Colorectal Cancer Screening Pilot Programme

Progress Report

(For the period from 28 September to 29 December 2016)

Department of Health
Hong Kong Special Administrative Region Government
February 2017

Contents

Abbreviations

API	Announcements of the Public Interest
CRC	Colorectal Cancer
CRC- IT System	Colorectal Cancer Information Technology System
CS	Colonoscopy Specialist
CEWG	Cancer Expert Working Group for Cancer Prevention and Screening
DH	Department of Health
eHRSS	Electronic Health Record Sharing System
FHB	Food and Health Bureau
FIT	Faecal Immunochemical Test
HMRF	Health and Medical Research Fund
HKIC	Hong Kong Identity Card
NGO	Non-governmental Organisations
PCD	Primary Care Doctor
Pilot Programme	Colorectal Cancer Screening Pilot Programme

Colorectal Cancer Screening Pilot Programme
Progress Report for the period from 28 September to 29 December 2016

EXECUTIVE SUMMARY

- The first phase of the Colorectal Cancer Screening Pilot Programme (Pilot Programme) was launched on 28 September 2016 to target persons born in the years 1946 to 1948. So far, operation has been smooth.

- As of 29 December 2016,
    - 567 Primary Care Doctors based in 833 clinics have been enrolled. Among these clinics, 803 (96%) would not charge any co-payment. On the other hand, 131 Colonoscopy Specialists have joined to provide colonoscopy examination services at 247 locations. If no polypectomy was required, 77% locations would not charge any co-payment. Even when polypectomy was performed, 65% of locations still would not charge any co-payment.
    - 10,610 persons have been enrolled into the Pilot Programme and received FIT.
    - Among the 10,610 participants, 10,008 (94.3%) have submitted FIT tubes with interpreted results (FIT +ve/-ve). Among them, 1,423 participants have been tested positive and the FIT positivity rate was 14.2% (1,423/10,008).
    - Among 1,322 participants who have been referred for colonoscopy, 1,104 participants (83.5%) have completed pre-procedural consultation. A total of 799 claims for colonoscopy examination had been submitted. Among them, 51 cases of adenocarcinoma (6.4%) were detected.

- On 27 February 2017, Phase Two would be launched to cover Hong Kong residents born in the years 1946 to 1951.

PURPOSE

1. This report provides an account of the implementation progress and preliminary statistics of Phase One of the Pilot Programme covering governance, programme administration, publicity, monitoring and evaluation as at 29 December 2016.

BACKGROUND

2. The burden of colorectal cancer (CRC) in Hong Kong has been increasing over the past three decades. In 2014, there were 4,979 newly diagnosed CRC cases, accounting for 16.8% of all new cancer cases. CRC overtook lung cancer and became the most common cancer in Hong Kong in 2011, 2013 and 2014. CRC was the second commonest cause of cancer death locally in 2015 which resulted in a total of 2,073 registered deaths and accounted for 14.5% of all cancer deaths.

3. The risk of CRC increases significantly from age 50 onwards. In 2014, the median age at diagnosis of CRC was 68 in males and 69 in females. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) recommends persons aged 50-75 should discuss with doctors and consider screening for CRC.

4. To reduce burden arising from CRC, the Government announced in the 2014 Policy Address and the 2014-15 Budget that it would allocate around $420 million for the study and implementation of a pilot programme to provide subsidized CRC screening for specific age groups. This three-year Pilot Programme aims to gather relevant local experience to draw conclusions and make recommendations for the deliberation of whether and how best CRC screening service may be provided to the wider population.

5. The Department of Health (DH) launched the Pilot Programme on 28 September 2016. Hong Kong residents born in the years 1946 to 1955 will be subsidised in phases over a three-year period to undergo screening tests for the prevention of CRC. Phase One of the Pilot Programme enrolled residents who were born in the years 1946 to 1948. The screening workflow comprises two stages:

(a) Eligible persons should first make an appointment with an enrolled Primary Care Doctor (PCD). After enrolment in the Programme, participants will receive a government subsidy to undergo the Faecal Immunochemical Test

(FIT). Participants will collect stool specimens according to the instructions given and return the specimen(s) within four days of commencement of specimen collection to any collection box set up by the DH. A second consultation at the PCD's clinic is not needed unless the result of the FIT test is positive; and

(b) If the FIT result is positive, the participant will receive the second consultation at the PCD's clinic, when he or she will be referred to see an enrolled Colonoscopy Specialist (CS) to receive the Government Subsidized Standard Package of Colonoscopy Service in order to find out the cause of occult bleeding in stool.

