



St Mark's Hospital

The Hospital for Intestinal and Colorectal Disorders

The Annual Report for the year ending 31st December 2004



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Preface

A hospital is more than its component parts. This report is of necessity divided into sections but is actually about a single vibrant entity - St Mark's Hospital, dedicated to helping patients with difficult and often embarrassing colorectal and anal problems since its foundation in 1837.

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

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

Editor

Ian Talbot

Assisted by

Judith Landgrebe

Janice Ferrari

Alan Warnes

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St Mark's Hospital

Patrons, Senior Staff and Trustees

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 FRCPSGlas
Professor JMA Northover MS FRCS
Professor RKS Phillips MS FRCS
PJ McDonald MS FRCS
ACJ Windsor MD FRCS
CRG Cohen MD FRCS
SJD Chadwick MS FRCS
CJ Vaizey MD FRCS

Consultant Physicians

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 Gabe MD FRCP
A Emmanuel MD MRCP

Consultant Histopathologists

Professor IC Talbot MS FRCPath
Professor AB Price MA BM MCh FRCPath
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 Psychologists

P McHugh MSc CPsych
E Serrano-Ikkos CPsych PhD

Consultant Dermatologist

S Goolamali MD FRCP

Consultant Nurses

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

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

Sir Francis Avery Jones Visiting Professor
Professor D Rex-USA

Sir Alan Parks Visiting Professor
Professor R Parc-France

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 Glynn-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

Natalie Crawley

Annmarie Daniels

Julie Duncan

Angie Davidson

Allison Durrant

Nicky Horton

Ripple Man

Christine Norton

Marian Smith

Jayne Somerset

David Swain

Jo Sweeney

Claire Taylor

Sarah Varma

Julia Williams

Maggie Vance

Anjela Vujnovich

Jacque Wright

Lisa Younge

Stoma Care

Endoscopy

Stoma Care

Nutrition & IF

Endoscopy

Stoma Care

Nutrition & IF

Biofeedback

Nutrition & IF

Pouch Care

Biofeedback

Endoscopy

Contenance

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

Jackie Eastwood BPharm

Social Worker

Solveig Wilson css

Managers

Professor CI Bartram

Clinical Director

Dr A Forbes

Dean

Mr PJ McDonald

Sub-Dean

Mrs Veda Enser Assistant Director Operations, Elective Services

Ms Ann Curry The Robert & Lisa Sainsbury Wing

Mrs Nesta Dutton Patient Services Manager

Miss Judith Landgrebe Academic Administrator

Ms Karen McGuire Services Manager

Mrs Val Pryor Diagnostic Services Manager

Mrs Jo McCarthy Head of Specialist Nursing

North West London Hospitals NHS Trust

Chairman

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Dr Yashwant Patel

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Mr Mark Devlin

Deputy Chief Executive Officer

Dr John Riordan OBE

Medical Director

Mr Don Richards

Finance

Sir Graham Morgan

Nursing

Ms Rhaj Bhamber

Human Resources Director

Mr Phillip Sutcliffe

Corporate & Support Services

St Mark's Hospital Clinical Directors Report 2004



This is my last report as Clinical Director as I retired from the NHS in December. I have always felt that St Mark's needed

to be larger and expansion was the keynote to the start of my Directorship at our Academic away day some 3 years ago. The plans for a Nutrition Centre would have increased our bed capacity to about 70, an appropriate size for a dynamic tertiary hospital, and had received support from the Trust and Imperial. Funding for the NHS component was proving difficult as NSCAG does not support capital programmes. The Strategic Health Authority is overwhelmed by demands and also felt, with justification, that it should not bear the entire capital burden for a national resource. Unfortunately no mechanism for funding via the NHS seemed to be forthcoming and we were starting to look for donors when there was a rather sudden decision for a new hospital PFI at Northwick Park. Even if we obtained the money for the Nutrition Unit, the NHS component would have meant a dramatic increase in the capital budget for the trust to pay for its rebuilding within the PFI. Given the serious Trust overspend this was obviously impossible, and the project had to be shelved. Fortunately these constrictions did not apply to the project to build 3 portacabins between the end of X block and the Himsworth, so that this project could proceed and was completed just before the end of the year. It has provided 216 sq m of office space for Academic Nursing, an inflammatory bowel diseases unit and psychological medicine. The accommodation is of a high standard and integrates well with the hospital to provide much needed expansion in these disciplines.

Funding remains a key issue for the hospital. When we moved to Northwick Park, extra-contractual referrals provided appropriate finance for complex case management. This devolved into service level agreements with individual PCTs. Payment from next year is about to change, and will be based on a uniform weighted cost for different HRGs (health related groups). This may work for routine cases, but as yet does not take into account the higher costs involved in managing complex cases and presents a major problem for funding specialist units. The Department of Health has appreciated the problem and I attended a series of meetings looking at how complex cases may be differentiated, as the current coding system is inadequate in this respect, and how these may be funded. Financial information is hard to obtain to cost complex cases properly, and there was interest from the DoH in using St Mark's as a reference site for costing complex coloproctology. Progress in this and the whole issue of specialist funding will have to await next year's report.

Our negotiations with Imperial unfortunately became unduly protracted during the year, and this was not without repercussions. In the middle of the year, we received an offer from the Warden of Queen Mary's School of Medicine and Dentistry, Professor Nicholas Wright, to join QMC. This was on very attractive terms, and an outline agreement was negotiated within just a few weeks. It was a generous offer, but the problems of the geographical separation had always been a major concern, and in the final analysis were considered too great and would have prevented significant integration with the relevant academic units at Queen Mary's. Any question of moving the hospital was complicated by the PFI's at both Barts and the London already being fixed, so that after much consideration and

discussion, this offer had to be rejected. No sooner had we done so than we received a second offer from University College Hospital. This was to move both the hospital and our academic base to the University College Campus and had many attractions: an integrated unit within the new hospital with adjoining space for our units, the presence of many specialist units and a large ITU to support complex case management, a Foundation Hospital encompassing the largest number of tertiary hospitals of any Trust, with research and academic units all together in a very compact campus. This was a unique opportunity to move St Mark's into a specialist environment with academia on site. The downside was that the hospital would lose its local secondary referral base and return to a highly specialist referral role that marked the last decade in City Road. Only the Barts and London site would have given us both a large local secondary base and an integrated academic campus. The medical staff visited the new site and had a number of meetings to discuss this offer and the pros and cons of any move. After initial support these preliminary discussions had reached a point when we had to decide as to whether to move into the next stage of detailed planning and negotiations with the relevant Trusts, Medical Colleges, Cancer Research UK and undoubtedly the DoH. At a special meeting the proposal to take this next step was rejected by a majority vote, thus terminating formal negotiations by St Mark's with UCH, though this may not be the end of individual staff considering a future with UCH.

I held a meeting with all the staff of the hospital to explain what had been happening during these initial discussions with UCH and also, with colleagues, met with John Pope, the CEO of the Trust, for a frank discussion as to why this had come about and the current feeling of

the medical staff in St Mark's. We were pleased to receive written support for our concerns regarding the governance of St Mark's within the Trust, notably the establishment of specialist commission in the Trust, investment in St Mark's, membership of the project board for the PFI, our representation on the critical care steering group for HDU and support for an Intestinal Failure ward. This has obviously been a difficult period for St Mark's, but one from which I feel the hospital will emerge the stronger for being fully united in its purpose for staying on the Northwick Park campus.

There was a major management re-structure in May with Veda Enser becoming Associated Director of Women's and Elective Services, and Caroline Francis Associated Director of Clinical Diagnostics. My PA, Louise Dunne, left in June to be replaced by Rehana Shah, who was academic secretary to Professor Talbot. I am grateful to her for all the work she did in the last few months of my tenure as Clinical Director.

The details of developments in nursing will be highlighted elsewhere, but it was a pleasure to welcome Jo McCarthy as Head of Specialist Nursing, and to congratulate Angie Davidson on her appointment as Nurse Consultant in Intestinal Failure and Nutrition. Chris Norton was appointed Chair of the Burdett Institute of Gastrointestinal Nursing, which marks a most important development of Nursing at St Mark's. Her chair is at King's College and we all wish her well in this exciting development. The offices for the Institute will be the top floor of the Portacabin unit.

We were fortunate that the Bishop of St Albans agreed to take this year's St Mark's Day Tide service. The Right Reverend Christopher Herbert has

responsibility for all the NHS clergy and it was fitting that a senior member of the Church should attend the 150th anniversary of the official opening of the first St Mark's Hospital in City Rd, which was on St Mark's Day, the 25th April 1854. The Bishop visited Radiology to see CT colonography, meet Chris Norton, then went to see some patients in Frederick Salmon Ward and the private wing, before having tea in the Medawar Centre. After the service John Northover gave a short lecture on the history of the hospital, which was received with great interest, as many now working at the hospital have no understanding of its history. That evening a dinner was held at the House of Lords, hosted by Baroness Northover. Thomas Guenther and Axel Von Herbay were welcomed as new staff following the retirement of Ashley Price and Ian Talbot. Later in the year the latter held a most successful Festschrift. Christopher Williams also gave his retirement speech, this time several months after his Festschrift. National training for colonoscopy commenced at the beginning of the year, and partly as a result of this, Brian Saunders transferred to an NHS contract in November, and Chris Fraser was appointed to support the expanding work of the unit, not only in teaching but in capsule endoscopy and interventional endoscopic procedures.

I leave feeling that I have only achieved a fraction of what I hoped for, but take comfort that some progress has been made and there have been significant developments within the hospital. St Mark's has always suffered by being on the outside of organisations. I believe we now have a clearer relationship with the NHS Trust and the development of the St Mark's Institute within Imperial is to become a reality. Through the PFI there is the opportunity to create a purpose built St Mark's, and in spite of the difficulties of the year, it may with

hindsight have been a turning point for the hospital. I shall watch from the sidelines, but as ever with enthusiasm and support for the continuation of Salmon's great enterprise.

Clive Bartram

Clinical Director

St Mark's-tide Service

St Mark's Hospital

St Mark's Tide Service

The service this year marked the 150th Anniversary of the official opening of St. Mark's Hospital in City Road. In honour of the occasion one of the Senior Bishops in the Church of England was invited to take part in the Service and to give the address. Rt. Rev. Christopher Herbert is Bishop of St. Albans, lead Bishop in the House of Lords and the General Synod of the Church of England on the NHS and is Chair of the Hospital Chaplaincies Council.

In his address the Bishop said that in an increasingly fragmented society, Spiritual Health care was even more important than ever before. Joining him at the Service was a retired Archbishop, Most Rev. Donald Arden, 2 local Bishops, Rt. Rev. George Stack (R/C) and Rt. Rev. Pete Broadbent, The Archdeacon of this area, Venerable Christopher Chessun, and the 2 Roman Catholic Deans, Fr. Peter Harris and Fr. David Williamson.

Before the Service the Bishop visited the Radiology Dept. to see the colour imaging machines and met Professor Christine Norton, the first Professor of Colo-Rectal Nursing and after visiting Sainsbury and Salmon Wards had tea with the ensemble of Bishops.

After the Service and reception the celebrations continued with an excellent Dinner at the House of Lords after which the Bishop presented service badges to staff on the balcony.

Dave Byrne
Chaplain

St Mark's Hospital Service Manager's Report

What an interesting and challenging year this has been for St Mark's. We have worked under significant pressure to achieve this year's inpatient and outpatient targets. Well done everyone, we could not have achieved this without your continued support!

The second Annual Conference in Intestinal and Colorectal Disease was an enormous success and next year's is currently being planned.

There have been a number of staff changes over the year. Sadly, we said goodbye to some of our old friends, Professor Bartram retired from the NHS, as did Jenny Jones and Pam Nye much to my disgust! They will be sorely missed and I am sure you will all join me in thanking them for all their hard work and commitment to St Mark's over the years.

This year Professor Robin Phillips, became our new Clinical Director. We also welcomed some new and old faces back to St Mark's, Jo McCarthy, joined us in June as our Head of Specialist Nursing. Jane Campbell returned to St Mark's to take up her new post as Clinical Nurse Manager for Outpatients, and was subsequently appointed to the role of modern Matron for Frederick Salmon Ward and Outpatients. Denise Robinson, was appointed to the Clinical Nurse Manager's role in Outpatients following Jane's promotion. Susheela Robinson and Steve Wright took up their new posts in July as peri-operative colorectal nurse practitioners and have been working alongside Jane and all the nurses on the ward to improve the standard of care provided to our patients. Bharti Patel who joined us the previous year as an apprentice, has now become a fully fledged member of staff and is well on her way to becoming an excellent medical secretary. Tracy Morris will join us in January 2005, as the new Outpatient Service Manager, and we look forward to welcoming her to St Mark's.

Congratulations to Angie Davidson who was appointed as our new Nurse Consultant in Nutrition and Intestinal Failure and to Dr Chris Fraser who was appointed as a Consultant in Endoscopy.

On the service development side we were successful in our bid for additional resources to assist the work of the gastroenterologists Trust-wide and we appointed three new staff-grade doctors to support our busy outpatient and inpatient workload.

This year saw the Xmas show take on a completely different theme. It was in the form of a play, Kammilot. I would like to thank everyone who entered into the spirit of things by dressing up in medieval costumes. There were certainly some outstanding costumes. Well done to everyone who worked so tirelessly in ensuring it was a huge success, although I'm not too sure about being cast in the role of a witch!

Finally, I thank the friends of St Mark's for all their hard work over the year.

Karen McGuire
Service Manager
Frederick Salmon Ward

St Mark's Hospital

Frederick Salmon Ward

Modern Matron

Jane Campbell

Senior Sister

Vanitha Kanagaratnam
Louise Williams

Sisters

Maureen Pillay
Jas Dhiman
Maura Prenter
Ann Callaghan
Alison Manley

Staff Nurses

Pauline Anderson
Jitka Aido
Sam Kay
Janet Superior
Mercy Amoah
Mohamed Dahir
Chandy Gungadin
Ceclia Obi
Les Bunencamino
Vanessa Lopez
Nirmalie Madurawala
Eleanor Ntiamoah
Azam Shamsi
Joy Odita
Suzan Mahon
Niamh Garry
Sushma Bhattarai
Miralie Legaspi
Juanita Lavina Plaza
Elizabeth Kamara
Donna Smith
Ma Roseele Soriano
Barbara Rugge
Marilyn Sackey
Lolita Plegaria
Anna Shetty

Health Care Assistants

Maureen Jarrett
Rosy Vijayamanoharan
Vivian White
Manjeet Sikand
Sheila Waterworth
Jennifer Piper
Elizabeth Njogu
Aaron Cabangon

Administrative Staff

Nancy Swasbrook
Margaret McCarthy
Zahira Mohamed

It gives me great pleasure to contribute to my first annual report. What a year! I returned to St Mark's in February 2004 to manage the Outpatient Department but this was soon to change and I am now Modern Matron for Frederick Salmon Ward and Outpatients.

Congratulations to Susheela Robinson who has now taken up her new post as Peri-operative Colorectal Nurse Practitioner. I would like to take this opportunity to thank Susheela for her support and on behalf of the staff thank her for her 5 years of management and leadership. Steve Wright has also returned to St Mark's as Peri-operative Colorectal Nurse Practitioner. These posts have had a very beneficial effect on the service provided to patients on Frederick Salmon ward.

One of the first tasks I set myself was to review the skill mix on the ward. I would like to thank Vanitha Kanagaratnam who took up her 'G' grade post in February 2004 for her support. The new ward structure is in its final stages of agreement. Recruitment and the retention of staff on Frederick Salmon ward has been very successful in the last year. As usual there have been a few changes this year :-

Leavers

Johann Doohan, Grainne Dwyer, Claire Walsh, Alison McCulloch, Moussa Diop, Paula Hui

New Starters

Vanitha Kanagaratnam, Amirtha Prabhakaran, Dev Vath Ramgoolam, Lolita Plegaria, Monica Shrestha, Romaine Joseph, Marilyn Sackey, Sam Kay and Anna Shetty.

Promotions

Maura Prenter to 'F' grade. We have had one member of staff, Camile Simone, retire. We wish Camile a long and happy retirement.

We are a pilot site for the trial of an early warning MEWS chart. We have also continued the Friday staff teaching sessions. We had a sisters' away day and developed a nursing strategy for Frederick Salmon ward. This document provides us with objectives with time scales and gives us some direction and focus for the coming year.

We continue to have student nurses on the ward who are at various stages of their training. The evaluations from the students have been very positive and we have recruited from the final year students. This reflects well on the ward as we must be providing an effective learning environment. As the demand for assessors increases, we continue to send some staff to undertake Slice I and II which is a teaching and assessors course.

We would like to congratulate a number of staff on the birth of their babies, namely:- Mercy Amoah – a baby boy, Alison Manley – a baby boy, Amirtha Prabhakaran – a baby girl, Sushma Bhattarai – a baby boy, Nirmalie Madurawala – a baby boy, Aaron Cabangon – a baby boy. I would like to thank the Committee of the Friends of St Mark's for the purchase of patients' Christmas presents, resources for the laundry room and their continued support.

I would like to thank the ward clerks Margaret McCarthy and Zahira Mohamed for their efforts in keeping the department running smoothly. I would also like to thank our domestic staff Valentina and Bennie for all their hard work in keeping the department clean. I would also like to thank Nancy Swasbrook who has kept me on the straight and narrow over the past year.

Jane Campbell

Modern Matron

Frederick Salmon Ward & OPD

St Mark's Hospital Outpatients Department

Acting Clinical Nurse Manager
Denise Robinson

**Staff Nurses &
Health Care Assistants**
Jocelyn Hyndman
Dopoda Mehta
Bharti Punjani
Katie De Matos
Sophie Smith

Firstly I must thank Denise Robinson for running the department prior to me starting in February 2004 and also for her hard work since she became Clinical Nurse Manager firstly on secondment and then permanently.

The Outpatient's department runs a number of varied and busy clinics. The staff have to work closely with many members of the multidisciplinary team. Many research projects recruit patients from clinic and therefore the nursing staff liaise with the research staff on a regular basis.

Due to members of the nursing team leaving for pastures new Thola Luthuli and Valentina Baffour-Gyawu were relocated from Frederick Salmon ward to the outpatient's department to ensure continuity of service. During the year Valentina was promoted to an 'E' grade. During the year some members of staff relocated within the Trust – Maria Rakova transferred to Biofeedback, Patricia Lawrence transferred to Surgical Outpatients – NWP, Evette Cooper transferred to Physiology. We wish them all well in their new posts.

Even with the changes in the nursing team the service provided has been to a high standard. We welcome Bharti Punjani, Dopoda Mehta, Katie De Matos, and Sophie Smith to the team.

Myself and Denise are reviewing the roles and responsibilities of the nursing team and some new initiatives will be commencing soon. We realise that we need to develop the staff in the outpatient's department and are working closely together. We know that the coming year will be a challenging one but we will continue to provide the highest quality of care to our patients.

Jane Campbell

Modern Matron

Frederick Salmon Ward & OPD

St Mark's Hospital

The Robert and Lisa Sainsbury Wing

Chair

Mr Ian Fyfe

Vice Chair

Professor Robin Phillips
succeeded by Mr Richard Cohen

Private Patient Manager

Pam McGowan

Clinical Nurse Manager

Ann Curry

Team Leaders/Sisters

Sally Crowther
Rebecca Slater
Kathrine Fredericks
Annalyn Manalastas

Staff Nurses

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

Healthcare Assistant

Leticia Alvarado

Ward Receptionists

Sheila Alzano
Gill Bell

Sainsbury Wing has had an interesting year in 2004, a year of change in some areas and new challenges that were faced by the staff. Our continued aim was to monitor the services provided to the private patients and to our consultant users and to focus on providing clinical excellence.

I have been supported in leading the nursing team by an excellent cohort of team leaders. They have consistently demonstrated vision and commitment to their role, ensuring that the provision of patient care is planned and delivered to a high standard and also helping to develop junior staff. Becky Slater returned from maternity leave in June; baby Olivia was born in February. Kath Frederick chose to broaden her clinical skills by transferring to Kingsley Wing. In August, yet she continues to provide senior support to Sainsbury Wing when required for unit cover. Annalyn Manalastas had a four-month period working on Kingsley Wing in the middle of the year – the two wards have been working together to develop organisational systems and also to provide clinical and managerial support for each other. Sally Crowther returned to Sainsbury Wing in August following almost a year on secondment to the Nutrition and Intestinal Failure team. It was wonderful to have Sally back as part of the team, even though it is anticipated that she will not stay with us for long. Amongst the staff nurses we had a few leavers and new starters but on the whole the nursing team has remained relatively stable. We were sorry to see the departure of some experienced E grades to pastures new: Deena Iosefu

transferred to ITU at Northwick Park, Julie Storrie, a long-standing nurse of St Mark's, moved to a community role closer to home and Caroline Kennedy left to broaden her experience within colorectal nursing. We were fortunate to be able to recruit two newly qualified nurses from TVU. Both Afua Brew and Karen Parfitt had been student nurses on Sainsbury Wing and show excellent potential. There was also the opportunity for three of the junior staff nurses to progress into E grade roles.

All of the nursing staff have worked extremely hard throughout the year and have enjoyed the challenge of caring for patients within gastrointestinal disease. It was a difficult year in some respects, which in part was due to a higher than usual number of patients with terminal disease being admitted in the final stage of their illness. However the experience and commitment of our staff enabled us to master the challenge and to provide expert care to our patients. At this stage the ward team worked closely with the Macmillan nurse specialists. The staff were also supported through this by an independent psychologist.

