NATIONAL QUALITY FORUM

Cancer Endorsement Maintenance
Table of Submitted Measures
Phase I

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0210[1] Proportion receiving chemotherapy in the last 14 days of life	Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life	Patients who died from cancer and received chemotherapy in the last 14 days of life	Patients who died from cancer.	American Society of Clinical Oncology, ASCO
0211[1] Proportion with more than one emergency room visit in the last days of life	Percentage of patients who died from cancer with more than one emergency room visit in the last days of life	Patients who died from cancer and had >1 ER visit in the last 30 days of life	Patients who died from cancer.	American Society of Clinical Oncology, ASCO
0212[1] Proportion with more than one hospitalization in the last 30 days of life	Percentage of patients who died from cancer with more than one hospitalization in the last 30 days of life	Patients who died from cancer and had >1 hospitalization in the last 30 days of life	Patients who died from cancer.	American Society of Clinical Oncology, ASCO
0213[1] Proportion admitted to the ICU in the last 30 days of life	Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life	Patients who died from cancer and were admitted to the ICU in the last 30 days of life	Patients who died from cancer.	American Society of Clinical Oncology, ASCO
0214[1] Proportion dying from Cancer in an acute care setting	Percentage of patients who died from cancer dying in an acute care setting	Patients who died from cancer in an acute care hospital	Patients who died from cancer.	American Society of Clinical Oncology, ASCO
0215[1] Proportion not admitted to hospice	Percentage of patients who died from cancer not admitted to hospice	Patients who died from cancer without being admitted to hospice	Patients who died from cancer.	American Society of Clinical Oncology, ASCO

[1] Maintenance measure

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0216[1] Proportion admitted to hospice for less than 3 days	Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there	Patients who died from cancer and spent fewer than three days in hospice.	Patients who died from cancer who were admitted to hospice	American Society of Clinical Oncology, ASCO
0377[1] Myelodysplastic Syndrome (MDS) and Acute Leukemias – Baseline Cytogenetic Testing Performed on Bone Marrow	Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenic testing performed on bone marrow.	Patients who had baseline cytogenetic testing* performed on bone marrow Definition: *Baseline Cytogenetic Testing- Testing that is performed at time of diagnosis or prior to initiating treatment (transfusion, growth factors, or antineoplastic therapy) for that diagnosis.	All patients aged 18 years and older with a diagnosis of MDS or an acute leukemia	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
0378[1] Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	Percentage of patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores prior to initiating erythropoietin therapy	Patients with documentation* of iron stores prior to initiating erythropoietin therapy *Documentation includes either: bone marrow examination including iron stain OR serum iron measurement by ferritin or serum iron and TIBC	All patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
0379[1] Chronic Lymphocytic Leukemia (CLL) – Baseline Flow Cytometry	Percentage of patients aged 18 years and older with a diagnosis of CLL who had baseline flow cytometry studies performed	Patients who had baseline flow cytometry* studies performed Definition: *Baseline flow cytometry studies: Refer to testing that is performed at time of diagnosis or prior to initiating treatment for that diagnosis. Treatment may include antineoplastic therapy.	All patients aged 18 years and older with a diagnosis of Chronic Lymphocytic Leukemia (CLL)	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
0380[1] Multiple Myeloma – Treatment with Bisphosphonates	Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonates within the 12 month reporting period	Patients who were prescribed or received intravenous bisphosphonate therapy* within the 12 month reporting period. Definition: *Bisphosphonate Therapy: Includes the following medications: pamidronate and zoledronate	All patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI

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Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0381[1] **Oncology: Treatment Summary Communication – Radiation Oncology**	Percentage of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment	Patients who have a treatment summary* report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment Definition: *Treatment Summary: a report that includes mention of all of the following components: 1) dose delivered; 2) relevant assessment of tolerance to and progress towards the treatment goals; and 3)subsequent care plans Numerator Instructions: This measure should be reported once per course of radiation treatment – less than or equal to 30 days from the end of treatment.	All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
0382[1] **Oncology: Radiation Dose Limits to Normal Tissues**	Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues	Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues	All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
0383[1] **Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)**	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain	Patient visits that included a documented plan of care* to address pain Numerator Instructions: *A documented plan of care may include: use of opioids, nonopioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.	All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI

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0384[1] Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Patient visits in which pain intensity is quantified* * Pain intensity should be quantified using a standard instrument, such as a 0-10 numerical rating scale, a categorical scale, or the pictorial scale	All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
0386[1] Oncology: Cancer Stage Documented	Percentage of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period	Patients who have a baseline AJCC cancer stage* or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period Numerator Instructions: *Cancer stage refers to stage at diagnosis	All patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
0389[1] Prostate Cancer: Avoidance of Overuse Measure – Isotope Bone Scan for Staging Low-Risk Patients	Percentage of patients with a diagnosis of prostate cancer, at low risk of recurrence, receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Patients who did not have an isotope bone scan performed at any time since diagnosis of prostate cancer	All patients with a diagnosis of prostate cancer, at low risk of recurrence, receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy Risk strata definitions: Low Risk: PSA =10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a2 Intermediate Risk: PSA >10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk2 High Risk: PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinical stage T2c or greater; and not qualifying for very high risk2 Note: Only patients with prostate cancer with low risk of recurrence will be counted in the denominator of this measure	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0390[1] **Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients**	Percentage of patients with a diagnosis of prostate cancer, at high risk of recurrence, receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist)	Patients who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)	All patients with a diagnosis of prostate cancer, at high risk of recurrence, receiving external beam radiotherapy to the prostate Risk strata definitions: Low Risk: PSA =10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a2 Intermediate Risk: PSA >10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk2 High Risk: PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinical stage T3a or greater; and not qualifying for very high risk2 Note: Only patients with prostate cancer with high risk of recurrence will be counted in the denominator of this measure	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0561[1] **Melanoma Coordination of Care**	Percentage of patient visits, regardless of age, seen with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis.	Patient visits with a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis	All visits for patients, regardless of age, diagnosed with a new occurrence of melanoma	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
0562[1] **Overutilization of Imaging Studies in Melanoma**	Percentage of patients, regardless of age, with a current diganosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signes or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered	Patients for whom no diagnostic imaging studies* were ordered	All patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0625[1] **History of Prostate Cancer - Cancer Surveillance**	The percentage of men with definitively treated localized prostate cancer who had at least one PSA level in the past 12 months.	Men who had at least one PSA level in the past 12 months.	Men with localized prostate cancer who were treated with curative intent.	ActiveHealth Management
0650[1] **Melanoma Continuity of Care – Recall System**	Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month reporting period into a recall system that includes: • A target date for the next complete physical skin exam , AND • A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment	Patients whose information is entered, at least once within a 12 month period, into a recall system* that includes: • A target date for the next complete physical skin exam , AND • A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment	All patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma.	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
1790 Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer	Percentage of patients = 18 years of age undergoing elective lung resection (Open or VATS wedge resection, segmentectomy, lobectomy, bilobectomy, sleeve lobectomy, pneumonectomy) for lung cancer who developed any of the following postoperative complications: reintubation, need for tracheostomy, initial ventilator support > 48 hours, ARDS, pneumonia, pulmonary embolus, bronchopleural fistula, bleeding requiring reoperation, myocardial infarction or operative mortality.	Number of patients = 18 years of age undergoing elective lung resection for lung cancer who developed any of the following postoperative complications: reintubation, need for tracheostomy, initial ventilator support > 48 hours, ARDS, pneumonia, pulmonary embolus, bronchopleural fistula, bleeding requiring reoperation, myocardial infarction or operative mortality.	Number of patients = 18 years of age undergoing elective lung resection for lung cancer	Society for Thoracic Surgeons, STS

