

CURRICULUM VITAE

of

David Henry Bennett

PERSONAL DETAILS:

NAME: David Henry Bennett

PRESENT POST Consultant General Surgeon

TEL. No: Private 01202 702823
Work 01202 704256
Mobile 07779 257531

YEAR OF BIRTH: 1963

AGE: 46 years

MARITAL STATUS: Married

NATIONALITY: British

GMC REG NO: 3294006

MPS REG NO: 160764

MEMBERSHIP OF PROFESSIONAL BODIES

Secretary of the British Hernia Society

Member of European Hernia Society

Member of the Association of Surgeons of Great Britain and Ireland

Member of the Association of Upper Gastrointestinal Surgeons

EDUCATION

MEDICAL: 1982-1988 King's College School of Medicine

QUALIFICATIONS: 1985 Associateship of King's College

- 1985 B.Sc. 1st Class Honours (Physiology)
- 1988 M.B.,B.S. (Lond)
- 1990 F.R.C.S. (Primary)
- 1991 Advanced Trauma Life Support Certificate
- 1992 F.R.C.S. (Lond)
- 1999 Intercollegiate Exam (FRCS (Eng))
- 2002 DM University of Nottingham

Scholarships, Prizes and Fellowships

SCHOLARSHIPS:

- 1983 Warneford Medical Scholarship
- 1985 Raymond Gooch Scholarship

PRIZES:

- 1984 King's College Council Prize
- 1988 Cheyne Edmunds Prize (Surgery)
- 1988 Hughes Prize (Anaesthetics)

FELLOWSHIPS

- 1993 Medical Research Council Fellowship
- 1994 Anne Hunter Research Fellowship, Royal College of Surgeons.
- 2000 European Society of Surgical Oncology Training Fellowship
- 2000 South West Gastroenterology Group Travelling Fellowship
- 2000 South West Surgeon's Travel Bursary

SPECIALIST REGISTRAR TRAINING

SUB SPECIALIST TRAINING

Oesophagogastric Surgery

I have received my oesophagogastric surgical training at the Bristol Royal Infirmary with Professor D Alderson and at Gloucestershire Royal Hospital with Professor H Barr and Mr M Vipond. During these attachments I regularly performed assisted oesophagectomies with 2-field lymphadenectomy and total gastrectomies with D2 lymphadenectomies. I was responsible for the preoperative staging and postoperative management of these patients on the wards and, while at the BRI, was involved in the use of endoscopic ultrasound for the staging of oesophageal and gastric tumours. At both these centres multidisciplinary meetings were held where each case was individually discussed and the appropriate management decided. Also at the BRI, I was involved with a phase 2 trial of neoadjuvant chemoradiotherapy for oesophageal malignancies.

In addition to the surgical management of these cases, I was also trained in the palliative care of oesophageal malignancy including the techniques of laser recanalisation, endoscopic argon beam therapy and endoscopic stenting.

Laparoscopic Surgery

I have been involved with minimally invasive surgery throughout my SpR training with Professor Kingsnorth/ Cmdr Campbell/ Mr Brown and Mr Brodribb at Derriford Hospital, Professor H Barr/ Mr Vipond at Gloucestershire Royal Hospital, Professor D Alderson/ Mr P Barham at BRI and Mr M Thomson at Southmead Hospital. In addition to the routine minimally invasive procedures, such as laparoscopic cholecystectomy and staging laparoscopy, I have also been trained in laparoscopic antireflux procedures, laparoscopic splenectomies, laparoscopic herniorrhaphies and laparoscopic bile duct explorations. I have completed a master class in laparoscopic Nissen Fundoplication at Guildford Hospital under the tuition of Professor M Bailey. I am also competent in the use of laparoscopic ultrasound, both in the staging of oesophagogastric malignancy and the identification of common bile duct stones. I have completed the Royal College of Surgeons' of England course in the use of ultrasonography.

I have been performing diagnostic and therapeutic endoscopy throughout my SpR training and am competent in both upper and lower GI endoscopy. I have performed regular therapeutic oesophagostoduedenoscopies for bleeding and palliation of upper GI malignancies and am competent with both injection and argon beam coagulation of bleeding ulcers. I am also competent in therapeutic colonoscopy and, over the last 6 months, my caecal intubation rate has been 92%.

