The Bree Collaborative Colorectal Cancer Charter and Roster

Problem Statement

Colorectal cancer is the fourth most common cancer diagnosed in the United States with about 4.2% of men and women being diagnosed at some point in their lifetime.¹ Currently, the US Preventive Serivces Task Force recommends to start screening for colorectal cancer at age 50, with some risk factors such as a family history indicating earlier screening.² In Washington State of adults aged 50-75, only 63% with commercial insurance and 43% with Medicaid received screening, with variation by county.³

Aim

To develop best practice recommendations for colorectal cancer screening including:

- Review of guidelines for age to begin and end screening
- Screening modalities
- Use of anesthesia during screening

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Defining care delivery ...
- Standard evaluation ...
- Addressing health disparities (geographic?)
- Process and patient outcome metrics.
- Addressing barriers to integrating recommendations into current care systems.
- Identifying other areas of focus or modifying areas, as needed.

Duties & Functions

The Colorectal Cancer workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative program director and program assistant will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization

¹ National Cancer Institute Surveillance, Epudemiology, and End Results Program. Cancer Stat Facts: Colorectal Cancer. Available: <u>https://seer.cancer.gov/statfacts/html/colorect.html</u>.

² Centers for Disease Control and Prevention. Colorectal (Colon) Cancer. Available:

www.cdc.gov/cancer/colorectal/basic_info/screening/index.htm

³ Washington Health Alliance. "As new report shows colorectal cancer rates rising, Washington lags in appropriate screening." August 9, 2017. Available: <u>https://wahealthalliance.org/as-new-report-shows-colorectal-cancer-rates-rising-washington-lags-in-appropriate-screening/</u>