

## Breast Cancer Survivorship (BCS) Initial Patient Population

The population of the BCS measure set is identified using 4 data elements:

- *Age*
- *Breast Cancer Stage*
- *ICD-9-CM Diagnosis Code*
- *Final Treatment Date*

Patients seen in the outpatient setting with an *ICD-9-CM Diagnosis Code* for male or female breast cancer, *Stage 0-III*, *Age* greater than or equal to 18 years, who have completed their final modality for definitive treatment within the specified time period.

Notes:

Population Includes:

- Early stage breast patients at stage 0 to III, who have completed the final recommended treatment of a single or multi-modal adjuvant or neoadjuvant treatment plan.
- Adjuvant or neoadjuvant treatment may include a combination of the following:
  - Surgery,
  - Radiation,
  - Chemotherapy,
  - Endocrine therapy (e.g. tamoxifen or aromatase inhibitors, etc.)
  - Biologic response modifiers (e.g. trastuzumab, bevacizumab, etc.)
  - “Targeted therapies” (e.g. lapatinib, etc.)
  - Agents given as part of a clinical trial for early stage breast cancer
- Survivorship period for purposes of this measure set is defined as:
  - The time from the completion of the last modality of definitive treatment through the next 12 months of follow up care.
- Patients who continue trastuzumab or begin endocrine therapy after chemotherapy ends will be considered to enter the survivorship period after the last chemotherapy or radiation therapy treatment ends, even when trastuzumab continues.
- Patients who do not receive any surgery, radiation or chemotherapy and only receive biologic, endocrine or targeted therapies, the survivorship period will start at the time that treatment begins.

Patients will be excluded from the measures if any of the following occurs during the 12 months following the final planned modality of definitive treatment:

- There is recurrence,
- A second primary is developed,
- The patient dies,
- The patient is lost to follow up.

Patients who meet the following criteria within the time frame of July 1, 2009 through June 30, 2010 are considered eligible for this pilot project:

- Completion of the final recommended definitive treatment such as radiation, or chemotherapy if no radiation is recommended. Continued administration of trastuzumab and endocrine therapies are acceptable. **OR**
- Patients who receive only biologic response modifiers, endocrine or targeted therapies, on or off a clinical trial protocol, from the date that treatment begins.

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## Measure Information Form

**Measure Set:** Breast Cancer Survivorship (BCS)

**Set Measure ID #:** BCS-01

Set Measure ID	Performance Measure Name:
BCS-01a	Symptom Assessment – Composite Rate
BCS-01b	Symptom Assessment – Distress
BCS-01c	Symptom Assessment – Fatigue
BCS-01d	Symptom Assessment – Lymphedema
BCS-01e	Symptom Assessment – Neuropathy
BCS-01f	Symptom Assessment – Osteopenia
BCS-01g	Symptom Assessment – Pain
BCS-01h	Symptom Assessment – Sleep

**Performance Measure Name:** Symptom Assessment

**Description:** At least once during the 12 month period post treatment there is documented assessment for distress, fatigue, lymphedema, neuropathy, osteopenia risk, pain, and sleep.

**Rationale:** Residual disease and treatment-related symptoms may persist for 10 years or more after completion of anti-cancer therapy (Harrington, Hansen, Moskowitz, Todd, & Feuerstein, 2010). Continued screening of commonly experienced symptoms is essential to assess resolution of existing clinical issues, monitor the status of chronic, long-term sequelae and to detect emergence of late effects (Costanzo et al., 2007; Gralow et al., 2009; Minton & Stone, 2008; Norman et al., 2009; Otte, Carpenter, Russell, Bigatti, & Champion, 2010; Sun, Borneman, Piper, Koczywas, & Ferrell, 2008). Attention should be paid to factors potentially contributing to disparities in assessment and management of symptoms in the cancer survivor population, including age, socioeconomic status, ethnicity and comorbidity (Bowen et al., 2007; Fu et al., 2009; Mao et al., 2007).

**Type of Measure:** Process

**Improvement Noted As:** Increase in rate

**Numerator Statement:** Patient with at least one documented assessment for distress, fatigue, lymphedema, neuropathy, osteopenia risk, pain, and sleep.

