CURRICULUM VITAE

NAME: William Nigel PATTON

NATIONALITY: Dual UK/New Zealand

MARITAL STATUS: Married, 3 children.

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GENERAL EDUCATION: Cabin Hill Preparatory School, Knock, Belfast
Entrance Scholarship Campbell College;
Davis Cup for Classics;

Campbell College, Belfast.
4 grade A 'A' levels;
Chemistry Prize;
1st X1 Cricket 1970-1973;

QUALIFICATIONS:

(a) **B.Sc. Hons** (Med Sci) Bacteriology (Univ. of Edinburgh, 1976).

Thesis: Epidemiological Aspects of Hepatitis B Virus

(b) **M.B. Ch.B.** (University of Edinburgh, 1979).

Distinction, Bacteriology, 1977

Student Elective : All Saints Hospital,Transkei,S Africa

General interests: cricket, rugby, E.U.U. Committee of Management.

(c) **M.R.C.P.(U.K.)** March 1983.

(d) **M.R.C.Path.** June 1987. **Fellow** 1997

(e) **Accreditation in Haematology with JCHMT** 1988.

(f) **M.D.(Edin).** 1995.

(g) **F.R.C.P.A.** 1997.

(h) **F.R.A.C.P.** 2004.

(i) **Statistics in Medicine** 2017. (Stanford Online;
Certificate of achievement with Distinction).

MEDICAL REGISTRATIONS: **Medical Council of New Zealand; No.20058**

Medical Board Of South Australia; No. 18696

PRESENT APPOINTMENT: **Research Physician**, **Christchurch Clinical Studies Trust.**

PREVIOUS APPOINTMENTS:

12) CONSULTANT HAEMATOLOGIST,

Auckland District Health Board, Auckland, NZ
September 2008 – Dec 2016 8 years

11) SENIOR STAFF HAEMATOLOGIST,

Institute Of Medical And Veterinary Science, Division of Haematology.
South Australia, June 2006 – September 2008 2 1/3 years

10) CONSULTANT CLINICAL AND LABORATORY HAEMATOLOGIST,

Canterbury Health Laboratories,
Honorary Lecturer, University of Otago.
Feb 1994- June 2006. 12 years

9) CONSULTANT HAEMATOLOGIST July 1992-Feb 1994
South Birmingham Health Authority.
Honorary Senior Lecturer, University of Birmingham 20 months

8) LECTURER IN HAEMATOLOGY 1.8.90 - 30.6.92
Department of Haematology, Univ of Birmingham. 23 months

7) CLINICAL RESEARCH FELLOW 1.4.89 - 31.7.90
Department of Immunology, Univ. of Birmingham. 16 months

6) SENIOR REGISTRAR IN HAEMATOLOGY 1.6.85 - 31.3.89
West Midlands RHA. 3 years 10 months

5) REGISTRAR IN HAEMATOLOGY 18.8.83 - 31.5.85
West Midlands RHA. (pop. 5 million) 22 months

4) REGISTRAR IN MEDICINE 1.8.81 - 17.8.83

Victoria Hospital, Kirkcaldy, Fife. 2 years

3) S.H.O. IN MEDICINE 1.9.80 - 31.7.81
Royal Liverpool Hospital 11 months

2) HOUSE OFFICER IN MEDICINE 1.2.80 - 31.7.80
Milesmark Hospital, Fife. 6 months

1) HOUSE OFFICER IN SURGERY 1.8.79 - 31.1.80
Taunton and Somerset Hospitals. 6 months

EXPERIENCE

i) General Medicine

My pre-registration posts were deliberately chosen in district general hospitals without specialist units to provide broadly based clinical experience. Having decided at this stage to pursue a career in haematology, I opted for a medical SHO post incorporating haematology in a teaching hospital. The Liverpool haematology unit(Prof. AJ Bellingham and Dr BA McVerry) had 18 beds and at the time was the largest single contributor to UK MRC trials. Extensive clinical experience was gained in all aspects of adult haematology, including haemophilia and cell separator work, but especially supportive care for bone marrow failure. This experience confirmed my intentions to pursue a career in haematology, after completion of general professional training. This first SHO post also offered general teaching hospital experience and specialist experience in dermatology (Prof CHF Vickers) and geriatrics (Prof GL Mills). This was complemented by two years as a general medical registrar in a district general hospital, which was linked to Edinburgh University Department of Medicine. This post enabled me to complete the MRCP diploma and three years general professional training. On-call duties were 1/3 and familiarity with all common practical procedures was obtained, with some limited experience in echo-cardiography and upper GI endoscopy. Specialist interests included endocrinology, especially diabetes(Dr IW Campbell), cardiology (Dr DM Lawrie), and gastroenterology (Dr AWM Smith). I was involved in a major research project studying intermediary metabolism in diabetic patients on metformin and in a multicentre trial studying the role of early B-blockade in acute myocardial infarction.

