

**The Barrett's
Oesophagus
Foundation**

Annual Report and Accounts

30 September 2002

Buzzacott

Charity Registration Number
1077633

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Legal and administrative information

Vice-Presidents	Professor Sir George Alberti MD PRCP Earl Attlee Professor A T R Axon MD FRCP Professor Carol Black CBE MD PRCP Sir Barry Jackson MS FRCS Professor John Lennard Jones MD FRCP Martyn Lewis CBE Lord Turnberg of Cheadle MD FRCP FmedSci
Trustees	Professor A Watson MD FRCS Dr R C Fitzgerald MA Cantab MRCP R J Mayes BA FCA J F Mills LLB Dr P I Reed FRCP
Principal office	UK National Barrett's Oesophagus Registry University Department of Surgery Royal Free Campus Royal Free and University College Medical School Rowland Hill Street London NW3 2PF
Telephone	020 7472 6223
Facsimile	020 7472 6224
Registrar	Dr C P J Caygill PhD
Charity registration number	1077633
Auditors	PKF New Garden House 78 Hatton Garden London EC1N 8JA
Accountants	Buzzacott 12 New Fetter Lane London EC4A 1AG

Legal and administrative information

Bankers Arbuthnot Latham
Royex House
Aldermanbury Square
London
EC2V 7NU

Solicitors B P Collins
Collins House
32-38 Station Road
Gerrards Cross
Bucks
SL9 8EL

The Barrett's Oesophagus Foundation

The Barrett's Oesophagus Foundation is the only charity whose main objective is related to prevention of oesophageal cancer.

'Barrett's Oesophagus' is a pre-cancerous condition of the oesophagus (gullet) almost certainly related to prolonged regurgitation (reflux) of acid and bile from the stomach into the oesophagus, the lining of which in consequence alters its characteristics which in a proportion of sufferers can undergo malignant change and lead to the development of a special type of cancer of the oesophagus with a relatively poor outlook. The incidence of both Barrett's oesophagus and adenocarcinoma of the oesophagus and gastric cardia is increasing in many countries including the United Kingdom.

Because the natural history of Barrett's oesophagus and of its most important complication, adenocarcinoma of the oesophagus, is still not clearly understood, much more data are required to formulate the best ways of combating this condition.

The United Kingdom National Barrett's Oesophagus Registry (UKBOR) was started in 1996 with a very generous donation from a non-medical charity, supplemented by other contributions from charities and patients with Barrett's oesophagus. UKBOR now has the largest database of Barrett's oesophagus sufferers in the world with over 9,000 patients from 42 UK hospitals.

The Barrett's Oesophagus Foundation exists to

- ◆ secure the long-term future of UKBOR;
- ◆ provide a support and education service for patients and relatives of patients with Barrett's oesophagus and associated adenocarcinoma of the oesophagus and gastric cardia;
- ◆ make research awards and project grants for research in the field of Barrett's oesophagus in the United Kingdom.

The trustees present their statutory report, together with the audited accounts, for The Barrett's Oesophagus Foundation for the financial year ended 30 September 2002.

Constitution

The Barrett's Oesophagus Foundation is a registered charity constituted under a Declaration of Trust dated 9 August 1999.

Preparation of report and accounts

The trustees have adopted the relevant provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in October 2000 in preparing their report and the audited accounts. The accounts comply with the charity's Declaration of Trust and applicable legislation and have been prepared in accordance with the accounting policies set out on pages 14 and 15.

Principal aims and objects

The principal aims and objects of the charity are to:

- ◆ expand and support long term the United Kingdom Barrett's Oesophagus Registry (UKBOR) which is contributed to by clinicians nationally to enable doctors and other scientists to obtain a more complete understanding of the condition known as 'Barrett's oesophagus'.
- ◆ provide a support and education service to sufferers from Barrett's Oesophagus and its complications and their relatives.
- ◆ support studies within the field of Barrett's Oesophagus relating principally to influencing the incidence of adenocarcinoma of the oesophagus and gastric cardia and their prevention.
- ◆ make publicly available the results of any specific and educational activity initiated or supported by the charity.

Trustees

The trustees of The Barrett's Oesophagus Foundation throughout the year are set out on page 1.

Trustees hold office, in accordance with the Declaration of Trust, for periods varying between one and three years, subject to re-appointment.

Ordinary meetings of trustees are held periodically – 5 such meetings were held during the year. The trustees also met formally on 3 further occasions.

