Webinar Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email
Introducing our Moderator

Frederick (Rick) Greene MD, FACS
Introducing our Presenter

Daniel Boffa MD, FACS
Content Engineers

Daniel J. Boffa
Quality Integration Comm

James B. Harris
Accreditation Integration Comm

Sharon Lum
Quality Integration Comm

Ryan McCabe
Quality Integration Comm

Bryan Palis
NCDB
Changes to the CoC Quality Measures

Daniel J. Boffa, MD, FACS

Quality Integration Comm
Disclosures

- Boffa = Epic Sciences – ran experiments for free
Disclaimer – This Session

• Best available information
• Likely changes

• Complex
• Information Technology
• Link with accreditation

• Learning what is important to you
Quality Measure
A high-priority best practice in cancer care
- performance tracked by the CoC
- shared with member institutions
Quality Measure

A high-priority best practice in cancer care
- performance tracked by the CoC
- shared with member institutions
Quality Measure

A high-priority best practice in cancer care
- performance tracked by the CoC
- shared with member institutions
A high-priority best practice in cancer care performance tracked by the CoC - shared with member institutions.
A high-priority best practice in cancer care performance tracked by the CoC - shared with member institutions.
“Tracked”

- Compliance rate calculated for each CoC hospital
- Summary statistics generated
A high-priority best practice in cancer care performance tracked by the CoC is shared with member institutions.
Commission on Cancer Standard

- Something CoC asks hospitals to do, that impacts CoC accreditation status
Commission on Cancer Standard

• Something CoC asks hospitals to do, that impacts CoC accreditation status

• A subset of measures (around 6-9) are a part of a standard (7.1)
Commission on Cancer Standard

- Something CoC asks hospitals to do, that impacts CoC accreditation status
- A subset of measures (around 6-9) are a part of a standard (7.1)
- Low Compliance with a subset of the quality measures will impact accreditation status
Quality measures

→ 2022 →
Quality Measure Portfolio past → future

- Renovation
- 23 measures → 30 optimized measures
23 CoC Measures
Lung x 3
Gastric x 1
Colorectal x 3
Breast x 6
Bladder x 3
Gyne x 7
Step 1
“Walls of the Box”
Size, Scale, Scope
“lens” dashboard
user

Step 2
Sites to be covered
Priority for
Measures

Step 3
Identify
Ineffective
Measures

Step 4
Measure
Development

Birth
Implement New
Measure and include
RCRS
- 10 disease teams
- Propose 3 feasible measures
Sites Covered “Disease-team” approach

- Breast
- Thoracic
- Genitourinary
- Gyne-Onc
- GI
- Colorectal
- Hepatopancreaticobiliary
- Head and Neck
- Melanoma/Sarcoma/mixed tissue
- Neuro-onc
## Priority Checklist

<table>
<thead>
<tr>
<th>Importance</th>
<th>Impact</th>
<th>Feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dashboard</td>
<td>Case Count</td>
<td>Coverage</td>
</tr>
<tr>
<td>Disease Team Leader</td>
<td>Survival</td>
<td>Variable Availability</td>
</tr>
<tr>
<td>Patient (PRO)</td>
<td>Disparity</td>
<td>CTR Effort</td>
</tr>
<tr>
<td>C suite</td>
<td>Compliance</td>
<td>Tied to Standard</td>
</tr>
<tr>
<td></td>
<td>Multiple Processes</td>
<td>Durably Relevant</td>
</tr>
</tbody>
</table>
23 CoC Measures
2020

30 Optimized CoC Measures
23 CoC Measures
2020

30 Optimized CoC Measures
Quality Measure Portfolio

23 CoC Measures
2020

9 tied to standards
Quality Measure Portfolio

23 CoC Measures
2020

9 tied to standards

Introduction of Rapid Cancer Reporting System (RCRS)
- During COVID-19
- During renovation of portfolio
Introduction of Rapid Cancer Reporting System (RCRS) - During COVID-19
Renovation of portfolio
11 CoC Measures (2021)