Hepatobiliary Surgery

I have been trained in hepatobiliary surgery with Professor A N Kingsnorth at Derriford Hospital, Professor H Barr/ Mr M Vipond at Gloucestershire Royal Hospital and Professor D Alderson/ Ms M Finch at the BRI. During these placements, I have assisted at and performed pancreaticoduodenectomies and partial hepatectomies/ hemi-hepatectomies. I have also been involved with the pre-operative staging and post-operative management of these cases. In addition, I have some experience of diagnostic and therapeutic ERCP.

General Gastrointestinal Training

I have spent 18 months on a specialist colorectal unit with Mr AJ Brodribb/ Mr K B Hosie. During this time I have performed the full range of colorectal resections for malignancy, as well as managing acute colitics requiring emergency colectomies. In addition, I have managed a wide range of anal problems including inter- and supra-sphincteric fistulas. I have been responsible for the postoperative management of these patients on the ward and their subsequent out patient follow-up. I have also had my own endoscopy list on which I performed regular surveillance, diagnostic and therapeutic colonoscopies.

General Surgical Training

I have completed 15 months breast and vascular surgery at Derby City Hospital with Mr H Holliday and Mr A Locker. This post involved working on the breast unit and included wire guided breast biopsies as well as the more extensive breast resections. I also performed routine vascular reconstruction for peripheral vascular disease and renal vascular access fistulae.

Emergency Surgery

Throughout my SpR rotation, I have been involved with the management of surgical emergencies, including assessment of patients on admission, the correct ordering of diagnostic investigations and subsequent surgical intervention. The on-call rotas have varied from 1:4 to 1:6. My on-call commitments have included vascular surgical emergencies at each of my placements and paediatric emergencies at five of the six hospitals.

SUMMARY OF SpR TRAINING

June 1995 – Sept 1996	Mr H Holliday/ Mr A Locker Derby City General Hospital Breast/ Vascular/ General
Oct 1996 – Sept 1997	Professor A N Kingsnorth/ Surgeon Cmdr J K Campbell Derriford Hospital, Plymouth Hepatobiliary/ Minimally Invasive/ General
Oct 1997 – Sept 1998	Mr A J Brodribb/ Mr C Brown Derriford Hospital, Plymouth Colorectal/ Upper GI/ Paediatric/ General
Oct 1998 – Sept 1999	Professor H Barr/ Mr M Vipond Gloucestershire Royal Hospital, Gloucester Upper GI/ Hepatobiliary/ General
Oct 1999- March 2000	Professor D Alderson/ Mr P Barham/ Ms M Finch Bristol Royal Infirmary Upper GI/ Hepatobiliary/ General
April 2000 – Sept 2000	Mr M Thompson Southmead Hospital Minimally Invasive/ General
Sept 2000 – December 2000	Mr K B Hosie/ Mr B Greenway Derriford Hospital, Plymouth Coloproctology/ General
January 2001 – March 2001	Mr A J Brodribb/ Mr C Brown Derriford Hospital, Plymouth Coloproctology/ Upper GI/ Paediatric/ General

RESEARCH PLACEMENT

Research Fellow, Department of Surgery, University Hospital, Nottingham.

Honorary Registrar, Department of Surgery, Q.M.C., Nottingham.

1st May 1993 - 31st July 1994 Medical Research Council Research Fellow

1st Aug 1994 - 31st July 1995 Anne Hunter Research Fellow

Doctor of Medicine awarded – University of Nottingham

Clinical Research

I was appointed to co-ordinate the MRC trial of screening for colorectal cancer by Haemoccult testing. This involved a weekly clinic for patients submitting positive Haemoccult tests, where I explained the rationale behind Haemoccult screening and arranged their further investigation. I was also responsible for performing the colonoscopic investigation of these patients and performed over 300 colonoscopies.