GOVERNANCE

6. In January 2014, DH established a multi-disciplinary taskforce (the taskforce) to steer and provide professional advice on the scope and content of the Pilot Programme. Four working groups were set up underpinning the deliberations of the taskforce, focusing on (a) use of faecal occult blood test; (b) colonoscopy and assessment; (c) screening registry; and (d) promotion and publicity, respectively. During the three-year term of the taskforce, a total of 31 taskforce and working group meetings were held, with circulation of 26 papers. Taskforce membership from 27 January 2014 to 26 January 2017 is in Appendix Ia.

7. Membership of the taskforce was renewed on 27 January 2017 up to 26 January 2020. Its terms of reference is-

(a) To steer and advise on the implementation, promotion, monitoring, quality assurance and evaluation of the Colorectal Cancer Screening Pilot Programme (Pilot Programme).

(b) To make recommendations for improving implementation and performance of the Pilot Programme.

(c) To advise on the way forward of the Pilot Programme.

Membership for the new term from 27 January 2017 to 26 January 2020 can be found in Appendix Ib.

PROGRAMME ADMINISTRATION

Doctor's Enrolment

8. DH commenced enrolment of doctors as service providers on 15 April 2016. As of 29 December 2016, 567 PCDs based in 833 clinics have been enrolled. Among these clinics, 803 (96%) would not charge any co-payment. On the other hand, 131 CSs have joined to provide colonoscopy examination services at 247 locations. If no polypectomy was required, 77% locations would not charge any co-payment. Even when polypectomy was performed, 65% of locations still would not charge any co-payment. Where a co-payment fee was charged by CS, this would not exceed $1,000.

Support to Doctors

Pre-enrolment briefing

9. In April and May 2016, DH convened a total of 7 pre-enrolment briefing sessions (i.e. 3 for PCDs, 1 for CSs, 2 for medical organisations and 1 for non-governmental organisations (NGO)) with a total attendance of around 630, to facilitate understanding of the requirements of the Pilot Programme as well as to promote enrolment.

Post-enrolment welcome briefing

10. In July and August 2016, DH organized 17 post-enrolment welcome briefing sessions (i.e. 12 for enrolled PCDs and 5 for enrolled CSs) with a total attendance of around 220. The briefings provided a detailed explanation of the clinical workflow and CRC-IT System operation. Service providers were given a practical session to navigate and operate the CRC-IT System to prepare them for clinical application.

On-site support service

11. In September and October 2016 after launch of the Pilot Programme, DH provided on-site support service whereby a trained DH staff would visit the clinic at a mutually convenient time (such as the scheduled appointment for the first screening participant) to offer practical advice on data entry into the eHRSS and CRC-IT

System, screening workflow and optimal use of programme materials. A total of 103 visits to render support services were made.

Website and self-learning materials

12. Considering some doctors did not attend the welcome briefings, DH uploaded a full range of self-learning materials on the website of the Pilot Programme (www.ColonScreen.gov.hk) covering guidebook, practical tips and videos, and so on to demonstrate the workflow as well as operation of the IT system. To encourage self-study, CME points were obtainable upon completion of a quiz.

Welcome pack

13. DH sent welcome packs containing a comprehensive set of programme materials including poster, desktop cue-card, guidebook, pamphlets and videos, etc. to enrolled doctors to guide and assist them in providing screening advice, supporting participants through the screening pathway and operating the CRC-IT System. In addition, a soft copy of the " Public-Private Partnership Programmes for Healthcare Services - Corruption Prevention Guide for Service Providers" (Guide) published by the Independent Commission Against Corruption was emailed to each enrolled doctor on 1 December 2016 and its hard copy would be included in the welcome pack for new enrollees.

Help desk

14. DH had set up a designated help desk (3565 5665) since mid-April 2016 to respond to service providers' enquiries and comments. As at 29 December 2016, over 3,000 calls were received. Majority of the calls were related to issues concerning (a) enrolment (32%) as well as (b) programme design and work flow (29%).