9 tied to standards

Reviewed by Disease Teams for optimization
The 2022 launch

- **5 new measures** → approved by QIC full vote
  - Circumferential **rectal** margin >1mm
  - Neoadjuvant chemo T2poor diff, >T3, or N(+) **gastric or esoph** ca
  - Post op radiation within 6 weeks **head and neck** SCC
  - **Melanoma** adjuvant immune or targeted stage IIIb-d resected
  - **Breast** conserving surgery or mastectomy within 60 days of diagnosis cStage I-III breast CA nonneoadjuvant
16 CoC Measures (2022)

9 tied to standards
$N = 655,000$ pts/year
Colorectal x 3
Breast x 1
Esophageal gastric x 1
Head and Neck x 1
Melanoma x 1
Colorectal x 3
New Breast Quality Measure
First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC Clinical Stage I-III breast cancer.
Time to Treatment: Measuring Quality Breast Cancer Care

Amy C. Polverini, MD, Rebecca A. Nelson, PhD, Emily Marcinkowski, MD, Joanne E. Mortimer, MD, Lesley Taylor, MD, Courtney Vito, MD, John Y

City of Hope National Medical Center, Duarte, CA

Time to Surgery Stage All

Survival Probability vs. Overall Survival (Years)

- > 12 weeks

Survival: 1-yr, 3-yr, 5-yr

Log-rank p-value: <.0001
Breast surgery within 60 days of diagnosis:

- DX 2019 Performance Rate: 78.46%
- Measure Eligible Cases (non-neoadjuvant):
  - 104,193
- Hospital N:
  - 1310/1312
- Numerator compliant cases by facility:
  - 62.31%
Breast surgery within 60 days of diagnosis

<table>
<thead>
<tr>
<th>Item</th>
<th>Selection Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Site</td>
<td>Breast: C50.0, C50.1, C50.2, C50.3, C50.4, C50.5, C50.6, C50.8, C50.9</td>
</tr>
<tr>
<td>Diagnosed 2019</td>
<td>Dx year 2019 (n = 262,572)</td>
</tr>
<tr>
<td>Histology – Epithelial tumors which can be staged according to AJCC (same histology list as all breast measures)</td>
<td>Stageable histologies for breast: For Dx year ≥ 2018 AJCC8: 8022, 8032, 8035, 8041, 8070, 8201, 8211, 8246, 8290, 8314, 8315, 8410, 8430, 8480, 8500, 8502, 8503, 8504, 8507, 8509, 8510, 8513, 8520, 8525, 8530, 8540, 8550, 8570, 8571, 8572, 8574, 8575, 8982, 8983 (n = 248,444)</td>
</tr>
<tr>
<td>Age</td>
<td>Age ≥ 18 (n = 248,437)</td>
</tr>
<tr>
<td>Behavior</td>
<td>Invasive (3) (n = 201,962)</td>
</tr>
<tr>
<td>Class of Case</td>
<td>All or part of first course Rx at the reporting facility (10-22) (n = 192,008)</td>
</tr>
<tr>
<td>Exclude clinical stage 0, IV</td>
<td></td>
</tr>
<tr>
<td>Exclude patients who died less than 60 days from dx without surgery</td>
<td>Exclude vital_status=0 and surgery code 00 or 99, last contact ≤ 60 days from dx (n = 181,751)</td>
</tr>
<tr>
<td>Receipt of breast conserving surgery or mastectomy including reconstruction at this facility</td>
<td>RX_HOSP_SURG_PRIM_SITE (20-80) (n = 147,133)</td>
</tr>
<tr>
<td>Exclude any neo-adjuvant (chemo, endo, or pre-op RT)</td>
<td>(n = 132,072)</td>
</tr>
<tr>
<td>Only 1 operation (using index vs definitive surgery dates) Biopsy (code 2 surgical diagnostic and staging proc)</td>
<td>(n = 104,193)</td>
</tr>
<tr>
<td>Numerator</td>
<td>First breast surgery (code 20+) at this facility AND first surgical procedure within 60 days of diagnosis</td>
</tr>
</tbody>
</table>
New Colorectal Quality Measure
Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin for Rectal Resections
Survival by Circumferential Rectal Margin

