**CAP QCDR Measure**

**Cancer Protocol and Turnaround Time (TAT) - Hepatocellular Carcinoma**

**CMS Measure ID/CMS QCDR ID:** CAP 26  
**Measure Title:** Cancer Protocol and Turnaround Time for Hepatocellular Carcinoma

### Measure Specifications

| Measure Description | Percentage of all eligible hepatocellular carcinoma specimens:  
|                    | • Hepatic resection  
|                    | • Partial hepatic resection  
|                    | • Complete hepatic 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:

\[(\text{Performance rate 1} \times 70\%) + (\text{Performance rate 2} \times 30\%)

### Denominator Statement

All final pathology reports for eligible hepatocellular carcinoma cases that require the use of a CAP cancer protocol.

- **CPT®:** 88307 or 88309
- **AND**
  - Any of the ICD10:
    1. C22.0: liver cell carcinoma
    2. C22.7: other specified carcinomas of liver
    3. C22.8: malignant neoplasm of liver, primary unspecified as to type
    4. C22.9: malignant neoplasm of liver, not specified as primary or secondary

### Denominator Exclusions

1. Biopsy procedures
2. Cholangiocarcinoma
3. Mixed hepatocellular-cholangiocarcinoma
4. Hepatoblastoma
5. Lymphoma
6. Sarcoma

### Denominator Exceptions

Cases requiring intradepartmental or extra-departmental consultation.

### Numerator Statement

All eligible cases containing all of the required elements found in the current CAP hepatocellular carcinoma 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 Focality
- Tumor Site
- Tumor Size
- Treatment Effect
- Histologic Type
- Histologic Grade
- Tumor Extension
- Margins
  - Parenchymal Margin
  - Other Margin*
- Vascular 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.

<table>
<thead>
<tr>
<th>Numerator Exclusions</th>
<th>None</th>
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**Measure Information**

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

1. Kakar, S., et. Al. CAP cancer protocols and pathology reports. Hepatocellular 4.0.0.0 (June 2017)


<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source</td>
<td>Laboratory Information System; CAP cancer protocols; and pathology reports</td>
</tr>
<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 be the very definition of a high-quality report and serve as a measure of pathologist performance.</td>
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<tr>
<td>Measure Owner</td>
<td>College of American Pathologists</td>
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<tr>
<td>NQF ID</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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<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>
<td>Pathology</td>
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<tr>
<td>Current Clinical Guideline the Measure is Derived From</td>
<td>Guideline: None. Cancer Protocol: Kakar, S., et. Al. CAP cancer protocols and pathology reports. Hepatocellular 4.0.0.0 (June 2017) <a href="https://documents.cap.org/protocols/cp-hepatocellular-17protocol-4000.pdf">https://documents.cap.org/protocols/cp-hepatocellular-17protocol-4000.pdf</a></td>
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</tbody>
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Measure Flow

Performance Rate 1

Start

Procedure as listed in denominator (CPT: 80050, 80100)

Yes = 1000

No = 000

Test included in eligible population for denominator

Yes = 100

No = 000

Procedure as listed in the denominator (11/1/2019 - 12/31/2019)

Yes = 1000

No = 000

Pathology report contains all of the required elements found in the current CAP cancer protocol

Yes = 000

No = 300

Performance Rate 1 met; Data completeness met

Data completeness = Performance Rate 1 x Performance Rate 1 Rate = 0.67

Eligible Population = 000

Performance Rate 1 = 000

Eligible Population = 000

Weighted Score: Performance Rate 1 x 70% = (0.67 x 0.70) = 47%
Performance Rate 2

**Weighted Score:** Performance Rate 2 x 30% = (0.75 x 0.30) = 23%

Overall Performance Score = (Performance Rate 1 x 70%) + (Performance Rate 2 x 30%)

= 47 + 26 = 73% (Score submitted to CMS)