



Annual Review 2007 / 2008





bowel & cancer
research | *saving lives
changing lives*



With special thanks to

Mr E W (Manny) Davidson for his generosity in financing major equipment purchases; Ruth Squire and Lynn Georgiou, who have raised over £6,000 and will be walking the Great Wall of China in memory of their friend, Penny Rogers; Mrs Molly Windenbank who donates £1,000 annually in memory of her husband Michael; Ian Greaves and family for their fundraising celebrating the life of John Trainer; Dee and Christian Herbert; Emmet McAtteer who raised over £1,000 through running the Amsterdam Marathon; Mrs Eastham who raised £2,935 in memory of her husband, Brendan; The executives of the estate of the late Alfred Nathan who donated £5,000 in his memory; Joanna Brooking; Jennifer Smallbone who raised £1,000 through a Masonic Ladies Dinner; Lady Hilda Clarke; John Black; Sir Harry Djanogly and Lord and Lady Harris of Peckham.

Thanks also to

Lisa Condron, Fiona Stewart, Johhan Lloyd, Gail McCrozie, Paul Storey, Michael Hartley, Joanna Chadwick and all our other payroll givers. Adele Apatura, Aelia Addis, Mr and Mrs Adler, Lilian Barnett, Alexis Tora Bailey, Clive Beesley, Emma Berry, Olivia Crane, Mr and Mrs Kreis, Mr and Mrs Lindsay, David and Hannah Lewis, Mr T A McCreary, Josh Parslow and Nicky Nurrish.

Thanks to all who donated in memory of

Peter Alderson, Mrs Donella Bell Dyke, Gladys Coxwell, Robert Edwards, David Foster, Mrs Molly Gould, Ronald Grant, Charles Hopkins, Alfred Nathan, Mrs Batool Sharrukhi-Dodd, Ronald Snedden, Sue Stayte, John Trainer, Alan Want and Edward White

Companies and Charitable Trusts

Lavendon Group plc, Mr and Mrs J A Pye's Charitable Settlement, Simmons Services, Sir John and Lady Amory's Charitable Trust, The Green and Lilian F M Ainsworth and Family Benevolent Fund, The Appletree Trust, The Amourers' and Brasiers' Gauntlet Trust, The Baker Charitable Trust, The Bartlett Taylor Charitable Trust, The Cutlers' Company Charitable Trust, The R M Douglas Charitable Trust, The Hadley Trust, The G M Morrison Charitable Trust and The Foyle Foundation.

Other thanks

Newtown & District Ladies Circle and North East Recorder Orchestra.

Chair's Report



I am delighted to be presenting this report at such an exciting period in the growth of Bowel & Cancer Research. Our focus on our key aims has sharpened with the delivery of a five year research strategy, an important part of which is the development of an independent Scientific Advisory Board who will assist in the selection and monitoring of appropriate projects going forward.

In the field of bowel cancer, we find ourselves at a seminal point in time. Progress made within the area of DNA sequencing means that in future the genes associated with tumour growth and, crucially, spread will be better linked with an individual's own DNA signature leading to better diagnosis, better targeted treatment regimes and ultimately survival.

Our location and our access to expertise means that we are extremely well placed to link with the relatively new discipline of neuro-gastroenterology and investigate the genetic basis of other distressing bowel diseases. And all this will be underpinned by continuing innovation in surgery, enabling more people to undergo major surgery for cancer and other diseases and to come out the other side without a stoma.

Important collaborations already formed with the prestigious Mayo Clinic in the States and the flagship Department of Health funded Bowel Function Healthcare Technology Cooperative will be augmented with plans for a new National Centre for Bowel Research and Surgical Innovation. The proposed Centre will be a collaboration between key functions within the Barts and London NHS Trust and will develop Bowel & Cancer Research's model of linking science and surgery to facilitate the "bringing to market" and widespread adoption of new surgical techniques and technology, providing a workable model for other clinical disciplines across the country.

