

# Introducing New CoC Quality Measures

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ACS Quality and Safety Conference, July 12, 2023

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## Disclosures

- None
- I've recently become obsessed with AI generated images and may be taking it a step to far in my presentations



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### Quality Measure

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



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Quality Assurance and Data Committee (QADC)

Best Care through Best Practices



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Quality Measure Portfolio past → future

- 23 measures in place historically
- Renovation needed, many measures outdated
- Best practices change, compliance improved

*Starting 2021, process initiated to review portfolio and develop strategy to renovate measures*



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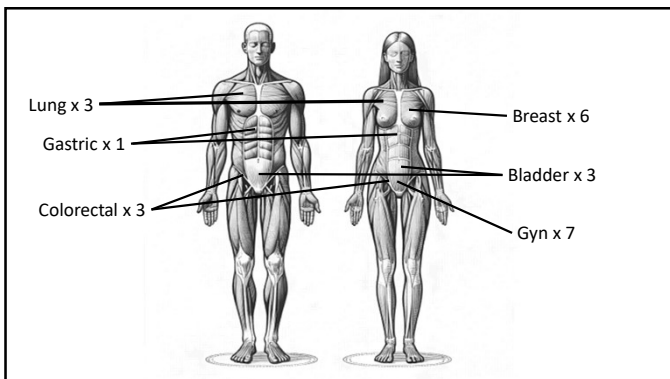
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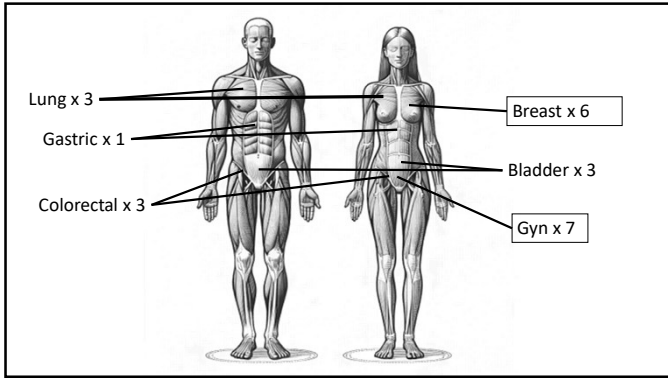
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### Ten top cancer sites

Site	Disease Team	Incidence NCDB	% CoC hospitals with case	Deaths from SEER
Breast	Breast	235,773	98.9	42,690
Lung – NSCLC	Thoracic Oncology	117,244	98.6	135,720
Prostate	GU	114,100	97.5	33,330
Colon	GI	70,297	99.2	53,200
Melanoma	Melanoma/sarcoma	59,594	95.5	6,850
Bladder	GU	50,810	97.6	17,980
Kidney	GU	48,119	96.1	14,830
Uterus	Gyne Onc	45,475	93.5	16,900
Pancreas	GI	32,441	96	47,050
Non-Hodgkin Lymphoma (nodal)	Heme Onc	28,989	96.6	19,940

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### New “Disease-team” approach to distribute measures

- Breast
- Thoracic
- Genitourinary
- Gyn-Onc
- GI
- Colorectal
- Hepatopancreaticobiliary
- Head and Neck
- Melanoma/Sarcoma/mixed tissue
- Neuro-onc



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### New "Disease-team" approach to distribute measures

**30 Optimized CoC Measures**

- 10 disease teams
- Each proposes 3 feasible measures

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### Quality Measure generation (and regeneration) process

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### Priority Checklist for new measures

*Factors to consider when evaluating a measure idea*

Importance	Impact	Feasibility
<input type="checkbox"/> Dashboard	<input type="checkbox"/> Case Count	<input type="checkbox"/> Coverage
<input type="checkbox"/> Disease Team Leader	<input type="checkbox"/> Survival	<input type="checkbox"/> Variable Availability
<input type="checkbox"/> Patient (PRO)	<input type="checkbox"/> Disparity	<input type="checkbox"/> CTR Effort
<input type="checkbox"/> C suite	<input type="checkbox"/> Compliance	<input type="checkbox"/> Tied to Standard
	<input type="checkbox"/> Multiple Processes	<input type="checkbox"/> Durably Relevant

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Measures live in 2023	
Breast – Surgery ≤60 days cStage I-III (no neoadjuvant)	
Breast – radiation within 1 year breast conserving surgery	
Breast – Combination chemo/immune within 4 mos	
Colon – 12 lymph nodes	
Colon – adjuv chemo within 4 months node (+) stage III	
Gastric – 15 nodes removed at gastrectomy	
Esoph/gastric – neoadjuvant chemo+/- XRT for T>2, N>0, 120 days	
Head Neck – time for XRT <6w for surg managed Squamous Cell	
Lung – chemo for >4cm, T>2, or node positive NSCLC	
Melanoma – adjuvant systemic tx <6mos resected stage IIIB-D	
Rectum – circumferential surgical margin >1mm	
Rectum – chemo and radiation pre or post op stage III	

