

Measure	Weight	Measure Description	Points earned
#1	6	<b>Clinical audit, CDA team meeting participation, and submission of clinical data<sup>1</sup></b>	
		All Metrics Met	6
		Some Metrics Met	1-5
		No Metrics Met	0
#2	6	<b>Timely submission of high-quality physics and dosimetry data<sup>2</sup></b>	
		Three Metrics Met	6
		Two Metrics Met	4
		One Metric Met	2
		No Metrics Met	0
#3	10	<b>Collaborative-Wide Goal - Increase the collaborative-wide utilization of prone positioning for breast cancer radiation treatment.</b>	
		≥30% of breast cancer patients were treated in the prone position across MROQC	10
		20-29% of breast cancer patients were treated in the prone position across MROQC	5
		<20% of breast cancer patients were treated in the prone position across MROQC	0
#4	8	<b>Increase the baseline and post-radiation treatment (RT) completion rate of standard of care arm measurements for lymphedema assessment in node positive breast cancer patients treated to regional fields.</b>	
		<b>A. ≥50% of breast patients treated to regional fields with a baseline measurement (B7 or B9) in 2024 must have a follow-up measurement (B10 or B14) completed within Q1-Q3 of 2025.</b>	
		<b>B. ≥50% of breast patients treated to regional fields with a RT start date within Q1-Q3 of 2025 must have a baseline measurement (B7 or B9).</b>	
		A and B were met	8
		Either A or B was met	5
		Neither A nor B was met	0
#5	8	<b>For lung cancer patients treated with conventional fractionation, the mean esophageal dose is &lt;29 Gy AND the esophageal max dose (D2cc) is &lt;61 Gy.</b>	
		≥65% of lung cancer patients met both constraints	8
		50-64% of lung cancer patients met both constraints	5
		<50% of lung cancer patients met both constraints	0
#6	8	<b>For SBRT treatment of lung cancer patients with a single PTV, the Paddick Conformity Index (PCI) is ≥0.85.</b>	
		≥80% of SBRT lung cancer patients met this PCI	8
		60-79% of SBRT lung cancer patients met this PCI	5
		<60% of SBRT lung cancer patients met this PCI	0
#7	8	<b>Increase the utilization rate of bone mets treatments consisting of 5 fractions or fewer.</b>	
		≥75% rate achieved	8
		60-74% rate achieved	5
		<60% rate achieved	0
#8	8	<b>For 50% or more of bone mets reirradiation cases, it is documented that physics was consulted before final physician approval of a plan for Type 1 reirradiation</b> <i>(Overlap of irradiation volumes with or without concern for toxicity from cumulative doses)</i>	
		<b>OR Type 2 reirradiation</b> <i>(No overlap of irradiated volumes but concern for toxicity from cumulative doses).</i>	
		≥50% of bone mets reirradiation cases received a physics consult	8
		<50% of bone mets reirradiation cases received a physics consult	0

Measure	Weight	Measure Description	Points earned
#9	10	<b>Improve the percentage of patients with intact, localized, high-risk prostate cancer receiving definitive radiotherapy that are recommended to receive long-term androgen deprivation therapy (ADT).</b>	
		≥60% of prostate cancer patients recommended to receive long-term ADT	10
		50-59% of prostate cancer patients recommended to receive long-term ADT	7
		<50% of prostate cancer patients recommended to receive long-term ADT	0
#10	10	<b>Increase MRI utilization for intact prostate cancer patients receiving definitive radiotherapy.</b>	
		≥60% of prostate cancer patients received an MRI	10
		50-59% of prostate cancer patients received an MRI	7
		<50% of prostate cancer patients received an MRI	0
#11	6	<b>Collaborative Meeting Participation – Clinical Champion</b> <i>(Per MROQC CC Attendance Policy)</i>	
		All meetings or two meetings with one meeting attended by an acceptable designee	6
		Two meetings	4
		One meeting or none attended	0
#12	6	<b>Collaborative Meeting Participation – Physics Lead (or designee)</b>	
		All meetings	6
		Two meetings	4
		One meeting or none attended	0
#13	6	<b>Collaborative Meeting Participation – Clinical Data Abstractor (CDA or designee)</b>	
		All meetings	6
		Two meetings	4
		One meeting or none attended	0
BONUS	10	<b>MROQC Physician Engagement (Clinical Champion and/or Participating Physician)</b>	
		<ul style="list-style-type: none"> <li>Lead author on an MROQC publication <i>(Counts as 2 items)</i></li> <li>Lead a skills workshop <i>(Counts as 2 items)</i></li> <li>Present at an MROQC collaborative-wide meeting <i>(non-leadership role only)</i></li> <li>Present on MROQC at a national meeting <i>(cannot be a resident)</i></li> <li>Attend 5 working group meetings in 2025 <i>(total across practice physicians; 1 physician counts per meeting (i.e., no double points if 2 attend the same meeting))</i></li> <li>Coauthor on an MROQC publication</li> <li>Participate in 3 case review sessions</li> <li>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 working group.</li> </ul>	
		5 or more items achieved	10
		3-4 items achieved	5
		1-2 items achieved	1

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Clinical Audit, CDA Team Meeting Participation, and Submission of Clinical Data Score Breakdown	
<b>6 Total Points:</b>	
1 point	Clinical audit data accuracy $\geq 95\%$
1 point	Sufficient audit preparation and follow-up
1 point	CDA team meeting attendance at 4 meetings
1 point	$\geq 90\%$ submission of baseline, on-treatment, and end-of-treatment clinical forms
1 point	$\geq 60\%$ submission of P6, 24-month form
1 point	$\geq 75\%$ submission of L11, 1-year form
<ul style="list-style-type: none"> <li>All metrics met: 6 points.</li> <li>Some metrics met: Partial points given based on breakdown above.</li> </ul>	

**<sup>2</sup>Timely submission of high-quality physics and dosimetry data metrics (each item is worth 2 points)**

- A.** 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 2025 performance year.
- B.** Physics & dosimetry information is error-free according to database-specific Physics-Data Checker reports for  $\geq 95\%$  of 2025 patients.
- C.** Physics data audit score achieved is  $\geq 97\%$  and the facility demonstrates sufficient audit preparation and follow-up.

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