CMS Measure ID/CMS QCDR ID: CAP 44
Measure Title: Molecular Assessment for Endometrial Carcinoma

Measure Specifications

Measure Description	Percentage of pathology reports for endometrial carcinoma that comment on POLE and p53 testing status, and status of IHC for PMS2 and MSH6
Denominator Statement	All surgical pathology reports for biopsies and resections for endometrial carcinoma CPT©: 88305 (Endometrium, curettings/biopsy) 88309 (Uterus, with or without tubes and ovaries, neoplastic) **AND** ICD-10 • C54.1: Malignant neoplasm of endometrium • C54.8: Malignant neoplasm of overlapping sites of corpus uteri
Denominator Exclusions	None
Denominator Exceptions	Non-endometrial specimen (e.g. lymph nodes; ovaries only) Necrotic tissue Metastatic carcinoma No endometrial carcinoma (incl. no residual carcinoma)
Numerator Statement	Pathology reports that comment on the status of POLE and p53 testing by any methodology and the status of IHC for PMS2 and MSH6 Information must be provided about each biomarker; a non-specific note about “biomarker testing” or other documentation that does not conclusively identify each biomarker by name does not meet the measure.
Numerator Exclusions	None
Guidance	A short note on mutation status can be made in the final report, such as: • Mutation(s) identified/positive • No mutation(s) identified/ negative • POLE, p53, PMS2 and MSH6 testing previously performed • POLE, p53 mutation testing recommended/PMS2 and MSH6 IHC recommended • POLE, p53, PMS2 and MSH6 mutation cannot be determined or is not possible • POLE, p53, PMS2 and MSH6 mutation testing not indicated • Mutation status may be derived from either the primary or a reference laboratory. The status does NOT have to be the same for all three biomarkers as long as each is recorded.
Measure Information	

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NQS Domain	Communication and Care Coordination
Meaningful Measures Area(s)	Transfer of Health Information and Interoperability
Meaningful Measure Rationale	The biomarkers included in this measure are critical to better define the prognosis and therapeutic approaches for these diseases. The performance of a complete molecular classification surrogate (POLEmut, MMRd, NSMP, p53abn) is encouraged in all cases of endometrial carcinoma for prognostic risk-group stratification and as potential influencing factors for adjuvant and systemic treatment decisions (1). 1. Berek, Jonathan S et al. “FIGO staging of endometrial cancer: 2023.” International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics vol. 162,2 (2023): 383-394. doi:10.1002/ijgo.14923
Measure Type	Process
Data Source	Laboratory Information Systems; pathology reports
Summary of Performance Gap Evidence	36 clinicians representing 1 reporting entity had data as of 18 July 2025. The average performance rate was 43.5% with scores ranging from 12.5% to 100%.
Measure Owner	College of American Pathologists
CBE ID	N/A
Number of Performance Rates	1
Overall Performance Rate	1st Performance Rate
High-priority	Yes
Improvement Notation	Inverse Measure: No **Proportional Measure: Yes (Higher score indicates better quality)** Continuous Variable Measure: No Ratio Measure: No Risk-adjusted: No
Care Setting and Specialty	Care Setting: Other—Laboratories; Telehealth not applicable Specialty: Pathology
Submission Pathway	Traditional MIPS Only

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Current Clinical Guideline the Measure is Derived From	The 5th edition of the WHO Classification of Tumors of the Female Genital Tract emphasizes that integrated molecular diagnostics are the most effective method for risk stratification in endometrial carcinoma. It recommends conducting POLE mutation testing, followed by immunohistochemistry for mismatch repair proteins and p53, to classify tumors into clinically relevant prognostic groups (1). 1. Parkash, Vinita et al. “Recent Advances in the Classification of Gynecological Tract Tumors: Updates From the 5th Edition of the World Health Organization "Blue Book".” Archives of pathology & laboratory medicine vol. 147,10 (2023): 1204-1216. DOI: 10.5858/arpa.2022-0166-RA

Measure Flow

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