



St Mark's Hospital

The Hospital for Intestinal and Colorectal Disorders

The Annual Report for the year ending 31st December 2003

North West London Hospitals NHS Trust
Watford Road Harrow
Middlesex HA1 3UJ, UK

Tel: +44 (0) 20 8235 4002
Fax: +44 (0) 20 8235 4001
www.stmarkshospital.org.uk



Professor Bartram, Clinical Director, and Stuart Taylor who has been appointed Consultant Radiologist. They are accompanied by Michele Marshall and Steve Halligan.

Preface

A hospital is more than its component parts. This report is of necessity divided into sections, but is actually about a single vibrant entity – St Mark's Hospital. An institution which attracts strong loyalty from those associated with it, and attracts patients from all over the UK, and indeed the world.

This is the 169th edition of the annual report of St Mark's Hospital, a continuous tradition since 1837. As ever, the report documents and summarises the multitude of clinical and academic activities of the Hospital, the St Mark's Academic Institute and our major collaborators. These range from major research studies that have results that will influence medicine around the world, to more modest local and personal achievements. All are part of the varied and valued life of St Mark's.

The Editors are grateful to all contributors and photographers who have contributed to this report. Thanks are also given to the St Mark's Association and the St Mark's Hospital Foundation whose support enables us to produce and distribute this report.

Christine Norton

Janice Ferrari

Alastair Forbes

Editors

Contents

ST MARK'S HOSPITAL	
Patrons, Senior Staff and Trustees	6
Clinical Director's Report for 2003	11
St Mark's Hospital Administration	14
Service Manager's Report	16
Frederick Salmon Ward	18
Outpatients Department	24
Diagnostic Nursing	26
The Robert and Lisa Sainsbury Wing	28
ST MARK'S ACADEMIC INSTITUTE	
St Mark's Academic Institute	32
Dean's Report	33
Administrator's Report 2003	36
Visitors to St Mark's Academic Institute	38
Regular Hospital Schedule	52
St Mark's In House Rounds	54
CANCER RESEARCH UK	
Colorectal Cancer Unit	58
Histopathology Department	66
The Polyposis Registry 2003	68
DEPARTMENT REPORTS	
Kennedy-Leigh Academic Endoscopy Unit	74
Medical Photography and Illustration	78
Department of Medicine	79
Intestinal Imaging Centre	85
Nutrition & Intestinal Failure	87
Paediatric Unit	90
Chronic Pain Service	91
Physiology Unit	92
Medical Social Work and Counselling	100
Stoma Care Department	101
Surgery	103
OTHER AREAS OF ACTIVITY	
St Mark's Association	110
St Mark's Hospital Foundation	111
Friends of St Mark's Hospital	113
Inside Out Stoma Support Group	115
BIBLIOGRAPHY	117

St Mark's Hospital

Patrons and Senior Staff

THE BOARD OF PATRONS

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

EMERITUS STAFF

Consultants

Professor EW Walls MD BSc FRCS FRCSed FRSED
Sir Ian Todd KBE MS MD FRCS FCS (SA) FRACS FACS FRCPsGlas
BC MORSON CBE VRD MA DM FRCP FRCS FRCPATH Hon FRACS
CV Mann MA MCh FRCS
IR Verner MB BChir FRCA
Professor JE Lennard-Jones MD FRCP FRCS
SK Alexander MB BS
A Brook MD FRCPsych
BM Thomas MB BS FRCP FRCR
PR Hawley MS FRCS
JPS Thomson DM MS FRCS
Professor RW Beard MD FRCOG

SENIOR STAFF

Consultant Surgeons

Professor RJ Nicholls MA Mchir FRCS FRCPSClas

Professor JMA Northover MS FRCS

Professor RKS Phillips MS FRCS

PJ McDonald MS FRCS

ACJ Windsor MD FRCS

CRG Cohen MD FRCS

SJD Chadwick MS FRCS

CJ Vaizey MD FRCS

Consultant Physicians

CB Williams MA BM Mchir FRCP FRCS

Professor MA Kamm MD FRCP FRACP

MR Jacyna MD FRCP

A Forbes BSc MD FRCP ILTM

HJW Thomas MA PhD FRCP

BP Saunders MD MRCP

M Pitcher MD FRCP

S O'Brien MD FRCP

S Gabe MD FRCP

A Emmanuel MD MRCP

Consultant Histopathologists

Professor IC Talbot MS FRCPATH

Professor AB Price MA BM MCh PRCPATH

T Guenther MD PhD Priv.-Doz, Dr. med.habil

Professor A von Herbay MD

Consultant Radiologists

Professor CI Bartram MB BS FRCP FRCS FRCR

S Halligan MD MRCP FRCR

M Marshall MB FRCR

S Taylor MD FRCR MRCP

Consultant Psychiatrist

J Stern BA MB ChB MRCPsych

Consultant Dermatologist

S Goolamali MD FRCP

Consultant Nurses

Professor C Norton PhD MA RN

M Vance RGN DIP MSc

Honorary Consultants

S Arnott MB Bchir FRCSEd FRCR

Professor KE Britton MSc MD FRCR FRCP

SJD Chadwick MS FRCS

M Granowska MD MSc FRCR

M Slevin MB ChB FRCP MRCP

Radiotherapy

Nuclear Medicine

Surgery

Nuclear Medicine

Medical Oncology

Visiting Consultants

Professor MJG Farthing BSc MD FRCP

Professor A Darzi MD FRCS

Dr A Shaw

Gastroenterology

Surgery

G. U. Medicine

Consultant Staff from other Directorates

M Brunner MB MS FRCA

J Elkabir MB BS FRCS (Eng) FRCS (Urol) FEBU

D Fermont MB BS FRCR FRCS

R Glynne-Jones MB BS FRCR MRCP

M Hasan MB ChB FRCA

J Harris MB BS FRCA

A Hewlett MB ChB FRCA

C Higgins MD FRCP

W Hyer MRCP MRCPCH

M Kapembwa BSc MB FRCP FRCPEd

A Keat MD FRCP

K Konieczko MB BS FRCA

P Kulkarni MB BS FRCA

D Newton MB BS FRCA

V Ramachandra MB BS FRCA

N Robinson MB ChB FRCA

Anaesthetics

Urology

Oncology

Oncology

Anaesthetics

Anaesthetics

Anaesthetics

Rheumatology

Paediatrics

G. U. Medicine

Rheumatology

Anaesthetics

Anaesthetics

Anaesthetics

Anaesthetics

Anaesthetics

Nurse Specialists

Jennie Burch

Mariann Baulf

Clare Bossom

Debbie Buchan

Angelina Chai

Stoma Care

Endoscopy

Stoma Care

Nutrition & IF

Endoscopy

Natalie Crawley
Annmarie Daniels
Julie Duncan
Angie Davidson
Allison Durrant
Nicky Horton
Ripple Man
Christine Norton
Mia Small
Jayne Somerset
David Swain
Jo Sweeney
Claire Taylor
Sarah Varma
Julia Williams
Maggie Vance
Anjela Vujnovich
Jacquie Wright
Lisa Younge

Stoma Care
Nutrition & IF
Biofeedback
Nutrition & IF
Pouch Care
Biofeedback
Endoscopy
Continenence
Nutrition & IF
Pain Management
Endoscopy
Pouch Care
Macmillan
Stoma Care
Lecturer in Nursing
Endoscopy
Stoma Care
Biofeedback/Polyposis
Inflammatory Bowel Disease

Pharmacists

Claire Chadwick BPharm MRPharmS
Shola Olusanya BPharm MRPharmS

Social Worker

Solveig Wilson css

Managers

Professor Cl Bartram
Dr A Forbes
Mr PJ McDonald
Mrs Veda Enser

Ms Ann Curry
Mrs Nesta Dutton
Miss Judith Landgrebe
Karen McGuire
Val Pryor
Ms Sarah Whitefield
Ms Caroline Francis

Clinical Director
Dean
Sub-Dean
Assistant Director Operations
Elective Services
The Robert & Lisa Sainsbury Wing
Patient Services Manager
Administrator
Services Manager
Endoscopy
Nursing
General Manager St Mark's
Gastroenterology and Radiology

Chairman

Dr Alastair McDonald

Non-Executive Directors

Ms Moira Black

Ms Marvelle Brown

Dr John Green

Ms Sally Kirkwood

Dr Yashwant Patel

Executive Directors

Mr John Pope CBE

Mr Mark Devlin

Dr John Riordan OBE

Mr Don Richards

Sir Graham Morgan

Ms Rhaj Bhamber

Mr Phillip Sutcliffe

Chief Executive Officer

Deputy Chief Executive Officer

Medical Director

Finance

Nursing

Human Resources Director

Corporate & Support Services

Clinical Directors Report for 2003

My report started last year with a discussion on the importance of our relationship with Imperial College, and this continued to be the dominant issue of the year. At a meeting with Professor Sir Leszek Borysiewicz in July we were offered the option of St Mark's entering the Division of Surgery, anaesthesia and intensive care as a multidisciplinary entity, to be called St Mark's Institute. This would not be a full institute within the College as this would require separate Divisional status, but would reflect our working practice and give us direct representation on the Divisional executive. Discussions then took place within the hospital as to how we might wish to alter our management structure if we were an 'Institute' within Imperial. The main conclusions were that the clinical and academic director structures would remain separate, though there could be rotation chairing the hospital executive meeting, but that we would try to combine some of our financial and management structures, and in particular create an Institute manager to cover the NHS service level management and academic issues, a concept that met with senior management approval.

An important part of the academic plan was the appointment of a Senior Lecturer in Surgery, and it was a great pleasure to welcome Carolynne Vaizey back to St Mark's from her post as consultant colorectal surgeon at UCH. Carolynne took up this post in September, and is sharing some of John Northover's work as well as developing her own subspeciality interests. This is an important post for the hospital and we all wish her well in this.

John Northover's inaugural lecture in November was a most successful event. As well as discussing his own work, John presented an overview of St Mark's and its recent achievements, emphasising our multidisciplinary and collaborative approach to research. Sir Leszek gave a detailed and very supportive response. I had hoped that this lecture would mark the conclusion of our negotiations with Imperial. Unfortunately this has been delayed and at the end of 2003 we still lack clarity

over our position within the Division and the arrangements for wind-in, which refers to the distribution of loadings given by the government in response to grant awards.

St Mark's has a fine tradition in histopathology, and the expansion of the work within the Trust now means that we now need at least two, ideally 2.5WTE histopathologists.

Alex Von Herbay was appointed to replace Ashley Price. Alex is from Heidelberg, where he has been awarded professorial status, and has a long interest in histopathology within the specialty. The second post will be taken up by Thomas Guenther, from Madburgh University, Germany. Thomas has been working in the Trust for several years and will also shortly be eligible for promotion to professor from his university. Both are first class histopathologists and their appointments open up interesting possibilities for collaborative work in Germany.

The St Mark's sessions in histopathology will be divided equally between them. The Chair in Histopathology has not been forgotten, and will be taken up again once our position in Imperial becomes clearer.

Christopher Williams retired in June, ending a most successful 30 year career at St Mark's, but not his involvement with the Wolfson unit as he plans to maintain his interest in teaching. A major development in this respect was the successful bid by Brian Saunders for St Mark's to become a national training centre in colonoscopy. Significant funding has been allocated to 3 centres for this. To cope with the added training and administration involved, Brian has transferred from a university to an NHS contract. A locum appointment will be made in the New Year until an academic or NHS post is agreed. There are plans to extend the teaching and research facilities, and this successful bid to become a training centre is hopefully the start of continued expansion of the teaching and research capabilities of this unit.

Stuart Taylor was appointed consultant radiologist in December. This was a proleptic appointment, with Stuart taking over my sessions when I retire at the end of next year. The minor building work to convert the space vacated by Nuclear Medicine on 4V has been completed and a clinical and academic radiology area created. The radiology section is now the centre for the ESGAR CT Colonography trial run by Steve Halligan and David Burling. Steve Halligan, in conjunction with Professor Lilford from Leeds University, was awarded a £1M grant from the Health Technology Assessment agency for the investigation of CT Colonography.

This will be another multicentre trial hosted via SIGGAR. It is most gratifying to see that St Mark's has now become an international centre for this new imaging technique.

During the year several senior nursing staff left: Sarah Whitefield to work in St Bartholomew's Hospital and Paula Williams-Bowen from outpatients. Denise Robinson will take over outpatients on a temporary basis. Val Pryor is welcomed as the new endoscopy services manager, and Karen McGuire as our services manager. The senior nurse management for St Mark's is yet to be decided. Carrie Stone will return early next year, but there may be changes to the nursing structure and we will have to await developments on this. Specialist nursing has been a major development at St Mark's, and the Burdett Trust donation to establish an Institute of Gastrointestinal Nursing is a key development for nursing. Hopefully the space for staff in the infill development will be ready by the autumn of next year, in time for the start of this major development at the beginning of the new academic year. The medical secretaries have had a particularly difficult year with staff shortages, and financial constraint has made locum replacements more difficult. I am grateful to them for their forbearance in dealing with very large workloads, and hope that we will be able to improve the situation shortly.

Much of the end of the year was taken up implementing the European working time directive and the new consultant contract. The EWTD has posed severe strains on junior rotas, and several additional posts have been required to make these compliant. The appointment of 2 colorectal nurse

practitioners to support the SpR rotas so that these can be made compliant and to undertake pre-assessment will be made next year, and is a sign of change in hospital practice. I would like to add a special note of thanks to Nesta Dutton for working so hard on these rotas. There has been considerable pressure to impose the new contract as soon as possible, with backdating to April available only to those signing up to the new contract in October. The problem is that although the guidelines for the new programmed activities are fairly detailed there remain areas of uncertainty as to how these will work out in practice. With the realisation that the backdating is not a significant amount, many who originally expressed an interest are now holding back to see how the contract is finally interpreted. Negotiations for the new contract are due to be completed by April 2004.

St Mark's will start the New Year with much to be done. Our university relationship needs resolution before we can expand our academic staff. The new builds need final agreement and funding, and we await developments in funding for our specialist work. Maintaining direction at a time of so much change is difficult, and I thank the hospital staff, clinical, clerical and management for all that they have done over the year for our patients, who remain, as ever, the central issue of St Mark's.

Clive Bartram
Clinical Director

St Mark's Hospital Administration

MANAGERS

ASSISTANT DIRECTOR OF OPERATIONS – ELECTIVE SERVICES

Mrs Veda Enser

GENERAL MANAGER

Ms Caroline Francis

SERVICE MANAGER

Miss Karen McGuire

NURSING MANAGER

Ms Sarah Whitefield

PATIENT SERVICES MANAGER

Mrs Nesta Dutton

OUTPATIENTS MANAGER

Mrs Pam Nye

ADMISSIONS MANAGER

Mrs Carol Jenkins

MANAGEMENT SUPPORT OFFICER

Ms Julie Vasquez

ADMINISTRATIVE ASSISTANTS

JUNIOR DOCTORS CO-ORDINATOR

Mrs Nesta Dutton

PA TO ASSISTANT DIRECTOR FOR OPERATIONS – ELECTIVE SERVICES

Mrs Almas Daya

PA TO GENERAL MANAGER/ CLINICAL DIRECTOR

Miss Louise Dunne

PA TO HEAD OF PATHOLOGY

Mrs Rehana Shah

PA TO NURSING MANAGER

Mrs Alka Bhayani

MEDICAL SECRETARIES

Mrs Sandra Benardout

Mrs Rosemary Coleman

Mrs Tracey Campbell

Mrs Valerie Goddard

Mrs Penny Mendoza

Mrs Elizabeth Robertson

Mrs Jayshree Shah

Mrs Anne Wheelhouse

INTESTINAL FAILURE CO-ORDINATOR

Mrs Amie Tanda

PATIENT SERVICES OFFICER

Mrs Lyn Jamieson

Mr Lee Dennis

ADMISSIONS SCHEDULER

Ms Clara Edwards

CLERICAL OFFICER/RECEPTIONIST

Ms Irene Njorge

OUTPATIENTS APPOINTMENTS CO-ORDINATOR

Mrs Rita Peacock

CLINIC CLERKS

Miss Denise Coleman

Mrs Maggie Ross

Miss Catherine Thomas

Mrs Nicola Ozturb

Miss Laura Dutton

FREDERICK SALMON WARD



Keith Chamberlain The Senior Officer of Medical Records with Christine Sullivan, Diane Dwyer and Liz Jones.



Patient services managers and medical secretaries.

WARD CLERKS

Mrs Claire Wallman
Mrs Isabel Sharratt

SECRETARY

Ms Nancy Swasbrook

PHYSIOLOGY & IMAGING

Miss Jenny Bowen
Mrs Smita Patel
Ms Paulette Sharkey

RECEPTIONISTS

Ms Josephine Convey
Mrs Bernadette Olivar
Mrs Margaret Phillipson
Mrs Jacqui McHardy
Mrs Nisha Dholakia

**MEDICAL RECORDS
SENIOR OFFICER**

Mr Keith Chamberlain

RECORDS OFFICERS

Ms Diane Dwyer
Ms Liz Jones
Ms Christine Sullivan
Mr Andrew Moy

CODING OFFICER

Mrs Bernie Reidy

ENDOSCOPY OFFICE MANAGER

Mrs Jean Manning

RECEPTIONISTS

Mr Michael Mulcahy
Ms Nita Zeiderman
Mrs Lyn Jamieson

Service Manager's Report



Karen McGuire, The Services Manager.

Being a relative newcomer to St Mark's I have to say that the staff here are like none I have ever worked with before. The feeling of pride amongst the staff who work at St Mark's is truly unique and I have found it a challenging and enjoyable experience as I have gotten to know some of you. THANK YOU all for making me feel so welcome and for your continued hard work, commitment and support.

Change is inevitable and there have been quite a few changes this year to St Mark's. I started on 30 June 2003 as Service Manager, Sarah Whitefield, Senior Nurse has left us to go to pastures new. Carrie Stone is returning to St Mark's following her secondment, Val Pryor, our long awaited Diagnostic Services Manager took up post in October 2003 and lastly Ms Carolynne Vaizy joined the Consultant Staff as Senior

It's that time of year again, and once again St Mark's is striving forward ready to top this past year's achievements. This has been quite an interesting year for St Mark's; we are on course to achieve this year's targets, the First Annual Conference in Intestinal and Colorectal Disease was very well received and plans are underway for next year's conference. The Endoscopy Department became successful in being chosen to be one of the first National Training Centres for Endoscopy. All the staff have valiantly risen to the challenge in continuing to uphold St Mark's long established tradition of being one of centres of excellence in colorectal and intestinal diseases.

Lecturer in Surgery. Sadly, Professor Ian Talbot and Professor Ashley Price have retired this year. We would like to thank them for all their hard work and commitment in providing first class pathology support to the hospital. They will be greatly missed by everyone.

On the service development side two new peri-operative colorectal nurse practitioners will be starting in July 2004 – Susheela Robinson spreads her wings as she takes up her new post and Steve Wright (welcome back) will be joining her as he works alongside her and the surgeons. Endosoft the new endoscopy database has been given to St Mark's and should greatly assist the consultant staff by producing high quality reports and images of patients. More secretaries have been recruited to assist the consultants with their ever increasing workloads.

The Christmas Show this year was truly hysterical 'Prof Idol'. We were reminded of yet "how wonderful life is now that Uncle John is in the world" and who can forget the hilarious consultants rendition of Swing Low Sweet Chariot, don't give up your day jobs! Many congratulations to all the staff who worked hard to put on yet another fantastic show!

This year is a particularly special year as it is the 150th anniversary of the laying of the Foundation Stone at St Mark's on the City Road Site. This year the Tide Service will take place on 23 April 2004.

Thanks again to the Friends of St Mark's for their continued fundraising and efforts to help the hospital by undertaking a number of projects which benefit all those who pass through the doors of St Mark's.

Once again, thank you all for your efforts in making this a very special hospital to be a part of.

Karen McGuire

Frederick Salmon Ward

WARD MANAGER

Susheela Robinson

SENIOR SISTER

Vanitha Kanagaratnam

TEAM LEADER

Ann Callaghan

Nicole Baptiste

Jaz Dhiman

Alison Manley

Louise Williams

SISTERS

Denise Robinson

Angela Schnepel

Maureen Pillay

Angela Schnepel

STAFF NURSES

Pauline Anderson

Jitka Aido

Janet Superio

Mercy Amoah

Mohamed Dahir

Chandy Gungadin

Cecilia Obi

Paula Hui

Les Bunencamino

Vanessa Lopez

Maura Prenter

McCullouch A

Nirmalie Madurawala

Eleanor Ntiamoah

Claire Walsh

Selina Okai

Azam Shamsi

Grainne Dwyer

Shamira Jamani

Suzanne O'Sullivan

Johann Doohan

Joy Odita

Suzan Mahon

Niamh Garry

Sushma Bhattarai

Miralie Legaspi

Juanita Lavina

HEALTH CARE ASSISTANTS

Maureen Jarrett

Rosy Vijayamanoharan

Vivian White

Manjeet Sikand

Sheila Waterworth

Camile Simone

Gloria Ashbourne

Jennifer Piper

Moussa Diop

Elizabeth Njogu

Aaron Cabangon

ADMINISTRATIVE STAFF

Nancy Swasbrook

Margaret McCarthy

Zahira Mohamed

It gives me great pleasure to contribute to the annual report for the fifth year as ward manager of Frederick Salmon Ward. This year (2003) in itself has been extraordinary for me.

Firstly, with the departure of Sarah Whitefield, Acting Senior Nurse for St Mark's hospital in October 2003 to St Bartholomew's Hospital as Head of Nursing I undertook the additional responsibility as Acting Senior Nursing for St Mark's OPD until February 2004. Congratulation goes to Sarah Whitefield and we thank her for her support for the time she was with us.

Secondly, it is with regret and some pride on reflection, that I am writing this report for the last time because I will be taking up a post soon as Peri-Operative Colorectal Nurse Practitioner for St Mark's Hospital but as the title shows, I shall not be leaving the service of St Mark's Hospital.

The challenges of running the 50 bedded unit and more recently to take on the OPD has been one of the greatest challenges of my nursing career. I am thankful to my senior colleagues who have helped support and empower me to face this challenge. The investment is demonstrated in the build-up of a cohesive and committed team between Frederick Salmon North, South and more recently through shared rostering of the OPD at St Mark's.

Some benchmarks of success for a ward manager are to provide high standards of care, ensure adequate skill mix, see a reduction in complaints, sustain recruitment and retention and maintain a clean ward. Achieving all these has not been easy when a ward manager is constrained by many staff requiring carers leave, maternity/paternity leave, compassionate leave, and flexi working hours and adhering to

the European Union working time regulations. These are all necessary and appropriate constraints but challenge a manager's ability to meet the demand of high standards and adequate skill mix on every shift.

Looking back since I was appointed we have made great strides in our recruitment and retention in the past 5 years, from a vacancy factor of 30% to 10%, threefold reduction and well below the national vacancy average of 20%.

A personal satisfaction for me is when we receive compliments from patients and their relatives for the care they received. Another personal satisfaction is when student nurses who have been on placement for their first year request to return for their placement with the aspiration of being successful in their appointment as 'D' grade staff nurse.

Although we have succeeded in creating a stable workforce, there is no room for complacency. The challenge for my successor will be to sustain the capability of the present workforce by being proactive in recruiting and retaining staff.

Now let me report on the development of Frederick Salmon ward for the past year.

A major achievement for us has been to recruit to the vacant 'G' grade (senior sister/charge nurse) post in February 2004. Vanitha Kanagaratnam was successfully appointed to this post. She previously worked for Epsom and St Hillier hospital as a site practitioner.

Her wide clinical and crisis management skills will be invaluable to our team. Vanitha Kanagaratnam's main remit will be to take a clinical lead for Frederick Salmon North whilst supporting the ward manager with day to day operational management.

Early in the year we were also able to appoint a sister to our team. Louise Williams joined us as an 'F' grade sister from Guys and St Thomas' hospital NHS Trust. She says she enjoys the experience on Frederick Salmon ward and finds the challenge very rewarding. Her eagerness to do additional shifts confirms her liking for the ward.

A number of staff have managed to find enough time to procreate and our congratulations go out to – Nicole Baptiste, Ann Callaghan, Vanessa Lopez, Claire O'Mahoney, Elizabeth Njogu, and Mohamed Dahir.

In an effort to fill the gaps created by maternity leave we did a job analysis which enabled us to recruit to more vacancies. A number of new comers have joined us this year and we would like to welcome them. They are – Alison McCulloch, Sushma Bhattari, Juanita Lavina-Plaza, Aaron Cabangon, Elizabeth Njogu, Joy Odita, Jennifer Piper and Susan Mahon. We would also like to welcome our new ward clerks Margaret McCarthy and Zahira Mohamed. As in previous years we have had few leavers this year. Some nurses have transferred within the Trust to widen their experience or left for their home town. Interestingly, three nurses left to do midwifery; Louise Fitzpatrick and Deborah Robertson elected to do this within the Trust whilst Selina Okai went further a field to Hillingdon hospital. Sandra Maxwell transferred to Sainsbury's ward.

Our congratulations go out to Zarah Perry-Woodford, who was successfully appointed as a Stoma Care nurse. Claire O'Mahoney left following the birth of her baby to be a fulltime mum. With more prospects of getting jobs at home the following staff returned to Ireland. They are Ellis Egan, Sarah Drury and Madeleine McCormack. Two of our ward clerks also left us this year. Clare Wallman who was a long standing member of St Mark's since it opened in 1995 retired this year. We miss her immensely. This was soon followed by Isabel Sharratt who transferred to Coding within St Mark's Hospital.

It is with some feeling of pride that I can report that a number of staff have been successfully promoted to 'E' grade staff nurse. They are Azam Shamsi, Claire Walsh, Eleanor Ntiamoah, Grainne Dwyer, Paula Hui and Suzanne O'Sullivan. Rosy Vijayamanoharan was promoted to a 'B' grade following her completion of NVQ III Care Programme.

A number of staff were presented with their St Mark's Silver Lion Badge by the Bishop of St Albans their Long Service Award. They are Susheela Robinson, Nicole Baptiste, Janet Superio, Maureen Pillay, Mercy Amoah and Thola Luthuli. A critical factor for the team's success over the last year has been the programme of staff development. Unfortunately, abolition of the English National Board (ENB) has restricted the valuable post graduate training opportunities offered to the full range of staff to broaden their knowledge of nursing. The ENB course gave a nurse a tremendous opportunity to undertake short course that enabled him/her to provide holistic care based on a biomedical model.

This has been replaced by Advanced Nursing Practice which focuses on specialist knowledge leading to a degree. Such courses require a nurse to commit to a 2-3 year study, which is well and good if one is clear about future direction. The ideal would be to run both courses concurrently. Furthermore some of these courses will only permit entry if a nurse is a specialist in the subject of study.

Our quest to establish Academic Nursing within St Mark's is in its final stages. Professor Chris Norton has taken a lead on this. Once established this will give a wealth of opportunity for nursing in St Mark's to bridge the gap between theory and practice.

In an effort to overcome these barriers to training St Mark's along with the North West London Hospitals NHS Trust Training Department designed programmes targeting pre and post registration students.

In terms of pre-registration we continue to receive students from Thames Valley University (which is our main provider), City University and South Bank University. As happened last year, final year students from City University and Thames Valley University are put through a rotational programme to consolidate their final year with colorectal/gastroenterology experience. Julia Williams, Lecturer for City University and St Mark's Hospital and Sean O'Reilly Senior Placement Manager for



The nurses from Frederick Salmon Ward enjoying a well deserved evening out

the Trust is responsible for this programme. This has been beneficial for our recruitment. Following the completion of their training all new appointees are placed on a 6 month preceptorship programme, which is run by the Trust Training Department. This enables all new staff to have a mentor with a structured programme to acquire new skills and make the transition from student to staff nurse smoother.

Once new staff have acquired the basic skills we direct them towards developing specialist knowledge. They are then sent on the following study days: Stoma and Fistula care, Infection Control, Tracheotomy, Pain, Critical Care, Intestinal Failure and Nutrition. There are plans in the future to add Inflammatory Bowel Disease and Colorectal Cancer. All the specialist courses related to gastroenterology and colorectal diseases are taught by St Mark's Specialist Nurses. I am delighted to say that all the newly appointed staff nurses have been through this programme.

With an ever increasing number of students the demand for assessors increases. Hence, a number of staff have undertaken the Slice 1 and II teaching and assessors course. The nurses concerned are Salina Okai, Eleanor Ntiamoah, Azam Shamsi, Cecilia Obi, Chandy Gungadin, Claire Walsh, Grainne Dwyer, Louise Fitzpatrick, Maura Prenter and Sarah Drury.

Staff nurses Sarah Drury and Zarah Perry-Woodford were fortunate to attend the RCN Gastroenterology and Stoma Nursing Conference this year.