Education and training has remained an important feature of staff development, and staff attended a variety of both in-house and external courses, covering a wide range of clinical topics. This was in addition to the ever-growing number of mandatory training sessions that must be completed annually. Our healthcare assistant Leticia Alvarado has continued to put in tremendous effort to her NVQ level 3 and will be aiming to complete this programme next year.

Sainsbury Wing has continued to provide learning placements to undergraduate students from both Thames Valley University and City University. We have also facilitated clinical support to nurses from overseas during their six-month Supervised Practice programme. Feedback from all students has been positive and has reflected the commitment from the staff to ensure that the students maximise their learning opportunities.

Early in the year in order to develop the support services for the unit a Hotel Services Manager post was established and this has allowed an increased focus on the room and catering facilities for our patients.

In September Pam McGowan left her position as Private Patients Manager to take up a new position at The Royal Marsden. I would like to thank Pam for her tremendous support that she has given to Sainsbury Wing as well as to me personally. We wish her well in her new role. Until the appointment of a new manager Trustplus was temporarily supported by Benniess Tilbury. The ward has been given invaluable admin and clerical support by our two receptionists. Gill Bell retired at the end of October after 25 years with the Trust and we wish her a well-deserved happy retirement.

Reviewing the business activity on Sainsbury Wing, there was an operating surplus of £90k on a £2.3m turnover. This was an increase of 6% compared to last year. Sainsbury Wing operated on an average private patient occupancy of 58%, a 3% increase on the previous year. In addition, where possible, St Mark's NHS patients have been given beds when there have been shortages on Frederick Salmon Ward. St Mark's consultants accounted for 69% of all admissions and 83% of the bed days used on Sainsbury. The average length of stay was 6.5 days ranging from 1 day to 5+ months.

The key challenges for 2005 will be meeting the Trust's tough financial targets, implementing Agenda for Change and further improving quality across a range of services provided on Sainsbury Wing. So whilst we look out onto the changing skyline of London and the new look Wembley Stadium, we anticipate and look forward to an exciting and promising year ahead.

Ann Curry

Clinical Nurse Manager

St Mark's Hospital Medical Social Work

In June 2004, the Friends of St Mark's asked if I would give a talk at their AGM. I was filled with trepidation, as I am more used to talking one to one than to a roomful of people. I could have talked about the everyday problems and pleasures encountered on Frederick Salmon Ward or indeed with outpatients and the work involved in dealing with statutory benefits or planning discharges or just being around to lend an ear, but I realised how therapeutic my daily walk is and how energised I feel by the time I reach St Mark's, hence the title "The Walking Social Worker" and I described my walk every day over Harrow on the Hill to the hospital.

In last year's report I said there were many new patients with "old" problems familiar to many "old" St Mark's patients. The main issues continue to be centred round various benefits, i.e. Disabled Living Allowance, Incapacity Benefit and Housing Benefits. As local authorities are more rigorous in reviewing entitlement to Housing Benefit, several long-stay patients found that their benefits had been stopped because review forms had not been completed and returned. The good news is that most local authorities are very helpful when the facts are put before them along with covering letters explaining the situation.

As patients and relatives come to St Mark's from quite a distance, I am indebted to the Friends of St Mark's for their generous funding for overnight accommodation at the Residence [managed by Network Housing Association] or at local hostelrys when the Residence is unavailable. Many patients just need help in finding accommodation in an unfamiliar area, rather than financial help.

The Friends of St Mark's have come to the rescue on more than one occasion for a homeless patient. They have helped with securing rented accommodation where a deposit was required in excess of what was available. This kind of help is rarely available elsewhere.

Rustington Convalescent Home in West Sussex continues to be an excellent stepping stone between hospital and home for many a patient. Gentle exercise, good food and sea air seem to have the desired beneficial effect on the patients who go there for a couple of weeks. Again, this would not be possible without the generous support and funding from charities like the Victoria Convalescent Trust and the Florence Nightingale Aid in Sickness Trust.

My role as social worker and counsellor at St Mark's has quite a wide remit. Many patients don't need "a social worker" nor a "counsellor" but may welcome an opportunity to air their personal issues. One of these issues is the implications for younger patients who have permanent stomas. Bringing a small group together for a few sessions gave the patients an opportunity to share their experiences and take on board some of the experiences of others. The notion of holistic treatment comes to mind, where body and soul is one whole to be treated. Having the recourse to offer this is part of what makes St Mark's special.

Solveig Wilson

Social Worker & Counsellor

EXECUTIVE

President

Professor Clive Bartram
St Mark's Hospital

President Elect

Mr Mike Thompson
Portsmouth Hospitals NHS Trust

Secretary

Dr Michele Marshall
St Mark's Hospital

Treasurer

Dr Anton Emmanuel
St Mark's Hospital

External Representatives

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

Administrator

Miss Judith Landgrebe
St Mark's Hospital

This year was the first in post for the new Secretariat. Our heartfelt thanks go to Dr Halligan and Dr Saunders for their hard work over the last 5 years. Judith Landgrebe has been a cornerstone of the successful transition and has been working with only the occasional whimper of distress to get the new secretariat into shape - her continued sense of humour and optimism are as ever, much appreciated.

The St Mark's Association Day was held on 18th October 2004, chaired by the President, Professor Bartram. Attendance this year was a little lower than in previous years, though this did not hamper the success of the day. An interesting and interactive programme was presented; the President's lecture "A New Radiological Subspeciality" was a welcome refresher in the rapid advance of technology in the last 10 years in Gastrointestinal Radiology. As well as an excellent overview of the developments with respect to GI radiology in particular, he gave us an enticing look into the future, destined to be dominated by high powered computer analysis and the promise of Virtual Reality. Luckily, a rapid relocation to Harrow School for refreshments and a convivial Annual Dinner took the strain off the faces of the non-technologically minded!

The President Elect Mr Michael Thompson was welcomed and the presidency duly transferred with the handover of the President's Lion. Next year's President Elect, Professor Ian Talbot, was approved by the Association and has already been planning his Presidential year with enthusiasm.

Mike Thompson informed us of his plan for the coming year, with an eye to infusing a new spirit of social engagement for next year. He challenged us all to reunite our former peers and gather them next year for an opportunity to renew old friendships and inform the Association of the developments and projects they are taking forward across the country.

The membership was reviewed and 21 new members elected, 11 from the UK and 10 from overseas.

Michele Marshall

Hon. Secretary

Chairman of Trustees

Charlotte Barney

Treasurer

William Phillips

Trustees

Prof Sir Leszek Borysiewicz PhD FRCP

FRCPath FMedSci

Mr Richard Cohen MD FRCS

Edward Charlton

Prof Michael Edwards JP BSc

(Econ) PhD

Prof Colin Green PhD DSc (Med) FRVS

FRCPath FRCS (Hon) AcadUKrAcadSci

Prof Michael Kamm MBBS MD

FRCP FRACP

Michael Liebreich

Prof John Nicholls BA MChir FRCS

Prof Robin Phillips MS FRCS

Dr Christopher Williams BM

FRCP FRCS

Director

Sean Bonnington

Office Manager

Gill Royal

Fundraising Assistant

Catherine Mulcahy

Secretary

Mr Richard Cohen MD FRCS

2004 was a year in which great challenges arose for St Mark's, and we have begun to look ahead in order to agree what part the Foundation might play in the future of the Hospital in years to come.

Perhaps the most significant challenge was the announcement by North West London Hospitals NHS Trust of a Private Finance Initiative (PFI) worth £305m aimed at rebuilding Northwick Park and St Mark's Hospitals. This initiative is scheduled for completion in 2011 and will provide state of the art clinical facilities incorporating a new St Mark's Hospital within the main building.

It however seems very unlikely at the time of writing that this new build will include dedicated space for the research and postgraduate teaching activities currently carried out at St Mark's, and thus leaves a major opportunity for the Foundation to support the creation of new facilities for research and teaching.

At the moment it is not clear what support might be necessary, but it seems likely that a capital appeal for the substantial funds necessary for such new facilities will be planned and launched in the next year or so. The Trustees look forward to working with the Dean and Clinical Director, as well as the Trust Board, to make progress on these plans.

The announcement of the PFI did affect two projects which the Foundation was hoping to support via fundraising. Both the proposed Nutrition Centre and the proposed extension to the Kennedy Leigh Academic Centre for Endoscopy were stopped by the announcement of the PFI and the subsequent freeze on new development on the Northwick Park site. It is hoped that an extension to the Kennedy Leigh Academic Centre will still be possible, albeit on a smaller scale. The limitation imposed by the PFI plans

did not stop the Trustees pressing ahead with making a significant investment in new modular buildings to provide extra office space for inflammatory bowel disease research, psychological medicine and the new Burdett Institute of Gastrointestinal Nursing. The Trustees contributed half towards the cost of these buildings, the remainder coming from the Special Trustees.

The buildings were completed by December and the new offices have been welcomed by those to whom it has provided vital extra space at a time when space is at a premium.

2004 saw the continuation of investment by the Foundation in research into bowel disease.

The Foundation agreed to extend its support for the work of Dr Shanu Rasheed for a third and final year so that Dr Rasheed could complete his PhD into prognostic indicators of rectal cancer.

Dr Eric Cheung continued his research into bowel function following spinal injury as the Andrew Skinner Memorial Fellow, and Dr David Lloyd took up his post as the Robertshaw Fellow, looking to establish the correct nutritional regime for patients with enterocutaneous fistulae.

In education, the Foundation once more underwrote the cost of the St Mark's International Congress, at the Hilton London Metropole in December. The Trustees were pleased to see that the Congress made a small profit from this year's event, and look forward to extending their support for a third year. The Trustees were sorry to see two of their number leave the Foundation in 2004.

Professor Sir Leszek Borysiewicz (Boris) was promoted to Deputy Rector of Imperial College and his new commitments meant that his time



Erection of new offices for inflammatory bowel research, psychological medicine and the Burdett Institute partly funded by the St Mark's Hospital Foundation



available for his duties as a Trustee were severely restricted. The Trustees are grateful for the time he gave at a crucial time for the relationship between St Mark's and Imperial College.

Professor Michael Kamm also stepped down in late 2004, and the Trustees would like to thank him for his vigorous and robust contributions to the Trustees' meetings and for his passion for the work of St Mark's.

On the staff side of the Foundation, in October the Trustees welcomed Catherine Mulcahy as the new Fundraising Assistant. Catherine joins the Foundation straight from university, and is looking to build her career in fundraising.

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.

I am stepping down as Secretary to the Foundation in 2005 following my move to UCH, and will be handing over to Dr Simon Gabe, who has already proved his enthusiasm as a fundraiser by participating in two triathlons to raise sponsorship for St Mark's. I wish Simon well in his new role as Secretary, and would like to offer my thanks to the staff and Trustees of the Foundation for all their hard work and support during the last year.

Finally, I would like to offer my very best wishes for the future to St Mark's, and hope that the Foundation goes from strength to strength.

Richard Cohen,
Secretary

Support Groups

Friends of St Mark's

President

Lady Juliet 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
Annie Saunders (Co-opted)

Reporting on what we have achieved in one year can be very difficult as so many of the projects can start in one year and not be completed until the following year. A case in point is Dr Simon Gabe's bio-feedback video. Work was started in 2003 but it was not launched until 2004. There is also the new flooring for the third floor reception corridor; colour design and costs all agreed in 2004 but work will not commence until 2005.

So what did we actually do in 2004?

Basically we spent a lot of money on equipment for various departments in St Mark's. The Endoscopy Department received a £20,000 state of the art video capsule endoscope. The Intestinal Imaging Department received a £13,000 computer-linked 3D anal probe.

Frederick Salmon ward was provided with yet another tumble drier and we funded patient information leaflets for the Stoma Care team. We have taken on board the complete funding of the artwork display around St Mark's and continue to maintain the garden.

More importantly, working with Solveig Wilson, we have been able to offer some form of financial support to needy patients. This mostly helps long-term patients or those who have travelled a long way to attend St Mark's, by paying travel and/or accommodation costs so that relatives can visit; a great morale-booster.

It is mainly due to the generosity of friends, patients and staff that we are able to do all this, so next time a member of the committee approaches you clutching a book of raffle tickets, dig deep; you now know where the money goes.

I must pay tribute to the ladies (and one gent) who turn up week after week to keep our tea bar going. All the profits are used by the Friends on grants such as the above. So please keep on buying Vernon's excellent sandwiches. Early in the year we put out an appeal for new committee members. The response was poor but Anni Saunders offered her services and was quickly co-opted onto the Committee. We can survive another year but more volunteers are needed.

Late in the year we were informed that we would be receiving quite a large (at least by our standards) legacy. It was agreed that rather than keeping it in general funds it should be used in a way that would benefit St Mark's as a whole. The Clinical Director was informed and already several ideas have been suggested. Therefore, the future of the friends is very important to carry these new projects forward.

I assure you that we will survive, one way or another.

Dorothy Gill

Chairman

Support Groups

Inside-out Stoma Support Group

Since November 1999, when Inside Out first started, we have lost two of our founder members. One is Celia Myers, who retired just over a year ago and is enjoying every minute of it. The second one is Clare Bossom, who has just recently left us, after having her second child, to work in a hospital that is much nearer her home. Our thanks go out to both of them for having the foresight to see that a support group that caters for all types of stomas is not only practical but also fundamental in helping to bring stoma patients together. This is so that they may learn from one another how to deal with some of the traumas that they may incur, how to deal with body image, diet and sexual problems, etc, just to name but a few. Throughout our nearly six years of existence, we have helped many stoma patients and their families come to terms with their stoma. Some have, after the initial surgery, not needed us again and others have regularly come along to our coffee mornings, which are held every two weeks in out patients, to share their experiences with others and talk about how they have started to get back into the swing of life by doing some of the things they used to do before having their stoma.



This was taken at our last event on the 29th April '05, in the Himsworth Hall, as a joint adventure of all the support groups in St Marks Hospital, (Red Lions, Bottoms Up, In Contact, Macmillan Nursing Team and The Burdett Institute

of Gastrointestinal Nursing). It brought a conclusion to the month of April's Bowel Cancer Awareness in conjunction with Colon Cancer Concern.

Bob Azevedo-Gilbert,
Chairman

Chairman

Professor MM Edwards JP BSc PhD

Dean

Dr A Forbes BSc MD FRCP ILTM

Sub-Dean

Mr P McDonald MS FRCS

Administrator

Miss JC Landgrebe BS MSc

Assistant Administrator

Mrs JD Ferrari

Administrative Assistants

Mrs Rasmita Bhudia

During 2004 we held our Second International Lecture Course in a purpose-built conference facility at an off-site venue, again at the Hilton Metropole in central London. As in 2003 the meeting was a tremendous success, this time with over 300 delegates and again an excellent programme. It has come to be axiomatic that we get superb value from our visiting professors, and 2004 proved no exception. Prof Rolland Parc from Paris and Prof Doug Rex from the USA excelled themselves both in their own presentations and in their contributions to the meeting as a whole. The Course Dinner took place at the Banqueting Hall in Whitehall (site of the execution of King Charles the First) and Mr John Kane lately of the Royal Shakespeare Company gave an after-dinner entertainment of the first order (despite a rather difficult acoustic). However the clear tour de force of the meeting was the live link by satellite from the theatres and endoscopy rooms of the hospital, which ran through two days of the meeting. The collaboration with our broadcast colleagues at GME is clearly poised for great things, and we are actively exploring imminent use of the technology (now fully installed at the hospital) for broadcasts to Hungary, Greece, Egypt, and China. St Mark's now has the same facilities for live broadcasting as Sky Television (and uses the same satellites). Again the meeting had generous sponsorship from our friends in the pharmaceutical and biomedical industries, and I am pleased and not a little relieved to report a balanced financial account (actually a profit of £111!). Considering our losses last year and the overall budget for the meeting of over £250,000 I am content and equally confident that we can do still better in 2005.

The 2005 Lecture Course will be a little shorter than has become usual because we are collaborating with the European School of Oncology such that their biennial meeting on colorectal cancer will take place immediately after our own meeting. Our meeting will run through the 1st and 2nd of December with theirs on the 2nd and 3rd and also held in the Hilton Metropole venue that is becoming our central London base! Clearly our own programme will this year eschew cancer topics but a varied and topical academic feast can nonetheless be assured. After only 2 years the meeting has become the second largest of its kind in the UK and deserves to become a firm diary fixture for those in the field.

The affiliation of St Mark's with Imperial College was further delayed by the internal reorganisation of the divisional structure in the medical school, but this is now complete and we anticipate a key role in the new division of Surgery, Oncology, Reproductive medicine and Anaesthetics (SORA). There is already talk of a chair and senior lecturer in pathology and an additional senior lecturer position in inflammatory bowel disease. These can only be good things for the academic future of the institution.

Elsewhere in this Report will be highlighted the tremendous achievements of the first (not yet full) year of the Burdett Institute of Gastrointestinal Nursing at St Mark's. This represents an extraordinary series of advances in which St Mark's as a whole can be very proud to share. We have not – this year - been able to secure funding for new major competitive grants from the Hospital Foundation, but this has been partly because of an alternative use of capital funds to support the



Professor Nicholls and guests at the Course Dinner, Banqueting Hall, Whitehall

creation of the new modular building, which was erected in almost no time, and now houses the Department of Psychological Medicine, the Inflammatory Bowel Disease Research Groups, and, in pride of place on the top floor, the Burdett Institute. This is an excellent development and the Academic Institute is very grateful to our erstwhile Clinical Director, Prof Clive Bartram, for his insight and enthusiasm for the project as well as to Mrs Charlotte Barney and Sean Bonnington from the Hospital Foundation for their active support.

As usual we have had our three post-graduate terms, multiple surgical workshops and a whole range of specialist meetings. At the turn of the year we are experiencing some difficulties with teaching space because of the refurbishment of the Medawar Centre to accommodate more Imperial medical students, but when the work is finished we will have an additional series of seminar rooms and a more flexible (if significantly smaller) Himsworth Hall. It is encouraging that the North West London Trust is taking its teaching responsibilities seriously and so obviously in this way. Sadly it does appear that one casualty of this enlargement and modernisation will be the services of Ace Caterers who are unlikely to be able to afford the new

franchise agreements intended for the catering facilities. Vernon Dickinson has provided immense support for many of our meetings throughout the time we have been in Harrow and we will be sorry if he is unable to return to the new unit.

As always my report ends with my appreciation of those without whom the Academic Institute would be nothing. Firstly I will thank my consultant colleagues for their continued efforts in teaching with such enthusiasm and panache and especially for their collective role in the December Meeting. Our Clinical Tutors have as ever performed a sterling service, especially in their care and nurture of our many visitors, but again pride of place goes to Judith Landgrebe, Janice Ferrari and Rasmita Bhudia who actually run the Institute. Thank you all!

Alastair Forbes

Dean

Academic Institute Administrator's Report

The 2nd Annual International Congress "St Mark's 2004 – Frontiers in Intestinal and Colorectal Disease" took place at The Hilton London Metropole in December. We were pleased to welcome Professor Rolland Parc from Hopital Saint-Antoine Paris as The Sir Alan Parks Visiting Professor and Professor Douglas Rex from Indiana University School of Medicine, USA as The Sir Francis Avery Jones Visiting Professor. The programme included sessions on Anal Surgery, Nutrition/Intestinal Failure, Imaging, Colonoscopy, Cox in the Gut and Functional Disorders. The highlights were the live endoscopy and operating sessions which both ran very smoothly. The Consultants Corners proved most interesting and controversial.

The Congress audience of 400 comprised Gastroenterologists, Nurses and Surgeons from all over the world. The Gala Dinner, sponsored by Proctor and Gamble, was held at the magnificent Banqueting House in Whitehall.

Sponsorship plays a key part in the organisation of such an event. I am particularly grateful to Procter and Gamble Pharmaceuticals UK Ltd and KeyMed who steadfastly gave their support throughout the year. Others that must be thanked include Ethicon Endo-Surgery, Pfizer Ltd, B-K Medical (UK), Elan Corporation, Novartis Pharmaceuticals UK Ltd, Tyco Healthcare UK Ltd, Dansac and Bolton Surgical.

Plans are already well underway for the Third Annual International Congress which will be held at The Hilton London Metropole from 1st – 2nd December. The Sir Alan Parks Visiting Professor will be Professor David Rothenberger from Minneapolis and The Sir Francis Avery Jones Visiting Professor will be Professor Gassull from Barcelona. I am delighted to say that in 2005 the meeting of The

European School of Oncology will follow straight on after our meeting allowing individuals to attend both events on the same site.

It was with a great deal of sadness that we said goodbye to Professor Ian Talbot and Professor Ashley Price who had both contributed so much to postgraduate teaching at St Mark's over the years. The occasion was marked by the "Gastro-intestinal Pathology Day" in May.

The Intestinal Failure team go from strength to strength and held a meeting, together with The Hope Hospital at The Royal College of Surgeons on Enterocutaneous Fistula. It is planned that these meetings will be repeated on a regular basis, alternating between Manchester and London.

Mr Richard Cohen ran the Management of Complex Anal Fistula to which Dr Rudi Schoutens from The Netherlands came and assisted. This is always a popular course and it is likely another will be run soon. Mr Peter McDonald, the Sub Dean, continues to run The Advanced Colorectal Workshops and I am grateful to Ethicon Endo Surgery who continue to support this meeting. Members of staff, too numerous to mention, teach during the Postgraduate terms. Individuals from all over the world continue to come to these courses and I am pleased to see many of them return as Honorary Clinical Assistants.

The St Mark's Association Day was held in October with Professor Clive Bartram as the President. It is hoped that an Alumni dinner might be held at the Tripartite meeting next year when Mr Mike Thompson will be President.

