

| Core |
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| 1. Pathology report confirming malignancy* |
| 2. Staging documented within one month of first office visit* |
| 3. Pain assessed by second office visit |
| 4. Pain intensity quantified by second office visit |
| 5. Plan of care for moderate/severe pain documented |
| 6. Pain addressed appropriately (defect-free measure, 3, 4, and 5)* |
| 7. Effectiveness of narcotic assessed on visit following prescription |
| 8. Constipation assessed at time of narcotic prescription or following visit |
| 9. Documented plan for chemotherapy, including doses, route, and time intervals* |
| 10. Chemotherapy intent (curative vs. palliative) documented* |
| 11. Chemotherapy intent discussion with patient documented |
| 12. Number of chemotherapy cycles documented |
| 13. Chemotherapy planning completed appropriately (defect-free measure, 9, 10, and 12) |
| 14. Signed patient consent for chemotherapy |
| 15. Patient consent documented in practitioner note |
| 16. Patient consent for chemotherapy (combined measure, 14 or 15) |
| 17. Chemotherapy treatment summary completed within 3 months of chemotherapy end |
| 18. Chemotherapy treatment summary communicated to patient within 3 months of chemotherapy end |
| 19. Chemotherapy treatment summary communicated to provider(s) within 3 months of chemotherapy end |
| 20. Chemotherapy treatment summary process completed within 3 months of chemotherapy end (defect-free measure, 17, 18, and 19) |
| 21. Cigarette smoking status documented by second office visit* |
| 22. Smoking cessation counseling recommended to cigarette smokers by second office visit |
| 23. Smoking cessation administered appropriately (defect-free measure, 21 and 22) |
| 24. Patient emotional well-being assessed within one month of first office visit* |
| 25. Action taken to address problems with emotional well-being within one month of first office visit |
| Domain Specific Modules |
| Symptom/Toxicity Management – Chemotherapy-Related |
| 26. Serotonin antagonist prescribed with moderate/high emetic risk chemotherapy |
| 27. Corticosteroids and serotonin antagonist prescribed with moderate/high emetic risk chemotherapy* |
| 28. Aprepitant prescribed with high emetic risk chemotherapy |
| 29. Anti-emetics prescribed appropriately with moderate/high emetic risk chemotherapy (defect-free measure, 27 and 28) |
| 30. Baseline iron stores documented within 90 days prior to administration of ESAs |
| 31. Hemoglobin < 10g/dL documented within 2 weeks prior to administration of ESAs |
| 32. Appropriate documentation prior to administration of ESAs (defect-free measure, 30 and 31) |
| 33. Infertility risks discussed prior to chemotherapy with patients of reproductive age* |
| 34. Fertility preservation options discussed or referral to specialist |

*All measures are reported as percentages. *Included in OOPI Certification Program*

