## SCOPE / ACRCSP Eligibility Checklist / Quick Reference Guide

### Patient aged 50 – 74

- ✔️ FOBT +ve (only require 1 window of 3)

### Patient aged *40 – 74 (only need 1 of the following below)

- ✔️ Personal history of adenomatous colonic polyps / colorectal cancer

#### Family History:

1. One First Degree relative (any age) with history of adenomatous polyps and/or colorectal cancer... **OR**
2. Two or more Second degree relatives (any age) with history of adenomatous polyps and/or colorectal cancer... **OR**

* Colorectal cancer screening guidelines indicate screening should begin 10 years younger than the youngest diagnosed family member. In keeping with this, patients with this history who are under the age of 40 will be accepted. (For example, if relative diagnosed with colorectal cancer at age 45, the patient would be eligible to start screening at age 35 and accepted into the SCOPE program).

### NOTE

Patients who have a personal or family history of colorectal cancer (as outlined above) do not require FOBT testing and should be referred directly to SCOPE program for screening colonoscopy if no exclusion criteria are present.

### Exclusion Checklist

- ✔️ Symptomatic patients requiring consultation – (i.e. rectal bleed, anemia, new GI symptoms)
- ✔️ BMI > 40
- ✔️ Type 1 insulin dependent diabetics
- ✔️ Inflammatory bowel disease (Crohn’s, ulcerative colitis)
- ✔️ Known genetic colorectal cancer syndromes
- ✔️ Renal failure on any form of dialysis
- ✔️ Significant co-morbidities that would increase patient risk for conscious sedation or anesthesia

### Things to keep in mind...

1. CBC, electrolytes and creatinine blood work is required within 2 years from time of referral – do you need to send patient for blood work?
2. Patient medical history and medication list are required. If your patient is on NO medications, kindly indicate this
3. Patients on Coumadin for atrial fibrillation are accepted into the SCOPE program. However, patient must have a normalized INR at time of procedure. It is the responsibility of the referring physician to coordinate INR blood work and medically manage Coumadin. TIP: if patient can come off of Coumadin for a short time period, this would be advisable.
4. Type 2 insulin dependent diabetics are accepted – it is the responsibility of the referring physician to medically manage patient with respect to insulin usage etc pre-procedure.
5. **All incomplete referrals will NOT be processed ... to avoid any undue delay with patient access to procedure, please ensure referral form is completed and is accompanied by all required information.**