QOPI® Reporting Registry
Qualified Clinical Data Registry (QCDR)
Brought to you by ASCO and ASTRO

QOPI® REPORTING REGISTRY 2020 - QCDR MEASURE SPECIFICATIONS

Measure ID	Measure Title	Measure Description	Measure	Denominator Exceptions	Denominator Exclusions	Numerator	Numerator Exclusions	NQS Domain	Meaningful Measure Area	NQF #	Measure Type	High Priority	Inverse Measure	Proportional	Continuous Variable	Number of performance rates to be submitted	Outcome	Ratio Measure
QOPI5	Chemotherapy administered to patients with metastatic solid tumor with performance status of ECOG 3 or 4; KPS 10 – 40; or undocumented *(Lower Score - Better)*	Percentage of patients with metastatic solid tumors and a performance status of ECOG 3 or 4; KPS 10-40; or undocumented, who receive chemotherapy *(Lower score - Better)*	All patients, regardless of age, with a diagnosis of a metastatic solid tumor and a performance ECOG 3 or 4; KPS 10-40; or undocumented within 2 weeks prior to or on the day of chemotherapy administration for distant metastatic disease. Denominator definition: Metastatic is Stage IV at initial diagnosis or development of distant metastases during measurement period.	Alternative treatment was administered according to clinical trial protocol	Diagnosis of malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma, myeloma, leukemia, Hodgkin and non-Hodgkin lymphoma (Diagnosis codes 181.x, 186.x, 205-208.x, 200-202.x)	Chemotherapy administered	None	Efficiency and Cost Reduction	Appropriate use of Healthcare	N/A	Process	Yes	Yes	Yes	No	1	No	No
QOPI11	Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) to III ER/PR negative breast cancer	Percentage of adult women under 70 with a diagnosis of AJCC stage IA (T1c) to III ER/PR negative breast cancer, who receive combination chemotherapy within 4 months of diagnosis	All patients aged 18-69 at time of breast cancer diagnosis and AJCC stage at breast cancer diagnosis is IIA -IIIC, or IA and T1c, or IB, or T1c, T2-T4d and N0, or N1-N3c, or T1c and N1mic, and ER negative and PR negative	Alternative treatment was administered according to clinical trial protocol. Patient declined, or Patient died or transferred, or Contraindication.	Reporting practice has/had primary responsibility for the initial course of the patient's medical oncology care, or M-Stage at breast cancer diagnosis = M1, or Diagnosis of malignant phyllodes, cystosarcoma phyllodes, tubular carcinoma, mucinous carcinoma, or Multi-agent chemotherapy NOT administered and reporting date – diagnosis date < 124 days, or deceased date – diagnosis date < 124 days, or date of first visit to reporting practice – diagnosis date > 124 days)	Multi-agent chemotherapy administered during initial treatment course for breast cancer	None	Communication and Care Coordination	Appropriate use of Healthcare	0559	Process	Yes	No	Yes	No	1	No	No

 Updated: 01/02/2020

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QOPI15	GCSF administered to patients who received chemotherapy for metastatic cancer (Lower Score - Better)	Percentage of patients 18 or older with metastatic cancer who were administered chemotherapy and received a granulocyte-colony stimulating factor (GCSF) *(Lower score - Better)*	Patients aged 18 or older at cancer diagnosis who received chemotherapy for metastatic/advanced disease and/or received chemotherapy for palliative intent	None	Diagnosis of malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma, leukemia, Hodgkin or Non-Hodgkin's lymphoma	Patient received GCSF with any chemotherapy regimen	None	Efficiency and Cost Reduction	Appropriate use of Healthcare	N/A	Process	Yes	Yes	Yes	No	1	No	No
QOPI21	Oncology: Treatment Summary Communication – Radiation Oncology	Percentage of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment	All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy	Documentation of a patient reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (e.g., patient requests that report not be sent) and to the patient within one month of completing treatment Documentation of a system reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (e.g., patient does not have any physician responsible for providing continuing care)	None	Patients who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment	None	Communication and Care Coordination	Transfer of Health Information and Interoperability	N/A	Process	Yes	No	Yes	No	1	No	No