5-year overall survival

CRM > 1 mm
CRM 0.1-1.0 mm
CRM 0 mm

all p-values < 0.001

Months after diagnosis
<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Rate</td>
<td>89.25%</td>
</tr>
<tr>
<td>Measure Eligible Cases (non-neoadjuvant)</td>
<td>7830</td>
</tr>
<tr>
<td>Hospital N</td>
<td>965/986</td>
</tr>
<tr>
<td>Numerator compliant cases by facility (mean)</td>
<td>7.31</td>
</tr>
<tr>
<td>Item</td>
<td>Selection Criteria</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Primary Site</td>
<td>Rectum (C209)</td>
</tr>
<tr>
<td>Ownership code</td>
<td>NOT IN '45'</td>
</tr>
<tr>
<td>DX Year starting in 2019</td>
<td>IN 2019</td>
</tr>
<tr>
<td>Sex</td>
<td>All (no selection)</td>
</tr>
<tr>
<td>Sequence</td>
<td>First tumor or first of multiple primaries (00.01)</td>
</tr>
<tr>
<td>Histology - Adenocarcinoma</td>
<td>Adenocarcinoma stageable histologies for rectum: &quot;For Dx Year ≥ 2018 AJCC 8th ed: 8140, 8265, 8480, 8481&quot;</td>
</tr>
<tr>
<td>Age</td>
<td>18 and older (≥18)</td>
</tr>
<tr>
<td>Behavior</td>
<td>invasive (3)</td>
</tr>
<tr>
<td>Class of Case</td>
<td>All or part of first course Rx at the reporting facility (10-22)</td>
</tr>
<tr>
<td>Stage: exclude clin stage 4 and exclude if all: clin/path/post stage 0.</td>
<td>Exclude Clinical Stage Group 4 or Clinical M1. Only clin stage 4. Exclude if all: Clinical, pathologic and post stage = 0 by Group Stage or TNM Incomplete if can’t determine stage by TNM or by Stage Group</td>
</tr>
<tr>
<td>Surgical Resection of the Primary Site at this Facility</td>
<td>Any surgical excision or resection (30-80) at this facility</td>
</tr>
</tbody>
</table>

**Numerator:**
- Involved Circumferential Margin (<1 mm from the tumor to the inked, non-serosalized resection margin)
  - Negative CRM ≥1 mm = (1.0-99.9, XX.0, XX.1,XX.3-XX.6) = Comp
  - Positive CRM <1 mm (=0.0-0.9)= ′Rx
  - Unknown (XX.2,XX.7-XX.9, invalid)= incomplete CRM missing = incomplete

Compliant: 6,988 (89.25%, 956 Hosp.)
Non-Compliant: 842
986 Hosp in Denominator
Incomplete: 1,092
(Incomplete not included in denominator)
New Melanoma Quality Measure
Melanoma adjuvant systemic therapy was administered within 6 months of Surgery or recommended for eligible patients with Stage IIIb-d resected melanoma.
Melanoma adjuvant immune or targeted stage IIIb-d resected

**DX 2019 Performance Rate**
- 76.72%

**Measure Eligible Cases (non-neoadjuvant)**
- 1,780

**Hospital N**
- 562/643 Numerator compliant cases by facility
Melanoma adjuvant immune or targeted stage IIIb-d resected

