VHA Prostate Measures

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^{*}High Potential Impact Measure

Consultation and Work-Up

Initial Evaluation (#A-1)	
Numerator Statement	Patients with documented evaluation, at the time of consult, that includes: 1. Prostate-specific antigen (PSA), AND 2. Primary AND Secondary Gleason score OR Gleason Grade Group, AND 3. NCCN risk group AND 4. Nodal status.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer.
Exclusions/Exceptions	Patients with metastatic disease.Patients receiving palliative care.
Notes	Previously Prostate Measure #2 (GU QM 2).
Expected Performance	Higher = Better.
Rate	Expected Performance Rate: 90%
Measure Type	☐ Quality Measure
	☐ Aspirational Measure
	☐ Surveillance Measure

Bone Imaging for High-Risk Disease (#A-2)	
Numerator Statement	Patients with bone imaging performed prior to the initiation of treatment.
Denominator Statement	All patients, regardless of age, with a diagnosis of high-risk OR very high-risk prostate cancer, as defined by NCCN, receiving radiation therapy to the primary disease site.
Exclusions/Exceptions	Patients receiving post-prostatectomy care.
Notes	 Examples of appropriate bone imaging are T⁹⁹ and NaF PET. Previously a component of Prostate Measure #3 (GU QM 3).
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90% CMS QPP Measure #102 (Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients).
Measure Type	☑ Quality Measure☐ Aspirational Measure☐ Surveillance Measure

Pelvic MRI Imaging (#A-3) ASPIRATIONAL	
Numerator Statement	Patients with a pelvic MRI performed prior to the initiation of treatment.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer receiving radiation therapy to the primary disease site.
Exclusions/Exceptions	 Patients with low-risk prostate cancer. Patients receiving post-prostatectomy care. Patients with a contraindication to MRI.
Notes	 Contraindication to MRI includes, but is not limited to: Patients with a cardiovascular implantable electronic device (CIED) (e.g., pacemaker). Patients with metal objects in their body. Patients with claustrophobia or PTSD. Patients with severe obesity. Previously a component of Prostate Measure #3 (GU QM 3).
Expected Performance Rate	Higher = Better. Expected Performance Rate: 75%
Measure Type	☐ Quality Measure☑ Aspirational Measure☐ Surveillance Measure

PET Imaging (#A-4) SURVEILLANCE	
Numerator Statement	Patients with a PET scan performed prior to the initiation of treatment.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer AND post-prostatectomy AND biochemical failure receiving radiation therapy.
Exclusions/Exceptions	 Patients with known metastatic disease based on conventional imaging.
Notes	None.
Expected Performance	Higher = Better.
Rate	Expected Performance Rate: N/A
Measure Type	☐ Quality Measure
	☐ Aspirational Measure
	⊠ Surveillance Measure

*Discussion of Treatment Options for Intermediate-Risk Disease (#A-5)	
Numerator Statement Denominator Statement	Patients who received counseling on treatment options, prior to initiation of treatment, that includes: 1. External beam radiotherapy, AND 2. Brachytherapy, AND 3. Radical prostatectomy. All patients, regardless of age, with a diagnosis of intermediate-risk prostate cancer, as defined by NCCN, receiving radiation therapy to the
Exclusions/Exceptions	primary disease site. None.
Notes	 Counseling on "radical prostatectomy" may be documented as discussion of surgery. This numerator requirement would be automatically met if the patient was previously seen by a urologist for prostatectomy consult/procedure. Previously Prostate Measure #4 (GU QM 4). *High Potential Impact Measure
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90%
Measure Type	☑ Quality Measure☐ Aspirational Measure☐ Surveillance Measure

Multidisciplinary Consult Documentation (#A-6)	
Numerator Statement	Patients with multidisciplinary consult, prior to the initiation of radiation treatment, demonstrated by: 1. Discussion at multidisciplinary tumor board OR 2. Discussion with a urologist.
Denominator Statement	All patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving radiation therapy to the primary disease site.
Exclusions/Exceptions	Patients receiving post-prostatectomy care.
Notes	 The "discussion with the urologist" may take place when reviewing test results for prostate cancer. The discussion must be related to the prostate cancer diagnosis and not other urinary issues (e.g., incontinence). Clinically localized is defined as NOMO disease.
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90%
Measure Type	☑ Quality Measure☐ Aspirational Measure☐ Surveillance Measure