ii) Haematology

My first specialist post as a haematology registrar was for 12 months at East Birmingham Hospital, a large DGH with 1000 beds linked to Birmingham University. The haematology unit was housed in new purpose-built premises with 10 isolation beds and averaged a bed occupancy of 10.4 and 80 outpatient attendances in the two general haematology clinics. The consultants were Dr MJ Leyland and Dr OHB Gyde. Experience included daily supervision of ward patients, operation of general hospital referral and marrow diagnostic service including trephine biopsies (average 15-20 marrows/wk), operation of cell separator service, 3 clinics/wk, resident 1/3 on call duties, supervision of laboratory output, organisation of weekly morphology/unit meetings and monthly lymphoma histology meetings, MRC trial documentation, and initial exposure to coagulation, blood banking, and red cell labelling techniques. Of particular value were the close ties with a) Prof A.M. Geddes of the infectious diseases department in the management of infections in immunocompromised patients, and b) Dr J. Crocker, a histopathologist with an interest in lymphomas.

My next registrar post at Selly Oak Hospital, Birmingham (9 months, Dr JA Murray)provided more opportunity for laboratory training which included half day release sessions for attendance at the specialist QEH coagulation and other laboratories, experience in maternity related haematology, microbiological B12 and folate assays, isoelectric focusing for Hb separation, automated cell counting (Technicon H6000),

laboratory computerisation, and the performance of laboratory on-call duties. Clinical duties of similar nature were continued (1/2 on call, reverting to 1/1 during periods of consultant leave).

These were followed by appointment as a Senior Registrar in the WMRHA Training Scheme in Haematology, the first secondment being to the Coventry Hospitals (2000 beds) for 16 months (Dr RI Harris, Dr MJ Strevens and Prof NK Shinton). This fully independent unit offered further experience in haemophilia treatment, marrow autografting, lymphoma management, cell separator work, and an introduction to allogeneic marrow transplantation. Laboratory training continued and several clinical studies were undertaken using the recently introduced Technicon H1 Analyser. On call commitments were 1/3 resident on-call.

My 6 months at the West Midlands Blood transfusion service(Dr FA Ala) provided the opportunity for formal training in Blood Transfusion and related subjects and permitted time for personal study for the MRCPath examination. In addition experience was gained in the other regional and supra-regional specialist services provided at this centre, the frozen blood bank, marrow cryopreservation, tissue typing, ante-natal serology and the management of pregnancies affected by HDN in conjunction with the Birmingham Maternity Hospital. This training in Blood Transfusion has obviously been supplemented with experience in hospital blood banking acquired during my various hospital attachments.

The next 6 months were spent at the Birmingham Children's Hospital which provides a regional speciality service for paediatric haematology and oncology, treating approximately 35-40 new cases of leukaemia per year (Dr FGH Hill and Dr PJ Darbyshire). Clinical duties in this new area were considerable and included on-call cover for the haematology and oncology units in addition to senior cover for the haematology laboratory. Extensive experience was gained in the management of children with leukaemia, inherited coagulation disorders, haemoglobinopathies especially sickle cell disorders, thalassaemia, and some experience in inherited immune deficiency syndromes and other rare haematological disorders. Marrow transplant experience included involvement in the shared aftercare of local patients referred for allogeneic BMT to centres in London. I completed the final MRCPath. examination in this post.

My next attachment was to the combined haematology departments of the Queen Elizabeth and Birmingham Maternity Hospitals for 18 months. This unit incorporates the Professorial Department of Haematology of the University of Birmingham and is a regional bone marrow transplant, haemophilia, plasmapheresis and sickle cell disorder centre (Prof J Stuart, Dr BJ Boughton, Dr IM Franklin and Dr FGH Hill). Additional clinical haematology experience gained in this post included allogeneic and autologous bone marrow transplantation (25-30 cases/year), adult sickle cell disease, management of haemophiliacs with HIV related problems including AIDS, neonatal and obstetric haematology, the haematological problems of liver disease/ transplantation, and further cell separator experience including peripheral blood stem cell collection, a regional plasmapheresis service for renal and neurological disorders and extracorporeal immunoadsorption for haemophiliacs with inhibitors. On-call commitments were 1/3 as the senior haematologist on-call.

