

## QOPI® 2018 MEASURE SUMMARY ROUND 2

MODULE	MEASURE #	MEASURE	NQF Endorsed Measure
CORE	1	Pathology report confirming malignancy*	
CORE	2	Staging documented within one month of first office visit*	NQF Endorsed #0386 (adapted)
CORE	3	Pain assessed by second office visit	NQF Endorsed #0383/#0384 (adapted)
CORE	4a	Pain intensity quantified by second office visit	NQF Endorsed #0384 (adapted)
CORE	5	Plan of care for moderate/severe pain documented	NQF Endorsed #0383/#0384 (adapted)
CORE	6	Pain addressed appropriately (defect-free measure 3, 4a, and 5) *	NQF Endorsed #0383 (adapted)
CORE	6a	Pain assessed on either of the two most recent office visits*	NQF Endorsed #0383/#0384 (adapted)
CORE	6b	Pain intensity quantified on either of the two most recent office visits	NQF Endorsed #0383/#0384 (adapted)
CORE	6c	Plan of care for moderate/severe pain documented on either of the two most recent office visits	NQF Endorsed #0383/#0384 (adapted)
CORE	6d	Pain addressed appropriately on either of the two most recent office visits (defect-free measure 6a, 6b, and 6c)	NQF Endorsed #0383/#0384 (adapted)
CORE	6e	Pain addressed appropriately by second office visit and during most recent office visits (defect-free measure 6 and 6d)	NQF Endorsed #0383/#0384 (adapted)
CORE	7	Effectiveness of narcotic assessed on visit following prescription	
CORE	8	Constipation assessed at time of narcotic prescription or following visit	
CORE	9	Documented plan for chemotherapy, including doses, route, and time intervals*	
CORE	10	Chemotherapy intent (curative vs. non-curative) documented before or within two weeks after administration*	
CORE	11	Chemotherapy intent discussion with patient documented*	
CORE	12	Number of chemotherapy cycles documented	
CORE	13	Chemotherapy planning completed appropriately (defect-free measure 9, 10, and 12)	

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MODULE	MEASURE #	MEASURE	NQF Endorsed Measure
CORE	13aa	Performance status documented prior to initiating chemotherapy regimen ( <i>Test Measure</i> )	
CORE	13a1	Chemotherapy administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented ( <b>Lower Score - Better</b> ) (Defect-free measure 13a1a and 13a1b) (Top 5 Measure)	
CORE	13a1a	Chemotherapy administered to patients with metastatic solid tumor with performance status of 3 or 4 ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
CORE	13a1b	Chemotherapy administered to patients with metastatic solid tumor with performance status undocumented ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
CORE	13oc4	Documented plan for oral chemotherapy (defect-free Measure, 13oc4a - CORE13oc4d) ( <i>Test Measure</i> )	
CORE	13oc4a	Documented plan for oral chemotherapy: Dose*	
CORE	13oc4b	Documented plan for oral chemotherapy: Administration schedule (start day, days of treatment/rest and planned duration) *	
CORE	13oc4c	Documented plan for oral chemotherapy: Provided to patient/caregiver prior to start of therapy and practitioner(s) providing continuing care (PCP) within 3 months of starting therapy ( <i>Test Measure</i> )	
CORE	13oc4d	Documented plan for oral chemotherapy: Indications	
CORE	13oc5	Oral chemotherapy education provided prior to the start of therapy (defect-free Measure 13oc5a - 13oc5c)	
CORE	13oc5a	Oral chemotherapy education provided prior to the start of therapy: Missed doses	
CORE	13oc5b	Oral chemotherapy education provided prior to the start of therapy: Toxicities	
CORE	13oc5c	Oral chemotherapy education provided prior to the start of therapy: Clinic contact instructions	
CORE	13oc6	Oral chemotherapy monitored on visit/contact following start of therapy (defect-free Measure 13oc6a - 13oc6b)	
CORE	13oc6a	Oral chemotherapy monitored on visit/contact following start of therapy: Medication adherence assessed	
CORE	13oc6b	Oral chemotherapy monitored on visit/contact following start of therapy: Medication adherence addressed	
CORE	14	Signed patient consent for chemotherapy	
CORE	15	Patient consent documented in practitioner note	
CORE	16	Patient consent for chemotherapy (combined measure 14 or 15) *	
CORE	17	Chemotherapy treatment summary completed within 3 months of chemotherapy treatment end	