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- *Discipline Assessing*
- *Distress Assessment*
- *Fatigue Assessment*
- *Lymphedema Assessment*
- *Neuropathy Assessment*
- *Osteopenia Risk Assessment*
- *Pain assessment*
- *Sleep Assessment*

**Denominator Statement:** Breast cancer patients stage 0 to III who have completed the last planned modality of treatment.

**Included Populations:** Not applicable

**Excluded Populations:**

- Patients with recurrence
- Patients with development of a second primary
- Patients who died
- Patients lost to follow up

**Data Elements:**

- *Age*
- *Breast Cancer Stage*
- *CPT Code*
- *Death*
- *ICD-9-CM Diagnosis Code*
- *Last Treatment Date*
- *Lost to Follow Up*
- *Recurrence*
- *Second Cancer Primary*
- *Sex*
- *Treatments Received*
- *Unique Blinded Case Identifier*

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective data sources for required data elements include administrative/billing data and medical records.

**Data Accuracy:**

- The composite rate (BCS-01a) includes those patients who received documented assessments for all assessment areas identified in the strata.

**Measure Analysis Suggestions:** To be determined

**Sampling:** Yes. To be determined

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

**Selected References:**

- Bowen, D. J., Alfano, C. M., McGregor, B. A., Kuniyuki, A., Bernstein, L., Meeske, K., Baumgartner, K. B., Fetherolf, J., Reeve, B. B., & Smith, A. W. (2007). Possible socioeconomic and ethnic disparities in quality of life in a cohort of breast cancer survivors. *Breast Cancer Research and Treatment*, 106(1), 85-95.
- Costanzo, E. S., Lutgendorf, S. K., Mattes, M. L., Trehan, S., Robinson, C. B., Tewfik, F., & Roman, S. L. (2007). Adjusting to life after treatment: Distress and quality of life following treatment for breast cancer. *British Journal of Cancer*, 97(12), 1625-1631.
- Fu, O., Crew, K., Jacobson, J., Greenlee, H., Yu, G., Campbell, J., Ortiz, Y., & Hershman, D. (2009). Ethnicity, age, and employment associated with persistent symptoms in breast cancer survivors. *Cancer Research*, 69(24 Supplement), 1064.
- Gralow, J. R., Biermann, J. S., Farooki, A., Fornier, M. N., Gagel, R. F., Kumar, R. N., Shapiro, C. L., Shields, A., Smith, M. R., Srinivas, S., & Van Poznak, C. H. (2009). NCCN task force report: Bone health in cancer care. *Journal of the National Comprehensive Cancer Network*, 7(Suppl 3), S-1-S-32.
- Harrington, C. B., Hansen, J. A., Moskowitz, M., Todd, B. L., & Feuerstein, M. (2010). It's not over when it's over: Long-term symptoms in cancer Survivors—A systematic review. *The International Journal of Psychiatry in Medicine*, 40(2), 163-181.
- Mao, J. J., Armstrong, K., Bowman, M. A., Xie, S. X., Kadakia, R., & Farrar, J. T. (2007). Symptom burden among cancer survivors: Impact of age and comorbidity. *The Journal of the American Board of Family Medicine*, 20(5), 434-443. doi:10.3122/jabfm.2007.05.060225
- Minton, O., & Stone, P. (2008). How common is fatigue in disease-free breast cancer survivors? A systematic review of the literature. *Breast Cancer Research and Treatment*, 112(1), 5-13.
- Norman, S. A., Localio, A. R., Potashnik, S. L., Simoes Torpey, H. A., Kallan, M. J., Weber, A. L., Miller, L. T., DeMichele, A., & Solin, L. J. (2009). Lymphedema in breast cancer survivors: Incidence, degree, time course, treatment, and symptoms. *Journal of Clinical Oncology*, 27(3), 390-397. doi:10.1200/JCO.2008.17.9291
- Otte, J. L., Carpenter, J. S., Russell, K. M., Bigatti, S., & Champion, V. L. (2010). Prevalence, severity, and correlates of sleep-wake disturbances in long-term breast cancer survivors - corrected proof *Journal of Pain and Symptom Management*, doi:10.1016/j.jpainsymman.2009.07.004
- Sun, V., Borneman, T., Piper, B., Koczywas, M., & Ferrell, B. (2008). Barriers to pain assessment and management in cancer survivorship. *Journal of Cancer Survivorship*, 2(1), 65-71.