Participant's Enrolment

15. As at 29 December 2016, of the targeted 194,800 population born in the years 1946 to 1948, around 39,000 have enrolled in eHRSS. Among them, 10,610 participants have participated in the Pilot Programme (about 30% of the eligible persons enrolled in eHRSS which is a pre-requisite for joining the Pilot Programme).

Support to Participants

16. To facilitate participants to complete the screening pathway, DH developed a series of materials, tools and services to support both service providers and recipients.

Dedicated website

17. The Pilot Programme website (www.ColonScreen.gov.hk) provided useful information concerning the background, importance of screening, eligibility, screening workflow, tips on how to collect stool specimen and prepare for colonoscopy examination, etc. Eligible persons, their family and carers may study the website for details of the screening workflow as well as contact information pertaining to enrolled PCDs and CSs including co-payment information.

Hotline

18. DH has set up a public hotline (3565 6288) since 26 September 2016 to answer enquiries from the general public regarding the Pilot Programme. As of 29 December 2016, the public enquiry hotline has received over 6,000 calls. Majority of the enquiries were about (a) how to enroll into the Pilot Programme and find enrolled doctor (44%) followed by enquiries on (b) programme design and work flow (24%), as well as (c) subsidy and co-payment (10 %).

Participant's pack

19. During the first consultation, each participant would obtain a participant's pack containing the prescribed FIT tubes and laboratory request form, detailed instructions on specimen collection and collection point drop-boxes, as well as a Participant Guidebook featuring key information about CRC, its prevention and the Pilot Programme.

Educational and promotional materials

20. In addition, DH developed a range of educational and publicity materials including pamphlets, booklets, posters, educational video, etc. to promote the Pilot Programme generally across the adult population to enhance community awareness and acceptance of CRC screening, and encourage eligible persons to enroll for the service. Special effort was made to liaise with community NGOs and District

Councilors' offices in order to build support for persons suitable and interested in CRC screening.

CRC-IT System

21. The CRC-IT System, built upon the territory-wide eHRSS, is the designated IT system for the Pilot Programme. It has important functions of capturing the participants' screening history and results, supporting participants through the whole screening process, sending alerts for prompt follow-up action in case of abnormal results, and facilitating the Government's payment, programme monitoring and evaluation.

22. DH monitored closely the operation of the CRC-IT System and introduced system enhancements in light of users' feedback and experience. Since the launch of the Pilot Programme, 23 enhancements have been implemented and another 23 enhancements are planned for implementation in the first half of 2017. Details of the major enhancements implemented are summarised in Appendix II.

PROGRAMME PUBLICITY

23. From April to November 2016, DH implemented a series of publicity and educational activities to promote service providers' and recipients' enrollment in preparation for launching of the Pilot Programme. These included (a) two press conferences held on 14 April and 12 September 2016, (b) broadcast of TV and radio announcements of public interest (API), (c) production and distribution of posters, (d) attending media interviews, and (e) publishing articles in various printed media targeted at elderly, etc.

24. Furthermore, DH launched a territory wide mass-media publicity drive from December 2016 to January 2017 to target persons eligible for screening under Phase One.

PROGRAMME MONITORING

Validity and eligibility checking

25. To ensure Hong Kong residents holding valid identity documents and belonging to the defined age range are enrolled for the Pilot Programme, system logic

was built into CRC-IT System which in turn had to be logged on for every participant. A mechanism to perform data matching of Hong Kong Identity Card (HKIC) / Certificate of Exemption data records with the database of the Immigration Department for validity checking was also developed. Up to 29 December 2016, there were 35 un-matched cases due to incorrect data input of 'Date of Birth' or 'Date of Issue of HKIC' in the eHRSS or CRC- IT System. ALL cases were followed up by the concerned PCDs and could be verified after rectification.

26. To check the validity of stay of holders of non-permanent HKICs (who bear "C" or "U" code on the card face of HKIC) and distinguish those who are Hong Kong residents and those who are not (e.g. over-stayers or returning visitors whose HKICs have expired), DH checked the cases through an electronic checking system, known as the "Online Checking System of the eligibility of non-permanent Hong Kong Identity Card holders for Subsidised Public Healthcare Services" (the OCSSS). As of 29 December 2016, there are 23 participants with "C" code (nil for "U" code). As checked by the OCSSS, the validity periods of stay for these participants have not expired at the time of enrolment and are eligible to join the Pilot Programme.

