



The CDD Therapeutics Team



L to R: Joanna Thornton (PCC)n, Vic Dawson (SD), Nadia Mazari, (Dietitian) Prof Thomas Borody(MD), Encar Sitchon (NUM/CNS), Antoinette Le Busque (NP)and Tess Tugonon.(PCC)

Learn more about us on page 7

"Research" means "to search again." Why not? Sometimes, a new interpretation emerges that is of vast importance.

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Are you interested in becoming a Stool Donor?

The CDD Stool Donor Program is a paid program that allows you to positively impact the lives of others. If you're aged between 16-60 years, have no pre-existing medical conditions and live or work locally to Five Dock you may be eligible. Start your application by completing our online questionnaire:<https://centrefordigestivediseases.com/cdd-donor-2/>

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FROM THE DIRECTOR

Dear valued friends of CDD, we welcome in 2023 with enthusiasm and goals! As the world resumes in a post COVID world, we continue to keep the safety and wellbeing of our patients as our primary priority. We aim to have the GMP facility that will be manufacturing GMP certified FMT enemas and capsules accredited and this means a greater access to our GMP certified therapeutics. Extensive research into the microbiome will be increased in our new lab.

CDD has always been at the forefront of research, always striving to develop innovative therapies that benefit even the most difficult cases. As such, we have often been approached by physicians and patients from across the globe in hopes of accessing our therapies. CDD is now moving toward sharing with physicians and patients around the world our approach to diagnosis and treatment. This will take the form of Webinars as interviews or papers on such topics as treatment of parasites, *Helicobacter pylori* [HP] treatment and that of resistant HP; irritable bowel syndrome, ulcerative colitis, Crohn's disease with and without fistulae, use of FMT across many disorders, and other conditions will be covered as such topics are requested.

CDD is also in the process of establishing a Foundation to raise funds for research. This foundation's activities will focus on expanding the work that was started in our centre, we hope this foundation will create ongoing funding for new and existing research focuses.

Join us as we embark on this exciting journey into 2023!

All the best
Prof Thomas J Borody
Medical Director



CDD – Always Improving

Here at the Centre for Digestive Diseases, we make patient care our topmost priority and as such we strive to continually improve our processes both at the front of the house and behind the scenes to ensure that our patients continue to receive best service we can offer.

One of the upgrades we have made in the last quarter was to our telephone system, improving call quality and reduce patient call dropouts. The change in our telephone system also ensures that any issues are reported and handled more accurately.

We have also made improvements to our firewall system, meaning our patients' data are provided with the latest and highest level of security and privacy.

We are currently looking at upgrading our servers and backup system and are reviewing the benefits of cloud-based systems. This process will take place over the next year as we find the system that serves CDD's needs perfectly.

Going forward 2023 I would like to thank all our staff for their hard work and patience as we undergo these changes and continue to pursue avenues that help make our patients' experience at the centre a great one.

Lastly as most of the wonderful friends of CDD will know, 2023 started off with a big challenge for our centre. Prof Borody has been undergoing treatment for a condition that continues to keep him away from fulfilling his clinical duties. I would like to extend our appreciation to our staff and our specialists for all their support managing Prof Borody's patients as he recovers from his condition I especially would like to express gratitude to our patients and referring doctors for their continuing patience and understanding as Prof Borody undergoes recovery, we would not be where we are without your support!