Possibly the most exciting event of the year has been our launch into satellite broadcasting. In collaboration with Global Medical Education (GME),

St Mark's will be able to televise its educational programmes to a number of centres throughout the world.

Congratulations to Janice Ferrari, Assistant Administrator, who passed her Management Course with flying colours. I would to thank both her and Rasmita Bhudia for all their hard work throughout the year.

Judith Landgrebe
Administrator

**Second International Congress
Frontiers in Intestinal and Colorectal
Disease held at The Hilton Metropole
1st to 3rd December 2004**

Albania

Dr Lindita Mano

Australia

Mr Matt Lawrence

Bosnia & Herzegovina

Dr Sefik Beslik

Brazil

Dr Rogerio Palma

Cyprus

Prof Noorali Ismaili

Denmark

Dr Jens Christian Andersen

Dr Vagn Berg

Dr Steffen Bulow

Mr Peter Hesselheldt

Mr Ole Thorlacius-Ussi

Eire

Mr Aamir Farooq-Majeed

Mr Balachandra Rao Chundru

Professor Fergus Gleeson

Dr Geraldine McCormack

Finland

Dr Anna Lepisto

Dr Laura Rnekonen-

Dr Palvi Vento

France

Dr Frederic Borie

Germany

Mr Gabriele Alpers

Mrs Maria Theresia Alpers

Dr Rudolf Alpers

Dr Else-Li Bock

Prof Dietmar Lorenz

Dr Sebastian Roka

Greece

Dr Antonio Panagiotis

Dr Dimitrios Polymeros

Dr Spyridon Skaltsas

Dr Spyros Triantafyllidis

Guernsey

Dr Malcolm Chamberlain

Hungary

Professor Ivan Bartha

India

Professor S R Banerjee Jesudason

Professor Mohandas Mallath

Iraq

Mr Abdullah Al-Damluji

Italy

Dr Maria Livia Boella

Dr Antonio Canero

Dr Alfonso Carriero

Dr Helbert Maria dal Corso

Dr Francesco Di Rosa

Dr Guisepppe Garofalo

Dr Emma Marchigiano

Professor Giovanni Milito

Dr Gabriele Naldini

Dr Cinzia Papadia

Dr Antonino Pulvirent

Dr Angelo Stuto

Dr Pasquale Talento

Dr Simona Truvalo

Japan

Dr Ichiro Nakada

Jordan

Jamal Suleiman Haddad

Dr Hanan Rihani

Korea

Professor Duk Ju Sung

Kingdom of Saudi Arabia

Dr Samar Al-Homoud

Mr Abdalla Omeyer

Libya

Mr Abdalla Fantazi

Netherlands The

Dr Irene Donse

Dr Steven Olde Damink

Dr Marion vander Kolk

Dr Wim van Gemert

New Zealand

Mr John Woodfield

Norway

Dr Jan Cyril Wexels

Poland

Professor Anna Cysewska

Portugal

Dr Carlos A Gomes

Dr João Martins

Republic of Macedonia

Professor Vlado Janevski

Dr Dzvonko Nikolovski

Serbia & Montenegro

Dr Aleksandar Martinovic

Dr Srdjan Nikolic

Singapore

Miss Aileen Seah Ai Lin

Slovenia

Dr Tomaz Benedik

South Korea

Dr Jin Myeong Huh

Dr Jae Bum Lee

Professor Suk-Hwan Lee

Dr Jin-Young Park

Spain

Dr Pablo Collera

Dr Herminio Sanchez

Sweden

Dr Ingrid Nilsson

Academic Institute

Visitors and Delegates cont.

Switzerland

Dr Gaudenz Curti

Taiwan

Dr Cheng Hsiu-Hsieh

United Kingdom

Mr Edward Maurice Absoud

Mr Austin Acheson

Dr Ahmed Adil

Mr Samir Afify

Mr Muzaffar Ahmad

Mr Charles Akle

Mr Ala Al-Ajeel

Mr Malcolm Aldridge

Mr David Alexander

Ms Catherine Amey

Mr Graham Angell

Dr Naila Arebi

Mr Fawwaz Arikat

Dr Ian Arnott

Mr Mohammad Asif

Dr Roger Aubrey

Mr Myat Soe Aung

Mr Chris Avotri

Mr Abuhakim Azmi

Dr Zain Bafadhel

Mr Mirza Khurram Baig

Mr Dinesh Balasubramania

Dr James Barbour

Mr Pradeep Basnyat

Mr Maged Bassuini

Mrs Julie Bell

Mr Alan Berry

Mr Jin Bong

Sister Jayne Butcher

Mr Khalid Canna

Dr Martyn Carter

Mr Kandiah Chandrakumara

Mr Madihalli Chandramouli

Mr Mark Chapman

Mr Dave Chatoor

Dr Guy Chung-Faye

Ms Jackie Clemit

Mrs Sheree Coles

Dr Opeter Coode

Mr Paul Cullen

Mrs Ann Curry

Sister Kirsi Cutler

Mrs Julie D'Silva

Mr Parthasarathi Das

Mr Vivek Datta

Mr Roger Dawson

Mr Thayil Ram Dilraj Gopal

Ms Karen Dixon

Miss Helen Dorrance

Dr Andrew Douds

Mr Samir Doughan

Mr Tom Dudding

Miss Julie Duncan

Dr Arthur Dunk

Sister Ann Edwards

Mr Tawfik El-Sayed

Mr Mofteh Elbuzidi

Mr Sudhaker Eleti

Mr Huzaifa Elkhalfa

Mr Faisal Elmedani

Mr Anthony Emezie

Miss Rachel Evans

Mrs Trish Evans

Dr Riyaz Faizallah

Mr Olu Fajobi

Dr Abdul Fallouji

Mr Martin Farmer

Mrs Margaret Feeney

Mr Reinhard Fenchel

Mr John Ferguson

Mr Nigel Fieldman

Mr Timothy Freemantle

Mr Ian Fretwell

Mr Paddy Gallagher

Mr Kurudammanil George Kutty

Miss Angela Gibbs

Mrs Anne Gibson

Mrs Anna Giles

Dr Anthony Griffiths

Mr Jan Gryf- Lowczowski

Mr Keith Gunning

Mr Amyn Haji

Mr Richard Halpin

Dr Mohammad Hanif

Dr Anika Hansmann

Dr Anis Ul Haq

Mr Manzar Haque

Mr Jonathan Heath

Mr Richard Heath

Mr Mohamed Heshaiishi

Dr David Hick

Miss Rebecca Himpson

Mr Hon Noe

Mrs Sue Horan

Mr Mohammad Hosny

Dr Chris Hovell

Mr Andrew Huang

Mr Simon Huddy

Dr M Ibrahim

Mr Douglas Irving

Mr Moazzam Sajjad Jafri

Mr Mark Janssens

Mr Muhammed Jamed

Miss Laura Johnston

Sister Gill Jones

Ms Sue Jones

Dr Chris Jordan

Sister Louisa Josiah

Mr Vickram Joypaul

Mr Sharad Karandikar

Mr Wansanatha Katugampola

Mr Rajab Kerwat

Dr Hamid Khan

Mr George Khoury

Mr Martin Klein

Dr Anastasios Koulaouzidis

Mr Kandaswamy Krishna

Mr F F Krouma

Dr Clement Lai

Dr Andrew Latchford

Mr Michael Lavelle

Mr Roger Le Fur

Dr Anthony Leahy

Dr Wendy Lim

Dr Melanie Lockett

Miss Ann Lyons

Dr Yasuko Maeda

Mr Christopher Mahon

Mr Kishore Makam

Mr Ala Malik

Dr Raza Malik

Miss Ripple Man

Mr Helmy Mashaly

Mr Clittus John Mathews

Miss Sue McIntosh

Dr Peter McIntyre

Dr Simon McLaughlin

Mrs Laura McMahan

Mr Adrian McQueen

Mr Hamish Michie

Dr Stephen Middleton

Mr Antonino Morabito

Dr Gordan Moran

Mr Hesham Morse
Mr Sivakumar Motha
Miss Mina Mottahedeh
Mr Sarbajit Mukherjee
Dr Siew Ng
Mrs Lesley Nickell
Mr Omar Nur
Miss Olutayo Oke
Mr Olufemi Olagbaiye
Mr Mammen Oommen
Mr Chris Oppong
Mr Eoghan RTC Owen
Miss Bridget Owles
Miss Nicky Palmer
Mr James Palmer
Mr Dineshkumar Patel
Mr Surendra Paul
Dr AJG Pearson
Dr Ranjith Peiris
Dr Rosemary Phillips
Mr Ian Pickford
Ms Usha Pillai
Dr Adele Polecina
Sister Jo Pragnell
Dr Alison Prior
Mr Graham Pritchard
Mrs Val Pryor
Sister Denise Pugh
Miss Liz Purcell
Mr Ashraf Raja
Mr Ramesh Rajagopal
Ms Maria Rakova
Mr Kosala Ranatunga
Sister Arlene Rashwan
Mr Srinivasan Ravi
Mr Thomas Ryamond
Dr Andrew Renehan
Dr Philip Roberts
Ms Hillary Robinson
Sister Sue Robinson
Miss Tanya Robinson
Mr Alan Roe
Dr Shishir Kumar Roy
Dr Amang Sabir-Ali
Mr Mohammad Saeed
Mr Mrinal Saharay
Mr Tarek Salem
Ms Gisella Salerno
Mr Saad Salman
Mr Dharmabandhu Samarasekera

Mr Kumarakrishnan Samraj
Dr Ian Sargeant
Mr Michael Saunders
Dr A Sawyerr
Miss Gill Schofield
Dr Rakesh Shah
Mr Javed Shami
Mr Peter Sharma
Miss Tinni Sharma
Dr Masoud Shebani
Mr Saleem Sheikh
Mr David Skidmore
Mr Frank Smedley
Mr W James B Smellie
Dr Ash Soliman
Mr Christopher Speakman
Dr Andrew Steel
Mr Stevan Stojkovic
Mr Paul Strauss
Mr Annamalai Subramanian
Mr Ian Sugarman
Ms Helen Tate
Mr Michael Thompson
Mr Vijay Kumar Thumbe
Dr Jay Vadani
Mr Christopher Vickery
Mr Rohan Vidanage
Dr Alex Von Roon
Dr David Watmough
Miss Clare Westwood
Mr Kevin Wheatley
Dr Nick Wight
Sister Heather Wilson
Mr Athula Withanage
Mr Srini Yellapu
Sister Carole Younger

Advanced Colorectal Workshops

Australia
Dr Vincent Ferrero

Bahrain
Mr Ali Saeed

Bangladesh
Dr AKM Daud

Croatia
Dr Tutek Zvonimir

Denmark
Dr Io Christofferson

Hong Kong
Dr Kin Yan Lee
Dr Wen Chieng Tsang

Italy
Dr Silvia Cornaglia
Dr Edelweiss Licitra

Korea
Dr Dyung Jong Kim

Norway
Dr Torstein Dirgranes

Portugal
Dr Marta Castro Guimares
Dr Gloria Santos

Republic of Ireland
Mr Anjum Akhtar
Dr Khalid Hussain Maghal
Dr Mujahid Pervaz

Spain
Dr Jimenez de los Galanes Marchan Santos

Switzerland
Dr Markus G Appelt

Taiwan
Dr Jung-Hung Hsieh
Dr Tien-Li Lin

Trinidad & Tobago
Dr Feisal Daniel

United Kingdom
Mr Sibdas Chaudary
Mr Jagath Roshan De Costa
Dassenaieke
Mr Samarasekera Dharmabandhu
Dr Nasir Mumtaz

United States of America
Dr Manohar Nalluthambi

Academic Institute

Visitors and Delegates cont.

Anorectal Endosonography Study Days

Australia

Dr Matt Lawrence

Austria

Dr Luisangel Rondon

Bahrain

Mr Ali Saeed

France

Dr Litavan Eric Khamphommala

Greece

Dr Chryssostomos Kalantzis

Hong Kong

Dr Tim-Lok Kwan

Dr Kin Yan Lee

Iran

Dr Mahmood Norozifar

Dr Derakhshani Saeed

Israel

Dr Jose Bendahan

Italy

Dr Roubik Behboo

Dr Renzo Clara

Dr Silvia Cornaglia

Dr Dajana Cuicchi

Dr Francesco Paolo Di Rosa

Dr Marco Ferronato

Dr Edelweiss Licitra

Dr Paolo Parise

Dr Simona Truvola

Portugal

Dr João Martins

Republic of Ireland

Mr Abdalla Fantazzi

Republic of Korea

Dr Kyung Jong Kim

United Kingdom

Dr Rakesh Bharedwaj

Dr Praveen Bilagi

Dr Neeraj Chaudhary

Dr Sharad Desai

Dr Paul Elton

Dr Mayoni Gooneratne

Mr Tony Hammond

Mr Iraklis Katsoulis

Mr Michael Lim

Mr Hesham Morsey

Mr BV Praveen

Dr Suzanne Ryan

Dr Ian Stanton

Dr Sukumar Sathi

Dr Janet Tomlin

Dr Gill Turner

Dr Lin Sen Wong

Celia Myers Advanced Stoma Care Course

Ms Christine Brown

Ms M Caulfield

Ms Anette Christiansen

Ms Natalia Fumis

Ms Betty Graham

Ms Linda Hazel

Ms Elizabeth Jeffries

Ms Dawn Moffatt

Ms Glynis Morris

Ms Mireille Oliver

Ms Bridget Owles

Ms Gillian Powell

Ms Freda Ratican

Ms Eleanor Russell

Ms Kim Walker

Ms Alison Woolgar

Defence Medical Study Day

Major Chuk Abraham-Igwe

Dr Ahmed Alkoraishi

Mr David Carey

Dr Julio Castillo

Mr Stephen Chadwick

Major Mansel Leigh Davies

Surg Lt Cdr Catherine Doran

M D Sarah Ducharme

Lieut Colonel David Edwards

Dr Herminio Sánchez Farpón

Colonel Keith Galbraith

Mr Richard Guy

Dr Capt Stuart Harrison

Colonel Noorali Isamili

Dr Neal Jacobs

Surgeon Vice Admiral Ian L Jenkins

Mr Jon athan Kaplan

Dr Litivan Khamphommala

Dr Mansoor Khan

Dr Tom Konig

Surg Cdr A W Lambert

Mr Ian Lindsey

Cptain Niall Martin

Dr João Miguel Martins

Mr Pawan Mathur

Colonel Simon Mellor

Mr Stuart Mercer

Dr Henrik Moeller

Dr Kunihiko Obara

Miss Harriet Owen

Major Thanesan Ramalingam

Dr Venkat S Rao Kommmoju

Sir John Rawlins

Dr Claus Ronholt

M D Stacy Shackelford

Mr F D Skidmore

Surgeon Commander MCG Terry

Captain Neil Walker

Group Captain Mark Watkins

Enterocutaneous & Intestinal Failure Study Day

Miss Kharti Balakrishnan

Ms Jill Bosworth

Dr Anna Brown

Miss Debbie Buchan

Mrs Astrid Burrows-Grolle

Ms Clare Chadwick

Dr Rama Chandra

Miss Jane Chapman

Mr Dave Chatoor

Dr Sheldon Cooper

Dr Silvia Cornaglia

Mrs Sally Ann Crowther

Ms Ruth Davies

Ms Alys de Jabrun
Ms Heather Dennis
Dr Saeed Derakhshani
Dr Francesco Paolo Di Paolo
Mr John Ducker
Mr Anthony Emezie
Ms Elizabeth Anne Evans
Mr Abdalla Fantazzi
Mr Keith Gardiner
Mr Serban Gheorghiu
Mr Chui-Hoong Goo
Dr Janet Gregory
Miss Sura Hamoudi
Miss Claire Hanika
Ms Sue Harding
Mrs Fiona Henderson
Miss Lisa Hodge
Prof Noorali Ismaili
Dr Barry Jones
Dr Kim Kyung Jong
Dr Litavin Khamphommala
Mrs Alexandra Leckie
Mr Jack Lee
Dr Kin Yan Lee
Dr Edelweiss Licitra
Dr Robert Lord
Dr João Miguel Martins
Miss Susan McCabe
Mr Brendan McIlroy
Mr Mark Midwinter
Dr Cajé Moniz
Ms Elizabeth Moore
Ms Catherine Morgan
Ms Rachel Mortlock
Mr HS Narula
Dr Penny Neild
Ms Jean O'Reilly
Mrs Marion O'Connor
Miss Tayo Oke
Ms Carol Parker
Mrs Sharmalie Parkinson
Mrs Gopi Patel
Miss Depal Patel
Dr Shri Pathmakanthan
Mrs Mandy Rimmer-Gray
Dr Luisangel Rondon
Ms Sarah Ryan
Dr Pradeep Sanghi
Mrs Joanne Scantlebury
Dr Clare Shaw

Mr Emad Helmy Sherkawi
Ms Jane Sillars
Dr Trevor Smith
Ms Rosie Smyth
Dr Mike Stroud
Mrs Ammi Tanda
Mrs Bernadette Tavner-Allsopp
Dr Kathy Teahon
Mr Christopher Thorn
Dr Simon Travis
Miss Julie Turner
Dr Wilson Tsang Wen
Miss Siet Tye
Miss Tina Vaghjani
Miss Marielle Valette
Miss Cherry Vickery
Mrs Nicola Ward
Ms Alison White
Mr Martin Willner
Mrs Mandy Wong
Mrs Susan Wood
Ms Susan Woodcock
Dr Jeremy Woodward
Mr Chu Yiu
Dr Natalia Zarate

**Histopathology Symposium to mark
the retirement of Professors Ashley
Price and Ian Talbot**

Dr AM Abbassi
Dr Tanya Alan
Dr Bernice Martha Almeida
Dr Nayef Aqel
Dr Mark Arends
Dr Parvin Ashrafzadeh
Dr Maria Bahhadi
Dr Manimekalahi Balakishnan
Professor CI Bartram
Dr Adrian Bateman
Dr Leigh Biddlestone
Dr Hilary Birch
Dr Stuart Blackie
Dr Anthony Blackshaw
Dr Margaret Burke
Dr David Michael Butterworth
Dr Norman Carr
Dr Ian Chandler
Dr Preeti Chaudhri

Dr Yoon Chia
Dr Jo-anne Chin Aleong
Dr Peter Coode
Dr Edwin Cooper
Dr Andrew Coup
Dr David Day
Dr Shaila Desai
Dr Nayneeta Deshmukh
Professor Paola Domizio
Dr Ursula Earl
Dr Roger Feakins
Dr Shyam Fernandez
Dr Charlotte Fisher
Dr Ian Martin Frayling
Dr Izabella Georgiades
Dr John Geraghty
Mr Jonathan Gilbert
Dr Rashida Goderya
Dr Robert Goldin
Dr Bryan Green
Dr Mihir Gudi
Dr Thomas Guenther
Dr T Guha
Dr Mustafa Haddaqui
Dr John Harvey
Dr Ian Hawley
Dr Sarah Hill
Dr Georgina Howarth
Dr Andrew Jackson
Dr Peter David James
Dr Michael Jarmulowicz
Dr Mihir Khan
Dr Edward Ileen
Dr Jo Lloyd
Dr Meg Lott
Dr Paul Manley
Dr Lisa Mears
Dr Gopi Menon
Dr Steven Milkins
Dr Cian Muldon
Dr Salli Muller
Dr Joseph Newman
Dr Extra Nigar
Dr Marco Novelli
Dr PS Ong
Mr Eoghan Owen
Dr Hosep Pambakian
Dr Miklos Perenyi
Dr Essam Raweily
Dr Cathy Richards

Academic Institute

Visitors and Delegates cont.