An In-house lecture has been arranged throughout this year on Mondays and Fridays for staff development and we would like to thank those who have contributed.

During the past year we have undertaken a number of audits, namely: The Trust wide documentation audit; wrist band; pressure area care. Frederick Salmon continues to score well in the audit outcomes compared to the rest of Trust.

In respect of Clinical Governance there are 8 standards of care set out in the Department of Health document (2001) 'Essence of Care'. This is a tool by which nurses take a patient focused structured approach to sharing and comparing good practice and to develop an action plan to improve care. Frederick Salmon ward has been chosen as a pilot site for 'record keeping'. Senior sister Vanitha Kanagaratnam has taken the lead for the ward. Hopefully we will be able to report on the outcome in the next annual report.

The unit once again owes a special debt of gratitude to the Friends of St Mark's who have kindly refurbished our patients' Day Room. They continue to purchase patient's Christmas presents and resource the laundry room which is well received. A special note of thanks goes out to Dorothy Gill for her continued support and hard work in seeing it through.

Finally I would like to thank all the staff for their continued enthusiasm and support. Without their dedication and hard work it would not have been possible to sustain our high standards of care. In this we also thank the other multidisciplinary teams i.e. Pouch Nurse, Stoma Care, Pain Nurse, Macmillan, Diabetic nurse, Pharmacy and Dietetics for their contribution and in making our working lives easier. One must not lose sight of our support staff that undoubtedly plays a large part in the

smooth running of the department. Our ward clerks Margaret McCarthy and Zahira Mohamed provide vital administration support for the nurses and doctors. The visible presence of our domestics Valentina and Benny gives us the reassurance that the unit is clean. Karl Thorn (Excel Support staff) gives a personal touch in keeping the unit stocked.

On a personal note I would like to thank my PA Nancy Swasbrook for her diligence and support in the past 5 years.

Susheela Robinson

Outpatients Department

CLINICAL NURSE MANAGER

Paula Williams-Bowen

ACTING CLINICAL NURSE MANAGER

Denise Robinson

SENIOR STAFF NURSE

Maria Rakova

STAFF NURSES

Jocelyn Hyndman

Carole Allen

Thola Luthuli

Valentina Baffour-Gyawu

HEALTH CARE ASSISTANTS

Evette Cooper

Patricia Lawrence

Bharati Punjani

Prior to my taking up the post as Acting Senior Nurse for St Mark's from November 2003 to February 2004, Paula Williams-Bowen was Clinical Nurse Manager of St Mark's OPD. She left the department to take up post as Clinical Nurse Specialist in Stoma Care at Watford and Hemel Hempstead Hospital NHS Trust in October 2003. Soon after Sarah Whitefield acting senior Nurse for St Mark's Hospital, who had joint responsibility for St Mark's OPD left in October 2003 to St Bartholomew's Hospital as Head of Nursing. As you can see it was a short period for me to give you an in depth account of the activity of the Department.

However, on taking up post it was clear that the department did not have an established team of nursing and was heavily dependent on Bank and Agency staff. My strategy to address this deficiency was to redeploy nurses from the inpatient service. At the same time I carried out a job analysis (involving a skill mix review). It was also apparent the number of clinics had increased.

I am delighted to say that almost immediately it was possible to second sister Denise Robinson (not a relative!) as acting clinical nurse manager for St Mark's OPD.

Following the review of the skill mix, to meet the current level of activity, the following establishment was put in place 1G, 1E, 3D's and 3B's.

In order to fill the qualified vacancies the following inpatient nursing staff transferred to St Mark's OPD: they are Thola Luthuli and Valentina Baffour-Gyawu. We were also successful in recruiting Patricia Lawrence and Bharati Punjani to the vacant HCA posts.

In terms of leavers staff nurse Carol Allen left the department in August 2003 to take up post as school nurse for Brent and Harrow Community Service.

Moving on to staff development, Clinical Nurse Manager Paula Williams-Bowen and Maria Rakova completed their pre-assessment course. This enabled them to take the first step towards setting up Mr Windsor's preadmission clinic.

Staff nurse Thola Luthuli has completed her Slice I coaching in practice course and hopes to embark on the Slice II Assessors Course soon. Staff nurse Valenitna Baffour-Gyawu is presently undertaking the Cancer Care course at the Royal Masden hospital. HCA Evette Cooper has completed her NVQ II care programme and HCA Patricia Lawrence is presently studying for NVQ II programme. We wish them all good luck.

Acting Clinical Nurse Manager Denise Robinson also attended the Gastroenterology Stoma Care nursing conference this year.

Finally I am delighted to welcome Jane Campbell as Clinical Nurse Manager for St Mark's OPD. Jane Campbell had previously worked as an IBD nurse specialist at the UCLH.

However, previously she had worked at St Mark's as a sister on Frederick Salmon ward and we along with our patients are delighted to welcome her back.

With a noticeable increase in the IBD and bowel cancer we anticipate an increase in activity. Now that we are established we will be able to face 2004 with confidence to meet those challenges so that we can provide a high standard of care.

I would finally like to thank all the staff in the OPD for their hard work and continued support.

Susheela Robinson

Diagnostic Nursing

MANAGER

Val Pryor

NURSE CONSULTANT

Maggie Vance

NURSE ENDOSCOPISTS

Ripple Man

Mariann Baulf

SENIOR SISTER

Janet Hammersley

SISTERS

Jayne Butcher

Sarah Tomlinson

Teresa Bryant

Claire Sheldon

STAFF NURSES

Aine Fitzpatrick

Eunice Garcia

Diane Gollaghy

Hadada Mutasa

Adel Polecina

Rochelle Racaza

Eric Tripoli

Raquel Vengado

Alexandra Williams

Jo Yearly

Theresa Mulrooney

Sarah Varma

Mari Nyman

TECHNICIANS

Andy Lodge

Russell Lesser

Jonathan Emeruwa

PORTERS

Hugh Austin

David Hunter

DOMESTIC STAFF

Comfort Agyaako

OFFICE ADMINISTRATION

Jean Mannings

Michael Mulcahy

RECEPTION STAFF

Marcia Bradford

Lyn Jamieson

Nita Zeiderman

RESEARCH NURSES

Gillian Schofield

Catherine Thaper

RESEARCH ASSISTANT

Nicky Palmer

In October 2003 I came to St Mark's as the new Diagnostic Services Manager responsible for Endoscopy at both St Mark's and ACAD at Central Middlesex Hospitals. I have enjoyed coming to St Mark's and have learned a lot in the few months I have been here. I have already been on a Project Management course for which I am waiting for exam results.

St Mark's has increased its workload again this year and the unit has performed 9431 procedures. The 5th Endoscopy room is equipped to run now and some sessions are already taking place in the room. We are endoscoping for many research projects which are being carried out in the trust.

During the year we have welcomed Sarah Tomlinson and Claire Sheldon to F grade sister positions in the unit.

We have also welcomed two new D grade nurses Theresa Mulrooney and Mari Nyman. Eunice Garcia and Sarah Varma have been promoted to E grades recently.

During the year the ENB 906 has continued to run supported by Mariann Baulf, Maggie Vance, Janet Hammersley, Jayne Butcher and Teresa Bryant, all from the endoscopy unit in St Mark's.

Emma Perez has left to take up a post in the CCU at Central Middlesex and Ingrid Foster moved to Grimsby with her husband and we wish them well.

We have had a few nurses on maternity leave this year and we have 3 new additions.

Alexandra Williams

Edward was born in March 2003

Sarah McGill

Jack was born in August 2003

Mary Okoli

Jamie was born in December 2003

It looks like we are heading for a football team!

The staff went on an Assault course day out at an army barracks in Wiltshire last summer. Everyone enjoyed the day even though it was tough.

We are about to 'go live' with a new endoscopy computer system called Endosoft to replace the old Metabase system which is being retired.

The Endoscopy Unit is a great place to work, there is excellent team spirit and multidisciplinary working. I would like to thank each and every one in the unit for their hard work during the year, nurses, doctors, technicians who keep the endoscopes 'coming', clerical/reception staff who are the first point of contact for the patients. Everyone has helped to give the patient excellent care throughout their journey through our unit.

Val Pryor

The Robert and Lisa Sainsbury Wing

CHAIRMAN

Mr Ian Fyfe

VICE CHAIRMAN

Professor Robin Phillips

PRIVATE PATIENTS MANAGER

Pam McGowan

CLINICAL NURSE MANAGER

Ann Curry

TEAM LEADERS/SISTERS

Sally Crowther
Rebecca Slater
Kath Fredericks

STAFF NURSES

Charlotte Robinson
Jay Mallori
Aileen Castro
Caroline Kennedy
Jo Wakeling
Abie Lateef
Julie Storrie
Liz Staveacre
Velda Radford
Emilia Tazurarwa
Pat Salisbury
Mercy Sigauke
Sandra Maxwell
Richard Wagland
Victoria Zideman
Kathryn Quinn
Deena Iosefo
Gladys Singson
Sandra McGrath

HEALTH CARE ASSISTANT

Letitia Alvarado

WARD RECEPTIONIST

Gill Bell
Sheila Alzano

During 2003, Sainsbury Wing has endeavoured to continue ongoing development, providing high quality care to the private patients of the St Mark's consultants.

Following the refurbishment of the patient rooms in 2002 it was necessary to undertake further remedial work on the plumbing system to ensure a constant supply of hot water. This was extremely frustrating as it had been expected that the root cause of the problem had been corrected last year. However we are now at last experiencing a 'normal' hot water supply. As part of the ongoing improvements to the patient rooms the original carpet flooring was replaced with a wipe clean wooden effect surface. This is much better for infection control and has been a popular choice with the patients. There have also been further reviews within the team about how we can continue to update the rooms for the future, ensuring that the services meet the required clinical needs, and also meet patient expectations particularly in the area of IT facilities. We always need to remember the element of choice that our patients have when deciding on their admission to hospital.

Within the nursing team we had several changes during 2003. Kath Fredericks, an experienced nurse originally from South Africa joined the permanent team as a sister, bringing in excellent critical care skills. Sally Crowther left Sainsbury to join the team of clinical nurse specialists within nutrition and intestinal failure on a secondment - this is an area within which Sally has developed a special interest and whilst we shall miss Sally it is always rewarding to see skills that have been developed on Sainsbury Wing being utilised in another St Mark's setting. We also said goodbye to senior staff nurses Charlotte Robinson, Jo Wakeling, Jay Mallori and Abie Lateef and staff nurses Velda Radford and Pat Salisbury.

We were fortunate to recruit both newly qualified staff from TVU and also experienced staff nurses from other trusts and one staff nurse from New Zealand with an interest in colorectal nursing to compliment the team on Sainsbury Wing. The challenge is to ensure that we provide patients with the most

expert nursing care focussing on the specific needs of the colorectal patient.

Working towards this we have encouraged and supported nursing staff to undertake related study to further develop their knowledge. Courses undertaken have included modules within the colorectal degree pathway provided by City University, the introduction to critical care course, and the SLICE programme. Several staff have attended the in-house study days relating to stoma care and nutrition and intestinal failure. This is in addition to the mandatory study update sessions. Some staff have attended conferences including the RCN Gastrointestinal Conference, and the British Society of Gastroenterology.

Sainsbury Wing has continued to provide clinical placements for student nurses from Thames Valley University and City University. We have also supported nurses from overseas during their Supervised Practice Course. All students have given positive feedback from their experience on Sainsbury Wing, particularly those that have benefited from a rotation through some of St Mark's specialist departments giving them a broader understanding of the 'patient's journey'.

Regarding the business focus of Sainsbury Wing an operating surplus of £85k was generated on a £2.2M turnover. This was a decrease of 27% compared with last year. St Mark's Hospital Foundation received £60k in 2003/2004. Sainsbury Wing operated on an average private patient occupancy of 55%, a 5% reduction on the previous year. This accounts for the drop

in operating profits. One of the main reasons for this fall in activity was a general reduction in the number of insurance claims being made across the country. To improve on this the Executive are looking at ways of encouraging consultants to use the facilities more including increasing the contribution to St Mark's Hospital Foundation, based on increasing occupancy levels above existing ones. Also the overseas market is being targeted, including signing agreements with various agencies and embassies.

St Mark's consultants accounted for 76% of all admissions and 87% of bed days used on Sainsbury Wing. The average length of stay was 6.8 days ranging from 1 day to 4 months. Our source of referrals was mainly from the UK, but also included Kuwait, Oman, Italy, Greece and India.

An analysis of our patient satisfaction surveys indicated an overall good rating. Where poor ratings were being received in the first half of the year relating to promptness and efficiency, procedures have been changed or implemented and improvements made.

The key challenges for next year will be meeting the Trust's tough financial targets and working towards implementing Agenda for Change in addition to ongoing developments in nursing to further strengthen the team and continually improve the service we provide.

Ann Curry

St Mark's Academic Institute

St Mark's Academic Institute

CHAIRMAN

Professor MM Edwards JP BSc PhD

DEAN

Dr A Forbes BSc MD FRCP ILTM

ADMINISTRATOR

Miss JC Landgrebe BS MSc

ASSISTANT ADMINISTRATOR

Mrs JD Ferrari

SUB-DEAN

Mr P McDonald MS FRCS

ADMINISTRATIVE ASSISTANTS

Mrs Rasmita Bhudia

Dean's Report

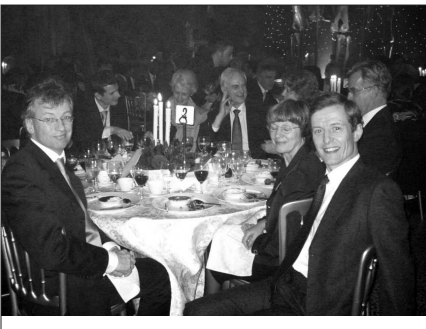
It hardly seems possible that it is already well over a year since I wrote my first Annual Report as Dean of the St Mark's Academic Institute, but a lot of water has passed under the bridge. I can only sensibly aim to highlight a few of the key elements of our academic year and apologise to those who feel I have neglected their particular area of involvement or development.

We struck out boldly with our International Lecture Course, and for the first time used a purpose-built conference facility at an off-site venue – the Hilton Metropole in central London. The meeting was a tremendous success, with several hundred delegates and a cracking programme, including tremendous input from our two visiting professors Professor Robin McLeod and Professor Sander Van Deventer. We had a memorable evening event and dinner at the Natural History Museum and generous sponsorship from our friends in the pharmaceutical and biomedical industry. Perhaps we were a little too ambitious for

our first such attempt, as we must concede a financial loss, but the overall income for the 3 day course was a stunning £224,000. We have booked the Metropole again for December 2004 (1-3/12/04) and will be including live endoscopy and live relays from the St Mark's operating theatres. The visiting professors will be Professor Rolland Parc, Senior Colorectal Surgeon from Paris, and Professor Doug Rex, Colonoscopist from the States. We have been supported to the hilt by the Hospital Foundation, and are confident that in 2004 the income will exceed the outgoings.

The affiliation of St Mark's with Imperial College has not been consummated as fully as we anticipated this time last year, but the division of our academic structure into the three channels I described in my last report has been effected and is effective. We anticipate a rounding of the arrangements for our senior lecturers and the other senior academic staff very soon. Movement of funds from St Mark's, from the Hospital Foundation and from CR-UK, through Imperial will help the College in its bids for support from central government and should in turn lead to additional resources coming our way.

There has been a fantastic and almost unimagined development in our academic nursing with



Professors Sander Van Deventer and Robin Spiller attended the Gala Dinner in the Natural History Museum on the occasion of the St Mark's First International Congress.



The Sir Alan Parks Visiting Professor Robin McLeod

the major donation from the Burdett Fund for Nursing which has permitted the creation of the Burdett Institute of Gastrointestinal Nursing at St Mark's. This is a unique concept and is a huge credit to Professor Christine Norton and her team. St Mark's is also extremely grateful for the warm and welcoming support from Professor Dame Jenifer Wilson-Barnett who is head of the School of Nursing at King's College London in which the university affiliation lies (Imperial of course having no nursing school).

Last year I announced the winner of the first major competitive grant awarded by the Hospital Foundation for many years, and hoped that there would be more to come. Thanks to the hard work of the Foundation (and particularly its Chair, Mrs Charlotte Barney and its Director, Mr Sean Bonnington) but also thanks to its forward thinking spirit not one but two

major awards have been made. The Skinner bequest was configured to support a research fellow working under the direction of Dr Anton Emmanuel, and the Robertshaw bequest will similarly support a clinical fellow working with Dr Simon Gabe. This is very good news for St Mark's and we should not forget the great generosity of those who remember us in their wills as did Mr Skinner and Ms Robertshaw.

Dr Brian Saunders and Ms Maggie Vance have secured national teaching status for endoscopy at St Mark's. Internally we have always considered this as given, but we now have formal recognition that (along with only two other centres in the UK) St Mark's really is one of the best places for teaching and for teaching the teachers. This has been accomplished by a series of vivid demonstrations of the quality of endoscopy teaching and a burgeoning range of exciting teaching tools that will doubtless be described in more detail elsewhere in this report.

As usual we have had our three post-graduate terms, multiple surgical workshops and a whole range of specialist meetings which are summarised elsewhere. It is right and proper that the standards demanded by our visitors increase steadily. Clearly we can and should rise to this challenge. The many interactions with our visitors continue to be fruitful for our teaching staff, and I am confident that our guests return home with a dossier of valuable experiences. However we now have a very exciting opportunity to move our teaching more overtly into the 21st century. Together with GME, a small company set up alongside NHS to specialise in distance learning, we are exploring a scheme to project our teaching over the whole of Europe and the Middle East.

GME plans to lease rights to a satellite that will permit two-way audiovisual communication between St Mark's and several hundred interested hospitals. The quality of transmissions should be somewhat higher than regular television and 'recipients' will be able to ask questions just as if they were in our own lecture theatre. This sounds almost like science fiction and no doubt there will be pitfalls along the way but we are very optimistic. As the more wealthy recipients will pay to take part we stand also to make a financial profit from this enterprise.

My report ends with my thanks to those who really do the work and who keep the Academic Institute and its activities going. Firstly our Clinical Tutors, Dr Michelle Gallagher, Miss Sarah Mills, Mr Julian Sturt and Mr Ed Westcott. They continue to provide a crucial and multidisciplinary link between our many professional visitors and the consultant staff at St Mark's, as well as contributing a great deal as teachers themselves. Ajeya Shetty has again performed a similar role for our undergraduate visitors. Pride of place must however go to Judith Landgrebe and Janice Ferrari and I thank them most warmly for their continuous efforts on the part of the Academic Institute and for being such generous hosts for our visitors.

Alastair Forbes
The Dean



The Dean and the Sub-Dean with the Postgraduates who attended the Teaching Term in May and June.

Academic Institute Administrator's Report 2003

There is little doubt that the most significant event of the year was our 1st Annual International Congress 'St Mark's 2003 – Frontiers in Intestinal and Colorectal Disease' held at the Hilton London Metropole. We were delighted to welcome Professor Robin McLeod from Toronto and Professor Sander van Deventer from Amsterdam as our Visiting Professors. The scientific programme was outstanding and I am grateful to all those who contributed. Thanks must be given to all the commercial sponsors who supported our new venture and, in particular, to KeyMed and Proctor and Gamble. The amount of organisation required to run such a meeting cannot be underestimated, it was a steep learning curve and I have no doubt that there is still more to learn but we look forward to an even more successful meeting in December 2004.



Professor Sander van Deventer, The Sir Francis Avery Jones Visiting Professor

Various courses have been run. Both the Endosonography Day and the Intestinal Failure Study Day have become regular annual events. A new course 'Plastic Surgical Techniques around the Anus' run by Professor Robin Phillips and Mr Richard Cohen proved highly successful. The Medical Defence Day, despite having been held just before many troops were sent to Iraq, was well attended and we are grateful to Surgeon Commander Royal Navy Richard Day who helped co-ordinate the meeting with his usual flair and vigour. We welcomed colleagues from France, belonging to CREGG (a French Proctology Group) who came to St Mark's for two teaching days in October.

I thank Ethicon Endo Surgery for their continued support of the Advanced Colorectal Workshop now run by the Sub Dean, Mr Peter McDonald, these courses continue to be well supported.

The Academic Institute was pleased to welcome a large number of visitors who came in different capacities to the postgraduate course, as observers and honorary clinical assistants. It is a privilege to be able to meet so many different people from all over the world. I am especially



Judith, Janice and Mita with Dajana Cuicchi

grateful to the very large Italian contingent which contributed so much in so many ways.

The St Mark's Association Day was held in October and Professor John Nicholls was President. It was, as usual, a pleasure to work with him. The dinner held at Harrow School was a great success. Professor Clive Bartram was elected as President for the following year.

The Education Executive which was established in 2002 continues to meet regularly and has proved to be an effective structure for organising academic matters.

In February we were joined by Rasmita Bhudia

who has helped us to stay on top of things. Janice Ferrari has, as always, worked tirelessly for the department and I am truly grateful to her for her unique contribution.

Finally, I must thank the Dean, Dr Alastair Forbes, for his ongoing leadership and support. It was he who led us through the ups and downs of the International Congress and, despite it being a team-wide effort, it was he who had the resolve to take the risks and make it happen.

Judith Landgrebe

Visitors to St Mark's Academic Institute

ADVANCED COLORECTAL WORKSHOP FEBRUARY

Dr T Carstensen	Switzerland
Mr N V Chandratreya	UK
Mr O Fajobi	UK
Dr L M Góes de Codes	Brazil
Dr B Hofer	Germany
Mr M K Jha	UK
Dr J T Martina Pimenta	Portugal
Mr P Mujahid	Ireland
Dr V Natsikas	Greece
Dr T Shatari	UK
Dr C Spanos	Greece
Dr Y Toyama	Japan
Dr H K Yang	Rep of South Korea

ADVANCED COLORECTAL WORKSHOP JUNE

Dr J Almeida	Portugal
Mr P Bandipalyam	UK
Dr E Bardella	Italy
Dr M L Boella	Italy
Mr V R Chilukuri	Rep of Ireland
Dr C Chou-Chen	Taiwan
Dr M della Corte	Italy
Mr A Fantazi	Rep of Ireland
Mr A Hawash	UK
Dr J V Hernandis Villalba	Spain
Dr K H Hsiao	Taiwan
Mr C Knowles	UK
Dr J M Martins	Portugal
Dr A F Rodriguez	Mexico
Mr J Saleem	Rep of Ireland
Dr S Trianatafyllidis	Greece

ADVANCED COLORECTAL WORKSHOP DECEMBER

Dr E Badr	Saudi Arabia
Mr NK Bhalla	UK
Dr B Bjoern Atle	Norway
Dr A Canero	Italy
Dr M H Christensen	Denmark
Dr D Cuicchi	Italy
Dr D D'Antonio	Italy
Dr M T Fadil	Saudi Arabia
Dr M Ferronato	Italy
Dr C Lam Yick Wang	Hong Kong
Dr A Nesbakken	Norway
Dr S Roka	Austria
Dr R Thyregaard	Denmark
Dr S Truvolo	Italy

ADVANCED STOMA CARE COURSE MARCH

Ms Jeanette Berry	Frimley Park Hospital
Ms Roz Callum	The Princess Alexandra Hospital
Ms Karen Dixon	Rotherham General Hospital
Ms Debra Kenyon	Hope Hospital
Ms Grace McAvoy	St Vincent's University Hospital
Ms Jean O'Reilly	St Hellens, Merseyside
Ms Kate Packman	Cheltenham General Hospital
Ms Trudi Pearson	Stafford General Hospital
Ms Jane Sidebotham	Walsall Manor Hospital
Ms Kim Smith	Derby Royal Hospital
Ms Louise Smith	Diana, Princess of Wales Hospital
Ms Cathy Snelgrove	Royal Bournemouth NHS Trust
Ms Tina Walker	Princess Royal Hospital
Ms Teresa Williams	Milton Keynes NHS Trust

**ADVANCED STOMA CARE COURSE
SEPTEMBER**

Ms Debbie Cottrell	Frimley Park Hospital
Ms Carole Cringle	Nobles (OM) Hospital
Ms Anne Gibson	Royal Gwent Hospital
Mr Per Herlufsen	Stomiambulatoriet, Hvidovre
Ms Gil Jones	Nevill Hall Hospital
Ms Anne MacLeod	Vale of Leven Hospital
Ms Jane Pelling	Southampton General Hospital
Ms Julie Powell	Royal Shrewsbury Hospital
Ms Jo Pragnell	The John Radcliffe Hospital
Ms Lesley Reilly	Hairmyers Hospital
Ms Sandra Renton	University Hospital Lewisham
Ms Amanda Rowe	Scarborough General Hospital
Ms Jan Sheldon	Royal Bournemouth Hospital
Ms Trish Stubbs	Shrewsbury
Ms Sheila Ynys	Royal Glamorgan Hospital

**ANORECTAL ENDOSONOGRAPHY STUDY DAY
JUNE**

Mr A Shafi	UK
Dr J Almeida	Portugal
Dr M Antropoli	Italy
Dr E Bardella	Italy
Dr M L Boella	Italy
Dr R Bona	Italy
Dr A Canero	Italy
Miss T Cann	UK
Dr C Chou-Chen	Taiwan
Mrs C Clayman	UK
Dr M Davies	UK
Mrs J Deeming	UK
Dr M della Corte	Italy
Dr K A Farag	UK
Dr A M Formiga Marques	Portugal
Dr R Ganansiar	France
Mr F Golam	UK

Dr M K Gunay	Turkey
Dr J V Hernandis Villalba	Spain
Dr P Higgs	UK
Dr K H Hsiao	Taiwan
Mr A Huang	UK
Dr J C Jobling	UK
Dr G Karamanolis	Greece
Miss M Samantha	UK
Dr J M Martins	Portugal
Miss A Mellon	UK
Miss J Peck	UK
Dr F Rodriquez	Mexico
Mr T Stefánsson	Iceland

**CREGG COMMISSION OF PROCTOLOGY
OCTOBER**

Dr J-M Bidart	France
Dr P-E Bord	France
Dr P Coulom	France
Dr F Devulder	France
Dr J Diaz	France
Madame O Duffieux	France
Dr M Escartin	France
Dr R Ganansia	France
Dr B Garcia	France
Dr M Gompel	France
Dr P Guyot	France
Dr H Hoballah	France
Dr A Ivanovic	France
Dr J Lesage	France
Dr B Ljunggren	France
Dr R Monneries	France
Dr F Pigot	France
Dr J Puech	France
Dr T Puy-Montbrun	France
Dr J Rumeau	France
Dr J Salloum	France

Dr A Senejoux	France
Dr D Soudan	France
Dr M-H Souffran	France
Dr G Staumont	France
Dr A-L Tarrieras	France
Dr J-J Tassou	France
Dr P Taurines	France
Dr Y Teste	France
Dr L Vandromme	France
Dr A Verdier	France
Dr Bernard Watrin	France

**FIRST INTERNATIONAL CONGRESS HELD AT
ST MARK'S AND THE HILTON METROPOLE
30TH NOVEMBER TO 3RD DECEMBER**

Australia

Mr Jesse Das
Mr Stephen Tobin
Professor Yeo Bryan

Austria

Dr Johann Hebenstreit
Dr Reinhold Klug
Dr Clemens Reichl
Dr Gerald Seitinger

Belgium

Dr Damien Dresse
Professor Jan Tack

Bosnia & Herzegovina

Dr Sefik Beslic

Brazil

Dr Wilton Cardozo

Canada

Dr Suru Chande
Professor Robin McLeod

Czech Republic

Dr Richard Sequens

Denmark

Dr Dorte Andreasan
Dr Karl Erik Juul Jensen
Ms Joy Hult
Dr Erik Micheelsen
Professor Per B Mortensen
Dr Jesper Olsen

Eire

Mr Gary Brow
Dr Abdalla Fantaxi
Mr Fathel Laabei
Dr Aamir Farooq Majeed
Mr Elraheed Osman
Mr Babur Sami

France

Dr Olivier Cuelemans

Germany

Dr Else-Li Bock
Professor Karl-Heinz Vestweber

Greece

Dr Chryssostomos Kalantzis
Dr Nikolaos Kalantzis
Dr Dimitrios Polymeros
Dr Evanthia Zampelli

Guernsey

Mr John Ferguson

Iran

Dr Saeed Derakhshani

Israel

Professor Micha Rabau

Italy

Dr Carlo Bargiggia
Dr Maria Livia Boella
Dr Roberto Bona
Dr Antonio Canero
Dr Dajana Cuicchi
Dr Herbert Maria Dal Corso
Dr Marco Ferronato
Dr Cinzia Papadia
Professor Marco Pinna-Pintor
Dr Claudio Postiglione
Dr Francesco Salano
Dr Vito Mario Stolfi
Dr Simona Truvalo

Japan

Dr Hirokatsu Kinoshita
Dr Ichiro Nakada
Professor Tetsuichiro Muto
Dr Yuichiro Ozeki

Jordan

Dr Hanan Rihani

Korea

Dr Yeon Soo Chang
Dr Seung-Yong Jeong
Dr Kil Yeon Lee

Macedonia

Dr Vlado Janevski
Dr Dzvonko Nicolovski

Mexico

Dr Alberto Chapa

The Netherlands

Dr Maarten Boom
Dr Peter Coene

Professor S Van Deventer
Dr Michael Gerhards
Dr Rutger Klicks

Norway

Dr Reinhard Fenchel
Dr Kari M Leovvik
Dr Toril Morken
Dr Mohammad Nazir
Dr Ylva Sahlin
Dr Gerd Tranoe
Professor Barthold Vonen

Poland

Dr Magdale Chrusciewska
Dr Edyta Zagorowicz

Portugal

Dr Maria Teresa Lindo
Dr Anabela Rocha
Professor Antonio Manuel Meireles Araujo
Teixeira

Saudi Arabia

Dr Samar Al-Homoud

Serbia & Montenegro

Dr Petar Petricevic

Spain

Dr Roser Vega

Sweden

Dr Ingrid Svedberg
Ms Evita Zoucas

Taiwan

Dr Jy-Ming Chiang
Dr Pao-shiu Hsieh
Professor Jin-Tung Liang

United Kingdom

Ms Tracey Adams
Ms Tushar Agarwar
Mr Muzaffa Ahmad
Mr Ameir Al-Mukhtar
Mr Abdullah Al-Nowfal
Mr Mohammad Aladdai
Mr Ala Alajeel
Mr Mazin Alanie
Mr Atif Alvi
Mr Nasser Amer
Dr Pal Arabinda
Dr Naila Arebi
Mr Gary Atkin
Miss Helen Barrat
Mr Bassam Bekdash
Mr Aman Bhargava
Ms Helen Blackwell
Mrs Karenna Bobb
Mr Jin Bong
Dr Monica Bose
Dr Robert Brown
Mr John Brannigan
Dr Matthew Brookes
Miss Barbara Brown
Dr Gina Brown
Dr Gregor Brown
Dr Paul Cann
Mr Brian Cary
Mr Martin Caulton
Mr Christopher Chan
Mr N V Chandratreya
Dr Roger Chapman
Miss Sue Carl
Mrs Sheree Coles
Mr Alastair Cook
Mr James Crosbie
Dr Nicholas Cross
Mr Matthew Croxford

Mr Paul Cullen
Mrs M Culleton
Ms Catherine Curtis
Mrs Julie D'Silva
Mr Richard Dale
Dr Ian Daniels
Mr Justin Davies
Mr Ash Desai
Mr Martin Downey
Mr Tawfik El-Sayed
Mr Anthony Emezie
Ms Helyn Evans
Mrs Patricia Evans
Mr Ian Eyre-Brook
Mr Adrian Fawcett
Mr John Ferguson
Mrs Clare Ferris
Mr James Francombe
Dr Chris Fraser
Dr Annette Fritscher-Ravens
Mr Paddy Gallagher
Ms Eunice Garforth
Mr Serban Gheorghiu
Mrs Anna Giles
Ms J Gill
Dr Rob Glynn-Jones
Miss Jacqueline Goldberg
Mr Pradip Gupta
Mr N Habib
Mr Anwar Hanid
Dr Marcus Harbord
Mr Alexander Hardy
Dr Imran Hassan
Ms Elaine Hayward
Professor R W Heald
Mr Mohammed Heshaihi
Dr Jonathan Hoare
Mr Hon Hoe
Mr Anthony Holbrook
Dr Ray Holden



Spring Postgraduates: Angel Fernando Rodriguez Villanueva, Joana Almeida, Marcello della Corte, João Miguel Martins, Juan Vicente Hernandis, Koung-Hung Hsiao, Elisabetta Bartella, Chen Chou-Chen.

