

€Measure #100: Colorectal Cancer Patients who have a pT and pN Category and Histologic Grade for Their Cancer

DESCRIPTION:

Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade

INSTRUCTIONS:

This measure is to be reported each time a colorectal cancer resection surgical pathology examination is performed during the reporting period for colorectal cancer patients. It is anticipated that clinicians who examine colorectal tissue specimens following resection in a laboratory or institution will submit this measure.

This measure is reported using CPT Category II codes:

ICD-9 diagnosis codes and CPT procedure codes are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the appropriate ICD-9 diagnosis codes, CPT procedure codes, and the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reasons not otherwise specified.

NUMERATOR:

Reports that include the pT category, the pN category and the histologic grade

Numerator Coding:

pT Category, pN Category and Histologic Grade Documented

CPT II 3260F: pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report

OR

pT Category, pN Category and Histologic Grade not Documented for Medical Reasons

Append a modifier (1P) to CPT Category II code 3260F to report documented circumstances that appropriately exclude patients from the denominator.

- 1P: Documentation of medical reason(s) for not including pT category, pN category and histologic grade in the pathology report (e.g., non-carcinomas; anal canal)

OR

pT Category, pN Category and Histologic Grade not Documented, Reason not Specified

Append a reporting modifier (8P) to CPT Category II code 3260F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- 8P: pT category, pN category and histologic grade were not documented in the pathology report, reason not otherwise specified

DENOMINATOR:

All colon and rectum cancer resection pathology reports

Denominator Coding:

An ICD-9 diagnosis code for colon or rectum cancer and a CPT procedure code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes: 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 154.8

AND

CPT procedure codes: 88309

RATIONALE:

Therapeutic decisions for colorectal cancer management are stage driven and cannot be made without a complete set of pathology descriptors. Incomplete cancer resection pathology reports may result in misclassification of patients, rework and delays, and suboptimal management. The College of American Pathologists (CAP) has produced evidence-based checklists of essential pathologic parameters that are recommended to be included in cancer resection pathology reports. These checklists have been endorsed as a voluntary standard by National Quality Forum (NQF) and are considered the reporting standard by the Commission on Cancer (CoC) of the American College of Surgeons (ACS).

The CAP recently conducted a structured audit of colorectal cancer pathology report adequacy at 86 institutions. Overall, 34% of eligible reports were missing at least one of the ten CAP-recommended colorectal cancer elements. Cancer Care Ontario (CCO) conducted a similar study in 2005 and found that 31% of colorectal cancer pathology reports did not include all of the information required by the CAP standards.

While the exact percentage of colorectal cancer resection pathology reports that are missing the pT category, the pN category and the histologic grade is unknown, these are essential elements in colorectal cancer treatment decisions and should be included in every pathology report when possible.

CLINICAL RECOMMENDATION STATEMENTS:

Patient management and treatment guidelines promote an organized approach to providing quality care. The American College of Surgeons Committee on Cancer (CoC) requires that 90% of pathology reports that include a cancer diagnosis contain the scientifically validated data elements outlined in the surgical case summary checklist of the College of American Pathologists (CAP) publication Reporting on Cancer Specimens.(ACSCoC)

Surgical resection is the primary therapy for most colorectal carcinomas, and the most important prognostic indicators are related to the pathologic findings in the resection specimen. The anatomic extent of disease is by far the most important prognostic factor in colorectal cancer. Pathologic staging depends on pathologic documentation of the anatomic extent of disease, whether or not the primary tumor has been completely removed. If a biopsied tumor is not resected for any reason

(e.g., when technically unfeasible) and if the highest T and N categories or the M1 category of the tumor can be confirmed microscopically, the criteria for pathologic classification and staging have been satisfied without total removal of the primary cancer.(CAP)