| Care at End-of-Life |
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| 35. Pain assessed on either of the last two visits before death |
| 36. Pain intensity quantified on either of the last two visits before death |
| 37. Plan of care for moderate/severe pain documented on either of the last two visits before death |
| 38. Pain assessed appropriately (defect-free measure, 35, 36, and 37)* |
| 39. Dyspnea assessed on either of the last two visits before death |
| 40. Dyspnea addressed on either of the last two visits before death |
| 41. Dyspnea addressed appropriately (defect-free measure, 39 and 40) |
| 42. Hospice enrollment |
| 43. Hospice enrollment or palliative care referral |
| 44. Hospice enrollment within 3 days of death (Lower Score – Better) |
| 44a. Hospice enrollment and enrolled more than 3 days before death (defect-free measure, 42 and inverse 44) |
| 45. Hospice enrollment within 7 days of death (Lower Score – Better) |
| 45a. Hospice enrollment and enrolled more than 7 days before death (defect-free measure, 42 and inverse 46)* |
| 46. For patients not referred, hospice or palliative care discussed within the last 2 months of life |
| 47. Hospice enrollment, palliative care referral, or documented discussion (combined measure, 43 or 46) |
| 48. Chemotherapy administered within the last 2 weeks of life (Lower Score – Better) |
| Disease Specific Modules |
| Breast Cancer |
| 49. Family history for patients with breast cancer |
| 50. Medical/surgical history for patients with breast cancer |
| 51. Chemotherapy recommended within 4 months of diagnosis for women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer |
| 52. Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer* |
| 53. Test for Her-2/neu gene overexpression* |
| 54. Trastuzumab recommended for patients with AJCC stage I (T1c) to III Her-2/neu positive breast cancer |
| 55. Trastuzumab received when Her-2/neu is negative or undocumented (Lower Score – Better) |
| 55a. Trastuzumab not received when Her-2/neu is negative or undocumented (inverse of 55) * |
| 56. Trastuzumab received by patients with AJCC stage I (T1c) to III Her-2/neu positive breast cancer* |
| 57. Tamoxifen or AI recommended within 1 year of diagnosis for patients with AJCC stage I (T1c) to III ER or PR positive breast cancer |
| 58. Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage I (T1c) to III ER or PR positive breast cancer* |
| 59. Tamoxifen or AI received when ER/PR status is negative or undocumented (Lower Score – Better) |
| 60. IV bisphosphonates administered for breast cancer bone metastases |
| 61. Renal function assessed between first and second administration of bisphosphonates |
| Colon and Rectal Cancers |
| 62. Family history for patients with colorectal cancer |
| 63. Medical/surgical history for patients with colorectal cancer |
| 64. CEA within 4 months of curative resection for colorectal cancer* |
| 65. Adjuvant chemotherapy recommended within 4 months of diagnosis for patients with AJCC stage III |

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| colon cancer |
| 66. Adjuvant chemotherapy received within 4 months of diagnosis by patients with AJCC stage III colon cancer* |
| 67. Number of lymph nodes documented for resected colon cancer |
| 68. 12 or more lymph nodes examined for resected colon cancer |
| 69. Adjuvant chemotherapy recommended within 9 months of diagnosis for patients with AJCC stage II or III rectal cancer |
| 70. Adjuvant chemotherapy received within 9 months of diagnosis by patients with AJCC stage II or III rectal cancer* |
| 71. Colonoscopy before or within 6 months of curative colorectal resection* |
| 72. KRAS testing for patients with metastatic colorectal cancer who received anti-EGFR MoAb therapy* |
| 73. Anti-EGFR MoAb therapy received by patients with KRAS mutation (Lower Score – Better) |
| 73a. Anti-EGFR MoAb therapy not received by patients with KRAS mutation (Inverse of 73)* |
| Non-Hodgkin’s Lymphoma |
| 74. Granulocytic growth factor administered with CHOP to patients over 65 with NHL* |
| 75. Rituximab administered when CD-20 antigen expression is negative or undocumented (Lower Score – Better) |
| 75a. Rituximab not administered when CD-20 antigen expression is negative or undocumented (Inverse of 75)* |
| Lung Cancer (non-small cell) |
| 76. Adjuvant chemotherapy recommended for patients with AJCC stage II or IIIA NSCLC |
| 77. Adjuvant chemotherapy received by patients with AJCC stage II or IIIA NSCLC |
| 78. Adjuvant cisplatin-based chemotherapy recommended within 60 days after curative resection for patients with AJCC stage II or IIIA NSCLC MEASURE RETIRED |
| 78. Adjuvant cisplatin-based chemotherapy received within 60 days after curative resection by patients with AJCC stage II or IIIA NSCLC |
| 79. Adjuvant chemotherapy recommended for patients with AJCC stage I NSCLC (Lower Score - Better) |
| 80. Adjuvant radiation therapy recommended for patients with AJCC stage IB or II NSCLC (Lower Score - Better) |

*All measures are reported as percentages. *Included in QOPI Certification Program*