St. Mark’s Hospital
The Hospital for Intestinal and Colorectal Disorders

The Annual Report for the year ending 31st December 2005
A hospital is more than its component parts. This report is of necessity divided into sections but is actually about a single vibrant entity - St. Mark’s Hospital, dedicated to helping patients with difficult and often embarrassing colorectal and anal problems since its foundation in 1837.

This is the 170th edition of our Annual Report, continuing a tradition begun in 1837. The Report encapsulates the multi-disciplinary nature of St. Mark’s, the many contributions from the various departments summarising the multitude of clinical and academic activities of the Hospital, the St. Mark’s Academic Institute and our major collaborators. These range from major research studies whose results will influence medicine around the world, to more modest local and personal achievements. All are part of the varied and valued life of St. Mark’s.

The editors are grateful to all who have contributed to this report. Thanks are also given to the St. Mark’s Association and the St. Mark’s Hospital Foundation whose support enables us to produce and distribute this report. Modern technology permits a larger format this year, with more flexibility for illustrations and we hope that the new style will be favourably received.

Editor
Ian Talbot

Assisted by
Judith Landgrebe
Janice Ferrari
Alan Warnes
Members of St. Mark’s taking part in the Dragon Boat Race to raise money for St. Mark’s Hospital Foundation
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The Board of Patrons

Sir Walter Bodmer FRS
Mrs Eileen Carey
Sir John Chalstrey
Mr Derek Coe
Lord Foster of Thamesbank CM
Lord McColl of Dulwich
Lady McGregor of Durris
Lord McNally of Blackpool
Dr Joy Newman
Lady Riches
Lady Sainsbury
Mr Evan Stone QC
Mr Keith C Wetherell
Lord Wolfson of Marylebone

Emeritus Staff

Consultants
Professor LEW Walls MD BSc FRCSE HRCSEd FRSEd
Sir Ian Todd KBE MS MD FRCSE (SA) FRACS FACSEi FRCP FSA
BC Morson QBE MD MA FRCP FRCPath Hon FRCS
CV Mann MA MCH FRCS
Professor JE Lennard-Jones MD FRCP FRCS
A Brook MD HRCPsych
BM Thomas MB BS FRCP FRCR
PR Hawley MS FRCS
JPS Thomson DM MS FRCS
Professor RW Beard MD FRCPG
CB Williams MA BM FRCP FRCS Add
S Goolamali MD FRCP Add
Professor IC Talbot MS FRCPAdd
Professor AB Price MA BM MCH FRCP Path Add
Professor CI Bartram MB BS FRCP FRCS FRCP Add

Senior Staff

Consultant Surgeons
Professor RJ Nicholls MA MRCS FRCS FRCSI
Professor JMA Northover FRCS
Professor RKS Phillips MS FRCS
PJ McDonald MS FRCS
ACJ Windsor MD FRCS
CRG Cohen MD FRCS
SJD Chadwick MS FRCS
CJ Vaizey MD FRCS

Consultant Physicians
Professor MA Kamrn MD FRCP FRACP
MR Jacyna MD FRCP
A Forbes BSc MD FRCP LLM
HJW Thomas MA PhD FRCP
BP Saunders MD FRCP
M Pitcher MD FRCP
S Gabe MD FRCP
A Emmanuel MD MRCP

Consultant Histopathologists
T Guenther MD PhD Priv Doz, Dr. med habil
Professor A von Herbay MD

Consultant Radiologists
S Halligan MD MRCP FRCR
S Taylor MD MRCP MRCP

Consultant Psychiatrist
J Stern BA MB CHB MRCPsych

Consultant Psychologists
P McHugh Ms CPych
E Serrano-Ikkos CPsych PhD

Consultant Nurses
Professor C Norton PhD MA RN
M Vance RGN DPH Ms
A Davidson MSc Dip HE RN

Honorary Consultants
SJD Chadwick MS FRCS
J ElKabir MB BS FRCS (Eng) FRCP (Urol) FEBU
W Hyer FRCP MHRCPC
M Slevin MB CHB FRCP MRCP

Sir Francis Avery Jones Visiting Professor
Professor M Gassull – Spain

Sir Alan Parks Visiting Professor
Professor D Rothenberger – USA
Consultant Staff from other Directorates
M Brunner MB BS FRCS  Anaesthetics
D Fermon MB BS FRCR  Oncology
R Glynn-Jones MB BS FRCS  Oncology
M Hasan MB ChB FRCA  Anaesthetics
J Harris MB BS FRCA  Anaesthetics
A Hewlett MB BS FRCA  Anaesthetics
C Higgins MD FRCP  Rheumatology
M Kapembwa BSc MB FRCP FRCS  G. U. Medicine
A Keat MD FRCP  Rheumatology
K Konieczo MB BS FRCA  Anaesthetics
P Kulkarni MB BS FRCA  Anaesthetics
D Newton MB BS FRCA  Anaesthetics
V Ramachandra MB BS FRCA  Anaesthetics
N Robinson MB ChB FRCA  Anaesthetics

Nurse Specialists
Jennie Burch  Stoma Care
Sandra Burke  Polyposis
Mariann Baulf  Endoscopy
Clare Bossom  Stoma Care
Debbie Buchan  Nutrition & IF
Angelina Chai  Endoscopy
Natalie Crawley  Stoma Care
Annmarie Daniels  Nutrition & IF
Julie Duncan  Biofeedback
Angie Davidson  Nutrition & IF
Allison Durrant  Pouch Care
Ripple Man  Endoscopy
Christine Norton  Continence
Susheela Robinson  Perioperative Colorectal Practitioner
Marian Smith  Nutrition & IF
Jayne Somerset  Pain Management
David Swain  Endoscopy
Jo Sweeney  Pouch Care
Claire Taylor  Macmillan
Sarah Varma  Stoma Care
Julia Williams  Lecturer in Nursing
Steve Wright  Perioperative Colorectal Practitioner
Maggie Vance  Endoscopy
Anjela Vujnovich  Stoma Care
Lisa Younge  Inflammatory Bowel Disease

Managers
Professor RKS Phillips  Clinical Director
Dr A Forbes/Dr BP Saunders  Dean
Mr PJ McDonald  Sub-Dean
Mrs Veda Enser  Assistant Director Operations, Elective Services
Ms Ann Curry  The Robert & Lisa Sainsbury Wing
Mrs Nesta Dutton  Patient Services Manager
Miss Judith Landgrebe  Academic Administrator
Ms Karen McGuire  Services Manager
Mrs Val Pryor  Diagnostic Services Manager
Mrs Jo McCarthy  Head of Specialist Nursing

North West London Hospitals NHS Trust

Chairman
Ms Moira Black

Non-Executive Directors
Ms Marvelle Brown
Dr John Green
Ms Sally Kirkwood
Dr Yashwant Patel
Mr David Squire

Executive Directors
Mr John Pope CBE / Ms Mary Wells  Chief Executive Officer
Mr Mark Devlin / Mr Nick Hulme  Deputy Chief Executive Officer
Dr John Riordan CBE / Mr Mike Burke  Medical Director
Mr Don Richards  Finance
Sir Graham Morgan  Nursing
Ms Haj Ishamber  Human Resources Director
Mr Phillip Sutcliffe  Corporate & Support Services
Ms Elizabeth Robb  Nursing

Pharmacists
Claire Chadwick  BPharm MRPharmS
Jackie Eastwood  BPharm

Social Worker
Solveig Wilson CSS
Warm Pleasure As St. Mark’s Comes Up Trumps

A choppy 2005 ended with 6 fantastic new Consultant Appointments. In early 2006 a raiding expedition from University College and its new Foundation Trust enticed 6 St. Mark’s Consultants (2 surgeons [Al Windsor and Richard Cohen], 2 gastroenterologists [Alastair Forbes and Anton Emmanuel] and 2 radiologists [Steve Halligan and Stuart Taylor]) to jump ship. Reasons varied but all were understandable. It was with great disappointment we saw our friends and colleagues leave.

St. Mark’s suddenly was galvanised! The entire hospital from consultants, specialist and ward nurses, through to investigative and management teams united with an intensity of purpose seldom seen in less troubled times. Frequent meetings and subtle minds produced a plan. That plan was then executed, thanks in no small part to the rock solid support St. Mark’s received in this troubled financial hour from our new Chief Executive, Mary Wells, the Chairman of the Trust, Moira Black, the Deputy Chief Executive, Nick Hulme, the New Medical Director, Mike Burke and Finance Director, Don Richards. Without the solid and unwavering aid prospects would now indeed be bleak. As it is, sunlit pastures await.

For many years St. Mark’s has struggled to establish laparoscopic Colorectal Surgery. In this struggle we have been greatly aided by our colleagues, Stephen Chadwick and Stuart Gould, but now we have added to this beginning by successfully recruiting one who many consider to be the top laparoscopic Colorectal Surgeon in the UK, Robin Kennedy.

Robin is an outstanding catch for the Trust and for St. Mark’s. An established Consultant in Yeovil he took laparoscopic surgery by the throat and made it his own. Congratulations have poured down on St. Mark’s’ coup: a world-class player in one magnificent bound. And a player with more than one string to his bow. He has also been instrumental in spearheading enhanced recovery programmes – essential for this Trust’s recovery as we seek to optimise bed usage across the board.

St. Mark’s holds a unique gem in its Polyposis Registry. Polyposis covers young boys and girls destined to develop bowel cancer, sometimes in their teens, and possesses the key to cracking the bowel cancer code and introducing novel bowel cancer treatments – hence the support by Cancer Research UK. A foremost Consultant Surgeon in this field, Sue Clark, joins us from the Royal London Hospital. Already holding the top thesis from Cambridge University in the year she submitted, she has worked closely with CRUK and promises further to enhance our understanding and care of these lone (and sometimes lonely) patients. She will work closely also with Warren Hyer, Consultant Paediatrician, himself a world authority in young children with this condition, and as a joint surgical team with Robin Kennedy will take their surgical care to a new level of skill.

Within days of the news of our loss, a team headed by Simon Gabe and including Divisional Manager, Veda Enser, and Associate Medical Director, John Nicholls, so impressed the National Specialist Commissioning Advisory Group (NSCAG) that they agreed to invest a further £800K in the new Lennard-Jones Intestinal Failure ward. Now joining the senior IF team of Simon Gabe, Nurse Consultant Angie Davidson and Surgeon Carolyne Vaizey is another star, Jeremy Nightingale.

Jeremy leaves Leicester with a national and international reputation in intestinal failure medicine. He has written the only book on the subject and is a keen patient advocate. He is an outstanding clinician and a sought after opinion, teacher and researcher. Gastroenterology in general has been strengthened by excellent collaboration with Meron Jacyna and Max Pitcher, Max now joining Michael Kamm in a joint complex IBD and physiology clinic. Nalia Arebi, who has worked within the Trust as a locum, now formally joins and strengthens this team. She brings novel ideas in Outpatient management and, coupled with her research experience and PhD, is another fine appointment.

St. Mark’s radiology team goes from strength to strength. First Michelle Marshall was appointed Clinical Director, further unifying St. Mark’s with the larger Trust, then we seduced Uaid Blurting, head hunted for a post in Oxford, that instead his future would be brighter at St. Mark’s within the Trust.

David is an outstanding radiologist with a fine mind and pioneering skills in academic radiology, particularly relating to CT colography. Arun Gupta, charming and with an invaluable willingness to join St. Mark’s surgeons in the operating theatre, thereby enhancing complex tertiary care, joins him and will lead on developing new technologies in imaging. A robust while at the same time sophisticated radiology triumvirate!

Meanwhile John Northover decided to stand down from his posts as Director of the CRUK Colorectal Cancer Unit and also as Director of the St. Mark’s Institute. He has made a major contribution to the academic development here at St. Mark’s and will continue as our Senior Surgeon when John Nicholls retires in March 2006. He completed his time with a flourish, opening the new CRUK Bobby Moore Laboratories, and hands over Chairmanship of the Seniors Group in CRUK and also the post of Director of the St. Mark’s Institute to Professor Wendy Atkin.

Sunny uplands indeed!

Robin Phillips
Clinical Director
What an extraordinary year of change it has been for St. Mark’s Hospital and the rest of the Trust. Mary Wells, our new Chief Executive, was appointed and Nick Hulme also joined us as our new Director of Operations.

This year we said goodbye to some of our consultant colleagues as they set off for pastures new and we wish them well in their careers. Recruitment was soon underway and we were exceptionally lucky to recruit six outstanding individuals in their respective fields to join us here at St. Mark’s. The new consultants are Dr Naila Arebi, Miss Sue Clark, Mr Robin Kennedy, Dr Jeremy Nightingale, Dr David Burling and Dr Arun Gupta. Dr Arebi took up her substantive consultant post on 1 December 2005 and we eagerly anticipate the arrival of our five new colleagues in early 2006.

This year we celebrated the 10th Anniversary move of St. Mark’s from City Road to the Northwick Park site by holding a staff barbecue in September. This was a huge success and I would particularly like to thank Rita Peacock and Nesta Dutton in helping me to arrange it. Thanks also go to the St. Mark’s secretariat who helped with the blowing up of over a hundred balloons which decorated the hall. The barbecue was a huge success and a good time was had by all.

We have achieved the government inpatient and outpatient targets for patients to be treated at six months and thirteen weeks respectively, thank you everyone for all your hard work and efforts.

St. Mark’s Endoscopy Team’s star is continuing to rise. The team led by Drs Brian Saunders, Chris Frazer and Maggie Vance, Nurse Consultant, were successful in putting a bid together to become a Bowel Cancer Screening Centre, which is due to go live next year. Dr Saunders has also managed to secure two year’s worth of charitable funding so that we can employ a new part time endoscopy consultant who will focus on endoscopy training and research. Val Pryor, Diagnostic Services Manager, has taken over the management of ACAD Endoscopy and is promoting cross site working within the two units.

We will finally open our very own dedicated Intestinal Failure Unit which has been funded by the National Specialist Commissioning Advisory Group (NSCAG). The project team has been set up and we hope to open the unit early in 2006. Plans are already underway regarding recruitment. The Unit will be known as the Lennard Jones Intestinal Failure Unit.

I would especially like to thank the Friends of St. Mark’s for all their fundraising efforts in support of the hospital.

Once again, thank you all for efforts, commitment and continuing support.

Karen McGuire
Service Manager
What an interesting and challenging year 2005 has proved to be. I have now settled into my new position as Modern Matron and the nursing team restructure has occurred. I would like to congratulate Louise Williams on her promotion to Senior Sister to lead the south side of Frederick Salmon Ward. Louise has demonstrated both vision and commitment. Louise and Vanitha Kanagaratnam have been a great support and I would like to thank them both.

All of the nursing team have worked very hard throughout the year and have enjoyed the many challenges of looking after patients with often complex gastrointestinal problems.

Leavers
Shamira Jamani, Suzanne O’Sullivan Juanita Lavina Plaza, Angela Schnepel Elizabeth Njogu and Monica Shresta

New Starters
Donna Smith, Sabina Meyer Fiona Keely, Ellis Egan Barbara Rugge and Roselle Soriano

Promotions
Louise Williams – Senior Sister Jitka Adio – Sister
Niamh Garry – E grade Donna Smith – E grade

Education and training remains an important feature of staff development. Staff have attended a variety of internal and external courses this year. We have had an increase in the number of staff wishing to undertake a first degree. At present we have 3 staff completing modules towards this aim and the number will increase in 2006. I must thank the staff of the Blundett Institute of Gastrointestinal Nursing for their support. We were very positive about the start of their courses and look forward to sending more staff on modules next year. This will be invaluable in ensuring we continue to develop our staff and maintain high standards of care.

We continue to have students on placement from Thames Valley University, at various stages of their training. Evaluations continue to be positive and many request to return to Frederick Salmon for their elective placements. This reflects the commitment of the nursing team to ensuring we maintain an effective learning environment.

I would like to thank all of the nurse specialists, practitioners and allied professionals for their continued support. Working as a team really does make a positive difference to the patient experience and standards of care.

Regular cleaning audits are undertaken in the clinical area and high standards of cleanliness are being maintained. I have to thank our domestic staff Valentina and Bennie for their hard work.

As always we thank the Friends for their continued support. The work they do has such a positive impact on the patients’ experience at St. Marks.

I would like to thank the ward clerks Margaret McCarthy and Zahira Mohamed. They both do a great job and help keep the ward running smoothly. I would also like to thank the hospital volunteers who assist with a variety of tasks. I must thank Nancy Swasbrook for all her hard work.