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				and to the patient within one month of completing treatment														
QOPI22	External Beam Radiotherapy for Bone Metastases	Percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme as defined by the guideline.	All patients, regardless of age, with painful bone metastases and no previous radiation to the same anatomic site who receive EBRT	Patients who are part of a prospective clinical protocol or registry study involving the administration of radiation therapy, especially stereotactic radiosurgery (SRS) or stereotactic body radiation therapy (SBRT) Patient declines treatment	Patients with a diagnosis of multiple myeloma (ICD-10-CM codes C90.00-C90.02) EBRT is used to treat anything other than bone metastases Previous radiation treatment to the same anatomic site (i.e., retreatment) Patients with femoral axis cortical involvement greater than 3 cm in length if the current EBRT is to that femur Patients who have undergone a surgical stabilization procedure if at the site of the current EBRT treatment Patients with spinal cord compression, cauda equina compression or radicular pain documented in the chart as related to the bone metastases being treated with EBRT	Patients, regardless of age, with painful bone metastases, and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.	None	Communication and Care Coordination	Appropriate use of Healthcare	N/A	Process	Yes	No	Yes	No	1	No	No
QOPI23	Concurrent Chemoradiation for Patients with a Diagnosis of Stage IIIB NSCLC	Percentage of patients, regardless of age, with a diagnosis of Stage IIIB non-small cell lung cancer (NSCLC) receiving	All patients, regardless of age, with Stage IIIB NSCLC at diagnosis (AJCC 8th Edition)	Patients who received first line platinum-based chemotherapy and radiation on a clinical trial, Performance status is ECOG 3 or 4, or Karnofsky	Superior sulcus cancers	Patients who received first-line platinum-based chemotherapy and radiation	None	Effective Clinical Care	Patient-Focused Episode of Care	N/A	Process	No	No	Yes	No	1	No	No

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		concurrent chemoradiation.		performance status is 10-40, Patient performance status is 3 / 40-50% / Bed time, >50%, Patient performance status is 4 / 10-30% / Unable to get out of bed Patients with medical contraindication for concurrent chemoradiation														
QOPI24	Hypofractionization Whole Breast Irradiation	Percentage of female patients, regardless of age, with a diagnosis of invasive breast cancer receiving hypofractionated whole breast irradiation (HF-WBI)	All female patients, regardless of age, with a diagnosis of invasive breast cancer receiving whole breast irradiation	Node-positive patients receiving regional nodal irradiation Exception Guidance: As discussion of regional nodal treatment was not included in the referenced ASTRO guideline, the authors refrained from making a treatment recommendation for node-positive patients and noted that future guideline work is needed to address indications and techniques for regional nodal irradiation in node-positive patients.	None	Patients receiving hypofractionated whole breast irradiation (HF-WBI) in 15-16 fractions	None	Patient Safety	Patient's Experience of Care	N/A	Process	Yes	No	Yes	No	1	No	No

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				While the ASTRO guideline does not feature a recommendation for the treatment of node-positive patients, the measure development technical expert panel felt that node-positive patients could reasonably be treated with hypofractionated therapy and should not be uniformly excluded from the measure. Node-positive patients are therefore specified as a denominator exception, so that providers treating node-positive patients with conventional fractionation will not fail to meet the measure.														
QOPI25	Moderate Hypofractionization for Prostate Cancer	Percentage of low- and intermediate-risk prostate cancer patients, regardless of age, receiving moderately hypofractionated external beam radiation therapy (EBRT)	All patients with low- and intermediate-risk prostate cancer, regardless of age, who receive EBRT to the intact prostate (+/- seminal vesicles)	None	Patients receiving radiation treatment to the pelvic lymph nodes Patients receiving brachytherapy Patients receiving stereotactic body radiation therapy Patients receiving radiation to the	All patients who receive moderately hypofractionated EBRT in 6-30 fractions Numerator Guidance: •The 2018 ASTRO, ASCO, and AUA guideline on	None	Patient Safety	Patient's Experience of Care	N/A	Process	Yes	No	Yes	No	1	No	No

