

**Quality ID #99 (NQF 0391): Breast 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 breast 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 breast cancer resection surgical pathology examination is performed during the performance period for breast cancer patients. It is anticipated that eligible clinicians who examine breast 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 breast cancer resection pathology reports (excluding biopsies)

**Denominator Criteria (Eligible Cases):**

**Diagnosis for breast cancer (ICD-10-CM):** C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929

**AND**

**Patient procedure during the performance period (CPT):** 88307, 88309

**AND NOT**

**DENOMINATOR EXCLUSION:**

**Specimen site other than anatomic location of primary tumor:** 3250F

**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 documented in pathology report **(3260F)**

**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 (eg, re-excision without residual tumor, non-carcinomas) (3260F *with* 1P)

**OR**

*Performance Not Met:*

pT category, pN category, and histologic grade were not documented in pathology report, reason not otherwise specified (3260F *with* 8P)

**RATIONALE:**

Therapeutic decisions for breast 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 recently conducted a structured audit of breast cancer pathology report adequacy at 86 institutions. Overall, 35% of eligible reports were missing at least one of the ten CAP-recommended breast cancer elements. Cancer Care Ontario (CCO) conducted a similar study in 2005 and found that 25% of breast cancer pathology reports did not include all of the information required by the CAP standards. While the exact percentage of breast cancer resection pathology reports that are missing the pT category, the pN category and the histologic grade is unknown, these are essential elements in breast cancer treatment decisions and should be included in every pathology report when possible.

The CAP recently conducted a structured audit of breast cancer pathology report adequacy at 86 institutions. Overall, 35% of eligible reports were missing at least one of the ten CAP-recommended breast cancer elements (Idowu MO, et al).

**CLINICAL RECOMMENDATION STATEMENTS:**

All invasive breast carcinomas should be graded.<sup>12</sup> The Nottingham combined histologic grade (Elston-Ellis modification of Scarff-Bloom-Richardson grading system) should be used for reporting. Within each stage grouping there is a relation between histologic grade and outcome. (CAP, 2017).

All patients with breast cancer should be assigned a clinical stage of disease, and if appropriate evaluation is available, a pathologic stage of disease. The routine use of staging allows for efficient identification of local treatment options, assists in identifying systemic treatment options, allows the comparison of outcomes results across institutions and clinical trials, and provides baseline prognostic information. (NCCN, 2012)

[CAP June 2017 Protocol for the Examination of Specimens From Patients With Invasive Carcinoma of the Breast](#)