I was also responsible for arranging the follow-up of post-polypectomy patients and performed the majority of the follow-up endoscopies (colonoscopies and flexible sigmoidoscopies). These patients were all entered into a prospective, randomised trial of surveillance intervals and I established a computerised database to enable statistical analysis of this data.

In addition, I administered a European multi-centre trial looking at the additional benefit of combining flexible sigmoidoscopy with screening by Haemoccult, including data collection and analysis, interim reports to the European Commission who jointly funded the project and the orchestration of international meetings.

The fourth project I was involved with related to the effects of vascular surgery on the colon. The advent of endoluminal stenting for aortic aneurysms has reduced the invasive nature of aneurysm surgery and potentially reduces the colonic ischaemic time during clamping. To document the comparison between open and stented aneurysm repairs, I placed tonometers in the sigmoid colon to measure the sigmoid pH, an indirect measure of sigmoid ischaemia.

Laboratory Research

I was involved in a molecular biology project aimed at isolating and identifying genetic mutations from the stool of patients with colorectal neoplasia. I attended a molecular biology workshop to learn the basic techniques and regularly performed DNA extractions and PCR. Specifically, assays for mutations in p53 and K-ras have been developed and DNA from tumour, stool and bowel washings extracted and probed for the appropriate mutations. The aim was to produce a test, which can look for several mutations within each oncogene or tumour suppressor gene, and to use this information for prognosis/screening.

The protein expression of a second tumour suppressor gene, the Deleted in Colorectal Cancer (DCC) gene was also studied and found to correlate with tumour grade. Additional experiments investigating the expression of mRNA from the DCC gene is currently under way to confirm the correlation. The hypothesis is that DCC controls differentiation and loss of DCC enables de-differentiation of the tumour.

I was also involved in collaboration with the CRC in Edinburgh, examining the role of APC and K-ras mutations in adenomas from cancer-bearing and cancer-free bowel, the genetic mutational load appearing to be much higher in adenomas from cancer-bearing bowel. The molecular biology research has been submitted for a DM at Nottingham.

Other projects included a collaboration with the Royal Postgraduate Medical School, Hammersmith examining the role of trephoil peptides on colorectal cell lines in an in-vitro invasion assay; the role of the metalloproteinases in invasion using an ex-vivo invasion assay; and the production of adenoma cell lines from ex-vivo adenomas.

Clinical Experience During Research Appointments

The screening study has enabled me to develop both upper and lower gastrointestinal skills. As part of the investigation of positive Haemoccult tests, I was responsible for performing colonoscopic evaluation of the large bowel and, if normal, proceeding to gastroscopy in selected cases. I performed over 300 colonoscopies (including over 50 polypectomies) and approximately 100 gastroscopies. In addition, the surveillance program has allowed continued experience with flexible sigmoidoscopy and I have performed over 800 of these procedures (without incident).

Further to my endoscopic experience, I maintained and developed my clinical skills by working regular weekends on-call. This enabled me to extend my experience of acute surgical emergencies, the care of both acute and chronic surgical problems and to continue to perform emergency surgical procedures.

PREVIOUS SHO APPOINTMENTS:

Surgical SHO Training Rotation, Royal Devon & Exeter Hospital, Exeter.

February 1991 to April 1993

01.02.93 - 31.04.93	Floating Registrar
01.07.92 - 31.01.93 Mr M J Cooper	General Surgery
01.01.92 - 01.06.92 Mr W B Campbell	Vascular Surgery
01.07.91 - 31.12.91 Mr M Golby	General Surgery with Transplantation
01.02.91 - 31.06.91 Mr R D Pocock	Urology
01.08.90 - 31.01.91 Mr P Staniforth	Orthopaedic SHO, Royal Sussex County Hospital, Brighton.
01.02.90 - 31.07.90 Dr D J Williams	Casualty Officer, St. Thomas' Hospital, London.
01.08.89 - 31.01.90 Prof G Dilley	Anatomy Demonstrator, St. George's Hospital, London.
01.02.89 - 31.07.89 Dr P Harris	Medical House Officer, Bromley & Farnborough District
01.08.88 - 31.01.89 Mr H Berry & Mr P A Baskerville	Surgical House Officer, King's College School of Medicine & Dentistry, London.

