



St. Mark's Hospital

The Hospital for Intestinal and Colorectal Disorders

The Annual Report for the year ending 31st December 2006



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Preface

Since 1837 St. Mark's Hospital has provided specialist care to patients with intestinal diseases. Our success has been through multi-disciplinary team working, drawing on the expertise of many health care professionals from diverse backgrounds. The achievements of these individuals have been carefully documented over the years in the St. Mark's Annual Report. The 172nd manifestation of this present document continues the tradition. After the trials and tribulations of 2005, 2006 proved to be a productive and successful year. St. Mark's has been regenerated by new consultant appointments and an attitude which is positive and forward thinking.

As the reader will see, clinical, teaching, research and fundraising activities are flourishing and of high quality. - The lion has re-found its roar.

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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
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Lady McGregor of Durris
Lord McNally of Blackpool
Dr Joy Newman
Lady Riches
Lady Sainsbury
Mr Evan Stone QC
Mr Keith C Wetherell
Lord Wolfson of Marylebone

Emeritus Staff

Consultants

Professor 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
SJD Chadwick MS FRCS
CJ Vaizey MD FRCS
RH Kennedy MS FRCS
S K Clark MD FRCS

Consultant Physicians

Professor MA Kamm MD FRCP FRACP
MR Jacyna MD FRCP
HJW Thomas MA PhD FRCP
BP Saunders MD FRCP
M Pitcher MD FRCP
S Gabe MD FRCP
C Fraser MD MRCP
N Arebi PhD MRCP
S Thomas Gibson MD MRCP

Consultant Histopathologists

T Guenther MD PhD Priv.-Doz, Dr. med.habil
L Harbin MBBS BSc MRCP MRCPath

Consultant Radiologists

M Marshall MB FRCR
D Burling MD FRCR
A Gupta MD FRCR

Consultant Psychiatrist

J Stern BA MB ChB MRCPsych

Consultant Psychologists

P McHugh MSc CPsych
E Serrano-Ikkos CPsych PhD

Consultant Epidemiologist

Professor W Atkin MPH PhD

Consultant Nurses

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

Consultant Anaesthetists

M Brunner MB MS FRCA
M Grover BSc MBBS FRCA
M Hasan MB ChB FRCA
J Harris MB BS FRCA
K Konieczko MB BS FRCA
D Newton MB BS FRCA
V Ramachandra MB BS FRCA
N Robinson MB ChB FRCA

Honorary Consultants

J Elkabir MB BS FRCS (Eng) FRCS (Urol) FEBU
W Hyer MRCP MRCPC
M Slevin MB ChB FRCP MRCP

Urology
Paediatrics
Medical Oncology

D Fermont MB BS FRCR FRCS	Oncology
R Glynn-Jones MB BS FRCR MRCP	Oncology
C Higgins MD FRCP	Rheumatology
M Kapembwa BSc MB FRCP FRCPEd	G. U. Medicine
A Keat MD FRCP	Rheumatology

Sir Francis Avery Jones Visiting Professor
Professor JF Colombel - France

Sir Alan Parks Visiting Professor
Professor N Mortensen – UK

Nurse Specialists

M Baulf	Endoscopy
A Chai	Endoscopy
J Duncan	Biofeedback
A Davidson	Nutrition & IF
J Kennedy	Nutrition & IF
R Man	Endoscopy
C Norton	Continence
S Robinson	Periop Colorectal Practitioner
C Taylor	Macmillan
S Varma	Stoma Care
J Williams	Lecturer in Nursing
S Wright	Periop Colorectal Practitioner
M Vance	Endoscopy
A Vujnovich	Stoma Care
L Younge	Inflammatory Bowel Disease

Pharmacists

J Eastwood BPharm

Social Worker

Solveig Wilson css

Managers

Professor RKS Phillips	Clinical Director
Dr BP Saunders	Dean
Mr PJ McDonald	Sub-Dean
Mrs V Enser	Asst. Dir. Ops Elective Services
Mrs P Rubin	Asst. Dir. Ops Elective Services
Ms A Curry	The Robert & Lisa Sainsbury Wing
Mrs N Dutton	Patient Services Manager
Miss J Landgrebe	Academic Administrator
Ms K McGuire	Services Manager
Mrs V Pryor	Diagnostic Services Manager
Mrs J McCarthy	Head of Specialist Nursing

North West London Hospitals NHS Trust

Chairman

Ms Moira Black

Non-Executive Directors

Ms Marvella Brown/Dr John Rhys
Dr John Green
Ms Sally Kirkwood/Ms Shelagh Szulc
Dr Yashwant Patel/Mr Ketan Varia
Mr David Squire

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Ms Mary Wells	Chief Executive Officer
Mr Nick Hulme	Operations
Mr Mike Burke	Medical
Mr Don Richards	Finance and IT
Sir Graham Morgan	Innovation and Strategy
Ms Raj Bhamber	Human Resources
Mr Phillip Sutcliffe	Corporate Services
Ms Elizabeth Robb	Nursing
Dr Charles Cayley	Associate Medical

St. Mark's Hospital

Clinical Director's Report 2006

In 2006 nine new Consultants joined St. Mark's. I wrote last year about the six, replacing those who left us in 2005, although they actually all commenced work in 2006. Their already substantial contributions can be seen under the various Departmental Reports. To these are now added two new pathologists and a further gastroenterologist.

Siwan Thomas-Gibson is a Consultant Gastroenterologist with a particular flair and expertise in teaching and training in endoscopy. Having been awarded the North West London colorectal cancer screening contract (as well as being one of five English hubs for the oversight and delivery of the national bowel cancer screening programme) we are poised for a large expansion in endoscopic work and training and Siwan is a key member of that planned expansion. The endoscopy department now buzzes with activity and progress and is a great pride for us all.

Lucy Harbin joined Thomas Gunther as a Consultant Histopathologist and has already made her mark with her friendly yet acutely observed contributions. Then Professor Jeremy Jass was persuaded to come from Montreal to rejoin the new St. Mark's having departed the old in the late 1980s as a Senior Lecturer while we were still in the City Road. He arrived at the very end of December to an Imperial College Chair and will support the diagnostic service whilst giving an enormous boost to our academic standing.

Congratulations are due to Ann Curry who was appointed Modern Matron looking after the Trust's Private Facilities. Her enthusiasm and dedication will likely ensure a high standard.

John Nicholls finally retired in March from his NHS commitment at St. Mark's but remains active as a Trustee and also both in private practice, academic work

(along with ourselves and St. Mary's) and as Editor of Colorectal Disease. His huge impact on the world scene in Colorectal Surgery was attested to by the phenomenal national and international attendance to what was supposed to be a quiet, local farewell at St. Mark's in March and at his Festschrift in December. Our appreciation appears elsewhere.

Veda Enser, our Divisional Manager, also departed and is now happily enjoying managing a PFI in Coventry. We all miss her greatly and are eternally grateful for her hard work and dedication. A sign of the phenomenal workload she undertook, her post has now been split in two. Pat Rubin and Caroline Mitchell [but started January 2007] have joined us. Pat has already worked wonders.

We were all sad to learn of the unfortunate death of Rear-Admiral Michael Cole. Michael Cole was Chief Executive and James Thomson Clinical Director at the time negotiations began for our move to Northwick Park which was successfully completed in 1995. Their joint vision, trust in each other, enthusiasm and extraordinary hard work were the *sine qua non* without which the move would have been impossible. We are indeed most grateful for all that Michael Cole did.

The CRUK laboratory (Professors Ian Tomlinson and Andy Silver) moved to Bart's and The Royal London in the summer of 2006 and we currently have open but unused laboratory space in the form of the Bobby Moore Laboratory. With the arrival of Professor Jeremy Jass and also negotiations with CRUK that St. Mark's Polyposis Registry and Family Cancer Clinic become a tissue facility nationwide, there are ample opportunities to develop this area during 2007. Our scientific links with Professors Ian Tomlinson and Andy Silver remain fruitful and unaltered.

The Trust has needed to deal with an approximate £29 million deficit on a rough turnover of £290 million. Painful decisions needed to be taken across the board and at the time of writing the Trust appears to be financially in balance, income matching expenditure. We owe a lot to the staunch support of Mary Wells, Chief Executive, Nick Hulme, her Deputy, Moira Black, Chairman of the Trust, and Michael Burke, Medical Director, during this difficult time. They have recognised the unique contribution St. Mark's has to make and have sought to protect and enhance the good while at the same time not permitting complacency. Thus on the one hand they have unwaveringly supported our Consultant replacements (and even further expansion) and they have recognised the importance of laparoscopic surgery and enhanced recovery (and at the time of writing have approved the finance and construction of an OR1 dedicated laparoscopic theatre). They have funded Professor Jass' post and supported the hub and screening centre bid. On the other hand, our 50 bedded Frederick Salmon ward now has 40 beds open [but we do have 14 further intestinal failure beds and 19 additional private beds]. We have taken this as an opportunity and have converted the vacated area to a patients' dining room, supported by The Friends. This is in tune with enhanced recovery principles where patients are mobilised early and are expected to be independent. The surgeons are now all familiar with DOSA rates (day of surgery admission) and even those travelling long distances for surgery are pre-clerked when first scheduled for surgery, so permitting day of surgery admission. So all in all we have modernised our practice and are coping - but with the odd spate of cancellations when beds are really tight and Accident and Emergency is full with no other beds available.

Robin Phillips
Clinical Director

St. Mark's Hospital Service Manager's Report



Staff of the Bowel Cancer Screening Centre: Sarah Tomlinson, Val Pryor, Jean Mannings, Brian Saunders and Chris Fraser.

It has been quite a turbulent year for the Trust and St. Mark's Hospital regarding savings targets and restructuring of management.

All government inpatient, outpatient and cancer two week wait targets were achieved and I would like to thank all those involved for their hard work and efforts.

Professor John Nicholls, ended a long and distinguished career in the NHS by retiring in March 2006. He was held in high esteem not only by all the staff at St. Mark's Hospital but also by his colleagues from around the world, as evidenced by the number of people who flew in from different countries to attend his hospital leaving party.

Veda Enser left in July 2006 after working for St. Mark's Hospital and the Trust for 10 years, she is now General Manager of a Private Finance Initiative in Rugby in Warwickshire. She was an extremely hardworking and dedicated administrator, who served St. Mark's well. I am sure that all those who have worked with her, will wish her well in her

new career. Pat Rubin was appointed as the Interim Manager for the Elective and Specialist Division.

All the new consultants joined us in the early part of the year and another new Consultant, Dr Siwan Thomas-Gibson joined the Endoscopy Department in September.

The Bowel Cancer Screening Centre finally got under way and the Lead Bowel Cancer Screening nurse was appointed. Sara Tomlinson was finally lured back to St. Mark's after having spent time at Northwick Park working as part of the Resuscitation Training nurses. Sovinder Kaur joined Sarah in December. Lorraine Dixon joined the team as the Audit Scheduler and there are plans to appoint an MDT patient pathway coordinator into post.

Nesta Dutton and Prabha Bhagat have been pioneering new ways of working with the development of the St. Mark's Clinical Information System which is being rolled out in the Consultants outpatient clinics. The system is still being developed and will eventually be a

true electronic patient record. Well done to them both.

The Lennard Jones Intestinal Failure Unit funded by the National Specialist Commissioning Advisory Group (NSCAG) was finally opened in February 2006.

Although we were happy to finally have the dedicated unit, plans are underway to relocate the Unit to a much larger and better equipped ward area.

The year was rounded off by an absolutely hilarious Christmas show "Colonic Royale", thank you to all those who organised and starred in it.

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

Lolita Niepes

Marilyn Sackey

Anna Shetty

Shellah Chakandinakira

Barbara Rugge

Amirtha Prabhakaran

Nirmalie Madurawala

Miralie Legaspi

Dev Ramgoolam

Sabina Meyer

Suzu Mahon

Elizabeth Kamara

Pat Balasubramaniam

Imer Haxhia

Claire O'Mahoney

Emma Fairhurst

Bilu Joseph

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



Some of the team on Frederick Salmon Ward.

It gives me great pleasure to contribute to the annual report once again as Modern Matron of Frederick Salmon ward, Intestinal Failure Unit and St. Mark's Outpatients Department.

2006 has proved to be another successful year for Frederick Salmon ward. The staff continue to work extremely hard in providing complex, specialist nursing care that this patient group requires. It has been a year of numerous challenges and many changes.

The team has remained stable with only one leaver who left to travel. Six staff transferred to the Leonard Jones Intestinal Failure Unit in February 2006. We welcomed five new starters all of whom have settled in and integrated well into the existing team. It is with sadness that I report that sister Maureen Pillay passed away in November 2006. Maureen had worked at St. Mark's for many years and will be sadly missed.

A memorial service was held in the hospital Chapel – this was well attended which reflected the impact that she had had on many of our lives.

Leaver

Miralie Legaspi

New Starters

Pat Balasubramaniam

Imer Haxhia

Claire O'Mahoney

Emma Fairhurst

Bilu Joseph

Transfers

Janet Superio

Sam Kay

Eleanor Ntiamoah

Nirmalie Madurawala

Maureen Jarrett

Jennifer Piper

I would like to congratulate those members of staff who have recently added to their families. We hope they do not have too many sleepless nights and that their sphincters are still intact!! We welcome the new Consultants and were sad to see Professor Nicholls retire but we wish him a long and happy retirement. He was a great support to nursing on Frederick Salmon ward and always spoke to the staff even when he was rushing through the ward for his next appointment.

We have worked closely with Mr Kennedy in implementing an Enhanced Recovery Programme. We have developed a new document and patient information sheets and now have a dining room on the ward to facilitate this programme. We thank the Friends of St Mark's for kindly contributing to the purchase of furniture for this room.

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 undertaking a first degree even though funding has been decreased. The Competency document for Band 5 nurses has been launched with a pilot group. This will be evaluated and hopefully rolled out to other nurses. We have weekly teaching sessions on the ward. These are given by a variety of in-house and external representatives.

We continue to have students on placement from Thames Valley University, at various stages of their training. Evaluations continue to be positive. This reflects the commitment of the nursing team to ensuring we maintain an effective learning environment. We have sent further staff on their Mentorship Module this year to ensure students are effectively assessed.

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. During 2006 we have developed a plan for closer team work. To aid this we now have multidisciplinary daily bed meetings and discharge planning meetings on Wednesdays.

Hospital cleaning remains high on the agenda. We continue to work closely with the cleaning contractors and high standards of cleanliness are being maintained. I have to thank our domestic staff Valentina, Bennie and Milano 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. Not only have they contributed to furniture this year but they also continue to fund the washing facilities and Christmas presents for patients.

The clerical support on Frederick Salmon is vital to the smooth running of the service. The ward clerks have once again met the changing demands of their role and I would like to thank Margaret McCarthy and Zahira Mohamed for their continued hard work. I would also like to thank the hospital volunteers who assist the ward clerks with a variety of tasks on Frederick Salmon. I must thank Nancy Swasbrook for all her hard work and support without her myself and the senior sisters would not work as efficiently as we do.

We are uncertain what 2007 holds but we are up to the challenge and will face these as a team.

Jane Campbell
Modern Matron

St. Mark's Hospital Outpatients Department

Clinical Nurse Manager
Denise Robinson

Staff Nurses
Jocelyn Hyndman
Dopoda Mehta
Jesmin Sagomba

Health Care Assistants
Bharati Punjani
Sophie Smith
Debby Silverman



Denise Robinson - Clinical Nurse Manager.

The Outpatient's department continues to evolve. Activity as ever is on the increase. More systems have been introduced and information is captured in a more timely fashion to ensure GP's are kept up to date. A new x-ray system has also been installed in the hospital which has been particularly welcomed in the Outpatients Department.

I must thank Denise Robinson for her hard work and continued support. We welcomed Jesmin Sagomba and Debby Silverman to the nursing team.

The staff continue to work with many members of the multidisciplinary team to ensure the patients receive a high quality service. A link nurse initiative has been developed to ensure the nursing staff keep abreast of new developments.

Education and training remains an important feature of staff development. The staff have attended a variety of study days. A weekly teaching session has also been developed which occurs within the department. Pre-assessment for the Enhanced Recovery Programme has started. Developing the pre-assessment service is one of the next challenges. More patients now come into hospital on the day of surgery and they need to have been pre-assessed for the system to run smoothly. We hope this service will become nurse lead in the future but this is dependant on appropriate training.

During this year we have had new flooring put down in the main waiting area. This has aided in keeping the department clean. Regular audits are carried out to ensure that high standards are maintained.

As we move into 2007 we know there great challenges ahead but we hope to meet these prepared and with confidence.

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

Ann Curry

Clinical Nurse Manager

Rebecca Slater

Team Leaders/Sisters

Annalyn Manalastas

Colette O'Brien

Staff Nurses

Afua Brew

Aileen Castro

Karen Hardey

Monica Ljebor

Gina Karkaria

Sandra Lawrence

Sonya Loi

Yolanda Mateo

Ramil Pangilinan

Ronke Rasaki

Mercy Sigauke

Emilia Tazurarwa

Taurai Zuze

Healthcare Assistant

Leticia Alvarado

Ward Receptionist

Sheila Alzano

Sandra Walsh

2006 for Sainsbury Wing was an interesting year. It was a combination of opportunities and challenges. Throughout these opportunities and challenges the focus of the Sainsbury Wing team was to maintain and deliver a high standard of expert nursing care to the patients admitted to the unit.

The patients who chose to be admitted to Sainsbury Wing continued to come from both the local population and from further afield throughout the country. We have also continued to have patients admitted from overseas mainly from Southern Europe and the Middle East. 90% of patients admitted to Sainsbury Wing have private medical insurance and the remainder are self funding for their medical care. Many of the overseas patients have their treatment funded by their embassies as the specialist treatment they require is not available in their home countries. Sainsbury Wing is in direct competition with several other private healthcare providers and in order to be the hospital of choice for both the patients and our consultants we need to ensure that our clinical care and patient outcomes are optimal and that standards of customer care are excellent.

