

Facility Name

CoC Rapid Cancer Reporting System Quality Measures

Used to track and monitor changes with the CoC RCRS Quality Measures over time.

Site	Quality Measure	7/28/2023	2022	2021
Breast	BCSdx	= First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical stage I-III breast cancer.	NEW (Launch 06/27/2022): First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical stage I-III breast cancer.	N/A
	BCSRT	Δ Radiation therapy, when administered, is initiated less than or equal to 60 days of definitive surgery for patients receiving breast conserving surgery for breast cancer for Stage I-III breast cancer who do not undergo adjuvant chemo- or immunotherapy. (Tied To Standard - Suspended for 2023)	= Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer. (Tied to Standard - 90%)	Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer. (Tied to Standard - 90%)
	MAC	= Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.	= Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB-III hormone receptor negative breast cancer.	Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB-III hormone receptor negative breast cancer.
	MASTRT	N/A	= Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes. (Tied to Standard - 90%) (Removed 06/27/2022)	Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes. (Tied to Standard - 90%)
	nBx	N/A	= Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. (Tied to Standard - 80%) (Removed 06/27/2022)	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. (Tied to Standard - 80%)
	HT	N/A	= Tamoxifen or third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage IB-III hormone receptor positive breast cancer. NQF-endorsed Accountability Measure. (Tied to Standard - 90%) (Removed 06/27/2022)	Tamoxifen or third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage IB-III hormone receptor positive breast cancer. NQF-endorsed Accountability Measure. (Tied to Standard - 90%)
Colon	ACT	= Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.	= Adjuvant chemotherapy is recommended or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. NQF-endorsed Accountability Measure.	Adjuvant chemotherapy is recommended or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. NQF-endorsed Accountability Measure.
	C12RLN	= At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. NQF-endorsed Quality Improvement Measure. (Tied To Standard - Suspended for 2023)	= At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. NQF-endorsed Quality Improvement Measure. (Tied to Standard - 85%)	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. NQF-endorsed Quality Improvement Measure. (Tied to Standard - 85%)
Gastric	G16RLN	Δ At least 16 regional lymph nodes are removed and pathologically examined for resected gastric cancer. (Tied To Standard - Suspended for 2023)	= G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer. (Tied to Standard - 80%)	G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer. (Tied to Standard - 80%)
	GCTRT	= Neoadjuvant chemotherapy and/or chemo-radiation is administered within 120 days preoperatively for patients with AJCC cT2+ or cN1+, cM0 for gastric carcinoma; or (cT2 and poor differentiation) or cT3+ or cN1+, cM0 for esophageal or gastroesophageal junction carcinoma; age 18-79.	NEW (Launch 03/04/2022) : Neoadjuvant chemotherapy and/or chemo-radiation is administered within 120 days preoperatively for patients with AJCC cT2+ or cN1+, cM0 for gastric carcinoma; or (cT2 and poor differentiation) or cT3+ or cN1+, cM0 for esophageal or gastroesophageal junction carcinoma; age 18-79.	N/A
Head and Neck	HadJRt	= Time to initiation of postoperative radiation therapy less than 6 weeks for patients with surgically-managed head and neck squamous cell carcinoma.	NEW (Launch 03/04/2022): Time to initiation of postoperative radiation therapy less than 6 weeks for patients with surgically-managed head and neck squamous cell carcinoma.	N/A
Lung	LCT	Δ Systemic chemotherapy, immunotherapy or targeted therapy is administered or recommended within 3 months preoperatively or 3 months postoperatively, for surgically resected cases with pathologic T2 greater than 4cm or T greater than or equal to 3, or N greater than or equal to 1 NSCLC. (Tied To Standard - Suspended for 2023)	= Systemic chemotherapy is administered within four months to day preoperatively or day of surgery to six months postoperatively, or it is recommended for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC. (Tied to Standard - 85%)	Systemic chemotherapy is administered within four months to day preoperatively or day of surgery to six months postoperatively, or it is recommended for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC. (Tied To Standard - 85%)
	LNoSurg	N/A	= Surgery is not the first course of treatment for cN2, M0 lung cases. (Tied to Standard - 85%) (Removed 06/27/2022)	Surgery is not the first course of treatment for cN2, M0 lung cases. (Tied to Standard - 85%)

