

Unlocking the Key to the Cures

Our research strategy 2017–2022



Foreword

Deborah Alsina MBE, Chief Executive

Great progress in improving the lives of people affected by bowel cancer has been made over recent years, but it remains the fourth most common cancer and second biggest cancer killer in the UK. Each year over 41,200 people are diagnosed with the disease and 16,000 people lose their lives.



We are determined to change this. By 2028, we want to see the number of people surviving at least five years increase from 60% to 75%. This will bring us closer to achieving our long term goal that, by 2050, no one dies of bowel cancer. Lives can be saved if we diagnose more people earlier, develop new, more effective treatments and ensure everyone has access to high quality care irrespective of where they live.

Our research strategy, informed by our landmark Critical Research Gaps in Colorectal Cancer Initiative, details our key priority research areas for the next five years. But we know we can't do this alone.

We will act as a catalyst for change, but need others to join us in order to create real benefits for patients. Through strategic investment in targeted research, we will deliver improvements in bowel cancer survival in our lifetime. Research is the key to finding the cures to bowel cancer.

Deborah Alsina

Deborah Alsina MBE
Chief Executive, Bowel Cancer UK

About Bowel Cancer UK

We are the UK's leading bowel cancer research charity. We are determined to save lives and improve the quality of life for all those affected by bowel cancer. We support and enable research, educate patients, the public and professionals about bowel cancer, and campaign for early diagnosis and best treatment and care for all those affected.

Focusing our efforts

Following extensive consultation with leading research experts, those affected by bowel cancer and informed by our Critical Research Gaps in Colorectal Cancer Initiative, we've chosen four key priority areas of focus for the next five years:

- 1 To improve the prevention, early detection and treatment of bowel cancer
- 2 To enable patients to influence and shape the future of bowel cancer research
- 3 To assist and facilitate high quality bowel cancer research; building the UK bowel cancer research capacity and the future research leaders of tomorrow
- 4 To facilitate collaboration and cooperation across the bowel cancer research community



"In order to accelerate progress, we urgently need to invest in bowel cancer research of the highest quality, facilitate collaboration and build research capacity. As chair of Bowel Cancer UK's Scientific Advisory Board, I believe the charity is ideally placed to provide the step change that's needed to transform bowel cancer survival and ultimately benefit many thousands of people in the future."

Dr Suzy Lishman, Bowel Cancer UK Scientific Advisory Board Chair and Consultant Histopathologist, North West Anglia Foundation Trust

1 To improve the prevention, early detection and treatment of bowel cancer

We are determined to prevent as many bowel cancers as possible, diagnose earlier and improve treatment and care for all patients.

We will specifically focus on:

1. Identifying ways of preventing bowel cancer
2. Improving bowel cancer screening
3. Understanding and identifying people at high risk of bowel cancer
4. Understanding bowel cancer in the under 50s
5. Ensuring best treatment and care for all bowel cancer patients

1. Identifying ways of preventing bowel cancer

Researchers estimate that 45% of all bowel cancers could be prevented through lowering alcohol intake, maintaining a healthy body weight, eating a healthy, balanced diet and being more physically active.

Through research, we will build on our existing knowledge to improve our understanding of how to prevent bowel cancer. We will specifically look to develop knowledge in these areas:

- How can we best use treatment (chemoprevention) such as aspirin to prevent bowel cancer?
- What is the role of the gut environment (microbiome) in bowel cancer prevention and development?
- What are the specific mechanisms underlying the role of diet, physical activity and body weight that help to prevent and reduce risk of bowel cancer?
- Which groups of people are most likely to benefit from a prevention activity?
- How can we help people to adopt known prevention activities to reduce their risk of bowel cancer?
- How can we involve the wider public in testing the best ways to make 'teachable moments' around prevention most effective?

2. Improving bowel cancer screening

Bowel cancer is treatable and curable, especially when it is diagnosed early. Almost everyone diagnosed at the earliest stage of the disease will survive bowel cancer. Bowel cancer screening is key to increasing the number of people diagnosed at an early stage. We'd like to understand:

- How do we reduce demand for endoscopy to allow the faecal immunochemical test (FIT) sensitivity level to be increased?
- How does FIT perform in different groups such as women or black and minority ethnic communities?
- How can we increase the uptake of screening by testing different public interventions with hard to reach communities?
- How do we incorporate risk stratification into the current screening programme?
- How can genetic information be used to prevent or detect cancer?
- Can we develop new forms of screening and early detection such as breath and urine tests or utilise different technologies such as capsule endoscopy?
- How can we use existing data to reveal risk factors for specific groups that could be used to inform prevention or screening?
- How can we better incorporate prevention information into the screening programme?

