Measure #: ASBS14

Measure Title: Recommendation of Neoadjuvant Chemotherapy for Her2Neu positive invasive breast cancers that are >2.0cm in size and/or have needle biopsy proven axillary metastases.

Domain: Clinical Care

Measure Type: Process, traditional, proportional

Risk Adjustment: Not applicable

REGISTRY ONLY

DESCRIPTION:
The percent of patients with a known diagnosis of human epidermal growth factor receptor 2 (Her2Neu) positive invasive breast cancer undergoing breast cancer operations who were advised to undergo neoadjuvant chemotherapy prior to surgical intervention.

INSTRUCTIONS:
This measure is to be reported each time a patient aged 18 and older undergoes a breast cancer operation for Her2Neu positive invasive breast cancers. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:
Patients aged 18 years and older on date of encounter undergoing breast cancer operations that were known to be Her2Neu positive and 2.0cm in size and/or had needle biopsy proven axillary metastases.

Denominator Criteria (Eligible Cases): Patients aged 18 and older on date of encounter

AND

Diagnosis for Female/Male Breast Cancer (ICD-10-CM): C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C79.81

AND

Patient encounter during the reporting period (CPT): 19301, 19302, 19303, 19305, 19306, 19307

NUMERATOR:
Patients aged 18 and older undergoing breast cancer operations who had breast cancer diagnosed preoperatively that revealed Her2Neu positivity that were ≥2.0cm in size and/or had needle biopsy proven axillary metastases were recommended to undergo neoadjuvant chemotherapy prior to surgical intervention.

Definition:	Her2Neu positivity is defined as 3+ on immunohistochemistry or Her2Neu amplified by in-situ hybridization.
Numerator Options:	
Performance Met:	All Her2Neu positive patients with tumor ≥2.0cm and/or had needle biopsy proven axillary metastases were recommended to undergo neoadjuvant chemotherapy to optimize systemic therapy options prior to surgical intervention.
OR	
Denominator Exception:	Documentation of reason(s) patient not recommended for neoadjuvant chemotherapy (ie medical comorbidities precluding receipt of neoadjuvant chemotherapy, patient refusal of recommendation).
OR	
Performance Not Met:	Her2Neu positive patients with tumor ≥2.0cm and/or had needle biopsy proven axillary metastases was not recommended to undergo neoadjuvant chemotherapy to optimize systemic therapy options prior to surgical intervention

RATIONALE:
Studies demonstrate that patients with Her2Neu positive breast cancer ≥2.0cm and/or needle biopsy proven axillary metastases obtain survival benefit from combination chemotherapy along with Her2Neu directed therapies.

Receipt of systemic therapy in the neoadjuvant setting allows for monitoring of response, and can optimize cosmetic outcomes in patients undergoing breast conserving therapy. A majority of patients undergo initial evaluation for their breast cancer diagnosis with a breast surgeon. Surgeons therefore, are in the responsible position of understanding the rationale for systemic therapy in these patients recommending referrals for this approach when appropriate.

CLINICAL RECOMMENDATION STATEMENTS:
Patients presenting for treatment recommendations for a diagnosis of Her2Neu positive invasive cancer ≥2.0cm and/or needle biopsy proven axillary metastases should be recommended to undergo neoadjuvant systemic therapy under the care of a medical oncologist. Surgical

intervention can subsequently performed at the completion of neoadjuvant chemotherapy. This approach allows breast conserving therapy to be optimized and facilitates the greatest opportunity for the patient to receive broad access to systemic therapies and potentially receive additional systemic therapy for residua disease when appropriate.

DATE ENDORSED: October 2, 2017