In order to achieve these goals the staff on Sainsbury Wing have worked extremely hard during the year. All of the staff on the nursing team have been attracted to work on Sainsbury Wing as they have an interest in colorectal nursing and wish to further develop their knowledge and skills in this specialist field. The number of patients admitted to Sainsbury Wing who require colorectal surgery or medical management of their gastrointestinal disease has lessened during 2006, primarily due the changeover of consultants. Therefore at times the patient mix has been more diverse than previously. This has given the nursing staff an opportunity to gain experience in other areas, however we

very much want to maintain the nursing expertise in colorectal patient care. It is anticipated that as our new consultants become more established we will see an increase in the number of colorectal patients admitted to the ward.

There were a few changes within the nursing team throughout the year. In January Rebecca Slater was appointed as the Clinical Lead Nurse on Sainsbury Wing. Rebecca had previously been one of the team leaders and she has a sound background and passion for colorectal nursing. Since Rebecca's promotion she has given strong clinical leadership to the team. Colette O'Brien was appointed as a Team Leader in February. Colette came to us from Harefield Hospital bringing with her excellent experience of caring for cardiac patients. Colette had previously worked as a staff nurse on Frederick Salmon and was looking forward to returning to G.I nursing. Once the senior staff had been appointed, we recruited to the staff nurse positions and were very fortunate to have strong candidates apply. The staff who joined the team as experienced staff nurses were Sonya Loi, Monica Ljebor and Gina Karkaria.

We said goodbye during 2006 to Nicole Baptiste who obtained a sisters post on the newly opened Intestinal Failure Unit. Also leaving us were Staff Nurses Mercy Sigauke and Emilia Tazurarwa who wanted to increase their experience within gastrointestinal nursing and they also joined the team on the Intestinal Failure Unit. We thank these staff for their contributions to Sainsbury Wing and are pleased to see them retained within St. Mark's.

In order to support the development of staff, education and training has been a priority for staff. In addition to the mandatory training, specialist study programmes have been undertaken

The Robert & Lisa Sainsbury Wing cont.

including modules run by The Burdette Academic Institute. Both Rebecca Slater and Annalyn Manalastas are completing the BSc Colorectal Degree Pathway. Several members of staff attended the study day for the Enhanced Recovery Programme. We were also pleased that a few staff had the opportunity to attend the Frontiers in Intestinal and Colorectal Disease conference held at the end of the year. Our Healthcare Assistant Letty Alvarado completed her NVQ level 3 in Healthcare.

To help ensure that our staff are achieving the required knowledge and skills in their clinical practice we have been very pleased with the introduction of the Competency Document that helps to support professional development of the staff nurses. To date three staff nurse are using this training and education tool and they are being supervised by senior staff who assess their progress.

Throughout the year Sainsbury Wing has been a clinical placement for several students from Thames Valley University.

The students who come to Sainsbury range from Module 2 through to Module 10. They have given positive evaluation of their experience on Sainsbury which is in large part due to the diligent mentoring from the trained staff which facilitates their learning.

Another change for the unit during the year was to see the departure of our General Manager, Aiden O'Neill. Aiden took up a position as Commercial Director at the Royal Marsden Hospital. Aiden had a very strong business focus with excellent marketing expertise and during his time on Trustplus gave good vision to the future of the unit. Prior to Aiden leaving the Business Plan for 2006/2007 had been presented and we all work towards achieving those marketing and financial targets.

All of the staff working on Sainsbury Wing, including the administrative and hotel services staff have been committed and have worked well together. This has often been in challenging situations especially when assisting with some of the bed pressures throughout the hospital.

To report on some of the business figures, St. Mark's Consultants generated income for the Trust to the value of £1.4m. A total of 298 St. Mark's patients were admitted to Sainsbury Wing during the year compared to 388 the previous year. However sufficient profits were generated to maintain the annual contribution of £60k to the St. Mark's Foundation.

The key challenges for the forthcoming year will be to meet the Trust's tight financial targets. We will also assist the new Colorectal consultants in establishing their private patient business at Trustplus, this will include organising seminars for GPs to attend. In addition we will continue to analyse the patient satisfaction surveys to further develop and improve quality across a range of services provided on Sainsbury.

Ann Curry
Modern Matron



Members of staff on the Robert & Lisa Sainsbury Wing: Rebecca Slater, Taurai Zuze, Ann Curry, Yolanda Mateo, and Sheila Alzano.

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 in-patient 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

St. Mark's Hospital

St. Mark's Association

EXECUTIVE

President

Professor Ian Talbot
St. Mark's Hospital

President Elect

Professor Paul Boulos
University College Hospital

Secretary

Dr Michele Marshall
St. Mark's Hospital

Treasurer

Dr Anton Emmanuel
University College Hospital

External Representatives

Miss Jane Mccue
East and North Hertfordshire NHS Trust
Ms Asha Senapati
Portsmouth Hospitals NHS Trust

Administrator

Miss Judith Landgrebe
St. Mark's Hospital

The St. Mark's Association Day was held on 13th October 2006. A superb scientific programme was put together by The President, Professor Ian Talbot and we were delighted to hear talks from Mr Ian Finlay, Ms Asha Senapati, Dr Alistair McIntyre, Dr Jonathon Sheffield, Professor Neil Shepherd and Dr Jervoise Andreyev. All of whom have, at some point during their careers, worked at St. Mark's. Professor Christine Norton chaired an excellent Consultants Corner and Professor Talbot ended the proceedings with his address 'Leo, Other Icons and Iconoclasm'. The day was rounded off with a superb dinner in The Peers Dining Room at The House of Lords and we are most grateful to the Baroness Northover for making this possible.

It is with sadness that we report the death of Dr Sheila Ritchie. Dr Ritchie, had worked at St. Mark's in an honorary position from 1973 - 1989 and she had played a significant part in establishing the Leeds Castle Polyposis Group. She was first and foremost the patients advocate and, to this day, patients still remember her.

Thanks must go to Ian Talbot, who steadfastly led the Association, continuing to involve members from outside St. Mark's Hospital itself. His administration was always timely and measured.

We now look forward to the Presidency of Professor Paul Boulos from University College Hospital. The Association Day next year will be on Friday 12th October and you can be sure that the dinner will be at an interesting venue.

Dr Michele Marshall
Secretary

Chairman of Trustees
Michael Liebreich

Treasurer
William Phillips

Secretary
Dr Simon Gabe MD MSc BSc (Hons)
MBBS FRCP

Trustees
Charlotte Barney MA PG Dip
Edward Charlton
Prof Michael Edwards JP BSc (Econ) PhD
Prof Colin Green PhD DSc (Med) FRVS
FRCPATH FRCS (Hon) AcadUKrAcadSci
Prof John Nicholls BA MChir FRCS
Prof Robin Phillips MS FRCS
Dr Christopher Williams BM FRCP FRCS
Stephanie Zinser
Prof Christine Norton

Director of Fundraising
Stephen Roose-Jones

Office Manager
Gill Royal

Fundraising Assistant
Zoe Huntingford

Accountant
Margaret Burgess



Michael Liebreich.

2006 was an exciting year for St. Mark's Hospital Foundation with a number of changes. The Foundation Chairman changed hands from Charlotte Barney to Michael Liebreich, Stephen Roose-Jones was appointed as Fundraising Director, Professor Christine Norton was appointed as Trustee and Margaret Burgess took over as accountant from Leonard Specterman. We owe a debt of thanks to Charlotte who has used her experience in marketing to develop the Foundation and oversaw the funding and development of the three units that opened in 2005 (the IBD Unit, Psychological Medicine Unit and the Burdett Institute of Gastrointestinal Nursing).

Michael Liebreich Chairman St. Mark's Hospital Foundation

"Charlotte Barney stepped down as chair of St. Mark's Hospital Foundation in November and I was honoured to be asked to take her place. St. Mark's is an absolute jewel, a treasure. Here is a small hospital, staffed by an extraordinary team of doctors and nurses which has achieved worldwide repute. Not only does the staff perform miracles of treatment, but they still find time for research and teaching, displaying extraordinary leadership. I am very much looking forward to supporting their efforts".

Stephen Roose-Jones comes with over 20 years of experience in frontline fundraising in the charity sector; first with Macmillan Cancer Relief (now Macmillan Cancer Support) and more recently with Colon Cancer Concern. Stephen brings with him a new energy and vitality in fundraising for St. Mark's. Under his guidance many aspects of St. Mark's fundraising has been revitalised; a new fundraising leaflet has been produced; plans are well underway forging new and innovative partnerships with major retail developments in Harrow and Brent;



Stephen Roose-Jones with Charles and Sheila Green of Tottenham.

St. Mark's Hospital Foundation cont.

new Direct Mail initiatives, designed to increase legacy development to St. Mark's and exploit the potential of major donor campaigns. New improvements in donor care will lead to regular predictable income in the years ahead. In 2007 Stephen is launching the Mosaic appeal which will bring in unrestricted funds to the charity, to the benefit of all.

We welcome Professor Christine Norton as Trustee. Christine is well known and highly respected at St. Mark's. She is the Director of the Burdett Institute of GI Nursing and is chair of the NICE guideline development group on faecal incontinence. Christine was one of the first nurse specialists working with incontinence in the UK and the first Secretary of the Association for Continence Advice. She was founder and Director of the UK Continence Foundation for its' first 5 years and has been at St. Mark's for over 10 years now. In addition Christine is Associate Editor of Gastrointestinal Nursing, an Editor for the Cochrane incontinence group and serves on the editorial boards of Neurourology and Urodynamics and the Journal of Wound Ostomy & Continence Nursing. She is Chair of the Royal College of Nursing Gastroenterology and Stoma Care Forum and a member of the Medical Research Council medical advisory board.

We also welcome Margaret Burgess who has taken on the invidious task of accountant. Margaret takes over from Leonard Specterman, who had been doing the accounts for a number of years. The task is not easy and we thank Leonard for all the time he has given and Margaret for all the time she will spend!



Joan Maslen and friend.

The Charity's Strategy

The charity's medium to long term strategy involves (i) increased fundraising, (ii) funding of high quality research and education in gastrointestinal diseases, and (iii) developing the brand of St. Mark's.

Fundraising

2006 was a good year for fundraising events:

- Joan Maslen and friends skydived for the Intestinal Failure Unit raising in excess of £3,000.
- Amal Tantawy, staged a hugely successful Undiscovered Talent art exhibition at the Hilton Olympic Hotel. The event raised over £15,000 and allows the development of a National Pouch Registry database.
- Dr. Simon Gabe set himself a fundraising target of 3 triathlons in 2006. He triumphed, raising more than £8,000 for intestinal failure research.



Amal Tantawy.

Volunteer Fundraising is a vital resource to St. Mark's Foundation. Our volunteers were invited by Lindy Berkman, organiser of London's largest Antiques Fair at Alexandra Palace in October to fundraise for St. Mark's Foundation. Without the selfless help and support of people such as Helen Worth, Esther Serran-Ikkos, Mike Ziederman, Juan Hernades, Charles & Shiela Green, Sarah Tomlinson, Siwan Thomas-Gibson, Lisa Mackay, Solveig Wilson and many others like them our profile would not develop so well. These people generously give their time and support for free in order to raise awareness of St. Mark's and generate much needed funds. Thank you to you all.

What to look out for in 2007

New methods of fundraising will continue to be explored throughout 2007.

- The key development for 2007 will be the Mosaic Appeal, which launches in April and aims to raise £700K over the next 2-3 years.
- The website has been updated and will continue to expand throughout 2007 allowing donor giving over the internet (keep an eye out for the justgiving.com website).
- A mini appeal includes the virtual colonoscopy appeal for David Burling, started by Michael Liebreich.

- Janice Ferrari, from St. Mark's Academic Institute, took the challenge to attempt to trek up the highest mountain in Peru. This will be the first ever overseas fundraising event for St. Mark's and we are extremely hopeful that our message will reach an ever wider audience and encourage more people to fundraise for our Foundation, and of course, we wish Janice a safe and successful journey in September 2007 when she begins her challenge.
- Janice and Simon Gabe are organising a fundraising dinner and Simon will be doing more triathlons, all for St. Mark's.

For any enquiries into fundraising please contact the Foundation Office directly on 0208 235 4042.

Stephen Roose-Jones

Director of Fundraising

Dr Simon Gabe

Secretary



Lisa Mackay fundraising for St. Mark's.



The Schroder Foundation sponsored the launch of a £3 million Appeal for a new enlarged Wolfson Unit for Endoscopy. Many guests attended to view the Olympus colonoscopy simulator which has been developed at St. Mark's by Dr Christopher Williams and the team at both The Wolfson and Olympus over many years. We are extremely grateful to Mr Bruno Schroder for his support and generous backing.

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

There have been big changes in The Friends this year. Not only did Dorothy Gill stand down from her second stint as Chairman but she decided to retire from The Committee. This blow was compounded by the retirement of four long serving members of The Friends: Michelle Bartram, Toni Kaufman, Stella Nicholls and Sue Talbot. Thanks is due to all of these people who gave so generously of their time over the years but the Committee halved overnight and there was a great deal of doubt about the viability of The Friends. After much discussion it was decided to 'give it a go and see what happens'.

The Tea Bar has provided The Friends with a regular income over the years, thanks mainly to the loyalty of the volunteers. It became increasingly apparent that illness and retirement were taking their toll on the Tea Bar as closures were occurring on a regular basis. The Friends entered negotiations with Ace Caterers in order to keep it open and provide a friendly face and service to patients and staff. Happily the Tea Bar is now open for longer hours and provides a larger range of foods and drinks. Volunteers still help man the counter enabling The Friends to claim a share of the profits. Many thanks are due to Irene and Vernon Dickinson and their team for supporting The Friends and providing a valuable service to both patients and staff.

Patient welfare is what The Friends are about. We are able to make life more comfortable for patients whilst in hospital by providing and maintaining the laundry room or maybe something as simple as an insulated water flask. We have recently agreed to furnish the Enhanced Recovery Room. Outpatients or newly discharged patients may find themselves needing help to purchase a new washing machine or bed linen or even the train fare to attend a hospital appointment. These types of requests are vetted by Solveig Wilson, the social worker, to ensure that our funds are distributed fairly and appropriately.

The Committee meets on the third Wednesday of every month and it is here that requests are dealt with. As long as we have received the written request by the Monday prior to our meeting you can be guaranteed of a prompt reply. We like to say yes but sometimes we may need further information or a quotation before we can do so. Requests should be of direct benefit to patients and not something that should be provided by the NHS. We do not fund salaries. We have made one change to the request process which keeps an agreed request open for six months after which you will need to reapply and success is dependent on the state of our funds and other calls on our money at the time.

Finally, I would like to thank patients, staff and Friends who support our fund raising efforts.

Janina Phillips

Chairman



The Tea Bar on level 3, St. Mark's Hospital provides an excellent service to both staff and patients.

Academic Institute

Dean's Report

Chairman

Professor MM Edwards JP BSc PhD

Dean

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

Ms Mao Hong Luo



Members of the Academic Institute: Janice Ferrari, Rasmita Bhudia, Judith Landgrebe and Mao Hong Luo.

In my first full year as Dean, I'm pleased to report that educational activities and opportunities at St. Mark's increased considerably with excellent feedback from course delegates and in-house trainees. The success of the year was in no small part due to the vigour and enthusiasm of all the consultant staff whose contributions have been of a high standard throughout the year. It is reassuring that we have leaders in their respective fields who are prepared to pass on their unique knowledge to others. In 2006 we saw multiple post-graduate meetings that were well attended, despite a cut in study-leave budgets to all those working in the NHS. Particularly successful this year were the Advanced Colorectal Workshops, given new momentum by Sue Clark and Robin Kennedy, the 'Body in Mind' meeting hosted by Julian Stern and the Enhanced Recovery Symposia run by Robin Kennedy. This latter meeting was so in demand it was repeated twice later in the year with over 100 delegates at each session. Endoscopy completed its third and final funded year as a National

Endoscopy training centre. Over 500 doctors and nurses have been trained in endoscopic techniques during this time. My personal thanks and congratulations go to the doctors, nursing and administrative staff in the Wolfson Unit who have worked tirelessly to make the programme a success and who have, in no small part helped to improve the standards of Endoscopy in this country.

The major focus of the year was, once again, St. Mark's international congress, Frontiers in Intestinal and Colorectal Disease. This has now become established as an important meeting for all those interested in intestinal diseases. 450 delegates attended over the 3 days from all over the World. For the first time this year we showed the live Endoscopy and surgery in high definition and also ran a 'learning centre' in the exhibition area where delegates could access St. Mark's generated teaching materials (CD/DVD/video etc). These innovations complimented symposia and case discussions as well as the ever popular 'meet the

expert' breakfast sessions. Our visiting Professors were Neil Mortenson (Oxford) and Jean Frederick Colombel (Lille) who contributed to a highly successful meeting. A satellite symposium on 'The New Biologicals for IBD', chaired by Michael Kamm was particularly well attended. Feedback from the course this year has been universally positive and we now have a lot to live up to in 2007. Plans are well underway for next year and we intend to also offer a new forum where delegates can bring their difficult cases for an immediate second opinion from the St. Mark's team. The final day of this year's Congress was dedicated to John Nicholls. It proved to be a fitting, educational and, at times, emotional tribute to the working life of a great man. The audience was a 'who's who' of World Coloproctology and the lectures and discussion were conducted with gravitas and wit. The day finished in style with a celebratory dinner at the Royal Society of Medicine. John was a much respected Dean of St. Mark's from 1988 to 1993 and we wish him and Stella all the best in retirement.

