



TO: Executive Committee
FR: Helen Burstin, Chief Scientific Officer
Marcia Wilson, Senior Vice President, Quality Measurement
RE: Ratification of Measures for the Cancer Project 2015-2017
DA: October 19, 2016

ACTION REQUIRED

The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse measures for the current phase of the Cancer Project. All of the recommended measures approved by the CSAC are listed below.

Measures Evaluated:

The [Project Standing Committee](#) evaluated 18 measures: three new measures and 15 measures undergoing maintenance review against NQF's standard evaluation criteria. Four measures were withdrawn from consideration at the request of the measure developers before Committee review and after the comment period.

Consensus Process

Standing Committee: The Committee recommended 13 measures for endorsement, two measures for continued endorsement with reserve status, and three measures were not recommended.

Member Voting: A total of 16 member organizations voted on the measures. All 15 of the recommended measures were approved with 80% approval or higher. No votes were received from the Public & Community Health Agency and Supplier/Industry Councils.

CSAC: The CSAC voted to recommend 13 measures for endorsement and two measures for inactive endorsement with reserve status. The CSAC memo and Member voting results for this project may be accessed at this [link](#); the project report may be accessed at this [link](#).

Measures Recommended:

- [0219](#): 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.
- [0220](#): Adjuvant hormonal therapy. Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage T1cN0M0, IB to III, who's primary tumor is progesterone or estrogen receptor positive with tamoxifen or third

generation aromatase inhibitor (recommended or administered) within 1 year (365 days) of diagnosis.

- [0223](#): Adjuvant Chemotherapy is Recommended or Administered within 4 Months (120 days) of Diagnosis 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 recommended and not received or administered within 4 months (120 days) of diagnosis.
- [0225](#): 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), at AJCC stage I, II or III who have at least 12 regional lymph nodes removed and pathologically examined for resected colon cancer.
- [0377](#): Hematology: 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 myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow.
- [0378](#): Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy. Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) who are receiving erythropoietin therapy with documentation of iron stores within 60 days prior to initiating erythropoietin therapy.
- [0389](#): Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients. Percentage of 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 who did not have a bone scan performed at any time since diagnosis of prostate cancer.
- [2963](#): Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients - Legacy eMeasure. Percentage of 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 who did not have a bone scan performed at any time since diagnosis of prostate cancer.
- [0390](#): Prostate Cancer: Adjuvant Hormonal Therapy for High or Very High Risk Prostate Cancer Patients. Percentage of 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 who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist).

- [0508](#): Diagnostic Imaging: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms. Percentage of final reports for screening mammograms that are classified as “probably benign”.
- [0509](#): Diagnostic Imaging: Reminder System for Screening Mammograms. Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram.
- [0559](#): Combination chemotherapy is recommended 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. Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage T1cN0M0 (tumor greater than 1 cm), or Stage IB -III, whose primary tumor is progesterone and estrogen receptor negative recommended for multiagent chemotherapy (recommended or administered) within 4 months (120 days) of diagnosis.
- [2930](#): Febrile Neutropenia Risk Assessment Prior to Chemotherapy. Percentage of patients with a solid malignant tumor or lymphoma who had a febrile neutropenia (FN) risk assessment completed and documented in the medical record prior to the first cycle of intravenous chemotherapy.

Measures Recommended for Inactive Endorsement with Reserve Status:

- [1878](#): HER2 Testing for Overexpression or Gene Amplification in Patients with Breast Cancer. Proportion of female patients (aged 18 years and older) with breast cancer who receive human epidermal growth factor receptor 2 (HER2) testing for overexpression or gene amplification.
- [1857](#): HER 2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies. Proportion of female patients (aged 18 years and older) with breast cancer who are human epidermal growth factor receptor 2 (HER2)/neu negative who are not administered HER2-targeted therapies.

Measures Not Recommended:

- [0459](#): Risk-Adjusted Length of Stay >14 Days after Elective Lobectomy for Lung Cancer. Percentage of patients aged 18 years and older undergoing elective lobectomy for lung cancer who had a prolonged length of stay >14 days.
- [0460](#): Risk-Adjusted Morbidity and Mortality for Esophagectomy for Cancer. Percentage of patients aged 18 years and older undergoing elective esophagectomy for esophageal cancer who developed any of the following postoperative conditions: bleeding requiring reoperation, anastomosis leak requiring medical or surgical treatment, reintubation, ventilation >48 hours, pneumonia, or discharge mortality.

- [2936](#): Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy. Measure estimates hospital-level, risk-adjusted rates of inpatient admissions or ED visits for cancer patients >18 years of age for at least one of the following diagnoses— anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis—within 30 days of hospital outpatient chemotherapy treatment. The two rates are calculated and reported separately.