Miss Samia Ijaz
Miss Fawzia Imtiaz
Professor Noorali Ismaili
Mr Vijay Jadhav
Mr Michael Jarrett
Mr John Jenkins
Mr Matthew Johnson
Mr Lyndon Jones
Mr Ray Kapadia
Mr Wansan Katugampola
Mr Seamus Kelly
Ms Catherine Kennington
Mr Muhammad Khan
Mr George Khoury
Mr F F Krouma

Ms Jennie Landers
Mr Danny Lawes
Dr Geoff Lee
Ms E Lees
Professor W R Lees
Ms Jenny Lewis
Mrs Laura Liles
Mr Michael Lim
Mr Ian Lineham
Mr Edward Lloyd-Davies
Miss Bryony Lovett
Miss Ann Lyons
Mr Joseph Maalo
Dr Alaa Mahmoud
Mr Alaa Malik

Mr Ali Malik
Ms Eileen Mallender
Mr Pawan Mathur
Dr Sheck Matsiko
Mrs Susan Mayo
Mr Felix Mazarelo
Mrs Isabelle McCallum
Mr Adrian McQueen
Miss Sarah Mills
Mr Richard Molloy
Mr Etienne Moore
Miss Mina Mottahedeh
Mr Balasun Muthiah
Mr R Navaratna
Dr Tanya Nicholls
Dr Sharon O'Brien
Mr Stephen Odogwu
Mr Folajogu Oluwajana
Mr Anthony Owen
Miss Harriet Owen
Mr James Palmer
Mr Barry Paraskeva
Mrs Patrick
Ms Pat Phillips-Jones
Mr Suresh Pillai
Ms Tracey Pinchbeck
Mr Colin Porteous
Ms Maria Rakova
Ms Sophie Randall
Mr Shanu Rasheed
Dr Chris Rayner
Dr Shishir Roy
Dr Matthew Rutter
Professor Ian Sanderson
Mr Rob Sawyer
Mr Harkiran Seehra
Mr Mahir Shahbdeen
Mr Ali Shakir
Mr Abhay Sharma
Mr Peter Sharma

Miss Rowena Sheldon
Dr David Sherman
Dr Ajeya Shetty
Professor David Silk
Mr Jay Simson
Miss Piriya Sivagnawa
Ms Toni Slater
Mr Frank Smedley
Ms Jo Soar
Ms Deepa Solanki
Professor R C Spiller
Mr Paul St John
Mrs M Stanners
Dr Andrew Steel
Mr Julian Sturt
Mr U Suleiman
Mr Paul Sylvester
Mr Alphonse Tadross
Miss Fiona Taylor
Mr Hugo Taylor
Mr Paris Tekkis
Mrs Christine Thirkell
Dr Siwan Thomas-Gibson
Mr Stephen Tobin
Dr Ian Tomlinson
Mrs Michelle Tuckwell
Dr Georges Vassaux
Mr Chandra Verma
Mr Chris Vickery
Mr Sai Vittal
Dr Alexander Von Roon
Dr Christopher Williams
Mr Graeme Wilson
Ms F Winslow
Mr Williams Woods
Mr M R Zeiderman

United States of America

Dr Suru Chande
Dr Tom Lescher

Yugoslavia

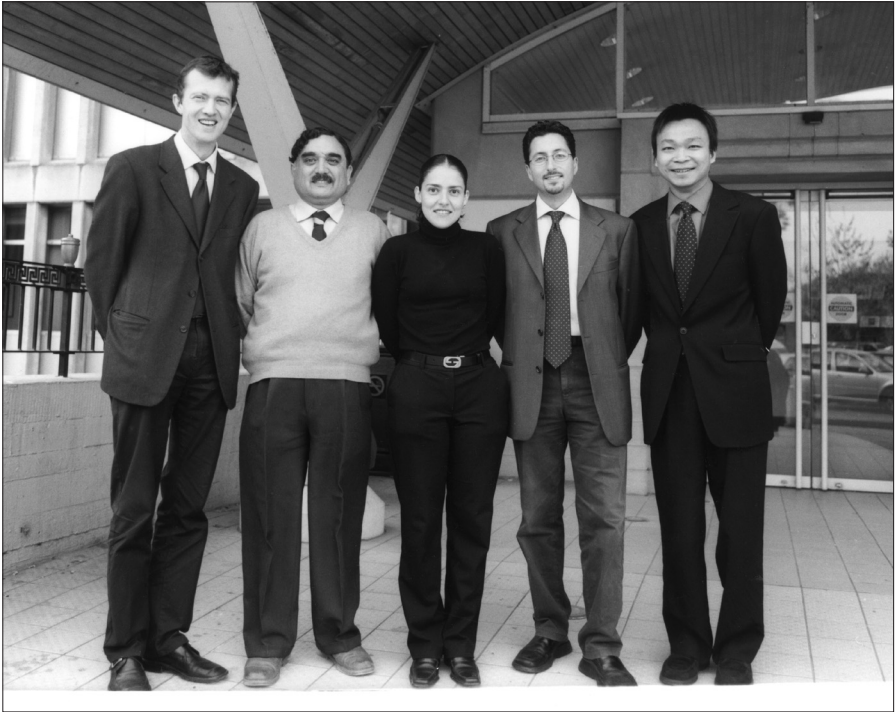
Dr Momcilo Inic
Dr Srdjan Nikolic

HONORARY CLINICAL ASSISTANTS

Dr R Agaarici	Greece
Mr A Atif	U K
Dr M Antropoli	Italy
Dr A Bali	U K
Dr J Berry	U K
Dr M L Boella	Italy
Dr R Bona	Italy
Dr A Canero	Italy
Dr D Cuicchi	Italy
Dr M Ferronato	Italy
Mr P Gandhi	U K
Dr C Kalantzis	Greece
Dr G Karamanolis	Greece
Mr K H Khalil	U K
Mr A L Khan	U K
Mr M J Lampareli	U K
Mr D Lawes	U K
Mr M R Machesney	U K
Mr M Menon	U K
Mr G F Nash	U K
Dr V Natsikas	Greece
Mr R M Navaratnam	U K
Dr C Onnie	U K
Dr S Parry	U K
Mr T Pearson	U K
Mr A Saeed	U K
Dr V R Stewart	U K
Mr P A Sufi	U K
Dr S Truvolo	Italy
Mr S Vakis	U K
Dr E Zampeli	Greece

**INTESTINAL FAILURE STUDY DAY
OCTOBER**

Miss A Akpuaka	Northwick Park Hospital
Miss M Bak-Jensen	UCLH Middlesex
Miss V Banner	St Thomas's
Ms Janet Baxter	Invited Chairman
Dr S Bazaz	St Mark's
Miss J Beckerson	Hammersmith
Mrs L Bedeau	Luton & Dunstable
Ms M Bharal	Hemel Hempstead General
Miss C Bissett	East Surrey
Miss A Botha	Good Hope
Miss T Bowers	Colchester General
Ms M Boyce	Letterkenny General
Miss R Brown	Northampton General
Ms D Buchan	St Mark's
Mrs J Cadogan	University Hospital of Wales
Dr A Canero	St Mark's
Ms Claire Chadwick	St Mark's
Ms Rebecca Chapman	Kingston NHS Trust
Miss P Y Chung	Chelsea & Westminster
Miss L Clements	Royal London
Miss C Conradie	Whittington
Dr V Costarelli	London South Bank University
Dr D D'Antonio	St Mark's
Ms A Davidson	St Mark's
Miss E Delaney	Chelsea & Westminster
Miss H Djoshkown	UCLH Middlesex
Mr R Fleming	Kent & Canterbury
Mr K Gardiner	Royal Victoria Belfast
Dr C González Godínez	St Mark's
Miss C Green	St George's
Mrs R Halkyard	The Great Western
Miss C Hamer	St Mark's
Dr M Harbord	St Mark's
Professor G Hardy	Oxford Nutrition
Dr Jonathan Horare	St Mark's
Miss A Jaunbocus	Northwick Park



Autumn Postgraduates: Paul Pattyn, Shafqat Ahmed Bazaz, Claudia González Godinez, Clement Lam Yick Wang, Dario D'Antonio.

Dr C Kalantzis
Miss A Kato
Ms S E Khorsandi
Mrs B Kirk-Alamu
Dr C Lam Yick Wang
Miss V Lea
Dr J Lindsey
Miss E Louw
Miss S Lucas
Miss M Maciver
Ms L Maher
Mrs A Manley

St Mark's
St Mark's
Whittington
University Hospital Lewisham
St Mark's
Bexhill
St Mark's
James Paget
Leicester General
Royal United
Hammersmith
St Mark's

Ms C McCaughey
Ms C McKenzie
Miss K McGuire
Miss P Michaelides
Mr M Miller
Miss K Murphy
Miss K Nancekivell
Miss S Olusanya
Dr C Papadia
Miss M Paterson
Dr P Pattyn
Miss C Phipps

Dorking
Old Church
St Mark's
Queen Elizabeth
Kent
Southern General
Addenbrookes
St Mark's
St Mark's
Leicester Royal Infirmary
St Mark's
Ulster

Miss T Robinson St George's
 Miss S Saunders Queen Elizabeth, The Queen Mother
 Ms Jenny Schneider Calea
 Ms H Southwood University Hospital of Wales
 Mrs L Stuart Peterborough District
 Miss R Taylor Bedford NHS Trust
 Mr Paris Tekkis St Mark's
 Miss S Tisdall District General
 Dr Argiros Tsouklis Greece
 Ms W Tulip-Rodriquez East Surrey
 Miss L Vaughan Central Homecare Ltd
 Miss A Vujovich St Mark's
 Mrs N Ward Glenfield
 Miss N Whight Epsom General
 Ms S Winter Student
 Ms C Wong St Mark's
 Ms S Wood Calea
 Dr E Zampeli St Mark's

**MEDICAL DEFENCE DAY
 JANUARY**

Dr Ayla Atun
 Dr Roberto Bona
 Mr David Brown
 Rear Admiral Ralph D Curr
 Mr Mansel Leigh Davies
 Mr Rajkumar Dharmeratnam
 Dr Will Eardley
 Lt Col David Edwards
 Colonel Peter Fabricius
 Dr Adam Forrest
 Colonel Keith Galbraith
 Mr Jeff Garner
 Dr Lina Maria Góes De Codes
 Surg Cdr Richard Guy
 Co Professor Noori Ismaili
 Mr Anthony Lambert
 Col Simon Mellor

Surg Cdr Mark Midwinter
 Air Cdre Brian Morgans
 Dr Vasilios Natsikas
 Dr Warren Pike
 Dr João Tiago Pimento
 Colonel Peter Roberts
 Mr Allister Shepherd
 Miss Fiona Soutar
 Mr Christopher Streets
 Surg Lt Cdr Peter Taylor
 Mr Michael Terry
 Miss Elizabeth Thompson
 Dr Yuji Toyama
 Mr Steven Walker
 Mr Mark Watkins
 Dr Paul Watkins
 Dr Owen Woghiren

OBSERVERS

Dr J J Abasi U K
 Mr N Afzal U K
 Dr M Albrizio U K
 Miss R Ali Pakistan
 Dr H Ando Japan
 Dr N Anis Pakistan
 Dr E Badr Kingdom of Saudi Arabia
 Professor S Bar-Meir Israel
 Dr S Beslic Sarajevo
 Dr H CardosoSilveira Brazil
 Dr D Cheong Singapore
 Dr F Corinaldesi Italy
 Dr D D' Antonio Italy
 Dr S Derakhshani Iran
 Dr A Derwish Yemen
 Dr J Diaz Roldan Spain
 Dr A Favara Italy
 Dr L Ferrand France
 Dr A M Formiga Marques Portugal

Mr P Goll	Germany
Dr B Hofer	Germany
Dr K H Hsaio	Taiwan
Dr Y Lida	Japan
Dr R L Kaiser Junior	Brazil
Mr A L Khan	U K
Dr C Lam Yick Wang	Hong Kong
Mr M Lamparelli	U K
Dr J Mladen	Serbia & Montenegro
Dr F Mocchegiani	Italy
Dr K Moyses	Austria
Dr M Noorizifar	Iran
Dr A Perin	Italy
Dr A Querci	Italy
Dr P J Ramos de Passos	Portugal
Dr D Enger Ruiz	Brazil
Professor C Sartori	Italy
Dr W R Schouten	The Netherlands
Dr B Sefik	Bosnia & Herzegovina
Dr R Shah	USA
Dr G Sitzmann	Italy
Dr G Ugolini	Italy
Professor J D Wayne	USA
Dr J C Wexels	Norway

**PLASTIC SURGICAL TECHNIQUES
AROUND THE ANUS
SEPTEMBER**

Mr J Abercrombie	U K
Mr A K Agarwal	U K
Mr S M A Ahmad	U K
Mr A Alvi	U K
Mr A M Amin	U K
Mr Jim Anderson	U K
Mr John Anderson	U K
Mr J Anton	U K
Dr M Antropoli	Italy
Mr Dmitri Artioukh	U K

Dr L Ashari	Kingdom of Saudi Arabia
Mr A Assarian	U K
Mr P Basnyat	U K
Mr P Bearn	U K
Mr B Bekdash	U K
Dr M L Boella	Italy
Dr R Bona	Italy
Mr N Borley	U K
Mr M Bradburn	U K
Mr D Browse	U K
Dr A Canero	Italy
Dr H Cardoso Silveira	Brazil
Mr M Chapman	U K
Mr VL Charmary	U K
Mr M Cheetham	U K
Mrs C I Clark	U K
Dr D Cuicchi	Italy
Dr Jaroslaw Cywinski	Poland
Dr Jacek Cywinski	Poland
Mr T W Davies	U K
Mr P M Davison	U K
Ms Miriam Deeny	U K
Mr Marzouk Deya	U K
Mr W Douie	U K
Mr I Eyre-Brook	U K
Professor K Fearon	U K
Dr M Ferronato	U K
Dr A M Formiga Marques	Portugal
Mr A Fowler	U K
Ms B Gavrilova	Republic of Macedonia
Mr A Ghori	U K
Professor J-C Givel	Switzerland
Mr P Goll	Germany
Mr K Gunning	U K
Mr R Guy	U K
Mr H Hadi	U K
Mr P J Hainsworth	U K
Mr P Hewe	Switzerland
Mr J Hobbiss	U K
Mr P Holdsworth	U K

Mr Y K Jain	U K	Mr F Lindemann	Germany
Mr J S Jamemson	U K	Mr E Lloyd-Davies	U K
Mr M Javed	U K	Dr K Loevik	Norway
Mr I Katsoulis	U K	Dr B Mahjoubi	Iran
Dr M Kazemi-Jovestani	U K	Mr A E T Malik	U K
Mr R B N Khan	U K	Mr A G Masoud	U K
Mr S Khattak	U K	Mr C Maxwell-Armstrong	U K
Dr C Lam Yick Wang	Hong Kong	Mr S Mellor	U K
Mr M Lamah	U K	Mr D Melville	U K
Mr A A M Lewis	U K	Mr M Miller	U K



Winter Postgraduates: Yuji Toyama, Roberto Bona, Lina Maria Góes de Codes, João Tiago Pimenta, Vasiliios Natsikas.

Dr R Mirzael	Iran
Dr B Mlakar	Slovenia
Dr T Morken	Norway
Mr R Navaratnam	U K
Mr P H Nichols	U K
Dr D Nikolovski	Republic of Macedonia
Dr O Oke	U K
Mr C Oppong	U K
Mr A Owen	U K
Mr R Patel	U K
Mr H Pearson	U K
Mr A G Perks	U K
Mr S Pillai	U K
Mr B V Praveen	U K
Mr S Radley	U K
Mr K Raghunath	U K
Mr G N Rao	U K
Mr R Ravikumar	U K
Mr M H Robinson	U K
Mr H Ross	U K
Dr R Ruppert	Germany
Mr M Saunders	U K
Mr A Scott	U K
Mr C Selvasekar	U K
Dr T Shatari	U K
Mr P Skinner	U K
Dr S Slawik	U K
Dr C Soravia	Switzerland
Mr C Speakman	U K
Mr N Sreekumar	U K
Mr W S Stebbings	U K
Mr A Subramaniam	U K
Mr J R Telfer	U K
Mr D Thomas	U K
Mr S A Vakis	U K
Mr R Venkataramana	U K
Professor K-H Vestweber	Germany
Mr C Vickery	U K
Mr C J Walsh	U K
Mr A Wells	U K
Mr C Wilson	U K

Mr J Winehouse	U K
Mr W Woods	U K
Dr F Ziai	Iran

**POSTGRADUATE TEACHING TERM
JANUARY TO FEBRUARY**

Dr Roberto Bona	Italy
Dr Lina Maria Góes de Codes	Brazil
Dr Vasilios Natsikas	Greece
Dr João Tiago Pimenta	Portugal
Dr Yufi Toyama	Japan

**POSTGRADUATE TEACHING TERM
MAY TO JUNE**

Dr Joana Almeida	Portugal
Dr Elisabetta Bardella	Italy
Dr Chen Chou-Chen	Taiwan
Dr Marcello della Corte	Italy
Dr Juan Vicente Hernandez	Spain
Dr Koung-Hung Hsaio	Taiwan
Dr João Miguel Martins	Portugal
Dr Angel Fernando Rodriguez Villanueva	Mexico

**POSTGRADUATE TEACHING TERM
OCTOBER TO NOVEMBER**

Dr Shafqat Ahmad Bazaz	Kingdom of Saudi Arabia
Dr Dario D'Antonio	Italy
Dr Claudia Patricia González Godínez	Mexico
Dr Clement Lam Yick Wang	Hong Kong
Dr Paul Pattyn	Belgium

ST MARK'S ASSOCIATION DAY
17TH OCTOBER

Ms S Al-Homoud	Kingdom of Saudi Arabia
Mr A Bell	U K
Dr M L Boella	Italy
Dr A Canero	Italy
Dr D Cuicchi	Italy
Mr W Chambers	U K
Dr S Derakhshani	Iran
Mr P Finan	U K
Mr I D Fraser	U K
Mr C Gatzen	U K
Dr MC Gallagher	U K
Dr R Glynne-Jones	U K
Mr J M Gollock	U K
Mr J Grogono	U K
Mr P R Hawley	U K
Dr F Herbst	Austria
Dr P Hollington	Australia
Dr C Kalantzis	Greece
Dr H Kinoshita	Japan
Dr CJHM Laarhoven	The Netherlands
Dr C Lam Yick Wang	Hong Kong
Mr A Montgomery	U K
Professor N Mortensen	U K
Mr GD Oates	U K
Dr Masatoshi Oya	Japan
Dr R L Moskowitz	USA
Miss C Papadia	Italy
Dr C Rayner	U K
Dr S Roka	Austria
Mr M Sabetian	U K
Miss A Senapati	U K
Mr J Smith	U K
Mr Brian Stoodley	U K
Dr J Strassbury	Germany
Mr NJH Sturt	U K
Mr N Taffinder	U K
Mr P Tekkis	U K

Mr J M Thomas	U K
Mr M R Thompson	U K
Miss M Wallace	U K
Mr A Williams	U K
Dr A Zampelli	Greece
Mr A Zia	U K

Regular Hospital Schedule

MONDAY	MORNING	AFTERNOON
Ward Rounds	Dr S Gabe	Professor RJ Nicholls Professor RKS Phillips Professor MA Kamm Mr AJ Windsor
Outpatients	Professor RKS Phillips	Professor RJ Nicholls Dr J Stern
Theatres	Mr PJ McDonald Professor RJ Nicholls/Ms C Vaizey	Mr PJ McDonald
Endoscopy	Dr A Forbes Dr M Pitcher	Dr CB Williams Dr BP Saunders
TUESDAY	MORNING	AFTERNOON
Ward Rounds	Dr S Gabe	
Outpatients	Dr A Forbes Mr PJ McDonald Dr BP Saunders	Professor MA Kamm Dr A Forbes Dr A Emmanuel
Theatres	Mr AJ Windsor	Mr AJ Windsor
Endoscopy	Dr M Jacyna Dr H Thomas	Professor RKS Phillips Dr BP Saunders

WEDNESDAY	MORNING	AFTERNOON
Ward Rounds	Dr A Forbes Dr S Gabe Mr PJ McDonald	Professor JMA Northover
Outpatients	Professor JMA Northover	Dr A Emmanuel
Theatres	Professor RJ Nicholls	Professor RJ Nicholls
Endoscopy	Professor MA Kamm Mr AJ Windsor	Dr CB Williams
THURSDAY	MORNING	AFTERNOON
Ward Rounds	Dr A Forbes	Dr MA Kamm
Outpatients	Mr CRG Cohen Dr A Forbes Dr S Gabe	Mr S Chadwick Dr S Gabe Dr S Goolamali (2nd Thursday of month)
Theatres	Professor JMA Northover Ms C Vaizey Professor RKS Phillips	Professor JMA Northover Ms C Vaizey Professor RKS Phillips
Endoscopy	Dr CB Williams Dr B Saunders	Dr M Jacyna/Dr M Pitcher Dr B Saunders
FRIDAY	MORNING	AFTERNOON
Ward Rounds	Professor JMA Northover Dr A Forbes	Mr A Windsor
Outpatients	Mr P McDonald Dr M Pitcher Dr J Stern	Mr A Windsor
Theatres	Mr CRG Cohen	Mr CRG Cohen
Endoscopy	Professor RKS Phillips Dr B Saunders	

St Mark's In House Rounds

Clare Lecture Theatre
Seminar Room 3, Level 6V

7.30 am to 9.30 am

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

17 January	Gene Therapy for FAP – Looking Towards Clinical Application	Mr Julian Sturt
24 January	Nursing management of complex colorectal cases	St Mark's clinical nurse specialists
7 February	Morbidity and Mortality	
14 February	MYH associated polyposis	Dr Lara Lipton
21 February	Joint GI Rounds	
	Colonoscopy Training	Dr Siwan Thomas-Gibson
28 February	Colonoscopic surveillance for cancer in ulcerative colitis	Dr Matt Rutter
7 March	The prevention of colorectal cancer by colonoscopic surveillance in individuals with a family history of colorectal cancer	Dr Isis Dove-Edwin
14 March	Low dose IV cyclosporin for acute severe ulcerative colitis – long term results at St Mark's	Dr Chris Rayner
21 March	Development of treatments for nausea and vomiting	Dr Chris Jordan
28 March	Performance patient acceptability of CT colonography	Dr Stuart Taylor
4 April	National Cancer Research – the changing scene	Professor John Northover Dr Rob Glynn-Jones Professor John Primrose Miss Adama Ibrahim
11 April	Intervention for advanced duodenal polyposis	Dr Michelle Gallagher
25 April	Colonic stenting	Dr Norico Suzuki
2 May	Ghrelin – hungry for more	Dr Charlie Murray
9 May	More complex nursing cases	St Mark's Nurse Specialists
23 May	Morbidity and Mortality	

30 May	Imaging rectal cancer	Dr Andrea Maier
6 June	Modifier genes in Min mice	Dr Andy Silver
13 June	Laparoscopic left hemicolectomy	Dr Carlo Satori
20 June	Dendritic cell regulation of intestinal immunity	Dr Andy Stagg
27 June	Neutrophil deficiency in Crohn's disease	Dr Marcus Harbord
4 July	1. Mobilisation of the right colon (short video) 2. Desmoid disease	Professor Robin Phillips
11 July	Ventures for Health Intellectual Property Management for the NHS in West London	Dr David King Dr Mark Fisher Dr Mahboob Khan
18 July	Barrett's oesophagus	Dr Thomas Guenther
25 July	Evaluation of operative risk in colorectal surgery	Mr Paris Tekkis
5 September	Understanding the central basis of human swallowing, the effect of brain injury and how we can modulate swallowing pathways to improve function	Dr Chris Fraser
12 September	Investigation of sphincter conserving anal fistula surgery	Mr Gordon Buchanan
26 September	Diagnostic role of capsule endoscopy	Professor Simion Bar-meir
3 October	Unusual abdominal conditions: TB and GISTs	Mr Shanu Rasheed and Mr Peter McDonald
10 October	Evaluation of operative risk in colorectal surgery	Mr Paris Tekkis
17 October	If only they told me (video)	Miss Rachel Abraham and Dr John Riordan
24 October	Planned studies in desmoid disease	Dr Andrew Latchford
14 November	Gene therapy: an overview & 'There must be a simpler way to kill a mouse!'	Dr Jonathan Hoare
21 November	Hypoxic and angiogenic factors in colorectal cancer	Mr Shanu Rasheed
28 November	Quality of life measurement in surgery	Mr Jason Smith
5 December	Audit	
19 December	Two years of pain	Dr Anton Emmanuel

Cancer Research UK

Colorectal Cancer Unit

DIRECTOR

Professor John M A Northover
MS FRCS

DEPUTY DIRECTOR

Dr Wendy Atkin MPH PhD

CONSULTANTS

Professor Robin K S Phillips MS FRCS
Professor Ian C Talbot MD FRCPATH
Dr Huw J W Thomas MA PhD MRCP

UNIT MANAGER

Mr Kenneth J Miller

UNIT ADMINISTRATIVE ASSISTANT

Ms Elizabeth Goodband

SCIENTIFIC STAFF

Dr Ian Tomlinson
BM BCh MA PhD MRCPATH
Dr Andrew Silver BSc PhD
Dr Andrew Latchford
BSc MB BS MRCP
Mr Shahnawaz Rasheed
B Clin Sci (Hons) MRCS
Mr Julian Sturt BSc MB BS MRCS
Dr Nirosha Suraweera PhD
Dr Michelle Gallagher
BSc MB BS MRCP
Dr Lara Lipton MB BS FRACP
Dr Amir Sadat MD

SCIENTIFIC OFFICERS

Mr Kevin Pack BSc
Ms Victoria Johnson BSc
Dr James Robinson BSc MSc
Mr Emmanouil Volikos BSc MSc

LABORATORY AIDE

Ms Jasu Godhanian

RESEARCH NURSES

Sandra Burke RN BSN
Ms Carole Cummings RGN SCM
Ms Maggie Gorman RGN
Ms Kay Neale SRN MSc
Jacquie Wright RN DN BSc (Hons)

STATISTICIAN

Ms Pauline Rogers MSc CStat

DATA MANAGERS

Ms Patricia Gray MSc BSc
Mr Kevin Kavanagh BA
Ms Rekha Patel BA BSc
Ms Urvi Shah BSc MSc

PA/SECRETARIES

Ms Marie Gun
Ms Julie Jeffries
Ms Samia Riaz BSc
Ms Rehana Shah
Ms Margaret Stevens

POPULATION SCREENING AND PREVENTION

DIRECTOR

Dr Wendy Atkin MPH PhD

STATISTICIAN

Ms Pauline Rogers MSc Cstat

DATA MANAGERS

Ms Urvi Shah BSc MSc
Mr Kevin Kavanagh BA

PA

Ms Samia Riaz BSc

SCIENTIFIC OFFICER

Mr Kevin Pack BSc

POPULATION SCREENING FOR COLORECTAL CANCER

Colorectal cancer continues to pose a major problem in the UK. Although more people are surviving the disease, incidence rates are still rising and the cost to the NHS is in excess of £300million a year to treat. The Department of Health is committed to introducing a national screening programme and has set up four working groups to examine the options for screening and the resource issues. Two methods are under consideration: the faecal occult blood test, which would be offered every two years, and flexible sigmoidoscopy, which would be offered on a single occasion. The faecal occult blood test is the most likely candidate for early implementation since evidence of its efficacy in reducing colorectal cancer mortality (but not incidence) is available from several randomised trials. Such evidence is not yet available for flexible sigmoidoscopy, although several trials are in progress, the largest of which is being coordinated from the St Mark's Cancer Research UK Colorectal Cancer Unit with funding from the Medical Research Council and NHS R&D. This is a UK-wide randomised trial examining the efficacy of a single flexible sigmoidoscopy screening in reducing colorectal cancer incidence and mortality rates. Recruitment and screening were completed in 1998 and the trial cohort is currently being followed up using National Statistics and Cancer Registries. We owe a debt of gratitude to both organisations for their help in ascertaining cancers developing during follow-up in our trial participants. By February 2004, the Registries had informed us of just over 1000 cases of cancers detected outside screening.

