

CURRICULUM VITAE

Full Name	Richard John Mackay Peter POPERT	
Date of Birth	17th October 1960	
Family Status	Married with 3 children	
Nationality	British	
Defence Organisation	Medical Protection Society No 147075, current	
GMC Registration	Full. No 3071247	
General Education	The King's School, Worcester	1973 – 1980
Undergraduate Education	St Bartholomew's Hospital Medical College 1980 - 1985	
Qualifications	MB BS (Lond)	1985
	FRCS Ed	1989
	FRCS	1989
	FRCS Urol	1995
Awards and Prizes	Everidge Research Prize (King's College Hospital)	1992
	RSM Travelling Fellowship	1994
	King's Fund Travelling Fellow	1996
Present Appointment	CONSULTANT UROLOGICAL SURGEON Guy's and St Thomas' NHS Trust, London December 1996 to present.	

PREVIOUS APPOINTMENTS

JUNIOR CONSULTANT
Aug 1996 - December 1996

Department of Urology, Groote Schuur
Hospital, Capetown, South Africa

UROLOGY SENIOR REGISTRAR
Jan 1995 - July 1996

to Prof Mundy and Mr Joyce
Guy's Hospital London

UROLOGY SENIOR REGISTRAR
Jan 1994 - December 1994

to Messrs Harrison, Royle & Fletcher
Brighton General Hospital

UROLOGY RESEARCH REGISTRAR
October 1991 - December 1993

to Mr Coptcoat
King's College Hospital

UROLOGICAL REGISTRAR
April 1991 - October 1991

to Messrs Yates-Bell, Pryor & Coptcoat
King's College Hospital, London

SURGICAL REGISTRAR
January 1991 - April 1991

to Mr Perry
Queen Alexandra Hospital, Portsmouth

UROLOGICAL REGISTRAR
July 1990 - January 1991

to Messrs Vinnicombe & Abercrombie
St Mary's Hospital, Portsmouth

SURGICAL REGISTRAR
July 1989 - July 1990

to Mr Kelly
Queen Alexandra Hospital, Portsmouth

SURGICAL JUNIOR REGISTRAR
February 1989 - July 1989

to Messrs Chalstrey & Gilmore
St Bartholomew's Hospital, London

UROLOGICAL JUNIOR REGISTRAR
August 1988 - January 1989

to Messrs Hendry, Whitfield & Kirby
St Bartholomew's Hospital, London

SURGICAL SHO
February 1988 - July 1988

to Mr Bolton
Chase Farm Hospital, Enfield

ORTHOPAEDIC SHO
August 1987 - January 1988

to Messrs Chen, Moynagh & Grace
Chase Farm Hospital, Enfield

SENIOR HOUSE OFFICER
February 1987 - July 1987

to the Dept of Accident & Emergency
St Bartholomew's Hospital, London

DEMONSTRATOR
August 1986 - January 1987

to the Department of Anatomy
University of Cambridge

SURGICAL HOUSE OFFICER
February 1986 - July 1986

to Messrs Shand, Chalstrey & Whitfield
Hackney Hospital, London

MEDICAL HOUSE OFFICER
August 1985 - January 1986

to Professor Lister & Dr Huskisson
St Bartholomew's Hospital, London

SPECIALIST UROLOGICAL INTERESTS

Benign Prostatic Hyperplasia

Early Surgical Experience

I have extensive endoscopic experience, having been taught TURP initially at Portsmouth without a camera and subsequently at King's College and thereafter with the benefit of a beam splitter. The 3 months I spent at the Kilimanjaro Christian Medical Centre in Tanzania proved interesting. I had to become proficient without a camera or a modern light source, practically resection by candle light, however I was able to double my experience of retropubic prostatectomy. At Brighton I experienced the limited use of hyperthermia (Thermex II), interstitial thermotherapy (ITTP), intraprostatic stenting and other alternative therapies of BPH. At Guys' Hospital I was involved with the follow up of patients who had been treated with the side fire laser. The results of laser surgery at that time (1994) were disappointing and put me off laser vapourisation techniques. I spent time gaining experience with the Vaportome (Circon ACMI) which was effective but in truth no better than TURP and slower.

Prostate Clinic and Nurse Led Services

At Guy's Hospital, whilst working as Senior Registrar to Mike Joyce, I ran the dedicated "one-stop" prostate clinic. I have continued to develop this aspect of the service and the "Prostate Clinic" has become one of our most highly developed specialist services. The principles of which have been extended into Primary Care by the work of the Prostate Nurse Specialists. This has become important with the increasing use of medical therapy for BPH and the need for counselling on PSA screening.

