

## **Curriculum Vitae**

Dr. Ken Heskail Khadhoury Darzy  
(MBChB, FRCP & MD)

Consultant in General Internal Medicine, Diabetes &  
Endocrinology

### **Privat clinic address:**

Hendon Hospital  
46-50 Sunny Gardens Road  
Hendon  
London  
NW4 1RP

### **NHS hospital:**

Previously Consultant Physician at  
East & North Herts NHS Trust (2006 to 2025)  
QEII Hospital Welwyn Garden City  
Howlands  
AL7 4HQ

Mobile: 07976 426 846

E-mail: [kendarzy1@gmail.com](mailto:kendarzy1@gmail.com)

**Personal details:**

Surname: Darzy  
Forenames: Ken Heskail Khadhour  
Year of Birth: 1966  
Marital Status: Married  
Sex: Male  
Nationality: British  
Languages: English  
GMC Registration: Full / No.4350424

**Education:**

1972-1978 Primary Education at Daniel Jewish School in Baghdad / Iraq.  
1978-1984 Secondary education at Al-Sharkiya High School in Iraq.  
1984-1990 College of Medicine, University of Baghdad / Iraq.

**Qualifications:**

June 1990 **M.B.Ch.B.** College of Medicine, University of Baghdad / Iraq;  
ranked the seventh amongst 284 graduates with awards from:  
  
The Dean of The College.  
The Minister of Health.  
The Minister of Higher Education.

February 1994 **PLAB Test**, London  
October 1994 **MRCP part -1-**, London  
July 1996 **MRCP part -2-**, London  
June 2006 **CCST** in GIM, Diabetes & Endocrinology  
October 2009 **MD**-University of Manchester

**Memberships of Medical Organisations:**

- 1- Member of the Society for Endocrinology.
- 2- Member of the Medical Protection Society.
- 3- Member of the Royal College of Physicians of London.
- 4- Member of the British Medical Association.
- 5- Member of the Association of British Clinical Diabetologists.

### **Medico-legal work:**

I have been heavily involved in undertaking medico-legal work in general internal medicine, diabetes, and endocrinology since 2010.

My wide clinical and research experience and deep familiarity with the NHS provide me with a clear insight into medico-legal issues that can arise from failure of complex care pathways and/or failure of individual health care providers. A lot of my medico-legal work relates to clinical negligence (70 reports per year). I do a lot of work on personal injury resulting in endocrine disorders or complicating pre-existing diabetes or endocrine diseases (around 70 reports/year). I also produce expert reports for work tribunals and reports on life expectancy (100 reports per year). I produce more than 250 reports per year with a Claimant/Defendant/Joint instructions ratio of 45/45/10.

I endeavour to keep myself updated in this field. I have attended the Medico-Legal Expert Training Course in London in January 2011, the Clinical Negligence Course in London in November 2011, the Advanced Medico-legal Training Day in London in June 2015, and the Clinical Negligence Course in London in September 2021. I am registered in the medico-legal section at [www.specialistinfo.com](http://www.specialistinfo.com) as well at Expert Witness ([www.expertwitness.co.uk](http://www.expertwitness.co.uk)). I am a member of many Expert Panel Groups and Medical Reporting Agencies.

### **Previous appointments and experience outside the UK:**

Aug.1990-Aug.1992 **Post Graduation Internship as a rotating House Officer** in the Medical City Teaching Hospitals that are linked to the University College of Medicine of Baghdad / Iraq

### **Previous appointments and experience in the UK:**

Dec.1993- Jan.1994 **Clinical attachment** in the Department of respiratory medicine at Charring Cross Hospital in preparation for the PLAB test.

Apr.1994 - Jul.1994 **Senior House Officer** in geriatrics at Joyce Green Hospital in Dartford for four months.

Aug.1994- Jan.1995 **Senior House Officer** in general medicine at Eastbourne District General Hospital for six months.

Feb.1995 - Jul. 1996 **Rotating Senior House Officer** in thoracic medicine, endocrinology, and elderly care at Broomfield Hospital.

