

FOI REF: 22/583

7th November 2022

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FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

FOI to assess access to; use of MRI and protocols in the diagnosis of axial Spondylarthritis

1. Which hospital Trust do you work within?

East Sussex Healthcare NHS Trust – District General Hospital

Part 1 – Access to MRI

2. How many MRI scanners suitable for scanning the spine and SIJ do you have access to?

- None
- 1
- 2
- 3
- 4 or more

3. What type of scanner do you have access to?

- 1.5T
- 3T
- Other (please state)

4. Roughly how long would an outpatient wait for an MRI in your Trust?y

- Less than 2 weeks
- 2-4 weeks
- 1-2 months
- 2-3 months
- Greater than 3 months

Cont.../

5. Do you have regular meetings or discussions with your rheumatology colleagues?

- Weekly
- Fortnightly
- Monthly
- Quarterly
- As required
- Never

6. How is axial SpA MRI imaging reported in your Trust?

- Internally by a specialist MSK radiologists
- Internally by a non-specialist radiologist
- Outsourced to a specialist MSK radiologist service
- Outsourced to a non-specialist radiologist service
- Other (please state)

Part 2 – Use of MRI in diagnosis of axial SpA

7. Are you familiar with the rheumatological term axial Spondyloarthritis (axial SpA)?

- Yes
- No

8. Are you familiar with the BRITSpA consensus guidance on MRI for the diagnosis of axial Spondyloarthritis? ([BRITSpA guidance](#))

- Yes
- No

9. In what circumstances would you use MRI in the assessment/diagnosis of spondyloarthritis?

- We do not, or only rarely, use MRI for assessment/diagnosis of spondyloarthritis
- We only use MRI if the x-rays of the SIJ and spine are normal/not diagnostic
- We use MRI as a diagnostic test, irrespective of whether there is an abnormality on plain x-rays - within the appropriate clinical and biochemical context on patients clinically suspected of having aSpA.
- Other reasons

Part 3 – MRI protocols

10. Please write in text below what your standard MRI protocol for the assessment of spondyloarthritis is (specifying (i) field strength, (ii) sequences, (iii) anatomical coverage and (iii) acquisition planes for each element of the protocol):

(i) 1.5T

(ii) Spine: Sag T1 and STIR. SIJs: T1 and STIR

(iii) Whole spine - with extended lateral coverage, preferably 20 slices.
SIJs - Entirety of both SIJs.

(iv) Spine: Sag only
SIJs : Oblique (semi-) coronals and oblique (semi-) axials

11. What is the approximate scan time for this protocol? If multiple scanners are used, please give an average or range.

45 Minutes

12. When assessing patients for possible early spondyloarthritis with MRI would you routinely scan?

- Sacroiliac joints only
- Sacroiliac joints and lumbar spine
- Sacroiliac joints and thoracic spine
- Sacroiliac joints and thoracolumbar spine
- Sacroiliac joints and whole spine
- Sacroiliac joints and any other spinal segment, including whole spine, as requested by the rheumatologist
- Other.....

13. If you do not scan any of the spine in the assessment of spondyloarthritis, why not?

- Spinal features are not necessary in the diagnosis of axial-SpA
- There are no specific lesions for spondyloarthritis in the spine
- The scan time is too long
- It costs too much money to scan
- Other.....

Not applicable.

14. If you do not MRI scan the whole spine in the assessment of spondyloarthritis, why not?

- Imaging the lumbar / thoracolumbar spine is sufficient to assess spinal features of axial-SpA
- Spinal features are not necessary in the diagnosis of axial-SpA
- It takes too long to scan the spine
- It costs too much money to scan the whole spine
- Other.....

Not applicable.

15. If you are MRI scanning part of, or the whole spine in the assessment of spondyloarthritis would you perform?

- Sagittal, axial and coronal plane acquisitions
- Sagittal and axial plane acquisitions only
- Sagittal plane acquisitions only
- Other.....

16. If you are MRI scanning the sacroiliac joints, would you perform?

- Semi-coronal plane acquisitions only
- Semi-coronal and semi-axial acquisitions

17. When MRI scanning for the assessment of spondyloarthritis which sequences do you use in your protocol? Please tick all that apply.

- Fat-suppressed, water sensitive sequence (e.g. STIR, T2w imaging with fat suppression or T2w Dixon imaging)
- Fat-sensitive sequence (T1w imaging)
- Gadolinium-enhanced imaging
- Conventional T2w imaging (without fat suppression)
- Gradient echo imaging (including VIBE or Dixon)
- Other.....

18. When MRI scanning for the assessment of spondyloarthritis do you perform gadolinium-enhanced imaging of the sacroiliac joints?

- Yes
- No

19. When MRI scanning for the assessment of spondyloarthritis do you perform gadolinium-enhanced imaging of the spine?

- Yes
- No

Part 4 – MRI lesions and definitions

20. Are you aware of formal recommendations regarding which imaging features should contribute to the identification of a positive MRI of the sacroiliac joints in spondyloarthritis?

- Yes, please detail below:
- No

Rheumatology 2019;58:1831-1838

From the working group comprising 9 rheumatologists and 9 musculoskeletal radiologists with an interest in axSpA established with support from the British Society of Spondyloarthritis (BRITSpA).

21. What MRI SIJ spondyloarthritis features do you use to make a diagnosis of Spondyloarthritis?

- Subchondral Bone marrow oedema / osteitis only
- Erosions
- Fat infiltration
- Sclerosis
- Joint space widening / effusion
- Enthesitis
- Capsulitis
- Fat deposition in the joint space (“backfill”)
- Synovitis
- New bone formation (areas of ankylosis)
- All of the above
- Combination of the pathologies ticked above
- Other

Please note: All the above can be seen in axSpA, and all features would be noted but some have a much poorer specificity for making the diagnosis (e.g. sclerosis, enthesitis and capsulitis, so it is important to interpret all the above in the clinical and biochemical context in those patients who are clinically suspected of having axSpA.

22. Are you aware of formal recommendations regarding which imaging features should contribute to the identification of positive MRI of the spine in spondyloarthritis?

- Yes, please detail below:
- No

Rheumatology 2019;58:1831-1838

From the working group comprising 9 rheumatologists and 9 musculoskeletal radiologists with an interest in axSpA established with support from the British Society of Spondyloarthritis (BRITSpA).

23. What MRI spinal spondyloarthritis features do you use to make a diagnosis of Spondyloarthritis?

- Vertebral corner bone marrow oedema
- Endplate oedema
- Diffuse vertebral body oedema
- Posterior element bone marrow oedema
- Spinous process bone marrow oedema
- Vertebral corner fat infiltration
- Syndesmophyte formation
- All of the above
- Combination of the pathologies ticked above
- Other.....

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

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Corporate Governance Manager
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