## PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Paper-Based Form

Online Data Entry Tool Content for FY 2017 and Subsequent Years

| CCN  |            | Hospital Name |    |    |    |
|--|------------|---------------|----|----|----|
| (NQF 1822) External Beam Radiotherapy for Bone Metastases  |            |               |    |    |    |
| This measure reports the percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme. |            |               |    |    |    |
|  |            | Q1            | Q2 | Q3 | Q4 |
| NUMERATOR  |            |               |    |    |    |
| All patients, regardless of age, with painful bone metastases, and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.  |            |               |    |    |    |
|  |            | Q1            | Q2 | Q3 | Q4 |
| DENC   | MINATOR    |               |    |    |    |
| All patients with painful bone metastases and no previous radiation to the same anatomic site who receive EBRT.  |            |               |    |    |    |
|  |            | Q1            | Q2 | Q3 | Q4 |
| Percent  | t of Total |               |    |    |    |

Please refer to specifications on the National Quality Forum website: http://www.qualityforum.org/QPS/1822.

Complete and submit this form via email to: <a href="mailto:PCHQualityReporting@hcqis.org">PCHQualityReporting@hcqis.org</a>.

Following receipt of the request form, an email acknowledgement will be sent confirming the form has been received.

## PRA Disclosure Statement

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