<table>
<thead>
<tr>
<th>Item</th>
<th>Selection Criteria</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary site - skin</td>
<td>Melanoma of the Skin = C44.0, C44.1, C44.2, C44.3, C44.4, C44.5, C44.6, C44.7, C44.8, C44.9, C51.0, C51.1, C51.2, C51.8, C51.9, C60.0, C60.1, C60.2, C60.8, C60.9, C63.2</td>
<td>1,180,097</td>
</tr>
<tr>
<td>Ownership code</td>
<td>NOT IN '45'</td>
<td>1,144,107</td>
</tr>
<tr>
<td>DX_year</td>
<td>2019</td>
<td>79,013</td>
</tr>
<tr>
<td>Sequence</td>
<td>First tumor or first of multiple primaries (00,01)</td>
<td>58,488</td>
</tr>
<tr>
<td>Histology – melanoma which can be staged according to AJCC</td>
<td>stageable histologies for melanoma: For Dx Year ≥ 2018 AJCC 8th ed: 8720, 8721, 8742, 8743, 8744, 8745, 8761, 8780, 8723, 8730, 8770, 8771, 8772</td>
<td>47,597</td>
</tr>
<tr>
<td>Age</td>
<td>18 and older (18 to 80 per measure specs)</td>
<td>42,335</td>
</tr>
<tr>
<td>Behavior</td>
<td>invasive (3)</td>
<td>31,360</td>
</tr>
<tr>
<td>Class of Case</td>
<td>All or part of first course Rx at the reporting facility (10-22)</td>
<td>30,782</td>
</tr>
<tr>
<td>Stage:</td>
<td>For Dx Year ≥ 2018 AJCC 8th ed: Stage IIIb-d by path</td>
<td>2,559</td>
</tr>
<tr>
<td>Chemotherapy or Immunotherapy</td>
<td>NOT IN 82</td>
<td>2,536</td>
</tr>
<tr>
<td>Excision of the lesion at any facility</td>
<td>Surgical Procedure of Primary Site 30 — 90 NOS</td>
<td>2,320 (N Hosp= 643)</td>
</tr>
<tr>
<td>Numerator:</td>
<td>Discuss adjuvant therapy for patients with resected melanoma (immunotherapy or targeted therapy) Chemo 85-88 OR BRM 85-88 (considered) OR 01-03 (administered within 6 months of surgery) AS compliant 00 and 99 (non-compliant)</td>
<td>1,780 (76.72%, N Hosp= 562)</td>
</tr>
</tbody>
</table>
New Gastroesophageal Quality Measure
Neoadjuvant therapy (including chemotherapy and/or chemoradiation therapy) is administered within 120 days preoperatively for patients with AJCC cT2+ or N >0,M0 gastric, or esophageal carcinoma or gastroesophageal junction (T > cT2 and poor differentiation) or (cT > T3) or (cN>0), age 18-79
Kaplan–Meier Plots of Estimated Overall 5-Year Survival.

