

2010/11

Annual Report





St Mark's Hospital

The Hospital for Intestinal and Colorectal Disorders

The Annual Report for the years 2010 and 2011

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Preface

It is nearly four years since St. Mark's published an *Annual Report*. I can offer no good excuse for this. I cannot say we were too busy – the hospital has always been an active place. I cannot say morale has been low – the hospital is in as good heart as ever. I cannot even say that we ran out of money to pay for it – the finances of St. Mark's Hospital and the Academic Institute are better than ever.

I therefore can only apologise and resolve that a gap as long as this between Annual Reports – perhaps the longest in our 178 years of history – will not be allowed to occur again.

Although I have asked contributors to reflect back on the years of 2011 and 2012 some of the information in these pages may refer to events in 2012 as well. I trust that those that read this little booklet will forgive us any muddled reporting. The next *Annual Report* will reflect the years 2012 and 2013 and I will cajole contributors to give me their report promptly by the summer of 2014 so that it can be with you later that year.

Despite my apologies I can report that St. Mark's hospital is in great shape – more consultants, more nurses, more patients, more visitors, more publications than ever. It is a lively little community with some exceptional individuals and a collective enthusiasm that is palpable.

By putting the patients at the centre of its activities St. Mark's Hospital, Academic Unit and Foundation has three simple aims –

- (1) To progress the science and art of coloproctology and allied gastroenterological disorders.
- (2) To instruct others in that science and art.
- (3) To alleviate the sufferings of those patients who suffer from any of those conditions (as Frederick Salmon once said) "*that cannot obtrude on the public notice*".

Fortunately the public is now very aware just how important and common are the afflictions of the nether regions and St. Mark's never ceases to find opportunities to bring the disorders it treats to wide attention.

In a small way this Annual Report is part of these efforts and I hope you will appreciate learning a bit more of the St. Mark's story from these pages.

Peter McDonald, Editor & Consultant Surgeon

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St Mark's Hospital

Clinical Director's Report

St Mark's reached its 175th birthday in 2010 which saw a party for all staff at the hospital, as well as a celebration at the St Mark's Association dinner to which friends and colleagues from much further afield came to join in the celebrations. During the life of St Mark's there have been ups and downs but I am pleased to report that the current period has been a very positive one for the hospital.

Over the last 2 years six new Consultants joined St Mark's. They have already made significant contributions to the work of the hospital, some of which is written about in the various Departmental Reports.

JOINERS

Janindra Warusavitarne joined St Mark's Hospital as a consultant colorectal surgeon in 2010. Janindra graduated from Newcastle University, Australia and completed his general surgical training in Sydney. After becoming a fellow of the Royal Australasian College of Surgeons, Janindra undertook full-time research for three years focusing on genetics of colorectal cancer, which led to the award of a PhD from the University of Sydney, Australia. He is a Conjoint Senior Lecturer at the University of New South Wales and Honorary Senior Lecturer at Imperial College, London.

Janindra's clinical practice encompasses all aspects of colorectal surgery with a special interest in intestinal failure, inflammatory bowel disease and colorectal cancer. He also has extensive experience in complex laparoscopic (keyhole) colorectal surgery. His research interests are molecular genetics of colorectal cancer, inflammatory bowel disease (Crohn's disease and ulcerative colitis) and

intestinal failure with collaborations continuing with colleagues in Australia. He has published in peer-reviewed journals, presented national and international lectures and written book chapters on colorectal surgery.

Alberto Isla has been a Consultant Upper GI surgeon in West London for the last 13 years. He joined St Marks in April 2010. He is purely a laparoscopic upper GI surgeon with an interest and track record in benign and malignant laparoscopic gastroesophageal surgery and obesity, laparoscopic management of complex gallbladders and bile ducts and laparoscopic management of pancreatic insulinomas and adrenal tumours.

Ayesha Akbar joined the St Mark's consultant physician staff in 2010. Her clinical interests include general gastroenterology with a focus in inflammatory bowel disease. She also has an interest in abdominal pain and irritable bowel syndrome, especially in the overlap cases with inflammatory bowel disease, and sits on the British Society of Gastroenterology Neurogastroenterology committee. She is involved in service development, including setting up a community gastroenterology service with the local PCT, and has an interest in patient care and satisfaction. Ayesha is actively involved in education, teaching and research.

Ayesha's research work at Imperial College London gained her a PhD entitled "Molecular mechanisms of visceral hypersensitivity in the colon." She has published her research in peer reviewed journals and presented her work at national and international meetings.

Dr Adam Haycock is a consultant physician and gastroenterologist who joined the consultant staff in 2011. He specialises in endoscopy with a particular interest in colonoscopy and therapeutic endoscopy, including polypectomy, endoscopic mucosal resection, stent insertion, stricture dilatation and treatment of bleeding lesions. He also manages all aspects of gastrointestinal and hepatobiliary disorders as well as the care of acute general medical patients at all three trust sites; St Mark's, Central Middlesex and Northwick Park Hospitals. His particular research interest is on improving the quality of endoscopic training.

Adam completed an MD at St Mark's hospital in 2010 on "Quality Assurance of Training in Diagnostic and Therapeutic Gastrointestinal Endoscopy". This included investigating and developing some novel techniques for assessing and evaluating training processes, including the use of advanced virtual reality simulation for colonoscopy. Work arising from this research has been published in peer-reviewed journals and he has been invited to speak at both national and international meetings on the topic. He is an international member of the American Society of Gastrointestinal Endoscopy, and part of a multinational working group to establish consensus guidelines for the use of simulation in gastrointestinal endoscopy. He completed a masters level teaching degree in

2011 leading to accreditation with the Higher Education Academy, and in 2009-2010 was the Chair of the national trainees committee in gastroenterology.

Morgan Moorghen trained in medicine at the Universities of St Andrews and Manchester. His postgraduate training was undertaken in the University department of pathology, Newcastle upon Tyne, where he acquired an interest in gastrointestinal pathology and was also an active member of the Newcastle cell-kinetics research group. Following the completion of his specialist training in histopathology and the submission of his MD thesis on colorectal neoplasia, he took up the post of Consultant Senior Lecturer in pathology at Bristol University in 1991 where he was lead GI histopathologist for 19 years. In Bristol he developed his clinical and research interests in colorectal cancer further, supervised several MSc and PhD students and contributed to numerous publications. During some of that time he also held the positions of clinical director of pathology and head of department of histopathology at the Bristol Royal Infirmary. Morgan arrived at St Mark's hospital in October 2010 with the mandate to lead the GI histopathology service and contribute towards the research and teaching activities of St Mark's Academic Institute.

In addition to an increase in Consultant output, other members of the multidisciplinary team, for which St Mark's is renowned, have made significant contributions. Nurse led services in Polyposis, Inflammatory Bowel Disease (IBD), Intestinal Failure (IF), Pouches and Stomas continue to expand. Both Frederick Salmon ward and the John Lennard Jones Intestinal Failure Unit, have seen their bed capacity

increase and in October 2011 the first IBD Open day for patients and their families was held at the hospital. It is rewarding to see such a rise in our productivity.

On a sad note, we were sorry to learn of the death of Professor Leslie Le Quesne who had been a House Surgeon at St Mark's from 1946 – 47 and who went on to be a Professor of Surgery at The Middlesex Hospital. It was an honour that Leslie was able to join us at a recent faculty dinner held at Sutton's Hospital, Charterhouse, hosted by James Thomson, former surgeon at St Mark's.

The Trust will receive almost £21 million to improve emergency services for patients in Brent, Harrow and surrounding areas. The funding will enable the Trust to build a new A&E department and urgent care centre at Northwick Park Hospital. In addition, a further £14 million is to be made available for a suite of new operating theatres. These include two state of the art theatres for St Mark's, one being dedicated to laparoscopic surgery.

Against this positive news I have to report that the Trust's deficit remains at just under £21 million and necessary savings have still to be made. I am grateful to our Chief Executive, Fiona Wise and Chairman Tony Caplin who have, in this difficult climate, continued to support the growth of St Mark's Hospital.

The beginnings of St Mark's Hospital were in a small room at No 11 Aldersgate Street where, in 1835, Frederick Salmon opened 'The Infirmary for the Relief of the Poor afflicted with Fistula and other Diseases of the Rectum'. There were just seven beds and, in the first year, 131 patients were admitted. We have come a long way in our 175 years and I applaud all those who have made a contribution. I believe our founder would be proud.

Professor Robin Phillips
Clinical Director

General Manager's Report

It has been quite an unsettled year for the trust and St Mark's Hospital regarding finances and commissioning arrangements. It was pleasing though to see the Trust awarded £23m from NHS London and the Department of Health to help improve the Trusts infrastructure.

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

The following consultants have joined us in the last two years, Mr Alberto Isla, Consultant Laparoscopic Surgeon, Dr Ayesha Akbar, Consultant Gastroenterologist, Dr Adam Haycock, Consultant Gastroenterologist and Dr Amar Sharif, Consultant Gastroenterologist. These appointments will help reduce overspends and improve patient care.

During the year we saw the move of emergency surgery to the Northwick Park Hospital site and the creation of the Surgical Assessment Unit. These major changes have helped not only the patients served by the trust but the overall delivery of the service and training for which we were nominated for a Health Service Journal award. We also received excellent feedback from the London Deanery's who provide our trainees.

The Endoscopy Department received its JAG accreditation; this status sets departments aside as it assures high quality training and high quality endoscopy services against agreed standards - well done to all involved.

St Mark's front entrance was redeveloped and the new revolving doors with wheel chair and stretcher access were installed. The doors and the new non slip covering leading up to the entrance have been welcomed by staff and patients.

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.

James Hall
General Manager

Frederick Salmons Ward Intestinal Failure Unit Outpatient Department

FREDERICK SALMON WARD

Modern Matron

Umyy Hicks

Clinical Nurse Managers

Ann Callaghan

Jitka Adio

Sisters

Azam Shamsi

Janet Superio

Jas Dhiman

Joy Odita

Charge Nurse Dev Ramgoolam

Staff Nurses

Amirtha Prabhakaran

Barbara Zouaoui

Belia Astudillo

Chandy Gungadin

Daxa Vadher

Deequa Abdullahi

Dorrette Murray

Ellen Gimperosa

Ezra Ado

Jamie Blanco

Jan Mayaen

Jane Himli

Leah Cano

Leslie Bauyon

Les Buencamino

Lolita Niepes

Mariel Cabrera

Marilyn Sackey

Mark Belen

Mercy Amoah

Mohammed Dahir

Niamh Garry

Pat Balasubramaniam

Pauline Anderson

Sabina Meyer

Rinypriya Jose

Sandra Essien

Sinead O'Hara

Tracy Biazon-Masiglat

Vanessa Joy-Varikayni

Health Care Assistants

Aaron Cabangon

Christina Mistreanu

Dharmesh Badani

Dmitruczak Krzysztof

Joni Sony

Marylee Robinson

Nerissa Oliquiano

Nino Agustin Alvarez

Rekha Thakor

Rosy Vijayamanoharan

Sheila Waterworth

Vivian White

Administrative Staff

Naina Amlani

Padma Kapadia

Nancy Swasbrook

Rita Peacock

OPD

Clinical Nurse Manager

Denise Robinson

Staff Nurses

Jesmin Sagomba

Dopada Mehta

Jocelyn Hyndman

Diane Mattocks

HCA

Kim Connolly

James Famous

Susanne Woodage

Margaret Adeji-Twum

IFU

Clinical Nurse Manager

Nicole Baptiste

Sister

Anna Shetty

Staff Nurses

Simone Woolery

Emelia Tazarurwa

Sophia Moochi

Mavis Menkah

Esther Agyeman

Beatrice Ailenmoagbon

Regina Bala

Anna Cristobal

Mary Dulay

Sunita Nair

Guia Penonia

Mae Portuguese

Jill Tiru

Monica Waga

HCA

Maureen Jarrett

Josephine Dwumfour

Jennifer Piper

Vaibhav Patel

Ade Ogundipe

It gives me great pleasure to contribute to my first annual report as Modern Matron of Frederick Salmon, the Lennard-Jones Intestinal Failure Unit and St Mark's Outpatient's Department. I joined St Mark's in August 2009 as Modern Matron having worked in Watford General for 10 years bringing with me experience of managing a range of specialities including setting up and managing a Surgical Admission Lounge and implementing the surgical pathway in the Acute Assessment Unit.

