



**CURRICULUM VITAE**

**MR NAGY A HABIB ChM FRCS**

**Professor of Hepatobiliary Surgery  
Department of Surgical Oncology  
Division of Surgery, Anaesthetics and Intensive Care  
Faculty of Medicine  
Hammersmith Campus  
Imperial College London**

**and**

**Consultant General Surgeon  
Chief of Service for Gastrointestinal Surgery  
Department of Gastrointestinal Surgery  
Directorate of Surgery & Anaesthetics  
Hammersmith Hospitals NHS Trust  
London**

**August 2004**

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**Surname:** Habib

**Forenames:** Nagy Adly

**Nationality:** British and Egyptian (dual)

**Place of birth:** Cairo

**Date of birth:** 07.08.1952 (52 years)

**Marital status:** Married to Neda, Consultant Anaesthetist at Whipps Cross Hospital

**Children:** Nina aged 21 years and Robert aged 18 years

**Address:** 6 Courtfield  
Castlebar Hill  
Ealing  
LONDON W5 1TA

**Telephone:** 020 8810 5344

**Pre-Med School:** Jesuit School, Cairo

**Medical School:** Ein-Shams University, Cairo

**Academic Awards:** Graduated with Honours

<b>Academic Qualifications:</b>	<b>Academic Body</b>	<b>Date Awarded</b>
MBBCh	Ein-Shams University	February 1977
FRCS	Primary FRCS (Eng)	June 1978
FRCS Ed	Edinburgh RCS	November 1981
ChM	Bristol University	January 1988
Higher Surgical Training	Edinburgh RCS	January 1989

**Registration:** Full registration (GMC) No 2814849

**Medical Protection:** Member of the Medical Protection Society Limited (No. 118703)

## **PRESENT APPOINTMENT**

- July 2003 Professor of Hepatobiliary Surgery, Department of Surgical Oncology and Technology, Division of Surgery, Anaesthetics and Intensive Care, Faculty of Medicine, Imperial College, London
- April 2001 Chief of Service for Gastrointestinal Surgery, Hammersmith Hospitals NHS Trust
- April 1991 Honorary Consultant Surgeon, Department of Gastrointestinal Surgery, Hammersmith Hospitals NHS Trust
- July 1996 Granted Tenure on completion of 5 years.

## **PREVIOUS APPOINTMENTS**

- June 2001 **Reader in Surgery and Honorary Consultant Surgeon**  
Department of Surgical Oncology and Technology, Division of Surgery, Anaesthetics and Intensive Care, Faculty of Medicine, Imperial College, London
- April 1991 **Senior Lecturer and Honorary Consultant Surgeon**  
Department of Gastrointestinal Surgery, Hammersmith Hospitals NHS Trust
- Aug 1989 **Senior Lecturer and Honorary Consultant Surgeon**  
General surgery and hepatopancreatobiliary surgery, The Royal Free Hospital and the Royal Free Hospital Medical School
- Oct 1988 **Lecturer - University of Bristol**  
University Department of Surgery, Bristol Royal Infirmary  
(Professor J.R. Farndon)
- April 1988 **Senior Lecturer**  
Honorary Consultant Surgeon, University Department of Surgery  
Bristol Royal Infirmary
- Oct 1987 **Lecturer - University of Bristol**  
Department of Surgery, Bristol Royal Infirmary  
(Mr M.J. Cooper)
- Oct 1986 **Lecturer/Senior Registrar**  
University Department of Surgery, Southmead General Hospital, Bristol  
(Mr D.J. Leaper)
- Jan-Sept 1986 **Lecturer in Surgery**  
University Department of Surgery, Bristol Royal Infirmary  
(Professor R.C.N. Williamson)
- Jan-Dec 1985 **Research Fellow**  
University Department of Surgery  
(Professor R.C.N. Williamson)  
Bristol Royal Infirmary
- Aug-Dec 1984 **Registrar Vascular and General Surgery**  
Royal Postgraduate Medical School, Hammersmith Hospital, London  
(Miss Mansfield and Mr Benjamin)
- Jun 83-Jul 1984 **Interne des Hopitaux de Paris**  
Service Hepato-biliaire, Paul-Brousse Hopital, Villejuif, France  
Professor Henri Bismuth
- Jan-Jun1983 **Registrar General Surgery**  
(Mr Wood) (Colorectal and breast units)

Royal Postgraduate Medical School, Hammersmith Hospital, London

July-Dec 1982 **Registrar Vascular Surgery**

(Mr Jamieson & Miss Mansfield)

Royal Postgraduate Medical School, Hammersmith Hospital, London

Jan 81-Jun 82 **Registrar General Surgery**

(Mr Luck, Mr Blaxland & Mr Barrett)

Heatherwood Hospital, Ascot

Jun-Dec 1980 **Senior House Officer**

Hepato-biliary Unit (Professor Blumgart)

Royal Postgraduate Medical School, Hammersmith Hospital, London

Apr-May 1980 **Senior House Officer**

Orthopaedics and Traumatology, Royal Postgraduate Medical School, Hammersmith Hospital, London

Oct 79-Mar 80 **Casualty Officer**

Hammersmith Hospital, London

Sept 78-Sept 79 **Senior House Officer**

General Surgery Wolverhampton (including urology, vascular and paediatric surgery)

Feb 77-Feb 78 **House Officer**

Pre-registration rotation in Cairo

## **CLINICAL EXPERIENCE**

As a Senior House Officer, I spent one year in a District General Hospital (Wolverhampton) in General Surgery which was followed by over one year in Hammersmith Hospital, where I rotated through Accident and Emergency, Orthopaedics and the Hepatobiliary Unit. As a Senior House Officer to Professor Blumgart, I was able to learn about pre-operative assessment, intra-operative judgement, surgical techniques and complex post-operative management of patients with difficult problems in or around the liver, biliary tract and pancreas.

During tenure of the Registrar rotation appointment I worked for 18 months in a District General Hospital (Heatherwood Hospital, Ascot). There I became acquainted with many surgical techniques and gained experience in both elective and emergency surgery. I had five operating sessions and three out-patient clinics weekly. As there was no Senior Registrar, I had the chance to develop my clinical judgement and surgical skills under direct consultant supervision. I was on call every other night. I gained experience in urology, performing more than 100 transurethral resections of the prostate. There was also wide experience in general surgery (eg over 150 cholecystectomies and 50 large bowel anastomoses). During that time I passed the final part of the FRCS examination.

I then went back to Hammersmith where I rotated through the units of vascular surgery, colorectal and breast surgery. In the vascular unit, I was taught general concepts of the management of peripheral vascular diseases and carotid surgery. With the help of Mr C. Jamieson and Miss A. Mansfield I was able to perform major vascular surgery (eg aorto-bifemoral bypass, elective aortic aneurysm repair). As a registrar to Mr C.B. Wood I learned more in the field of colorectal surgery, specifically colonoscopy and colo-anal anastomosis. During tenure of the registrar post with Mr Wood I was able to acquire a basis on which to initiate a number of research projects. We started a prospective multicentre trial for the study of mucus as an index for prediction of local recurrence after apparently curative resection in cancer patients. We started a multicentre trial for the use of tumour markers.

While at the Hammersmith Hospital, my interests in liver, biliary and pancreatic disease continued, although my involvement was not as direct as before. I conducted a bacteriological study of the bile

of obstructive jaundice (before and after biliary decompression) and was encouraged to develop a balloon that can be used in liver surgery to diminish the risk of postoperative subphrenic abscess. With the help and support of Professor Blumgart I was appointed as "Interne de Chirurgie" in Paris, France for one year in the renowned hepatobiliary unit of Professor Henri Bismuth. This post was a clinical appointment, and I gained further valuable experience in liver, biliary, pancreatic and portal hypertension surgery. I assisted frequently in major oesophageal surgery (specifically the use of free jejunal transplant in total oesophagectomies, using microvascular techniques). Here, I first encountered liver transplantation. I assisted Professor Bismuth in both orthotopic and heterotopic liver transplant operations. I was able to assist the Professor in over 30 hepatectomies, performing various parts of the procedure under his direct supervision. I learned to use the intra-operative ultrasound probe in liver surgery, including its recent application in sub-segmentectomy resection. I conducted various studies on cirrhotic patients, cancer patients (specifically those with hepatocellular carcinoma) and those with portal hypertension and oesophageal varices.

During the month between my French and English appointments I visited Professor Calne's transplantation unit at Cambridge. This gave me other vantage points in the field of liver transplantation, seeing a completely different technique and rationale in dealing with the same disease entities.

I returned to Hammersmith Hospital in August 1984 to work with Mr I.S. Benjamin and developed my interest in hepatobiliary surgery. At the same time I was the Vascular Registrar (working for Miss Mansfield). I had the responsibility of running the unit on a day-to-day basis and taking many decisions, as there was no Senior Registrar cover for this unit. While working on the Vascular team I performed both elective and emergency aortic aneurysmectomies, bypass grafts in the aortic-bifemoral and the femoro-popliteal segments and bypass grafts for popliteal aneurysm.

