

**Quality ID #100 (NQF 0392): Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade – National Quality Strategy Domain: Effective Clinical Care**

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**  
Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade

**INSTRUCTIONS:**  
This measure is to be submitted **each time** a colorectal cancer resection surgical pathology examination is performed during the performance period for colorectal cancer patients. It is anticipated that eligible clinicians who examine colorectal tissue specimens following resection in a laboratory or institution will submit this measure.

**Measure Submission:**  
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**  
All colon and rectum cancer resection pathology reports

**Denominator Criteria (Eligible Cases):**  
**Diagnosis for colon or rectum cancer (ICD-10-CM):** C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8

**AND**  
**Patient procedure during the performance period (CPT):** 88309

**AND NOT**  
**DENOMINATOR EXCLUSION:**  
Specimen site is other than anatomic location of primary tumor: G8723

**NUMERATOR:**  
Reports that include the pT category, the pN category and the histologic grade

**Numerator Options:**  
***Performance Met:*** pT category (primary tumor), pN category (regional lymph nodes), and histologic grade were documented in pathology report (**G8721**)

**OR**  
***Denominator Exception:*** Documentation of medical reason(s) for not including the pT category, the pN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomas, anal canal) (**G8722**)

**OR**  
***Performance Not Met:*** pT category, pN category and histologic grade were not documented in the pathology report, reason not given (**G8724**)

## **RATIONALE:**

Therapeutic decisions for colorectal cancer management are stage driven and cannot be made without a complete set of pathology descriptors. Incomplete cancer resection pathology reports may result in misclassification of patients, rework and delays, and suboptimal management. The College of American Pathologists (CAP) has produced evidence-based checklists of essential pathologic parameters that are recommended to be included in cancer resection pathology reports. These checklists have been endorsed as a voluntary standard by National Quality Forum (NQF) and are considered the reporting standard by the Commission on Cancer (CoC) of the American College of Surgeons (ACS).

The CAP conducted a structured audit of colorectal cancer pathology report adequacy at 86 institutions. Overall, 21% of eligible reports were missing at least one of the ten CAP-recommended colorectal cancer elements. (Idowu MO, et al, 2010) Cancer Care Ontario (CCO) conducted a similar study in 2005 and found that 31% of colorectal cancer pathology reports did not include all of the information required by the CAP standards.

While the exact percentage of colorectal cancer resection pathology reports that are missing the pT category, the pN category and the histologic grade is unknown, these are essential elements in colorectal cancer treatment decisions and should be included in every pathology report when possible.

## **CLINICAL RECOMMENDATION STATEMENTS:**

Surgical resection remains the most effective therapy for colorectal carcinoma, and the best estimation of prognosis is derived from the pathologic findings on the resection specimen. The anatomic extent of disease is by far the most important prognostic factor in colorectal cancer. The protocol recommends the TNM staging system of the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC)<sup>1</sup> but does not preclude the use of other staging systems. By AJCC/UICC convention, the designation “T” refers to a primary tumor that has not been previously treated. The symbol “p” refers to the pathologic classification of the TNM, as opposed to the clinical classification, and is based on gross and microscopic examination. pT entails a resection of the primary tumor or biopsy adequate to evaluate the highest pT category, pN entails removal or biopsy of nodes adequate to validate lymph node metastasis, and pM implies microscopic examination of distant lesions. (CAP, 2017)

Colorectal cancers are usually staged after surgical exploration of the abdomen and pathologic examination of the surgical specimen. Some of the criteria that should be included in the report of the pathologic evaluation include the following: grade of the cancer; depth of penetration and extension to adjacent structures (T); number of regional lymph nodes evaluated; number of positive regional lymph nodes (N); an assessment of the presence of distant metastasis to other organs, the peritoneum of an abdominal structure, or in non-regional lymph nodes (M); the status of proximal, distal and radial margins; lymphovascular invasion, perineurial invasion and extra-nodal tumor deposits. (NCCN, 2012)

[Cap June 2017 Protocol for the Examination of Specimens From Patients With Primary Carcinoma of the Colon and Rectum](#)