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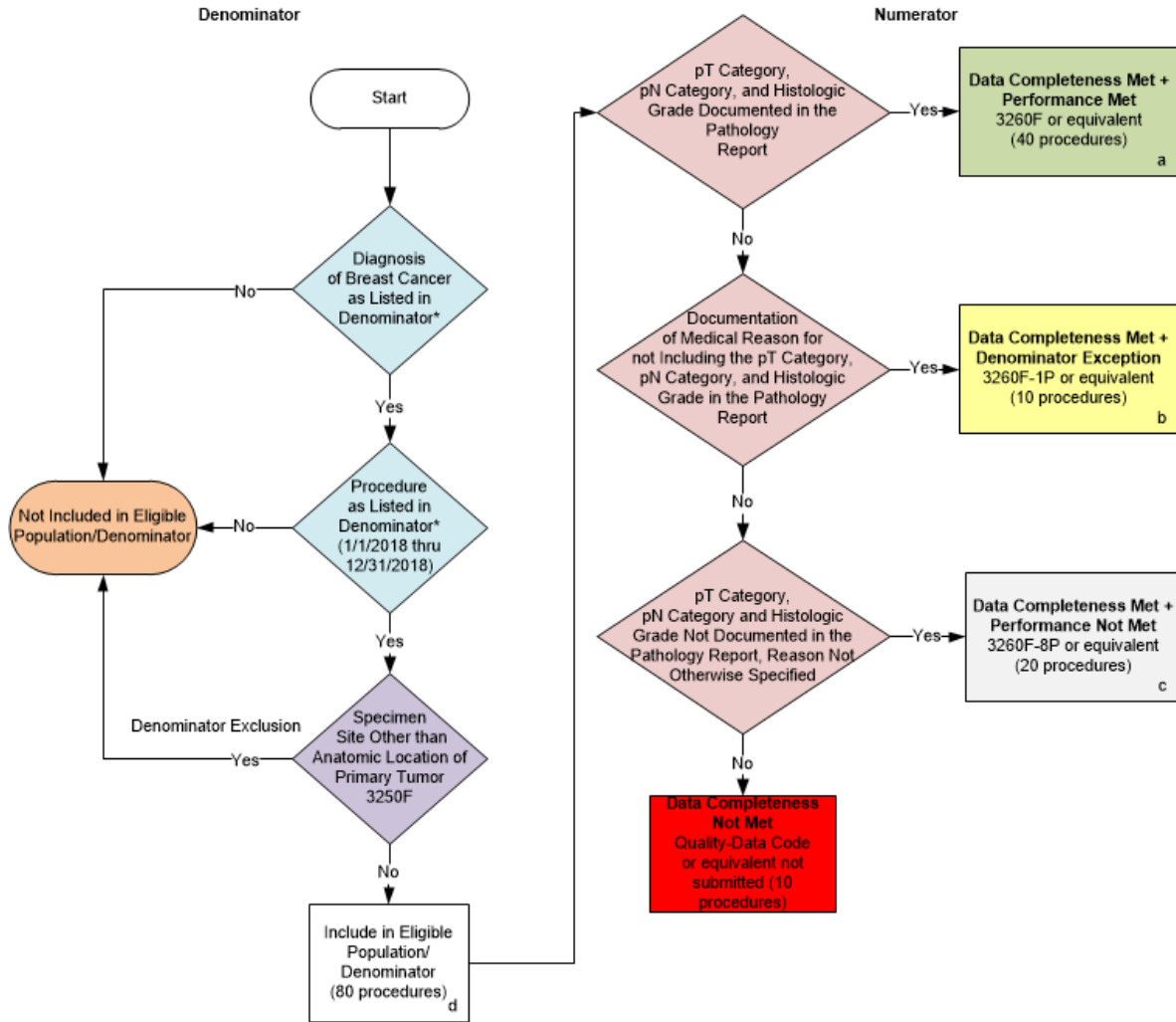
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**2018 Registry Flow for Quality ID #99 NQF #0391:  
Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category  
(Regional Lymph Nodes) with Histologic Grade**



**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

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## 2018 Registry Flow for Quality ID

### #99 NQF #0391: Breast 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 reporting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Diagnosis:
  - a. If Diagnosis of Breast Cancer as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis of Breast Cancer as Listed in Denominator equals Yes, proceed to check Procedure 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, proceed to Specimen Site Other than Anatomic Location of Primary Tumor.
4. Check Specimen Site Other than Anatomic Location of Primary Tumor:
  - a. If Specimen Site Other than Anatomic Location of Primary Tumor equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Specimen Site Other than Anatomic Location of Primary Tumor equals No, include in Eligible Patient 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, pN Category and Histologic Grade Documented in the Pathology Report:
  - a. If pT Category, pN Category and Histologic Grade Documented in the 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, pN Category and Histologic Grade Documented in the Pathology Report equals No, proceed to Documentation of Medical Reason for Not Including the pT Category, PN Category and

Histologic Grade in the Pathology Report.

8. Check Documentation of Medical Reason for not Including the pT Category, PN Category and Histologic Grade in the Pathology Report:
  - a. If Documentation of Medical Reason for Not Including the pT Category, PN Category and 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 for Not Including the pT Category, PN Category and Histologic Grade in the Pathology Report equals No, proceed to pT Category, pN Category and Histologic Grade Not Documented in the Pathology Report, Reason Not Otherwise Specified.
9. Check pT Category, pN Category and Histologic Grade Not Documented in the Pathology Report, Reason Not Otherwise Specified:
  - a. If pT Category, pN Category and Histologic Grade Not Documented in the Pathology Report, Reason Not Otherwise Specified 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 in the Sample Calculation.
  - c. If pT Category, pN Category and Histologic Grade Not Documented in the Pathology Report, Reason Not Otherwise Specified 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 Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

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

**Performance Rate=**

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