

Curriculum Vitae

Dr Gavin I.W. Galasko

BM BCh MA DM (Oxon) FRCP

**CONSULTANT INTERVENTIONAL CARDIOLOGIST
LANCASHIRE CARDIAC CENTRE, BLACKPOOL**

and

**DIRECTOR OF RESEARCH, DEVELOPMENT AND INNOVATION
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST**

July 2018

PERSONAL DETAILS

Nationality: British
Age: 46
GMC No: 4215253 (full with specialist registration)

Work Address: Lancashire Cardiac Centre
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POSITIONS HELD

	Dates
Honorary Senior Research Fellow, University of Salford	2018
Director of Research, Development and Innovation, Blackpool Victoria Hospital	2017
Honorary Senior Lecturer, Liverpool University Medical School	2016
Honorary Lecturer, Liverpool University Medical School	2015 - 16
Lead for Year 4 Liverpool Undergraduates at Blackpool Victoria Hospital	2014 - 17
Cardiology Research Lead, Blackpool Victoria Hospital	2014 - 17
Honorary Senior Clinical Lecturer, University of Buckingham	2012
Honorary Teacher, Liverpool University Medical School	2012 - 15
Consultant Cardiologist with practicing privileges, Spire Fylde Coast Hospital	2011
Consultant Cardiologist, Lancashire Cardiac Centre, Blackpool Victoria Hospital	2010

QUALIFICATIONS

FRCP (UK)	2013
CCT in Cardiology + General (Internal) Medicine	2009
DM (Oxon)	2006
MRCP (UK)	1998
MA (Oxon)	1996
BM BCh	1995
BA (Hons) degree in Physiological Sciences [Class II (i)]	1992

EDUCATION

Green College, Oxford University	1992-95
St. John's College, Oxford University	1989-92
The Manchester Grammar School, Manchester	1982-89

PRIZES, FELLOWSHIPS and AWARDS

EAPCI Interventional Training Fellowship, Zurich, Switzerland	2007-8
ESC Young Investigator Finalist Award, Population Sciences	2004
West London Research Network (WeLReN) Project Grant (£10k) 1999	
Oxford University Medical School Cardiology Prize	1994
1st MB (Distinction)	1991

PERSONAL STATEMENT

I am a fully trained interventional cardiologist with extensive general cardiology experience. My Certificate for Completion of Specialist Training (CCT) is in both Cardiology and General (Internal) Medicine. I have a busy clinical job but also fit in an active interest in medical education, management, research and medico-legal work.

CURRENT APPOINTMENT

I am a Consultant Interventional Cardiologist at the Lancashire Cardiac Centre, a large tertiary centre cardiology unit. My weekly clinical responsibilities include 3 cath lab sessions; one out-patient clinic; 2 ward rounds, and one nuclear cardiology reporting session. I am the Cardiologist of the Week one week in sixteen, admitting cardiology patients under my care, undertaking daily ward rounds, reviewing referrals and undertaking cath lab sessions. I am the Consultant on call for Cardiology on a one-in-nine rota, undertaking primary PCI procedures as part of our regional 24/7 primary PCI service. I undertake approximately 400 diagnostic angiograms and approximately 200 coronary interventional procedures per year, including 70-80 primary PCI procedures. I undertake complex PCI including left main stem, bifurcations and CTOs. My mortality and MACE rates have always been below mean expected rates, according to BCIS data.

I am very involved in education. I am an Honorary Senior Lecturer at Liverpool University and an Honorary Clinical Senior Lecturer at Buckingham University. Until 2014 I was the clinical tutor for cardiology, responsible for the junior cardiology induction and education. From 2010 to 2012 I helped organise and run 6 training days for interventional SpRs from the Merseyside and North West Deaneries with Deanery support. From 2014-2017 I was the Trust's lead responsible for the Year 4 Liverpool Medical School Students attached to Blackpool (40-48 per year). I helped organise induction, managed the planning and delivery of the curriculum, helped organise the teaching programme and helped with pastoral care. In 2015 I helped set up the new year-4 curriculum, with excellent student and staff feedback. In 2017 I helped organise a Liverpool University quality visit to Blackpool, receiving excellent feedback.

