



St. Mark's Hospital

The Hospital for Intestinal and Colorectal Disorders

The Annual Report for the year ending 31st December 2005



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Preface

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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St. Mark's Hospital

Patrons, Senior Staff and Trustees

The Board of Patrons

Sir Walter Bodmer FRS
Mrs Eileen Carey
Sir John Chalstrey
Mr Derek Coe
Lord Foster of Thamesbank OM
Lord McColl of Dulwich
Lady McGregor of Durriss
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 EW Walls MD BSc FRCS FRCSEd FRSEd
Sir Ian Todd KBE MS MD FRCS FCS (SA) FRACS FACS FRCPSGlas
BC MORSON CBE VRD MA DM FRCP FRCS FRCPath Hon FRACS
CV Mann MA MCh FRCS
Professor JE Lennard-Jones MD FRCP FRCS
A Brook MD FRCPsych
BM Thomas MB BS FRCP FRCR
PR Hawley MS FRCS
JPS Thomson DM MS FRCS
Professor RW Beard MD FRCOG
CB Williams MA BM Mchir FRCP FRCS Add
S Goolamali MD FRCP Add
Professor IC Talbot MS FRCPath Add
Professor AB Price MA BM MCh FRCPath Add
Professor CI Bartram MB BS FRCP FRCS FRCR Add

Senior Staff

Consultant Surgeons

Professor RJ Nicholls MA Mchir FRCS FRCPSGlas
Professor JMA Northover MS 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 Kamm MD FRCP FRACP
MR Jacyna MD FRCP
A Forbes BSc MD FRCP ILTM
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
M Marshall MB FRCR
S Taylor MD FRCR MRCP

Consultant Psychiatrist

J Stern BA MB ChB MRCPsych

Consultant Psychologists

P McHugh MSc CPsych
E Serrano-Ikkos CPsych PhD

Consultant Nurses

Professor C Norton PhD MA RN
M Vance RGN DIP MSc
A Davidson MSc Dip HE RN

Honorary Consultants

SJD Chadwick MS FRCS
J ElKabir MB BS FRCS (Eng) FRCS (Urol) FEBU
W Hyer MRCP MRCPC
M Slevin MB ChB FRCP MRCP

Surgery
Urology
Paediatrics
Medical Oncology

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 MS FRCA	Anaesthetics
D Fermont MB BS FRCR FRCS	Oncology
R Glynn-Jones MB BS FRCR MRCP	Oncology
M Hasan MB ChB FRCA	Anaesthetics
J Harris MB BS FRCA	Anaesthetics
A Hewlett MB ChB FRCA	Anaesthetics
C Higgens MD FRCP	Rheumatology
M Kapembwa BSc MB FRCP FRCPEd	G. U. Medicine
A Keat MD FRCP	Rheumatology
K Konieczko 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

Pharmacists

Claire Chadwick BPharm MRPharmS
Jackie Eastwood BPharm

Social Worker

Solveig Wilson css

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 OBE / Mr Mike Burke	Medical Director
Mr Don Richards	Finance
Sir Graham Morgan	Nursing
Ms Raj Bhamber	Human Resources Director
Mr Phillip Sutcliffe	Corporate & Support Services
Ms Elizabeth Robb	Nursing

St. Mark's Hospital Clinical Director's Report 2005

Warm Pleasure As St. Mark's Comes Up Trumps

A choppy 2005 ended with 6 fantastic new Consultant Appointments. In early 2005 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 this 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 Carolynne 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. Naila 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 Michele Marshall was appointed Clinical Director, further uniting St. Mark's with the larger Trust, then we seduced David Burling, 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

St. Mark's Hospital Service Manager's Report

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 barbeque 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 barbeque 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 Fraser 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