We look forward to the challenges of 2006. We are all positive and look forward to the opening of the Intestinal Failure Unit. Our aim is that the staff on Frederick Salmon Ward and the Intestinal Failure Unit will work closely together. We are working on a competency document for band 5 nurses which will be a great asset not only for staff development and standards of care but also for recruitment and retention. We also look forward to working with the new Consultants.

Jane Campbell
Modern Matron
The Outpatient’s department has seen many changes in 2005. The number of clinics has increased along with patient numbers, new computer systems have been installed so that information on cancer/suspected cancer patients is obtained in a timely manner to name just a few. The staff continue to work with many members of the multidisciplinary team to ensure the patients receive a high quality service.

I must thank Denise Robinson for her hard work and continued support. All of the nursing team have worked hard this year. There have been a few changes within the team. Valentina Baffour-Gyawu left the department for a promotion within the trust. Thola Luthuli and Katie De Matos have left for pastures new. We wish them well in their future careers. We look forward to welcoming Jesmin Sagomba and Debby Silverman to the team in the new year.

Education and training remains an important feature of staff development. The staff have attended a variety of study days. All staff have now attended the phlebotomy study day and have been assessed as competent. The trained nurses are taking on link nurse roles.

We are looking at roles and responsibilities within the nursing team and hope there will be some exciting opportunities in 2006. One of the areas we are currently looking at is pre admission.

As always we would like to thank the Friends for their continued support.

We are aware that there will be many changes to the working of the department in 2006 as new consultants start and clinic changes occur. We look forward to the challenge.

Jane Campbell
Modern Matron
During 2005 the focus for Sainsbury Wing has been to continue to provide a high standard of care for the patients choosing it as their preferred choice of private healthcare provider. The team on Sainsbury Wing have worked closely with the Consultant Surgeons and Physicians to ensure that we are maintaining clinical excellence in all aspects of care.

One of the main factors to support the challenge of delivering a first class service is to develop a committed and motivated team of staff. We have been fortunate to be able to recruit some excellent nurses to the unit in 2005 with recognised experience wanting to continue within the specialist field of colorectal nursing. We have also recruited newly qualified nurses with an interest in the speciality and want to consolidate their training in this area. We welcome to the nursing team Yolanda Mateo and Ronke Rasaki following graduation from Thames Valley University. Taurai Zuze joined the team after completing his Supervised Practice programme. Nicole Baptiste returned to St. Mark’s in July as a Team leader on Sainsbury, Nicole had previously worked on Frederick Salmon and she brought with her considerable skills and experience particularly when caring for the complex patients. Staff that we said goodbye to during 2005 included Kathryn Quinn who returned home to Ireland to continue her nursing, Gladys Singson who relocated to the South Coast, Richard Wagland who left to take up an academic teaching post in politics and Sandra McGrath who wanted to broaden her gastrointestinal experience in the newly opening Intestinal Failure Unit. We also saw the departure of Sister Sally Crowther who took up a permanent position as Clinical Nurse Specialist with the Intestinal Failure and Clinical Nutrition Team. Sally has been a tremendous support to the Sainsbury Wing and we wish her well in her CNS role.

In order to develop the staff’s expertise and knowledge education and training has been a key priority for the year. Education courses undertaken by the team have included specialist clinical programmes, teaching and assessing courses, and professional development programmes including the Tandem course and a leadership programme for more senior staff. The team have also had the opportunity to attend a few conferences during the year as well. We were very proud that one of the staff nurses, Sandra Maxwell, was selected to present a session at the “Sharing Best Practice” conference held at Northwick Park in October. Sandra presented how she had taken the lead to introduce Protected Mealtimes on the ward and her session received excellent feedback. It has been excellent to have the Burdett Institute on site at St. Mark’s to support academic learning for the nursing staff. Some of our team have also worked with the Burdett Institute to update the patient information leaflets which are a valuable resource for the patient.

Sainsbury Wing continues to provide clinical placements for student nurses from Thames Valley University and we receive positive feedback from these students which does reflect the commitment from the trained staff on the ward to facilitate their learning.

During the Spring of 2005 with the support of our Head of Nursing Jo McCarthy, Sainsbury Wing developed a Nursing Strategy plan for the year ahead. This gave the nursing team a focus for development and enabled us as a team to structure our efforts within a busy clinical environment. Key areas for action within the nursing strategy plan were to monitor clinical effectiveness and to provide measurable improvements in service. This included participation in Trust and local audit and implementation
of Essence of Care benchmarks. Targets were also made to develop systems that would improve the individual patient experience including the provision of information booklets and follow up courtesy calls to daycase patients.

Another key area for action was to ensure that the clinical environment on Sainsbury Wing was underpinned by up to date research and evidence based practice. Part of the action to achieve this was to introduce tailored induction/orientation packages for the staff as they join the team and to develop core and specialist skills competency booklets to assist their development.

One of the major changes for Sainsbury Wing was the appointment of a new General Manager, Aidan O’Neill commenced in post in March. He brings with him considerable expertise and a strong vision to ensure the continued success of the unit. Within the senior management of the unit Brenda Braithwaite who was the Modern Matron for Trustplus retired in June after many years working for the Trust. Brenda was always very supportive to Sainsbury Wing and we wish her well in her retirement. I was very pleased to be appointed to the role of Modern Matron in July after working as the Clinical Nurse Manager for Sainsbury Wing for 5 years. Rebecca Slater, who has a strong clinical background in colorectal nursing takes over as the clinical lead for the Wing.

I would also like to acknowledge the hard work and commitment given to Sainsbury Wing by the receptionists and all of the Hotel Services staff. We recognise that administrative efficiency and the patient environment is particularly important for the private patient and as a team we aim to maintain high standards.

On the business end of Sainsbury Wing, £2.57m income was generated from private patient referrals, with approximately 9% of the patient admissions being referrals from overseas. The majority of the patients admitted to Sainsbury Wing are admitted under the care of the St. Mark’s consultants but we did have an increased number of non colorectal patients during the second half of the year. It is anticipated that with the appointment of the new consultants that the colorectal activity will improve the private activity to Sainsbury and we look forward to welcoming them to the unit. Notably, Trustplus made a financial contribution of £60k for the benefit of the St. Mark’s Foundation.

Ann Curry
Modern Matron
It is now 10 years since I took up the post as social worker and counsellor at St. Mark’s Hospital shortly after the move from City Road. It has been 10 eventful years. Many changes have taken place. Patients and staff have come and gone and come back again. It makes me think of the river Thames, the ebb and flow of the tidal part and then there is a part that is not affected by tidal variations. That’s my image of St. Mark’s. Although there are changes and developments, there is a core part which remains fundamentally the same.

Social work issues remain the same. Patients and relatives need help and information regarding statutory and non-statutory welfare benefits. Complex forms need completing within certain time limits or benefit entitlement may be lost. Letters of support are written to support applications for re-housing on medical grounds or for adaptations to a property.

In 2005 many patients benefited from the opportunity to spend a couple of weeks convalescing at Rustington Convalescent Home in West Sussex. This continues to prove a valuable stepping-stone between hospital and home. Although many patients are self-funding, many benefit from a grant from Florence Nightingale Aid in Sickness Trust or from the Victoria Convalescent Trust towards the cost of convalescence. The Friends of St. Mark’s have been generous in helping with the cost of transport from St. Mark’s to Rustington and this is often provided by Blenheim Chauffeur Services of West Sussex. The Friends continue to help pay for accommodation for relatives who travel long distances to visit a long stay patient. The therapeutic value of having a visitor is never underestimated, but rather encouraged.

Without the generosity, help and goodwill from all the above mentioned, the service offered the patients would be much diminished.

Apart from financial and practical help, patients often benefit from less tangible support in forms of encouragement, supportive counselling and therapeutic walks. The walks may start by walking up and down the ward, then on to the link corridor looking at the art-work, then on to the hospital grounds and beyond to Harrow for the odd shopping trip.

Although a large part of time is spent dealing with inpatient issues from benefits to discharge planning, an equal part of time is spent with outpatients referred for counselling, be it for a few sessions or more long term. Being part of the Psychological Medicine Unit gives me access to support and inspiration from Dr Julian Stern, Consultant Psychiatrist in Psychotherapy and the team of Consultant Psychologists, for which I am indebted.

Solveig Wilson
Social Worker & Counsellor
One of the highlights of the year was the St. Mark’s Association Alumni Dinner which was held in Dublin at the beginning of July. The evening was a great success although, sadly, we were unable to accommodate all those who wanted to attend. A bigger venue will need to be found for the next Alumni. Thanks must go to the President, Mr Mike Thompson who was instrumental in organising the whole affair. Thanks to Ethicon Endo Surgery who helped with sponsorship.

The St. Mark’s Association Day was held on 28th October 2005, chaired by the President Mr Mike Thompson. We were delighted to hear talks from Mike Parker, Jared Torkington, Jay Simson and Roland Valori. All members of the Association who have at some point in their career worked at St. Mark’s. The Presidential Address “Following in the Footprints of the Lion” was both informative, entertaining and moving. During the year, two members, Lady Juliet Bingley and Dr Jean Ritchie passed away. Both had made a significant contribution to St. Mark’s Hospital and members observed a two minute silence in their memory.

Full obituaries can be found on page 63. The day was followed by dinner at Harrow School and this was, once again, an evening enjoyed by all who attended.

Mike Thompson set out with the objectives of infusing a new spirit into the organisation by reuniting former peers and informing the Association of the developments and projects its members were taking forward throughout the world. His drive and determination enabled this to happen.

We now look forward to the Presidency of Professor Ian Talbot. The Association Day next year will be on 13th October with the dinner in the evening being held at the House of Lords. We hope to see you there.

Dr Michele Marshall
Secretary
There were a number of changes in 2005. First, we said goodbye to Sean Bonnington who was Director of Development. Sean left to go to the London Hospital and has since moved on to St George’s Hospital as Director of Fundraising. Sean was at St. Mark’s from 2001 and was involved in planning the new modular buildings for IBD research, psychological medicine and the Burdett Institute. He acquired funding for the Burdett Institute of Nursing together with Professor Christine Norton, and was involved in planning and fundraising for the development of a Nutrition Unit and the extension for the Kennedy Leigh Academic Centre for Endoscopy. We also owe him a debt of gratitude for the work he did in putting our administration and finance onto a sound footing.

We plan to recruit a new Director of Fundraising and hope to have the right candidate in place by summer 2006.

In August 2005, Mr Richard Cohen stepped down as Secretary and was replaced by Dr Simon Gabe. We are very grateful to Richard Cohen for his sterling work during the year in which he held the post. In addition, Dr Brian Saunders took over as Dean from Dr Alastair Forbes. Within the Foundation office, Zoe Huntingford joins us as fundraising assistant as Catherine Mulcahy leaves. Catherine has moved to Childline.

The Foundation welcomed Stephanie Zinser as a new Trustee in 2005. Stephanie is a medical journalist who has had articles published in many UK national newspapers. She is the bestselling author of the Good Gut Guide, and has already made a valuable contribution to our Trustee meetings.

In 2004, the Trustees of the Foundation agreed that the Charity should fund the construction of modular offices for three units at St. Mark’s (the Inflammatory Bowel Disease Unit, Psychological Medicine Unit and the Burdett Institute of Gastrointestinal Nursing). These three offices opened formally in 2005 and are now fully functional, offering benefits to patients, research and education.

In 2005 the Foundation’s income was over £1.8 million. This includes money from legacies, investments, donations and fundraising events. It is not unusual for the Foundation to receive legacies from patients who were at St. Mark’s Hospital, and in 2005 this totalled £94,000. Some of the fundraising events that occurred in 2005 include the Dragon boat race, the Walk for Crohn’s and Simon Gabe’s Triathlons. The Dragon boat race raised around £5,000 and Simon Gabe managed to raise over £5,000, mainly from grateful patients. Our thanks go also to Preeti Shah who, together with Simon Gabe, organised a fundraising meal in the Sarkee Restaurant, which was attended by both staff and patients. The Foundation is grateful to all patients and staff who donate to the Charity.

In 2005 the Foundation supported Dr David Lloyd as the Robertshaw Fellow and Dr Eric Cheung as the Andrew Skinner Memorial Fellow. Dr Cheung completed his research into bowel function following spinal injury and Dr Lloyd is establishing a trial in feeding patients with an enterocutaneous fistula as well as new research into intestinal tissue engineering. The surgical research fellows supported by the Foundation include Alex Hardy and Matt Johnson. Shanu Rasheed is the Foundation Fellow, undertaking research into tumour classification.

The next year should see the Foundation grow as a new Director of Fundraising is appointed. In addition, anyone who would like to raise money for St. Mark’s should contact us in the office, we will always be willing to help to make your ideas become reality!
Support Groups
The year started on a sad note, we heard that our long time president, Lady Bingley, had died. Her connection with St. Mark’s Hospital spanned many years and areas. She was well known for her no-nonsense and practical approach to any problem.

In due course and following consultations with our Vice Presidents, James Thomson was invited to take the position of Honorary President of the Friends of St. Mark’s Hospital. This continues the link between the City Road Hospital and the President Site.

As you are aware our priority is patient welfare in all its forms. Paying travelling / accommodation costs so relatives can visit long term in patients to purchasing state of the art equipment that the Trust are unable to fund. This year we provided a high powered microscope with computer linked camera for the pathology department and replaced DVD monitoring equipment in endoscopy. Both items give quicker clearer results, which means a speedier diagnosis. A plus for patients, probably the two most obvious purchases could not be considered ‘Patient Welfare’ but a clear sign ‘St. Mark’s Hospital’ over the main entrance saves a lot of stress trying to find us, and bright, clean flooring along the 3rd floor main corridor says we care about cleanliness.

Early in the year the committee were asked if we could fund certain projects and activities in St. Mark’s our response was a cautious ‘possibly’ we were then presented with a long list. Bearing in mind our remit of ‘patient care’ we agreed to fund for one year the Toronto and Paris exchange visits and the non deanery funded educational courses up to an agreed sum. Our biggest decision of 2005 was to use a legacy to help fund the development of two in house computer systems. A Clinical information database and a patient information system.

It is only with the support of friends / patients and staff who give generously to our sale / raffles etc. that we can continue. By far the largest part of our regular income comes from our tea-bar. Unfortunately because of ill health and other reasons it was to close most afternoons. But tribute must be paid to the ladies who arrive every week to supply tea and sympathy.

2005 was a very successful year for us and it will be interesting to see what 2006 has in store.

Dorothy Gill
Chairman
I took over as Dean in the summer of 2005. This was a little earlier than I had ever expected but was necessitated by Alastair Forbes moving on to pastures new! Alastair should be thanked for all his hard work as Dean and recognised for instigating the successful move of the Frontiers Lecture Course from Northwick Park to the current Central London location. We wish him well in the future.

My main focus on taking over as Dean was to ensure the smooth running of the 3rd Frontiers in Intestinal Disease Congress. This is the flag ship for St. Mark’s Hospital and it was important that in a difficult year things went well. The meeting this year was reduced to just a day and a half, to dove-tail with the European School of Oncology meeting on colorectal cancer, but I’m pleased to report that it was a great success. Over 400 delegates from 21 different countries attended and enjoyed high quality lectures, seminars and live demonstrations of surgery and endoscopy, facilitated by the technical audi-visual skills of Douglas Robertson and David Swain. Our visiting Professors, Miguel Gassull (Barcelona) and David Rothenberger (Minneapolis) graced the occasion with their thoughtful and stimulating presentations. Meet-the-expert breakfast sessions proved extremely popular and will again be a major feature of the 2006 meeting.

This was the first year that we have run a satellite symposium which proved both highly educational and a financially sound move. This year we made a profit for the first time although celebrations are perhaps a little premature as £803 is hardly a fortune! Many thanks go to our main sponsors of the meeting; Keymed (Medical & Industrial Equipment) Ltd, Fresenius Kabi, Ethicon Endo Surgery, Procter and Gamble Pharmaceuticals UK Ltd, Altana Pharma Ltd, Novartis Pharmaceuticals UK Ltd, Dansac Ltd, Karl Storz Endoscopy UK Ltd and Schering-Plough. Next year we will return to a 3 day format which will allow a more comprehensive display of the talent at St. Mark’s, bolstered by our six new consultant appointments. One of my main aims as Dean will be to grow our meeting and ensure its reputation as the best practical update on luminal gastroenterology and coloproctology in Europe.