Trustees (continued)

The scientific activities of UKBOR are overseen by a Scientific Advisory Committee which comprises some 10 members of the British Society of Gastroenterology, each with special expertise in specific aspects of Barrett's oesophagus. The committee is chaired by Dr. Robert Heading, a member of the British Society of Gastroenterology.

Review of activities

A review of the activities of the charity including UKBOR, during the financial year and an indication of likely future developments is contained in the report of the Chairman on pages 7 to 10.

There has been a great deal of interest in UKBOR nationally and internationally, stimulated by the exposure which the Registry has had through numerous presentations and publications. These, and the current position, are summarised below.

A number of European countries have proposed the establishment of either national or regional Registries on the same lines as UKBOR and using the same, or similar, Registration Forms. Centres in USA and Canada are discussing regional Registries. At the OESO meeting in Paris in September 2000 there was much discussion with Dr. Yvonne Romero about a National Registry in the USA, but she was concerned about lack of co-operation.

The current numbers of registrants are:

Number of UK hospitals registering	42
Number of patients registered	9,434
Number of hospitals currently retrieving data in order to register	4
Number of hospitals undertaking to register	4

Reserves policy

Except for such funds as the trustees consider prudent to maintain for the purposes of management and administration of the charity for the foreseeable future, all unrestricted funds are for the purposes of the general charitable objects of the charity. Such free unrestricted funds at 30 September 2002 amounted to £13,828 (2001 - £12,358).

The Trustees regularly monitor and review the level of reserves in the light of available and projected funds and income and expenditure relating to planned activities.

Risk management

The trustees have considered, and continue to assess, the major risks to which the charity is exposed, in particular those relating to specific operational activities and to financial considerations. As the charity develops, the trustees monitor such risk factors and will establish appropriate systems to mitigate risk.

Trustees' responsibilities statement

Charity legislation requires the trustees to prepare accounts of the charity for each financial year. In so doing, the trustees are required to prepare accounts which show a true and fair view of the state of affairs of the charity and of the application of its resources for the financial period. In preparing those accounts, the trustees have regard to the Statement of Recommended Practice on 'Accounting and Reporting by Charities' issued by the Charity Commission; they are also required to:

- ◆ select suitable accounting policies and then apply them consistently;
- ◆ make judgements and estimates that are reasonable and prudent;
- ◆ state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the accounts;
- ◆ prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

In accordance with charity legislation, the trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which enable them to ensure that the accounts comply with the Charities Act 1993. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The trustees are responsible for ensuring that the Trustees' Report and the Chairman's Report are prepared in accordance with charity law in the United Kingdom.

Appreciation

The trustees wish to express their appreciation to those individuals, charities and companies who have generously supported the Foundation in its formative period.

Dr Christine Caygill, Registrar of the UK Barrett's Oesophagus Registry and Belinda Johnston BSc, who has voluntarily provided sterling administrative support, have made considerable efforts on behalf of the charity.

The trustees are grateful for all these valued supporters.

Signed on behalf of the Trustees:

J F Mills
Trustee

Approved by the board on: 7 April 2003

The past year has been an extremely busy one both for the Trustees and for the UK National Barrett's Oesophagus Registry.

Fundraising Feasibility Study

The fund-raising feasibility study referred to in my previous report continued, and indeed took rather longer than anticipated to complete, which involved us in frequent meetings until production of the final report in April 2002. We were gratified by the principal conclusion, which was that if our research activity was phased, with the major, more expensive projects commencing in year four, the capital fund-raising target to incorporate the first three years revenue was of the order of £1 million and was believed to be realistic and achievable. The next phase which we were asked to undertake was for each Trustee to seek external endorsement of the feasibility study by prominent individuals who might be prepared either to become involved in the fundraising campaign or to become lead donors. Over the subsequent few months, some twenty such individuals were approached by Trustees. Whilst external endorsement was received in good measure, and we had some offers of assistance in joining fund-raising committees and networking on our behalf, to-date a major initiating donation has eluded us.

We are aware that serious fund-raising will gather momentum once a campaign director is appointed, but until we receive one or more significant donations, we are unable to fund a campaign director and therefore our fund-raising is proceeding disappointingly slowly. However we are determined to continue making such approaches as we can in the hope of securing these vital early donations.

