

## **The Bree Collaborative Colorectal Cancer Screening 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.<sup>1</sup> Currently, the US Preventive Services Task Force recommends to start screening for colorectal cancer at age 50, with some risk factors such as a family history indicating earlier screening.<sup>2</sup> In Washington State of adults aged 50-75, only 63% with commercial insurance and 43% with Medicaid received screening, with variation by county.<sup>3</sup>

### **Aim**

To increase appropriate colorectal cancer screening in Washington State to decrease incidence of and mortality from colorectal cancer.

### **Purpose**

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

- Mechanisms to increase appropriate use of colorectal cancer screening including follow-up after a positive stool test
- Reviewing existing guidelines by age and other relevant factors to begin and end screening, including risk factors that indicate earlier screening or need for further diagnostic test
- Appropriate colorectal cancer screening modalities
- Informed decision making around anesthesia during screening, including no anesthesia
- Addressing disparities in colorectal cancer screening rates (e.g., geographic, by race, by payer)

### **Duties & Functions**

The Colorectal Cancer Screening 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 ten-twelve 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 including metrics or a process for measurement.
- 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 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 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
Rick Ludwig, MD	Chief Executive Officer	Pacific Medical Centers
Patricia Auerbach, MD, MBA, FACP	Chief Medical Officer, Washington, Oregon, and Idaho, Employer & Individual, Medicare & Retirement	UnitedHealthcare
Elizabeth Broussard, MD	Gastroenterology	Pacific Medical Centers First Hill
Jason Dominitz, MD, MHS	National Program Director, Gastroenterology	Veterans Health Administration
John Dunn, MD	Medical Director of Prevention	Kaiser Permanente Washington
Casey Eastman, MPH	Content Lead, Breast, Cervical, Colon Health Program	Washington State Department of Health
Bev Green, MD, MPH	Senior Investigator, Family Physician	Kaiser Permanente Washington
John Inadomi, MD	Gastroenterology	University of Washington Medicine
Rachel Issaka, MD, MAS	Assistant Member, Clinical Research Division, Gastroenterology & Hepatology	Fred Hutchinson Cancer Research Center
Joanna Law, MD	Gastroenterology	Virginia Mason Medical Center
Vlad Simianu, MD, MPH	Colon and Rectal Surgery	Virginia Mason Medical Center
Julie Stofel	Patient and Family Advocate	
Tammy Wild, MPH, RDN, LD	State Health Systems Manager	American Cancer Society

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

<sup>2</sup> Centers for Disease Control and Prevention. Colorectal (Colon) Cancer. Available: [www.cdc.gov/cancer/colorectal/basic\\_info/screening/index.htm](http://www.cdc.gov/cancer/colorectal/basic_info/screening/index.htm)

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