

**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 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.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.