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					prostate bed or prostatic fossa	hypofractionated radiation therapy for localized prostate cancer defined "moderate hypofractionation" as external beam radiation therapy (EBRT) with a fraction size between 240 cGy and 340 cGy.												
QOPI26	Sentinel Lymph Node (SLN) Biopsies for Patients with AJCC T1b-T4 Melanoma	Percentage of patients with AJCC T1b-T4 cutaneous melanoma who received a SLN biopsy.	Patients with clinical staging of AJCC T1b-T4 melanoma at diagnosis. Denominator Guidance: • T-stage at melanoma diagnosis = T1b, T2a, T2b, T3a, T3b, T4a or T4b	Patient declined Documentation of Medical Reason: Comorbidities Denominator Exception Guidance: • Patient declined during a documented discussion regarding the potential benefits and risk of harms associated with the procedure.	Clinical or radiologic evidence of distant metastatic disease or regional metastases, including lymph node involvement. Denominator Exclusion Guidance: • Evidence of lymph node involvement defined as: o Documentation of palpable lymphadenopathy on clinical exam o Evidence of abnormal lymph node on an imaging study (CT, PET-CT, MRI or ultrasound)	Patients who received an SLN biopsy within 60 days of the initial biopsy. Numerator Guidance: • Date of the initial biopsy determined from pathology report. • Initial biopsy is a preliminary excisional biopsy completed for patients with a suspicious pigmented lesion and used to categorize clinical staging. A SLN biopsy is a staging procedure to further stratify patients with clinical stage I-II melanoma (as identified by the initial excisional biopsy) based on the presence or absence of subclinical nodal metastases.	None	Effective Clinical Care	Appropriate use of Healthcare	N/A	Process	No	No	Yes	No	1	No	No

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QOPI27	Appropriate Antiemetic Therapy for High- and Moderate-Emetic-Risk Antineoplastic Agents	Percentage of cancer patients aged ≥18 years treated with high- or moderate-emetic-risk antineoplastic agents who are administered appropriate pre-treatment antiemetic therapy	Denominator Criteria 1: All patients aged ≥18 years diagnosed with cancer who receive high-emetic-risk antineoplastic agents during cycle 1 of the patient's first chemotherapy regimen Denominator Criteria 2: All patients aged ≥18 years diagnosed with cancer who receive moderate-emetic-risk antineoplastic agents during cycle 1 of the patient's first chemotherapy regimen Denominator Guidance: For guidance on determining emetic risk, please refer to Table 1, Emetic Risk of Single Intravenous Antineoplastic Agents in Adults (Hesketh, P.J., K. Bohlke, and M.G. Kris, Antiemetics: American Society of	Denominator Exception Criteria 1: Patient allergy to neurokinin 1 (NK1) receptor antagonist, serotonin (5-HT3) receptor antagonist, dexamethasone, or olanzapine Denominator Exception Criteria 2: Patient allergy to 5-HT3 receptor antagonist, or dexamethasone	None	Numerator Criteria 1: Patients who are administered prior to treatment a four-drug combination of a neurokinin 1 (NK1) receptor antagonist, a serotonin (5-HT3) receptor antagonist, dexamethasone, and olanzapine Numerator Criteria 2: Patients who are administered prior to treatment a two-drug combination of a 5-HT3 receptor antagonist, and dexamethasone	None	Effective Clinical Care	Appropriate use of Healthcare	N/A	Process	No	No	Yes	No	1	No	No

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			Clinical Oncology Clinical Practice Guideline Update Summary. J Oncol Pract, 2017. 13(12): p. 825-830)															

