
2025 Quality ID PIMSH13: Oncology: Mutation Testing for Stage IV Lung Cancer Completed Prior to the Start of Targeted Therapy

--**High Priority Type:** Appropriate Use

--**Measure Type:** Process

2025 COLLECTION TYPE:

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

DATA SOURCES USED FOR THE MEASURE:

Practice Insights by McKesson in Collaboration with The US Oncology Network - QCDR - EHR: Medical record, including lab results.

DESCRIPTION:

Proportion of stage IV nsNSCLC patients tested for actionable biomarkers and received targeted therapy or chemotherapy based on biomarker results.

DENOMINATOR:

Patients with stage IV non-squamous, NSCLC receiving initial treatment during the measurement period AND patient encounter during the performance period.

DENOMINATOR EXCEPTION:

None

DENOMINATOR EXCLUSION:

Patients on clinical trial

NUMERATOR:

Patients who received mutation testing for all actionable biomarkers at Stage IV diagnosis of nsNSCLC (including NTRK1/2/3, RET, MET, ROS1, EGFR, EGFR T790M, BRAF mutation, ALK rearrangement, CD274(PD-L1), KRAS, ERBB2 mutation) AND lung cancer treated with appropriate mutation-directed therapy or standard chemotherapy if biomarker results are negative.

NUMERATOR NOTE:

Mutation testing may include tissue and/or liquid biopsy options

NUMERATOR EXCLUSION:

None

TELEHEALTH:

Included

MIPS REPORTING OPTIONS:

MVP, Traditional MIPS

CLINICAL RECOMMENDATION STATEMENTS:

This measure is endorsed by The US Oncology Network Steering Committee. Recent discovery of some of the driver mutations for NSCLC have advanced more individualized and targeted treatment options. It is now a standard recommendation that patients with advanced NSCLC undergo routine molecular testing to identify certain abnormalities which influence treatment selection to improve efficacy. Guidelines:

NCCN Practice Guidelines in Oncology. Non-Small Cell Lung Cancer.

http://www.nccn.org/professionals/physicians_gls/pdf/nscl.pdf. Published July 14, 2017.

2017 CAP/IASLC/AMP guideline recommendations for biomarker testing in NSCLC. Lindeman NI, Cagle PT, Beasley MB, et al. Molecular testing guideline for selection of lung cancer patients for EGFR and ALK tyrosine kinase inhibitors: guideline from the College of American Pathologists, International Association for the Study of Lung Cancer, and Association for Molecular Pathology. J Mol Diagn. 2013;15(4):415-453.

ASCO provisional clinical opinion: Epidermal growth factor receptor (EGFR) mutation testing for patients with advanced non-small-cell lung cancer considering first-line EGFR tyrosine kinase inhibitor therapy. (2011).

QCDR MEASURE RATIONALE:

Clinicians still face considerable challenges when establishing and implementing biomarker testing standards, including interpreting large-scale genomic data from multiple tumor types, making it difficult to stay current with practice standards. A recent study of oncologists assessed the degree to which a patient with NSCLC's genetic makeup impacted first-line treatment decisions. 60% of oncologists in the US did not base their treatment decisions on a patient's genetic mutation subtype. Despite ordering mutation tests, 21% determined the treatment regimen for their patients before the mutation test results were available. Overall, 23% of clinicians did not consider EGFR mutation subtypes in making treatment decisions. (Spicer, 2015) Monitoring of appropriate biomarker testing through quality measurement and providing that feedback to physicians is a first step to understanding clinical practice guideline compliance to optimize diagnosis and management of NSCLC.

References:

Mason C, et al. Patterns of biomarker testing rates and appropriate use of targeted therapy in the first-line, metastatic non-small cell lung cancer treatment setting. J Clin Pathways. 2018; 4(1): 49-54.

Levy, BP, et al. Molecular testing for treatment of metastatic non-small cell lung cancer: how to implement evidence-based recommendations. The Oncologist 2015; 20: 1175-1181.