## Measure Information Form

**Measure Set:** Breast Cancer Survivorship (BCS)

**Set Measure ID #:** BCS 02

Set Measure ID	Performance Measure Name:
BCS-02a	Symptom Intervention – Composite Rate
BCS-02b	Symptom Intervention – Distress
BCS-02c	Symptom Intervention – Fatigue
BCS-02d	Symptom Intervention – Lymphedema
BCS-02e	Symptom Intervention – Neuropathy
BCS-02f	Symptom Intervention – Osteopenia
BCS-02g	Symptom Intervention – Pain
BCS-02h	Symptom Intervention – Sleep

**Performance Measure Name:** Symptom Intervention

**Description:** Documented intervention for clinically significant levels of symptoms for distress, fatigue, lymphedema, neuropathy, osteopenia risk, pain, and sleep.

**Rationale:** Unrelieved symptoms negatively impact health-related quality of life (HRQOL) in cancer survivors (Burkett & Cleeland, 2007), therefore when clinically significant levels of symptoms are detected, appropriate interventions or referral for management tailored to the individual patient and problem at hand should be offered (International Society of Lymphology, 2003; Khatcheressian et al., 2006; Leigh, 2008; Theriault et al., 2006).

**Type of Measure:** Process

**Improvement Noted As:** Increase in rate

**Numerator Statement:** Patients with at least one documented intervention to manage significant levels of symptoms for distress, fatigue, lymphedema, neuropathy, osteopenia risk, pain, and sleep.

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- *Intervention for Pain*
- *Intervention for Neuropathy*
- *Intervention for Distress*
- *Intervention for Fatigue*

- *Intervention for Sleep*
- *Intervention for Lymphedema*
- *Intervention for Osteopenia Risk*

**Denominator Statement:** Breast cancer patients stage 0 to III who have completed the last planned modality of treatment and have significant levels of symptoms for pain, neuropathy, distress, fatigue, sleep, lymphedema, and osteopenia risk.

**Included Populations:** Not applicable

**Excluded Populations:**

- Patients with recurrence
- Patients with development of a second primary
- Patients who died
- Patients lost to follow up

**Data Elements:**

- *Age*
- *Breast Cancer Stage*
- *CPT Code*
- *Death*
- *Distress*
- *Fatigue*
- *ICD-9-CM Diagnosis Code*
- *Last Treatment Date*
- *Lost to Follow Up*
- *Lymphedema*
- *Neuropathy*
- *Osteopenia Risk*
- *Pain*
- *Recurrence*
- *Second Cancer Primary*
- *Sex*
- *Sleep*
- *Treatments Recieved*
- *Unique Blinded Case Identifier*

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective data sources for required data elements include administrative/billing data and medical records.

**Data Accuracy:**

- The composite rate (BCS-02a) includes those patients who received documented interventions for all symptom areas identified in the strata.

**Measure Analysis Suggestions:** To be determined

**Sampling:** Yes. To be determined

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

**Selected References:**

- Burkett, V. S., & Cleeland, C. S. (2007). Symptom burden in cancer survivorship. *Journal of Cancer Survivorship, 1*(2), 167-175.
- International Society of Lymphology. (2003). The diagnosis and treatment of peripheral lymphedema. consensus document of the international society of lymphology. *Lymphology, 36*, 84-91.
- Khatcheressian, J. L., Wolff, A. C., Smith, T. J., Grunfeld, E., Muss, H. B., Vogel, V. G., Halberg, F., Somerfield, M. R., & Davidson, N. E. (2006). American society of clinical oncology 2006 update of the breast cancer follow-up and management guidelines in the adjuvant setting. *Journal of Clinical Oncology, 24*(31), 5091-5097. doi:10.1200/JCO.2006.08.8575
- Leigh, S. (2008). Cancer survivorship: Advocacy organizations and support systems. *Hematology/oncology Clinics of North America, 22*(2), 355-363.
- Theriault, R. L., Biermann, J. S., Brown, E., Brufsky, A., Demers, L., Grewal, R. K., Guise, T., Jackson, R., McEnery, K., Podoloff, D., Ravdin, P., Shapiro, C. L., Smith, M., & Van Poznak, C. H. (2006). NCCN task force report: Bone health and cancer care. *Journal of the National Comprehensive Cancer Network : JNCCN, 4 Suppl 2*, S1-S20.