My next attachment was as Clinical Research Fellow within the Birmingham University Department of Immunology working on the development and characterisation of haemopoietic progenitor cell populations isolated from human fetal liver. This research was submitted as a thesis for my MD in July 1993. Clinical skills were maintained by the performance of regular clinics and senior on-call duties within the Queen Elizabeth Hospital department of Haematology. During this appointment additional duties included responsibility for the Department of Immunology Regional Immunophenotyping Service during Professor Maclennan's absence.

My next post was as Clinical Lecturer within the Birmingham University Department of Haematology. Clinical duties to QEH covered 50% of the time in this post excluding my senior on call commitment. The remainder involved considerable teaching/examination/administrative duties in addition to the pursuit of my research interests. However, due to the secondment of two consultant staff on management duties (Professor

Stuart and Dr IM Franklin) and the prolonged absence on special leave of the third (Dr BJ Boughton), I had to frequently provide additional consultant cover often when the three consultants were away at the same time.

My next post was as consultant haematologist to the acute unit of South Birmingham Health Authority which provides adult acute services for its district population of 460,000 and also regional services on behalf of the West Midlands Region (population 5 million). The haematology services, which were undergoing rationalisation, were located within 3 hospitals, the Queen Elizabeth and Selly Oak hospitals mentioned above and the General Hospital, Birmingham and were provided by a team of four consultants namely Dr JA Murray(SOH and Clinical Director), Dr BJ Boughton(QEH), myself (GHB,QEH and SOH) and Dr J Wilde, a recently appointed consultant in haemostasis at the QEH. (Professor J Stuart no longer undertook NHS sessions, Dr IM Franklin, the previous BMT unit director, had left SBHA and had been appointed Director of the Scottish Bone Marrow Transplant Unit in Glasgow and DR FGH Hill, following Dr Wilde's appointment, no longer provided haemophilia sessions for the acute unit). The combined acute unit consultant staff also provide training for senior registrars (3; 2 NHS and 1 Lecturer) and registrars (3) in haematology and continued to contribute to the undergraduate teaching of haematology. In addition to my appointed duties at GHB and SOH I undertook most of the workload previously undertaken by Dr IM Franklin, acting as consultant to the BMT and general haematology service at the QEH, consultant in charge of the sickle cell service and as haemophilia co-director until the appointment of Dr Wilde on 1/11/92. As a result my workload pattern was divided between 3 sites and, as in my time in the Lecturer's post, was somewhat hectic and unsatisfactory. This prompted a decision to move elsewhere.

My next post was as consultant haematologist to Christchurch Hospital, a tertiary haematology referral centre for the South Island of New Zealand. Five consultants and 4 specialist registrars were in post and a sixth consultant position (new vacancy) had been advertised. The Christchurch Hospital Department of Haematology is blessed by having all specialist facilities on site, by not having any competing tertiary hospital in the near vicinity and by having a proud record of achievement. Routine duties included roster cover for haematology in-patient service, on-call, new patient referrals, hospital consults, laboratory and temporary cover when required for haemosatasis and transfusion medicine. Special areas of responsibility included Directorship of the BMT programme (45 transplants in my last year), supervision of the Surface Marker and Bone marrow processing laboratories, Deputy Directorship of Laboratory Haematology, and, following the departure of Professor Hart, appointment as Co-director (with Professor Justin Roake) of the Haematology Research Group. Developments in the transplant programme since my arrival included increases in transplant numbers including the introduction for SCT in myeloma and expansion of previously relative conservative indications for unrelated SCT, the introduction of convenient templates for BMT protocols and discharge summaries, several extensions and revisions of our BMT protocol book, the introduction of busulphan dose adjustment, the rapid introduction of reduced intensity transplants and the development of Fungal PCR for aspergillus species along with therapeutic drug monitoring for voriconazole. During this time I chaired the NZ BMT study group and co-ordinated the 2002 National Indications for Haematopoietic Stem Cell Transplantation Document and campaigned for national access to core services associated with transplant delivery.