I regularly teach and/or supervise medical students, junior doctors, nurses and GPs. I have supervised a number of university projects. I teach radiography students at Salford University. I have taught on the PCI simulators at the BCS annual scientific meeting for over 7 years. I have chaired sessions at several national PCI meetings over the past 5 years. I sat on the hospital's Medical Education Committee from 2011-2017.

From 2014-2017 I was the Cardiology Research lead with overall responsibility for more than 10 open research studies at any one time, helping manage the roles of 5 research nurses and 2 research fellows, whom I helped recruit. I have been the local PI for 7 studies. I have attended the hospital's R+D committee since 2014. In April 2017 I became the Director of Research, Development and Innovation for the Trust. I Chair the R+D committee.

My own research interests include acute coronary syndromes, platelet-function testing, non-invasive imaging, heart failure, coronary artery disease, coronary physiology and interventional cardiology. I have recently had a project proposal accepted by the HRA and plan to start recruiting shortly.

MEDICO-LEGAL WORK

Since 2013 I have developed an interest in medico-legal work as an expert witness, regularly writing medical reports for solicitors and seeing clients where appropriate. I have produced over 20 reports over the past 4 years. My current split between the claimant and defendant as the source of my instructions is 50:50 (out of the last 12 cases).

EMPLOYMENT HISTORY

<u>Feb 2010</u> <u>to Present</u>	LANCASHIRE CARDIAC CENTRE <i>Consultant Cardiologist</i>
<u>Aug 2009</u> <u>to Jan 2010</u>	LIVERPOOL HEART AND CHEST HOSPITAL <i>Post CCT Interventional Fellow</i>
<u>Oct 2008</u> <u>to July 2009</u>	HAMMERSMITH HOSPITAL <i>Senior Specialist Registrar in Cardiology</i>
<u>Oct 2007</u> <u>Sep 2008</u>	TRIEMLI HOSPITAL, ZURICH, SWITZERLAND <i>EAPCI/ESC Interventional Fellow</i>
<u>June 2006</u> <u>Sep 2007</u>	HAMMERSMITH HOSPITAL <i>Cardiology Interventional Fellow and Specialist Registrar</i>
<u>Oct 2005</u> <u>June 2006</u>	ROYAL FREE HOSPITAL <i>SpR and Interventional Trainee in Cardiology and General Medicine</i>
<u>Oct 2004</u> <u>Sep 2005</u>	ROYAL BROMPTON HOSPITAL <i>SpR in Cardiology, Adult Congenital Heart Disease and Heart Failure</i>
<u>Oct 2003</u> <u>Sep 2004</u>	HAREFIELD HOSPITAL <i>SpR in Cardiology + Heart Failure/Transplant Medicine</i>
<u>Oct 2002</u> <u>Sep 2003</u>	HEMEL HEMPSTEAD HOSPITAL <i>SpR in Cardiology and General Medicine</i>
<u>Feb 2002</u> <u>Sep 2002</u>	LUTON AND DUNSTABLE HOSPITAL <i>SpR in Cardiology and General Medicine</i>
<u>Sep 1999</u> <u>to Jan 2002</u>	NORTHWICK PARK HOSPITAL <i>Cardiology Research Registrar</i>
<u>Aug 1998</u> <u>to July 1999</u>	ROYAL BROMPTON HOSPITAL <i>Senior SHO in Cardiology + Adult Intensive Care</i>
<u>Aug 1996</u> <u>to July 1998</u>	NORTH STAFFORDSHIRE CITY GENERAL and ROYAL INFIRMARY HOSPITALS, STOKE-ON-TRENT <i>SHO, General Medical Rotation</i>
<u>Feb 1996</u> <u>to July 1996</u>	JOHN RADCLIFFE HOSPITAL, OXFORD <i>House Officer, General, Vascular and Renal Transplant Surgery</i>
<u>Aug 1995</u> <u>to Jan 1996</u>	FREEMAN HOSPITAL, NEWCASTLE-UPON-TYNE <i>House Officer General Medicine and Gastroenterology</i>