We are grateful, as always, to the following who supported the meeting in a variety of ways: KeyMed (Medical and Industrial Equipment Ltd), Fresenius Kabi, Norgine Pharmaceuticals Ltd, Ethicon Endo Surgery, P&G Innovations in IBD and Medtronic. Our thanks also go to the following who supported us with an unrestricted educational grant: Abbott Immunology, Elan Pharmaceuticals and Biogen Idec, Schering Plough and UCB Pharma.

The longstanding surgical postgraduate course has been well attended again this year. We ran 3 terms and 19 surgeons came from across the globe. To focus learning we have cut the course from 5 to 4 weeks and plans are now advanced to offer a parallel course for medical

gastroenterologists in 2007. This will add a new dimension to our activities and emphasise the strength of St. Mark's as a multi-disciplinary centre of excellence.

Upgrading audiovisual facilities was high on the agenda in 2006 and thanks to a generous grant from the Foundation we can now install a high definition projector in the Clore Lecture theatre. Further work is needed to enable the necessary cabling from key clinical areas but this must be done to ensure high quality presentations. On this note, Douglas Robertson (Soundtek) has been a loyal and invaluable adviser helping to modernise our facilities and to ensure the smooth running of our various teaching meetings. To maximise St. Mark's activities and impact worldwide we need to further develop our electronic teaching materials. There is a general desire from all the consultants to have access to a video editor and Steve Preston (Wolfson Unit) has been invaluable in helping put together high quality teaching materials on a variety of medical and surgical subjects. A challenge for 2007 is to develop a fully functional, adequately staffed and funded A-V Unit for all.

2006 saw the creation of the new St. Mark's website. Work is ongoing but already there is a brighter, more modern feel. Up to date information about such things as the bowel cancer screening programme and research activities should help both patients and practitioners to glean information about current activities. On the agenda for next year is the possibility of web 'streaming', enabling St. Mark's to share its educational materials throughout the world.

The final word must be to congratulate the postgraduate team who have been busier than ever before on a most challenging but successful year. Judith Landgrebe, Janice Ferrari &

Rasmita Budhia and Mao Hong Luo have all made huge contributions which are much appreciated by all the St. Mark's Consultant Staff. Janice's enthusiasm for all that is St. Mark's is inspirational and Judith is quite simply the jewel in St. Mark's crown. 2006 was fun but the work has only just begun.

Brian Saunders

Dean

Academic Institute

Visitors and Delegates

**Fourth International Congress
Frontiers in Intestinal and
Colorectal Disease
29th and 30th November
Professor Nicholls Festschrift
1st December**

450 delegates attended

Countries represented were:

Australia
Austria
Brazil
China
Denmark
Eire
Finland
Germany
Greece
Iran
Israel
Italy
Japan
Korea
Malaysia
Netherlands
Norway
Poland
Portugal
Republic of Macedonia
Serbia and Monte Negro
Slovenia
South Africa
Spain
Sri Lanka
Sweden
Switzerland
Turkey
United Kingdom
USA

**Honorary Clinical Assistants and
Research Fellows**

Dr Gulen Arslan Turkey
Dr Venkata Bhaskara Subrahmanyam India
Mr Tim Brown UK
Mr Gordon Buchanan UK
Dr Gianluca Colucci Italy
Miss Julie Cornish UK

Dr Nicola Cracco Italy
Mr Partha Das UK
Dr Claudio Feo Italy
Dr Ioannis Galanis Greece
Dr John Jules Harvey UK
Dr Domenico Izzo Italy
Dr Alain Kakanou Eleuh France
Mr Alexander Hardy UK
Dr Juan Hernandez Spain
Mr Richard Lovegrove UK
Miss Yasuko Maeda Japan
Dr Simon McLaughlin UK
Dr David Parés Spain
Dr Sophie Plamondon Canada
Mr George Reese UK
Mr Henry Tilney UK
Mr Alexander von Roon UK
Dr Katharina Wallis Germany
Mr Nicholas West UK
Miss Olivia Will UK
Mr Michael Yuen Hong Kong
Dr Wael Abdelkader Zaki Egypt

Observers

Dr Hadi Ahmadi Amoli Iran
Dr Nayereh Amir Afshari Iran
Dr Iván Bartha Hungary
Dr Belen Beltran Spain
Dr Bama Bogner Hungary
Dr Paola Cellarino Italy
Dr Vytautas Dambrauskas Russia
Dr Srdjan Djuranovic Serbia & Montenegro
Dr Ioannis Galanis Greece
Dr Anil Gandhi India
Dr Gang Ma China
Dr Hao Gao China
Dr Ignace Hubertus JT de Hingh Netherlands
Dr Amir Keshvari Iran
Dr Péter Krasznay Hungary
Dr Martin Kreis Germany
Dr Oswaldo William Marques Brazil
Dr Hansjörg Marsoner Italy
Dr Anderson Mello Brazil
Dr Fereidoon Nanaei Iran
Dr Attila Németh Hungary
Dr Dineshkumar Patel UK
Dr Sándor Bogdán Rajcs Hungary
Mr Abdulrahman Saif Iraq

Dr Zoltán Sallo Hungary
Dr Romano Sassatelli Italy
Dr Lázio Schmidt Hungary
Dr Henrique Schleinstein Brazil
Dr Attila Szijártó Hungary
Dr Félix Szentpétery Hungary
Dr Zoltán Szics Hungary
Professor Tao Jiang China
Dr Dinya Tomás Hungary
Mr Michael Yuen Hong Kong
Dr Xi-Peng Zhang China
Dr Dmitri Zitta Russia
Dr Jean-Paul de Zoete Netherlands

Postgraduate Teaching Terms

Dr Manuel Alcantara Moral Spain
Dr Hadi Ahmadi Amoli Iran
Dr Ana Azevedo Portugal
Dr Daniel Feisal Trinidad & Tobago
Dr Ioannis Galanis Greece
Dr Hao Gao China
Dr Maria Gomes Portugal
Dr Juan Carlos Gomez Rosado Spain
Dr Marios Gregoriou Greece
Dr Domenico Izzo Italy
Dr Kaleem Khalilullah Ireland
Dr Lino Karangeira Brazil
Dr Aza Kochkarova Russia
Dr Rodrigo G Medrano Caviedes Spain
Dr Paula Messias Portugal
Dr Djuro Miskic Croatia
Dr Ahmad Masoud Zarour Jordan
Dr Jelinaič Zeljko Croatia
Dr Xi-Peng Zhang China

**Other well attended academic study
days included:**

**Advanced Colorectal Workshops
Body in Mind
Enhanced Recovery after Surgery
Symposia
Intestinal Failure Workshop
Intestinal Failure Study Day
PTQ Workshop
St Mark's Association Day**



Some of our postgraduate students with members of staff: Zeljko Jelinaic, Rasmita Bhudia, Manuel Alcantara Moral, Janice Ferrari, Aza Kochkarova, Mao Hong Luo, and (front row on knees) Juan Carlos Gomez Rosado.

Friday 13 January	Nursing research projects - constipation, incontinence and cancer	Kathy Whayman, Julie Duncan and Christine Norton <i>Chair: Prof Robin Phillips</i>
Friday 20 January	Risk of cancer or dysplasia in ulcerative colitis pouch	Mr Partha Das <i>Chair: Prof John Nicholls</i>
Friday 27 January	Pills, tubes and other devices	Dr Naila Arebi <i>Chair: Prof Robin Phillips</i>
Friday 10 February	Cancer waiting times and peer review	Miss Celia Ingham-Clarke (Whittington Hospital) <i>Chair: Prof Robin Phillips</i>
Friday 17 February	Reader performance at virtual colonoscopy	Dr David Burling <i>Chair: Prof Robin Phillips</i>
Friday 24 February	The effect of chemotherapy on microsatellite unstable colon cancer	Mr Janindra Warusavitarne <i>Chair: Dr Brian Saunders</i>
Friday 3 March	Piles: the inside story	Mr Alexander Hardy <i>Chair: Prof John Northover</i>
Friday 10 March	Endoscopic mucosal resection in the colon: Technique, long term follow up and future directions	Dr Michael Bourke <i>Chair: Dr Brian Saunders</i>
Friday 17 March	Neurostimulation for bowel control. Anything new?	Dr Tom Dudding <i>Chair: Prof Robin Phillips</i>
Friday 24 March	Genes and bowel cancer	Miss Sue Clark <i>Chair: Prof Robin Phillips</i>
Friday 31 March	Duodenal disease and its' management in FAP	Dr Andy Latchford <i>Chair: Prof Robin Phillips</i>
Friday 7 April	Studies towards improved chemical sphincterotomy	Miss Marion O'Bichere <i>Chair: Prof Robin Phillips</i>
Friday 21 April	Enhancing recovery after colorectal surgery	Mr Robin Kennedy <i>Chair: Prof Robin Phillips</i>
Friday 28 April	Audit of pre-operation IV fluid administration	Mr Marcus Gore and Dr Jo Manson <i>Chair: Prof Robin Phillips</i>
Friday 5 May	Family history of bowel cancer and screening: A need for change?	Dr Huw Thomas <i>Chair: Prof Robin Phillips</i>
Friday 12 May	Injectable bulking agent for faecal incontinence	Dr Yasuko Maeda <i>Chair: Prof Robin Phillips</i>
Friday 26 May	Hospital hygiene and MRSA	Dr Peder Neilsen <i>Chair: Prof Robin Phillips</i>
Friday 2 June	Micrometastases in colorectal cancer	Mr Richard Slater <i>Chair: Prof Robin Phillips</i>
Friday 9 June	Anorectal malformations	Dr Harry Ward <i>Chair: Miss Carolynne Vaizey</i>
Friday 16 June	Molecular imaging of oncolytic viruses: potential applications to FAP-related pathologies	Miss Inge Peerlinck <i>Chair: Prof Robin Phillips</i>

Friday 23 June	Hirschsprung disease	Dr Harry Ward <i>Chair: Prof Robin Phillips</i>
Friday 30 June	Predictors of response to adjuvant chemotherapy for colorectal cancer: Is MSI the answer?	Dr Michelle Thomas Australasian Travelling Fellow <i>Chair: Prof Robin Phillips</i>
Friday 7 July	An audit of operative workload in English NHS Trusts between 1988-2005	Mr Omar Faiz <i>Chair: Prof Robin Phillips</i>
Friday 14 July	Update on capsule endoscopy	Dr Chris Fraser <i>Chair: Prof Robin Phillips</i>
Friday 21 July	Mesenchymal Tumours of the GUT	Dr Thomas Guenther <i>Chair: Prof John Northover</i>
Friday 28 July	Aspects of Intestinal Failure	Dr Jeremy Nightingale <i>Chair: Prof John Northover</i>
Friday 1 September	St Mark's Clinical Information System (CIS) Workshop	
Friday 8 September	Clinical Information System (CIS) presentation	
Friday 15 September	Understanding and modelling the molecular pathways of the adenocarcinoma sequence in the context of genetic predisposition	Miss Olivia Will <i>Chair: Prof Robin Phillips</i>
Friday 22 September	Bowel management after spinal cord injury	Miss Maureen Coggrave <i>Chair: Prof Robin Phillips</i>
Friday 29 September	Improving elective theatre performance in NHS theatres	Mr Omar Faiz <i>Chair: Prof Robin Phillips</i>
Friday 6 October	Inflammatory bowel disease and female reproductive health	Miss Julie Cornish <i>Chair: Prof Robin Phillips</i>
Friday 27 October	"Sun, Surf and Study or Spigelman, Sprouts and Colorectal Cancer Surveys"	Mr Daniel McGrath <i>Chair: Prof Robin Phillips</i>
Friday 3 November	Management of post-operative Crohn's disease	Dr Siew Ng <i>Chair: Dr Brian Saunders</i>
Friday 10 November	NICE draft guideline on faecal incontinence	Professor Christine Norton <i>Chair: Prof Robin Phillips</i>
Friday 17 November	Desmoid disease in FAP: new insights	Dr Andy Latchford <i>Chair: Prof Robin Phillips</i>
Friday 24 November	The bacterial pathogenesis of pouchitis	Dr Simon McLaughlin <i>Chair: Prof Robin Phillips</i>
Friday 15 December	Colorectal Cancer Survival	Professor Michel Coleman Professor of Epidemiology and Vital Statistics <i>Chair: Prof Robin Phillips</i>

Cancer Research UK Colorectal Cancer Unit Population and Screening Research Group

Chair

Professor Wendy Atkin MPH PhD

Consultants

Professor Robin K S Phillips MS FRCS

Professor John M A Northover MS

FRCS

Dr Huw J W Thomas MA PhD MRCP

Unit Manager

Mr Kenneth J Miller

Scientific Staff

Professor Ian Tomlinson BM BCh MA

PhD MRCPATH

Dr Andrew Silliver 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 Godhania

Research Nurses

Ms Kay Neale SRN MSc

Ms Sandra Burke RN BSN

Ms Carole Cummings RGN SCM

Ms Maggie Gorman RGN

Ms Jacque Wright RN DN BSc

Statistician

Ms Pauline Rogers MSc Cstat

Projects' Manager

Ms Azmina Verjee BSc ATT

Data Managers

Ms Reshma Mashru BSc

Ms Urvi Shah BSc MSc

Dr Ines Kralj-Hans BSc PhD

Ms Emma Smith BSc MSc

Programmer/Analyst

Ms Wenli Long BSc MSc

Data Clerks

Mr Edward Dadswell Msc

Mr Alexander Ghanouni BSc

Mr Moises Turnes Rey BSc

Ms Jane Wilson BA

PA/Secretaries

Ms Marie Gun

Ms Elizabeth Goodband

Ms Julie Jeffries

Ms Alison Martin

Ms Belynda Muir

Ms Margaret Stevens

Ms Evanne Allister

2006 saw Professor Wendy Atkin's Population and Screening Research Group thrive, accruing further grant funding and welcoming 7 new members. Edward Dadswell, Alex Ghanouni and Jane Wilson joined the SIGGAR1 trial co-ordinating team; Emma Smith, Wenli Long and Moises Turnes Rey were recruited to staff a new Nurse-led Flexible Sigmoidoscopy Screening Study; and Evanne Allister came on board as PA. We bade farewell to Urvi Shah, our Chief Data Manager, and Pauline Rogers, our Statistician, both of whom will be missed. Transition reigned as we transferred all our Department of Health and Research Council funding from Cancer Research UK over to Imperial College London in order to attract HEFCE 'wind-in' (additional top-up funding from the Higher Education Funding Council for England).

Flexi-Scope Trial

The UK Flexible Sigmoidoscopy Screening Trial, funded by the Medical Research Council (MRC) and Department of Health (DoH), aims to examine the long-term benefit of a once in a lifetime flexible sigmoidoscopy screen at the age of around 60 years. Recruitment was completed in 1999, with 40,000 people having been screened in 14 hospitals throughout England, Scotland and Wales. At the outset it was estimated that sufficient new cases of cancer for a clinically and statistically meaningful result would accrue within 10 years. We remain on course to publish our results in 2008.

Under the leadership of Dr Ines Kralj-Hans, the entire cohort of 170,000 people is being followed (including the group offered screening and the controls who were not offered screening) via UK Cancer Registries and the Office for National Statistics. In order to achieve this, we forged strong collaborative links with the Registries, and accordingly, the Director of the UK Association of Cancer Registries (UKACR), Professor David

Forman, invited Wendy Atkin to speak at the UKACR 2006 annual conference in Amsterdam. Present efforts are directed towards minimising the time lag between colorectal cancer diagnosis and registration, and to achieve the most accurate staging in each case.

Having secured a further 5 years of funding from the MRC, Wendy Atkin commissioned an upgrade of the trial database, a large and complex Oracle database created 12 years ago. Cancer Research UK's Information Systems Department worked closely with Dr Ines Kralj-Hans on the upgrade and the database now allows for the recording of more detailed information on the stage and accuracy of diagnosis of colorectal cancers detected during follow-up. The improved database also enables the recording of results of associated Cancer Research UK funded research on risk factors (genetic and environmental) for the development of colorectal adenomas and cancer, and on the development of colorectal cancer prevention strategies.

The UK Flexible Sigmoidoscopy Screening Trial protocol has been used to undertake a similar randomised trial of a single flexible sigmoidoscopy screen (SCORE) in 6 centres in Northern Italy. Wendy Atkin's continued collaboration with the Lead Investigators of this Italian study led to publication, this year, of a paper on the risk of subsequent detection of neoplasia at screening following a previous negative endoscopy.

With assistance from Pauline Rogers, Wendy Atkin completed the statistical analysis of a nested study within the UK Flexible Sigmoidoscopy Screening Trial which assessed the risk of colorectal cancer based on family history. This is the only population-based study of the predictive value of familial risk and the impact of endoscopic screening. In addition, research to examine the association between various genetic polymorphisms and colorectal adenomas

(undertaken using blood collected as part of the trial), led to the publication of several papers during the year.

SIGGAR1 Trial

The SIGGAR1 trial, a £1 million Department of Health R&D Health Technology Assessment Programme (DoH HTA) funded multicentre randomised trial, is examining the efficacy, acceptability and cost-effectiveness of CT-colonography (also called virtual colonoscopy) compared with barium enema and colonoscopy in the diagnosis of colorectal cancer in older symptomatic patients.

During 2006, Wendy Atkin and Professor Steve Halligan, now Consultant Radiologist at University College Hospital, secured a further £0.6 million to fund 10 new trial centres, to bring the total to 20 UK-wide. Expansion of recruitment to the trial became a priority after initial analyses presented to the Steering Committee in 2005 revealed a lower than expected rate of cancers and large adenomas. (This appeared to result from overcautious referral of patients for whole colon examination, rather than a lower than predicted detection rate). To avoid the study being underpowered, we decided to increase the sample size from 4,320 to 4,832, to maintain power whilst avoiding extending the overall duration of the trial. At the close of 2006, 4,122 patients had been randomised and we are on course to achieve target recruitment by July 2007, as originally predicted.