2011 has proved to be another successful year for the Frederick Salmon ward. It has been a year of numerous challenges and many ups and downs in the ever changing NHS culture. I would like to say a special welcome to locally recruited nurses and nurses from overseas who have successfully completed their Preceptorship and Adaptation Programme obtaining their NMC registration all of whom have settled in and integrated well into the existing team. I am pleased to say that we now have a full complement of staff and I would like to thank each and every one of them for their continued support and dedicated hard work.

When I came into post the Frederick Salmon ward was a 40-bedded ward leaving one bay vacant which was then converted into the Surgical Assessment Unit as a dedicated assessment unit for patients who required an emergency surgical review. However in order to meet the new mixed sex accommodation criteria the Surgical Assessment Unit was relocated from the Frederick Salmon ward in 2011 and the 'A' bay was reverted back to a 4 bedded bay to increase bed capacity for the Frederick Salmon ward.

In 2011 Jo McCarthy, Head of Nursing for St Mark's and Surgery successfully spearheaded the recruitment of Discharge Coordinators to ensure effective and early safe patient discharge. We would like to thank Rita Peacock, Discharge Coordinator/Bed Manager on Frederick Salmon for her dedication. We have seen a big difference in the discharge process and timely discharges have doubled since implementation.

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 and the specialist nurses in ensuring we maintain an effective learning environment. To ensure continuity on the ward we have a dedicated staff member to mentor students and be the first point of call for them.

Congratulations to both Clinical Nurse Managers Ann and Jitka who were promoted to ward managers for North and South sides respectively and for the sterling job they do. A big thank you to both our ward clerks Padma and Naina who keep patients' documentation updated which is vital to the smooth running

of the ward and also keeping the nurses in line!!! I would also like to say a huge thank you to our hospital volunteers whose help is invaluable as they assist the ward clerks with a variety of tasks on Frederick Salmon. Last but by no means least a special thank you to Nancy who is an invaluable member of the ward team and ensures that all documentation and deadlines are maintained ensuring that in my busy schedule that nothing is overlooked. The sisters also rely on Nancy who works autonomously. Nancy is the font of all knowledge for the ward staff, patients, and visitors and also assists the Head of Nursing for St Mark's and Surgery.

I would like to congratulate those members of staff who have recently added to their families. It doesn't stop here as we have a few more staff going on maternity leave very soon. We wish them all the best and hope not too many sleepless nights and look forward to their return to work.

Education and training remains an important feature of staff development. Staff have attended a variety of internal and external courses this year. Also due to the number of junior/newly qualified staff members the sisters on the ward have worked together with the clinical nurse specialists to set up and deliver short study sessions especially directed at the level required by these staff.

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, standards of care and staff morale.

Ward 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 all our domestics who consistently follow the cleaning schedule and are always happy to help. Our

hostesses Bennie and Valentina keep the kitchen side of things and meal times running smoothly and we thank both of them for their continued hard work and cheerfulness.

A big thank you to the Friends of St Mark's for their unstinting support and generosity in funding Christmas presents for both Frederick Salmon and the IFU patients and their ad hoc support as and when needed by Frederick Salmon/IFU/OPD. The Committee also purchased some chairs for the Patients' Day Room which was in a state of disrepair and the dining room which were all gratefully received by the ward and patients. The staff continue to encourage our patients to use these facilities regularly to aid their recovery.

2011 was also a challenging year for the IFU with the increase in beds and activity. Although it has been quite difficult to recruit staff to such a specialised unit we managed to fill the vacancies and with the help of the Nutrition Team we have implemented a comprehensive training plan to ensure junior and new recruits are able to deal confidently with the complex care required by these patients. Thank you to Nicole and her Team for their hard work and support.

We saw an increase in activity in St Mark's Outpatients department due to recruitment of new consultants and the introduction of extra clinics for the nurse specialists for Bowel Cancer Screening Programme, more new patients identified for Polyposis, Nutrition and IBD. I would like to thank all the staff for their continued support to the consultants, nurse specialists and patients.

Whatever 2012/2013 brings we will be up to the challenge and face as a team.

Umy Hicks
Modern Matron
Frederick Salmon/IFU/OPD

Outpatients

NURSING STAFF

Clinical Nurse Manager (Sister)

Denise Robinson

Staff Nurses

Jesmin Sagomba

Jocelyn Hyndman

Dopada Mehta

Diane Mattocks

Sarah Pitcher

HCA

Margaret Adjei-Twun

James Famous

Kim Connolly

Suzanne Woodage

CLERICAL STAFF

Co-ordinator

Rosemary Mulcahy

Deputy Co-ordinator

Timothy Marshall

Supervisor

Denise Coleman

Clerks

Sushi Shah

Mary McLoughlin

Barry Connolly

Victoria Verity

Nimira Rajan

Androulla Hadjinicolaou

Over the past years we have seen a steady increase in the number of patients attending clinics. This is in part due to the amount of clinics that are now running. There has been an increase in Consultant clinics and also an increase in the nurse led services that are utilising the space within the department to see their own patients. These are the Polyposis, IBD, IF, Pouch, Stoma and Macmillan nurses.

We have a busy pre-assessment service within the department. We are seeing patients who require minor surgical procedures, complex intestinal failure and the Enhanced Recovery patients; each group of patients having their own individual needs. This service is predominantly nurse led and gives the patient the time and privacy to ask questions about their surgery, post op stay and discharge.

The phlebotomy service that is offered at St Marks has also seen an increase in the number of patients seen. This may be in part due to the closer monitoring of patients that is needed with the more complex drug treatments that some of our patients are receiving. All of the nurses that work in the department are phlebotomy trained.

Government targets have had an impact on the clinics that are being run, with more patients being seen within 11 weeks of referral and our cancer patients being seen within 2 weeks. This has had more of an impact on the clerical side with an increase in their work load that needs to accommodate the implementation of these Government goals.

As always there have been many challenges and changes to practice that must be adhered to. As always we rise to these challenges and embrace the changes that do occur but with the patient always first in mind.

Denise Robinson
Clinical Nurse Manager (sister)
OPD St Mark's

St. Mark's Hospital Foundation

CHAIRMAN OF TRUSTEES

Michael Liebreich

TREASURER

William Phillips

SECRETARY

Dr Simon Gabe MD MSc BSc MBBS FRCP

TRUSTEES

Dr Michele Marshall BSc MRCP FRCP
Prof Christine Norton MA RGN DMS PhD
Prof Robin Phillips MB BS MS FRCS

DEAN

Mr Robin Kennedy MBBS FRCS

EXECUTIVE DIRECTOR

Anthony Cummings BA MBA

OPERATING DIRECTOR

Judith Landgrebe BA MSc

ACCOUNTANT

Margaret Burgess

Under the leadership of Michael Liebreich, guidance of the Trustees and dedication of the Professional Team, the Foundation continued to grow and develop.

Volunteers played a vital role throughout the year, and in recognition the past year was designated the year of the volunteer. The sterling efforts of all of our groups and individuals made a massive impact on the level of funds available to support vital medical research. Volunteers, with the help advice and practical support of the Foundation team, raised vital funds by running, cycling, swimming, jumping out of planes, holding concerts and sports days, golf days, art exhibitions and a variety of other activities. While all volunteers had in common an incredible level of motivation and desire to help St. Mark's, volunteers ranged in age from 8 years upwards and came from all walks of life.

Volunteers also played an important role as advocates for St Mark's Hospital Foundation with Trusts, Foundations and Companies. Well known local and national companies were excited to adopt St. Mark's Hospital Foundation as their Charity of the Year and leading Trusts and Foundations made generous grants.

With help from groups and individuals the foundation was able to connect with national household name celebrities, which secured excellent press and media coverage in local and national media, including coverage in a leading mass circulation Sunday Newspaper. This enabled the Foundation to increase the level of understand and awareness within the general public of the cutting edge research at St. Mark's Hospital.

A key achievement of the Foundation was to increase substantially the Seed Corn funding that was available to initiate a number of important research programmes and give the researchers at St. Mark's the opportunity to collect data and evidence with a view to submitting large scale grant applications to Medical Research Funding Bodies to continue the research. Funding from such bodies is always extremely hard to secure. The Foundation aims to increase Seed Corn Funding in future years.

Legacies left to St. Mark's Hospital Foundation over the past year provided a substantial share of the total funds. The Foundation will be launching a new legacy campaign next year to make people aware how important legacies are and how much the Foundation depends on them.

Centrally run events such as the Foundation Gala Dinner was judged by all attending to be a highly enjoyable and inspiration evening, giving the Foundation the opportunity to showcase the Hospital. A larger Dinner is planned for next year as well as a number of new centrally run events.

The Foundation re launched its glossy supporters newsletter, **re:mark's** containing a wide variety of articles featuring the work of the Hospital and the activities of our Fundraising groups and individuals. By all reports supporters found it an enjoyable and informative publication. **Re:mark's** will be produced at least bi-annually next year.

Anthony Cummings
Executive Director
St.Mark's Hospital Foundation

Support Groups

Friends of St Mark's

PRESIDENT

James Thomson
Vice President
John White

CHAIRMAN

Janina Phillips

TREASURER

Alan Oldham

SECRETARY

Helen Shorter

COMMITTEE

Annie Driscoll
Elaine Grant
Janet Hammersley
Carol Jenkins
Saroj Kale
Annie Saunders
Jenny Thomson
Gillian Whitmee
Solveig Wilson

Despite our previous concerns The Friends has remained viable and active. This is due to the dedication of our committee members. Each person brings to the committee a skill or attitude that enables us to move forward and get things done. The majority of the committee, but by no means all, is made up of ex-members of staff. We do try to ask people to join us once we have learnt that they have left or retired from St Mark's but please feel free to let us know that you would be interested. New committee members are always welcome.

The Tea bar remains a busy and popular hub providing reasonably priced food and drink and a regular income for the Friends. Many of our original Tea bar volunteers have retired and new ones are taking their place. We are very grateful to our volunteers both new and old for supporting The Friends and for providing a valuable service to patients and staff. Vernon Dickinson of Ace caterers manages both paid staff and volunteers cheerfully and even finds time to sell our goods from the display case on Level 3.