TEACHING EXPERIENCE

I have been involved in teaching medical students since I qualified, first as a Houseman both at King's and Bromley, where senior medical students shadowed Housemen and subsequently as an SHO and Specialist Registrar. During my anatomy demonstrator post, I taught set groups of first and second year students' anatomy, taught physiotherapists the relevant locomotor anatomy and carried out both verbal and written examinations. At St. Thomas' Hospital, medical students were attached to casualty and I took seminars in A & E surgery as well as being regularly shadowed.

Students from both King's and Guy's Hospitals were seconded to the Royal Sussex County Hospital where I was again shadowed. In addition, I was involved in the monthly audit, collating the data from my firm and regularly presented case discussions. Similarly, at Exeter, medical students were seconded from Bristol and I arranged informal tutorials with them. I also supervised the Housemen and taught them the practical aspects of patient management, including procedures such as suprapubic catheterisation and chest drain insertion. At the weekly audit meetings I presented both case discussions and up-to-date reviews of the management of common surgical conditions.

While a Research Fellow at Nottingham, I regularly taught and examined junior and senior medical students and was also involved in the teaching of lower GI Endoscopy techniques to SHO's. A Journal Club was held weekly at which I regularly presented and I was also responsible for organising the timetable for the weekly scientific Departmental meetings. The teaching of medical students continued while a specialist registrar in Derby, Plymouth, Gloucester, Bristol Royal Infirmary and Southmead Hospital, Bristol.

In my current position, I supervise the teaching of medical students from Bristol. I also regularly present to the monthly audit meetings and weekly journal clubs. I teach on the laparoscopic skills day of the Basic Surgical Skills course both at Plymouth and the Bristol Royal Infirmary.

While at the Bristol Royal Infirmary, I completed a Tutor-Facilitator course, which was designed to prepare final year medical students for their house posts. It involved teaching those areas of clinical medicine and surgery, which are not well covered in the medical school syllabus and included relationships with other members of the health care team and time management skills.

I have also completed the Training the Trainers course, organised by the Royal College of Surgeons. The course was instituted because of concerns over the shortened SpR training and the need to actually institute formal training for trainees rather than rely on the "apprenticeship" training which has historically been the mainstay of surgical training. The course focuses on setting out realistic learning objectives for each year of training and the techniques employed to achieving these aims.

ADMINISTRATIVE EXPERIENCE

My administrative experience began in earnest as Treasurer to the Boat Club during my third year at University. I was responsible for organising the competition calendar; ensuring entry forms were submitted on time, and the general day-to-day financial running of the Club. During 1985, I trained as a SCUBA diver and, on commencing my clinical studies, took over the duties of Secretary to the Sub-Aqua Club. My responsibilities included arranging pool training with one of the local branches of the British Sub-Aqua Club and organising open water dives. The following year, I handed over responsibility for the Sub-Aqua Club and accepted the post of secretary to the Sailing Club, which was based at Burnham-on-Crouch. My responsibilities included organising joint weekends with other Hospital sailing clubs and the racing calendar, including race entries.

While at both Brighton and Exeter, I was responsible for collecting my firm's audit data and presenting it at the appropriate meeting. At Exeter, on two firms, I assisted in arranging the planned admissions and the organisation of the theatre lists. In addition I was responsible for the SHO on-call rota, for a year, arranging cover for holidays and study leave.

At Nottingham, I organised a programme of speakers for the Department of Surgery meeting, aimed at bringing all the members of the Department together on a weekly basis. I also administered the European Flexible Sigmoidoscopy Trial, which involved co-ordinating five centres across Europe, collecting the data and ensuring the appropriate use of the European research grant.

While at Plymouth in 1997 I was co-opted on to the PAS Replacement Project Discharge User Group committee, investigating the discharge PAS systems available commercial. This involved identifying the objectives any new PAS system would have to meet with reference to, for example, electronic discharge letters, the availability of E-mail discharge summaries to GP surgeries, combined pharmacy/GP letters, etc.

During my current post, I have helped to organise the MRCS examinations for the Royal College of Surgeon's of Edinburgh.