## Measure Information Form

**Measure Set:** Breast Cancer Survivorship (BCS)

**Set Measure ID #:** BCS-03

Set Measure ID	Performance Measure Name:
BCS-03a	Post-Treatment Education – Composite Rate
BCS-03b	Post-Treatment Education – Diet
BCS-03c	Post-Treatment Education – Exercise
BCS-03d	Post-Treatment Education – Late Effects
BCS-03e	Post-Treatment Education – Recurrence
BCS-03f	Post-Treatment Education – Community Resources
BCS-03g	Post-Treatment Education – Lymphedema

**Performance Measure Name:** Post-Treatment Education

**Description:** Documented education or reinforcement of prior education on diet, exercise, late effects, signs and symptoms of recurrence, community resources, and lymphedema.

**Rationale:** People who have completed primary treatment for early stage breast cancer enter a new and distinct phase of survivorship, which emphasizes monitoring for symptom resolution, emergence of late effects or disease recurrence as well as health maintenance activities tailored to the unique needs of the patient based on the treatment received and individual risk factors. Patient-centered education on these areas is recommended to enable the patient and family to engage with providers in health monitoring and promotion (Adler & Page, 2008; Demark-Wahnefried, Aziz, Rowland, & Pinto, 2005; Hewitt, Greenfield, & Stovall, 2006; Hewitt & Ganz, 2007; Khatcheressian et al., 2006; Leigh, 2008; National Lymphedema Network, 2008; Norman et al., 2009; Schmitz et al., 2010; Smith et al., 2009; Whitehead & Lavelle, 2009).

**Type of Measure:** Process

**Improvement Noted As:** Increase in rate

**Numerator Statement:** Patients with documented education or reinforcement of diet, exercise, late effects, signs and symptoms of recurrence, community resources, and lymphedema.

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- *Education on Diet*
- *Education on Exercise*
- *Education on Late Effects*
- *Education on Recurrence*
- *Education on Community Resources*
- *Education on Lymphedema*

**Denominator Statement:** Breast cancer patients stage 0 to III who have completed the last planned modality of treatment.

**Included Populations:** Not applicable

**Excluded Populations:**

- Patients with recurrence
- Patients with development of a second primary
- Patients who died
- Patients lost to follow up

**Data Elements:**

- *Age*
- *Breast Cancer Stage*
- *CPT Code*
- *Death*
- *ICD-9-CM Diagnosis Code*
- *Last Treatment Date*
- *Lost to Follow Up*
- *Recurrence*
- *Second Cancer Primary*
- *Sex*
- *Treatments Received*
- *Unique Blinded Case Identifier*

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective data sources for required data elements include administrative/billing data and medical records.

**Data Accuracy:**

- The composite rate (BCS-03a) includes those patients who received documented education for all areas identified in the strata.

