Figure 1: Iwi boundaries of Te Tairāwhiti (acquired from Te Puni Kōkiri).[16]

Figure 2: Flowchart of incidental AAA diagnosed in Te Tairāwhiti (2018–2019).

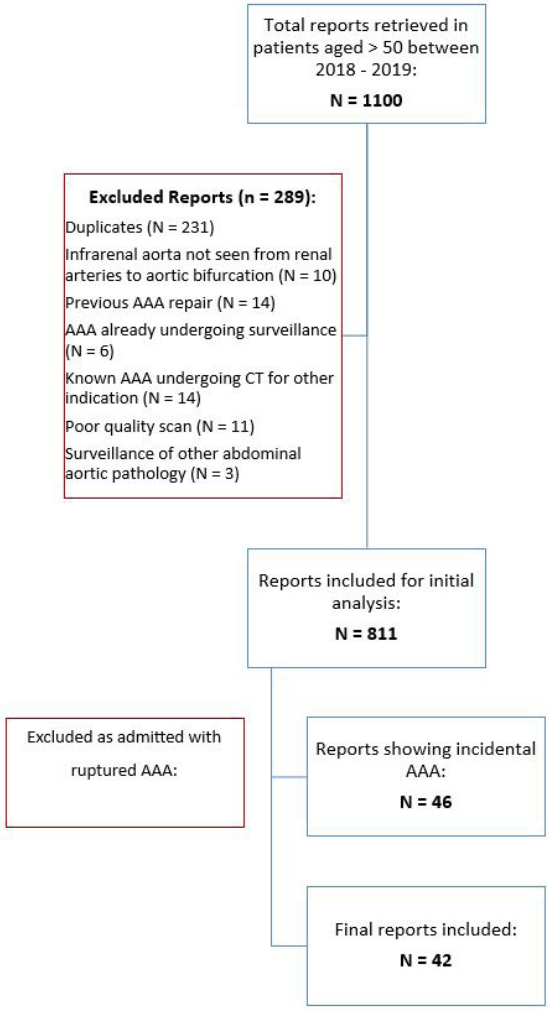

Table 1: Initial eligible patient demographics.

Characteristic	Total (N)	Prevalence of AAA, N (%)
Sex		
Male	424	30 (7.1)
Female	387	12 (3.1)
Ethnicity		
NZE	508	24 (4.7)
Māori	285	18 (6.3)
Other	18	0
Acuity of CT scan		
Elective	518	18 (3.5)
Acute	293	24 (8.2)
Age		
<65	329	3 (0.9)
≥65	482	39 (8.1)

Table 2: Incidental AAA patient characteristics and outcomes at 4 years.

	AAA Size		
	30–40mm	**40–50mm**	**>50mm**
Total incidental AAA, N (%)	36 (86%)	5 (12%)	1 (2%)
Reported by radiologist (%)	4 (9.4%)	5 (100%)	1 (100%)
Acuity of scan			
Acute	18	1	1
Outpatient	18	4	0
Gender, N (%)			
Female	11	2	0
Male	25	3	1
Ethnicity, N (%)			
NZE	22	3	0
Māori	14	2	1
Comorbidities			
HTN	26	4	1
T2DM	10	-	-
Hyperlipidaemia	17	2	-
CCI score			
Mean (range)	6 (2–14)	5 (3–6)	6 (6)
NZDep2018 score,* N			
1–4	7	-	-
5–7	8	4	-
8–10	21	1	1
Rurality			
Rural	6	2	-
Mean (range) distance from Gisborne Hospital (km)	38 (0.5–271)	15.4 (1.8–132)	5.8 (5.8)
Ever smoked			
Yes	28	3	-
No	8	2	1

Table 2 (continued): Incidental AAA patient characteristics and outcomes at 4 years.

Median follow-up time from CT scan (years)	4.2	4.3	3.7
Mortality outcomes			
Deceased	17	3	1
AAA-related cause of death	-	-	-
Surveillance			
Active surveillance	1	2	-
Referred to vascular Waikato	2	1	-
Not under surveillance before institution of referral pathway in 2020	24	-	-

*NZDep2018, deprivation score where 10 = high deprivation and 1 = low deprivation.
AAA = acute aortic aneurysm; CCI = Charlson Comorbidity Index; HTN = hypertension; T2DM = type 2 diabetes mellitus; NZE = New Zealand European.
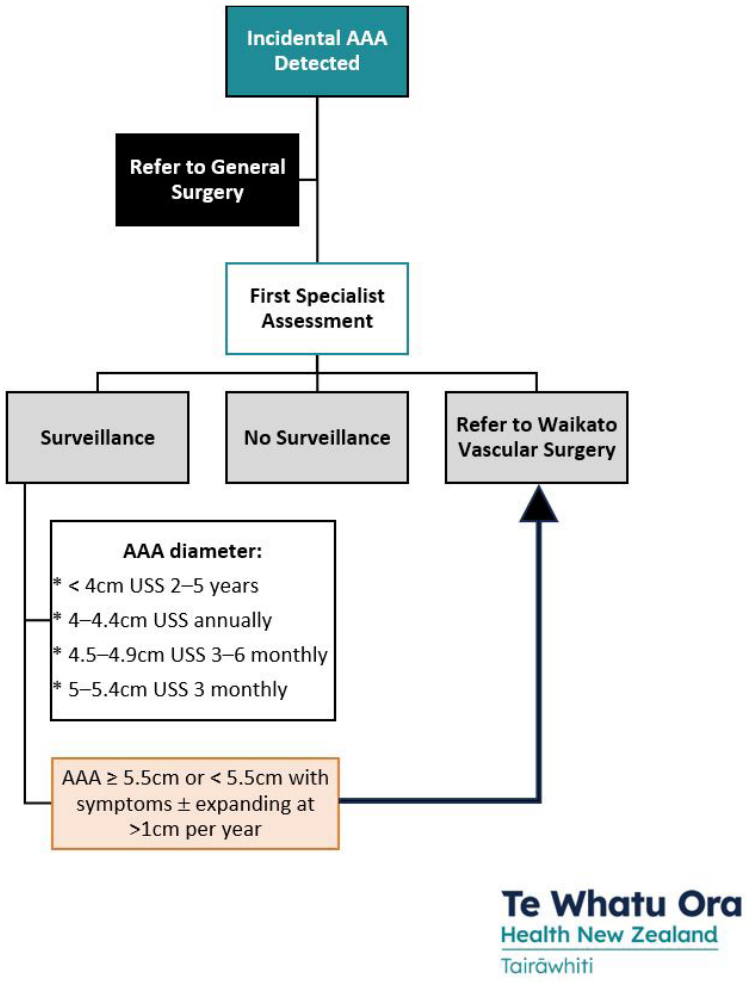
Figure 3: Incidental AAA referral pathway Te Tairāwhiti.[27]