

**The Barrett's  
Oesophagus  
Foundation**

**Annual Report and Accounts**

30 September 2005

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. Pendsé – (resigned January 2007) J F Mills LLB (resigned March 2007) Dr P I Reed FRCP FRCPC Paul Salmon – (appointed July 2006) Charles Marchant-White – (appointed November 2005) David Fletcher – (appointed April 2007)
<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	020 7472 6223
Facsimile	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 (UK) LLP  
Farringdon Place  
20 Farringdon Road  
London  
EC1M 3AP

**Bankers** Coutts and Co  
440 Strand  
London  
WC2 R0QS

**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 2005

The trustees present their statutory report, together with the audited accounts, for The Barrett's Oesophagus Foundation for the financial year ended 30 September 2005.

### **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 2000) "Accounting and Reporting by Charities" 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 – 4 such meetings were held during the year. The trustees also met informally 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 Professor Hugh Barr, 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 2005 amounted to £50,584 (2004 - £21,905).

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**

The trustees are responsible for preparing the annual report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice.

Law applicable to charities in England & Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of its incoming resources and application of resources of the year. In preparing financial statements giving a true and fair view the trustees should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- make judgments 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 financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping accounting records that disclose with reasonable accuracy the financial position of the charity and enable them to ensure that the financial statements comply with applicable law and the trust deed. 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.

### **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 members of the Planning Group.

The trustees are grateful for all these valued supporters.

Signed on behalf of the Trustees:

Paul Salmon     Trustee

Approved by the board on:13 July 2007

The past year has been a difficult one for the Foundation, due principally to the difficulty in appointing an Honorary Treasurer to replace Ray Mayes. It has taken until recently to appoint a permanent replacement. We also lost David Jones and Steve Smith from the Planning Group due to pressure of commitments. We thank them both for their contribution and wish them well in the future.

On the positive side, Linda McKinley, better known as Rebecca Fitzgerald's mother, has kindly agreed to look after our book-keeping during the interregnum.

Charles Marchant-White, Janet Kimble and Robin Thomas (prior to his relocation to Yorkshire) from The Patient Network joined the Planning group, as did Christine Caygill, the UKBOR Registrar and Paul Salmon, an eminent retired Gastroenterologist with extensive fundraising experience. We welcome them all and have been impressed by their enthusiastic contributions. We have been particularly impressed with the development of the Patient Network, with plans to form a national organisation to be called PROBE, which will operate under the umbrella of BOF, championing patients' interests and assisting in fundraising for BOF. We feel that, despite the disappointments in the past year, we enter the next financial year much stronger and with greater optimism to achieve our objectives.

### **Fund-raising**

There has again been an increase in the number of small donations, principally from patients and relatives. John Cummins, one of the Founder Members of the Planning Group, requested donations for his annual fishing trip for clients, raising £3,500, for which we are extremely grateful. As a result of dialogue between our late Patron, The Duke of Devonshire and HRH The Duke of Kent, we were awarded a seeding grant of £5,000 by The Grand Charity, for which we are extremely grateful.

The Planning Group has continued to meet approximately quarterly to discuss fund raising issues. Regrettably, the Fundraising Dinner, which was planned for April, had to be postponed due to some key people being unable to attend and doubts about viability. With the advent of new membership, a sub-committee set out to prepare a Strategic Fundraising Plan for the next two years, to include not only a Fundraising Dinner, but other fundraising events and proposals, including the "Ten Pound a Month Club", more details of which are on the website. tickets as well as procuring attractive prizes for the auction. We hope to raise at least £30,000 from this event.

Mindful of the advice received in our Fundraising Feasibility Study and with the expanded, enthusiastic Planning Group, the Trustees feel the time is approaching for the Planning Group to progress to establishment of the Appeals Committee, whereby non-Trustee members would each recruit one or two individuals to assist them in fund raising within the various sectors such as commerce, industry, grant awarding bodies, government agencies, medical profession and bodies, fundraising events etc. Over the coming months, it is hoped that such individuals and a Chairman will be identified.

We have continued to receive valuable advice from two experienced fundraisers.

Norman Webb and Paul Finnis, for which we are grateful. We have prepared an application for a contact of Norman's for a grant towards continued funding of UKBOR and Norman is confident that this may result in a substantial donation.

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

The Registry 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 World Congress of Gastroenterology and the United European Gastroenterology Week. Details of these presentations and publications during the year are appended.

