Objectives of the Charity

- The relief of patients suffering from bowel disease.
- The promotion of research into the causes, prevention and treatment of bowel disease.
- The advancement of the study of biological and clinical problems, research, education and treatment and the facilitation of co-operation between persons concerned with bowel disease and the making available of new knowledge for the general benefit of this community.
- The promotion and advancement of the education of the general public relating to bowel disease

Research Priorities – The Delphi Project

In 2014 BDRF decided to develop a research strategy to tackle the most pressing questions in bowel disease. The modified Delphi exercise was an innovative attempt to democratically identify issues considered the top priority by professionals and patients.

The 'Delphi method' refers to a systematic process of consulting a panel of experts to reach broad consensus on a given topic. Based on the idea that group judgments are more valuable and reliable than individual ones, a series of questionnaires are used to narrow down answers until the best possible are reached.

BDRF consulted with UK medical professionals in bowel disease, and also interested patients. They were asked to submit the research questions they considered the most important, and over 500 responses were received.

Three rounds of voting distilled these down to 25 questions which now form the basis of BDRF's research strategy; 15 are cancer-related and the other 10 concern other serious bowel diseases.

Prioritised Research Questions [i]

Cancer

1. What is the optimal treatment for early rectal cancer? What are the relative roles of endoscopic mucosal resection (EMR), transanal endoscopic microsurgery (TEMS), radiotherapy, chemotherapy and resectional surgery? In cases of early rectal cancer amenable to local excision techniques, are there benefits from additional treatment modalities?
2. What is the best method for predicting complete pathological response to chemoradiotherapy in rectal cancer treated with neoadjuvant chemoradiotherapy prior to surgery? Do these patients require immediate resectional surgery? If not, what is the best strategy for surveillance?
3. What is the optimal treatment for endoscopically removed polyp cancers? When is surgical resection necessary? What is the long-term outcome of polyp cancers treated with polypectomy alone?
4. What are the short- and long-term outcomes after extralevator abdominoperineal excision of rectum (ELAPE)? Is there an oncological gain and is it justified?
5. What biomarkers (including genetic profiling) affect the response to chemoradiotherapy for rectal cancer?

6. Why do some patients develop colorectal cancer metastases? Can early markers of metastatic disease be developed?
7. What is the optimal timing of resection of liver and/or lung metastases from colorectal cancer – before, during or after primary surgery?
8. What is the optimal method of wound closure after abdominoperineal excision of rectum (APER)? In which situations are mesh or plastic reconstruction indicated, and is there a benefit from these techniques?
9. Is there a benefit to preoperative (chemo) radiotherapy in T3 rectal cancer with non-threatened margins? If so, does it justify any potential additional toxicity?
10. Is chemotherapy better given before or after surgery for locally advanced colon cancer? Or both before and after?
11. Is there a price to cancer survival after treatment for colon, rectal and anal cancer? What is the impact of treatment on quality of life? What level of poor function is justified to avoid a permanent stoma?
12. What is the role of delayed resection of the primary tumour in chemoresponsive metastatic colorectal cancer?
13. What are the optimal methods and intervals for population screening for colorectal cancer? How can uptake of screening be improved? Are there subgroups of the population who are at higher risk and should be screened earlier or at different intervals?
14. Which colorectal adenomas indicate significantly increased risk of future colorectal cancer? What is the optimal screening strategy for these patients?
15. What is the optimal surveillance strategy for patients who have undergone transanal local excision of rectal cancer?

Non Cancer

1. How can early detection and outcome of anastomotic leakage be improved? Are there any new techniques or approaches that will reduce anastomotic leak rates in colorectal surgery?
2. What is the best method of (1) preventing parastomal hernia formation and (2) repairing parastomal hernia?
3. What are the indications for, and what is the optimal timing of, surgery for Crohn's disease in the era of biological therapy?
4. What are the short- and long-term outcomes of minimally invasive approaches (e.g. percutaneous radiological drainage, laparoscopic washout and drainage) to managing complicated diverticulitis?
5. How can postoperative ileus be reduced?
6. What is the optimal multimodal strategy for managing fistulating perianal Crohn's disease?
7. How does reporting and sharing of surgeon-specific outcomes affect clinical practice?
8. What are the short- and long-term outcomes of laparoscopic ventral mesh rectopexy (VMR) and is the mesh material used important?
9. What are the predictive factors for poor outcome in patients with severe intra-abdominal sepsis? How can the outcome be improved?
10. When should a colorectal anastomosis be defunctioned? Are there predictive factors which would aid decision-making about the need for diversion?

Peer Review

All our grant rounds are subject to strict peer review processes following best practice guidelines recommended through the National Institute of Health Research (NIHR) and the Association of Medical Research Charities.

Bowel Disease Research Foundation is an NIHR non-commercial partner.

As such any studies funded by the charity are automatically eligible for NIHR Clinical Research Network (CRN) support and therefore entitled to:

- Use the NIHR Coordinated System for gaining NHS Permissions (NIHR CSP) which is accessed via the Integrated Research Application System (IRAS)
- Access NHS support via the NIHR Clinical Research Network

Our Peer Review follows a strict conflict of interest policy to ensure transparency and openness.

How we fund research

BDRF funds all its research through charitable donations. Donations are received from charitable trusts and foundations, companies and members of the public.

Who we fund

We fund research at universities, hospitals and institutions across the U.K and Ireland.

Types of Grants

2 types of grants are funded – our open grant rounds currently fund projects addressing the Delphi prioritised questions and also a traveling fellowship grant.

Grants rounds are dependent on funding and we aim to have at least two calls for grants per year.

Date of Review of Strategy

The strategy will be reviewed in 2017.

References:

[i] Tiernan J, Cook A, Geh I, George B, Magill L, Northover J, et al. Use of a modified Delphi approach to develop research priorities for the association of coloproctology of Great Britain and Ireland. Colorectal Dis 2014; 16: 965-70.