Measure #104 (NQF 0390): Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients – National Quality Strategy Domain: Effective Clinical Care

2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
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)

INSTRUCTIONS:
This measure is to be reported once per episode of radiation therapy for all male patients with prostate cancer who receive external beam radiotherapy to the prostate during the reporting period. Each episode of radiation therapy in an eligible patient receiving external beam radiotherapy to the prostate occurring during the reporting period will be counted when calculating the reporting and performance rates. The PQRS quality-data code or equivalent needs to be submitted only once during the episode of radiation therapy (eg, 8 weeks of therapy). It is anticipated that clinicians who perform external beam radiotherapy to the prostate will submit this measure.

Measure Reporting via Registry:
ICD-9-CM/ICD-10-CM diagnosis codes and CPT codes and QDC code are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All 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

Definitions:
Risk Strata: Very Low, Low, Intermediate, High, or Very High–
Very Low Risk – PSA < 10 ng/mL; AND Gleason score 6 or less; AND clinical stage T1c; AND presence of disease in fewer than 3 biopsy cores; AND ≤ 50% prostate cancer involvement in any core; AND PSA density ≤ 0.15 ng/mL/cm³.
Low Risk – PSA < 10 ng/mL; AND Gleason score 6 or less; AND clinical stage T1 to T2a.
Intermediate Risk – PSA 10 to 20 ng/mL; OR Gleason score 7; OR clinical stage T2b to T2c. Note: patients with multiple adverse factors may be shifted into the high risk category.
High Risk – PSA > 20 ng/mL; OR Gleason score 8 to 10; OR clinically localized stage T3a.
Very High Risk – Clinical stage T3b to T4. (NCCN, 2014)

External beam radiotherapy – external beam radiotherapy refers to 3D conformal radiation therapy (3D-CRT), intensity modulated radiation therapy (IMRT), stereotactic body radiotherapy (SBRT), and proton beam therapy.

Denominator Criteria (Eligible Cases):
Any male patient, regardless of age
AND
Diagnosis for prostate cancer (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 185
Diagnosis for prostate cancer (ICD-10-CM) [for use 10/01/2015-12/31/2015]: C61
AND NOT
Diagnosis for metastatic cancer (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 196.0, 196.1, 196.2, 196.3, 196.5, 196.6, 196.8, 196.9, 197.0, 197.1, 197.2, 197.3, 197.4, 197.5, 197.6, 197.7, 197.8, 198.0, 198.1, 198.2, 198.3, 198.4, 198.5, 198.6, 198.7, 198.81, 198.82, 198.89
Diagnosis for metastatic cancer (ICD-10-CM) [for use 10/01/2015-12/31/2015]: C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9

AND

Patient encounter during the reporting period (CPT): 77427, 77435
AND
High or very high risk of recurrence of prostate cancer: G8465

NUMERATOR:
Patients who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)

Definition:
Prescribed – Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

Numerator Options:

Performance Met:
Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist) prescribed/administered (4164F)

OR

Medical Performance Exclusion:
Documentation of medical reason(s) for not prescribing/administering adjuvant hormonal therapy (eg, salvage therapy) (416F with 1P)

OR

Patient Performance Exclusion:
Documentation of patient reason(s) for not prescribing/administering adjuvant hormonal therapy (4164F with 2P)

OR

Performance Not Met:
Patients who were not prescribed/administered adjuvant hormonal therapy, reason not otherwise specified (4164F with 8P)

RATIONALE:
If receiving external beam radiotherapy as primary therapy, prostate cancer patients with a high risk of recurrence should also be prescribed hormonal therapy, which has been shown to increase the effectiveness of the radiotherapy and may also prolong survival.

CLINICAL RECOMMENDATION STATEMENTS:
When counseling patients regarding treatment options, physicians should consider the following:

Based on results of two randomized controlled clinical trials, the use of adjuvant and concurrent hormonal therapy may prolong survival in the patient who has opted for radiotherapy. (AUA, 2007)
High risk patients who are considering specific treatment options should be informed of findings of recent high quality clinical trials, including that:

For those considering external beam radiotherapy, use of hormonal therapy combined with conventional radiotherapy may prolong survival. (Standard) (AUA, 2007)

Men with prostate cancer that is clinically localized stage T3a, Gleason score 8 to 10, or PSA level greater than 20 ng/mL are categorized by the NCCN guidelines panel as high risk. Patients with multiple adverse factors may be shifted into the very high-risk category. The preferred treatment is RT [radiation therapy] in conjunction with 2 to 3 years of ADT [androgen deprivation therapy] (category 1); ADT alone is insufficient. In particular, patients with low-volume, high-grade tumor warrant aggressive local radiation combined with typically 2 or 3 years of ADT. The combination of EBRT [external beam radiation therapy] and brachytherapy, with or without ADT (typically 2 or 3 years), is another primary treatment option. However, the optimal duration of ADT in this setting remains unclear. (NCCN, 2014)

Patients at very high risk are defined by the NCCN guidelines as those with clinical stage T3b to T4 (locally advanced). The options for this group include: 1) RT and long-term ADT (category 1); 2) EBRT plus brachytherapy with or without long-term ADT; 3) radical prostatectomy plus [Pelvic lymph node dissection (PLND)] in selected patients with no fixation to adjacent organs; or 4) ADT for patient not eligible for definitive therapy. (NCCN, 2014)