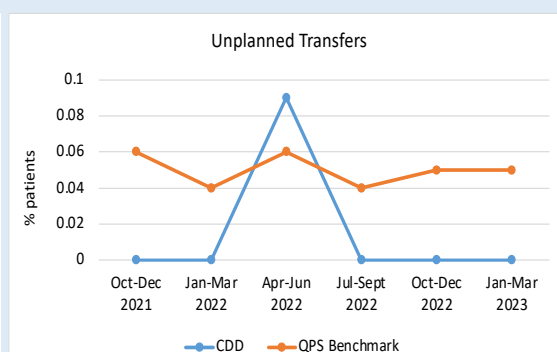
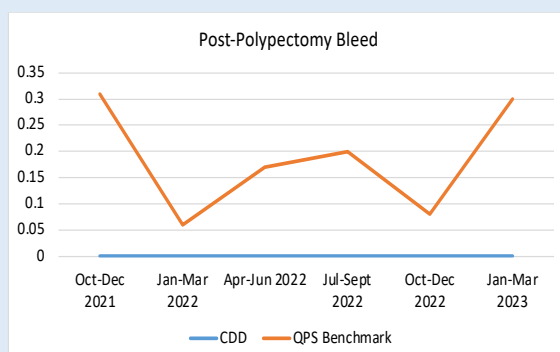
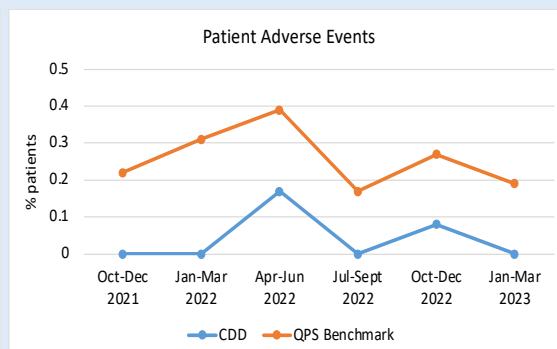
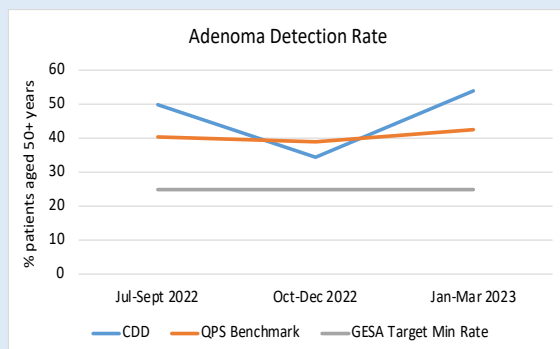
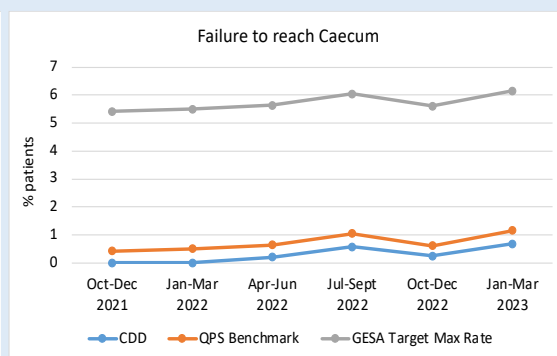
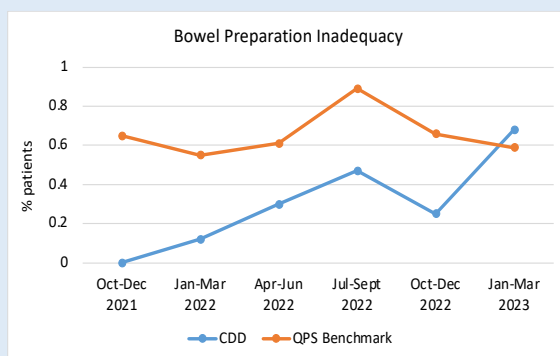
Warm regards
Vic Dawson
Strategy Director



DAY SURGERY SAFETY AND QUALITY OUTCOMES REPORT

SAFETY AND QUALITY INDICATORS

These six indicators have been selected by our Consumer Focus Group as they provide a good overview of our key clinical outcomes. These rates show outcomes better than or in line with the QPS industry benchmarks and the GESA (Gastroenterological Society of Australia) target rates.





DAY SURGERY SAFETY AND QUALITY OUTCOMES REPORT

April 2023

PATIENT EXPERIENCE SURVEY

We participate in benchmarking program run by QPS which involves comparing clinical indicator rates and audit/survey outcomes with other day surgery centres. We completed a Patient Experience Survey at the end of 2022 with the following results.

Criteria	CDD	QPS Benchmark
Appointment and Waiting Times	92.00%	94.35%
Care and Treatment	96.58%	98.30%
Information provided	93.26%	96.75%
Billing process	96.97%	94.31%
Decision making and involvement	87.86%	95.27%
Discharge process	90.61%	95.19%
Likelihood of recommending CDD	95.75%	95.38%
Overall Patient Experience	91.63%	95.24%

"I experienced kindness, warmth & a lovely friendliness. Each & every staff person was efficient, professional in their roles, attentive to protocol & responsive to my needs."

