SGIS GASTROINTESTINAL CANCER PREVENTION PROGRAMS
THE SCOOP PROGRAM
SOUTHERN CO-OPERATIVE PROGRAM FOR THE PREVENTION OF COLORECTAL CANCER

What is SCOOP?

SCOOP is short for the Southern Co-Operative Program for the Prevention of Colorectal Cancer (CRC, also known as bowel cancer).

One of the Program aims is to ensure people who are considered to be at higher than normal risk of developing bowel cancer have an ongoing plan to watch for early signs of the disease occurring. This is known as a Surveillance Program.

SCOOP is a joint program of Flinders Medical Centre, Repatriation General Hospital, Noarlunga Hospital and the private specialist group SA and Southern Gastrointestinal Services (SGIS).

You have been entered in the SCOOP program as your specialist works as within the SGIS group practice.

Specialists within this group are based in 4 main locations – Flinders Private, Wakefield Hospital, Tennyson Centre and Western Community Hospital, but do visit other metropolitan and country locations

Who is SCOOP For?

The SCOOP Program is for people that are at a higher than normal risk of developing bowel cancer, These risks include:

- a personal history of bowel cancer
- a family history of bowel cancer
- a personal history of bowel polyps called adenomas
- or having inflammatory bowel disease for more than 8 years.

What is a surveillance program?

This is a plan that makes sure you are having appropriate bowel checks at the right times.

The available tests include:

- Colonoscopy – a thin flexible tube containing a tiny light and camera is passed through the back passage to look at the lining of your large bowel.

- Faecal Immunochemical Test (FIT) – an investigation where you collect small samples of your bowel motions at home to test for minute amounts of blood. This is often carried out as a double check in the years between colonoscopies. If it has been decided that you should have these tests they will be sent to you in the months of August – October each year.

What is the right surveillance program for me?

The time between bowel checks and the type of test that is most appropriate depends on a number of risk factors that include:

- If you have had bowel cancer

- if you have a family history of bowel cancer:
  » how many relatives have had bowel cancer.
  » the age when their bowel cancer was diagnosed.

- if you have had adenomatous polyps:
  » the type of polyps
  » the number of polyps

- if you have had inflammatory bowel disease of the large bowel for more than 8 – 12 years.

Your specialist will examine all these factors and will devise a surveillance program for you that follows National Health and Medical Research Council guidelines (see NHMRC website details next page).

How do I get into the SCOOP Program?

You will be enrolled in the SCOOP if your specialist finds an adenomatous polyp on colonoscopy or if you have been referred by your GP with a family history of bowel cancer.

After your test

A decision will be made about if or when you need to have further tests, and what those tests would be. This assessment takes about two to four weeks. We will let you know by mail which surveillance program has been recommended for you, and when you need to return for your next test.

Your details will be entered into the SCOOP database, and we will send you a reminder letter when your next test is due. You have the option to not have your details entered into the database if you wish.

If you have any questions or queries, please feel free to ring the SGIS SCOOP Co-ordinator, who is based at the Tennyson Centre, on 8292 2370

GP and Specialist information

Your General Practitioner and specialist will receive copies of the letters sent to you. This will ensure they know about the surveillance program which has been recommended.

Research and Audit Activity

SCOOP maintains a data base of all patients enrolled in the program. This data base is pass word protected and is only accessible by the SCOOP co-ordinators of each site (FMC, RGH, NHS and SGIS) and your own specialist.
SCOOP does use this data to audit our practice to ensure we are delivering quality care to our patients. These audits maybe presented at scientific meetings and medical journals, all data presented is de-identified.
SCOOP does also at times participate in research studies. As you are enrolled in the data base you may be approached to participate in these studies. If you receive an offer to participate, please be assured that the study is being run by one of the medical staff within the SCOOP program, that it has been approved by the ethics committee of Flinders Medical Centre and that if you chose not to participate it will not affect, in anyway, your ongoing care from the SCOOP program and your specialist at SGIS.

SCOOP (SGIS) contact details

Please contact the SCOOP program if you have any queries or questions:

Mr Keith Willis, Site Manager
Ms Karina Jones, SCOOP Coordinator
Tennyson Gastroenterology (SGIS)

Phone: (08) 8292 2370
Fax: (08) 8292 2377

Your specialist can be contacted on the following numbers:

SGIS – Flinders Private *(08) 8276 9888*
Dr Elizabeth Chow
Dr Andrew Chew
Dr Sam Edwards
Dr Alex Rodgers
Dr Alan Wigg

Tennyson Gastroenterology (08) 8292 2370
A/Prof Peter Bampton

SGIS – Wakefield Clinic *(08) 8359 2411*
Dr Dylan Bartholomeusz
Dr Justin Bessell

A/Prof Chris Rayner

Western Gastroenterology (08) 8235 1800
Dr Laurie Chitti Dr Mahinda De Silva
Dr Martin Tan

If you have questions on the research and/or audit activity of the SCOOP program then please contact:

A/Prof Peter Bampton (08) 8204 4964
Head of Luminal Gastroenterology
Dept of Gastroenterology and Hepatology
Flinders Medical Centre
Bedford Park SA 5042

Dr Elizabeth Chow (08) 8204 4964
Medical Head, SCOOP Program
Dept of Gastroenterology and Hepatology
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Publications from SCOOP

1. Sandford J, Bampton PA, Young GP. The Gastroenterology SCOOP project. In: National Demonstration Hospitals Program Phase 3: Health Service Research Reports. Commonwealth of Australia Department of Health & Aged Care Information Service. Canberra 2001; Ch 3: 23-44
2. Bampton PA, Sandford JJ, Young GP. Application of evidence based medicine improves colonoscopy resource utilisation in patients with a moderate risk of colorectal cancer. Med J Aust 2002; 176 (4): 155-157.
3 Young GP, Bampton PA, Cole SR, Morcom J, Smith A, Turnbull D, Wilson C. Screening for colorectal cancer – Update on some current research in Adelaide. Public Health Bulletin (SA) 2004: 1; 22-24.
4.Bampton PA, Sandford JJ, Cole SR, Smith A, Morcom J, Cadd B, Young GP. Interval Faecal Occult Blood Testing in a Colonoscopy Based Screening Program Detects Additional Pathology. Gut 2005; 54 (6): 803-6
5. Worthley DL, Bampton PA, Cole SR, Smith A, Young GP. Many Participants in FOBT Screening have a higher than average risk for colorectal cancer. Eur J Gastroenterol Hepatol 2006; 18(10):1079-83.
6. Smith A, Young GP, Cole S, Bampton PA. Comparison of brush sampling immuno chemical test for haemoglobin with a sensitive guaic-based fecal occult blood test in detection of colorectal neoplasia. Cancer 2006; 107(9): 2152-9.
7. Bampton PA, Sandford JJ, Young GP. Achieving long term compliance with colonoscopic surveillance guidelines for patients at increased risk of colorectal cancer in Australia. Int J Clin Pract 2007 61(3):510-3.