We are proud of our achievements to date, and we feel that our twin scientific and clinical approaches, combined with a new commitment to income generation will put us in a strong position to make a significant future impact in our field.

Professor Norman Williams MB MS FRCS FMedSci
Chair of Trustees

Contents

Chair's Report	1
Saving Lives	2
Changing Lives	3
Looking Forward	4
Financials	5

Much Loved.com

We have partnered with Much Loved.com to provide a web based in memoriam and tribute service.

www.muchloved.com

Recycle your mobile

Do you have corporate links? We could help employees recycle their old mobile phone handsets. Each handset generates a donation for Bowel & Cancer Research.

www.recycleyourmobile.co.uk

Saving Lives



Finding reasons why bowel cancer behaves as it does in individual patients

During 2007/08 we supported research projects running from our own laboratory and in partnership with the Institute of Cell and Molecular Science, Barts & The London School of Medicine and Dentistry. Using our world leading expertise in techniques in molecular biology, particularly nucleic acid detection, we made key contributions including;

The Tumour Atlas

By looking at areas of the tumour which have metastasised, we investigated whether there might be particular genetic signatures which could indicate the metastatic potential of the tumour.

As part of our **Tumour Atlas** work, we developed a standard operating protocol for laser

Our emphasis on innovation in surgery makes us unique.

capture microdissection and extraction of genetic material from archived material. This greatly opens up opportunities for research with samples that would have been difficult if not impossible to do previously.

The MACS Project

Although particularly aggressive, little work to date has covered **Microsatellite and Chromosome Stable** colorectal cancers. If we can successfully identify this subset of tumours, then there is the possibility of developing new therapies to target them specifically.

During work on our MACS Project, we have successfully analysed a group of cancers that show a particular aggressive, early onset phenotype using over 550,000 genetic markers. This could have a significant impact on finding effective new therapies for Microsatellite and Chromosome Stable colorectal cancers which, because of

their behaviour, are the subset of cancers which can result in poorer outcomes for patients.

Genetic Profiles of Tumours

We want to understand how the gene mutations in a tumour influence the patient's response to chemotherapy. Essentially we want to identify 'genetic weak points' in a tumour and to try and target them. This work could mean that patients would be given drugs that are effective at treating their tumours, but do not kill their healthy cells.

The **Genetic Profiling** project has received support from Bert Vogelstein, Professor of Oncology at John Hopkins University School of Medicine, Baltimore, USA and an Investigator at the Howard Hughes Medical Institute. Professor Vogelstein is a globally renowned colorectal cancer researcher and has supported the project through the supply of WNT pathway modified cell lines.

Changing Lives

Better understanding a variety of other bowel diseases and functional disorders

Currently there is no cure for **Short Gut Syndrome** which is the result of loss of small bowel either due to disease, for example Crohn's Disease, or functional problems. Until intravenous (IV) feeding was invented several decades ago the condition was uniformly fatal. Even today, 30% of newborn infants with SBS die by the age of 4.

As part of this project we have carried out ground-breaking work on the organisation of stem cells within the small and large bowel. We want to use this knowledge to see if there is the potential to renew diseased parts of bowel and thus avoid the need for IV feeding.

Through innovation we intend to obviate the need for any patient to live with a permanent stoma. A major breakthrough in 2007 was the completion of a successful pilot of the **APPEAR** (Anterior Perineal PlanE for

Ultra Low Anterior Resection) technique which was published in the *Annals of Surgery*, the world's premier surgical journal in May 2008.

The **APPEAR** is a promising new technique which could enable the 3,000 people whose cancer is very low in the rectum, as well as thousands more with Ulcerative Colitis, non-cancerous growths, and traumatic damage to the area, to live free of permanent stoma.

Rectal prolapse and **Intussusception** can be distressing and painful conditions, affecting in the main women, caused by the rectum turning itself inside out. In the case of intussusception this happens inside the body, in the case of prolapse, the rectum protrudes from the anus. The **EXPRESS** and modified **EXPRESS** procedures have been developed to use biomaterials to support the rectum in the

correct position and avoid the major abdominal surgery which has been required to date.