St. Mark's Hospital Frederick Salmon Ward

Modern Matron

Jane Campbell

Senior Sister

Vanitha Kanagaratnam

Louise Williams

Sister

Maureen Pillay

Jas Dhiman

Maura Prenter

Ann Callaghan

Alison Manley

Jitka Adio

Staff Nurses

Pauline Anderson

Sam Kay

Fiona Keely

Donna Smith

Vanessa Lopez

Mercy Amoah

Cecilia Obi

Niamh Garry

Mohammed Dahir

Azam Shamsi

Madeleine McCormack

Janet Superio

Chandy Gungadin

Eleanor Ntiamoah

Les Buencamino

Joy Odita

Sushma Paudel

Loilita Niepes

Marilyn Sackey

Anna Shetty

Roselle Soriano

Shellah Chakandinakira

Barbara Rugge

Amirtha Prabhakaran

Nirmalie Madurawala

Miralie Legaspi

Dev Ramgoolam

Sabina Meyer

Suzy Mahon

Elizabeth Kamara

Health Care Assistants

Maureen Jarrett

Rosy Vijayamanoharan

Vivian White

Manjeet Sikand

Sheila Waterworth

Jennifer Piper

Aaron Cabangon

Romaine Joseph

Administrative Staff

Nancy Swasbrook

Zahira Mohamed

Margaret McCarthy

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, Eilis 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 Burdett 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

St. Mark's Hospital Outpatients Department

Clinical Nurse Manager
Denise Robinson

Staff Nurses
Jocelyn Hyndman
Dopoda Mehta

Health Care Assistants
Bharati Punjani
Sophie Smith

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

St. Mark's Hospital

The Robert & Lisa Sainsbury Wing

Chair

Mr Ian Fyfe

General Manager

Mr Aiden O'Neill

Modern Matron

Brenda Braithwaite

Ann Curry

Clinical Nurse Manager

Ann Curry

Rebecca Slater

Team Leaders/Sisters

Rebecca Slater

Sally Crowther

Annalyn Manalastas

Nicole Baptiste

Staff Nurses

Afua Brew

Aileen Castro

Jossette Cordero

Sandra McGrath

Yolanda Mateo

Sandra Maxwell

Ramil Pangilinan

Karen Parfitt

Ronke Rasaki

Esther Roberts

Mercy Sigauke

Gladys Singson

Emilia Tazarurwa

Richard Wagland

Taurai Zuze

Healthcare Assistant

Leticia Alvarado

Ward Receptionist

Sheila Alzano

Sandra Walsh

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, Aiden 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

St. Mark's Hospital Medical Social Work

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 Rustington. 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

EXECUTIVE

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Portsmouth Hospitals NHS Trust

President Elect

Professor Ian Talbot
St. Mark's Hospital

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Dr Michele Marshall
St. Mark's Hospital

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St. Mark's Hospital

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Ms Asha Senapati
Portsmouth Hospitals NHS Trust

Administrator

Miss Judith Landgrebe
St. Mark's Hospital

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



*Dr Basil Morson, founder of the St. Mark's Association,
with Mr Mike Thompson, president.*

Chairman of Trustees

Charlotte Barney MA PgDip

Treasurer

William Phillips

Secretary

Dr Simon Gabe MD MSc BSc (Hons)
MBBS FRCP

Trustees

Edward Charlton

Prof Michael Edwards JP BSc (Econ) PhD

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FRCPATH FRCS (Hon) AcadUKrAcadSci

Michael Liebreich MA MBA

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Prof Robin Phillips MS FRCS

Dr Christopher Williams BM FRCP FRCS

Stephanie Zinser

Office Manager

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Catherine Mulcahy

Zoe Huntingford

There were a number of changes in 2005. First, we said goodbye to Sean Bonnington who was Director of Development. Sean left to go 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!

Dr Simon Gabe
Secretary

Support Groups

Friends of St. Mark's

President

James Thomson

Vice Presidents

Verna Lennard-Jones
John White

Chairman

Dorothy Gill

Vice Chairman

Janina Phillips

Treasurer

Alan Oldham

Secretary

Helen Shorter

Committee

Michele Bartram
Anne Driscoll
Janet Hammersley (Co-opted)
Tonia Kaufman
Stella Nicholls
Anne Saunders
Sue Talbot
Gillian Whitmee

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

Chairman

Professor MM Edwards JP BSc PhD

Dean

Dr A Forbes BSc MD FRCP ILTM /
Dr BP Saunders MD FRCP

Sub-Dean

Mr P McDonald MS FRCS

Administrator

Miss JC Landgrebe BS MSc

Assistant Administrator

Mrs JD Ferrari

Administrative Assistants

Mrs Rasmita Bhudia

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 dovetail 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"



*Mauro Pozzo, Maurizio Roveroni, Sandra Vela and Tommosa Testa.
Members of the post graduate group, October 2005.*