The Friends purpose is to raise funds to improve patients' welfare. We continue to maintain the artwork throughout the hospital. Displays are changed every six months and



provide a changing environment and talking point. The Laundry room on Frederick Salmon ward enables patients to launder their personal items, this is particularly valuable for long term patients or those who have travelled some distance. The day room is sporting new chairs and a working television and the Enhanced Recovery dining room has been provided with dining chairs that are more suitable. Quite often it is small sums that we are asked for sometimes to enable a patient to travel to an appointment, or to allow them to by a washing machine or bed linen. However large or small the request we do try to vet them to ensure that our funds are distributed fairly and appropriately.

The Committee meets on the third Wednesday of every month, except for August, 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. It is helpful if you can include a quotation for the request in your initial letter. Sometimes we need a little more information before we can act. Requests should be of direct benefit to patients and not something that should be provided by the NHS. We do not fund salaries. Once a request is approved the money is kept available for six

months after which an applicant will need to reapply. Success is dependent on the state of our funds and other calls on our money at the time. Any money approved is for the original request and cannot be allocated to other projects without reapplying for new funds.

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

Mrs Janina Phillips
Chairman, Friends of St.Mark's Hospital

Inside Out Stoma Support Group

Since our last review for the St Mark's Year Book, we have been very pro-active and positive in our group's activities. We have our own web-site www.iossg.org.uk, where not only do we provide information and helpful tips for our own members, but we have helped out a number of patients around the UK and the rest of the world. With the help of the Stoma Care Department we have been able to point stoma patients to where they can find the information or which questions they should ask their own consultants when they next meet up. We may guide them to their nearest support group in their area or which appliance company could have a solution to their needs.



Our coffee mornings have grown in reputation and we are regularly have minimum of twenty people in attendance where representative show their companies new products. We have recently been having speakers along to update us on what has been happening in the fields of research and surgery. You can find all the dates we meet up on our web-site, see above for link, and click on coffee mornings.

Inside Out has been involved in quite a few things over the past year to do with the changes in the devolution of the Primary Care Trust (PCT), which will now be known as Clinical Commissioning Board (CCB) and will soon be known as the Clinical Commissioning Group (CCG) as from the 1st of April 2013. This is when the General Practitioners take over fully the control of the duties that once were the PCT's. We have also been involved with the merger of Harrow, Brent and Ealing Hospitals. In both cases as your representatives to make sure you have a level playing field in the services you need, prescriptions etc.

We have taken part in the Bowel Awareness Month, April, where I had my hair and beard shaved off to kick start the month, we raised just under £900 which we hope will start the ball rolling and looking in to how stoma patients deal with the psychological aspects of having and living with a stoma.

We were also nominated and presented with a trophy and certificate as the best stoma support group in the UK for 2011 under the guidance of our new Co-Chairs Sarah Varma and Lisa Smith.

May it long continue that we as a group are able to continue in our endeavours to provide the support and services for all stoma patients in their hour of need.

Bob Azevedo
Chairman Inside Out

St Mark's Academic Institute

St Mark's Academic Institute

DEAN

Mr Robin Kennedy

ACADEMIC ADMINISTRATOR

Miss Judith Landgrebe

COURSE MANAGER

Mrs Janice Ferrari

ADMINISTRATOR

Mrs Rasmitha Bhudia

ADMINISTRATOR

Mrs Jane Luo

Dean's Report

Receiving over 1000 visitors per year and delivering in excess of 2000 teaching days, the Academic Institute remains a vibrant keystone of St Mark's Hospital.

The variety of education offered continues to increase with the Virtual Colonoscopy courses proving to be particularly successful. Of special note was the Bowel Cancer Screening Programme CT Colonography Course which was funded at national level and a real accolade for Dr David Burling and his team in Radiology. In addition, a Train the Trainers Day in Laparoscopic Surgery was hosted by Mr Ian Jenkins who also takes the lead with the Advanced Colorectal Workshop. The Intestinal Failure Study Day and Workshop continues to be oversubscribed with the St Mark's Intestinal Failure Unit remaining one of only two national referral centres in the UK.

Frontiers in Intestinal and Colorectal Disease remains our flagship meeting and our visiting Professors over the last two years have been Fumio Konishi (Japan), Ed Swarbrick (UK), James Church (USA) and Jonathan Rhodes (UK). We are grateful to our colleagues in industry for supporting this meeting.

The postgraduate teaching term continues to run for 4 weeks, three times every year. It is a privilege to welcome participants from around the world. We offer places at St Mark's to those who wish to come as Observers as well as those who would like to spend 6 months to one year as Honorary Clinical Assistants.

The post of honorary clinical assistant is a demanding one with full involvement in all aspects of hospital life.

I have identified just a few areas in which St Mark's excels but I extend my gratitude to all the staff at the hospital who contribute so enthusiastically in so many other areas of our educational programme.

Maintaining excellence in education has always been at the fore and, in the last few years, a major change has been the creation of an online, e-learning centre. This is increasingly being accessed throughout the world. We are most fortunate to have our own state-of-the-art audio visual department, led by Steve Preston, producing DVDs of the highest quality. These can be purchased at reasonable prices or viewed online together with recordings of all of our coursework via the St Mark's Website at www.stmarkshospital.org.uk. Grand Rounds, which are talks given weekly at St Mark's by both internal and external speakers are also available for viewing online at no cost by all those who have registered on the website.

Over the years our historic archive has amassed over 300 hours of educational material and this is in the process of being digitised and will be accessible to all visitors and staff for viewing in the newly upgraded postgraduate common room. It is hoped that, in time, those lecturing in more remote parts of the hospital will have access to this useful teaching resource.

St Mark's reached its 175th birthday in 2010 which saw a party for all staff at the hospital as well as a celebration at the St Mark's Association dinner to which friends and colleagues, from much further, afield came.

The Academic Institute is ably run by Judith Landgrebe with excellent support from Janice Ferrari, Mita Bhudia and Jane Luo. It continues to provide a window through which the world can see all that St Mark's has to offer, both in terms of first class education and excellence in clinical care. The continued provision of cutting edge courses and the development of web based learning will help to ensure that we maintain our reputation in the field of Intestinal and Colorectal Disease.

Mr Robin Kennedy

Department Reports

Family Cancer Group

DIRECTOR

Huw Thomas MA PhD FRCP

DATABASE ADMINISTRATOR

Maggie Stevens

SECRETARY

Julie Stokes

NURSE SPECIALIST

Carole Cummings RGN, SCM

REFERRALS ADMINISTRATOR

Elizabeth Goodband

SENIOR RESEARCH FELLOW

Isis Dove Edwin MD MRCP

TISSUE BANK MANAGER

Ken Miller

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.

The Group joined the newly created Cancer Research UK Imperial Cancer Centre in June 2010. Kevin Monahan was awarded a PhD for his thesis on '*New genes for inherited multiple polyps and cancer of the large bowel*'. Ken Miller, who had worked at St Mark's since the ICRF Colorectal Cancer Unit was founded in 1985, moved to a new post as Safety Officer at Imperial College.

CLINICAL RESOURCE

The Bobby Moore Oracle Database migrated to Imperial College London IT in May 2010 and the programme was upgraded. It includes the clinical details of 7,540 individuals affected by, or at risk of, familial colorectal cancer. 2,758 have undergone a surveillance colonoscopy and 2003 have had multiple examinations. These individuals are flagged on the NHS Information Centre. 802 tumour blocks have been collected with immunohistochemistry results on 648 and microsatellite results on 653. There are 1052 blood samples from affected family members 175 of which have undergone genetic testing. Our tissue bank has been registered with the Human Tissue Authority.

MOLECULAR GENETIC STUDIES

We have a long-term collaboration with Professor Ian Tomlinson (Wellcome Trust Centre for Human Genetics, University of Oxford)

Genome-wide association studies

As part of the Colorectal Gene Identification (CORGI) Study we have published further results from Genome-wide association studies looking for common low penetrance variants that predispose to colorectal cancer (Houlston et al 2010).

Multiple Adenoma Families

Kevin Monahan has undertaken genetic linkage studies in a family from Ireland with multiple hyperplastic, serrated and adenomatous polyps and colorectal cancer. He has defined the phenotype of the family. Alterations of known colorectal cancer genes have been excluded and probable linkage demonstrated to chromosome 8. He has undertaken detailed genetic mapping of the area. As yet no alterations have been found in candidate genes from the region.

Hereditary Mixed Polyposis Syndrome

We have previously described the phenotype of HMPS in St Mark's Family 96 (Whitelaw et al 1997). We have previously published evidence of genetic linkage to chromosome 15q21-q22 (Jaeger et al 2003). Dr Emma Jaeger has mapped the gene to a 0.6-Mb region on chromosome 15 containing the genes SCG5, GREM1 and FMN1. In our genome-wide association study variants in this region were strongly associated with an increased risk of colorectal cancer (Jaeger et al 2008). Currently sequencing of the region, including an area of duplication, is being undertaken and the construction of a transgenic mouse.

COGS study of modifying genes in Lynch syndrome

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

ASSESSMENT OF FAMILIAL RISK AND PROSPECTIVE OUTCOME OF COLONOSCOPIC SURVEILLANCE

Definition of the phenotype and management of Familial Colorectal Cancer that is not due to Lynch Syndrome

We have a long-term collaboration with Professor Peter Sasieni (Wolfson Institute for Preventative Medicine, Queen Mary College, University of London). Through the Majorca European Collaborative Group we have collected data on the family history and prospective data on the outcome of colonoscopic surveillance in individuals in whom Lynch syndrome has been excluded by genetic testing of the proband's tumour for microsatellite instability.

Collaborating Centres are:

- The Netherlands Foundation for Detection of Hereditary Tumours
- The German consortium for Hereditary Non Polyposis Colorectal Cancer

- The Danish HNPCC-register
- Karolinska Institut Sweden
- Manchester Regional Genetic Service
- St Mark's Hospital, London

We have also made an application to collaborate with the National Cancer Institute Colon Cancer Family Registry.

CHEMOPREVENTION STUDIES

Colorectal Adenoma/carcinoma Prevention Programme 2 (CAPP2)

We have recruited patients to this international 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. The initial study did not show any effect from the interventions (Burn et al, 2008). However, further follow-up of the patient cohort has demonstrated a significant reduction in the incidence of colorectal cancer in the aspirin group and also a reduction in the incidence of extra-colonic Lynch syndrome-associated cancers. A manuscript has been submitted.

A further dose-ranging study of aspirin therapy is planned (CAPP3)

National guidelines for the management of familial risk of colorectal cancer

In collaboration with Gareth Evans and Malcolm Dunlop I have developed guidelines for the management of patients at high and moderate familial risk of developing colorectal cancer on behalf of the British Society of Gastroenterology, the Association of Coloproctology UK and Ireland, and the British Society of Human Genetics (Cairns et al, 2010).

We have also been involved in the development of European guidelines for the management of Peutz Jeghers syndrome and the management of familial colorectal cancer.