- Aug.1996 - Feb.1997 **Short-term SpR locums in general medicine (4-6 weeks)** in various hospitals and various specialities.
- Mar.1997-Jun.1997 **Locum Registrar in General Medicine (LAS)** at Heatherwood Hospital.
- July 1997 **Locum Registrar in Cardiology (LAS)** for one month at Whittington hospital in London.
- Aug.1997-Sep.1997 **Locum Registrar for service (LAS)** in general medicine at Heatherwood Hospital in Ascot for two months.
- Nov.1997-Dec.1997 **Locum Registrar for service (LAS)** in Bedford General Hospital in general, endocrine and chest medicine.
- Jan.1998 **Locum Registrar for Service (LAS)** at Stoke Mandeville Hospital in general medicine.
- Feb1998 - Nov1998 **Locum Specialist Registrar (LAT) in General Medicine, Diabetes, and Endocrinology at Barnsley DGH.**
- Dec1998-Jan2000 **Locum Specialist Registrar (LAT) in General Medicine, Diabetes and Endocrinology at Basildon Hospital.**
- Feb2003-July2006 **Clinical lecturer at Bart's and the London School of Medicine (Queen Mary, University of London) and Specialist Registrar in Diabetes, Endocrinology and General Internal Medicine.**

**Research appointment:**

Clinical Research Fellow in Endocrinology at the Christie Hospital NHS Trust from 24<sup>th</sup> Jan 2000, for a period of three years under the supervision of Professor SM Shalet.

My research was mainly concerned with the investigation of radiation induced neuro-secretory disturbances of growth hormone secretion and other anterior pituitary hormones in cancer survivors. The research is part of a three-year MD degree. During this post I also had the chance to write a few endocrine reviews and a chapter about neuro-endocrine consequences of childhood cancer treatment.

In addition, this post provided a comprehensive program for general endocrine training. Clinic commitments included the following on alternate weeks:

- 1-General endocrine clinic at Withington hospital.

- 2-General endocrine clinic at the Christie hospital, which mostly included patients with pituitary, thyroid, parathyroid and reproductive disorders.
- 3-Adult growth hormone replacement clinic dealing with over 200 patients from the Northwest region (over 60 clinics).
- 4-Late effects clinic dealing with endocrinopathy of cancer treatment including growth retardation (over 150 clinics).
- 5-Turner's clinic at the Christie hospital every three months.

The unit also held weekly radiology meetings and clinical endocrine meetings that provided the opportunity to present and discuss the management of cases with special interests.

### **Recent and Current Appointments:**

I was working as a full-time Consultant Physician with an Interest in Diabetes and Endocrinology at East & North Hertfordshire NHS Trust from August 2006 until July 2023. The post involved 1/12 cover for acute medical take plus weekly diabetes clinic, 2 endocrine clinics, joint antenatal diabetes clinic, daily inpatient ward rounds (10 weeks per year) and the usual educational, clinical governance and audit activities. I was responsible for insulin pump services in the Trust and auditing new therapies in type 2 diabetes. I was the endocrine lead for thyroid cancer and endocrine late effects of cancer therapy.

As from July 2023, I have resigned from my post in the Trust to achieve better work-life balance. I continued my input into the Trust via NHS Professionals as a locum Consultant in General Internal Medicine, Diabetes and Endocrinology. As from May 2025, I have ceased working for the NHS but continued my private diabetes and endocrinology clinics at the Hendon Hospital (Circle Health Group).

### **Publications:**

#### **Original articles (first author):**

- 1) Circadian Secretion Pattern of Copeptin, the C-Terminal Vasopressin Precursor Fragment. **Ken H. Darzy**, Kashinath C. Dixit, Stephen M. Shalet, Nils G. Morgenthaler and Georg Brabant. Clinical Chemistry. 2010;56:1190-1191.
- 2) Cranially irradiated adult cancer survivors may have normal spontaneous GH secretion in the presence of discordant peak GH responses to stimulation tests (compensated GH deficiency). **Darzy KH**, Thorner MO, Shalet SM. Clin Endocrinol. 2009 Feb;70(2):287-93. Epub 2008 Jul 31.
- 3) Cranial irradiation and growth hormone neurosecretory dysfunction: a critical appraisal. **KH. Darzy**, SS. Pezzoli, MO. Thorner, and SM. Shalet. J Clin Endocrinol Metab. 2007, 92: 1666-1672