**Measure Analysis Suggestions:** To be determined

**Sampling:** Yes. To be determined

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

**Selected References:**

- Adler, N. E., & Page, A. E. K. (2008). *Cancer care for the whole patient: Meeting psychosocial health needs*. Washington: Natl Academy Pr.
- Demark-Wahnefried, W., Aziz, N. M., Rowland, J. H., & Pinto, B. M. (2005). Riding the crest of the teachable moment: Promoting long-term health after the diagnosis of cancer. *Journal of Clinical Oncology*, 23(24), 5814.
- Hewitt, M. E., Greenfield, S., & Stovall, E. (2006). *From cancer patient to cancer survivor: Lost in transition*. Washington: Natl Academy Pr.
- Hewitt, M. E., & Ganz, P. (2007). *Implementing cancer survivorship care planning: Workshop summary* Natl Academy Pr.
- Khatcheressian, J. L., Wolff, A. C., Smith, T. J., Grunfeld, E., Muss, H. B., Vogel, V. G., Halberg, F., Somerfield, M. R., & Davidson, N. E. (2006). American society of clinical oncology 2006 update of the breast cancer follow-up and management guidelines in the adjuvant setting. *Journal of Clinical Oncology*, 24(31), 5091-5097. doi:10.1200/JCO.2006.08.8575
- Leigh, S. (2008). Cancer survivorship: Advocacy organizations and support systems. *Hematology/oncology Clinics of North America*, 22(2), 355-363.
- National Lymphedema Network. (2008). *Lymphedema risk reduction practices*. Retrieved March 4, 2009, from <http://www.lymphnet.org/pdfDocs/nlnriskreduction.pdf>
- Norman, S. A., Localio, A. R., Potashnik, S. L., Simoes Torpey, H. A., Kallan, M. J., Weber, A. L., Miller, L. T., DeMichele, A., & Solin, L. J. (2009). Lymphedema in breast cancer survivors: Incidence, degree, time course, treatment, and symptoms. *Journal of Clinical Oncology*, 27(3), 390-397. doi:10.1200/JCO.2008.17.9291
- Schmitz, K. H., Courneya, K. S., Matthews, C., Demark-Wahnefried, W., Galvao, D. A., Pinto, B. M., Irwin, M. L., Wolin, K. Y., Segal, R. J., Lucia, A., Schneider, C. M., Von Gruenigen, V. E., & Schwartz, A. L. (2010). American college of sports medicine roundtable on exercise guidelines for cancer survivors. *Medicine & Science in Sports & Exercise*, 42(7), 1409-1426.
- Smith, A. W., Alfano, C. M., Reeve, B. B., Irwin, M. L., Bernstein, L., Baumgartner, K., Bowen, D., McTiernan, A., & Ballard-Barbash, R. (2009). Race/Ethnicity, physical activity, and quality of life in breast cancer survivors. *Cancer Epidemiology Biomarkers & Prevention*, 18(2), 656-663. doi:10.1158/1055-9965.EPI-08-0352
- Whitehead, S., & Lavelle, K. (2009). Older breast cancer survivors' views and preferences for physical activity. *Qualitative Health Research*, 19(7), 894-906. doi:10.1177/1049732309337523

## Measure Information Form

**Measure Set:** Breast Cancer Survivorship (BCS)

**Set Measure ID #:** BCS-04

**Performance Measure Name:** Goal Setting

**Description:** At least once from last modality completion through the 12 month period post treatment, the patient's goals of care are documented, and there is evidence that goals are established collaboratively between patient and provider.

**Rationale:** Upon completing primary treatment for early stage breast cancer, the focus of care transitions from the acute management of anti-cancer therapy to one of watchful waiting and return to a "new normal"(Miller, Merry, & Miller, 2008). Goals for the first 12 months post-treatment completion may include return to employment, lifestyle incorporation of recommended routine physical activity levels, continued adherence to endocrine therapy or any other individualized objective selected through mutual goal-setting between the patient/family and provider (Bradley, Bogardus, Tinetti, & Inouye, 1999; Fraenkel & McGraw, 2007; Hewitt & Ganz, 2007; Rosland & Piette, 2010). Identified concerns of the patient, and the plan to address them should be documented in the patient record and/or survivorship care plan (Hewitt et al., 2006; Hewitt & Ganz, 2007).

**Type of Measure:** Process

**Improvement Noted As:** Increase in rate

**Numerator Statement:** Patient's goals of care are documented, and there is evidence that goals are established collaboratively.

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- *Goals Documented*
- *Goals Collaborative*

**Denominator Statement:** Breast cancer patients stage 0 to III who have completed the last planned modality of treatment.

**Included Populations:** Not applicable

**Excluded Populations:**

- Patients with recurrence

- Patients with development of a second primary
- Patients who died
- Patients lost to follow up

**Data Elements:**

- Age
- Breast Cancer Stage
- CPT Code
- Death
- ICD-9-CM Diagnosis Code
- Last Treatment Date
- Lost to Follow Up
- Recurrence
- Second Cancer Primary
- Sex
- Treatments Received
- Unique Blinded Case Identifier

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective data sources for required data elements include administrative/billing data and medical records.

**Data Collection Approach:** Retrospective data sources for required data elements include administrative/billing data and medical records.