Dr. Huw Thomas
Director, Family Cancer Group

The Polyposis Registry

DIRECTOR

Robin K.S. Phillips MS, FRCS

ASSISTANT DIRECTOR

Sue Clark MD, FRCS

**HONORARY CONSULTANT
PATHOLOGIST**

Thomas Guenther MD PhD
Priv-Doz Dr med habil

**HONORARY CONSULTANT
PAEDIATRICIAN**

Warren Hyer FRCP

**REGISTRY MANAGER,
TRANSLATIONAL RESEARCH CO-
ORDINATOR**

Kay F. Neale MSc

NURSE PRACTITIONER

Muditha Samarasinghe RGN

NURSE PRACTITIONER

Ripple Man MSc, BSc, RGN

**NURSE SPECIALIST/RESEARCH
NURSE**

Jo Rawlings RGN

ADMINISTRATIVE ASSISTANT

Paula Carroll replaced by Rebecca
Jones

ADMINISTRATIVE ASSISTANT

Pamela Nye

HONORARY RESEARCH FELLOW

Allan D. Spigelman FRACS

HONORARY RESEARCH FELLOW

Andrew Latchford MD, FRCP

RESEARCH FELLOW

Santosh Bhandari MBBS, MRCS

RESEARCH FELLOW

Ashish Sinha MBBS, MRCS

RESEARCH FELLOW

Sreelakshmi Mallappa MBBS,
MRCS

The main aim of the Polyposis Registry is cancer prevention, which is achieved by providing excellent clinical care in addition to education of both patients and health care professionals. Research ensures that the care given is appropriate and helps to find new treatments for the various polyposis syndromes.

EDUCATION

In November 2010 and again in 2011 we held a Polyposis Information Day for Families with an average of 55 delegates attending. In 2010 Krystal Kontoh was invited to speak about her work with the Department of Health on rare inherited conditions, and in 2011 Gillian Crawford gave an insight into the ethics of genetic testing. In both 2010 and 2011 the patient self help group, PolyPeople, were allocated a session for their AGM. The afternoons were dedicated to workshops so that people could choose topics most important to them. Dr Hyer talked to the teenagers to help them understand and come to terms with the conditions in their families. Miss Clark answered questions about the rarer conditions, Peutz Jeghers

and Juvenile Polyposis Syndromes and MYH Associated Polyposis. Mike Dean invited relatives of people with the condition to share their concerns and experiences while the nurses held an open session, called the PolyPanel, for questions.

All staff regularly contributed to the many courses held at St Mark's to help educate and update other health care professionals from around the UK and abroad.

RESEARCH

Miss Sue Clark

St Mark's launched the CHIP trial as the only UK centre undertaking this international multicentre randomised trial of celecoxib in children with FAP, aiming to delay onset of polyposis. We rapidly became one of the most successful recruiting centres, due to the efforts of Jo Rawlings and Warren Hyer.

Santosh Bhandari

Santosh commenced research into various aspects of desmoid disease in 2009.

The radiology study suggested that modern MRI scans were superior to modern CT scans in the assessment of desmoid tumours in FAP. The definitive role of metabolic imaging (PET CT) in predicting aggressive tumour behaviour could not be established due to small patient number.

In the clinical study patients with intra-abdominal desmoid presenting with air-fluid level in cross sectional imaging were identified from the Registry database and their management reviewed. An algorithm for managing such patients was published in "*Diseases of the Colon and Rectum*".

In the laboratory study desmoid tumour cell lines and control fibroblast cell lines were used for studies of the Wnt signalling pathway. The



study established activation of the canonical Wnt signalling pathway in desmoid tumour and also identified over expression of Wnt11, a non-canonical Wnt in desmoid tissue.

Sreelakshmi Mallappa

Sreelakshmi started work as a clinical research fellow in October 2010 to investigate the observations by the Nurse Practitioner in Polyposis, Muditha Samarasinghe, that surgery to remove the large bowel had a more profound effect on the patient than merely loose bowel motions. Ethics approval and funding for a pilot study of initially 20 patients was obtained and recruitment started in December 2011. The study is being undertaken in collaboration with Dr Simon Gabe and Dr Denise Robertson from Guildford University.

THE INTERNATIONAL SOCIETY FOR GASTROINTESTINAL HEREDITARY TUMOURS (INSIGHT)

The Registry continues to act as Administrative Headquarters for InSiGHT. In 2011 Professor Phillips stood down as Honorary Administrative Director and Miss Clark, who had previously been elected as a member of Council was elected to replace him. Miss Neale continues her role as Honorary Administrative Secretary. In August 2010 the Society became incorporated as a private company limited by guarantee and was entered in the Register of Charities in January 2011.

The Fourth Biennial Scientific Meeting was held from 31st March to 2nd April 2011 in San Antonio, USA. Members of the Registry team, past and present, attended, five of whom had been successful in being chosen to give oral presentations; the others had their work accepted in poster form.

Sue Clark

- Advanced duodenal disease in FAP: how frequently should patients be followed up?

Andrew Latchford

- Juvenile polyposis syndrome – a study of genotype, phenotype and long term outcome

Sreelakshmi Mallappa

- Rectal survival outcomes in screen detected adolescents 18 yrs or younger with FAP

Ashish Sinha

- Prophylactic surgery for FAP – using the “rectal retention index” to guide surgical choice
- Risk factors predicting intra-abdominal desmoid development in FAP

Nicholas West

- Eicosapentaenoic acid free fatty acid reduces the number of rectal polyps in FAP

THE REGISTRY AND THE TRUST

There were 143 new patient referrals, either with or at risk of a polyposis syndrome, to St Mark's in 2010 and 209 in 2011. Of these, 211 came directly as a result of Registry involvement with the family, the remaining 141 being referred directly to a Consultant.

NEW PATIENT REFERRALS	2010	2011
At risk of inheriting FAP or other polyposis syndrome	67	83
Other routine referrals	60	100
Peutz Jeghers syndrome	7	11
Juvenile Polyposis	4	9
MYH	5	6
TOTAL	143	209

DONATIONS

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

In addition, we gratefully acknowledge the financial assistance given by the following organisations: -

- The St Mark's Hospital Foundation
- Cancer Research UK
- SLA Pharma

Kay Neale, Polyposis Registry Manager

The Sir Alan Park's Physiology Unit and National Neurostimulation Centre

Miss Carolynne Vaizey, continues as the Unit Director, having been attached to the unit for over 15 years. She was the neurostimulation research fellow from 1995 to 1998 and then remained as an honorary senior research fellow for the next 5 years. She returned to St Mark's as a consultant in 2003. Her specialist areas in addition to physiology and incontinence are anorectal surgical problems and intestinal failure surgery and Crohn's.

Professor Norton remains as the Nurse consultant to the unit and specialist in biofeedback and Dr Arebi remains as the consultant gastroenterologist and oesophageal physiology specialist.

Miss Vaizey supervises all the work on neurostimulation with the help of Thomas Dudding (Honorary Research Fellow). Gregory Thomas is the current neurostimulation fellow and the unit now has patients with sacral nerve stimulators for incontinence followed for as long as 13 years and for constipation for up to 7 years.

Dr Naila Arebi has been a Consultant in the unit since December 2005. Her main interests are in irritable bowel syndrome and inflammatory bowel disease particularly post-operative Crohn's Disease and Psychological aspects of IBD. She is involved in a number of Clinical trials in IBS and IBD and has ongoing collaborations with the Antigen Presenting Group at St Mark's Hospital and King's College Hospital. She sits on the postgraduate training committee for Gastroenterology and is actively involved in NICE.

DIAGNOSTIC STUDIES

The Physiology Unit offers a range of diagnostic studies including stationary oesophageal manometry, ambulatory oesophageal pH studies, breath hydrogen studies and studies of pelvic floor function. During 2007 more than 1100 of these procedures were performed.

Clinical physiologists are continuously refining measurement techniques and in the last year, the Unit has expanded its diagnostic service to incorporate novel technologies and now also provides Bravo™ oesophageal pH testing to compliment the traditional 24 hr catheter based system. This represents a less invasive method of performing oesophageal pH studies with no limitation on patients' activities caused by a naso-oesophageal catheter.

The close links with the Psychological Medicine Unit have been maintained and hypnotherapy has also been introduced.

The satisfaction with treatment rate was 83% in 2010. Additionally there has been a new Cochrane review published in 2012 which does support this type of therapy for faecal incontinence.

Dr. Naila Aredi

Internal Imaging Centre

CLINICAL DIRECTOR, CONSULTANT GI RADIOLOGIST

Dr Michele Marshall

CONSULTANT GI RADIOLOGISTS

Dr David Burling

Dr Arun Gupta

Dr Raj Ilangovan

Dr Philip Shorvon (planning to retire within 5 years)

CT COLONOGRAPHY CO-ORDINATOR

Mrs Janice Muckian

RESEARCH RADIOGRAPHER & CO-ORDINATOR, SUPERINTENDENT RADIOGRAPHER

St Mark's Radiology department

Miss Rachel Baldwin (FTE 0.8 research, 0.2 GI
Superintendent)

SPECIALIST RADIOLOGY REGISTRARS

Dr Leo Kallarackel (2009/10) – Subspecialty fellow,
Duke University Hospital, NC, USA

Dr Anika Hansmann (2010/11)

Dr Philip Lung (2011/12)

CLINICAL ACTIVITY OCT 2010 – SEPT 2011:

The radiology department provides access to a comprehensive group of investigations, using x ray, ultrasound, CT and MRI to look at the abdomen and bowel. Most patients attending the hospital will visit the radiology department and for many, the results of those investigations are critical to the management of their disease. For those with long term conditions, we try to minimise the use of radiation, using a mix of different scans to observe progress of treatment where appropriate.

The most major changes in this regard in the last few years has been a steady move from Barium based imaging to MRI, ultrasound and CT to look at the bowel. In a hospital which was renowned world wide for it's training and teaching on Barium enemas, it is funny now to see that in the last year we have performed only two! The move from Barium Enema to CT colonography (CTC) was spearheaded by St Mark's and we continue to play a leading role both nationally and internationally in the development of this test in all radiology departments.

This year we have been focusing on new technology in ultrasound to help manage patients with impaired liver function, something seen quite frequently in our patients who require nutritional support.

The role of radiology in the management of inflammatory bowel disease has long been recognised as important. The radiologists have a critical role in the weekly multi-disciplinary meeting to discuss patients with complex IBD, some years ago. It has now become recognised nationally and internationally as a critical requirement for services providing high quality patient care.

RESEARCH ACTIVITY OCT 2010 – OCT 2011:**Papers**

- von Wagner C, Smith S, Halligan Set al for SIGGAR investigators. Patient acceptability of CT colonography compared with double contrast barium enema: results from a multicentre randomised controlled trial of symptomatic patients. *Euro Radiol* 2011; 21 (10): 2046-55
- P. J. Tozer, **D. Burling, A. Gupta**, R. K. S. Phillips, A. L. Hart. Review article: medical, surgical and radiological management of perianal Crohn's fistulas. *Alimentary Pharmacology and Therapeutics* 2011 Jan; 33(1): 5-22
- **D Burling**; P Wylie; **A Gupta**; **R Ilangovan**; **J Muckian**; R Ahmad; **M Marshall**; S A Taylor. CT colonography: Accuracy of initial interpretation by radiographers in routine clinical practice. *Clin Rad* 2010; 65: 126-132
- **Gupta A**, Postgate AJ, **Burling D**, **Ilangovan R**, **Marshall M**, Phillips RKS, Clark SK, Fraser C. A Prospective Study of MR Enterography Versus Capsule Endoscopy for the Surveillance of Adult Patients With Peutz-Jeghers Syndrome. *AJR* 2010; 195: 108-116
- **Burling D** On behalf of the International Collaboration for CT colonography Standards. CT colonography standards. *Clinical Radiology* 2010;65:474-80
- Haycock A, **Burling D**, **Muckian J**, Thomas Gibson S. CT colonography training for radiographers – a formal evaluation. *Clinical Radiology* 2010; 65:997-1004
- Suzuki N, Ignjatovic A, **Burling D**, Taylor SA. CT colonography and non-polypoid colorectal

neoplasms. *Gastrointest Endosc Clin N Am.* 2010;20:565-72.