We expect to be able to analyse the effects of the screening on incidence of colorectal cancer in 2007. A major task in the meantime is to stage the cancers so that when we publish results on incidence rates, it might be possible to estimate the likely effect on mortality rates since survival is so strongly correlated with cancer stage at diagnosis. Staging the cancers and completing the Joint National Guidelines Minimum Dataset form for the pathology of colorectal cancers developed during follow up has been a major task for Kevin Kavanagh, Eiram Elahi and Urvi Shah.

Those individuals who were found at screening to have high-risk adenomas (defined as having at least 3 adenomas, or one or more adenomas which are large, villous or severely dysplastic) were offered a baseline colonoscopy examination and colonoscopic surveillance as they are deemed to be at an increased risk of developing subsequent colorectal cancer. The intervals for surveillance are similar to those published in the British Society of Gastroenterology guidelines, which were written by Wendy Atkin and Brian Saunders. Around 2000 people were found to have high-risk adenomas in the 14 regional centres, and most have had their baseline and first follow-up colonoscopies, but the second and third follow-ups continue apace. There are some delays because of trial hospital endoscopy units not having enough resources and because each unit must deal with newly referred cases from other sources, which take precedence. The delays vary according to centre, but usually range from 6-12 months. Four new cancers have been found in this high-risk group since the start of the follow-up period in 1999.

NURSE LED FLEXIBLE SIGMOIDOSCOPY SCREENING PILOT

The Department of Health Cancer Policy team has agreed that a national demonstration project to examine population uptake and the role of nurse endoscopists in a potential NHS Screening Programme is necessary. With funding from KeyMed Ltd, a feasibility study was started in the Harrow area in September 2003. A total of 500 people in the Harrow area, between the ages of 60-64, have been invited for screening and 67%, an extraordinarily high proportion, have chosen to have the test. Hanna Brotherton, a psychologist research fellow, has been employed to coordinate this study. She has tirelessly examined in minute detail every aspect of the invitation procedure, including developing new information materials to send to the general public and the management procedure. This work would not be possible without the invaluable programming skills of Dr Rob Edwards from the Cancer Research UK, Department of Statistics, Epidemiology and Mathematics, who has upgraded the database used in the Trial. Maggie Vance, Endoscopy Nurse Practitioner in the Wolfson Endoscopy unit, has been undertaking all the screening examinations, with glowing reports from those undergoing the procedure, and nurse Nicky Palmer is providing a communication link with patients both before and at the procedure, and again the feedback on her role has been glowing.

It is important to note that Maggie Vance has proved that she can perform flexible sigmoidoscopy as well as doctors, with adenoma detection rates at screening comparable with the best of the medical endoscopists in the UK FS Screening Trial.

MONITORING THE QUALITY OF SCREENING ENDOSCOPY

If, as expected, once only flexible sigmoidoscopy is chosen as a screening method for inclusion in an NHS colorectal cancer screening programme, it will be necessary to ensure that endoscopists perform flexible sigmoidoscopy and colonoscopy safely and effectively and with the minimum of discomfort. Analysis of the baseline results of the UK Flexible Sigmoidoscopy trial has showed that there is wide variation in the detection rates of adenomas between different endoscopists. The variation is most likely to be caused by differences in endoscopists' examination technique and is not due to variation in the characteristics of the individuals examined. This paper was recently published in *Gastroenterology*. Siwan Thomas Gibson, Clinical Research Fellow, Wolfson Unit for Endoscopy, under the supervision of Wendy Atkin, has been examining the factors associated with poor technique. The 40,000 FS screening examinations performed in the trial were all videotaped and these have been a valuable resource for examining components of the examination, which require improvement in technique. They have developed an objective scoring system to evaluate performance using videotapes and have shown that this score can be used to assess performance using just five consecutive examinations. A paper was presented at the British Society for Gastroenterology annual meeting in Spring 2004 and received the Royal Society of Medicine Coloproctology Section prize.

SMOKING AND DIET AND RISK OF COLORECTAL CANCER

As part of the UK flexible sigmoidoscopy trial data was collected on diet, smoking, alcohol consumption and use of drugs such as aspirin and hormone replacement therapy. The smoking data has now been analysed and the results show that longer duration of smoking is associated with an increased risk of having an adenoma of any type, having an advanced adenoma and having a hyperplastic polyp. This data supports the still contentious suggestion that cigarette smoking is a risk factor for the development of colorectal cancer.

Blood was collected at the time of screening from 1000 individuals who were found to have adenomas and 1000 controls, who were found not to have adenomas. DNA was extracted and has been used to analyse the effects of a number of candidate genes implicated in the development of colorectal cancer (see section below).

COLONOSCOPIC SURVEILLANCE FOLLOWING ADENOMA-DETECTION

Dr Christopher Williams instigated a randomised study in 1979 with the aim of identifying an optimum surveillance strategy following adenoma detection. The study was set up to compare the effectiveness of follow-up, at one or three-year intervals in high-risk patients and three or five-year intervals in low-risk patients, in preventing the development of advanced adenomas or cancer. Patient attendances at St Mark's Hospital were monitored up to 1995. Follow up with ONS was undertaken in

spring 2003 in order to ascertain diagnoses of colorectal cancer (CRC) and deaths. The study analysis is underway and it is expected that it will be completed in 2004.

CHEMOPREVENTION OF SPORADIC ADENOMAS

The Unit has long held an interest in chemoprevention of cancer and the PRESAP (Prevention of Sporadic Adenomatous Polyps) trial, a multi-centre, randomised, controlled trial of celecoxib, a COX-2 inhibitor, expertly run by Nicky Palmer and Wendy Atkin, is now into its third year. The trial recruited 1561 patients in less than a year and there has been a low withdrawal rate over the past three years, increasing the value of the study. The majority of patients are now approaching their year 3 colonoscopy and those in whom no adenomas have been detected during follow-up will be eligible to join a two year extension study. This extension has been requested by the Federal Drug Administration FDA in the USA to establish the longer term effects of the drug and to determine whether there are any rebound effects on termination of treatment. This study is expected to be complete in 2008.

INTERNATIONAL COLORECTAL CANCER SCREENING NETWORK

Wendy Atkin, in collaboration with Julietta Patnick (Director of the NHS Cancer Screening Programmes), obtained funding from the American Cancer society to set up an International Colorectal Cancer Screening Network (ICRCSN). The main aim of this network is to examine the quality of ongoing

screening programmes for colorectal cancer screening around the world. It is also planned to establish a consensus on a minimum dataset of quality assurance measures, which are applicable to all screening modalities, for all processes involved in colorectal cancer screening, as well as developing common definitions for the measures defined in the minimum dataset. The establishment of this network will also encourage existing and proposed colorectal cancer screening programmes to collect the necessary data to permit comparison of quality assurance measures and short-term outcomes, with an eventual view to publication of results. Anna Davies, a psychologist research fellow, has been employed to undertake an international survey to examine the extent of activity and degree to which quality and outcomes are being measured. It is expected that the results will be analysed and submitted for publication within the year.

The inaugural meeting of the ICRCNS took place at the Royal College of Physicians, in May 2004, where representatives from all over the world heard the results of the initial survey and presented their own data. This is the first such initiative to take place within colorectal cancer.

ROLE OF CT COLONOGRAPHY IN DIAGNOSIS OF COLORECTAL CANCER

The SIGGAR1 (Special Interest Group in Gastrointestinal Endoscopy trial) is funded by the NHS Health Technology Assessment (HTA) programme. The trial is comparing CT colonography ('virtual' colonoscopy) with the two established alternatives, barium enema and optical colonoscopy, for diagnosis of colorectal

cancer in symptomatic patients. The trial will run at 10 UK centres in total, following pilots at St Mark's Hospital, Bradford, Salford and Birmingham. Each centre needs to randomise 18 patients per month, six to CT colonography, six patients to barium enema and six patients to colonoscopy.

The research objectives are to examine the diagnostic efficacy for CT colonography, barium enema and colonoscopy via the numbers of examinations needed to diagnose or exclude significant colorectal neoplasia in each diagnostic arm. Psychological and physical morbidity will also be investigated along with the time and costs of diagnosis associated with each investigation.

Reshma Mashru is coordinating this study, which is currently in the pilot phase recruiting only at St Mark's Hospital. The main challenges she faces are of finding the most efficient methods of identifying patients who might wish to be considered and obtaining their consent. This can be quite complicated since patients can be referred not just to the Surgical Outpatients at St Mark's but to several other specialists throughout Northwick Park. So far, consultants have been very supportive of this important study. Once we have identified the logistics at St Mark's, the trial will continue with further pilots at Bradford, Salford and Birmingham before recruiting the remaining seven centres by the end of the year.

HYPERPLASTIC POLYPOSIS

Recently it has been shown that hyperplastic polyps, which were originally thought to pose no risk of cancer, may undergo mutations similar

to those found in adenomas and colorectal cancers. Dr Melanie Lockett has now completed her thesis on the epidemiology and molecular genetics of hyperplastic polyps. Her hypothesis is that hyperplastic polyps can progress to malignancy through the intermediate stage of a serrated adenoma.

Data collected in the UK Flexible Sigmoidoscopy Screening Trial has been used to examine unusual types of hyperplastic polyp including large, multiple and proximally sited lesions. We have also collected the largest series ever of patients with the condition hyperplastic polyposis in which there are many hyperplastic polyps and a high risk of colorectal cancer. Although Melanie's thesis is complete, the study is still underway and we are continuing to receive hyperplastic polyposis cases, which are being identified with increasing frequency at colonoscopy. Any gastroenterologist or surgeon who sees such a case should contact Wendy Atkin, who will send details of the study which aims to examine the natural history of the disease and to identify management strategies for patients with the condition.

Colorectal Cancer Genetics Group (Dr Andrew Silver)

The lifetime risk of developing colorectal cancer (CRC) is governed by a combination of life-style, exposure to environmental carcinogens, and the balance between inherited resistance and susceptibility genes. We need to establish whether the genetic factors involved are limited to a number of major genes, or an interaction of numerous low penetrance genes. The challenge is to identify all the relevant genes

and to specify their contribution in controlling CRC predisposition and severity in the human population. Unfortunately, the polygenic nature of cancer inheritance in human populations, and the relatively low penetrance of most contributing polymorphic genes, has confounded the identification of genetic modifiers of tumorigenesis. In contrast, rodent models offer significant experimental opportunities to overcome problems of variability in life style and carcinogen exposure, as well as providing a means of controlling, or specifying, the genetic component through the use of induced/engineered mutations and selective breeding.

The Colorectal Cancer Genetics Group was founded at St Mark's in Spring 2003 to initiate the first systematic attempt to identify the genes involved in CRC predisposition and severity using a combined approach involving human familial cancer, genetic profiling of human CRC tissue samples at St Mark's, and modifier mapping using the multiple intestinal neoplasia (Min) mouse model. In addition, members of the Group have contributed to an associated study on inflammatory bowel disease. This investigation, and the Group's other achievements in a highly successful first year are detailed below

HUMAN COLORECTAL CANCER STUDIES

It is known that activating b-catenin mutations at GSK-3b phosphorylation sites (serine and threonine residues) in exon 3 have been implicated in colorectal tumorigenesis and other human cancers. The mutations result in decreased APC-associated degradation and raised b-catenin protein levels. This leads

to increased TCF4 transcriptional activation in the cell nucleus and cellular proliferation. Although reports to the contrary exist, it has been suggested that b-catenin mutations tend to occur more often in microsatellite-unstable (MSI+) colorectal carcinomas, including hereditary non-polyposis colorectal cancer (HNPCC), as a consequence of defective DNA mismatch repair. Furthermore, a different study has reported that b-catenin mutations are more common in small (<1 cm) adenomas than large adenomas and cancers. In collaboration with St Mark's colleagues, Professor Ian Tomlinson and Dr Wendy Atkin, and others, we have analysed a very large number of colorectal carcinomas and adenomas, from both sporadic cases and HNPCC families to provide an accurate assessment of b-catenin mutation frequency in each tumour type. We have found that mutations were rare in sporadic adenomas and adenomas from HNPCC. Most of the sporadic adenomas analysed (80%) were small and our data therefore differ from the earlier report of a much higher mutation frequency in small adenomas. No activating b-catenin mutations were identified in a large number of MSI+ and MSI- sporadic colorectal cancers, but a raised mutation frequency was found in HNPCC cancers; this frequency was significantly higher than that in HNPCC adenomas, and both MSI- and MSI+ sporadic cancers. We concluded that exon 3 b-catenin mutations are associated specifically with malignant colorectal tumours in HNPCC and these mutations appear not to result directly from deficient mismatch repair. Our data has provided evidence to show that the genetic pathways of sporadic MSI+ and HNPCC cancers may be divergent. In addition, the results also indicated that mutations in the HNPCC pathway of colorectal tumorigenesis

might be determined by selection and not simply by hypermutation. Overall, this investigation has suggested there are other genetic factors driving tumorigenesis in the early stages of HNPCC, and that further screening for mutations in target gene is necessary to provide a complete understanding of the molecular mechanisms underlying HNPCC. We are currently planning such an investigation.

MOUSE MODELS OF COLORECTAL CANCER

Ap Min/+ Min mice are heterozygous for a truncating Apc mutation and provide a good model of human familial adenomatous polyposis (FAP). The Min model has been used to provide an unambiguous example of a modifying locus in mice, modifier of Min 1 (Mom1). The phospholipase Pla2g2a has been identified as the most likely candidate for Mom1; but, unfortunately, protein variants of this gene have not been identified in the human population. However, we now have direct evidence that another significant modifier locus exists in ApcMin/+ mice. The chromosomal segment encoding this gene has been established, and the group is now sequencing a number of candidate modifier genes for variants between recombinant lines of Mom1 wild type Min mice that demonstrate a significant difference (3.4 fold) in the number of adenomas appearing in the gut.

INFLAMMATORY BOWEL DISEASE AND THE NCF1 GENE

Inflammatory bowel disease (IBD) is also a well-known risk factor in CRC, and has two

major clinical subtypes, Crohn's disease (CD) and ulcerative colitis (UC). Both have a strong genetic component contributing to disease susceptibility and severity. Linkage analysis has detected an IBD susceptibility locus on chromosome 7q that encompasses the NCF1 gene and the NCF1 pseudogenes. Karyotypic abnormalities of this region in CRC have also been reported. Involvement of the NCF1 locus in IBD was supported by the observation that chronic inflammation of the bowel is a feature of chronic granulomatous disease caused by NCF1 mutation in about 25% of cases. The NCF1 pseudogenes have a dinucleotide deletion (Δ GT) at the beginning of exon 2 resulting in a frameshift and premature stop codon. Molecular studies indicated that the pseudogene (Δ GT) to NCF1 (GTGT) ratio was 2:1, and limited human population screening has suggested this was the predominant ratio. Variability in ratio may occur following DNA exchange by recombination between pseudogene and gene to produce a potentially functional gene hybrid containing the GT repeat at the start of exon 2. An earlier published study involving a limited number of IBD patients and healthy donors suggested an association between individuals with a 1:1 ratio and susceptibility to IBD. The possible presence of a hybrid gene was proposed

as a susceptibility factor. In collaboration with St Mark's colleagues, Dr Evi Zampeli, Dr Wendy Atkin, Dr Alastair Forbes and Dr Marcus Harbord, we have shown that there is no statistically significant difference between the frequency of the 1:1 ratio in IBD patients and controls. The 2:1 ratio was also identified by this study as the most common ratio (83.3%). Our data show clearly that there is no association of the 1:1 ratio with either CD or UC. Susceptibility to IBD is unlikely to be a consequence of an inherited 1:1, rather than a 2:1 ratio. Further investigations are required to identify the critical gene on chromosome 7q involved in susceptibility to IBD.

In summary, a major determinant of susceptibility to cancer and tumour progression, and to non-malignant disease that predisposes to cancer, is the host genetic background. Identification of controlling genetic factors and their interactions in humans is a prerequisite for individual cancer risk assessment. A full understanding of the genetics of CRC will lead to improved strategies for early assessment of individual patients, along with enhanced prevention and treatment regimes.

John Northover

Histopathology Department

CONSULTANT PATHOLOGISTS

Ian C Talbot MD, FRCPath

Thomas Guenther MD PhD Priv.-Doz
Dr. med.habil

Professor Axel von Herbay MD

HEAD OF DEPARTMENT

Ashley B Price MA BM BCh FRCPath

VISITING RESEARCH FELLOWS

Hirofumi Ishikawa MD, Nara Medical
University, Japan

Najat Mourra MD, Saint Antoine
University Hospital, Paris, France

John Murphy BAO, Mercy Hospital,
Cork

SPECIALIST REGISTRARS

Michael Osborne BSc, MB BS

Aurelie Fabre BAO

Khuram Chaudhury PhD, MB BS

Shyamala Helen Fernandez

MB BS, MRCPath

Mihir Gudi MD, MB BS

SECRETARY

Rehana Shah

The diagnostic work in gastrointestinal pathology continued to increase and we are now reporting almost 6,000 biopsies and resection specimens a year. Research has continued on colorectal neoplasia and inflammatory bowel disease.

Work on colorectal neoplasia has included verification of the histological prognostic markers, particularly the effects of tumour cell budding and stromal maturity on on tumour behaviour and patient survival.

We have been looking further at the serrated polyp-adenocarcinoma pathway. We have further examined the effect of radiotherapy on rectal carcinoma including markers of response to therapy. We have continued to investigate antigen presenting cells in inflammatory bowel disease, jointly with Professor Stella Knight of the Northwick Park Institute of Medical Research and Imperial College.

Professor Talbot lectured by invitation to the Institute of Biomedical Sciences. He also lectured on the MRCPATH Course in Histopathology at the University of Sheffield as well as on the City University course for Endoscopy Nurse Assistants. He staged a further one day teaching course to consultant histopathologists from the South of England on the protocol for the examination and reporting of rectal cancer, as part of the MRC multicentre study of adjuvant therapy to surgery. Professor Talbot also acted as a University of London examiner for an MS thesis as well as teaching in Pathology on the Imperial College undergraduate MB BS course and on colorectal morphology on the BSc course. Professor Price retired during the year in July though continuing on a locum basis until the end of 2003. However, he remains Director of Clinical studies (undergraduate) and has set up two St Mark's 3rd year student secondments. He completed his term as chairman of the Pathology Section of the British Society of Gastroenterology. Although 'winding down' he gave an invited talk at the Royal College of Surgeons of Ireland and taught on the Pathology course at Imperial College as well as completing contributions to several endoscopy-focussed papers.

During the year, Morson and Dawson's Gastrointestinal Pathology was awarded the Society of Authors prize for the best new edition of a multi-author medical textbook of 2002. This is very much a St Mark's orientated book and Professor Talbot is one of the authors, while Professor Price has also made a contribution.

The Polyposis Registry 2003

DIRECTOR

Robin KS Phillips MS, FRCS.

HONORARY RESEARCH CONSULTANT

Basil C Morson CBE,VRD,MA, FRCPATH,HonFRACS.

CONSULTANT PATHOLOGIST

Ian C Talbot MD,FRCPATH.

HONORARY CONSULTANT PAEDIATRICIAN

Warren Hyer FRCP

REGISTRAR

Kay F Neale MSc,SRN.

NURSE PRACTITIONERS

Nicky Horton RGN
Jacqueline Wright BSc, RN, DN

RESEARCH NURSE

Sandra Burke BSN, RN

ASSISTANT REGISTRAR/GENETIC COUNSELLOR

Caroline Philp MSc,BSc.

REGISTRY AND RESEARCH PROJECT ADMINISTRATIVE ASSISTANT

Kalpna Vekaria BA.

HONORARY RESEARCH FELLOW

Allan D Spigelman FRACS.

RESEARCH FELLOWS

Michelle Gallagher MRCP
Andrew Latchford MRCP
Julian Sturt FRCS

The exciting news in 2003 was that a new gene, the MYH gene, which stands for mutY homolog (E.coli), was identified on Chromosome 1. For almost fifty years a diagnosis of familial adenomatous polyposis (FAP) rested upon the requirement that there be more than one hundred adenomatous polyps, spread throughout the large bowel. The debate about the validity of the definition waxed and waned; it was, of course, churlish to suggest that a patient with ninety-nine adenomas did not have the condition whilst someone with one hundred and one did – and who was counting? Some pathologists were meticulous and others cast a weary eye and guessed. The real importance of it all was that these patients were different from those who had two or three, or five or six polyps. Even so the numbers within the group differed dramatically. Some patients had a couple of hundred adenomas whilst others had eight or nine thousand.

Then in the 1990s along came a genetic test. Sir Walter Bodmer and his team at the Imperial Cancer Research Fund (now Cancer Research UK) discovered the APC gene and were able to show that the change, or mutation, in the gene differed from family to family. What's more, the families who developed thousands of adenomas tended to have a mutation in the same region of the gene and those with fewer polyps, only a couple of hundred, tended to have a mutation at the extreme end of the gene; but herein lay the puzzle. There were quite a lot of families, about 25%, in which the scientists could not find the mutation. For technical reasons it is said to be more difficult to find mutations at the front end of the gene and for several years this was accepted by most of us as the explanation.

But in 2003 we learned that this was not the only answer to the puzzle. In collaboration with Professor Ian Tomlinson's team at CRUK, research into the newly discovered MYH gene, started. To date 12 people at St Mark's with enough polyps to class

them as having FAP using the traditional diagnostic criteria have been found to have a mutation in their MYH gene. Research is now underway to establish the correct screening and treatment programme for this new group of patients. Unlike the gene causing FAP, the MYH gene is recessive so it is important to ascertain whether or not there is a risk of disease in carriers as well as people carrying two mutated copies.

STAFF

The weddings of both Nicky Horton and Kalpna Pindoria were celebrated in 2003. Unfortunately Nicky and her new husband moved to the USA to live, so in under a year we lost our first Nurse Practitioner in Polyposis.

But every cloud has a silver lining and Jacqueline Wright, the second nurse to be poached from Professor Kamm's unit, successfully applied for the job. Jacque rapidly completed her training and restarted the nurse led clinics for polyposis that had been set up by Nicky. Jacque has been particularly effective in monitoring the patients who fail to attend their appointments and encouraging them to be more reliable. She is currently undertaking the Physical Assessment module, part of a Masters degree in Nursing, at City University.

In May Sandra Burke joined us to assist the research fellow running the new chemoprevention trial. Sandra, who had previously worked in the Endoscopy Unit, has proved herself as adept at chasing the missing drug deliveries as assisting with the examinations. We are very pleased that she joined us.

Congratulations go to Caroline Philp who successfully completed her Advanced Diploma in Counselling in August.

In October Andrew Latchford, a medical gastroenterologist, was finally released from Birmingham to run the new chemoprevention trial (see below). In his absence Michelle Gallagher had taken on the mammoth task of setting it up in addition to her own research. Michelle completed her two years of research with us in December and returned to her formal training at The Royal London Hospital.

THE REGISTRY AND THE TRUST

This year saw the start of Paediatric clinics dedicated to children in polyposis families. These clinics bring together an expert paediatric gastroenterologist with a genetic counsellor providing a unique service. A total of 37 children were seen during 2003.

There have been 120 new patient referrals, either with or at risk of a polyposis syndrome, to St Mark's in 2003. Of these, 74 came directly as a result of Registry involvement with the family, the remaining 46 being referred directly to a Consultant.

NEW PATIENT REFERRALS IN 2003

At risk of inheriting FAP or other polyposis syndrome	59
Difficult cases referred on to St Mark's	17
Other routine referrals	20
Peutz Jeghers syndrome	8
Juvenile Polyposis	2
MYH family	12
Metaplastic polyposis	2
TOTAL	120

LEEDS CASTLE POLYPOSIS GROUP (LCPG)

In September James Church hosted the last meeting of the Leeds Castle Polyposis Group, in collaboration with the International Collaborative Group for Hereditary Non Polyposis Colorectal Cancer (ICG-HNPCC), in Cleveland Ohio. The membership of the two groups voted in favour of a merger and the International Society for Gastrointestinal Hereditary Tumours (InSiGHT) came into being. The new Society will be partly administered from St Mark's.

Our research fellows had all submitted abstracts and gave at least one presentation in addition to displaying posters of their work.

RESEARCH PROJECTS

Michelle Gallagher

During Michelle's two years at St Mark's she has been involved in a number of clinical and laboratory based projects, and has presented her results both nationally and internationally. The clinical projects include studies defining the outcome of current surgical and endoscopic management strategies for duodenal adenomatosis in FAP, and an audit of the results of primary colonic surgery for FAP in the modern (pouch) era. In addition, she was instrumental in setting up the phase II chemoprevention trial for which she was responsible for nine months prior to handing over to Andrew Latchford (see below).

In collaboration with the Antigen Presentation Research Group, Michelle has performed a number of studies investigating immunological mechanisms pertinent to tumour development.

The work performed will form the basis of her MD thesis, which will be submitted to Imperial College, University of London.

Julian Sturt

Julian has continued his work with Professor Phillips on the potential for gene therapy in FAP, in collaboration with Dr Georges Vassaux and Dr Harpreet Wasan at the Cancer Research UK Molecular Oncology Unit at the Hammersmith Hospital. During the last year they have been successful in showing the effects of APC gene replacement in colorectal cancer cells in vitro, and have also managed to establish primary cell cultures from a number of FAP-related desmoid tumours. Using cells derived from these tumours they have been successful in defining the best vectors to deliver gene therapy to the cells.

In addition, Julian has been helping to define the risk factors for desmoid development in FAP patients, and has helped to emphasise the importance of family history, suggesting the influence of new, as yet undefined genes.

Andrew Latchford

Andrew is responsible for the co-ordination of a clinical trial, funded by the National Cancer Institute in the USA, and being undertaken in collaboration with the MD Anderson Cancer Centre in Texas. The study is designed to investigate the effect of Celecoxib with difluoromethylornithine (DFMO) compared to Celecoxib alone, in the prevention and regression of duodenal and colorectal adenomas.

