

**The Barrett's  
Oesophagus  
Foundation**

**Annual Report and Accounts**

30 September 2004

BUZZACOTT

Charity Registration Number  
1077633

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## Legal and administrative information

<b>Vice-Presidents</b>	Earl Attlee Professor A T R Axon MD FRCP Professor Carol Black CBE MD PRCP The Rt Hon David Blunkett MP Sir Barry Jackson MS FRCS FRCP Professor John Lennard Jones MD FRCP FRCS Martyn Lewis CBE Professor Sir Peter Morris PhD FRS PRCS Lord Turnberg of Cheadle MD FRCP FmedSci
<b>Trustees</b>	Professor A Watson MD FRCS FRACS Dr R C Fitzgerald MA MD MRCP R J Mayes BA FCA J F Mills LLB Dr P I Reed FRCP FRCPC
<b>Principal office</b>	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	
Facsimile	020 7472 6223 020 7472 6224
<b>Registrar</b>	Dr C P J Caygill BSc PhD
<b>Charity registration number</b>	1077633

## Legal and administrative information

**Auditors** PKF  
Farringdon Place  
20 Farringdon Road  
London  
EC1M 3AP

**Accountants** Buzzacott  
12 New Fetter Lane  
London  
EC4A 1AG

**Bankers** Arbuthnot Latham  
Arbuthnot House  
20 Ropemaker Street  
London  
EC2Y 9AR

**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) arising as a consequence of 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 type of cancer of the oesophagus (adenocarcinoma) 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 way of treating Barrett's oesophagus and preventing adenocarcinoma.

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 patients in the world with over 10,500 patients from 43 UK hospitals. The results of its research have been published and presented nationally and internationally and several European countries plan to develop national registries based on the UK model.

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.

## **Trustees' report** Financial year to 30 September 2004

The trustees present their statutory report, together with the audited accounts, for The Barrett's Oesophagus Foundation for the financial year ended 30 September 2004.

### **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 15 and 16.

### **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. R J Mayes retired as a trustee on 16 December 2004.

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 – 3 such meetings were held during the year. The trustees also met formally on other occasions during the year.

**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.

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

The current numbers of registrants is more than 10,500 from 43 centres.

**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 2004 amounted to £21,905 (2003 - £16,720).

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 also express thanks to John Cummins, David Jones, Richard Leslie and Steve Smith who have given freely their time and expertise as new members of the Planning Group.

The trustees are grateful for all these valued supporters.

Signed on behalf of the Trustees:

J F Mills

Trustee

Approved by the board on: 16 December 2004

The past year has again been a busy one for the Foundation and the UK National Barrett's Oesophagus Registry (UKBOR).

### **Fund-raising**

There has again been an increase in the number of small donations, principally from patients and relatives, but so far, the larger donations necessary to appoint a Campaign Director to launch the appeal proper have eluded us.

The Planning Group has met approximately quarterly and has focussed its attention on the organisation of an Appeal Dinner. This is to be held in The Great Hall of The Royal Courts of Justice on 14<sup>th</sup> April, 2005. The event will comprise a brief presentation on BOF, an auction and raffle and celebrity after-dinner speeches. Invited guests include The Rt. Hon. David Blunkett MP, Martyn Lewis and Terry Wogan. It is hoped that our other Vice Presidents will also attend. Tickets will be priced at £75 each and members of the Planning Group have committed to selling a minimum of 240 tickets as well as procuring attractive prizes for the auction. We hope to raise at least £30,000 from this event.

We have been fortunate to receive valuable advice from two experienced fundraisers who have been introduced by contacts of mine. Both are acting on an honorary basis and their advice has been greatly appreciated. There is some confidence that they may be able to secure funding for our proposed Patient Support Service, the Registry (UKBOR) and a Campaign Director/ Project Manager/ Chief Executive in the coming year.

### **UK National Barrett's Oesophagus Registry**

The Registry (UKBOR) has had yet another productive year, primarily from the standpoint of presentations and publications. Presentations have been to the British Society of Gastroenterology, the American Gastroenterological Association, the International Society for Diseases of the Esophagus and the United European Gastroenterology Week. Several of these presentations were the subject of distinctions awarded by each of these Societies. Details of these presentations and publications during the year are appended.

New registrations to UKBOR have been suspended in accordance with changing legislation regarding patient consent. We were advised to apply for exemption from Section 60 of the Health and Social Care Act, which requires patient consent for registration on databases, since this has been granted to all UK Cancer Registries. Unfortunately, we were unsuccessful in this application and we are currently working through consent procedures with our Multicentre Research Ethics Committee which will comply with current legislation whilst placing minimal additional demands on Gastroenterologists in registering centres on whose goodwill we rely so heavily. It is anticipated that registrations will be able to resume very soon. In the meantime, visits to hospitals to obtain detailed demographic and clinical information on the 10,500 currently registered patients have continued by the Registrar and two Research Fellows and this process has been completed in over 2,000 patients.

