THE IMPACT OF YOUR GIVING

Let's Beat Bowel Cancer

2026 Report

Bowel cancer remains one of Australia's most pressing health challenges. Each year, more than 15,400 Australians receive a bowel cancer diagnosis, and it remains the second leading cause of cancer-related death in this country. The toll it takes on patients, on families, and on the healthcare system is profound. There is still much work to be done.

Since 2001, Let's Beat Bowel Cancer (LBBC) has been at the forefront of efforts to change that. Our research programme spans the full journey of bowel cancer care - from understanding the molecular biology of the disease and discovering new biomarkers, through to refining surgical techniques, improving recovery, and supporting patients through survivorship. We work across every stage because we believe that meaningful progress requires attacking this disease from every angle.

The past 12 months have been among the most productive in our programme's history. Our team has generated an exceptional body of published research across surgical technique, cancer outcomes, molecular biology, perioperative care, and emerging treatments. Much of this work has been driven by the outstanding contributions of our research registrar, Dr Ryan Gosavi, whose dedication and output across a wide range of important clinical and scientific questions reflects the extraordinary depth of talent and commitment within our team.

None of this would be possible without you. We are incredibly grateful for your generous support of Let's Beat Bowel Cancer. Your belief in our work is what allows us to push further, move faster, and ultimately help more Australians affected by this disease.

Together, we are making a real difference.



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PERSONALISED MEDICINE: FINDING THE RIGHT TREATMENT FOR EVERY PATIENT

No two cancers are the same and yet most patients still receive the same standard treatments, which don't work equally well for everyone. Professor Paul McMurrick and his team at Cabrini, in partnership with Monash University, are changing that.

Using a technique that was once the realm of science fiction, the team takes a small sample of a patient's tumour and grows it into miniature replicas called organoids, or "mini tumours" in the laboratory. These mini tumours behave like the real thing, which means the team can test a range of drugs on them and see which ones actually work before the patient receives a single dose.

The result is that patients receive treatments that are more likely to work for them and are spared the side effects of treatments that won't.

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In a recent breakthrough, the research team identified a specific protein that appears to help some cancer cells resist chemotherapy. By detecting this protein in lab-grown organoids, the team can now flag patients who are unlikely to respond to standard treatment before they go through it and adjust their care plan accordingly. This is precisely the kind of insight that makes personalised medicine so powerful.

What makes this programme truly exceptional is its scale. The team has now grown and catalogued more than 300 tumour organoids, alongside over 1,200 tissue samples, all linked to detailed patient treatment and outcome data through the Cabrini Monash Colorectal Neoplasia Database. This is one of the largest collections of its kind in Australia, and it positions the programme for the next critical step: large-scale clinical trials to validate these findings and bring them into routine patient care.

This research sits at the frontier of what's possible in cancer medicine, moving us from a one-size-fits-all approach to treatments that are tailored to each individual patient's cancer. With continued investment, the team aims to make this kind of personalised testing a standard part of care for bowel cancer patients across Australia.



HARNESSING THE IMMUNE SYSTEM TO FIGHT COLORECTAL CANCER: A NEW ERA IN TREATMENT

A specific group of colorectal cancers known as dMMR or MSI-H tumours have a unique biological fingerprint that makes them especially responsive to a cutting-edge class of treatment called immunotherapy. Rather than attacking cancer cells directly like traditional chemotherapy, immunotherapy works by "unlocking" the body's own immune system to recognise and destroy cancer.

Our research team recently published a review summarising the latest breakthroughs in this area, and the results are genuinely exciting.

In patients with colon cancer, a short four-week course of two immunotherapy drugs produced a dramatic response: 95% of patients showed major tumour shrinkage, and two-thirds had no detectable cancer cells remaining by the time of surgery. Every single patient who went on to have surgery was still cancer-free three years later.

For rectal cancer, the results were even more striking. In a clinical trial, every one of the 41 patients treated with immunotherapy before surgery achieved a complete response, meaning no cancer could be detected at all. For some of these patients, this opens the door to avoiding surgery altogether, which would be a life-changing outcome.

Adding immunotherapy to standard chemotherapy after surgery reduced the chance of cancer returning by a meaningful margin, improving three-year survival rates from 72% to 82%.

For patients whose cancer has spread to other parts of the body, a combination of two immunotherapy drugs cut the risk of the cancer progressing or being fatal by 38%, establishing a new gold standard for first-line treatment.

As immunotherapy moves into earlier stages of treatment, our team is also focusing on what to do when cancers eventually stop responding, an increasingly important challenge. We are also advocating for better access to these treatments in Australia and New Zealand, where funding for immunotherapy is currently only guaranteed for the most advanced cases, leaving some patients without access to treatments that could help them at earlier, more curable stages of their disease.

PREDICTING THE FUTURE: HELPING DOCTORS STAY ONE STEP AHEAD OF BOWEL CANCER

When someone is diagnosed with bowel cancer, one of the most important and most difficult questions is: what happens next? Every patient's cancer is different, and predicting how it will behave, whether it will return, and which treatments will work best remains one of medicine's great challenges. When cancer is caught late, the odds are sobering with only 60% of patients surviving beyond five years.

Professor McMurrick and his team are working to change this by developing tools that can predict patient outcomes with greater precision than ever before and ultimately help doctors intervene earlier and more effectively.

At the heart of this work is a technology called tissue microarrays (TMAs), a method that allows researchers to study tumour tissue from many patients simultaneously, quickly and cost-effectively. The team has now built a library of tumour samples from more than 1,200 Cabrini bowel cancer patients, each carefully matched to long-term outcome data. This means researchers can look back at the biology of a tumour and ask what did this cancer look like, and what happened to that patient. Over time, patterns emerge that would be impossible to see any other way.

The team is now pairing this tissue library with artificial intelligence. AI-powered image analysis tools can scan tumour tissue and detect subtle biological signals that the human eye would miss, signals that may indicate whether a cancer is likely to return. The potential here is significant, catching a recurrence before it becomes visible on a scan, or identifying high-risk patients who need closer monitoring, could be the difference between a cure and a crisis.

A select group of samples will also undergo advanced biomarker testing, examining the immune environment surrounding each tumour in fine detail. By layering this data on top of AI analysis, the team aims to build a highly accurate, personalised risk profile for each patient enabling truly targeted surveillance and treatment planning.

By combining early detection, smarter prediction, and timely intervention into a single integrated platform, the team's vision is to stop bowel cancer progressing to its most dangerous stages in the first place. For a disease that affects thousands of Australians every year, that kind of shift could have a profound impact on our population's health.



Thank you

On behalf of the entire Let's Beat Bowel Cancer team, we sincerely thank you for your leadership in philanthropy that is enabling Cabrini to develop personalised treatment strategies for colorectal cancer patient care, now and for the future.

For further information please contact:

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