New registrations to the Registry have now resumed after reaching agreement with the London Multicentre Ethics Committee on consent forms and information sheets which have been distributed to registering centres, designed to cater for patients who are registered following discussion of their diagnosis of CLO with their Gastroenterologist and those whose diagnosis is discussed with their GP. Of the approximately 11,000 CLO patients now databased, the very detailed Form 2, completed by UKBOR from medical records at the referring hospitals, has been completed in 2,500 and it is the detailed information contained therein which has formed the basis of the various epidemiological and natural history studies on which our presentations and publications have been based.

We lost our highly productive Research Fellow, Piers Gatenby in April, who has commenced his SpR training in North London and Jim Ramus continues to do likewise in Oxford. Both remain in touch with UKBOR and are busy with presentations, publications and writing up their MD theses. Another research Fellow, Rajesh Goel has joined us, initially on a part-time basis until he has completed his current clinical post, when he will become full-time and will be conducting a flagging study of causes of death of CLO patients, looking particularly at co-morbidity and association with other cancers, as well as death from adenocarcinoma. This study has been funded by a grant from The Harmsworth Trust.

The Scientific Activities of UKBOR continue to be overseen by the Scientific Advisory Committee, which meets annually, although it met again in October in workshop format, which successfully reviewed previous and future work of UKBOR. Hugh Barr has now succeeded Bob Heading as Chairman of the SAC and we thank Bob for his stewardship over the last three years.

#### **Publicity**

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 and an increase in

requests for BOF leaflets. Our thanks to Rebecca Fitzgerald and Webmaster 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 in the hope of being able to offer a more formal, unhurried patient support service, staffed by a healthcare professional, in the future.

There are now 5 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.

The first patient network open meeting, co-ordinated by Rebecca Fitzgerald and Laurence Lovat was held in London in November and was very successful, attracting some 80 supporters. Further development of this network has been championed by Charles Marchant-White, Robin Thomas and Janet Kimble, whose enthusiasm has been directed towards the establishment of a national body with regional sub-groups, to be called PROBE, which will strengthen patient support and assist BOF in fundraising to achieve their common objectives.

### **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. Hopefully, when the Appeal proper has been launched and we have a dedicated Campaign Director, we can begin to make progress on this front.

We look forward to realising more of our ambitions in the coming year, strengthened by the establishment of PROBE, 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, Jeremy Mills and Peter Reed for all their hard work, together with our new Planning Group Members,

**Chairman's Report** 30 September 2005

Charles Marchant-White, Janet Kimble, Christine Kimble and Paul Salmon. Finally I would like to thank our dedicated minutes secretary, Belinda Johnston, and our book-keeper Linda McKinley for keeping us on the straight and narrow.

Paul Salmon/  
Professor A. Watson,  
Chairman of Trustees

October, 2005

## **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 2005 which comprise the statement of financial activities, the balance sheet, and the related notes. The 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 Report Regulations 2001. 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 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 trustees' report and the financial statements in accordance with applicable law and United Kingdom accounting standards ('United Kingdom Generally Accepted Accounting Practice') are set out in the statement of trustees' responsibilities.

We have been appointed as auditors under section 43 of the Charities Act 1993 and report in accordance with regulations made under section 44 of that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and have been 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 consider the implications for our report if we become aware of any apparent misstatements within it.

### **Basis of audit opinion**

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) 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 judgments 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 we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements 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, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the charity's affairs as at 30 September 2005] 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.

London, UK

**PKF (UK) LLP**

Registered auditors

2007

**Statement of financial activities** Financial year to 30 September 2005

	Notes	Unrestricted funds £	Restricted funds £	<b>Total 2005 £</b>	Total 2004 £
<b>Income and expenditure</b>					
<b>Incoming resources</b>					
Donations	1	27,174	1,525	<b>28,698</b>	17,366
Bank interest receivable		2,270	—	<b>2,270</b>	1,842
Sales (leaflets)		24	—	<b>24</b>	-
<b>Total incoming resources</b>		<b>29,468</b>	<b>1,525</b>	<b>30,993</b>	19,208
<b>Resources expended</b>					
Cost of generating funds					
. Fundraising consultancy		—	—	—	1,000
Direct charitable expenditure					
Costs in furtherance of charity's objects					
. Registry		—	24,876	<b>24,876</b>	26,827
. Patient information and website		—	643	<b>643</b>	1,609
Management and administration of the charity		789	—	<b>789</b>	651
<b>Total resources expended</b>		<b>789</b>	<b>25,519</b>	<b>26,308</b>	30,087
<b>Net incoming (outgoing) resources for the year</b>	2	<b>28,679</b>	<b>(23,994)</b>	<b>4,685</b>	<b>(10,879)</b>
<b>Fund balances</b>					
<b>Brought forward at 1 October 2004</b>		<b>21,905</b>	<b>42,098</b>	<b>64,003</b>	74,882
<b>Carried forward at 30 September 2005</b>		<b>50,584</b>	<b>18,104</b>	<b>68,688</b>	64,003