In collaboration with Cancer Research UK's Health Behaviour Unit at University College London, we are also investigating patients' views of their symptoms, bowel investigations and the provision of information regarding diagnoses. A series of psychological questionnaires was piloted at St. Mark's before being rolled out to all trial centres.

These are yielding valuable insight and have already led to radiology and endoscopy service delivery modifications.

Nurse Flexisig Study

In July 2006 we commenced a new Department of Health funded study to examine the feasibility and effectiveness of delivering a nurse-led flexible sigmoidoscopy screening service. During the next 12 months we aim to screen 1,000 men and women aged 58-59 years living in Brent and Harrow. Screening began in November and by the end of December, 124 suitable members of the public had undergone a flexible sigmoidoscopy examination in the St. Mark's Wolfson Unit for Endoscopy.

The new study follows a successful feasibility study undertaken in 2004 with funding from KeyMed Ltd, which achieved a 67% screening uptake rate. Since then, we have worked closely with Cancer Research UK's Health Behaviour Unit at University College London, to refine the invitation strategy and patient information materials to maximise participation, and to minimise barriers to screening among more socially deprived and ethnic minority groups. New and improved patient information leaflets, translated into several languages, now accompany a DVD guide (in English or Gujarati) featuring Sir Trevor McDonald, Professor John Northover (St. Mark's Senior Surgeon) and Maggie Vance (Nurse Endoscopist). We are also conducting focus groups in Brent and Harrow to explore attitudes to screening in the main ethnic groups.

As part of the study, the performance of 4 endoscopy nurses new to flexible sigmoidoscopy screening will be monitored to assess this new role. We aim to identify any adverse physical or psychological consequences that might impact on the recruitment and retention of a potential workforce to perform screening, should a full scale NHS-wide service be implemented.

Adenomas Surveillance

Another new study initiated during 2006 seeks to identify the optimum frequency of colonoscopic surveillance for individuals with colorectal adenomas conferring an intermediate level of risk. Funded by the Department of Health R&D Health Technology Assessment Programme (DoH HTA), the study is a collaboration with Professor Stephen Duffy of Cancer Research UK's Epidemiology, Mathematics and Statistics Department.

Available evidence suggests that colonoscopic surveillance might not be necessary for a 'low-risk' group, but is definitely indicated for a 'high-risk' group, at least at 3 yearly intervals and perhaps more frequently initially. This leaves an 'intermediate-risk' group for which there is no evidence to indicate that it is safe not to offer colonoscopic surveillance. 'Intermediate-risk' is defined here as having 3 or more adenomas, or any of the following: (i) an adenoma larger than 9mm, (ii) tubulovillous or villous histology, (iii) severe dysplasia.

We will analyse retrospective and anonymised clinical history data for 10,000 patients, collected from over 20 NHS hospitals, and from centres in the US, Canada and Italy with large datasets from screening trials. Upon completion of our study, we plan to donate the anonymised data to our overseas collaborators to enable them to undertake economic analyses using costs relevant to their own local health care delivery systems.

Our study has the support of the British Society of Gastroenterology (BSG), which this year approached Wendy Atkin to update the guideline on adenoma surveillance developed by Wendy Atkin and Dr Brian Saunders in 2002. One of our aims is to provide the evidence base for an update of the guideline, which is currently used in endoscopy departments countrywide. The results

Population and Screening Research Group cont.

of our study are therefore eagerly awaited by the BSG and by the Department of Health, since the NHS Bowel Cancer Screening Programme is expected to identify many people requiring surveillance following adenoma detection.

During the year, Pauline Rogers worked with Professor Stephen Duffy and Fay Cafferty (of Cancer Research UK's Epidemiology, Mathematics and Statistics Department) to complete complex statistical analyses of data from Dr Christopher Williams' randomised trial examining the safety and efficacy of different colonoscopic surveillance intervals for people found to have colorectal adenomas. Started in 1988, this important study remains one of only three trials of its kind. All colonoscopic examinations were performed by Dr Williams, then Consultant Physician in Gastrointestinal Endoscopy at St. Mark's. We expect the paper to be submitted for publication in early 2007.

PreSAP trial

Wendy Atkin continued her role as UK Principal Investigator and a member of the Steering Committee for the Prevention of Sporadic Adenomas (PreSAP) trial. This trial examined the role of celecoxib (a COX2 specific non-steroidal anti-inflammatory) in preventing recurrent colorectal adenomas. Results were published in the New England Journal of Medicine.

NHS Bowel Cancer Screening Programme

As a long-standing advocate of bowel cancer screening and an adviser to the Department of Health, in March 2006 Wendy Atkin wrote an invited editorial for the British Medical Journal imploring the Department of Health not to delay implementation of the NHS Bowel Cancer Screening Programme (BCSP), despite financial difficulties. The Programme was duly rolled out and

St. Mark's bid successfully to become both an accredited Bowel Cancer Screening Centre and the London Programme Hub. Having worked on the Hub bid with Drs Sandra Rainbow and Dennis Wright, Clinical Biochemistry Department, Wendy Atkin was appointed R&D Director to the London Programme Hub, one of only five Hubs nationally.

International Colorectal Cancer Screening Network

The International Colorectal Cancer Screening Network (ICRCSN) is a collaborative group of international experts who are responsible for local or national colorectal cancer screening programmes. The network aims to improve the effectiveness and safety of bowel cancer screening programmes worldwide by developing and disseminating a common nomenclature and minimum quality standards for the reporting of results. As founders and UK members, Wendy Atkin and Julietta Patnick CBE, Director of the NHS Cancer Screening Programmes, obtained further funding from the American Cancer Society and the US Center for Disease Control to fund the second phase of the Network's development. The first phase involved undertaking a survey of screening programmes worldwide, the results of which are due for publication in 2007.

Curcumin Study

In collaboration with Professors Will Steward and Andreas Gescher of the University of Leicester's Cancer Studies & Molecular Medicine Department, Wendy Atkin secured funding from Cancer Research UK Clinical Trials Advisory & Awards Committee (CTAAC) for a pilot study examining the feasibility of a large randomised trial of the efficacy of curcumin and selenium in the prevention of recurrent colorectal adenomas. We expect to begin recruiting patients at St. Mark's in 2007.

Colorectal Cancer Diagnosis

Wendy Atkin and Pauline Rogers completed work on a prospective cohort study undertaken by Mr Mike Thompson (Consultant Colorectal Surgeon, Queen Alexandra Hospital, Portsmouth). Over a 15 year period, data were collected for 17,503 patients newly referred to a surgical outpatient clinic. Rates of colorectal cancers and presenting symptoms were analysed, and results are due for publication in 2007. These will cast light on which patients benefit most from further examination, following initial assessment by flexible sigmoidoscopy, with a view to avoiding inappropriate and excessive use of total colonic imaging.

Colonoscopy Reporting and Data System

Wendy Atkin continued to be a member of the US National Colorectal Cancer Roundtable Quality Assurance Task Group, charged with developing a standardised colonoscopy reporting and data system (CO-RADS). Once approvals are received from all societies and agencies represented, CO-RADS will become the national standard for colonoscopy reporting in the US. The American College of Gastroenterology and American Society for Gastrointestinal Endoscopy have already issued approvals. The Task Group's report will be published in May 2007, timed to coincide with DDW (the AGA's annual Digestive Diseases Week).

With the Population and Screening Group's expansion set to continue at speed in 2007, we look forward to another eventful and productive year.

Miss Azmina Verjee

Projects' Manager
for Professor Wendy Atkin

Director

Huw Thomas MA PhD FRCP

Nurse Specialist

Carole Cummings RGN, SCM

Clinical Research Fellow

Kevin Monahan MSc MRCP

Senior Research Fellow

Isis Dove Edwin MD MRCP

CORGI Research Nurse

Maggie Gorman RGN

Database Administrator

Maggie Stevens

Secretaries

Julie Stokes

Elizabeth Goodband

Introduction

The aim of our group is to define the inherited predispositions to colorectal cancer and to refine our management of familial risk in order 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.

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 (Geary et al In Press).

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).

Family Cancer Group cont.

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

We have published our collaborative study (Dove-Edwin et al 2006). The 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. We are now organising multi-centre study to investigate this group further.

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. The expression of genes in this area is being investigated.

Multiple adenoma families

We are undertaking genetic linkage studies on a family from Ireland with multiple adenomatous colonic polyps and colorectal cancer. We have shown that the family does not show linkage to the Adenomatous Polyposis Colii gene on chromosome 5 and does not have alterations of the MYH gene or DNA mismatch repair genes.

Colorectal Gene Identification Study (CORGI)

I am a members of the steering committee of the CORGI study consortium and a co-applicant on the grant applications. The consortium aims to identify new genes predisposing to colorectal cancer. 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 and further individuals from the St. Mark's Endoscopy Unit.

We have undertaken a genetic linkage study in 70 families with an undefined dominantly inherited predisposition to colorectal cancer. We have demonstrated linkage in some families on chromosome 9 and discovered linkage in other families on chromosome 3 (Kemp et al 2006).

We are also undertaking a genome-wide association study using tag SNPs in 1000 individuals with familial colorectal cancer and controls to identify possible low-penetrance alleles predisposing to colorectal cancer. This has been funded by a CRUK grant and analysis is currently being undertaken by Illumina.

Narrow band imaging for colonoscopic surveillance in HNPCC

In collaboration with Brian Saunders we have investigated the role of narrow band imaging, a new technique that highlights superficial capillaries and improves contrast for adenomas. We investigated whether a second pass with NBI improved adenoma detection compared to high definition white light.

Sixty-two at-risk HNPCC individuals undergoing colonoscopic surveillance were recruited. 17 adenomas were detected in the initial white light pass, an additional 17 adenomas were detected using NBI, 45% of which were flat.

NBI may have an important role in improving adenoma detection, particularly in this high-risk group in which progression of adenomas to carcinomas may be rapid with a high incidence of interval cancers during colonoscopic surveillance.

Modifying genes in Lynch syndrome

We are undertaking a collaborative study organised by Malcolm Dunlop to look at the effect of modifier genes on the phenotype in Lynch syndrome gene-carriers. We are recruiting 90 gene-carriers from 65 families.

Families with multiple colorectal adenomas

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

Huw Thomas

Director

Cancer Research UK Colorectal Cancer Unit

The Polyposis Registry

Director

Robin K.S. Phillips MS FRCS

Assistant Director

Sue Clark MD FRCS

Honorary Research Consultant

Basil C. Morson CBE VRD MA FRCPATH
HonFRACS

Consultant Pathologist

Ian C. Talbot MD FRCPATH

Honorary Consultant Paediatrician

Warren Hyer FRCP

Registrar

Kay F. Neale MSc SRN

Nurse Practitioner

Jacqueline Wright BSc RN DN

Nurse Practitioner

Ripple Man BSc RN

Assistant Registrar/Nurse Specialist

Sandra Burke BSN RN

Administrative Assistant

Belynda Muir

Administrative Assistant

Pamela Nye

Honorary Research Fellow

Allan D. Spigelman FRACS

Research Fellow

Andrew Latchford MRCP

Research Fellow

Julian Harvey BM BS BMedSci

Research Fellow

Olivia Will MRCS

In March we were delighted to welcome Sue Clark as Assistant Director of the Polyposis Registry. Sue worked with us as a Research Fellow from 1995-97, and, as a Consultant Surgeon at The Royal London Hospital, set up and ran the Family Cancer Clinic there from 2003 her knowledge and experience of polyposis more than qualify her for tasks ahead.

It was with great regret that we said goodbye to Jacquie Wright in October. In the three years that she has worked with us she proved to be a most valuable member of staff. Her extensive knowledge, professional manner and unfailing ability to care about her patients' gave them reassurance despite the fact that living with polyposis is, for most people, a burden and can at times be frightening. Jacquie also made an unprecedented impact on reducing the number of patients who fail to attend for their clinic appointments. She did this by contacting people by telephone and making them aware of the importance of keeping to their surveillance programme and of cancelling an appointment if it was inconvenient for them; she often worked late to catch them when they returned home from work. Having established the system she then trained Pam to continue the work with the remaining patients who failed to turn up. Ultimate success was achieved in November when not a single patient failed to turn up; when Jacquie took on the task in 2003 a quarter to a third of patients would regularly miss their visit.

Following on from the success of the first Polyposis Information Day for patients and their families in 2005, a second Information Day was held in May. Once again attendance exceeded expectation with over 60 delegates and once again the event proved a great success.

The programme remained much the same as the previous year but with Sue Clark giving the opening talk about surgical options.

Comments on the evaluation sheets were again encouraging and included:

- An ideal opportunity to meet with other FAP families and share experiences – a really worthwhile day and very much appreciated.
- The content and quality of today's sessions were excellent.
- Very informative and helpful day.
- More events like this would be very beneficial.
- The DIY endoscopy was fun.

The enthusiasm and thanks from the delegates convinced us that we should make this an annual event. Our thanks once again to Dansac who provided the folders for the programmes and evaluation sheets and to Michael and Margaret Dean who helped to make the day a success.

The Registry and the Trust

There have been 122 new patient referrals, either with or at risk of a polyposis syndrome, to St. Mark's in 2006. Of these, 54 came directly as a result of Registry involvement with the family, the remaining 68 being referred directly to a Consultant.

New patient referrals in 2006

At risk of inheriting FAP or other polyposis syndrome	36
Difficult cases referred on to St. Mark's	16
Other routine referrals	49
Peutz Jeghers syndrome	7
Juvenile Polyposis	2
MYH family	10
Metaplastic polyposis	2
Total	122

The Polyposis Registry cont.

During the year almost 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 577 examinations using the flexible sigmoidoscope for this group of patients. The patients continue to tell us how reassured they are 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 Paediatric clinics, dedicated to children in polyposis families, continued to be in demand with a total of 42 children being seen in clinic and a further 43 undergoing colonoscopy during 2006.

International Society for Gastrointestinal Hereditary Tumours (InSiGHT)

A total of 15 Abstracts were submitted to InSiGHT for the Biennial Scientific Meeting in Japan in March 2007. Six were accepted for oral presentation, one as a video presentation and all the remainder as posters.

Research Projects

Andrew Latchford

During 2006 Andrew completed his studies on familial adenomatous polyposis (FAP) and desmoid tumours which are described in his MD thesis, which is complete and ready for submission. Whilst continuing to be involved in the clinical and endoscopic care of patients with polyposis syndromes he also worked in the Wolfson Unit and undertook an endoscopy fellowship.

His research led to the characterisation of APC mutations in desmoid tumours and the search for candidate genes that may be involved in desmoid development. He has made a clinicopathological assessment of a number of tumours and has identified tumour cellularity as a potential marker for postoperative recurrence. He has reviewed outcomes

from surgery for FAP associated desmoid tumours, which has highlighted a reduced mortality and morbidity compared with historical series.

Further clinical studies in FAP identified potential novel risk factors for the development of severe duodenal polyposis. He also undertook a review of endoscopic therapy for duodenal adenomas and an historical review of duodenal cancer in FAP.

Olivia Will and Professor Ian Tomlinson

Many patients with familial adenomatous polyposis (FAP) have had a restorative proctocolectomy. This involves the construction of an ileoanal pouch and, over time, polyps often develop in the pouch. Olivia has performed genetic analysis of a large number of polyps, and also examined polyp development over time, in a review of hundreds of endoscopy reports.

She has also looked further at the molecular changes in polyps: investigating the role of beta-catenin, a protein which effects growth signals in polyps. It is thought that some medication prescribed to decrease polyp and desmoid growth, such as Celecoxib, may interact with beta-catenin.

The third area of investigation is that of early genetic changes by which polyps become cancerous.

Finally, Olivia found novel evidence that PMS2, a gene known to cause Hereditary Non-Polyposis Colorectal Cancer, can cause a syndrome which mimics attenuated FAP.

Julian Harvey and Professor Ian Tomlinson

Julian has collaborated with Dr Rupert Hines, Consultant Paediatrician at Kings College Hospital, who cares for children with hepatoblastoma.

He is looking for APC gene mutations in blood and tumour samples from over fifty children with apparently sporadic hepatoblastoma.

Donations

We should like to thank Mr Peter Winter for playing the part of Father Christmas again this year to raise funds for research into polyposis. Indeed thanks go to 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
SLA Pharma

Kay Neale

Registrar

Intestinal Imaging Centre

Consultants

Michele Marshall BSc MRCP FRCR
David Burling MRCP FRCR
Arun Gupta MRCP FRCR

Research Fellows

Dr Andrew Slater MRCP FRCR
Vicky Goh MRCP FRCR

Superintendent Radiographers

Anna Giles
Adrian McQueen

Senior Radiographer

Hon Hoe

Nursing

Diane Gollagly

Office Staff

Josephine Convey
Bhartiya Shah

Radiographic Staff



Dr David Burling, Dr Michele Marshall (Clinical Director of Radiology) and Dr Arun Gupta.

We have enjoyed considerable success in the ongoing development of the Intestinal Imaging Centre over 2006. Specifically the Virtual Colonoscopy (VC) programme has matured, now providing an excellent clinical service (examining twenty patients+ per week) to build upon the existing VC research activities. We now have plans for further expansion and development of a National VC Training centre, facilitated by the recent appointment of Europe's first dedicated virtual colonoscopy programme co-ordinator, Mrs Janice Muckian. The St. Mark's Foundation are kindly supporting a fund raising effort to pump prime the development of this training initiative, with further details found at: <http://www.justgiving.com/stmarks-vc>

Elsewhere, our team is developing cross sectional imaging methods for more accurate assessment of small bowel disease. As a result, CT enterography and MRI enterography are increasingly utilized to complement existing barium based and endoscopic imaging techniques. The clinical roles of these state of the Art techniques are currently being evaluated as part of collaborative research with the endoscopy department.

