# SCOOP - Southern Co-operative Program for the Prevention of Colorectal Cancer

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- The nurse-led *SCOOP* model reduces general practitioner and gastroenterology clinic appointments.
- SCOOP increased compliance with surveillance colonoscopy interval recommendations matching guidelines from 37% to 96%.
- The SCOOP model provides faecal immunochemical test (FIT) for additional surveillance between colonoscopies.

## BACKGROUND

- Australia has one of the world's highest rates of colorectal cancer (CRC).
- Most CRC develop from pre-cancerous neoplasia (e.g. adenoma), and therefore many deaths can be avoided by removing adenomas and detecting CRC at an early stage with colonoscopy.
- Individuals with a prior history of neoplasia, and those with a significant family history of CRC, are considered at elevated risk for CRC development, and ongoing surveillance colonoscopy is recommended at guideline recommended intervals.
- However, the current state of the health system presents certain limitations, such as limited capacity, poor compliance with guidelines for surveillance, and disparity in quality of care between different providers.

## DESCRIPTION

❖ The Southern Cooperative Program for the Prevention of Colorectal Cancer (SCOOP) was established in 1999 in two hospitals of South Australia to improve the quality of care for CRC prevention.

❖ The program is a nurse-led model that includes personalised surveillance colonoscopy timings (following national guidelines)[1]; customised advice for bowel preparation; and a streamlined recall process reducing the need for referrals and gastroenterology clinic appointments.

❖ Faecal immunochemical test (FIT) is also provided between colonoscopies for additional surveillance.

❖ All demographic and clinical details are collected, allowing for monitoring and auditing of surveillance processes, as well as creating a data registry of individuals at elevated risk for CRC for epidemiological research.

## OUTCOMES

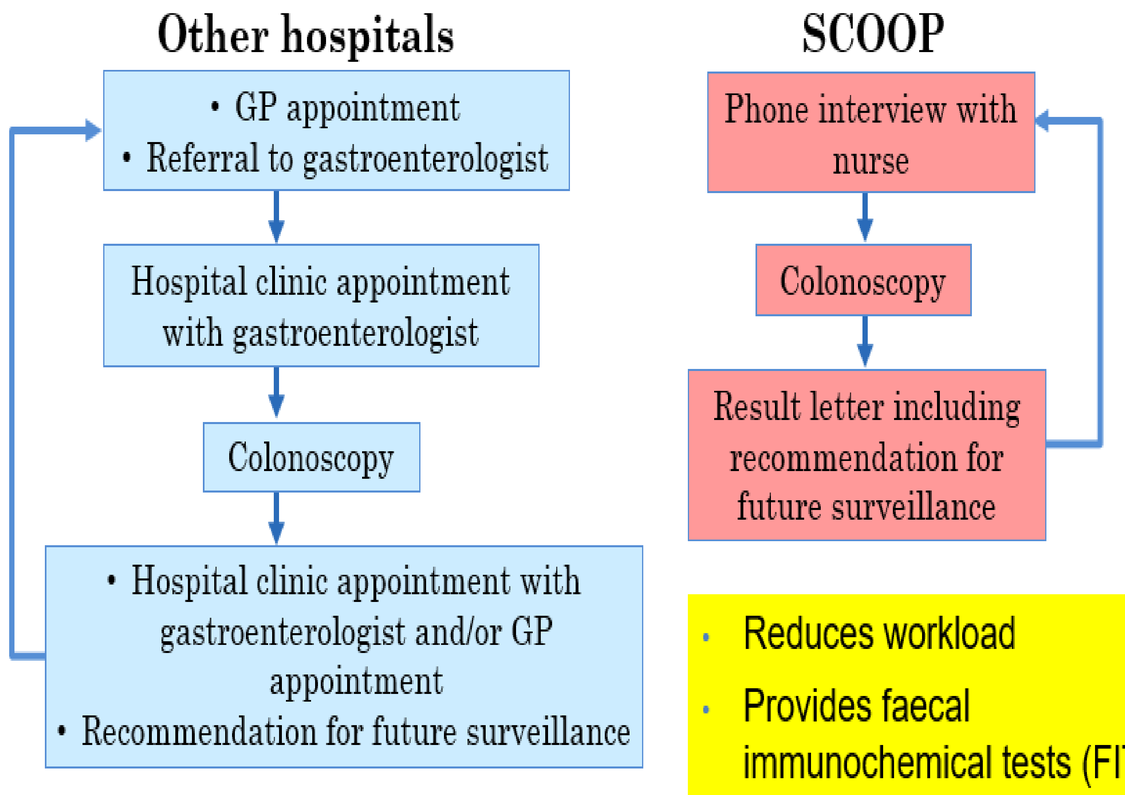
✓ There have been more than 21,000 patients serviced by this program, making it currently one of the largest organised colonoscopy surveillance programs in the world.

✓ The program increased compliance with surveillance colonoscopy frequency from 37% up to 96%, with this program success maintained for over 20 years[2].

✓ This improved adherence to surveillance guidelines resulted in a 23% reduction in the number of unnecessary colonoscopies per year[2].

✓ The program has also shown that more cancers can be diagnosed at an early and treatable stage with a streamlined approach.

✓ Surveillance colonoscopy interval could be personalized based on result of interval FIT[3].




GP- general practitioner

- Reduces workload
- Provides faecal immunochemical tests (FIT) for additional surveillance

## IMPACT AND LESSONS

- The SCOOP program increases surveillance guideline compliance, reducing unnecessary colonoscopies and addressing the risk of under-servicing in CRC pre-cancerous lesions.
- By generating extensive colonoscopy surveillance data into the registry, SCOOP supports research to optimize processes and prevent CRC.
- The SCOOP model ensures quality care and is currently being implemented in more endoscopy units across South Australia.

## ADDITIONAL KEY INFORMATION

**The nurse-led SCOOP program was established in 1999 at Flinders Medical Centre to ensure colonoscopies were scheduled appropriately.**

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## Reference

1. National Health and Medical Research Council. Clinical practice guidelines for surveillance colonoscopy. 2018.
2. Symonds E.L. et al. A nurse-led model at public academic hospitals maintains high adherence to colorectal cancer surveillance guidelines. Medical Journal of Australia 2018 208:492-496
3. Wassie, M. M., Young, G. P., Cock, C., Bampton, P, et al Journal of Gastroenterology and Hepatology, 37: 1067–1075

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