## **COPYRIGHT:**

**THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.**

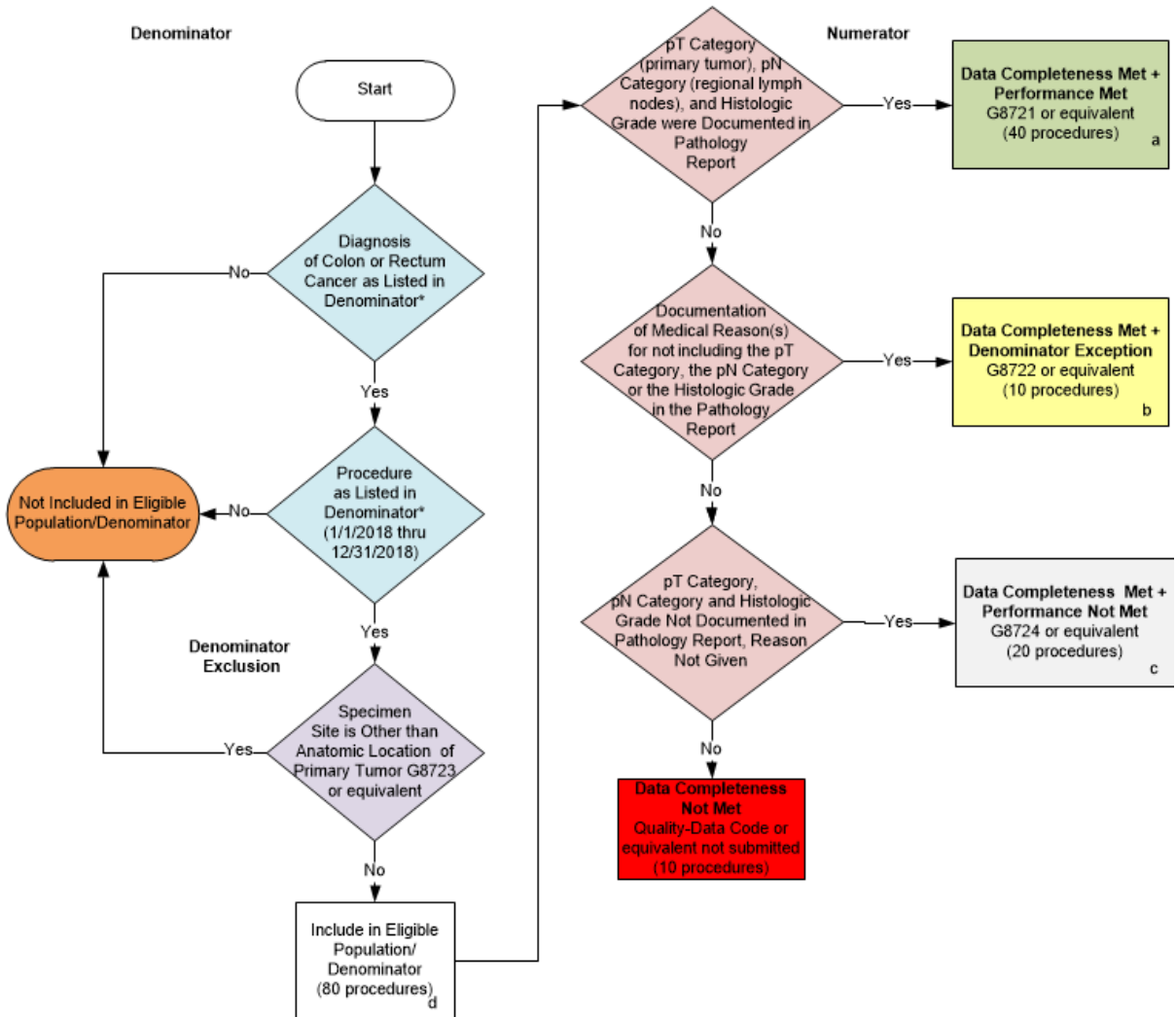
© 2015 American Medical Association and College of American Pathologists. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, CAP, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2017 American Medical Association. LOINC®

copyright 2004-2017 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2017  
College of American Pathologists. All Rights Reserved.

**2018 Registry Flow for Quality ID #100 NQF #0392:  
Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN  
Category (Regional Lymph Nodes) with Histologic Grade**



**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b =10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b =10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$

\*See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

CPT only copyright 2017 American Medical Association. All rights reserved. The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v2

## 2018 Registry Flow for Quality ID

### #100 NQF #0392: Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Diagnosis:
  - a. If Diagnosis of Colon or Rectum Cancer as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis of Colon or Rectum Cancer as Listed in Denominator equals Yes, proceed to check Encounter Performed.
3. Check Procedure Performed:
  - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Procedure as Listed in the Denominator equals Yes, Specimen Site is Other than Anatomic Location of Primary Tumor.
4. Check Specimen Site is Other than Anatomic Location of Primary Tumor:
  - a. If Specimen Site is Other than Anatomic Location of Primary Tumor equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Specimen Site is Other than Anatomic Location of Primary Tumor equals No, include in Eligible Population.
5. Denominator Population:
  - a. Denominator Population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
6. Start Numerator
7. Check pT Category (primary tumor), pN Category (regional lymph nodes), and Histologic Grade were Documented in Pathology Report:
  - a. If pT Category (primary tumor), pN Category (regional lymph nodes), and Histologic Grade were Documented in Pathology Report equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in Sample Calculation.
  - c. If pT Category (primary tumor), pN Category (regional lymph nodes), and Histologic Grade were Documented in Pathology Report equals No, proceed to Documentation of Medical Reason(s) for not including the pT Category, the pN Category or the Histologic Grade in the Pathology Report.

8. Check Documentation of Medical Reason(s) for not including the pT Category, the pN Category or the Histologic Grade in the Pathology Report:
  - a. If Documentation of Medical Reason(s) for not including the pT Category, the pN Category or the Histologic Grade in the Pathology Report equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
  - c. If Documentation of Medical Reason(s) for not including the pT Category, the pN Category or the Histologic Grade in the Pathology Report equals No, proceed to pT Category, pN Category and Histologic Grade Not Documented in Pathology Report, Reason Not Given.
9. Check pT Category, pN Category and Histologic Grade Not Documented in Pathology Report, Reason Not Given:
  - a. If pT Category, pN Category and Histologic Grade Not Documented in Pathology Report, Reason Not Given equals Yes, include in the Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures.
  - c. If pT Category, pN Category and Histologic Grade Not Documented in Pathology Report, Reason Not Given equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met:
  - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b =10 procedures)} + \text{Performance Not Met (c=20 procedures)} = 70 \text{ procedures}}{\text{Eligible Population / Denominator (d=80 procedures)} = 80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b =10 procedures)} = 60 \text{ procedures}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$