

Identity: Klaus Witte

Title: Senior Lecturer in Cardiology

Family Name(s): Witte

First Name(s): Klaus

Age: 52

Photo:**Application for the following position in the HFA Board or Nominating Committee:**

Ordinary Board member

Place of work

If you work in multiple places, please provide the one where you spend the most time or that you consider to be your main place of practice.

Institute/organisation: University of Leeds

Department: LICAMM

Address: Clarendon Way

Post code / Zip: LS2 9JT

Country: GB

General Curriculum Vitae (500 words max)

Please also include your H index and top 5 to 10 publications in the last 5 years

H index 56 and >12000 citations.

Gierula J, Lowry JE, Paton MF, Cole CA, Byrom R, Koshy AA, Chumun H, Kearney LC, Straw S, Bowen TSE, Cubbon RM, Keenan AM, Stocken DD, Kearney MT, Witte KK. Personalised rate-response programming improves exercise tolerance after six months in people with cardiac implantable electronic devices and heart failure: a phase II study. *Circulation* 2020;141:1693-1703. doi: 10.1161/CIRCULATIONAHA.119.045066

Garnham JO, Roberts LD, Espino-Gonzalez E, Whitehead A, Swoboda PP, Koshy A, Gierula J, Paton MF, Cubbon RM, Kearney MT, Egginton S, Bowen TES, Witte KK. Chronic heart failure with diabetes mellitus is characterized by a severe skeletal muscle pathology. *J Cachexia Sarcopenia Muscle* 2020;11:394-404. doi: 10.1002/jcsm.12515

Witte KK, Lipiecki J, Siminiak T, Meredith IT, Malkin CJ, Goldberg SL, Stark MA, von Bardeleben RS, Cremer PC, Jaber WA, Celermajer DS, Kaye DM, Sievert H. REDUCE FMR: A randomized sham controlled study of percutaneous mitral annuloplasty in functional mitral regurgitation. *JACC-HF* 2019;7:945-55

Straw S, Byrom R, Gierula J, Paton MF, Koshy A, Cubbon R, Drozd M, Kearney M, Witte KK. Predicting one-year mortality in heart failure using the 'Surprise Question': a prospective pilot study. *Eur J Heart Fail* 2019;21:227- 234 (with editorial)

Gierula J, Cubbon RM, Paton MF, Byrom R, Lowry JE, Winsor S, McGinley M, Sunley E, Pickles E, Kearney LC, Koshy A, Slater TA, Chumun H, Jamil HA, Bailey K, Barth JH, Kearney MT, Witte KK. Prospective evaluation and long term follow up of patients referred to secondary care based upon natriuretic peptide levels in primary care. *Eur Heart J Qual Care Clin Outcomes* 2019;5:218-224

Gierula J, Paton MF, Lowry JE, Jamil HA, Byrom R, Drozd M, Garnham J, Cubbon RM, Cairns DA, Kearney MT, Witte KK. Optimised rate-response programming tailored to the force-frequency relationship improves exercise tolerance in patients with chronic heart failure. *JACC-HF* 2018;6:105-13

Witte KK, Drozd M, Walker AMN, Patel PA, Kearney JC, Chapman S, Sapsford RJ, Gierula J, Paton MF, Lowry JE, Kearney MT, Cubbon RM. Mortality reduction associated with beta-adrenoceptor inhibition in chronic heart failure is greater in patients with diabetes mellitus. *Diabetes Care* 2018;41:136-42 (with editorial)

Morgan JM, Kitt S, Gill J, McComb JM, Ng GA, Raftery J, Roderick P, Seed A, Williams SG, Witte KK, Wright DJ, Harris S, Cowie MR. Remote management of heart failure using implantable electronic devices. *Eur Heart J* 2017;38:2352-2360

Jamil HA, Gierula J, Paton MF, Byrom R, Lowry JE, Cubbon RM, Cairns DA, Kearney MT, Witte KK. Chronotropic incompetence does not limit exercise capacity in chronic heart failure. *J Am Coll Cardiol* 2016;67:1885-96 (with editorial)

Witte KK, Byrom R, Gierula J, Paton MF, Jamil HA, Lowry JE, Gillott RG, Barnes SA, Chumun H, Kearney LC, Greenwood JP, Plein S, Law GR, Pavitt S, Barth JH, Cubbon RM, Kearney MT. Effects of vitamin D on cardiac function in patients with chronic heart failure: The VINDICATE Study. *J Am Coll Cardiol* 2016;67:2593-60 (with editorial)

I have been a Senior Lecturer in Cardiology at the University of Leeds and a Consultant Cardiologist at Leeds Teaching Hospitals NHS Trust since February 2008, leading the heart failure unit especially in the field of devices, and pathway development. During that time the clinical unit grew to include 7 consultant cardiologists, 6 hospital-based specialist nurses and a team of 15 community heart failure nurses providing a secondary care clinical heart failure service to a population of 750,000 and tertiary care to 3.5 million.