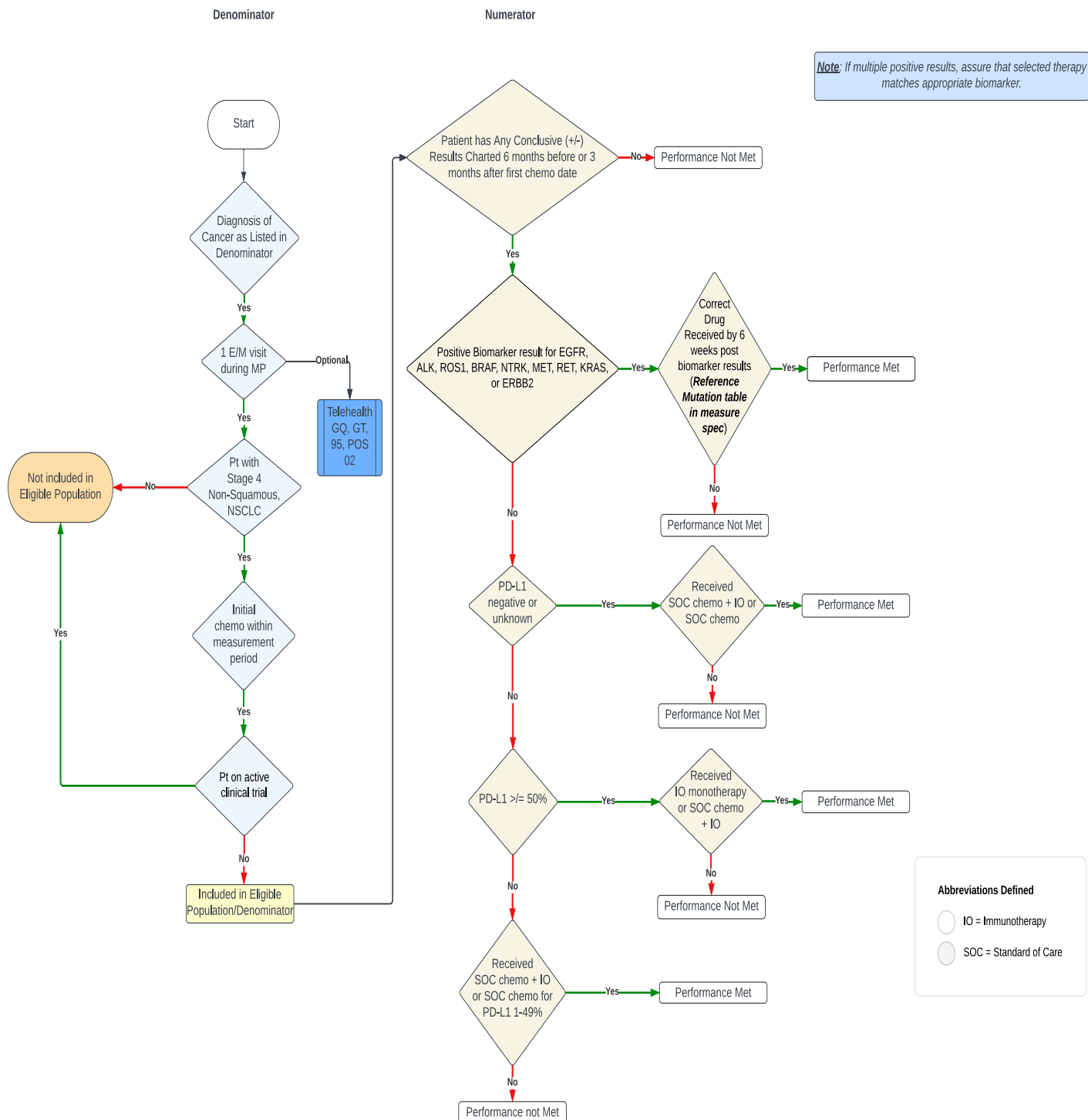
Spicer J, et al. EGFR mutation testing and oncologist treatment choice in advanced NSCLC: global trends and differences. Ann Oncol. 2015; 26(1): i57-i61.

