

IN THIS ISSUE

- IBD infographic 3
- Life would be better if we wore more tutu's 5
- Junior Campers Day 6
- An unexpected experience ... 7
- First study of IBD rates in NZ children 9
- EFCCA General Assembly in Warsaw 11
- Bowel cancer & IBD 12

Moving On is Crohn's and Colitis NZ's regular newsletter for people affected by Crohn's and colitis, and their families and supporters. Our aim is to keep you informed on events happening around the country, so you feel part of our IBD community.

FROM THE CHAIR

This year over forty people with IBD submitted applications to give up a week of holiday leave to volunteer at Camp Purple Live, CCNZ's camp for children with Crohn's and colitis. It was more than twice the number needed. It is a testament to the fact that we are part of a large, caring, community, sharing a common vision, to improve the lives of those with IBD.

There is no need to discuss in this newsletter the impact of these diseases, and there is no need to emphasise that our medical system can work better. We need more specialists and more IBD nurses. We need more awareness among GPs so the disease can be diagnosed earlier. We need access to newer therapies. We need better understanding of these diseases in our schools and in the workplace.

This past week close to a hundred people at a parliamentary breakfast in the Beehive heard first hand about the burden of Crohn's and colitis on our country. The study represents over a year of hard work by countless

individuals and will go far in raising awareness of IBD, improving access to care, and funding further research.

Crohn's and Colitis NZ Charitable Trust is only seven years old. In that short time its scope of services has grown exponentially. This year sixty children will be spending six days at Camp Purple Live and over thirty parents will be participating in a two day caregiver and networking seminar. There is no charge for these events. This year also saw the launch of our transitions website for teens and expansion of our home page, www.crohnsandcolitis.org.nz. The petition for toilet access is currently under consideration by Parliament's Health Select Committee. We are looking to expand our services, particularly in the area of patient advocacy, by attracting a full-time CEO.

While CCNZ is technically only a Board of eight volunteer members and our lone part-time employee, Charlotte, it is something much bigger. And I am proud to be a part of it.



*Dr Richard Stein,
Co-Chairman*

Reducing the Growing Burden of Inflammatory Bowel Disease in New Zealand

On the 2nd of November 2017 in the Grand Hall at Parliament at a function attended by over 80 guests and hosted by the Rt. Hon Trevor Mallard, we launched our long-awaited report entitled "Reducing the Growing Burden of Inflammatory Bowel Disease in New Zealand."

This project was funded by an unrestricted education grant from

Janssen and authored by Suzanne Snively ONZM, Health Economist.

This report is an in-depth analysis of available data about IBD in New Zealand. The project includes two workshops of key partners in the health pathway including specialist IBD clinicians, patients, their families, and health statisticians.

Other key personnel includes a clinical

psychologist and pharmacist, with the focus being on improving health and economic outcomes.

The report is modelled on the 2013 Crohn's & Colitis Australian study and an earlier one from Canada. A key outcome of the report is a research hypothesis about how the New Zealand pathway to care could lead to better outcomes while reducing long-term personal and economic costs. This hypothesis will be the focus of a proposal to the Health Research Council for a grant for further research with the aim of increasing the effectiveness of services, better access to pharmaceuticals, and community support to improve health outcomes for patients with IBD.

The speakers:

Welcome

Rt Hon Trevor Mallard MP

Patient Perspective

CCNZ Ambassadors Becs Parker & Nicole Thornton

Overview of Report

Suzanne Snively ONZM

An IBD Nurse's Perspective

Megan Mackay, Hutt Valley DHB

A Clinical Overview

Assoc Prof Michael Schultz, President of the NZ Society of Gastroenterology

Brian Poole QSM, Founder & Co-Chair CCNZ

Dr Richard Stein, Co-Chair CCNZ

The report can be downloaded from the CCNZ website at www.crohnsandcolitis.org.nz

The analysis carried out for this study was entirely independent, wholly under the direction of the CCNZ Steering Committee.

Brian Poole QSM
Co Chairman



Above: Megan Mackay, Detective Becs Parker and Nicole Thornton

Inset: Junior Ambassador Nicole Thornton speaking

Below: Detective Becs Parker speaking



Solutions

Proactive coordinated care with earlier, timely interventions, would significantly reduce costs and improve quality of life for IBD patients.