- 4) The impact of short-term fasting on the dynamics of 24-hour GH secretion in patients with severe radiation-induced GH deficiency. **KH. Darzy**, RD. Murray, HK. Gleeson, SS. Pezzoli, MO. Thorner, and SM. Shalet. J Clin Endocrinol Metab. 2006; 91: 987-94.
- 5) Circadian and stimulated TSH secretion in cranially irradiated adult cancer survivors. **KH. Darzy** and SM Shalet. J Clin Endocrinol Metab. 2005, 90:6490-97.
- 6) Absence of adrenocorticotropin (ACTH) neurosecretory dysfunction but increased cortisol concentrations and production rates in ACTH-replete adult cancer survivors after cranial irradiation for nonpituitary brain tumors. **KH. Darzy** and SM Shalet. J Clin Endocrinol Metab. 2005, 90:5217-25.
- 7) The dynamics of GH secretion in adult cancer survivors with severe GH deficiency acquired following brain irradiation in childhood for non-pituitary brain tumors: evidence for preserved pulsatility and diurnal variation with increased secretory disorderliness. **KH. Darzy**, Suzan S. Pezzoli, Michael O. Thorner, and Stephen M. Shalet. J Clin Endocrinol Metab. 2005, 90: 2794-2803.
- 8) The usefulness of the combined growth hormone releasing hormone (GHRH) and arginine stimulation test (AST) in the diagnosis of radiation-induced growth hormone deficiency is dependent on the post-irradiation time interval. **KH. Darzy**, G. Aimaretti, G. Wieringa, H. Rao Gattamaneni E. Ghigo, SM Shalet. J Clin Endocrinol Metab. 2003, 88:95-102.

**Original articles (middle author):**

- 1) Modified-release hydrocortisone to provide circadian cortisol profiles. Debono M, Ghobadi C, Rostami-Hodjegan A, Huatan H, Campbell MJ, Newell-Price J, **Darzy K**, Merke DP, Arlt W, Ross RJ. J Clin Endocrinol Metab. 2009 May;94(5):1548-54.
- 2) Free triiodothyronine has a distinct circadian rhythm that is delayed but parallels thyrotropin. Russell W, Harrison RF, Smith N, **Darzy K**, Shalet S, Weetman AP, Ross RJ. J Clin Endocrinol Metab. 2008 Jun;93(6):2300-6. Epub 2008 Mar 25.
- 3) Modified-release hydrocortisone for circadian therapy: a proof-of-principle study in dexamethasone-suppressed normal volunteers. Newell-Price J, Whiteman M, Rostami-Hodjegan A, Darzy K, Shalet S, Tucker GT, Ross RJ. Clin Endocrinol (Oxf). 2008; 68(1): 130-5. Epub 2007 Sep 4.
- 4) Low-dose GH replacement improves the adverse lipid profile associated with the adult GH deficiency syndrome. Murray RD, Wieringa GE, Lissett CA, **Darzy KH**, Smethurst LE, Shalet SM. Clin Endocrinol (Oxf). 2002; 56(4):525-32.

5) GH-deficient survivors of childhood cancer: GH replacement during adult life. Murray RD, **Darzy KH**, Gleeson HK, Shalet SM. J Clin Endocrinol Metab. 2002; 87(1):129-35.

**Original articles (collaborator):**

1) Characterization of aryl hydrocarbon receptor interacting protein (AIP) mutations in familial isolated pituitary adenoma families. Igreja et al. Hum Mutat. 2010 Aug;31(8):950-60.

2) Safety, efficacy and tolerability of exenatide in combination with insulin in the Association of British Clinical Diabetologists nationwide exenatide audit. Thong KY et al. ABCD Nationwide Exenatide Audit Diabetes Obes Metab. 2011 Aug; 13(8):703-10.

