RE: ELIGIBILITY FOR THE ALBERTA COLORECTAL CANCER SCREENING PROGRAM

Dear Doctor,

I am writing in my capacity as Medical Director of the Edmonton Zone SCOPE program. You may be aware that the Alberta Colorectal Cancer Screening Program (ACRCSP) has been launched across the province. This follows national and international guidelines that programmatic care is the preferred mode of colon cancer screening. The Edmonton based SCOPE program will serve as the Edmonton zone arm of the ACRCSP and will coordinate all activities of the provincial program within the zone.

Effective immediately, colorectal cancer screening capacity has increased significantly with dedicated endoscopic screening slots allocated across 8 hospitals in the Edmonton zone. The SCOPE program will serve as the central office for all patients who meet the ACRCSP eligibility criteria and will be responsible for patient intake, education, booking, and follow-up for all patients.

For those physicians who have previously referred patients to the SCOPE program, there will be very little changes noted in process. However, for those who have not yet accessed the SCOPE program, your patients must meet one of the following eligibility criteria to enter the program:

1. Fecal occult blood test (FOBT) positive in average risk patients and age 50 – 74. (only 1 window of 3 is required) OR
2. Personal history of adenomatous polyps / colorectal cancer (age 40-74), OR
3. Family History (age 40-74)
   a. One first degree relative (any age) with history of adenomatous polyps and/or colorectal cancer, OR
   b. Two or more second degree relatives (any age) with history of adenomatous polyps and/or colorectal cancer.

*The colorectal cancer screening guidelines recommend screening should commence 10 years earlier than the youngest diagnosed family member (1st or 2nd degree). In keeping with this, patients who are under the age of 40 will be eligible for a screening colonoscopy via the SCOPE program.

Please NOTE that patients with the following co-morbidities will be EXCLUDED irrespective of meeting eligibility criteria and should be referred through the traditional process:

1. Symptomatic patients
2. BMI > 40
3. Type I insulin dependent diabetics
4. Inflammatory bowel disease (Crohn’s, Ulcerative Colitis)
5. Known genetic colorectal cancer syndromes
6. Renal failure on any form of dialysis
7. Significant co-morbidities

All patients who meet the above eligibility criteria with no exclusion criteria present are appropriate for referral to the SCOPE program. Please fax the completed referral form (attached) along with
medically relevant details such as medication profile, past medical history, and blood work. All patients are required to have blood work (CBC, lytes, creatinine) done at least 2 years prior to referral. **Incomplete referrals will not be processed and will be returned.**

Patients need to be well informed about the colonoscopy procedure. This includes discussion of benefits, risks, proper bowel preparation, procedure booking, and follow-up care.

In order to facilitate this, the SCOPE program conducts patient-information sessions for groups of patients who are eligible for the program. All patients who have not had a procedure done via the SCOPE program previously are required to attend an education session to secure a colonoscopy appointment. This session provides informed consent for the procedure. Patients who have gone through these sessions have overwhelmingly found them helpful, even if they have had colonoscopies before.

The ACRCSP recommends, in accordance with recommended screening guidelines, that colorectal cancer screening commence as follows:

1. Average risk patient aged 50 – 74 (no personal history or family history of adenomatous polyps and/or CRC)
   a. FOBT testing every 1-2 years until such time as result is positive or family history changes thereby rendering patient eligible for a colonoscopy via the ACRCSP criteria
2. Intermediate /High risk patients: (interpreted as having personal or family history of adenomatous polyps and/or CRC)
   a. Colonoscopy every 5-10 years or less depending upon pathology
   b. Colorectal cancer screening should commence 10 years sooner than youngest diagnosed first or second degree relative within family.

We trust that the information contained within this letter will provide you with the information you require to triage your patient population with respect to colorectal cancer screening.

We have also included a checklist of indications and exclusion criteria to help guide appropriate patients into the program.

Please do not hesitate to contact myself through the SCOPE office if you have any questions.

Sincerely,

Clarence Wong, MD FRCPC
Medical Director, SCOPE Program