The study establishes a clear imperative for:

- 1** An IBD National Care Working Group - to address shortcomings in diagnosis, access to treatment, and standards of care
- 2** Research to develop guidelines for a 'New Zealand Standard of Care for IBD Patients' - building:
 - a nation-wide evidence base
 - clinical trials on the impact of the timing of pharmaceutical interventions
 - evidence to afford IBD priority status as a long-term condition
 - specification of the pathways of care for IBD
- 3** Information and communication
 - developing the knowledge base on IBD across the health sector
 - a national discussion to promote greater understanding, care and support for IBD patients



IBD is poorly understood

Despite the scale of the disease there is no national data

Even in the medical community, including among GPs, DHBs and national health planners, understanding is poor.

Diagnosis is slow and often late in the disease

60% of patients are diagnosed in A & E.



Many patients live with IBD symptoms for years before diagnosis.

Low public awareness and understanding of IBD, and the stigma associated with the often embarrassing, devastating effects of the disease means patients largely suffer in silence.



Reducing the Growing Burden of Inflammatory Bowel Disease in New Zealand was commissioned by Crohn's & Colitis New Zealand (CCNZ) to identify and shed light on the scale and personal, social and economic costs of IBD in New Zealand, and to make recommendations on how this burden might be reduced. The study has been authored by economist Suzanne Snively ONZM.

The report is a first step towards an informed national discussion about the growing problem of IBD in New Zealand. In the absence of national data, the report has drawn on estimates and studies carried out over 16 years within specific DHB regions, as well as patient surveys, case studies and international data.

Crohn's & Colitis New Zealand (CCNZ) exists to bring visibility to this difficult, invisible condition. We provide support, advice, resources and information about Crohn's disease and ulcerative colitis to patients and their families. Our organisation includes individuals affected by Crohn's and colitis, and medical specialists who are active in the treatment of these chronic diseases.



The study was made possible through an unrestricted education grant by Janssen New Zealand.

To download a copy of the report visit www.crohnsandcolitis.org.nz



Reducing the Growing Burden of Inflammatory Bowel Disease in New Zealand

IBD affects an estimated **20,792** New Zealanders
1 in every **227**
 and it is increasing at a rate of **5.6%** every year

NZ has one of the highest IBD rates in the world

Our IBD rate is comparable in incidence to Type 1 diabetes



It costs NZ an estimated **\$245m** in healthcare costs and lost productivity every year

It is a chronic, debilitating, lifelong disease, with onset typically in early adulthood.

IBD has a profound physical, social and psychological impact on those living with the disease.



The current model of care is inadequate



Patients are often **disconnected from the healthcare system** and may only have contact with a specialist during an acute flare.

This can mean **more hospital admissions**, more extreme and often **irreversible interventions**, and longer stays in hospital.

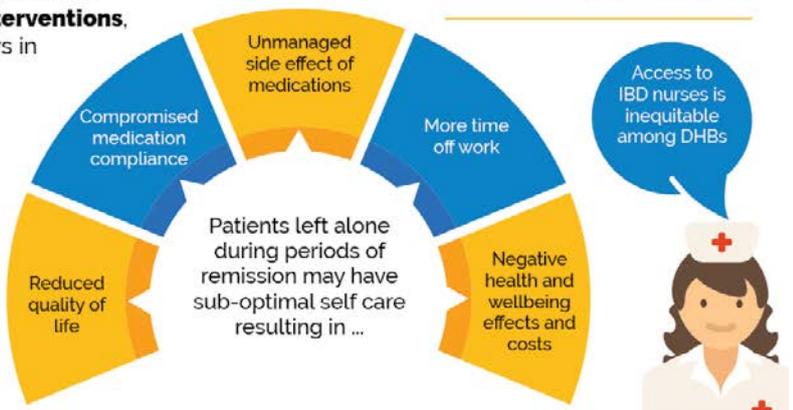


There are geographic inconsistencies in diagnosis and treatment.

Patients who live outside the main centres or are socio-economically disadvantaged do not have adequate access to IBD specialists.



IBD is not classified as a Long-Term Condition so patients do not have free access to a psychologist



Life would be better if we wore more tutu's

by Belinda Brown, CCNZ Trustee

Crohns! To this day I remember how relieved I felt to hear that word. For 6 years leading up to that moment, I had been told all sorts of things were wrong with me, even had my quite normal, appendix removed. But there was still that nagging, stabbing gut pain, the constipation, the diarrhoea, the exhaustion.