In January 1985 I was appointed research fellow to Professor R.C.N Williamson for one year, during which time I wrote my ChM thesis. At the end of that year I was appointed Lecturer in the Department of Surgery at Bristol University. As a Lecturer/Senior Registrar I ran the day-to-day work and regularly taught the undergraduate students. With Professor Williamson I learned about the surgical management of pancreatic disease, including the difficult operative techniques involved. Subsequently, I worked for Mr David Leaper at Southmead Hospital, where there was a broad general surgery practice. During that time I undertook various major operations including Whipple's operation for carcinoma of the head of the pancreas.

Back at the Bristol Royal Infirmary with Mr Martin Cooper, I was able to enlarge my experience in diseases of the liver, biliary tract and pancreas. I performed several major procedures without senior supervision, such as Whipple's operation, major hepatectomies and abdomino-cervical oesophagectomy. I studied ERCP for one month under Dr Paul Salmon at the Middlesex Hospital and started to learn endoscopic sphincterotomy and endoscopic biliary drainages for obstructive jaundice.

When Mr Martin Cooper left Bristol for Exeter, I was appointed to fill a six month locum position as Senior Lecturer/Consultant Surgeon at the Bristol Royal Infirmary. I learnt how to run a general surgical Firm and to handle the clinical, teaching, research and administrative responsibilities. At the end of the locum position I worked as a Lecturer to the newly appointed Professor Farndon, a specialist in head and neck surgery. This attachment covered my weak areas of training in thyroid and parathyroid surgery.

In August 1989 I became Senior Lecturer at the Royal Free Hospital Medical School and the Royal Postgraduate Medical School, and Honorary Consultant Surgeon at the Royal Free Hospital and Hammersmith Hospital. This was a "new blood" post to promote clinical and research work in liver disease at the two institutions. At the Royal Free, I had a weekly outpatient clinic, two operating sessions and on call rota for general surgery 1:5. At the Hammersmith Hospital I had a weekly outpatient clinic and operating session. I conducted teaching and research at each institution. Although I managed patients with general surgical problems, my practice centred upon hepatopancreatobiliary (HPB) surgery.

At the Royal Free I was involved in the liver transplant programme (jointly with Mr Keith Rolles) and hepatobiliary surgery (jointly with Professor K.E.F. Hobbs). At the Hammersmith Hospital I worked

jointly with Professor R.C.N. Williamson and Mr I.S. Benjamin. Following the departure of Mr Benjamin from the Hammersmith I applied and was successful in obtaining the full-time Senior Lecturer Post. In July 1996, I was granted tenure as full-time Consultant Senior Lecturer at the Department of Surgery, Hammersmith Hospital.

The main thrust of my clinical work at the Hammersmith is liver surgery for benign and malignant liver tumours and surgery on the biliary tract. Other surgical activity has included five liver transplants and port-systemic shunts during the early years. Over a ten year period (1989-1999) I have performed 238 elective liver resections and 34 (1997-1999) thermal ablations for malignant liver tumours unable to be removed in their entirety, using either laser or radiofrequency ablaters. Thirty patients referred with iatrogenic biliary stricture following cholecystectomy were referred to the Hammersmith. All underwent successful biliary repair.

At the same time, I am trying to fulfil the wider aim of the Imperial College School of Medicine by disseminating the knowledge and art of my profession across the globe. In 1991 I travelled regularly to Egypt to help out in patient management and in the training of a new generation of liver surgeons and also the organisation of research at the Liver Institute there. I have performed a large number of liver resections and the first successful living-related liver transplantation in Africa and Middle East.

In 1992, the British Council sponsored and arranged a trip to Bratislava, Slovakia (formerly Czechoslovakia) where I performed liver resection and trained the academic surgeons of Bratislava Postgraduate Medical School in its performance. In 1994 my contract with the Royal Postgraduate Medical School was reduced to seven sessions to allow me to join the Chirurgie Klinik at Eppendorf University, Hamburg, Germany. This permitted me to develop my knowledge and expertise in the field of liver surgery.

## **RESEARCH EXPERIENCE**

My major research interests have been in the study of various aspects of oncology and I have been involved in the following research projects:

### **1. HISTOCHEMICAL ANALYSIS OF COLONIC MUCUS (1981-87)**

At the Hammersmith Hospital I used histochemical techniques to study the change in the mucus layer of the colon in patients with colonic cancer and other pathological conditions of the bowel. I found a differential pattern of mucus production in patients with colonic adenomas and carcinomas. Large bowel cancers secrete predominantly sialomucin, the type of mucus produced in the fetus, whereas normal bowel produces predominantly sulphated mucin.

In a retrospective study of patients who had undergone 'curative' resection for Dukes' B colorectal cancers, I noted that 90% of those who developed anastomotic recurrence had sialomucin staining at their surgical resection margins. By comparison, none of the patients with similarly staged tumours (but who did not develop tumour recurrence) had sialomucin at the resection margins. Therefore a multicentre prospective trial was initiated and 358 patients undergoing 'curative' surgery for colorectal cancer were followed for a median 18.0 months. One hundred and six patients (29.6%) had evidence of excess sialomucin at one or other resection margin. Survival analysis for the events (a) death, (b) local recurrence, (c) all recurrence, was undertaken using the Cox regression model. The best parameters selected in a stepwise fashion for events (a) and (c) were Dukes' staging, sialomucin presence and histological differentiation. The prognostic variables selected for the event local recurrence were sialomucin presence, Dukes' staging and differentiation. From this study we concluded that the appearance of sialomucin in a resection margin is an independent prognostic variable for the development of local tumour recurrence and thus an important index of subsequent survival in colorectal carcinoma.

Histochemical staining techniques were applied to patients with inflammatory bowel disease. It was noted that 85% of patients who had ulcerative colitis with moderate to severe dysplastic changes in the colon stained positively for sialomucin; only 5% of patients without dysplasia had evidence of sialomucin staining. From our preliminary clinical data

there is much evidence to suggest that the differential staining technique can distinguish between the benign and malignant changes in the colonic mucosa. This may prove a valuable index for patients at high risk in developing large bowel cancer, or recurrent tumour.

This work is now terminated and I am pursuing the study of mucus glycoprotein changes with the use of monoclonal antibodies to tumour-associated antigens.

## 2. **FATTY ACID RESEARCH (1982-1990)**

With colleagues in the Virology Department at Hammersmith I noticed that the stearic to oleic fatty acid ratio of the cell membrane in tumour areas was consistently lower than the corresponding value in non tumour areas in patients with malignant liver tumours. It appears that the larger proportion of unsaturated fatty acids contributes to a higher membrane fluidity and lower microviscosity. These changes increase the metabolic rate of many lipid-dependent enzymes and facilitate cell division. We theorised that the greater unsaturation (i.e. decrease stearic to oleic acid ratio) observed in malignant cells could be due to a genetically determined defect in stearic acid desaturation.

Our second experiment was to analyse the fatty acid content of circulating red blood cells in patients with cancer and inflammatory bowel disease to determine whether or not the local changes seen in tumour cells are present in the systemic circulation. A total of 100 patients were studied, 20 with various cancers, 20 with inflammatory conditions of the gastrointestinal tract and 60 with a variety of non-malignant, non-inflammatory conditions. It was found that the stearic to oleic acid ratio of the RBC's was lower in patients with malignant conditions than those with non-malignant disease. These early results suggested that the increased unsaturation (oleic acid content) in the circulating RBC's could be used as a chemical marker in various solid neoplasms. The cause of the desaturation could be a desaturation producing factor (DPF), released by the malignant cells into the systemic circulation and possibly also in the urine.

To test this theory, we performed our third experiment. Here proteins were partially purified and concentrated from the urine of subjects with and without cancer, and extracts were used to treat cultured baby hamster kidney cells to provoke membrane desaturation. Extracts from cancer patients caused greater desaturation. Indeed, the degree of desaturation of cultured cell membranes caused by the urinary protein concentrate may be used as a clinical indicator of malignancy.

We concluded that patients with cancer may release a desaturation producing factor (DPF) from the malignant cells into the systemic circulation and thence to the urine. This factor is responsible for the desaturation effect observed in the circulating red blood cells and the urine-treated cell culture membranes. Although this protein has not yet been characterized, we can predict its absence or presence by monitoring the erythrocytes and urine of various cancer and non-cancer patients.

In Bristol I tested the possibility of inhibiting cancer growth and development by increasing the rigidity of cell membrane with stearic acid. I found that stearic acid, its derivatives and the delta-9-desaturase enzyme can each inhibit the ability of cancer cell forming colonies (clonogenic assay), DNA synthesis (thymidine uptake), protein synthesis (selenomethionine uptake), cell division (Coulter counter) and mitochondrial stimulation (MTT). In vivo I have shown that stearic acid can inhibit primary carcinogenesis in rats using the nitrosomethylurea model of mammary carcinoma, the azaserine model of pancreatic carcinoma and the azoxymethane model of colonic carcinoma. I also have shown that stearic acid can inhibit established carcinogenesis in rats and tumour xenografts in nude mice.

