

Measure	Weight	Measure Description	Points earned
#1	8	High Quality Clinical and Physics Data Submission and Completeness ¹	
		Four Data Quality Metrics Met	8
		Three Data Quality Metrics Met	6
		Two Data Quality Metrics Met	4
		One Data Quality Metric Met	2
		None of the Data Quality Metrics Met	0
#2	5	Submission of Technical Data (Dose Volume Histogram, DICOM-RT, and Physics Radiotherapy Technical Details Survey)	
		>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	12	Mean heart dose for 90% of node negative breast patients	
		≤ 2 Gy	12
		2.01– 3 Gy	8
		3.01 – 4 Gy	4
		> 4 Gy	0
#4	12	Use of Accelerated Whole Breast Irradiation on appropriate patients	
		90% or more appropriate patients receive AWBI	12
		81-89%	8
		70-80%	4
		<70%	0
#5	12	Planning Target Volume (PTV) expansion has been drawn around lumpectomy cavity for treatment planning	
		80% or more breast cancer patients have PTV expansion	12
		70-79%	8
		60-69%	4
		<60%	0
#6	12	Respiratory motion assessed at the time of simulation for lung patients	
		>90% underwent motion assessment at time of simulation	12
		86-90%	8
		80-85%	4
		<80%	0

#7	12	Gross Tumor Volume (GTV) is defined in accordance with MROQC Practice Patterns Lung Target Delineation guidelines <i>A GTV is defined with the aid of motion assessment or motion management.</i>	
		>90% of patients have an appropriately defined GTV	12
		86-90%	8
		80-85%	4
		<80%	0
#8	12	Planning Target Volume (PTV) is defined in accordance with MROQC Practice Patterns Lung Target Delineation guidelines <i>A separate PTV is defined using ≥ 5 mm expansion with daily imaging or >5 mm expansion for less frequent imaging.</i>	
		>90% of patients have an appropriately defined PTV	12
		86-90%	8
		80-85%	4
		<80%	0
#9	5	Meeting Participation – Clinical Champion (<i>per MROQC CC Attendance Policy</i>)	
		All meetings	5
		Two meetings	3
		One meeting	2
		None	0
#10	5	Meeting Participation – Physics Lead (<i>or designee</i>)	
		All meetings	5
		Two meetings	3
		One meeting	2
		None	0
#11	5	Meeting Participation – Clinical Data Abstractor (<i>or designee</i>)	
		All meetings	5
		Two meetings	3
		One meeting	2
		None	0

¹Data Quality Metrics

A. Highly accurate data:

- Overall data accuracy as determined by audit is $\geq 97\%$.

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) is in attendance at the audit.
- Corrections identified during clinical or physics data audit are made within 2 weeks of the audit date.

C. Completeness of submitted forms:

- 90% or more of submitted CDA, physician, and physics forms for 2018 patients have no missing data elements as of 12/31/18.

D. Active use of data quality reports:

- Fewer than 5% of 2018 patients* have a data checker error in the data checker problems report as of 12/31/18.

*2018 patients are defined as patients with an RT end date of 10/1/17-9/30/18