In addition he is working with Professor Phillips in collaboration with Professor Ian Tomlinson and Dr Andy Silver to continue work studying the genetic aspects of desmoid disease, including

looking for modifying genes, which may increase the risk of desmoid development over and above current known genetic risk factors. Furthermore he is investigating the molecular biology of desmoid tumours in an attempt to understand how and why they develop. This involves looking at disorders in the balance between collagen synthesis and breakdown and also at the role of angiogenesis in desmoid tumour development, utilising both historical and cell cultures.

Andrew plans to undertake a clinical audit of the surgical management of desmoid tumours from 1996.

Professor Ian Tomlinson and Dr Andrew Silver

The majority of patients with multiple polyps carry a germline mutation in the APC or MYH gene; but, as stated above, there is a small number of people with multiple polyps but where no mutation can be detected in either these genes. Professor Tomlinson and Dr Silver are currently considering two likely explanations; the existence of rare APC mutations that are difficult to detect by standard mutation analyses, and the possibility that some people with multiple polyps have a mutation in genes other than APC or MYH. Dr Silver is now using molecular techniques to identify novel and rare APC mutations, and will research the possibility of mutations in other candidate genes.

In addition to the other projects, Dr Tomlinson and his team have continued studies of the genetic pathways of adenomas in patients with attenuated FAP, in an attempt to identify the reason that these individuals develop fewer adenomas than those with classical disease.



Professor Robin Phillips, the Director of the Polyposis Registry, and team

DONATIONS

We should like to thank all those individuals who have donated funds to support our work. Particularly Robert and Sue Fendt, who helped to organise a Fun Day at Sainsburys in Enfield, the proceeds of which were donated to Polyposis. Also the friends of Shaun Wilson, who donated the money raised during the evening of the competition for the Shaun Wilson Memorial Cup at their snooker club.

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

The St Mark's Hospital Foundation
Cancer Research UK
The National Cancer Institute, USA

Department Reports

Kennedy-Leigh Academic Endoscopy Unit

CONSULTANT ENDOSCOPISTS

Dr Brian Saunders MD FRCP
Dr Christopher Williams
BM FRCP FRCS
Maggie Vance MSc RGN

CONSULTANT ANAESTHETIST

Dr Douglas Newton MBBS FRCA

ENDOSCOPY FELLOWS

Dr Chris Fraser MRCP
Dr Gregor Brown PhD FRACP

CLINICAL SPECIALIST

Dr Arabinda Pal MD MRCP

HONOURARY CONSULTANT (ENDOSCOPY EDUCATION)

Professor Shafi Quraishy
MD, FRCP, FRCP (Ed), FRCP&S (Glasg).

RESEARCH FELLOWS

Dr Noriko Suzuki MD
Dr Siwan Thomas-Gibson MRCP
Dr Matt Rutter MRCP

NURSE ENDOSCOPISTS

Mariann Baulf SRN
Ripple Mann RGN

RESEARCH/TRAINING NURSES

David Swain RGN
Catherine Thapar RGN
Gillian Schofield RGN
Nicky Palmer

UNIT ADMINISTRATOR

Jean Mannings

UNIT SECRETARY

Lisa Mackay

AUDIO-VISUAL PRODUCTION TEAM

Steve Preston BSc

2003 was a year of transition within the Unit with many great moments, a little sadness and a tremendous feeling of anticipation for what is to come! Two events dominated proceedings namely the retirement celebrations of Dr Christopher Williams and the selection of the Unit as a National Endoscopy Training Centre with additional funding of £1.1 million over 3 years, starting in 2004.

The Unit formally said farewell to Christopher on the 20th of June with an International Colonoscopy Masterclass in his honour, graced by the presence of Christopher's old friend and sparring partner Dr Jerry Wayne from New York. Many friends & former colleagues of Christopher were there, too many to mention individually, and the day was enjoyed by all and featured everything from cutting edge science to anecdotes and tributes to the master. The day was rounded off by a very elegant dinner at the Apothecaries Hall.

In parallel with Dr Williams' retirement celebrations, Dr Saunders and Sr Vance, supported by the Unit, applied for and were successful in gaining significant additional central government funding to enable the Unit's teaching activities. The process was complex and at times painful but clinical excellence won the day; just recognition for the hard work and commitment of all the Kennedy Leigh staff over the last 4 years. For the first time we are not entirely dependent on charitable support for key staffing positions and can actively expand our training horizons! With this in mind a portfolio of training opportunities has been developed incorporating some already successful courses from the past (one-day colonoscopy workshop, international colonoscopy masterclass, accelerated colonoscopy hand-skills course, nurse-led, flexible sigmoidoscopy degree-level course) but several new innovations such as a module-based 'therapeutic endoscopy course' which includes practical experience on simulators and animal models and a 'colonoscopy educators programme' for endoscopy trainers to brush-up their own skills and learn new teaching approaches utilising the latest electronic teaching aids.

All our training efforts are underpinned by the quality of the audio-visual materials that have been generated by David Swain and Steve Preston, supported by Shafi Quraishy. David Swain deserves particular commendation for setting up and managing our new web site, www.wolfsonendoscopy.org.uk that went live in October. This contains a plethora of information for patients, endoscopy staff and trainees, will act as an information base to co-ordinate all our National training centre activities and is being developed by David and Steve to enable remote learning and assessment.

Due to a generous grant from the Grand Charity, we were able to appoint 2 Endoscopy Fellows in 2003. These new posts are for individuals close to consultant appointment and wishing to specialise in endoscopy, to allow advanced training in endoscopic techniques particularly therapeutic endoscopy and to develop skills as an endoscopy trainer. Chris Fraser arrived half way through the year from Manchester and Gregor Brown from Melbourne, Australia, joined us later in the year. Both have made an immediate impact as safe pairs of hands and endoscopists of huge potential. Chris has been instrumental, along with Mariann Baulf in setting up a formal, protocol-driven Barrett's oesophagus surveillance protocol, which is likely to form the basis of future research initiatives. He has also helped pioneer the practical component of the new therapeutic endoscopy course.

We are also very fortunate to have received full NHS funding for Dr Arabinda Pal, MD MRCP, Clinical Specialist in Gastroenterology. Arabinda is a very experienced Gastroenterologist and has contributed significantly to both the Wolfson Unit for Endoscopy and NWLH Trust. Arabinda provides his valuable expertise for the Wolfson unit in terms of expert endoscopic practice and contributes to all unit training programmes.

Dr Saunders continues to have multiple tertiary referrals, mainly for therapeutic intervention but also for technically difficult cases and abnormalities seen on virtual colonoscopy (it used to be barium enema!). A review of endoscopic mucosal resection (EMR) for giant sessile polyps (Dr Fraser & David Swain) has shown excellent neoplasia clearance rates with no major complications.

The general anaesthetic lists with Doug Newton, consultant anaesthetist, are a standard part of our set up now and essential to allow complex therapy, particularly in the upper GI tract. Michelle Gallagher has written up our initial experience with duodenal EMR/ablation of polyps in FAP, which shows successful down staging of certain patients, perhaps preventing the need for major surgery. The Unit is now well set up to develop other endosurgical procedures in the upper and lower gastrointestinal tract – watch this space!

In 2003 we introduced a capsule enteroscopy service, which immediately proved successful with multiple referrals from all over the country. Initial review of the first 60 cases (Dr Brown) has shown positive findings in more than 50% of patients, most of whom have had multiple negative previous examinations, radiological and endoscopic. The capsule service is undoubtedly a major step forward in the diagnosis of small bowel disease and allied to the Unit's established interests in push enteroscopy, intra-operative enteroscopy and retrograde ileoscopy at colonoscopy it places us at the forefront of endoscopic diagnosis and treatment of small bowel disease. Much of the success of the capsule studies has been due to the dedication of Gillian Schofield (capsule endoscopy nurse specialist) who carries out the procedures and reviews the images, along with Chris Fraser and Gregor Brown who check all positive findings. The service is now beginning to have research spin-offs and Chris and Gregor have developed protocols for assessment of the capsule in the management of Peutz-Jeghers syndrome in adults and children. Another successful nurse-led activity is our FAP flexible sigmoidoscopy

surveillance programme, which has been developed by Ripple Mann.

Research in 2003 continued along the main Unit themes of early detection of cancer (Dr Rutter), the clinical and biological relevance of flat colonic neoplasia (Dr Suzuki), education in endoscopy (Dr Thomas-Gibson), and the application of new endoscopic technology for diagnosis and therapy. All our research efforts have been supported by the research nurse team of David Swain, Catherine Thapar and Gillian Schofield. Catherine returned from maternity leave in 2003 and her experience and calmly efficient approach has had an immediate impact in helping to co-ordinate our teaching and research efforts. Matt Rutter completed and submitted his MD thesis evaluating risk factors for the development of dysplasia in longstanding, extensive colitis and updated clinical outcomes of the St Mark's colitis dysplasia surveillance programme. This outstanding work has led to multiple publications and a busy time for Matt on the lecture circuit. Matt was appointed as consultant gastroenterologist at North Tees Hospital early in the year. It was a busy year also for Siwan Thomas-Gibson who combined maternity duties with on-going research into performance assessment at endoscopy and evaluation of training methodology. Siwan has worked closely with Wendy Atkin (CRUK), using material from the National Flexi-scope Trial to develop a video scoring system for flexible sigmoidoscopy withdrawal. Just reward for Siwan's hard work and innovation came when she was honoured by the Coloproctology section of the Royal Society of Medicine with the John of Ardenne research medal for the most outstanding research presentation of 2003.

Noriko Suzuki continues to be very productive in her research output as well as contributing greatly to the clinical and training workload. She has worked closely with Ian Talbot and Ashley Price comparing endoscopic and histological findings of flat neoplasia in England and Japan, has written up our initial experience of colonic stenting and has an active interest in developing new EMR techniques with preliminary work looking at optimising submucosal injection solutions. Maggie Vance is also working closely with Wendy Atkin to assess the feasibility of nurse-led screening flexible sigmoidoscopy and is well on the way to starting her PhD. Maggie is combining this important research work with a heavy clinical workload and national responsibilities as secretary of the British Society of Gastroenterology endoscopy-associates group. The Unit has long held an interest in chemoprevention of cancer and the PRESAP trial (multi-centre, randomised, controlled trial of a COX 2 inhibitor in prevention of sporadic adenomas), expertly run by Nicky Palmer, is now into its third year with an extension in the pipeline.

News from our first two research fellows is that Dr Jim Brooker was awarded an MD in 2003. His thesis is entitled 'Advances in colonic adenoma detection and polypectomy at colonoscopy'. Jim was appointed as consultant gastroenterologist in Hamilton New Zealand in 2003. Dr Syed Shah has had multiple high quality publications on evaluation of the magnetic imaging system and has submitted his thesis with an exam date in early 2004. Syed is senior registrar in gastroenterology in the Leeds region and is planning to spend some time in Japan to further develop his upper gastrointestinal therapeutic skills.

As always we are indebted to our secretarial and administrative team, Jean Mannings and Lisa Mackay, who deal with all the day-to-day issues that make the Unit tick. They have shown great patience and dedication during recent times of change and have always been interested and supportive.

During 2003 Dr Saunders was an invited lecturer at the Endoscopy Masters Forum, (Orlando, USA), the British Society of Gastroenterology (Birmingham), the American Society of Gastrointestinal Endoscopy, (Orlando, USA), The Association of Coloproctology (Edinburgh), The United European Gastroenterology week, (Madrid, Spain) and also lectured or demonstrated endoscopy at meetings in Athens, Oxford, Geneva, London, Barcelona, Leeds & Tehran (Iran).

All in all, 2003 has been highly eventful, emotion-charged and perhaps the most important year so far in the brief history of the Unit. We said goodbye to an old friend but he leaves us at a time when we are stronger than ever and poised to embrace the future.

Brian Saunders

Medical Photography and Illustration

The Photography & Illustration Department has undergone significant changes during the last year.

Nigel Webb left the department in October 2003, so there is now only myself to meet all the photographic and illustration needs of members of staff.

The department continues to offer all the services we have in the past, including patient, studio, location and portrait photography, poster production, scanning etc. However, inevitably, turnaround times for work may be extended and occasionally, the department may be closed, due not only to annual leave/sickness but also the nature of the work, which requires me to attend wards, clinics etc for patient photography purposes.

Therefore, it is always best to contact me first if you intend to visit the department. I will always be happy to discuss the department's services and any individual requirements with staff. I can be contacted either by phone (ext 3334), or e-mail (sue.thomason@nwlh.nhs.uk).

Sue Thomason



The April Tide Service with Chaplain Christine Cornell who left for pastures new shortly after

Department of Medicine

CONSULTANTS

St Mark's & Northwick Park

Michael Kamm (Chairman)

Anton Emmanuel

Alastair Forbes

Simon Gabe

Meron Jacyna

Max Pitcher

Brian Saunders

Julian Stern

Huw Thomas

Christopher Williams

Central Middlesex Hospital

Sharon O'Brien

David Sherman

David Silk

ASSOCIATE SPECIALISTS

Central Middlesex Hospital

Roser Vega

CLINICAL ASSISTANTS

Northwick Park Hospital

Riadh Dawood

Anwar Hanid

SPECIALIST REGISTRARS

St Mark's & Northwick Park

Naila Arebi

Marcus Harbord

Jonathan Hoare

Sarah Langlands

Wendy Lim

James Lindsay

Joel Mawdsley

Central Middlesex Hospital

Adam Haycock

Amar Shariff

POST DOCTORAL SCIENTISTS

Richard Day

Andrew Stagg

RESEARCH NURSES

Lesley Butcher

Angela Gibbs

SENIOR HOUSE OFFICERS

St Mark's Hospital

Tehfik Ismail

Andrew Milestone

Tommy Kalantzis

Central Middlesex Hospital

Jonathon Nolan

Victoria Singh

Emma Watkins

PRE REGISTRATION

HOUSE OFFICERS

Central Middlesex Hospital

Kay Lawson

Anna Malone

Vy kunthan Selvaratnam

RESEARCH FELLOWS

St Mark's and Northwick Park
Hospitals

Gregor Brown

Ailsa Hart

Matt Johnson

Charlie Murray

Fiona Nicholson

Clive Onnie

Cinzia Papadia

Christopher Rayner

Matthew Rutter

Sayed Shah

Alan Shand

Ajeya Shetty

Siwan Thomas Gibson

Roser Vega

SCIENTISTS

Angela Jones

Hafid Omar

Rachel Rigby

The Department of Medicine comprises general medical gastroenterology, endoscopy, inflammatory bowel disease, nutrition, physiology, psychological medicine, and the medical contribution to cancer care. It continues to function as a vibrant department for excellent clinical care, research and teaching. This report encapsulates some of the developments that occurred during 2003; further information is also to be found in the reports of individual Units elsewhere in this Annual Report. During 2003 the Departments of Gastroenterology within St Mark's, Northwick Park and Central Middlesex Hospitals continued to consolidate their clinical service and research structure.

Activity During 2003

GENERAL GASTROENTEROLOGY

St Mark's Hospital

A large number of postgraduate researchers are active within the Department, making St Mark's one of the major UK centres for postgraduate research.

Laboratory work took place in collaboration with other Departments at Northwick Park Hospital and the Northwick Park Institute of Medical Research. In addition Dr Forbes and Dr Richard Day undertake laboratory activity within St Mark's. Dr Emmanuel continued joint laboratory work focussing on gut neuromuscular function with GlaxoSmithKline.

Inflammatory Bowel Disease

The department has maintained its involvement in clinical trials of a variety of novel agents for inflammatory bowel disease.

Progress was made in furthering the plan to form a coherent Inflammatory Bowel Disease Unit within the Department of Medicine. With a nurse specialist in inflammatory bowel disease, Lisa Younge, in post planning has begun for a defined physical space for such a Unit.

ALASTAIR FORBES

Matt Johnson continued work on the immunology of pouchitis, in conjunction with Alastair Forbes, John Nicholls, Stella Knight at NPIMR, and Paul Ciclitira at the Rayne Institute at St Thomas' Hospital.

Dr Richard Day was awarded a Discipline Hopper Grant from the Medical Research Council (Dr R Day) for work on intestinal tissue engineering.

Alastair Forbes' link with the Department of Molecular Genetics at Guy's (Professor Chris Mathew) continued through 2003, working on the genetics of inflammatory bowel disease. Dr Clive Onnie continued to undertake research with this group.

Together with Richard Day, a collaboration has been established with Professor Dorian Haskard in the British Heart Foundation laboratory at Hammersmith Hospital.

Dr Ajeya Shetty continued in his position as part-time tutor for ICSM undergraduates on the Northwick Park/St Mark's campus. His research focuses on cell adhesion in inflammatory bowel

disease, specifically looking at heparins and related compounds. He also worked on finalising the joint study with the department of neurology at Atkinson Morley's Hospital (Dr Fred Schon) on a postulated association between ulcerative colitis and multiple sclerosis. He helped co-ordinate clinical trials in inflammatory bowel disease (currently with infliximab, 5ASA and thalidomide derivatives).

MICHAEL KAMM

The active collaboration between Professor Michael Kamm at St Mark's and Professor Stella Knight and Dr Andrew Stagg at the Antigen Presentation Research Group of Imperial College continued. The aim of this mucosal immunology group is to determine the role played by antigen-presenting dendritic cells in both the regulation of normal intestinal immunity and in inflammatory bowel disease. During 2003 work from the group was presented at the US Digestive Diseases Week, British Society of Gastroenterology, the British Society of Immunology, the United European Gastroenterology Week, and a number of specialist inflammatory bowel disease meetings.

Inflammatory bowel disease results from abnormal antigenic drive from the luminal contents. The main antigenic drive comes from luminal bacteria. However it is unknown whether specific bacteria are responsible for this antigenic drive. Sally Bell, working together with the group of Professor Peter Borriello and Dr Robert Owen at the Public Health Laboratory in Colindale, London, undertook a study examining the role of *Helicobacter* species in inflammatory bowel diseases. Using genus and species specific molecular techniques no evidence was found for this particular organism.

Andrew Stagg published work demonstrating that dendritic cells can control the tissue-specific homing of lymphocytes that they activate. Lymphocytes activated by gut dendritic cells, but not dendritic cells from other sites, upregulate a surface molecule that can allow them to enter intestinal tissue. This control of homing is a novel immunoregulatory function of dendritic cells that has implications for the therapy of intestinal inflammation as well as the design of mucosal vaccines.

Rachael Rigby, a PhD student, completed and presented her work the interactions between colonic dendritic cells and bacterial antigens. She reported that although such dendritic cells co-exist with very large numbers of commensal bacteria *in vivo*, they retain the ability to respond to bacterial antigens and are capable of producing both pro-inflammatory and anti-inflammatory cytokines depending on the nature of the stimulus.

Ailsa Hart continued work as a Wellcome Trust Research Training Fellow to study gut dendritic cells and their interaction with commensal and probiotic bacteria. Her work, demonstrating that specific probiotic bacteria alter dendritic cell function and differentially influence the acquired immune response, was widely presented. She published 3 review articles relating to the gut flora in health and disease, the role of stress in intestinal inflammation and the use of probiotics in the treatment of inflammatory bowel disease. She won the international competition for 'Emerging Leader in Gastroenterology' at a meeting in Gothenberg, Sweden.

Angela Jones and Hafid Omar developed techniques to permit immunohistological analysis of dendritic cells in tissue sections.

Sally Bell published two studies in Alimentary Pharmacology and Therapeutics on anal fistulas in Crohn's disease. The first study examined the long term outcome and clinical course of anal fistulas, in the era before infliximab. In 87 patients followed for a median of 6 years, 68 percent of patients showed healing of all fistulas. Perianal and rectovaginal fistulas took a median of 2.6 years to heal. Half of all complex fistulas required a stoma, resection or proctectomy.

In a second study published in the same journal the response of fistulating Crohn's disease to infliximab treatment was assessed by magnetic resonance imaging. This revealed the extent of deep tissue fistula healing, which was complete in some patients but unchanged or limited in others. This approach is likely to play an important part in determining how long patients with fistulas should be treated with infliximab.

Michael Kamm continued clinical and laboratory work on the potential therapeutic role of antibiotics and probiotics in treating inflammatory bowel disease with Professor Massimo Campieri and Associate Professor Paolo Gionchetti, from the University of Bologna. During 2003 Toshiki Mimura published in Gut a controlled clinical trial, from St Mark's and Bologna, demonstrating that in patients with resistant chronic active or recurrent pouchitis healed by antibiotic therapy, remission can be maintained with probiotics, with an associated improvement in quality of life.

OTHER GROUPS

Dr Kay Wilkinson, co-ordinator of the Hospital Research Records department, continued her PhD work, applying temporal database modelling to Crohn's disease. The link with the Department of Computer Science at the University of the West of England, Mr Tony Solomonides, remains a productive one.

Central Middlesex Hospital

David Silk was awarded a personal Chair within Imperial College.

NUTRITION (INCLUDING 'INTESTINAL FAILURE')

The growth in service demand for the St Mark's supra-regional contract for acute intestinal failure has placed considerable pressure on the availability of beds. However the Department of Health has recognised a need for our further expansion. The designated bed number, for which St Mark's is fully funded, has risen year on year and we anticipate this reaching 20 by the 2004-2005 financial year. Dr Forbes continued as Chairman of the British Association for Parenteral and Enteral Nutrition during 2003.

PHYSIOLOGY UNIT

The Physiology Unit remains active with a busy clinical, research and teaching programme. Oesophageal, gastric, intestinal and pelvic floor studies and treatments are undertaken in a coordinated and prebooked 'one-stop' way. Research is multidisciplinary, ranging through epidemiology, psychology, pharmacology, surgery and basic science. Research

programmes in faecal incontinence, constipation, anal pharmacology, oesophageal reflux disease, and bowel dysfunction in patients with neurological disease, continued during 2003.

The Unit is led by Professor Michael Kamm, with a focus on multidisciplinary care and research. Christine Norton, Nurse Consultant and Anton Emmanuel, Senior Lecturer, continue to strengthen the Unit's clinical and research activity.

PSYCHOLOGICAL MEDICINE

The Psychological Medicine Unit (PMU) at St Mark's Hospital had a busy and productive 2003. The Unit benefited from the creation of a full time post for Dr Julian Stern, Consultant Psychiatrist in Psychotherapy. This post, unique in British Medicine, represents a major investment by the Trust, and underlines the hospital's commitment to a multi-pronged and holistic approach to the care of our patients, to the promotion of new treatment modalities, and to research.

The PMU is staffed by Consultant Psychotherapist Julian Stern, Consultant Psychologists Esther Serrano-Ikkos and Patricia McCue, and Mrs Solveig Wilson (Hospital Social Worker and counsellor) and receives referrals from clinicians throughout the hospital, both in- and out-patients.

There is also a weekly Psychosocial meeting attended by all disciplines in the hospital, to ensure that the psychological needs and concerns of patients are thought about in a multi-disciplinary forum.

Julian Stern is a regular teacher on the lecture course for visiting surgeons and physicians to SMH, as well as on training courses for nurse specialists, and undergraduate medical students.

Plans for 2004 include the building of designated office/consulting room space for the PMU. Group therapy for selected patient groups, and an expansion of our research and training functions are also planned for 2004.

ENDOSCOPY UNIT

The Wolfson Unit for Endoscopy and Academic Centre had another vigorous year, researching colonoscopy-related issues, developing new technology & teaching.

The Unit also continues its close involvement with a major new colonoscopy teaching simulation (Olympus Optical Co and KeyMed Ltd, Southend on Sea).

TEACHING AND TRAINING

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

For the 2003 first International St Mark's Lecture Course the third Sir Avery Jones Visiting Professorship was Sander van Deventer, from the Academic Medical Centre in Amsterdam.

During 2003 the number of specialist registrar posts in gastroenterology shared between St Mark's and Northwick Park Gastroenterology

increased to four. These trainees rotate through six months in each of general gastroenterology, specialist lumenal gastroenterology, and specialised training in nutrition, endoscopy and gastrointestinal physiology. The campus remains one of the most popular sites in the region for training in gastroenterology, and also attracts trainees from around the country.

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

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

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

CONCLUSIONS

The merger of the three Gastroenterology Units from the 3 hospitals has created a vibrant Department which excels in the service provided within clinical gastroenterology, research and teaching. Further integration of the already substantial activity in inflammatory bowel disease remains a major objective.

Michael A Kamm

Intestinal Imaging Centre

CONSULTANTS

Cl Bartram FRCS FRCP FRCR
S Halligan MD MRCP FRCR
M Marshall BSc MRCP FRCR
S Taylor BSc MRCP FRCR

RESEARCH FELLOWS

David Burling MRCP FRCR
Harriet Owen MBBS MRCS
Vicky Goh MRCP FRCR

SUPERINTENDENT RADIOGRAPHERS

Anna Giles
Adrian McQueen

SENIOR RADIOGRAPHER

Hon Hoe

NURSING

Diane Gollagly

RECEPTIONIST

Josephine Convey

SECRETARIES

Fowzan Abdul-Cader
Gill Gutteridge
Bhartiya Shah

RADIOGRAPHIC STAFF

Angela Taylor
Francesca Marcus
Linda McMeechan
Caroline Duggins

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

Hon Hoe has settled in well to the department and is continuing to work in general radiography as well, making him a well known face now around the hospital. With Stuart's move back into general training, we were most happy to welcome Dr David Burling into our corridors to continue Stuart and Steve's work on CT colography (CTC). David hails from Oxfordshire and has been training on the Wessex Training Scheme based in Southampton. He is a lively individual with a determination and attention to detail which will come in very handy as he helps Steve manage the first of his two multicentre trials into CTC.

There was monumental news for Steve Halligan with the award of a £1 million grant from the NHS Health Technology Assessment programme. The project deals with assessment of CT colonography for diagnosis of colorectal adenomas and cancer in older patients. Together with local co-applicants Wendy Atkin, Clive Bartram, Brian Saunders and John Northover, and Professor Richard Lilford from Birmingham he is now organising a multi-centre trial which is certain to make the headlines in the coming months. Steve's other trial is well under way now looking at observer performance and the effect of directed in CTC across a number of large European Centres. Indeed our interest in CTC was further established in October 2003 when Steve, Stuart and David appeared as faculty members on the first ESGAR CTC workshop in Amsterdam, the first course of its kind in Europe. All this, and he continues to publish and lecture at an astonishing rate!

Clive and Michele also continued to contribute lectures at numerous in-house, national, international meetings and

courses. Although Clive continues to be bombarded with the trials and tribulations of a Clinical Director, he has been ardently working with the further refinement of 3D anal ultrasound and fistula imaging. Gordon Buchanan's work has been continued by Dr Harriet Owen our latest Surgical Research Fellow. Harriet has featured in the Annual Reports before, as one of our intrepid surgical SHO's while she rotated through the general surgical rotation at Northwick Park Hospital. She has sensibly decided to do colorectal research before taking up a registrar post.

Finally, I am delighted to report that Dr Stuart Taylor has returned to the department. Having completed his general radiology training, we were very pleased to see him appointed as a Consultant Radiologist here in December 2003, a more than fitting end to the year! Stuart is continuing his work with CT colography but also looking at rectal cancer staging accuracy. He will be taking on the role of lead radiologist for colorectal cancer services. As one of the most experienced radiologists in the country in terms of CT colonography, we are looking forward to seeing his influence in the national training programme.

Steve would again like to publicly thank David's sponsors: The European Congress of Radiology and The Kodak Scholarship, administered by the Royal College of Radiologists Educational Scheme, for generous grants for his research this year.

Michele Marshall

Nutrition and Intestinal Failure

CONSULTANTS AND SENIOR LECTURERS

Dr Alastair Forbes
Dr Simon Gabe
Mr Alastair Windsor

SPECIALIST REGISTRARS AND CLINICAL FELLOWS

Dr Joel Mawdsley
Dr James Lindsay
Dr Jonathan Hoare
Dr Geraldine McCormack
Dr Cinzia Papadia
Dr Roser Vega
Dr Chrysotomos (Tommy) Kalantzis
Dr Georgios Karamanolis

Dr Dimitros Polymeros
Dr Evi Zampeli

NURSING

Ms Debbie Buchan
Ms AnnMarie Daniels
Ms Angie Davidson
Ms Sally Crowther

DIETETICS

Ms Alison Culkin
Ms Morag Pearson
Ms Diane Brundrett
Ms Christina Wong

PHARMACY

Ms Clare Chadwick
Ms Shola Olusanya

INTESTINAL FAILURE COORDINATOR

Ms Ammi Tanda

SCIENTISTS

Dr Richard Day
Dr Aldo Boccaccini

ADMINISTRATION, CONTRACTS AND IT

Mr John Arnold
Ms Lesley Arnold
Ms Caroline Francis
Ms Karen McGuire
Ms Julie Vasquez

The nutrition and intestinal failure service at St Mark's is continuing to develop. Our clinical workload is continually increasing with an increased number of tertiary referrals and consequently an increased number of patients transferred with intestinal failure.