Gastroesophageal cancer: neoadjuvant chemo or chemoradiation admin

- DX 2019 Performance Rate: 65.94%
- Measure Eligible Cases: 3,368
- Hospital N: 659/802 Numerator compliant cases by facility: 3.37
<table>
<thead>
<tr>
<th>Item</th>
<th>Selection Criteria</th>
<th>Case Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Site: Gastric, Gastroesophageal junction, and Esophagus</strong></td>
<td><em>Gastric:</em> C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9; <em>OR Gastroesophageal junction:</em> C160 (Schema Discriminator1=0,3,9: gastric, Schema Discriminator1=2: esophagus); <em>OR Esophagus:</em> C15.0, C15.1, C15.2, C15.3, C15.4, C15.5, C15.8, C15.9;</td>
<td>33,677</td>
</tr>
<tr>
<td><strong>Diagnosed in 2018 or later</strong></td>
<td>Dx_Year ≥ 2018</td>
<td>33,677</td>
</tr>
<tr>
<td><strong>Adult patients aged 18-79 years old at diagnosis</strong></td>
<td>018-79</td>
<td>28,188</td>
</tr>
<tr>
<td><strong>First or only cancer diagnosis of malignant neoplasm</strong></td>
<td>00, 01</td>
<td>23,413</td>
</tr>
<tr>
<td><strong>Invasive tumor</strong></td>
<td>3</td>
<td>23,158</td>
</tr>
<tr>
<td><strong>All or part of the first course of treatment</strong></td>
<td>10, 11, 12, 13, 14, 20, 21, 22</td>
<td>20,814</td>
</tr>
<tr>
<td><strong>Adenocarcinoma</strong></td>
<td><em>Gastric adenocarcinoma:</em> C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9, and (C16.0 with Schema Discriminator1 = 0,3,9): 8148, 8140, 8144, 8145, 8260, 8211, 8480, 8214, 8490, 8255, 8560, 8576, 8510, 8244; <em>OR Esophageal adenocarcinoma:</em> C15.0, C15.1, C15.2, C15.3, C15.4, C15.5, C15.8, C15.9: 8148, 8140, 8200, 8430, 8244; <em>OR Gastroesophageal adenocarcinoma:</em> C16.0 with Schema Discriminator1 = 2: 8148, 8140, 8200, 8430, 8244, and (8020 only if Schema Discriminator2=2);</td>
<td>14,557</td>
</tr>
<tr>
<td><strong>Select Clinical:</strong> Gastric: AJCC cT2+ or cN1+, cM0; or Esophageal or gastroesophageal junction (cT2 and poor differentiation) or cT3+ or cN1+, cM0;</td>
<td><em>Gastric:</em> Clinical: T2, T3, T4, T4a, T4b, any N, M0; or Clinical: any T, N1, N2, N3, N3a, N3b, M0; <em>OR Esophagus:</em> Clinical: T2 and Clinical Grade = 3, any N, M0; or Clinical: T3, T4, T4a, T4b, any N, M0; or Clinical: any T, N1, N2, N3, M0</td>
<td>5,652</td>
</tr>
<tr>
<td><strong>Gastric/esophagus resection cases at any facility</strong></td>
<td>30-80</td>
<td>3,515</td>
</tr>
<tr>
<td><strong>Exclude if chemotherapy is not recommended</strong></td>
<td>Chemotherapy not = 82</td>
<td>3,506</td>
</tr>
<tr>
<td><strong>Remove invalid dates/other not eligible cases</strong></td>
<td>Date of Most Definitive Surgical Resection of the Primary Site must be valid; <strong>AND</strong> if Chemotherapy 1-3 then Date of Chemotherapy must be valid; **AND if Phase I Radiation Treatment Modality [01-16, 98, or (99 with Phase I External Beam Planning Technique 98)] then Date of Radiation must be valid; <strong>AND</strong> remove if Chemotherapy 1-3 and Date of Most Definitive Surgical Resection of the Primary Site - Date of Chemotherapy &gt; 0 and ≤ 120 and Phase I Radiation Treatment Modality [NOT = 01-16, 98, or (99 with Phase I External Beam Planning Technique not = 98)]</td>
<td>3,368</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Neo-adjuvant chemotherapy administered within 120 days preoperatively (no radiation, or RT considered), or chemo-radiation both administered within 120 days preoperatively</td>
<td>2,221</td>
</tr>
</tbody>
</table>

**Gastroesophageal cancer: neoadjuvant chemo or chemoradiation admin**
New Head and Neck Quality Measure
New Head and Neck Measure

Time to initiation of postoperative radiation therapy less than 6 weeks for patients with surgically-managed head and neck squamous cell carcinoma
Impact of Adjuvant Radiation Delay > 6 Weeks

Graboyes EM et al, *Cancer* 2017
Impact of Treatment Package Time*

*Adjuvant RT duration is 5-7 weeks (package time = surgery to completion of RT)
Chen MM et al, *Otolaryngol Head Neck Surg* 2018
Head and Neck Ca: Radiation timing

