

The Braemar Way



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Dear Colleague

Three new gastroenterologists have joined Braemar Hospital. They say with New Zealand's high rates of colorectal cancer and liver disease, plus the roll out of the bowel cancer screening programme in the Waikato in March, there is increasing demand for their services...

Dr Elizabeth Phillips



Braemar gastroenterologist Dr Liz Phillips says the March rollout in the Waikato of the FIT bowel cancer screening programme offers real opportunities to change the health outcomes for many New Zealanders...

In her early teens, Liz Phillips briefly contemplated becoming an undertaker, based on her curiosity about death, cryopreservation, and Egyptian mummies. When it became apparent that her career choice might make her look odd among her classmates, she fell back on doctoring, which she had chosen when she was four. More than 40 years later, she has no regrets.

Dr Phillips is the clinical lead for Bowel Cancer Screening for the Waikato DHB, in which people aged between 60 and 75, will be invited to complete a faecal immunochemical test (FIT) to detect traces of blood in bowel motions that may be an early sign of pre-cancerous polyps (growths) or bowel cancer. The programme will be rolled out in March next year, after being delayed by COVID. With more than 26 years' gastroenterology experience in the UK, including clinical director of gastroenterology across a three-site hospital in Northumberland in England for six years, she is well-qualified for the role.

She came to New Zealand in 2013 after overseeing a period of significant change in the National Health Service, which meant working "almost every single hour of every single day." While that work was stressful, it also encouraged new ways of working that she believes will have benefits for gastroenterology in New Zealand. This country has one of the highest rates of bowel cancer in the world, and one of the highest death rates. But the number of gastroenterologists per head of population is low, leading to regional socio-economic and ethnic inequalities. A report in 2018 by the NZ Society of Gastroenterology

said increases in bowel cancer, inflammatory bowel disease (IBD) and Hepatitis C, plus the demands of the National Bowel Screening Programme were placing huge pressure on GE specialists, and creating long waiting lists for follow-ups.

Dr Phillips says one solution, based on her experience in the UK, is to train more nurse scopers (endoscopists) to do colonoscopies on some of the symptomatic patients, which frees up doctors and covers the time when those doctors are on leave, keeping wait times down. When fully signed off, a nurse scoper could do a standard colonoscopy or upper gastrointestinal (GI) endoscopy and recognise pathology such as polyps. They would also be able to remove polyps of up to 1cm. One fully trained nurse scoper employed by the Waikato DHB is now doing six colonoscopy lists (around 30 colonoscopies) a week.

In her role as clinical lead for the National Bowel Screening Programme, she also sees opportunities to get a higher uptake among Māori, who have a high incidence of presenting late with bowel cancer. Based on the experiences of the Lakes DHB which rolled out the screening programme a year ago, and achieved a 45 per cent uptake, she is focused

on working closely with iwi to reduce any barriers to participation. Invitations to participate will be sent out on an area-by-area-basis, to forge local connections. The messages about the need to screen will be based on a person's whakapapa, rather than individual health. "It will be about looking after kaumātua (elders) so they can look after their family."

The screening programme is predicted to increase the number of referrals to the DHB by around 28 per cent. While FIT test positive patients will be dealt with through the public health system, some other patients who have symptoms such as a change of bowel habits or a family history of bowel cancer will be outsourced to private hospitals such as Braemar. Some colonoscopies will have to be outsourced by Waikato DHB each year, while aiming to bring more under the DHB by efficient use of lists.

Dr Phillips says public and private can work well together to ensure everyone gets the treatment they need at the time they need it.

She says the bowel cancer screening programme provides the opportunity to improve the quality of the patient journey. "If we don't the Ministry will check on us. That means people in the Waikato will not get screening. It is a huge incentive for management to get processes right."

Dr Peter Ko



The Waikato ticked all the boxes when Peter Ko decided to move with his family from South Korea to New Zealand two years ago...

When gastroenterologist Peter Ko decided to leave South Korea for New Zealand in 2018, two things were uppermost in his mind: a healthy environment to raise his family, and a better work-life balance. With two children aged 11 and 9, he was keen to play a more active part in their lives.

But there was another reason to make the move: New Zealand offered the opportunity to develop and extend his skills as a gastroenterologist and work with others to address an area of medical concern. The incidence of colorectal cancer in this country is high by international standards and the cause of 1200 deaths a year – a mortality rate similar to breast and prostate cancers combined.

Dr Ko is keen to be part of the Ministry of Health's push to reduce the mortality rate through early diagnosis and intervention. The ministry is currently rolling out the National Bowel Screening Programme, based on a self-testing faecal immunochemical test (FIT), which can detect signs of pre-cancerous polyps (growths) or bowel cancer. Ten district health boards currently offer screening to those aged over 60. Waikato DHB will join the programme in March next year. Dr Ko, who is a consultant gastroenterologist at Waikato DHB, says the tests will significantly increase the number of referrals for colonoscopies. "The tests could be a game-changer for New Zealand, resulting in more bowel cancer being detected early," he says. "With early detection, bowel cancer is treatable and curable." Early detection also means surgery can be carried out laparoscopically, reducing a patient's stay in hospital and recovery time.

Dr Ko's first position, when he arrived in New Zealand last year, was at Whangarei Hospital. Northland has long waiting lists for bowel cancer tests, and many patients delay treatment until the disease is more challenging to treat. Diet and lifestyle related to poverty are contributing factors. In the Waikato, there are similar contributory factors. He is hopeful the eligibility age for FIT tests will eventually be lowered to 50, as it is in South Korea.