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MODULE	MEASURE #	MEASURE	NQF Endorsed Measure
CORE	18	Chemotherapy treatment summary provided to patient within 3 months of chemotherapy end	
CORE	19	Chemotherapy treatment summary provided or communicated to practitioner(s) within 3 months of chemotherapy end	
CORE	20	Chemotherapy treatment summary process completed within 3 months of chemotherapy end (defect-free measure 17, 18, and 19)	
CORE	21aa	Smoking status/tobacco use documented in past year*	NQF Endorsed #0028 (adapted)
CORE	22aa	Smoking/tobacco use cessation counseling recommended to smokers/tobacco users in past year	NQF Endorsed #0028 (adapted)
CORE	22bb	Tobacco cessation counseling administered or patient referred in past year	NQF Endorsed #0028 (adapted)
CORE	23aa	Smoking/tobacco use cessation administered appropriately in the past year (defect-free measure 21aa, 22aa, and 22bb)	NQF Endorsed #0028 (adapted)
CORE	24	Patient emotional well-being assessed by the second office visit*	
CORE	25	Action taken to address problems with emotional well-being by the second office visit*	
CORE	25a	Documentation of patient's advance directives by the third office visit	
CORE	25b	Height, Weight, and BSA documented prior to chemotherapy*	
Symptom/Toxicity Management (SMT)	26	Serotonin antagonist prescribed or administered with moderate/high emetic risk chemotherapy	
SMT	27	Corticosteroids and serotonin antagonist prescribed or administered with moderate/high emetic risk chemotherapy*	
SMT	28	NK1 Receptor Antagonist and Olanzapine prescribed or administered with high emetic risk chemotherapy	
SMT	28a	NK1 Receptor Antagonist (Aprepitant/ fosaprepitant netupitant) and Olanzapine administered for low or moderate emetic risk Cycle 1 chemotherapy ( <b>Lower Score - Better</b> ) (Top 5 Test measure)	
SMT	29	Antiemetics prescribed or administered appropriately with moderate/high emetic risk chemotherapy (defect-free measure 27 and 28)	
SMT	29a	Antiemetic therapy prescribed for highly emetogenic chemotherapy risk	
SMT	29b	Antiemetic therapy administered for highly emetogenic chemotherapy risk	

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SMT	29c	Antiemetic therapy prescribed for moderately emetogenic chemotherapy risk	
SMT	29d	Antiemetic therapy administered for moderately emetogenic chemotherapy risk	
SMT	33	Infertility risks discussed prior to chemotherapy with patients of reproductive age*	
SMT	34	Fertility preservation options discussed or referral to specialist	
Care at the End of Life (EOL)	35	Pain assessed on either of the last two visits before death	NQF Endorsed #0383/#0384 (adapted)
EOL	36a	Pain intensity quantified on either of the last two visits before death	NQF Endorsed #0383/#0384 (adapted)
EOL	37	Plan of care for moderate/severe pain documented on either of the last two visits before death	NQF Endorsed #0383/#0384 (adapted)
EOL	38	Pain addressed appropriately (defect-free measure 35, 36a, and 37)	NQF Endorsed #0383/#0384 (adapted)
EOL	39	Dyspnea assessed on either of the last two visits before death	
EOL	40	Dyspnea addressed on either of the last two visits before death	
EOL	41	Dyspnea addressed appropriately (defect-free measure 39, and 40)	
EOL	42	Hospice enrollment	NQF Endorsed #0215 (adapted)
EOL	43	Hospice enrollment or palliative care referral/services	NQF Endorsed #0215 (adapted)
EOL	44	Hospice enrollment within 3 days of death ( <b>Lower Score - Better</b> )	NQF Endorsed #0216 (adapted)
EOL	44a	Hospice enrollment and enrolled more than 3 days before death (defect-free measure 42)	NQF Endorsed #0216 (adapted)
EOL	45	Hospice enrollment within 7 days of death ( <b>Lower Score - Better</b> )	NQF Endorsed #0216 (adapted)
EOL	45a	Hospice enrollment and enrolled more than 7 days before death (defect-free measure 42)	NQF Endorsed #0216 (adapted)
EOL	46	For patients not referred, hospice or palliative care discussed within the last 2 months of life	NQF Endorsed #0215 (adapted)