Quality assurance

27. To monitor and ensure the quality of colonoscopy services, a quality assurance mechanism taking into consideration overseas recommendations and practice was developed in consultation with the Pilot Programme Task Force and its relevant working group. Under the mechanism, a set of quality indicators covering caecal intubation rate, adenoma detection rate, withdrawal time, and incidence of complications, was being monitored and would be reviewed by the relevant working group under the Task Force.

Payment audit and monitoring

28. To safeguard proper use of public money, DH developed a monitoring protocol. The monitoring protocol outlines a framework for conducting the monitoring and investigation of transaction claims made by PCDs and CSs for the Pilot Programme including (a) routine pre-payment and post-payment checking, (b) investigation of aberrant pattern of transaction claims and (c) investigation of complaints. Collection and checking of participant consent forms on a regular basis commenced in January 2017.

PROGRAMME EVALUATION

29. Programme evaluation comprises examination of the routine statistics captured by the CRC- IT System (details in Appendix III) and studies commissioned to the two local medical schools by the Food and Health Bureau (FHB)'s Research Office under the Health and Medical Research Fund (HMRF).

FIT screening

30. As at 29 December 2016, 10,610 participants have enrolled in the Pilot Programme and had FIT tubes issued by 422 PCDs.

(a) A total of 10,056 (94.8%) participants have submitted FIT tubes into collection boxes placed in 30 locations to the FIT laboratory for analysis. Among them, 8,585 participants were tested negative, 1,423 participants were tested positive, and 48 participants' results were uninformative[1].

(b) The remaining 554 (5.2%) participants did not have results uploaded to the CRC-IT System yet because some have not yet returned the specimens as of cut-off date of the reporting period given the allowed maximum lead time of 8 weeks in the return of specimens.

31. Among those who have an interpreted FIT result (either FIT positive or negative), **FIT positivity rate was 14.2%**. Participants with positive FIT result were called back by the PCD for the Second Consultation for explanation of the FIT result and its significance and referral for colonoscopy. Among the 1,423 participants with positive results, 1,322 (92.9%) have attended the Second Consultation.

Colonoscopy assessment

32. Only consultations and procedures carried out and had payment claims submitted for processing would be reported in paragraph 33 - 35.

Pre-procedural consultation

33. During the Pre-procedural Consultation, the CS would assess the participant's medical fitness for colonoscopy, explain the indication, procedure and

[1] Uninformative results may be due to problems with the tubes e.g. leakage / damaged/ expired) or the forms (e.g. missing or wrong information, or a mismatch between the information on the form and the tube).

risks involved, seek informed consent and prescribe laxatives for bowel preparation. As at 29 December 2016, 1,104 participants had attended the Pre-procedural Consultation.