MANAGEMENT EXPERIENCE

I have completed the management course run by the Postgraduate Dean's Department for Specialist Registrars' in the South West. The objective of the course is to introduce management concepts prior to commencement of a consultant post. The course covers the structure of the NHS nationally and the way the NHS budget is allocated. It also covers the structure of management within hospitals and the role of the Chief Executive and senior management in the day-to-day operation of a DGH. Further topics included time management, team building, resolution of disputes and team motivation.

As part of the course I undertook a management project to investigate the impact of the introduction of day case laparoscopic cholecystectomy to the Bristol Royal Infirmary. This included studying the number of potential admissions saved by patients being discharged on the day of surgery and the cost implications.

While at Plymouth in 1997, I was invited to join the Continuous Quality Initiative group. This was a multi-disciplinary team, which aimed to improve the delivery of health care within the surgical directorate. It looked at problems occurring in the clinical setting which resulted in deficient patient care including areas such as delays in the ordering/arrival of TTO's, early transfer of patients for convalescence and inappropriate use of houseman's time. Specifically, I was involved in investigating the possible benefits of setting up a receiving room to which emergency admissions were received and triaged, the aim being to avoid unnecessary admissions to the surgical unit.

PUBLICATIONS

Bennett DH, Tameur Luc JMT, Campbell WB. Use of Coughing Test to Diagnose Peritonitis. BMJ 1994; 308: 1336.

Bennett DH & Hardcastle JD. Screening for Colorectal Cancer. Postgrad Med J 1994; 70: 469-474.

Bennett DH. Do faecal blood tests give value for Money? Management in General Practice 1995; 17: 12-13

Carpenter KM, Durrant LG, Morgan K, Bennett DH, Hardcastle JD, Kalsheker NA. Greater frequency of K-ras Val-12 mutation in colorectal cancer as detected with sensitive methods. Clinical Chemistry 1996; 42(6): 904-9

Lund JL, Buckley D, Bennett DH, Maxwell-Armstrong C, Smith A, Tierney G, Scholefield J. A randomised trial of hospital versus home administered enemas for flexible sigmoidoscopy. BMJ 1998; 317: 1201

Kingsnorth AN, Porter CA, Bennett DH, Cummings GC. A randomized, double blind study to compare the efficacy of levobupivocaine with bupivocaine in elective inguinal herniorrhaphy. Anaesthesia and Analgesia - In Press

Kingsnorth AN, Porter C, Bennett DH. The benefits of a hernia service in a public hospital. Hernia 2000; 4: 1-5.

Kingsnorth AN, Porter C, Bennett DH, Walker AJ, Hyland ME, Sodergren S. Lichtenstein patch or Perfix plug-and-patch in inguinal hernia: A prospective, double-blind, randomised controlled trial of short-term outcome. Surgery 2000; 127: 276-83.

Fulljames C, Stone N, Bennett DH, Barr H. Beyond white light endoscopy - the prospect for endoscopic optical biopsy. Italian Journal of Gastroenterology.

BOOK CHAPTERS

Bennett DH & Hardcastle JD. Screening for Colorectal Cancer in: Taylor I, Johnson C D (Ed) Recent Advances in Surgery 18, 1995, Chapter 4; 53-68.

Bennett DH & Hardcastle JD. Early Diagnosis and Screening in: Williams NS (Ed) Colorectal Cancer 1995.

Hardcastle JD, Bennett DH & Whynes DK. Mass Screening - U.K./European Perspective in Young GP, Rozen P, Levin B (Eds) Prevention and Early Detection of Colorectal Cancer 1996, Chapter 15; 275-289.

Bennett DH. Primary Abdominal Wall Hernias in: Schumpelick D, Kingsnorth AN (Ed) Abdominal Wall: function, defects and repair. 1999, Chapter 6; 83-91.

Bennett DH Surgery of Umbilical, Epigastric and Spigelian Hernias in Schimpelick D, Kingsnorth AN (Ed) Abdominal Wall: function, defects and repair. 1999, Chapter 23; 261-274

Bennett DH, Kingsnorth AN. Hernias. Umbilicus. Abdominal Wall. In Bailey & Love's Short Practice of Surgery. 2000, Chapter 52. (Revised 2003 and 2008).