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EOL	47	Hospice enrollment, palliative care referral/services, or documented discussion (combined measure 43 or 46)	NQF Endorsed #0215 (adapted)
EOL	48	Chemotherapy administered within the last 2 weeks of life ( <b>Lower Score - Better</b> )	NQF Endorsed #0210
EOL	49	Percentage of patients who died from cancer with more than one emergency department visit in the last 30 days of life ( <b>Lower Score - Better</b> )	NQF Endorsed #0211
EOL	49icu	Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life ( <b>Lower Score - Better</b> )	NQF Endorsed #0213
EOL	49ed	Complete family history documented for patients with invasive breast cancer (defect-free measure 49a - 49c)	
Breast (BR)	49a	Presence or absence of cancer in first-degree blood relatives documented	
BR	49b	Presence or absence of cancer in second-degree blood relatives documented	
BR	49c	Age at diagnosis documented for each blood relative noted with cancer	
BR	52	Combination chemotherapy recommended within 4 months of diagnosis for women under 70 with AJCC stage IA (T1c) and IB - III ER/PR negative breast cancer	NQF Endorsed #0559 (adapted)
BR	52a	Complete staging for women with invasive breast cancer (Cancer stage, HER2, and ER/PR status)	
BR	53	Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) and IB - III ER/PR negative breast cancer*	NQF Endorsed #0559 (adapted)
BR	54	Test for Her-2/neu overexpression or gene amplification*	NQF Endorsed #1878 (adapted)
BR	55	Trastuzumab recommended for patients with AJCC stage I (T1c) to III Her-2/neu positive breast cancer	NQF Endorsed #1858 (adapted)
BR	56	Trastuzumab received when Her-2/neu is negative or undocumented ( <b>Lower Score - Better</b> )	NQF Endorsed #1857 (adapted)
BR	56a	Trastuzumab not received when Her-2/neu is negative or undocumented	NQF Endorsed #1857 (adapted)
BR	57	Trastuzumab received by patients with AJCC IA (T1c) and IB - III Her-2/neu positive breast cancer	NQF Endorsed #1858 (adapted)
BR	58	Tamoxifen or AI recommended within 1 year of diagnosis for patients with AJCC stage IA (T1c) and IB - III ER or PR positive breast cancer	NQF Endorsed #0220/#0387 (adapted)
BR	59	Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage IA (T1c) and IB - III ER or PR positive breast cancer*	NQF Endorsed #0220/#0387 (adapted)