3) Effects of canagliflozin are mostly observed at first follow-up, within 6 months of commencement: results for the ABCD canagliflozin audit. THOMAS SJ CRABTREE,1,2 PETER WINOCOUR,2 **KEN DARZY,2** SUZANNE PHILLIPS,3 ALISON EVANS,3 ANURITA ROHILLA,4 RAJEEV RAGHAVAN,5 DEVESH SENNIK,6 ALEX BICKERTON,7 ISKANDAR IDRIS,8 MAHENDER YADAGIRI,9 ROBERT EJ RYDER,9 ABCD CANAGLIFLOZIN AUDIT CONTRIBUTORS. THE BRITISH JOURNAL OF DIABETES. VOLUME 20 ISSUE 2 | DECEMBER 2020

**Review articles (first author):**

1) The GP's role in growth hormone deficiency. **Darzy KH**, Shalet SM. Practitioner. 2000 Aug;244(1613):689-92.

2) Evolving therapeutic strategies for acromegaly. **Darzy KH**, Shalet SM. J Endocrinol Invest. 2001 Jun;24(6):468-71.

3) Radiation-Induced growth hormone deficiency. **Darzy KH**, Shalet SM. Hormone Research. 2002; 59 (Suppl) 1: 1-11.

4) Pathogenesis and clinical presentation of radiation-induced hypopituitarism. **Darzy KH**, Shalet SM. HypoCCS 6 volume by BioScientifica Ltd 2002.

5) Hypopituitarism after cranial irradiation. **KH. Darzy** and SM. Shalet. J Endocrinol Invest. 2005; 28: 78-78

6) Hypopituitarism as a consequence of brain tumours and radiotherapy. **KH. Darzy** and SM. Shalet. Pituitary. 2005; 8 (3-4): 203-11.

7) Pathophysiology of radiation-induced growth hormone deficiency: efficacy and safety of GH replacement. **KH. Darzy** and SM. Shalet. Growth Horm IGF Res. 2006 Jul;16 Suppl A:S30-40. Epub 2006 Apr 18.

8) Hypopituitarism following radiotherapy. **KH. Darzy** and SM. Shalet. Pituitary. 2009;12(1):40-50. Epub 2008 Feb 13.

9) Radiation-induced hypopituitarism after cancer therapy: who, how and when to test. **KH Darzy**. Nature Clinical Practice Endocrinology & Metabolism. 2009; 5(2): 88-99.

#### **Review articles (middle author):**

Late endocrine, metabolic and skeletal sequelae following treatment of childhood cancer. Gleeson HK, **Darzy KH**, Shalet SM. Best Pract Res Clin Endocrinol Metab. 2002;16(2):335-48.

#### **Chapters (first author):**

1) Neuroendocrine Consequences and Growth in Children treated for Cancer. **Darzy KH**, Gleeson HK, Shalet SM. In, Late Effects of Childhood Cancer, (Eds. H. M. Wallace & D. M. Green) Arnold, 2004, chapter 8a:189-211.

2) Hypopituitarism following Radiotherapy Revisited. **KH Darzy** and SM Shalet. In, Endocrinopathy after Childhood Cancer Treatment, (Eds. WHB Wallace & CJH Kelner) Endocr Dev. Basel, Karger, 2009, vol 15, pp 1-24.

3) Endocrine complications of radiotherapy and chemotherapy for nasopharyngeal carcinoma. **Darzy KH**. In: Nasopharyngeal Carcinoma (Editor Dr. Shih-Shun Chen). Department of Medical Laboratory Science and Biotechnology, Central Taiwan University of Science and Technology, Taiwan – Submitted on 22<sup>nd</sup> August 2011.

#### **Case Reports:**

1) A case of severe staphylococcal septicaemia: septic arthritis and a mediastinal abscess following leflunamide therapy for rheumatoid arthritis. Anjali Balasanthiran, Tannaz Vakilgilani, Ken Darzy, and Jeremy Axon. BMJ Case Reports 2010; doi:10.1136/bcr.07.2009.2082

#### **Meeting abstracts:**

#### **Oral communication:**



1) Comparison between the insulin tolerance test (ITT) and the combined growth hormone releasing hormone and arginine stimulation test to determine GH status in cranially irradiated patients. **Darzy KH**, and Shalet SM. North-West Endocrine Society Meeting, Manchester, Sep 2000.