Finally, we initiated a clinical trial to assess the potential beneficial effect of iodostearic acid suppositories in patients with advanced cancer. No complete or partial remission was shown, but 25% of these patients had stable disease for 6 months with this treatment.

Recently we have completed a Phase 1 study using oral iodostearic acid (ISA) capsules in patients with advanced malignancies. This study showed no toxicity with 10mg daily doses. We will shortly be starting a controlled double blind clinical trial to assess the efficacy of oral ISA in patients with advanced colorectal malignancies. In vitro both stearic acid and iodostearic acid decrease membrane fluidity, while oleic acid causes the reverse.

To resolve certain controversies we investigated a further 300 patients and confirmed our previous published data. Methodological differences between our own results and those of Neoptolomos and colleagues may explain some discrepancies. The basic finding that cancer cells have a lower saturation index (stearic/oleic ratio) has been collaborated by several other groups.

In collaboration with colleagues at Cambridge we isolated the delta-9-desaturase gene. DNA probes and polyclonal antibodies were made. In collaboration with Dr Embleton (CRC - Nottingham) we have found that the mechanism of action of ISA could be due to stimulation of intercellular communication, and the work continues.

### 3. **ONCOGENES (1981-83)**

In collaboration with Dr H. Niman at the Scripps Institute, La Jolla, California, I looked for oncogenes products in the urine of cancer patients and found the fes onco-protein in the urine of 3 patients with cholangiocarcinoma.

Unfortunately, we found the same in normal urine using the Western Blot technique. Therefore this test failed to differentiate cancer patients from the normal population. I also performed a series of immunohistochemical experiments to study the differential expressions of ras and myc oncogenes in cancer tissue, again finding increased expression of these oncoproteins in both cancer tissue and normal tissue. The same was observed in the serum of cancer patients and normal subjects using an ELISA technique. Thus, the use of monoclonal antibodies to oncoproteins in the screening of serum, urine and tissue has failed to identify cancer patients. I am starting again (in collaboration with Professor Sikora) to study with Northern blot the ras mRNA expression in liver and pancreatic tumours.

### 4. **NITROSAMINES IN THE URINE (1982)**

In collaboration with Professor H. Baartsch, at the International Agency for Research on Cancer I have studied nitrosamine levels in cancer patients and those with premalignant conditions. Urinary nitrosamine levels were high in patients with hepatocellular carcinoma and in those with cirrhosis whether alcoholic or viral in origin. The work offers the prospect of identifying those individuals who are at high risk of developing cancer (due to ingestion or exposure to carcinogens) and modifying their existing condition to prevent malignant change. Thus in cirrhotic patients vitamin C returned the raised urinary nitrosamine levels to normal.

### 5. **TUMOUR MARKERS (1983-90)**

In collaboration with Professor Lindholm (Goteborg, Sweden) I studied CA50 expression in various malignant diseases using a kit-serum test. The use of McAb C242 raised against CA50 was studied in immunoscintigraphy and immunotherapy in mice, and we showed that C242 radiolabelled with 131 iodine has an anti-cancer effect.

In cooperation with Pharmacia-CanAg we screened over 200 monoclonal antibodies using formalin fixed and frozen section materials. We are performing a 5-year follow-up study on 200 patients with colorectal carcinoma to assess the use of McAb C242 in postoperative monitoring for disease recurrence.

## 6. **ANTIGENIC MODULATION (1987)**

I found that by changing the fluidity of the cell membrane it is possible to increase or decrease the expression of antigens or receptors on the outside of the cell membrane. For example the binding of monoclonal antibody (McAb) C242 raised against human colorectal carcinoma cell line colo 205 could be increased by 30% by stearic acid. It was also noticed that the binding of McAb to epidermal growth factor receptors could be increased to target cells expressing EGF receptors of 50% by the addition of oleic acid. This concept could well be exploited in transplantation in order to diminish the possibility of rejection. By increasing the membrane fluidity one may be able to minimise (ie hide away) the spatial arrangements of antigens on the outside of cell membranes which may be implicated in organ rejection.

## 7. **PORTAC (1988 - to date)**

Portac is acronymous for **Portal accelerator** and is a device that I invented to treat the haemorrhagic complications of portal hypertension due to chronic liver disease. Previous laboratory and clinical work in this field has concentrated on medical and/or surgical measures that either reduce the portal pressure and portal liver blood flow (such as portal-systemic shunting) or preserve both portal pressure and portal liver blood flow (such as injecting sclerotherapy or oesophageal transection). The new concept I proposed for the treatment of this condition was to mechanically lower portal pressure by increasing liver portal blood flow using a pump in the portal vein. This novel concept aims to achieve the dual advantage of decreasing splanchnic portal pressure while increasing liver portal flow. The latter was shown to be associated with improved liver function.

This hypothesis is based on two investigations. The first was performed *in vitro* on the isolated perfused rat model and demonstrated that the artificial increase in portal pressure is associated with increase in portal flow in normal and cirrhotic livers. The second I performed in pigs with portal hypertension and showed that it was possible to lower the portal pressure by mechanically increasing the liver portal blood flow with the use of a pump exerted on the portal vein.

I believe this hypothesis opens a new line of research in the treatment of patients with complicated portal hypertension. I deposited a patent application to protect the intellectual rights of this concept. Subsequently the Intellectual Property Rights were transferred to British Technology Group. Via a European consortium funded by the ESPRIT and BIOMED II EU programmes a small motor pump with sensors was engineered and tested successfully in pigs. Approvals have been given to commence clinical trials in the near future.

## 8. **TUMOUR SUPPRESSOR GENES (1990 - 2000)**

Jointly with Dr J. Delhanty at University College London and Dr J. Dooley at the Royal Free, I studied the DNA extracted from pancreatic and liver tumours with a range of restriction fragment length polymorphism probes to assess the extent of allele loss during carcinogenesis. We found that there was an allele loss on chromosome 5 in 6 of 6 non-cirrhotic patients with hepatocellular carcinoma. This was a new finding, since it was previously believed that this allele deletion was specific to carcinoma of the colon and rectum. The chromosome 5 region deleted in hepatocellular carcinoma is distinct from the adenomatous polyposis coli gene. We also isolated the putative tumour suppressor gene for hepatocellular carcinoma on chromosome 5. We also found allele losses on chromosomes 1 and 11 in patients with pancreatic carcinoma, on chromosomes 1, 5 and 17 in cholangiocarcinoma, and on chromosomes 5, 17, and 18 in colorectal liver metastases. Presently, this project is pursued using Gene Chip Technology with wide collaboration with groups in USA and Japan.

## 9. **CANCER GENE THERAPY (1993 - to date)**

In 1993 I started a new project - cancer gene therapy. We used wild-type p53 (p53-wt) tumour suppressor gene in patients with hepatocellular carcinoma. Naked plasmid DNA or plasmid (p53-wt) linked with cationic liposome was injected directly in tumours under CT scan control. Two thirds of these patients had marked reduction of their tumour volume with diminution in AFP levels. Additionally, I am developing immunogene therapy for hepatocellular carcinomas, cholangiocarcinomas and colorectal liver metastases. Minigenes containing the specific point mutations of p53 or ras gene have been constructed. These constructs will be used in conjugation with GM-CSF or B7 costimulatory genes in an animal model to elicit specific cytotoxic T lymphocytes against the tumours containing the corresponding mutations. I am also investigating the therapeutic effects of the following genes [WAF1, MTS1 (p16), HLA-B7/2m, B7.1, TNF, TNF, IL-1, IL-2, IL-4, IL-7, IL-12 and GM-CSF] under the following promoters [CMV, T7 and SV40]. In January 1996, in their review "Cancer Gene Therapy - Clinical Perspective 1995, the two Editors list 10 important investigations carried out in 1995. Of these 10, three were performed outside the USA. My work was one of these three. The Editors mentioned my observations with p53 gene therapy in patients with hepatocellular carcinoma which were similar to those reported by Roth (MD Anderson Center) in patients with lung carcinoma.

In 1998 I was granted approval by the Gene Therapy Advisory Committee (GTAC) and Medicines Control Agency (MDA) to conduct the first clinical trial using wtp53-CMV-Ad administration in the hepatic artery in patients with inoperable colorectal liver metastases. I am also the study coordinator of the first multicentre cancer gene therapy study in Europe to assess the effects of E1A plasmid in ovarian, head and neck, breast, prostate and bladder tumours.

I have just completed an Ad E1B deleted clinical trial in patients with primary and secondary liver tumours with my colleagues in Egypt. There were no reported side effects to the treatment and 50% of the patients showed a chemical response (published Human Gene Therapy Journal 2000 and Cancer Gene Therapy Journal 2001 and 2002).