Departmental postgraduate courses remained as popular as ever and it is gratifying that doctors and nurses from all backgrounds still see St. Mark’s as “the place to go”. The post-graduate teaching terms were fully booked up and doctors from 5 different countries and 3 continents attended. Special mention should be made of the contribution to teaching made by John Nicholls whose multi-lingual talents and unique ability to impart knowledge have been the cornerstone of many successful courses over the years. John retires in March 2006 and will be greatly missed although the new team of surgeon-educators in the form of Clark (Sue) and Kennedy (Robin) will add new life and variety to our activities. The postgraduate programme is currently exclusively a surgical affair but there is a clear opportunity to include a similar group of overseas medical gastroenterologists. This would enhance our concept of multi-disciplinary working and help create long-term international friendships and allegiance to St. Mark’s Hospital. Promotion of the Hospital and the development of a “corporate image” are clearly going to be important for success in the future and on this note I was pleased that the concept of an expanded Education Department featured prominently in the hospital “away day”
in February. There was general support for the development of a fully functioning audio-visual department to encourage development of educational materials, develop our web site and enable all educational meetings.

This report would not be complete without special recognition to the Education Department Team, Peter McDonald, Judith Landgrebe, Janice Ferrari and Rasmita Budhia, who have worked tirelessly and with unflagging loyalty in what was undoubtedly a stressful year. Judith in particular has been a constant source of “sage advice” and has been a major force behind the scenes. She ended the year with a very successful lecture tour of China, accompanied by John Nicholls, promoting the hospital to a vast new potential audience.

At the end of my first year as Dean I am pleased to report that educational activities are flourishing and that there is a new confidence and vigour in the Hospital which will, I’m sure, translate into great things for the future.

Brian Saunders
Dean
This has been a year of change for both St. Mark’s and the Academic Institute. Dr Forbes, who had been Dean since 2002 moved on. Dr Forbes played a fundamental part in expanding the St. Mark’s Lecture Course, making it a truly high profile international event. He guided us through many ups and downs and for that we are grateful to him.

Dr Brian Saunders was appointed as Dean in the Summer of 2005. Already having a wealth of experience having run the Wolfson Unit, the transition proved seamless. He has brought new, exciting ideas many of which are already taking shape.

The 3rd Annual International Congress “St. Mark’s 2005 – Frontiers in Intestinal and Colorectal Disease” took place at The Hilton London Metropole in December. We were pleased to welcome Professor David Rothenberger from Minneapolis in the USA as The Sir Alan Parks Visiting Professor and Professor Miquel Gassull from Barcelona, Spain as The Sir Francis Avery Jones Visiting Professor. Many old friends of St. Mark’s comprised the external faculty and we are grateful to them for their continued support.

The Congress audience reached just over 400 and was comprised of Gastroenterologists, Nurses and Surgeons from all over the world. For the first time a satellite symposium “Gastroenterology Pot-Pouri: Pills, Tubes and NHS Blues” was run in the evening. This was sponsored by Altana Pharma and proved very successful.

In addition to Altana Pharma, we are grateful to KeyMed (Medical and Industrial Equipment) Ltd who steadfastly gave their support throughout the year and to Fresenius Kabi. Others that must be thanked include Ethicon Endo-Surgery, Procter and Gamble Pharmaceuticals UK Ltd, Novartis Pharmaceuticals UK Ltd, Dansac Ltd, Karl Storz Endoscopy UK Ltd and Schering Plough.

The Fourth Annual International Congress will again be held at The Hilton London Metropole from 29th – 30th November. The Sir Alan Parks Visiting Professor will be Professor Neil Mortensen from Oxford, UK and The Sir Francis Avery Jones Visiting Professor will be Professor Jean Frederic Colombel from Lille, France. Professor Michael Kamm is organising a state of the art symposium on “Biological Drugs in Inflammatory Bowel Disease” for the Wednesday evening. We are truly delighted that Professor John Nicholls’ Festschrift will take place at the same venue on the 1st December. This will be a star studded event with a truly multinational faculty.

The Intestinal Failure team continue to run Workshops and Study Days which have always had a capacity audience and have evaluated well.

The first ever “Body in Mind” conference, exploring the emotional disturbance as it presents through the body, was held at St. Mark’s. This was run by Dr Julian Stern, Consultant Psychotherapist at St. Mark’s, in collaboration with the APP (Association of Psychoanalytical Psychotherapy in the NHS). Another course is planned for October 2006.

Mr Peter McDonald, the Sub Dean, continues to run The Advanced Colorectal Workshops and we appreciate the support of Ethicon Endo Surgery who continue to sponsor this meeting. Individuals from all over the world continue to come to these courses and I am pleased to see many of them return as Honorary Clinical Assistants.

The St. Mark’s Association Day was held in October with Mr Mike Thompson as the President. He put together a first rate scientific programme which ensured a good attendance. Mr Thompson also organised a superb Alumni dinner which was held in Dublin during the Tripartite Meeting. Given it’s popularity, further Alumni events will be organised. The next St. Mark’s Association Day will be on the 13th October 2006.

The future looks bright with a number of new, dynamic Consultants coming on board. Discussions have already taken place with Mr Robin Kennedy who is planning to run a number of Enhanced Recovery Symposiums in 2006.

The success of the Academic Institute depends on team work. I am grateful to all members of the faculty who have taught during the year and, in particular, to Janice Ferrari and Rasmita Bhudia who have worked wholeheartedly to ensure the department’s success.

Judith Landgrebe
Administrator
Over 400 delegates attended

Countries represented were:

- Australia
- Belgium
- Bosnia and Herzegovina
- Brasil
- Cyprus
- Czech Republic
- Denmark
- Eire
- Germany
- Greece
- Hungary
- Iceland
- Iran
- Japan
- Korea
- Mexico
- Netherlands
- Norway
- Poland
- Portugal
- Republic of Macedonia
- Serbia and Monte Negra
- Slovenia
- Spain
- Sri Lanka
- Sweden
- Switzerland
- Turkey
- United Kingdom
- USA

Honorary Clinical Assistants and Research Fellows

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<tr>
<th>Name</th>
<th>Country</th>
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<tr>
<td>Dr Domenico Aiello</td>
<td>Italy</td>
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<td>Dr Naiia Arebi</td>
<td>UK</td>
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<td>Mr Tim Brown</td>
<td>UK</td>
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<td>Mr Gordon Carlson</td>
<td>UK</td>
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<td>Mr Hany Mohamed El Barbery</td>
<td>Egypt</td>
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<td>Mr Alexander Hardy</td>
<td>UK</td>
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<td>Dr Jonathan Hoare</td>
<td>UK</td>
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<tr>
<td>Dr Domenico Izzo</td>
<td>Italy</td>
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<td>Dr Alain Kakanou Ekeuah</td>
<td>Belgium</td>
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<td>Dr John Julian Harvey</td>
<td>UK</td>
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<td>Miss Rebecca Himpson</td>
<td>UK</td>
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<td>Ms Hussila Keshaw</td>
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<td>Dr Andrew Latchford</td>
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<td>Dr Lilli Lundby</td>
<td>Denmark</td>
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<td>Dr Robert Neil Patterson</td>
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<td>Dr Ioannis Papaconstantinou</td>
<td>Greece</td>
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<td>Dr Parthasarathi Das</td>
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<td>Dr Sophie Plamondon</td>
<td>Canada</td>
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<td>Dr Sebastian Roka</td>
<td>Austria</td>
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<td>Dr Antonio Roccamonte</td>
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<td>Miss Heena Suredra Patel</td>
<td>UK</td>
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<td>Mr Ahmed Shafi</td>
<td>UK</td>
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<td>Dr Ahmad Ali Uraiqat</td>
<td>Jordan</td>
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<td>Dr Katherina Wallis</td>
<td>Germany</td>
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Observers

<table>
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<th>Name</th>
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<tr>
<td>Mr Saif Abdurrahman</td>
<td>Iraq</td>
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<td>Dr Carolina Aharoni</td>
<td>Brazil</td>
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<td>Dr Frank Benedix</td>
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<td>Dr Tommaso Bombardieri</td>
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<td>Dr Luigi Brusciano</td>
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<td>Dr Jaroslaw Buczynski</td>
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<td>Dr Paul Carroll</td>
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<td>Dr Choon Sik Chung</td>
<td>South Korea</td>
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<td>Dr Do Minh Dai</td>
<td>Vietnam</td>
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<td>Dr John Daskalakis</td>
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<td>Dr Carlo Nicola de Cecco</td>
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<td>Ms Tania das Gracias de Souza Lima</td>
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<td>Dr Saeed Darakhshani</td>
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<td>Professor Adam J Dziki</td>
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<td>Mrs Hiam Esmeiran</td>
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<td>Dr Vincent Ferraro</td>
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<td>Dr Eung-Jin Shin</td>
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<td>Dr Luca Stocchi</td>
<td>USA</td>
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<td>Dr Andrzej Ryszard Sygut</td>
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<td>Professor Tony Catto-Smith</td>
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<td>Dr Spyros Triantafyllidis</td>
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<td>Dr Hadzislaw Piatr Irzinski</td>
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<td>Dr Alvaro de Jesus Velasquez Botero</td>
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<td>Dr Tonguç Utku Vilmaz</td>
<td>Turkey</td>
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<tr>
<td>Dr Jun Wang</td>
<td>China</td>
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<td>Professor Luo-liang Zhao</td>
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Postgraduate Teaching Terms

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<th>Name</th>
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<tr>
<td>Dr Victor Palomo Monroy</td>
<td>Mexico</td>
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<tr>
<td>Dr Fereidoon Nanaei</td>
<td>Iran</td>
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<tr>
<td>Dr Mauro Pozzo</td>
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<td>Dr Angel Reina Duarte</td>
<td>Spain</td>
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<td>Dr Maurizio Roveroni</td>
<td>Italy</td>
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<td>Dr Tommaso Testa</td>
<td>Italy</td>
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<td>Dr Riccardo Vandoni</td>
<td>Switzerland</td>
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<tr>
<td>Dr Alvaro Velasquez</td>
<td>Columbia</td>
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<tr>
<td>Mr Wael Abdelkader Zaki Ali</td>
<td>Egypt</td>
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There were many other successful academic study days during the year including:

- Advanced Colorectal Workshops in June and November.
- Body in Mind Symposium
- Professor Clive Bartram’s Festschrift
- Intestinal Failure Workshop
- Intestinal Failure Study Day
- St. Mark’s Association Day
### St. Mark’s In House Rounds

**Clore Lecture Theatre**  
Seminar Room 3, Level 6V

**7.30 am to 9.30 am**  
These meetings include an X-Ray presentation at 8.30 am followed by a Pathology presentation at 9.00 am

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Speaker</th>
<th>Chair</th>
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<tbody>
<tr>
<td>Friday 7 January</td>
<td>Pharmacological treatment of anal fissures</td>
<td>Mr Austin Acheson</td>
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<tr>
<td>Friday 14 January</td>
<td>Dendritic cells and colorectal cancer</td>
<td>Mr Andrew Huang</td>
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<td>Friday 21 January</td>
<td>The assessment of surgical skills</td>
<td>Mr Vivek Datta</td>
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<td>Friday 28 January</td>
<td>Interleukin-10 - its rule following major surgery</td>
<td>Miss Ann Lyons</td>
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<td>Friday 4 February</td>
<td>Morbidity and Mortality</td>
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<td>*Chair: Dr Alastair Forbes</td>
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<tr>
<td>Friday 11 February</td>
<td>A Tsunami experience</td>
<td>Dr Anton Emmanuel</td>
<td>*Chair: Prof Robin Phillips</td>
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<tr>
<td>Friday 18 February</td>
<td>The aetiology of haemorrhoids</td>
<td>Dr Alex Hardy</td>
<td>*Chair: Prof Robin Phillips</td>
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<tr>
<td>Friday 25 February</td>
<td>Ghrelin - hungry for more</td>
<td>Dr Charlie Murray</td>
<td>*Chair: Prof Robin Phillips</td>
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<td>Friday 4 March</td>
<td>MYH polyposis</td>
<td>Dr Christina Thirlwell</td>
<td>*Chair: Prof Robin Phillips</td>
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<tr>
<td>Friday 11 March</td>
<td>Modern concepts in gastrointestinal trauma</td>
<td>Mr Stuart Gould</td>
<td>*Chair: Prof Robin Phillips</td>
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<td>Friday 18 March</td>
<td>Improving management of anal intraepithelial neoplasia</td>
<td>Mr Faisal Abbasakoor</td>
<td>*Chair: Prof Robin Phillips</td>
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<tr>
<td>Friday 1 April</td>
<td>Morbidity and Mortality</td>
<td>Mr Chris Byrne</td>
<td>*Chair: Prof John Northover</td>
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<tr>
<td>Friday 8 April</td>
<td>Biofeedback for incontinence - the RPAH experience</td>
<td>Dr Joao Martins</td>
<td>*Chair: Prof Robin Phillips</td>
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<tr>
<td>Friday 15 April</td>
<td>The Lord of the Ring - 10 years of anal fistula from one surgeon</td>
<td>Dr Zoe Kemp</td>
<td>*Chair: Prof Robin Phillips</td>
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<tr>
<td>Friday 22 April</td>
<td>CORGI study</td>
<td>Dr Alex Chung</td>
<td>*Chair: Prof Robin Phillips</td>
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<tr>
<td>Friday 29 April</td>
<td>Gut reflexes in spinal cord injury</td>
<td>Ms Liz Janering and Ms Bernadette Reidy</td>
<td>*Chair: Prof Robin Phillips</td>
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<tr>
<td>Friday 13 May</td>
<td>How to avoid bankruptcy in the new NHS - code everything that moves!</td>
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Friday 20 May  What do patients want?  Mr Chris Byrne  
Patient preference vs gastroenterologist vs surgeon in the surgical treatment of inflammatory bowel disease  
Chair: Prof Robin Phillips

Friday 27 May  A new family cancer clinic: the first 18 months  Miss Sue Clark  
Chair: Prof Robin Phillips

Friday 3 June  Optical biopsy  Dr Douglas Samuel  
Chair: Prof John Northover

Friday 10 June  History of “ulcerative” colitis and “Crohn’s” disease  Dr Hugh Baron  
Chair: Prof Robin Phillips

Friday 17 June  Morbidity and Mortality  Dr Steve Gallinger  
Chair: Prof Robin Phillips

Friday 24 June  The GI Cancer Genetic Program at Mount Sinai Hospital, Toronto, Canada  Dr Steve Gallinger  
Chair: Prof Robin Phillips

Friday 1 July  Idiopathic megacolon and adult Hirschsprung’s disease: Novel insight into etiology and treatment  Mr Charles Knowles  
Chair: Prof Robin Phillips

Friday 15 July  A Clinical Trial Evaluating Bowel Preparation with either a Single Phosphate Enema or Polyethylene Glycol in Patients Undergoing Elective Colorectal Surgery  Professor Cameron Platell  
Fremantle Hospital  
Chair: Prof Robin Phillips

Friday 22 July  Mad Cows and GI surgeons. Variant CJD and other prion diseases; implications of infection risks for endoscopy and surgery  Dr Steve Wroe  
Prion Centre, UCL  
Chair: Prof Robin Phillips

Friday 29 July  PET/PET CT – colorectal cancer in patients with liver metastases  Dr Wai-lup Wong  
Mount Vernon Hospital  
Chair: Prof Robin Phillips

Friday 2 September  New genes in colorectal cancer  Dr Kevin Monahan  
Chair: Prof Robin Phillips

Friday 9 September  Morbidity and Mortality  Miss Louise Hunt  
Chair: Miss Carolynne Vaizey

Friday 16 September  Accelerated discharge  Dr Jules Harvey  
Chair: Prof Robin Phillips

Friday 23 September  The DNA repair and the double strand break  Dr James East  
Chair: Prof Robin Phillips

Friday 30 September  New techniques for dysplasia detection at colonoscopy  Mr Chris Byrne  
Chair: Miss Carolynne Vaizey

Friday 7 October  Laparoscopic rectopexy for prolapse at RPAH - HC1 & long term outcomes  Mr Chris Byrne  
Chair: Miss Carolynne Vaizey

Friday 14 October  The gut as an endocrine organ  Dr Naila Arebi  
Chair: Prof John Northover
Friday 21 October  
Cancer and precancer in ulcerative colitis  
Dr Axel von Herbay  
Chair: Prof John Northover

Friday 28 October  
PFIs  
Mr Mike Parker

Friday 4 November  
Morbidity and Mortality  
Mr Paris Tekkis  
Chair: Prof Robin Phillips

Friday 11 November  
Evidence based ileal pouch surgery  
Mr Paris Tekkis  
Chair: Prof Robin Phillips

Friday 18 November  
Anal fissure long term follow-up of a randomised controlled trial comparing sphincterotomy to topical nitroglycerin  
Mr Carl Brown  
Chair: Prof Robin Phillips

Friday 25 November  
The biological effect of the laparoscopic operation environment  
Mr Barry Paraskeva  
Chair: Prof Robin Phillips

Friday 9 December  
Mapping and analysis of quantitative trait loci controlling tumour multiplicity in the intestinal tract  
Dr Andy Silver  
Chair: Prof John Northover

Friday 16 December  
Colonoscopy in evolution  
Dr Brian Saunders  
Chair: Prof Robin Phillips
Departmental Reports
The plans for the new laboratory came to fruition with the official opening of The Bobby Moore Laboratory on the 14th October 2005. Stephanie Moore cut the ribbon to the Laboratory, ably assisted by England goalkeeper David Seaman, TV presenter Matthew Wright and soccer legend George Cohen who played alongside the late Bobby Moore in the 1966 World Cup Final. We owe great thanks to The Bobby Moore Fund for financing the building of the laboratory and are indebted to Stephanie Moore for her continued support and interest in the Unit.

