### Measure Description

Percentage of all eligible pathology reports for specimens of carcinoma of the endometrium, prostate and renal tubular origin in which the required data elements of the gynecologic and genitourinary Cancer Protocols are recorded 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 specified data elements for all cancer protocols are recorded.
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 specimens of carcinoma of the endometrium, prostate, and renal tubular origin that require the use of a CAP Cancer Protocol.

**CPT®**: 88307, 88309

**AND**

Any of the ICD10:

- C61: malignant neoplasm of prostate
- C64: malignant neoplasm of kidney, except renal pelvis
- C64.1: malignant neoplasm of right kidney, except renal pelvis
- C64.2: malignant neoplasm of left kidney, except renal pelvis
- C64.9: malignant neoplasm of unspecified kidney, except renal pelvis
- C54.0: malignant neoplasm of isthmus uteri
- C54.1: malignant neoplasm of endometrium
- C54.3: malignant neoplasm of fundus uteri
- C54.8: malignant neoplasm of overlapping sites of corpus uteri
- C54.9: malignant neoplasm of corpus uteri, unspecified

The denominator must be met between 01/01/2021 and 12/26/2021. This is to provide sufficient time for the performance of the numerator to be met within the performance period.

### Denominator Exclusions

- Biopsy procedures
- Cytology procedures
- Lymphomas

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<table>
<thead>
<tr>
<th>Sarcomas</th>
<th>Resection specimens with no residual tumors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Carcinomas arising in the uterine cervix</td>
</tr>
<tr>
<td></td>
<td>Metastatic malignancy to one of these organs</td>
</tr>
</tbody>
</table>

**Denominator Exceptions**
- Cases requiring intradepartmental or extra-departmental consultation

**Numerator Statement**
- All eligible cases where the following required elements found in the current CAP Cancer Protocol are recorded:
  - Procedure
  - Histologic Grade
  - Histologic Type
  - Margin status
  - Lymphovascular invasion (endometrial and renal tubular carcinoma only)
  - Regional Lymph Nodes*
    - Number of Nodes Examined
    - Number of Nodes Involved
  - Pathologic Stage Classification: AJCC 8th Edition
    - TNM Descriptors
    - Primary Tumor (pT)
    - Regional Lymph Nodes (pN)*
    - Distant Metastases (pM)*
  - Myometrial Invasion (endometrial carcinoma only)
  - Uterine Serosa Involvement (endometrial carcinoma only)
  - Cervical Stroma Involvement (endometrial carcinoma only)
  - Extraprostatic extension (prostate carcinoma only)
  - Urinary Bladder Neck Invasion (prostate carcinoma only)
  - Seminal Vesicle Invasion (prostate carcinoma only)
  - Treatment Effect (prostate carcinoma only)
  - Specimen Laterality (renal tubular carcinoma only)
  - Tumor Extension (renal tubular carcinoma only)
  - Tumor Size (renal tubular carcinoma only)
  - Tumor Focality (renal tubular carcinoma only)
  - Tumor Necrosis (renal tubular carcinoma only)
  - Sarcomatoid Features (renal tubular carcinoma only)
  - Rhabdoid Features (renal tubular carcinoma only)

* Required only if appropriate tissue/sample is present, can be omitted if no lymph nodes/distant metastases are provided

**AND**
- Final pathology report in the laboratory/hospital information system with result verified by the pathologist and available to the requesting physician(s) within 4 business days.
### Numerator Exclusions

None

### Guidance

INSTRUCTIONS: This measure has two performance rates that contribute to the overall performance score:

1. Percent of cases for which specified data elements for all cancer protocols are recorded.
2. Percent of cases that meet the maximum 3 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 definitions:

Eligible uterine resection cases include:
- Total Hysterectomy
- Supracervical Hysterectomy
- Radical Hysterectomy

Eligible kidney resection cases include:
- Partial Nephrectomy
- Total Nephrectomy
- Radical Nephrectomy

Eligible prostate resection cases include:
- Radical prostatectomy

The numerator of Rate 1 is defined as cases of carcinoma of the endometrium or renal tubular origin for which all required data elements of the Cancer Protocol are included. If a case does not include one of the listed data elements, it may not be included in the Numerator for Rate 1 but may be included in the Numerator of Rate 2 if the required turnaround time is met.

#### Numerator definitions for Rate 2:

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.

### 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>
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</table>
## 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>
</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(^1). More recent studies have indicated that even among users of CAP Cancer Protocols, significant variability exists in rates of protocol completion, particularly dependent on the method of data capture (electronic cancer checklists versus printed paper forms versus web-based methods)(^2). The CAP cancer protocols have been thoroughly researched and have been...</td>
</tr>
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</table>
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.

With respect to synoptic reports of gynecologic and genitourinary cancers specifically, results from the College of American Pathologists (CAP) Pathologists’ Quality Registry show significant gaps in performance. The average performance rate for a measure covering cancer protocol of endometrial carcinoma was 48.3% with a standard deviation of 44.8 percentage points. The average performance rate for a measure covering cancer protocol of carcinoma of renal tubular origin was 66.8% with a standard deviation of 30.6 percentage points. Data is from all cases entered in 2019, totaling 1704 for endometrial cancer and 941 for carcinoma of renal tubular origin.

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.


<table>
<thead>
<tr>
<th>Measure Owner</th>
<th>College of American Pathologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF ID</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of Performance Rates</td>
<td>1</td>
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<tr>
<td>Overall Performance Rate</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Performance Rate</td>
</tr>
<tr>
<td>High-priority</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| 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            |
<table>
<thead>
<tr>
<th>Current Clinical Guideline the Measure is Derived From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guideline: None.</td>
</tr>
<tr>
<td>Gladell, PP et al. CAP Cancer protocols and pathology reports. Prostate v4.1.0.1 (March 2020)</td>
</tr>
</tbody>
</table>
Measure Flow

Start: 100 cases

Specimen types as listed in Denominator

Exclusion: 10 cases (a)

Pathology report includes all data elements required by CAP Cancer Protocols

Numerator/Performance Met: 60 cases (b)

Pathology report does not include all data elements required by CAP Cancer Protocols

Performance Not Met: 10 cases (c)

Diagnosis as listed in denominator (carcinoma of the endometrium, prostate and renal tubule origin)

Data Completeness Met: 60 cases (b)

No

Data Completeness Not Met: 10 cases (c)

Eligible Population / Denominator: 90 cases (x)

Numerator 1

Pathology report includes all data elements required by CAP Cancer Protocols

Yes

Data Completeness: Met (b) + Not Met (c) = 60 + 10

Performance Rate 1: Numerator / Eligible Population (x) = 60 / 90

Pathology report does not include all data elements required by CAP Cancer Protocols

Yes

Data Completeness Not Met: 10 cases (c)

No

Not in Eligible Population / Denominator

Procedure as listed in denominator (CPT 86307 or 88109)

Yes

No

Specimen types as listed in Denominator

Exclusion: 10 cases (a)

Eligible Population / Denominator: 90 cases (x)

Data Completeness Not Met: 10 cases (c)