

# CLEARview



## Lincoln Rd, Henderson

– Redevelopment of our West Auckland clinic is complete. We are installing the new Samsung digital x-ray which will be a first in NZ. It is fully automatic and getting rave reviews in the Australia market. We have also installed a Siemens MRI, which will be the first one in West Auckland to service this fast expanding population there.

## Greetings from the team at TRG



**DR MIKE BAKER**  
Clinical Managing Director

**As you will see from this newsletter, and previous editions, we are continuing to happily pursue considerable change across our company.**

Firstly, bringing our entire Group under one name will allow us to simplify and improve many things. This ranges from a new single website platform and phone system helping patients to make contact with us, through to the obvious opportunity of being able to refresh the look of all our clinics.

Considerable thought has gone into this whole project with the real passion being around the patient and their experience. Understanding the differing levels of patient anxiety and their

unfamiliarity with medical imaging equipment and technology was key to developing strategies to make their journey with us as pleasant and supportive as possible.

Secondly, whilst we will make our clinics, and in some cases our equipment, look great, the real key remains with people. Over the last two years it has become obvious to us that TRG is blessed with a great team of people that genuinely care about our patients and referrers and our ongoing investment in training and communication is simply enhancing this. Our patient surveys are now a key measure of our success and suffice to say these are telling us that we are on the right track.

And thirdly, we are committed to technology improvement wherever possible – our staff and patients deserve that. This year the introduction of three new 3T MRI's, the installation of West Auckland's first ever MRI, a new fleet of ultrasound machines and a soon to be announced technology partnership that is a NZ first in the healthcare industry, which is perhaps testimony to this commitment.

Our progress will continue through the year and we will keep you updated on our plans, but right now, many, many thanks for the patients you refer to us – we are committed to providing them with the best experience possible.

### VIEW THIS NEWSLETTER ONLINE!

To view this newsletter online, visit our web site at [www.trggroup.co.nz](http://www.trggroup.co.nz). For copies, comments or articles you would like us to cover, please contact Petreece Patterson at [ppatterson@trgimaging.co.nz](mailto:ppatterson@trgimaging.co.nz). We would love to hear from you!

## Latest Developments:



**Tutanekai St, Rotorua** – currently undergoing a make-over into our new brand.



**Shakespeare Rd, Milford** – Foundation laid and walls going up! We're on track to open in Jan 16.



**Ormiston, Botany** – It's what's on the inside that counts, but our new MRI looks good on the outside too!

# CT Colonography

With bowel cancer being the third most common cancer in the world, and New Zealand and Australia having the world's highest rates of diagnosis, TRG Group continues to focus on CT Colonography (or 'Virtual Colonoscopy') as a key tool in the fight against the disease.

This examination is widely regarded as more comfortable than conventional colonoscopy and uses our low dose multislice CT scanners to scan the entire abdomen and pelvis. Our workstation then post-processes this data and delivers useful and interactive images. This includes 3D images where the bowel is literally "flown-through".

Colorectal cancer is predominantly a preventable disease if precursor adenomatous polyps are identified at an early stage and subsequently removed. Hence the relatively non-invasive CT Colonography examination has become highly valued by Medical Specialists, General Practitioners and their patients.

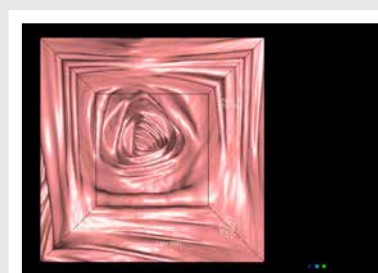
## Colonic Polyps and Colon Cancer

The prevalence of colonic polyps increases with age, particularly beyond 50 years. Untreated, many colonic polyps progress to carcinoma over several years. The risk of cancer developing in sporadic 10 mm colonic polyps is approximately 8% at 10 years and 24% at 20 years. The risk for cancer development depends on the size of the polyp, villous histology, and its association with polyposis syndromes.

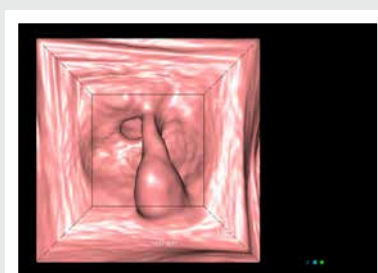
### CT Colonography - Cross Section



### CT Colonography- "fly through" views



Normal Colon



Pedunculated Polyp

## Comparison of CT Colonography (CTC) to Colonoscopy

- **ACCURACY** – both techniques have an accuracy of >95% for the detection of polyps > 10mm.
- Colonoscopy is better for **DETECTION OF FLAT LESIONS AND SMALLER POLYPS**
- CTC is better for **EXTRA-COLONIC LESIONS** (8% require additional workup and 2% are significant)

## CT Colonography (CTC) is indicated for:

- Diagnosis/exclusion of colorectal cancer in symptomatic patients: especially with symptoms with a relatively low risk of colonic malignancy eg change of bowel habit, abdominal pain, weight loss, (patients who may have had a barium enema in the past).
- For screening in asymptomatic average risk people.

