

**Consensus Core Set: Medical Oncology Measures  
Version 1.0**

<b>Medical Oncology Core Measure Set</b>				
<b>NQF #</b>	<b>Measure Name</b>	<b>Measure Steward</b>	<b>Level of Analysis</b>	<b>Consensus Agreement / Notes</b>
<b><i>Breast Cancer</i></b>				
0559	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer.	American College of Surgeons	Facility	<b>Consensus to include measure in core set if data needed for this measure is available through EHR or provider self-report with audit.</b>
1857	Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
1858	Trastuzumab administered to patients with AJCC stage I (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
<b><i>Colorectal Cancer</i></b>				
0223	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	Commission on Cancer, American College of Surgeons	Facility	<b>Consensus to include measure in core set if data needed for this measure is available through EHR or provider self-report with audit.</b>  <i>Note:</i> Workgroup will consider a physician-level measure once available.
1859	KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	ASCO	Clinician	<b>Consensus to include measure in core set.</b>

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1860	Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
<b><i>Hospice / End of Life</i></b>				
0210	Proportion receiving chemotherapy in the last 14 days of life	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0211	Proportion with more than one emergency room visit in the last 30 days of life	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0213	Proportion admitted to the ICU in the last 30 days of life	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0215	Proportion not admitted to hospice	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0216	Proportion admitted to hospice for less than 3 days	ASCO	Clinician	<b>Consensus to include measure in core set.</b>
0384	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology	AMA-PCPI	Clinician	<b>Consensus to include measure in core set.</b>
<b><i>Prostate Cancer</i></b>				
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	AMA-PCPI	Clinician	<b>Consensus to include measure in core set if data needed for this measure is available through EHR or provider self-report with audit.</b> <i>Note:</i> Related to Choosing Wisely Concept #2.
1853	Radical Prostatectomy Pathology Reporting	College of American Pathologists	Clinician	<b>Consensus to include measure in core set.</b>

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**FUTURE AREAS FOR MEDICAL ONCOLOGY MEASURE DEVELOPMENT**

- Pain control
- Functional status or quality of life
- Shared decision-making
- Appropriate use of chemotherapy
- Under or overtreatment (will need to develop a baseline or a threshold based on data)
- ER utilization
- In patient hospital admission rate
- Reporting of cancer stage
- Disease free survival for X number of years.
- Patient experience / PRO for level of pain experienced by patient
- Cost measures
- Lung Cancer
- Five year cure rate
- 0390: Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients - Not included in the core set at present, but would like to reevaluate once better data/systems become available to collect necessary information and measure denominator issues are resolved.
- ASCO / ABIM Choosing Wisely list: Metrics included are of value and should be pushed to measure development.
  - Concept #2 is addressed in the core set in measure #0389.
  - Concept #10 is a valuable metric.
  - Concept #7 is of lower priority.

**Note:** The Workgroup emphasized the need to move from “check-box” process measures to outcomes measures.

The Workgroup acknowledged several challenges with selecting measures for this set:

- *Data Challenges* – Currently, health plans cannot readily access data for many of these measures as they require pharmacy data (which may not be available due to carve-outs), access to patient charts, or date of death data.
- *Future Measurement Needs* – Data suggests that oncology treatments change rapidly and measurement needs must be continually reassessed based on the changing protocols for treatment.