Holmium Laser Prostatectomy

With the support of the Guy's & St Thomas' Charitable Foundation the Urology Department has purchased a 100 watt Holmium Laser (Lumenis) with the ancillary endoscopic equipment and tissue morcellator system. This provides a high powered energy source to effect a cutting and coagulating action on prostatic tissue without charring. The technique of Holmium Laser Enucleation of the Prostate (HoLEP) has been developed over the last 10 years. It's greatest advantage is the significant reduction in bleeding during surgery, reduction in catheter time and the length of in patient stay when compared with the standard Trans Urethral Prostatectomy (TURP).

Our initial experience with the Holmium laser has been encouraging. It has allowed us to treat patients who would otherwise be considered unfit for prostate surgery. There is no need for patients to stop aspirin preoperatively and we have treated patients on anticoagulants and a haemophiliac without any need for transfusion. We have been able to treat large prostates in excess of 100g and although the procedure takes appreciably longer the advantages of reduced bleeding, catheter time and in patient stay are compelling.

The rapid progress in laser prostatectomy technology and techniques over the last few

years are challenging the place of TURP as the gold standard operation for patients with bladder outflow obstruction. It is still early days but urological progress is led by technological advance and I have no doubt that laser prostatectomy will change the face of surgery for bladder outflow obstruction. Short stay and selected day case prostatectomy will be increasingly available as the techniques are refined.

Integrated Localised Prostate Cancer Treatment Programme

My clinical interests have become concentrated on prostatic malignancy. The need to provide a comprehensive and integrated localised prostate cancer service has stimulated successful bids to the Charitable Foundation of Guy's & St Thomas' for substantial development grants in Brachytherapy, laparoscopic urological surgery including radical prostatectomy and most recently the purchase of the Da Vinci Intuitive Robotic Assisted Surgical System.

Radical Prostate Surgery

Since my appointment in 1997 I have carried out the majority of the Radical Prostatectomies at Guy's. This work has been subject to a comprehensive prospective audit with outcomes comparable to other specialist centres in the UK.

In May 2003 my colleague, Declan Cahill was appointed to further develop the prostate cancer service with regard to the introduction of Laparoscopic Radical Prostatectomy. This is likewise undergoing prospective audit in parallel with my own series.

In March 2004 my colleague, Prokar DasGupta completed a successful bid to the Charitable Foundation to purchase the Da Vinci Intuitive Robotic System. This will allow us to pool our surgical resources and usher in the next stage of surgical evolution in Radical Prostatectomy

Dynamic Intraoperative Prostate Brachytherapy

Prostate Brachytherapy involving the transperineal implantation of radioactive seeds under ultrasound guidance was developed in Seattle and is becoming more common than radical prostatectomy in the USA. In the USA and some centres in Europe this has become an established day case procedure. The outcomes have been shown to be comparable to radical prostatectomy at 10 years. Long term side effects including erectile dysfunction and incontinence are reduced although obstructive and irritative symptoms can take some months to resolve.

The original Seattle technique involves a pre plan procedure to determine dosimetry and generate an implant plan followed some weeks later by the implant. More recently, with software developments, real time ultrasound techniques with intraoperative dynamic dosimetry have been developed, which allow single visit treatments. Mt Sinai and Memorial Sloane Kettering are amongst the leading centres for these techniques and I was fortunate to be able to spend time at both centres.

At Guy's we have adopted Louis Potters' Technique from the New York Prostate Institute (formerly of Memorial Sloane Kettering at the Mercy Medical Center, Rockville). This uses the principle of Inverse Planning and utilises modern hardware and software developments to deliver a Dynamic Real Time Implant with Intra Operative Dosimetry. This has the advantage of allowing optimization of the dosimetry to maximize treatment of the prostate whilst minimizing dosage to the urethra.

With the introduction of Intensity Modulated Radiotherapy (IMRT) by the Department of Clinical Oncology it is unlikely that such a comprehensive service will exist elsewhere in the country.

CURRENT RESEARCH

Research interests include both clinical (with Departments of Radiology and Oncology) and basic science projects with the Departments of Chemical Pathology (Prof Swaminathan) and Physiology (Prof S McMahon)

In conjunction with Janice Rymer Consultant Gynaecologist and Steve McMahon Professor of Physiology we have undertaken a research project on the influence of purinergic system on detrusor instability. This study involved a full time Research Fellow and was funded by the Special Trustees of Guy's & St Thomas' Hospital. It led to an MD Thesis

With Prof Swaminathan we have evaluated the place of plasma free DNA as a sensitive and specific test for prostate cancer. This project is being submitted as an MS Thesis for which I am clinical supervisor. This has important implications for development of more prostate cancer specific tests.

We have evaluated the place of MRI imaging in localised prostate cancer in a prospective audit and have rationalised its use in our department.

Both the Laser Prostatectomy and Brachytherapy Projects have been funded by the Charitable Foundation and are subject to prospective audit. The Brachytherapy Project has also provided funds to support a Research Fellow to evaluate correlation between Intra operative dosimetry and Post Implant CT Dosimetry. This project will also evaluate novel imaging methods using MRI & linked Fluorimetry to investigate the issue of dosimetry.

