CMS Measure ID/CMS QCDR ID: CAP 32  
Measure Title: Prostate Cancer Gleason Pattern, Score, and Grade Group Classification

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Percentage of all radical prostatectomy surgical pathology reports for prostate cancer patients that include Gleason patterns used in determining the Gleason score, total Gleason score, and grade group classification</th>
</tr>
</thead>
</table>
| Denominator Statement | All radical prostatectomy surgical pathology reports for carcinoma of the prostate, including all adenocarcinomas and histologic variants  
CPT: 88309 (Prostate – Radical resection)  
ICD10: C61 Malignant neoplasm of prostate |
| Denominator Exclusions | 1. Specimen site other than anatomic location of prostate  
2. Urothelial tumor  
3. Specimens with documented treatment effects |
| Denominator Exceptions | Documentation of medical reason(s) for not including Gleason patterns used in determining the Gleason score, total Gleason score, and grade group classification. For example:  
- Specimen contains metastatic carcinoma (not a primary neoplasm)  
- Specimen is a transurethral resection of the prostate (TURP)  
- The resection specimen has no residual cancer (e.g., following neoadjuvant therapy) |
| Numerator Statement | Radical prostatectomy pathology reports that include Gleason patterns used in determining the Gleason score, total Gleason score, and grade group classification |
| 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 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
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.

“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.


<table>
<thead>
<tr>
<th>Measure Owner</th>
<th>College of American Pathologists</th>
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</thead>
<tbody>
<tr>
<td>NQF ID</td>
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<td>Number of Performance Rates</td>
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<td>Specialty</td>
<td>Pathology</td>
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CAP QCDR Measure
Prostate Cancer Gleason Pattern, Score and Grade Group Classification

Measure is Derived From