



NQF Members and Public

FR: NQF Staff

RE: Voting Draft Report: *National Voluntary Consensus Standards: Cancer Endorsement Maintenance Phase 2*

DA: August 17, 2012

BACKGROUND

Cancer refers to a group of more than 100 diseases characterized by uncontrolled cellular growth, proliferation, and spread. This group of diseases has an enormous impact on health in the US. As the second leading cause of death, cancer was responsible for an estimated 569,490 deaths among adults and children in 2010. Measuring the quality of care for the many patients diagnosed with any of these diseases is important to ensure safe, cost-effective care consistent with the current evidence. The recommended measures include those endorsed prior to 2009 that are undergoing maintenance. The majority of measures considered in Phase 2 of the project focused on colorectal and breast cancer. Phase 1 of the project focused on melanoma, hematology, general oncology, prostate, lung, and palliative and end-of-life care.

A 21-member Steering Committee representing a range of stakeholder perspectives was appointed to review a total of 18 candidate and endorsement maintenance standards for quality performance in breast and colorectal cancer in this phase. The Steering Committee is recommending 10 measures, 1 of which is being recommended for time-limited endorsement.

Comments and Revised Voting Report

NQF received 39 comments from 7 member organizations, representing a variety of stakeholders.

A table of complete comments submitted during the comment period, with the responses to each comment and the actions taken by the Steering Committee and measure developers, is posted to the [Cancer Endorsement Maintenance project page](#) under the Public and Member Comment – Phase 2 section.

The revised draft document, *National Voluntary Consensus Standards: Cancer Endorsement Maintenance Phase 2*, is posted on the [Cancer Endorsement Maintenance project page](#) on the NQF website along with the following additional information:

- [Measure submission forms](#)
- [Meeting and call transcripts and recordings](#) from the Steering Committee's discussions.

Revisions to the draft report and the accompanying measure specifications are identified as red-lined changes. (Note: Typographical errors and grammatical changes have not been red-lined to assist in reading).

COMMENTS AND THEIR DISPOSITION

NATIONAL QUALITY FORUM

NQF VOTING DRAFT—DO NOT CITE OR QUOTE. NQF Member votes due by August 31, 2012 by 6:00 PM ET

The Steering Committee reviewed the comments and focused its discussion on specific measures or topic areas with the most significant and recurring issues that arose from the comments. Comments about the measures were forwarded to the measure developers, who were invited to respond.

During their review of all comments, the Steering Committee had the benefit of developer responses, and focused their discussion on recurring concerns, specific measures and topic areas that were most controversial or that questioned positions the Committee had taken. The Committee made no changes to its measure recommendations.

Many of the comments were supportive of the work by NQF and the Steering Committee around the Cancer Endorsement Maintenance measures. Several themes emerged in the comments including:

1. Recommendations relating to measure 0031: Breast Cancer Screening (NCQA);
2. Request for harmonization and combination of measures 1859: KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy and 1860: Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies; and
3. Measure gaps.

Theme 1: Recommendations relating to measure 0031: Breast Cancer Screening (NCQA)

While there were relatively few comments on this measure, some were supportive of the measure as specified, while another expressed concern that the measure was not consistent with the U.S. Preventive Services Task Force (USPSTF) cancer screening guidelines. One commenter noted that every major medical organization (including the American Congress of Obstetricians and Gynecologists, American Cancer Society, American College of Radiology, American Society of Breast Surgeons, and the Society of Breast Imaging) recommends that women have mammograms beginning at age 40, and given that recommended endorsement of the measure as is. The commenter also suggested an alternative approach to remedy the issue of the conflicting guidelines - reporting of the measure could be stratified by age (40-49) and (50 and above). Another comment supported harmonization of this measure with the U.S. Preventive Services Task Force (USPSTF) cancer screening guidelines for screening of women beginning at age 50.

The measure developer expresses a willingness to consider revising the measure but must follow their development and approval process. Given this, they would not be able to provide an updated measure to NQF for review until the Spring of 2013.

Steering Committee Response:

- Steering Committee members stated that there is incontrovertible evidence regarding the utility of this measure for women aged 50 to 74; however, at present the benefits for women aged 40 to 49 are unclear.
- The Steering Committee agreed that quality measures must be supported by consistent, high-level evidence demonstrating that the focus of the measure is recommended, quality care. At present, there is conflicting evidence for which age range of women should receive biennial

mammogram screenings. The Steering Committee stated concern that given the conflicting guidelines, it would be difficult to endorse this measure for use for accountability purposes.

- The Steering Committee noted that there is a difference between a quality measure and good clinical practice; though, many providers still recommend biennial screening for women aged 40 to 49, quality measures (particularly those used for accountability purposes) should be based on consistent evidence rather than the current state of clinical care.
- The Steering Committee raised concerns that stratification of the measure by age, 40 to 49 and 50 to 74, does not address the issue of conflicting evidence. Stratifying the measure will result in the reported measure data on women aged 40 to 49 not being meaningful, and users of the measure will be unclear as to how to use the data. Steering Committee measures suggested that two separate measures addressing these age groups may be the most appropriate action to take, as guidelines indicate that providers for women aged 40 to 49 need to take into account variables such as the patient's family history and preferences for screening.

Taking into consideration the above discussion that occurred on the follow up conference call, Steering Committee members re-voted on the measure. In addition to the concerns about the inconsistency with the current evidence, the Committee also considered whether it would be possible to continue endorsement of the measure while NCQA updated the measure. Because of the length of time between this current review and when the updates could be provided, they could not support continued endorsement. NQF staff noted that after the measure is finalized by NCQA it may be reviewed in a project focusing on Cancer scheduled for 2014; they will also look for opportunities for the measure to be reviewed earlier in a different project if possible. Please see the draft report for full voting results and a summary of the discussion.

Theme 2: Request for harmonization and combination of measures 1859: KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy and 1860: Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Commenters stated that measures 1859 and 1860 should be harmonized and combined in order to capture testing and treatment with appropriate exclusions such as patient preference.

Steering Committee Response: The measures are harmonized to the extent possible as they use common definitions; however, the measures ultimately address different patient populations and it is appropriate for them to remain separate measures at this time.

Theme 3: Measure Gaps

Commenters indicated that several gaps exist in the NQF measure portfolio relating to Cancer. The noted gaps include the following:

- Measures capturing patient adherence to prescribed cancer medications or therapies.
- Composite measures addressing testing and use of HER2 status in treatment of breast cancer.

- Measures capturing disparities in care for patients with cancer (race, ethnicity, gender, language).

Steering Committee Response: The Steering Committee recommended inclusion of the aforementioned measure gaps as recommendations for future measure development.

NQF MEMBER VOTING

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted via the online voting tool.

Please note that voting concludes on Friday, August 31, 2012 at 6:00pm ET – no exceptions.