

Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients

*This measure is to be reported **once per episode**¹ of radiation therapy for all male patients, regardless of age, with prostate cancer who receive external beam radiotherapy to the prostate during the reporting period. It is anticipated that clinicians who perform external beam radiotherapy to the prostate will submit this measure.*

Measure description

Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed² adjuvant hormonal therapy (GnRH agonist or antagonist)

What will you need to report for each male patient with prostate cancer receiving external beam radiotherapy for this measure?

If you select this measure for reporting, you will report:

- The risk for recurrence for every patient with prostate cancer receiving external beam radiotherapy:
 - High Risk: PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinically localized stage T3a
 - Intermediate Risk: PSA >10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk
 - Low Risk: PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a

If the patient is at high risk of recurrence for prostate cancer (as described above), you will then need to report:

- Whether or not you prescribed² or the patient was administered adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to prescribe or administer adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist), due to:

- Medical reasons (eg, salvage therapy, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason)

In these cases, you will need to indicate which reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

¹Each episode of radiation therapy in an eligible patient receiving external beam radiotherapy to the prostate occurring during the reporting period will be counted when calculating the reporting and performance rates. The PQRI quality code needs to be submitted only once during the episode of radiation therapy (eg, 8 weeks of therapy).

²Prescribed — Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.