At Braemar Hospital, Dr Ko will carry out a range of procedures including gastroscopies, colonoscopies, endoscopic mucosal resection or submucosal dissection to remove large polyps that are likely to become - or already are - malignant, plus diagnostic, and therapeutic endoscopy interventions, ERCP, a procedure used to diagnose and treat upper gastrointestinal diseases of the gallbladder, biliary system, pancreas, and liver.

Dr Wayne Bai



Cantonese and Mandarin speaking gastroenterologist at Braemar, Dr Wayne Bai, hopes to heighten awareness of an increasing incidence of liver diseases...

Braemar gastroenterologist Wayne Bai has huge respect for the liver – an organ he describes as the "metabolic powerhouse" of the body. "Its importance cannot be overstated," he says. "The liver filters blood from the gastrointestinal tract, detoxifies chemicals, metabolises carbohydrates and lipids, synthesises protein for nutrition and blood clotting." In all, it has more than 500 vital functions. So, it is not surprising he is concerned by an increasing number of patients presenting with liver disease.

Excessive alcohol consumption and a fatty diet are well-known lifestyle risk factors for liver diseases, but not all are modifiable. Asian countries have high prevalence of HBV. With increasing immigration from Asian countries, it poses an expanding burden of disease on the

New Zealand healthcare system. In 2015, it was estimated hepatitis B resulted in approximately 887,000 deaths internationally, mostly from cirrhosis and hepatocellular carcinoma (liver cancer).

Dr Bai immigrated to New Zealand from Hong Kong as a child and speaks Cantonese and Mandarin. He was attracted to gastroenterology due to its broad range of diseases and the rapid evolution of treatments available.

He says the reasons for New Zealand's increasing incidence of liver disease are multifactorial. While immigration is one factor, the rising incidence of obesity, physical inactivity and excessive alcohol use are also to blame (one in four drinkers reported hazardous use in New Zealand). Nearly one billion patients globally are affected with non-alcoholic fatty liver disease (NAFLD).

Nevertheless, in the past decade, there have been major breakthroughs in HBV and HCV

management. Direct-acting antiviral therapy (DAA) such as tenofovir and Maviret (both PHARMAC funded) are highly effective for HBV and HCV management.

However, there is no effective treatment for NAFLD apart from lifestyle changes such as weight loss, a healthy diet and remaining physically active. Similarly, with alcohol-related liver damage, there is no cure apart from alcohol abstinence. Dr Bai says these are important lifestyle interventions in which the community awareness seems to be slipping. "Once enough damage is done to the liver and reached cirrhosis stage, even despite optimal lifestyle changes, patients are at risk of long-term complications such as the development of liver cancer (HCC). This is irreversible. Once patients start to decompensate from their liver disease in the form of ascites, hepatic encephalopathy (confusion) and variceal bleeding, their median survival is just two years." For this reason, he says, it is important to raise community awareness and seek medical attention early.

Dr Bai is particularly concerned he is seeing younger patients presenting with advanced disease. He also believes the language barrier may prevent some of New Zealand's Asian population from seeking medical attention. As the first Cantonese and Mandarin speaking gastroenterologist in the Waikato region, he hopes he can help make a difference to the Asian population and the community as a whole.

Dr Bai is a consultant gastroenterologist at Waikato DHB. At Braemar Hospital, he will also perform endoscopic services, including gastroscopy, colonoscopy and EMR.



Dr Greg Spark – Deputy Chairman



DR ELIZABETH PHILLIPS

QUALIFICATIONS

- MBBS (Hons)
- BMedSci
- FRCP (London, Edinburgh)
- FRACP
- MD
- MSc

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AREAS OF SPECIALISATION

- Gastroenterology and Hepatology
- Coeliac Diseases
- Inflammatory Bowel Disease
- Anaemia
- Gastroscopy (dilation, PEG, banding)
- Colonoscopy (surveillance / polypectomy / EMR chromoendoscopy, bowel cancer screening)

SPECIALIST TRAINING

Newcastle Central Hospital, UK

POSITIONS & MEMBERSHIPS

- FRACP
- FRCP (Edinburgh London)
- IMSANZ
- ASGE
- NZ Gastroenterology Society

DR PETER (BONG SUK) KO

QUALIFICATIONS

- Bachelor of Medicine 2007, South Korea
- FRACP 2019

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AREAS OF SPECIALISATION

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- Diagnostic and Therapeutic Gastroscopy and Colonoscopy
- ERCP
- Endoscopic Submucosal Dissection
- Mucosal Resection
- Endoscopic Bariatric Procedures (Intragastric Balloon, Endoscopic Sleeve Gastroplasty)
- Endoscopic Anti-Reflux Procedure (STRETTA)

SPECIALIST TRAINING

Bachelor of Medicine Eulji University, South Korea 2007
Specialist in Internal Medicine, Ministry of Health and Welfare (Korea)
Specialist in Gastroenterology and Endoscopy 2014, South Korea
Fellow of the Royal Australasian College of Physicians – New Zealand 2019

POSITIONS & MEMBERSHIPS

- Consultant Gastroenterologist, Waikato Hospital

DR WAYNE BAI

QUALIFICATIONS

- MB ChB 2009
- FRACP 2018

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AREAS OF SPECIALISATION

Gastroenterology
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SPECIALIST TRAINING

Transplant hepatology (1 year fellowship at University of Alberta Hospital, Canada)
Author of Baveno VII Portal Hypertension Meeting 2020, Varices and Screening Endoscopy section

POSITIONS & MEMBERSHIPS

- Gastroenterologist, Waikato Hospital
- AASLD member
- EASL member