10. **GENE THERAPY FOR LIVER FAILURE (1998 - to date)**

I am actively pursuing a research programme using a gene therapy approach for the treatment of hypoalbuminaemia, thrombocytopenia and abnormal coagulation by administering plasmids encoding TPO, G-CSF, albumin, and factors II, V, VII, IX and X.

11. **GENE THERAPY FOR HEPATITIS C VACCINATION (1998 - to date)**

I have started a clinical study in Egypt to assess the use of plasmid DNA encoding the core and E<sub>2</sub> proteins of hepatitis C in patients with hepatitis C.

12. **MICROARRAY ANALYSIS OF GENE EXPRESSION IN THE LIVER**

In collaboration with a group of researchers at Brown University School of Medicine, Rhode Island, USA, we have for the first time identified a comprehensive preliminary molecular index of genes transcribed in the adult human liver (published Journal of Hepatology 2001). Undoubtedly this will speed up the discovery of genes underlying human hepatic diseases.

13. **LOSS OF HYPOMETHYLATION PROFILE IN TSG PROMOTERS**

In collaboration with a group of researchers from John Hopkins Oncology Centre we have found methylation in the CpG island of p16 and p53 promoter in patients with hepatocellular carcinoma. Nine genes were studied, p16, ER, COX2, CACNA1G, RARβ2, hMLH1, THBS-1, ECAD and MINT2. The frequency of hypermethylation was 70% for ER, 47% for p16, 33% for COX2, 48% for CACNA1G and nil in the remaining genes. We concluded that hypermethylation in hepatocellular carcinoma is not a random process and that some tumours appear to progress along an epigenetic pathway.

14. **HYPOMETHYLATION OF LINE1 RETROTRANSPOSONS IN HEPATOCELLULAR CARCINOMAS**

Cytosine methylation of LINE1 (L1) elements, some of which are capable of retrotransposition in liver cells, are known to play important roles in the transcriptional repression of the retrotransposons. In collaboration with a group of Japanese researchers we have identified for the first time hypomethylation of L1 elements in the majority of hepatocellular carcinomas studied and not in the surrounding liver tissue. This might have relevance for both diagnosis and therapy.

#### 15. **DENDRITIC CELL VACCINATION**

In association with Professor Rober Lechler, Head of Immunology at Imperial College, we are studying together the therapeutic potential of dendritic cell vaccination pulsed with tumour lysate in patients with colorectal liver metastases. Study recruitment finished in June 2004. The next study using T cells and DC cells in combination is being developed.

#### 16. **NEW TECHNIQUE FOR LIVER RESECTION USING HEAT COAGULATIVE NECROSIS**

I have developed a technique for zero blood loss liver resection which employs radiofrequency heat to seal the plane of incision before it is cut with the surgical scalpel. The technique is safer for patients - they do not require blood transfusion or an intensive care unit stay. A manuscript which describes the technique was been accepted by Annals of Surgery (American) and published in November 2002. In 2003 the BUPA Foundation awarded a substantial grant to study a new bloodless resection device.

#### 17. **STEM CELL THERAPY**

The potential of stem cells for clinical therapy is being researched in my labs. A team of scientists are working on the isolation, characterization, and culture of different stem cells. To date we have succeeded to engraft human stem cells into a liver failure animal model, we have developed a culture system and have shown that stem cells can be viable after freezing and thawing on two separate occasions. OmniCyte Limited are generously supporting the work.

### **CURRENT RESEARCH TEAM**

- Dr Roman Havlik, working on thrombopoietin
- Ms Joanna Nicholls, Research Manager
- Ms Ayala Tamir, MSc working with dendritic cell vaccination (appointed jointly with Immunology)
- Dr Ernesto Basaglia, researching dendritic cell vaccination
- Miss Vani Matai, researching cartilage stem cells
- Dr Ioannis Dimarkis, researching cardiac stem cells
- Dr Faisal Al-Allaf, researching insulin producing stem cells
- Dr Natasa Levicar, Senior Scientist
- Dr Dominic Yu, Clinical Research Fellow working on the BUPA Foundation award

### **PREVIOUS RESEARCH TEAM**

- Dr Arash Kagahazian, advised for MSc in Surgical Sciences - succeeded
- Dr Ezzat Chohda, advised for MSc in Surgical Sciences - succeeded
- Long Jiao, FRCS, Research Fellow for one year 1997-98 working on the IMALP Project supported by an EC grant. Work as an MD thesis - succeeded.

- Dr Shi-Fa Ding (advised for PhD) - succeeded.
- Mr Seamus Kelly (Surgical research fellow advised for MD thesis) - succeeded
- Mr David Khoo (Surgical research fellow - advised for MD thesis) - succeeded
- Mr Neil Rothnie (Surgical research fellow - advised for MD thesis) - succeeded
- Miss Beverley Fermor (Scientist supervised for PhD thesis) - succeeded
- Mrs Doris Heinemann (Part-time scientist supervised for M.Phil) - succeeded
- Miss Jayne Miller (Technical support in the lipids field)
- Miss Sheila Radford (Technical support in the oncogene studies)
- Mr Tony Corfield (Scientist in mucus studies)
- Professor Su Huici (Scientist in monoclonal antibody work)
- Miss Anne Hutchinson (Technical support in monoclonal antibody work)
- Miss Claire Lewington (Full-time Research Sister)
- Dr S Uemoto from Kyoto University who joined my team for a year to study the functional liver reserve using the AKBR principle.
- Student Khwaja Amer Abdullah Shoaib from St Mary's Hospital joined us to study molecular biology of liver tumours for a BSc (clinical science) degree course.
- Dr H Sawada (Japanese Surgeon from Kyoto University) to perform liver transplantation in rats - spent 1 year in 1994.
- Dr K Honda (Japanese Surgeon from Kyoto University) to study the use of cytokines genes in tumour gene therapy spent 1 year in 1994.

## ADMINISTRATIVE EXPERIENCE

In London I was responsible for the administration of the multicentre research projects in the mucus and tumour markers. This involved co-ordinating the efforts of Hammersmith Hospital with those of various District General Hospitals (Heatherwood at Ascot, King Edward VII at Windsor). I was responsible for the design of a proforma for breast and colorectal diseases which could be fed into a computer. I supervised its introduction and its follow up at Hammersmith, King Edward VII and Heatherwood Hospitals.

I was selected by the MRC of Canada to referee a grant application on "Estrogens-receptors targetted chemotherapy in breast cancer". The total amount of support requested was \$170,000 on a 2 year basis.

I helped set up a charitable organisation in the name of a deceased patient (from the fatty acids trial) - "The Gloria Miles Cancer Foundation". I am a founder and a Trustee. Money raised is given to either research or to buy equipment, such as scanners etc.

I was one of the organisers for the 3rd World Congress for the World Association of HPB Surgery (3rd - 8th June 1990, London). Since 1991 I am one of the organisers of the Annual HPB Hammersmith Course which is held every November, and I personally have organised six successful symposiums on liver diseases and liver transplantation in 1992 - 1997.

In June 1996, I initiated a Cancer Gene Therapy Symposium at the Hammersmith, which proved very successful and in June 1997 the Cancer Gene Therapy Meeting was increased to two days. A two day Cancer Gene Therapy Meeting was again held in May 1998, and from this meeting the International Society of Cancer Gene Therapy was founded. I was the elected Secretary General for three years and have now been elected as next President commencing January 2003. A two day inaugural meeting of the Society was held in July 1999 at the Wolfson Conference Centre at the Hammersmith Hospital, in 2002 it was held at the Institut Pasteur in Paris 12<sup>th</sup> and 13<sup>th</sup> July. Proceedings of the meeting were published in Gene Therapy Journal. In July 2001 the meeting was held in London and in 2002 the meeting was held at the Natural History Museum in London.

In 1998 I initiated the 'West London Surgical Oncology Group' which aims to coordinate the teaching, clinical and research activities between the different specialities of surgery dealing with cancer patients. In the same year I also initiated the 'Liver London Group' to foster collaboration between the various teams in London performing liver surgery.

In 1999 I was invited to be a member of the Clinical Advisory Group of the Thames Cancer Registry to advise on HPB malignancies. The purpose of the group is to provide clinical advice to the Cancer Registry. The group meets on a quarterly basis.

I am also the Department of Surgery representative on the hospitals Information Technology Clinical Systems Group. The remit is to advise and implement information technology systems across the Trust.

In April 2001 I was appointed as Chief of Service for Gastrointestinal Surgery with the responsibility for the smooth running of the department across the Trust. During this time I have organised weekly MDTP meetings which are attended by four consultant surgeons, consultant radiologists, consultant oncologists, consultant pathologists to discuss all GI cancer patients and to reach consensus decisions on treatment pathways. We have fortnightly gastrointestinal education sessions for SHOs and SpRs which is well supported by consultant surgeons, consultant gastroenterologists and consultants in intensive care medicine. I have also organised fortnightly meetings with directorate management. My own unit has formulated a Standards of Practice document and this has been used as the template for the other other units within the department. As a consequence I am also a member of the Directorate Executive Committee.

