NATIONAL QUALITY FORUM

Cancer Fall 2018 Measure Review Cycle

Standing Committee Meeting

Melissa Mariñelarena, Senior Director
Katie Goodwin, Senior Project Manager
Tara Murphy, Project Manager

February 8, 2019

NQF Staff

- Project staff
  - *Melissa Mariñelarena, Senior Director*
  - *Katie Goodwin, Senior Project Manager*
  - *Tara Murphy, Project Manager*

- NQF Quality Measurement leadership staff
  - *Elisa Munthali, Senior Vice President*

Introductions and Disclosures of Interest

Cancer Standing Committee

Karen Fields, MD, Co-Chair

Shelley Fuld Nasso, MPP, Co-Chair

Gregary Bocsi, DO, FCAP

Brent Braveman, PhD, OTR/L, FAOTA

Steven Chen, MD, MBA, FACS

Matthew Facktor, MD, FACS

Heidi Floyd

Richard Gelb, MA

Bradford Hirsch, MD

Jette Hogenmiller, PhD, MN, APRN/ARNP, CDE, NTP, TNCC, CEE

J. Leonard Lichtenfeld, MD, MACP

Stephen Lovell

Jennifer Malin, MD, MACP

Jodi Maranchie, MD, FACS

Ali McBride, PharmD, MS, BCPS, BCOP

Benjamin Movsas, MD

Diane Otte, RN, MS, OCN

Beverly Reigle, PhD, RN

Robert Rosenberg, MD, FACR

David J. Sher, MD, MPH

Danielle Ziernicki, PharmD

NQF's Cancer Portfolio

Cancer Portfolio of NQF-Endorsed Measures

*Measures for maintenance evaluation

Breast

- **0508** Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms
- **0509** Diagnostic Imaging: Reminder System for Screening Mammograms
- **1878** Human epidermal growth factor receptor 2 (HER2) testing in breast cancer
- **0219** Post breast conservation surgery irradiation
- **1857** Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab
- **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
- **0387** Oncology: Hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer
- **0559** Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer
- **0220** Adjuvant hormonal therapy

Colon

- **0225** At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer
- **0385** Oncology: Chemotherapy for AJCC Stage III Colon Cancer Patients
- **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
- **1859** KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy
- **1860** Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Cancer Portfolio of NQF-Endorsed Measures

*Measures for maintenance evaluation

Hematology

- **0377** Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
- **0379** Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
- **0378** Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
- **0380** Hematology: Multiple Myeloma: Treatment with Bisphosphonates

Lung/Thoracic

- **1854** Barrett's Esophagus

Prostate

- **1853** Radical Prostatectomy Pathology Reporting
- **0389** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- **0390** Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients

Other

- **0383** Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)
- ***0384** Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)
- **0386** Oncology: Cancer Stage Documented
- **2930** Febrile Neutropenia Risk Assessment Prior to Chemotherapy

NQF Scientific Methods Panel

NQF Scientific Methods Panel Review

- The Scientific Methods Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.

- The Scientific Methods Panel independently evaluated the Scientific Acceptability (must-pass criteria) section of the following measures:
  - *2936 Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy*
  - *3478 Surgical Treatment Complications for Localized Prostate Cancer*

NQF Scientific Methods Panel Review

- One measure did not pass the Scientific Methods Panel (SMP) Review:
  - *3478 Surgical Treatment Complications for Localized Prostate Cancer*
- The SMP did not view this measure as methodologically sound for reliability and/or validity.
- The measure was removed from the current evaluation cycle and was not forwarded to the Standing Committee for evaluation.
- The SMP's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measure to be evaluated by the Standing Committee in a future submission.