Colonoscopy examination

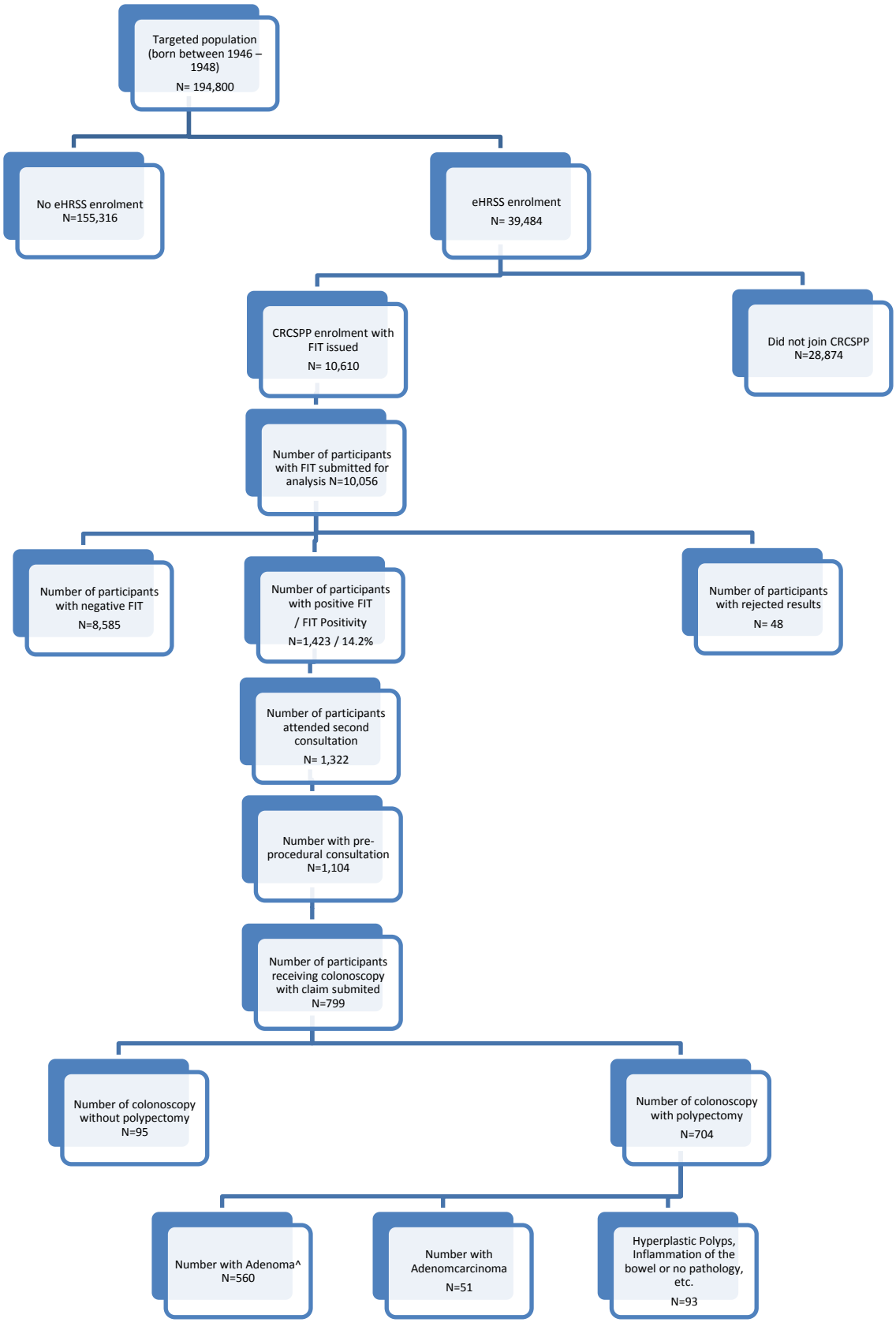
34. As at 29 December, 2016, a total of 799 participants underwent colonoscopy examination which had payment claim submitted for processing. Among them, 704 (88.1%) participants had polypectomy performed, and 95 (11.9%) participants did not require polypectomy.

35. Among the 704 participants who had polypectomy done, 560 had adenoma, 51 had adenocarcinoma and the remaining 93 had hyperplastic polyps, inflammation of the bowel or no significant pathology etc. Using the number of participants who had colonoscopy examination as the denominator (n=799), the detection percentage for adenoma was 70.1% and for adenocarcinoma detection was 6.4%.

Complications

36. During the reporting period, six episodes of complications were reported under the Pilot Programme. Five cases presented as delayed per rectal bleeding 3 to 5 days after the procedure and the remaining case had bleeding occurring at the polypectomy site during colonoscopy. Among them, three cases required repeating colonoscopy for haemostasis while bleeding in the other three cases stopped spontaneously. All of them were managed in public hospitals and were clinically stable all along. Details of the complications are listed in Appendix III.

Figure 1: Schematic diagram summarising the screening outcome



^*Adenoma includes tubular adenoma, tubulovillous adenoma, villous adenoma, sessile serrated adenoma, and traditional serrated adenoma.*

PHASE TWO LAUNCHING

37. On 27 February 2017, DH would launch Phase Two in which the subsidised screening would be extended to another 250,000 potential Hong Kong residents born between the years 1949 and 1951 while Phase One participants born in 1946 to 1948 can continue to join the Pilot Programme. In other words, effective from that date, the Pilot Programme will cover Hong Kong residents born in the years 1946 to 1951.