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Measure from 2022 to go live in 2024	
<ul style="list-style-type: none"> <li>• Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer</li> </ul>	

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New measures for 2024	
<ul style="list-style-type: none"> <li>• For patients with low-risk prostate cancer (Gleason ≤ 6 and PSA &lt; 10 and ≤ cT2), active surveillance is performed.</li> <li>• For patients with surgically managed, cT1a kidney tumors, partial nephrectomy is performed.</li> <li>• For patients with low grade Ta bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy* is administered within 24 hours of the procedure.</li> </ul> <p><small>*chemotherapy within 24 hours of the transurethral resection assumed to be intravesical however the NCDB does not differentiate this from systemic chemotherapy</small></p>	

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### New measures for 2024

**New measures reflective of clinical updates:**

- For patients <=75 years old with HER2+ or triple negative breast cancer with any clinical N > 0 or clinical T > 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended.
- For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is initiated within 9 months prior to resection or recommended.

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### Prostate Measure

**For patients with low-risk prostate cancer (Gleason <= 6 and PSA < 10 and <= cT2), active surveillance is performed.**

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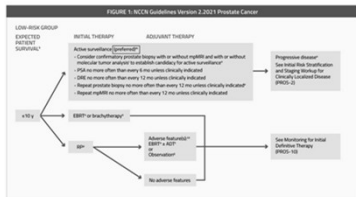
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### Clinically Localized Prostate Cancer: AUA/ASTRO Guideline 2022 Endorsed by SUO

10. For patients with low-risk prostate cancer, clinicians should recommend active surveillance as the preferred management option. (Strong Recommendation, Evidence Level: Grade A)



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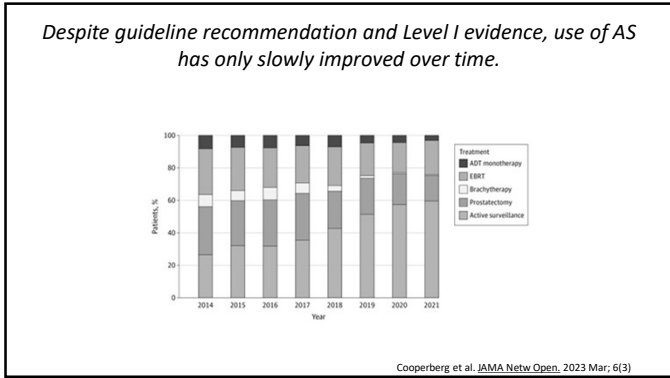
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*For patients with low-risk prostate cancer (Gleason <= 6 and PSA < 10 and <= cT2), active surveillance is performed.*

Diagnosis Year	2019	2020
Estimated Performance Rate	53.3%	56.0%
Measure Eligible Cases	20,979	14,680
Measure Compliant Cases	11,171	8,223
Measure Eligible Hospitals	1,167	1,074
Measure Compliant Hospitals	800	735

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**Kidney Measure**

**For patients with surgically managed, cT1a kidney tumors, partial nephrectomy is performed**

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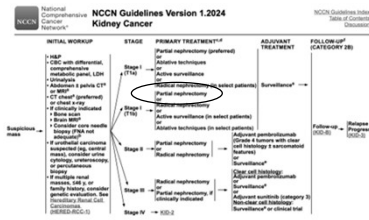
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AUA Guideline: Renal Mass and Localized Renal Cancer (2021)

14. Clinicians should prioritize PN for the management of the cT1a renal mass when intervention is indicated. In this setting, PN minimizes the risk of CKD or CKD progression and is associated with favorable oncologic outcomes, including excellent local control. (Moderate Recommendation; Evidence Level: Grade B)



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**Partial nephrectomy use should be prioritized over radical nephrectomy when an intervention is made for pT1a kidney tumors.**

Diagnosis Year	2019	2020
Estimated Performance Rate	79.4%	79.0%
Measure Eligible Cases	11,962	9,770
Measure Compliant Cases	9,495	7,716
Measure Eligible Hospitals	977	949
Measure Compliant Hospitals	897	862

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**Bladder Measure**

For patients with low grade cTaNOmO bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy is administered within one day on or after the procedure, or recommended.

