PPS-Exempt Cancer Hospital Quality Reporting Program
Measure Information Form[1]

Measure Name: Prostate Cancer: Combination Androgen Deprivation Therapy for High or Very High Risk Prostate Cancer Patients

Measure ID#: NQF #0390, PCH-17

NQF Portfolio(s): Oncology Metrics

National Quality Strategy Priority: Effective Communication and Care Coordination

Type of Measure: Process

Improvement Noted As: Higher score indicates better quality.

Measure Steward: American Urological Association (American Urological Association Education and Research, [AUAER], Inc.)

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 androgen deprivation therapy in combination with external beam radiotherapy to the prostate

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.

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 as primary therapy.

Definitions:
Risk Strata - Very Low, Low, Intermediate, High, or Very High
Very Low Risk – PSA < 10 ng/mL; AND Gleason score 6 or less/Gleason grade group 1; 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/Gleason grade group 1; AND clinical stage T1 to T2a.
Intermediate Risk – PSA 10 to 20 ng/mL; OR Gleason score 7/Gleason grade group 2–3; 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/Gleason grade group 4–5; OR clinically localized stage T3a.

[1] From the Quality Payment Program file Quality Measure Specifications Supporting Documents

Note: Patients with multiple adverse factors may be shifted into the very high risk category.
Very High Risk – Clinical stage T3b to T4; OR primary Gleason pattern 5; OR more than 4 cores with Gleason score 8 to 10/Gleason grade group 4–5. (NCCN, 2017)
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-10CM): C61,

AND NOT

Diagnosis for metastatic cancer (ICD-10-CM): 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 (criteria above or CPT II code G8465)

NUMERATOR:

Patients who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate

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 medication(s) was ordered prior to the encounter (neoadjuvant/concurrent/adjuvant deprivation [ADT])

Performance Met: Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate, Current Procedural Terminology® (CPT®) II = G9894 or via chart abstraction)

OR

Medical Performance Exclusion (Numerator and Denominator): Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy) (CPT® II = G9895 or via chart abstraction)

OR

Patient Performance Exclusion (Numerator and Denominator): Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (G9896 or via chart abstraction)

OR

Performance Not Met: Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given (G9897 or via chart abstraction)

RATIONALE:

The use of androgen deprivation therapy in combination with external beam radiotherapy is a well-established standard of care for high-risk prostate cancer patients. Multiple large studies have shown that men who receive androgen deprivation therapy in combination with external beam radiation therapy can live longer and have a lower risk of recurrence than men who receive radiation therapy alone. In addition, a cost-analysis conducted found that the use of androgen deprivation therapy and external beam radiation therapy is cost-effective and adds quality-adjusted life years for patients (Satish et al., 2006).

Data from several sources indicate that, while utilization rates of androgen deprivation therapy and external beam radiation therapy have increased, they still remain suboptimal. One study analyzing the CaPSURE database, a provider-based registry, found that the utilization of androgen deprivation therapy and external beam radiation therapy for high-risk patients has increased to 80% throughout the past two decades, yet utilization rates have plateaued since 2000 (Cooperberg et al., 2008). There is rising concern about under treatment of high-risk prostate cancer patients (Cooperberg, Broering, Caroll, 2010). This suggests greater outreach and education are needed to improve outcomes in care.

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. (American Urological Association [AUA], 2007)
- High-risk patients who are considering specific treatment options should be informed of findings of recent high quality clinical trials, (e.g., 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 clinical stage T3a, Gleason score 8 to 10/Gleason grade group 4–5, or PSA level greater than 20 ng/mL are categorized by the panel as high risk. Patients with multiple adverse factors may be shifted to the very high-risk category. (See detailed risk strata below). The preferred treatment is EBRT (external beam radiation therapy) in conjunction with two to three years of neoadjuvant/concurrent/adjuvant ADT (category 1); ADT alone is insufficient. In particular, patients with low-volume, high-grade tumors warrant aggressive local radiation combined with typically two or three years of neoadjuvant/concurrent/adjuvant ADT. Fit men in the high-risk group can consider six cycles of docetaxel without prednisone after EBRT is completed and while continuing ADT. The combination of EBRT and brachytherapy with or without neoadjuvant/concurrent/adjuvant ADT, is another primary treatment option. However, the optimal duration of ADT in this setting remains unclear. (Category 1) (National Comprehensive Cancer Network [NCCN], 2016)

- Patients at very high risk (locally advanced) are defined by the NCCN guidelines as men with clinical stages T3b to T4, primary Gleason pattern 5, or more than four biopsy cores with Gleason score 8 to 10/Gleason grade group 4–5. The options for this group include: 1) EBRT and long-term ADT (category 1); 2) EBRT plus brachytherapy with or without long-term ADT; 3) radical prostatectomy plus PLND in younger, healthier patients with no tumor fixation to the pelvic side wall; or 4) ADT or observation for patients not candidates for definitive therapy. (Category 1) (NCCN, 2017)