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

Academic Institute Administrator's Report

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-Pourri: 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 its 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

Academic Institute Visitors and Delegates

**Third International Congress
Frontiers in Intestinal and
Colorectal Disease
Metropole Hilton Hotel 1st
and 2nd December 2005**

Over 400 delegates attended

Countries represented were:

Australia
Belgium
Bosnia and Herzegovina
Brasil
Cyprus
Czech Republic
Denmark
Eire
Germany
Greece
Hungary
Iceland
Iran
Italy
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**

Dr Domenico Aiello	Italy
Dr Naila Arebi	UK
Mr Tim Brown	UK
Mr Gordon Carlson	UK
Mr Hany Mohamed El Barbery	Egypt
Mr Alexander Hardy	UK
Dr Jonathan Hoare	UK

Dr Domenico Izzo	Italy
Dr Alain Kakanou Ekeuh	Belgium
Dr John Julian Harvey	UK
Miss Rebecca Himpson	UK
Ms Hussila Keshaw	UK
Dr Andrew Latchford	UK
Dr Lilli Lundby	Denmark
Dr Robert Neil Patterson	UK
Dr Ioannis Papaconstantinou	Greece
Dr Parthasarathi Das	UK
Dr Sophie Plamondon	Canada
Dr Sebastian Roka	Austria
Dr Antonio Roccamonte	Italy
Miss Heena Surendra Patel	UK
Mr Ahmed Shafi	UK
Dr Ahmad Ali Uraiqat	Jordan
Dr Katherina Wallis	Germany

Observers

Mr Saif Abdulrahman	Iraq
Dr Carolina Aharoni	Brazil
Dr Frank Benedix	Germany
Dr Tommaso Bombardieri	Italy
Dr Luigi Brusciano	Italy
Dr Jaroslaw Buczynski	Poland
Dr Paul Carroll	Eire
Dr Choon Sik Chung	South Korea
Dr Do Minh Dai	Vietnam
Dr John Daskalakis	Greece
Dr Carlo Nicola de Cecco	Italy
Ms Tania das Gracias de Souza Lima	Brazil
Dr Saeed Darakhshani	Iran
Professor Adam J Dziki	Poland
Mrs Hiam Esmeiran	Jordan
Dr Vincent Ferraro	Australia
Dr Emily Finlayson	USA
Dr Gitte Holt	Denmark
Dr Dae-Sung Huh	South Korea
Dr Domenico Izzo	Italy
Dr Ewa Beata Langner	Poland
Dr Fernando Luiz de Souza Monteiro	Brazil
Dr Fereidoon Nanaei	Iran
Dr Luciano Onofrio	Italy
Dr Erkki Pekkala	Finland
Dr Beatrice Principi	Italy
Dr Guilio Aniello Santoro	Italy
Dr Piera Schreiber	Switzerland
Dr Vital Schreiber	Switzerland

Dr Eung-Jin Shin	South Korea
Dr Luca Stocchi	USA
Dr Andrzej Ryszard Sygut	Poland
Professor Tony Catto-Smith	Australia
Dr Spyros Triantafyllidis	Greece
Dr Radzislaw Piotr Trzcinski	Poland
Dr Alvaro de Jesus Velasquez Botero	Columbia
Dr Tonguç Utku Vilmaz	Turkey
Dr Jun Wang	China
Professor Luo-liang Zhao	China

Postgraduate Teaching Terms

Dr Nayereh Amir Afshari	Iran
Dr Gustavo Born	Brazil
Mr Hany M A El-Barbary	Egypt
Dr Do Minh Dai	Vietnam
Professor Miguel Angel Garcia Ureña	Spain
Dr Victor Palomo Monroy	Mexico
Dr Fereidoon Nanaei	Iran
Dr Mauro Pozzo	Iran
Dr Angel Reina Duarte	Spain
Dr Maurizio Roveroni	Italy
Dr Tommaso Testa	Italy
Dr Riccardo Vandoni	Switzerland
Dr Alvaro Velasquez	Columbia
Mr Wael Abdelkader Zaki Ali	Egypt