3. Understanding and identifying people at high risk of bowel cancer

In order to help prevent or diagnose bowel cancer as early as possible, it's of paramount importance that we identify people at increased risk of the disease and subsequently improve surveillance and care. Particular areas of focus will be:

- How do we identify people at higher risk?
- Who is most at risk amongst known risk groups such as those with a strong family history or with inflammatory bowel disease, such as Crohn's and colitis?
- How can we improve surveillance for people at high risk?
- How can we identify people who have had a primary bowel cancer diagnosis and are at risk of developing secondary cancers?
- How can we use data to identify people at high risk of bowel cancer and improve their care?

"I owe my life to the bowel cancer screening programme. I was diagnosed with stage three bowel cancer and quickly had treatment. I now volunteer with the charity to raise awareness of the symptoms, risks and screening in my local community."

Dorothy has been volunteering with Bowel Cancer UK since 2012

4. Understanding bowel cancer in the under 50s

Bowel cancer in people under the age of 50 is increasing. Whilst we know some of the reasons for this, such as genetics, a history of inflammatory bowel disease, obesity, diabetes and a sedentary lifestyle, it does not explain the totality of why bowel cancer is increasing in this age group nor do we have any real solutions to how it can be identified more quickly. We would particularly like to understand:

- What are the characteristics of bowel cancer in the under 50s?
- What is driving the growing numbers of cases of bowel cancer in the under 50s – what role do changes to the gut environment (microbiome) play?
- How do we diagnose younger people with bowel cancer more quickly?

5. Ensuring best treatment and care for all bowel cancer patients

We want to make sure that every bowel cancer patient receives the best possible treatment programme tailored to their disease and are given all the support necessary to live a full life beyond their cancer diagnosis. Particular areas of focus will be:

- What is the 'gold standard' diagnostic/treatment pathway for bowel cancer?
- How can clinicians best assess and communicate risk, benefit and uncertainty to patients around treatment choices?
- How can we improve bowel cancer surgery and develop new technologies/interventions to improve surgical outcomes?
- How can we modify patient behaviour (smoking/diet/lifestyle changes) before receiving treatment to enhance their recovery?
- How can we reduce the side effects of treatments without reducing their effectiveness?
- How can we use existing data to improve treatment outcomes for patients?
- What are the long term consequences and quality of life issues of surviving bowel cancer - who is responsible for treating or preventing the effects of treatment?

"I didn't even ask if it could be bowel cancer as I never thought my symptoms could lead to that. Since my diagnosis, my GP has expressed his shock and said out of all things it could be, he thought bowel cancer would be at the bottom of the list."

Rachael was diagnosed with stage 3 bowel cancer at 23



2 To enable bowel cancer patients to influence and shape the future of bowel cancer research

We will develop a Patient Advocacy Network to enable people closely affected by the disease to engage in and influence research developed around the UK to ensure it is focused on improving outcomes for patients.

By drawing on existing resources and good practice in patient and public involvement (PPI), we will create a PPI strategy and training programme to develop a strong network of patient advocates for research.

We will also work with the bowel cancer research community to ensure patients are consulted in the design and implementation of research projects.

In our own research programme, we will ensure that patients are involved in grant funding processes by implementing a Lay Review Panel who will have representation on our Scientific Advisory Board.

3 To assist and facilitate high quality bowel cancer research; building the UK bowel cancer research capacity and the future research leaders of tomorrow

We will help enable bowel cancer research supported by others that helps to further our own research strategy objectives. We will provide our expertise and support and form collaborations with others. We will always act as a catalyst for change, encouraging others to join with us in seeking solutions that directly lead to a reduction in mortality and improvements in quality and length of life where cure is not possible.

We will also support capacity building in the clinical and scientific research community. It is imperative to provide funding opportunities that help retain and develop talented academics in bowel cancer research. This is particularly important in surgical research, and our ongoing partnership with the Royal College of Surgeons of England will see a continued investment in surgical research.

Over time, we will also look to develop additional funding schemes that not only support our primary objective of improving the prevention, early detection and treatment of bowel cancer, but also help to support clinical and scientific researchers at all stages of their bowel cancer research career.

“Through establishing a dedicated Colorectal Cancer Surgical Research Chair and network of surgical research fellows we hope to increase the number and accessibility of clinical trials, accelerate development of new and innovative treatments and help secure the next generation of leading colorectal cancer surgeons.”

Professor Dion Morton, Director of Clinical Research at the Royal College of Surgeons of England

4 To facilitate collaboration and cooperation across the bowel cancer research community

The bowel cancer research community needs to work closely together to maximise progress. Diversity in the types of scientific and clinical activity that contribute to bowel cancer research makes it particularly important to facilitate communications between disciplines.

We will aim to hold a biennial bowel cancer research conference, as a forum to develop a networked community. Our conference will showcase a wealth of research from across the bowel cancer continuum and bring together clinicians, scientists and healthcare professionals to debate and discuss the challenges and opportunities for bowel cancer research.



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Find out more at [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)



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