Overview of Evaluation Process

Roles of the Standing Committee *During the Evaluation Meeting*

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
  - *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations regarding endorsement to the NQF membership
- Oversee portfolio of Cancer Measures

Ground Rules for Today's Meeting

During the discussion, please do your best to:

- Attend the meeting at all times
  - *If you need to step away, please send a chat.*
- Raise your hand (on Web platform) to let us know if you'd like to speak
- Announce your name prior to speaking
  - *This is really important on the Web platform!*
- Remain engaged and active in the discussion
- Keep comments focused on the discussion topic

Process for Measure Discussion and Voting

- Brief introduction by measure developer (2-3 minutes)
- Lead discussants will begin Committee discussion for each criterion:
  - *Briefly explaining information on the criterion provided by the developer*
  - *Providing a brief summary of the pre-meeting evaluation comments*
  - *Emphasizing areas of concern or differences of opinion*
  - *Noting, if needed, the preliminary rating by NQF*
    - This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

Voting

- Votes will be taken after the discussion of each criterion
- Importance to measure and report (must pass):
  - *Vote on Evidence*
  - *Vote on Gap*
  - *Composite measures only - rationale*
- Scientific acceptability of measure properties (must pass):
  - *Vote on Reliability*
  - *Vote on Validity*
  - *Composite measures only – quality construct*
- Feasibility
- Use (must pass)
  - *Must pass for maintenance measures*
- Usability
- **If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.**
- **Vote on the measure as specified.**

Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum
- CNR measures move forward to public and NQF member comment and the Committee will revote

Questions?

Consideration of Candidate Measure 0384: Oncology Medical and Radiation – Pain Intensity Quantified

Public Comment

Related Measures: 0384, 0209, 1637, 1634

Related Measures: 0384, 0209, 1637, 1634

NQF #	0384 Oncology: Medical and Radiation - Pain Intensity Quantified (paired with 0383) (PCPI)	0209 Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment (National Hospice and Palliative Care Organization)	1637 Hospice and Palliative Care -- Pain Assessment (University of North Carolina-Chapel Hill)	1637 Hospice and Palliative Care -- Pain Screening (University of North Carolina-Chapel Hill)
Endorsement Activity	Currently under review in cancer project	Last endorsed 2016	Last endorsed 2016	Last endorsed 2016
Level of Analysis	Clinician: Group/Practice, Individual	Facility	Clinician: Group/Practice, Facility	Clinician: Group/Practice, Facility
Setting	Outpatient	Home Care	Home Care, Inpatient/Hospital	Home Care, Inpatient/Hospital
Data Source	Claims, Paper Medical Records, Registry Data	Instrument-Based Data	Electronic Health Records, Other	Electronic Health Records, Other
Measure Focus	Pain intensity quantified	Comfortable level of pain within 48 hours of assessment	Comprehensive clinical assessment within 24 hours of screening positive for pain	Standardized quantitative tool used to screen for pain during the initial encounter or admission
Target Population	Cancer patients of all ages currently receiving chemotherapy or radiation	Patients with pain at initial assessment	Hospice or palliative care patients with pain on admission and/or initial encounter	Hospice or palliative care patients

Related Measures: 0384, 0209, 1637, 1634

NQF #	0384 Oncology: Medical and Radiation - Pain Intensity Quantified (paired with 0383) (PCPI)	0209 Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment (National Hospice and Palliative Care Organization)	1637 Hospice and Palliative Care -- Pain Assessment (University of North Carolina-Chapel Hill)	1637 Hospice and Palliative Care -- Pain Screening (University of North Carolina-Chapel Hill)
Numerator	Patient visits in which pain intensity is quantified	Patients whose pain was brought to a comfortable level (as defined by patient) within 48 hours of initial assessment	Patients who received a comprehensive clinical assessment to determine the severity, etiology and impact of their pain within 24 hours of screening positive for pain	Patients who are screened for the presence or absence of pain (and if present, rating of its severity) using a standardized quantitative tool during the admission evaluation for hospice/initial encounter for palliative care
Denominator	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	Patients who replied "yes" when asked if they were uncomfortable because of pain at the initial assessment	Patients enrolled in hospice OR receiving specialty palliative care in an acute hospital setting who report pain when pain screening is done on the admission evaluation / initial encounter	Patients enrolled in hospice OR patients receiving specialty palliative care in an acute hospital setting
Exclusions	None	Patients who do not report being uncomfortable because of pain at initial assessment Patients under 18 years of age Patients who cannot self report pain Patients who are unable to understand the language of the person asking the initial and follow up questions	Patients with length of stay < 1 day in palliative care. Patients who screen negative for pain are excluded from the denominator	Patients with length of stay < 1 day in palliative care

