### Measure Description
Percentage of all eligible pancreatic exocrine carcinoma (including small cell and large cell (poorly differentiated) neuroendocrine carcinoma) specimens:
- Partial Pancreatectomy
- Total Pancreatectomy
- Pancreaticoduodenectomy (Whipple Resection)

for which all required data elements of the Cancer Protocol are included and meet the maximum 4 business day turnaround time (TAT) requirement (Report Date – Accession Date ≤ 4 business days).

**INSTRUCTIONS:** This measure has two performance rates that contribute to the overall performance score:
1. Percent of cases for which all required data elements of the cancer protocol are included.
2. Percent of cases that meet the maximum 4 business day turnaround time.

The overall performance score submitted is a weighted average of:
(Performance rate 1 x 70%)+(Performance rate 2 x 30%)

### Denominator Statement
All final pathology reports for eligible pancreatic exocrine carcinoma cases that require the use of a CAP cancer protocol.

**CPT®**: 88309

**AND**

Any of the ICD10:
- C25: malignant neoplasm of pancreas
- C25.0: malignant neoplasm of head of pancreas
- C25.1: malignant neoplasm of body of pancreas
- C25.2: malignant neoplasm of tail of pancreas
- C25.3: malignant neoplasm of pancreatic duct
- C25.7: malignant neoplasm of other parts of pancreas
- C25.8: malignant neoplasm of overlapping sites of pancreas
- C25.9: malignant neoplasm of pancreas, unspecified

### Denominator Exclusions
1. Biopsy procedures
2. Intraductal papillary mucinous neoplasms without associated invasive carcinoma
3. Mucinous cystic neoplasms without associated invasive carcinoma
4. Well-differentiated neuroendocrine tumors
5. Tumors of the ampulla of Vater
6. Lymphoma
7. Sarcoma

### Denominator Exceptions
1. Cases requiring intradepartmental or extra-departmental consultation.
## Numerator Statement

All eligible cases containing all of the required elements found in the current CAP Pancreatic Exocrine protocol. Optional data (marked with a "+" in the CAP cancer protocol) is not required but may be present.

The current protocol, the required elements include:

- Procedure
- Tumor Site
- Tumor Size
- Histologic Type
- Histologic Grade (ductal carcinoma only)
- Tumor Extension
- Margins
- Treatment Effect (required only if applicable)
- Lymphovascular Invasion
- Perineural Invasion
- Regional Lymph Nodes
  - Number of Lymph Nodes Involved*
  - Number of Lymph Nodes Examined*
- Pathologic Stage Classification (pTNM, AJCC 8th Edition)
- TNM Descriptors*
  - Primary Tumor (pT)
  - Regional Lymph Nodes (pN)
  - Distant Metastasis (pM)*

* If an item is not applicable, an “N/A” listing is required.

**AND**

Final pathology report in the laboratory/hospital information system with result verified and reported by the laboratory, available to the requesting physician(s) within 4 business days.

### Numerator definitions:

1. **Turnaround Time (TAT):** The day the specimen is accessioned in the lab to the day the final report is signed out. Business days counted only.
2. **Accession Date:** The date recorded in the laboratory/hospital information system that documents when a specimen was received by the laboratory.
3. **Report Date:** The date recorded in the laboratory/hospital information system that documents when a result is verified and reported by the laboratory and is available to the requesting physician(s) (signed out)
4. **Signed Out:** The pathology report with a final diagnosis is released.

## Numerator Exclusions

None

## Measure Information

### NQS Domain

Communication and Care Coordination

### Meaningful Measures Area(s)

Transfer of Health Information and Interoperability
### Meaningful Measure Rationale

The CAP cancer protocols have been thoroughly researched and have been determined to contain all the elements that a clinician would need to appropriately treat a patient with a malignant disease. Therefore, utilizing all the required elements found in a CAP protocol for malignant cases should be the very definition of a high-quality report and serve as a measure of pathologist performance. An accurate and complete diagnosis as would be found in a high-quality pathology report with the CAP cancer template is crucial to successful patient treatment and outcomes. The cancer protocols standardize the collection and reporting of all cancer patient data, facilitates communication between pathologists, clinicians and cancer registrars, and improves and supports information exchange and data interoperability (1).

Turnaround time (TAT) is an indicator of efficiency in anatomic pathology and may affect coordination of patient care. Timely pathology reports are one of the most important tools physicians use to adequately manage the quality and safety of patient care. The implication of surgical pathology report delay, as shown in research evidence, is that prolonged turnaround time plays a major role in disease complications, including raising morbidity and mortality rates. Therefore, verifying pathology reports in an appropriate timeframe helps healthcare practitioners with timely diagnosis and more effective treatment planning (2-4).


<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Process</th>
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<tbody>
<tr>
<td>Data Source</td>
<td>Laboratory Information System; CAP cancer protocols; and pathology reports</td>
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<tr>
<td>Summary of Performance Gap Evidence</td>
<td>A CAP Q-Probes study demonstrated that about 30% of cancer reports do not have all the scientifically validated elements required by the ACS CoC. The CAP cancer protocols have been thoroughly researched and have been determined to contain all the elements that a clinician would need to appropriately treat a patient with a malignant disease. Therefore, utilizing all the required elements found in a CAP protocol for malignant cases should</td>
</tr>
</tbody>
</table>
be the very definition of a high-quality report and serve as a measure of pathologist performance.
1. Michael O. Idowu, MD; Leonas G. Bekeris, MD; Stephen Raab, MD; Stephen G. Ruby, MD, MBA; Raouf E. Nakhleh, MD. Adequacy of Surgical Pathology Reporting of Cancer A College of American Pathologists Q-Probes Study of 86 Institutions Arch Pathol Lab Med. 2010;134:969–974.

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<th>Measure Owner</th>
<th>College of American Pathologists</th>
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<tbody>
<tr>
<td>NQF ID</td>
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<tr>
<td>Number of Performance Rates</td>
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<td>Overall Performance Rate</td>
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<tr>
<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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<td>Specialty</td>
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CAP QCDR Measure
Cancer Protocol and Turnaround Time (TAT) - Pancreas

Measure Flow

Performance Rate 1

Data Comprehension:

<table>
<thead>
<tr>
<th>Performance Rate</th>
<th>Performance User</th>
<th>Performance User Rate</th>
<th>Eligible Population</th>
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<tbody>
<tr>
<td>500</td>
<td>400</td>
<td>0.67 x 0.70</td>
<td>47%</td>
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</tbody>
</table>

Weighted Score: Performance Rate 1 x 70% = (0.67 x 0.70) = 47%
Weighted Score: Performance Rate 2 x 30% = (0.86 x 0.30) = 26%
Overall Performance Score = (Performance Rate 1 x 70%) + (Performance Rate 2 x 30%)
= 47 + 26 = 73% (Score submitted to CMS)