**UK National Barrett's Oesophagus Registry (continued)**

One of our Research Fellows (James Ramus) has just left to take up a Surgical Training post in the Oxford Region during which he hopes to complete his MD thesis based on his Registry work. We thank him for his hard work and wish him well in the future. Piers Gatenby has just been successful in securing a similar post in North Thames and will leave us in April next year, again with our sincere thanks and good wishes. Replacements are being sought, although this will be in the context of proposals emanating in a recent workshop meeting of the UKBOR Scientific Advisory Committee (SAC), which identified future projects for the Registry and an increased emphasis on securing increased funding through Project Grants, although it is recognised that adequate core funding is necessary to protect and expand the infrastructure.

**Publicity**

The Foundation had another stand at the British Society of Gastroenterology meeting in March which was well received. All delegates at the Oesophageal Section Symposium were presented with the annual UKBOR Newsletter, detailing the activities of the Registry and publicity about the Foundation. New leaflets have been produced on the Foundation and the Registry, which are being distributed to patients and Healthcare professionals. Vice Presidents were circulated with a copy of the Annual Report and a notification of the Appeal Dinner.

We have continued to expand and update our website at [www.barrettsfoundation.org.uk](http://www.barrettsfoundation.org.uk). This has continued to be well received and it has been heartening to see an increase in donations via the website. Our thanks to Rebecca Fitzgerald and Colin Harbour for this achievement.

It is gratifying that our publicity must be having some success, in that we are being contacted by several bodies, including Government organisations as well as the media.

**Patient Support**

The number of requests for patient support continues to increase. In the absence of funding for patient support activities, enquires continue to be dealt with by the Registrar and Medical Directors in addition to their other activities. A request for donations is now being made at each enquiry so as to be able to offer a more formal, unhurried patient support service. As a result of communication between The Duke of Devonshire and The Duke Of Kent, The Grand Charity is currently considering a request to fund a more formal Patient Support Service, with a dedicated Helpline manned by a Healthcare professional. One of our fundraising advisors has other potential recipients of a similar application in the event of this being unsuccessful

There are now 4 clinical leaflets on various aspects of Barrett's oesophagus written for a lay audience and all have been updated. These are distributed for a nominal charge to Gastroenterology units and are available for downloading from the website.

**Patient Support** (continued)

A patient network of Barrett's oesophagus sufferers is being co-ordinated by Rebecca Fitzgerald and Laurence Lovat with a first major meeting being planned for November. We wish them well in this initiative and look forward to reports of progress.

We have recently enjoyed a greater degree of patient involvement in our activities. Julian Slater has become patient representative on the SAC and Robin Thomas has agreed to join the Planning Group. Both are highly motivated individuals and I am sure will make a great contribution to our activities. We offer them a warm welcome and our gratitude for their commitment.

**Research**

Although the Registry has an excellent record of conducting the epidemiological research to which it is suited, there is still no funding for laboratory studies or all of the necessary clinical trials in Barrett's oesophagus, which are becoming increasingly urgent. This will be tackled in part in the coming year through Project Grant applications, but BOF urgently needs to raise funds for its important objective of supporting clinical and laboratory research in Barrett's oesophagus. Hopefully, when the Appeal proper has been launched and we have a dedicated Campaign Director, we can begin to make progress on this front.

**Regrets**

It is unfortunate that in many organisations, progress is accompanied by sadness, and BOF is no exception. Earlier this year we were saddened to learn of the death of our Patron, His Grace The Duke of Devonshire. Although our association was relatively short, he inspired us with his commitment to be "hands on" rather than a figurehead, and we are grateful for his help and support. The heir to the Title has been overwhelmed by the number of Charities his late father supported, which he feels he cannot possibly equal, and we await the results of his deliberations as to whether BOF can continue to be supported by The Duke of Devonshire.

A little closer to home and with no health problems of which we are aware, we were sorry to learn of the retirement from the Board of Trustees of Ray Mayes, our Honorary Treasurer. Ray has been with us from the outset and has been a tower of strength in maintaining our financial stability in difficult times and guiding us through the complexities of recent legislation. We are immensely grateful to Ray for his wisdom and stewardship and wish him well for the future. He will be a hard act to follow and will probably need two people to replace him. Rebecca Fitzgerald's mother has kindly agreed to take on the book-keeping aspect and Ray has kindly agreed to stay on a little whilst we seek a Treasurer/Trustee replacement.