**Data Accuracy:** To be determined

**Measure Analysis Suggestions:** To be determined

**Sampling:** Yes. To be determined

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

**Selected References:**

- Bradley, E. H., Bogardus, S. T., Tinetti, M. E., & Inouye, S. K. (1999). Goal-setting in clinical medicine. *Social Science & Medicine*, 49(2), 267-278. doi:DOI: 10.1016/S0277-9536(99)00107-0
- Fraenkel, L., & McGraw, S. (2007). Participation in medical decision making: The patients' perspective. *Medical Decision Making*, 27(5), 533-538.
- Hewitt, M. E., & Ganz, P. (2007). *Implementing cancer survivorship care planning: Workshop summary* Natl Academy Pr.
- Hewitt, M. E., Greenfield, S., & Stovall, E. (2006). *From cancer patient to cancer survivor: Lost in transition*. Washington: Natl Academy Pr.

- Miller, K., Merry, B., & Miller, J. (2008). Seasons of survivorship revisited. *The Cancer Journal*, 14(6), 369-374. doi:10.1097/PPO.0b013e31818edf60
- Rosland, A. M., & Piette, J. D. (2010). Emerging models for mobilizing family support for chronic disease management: A structured review. *Chronic Illness*, 6(1), 7.

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## Measure Information Form

**Measure Set:** Breast Cancer Survivorship (BCS)

**Set Measure ID #:** BCS-05

**Performance Measure Name:** Goal Attainment

**Description:** Number of patients who made progress toward goals by the end of survivor time period.

**Rationale:** Upon completing primary treatment for early stage breast cancer, the focus of care transitions from the acute management of anti-cancer therapy to one of watchful waiting and return to a “new normal”(Miller et al., 2008). Goals for the first 12 months post-treatment completion may include return to employment, lifestyle incorporation of recommended routine physical activity levels, continued adherence to endocrine therapy or any other individualized objective selected through mutual goal-setting between the patient/family and provider (Bradley et al., 1999; Fraenkel & McGraw, 2007; Hewitt & Ganz, 2007; Rosland & Piette, 2010). Identified concerns of the patient, and the plan to address them should be documented in the patient record and/or survivorship care plan, and periodically re-evaluated for progress towards attainment or need for revision (Hewitt et al., 2006; Hewitt & Ganz, 2007; Rasmussen, Wrosch, Scheier, & Carver, 2006).

**Type of Measure:** Outcome

**Improvement Noted As:** Increase in rate

**Numerator Statement:** Patients who made progress toward goals by the end of survivor time period

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- *Progress Toward Goals*

**Denominator Statement:** Breast cancer patients stage 0 to III who have completed the last planned modality of treatment.

**Included Populations:** Not applicable

**Excluded Populations:**

- Patients with recurrence
- Patients with development of a second primary

- Patients who died
- Patients lost to follow up

**Data Elements:**

- *Age*
- *Breast Cancer Stage*
- *CPT Code*
- *Death*
- *ICD-9-CM Diagnosis Code*
- *Last Treatment Date*
- *Lost to Follow Up*
- *Recurrence*
- *Second Cancer Primary*
- *Sex*
- *Treatments Received*
- *Unique Blinded Case Identifier*

**Risk Adjustment:** To be determined

**Data Collection Approach:** Retrospective data sources for required data elements include administrative/billing data and medical records.

**Data Accuracy:** To be determined

**Measure Analysis Suggestions:** To be determined

**Sampling:** Yes. To be determined

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

**Selected References:**

- Bradley, E. H., Bogardus, S. T., Tinetti, M. E., & Inouye, S. K. (1999). Goal-setting in clinical medicine. *Social Science & Medicine*, 49(2), 267-278. doi:DOI: 10.1016/S0277-9536(99)00107-0
- Fraenkel, L., & McGraw, S. (2007). Participation in medical decision making: The patients' perspective. *Medical Decision Making*, 27(5), 533-538.
- Hewitt, M. E., & Ganz, P. (2007). *Implementing cancer survivorship care planning: Workshop summary* Natl Academy Pr.
- Hewitt, M. E., Greenfield, S., & Stovall, E. (2006). *From cancer patient to cancer survivor: Lost in transition*. Washington: Natl Academy Pr.
- Miller, K., Merry, B., & Miller, J. (2008). Seasons of survivorship revisited. *The Cancer Journal*, 14(6), 369-374. doi:10.1097/PPO.0b013e31818edf60
- Rasmussen, H. N., Wrosch, C., Scheier, M. F., & Carver, C. S. (2006). Self-regulation processes and health: The importance of optimism and goal

adjustment. *Journal of Personality*, 74(6), 1721-1748. doi:10.1111/j.1467-6494.2006.00426.x

- Rosland, A. M., & Piette, J. D. (2010). Emerging models for mobilizing family support for chronic disease management: A structured review. *Chronic Illness*, 6(1), 7.