The Laboratory Science programme, headed by Ian Tomlinson and Andy Silver, continues research into the investigation analysis of specific genes responsible for individuals developing colorectal cancer.

The UK Flexible Sigmoidoscopy Trial is close to producing definitive outcome data. With new funding from the MRC and Department of Health an initial pilot study of nurse-led flexible sigmoidoscopy as a national screening tool is starting.

In November 2005 the Polyposis Registry held its first Polyposis Information Day for patients and their families. The event was a huge success and was so heavily oversubscribed that a second day is being held early in 2006. It is hoped that the information day will become an annual event.

The study to investigate anal neoplasia in immunocompromised renal transplant patients continues in collaboration with other CRUK groups at the Royal London and St Bartholomew’s Hospitals. The study should be completed towards the end of 2006.

On the 31st of December 2005, Professor John Northover stood down as Director of the Colorectal Cancer Unit. John will continue to supervise his anal cancer programme until the end of 2006. The Colorectal Cancer Unit staff would like to thank him for his excellent leadership over the past twenty years. A review of the Unit’s achievements under Professor Northover will appear in the St. Mark’s 2006 annual report.

Ken Miller
Unit Manager
This has been an exciting and rewarding year for our team. We successfully applied for several grants and our ongoing trials bowed along at a terrific speed.

The UK Flexible Sigmoidoscopy Screening Trial, which is funded by the Medical Research Council and NHS R&D, is examining the long-term benefit of a once in a lifetime flexible sigmoidoscopy screen at age around 60 years. We completed recruitment in 1999, having screened 40,000 people in 14 hospitals throughout England, Scotland and Wales. Since that time, we have been following the entire cohort of 1/0,000 people, which includes the group offered screening and the controls who were not offered screening, using the UK Cancer Registries. When we designed the study we estimated that the trial would have accrued sufficient new cases of cancer to see a clinically and statistically meaningful result by 10 years. We are on course to achieve this and plan to analyse in 2008. In preparation we are verifying the stage of diagnosis with hospital pathology departments so as not to delay publication once we have a result. This trial has assumed even greater importance since the publication of an economic options analysis by SchARR (University of Sheffield School of Health and Related Research): http://www.cancerscreening.nhs.uk/bowel/ index.html commissioned by the department of Health. This study showed that by preventing colorectal cancer, a once-only flexible sigmoidoscopy screening undertaken at either 55 or 60 years would save around £12 for every person screened because of the savings through avoided cancer treatment costs. This would be the only cancer screening method that would be cost-saving. The Department of Health is therefore eagerly awaiting our results.

In 2004, Steve Halligan and Wendy Atkin secured a grant from the Health Technology Assessment Fund for a multicentre randomised trial (SIGGAR) to investigate the role of CT colonography (virtual colonoscopy) in comparison with barium enema and colonoscopy in the diagnosing of symptomatic colorectal cancer. Following completion of a pilot phase at St. Mark's Hospital, ten further hospitals from around the UK were recruited. The expectation in this study was that we would recruit 18 patients per month in each centre and complete the full recruitment of 4320 patients by 2007, a goal we are on course to achieve. By October 2005, when we performed our first analysis for the Trial Steering Committee to whom we have to report regularly, we had recruited 1237 patients. One of the aims of the study is to compare the accuracy of the three techniques for the diagnosis of cancer or large polyps in the bowel. At our first analysis we observed that only around 7% of people referred for a whole bowel examination because of a suspicion of the cancer actually turn out to have the disease. This low rate of cancers in the patients we have recruited in the trial means that we need to increase our recruitment to gain sufficient statistical power to compare the diagnostic accuracy of the three procedures. We are therefore recruiting ten more hospitals, who are currently performing a pre-selection test to ensure that they are able to achieve our target recruitment of 18 patients per month. Through a collaboration with the Cancer Research UK's Health Behaviour Unit of University College London, we are investigating patients’ views of their symptoms, their bowel procedures and the provision of information regarding their diagnosis by hospital staff. This exercise is already proving to be very informative and Dr David Burling in St. Mark's Radiology Department is changing the service delivery of barium enema and CT colonography in response to some of these findings.

We have had a long interest in quantifying the risk of colorectal cancer following detection of adenomatous polyps at colonoscopy or sigmoidoscopy, with a view to determining the need for repeated colonoscopy surveillance for affected patients. We showed in 1992 that patients who are found to have only 1 or 2 small bowel polyps have a future risk of cancer that is too low to warrant repeated colonoscopy. Conversely, patients with several or large polyps are at an increased risk. It has never been clear for how frequently and for how long patients in this higher risk group should be examined by colonoscopy. This is an important question since colonoscopy is an invasive and costly procedure and, currently, around 15% of all colonoscopies are undertaken specifically for the surveillance of patients with adenomas. This year we successfully applied to the Health Technology Assessment for funding to examine the optimum frequency of colonoscopic surveillance for patients with large or multiple adenomas. This study will be a retrospective examination of the risk of cancer or large adenomas in patients who have undergone at least one surveillance colonoscopy at varying intervals. For this analysis we require 10,000 patients, whose clinical histories will be examined anonymously. This study is a collaboration between several well-known investigators, including two from the US who have collected accurate data on findings at the initial and follow-up colonoscopies. Studies of this nature require permissions of several national bodies concerned with the protection of patient clinical data. Once these permissions have been secured we will proceed with this interesting study.
The statistical analysis will be undertaken by Professor Stephen Duffy at the Cancer Research UK Centre for Epidemiology, Mathematics and Statistics and the economic analysis by Dr Paul Tappenden at ScHARR. When we have completed the study, we plan to donate the anonymised data to our collaborators from abroad so they can undertake their own economic analyses using costs relevant to their own health care delivery systems.

We have again been active this year in assisting the Department of Health in preparing for the introduction of the NHS Bowel Cancer Screening Programme. Following publication of the report from ScHARR of the results of the Department of Health commissioned options analysis on different methods of screening for bowel cancer (including flexible sigmoidoscopy screening, as described above), it was decided that the proposed NHS programme to be rolled out in 2006 should be based on the guaiac faecal occult blood test (FOBT) offered every two years to men and women aged between 60 and 69 years. The Wolfson Endoscopy Unit has applied successfully to be one of the first screening centres, offering colonoscopy to investigate FOBT positive patients. Dr Sandra Rainbow, Consultant Clinical Scientist Department of Clinical Biochemistry and Wendy Atkin are intending to apply to be the Hub responsible for mailing and processing all the FOBT tests in the London Region. We are also applying for a grant in collaboration with Professor Valerie Beral at the Cancer Research UK Cancer Epidemiology Unit in Oxford, Mrs Julietta Patnick CBE, Director of the NHS Cancer Screening Programmes and Professor David Forman, Director of the UK Association of Cancer Registries to ensure that the Cancer Registries are to be able to evaluate the effect of the Bowel Cancer Screening Programme.

Wendy Atkin
Deputy Director
Colorectal Cancer Unit
Cancer is a genetic disease caused by inherited (germline) mutations and acquired mutations (somatic) as well as epimutations where genes are silenced through changes (mostly methylation) to their regulatory regions. Germline and somatic mutations generally lead to formation of a truncated protein whose normal function is severely compromised. Overall, an individual’s risk of developing cancer is governed by a combination of life-style, exposure to environmental carcinogens, and the balance between inherited cancer resistance and susceptibility genes. Many of the genes involved in the Mendelian cancer syndromes (where an individual who has inherited a germline mutation from either parent will develop cancer) have now been identified. Whilst a few Mendelian cancer genes still need to be found, experimental studies in cancer genetics are increasingly focussed on genes which have weaker effects on risk but are likely to be more common in the general population. The polygenic nature of cancer inheritance in human populations, and the relatively low penetrance of most contributing polymorphic genes, means that these genetic components are likely to be much more challenging in terms of establishing their identity and contribution to risk. The Colorectal Cancer Genetics Group at St. Mark’s Hospital aims to overcome these problems by using a combined approach involving genetic analysis of human familial colorectal cancer, genetic profiling using the extensive archive of human colorectal cancer (CRC) tissue samples at St. Mark’s, and modifier mapping using murine model systems. The latter offer significant experimental opportunities to overcome problems of variability in life style and carcinogen exposure, as well as providing a means of controlling, or specifying, the genetic component through the use of induced/engineered mutations and selective breeding.

Essentially, the challenge for our Group is to identify all the relevant genes and to specify their contribution to CRC in the human population.

On 1st July this year the Colorectal Genetic Group moved into a new laboratory facility funded by the Bobby Moore Appeal. This £450,000 investment has improved significantly the accommodation available for scientific research at St. Mark’s Hospital. The Group’s investigations and achievements are detailed below.

**Human Colorectal Cancer Studies**

**Hereditary non-polyposis colon cancer (HNPCC)** is characterised by germline mutations in the DNA mismatch repair genes **MSH2**, **MLH1** and **MSH6**. Cancers arising in HNPCC patients show instability in Microsatellites, which are simple sequence repeats commonly found in DNA. Microsatellite instability (MSI) is also found in 10-15% of sporadic colorectal cancers as a consequence of somatically acquired methylation of the **MLH1** promoter. We have conducted an extensive examination of the molecular features of tumours from familial CRC patients with and without HNPCC in collaboration with the Family Cancer Clinic at St. Mark’s. Molecular changes, such as **APC** loss of heterozygosity (LOH), **K-ras** mutation, **BRAF** mutation and 18q LOH and protein expression alteration to p53 and beta-catenin, known to be common in cancers were compared across a large cohort of patients with different family histories and presenting with various types of tumour. HNPCC tumours were found to have frequent K-ras mutation, rarely **BRAF** mutations, and only occasionally alterations to p53. These finding will help to improve the efficiency of HNPCC diagnosis using molecular criteria. Interestingly, we found that in the non-HNPCC tumours two groups of patients could be distinguished based on the presence or absence of K-ras mutation. Further experimental work showed that mutation of the K-ras gene could also delineate other familial CRC syndromes, including familial adenomatous polyposis syndrome (FAP) and **MYH**-associated polyposis.

The Group has continued to screen patients diagnosed with Mendelian syndromes, which involve tumours of the intestine, where the underlie germline mutation has not been detected by standard genetic screening. The Group has two notable successes to record: the first involving **HNPCC** patients (in collaboration with a Finnish Group and the Polyposis Registry at St. Mark’s); and the second (in collaboration with the Poyposis registry) concerning a long-standing FAP kindred. PJS patients present with hamartomatous gastrointestinal polyps and show spotty melanin pigmentation. They have an increased risk of bowel cancer and other tumours and mutation of the **LKB1** gene is detected in most but not all cases. Indeed, the failure to find a germline **LKB1** mutation in a significant proportion of cases has led to the suggestion that a second PJS gene may be involved. We have recently completed a screen of 21 PJS patients without detected mutations on conventional screening using the relatively novel technique of Multiplex Ligation-dependent Probe Amplification (MLPA). This procedure detected whole-gene or whole exon deletions and duplications in 10 of 21 (48%) of the patients tested. This finding reduces the odds considerably in favour of a second gene and, if MLPA used along side normal procedures, then in excess of 80% of patients will have their **LKB1** germline mutation identified. Our results indicate that MLPA, or an equivalent, should be used for routine genetic testing of PJS patients in clinical practice. MLPA has also been used in...
the laboratory to look at FAP patients from a cohort of 22 families where no germline mutation was detected by standard techniques. FAP is an autosomal dominant precancerous condition where patients develop hundreds to thousands of adenomatous polyps in the colon and carry heterozygous mutations of the APC tumour suppressor gene. Two FAP individuals were found to carry mutation involving exon copy number changes, one comprising a deletion of exons 11-15 and the other a duplication of exon 4; APC exon duplication had not been reported previously. We were able to confirm the presence of a mutant copy of APC and demonstrate how the duplication resulted in a truncated APC protein by analysing RNA prepared from lymphoblastoid cell lines from affected individuals belonging to this FAP kindred. RNA was transcribed into complimentary DNA, which was then used as a target in a polymerase chain reaction with primers annealing to flanking exons 3 and 5. This revealed, in addition to the normal fragment, a novel band of increased size, which on sequencing was found to consist of two copies of exon 4 between exons 3 and 5. The duplication of exon 4 was predicted to result in 5 novel amino acids downstream of the start of the second copy of exon 4, and a pathogenic premature stop codon that will truncate the APC protein at codon 183. Bioinformatic analysis of the relevant APC genomic segment predicted a role for homologous recombination in the generation of this germline mutation.

Mouse Models of Colorectal Cancer

Apc<sup>Min/+</sup> (Min) mice are heterozygous for a truncating Apc mutation and provide a good model of human tHAP. The model has been used to identify loci (Modifier of Min, Mom1-3) modifying adenoma numbers in inbred strains. By exploiting an observation that our Min mouse stock was not on a pure genetic background, two recombinant lines that presented with limited intra-line variation in adenoma numbers were established through selective breeding; one line showed a particularly severe phenotype compared to the other. Using various mapping strategies we have shown that either a modifier gene close to the Apc gene or structural variation on chromosome 18 modifies polyp numbers in our mice by altering the frequency of loss of the wild type copy of Apc. We are continuing to now investigate the genetic nature of this modifier of disease severity. During the course of our investigation we found that in the recombinant line with the less severe phenotype, parity increased pregnancy-associated adenoma formation; there was no equivalent effect in the other line. In the general population, reproductive factors in women have been shown to alter the risk of CRC. Following colectomy, reproduction as a hazard for severity of disease in the small bowel of tHAP patients needs to be established. As our data indicated that susceptibility to pregnancy-associated tumour development is under genetic control, we have used the extensive archive on FAP patients at St. Mark’s to establish that reproduction did not influence the severity of upper gastrointestinal disease or colonic polyp number at colectomy. We are presently testing whether any subgroups of FAP patients, categorized on the basis of their germline mutation, are at any increased risk.

In summary, host genetic background is a major determinant of susceptibility to cancer and tumour progression, and to non-malignant disease that predisposes to cancer. Before we can assess the risk of cancer in an individual, the controlling genetic factors and their interactions need to be understood fully. A complete knowledge of the genetics of CRC will lead to improved strategies for early assessment of individual patients, along with enhanced prevention and treatment regimes.

Andy Silver
Staff Scientist

Alex Markahn, John Northover, Stephanie Moore and Kevin Monahan at the opening of the CR-UK Bobby Moore laboratory
Introduction
The aim of our group is to define the inherited predispositions to colorectal cancer and to refine our management of familial risk so as to prevent familial colorectal cancer.

We have a unique clinical resource at St. Mark’s with over 2,000 individuals at familial risk of colorectal cancer who are under colonoscopic surveillance and whose clinical information and laboratory results are recorded on the Bobby Moore Oracle Database. These individuals are now flagged on the NHS Central Register.

One of our major areas of interest is in assessment of familial risk and the outcome of colonoscopic surveillance. We work in collaboration with Peter Sasieni (CR-UK Department of Epidemiology, Mathematics and Statistics).

A second major area of interest is in the identification of new genes predisposing to familial colorectal cancer. We work in collaboration with Ian Tomlinson (CR-UK Molecular and Population Genetics Laboratory). We have defined the phenotype and undertaken linkage analysis in two families from St. Mark’s with hereditary mixed polyposis syndrome and also defined the phenotype of MYH-associated polyposis. We are collaborating in the Colorectal Gene Identification Study and investigating the genetics of families with a multiple colorectal adenoma phenotype.