## CT Colonography (CTC) especially useful:



- In elderly and frail patients
- When colonoscopy may be higher risk e.g. patients on anticoagulants
- Following failed or incomplete colonoscopy: If the incomplete colonoscopy is an obstructing lesion then a combined CTC and staging CT scan (using IV contrast) may be performed
- When colonoscopy may be difficult or painful: eg: following diverticulitis (wait 6 weeks before CTC)

## Computerised Tomography Colonography

CT Colonography is performed across four of our TRG Imaging sites. Over the last twelve months just over 51% of CTC performed, identified some form of pathology.

## TECHNIQUE

**Bowel cleansing** Low residue diet 2 days before.

**Cleansing laxatives** the day before.

**Faecal tagging** Oral stool marking. Makes residual bowel contents relatively dense

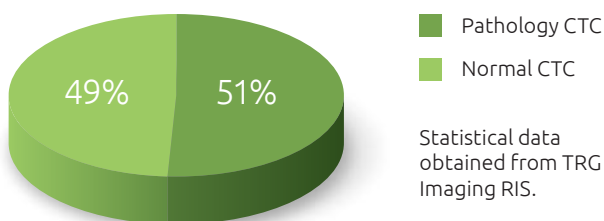
**Procedure** Small flexible tube inserted in rectum. Bowel inflated with air or CO<sub>2</sub>.

**CT Scan** Usually quick recovery after examination. No IV contrast or sedation. Supine and prone series to distribute the fluid and gas.

**Examination time** - approximately 45 minutes

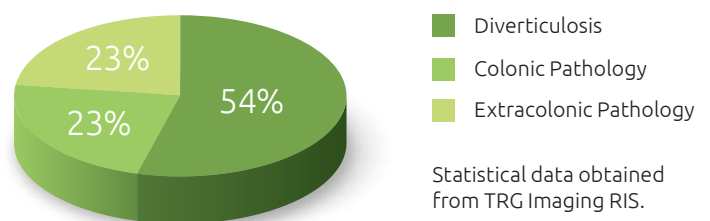
**Well tolerated** - drive home after the examination.

## CT Colonography performed over the last 12 months



The highest incidence of Colonic pathology reported was Diverticulosis which ranged from moderate to severe. The number of patients identified with diverticulosis were 54% of all reported abnormalities.

## Reported Pathology on performed CTC's over the last 12 months



Other colonic pathology that was documented in the CTC reports were various sized colonic polyps, soft tissue masses, inflammation and wall thickening. This group of pathology made up 23% of reported abnormalities. The remaining 23% of identified Extracolonic consisted of liver/pancreas/spleen lesions, renal calculi, lung diseases and ovarian/renal cysts.



## Our commitment to minimising clinical skill shortages in New Zealand



We are pleased to share with you our commitment to actively promote and develop our people, not only to meet business needs, but also to help reduce the skill shortage within NZ.

We are participating with local DHBs as part of the Northern Region Sonographer Project, where both private and public radiology services are collectively working together to reduce the current shortfall in this area. We currently have seven trainee sonographers in place and are about to appoint a further two trainees who will commence their training this month starting with the Auckland University intensive course - Postgraduate Diploma in Health Sciences (Ultrasound). TRG Group has the largest training programme in New Zealand.

Not only do we have a formal ultrasound training programme in place, we are about to introduce a similar training scheme for MRI. We believe that very soon there will be a skill shortage in this area and we are determined to stay ahead of these growing demands so that we can continue to deliver a quality and timely service to you and your patients.

In addition to dedicated training positions (ultrasound, MRI, and mammography), we also deliver in-house learning CME workshops calling on local and international experts to provide targeted learning that not only develops the skills of our people attending, but also ensures we remain current with your requirements. Most recently we hosted in conjunction with Toshiba Medical, a very successful event with a great turnout of sonographers and radiologists. Rex de Ryke was the guest speaker (Charge Sonographer at Canterbury DHB, active in ASUM and an examiner for the DMU - Diploma of Medical Ultrasound). This workshop focused on tertiary level obstetrics and fetal medicine with specific topics being chosen for their difficulty. Rex's presentation on scanning the fetal heart was one of the best many of those attending had ever seen. The event was a great learning experience for all, as obstetric scanning is the most difficult to do from a technical and emotional point of view.

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## CT Colonography

### When CTC is not the test of choice:

- Suspected mucosal lesions such as inflammatory bowel disease and angiodysplasia.
- Known polyp syndromes (including familial) where biopsy is likely
- Young patients (<40 years) as there is a greater potential radiation risk
- Males with Fe deficiency anaemia (20% positive predictive value for significant lesion)
- Positive iFOBT. Expected to have a significant finding in up to 40%.

### Why trg group ?

We have caring staff who look after your patient during and after the procedure. All our CT scanners have additional software to give a 30% radiation dose reduction compared with standard CT scanners. Our specialist radiologists are well qualified to interpret the scans.



Where we are today is by no means the end of our journey as we continue to build and cement our position as industry leaders in excellent customer care. Over the next 16 months we will be rolling out our new name and changing the look of all our clinics in the mid and upper North Island. Our Rotorua clinic is complete as is our new clinic in West Auckland. Our next clinics to be rebranded are those located at Ormiston and Taupo.

We are about to open a new clinic in South Auckland and will advise you more on that in our next issue.

Meantime it is business as usual so please continue to use our current referral pads until you receive our new ones. We are just putting the finishing touches on our patient brochures and website so you will start to see changes there emerging as well.