Dr David Rimmer
 Dr Philip Roberts
 Dr Suzanne Rogers
 Dr Ibtisam Saeed
 Dr Virginia Sams
 Dr Vicki Save
 Dr Loraine Sheehan
 Dr Jonathan Sheffield
 Dr Salma Soomro
 Dr Joanna Stafford
 Dr Paul J Tadrous
 Dr Jin-Yeow Tan
 Dr W Taylor
 Dr Monica Terlizzo
 Dr Michael Thomas
 Dr Karine Treurnicht
 Dr Peter Trott
 Dr S E Trotter
 Dr Jane Weston
 Dr Margaret Wilkins
 Dr Christopher Williams
 Dr Judith Wilson
 Dr AM Zaitoun

Honorary Clinical Assistants and Research Fellows

Domenico Aiello	Italy
Anthony Antoniou	UK
Naila Arebi	UK
Malika Bennis	UK
Frédéric Borie	France
Aidan Cahill	UK
Sonya Chelvanayagam	UK
Alex Chung	UK
Sean Cochrane	UK
Silvia Cornaglia	Italy
Kay Crotty	UK
Dajana Cuicchi	Italy
Parthasarathi Das	UK
Tom Dudding	UK
Marco Ferronato	Italy
Patricia Hanson	UK
Alexander Hardy	UK
Matthew Johnson	UK
Litavan Eric Khamphommala	France
Hussila Keshaw	New Zealand
Andrew Richard Latchford	UK
Edelweiss Licitra	Italy

Yasuko Maedo	Japan
Emma Marchigiano	Italy
João Miguel Martins	Portugal
Charlie Murray	UK
Heena Surendra Patel	UK
Sebastian Roka	Austria
Francesco Paolo di Rosa	Italy
Ian Stanton	UK
Christina Thirlwell	UK
Simona Truvolo	Italy
Katharina Wallis	Germany
Evi Zampeli	Greece
Natalia Zarate	Spain

Intestinal Failure Study Day

Dr Atta Abbasi
 Miss Rachel Ablett
 Ms Hazel Adams
 Mrs Wendy Annan
 Dr Markus G Appelt
 Ms Waseema Azam
 Mr Andrew Ball
 Ms Jose Bennell
 Mr Anthony Blower
 Dr Frédéric Borie
 Mrs Sharon Broadbere
 Mrs Sue Caffarey
 Dr Yuan Kun Cai
 Ms Joanna Campbell
 Mrs Debbie Corin
 Dr Andrew Coulton
 Ms Joanna Cullen
 Dr Robert Cunliffe
 Ms Rachel De Boer
 Mr David DeFriend
 Dr Francesco Paolo Di Rosa
 Miss Teresa Edgeway
 Ms Shawna Emmett
 Mrs Helyn Evans
 Ms Emma Fletcher
 Ms Isabelle Fry
 Mr Khera Goldie
 Ms Jackie Hall
 Ms Sarah Harris
 Ms Anne-Marie Holdsworth
 Ms Lindsey Hollister
 Ms Sue Hyam
 Mr Uchenna Ihedioha

Dr Dejan Ivanov
 Ms Natalie James
 Ms Hannah Christina Jones
 Mrs Karen Judson
 Ms Caroline Kennedy
 Dr Nassar Khan
 Mr Goldie Khera
 Ms Linda Killeen
 Ms Bonita Kirchner
 Ms Natalie Kowadlo
 Dr Andrew Latchford
 Mrs Helen Lawrence
 Ms Avril Leach
 Mrs Nikki Levitas
 Mr Nathan Alun Lewlis
 Mrs Sally Lindsay
 Ms Angeles Liston
 Ms Catherine Lyne
 Ms Winnie Magambo
 Ms Tamsin Mann
 Dr João Miguel Martins
 Mr Dya Marzouk
 Ms Fiona Masters
 Dr Michelle McCarthy
 Miss Amy McDonald
 Ms Sandra McGrath
 Miss Lee McNaughton
 Ms Aisling McHugh
 Ms Sandra McLellan
 Mr Adam Mead
 Dr Shyam Menon
 Mr Kenneth Michie
 Mr Kevin Stuart Micklin
 Ms Gloria Morgan
 Mrs Helen Murphy
 Ms Mimosa Nadkarni
 Ms Susan Nally
 Mrs Alison Nicholls
 Ms Liz O'Connor
 Mrs Colette O'Hara
 Mrs Nicola Ockwell
 Ms Tase Oputu
 Dr Ataf Palejwala
 Mrs Yhogita Pandya
 Ms Ramil Pangilinan
 Mrs Claire Partington
 Ms Rakhee Patel
 Ms Jane Power
 Ms Kathryn Quinn
 Dr Stephan Raffeiner

Dr Paolo Jorge Ramos de Passos
Ms Lisa Rawstorne
Dr Sufian Rifai
Miss Hillary Robinson
Dr Sebastien Roka
Mrs Lynn Russell
Mrs Rebecca Sharp
Ms Nicola Shepstone
Mrs Nancy Smith
Ms Jenny Steedman
Ms Sarah Tobin
Ms Joanne Tomuny
Dr Timothy Trebble
Mrs Sophie Turigel
Ms Jeanne van der Merwe
Mrs Clare Vesey
Miss sheena Visram
Mrs Jennie Walker
Mr Ciaran Walsh
Miss Liesl Wandrag
Mr Garrick Wheatley
Ms Gwar Williams
Ms Helen Williams

Postgraduates Teaching Terms

Austria

Dr Luisangel Rondon

China

Dr Tim-Lok Kwan
Dr Assis Yuan Kun Cai

Hong Kong

Dr Wen Chieng Tsang
Dr Kin Yan Lee

Iran

Dr Mahmoud Noroozifar

Israel

Dr Jose Bendahan

Italy

Dr Roubik Behboo
Dr Renzo Clara
Dr Silvia Cornaglia
Dr Paolo Parise
Dr Stephen Raffeiner

Portugal

Dr Paulo Ramos de Passos

Republic of Korea

Dr Kyung Jong Kim

Serbia & Montenegro

Dr Dejan Ivanov

Switzerland

Dr Markus G Appelt

Management of Complex Anal Fistula

Austria

Dr Sebastian Roka

Belgium

Dr Anne-Catherine Dandrifosse
Dr Damien Dresse

Cyprus

Colonel Ismaili Noorali

Denmark

Dr Jens Chr. Riis Joergensen
Dr Lilli Lundby
Dr Henrik Moeller
Dr Claus Ronholt
Dr Peer Wille-Jorgensen

Germany

Dr Ignaz Schneider
Professor Karl-Heinz Vestweber

Greece

Dr Spyros Triantafyllidis

India

Dr Venkat Shambashiv Rao Kommoju

Italy

Dr Emma Marchigiano

Japan

Dr Yahunobu Tsujinaka

Netherlands The

Dr WR Schouten

Norway

Dr Kari Loewik

Republic of Ireland

Mr Nzewi Emeka

Spain

Mr Jesus Aragon
Dr Marta Pascual
Dr Herminio Sánchez Farpón

United Kingdom

Mr Abraham Ayantunde
Mr Pradeep Basnyat
Mr Anthony Blower
Miss Christine Bronder
Mr Gordon Buchanan
Mr Palanichamy Chandran
Professor William Corbett
Mr Massimo Cristaldi
Mr William Cunliffe
Mr Ahmed Eldin
Mr Martin Farmer
Colonel Keith Galbraith
Mr Bruce George
Mr Ufuk Gur
Mr Paul Hainsworth
Mr Ian Hastie
Mr Jonathan Heath
Mr Khalil Khalil
Mr Muhammad Khan
Mr Kandaswamy Krishna
Mr Marc Lamah
Mr Danny Lawes
Mr Chris Mahon
Mr Feliz Mazarelo
Mr Mark Mercer - Jones
Mr Peter Milewski
Mr Matthew Miller
Mr Lalude Olutunde
Mr Rajan Patel
Mr Henry Pearson
Mr Ian Pickford
Mr Mark Potter
Mr Graham Pritchard
Mr Ramesh Rajagopal
Mr Nagesh Rao
Mr Thomas Raymond
Mr Ramesh Rajagopal
Mr Mark Rogers

Academic Institute

Visitors and Delegates cont.

Mr Mrinal Saharay
Mr Chelliah Selvasekar
Mr Mohamed Shahabdeen
Mr Alil Shakir
Dr Emad Helmy Sherkawi
Mr Amit Sinha
Mr John Stebbing
Mr A Subramanian
Miss Anna Sverrisdottir
Mr George Tsavellas
Mr Manickam Vairavan
Mr Ciaran Walsh

U S A

Dr Ahmed Alkoraishi

Observers

Albania

Dr Lindita Mano

Bangladesh

Dr AKM Daud

China

Dr Jun Wang

Czech Republic

Dr Petr Hanek

Denmark

Dr Henrik Moeller

Dr Claus Ronholt

Egypt

Dr Ahmed A Abou-Zeid

France

Dr Remi Chamberod

Germany

Dr Manfred Giensch

Dr Florian Giensch

Dr Ernst Horling

Ghana

Miss Nanaama Barnes

Hungary

Professor Ivan Bartha

India

Dr Venkat Shambashiv Rao Kommoju

Iran

Dr Mahmoud Noroozifar

Iraq

Dr Abdullah Al-Damluji

Italy

Mr Stefano Angeletti

Mr Daniele Caraceni

Ms Bernetti Evangelista Chiara

Professor Marco Frascio

Mr Luca Ghitarrini

Mr Yves Kana Ngafack

Mr Emanuele Luchetti

Dr Mauro Manno

Mr Gianluca Marini

Ms Chiara Massaccesi

Ms Monia Nardi

Ms Martina Nisi

Mr Lorenzo Organetti

Ms Francesca Orici

Dr Alessandro Paoloni

Mr Lorenzo Pimpini

Mr Mirco Qyondamatteo

Mr Emanuele Ricciardi

Japan

Dr Shingo Tsujinaka

Jordan

Dr Sufian Mohammed Rifai

Korea

Dr Dongwan Kang

Dr Kin Yan Lee

Dr Seong-Young Choi

Nigeria

Mr Alexander Ngwube

Mr Ogunna Ignatios Okechukwu

Pakistan

Dr Nusrat Anis Subhan

Miss Shabeeha Jan Memon

Spain

Dr Javier Die-Trill

Dr Herminio Sanchez-Farpon

Dr Io Christofferson

United Kingdom

Dr Ahmed Syed

Clare Lecture Theatre

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

16 January	Intra-operative blood salvage in penetrating abdominal injuries	Mr Doug Bowley <i>Chair: Prof. Robin Phillips</i>
23 January	Manipulation of solid tumour vascularity	Mr Pav Mathur <i>Chair: Prof. John Northover</i>
30 January	Crohn's disease in adolescence and children - same disease different treatment	Dr Warren Hyer <i>Chair: Prof. John Northover</i>
6 February	Are your patients 'fit for surgery'?	Mr Al Windsor <i>Chair: Prof. Robin Phillips</i>
13 February	Audit	
20 February	Changing concepts and the surgical management of perforated sigmoid diverticular disease	Professor Stanley Goldberg University of Minnesota <i>Chair: Prof. Robin Phillips</i>
27 February	Right and left-sided colorectal cancer - the same or different?	Professor Jeremy Jass <i>Chair: Prof. Robin Phillip</i>
5 March	Heparin and inflammation: a new use for an old GAG	Dr Ajeya Shetty <i>Chair: Prof. Robin Phillips</i>
12 March	Short-chain fatty acids and the development of a new oral rehydration solution	Professor Henry Binder Yale University School of Medicine <i>Chair: Prof. Robin Phillips</i>
19 March	The Wolfson Unit National Endoscopy Training Centre & Capsule Enteroscopy: St Mark's experience so far	Dr Brian Saunders and Dr Gregor Brown <i>Chair: Prof. Robin Phillips</i>
26 March	Bowel management after spinal cord injury	Maureen Coggrave and Prof. Christine Norton <i>Chair: Prof. John Northover</i>
2 April	Gene therapy in IBD	Dr James Lindsay <i>Chair: Prof. John Northover</i>
16 April	Stomal hernias - prevention and treatment	Dr Anders Fischer Consultant Surgeon, Copenhagen Mr Peter McDonald <i>Chair: Prof. Robin Phillips</i>

23 April	One stage ileo-anal pouch	Dr Harvey Sugarman <i>Chair: Prof. Robin Phillips</i>
30 April	Importance of CMV in ulcerative colitis"	Dr Roser Vega <i>Chair: Prof. Robin Phillips</i>
7 May	"Blood glorious blood"	Mr Guy Nash <i>Chair: Dr Alastair Forbes</i>
14 May	1. New developments in laparoscopic hernia repair (30 mins) 2. Video: Management of Crohn's Disease (20 mins)	Mr Stephen Chadwick <i>Chair: Prof. Robin Phillips</i>
21 May	Colostomy as an option for faecal incontinence?	Professor Christine Norton <i>Chair: Prof. Robin Phillips</i>
28 May	Magnification/chemoendoscopy and histopathology interpretation, east vs west	Dr Norico Suzuki <i>Chair: Prof. Robin Phillips</i>
4 June	Molecular pathology of digestive system and translation of research	Dr Salto-Mallez <i>Chair: Prof John Northover</i>
11 June	1. Masterclass video 2. Hartmann's is dead	Mr Stephen Chadwick <i>Chair: Prof Robin Phillips</i>
18 June	Difficult nursing cases	Professor Christine Norton et al <i>Chair: Dr Alastair Forbes</i>
25 June	Maternal birth trauma: a view beyond London	Dr Louis Wall (USA) <i>Chair: Prof Robin Phillips</i>
2 July	Update on drugs in IBD and gut flora manipulation	Professor Michael Kamm <i>Chair: Prof Robin Phillips</i>
23 July	Can we objectively predict continence following fistulotomy?	Dr Hattie Owen
30 July	A tale of two cities	Mr Christopher Chan <i>Chair: Prof Robin Phillips</i>
3 September	Endoscopic competency assessments: carrots or sticks?	Dr. Siwan Thomas-Gibson <i>Chair: Prof Robin Phillips</i>
17 September	Complex nursing cases	Professor Christine Norton <i>Chair: Prof Robin Phillips</i>
24 September	Evaluating risks in inflammatory bowel disease	Mr Paris Tekkis
1 October	Peutz Jeghers syndrome and pancreatic screening	Dr Andy Latchford <i>Chair: Prof Robin Phillips</i>

8 October	Code name Whipple	Dr Axel von Herbay <i>Chair: Prof Robin Phillips</i>
15 October	Preventing most adult diseases - it's all in the infants nutrition	Dr Warren Hyer <i>Chair: Prof Robin Phillips</i>
29 October	Endoscopic anti-reflux procedures	Dr Chris Fraser <i>Chair: Prof Robin Phillips</i>
5 November	Peutz Jeghers Syndrome and pancreatic screening	Dr Andy Latchford <i>Chair: Prof Robin Phillips</i>
12 November	Rectal cancer and lymph nodes	Professor Ian Talbot <i>Chair: Prof Robin Phillips</i>
19 November	The two week rule for upper GI cancer - on target but missing the point	Dr S Ng and Dr Max Pitcher <i>Chair: Prof Robin Phillips</i>
26 November	Anal cancer in renal transplant patients	Miss Heena Patel <i>Chair: Prof Robin Phillips</i>
10 December	A bacterial pathogenesis for pouchitis - is there a role for probiotics?	Dr Mathew Johnson <i>Chair: Prof Robin Phillips</i>
17 December	Cot death, murder or mayhem	Dr Paul Sibbons <i>Chair: Prof Robin Phillips</i>

Academic Institute

Regular Hospital Schedule

Morning

	Monday	Tuesday	Wednesday	Thursday	Friday
Ward Rounds	Dr S Gabe	Dr S Gabe	Dr A Forbes Dr S Gabe Mr PJ McDonald	Dr A Forbes	Dr A Forbes Prof. JMA Northover
Outpatients	Prof. RKS Phillips	Dr A Forbes Mr PJ McDonald Dr BP Saunders	Prof. JMA Northover	Mr CRG Cohen Dr A Forbes Dr S Gabe	Mr P McDonald Dr M Pitcher Dr J Stern
Theatres	Mr PJ McDonald Prof. RJ Nicholls /Ms C Vaizey	Mr AJ Windsor	Prof. RJ Nicholls	Prof. JMA Northover Ms C Vaizey Prof. RKS Phillips	Mr CRG Cohen
Endoscopy	Dr A Forbes Dr M Pitcher	Dr M Jacyna Dr H Thomas	Prof. MA Kamm Mr AJ Windsor	Dr B Saunders	Prof. RKS Phillips Dr B Saunders

Afternoon

	Monday	Tuesday	Wednesday	Thursday	Friday
Ward Rounds	Prof. RJ Nicholls Prof. RKS Phillips Prof. MA Kamm Mr AJ Windsor		Prof. JMA Northover	Dr MA Kamm	Mr A Windsor
Outpatients	Prof. RJ Nicholls Dr J Stern	Prof. MA Kamm Dr A Forbes Dr A Emmanuel	Dr A Emmanuel	Mr S Chadwick Dr S Gabe Dr S Goolamali (2nd Thursday of month)	Mr A Windsor
Theatres	Mr PJ McDonald	Mr AJ Windsor	Prof. RJ Nicholls	Prof. JMA Northover Ms C Vaizey Prof. RKS Phillips	Mr CRG Cohen
Endoscopy	Dr BP Saunders	Prof. RKS Phillips Dr BP Saunders		Dr M Jacyna/ Dr M Pitcher Dr BP Saunders	

Academic Institute

Research Executive, chairman's report

The Research Executive was set up in October 2002, in parallel with the new Educational Executive, to bring St. Mark's research groups together in order to develop a cohesive and visible strategy. This move came about as part of preparations for a formal link with the Faculty of Medicine of Imperial College. The Executive is chaired by the Director-elect of the St. Mark's Institute of Intestinal and Colorectal Disorders, the body to encompass St. Mark's research activities in Imperial College and is supported by the Research Co-ordinator.

Initial Aims

- To identify expertise capable of supporting research fellows embarking on the research process
- To define the existing St. Mark's research portfolio
- To develop a five year rolling St. Mark's research plan

Membership

- Institute Director (Chair of RE) and Deputy Director (Chair of the Educational Executive)
- Core members from each clinical research area (surgery, medicine, imaging, pathology, endoscopy, cancer and nursing). These individuals carry responsibility for representing their discipline-colleagues and co-ordinating their contribution to fulfilling the Executives aims
- Those holding substantive Imperial College positions (presently four Senior Lecturers) are *de facto* members
- Representative for the St. Mark's Hospital Foundation (fundraising); Trust R&D Manager and a St. Mark's management representative

Research Inventory

Early work focused on identifying support for researchers, which is now complete and is available both as a poster and in an electronic format. Following completion of Principal Investigators questionnaires, analysis by the Research Co-ordinator using Common Scientific Outline, Disease Site Codes and Disease Associated Projects definitions to describe broadly the research work of the Hospital and to record its peer-reviewed publication output, indicate the range and complexity of research at St. Mark's which fulfils the second aim. Finally a strategy has been developed which shows the association with recently published Imperial College strategy (Figure 1). The strategy of the Faculty of Medicine, has five 'core strategic themes' (in which Imperial sees itself as an international leader), with three 'areas for strategic development' (including cancer). Fig 2 shows the areas of research interest that fit into the core and development themes in the Imperial strategy.

There were ~100 peer reviewed publications 2004, slightly down on 2003, but still 25% ahead of the output in 1998 (Fig 3). From next year the output will be monitored by impact factor rather than simple numbers. The range of research activity categorised by disease type is shown in Fig 4. The very high level of multidisciplinary collaboration is seen in Fig 5; for each primary specialty, collaborations with other specialties are depicted in stacked histogram format.

John Northover

Chairman

Research Executive, chairman's report cont.