Quality of Life Assessment at Consult (#A-7)	
Numerator Statement	Patients with assessment of urinary OR bowel OR sexual OR hormonal domains using a validated instrument at the time of consult.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer receiving radiation therapy to the prostate or prostate resection bed.
Exclusions/Exceptions	None.
Notes	 A validated instrument needs to be used (i.e., an internal assessment would not be sufficient), for example, acceptable instruments include: AUA, EPIC-CP, EPIC-26, IIEF/SHIM, PRO CTCAE, etc. Previously Prostate Measure #5 (GU QM 5).
Expected Performance Rate	Higher Score = Better. Expected Performance Rate: 90%
Measure Type	☑ Quality Measure☐ Aspirational Measure☐ Surveillance Measure

Active Surveillance (#A-8) SURVEILLANCE	
Numerator Statement	Patients with documentation of active surveillance as the treatment plan at the time of consult.
Denominator Statement	All patients, regardless of age, with a diagnosis of very low-risk OR low-risk OR favorable intermediate-risk prostate cancer, as defined by NCCN.
Exclusions/Exceptions	None.
Notes	None.
Expected Performance	Higher Score = Better.
Rate	Expected Performance Rate: N/A (Surveillance Measure).
Measure Type	☐ Quality Measure
	☐ Aspirational Measure
	□ Surveillance Measure

Simulation, Treatment Planning, and Treatment

Pre-Treatment Preparation (#B-1)	
Numerator Statement	Patients with documentation of the following instructions prior to performing the simulation procedure: 1. Rectal emptying AND 2. Bladder filling.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer receiving external beam radiation therapy to the primary disease site.
Exclusions/Exceptions	None.
Notes	 This measure is inclusive of patients receiving radiation to the prostate or prostate bed. Pre-treatment preparation instructions could be documented in a variety of locations, including but not limited to the simulation order, simulation instructions, or prescription.
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90%
Measure Type	 □ Quality Measure □ Aspirational Measure □ Surveillance Measure

*Daily Target Localization (#B-2)	
Numerator Statement	Patients prescribed a daily target localization method before the start of radiation treatment.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer, receiving external beam radiation therapy to the primary disease site.
Exclusions/ Exceptions	None.
Notes	 This measure is inclusive of patients receiving radiation to the prostate or prostate bed. Examples of daily target localization include cone beam CT, CT on rails, fiducial markers with portal imaging (includes orthogonal/stereoscopic KV-KV or KV-MV imaging), electromagnetic transponder, transabdominal ultrasound, and transperineal ultrasound. Previously Prostate Measure #11 (GU QM 11). *High Potential Impact Measure
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90%
Measure Type	☐ Quality Measure ☐ Aspirational Measure ☐ Surveillance Measure

*Long term Androgen Deprivation Therapy for High-Risk Disease (#B-3)		
Numerator Statement	Patients who are prescribed long term androgen deprivation therapy (ADT) neoadjuvant to OR concurrent with radiation therapy.	
Denominator Statement	All patients, regardless of age, with a diagnosis of high OR very high-risk prostate cancer, as defined by NCCN, receiving definitive radiation therapy to the primary disease site.	
Exclusions/Exceptions	Patients receiving post-prostatectomy care.	
Notes	 ADT examples include gonadotropin-releasing hormone [GnRH] agonist or antagonist. Long term is defined greater than or equal to 18 months. "Concurrent" is defined as +/- 2 weeks of the start of radiation therapy. Previously Prostate Measure #9 (GU QM 9). *High Potential Impact Measure 	
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90% CMS PQRS Measure #104 (Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients).	
Measure Type	☑ Quality Measure☐ Aspirational Measure☐ Surveillance Measure	

*Regional Nodal Radiation for High-Risk Disease (#B-4)	
Numerator Statement	Patients receiving regional pelvic nodal radiation.
Denominator Statement	All patients, regardless of age, with a diagnosis of high OR very high-risk prostate cancer, as defined by NCCN, receiving definitive external beam radiation therapy to the primary disease site.
Exclusions/Exceptions	Patients receiving post-prostatectomy care.
Notes	 Previously Prostate Measure #12 (GU QM 12). The regional pelvic lymph nodes are located below the bifurcation of the common iliac arteries: the internal iliac nodes (including the sacral nodes) and the external iliac nodes (including the obturator nodes). *High Potential Impact Measure
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90%
Measure Type	☑ Quality Measure☐ Aspirational Measure☐ Surveillance Measure