St Mark's has always had a strong referral base for patients with a medical cause of intestinal failure, but our surgical referral base too is now expanding substantially thanks to the influence of Alastair Windsor, Consultant surgeon. We receive referrals from throughout the UK but most of our referrals come from the South West, South East, Eastern and London regions. However, the waiting list for inpatient transfers does fluctuate and at times is still unacceptably high. After negotiations with the Department of Health, additional funding for beds is being secured in order to accommodate the ever increasing patient numbers. In addition, we now care for around 120 patients at home on long-term parenteral nutrition.

We continue to hold specialist nutrition clinics that are geared towards patients with intestinal failure on parenteral nutrition, although other patients are seen in these clinics. These clinics are in many ways unique and are multidisciplinary in nature with one of the nutrition nurses triaging patients to be seen by the dietitian, pharmacist and doctor. We continue to be well supported dietetically by Morag Pearson, Diane Brundrett and Christina Wong. The pharmacy department also supports us well and Shola Olusanya held the reins while Clare Chadwick was on maternity leave.

NUTRITION SCIENCES UNIT

Discussions within St Mark's and with Imperial College have identified a gap in provision for research and teaching in human nutrition in West London. Armed with this recognition we have developed a scheme for a major initiative of international calibre. Architects' plans have been drawn up and we have secured a promise of roughly one third of the total cost from Imperial College. The Nutrition Sciences Centre will be a two story building composed as a 'C' shape around the link corridor. On the ground floor will be a state of the art clinical area providing 20 in-patient beds for intestinal failure (many in single rooms), together with out-patient facilities for the nutrition team and specifically for patient training and education. On the first floor will be a double laboratory and associated facilities to provide a home for our existing team of scientists active in nutrition and intestinal regulation and repair who are currently scattered around the campus. We intend this to be an important growth area for the academic future of St Mark's and it is encouraging that the project has the full support not only of the consultant staff but also of the Chief Executive and the Trust Board. Fund-raising for the missing millions will start in earnest in 2004.

EDUCATIONAL MEETINGS

During this year we have held a number of very successful meetings. In May we held the first joint Intestinal Failure Units Meeting which focused on Frontiers in Intestinal Failure. This joint meeting with the Hope Hospital in Manchester demonstrates our commitment to a close working and academic relationship that

has developed between the two units over the past few years. The meeting attracted over a hundred delegates, with Professor Deitch from New Jersey giving a seminal talk on bacterial translocation. In addition, we held our 6th Intestinal Failure Study Day later in the year. This study day is aimed at giving practical advice to all healthcare professionals involved in the care of patients with intestinal failure. We had over a hundred delegates and the day was very well received. Thirdly, a session on intestinal failure was held at the St Mark's lecture course in December at the Hilton Hotel with excellent presentations from St Mark's and outside. Other study days have also been held including the enteral feeding study day organised by Ms Alison Culkin as well as a number of study days held by the nutrition nurses which aim to train staff in the safe provision of parenteral nutrition on the ward.

INTESTINAL TRANSPLANTATION

We have recently started to have formal transplant meetings every six months with Addenbrooke's Hospital, Cambridge. Addenbrooke's have the contract for this unusual form of transplantation for the southern half of the UK and it is run in parallel with the intestinal failure service provided at St Mark's. The venue for the meetings alternates between St Mark's and Cambridge and allows us to discuss any patients who could be suitable for an intestinal transplant in considerable detail. Research and survival data is also presented at these meetings. This is an important avenue for St Mark's to be involved in as the survival rate for patients who have had an intestinal transplant continues to improve, even if at present it is substantially inferior to that of continuing on parenteral nutrition.

RESEARCH

Research activity within the Department continues to develop. Ms Alison Culkin has completed her randomised controlled trial of glutamine supplementation in long-term intravenous nutrition. The data for this has been presented at international meetings and soon will be formally published. Simon Gabe and Richard Day continue to work on artificial matrices towards the development of an artificial intestine and the preliminary results of this look promising. A close interaction has developed with the Materials Department at Imperial College in South Kensington (Dr Aldo Boccaccini and Professor Larry Hench) as well as the University of Liege. Richard Day was awarded an MRC grant allowing him to cross specialise and this has allowed him to perform further work with Dr Boccaccini along the avenue of material sciences. Simon Gabe and Alastair Windsor have also been awarded a significant grant to look at the role of enteral nutrition in patients with an enterocutaneous fistula. This is an important trial that needs to be performed and will require close collaboration with the Hope Hospital in Manchester as well as other possible satellite hospitals. Along different lines, an audit of morbidity and mortality of patients with intestinal failure has enabled the development of survival tables for these patients as well as the assessment of prognostic factors determining patient survival. The amount of work that has been necessary to achieve these data has been exceptional and many thanks are due to Drs Tommy Kalantzis, Cinzia Papadia, Dimitros Polymeros and Roser Vega, with Roser excelling with her ability to analyse complicated statistics. Further information from this database is being analysed to assess the risk factors for patients who develop chronic cholestasis.



Dr Georgios Karamanolis

Following on from the work performed by Dr Paul Kitchen when he was with us as a research fellow, Dr Forbes has maintained a research collaboration with the peptide group at Hammersmith

Hospital and also with a small biotech company from the USA with whom a new drug is being developed as a specific growth factor for patients with short bowel syndrome. We anticipate being able to embark on clinical trials in 2004.

THE NATIONAL PICTURE

At a national level St Mark's is having a significant influence. Alastair Forbes continues as chair of the British Association of Parenteral and Enteral Nutrition (BAPEN), Angie Davidson is editor of the National Nurses Nutrition Group Newsletter and a member of the British Artificial Nutrition Survey. Simon Gabe is chair of the regional representatives for BAPEN and sits on BAPEN Council.

We recognise and are grateful for the financial support that we have received from the Medical Research Council, Katie Jacobs Appeal, Rosetrees (the TR Golden Charitable Trust), and to Calea and Fresenius Kabi Ltd.

Simon Gabe & Alastair Forbes

Paediatric Unit

CONSULTANT PAEDIATRICIAN

Dr W Hyer MRCP MRCPCH

CONSULTANT PAEDIATRIC GASTROENTEROLOGIST

Chelsea and Westminster
Hospital

Dr J Fell FRCP FRCPC

SENIOR LECTURER IN ENDOSCOPY, WOLFSON UNIT

Dr B Saunders FRCP

CONSULTANT PAEDIATRIC ENDOCRINOLOGIST

Dr A Massoud MRCP MRCPCH MD

CONSULTANT PAEDIATRIC SURGEON

Chelsea and Westminster
Hospital

Mr Munter Haddad FRCS

PAEDIATRIC DIETICIANS

Miss Justine Dempsey
Miss Jo Cairns

SISTER, COMMUNITY PAEDIATRIC NURSE

Elspeth Finlay

SISTER, PAEDIATRIC DAY CARE

Yvonne Foley

HCA, PAEDIATRIC OUTPATIENTS

Jenny Moore

Paediatric gastroenterology is now growing faster than anytime in the past 5 years. The referral base is beyond North West London – the paediatric polyposis clinic is attracting interest throughout Europe and appears to be the only one of its kind anywhere.

The expertise of Brian Saunders, and the additional resource of video capsule endoscopy has made this paediatric gastroenterology department sought after for children and adolescents with complex inflammatory bowel disease and polyposis syndromes. We have collaborated closely with the paediatric surgeons at Chelsea and Westminster Hospital and established a specific service for children who require laparotomies for Peutz Jeghers syndrome with intra operative enteroscopy.

This year we have opened a state of the art £2 million refurbished inpatient unit (Cavendish Ward). This is an ideal environment for children

and adolescents to be assessed and treated for complex gastro intestinal diseases.

This coming year, we intend to concentrate on our adolescent services, especially now that we can accommodate adolescents up to age 19 years within our directorate and inpatient ward. As the nature of adolescent care evolves in the UK, we aim to establish new and novel ways of managing a particularly challenging age group with GI diseases creating transitional services for teenage patients.

Warren Hyer

Chronic Pain Service

The chronic pain unit has become significantly more established as a provider of clinical services within St Mark's in the last year. There has been a substantial increase in the number of patients seen, both as in-patients on Frederick Salmon ward and out-patients. The out-patient service has been strengthened by the increased level of staffing in the Psychological Medicine Unit, increasing the capacity for detailed psychological assessment of these patients.

The chronic pain and psychological medicine units have a close working relationship in relation to patient management and staff supervision. Jayne Somerset has been supported in the in-patient work by Nicole Brady, Paula Pinnock and Dr Jonathan Harris.

The three core principles of the chronic pain service have been firstly to inform and educate the patient about the changes that occur in the body when long-term pain is present, secondly to encourage psychological approaches to dealing with these distressing symptoms and finally the provision of long-term telephone support. These approaches require substantial resource input from the members of the team, but are offset by the rewards of treating these markedly symptom limited patients.

The year culminated with a Grand Round presentation of the audit data of the chronic pain service, covering the first two complete years of out-patient work. The presentation highlighted that the overall majority of patients seen who were initially requiring opiate drugs were successfully weaned off such medication, and able to avoid such potentially dangerous medication in the longer term. Another key area of development that was supported with objective data, was with regard to the value of a single, 90-minute, semi-structured definitive

assessment in managing patients with chronic pain. These patients demonstrated a significant improvement in quality of life and were making less use of both GP and hospital services. An abstract related to this audit was accepted for future presentation at the British Society of Gastroenterology of 2004.

In addition to the hard work from the staff detailed above, the particular contribution of Dr Julian Stern, Dr Esther Serrano-Ikkos and Mrs Solveig Wilson in the Psychological Medicine Unit is gratefully acknowledged. Finally, and most importantly, particular acknowledgement is made of the tireless administrative support from Smita Patel and Pam Nye, without both of whom the clinic could not function.

Anton Emmanuel

Physiology Unit

DIRECTOR

Michael A Kamm, MD FRCP FRACP

SENIOR LECTURER/CONSULTANT PHYSICIAN

Anton V Emmanuel, BSc MD MRCP

NURSE CONSULTANT & HON PROFESSOR OF NURSING

Christine Norton, MA PhD RGN

CONSULTANT PHYSICIAN

Sharon O'Brien, MD MRCPi

SENIOR FELLOW

Carolynne J Vaizey, FCS(SA), FRCS

SENIOR SCIENTIST

Christopher Jordan, PhD

CLINICAL SCIENTISTS

Tanya Nicholls, PhD
Deepa Solanki, BSc, MSc

BIOFEEDBACK NURSE SPECIALISTS

Lesley Butcher, RGN
Julie Duncan, RGN
Nicky Horton, RGN
Jenny Lewis, RGN
Jacquie Wright, RGN

BIOFEEDBACK PHYSIOTHERAPIST

Patricia Evans

RESEARCH NURSES

Lesley Butcher
Angela Gibbs
Rebecca Mabrouk

HEALTH CARE ASSISTANTS

Jo Battersby
Maria Welland
Shanthy Manickam

MEDICAL OFFICER

Michael Jarrett, FRCS

RESEARCH FELLOWS

Sonya Chelvanayagam, RGN, MSc
Eric Chung, FRCS
Ailsa Hart, MRCP
Charles Murray, MRCP
Christopher Rayner, MD FRACP
Harriett Owen, FRCS
Maureen Coggrave, RGN, MSc

B MED SCIENCE STUDENTS

Jo Flynn
Laura Ratcliffe

SECRETARIES

Jenny Bowen
Smita Patel
Paulette Sharkey

APPOINTMENTS

Bernadette Olivar
Margaret Phillipson
Nisha Dholakia

During 2003 clinical activity and research continued to expand in the Physiology Unit. Regular BSc modules with City University on Bowel Continence Nursing, and an MSc in continence care, continued during the year.

The work undertaken jointly between St Mark's and GlaxoSmithKline continued to investigate enteric neuromuscular physiology. This work is located at the GSK site in Harlow. Studies focus on establishing new techniques for quantifying sensory function in the gut, and potentially thereafter modifying this pharmacologically. Charlie Murray continued his work last year, as the first research fellow in this programme. His work focussed on in vitro evaluation of the effects of ghrelin on the gut.

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

THE CHRONIC PAIN SERVICE

During 2003 the chronic pain clinic continued to provide a service in pain management of ward and out patients. At the initial visit the majority of patients with severe functional abdominal or perineal pain were taking regular narcotic analgesia. At a median of one year follow up over half of these patients have stopped such opiate medication, and a third demonstrate significant improvements in mental state, physical health and levels of social functioning.

In addition to providing a clinical service for patients with chronic functional and organic pain, the clinic is undertaking research into

measurements of outcome, pharmacological treatment, and the value of group treatment in patients with chronic pain.

NURSING CLINICAL CARE AND RESEARCH

Nurses within the Physiology Unit continue to provide much of the specialist care, and in 2003 a nurse led consultant clinic was established.

Jenny Lewis, already an experienced continence nurse, joined the biofeedback team. Julie Duncan was invited as a Visiting Lecturer to teach biofeedback techniques in Hong Kong. Lesley Butcher gave a national presentation to journalists as part of a campaign to publicise the common and distressing problem of constipation. A study on patients' views of a stoma for faecal incontinence was completed and presented at a Royal College of Nursing conference.

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

THE CLINICAL SERVICE

The Physiology Unit experienced a year of further growth in the number of patients referred for investigation and treatment of gastrointestinal and pelvic floor functional



Julie Duncan, Biofeedback Nurse Specialist

disorders. The Unit investigates and treats patients with functional disorders affecting any part of the gut, ranging from the oesophagus to pelvic floor. Diagnostic studies include stationary oesophageal manometry, ambulatory oesophageal pH and manometry studies, studies of gastric and intestinal transit, breath hydrogen studies, and studies of pelvic floor function. Behavioural and psychologically based treatments include behavioural therapies (including 'biofeedback') for incontinence, constipation, and related therapies, cognitive behavioural therapy, counselling, and limited psychotherapy. Other therapies include newer surgical treatments, pharmacological therapies (including new topical pharmacological

therapies), and injection of biomaterials. Choosing between behavioural, pharmacological, psychological, and surgical treatments depends on the nature of the symptoms and the underlying condition.

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

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

Anton Emmanuel continued his work as an honorary consultant at the Royal National Orthopaedic Hospital, working primarily in the Spinal Injury Unit. He provides a clinical service for patients with acute and chronic spinal injury, who are known to suffer with a large burden of bowel dysfunction. This clinical service forms the basis of a formal research practice between the Physiology Unit at St Mark's and the Spinal Injury Unit at the Royal National Orthopaedic Hospital. During 2003 Alex Chung commenced electrophysiological research into the control of bowel function and reflexes in spinally injured, and healthy, subjects.

FAECAL INCONTINENCE

Behavioural therapy (biofeedback)

During the year the joint Pelvic Floor Clinic commenced seeing patients with urinary and bowel symptoms. This multidisciplinary clinic involves specialist urogynaecologists from Northwick Park and St Mary's Hospitals, as well as different disciplines from within St Mark's.

During the year we published in the journal Gastroenterology the first large scale randomised trial of biofeedback for faecal incontinence, comparing different degrees of intensity of intervention. This suggested that advice and attention from the therapist may be as important as the use of computer-assisted feedback in achieving a successful outcome.

We also continued a study of anal electrical stimulation for faecal incontinence, which we aim to complete in 2004.

Sarah Collings, a psychosexual counsellor, started exploratory work on womens' reactions to faecal incontinence.

Sonya Chelvanayagam has been collaborating with the Menopause clinic to explore the relationship between menopause and new bowel symptoms.

Sacral nerve stimulation

The development of sacral nerve stimulation as a novel therapy for faecal incontinence continued.

Nick Kenefick published, in the British Journal of Surgery, studies on the mechanism of action of sacral nerve stimulation. The low amplitude stimulation provides only a modest change in

anal sphincter resting and squeeze pressures, and rectal sensation. The greatest effect is probably on the autonomic innervation to the rectum and anal sphincter, and this may manifest as changes in the pattern of contractile motility of the rectum and anal sphincter smooth muscle.

Sacral nerve stimulation is very effective at improving the symptoms of faecal incontinence. Michael Jarrett worked on extending the range of indications for this therapy, including patients with incontinence persisting after rectal prolapse repair, incontinence following partial spinal injury, incontinence after rectal resection for cancer, and in patients with solitary rectal ulcer.

Sacral nerve stimulation involves an operation associated with relatively low morbidity; there is much less trauma for the patient than is experienced with pelvic floor surgery. The precise range of indications for this procedure, and its medium to long term results, are now being defined. We are grateful to Medtronic for their support of this project.

Michael Kamm published an editorial in the British Medical Journal outlining some of the recent developments that have occurred in the field of faecal incontinence. This highlighted that this common problem is unlikely to have as its resolution invasive surgery for many, and future treatments lie in the non-invasive use of simple behavioural techniques (such as 'biofeedback') without complex equipment, simple pharmacological therapies such as loperamide and topical agents such as phenylephrine, injectable biomaterials for patients with internal sphincter abnormalities, and when necessary minimally invasive operations such as sacral nerve stimulation.

CHILDBIRTH AND THE ANAL SPHINCTER

The development of anal endosonography at St Mark's Hospital highlighted the common occurrence of anal sphincter trauma during vaginal delivery. It also highlighted that faecal incontinence after childbirth is usually associated with structural sphincter damage. The traditional surgical approach to treatment has involved an overlapping sphincter repair. While this is effective in the short term, work from this Unit published recently in the *Lancet* demonstrated that in the long term the results are much less satisfactory. While many patients respond to behavioural treatment ('biofeedback'), some do not and require more intense treatment.

Michael Jarrett has been exploring the use of sacral nerve stimulation in patients with obstetric sphincter damage, as an alternative to direct sphincter repair. He has permanently implanted eight women, with excellent short term results.

Toshiki Mimura published work comparing patients presenting early and late with obstetric damage causing faecal incontinence.

Andrea Frudinger published work assessing the value of formal questionnaires in assessing symptoms and obstetric history in patients with faecal incontinence.

HAEMORRHOIDS

Mark Cheetham published work comparing two types of surgical treatment for haemorrhoids.

DIVERTICULAR DISEASE

Toshiki Mimura completed work evaluating the role of matrix metalloproteinases in causing tissue changes in patients with diverticular disease. This work was undertaken in collaboration with Professor Thomas MacDonald at Southampton University.

CONSTIPATION

Biofeedback (behavioural retraining) is the first line therapy for patients with intractable idiopathic constipation in the Unit. Treatment consists of a package of care including biofeedback to correct pelvic floor sphincter dyssynergia, correct use of other muscle groups such as abdominal muscles, redefining toileting behaviour, supervision in coming off laxatives, and counselling.

Chris Rayner published work, together with colleagues at the Royal London Hospital, examining the prevalence of slow transit constipation in males. In the absence of a dilated bowel, slow transit in males is rare, in contrast to women in whom it is common. This almost certainly relates to central control mechanisms, rather than to sex hormones or anatomical differences.

Charlie Murray undertook a study in patients with constipation, demonstrating that biofeedback behavioural therapy, and not laxatives, is effective in causing sustained improvement in both symptoms and transit.

There remains a group of patients in whom laxatives are ineffective and behavioural

treatment fails. One of the means of improving bowel function may be through the use of pharmacological therapy that improves peristalsis. The serotonin type 4 (5-HT₄) agonists have this effect. In 2003 Michael Kamm and Anton Emmanuel concluded a study examining the effectiveness of tegaserod in patients with intractable constipation. The drug was significantly more effective than placebo in increasing bowel frequency and decreasing associated symptoms such as bloating and discomfort.

When patients fail behavioural and drug therapy, a small number may require more intense treatment. The traditional surgical therapy has been colectomy, but this is associated with an unpredictable and variable outcome. As part of the sacral nerve stimulation program the value of this treatment in patients with intractable constipation has been assessed. During 2003 Michael Jarrett commenced work as part of an international multicentre study examining the efficacy of sacral nerve stimulation for this indication.

In an editorial in the British Medical Journal Michael Kamm highlighted that behavioural treatments for constipation have assumed taken the position of first line therapies. New prokinetic agents such as tegaserod add to the pharmacological armamentarium. Surgery is required only rarely.

GUT DYSFUNCTION ASSOCIATED WITH SPINAL INJURY

Maureen Coggrave, a nurse specialist, continued work on bowel management in spinally injured

patients, in collaboration with Stoke Mandeville Hospital. Maureen should complete her PhD, funded by Action Medical Research, in 2005.

Eric Chung, a British surgical trainee, commenced his research towards an doctorate. Working at both St Mark's and the Royal National Orthopaedic Hospital (under the supervision of Anton Emmanuel and Professor Michael Craggs, respectively) he will investigate the control of gut reflexes in spinally injured patients. The ultimate aim of this work is to identify the optimal parameters for potential electrical stimulation techniques to improve gut function in these patients. He has commenced work surveying the influence of implanted nerve stimulators (placed for reasons of bladder control) on bowel function in patients with complete spinal injury.

ENTERIC HORMONES AND VISCERAL AFFERENT NERVE FUNCTION

Charlie Murray, a British gastroenterology trainee, continued his research activity towards a PhD supervised by Anton Emmanuel and Michael Kamm. His thesis will be entitled 'The role of ghrelin in gastrointestinal motility and sensation in health and disease in animal and human models'. He has completed organ bath laboratory studies illustrating the effect of ghrelin, a gut-derived hormone intimately associated with the sensation of hunger, on mouse stomach and colon muscle. The hormone augments contraction of gut muscle, especially in the upper gut.

Charlie has also begun electrophysiological studies demonstrating the role of ghrelin in

augmenting sensory input from the gut to the central nervous system in response to physiological intestinal stimuli. These laboratory studies were performed in collaboration with colleagues at GlaxoSmithKline in Harlow.

Charlie has also commenced a study investigating the effect of ghrelin infusion as a treatment for diabetic patients with gastroparesis, a disabling condition characterised by recurrent bouts of vomiting. This work has involved collaboration with the Diabetes Department at Northwick Park Hospital.

GUT RESPONSE TO STRESS – IN HEALTH AND IRRITABLE BOWEL SYNDROME

During the year, two medical students from Imperial College, Jo Flynn and Laura Ratcliffe, undertook a clinical research module as part of their BSc in Gastroenterology. In four months in the unit they completed a high quality original study of the effect of stress on gut physiology in both healthy volunteers and patients with irritable bowel syndrome. They showed that acute physical and psychological stress heightens gut sensitivity in patients with IBS to a greater degree than controls.

GUT BLOOD FLOW

Previous work in the department has focussed on the development of laser Doppler techniques to measure mucosal blood flow. The extrinsic autonomic nerves innervate the submucosal arterioles, which are one of the main determinants of mucosal blood flow. The measurement of mucosal blood flow was

therefore validated in the department as a marker for the level of activity of extrinsic autonomic nerves.

The recent development of 5-HT₃ antagonists for the treatment of patients with irritable bowel syndrome has been associated with the possible occurrence of ischaemic colitis. Whether this may relate to slowing of bowel motor function alone, or a separate direct effect on blood flow, is unknown.

A study commenced in the department to examine the effect of drugs on mucosal blood flow, as measured by mucosal Doppler techniques, and enteric blood flow as measured using abdominal Doppler techniques of the main mesenteric blood vessels. This work was undertaken by Fiona Nicholson, Charlie Murray, Chris Jordan, and Angela Gibbs, together with the help of Stuart Taylor in Radiology. We are grateful to GSK for the support in undertaking this study.

GASTRO-OESOPHAGEAL REFLUX AND OTHER OESOPHAGEAL FUNCTIONAL DISORDERS

During 2003 Christopher Rayner continued work on the development of pharmacological therapies to modify oesophageal function.

In association with colleagues at Addenbrooke's Hospital, Deepa Solanki completed a survey of the outcome of patients with achalasia following oesophageal manometry. It was demonstrated that patients with an elevated lower oesophageal sphincter pressure were the ones most likely to benefit from endoscopic oesophageal dilatation.

EDUCATION

The unit ran a number of courses last year. Julie Duncan continued to run a bowel continence course for specialist continence nurses. This validated course was run in conjunction with City University. A new Masters in Continence Care module continued in 2003.

The Unit aims to provide a national focus for information about functional colorectal and pelvic floor disorders, and as part of this maintains links with other organisations such as The Continence Foundation, and the National Association for Colitis and Crohn's Disease (NACC). It also makes representations to the Department of Health or government when policy issues involve continence. Telephone information and advice is also provided to a wide variety of professionals, the public, the media, and official bodies. Public information was promoted via a new website launched in March, www.bowelcontrol.org.uk, with over 1500 unique visitors each week by the end of the year.

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

THE FUTURE

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

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

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

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

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

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

Michael A Kamm

Medical Social Work and Counselling

2003 was a year full of challenges of one sort or another. The year was started by doing a further counselling course at Westminster Pastoral Foundation (WPF). The course was generously funded by the Friends of St Mark's Hospital. It was inspirational to be back in the learning-environment with time to think about how to apply new skills in the work-setting.

During the year I worked with Sonya Chelvanayagam on a chapter in the forthcoming book 'Bowel Continence Nursing' which she is editing with Professor Christine Norton. The chapter deals with the Psychosocial Aspects of Patients with Faecal Incontinence. Needless to say this is both a distressing and potentially embarrassing condition which many patients have to live with. Counselling gives some patients a space to talk about the impact this condition has on their everyday life.

In 2003 there were many new patients with 'old' problems familiar to many 'old' St Mark's patients. The most common of these is the struggle to obtain Disabled Living Allowance (DLA). The criteria may be the same, but it seems to be more stringently adhered to every year. Some patients experienced severe delays in obtaining statutory benefits with little understanding given to the hardship and anxiety caused by the delay.

Another cause for anxiety is the risk of losing one's home or not having a home to return to. A lot of work went into preventing homelessness for some unfortunate patients. Other patients required support in applying to local authorities and housing associations for more suitable housing.

The good news for many St Mark's patients is the continued existence of Rustington Convalescent Home in West Sussex.

This is a wonderful resource that benefits patients who have had surgery or a prolonged stay in hospital. It is a good stepping-stone between hospital and home and especially so for patients living on their own. It is a charitable organisation run by the Worshipful Company of Carpenters. Although the fees were considerably increased in 2003, it still offers outstanding value for money. Many patients are self-funding. Where some financial help is required, The Victoria Convalescent Trust and the Florence Nightingale Aid in Sickness Trust are generous with their grants.

Without the continued support of the Friends of St Mark's it would be difficult to offer financial help with the cost of accommodation for patients and relatives who live some distance from the hospital. The accommodation is usually provided at 'the Residence' run by Network Housing and their help and co-operation is very much appreciated.

Counselling remains an integral part of the treatment at St Mark's. Apart from informal, supportive counselling to many in-patients, an increasing number of out-patients are seen for varying lengths of counselling. The holistic approach remains a way of supporting patients, who suffer from difficult bowel-conditions which may be difficult to talk about elsewhere.

Solveig Wilson, C.S.S.

Stoma Care Department

LEAD NURSE STOMA CARE

Angela Vujnovich RCN, Certificate in Stomal Therapy

STOMA CARE NURSE SPECIALIST

Jennie Burch RN Adult, DipN

POUCH SUPPORT NURSE

Jo Wagland BA (Hons), RGN

STOMA CARE NURSE SPECIALISTS Community

Clare Bossom EN, RGN, DipHE Comm, ENB216

Sarah Varma RGN, DipN

STOMA CARE NURSE SPECIALIST

Zarah Perry-Woodford RGN Adult

STOMA CARE ADMINISTRATOR

Karen Hignett

Once again another year seems to have flown by. 2003 saw one staff departure and 2 new arrivals within the department.

Natalie Crawley left in August to further her career by starting a postgraduate certificate in cancer nursing at the Royal Marsden.

Zarah Perry-Woodford, who had been working on Frederick Salmon ward, was appointed in Natalie's place. Zarah has quickly settled into her new role and has commenced her foundations in stoma care course.

After 12 months of searching Karen Hignett was appointed in the role of stoma care administrator. Karen is responsible for the admin and clerical side of the department, which includes organising the outpatient clinics, GP letters, ordering supplies and maintaining the stoma care database and generally making sure the department runs smoothly on a day-to-day basis. I know I can speak for all the stoma care nurses when I say we are very lucky to have Karen in the department.

In March Angela Vujnovich presented in Hungry on the stoma care nurse postgraduate course, which was a part of the



The Stoma Care Team with Lisa Younge, the Inflammatory Bowel Disease Clinical Nurse Specialist

Association of Coloproctology annual meeting. Angela also presented at the Advanced Intestinal Failure Course, the Intestinal Failure Study day and the Frontiers in Intestinal Failure day at the Hope Hospital in Manchester.