CURRENT RESEARCH ACTIVITY

1. Phenotypic and genetic markers of Clopidogrel resistance – project accepted by HRA process, shortly to start recruitment.
2. Comparison between FFR and iFR in assessing coronary artery ischaemia – 2 recent poster presentations, paper in preparation.
3. The use of iMR and CFR in the assessment of microvascular dysfunction in clinical practice – ongoing data collection. Potential multi-centre study in development.
4. The use of computational fluid dynamics to model coronary artery flow – Co-Investigator Dr Farid Aiouache, Lancaster University
5. Time series analysis of diabetes data – Co-Investigator Dr James Taylor, Lancaster University
6. The EchoNorMAL Collaboration
7. The Harrow Heart Failure Watch Collaboration – long-term data.

LOCAL PI FOR THE FOLLOWING STUDIES

GLOBAL LEADERS, AFGEN, SENIOR RITA, ENTRUST AF, CLOPI, FUTURE, EUROASPIRE, SCAD, POPular AGE registry

PREVIOUS RESEARCH

Hammersmith Hospital

I established a database of over 450 patients with end stage renal failure (ESRF) referred for coronary angiography as part of their renal transplant assessment and have analysed the prevalence and prognosis of coronary artery disease and the role of revascularisation in these patients prior to transplantation.

EAPCI/ESC Interventional Fellowship, Triemli Hospital, Zurich

I organised a long-term follow up study of over 250 patients who had undergone carotid artery stenting there since 1998, evaluating changing demographics over time and the predictors of short and long-term prognosis, finding that patient age significantly affected outcome. I presented this work as an oral abstract at the EuroPCR meeting.

DM (Oxon) Thesis, Northwick Park Hospital

Title: "Left ventricular dysfunction: its community prevalence, aetiology and screening"

I set up and ran a large community-based study evaluating the prevalence, aetiology and screening of left ventricular systolic dysfunction (LVSD) in the community, evaluating the prevalence of undiagnosed coronary artery disease as the cause of LVSD and differences with South Asian *vs* white ethnicity. Over 1200 subjects were assessed over a 2 year period. I developed risk scores to predict LVSD, and evaluated the screening characteristics and cost-effectiveness of screening for LVSD by natriuretic peptides, ECG, hand-held echocardiography, traditional echocardiography and their combinations. I evaluated short-to-medium term predictors of prognosis.

During this period I gained organisational and managerial skills, actively supervising the day to day activities of a study nurse; arranging a site to undertake screening; facilitating close collaborations with local GPs and the St. George's Hospital clinical biochemistry department. I learnt to write study protocols and grant applications and obtain ethics committee approval. I gained a lot of experience in advanced statistical analysis and in reviewing and writing original research articles.

I presented this work nationally and internationally at the BCS, ESC, ACC and AHA annual scientific meetings, winning an ESC young investigator finalist award and presenting in a BCS highest ranking abstract session. Several peer-reviewed publications have arisen.

Data from this project is currently being used as part of the EchoNorMAL collaboration to develop normal echocardiographic ranges stratified by age, gender and ethnicity. Ongoing abstracts and publications are in progress.

Throughout my time as a clinical research fellow I recruited, assessed, wrote ethics applications for and followed up patients in several multicentre clinical trials. Conditions treated included hypertension, heart failure and acute and chronic coronary syndromes.

Oxford University Medical School, General Practice Attachment Project

This was a questionnaire-based project aimed at assessing how patients feel about having medical students present during their general practice consultation and how their presence may alter the consultation. I helped produce the questionnaire, analysed the data and co-wrote the paper.

