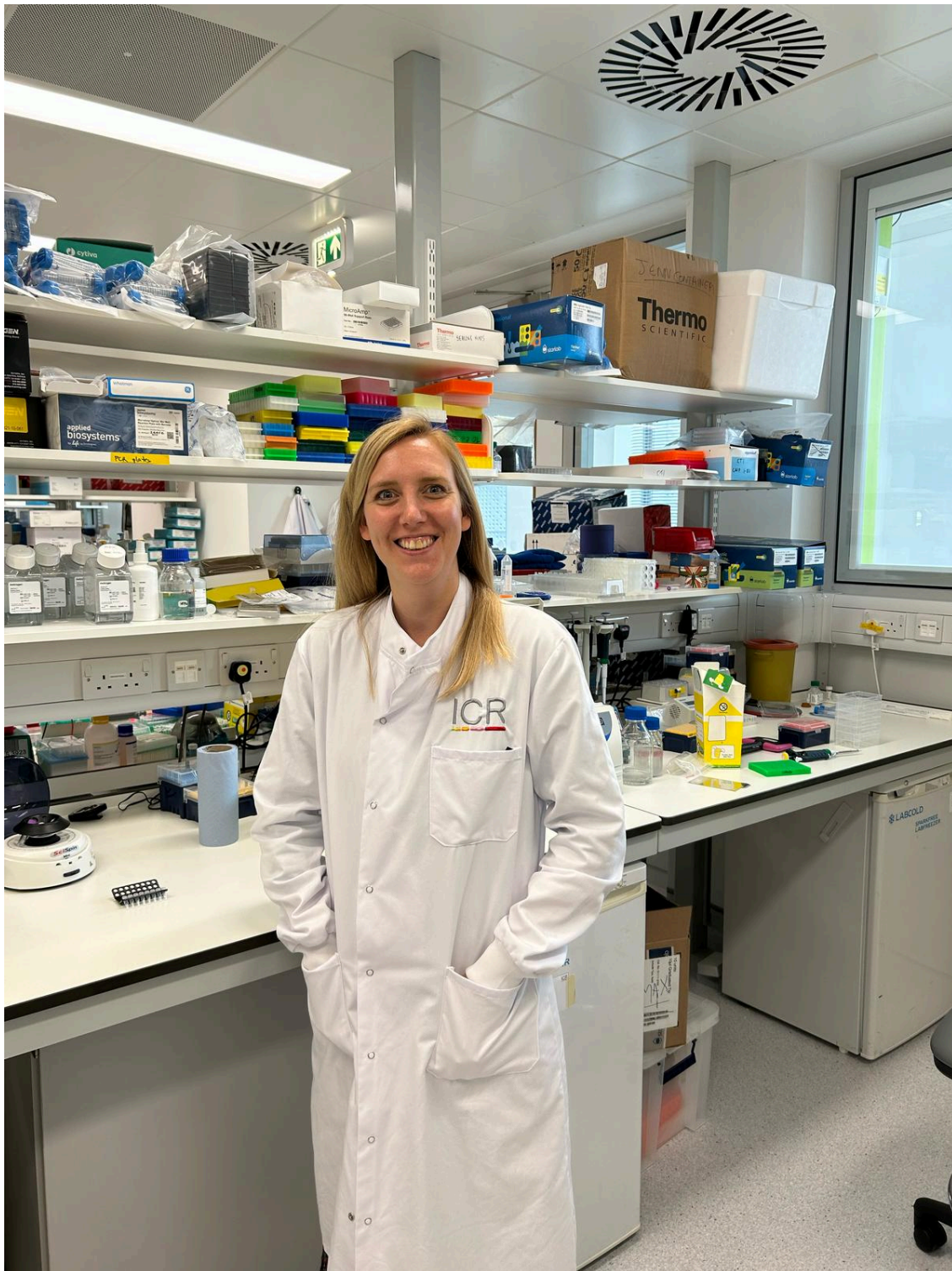




April is Bowel Cancer Awareness Month

As April draws to a close, we're thrilled to bring you our latest e-newsletter, highlighting a selection of the groundbreaking research made possible by your incredible support. This Bowel Cancer Awareness Month, your generosity has helped our charity and specialist hospital continue transforming the lives of those affected by complex bowel diseases. Thank you for standing with us and helping us achieve *our vision of a future free from the fear of bowel disease*.