In June 2001 I became a member of the Trust Steering Group responsible for the implementation and monitoring of Cancer Service Frameworks. I took the lead in developing the Trust's submission as a national Pancreatic Cancer Centre. The submission was successful and the Trust will be the Pancreatic Cancer Centre for the North West London Cancer Network.

In November 2001 on behalf of the Department of General Surgery I coordinated the SAC application to the Royal College of Surgeons with an excellent outcome for gastrointestinal surgery.

Early in 2002 I became a member of the New Medical Devices Committee which approves the use of new technology in the hospital.

## GRANTS AWARDED

YEAR	FUNDING SOURCE	AMOUNT	AMOUNT (£)
1986	Stena Diagnostics, Sweden Public Appeal, Bristol		£ 15,000 £100,000
1987	Stena Diagnostics Roche, Switzerland Gloria Miles Foundation, Bristol Medirace, UK	\$1,000,000	£ 45,000 £ 15,000 £ 60,000
1988	Stena Diagnostics Medirace, UK	\$1,000,000	£ 50,000
1989	Medirace, UK		£120,000
1990	Medirace, UK		£150,000
1991-93	North East Thames, UK		£42,000
Jan 1996	ESPRIT Programme, European Union, Brussels	3.4 million ECU	
Dec 1996	BIOMED 2 Programme, European Union, Brussels	700 kECU	
Jan 1997	AIRC (based in Bari, Italy)	L. 35.000.000	
Oct 1997	Fournier Pharmaceuticals		£1,000,000
Jan 2000	Pedersen Family Cancer Foundation		£65,000
Jan 2000	Gloria Miles Cancer Foundation		£28,000
April 2000	Gloria Miles Cancer Foundation		£17,391
Aug 2000	Pedersen Family Cancer Foundation		£900,000
Aug 2003	Pedersen Family Cancer Foundation		£95,000
Dec 2003	OmniCyte Limited		£87,664
Dec 2003	BUPA Foundation Award		£161,904
Jan 2004	Pedersen Family Cancer Foundation		£140,000
Jun 2004	OmniCyte Limited		£10,000
Jul 2004	Pedersen Family Cancer Foundation		£190,000

## **MEMBERSHIP OF SCIENTIFIC SOCIETIES**

1. European Association for Cancer Research (EACR).
2. International Society for Oncodevelopment Biology and Medicine (ISOBM).
3. International Society of Preventive Oncology (ISPO).
4. Pancreatic Society of Great Britain and Ireland.
5. UK Chapter of World Association of Hepatopancreatobiliary Surgery.
6. Surgical Research Society (SRS).
7. British Society of Gastroenterology.
8. British Transplantation Society.
9. British Association for Cancer Research.
10. Association of Surgeons of Great Britain and Ireland.
11. European Liver Transplant Association (ELTA)
12. British Association of Surgical Oncology, (BASO)
13. American Association of Cancer Research (Membership No. 14947).
14. Member of Board of Directors of European Society for Engineering & Medicine (ESEM).
15. International Society of Cancer Gene Therapy
16. American Society of Cancer Gene Therapy
17. British Society of Gene Therapy

## **EDITORIAL BOARD MEMBER**

1. Cancer Gene Therapy Journal
2. Cancer Biology and Therapy

## **EDITORIAL REVIEW PANEL**

1. Annals of the Royal College of Surgeons of Edinburgh
2. Annals Royal College of Surgeons of England
3. European Journal of Cancer
4. Technology and Health Care (International Journal of Health Care Engineering)

## **Occasionally review papers for:**

1. British Journal of Surgery
2. The Lancet
1. British Journal of Cancer.
2. Gut
3. European Journal of Surgical Oncology
4. Cancer
5. Cancer Gene Therapy
6. Journal of Hepatology
7. International Journal of Cancer
8. HPB Surgery
9. European Journal of Gastroenterology & Hepatology

## **Scientific Advisory Panel**

GenPhar, Inc, South Carolina, USA  
Got-A-Gene, Gothenberg, Sweden

## **TEACHING EXPERIENCE**

### **UNDERGRADUATE**

During the tenure of my post as Lecturer in the University Department of Surgery in Bristol I was involved in undergraduate teaching, which included lectures and ward teaching to medical and dental students as well as the tuition of nurses. I was also responsible for organising final exams for medical and dental students.

As a Senior Lecturer at the Royal Free Hospital School of Medicine I again involved in undergraduate teaching which I liked to conduct in the form of informal discussions, stimulating the students to think and to find solutions for clinical problems away from their note books.

On the surgical course I believe that students should rotate through most specialities of surgery (general, urology, vascular, orthopaedic and paediatric). In their curriculum, students should be encouraged to develop their ability for independent learning, problem-solving skills and self assessment. I think emphasis should be placed on helping students to acquire and utilise the sciences basic to medicine and to improve their ability to communicate.

The other area of interest is to help students to develop administrative skills. It is quite obvious that the ultimate health of our medical profession will depend to a large extent upon our ability for self-management and organisation.

There should be more integration between the basic and medical sciences in the curriculum. Students should be given more responsibility in the management of patients (under supervision) so that they feel they are contributing to problem solving. They should be advised to attend theatres to see common operations, but prolonged attendance of any particular surgical speciality is unnecessary and wasteful of time at their stage.

In March 1999, for the first time, the Hammersmith welcomed the introduction of undergraduate medical student teaching. I am involved in weekly clinical teaching at the patients' bedside. In addition, I am one of the coordinators for the clinical lecture programme for 3<sup>rd</sup> year medical students clinical course 1998/1999.

In February 2001 I joined the newly formed Divisional (SAIC) Undergraduate Teaching Committee with specific responsibility for graduate entry. The Committee aims to ensure that a core group of people within the Division are responsible for involvement in each phase of the new curriculum as proposed by the Undergraduate Medicine Office of Imperial College School of Medicine. I have planned, organised and executed a three week module, with 60 hours contact teaching time, to address Peri-Operative Complications which was held in November 2001. This module will run every year. I am also an examiner for the MBBS examinations.

## **POSTGRADUATE**

I have had experience in organising teaching programmes for the Primary and Final FRCS Courses. I organized the weekly SHO teaching session for Final FRCS in addition to helping with the formal Courses and I took part in the mock-viva preparation for the Final FRCS at the Royal College of Surgeons. Recently, I have been invited to become an examiner for the Royal College of Surgeons of Edinburgh.

I am an examiner for the MSc in Surgical Sciences at Imperial College School of Medicine and I examine for external PhD candidates.

- I advised Mr Seamus Kelly (FRCS) who worked with me on the fatty acids project. He completed his work and was awarded an MD degree.
- Mr David Khoo (FRCS) who started November 1988, took over the continuation of Seamus Kelly's work on fatty acids (clinical assessment of fatty acids as anti-cancer agents). He completed his work and was awarded an MS degree.
- Mr Neil Rothnie (FRCS) started October 1988 for 2 years. He assessed various monoclonal antibodies and their potential use in clinical practice. He worked on flow cytometry, immunohistochemistry, RIA and radioimmune localisation of tumours. He completed his work and was awarded an MS degree.
- Miss Beverley Fermor (BSc) worked with me for 3 years. She assessed the anticancer effects of fatty acids using clonogenic assay, MTT, membrane fluidity, thymidine uptake, Coulter counter and nude mice experiments. She completed her work and was awarded a PhD degree.
- Dr S.-F. Ding, a medically qualified doctor from the People's Republic of China, joined my team 5 years ago. He passed his PhD thesis in the study of tumour suppressor genes in tumours of the liver and pancreas.
- Dr RR Mitry who was working with me in the field of cancer gene therapy He successfully gained his PhD degree in October 1999 under my supervision in research into p53.
- I advised Mr L Jiao (FRCS) who worked with me in the field of portal hypertension and I acted as his supervisor for his MD degree which he obtained in March 2001.
- I acted as supervisor for Dr Khalfan Al-Hinai in pursuit of his MSc in Surgical Science. He passed successfully in November 1999. His dissertation was on micrometastases.
- I am joint supervisor for Ms Ayala Tamir who is undertaking her PhD in the field of dendritic cell vaccination. She commenced in January 2000 and hopes to complete in 2004.
- I am supervising Dr Ernesto Basaglia who is undertaking an MSc in Surgical Science (2003/04). His research project is in dendritic cell vaccination for patients with advanced colorectal liver metastases.
- I am supervising Miss Vani Matai for PhD in stem cell research. She commenced in 2004.
- I am supervising Mr Ioannis Dimarakis for PhD in stem cell research. He commenced in 2004.

## **PUBLICATIONS**

### **Higher Degree**

ChM thesis University of Bristol. Awarded January 1988. 'Possible diagnostic and prognostic methods in colorectal malignancies'. (related to studies in mucus and fatty acids).

