### Measure Description
Percentage of surgical pathology reports for biopsies or radical resections (radical prostatectomy) of primary prostate cancer that include total Gleason score, grade group classification, and Gleason patterns including percent of pattern 4 for specimens with grade group 2 or 3.

### Denominator Statement
Surgical pathology reports for prostate biopsies and radical resections for carcinoma of the prostate, including all adenocarcinomas and histologic variants

- CPT: 88305 (Prostate—Needle biopsy)
- 88309 (Prostate – Radical resection)

OR
- HCPCS: G0416 (Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method)

AND
- ICD10: C61 Malignant neoplasm of prostate

### Denominator Exclusions
- Transurethral resection of the prostate (TURP)
- Intraductal Carcinoma of the Prostate Gland (IDCP)

### Denominator Exceptions
- Specimen has documented neoadjuvant hormone therapy/treatment effects that hinder histologic assessments
- Resection specimen has no residual cancer
- Insufficient tissue for analysis
- Specimen contains necrotic tissue

### Numerator Statement
Surgical pathology reports for biopsies and radical resections of carcinoma of the prostate that include:
- Gleason patterns used in determining the Gleason score (primary and secondary if applicable) AND percent of pattern 4 for specimens in grade group 2 or 3
- Total Gleason score (2-10)
- Grade group classification (1-5)

### Numerator Exclusions
None

### Measure Information

<table>
<thead>
<tr>
<th>NQS Domain</th>
<th>Communication and Care Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaningful Measures Area(s)</td>
<td>Transfer of Health Information and Interoperability</td>
</tr>
</tbody>
</table>
### Meaningful Measure Rationale

The 9 Gleason scores (2-10) have been variably lumped into different groups for prognosis and patient management purposes. Epstein and associates proposed grouping scores into 5 prognostic categories, grade groups 1-5. (1) This grade grouping strongly correlates with biochemical recurrence and have been incorporated into the new Partin tables. (1-3) At the 2014 ISUP Consensus Conference, details of this prognostic system were clarified, and it was recommended for usage together with the Gleason system. (4) This grade grouping has also been subsequently validated by other independent studies in surgical and radiation cohorts show significant correlation with survival. (5-7) The new grade grouping has been endorsed in the 2016 WHO classification and updated in 2019 by the ISUP. (8-9) The grade grouping has also been endorsed by ISUP and is referred to as ISUP grade in some publications. Like Gleason scoring in needle biopsies, the grade group can be applied at core, specimen, or case levels.

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Data Source</th>
</tr>
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<tbody>
<tr>
<td>Process</td>
<td>Laboratory Information Systems; pathology reports</td>
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</table>

**Summary of Performance Gap Evidence**

For performance year 2021, 38 reporting entities submitted data on a previous version of this measure to CMS, ranging from 8 cases to 4436 cases (two entities were below the 20-case minimum). Performance scores range from 40.5 to 100% with an average performance of 95.66%. The previous version of the measure did not require percent of pattern 4 for grade groups 2 and 3.

For January 1st to July 1st 2022, 23 reporting entities have entered data on this measure into the Pathologists Quality Registry, ranging from 6 to 2,596 cases. Performance scores range from 44.2% to 100% with an average performance of 93.1%.

Recent updates to the Gleason grading system (1) have provided pathologists with a structured system to describe individual architectural patterns of prostate cancer (2). However, “notable interobserver variation among pathologists” remains (2). It is therefore recommended that in addition to Gleason grade, full score and pattern are recorded for every patient. However, studies suggest “differences in Gleason grading by pathologists practicing in different facility categories and variations in their promptness of adopting International Society of Urological Pathology recommendations.” (3). Furthermore, studies show that continuing use of terms such as “tertiary grade pattern” instead of summing together the most common and highest grade patterns introduces confusion (4-5). It is therefore all the more important for pathologists to discretely report Gleason pattern, score, and grade group classification.

Specifically regarding the new data, use of percent of pattern 4, the Genitourinary Pathology Society reports that as of 2021, only 74% of pathologists regularly report pattern 4 for specimens in grade group 3 (6)

<table>
<thead>
<tr>
<th>Measure Owner</th>
<th>College of American Pathologists</th>
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<tbody>
<tr>
<td>NQF ID</td>
<td>N/A</td>
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<tr>
<td>Number of Performance Rates</td>
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<tr>
<td>Overall Performance Rate</td>
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<td>High-priority</td>
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<tr>
<td>Improvement Notation</td>
<td>Inverse Measure: No</td>
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<tr>
<td></td>
<td>Proportional Measure: Yes (Higher score indicates better quality)</td>
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<td>Continuous Variable Measure: No</td>
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<td>Ratio Measure: No</td>
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<td>Risk-adjusted: No</td>
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<tr>
<td>Care Setting and Specialty</td>
<td>Care Setting: Other—Laboratories; Telehealth not applicable</td>
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<tr>
<td></td>
<td>Specialty: Pathology</td>
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<tr>
<td>Submission Pathway</td>
<td>Traditional MIPS Only</td>
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<td>Current Clinical Guideline the Measure is Derived From</td>
<td>Protocol for the Examination of Specimens From Patients With Carcinoma of the Prostate Gland v4.2.0.1 (November 2021) Gladell P. Paner; John R. Srigley; Jason Pettus; Giovanna Angela Giannico; Joseph Sirintrapun; Lara R. Harik. With guidance from the CAP Cancer and CAP Pathology Electronic Reporting Committees. <a href="https://documents.cap.org/protocols/Prostate_4.2.0.1.REL_CAPCP.pdf">https://documents.cap.org/protocols/Prostate_4.2.0.1.REL_CAPCP.pdf</a></td>
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<td>Protocol for the Examination of Prostate Needle Biopsies From Patients With Carcinoma of the Prostate Gland: Specimen Level Reporting v1.0.0.1 (November 2021) Gladell P. Paner, MD*; John R. Srigley, MD*; Jason Pettus, MD; Giovanna Angela Giannico, MD; Joseph Sirintrapun, MD; Lara R. Harik, MD</td>
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NCCN Clinical Practice Guidelines in Oncology: Prostate Cancer (updated 21 May 2020):
Measure Flow

**Denominator**

- **Start:** 100 cases
- **Transurethral resection of the prostate (TURP):** 10 cases (a)
- **Diagnosis as listed in denominator: ICD-10 C61:**
  - Yes
  - No
- **Not in Eligible Population/Denominator:**
  - Yes
  - No

**Numerator**

- **Pathology report includes Gleason pattern, score and grade group:**
  - Yes
  - No
- **Documentation of medical reason for not including required data elements:**
  - Yes
  - No
- **Pathology report does not include Gleason pattern, score and grade group, reason not given:**
  - Yes
  - No

**Data Completeness:**

- Denominator Exceptions (c) + Met (b) + Not Met (d) = 10 + 60 + 10 = 90

**Performance Rate:**

- Met (b) = 60

**Data Completeness Numerator – Denominator Exceptions (c) = 70**

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