New anal endosonography and transrectal ultrasound equipment has been installed and we are pioneering

the technique of transrectal ultrasound biopsy of pelvic masses, particularly in the context of investigation of rectal cancer recurrence.

Dr Marshall continues as Clinical Director for Radiology across the Trust, Dr Gupta is leading the MRI service, whilst Dr Burling continues in his role as Gastrointestinal CT and Academic Radiology lead. Congratulations to Dr Alison Moore, who completed a successful research fellowship at St. Mark's in 2006 and left to take up a new appointment as Consultant Radiologist in Worthing Hospital. Her successor, Dr Ros Ahmad has rapidly established herself as a valued member of the St. Mark's Intestinal Imaging team.

Finally, Anna Giles, Superintendent Radiographer at St. Mark's retired last year. She was a St. Mark's supporter through and through and her positive influence on the quality of radiography and patient care will be greatly missed. We wish her a very happy and long retirement.

David Burling

Consultant Radiologist



Dr Michele Marshall, Mrs Anna Giles and Prof Clive Bartram at Anna's Retirement Party.

Endoscopy

Wolfson Unit for Endoscopy Incorporating the Kennedy-Leigh Academic Centre

Consultant Gastroenterologists and Endoscopists

Dr. Brian Saunders MD FRCP
Dr. Chris Fraser MD MRCP
Dr. Siwan Thomas-Gibson 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
Dr. Krysia Konieczko MBBS FFARCS

Clinical Fellows

Dr. Andrew Latchford MRCP
Dr. Philippa Youd MRCP

Research Fellows

Dr. James East MBChB BSc MRCP
Dr. Aymer Postgate MBBS BSc MRCP
Dr. Adam Haycock MBBS BSc MRCP

Nurse Endoscopists

Marianne Baulf SRN
Ripple Mann RN BSc

Bowel Cancer Screening Nurses

Sarah Tomlinson RN
Savinda Kaur RN

Research/Training Nurses and Assistants

Aine Fitzpatrick RGN
Mari Stavrinidis RGN
David Swain RGN
Eric Tripoli RGN
Nicky Palmer

Unit Administrator

Jean Mannings

Diagnostics Services Manager

Val Pryor

Unit Secretaries

Lisa Mackay
Helen Murray

Academic Co-ordinator for National Endoscopy Training Centre

Dorothy Saunders

Audio-Visual Production Team

Steve Preston BSc

2006 was an eventful and busy year for the staff of the Wolfson Unit for Endoscopy. Dr Brian Saunders gave guest lectures in Bosnia, Hong Kong and Berlin and was awarded the oration award from the Indian Society of Gastrointestinal Endoscopy. Dr Siwan Thomas-Gibson was welcomed as a new Consultant colleague to the unit, having successfully completed her MD in colonoscopy training and assessment methods. Nurse Consultant Maggie Vance and Ms Lisa Mackay both returned from maternity leave having been sorely missed. Dr Noriko Suzuki's return (also maternity leave but to Japan) is eagerly awaited. Dr Andrew Latchford departed to Birmingham to complete his specialist registrar training while Dr Adam Haycock joined as a new research fellow. Current research fellows, Dr James East and Dr Aymer Postgate, and clinical fellow, Dr Philippa Youd, continued to remain productive with publications and presentations at national and international meetings.

Staff nurses, Sarah Tomlinson and Savinda Kaur, were appointed as the unit's new bowel cancer screening nurse practitioners building on the Trust's successful bid to become a screening centre within the national BCSP. Trust support for the development of the bowel cancer screening team has been essential and gratefully received.

Research nurses, Aine Fitzpatrick, Eric Tripoli and Mari Stavrinidis and research assistant, Nicky Palmer, were critical to the success of the unit's various research programmes, while also finding time to manage the busy capsule endoscopy, double balloon enteroscopy and polyposis GA services. Well done!

The Wolfson Unit entered its 3rd and final year as a National Training Centre for Endoscopy as national funding streams come to an end. The technical expertise

and assistance of the endoscopy nurses during national and international courses was again of the highest standard and quality. Future plans for endoscopic education and training, led by Dr Thomas-Gibson, include trialing the world's most advanced colonoscopy training simulator from Olympus, and developing initiatives to attract candidates from Europe and the Middle East. Basic and advanced type training for registrars and consultant in the UK will continue to be offered.

Research and development into advanced endoscopic techniques and therapy remained one of the mainstays of the unit's academic focus. Expertise in various technologies continued to grow at pace. This includes narrow band imaging and magnification endoscopy for dysplasia and early cancer detection, colonic imaging using the new colon capsule from Given Imaging, endoscopic anti-reflux therapy and lesion resection techniques such as endoscopic submucosal dissection. It is hoped the developing field of 'endosurgery' and NOTES (natural orifice transluminal endoscopic surgery) will be explored further with laparoscopic surgical colleagues for 2007.

The excellent and commendable efforts of Val Pryor (Diagnostic Services Manager), Jean Mannings (Unit Administrator), Dorothy Saunders (Academic Coordinator) and the administrative staff were essential in keeping clinical services fully functioning and on track during 2006, despite difficult changes introduced by the Trust due to restructuring. Their contributions, dedication and commitment were greatly appreciated.

Chris Fraser

Consultant Endoscopist

Endoscopy

St. Mark's Hospital and ACAD

Consultant Gastroenterologists and Endoscopists

Dr. Brian Saunders MD FRCP
Dr. Chris Fraser MD MRCP
Dr. Siwan Thomas-Gibson MD MRCP
Sr. Maggie Vance MSc DIP RGN

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

Diagnostics Services Manager

Val Pryor

Staff Nurses

Jayne Butcher
Theresa Bryant
Adel Polecina
Aine Fitzpatrick
Eunice Garcia
Hadada Mutasa
Rochelle Racaza
Yasmin Warsame
Tracey Tyrell
Cynthia Tolosa
Marcia Clarke
Tina Isherwood
Simon Mypah
Kristen Javen
Acadia Rampersad-Manraj
Florence Khumalo
Almas Fardous
Maeve Kenny
Honest Dzika
Monika Rzeznikiewicz
Eric Tripoli
Anne Vahey
Joy Frias
Andy Lodge
Russell Lesser
Mitchell Amores
Mahesh Patel
Pat Kannangara
Belma Motes
Wilma Pataueg
Laurence Padua
Ghislaine Thaim
Kathlean McCabe
Ainhoa Zaurin
Manju Khanna
Mohammed Guled

The Endoscopy Unit has again had an exceptionally busy year. We have performed approximately 14,500 cases across site. Our nursing staff are continuing to work across site which is helping to better manage the workload and to allow the nurses to become one very exceptional team.

The St. Mark's Endoscopy Unit was chosen to be the first 'Bowel Cancer Screening Centre' in London to open. The first invitations to take part in screening were sent out in October 2006. By January 2007 invitations are being sent out to all 3 of the hospitals local PCT's. We have two new Bowel Cancer Screening nurse specialists in post and they are seeing patients who have had a positive occult blood test and then offering these patients a colonoscopy. These nurses are running nurse led clinics and also managing the colonoscopy and the follow ups necessary.

There have been several babies born this year to doctors in the unit Dr East, Dr Postgate, Dr Suzuki and to Lisa Mackay the Wolfson Unit secretary. All have had boys!!

This year we have appointed a senior sister who will work across site to develop the training and education of our nursing staff.

I would like to thank all the staff, doctors, nurses, technicians and clerical staff for all their hard work during this year, to make this an excellent multidisciplinary team working at St. Mark's and ACAD Endoscopy Units to provide a good experience for our patients.

Val Pryor

Diagnostic Services Manager

Medicine

General Gastroenterology

CONSULTANTS

St. Mark's & Northwick Park

Michael Kamm (Chairman)
Naila Arebi
Christopher Fraser
Simon Gabe
Meron Jacyna
Jeremy Nightingale
Maxton Pitcher
Brian Saunders
Julian Stern
Huw Thomas
Siwan Thomas-Gibson

Central Middlesex Hospital

Sharon O'Brien
David Sherman

STAFF GRADE SPECIALIST

Amar Nagree MB BS MD

CLINICAL FELLOWS

Siew Ng
Aymer Postgate

ASSOCIATE SPECIALIST

Central Middlesex Hospital
Roser Vega

CLINICAL ASSISTANTS

Northwick Park Hospital
Riadh Dawood
Anwar Hanid

SPECIALIST REGISTRARS

St. Mark's & Northwick Park
Rakesh Chaudhury
Adam Haycock
Andrew Milestone
Siew Ng
Clive Onnie
Aymer Postgate
Christopher Wadsworth
David Walker

SENIOR HOUSE OFFICERS

St. Mark's Hospital
Adam Bennion
Aneka Haussmann
Simon Ralphs
Abigail Zabron
Angela Tewari
Daniel Lauri
Dominc Bullas

RESEARCH FELLOWS

St. Mark's and Northwick Park
James East
Jonathan Hoare
Andrew Latchford
David Lloyd
Kevin Moynahan
Charlie Murray
Clive Onnie
Sophie Plamondon
Rakesh Shah
Katrina Wallis
Phillippa Youd

Scientists

Stella Knight
Hafid Omar
Andrew Stagg

Research Nurses

Jennie Burch
Angela Gibbs
Anna Stratton
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 annual reports for each of these Units, elsewhere in this Annual Report, encapsulate activity and achievements during 2006.

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 2006 third International St. Mark's Lecture Course the fifth Sir Avery Jones Visiting Professorship was Professor Jean-Frederic Colombel from Lille, France. An acknowledged international expert on both the scientific and clinical aspects of inflammatory bowel disease, he made a major contribution to the success of the meeting.

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

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

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

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

General Gastroenterology Clinical Service

Changes in the structure of Acute Medicine at Northwick Park have included Consultant Physicians taking part in a 'Physician of the week' rota. Naila Arebi and Jeremy Nightingale have joined Maxton Pitcher and Meron Jacyna in this important emergency work. Hardy Ward is now a designated specialist General Gastroenterology Ward, with triage of patients in the Medical Admissions Unit direct to the Care of the Pitcher/Jacyna team. We are confident that these arrangements are better for patients, with quicker access to specialist care and efficient planning of investigations.

Workload in the Outpatient Clinic continues to change with the introduction of the NHS 'Choose and Book' system. We are now receiving more referrals outside our traditional local catchment area.

The 2 week rapid referral system for patients with suspected upper gastrointestinal cancer continues to be used excessively, placing increased pressure on clinic waiting times.

A recent audit showed that only 6% of patients referred in this way had cancer; the majority of patients had reflux disease or a functional gut disorder.

We have excellent clinical pathways established with our specialist surgical colleagues in the management of patients with oesophagogastric and pancreatic cancer – Mr George Hanna at St. Mary’s Hospital, and Mr Long Jiao and Prof Nagy Habib at the Hammersmith Hospital. We are also grateful for the excellent service that has been provided by Mr Edward Townsend at Harefield Hospital.

Within our ERCP practice we have now started performing endoscopic ampullectomy with no significant morbidity. This compliments and strengthens the established St. Mark’s service for the duodenal surveillance of patients with familial adenomatous polyposis (FAP), offering highly-selected patients an alternative to major open surgery. We also offer endoscopic drainage and stenting of pancreatic pseudocysts for patients referred by our surgical colleagues with complications of pancreatitis.

The cohesiveness of our combined unit has undoubtedly been strengthened by recent new Consultant appointments at St. Mark’s.

Conclusions

Gastroenterology at St. Mark’s and Northwick Park is thriving. The broad range of clinical, scientific, and teaching activity provides the basis for a productive and positive future.

Michael A Kamm

Chairman

Medicine

Physiology Unit

Director

Michael A Kamm MD FRCP FRACP

Consultant Physician

Naila Arebi PhD MRCP

Nurse Consultant

Christine Norton MA PhD RN
& Hon Professor of Nursing

Consultant Surgeon

Carolynne J Vaizey FCS(SA) FRCS

Senior Scientist

Christopher Jordan PhD

Clinical Scientists

Salma Gurmany BSc MSc

Biofeedback Nurse Specialists

Adnan Al-Shboul MSc RN
Brigitte Collins RN
Julie Duncan MSc RN
Lorraine O'Brien RN

Biofeedback Physiotherapist

Patricia Evans MCSP

Research Nurses

Jennie Burch BSc RN
Anna Swatton RN

Health Care Assistants

Evette Cooper
Shanthi Manickam

Medical Officers

Tom Dudding FRCS
James Hollingshead FRCS

Research Fellows

Tim Brown FRCS
Sonya Chelvanayagam MSc RN
Maureen Coggrave MSc RN
Alexander Hardy FRCS
Rebecca Himpson FRCS
Yasuko Maeda MD
Charles Murray MRCP
Sophie Plamondon MD

Secretaries

Jenny Bowen
Smita Patel
Paulette Sharkey
Rehana Shah

Appointments

Bernadette Olivar
Margaret Phillipson
Nisha Dholakia

During 2006 clinical activity and research continued to expand in the Physiology Unit.

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 are offered in conjunction with the Psychological Medicine Unit. 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. Maureen Coggrave was awarded a PhD for her work on bowel problems in spinal cord injury in December 2006. Julie Duncan was awarded an MSc for her research during 2006.

Anal electric stimulation has been described as effective for fecal incontinence in several case series, but no study has addressed possible mechanism of benefit. Christine Norton, Angela Gibbs and Michael Kamm examined whether anal electric stimulation, using an anal probe electrode on a daily basis at home for eight weeks, in the absence of any adjunctive exercises or advice, would improve symptoms of fecal incontinence and anal sphincter pressures when compared with 'sham' electric stimulation. Ninety patients were randomized to active anal stimulation at 35 Hz and 43 to 'sham' stimulation at 1 Hz. There was no outcome difference between the two groups. Of those who completed stimulation 63 percent felt improved. The main effect appears to relate but sensitization of the patient to the anal area, or the effect of intervening, and not to sphincter contraction.

Michael Kamm and Chris Jordan published work related to optimal laxative use. A double-blind, randomized, placebo-controlled study on the efficacy and safety of bisacodyl in the acute treatment of constipation was published in *Alimentary Pharmacology and Therapeutics*. The results of an open-label, prospective, dose-ranging study of sodium picosulfate

in opioid-induced constipation was published in *Palliative Medicine*.

Michael Kamm was involved in the publication, in the *American Journal of Gastroenterology*, of a study examining the safety, tolerability, and efficacy of tegaserod over the medium term in patients with chronic constipation. This systemically active prokinetic drug adds to the armamentarium of safe drugs available to treat this chronic condition.

Charlie Murray, together with Anton Emmanuel and Michael Kamm, concluded research into the clinical and scientific aspects of gut physiological function. Work demonstrating that Ghrelin augments the afferent response to distension in rat isolated jejunum was published in *Neurogastroenterology and Motility* in 2006.

Yas Maeda undertook research into therapeutic approaches to the treatment of faecal incontinence. She examined the long term results of the efficacy of injectable silicone biomaterial, as well as examining the value of new injectable agents.

A small number of patients with constipation who fail behavioural and drug therapy 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 2006 Tom Dudding concluded work as part of an international multicentre study examining the efficacy of sacral nerve stimulation for this indication. The therapy was found to be effective for this indication. This work will be presented at international meetings, and submitted for publication, during 2007. We are grateful to Medtronic for their support of work involving sacral nerve stimulation.

Other work by Tom Dudding in relation to sacral nerve stimulation included the evaluation of a range of stimulation parameters, and a study assessing the predictors of benefit for successful treatment.

Michael Kamm published a review on the management of chronic constipation in *Gastroenterology*.

A grant was awarded to Michael Kamm and Naila Arebi to undertake joint research between the Unit and GlaxoSmithKline, under the auspices of Imperial College. This research will focus on the physiological mechanisms linking brain and gut autonomic pathways.

Education

The unit ran a number of courses last year. Julie Duncan continued to run a bowel continence course for specialist continence nurses. Christine Norton ran an MSc module in biofeedback in conjunction with King's College London.

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. Christine Norton chaired the National Institute of Clinical Excellence (NICE) guideline on faecal incontinence (publication due June 2007). 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 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, and anal sphincter pharmacology.

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

Inflammatory Bowel Disease Unit

Consultants

Michael Kamm (Director)
Naila Arebi
Christopher Fraser
Simon Gabe
Warren Hyer
Meron Jacyna
Jeremy Nightingale
Maxton Pitcher
Brian Saunders
Siwan Thomas-Gibson

Nurse specialists

Lisa Younge – lead nurse
Marian O'Connor

Research Nurses

Jennie Burch
Anna Swatton

Scientists

Stella Knight
Hafid Omar
Andrew Stagg

Research Fellows

David Lloyd
Siew Ng
Sophie Plamondon
Katharina Wallis

Secretary

Sue Osborne

This report celebrates the formal creation of a dedicated Inflammatory Bowel Disease Unit at St. Mark's. Inflammatory bowel disease has always been one of the major focuses of clinical activity, research and teaching at St. Mark's. This disease area has involved all hospital specialities, including medicine, surgery, radiology, pathology and disciplines allied to medicine such as nurse specialists, pharmacy, and dietetics.