### **Books Edited**

1. Cancer Gene Therapy - Past Achievements and Future Challenges. Editor Nagy Habib. Plenum Publishing Company. Publication date: April 2000.
2. Methods in Molecular Medicine - Hepatocellular Carcinoma. Editor Nagy Habib. Humana Press Inc. Publication date: May 2000.
3. Multi-Treatment Modalities of Liver Tumours. Editor Nagy Habib. Kluwer Academic/Plenum Publishers, New York. 2002.

### **Chapters in Books**

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"Liver Resection." in: International Surgical Practice. Eds. by D J Leaper and F J Branicki. Published by Oxford University Press, 1992.
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"Malignant tumours of the liver and biliary system." in: Cancer: a molecular approach. Eds. NR Lemoine, T Cooke & J Neoptolemos. Blackwell Scientific Publication, 1994, pp95-105.
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13. Mitry RR, Mansour MR, Havlik R, Habib NA.  
"Gene Therapy for Liver Tumours" in Cancer Gene Therapy: Past Achievements and Future Challenges, ed Habib NA, Plenum Publishing Corporation, New York. Published April 2000.
14. Usatoff V, Habib NA.  
"Hepatocellular carcinoma: The clinical problem" in Hepatocellular Carcinoma: Methods and Protocols, ed Habib NA, Humana Press, New Jersey. 2000 pp 3-20.
15. Mitry RR, Kelly MD, Zhao J, Negishi S, Mansour MR, Habib NA.  
"p53 plasmid preparation and techniques for analysis of gene transfer and expression" in Hepatocellular Carcinoma: Methods and Protocols, ed Habib NA, Humana Press, New Jersey. 2000 pp 207-220.
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## Reports

1. Special Supplement: Liver Cancer: Multi-treatment Modalities. Editor Nagy Habib. Published in *Hepatogastroenterology* 2001 vols 47 and 48.

## Published Manuscripts

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149. Effect of Total Hepatic Vascular Exclusion During Liver Resection on Hepatic Ultrastructure A.M. Isla, M.E. Moussa, C.E. Sarraf, H. Sawada, N.A. Habib. Second World Congress of the International Hepato-Pancreato-Biliary Association, Bologna, Italy June 2-6, 1996.
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153. Clinical Short-Term Results of Radiofrequency Ablation in Unresectable Liver Cancers. Jiao LR, Hansen PD, Mitry RR, Pignatelli M, Habib N. American Association for the Study of Liver Disease, Chicago 1998. Abstract published in *Hepatology* Journal, October 1998.
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155. P53 mutation in cholangiocarcinoma is associated with worse prognosis after surgical resection. Havlik R, Jiao LR, Sbisà E, Tullo A, Saccone C, Honda K, Mitry RR, Habib NA.

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156. Implantable Portal Pump for Augmented Liver Perfusion in Cirrhosis: First Experience. Havlik R, Jiao LR, Kerkhoffs W, Marseille O, Vandervoorde G, Puers R, Reul H, Habib NA. X11th International Society of Artificial Organs/XXVIth European Society of Artificial Organs Edinburgh August 1999. Abstract published in *The International Journal of Artificial Organs*, June 1999.
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  162. Apoptosis is a critical factor in determining the in vivo efficacy of adenoviral vectors expressing tumor suppressor genes. Pall A, Zhao W, Cook GA, Turrrol F, Higginbotham J, Vahanian N, Link C, Kobyashi M, Hosokawa M, Habib N, Seth P. Abstract published *American Society of Gene Therapy* 2000. Selected as one of the best eight abstracts submitted.
  163. DNA adducts in cholangiocytes - evidence for chemical carcinogens in the rise of bile duct cancer. Khan SA, Carmichael PL, Taylor-Robinson S, Habib N, Thomas HC. Abstract accepted for poster at *European Association for the Study of the Liver*. April, Madrid 2002
  164. Radiofrequency assisted liver resection. Spalding D, Navarra G, Habib NA. Abstract accepted as poster at *Association of Surgeons of Great Britain and Ireland*, Dublin, May, 2002
  165. Radiofrequency assisted liver resection. Navarra G, Habib NA. Abstract accepted for presentation. *Association of Upper Gastrointestinal Surgeons*, Manchester, Sept 2002
  166. Novel p53 mutations but lack of mutational fingerprint in human intrahepatic cholangiocarcinoma. Khan SA, Taylor-Robinson SD, Carmichael PL, Habib N, Lemoine N, Thomas HC. Abstract accepted for presentation. *British Society of Gastroenterology*, Birmingham, March 2002
  167. The long term result of radiofrequency ablation in patients with colorectal liver metastases. Navarra G, Jiao L, Tysome JR, Curro G, Habib NA. Abstract accepted for presentation. *International Hepato Pancreato Biliary Association*, Istanbul, Turkey, May 2003. Publication in *HPB* Vol 5 Suppl.1 p.48.

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169. A paradigm shift towards bloodless liver surgery: Radiofrequency assisted liver resection optimizes safety and minimizes blood loss and ICU admission. Navarra G, Jiao LR, Basaglia E, Thillainayagam AV, Habib NA. Abstract accepted for presentation. British Association for Study of the Liver, London, UK. 12<sup>th</sup> September 2003.
170. Can gene therapy prevent chemotoxicity?. N Habib, R Havlik, J Nicholls, M Tiraby, G Tiraby. Abstract accepted for presentation and published in The Journal of Gene Medicine, 2004;6:S28.

## **PRESENTATIONS: To Learned Societies Without Published Abstracts**

1. NA Habib & CB Wood. Abnormal pattern of mucus production in colorectal cancer. International Society for Oncodevelopment Biology and Medicine in Stockholm, Sweden, 1983.
2. NA Habib & CB Wood. A study of the histochemical changes in mucosa from patients with ulcerative colitis, Crohn's disease and diverticular disease of the colon. International Society for Oncodevelopment Biology and Medicine. Stockholm, Sweden, 1983.
3. NA Habib, J Coutinaud, J Gigot, C Smadja and H Bismuth. Pre-operative screening in colorectal liver metastases. Integraal Kankercentrum West Leiden, Holland, 1984.
4. NA Habib, CB Wood, K Apostolov, A Thompson, W Barker, LH Blumgart. Reduction in the stearic to oleic acid ratio in the circulating red blood cells: a possible tumour marker in solid human neoplasms. VIth International Symposium on Prevention and Detection of Cancer Vienna, Austria, 1984.
5. J Gotlib, D Houssin, NA Habib, and H Bismuth. Sclerotherapy in oesophageal varices. French Surgical Society in Paris, 1984.
6. JB Blaxland, NA Habib, and J Luck. An analysis of 301 cases of malignant colorectal tumour. Royal Society of Medicine (proctology section), Florida, USA, 1984.
7. NA Habib, J Coutinaud, J Gigot, C Smadja & H Bismuth. Pre-operative screening of colorectal liver metastases. International Symposium of Liver Metastases in Leiden, Holland, 1984.
8. NA Habib. Application of monoclonal antibodies against oncogene products in clinical practice. Ludwig Institute for Cancer Research, 1985.
9. NA Habib, CB Wood & K Apostolov. A proposed role for the unsaturated fatty acids in the mechanism of action of alpha feto protein. International Symposium on alpha feto protein in Leferville, France, 1985.
10. NA Habib, CB Wood, B Fermor, N Mortensen, MO Symes and RCN Williamson. A predictive in-vitro test for predicting the response of colorectal carcinomas to chemotherapeutic agents. Ist International Congress of Neo-Adjuvant Chemotherapy in Paris, 1985.
11. NA Habib. Prognostic factors in colorectal cancer. Oxford Regional Meeting, 1983.
12. NA Habib. 1,000 cholecystectomies at three District General Hospitals. Hepatobiliary Course at Hammersmith Hospital, 1983.
13. NA Habib & J Luck. Complications of cholecystectomies in District General Hospitals. Regional General Surgeon's Clinical Meeting at Stoke Mandeville Hospital, 1984.
14. NA Habib, Sialomucin in colonic cancer. Postgraduate Meeting at the Oliver Plunkett Postgraduate Centre, St Peter's Hospital, Chertsey, 1985.
15. NA Habib, H Niman, A Thompson, B Fermor, MO Symes, RCN Williamson & CB Wood. In-vitro treatment of colorectal cancer cells with anti-p21.

Advances in the Applications of Monoclonal Antibodies in Clinical Oncology.  
RPMS, London, 1985.