2) A young girl with pituitary stalk pathology: Case presentation. **KH. Darzy** and AB. Grossman Sixth Clinicopathological conference on pituitary disease, The Royal College of Physicians, London, February 2004.

3) Surgical management of metastatic pheochromocytoma: Review of 2 cases. **KH Darzy**, R Carpenter, S Bhattacharya, S Edmondson, JP Monson. Clinical cases meeting by the Society for Endocrinology at the Royal Society of Medicine Feb 2006.

**Poster presentations (first author):**

1) A comparison between the Insulin Tolerance Test (ITT) and the combined Growth Hormone Releasing Hormone and Arginine Stimulation Test to determine Growth Hormone (GH) status in cranially irradiated patients. **KH. Darzy** and SM Shalet. 20th Joint Meeting of the British Endocrine Societies Belfast, March 2001.

2) Growth hormone (GH) deficient survivors of childhood cancer: the role of GH replacement during adult life. RD Murray, **KH. Darzy**, HK. Gleeson, SM. Shalet. 29th Meeting of the British Society for Paediatric Endocrinology and Diabetes, Sheffield, September 2001.

3) The dynamics of GH secretion in adult cancer survivors with severe GH deficiency. **Ken H. Darzy**, Suzan S. Pezzoli, Michael O. Thorner, and Stephen M. Shalet. 24th Joint Meeting of the British Endocrine Societies Harrogate, April 2005.

4) Abnormalities in basal and stimulated TSH secretion in cranially irradiated euthyroid adult cancer survivors: Does "hidden" central hypothyroidism exist? **KH. Darzy**, SM. Shalet. 24th Joint Meeting of the British Endocrine Societies, Harrogate, April 2005.

5) A novel finding of activation of the hypothalamic-pituitary-adrenal axis with increased cortisol production rates and circulating cortisol concentrations in 24-hour profiling study in cranially irradiated adult cancer survivors. **KH. Darzy**, SM Shalet. 24th Joint Meeting of the British Endocrine Societies, Harrogate, April 2005.

6) The dynamics of GH secretion in adult cancer survivors with severe GH deficiency acquired following brain irradiation in childhood for non-pituitary brain tumors: evidence for preserved pulsatility and diurnal variation with increased

secretory disorderliness. **Ken H. Darzy**, Suzan S. Pezzoli, Michael O. Thorner, and Stephen M. Shalet. The American Endocrine Society's 87th Annual Meeting, San Diego, June 2005.

7) Abnormalities in basal and stimulated TSH secretion in cranially irradiated euthyroid adult cancer survivors: Evidence for variability in TSH acrophase leading to apparent loss of the nocturnal TSH surge and erroneous diagnosis of "hidden" central hypothyroidism. **KH. Darzy**, SM. Shalet. The American Endocrine Society's 87th Annual Meeting, San Diego, June 2005.

8) A novel finding of activation of the hypothalamic-pituitary-adrenal axis with increased cortisol production rates and circulating cortisol concentrations in 24-hour profiling study in cranially irradiated adult cancer survivors. **KH. Darzy**, SM. Shalet. The American Endocrine Society's 87th Annual Meeting, San Diego, June 2005.

9) Discordant stimulated growth hormone (GH) responses in cranially irradiated adult cancer survivors may occur in the presence of normal GH status: compensated GH deficiency. **KH. Darzy**, MO. Thorner, and SM Shalet. The American Endocrine Society's 90th Annual Meeting, San Francisco, June 2008.

10) Discordant stimulated growth hormone (GH) responses in cranially irradiated adult cancer survivors may occur in the presence of normal GH status: compensated GH deficiency. **KH. Darzy**, MO. Thorner, and SM Shalet. 27th Joint Meeting of the British Endocrine Societies, Harrogate, April 2008.