Clinical Resource
The Family Cancer Group Bobby Moore Oracle Database has the clinical details of 6338 individuals affected by or at risk of familial colorectal cancer. 2429 have undergone a surveillance colonoscopy and 1710 have had multiple examinations. The results of histopathology, genetic analysis of tumours and of blood samples are recorded. The Office for National Statistics has flagged all the individuals who have undergone colonoscopy on the NHS Central Register and we have complete ascertainment of individuals who have developed cancers or have died. We are sending a biannual newsletter to patients registered on the Bobby Moore database.

Prevention of colorectal cancer by colonoscopic surveillance in individuals with a family history of colorectal cancer
In collaboration with Peter Sasieni (CR-UK Dept of Epidemiology, Mathematics and Statistics,) we have analysed the outcome of 3823 colonoscopies undertaken for familial risk of colorectal cancer in 1678 individuals. The families were classified as hereditary non-polyposis colorectal cancer (as judged by the Amsterdam criteria) or moderate risk with one, two or three affected first-degree relatives.

In 13,500 patient-years of follow-up high-risk adenomas and cancer were most frequent in HNPCC (5.7% and 0.9% on initial colonoscopy). In non-HNPCC they were particularly infrequent under the age of 45. (1.1% and 0.1%) and on follow-up colonoscopy if advance neoplasia was absent initially (1.7% and 0.1%). There was a highly significant reduction in colorectal cancer incidence (80% in moderate risk (P=0.00004), and 43% in HNPCC (P=0.06)) compared to expected rates taking into account family history.

This study confirms that HNPCC family members require surveillance with short intervals. Those with a lesser family history may not require surveillance under the age of 45, and if advanced neoplasia is absent on initial colonoscopy surveillance intervals may be lengthened. Colonoscopic surveillance reduces the risk of colorectal cancer in those with a moderate family history (Dove-Edwin et al, Br Med J 2005; 331:1047-9).
Pharmacological intervention in HNPCC

This randomised study of dietary and pharmacological intervention in HNPCC (formally CR-UK Health Behaviour Unit, now University of Cambridge). We have recruited 15 patients to the Colorectal Adenoma/carcinoma Prevention Programme 2 (CAPP2) which is being defined with a DNA chip.

We have previously described the clinical features of individuals who carry bi-allelic MYH mutations (Sieber et al, 2003). We also analysed the somatic mutations occurring in tumours associated with MYH mutations and demonstrated the absence of somatic MYH mutations in sporadic colorectal cancers (Halford et al and Lipton et al, 2003). In collaboration with Ian Tomlinson and Robin Phillips (CR-UK St. Mark’s Polyposis Registry) we are now undertaking a more detailed analysis of the phenotype. This includes the detection of microadenomas using magnification chrom-endoscopy in heterozygote and bi-allelic MYH mutations carriers and the investigation of the genetic alterations in these lesions. We have developed clinical management guidelines.

Anticipated reactions to genetic testing for hereditary non polyposis colon cancer (HNPCC) susceptibility

In collaboration with Prof Steven Sutton (formally CR-UK Health Behaviour Unit, now University of Cambridge), we have investigated how people anticipated they would react emotionally and behaviourally to learning of their genetic susceptibility to colon cancer (Henning et al 2004). We will perform a follow-up study when 60 individuals have undertaken presymptomatic genetic testing.

Colorectal Adenoma/carcinoma Prevention Programme 2 (CAPP2)

We have recruited 15 patients to this randomised study of dietary and pharmacological intervention in HNPCC gene-carriers to assess the effect on the development of colorectal adenomas in individuals who are undergoing colonoscopic surveillance (organised by John Burn, University of Newcastle).

Prospective results of colonoscopic surveillance in autosomal dominant familial colorectal cancer families with and without Lynch syndrome

We have collaborated with Dr Hans Van den Bergh of the Netherlands Foundation for the Detection of Hereditary Tumours. We have sought to establish whether individuals with a dominant family history of colorectal cancer without evidence of DNA mismatch repair gene deficiency are at increased risk of developing colorectal cancer by examining the incidence of advanced neoplasia during colonoscopic surveillance.

126 individuals from 98 families had BAT26 testing of colorectal cancers to classify them as Lynch syndrome (microsatellite unstable-MSI) or non-Lynch syndrome (microsatellite stable-MSI) families. Results of colonoscopic surveillance in 286 at-risk family members were compared.

29 families were classified as Lynch syndrome and 68 as non-Lynch syndrome. 776 colonoscopies were undertaken. High risk adenomas were observed in 7.7% of Lynch syndrome and 7.6% of non-Lynch syndrome individuals. Cancer was observed in 4.4% of Lynch syndrome individuals, no cases occurred in the non-Lynch syndrome individuals. Multiple adenomas were only seen in the non-Lynch syndrome group (13/197). There was no significant difference in the number of adenomas without high risk features (18.7% vs 19.5%).

These results demonstrate that individuals with a dominant family history of colorectal cancer not due to Lynch syndrome are at increased risk of developing high risk adenomas but do not develop interval cancers. These individuals also require colonoscopic surveillance but at less frequent intervals and possibly from a later age. This is likely to represent a genetically heterogeneous group (Submitted for publication).

Hereditary mixed polyposis syndrome (HMPS)

We have previously described the phenotype of HMPS in St. Mark’s Family 96 (Whiteley et al 1997). In collaboration with Ian Tomlinson we published evidence of genetic linkage to chromosome 15q21-q22 based on a genome-wide linkage study (Jaegers et al 2003). Dr Emma Lipton has undertaken fine mapping of the region and excluded the known genes and ESTs. Genetic sequencing of the region reveals areas of duplication which are being defined with a DNA chip.

MYH-associated polyposis

We have previously described the clinical features of individuals who carry bi-allelic MYH mutations (Sieber et al, 2003). We also analysed the somatic mutations occurring in tumours associated with MYH mutations and demonstrated the absence of somatic MYH mutations in sporadic colorectal cancers (Halford et al and Lipton et al, 2003). In collaboration with Ian Tomlinson and Robin Phillips (CR-UK St. Mark’s Polyposis Registry) we are now undertaking a more detailed analysis of the phenotype. This includes the detection of microadenomas using magnification chrom-endoscopy in heterozygote and bi-allelic MYH mutations carriers and the investigation of the genetic alterations in these lesions. We have developed clinical management guidelines.

Families with multiple colorectal adenomas

Dr Kevin Monahan (Bobby Moore Clinical
Research Fellow) is undertaking genetic linkage analysis in an Irish family with multiple colorectal adenomas and in other families with multiple adenomas collected by the CORGI study (see below).

Genetic pathways in tumourigenesis
We are investigating the somatic genetic changes that occur during tumourigenesis in Lynch syndrome individuals and also in families with, as yet, unknown genetic predispositions to colorectal cancer. This is being undertaken jointly with Ian Tomlinson and Andrew Silver.

Colorectal cancer gene identification study (CORGI)
This is a multi-centre genetic study to identify genes predisposing to colorectal cancer organised by Ian Tomlinson. We have a full-time research nurse at St. Mark’s who has already collected clinical information and blood samples from 300 individuals registered with the St. Mark’s Family Cancer Clinic. We are undertaking a genetic linkage study in 70 families with an undefined dominantly inherited predisposition to colorectal cancer. We are also undertaking a genome-wide association study using tag SNPs in 1000 individuals with familial colorectal cancer to identify low-penetrance alleles predisposing to colorectal cancer.

A pilot for a national study of the interaction of genetic and environmental factors in familial colorectal cancer
The role of diet in the development of familial colorectal cancer is unknown and the genes responsible for a moderate increase in risk of colorectal cancer have yet to be defined. This is being undertaken in collaboration with Tim Key (CR-UK Cancer Epidemiology Unit).

307 patients were invited to take part in this pilot. 268 patients consented and 282 underwent colonoscopy of whom 247 donated a blood sample and 106 returned the 7-day diet diary.

The completion rate of the diet diaries is insufficient for our cohort of patients to provide adequate power to the study. We had the same completion rate for the diaries whether they are sent out in advance of the colonoscopy appointment or given out by a nurse at the time of the colonoscopy appointment.

Hugh Thomas
Director

The team from the Family Cancer Unit
The first Polyposis Information Day for patients and their families was held in November 2005. Over 120 people applied for a place, which meant that some had to be turned away with the promise of a repeat the following spring.

Professor Phillips opened proceedings with a talk about surgery for polyposis. Jacquie, Sandra, Ripple and Kay followed in turn giving presentations to explain everything from the importance of keeping appointments to the nature of genetic mutations. Jacquie and Sandra rounded off the morning with a quiz to help people test their knowledge of their anatomy.

In the afternoon break out sessions people had an opportunity to choose whether to hear about the extra-colonic manifestations of FAP or the history of research. In addition there was a session for people who live with someone with polyposis to get together; but by far and away most popular was Ripple's session called DIY Endoscopy, in which people could test their skills with an endoscope on a model.

Evaluation sheets were returned by 38 of the 61 people who attended. Comments were very positive with many requests for similar events to be held again in the future. Our thanks go to Dansac who provided the folders for the programmes and evaluation sheets and to Michael Dean for his tireless efforts with such things as putting the paperwork together and organising signs and parking, all of which helped to make the day such a success.

In April Pam Nye, who had retired as Out Patient Services Manager, joined us part time to help clear the backlog of patients who needed to be contacted because they had failed to attend for their appointments. Pam's past experience and extensive knowledge of the hospital systems proved invaluable and has resulted in improvements in the way we manage this part of our work.

In September Andrew Latchford completed his two years of research into polyposis. We were pleased to learn that he was not moving far and continues to work in the Endoscopy Department at St. Mark’s and to help in Professor Phillips’ Out-Patient Clinic.

Congratulations are due to Julian Sturt who, in November, was awarded an MD for his thesis titled “Experimental and Clinical Studies in FAP with Particular Reference to APC Replacement Gene Therapy and the Aetiology of Desmoid Disease”.

In December interviews took place for the appointment of a new Research Fellow to study what triggers adenomas to become malignant. Olivia Will, a Surgical Registrar who was working at The Royal London, was selected and joined us in January 2006.

Also in December we were very pleased to learn that Sue Clark, who was a Polyposis Research Fellow at St. Mark’s in 1995/1996, will be returning as a Consultant Surgeon and Assistant Director of the Polyposis Registry. Miss Clark is expected to take up her post in March 2006.

The Registry and the Trust

The Paediatric clinics, dedicated to children in polyposis families, continued...
to be in demand with a total of twenty children being seen during 2005.

There have been 95 new patient referrals, either with or at risk of a polyposis syndrome, to St. Mark’s in 2005. Of these, 58 came directly as a result of Registry involvement with the family, the remaining 37 being referred directly to a Consultant.

### New patient referrals in 2004

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>At risk of inheriting FAP or other polyposis syndrome</td>
<td>47</td>
</tr>
<tr>
<td>Difficult cases referred on to St. Mark’s</td>
<td>8</td>
</tr>
<tr>
<td>Other routine referrals</td>
<td>18</td>
</tr>
<tr>
<td>Peutz Jeghers syndrome</td>
<td>4</td>
</tr>
<tr>
<td>Juvenile Polyposis</td>
<td>0</td>
</tr>
<tr>
<td>MYH family</td>
<td>17</td>
</tr>
<tr>
<td>Metaplastic polyposis</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>95</strong></td>
</tr>
</tbody>
</table>

During the year over 1,000 out-patient appointments were dedicated to patients with, or at risk of inheriting polyposis. Ripple Man, the Nurse Practitioner in Endoscopy who specialises in Polyposis undertook 450 examinations using the flexible sigmoidoscope for this group of patients. The patients tell us that they are reassured when they learn that the examination is to be done by Ripple whom they have grown to know and trust over the last few years.

The Trust Policy to discharge all other patients after they fail to attend an appointment on two consecutive occasions would be extremely detrimental to patients from polyposis families. If an adult is discharged from follow up, not only is their risk of developing cancer hugely increased but it becomes almost impossible to contact them when their children reach the age at which screening should start. The trust accepts this but we need to do our part and make non-attendance as small as possible. The time spent by Jacquie Wright contacting these patients continued to reap benefits in 2005 with the number of patients failing to attend for their appointments continuing to fall, and the number who made the effort to cancel their appointment when they could not attend steadily rising. It is impossible to measure the time spent, not only by Jacquie, but all staff in the Registry in this respect but it is fair to say that it is immense. The benefit of all this work is not only to improve the trust’s statistics; the main benefit is to the health of the patients themselves, there is also an improved relationship between Registry staff and the patients, who come to understand that we care about them and not least, of course, there are the budgetary implications.

#### International Society for Gastrointestinal Hereditary Tumours (InSiGHT)

The first biennial scientific meeting, hosted by Professor John Burn, was held in Newcastle upon Tyne in June. Papers were presented by Julian Sturt and Andy Latchford and Nirosha Suraweera, who had been working with Dr Silver, and Professor Tomlinson had posters accepted for display.

Professor Robin Phillips remains joint Administrative Director of InSiGHT and Kay Neale is the Administrative Secretary. Professor Ian Tomlinson was elected to Council.

#### Research Projects

**Andrew Latchford**

During 2005 Andrew continued to be responsible for the co-ordination of the clinical trial, funded by the National Cancer Institute in the USA, and being undertaken in collaboration with the MD Anderson Cancer Centre in Texas. The study is designed to investigate the effect of Celecoxib with difluoromethylornithine (DFMO) compared to Celecoxib alone, in the prevention and regression of duodenal and colorectal adenomas. At the beginning of the year the trial was suspended owing to reports that Celecoxib may not be safe for use by patients with cardiac problems. Many patients with polyposis have no cardiac problems and following thorough investigation the drug was once again approved by the Data Safety Monitoring Board on the understanding that the patients were fully informed of the risk. New patient information sheets and consent forms were drawn up ready for submission to the Ethics Committee.

The study into the molecular and genetic aspects of desmoid disease with Professor Phillips, and in collaboration with Professor Ian Tomlinson and Dr Andy Silver, was completed. Beta-catenin expression and somatic mutation analysis was performed in a number of FAP associated desmoid tumours. In addition an analysis of the somatic APC mutations was performed and the importance of the “first hit – second hit” relationship in desmoid disease was clarified. Other genetic studies involved the identification of candidate genes by array comparative genomic hybridisation and an assessment of both chromosomal and microsatellite stability has also been performed.

In addition to his work in the laboratory Andrew has analysed the role of surgery for desmoid tumours and also looked for evidence of risk factors for desmoid disease using logistic regression analysis. He correlated the clinical behaviour of desmoids with molecular aspects of the tumour such as cellularity, mitotic activity and expression of angiogenesis and connective tissue factors.

Andrew’s work led to presentations at the International meeting in June and to a number of peer reviewed papers.

Following his move to work in Endoscopy he has maintained an interest in patients with the polyposis syndromes and continues to be heavily involved in their endoscopic and clinical management.
He is currently reviewing the outcome of endoscopic therapy in advanced duodenal disease and looking at factors that may alter the risk of developing duodenal or ampullary cancer.

**Professor Ian Tomlinson and Dr Andrew Silver**

Most patients with familial adenomatous polyposis (FAP) carry germline mutations in the adenomatous polyposis coli (APC) gene. A number of individuals diagnosed with polyposis and having developed more than 100 adenomas do not have an identified germline mutation of the APC gene. It is possible that rare APC mutations exist which are difficult to detect by standard mutation analysis. Hence, Dr Silver has recently introduced the technique of Multiplex Ligation-dependent Amplification (MLPA) to complement standard protocols to detect rare germline mutations. MLPA is a high-resolution technique that allows detection of copy number variants in genomic sequences. Dr Silver and his team have identified a previously unreported intragenic mutation involving duplication of exon 4 in one copy of the APC gene in a family in which FAP has been inherited over more than four generations. Further studies showed two copies of exon 4 spliced between exons 3 and 5 resulting in 5 novel amino acids and a pathogenic premature stop at codon 183. These studies highlight the importance of MLPA as an adjunct to exon-by-exon sequencing in identifying infrequent mutational events. Similarly, MLPA has been used to identify a high frequency of whole exon, whole gene deletion and duplication events in the LKB1 gene, considered to be involved in predisposition to the Peutz Jeghers syndrome (PJS) in most affected patients. Patients with PJS develop hamartomatous polyps throughout their intestine and have an increased risk of cancer. Almost half of the patients without detected LKB1 mutations on standard screening were found to have copy number changes leading to pathogenic mutations. This finding reduces the possibility of a second PJS gene and indicates that MLPA should be used in routine testing for these patients.