16. NA Habib, H Niman, A Thompson, D Kersten & CB Wood. The use of monoclonal antibodies to ras-oncogene product in the diagnosis of carcinoma of the colon and rectum.  
Advances in the Applications of Monoclonal Antibodies in Clinical Oncology. RPMS, London, 1985.
17. NA Habib, A Thompson, CB Wood & H Niman. The use of monoclonal antibodies for the detection of oncogene related proteins in the urine of cancer patients. Advances in the Applications of Monoclonal Antibodies in Clinical Oncology. RPMS, London, 1985
18. NA Habib, M Hershman, A Grauer, M Blount, L Lindholm, J Holmgren and CB Wood. Detection of CA-50 in serum from patients with malignant liver diseases.  
British Society of Gastroenterology Newcastle, 1985.
19. NA Habib, H Niman, A Thompson & CB Wood. The expression of oncogene related proteins in human malignant liver neoplasms.  
British Society of Gastroenterology, Newcastle, 1985.
20. PM Dawson, NA Habib, RCN Williamson & CB Wood. Influence of sialomucins at the resection margin on survival of patients with colorectal cancer.  
British Society of Gastroenterology, Newcastle, 1985.
21. NA Habib, CB Wood, B Fermor, N Mortensen, MO Symes & RCN Williamson. An in-vitro test for predicting the response of colorectal carcinomas to chemotherapeutic agents.  
1st International Congress of Neoadjuvant Chemotherapy, Paris, 1985.
22. SB, Kelly, NA Habib, MJ Hershman, RCN Williamson, CB Wood. Clinical experience with CA-50 in the serum of carcinoma patients.  
Association of Surgeons, 1988.
23. Badia, J. Habib NA. **Prize-winning Poster presentation** on "The systemic cytokine response to liver surgery under total vascular exclusion". European IHPBA Congress, Athens May 1995.
24. NA Habib, SF Ding, R El-Masry, RR Mitry, K Honda, NE Michail, G Dalla Serra, G Izzi, L Greco, M Bassyouni, M El-Toukhy, Y Abdel-Ghaffar. "Direct intra-tumoral injection of wild-type p53 in patients with hepatocellular carcinomas". Sixth International Congress on Anti-Cancer Treatment, February 6th-9th, 1996 Palais des Congres, Paris France.
25. The Scalpel Technique of Liver Resection  
A.M. Isla, H. Sawada, J.B. Perez, G. Zografos, L. Grego, N. DeRuvo, N.A. Habib.  
Second World Congress of the International Hepato-Pancreato-Biliary Association, Bologna, Italy June 2-6, 1996.
26. Treatment of Hepatocellular Carcinoma and Colon Carcinoma with Therapeutic Tumor Vaccines Generated By An Invitro Two-step process.  
S Wu, J Zhao, J Ma, T Xie, Y Liu, H Wang, L Wei, F Shen, J Trojan, DD Anthony, N Habib, M Wu, Y Guo. AACR meeting, New Orleans, 28<sup>th</sup> March-1<sup>st</sup> April 1998.

## **INVITED LECTURES**

1. Third National Congress of Young Surgeons, Bari, Italy 1990. "Techniques in Liver Resection and Segment III Bypass."
2. North London Gut Club Meeting, RFHSM, 1990 (Debate) "Surgery is the Treatment of Choice for Cholangiocarcinoma."
3. VXth International Update of Liver Disease, RFHSM, 1990. "Fatty Acids and Carcinogenesis" and "Transplantation for Hepatitis B Positive Patients and Alcoholics."
4. British Postgraduate Medical Federation Course. RPMS, 1990. "Surgery for Metastatic Tumours."
5. British Postgraduate Medical Federation Course RFH, 1990. "Role of Surgery in the Management of Patients with Liver Disease."
6. Fourth Congress Nazionale, Puglia - Calabria, 1990. "Trapianti di organi: come, quando, perche."
7. The Royal Hospital, Kilmainham, Dublin, 1990. "Frontiers in Surgery" Symposium.
8. University of Sicily, 1991. "Role of Surgery in Liver Disease."
9. Cairo University, Egypt, 1991. "Liver Disease and the Surgeon."
10. Ein Shams University, Egypt, 1991. "Techniques in Liver Surgery."
11. Genoa, Italy, 1991. "Liver Resections."
12. Athens, Greece, 1991. "Surgical Management of benign biliary strikers."
13. The first international surgical meeting in Chabaksary, Russia, 1991. "Liver resection; Benign bile liver duct strictures; Malignant biliary strictures; surgery of portal hypertension."
14. Eighth Training Workshop & Eighth Afro-Arab Conference on Liver & Biliary Diseases in Cairo, Egypt, December 1991. "Liver transplantation planning." "Surgical management of hepatocellular carcinoma."
15. The 28th World Congress of the International college of Surgeons. Cairo, 1991. "Surgical management of liver tumours."
16. University Hospital, Kuala Lumpur, Malaysia, 1992. "New trends in liver surgery."
17. Grimsby Gastroenterology Symposium, 1992. "Management of gall stones."
18. IX Meeting of Italian Society of Intensive Care. Milano, 1992. "New approaches to portal hypertension."
19. 6<sup>0</sup> Congresso Nazionale. Il domani in particolari patologie. Formia, June 1992. "Il Trapianto d'organi e la vita di poi."
20. Symposium of Liver Transplantation. Bratislava, Sept 1992. "Liver transplantation."

21. National Conference on Hepatobiliary & Pancreatic Surgery. Jaipur, India, Nov 1992.. "Living-related liver transplantation."
22. 13th World Congress collegium Internationale chirurgiae Digestive. Athens, Sept 1992. "Management of extrahepatic bile duct tumours."
23. Surgical Section of the RSM, Teaching Day at RPMS, Hammersmith Hospital, London, December 1992. "Major hepatic resection."
24. University of Kuala Lumpur General Hospital, Malaysia. March 1993. "Liver Tumours".
25. Seminari di Fisiopatologia, Clinica e Terapia Chirurgica, Bari, Italy. March 1993. "Techniques in liver surgery."
26. Kyoto University Medical School, Japan. June 1993. "Adult living-related liver transplantation."
27. Hamburg University Medical School, First International Symposiium on Living-related Liver Transplantation, Germany. April 1995. "Need for living-related liver transplantation in Africa".
28. XXIV Congresso Internazionale Della Societa di Chirurgia Del Mediterraneo Latino, Palermo, September 1995. "Terapia chirurgica dei tumori del fegato: Resezione o trapianto?".
29. 5th Panhellenic Congress of the CICD, Athens 24-25 November 1995. "New Frontiers in Liver Resection".
30. The First Annual Congress of The Egyptian Society of Internal Medicine, March 7-8 1996, Cairo, Egypt.
31. Baskent University, Ankara, Turkey, 16th March 1996. "Surgical and Molecular Approaches to Hepatocellular Carcinomas".
32. Twelfth Afro Arab Workshop and Conference on Liver Diseases - 23rd to 27th March 1996, Cairo, Egypt. "Molecular approach to Hepatocellular Carcinoma" and "Liver resection - How I do it".
33. XIX Kongres Hirurga Jugoslavie (19th Congress of Yugoslav Surgeons), 10th June, 1996. "Gene Therapy of Malignant Tumours: Contrasting Effects of Direct p53 DNA Injection in Primary and Secondary Liver Tumours" & "Liver Resection in Patients with Malignant and Benign Liver Tumours".
34. Board of The Netherlands Society of Gastroenterology & Hepatology, Veldhoven, The Netherlands, 3rd/4th October 1996. "Gene therapy in hepato-gastroenterology".
35. Petrivalsky's Surgical Congress, 18th October 1996, Olomouc, Czech Republic. "The surgical and molecular approach to liver tumours".
36. Gene Therapy of Cancer Conference, San Diego, USA, 14th to 16th November 1996.
37. Oxford GUT Club, John Radcliffe Hospital. "The Surgical and Gene Therapy Approach to Liver Tumours". 25th November 1996.
38. First International Symposium on Gene Therapy, Beijing, China. Gene therapy for liver tumours. July 7-10, 1997.
39. 3rd European Conference on Gene Therapy of Cancer, Berlin. Gene Therapy for Liver Tumours. 10th - 14th September 1997.

