

Ref: FOI/GS/ID 7687

Please reply to:
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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to MRI in the diagnosis of axial Spondylarthritis.

You asked:

1. Which hospital Trust do you work within?

Part 1 – Access to MRI

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

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

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

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

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

Part 2 – Use of MRI in diagnosis of axial SpA

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

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

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

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):

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

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

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

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

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

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

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

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

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

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?*

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

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

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

Trust response:

1. Maidstone and Tunbridge Wells NHS Trust

□

Part 1 – Access to MRI

2. 4 or more

3.

1.5T

3T

4. 1-2 months

5. As required

6.

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

Part 2 – Use of MRI in diagnosis of axial SpA

- 7. Yes
- 8. Yes
- 9. We use MRI as a diagnostic test, irrespective of whether there is an abnormality on plain x-rays

Part 3 – MRI protocols

10.

T1 and STIR sag whole spine
T1 and STIR coronal SIJs

1.5 and 3T

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

30 minutes.

- 12. Sacroiliac joints and whole spine
 - Sacroiliac joints and any other spinal segment, including whole spine, as requested by the rheumatologist
- 13. Not applicable
- 14. Not applicable
- 15. Sagittal plane acquisitions only
- 16. Semi-coronal plane acquisitions only
- 17. Fat-suppressed, water sensitive sequence (e.g. STIR, T2w imaging with fat suppression or T2w Dixon imaging)
 - Fat-sensitive sequence (T1w imaging)
- 18. No
- 19. No

Part 4 – MRI lesions and definitions

20. Yes, please detail below:

Romanus lesions in the spine. Subcortical marrow odema / fatty change, erosions in the SIJ

- 21. Subchondral Bone marrow oedema / osteitis only
 - Erosions
 - Fat infiltration
 - Enthesitis
 - New bone formation (areas of ankylosis)

22. Yes, please detail below:

Modified ASAS

23. Vertebral corner bone marrow oedema
- Posterior element bone marrow oedema
 - Spinous process bone marrow oedema
 - Vertebral corner fat infiltration
 - Syndesmophyte formation
 - Combination of the pathologies ticked above