

Measure	Weight	Measure Description	Points earned
#1	6	Clinical Audit, CDA Team Meeting Participation, and Submission of Clinical Data¹	
		Three Metrics Met	6
		Two Metrics Met	4
		One Metric Met	2
#2	6	Timely Submission of High-Quality Physics & Dosimetry Data²	
		Three Metrics Met	6
		Two Metrics Met	4
		One Metric Met	2
#3	10	In node-positive breast cancer patients, the irradiated nodal group(s) is(are) contoured and named per TG-263 naming convention AND the dose to the supraclavicular (SCV), infraclavicular (ICV or Axillary Level 3), Axilla (Level 1 & 2), and/or internal mammary node (IMN) is reported.	
		Contours and dose reported in $\geq 70\%$ of patients	10
		Contours and dose reported in 50-69% of patients	7
		Contours and dose reported in $< 50\%$ of patients	0
#4	10	For lung cancer patients treated with conventional fractionation, the mean esophageal dose is < 29 Gy AND the esophageal max dose (D2cc) is < 61 Gy.	
		$\geq 65\%$ of lung patients met both constraints	10
		50-64% of lung patients met both constraints	7
		$< 50\%$ of lung patients met both constraints	0
#5	10	For SBRT treatment of lung cancer with a single PTV, the Paddick Conformity Index is ≥ 0.85.	
		$\geq 80\%$ of patients treated for lung cancer with a single PTV with SBRT met the criterion	10
		60-79% of patients treated for lung cancer with a single PTV with SBRT met the criterion	7
		$< 60\%$ of patients treated for lung cancer with a single PTV with SBRT met the criterion	0
#6	10	Use of shorter course radiotherapy for bone metastasis treatment as shown by:	
		A: The MROQC consortium-wide rate of single fraction use is $\geq 45\%$ for uncomplicated patients³	
		B: Your site-level rate of ≤ 5 fraction treatment is at least 75% for all patients	
		A and B are met	10
#7	10	Only B is met	8
		B is not met	0
		For treatment of bone metastasis using stereotactic body radiotherapy (SBRT):	
A. Standardized dose constraints for organs at risk (OARs) are used			
B. Any violations of the standardized dose constraints are documented.			
$\geq 80\%$ of patients who received bone metastasis treatment with SBRT met both criteria	10		
$< 80\%$ of patients who received bone metastasis treatment with SBRT met both criteria	0		

Measure	Weight	Measure Description	Points earned
#8	10	Percentage of patients with intermediate risk prostate cancer as defined by NCCN treated with EBRT or brachytherapy who received “high value radiotherapy”, defined as moderately hypofractionated EBRT (28 fractions or less) OR ultrahypofractionated EBRT/SBRT (7 fractions or less) OR brachytherapy monotherapy. Patients with unfavorable intermediate risk prostate cancer may also receive a brachytherapy boost.	
		≥70% of patients receive high value radiotherapy	10
		50-69% of patients receive high value radiotherapy	7
		<50% of patients receive high value radiotherapy	0
#9	10	Prostate Working Group Performance Goal: Completion of 12-month follow-up form (P6)	
		≥60% rate of prostate 12-month follow-up completed	10
		40-59% rate of prostate 12-month follow-up completed	7
		<40% rate of prostate 12-month follow-up completed	0
#10	6	Collaborative Meeting Participation – Clinical Champion (Per MROQC CC Attendance Policy)	
		All meetings or two meetings with one meeting attended by an acceptable designee	6
		Two meetings	4
		One meeting or none attended	0
#11	6	Collaborative Meeting Participation – Physics Lead (or designee)	
		All meetings	6
		Two meetings	4
		One meeting or none attended	0
#12	6	Collaborative Meeting Participation – Clinical Data Abstractor (CDA or designee)	
		All meetings	6
		Two meetings	4
		One meeting or none attended	0
BONUS	10	MROQC Physician Engagement (Clinical Champion and/or Participating Physician)	
		<ul style="list-style-type: none"> Lead author on an MROQC publication (<i>Counts as 2 items</i>) Lead a skills workshop (<i>Counts as 2 items</i>) Present at an MROQC collaborative-wide meeting (<i>Non-leadership role only</i>) Present on MROQC at a national meeting (<i>Cannot be a resident</i>) Attend 5 working group meetings in 2024 (<i>Total across practice physicians; 1 physician counts per meeting (i.e., no double points if 2 attend the same meeting)</i>) Coauthor on an MROQC publication Participate in 3 case review sessions Propose a new quality measure: provide reasoning to implement the measure, work with the MROQC data team to review supporting data and present the measure to the WG. 	
		5 or more items achieved	10
		3-4 items achieved	5
		1-2 items achieved	1

¹ Clinical Audit, CDA Team Meeting Participation, and Submission of Clinical Data Metrics (each item is worth 2 points)

1. Clinical Audit score of $\geq 95\%$
2. Attendance at 4 CDA Team meetings
3. $\geq 90\%$ of baseline, on-treatment, and end-of-treatment forms submitted as of 12/31/2024*

² Timely Submission of High-Quality Physics & Dosimetry Data Metrics (each item is worth 2 points)

1. Physics & dosimetry information is submitted within 6 weeks of end of treatment for $\geq 85\%$ of breast, lung, bone mets, and prostate patients from the 2024 performance year.*
2. Physics & dosimetry information is error-free according to database-specific Physics-Data Checker reports for $\geq 95\%$ of 2024 patients.
3. Physics data audit score of $\geq 97\%$.

**2024 patients are defined as having an RT end date of 1/1/2024- 9/30/2024*

³Uncomplicated bone mets definition: No prior radiation to same anatomic site (M1); no cord compression, cauda compression or radicular pain at the site being treated (M1); no prior surgery at the site being treated (M1); no associated soft tissue mass (M4); patient reports any pain (pain score 1-10) (M1); a non-curative treatment intention (M4).

Detailed measure criteria can be found at [MROQC Member Resources](#)