**Conclusion**

We look forward to realising more of our ambitions in the coming year, and in particular the launching of the appeal proper and appointment of a Campaign Director to raise much needed funds to secure the long-term future of the Registry and to be able to fund the urgently needed patient support service and research projects. In the meantime, I would like to thank my fellow Trustees, Rebecca Fitzgerald, Ray Mayes, Jeremy Mills and Peter Reed for all their hard work, together with our new Planning Group Members, John Cummins, David Jones, Richard Leslie and Steve Smith for their wisdom and hospitality in hosting meetings. Finally I would like to thank the UKBOR Registrar, Christine Caygill and our minutes secretary, Belinda Johnston, whose contributions vastly exceed their job descriptions.

Professor A. Watson,

Chairman of Trustees

October, 2004

**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 2004 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 auditors' 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.

**Basis of audit opinion** (continued)

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 2004 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

15 February 2005  
London, UK

**Statement of financial activities** Financial year to 30 September 2004

	Notes	Unrestricted funds £	Restricted funds £	Total 2004 £	Total 2003 £
<b>Income and expenditure</b>					
<b>Incoming resources</b>					
Donations	1	4,820	12,546	<b>17,366</b>	78,145
Bank interest receivable		1,842	—	<b>1,842</b>	851
<b>Total incoming resources</b>		<b>6,662</b>	<b>12,546</b>	<b>19,208</b>	78,996
<b>Resources expended</b>					
Cost of generating funds					
. Fundraising consultancy		—	1,000	<b>1,000</b>	—
Direct charitable expenditure					
Costs in furtherance of charity's objects					
. Registry		—	26,827	<b>26,827</b>	19,855
. Patient information and website		826	783	<b>1,609</b>	4,099
Management and administration of the charity		651	—	<b>651</b>	1,097
<b>Total resources expended</b>		<b>1,477</b>	<b>28,610</b>	<b>30,087</b>	25,051
<b>Net incoming (outgoing) resources for the year</b>	2	5,185	(16,064)	<b>(10,879)</b>	53,945
<b>Fund balances</b>					
<b>Brought forward at 1 October 2003</b>		<b>16,720</b>	<b>58,162</b>	<b>74,882</b>	20,937
<b>Carried forward at 30 September 2004</b>		<b>21,905</b>	<b>42,098</b>	<b>64,003</b>	74,882

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 2004

	Notes	2004 £	2003 £
<b>Fixed assets</b>			
Tangible assets	3	—	—
<b>Current assets</b>			
Other debtors		1,226	1,118
Cash at bank		66,991	80,690
		<b>68,217</b>	<b>81,808</b>
<b>Creditors: amounts falling due within one year</b>			
Other creditors		4,214	6,926
		<b>64,003</b>	<b>74,882</b>
<b>Net current assets</b>			
		<b>64,003</b>	<b>74,882</b>
<b>Net assets</b>			
		<b>64,003</b>	<b>74,882</b>
<b>Represented by:</b>			
Unrestricted funds			
. General		21,905	16,720
Restricted funds	4	42,098	58,162
<b>Total funds</b>		<b>64,003</b>	<b>74,882</b>

Approved by the Trustees  
and signed on their behalf by:

A Watson

R J Mayes

Trustees

Approved on: 16 December 2004

**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.

**1 Donations**

	Unrestricted funds £	Restricted funds £	Total 2004 £	Total 2003 £
Trusts	1,043	10,000	11,043	72,077
Individuals	3,777	1,046	4,823	6,068
Corporate	—	1,500	1,500	—
	4,820	12,546	17,366	78,145

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

**2 Net incoming (outgoing) resources**

	2004 £	2003 £
Net incoming (outgoing) resources for the year is after charging:		
Staff costs	21,630	19,596
Auditors' remuneration (including VAT)	615	500

'Staff costs' represent the cost of reimbursements made for the provision of staff by a third party. The average weekly number of such 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 (2003 - £nil).

**3 Tangible fixed assets**

	Computer equipment £
<b>Cost</b>	
At 30 September 2004	1,382
<b>Depreciation</b>	
At 1 October 2003	1,382
Charge for year	—
At 30 September 2004	1,382
<b>Net book values</b>	
At 30 September 2004	—
At 30 September 2003	—

**4 Restricted funds**

	Balance b/f at 1 October 2003 £	Incoming resources £	Resources expended £	Balance c/f at 30 September 2004 £
UK Barrett's Oesophagus Registry (UKBOR)	57,466	10,020	26,827	<b>40,659</b>
Website development	696	1,500	783	<b>1,413</b>
Fundraising consultancy	—	1,026	1,000	<b>26</b>
	<b>58,162</b>	<b>12,546</b>	<b>28,610</b>	<b>42,098</b>

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.