DX 2019 Performance Rate 28.52%

Measure Eligible Cases
- 4,491

Hospital N
- 376/565 Numerator compliant cases by facility 376/565
<table>
<thead>
<tr>
<th>Item</th>
<th>Selection Criteria</th>
<th>Case Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis of Oral Cavity, Larynx, or Oropharynx/Hypopharynx cancer</td>
<td><strong>Oral Cavity</strong> = C00.0-C00.6, C00.8, C00.9, C02.0-C02.3, C02.8, C02.9, C03.0, C03.1, C03.9-C04.1, C04.8-C05.0, C05.8-C06.2, C06.8, C06.9, C07.9-C08.1, C08.8, C08.9, C14.0, C14.2, C14.8;</td>
<td>53,276</td>
</tr>
<tr>
<td></td>
<td><strong>Larynx</strong> = C10.1, C32.0-C32.3, C32.8, C32.9; <strong>Oropharynx and Hypopharynx</strong> = C01.9, C02.4, C05.1, C05.2, C09.0, C09.1, C09.8-C10.0, C10.2-C10.4, C10.8, C10.9, C12.9, C13.0-C13.2, C13.8, C13.9;</td>
<td></td>
</tr>
<tr>
<td>Diagnosed on or after 2018</td>
<td>Dx_Year≥2018</td>
<td>53,276</td>
</tr>
<tr>
<td>Adult patient at diagnosis</td>
<td>&gt; 018</td>
<td>53,159</td>
</tr>
<tr>
<td>First or only diagnosis of malignant or nonmalignant neoplasm</td>
<td>00, 01</td>
<td>40,131</td>
</tr>
<tr>
<td>Squamous cell carcinoma tumors which can be staged, according to AJCC:</td>
<td>For primary sites: C00.0 - C00.6, C00.8, C00.9, C01.9 - C02.4, C02.8 - C03.1, C03.9 - C04.1, C04.8 - C05.2, C05.8 - C06.2, C06.8, C06.9, C09.0, C09.1, C09.8 - C10.3, C10.8, C10.9, C12.9 - C13.2, C13.8, C13.9, C32.0 - C32.2, C32.8, C32.9, histology: 8051, 8052, 8070 - 8074, 8082 - 8084, 8560 For primary sites: C07.9 – C08.1, C08.8, C08.9, C10.4, C14.0, C14.2, C14.8, C32.3, histology: 8051, 8052, 8070 - 8074, 8082 - 8084 For primary sites: C10.1, C32.0 - C32.2, C32.8, C32.9, histology: 8045</td>
<td>34,731</td>
</tr>
<tr>
<td>Invasive tumors</td>
<td>3</td>
<td>33,905</td>
</tr>
<tr>
<td>Exclude cases with clinical or pathologic stage 0 disease and evidence of metastatic disease</td>
<td>AJCC8 Stage Group ≠0; and AJCC8 Stage Group ≠0; and AJCC8 pM≠1; and AJCC8 cM≠1</td>
<td>31,009</td>
</tr>
<tr>
<td>All or part of the first course of treatment was performed at the reporting facility</td>
<td>10-22</td>
<td>27,913</td>
</tr>
<tr>
<td>Surgically treated cases at this facility</td>
<td>30-80</td>
<td>9,939</td>
</tr>
<tr>
<td>Patient reported living within the treatment timeframe period of 42 days from date of surgery</td>
<td># Elapsed days between Surgery and Last Contact &gt;42 OR Vital Status=1</td>
<td>9,825</td>
</tr>
<tr>
<td>Curative intent - exclude palliative therapy</td>
<td>Palliative Care = 0</td>
<td>9,753</td>
</tr>
<tr>
<td>Adjuvant radiation therapy to head and neck external beam to exclude brachy, SBRT, etc</td>
<td>Phase I Radiation Treatment Modality= 01-06 and Date Radiation Started &gt;= Date of Most Definitive Surgical Resection</td>
<td>4,491</td>
</tr>
<tr>
<td>Numerator</td>
<td>Phase I Radiation Treatment Modality= 01-06 and #Elapsed days between Surgery and Date Radiation Started &lt;42;</td>
<td>1,281</td>
</tr>
</tbody>
</table>
Quality measures