Related and Competing Measures: 0384 and 1628

Related and Competing Measures: 0384 and 1628

NQF #	0384 Oncology: Medical and Radiation - Pain Intensity Quantified (paired with 0383) (PCPI)	1628 Patients with Advanced Cancer Screened for Pain at Outpatient Visits (RAND)
Endorsement Activity	Currently under review in cancer project	Last endorsed 2016 (scheduled to be reviewed by Geriatrics and Palliative Care in 2020)
Level of Analysis	Clinician: Group/Practice, Individual	Facility, Health Plan, Integrated Delivery System
Setting	Outpatient	Outpatient
Data Source	Claims, Paper Medical Records, Registry Data	Electronic Health Records, Paper Medical Records, Registry Data
Measure Focus	Pain intensity quantified	Standardized quantitative tool used to screen for pain
Target Population	Cancer patients of all ages currently receiving chemotherapy or radiation	Adult patients with advanced cancer

Related and Competing Measures: 0384 and 1628

NQF #	0384 Oncology: Medical and Radiation - Pain Intensity Quantified (paired with 0383) (PCPI)	1628 Patients with Advanced Cancer Screened for Pain at Outpatient Visits (RAND)
Numerator	Patient visits in which pain intensity is quantified	Outpatient visits from the denominator in which the patient was screened for pain (and if present, severity noted) with a quantitative standardized tool
Denominator	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	Adult patients with advanced cancer who have at least 1 primary care or cancer-related/specialty outpatient visit
Exclusions	None	None (other than those patients noted in 2a1.7. who did not survive at least 30 days after cancer diagnosis)

Related and Competing Measures: 0384, 0383, 0420

Related and Competing Measures: 0384, 0383, 0420

NQF #	0384 Oncology: Medical and Radiation - Pain Intensity Quantified (paired with 0383) (PCPI)	0383 Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384) (ASCO)	0420 Pain Assessment and Follow-Up (CMS)
Endorsement Activity	Currently under review in cancer project	Last endorsed 2012 (scheduled to be reviewed by Cancer in Fall 2019)	Last endorsed 2016 (scheduled to be reviewed by Geriatrics and Palliative Care in Fall 2019)
Level of Analysis	Clinician: Group/Practice, Individual	Clinician: Group/Practice, Individual	Clinician: Group/Practice, Individual
Setting	Outpatient	Outpatient	Outpatient
Data Source	Claims, Paper Medical Records, Registry Data	Claims, Electronic Health Records, Other, Paper Medical Records, Registry Data	Claims, Paper Medical Records
Measure Focus	Pain intensity quantified	Documented plan of care to address pain	Documented pain assessment using standardized tool(s) AND follow-up plan (when pain present)
Target Population	Cancer patients of all ages currently receiving chemotherapy or radiation	Cancer patients of all ages currently receiving chemotherapy or radiation therapy who have pain	Patients 18 and older

Related and Competing Measures: 0384, 0383, 0420

NQF #	0384 Oncology: Medical and Radiation - Pain Intensity Quantified (paired with 0383) (PCPI)	0383 Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384) (ASCO)	0420 Pain Assessment and Follow-Up (CMS)
Numerator	Patient visits in which pain intensity is quantified	Patient visits that included a documented plan of care to address pain	Patient visits with a documented pain assessment using a standardized tool(s) AND documentation of a follow-up plan when pain is present
Denominator	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain	All visits for patients aged 18 years and older
Exclusions	None	None	1)Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool 2)Not Eligible – A patient is not eligible if one or more of the following reason(s) is documented: Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools. Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.