In April, Professor Williams was elected to Honorary Fellowship of the American Surgical Association – the highest distinction that the Association may confer upon international surgeons. He is the only active UK surgeon to be bestowed with this honour.

During the year researchers presented on the **APPEAR** technique and the **MACS** project at the prestigious Tripartite Colorectal Cancer meeting in the USA.

Our research is translational and intends to move breakthroughs made at the laboratory bench into a clinical setting for the benefit of patients.



Acknowledgements & Collaborations

Professor Bert Vogelstein, a renowned colon cancer researcher at the Howard Hughes Medical Institute for supplying the WNT modified cell lines for the mutation profiling project. Professor David Beach at the Centre for Cutaneous Research, Institute of Cell and Molecular Science for enabling access to specialised technology and an extensive library. Professor Jeremy Powell-Tuck, Consultant Physician and Professor of Nutrition, Barts & the London School of Medicine and Dentistry for contributing his expertise on nutrition to the Short Gut Syndrome project. The Mayo Clinic in the US which enabled leaps forward to be made in the expression analysis of archival material for our Tumour Atlas project.

Looking Forward



National Centre for Bowel Research and Surgical Innovation

Plans progressed through the year to turn the vision of a first national centre dedicated to research and surgical innovation into reality. The Centre will provide a holistic proposition for future research into bowel cancer and other diseases together with surgical innovation. It will maintain the cell and molecular research which has become so prevalent and important in recent years and combine this with a national surgical network coordinated from the Centre. It will be the first of its kind and provide a blueprint for combining the disciplines of research and surgery in other disease areas. The concept is a timely one and dovetails with key strategy developments within the wider healthcare environment and driven by Government. A preliminary feasibility study, involving stakeholder consultation and first stage business modelling has supported the vision. In the coming year a full business plan will be completed, leading, we hope, to the realisation of the UK's first Centre combining research and surgical innovation.

Scientific Advisory Board

Over the coming year we aim to recruit clinical and scientific members to our newly constituted Scientific Advisory Board. The purpose of the Board is to support the charity in the identification of suitable research projects to pursue and to monitor the progress of those that are up and running. The constitution of the board will deliver a level of peer review and probity to the charity's decision making and enable us to develop wider interest in the charity and the field of bowel research in general.

The Bowel & Cancer Laboratory

Our laboratory continues to operate at the forefront of technological developments in nucleic acid quantification and we are internationally acknowledged leaders in this area. Over the coming year we will continue to develop our expertise in the preparation of biological samples, stringent quality control/assessment of biological samples, laser capture microdissection and gene expression analysis using real-time qPCR technology. We will also be considering developing revenue potential from this facility over the longer term by providing these services to other research groups and providing technical training/courses, scientific advice and support.

Fundraising & Communications

During the year, significant donations were received from Mr and Mrs Hulme who gave £40,000 via the Hadley Trust.

We also received £1,000 as part of an annual commitment from each of the GM Morrison Charitable Trust and the RM Douglas Charitable Trust.

We received the final tranche of income from a gift in the will of Joanna Brooking which totalled £30,000 and a further £1,000 representing an annual donation from Mrs Molly Windenbank in memory of her late husband.

With a renewed emphasis on these key areas from the middle of 2007 we secured new institutional donors, including a significant commitment from the Foyle Foundation towards new work on our Short Gut Syndrome Project.

We completed phase one of the development of our new web site, www.bowelcancerresearch.org and are delighted to have already witnessed a threefold increase in visitors.

Phase two development will be undertaken during 2008 and continued focus on marketing will increase information provision, profile and income into the future.