**Julian Harvey**

Under the supervision of Professors Tomlinson and Phillips, Jules is studying mitotic recombination. Every person has two copies of the APC tumour suppressor gene. Both copies need to become inactivated for a person to develop adenomatous polyps and then cancer. Patients with familial adenomatous polyposis (FAP) are born with one copy mutated - the so-called first “hit”. During the course of their life, the second remaining “good” copy becomes mutated leading to polyp development. The aim of the study is to understand the mechanism of how the second “hit” develops. It is possible that a relatively unknown process called mitotic recombination could be the cause. Mitotic recombination aims to repair otherwise lethal breaks in both strands of DNA helix, but can lead to shuffling of genes, with deleterious effects, as a by-product.

Over the next 3 years, Jules will examine the genetic regulation of this process. Blood samples are being collected, along with polyps and surgical specimens to help with the work. This research could lead to important advances in understanding the genotype-phenotype correlation in FAP. It is envisaged that a person’s genetic code could then be used to predict their future clinical behaviour, allowing screening and treatment to be tailored to the individual patient. It may also help to determine a healthy individual’s susceptibility to cancer.

**Donations**

We should like to thank all those individuals who have donated funds to support our work.

In addition, we gratefully acknowledge the financial assistance given by the following organisations:
- The St. Mark’s Hospital Foundation
- Cancer Research UK
- The National Cancer Institute, USA

**Kay Neale**

Registrar
In another interesting year, staff changes are prominent and once again I would like to thank all of our staff for their continued good humour and support. Their hard work and camaraderie allows us to present a friendly face to patients as they pass thorough our department worried about the possible outcomes of all these weird and wonderful tests.

Sadly, we had to say goodbye to Professor Clive Bartram as he retired in November 2004. A Festchrift was held in his honour, with over 150 guests gathering for a day’s lecture program. Professor Bartram looked on while many of his protégées updated us on the work they had done with him and how it had developed since they left the nest. Some of the most famous and inspiring radiologists worldwide came to join us with outstanding lectures given by Professors Igor Laufer, Dean Maglinte, Nick Gourtsyianis and Olle Eckberg.

Dr Andrew Slater continued Stuart and Steve’s work on CT colonography and settled in quickly to his role in the department as a research fellow. Andrew hails from Oxfordshire and left us at the end of June to take up a consultant post in Oxford. We wish him all the best and am sure he will be much appreciated, taking up the reigns in GI radiology at a centre with a rich history in gastro-intestinal diseases and research.

In July this year, Steve Halligan and Stuart Taylor left us to take up new consultant posts at UCL. Steve was appointed Professor and both Steve and Stuart are looking forward to extending their influence on academic radiology to a wider field. We wish them the very best for continuing success and look forward to continuing to collaborate with them in the future. They will be continuing their work on the SIGGAR Trial here at St. Mark’s, so you will still see them around the department.

I am delighted to report that Dr David Burling returned to the department as a Consultant Radiologist in August 2005. Dr Arun Gupta has been appointed as the other replacement Consultant and I have great confidence that the team is now stronger than ever. Arun trained at St George’s Hospital and The Royal Marsden, where he developed his interest and expertise in cancer imaging. With David’s keen academic slant, we will continue to develop and lead research into the investigation of gastro-intestinal diseases using the newest techniques and the wealth of expertise we hold at St. Mark’s.

Michele Marshall
Clinical Director
2005 has been an eventful year for the Wolfson Unit for Endoscopy, the highlight of which was a successful bid to become one of the first bowel cancer screening centres in England as part of the National Bowel Screening Programme. This required an immense amount of sustained effort from many colleagues working closely together - a great testament to the “esprit de coeur” in place. Screening for our local population will begin later this year. The benefits of achieving screening centre status are significant and we hope that The Trust is similarly successful in its bid to become a screening programme hub.

The Wolfson Unit has now completed its 2nd year as a National Training Centre for Endoscopy – more than 280 doctors and nurses have attended courses and feedback from attendees has been excellent. The success of the courses has been greatly assisted by the nursing team who continue to demonstrate their professionalism, excellent technical skills and enthusiasm.

2005 was marked by a round of departures and new arrivals of staff. Maggie Vance (Nurse consultant) and Lisa Mackay (Unit Secretary) departed on maternity leave as will Dr Noriko Suzuki (Honorary Consultant) shortly to Japan. David Swain (Research Nurse) and Gill Schofield (Capsule Endoscopy Nurse) moved to new posts after several years at the Wolfson Unit and they will be sorely missed – David has gone to Addenbrooke’s Hospital, Cambridge and Gill to a Bowel Cancer Screening Coordinator role in Melbourne, Australia. The Wolfson Unit has appointed three outstanding new research and training nurses in their place: Mari Stavrinidis, Aine Fitzpatrick and Eric Tripoli, who will continue to support the academic work of the Kennedy Leigh Centre.

We welcomed Dr James East and Dr Aymer Postgate to the unit as research fellows in new endoscopic imaging techniques (including narrow band imaging and autofluorescence) and capsule endoscopy respectively. Dr East has quickly made an impact with multiple presentations at national and international meetings as well as publications, and Dr Postgate is the first capsule endoscopy research fellow in the United Kingdom. Dr Latchford and Dr Youd (Clinical Fellows) continue to develop their advanced endoscopic expertise and will complete their own research projects in due course. The Fellows’ contribution to the clinical workload of the unit is well recognised and appreciated.

The clinical services provided by the Wolfson Unit continue to remain busy and well performing. The efforts of Val Pryor (Diagnostic Services Manager), Jean Mannings (Unit Administrator) and their staff in keeping us on track over the last year have been invaluable and their contributions are very much appreciated. Our newer services on offer for patients i.e. capsule endoscopy, double balloon enteroscopy and endoscopic submucosal dissection, continue to generate new work streams and are attracting increasing numbers of referrals. The unit will continue to strive to remain at the forefront of endoscopic developments and looks forward to 2006 and beyond.

Chris Fraser
Consultant Endoscopist
The Endoscopy Unit have had an exceptionally busy year. We have performed approximately 14,000 cases across site. From September 2005 the units have been managed across site and we have pooled our staff and sessions to allow maximum use of staff, sessions and endoscopists.

The St. Mark’s Endoscopy Unit has been chosen to be one of the first ‘bowel Cancer Screening Centres’ in the country, so we have opened our 5th procedure room permanently to accommodate extra lists to cut the waiting times for Endoscopy and accommodate the extra lists needed for cancer screening.

We have worked very hard this year to validate our waiting lists and maximize the use of all our rooms and sessions.

The St. Mark’s Endoscopy unit continues to be a National Training Centre, teaching both doctor and nurse endoscopists how to colonoscope or improve their technique and also training trainers to teach others in their own hospitals. Dr Brian Saunders, Dr Chris Fraser and Nurse Consultant Maggie Vance have all worked very hard to make this happen.

This year we have had many changes in our staff, especially with senior sisters leaving to go to pastures new. I would therefore like to thank the new sisters for all their hard work during their very steep learning curve, as well as all the doctors, junior nurses, technicians and clerical staff who have all worked very hard as part of a multidisciplinary team to make St. Mark’s and ACAD Endoscopy Units excellent places to work and provide good experience for our patients.

Val Pryor
Diagnostic Services Manager
The Department of Medicine comprises general medical gastroenterology, endoscopy, inflammatory bowel disease, nutrition, physiology, psychological medicine, and the medical contribution to cancer care.

The Department aims to provide excellence in clinical care, research and teaching. This report encapsulates some of the developments that occurred during 2005; further information is also to be found in the reports of individual Units elsewhere in this Annual Report.

Two physicians, Anton Emmanuel and Alastair Forbes, left St. Mark’s during 2005. In their place, Naila Arebi joined the Physiology Unit and Jeremy Nightingale was appointed to the Nutrition and Intestinal Failure Unit. Jeremy will take up his position in early 2006. Both physicians are well known to St. Mark’s: Naila undertook part of her specialist training at St. Mark’s, while Jeremy undertook his doctorate research at St. Mark’s.

A key event during 2005 was the establishment of the Psychological Medicine and Inflammatory Bowel Disease Units in a new building. The Psychological Medicine Unit provides psychological support, diagnosis and intervention for many of the hospital’s patients, who have a range of intestinal disorders. This facility is unique in British gastroenterological and colorectal practice.

The newly created Inflammatory Bowel Disease Unit brings together the major groups with a clinical and research interest in inflammatory bowel disease, including medical clinicians, nurse specialists, scientists, research fellows, a database manager, and secretaries.

A second nurse specialist in inflammatory bowel disease, Marian O’Connor, joined Lisa Younge, strengthening the nurse specialist activity in this area.

The active collaboration between Prot Michael Kamm at St. Mark’s and Prof Stella Knight and Dr Andrew Stagg at the Antigen Presentation Research Group of Imperial College continued. The aim of this mucosal immunology group is to determine the role played by antigen-presenting dendritic cells in both the regulation of normal intestinal immunity and in inflammatory bowel disease.

During 2005 Ailsa Hart, together with Andy Stagg, Stella Knight and Michael Kamm, published work in Gastroenterology related to the central role of the dendritic cell in regulating the inflammatory process in both ulcerative colitis and Crohn’s disease.

Matt Rutter, working primarily in the Endoscopy Unit, published extensively on clinical aspects of cancer surveillance in...
patients with inflammatory bowel disease. He demonstrated that dysplastic areas of colonic mucosa are often endoscopically recognisable, and that a completely normal endoscopy signifies a lesser cancer risk.

Teaching and Training
All the physicians maintained an active academic role, presenting at international meetings on all continents, and publishing in major peer review academic journals.

For the 2005 second International St. Mark’s Lecture Course the fourth Sir Avery Jones Visiting Professorship was Professor Miquel Gassull from Barcelona.

The Department has four Specialist registrar posts in gastroenterology, shared between St. Mark’s and Northwick Park Hospitals. Trainees rotate through six months in each of general gastroenterology, specialist luminal gastroenterology, and specialised training in nutrition, endoscopy and gastrointestinal physiology. The campus remains one of the most popular sites in the region for training in gastroenterology, and also attracts trainees from around the country.

Teaching days were again arranged for the Region’s specialist registrars, and the medical undergraduate programme continues to grow.

The Department runs an active teaching programme for specialist registrars and research fellows. This includes a regular journal club, an inflammatory bowel disease meeting, a psychological medicine meeting, the Friday morning academic activities, and an ongoing program of teaching activities within the sub-specialities.

Clinical Assistants from other hospitals around London continue to seek an attachment to the Department of Medicine for clinical experience in luminal gastroenterology.

Conclusions
Gastroenterology at St. Mark’s and Northwick Park is thriving. The establishment of new dedicated Units in Inflammatory Bowel Disease and Psychological Medicine during 2005 will greatly enhance these areas of clinical and research activity.

Michael A Kamm
Chairman
During 2005 clinical activity and research continued to expand in the Physiology Unit. During the year Anton Emmanuel left the Unit, and Naila Arebi was appointed Consultant in the Physiology Unit.

Regular BSc modules with City University on Bowel Continence Nursing, and an MSc in continence care, continued during the year.

Nursing clinical care and research
Nurses within the Physiology Unit continue to provide much of the specialist care.

Christine Norton represents nursing on the St. Mark’s and Campus Academic Boards, and the Health Services Research Committee. She also chairs the campus Nursing Research steering group.

The clinical service
The Physiology Unit investigates and treats patients with functional disorders affecting any part of the gut, ranging from the oesophagus to pelvic floor. Diagnostic studies include stationary oesophageal manometry, ambulatory oesophageal pH and manometry studies, studies of gastric and intestinal transit, breath hydrogen studies, and studies of pelvic floor function. Behavioural and psychologically based treatments include behavioural therapies (including "biofeedback") for incontinence, constipation, and related therapies, cognitive behavioural therapy, counselling, and limited psychotherapy. Other therapies include newer surgical treatments, pharmacological therapies (including new topical pharmacological therapies), and injection of biomaterials. Choosing between behavioural, pharmacological, psychological, and surgical treatments depends on the nature of the symptoms and the underlying condition.

During the year more than 1500 diagnostic and 3500 treatment episodes took place. There are often up to eight or nine diagnostic and treatment clinics running concurrently in the Unit.

The Unit is very focussed on a comprehensive package of care that encompasses patients having all their investigations and the beginning of treatment pre-booked to occur on the same day. Tests are not considered an end in themselves; all patients referred from outside the hospital have a careful history taken, tests performed, and a plan of management formulated. Booking and reporting systems are now streamlined and computer based. The Unit is multidisciplinary in personnel and in the range of treatments offered, and is continually expanding its staff to meet the growing diagnostic and clinical need.

Research
The Physiology Unit continues to pursue a policy of structuring its research into main streams, much of it undertaken by research fellows registered for higher degrees such as MS, MSc, MD and PhD.

Charlie Murray concluded his research into the clinical and scientific aspects of gut physiological function. Alex Chung completed research into spinal reflexes involving the gut, with special reference to spinally injured patients. Alex Hardy completed work on the structure, pathophysiological basis and symptom treatment of haemorrhoids.

When patients with constipation fail behavioural and drug therapy, a small number may require more intense treatment. The traditional surgical therapy has been colectomy, but this is associated with an unpredictable and
variable outcome. As part of the sacral nerve stimulation program the value of this treatment in patients with intractable constipation has been assessed. During 2005 Tom Dudding undertook work as part of an international multicentre study examining the efficacy of sacral nerve stimulation for this indication. We are grateful to Medtronic for their support of work involving sacral nerve stimulation.

Education
The unit ran a number of courses last year. Christine Norton continued to run a bowel continence course for specialist continence nurses. This validated course was run in conjunction with City University. A new Masters in Continence Care module continued in 2005.

The Unit aims to provide a national focus for information about functional colorectal and pelvic floor disorders, and as part of this maintains links with other organisations such as The Continence Foundation, and the National Association for Colitis and Crohn’s Disease (NACC). It also makes representations to the Department of Health or government when policy issues involve continence. Telephone information and advice is also provided to a wide variety of professionals, the public, the media, and official bodies. Public information was promoted via the website www.bowelcontrol.org.uk.

Members of the Unit lectured on a range of courses within the hospital, for doctors, nurses, pelvic floor physiotherapists, and other special interest groups. They also lectured outside the hospital at other national courses, societies such as the Royal Society of Medicine, and internationally. Work from the Unit was published in a wide range of peer review journals, from general journals such as the Lancet to a number of speciality journals in the fields of surgery, medicine, obstetrics, psychology, and nursing.

The Future
The Unit consists of a number of specialised “groups”, each developing their own expertise in clinical practice, research and teaching.

Research fellows continue to “drive” some of the individual streams of research, into areas including novel technologies for the control of bowel and sphincter function, anal sphincter pharmacology, and inflammatory bowel disease.

Nurse specialists are taking on an increasingly independent and high profile role in the hospital, and this is particularly so in the Physiology Unit. Nurse specialists in the Unit provide expertise in the fields of continence, defaecation disorders, and clinical trial research. Nurse led research in these areas is becoming an increasingly important area of the Unit’s activity.

Clinical scientists are continuously refining measurement techniques, by a process of technological change and clinical trials. They are taking on a national role to lead in their areas of clinical practice and research.

Although the Unit has always had a strong clinical and research activity in oesophageal and upper gut motility problems, this is being expanded.

Finally, the link with industry is expanding. The Unit is well placed to play a leading role in the evaluation of emerging drugs which influence gut function.

Michael A Kamm
Director
2005 was a year of consolidation and growth for the Psychological Medicine Unit (PMU). We are delighted to have moved into our new purpose built premises in January 2005, consisting of consulting rooms, a group room, offices and a waiting area. These rooms have been generously funded by the St. Mark’s Foundation, with original art funded by the Friends of St. Mark’s, and with substantial support in the whole project from the St. Mark’s and NWLH Trust management teams. The rooms are attractive, confidential and popular with patients and staff alike.

CLINICAL ACTIVITY continues to be busy, with referrals from gastroenterologists, surgeons and specialist nurses from throughout the Trust. Many patients seen in our Unit have not consulted with a mental health professional before and we approach each case with a combination of clinical experience and sensitivity to the patients’ physical and psychological status. The majority of patients seen in our Unit are seen for assessment only, and then referred on for psychological treatment, if required. However, there are some patients who are seen for ongoing therapy within the Psychological Medicine Unit if resources are available. But, equally importantly, in all cases we provide written and sometimes verbal feedback to the referrer, to help the referrer in their ongoing management of these patients. In this way we hope to promote a truly multiple-disciplinary ethos within St. Mark’s.

