricultural land and large water company business since I was 16 years old.

TEACHING EXPERIENCE

I greatly enjoy the two-way process of teaching and understand its integral importance in maintaining clinical standards within the medical profession. My teaching experience to date includes the following:

Undergraduate: I served as an OSCE examiner for third-year medical students

at Imperial College, London, and as a tutor for sixth-year

medical-school students at Imperial College, London.

Postgraduate: I lectured extensively on cardiothoracic surgery and thoracic

organ retrieval, transplantations and VADs to junior doctors'

tutorials.

Professional Staff: I take a leading role in teaching and training the ICU nursing

staff in the management of patients on mechanical circulatory support. This has included teaching sessions for small groups as well as widely attended academic days with guest speakers.

For over a decade, I taught and trained senior transplant fellows, who are fully trained cardiac surgeons, in transplantation, mechanical circulatory support and organ retrieval at Harefield and the Golden Jubilee National Hospital.

As Dean I am taking a leading role in managing the whole teaching

experience at the faculty of medicine and health sciences

HUMANITARIAN ACTIVITIES

During the course of my career I have been actively involved in a number of humanitarian and social activities, all of which have developed my organisational, communication, and teamwork skills and my high sensitivity for the needs of deprived communities in general and in particular the needs of my Palestinian people:

• I am the President of the Palestinian Child Heart Fund Charity, a charity focussing on initiating and supporting the development of Palestinian led services specialising in the diagnosis and management of heart disease in children in particular, and other childhood diseases in general, across the lands of historic Palestine

• I am an active executive member of the board of directors of the Foundation for Al-Quds Medical School (FQMS) British Charity, which supports the development of medical schools in Jerusalem and Occupied Palestine. The non-executive patrons of the charity are the Lord Bingham of Cornhill (Lord Chief Justice of England and Wales), Sir David Gilmour, Sir Jonathan Miller, Lord Gowrie, and Professor Ronald Dworkin.

I am in charge of the strategic planning and spending of our £250,000 annual budget. My recent interest has been to fund an electronic library and institutional subscriptions to international-journals. I granted funding for junior doctors from the occupied territories and Jerusalem to obtain subspecialty training in the UK in order to return home and serve their local communities. Two doctors are now training in neurosurgery, two in nephrology, and two in neurology at Southampton General Hospital and three in cardiology, paediatric cardiology and cardiac surgery.

During the last fund-raising event in November 2008 I gave the main speech to raise funds for subspecialty training, for which we have raised during that night £200,000. We have also funded six students, who graduated from Jerusalem, to obtain PhDs in the UK and return to teach in their mother medical schools. All of them successfully completed their PhDs last year.

- I have recently obtained charitable funds from one of the VAD companies to set up a transplant and VAD programme in Almaqased hospital in Jerusalem (January 2009).
- I have obtained \$35,000 in British charitable funds to restore the medical school in Gaza and for it to resume studies after being bombarded in the recent war (2009).
- I am a volunteer in the Chain of Hope organisation led by Professor Sir Magdi Yacoub in London (2003–2004).
- I attended the Global Forum on Humanitarian Medicine, Cardiology and Cardiac Surgery in Geneva (2002).
- I have been active member of the **Israeli Physicians Human Rights Association** where my responsibilities included helping deprived Palestinian minorities in Palestine and the occupied territories to exercise their right to health-care services.
- I initiated and made all of the arrangements for open-heart operations at Charity Cardiac Surgery in Sheba, which I performed for several Palestinian newborns and children free of charge in the Chaim Sheba Medical Centre (1995–2002).
- I was an active volunteer, a tutor and student group leader in an educational and social-aid project for school children of low socioeconomic status among Palestinian minorities and disadvantaged religious Jewish children (1987–1993).

PERSONAL INTERESTS

In order to relax outside of work (which is rare), I enjoy organic farming, swimming and horseback riding.