**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**

Academic Institute

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

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

Friday 20 May	What do patients want? Patient preference vs gastroenterologist vs surgeon in the surgical treatment of inflammatory bowel disease	Mr Chris Byrne <i>Chair: Prof Robin Phillips</i>
Friday 27 May	A new family cancer clinic: the first 18 months	Miss Sue Clark <i>Chair: Prof Robin Phillips</i>
Friday 3 June	Optical biopsy	Dr Douglas Samuel <i>Chair: Prof John Northover</i>
Friday 10 June	History of 'ulcerative' colitis and "Crohn's" disease	Dr Hugh Baron <i>Chair: Prof Robin Phillips</i>
Friday 17 June	Morbidity and Mortality	
Friday 24 June	The GI Cancer Genetic Program at Mount Sinai Hospital, Toronto, Canada	Dr Steve Gallinger <i>Chair: Prof Robin Phillips</i>
Friday 1 July	Idiopathic megacolon and adult Hirschsprung's disease: Novel insight into etiology and treatment	Mr Charles Knowles <i>Chair: Prof Robin Phillips</i>
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 <i>Chair: Prof Robin Phillips</i>
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 <i>Chair: Prof Robin Phillips</i>
Friday 29 July	PET/PET CT – colorectal cancer in patients with liver metastases	Dr Wai-lup Wong Mount Vernon Hospital <i>Chair: Prof Robin Phillips</i>
Friday 2 September	New genes in colorectal cancer	Dr Kevin Monahan
Friday 9 September	Morbidity and Mortality	
Friday 16 September	Accelerated discharge	Miss Louise Hunt <i>Chair: Miss Carolynne Vaizey</i>
Friday 23 September	The DNA repair and the double strand break	Dr Jules Harvey <i>Chair: Prof Robin Phillips</i>
Friday 30 September	New techniques for dysplasia detection at colonoscopy	Dr James East <i>Chair: Prof Robin Phillips</i>
Friday 7 October	Laparoscopic rectopexy for prolapse at RPAH - RCT & long term outcomes	Mr Chris Byrne <i>Chair: Miss Carolynne Vaizey</i>
Friday 14 October	The gut as an endocrine organ	Dr Naila Arebi <i>Chair: Prof John Northover</i>

Academic Institute

St. Mark's In House Rounds cont.

Friday 21 October	Cancer and precancer in ulcerative colitis	Dr Axel von Herbay <i>Chair: Prof John Northover</i>
Friday 28 October	PFI's	Mr Mike Parker
Friday 4 November	Morbidity and Mortality	
Friday 11 November	Evidence based ileal pouch surgery	Mr Paris Tekkis <i>Chair: Prof Robin Phillips</i>
Friday 18 November	Anal fissure long term follow-up of a randomised controlled trial comparing sphincterotomy to topical nitroglycerin	Mr Carl Brown <i>Chair: Prof Robin Phillips</i>
Friday 25 November	The biological effect of the laparoscopic operation environment	Mr Barry Paraskeva <i>Chair: Prof Robin Phillips</i>
Friday 9 December	Mapping and analysis of quantitative trait loci controlling tumour multiplicity in the intestinal tract	Dr Andy Silver <i>Chair: Prof John Northover</i>
Friday 16 December	Colonoscopy in evolution	Dr Brian Saunders <i>Chair: Prof Robin Phillips</i>