11) Adult Insulin Pump Service in East and North Herts NHS Trust: A detailed 5-year Evaluation. **Ken Darzy** and Margaret Ford. Department of Diabetes & Endocrinology at East & North Hertfordshire NHS Trust. ABCD Spring Meeting 2013; poster number 13. Direct access through Practical Diabetes Website at: <http://www.practicaldiabetes.com/SpringboardWebApp/userfiles/espdi/file/April%202013/Spg13%20abstracts%20for%20website.pdf>

11) Paediatric Insulin Pump Service in East and North Hertfordshire NHS Trust: Short-term and long-term outcome. **K Darzy** <sup>(1)</sup>, S Courtman <sup>(2)</sup>, J Angelo-Gizzi <sup>(2)</sup>, J Fillary <sup>(2)</sup>, J Hyde <sup>(2)</sup>, & A Raffles <sup>(2)</sup>. Department of Diabetes and Endocrinology <sup>(1)</sup>; Paediatrics <sup>(2)</sup>; East and North Hertfordshire NHS Trust. ABCD Spring Meeting 2013; poster number 9. Direct access through Practical Diabetes Website at: <http://www.practicaldiabetes.com/SpringboardWebApp/userfiles/espdi/file/April%202013/Spg13%20abstracts%20for%20website.pdf>

### ***Poster presentations (middle author):***

1) Growth hormone (GH) deficient survivors of childhood cancer: the role of GH replacement during adult life. RD. Murray, **KH. Darzy**, HK. Gleeson, SM. Shalet. 192nd Meeting of the Society for Endocrinology, London, December 2001.

2) Long-term low-dose GH replacement improves the adverse lipid profile of the adult GH deficiency syndrome. Murray RD, Wieringa GE, Lissett CA, **Darzy KH**, Shalet SM. North-West Endocrine Society Meeting, Manchester, Sep 2000.

3) Long-term low-dose GH replacement improves the adverse lipid profile of the adult GH deficiency syndrome. Murray RD, Wieringa GE, Lissett CA, **Darzy KH**, Shalet SM. Society for Endocrinology Winter Meeting, London, Nov 2000.

4) Osteoporosis – A Disappearing Manifestation of Cushing’s syndrome. E. Searle, **KH. Darzy**, J. Adams and SM. Shalet. 193<sup>rd</sup> Meeting of the Society for Endocrinology, Royal College of Physicians, London, Nov 2002.

5) Switching exenatide or gliptins to liraglutide in the Association of British Clinical Diabetologists (ABCD) nationwide liraglutide audit. K.Y. Thong, **K. Darzy**, M.L. Cull, A.P. Mills, R.E.J. Ryder. Poster presented at the International Diabetes Federation 21<sup>st</sup> World Diabetes Congress, 4-8 December 2011, Dubai, UAE.

#### **Invited talks:**

Hypothalamic disorders: Endocrine function after radiation. Life-Course Management of Endocrine Disease: The 3<sup>rd</sup> Novo Nordisk Meeting Promoting Paediatric and Adult Interaction Feb 2008.

#### **Chairing meetings:**

Hertfordshire Diabetes Study Day organised by Pfizer at Knebworth Barns, Stevenage on 24<sup>th</sup> February 2009.

#### **Referees:**

Dr. Peter Winocour, MD, FRCP, Consultant physician with an Interest in Diabetes and Endocrinology, Lead for Diabetes services at East and North Herts NHS Trust and Deputy Clinical Director, QEII Hospital, Howlands, Welwyn Garden City, Herts, AL 7 4HQ. E-mail: [peter.winocour@nhs.net](mailto:peter.winocour@nhs.net).

Dr. Stella George MD, FRCP, Consultant physician with an Interest in Diabetes and Endocrinology, and Clinical Director for Diabetes services at East and North Herts NHS Trust; Lister Hospital, Coreys Mill Lane, Stevenage, Hertfordshire, SG1 4AB. E-mail: [Stella.george@nhs.net](mailto:Stella.george@nhs.net).