My next post was as Senior Staff Haematologist (with honorary appointment to the University of Adelaide) to the Instistute of Medical and Vetinary Science and Clinical Department of Haematology of the Royal Adelaide Hospital which provide a comprehensive tertiary level service for central and northern Adelaide and South Australia including parts of neighbouring states and territories. The department was in a state of change as a result of strategic planning and consultant departures and retirements and my role evolved over this period. Managerial and leadership responsibilities included: Co-chair Clinical Management Team (with Ian Lewis); Deputy chair BMT group / liaison clinician with CIBMTR; Head Clinical Trials Group (annual budget > AUD500k); Local Principal Investigator for various clinical studies; Head Haemoglobinopathy Service; Joint co-ordinator of registrar training and undergraduate teaching; deputising chair for multidisciplinary lymphoma clinic; and appointment to local ethics committee. Duties were largely clinical with 1/3 weeks per year on ward service/on call. Laboratory duties and responsibilities were minimal with

some on call periods as duty laboratory haematologist. Management changes achieved in local practice included promotion of a greater collegial style within the department, smarter workforce initiatives for outpatient management, participation in planning groups for the establishment of SA Pathology (which replaced IMVS), obtaining sponsorship for the introduction of chemotherapy templates, the introduction of more robust and transparent processes for assessing patients for stem cell transplantation, better liaison with CIBMTR, introduction of a mechanism for clinical protocol review, measures to improve recruitment of haematology trainees by employing medical students to work part time in clinical trials office, organising awareness sessions and obtaining sponsorship for an undergraduate student prize in Haematology. Teaching initiatives included the introduction of daily case vignettes for students on our haematology clinical attachments. Clinical initiatives included a complete overhaul of the Haemoglobinopathy Service, revision of the management protocol for Hodgkin's disease, the introduction of IV busulphan for use in ablative SCT conditioning regimens and facilitating arrangements for access to several clinical trials. Research activity was largely opportunistic and related to iron overload and individual patients under my care (see publications).

My last position was as haematologist to ADHB, the tertiary provider for haematology for the upper part of the North island of NZ. I was in this post for 8 years, having taken over the clinical practice of two retiring part time consultants who had handed over their clinical leadership and management responsibilities. My main leadership role was as lead clinician of the adult Bone Marrow Transplant Service, the largest in the country, currently performing 100 transplants per year. In addition I covered additional clinical duties as a tertiary centre haematologist, as outlined in service elsewhere. I was heavily involved in clinical protocol development and maintenance within the BMT programme and in our unit's re-application for FACT accreditation. I introduced a haplo-identical transplant program at ADHB. Representative committees included ADHB's Research Review and Anti-microbial Stewardship Committees and the Anti-infective and Haematology subcommittees of Pharmac. I retained an interest as principal and co-investigator for many clinical trials and developed a relationship as a haematologist with the independent Phase 1 clinical trial unit, Auckland Clinical Studies (ACS).

In Auckland I also had limited part time roles as a Laboratory Haematologist with Labtests Auckland and in a private practice set up by myself.

I resigned from my roles in Auckland in December 2016 to resolve earthquake claim issues and to pursue family interests and work opportunities in my home city of Christchurch.

I joined Christchurch Clinical Studies Trust (CCST) in February 2017 to utilise my collective skills and experience in the conduct of clinical trials. This is a successful phase 1 clinical trials unit set up by Dr Richard Robson nearly 20 years ago. Dr Robson is reducing his clinical commitments and Dr Chris Wynne is the medical director. I am developing clinical pharmacology and further early phase clinical trial skills to complement my previous experience in order to maintain senior medical expertise within CCST. Of interest has been the wide variety of IMPs under study and the appreciation of the potential application of new agents across many different clinical disciplines. During this time I have completed (with distinction) a Stanford Online course on Statistics in Medicine and I am hoping to maintain Haematological expertise with some part time appointments elsewhere, such as CDHB and/or limited private practice.

iii) <u>Teaching Experience</u>

i) Tutor in Bacteriology, Edinburgh University Medical School, 1977.

ii) Informal tutorials to undergraduate medical students while working at Milesmark, Royal Liverpool, Victoria, East Birmingham, Selly Oak, Coventry and Warwickshire, Birmingham Children's, Queen Elizabeth, Christchurch, Royal Adelaide and Auckland City hospitals.

iii) Principle haematology lecturer to undergraduate medical and dental students of the University of Birmingham. This included the organisation of 30 undergraduate lectures, 36 tutorials, participation in 2nd, 3rd and 4th year examinations and involvement in the curriculum review process. Other administrative duties included the organisation of our departmental seminar programme and journal club and assistance with the MRCPath examination held in this centre. Previous roles as Haematology Convener Christchurch School of Medicine and University of Adelaide (jointly with Dr J Lloyd).

iv) Formal lectures to nurses, post graduate doctors and dentists, polytechnic students and pharmaceutical company representatives.

v) Informal tutorials to postgraduate examination candidates and more junior members of staff in clinical and laboratory haematology.

iv) Professional Society Memberships

Medical Protection Society.

Royal College of Physicians of London.

Royal College of Pathologists.

Royal College of Pathologists of Australasia.