In the October before my diagnosis, I was sick but trying desperately to lead a normal life. I was 26. I had a full time job that I loved. I had a partner who I could see spending the rest of my life with and we were living in our first home.

At the time I was unaware of what was going on. But if I knew then what I know now, my whole world was about to change drastically.

I was hospitalised at the start of October. Being hospitalised every month was now a normal experience for me. I found out later that an abscess ruptured on the wall of my bowel. At the time, however, I was told it was something else. None of the treatments seemed to be working, in some cases they made me worse. I was beginning to question my sanity. I was discharged after some IV antibiotics and a couple days rest. At this point I decided that the Hospital had no idea what was going on with me.

Gradually I started losing weight from the end of October. 20kgs in 2 months, which I initially thought was great. I mean, what female doesn't want to lose a few kilos? But then, I entered my "Lollipop" phase. You know, stick body and a big head.

By January I was down to 48kgs. I would try desperately to do the things I used to do, but I was exhausted constantly and always in varying degrees of pain. As far as eating was concerned... I was trying to eat; I would eat some of my dinner, excuse myself, vomit, come back and try to continue eating the rest of dinner.

While all of this was going on, I was also undergoing physio treatments. I had a very sore back and it was suggested that perhaps I had done something muscular.

I went to a First Aid Course, the day before I was diagnosed. We were taking each other's pulses when my partner noticed mine was beating almost double what it should be. It was brushed off as a double beat and suggested I mention it to the doctor. I wasn't alarmed, just thought it was my body being "different" again.

The next day I headed off to my GP, who was shocked to see my dramatic weight loss. She did all the standard exams and tests and after mentioning my heart rate, it was strongly suggested that I head to the Hospital. I REFUSED! After much toing and froing we agreed that I would leave, providing I booked an Ultrasound for that day.

"Sluggish Bowel" and "Very Enlarged Ovary" were terms being thrown about in that room. At that point I was feeling very uneasy. People were running around in a flap. Thoughts of

whether I could have children began to enter my head.

I was asked immediately to see an astroenterologist. To this day I still remember how I felt at that meeting. I sat there and explained EVERYTHING that had happened to me in the last 6 years. Dr Ali sat there...

with his clipboard, nodded his head and took notes. I remember feeling like he wasn't hearing me at all... but he was. CLASSIC TEXTBOOK CROHNS DISEASE was the first words out his mouth. I remember thinking "what's that?" After more tests and a brief description of what Crohn's was, that was that. I left feeling very numb and very confused.

I had a colonoscopy, CT scan, kidney investigations and a small bowel barium X-ray. It was discovered that when my abscess had ruptured, I had formed a Fistula. This fistula grabbed my Fallopian Tube and Ureter on the right hand side of my body and had stuck it back to another piece of bowel. This is why my ovary was enlarged, why my back was sore, my kidney was not fully functioning, and why I had almost two complete blockages. Again, I felt numb.

Surgery was my only option. After a week of antibiotics I was admitted for a bowel resection. I was measured and marked for a bag although no one knew if I would definitely wake up with one.

Upon waking I was told what a mess it was in there. I had 30cm of my small bowel, my Ileum, and a small amount of my colon removed. The fistula was riddled with abscesses, so I count my lucky stars I did get that ultrasound that day. I was relieved to wake up minus a bag.

I bounced back from that surgery incredibly quickly and was back at work full time after 4 weeks off. I entered a very happy phase of my life for the next 6 years. I was in remission, I got married, and I got pregnant and gave birth to a beautiful baby girl. Life was good and I felt super human, almost like I had beaten this disease.

I suffered my first miscarriage and this is where things started to change for me. I started to slip on taking my medications, but things were OK on the surface... Then I suffered another miscarriage. I began to get back pain again; they mistakenly took this for gynaecology issues. I had minor exploratory surgery to find out what was going on. I was told there was an enormous amount of scar tissue, everywhere. My chances of conceiving were now slim to none. The routine colonoscopy came round while I was trying to get my head around all of this. Then I was told there was more narrowing around the area where they joined my intestines together and my only option was surgery.