I am proud that simultaneously I developed my own multi-disciplinary team of researchers. I have secured NIHR funding for four allied-health-professionals, British Heart Foundation funding for a clinical fellow and have formed a unique collaboration with industry (Medtronic-University of Leeds PhD program) which funded three PhD fellows. My team of cardiac physiologists (Gierula/Paton/Lowry), previously awarded the Excellence in Healthcare R&I category of the Healthcare Scientist Awards have all proceeded to achieve PhDs and two have moved on to Academic Leadership roles of their own funded by NIHR awards. My work in basic and translational sciences led to career-developing grants for three non-clinical scientists at the University of Leeds (Ferguson BHF-2019, Taylor MRC-NIRG-2019, Bowen MRC-NIRG-2019). We have previously achieved an ESC Travelling Fellowship for one of our research-active nurses to spend time with Professor Jaarsma in Sweden, which will kick-start her research career.

In 2017, I completed an MSc in Health Research (to merit) which included modules in statistics, study design and data management. I have published >150 peer-reviewed articles (H-index 47), supervised 7 PhDs to completion along with 4 BSc, 2 MRes, and 2 MSc (all firsts/merit) and secured >£4.5million in research income in the UK.

In 2021 I was appointed to a Chair in Cardiac Device Therapy at the RWTH, Aachen, the largest technical university in Germany and, using my experience in the UK adapted to the German system, I am providing opportunities for medical students, young clinicians and allied health professionals to develop their own portfolios of experience and research. In addition to working collaboratively across the interregio area of Belgium, the Netherlands and Germany, the links with my group in the UK are providing a rich environment for patient-relevant, basic, translational and clinical research. Over the last three years, I have supported research-active clinicians in device therapy, electrophysiology and structural work, leading to a wide range of publications and career-enhancing moves within the EU. In 2023 I was part of a team that led the development of a EU-Horizons grant to develop palliative care across Europe for heart failure patients. This ~€8million award of which >€800,000 will come to Aachen contributed to a total grant income of >€1.5million to Aachen in less than three years.

My approach to clinical medicine and research has always been driven by questions raised by patients or carers. My ultimate aim is to improve QoL in HF locally and globally by addressing its primary driver: exercise incapacity, underpinned by strong evidence and trials using study designs reflecting clinical practice in a thriving multi-disciplinary team-based environment with a motto embraced by the whole team of 'making each heartbeat the best it can be'.

The main thrust of my groups' research is therefore twofold. We explore ways to optimise and personalize the application of existing device and medical therapy especially in patients at highest risk: those with diabetes mellitus and heart failure. We have a strong interest in the pathophysiology of the syndrome with a focus on peripheral contributors to symptoms and how these might be modified. Finally, my own interests in cost-effectiveness of medical and device therapies have led to a series of appointments in the committees of the National Institute of Health and Care Excellence which in the last two years alone led to the approval of implantable loop recorders to detect atrial fibrillation to prevent strokes, and also to a wide approval for SGLT-2 inhibitors for heart failure.

Describe previous experience within the HFA, ESC and/or your National Cardiac/ HF Society

150 words maximum

Aswell as being a member of HFA, I am also a fellow of EHRA and have recently completed the EHRA examination in cardiac pacing.

I am a founding member of the British Society of Heart Failure and I am on the heart failure and ethics working groups of the German Cardiac Society.

Why are you motivated to join the HFA Board or Nominating Committee?

150 words maximum

I believe my research and leadership roles spanning two countries, and my clinical work, spanning device and medical therapy and the epidemiology of heart failure, provide me with a unique perspective which I think would augment the excellence already represented on the Board.

I view training the next generation of heart failure physicians and allied health professionals as a key mission developing teams that combine expertise in medical therapy and device implantation and programming.

My broad knowledge of the field, coupled with my experience of pathway development, the national and international approvals processes for medical and device therapy, the clinical and academic development of medical and allied health professionals and my past and current management roles put me in a strong position to help the Heart Failure Association grow stronger and remain a leading force in clinical, research and training across Europe and more widely.

How will you combine your HFA position with your daily clinical/research workload?

80 words maximum

The University of Leeds and the School of Medicine particularly, along with my clinical workplace (Leeds Teaching Hospitals NHS trust) have a strong sense of responsibility to mentor faculty into leadership roles. At present I combine research (60%) with clinical leadership and clinical activities (40%). I have discussed this with mentors and the team, and see no challenges in delivering my workload if elected to the Board.