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BR	60	Tamoxifen or AI received when ER/PR status is negative or undocumented ( <b>Lower Score - Better</b> )	
BR	61	Bone-modifying agents (IV bisphosphonates or denosumab) administered for breast cancer bone metastases	
BR	62	Renal function assessed prior to the first administration of IV bisphosphonates or denosumab	
BR	62a1	PET, CT, or radionuclide bone scan ordered by practice within 60 days after diagnosis to stage I, IIA, or IIB breast cancer ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
BR	62a2	PET, CT, or radionuclide bone scan ordered outside of practice within 60 days after diagnosis to stage I, IIA, or IIB breast cancer ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
BR	62b1	PET, CT, or radionuclide bone scan ordered by practice between day 61 and day 365 after diagnosis of breast cancer in patients who received treatment with curative intent ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
BR	62b2	PET, CT, or radionuclide bone scan ordered outside of practice between day 61 and day 365 after diagnosis of breast cancer in patients who received treatment with curative intent ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
BR	62c1	Serum tumor marker surveillance ordered by practice between 30 days and 365 days after diagnosis of breast cancer in patients who received treatment with curative intent for breast cancer ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
BR	62c2	Serum tumor marker surveillance ordered outside of practice between 30 days and 365 days after diagnosis of breast cancer in patients who received treatment with curative intent for breast cancer ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
BR	62d	GCSF administered to patients who received chemotherapy for metastatic breast cancer ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
Colorectal (CRC)	63	Complete family history documented for patients with invasive colorectal cancer (defect-free measure 63a - 63c)	
CRC	63a	Presence or absence of cancer in first-degree blood relatives documented	
CRC	63b	Presence or absence of cancer in second-degree blood relatives documented	
CRC	63c	Age at diagnosis documented for each blood relative noted with cancer	
CRC	65	Genetic testing addressed appropriately for patients with invasive colorectal cancer (defect-free measure 65a - 65c)	
CRC	65a	Genetic counseling, referral for counseling, or genetic testing for patients with invasive colorectal cancer with increased hereditary risk of colorectal cancer	

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CRC	65b	Patient consent for genetic testing ordered by the practice for patients with invasive colorectal cancer	
CRC	65c	Patient with invasive colorectal cancer counseled, or referred for counseling, to discuss results following genetic testing	
CRC	66	CEA within 4 months of curative resection for colorectal cancer*	
CRC	67	Adjuvant chemotherapy recommended within 4 months of diagnosis for patients with AJCC stage III colon cancer	NQF Endorsed #0223/#0385 (adapted)
CRC	68	Adjuvant chemotherapy received within 4 months of diagnosis by patients with AJCC stage III colon cancer*	NQF Endorsed #0223/#0385 (adapted)
CRC	70	12 or more lymph nodes examined for resected colon cancer	NQF Endorsed #0225 (adapted)
CRC	73	Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemotherapy*	NQF Endorsed #1859 (adapted)
CRC	74	RAS (KRAS and NRAS) testing for patients with metastatic colorectal cancer who received anti-EGFR MoAb therapy*	NQF Endorsed #1860 (adapted)
CRC	75	Anti-EGFR MoAb therapy received by patients with KRAS and NRAS mutation ( <b>Lower Score - Better</b> ) (Top 5 Measure)	NQF Endorsed #1860 (adapted)
CRC	75a	Anti-EGFR MoAb therapy not received by patients with KRAS and NRAS mutation	
CRC	75b	GCSF administered to patients who received chemotherapy for metastatic colon cancer ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
CRC	76	Percentage of colon cancer patients with PET or PET-CT ordered by practice after the completion of treatment with curative intent for colon cancer ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
CRC	77msi	Proportion of patients with a diagnosis of colorectal cancer who had microsatellite instability (MSI) status determined by MS instability analysis or immunohistochemistry by mismatched repair proteins (MMR)	
CRC	78	Proportion of patients with a diagnosis of non-metastatic rectal cancer who received a transrectal ultrasound or pelvic MRI to determine the stage of disease prior to initial therapy or surgery ( <i>Test Measure</i> )	
Non-Hodgkin's Lymphoma (NHL)	77	Obinutuzumab, ofatumumab, or rituximab administered when CD- antigen expression is negative or undocumented ( <b>Lower Score - Better</b> )	
NHL	77a	Obinutuzumab, ofatumumab, or rituximab not administered when CD-antigen expression is negative or undocumented	
NHL	78a	Hepatitis B virus infection test (HBsAg) and Hepatitis B core antibody (Anti-HBc) test within 3 months prior to initiation of obinutuzumab, ofatumumab, or rituximab for patients with NHL	