Research and Clinical Grants Awarded

Laser Prostatectomy (Guy's & St Thomas' Charitable Foundation £160,000)

Brachytherapy for Prostate Cancer (Guy's & St Thomas' Charitable Foundation £900,000)

PUBLICATIONS

Stress and relapse of breast cancer.

Wood, J., Gilmore, O.J., **Popert, R.J.**

Letter; Comment. *BMJ* 1989; **298** : 962-963 (8 April.)

Eosinophilic cystitis mimicking invasive bladder tumour; discussion paper.

Popert, R.J.M., Ramsay, J.W.A., Owen, R.A., Fisher, C., Hendry, W.F.

J R Soc Med 1990; **83** :776-779

Bromodeoxyuridine labelling of transitional cell carcinoma of the bladder - an index of recurrence?

Popert, R.J.M., Thomas, D.J., Joyce A.D., Walmsley, B.H., Coptcoat, M.J.

Br J Urol 1993;**71**, 279-283

Ultrasound in renal cell carcinoma: an essential in follow up.

Popert, R.J.M., Vinnicombe, J., Coptcoat, M.J.

Br J Urol 1993; **72**, 148-152

A consumer's guide to laparoscopic equipment for Urology.

Eden, C., Ison, K.T., **Popert, R.J.M.**, Carter, P., Coptcoat M.J

Br J Urol 1993;**72**, 1-5

Intravesical epirubicin for superficial bladder cancer: response of a marker tumour to a single instillation.

Popert, R., Goodall, J., Masters, J., Coptcoat, M., Thompson, P., Yates-Bell, A.

Br J Urol 1994; **74**, 195 - 199

Relative cytotoxicities of Adriamycin and epirubicin in combination with lonidamine against human bladder cancer cell lines.

Popert, R.J.M., Masters J.R.W., Coptcoat M., Zupi G.

Urol Res 1995; **22**, 367 - 372

Response to epirubicin in patients with superficial bladder cancer and expression of topoisomerase II alpha and beta genes.

Davies SM, **Popert, R.J.M.**, Masters J.R.W., Hickson I.D, Harris AL.

Int J Cancer 1995; **65**, 63 - 66

'Nerve-sparing' cystectomy and substitution cystoplasty in patients of either sex: limitations and techniques.

Venn SN, **Popert RM**, Mundy AR.

Br J Urol. 1998; **82**, 361-5

Intravesical chemotherapy with epirubicin: a dose response study.

Masters JR, **Popert RJ**, Thompson PM, Gibson D, Coptcoat MJ, Parmar MK.

J Urol. 1999; **161**, 1490-3

Unenhanced helical CT for renal colic--is the radiation dose justifiable?
Denton ER, Mackenzie A, Greenwell T, **Popert R**, Rankin SC.
Clin Radiol. 1999; **54**, 444-7

One year's clinical experience with unenhanced spiral computed tomography for the assessment of acute loin pain suggestive of renal colic.
Greenwell TJ, Woodhams S, Denton ER, MacKenzie A, Rankin SC, **Popert R**.
BJU Int. 2000; **85**, 632-6.

A quantitative analysis of purinoceptor expression in human fetal and adult bladders.
O'Reilly BA, Kosaka AH, Chang TK, Ford AP, **Popert R**, Rymer JM, McMahon SB
J Urol. 2001; **165**, 1730-4

A quantitative analysis of purinoceptor expression in the bladders of patients with symptomatic outlet obstruction.
O'Reilly BA, Kosaka AH, Chang TK, Ford AP, **Popert R**, McMahon SB
BJU Int. 2001; **87**, 617-22

P2X receptors and their role in female idiopathic detrusor instability.
O'Reilly BA, Kosaka AH, Knight GF, Chang TK, Ford AP, Rymer JM, **Popert R**,
Burnstock G, McMahon SB.
J Urol. 2002;**167**, 157-64.

Brierly RD, Hindley RG, Challacombe BJ, **Popert RJ**.
"Urological cold shower"--a novel treatment for intraoperative erection.
Urology. 2003; **61**, 462.

A randomised trial of periprostatic local anaesthetic for transrectal biopsy.
Walsh K, O'Brien T, Saleemi A, **Popert R**.
Prostate Cancer Prostatic Dis. 2003; **6**, 242-4.

Near misses in bladder cancer - an airline safety approach to urology.
Singh R, Saleemi A, Walsh K, **Popert R**, O'Brien T.
Ann R Coll Surg Engl. 2003; **85**, 378-81.

Repeating the measurement of prostate-specific antigen in symptomatic men can avoid unnecessary prostatic biopsy.
Singh R, Cahill D, **Popert R**, O'Brien TS.
BJU Int. 2003; **92**, 932-5.

What to do if it gets "bigger".
Challacombe BJ, **Popert RJ**.
Ann R Coll Surg Engl. 2004; **86**, 145-6