

Measure	Weight	Measure Description	Points earned
#1	10	<b>High Quality Clinical and Physics Data Submission and Completeness<sup>1</sup></b>	
		Four Data Quality Metrics Met	10
		Three Data Quality Metrics Met	8
		Two Data Quality Metrics Met	4
		One Data Quality Metric Met	2
		None of the Data Quality Metrics Met	0
#2	5	<b>Submission of Technical Data (<i>Full DICOM-RT data and Physics Radiotherapy Technical Details Survey</i>) for Breast, Lung, and Complex Bone Mets Cases</b>	
		>85% of technical data submitted within six weeks of treatment completion	5
		>85% of technical data submitted within eight weeks	4
		>85% of technical data submitted within twelve weeks	3
		>85% of technical data submitted after twelve weeks	2
		<85% of technical data submitted after twelve weeks	0
#3	10	<b>In node-positive breast cancer patients for whom the supraclavicular(SCV) and/or infraclavicular (ICV) nodes are treated, the irradiated nodal group(s) is(are) contoured and named per TG-263 naming convention AND the dose is reported.</b>	
		Contours and dose reported in ≥60% of patients	10
		Contours and dose reported in 40-59% of patients	7
		Contours and dose reported in <40% of patients	0
#4	10	<b>Mean heart dose achieved in breast patients receiving conventionally fractionated radiotherapy to supraclavicular, infraclavicular, and/or internal mammary nodes<sup>2</sup></b>	
		≥85% of patients meet heart sparing goals	10
		60-84% of patients meet heart sparing goals	7
		<60% of patients meet heart sparing goals	0
#5	10	<b>Collection rate of annual lung follow-up for those due for 1<sup>st</sup> year follow-up 1/1/2023-9/30/2023</b>	
		≥75% rate of annual lung follow-up	10
		60-74% rate of annual lung follow-up	7
		<60% rate of annual lung follow-up	0
#6	10	<b>For lung cancer patients: evaluate Task Group-263 compliance for the specified structures (<i>heart, PTV, GTV/IGTV/ITV, esophagus, spinal cord or canal, and normal lung</i>) for the initial DICOM entry.</b>	
		≥80% compliance for the specified structures	10
		60-79% compliance for the specified structures	7
		<60% compliance for the specified structures	0
#7	10	<b>Use of shorter course radiotherapy for bone metastasis treatment as shown by:</b>	
		<b>A: The MROQC consortium-wide rate of single fraction use is ≥45% for uncomplicated patients<sup>3</sup></b>	
		<b>B: Your site-level rate of ≤5 fraction treatment is at least 60% for all patients</b>	
		A and B are met	10
		Only B is met	7
		B is not met	0

Measure	Weight	Measure Description	Points earned
#8	10	<b>Percentage of patients with intermediate risk prostate cancer as defined by NCCN treated with EBRT or brachytherapy who received “high value radiotherapy”, defined as moderately hypofractionated EBRT (28 fractions or less) OR ultrahypofractionated EBRT/SBRT (7 fractions or less) OR brachytherapy monotherapy. Patients with unfavorable intermediate prostate cancer may also receive a brachytherapy boost.</b>	
		≥60% of patients receive high value radiotherapy	10
		40-59% of patients receive high value radiotherapy	7
		<40% of patients receive high value radiotherapy	0
#9	10	<b>Prostate Working Group Performance Goal: Completion of 6-month follow-up form (P6)</b>	
		≥60% rate of prostate 6-month follow-up completed	10
		40-59% rate of prostate 6-month follow-up completed	7
		<40% rate of prostate 6-month follow-up completed	0
#10	5	<b>Collaborative Meeting Participation – Clinical Champion (Per MROQC CC Attendance Policy)</b>	
		All meetings or two meetings with one meeting attended by an acceptable designee	5
		Two meetings	3
		One meeting or none attended	0
#11	5	<b>Collaborative Meeting Participation – Physics Lead (or designee)</b>	
		All meetings	5
		Two meetings	3
		One meeting or none attended	0
#12	5	<b>Collaborative Meeting Participation – Clinical Data Abstractor (CDA or designee)</b>	
		All meetings	5
		Two meetings	3
		One meeting or none attended	0

#### <sup>1</sup>Data Quality Metrics

##### A. Highly accurate data:

- Overall data accuracy determined by audit of breast, lung, bone mets, and prostate data is ≥95%.

##### B. Sufficient audit preparation and follow-up:

- Audit materials are available for review at the time of audit
- Appropriate staff member (CDA for clinical data audit and physicist or dosimetrist for physics data audit) attends the audit
- Corrections identified during clinical or physics data audit are completed within 2 weeks of the audit date.

##### C. Active use of clinical data quality reports in the Breast & Lung and Bone Mets databases

- Fewer than 5% of 2023 cases have a quality report error

##### D. Active use of physics data quality reports in the Breast & Lung and Bone Mets databases

- Fewer than 5% of 2023 cases have a quality report error

*\*2023 cases are defined as patients with an RT end date of 10/1/22-9/30/23 (unless otherwise specified by measure)*

#### <sup>2</sup>Cardiac Dose Thresholds

Left ≤2.0 Gy Right ≤1.0 Gy

<sup>3</sup>Uncomplicated bone mets definition: No prior radiation to same anatomic site; no cord compression, cauda compression or radicular pain at the site being treated; no prior surgery at the site being treated; no associated soft tissue mass; patient reports any pain (pain score 1-10); a non-curative treatment intention