2023
Disclaimer – This Webinar

• Best available information
• Likely changes

• Complex
• Information Technology
• Link with accreditation

• Learning what is important to you
Disclaimer – This Webinar

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  • Likely changes

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  • Information Technology
  • Link with accreditation

• Learning what is important to you
Planned Changes in 2023

• 5 Standards → Feasible revisions proposed
  • Radiation after breast conserving surgery
  • Pre or post chemorads for rectal ca
  • 15 nodes for gastric ca
  • Adjuvant chemo after resection of lung ca
  • Breast – chemo/immuno within 120d stage IB-III hormone recep (-)
Planned Changes in 2023

- 5 Standards → **Feasible revisions proposed**
  - Radiation after breast conserving surgery
  - Pre or post chemorads for rectal ca
  - 15 nodes for gastric ca
  - Adjuvant chemo after resection of lung ca
  - Breast –chemo/immuno within 120d stage IB-III hormone recep (-)

- Resurrect Gyne Measure
Resurrect – GYNE Measure

12 Retired
RCRS went live
12 Retired RCRS went live

Brachytherapy for curative-intent cervical cancer (any stage) = OPTIMAL!
Colorectal x 4
Breast x 2
Esophageal gastric x 2
Head and Neck x 1
Lung x 1
Melanoma x 1
Gyne x 1
15 CoC Measures (2023)
Disclaimer – This Webinar

• Best available information
  • Likely changes

• Complex
  • Information Technology
  • Link with accreditation

• Learning what is important to you
<table>
<thead>
<tr>
<th>Measure</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast – Surgery ≤60 days cStage I-III (no neoadjuvant)</td>
<td>New</td>
</tr>
<tr>
<td>Breast - XRT within a year after MRM with 4(+) nodes</td>
<td>Keep</td>
</tr>
<tr>
<td>Breast – radiation within year breast conserving surgery</td>
<td>Keep</td>
</tr>
<tr>
<td>Breast – Hormone therapy for receptor (+) ca</td>
<td>Keep</td>
</tr>
<tr>
<td>Breast – chemo/immuno within 120d stage IB-III hormone recep (-)</td>
<td>Keep</td>
</tr>
<tr>
<td>Breast – palpation or image guide bx to establ diagnosis</td>
<td>Keep</td>
</tr>
<tr>
<td>Colon – 12 lymph nodes</td>
<td>Keep</td>
</tr>
<tr>
<td>Colon – adjuv chemo within 4 months node (+) stage III</td>
<td>Keep</td>
</tr>
<tr>
<td>Gastric – 15 nodes removed at gastrectomy</td>
<td>Keep</td>
</tr>
<tr>
<td>Esoph/gastric – neoadjuvant chemo+/- XRT for T&gt;2, N&gt;0</td>
<td>New</td>
</tr>
<tr>
<td>Head Neck – time for XRT &lt;6w for surg managed Squamous Cell</td>
<td>New</td>
</tr>
<tr>
<td>Lung – chemo for node positive NSCLC</td>
<td>Keep</td>
</tr>
<tr>
<td>Lung – surgery not first for cStage III NSCLC</td>
<td>Keep</td>
</tr>
<tr>
<td>Melanoma – adjuvant systemic tx &lt;6mos resected stage IIIB-D</td>
<td>New</td>
</tr>
<tr>
<td>Rectum – circumferential surgical margin &gt;1mm</td>
<td>New</td>
</tr>
<tr>
<td>Rectum – periop chemo (+/-) rads stage III CA</td>
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<tr>
<td>Gyne – brachytherapy for curative intent cervical CA</td>
<td>Add BACK</td>
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</table>
Nothing changes for 2022 site reviews