Site	Quality Measure	7/28/2023	2022	2021
Melanoma	MadjRx	= Melanoma adjuvant systemic therapy was administered within 6 months of surgery or recommended for eligible patients with Stage IIIB-D resected melanoma.	NEW (Launch 03/04/2022): Melanoma adjuvant systemic therapy was administered within 6 months of surgery or recommended for eligible patients with Stage IIIB-D resected melanoma.	N/A
Rectum	RCRM	= Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin for Rectal Resections	NEW (Launch 03/04/2022): Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin for Rectal Resections	N/A
	RECRCT	= Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer. (Tied To Standard - Suspended for 2023)	= Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T102N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer. (Tied to Standard - 85%)	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T102N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer. (Tied to Standard - 85%)

June 14, 2024 NCDB Quality Measure Improvements Announced

<https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/quality-of-care-measures/>

NCDB Quality Measure Improvements Announced

Updated on June 14, 2024

 5 Min  Print  Share  Bookmark

Quality Measures Reported in NDCB RCS

The multidisciplinary Commission on Cancer (CoC) through the Quality Assurance and Data Committee (QADC) convenes clinical experts from around the country to develop and maintain quality measures. These evidence-based measures are based on best practices and are designed to be assessed at the hospital or systems level. Each measure was developed using standardized cancer registry data fields with the expectation that cancer registries would be used to collect the necessary data to assess and monitor concordance with the measures. Extensive assessment and validation of the measures were performed using cancer registry data reported to the National Cancer Database (NCDB). All measures are subject to revision to reflect contemporary clinical

practice as well as to conform to the periodic changes to registry data items.

For more information on the quality measures, please log in to the Rapid Cancer Reporting System (RCRS) and navigate to the user library.

This work is subject to copyright. All rights are reserved by the American College of Surgeons (ACS), whether the whole or the part of the material is concerned. Without limiting the above, the contents of

whether the whole or the part of the material is concerned. Without limiting the above, the contents of this page may be cited in academic publications as well as downloaded and printed for individual use. All other use is prohibited without ACS's permission.

As of June 14, 2024

Primary Site	Measure Abbreviation	Measure Description
Breast	BCSdx	For patients with AJCC Clinical Stage I-III breast cancer, the first therapeutic surgery in a non-neoadjuvant setting is performed within and including 60 days of diagnosis.
Breast	BCSRT	For patients undergoing breast-conserving surgery without adjuvant chemo or immunotherapy for stage I-III breast cancer, radiation therapy, when administered, is initiated \leq 60 days of definitive surgery.
Colon	ACT	For patients under the age of 80 with surgically-managed pathologic stage III colon cancer (N>0), adjuvant chemotherapy is initiated within 4 months (120 days) of diagnosis, or recommended.
Colon	C12RLN	For patients undergoing a colon resection for colon cancer, at least 12 regional lymph nodes are removed and pathologically examined at time of resection.

Gastric	G16RLN	For surgically managed gastric adenocarcinoma cancer patients, at least 16 regional lymph nodes are removed and pathologically examined during resection for curative intent therapy.
Gastric	GCTRT	For surgically managed patients age 18-79 with gastroesophageal junction or esophageal cancer cT2 with poor differentiation, or cT>=3, or N>=1, or gastric cancer cT>=2 or N>0, neoadjuvant chemotherapy and/or chemo-radiation is administered within 120 days preoperatively, or recommended.
HeadNeck	HadjRT	For patients with surgically managed head and neck squamous cell cancer who received adjuvant radiation treatment, the radiation is initiated within 6 weeks of surgery.
Lung	LCT	For patients with surgically managed NSCLC, pathologically staged T2 and >4cm, or T>=3, or N>0, systemic therapy (chemotherapy, immunotherapy or targeted therapy) was initiated within the 3 months prior to surgery or after surgery, or was recommended.
Melanoma	MadjRx	For surgically managed pathologic stage IIIB-D melanoma patients, adjuvant systemic therapy was initiated within 6 months of surgery or recommended.
Rectum	RCRM	For patients undergoing surgical resection for rectal cancer, the Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized

resection margin.