- Ignjatovic A, **Burling D**, **Ilangovan R**, Clark SK, Taylor SA, East JE, Saunders BP. Flat colon polyps: what should radiologists know? *Clin Radiol.* 2010;65: 958-666:

Abstracts

- Hansmann, **A. Sinha**, **A. Gupta**, D. Burling, S.K. Clark, V. Goh
Imaging assessment of esmoids tumours in familial adenomatous polyposis – Is state-of-the-art 1.5T-MRI better than 64-MDCT? ESGAR June 2010
- E.W.Y. Tam, A. Hansmann, A. Sinha, J.J. Stirling, I. Simcock, N.J. Taylor, **A. Gupta**, **D. Burling**, S.K. Clark, V. Goh Diffusion tensor imaging (DTI) of esmoids tumours in familial adenomatous polyposis – Initial results. ESGAR June 2010

Invited lectures

- **Dr David Burling**
 - Anal fistula day, Jan 2010
 - Two talks as part of inaugural CTC training, Lucerne, Switzerland.
 - BSGAR 2010, Bristol. Feb 2010
 - NW BCSP training day, Haydock March 2010
 - British Society of Gastroenterology (BSG), Liverpool, March 2010
 - BSW training day, Cardiff, May 2010.
 - BSG, London division, June 2010.
 - CTC Workshop for Radiologists & Radiographers Sept 2010
 - Endoscopy Symposium NREG CT colonography vs flexi sigmoid, Oct 2010
 - CTC Colonography Course, Dublin, Oct 2010
 - Anal fistula day, Jan 2011

- ECR 2011 “The 3 P’s of CT Colonography” Mar 2011
- IPR 2011 National Cancer Screening Service Mar 2011

■ Dr Gupta

- How the radiologist can help in complex cancer cases
Complex cancer study Day St Mark’s Hospital, London
March 2010 and March 2011
- Colonic stenting
Frontiers in intestinal and colorectal disease: Fourth annual international congress
St Mark’s Hospital, London.
December 2010

Book Chapters

- Ghosh S, Burling D: CTC complications. In Grenier, P, ed. *Nouvelle imagerie medicale : Medecine-Sciences Flammarion* 2010

Grants (peer reviewed, commercial and charity)

- 2010 **£2,000**
Charles S French Charitable Trust to provide pump priming funding of CT colonography Train the Trainers course. (DB)
- 2011 **£60,000**
Bowel Cancer screening Program funding of World’s first Train CT Colonography Trainers courses including evaluation and initial development of web based training portfolio. (DB & RB)
- 2011 **£2,000**
Seedcorn funding for: Prospective audit of vascular anatomy in colorectal cancer surgery (Collaboration with surgery – DB & RB)

THE EXTERNAL VISIBILITY OF THE DEPARTMENT AND CLINICIANS WITHIN THAT DEPARTMENT

■ Dr David Burling

- Member of International peer review committee advising on quality assurance for Radiology in the Irish Bowel Cancer Screening Program, Dublin 2011
- Chairman of UK Standards Committee for developing standards of best practice for CT Colonography
- Radiology Advisor to English Bowel Cancer Screening Program (BCSP) 2009 to present and joint Editor of Guidelines for Imaging for the BCSP.
- Interim Advisor to Irish NCSS on CTC.
- Editorial Board – Clinical Radiology (2008-2010)
- Journal Peer-Reviewer (2004–present) of:
 - British Journal of Radiology
 - Clinical Radiology
 - BMJ
 - GUT
 - European Radiology
 - Radiology
 - Colorectal Disease
- Sub-Dean 2008 – present for St. Mark's Academic Institute
- Committee member (Standards Officer) for British Society Gastrointestinal and Abdominal Radiology 2007 to 2010

■ Dr Arun Gupta

- Faculty tutor at Annual ESGAR congress Dresden, June 2010 CT colonography workshops
- PI of multi-national, multi-centre CREST trial (evaluating colonic stents in acute colorectal cancer) and of FACs trial

■ Dr Michele Marshall

- RCR Clinical Management Group – Steering committee member
- Peer reviewer for Clinical Radiology, British Journal of Radiology and Diseases of the Colon and Rectum
- External examiner for University College London MD thesis, novel techniques for assessment of pelvic floor function
- Faculty tutor for RCR exam and management courses

Nationally recognised courses run by the Radiology department:-

- 2 Radiologist 2 day CT Colonography course (April & November 2011)
- 5 Week long Radiographer CT Colonography course (VICToR course)

Dr Michele Marshall

Wolfson Unit For Endoscopy

STAFF

Consultant Gastroenterologists and Endoscopists

Professor Brian Saunders MD FRCP
Director Endoscopy and of St Mark's Bowel Cancer Screening

Dr Siwan Thomas-Gibson MD FRCP
Clinical Lead for Endoscopy and Deputy Director Bowel Cancer Screening

Dr Chris Fraser MD MRCP
Clinical Lead for Small Bowel Endoscopy

Dr Adam Haycock MD MRCP
Endoscopy Training Lead

Dr Ana Wilson MD MCRP
(Joined March 2013)

Dr Noriko Suzuki PhD

Maggie Vance MSc DIP RGN
Deputy Director Bowel Cancer Screening London Hub

CLINICAL FELLOWS (2011-2013)

Dr Jonathan Bromley

Dr Nish Chandra

Dr Susi Green

Dr Richard LaNauze

Dr Alberto Murino

Dr Leo Bourikas

Dr Simon Peake

Dr Jon Landy

Dr Tim Elliott

RESEARCH FELLOWS (2010-2013)

Dr Ana Ignjatovic

Dr Sachin Gupta

Dr Ed Despott

Dr Zach Tsiamolous

Dr Manmeet Matharoo

Dr Kinesh Patel

Miss Adela Brigid

NURSE ENDOSCOPISTS

Ripple Man

Marian Baulf

Jayne Butcher

Aine O'Rourke

Angeline Chai

BOWEL CANCER SCREENING TEAM

Sarah Marshall

Programme Director

Overseeing 5 Specialist Screening Nurses:

RESEARCH/TRAINING ASSISTANTS

Nicola Palmer

DIAGNOSTIC SERVICES

MANAGER/UNIT ADMINISTRATOR

Val Pryor (Until March 2013)

Christine Metcalf March 2013

Jean Mannings

UNIT SECRETARY

Lisa MacKay

Smita Patel (from 2013)

AUDIO-VISUAL PRODUCTION

Steve Preston

In the six years since our last Annual Report, the unit has grown both physically and in man (and woman) power! The entire team were delighted to be awarded OMED Endoscopy World Centre of Excellence status, the only such centre in the UK and one of only fifteen in the world. This is in recognition of the unit's contribution to the World's literature in Endoscopy Research and Training.

The consultant body continues to innovate and develop clinical and training expertise, sharing good practise both nationally and internationally. All the staff are regularly invited to fly the St Mark's flag in America, Japan, China, across Europe and elsewhere. The staff list shown demonstrates the wealth of

active research and development, in a unit which has produced 6 MDs since the last report in areas such as Dysplasia detection, Small Bowel Endoscopy as well as new Training and Competency methodology. Our research continues to lead the way changing protocol and influencing practise in endoscopy both at home and away.

Research output from the department continues: several book chapters and over 35 first author publications since 2010. A total of over £1410000 in grants was raised by the Wolfson unit consultants as primary or co-applicants in 2010-2012.

Individual achievements and representation on specialist bodies are many but include:

Brian Saunders

Medal of Honour Danish 2012 Society of Surgeons, Copenhagen; Certificate of Merit Award 2012 ESGAR, Edinburgh

Siwan Thomas-Gibson

Chair of JAG QA-Training working group May 2009-2012; Member of European Bowel Cancer Screening QA panel May 2012-

Chris Fraser

Vice-chairman, UK double balloon enteroscopy users group (2010-2011)

Maggie Vance

Deputy Director of Bowel cancer screening hub for London

Adam Haycock

BSG e-learning lead, BSG visiting fellow award March 2011

The clinical workload of the unit grows year on year, in 2012 over 16000 procedures were carried out compared to 10000 in 2006. Expansion has occurred in all areas of endoscopy: Bowel Cancer Screening is in its seventh year now with 6 accredited screening colonoscopists; the small bowel and double balloon endoscopy service is bursting at the seams; tertiary referrals for complex therapy including EMR, ESD and hybrid laparo-endoscopic continue to flood into the department; support for specialist Inflammatory Bowel Disease and Polyposis patients. All this together with an expanding demand for acute gastroenterology ensure that the future for Endoscopy will be busy!

Since the last report we have had extensive renovation with new office space for Consultants, fellows and our specialist nurses; a sixth endoscopy suite for Bowel Cancer Screening and Private Endoscopy; a new training room was built and kitted out with state of the art Live Link facility with a £100000 grant from the Mason Foundation and most recently we have completed changes required by JAG and the Department of Health to improve Privacy and Dignity for patients as well as providing the very important tea room for our fantastic team of over 45 nurses.

All of the above is possible only with the hard work and dedication of a huge team of nursing staff, the clerical team, management and clinicians. We gratefully acknowledge the support given to Endoscopy by the Trust whilst we continue to strive to provide a first class service to all our patients.

Dr Siwan Thomas-Gibson
Clinical Lead for Endoscopy

Inflammatory Bowel Disease Unit

We run a specialist inflammatory bowel disease (IBD) service with a world-wide reputation as a center of excellence at North West London Hospitals trust, attracting national and international referrals. The service is predominantly based at St Mark's Hospital with patients also being seen at Northwick Park and Central Middlesex Hospitals. Dr. Ailsa Hart leads the IBD service with a total of 15 Consultant Gastroenterologists. Mr Janindra Warusavitarne is lead Colorectal Surgeon for the IBD service. Marian O'Connor leads the IBD Specialist Nursing team.

CLINICAL SERVICE

The IBD team look after approximately 5,000 patients with inflammatory bowel disease from both local populations and nationally. The multi disciplinary team which includes Gastroenterologists, Colorectal Surgeons, IBD Specialist Nurses, Psychologists/Psychiatrists, Pharmacists and Dieticians are all involved in their care. The multidisciplinary team meets every week to discuss complex cases both on a Wednesday morning and on a Friday lunch time. A transition clinic for adolescents with IBD has also been established in conjunction with Dr Warren Hyer, Consultant Pediatrician.

The IBD Specialist Nursing team (Marian O'Connor, Tracy Tyrrell and Hannah Middleton) provides a first class service. The goal of the IBD Nursing service is to empower patients to manage their disease whilst continuing to achieve their ambitions in life. The IBD Nursing service provides support, education and a point of access to advice and treatment for patients with IBD, through nurse led clinics, an advice line and a dedicated day unit. The main focus for support and education is provided within the nurse led clinics with approximately 400 patients being reviewed yearly. The IBD advice line is the one of the busiest in the country taking approximately 3,000 calls per

year. The advice line provides patients with access to advice or information about their disease, particularly during periods of active disease – in the majority of cases approximately 80% are dealt with by advice over the phone and the other 20% of patients are provided with an urgent clinic appointment for review in clinic. The IBD Day care unit is a dedicated nurse-led unit for access to medical therapies; in particular anti-TNF therapies and intravenous iron taking up to 1,000 admissions per year. Along with the above detailed services, the nursing team coordinates the weekly IBD multi-disciplinary team meeting (Wednesday morning) and the biologics meeting (Friday lunch time) and also runs the immunosuppressant monitoring services, providing access for patients to have regular blood tests on immunosuppressant medications.