Royal Australasian College of Physicians

American Society of Haematology.

Haematology Society of Australia and New Zealand.

Australasian Leukaemia Lymphoma Group

Bone Marrow Transplant Society of Australia and New Zealand.

American Society for Blood and Marrow Transplantation.

v) Current / Previous Representative Committees

Current Haematology and Anti-infective (and former Tender) subcommittees of Pharmacology and Therapeutics Advisory Committee of PHARMAC (Pharmaceutical Management Agency).

Member Research Committee Auckland District Health Board

Member Anti-microbial Stewardship Committee Auckland District Health Board

Member Ethics Committee Royal Adelaide Hospital

Previous Chairman of Bone Marrow Transplant Study Group, NZ branch of HSANZ.

Previous Management committee of Bone Marrow Transplant Society of Australia and New Zealand.

Member NZ drug advisory boards for Roche, Pfizer, Jannsen-Cilag; Australian/Asia-Pacific advisory boards Novartis and MSD.

Previous Trustee Bone Marrow Cancer Trust., Christchurch, NZ

Edinburgh University Union Committee of Management

vi) Present professional and research interests

i) Infection in immunocompromised patients.

ii) The diagnosis of haematological malignancy and related disorders.

iii) Gaining access to new and innovative therapies for patients through clinical trials.

I have been involved in conduct of clinical haematology trials since 1983 in various roles up to level of principal investigator at the time of consultant appointment. These have been under the auspices of medical collaborative groups such as the former UK Medical Research Council and now the National Cancer Research Institute and the Australasian Leukaemia and Lymphoma Group and various pharmaceutical companies. These have included phase 1, 2 and 3 studies and have covered a broad range of haematological disorders including AML and MDS, ALL, CML, CLL, myeloma, low, intermediate and high grade lymphomas, Hodgkin's lymphoma, PRV and ET.

iv) The properties of haematopoietic stem cells and their applications in clinical practice.

v) The role of soluble co-stimulatory molecules in haematological malignancies.

vi) Assessment and treatment of iron overload.

vii) Journal Reviewer

Articles have been reviewed for: Blood, Bone Marrow Transplantation, Internal Medicine Journal, New Zealand Medical Journal, Pharmacoepidemiology and Reserachreview.co.nz

viii) Publications

Peer reviewed papers:

57) Paolo Ghia, Lydia Scarfò, Susan Perez, Kumudu Pathiraja, Martha Derosier, Karen Small, Christine McCrary Sisk and **Nigel Patton.** Efficacy and safety of dinaciclib versus ofatumumab in patients with relapsed/refractory chronic lymphocytic leukemia. Blood 2017 129:1876-1878; https://doi.org/10.1182/blood-2016-10-748210.

56) WN Patton, Ian Nivison-Smith, Peter Bardy et al**,** Graft transit time has no effect on outcome of unrelated donor haematopoietic cell transplants performed in Australia and New Zealand: a study from the Australasian Bone Marrow Transplant Recipient Registry. Biol Blood Marrow Transplant 2017; 23:147–152. http://dx.doi.org/10.1016/j.bbmt.2016.09.026

55) M Kenealy, **Nigel Patton**, R Filshie, Andrew Nicol, Shir-Jing Ho, Mark Hertzberg, Tony Mills, Ian Prosser, Emma Link, Linda Cowan, Diana Zannino & John F. Seymour: Results of a phase II study of thalidomide and azacitidine in patients with clinically advanced myelodysplastic syndromes (MDS), chronic myelomonocytic leukemia (CMML) and low blast count acute myeloid leukemia (AML). Leukemia and Lymphoma, 2016; 58:298-307. http://dx.doi.org/10.1080/10428194.2016.1190971

54) William Nigel Patton, Robert Lindeman, Andrew C. Butler, Thomas J. Kipps, Roxanne C. Jewell, Kevin H. Laubscher, YanYan Zhou , Eric Lewis, Donna Sedoti, Philip Witman, Lei Fang & Geoffrey Chan. An open-label, single-arm, phase 1 study to assess biomarker effects, effi cacy and safety of ofatumumab in patients with refractory chronic lymphocytic leukemia. Leukemia and Lymphoma, 2015;56:2819-2825. http://dx.doi.org/10.3109/10428194.2015.1014357

53) Chan Y Cheah, Kate Burbury, Jane F Apperley, Francoise Huguet, Vincenzo Pitini, Martine Garembas, David Ross, Donna Forrest, Phillipe Genet, Phillipe Rousselot, **Nigel Patton,** Graeme Smith, Cynthia Dunbar, Sawa Ito, Ricardo CT Aguiar, Olatoyosi Odenike, Alla Gimelfarb, Nicholas C P Cross, and John F Seymour. Patients With Myeloid Malignancies Bearing *PDGFRB* Fusion Genes Achieve Durable Long Term Remissions With Imatinib. Blood, 2014;123:3574-3577. doi: https://doi.org/10.1182/blood-2014-02-555607.