Esther Serrano-Ikkos is completing her training in EMDR (Eye Movement Desensitization and Reprocessing) and is pioneering the use of EMD in the SMH population.

Currently the PMU offers the following modalities of therapy:
- CBT (Cognitive behavioural therapy)
- Hypnosis as part of CBT
- Individual psychotherapy
- Group Therapy
- Family/couple therapy

TEACHING AND TRAINING
We have a busy teaching and training schedule throughout the year. There is a weekly psychosocial meeting, attended by many of the St. Mark’s doctors, nurses and other health care professionals (dieticians, pharmacists, etc.). At the weekly psychosocial meeting both in-patients and out-patients are discussed to help with their management and to understand something of what might be going on psychologically for the patient and between the patient and the multi-disciplinary team. There are also weekly teaching seminars for the Biofeedback nurses, the Intestinal Failure team, and monthly sessions for the St. Mark’s dieticians and the Polyposis team. The PMU also provides a regular consultation to the nursing staff on Frederick Salmon ward.

The Psychological Medicine Unit is involved in a substantial amount of formal teaching. This includes teaching to undergraduate medical students, to the postgraduate visitors to St. Mark’s, on external and internal courses for specialist nurses and more widely afield. Julian Stern has lectured widely on his work at St. Mark’s to Psychotherapy units within the UK, and the Psychological Medicine Unit has contributed to the St. Mark’s annual meeting “Frontiers in Intestinal & Colorectal Disease” the third annual international congress in December 2005. Julian Stern has also been a guest
lecturer at the BAPEN (British Association of Parenteral and Enteric Nutrition) Annual Conference in 2005.

A new venture, together with the Burdett Institute, has been the provision of “Gut in Mind” masterclasses. These are masterclasses directed towards clinical nurse specialists from throughout the UK, in association with Coloplast Limited. We will build on these courses in 2006.

“Body in Mind” conference in June 2005: The Psychological Medicine Unit, together with the APP (Association for Psychoanalytic Psychotherapy within the NHS) organised a successful conference, based at St. Mark’s, entitled “Body in Mind: Psychoanalytic Psychotherapy Across Medical Settings”. This conference was well attended and included an internal speaker (Patricia McHugh), who presented a very well received paper on “Mourning a Loss or Nursing a Grievance”.

The Psychological Medicine Unit is planning a further “Body in Mind” conference, once again based at St. Mark’s Hospital, in Autumn 2006.

RESEARCH
The Psychological Medicine Unit is involved in a number of research projects, including the efficacy of group psychotherapy in various conditions (post-partum faecal incontinence, cauda equina syndrome). We have a PhD student from The Tavistock Clinic, who, together with Julian Stern will be researching psychological aspects of patients undergoing colectomy for functional bowel disorder.

ADDITIONAL DEVELOPMENTS
A new database for the PMU will be operational in early 2006 and allow for better data collection, tracking of patients, audit and research.

The PMU is actively involved with the new IF (Intestinal Failure) unit, and will provide clinical support to patients as well as ongoing consultations to staff members in the IF Unit.

Angie Davison (Nurse Consultant) and Patricia McHugh (PMU) are planning to run an “Expert Patient Programme”

SUMMARY
This has been an exciting and positive year for the Psychological Medicine Unit. We trust that 2006 will prove to be as productive and hope to build on the advances made in 2005.

Julian Stern
Head of Unit
This new Institute is a collaborative project between the Florence Nightingale School of Nursing and Midwifery, King's College London and St. Mark's Hospital, Harrow. The Burdett Trust for Nursing has committed funding for staff and costs for an initial five-year period. The Burdett Institute aims to develop and enhance nursing practice in the care of patients with gastrointestinal disorders, and hence improve their clinical condition and quality of life, by a systematic and comprehensive programme of research and teaching.

Colorectal and gastrointestinal nursing is in a state of major expansion. Unfortunately, education and research in nursing have lagged behind clinical need, and at present gastrointestinal nursing does not have the education and research-based knowledge to manage patients with gastrointestinal problems optimally. The evidence base needs to be expanded and focused on consumer priorities.

Our aim is to improve the health and wellbeing of people with gastrointestinal disorders by promoting excellence in gastrointestinal nursing education, research and practice.

Launch
The launch of the UK’s first institute devoted to Gastrointestinal nursing was marked by a reception at the House of Lords on 14th January 2005. The event was kindly hosted by Baroness Pitkeathley and attended by many past and present Consultants, patients, and consumer representatives.

Awayday
In an effort to achieve our aim of a true partnership between clinical and academic nurses we held a one-day meeting at the Royal Society of Medicine in June 2005. The aim was to ensure that we developed a common vision and identified possible problems together. This led to an action plan, which is currently being implemented in stages.

Progress this year
A primary objective of the Burdett Institute is to maintain a focus on issues of greatest importance to gastrointestinal patients. To this end, we have patient representatives on our steering group, on many of our course planning groups and we work closely with patient support groups at the hospital, including the Red Lion Group for ileo-anal pouch patients, an InContact group for incontinent patients; Inside-out group for stoma patients and the St. Mark’s bowel cancer support group. The latter, with the colorectal Macmillan team, ran a fundraising event to celebrate all our support groups and to raise awareness during Bowel Cancer Awareness Month (April 2005), with local MPs in attendance (see photo).

We are comprehensively revising a range of patient information at St. Mark’s Hospital, in conjunction with our patient representative groups and our nursing staff. This will become available during 2006, in paper and electronic formats and via our website. We are very grateful to the Friends of St. Mark’s Hospital who have provided a generous grant of £25,000 towards this project.

We have also given talks and presentations to a wide range of national and local groups, including Irritable Bowel Syndrome...
Network; Townswomen’s Guild; National Association for Colitis & Crohn’s Disease (NACC); Multiple Sclerosis Society. Contributions were made to publications from NACC, IBS Network, MS News, Parkinson’s Disease Society.

We have piloted patient information groups for inflammatory bowel disease (Lisa Younge and Kathy Whayman), constipation (Lesley Butcher and Chris Norton) and incontinence (Sonya Chelvanayagam).

We have started to compile a range of nursing protocols and guidelines. The first of these are available on our website.

We have commenced both a BSc and MSc in Gastrointestinal nursing programme in the academic year 2005-6. We have 15 students on the MSc programme and 9 on the BSc pathway. There are 13 specialist GI options from which to choose. These may also be taken as stand-alone modules.

In addition we have a programme of study days and Master Classes. With thanks to Dansac, Ltd, Coloplast Ltd, Salts Ltd and Hollister Ltd for support of our Master Classes.

Burdett and St. Mark’s nursing staff are at the forefront of GI nursing leadership, with numerous national and international activities.

Research Fellows and PhD students

Dr Jonny Blaker: Post-doctoral research fellow. MRC funded project in collaboration with the Eastman Dental Institute investigating the development of materials suitable for the repair of fistulae.

Maureen Coggrave (Stoke Mandeville Hospital): bowel management in spinal cord injury. Full time PhD Fellowship funded by Action Medical Research for 3 years. Major survey of bowel problems following spinal cord injury; anorectal assessment of interventions; randomised controlled trial of a step-wise protocol for bowel management. Data collection complete. Due to submit mid-2006.

Sarah Collings: PhD study: narrative study of women’s experience of faecal incontinence: pilot completed and published, main study in progress.

Nicky Gardener (jointly with Bristol University): PhD study: development of a validated measure of faecal incontinence (funded by International Consultation on Incontinence). This questionnaire will form a module of the ICI questionnaire project, which is developing a series of standardised questionnaires for the assessment of lower pelvic dysfunction internationally. Pilot completed, further validation in progress with patients from the St. Mark’s biofeedback service. Presentation of initial findings at the International Continence Society in Montreal, August 2005.

Sue Woodward: PhD study: reflexology for chronic constipation (funded by King’s College London). Pilot study completed; full proposal in development.

Maureen Coggrave (Stoke Mandeville Hospital): bowel management in spinal cord injury. Full time PhD Fellowship funded by Action Medical Research for 3 years. Major survey of bowel problems following spinal cord injury; anorectal assessment of interventions; randomised controlled trial of a step-wise protocol for bowel management. Data collection complete. Due to submit mid-2006.

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Husila Keshaw: Full time PhD Fellowship. Development of materials to assist healing of anal fistula. Has started laboratory work, published a paper and will present initial data at the British Society of Gastroenterology annual meeting in March 2006. Funded by the Sir Halley Stewart Trust for 2004-6

Maggie Vance: PhD study: nurse led bowel cancer screening. This study examined the workforce and training issues in delivering a nurse-led flexible sigmoidoscopy screening programme. Pilot completed, protocol and training programme developed. Funding from Department of Health and Keymed Ltd.

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Our website is our primary method of communication with the public and fellow professionals. Please visit: www.burdettinstitute.org.uk

Christine Norton
Director
The department was kept busy throughout 2005 with over 6000 patient contacts. All members of the team provide an essential inpatient, outpatient and community service to all patients with a stoma, ileo anal pouch or enterocutaneous fistula.

During 2005 the department continued with its internal education programme running stoma study days for newly employed staff to the trust, senior staff and Health Care Assistants. The themes of the days ranged from basic stoma care to managing complex stoma complications. A new addition to the education programme was the Enterocutaneous Fistula Management study day in November that was attended by nurses throughout England and Wales. This day was well-evaluated and next year we hope to run it through the Burdett Institute to make it a master class that nurses can use towards their MSc.

Clare Bossom left St. Mark’s in March to become the stoma care nurse at High Wycombe Hospital. Clare had worked at St. Mark’s for over 10 years and her expertise was greatly missed. Sarah Varma who was job sharing with Clare for several years became fultime to fill this role.

Joanna Wagland (Pouch Clinical Nurse Specialist) left St. Mark’s in March to take up the position of Lead Stoma Care Nurse at Southampton Hospital. While we were all sad to see Jo leave, it is great to see someone leaving St. Mark’s to take senior positions in other Trusts and pass on their expertise to others. Zarah Perry-Woodford was successfully appointed as Joanna’s replacement as pouch nurse, a role which she will start in 2006. This internal transfer has left a vacancy in the department, which is still to be filled.

Karen Pinder left in August to return to Australia for the birth of her first child. On December 24th she gave birth to a healthy boy. Kathaleen Hannan joined the Stoma Care department in November as the new Administrator. Kathaleen has transformed the way the department is run. Her organisational skills and initiative to take on jobs that used to be done by the stoma nurses has allowed all of us to focus on patient care and education rather than paperwork.

Angela was invited to present at the Hungarian Society of Coloproctology in May. She also presented at the World Council of Enterostomal Therapists UK conference and national study days including the St. Mark’s Intestinal Failure study day and The Skin Care Master Class at the Royal Society. Angela began her Masters in Gastrointestinal Nursing as part of the first cohort of MSc students at the Burdett Institute. Zarah has continued to promote the Link Nurse Programme at St. Mark’s & Northwick Park Hospital. She also presented at 2 national stoma study days in Basingstoke and Rotherham. Sarah was involved in planning and running another successful Inside Out open day for stoma patients in September. Jennie attended the Tripartite Colorectal Meeting in Dublin in July. She has also continued to write articles for various nursing journals. Sarah, Zarah and Angela raised money for breast cancer by completing a charity run in the summer.

The coming year is going to be a testing time for the stoma care department. Not only do we go into 2006 short staffed but we also have the threat of the government ending sponsorship of stoma care nurses, which would greatly affect the service that the department currently offers to patients. Hopefully by this time next year the government will have realised this is not in the patient’s best interests and allow stoma care nurses throughout the country to continue providing a specialised and essential service to all patient’s with a stoma, ileo anal or enterocutaneous fistula.

Angela Vujnovich
Lead Nurse
Like other departments 2005 has been a significant year. We say thank you and goodbye to Alastair Forbes and Al Windsor. Alastair Forbes has been given a Chair at UCH. He was at St. Mark’s since 1994 and has been instrumental in building up the nutrition team since Professor Lennard-Jones left. Al Windsor was the intestinal failure surgeon and was appointed in 1999.

Despite the departures the nutrition team has been thriving. We now have the joint leadership of Simon Gabe and Angie Davidson, a doctor-nurse duo. This may be the first department to be led in this way and we hope that others will follow this example. We welcome Miss Carolynne Vaizey who is our lead intestinal failure surgeon. She initially came from UCH into a Senior Lecturer post at St. Mark’s and now is the Lead Consultant Surgeon in this field. She has considerable expertise and we all look forward to working closely with her.

The Unit is committed to enlarging its role as one of two national referral centres for patients with intestinal failure. We are delighted to announce that Dr Jeremy Nightingale was appointed to join our team in April 2006. He comes from Leicester where he has been an established consultant. He is highly regarded in the field of intestinal failure and was research fellow at St. Mark’s under Professor Lennard-Jones. In addition, John Kennedy was appointed as Clinical Nurse Specialist to start in May 2006. He also comes from Leicester, and brings with him significant experience in parenteral and enteral nutrition.

The IF Service
In 2005 we cared for around 150 patients on home parenteral nutrition from around the country, making us the country’s largest HPN centre. In August 2005 we secured funding with NSCAG for our Intestinal Failure Unit which opens in February 2006. We have branded this the Lennard-Jones IFU as Professor Lennard-Jones first established a home service for patients on parenteral nutrition in the 1980’s and this has flourished ever since. This unit will have a National profile and together with the Hope Hospital we aim to formalise a National Intestinal Failure Service with honorary contracts for staff at both sites as well as the development of a common waiting list. In addition, we are developing a National Small Intestinal Transplantation Forum led by St. Mark’s and Addenbrooke’s Hospital, Cambridge. Intestinal transplantation is a rapidly developing field and we aim to lead the way in establishing appropriate patients for this radical treatment.

Educational Meetings
In 2005 we held a number of very successful meetings. In April we held a study day for all SpRs in North Thames. In June our first intestinal failure workshop was fully booked and provided small group tutorials on the management of intestinal failure. We are delighted to announce that Dr Jeremy Nightingale was appointed to join our team in April 2006. He comes from Leicester where he has been an established consultant. He is highly regarded in the field of intestinal failure and was research fellow at St. Mark’s under Professor Lennard-Jones. In addition, John Kennedy was appointed as Clinical Nurse Specialist to start in May 2006. He also comes from Leicester, and brings with him significant experience in parenteral and enteral nutrition.
Research
Current research fellows include David Lloyd, Katherina Wallis, Alison Culkin and Rakesh Shah. David Lloyd is running the ACE fistula trial and undertaking laboratory research on tissue engineering of the small intestine. This tissue engineering project has benefited from a close collaboration with Dr Aldo Boccaccini from the Department of Materials at Imperial College, Professor Colin Green, Dr Tahera Ansari and Dr Paul Sibbons within Northwick Park Institute of Medical Research. Our group is included within the Imperial College Tissue Engineering Research Group, headed by Professor Dame Julia Polak. Also, Pratibha Gundabolu, an Imperial College medical student undertook a her BSc research project on small intestinal tissue engineering, which was awarded and published in 2006. Dr Katharina Wallis is running a study on the first human use of Teduglutide (GLP-2 analogue) in patients with short bowel syndrome on parenteral nutrition with additional funding from CORE to undertake further research on GLP-2. Alison Culkin is running a study on the use of parenteral taurine in patients with IVN related cholestasis.

We recognise and are grateful for the financial support that we have received from the CORE, JM Robertshaw Fellowship, Katie Jacobs Appeal and to Fresenius Kabi Ltd.

Simon Gabe & Angie Davidson
Consultants
In 2005 the Academic Department of Pathology faced another year of remarkable changes.