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MODULE	MEASURE #	MEASURE	NQF Endorsed Measure
NHL	80n	Percentage of patients with PET or PET-CT ordered by practice between 3 and 12 months after completion of treatment with curative intent for diffuse large B cell lymphoma ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
Non-Small Cell Lung (NSCLC)	79	Adjuvant chemotherapy recommended for patients with AJCC Stage II or IIIA NSCLC	
NSCLC	80	Adjuvant chemotherapy received by patients with AJCC Stage II or IIIA NSCLC	
NSCLC	81	Adjuvant cisplatin-based chemotherapy received within 60 days after curative resection by patients with AJCC Stage II or IIIA NSCLC	
NSCLC	82	Adjuvant chemotherapy recommended for patients with AJCC Stage IA NSCLC ( <b>Lower Score - Better</b> )	
NSCLC	83	Adjuvant radiation therapy recommended for patients with AJCC Stage IB or II NSCLC ( <b>Lower Score - Better</b> )	
NSCLC	84	Performance status documented for patients with initial AJCC Stage IV or distant metastatic NSCLC*	
NSCLC	86a	Bevacizumab received by patients with initial AJCC stage IV or distant metastatic NSCLC with squamous histology ( <b>Lower Score - Better</b> )	
NSCLC	88	Patients with Stage IV NSCLC with adenocarcinoma histology with an activating EGFR mutation or ALK gene rearrangement who received first-line EGFR tyrosine kinase inhibitor or other targeted therapy *	
NSCLC	89	Patients with Stage IV NSCLC with EGFR mutation status unknown or without an activating EGFR mutation or ALK gene rearrangement who received first-line EGFR tyrosine kinase inhibitor or ALK inhibitor ( <b>Lower Score - Better</b> )	
NSCLC	89a	GCSF administered to patients who received chemotherapy for metastatic NSCLC cancer ( <b>Lower Score - Better</b> ) (Top 5 Measure)	
NSCLC	90	PET or PET-CT ordered by the practice between 0 and 12 months after treatment with curative intent for patients with Stage I or Stage II NSCLC ( <b>Lower Score - Better</b> ) (Top 5 Test measure)	
NSCLC	91	Molecular Testing for Patients with Stage IV NSCLC with Adenocarcinoma Histology (Test Measure)	
NSCLC	92	Molecular Testing Turnaround Time for Patients with Stage IV NSCLC with Adenocarcinoma Histology (Test Measure)	
NSCLC	93	Concurrent Chemoradiation for Patients with a Diagnosis of Stage IIIB NSCLC (Test Measure)	
GYNONC	90g	Operative report with documentation of residual disease within 48 hours of cytoreduction for women with invasive ovarian, fallopian tube, or peritoneal cancer	
GYNONC	91g	Complete staging for women with invasive Stage I-IIIb ovarian, fallopian tube, or peritoneal cancer who have undergone cytoreduction	

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GYNONC	92g	Intraperitoneal chemotherapy offered within 42 days of optimal cytoreduction to women with invasive Stage III ovarian, fallopian tube, or peritoneal cancer	
GYNONC	93g	Intraperitoneal chemotherapy administered within 42 days of optimal cytoreduction to women with invasive Stage III ovarian, fallopian tube, or peritoneal cancer	
GYNONC	94	Platin or taxane administered within 42 days following cytoreduction to women with invasive Stage I (grade 3), IC-IV ovarian, fallopian tube, or peritoneal cancer*	NQF Endorsed #0218
GYNONC	95	VTE prophylaxis administered within 24 hours of cytoreduction to women with invasive ovarian, fallopian tube, or peritoneal cancer	NQF Endorsed #0527
GYNONC	96	Order for prophylactic parenteral antibiotic administration within 1-2 hours before cytoreduction for women with invasive ovarian, fallopian tube, or peritoneal cancer	NQF Endorsed #0529
GYNONC	97	Order for prophylactic parenteral antibiotic discontinuation within 24 hours after cytoreduction for women with invasive ovarian, fallopian tube, or peritoneal cancer	
PALLIATIVE CARE (PC)	98	Pain quantified using a standardized instrument at every clinical encounter in the past 3 months for patients with advanced/metastatic lung, pancreatic and colorectal cancer	
PC	99	Plan of care for pain when moderate/severe pain present in the past 3 months for patients with advanced/metastatic lung, pancreatic and colorectal cancer	
PC	100	Constipation, fatigue, and nausea assessed at the clinic visit following a new prescription or increasing opioid regimen for patients with advanced/metastatic lung, pancreatic and colorectal cancer	
PC	101	Dyspnea assessed on every clinic visit in the past 3 months for patients with advanced/metastatic lung, pancreatic and colorectal cancer	
PC	102	Dyspnea addressed, if present, in the past 3 months for patients with advanced/metastatic lung, pancreatic and colorectal cancer ( <i>Test Measure</i> )	
PC	103	Nausea and vomiting assessed on every clinic visit in the past 3 months for patients with advanced/metastatic lung, pancreatic and colorectal cancer	
PC	104	Nausea and vomiting addressed, when present, in the past 3 months for patients with advanced/metastatic lung, pancreatic and colorectal cancer ( <i>Test Measure</i> )	
PC	105	Performance status assessed at every clinic visit in the past 3 months for patients with advanced/metastatic lung, pancreatic and colorectal cancer	