CLINICAL RESEARCH

Clinical research within the IBD Unit has developed considerably within the last 12 months, with Lawrence Penez as the IBD Research Coordinator. Currently there are seven studies for inflammatory bowel disease open to recruitment. In the past 12 months, 150 patients have been entered into research trails for IBD, which puts IBD research as the busiest research unit within the trust.

LABORATORY/TRANSLATIONAL RESEARCH

The IBD Unit at St Mark's has an excellent collaborative link with the Antigen Presentation Research Group (APRG) in Imperial College in London headed by Professor Stella Knight. St Mark's Hospital coupled with the APRG brings together the best of gastroenterology and

immunology and over the last decade has produced world-class translational research. Currently, its entire activity is on human tissues working at the interface between basic science and medicine by exploring mechanisms producing inflammatory bowel diseases and investigations of new approaches to therapy as well as providing postgraduate degree training to doctors and researchers (up to 8,000 human samples a year have been studied in APRG over the last 5 years).

Currently there are 6 Research Fellows performing research into inflammatory bowel disease. Research projects include assessment of causes and novel treatment of perianal fistulating disease, causes and novel treatments for wounds in Crohn's Disease, causes and novel treatments including faecal transplantation for patients with pouchitis, assessment of factors including epigenetic factors involved in Crohn's Disease. Two Research Fellows have achieved their higher degrees of MDs this year. Many Research Fellows have achieved commendations for their excellent contribution to research in the form of a post of distinction at national and international meetings.

ADMINISTRATIVE SUPPORT

The secretarial support to the unit is provided by **Su-Li Low** along with **Susan Osborne**. It is with thanks to the enthusiasm, dedication and hard work of the whole IBD team that the IBD Unit is prospering as the leading IBD Unit nationally.

Dr Ailsa Hart
Miss Marian O'Connor

St Mark's Hospital Biofeedback Team

NURSE CONSULTANT

Professor Christine Norton
7.5 hours (0.2 WTE)

LEAD NURSE

Brigitte Collins
37.5 hours (1.00 WTE)

CLINICAL NURSE SPECIALISTS

Elissa Bradshaw
37.5 hours (of which 7.5 hours is
dedicated to SNS). (1.00 WTE)
Lorraine O'Brien
30 hours (0.80 WTE)
Anna Swatton
30 hours (0.8 WTE)

CLINICAL BIOFEEDBACK/ PHYSIOTHERAPY SPECIALIST

Patricia Evans
23.13 hours (0.63 WTE)

= Total of 165.63 hours
(4.23 WTE)

This is an internationally renowned nurse-led service. A team of specialists manage patients with a range of functional gastrointestinal disorders including faecal incontinence and constipation as the two largest groups. Direct referrals are taken from both secondary and primary care. Relevant tests are pre-ordered according to the patients' individual bowel and pelvic floor dysfunction.

Biofeedback offers these patients an individualised package of care: they are assessed and seen for 4-5 appointments at 4-6 weekly intervals with ongoing care from the same therapist. The team work flexible hours in order to accommodate most patients.

CASELOAD

For April 2010 – March 2011 904 new patients were seen with a total of 1802 follow up appointments.

Number of inpatients seen for 2010 = 11.

PATIENT SATISFACTION AUDIT

An audit of patients from the biofeedback service showed 84% of patients improved their symptoms. The patients rating of change to their bowel symptoms was a median of 3/5 and rating of satisfaction with the treatment was a median of 8/10.

BIOFEEDBACK SERVICE

This service goes from strength to strength. Lead by Brigitte Collins there are four nurses and one physiotherapist. Treatments offered include:

- advice on dietary exclusion / modification
- supervision of medications
- behavioural therapy
- muscle retraining using manometry and computer feedback
- pelvic floor physiotherapy
- muscle stimulation (Neurotrac devices)
- psychological support including a telephone support service
- teaching and advice on Peristeen rectal irrigation/Qufora irrigation
- transcutaneous tibial nerve stimulation
- advice on anal plug options

TEACHING

The teaching programme included the following:

BSc bowel continence course

- Anatomy and physiology normal and abnormal defaecation
- Causes of faecal incontinence and constipation
- Nursing Assessment
- Epidemiology of incontinence and constipation
- Biofeedback for constipation
- Overview of IBS and probiotics
- Biofeedback for faecal incontinence
- Health Education

Other teaching

- Post graduate teaching x 3 for 2009 (St Marks)
- Advanced stoma care course (Burdett Institute)
- Colorectal Cancer nursing course (Burdett Institute)
- Endoscopy nursing course (Burdett Institute)
- Continence care course (Kings College London)
- Preceptorship programme for NWLH
- Neurological bowel management for masterclass for Brent community

The Nurse Consultant took part in an extensive national international programme of teaching and completed the following talks:

- **Thai Urological and International Continence Society:** 3 day course in Bangkok.
- **International Continence Society:** workshop on lower bowel dysfunction, Toronto.
- **Royal College of Nursing International Research Conference:** Keynote presentation, Gateshead.
- **Norwegian Pelvic floor conference,** Tromsø.

Brigitte Collins completed an MSc programme and graduated. Lorraine O'Brien completed a BSc programme and graduated. Elissa Bradshaw has commenced an MSc programme and is due for completion in December 2011.

NEW DEVELOPMENTS

The lead nurse commenced a diploma in hypnosis in October 2010 to be able to add this as another treatment within the biofeedback service. NICE guidelines (2008) recommend that referral for hypnosis should be considered for people with IBS. The guidelines suggest that hypnosis provides patients with benefits in a cost effective manner.

RESEARCH

- Brigitte Collins completed a pilot study for her thesis of 18 patients who had percutaneous tibial nerve stimulation for slow transit constipation was completed. (This was presented at the European Society of Coloproctology as a poster in 2010.(7)) The pilot study showed statistically significant results and therefore applying for funding to commence a randomised controlled trial.
- A qualitative study examining the patient's perspective regarding anterior resection syndrome is in progress as part of an MSc thesis for Elissa Bradshaw. The research is part of a larger study which is supported by the National Cancer Survivorship Initiative and will explore how patients manage changes in bowel function following rectal cancer treatment. Approximately 10 patients will be interviewed and the data will be analysed in order to explore common themes and potentially identify ways in which patients can be supported to self manage their bowel symptoms. This will be completed by December 2011.
- Lorraine O'Brien is designing a study for comparing bulking agents Fybogel with Normacol and it is hoped that this will commence in 2012.

Department of Paediatrics

**CONSULTANT PAEDIATRIC
GASTROENTEROLOGIST AND
LEAD FOR PAEDIATRICS AND
ADOLESCENTS AT ST MARK'S
HOSPITAL**

Dr W Hyer MRCP FRCPC

**CONSULTANT ENDOSCOPIST,
WOLFSON UNIT**

Dr Chris Fraser MRCP

**CONSULTANT COLORECTAL
SURGEON**

Ms S Clark

**CONSULTANT
GASTROENTEROLOGISTS**

Dr Ailsa Hart

Dr A Akhbar

**HONORARY CONSULTANT
PAEDIATRIC
GASTROENTEROLOGIST**

Dr JME Fell

**HONORARY CONSULTANT
PAEDIATRIC SURGEON**

Mr M Haddad

CONSULTANT ANAESTHETIST

Dr Krysia Konieczko

**CONSULTANT PAEDIATRIC
ENDOCRINOLOGIST**

Dr A Massoud MRCP MRCPC MD

**PAEDIATRIC LIAISON FOR
POLYPOSIS REGISTRY**

Mrs Kay Neale

**RESEARCH NURSE, POLYPOSIS
REGISTRY**

Ms J Rawling

PAEDIATRIC DIETICIAN

Miss Jo Feneck

HCA, PAEDIATRIC OUTPATIENTS

Jenny Moore

The past 3 years have seen the most consistent growth in the department since its creation 10 years ago. In order to integrate our services with local paediatric gastrointestinal services to increase our referral base, and enable us to offer our expertise outside the trust, Dr Hyer was invited to join the staff at Chelsea and Westminster Hospital. Thus our paediatric department joined with one of the largest UK paediatric gastrointestinal services accessing anaesthetic and surgical resources down to the neonatal age group.

Our general gastroenterology referral base widened to include the North and NorthWest sector in London, and beyond to the West and North of London. The number of complex gastrointestinal referrals was escalated year on year, with over 800 new paediatric referrals seen per annum at St Mark's alone.

The creation of a transition service/young persons clinic with Dr Hart and Dr Akhbar has led to a seamless adolescent service for our complex patients with inflammatory bowel disease (IBD). This service is now attracting patients from the Chelsea and Westminster cohort of IBD patients who are outgrowing the paediatric clinics, and new referrals locally and nationally. The multidisciplinary approach to IBD at St Mark's Hospital makes this service particularly attractive to referring hospitals and commissioners combining internationally respected experts in IBD medicine, IBD nursing, surgery, imaging and endoscopy.

The paediatric polyposis clinic operates once a month and it now attracts more new polyposis referrals than any other clinic at St Mark's. The expertise offered in the clinic by paediatricians, nurse specialists, and access to world class endoscopy has made this particular clinic a national resource. The British Society of Paediatric gastroenterology recognises this clinic as a specialist resource for paediatric polyposis. 80% of all referrals come beyond London, some as far as Scotland and Wales. We are particularly fortunate to access the endoscopic expertise of Dr Fraser and his team for our complex colonic and small bowel polyposis and the surgical expertise of Ms Clark. As a consequence, St Mark's Hospital is the only UK centre to run and organise an intervention study in paediatric polyposis currently recruiting throughout the UK.

ENDOSCOPY

Paediatric endoscopy has grown in the past year with increasing access to sedation colonoscopy preferred by many of our older

adolescents. Paediatric trainees are currently seeking supervision at St Mark's to acquire skills in colonoscopic technique best taught in the environment of the Wolfson Unit. As paediatric endoscopy training becomes increasingly formalised, St Mark's is aiming to play a significant role in training paediatricians to the standard required by JAG for adult colonoscopy. The division of paediatrics at St Mark's is already preparing itself for this role.

ACADEMIC DEVELOPMENT

The department has been represented in many national and international meetings including keynote presentations in Paediatric Polyposis in the World Congress of Paediatric Gastroenterology in 2012. Our department includes a full time paediatric polyposis research nurse and additionally a research registrar shared with the IBD unit at Chelsea and Westminster Hospital.

Dr Warren Hyer
Consultant Paediatrician

The Burdett Institute

The Burdett Institute was established in 2004 and set out to ‘improve the health and wellbeing of people with gastrointestinal disorders by promoting excellence in gastrointestinal nursing education, research and practice’.

Over 600 students with an interest in gastrointestinal nursing have to date undertaken a programme of study or a stand-alone module at the Unit. Students come mainly from the UK but there has also been overseas attendance from Europe.