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
1853 **Radical Prostatectomy Pathology Reporting**	Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status.	Numerator: Radical prostatectomy pathology reports that include the pT category, the pN category, Gleason score and a statement about margin status ? Report the following CPT Category II code to confirm the inclusion of the designated elements in a radical prostatectomy pathology report: 3267F –pathology report	All radical prostatectomy pathology reports	College of American Pathologists, CAP
1854 **Barrett´s Esophagus**	Percentage of patients with esophageal biopsy reports for Barrett's esophagus that contain a statement about dysplasia.	Numerator: Esophageal biopsy reports with the histologic finding of Barrett's mucosa that contain a statement about dysplasia (present, absent, or indefinite.) 3125F Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite)	Denominator (Eligible Population): All esophageal biopsy reports that document the presence of Barrett's mucosa. CPT codes: • 88305 Level IV – Surgical pathology, gross and microscopic examination AND ICD-9 codes: • 530.85 Barrett's esophagus	College of American Pathologists, CAP

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Cancer Endorsement Maintenance
Table of Submitted Measures
Phase II

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0031[1] **Breast Cancer Screening**	Percentage of eligible women 40-69 who receive a mammogram in a two year period	One or more mammograms during the measurement year or the year prior to the measurement year.	Women 42–69 years of age	National Committee for Quality Assurance, NCQA
0219[1] **Post breast conservation surgery irradiation**	Percentage of female patients, age 18-69, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage I, II, or III, receiving breast conserving surgery who receive radiation therapy within 1 year (365 days) of diagnosis.	Radiation therapy to the breast is initiated within 1 year (365 days) of the date of diagnosis	Include, if all of the following characteristics are identified: Women Age 18-69 at time of diagnosis Known or assumed to be first or only cancer diagnosis Primary tumors of the breast Epithelial malignancy only AJCC Stage I, II, or III Surgical treatment by breast conservation surgery (surgical excision less than mastectomy) All or part of 1st course of treatment performed at the reporting facility Known to be alive within 1 year (365 days) of diagnosis	Commission on Cancer, American College of Surgeons, ACS

[1] Maintenance measure

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0220[1] **Adjuvant hormonal therapy**	Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage I, II, or III, who´s primary tumor is progesterone or estrogen receptor positive recommended for tamoxifen or third generation aromatase inhibitor (considered or administered) within 1 year (365 days) of diagnosis.	Hormone therapy is considered or administered within 1 year (365 days) of the date of diagnosis	Include if all of the following characteristics are identified: Women Age >=18 at time of diagnosis Known or assumed to be first or only cancer diagnosis Epithelial malignancy only Primary tumors of the breast AJCC T1c or Stage II or III Primary tumor is estrogen receptor positive or progesterone receptor positive All or part of 1st course of treatment performed at the reporting facility Known to be alive within 1 year (365 days) of date of diagnosis	Commission on Cancer, American College of Surgeons, ACS
0221[1] **Needle biopsy to establish diagnosis of cancer precedes surgical excision/resection**	Percentage of patients presenting with AJCC Stage Group 0, I, II, or III disease, who undergo surgical excision/resection of a primary breast tumor who undergo a needle biopsy to establish diagnosis of cancer preceding surgical excision/resection.	Patient whose date of needle biopsy precedes the date of surgery.	Women with AJCC Stage 0, I, II, or II breast cancer undergoing surgery: • Women • Age >=18 at time of diagnosis • Known or assumed first or only cancer diagnosis • Primary tumors of the breast • Epithelial invasive malignancy only • Surgically treated • Diagnosis and all or part of first course of treatment performed at the reporting facility	Commission on Cancer, American College of Surgeons, ACS
0222[2] **Patients with early stage breast cancer who have evaluation of the axilla**	Percentage of women with Stage I-IIb breast cancer that received either axillary node dissection or Sentinel Lymph Node Biopsy (SLNB) at the time of surgery (lumpectomy or mastectomy)	Number of women in the denominator that received either axillary node dissection or SLNB at the time of surgical resection of the primary tumor.	Number of women with diagnosis of stage I-IIb breast cancer that received either lumpectomy or mastectomy	Intermountain Healthcare, IMH