St. Mark's Hospital has a long, and internationally-recognised, history in research and clinical innovation in inflammatory bowel diseases. In the early twentieth century, St. Mark's surgeons used the new technology of lighted examination of the rectum by sigmoidoscopy to assess the severity of the disease. Over the next few decades surgical approaches to treatment were developed. In the 1950s the first demonstrations of the therapeutic value of steroids and 5-aminosalicylic acid were made at St. Mark's. These led to protocols of medical treatment that still form the basis of current management. In the 1960's the first description of colonic Crohn's disease was made at St. Mark's. In the treatment of ulcerative colitis, the ileo-anal pouch operation (restorative proctocolectomy) was described for the first time at St. Mark's. This has subsequently become the standard operation for this disease when surgery is indicated. St. Mark's developed the first surveillance program for cancer in ulcerative colitis, the first controlled trial of genetically engineered drugs in Crohn's disease and was part of one of the groups who provided the first description of a gene involved in predisposing to Crohn's disease. Physicians at Northwick Park provided the first demonstration of the therapeutic value of enteral nutritional therapies for Crohn's disease.

The newly created Inflammatory Bowel Disease Unit brings together, in a

dedicated new-build area, the major groups with a clinical and research interest in inflammatory bowel disease, including medical clinicians, nurse specialists, scientists, research fellows, database managers, and secretaries.

There is a Unit academic meeting each Wednesday at 0800. Meeting topics include audit, clinical case discussion, pharmacy and prescribing issues, research, and the development of improved patient care pathways. These meetings are well attended by Consultant Physicians, trainees, pharmacists, and research fellows.

Nurse specialists

Lisa Younge and Marian O'Connor provide the nurse specialist service in inflammatory bowel disease.

A dedicated helpline can be accessed by all patients who suffer with inflammatory bowel disease under the care of the Trust. Advice & support can be provided over the telephone, and rapid access to the clinic provided if needed. Nurse led clinics are also run by the IBD Nurses on a Tuesday afternoon & Thursday morning within the St. Marks out-patients department. A telephone review clinic is also available on alternate Monday afternoons.

The St. Mark's Daycare Unit was opened in August 2005. This unit is managed by the IBD Nurses and dedicated to the treatment of patients with IBD. Treatments such as Infliximab infusions, Adalimumab, Adacolumn aphaeresis & Methotrexate are provided.

Support services provided to young adults with IBD are being enhanced, following a recent audit by NACC of young adults aged between 16-29. In collaboration with NACC and other interested parties, formal education & support groups are being established for patients with IBD. Lisa Younge is involved in the development of modules

in IBD Nursing, with the Burdett Institute of GI Nursing, and is also a nurse representative for the British Society of Gastroenterology.

Lisa Younge & Marian O'Connor are joint chairs at the inaugural ECCO (European Crohn's and Colitis Organisation) Nurses Meeting in Innsbruck, Austria in February 2007.

A national IBD specialist nurse training day took place during 2006. We are grateful to Schering-Plough for their support of this activity.

Clinical Audit

The unit actively participates in clinical governance audit.

Lisa Younge and Marian O'Connor carried out a retrospective audit looking at patient satisfaction with the nurse led infliximab service. Overall patient satisfaction was high. In addition to cost benefits, this service has proved successful in providing continuity of care and greater access for patients.

Lisa Younge & Marian O'Connor audited the tolerability of shortened, 1 hour Infliximab infusions. This showed that infusions given over 1 hour were safe, with no serious adverse events experienced. As a result the protocol for Infliximab has been adapted to allow reduced infusion times.

Angela Tewari audited the use of infliximab therapy in Crohn's Disease. These findings will be presented at the up-coming British Society of Gastroenterology meeting in spring 2007.

Dr Naila Arebi and Ms Sue Clark were the clinical leads for the national IBD audit sponsored by the Royal College of Physicians. Preliminary results will be reported in Spring of 2007.

The level of care for post-operative Crohn's disease was audited by Siew Ng and the findings with a plan for future management will be reported at the BSG meeting in March 2007.

Clinical Trials – improving clinical management

The Unit undertakes clinical trials of a variety of novel agents for inflammatory bowel disease. These included a large multi-centre study examining the role of infliximab in the treatment of chronic active ulcerative colitis, the value of biological drugs in Crohn's disease, 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.

Clinical trials of pre- and pro- biotics

James Lindsay published, in Gut, the results of a study examining the effects of a prebiotic on clinical status, mucosal immune function, and gut flora in patients with active Crohn's disease. Fructo-oligosaccharide induced clinical improvement, increased faecal bifidobacteria concentration, and an increase in dendritic cells producing IL-10 and expressing TLR2 and TLR4. This work forms the basis for a larger multicentre study which is currently on-going.

The double-blind trial of probiotics in acute mild to moderate ulcerative colitis progressed during 2006. This 5 nation study, led from St. Mark's, hopes to determine whether the manipulation of enteric flora can be used therapeutically in this setting. In parallel with the clinical trial, Siew Ng, together with scientists in the Antigen Presentation Group, are studying the mucosal effects of this treatment.

Clinical trials of simple molecule drugs

Pushing simple molecule, as opposed to biological, therapies in patients with inflammatory bowel disease resistant to standard therapies has been one of the important thrusts of our clinical research.

Michael Kamm presented work at several international forums on a high concentration, once-daily mesalazine preparation, SPD476 (MMX mesalazine, Mesavant). This is likely to play an important role in the treatment of mild to moderate acute ulcerative colitis, and in ensuring improved compliance in the maintenance of remission of ulcerative colitis.

Siew Ng, Naila Arebi and Michael Kamm published work on the efficacy of oral tacrolimus in patients with inflammatory bowel disease refractory to conventional therapy, including azathioprine, 6-mercaptopurine, and infliximab. Ten of 12 patients with Crohn's Disease, four of six with ulcerative colitis, and one with pouchitis, all resistant to previous therapies had a clinical response. It was concluded that oral tacrolimus is well tolerated and effective in patients with refractory IBD in the short- to medium-term.

Fistulating and ulcerating perianal Crohn's disease is a source of great morbidity, with few proven effective therapies. Ailsa Hart, Sophie Plamondon and Michael Kamm evaluated the efficacy of topical tacrolimus in treating perianal Crohn's disease. Nineteen patients, stratified into 7 with ulcerating, and 12 with fistulizing, perianal Crohn's disease were randomized to topical tacrolimus or placebo for 12 weeks. Three of 4 patients treated with topical tacrolimus for ulcerating disease improved compared with none of 3 in the placebo group. In fistulizing disease, topical tacrolimus was not beneficial. Topical tacrolimus appears to be effective and safe in the treatment of perianal or anal ulcerating Crohn's disease.

Inflammatory Bowel Disease Unit cont.

Biological therapies

With the substantial development in the field of biological agents, the Unit has been at the forefront of involvement in the clinical development of all the biological drugs in late stage development. This includes all the anti-TNF and anti-adhesion molecule therapies.

The Unit has been involved in pivotal clinical trials, including trials for luminal Crohn's disease, fistulating Crohn's disease, and ulcerative colitis. Some of these trials have led to drug licensing, and some are still ongoing, providing long-term information on the benefits of, and risks associated with, therapy.

A dedicated biologicals infusion Unit has been established, protocols for the use of these drugs have been established, and programs instituted to determine the outcome and cost-efficiency of different treatment algorithms.

Biological drugs in IBD formed the basis of the successful satellite symposium at the St Mark's Frontiers International Lecture Course in 2006. We are grateful to, Abbott, Elan, Schering-Plough and UCB for their unrestricted educational grants supporting this academic activity.

Management of fistulating Crohn's disease

Patients with fistulising Crohn's disease form a formidable management problem. Those with complex anal fistulas have a poor prognosis, with many requiring multiple operations, slow healing, and a high rate of resectional or stoma surgery. The advent of biological drugs and intense immunosuppressive drug treatment has favourably altered this outlook.

A prospective international program was established by Michael Kamm, Sophie Plamondon, Siew Ng and Anne Swatton to study the management of these patients, involving combined intense drug treatment (biological drugs and simple molecules), surgery and MRI scanning.

Cancer surveillance

St. Mark's has the world's oldest and largest cancer surveillance program for patients with long-standing, extensive ulcerative colitis. However the value of colonoscopic surveillance for neoplasia in long-standing extensive ulcerative colitis remains controversial.

Matt Rutter published, in *Gastroenterology*, the analysis of the St. Mark's 30-year program. Six hundred patients underwent 2627 colonoscopies during 5932 patient-years of follow-up. The cecal intubation rate was 99%, with no significant complications. Seventy-four patients (12%) developed neoplasia, including 30 colorectal cancers (CRCs). There was no difference in median age at onset of colitis for those with or without CRC. The cumulative incidence of CRC by colitis duration was 3% at 20 years, 8% at 30 years, and 11% at 40 years. The 5-year survival rate was 73%. Sixteen of 30 cancers were interval cancers. CRC incidence decreased over time. It was concluded that colonoscopic surveillance is safe and allows the vast majority of patients to retain their colon. Although two thirds of patients with potentially life-threatening neoplasia benefited from surveillance, the program was not wholly effective in cancer prevention. The cancer incidence, however, was considerably lower than in the majority of other studies, and was constant for up to 40 years of colitis duration, suggesting there is no need to intensify surveillance over time.

Work is ongoing to redefine a surveillance strategy adapted to state-of-the-art endoscopic and pathology techniques.

Providing Safe Immunosuppressive Therapy

Azathioprine and mercaptopurine can rarely cause significant neutropenia and septic complications, placing our patients with inflammatory bowel disease

at risk of an avoidable serious adverse event. This can often be avoided if the ability of a patient to metabolise these drugs is known – a simple one-off test for thiopurine methyltransferase (TPMT) activity can determine this.

After several years of trying to get the routine measurement of this enzyme activity made available, the test can now be performed before patients are started on one of these drugs. This is good for patients and will act as a focus for improved shared care protocols with GPs.

Basic science

The active collaboration between 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.

Work published during 2005 in *Gastroenterology*, by Andy Stagg, Stella Knight, Ailsa Hart and Michael Kamm related to the central role of the dendritic cell in regulating the inflammatory process in ulcerative colitis and Crohn's disease. This work continued during 2006, focusing on characterising further this immune process, and manipulating it with a range of pharmacological agents, probiotic bacteria, and prebiotic nutritional therapy.

The intestinal microbiota plays a critical role in the pathophysiology of pouchitis, a major complication after ileal pouch anal anastomosis in patients with ulcerative colitis. A recent, controlled trial from our Unit demonstrated that probiotics are effective in maintenance of remission in pouchitis patients. However, the mechanism by which therapy with probiotics works remains elusive. Michael Kamm and Toshiki Mimura,

in conjunction with colleagues in Germany and Italy, published work in *Gut* on the nature of the bacterial and fungal flora in relation to probiotic therapy (VSL#3) in patients with pouchitis. The mucosa associated pouch microbiota was investigated before and after therapy with VSL#3 by analysis of endoscopic biopsies using ribosomal DNA/RNA based community fingerprint analysis, clone libraries, real time polymerase chain reaction (PCR), and fluorescence in situ hybridisation. Patients who developed pouchitis while treated with placebo had low bacterial and high fungal diversity. Bacterial diversity was increased and fungal diversity was reduced in patients in remission maintained with VSL#3 ($p = 0.001$). Real time PCR experiments demonstrated that VSL#3 increased the total number of bacterial cells ($p = 0.002$) and modified the spectrum of bacteria towards anaerobic species. Taxa specific clone libraries for Lactobacilli and Bifidobacteria showed that the richness and spectrum of these bacteria were altered under probiotic therapy.

The future

Key developments in the immediate future involve establishing database and patient information systems, establishment of a senior lecturer position, consolidation of the integration of the basic science and clinical research activity, and creation of enhanced patients care pathways incorporating integrated primary, secondary and tertiary care.

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

Clinical Nurse Specialist
Ms Vashti Perry-Woodford

Secretary to PMU
Mrs Breda Orrell

2006 was a year of further consolidation and growth for the Psychological Medicine Unit (PMU).

CLINICAL ACTIVITY continues to be busy, with referrals from gastroenterologists, surgeons and specialist nurses from throughout the Trust. The majority of patients seen in our Unit have not consulted with a mental health professional before and we try to approach each case with a combination of clinical experience and sensitivity to the patients' physical and psychological status. The patients seen in our Unit are usually 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.

Vashti Perry-Woodford has joined our team and is training at UCL in hypnotherapy, to add to the therapeutic options available within our unit.

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

We have been pleased to welcome the additional honorary members of staff in 2006:

- Pascale Kleinman, visiting psychologist from Santiago, Chile, has a one-year attachment to the PMU.
- Fiona Henderson, consultant psychologist at the Tavistock Clinic and research candidate.
- Jim Spears, psychotherapy trainee, is seeing patients under supervision in the PMU as part of his advanced psychotherapy training.
- Nicola Jacyna, psychology student, had a summer placement in the PMU and researched self-harm in patients with central venous catheters.

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' in December 2005, and again in December 2006.

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 have continued to build on these courses in 2006.

'Body in Mind' conference in October 2006: The Psychological Medicine Unit, together with the APP (Association for Psychoanalytic Psychotherapy within the NHS) organised a second annual conference, (following on from the initial conference in June 2005), based at St Mark's, entitled 'Body in Mind: Psychoanalytic Psychotherapy Across Medical Settings. This conference was well attended and included internal speakers (Julian Stern, Christine Norton).

The Psychological Medicine Unit is planning a further 'Body in Mind' conference, once again based at St. Mark's Hospital, in Autumn 2007.

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 is investigating psychological aspects of patients undergoing colectomy for functional bowel disorder.

Additional Developments

A new database for the PMU has been operational from mid-2006 and allows 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 Davidson (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 2007 will prove to be as productive and we hope to build on the advances made in 2006.

Julian Stern

Head of Unit



*Dr Julian Stern, Mrs Solveig Wilson, Ms Vashti Perry-Woodford, Dr Esther Serrano-Ikkos
Ms Patricia McHugh and Mrs Breda Orrell.*

Medicine

Paediatric Gastroenterology

Consultant Paediatric Gastroenterologists

Dr W Hyer MRCP MRCPCH
Dr J Fell FRCP FRCPCH
(Chelsea and Westminster Hospital)

Consultant Endoscopists, Wolfson Unit

Dr Chris Saunders MRCP
Dr Brian Saunders FRCP

Consultant Anaesthetist

Dr Krysia Konieczko

Consultant Paediatric Endocrinologist

Dr A Massoud MRCP MRCPCH MD

Paediatric Secretary and Clerical Support for Paediatric Endoscopy

Ms Anjlie Mehta

Paediatric Liaison for Polyposis Registry

Mrs Sandra Burke

Paediatric dieticians

Miss Karen Hayes
Miss Jo Cairns

Sister, Community Paediatric Nurse

Elsbeth Finlay

Sister, Paediatric Day Care

Yvonne Foley

HCA, Paediatric Outpatients

Jenny Moore

Paediatric gastroenterology is growing fast. The referral base is beyond North West London – the paediatric polyposis clinic is attracting interest throughout Europe and appears to be the only one of its kind anywhere. The expertise of Chris Fraser, and the additional resource of video capsule endoscopy has made this paediatric gastroenterology department sought after for children and adolescents with complex inflammatory bowel disease and polyposis syndromes. We have collaborated closely with the paediatric surgeons at Chelsea and Westminster Hospital and established a specific service for children who require laparotomies for Peutz Jeghers syndrome with intra operative enteroscopy.

With the creation of a weekly general anaesthetic list with anaesthetist Krysia Konieczko, we have been able to expand our endoscopy service attracting more complex polyposis patients. The introduction of laparoscopic ileo-rectal anastomosis has enabled colectomy with less morbidity.

This past year, we have concentrated on our adolescent IBD service, joining with the IBD medical group under the leadership of Professor Kamm. This has given us access to a wide range of expertise and introduction of novel therapies including biological agents. As the nature of adolescent care evolves in the UK, we aim to establish new and novel ways of managing a particularly the adolescent age group with GI diseases, creating transitional services for teenage patients.

This year has seen the creation of new outpatient services. To accommodate a change in referral patterns, a specific food allergy service was developed with a multi disciplinary clinical service – with food allergy testing, and dietetic assessment. This has enabled the Paediatric Gastroenterology clinics to be expanded accommodating a rise in referrals for IBD and complex GI disease.

Secondments

Warren Hyer was invited by the Department of Paediatric Gastroenterology at Royal Childrens Hospital in Melbourne, Australia for a 3 month attachment. Professor Catto Smith, Lead for Paediatric Gastroenterology in Melbourne reciprocated a visit to our department. Fostering closer working ties with this international centre of excellence will help establish a strong forum for research, collaboration and rotation of staff.

Warren Hyer

Consultant Paediatric Gastroenterologist

Nursing

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

Director and Burdett Professor of Gastrointestinal Nursing
Christine Norton PhD MA RN

Lecturer-Practitioner in Nutrition
Annmarie Nunwa BSc RN

Lecturer in Tissue Engineering
Richard Day PhD

Lecturers

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

Lecturer & Research Fellow
Sonya Chelvanayagam MSc RN

Administrator
Janet Paul

Visiting Lecturers with the Burdett Institute and King's College London

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

The Burdett 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 (2004-9). 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. Our aim is to improve the health and wellbeing of people with gastrointestinal disorders by promoting excellence in gastrointestinal nursing education, research and practice.

Highlights this year

Our BSc and MSc in Gastrointestinal nursing programme continued. There are 14 specialist GI options from which to choose. Since starting our teaching programme in October 2005 over 300 nurses have attended the Burdett Institute. These are mostly from the UK, but also Australia, Netherlands, Denmark and Norway.

Congratulations go to Maureen Coggrave on being awarded her PhD in December 2006. We hope the first of many nursing PhDs to come from the Burdett Institute.