Another 30cm... again, no bag. I was not bouncing back from this surgery as quickly as I had the first time. I felt like an aeroplane in a tail spin, I was spinning out of control and the more I tried to slow it down, the more speed I picked up. I guess you could say I was depressed and beginning to feel like everyone would be better off without me. Thankfully my Gastroenterologist picked up on this and arranged for counselling.

I had several sessions. I learnt and still am learning to accept my disease and its limitations. It's a daily battle. I have learnt to share and speak openly about Crohn's. I have learnt I am entitled to have down days. Days where I just want to stay in my PJ's...and I do.

This is all part of the healing process and, because of this, I began to fundraise and I became a volunteer for the First Ever Camp Purple. I went for the sole purpose of making an impact on just one child's life and was unprepared for the impact those kids would have on me! These kids never cease

to amaze me and they continue to inspire me every day. Since then I have volunteered at all of the Camp Purple's and am now part of the Organising Committee. I have also become a Board Member of CCNZ.

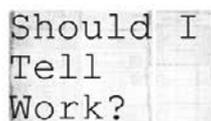
The journey I have been on for the last 15 years has certainly been a Rollercoaster Ride and I know it's not over yet. Despite everything Crohn's has given me so many opportunities, opportunities that may not have come along if I didn't have Crohn's. I have met some truly honest and inspiring people. These people are SO supportive and I KNOW they understand me, warts and all. I'm PROUD to call them my FRIENDS.

Lastly I'll finish with one of my favourite quotes.... Life would be better if we wore more tutus...



www.ibdandme.nz NEW CCNZ WEBSITE FOR IBD TEENAGERS -

helping them transition from
paediatric to adult care.



Sponsored by





JUNIOR CAMPERS DAY

13th January 2018

A Day at Camp Purple Live

for Junior campers aged 5-10 yrs

Come along and see what
Camp Purple Live is all about!

For further information please email:

campenquiries@crohnsandcolitis.org.nz





An unexpected experience

My name is Inken. I am 29 years old and I was diagnosed with Crohn's Disease at the age of 11. I study Health Management in Germany and I also work as a volunteer for the German Crohn's & Colitis Association (DCCV).

With my diagnosis at the age of 11, my life changed but the world around me did not stop. I had Crohn's disease and I had to cope with everything – severe pain, diarrhoea, always being tired. The following years have been very erratic and I did not have a long period of remission.

My fascination with spending some time in a foreign country came while learning English and French, and later Spanish as well, at school. Despite still having trouble with my bowel, I never stopped dreaming of it.

With the help of the 'Stiftung Darmerkrankungen' (German IBD foundation) where I got a scholarship for doing an internship in a foreign country, and the support of the German Crohn's & Colitis Association (DCCV), here I am now – in Dunedin, New Zealand.

I am doing an internship for 15 weeks at the University of Otago here in Dunedin, where I am working on a comparison study concerning IBD at the Medical Department. Furthermore I getting to know the NZ Health System, especially Crohn's and Colitis New Zealand (CCNZ).

Although I had lots of help, I also had lots of work and preparations to make before my planned departure to New Zealand:

- Booking flights, applying for a visa and looking for a suitable accommodation
- Collecting all the medication I needed to bring (many prescriptions for every medicine necessary)
- Finding a health insurance (for foreign countries) which also covers patients with chronic illnesses
- Asking my GP for different documents which confirm that I do need this medication
- Asking Abbvie (Pharma company) for a Humira ID pass/ card, many cooling packs and two cooling bags
- Scheduling routine appointments with my specialists

(Gastroenterologist, Urologist,...) at home to have an overall check-up before traveling

- Getting routine blood tests and B12 injections

The biggest problem I've had so far: How to transport my 10 cooled Humira injections for a period of more than 40 hours? I got many cooling packs from Abbvie as a first step, however in the planes the flight attendants were not allowed to refreeze them. Instead they had to give me ice cubes. I had to change them every few hours because the temperature had to be between +2 and +8 Celcius in the two cooling bags. I put a bigger one I bought myself around the others to help them stay cold longer.

But how to check the temperature? Open the bags every time and risk that it is getting warmer inside? My boyfriend suggested to me to try using a Bluetooth thermometer. First, I ordered both Bluetooth and normal thermometers to see if they could get reliable readings, and took notes and recorded results. I then ordered a second pair and did a few new tests.



