



This measure has been approved by CMS for inclusion in the Quality Payment Program for 2018 reporting by the Pathologists Quality Registry. It has been updated based on the June 2017 Protocol update which includes updates to the Pathologic Staging Classification (pTNM) per AJCC 8th Edition. Additional revisions to this protocol have been made to support the AJCC 8th Edition elements and prognostic factors important to the treatment of the patient.

1. **CMS Measure ID/CMS QCDR ID:** CAP6
2. **Measure Title:** Cancer Protocol Elements for Carcinoma of the Pancreas Completed
3. **Measure Description:** Cancer protocol used for patients with epithelial tumors of the pancreas, including high-grade neuroendocrine carcinomas. The protocol covers the following procedures:
 - a. Partial Pancreatectomy
 - b. Total Pancreatectomy
 - c. Pancreaticoduodenectomy (Whipple Resection)
4. **Denominator:** All eligible pancreatic exocrine cases that require the use of a CAP cancer protocol

The codes provided are meant as guidance; they cover the majority of cases, but others may potentially apply.

CPT[®] code - 88309

AND

Any of the ICD-10 codes:

- i. C25: malignant neoplasm of pancreas
- ii. C25.0: malignant neoplasm of head of pancreas
- iii. C25.1: malignant neoplasm of body of pancreas
- iv. C25.2: malignant neoplasm of tail of pancreas
- v. C25.3: malignant neoplasm of pancreatic duct
- vi. C25.7: malignant neoplasm of other parts of pancreas
- vii. C25.8: malignant neoplasm of overlapping sites of pancreas
- viii. C25.9: malignant neoplasm of pancreas, unspecified

5. **Denominator Exclusions:**
 - a. Biopsy procedures.
 - b. Low-grade neuroendocrine tumors
 - c. Tumors of the ampulla of Vater.
6. **Denominator Exceptions:** None
7. **Numerator:** All eligible cases containing all of the *required* elements found in the current CAP pancreatic exocrine cancer protocol. Optional data (marked with a "+" in the CAP cancer protocol) is not required, but may be present.
The current protocol, the required elements include:
 - a. Procedure
 - b. Tumor Site

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- c. Tumor Size
 - d. Histologic Type
 - e. Histologic Grade (ductal carcinoma only)
 - f. Microscopic Tumor Extension
 - g. Margins
 - h. Treatment Effect (required only if applicable)
 - i. Lymphovascular Invasion
 - j. Perineural Invasion
 - k. Regional Lymph Node
 - l. Pathologic Stage Classification (pTNM, AJCC 8th Edition)
- * If an item is not applicable, an "N/A" listing is required.*

8. **Numerator Exclusions:** None

9. **Rationale:** The CAP cancer templates have been thoroughly researched and have been determined to contain all the elements that a clinician would need to appropriately treat a patient with a malignant disease. Therefore utilizing all the required elements found in a CAP template for malignant cases should be the very definition of a high quality report and serve as a measure of pathologist performance. An accurate and complete diagnosis as would be found in a high quality pathology report with the CAP cancer template is crucial to successful patient treatment and outcomes.

10. **NQF Number:** N/A

11. **eCQM Number:** N/A

12. **NQS Domain:** Effective Clinical Care

13. **Outcome or High Priority?:** No

14. **High Priority Type:** No

15. **Measure Type:** Process

16. **Inverse Measure:** No

17. **Proportional Measure:** Yes

18. **Continuous Variable Measure:** No

19. **Ratio Measure:** No

20. **If Continuous Variable and/or Ratio is chosen, what would be the range of the score(s)?:** N/A

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21. **Number of performance rates to be submitted:** 1
22. **Overall Performance Rate if more than 1 performance rate is to be submitted:** N/A
23. **Is the Measure Risk-Adjusted?:** No
24. **Data Source:** Laboratory Information System; CAP cancer protocols and pathology reports
25. **Reference:** Pancreas Exocrine 4.0.0.0(June 2017)
<http://www.cap.org/ShowProperty?nodePath=/UCMCon/Contribution%20Folders/WebContent/pdf/cp-pancreas-exocrine-17protocol-4000.pdf>