"Thank you to the staff today. A very efficient centre"

CONSUMER PARTNERSHIP

Research has shown that when healthcare providers, managers, patients and their families work in partnership:

- The quality and safety of healthcare increases
- Costs decrease
- Provider satisfaction increases
- Patient care experience improves

We have a number of appointed consumer representatives that attend Consumer Focus Group meetings annually and provide ongoing support during the year by email. They help us to review audit and indicator outcomes, providing us with a patient's perspective. They have recently helped us to review and update our Patient Journey Flowchart, Gastroscopy Preparation Instructions and Patient Information Booklet providing feedback to ensure these are easily understood by our patients.

We are very grateful for their ongoing support.



RESEARCH in 2023

The first quarter of 2023 have gone by in a flash, and the department has been busy shaking off the last of the COVID effects! Much of our focus in 2022 has been in supporting the GMP department, ensuring that the validation to produce our FMT products are on track. 2023, however we conducted a review of our inhouse projects to assess and improve on our patient recruitment. Our research is governed by Good Clinical Practice and our goal for the first half of 2023 is to undergo continuing education to ensure our research skills are up to date. We have also undergone training workshops in dangerous goods handling and in venepuncture (blood collection) to further expand our skillset.

Our active clinical trial on the metagenomics of patients undergoing FMT will be amended and our primary objectives will include a dietary emphasis.

We will also be sending a follow – up questionnaire to the patients involved in our long term FMT survey study that will allow us to capture more of the patient’s experience on the effects of FMT long term.

We aim to submit abstracts to the upcoming American College of Gastroenterology 2023 conference highlighting our case study report on patients with cured Crohn’s so stay tuned!.

If you would like any more information on what we have planned for 2023, please drop us an email on research@cdd.com.au.



WHO we are: The Therapeutics Department

The Centre for Digestive Diseases is an exceptional centre by any standard. Internationally regarded, our facilities include state-of-the-art technology and our Specialists and Staff pride themselves on keeping up-to-date with the latest literature whilst maintaining an active involvement in in-house and multi-centre research projects.

Whilst this unique set of circumstances allows us to offer our patients world class solutions for their gastrointestinal conditions, we know that CDD is a thriving clinical hub with hundreds of patients per week passing through its doors for procedures and consultations. It is also true that worldwide, compliance rates, even to simple medication regimes has been estimated to be as low as 50% (Usherwood, 2017) and treatments just don't work if they are not taken as prescribed. Given this we recognised early on that we faced a major challenge in translating the research and knowledge into treatment plans that our patients could easily follow for the best clinical outcomes.

Our answer was the Therapeutics Department. Established in 2015, the Therapeutics Department's primary objective is to facilitate a seamless care experience and improve patient outcomes. We work as an organisational touchpoint servicing our staff, our patients and their external care providers to co-ordinate patient treatment plans.

The Department has a holistic approach. Headed by a Nurse Unit Manager (NUM) / Clinical Nurse Specialist (CNS) and a Nurse Practitioner (NP), the other valued team members include a Dietitian and two Patient Care Co-ordinators (PCC), who work together to approach the patient's care needs from all angles.

Our typical day starts off early with two treatment rooms for the specialist procedures offered by the department prepared. Patients undergoing procedures such as the Aquanet Colonic Washout (for those needing colonic hydrotherapy prior to colonoscopy) and Faecal Microbiota Transplant (FMT) (for those who need repopulation of the gut flora) ensure the Therapeutics morning list bustles with activity.

With in-person, Skype and phone appointments the team is also kept busy with consultations. Working under the direction of the treating Gastroenterologist, the Therapeutics Team play a pivotal role in vital activities such as patient education, arranging necessary pre-treatment investigations, explaining and guiding the patient through essential paperwork and booking appointments and procedures such as antibiotic infusions for parasitic infections, FMT and colonoscopy.

As applicable to their scope of practice, these consultations are also perfect opportunities to assess patient progress on medication regimes, ascertain barriers to compliance such as side



effects, answer questions and address concerns before liaising with the other members on the healthcare team, to keep all abreast of the patient's status and condition.

CDD has worked hard to make the team accessible. Outside of the scheduled consultations and planned procedures, the Team can be found answering emails and fielding phone calls from patients for a multitude of reasons ranging from providing us with condition updates for their medical record to seeking clarification on medication regimes or asking questions about upcoming investigations or procedures to name a few.

Besides patients, we work closely with the other CDD Departments and external members of the patient's health care team including their pharmacists, other specialists and general practitioners who may need to call on our services in the day to day management of our shared patients.

So please keep a look out for our small but dedicated Therapeutics Team Members, Encar Sitchon NUM / CNS, Antoinette Le Busque (NP), Nadia Mazari (Dietitian), Tess Tugonon (PCC) and Joanna Thornton (PCC), we'd love to say Hi!