Updates to Quality Measures

The CoC under the guidance of the QADC annually reviews, and periodically recommends, clinical changes to the portfolio of quality measures reported in the RCRS. The QADC updates the portfolio to ensure all measures are contemporary with current best practices and that maximized measures are retired to make way for new measures.

Just as select measures with high compliance and changes in practice have led to retirement for some measures, the following measures are scheduled to undergo clinical updates in 2024. As of June 14, 2024, these measures were removed. Specifics related to these updates will be provided at a later date.

- **RECRTCT:** Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer
- **MAC:** Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0 or Stage IB - III hormone receptor-negative breast cancer.

New quality measures for 2024 will be announced shortly.

Impact on CoC Standard 7.1: Quality Measures

Due to the measure transitions planned for 2023-2024 and to allow programs time to adjust to these changes, program activity from 2023 and 2024 for *Standard 7.1* will not be rated at future site visits. Additionally, 2023 site visits (which evaluate activity from 2020, 2021, and 2022) and 2024 site visits (which evaluate activity from 2021, 2022, and 2023) will not provide a compliant or non-compliant rating for *Standard 7.1*. However, site reviewers may discuss previous quality measure compliance and action plans with programs during these site visits.

During the calendar years 2023-2024, although programs are not being rated on this activity, they are still expected to review the new and updated measures as they are released and discuss the measures with their cancer committees.

Activity for *Standard 7.1* compliance will resume in the near future. It is strongly recommended that programs keep an eye on the Cancer Program News for updates.

Questions on quality measure updates may be submitted to NCDB@facs.org. Questions on Standard 7.1 may be submitted to the [CAnswer Forum](#).

January 25, 2024 NCDB Adding New Quality Measures

https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/cancer-programs-news/012524/ncdb-adding-new-quality-measures/?utm_campaign=cancer-news&utm_medium=email&utm_source=newsletter&mkt_tok=MTA5LVZLSC0yMzQAAAGQ4FIXuChmkZKT8_CbJ82lrXETmdXTZLSnC_ePf_SSNgZ0DLAIYhh0pcjXZYNOYxT0QXV3CXUbkjFxD1rLoVUbChHC603A-ZqshU8XzKo

Quality Programs / For Medical Professionals For Patients



Become a Member

Login



< Cancer Programs News < Cancer Programs News: Janu... < NCDB Adding New Quality Me...

COMMISSION ON CANCER

NCDB Adding New Quality Measures

January 25, 2024

🕒 1 Min 🖨️ Print ↗️ Share 📖 Bookmark

The CoC National Cancer Database (NCDB) is adding four new quality measures in 2024, in addition to clinical updates to two existing quality measures. An official release date will be announced shortly, and accredited programs will be notified as to when the measure specifications can be accessed in the Rapid Cancer Reporting System (RCRS) library.

The new quality measures are as follows:

- For patients with any stage cervical cancer treated with primary radiation with curative intent, brachytherapy is used.
- For patients with low grade Ta bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy* is administered within 24 hours of the procedure.

*chemotherapy within 24 hours of the transurethral resection assumed to be intravesical however the NCDB does not differentiate this from systemic chemotherapy

- For patients with low-risk prostate cancer (Gleason ≤ 6 and PSA < 10 and \leq cT2), active surveillance is performed

surveillance is performed.

- For patients with surgically managed, cT1a kidney tumors, partial nephrectomy is performed.

The following quality measures are reflective of clinical updates:

- For patients ≤ 75 years old with HER2+ or triple negative breast cancer with any clinical N > 0 or clinical T > 1 , neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended.
- For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is initiated within 9 months prior to resection or recommended.