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** Financial Year to 30 September 2005

	Notes	2005 £	2004 £
<b>Fixed assets</b>			
Tangible assets	3	—	—
<b>Current assets</b>			
Other debtors		-	1,226
Cash at bank		<b>98,573</b>	66,991
		<b>98,573</b>	68,217
<b>Creditors:</b> amounts falling due within one year			
Other creditors		<b>29,885</b>	4,214
<b>Net current assets</b>			
		<b>68,688</b>	64,003
<b>Net assets</b>			
		<b>68,688</b>	64,003
<b>Represented by:</b>			
Unrestricted funds			
. General		<b>50,584</b>	21,905
Restricted funds	4	<b>18,104</b>	42,098
<b>Total funds</b>		<b>68,688</b>	64,003

Approved and authorised for issue by the Trustees  
and signed on their behalf by:

D. Fletcher

P. Salmon

Trustees

Approved on: 13 July 2007

**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 - 2 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.

**Principal accounting policies** Financial Year to 30 September 2005

**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 £	<b>Total 2005 £</b>	Total 2004 £
Trusts	12,500	—	<b>12,500</b>	11,043
Individuals	8,173	1,525	<b>9,698</b>	4,823
Corporate	6,500	—	<b>6,500</b>	1,500
	<u>27,174</u>	<u>1,525</u>	<b><u>28,698</u></b>	<u>17,366</u>

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

**2 Net incoming (outgoing) resources**

	<b>2005 £</b>	2004 £
Net incoming (outgoing) resources for the year is after charging:		
Staff costs	<b>24,557</b>	21,630
Auditors' remuneration (including VAT)	<b>634</b>	615

'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 (2004 - £nil).

**3 Tangible fixed assets**

	<b>Computer equipment £</b>
<b>Cost</b>	
At 30 September 2005	<b>1,382</b>
<b>Depreciation</b>	
At 1 October 2004	<b>1,382</b>
Charge for year	—
At 30 September 2005	<b>1,382</b>
<b>Net book values</b>	
At 30 September 2005	—
At 30 September 2004	—

**4 Restricted funds**

	Balance b/f at 1 October 2004 £	Incoming resources £	Resources expended £	Balance c/f at 30 September 2005 £
UK Barrett's Oesophagus Registry (UKBOR)	40,659	25	24,876	<b>15,809</b>
Website development	1,413	1,500	643	<b>2,269</b>
Fundraising consultancy	26	—	—	<b>26</b>
	<b>42,098</b>	<b>1,525</b>	<b>25,519</b>	<b>18,104</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 2005 include Nil (2004-£13,876) 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 £ Nil (2004 - £10,000) 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 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 2005, funds amounting to £89,411.83 of the total grant had been expended. The project is administered through The Royal Free and University College Medical School.

#### ABSTRACTS

1. Gatenby PAC, Ramus JR, Caygill CPJ, Ramus JR, Watson A (2005). Impact of treatment on Barrett's Cancer incidence. *Gut* **54** (suppl 11) A52.
2. Gatenby PAC, Caygill CPJ, Ramus JR, Watson A (2005). Barrett's oesophagus treatment: effect on high grade dysplasia – oesophagageal cancer incidence. *Gastroenterology* **128**, (suppl 2), S1713.
3. Gatenby PAC, Caygill CPJ, Ramus JR, Shepherd N, Watson A (2005). The significance of detection of intestinal metaplasia (IM) in columnar – lined oesophagus (CLO). *The Canadian J of Gastroenterology HOME WCIg abstracts* R0078.
4. Ramus JR, Gatenby PAC, Caygill CPJ, Watson A (2005). Endoscopic surveillance intervals for columnar-lined oesophagus (CLO) in the U.K. and Impact on detection of dysplastic disease. *The Canadian J of Gastroenterology HOME WCOG abstracts* R0090.

#### PAPERS

1. Van Blankenstein M, Looman CWN, Johnston BJ, Caygill CPJ (2005). Age and sex distribution of the prevalence of Barrett's Esophagus found in a primary referral endoscopy centre. *Amer J Gastroenterology* **100**: 568-576