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## Measure Information Form

**Measure Set:** Breast Cancer Survivorship (BCS)

**Set Measure ID #:** BCS-06

Set Measure ID	Performance Measure Name:
BCS-06a	Follow Up Care – Composite Rate
BCS-06b	Follow Up Care – Transfer of Care
BCS-06c	Follow Up Care – Bone Density Test
BCS-06d	Follow Up Care – Breast Imaging
BCS-06e	Follow Up Care – Echo or MUGA Test
BCS-06f	Follow Up Care – Pelvic Exam
BCS-06g	Follow Up Care – Breast Exam

**Performance Measure Name:** Follow Up Care

**Description:** Documentation of recommendations during the 12 month period post treatment modality completion for transfer of care, bone density test, breast imaging, echo or MUGA test, pelvic exam, and clinical breast exam or BSE.

**Rationale:** Regular monitoring for disease recurrence and/or late effects of treatment for breast cancer is recommended every 3 to 6 months for the first 3 years, every 6 to 12 months for an additional 2 years, and then annually (Khatcheressian et al., 2006). According to individual patient risk based on clinical history and treatment received, monitoring may include history and physical exam, indicated breast exam/imaging, left ventricular ejection fraction function, assessment of bone density, and pelvic exam (Del Giudice, Grunfeld, Harvey, Pilotis, & Verma, 2009; Ganz & Hahn, 2008; Grunfeld & Earle, 2010; Hewitt & Ganz, 2007; Khatcheressian et al., 2006). Routine screening for recurrence via blood test or diagnostic imaging in patients without symptoms is not recommended (Khatcheressian et al., 2006).

**Type of Measure:** Process

**Improvement Noted As:** Increase in rate

**Numerator Statement:** Documentation of recommendations for transfer of care, bone density test, breast imaging, echo or MUGA test, pelvic exam, and clinical breast exam or BSE.

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- *Transfer of Care*

- *Bone Density Test*
- *Breast Imaging*
- *Echo or MUGA Test*
- *Pelvic Exam*
- *Breast Exam*

**Denominator Statement:** Breast cancer patients stage 0 to III who have completed the last planned modality of treatment.

**Included Populations:** Not applicable

**Excluded Populations:**

- Patients with recurrence
- Patients with development of a second primary
- Patients who died
- Patients lost to follow up

**Data Elements:**

- *Age*
- *Breast Cancer Stage*
- *CPT Code*
- *Death*
- *ICD-9-CM Diagnosis Code*
- *Last Treatment Date*
- *Lost to Follow Up*
- *Recurrence*
- *Second Cancer Primary*
- *Sex*
- *Treatments Received*
- *Unique Blinded Case Identifier*

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective data sources for required data elements include administrative/billing data and medical records.

**Data Accuracy:**

- The composite rate (BCS-06a) includes those patients who received documented recommendations for follow up care for all areas identified in the strata.

**Measure Analysis Suggestions:** To be determined

**Sampling:** Yes. To be determined

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

### **Selected References:**

- Del Giudice, M. E., Grunfeld, E., Harvey, B. J., Pilotis, E., & Verma, S. (2009). Primary care physicians' views of routine follow-up care of cancer survivors. *Journal of Clinical Oncology*, 27(20), 3338-3345. doi:10.1200/JCO.2008.20.4883
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## Measure Information Form

**Measure Set:** Breast Cancer Survivorship (BCS)

**Set Measure ID #:** BCS-07

**Performance Measure Name:** Fatigue Improvement

**Description:** Number of patients who had improvement in fatigue from baseline (end of treatment) to most recent visit in chart within a 12 month period

**Rationale:** Persistent fatigue post-completion of primary treatment for breast cancer is among the most common complaints noted by patients (Bower et al., 2006; Mao et al., 2007; Minton & Stone, 2008). While the severity and persistence of this symptom may be related to multiple factors, interventions to improve fatigue should be offered, and their impact routinely assessed for symptom improvement over time (Brown et al., 2010; National Comprehensive Cancer Network, 2010). While it is unrealistic to expect that every patient will achieve complete resolution of fatigue within a 12 month period post-treatment, measurement of the proportion of patients who do report improvement over time is valuable to guide the clinical practice in program and clinical resource provision planning.