Colorectal Cancer Unit

Director's Report

Director

Professor John M A Northover MS FRCS

Deputy Director

Professor Wendy Atkin MPH PhD

Consultants

Professor Robin K S Phillips MS FRCS

Dr Huw J W Thomas MA PhD MRCP

Unit Manager

Mr Kenneth J Miller

Unit Administrator

Ms Elizabeth Goodband

Scientific Staff

Professor Ian Tomlinson BM BCh MA

PhD MRCPPath

Dr Andrew Silver BSc PhD

Dr Amy McCart BSc PhD

Dr Nirosha Suraweera BSc PhD

Clinical Research Fellows

Dr Jules Harvey BM BS BMedSci

Dr Kevin Monahan MSc MB BCh BAO

MRCP

Miss Heena Patel BSc MBBS MRCS

Mr Shahnawaz Rasheed B Clin Sci

MRCS

Miss Olivia Will MB ChB MRCS

PhD Students

Ms Eiram Elahi BSc MSc

Mr James Robinson BSc MSc

Scientific Officers

Ms Victoria Johnson BSc

Mr Kevin Pack BSc

Ms Guadeloupe Polanco BSc MSc

Mr Emmanouil Volikos BSc MSc

Laboratory Aide

Ms Jasu Godhanian

Research Nurses

Ms Kay Neale SRN MSc

Ms Sandra Burke RN BSN

Ms Carole Cummings RGN SCM

Ms Maggie Gorman RGN

Ms Jacquie Wright RN DN BSc

Statistician

Ms Pauline Rogers MSc CStat

Data Managers

Ms Reshma Mashru BSc

Ms Urvi Shah BSc MSc

Data Clerks

Ms Pamela Adjei BSc

Dr Ines Kralj-Hans PhD

PA/Secretaries

Ms Marie Gun

Ms Julie Jeffries

Ms Alison Martin

Ms Belynda Muir

Ms Margaret Stevens

Ms Azmina Verjee BSc ATT

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 Family Cancer Group continues to expand its clinical resource with over 6000 affected or at risk individuals on the Bobby Moore database. The group is actively involved in laboratory based and clinical research projects.

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 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

Colorectal Cancer Unit Population Screening Research

This has been an exciting and rewarding year for our team. We successfully applied for several grants and our existing trials bowled 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 170,000 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.

Population Screening Research cont.

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

Colorectal Cancer Unit

Colorectal Cancer Genetics Group

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 *MSH1*. 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 findings 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 underlying germline mutation has not been detected by standard genetic screening. The Group has two notable successes to record: the first involving Peutz-Jeghers syndrome (PJS) patients (in collaboration with a Finnish Group and the Polyposis Registry at St. Mark's); and the second (in collaboration with the Polyposis 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

Colorectal Cancer Genetics Group cont.

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 complementary 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^{Min/+} (*Min*) mice are heterozygous for a truncating *Apc* mutation and provide a good model of human FAP. 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



Alex Markahm, John Northover, Stephanie Moore and Kevin Monahan at the opening of the CR-UK Bobby Moore laboratory

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 FAP 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

Colorectal Cancer Unit Family Cancer Group

Director

Huw Thomas MA PhD FRCP

Nurse Specialist

Carole Cummings RGN, SCM

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Isis Dove Edwin MD MRCP

CORGI Research Nurse

Maggie Gorman RGN

Database Administrator

Maggie Stevens

Secretary

Julie Stokes

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).

Family Cancer Group cont.

Pan Thames audit of the management of families affected by Lynch syndrome

We participated in this audit of the Thames Genetic Centres and the CR-UK Family Cancer Clinic at St. Mark's organised by Professor Shirley Hodgson. This revealed that surveillance guidelines were adhered to in 41.7% of individuals cared for by the genetic centres and 77.6% of individuals attending the St. Mark's clinic. Surveillance was offered to 57.7% of probands and at-risk relatives by the genetic clinics and 84.1% by the St. Mark's clinic.

These results suggest that the administration of the CRUK Bobby Moore Oracle database at St. Mark's is effective in managing this high-risk group and may provide a model for regional or national registries.

Risk model for familial colorectal cancer

In collaboration with Peter Sasieni and Jonathan Tyrer we are developing a colorectal cancer prediction model incorporating familial and personal risk factors.

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 Vasen 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 also 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-MSS) families. Results of colonoscopic surveillance in 288 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 also 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 (Whitelaw 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 Jaegers 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 be-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



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

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

Colorectal Cancer Unit The Polyposis Registry

Director

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Jacqueline Wright BSc RN DN

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Assistant Registrar/Genetic Counsellor

Sandra Burke BSN RN

Registry and Research Project

Administrative Assistant

Belynda Muir

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Pamela Nye

Honorary Research Fellow

Allan D. Spigelman FRACS

Research Fellow

Andrew Latchford MRCP

Research Fellow

Julian Harvey BM BS BMedSci.

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.

Staff

Belynda Muir, who joined us as a temporary replacement for Kalpna Vekaria when she went on maternity leave, remained with us throughout the year when Kalpna decided to extend her leave by taking a career break. Belynda's professional approach to her work combined with her easy manner is

appreciated by all members of the team as well as the patients.

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

At risk of inheriting FAP or other polyposis syndrome	47
Difficult cases referred on to St. Mark's	8
Other routine referrals	18
Peutz Jeghers syndrome	4
Juvenile Polyposis	0
MYH family	17
Metaplastic polyposis	1
Total	95

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.

The Polyposis Registry cont.