ENDS

Appendix Ia

TASKFORCE MEMBERSHIP FROM 27 JANUARY 2014 to 26 JANUARY 2017

	Affiliation / Capacity
Chairman	
Dr Ka-hing WONG (黃加慶) *(Since November 2016)* Dr Ting-hung LEUNG (梁挺雄) *(Till November 2016)*	Controller, Centre for Health Protection, Department of Health
Current Members	
1. Dr Karen Kar-loen CHAN (陳嘉倫) *(Since October 2014)*	CEWG member
2. Dr Ka-on LAM (林嘉安) *(Since October 2014)*	CEWG member
3. Dr Rebecca Mei-wan YEUNG (楊美雲) *(Since October 2014)*	CEWG member
4. Prof Francis Ka-leung CHAN (陳家亮)	Hong Kong College of Physicians
5. Prof Annie Nga-yin CHEUNG (張雅賢)	The Hong Kong College of Pathologists
6. Dr Billy Chi-fai CHIU (趙志輝)	The Hong Kong College of Family Physicians
7. Prof Simon Siu-man NG (吳兆文)	The College of Surgeons of Hong Kong
8. Dr Thomas Ho-fai TSANG (曾浩輝)	Hong Kong College of Community Medicine
9. Dr Ivan Yiu-chung WONG (王耀宗)	Hong Kong College of Radiologists
10. Prof Cindy Lo-kuen LAM (林露娟)	Department of Family Medicine and Primary Care, The University of Hong Kong
11. Prof Martin Chi-sang WONG (黃至生)	CUHK Jockey Club Bowel Cancer Education Centre
12. Dr David Tzit-yuen LAM (林哲玄)	The Hong Kong Medical Association
13. Dr Roger Kai-cheong NGAN (顏繼昌)	Hong Kong Cancer Registry (HKCaR)
14. Dr Henry Chiu-fat YEUNG (楊超發)	Hong Kong Doctors Union
15. Dr Anthony Chi-ho YING (應志浩)	The Hong Kong Anti-Cancer Society (HKACS)
16. Dr Wai-lun CHEUNG (張偉麟)	Hospital Authority (Head Office)
17. Dr Judy Wai-chu HO (何惠珠)	Hospital Authority (surgical specialty)
18. Dr Linda Wai-ling YU (庾慧玲) *(Since June 2015)*	Hospital Authority (Head Office)
19. Dr Christina Kit-chee MAW (繆潔芝) *(Since January 2015)*	Research Office, Food and Health Bureau

	Affiliation / Capacity
20. Dr Cecilia Yuen-man FAN (范婉雯) *(Since June 2014)*	Professional Development and Quality Assurance, Department of Health
21. Dr Anne Yu-kei FUNG (馮宇琪)	Central Health Education Unit, Department of Heath
22. Dr. Amy Ngar-mei LI (李雅薇) *(Since July 2016)*	Clinical Pathology Laboratory Centre, Department of Heath
23. Dr Monica Man-ha WONG (王曼霞)	Primary Care Office, Department of Heath
Ex-members	
1. Dr Moon-tong CHEUNG (張滿堂) *(Till July 2014)*	CEWG member
2. Dr Kin-wah CHU (朱建華) *(Till July 2014)*	CEWG member
3. Prof Sian GRIFFITHS (葛菲雪) *(Till July 2014)*	CEWG member
4. Dr Chun-key LAW (羅振基) *(Till July 2014)*	CEWG member
5. Prof Ignatius Tak-sun YU (余德新) *(Till July 2014)*	CEWG member
6. Dr Joyce Joy-see SUEN (孫再詩) *(From October 2014 to July 2016)*	CEWG member
7. Prof Eng-kiong YEOH (楊永強) *(From October 2014 to July 2016)*	CEWG member
8. Dr Kin-lai CHUNG (鍾健禮) *(Till June 2014)*	Hospital Authority (Head Office)
9. Dr Alexandrer CHIU (邱家駿) *(From July 2014 to June 2015)*	Hospital Authority (Head Office)
10. Ms Margaret Siok-mui TAY (鄭淑梅) *(Till January 2015)*	Research Office, Food and Health Bureau
11. Dr Linda Yin-fun HUI (許燕芬) *(Till June 2014)*	Professional Development and Quality Assurance, Department of Health
12. Dr Yuet-foon LEUNG (梁月歡) *(Till July 2016)*	Clinical Pathology Laboratory Centre, Department of Heath
Secretary	
Dr Regina Cheuk-tuen CHING (程卓端)	Consultant Community Medicine (Non-Communicable Disease), Department of Health