Programs will be evaluated on the 9 quality measures that are currently active for standards

The terms “Quality Improvement Measures” and “Accountability Measures” will be retired
Quality measures that are tied to STANDARD 2023
Disclaimer – This Webinar

• Best available information
  • Likely changes

• Complex
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• Learning what is important to you
Quality Measures for 2023

The 5 retired measures will no longer be visible on RCRS as of 2023

There will be 5 measures that will be tied to standards starting 2023

12RLN  colon cancer node retrieval
BCSRT  radiation after breast conserving therapy
G15RLN  gastric cancer node retrieval
LCT  lung cancer pre/post systemic chemotherapy
RECRTCT  pre/post op chemo/radiation for rectal cancer

The last 4 measures are being revised (improved) and centers will review their data with cancer committee starting in 2023.
Select “CoC New” under Measure Group Filter to find the new quality measures.
When will programs be evaluated on these updated measures during COC surveys?
RCRS Update - Question

Does the clock for the breast measure begin at the time a patient palpates a mass, when the imaging confirms it or when the biopsy comes back confirming a breast cancer?
We are referred post-op head and neck patients for post-op XRT from outside institutions. We have no control as to when they are referred. Frequently the referral is well past the 6-week threshold. What do we do? What if the surgeon doesn't clear them to start any sooner?
Will the implementation of the 16 measures be given sufficient lead time for the software vendors and the states to implement them in 2022? Will the measure require reabstraction?
Regarding the breast time to surgery measure, how will you start the clock when a biopsy is NOT performed or is negative, but cancer is found on resection?
One of the current breast measures is "considered" or administered. Will this language change? There is currently not a good way to document "considered".
Regarding breast surgery within 60 days of diagnosis: please define 'diagnosis date' as imaging vs histologically confirmed after biopsy
Are the breast measures exclusive to only females, or does it include both male and female patients?
Conferences

ACS Cancer Accreditation Programs: Continually Advancing Quality Cancer Care
July 5, 2022
Virtual

Save the Date
ACS Quality and Safety Conference
July 15-18, 2022
Chicago, Illinois

Webinars

Multidisciplinary therapy for de novo Stage IV breast cancer: What’s the latest?
May 19, 2022, at 5:30 PM CDT

The PROMPT Study: Instruction Set #1 and FAQs
June 15, 2022, at 12:00 PM CDT

Webinar Registration Page: https://www.facs.org/quality-programs/cancer/events
Physician’s, Nurse’s, or Certified Tumor Registrar’s Cancer Programs offers free education credit courses on our learning management system (LMS). Below is a short list of some of our courses at Learning.facs.org:

- AJCC yc Stage Classification—When and How to Use
- Registrar’s Guide to Updating Radiation Data Items
- AJCC Cervix Uteri – Version 9 Cancer Staging System
- *Survivorship Program: Standard 4.8
- *Operative Standards for Cancer Surgery: Standards 5.3-5.8
- *Taking the Mystery Out of QI Projects Per Standard 7.3: A How-to Guide
- *Oncology Nursing Credentials: Standard 4.2
- NAPRC: Practical Tips, Pearls, and Advice from the Trenches PART 1 and 2
- *Surgical Emergencies in Advanced Cancer Patients
- *Surgical Oncology for the General Surgeon
- *Pelvic MRI for Rectal Cancer: Tips on Interpretation
- CAnswer Forum LIVE – 2019-2022

*CME offered
Thank you for joining the webinar today!

- Please help us improve the webinar by completing the evaluation.
- CE and CNE instructions included in post webinar email
- Webinar available through ACS learning management system at Learning.facs.org

In-Progress Activities

Please login or create an account to view your activities.