[2] Measure is recommended for endorsement removal

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0223[1] **Adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC III (lymph node positive) colon cancer**	Percentage of patients under the age of 80 with AJCC III (lymph node positive) colon cancer for whom adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery.	Chemotherapy is considered or administered within 4 months (120 days) of diagnosis	Include, if all of the following characteristics are identified: Age 18-79 at time of diagnosis Known or assumed to be first or only cancer diagnosis Primary tumors of the colon Epithelial malignancy only At least one pathologically examined regional lymph node positive for cancer (AJCC Stage III) All or part of 1st course of treatment performed at the reporting facility2 Known to be alive within 4 months (120 days) of diagnosis	Commission on Cancer, American College of Surgeons, ACS
0224[1] **Completeness of pathology reporting**	Percentage of patients with audited colorectal cancer resection pathology complete reports	Number of colorectal cancer resection pathology reports containing selected mandatory elements from the College of American Pathologists ("CAP") Cancer Checklist for Colorectal Resections, January 2005 revision. All of the following data elements must be present in a pathology report to be counted as positive in the numerator. The elements to be collected are as follows: 1.Specimen type/procedure 2.Tumor site 3.Tumor size 4.Histologic tumor type 5.Histologic grade 6.# nodes examined 7.# nodes involved 8.Proximal margin status 9.Distal margin status 10.Circumferential/radial margin status 11.Lymphatic (small vessel) invasion 12.Venous (large vessel) invasion 13.Staging information (pT)	All audited colorectal cancer resection pathology reports.	American College of Surgeons, ACS

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0225[1] **At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer**	Percentage of patients >18yrs of age, who have primary colon tumors (epithelial malignancies only), experiencing their first diagnosis, at AJCC stage I, II or III who have at least 12 regional lymph nodes removed and pathologically examined for resected colon cancer.	>=12 regional lymph nodes pathologically examined.	Include, if all of the following characteristics are identified: Age >=18 at time of diagnosis Known or assumed to be first or only cancer diagnosis Primary tumors of the colon Epithelial malignancy only AJCC Stage I, II, or III Surgical resection performed at the reporting facility	Commission on Cancer, American College of Surgeons, ACS
0387[1] **Oncology: Hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer**	Percentage of female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period	Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period Definition: Prescribed may include prescription given to the patient for tamoxifen or aromatase inhibitor (AI) at one or more visits in the 12-month period OR patient already taking tamoxifen or aromatase inhibitor (AI) as documented in the current medication list.	All female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer.	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI
0391[1] **Breast Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade**	Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade	Reports that include the pT category, the pN category and the histologic grade	All breast cancer resection pathology reports (excluding biopsies)	American Medical Association- Physician Consortium for Performance Improvement, AMA-PCPI