Research Strategy Matrix

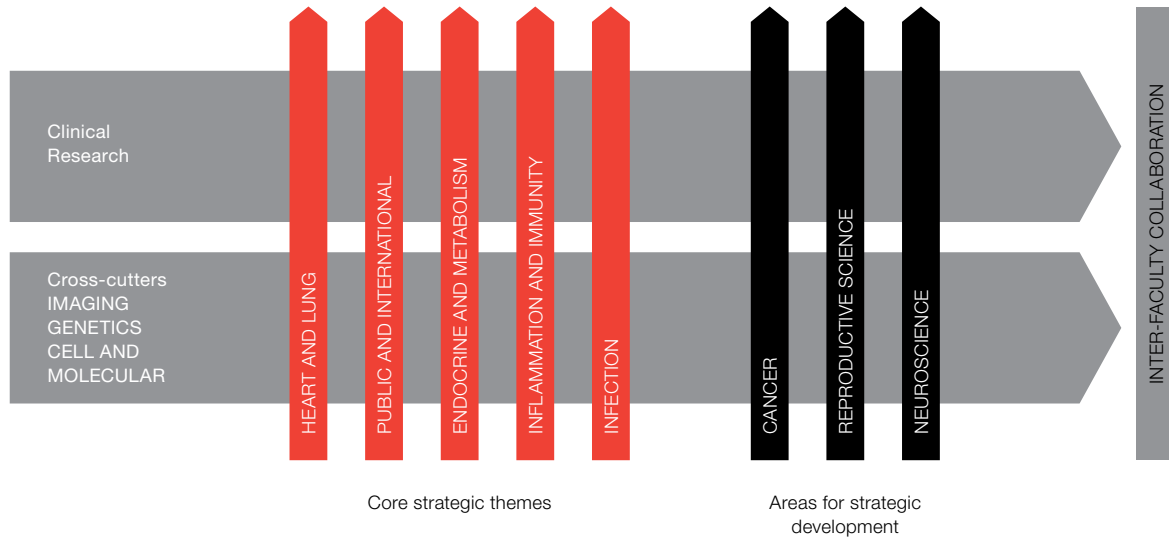


Figure 1. Imperial College, Faculty of Medicine Research Strategy

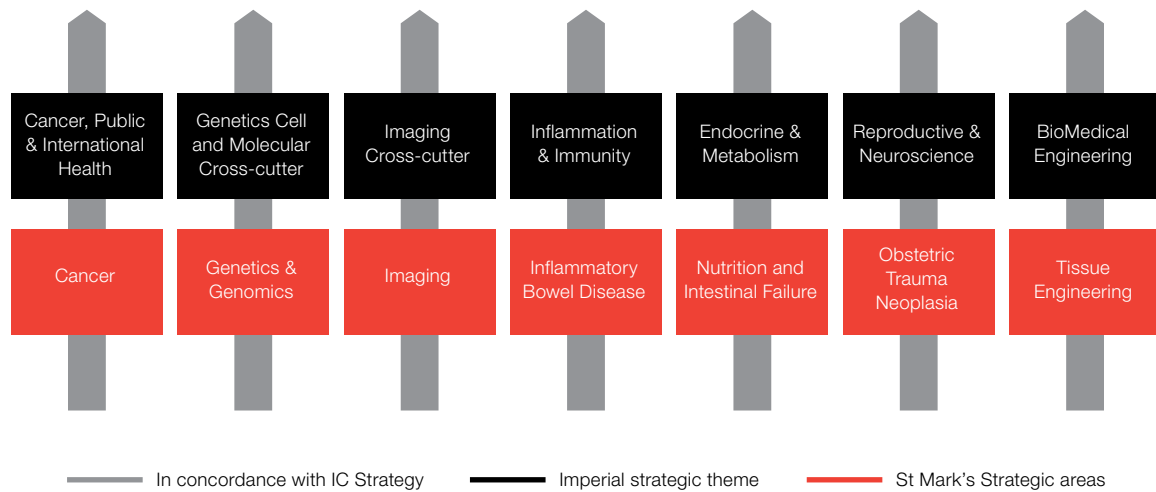


Figure 2. St Mark's Strategic Areas

Peer Reviewed Publications up to 2004

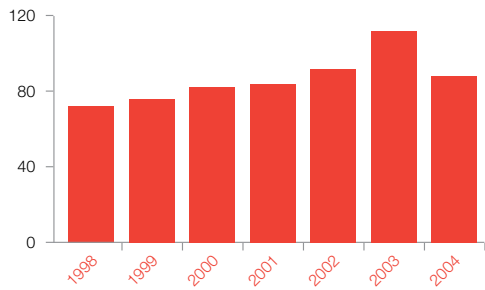


Figure 3. Peer Reviewed Publications up to 2004

Disease Orientated Project Numbers

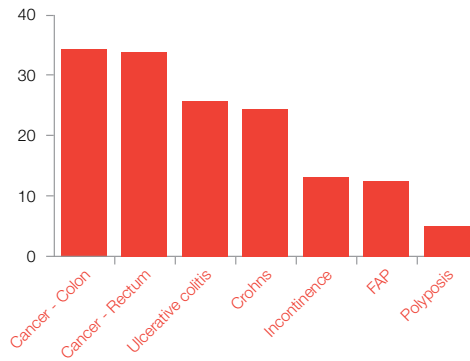


Figure 4. Research Activity shown by Disease Orientation - project numbers

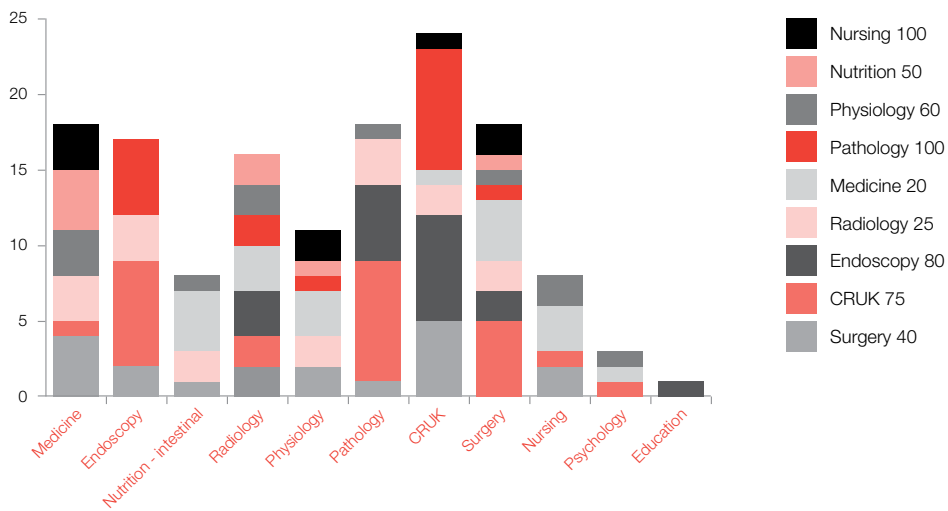


Figure 5. Multidisciplinary collaborations, listed by primary speciality

Colorectal Cancer Unit

Director's Report

Director

Professor John M A Northover MS
FRCS

Deputy Director

Professor Wendy Atkin MPH PhD

Consultants

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

Unit Manager

Mr Kenneth J Miller

Unit Administrator

Ms Elizabeth Goodband

Scientific Staff

Professor Ian Tomlinson BM BCh MA
PhD MRCPATH
Dr Andrew Silver BSc PhD
Dr Nirosha Suraweera PhD

Clinical Research Fellows

Dr Andrew Latchford BSc MB BS MRCP
Dr Kevin Monahan MSc MB BCh BAO
MRCP
Miss Heena Patel BSc MBBS MRCS
Mr Shahnawaz Rasheed B Clin Sci
MRCS

Phd Students

Ms Eiram Elahi BSc MSc
Mr James Robinson BSc MSc

Scientific Officers

Ms Victoria Johnson BSc
Mr Kevin Pack BSc
Mr Emmanouil Vollikos BSc MSc

Laboratory Aide

Ms Jasu Godhania

Research Nurses

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

Statistician

Ms Pauline Rogers MSc CStat

Data managers

Ms Pamela Adjei BSc
Ms Reshma Mashru BSc
Ms Urvi Shah BSc MSc

Pa/secretaries

Ms Marie Gun
Ms Julie Jeffries
Ms Belynda Muir
Ms Samia Riaz
Ms Margaret Stevens

The work of the Colorectal Cancer Unit has continued with great vigour this year with 3 new PhD and 2 MD students being registered in the autumn term. The plans for a large new laboratory, principally to facilitate the Cancer Genetics Group, were also completed. This has been financed by The Bobby Moore Fund, for which we owe great thanks to Stephanie Moore and her team for all their efforts.

The genetics work currently being undertaken in the Unit is headed by Ian Tomlinson and Andy Silver, who are driving research in the investigation analysis of specific genes responsible for individuals developing colorectal cancer, in collaboration with all the other Unit groups.

The Flexible Sigmoidoscopy Trial came substantially closer to producing definitive outcome data. With further funding secured from the DoH, the drive to establish the role of flexible sigmoidoscopy as a national screening tool will soon bear fruit.

The Polyposis Registry has established the world's first paediatric polyposis clinic. With Andy and Ian they have also identified 16 MYH homozygotes expressing the classical FAP phenotype and have increased the number of primary cell cultures established from human FAP-associated desmoid tumours.

The Family Cancer Group have completed the ascertainment on the NHS Central Register of cancers and deaths in the 2271 individuals on the Family Cancer Group Bobby Moore Database who are undergoing colonoscopic surveillance. The study of anticipated reactions to genetic testing for hereditary nonpolyposis colorectal cancer has also been completed.

A study to investigate anal neoplasia in immunocompromised renal transplant patients has made a solid start in collaboration with the CRUK group at the Royal London and Barts, and with pathology colleagues at St Mark's.

There was near completion of studies on the significance of vascular endothelial growth factors (VEGFs) in colorectal cancer, on the use of an iron oxide medium in the preoperative detection of nodal metastasis, and on pathological variables in prognosis.

J M A Northover

Director

Colorectal Cancer Unit Population Screening Research

Our aims continue to be finding cost-effective and acceptable methods of preventing colorectal cancer. Our main focus is the evaluation and delivery of colorectal cancer screening and the management of patients found to have colorectal polyps. We are also examining risk factors for the development of sporadic (non-familial) colorectal cancer.

The UK Flexible Sigmoidoscopy (FS) Screening Trial is a UK-wide randomised trial examining the efficacy of a single flexible sigmoidoscopy screening in the prevention of colorectal cancer morbidity and mortality. A trial, using the UK protocol, is also in progress in Northern Italy. Both trials completed accrual and screening in 1999 and are now in follow-up. They are on target to analyse results in 2007, depending on the decision of the data monitoring committees for each trial.

In anticipation of a positive outcome of the Screening Trial, the Department of Health Cancer Policy Team has agreed that a Demonstration Project of FS screening is required to examine population uptake rates and the role of nurse endoscopists in a potential NHS Screening Programme. In preparation we have undertaken and completed a feasibility study, with funding from KeyMed Ltd., to develop invitation materials and obtain a preliminary measure of uptake rates with nurse-led FS screening when the public are invited as an NHS service. The feasibility study was undertaken between September 2003 and July. This study has been highly successful, with an uptake rate of 67%, and has facilitated the development of an invitation strategy, patient information materials and a patient management system that could be used in the larger demonstration project. The nurse endoscopy practitioner, Maggie Vance, who performed the screening, was found

to have adenoma detection rates comparable with the best of the medical endoscopists in the UK FS Screening Trial.

In collaboration with Professor Jane Wardle of CR-UK's Health Behaviour Unit, funding has been secured for a larger pilot project to complete the essential development work required by the DOH to undertake the Demonstration of FS screening. The pilot project is expected to start in Jan 2006.

Wendy Atkin has been an active participant in the DOH programme to phase in a national bowel cancer screening programme. She is a member of the overall advisory group and three of the working groups (screening, endoscopy and early diagnosis of cancer) and has provided data from both CR-UK trials and other international trials to populate an options appraisal, commissioned by the DOH, to inform a decision on which screening modality (FS, faecal occult blood testing or a combination) should be implemented in a programme. The options appraisal is now complete and an implementation strategy has been drawn up by the DOH. With respect to the diagnosis of colorectal cancer, data provided by Professor Mike Thompson, Portsmouth, has been analysed on risk of cancer in 17,000 patients presenting with symptoms of bowel cancer. We have shown that, in the absence of anaemia or an abdominal mass, the risk of having a cancer beyond the reach of the flexible sigmoidoscope in patients with bowel symptoms is no higher than in the asymptomatic general population. Thus this group may not require complete colonic imaging by colonoscopy or barium enema. If adopted, this recommendation has the potential to save valuable NHS resources and to protect very low risk patients from the

potential risks of these procedures. Funding was secured last year from the DOH Health Technology Assessment for a clinical trial to examine the role of computed tomographic colonography (CTC) in the efficient diagnosis of colorectal cancer. The trial is comparing CTC with colonoscopy and barium enema in two 2-way randomisations (CTC versus colonoscopy, CTC versus barium enema) in symptomatic patients. Over the next 2 years it is intended to recruit and randomise 4,320 patients to complete the trial.

Wendy Atkin is UK principal investigator and a member of the Steering Committee for the PRESAP (Prevention of Sporadic Adenomas) trial, which is examining the effect of celecoxib, a COX2 specific non-steroidal anti-inflammatory, in preventing recurrent adenomas in people with an advanced adenoma detected at baseline colonoscopy. This highly successful trial randomised the required sample size (1562 patients) within one year, and the first patients are now nearing the end of the first phase, having completed three years on study drug. The rate of withdrawals is less than 20%, which is extremely low for a prevention trial in asymptomatic individuals. As part of the UK Flexible Sigmoidoscopy Screening Trial, data were collected (prior to screening) on diet, smoking, alcohol consumption and use of drugs such as aspirin and hormone replacement therapy. In addition, two 5 ml samples of blood were collected from 1000 individuals who were found to have adenomas at screening, 1000 individuals found to have non-adenomatous polyps and 1000 individuals who were polyp-free. DNA has been extracted from the first samples and used to analyse the effects of inherited mutations in genes that metabolise carcinogens in diet.

Population Screening Research cont.

A long-term aim is to investigate genetic and environmental risk factors for the development of colorectal cancer and its precursor, the adenoma. This year Kevin Pack, a scientific officer in our laboratory analysed the frequency of mutations in various exons of the base excision repair gene, MYH, which has been implicated in predisposition to multiple adenomas. The study was undertaken in individuals with adenomas and controls who were polyp-free. Both groups included individuals with and without a family history of colorectal cancer. This study will provide an estimate of the MYH variance in the general population and will be the largest of its kind to date.

The colorectal polyps collected during FS screening have been a valuable resource for examining the genetic aetiology of colorectal cancer. Activating β -catenin mutations in exon 3 have been implicated in colorectal tumorigenesis. It has been suggested that β -catenin mutations may occur more frequently in microsatellite-unstable (MSI+) colorectal cancers, including hereditary non-polyposis colorectal cancer (HNPCC), as a consequence of defective DNA mismatch repair. 337 colorectal carcinomas and adenomas, from sporadic cases (mainly from our trial series) and HNPCC families, were used to provide an accurate assessment of β -catenin mutation frequency in each tumour type. Mutations were found to be rare in both sporadic and HNPCC adenomas, and no oncogenic β -catenin mutations were identified in 34 MSI+ and 78 MSI- sporadic colorectal cancers. However an increased mutation frequency (8/44, 18.2%) was found in HNPCC cancers; this frequency was significantly higher than that in HNPCC adenomas ($p=0.035$), and both MSI- ($p<0.0001$) and MSI+ ($p=0.008$) sporadic cancers.

Professor Wendy Atkin

Deputy Director

Colorectal Cancer Unit

Colorectal Cancer Genetics Group

The Colorectal Cancer Genetics Group aims to identify the genes involved in colorectal cancer (CRC) predisposition and severity using a combined approach involving genetic analysis of human familial colorectal cancer, genetic profiling using the extensive archive of human CRC tissue samples at St Mark's, and modifier mapping using the multiple intestinal neoplasia (*Min*) mouse model. An individual's lifetime risk of developing CRC is governed by a combination of life style, exposure to environmental carcinogens, and the balance between inherited resistance and susceptibility genes. The challenge is to identify all the relevant genes and to specify their contribution to CRC in the human population. In terms of identifying genetic modifiers of tumorigenesis, the polygenic nature of cancer inheritance in human populations and the relatively low penetrance of most contributing polymorphic genes, presents a number of problems which can be modulated to some extent through the use of rodent models. These 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 Group's investigations and achievements are detailed below.

Human Colorectal Cancer Studies

The ColOREctal tumour Gene Identification study (CORGI) directed by Prof Ian Tomlinson seeks to identify novel CRC modifier and predisposition genes. The rationale for this study is based on genetic epidemiological evidence that genes of moderate penetrance might be responsible for up to a third of all bowel cancers. The collection of a large number of families with colorectal neoplasia through the CORGI study will help overcome problems of sample size

and facilitate the mapping of modifier and susceptibility genes following exclusion of *APC*, *MYH* or mismatch repair mutation. Constitutive DNAs from patients recruited under CORGI have been used to investigate a potential link between two common germ-line mutations of the haemochromatosis (*HFE*) gene, C282Y and H63D, and predisposition to CRC. A recent study has reported an increased risk of CRC associated with any *HFE* mutation. However, other investigators have concluded that there is no increased risk, or that any increase is dependent on polymorphisms in *HFE*-interacting genes such as the transferrin receptor (*TFR*). To resolve these issues, we have established the frequency of *HFE* mutations in CRC CORGI patients with a family history of the disease, and randomly selected controls; this design increases greatly the power of the study. Genotyping for the *TRF* S142G polymorphism was also conducted on a large proportion of the study group. We have shown that the presence of any *HFE* mutation (Y282 or D63) was not associated with colorectal cancer risk; but that individuals who are compound heterozygous for both the *HFE* mutations may have about three times the odds of developing CRC compared to those with a single mutation. We concluded that individuals with a single *HFE* mutation, C282Y or H63D, are unlikely to be predisposed to develop CRC. In contrast, risk of CRC might be increased by compound heterozygosity for the *HFE* mutations. *TFR* gene polymorphism was not an independent risk factor and did not modify the disease risk associated with *HFE* mutation.

Activation of the Wnt pathway through mutation of the tumour suppressor gene adenomatous polyposis coli (*APC*) gene is linked to the familial adenomatous polyposis coli (FAP) syndrome and is frequently observed in sporadic cancer.

The main function of *APC* within the Wnt pathway is to destabilize cytosolic β -catenin, and loss of *APC* function causes stabilized β -catenin to translocate to the nucleus where it results in transcriptional up-regulation of c-Myc and cyclin-D1. Mutations have been reported in other Wnt pathway genes, such as β -catenin and *Axin2*, which render β -catenin resistant to destruction. Whilst alterations in the pathway are among the most common pathogenic events associated with colorectal carcinogenesis, with *APC* accounting for the majority of pathogenic mutations in microsatellite stable (MSI-) tumours, no systematic attempt has yet been made to establish mutation frequencies in other Wnt signalling pathway genes. Consequently, we are now analysing a number of genes (*GSK-3beta*, *DKK1*, *LRP6*, *SOX17*, and *PP2C2B*), known to be involved directly or indirectly in the regulation of *APC* or β -catenin, for potentially pathogenic mutations in a series of microsatellite unstable (MSI+) and MSI- sporadic colorectal cancers and cell lines. Following single strand confirmation polymorphism (SSCP) we have found a number of potential mutations in *GSK-3beta*, *SOX17*, *LRP6* and *DKK1*. We are presently confirming these mutations by direct sequencing, and conducting immunohistochemistry experiments. To date, our results indicate that mutations in Wnt pathway genes, other than *Apc* and *β -catenin*, do occur in sporadic colorectal cancer

MYH associated polyposis is a recessively inherited condition and the majority of inherited mutations in European populations are Y165C and G382D in exons 7 and 13 respectively. In a small sample population, individuals of an Indian origin with multiple polyposis appear to have a predominance of a mutation in exon 14, suggesting a founder effect. We are now comparing the levels of *MYH* variants, heritable

Colorectal Cancer Unit

Colorectal Cancer Genetics Group cont.

mutations and published polymorphisms, in a very large number of individuals with and without a strong family history. This is the largest study on the *MYH* gene in the general UK population to date and will allow a better assessment of the importance of *MYH* variations to colorectal cancer predisposition.

Mouse Models of Colorectal Cancer

Apc^{Min/+} (*Min*) mice are heterozygous for a truncating *Apc* mutation and provide a good model of human FAP. The model has been used to provide an unambiguous example of a locus (Modifier of *Min1*; *Mom1*) modifying adenoma numbers in inbred strains. Linkage analysis located *Mom1* and further investigation identified the secreted phospholipase A2 (*sPla2*) as the gene. Unfortunately, studies in humans did not confirm *sPLA2* as a major modifier of cancer risk, because functional variation in humans did not exist. By exploiting an observation that our *Min* mouse stock was not on a pure genetic background, recombinant lines that presented with limited intra-line variation in adenoma numbers have been established through selective breeding. One line showed a particularly severe phenotype compared to the other lines that recorded significantly lower means. Using various mapping strategies we have shown that either a modifier gene close to *Apc* or structural variation on chromosome 18 modifies polyp numbers in our mice by altering the frequency of loss of the wild type copy of *Apc*. We are now investigating the genetic nature of this modifier of disease severity.

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

Andy Silver

Research Scientist

Colorectal Cancer Unit Family Cancer Group

Director

Huw Thomas MA PhD FRCP

Nurse Specialist

Carole Cummings RGN, SCM

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Kevin Monahan MRCP

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Bfcr Research Co-ordinator

Patricia Gray MSc

Secretary

Maggie Stevens

Database administrator

Julie Stokes

The aim of our group is to define the inherited predispositions to colorectal cancer and to refine our management of familial risk so as to prevent familial colorectal cancer.

This year we have completed the flagging of our colonoscopy surveillance patients on the NHS Central Register and submitted a paper on the outcome of colonoscopic surveillance for familial colorectal cancer. We have completed and published our study on anticipated reactions to genetic testing for susceptibility to colorectal cancer. We have also completed a pilot study of the interaction of genetic and environmental factors in familial colorectal cancer.

Clinical Resource

The Family Cancer Group Bobby Moore Oracle Database has the clinical details of 6001 individuals affected by or at risk of familial colorectal cancer. 2314 have undergone a surveillance colonoscopy and 1563 have had multiple examinations. The results of histopathology, genetic analysis of tumours and of blood samples are recorded. This year the Office for National Statistics has flagged all the individuals who have undergone colonoscopy on the NHS Central Register and we now have complete ascertainment of individuals who have developed cancers or have died.

Prevention of colorectal cancer by colonoscopic surveillance in individuals with a family history of colorectal cancer

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

In 15000 patient-years of follow-up, high-risk adenomas and cancer were most frequent in HNPCC (5.7% and 0.9% on initial colonoscopy). In non-HNPCC they were particularly infrequent under the age of 45 (1.1% and 0.1%) and on follow-up colonoscopy if advanced neoplasia was absent initially (1.7% and 0.1%). There was a highly significant reduction in colorectal cancer incidence (80% in moderate risk, and 43% in HNPCC) and mortality (81% for moderate risk, and 72% in HNPCC) compared to expected rates taking into account family history.

This study confirms that HNPCC family members require surveillance with short intervals. Those with a lesser family history may not require surveillance under the age of 45, and if advanced neoplasia is absent on initial colonoscopy surveillance intervals may be lengthened. Colonoscopic surveillance reduces the risk of colorectal cancer in those with a strong family history (Dove-Edwin et al, submitted).

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

In collaboration with Steven Sutton (formally CR-UK Health Behaviour Unit, now University of Cambridge). We have investigated how people anticipated they would react emotionally and behaviourally to learning of their genetic susceptibility to colon cancer. We used a cross-sectional questionnaire in 437 asymptomatic individuals.

We found more women than men anticipated feeling worried, regretful and angry if they carried a susceptibility mutation. People with a lower estimated risk anticipated more surprise and disbelief than those at higher risk. People anticipated that they would feel regret and less relief if they were not tested than if they were. High risk

Colorectal Cancer Unit Family Cancer Group cont.



The team from the Family Cancer Unit

results were anticipated to lead to more depression. Most people wanted screening if at low risk but anticipated leading healthier lifestyles whichever test result they received. People anticipated making more plans for the future if they were at high risk (Henning et al 2004). We will perform a follow-up study when sufficient individuals have undertaken genetic testing.

Refining the Amsterdam criteria and Bethesda guidelines- testing algorithms for the prediction of mismatch repair mutations status in the familial cancer clinic

In collaboration with Ian Tomlinson (CR-UK Molecular and Population Genetics Laboratory) we have looked at the selection of families for genetic testing for HNPCC. We have developed two new models (Amsterdam-plus and Alternative) and verified them on two different data sets. The Alternative model avoids the needs to evaluate the Amsterdam criteria and performs nearly as well as the Wijnen and Amsterdam-plus model. We suggest it should be used as first choice

for selecting families/cases for evaluation of HNPCC using molecular tests (Lipton et al 2004).