Unexpended UKBOR restricted funds at 30 September 2004 include £13,876 (2003-£16,700) donated for the purposes of a 'flagging study'.

Website development relates to those funds specifically donated for and expended on development of the charity's website [www.barrettsfoundation.org.uk](http://www.barrettsfoundation.org.uk).

**5 Related party transactions**

Donations during the period totalling £10,000 (2003 - £53,512) were received from the Wexham Gastrointestinal Trust (Charity registered 291586), a charity of which J F Mills and Dr P I Reed are trustees. The funds were donated towards the continuing running costs of UKBOR.

The Wexham Gastrointestinal Trust have also provided an interest free loan, repaid in February 2004, totalling £3,425 to enable the Foundation to fund a Fundraising Feasibility Study which was undertaken during 2002.

The trustees received no reimbursement of expenses.

**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 £93,000 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) enabled a research fellow to be appointed specifically for this study over three years. At 30 September 2004, funds amounting to £64,949 of the total grant had been expended. The project is administered through The Royal Free and University College Medical School.

**ABSTRACTS AND POSTERS**

1. Gatenby PAC, Caygill CPJ, Ramus JR, Watson A (2004). Metaplasia-Dysplasia-Adenocarcinoma Sequence in Barrett's Oesophagus (CLO) in a Large UK Series. *Gut* **53**: (suppl III) A55.
2. Gatenby PAC, Caygill CPJ, Ramus JR, Watson A (2004). Does the Length of the Columnar-lined Oesophagus (CLO) Change with Time. *Gut* **53**: (suppl III) A35. (Selected for plenary session).
3. Gatenby PAC, Ramus JR, Caygill CPJ, Watson A (2004). Incidence of adenocarcinoma in short and long segment columnar-lined oesophagus. *Gastroenterology* **126**: (suppl 2) A308. (awarded a distinction).
4. Gatenby PAC, Caygill CPJ, Ramus JR, Watson A (2004). Does the length of columnar-lined oesophagus (CLO) change with time. *Gastroenterology* **126**: (suppl 2) A177. (selected as a poster of special interest).
5. Gatenby PAC, Ramus JR, Caygill CPJ, Watson A (2004). Histological Sequence in a Large UK Series of Columnar-Lined Oesophagus (CLO). *Diseases of the Esophagus* **17**: (suppl 1) A22.
6. Gatenby PAC, Ramus JR, Caygill CPJ, Watson A (2004). Histological Sequence in a Large UK Series of Columnar-Lined Oesophagus (CLO). *Diseases of the Esophagus* **17**: (suppl 1) A126-7.
7. Gatenby PAC, Ramus JR, Caygill CPJ, Watson A (2004). Adenocarcinoma (AC) Risk in Short (SS) and Long (LS) Segment Columnar-Lined Oesophagus (CLO). *Diseases of the Esophagus* **2004**:17 (suppl 1) A46-7.
8. Gatenby PAC, Ramus JR, Caygill CPJ, Watson A (2004). Adenocarcinoma (AC) Risk in Short (SS) and Long (LS) Segment Columnar-Lined Oesophagus (CLO). *Diseases of the Esophagus* **17**: (suppl1) A127.
9. Gatenby PAC, Ramus JR, Caygill CPJ, Watson A (2004). Change in Length of the Columnar-Lined Oesophagus (CLO) over Time and Cancer Risk. *Diseases of the Esophagus* **17**: (suppl1) A16.
10. Gatenby PAC, Ramus JR, Caygill CPJ, Fitzgerald RC, Watson A (2004). Time course of metaplastic and dysplastic changes in columnar-lined oesophagus (CLO) and relationship to symptom onset. Accepted by UEGW Sep. 2004. *Gut* **63** (suppl VI) A99.
11. Gatenby PAC, Ramus JR, Caygill CPJ, Fitzgerald RC, Watson A (2004). Relationship of presenting symptoms to outcome in columnar-lined oesophagus (CLO). *Gut* **63** (suppl VI) A101.

**Publications during the last year** 30 September 2004

12. Ramus JR, Gatenby PAC, Caygill CPJ, Fitzgerald RC, Watson A (2004). *Helicobacter pylori* infection and severity of oesophageal disease in a cohort of patients with Barrett's oesophagus. Accepted by UEGW for oral presentation. *Gut* **63** (suppl VI) A61.

**INVITED REVIEWS**

1. Reed PI, Caygill CPJ, Watson A, Fitzgerald RC (2003). The United Kingdom Barrett's Oesophagus Registry (UKBOR) - the first six years. *Gastroenterologia Polska* **10**: 299-304.
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