Before my departure I was still a little anxious and nervous if everything would work with controlling temperature and regularly getting new ice cubes. Very expensive injections and a very long flight - not really the best combination.

...but everything arrived in-tact in the end and even going through the security check was no big deal.

After my very long flight I was jetlagged and tired for 2-3 weeks but after that time I got used to it. For my entire travel period and the time of the internship I checked the availability of bathrooms in general everywhere. All in all my bowel has stressed me out a little but nothing major happened (flights were good, but once when watching penguins and once in the middle of my Christchurch trip I had some very hard situations which I could fortunately manage in the end). On the North Island my bowel wanted to test the bathroom in a bus - not very comfortable but worked out. In general there was always a solution for every Crohn's problem.

I got to know very friendly people everywhere socially and in my field regarding illness. For instance I went to a local group meeting in Dunedin and had the chance to attend to a board meeting in Wellington. In my opinion a very important point is communication between ourselves (as IBD patients), also in an international context.

Although several weeks ago a blood test was necessary because of feeling tired and exhausted, and had a little bowel pain, it did not reduce my enjoyment of my stay.

I don't regret this trip at all; the internship and travelling around New Zealand has helped me and changed my life in many ways I hadn't considered before. I would recommend it



to everyone regardless of illness or money. Give it a try - there is always a way.

If you have a question or you want to contact me: Inkenkanbach@web.de I look forward to hearing from you.



First study of inflammatory bowel disease rates in NZ children



Rates of debilitating inflammatory bowel diseases (IBDs) such as Crohn's disease among South Island children are up to three times higher than their North Island counterparts, the first New Zealand prevalence study has found.

By Professor Andrew Day,
University of Otago, Christchurch



CHRISTCHURCH

Paediatrics



For further information go to:
[otago.ac.nz/christchurch/
departments/paediatrics/index.html](http://otago.ac.nz/christchurch/departments/paediatrics/index.html)

The University of Otago, Christchurch study was recently published in the IBD Journal, and provides the first snapshot of cases around the county.

The data, collected in 2015, showed between 40 and 60 children per 100,000 had a diagnosis of an IBD in the South Island. In the North Island, the rate was between 10 and 20 children per 100,000. The study surveyed children from all health board areas. In Canterbury, 40 children in every 100,000 had a diagnosis of IBD.

The difference between the Islands was not fully understood, but could be due to variations in sunlight and its impact on vitamin D levels. It warrants further investigation.

There is a growing incidence of IBD in children worldwide but little information about rates in New Zealand children. Our study found quite a striking difference between the North and South Islands. One theory we have for the difference is that South Island children could have lower levels of vitamin D. This has implications for their immune system as vitamin D is involved in the production of a molecule that plays a key defensive role in the gut.

The 'vitamin D theory' is supported by European research showing colder places such as Scandinavia had higher rates of the diseases than warmer countries on the continent. The reason for an increasing number of children being diagnosed with IBD was a subject of intense debate and scrutiny internationally, Professor Day said. One theory was that children's diet consists of far more processed than whole foods nowadays. Another was that children did not play outdoors as much and get exposure and immunity to germs.

An IBD diagnosis was often a very big deal for a child and their family to deal with.

It's a lifelong condition with no cure. For those with more severe forms of the disease, there are often hospital stays to administer medication or for surgery. Some children need to have regular injections or infusions of medication.

Steroids used to be a common treatment for the condition but doctors were wary of prescribing them now because of better alternatives and steroids potential to affect growth, among other side-effects.

At diagnosis now we are commonly recommending a special liquid-only diet for a period of time, and later daily ongoing medication to maintain control of the condition.

The team hopes to follow the prevalence study with one that measures vitamin D levels in IBD sufferers as well as their location in New Zealand.

EFCCA General Assembly in Warsaw

by Belinda Brown,
CCNZ Trustee

I had the opportunity to attend the EFCCA General Assembly in Warsaw (Poland), in May 2017. It was very daunting for me to head off to Europe on my own to attend, however I was also full of excitement about the people I was going to meet and the things I was going to learn, especially as one of the main focuses was Camps!

But firstly, there were some new faces added to the EFCCA Board.