Colorectal Adenoma/carcinoma and Prevention Programme 2 (CAPP2)

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

Familial colorectal cancer: results of colonoscopy in families with and without microsatellite instability of their tumours

We have sought to establish prospectively whether individuals with a strong family history of colorectal cancer but without evidence of DNA mismatch repair gene deficiency are also at increased risk of colorectal cancer by examining the incidence of advanced neoplasia during colonoscopic surveillance.

We are combining our results from St Mark's with those of Hans Vasen from The Netherlands Foundation for the Detection of Hereditary Tumours and analysing the results in collaboration with Peter Sasieni (CR-UK Dept of Epidemiology, Mathematics and Statistics).

Hereditary mixed polyposis syndrome (HMPS)

We have previously described the phenotype of HMPS in St Mark's Family 96 (Whitelaw et al 1997) and with Ian Tomlinson we published evidence of genetic linkage to chromosome 15q21-q22 based on a genome-wide linkage study (Jeghers et al 2003).

Dr Emma Jeghers has undertaken fine mapping of the region and excluded the known genes and ESTs. She is now undertaking genetic sequencing of the region.

MYH-associated polyposis

We have described the clinical features of individuals who carry be-allelic MYH mutations (Sieber et al, 2003). In collaboration with Ian Tomlinson and Robin Phillips (CR-UK St Mark's Polyposis Registry) we are now undertaking a more detailed analysis of the phenotype associated with heterozygote and bi-allelic MYH mutations.

Families with multiple colorectal adenomas

We have successfully applied for a Bobby Moore Clinical Research Fellowship to undertake genetic linkage analysis in two Irish families with multiple colorectal adenomas. This will be in collaboration with studies undertaken on CORGI families with multiple adenomas (see opposite).

Colorectal cancer gene identification study (CORGI)

This is a multi-centre genetic linkage study to identify genes predisposing to colorectal cancer organised by Ian Tomlinson. We have a full-time research nurse at St Mark's who has already collected clinical information and blood samples from 580 individuals registered with the St Mark's Family Cancer Clinic. We have submitted a grant application to undertake a genome-wide association study search of non-synonymous, coding and splice-site SNPs to identify low-penetrance alleles predisposing to colorectal cancer.

A pilot study of the interaction of genetic and environmental factors in familial colorectal cancer

The role of diet in the development of familial colorectal cancer is unknown and the genes responsible for a moderate increase in risk of colorectal cancer have yet to be defined. This project had two major aims: firstly, to investigate the role of diet in the development of neoplasia in familial colorectal cancer and secondly, to identify genes predisposing to familial colorectal cancer. St Mark's Family Cancer Clinic patients undergoing colonoscopic surveillance for a familial risk of colorectal cancer were invited to complete a 7-day EPIC food diary prior to their colonoscopy and at the time of colonoscopy to give a venous blood sample which is separated with two cell pellets aliquots and 10 aliquots of serum and stored at -70°C . This was undertaken in collaboration with Tim Key (CR-UK Cancer Epidemiology Unit).

307 patients were invited to take part in this pilot. 268 patients consented and 282 underwent colonoscopy of whom 247 donated a blood sample and 107 returned the 7-day diet diary.

The completion rate of diet diaries in the pilot indicates that a study of all the St Mark's patients undergoing colonoscopic surveillance for a family history of colorectal cancer would not have adequate statistical power. Adequate numbers of patients may be available from British Family Cancer Record.

Risk model for familial colorectal cancer

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

Cluster analysis of familial colorectal cancer not due to DNA mismatch repair defects

In collaboration with the CR-UK Computational Genome Analysis Laboratory and Ian Tomlinson we are undertaking a cluster analysis of the clinical and molecular features of individuals with familial risk colorectal cancer not due to DNA mismatch repair defects

Huw Thomas

Director

Colorectal Cancer Unit

The Polyposis Registry

Director

Robin K.S. Phillips MS, FRCS

Honorary Research Consultant

Basil C. Morson CBE, VRD, MA, FRCPATH, Hon FRACS

Consultant Pathologist

Ian C. Talbot MD, FRCPATH.

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Nurse Practitioner

Jacqueline Wright BSc, RN, DN

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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 Fellow

Andrew Latchford MRCP

Research Fellow

Julian Sturt FRCS

Following the discovery of the MYH gene in the previous year, 2004 presented an opportunity to solve some of the puzzles of the past. In families suspected of having familial adenomatous polyposis (FAP) but where the causative mutation had proved elusive, or where a diagnosis had been in doubt because of the relatively low number of polyps, pedigrees were re-examined and DNA samples re-tested. Due to the recessive nature of inheritance of the MYH gene, in many cases partners as well as children had to be contacted and offered counselling and testing.

Since the Registry computer system was last upgraded the number of patients monitored has increased substantially and the server was found to be dangerously short of memory. Professor Phillips gave the go-ahead for a complete overhaul, which, although expensive, created an opportunity to update the way in which the data are collected and managed.

Staff

Jacqueline Wright successfully completed the Physical Assessment module, part of a Masters degree in Nursing, at City University.

In September Caroline Philp successfully applied to join the Regional Genetics team at Addenbrooke's in Cambridge and we wish her well in her new post. Sandra Burke, successfully applied for the post as Assistant Registrar providing a seamless and very effective change much appreciated by both patients and staff.

At the end of the year Kalpna Vekaria went on maternity leave and had a baby girl. Belynda Muir, who has worked as a medical receptionist and medical secretary in her native Australia, replaced Kalpna and rapidly proved herself to be a most valuable asset.

The Registry and the Trust

There have been 126 new patient referrals, either with or at risk of a polyposis syndrome, to St Mark's in 2004. Of these, 81 came directly as a result of Registry involvement with the family, the remaining 45 being referred directly to a Consultant.

New patient referrals in 2004

At risk of inheriting FAP	35
At risk of inheriting MYH	31
Affected MYH	2
Difficult cases referred on to St Mark's	5
Other routine referrals	46
Peutz Jeghers syndrome	4
Juvenile Polyposis	2
Cowden's Syndrome	1
Total	126

A total of 859 patients who attend St Mark's are on the Polyposis Register. In 2004 particular effort was extended to decrease the number of patients failing to attend their appointments. Patients were contacted by telephone if they did not turn up. If they failed to attend a second time a letter would be sent to them explaining the importance of screening or surveillance. After failing to attend a third time a letter would be sent to both the patient and their GP. By the end of the year the numbers failing to attend had been halved.

Patients with, or at risk of inheriting polyposis are required to attend at least once a year and often twice. For some of these patients the examinations are required to confirm that they remain free of disease and, for those already affected, surveillance is required to monitor the disease. Most of these patients feel well and do not need to see a doctor. In this respect the clinics run by the Nurse Practitioner have proved to be a great success and in 2004 a total of 307 patients were seen in the Nurse-led Clinic, thus releasing the medical staff for more urgent cases.

The Paediatric clinics, dedicated to children in polyposis families, continued to be in demand. They take place every six weeks with a total of 39 children seen during 2004.

International Society for Gastrointestinal Hereditary Tumours (InSiGHT)

Membership of this new Society formally started in January 2004 and a new database for monitoring the membership list and payment of subscriptions was developed within the Registry. The website, which is being developed by Dr Hans Vasen in Leiden, went online in July. The address is: www.insight-group.org. The first biennial scientific meeting, hosted by Professor John Burn, will be held in Newcastle upon Tyne in June 2005.

Research Projects

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. It is anticipated that within the next year we will have reached the target for recruitment and that all of these patients will have completed the trial.

In addition Andrew is working with Professor Phillips in collaboration with Professor Ian Tomlinson and Dr Andy Silver to continue work on the genetic aspects of desmoid disease. He has completed beta-catenin gene analysis and second hit APC gene analysis on a large group of desmoid tumours. In addition he has completed a study

of microsatellite and chromosomal instability in these tumours. Comparative genomic hybridisation and microarray analysis are also being undertaken.

Andrew has also undertaken a clinical audit of the surgical management of duodenal disease in total and of desmoid tumours from 1996. On-going projects, in collaboration with Simona Truvolo, include the assessment of cellularity in desmoids and the assessment of angiogenesis factors and factors modifying the extracellular matrix to try to explain differences in the way in which these tumours behave.

Professor Ian Tomlinson and Dr Christine Thirlwell

Two main mechanisms are thought to cause cancer. One is when a cell divides too quickly and/or fails to die when it should do so. The other mechanism is when cells acquire genetic changes (mutations) more quickly than normal. There exist two inherited bowel cancer syndromes which seem almost identical to the clinician, but which occur through each of the above mechanisms. These are, as previously mentioned, FAP and MYH. It is already known how MYH associated polyposis (MAP) is inherited and that it involves a specific type of mutation being acquired more quickly than normal, but many other features of the disease, especially its similarity to FAP, are poorly understood. Professor Tomlinson and Dr Thirlwell aim to find out more about how MAP occurs. They will do this by studying blood and tumours from patients with MAP, by analysing a large set of patients with colorectal cancer, by using "test-tube" analyses to work out how the mutations in patients with MAP act, and by setting up animal models of MAP to allow a study of the development of a bowel tumour from its earliest stages all the way through to cancer. Benefits to health will include a better understanding about why and

how colorectal cancers develop. During this research they also hope to identify new targets against which novel anti-cancer therapies can be designed.

Dr Andrew Silver

Most patients with familial adenomatous polyposis (FAP) carry germline mutations in the adenomatous polyposis coli (APC) gene. A small number of individuals with polyposis have biallelic mutations in the base-excision repair gene, MYH. It is, however, possible that there are a limited number of patients where FAP cannot be explained by known germline mutations of APC. Dr Silver and his team are considering two likely explanations; the existence of rare APC mutations difficult to detect by standard mutation analysis, and the possibility that some cases of adenomatous polyposis are caused by mutations in genes other than APC and MYH. They have been examining DNA from 55 patients with classical FAP, screened by the NW Thames Regional Genetics Service at the Kennedy Galton Centre using standard mutation screening methods where no mutation was identified. In eleven of these they have been successful in identifying a pathogenic mutation. They have also verified a previously unreported mutation involving duplication of exon 4 of APC. The cohort of patients, without germ-line mutation of APC or MYH, is now the subject of further genetic analysis.

Donations

We should like to thank all those individuals who have donated funds to support our work. In addition, we gratefully acknowledge the financial assistance given by the following organisations: -
The St Mark's Hospital Foundation
Cancer Research UK
The National Cancer Institute, USA

Kay Neale
Registrar

Intestinal Imaging Centre

Consultants

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M Marshall BSC MRCP FRCR
Stuart Taylor MRCP FRCR

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David Burling MRCP FRCR
Vicky Goh MRCP FRCR
Andrew Slater MRCP FRCR

Superintendent Radiographers

Anna Giles
Adrian McQueen

Senior Radiographer

Hon Hoe

Nursing

Diane Gollagly

Office Staff

Josephine Convey
Bhartiya Shah

We were pleased to welcome Andrew Slater to our department in March 2004. Andrew hails from Oxfordshire and did his Specialist Registrar training on the Oxford Scheme, based largely at the John Radcliffe Hospital. He is a lively individual with a determination and attention to detail which will come in very handy as he helped Steve manage the first of his two multi-centre trials into CT colonography.

As you may recall, Steve was awarded a £1 million grant from the NHS Health Technology Assessment programme to carry out a multi-centre trial (SIGGAR TRIAL), which started here at St Mark's in April 2004. Steve's multi-centre trial (ESGAR) was completed in December 2004. It looked at the effect of directed training on reader performance across a number of large European Centres and confirmed the need for dedicated training and accreditation in CTC. Andrew has been working with Steve to look at the merits of CTC when compared to barium enema in terms of the diagnostic confidence achieved with each test.

Sadly, we said goodbye to Professor Clive Bartram as he retired in November 2004 and to David Burling who left in December 2004. David completed his work for his MD thesis and returned to Swindon to finish his registrar training. I am delighted to inform you that we will continue to see Clive as he is keen to remain involved in our research - to lose both his keen and wise eye for the intricacies of gastro-intestinal imaging and his profound understanding and inspiration in terms of his research work would be too much to bear all at once!

His replacement Dr Taylor has settled in and become a central part of the team, which means the day-to-day activities were interrupted to the minimum by Clive's departure. Stuart has been busy this year again in the world of CTC, with David, Steve and Stuart between them representing St Mark's in all the major events nationally and internationally, where this technique is being challenged and developed. As you can see from the publications lists, the travelling has not stopped them in the quest for publication!

Michele continues to provide a steady continuity to the day to day radiology service. Whilst maintaining involvement in the department's research, her links with Northwick Park are underpinning an expansion of the profile of good quality gastro-intestinal radiology, with the local Specialist Registrars fast becoming budding enthusiasts. As well as providing teaching at all levels, she this year took on the joint role of Head of Training to the Northwick Park Radiology Training Scheme.

Once again our thanks go to all our staff, for their continued good humour and support. Josie and the front desk staff continue to smile through the challenges each day brings and the radiographers seem to work harder each year – as the doctors draw in more challenging cases from all over the country, we expect and receive an unerring sense of calm and practicality from those who support us to ensure a seamless and effective journey for each patient through our Department. That is what makes it one of the best places one could wish to work in.

Michele Marshall

Consultant Radiologist

Endoscopy

Wolfson Unit for Endoscopy Incorporating the Kennedy Leigh Academic Endoscopy Centre

Consultant Endoscopists

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

Honorary Consultant and Clinical Specialist in Gastrointestinal Endoscopy & Endoscopy Training

Dr. Noriko Suzuki MD

Consultant Anaesthetist

Dr. Douglas Newton MBBS FRCA

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Clinical Specialist

Dr. Arabinda Pal MD MRCP

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Nicky Palmer

Unit Administrator

Jean Mannings

Unit Secretary

Lisa Mackay

Academic Co-ordinator for National Endoscopy Training Centre

Dorothy Saunders

Audio-visual Production Team

Steve Preston BSc

2004 built on the transitions and changes of 2003. The highlight of the year has undoubtedly been the appointment of Dr Chris Fraser as Consultant Gastroenterologist to replace Dr Christopher Williams, who retired in 2003. Chris, previously our clinical fellow and locum consultant was officially appointed in October 2004. His expertise in luminal endoscopy, both upper and lower, has enhanced both the clinical service and research within the Kennedy Leigh and the Wolfson unit for endoscopy as well as providing invaluable clinical support to Dr Saunders and the Wolfson unit team.

After the Unit was designated a National Centre for Endoscopy training in 2003 Dr Saunders, Dr Fraser and Sr Vance continue to lead on both doctor and nurse endoscopist training and also training trainers to teach others in their own hospitals. The first year has been extremely busy. We have performed 10,500 cases and all courses have been fully attended with the Unit reaching all its targets. Over 300 doctors and nurses have attended training courses at the Unit this year. The training methodology developed at the Wolfson Unit has been embraced at a National level. The success of the courses has been greatly assisted by our nursing team. Catherine Thapar, research nurse co-ordinator, developed the format for the implementation of the courses and with research being a main focus has set up a database to monitor our training outcomes. After the success of the first year we were able to appoint an academic co-ordinator, Dorothy Saunders, to run our training portfolio. The continuing success in this first year has been greatly assisted by the efforts of Dorothy and our research nurse educators: David Swain, Catherine Thapar and Gillian Schofield, to whom we are indebted.

Dr Saunders continues to be in demand to lecture both nationally and internationally on the advances in endoscopic practice. This included delivering lectures for at the American College of Gastroenterology, Orlando (the J Edward Berk lecture), the Association of Surgeons Birmingham, BSG Glasgow, live demonstration of colonoscopy and invited lectures in Belfast, ASGE New Orleans, Genoa and London,

Dr Fraser, after his appointment as Consultant Gastroenterologist in October 2004, has developed several new areas of clinical expertise, research and teaching within the Unit including: capsule endoscopy, double-balloon enteroscopy, endoscopic anti reflux therapies, Barrett's oesophagus, and a new national therapeutic endoscopy course for trainees. He has also been appointed as the SHA Lead for the North West London sector to promote service improvement within endoscopy units "in the patch".

Research in 2004 remained a central focus of the unit. Dr Siwan Thomas-Gibson completed her research on performance assessment at endoscopy and evaluation of training methodology. This research has been of national importance in the development and validation of current and new education and training strategies for endoscopy. Siwan presented widely both nationally at the BSG and internationally at the ASGE on this field and has been instrumental in the development of training methodologies and assessment tools utilised in our training programmes. After completing her MD research Siwan has returned to a medical role to complete her training prior to taking a Consultant gastroenterologist post. Matt Rutter completed his MD thesis and has had several groundbreaking publications in major journals. His work on dysplasia surveillance in chronic ulcerative colitis will undoubtedly change practice for many years to come.

Endoscopy

Wolfson Unit for Endoscopy cont.

Dr Noriko Suzuki continues to be invaluable as an expert in endoscopy for both the delivery of our training programmes, the performance of complex endoscopy and in the field of endoscopic research. Noriko has had several major publications and has presented both nationally at the BSG and internationally at the ASGE on the incidence of flat adenomas in the western population and new techniques for endoscopic therapy.

Unfortunately in 2004 we had to say goodbye to 2 members of our unit. Gregor Brown, our clinical fellow from Melbourne, Australia, left us in October 2004 to take up a position as consultant gastroenterologist in Melbourne. During his year with us Gregor developed expertise in endo-luminal therapy and completed several research projects focussing on capsule endoscopy (see publications) Gregor will be much missed by all the team, we wish him every success in his new consultant role.

We were also very sad to say goodbye to Dr Arabinda Pal, clinical specialist in gastroenterology in October 2004. Arabinda, a very experienced Gastroenterologist has contributed significantly to both the Wolfson Unit for Endoscopy and NWLH Trust, providing expert endoscopic practice and contributing to all unit training programmes. Arabinda has left to complete his clinical training and work towards a consultant post in the UK and is currently based at Central Middlesex hospital, the Wolfson unit's loss is the NWLH NHS Trust's gain.

We were however very fortunate in having Dr Naila Arebi join us as a clinical endoscopy fellow in October 2004. Naila has a specialist interest in endoscopic therapy and research and has been developing her expertise in this area

whilst providing an excellent clinical service for our patients. Naila has several ongoing research projects, including the effects of position change on adenoma detection rates, an evaluation of the capsule endoscopy service and an audit of our endoscopic mucosal resection procedures.

Our academic nursing continues to go from strength to strength, led by Maggie Vance, Nurse Consultant. Maggie completed the feasibility study examining nursing performance of screening flexible sigmoidoscopy with Professor Wendy Atkin of CRUK as part of her PhD. From the success of this study a major research grant has been awarded for a national demonstration project to assess the potential of a nurse led flexible sigmoidoscopy screening programme. Maggie has presented both nationally and internationally this year at the BSG, UEGW and St Mark's International Congress on Nurse Colonoscopy and colorectal cancer screening.

David Swain, our senior research nurse educator, has with Steve Preston, developed a state of the art web and DVD education and training package for nurses working within endoscopy. This has received very positive evaluation from the national endoscopy nursing community and we hope this will be implemented in every endoscopy unit in 2005. David is responsible for the set up and maintenance of the Wolfson unit website, which continues to receive 5000 hits a month as well as assisting in the implementation of our new endoscopy reporting system. David also continues to co-ordinate the propofol service as well as having a crucial role in the development and co-ordination of the basic therapeutic endoscopy course and being heavily involved on all our teaching activities and continued to be a key figure in the success of the unit in 2004.

We have continued to build on the success of our capsule endoscopy service which is co-ordinated by Gillian Schofield, with the assistance of her nursing colleagues, David Swain, Catherine Thapar and Ripple Man. Gill has performed in excess of 100 capsules in 2004 and is to be commended for the development, success and expansion of this service. Gill has completed a nurse doctor comparative study examining nurse versus doctor's accuracy at reviewing capsule images, which she presented at the UEGW in Prague 2004.

Dr Brian Saunders
Consultant Endoscopist

Endoscopy Diagnostic Nursing

Chair

Mr Ian Fyfe

Vice Chair

Professor Robin Phillips
succeeded by Mr Richard Cohen

Private Patient Manager

Pam McGowan

Clinical Nurse Manager

Ann Curry

Team Leaders/Sisters

Sally Crowther
Rebecca Slater
Kathrine Fredericks
Annalyn Manalastas

Staff Nurses

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

Healthcare Assistant

Leticia Alvarado

Ward Receptionists

Sheila Alzano
Gill Bell

In October 2004 Janet Hammersley G grade sister of many years with both Northwick Park and St Mark's retired after 22 years service with the trust. She is now enjoying a busy retirement. Both Jayne Butcher and Sarah Tomlinson F grade sisters have acted up in the G grade post and both sisters have enjoyed the experience.

Our endoscopy nurse practitioners continue to provide a major resource in terms of service development and research in the unit. Ripple Man, currently the only endoscopy nurse practitioner in Polyposis in the UK, leads the FAP endoscopy surveillance programme single handed in Endoscopy and is to be commended for its success. Mariann Baulf our upper GI endoscopy nurse practitioner has forged the way ahead in developing a Barrett's surveillance programme for the Trust and a nursing PEG service, as well as having a large clinical commitment to both out patients, endoscopy and major research projects. Mariann is also the educational secretary of the BSG Endoscopy associates group and has been responsible for developing the nursing programme for the BSG conference in 2004, which was a great success.

Nicky Palmer our research assistant has been instrumental in the ongoing success of the PRESAP trial and has also been responsible for co-ordinating the nurse led flexible sigmoidoscopy screening feasibility study.