Bennett DH, Kingsnorth AN. Abdominal Hernias In: Garden OJ, Paterson-Brown S (Ed) A Companion to Specialist Surgical Practice: Core Topics in General and Emergency Surgery. 2001, Chapter 4; 75-103.

Bennett DH. Umbilical, Epigastric and Spigelian Hernias. In Nyhus LM and Condon RE (Eds) Hernia. 2001

Published Abstracts

Bennett DH, Hendrick M, Johnston SJ, Campbell WB
Automated sphygmomanometers for measuring ankle pressure. West Eng Med J 1992; 7(ii):

Wyatt MG, Niblett PG, Bennett DH, Phillips SL, James D, Campbell WB.
Duplex scanning from scratch. West Eng Med J 1992; 7(ii)

Bennett DH, Hendrick M, Johnston JS, Campbell WB.
Automated digital sphygmomanometers: A simple method for measuring ankle systolic pressure.
Br J Surg 1992; 79(4): 360

Bennett DH, Mangwana S, Seth R, Robinson MH, Hardcastle JD.
Expression of DCC protein in colorectal cancer. Br J Surg 1995; 82: 683

Bennett DH, Robinson MHE, Moshakis V, Vellacott K, Hardcastle JD et al. European trial of colorectal cancer screening comparing flexible sigmoidoscopy and faecal occult blood testing with faecal occult blood testing alone. Eur J Surg Oncol 1994; 20(4): 513 (Abstract).

Bennett DH, Mangham CM, Lang MW, Hardcastle JD. Interval cancers in a colorectal screening programme. Gut 1994; 35 (suppl 5): S32.

Bennett DH, Mangham CM, Lang MW, Hardcastle JD. Haemocult screening improves stage-specific survival from colorectal cancer. Gut 1994; 35 (suppl 5): S33

Bennett DH, Mangham CM, Lang MW, Chamberlain J, Hardcastle JD. Does a negative Haemocult test delay symptomatic presentation? Eur J Surg Oncol 1995; 21(1): 116

Mangwana S, Seth R, Bennett DH, Jenkins D. Decreased expression of DCC gene protein in human colorectal cancer. J Path 1994; 173 (Suppl): 150A

Justin TA, Steele RJC, Bostock K, Bennett D, Robinson MHE, Hardcastle JD. Helicobacter Pylori and colonic neoplasms. Gut 1994; 35 (suppl 5): S63

Bennett DH, Mangwana S, Seth R, Jenkins D, Hardcastle JD
The DCC protein: is expression related to survival in colorectal cancer. B J C 1995; 72 (Suppl 25): 031 p11

Bennett DH, Carpenter K, Durrant L, Kalsheker N, Hardcastle JD.
Detection of K-ras mutations in ex-vivo bowel washings. Gastro 1996; 110 (Suppl): A491

Bennett DH, Carpenter K, Durrant L, Kalsheker N, Hardcastle JD.
Sensitivity of detection of K-ras mutations in colorectal cancer. Gastro 1996; 110 (Suppl): A491

Bennett DH, Hardcastle JD, Moshakis V, Rubin R, Berry D, Vellacott K, Besbeas S, Kewenter J, Kronborg O, Chamberlain J.

A comparison of screening for colorectal cancer by flexible sigmoidoscopy and faecal occult blood testing with FOBT alone. Gastro 1996; 110 (Suppl); A491

PRESENTATIONS TO LEARNED SOCIETIES

Surgical Research Society

D H Bennett, S Mangwana, R Seth, D Jenkins, J D Hardcastle.

Expression of DCC in Colorectal Cancer.

American Gastroenterological Association

Plenary Session May 1996

Bennett DH, Hardcastle JD, Moshakis V, Rubin R, Berry D, Vellacott K, Besbeas S, Kewenter J, Kronborg K, Chamberlain J.

A comparison of screening for colorectal cancer by flexible sigmoidoscopy and faecal occult blood testing with FOBT alone.