Project for BA (Physiological Sciences) Degree

This involved ten weeks of laboratory work examining the effects of shear stress on articular cartilage chondrocytes, producing a 10,000 word dissertation. A protocol was developed and results obtained suggesting that proteoglycan synthesis rates increased with shear stress. This provided a new mechanism to explain how joint loading stimulates articular cartilage production.

PUBLICATIONS

Original Research

1. The Echocardiographic Normal Ranges Meta-Analysis of the Left heart (EchoNorMAL) Collaboration. Ethnic-Specific Normative Reference Values for Echocardiographic Left Atrial and Ventricular Size, Left Ventricular Mass, and Systolic Function. The EchoNoRMAL Study. *JACC Cardiovasc Imaging*. 2015; **8**: 656-65
2. The Echocardiographic Normal Ranges Meta-Analysis of the Left heart (EchoNorMAL Collaboration). A meta-analysis of echocardiographic measurements of the left heart for the development of normative reference ranges in a large international cohort: the Echo NoRMAL study. *Eur Heart J Cardiovas Imaging* 2014; **15**: 341-348
3. Galasko G, Collinson PO, Barnes SC, Gaze D, Lahiri A, Senior R. Comparison of the clinical utility of atrial and B type natriuretic peptide measurement for the diagnosis of systolic dysfunction in a low-risk population. *J Clin Pathol* 2007; **60**: 570-572
4. Galasko GIW, Barnes SC, Collinson P, Lahiri A, Senior R. What is the most cost-effective strategy to screen for left ventricular systolic dysfunction: natriuretic peptides, the electrocardiogram, hand-held echocardiography, traditional echocardiography, or their combination? *Eur Heart J* 2006; **27**: 193-200
5. Galasko GIW, Lahiri A, Barnes SC, Collinson P, Senior R. What is the normal range for N-terminal pro-brain natriuretic peptide? How well does this normal range screen for cardiovascular disease? *Eur Heart J* 2005; **26**: 2269-76
6. Galasko GIW, Senior R, Lahiri A. Ethnic differences in the prevalence and aetiology of left ventricular systolic dysfunction in the community - The Harrow Heart Failure Watch. *Heart* 2005; **91**: 595-600
7. Galasko GIW, Basu S, Lahiri A, Senior R. Is echocardiography a valid tool to screen for left ventricular systolic dysfunction in chronic survivors of acute myocardial infarction? A comparison with radionuclide ventriculography. *Heart* 2004; **90**: 1422-6
8. Barnes SC, Collinson PO, Galasko G, Lahiri A, Senior R. Evaluation of N-terminal pro-B type natriuretic peptide analysis on the Elecsys 1010 and 2010 analysers. *Ann Clin Biochem* 2004; **41**: 459-63
9. Collinson PO, Barnes SC, Gaze DC, Galasko G, Lahiri A, Senior R. Analytical performance of the N terminal pro B type natriuretic peptide (NT-proBNP) assay on the Elecsys 1010 and 2010 analysers. *Eur J Heart Fail* 2004; **6**: 365-8
10. Senior R, Galasko G, Hickman M, Jeetley P, Lahiri A. Community screening for left ventricular hypertrophy in patients with hypertension using hand-held echocardiography. *J Am Soc Echocardiogr* 2004; **17**: 56-61
11. Galasko GIW, Lahiri A, Senior. Portable echocardiography: an innovative tool in screening for cardiac abnormalities in the community. *Eur J Echocardiogr* 2003; **4**: 119-27

12. Galasko GIW, Basu S, Lahiri A, Senior R. A prospective comparison of echocardiographic wall motion score index and radionuclide ejection fraction in predicting outcome following acute myocardial infarction. *Heart* 2001; **86**: 271-6
13. Cooke F, Galasko G, Ramrakha V, Richards D, Rose A and Watkins J. Medical Students in General Practice. How do patients feel? *British Journal of General Practice* 1996; **46**: 361-362

