

2025 Quality ID PIMSH15: Antiemetic Therapy for Low- and Minimal-Emetic-Risk Antineoplastic Agents in the Infusion Center - Avoidance of Overuse (Lower Score - Better)

--High Priority Type: Appropriate Use

--Measure Type: Process

2025 COLLECTION TYPE:

QCDR-- Practice Insights by McKesson in Collaboration with The US Oncology Network

DATA SOURCE USED FOR THE MEASURE:

Practice Insights by McKesson in Collaboration with The US Oncology Network - QCDR - EHR: EHR (iKnowMed), including progress note and drug list

DESCRIPTION:

Percentage of cancer patients aged 18 years and older treated with low- or minimal-emetic-risk antineoplastic agents in the infusion center who are administered inappropriate pre-treatment antiemetic therapy.

DENOMINATOR:

Denominator 1: Patients who receive low-emetic-risk intravenous antineoplastic agents during cycle 1 of the patient's first chemotherapy regimen

Denominator 2: Patients who receive minimal-emetic risk intravenous antineoplastic agents during cycle 1 of the patient's first chemotherapy regimen

Denominator Guidance: For multi-drug regimens, select antiemetic therapy based on the drug with the highest emetic risk. For guidance on determining emetic risk, please refer to Table 1, Emetic Risk of Single Intravenous Antineoplastic Agents in Adults (Hesketh et al., 2020, pp. 2787-1288).

DENOMINATOR EXCEPTION:

None

DENOMINATOR EXCLUSION:

None

NUMERATOR:

Numerator 1: Patients who are administered prior to treatment an NK1 receptor antagonist or olanzapine*

Numerator 2: Patients who are administered prior to treatment an NK1 receptor antagonist, 5-HT3 receptor antagonist, olanzapine, or dexamethasone*

Numerator Guidance: For the purposes of the measure, the following antiemetics would meet the measure*:

- Antiemetics administered on the same day as cycle 1 day 1 of the therapy OR
- Any new or refill prescription order of antiemetics on the same day as cycle 1 day 1 of the therapy or within 89 days prior to cycle 1 day 1 of the therapy OR
- Any record of antiemetics as active on the medication list within 90 days prior to cycle 1 day 1 of the therapy

NUMERATOR EXCLUSION:

None

PERFORMANCE RATE DESCRIPTION:

Rate 1: The overall performance score submitted is a weighted average of:
(Numerator 1 + Numerator 2)/(Denominator 1 + Denominator 2).

TELEHEALTH:

Not included

CLINICAL RECOMMENDATION STATEMENTS:

Recommendations for the use of low- and minimal-emetic-risk antineoplastic agents included in ASCO's 2020 antiemetic guideline are shown below (Hesketh et al., 2020, p. 2783).

Low-emetic-risk antineoplastic agents

- Adults treated with low-emetic-risk antineoplastic agents should be offered a single dose of a 5-HT3 receptor antagonist or a single 8-mg dose of dexamethasone before antineoplastic treatment (Type: informal consensus, benefits outweigh harms; Evidence quality: low, Strength of recommendation: moderate).

Minimal-emetic-risk antineoplastic agents

- Adults treated with minimal-emetic-risk antineoplastic agents should not be offered routine antiemetic prophylaxis (Type: informal consensus, benefits outweigh harms; Evidence quality: low; Strength of recommendation: moderate).