Joanna Wagland started her pouch nurse clinics run in conjunction with Professor Nicholls' Monday afternoon clinic. Joanna also presented a poster at both the WCET and RCN conferences and has begun study for her MSc. On a personal note Joanna returned from maternity leave for the birth of her daughter Jessica and married her partner Richard.

Jennie Burch completed her degree after 3 years of hard studying. She had a number of articles accepted for publication and was awarded 2nd place in the British Journal of Nursing 2003 Clinical Practice awards. Jennie also presented at the ECET in Munich and the RCN conference with Professor Christine Norton.

Sarah Varma successfully completed her foundations in stoma care course and her preparation for stoma care course. Clare Bossom attended a number of study days during the year including Life with a stoma and the WCET conference. Both Sarah and Clare continue to provide support and advice to Inside Out the local stoma support group.

The Stoma care database is up and running. All patient information is now input into the database, which allows us to have accurate patient information and do away with paper copies. So far approximately 500 patients are on the database.

The department now runs a number of study days for nurses from throughout the trust to attend. These have been well attended and we are looking at ways of developing more study days to increase the knowledge and clinical skills of the nurses on the wards and community nurses.

The figures for 2003 continued to show an increase our workload. While we were slightly down on last years figures for new referrals (approx 430 in 2003) the number of patient contacts we had with patients already known to the service increased by over 200. This gave as an overall total of over 2600 patient contacts for the year. We continue to provide good support to our community patients with over 150 home visits.

Inside Out continues to provide excellent support for people with a stoma. A major development during 2003 was Inside Out officially becoming part of St Mark's Hospital Foundation, which gave them registered charity status. While a busy 2003 has ended the stoma care department is looking forward to the challenges of 2004.

Angela Vujnovich
Lead Nurse, Stoma Care

Surgery

CONSULTANTS

JMA Northover
RJ Nicholls
RKS Phillips
ACJ Windsor – Chairman
CRG Cohen
PJ McDonald
SJD Chadwick
CJ Vaizey

SPECIALIST REGISTRARS

Alexander Heriot
Paris Tekkis
Samar Al-Homoud
Jason Smith
Gordon Buchanan
Christopher Chan
Pav Mathur
Doug Bowley
Paul Hollington
Andy Williams
Richard Wharton
Sue Clark
Andrew Werner

SENIOR HOUSE FELLOWS

Sarah Mills
Katherine Grant
Daniel Leff
Alvin Chen
Reim Taha
Richard Lovegrove
Chrissie Johnston
Robert Lee
Alex Von Roon
Alexander Hardy
Suresh Pushpanathan
Oliver Smith

HONORARY CLINICAL ASSISTANTS/ RESEARCH FELLOWS

Dajana Cuicchi
Mehdi Karoui
Sarah Mills
Ed Westcott
Michael Jarrett
Antonio Canero
Marco Ferronato
Massimo Antropoli

Roberto Bona
Maria Livia Boella
Simona Truvolo

JUNIOR DOCTORS CO-ORDINATOR

Nesta Dutton

John Nicholls was inaugurated as President of the European Association of Coloproctology (EACP) during the Annual Meeting at Barcelona in September. He was a member of the merger committee given the task of unifying EACP and the European Council of Coloproctology (ECCP) into a single European Society.

If achieved this will transform coloproctology to the benefit of all specialists in Europe. He stood down from the secretary ship of the Division of Coloproctology of The Union des Medecins Specialistes (UEMS) after six years. During this time the Division had been formed and had developed a recognised system of accreditation and certification in coloproctology throughout Europe. Central and eastern European countries had recently become

represented in the Division. He remained on council. As Civil Consultant Adviser to the Royal Air Force he was invited to review the relationship between the military and civilian surgeons in the Portsmouth Health Trust relating also to the operational future of The Royal Haslar Hospital. Colorectal Disease continued to expand its subscriptions and during the year the journal made a substantial profit. It is hoped to increase the number of issues per year in 2005.

Meetings during the year as invited speaker included ECCPC (Athens), EACP (Barcelona), Italian Society of Coloproctology (Rome), The Brazilian and Latin American Society of Coloproctology (Salvador), the Argentine (Buenos Aires) and Chilean (Vina del Mar) Societies of Coloproctology and the 83 Travelling Surgical Club (London) of which he was the host.

Research into pouchitis, results of restorative proctocolectomy and incontinence continued with Professors Ciclitira and Kamm, Dr Alastair Forbes, Dr Andy Bell and Mr Paris Tekkis. Dr Matt Johnson replaced Dr Bell as research fellow working on pouch inflammation.

In November John Northover gave his Inaugural Lecture as the Imperial College Professor of Intestinal and Colorectal Disorders. He continued in several national roles, including Chair of the Data and Ethics Committee for all Medical Research Council colorectal cancer trials, and Civilian Consultant Adviser to the Army. As Director of the CR-UK Colorectal Cancer Unit, he was invited to join the CR-UK Training and Career Development Board. He was also invited to chair the Treatment Sub-Committee of the NHS Bowel Cancer Advisory Group, and to join the Steering Committees for the national MDT-TME Training Programme (led by Bill Heald), and the HTA-funded FACS Trial (investigating post-operative follow-up strategies in bowel cancer). He served his first year as a member of the Awards Committee of the Digestive Disease Foundation, and completed his three year appointment as General Surgery representative on the NW Thames Regional Distinctions Award Committee.

Lecture commitments abroad included giving the Ernestine Hambrick Lecture to the American Society of Colon and Rectal Surgeons in New Orleans, and the Marianna Lordos Memorial Lecture in Cyprus. He designed and chaired the European School of Oncology Colorectal Cancer Masterclass in Tenerife and took part on the Buenos Aires 5th International Coloproctology Course. Other commitments abroad included the Association of Pelvic Surgeons' meeting in Pittsburgh, and John Christiansen's Retirement Symposium in Copenhagen.

Robin Phillips continued as Civilian Consultant in Colorectal Surgery to the Royal Navy, President of the British Colostomy Association and Joint Administrative Director of INSIGHT (International Society for the Investigation of Gastrointestinal Hereditary Tumours), and on the Editorial Board of Familial Cancer. Towards the end of the year he was invited to join the Editorial Board of Diseases of the Colon and Rectum. Jack Lee was successfully awarded his MD thesis on Gene Therapy in FAP, and Michael Crabtree a PhD for work on Modifier Genes in FAP. Andy Latchford, a medical gastroenterologist, joined the research team working on FAP to undertake a clinical trial of celecoxib and DFMO (difluoromethylornithine) and also research in desmoid disease. Julian Sturt continued work on gene therapy in FAP and Michelle Gallagher completed her research work on immunological aspects of FAP patients and returned to her medical gastroenterologist position at the Royal London. Vassilios Natsikas from Greece worked as an Honorary Clinical Assistant producing a DVD on right colon mobilisation in difficult cases. Robin lectured/operated in the UK (Royal Free Hospital, Peterborough, Royal Berks, Edinburgh, and overseas (Fort Lauderdale, Uppsala, Hungary,

Bruges, Chicago, Barcelona, Cleveland, Sitges, Saudi Arabia, Madrid and Seoul).

Along with Richard Cohen he organised a highly successful course in September on Plastic Surgical Techniques Around the Anus as well as helping with a Defence's Teaching Day and joining the faculty for the St Mark's Lecture Course.

Alastair Windsor has enjoyed a first year as Chairman of surgery. Changes in working practice and the imminent introduction of the European Working Time Directive have meant a lot of thought and development has gone into preparing for such change. Funding for two perioperative colorectal nurse practitioners has been secured and appointments are awaited. Their role will be to implement managed

perioperative care, with pre-assessment and enhanced recovery. In addition, they will provide senior nursing help on the wards to both junior nursing and medical staff. Alastair Windsor has also enjoyed a rather up and down year as the Royal College of Surgeons/ACPG&I Tutor in coloproctology. Helping to finalise the national colorectal curriculum and developing two core skills courses, Principles and Practice of Colorectal Surgery One and Two have been frustrated by pricing issues at the Royal College and disappointing attendance. He has maintained a large commitment to postgraduate teaching both at the College, at St Mark's and nationally and internationally. This is allied with his continued involvement as a member of the Court of Examiners at the Royal College of Surgeons



Honorary Clinical Assistants Dajana Cuicchi, Marco Ferronato and Simona Truvolo

of England. On a research front Sarah Mills has taken over from Ed Westcott and has rapidly developed the novel and interesting field of fatty acids in inflammatory bowel disease. A growing collaboration with Professor Stella Knight's unit has produced some unique data on the role of polyunsaturated fatty acids in Crohn's disease, work that continues to grow. In addition to being active in research Mr Windsor has been elected as a member of the local Harrow Research Ethics Committee. Finally, the Intestinal Failure Unit continues to go from strength to strength with a significant increase once more in acute referrals and thus surgical reconstruction. Indeed, Alastair Windsor's practice is increasingly dedicated to intestinal failure and difficulties with numbers of admissions and numbers of beds have made these exciting developments rather frustrating. Plans are in place however to develop and build a dedicated unit with appropriate high dependency facilities to provide necessary and adequate care for these complex patients.

Miss Carolynne Vaizey joined the staff as Senior Lecturer in Surgery during the year.

Mr Richard Cohen and his team had a good year. This year his Research Fellows were Miss Harriet Owen, Mr Gordon Buchanan and Mr Atif Alvi. They were joined by Miss Rebecca Himpson and Mr Alex Hardy. Mr Buchanan became a Resident Surgical Officer and submitted his thesis. Miss Owen submitted her MSc and received first class honours. She is currently writing up her theses. Mr Alex Hardy was taken on after a generous grant by Ethicon to do research in the aetiology and treatment of haemorrhoids. Miss Himpson is continuing Miss Owens and Mr Buchanan's work on the assessment and management of anal fistulas.



Drs Roberto Bona and Dan Ruiz enjoying a break between operating sessions

There have been many publications this year on subjects related to our research. Clinically we have attempted to bring laparoscopic colorectal surgery more into practice and have been doing joint cases with Mr Windsor.

Mr Cohen was honoured to be invited to the Cleveland Clinic course to lecture.

Peter McDonald is active in the hospital running a busy colorectal practice in St Mark's and supporting the general and gastroenterological service in Northwick Park Hospital. As Sub-Dean he is involved in teaching and supporting The Dean with postgraduate courses. He is honorary editor of the Royal Society of Medicine. He is an honorary senior lecturer at Imperial College and an external examiner for the University of Birmingham. He sits on the public relations committee for the Association of Coloproctology. This year he has lectured around the country and in Greece to the Hellenic Surgical Society. He made several appearances on BBC Radio 4 and BBC2 television. Stephan Chadwick has had another busy year. He continues with his colorectal clinics both at

Northwick Park and St Mark's. His main interest is laparoscopic surgery and is always very keen to be involved in future developments in this field. He has attended various meetings throughout the UK, Europe and the USA. In September this year he travelled to Washington where he visited a number of hospitals and presented various lectures. He has given papers in laparoscopic surgery at the Association of Endoscopic Surgery and given a few presentations. He continues his work with Imperial College and was an examiner at the MBBS exams. In the earlier part of the year he taught at Whipps Cross Hospital on their Higher Surgery Course in January and again in May. He continues to teach students from Imperial College and contributes to postgraduate teaching and on the Advanced Colorectal Workshop.

It has been a difficult year for St Mark's. The end of 2002 saw the development of a new academic structure with John Northover leading the Hospital's entry into Imperial College. Much was expected of this partnership, however, a number of administrative difficulties have prevented the transition and very much held the focus of the department of surgery and the Hospital as a whole.

Alastair Windsor

Other areas of activity

St Mark's Association

The Association met on Friday 17th October under the Presidency of Professor John Nicholls. The meeting again started with the now traditional free papers session, the quality of which was high as ever.

Two mini-symposia followed, each echoing particular clinical interests of the President; incontinence and rectal cancer. A third symposium followed lunch and was the most germane subject given our President's illustrious career – the ileo-anal pouch. Presentations on controversies in technique, radiology, results, and mucosal changes were followed by lively debate. The Presidential Address was equally apposite – 'The pouch: A personal experience from the beginning', and all who witnessed this were clearly well-aware that this was as close to the subject as it was possible to get.



Professor John Nicholls The President of the St Mark's Association with Dr Antonio Canero

Professor Clive Bartram took possession of the President's 'Lion' at the end of a lovely dinner, again held at Harrow School – we have become quite a fixture in their calendar. Because of the rash of retirees from the staff of the hospital (something related to the modern NHS?), it was necessary to elect successive Presidents from the in-house team. As a radiologist and also Clive's protégé, I am very much looking forward to his Presidency in 2004.

The 2003 meeting also marked my last as Secretary, my five years term of office having passed far quicker than I could ever imagine. I now hand over the reins to my colleague in radiology, Michele Marshall. Those of you who know Michele will be aware that she has a talent for organising social events! I have no doubt that the Association will continue to flourish in her capable hands. I would also like to take this opportunity to thank those two other 'officers' of the Association, Janice Ferrari and Judith Landgrebe. Not only have they ensured smooth-running when I have not, they have been an absolute delight to work (and gossip!) with. Huge thanks to you both.

Steve Halligan

St Mark's Hospital Foundation

CHAIRMAN OF TRUSTEES

Charlotte Barney

TREASURER

William Phillips

TRUSTEES

Professor Sir Leszek Borysiewicz
PhD FRCP FRCPath FMedSci

Edward Charlton

Professor Michael Edwards JP BSc
(Econ) PhD

Professor Colin Green PhD DSc
(Med) FRVS FRCPath FRCS (Hon)
AcadUKrAcadSci

Mr Peter Hawley MS FRCS

Professor Michael Kamm MBBS MD
FRCP FRACP

Michael Liebreich

Professor John Nicholls BA MChir FRCS

Professor Robin Phillips MS FRCS

Dr Christopher Williams BM FRCP FRCS

DIRECTOR

Sean Bonnington

OFFICE MANAGER

Gill Royal

SECRETARY

Professor Clive Bartram FRCS
FRCP FRCR

This has been another year of investment in research and education by the St Mark's Hospital Foundation.

Mr Shanu Rasheed, holder of the first Foundation Fellowship, has made significant progress with his research into prognostic indicators for rectal cancer, and the success of this project is such that it will be continued into a third year with funding made available by the Trustees.

The Andrew Skinner Memorial Fellowship was awarded earlier in the year after a rigorous selection procedure to Dr Anton Emmanuel, who will use the Fellowship to establish a research programme into bowel function following spinal injury, in conjunction with the Royal National Orthopaedic Hospital at Stanmore. The Trustees feel assured that this research will act as a lasting tribute to the late Andrew Skinner.

The Foundation has also established the Robertshaw Fellowship, which was awarded to Dr Simon Gabe, also in the early part of the year. This Fellowship will be concentrating upon enterocutaneous fistulae with the object of establishing the correct nutritional regime for these patients, who will be recruited from the two National Intestinal Failure centres at St Mark's and The Hope Hospital, Manchester. This Fellowship came about as the result of a legacy from the late Mrs Jeanne Marie Robertshaw, and demonstrates the huge value of legacies to the Foundation.

On the education front, the Foundation agreed to underwrite the cost of the St Mark's Lecture Course, held 'off-site' at the Hilton London Metropole in December. This is a major new venture for the Academic Institute of St Mark's, and proved to be a very successful event, which will be continued in 2004.

The Board of Trustees said goodbye to Mr Peter Hawley, a longstanding Trustee, and we are all most grateful for his many years of support to the Foundation. As a medical Trustee he has been replaced by Professor Robin Phillips, who brings his wealth of experience both as a surgeon and as a past Dean of St Mark's Academic Institute to the Board of Trustees.

The academic side of the Board also received a tremendous boost by the recruitment to the Board of the Principal of Imperial College School of Medicine, Professor Sir Leszek Borysiewicz, who very kindly agreed to be a Trustee following the resignation of Professor Nick Wright, who had been our representative from Imperial College. The Board is hopeful that Sir Leszek will bring vital insight into the development of the strategic relationship between St Mark's and Imperial, leading to further joint initiatives both in research and education.

A new member of the Board and lay Trustee is Mr Michael Liebreich, who has a background in management consultancy, and is a successful entrepreneur and venture capitalist. He has already made his mark on the Board with his energy and obvious enthusiasm for the work of the Foundation.

The Foundation enjoyed one outstanding fundraising success in 2003 in the securing of a grant for £835,000 from the Burdett Trust for Nursing to fund the first five years of a new Institute of Gastrointestinal Nursing at St Mark's. This was the result of an introduction by one of the Board to a representative of the Burdett Trust, and after months of careful planning and negotiation, the award was finally made towards the end of the year. The congratulations of the Board go out to Professor Chris Norton for this achievement, which promises to make a tremendous contribution to nursing research and education in this field.

New builds at St Mark's continued to dominate the fundraising agenda in 2003, with final plans being drawn up for a Nutrition Sciences Centre, comprising both new intestinal failure beds and dedicated research laboratories. Plans were



Gill Royal & Sean Bonnington

also made to build extra office space for office space for inflammatory bowel disease research, psychological medicine and the new Burdett Institute of Gastrointestinal Nursing.

As always, the Trustees would like to express their most sincere thanks to all the many supporters of the Foundation who made donations both large and small. The work of the Foundation continues to develop, and that is only possible through the generosity of those supporters.

This is my last year as Secretary, and I hand over to Mr Richard Cohen, in whom I have every confidence as an administrator and fundraiser. The Foundation has always made a significant contribution to the work of the hospital, but I feel it is now more dynamic in fund raising and more central to the hospital than ever. My congratulations and thanks to the Chairman and Director in particular, but also to all the Trustees for making the Foundation such a successful organisation. I resign feeling that much has been achieved, and that the Foundation will continue to develop and prosper under the present management's care.

Clive Bartram

The Friends of St Mark's Hospital

PRESIDENT

Lady Bingley

VICE PRESIDENTS

Mrs Verma Lennard-Jones

Mr John White

CHAIRMAN

Dorothy Gill

VICE CHAIRMAN

Janina Phillips

SECRETARY

Helen Shorter

TREASURER

Alan Oldham

COMMITTEE MEMBERS

Michele Bartram

Anne Driscoll

Tonia Kaufman

Stella Nicholls

Sue Talbot

Gillian Whitmee

The Friends of St Mark's Hospital have had a good year despite minor ups and downs and frustrations along the way.

Fund raising has continued and thanks to the generosity of patients, friends and staff we have been able to support two major projects for the benefit of patients as well as several smaller ones.

The first one to which we contributed £20,000 saw the completion of the refurbishment of a new treatment room in endoscopy. This is now up and running and has reduced waiting times for patients.

We also committed to donating £20,000 for the purchase of a 'capsule endoscopy' which is a completely new procedure that is far more patient friendly. It will also put St Mark's Hospital at the forefront in pioneering new technology.

Other areas have also benefited. £5,000 was spent on two top of the range patients trolleys, one of which included x-ray facilities. This meant patients could stay on one trolley throughout their examinations making life much more comfortable for them as well as easier for the staff who will not have to lift them on and off of trolleys.

Frederick Salmon has had its fair share. New flooring in the patients day room. Two bathrooms converted to shower rooms plus new more accurate weighing machines. We also agreed to fund a video on Biofeedback that is now reaching completion.

More importantly we have been able to help many individual patients by paying for relatives to stay in our onsite accommodation and helping with fares and in extreme cases providing much needed support in the patients' homes.

Quite a lot of our funds come from the profits made at the St Mark's tea bar on Level 3. This is now under the management of The Friends, but it is really due to the loyalty and support of

the W.T.V.S. volunteers who stayed with us when the W.T.V.S. withdrew. We have also been lucky to have the ladies from the League of Jewish Women who joined us quite recently thus saving the tea bar from being closed one day a week.

The Committee have also done their share of fund raising with sales and raffles at various functions. We attended the 2003 International Conference in December that not only raised money but was also a worthwhile promotional exercise. So next time a member of The Friends approaches you clutching a cuddly toy and a book of raffle tickets, think to what the proceeds are used and dig deep!

2003 saw the introduction of the 'Gary Bagnall Award', a scheme funded by a patient to find a member of St Mark's staff who has 'shown an outstanding contribution to patients welfare'. All patients and staff were invited to vote and the overall winner of the £100 award was Josephine Convey who works in the Department of Intestinal Imaging. We will be shortly asking for your nominations for 2004.

There have also been changes within the Committee with Stella Nicholls stepping down as Chairman and myself stepping up again. After serving on the Committee for fifteen years, Ann Cheetham felt it was time to retire. In the late seventies Ann, who has two sons with Crohn's Disease single-handedly raised £30,000 to equip a laboratory and pay a research fellow to study the disorder. A formidable lady will be very much missed. Gerry Ross also resigned for personal reasons, but we were lucky to find Alan Oldham to step in, especially as good treasurers are hard to find.

So what of the future? As far as The Friends are concerned, it will be business as usual. After being around for one hundred and eighteen years (not literally) we know what we are about and where our priorities lie.

Dorothy Gill
Chairman

Inside Out Stoma Support Group

The good news for us this year is that we have been incorporated into the St Mark's Hospital Foundation. This enables us to work a lot closer with St Mark's, in the patient care side, and allows us to have all the trimmings of being a registered charity.

Throughout the year, we have continued, providing the emotional and practical support for both the ostomists and their families. This has been achieved by our very successful coffee mornings, every fortnight, in outpatients. We have company reps, who come along with their new products for us to sample. We have been on a trip to a Clinimed factory, where we were able not only to see the products being made but also to put some of our own ideas forward for Clinimed to think about.

The next few months are going to be very busy for us as we are planning the Open/Information Day in May. Manufacturers will come along with their products and we will have various speakers on subjects relevant to ostomists. In June, we are planning a Jazz Extravaganza at the Winston Churchill Hall, in Ruislip, to raise funds for the foundation and ourselves.

I would like to thank each and every one who has, throughout the year, given generously their time and support, for they are Inside Out.

Robert Azevedo-Gilbert
Chairman

Bibliography

Publications for 2003

ABSTRACTS

Buchanan GN, Bartram CI, Phillips RKS, Gould STW, Halligan S, Rockall TA, Sibbons P, Cohen CRG.
The efficacy of fibrin sealant in the management of complex anal fistula:
a prospective trial.

Colorectal Disease 2003; 5(supp 1):1.

Buchanan GN, Bartram CI, Phillips RKS, Gould S, Halligan S, Rockall T, Sibbons P, Cohen CRG.
The efficacy of fibrin sealant in the management of complex anal fistula:
a prospective trial.

Br J Surg 2003; 90(Supp 1):80.

Burn J et al. Results of the CAPP1 study: Aspirin and resistant starch are beneficial in FAP.

Familial Cancer 2003; 2(Suppl 1):42.

Groves CJ, Beveridge IG, Swain D, Man R, Phillips RKS.

Adenomas in pouch and non-pouch ileal mucosa.

Familial Cancer 2003; 2(Suppl 1):47.

Hyer W, Fell J M, Philp C, Phillips RK.

Peutz Jeghers syndrome – A case for luminal surveillance in childhood.

Presented Digestive Diseases Week, USA, May 2003.

Ishikawa H, Talbot IC.

Is surviving significant in the p53 apoptotic pathway after short
course radiotherapy?

Gut 2003; 52(Supp 1):A90.

Maxwell-Armstrong CA, Phillips RKS.

Extrasphincteric rectal fistulas successfully treated by Soave's procedure
despite marked local sepsis.

Colorectal Disease 2003; 5(supp 1):11.

Mimura T, Rizzello F, Gionchetti P, Campieri M, Talbot IC, Nicholls RJ, et al.

Inflammatory bowel disease questionnaire is valid to assess the quality of life
of patients with pouchitis.

Gastroenterology 2003; 124(4 Supp):A194.

- Rutter MD, Schofield G, Price AB, Talbot IC, Saunders BP.
Pan-colonic indigo carmine dye spraying for the detection of dysplasia in ulcerative colitis.
Gut 2003; 52(Supp 1):A6.
- Rutter MD, Saunders BP, Schofield GL, Price AB, Talbot IC, Forbes A.
Indigo carmine dye-spraying improves the detection of dysplasia in ulcerative colitis.
Gastrointest Endosc 2003; 57(5 Supp 1):AB78.
- Sturt NJH, Martinico SCM, Wasan H, Vassaux G, Phillips RKS.
High gene transfer efficiency in an APC-mutated colon cancer cell line: application to gene therapy for FAP.
Familial Cancer 2003; 2(Suppl 1):40.
- Sturt J, Philp C, Gallagher M, Neale K, Phillips RKS.
FAP patients with multiple desmoid tumours do not all have 3' germline mutations.
Colorectal Disease 2003; 5(Suppl 2):50.
- Suzuki N, Price A, Talbot I, Wakasa K, Ishiguro S, Saunders B.
Histological agreement between pathologists for diagnosing colorectal neoplasms:
The efficacy of the Vienna classification. **Gut 2003; 52(Supp 1):A96.**
- Suzuki N, Price AB, Talbot IC, Wakasa K, Ishiguro S, Saunders BP.
Histological agreement between pathologists for diagnosing colorectal neoplasms - The efficacy of the Vienna classification.
Gastroenterology 2003; 124(4 Supp):A648.
- Vassaux G, Sturt NJH, Martinico SCM, Wasan H, Gallagher MC, Phillips RKS.
Adenovirus is an efficient gene delivery vector for cells isolated from a human desmoid tumour.
Familial Cancer 2003; 2(Suppl 1):41.

BOOKS, BOOK CHAPTERS AND EDITORIALS

- Atkin WS. and Northover J.
Protagonist: population based endoscopic screening for colorectal cancer.
Gut. 2003 Mar; 52(3):321-2. Review.
- Atkin WS. and Northover J. (2003)
Screening for colorectal cancer. Recent Advances in Surgery 26,
eds Taylor I, Johnson C.
Royal Society of Medicine Press Ltd, London, p111-122.
- Atkin W.
Screening for colorectal cancer. Evidence based oncology. 2003.
BMJ Books, London. Section III: 151-63
- Bartram CI, DeLancey GOL, Halligan S, Stoker J, Kelvin F.
Imaging Pelvic Floor Disorders.
Springer; Berlin: 2003. ISBN 3-540-66303-7.
- Cheetham M, Brazzelli M, Norton C, Glazener CM.
Drug treatment for faecal incontinence in adults (Cochrane review).
The Cochrane Library, John Wiley & Sons, Chichester, UK, 2003; vol. Issue 2.
- Coggrave M, Wiesel P, Norton C, Brazzelli M.
Bowel management for adults with neurological disease or injury
(Cochrane review).
The Cochrane Library, John Wiley & Sons, Chichester, UK, 2003; vol. Issue 2.
- Contributor and Advisor to Dorling Kindersley Johnson & Johnson series.
ISBN 0751313149. Apr 2003
- Culkin, A, Gabe S.M, Forbes A, Chadwick, C.
Glutamine supplementation is safe in home parenteral nutrition (HPN).
Clin Nutr. 2003 Aug; 22(51):589.
- Duncan J, Wright J, Butcher L (2003)
The role of the nurse in behavioural therapy (biofeedback).
Hospital Medicine, 2003; 64 (6) 329-332.
- Forbes A.
Intestinal failure and short bowel syndrome.
Medicine 2003; 31 :3: 98-100.

- Forbes A. Alternative immunomodulators.
Eur J Gastroenterol Hepatol 2003; 15: 245-8
- Forbes A, Cartwright A, Marchant S, McIntyre P, Newton M.
Review article: oral, modified-release mesalazine formulations - proprietary versus generic.
Aliment Pharmacol Ther 2003; 17: 1207-1214.
- Forbes A, Gabe S, Lennard-Jones JE, Wilkinson K.
Screening and surveillance for asymptomatic colorectal cancer in IBD.
GUT. 2003 MAY; 52(5):769; AUTHOR REPLY 769-70.
- Halligan S, Buchanan G.
MR imaging of fistula-in-ano.
Eur J Radiol. 2003 Aug; 47(2):98-107. Review.
- Hart AL, Stagg AJ, Kamm MA.
Use of probiotics in the treatment of inflammatory bowel disease.
J Clin Gastroenterol. 2003 Feb; 36(2):111-9. Review.
- Hill J., and Northover J. (2003)
Re-treatment by surgery following failed primary non-surgical therapy for anal cancer. Reoperative Colon and Rectal Surgery eds Walter E Longo and John Northover.
Martin Dunitz, London, p 261-275.
- Hill J, Meadows H, Haboubi N, Talbot IC, and Northover J. (2003)
Pathological staging of epidermoid anal carcinoma for the new era.
Colorectal Dis. 2003 May; 5(3):206-13. Review.
- Hosker, G., Norton, C., Brazzelli, M., 2003.
Effectiveness of electrical stimulation for faecal incontinence - a systematic review of RCTs.
Cochrane Electronic Library.
- Kitchen P, Forbes A. Parenteral nutrition.
Cuff Op Gastroenterol2003; 19: 144-7.
- Kocher HM, Tekkis PP.
Surgical treatment of esophageal cancer.
N Engl J Med. 2003 Mar 20; 348(12):1177-9; author reply 1177-9.