Christine Norton has continued to chair the National Institute for Clinical Excellence (NICE) guideline development panel on faecal incontinence. Draft guidance was issued for consultation in November 2006, with the full guideline due in June 2007. With Jennie Burch from St. Mark's Hospital, she taught a one week course on stoma care and incontinence at Tehran University for the British Council during the Iran-British medical collaboration week in September (see picture). Christine was also invited to give a state of the art lecture to the International Continence Society meeting in Christchurch New Zealand. Our range of patient information has been updated and will be available early in 2007. We are very grateful to the Friends of St. Mark's Hospital who have provided a generous grant of £25,000 towards this project.



Christine Norton and Jennie Burch teaching a one week course on stoma care and incontinence at Tehran University.

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

A grant of £59,638 was awarded to Richard Day by Medical Research for a new study entitled Development of a Bioactive Filler Material for Repairing Perianal Fistulae. These funds enabled the appointment of a post-doctoral research fellow, Jonny Blaker.

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.

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

Developing practice so to promote evidence based learning and critical thinking remains an important component of our role. Annmarie has lead on this development by maximising learning opportunities within the clinical areas. The learners are facilitated to identify their individual learning needs and subsequently assessed for safe and competent practice. This new initiative is under continuous review.

Congratulations to Kathy Whayman, Annmarie Nunwa and Lisa Younge for the births of Joseph, Sophia and Harvey respectively.

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. PhD awarded December 2006.

Sarah Collings: PhD study: narrative study of women's experience of faecal incontinence: 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. Validation work continued with patients from the St. Mark's biofeedback service and surgical patients.

Husilla Keshaw: Full time PhD Fellowship. Development of materials to assist healing of anal fistula. Funded by the Sir Halley Stewart Trust for 2004-6.

Yasuko Maeda: a Japanese colorectal surgeon studying various aspects of the internal anal sphincter for her PhD, including injectable biomaterials, stem cell development and pharmacological interventions. Funding from SLA Pharma.

Maggie Vance: PhD study: nurse led bowel cancer screening. This study will examine the workforce and training issues in delivering a nurse-led flexible sigmoidoscopy screening programme. Pilot completed, protocol and training programme developed.

Sue Woodward: PhD study: reflexology for chronic constipation (funded by King's College London). Pilot study completed; ethics approval gained for main study.

Christine Norton

Director

Nursing

Stoma Care Department

Lead Nurse Stoma Care

Angela Vujnovich Rcn,
Cert in Stomal Therapy

Pouch Care Nurse Specialist

Zarah Perry- Woodford RGN Adult

Stoma Care Nurse Specialists

Jennie Burch Rn Adult, Dipn
Sarah Varma Rgn, Dipn
Elissa Bradshaw RGN Adult

Administrator

Kathaleen Hannan

Each year the department has approximately 6000 patient contacts and 2006 was no different. The nurse led stoma and pouch clinics continue to provide an invaluable service to our patients. Another stoma clinic was established to keep up with the demand and ensure we saw patients within 3 days if they were experiencing problems.

The introduction of the Enhanced Recovery Programme at St. Marks has had a major impact on the way we teach patients to manage their stoma. The team has developed new ways of teaching patients to ensure they are ready for discharge as soon as possible. So far patients are responding well to these new methods and we hope to use these new methods for all patients.

The financial pressures on the Trust were in everyone's thoughts this year and affected departments in various ways. The stoma department lost a position in the department to help towards cost savings. Obviously this lead to some reorganisation but despite this the department has continued to provide expert clinical skills and support to patients with a stoma, enterocutaneous fistula or ileo anal pouch if somewhat stretched at times.

Zarah officially started in her new role in January as the Pouch Care Nurse Specialist. She has already established her Pouch Nurse Led Clinics. After 5 years in the department Jennie Burch left to take up the role of Inflammatory Bowel Disease Research Nurse. Elissa Bradshaw was appointed to the department in May of this year. Her background was at Bournemouth Hospital as a ward sister. Angela continues with her MSc in Gastrointestinal Nursing having successfully passed all modules to date. She presented at the Paediatric Wounds UK conference in June and also continues in her role at the clinical module leader for the BSc and MSc Stoma Courses run through the Burdett Institute.

Zarah has continued to promote the Link Nurse Programme at St. Marks & Northwick Park Hospital. She successfully passed her Inflammatory Bowel Disease Module. Zarah also presented regularly on the BSc Stoma Course.

Sarah was involved in planning and running another successful Inside Out open day for stoma patients in September. She continues to work towards her BSc and has continued to present on the Stoma Courses run through the Burdette Institute.

Both Zarah and Sarah ran a half marathon and raised over £700.00 for the Red Lion Charity.

Ellie has completed an audit looking at education levels on the wards and how to improve nursing knowledge on stoma care. This will lead to the development of a new education package for all nursing staff, which in turn will improve patient care.

Kathaleen has continued to keep us on track with our paperwork and continues to provide an invaluable service to the department.

When I last wrote the government was considering a range of measures that would seriously affect the service we provide to patients. The government is still pressing ahead with these measures which includes limiting patient and stoma care nurse choice of products available. Needless to say all stoma nurses throughout the country have been voicing their concerns at these measures. We await the outcome of the government's plans with baited breath but in the meantime continue to deliver an exceptional service to all our patients.

Angela Vujnovich

Lead Nurse

Nutrition & Intestinal Failure

Consultants

Dr Simon Gabe (Co-Chair)
Ms Angie Davidson (Co-Chair)
Miss Carolynne Vaizey
Dr Jeremy Nightingale

Specialist Registrars, Clinical Fellows & SHOs

Dr Quentin Anstee
Dr Aymer Postgate
Dr Siew Ng
Dr Chris Wadsworth
Dr Rakesh Chaudhary
Dr Dominic Bullas
Dr Daniel Laurie
Dr Angela Tehwari

OTHER MEDICAL SHOS & SURGICAL REGS & SHOS

Nursing

John Kennedy
Sally Crowther
Anne Marie Daniels

Dietetics

Alison Culkin
Morag Pearson
Diane Brundrett
Gill Ostendorf
Sheena Visram

Pharmacy

Jackie Eastwood
Angela Morris
Verena Lam
Yee Cheung

Intestinal Failure Coordinator

Carmen UgarteCano

Research Fellows

Dr David Lloyd
Dr Katharina Wallis
Dr Rakesh Shah
Alison Culkin

Scientists

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

Administration & contracts

Karen Mcguire

2006 has seen further development and growth of the intestinal failure & nutrition team. We welcome Dr Jeremy Nightingale and John Kennedy who joined the team in April and May 2006, respectively. Both have come to us from Leicester and while some say that we are being taken over by Leicester, we see it that we have attracted the best people here. Dr Nightingale is an established consultant from Leicester with an international reputation in intestinal failure, having edited and authored a best seller on the subject! He is now very much coming home as his reputation started when he was a research fellow at St. Mark's under the supervision of Professor Lennard-Jones. John Kennedy has been appointed as Clinical Nurse Specialist and brings with him a wealth of experience. Again a highly regarded figure and we are pleased to have him on board.

The Lennard-Jones Intestinal Failure Unit

A major event for 2006 was the opening of the Lennard-Jones Intestinal Failure Unit in February 2006. This is the first time that intestinal failure has had its own identity or footprint. The unit is next to St. Mark's on Dowland ward and is a 14 bedded specialist unit. This helps the intestinal failure patients with respect to training and also helps focus medical care. Since opening the IFU our throughput has increased and activity continues to rise. Our NSCAG contract remains on solid ground and brings in over £5m to the Trust. We receive increasing referrals across the breadth of the country as well as receiving European and other international referrals. In 2006 we cared for around 160 patients on home parenteral nutrition from around the country, making us the country's largest HPN centre. We received around 100 new intestinal failure referrals.

Educational Meetings

In 2006 we held two successful meetings. In May our second intestinal failure workshop was fully booked and provided small group tutorials on the management of intestinal failure. In October the 9th Intestinal Failure Study Day attracted over a hundred delegates and was very well received. The invited lecturers for these educational meetings included Kirsten Farrah from the Hope Hospital and Dr Tim Bowling from Nottingham.

Research

Current research fellows include David Lloyd, Katharina Wallis, Alison Culkin and Rakesh Shah. David Lloyd is 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. 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.

Small Intestinal Transplantation?

The National Small Intestinal Transplantation Forum is led by St. Mark's and Addenbrooke's Hospital, Cambridge. Next year Dr Stephen Middleton, Consultant Gastroenterologist at Addenbrooke's will have an honorary contract at St. Mark's and Dr Gabe will have a contract at Addenbrooke's, allowing joint clinics to help identify appropriate patients for this radical treatment.

The National Picture

At a national level St. Mark's is having a significant influence. Simon Gabe is an Executive Officer and Caldicott Guardian of British Association of Parenteral and Enteral Nutrition (BAPEN) as well as Treasurer of BAPEN Medical. Jeremy Nightingale is the Royal College of Physicians representative on the Royal College of Paediatrics and Child Health Standing Committee on Nutrition, a member of the Royal College of Physicians Nutrition Committee, a Council member for the Section of Coloproctology of The Royal Society of Medicine and is Chairman of the BAPEN Regional Representatives. Angie Davidson is the Newsletter Editor for the National Nurses Nutrition Group (NNNG) within BAPEN and represents nursing on the British Artificial Nutrition Survey together with John Kennedy.

Farewell

We had to say goodbye to Debbie Jones who left in July 2006 to travel with her husband. She was a real pleasure to work with and was loved by all. Before leaving the Trust, Debbie successfully completed a MSc in Clinical Nutrition at Roehampton University. Sheena Visram worked with us while Diane Brundrett was on maternity leave. Her enthusiasm and dedication to intestinal failure dietetics was a joy to behold.

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



Dr Simon Gabe, Miss Carolynne Vaizey, Professor John Lennard-Jones, Sally Crowther and Mr James Thompson on the Lennard-Jones Intestinal Failure Unit soon after it opened.

Academic Department of Cellular Pathology

Consultant Histopathologists

Thomas Guenther MD PhD Priv-Doz Dr med habil

Lucy Ann Harbin MBBS BSc MRCP MRCPATH

Paul Tadrous MB BS MSc PhD (locum consultant)

Peter Jiskoot MD (locum consultant)

Specialist Registrars

Dhili Arul

Lucy Melly

Farah Sandhu

Lazlo Hegyi

Kareem Aboualfa

Senior House Officers

Surabhi Agrawal

Priya Bhagwat

The year 2006 began at the GI histopathology service front as the old year finished; the workload increased further and we were reporting more than 9000 biopsies and resection specimens. The situation almost escalated when over a considerable time in the beginning of 2006 the entire GI workload of the Trust, including two weekly MDT/clinico-pathological meetings, was managed by only one GI histopathologist. We were, however, able to avoid waiting lists even in this most critical period by working overtime.

The situation became less tense when in April 2006 Dr Peter Jiskoot joined our department as a Locum Consultant and contributed to the Gastrointestinal Histopathology service during the year. In August Dr Lucy Ann Harbin was appointed as a new Consultant. Lucy, who has been a Specialist Registrar at St. Mary's Hospital, contributes in her first permanent Consultant position with 0.5 WTE to the GI histopathology service at St. Mark's. As a result, the department was almost back in full swing. All at St. Mark's were very pleased with the positive developments in our department, appreciating the crucial role of a good histopathology service in a highly specialised tertiary referral hospital.

In 2006 the GI histopathology service was an integral part in preparing the bid for the National Colorectal Cancer Screening Programme. We were very happy for our colleagues in the Wolfson Endoscopy Unit when all the efforts were finally crowned with success.

Especially in the second part of the year, now almost fully staffed, Consultant-wise, it was much easier to maintain our contribution to the academic life of St. Mark's. Regularly, the GI pathology consultants presented interesting cases at the St. Mark's Grand Rounds and shared the weekly GI biopsy meeting and the GI MDT.

Professor Ian C. Talbot, although already retired in 2004, continued to support the academic activities at St. Mark's. He was the president of the St. Mark's Association in 2006 and contributed, as in previous years, to all three St. Mark's postgraduate courses. As in 2005 we also contributed to MSc courses in GI nursing.

Professor Ashley B Price and Professor Talbot finished their book on 'Biopsy Pathology in Colorectal Disease' which has now been published. Although they had to spend a lot of time and efforts to put the finishing touches to a book which will certainly be one of the most helpful tools on many pathologists' desks, they both were always happy to back the department up in both word and deed.

In December, our department contributed to the International St. Mark's Congress 'Frontiers in Intestinal and Colorectal Diseases'.

Thomas Guenther maintained his academic duties at the Otto-von-Guericke University Magdeburg, Germany and, in October, commenced joint research projects between St. Mark's Hospital and the University Department of Pathology in Magdeburg to investigate specific aspects of the pathogenesis of colorectal carcinoma, Barrett's oesophagus, and ulcerative colitis. These projects are supported by the St. Mark's Foundation. We also continued our collaboration with CRUK and various research groups within St. Mark's on Prognostic Factors in Colorectal and Anal Cancer.

Thomas Guenther

Consultant Histopathologist

Surgery

Consultant Staff

Professor R.J. Nicholls
Professor J.M.A. Northover
Professor R.K.S. Phillips
Miss C.J. Vaizey
Mr. R.H. Kennedy
Miss S.K. Clark
Mr. P.J. McDonald
Mr. S.D.C. Chadwick
Mr. S. Gould
Barry Paraskeva
Janindra Warusavitane
Marion Jonas O'Bichere
Omar Faiz
Thanesan Ramalingam
Richard Baker
Simon Phillips

Laparoscopic Fellows

Richard Slater
Garth Beattie

RSO

Chris Byrne
Faisal Abbasakoor
Marcus Gore
Charles Knowles
Barry Paraskeva

SHO

Catherine Western
Matt Stephenson
Jo Manson
Nishal Amin
Rebecca Himpson
Nick Symons
Alex Almoudaris
Aruna Munasinghe
Sabina Rashid
Mansour Husain
Reshma Patel
Kate Starr-Marshall
Marwa El-Zanfaly
Helen Laycock
Mohammed Atuf
Adam Jones

Research Fellows

Tim Brown
Alex Hardy
Partha Das
Rebecca Himpson

Perioperative Nurse Practitioners

Susheela Robinson
Steve Wright

Annual Report from the Department of Surgery

This has been a very productive year for the department with the introduction of Advanced Laparoscopic Surgery and Enhanced Recovery. Robin Kennedy, Senior Laparoscopic Surgeon from Yeovil took up post at St. Mark's Hospital on 20th March 2006, with the brief of setting up the laparoscopic colorectal service and developing teaching and research relating to it. The year has subsequently been packed with activities around these themes. In order to maximise the patient benefits of minimal access surgery perioperative care is optimised within an Enhanced Recovery Programme (ERP). A local reorganisation is therefore in progress which will result in decreased postoperative complications and reductions in hospital stay. The concept of Enhanced Recovery is also being extended to patients undergoing open surgery.

Professor John Nicholls was also replaced after his retirement. Miss Susan Clark, Consultant Surgeon at the Royal London Hospital started at St. Mark's in March 2006 to follow her major interest in inherited cancers including polyposis.

John Nicholls

John Nicholls retired from the National Health Service in March 2006. Up to this point and beyond, he continued to be active in the newly formed European Society of Coloproctology as Programme Director. He also remained Civil Consultant in General Surgery to the Royal Air Force. He continued as Editor of Colorectal Disease which had achieved Medline recognition and assessment for an impact factor within the last three years. He will carry on with clinical work and also his research interests within Imperial College into pouchitis and inflammatory bowel disease as Visiting Professor to the Department of Surgery, Oncology,

Reproductive Medicine and Anaesthetics in the St Mary's Campus in collaboration with Miss Sue Clark. Mr Paris Tekkis and Professor Paul Ciclitira of the UMDS. Research Fellows include Dr Simon McLaughlin and Mr Partha Das. During the year he was awarded the Honorary Fellowship of the Association of Coloproctology of Great Britain and Ireland and also the Honorary Fellowship of the Royal College of Surgeons of Edinburgh. He continued as 'membre d'honneur' of the Academie National de Chirurgie and honorary member of the Societa Italiana di Chirurgia Coloretale and the Sociedad Espaniol de Chirurgia along with many other interational societies. He was also honoured by the Serbian Faculty of Medicine. During the year, he was appointed consultant surgeon to the Policlinico di Monza, Italy. He was invited to several meetings as speaker at home and abroad.

John Northover

On 31 December 2005 John retired after 22 years from the Directorship of the Cancer Research UK's Colorectal Cancer Unit at St. Mark's, and with it the Chair of Intestinal and Colorectal Disorders at Imperial College. He found it novel to be a clinical surgeon with no other major responsibilities, but was grateful for the opportunity! He continued in his role as Civilian Consultant Adviser in Colorectal Surgery to the Army, attending the annual Consultants' briefing at Sandhurst in the Spring. He remained Chair of the Independent Data Monitoring Committee for all Medical Research Council colorectal cancer trials, taking on additionally the separate chairmanship for the Oxford-based QUASAR2 Trial. His input into the Department of Health's Bowel Cancer Advisory Group continued as Chair of the Treatment sub-group. He visited Oman for its 6th International Update meeting in January. He continued to lead the colorectal cancer programme of the European School of Oncology, chairing its Masterclass in Malta in

Surgery cont.

March. He went to Prague with the Coloproctology Section of the RSM in June. At the annual meeting of the Association of Coloproctology of Great Britain and Ireland in July he began his year as President Elect, prior to assuming the Presidency in mid 2007. He was honoured to give the Lockhart Mummery Lecture at Basingstoke in September.

In November he spoke at the King Faisal Cancer Centre in Riyadh, Saudi Arabia, where the Director indicated his desire to forge links with St Mark's.