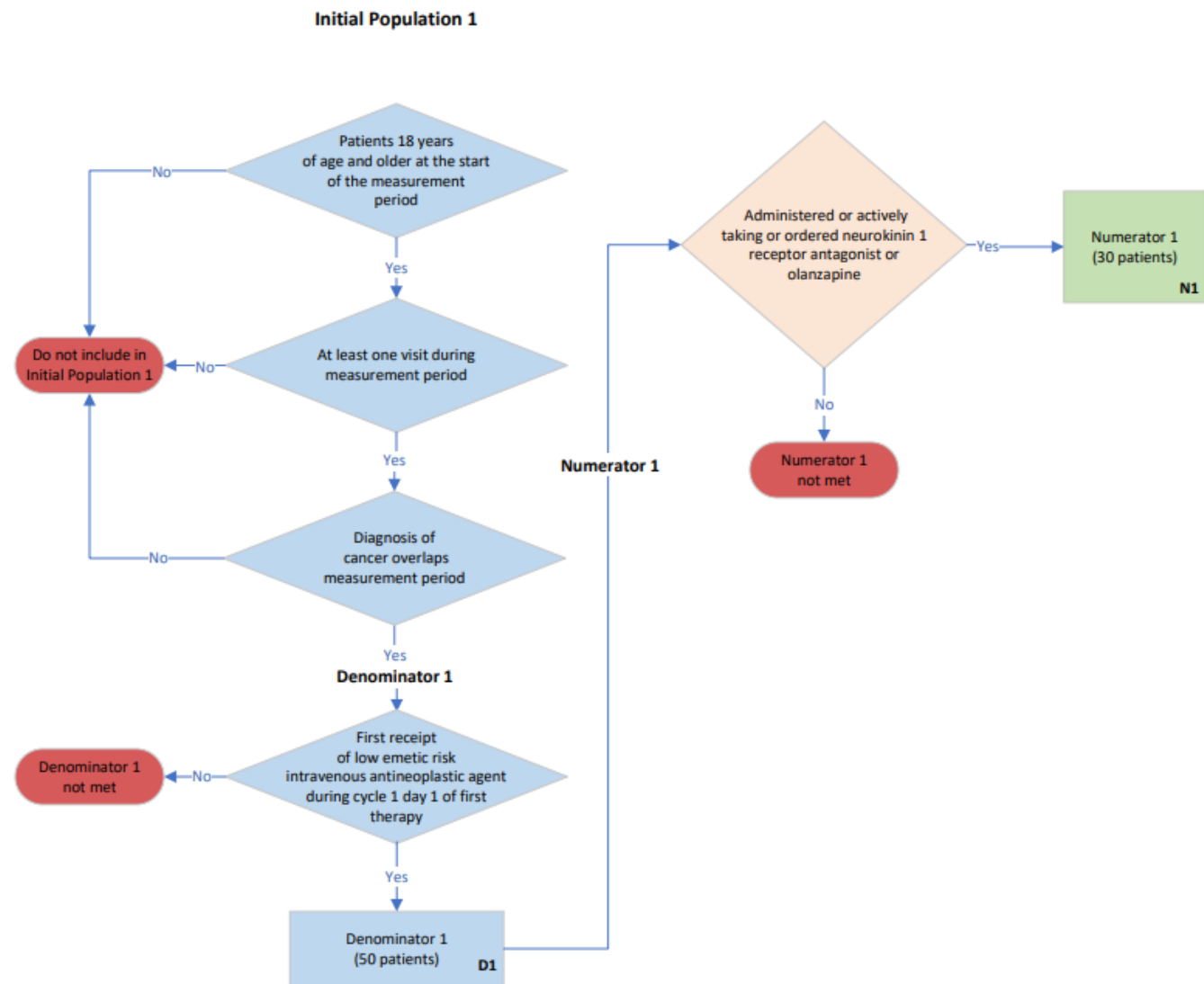
QCDR MEASURE RATIONALE:

ASCO's 2013 Choosing Wisely recommendations feature a recommendation stating, "Don't give patients starting on a chemotherapy regimen that has a low or moderate risk of causing nausea and vomiting antiemetic drugs intended for use with a regimen that has a high risk of causing nausea and vomiting." (Schnipper et al., 2013, pp. 4362-4370).