52*)* Pettengell R, Schmitz N, Gisselbrecht C, Smith G, **Patton WN** , Metzner B et al. Rituximab Purging and/ or Maintenance in Patients Receiving an Autologous Transplant for Relapsed Follicular Lymphoma: A prospective trial from the Lymphoma Working Party of the European Group for Blood and Marrow Transplantation. J Clin Oncol, 2013;31:1624-30.

51) Brown GC, **Patton WN**, Tapp HE, Taylor DJ and T. G. St Pierre. Spin density projection-assisted R2 magnetic resonance imaging of the liver in the management of body iron stores in patients receiving multiple red blood cell transfusions: an audit and retrospective study in South Australia. Internal Medicine Journal 2012;42:990-996. DOI: 10.1111/j.1445-5994.2012.02845.x

50) Butler A, **Patton, WN**. Iron chelation therapy in myelodysplastic syndromes: We need more evidence, not more guidelines. Internal Medicine Journal 2012;42:481-484. DOI: 10.1111/j.1445-5994.2012.02769.x

49) Patton WN, Brown G, Leung M, Bavishi K, Taylor J, Lloyd J, Lee S-H[1], Tay L, Worthley S. Observational study of iron overload as assessed by magnetic resonance imaging (MRI) in an adult population of transfusion dependent patients with β thalassaemia: significant association between low cardiac T2* <10ms and the occurrence of cardiac events. Internal Medicine Journal. 2010 40(6):419-26. DOI: 10.1111/j.1445-5994.2009.01981.x

48) Ganly PS, Keeman H, Merriman EG, Smith MP, **Patton WN**, Spearing RL, Gibbon SS. Written advice can provide a safe and acceptable alternative to a new patient assessment for selected referrals to haematology. Med J Aust 2008;188:9-12.

47) Feyler S. Prince HM. Pearce R. Towlson K. Nivison-Smith I. Schey S. Gibson J. **Patton N.** Bradstock K. Marks DI. Cook G. The role of high-dose therapy and stem cell rescue in the management of T-cell malignant lymphomas: a BSBMT and ABMTRR study. Bone Marrow Transplantation. 2007; 40(5):443-50.

46) Hock BD, Drayson M, **Patton WN**, Taylor K, Kerr L, McKenzie JL. Circulating levels and clinical significance of soluble CD86 in myeloma patients. Br J Haematol 2006;133:165-172.

45) Hock BD, McKenzie JL, Patton WN, Drayson MD, Taylor K, Wakeman C, Kantarjian H, Giles F, Albitar M. Circulating levels and clinical significance of soluble CD40 in patients with hematologic malignancies. Cancer 2006;106:2148-57.

44) Nieto Y, **Patton WN**, Hawkins T, Spearing RL, Bearman SI, Rabinovitch R, Zeng C, Baron A, McSweeney PA.. Tacrolimus and mycophenolate mofetil after non-myeloablative matched sibling donor allogeneic stem-cell transplants conditioned with fludarabine and low-dose total body irradiation. Biol Blood Marrow Transplant 2006;12:217-225.

43) Chambers ST, Sanders J, **Patton WN**, Ganly P, Birch M, Crump JA, Spearing RL. Reduction of exit-site infections of tunnelled intravascular catheters among neutropenic patients by sustained-release chlorhexidine dressings: results from a prospective randomized controlled trial. J Hosp Infect, 2005;61:53-61.

42) Scotter JM, Campbell P, Anderson TP, Murdoch DR, Chambers ST, **Patton WN**. Comparison of PCR-ELISA and galactomannan detection for the the diagnosis of invasive aspergillosis. Pathology 2005;37;246-253.

41) Hock B, Roberts G, McKenzie J, Gokhale P, Salm N, McLellan, A, **Patton N** and Roake J. The electrofusion process increases the immunogenicity of a colorectal cell line. Cancer Immunology, Immunotherapy 2005;54:880-90.

40) Sullivan M, Browett P, **Patton N**. Private umbilical cord blood banking: a biological insurance of dubious future benefit! New Zealand Med J, 2005;117:no 1208. URL:http://www.nzma.org.nz/journal/118-1208/1260/ © NZMA.