Association of Surgeons of Great Britain and Ireland

Bennett DH, Porter C, Kingsnorth AN.

A dedicated NHS hernia service improves patient outcome and cost-effectiveness. May 1998

Kingsnorth AN, Bennett DH, Walker A, Porter C.

Randomised, double-blind study to compare the short-term outcome of the Lichtenstein operation with the Perfix Plug in inguinal hernioplasty. May 1999

British Society of Gastroenterology

Bennett DH, Mangham CM, Lang MW, Hardcastle JD.

Interval cancers in a colorectal screening programme.

Bennett DH, Mangham CM, Lang MW, Hardcastle JD.

Haemoccult screening improves stage-specific survival from colorectal cancer.

Bennett DH, Clarke PC, Jenkins D, Hardcastle JD

Ex-vivo studies of human colonic adenomas and adenocarcinomas using the matrigel invasion assay.

Bennett DH, Robinson MH, Preece P, Moshakis V, Vellacott KD, Besbeas S, Kewenter J, Kronborg O, Moss S, Chamberlain J & JD Hardcastle.

Colorectal cancer screening: the effect of combining flexible sigmoidoscopy with a faecal occult blood test.

British Association of Surgical Oncology

Bennett DH, Robinson MHE, Moshakis V, Vellacott K, Hardcastle JD et al.
European trial of colorectal cancer screening comparing flexible sigmoidoscopy and faecal occult blood testing with faecal occult blood testing alone. November 1994

Bennett DH, Mangham CM, Lang MW, Chamberlain J & Hardcastle JD.
Does a negative Haemocult test delay symptomatic presentation? November 1994

Bennett DH, Mangwana S, Seth R, Jenkins D, Hardcastle JD.
DCC protein: is expression related to survival ? June 1995

Vascular Surgical Society of Great Britain & Ireland

Bennett DH, Hendrick M, Johnston SJ, Hardcastle WB.
Automatic digital sphygmomanometers - a simple method for measuring ankle systolic blood pressure.

European Society for Surgical Research

Bennett DH, Mangwana S, Seth R, Jenkins D, Hardcastle JD.
DCC protein expression in colorectal cancer: an independent prognostic marker? Amsterdam May 1995

Midland Gastroenterological Society

Bennett DH, Mangham CM, Lang MW, Chamberlain J & Hardcastle JD
Colorectal cancer detected by Haemocult screening has a better prognosis than colorectal cancer presenting symptomatically.

East Midlands Surgical Society

Bennett DH, Mangham CM, Lang MW & Hardcastle JD
Colorectal cancer screening - the interval cancer rate

Bennett DH, Robinson MHE, Moshakis V, Vellacott , Hardcastle et al
European trial of colorectal cancer screening comparing flexible sigmoidoscopy and faecal occult blood testing(FOBT) with FOBT alone.

Pathological Society

Mangwana S, Seth R, Bennett DH, Jenkins D. Decreased expression of DCC gene protein in human colorectal cancer. J Path 1994; 173 (Suppl): 150A

Surgical Club of South West England

Bennett DH, Tambour Luc JMT, Campbell WB.
The coughing test for peritonitis 1993

Bennett DH, Hendrick M, Johnston SJ, Campbell WB.
Automated sphygmomanometers for measuring ankle pressure 1993

Bennett DH, Porter C, Kingsnorth AN.
Hernias - Improved patient outcome by a dedicated service. May 1998

Poster Presentations

Association of Surgeons of Great Britain and Ireland.

Bennett DH, Barham CP, Alderson D.
Morbidity and mortality after surgery for oesophago-gastric malignancies – the value of a risk stratification system. May 2000.