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Rectal Measure

**For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is initiated within 9 months prior to resection or recommended.**

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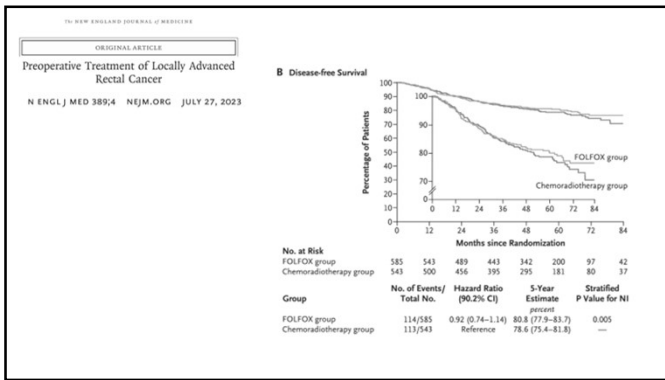
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*For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is initiated within 9 months prior to resection or recommended.*

Diagnosis Year	2019	2020
Estimated Performance Rate	91.5%	90.3%
Measure Eligible Cases	2,839	2,433
Measure Compliant Cases	2,598	2,197
Measure Eligible Hospitals	806	768
Measure Compliant Hospitals	781	723

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**Breast Measure**

**For patients <=75 years old with HER2+ or triple negative breast cancer with any clinical N > 0 or clinical T > 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended.**

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**Quality Measure-Breast Disease Site**  
Surgery beyond 60 days associated with drop off in survival

Table 2. Point Estimates for Adjusted Overall Survival for Each Study by Surgery Interval Delay

Years	0-30		31-60		61-90		91-120		121-180	
	No. at Risk	AOS (95% CI)*	No. at Risk	AOS (95% CI)*	No. at Risk	AOS (95% CI)*	No. at Risk	AOS (95% CI)*	No. at Risk	AOS (95% CI)*
SEER-Medicare Database Study										
5	38 075	78.1 (77.7-78.4)	6370	77.9 (77.6-78.8)	760	73.5 (70.4-76.7)	235	73.5 (66.4-80.5)	121	60.9 (50.5-71.3)
10	10 870	54.2 (53.7-54.7)	1132	53.2 (51.7-54.7)	110	47.1 (45.3-52.9)	24	45.0 (33.7-56.3)	16	40.2 (27.7-52.7)
15	2380	32.7 (32.0-33.4)	232	29.3 (26.7-31.9)	12	21.7 (13.7-29.7)	<11	14.9 (2.1-27.7)	<11	26.0 (9.0-43.1)
National Cancer Database Study										
5	60 909	88.0 (87.7-88.2)	21 464	87.5 (87.1-87.9)	3269	85.4 (84.1-86.7)	746	84.9 (81.9-87.9)	359	80.4 (75.4-85.5)

Bleicher et al JAMA Oncology 2016, 2(3), 330

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**Quality Measure-Breast Disease Site**  
Surgery beyond 56 days associated with significantly worse OS

Table 2. Results From Multivariable Cox Regression Analysis of Overall Survival in Patients Undergoing Primary Surgery for Breast Cancer, Controlling for Age and Tumor Characteristics (N = 373 334)

Characteristic	Hazard ratio (95% CI)	P value
Time to surgery		
0-4 wk (1-28 d)	1 [Reference]	
5 wk (29-35 d)	0.97 (0.93-1.01)	.11
6 wk (36-42 d)	1.00 (0.96-1.04)	.93
7 wk (43-49 d)	1.00 (0.95-1.05)	.90
8 wk (50-56 d)	1.03 (0.96-1.10)	.24
9 wk (57-63 d)	1.15 (1.00-1.23)	<.001
10 wk (64-70 d)	1.16 (1.07-1.26)	<.001
11 wk (71-77 d)	1.19 (1.08-1.31)	.001
12 wk (78-84 d)	1.32 (1.18-1.48)	<.001
>12 wk (>84 d)	1.47 (1.39-1.57)	<.001

Wiener et al JAMA Surgery 2023; 158:485

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*For patients <=75 years old with HER2+ or triple negative breast cancer with any clinical N > 0 or clinical T > 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended.*

Diagnosis Year	2019	2020
Estimated Performance Rate	75.8%	79.7%
Measure Eligible Cases	21,834	19,110
Measure Compliant Cases	16,551	15,223
Measure Eligible Hospitals	1,288	1,260
Measure Compliant Hospitals	1,247	1,211

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**New Measures for 2024**

*Diverse vantage points for quality of cancer care*



<b>Prostate – Active Surveillance for Low risk</b> <i>Decision to not intervene</i>
<b>Kidney – Partial Nephrectomy for cT1a</b> <i>Surgical decision making</i>
<b>Bladder – Adjuvant intravesical chemo after TURBT for cTa</b> <i>Local chemotherapy decision making</i>
<b>Rectum – cT4NanyM0 or cTanyN2M0 neoadj radiation within 9 mths</b> <i>Radiation decision making and timing</i>
<b>Breast – NAC or Immuno &lt;=60 days for HER2+ or triple neg</b> <i>Systematic therapy decision making and timing</i>

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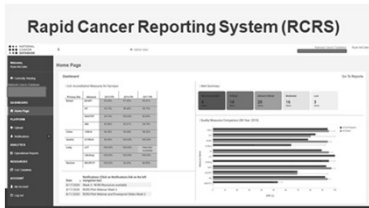
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**Dashboard and RCRS**

*Major improvement, real-time accrual and dissemination of data*



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