As pictured: Luisa Avedano (CEO), Magda Sajak (Poland), Natassa Theodosiou (Cyprus), back: Marko Perovic (Serbia), Martin Kojinkov (Bulgaria), Ciara Drohan (Ireland), Salvo Leone (Italy) and Fergal Troy (EFCCA Youth Group)

After the formalities there were some very interesting Project presentations which included

- A burden of IBD in Europe – Pr Pawel Kawalec (Poland)
- EFCCA Mapping project – Sanna Lonnfors (EFCCA Scientific Advisor)

A report on mapping all treatments. New Zealand took part in the initial reporting stage.

- World IBD Day 2017-2018 – Isabella Haaf (EFCCA Director of Communications and International Relationships).

www.worldibdday.org

They were very informative presentations and it was great to see how other associations work and what they offer in their countries.

The afternoon lead into group discussions about particular projects. The group discussion that I joined in on was that EFCCA are looking at developing summer camps in Europe for patients of IBD, with the help of the EFCCA Youth Group. This is something very close to my heart especially as I am so passionate about our very own Camp Purple Live and have been involved in it since it started here in New Zealand.



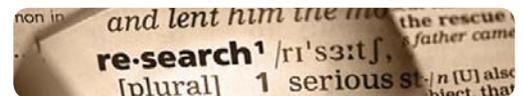
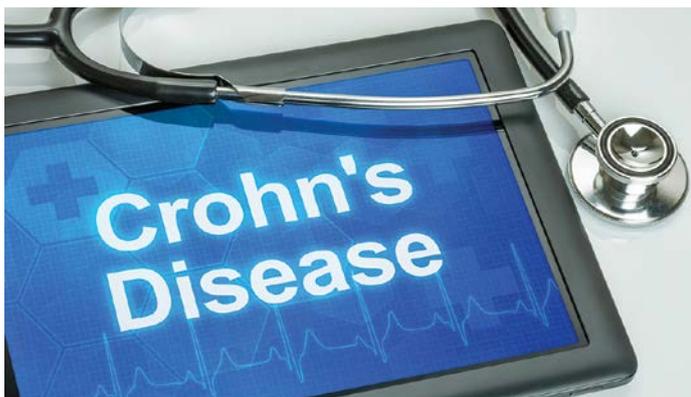
In some places in Europe they offer more than just children's camps. They also have Camps or retreats in places like Hungary, where people aged anywhere from 18 to 99 years old can attend. Some camps offer learning sessions, where they have seminars and then involve social aspects as well. Whereas some camps are limited to an age group of 18 to 30 years old and only incorporate social aspects.

It was certainly a privilege to be able to attend this conference and learn about all the exciting new projects that EFCCA have in the pipeline for coming years. It is invaluable to belong to an organisation such as this. It is great to be able to come together and share our ideas and technology advancements in our own countries. All associations that belong to EFCCA have the same goal as we do here at Crohns and Colitis New Zealand, and that is to make life more liveable for those with IBD.



PARTICIPATE IN RESEARCH

CCNZ is committed, and works closely with its major sponsors and international affiliates, to research into inflammatory bowel disease.



Along with our supporters, we look forward to the day when there will be a cure for Crohn's disease and ulcerative colitis, and a vaccine to protect future generations.

CCNZ supports research through encouraging patients to participate in clinical trials, advertised on our website and here in our 'Moving-On' newsletter. Trials range from drug therapy and dietary investigations, to population surveys to discover commonality and genetic predisposition.

People who wish to participate in a trial should discuss the opportunity with their treating doctor. We also have details of some closed IBD studies.

For further information about participating in research and details about current clinical trials please visit the 'Research' page on our website.

Bowel Cancer and IBD

by Dr Richard Stein, Co-Chairman

There has been a lot of talk in the news about bowel cancer as New Zealand rolls out its bowel cancer screening program. In addition to having a very high incidence of IBD, New Zealand also has a very high rate of bowel cancer compared to other countries. Bowel cancer is cancer that develops in the colon (large intestine). Bowel cancer goes by other names including colon cancer and colorectal cancer.

One common question that gastroenterologists are often asked is whether people with ulcerative colitis and Crohn's disease are at higher risk for developing bowel cancer than the average person. The answer, unfortunately, is yes, but bear in mind that most people with IBD will never get bowel cancer.