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 gene *LKB1* 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

Intestinal Imaging Centre

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Michele Marshall BSc MRCP FRCR
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Superintendent Radiographers

Anna Giles
Adrian McQueen

Senior Radiographer

Hon Hoe

Nursing

Diane Gollagly

Office Staff

Josephine Convey
Bhartiya Shah

Radiographic Staff

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 through 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 Festschrift 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 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 Halliagn 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

Endoscopy

Wolfson Unit for Endoscopy Incorporating the Kennedy-Leigh Academic Centre

Consultant Endoscopists

Dr. Brian Saunders MD FRCP
Dr. Chris Fraser MD MRCP
Sr. Maggie Vance MSc DIP RGN

Honorary Consultant and Clinical Specialist in Gastrointestinal Endoscopy & Endoscopy Training
Dr. Noriko Suzuki MD

Consultant Anaesthetist

Dr. Douglas Newton MBBS FRCA

Clinical Fellows

Dr. Jonathan Hoare PhD MRCP
Dr. Andrew Latchford MRCP
Dr. Neil Patterson MD MRCP
Dr. Philippa Youd MRCP

Research Fellows

Dr. James East MRCP
Dr. Aymer Postgate MRCP

Nurse Endoscopists

Marianne Baulf SRN
Ripple Mann RN BSc

Research/Training Nurses

Aine Fitzpatrick RGN
Gillian Schofield RN BSc
Mari Stavriniadis RGN
David Swain RGN
Eric Tripoli RGN
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Dorothy Saunders

Audio-Visual Production Team

Steve Preston BSc

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 Stavriniadis, Aine Fitzpatrick and Eric Tripoli, who will continue to support the academic work of the Kennedy Leigh Centre.

2005 was also a good year for consultant appointments. Dr Naila Arebi (Clinical Fellow) was successfully appointed to the consultant staff at St. Mark's, Dr Jonathan Hoare (Clinical Fellow) is now a consultant at St Mary's Hospital and Dr Neil Patterson (Clinical Fellow) returned to Belfast to complete his specialist registrar training.

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

Endoscopy

Diagnostic Nursing

Chair

Mr Ian Fyfe

Vice Chair

Professor Robin Phillips
succeeded by Mr Richard Cohen

Private Patient Manager

Pam McGowan

Clinical Nurse Manager

Ann Curry

Team Leaders/Sisters

Sally Crowther
Rebecca Slater
Kathrine Fredericks
Annalyn Manalastas

Staff Nurses

Afua Brew
Aileen Castro
Caroline Kennedy
Deena Iosefu
Sandra McGrath
Sandra Maxwell
Ramil Pangilinan
Karen Parfitt
Mercy Sigauke
Gladys Singson
Julie Storrie
Emilia Tazarurwa
Richard Wagland
Victoria Zideman

Healthcare Assistant

Leticia Alvarado

Ward Receptionists

Sheila Alzano
Gill Bell

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

Medicine

General Gastroenterology

CONSULTANTS

St Mark's & Northwick Park

Michael Kamm (Chairman)
Naila Arebi
Anton Emmanuel
Alastair Forbes
Christopher Fraser
Simon Gabe
Meron Jacyna
Max Pitcher
Brian Saunders
Julian Stern
Huw Thomas

Central Middlesex Hospital

Sharon O'Brien
David Sherman

STAFF GRADE SPECIALISTS

Jen Barro
Amar Nagree MB BS MD
Evi Zampelli MD

SENIOR CLINICAL FELLOWS

Naila Arebi
Jennifer Barro MD

ASSOCIATE SPECIALISTS

Central Middlesex Hospital
Roser Vega

CLINICAL ASSISTANTS

Northwick Park Hospital
Riadh Dawood
Anwar Hanid

SPECIALIST REGISTRARS

St Mark's & Northwick Park

Adam Haycock
Tunde Idowu
Melanie Lockett
Siew Ng
Clive Onnie
Robert Palmer
Aymer Postgate

SENIOR HOUSE OFFICERS

St Mark's Hospital

Adam Bennion
Andrew Coulton
Aneka Haussmann
Somin Ralphs
Abigail Zabron

RESEARCH FELLOWS

St Mark's and Northwick Park Hospitals

James East
Ian Gooding
Jonathan Hoare
Andrew Latchford
David Lloyd
Kevin Moynahan
Charlie Murray
Clive Onnie
Sophie Plamondon
Rakesh Shah
Ajeya Shetty

Scientists

Hafid Omar

Post Doctoral Scientists

Richard Day
Andrew Stagg

Research Nurses

Angela Gibbs
Eric Tripoli

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 provision of a new location for the Inflammatory Bowel Disease allowed for all activity related to inflammatory bowel disease to be located in one place for the first time. St. Mark's has a long and illustrious history in the field of inflammatory bowel disease; this consolidation will add renewed vigour to this major area of the hospital's activity.