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February 12, 2019

Welcome and Recap of Measure Evaluation Web Meeting #1

Consideration of Candidate Measure 3490: Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy

Public Comment

Related Measures: 3490 and 3188

Related Measures: 3490 and 3188

NQF #	3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (CMS)	3188 30 Day Unplanned Readmissions for Cancer Patients (Seattle Cancer Care Alliance)
Endorsement Activity	Currently under review in cancer project	Endorsed in Readmissions Project (July 2017)
Level of Analysis	Facility	Facility
Setting	Outpatient Services	Inpatient; Hospital
Data Source	Claims; Enrollment Data	Claims
Measure Focus	One or more inpatient admissions and/or ED visits (for any of the 10 potentially preventable conditions) within 30 days of chemotherapy treatment	Unplanned emergency/urgent readmissions to a short-term acute care hospital within 30 days of discharge
Target Population	Medicare FFS cancer patients 18 and over receiving outpatient chemotherapy treatment who received chemotherapy at least once at the reporting hospital	Medicare FFS patients 18 and over discharged from an acute care hospital with a discharge diagnosis of malignant cancer

Related Measures: 3490 and 3188

NQF #	3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (CMS)	3188 30 Day Unplanned Readmissions for Cancer Patients (Seattle Cancer Care Alliance)
Numerator	Calculate two mutually exclusive outcomes: (1) one or more inpatient admissions and (2) one or more ED visits – for any of the 10 potentially preventable conditions – within 30 days of chemotherapy treatment. To be counted as an outcome, the qualifying diagnosis on the admission or ED visit claim must be (1) the principal diagnosis or (2) a secondary diagnosis accompanied by a principal diagnosis of cancer.	The numerator includes all eligible unplanned readmissions to any short-term acute care hospital—defined as admission to a PPS-Exempt Cancer Hospital (PCH), a short-term acute care Prospective Payment (PPS) hospital, or Critical Access Hospital (CAH)—within 30 days of the discharge date from an index admission that is included in the measure denominator.
Denominator	Medicare Fee-for-Service (FFS) patients, aged 18 years and older at the start of the performance period, with a diagnosis of any cancer (except leukemia), who received at least one outpatient chemotherapy treatment at the reporting hospital during the performance period.	Inpatient admissions for all adult Fee-for-Service Medicare beneficiaries where the patient is discharged from a short-term acute care hospital (PCH, short-term acute care PPS hospital, or CAH) with a principal or secondary diagnosis (i.e., not admitting diagnosis) of malignant cancer within the defined measurement period.
Exclusions	1) Diagnosis of leukemia at any time during the performance period 2) Not enrolled in Medicare FFS Parts A and B in the year prior to the any outpatient chemotherapy treatment during the performance period 3) Not enrolled in Medicare FFS Parts A and B for the 30 days following any chemotherapy treatment 4) Cases in which patients receive chemotherapy to treat conditions other than cancer	1)Less than 18 years of age 2)Patients who died during the index admission 3)Patients discharged AMA 4)Patients transferred to another acute care hospital during the index admission 5)Patients discharged with a planned readmission; 6)Patients having missing or incomplete data 7)Patients not admitted to an inpatient bed

Cancer Fall 2018 Measure Review Cycle

Standing Committee Meeting

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February 15, 2019

Welcome and Recap of Measure Evaluation Web Meetings #1 & 2

Consideration of Candidate Measure 3365e: Treatment of Osteopenia or Osteoporosis in Men with Non-Metastatic Prostate Cancer on Androgen Deprivation Therapy (ADT)