39) Blacklock H, Teague L, **Patton N**, Browett P. Volunteer cord blood banking and transplantation. New Zealand Med J, 2005;117:no 1208. URL:http://www.nzma.org.nz/journal/117-1208/1255/ © NZMA

38) Hock BD, Starling GC, **Patton WN**, Salm N, Bond K, McArthur LT, McKenzie JL. Identification of a circulating soluble form of CD80: Levels in patients with hematological malignancies. Leukemia & Lymphoma, 2004; 45: 2111-2118.

37) Scotter JM, Stevens JM, Chambers ST, Lynn KL, **Patton WN**. Diagnosis of aspergillus peritonitis in a renal dialysis patient by PCR and galactomannan. J Clin Pathol 2004;57:662-4.

36) Hock BD, Haring LF, Steinkasserer A, Taylor KG, **Patton WN**, McKenzie JL. The soluble form of CD83 is present at elevated levels in a number of haematological malignancies. Leukaemia Research 2004;28:237-41.

35) Hock BD, McKenzie JL, **Patton WN**, Haring LF, Yang Y, Shen Y, Estey EH, Albitar M. The clinical significance of soluble CD86 levels in patients with acute myeloid leukaemia and myelodysplastic syndrome. Cancer 2003;98:1681-8.

34) Hock BD, Haring LF, Ebbett AM, **Patton WN**, McKenzie JL. Differential effects of G-CSF mobilisation on dendritic cell subsets in normal allogeneic donors and patients undergoing autologous transplantation. Bone Marrow Transplantation 2002;30:733-740.

33) Hock BD, **Patton WN**, Budhia S, Mannari, D, Roberts P, McKenzie JL. Human plasma contains a soluble form of CD86 which is present at elevated levels in some leukaemia patients. Leukaemia 2002; 16:865-873.

32) McLean FR, Hanley JP, **Patton WN**, Hart DNJ, Langley S, Bayston K. Jeffery GM. Successful high dose therapy for relapsed mediastinal large B cell lymphoma following surgical repair of anterior chest wall defect. Clin Lab Haem 2000; 22: 1-3.

31) Hanley JP, McLean FR, Evans JE, Colls BM, Robinson BA, **Patton WN**, Heaton DC. Hemorrhagic lymphadenopathy as a presenting feature of primary AL amyloidosis. Pathology, 2000; 32: 21-23.

30) Stanworth SJ, Denton K, Monteath J, **Patton WN**. Automated counting of platelets on the Bayer ADVIA 120 analyser. Clin Lab Haematol 1999; 21: 113-117.

29) Vukovic S, Fearnley DB, Cunningham S, Spearing RL, **Patton WN**,
Hart DNJ. Dendritic cells in chronic myelomonocytic leukaemia. Br J Haematol 1999; 105:974-985.

28) Manley R, Monteath J, **Patton WN**. Co-incidental presentation of IgA lambda multiple myeloma and pleural involvement with IgM kappa non-Hodgkin's lymphoma. Clin Lab Haematol 1999; 21:61-63.

27) Manley R, Cochrane J, McDonald M, Rigby S, Moore A, Kirk A, Clark S, Crossen PE, Morris CM, **Patton WN**. Clonally unrelated BCR-ABL-negative acute myeloblastic leukaemia masquerading as blast crisis after busulphan and interferon therapy for BCR-ABL positive chronic myeloid leukaemia. Leukaemia 1999; 13: 126-129.

26) Manley R, Cochrane J, Patton WN, Polyploidy in myelodysplastic syndrome (MDS). Cancer Genet Cytogenet 1998; 106:170-172.

25) Clark FL, Drummond MW, Chambers S, Chapman BA, **Patton WN**.
Successful treatment with lamivudine for fulminant reactivated hepatitis B infection following intensive therapy for high grade non-Hodgkin's lymphoma, Ann Oncol 1998; 9: 385-387.

24) Sorg UB, Morse TM, **Patton WN**, Hock BD, Angus HB, Robinson BA, Colls BM, Hart DNJH. Hodgkin's cells express CD83, a dendritic cell lineage associated antigen. Pathology 1997: 29: 294-299.

23) Snowden JA, **Patton WN,** O'Donnell JL, Hannah EE, Hart DNJH.
Prolonged remission of longstanding systemic lupus erythematosis after autologous bone marrow transplant for non-Hodgkin's lymphoma. Bone Marrow Transplantation 1997; 19: 1247-1250.

22) Snowden JA, Hutchings M, Spearing R, **Patton WN**. Acquired high titre factor VIII inhibitor with underlying polyarteritis nodosa. Pathology 1997; 29: 221-223.