Research at St Mark's, the UK's National Bowel Hospital



St Mark's Research Fellow Dr Jennifer Fisher shares insights on about her current research.

For people living with inflammatory bowel disease (IBD) there is an increased risk of bowel cancer. For this reason, people with IBD are enrolled into a surveillance program with the aim of identifying precancerous lesions and removing them before cancer develops.

Currently there are two main ways of treating this, surgical removal of the colon or removal of the precancer during a colonoscopy (limited resection). At present it is difficult to predict those patients, who have opted for removal via

colonoscopy, that will go on to develop further dysplasia or cancer.

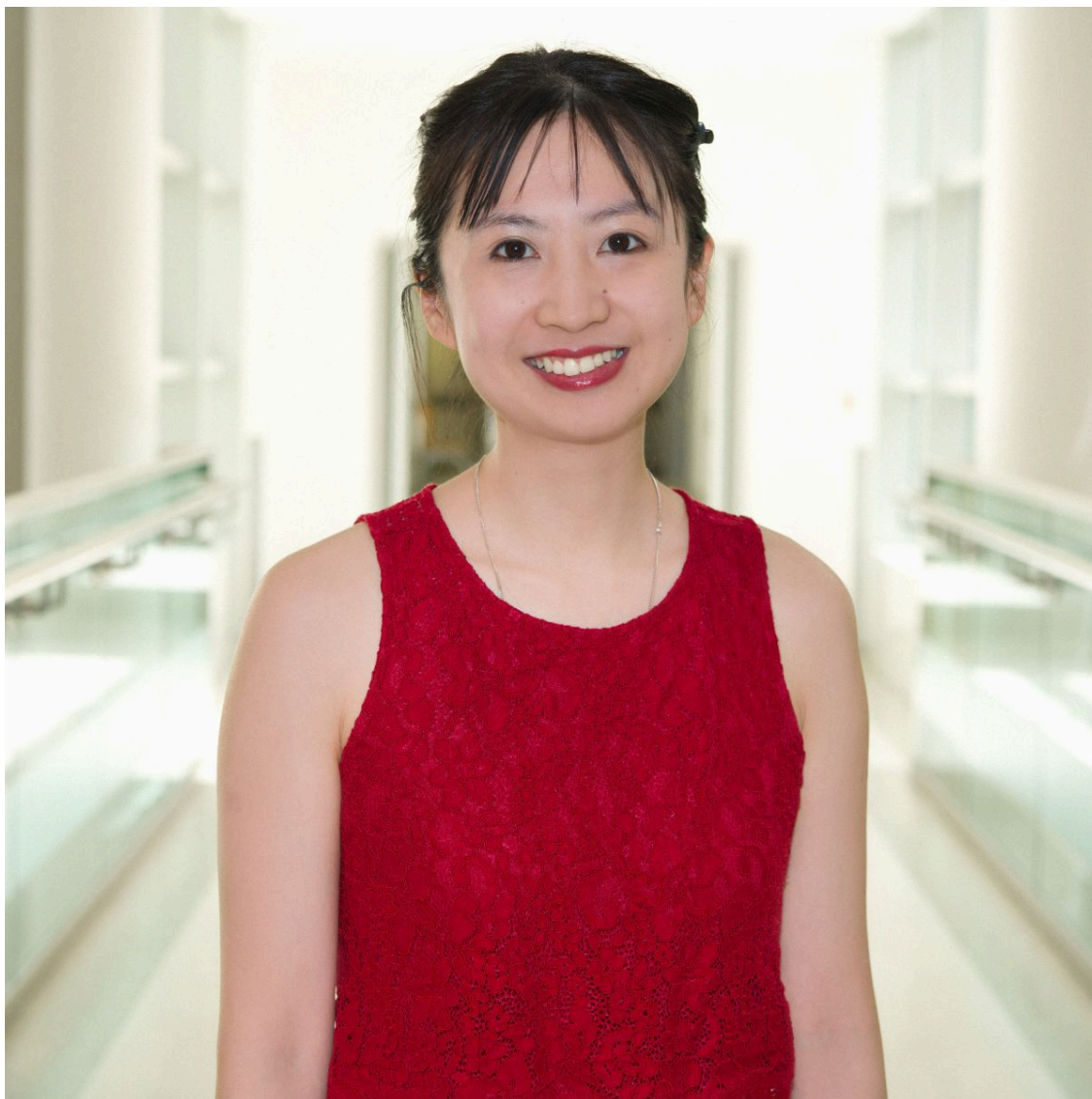
The aim of this project is to analyze the DNA of the precancer and surrounding normal tissue. If we see the DNA changes which are present in the precancer in the surrounding normal tissue, then this could indicate that the precancerous cells have not been entirely removed during the limited resection. We will then determine if the bowels that went on to develop further precancer or cancer had residual precancerous cells that were not removed. This will tell us which DNA changes in the tissue around the precancer can predict cancer risk.