Appendix Ib

TASKFORCE MEMBERSHIP FROM 27 JANUARY 2017 to 26 JANUARY 2020

	Affiliation / Capacity
Chairman	
Dr Ka-hing WONG (黃加慶)	Controller, Centre for Health Protection, Department of Health
Current Members	
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5. Dr David Vai-Kiong CHAO (周偉強)	The Hong Kong College of Family Physicians
6. Prof Annie Nga-yin CHEUNG (張雅賢)	The Hong Kong College of Pathologists
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8. Dr Thomas Ho-fai TSANG (曾浩輝)	Hong Kong College of Community Medicine
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22. Dr Duncan Lap-yan TUNG (董立仁)	Central Health Education Unit, Department of Heath

	Affiliation / Capacity
23. Dr Monica Man-ha WONG (王曼霞)	Primary Care Office, Department of Heath
Secretary	
Dr Regina Cheuk-tuen CHING (程卓端)	Consultant Community Medicine (Non-Communicable Disease), Department of Health

Appendix II

Major CRC-IT System enhancement

System enhancement in the PCD module

After Phase One launching, the following major enhancements have been made -

i. combining "Full list" and "Action- Pending" To-do Lists
ii. adding a pop up message to direct PCD to the correct tap for (a) re-printing FIT laboratory request form or (b) re-issuing FIT
iii. preventing re-printing of laboratory request form when the FIT tubes have been acknowledged by the laboratory

System enhancement in the CS module

The following major enhancements have been made –

i. adding a column in the "report" section of the To-do List to establish a link to the PDF file of the published histopathology laboratory report (This enables CS to access and read the PDF file of histopathology laboratory report form the To-do List directly once the report is available)
ii. changing the "Consultation Note" icon in the To-do List to direct to "On the Day of Colonoscopy" tab page instead of "Histopathology Findings" tab page (This facilitates CS to complete clinical data entry starting from the first tab page of colonoscopy records)
iii. adding a message to alert the CSs if they schedule the colonoscopy date same as or earlier than the pre-procedural consultation date (This reminds the CS to schedule the colonoscopy to at least one day after the pre-procedural consultation to allow sufficient time for bowel preparation).

Appendix III

Routine Statistics and Preliminary Screening Outcomes (as of 29 Dec 2016)

Screening Outcomes at the Primary Care Doctor Level

	Participant (n)	(%)
Number of participants attending first consultation with FIT issued	10610	-
Number of participants with positive FIT (a)	1423	14.2(a/(a+b))
Number of participants with negative FIT (b)	8585	85.8(b/(a+b))
Number of participants with rejected result	48	-
Number of participant with no uploaded result	554	-
Number of participants attending second consultation	1322	-

Screening Outcomes at the Colonoscopy Specialist Level

	Participant (n)	(%)
Number of participants with Pre-procedural consultation	1104	-
Number of participants with colonoscopies performed (claim submitted) (d)	799	-
Number of participants without polypectomy(c)	95	11.9(c/d)
Number of participants with polypectomy	704	
Histopathology findings(e):		
Adenoma*	560	70.1(e/d)
Hyperplastic polyp, inflammation of the bowel or no pathology	93	11.6(e/d)
Adenocarcinoma	51	6.4(e/d)

**Adenoma includes tubular adenoma, tubulovillous adenoma, villous adenoma, sessile serrated adenoma, and traditional serrated adenoma).*

Colonoscopy Complications (n=6)

(Data as of December 29, 2016)

Date of notification	Sex/Age	Complication	Management	Condition
24/10/2016	M/69	Post polypectomy bleeding	Conservative#	Stable
8/11/2016	F/68	Post polypectomy bleeding	Colonoscopic haemostasis	Stable
9/11/2016	M/68	Post polypectomy bleeding	Colonoscopic haemostasis	Stable
6/12/2016	M/70	Post polypectomy bleeding	Conservative#	Stable
13/12/2016	F/69	Post polypectomy bleeding	Conservative#	Stable
23/12/2016	F/70	Post polypectomy bleeding	Colonoscopic haemostasis	Stable

 # No endoscopic haemostasis was required and bleeding subsided spontaneously.