Bennett DH
An audit of clinico-pathological staging of upper gastrointestinal cancers in the South and West Health Regions. May 1998

British Society of Gastroenterology

Justin TA, Steele RJC, Bostock K, Bennett D, Robinson MHE, Hardcastle JD. Helicobacter Pylori and colonic neoplasms. Gut 1994; 35 (suppl 5): S63

American Gastroenterological Society

Bennett DH, Carpenter K, Durrant L, Kalsheker N, Hardcastle JD.
Sensitivity of detection of K-ras mutations in colorectal cancer. May 1996

Association of Coloproctology of Great Britain and Ireland

Bennett DH, Mangham C, Lang M, Hardcastle JD.
Colorectal cancer screening - the interval cancer rate. Cork July 1995

Bennett DH, Mangwana S, Seth R, Jenkins D, Hardcastle JD.
DCC gene protein expression: a potential prognostic marker in colorectal cancer? Cork, July 1995

Midland Gastroenterological Society

Bennett DH, Robinson MHE, Moshakis V, Weir PJ, Berry D, Vellacott K, Chamberlain J & Hardcastle JD.
Screening for colorectal cancer by flexible sigmoidoscopy: compliance.

Pathological Society

Jenkins D, Bennett DH, Clarke PC & Hardcastle JD

The Adenoma-carcinoma sequence: an ex-vivo model for early invasion

Nottingham International Colorectal Cancer Symposium

Bennett DH, Hardcastle JD, Moshakis V, Rubin R, Berry D, Vellacott K, Besbeas S, Kewenter J, Kronborg O, Chamberlain J.

A comparison of screening for colorectal cancer by flexible sigmoidoscopy and faecal occult blood testing with faecal occult blood testing alone. October 1995

Courses Attended

Ultrasound For General Surgeons. Royal College of Surgeons of England, April 28th and 29th, 1998.

The Second Leeds Course in Gastrointestinal Surgery. Leeds Institute for Minimally Invasive Therapy, June 15th and 16th, 1999.

European Association for Endoscopic Surgery Postgraduate Course. Linz, Austria, June 23rd to 26th, 1999.

Senior/Specialist Registrars' Management Development Programme. November 8th to 10th, 1999 and May 22nd to 25th, 2000, Burwalls, Bristol.

Training the Trainers. Royal College of Surgeons of England, May 16th and 17th, 2000.

Master class in Nissen Fundoplication. Minimal Access Therapy Training Unit, Royal Surrey County Hospital, July 11th-12th 2000.

Travelling Fellowship

National Cancer Centre Hospital, Tokyo, Japan

November 6th-21st 2000

Brown's University Medical School, Providence, Rhode Island, USA
December 9th 2000

November 24th-

Financial support provided by:-

European Society of Surgical Oncology Training Fellowship

South West Gastroenterology Group Travelling Fellowship

South West Surgeon's Travel Bursary

I arranged to visit Dr T Sano's team at the National Cancer Centre Hospital, Tokyo, where I spent 16 days observing and participating in the management of oesophagogastric malignancy. I observed 16 gastrectomies with either D2 or D3 radical lymphadenectomy and 3 oesophagectomies with 3-field lymphadenectomy. I was also able to assist in two gastrectomies. In addition I participated in the post-operative management of these patients and the adjuvant chemotherapy regimes employed. I also observed the technique of endoscopic mucosal resection for early gastric and oesophageal cancers.

I also spent two weeks at Brown's University Medical School, Rhode Island, observing minimally invasive surgery. This time provided an insight into the management of surgical patients in the USA and the technology they employ for minimally invasive surgery.

LEISURE ACTIVITIES

UNIVERSITY:

1984-1985	Treasurer of the Boat Club
1985-1986	Secretary to the Sub-Aqua Club - Qualified Sports Diver
1986-1987	Secretary to the Sailing Club - won the Gaffney Trophy at Burnham Royal Regatta in 1987
1992	Qualified Coastal Skipper, RYA

Sailing - crewed and helmed competitively in 1990, 1991 and 1992 seasons.
1997-1998 Day Boat racing; Devon Yawl national championships

OTHER INTERESTS

- Horse riding
- Skiing
- Latin American Dancing

REFEREES

Mr B Fozard
Clinical Director
Department of Surgery
Royal Bournemouth and Christchurch NHS Foundation Trust
Castle Lane East
Bournemouth BH7 7DW

Tel: 01202 704256

Mr S D Parvin
Medical Director
Royal Bournemouth and Christchurch NHS Foundation Trust
Castle Lane
Bournemouth BH7 7DW

Tel: 01202 303626