Awareness

The Foundation had a stand during the annual meeting of the British Society of Gastroenterology (BSG) in March 2002 in order to increase awareness among BSG members. As a prelude to this, we produced leaflets both on the Foundation and on the relationship between heartburn and Barrett's oesophagus, together with a newsletter detailing activities both of the Foundation and the UK National Barrett's Oesophagus Registry (UKBOR) which was distributed to all 2000 delegates at the meeting. The stand was manned by the medical Trustees, UKBOR staff and friends, and was extremely successful, attracting considerable interest in the Foundation, the Registry and the leaflets. As a consequence of this, leaflets have been distributed by many gastroenterology units across the country, as a result of which the need for patient support services has become apparent, as we invited anxious patients to contact us, but in addition it has resulted in a significant number of small donations from patients and friends.

In the context of the stand at the BSG annual meeting, we took advantage of an opportunity to discuss our existence with Astra Zeneca Pharmaceuticals Ltd, who kindly reimbursed the cost of printing the leaflets and the newsletter, as a result of which, negotiations are now in progress to secure such assistance on an annual basis, together with the provision of a more professional-looking stand than we were able to afford on this occasion. Two more patient-orientated leaflets have been produced and are ready to go to press in anticipation of their support. We are pleased to report also that Professor Carol Black, incoming President of the Royal College of Physicians, has agreed to become one of our Vice-Presidents.

UKBOR

The UK National Barrett's Oesophagus Registry (UKBOR) has had an active year, despite the continued lack of identified funding. More hospitals have continued to register, the database currently exceeding 9000 patients registered from 42 hospitals. The Registry has been a victim of its own success in that the continued requests from additional hospitals to database their patients, whilst being a welcome development, has placed a considerable strain on its only permanent employee, Dr. Christine Caygill. Not only do all the newly registered patients need to be entered on the database but each patient generates another tranche of work in that the very detailed Form 2, which contains demographic and clinical information together with the results of investigations and particularly endoscopy and biopsy, needs to be completed by visiting the centre of origin and extracting data from the medical records. Fortunately, we have been able to attract two University students, who have helped with databasing and general office tasks during their vacations at a nominal hourly rate which the Foundation has been able to support. This has enabled considerable progress to be made on the daunting task of completing Form 2's for all 9000 patients.

This process has also been helped considerably by the appointment of a Research Fellow, Piers Gatenby, from the research grant from Wexham Gastrointestinal Trust which was referred to in my last report. Inevitably, the process of obtaining multicentre research ethics approval and subsequently negotiating with the medical school both to place an advertisement and administer the appointment all takes time, but we were delighted with the appointment of Piers Gatenby in May 2002, who took up his post in August. Since his project relates to the natural history of Barrett's oesophagus and the influence thereon of various types of therapy, this necessitates collection of the information for Form 2, as well as follow up endoscopic and histological data. At the time of writing, both he and Dr. Caygill have completed Form 2's in over 1000 of the databased patients.

More recently, we have been offered a second research fellow from the Department of Surgery at the Royal Free Hospital who is to work on the patient profile of those developing Barrett's in the UK from the standpoint of occupation, social class and co-morbidity together with the variation within the UK both in diagnostic criteria for Barrett's and in surveillance practice. This process too will involve analysing the information collected from Form 2, and we anticipate further considerable inroads into this process during the coming year. Both Piers Gatenby and James Ramus, the Research Fellow to be appointed in the near future, will be submitting their work in 2-3 years time for an MD thesis and it is anticipated that several publications will emanate from their work, both of which will contribute further to the standing of the Registry. The publications and presentations from the Registry are appended to this Annual Report.

UKBOR (continued)

There are two other important areas of activity in which the Registry has been involved. The first is as part of a multidisciplinary, multicentre application for Health Technology Assessment funding from the Department of Health. The multidisciplinary team comprises experts from the fields of epidemiology, primary care, gastroenterology, molecular genetics and the Registry. We have submitted a protocol which will answer many currently unanswered questions related to incidence, diagnosis and management of Barrett's oesophagus and the grant which has been applied for in total amounts to close to £1 million. The bid has already been short-listed and a final decision will be announced in November 2002.

