

<b>Core</b>
1. Pathology report confirming malignancy*
2. Staging documented within one month of first office visit*
3. Pain assessed by second office visit
4a. Pain intensity quantified by second office visit (includes documentation of no pain)
5. Plan of care for moderate/severe pain documented
6. Pain addressed appropriately (defect-free measure, 3, 4a, 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 provided to patient within 3 months of chemotherapy end
19. Chemotherapy treatment summary provided or communicated to practitioner(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 by the second office visit*
25. Action taken to address problems with emotional well-being by the second office visit

All measures are reported as percentages. \*Included in QOPI Certification Program (\*\*Adjuvant treatment measure)

## QOPI® Summary of Measures, Fall 2011

<b>Domain Specific Modules</b>
<b>Symptom/Toxicity Management – Chemotherapy-Related</b>
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

<b>Care at End-of-Life</b>
35. Pain assessed on either of the last two visits before death
36a. Pain intensity quantified on either of the last two visits before death (includes documentation of no pain)
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, 36a, 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 ( <b>Lower Score – Better</b> )
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 ( <b>Lower Score – Better</b> )
45a. Hospice enrollment and enrolled more than 7 days before death (defect-free measure, 42 and inverse 45)*
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 ( <b>Lower Score – Better</b> )

QOPI® Summary of Measures, Fall 2011

<b>Disease Specific Modules</b>
<b>Breast Cancer</b>
49. Complete family history documented for patients with invasive breast cancer (defect-free measure, 49a-49c) (Test Measure)
49a. Presence or absence of cancer in first-degree blood relatives documented (Test Measure)
49b. Presence or absence of cancer in second-degree blood relatives documented (Test Measure)
49c. Age at diagnosis documented for each blood relative noted with cancer (Test Measure)
50. Percent of patients with invasive breast cancer with positive family history of breast cancer (Test Measure)
50a. Referral for or genetic testing for patients with invasive breast cancer (Test Measure)
51. Genetic testing addressed appropriately for patients with invasive breast cancer (defect-free measure, 51a-51c) (Test Measure)
51a. Genetic counseling, referral for counseling, or genetic testing for patients with invasive breast cancer with increased hereditary risk of breast cancer (Test Measure)
51b. Patient consent for genetic testing ordered by the practice for patients with invasive breast cancer (Test Measure)
51c. Patient with invasive breast cancer counseled, or referred for counseling, to discuss results following genetic testing (Test Measure)
52. Chemotherapy recommended within 4 months of diagnosis for women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer
53. Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer**
54. Test for Her-2/neu gene overexpression*
55. Trastuzumab recommended for patients with AJCC stage I (T1c) to III Her-2/neu positive breast cancer
56. Trastuzumab received when Her-2/neu is negative or undocumented ( <b>Lower Score – Better</b> )
56a. Trastuzumab not received when Her-2/neu is negative or undocumented (inverse of 56)*
57. Trastuzumab received by patients with AJCC stage I (T1c) to III Her-2/neu positive breast cancer**
58. Tamoxifen or AI recommended within 1 year of diagnosis for patients with AJCC stage I (T1c) to III ER or PR positive breast cancer
59. Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage I (T1c) to III ER or PR positive breast cancer**
60. Tamoxifen or AI received when ER/PR status is negative or undocumented ( <b>Lower Score – Better</b> )
61. IV bisphosphonates or denosumab administered for breast cancer bone metastases
62. Renal function assessed prior to the first administration of IV bisphosphonates or denosumab