Inflammatory Bowel Disease

The department has maintained its involvement in clinical trials of a variety of novel agents for inflammatory bowel disease. This included a large multicentre study examining the role of infliximab in the treatment of chronic active ulcerative colitis, the value of cell phoresis in ulcerative colitis, the use of probiotics in inflammatory bowel disease, and studies examining the role of new 5-aminosalicylic acid formulations.

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 Prof 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 lumenal 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

Medicine

Physiology Unit

Director

Michael A Kamm MD FRCP FRACP

Senior Lecturer/Consultant Physician

Anton V Emmanuel BSc MD FRCP

Consultant Physician

Naila Arebi PhD, MRCP

Nurse Consultant & Hon Professor of Nursing

Christine Norton MA PhD RGN DMS

Consultant Physician

Sharon O'Brien MD MRCP

Consultant Surgeon

Carolynne J Vaizey FCS(SA), FRCS

Senior Scientist

Christopher Jordan PhD

Clinical Scientists

Salma Gurmany BSc, MSc

Tanya Nicholls PhD

Deepa Solanki BSc, MSc

Elisa Wrightham PhD

Biofeedback Nurse Specialists

Adnan Al-Shboul RGN

Brigitte Collins RGN

Julie Duncan RGN

Maria Rakova RGN

Lorraine O'Brien RGN

Biofeedback Physiotherapist

Patricia Evans

Research Nurses

Angela Gibbs

Eric Tripoli

Health Care Assistants

Evette Cooper

Shanthi Manickam

Medical Officer

Tom Dudding FRCS

Research Fellows

Jen Barro MD

Tim Brown FRCS

David Chattoor MB BS

Sonya Chelvanayagam RGN

Eric Chung FRCS

Maureen Coggrave RGN

Alexander Hardy FRCS

Rebecca Himpson

Yasuko Maeda MD

Charles Murray MRCP

Sophie Plamondon

Secretaries

Jenny Bowen

Smita Patel

Paulette Sharkey

Rehana Shah

Appointments

Bernadette Olivar

Margaret Phillipson

Nisha Dholakia

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 talking 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

Medicine

Psychological Medicine Unit

Head of Unit and Consultant Psychiatrist in Psychotherapy
Dr Julian Stern BA, MB ChB, FRCPSych

Consultant Clinical Psychologist
Dr Esther Serrano-Ikkos CPsych PhD

Consultant Clinical Psychologist
Ms Patricia McHugh MSc CPsych

Social Worker
Mrs Solveig Wilson CSS

Secretary to PMU
Mrs Breda Orrell

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 (dietitians, 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 dietitians 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

Nursing

Burdett Institute of Gastrointestinal Nursing & St. Mark's Hospital Academic Nursing

**Director And Professor of
Gastrointestinal Nursing**
Christine Norton PhD MA RN

Lecturer-practitioner in Nutrition
Annmarie Nunwa BSc RN

Lecturers
Julia Williams Med BSc (Hons) Dip D/N
RGN
Kathy Whayman MSc DipN RN
Sue Woodward MSc BSc RN

Lecturer in Tissue Engineering
Richard Day PhD

Administrator
Janet Paul

**Visiting Lecturers with the Burdett
Institute and Kings College London**

Mariann Baulf
Angie Davidson
Julie Duncan
Angie Perrin
Terri Porrett
Maggie Vance
Angela Vujnovich
Lisa Younge

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).



Gareth Thomas MP (fourth on left) visiting during Bowel Cancer Awareness Month.

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.

Sonya Chelvanayagam: Senior Lecturer in mental health nursing, University of Hertfordshire: working on patient support and education groups; effect of menopause on bowel function.

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.

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.