Our administrative and secretarial team, Jean Mannings, Lisa Mackay and Dorothy Saunders continue to assist us with all our endeavours, whether organising our clinical commitments or assisting with our educational programmes and continue to be dedicated and valued members of our team.

In 2004 we saw the dawn of a new age in endoscopy training in the UK with the Wolfson Unit National Training Centre, firmly at the helm of the ship. It has been a productive year, which has seen us greatly expand our clinical horizons. In so doing we have run out of office and clinical space but not enthusiasm for the multiple challenges ahead. The need for expansion must be addressed to allow the Unit to reach its maximum potential and refocus on the endoscopic research which has been the bedrock for the excellence we have achieved in training and clinical practice.

Val Pryor

Diagnostic Services Manager

Medicine

General Gastroenterology

CONSULTANTS

St Mark's & Northwick Park

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

Central Middlesex Hospital

Sharon O'Brien
David Sherman
David Silk

Staff Grade Specialists

Amar Nagree MB BS MD
Evi Zampelli MD

Senior Clinical Fellows

Naila Arebi
Jennifer Barro MD

ASSOCIATE SPECIALISTS

Central Middlesex Hospital

Roser Vega

CLINICAL ASSISTANTS

Northwick Park Hospital

Riadh Dawood
Anwar Hanid

SPECIALIST REGISTRARS

St Mark's & Northwick Park

Naila Arebi
Jonathan Hoare
Tunde Idowu
Sarah Langlands
James Lindsay
Melanie Lockett
Aravinth Murugunathan
Aymer Postgate

SENIOR HOUSE OFFICERS

St Mark's Hospital

Adam Bennion
Aneka Haussmann
Tehfik Ismail
Andrew Coulton
Tommy Kalantzis

RESEARCH FELLOWS

St Mark's and Northwick Park Hospitals

Gregor Brown
Ailsa Hart
Ian Gooding
Matt Johnson
Andrew Latchford
David Lloyd
Charlie Murray
Fiona Nicholson
Clive Onnie
Cinzia Papadia
Rakesh Sharma
Ajeya Shetty
Siwan Thomas Gibson
Roser Vega

Scientists

Angela Jones
Hafid Omar
Rachel Rigby

Post Doctoral Scientists

Richard Day
Andrew Stagg

Research Nurses

Angela Gibbs
Mary Molloy

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 2004; further information is also to be found in the reports of individual Units elsewhere in this Annual Report.

Activity During 2004

General Gastroenterology

During 2004 the Department of Gastroenterology at Central Middlesex Hospital moved from the St Mark's Directorate to become part of the Medicine Directorate at the Central Middlesex Hospital.

Professor David Silk retired from the Central Middlesex Hospital during the year.

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. Professor Kamm takes part in joint research with the Antigen Presentation Group led by Professor Stella Knight. 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. This included a large multicentre study examining the role of infliximab in the treatment of chronic active ulcerative colitis, the use of probiotics in inflammatory bowel disease, and studies examining the role of new 5-aminosalicylic acid formulations.

Great progress was made in furthering the plan to form a coherent Inflammatory Bowel Disease Unit. A new Unit was built to bring together and house the major groups with a clinical and research interest in inflammatory bowel disease, including medical clinicians, nurse specialists, scientists, research fellows, a database manager, and secretaries. This was funded by the hospital's special charitable funds, through the assistance of the St Mark's Hospital Foundation. This Unit will serve as a focus and co-ordinating centre for the hospital's activity in this area.

Approval was also gained for a second nurse specialist in inflammatory bowel disease, to complement the activity of our successful first nurse specialist Lisa Younge.

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

Ailsa Hart, supervised by Andy Stagg, Stella Knight and Michael Kamm, published work related to intestinal homing memory T cells in both ulcerative colitis and Crohn's disease. These cells play a critical role in the inflammatory

process. Dendritic cells can control the tissue-specific homing of lymphocytes that they activate. 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.

Ailsa also published work in *Gut*, focussing on the immunological characteristics of individual probiotic bacteria, both in isolation and in combination. She demonstrated that bifidobacteria in particular exhibit the desirable anti-inflammatory property of causing dendritic cells to produce interleukin-10 (IL-10) and diminish production of the pro-inflammatory IL-12.

Ailsa Hart completed work as a Wellcome Trust Research Training Fellow, studying gut dendritic cells and their interaction with commensal and probiotic bacteria.

Rachael Rigby, a PhD student, completed work on the interactions between colonic dendritic cells and bacterial antigens. She reported on animal studies which demonstrated 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.

Michael Kamm published results in *Gut* of part of a large international study, demonstrating that the probiotic bacteria *E coli* Nissle is as effective as 5-aminosalicylic acid in maintaining remission in ulcerative colitis.

Michael Kamm published work in the *New England Journal of Medicine* as part of an international study assessing the medium term outcome of the treatment of fistulas in Crohn's disease using the monoclonal antibody infliximab. This

study demonstrated that in a significant proportion of patients infliximab produces a clinical response or complete healing of fistulas at one year. In 2003 we had previously published results regarding 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. Given the poor prognosis of complex fistulas in this condition, treatment with potent agents such as infliximab represents a real therapeutic advance for a proportion of patients.

A separate published study from our group had demonstrated that the response of fistulating Crohn's disease to infliximab can be monitored and treatment adjusted, using magnetic resonance imaging.

Michael Kamm and Stella Knight 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 2004 laboratory work conducted by Karen Lammers and Ailsa Hart demonstrated that probiotic bacterial DNA has regulatory immunological effects separate from those of live bacteria, and that these effects are mediated, at least in part, by toll-like receptor 9 (TLR-9). Toshiki Mimura published a controlled study, conducted between Bologna and St Mark's, demonstrating that once-daily high dose probiotic therapy can maintain remission in patients with recurrent or chronic active pouchitis.

Chris Rayner, working together with Michael Kamm, published a study reporting on the upward dose titration of azathioprine in patients with

Medicine

General Gastroenterology cont.

inflammatory bowel disease who have not responded to standard doses. A quarter of such patients will respond to an increased dose.

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

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 pre-booked "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 2004.

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 new offices and clinical area for the Unit opened in December 2004, providing office accommodation and consulting rooms (both individual and group). This new resource, generously funded by St Mark's Hospital special charitable funds, has enhanced the Unit's ability to provide a comprehensive psychological

assessment and treatment service to the hospital. It will also facilitate enhanced teaching and research.

Staffing consists of Dr Julian Stern, Consultant Psychiatrist in Psychotherapy (full time), Dr Esther Serrano-Ikkos and Ms Patricia McHugh (both part time Consultant Psychologists), Mrs Solveig Wilson (full time hospital Social Worker and counsellor), and Mrs Breda Orrell (Secretary).

Clinical work continued to expand. New projects in 2004 included the provision of group psychotherapy for patients with spinal injury and the development of a hypnotherapy service.

Support for SMH staff is an important part of the Unit's role and regular supervision for biofeedback nurses, nutrition nurses, dieticians and the hospital social worker is provided.

Teaching remains an important part of the Unit's activities. Future meetings planned include a one day national conference in June 2005 on Psychotherapy for patients with physical ailments, entitled "Body in Mind".

A clinical study reporting on patients with an eating disorder who present to gastroenterologists was published jointly by St Mark's physicians and Dr Stern during 2004. Such patients are often poorly recognised as having an eating disorder, due to the presence of associated gastrointestinal symptoms. This controlled study demonstrated that such patients often have a worse prognosis than patients who present to an eating disorder unit.

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 2004 second International St Mark's Lecture Course the fourth Sir Avery Jones Visiting Professorship was Dr Douglas Rex from the USA.

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

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

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

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

Conclusions

Gastroenterology at St Mark's and Northwick Park is thriving. The building of new dedicated Units in Inflammatory Bowel Disease and Psychological Medicine in 2004 will greatly enhance these areas of clinical and research activity.

Michael A Kamm
Chairman

Medicine

Physiology Unit

Director

Michael A Kamm MD FRCP FRACP

Senior Lecturer / Consultant Physician

Anton V Emmanuel BSC MD FRCP

Nurse Consultant & Hon Professor of Nursing

Christine Norton MA PHD RGN DMS

Consultant Physician

Sharon O'Brien MD MRCP

Senior Fellow

Carolynne J Vaizey FCS(SA), FRCS

Senior Scientist

Christopher Jordan PHD

Clinical Scientists

Salma Gurmany BSC, MSC

Tanya Nicholls PHD

Deepa Solanki BSC, MSC

Elisa Wrightham PHD

Biofeedback Nurse Specialists

Lesley Butcher RGN

Julie Duncan RGN

Jenny Lewis RGN

Maria Rakova RGN

Biofeedback Physiotherapist

Patricia Evans

Research Nurses

Angela Gibbs

Mary Molloy

Eric Tripoli

Health Care Assistants

Jo Battersby

Shanthi Manickam

Evette Cooper

Medical Officer

Michael Jarrett FRCS

Tom Dudding FRCS

Research Fellows

David Chattoor MB BS

Sonya Chelvanayagam RGN

Eric Chung FRCS

Maureen Coggrave RGN

Alexander Hardy FRCS

Ailsa Hart MRCP

Yasuko Maeda MD

Charles Murray MRCP

Harriett Owen FRCS

Natalia Zarate MD

B Med Science Students

Parminder Dhanjal

Deanna Khoo

Secretaries

Jenny Bowen

Smita Patel

Paulette Sharkey

Appointments

Bernadette Olivar

Margaret Phillipson

Nisha Dholakia

During 2004 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 program. 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 2004 the chronic pain clinic continued to provide a service in pain management of ward and out patients. 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.

During 2004 Marianne Smith led on the St Mark's daily "Pain Round". When appropriate she is supported by input from Dr Jonathan Harris with regard to acute pain management, and Anton Emmanuel for patients with chronic problems. Marianne also contributes to the Pain Services on the Northwick Park site.

Medicine

Physiology Unit cont.

On the out-patient side of the service, Marianne has contributed actively to the Wednesday afternoon pain clinic. A pain management programme has been devised and implemented. Careful selection of patients to enter this programme, and close monitoring of efficacy by questionnaires and interview has suggested that such a program is effective. Improvement is seen in self-reported pain, use of analgesia, visits to specialists and quality of life.

Two years or greater follow up data are now available in over 100 patients. Approximately 40% of patients are improved and maintain improvement. In addition to pain management, other interventions include opiate and benzodiazepine weaning, relaxation therapy, rationalisation of pharmacological therapy and access to psychological services. The Pain Clinic is indebted to the Psychological Medicine Unit, with whom a number of patients are jointly cared for, and to Pam Nye and Smita Patel for administrative and secretarial support.

Outcome data from the clinic have been presented at the British Society of Gastroenterology annual meeting, and at The Royal London and Middlesex Hospitals. The clinic has had visitors from Birmingham, the Royal Free, St Bart's and Whipps Cross Hospitals.

Nursing clinical care and research

Nurses within the Physiology Unit continue to provide much of the specialist care.

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

The clinical service

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

During the year more than 1500 diagnostic and 3500 treatment episodes took place. There are often up to eight or nine diagnostic and treatment clinics running concurrently in the Unit. The Unit is very focussed on a comprehensive package of care that encompasses patients having all their investigations and the beginning of treatment pre-booked to occur on the same day. Tests are not considered an end in themselves; all patients referred from outside the hospital have a careful history taken, tests performed, and a plan of management formulated. Booking and reporting systems are now streamlined and computer-based. The Unit is multidisciplinary in personnel and in the range of treatments offered, and is continually expanding its staff to meet the growing diagnostic and clinical need.

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.

Faecal Incontinence

Behavioural therapy (biofeedback)

During the year the joint Pelvic Floor Clinic continued to see 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.

A study of anal electrical stimulation for faecal incontinence was completed 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.

During 2004 an international multi-centre study involving the Unit was published in the Lancet. This demonstrated the value of sacral nerve stimulation for the treatment of faecal incontinence in the presence of a structurally intact but weak sphincter.

Michael Jarrett completed work on extending the range of indications for this therapy, including patients with incontinence persisting after rectal prolapse repair, incontinence following partial spinal injury, and incontinence after rectal resection for cancer. This work was accepted for publication.

In a further study, completed during 2004, the role of sacral nerve stimulation in patients with a disrupted sphincter due to obstetric sphincter damage was investigated. Eight patients were permanently implanted, with most experiencing markedly improved continence during the short to medium term.

The total UK experience of sacral nerve stimulation for faecal incontinence was compiled by Michael Jarrett and published during 2004. More than 80 percent of patients permanently implanted in 3 centres experienced a marked improvement in continence, indicating the broad applicability of this treatment outside teaching centres.

During 2004 Michael Jarrett and Michael Kamm reviewed the world literature regarding the use of sacral nerve stimulation for the treatment of faecal incontinence and constipation. This work was published in the British Journal of Surgery, and also formed the basis of a review of this treatment by the National Institute for Clinical Excellence (NICE).

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 work involving sacral nerve stimulation.

Sphincter Surgery

Work from this Unit had previously demonstrated a variable long term outcome of primary sphincter repair in patients with faecal incontinence following obstetric sphincter damage. In contrast Carolynne Vaizey published work demonstrating that repeat sphincter repair has a good outcome in many patients with such damage who had failed a previous repair. This difference in results may reflect differences in residual striated muscle bulk and function between the two groups of patients.

Haemorrhoids

Alex Hardy commenced work on the structure, pathophysiological basis and symptom treatment of haemorrhoids. He is supervised by Richard Cohen.

Diverticular Disease

During 2004 Toshiki Mimura published 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.

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 2004 Michael Kamm published a study, as principal investigator, in the American Journal of Gastroenterology examining the effectiveness of tegaserod in patients with intractable constipation. The study included more than 1200 patients across Europe. 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 2004 Michael Jarrett and Tom Dudding commenced work as part of an international multicentre study examining the efficacy of sacral nerve stimulation for this indication.

Chronic idiopathic intestinal pseudo-obstruction

Patients with visceral myopathy or neuropathy pose a major management problem, due to intractable pain, vomiting, or altered bowel function. Work published from the Unit demonstrated that the motilin analogue, erythromycin, can be therapeutically valuable in patients with upper gut dysfunction.

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.

Alex Chung, a British surgical trainee, continued research towards his doctorate. Working at both St Mark's and the Royal National Orthopaedic Hospital, under the supervision of Anton Emmanuel and Professor Michael Craggs, he studied the effect of stimulation of sensory nerves in order to modify rectal compliance (stretch) in spinally injured patients. He has shown that it is possible to modify rectal compliance and rectal reflexes, a process which may influence the identification of optimal parameters for electrical stimulation. Alex completed a study of bowel function in spinal cord injury patients who have an electrical stimulator placed in their spine to treat bladder dysfunction. He used a specific questionnaire developed within St Mark's and Stoke Mandeville Hospitals, and found that electrical stimulation for the bladder is effective in improving bowel management in the vast majority of patients.

Enteric hormones and visceral afferent nerve function

Charlie Murray, a British gastroenterology trainee, completed his third year of study towards a PhD with Imperial College. He 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 completed 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 Glaxo SmithKline in Harlow.

Charlie completed a study demonstrating the beneficial effect of ghrelin in 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. Charlie also completed a study investigating the possible mechanisms by which the cultural food, khat, induces anorexia. He showed that this anorexic effect is independent of the gut hormones ghrelin and PYY.

Catherine Gouveia obtained a BSc in Gastroenterology and Hepatology. She was jointly supervised by Dr Simon Gabe and Anton Emmanuel. She studied patients with short gut syndrome, demonstrating that certain types of intravenous feed induce a reduction in ghrelin secretion, which may correlate with altered symptoms of hunger.

Gut response to stress – in health and irritable bowel syndrome

A study conducted by two medical students from Imperial College, Jo Flynn and Laura Ratcliffe, as part of their BSc, was published in Gastroenterology. They showed that acute physical and psychological stress heightens gut sensitivity in patients with IBS to a greater degree than controls.

Parminder Dhanjal obtained a BSc in Gastroenterology and Hepatology. Supervised by Anton Emmanuel she demonstrated that patients with irritable bowel syndrome have a tendency to somatisation (reporting emotional symptoms in terms of bodily complaints) which was associated with heightened rectal sensitivity. This original work highlights a mechanism through which emotional factors can influence gut sensitivity.

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

Gastro-oesophageal reflux and other oesophageal functional disorders

During 2004, a Spanish Gastroenterologist Natalia Zarate undertook work on the development of pharmacological therapies to modify oesophageal function.

Deanna Khoo obtained a BSc in Gastroenterology and Hepatology with Imperial College. Supervised by Anton Emmanuel she planned and completed a study of the effect of acid infusion in patients with gastro-oesophageal reflux. She showed that patients with non-erosive reflux had greatest sensitivity to acid, compared to patients with erosive reflux, who in turn had greater sensitivity than healthy controls.

Education

The unit ran a number of courses last year. Christine Norton continued to run a bowel continence course for specialist continence nurses. This validated course was run in conjunction with City University. A new Masters in Continence Care module continued in 2004.

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

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

The Future

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

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

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

Clinical scientists are continuously refining measurement techniques, by a process of technological change and clinical trials. They are taking on a national role to lead in their areas of clinical practice and research. Although the Unit has always had a strong clinical and research activity in oesophageal and upper gut motility problems, this is being expanded.

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

Michael A Kamm

Director

Nursing

Burdett Institute of Gastrointestinal Nursing

Director And Professor of Gastrointestinal Nursing
Christine Norton RN MA PhD

Administrator
Janet Paul

Lecturer-practitioner
Annmarie Nunwa BSc RN

Lecturers
Richard Day BSc PhD
Kathy Whayman MSc RN
Julia Williams Med RN

Research Fellows
Husila Kershaw
Maureen Coggrave MSc RN
Sonya Chelvanayagam MSc RN
Sarah Collings MA
Sue Woodward MSc BSc RN



Reception lunch at the House of Lords celebrating the launch of the Burdett Institute

The Burdett Institute of Gastrointestinal Nursing is a partnership between Kings College London, the Burdett Trust for Nursing and St Mark's Hospital. The aim of the Burdett Institute is to improve the health and wellbeing of people with gastrointestinal disorders by promoting excellence in gastrointestinal nursing education, research and practice. This new Institute is located at St Mark's in accommodation provided by the St Mark's Hospital Foundation.

Our objectives include ensuring that people with GI disorders will have easy access to evidence-based information in a variety of formats. We plan an extensive programme of nurse education and will commence both a BSc and MSc in GI nursing programme in the 2005-6 academic year. We also plan to expand the research capacity and output of quality evidence underpinning GI nursing practice and to provide leadership and a role model for GI nursing nationally and internationally. Further information can be obtained from our website: www.burdettinstitute.org.uk .

Acknowledgements

We would like to thank the Burdett Trust for Nursing for funding this project from 2004-2009. Additional support has been given by Dansac Ltd, St Mark's Hospital Foundation, the Sir Halle Stewart Trust and Kings College London.

Christine Norton

Director

Nursing

Stoma Care Department

Lead Nurse Stoma Care

Angela Vujnovich Rcn,
Cert. In Stomal Therapy

Stoma Care Nurse Specialist

Jennie Burch Rn Adult, Dipn

Pouch Support Nurse

Jo Wagland Ba (Hons), Rgn

Stoma Care Nurse Specialist

Clare Bossom En, Rgn, Diphe Comm,
Enb216

Stoma Care Nurse Specialist

Sarah Varma Rgn, Dipn

Stoma Care Nurse Specialist

Zarah Perry-woodford Rgn Adult

Stoma Care Administrator

Karen Pinder

At the beginning of 2004 the department revamped the data collection system that was in place to one that would more accurately reflect the work that was being produced by the Stoma Care Department. In 2004 the stoma care nurses had over 5000 face-to-face contacts with patients. These were conducted as either inpatients, outpatient appointments in clinics or home visits. There were approximately 430 new referrals, the number of these requiring a stoma being just over 200. It is pleasing to see that 65% of these patients now have temporary stomas rather than permanent. Comparing these figures to previous years we can see that while our new referrals remain the same the number of patients requiring a stoma has increased slightly. With over 5000 patient contacts the Department continues to provide a greatly utilised clinical service to both inpatients and outpatients.

The Department ran a number of study days for internal and external delegates during the year, including a new starter and intestinal failure study day, advanced stoma care study day, health care assistant study day and the community nurse study day. All these days were designed to improve the care that stoma patients receive both in hospital and in the community setting.

An important development for academic nursing last year was the development of the Burdett Institute in conjunction with St Mark's and Kings College London. This institute will run both MSc and BSc programmes in Gastrointestinal Nursing. Angela Vujnovich has been involved in the planning and development of the stoma care modules for these programmes. These modules will be designed to ensure that all future stoma care nurses have education to a high standard. The first of these modules will start late 2005.

2004 saw Clare Bossom and Sarah Varma launch their nurse-led follow-up clinics for local stoma patients. These

clinics are run once a week and are designed for general support, post operative review and those patients who are experiencing any problems. All patients are requested to attend the clinic 3 months after discharge for a check up on their progress, as previous research has suggested that this is the best time to assess how patients are actually managing and coming to terms with their stoma. Clare and Sarah are now planning to audit the effectiveness of this clinic. Clare and Sarah were also involved in the Inside Out patient information open day. This day was a great success judging from all the positive feedback we received from patients.