40. XX European Federation Congress of the International College of Surgeons, Athens. "Gene Therapy for Liver Tumours", 17-20th September 1997.
41. 1st International Hepatobiliary Workshop, Mumbai, India. "Scalpel Technique for Liver Resection". 24-27th September 1997.
42. 8<sup>th</sup> World Congress of the International Gastro-Surgical Club, Strasbourg, France, "Gene Therapy". April 15-18, 1998.
43. West Middlesex University Hospital, London. Basic Surgical Skills Course. 22 July 1998.
44. Primary and Secondary Liver Tumours, Portschach, Austria. "Liver Resection and Scalpel Division using Total Vascular Exclusion". 17<sup>th</sup> – 19<sup>th</sup> September 1998.
45. Augustusburg Conference of Advanced Science 1998 – From DNA Into the Cell. "ESEM, New Technologies". Augustusburg, Germany. 21<sup>st</sup> September 1998.
46. Interlab '98, The Second International Conference for Lab. Technology, Biotechnology, Diagnosis and Analysis. Cairo, Egypt. "Gene Therapy for Patients with Hepatocellular Carcinoma". Oct 18-20, 1998.
47. Congress in Calabria, Italy. "Multi-treatment modalities for Liver Tumours", 15<sup>th</sup> – 17<sup>th</sup> November 1998.
48. Seventh International Gene Therapy Conference, San Diego, USA "Gene Therapy for Patients with Hepatocellular Carcinoma". 19<sup>th</sup> – 21<sup>st</sup> November 1998.
49. Colorectal Cancer Meeting, Universitat degli Studi de Ferrara, Italy. "Multi-treatment modalities for Liver Tumours", 27<sup>th</sup> November 1998.
50. Fifth Conference of the European Society for Engineering and Medicine, Barcelona, Spain. May 30<sup>th</sup> - June 2<sup>nd</sup> 1999.
51. International Association for Digestive Surgery, Athens, Greece. "Cholangiocarcinoma", November 5- 6<sup>th</sup> 1999.
52. Royal Free and University College Medical School Surgical Grand Round Lecture "Gene Therapy for Liver Tumours" March 17<sup>th</sup>, 2000.
53. Special Lecture Catholic University Hospital "Multi Treatment Modalities for Liver Tumours" Rome 30<sup>th</sup> March 2000
54. British Society of Interventional Radiologists, Annual Scientific Meeting, Newcastle upon Tyne, UK "Gene Therapy" November 3<sup>rd</sup>, 2000.
55. XXII Panhellenic Surgical Congress, Athens, Greece, "Multi-treatment modalities of liver tumours" November 18<sup>th</sup>, 2000.
56. Portal Pumping, Strasbourg University Hospital, Strasbourg, France, 9<sup>th</sup> February 2001
57. National Cancer Institute meeting, Sharm-El-Shiekh, Egypt. "Gene Therapy for liver tumours" 5<sup>th</sup> April 2001
58. New Techiques in the Treatment of Liver Diseases, Ammerland Klinik GmbH, Bremen, Germany, "Radiofrequency heat ablation for liver tumours" 16<sup>th</sup> June 2001
59. Centre National de la Recherche Scientifique, Universite Victor Segalen, Bordeaux, France "Gene therapy for liver tumours" 13<sup>th</sup> September 2001

60. 11<sup>th</sup> World Congress of the International Association of Surgeons and Gastroenterologists, Crete, Greece, "Zero blood loss liver resection" 2<sup>nd</sup> November 2001
61. 8<sup>th</sup> European Video Surgery Congress, Surgical Technology and Techniques for the 21<sup>st</sup> Century, Brugges, Belgium, "Zero blood loss liver surgery", 7<sup>th</sup> March 2002
62. 5<sup>th</sup> World Congress of IHPBA, Tokyo, Japan, "Gene Therapy in patients with liver tumours", 26<sup>th</sup> April, 2002
63. 34<sup>th</sup> Journées de Chirurgie Hépatobiliaire, Paris, France, "Hépatectomie radiofréquence assistée", 1<sup>st</sup> June 2002
64. IX SICP Biennial Congress – VIII UCP Annual Meeting, Bologna, Italy, "Radio frequency assisted liver resection", June 2002
65. Scandanavian Workshop, Gothenburg, Sweden, "Management of colorectal metastasis", 4<sup>th</sup> October 2002
66. Scandinavian Workshop, Gothenburg, Sweden, "Gene therapy for liver tumours", 4<sup>th</sup> October 2002
67. Italian Society of Surgeons, Rome, Italy, "Radio frequency assisted liver resection" 15<sup>th</sup> October 2002
68. 12<sup>th</sup> World Congress of International Association of Surgeons and Gastroenterologists, Istanbul, Turkey, "Zero blood loss in liver resection", 2<sup>nd</sup> November 2002
69. Académie Française, Paris France, "Gene therapy for colorectal liver metastases", 6<sup>th</sup> May 2003
70. International Hepato Pancreato Biliary Association, Istanbul, Turkey, "RF-Assisted liver resection", 29<sup>th</sup> May 2003.
71. International Hepato Pancreato Biliary Association, Istanbul, Turkey, "Gene therapy for liver tumours", 30<sup>th</sup> May 2003
72. The Mayo Clinic, Minneapolis, USA, "Bloodless liver and spleen surgery", June 9<sup>th</sup>, 2003
73. Azienda Sanitaria, Bassano Italy, "Hepatic resections with radiofrequency", 20<sup>th</sup> June 2003
74. Asian Society of Hepato-Biliary Pancreatic Society, Chennai, India, "A paradigm shift towards bloodless liver surgery: Radiofrequency assisted liver resection optimises safety and minimises blood loss and ICU admission", 28<sup>th</sup> August 2003
75. British Association for the Study of the Liver, London, UK, "A paradigm shift towards bloodless liver surgery: Radiofrequency assisted liver resection optimizes safety and minimizes blood loss and ICU admission", 12<sup>th</sup> September 2003
76. International Society for Cancer Gene Therapy, Alexandria, Egypt, "Gene therapy application in chemotherapy", 23<sup>rd</sup> October 2003
77. 13<sup>th</sup> World Congress International Association of Surgeons & Gastroenterologists, Estoril, Portugal 5<sup>th</sup> December 2003, "Bloodless resection techniques in HPB surgery",

78. Frontiers in Intestinal and Colorectal Disease, 1<sup>st</sup> Annual International Congress St Mark's Hospital and Academic Institute Lecture Course, "Resectability after chemotherapy", 11<sup>th</sup> December 2003
79. International Society for Cancer Gene Therapy, Singapore, "Gene therapy for liver cancer", 20<sup>th</sup> February 2004
80. Experimental and Translational Oncology, Slovenia, "Gene Therapy for Liver Tumours", 18<sup>th</sup> March 2004
81. British Society for Gene Therapy, Oxford, UK, "Can gene therapy prevent chemotoxicity?" 30<sup>th</sup> March 2004
82. National Cancer Institute Oncology Conference, Amman, Jordan, "Overview of gene therapy for thrombocytopaenia", 15<sup>th</sup> April 2004
83. IHPBA 6<sup>th</sup> World Congress, Washington DC, USA, "Transectional Techniques", 05 June 2004
84. University of Thessaly, Larissa University Hospital, Greece, " Bloodless resection techniques in hepatobiliary surgery", 19 June 2004

### **HONOURS**

- Honorary Visiting Surgeon, Greek Surgical Society, Athens, Greece.
- Honorary Professor of Surgery, University of Chabaksary, Russia.
- Visiting Professor of Surgery, University of Bratislava, Slovakia
- Visiting Professor of Surgery and Gene Therapy, Cairo University, Egypt.
- Member of Board of Directors of European Society of Engineering & Medicine, May 1997.

### **CONTRIBUTIONS IN NATIONAL AND INTERNATIONAL MEETINGS**

- World Association of HPB Surgery (1990)  
Chairman of "Liver Metastases" oral presentation session.  
Chairman of key note address "Portal Hypertension".
- SRS meeting, Dundee (1993)  
Chairman of upper GI session.
- European International Hepatopancreatobiliary Association (IHPBA) Congress Athens 1995 (May). Chairman of Video Presentation Session (No 58) "Liver resections".
- On the Scientific Organising Committee of The First International Medical Forum, Monte-Carlo, Monaco. 15 – 17 October 1998.

### **SURGICAL INVENTIONS**

1. A synthetic solution '**Habile**'. This is a solution to substitute the bile electrolyte loss with external biliary fistula (devised by N. Habib).

2. **"The Hammersmith Liver Balloon"**, devised to be used in patients undergoing major liver resection to fill up the space created to prevent subphrenic abscess (devised by NA Habib).
3. "Portac" acronymous for **Portal accelerator** for the treatment of portal hypertension.

### **APPLICATIONS FOR PATENTS**

1. Method of modifying the lipid structure, function and expression of cell membranes and pharmaceutical compositions for use therein.  
(Worldwide 1987 - GB 87/01064).
2. Improving blood flow in cirrhotic livers.  
(EEC application 1989 - GB 89/38553).
3. Portac Liver Assist -  
European Patent Application 1997, No. 90908959.10-1257
4. Monitoring Treatment Using Telemetric Sensors  
Patent Application 1998 GB/9816011.2 and 9810741.0
5. Device for Liver Surgery  
Patent Application 1998 GB/9817078.0
6. Treatment using Implantable Devices  
Patent Application 1998 GB/9816012.0 and 9810740.2

**Patents 2 and 3** have been transferred to British Technology Group. They resulted in the ESPRIT and BIOMED II awards from the European Commission.

**Patents 4, 5, and 6** have been lodged in an Imperial College spin out company "EMcision Ltd" of which I am a shareholder. With funding from the University Seed Fund Challenge award the company is actively pursuing the development of four innovative biomedical devices. It is expected that the first product will be ready for market in 2002.

### **ACKNOWLEDGED ACHIEVEMENT**

In January 1996, in their review "Cancer Gene Therapy - Clinical Perspective 1995, the Editors list 10 important investigations carried out in 1995. Of these 10, three were performed outside the USA. My work was one of these three. The Editors mentioned my observations with p53 gene therapy in patients with hepatocellular carcinoma which were similar to those reported by Roth (MD Anderson Center) in patients with lung carcinoma.