Robin Phillips

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), Civilian Consultant in Colorectal Surgery to the Royal Navy, Co-Editor for Techniques in Coloproctology, and on the Editorial Boards of Diseases of the Colon and Rectum and also of Familial Cancer and Clinics in Colon and Rectal Surgery. He became President of the Section of Coloproctology of the Royal Society of Medicine and also Chairman of the Research Governance Committee for the Trust. Olivia Will commenced her PhD jointly supervised with Sue Clark and Professor Ian Tomlinson and Jules Harvey (jointly with Professor Ian Tomlinson) continued with his own PhD (see Polyposis Report for details). Andy Latchford completed his research on desmoid tumours in FAP and undertook an Endoscopy Fellowship with Dr Saunders. His MD thesis nears completion. Rebecca Himpson completed her Research on anal fistula (jointly supervised with Dr Paul Sibbons and Richard Cohen) and has returned to clinical training. Ahmed Uraiqat completed his time at St. Mark's Hospital having produced two videos on pouch construction and two allied papers (along with Chris Bryne) that are currently in press. Waheeb al Khatani from Jordan

replaces him as Honorary Assistant. Robin produced 8 peer reviewed journal articles and 3 chapters. He was External Examiner for the University of Galway in May and otherwise took part in Adam Lewis' Festschrift at the Royal Free Hospital and lectured or operated in Milan (twice), Jordan, Edinburgh, Madrid, Prague, Istanbul, Coimbra, Aarhus and Amsterdam.

Carolynne Vaizey

Carolynne Vaizey continued as the Chairman of Surgery at St. Mark's throughout 2006. She is also the lead surgeon for pelvic floor problems and for intestinal failure. The workload for Intestinal Failure Unit continues to grow with the opening of a new ward dedicated to these patients.

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 on pudendal nerve stimulation and plans for further expansion of stimulation techniques. Yasuko Maeda has continued to look at new, non-invasive treatments for passive faecal incontinence and other anorectal disorders. Tim Brown is looking at the role of fatty acids in inflammatory bowel disease. David Pares from Barcelona, spent a very productive year as an Honorary Clinical assistant with Miss Vaizey. He completed several studies on neurostimulation with Mr Dudding.

Amongst other meetings Carolynne spoke at the Advanced Joint Medical and Legal Forum Obstetric Negligence Conference in London, Intestinal Failure study days and the Second Nottingham Faecal Incontinence Course. She was also honoured to be invited to speak at John Nicholls' Festschrift.

Robin Kennedy

Robin has been extremely busy starting up the laparoscopic service at St. Mark's. He has also run two teaching symposia at St. Mark's providing training on ER care for over 200 people from around the country. Teaching has been extended by visits to Toronto, Guildford, the M25 course in Basingstoke, Hamburg and Ersta Hospital in Stockholm, either to provide live operative demonstrations or lectures. Live surgery was also performed for the Association of Coloproctology (ACP) meeting in Gateshead and The Frontiers meeting in central London, the latter we think being the first UK medical transmission in High Definition - generously supported by Keymed.

The RSO's at St. Mark's have been supplemented by Ethicon Endosurgery's funding of a laparoscopic Clinical Fellow, initially Richard Slater and now Garth Beattie, while the department has welcomed the Honorary Assistant Gianluca Colucci from Verona. It has been pleasing to see various research contributions finally appear in print this year and also to be asked by the ACP to contribute to the NICE Technology Appraisal on laparoscopic colorectal surgery. Lastly Christmas brought the news that Cancer Research-UK has approved funding of £338K for the EnROL Trial. This multicentre trial will examine results following laparoscopic and open surgery within an ERP and will be run jointly by Robin Kennedy and Professor David Kerr.

Susan Clark

Sue Clark has taken over most of John Nicholls' practice and she also has a role in the Polyposis Registry as Assistant Director. She is a member of Council of the Section of Coloproctology of the Royal Society of Medicine, and of the Education and Training sub-committee of the Association of Coloproctology.

Simon McLaughlin has started his MD on the effects of probiotic on the bacterial flora of ileoanal pouches. Olivia Will has commenced a PhD, jointly supervised by Professor Ian Tomlinson, investigating pathways of carcinoma formation in the ileoanal pouch and within colorectal adenomas. Varut Lohsiriwat has joined us from Thailand to complete the work for his MSc thesis on the unhealed perineum.

A monthly 'complex pouch' clinic has been started in collaboration with Paris Tekkis, who is co-supervising Julie Cornish's research towards an MD on female sexual and reproductive function after ileoanal pouch surgery.

Claudio Feo from Sardinia spent six months as an Honorary Assistant.

Sue attended meetings in Prague and India as an invited speaker.

Peter McDonald

Peter McDonald is active in the hospital running a busy colorectal surgical practice in St. Mark's and supporting the general and gastroenterological service in Northwick Park Hospital. As sub-dean he is involved in teaching and supporting the dean with postgraduate courses. He has been honorary editor of the Royal Society of Medicine and secretary of the Section of Surgery for 2004/5. He is chairman of the medical staff committee and previously clinical director for northwick park surgery. He is an hon. senior lecturer at Imperial College and an external examiner for the University of Birmingham. During this last year he has given lectures to the Manchester Medical Society, the Northeast NHS Information Service, to the National Lung Cancer Forum in Brighton and in Austria to the Independent Doctors Forum. He has made several appearances on BBC Radio 4 and on BBC 2 TV and in 2005 appeared on 'Word of Mouth' talking

on BBC Radio 4 about medical language. Locally he has raised money for research by performing in local charity musical evenings.

His previous publications include many papers on colorectal disease and the 'Oxford Dictionary of Medical Quotations' (Oxford University Press - 2003) (isbn 0-19-263047-4) and several papers on coloproctology. He continues to support research into rectal cancer. He is a regular columns in 'Hospital Doctor' and 'Colorectal Disease'.

Stephen Chadwick

Mr Chadwick continues to run an outpatient clinic at St. Mark's. In May he visited Berlin, giving an invited lecture on the Hartmann's procedure in the Charite Virchow Clinic. He continues to support the Advanced Colorectal Workshop and is deputy lead clinician for colorectal cancer.

Mr Chadwick had a paper published on laparoscopic surgery in the Annals of the Royal College of Surgery.

Carolynne Vaizey

Chair of Surgery

Valedictories

John Nicholls

John Nicholls joined the Consultant staff of St. Mark's in 1978, the 28th surgeon in the long history of the hospital, replacing Sir Hugh Lockhart Mummery, whom he also replaced at St. Thomas' a few years later, before ultimately becoming 'geographically' whole time at St. Mark's in 1993.

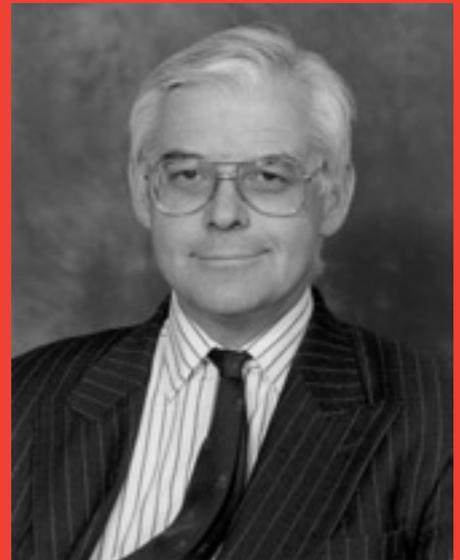
His school, university and surgical trainee achievements had been impressive – his senior career was to be even more so. In the year of his appointment to the St. Mark's staff he was joint author with Alan Parks of the seminal paper 'Proctocolectomy without ileostomy for ulcerative colitis'; this publication marked the real beginning of the 'pouch era', during which ileostomy avoidance has become the norm for thousands of patients with ulcerative colitis and familial polyposis. John's contributions in this field have remained at the forefront, with 62 further published contributions on the ileoanal pouch at the last count. Alan Parks would indeed have been proud of the way in which his protégé carried forward the flag following his premature death in 1982.

John has played a major part in all aspects of his chosen field – as surgeon, researcher, teacher, trainer, author, editor, administrator, and in the various diplomatic and medicopolitical areas that fall to a few to drive forward. As a surgeon he has played a consistently practical part in the development of all elements of coloproctology – inflammatory bowel disease, cancer, functional disorders and so called 'minor' anorectal conditions. This has fed his research output, out of which he has

supervised 26 surgeons in training, many for higher degrees. He has published 211 papers, many chapters and several books. He has always been a natural trainer and teacher, taking full advantage to this end of the straightforward and complex cases that have come his way. His academic contribution was recognised by Imperial College when the title of Professor of Colorectal Surgery was conferred.

His editorial career has been long and distinguished, launching and nurturing two important journals, first the International Journal of Colorectal Disease in 1986, and later Colorectal Disease in 1997. He has been President of all the key bodies – the Association of Coloproctology of Great Britain and Ireland in 2000, the Coloproctology Section of the Royal Society of Medicine in 2002, and finally the European Association in 2004 (in the inception of which he played a major role). The latter highlights a particular element of his contributions – his international, and in particular, his European roles as ambassador, diplomat and medical politician. This aspect of his work has made full use of his innate conviviality and diplomacy, accruing respect and kudos for himself and, by reflection, his institution. His success in this regard can be seen clearly in his many Honorary Memberships of international societies and bodies throughout Europe and beyond.

'Back at base' his administrative input has been vital, particularly in the years since the move from City Road to Northwick Park, during which time he has been Dean, Clinical Director and Associate Medical Director of the Trust.



John Nicholls

But it is in the wards, theatres and lecture rooms that he will be most personally missed, where the input of 'Uncle John' of Christmas Show fame, will not be replaceable.

Over almost two centuries St. Mark's has played its part in the development of our specialty, and all 35 surgeons have made their mark to a greater or lesser extent. Few can be said truly to have matched the range and quality of contributions made by number 28.

John Northover

Obituaries

Michael Cole 1936 - 2006

Michael Cole was a most successful Chief Executive at Northwick Park from 1990 until 1998 and amongst his considerable achievements was his enthusiastic support for the transfer of St. Mark's Hospital to Northwick Park. This happened in 1995, just four years and a few weeks after the idea was first mooted. After eleven and a half years, despite some difficult periods, the success of this relocation is apparent. It would not have been possible without Michael Cole's vision and commitment to the project.

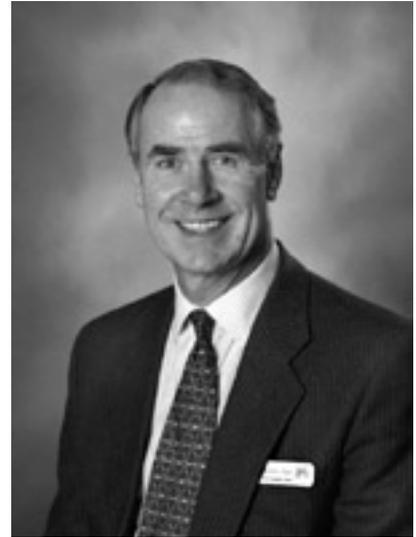
Michael Cole was born on 30 October 1936. He was educated at Whitgift School in Croydon and Britannia Naval College, Dartmouth. He had a distinguished career in the Royal Navy spanning 34 years during which he rose to the rank of Rear Admiral. Then followed his eight years in the National Health Service and one or two smaller retirement projects. Unfortunately he developed hepato-biliary carcinoma and sadly died on 7 December 2006. We pay tribute to him and we send our warmest sympathy to his wife, Shona, and their family.

Michael was commissioned into the Royal Navy in 1956 when he was 20 years of age and two years later completed his flying training. He held a variety of appointments serving in the Fleet Air Arm flying Buccaneers (he twice ejected once onto the runway and once into the sea) that in 1970 included command of a fast jet aircraft squadron. During the next ten years he held command of four ships. For his final ten years and after graduating from the Royal College of Defence Studies as Captain he was in the Royal Naval Presentation Team formulating public relations policies which amongst other aspects involved presenting the Royal Navy to the public during the Falkland's

War. He commanded the Sixth Frigate Squadron (1982-4) with crews totalling 4000 men; he was director of Naval Officers Appointments at the Ministry of Defence (1984-6) and finally, as Rear Admiral, he was Commander of British Navy Staff and Naval Attaché in Washington. While in Washington he also became Dean of all Naval Attachés representing 56 nationalities.

After his sparkling career in the Royal Navy spanning thirty-four years Michael became Chief Executive Officer at Northwick Park Hospital. Having had much experience in managing people in a variety of different situations he was well equipped for this challenging position at a time of considerable change not only in the National Health Service but also at Northwick Park. The Medical Research Council had decided to close the Clinical Research Centre thus creating considerable space on the campus. Michael was determined that this should be an opportunity for development and part of his considerable achievement was to bring St. Mark's Hospital to Northwick Park from City Road in Islington. He was also instrumental in Northwick Park achieving Trust Status in 1992, in setting up the Northwick Park Institute of Medical Research with Professor Colin Green, in establishing a community ophthalmic centre managed by Moorfields Eye Hospital and in establishing a large renal dialysis unit managed by St. Mary's Hospital.

It was Michael Cole's personal qualities that enabled him to achieve so much. He was a very hard worker – always at his desk by 0730 and he would not leave until the work of the day was complete. He was a man of vision and had the ability to set in place the various building blocks necessary to refine and to achieve his ideas. He was concerned about the care of the patients and wished it to be of the highest possible



Michael Cole

standard. He was an undoubted leader and knew his staff – a walk down the main corridor at Northwick Park was never quick as he greeted all members of staff, of whatever grade and usually by name. He appeared as though very much in command of the ship. He was not desk bound and his 'rounds' with the 'Chief Petty Officer equivalent' were excellent highlighting the damaged paintwork, the missing light bulb or the dusty picture frame – and much else besides! He was urbane, courteous, elegant and refined and as such commanded respect and expected high standards and courtesy at all times.

Despite having achieved so much at Northwick Park by 1998 Michael Cole's undoubted attributes did not seem to please the NHS hierarchy during a time of great turmoil, and so he retired. He was undoubtedly missed and still kept in touch with NPIMR for a time.

But what about the relocation of St. Mark's which must be counted amongst his most outstanding achievements. It was in June 1991 that the then Clinical Director of St. Mark's read in the British Medical Journal that the Clinical Research Centre was to close. He telephoned his old

friend and colleague Dr Ashley Price, Consultant Histopathologist, about this and arranged to visit thinking it might be a possible, but perhaps unlikely, venue for the relocation of St. Mark's – others were also being looked at. He had scarcely completed the call when Ashley Price was back on the telephone having spoken to Michael and Dr Jonathan Levi (Consultant Physician and Gastroenterologist) inviting him to visit the next day! That meeting was critical as the warmth of the reception and the care that had been put into the planning of the visit resulted in the Clinical Director leaving with a very clear view that this was the place to which St. Mark's should move. Michael Cole with Martin Lerner, Director of Operations, and the Clinical Director

put a business case together and some ten months later, in April 1992, the St. Mark's staff felt that a move to Northwick Park was the preferred option and transmitted this to Sir Bernard Tomlinson who was conducting an Inquiry into London's Health Service, Medical Education and Research at the time. When his report was published in October 1992 in paragraph 143 the relocation of St. Mark's to Northwick Park was supported. The full story of how this was achieved and what happened between 1992 and the move in July 1995 has still to be told but glimpses of the detail may be seen in The Annual Reports for those years. However, one thing is certain and that is if Michael Cole did not have the vision for this remarkable move in all its detail

it would not have occurred. That St. Mark's flourishes at Northwick Park is in no small way due to Michael Cole's commitment to this project.

We mourn Michael's passing. It is good, however, to have the opportunity to pay tribute to this visionary Chief Executive Officer who served his hospital and its patients so well.

Ashley Price and James Thomson

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Higher Degrees and Prizes

Higher Degrees

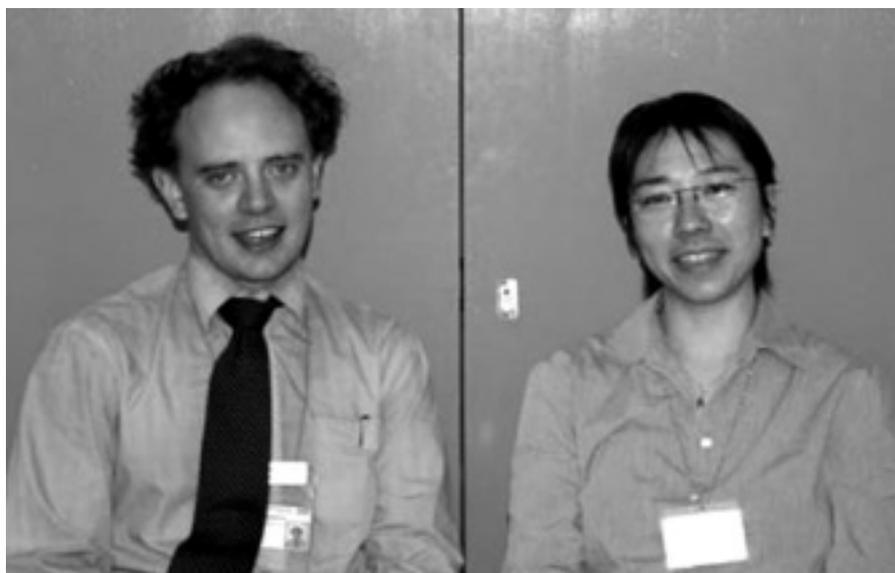
Current Registrations:

MD Thesis - 5

Phd - 12

Prizes

Harriet Owen won the Norman Tanner Medal for 'best research presentation' at the Royal Society of Medicine in December. The presentation was "Predicting Continence Change Following Fistulotomy, Using 3D Anal Endosonography and Vector Volume Manometry (HA Owen, AB Williams, CI Bartram, D Solanki, GN Buchannan, CRG Cohen).



James Hollingsworth and Yasuko Maeda who are currently undertaking an MD and Phd respectively.