Clare Bossom went on maternity leave for the birth of her daughter Fay, with Sarah Varma seconded into Clare's position. Jennie Burch was invited to speak on the Foundations in Stoma Care course at Hillingdon Hospital. She also successfully completed her Introductory Certificate in First Line Management. Joanna Wagland started her MSc in nursing and has successfully passed all modules to date. Joanna and the Red Lion Committee organised the Red Lion Open Day for ileo anal pouch patients that was well attended and received positive feedback. Zarah Perry-Woodford and Sarah Varma both successfully completed modules at City University in stoma care and colorectal cancer respectively. Karen Pinder continued in her role as stoma care administrator in the Department. Karen has been invaluable in her organisation of all the study days that the Department has run throughout the year. In December Karen flew to Australia for her wedding.

2004 is now over and we must look forward to 2005. The Department already has a number of plans under way which I'm sure that I will be able to tell you about next year.

Angela Vujnovich

Lead Nurse Stoma Care

Intestinal Failure

Consultants and Senior Lecturers

Dr Alastair Forbes
Dr Simon Gabe
Mr Alastair Windsor
Ms Angie Davidson

Specialist Registrars, Clinical Fellows & SHOs

Dr Melanie Lockett
Dr Aymer Postgate
Dr James Lindsay
Dr Jonathan Hoare
Dr Clive Onnie
Dr Cinzia Papadia
Dr Anika Hansmann
Dr Charlie Murray
Dr Adam Bennion
Dr Andrew Coulton

Nursing

Debbie Buchan
Anne Marie Daniels
Sally Crowther

Dietetics

Alison Culkin
Morag Pearson
Diane Brundrett
Christina Wong

Pharmacy

Claire Chadwick
Shola Olusanya
Angela Moore

Intestinal Failure Coordinator

Ammi Tanda
Carmen UgarteCano

Research Fellows

Dr David Lloyd
Dr Katharina Wallis

Scientists

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

Students

Charlene Foley
Catherine Gouvea

Administration, Contracts and IT

Mr John Arnold
Caroline Francis
Karen Mcguire
Julie Vasquez

Another year passes and the nutrition and intestinal failure service at St Mark's grows. One important promotion is for Angie Davidson, who has been made Nurse Consultant in Nutrition and Intestinal Failure. Congratulations to Angie! As our clinical workload increases for intestinal failure, we have been promised an Intestinal Failure Unit by the Trust, which will be separate to our current ward base on Frederick Salmon Ward. Our referral base is strong for both medical and surgical causes of intestinal failure and we receive referrals from throughout the UK but most come from the South West, South East, Eastern and London regions. One continued frustration continues to be that patients are waiting too long to be transferred and this is something that we hope to be able to address once we have a dedicated IF Unit.

With respect to home parenteral nutrition, we care for around 135 patients from around the country, making us the country's largest HPN centre. We continue to hold specialist multidisciplinary nutrition clinics for patients with intestinal failure on parenteral nutrition and have had a number of professionals attending to observe these uniquely designed clinics. Our specialist dietitians (Morag Pearson, Diane Snoxell, Christina Wong and Alison Culkin) continue to support the IF service as do pharmacy (Shola Olusanya and Clare Chadwick). Pharmacy support is undergoing change as Clare Chadwick returned part-time but went on maternity leave in December. Shola Olusanya has developed over the years that she has been with us and left in December to go to UCH, with a significant promotion.

We wish her well and are confident that she will have a successful career ahead of her. She will be succeeded by Jackie Eastwood in 2005, who joins us from Leeds and we look forward to her joining the team. We also say farewell to Ammi Tanda our intestinal failure coordinator, she moved upstairs to the Macmillan Services in December and I know that we will miss her greatly. She managed to do a difficult job very well and even managed to run the London Marathon as well! She is replaced by Carmen UgarteCano and we look forward to working with her.

Educational Meetings

In 2004 we have held a number of very successful meetings. In May we held the first Joint Intestinal Failure Units meeting which focused on the 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 October, we held our 6th Intestinal Failure Study Day which attracted over a hundred delegates and 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. Other study days have been held which includes an enteral feeding study day organised by Alison Culkin as well as a number of parenteral nutrition study days held by the nutrition nurses which aim to train staff in the provision of parenteral nutrition.

Intestinal transplantation

We continue to have six monthly transplant meetings together with Addenbrooke's Hospital, Cambridge. More patients are being discussed as the survival rate improves for patients undergoing this procedure and one of our patients is not listed for transplantation.

Research

David Lloyd started as research fellow in the department. He will be running the appropriately named ACE fistula trial (acute & chronic enterocutaneous fistula trial), which aims to be a large multicentred trial of enteral or parenteral feeding in patients with enterocutaneous fistulae. The outcome of this study should influence the surgical management of these patients and may help to re-write the management protocols in the textbooks. David will also be undertaking an MSc in Clinical Nutrition and will also be involved in tissue engineering research with Simon Gabe. The tissue engineering project has flourished as we have been able to engineer small intestinal mucosa on artificial construct. This has required a close collaboration with Dr Aldo Boccaccini from the Department of Materials at Imperial College, Professor Colin Green and Dr Tahera Ansari within Northwick Park Institute of Medical Research, as well as the University of Liege where the scaffolds are made. Our group is included within the Imperial College Tissue Engineering Research Group, headed by Professor Dame Julia Polak. Another key research project recently started by Dr Katharina Wallis involves the first human use of a GLP2 analogue in patients with short bowel syndrome on parenteral nutrition, supervised by Alastair Forbes. Katharina

will also be collaborating closely with Dr Julian Walters at the Hammersmith Hospital for this project, which has the potential to get selected patients off parenteral nutrition altogether. On a separate note, Alison Culkin has completed her randomised controlled trial of glutamine supplementation in long-term intravenous nutrition and this is awaiting publication. She will next be addressing parenteral taurine in patients with IVN related cholestasis. Richard Day was awarded an MRC grant in 2003/4 allowing him to cross specialise and this has allowed him to perform further work with Dr Boccaccini along the avenue of material sciences. Finally, two Imperial College medical students (Charlene Foley and Catherine Gouvea) performed BSc research projects supervised by Simon Gabe (Catherine guided also by Dr Charlie Murray and Dr Anton Emmanuel). Their research projects were on the hormonal control of appetite, hunger and satiety in parenterally fed intestinal failure patients and a comparison of malnutrition screening tools in acute hospital admissions (helped also by Christina Wong). The results of both projects were presented at national and international meetings and publications are expected. Well done!

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.

Finally, 2004 has been the year of procreation as Angie Davidson, Christina Wong and Claire Chadwick have all had babies – we welcome Oscar, Dylan and Sophie. Congratulations!

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

Simon Gabe

Senior Lecturer and Honorary Consultant

Academic Department of Pathology

Consultant Histopathologists

Ian C Talbot MD FRCPATH
Thomas Guenther MD PhD Priv-Doz Dr
med habil
Axel von Herbay MD Prof Dr med habil

Secretary

Rehana Shah

Visiting Research Fellows

Dr Najat Mourra MD, Saint Antoine
University Hospital, Paris, France
Dr Doerthe Kuester, Otto-von-Guericke
University, Magdeburg, Germany
Dr Salwa Mekki, Khartoum University,
Sudan

Specialist Registrars

Khuram Chaudhry MB BS PhD
Shyamala Helen Fernandez MB BS
Mihir Gudi MD MB BS
Farah Sandhu MB BS

Professor Ashley B Price had already retired at the end of 2003. The second of the Gastrointestinal Histopathology 'living legends' at St Mark's, Professor Ian C Talbot, retired in April 2004.

To mark their retirement and in their honour a Gastrointestinal Pathology symposium was held at St Mark's on 14 May 2004. Friends and former co-workers, registrars and colleagues from all over the country and abroad took the opportunity to come and say farewell to Ian and Ashley. The symposium was a great success and provided the chance to listen to state-of-art lectures on a wide range of topics related to Gastrointestinal Pathology. We will remember Ashley's and Ian's farewell speeches and the wonderful anecdotes they told.

After Ian's retirement in March there were considerable problems in maintaining the service in late spring. By then the gastrointestinal histopathology service was left for two months with Thomas Guenther as the only expert GI pathologist, though he was most grateful for support from colleagues in the Northwick Park Histopathology Department.

In June 2004, however, we were most happy to welcome Professor Axel von Herbay to fill the second consultant post in GI histopathology. With Axel von Herbay, who was already a well-known figure in academic gastrointestinal pathology in Germany, a second academic histopathologist was in place. The gastrointestinal histopathology service is facing a substantially increasing workload. Now we are reporting about 8,500 biopsies and resection specimens from St Mark's & Northwick Park Hospitals, as well as from Central Middlesex Hospital. The number of

MDT meetings at both sites of the North West London Hospitals Trust has almost doubled, and this makes an additional impact to the workload of the service.

Mrs Rehana Shah, who was PA to Ian Talbot for many years, left the Department in May 2004. She had not only managed all the routine clerical support but also contributed to the organisation of the academic work of GI histopathology. Rehana's departure is a great loss for the Department and her position has, sadly, not yet been filled.

The lack of personal assistance was augmented by deficiencies of the technical equipment. During the year, both new GI pathologists were without cameras to take photomicrographs. Equipment for gross photography is also deficient. Microscope and computers were outdated, and internet access is restricted.

Given the circumstances the two new GI histopathology consultants focussed initially on improving the service of the Department in order to meet the expectations and demands of our clinical partners. By the end of 2004 the turnaround time had been significantly reduced and is now almost meeting international standards.

Despite facing the difficulties at the service front we managed to continue with academic duties. We provided seminars for undergraduates of Imperial College London on gastrointestinal histopathology and colorectal morphology. Thomas Guenther, Ian Talbot and Axel von Herbay lectured on the three St Mark's postgraduate courses during the year.

Both of the new pathology consultants contributed to St Mark's weekly Grand Rounds, introducing a new format of case presentations to the clinico-pathological conferences. On 7th October 2004 Professor von Herbay presented his first Grand Round lecture, on Whipple's Disease, an intestinal disorder which is until now rarely seen at St Mark's.

In March, Professor Ian Talbot presented lectures at the international meeting on Coloproctology at St Vincent in Italy, on indeterminate colitis and indications for genetic testing for colorectal cancer risk.

In September, Professor von Herbay assisted at a consensus conference, held by the European Crohn's and Colitis Organization (ECCO) in Prague, to establish new evidence-based ECCO guidelines for the diagnosis and treatment of Crohn's Disease.

Axel von Herbay lectured (in September) at the Royal Society of Medicine's Gastrointestinal Study Day for postgraduate trainees in Histopathology.

Both Privatdozent Dr Thomas Guenther and Professor Dr Axel von Herbay maintained their academic commitments in teaching and research in Germany, at the Otto-von-Guericke University Magdeburg, Germany, and at the University of Heidelberg, respectively.

Thomas Guenther
Axel von Hebay
Ian Talbot



Three generations of pathologists.

Left to right, Mrs Sue Talbot, Mrs Sylvia Morson, Professor Ian Talbot, Lady Northover, Dr Basil Morson, Mrs Judith Price, Dr Thomas Guenther, Professor Ashley Price.

Research Records Department

Director

Mr Alastair Windsor MD FRCS FRCS(Ed)

Research Fellow

Dr Kay Wilkinson BA BM BCh PG Dip
Comp

Research Assistant

Mr Steve Rumbles RGN Dip Comp BSc

Research and Administrative Assistant

Miss Neha Vaid BSc MSc

Clerical Assistant

Mrs Preeti Shah

The Research Records Department has collected and provided clinical data at St Mark's for a wide variety of purposes for many years. This has been continuous since the days of Dr. Jean Ritchie in the 1960's who continued and extended the detailed data already collected before the computer age and governments started dictating data collection to hospitals.

Sadly, the main event for the Research Records Department of 2004 was the forced wind-down of the Department, closing in early 2005, due to withdrawal of funding. A big achievement of the year was the scanning and classification of over 30,000 record cards into a database, some over 80 years old. This was initially intended to be part of the Department's development but despite the closure, hopefully, will have preserved the data and information for the future.

The Department produced its first report in 2001 about the future of information and data at St Mark's. The report concluded that change and development was necessary to once again be at the forefront of data collection and information for research. Further brief reports were produced by the Department in 2003 and 2004 to supplement the initial report. The committee representing the many facets of the hospital formed under the chairmanship of John Northover in 2003 continued to meet to develop the Department for the future. In 2004 the trustees of the St Mark's Hospital Foundation stated their intention to stop further funding of the Department from April 2005 as only projects, not "infrastructure", would be supported from their funds. In 2004 one of the trustees of the St Mark's Hospital Foundation, Michael Leibreich, joined the committee to attempt to raise money for the Department. However, in May another funding setback occurred when Veda Enser announced the NHS's intention to withdraw funding of Steve Rumbles's post in order to fund a management

post related to specialist coding as soon as possible. The final blow to development was dealt when the trustees of the Hospital Foundation turned down an application for monies to fund the development of a proposal suggested by Michael Leibreich to raise funding from external sources. Further attempts for money proved futile leaving the Department with no option but to wind down and close in an orderly, controlled manner.

The sadness of the Department's demise was outweighed by the many happy events and personal achievements for the Department staff. Kay Wilkinson became pregnant, giving birth to Guy in January 2005, although this did delay Kay's writing up of her thesis!

Neha Vaid was awarded a distinction for an MSc in Human Resource Management and Organisation Analysis from King's College, London. Neha was then successful in her first job application being appointed as a Human Resources Advisor within Northwick Park and St Mark's which she started in January 2005. Preeti Shah who worked in Research Records as a "temp" since 2003 has been a superb asset to the Department, keeping the rest of the team in order. Preeti found some work with the Nutrition department just after the Department closed. Steve Rumbles was also successful in his first job application and left the NHS to join the new London Oncology Clinic in Harley Street as the IT Manager.

Early 2005 brought mixed emotions for the Department. New exciting beginnings for staff, new baby for Kay, Neha and Steve off to new jobs and Preeti finding other work within the trust. However, there was also a tinge of sadness at the end of an era within St Mark's Hospital.

Steve Rumbles
Research Assistant

Surgery

Consultants

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

Specialist Registrars

Pav Mathur
 Christopher Chan
 Gordon Buchanan
 Paris Tekkis
 Doug Bowley
 Matt Lawrence
 Guy Nash
 Jack Lee
 Ann Lyons
 Austin Acheson
 Andrew Huang
 Vivek Datta

Perioperative Nurse Practitioners

Susheela Robinson
 Steve Wright

Surgical House Fellows

Alex Hardy
 Suresh Pushpananthar
 Oliver Smith
 Alex Von Roon
 David Roberts
 Henry De'ath
 Liz O'donovan
 Rebecca Himpson
 Jay Panchmatia
 Rachel Maynard
 Janice Murphy
 Simona Truvolo

Honorary Clinical Assistants and Research Fellows

Domenico Aiello	Italy
Malika Bennis	U K
Frédéric Borie	France
Alex Chung	U K
Silvia Cornaglia	Italy
Dajana Cuicchi	Italy
Parthasarathi Das	U K
Tom Dudding	U K
Marco Ferronato	Italy
Patricia Hanson	U K
Alexander Hardy	U K
Matthew Johnson	U K
Litavan Eric Khamphommala	France
Edelweiss Licitra	Italy
Emma Marchigiano	Italy
João Miguel Martins	Portugal
Heena Surendra Patel	U K
Sebastian Roka	Austria
Francesco Paolo Di Rosa	Italy
Simona Truvolo	Italy

John Nicholls terminated his Presidency of the European Association of Coloproctology during a successful year for the organisation ending with the Annual Meeting in Geneva in September. This was well attended by large numbers of delegates from West, Central and East Europe. There was a strong transcontinental faculty which made an excellent contribution. He retained his place on Council of the EACP and also on the European Merger Committee. The amalgamation of EACP and the European Council of Coloproctology (ECCP) is now almost certain. He also remained on Council of the Division of Coloproctology of the Union des Medecins Specialistes (UEMS) with a particular interest in certification in Coloproctology in discussion with the Association of Coloproctology of Great Britain and Ireland. He remained Civil Consultant Adviser in surgery to the Royal Air Force. He was therefore joint host to the Defence Medical Services during a meeting held at St Mark's Hospital in September. He continued as Chairman of the Distinction Awards Committee of the Association of Coloproctology of Great Britain and Ireland. He lectured in the UK and abroad and was received as an Honorary Member of the Spanish Society of Surgery and of the Italian Society of Colon and Rectal Surgery. He continued as editor of Colorectal Disease which maintained satisfactory progress. He remained in research collaboration with Professors Kamm and Ciclitira with Mike Jarrett, Paris Tekkis and Matt Johnson as research fellows.

John Northover continued in several national roles, including Chair of the Data and Ethics Committee for all Medical Research Council colorectal cancer trials, and Civilian Consultant Adviser in Colorectal Surgery to the Army. As Director of the CR-UK Colorectal Cancer Unit, he continued membership of CR-

UK Training and Career Development Board and chaired the Appointments group for Clinical Research and Senior Research Fellowships. He continued to chair the Treatment Sub-Committee of the NHS Bowel Cancer Advisory Group, and as a member of the Steering Committees for the national MDT-TME Training Programme (led by Bill Heald), and the HTA-funded FACS Trial (investigating post-operative follow-up strategies in bowel cancer). He served his second year as a member of the Awards Committee of the Digestive Disease Foundation.

Lecture commitments included giving the Bernstein Lecture at the University of Minneapolis, the Moshal Lecture to the South African Gastroenterology Society (SAGES) in Cape Town, the Forrest Lumpkin Lecture at the University of Texas, Dallas, the Edward Wilson Lecture to the Sydney Surgical Society, and the Gerald Townsley Lecture at the Medway Maritime Hospital, Dartford. He also lectured in Milan, Kuwait and Basingstoke. He designed and chaired the European School of Oncology Colorectal Cancer Masterclass in Cyprus, and was elected to membership of the international Association of Pelvic Surgeons.

In November 2004 Professor Robin Phillips took up the post of Clinical Director in succession to Professor Clive Bartram. During the year he continued as Director of the St Mark's Polyposis Registry, Joint Administrative Director of INSIGHT (The International Society for the Investigation of Gastrointestinal Hereditary Tumours), President of the British Colostomy Association, Civilian Consultant in Colorectal Surgery to the Royal Navy, and on the Editorial Board for Familial Cancer and Diseases of the Colon and Rectum. He was invited to become joint Co-Editor for Techniques in Coloproctology. Julian Stuart completed

Surgery cont.

his period of research in gene therapy for FAP and Sandra Martinico continued her PhD in the same field, both jointly supervised with Dr Georges Vassaux, while Dr Andrew Latchford continued recruitment to the DFMO/Celecoxib trial in FAP patients and further scientific work on FAP desmoid tumours along with Dr Andrew Silver and Professor Ian Tomlinson in CRUK at St Mark's. Simona Truvola finished her year as an Honorary Clinical Assistant working with Robin and left to become one of the St Mark's Fellows in Colorectal Surgery. She was replaced by Dr João Martins, a surgeon from Portugal. Robin lectured in: Aarhus, Denmark; Nordveig, Holland; Madrid, Spain; Montreal, Canada; Chepstow, Wales; Birmingham, England; Belgrade, Serbia; Milan, Italy; he was the College Lecturer in Melbourne, Australia; he ran a practical workshop on 'Plastic surgical techniques around the anus' in Perth, Western Australia; he gave the Daher Cutait Oration at Campos de Jordao, Brazil; and he lectured at the Glasgow Surgical Forum when he was elected Fellow of the Royal College of Physicians and Surgeons of Glasgow.

Carolynne Vaizey settled into her new role at St Mark's forming an excellent working relationship with Professor Northover as his Senior Lecturer. She lectured in the UK and abroad and continued in research collaboration with Professor Kamm and Professor Nicholls. She also maintained her research links with her former colleagues at The Middlesex Hospital. Research fellows Mike Jarrett, Tom Dudding and Yasuko Maeda continued the work on new treatments for faecal incontinence. With the approval of sacral nerve stimulation by NICE, this has now become one of the most common treatments for incontinence at St Mark's. Neurostimulation is now a major research focus for the treatment of other colorectal conditions. Carolynne took

over from Mr Richard Cohen as the Lead Clinician for Colorectal Cancer and also lead on Clinical Governance within St Mark's.

Peter MacDonald continues to hold a joint post working both in St Mark's and at Northwick Park Hospital. Mr Stuart Gould joined the staff at St Mark's and at Northwick Park Hospitals, coming from a Senior Lecturer post at St Mary's.

Stephen Chadwick continues to enjoy a busy practice. Despite professing an interest in laparoscopic surgery much open surgery is performed. Visits to other units and major surgical meetings have been made. Surgical presentations have been given at national and international meetings, including the Society of Laproendoscopic Surgeons meeting in New York. At the St Mark's Association a paper detailing the use of Hartman's procedure was presented. Videos on a synchronous combined resection of the rectum with Professor John Nicholls and management of Crohn's disease were completed and presented. Outside surgery the highlight of the year was winning the Girling silver salver in the Windsor Park Carriage driving championships.

Lead by Mr Chadwick and Mr Gould laparoscopic surgery is now being performed at St Mark's. This area has been identified as our next area for surgical expansion. It is hoped that we will be able to form a leading minimally invasive unit in combination with radiology and the endoscopy unit within the next year.

The Intestinal Failure Unit continues to grow. All of the St Mark's surgeons have been involved in the treatment of enterocutaneous fistula patients as the number of these surgical patients has continued to increase. A ward was identified for conversion to a dedicated

intestinal failure unit. Ideally situated between theatre, ITU and the endoscopy unit, this ward would have had 20 intestinal failure beds. Unfortunately, this development has been frustrated by the Trust's planned PFI scheme.

Carolynne Vaizey

Senior Lecturer and Honorary Consultant Surgeon

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