As in the previous year, the diagnostic work continued to increase dramatically, once again due to an increased clinical workload reflecting the enormous efforts our clinical colleagues in Gastroenterology and Surgery made to deliver a first class service to our patients in a highly specialised tertiary referral hospital. For the gastrointestinal histopathology service this led to the reporting of more than 8700 biopsies and resection specimens from the St. Mark’s / Northwick Park Hospital site as well as from Central Middlesex Hospital. Compared to 2003 the GI pathology workload figures have increased by 45 % (see St. Mark’s Annual Report 2003). The number of only two expert GI consultant histopathologists, however, remained unchanged. Although the Trust has been fully informed about the escalation at the GI histopathology front, no significant support was given, underestimating the crucial role of histopathology in providing a good health care service. For the gastrointestinal histopathology service this led to the reporting of more than 8700 biopsies and resection specimens from the St. Mark’s / Northwick Park Hospital site as well as from Central Middlesex Hospital. Compared to 2003 the GI pathology workload figures have increased by 45 % (see St. Mark’s Annual Report 2003). The number of only two expert GI consultant histopathologists, however, remained unchanged. Although the Trust has been fully informed about the escalation at the GI histopathology front, no significant support was given, underestimating the crucial role of histopathology in providing a good health care service. Despite knowing that the pathology service might become the capacity-limiting process for clinical and academic activities of St. Mark’s, no concessions were made by the Trust to provide appropriate staffing and equipment. Only with the help of The Friends of St. Mark’s and the support of the St. Mark’s Hospital were we able to upgrade our equipment with a new microscope, digital cameras and digital imaging software. To establish digital microscopic photography was essential to provide sufficient documentation for our cases and a good academic histopathology service. However, the staffing problem remains unsolved and no personal assistance has yet been provided.

Nevertheless, we were able to retain the high service standard with a good turnaround time and we continued to prevent waiting lists by working overtime. Both GI pathologists spent their entire time on direct clinical work and all academic duties and supporting professional activities were done out of working hours.

Despite facing all these significant problems in maintaining the service, we tried to continue with our academic work. Regularly, both GI pathology consultants presented interesting cases at the St. Mark’s Grand Rounds, shared the weekly GI biopsy meeting and the GI MDT meetings at the Northwick Park/St. Mark’s Hospitals site. In addition, Thomas Guenther ran the GI MDT meeting for the Central Middlesex Hospital.

Most appreciated was Professor Ian C. Talbot’s contribution to the three St. Mark’s postgraduate courses in 2005. Alongside Guenther he was teaching gastroenterologists and surgeons from all over the world on histopathological aspects in colorectal cancer and inflammatory bowel disease.

Both Professor Talbot who retired in spring 2004 and Professor Ashley B. Price, already retired at the end of 2003 continued to support our department. It is invaluable for the newcomers to know, they are still around and always happy to give good advice, whenever required.

As in 2004, in September Axel von Herbay lectured again at the Royal Society of Medicine’s Gastrointestinal Study Day for postgraduate histopathology trainees.
In February 2005 Thomas Guenther was invited by the Kaunas University of Medicine, Lithuania to give a talk on “Histology of Inflammatory Bowel Disease” and in October he gave an invited talk on Soft Tissue Tumours of the Upper GI Tract at the 60th Annual Meeting of the German Society of Digestive and Metabolic diseases in Cologne.

The department has also contributed to MSc courses in GI nursing.

In December, both pathologists contributed to the 2005 International Congress “Frontiers in Intestinal and Colorectal Diseases”.

Research projects in collaboration with the Otto-von-Guericke University Magdeburg, Germany on Molecular Alteration in Ulcerative Colitis-Associated Neoplasms continued as well as research activities with CRUK and various research groups within St. Mark’s on Prognostic Factors in Colorectal and Anal Cancer.

By taking annual leave, both Axel von Herbay and Thomas Guenther maintained their academic duties in research and teaching at the University of Heidelberg, Germany and at the Otto-von-Guericke University Magdeburg, Germany respectively.

Unfortunately Professor von Herbay resigned in August 2005 and left the Trust at the end of November. From mid December Dr Paul Tadrous started as a locum Consultant in our department, replacing Axel von Herbay.

**Thomas Guenther**
Consultant Histopathologist
John Northover continued in several national roles, including Chair of the Data and Ethics Committee for all Medical Research Council colorectal cancer trials, and Civilian Consultant Adviser in Colorectal Surgery to the Army. As Director of the CR-UK Colorectal Cancer Unit, he continued membership of CR-UK Training and Career Development Board, and chaired the Appointments group for Clinical Research and Senior Research Fellowships. After 22 years as Director of the CR-UK Unit at St. Mark’s, he stepped down at the end of 2005. He continued to chair the Treatment Sub-Committee of the NHS Bowel Cancer Advisory Group, and as a member of the Steering Committees for the national MDT-TME Training Programme (led by Bill Heald), and the HTA-funded FACS Trial (investigating post-operative follow-up strategies in bowel cancer). He served his third year as a member of the Awards Committee of the Digestive Disease Foundation. He gave the Royal Society of Medicine’s 2005 John Dawson Memorial Lecture, a particular honour for him as John Dawson of King’s had been his principal mentor. He put together and chaired the European School of Oncology’s Colorectal Masterclass in Cyprus and its London Inside Track Conference. He took part in the Paris European Cancer Conference and the Edinburgh College Quincentenary celebrations. In December he travelled to Stockholm to act as Public Opponent in a PhD examination.

Robin Phillips continued as Clinical Director, Director of the St. Mark’s Polyposis Registry, Joint Administrative Director of INSIGHT (the International Society for the Investigation of Gastrointestinal Hereditary Tumours), President of the British Colostomy Association, Civilian Consultant in Colorectal Surgery to the Royal Navy, Co-Editor for Techniques in Coloproctology, and on the Editorial Boards of Familial Cancer and Diseases of the Colon and Rectum. He remains on the DSMB (data safety management board) of NCI trial 005 (a study of the use of celecoxib in sporadic adenomas). He is President –Elect of the Section of Coloproctology of the Royal Society of Medicine and is a Specialist Advisor to the National Institute for Clinical Excellence’s Interventional Procedures Programme, 2003-2006. Julian Stuart was awarded an MA for his thesis entitled “Experimental and clinical studies in familial adenomatous polyposis with particular emphasis on APC-replacement gene therapy and the aetiology of desmoid disease. Chris Groves was awarded an MD for his thesis ‘ileal adenomas in FAP’. Andrew Latchford completed recruitment to the Celecoxib/DFMO trial in polyposis patients and finished the research work on desmoid tumours along with Dr Andy Silver and Professor Ian Tomlinson of CRUK. Jules Harvey commenced his PhD on allelic loss in FAP jointly supervised with Professor Ian Tomlinson. Dr Joao Martins completed his time at St. Mark’s, returning to Portugal, and was replaced as Honorary Assistant by Ahmed Uraiqat from Jordan. Rebecca Himpson continued to develop her research in anal fistula, jointly supervised with Richard Cohen and Paul Sibbons. Robin was the Buie Visiting Professor to the Mayo Clinic for 2005, organised two sessions for the Edinburgh College Quincentennial meeting (‘Colorectal perineal plastic surgical procedures’ and ‘Gynaecological Proctology’) and attended meetings in Gateshead, Wodj (Poland), Gavle (Sweden), Lucknow (India), Copenhagen (where he was awarded the Medal of Honour of the Danish Surgical Society) and Tel Aviv. He was also invited to speak to the Professional Negligence Bar Association in Oxford on ‘A surgeon’s view of obstetric anal injury’ and take part in the EACP meeting in Bologna.

Carolyne Vaizey was appointed chairman of surgery in July of 2005. In August she
changed from her appointment as Clinical Senior Lecturer and Honorary Consultant to being a full time NHS consultant at St. Mark’s. In addition to her incontinence and pelvic floor work at St. Mark’s she also took over the role as lead surgeon for intestinal failure. The Intestinal Failure Unit continues to grow with the identification of a ward for conversion to a dedicated intestinal failure unit. Ideally situated between theatre, ITU and the endoscopy unit, this ward will have 20 intestinal failure beds as the number of these surgical patients has continued to increase. Carolynne’s research into neurostimulation continues to progress rapidly with research fellow Tom Dudding producing exciting results with ongoing projects on sacral nerve stimulation for incontinence. Other indications for and other forms of neurostimulation are also being investigated with a new project planned to combine expertise at St. Mark’s with that of the Unita Spinale in Milan run by Dr Spinelli. Yasuko Maeda has continued to look at new, non-invasive treatments for passive faecal incontinence. Tim Brown is looking at the role of fatty acids in inflammatory bowel disease. Amongst other meetings Carolynne spoke at the Advanced Joint Medical and Legal Forum Obstetric Negligence Conference in London, The Royal College of Surgeons of England Principles and Practice of Colorectal Surgery meeting and the Joint meeting ACPGBI North West Thames and Anglian Chapters and Royal Society of Medicine Coloproctology Teaching Day.

Peter McDonald maintains two clinical firms - one at St. Mark’s Hospital treating colorectal disease and another at Northwick Park supporting emergency general surgery, paediatric general surgery and secondary upper gastrointestinal surgery. He is an honorary consultant surgeon at Harefield Hospital treating the gastrointestinal complications of cardiac and thoracic interventions. His research has been in rectal cancer (see Bibliography) and his research fellow Mr. Shanu Rasheed will shortly be presenting a PhD to Imperial College. Other interests include lecturing on medical quotations and appearing on BBC Radio.

He publishes a colorectal review column and a general medical interest column in the “Colorectal Disease” and “Hospital Doctor”.

In 2005 he has given lectures in Kingston-upon-Thames, London (Sydenham Society), at the Royal Society of Medicine, to the Association of Colonic Hydrotherapists, to the RSM in Winchester and Malta. He is Vice-President of the Section of Surgery at the Royal Society of Medicine and was Secretary in 2004/5.

As Surgical Sub-Dean at St. Mark’s he runs the twice yearly Advanced Colorectal Workshops.

Stephen Chadwick has enjoyed a year of two halves. The first half on reflection seems fairly mundane with attendances at a variety of meetings. The second half was at an entirely different pace having taken over an extra clinic and operating session during the interregnum. Fitting in his Northwick Park commitments in addition to the added St. Mark’s workload was an interesting experience. He would like to thank the nursing and junior staff for the tremendous support in helping to manage and reassure patients during this time. In the latter part of the year he was able to attend Professor Cadiere’s unit in Brussels and join in ward rounds and theatre sessions. He contributed to the St. Mark’s in house and national meetings and gave lectures to clinical and BSc undergraduates. He has run successful courses with Thames Valley University for Theatre Nurses to extend their role in a similar fashion to the physician’s assistant he observed at the Mayo Clinic. He also continues to organise prehospital trauma courses to provide medical cover at national equestrian events. Finally outside the field of surgery he won the East Midlands Indoor Carriage Driving League and competed at the National Finals coming in in the ribbons!

The departure of Mr Windsor in July of 2006 presented a unique opportunity for St. Mark’s to introduce Advanced Laparoscopic Surgery to the department. At interview in October, the hospital was delighted to appoint Mr Robin Kennedy, Senior Laparoscopic Surgeon from Yeoville, with an additional major interest in Enhanced Recovery.

Interviews also took place to replace John Nicholls who is due to retire early in 2006. We were delighted to appoint Miss Susan Clark, Consultant Surgeon at the Royal London Hospital. Susan has a major interest in inherited cancers including polyposis. She will take over some of this work from Robin Phillips to allow him to provide a comprehensive service for major complex cases including redo pouches and high anal fistulae.

Carolynne Vaizey Chair
Obituaries
Obituaries

Lady Juliet Bingley

Juliet Bingley, who died aged 79, was a social worker, a quiet diplomat, a pioneer in voluntary organisations, and in later years a poet. With a talent for detail as well as thinking strategically, she had the special skill of assisting sick people live fulfilled lives.

One of four sisters, she was brought up in London’s Harley Street. Her father, Reginald Vick, was a surgeon at St Bartholomew’s hospital. She went to King Alfred’s School in Hampstead, and then to the London School of Economics to read social administration. There she learned the principles of casework developed by the pioneering reformer Octavia Hill.

One of her training placements was at the Person Services Society in Liverpool. This was a life-changing experience. The racism, religious persecution and poverty that she encountered came as a huge shock and motivated much of her life’s work. She qualified as a medical almoner (medical social worker) in 1945 and began work at St Bartholomew’s.

When her husband Alec Bingley, whom she married in 1948, was appointed commander-in-chief, Mediterranean, of the Royal Navy in 1959, they moved to Malta. The people and beauty of the islands became for Juliet a lasting love. There she became closely involved in the Maltese health and social care system. The first president of Malta said of her “Her memorial in Malta is not made of stone, but it is the change in attitude to the importance of proper social welfare systems, especially for the old.” At that time, Malta was under direct rule from London as the prime minister, Dom Mintoff, had just resigned. Juliet already knew Mintoff and she became, as she put it, “the messenger” between him and the governor. It was a role that she continued to play in the 1970s and 1980s during the periodic crises in Anglo-Maltese relations. In 1976, the Maltese government granted her its highest award, Gieh Ir-Republica.

When, in 1961, Alec was appointed commander-in-chief, Portsmouth, Juliet became involved with the organisation of a professional structure of care in the Naval Family Welfare Services, in particular the outdated Naval Children’s Homes.

After Sir Alec’s death in 1972, Juliet began a long period with the National Association for Mental Health (Mind), serving initially as chair of its local associations committee and, for four tumultuous years, from 1979, as national chair. During this period the central focus became the rights of those with mental health problems, a development that eventually resulted in the service user-led organisation that it is today. Juliet was also a founding trustee of the Carr-Gomm Society, now a national organisation providing accommodation and support for homeless people.

In 1973, she was appointed medical social worker at St. Mark’s, a small hospital in London specialising in the treatment of intestinal disorders. Many of its patients suffer distressing, long-term conditions that cause great disability and often social isolation. She empathised easily with people from all backgrounds and entered vigorously into the life of the hospital as chair of the heads of departments committee.

Her genuine interest in the welfare of patients and staff, generosity of spirit and enjoyment of life contributed greatly to the hospital’s morale and ethos.

In recognition of her work at St. Mark’s, Juliet was awarded the Ellison Nash prize by the associated St Bartholomew’s, and the MBE shortly before she retired in 1990. In 1979, she co-founded the National Association for Colitis and Crohn’s (NACC), which now has 30,000 members. Her belief that patients need someone to talk to led to the establishment of NACC-in-Contact, a telephone support service.

Following her retirement, she worked for 12 years as a counsellor helping adults with severe physical difficulties. In her later years she developed considerable skill as a poet and writer. She published What It Was And What It Was Not and four illustrated children’s books.

She will be remembered as a person of warmth and intuition, with a sense of fun and an urge to give practical help to those in trouble.

She is survived by her three children, William, Liza and Polly and seven grandchildren.

Juliet Bingley, social worker and poet, born July 18 1925; died January 16 2005.

Professor John Lennard-Jones
For more than 20 years, Jean Ritchie was a key figure behind many publications from St. Mark’s. Her earlier professional career as a radiotherapist was followed by marriage and bringing up a family. In the mid-1960’s the surgical treatment of colitis by colectomy and permanent ileostomy was well established and the Ileostomy Association wished to obtain information about the outcome of the procedure. Jean was appointed as a Research Fellow by the Association to work from St. Mark’s and assess the short term outcome of the operation and long-term health of a large unselected sample of ileostomists. She made personal visits to all 37 hospitals in the North-East region to find and examine the clinical records of all patients treated surgically for colitis with construction of an ileostomy during the years 1956 – 65. A classic paper published in 1971, based on results in 437 patients, revealed the potential dangers at that time of operation for severe acute colitis. A second paper showed that patients with a permanent ileostomy were at risk of few general medical complications and that once the stoma had been established for a year there was only a slightly reduced life expectancy.

This work established Jean as a meticulous researcher who excelled in the detailed examination of clinical records, organised record keeping, shrewd analysis of the findings and lucid presentation of the results. It also gave her an abiding interest in the treatment of inflammatory bowel disease. St. Mark’s responded by appointing her first as Research Fellow and later as Director of its Research Records Department. Those who remember the hospital at City Road will recall her office upstairs in the “Research Hut”, stacked by drawers of filing cards. Each record was kept up to date as patients were seen or information was acquired about their health. This was before the days of computers and success in outcomes research depended on written records, organisation of data and human memory. Her work led to many publications in collaboration with clinical colleagues and her analyses of data also formed the basis of many presentations by hospital staff at National and International meetings.

In retirement, Jean was able to enjoy her interest in natural history, especially bird watching at which she became an expert. This interest led to extensive travel and utilised her skills in pattern recognition and record keeping. Her ability as an editor and proof reader found expression in Essex Bird Reports. She also revelled in the daily Times crossword, enjoyed bridge, read widely and looked after a large garden. Her husband, Pat, died in 2003 after 46 years of marriage and she is survived by her two children, Fiona and Gavin, and two grand-children one of whom is studying medicine. She bore her long terminal illness with fortitude and realism until her death in July 2005.

Professor John Lennard-Jones
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