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Kate Aubusson

Christopher Jolly is fascinated with antibodies. Antibodies and cancer.

To hear Dr Jolly talk about the role of antibody mutations, B cells, and mutagenic (cancer-causing) DNA repair, is to be immersed in a complex and alluring world of mysteries waiting to be unravelled.

What was not so enticing was the 50th birthday present he received in the mail from the federal government: a bowel cancer faecal occult test kit.

"I just ignored it," said Dr Jolly, a research fellow at the Centenary Institute of Cancer Medicine and Cell Biology.

Chris Jolly and his children Oscar, 8, and Eloise, 6, at their Rozelle home.

"It just sat on my desk for a long time. I was going to get around to it, but I never did," he said.

About nine months later, a bout of bad stomach pains sent him to his GP, then a colorectal surgeon. He was diagnosed with late stage 3 colon cancer.

His research was no longer purely academic.

In November 2014 he spent 7½ hours on an operating table as his surgeon removed a 10-centimetre tumour and his abdominal lymph nodes, leaving him with a scar from his pelvis to his rib cage.

"I'm not surprised by it all. It's still scary but it's not a shock.

"The big advantage you have as a [biomedical] scientist is you know what cancer is," Dr Jolly said.

"I think for a lot of people, the idea that their body has turned on them and has attacked them is quite appalling and horrifying.

"I see cancer in one way as just bad luck," he said.

Dr Jolly exercises. He doesn't smoke, doesn't drink and makes sure he and his family wear sunblock, in part to minimise the risk of cancer.

Oscar's drawing of his father's colon cancer, a "mole in a tummy". Photo: Oscar Jolly

"But I think of it in evolutionary terms ... in a way if we live long enough it's almost inevitable," he said.

The father explained to his two young children, Oscar and Eloise (then six and four years old), that he had an enormous mole growing in his tummy that had to be removed or it would become a hole. They knew their mother was diligent about checking her moles and the danger of skin cancer.

"A giant mole that got out of control," Dr Jolly said.

Oscar considered this predicament. He soon produced a drawing of his father's stomach with a very large mole in the centre, with a network of blood vessels flowing to it.

"I found it very moving; that he wanted to try to understand it," he said.

At the time he had been investigating a specific mutation that could in the future help doctors identify patients prone to radiation sensitivity and should avoid radiation and chemotherapy. The treatments could be fatal for this rare group of patients who carry the mutation.

But this work was interrupted as he began his own treatment regimen: chemotherapy every two weeks for six months.

"Intellectually knowing what chemotherapy entails is not the same thing as experiencing it," he said.

"It was pretty brutal. It knocks the stuffing out of you."

He was rushed to the emergency department twice after two early chemo sessions. He pushed through overwhelming waves of nausea and fevers.

"It fries your brain," he said.

But when he could, he still rode his bicycle to work, "fanging it hard", up to eight days a fortnight.

"It helped with the nausea," Dr Jolly said.

A scan in July 2016 found no traces of cancer and follow-up scans have also been encouragingly negative.

Experiencing the drain on his body and every aspect of his life did not unpick Dr Jolly's stoic approach to cancer, but it did bring a gravity to his work that made him much more interested in converting his research from mice in a lab to something doctors could use in their clinics that would benefit patients.

Ahead of Centenary's Suit Up For Science fundraising initiative launching on Monday, Dr Jolly mused on the imperative of allowing scientists to cast a wide net in the pioneering medical advancements.

"I still fundamentally believe research is absolutely critical. Every major breakthrough in therapies for just about everything comes from research that may not have necessarily been about studying that particular thing," Dr Jolly said.

"It's about investing in the field, in early research ... having big fat input at the beginning of the pipeline so that important, lifesaving things can be squeezed out the other end," he said.