The other important area of activity relates to discussions we have had with Professor Michael Richards, the Department of Health Cancer Czar regarding the problem of funding for the Registry. He is sympathetic to the aims, objectives and function of the Registry, but, rather surprisingly, the Department of Health's priorities for funding in cancer relates to the provision of cancer treatment centres rather than the Registry which relates very much to prevention of oesophageal cancer. However, he has suggested that our case for funding might be stronger if the Registry aligns itself with an existing cancer registry, and preliminary talks have been held with Professor H. Moller, Director of the Thames Cancer Registry in this regard, which have been encouraging. Further work will continue in this regard during the coming year. It is hoped that this may result in advancement in our discussions with regard to secure funding for the Registry, which is becoming increasingly important as the grants from the Wexham Gastrointestinal Trust who contribute towards the running of the Registry will soon be coming to an end. In the meantime, we continue to extend our gratitude to the Wexham Gastrointestinal Trust for its support and the Department of Surgery at the Royal Free Hospital for continuing to provide us with accommodation and to support some of our operational expenditure.

Research and patient support

Apart from supporting the Registry, the other principal aims of the Foundation are to support research projects within the field of Barrett's oesophagus and to provide a patient support service. Although the Registry has been able to increase its epidemiological research with the appointment of research fellows, other laboratory research and prospective randomised controlled trials which are so necessary within the field of Barrett's oesophagus remain unfunded and we can make no progress in these areas until our appeal target has been met. Likewise, we cannot provide a formal patient support service, which is clearly very necessary from the enquiries we receive from patients and the studies which have been conducted into patients' own views as to their requirements for further knowledge and support. We are doing our best to provide an extremely limited service through the good offices of the medical Trustees and the Registrar of UKBOR but are unable to expand this further, with the necessary dedicated personnel, until the appeal target is met.

Conclusion

Much has been achieved in the past year, but the forthcoming year will be the most critical in terms of getting our appeal off the ground and hopefully bringing in much needed funds, to provide secure funding for the Registry and expand its activities, to support the necessary research projects in Barrett's oesophagus and to provide an adequate patient support service. We anticipate expanding the number of Trustees, hopefully with two new ones from the fields of industry and commerce, expanding our study group beyond the Trustees and establishing our appeals committee once we are able to fund the appointment of a campaign director. In the meantime I would like to thank my hard-working fellow Trustees, Rebecca Fitzgerald, Ray Mayes, Jeremy Mills and Peter Reed, together with the UKBOR Registrar, Christine Caygill and Belinda Johnston whose contribution goes far beyond producing high-quality minutes of our meetings.

Professor A Watson

Chairman of Trustees

November 2002

Independent auditors' report to the trustees of The Barrett's Oesophagus Foundation

We have audited the financial statements of The Barrett's Oesophagus Foundation for the year ended 30 September 2002 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the trustees, as a body, in accordance with Regulation 6 of the Charities (Accounts and Reports) Regulations 1995. Our audit work has been undertaken so that we might state to the trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

The trustees' responsibilities for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards are set out in the Statement of Trustees' Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and United Kingdom Auditing Standards. We have been appointed as auditors under Section 43 of the Charities Act 1993 and report in accordance with regulations under Section 44 of that Act.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act 1993. We also report to you if, in our opinion, the Trustees' Report is not consistent with the financial statements, if the charity has not kept proper accounting records, or if we have not received all the information and explanations we require for our audit.

We read the Trustees' Report and the Chairman's Report and consider the implications for our report if we become aware of any apparent misstatements within them.

Basis of audit opinion

We conducted our audit in accordance with United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the accounts are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements give a true and fair view of the state of the charity's affairs as at 30 September 2002 and of its incoming resources and application of resources in the year then ended and have been properly prepared in accordance with the Charities Act 1993.

PKF

Registered Auditors

London, UK
22 April 2003

Statement of financial activities Financial year to 30 September 2002

	Notes	Unrestricted funds £	Restricted funds £	Total 2002 £	Total 2001 £
Income and expenditure					
Incoming resources					
Donations	1	4,733	10,000	14,733	12,759
Bank interest receivable		585	—	585	2,114
Total incoming resources		5,318	10,000	15,318	14,873
Resources expended					
Direct charitable expenditure					
Costs in furtherance of charity's objects - Registry		—	20,523	20,523	18,291
Management and administration of the charity		3,848	—	3,848	2,942
Total resources expended		3,848	20,523	24,371	21,233
Net (outgoing) incoming resources for the year	2	1,470	(10,523)	(9,053)	(6,360)
Fund balances					
Brought forward at 1 October 2001		12,358	17,632	29,990	36,350
Carried forward at 30 September 2002		13,828	7,109	20,937	29,990

All amounts relate to continuing activities of the Foundation.