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.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

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Disclaimer: Refer to the measure specification details and value sets for measure guidance.



BRAF	BRAF V600E Mutation Positive	Dabrafenib Vemurafenib Dabrafenib + Trametinib Encorafenib Binimetinib Encorafenib + Binimetinib Standard of Care Chemo
BRAF	Other BRAF Mutation	Standard of Care Chemo
BRAF	Negative	Standard of Care Chemo
EGFR	EGFR Sensitizing Mutation Positive	Erlotinib Afatinib Osimertinib Gefitinib Dacomitinib
EGFR	EGFR Sensitizing Mutation Positive (Only Exon19 deletions/L858R)	Osimertinib + Pemetrexed + Carbo/Cis Erlotinib + Ramucirumab Erlotinib + Bevacizumab
EGFR	* EGFR T790M Mutation Positive	Osimertinib
EGFR	Other EGFR Mutation	Standard of Care Chemo
EGFR	Negative	Standard of Care Chemo
EGFR	Equivocal	Standard of Care Chemo
EGFR	EGFR exon 20 Insertion Mutation Positive	Amivantamab-vmjw + carbo + pemetrexed Standard of Care Chemo
EGFR	Other EGFR exon 20 Mutation	Standard of Care Chemo

PD-L1 Expression	>= 50% Expression	Pembrolizumab Cemiplimab Atezolizumab Standard of Care Chemo + Immunotherapy
PD-L1 Expression	1-49% Expression	Standard of Care Chemo Standard of Care Chemo + Immunotherapy
PD-L1 Expression	Negative	Standard of Care Chemo Standard of Care Chemo + Immunotherapy
ROS1	ROS1 Rearrangement Positive	Crizotinib Ceritinib Entrectinib Lorlatinib Repotrectinib
ROS1	Negative	Standard of Care Chemo
MET	MET exon 14 Skipping Mutation Positive	Capmatinib Crizotinib Tepotinib Standard of Care Chemo
MET	Other MET exon 14 Mutation Positive	Standard of Care Chemo
MET	Negative	Standard of Care Chemo
NTRK	NTRK1 Gene Fusion Positive	Entrectinib Larotrectinib Standard of Care Chemo
NTRK	NTRK2 Gene Fusion Positive	Entrectinib Larotrectinib Standard of Care Chemo
NTRK	NTRK3 Gene Fusion Positive	Entrectinib Larotrectinib Standard of Care Chemo

NTRK	Negative	Standard of Care Chemo
RET	RET Rearrangement Positive	Cabozantinib Pralsetinib Selpercatinib Standard of Care Chemo
RET	Negative	Standard of Care Chemo
ERBB2	ERBB2 (HER2) Mutation Positive	Standard of Care Chemo
ERBB2	Negative	Standard of Care Chemo
KRAS	KRAS G12C Mutation Positive	Standard of Care Chemo
KRAS	Other KRAS Mutation	Standard of Care Chemo
KRAS	Negative	Standard of Care Chemo

Comprehensive Immunotherapy List per PD-L1 result	
PD-L1 ≥ 50%	
Immunotherapy Alone Options	
Pembrolizumab	
Atezolizumab	
Cemiplimab-rwlc	
Immunotherapy + Standard of Care Chemo	
Pembrolizumab	
Atezolizumab	
Cemiplimab-rwlc	
Nivolumab + ipilimumab	
Tremelimumab-actl + durvalumab	
PD-L1 1-49% and negative	
Immunotherapy + Standard of Care Chemo	
Pembrolizumab	
Atezolizumab	
Cemiplimab-rwlc	
Nivolumab + ipilimumab	
Tremelimumab-actl + durvalumab	

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