Lipton L, Thomas HJ, Eeles RA, Houlston RS, Longmuir M, Davison R, Hodgson SV, Murday VA, Norbury CG, Taylor C, Tomlinson IP.

Apparent Mendelian inheritance of breast and colorectal cancer: chance, genetic heterogeneity or a new gene?

Fam Cancer. 2001; 1(3-4): 189-95. Review.

Lipton L, Fleischmann C, Sieber OM, Thomas HJ, Hodgson SV, Tomlinson IP, Houlston RS.

Contribution of the CHEK2 1100delC variant to risk of multiple colorectal adenoma and carcinoma.

Cancer Lett. 2003 Oct 28; 200 (2): 149-52.

Longo W. E. & Northover J. eds (2003)

Reoperative Colon and Rectal Surgery.

Martin Dunitz Ltd, London.

Markham AF, Talbot IC, Williams CB.

Tumours of the gastrointestinal tract. In Oxford Textbook of Medicine, eds Warrell DA, Cox TM, Firth JD.

OUP (2003) Vol 2, Ch 14.15, pp636-51 [ISBN 0-19-262922-0]

Murray CD, Kamm MA, Bloom SR, Emmanuel AV.

Ghrelin for the gastroenterologist: history and potential.

Gastroenterology. 2003 Nov;125(5):1492-502. Review.

Northover J. Follow-up after curative surgery for colorectal cancer.

Scand J Surg. 2003; 92 (1): 84-9. Review.

Norton, C. 2003. Overactive bladder: evidence from the patient's perspective.

European Urology Supplements, 2, 16-22.

Norton, C., Hosker, G., Brazzelli, M., 2003.

Effectiveness of biofeedback for faecal incontinence - a systematic review of RCTs.

Cochrane Electronic Library.

Saunders BP & Shah SG.

Magnetic endoscope imaging.

In. Colonoscopy Ed: Waye, Rex & Williams. Blackwell Science 2003.

- Shand, A. and Forbes, A.
Potential therapeutic role for cytokine or adhesion molecule manipulation in Crohn's disease: in the shadow of infliximab?
Int J Colorectal Dis. 2003 Jan; 18 (1): 1-11. Epub 2002 Aug 14. Review.
- Stagg AJ, Hart AL, Knight SC, Kamm MA.
The dendritic cell: its role in intestinal inflammation and relationship with gut bacteria.
Gut. 2003 Oct; 52 (10): 1522-9. Review.
- Stern JM.
Psychiatry, psychotherapy and gastroenterology - bringing it all together.
Aliment Pharmacol Ther. 2003 Jan; 17(2): 175-84.
- Taylor S, Halligan S, Bartram CI.
CT colonography: Methods, pathology and Pitfalls.
Clinical Radiology 2003; 58:179-190.
- Thomas, H.J.W. The management of individuals with a family history of colorectal cancer: the role of the gastroenterologist.
In **Key Advances in the effective management of Colorectal Cancer (3rd Edition)** 2003.
- Thomas PD, Forbes A, Green J, Howdle P, Long R, Playford R, Sheridan M, Stevens R, Valori R, Walters J, Addison GM, Hill P, Brydon G.
Guidelines for the investigation of chronic diarrhoea, 2nd edition.
Gut. 2003 Jul; 52 Suppl 5:v1-15.
- Thompson MR, Swarbrick E, Ellis B, Heath I, Atkin WS, Faulds Wood L.
The effective and efficient management of patients with rectal bleeding to identify those with cancer.
Recent advances in coloproctology – volume 2. 2003. In Press
- Tytgat GN, Heading RC, Muller-Lissner S, Kamm MA, Scholmerich J, Berstad A, Fried M, Chaussade S, Jewell D, Briggs A.
Contemporary understanding and management of reflux and constipation in the general population and pregnancy: a consensus meeting.
Aliment Pharmacol Ther. 2003 Aug 1; 18(3):291-301. Review.
- Warnes A, Fooks AR, Stephenson JR.
Design and Preparation of Recombinant Antigens as Diagnostic Reagents in Solid-Phase Immunosorbent Assays.
Methods Mol Med. 2003; 94:373-392.

ORIGINAL PEER-REVIEWED ARTICLES:

- Adams C, Atkin WS, Cardwell C, Cook C, Edwards R, Morton DG.
Effect of hysterectomy status on polyp detection rates at screening flexible sigmoidoscopy.
Gastrointest Endosc. 2003; 57(7):848-53.
- Alam NA, Gorman P, Jaeger EEM, Kelsell D, Leigh IM, Ratnavel R, Murdoch ME, Houlston RS, Aaltonen LA, Roylance RR, Tomlinson IPM.
Germline deletions of EXO1 do not cause colorectal tumors and lesions which are null for EXO1 do not have microsatellite instability.
Cancer Genet Cytogenet. 2003; 147: 121-127.
- Alam NA, Rowan AJ, Wortham NC, Pollard PJ, Mitchell M, Tyrer JP, Barclay E, Calonje E, Manek S, Adams SJ, Bowers PW, Burrows NP, Charles-Holmes R, Cook LJ, Daly BM, Ford GP, Fuller LC, Hadfield-Jones SE, Hardwick N, Hight AS, Keefe M, MacDonald-Hull SP, Potts EDA, Crone M, Wilkinson S, Camacho-Martinez F, Jablonska S, Ratnavel R, MacDonald A, Mann RJ, Grice K, Guillet G, Lewis-Jones MS, McGrath H, Seukeran DC, Morrison PJ, Fleming S, Rahman S, Kelsell D, Leigh I, Olpin S, Tomlinson IPM.
Genetic and functional analyses of FH mutations in multiple cutaneous and uterine leiomyomatosis, hereditary leiomyomatosis and renal cancer, and fumarate hydratase deficiency.
Hum Mol Genet. 2003; 12: 1241-1252.
- Ansari A, Soon SY, Saunders BP, Saunderson A.
A prospective study of the technical feasibility of ileoscopy at colonoscopy.
Scand J Gastroenterol. 2003 Nov; 38(11):1184-6.
- Atkin W.
Options for screening for colorectal cancer.
Scandinavian Journal of Gastroenterology 2003, 237:13-16.
- Bell SJ, Chisholm SA, Owen RJ, Borriello SP, Kamm MA.
Evaluation of *Helicobacter* species in inflammatory bowel disease.
Aliment Pharmacol Ther. 2003 Sep 1; 18(5):481-6.
- Bell SJ, Halligan S, Windsor ACJ, Williams AB, Wiesel P, Kamm MA.
Response of fistulating Crohn's disease to infliximab treatment assessed by magnetic resonance imaging.
Aliment Pharmacol Ther 2003; 17:387-393

- Bell SJ, Williams AB, Wiesel P, Wilkinson K, Cohen RC, Kamm MA.
The clinical course of fistulating Crohn's disease.
Aliment Pharmacol Ther. 2003 May 1; 17(9):1145-51.
- Brooker JC, Beckett CG, Saunders BP, Benson MJ.
Long-acting steroid injection after endoscopic dilation of anastomotic Crohn's strictures may improve the outcome: a retrospective case series.
Endoscopy. 2003 Apr; 35(4):333-7.
- Buchanan GN, Bartram CI, Phillips RK, Gould SW, Halligan S, Rockall TA, Sibbons P, Cohen RG.
Efficacy of fibrin sealant in the management of complex anal fistula: a prospective trial.
Dis Colon Rectum. 2003 Sep; 46(9):1167-74.
- Buchanan GN, Halligan S, Williams AB, Cohen CR, Tarroni D, Phillips RK, Bartram CI.
Magnetic resonance imaging for primary fistula in ano.
Br J Surg. 2003 Jul; 90(7):877-81.
- Buchanan GN, Williams AB, Bartram CI, Halligan S, Nicholls RJ, Cohen CRG.
Potential clinical implications of direction of a trans-sphincteric anal fistula track.
British Journal of Surgery 2003; 90:1250-1255
- Burling D, Halligan S.
CT colonography.
Gastrointestinal Nursing 2003; 1(5):23-27
- Campbell D, Halligan S, Bartram CI, Rogers V, Hollings N, Kingston K, Sahdev A, Beard RW.
Transvaginal power Doppler ultrasound in pelvic congestion.
Acta Radiol. 2003 May; 44(3):269-74.
- Cheetham MJ, Cohen CR, Kamm MA, Phillips RK.
A randomized, controlled trial of diathermy hemorrhoidectomy vs. stapled hemorrhoidectomy in an intended day-care setting with longer-term follow-up.
Dis Colon Rectum. 2003 Apr; 46(4):491-7.
- Crabtree M, Sieber OM, Lipton L, Hodgson SV, Lamlum H, Thomas HJW, Neale K, Phillips RKS, Heinemann K, Tomlinson IPM.
Refining the relation between first hits and second hits at the APC locus: the loose fit model and evidence for differences in somatic mutation spectra among patients.
Oncogene 2003; 22: 4257-65.

- Day R, Mitchell TJ, Knight SC, Forbes A.
Regulation of epithelial syndecan-1 expression by inflammatory cytokines.
Cytokine 2003; 21: 224-33.
- Edwards DP, Khosraviani K, Stafferton R, Phillips RKS.
Long-term results of polyp clearance by intra-operative enteroscopy in the Peutz-Jeghers syndrome.
Dis Colon Rectum 2003; 46: 48-50.
- Enholm S, Hienonen T, Suomalainen A, Lipton L, Tomlinson I, Karja V, Eskelinen M, Mecklin J-P, Karhu A, Jarvinen HJ, Aaltonen LA.
Proportion and phenotype of MYH-associated colorectal neoplasia in a population-based series of Finnish colorectal cancer patients.
Am J Pathol. 2003; 163: 827-832.
- Fazio VW, Tekkis PP, Remzi F, Lavery IC, Manilich E, Connor J, Preen M, Delaney CP.
Quantification of risk for pouch failure after ileal pouch anal anastomosis surgery.
Ann Surg. 2003 Oct; 238(4):605-14; discussion 614-7.
- Fiegler H, Carr P, Douglas EJ, Burford DC, Hunt S, Smith J, Vetrie D, Gorman P, Tomlinson IPM, Carter NP.
DNA microarrays for comparative genomic hybridization based on DOP-PCR amplification of BAC and PAC clones.
Genes Chromosomes Cancer. 2003; 36: 361-374.
- Fisher SA, Moody A, Mirza M, Cuthbert A, Hampe J, Macpherson A, Sanderson J, Forbes A, Mansfield J, Schreiber S, Lewis C, Mathew C.
Genetic variation at the chromosome 16 chemokine gene cluster: development of a strategy for association studies in complex disease.
Ann Hum Genet 2003; 67: 377-90.
- Frudinger A, Halligan S, Bartram CI, Spencer J, Kamm MA, Winter R.
Assessment of the predictive value of a bowel symptom questionnaire in identifying perianal and anal sphincter trauma after vaginal delivery.
Dis Colon Rectum.
2003 Jun; 46(6):742-7.
- Frudinger A, Buchanan G, Halligan S.
Endoanal MR imaging: Diagnostic assessment.
Der Chirurg 2003; 74:20-25.

- Gallagher MC, Sturt NJ, Phillips RK.
Female fecundity before and after operation for familial adenomatous polyposis.
(Br J Surg 2003; 90: 227-231).
- Golder M, Tekkis PP, Kennedy C, Lath S, Toye R, Steger AC.
Chest pain following oesophageal stenting for malignant dysphagia.
Clin Radiol. 2001 Mar; 56(3):202-5.
- Halford SE, Rowan AJ, Lipton L, Sierber OM, Pack K, Thomas HJW, Hodgson SV, Bodmer WF, Tomlinson IPM.
Germline mutations but not somatic changes at the MYH locus contribute to the pathogenesis of unselected colorectal cancers.
Am. J. Pathol 2003; 162: 1545-8.
- Halford SE, Sawyer EJ, Lambros MB, Gorman P, Macdonald ND, Talbot IC, Foulkes WD, Gillett CE, Barnes DM, Akslen LA, Lee K, Jacobs IJ, Hanby AM, Ganesan TS, Salvesen HB, Bodmer WF, Tomlinson IP, Roylance RR.
MSI-low, a real phenomenon which varies in frequency among cancer types.
J Pathol. 2003 Nov; 201(3):389-94.
- Halligan S, Buchanan G.
Imaging fistula-in-ano.
European Journal of Radiology, 2003; 42:98-107.
- Halligan S, Buchanan G.
The effect of magnetic resonance imaging on clinical outcome in recurrent fistula-in-ano: a prospective trial.
The Lancet 2003; 361:1132-1133.
- Halligan S, Marshall M, Taylor SA, Bassett P, Cardwell C, Atkin W, Bartram CI.
Inter-observer variation in reporting of double contrast barium enema: Implications for screening and training.
Clinical Radiology 2003 Dec; 58(12):948-54.
- Hill J, Meadows H, Haboubi N, Talbot IC, Northover JM.
Pathological staging of epidermoid anal carcinoma for the new era.
Colorectal Dis 2003; 5(3):206-13.
- James RD, Donaldson D, Grey R, Northover J, Stenning SP, Taylor I.
Randomized clinical trial of adjuvant radiotherapy and 5-fluorouracil infusion in colorectal cancer (AXIS).
Br J Surg. 2003 Oct; 90(10):1200-12.

Jaeger EEM, Woodford-Richens KL, Lockett M, Rowan AJ, Sawyer EJ, Heinemann K, Rozen, P, Murday VA, Whitelaw SC, Ginsberg A, Atkin WS, Lynch HT, Southey MC, Eng C, Bodmer WF, Talbot IC, Hodgson SV, Thomas HJW, Tomlinson IPM.

An ancestral Ashkenazi haplotype at the HMPS/CRAC1 locus is associated with hereditary mixed polyposis syndrome.

Am J Hum Genet 2003; 72: 1261-7.

Kamm MA. Faecal incontinence.

Brit Med J 2003; 327:1299 - 1300.

Kamm MA. Constipation and its management.

Brit Med J 2003; 327:459-60

Kenefick NJ, Emmanuel A, Nicholls RJ, Kamm MA.

Effect of sacral nerve stimulation on autonomic nerve function.

Br J Surg 2003; 90:1256-60.

King K, Moody A, Fisher SA, Mirza MM, Cuthbert AP, Hampe J, Sutherland-Craggs A, Sanderson J, MacPherson AJ, Forbes A, Mansfield J, Schreiber S, Lewis CM, Mathew CG.

Genetic variation in the IGSF6 gene and lack of association with inflammatory bowel disease.

Eur J Immunogenet 2003; 30: 187-90.

Knowles CH, Scott SM, Rayner C, Glia A, Lindberg G, Kamm MA, Lunniss PJ.

Idiopathic slow-transit constipation: an almost exclusively female disorder.

Dis Colon Rectum. 2003 Dec; 46 (12):1716-7.

Laiho,P, Hienonen T, Karhu A, Lipton L, Aalto Y, Thomas HJW, Birkenkamp-Demtroder K, Hodgson SV, Salovaara R, Mecklin J-P, Järvinen H, Knuutila S, Halford S, Orntoft T F, Tomlinson I, Launonen I, Houlston R, and Aaltonen LA.

Genome-wide allelotyping of 104 Finnish colorectal cancers reveals an excess of allelic imbalance in chromosome 20q in familial cases.

Oncogene 2003; 22: 2206-14.

Lim W, Hearle N, Shah B, Murday V, Hodgson SV, Lucassen A, Eccles D, Talbot I, Neale K, Lim AG, O'Donohue J, Donaldson A, Macdonald RC, Young ID, Robinson MH, Lee PW, Stoodley BJ, Tomlinson I, Alderson D, Holbrook AG, Vyas S, Swarbrick ET, Lewis AA, Phillips RK, Houlston RS.

Further observations on LKB1/STK11 status and cancer risk in Peutz-Jeghers syndrome.

Br J Cancer 2003; 89:308-13.

- Lipton L, Fleischmann C, Sieber OM, Thomas HJW, Hodgson SV, Tomlinson IPM, Houlston RS.
Contribution of the CHEK2 1100delC variant to risk of multiple colorectal adenoma and carcinoma.
Cancer Lett. 2003; 200: 149-152.
- Lipton L, Halford SE, Johnson V, Novelli MR, Jones A, Cummings S, Barclay E, Sieber O, Sadat A, Bisgaard M-L, Hodgson SV, Aaltonen LA, Thomas HJW, Tomlinson IPM.
Carcinogenesis in MYH-associated polyposis follows a distinct genetic pathway.
Cancer Res. 2003 Nov 15; 63(22):7595-9.
- Lipton L, Sieber OM, Thomas HJW, Hodgson SV, Tomlinson IPM, Woodford-Richens K.
Germline mutations in the TGF beta and Wnt signalling pathways are a rare cause of 'multiple' adenoma phenotype.
J. Med Genet 2003; 40: e35.
- Maxwell-Armstrong CA, Phillips RKS.
Extrasphincteric rectal fistulas treated successfully by Soave's procedure despite marked local sepsis.
Br J Surg. 2003 Feb; 90(2):237-8.
- McCulloch P, Ward J, Tekkis PP; ASCOT group of surgeons; British Oesophago-Gastric Cancer Group.
Mortality and morbidity in gastro-oesophageal cancer surgery: initial results of ASCOT multicentre prospective cohort study.
BMJ. 2003 Nov 22; 327(7425):1192-7.
- Middleton SB, Clark S, Jones A, Salto-Tellez M, Matraveros P, Katz D, Reznick R, Talbot IC, Phillips RKS.
Stepwise progression of familial adenomatous polyposis-associated desmoid precursor lesions demonstrated by a novel CT scoring system.
Dis Col Rectum 2003; 46(4):481-485
- Miles A, Wardle J, Atkin W.
Receiving a screen-detected diagnosis of cancer: the experience of participants in the UK flexible sigmoidoscopy trial.
Psycho Oncology. 2003 Dec; 12(8):784-802.
- Miles A, Wardle J, McCaffery K, Williamson S, Atkin W.
Does a negative screening result promote complacency? The effects of colorectal cancer screening on health attitudes and practices.
Cancer Epidemiol. Biomarkers Prev. 2003; 12:651-5.

- Mirza MM, Fisher SA, King K, Cuthbert AP, Hampe J, Sanderson J, Mansfield J, Donaldson P, Macpherson A, Forbes A, Schreiber S, Lewis CM, Mathew CG.
Genetic evidence for interaction of the 5q31 cytokine locus and the CARD15 gene in Crohn disease.
Am J Hum Genet 2003; **72**:1018-22.
- Nistala K, Hyer W, Halligan S.
Jejunal haemorrhage in Henoch-Schönlein syndrome.
Arch Dis Child 2003; **88**:434
- Norton C, Chelvanayagam S, Wilson-Barnett, J., Redfern, S. & Kamm, M.A.
Randomised controlled trial of biofeedback for faecal incontinence.
Gastroenterology (2003 Nov); **125**(5):1320-9)
- Preston SL, Wong W-M, Chan AO-O, Poulson R, Jeffery R, Goodlad RA, Mandir N, Elia G, Novelli M, Bodmer WF, Tomlinson IP, Wright NA.
Bottom-up histogenesis of colorectal adenomas: origin in the monocryptal adenoma and initial expansion by crypt fission.
Cancer Res. 2003; **63**:3819-3825.
- Probert CSJ, Hearing SD, Schreiber S, KGHbacher T, Ghosh S, Amott IDR, Forbes A.
Infliximab in steroid-resistant ulcerative colitis - a randomised controlled trial.
Gut 2003; **52**:998-1002.
- Rayner CK, McCormack G, Emmanuel AV, Kamm MA.
Long-term results of low-dose intravenous ciclosporin for acute severe ulcerative colitis.
Aliment Pharmacol Ther 2003; **18**:303-8.
- Roylance R, Droufakou S, Gorman P, Gillett C, Hart IR, Hanby A, Tomlinson I.
The role of E-cadherin in low-grade ductal breast tumourigenesis.
J Pathol. 2003; **200**:53-58.
- Rutter M, Saunders B, Emmanuel A, Price A.
Endoscopic snare polypectomy for bleeding postinflammatory polyps.
Endoscopy 2003;**35**:788-90.
- Saunders BP and Frazer C.
Colon tumours and colonoscopy.
Endoscopy. 2003 Nov; **35**(11):902-12.

Saunders BP and Williams CB.

Fatal dysnatraemia caused by elective colonoscopy:
lesson was unnecessarily alarmist.

BMJ. 2003 May 24; 326(7399):1146-7.

Sawyer EJ, Hanby AM, Poulson R, Jeffery R, Gillett CE, Ellis IO, Ellis P, Tomlinson IPM.

Catenin abnormalities and associated insulin-like growth factor over expression
are important in phyllodes tumours and fibroadenomas of the breast.

J Pathol. 2003; 200: 627-632.

Sawyer EJ, Poulson R, Hunt FT, Jeffery R, Elia G, Ellis IO, Ellis P, Tomlinson IPM, Hanby AM.

Malignant phyllodes tumours show stromal overexpression of c-myc and c-kit.

J Pathol. 2003; 200: 59-64.

Shah SG, Thomas-Gibson S, Lockett M, Brooker JC, Thapar CJ, Grace I, Saunders BP.

'Effect of real-time magnetic endoscope imaging on the teaching and
acquisition of colonoscopy skills: results from a single trainee.'

Endoscopy. 2003 May; 35(5):421-5.

Sieber OM, Lipton L, Crabtree M, Heinimann K, Fidalgo P, Phillips RKS, Bisgaard M-L, Orntoft TF,
Aaltonen LA, Hodgson SV, Thomas HJW, Tomlinson IPM..

Multiple colorectal adenomas, classic adenomatous polyposis and germline
mutations in MYH. N.

Engl. J. Med. 2003; 348:789-797.

Sieber O, Lipton L, Heinimann K, Tomlinson I.

Colorectal tumorigenesis in carriers of the APC I1307K variant: lone gunman
or conspiracy?

J Pathol. 2003; 199:137-139.

Sieber OM, Heinimann K, Gorman P, Lamlum H, Crabtree M, Simpson CA, Davies D, Neale K,
Hodgson SV, Roylance RR, Phillips RKS, Bodmer WF, Tomlinson IPM.

Analysis of chromosomal instability in human colorectal adenomas with two
mutational hits at APC.

Proc Natl Acad Sci U S A. 2002; 99:16910-16915.

Sieber OM, Lipton L, Crabtree M, Heinimann K, Fidalgo P, Phillips RKS, Bisgaard M, Orntoft TF,
Aaltonen LA, Hodgson SV, Thomas HJW, Tomlinson IPM.

Multiple colorectal adenomas, classic adenomatous polyposis, and germ-line
mutations in MYH.

N Engl J Med. 2003; 348:791-799.

- Suter CM, Norrie M, Ku SL, Cheong KF, Tomlinson I, Ward RL.
CpG island methylation is a common finding in colorectal cancer cell lines.
Br J Cancer. 2003; **88**:413-419.
- Suzuki N, Saunders BP, Thomas-Gibson S, Marshall M, Halligan S, Northover JM.
Complications of colonic stenting: a case of stent migration and fracture.
Endoscopy. 2003 Dec; **35**(12):1085.
- Taylor SA, Halligan S, Goh V, Morley S, Atkin W, Bartram CI.
Optimizing bowel preparation for multi-detector row CT colonography:
Effect of Citramag and Picolax.
Clinical Radiology 2003 Sep; **58**:723-32.
- Taylor SA, Halligan S, Goh V, Morley S, Bassett P, Atkin W, Bartram CI.
Optimizing Colonic Distention for Multi-Detector Row CT Colonography:
Effect of Hyoscine Butylbromide and Rectal Balloon Catheter.
Radiology 2003; **229**:99-108.
- Taylor SA, Halligan S, O'Donnell C, Morley S, Mistry H, Saunders BP, Vance M, Bassett P,
Windsor A, Stern Y, Bethel H, Atkin W, Bartram CI.
Cardiovascular effects at multi-detector row CT colonography compared with
those at conventional endoscopy of the colon.
Radiology. 2003 Dec; **229**(3):782-90.
- Taylor S, Halligan S, Bartram CI.
Pilonidal sinus disease: MR imaging distinction from fistula-in-ano.
Radiology, 2003; **226**:662-667.
- Taylor S, Halligan S, Bartram CI, Morgan PR, Talbot IC, Fry N, Saunders BP, Khosraviyani K, Atkin
W. Multislice CT Colonography: Effect of collimation, pitch and orientation on
polyp detection determined using a human colectomy specimen.
Radiology 2003; **229**(1):109-118, (with accompanying invited Editorial).
- Taylor SA, Halligan S, Saunders BP, Atkin W, Bartram CI.
Use of multidetector-row CT Colonography to Diagnose Colorectal Cancer as
Part of the UK Government 2-Week-Wait Initiative.
Clinical Radiology 2003 Nov; **58**(11):855-61.

- Taylor SA, Halligan S, Saunders BP, Bassett P, Vance M, Bartram CI.
'Acceptance by patients of multidetector CT colonography compared with barium enema examinations, flexible sigmoidoscopy and colonoscopy.
Am J Roentgenol. 2003 Oct; 181(4):913-21.
- Taylor SA, Halligan S, Vance M, Windsor A, Atkin W, Bartram CI.
Use of multidetector-row computed tomographic colonography before flexible sigmoidoscopy in the investigation of rectal bleeding.
British Journal of Surgery, 2003; 90:1163-1164.
- Tekkis PP. Met-analyses.
Dis Colon Rectum. 2003 Aug; 46(8):1019-20.
- Tekkis PP, McCulloch P, Steger AC, Benjamin IS, Poloniecki JD.
Mortality control charts for comparing performance of surgical units: validation study using hospital mortality data.
BMJ. 2003 Apr 12; 326(7393):786-8.
- Tekkis PP, Poloniecki JD, Thompson MR, Stamatakis JD.
Operative mortality in colorectal cancer: prospective national study.
BMJ. 2003 Nov 22; 327(7425):1196-201.
- Tekkis PP, Kassaris N, Kocher HM, Poloniecki JD, Lyttle J, Windsor AC.
Evaluation of POSSUM and P-POSSUM scoring systems in patients undergoing colorectal surgery.
Br J Surg. 2003 Mar; 90(3):340-5.
- Thompson MR, Atkin WS, Coles C, Ellis B, Faulds Wood L, Heath I, Swarbrick E.
ACPGBI referral guidelines for colorectal cancer.
Colorectal disease; 4:287-97.
- Thompson MR, Heath I, Ellis BG, Swarbrick ET, Faulds Wood L, Atkin WS.
How vital is the GP's 'gatekeeper role' for patients with bowel cancer?
BMJ. 2003. 327 (7409).
- Thompson MR, Heath I, Ellis BG, Swarbrick ET, Faulds-Wood L, Atkin WS.
Identifying and Managing Patients at Low Risk of Bowel Cancer in General Practice.
BMJ. 2003; 327: 263-5

- Thomas-Gibson S, Brooker JC, Hayward CM, Shah SG, Williams CB, Saunders BP.
Colonoscopic balloon dilation of Crohn's strictures: a review of long-term outcomes.
Eur J Gastroenterol Hepatol. 2003 May; 15(5):485-8.
- Vega, R. Polymeros, D, Papadia, C. Gabe S.M, Forbes A.
Survival analysis in a cohort of adult patients on home parenteral nutrition.
Prognostic factors related to early and overall mortality.
Clin Nutr. 2003 Aug; 22(51):588-9.
- Wardle J, Williamson S, Sutton S, Biran A, Cuzick J, Atkin W.
Psychological Impact of colorectal cancer screening.
Health Psychology 2003; 22; 54-9.
- Wardle J, Williamson S, McCaffery K, Sutton S, Taylor T, Edwards R, Atkin W.
Increasing attendance at colorectal cancer screening: Testing the efficacy of
a mailed, psycho-educational intervention in a community sample of older
adults.
Health Psychology 2003; 22:99-105.
- Westcott ED, Windsor AC.
Can we improve the outcome of colorectal cancer by early diagnosis?
Postgrad Med J. 2002 May; 78(919):255-6.
- Whynes D, K, Frew EJ, Atkin WS, Edwards R, Patel R.
The costs of flexible sigmoidoscopy screening for colorectal cancer.
Int J Technol Assess Health Care. 2003; 19(2):384-95.
- Zinicola R, Rutter MD, Falasco G, Brooker JC, Cennamo, V, Contini S, Saunders BP,
Haemorrhagic radiation proctitis: endoscopic severity may be useful to
guide therapy.
Int J Colorectal Dis. 2003 Sep; 18(5):439-44.
- Zhoa P, Hu YC and Talbot IC.
Expressing patterns of p16 and CDK4 correlated to prognosis in
colorectal carcinoma.
World J Gastroenterol. 2003 Oct; 9(10):2202-6.

