

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

| Medical Oncology Core Measure Set | | | | |
|--|--|--|--------------------------|--|
| NQF # | Measure Name | Measure Steward | Level of Analysis | Consensus Agreement / Notes |
| <i>Breast Cancer</i> | | | | |
| 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 | Consensus to include measure in core set if data needed for this measure is available through EHR or provider self-report with audit. |
| 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 | Consensus to include measure in core set. |
| 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 | Consensus to include measure in core set. |
| <i>Colorectal Cancer</i> | | | | |
| 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 | Consensus to include measure in core set if data needed for this measure is available through EHR or provider self-report with audit. <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 | Consensus to include measure in core set. |

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

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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.