Usherwood, T. (2017). Encouraging adherence to long term medication. Australian Prescriber, 40: 147-150. DOI: 10.18773/austprescr.2017.050 Accessed 11/04/2023 via <https://www.nps.org.au/australian-prescriber/articles/encouraging-adherence-to-long-term->



“THAT’S A WRAP!”

Gut Health Month

February 2023 was national Gut Health Month- a month dedicated to destigmatising bowel habits, increasing gut health education and positioning dietitians as nutrition experts in this space.

If you attended in-person appointments or procedures at CDD throughout the month, you may have noticed ‘Aim for 30’ activity sheets and fact sheets in the waiting areas. The ‘Aim for 30’ activity sheets were an initiative of Dietitian Connection, the professional member-led body organising Gut Health Month. These ‘Aim for 30’ sheets were great conversation starters in some of our dietetic consultations. The sheets listed 100+ varieties of wholegrains, fruit, vegetables, herbs and spices, legumes, and nuts and seeds to inspire people to think about incorporating into their diet. ‘Aim for 30’ had us talking about ways we could work through food anxiety and eat previously enjoyed foods. We also discussed how we could nourish our gut microflora with as much plant diversity as possible, in the context of allergies and food intolerances.

Our patients weren’t the only ones who had fun with Gut Health Month- our staff did too! Nadia had heaps of goodies to share from Gut Health Month sponsors. Our staff tried some new high-fibre cereals, probiotic yogurts and wholegrain crackers; reminding many of us how the food we eat plays a huge role in a healthy gut. Overleaf, you can find an easy gut-healthy tray bake from Dietitian Connection!

We include an Aim for 30 sheet you can download and print to help you out on your new dietary adventure!



Aim for 30+ plants each week

Veggies

	Asparagus	Broccoli	Carrot	Eggplant	Kale	Parsnip	Spinach
	Avocado	Brussels sprouts	Cauliflower	Fennel	Mixed lettuce	Potato	Spring onion
	Beetroot	Cabbage	Celery	Green beans	Mushroom	Pumpkin	Sweet potato
	Bok Choy	Capsicum	Corn	Iceberg lettuce	Onion	Rocket	Tomato
	Broccoli		Cucumber	Jerusalem artichoke		Silver beet	Zucchini

[illegible]

Seed	Protein (g)	Fiber (g)	Healthy Fat (g)	Monounsaturated Fat (g)	Saturated Fat (g)	Trans Fat (g)	Cholesterol (mg)	Sodium (mg)	Carbohydrate (g)	Sugar (g)	Starch (g)
Chia seeds	17	10	8	7	1	0	0	0	37	0	0
Sunflower seeds	21	3	14	11	2	0	0	0	20	0	0
Pumpkin seeds	29	3	13	10	2	0	0	0	12	0	0
Flaxseeds	18	7	7	6	1	0	0	0	29	0	0
Sesame seeds	17	3	14	11	2	0	0	0	20	0	0
Almonds	21	2	13	11	2	0	0	0	13	0	0
Cashews	18	1	13	11	2	0	0	0	17	0	0
Walnuts	19	2	13	11	2	0	0	0	12	0	0
Hazelnuts	17	1	13	11	2	0	0	0	16	0	0
Pistachios	21	3	13	11	2	0	0	0	27	0	0
Poppyseeds	18	7	7	6	1	0	0	0	29	0	0
Tahini	18	3	14	11	2	0	0	0	20	0	0
Nut butter (natural)	18	3	14	11	2	0	0	0	20	0	0
Pine nuts	13	1	13	11	2	0	0	0	16	0	0

Apple	Boysenberries	Fig
Apricot	Rockmelon	Grapefruit
Banana	Cherries	Grapes
Blackberries	Quistard apple	Guava
Blueberries	Dates	Honey dew melon

Beans	Chickpeas	Lentils	Peas

Brown rice	
Wild rice	
Barley	
Rye	
Bulgur wheat	
Buckwheat	
Teff	
Millet	
Sorghum	
Amaranth	
Quinoa	
Cats	
Popcorn	
Whole grain bread	
Whole grain crackers	
High fibre breakfast cereals	



Access more dietitian approved resources + recipes at guthealthmonth.com



LOVE YOUR GUT

Recipes you will love and your Gut will thank you for!