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Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
0559[1] **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**	Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage T1c, or Stage II, or III, who´s primary tumor is progesterone and estrogen receptor negative recommended for multiagent chemotherapy (considered or administered) within 4 months (120 days) of diagnosis.	Combination chemotherapy is considered or administered within 4 months (120 days) of the date of diagnosis	Women under the age of 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer: • Women • Age 18-69 at time of diagnosis • Known or assumed first or only cancer diagnosis • Primary tumors of the breast • Epithelial invasive malignancy only • AJCC T1cN0M0, or Stage II or III • Primary tumor is estrogen receptor negative and progesterone receptor negative • All or part of first course of treatment performed at the reporting facility • Known to be alive within 4 months (120 days) of diagnosis	American College of Surgeons, ACS
0572[2] **Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy**	To ensure that all eligible members who have been newly diagnosed and resected with colorectal cancer receive a follow-up colonoscopy within 15 months of resection.	Members receiving a colonoscopy, sigmoidoscopy, or protoscopy as appropriate during the 15 months after the index date. Note: Index date is defined as the first instance of denominator criterion A or B. Time Window: The 15 months after the index date.	Continuously enrolled members who are status post resection of colorectal cancer during the year ending 15 months prior to the measurement year. Time Window: The one year period ending 15 months prior to the measurement year.	Health Benchmarks—IMS Health
0623[1] **History of Breast Cancer - Cancer Surveillance**	The percentage of women with a history of breast cancer treated with curative intent who had breast or chest wall surveillance in the past 12 months.	Women with a history of breast cancer treated with curative intent who had breast or chest wall surveillance in the past 12 months.	Women with a history of breast cancer who have been treated with curative intent.	ActiveHealth Management

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
1855 Quantitative HER2 evaluation by IHC uses the system recommended by the ASCO/CAP guidelines	Percentage of patients with quantitative breast tumor HER2 IHC evaluation using the ASCO/CAP recommended manual system or a computer-assisted system consistent with the optimal algorithm for HER2 testing as described in the ASCO/CAP guidelines.	Breast cancer patients receiving quantitative breast tumor HER2 IHC evaluation using the ASCO/CAP recommended manual system or a computer-assisted system consistent with the optimal algorithm for HER2 testing as described in the ASCO/CAP guideline *	All breast cancer patients with quantitative breast tumor evaluation by HER2 IHC ICD-9 diagnosis codes for breast cancer: 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.7, 174.8, 174.9, 175.0, 175.9 AND CPT codes: Quantitative IHC Evaluation – 88360 or 88361 (The CPT descriptor for 88360 and 88361 is, "Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semi-quantitative, each antibody.")	College of American Pathologists, CAP
1857 Trastuzumab not administered to patients with AJCC stage I (T1c) – III, human epidermal growth factor receptor 2 (HER2) positive breast cancer	Percentage of adult patients (aged 18 or over) with invasive breast cancer that is HER2/neu negative who are not administered trastuzumab	Trastuzumab not administered during the initial course of treatment	Adult women with AJCC stage I (T1c) – III, HER2/neu negative breast cancer	American Society of Clinical Oncology, ASCO
1858 Trastuzumab administered to patients with AJCC stage I (T1c) – III, human epidermal growth factor receptor 2 (HER2) positive breast cancer	Percentage of adult patients (aged 18 or over) with invasive breast cancer that is HER2/neu positive who are administered trastuzumab	Trastuzumab administered within 4 months of diagnosis	Adult women with AJCC stage I (T1c) –III, HER2/neu positive breast cancer who receive chemotherapy	American Society of Clinical Oncology, ASCO

Measure ID Number/Title	Measure Description	Numerator	Denominator	Measure Steward
1859 KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom KRAS gene mutation testing was performed	KRAS gene mutation testing performed before initiation of anti-EGFR MoAb	Adult patients with metastatic colorectal cancer who receive anti-EGFR monoclonal antibody therapy	American Society of Clinical Oncology, ASCO
1860 Anti-epidermal growth factor receptor monoclonal antibody therapy not received by metastatic colorectal cancer patients with KRAS gene mutation	Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who have a KRAS gene mutation for whom anti-EGFR monoclonal antibody therapy was not received	Anti-EGFR monoclonal antibody therapy not received	Adult patients with metastatic colorectal cancer who have a KRAS gene mutation	American Society of Clinical Oncology, ASCO
1878 Human epidermal growth factor receptor 2 (HER2) testing in breast cancer	Percentage of adult patients (aged 18 or over) with invasive breast cancer who receive human epidermal growth factor receptor 2 (HER2) testing	HER2/neu testing performed	Adult women with invasive breast cancer	American Society of Clinical Oncology, ASCO