Public Comment

Related Measures: 3365e and 0390

Related Measures: 3365e and 0390

NQF #	3365e Treatment of Osteopenia or Osteoporosis in Men with Non-Metastatic Prostate Cancer on ADT (Large Urology Group Practice Association)	0390 Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer (American Urological Association)
Endorsement Activity	Currently under review in cancer project	Last endorsed 2016
Level of Analysis	Individual Clinician	Individual Clinician, Group Practice
Setting	Outpatient	Clinician Office/Clinic, Other, Outpatient Services
Data Source	Electronic Health Records	Registry Data
Measure Focus	Active order for osteoporosis medications, Vitamin D and Calcium (Vitamin D and Calcium levels checked prior to start of osteoporosis medications)	Androgen deprivation therapy (ADT) in combination with external beam radiotherapy to the prostate
Target Population	Males age 18 and older with a diagnosis of prostate cancer, osteopenia or osteoporosis, and prior or current androgen deprivation therapy (ADT)	Prostate cancer patients of all ages at high or very high risk of recurrence receiving external beam radiotherapy to the prostate

Related Measures: 3365e and 0390

NQF #	3365e Treatment of Osteopenia or Osteoporosis in Men with Non-Metastatic Prostate Cancer on ADT (Large Urology Group Practice Association)	0390 Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer (American Urological Association)
Numerator	Active order for osteoporosis medications (bisphosphonates or denosumab) AND Vitamin D and Calcium level prior to the start of osteoporosis medication AND currently taking Vitamin D and Calcium	Patients who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate
Denominator	Males age 18 years and older with prostate cancer AND osteoporosis or osteopenia AND prior and/or current androgen deprivation therapy (ADT) AND office encounter during the measurement period	All patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate
Exclusions	**Numerator Exclusions**: Poor dentition OR inflammation of the gums OR dental procedure OR awaiting dental clearance. For bisphosphonate patients, a creatinine clearance below 35 mL/min OR Barrett's Esophagus. **Denominator Exclusions**: Metastatic prostate cancer to the bone OR terminally ill patients on hospice OR osteonecrosis of the jaw OR known hypersensitivity to osteoporosis medications (bisphosphonates or denosumab) OR hypocalcemia until corrected OR history of and/or planned radiation therapy to the jaw OR patient refused osteoporosis medications.	Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (eg, salvage therapy) Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate

Related Measures: 3365e, 0389, 0389e

Related Measures: 3365e, 0389, 0389e

NQF #	3365e Treatment of Osteopenia or Osteoporosis in Men with Non-Metastatic Prostate Cancer on ADT (Large Urology Group Practice Association)	0389 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (PCPI)	0389e Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (PCPI)
Endorsement Activity	Currently under review in cancer project	Last endorsed 2016	Last endorsed 2016
Level of Analysis	Individual Clinician	Individual Clinician, Group Practice	Individual Clinician, Group Practice
Setting	Outpatient	Other, Outpatient Services	Clinician Office/Clinic, Other, Outpatient Services
Data Source	Electronic Health Records	Registry Data	Electronic Health Records
Measure Focus	Active order for osteoporosis medications, Vitamin D and Calcium (Vitamin D and Calcium levels checked prior to start of osteoporosis medications)	Androgen deprivation therapy (ADT) in combination with external beam radiotherapy to the prostate	Androgen deprivation therapy (ADT) in combination with external beam radiotherapy to the prostate
Target Population	Males age 18 and older with a diagnosis of prostate cancer, osteopenia or osteoporosis, and prior or current androgen deprivation therapy (ADT)	Prostate cancer patients of all ages at high or very high risk of recurrence receiving external beam radiotherapy to the prostate	Prostate cancer patients of all ages at high or very high risk of recurrence receiving external beam radiotherapy to the prostate

Related Measures: 3365e, 0389, 0389e

NQF #	3365e Treatment of Osteopenia or Osteoporosis in Men with Non-Metastatic Prostate Cancer on ADT (Large Urology Group Practice Association)	0389 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (PCPI)	0389e Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (PCPI)
Numerator	Active order for osteoporosis medications (bisphosphonates or denosumab) AND Vitamin D and Calcium level prior to the start of osteoporosis medication AND currently taking Vitamin D and Calcium	Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer	Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer
Denominator	Males age 18 years and older with prostate cancer AND osteoporosis or osteopenia AND prior and/or current androgen deprivation therapy (ADT) AND office encounter during the measurement period	All patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy	All patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy

Related Measures: 3365e, 0389, 0389e

NQF #	3365e Treatment of Osteopenia or Osteoporosis in Men with Non-Metastatic Prostate Cancer on ADT (Large Urology Group Practice Association)	0389 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (PCPI)	0389e Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (PCPI)
Exclusions	**Numerator Exclusions**: Poor dentition OR inflammation of the gums OR dental procedure OR awaiting dental clearance. For bisphosphonate patients, a creatinine clearance below 35 mL/min OR Barrett's Esophagus. **Denominator Exclusions**: Metastatic prostate cancer to the bone OR terminally ill patients on hospice OR osteonecrosis of the jaw OR known hypersensitivity to osteoporosis medications (bisphosphonates or denosumab) OR hypocalcemia until corrected OR history of and/or planned radiation therapy to the jaw OR patient refused osteoporosis medications.	Denominator Exceptions: Documentation of medical reason(s) for having a bone scan performed (including documented pain, salvage therapy, other medical reasons) Documentation of system reason(s) for having a bone scan performed (including bone scan ordered by someone other than reporting physician)	Denominator Exceptions: Documentation of medical reason(s) for having a bone scan performed (including documented pain, salvage therapy, other medical reasons) Documentation of system reason(s) for having a bone scan performed (including bone scan ordered by someone other than reporting physician)

Next Steps

Activities and Timeline

Process Step	Timeline
Post-meeting call (if needed)	Friday, February 15, 2019, 2-4 pm ET
Draft report posted for public and NQF member comment	March 21 – April 19, 2019
SC Call to review and respond to comments	Tuesday, May 7, 2019, 2-4 pm ET
CSAC review and approval	June 2019
Appeals	June – July 2019

Project Contact Info

- Email: cancerm@qualityforum.org
- NQF phone: 202-783-1300
- Project page: http://www.qualityforum.org/Project_Pages/cancer.aspx
- SharePoint site: http://share.qualityforum.org/Projects/cancer/SitePages/Home.aspx

Adjourn

Appendix: Related and Competing Measures

Cancer Portfolio of NQF-Endorsed Measures

Breast

- **0508** Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms
- **0509** Diagnostic Imaging: Reminder System for Screening Mammograms
- **1878** Human epidermal growth factor receptor 2 (HER2) testing in breast cancer
- **0219** Post breast conservation surgery irradiation
- **1857** Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab
- **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
- **0387** Oncology: Hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer
- **0559** Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer
- **0220** Adjuvant hormonal therapy

Colon

- **0225** At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer
- **0385** Oncology: Chemotherapy for AJCC Stage III Colon Cancer Patients
- **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
- **1859** KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy
- **1860** Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Cancer Portfolio of NQF-Endorsed Measures

*Measures for maintenance evaluation

Hematology

- **0377** Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
- **0379** Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
- **0378** Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
- **0380** Hematology: Multiple Myeloma: Treatment with Bisphosphonates

Lung/Thoracic

- **1854** Barrett's Esophagus

Prostate

- **1853** Radical Prostatectomy Pathology Reporting
- **0389** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- **0390** Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients

Other

- **0383** Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)
- ***0384** Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)
- **0386** Oncology: Cancer Stage Documented
- **2930** Febrile Neutropenia Risk Assessment Prior to Chemotherapy

Related and Competing Measures

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

Related vs. Competing Measures

	SAME concepts for measure focus - target process, condition, event, outcome	DIFFERENT concepts for measure focus – target process, condition, event, outcome
SAME target patient population	Competing Measures – Select best measure from competing measures or justify endorsement of additional measure(s).	Related Measures – Harmonize on target patient population or justify difference.
DIFFERENT target patient population	Related Measures – Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue

Related and Competing Measures

- Are the measure specifications completely harmonized?
- Are the differences in measure specifications justified?
- Is the measure superior to competing measures?
- Is there a justification for endorsing multiple measures?
- What would be the burden of having multiple measures?
- What is the rationale for recommending/not recommending the related or competing measures?