The Foundation has no gains or losses other than the result for the period.

Balance sheet 30 September 2002

	Notes	2002 £	2001 £
Fixed assets			
Tangible assets	3	458	920
Current assets			
Other debtors		143	373
Cash at bank		24,261	37,910
		24,404	38,283
Creditors: amounts falling due within one year			
Other creditors		3,925	9,213
Net current assets			
		20,479	29,070
Net assets			
		20,937	29,990
Represented by:			
Unrestricted funds			
. General		13,828	12,358
Restricted funds	4	7,109	17,632
Total funds		20,937	29,990

Approved by the Trustees
and signed on their behalf by:

A Watson

R J Mayes

Trustees

Approved on: 7 April 2003

Basis of accounting

The accounts have been prepared under the historical cost convention and in accordance with the requirements of the Charities Act 1993. Accounting standards and provisions of the Statement of Recommended Practice “Accounting and Reporting by Charities” (SORP 2000) applicable to small charities have been followed in these accounts.

Voluntary income

Donations represent voluntary amounts received during the period and arise within the United Kingdom. Covenant and Gift-aid income is included gross of attributable tax recoverable.

Investment income

Interest receivable is credited to income in the period in which it is earned and is included gross of attributable tax recoverable.

Expenditure

Expenditure is provided for on the accruals basis.

Direct charitable expenditure of the Registry (UKBOR) comprises principally staff costs and sundry running expenses.

Management and administration of the charity comprises costs directly attributable to the management of the charity including professional, regulatory and compliance costs.

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off the cost of each asset over its estimated useful life:

- ◆ Computer equipment - 3 years

Fund accounting

General funds comprise the accumulated surplus or deficit on the statement of financial activities. They are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity. Restricted funds are funds subject to specific restricted conditions imposed by donors. The purpose and use of the restricted funds are set out in the notes to the accounts where appropriate. Designated funds are funds which have been set aside at the discretion of the trustees for specific purposes. The purpose and use of the designated unrestricted funds are set out, where appropriate, in the notes to the accounts.

Taxation

The charity is not liable to direct taxation (income tax) on its income as it falls within the various exemptions available to registered charities.

The charity is not registered for value added tax (VAT) and is therefore unable to reclaim the input tax, if any, it suffers on its purchases. Expenditure in the accounts is therefore shown inclusive of VAT where appropriate.

Notes to the accounts 30 September 2002

1 Donations

	Unrestricted funds £	Restricted funds £	Total 2002 £	Total 2001 £
Trusts	1,010	10,000	11,010	11,000
Individuals	693	—	693	1,118
Corporate	3,030	—	3,030	641
	<u>4,733</u>	<u>10,000</u>	<u>14,733</u>	<u>12,759</u>

The Royal Free Hospital Hampstead provides office accommodation on a rent free basis.

2 Net (outgoing) income resources

	2002 £	2001 £
Net (outgoing) incoming resources for the year is after charging:		
Staff costs	19,473	16,976
Auditors' remuneration (including VAT)	501	500

The average weekly number of employees (staff, excluding Trustees) during the year was 1.

Trustees are not remunerated for their services as trustees. Trustees' expenses (5 trustees) reimbursed during the year amounted to £nil (2001 - £nil).

3 Tangible fixed assets

	Computer equipment £
Cost	
At 30 September 2002	<u>1,382</u>
Depreciation	
At 1 October 2001	462
Charge for year	462
At 30 September 2002	<u>924</u>
Net book values	
At 30 September 2002	<u>458</u>
At 30 September 2001	<u>920</u>

4 Restricted funds

	Balance b/f at 1 October 2001 £	Incoming resources £	Resources expended £	Balance c/f at 30 September 2002 £
UK Barrett's Oesophagus Registry (UKBOR)	17,632	10,000	20,523	7,109

Restricted funds relating to UKBOR comprise those funds that are specifically provided for, and expended for the purposes of, the operation and management (including database management) of the Registry.

5 Related party transactions

Donations received during the period have included £10,000 (2001 - £10,000) received from the Wexham Gastrointestinal Trust (Charity registered 291586), a charity of which Dr P I Reed is a trustee. The Trust donated funds towards the running costs of the Registry.

The Wexham Gastrointestinal Trust have also provided an interest free loan, repayable on demand, totalling £3,425 to enable the Foundation to fund a Fundraising Feasibility Study which was undertaken during the year. At 30 September 2002, this loan is included in 'other creditors'.