Editorials/ Reviews

1. Galasko GIW, Baker CSR. Acute Cardiovascular Medicine. *Clin Med* 2007; **7**: 257-61
2. Galasko GIW, Baker CSR. Alcoholic Cardiomyopathy *Alcoholis* 2007; **26**: 2-3
3. Galasko GIW, Henein M. Direct access echocardiography. *Int J Cardiovasc Imaging* 2006; **22**: 29-31
4. Senior R, Galasko G. Cost-effective strategies to screen for left ventricular systolic dysfunction in the community - a concept. *Congest Heart Fail* 2005; **11**: 194-211
5. Collinson PO, Galasko G. Natriuretic peptides – physiology and clinical application. *CPD Clinical Biochemistry* 2003; **5**: 48-52
6. Senior R, Galasko G, McMurray JV, Mayet J. Screening for left ventricular dysfunction in the community: role of hand held echocardiography and brain natriuretic peptides. *Heart* 2003; **89** **Suppl 3**: iii24-8
7. Galasko GIW, Lahiri A. The non-invasive assessment of viable myocardium in ischaemic cardiomyopathy – a myriad of techniques. *Eur J Heart Fail* 2003; **5**: 217-27
8. Galasko GIW, Senior R. Portable echocardiography – a revolution in cardiac care? *Thoraxcentre J* 2001; **13**: 103-104
9. Galasko GIW, Lahiri A. Nuclear cardiology to assess the effect of medical therapy. *Q J Nucl Med* 2000; **44** (**Suppl 1**): 102-105
10. Galasko G. Cocaine, a risk factor for myocardial infarction. *J Cardiovasc Risk* 1997; **4**: 185-90

Case Reports/ Letters

1. Cross B, Choudhury TR, Hindle M, Galasko G. Wasp sting induced STEMI with complete coronary artery occlusion: a case of Kounis syndrome. *BMJ Case Rep* 2017 Sep 7; 2017. pii: bcr-2017-221256.
2. Choudhury TR, Abdool MA, Galasko G. Energy drinks give you wings but also an abnormal exercise test. *BMJ Case Rep* 2017 Jul 27; 2017. pii: bcr-2017-220017.
3. Attar MN, Bury R, Galasko G. Iatrogenic aortocoronary dissection successfully treated by coronary intervention. *Heart International* 2011; **6**: e15

4. Tanigawa J, Galasko G, Goktekin O, Di Mario C. A new steerable catheter to facilitate wire crossing through angulated chronic total occlusions. *EuroIntervention* May 2005
5. Galasko GIW, Dubowitz M, Senior R. Subarachnoid haemorrhage presenting as acute myocardial infarction with EMD arrest. *Heart* 2001; **86**: 340
6. Galasko G. Marfan Syndrome (letter). *J Med Gen* 1996; **33**: 1051

Book Chapter

Galasko GIW, Lahiri A. Other heart diseases: Heart failure, Cardiomyopathy, Valvular heart disease, Kawasaki disease. In *Nuclear Cardiac Imaging: Principles and Applications*. 3rd Edition. Iskandrian A and Verani M. Oxford University Press. 2003; 399-418