The Burdett prides itself in its uniqueness to deliver education that meets the demands of clinical practice and this philosophy is upheld with the collaboration of both Kings College London and St. Mark’s Hospital with the Burdett Institute. Our clinical colleagues at St. Mark’s continue with their willingness to teach on our modules as well as participate in research. Evaluations from students also reflect this and many have returned to further their studies. Such feedback has included;

‘the sessions were taught by clinical experts with up-to-date knowledge and research’

‘class sizes which allowed a more personable approach to teaching and learning’

‘ability to share clinical experiences through case studies and problem solve’

‘discussing patient issues directly with the patient enriched the learning experience’

‘diversity of teaching methods, allowing interaction amongst students’

‘multi-disciplinary approach to teaching – holistic’

PERSONNEL

In the last year we have seen the departure of Professor Chris Norton, former Director of the Institute in February 2010; Janet Paul, our unit administrator; Kathy Whyman, 0.6 WTE lecturer and Annmarie Nunwa, 0.6 WTE Lecturer/Practitioner.

Current lecturing staff personnel include Julia Williams – full time and Claire Taylor – 0.5 WTE.

EDUCATION PROVISION

In view of this decrease in personnel and in wishing to maintain our high standard of delivery of education at the Burdett Institute we reviewed our education delivery for the year with all clinical leads. Over the past 5 years we have provided a broad range of specialist GI clinical modules at both BSc and Masters Level, offering a greater range of specialist modules than any other Masters nursing programme at the Florence Nightingale School of Nursing and Midwifery, Kings College, London. To align ourselves with current Masters provision at the school and deliver what is feasible within current service constraints, we decided to reduce the number of clinical options available for students from seven to four. We recruited to the modules which have proved most popular to remain profitable.

The education delivered in 2010/11 was as follows:

PROGRAMME	TERM 1	TERM 2	TERM 3
Post-Qualification (Level 6)	<ul style="list-style-type: none"> • Stoma Care Nursing – Principles and Practice with Adv Practice in SCN • IBD Level 6 	<ul style="list-style-type: none"> • Bowel Continence with Biofeedback • Children’s Gastrointestinal Nursing – at Kings every other year • Endoscopy • CRC Nursing 	<ul style="list-style-type: none"> • Body Image and Sexuality in GI Nursing • Clinical Nutrition at level 6 and 7
Post-Graduate (Level 7)	<ul style="list-style-type: none"> • Stoma Care Nursing – Principles and Practice with Adv Practice in SCN 	<ul style="list-style-type: none"> • CRC Nursing with Adv CRC 	<ul style="list-style-type: none"> • Foundation in GI Nursing • Adv Endoscopy (Flexi/Upper) • Specialist portfolio (for CNS in eg IBD)
Masterclass	<ul style="list-style-type: none"> • Bowel Management • Gut and the Mind 	<ul style="list-style-type: none"> • Sex and sexuality • Essentials of Pouch Care • Palliative Care 	<ul style="list-style-type: none"> • Gut and the Mind • Skin care

RESEARCH

We saw three students successfully graduate with an MSc in Gastrointestinal Nursing including:

2010

Alison Thomas - *A phenomenological investigation of patients’ perceptions of the Barret’s oesphagus.*

and four students with a BSc in Gastrointestinal Nursing including:

2010

Martine Cusack - *Telephone follow-up after colorectal cancer treatment: a literature review*

PRESENTATIONS IN 2010 AND 2011

Taylor, C. (2010) Cancer Survivorship – key note address WCET, September Bournemouth

September 2011 Cancer Care: Bowel continence – invited speaker ECCO, Stockholm, Sweden.

June 2011 ‘Cancer Survivorship’ – key note address and concurrent session ‘The role of the Biofeedback therapist’ Association of Coloproctology, Bournemouth

April 2011 ‘Survivorship: Living with and beyond cancer’, Beating Bowel Cancer Patient Voices Conference London.

March 2011 ‘Survivorship for ostomates’. Irish Stoma Care Nursing Forum, Dublin.

Claire Taylor
Lecturer in Gastrointestinal nursing

Stoma Care

In 2010 the department welcomed the arrival of Lisa Allison who took up a dual role of stoma and pouch nurse specialist. This returned the pouch service to a full time service. Several members of the team spent some time during 2010 and 2011 on maternity leave. Becky welcomed Ranulph, Angela welcomed Sophie and Louise welcomed Owain. When all members returned from maternity leave the department was at its highest staffing levels for over 5 years.

Janindra Warusavitarne joined the team as the Consultant Lead for the department. The department reconfigured itself so each team member could focus on a specific aspect of stoma, intestinal failure or ileo anal pouch care.

Sarah was nominated for Reed Nurse of the Year in 2011 and was voted runner-up out of 700 nominations.

Zarah has been involved in research on faecal transplantation for ileo anal pouch patients suffering from prolonged pouchitis. Becky has worked on research into digitation of anal fistulas and patient's experience of a continent ostomy appliance.

Zarah and Becky continued their progress on completing their respective MSc's. Lisa successfully completed her BSc and MSc stoma care modules.

A major focus on the department over the last 2 years has been developing the ward nursing staff in relation to stoma care. The department has established a rolling programme of education for ward nursing staff and students. This will ensure that all staff have a basic level of stoma care and ultimately improve the care delivered to patients on the wards and increase patient satisfaction.

Sarah was elected to be chairperson of the Inside Out stoma support group. She has also continued to work closely with the community to ensure that the department remains one step ahead of planned changes within the

community, thereby ensuring that our patients have a voice in the uncertain times of massive NHS changes.

The department developed 2 Master classes' which both received RCN accreditation. Becky and Sarah developed the Enterocutaneous Fistula Masterclass attended by over 80 nurses from throughout the UK demonstrating that the nurse specialists are seen as experts in this area. Zarah and Lisa developed the ileo anal pouch Masterclass to pass on their expert knowledge in the management of these complex patients.

Members of the team presented at various national and international conferences (Sarah – World Council of Enterostomal Therapists UK on her research into colostomy irrigation, Lisa – Nursing European Crohn's and Colitis Organisation on Management of Ileo Anal Pouches, Angela – Stoma and Fistula management, St Marks Intestinal Failure Study Day).

The team has worked together to develop a department 5 year strategy for the future vision of the department. The aim is to establish the department as the leading stoma department not only in the country but the world. This will certainly keep us all busy and I look forward to updating our progress in future annual reports.

Angela Vujnovich

Pathology

At the beginning of 2010 the gastrointestinal histopathology service was delivered by Professor Thomas Guenther supported by Dr Antonella Savio, Dr Adriana Martinez several locum consultants and other consultants in the department of cellular pathology.

Towards the end of 2010 the service was reorganised with the appointment of two new full- time consultants in substantive posts: Drs Alan Baird (AB) and Morgan Moorghen. Part-time contributions continued to be received from Dr Antonella Savio, Professor Thomas Guenther, Dr Adriana Martinez, Dr Neera Patel and Dr Ezra Nigar.

In 2011 following the departure of Professor Thomas Guenther and Antonella Savio, Dr Lajja Panchal was appointed to join the team of consultants providing the GI histopathology service. Staff changes allowed for an opportunity to introduce and implement stringent measures to ensure high standards of histopathology reporting. In particular lymph node yield in colorectal cancer specimens has been subject to rolling audits and numbers exceed the national average.

Improvements in the service meant that we exceeded the standards prescribed for the histopathology reporting of bowel cancer screening cases. The department is currently developing a teaching programme in histopathology with a first workshop planned for May 2012. In terms of research various collaborative projects are being set up and the department continues to support enrolment in various trials.

Dr Morgan Moorghen

The Department of Surgery

The past two years has seen a further increase in the number of surgical consultants with the appointment of Janindra Warusavitarne from Sydney, Australia.

He is a laparoscopic and intestinal failure surgeon with a special interest in inflammatory bowel disease.

JOHN NORTHOVER

During 2010-11, it was an honour for John Northover to be President of The St Mark's Association during celebrations of the hospital's 175th Anniversary. This momentous event was marked by at the Annual Dinner Meeting, attended by a particularly large number alumni, who heard speeches and presentations from colleagues past and present, spanning many generations.

He continued as Chair of the Data Monitoring Committees for two national randomized trials (QUASAR2 and NewEPOC) which are examining the use of biological agents in primary and recurrent bowel cancer respectively. He also attended meetings of the NHS Bowel Screening Advisory Committee. He completed his first decade as Civilian Consultant Adviser to The Army in Colorectal Surgery. He was the 2011 Norman Nigro Memorial Research Lecturer at the American Society of Colon and Rectal Surgeons, held in Vancouver, Canada. He attended meetings of the Portuguese Society of Surgery in Lisbon, The Egyptian Society of Hepatology and Gastroenterology in Alexandria, and the Egyptian Society of Surgeons in Cairo, as well as several national lecture courses.

PROFESSOR ROBIN PHILLIPS

Robin Phillips has continued in his roles as Clinical Director for St Mark's Hospital, the Gastroenterology Department, Upper GI Surgery and Emergency Surgery. He remained as the Director of the St Mark's Polyposis Registry, an Honorary Administrative Co-Director of INSIGHT (the international society for the investigation of gastrointestinal hereditary tumours) and Civilian Consultant to the Royal Navy.

Alongside his continuing research interest in polyposis (now jointly with Sue Clark), Robin Phillips continued his research in idiopathic and Crohn's anal fistula and rectovaginal fistula and in perineal wound healing with Phil Tozer and Najib Daulatzai, co-supervised by Ailsa Hart and Professor Paul Sibbons. He gave numerous invited lectures nationally and internationally, including San Antonio, the Cleveland Clinic (David Jagelman Visiting Professor), Adelaide (College Visitor), Turkey, Italy, Japan, Tehran and Kuala Lumpur.

MR ROBIN KENNEDY

The last two years have seen interesting progress on many different fronts for the Head of Lparaoscopy at St Mark's. Nationally developments in laparoscopic colorectal surgery have been promoted by the training of consultant surgeons within the National Training Programme, with St Mark's training a number of them. Enhanced recovery care has been also been rolled under the leadership of Prof Sir Mike Richards, with Robin acting as a Clinical Lead and member of the Advisory Board.

Laparoscopic research blossomed with the development of a new surgical technique that allows full thickness removal of a disc of colon – The FLEX technique. The hope is that this can replace conventional surgery in many instances. Research collaborations have grown and involve many units: Oxford, Imperial College, Yeovil and The Beaumont Hospital. Robin has been joined by many motivated Overseas Fellows who have contributed to our activity: Stefano Sala, Gaetano Luglio, Tania Magro, Josef Watfah, Susana Ouro and Ian White.

Robin continues to teach and lecture around the world, having visited Porto, Hambourg, Auckland, Riyadh and Tianjin along with many UK destinations.

MISS SUE CLARK

Sue Clark has continued to develop the ileoanal pouch practice which she took on after John Nicholls' retirement. Together with the gastroenterologists and Zarah Perry-Woodford (pouch nurse specialist) multidisciplinary management of tertiary referrals with 'pouch problems' is proving effective and popular, with an increasing number of tertiary referrals.

She continues as Assistant Director of the polyposis registry. In 2009 she elected onto council of the International Society for

Gastrointestinal Hereditary Tumours, and co-ordinated the production of international guidelines for the management of Peutz-Jeghers syndrome.

Amongst other activities, Sue has continued as a member of council of the Section of Coloproctology of the Royal Society of Medicine, and has been tasked with setting up and chairing the new Cancer Group for the British Society of Gastroenterology. She is also secretary of the Surgery Section of the BSG.