Management and administration has included a payment of £153 in respect of professional fees to B P Collins, Solicitors of which J F Mills is a partner.

The trustees received no other reimbursement of expenses that are required to be disclosed.

6 Research projects

Research projects conducted under the auspices of the UK National Barrett's Oesophagus Registry (UKBOR) but administered on its behalf and funded by third parties are not included in the accounts of the Barrett's Oesophagus Foundation.

During 2002, UKBOR was awarded a research grant of some £90,000 to conduct a study of the natural history of Barrett's oesophagus and the influence on that of medical, endoscopic and surgical treatment. The funding (provided by The Wexham Gastrointestinal Trust) has enabled a research fellow to be appointed specifically for this study over the next three years. At 30 September 2002, funds amounting to £4,554 of the total grant had been expended. The project is administered through The Royal Free and University College Medical School.

Papers

Published:

- 1 Caygill CPJ, Reed PI, McIntyre A, Hill MJ (1998). The UK National Barrett's Oesophagus Registry: A Study Between Two Centres. *Eur J. Cancer Prev*; **7**: 161-164.
- 2 Caygill CPJ, Reed PI, Johnston BJ, Hill MJ, Ali M, Levi S (1999). A single centre's 20 years' experience of columnar-lined (Barrett's) oesophagus diagnosis. *Eur J Gastroent and Hep* **11**: 1355 - 1358.
- 3 Caygill CPJ, Reed PI, Hill MJ, Watson A (1999) An initial comparison of nine centres registering patients with the UK National Barrett's Oesophagus Registry (UKBOR). *Eur J. Cancer Prev*; **8**: 539-542.
- 4 Caygill CPJ, Reed PI, Watson A, Hill MJ. (2000). The UK National Barrett's Oesophagus Registry (UKBOR): aims and progress. *Eur J Cancer Prev*. **10**: 97-99.
- 5 Caygill CPJ, Johnston DA, Lopez M, Johnston BJ, Watson A, Reed PI, Hill MJ. (2002). Lifestyle Factors and Barrett's Oesophagus. *Amer J Gastroenterology* **97**: 1328-1331.

In preparation

- 6 CPJ Caygill¹, A Watson¹, PI Reed¹, MJ Hill² (on behalf of the UK National Barrett's Oesophagus Registry (UKBOR) and the twenty seven participating centres) (2002). Characteristics and Regional Variations of Patients with Barrett's oesophagus in the UK.
- 7 Reed PI, Watson A, Caygill CPJ. (2000) Can prevalence of Barrett's Oesophagus be accurately evaluated from the UK National Barrett's Oesophagus Registry? *OESO Book: "Barrett 2000"*.

Letters

- 1 Fitzgerald R, Caygill CPJ (1999). Treating upper digestive tract cancers as a single entity may be misleading. *British Medical Journal (BMJ)* **318**, 1289-90

Abstracts

Published:

- 1 Caygill CPJ, Reed PI, Hill MJ, Watson A (1997). The UK National Barrett's Oesophagus Registry. *Gut* **40** (suppl.1): A35.
- 2 Caygill CPJ, Reed PI, Johnston, BJ, Hill MJ, Levi S (1997). A Study of Barrett's Oesophagus Registrations From a Single Centre Over a 20 Year Period. *Gut* **41** (suppl.3): E43.