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PC	106	Emotional well-being assessed within first 2 visits after diagnosis with advanced/metastatic lung, pancreatic and colorectal cancer	
PC	107	Emotional well-being assessed within 2 visits of changes in clinical status for patients with advanced lung, pancreatic and colorectal cancer	
PC	108	Documented substance abuse history, including tobacco, alcohol and illicit drug use within the first 3 visits after diagnosis with advanced/metastatic lung, pancreatic and colorectal cancer ( <i>Test Measure</i> )	
PC	109	Advance directive documentation within first 3 visits after diagnosis with advanced/metastatic lung, pancreatic and colorectal cancer ( <i>Test Measure</i> )	
PC	110	Hospice recommended and no chemotherapy with performance status 3 or 4 for patients with advanced/metastatic lung, pancreatic and colorectal lung, pancreatic and colorectal cancer ( <i>Test Measure</i> )	
PROSTATE	111	PET, CT, or radionuclide bone scan ordered by practice within 2 months after diagnosis of early stage prostate cancer with low risk of metastases ( <b>Lower Score - Better</b> ) (Top 5 <i>Test Measure</i> )	
PROSTATE	112	PET, CT, or radionuclide bone scan ordered outside of practice within 2 months after diagnosis of early stage prostate cancer with low risk of metastases ( <b>Lower Score - Better</b> ) (Top 5 <i>Test Measure</i> )	
PROSTATE	113	Percentage of patients with a diagnosis of prostate cancer receiving androgen deprivation therapy (ADT) who received bone density testing to monitor for bone loss within one year of initiating ADT for prostate cancer ( <i>Test Measure</i> )	
PROSTATE	114	Percentage of patients with a diagnosis of prostate cancer (PC) with bone metastases who have a treatment plan to address pain documented at every physician/NP/PA visit ( <i>Test Measure</i> )	
PROSTATE	115	Percentage of patients with a diagnosis of prostate cancer receiving abiraterone for whom the medication is appropriately administered and monitored ( <i>Test Measure</i> )	
PROSTATE	116	Percentage of patients with metastatic, hormone-sensitive prostate cancer who are offered docetaxel chemotherapy treatment within 4 months of initiation of hormone therapy ( <i>Test Measure</i> )	
PROSTATE	117	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)	NQF Endorsed #0390
SMALL-CELL LUNG (SCLC)	118	Prophylactic Cranial Irradiation for Patients with Limited Stage (LS) Small Cell Lung Cancer (SCLC) ( <i>Test Measure</i> )	

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SCLC	119	Overtreatment of SCLC Patients with Platinum-Based Chemotherapy ( <i>Test Measure</i> )	
SCLC	120	Early Thoracic Radiotherapy (TRT) for Patients with a Diagnosis of Limited Stage SCLC ( <i>Test Measure</i> )	

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