Sue is an honorary senior lecturer at Imperial College and supervised Daniel Gibbons who gained a distinction in his Masters in Public Health on the impact of a polyposis registry on life expectancy in FAP. Olivia Will successfully completed her PhD on pathways of carcinogenesis in the gastrointestinal tract (jointly supervised by Robin Phillips and Ian Tomlinson), Simon McLaughlin (pouchitis after restorative proctocolectomy – jointly supervised by John Nicholls, Paul Ciclitira and Paris Tekkis) Julie Cornish (inflammatory bowel disease and female reproductive health jointly with Paris Tekkis) and Ashish Sinha (tumourigenesis of desmoids in FAP) obtained MD.

Jon Landy and Santosh Bhandari have respectively taken up the batons of research into pouchitis and desmoid tumours.

She has been an invited speaker at meetings of the BSG, Association of Coloproctology and Clinical Oncological Society of Australia.

MR IAN JENKINS

St Mark's has continued over the last two years to provide high volume laparoscopic colorectal service. For patients who have primary rectal cancers we now achieve over 95% who undergo a laparoscopic resection as well as offering primary laparoscopic resection to all obese and morbidly obese colorectal patients.

In 2010 Ian became the Lead for St Mark's Outpatients and in 2011 became Lead for Colorectal Cancer for NWLH Trust and Lead of the Complex Cancer Clinic Team. Ian was involved in St Mark's Hospital becoming a national prototype site to stratify pathways of care for patients being treated for colorectal cancer.

Ian continues with both educational and training commitments nationally and internationally. In conjunction with other St Mark's colleagues Ian has helped organise courses at St Mark's (How to develop your laparoscopic Colorectal Surgery" and Enhanced Recovery Symposia Courses). Ian is the UK Chairman and Chair of the Educational Committee of International Society of Digestive Surgery (European Federation).

In 2010 Ian was awarded the American Society of Colorectal Surgeons International Fellowship allowing him to witness how training in North America is developed and delivered from the concept stage to application. He has been an invited lecturer and given live operating demonstrations at meetings.

MISS CAROLYNNE VAIZEY

Carolynne has continued as the Chairman of Surgery at St Mark's and remains the Lead Surgeon for both Pelvic Floor Disorders and for Intestinal Failure. She is also continues as the Director of the Physiology Unit.

The workload for Intestinal Failure Unit continues to grow and we now have a dedicated 22 bedded ward which opened in 2009.

Carolynne is an Honorary Senior Lecturer at Imperial College and has supervised Tom Dudding who completed his MD in neurostimulation. Anil George has submitted his MD and Gregory Thomas is near to completing the work on his MD in neurostimulation. Gohur Rabhour continues his research for an MD in Intestinal Failure.

Jacob Jacobsen a PhD student from Aarhus successfully completed his combined project between St Marks' and Aarhus. Yasuko Maeda completed her research time at St Mark's and in Aarhus and now has a D Phil and has completed the work for her PhD. She continues as an honorary research fellow at St Mark's. Nicoletta Dimetriou from Greece has been an Honorary Clinical assistant with Carolynne for 1 year. Fraukia Hoogenbaum from the Netherlands was an ESCP fellow with Carolynne for 3 months, sponsored by Medtronic.

Amongst other meetings Carolynne was an invited speaker at many meetings in the UK and abroad. Carolynne has continued as a member of the ACPGBI's external affairs committee and has been a NICE advisor on treatments for faecal incontinence. She is also part of the HIFNET group working with the Department of Health to devolve Home Parenteral Nutrition to more centres across the country.

MR PETER MCDONALD

Peter has continued on in his role of consultant surgeon at St Mark's Hospital and an active general surgeon on the Northwick Park side of the Trust. Peter was appointed President of the Section of Surgery at the Royal Society of Medicine in 2011 with the Presidential Address "jiblets and Tripe and Words Aplenty" being delivered in October 2011.

Peter has continued to write, speak and broadcast extensively about many topics in the UK and worldwide. In June 2010 Peter was an invited speaker at ACPGBI speaking on "Medical Defence in the UK" in his capacity as non-Executive Director of the MDDUS. For the Section of Coloproctology of the RSM he delivered a "A Short History of St. Mark's" to the University of Sydney in June 2011 and three contributions at the Tripartite Meeting in Cairns. Peter took place in a lively debate in "The Battle of Surgeons" November 2011 to

UCL Surgical Society and presented a Medical Quotations Evening in Liverpool.

Peter has had numerous publications including; 12 Review Columns p.a. for Colorectal Disease (Gemellus) and 8 Opinion Columns p.a. for The Bulletin of Royal College of Surgeons of England (Mr. Slop).

MR JANINDRA WARUSAVITARNE

Janindra is an Australian trained laparoscopic surgeon who joined the St Mark's family in January 2010. Janindra has developed his interest in both intestinal failure and inflammatory bowel disease surgery. Janindra is the lead IBD surgeon at St Mark's and together with Dr Ailsa Hart has continued to develop the IBD service which has seen an increased number of tertiary referrals.

With Janindra's experience in laparoscopic surgery a large number of IBD patients requiring abdominal surgery are now offered laparoscopic surgery as the first choice and this is complemented by Robin Kennedy and Ian Jenkins.

Janindra is the clinical lead for emergency surgery at the NWLH NHS Trust. He has been active in developing streamlined pathways to develop the emergency surgical pathway at Northwick Park Hospital. He is also a member of the working group developed to restructure emergency services in North West London.

Janindra has continued in his role as an Honorary Senior Lecturer at the University of New South Wales and has also been appointed at Imperial College. He supervises two PhD students in Sydney; Sam Al-Sohaily who looks at molecular factors that influence prognosis and response to treatment in colorectal cancer and Faryal Zehra who is examining quality of life and intestinal function after treatment for rectal cancer. Both Sam and Faryal are at

the stage of completing their theses. He also supervises Pritesh Morar who is investigating post operative Crohn's disease and co supervises Goher Rabbhour with Carolynne Vaizey.

Janindra has been an invited speaker at both local and international meetings including Shanghai, China and Colombo, Sri Lanka.

PROF STEPHEN CHADWICK

Professor Chadwick is the Clinical Lead for General Surgery at Northwick Park Hospital. He has been collaborating with the Royal College of Surgeons for the independent review mechanism and is on the Council for the Association of Laparoscopic Surgeons. He has chaired session for the Association of Surgeons and visited Aberdeen for the Travelling Surgical Society.

Professor Chadwick was appointed Honorary Professor of Nursing at the University of West London in June 2010. He continues to lecture at national and international meetings. Professor Chadwick has been collaborating with the Olympic organisers during 2010 and 2011 in preparing the equestrian team and will be on hand to take care of any emergencies during the Games in 2012.

He has also been running a community anorectal clinic with great success.

Stephen Chadwick continues to run an outpatient clinic at St. Mark's and to support the Advanced Colorectal Workshop and is deputy lead clinician for colorectal cancer.

St Mark's Association

ST MARK'S ASSOCIATION ANNUAL MEETING
**CELEBRATING THE 175th ANNIVERSARY
OF ST MARK'S HOSPITAL 8th October 2010**

0855	WELCOME	President, St Mark's Association	
0900	Giant strides - from sabre slash to a few stabs <i>Chair: Peter McDonald</i>	Peter Hawley	Ian Jenkins
0930	Polyposis - from generation to generation <i>Chair: Warren Hyer</i>	James Thomson	Sue Clark
1000	Nurse specialists – still inheriting the earth? <i>Chair: Kay Neale</i>	Celia Myers	Christine Norton
1030	Coffee		
1100	The physician in a surgical world <i>Chair: Max Pitcher</i>	John Lennard-Jones	Ailsa Hart
1130	Colitis surgery - paving the way, then and now <i>Chair: Julian Stern</i>	John Nicholls	Janindra Warusavitarne
1200	Turning failure into success <i>Chair: Mia Small</i>	Susanne Wood	Simon Gabe
1230	Clinical Director's Report	Professor Robin Phillips	
1235	Dean's Report	Dr David Burling	
1240	ANNUAL GENERAL MEETING		
1250	Lunch		
1330	The Dukes Inheritance	Team Morson	Thomas Guenther
1400	Barium to Super Marios - can the surgeons keep up? <i>Chair: Michele Marshall</i>	Clive Bartram	David Burling
1430	Up yours! – 40 years in and going strong <i>Chair: Siwan Thomas-Gibson</i>	Christopher Williams	Brian Saunders
1500	Tea		
1530	Protecting patients from surgeons - the story evolves <i>Chair: Doug Newton</i>	Leon Kaufman	Munita Grover
1600	St Mark's: still tops for bottoms <i>Chair: Ayesha Akbar</i>	Michael Henry	Carolynne Vaizey
1630	"... the hinder parts" (Psalm 78 verse 67) <i>Chair: Stephen Chadwick</i>	James Thomson	Robin Phillips
1700-1730	PRESIDENTIAL ADDRESS <i>Chair: Peter Hawley</i>	John Northover	

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ST MARK'S ASSOCIATION ANNUAL MEETING

7th October 2011, St Mark's Hospital



0833 – 0855	<i>Registration</i>	<i>Himsworth Hall</i>	
0855	Welcome	<i>Clore Lecture Theatres</i>	Mr M Kelly - President
0900 – 1015	Pitfalls in Practice: The St Mark's Collection		Chairman: Mr P McDonald
0900	Theatre protocols: do they work?		Dr K Moorthy
0915	Surgical sagas sent to St Mark's		Professor J Northover
0930	Medical sagas sent to St Mark's		Dr M Pitcher
0945	Panel Discussion		
1015 – 1045	<i>COFFEE</i>	<i>Himsworth Hall</i>	
1045 – 1145	On-going research at St Mark's		Chairman:
1045	Transforming treatment in early colorectal cancer		Ms A Brigic
1100	Pre-operative neutrophil lymphocyte ratio greater than 5 is a prognostic factor for recurrent colorectal cancer		Dr S Mallappa
1115	Wound healing in Crohn's disease		Dr E Mann
1130	Faecal transplantation for chronic pouchitis- host immune responses to microbial manipulation		Dr J Landy
1145	Clinical Director's Report		Professor R Phillips
-	Dean's Report		Mr R Kennedy
1215	St Mark's Association AGM		
1215 – 1315	<i>LUNCH</i>	<i>Himsworth Hall</i>	
1315 -1500	Doctors in Trouble		Chairman: Mr M Kelly
1315	Royal College of Surgeons involvement through its Professional Standards & Regulation Division		Professor N Williams – President Ms L Blackett – Head of Division
1330	National Bowel Cancer Audit Programme funnel plots and audit		Mr P Finan
1345	Association of Coloproctology GBI Clinical - Governance Committee		Mr M Kelly – Chairman
1400	Lessons from colonoscopy		Dr S Thomas-Gibson
1415	Hospital Consultants & Specialists Association involvement & support		Mr S Campion – Chief Executive
1430	Panel Discussion		
1500 – 1530	<i>COFFEE</i>	<i>Himsworth Hall</i>	
1530 – 1645	The Medico-legal Jungle		Chairman Professor R Phillips
1530	Basic legal concepts		Mr J de Bono – Barrister, 3 Serjeants' Inn
1550	Structures in the UK and The Defence Organisations		Mr P McDonald
1605	Clinical Examples		Ms C Vaizey
1625	Panel Discussion		
1645 – 1715	Presidential Address Medico-legal exams at 60 can be fun!		Mr M Kelly CUEWC Cardiff University Expert Witness Cert.

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