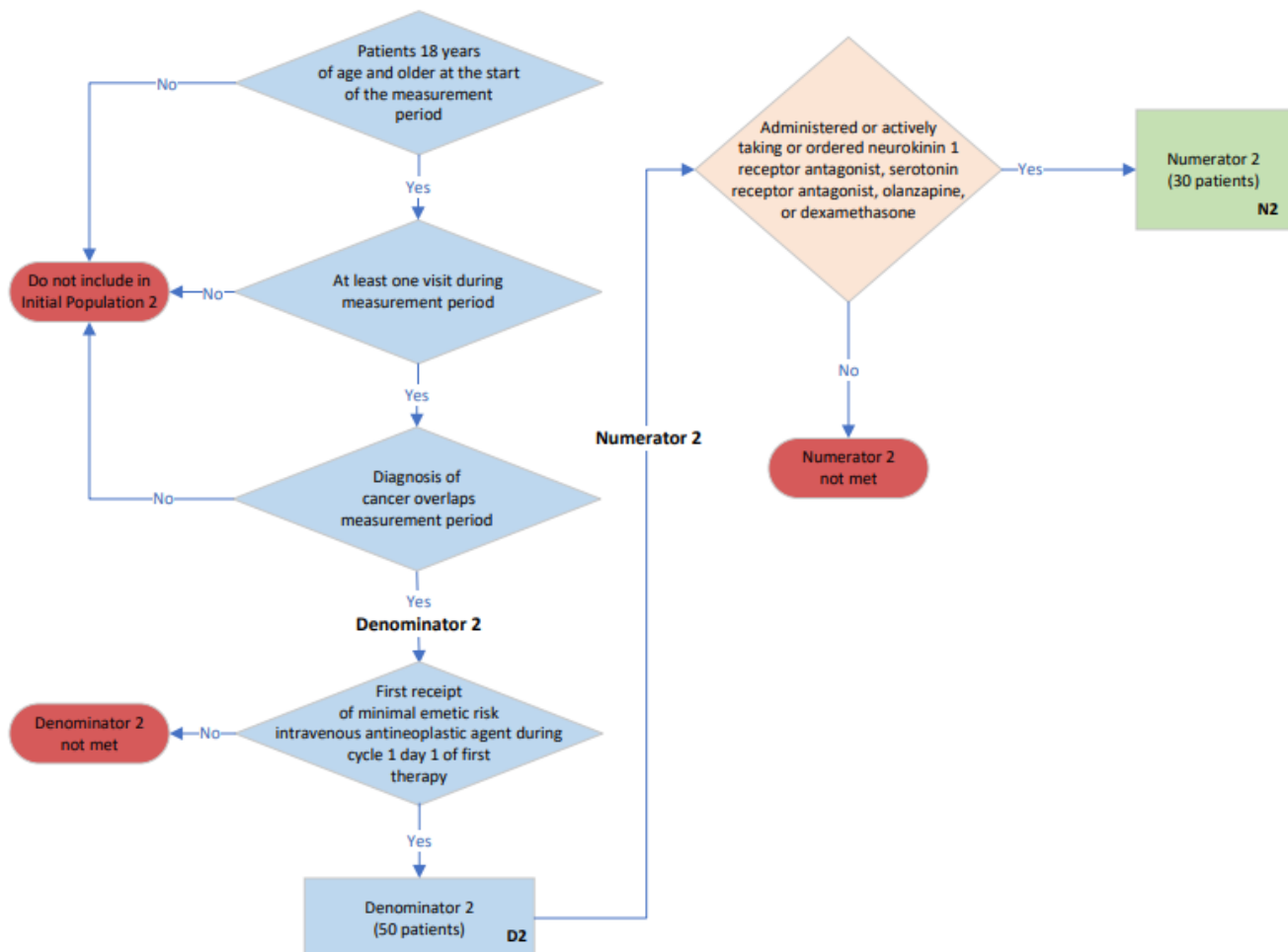
New antiemetic agents and their combinations are substantially more expensive than older agents, and the use of antiemetic therapy that is not necessary to manage the expected risk of chemotherapy-induced nausea and vomiting contributes to unwarranted healthcare costs (Encinosa & Davidoff, 2017).

The first ASCO guideline for antiemetics was published in 1999, with updates in 2006, 2011, 2015, 2017, and 2020. Recommendations for adults in the 2020 guideline update are unchanged with the exception of the option of adding olanzapine in the setting of hematopoietic stem cell transplantation. Evidence for the remaining recommendations is discussed in the 2017 guideline (Hesketh et al., 2020).

***Numerator note:** For the purposes of this measure, an anti-emetic order will be considered as “intent to administer” and will be included in the numerator even if not administered.



Initial Population 2



Sample Calculation

Performance Rate * (Population 1 and 2) =

$$\frac{\text{Numerator (N1 + N2= 60 patients)}}{\text{Denominator (D1 + D2= 100 patients)}} = \frac{60}{100} = 60\%$$

*This eCQM is intended to have one performance rate.

These performance measures are not clinical guidelines and do not establish a standard of medical care and have not been tested for all potential applications.

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