Miso chicken tray bake with white beans and sweet potato

Serves: 4

Preparation time: 15 mins | Cooking time: 25 mins

Ingredients

2 tbsp extra virgin olive oil (EVOO)
1 tbsp miso paste
2 tsp salt-reduced soy sauce
1 tbsp lemon juice
4 skinless chicken thigh fillets
500g sweet potato, peeled and cut
into 2x2cm cubes
1 x 400g can white beans, drained
and rinsed
¼ cup mint leaves
¼ cup parsley leaves
Lemon zest

Method

1. Preheat oven to 200°C and line a baking tray with baking paper.
2. Combine 1 tbsp EVOO, miso, soy sauce and lemon juice in a small mixing bowl. Set aside.
3. Lay chicken thighs in a single layer on the baking tray. Brush chicken with half of the miso mix. Toss the sweet potato cubes in 1 tbsp EVOO and scatter around the chicken. Bake for 10 minutes and remove from oven.
4. Brush remaining miso paste onto chicken thighs. Scatter beans around the chicken and sweet potato. Bake for a further 15 minutes, or until sweet potato is tender and chicken is cooked through.
5. Serve with mint, parsley and lemon zest scattered over the tray bake.

***Can be tweaked to be gluten free:**

Ensure miso paste is gluten free and use tamari instead of soy sauce



FRIENDS OF THE CDD

Edition 13 June 2023

Crohn's & Colitis Awareness Month

May 2023

#IBDHasNoAge



#ShineALightOnIBD



#CrohnsAndColitis



#FlushTheStigma



#WorldIBDDay2023



Crohn's
& Colitis
Australia



By 2030, one-third
of all people with IBD
will be aged 60+



Scan to get involved
and learn more!

Visit crohnsandcolitis.org.au

Freecall 1800 138 029

PLATINUM PARTNER



GOLD PARTNERS



SILVER PARTNERS





National Crohn's Colitis Awareness Month

May was national Crohn's Colitis Awareness Month, an initiative by Crohn's Colitis Australia (CCA). It is a month dedicated to 'flushing' the stigma around inflammatory bowel diseases, and this year the focus is on older Australians (65+ years old).

Crohn's Disease and Ulcerative colitis are two major subtypes of inflammatory bowel disease (IBD). Crohn's Disease is characterised by inflammation anywhere along the digestive tract, whereas Ulcerative Colitis is isolated to the colon and rectum. These conditions are lifelong and can have significant impact on an individual's quality of life; affecting their diet and nutrition, bowel habits and ability to carry on with their daily activities.

An estimated 6.8 million individuals live with IBD worldwide¹, with up to 30% of Australians with IBD being above 65 years old. Older Australians have been found to be less likely to experience steroid-free remission, be prescribed biologics or have a specialist multidisciplinary IBD team.

At CDD, however, we have a 38-year history of seeing hundreds of IBD patients each year. What makes us so unique is our highly specialist service and clinical remission rates. One of several interventions utilised at CDD is our unique treatment of anti-MAP (*mycobacterium avium*) antibiotics, followed by faecal microbial transplant (FMT). In one study, up to 40% of our patients on this treatment achieved more than 3 years of total absence of Crohn's Disease² **We currently have over 40 patients who have stopped treatment for over 3 years with no detectable Crohn's disease .**

Our patients are treated holistically, with each case considered for a number of treatments from steroids, biologics to FMT. They also have access to a specialist multidisciplinary team; being able to see gastroenterologists or a colorectal surgeon, dietitian and specialist IBD Nursing team.

¹ Alatab, S., Sepanlou, S.G., Ikuta, K., Vahedi, H., Bisignano, C., Safiri, S., Sadeghi, A., Nixon, M.R., Abdoli, A., Abolhassani, H., Alipour, V., Almadi, M.A.H., Almasi-Hashiani, A., Anushiravani, A., Arabloo, J., Atique, S., Awasthi, A., Badawi, A., Baig, A.A.A. and Bhala, N. (2020). The global, regional, and national burden of inflammatory bowel disease in 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet Gastroenterology & Hepatology*, [online] 5(1), pp.17–30. doi:[https://doi.org/10.1016/s2468-1253\(19\)30333-4](https://doi.org/10.1016/s2468-1253(19)30333-4).

² Borody, T.J., Dolai, S., Gunaratne, A.W. and Clancy, R.L. (2022). Targeting the microbiome in Crohn's disease. *Expert Review of Clinical Immunology*, 18(9), pp.873–877. doi:<https://doi.org/10.1080/1744666x.2022.2093186>.