Acceptable Dose for Intact Prostate (#B-5)	
Numerator Statement	Patients prescribed a course of treatment to the prostate PTV with an acceptable dose fraction regimen, including: 800 cGy x 5 fractions OR 750 cGy x 5 fractions OR 725 cGy x 5 fractions OR 700 cGy x 5 fractions OR 610 cGy x 7 fractions OR 610 cGy x 7 fractions OR 270 cGy x 20 fractions OR 270 cGy x 26 fractions OR 270 cGy x 28 fractions OR 250 cGy x 28 fractions OR 240 cGy x 30 fractions OR 200 cGy x 37 fractions OR 200 cGy x 38 fractions OR 200 cGy x 39 fractions OR 200 cGy x 39 fractions OR 200 cGy x 42 fractions OR 180 cGy x 42 fractions OR 180 cGy x 44 fractions OR
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer receiving definitive external beam radiation therapy.
Exclusions/Exceptions	 Patients receiving post-prostatectomy care. Patients with recurrent disease. Patients with metastatic disease. Patients receiving pelvic lymph node radiation. Patients receiving combined brachytherapy. Patients on a clinical trial.
Notes	None.
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90%
Measure Type	☐ Quality Measure ☐ Aspirational Measure ☐ Surveillance Measure

*Patient Selection – Moderately Hypofractionated or Ultrahypofractionated (#B-6)	
Numerator Statement	Patients prescribed a moderately OR ultrahypofractionated regimen.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer receiving definitive external beam radiation therapy.
Exclusions/Exceptions	 Patients receiving post-prostatectomy care. Patients with recurrent disease. Patients with metastatic disease. Patients receiving pelvic lymph node radiation. Patients receiving combined brachytherapy. Patients on a clinical trial.
Notes	 Moderately hypofractionated regimen is defined as treatments where the dose per fraction is ≥ 240 cGy and ≤ 340 cGy. Ultrahypofractionated regimen is defined as treatments where the dose per fraction is ≥ 500 cGy. *High Potential Impact Measure
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90%
Measure Type	☐ Quality Measure ☐ Aspirational Measure ☐ Surveillance Measure

Dose for Post-Prostatectomy (#B-7)	
Numerator Statement	Patients prescribed a total dose \geq 6400 cGy and \leq 7200 cGy at 180-200 cGy/fraction to the prostate resection bed.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer receiving external beam radiation therapy after a prostatectomy.
Exclusions/Exceptions	 Patients with gross disease in the prostate resection bed. Patients on a clinical trial.
Notes	Previously Prostate Measure #15.
Expected Performance	Higher = Better.
Rate	Expected Performance Rate: 90%
Measure Type	☑ Quality Measure
	☐ Aspirational Measure
	☐ Surveillance Measure

Genomic Classification (#B-8) SURVEILLANCE	
Numerator Statement	Patients with documentation of genomic classification prior to the initiation of radiation or hormonal treatment.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer who received definitive treatment to the prostate or prostate resection bed.
Exclusions/Exceptions	None.
Notes	None.
Expected Performance Rate	Expected Performance Rate: N/A (Surveillance Measure).
Measure Type	☐ Quality Measure☐ Aspirational Measure☑ Surveillance Measure

Follow-up

Quality of Life Assessment at Follow-up (#C-1) ASPIRATIONAL	
Numerator Statement	Patients with assessment of urinary OR bowel OR sexual OR hormonal domains using a validated instrument at every follow-up.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer who have completed radiation therapy to the prostate or prostate resection bed who have a follow-up visit.
Exclusions/Exceptions	None.
Notes	 A validated instrument needs to be used (i.e., an internal assessment would not be sufficient). For example, acceptable instruments include: AUA, EPIC-26, IIEF/SHIM, PRO CTCAE, etc. Measure is to be assess at each follow-up visit; therefore, a single patient may be assessment multiple times. Previously Prostate Measure #19.
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90%
Measure Type	☐ Quality Measure☑ Aspirational Measure☐ Surveillance Measure

Baseline Bone Health Assessment (#C-2)	
Numerator Statement	Patients with a bone density assessment within +/- 3 months of the start of hormonal therapy.
Denominator Statement	All patients, regardless of age, with a diagnosis of prostate cancer prescribed long term androgen deprivation therapy (ADT).
Exclusions/Exceptions	None.
Notes	 ADT examples include gonadotropin-releasing hormone [GnRH] agonist or antagonist. The timing of the bone density assessment can be between 3 months before and 3 months after initiating hormonal therapy. Previously Prostate Measure #24. Long term is defined greater than or equal to 18 months.
Expected Performance Rate	Higher = Better. Expected Performance Rate: 90%
Measure Type	☐ Quality Measure ☐ Aspirational Measure ☐ Surveillance Measure