The reason that people with IBD have an increased risk for getting bowel cancer is that inflammation in the colon (which is what "colitis" means) causes an increase in the "turnover" of the cells that line the colon. This increased rate of cell turnover can sometimes lead to abnormalities in the DNA which can predispose to cancer.

One important point about colon cancer is that it is usually curable when caught early. So it is important that people at high risk are screened regularly.

These are the factors that increase the risk for bowel cancer in people with IBD:

- Having ulcerative colitis or Crohn's colitis (Crohn's disease that involves the colon) for over eight years. Note: People who have Crohn's disease that only affects the small intestine do not have an increased risk.

- Colitis that is severe and involves most of the colon
- Having a strong family history of bowel cancer
- Having "Primary Sclerosing Cholangitis" which is a disease that causes inflammation in the liver and is associated with IBD

This is what you can do to reduce your risk of getting bowel cancer:

- Once you have had colitis for 8-10 years you should get regular examinations of your colon (colonoscopy) to look for pre-cancerous tissue called "dysplasia".
- Based on the findings, your gastroenterologist will recommend when to have your next exam.
- Take your medications to keep the inflammation in your colon under control. This means taking your medications even when you are feeling well.
- See your doctor regularly and keep track of your symptoms and discuss these at the time of each visits.

One new method of checking for precancerous tissue is a technique called "chromoendoscopy".

With this method, during your colonoscopy, the doctor sprays a dye on the lining of the colon (the dye is safe and is not absorbed) to highlight pre-cancerous tissue. Often the precancerous tissue can be removed before it ever becomes cancerous. Many doctors in NZ are now using this technique. It only takes slightly longer than a regular colonoscopy.

If you have any questions about surveillance for bowel cancer or your risks, talk with your gastroenterologist or IBD nurse.

WipeCream

Here's a brand new product you might like to try. It turns any toilet tissue into a silky smooth wipe. This 30ml tube is ideal when you are travelling. And it dispenses approximately 240 wipes per tube (which is equivalent to 1.5kg of wet wipes). Available online at www.ezeco.co.nz. If you pick 'Crohn's and Colitis NZ' in the prompt 'How you found Us' then for every tube you purchase we will send a second tube for free, while stocks last.



Manufactured in New Zealand for ezeco Ltd. Email sales@ezeco.co.nz.
This product contains no colour, no fragrance, no SLS, no parabens.

The Crohn's and Colitis New Zealand Charitable Trust was established to respond to the needs of significant numbers of New Zealanders affected by Inflammatory Bowel Disease. CCNZ aims to:

- Provide information and support to those affected by Inflammatory Bowel Disease and their families.
- To advocate for greater recognition of Inflammatory Bowel Disease as a critical public health issue.
- To promote public and professional awareness of Inflammatory Bowel Disease diagnosis, mitigation and treatment.

We want a future free of IBD.

Crohn's and Colitis New Zealand
PO Box 22280
Khandallah
Wellington 6441

 info@crohnsandcolitis.org.nz



www.crohnsandcolitis.org.nz

Payroll giving is simple

You might like to consider making a regular donation to Crohn's and Colitis New Zealand through payroll giving. Your employer will have information on this, but we can provide you with a form, which can be downloaded from our website, for you to give to your employer. We will acknowledge your first payment, and then send you a receipt at the end of the financial year, for tax purposes.

Go to our website for more information and the downloadable form.

Your donations are tax deductible.

You can make a one-off donation on our website at:

<http://crohnsandcolitis.org.nz/Donate>

For postal donations, please use this form and post to us at:

Crohn's & Colitis NZ
 Charitable Trust,
 PO Box 22280, Khandallah,
 Wellington 6441.

Please do not send cash.

Thank you for your donation

Our Supporters:



United We Stand

... and countless individual donors



YOUR DETAILS

Please send us your details so that we can post you a receipt

Name:

Postal Address:

Postcode:

Telephone:

Email:

DONATION DETAILS

Donation amount (\$):

Cheque: Payable to Crohn's and Colitis Charitable Trust

Direct debit: Please use your name as reference for the payment.

Date payment made: ____/____/____

Our Bank Account Number: **03 1355 0630209 00**

Bank: SBS Bank, Nelson

Credit card: If you would like to make a donation by credit card please make your donation via our website www.crohnsandcolitis.org.nz

CCNZ is a registered charity with the Charities Commission. Registration Number CC43580.