**Details of recent publications, presentations, abstracts
and studies in progress** 30 September 2002

- 3 Caygill CPJ, Reed PI, Watson A, McIntyre A, Hill MJ (1998). The First Year of the UK National Barrett's Oesophagus Registry. *Gastroenterology* **114**, A87
- 4 Reed PI, Caygill CPJ, Hill MJ, Watson A (1998). The UK National Barrett's Oesophagus Registry (UKBOR): The first Two Years. *Eur. J. Surgical Oncology* **24**, 457.
- 5 Caygill CPJ, Reed PI, Hill MJ (1998).UK National Barrett's Oesophagus Registry: A Comparison of Nine Centres. *Digestion* **59** (suppl. 3):580.
- 6 Watson A, Reed PI, Caygill CPJ, Epstein O, Winslett MC, Pounder RE (1999). Changing incidence of columnar-lined (Barrett's) oesophagus (CLO) in the UK. *Gut* **44**, Suppl. 1, A45
- 7 Caygill CPJ, Reed PI, Johnston BJ, Hill MJ, Deru K, Watson A, Levi S (1998) UK National Barrett's Oesophagus Registry: role of obesity, tobacco and alcohol in Barrett's oesophagus. *Eur. J. Cancer Prev.* **7**, 481
- 8 Watson A, Reed PI, Caygill CPJ, Epstein O, Winslett MC, Pounder RE (1999). Changing incidence of columnar-lined (Barrett's) oesophagus (CLO) in the UK. *Gastroenterology* **116**, Suppl 2, A351.
- 9 Caygill CPJ, Jankowski J, Ali M, Reed PI, Hill MJ (1999). Expression of Bile Acid Receptors: A preliminary report. *Eur. J. Cancer Prev.***8**, 354.
- 10 Caygill CPJ, Reed PI, Hill MJ, Watson A (1999). The UK National Barrett's Oesophagus Registry: a Progress Report.. *Eur. J. Cancer Prev.* **8**, 354
- 11 Caygill CPJ, Reed PI, Johnston DA, Lopez M, Hill MJ (1999) Obesity and Barrett's oesophagus in a UK Population. 1999. *Gut.* **45**, A81.
- 12 Caygill C, Reed P, Watson A, Hill M (2000). UK National Barrett's Oesophagus Registry: An Update. *Eur. J Cancer Prev.* **9**: 456-7.
- 13 Caygill C, Reed P, Watson A, Hill M (2000). UK National Barrett's Oesophagus Registry: An Update. *Gut* **47**, (suppl. III) A68.
- 14 Van Blankenstein M, Caygill CPJ, Johnston BJ (2002). The prevalence of Barrett's oesophagus (BO) in an U.K. Centre over 15 years. *Gut* **50**, (suppl. II) A123.
- 15 Watson A, Caygill CP (2000). The frequency of development of adenocarcinoma in Barrett's oesophagus – implications or surveillance. *Gastroenterology* **122** A460

Notes

Reed PI, Watson A (1996). UK National Barrett's Oesophagus Registry. *Gut*; **39**: 499-500.

Reed PI, Watson A (1996). UK National Barrett's Oesophagus Registry. *Eur J Cancer Prev*; **5** : 207.

Studies in progress

A study of the natural history of Barrett's Oesophagus and the influence of pharmacological, surgical and endoscopic therapy

This study has been made possible by a research grant of £90,000 over 3 years from the Wexham Gastrointestinal Trust. Detailed demographic documentation of 2,500 patients registered with UKBOR will be made as follow up studies performed of annual endoscopic reviews. This will enable information to be obtained as to what factors are associated with progression and regression of Barrett's oesophagus and the relative influence of pharmacological, surgical and endoscopic treatments.

A case control study to determine the risk factors for developing Barrett's oesophagus associated adenocarcinoma.

This study has been proposed by Dr. Rebecca Fitzgerald, who has introduced systematic surveillance criteria for Barrett's patients at the Havering Hospitals NHS Trust.

The primary goals of this study are to evaluate the histopathological, demographic and life-style factors which are associated with the progression of Barrett's oesophagus to adenocarcinoma of the oesophagus.

Patients (50 - 100) with adenocarcinoma of the oesophagus within Barrett's will be matched by sex, age at diagnosis and date of diagnosis to an equal number of patients with Barrett's, and the 2 groups will be compared with respect to histopathology, medication prior to diagnosis, alcohol intake, tobacco consumption body mass index etc., with a view to establishing which, if any, of these factors are involved in the progression of Barrett's oesophagus to cancer.

How often are diagnostic biopsies from Barrett's oesophagus diagnostic?

This study has been proposed by Professor Neil Shepherd, an expert gastrointestinal pathologist.

It will be a blinded review of 50 'diagnostic' biopsies from 4 centres; 3 non-teaching large District General Hospitals and 1 teaching University Hospital.

At present there is confusion amongst both pathologists and clinicians with an interest in the diagnosis of Barrett's oesophagus. This study should help allay that confusion.

Barrett's oesophagus in the UK: patient profile and variation in diagnostic criteria and surveillance practice

This study has been made possible by the provision of a funded research fellow by the department of Surgery at the Royal free Hospital. The detailed demographic documentation referred to under the natural history study will be extended beyond 2500 and data on occupation, social class and co-morbidity of Barrett's patients extracted, together with data on variation in diagnostic criteria and surveillance practice throughout the UK.