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

Website

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

Christine Norton

Director

Nursing

Stoma Care Department

Lead Nurse Stoma Care

Angela Vujnovich Rcn,
Cert. in Stomal Therapy

Pouch Care Nurse Specialist

Joann Wagland Ba (Hons), Rgn

Stoma Care Nurse Specialists

Jennie Burch Rn Adult, Dipn
Sarah Varma Rgn, Dipn
Clare Bossom En, Rgn, Diphe Comm.
Zarah Perry-Woodford Rgn Adult

Administrators

Karen Pinder
Kathaleen Hannan

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 fulltime to fill this role.

Joanna Wagland (Pouch Clinical Nurse Specialist) left St. Mark's 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 other areas. 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

Nutrition & Intestinal Failure

Consultants

Dr Simon Gabe (Co-Chair)
Ms Angie Davidson (Co-Chair)
Miss Carolynne Vaizey
Dr Alastair Forbes
Mr Alastair Windsor

Specialist Registrars, Clinical Fellows & SHOs

Dr Aymer Postgate
Dr Clive Onnie
Dr Siew Ng
Dr Simon Ralphs
Dr Andrew Coulton
Dr Abigail Zabron

Nursing

Debbie Buchan
Anne Marie Daniels
Sally Crowther

Dietetics

Alison Culkin
Morag Pearson
Diane Brundrett

Pharmacy

Jackie Eastwood
Angela Moore
Claire Chadwick

Intestinal Failure Coordinator

Carmen Ugartecono

Research Fellows

Dr David Lloyd
Dr Katharina Wallis
Dr Rakesh Shah

Scientists

Professor Colin Green
Dr Richard Day
Dr Aldo Boccaccini
Dr Tahera Ansari
Dr Andrew Stagg

Students

Pratibha Gundabolu

Administration & contracts

Karen Mcguire
Julie Vasquez

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. In October the 8th Intestinal Failure Study Day attracted over a hundred delegates and was very well received. In December we held a symposium on intestinal failure at the St. Mark's Frontiers in Intestinal Disease Conference at the Hilton Metropole. The invited lecturers for these educational meetings included Kirsten Ferrah & Lindsay Harper from the Hope Hospital, Dr Mike Stroud from Southampton and Mr Gordon Carlson for the Hope Hospital.

Nutrition & Intestinal Failure cont.

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

Academic Department of Pathology

Consultant Histopathologists

Thomas Guenther MD PhD Priv-Doz Dr med habil
Axel von Herbay MD Prof Dr med habil
Paul Tadrus MB BS MSc PhD (locum consultant)

Secretary

Rehana Shah

Visiting Research Fellows and Consultants

Dr Paul Richmond MB, BS, FRCPA, DCP, SONIC HealthCare Limited, Australia

Specialist Registrars

Iram Syed
Susan Davies
Mihir Gudhi
Lucy Melly
Farah Sandhu

Senior House Officers

Surabhi Agrawai
Anupama Swamy

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. 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 Thomas 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.

Academic Department of Pathology cont.

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

Surgery

Doctors

Professor R.J. Nicholls
 Professor R.K.S. Phillips
 Professor J.M.A. Northover
 Mr. A.C.J. Windsor
 Mr. C.R.G. Cohen
 Miss C.J. Vaizey
 Mr. P.J. McDonald
 Mr. S.D.C. Chadwick
 Mr. S. Gould

RSO

Vivek Datta
 Austin Acheson
 Matt Lawrence
 Chris Byrne
 Ann Lyons
 Andrew Huang
 Louise Hunt
 Mina Mottahedeh
 Mark Cheetham
 Faisal Abbasakoor
 Marcus Gore
 Charles Knowles
 Barry Paraskeva

SHO

Jamie Murphy
 Simona Truvalo
 Rachel Maynard
 Jaykar Panchmatia
 Peter Jemmett
 Chandike Mallawaarachchi
 Ranjeet Brar
 Silvia Cornaglia
 Catherine Western
 Matt Stephenson
 Jo Manson
 Nishal Amin

Research Fellows

Sarah Mills
 Tim Brown
 Alex Hardy
 Partha Das

Perioperative Nurse Practitioners

Susheela Robinson
 Steve Wright

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 MD 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.

Carolynne Vaizey was appointed chairman of surgery in July of 2005. In August she

Surgery cont.

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

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

Dr Jean Ritchie

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 with piles of clinical notes and dominated

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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