**Type of Measure:** Outcome

**Improvement Noted As:** Increase in rate

**Numerator Statement:** Patients who had improvement in fatigue

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- *Fatigue Improvement*

**Denominator Statement:** Breast cancer patients stage 0 to III who have fatigue and completed the last planned modality of treatment.

**Included Populations:** Not applicable

**Excluded Populations:**

- Patients with recurrence
- Patients with development of a second primary
- Patients who died
- Patients lost to follow up

**Data Elements:**

- Age
- Breast Cancer Stage
- CPT Code
- Death
- ICD-9-CM Diagnosis Code
- Last Treatment Date
- Lost to Follow Up
- Recurrence
- Second Cancer Primary
- Sex
- Treatments Received
- Unique Blinded Case Identifier

**Risk Adjustment:** To be determined

**Data Collection Approach:** Retrospective data sources for required data elements include administrative/billing data and medical records.

**Data Accuracy:** To be determined

**Measure Analysis Suggestions:** To be determined

**Sampling:** Yes. To be determined

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

**Selected References:**

- Bower, J. E., Ganz, P. A., Desmond, K. A., Bernards, C., Rowland, J. H., Meyerowitz, B. E., & Belin, T. R. (2006). Fatigue in long-term breast carcinoma survivors. *Cancer*, 106(4), 751-758.
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- National Comprehensive Cancer Network. (2010). *The NCCN clinical practice guidelines in oncology™ cancer-related fatigue (version 1.2010)*. Retrieved January 26, 2010, from [www.nccn.org](http://www.nccn.org)

## Measure Information Form

**Measure Set:** Breast Cancer Survivorship (BCS)

**Set Measure ID #:** BCS-08

**Performance Measure Name:** Distress Improvement

**Description:** Number of patients who had improvement in distress from baseline (end of treatment) to most recent visit in chart within a 12 month period

**Rationale:** Persistent distress post-completion of primary treatment for breast cancer is among the most common complaints noted by patients (Adler & Page, 2008; Costanzo et al., 2007; Hodgkinson et al., 2007; National Comprehensive Cancer Network, 2010). While the severity and persistence of this symptom may be related to multiple factors, interventions to improve distress should be offered, and their impact routinely assessed for symptom improvement over time (National Comprehensive Cancer Network, 2010). While it is unrealistic to expect that every patient will achieve complete resolution of distress within a 12 month period post-treatment, measurement of the proportion of patients who do report improvement over time is valuable to guide the clinical practice in program and clinical resource provision planning.

**Type of Measure:** Outcome

**Improvement Noted As:** Increase in rate

**Numerator Statement:** Patients who had improvement in distress

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**

- *Distress Improvement*

**Denominator Statement:** Breast cancer patients stage 0 to III who have distress and completed the last planned modality of treatment.

**Included Populations:** Not applicable

**Excluded Populations:**

- Patients with recurrence
- Patients with development of a second primary
- Patients who died
- Patients lost to follow up

**Data Elements:**

- Age
- Breast Cancer Stage
- CPT Code
- Death
- ICD-9-CM Diagnosis Code
- Last Treatment Date
- Lost to Follow Up
- Recurrence
- Second Cancer Primary
- Sex
- Treatments Received
- Unique Blinded Case Identifier

**Risk Adjustment:** To be determined

**Data Collection Approach:** Retrospective data sources for required data elements include administrative/billing data and medical records.

**Data Accuracy:** To be determined

**Measure Analysis Suggestions:** To be determined

**Sampling:** Yes. To be determined

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

**Selected References:**

- Adler, N. E., & Page, A. E. K. (2008). *Cancer care for the whole patient: Meeting psychosocial health needs*. Washington: Natl Academy Pr.
- Costanzo, E. S., Lutgendorf, S. K., Mattes, M. L., Trehan, S., Robinson, C. B., Tewfik, F., & Roman, S. L. (2007). Adjusting to life after treatment: Distress and quality of life following treatment for breast cancer. *British Journal of Cancer*, 97(12), 1625-1631.
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