Financial Summary

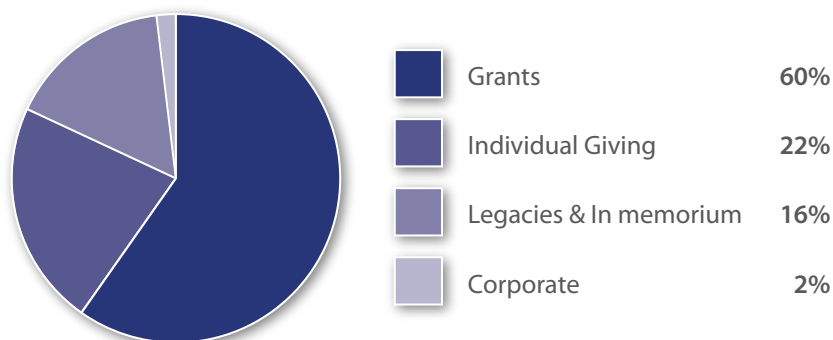
2007/08 was a year of substantial change for the charity. Historically the charity had relied on the trustees and their contacts to raise the funds required to finance laboratory equipment and research projects. Fundraising from other traditional sources had not been proactive.

In July 2007 a senior manager was appointed with the brief to develop and action a long term strategy to increase income and profile, including putting in place the infrastructure to start active fundraising from individuals, legacies, grant making trusts and companies. Income from new sources such as payroll giving, trusts and fundraising events started to yield results towards the end of the year.

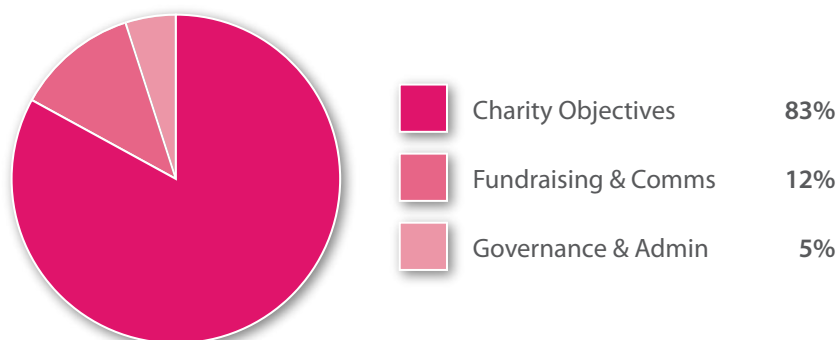
This strategic approach to fundraising is new for the charity and follows a period of inactivity in income generation. As a result there was a decline in voluntary income from the previous year.

The figures illustrated here are extracted from Bowel & Cancer Research's financial statements for the year ending 31 May 2008. They should be read in conjunction with the full financial statements, a copy of which is available on request. The financial statements were prepared in accordance with the Statement of Recommended Practice (SORP), "Accounting and Reporting by Charities".

Incoming Resources



Overhead Expenditure



	2008	2007
Incoming Resources	160,970	236,345
Expenditure		
Charity Objectives	398,806	571,252
Fundraising	55,365	9,170
Governance	23,086	22,797
Total Expenditure	477,257	603,219
Net Income/(Deficit)	(316,287)	(366,874)
Profit/(Loss) on revaluation of Investments	(295,716)	167,825
Net Income/(Deficit)	(612,003)	(199,049)
Funds Brought Forward (Restated)	1,117,963	350,004
Funds Carried Forward	505,960	150,955

Bowel & Cancer Research

Centre for Academic Surgery, 3rd Floor, Alexandra Wing, Royal London Hospital, Whitechapel, London E1 1BB
Tel: 020 7882 8749 | Email: mail@bowelcancerresearch.org | Web: www.bowelcancerresearch.org

Trustees: Professor N S Williams MS FRCS FMedSci (Chairman), W V P Bullingham, Professor S A Bustin, E W Davidson, Lord Harris of Peckham, P W Jacobs LL.B, P Lunniss, K McDonald OBE, A D W Maclean, J van Weenen MBE, Mrs C D Woodward.

Staff: Deborah Gilbert, Head of Development, Camille Alexander, Finance & Office Manager

Registered Charity Number 1119105 Company Number 05951118

