

Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (NQF 0389)

EMeasure Name	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	EMeasure Id	Pending
Version Number	1	Set Id	Pending
Available Date	No information	Measurement Period	January 1, 20xx through December 31, 20xx
Measure Steward	American Medical Association – Physician Consortium for Performance Improvement		
Endorsed by	National Quality Forum		
Description	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	A bone scan is generally not required for staging prostate cancer in men with a low risk of recurrence and receiving primary therapy. This measure is written as a negative measure so that the performance goal is 100%, consistent with the other measures for this condition.		
Clinical Recommendation Statement	<p>Routine use of a bone scan is not required for staging asymptomatic men with clinically localized prostate cancer when their PSA is equal to or less than 20.0 ng/mL (AUA).</p> <p>Patients with a life expectancy > 5 years or symptomatic:</p> <ul style="list-style-type: none"> • A bone scan is appropriate for T1 to T2 disease in the presence of a PSA greater than 20 ng/mL, Gleason score of 8 or higher, clinical stage of T3 to T4, or symptomatic disease. • Patients at higher risk of metastatic disease may undergo pelvic computed tomography (CT) or magnetic resonance imaging (MRI) scanning with possible fine-needle aspiration of enlarged lymph nodes or staging lymph node dissection. Nomograms or risk tables may be used to identify patients with a higher likelihood of having metastatic disease. If the nomogram indicates a probability of lymph node involvement greater than 20% or if the patient is stage T3 or T4, this is recommended as a threshold for doing a staging CT scan or MRI evaluation. For all other patients, no additional imaging is required for staging (NCCN) (Category 2A). 		
References			
Definitions			

Table of Contents

- [Population criteria](#)
- [Data criteria \(QDS Data Elements\)](#)

- Summary calculation

Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.

Population criteria

- **Initial Patient Population =**
 - AND: "Diagnosis active: prostate cancer";
- **Denominator =**
 - AND: All patients in the initial patient population;
 - AND: "Procedure performed: prostate cancer treatment";
 - AND: "Procedure result: AJCC cancer stage low risk recurrence prostate cancer";
 - AND: "Laboratory test result: prostate specific antigen test", result ≤ 10 mg/dL;
 - AND:
 - OR: "Laboratory test result: Gleason score", result ≤ 6 ;
 - OR: "Laboratory test result: Gleason score ≤ 6 ";
- **Numerator =**
 - AND NOT: "Diagnostic study performed: bone scan";
- **Exclusions =**
 - OR: "Diagnosis active: pain related to prostate cancer";
 - OR: "Procedure performed: salvage therapy";
 - OR: "Diagnostic study performed: bone scan", reason;

Data criteria (QDS Data Elements)

- **Initial Patient Population =**
 - "Diagnosis active: prostate cancer" using "prostate cancer code list grouping" before or simultaneously to "measurement period";
- **Denominator =**
 - All patients in the initial patient population;
 - "Procedure performed: prostate cancer treatment" using "prostate cancer treatment code list" during the "measurement period";
 - "Procedure result: AJCC cancer stage low risk recurrence prostate cancer" using "AJCC cancer stage low risk recurrence prostate cancer code list" before or simultaneously to "procedure performed: prostate cancer treatment";

- “Laboratory test result: prostate specific antigen test” using “prostate specific antigen test grouping” before or simultaneously to “procedure performed: prostate cancer treatment”;
- “Laboratory test result: Gleason score” using “Gleason score code list grouping” before or simultaneously to “procedure performed: prostate cancer treatment”; “Laboratory test result: Gleason score <=6” using “Gleason score <=6 code list grouping” before or simultaneously to “procedure performed: prostate cancer treatment”;
- **Numerator =**
 - “Diagnostic study performed: bone scan” using “bone scan code list grouping” after or simultaneously to “diagnosis active: prostate cancer”;
- **Exclusions =**
 - “Diagnosis active: pain related to prostate cancer” using “pain related to prostate cancer code list grouping” after or simultaneously to “diagnosis active: prostate cancer”;
 - “Procedure performed: salvage therapy” using “salvage therapy code list grouping” after or simultaneously to “diagnosis active: prostate cancer”;
 - “Diagnostic study performed: bone scan” using “bone scan code list grouping” after or simultaneously to “diagnosis active: prostate cancer”;

Summary Calculation

Calculation is generic to all measures:

- Calculate the final denominator by adding all that meet denominator criteria.
- Subtract from the final denominator all that do not meet numerator criteria yet also meet exclusion criteria. Note some measures do not have exclusion criteria.
- The performance calculation is the number meeting numerator criteria divided by the final denominator.
- For measures with multiple patient populations, repeat this process for each patient population and report each result separately.
- For measures with multiple numerators, calculate each numerator separately within each population using the paired exclusion.

Measure set	CLINICAL QUALITY MEASURE SET 2011-2012
--------------------	--