Published Abstracts

1. Galasko G. A comparison of two iFR methods to predict FFR (fractional flow reserve) - the **Blackpool Coronary iFR Study (bcis)**. *Heart* 2016; **102**: Suppl 4: A10, Abstract 20
2. Galasko G. The instantaneous wave-free ratio (iFR) is an accurate predictor of fractional flow reserve (FFR) in adult coronary arteries so long as a grey zone or hybrid-approach is used and not individual cut-offs: The Blackpool Coronary iFR (BCIS) study. *Heart* 2015; **101**: Suppl 4 A131-A136, Abstract A68
3. Poppe KK, on behalf of the EchoNoRMAL Collaboration. What is normal left ventricular ejection fraction? A global individual person data meta-analysis of the distribution across ethnicity, gender and age. *Eur Heart J* 2013; **34 (Abstr Suppl)**: 348
4. Galasko GIW, Boesch C, Eberli F. The effect of age on the short- and long-term outcome of carotid artery stenting. *EuroIntervention* 2009; **5 (Suppl E)**: E55
5. Dwivedi G, Galasko G, Lim TK, Hayat S, Banfield A, Senior R. Can left atrial dimension determined with hand held echocardiography in community setting be used to predict long term risk of death or cerebro-vascular accident? *Eur J Echo* 2008; **9 (Suppl 1)**: S152-153
6. Galasko GIW, Frankel A, Baker CSR. Coronary artery disease in asymptomatic renal transplant assessment patients. *Heart* 2008; **94 (Suppl II)**: A121
7. Dwivedi G, Galasko GI, Banfield A, Lim TK, Senior R. Left atrial size determined by hand-held echocardiography predicts long-term adverse cardiac outcome in patients screened for heart failure in the community. *Heart* 2008; **94 (Suppl II)**: A68
8. Galasko GIW, Lahiri A, Barnes SC, Collinson P, Senior R. The prognosis of left ventricular systolic dysfunction in community subjects: a comparison with N-Terminal pro-brain natriuretic peptide. World Congress of Cardiology, Barcelona, 2006. P1391
9. Galasko GIW, Lahiri A, Senior R. The effect of weekly alcohol intake on left ventricular size

- and function. *Heart* 2006; **92 (Suppl II)**: A40
10. Galasko GIW, Lahiri A, Senior R. Ethnic differences in the prevalence and aetiology of left ventricular systolic dysfunction (lvd) in high-risk community subjects. *Heart* 2005; **91 (Suppl I)**: A58
 11. Galasko G, Lahiri A, Barnes S, Collinson P, Senior R. The cost-effectiveness of screening for left ventricular systolic dysfunction in the general population and in high-risk subjects, a comparison of eight potential screening strategies. *Eur Heart J* 2004; **25 (Abstr Suppl)**: 120 [Young Investigator Award, Population Sciences]
 12. Galasko GIW, Lahiri A, Barnes S, Collinson P, Senior R. What is the Most Cost-Effective Strategy to Screen for Left Ventricular Systolic Dysfunction in the Community: Natriuretic Peptides, Hand-Held Echocardiography, The ECG or Their Combination? A Comparison with Traditional Echocardiography. *Heart* 2004; **90 (Suppl II)**: A19
 13. Galasko GI, Senior R, Barnes SC, Collinson P, Lahiri A. A simple clinical risk score to predict left ventricular systolic dysfunction in high-risk members of the general population. *Circulation* 2003; **108 (Suppl IV)**: IV-777
 14. Galasko GI, Lahiri A, Barnes SC, Collinson P, Senior R. Screening for left ventricular systolic dysfunction in the community by use of hand-held echocardiography, N-terminal pro-brain natriuretic peptide or both, a cost-effectiveness analysis. *Circulation* 2003; **108 (Suppl IV)**: IV-715
 15. Senior R, Galasko G, Hickman M, Jeetley P. Community screening for left-ventricular hypertrophy in hypertensive patients using hand-held ultrasonography. *Eur Heart J* 2003; **24(Abstr Suppl)**: 211
 16. Galasko GIW, Senior R, Lahiri A. The prevalence and underlying aetiology of diastolic heart failure in the community? *Heart* 2003; **89(Suppl I)**: A33. Moderated Poster [Highest Ranking Abstracts – after Judges Choice Section]
 17. Galasko GIW, Senior R, Lahiri A. The prevalence of diastolic heart failure in the community. *J Am Coll Cardiol* 2003; **41 (Suppl A)**: 149A
 18. Galasko GIW, Barnes S, Gaze D, Collinson P, Senior R, Lahiri A. What is the normal range for N-terminal pro-brain natriuretic peptide levels in the community? *J Am Coll Cardiol* 2003; **41 (Suppl A)**: 222A
 19. Galasko GIW, Lahiri A, Senior R. Is wall motion score index a valid measure of left ventricular systolic dysfunction in the normal population? *Circulation* 2002; **106 (Suppl II)**: II-557
 20. Galasko GIW, Lahiri A, Senior R, Trawinski J, Baumann M. Can natriuretic peptides screen for left ventricular diastolic dysfunction in the community? *Eur Heart J* 2002; **23(Abstr Suppl)**: 80
 21. Galasko GIW, Senior R, Lahiri A. Modelling left ventricular dysfunction in the community setting. *Eur Heart J* 2002; **23(Abstr Suppl)**: 79