QOPI® Summary of Measures, Fall 2011

<b>Colon and Rectal Cancers</b>
63. Complete family history documented for patients with invasive colorectal cancer (defect-free measure, 63a-63c) (Test Measure)
63a. Presence or absence of cancer in first-degree blood relatives documented (Test Measure)
63b. Presence or absence of cancer in second-degree blood relatives documented (Test Measure)
63c. Age at diagnosis documented for each blood relative noted with cancer (Test Measure)
64. Referral for or genetic testing for patients with invasive colorectal cancer with positive family history of colorectal cancer (Test Measure)
64a. Percent of patients with invasive colorectal cancer tested or referred for genetic testing (Test Measure)
65. Genetic testing addressed appropriately for patients with invasive colorectal cancer (defect-free measure, 65a-65c) (Test Measure)
65a. Genetic counseling, referral for counseling, or genetic testing for patients with invasive colorectal cancer with increased hereditary risk of colorectal cancer (Test Measure)
65b. Patient consent for genetic testing ordered by the practice for patients with invasive colorectal cancer (Test Measure)
65c. Patient with invasive colorectal cancer counseled, or referred for counseling, to discuss results following genetic testing (Test Measure)
66. CEA within 4 months of curative resection for colorectal cancer*
67. Adjuvant chemotherapy recommended within 4 months of diagnosis for patients with AJCC stage III colon cancer
68. Adjuvant chemotherapy received within 4 months of diagnosis by patients with AJCC stage III colon cancer**
69. Number of lymph nodes documented for resected colon cancer
70. 12 or more lymph nodes examined for resected colon cancer
71. Adjuvant chemotherapy recommended within 9 months of diagnosis for patients with AJCC stage II or III rectal cancer
72. Adjuvant chemotherapy received within 9 months of diagnosis by patients with AJCC stage II or III rectal cancer**
73. Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemotherapy*
74. KRAS testing for patients with metastatic colorectal cancer who received anti-EGFR MoAb therapy*
75. Anti-EGFR MoAb therapy received by patients with KRAS mutation ( <b>Lower Score – Better</b> )
75a. Anti-EGFR MoAb therapy not received by patients with KRAS mutation (Inverse of 75)*

QOPI® Summary of Measures, Fall 2011

<b>Non-Hodgkin's Lymphoma</b>
76. Granulocytic growth factor administered with CHOP to patients 65 and older with NHL*
76a. Granulocytic growth factor administered on same day as CHOP to patients 65 and older with NHL (Lower Score – Better)
77. Rituximab administered when CD-20 antigen expression is negative or undocumented (Lower Score – Better)
77a. Rituximab not administered when CD-20 antigen expression is negative or undocumented (Inverse of 77)*
78. Hepatitis B virus infection test including HBsAg documented prior to administration of rituximab for patients with NHL

<b>Lung Cancer (non-small cell)</b>
79. Adjuvant chemotherapy recommended for patients with AJCC stage II or IIIA NSCLC
80. Adjuvant chemotherapy received by patients with AJCC stage II or IIIA NSCLC
81. Adjuvant cisplatin-based chemotherapy received within 60 days after curative resection by patients with AJCC stage II or IIIA NSCLC
82. Adjuvant chemotherapy recommended for patients with AJCC stage IA NSCLC (Lower Score - Better)
83. Adjuvant radiation therapy recommended for patients with AJCC stage IB or II NSCLC (Lower Score - Better)
84. Performance status documented for patients with initial AJCC stage IV or distant metastatic NSCLC
85. Platinum doublet (or EGFR-TKI, with DNA mutation documented) first-line chemotherapy with or without targeted agent received by patients with initial AJCC stage IV or distant metastatic NSCLC with performance status of 0-1 without prior history of chemotherapy
86. Bevacizumab received by patients with initial AJCC stage IV or distant metastatic NSCLC with squamous histology (Lower Score - Better)
87. Disease status assessed by imaging documented prior to administration of the third cycle of first-line chemotherapy for patients with initial AJCC stage IV or distant metastatic NSCLC
88. Positive EGFR mutation for patients with stage IV NSCLC who received first-line EGFR tyrosine kinase inhibitor therapy (Test Measure)
89. First-line EGFR tyrosine kinase inhibitor therapy received by patients with stage IV NSCLC in the absence of positive EGFR mutation (Lower Score - Better) (Test Measure)

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