21) Hill GR, Hickton C, Henderson S, **Patton WN**. The use of low dose orgaran in heparin-induced thrombocytopenia associated with in vitro platelet aggregation at higher orgaran concentrations. Clin Lab Haemat 1997; 19: 155-157.

20) Hill GR, Inder A, **Patton WN,** Hart DNJ. High dose therapy and autologous bone marrow versus blood cell rescue. NZ Med J 1996;109:445-48.

19) Patton WN, Duffull SB. Idiosyncratic Drug-induced Haematological Abnormalities: incidence, pathogenesis, management and avoidance. Drug Safety 1994;11:445-462.

18) Jacob A, Rowlands DC, **Patton WN**, Holmes JA. Chronic granulocytic leukaemia presenting with an extramedullary T lymphoblastic crisis. Br J Haematol 1994;88:435-436.

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50) Expanded Phenotypic and Genetic Heterogeneity in the Clinical Spectrum of FPD-AML: Lymphoid Malignancies and Skin Disorders Are Common Features in Carriers of Germline *RUNX1* Mutations.
AnnaL Brown, ChristopherN Hahn, Catherine Carmichael, Ella Wilkins, Milena Babic, Chan-Eng Chong, XiaoChun Li, Joelle Michaud, Ping Cannon, Nicola Poplawski, Meryl Altree, Kerry Phillips, Louise Jaensch, Miriam Fine, AndreasW Schreiber, Jinghua Feng, Lesley Rawlings, Cassandra Vakulin, Carolyn Butcher, Richard D'Andrea, IanD Lewis, **Nigel Patton**, Cecily Forsyth, Sa lly Mapp, Helen Mar Fan, Rachel Susman, Sue Morgan, Julian Cooney, MarkS Currie, Uday R. Popat, Kenneth Bradstock, AprilD. Sorrell, CarolynJ. Owen, MarshallS Horwitz, Devendra Hiwase, Alwin Krämer, Stefan Fröhling, Lucy A Godley, Jane E Churpek and Hamish S Scott.
Blood 2016 128:1212;

48) Interim analysis of the APML4 trial incorporating *all-trans* retinoic acid, idarubicin, and intravenous arsenic trioxide as initial therapy in acute promyelocytic leukaemia. Harry Iland, Frank Firkin, Shane Supple, Alberto Catalano,John Bashford, Robin Filshie, Andrew Grigg, Mark Hertzberg, John Moore, Phil Rowlings, Kerry Taylor, Campbell Tiley, John Taper, Jeff Szer, John Seymour, **Nigel Patton,** Richard Fisher, Juliana Di Iulio, Jenny Beresford. Asian Oncology Summit 2010. www.asianoncologysummit.com/.../Iland%20AOS2010%20TLO-CO...

47) 8p11 FGFR1 Gene Rearranged Myeloproliferative Disorder Treated With The Investigational Tyrosine Kinase Inhihitor (TKI) Midostaurin. Noutsos T, Frazer R, Moore S, White D, Lanza C, del Corral A, **Patton WN.** Proceedings HSANZ 2008, A324.

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41) Can Written Advice Provide A Safe And Acceptable Alternative To A New Patient Assessment For Selected Referrals To Haematology? Ganly P, Keeman H, Smith M, **Patton WN**, Spearing RL, Gibbons S. 12th Proceedings EHA 2007, abs 0597.

40) Mesenchymal stem cells for treatment of steroid-resistant graft-versus-host disease. S.-J. Ho, P. Dyson, T. Rawling, J. Stevens, **W.N. Patton**, L.B. To, I. Lewis Biology of Blood and Marrow Transplantation February 2007 (Vol. 13, Issue 2, Pages 46-47).

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Papers and posters have been presented at the British Society for Haematology, the American Society of Haematology, the Haematology Society of Australia and New Zealand, the UK red cell club, the European Bone Marrow Transplant Group, the Lugano International Conference on Malignant Lymphoma, the Australasian Paediatric Conference, the NZ meeting of the Royal Australasian College of Physicians, NZ branch HSANZ annual meetings, NZIMLS annual conferences, the Birmingham Blood Club, the Oxford Blood Club, the Auckland Blood Club, the Midlands Rheumatology Society, the Royal Medical Society of Edinburgh , drug company sponsored Australasian, UK and regional symposia and at hospital grand rounds at most employing hospitals.

x) Personal and family interests

Recreational jogging/walking, sailing and occasional golf. My wife is a GP in Christchurch. Our children are two boys aged 31 and 29 years and one daughter aged 24. We have one grandson.