22. Galasko GIW, Lahiri A, Senior R. Is wall motion score index a valid measure of left ventricular systolic dysfunction in the normal population? *Heart* 2002; **87(Suppl II)**: 26
23. Galasko GIW, Senior R, Lahiri A. The prevalence and aetiology of left ventricular systolic dysfunction in a multi-ethnic community? *Heart* 2002; **87(Suppl II)**: 15
24. Galasko GIW, Lahiri A, Trawinski J, Baumann M, Senior R. Can natriuretic peptides screen for left ventricular diastolic dysfunction in the absence of left ventricular systolic dysfunction in the community? *Heart* 2002; **87(Suppl II)**: 12
25. Galasko GI, Senior R, Lahiri A. A simple model to predict left ventricular systolic dysfunction in a multi-ethnic community. *J Am Coll Cardiol* 2002; **39(Suppl A)**: 176A
26. Galasko GIW, Lahiri A, Senior R. Portable echocardiography: an innovative tool for community based heart failure screening programmes. *Circulation* 2001; **104(Suppl II)**: II-334
27. Galasko GIW, Basu S, Lahiri A, Senior R. A prospective comparison of echocardiographic ejection fraction and wall motion score index with radionuclide ejection fraction in predicting outcome following acute myocardial infarction. *Eur Heart J* 2001; **22(Abstr Suppl)**: 73
28. Galasko GIW, Senior R, Lahiri A. Left ventricular systolic dysfunction: its community prevalence, aetiology and underlying risk factors in a multi-ethnic community. *Eur Heart J* 2001; **22(Abstr Suppl)**: 712
29. Galasko GIW, Lahiri A, Senior R. Portable echocardiography - an innovative tool in the assessment of left ventricular dysfunction in the community. *Eur Heart J* 2001; **22(Abstr Suppl)**: 706. Invited for presentation in a Featured Research Session.
30. Galasko GIW, Lahiri A, Senior R. Portable echocardiography: an innovative tool in the assessment of heart failure in the community. *Heart* 2001; **85(Suppl I)**: 27
31. Galasko GIW. Asymptomatic left ventricular dysfunction: its community prevalence and aetiology – the Harrow Heart Failure Watch – an interim analysis. Accepted as a “showcase submission” to the Association of University Departments of General Practice Annual Scientific Meeting, February 2001
32. Jordan SJ, Galasko G, Padley S, Goldstraw P, Evans TW. ARDS following lobectomy: a unilateral phenomenon? *Thorax* 1999
33. Jordan SJ, Galasko G, Padley S, Goldstraw P, Evans TW. ARDS following lobectomy presents in the contra-lateral lung. *Intensive Care Society* - London 1999
34. Cooke F, Galasko G, Ramrakha V, Richards D, Rose A and Watkins J. Medical Students in General Practice Consultations. How do patients feel? Poster presentation at the Association of University Departments of General Practice Annual Scientific Meeting, July 1994

Journals Refereed

Am J Cardiol, BMC Cardiovascular Disorders, Circulation, Circulation – Heart Failure, Eur J Cardiothorac Surg, Eur J Echo, Heart, Int J Cardiol, J Inv Cardiol

I have examined a PhD thesis for the University of Glasgow on Coronary Microvascular Flow

PROFESSIONAL MEMBERSHIPS:

British Cardiovascular Society

British Cardiovascular Intervention Society

British Medical Association

Royal College of Physicians (UK)

Medical Protection Society

I am fully GCP Compliant