Surgical removal of the whole bowel (colectomy) removes colorectal cancer risk but is a complex surgery with significant psychological and physical health implications. A limited resection is a far less invasive procedure; however, it carries the risk of future cancer. Our project will benefit both patients and clinicians by providing more detailed individual cancer risk which could help guide decision making, thus allowing a personalized treatment of precancer in IBD.



Mr Jason Rai is a higher surgical trainee in the Oxford Deanery and is currently undertaking his PhD at St Mark's. His work is helping shape the future of bowel cancer care.

"My PhD research investigates the use of artificial intelligence to improve outcomes for patients with bowel cancer. After a bowel cancer diagnosis, patients routinely undergo medical imaging such as CT and MRI scans. The digital images from these scans contain pixel-level data that can be harnessed to build AI models capable of answering key clinical questions. Through our research, we hope to answer questions such as who will benefit from chemoradiotherapy or who is likely to develop recurrence following surgical treatment."



Dr Stephanie Poo: Research on Lynch Syndrome and Bowel Cancer Prevention

"I am excited to share my current research which focuses on endoscopy surveillance in Lynch syndrome. Lynch syndrome is the commonest inherited condition that increases the risk of bowel cancer and other cancer types. Approximately 1 in 400 people in the UK have Lynch syndrome, and without proper monitoring, they can face an up to 80% lifetime risk of bowel cancer, and often at a young age.

Regular colonoscopies help to find and remove pre-cancerous growths, as well as detect cancers at an earlier stage. In July 2023, England launched the Lynch Syndrome-Bowel Cancer Screening Programme – the first of its kind globally. This national programme provides a standardised and structured approach to care, ensuring that all eligible Lynch syndrome patients receive timely, high-quality colonoscopies performed by expert endoscopists.

I am keen to understand how well this new programme is working. I am interested in:

-How often we find pre-cancerous polyps or cancer itself

- Whether certain genes or health backgrounds affect cancer risk
- How patients feel about the programme
- Why some people choose to take part and others choose not to

I am also exploring whether endoscopy through the mouth which examines the upper gastrointestinal tract (gastroscopy or 'OGD') is beneficial for people with Lynch syndrome at St Mark's Hospital, and how acceptable these additional procedures are to them.

The goal of this project is to make endoscopy check-ups more effective and tailored to those at highest risk. We are working in partnership with patients to develop questionnaires and research protocols, ensuring their experiences and insights directly inform my research. The findings will help to guide future surveillance policies and ultimately improve outcomes for people with Lynch syndrome."

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