

MROQC Bone Mets Project: Clinical Tip Sheet

Bone Mets Eligibility Criteria

Inclusion Criteria:

- Patients 18 years and older
- Patients with metastatic breast, non-small cell & small cell lung cancers, prostate, melanoma or renal cell cancer, involving bone, to be treated with external beam radiation to a bony site.

Exclusion Criteria:

- Bone metastasis is within the treatment field for the primary tumor
- Patients receiving Xofigo® (Radium Ra 223) within ± 4 weeks of treatment
- Patients receiving Metastron® (Strontium-89) within ± 4 weeks of treatment
- Patients receiving Quadramet® (Samarium-153) within ± 4 weeks of treatment
- Patients receiving Pluvicto® (Lutetium 177) within ± 4 weeks of treatment

Bone Mets Cancer	MROQC Eligibility
IMPT (Intensity- Modulated Proton Therapy)	Included

Data Collection Timepoints

Time Points	Pre-Treatment
Patient	M6
CDA	M1, M3
Provider	M4

Project Upgrade Dates

Version #	Upgrade Date
V1	March 19 th , 2018
V1 -> V2	March 5 th , 2019
V2 -> V3	January 6 th , 2021

Project Changes

- **6/24/25**: New Exclusion criteria added SE1 updated to include exclusion. M4 form updated to include comments: Q4 & 9.
- 3/7/25: M6 Email version discontinued. SE1 Pluvicto exclusion added, M1 removed Q4 & 5, M4 removed Q9, 10, some toxicity scoring symptoms, and changed responses to Q2, M6 Re-ordered questions.
- 12/12/24: Cord compression question moved from the M1 to the M4 form (now a 3 part question)
- **10/6/23**: M2 form removed from bone mets database. Opioids use question added to M1 form.
- 12/9/22: Cannabis questions updated on the M6 patient form & email survey
- 6/16/22: New cannabis questions added to the M6 form.
- **10/8/21**: follow-up surveys (M5, M7 and M8) removed from the bone mets database.
- **Starting 7/31/21** follow-up data will no longer be collected on bone mets patients.
- V3 Upgrade 1/6/21: updated forms M1, M4 M5, M6, M7 (more information under the 2020 CDA team meeting section on the website- V3 Bone Mets Training).
- V3 Upgrade 1/6/21: Patient email surveys (in addition to paper surveys). Sites may choose which method they prefer; however, we strongly recommend email survey. Please do not complete both.

Updated: 6/24/25



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Reminders

- On May 3rd, 2021 sites are to enroll only ELIGILBE patients into the database.
- Please use email surveys for patient pre-treatment forms follow-up forms as a priority over paper forms, if possible.
- CDA forms MUST be completed. If a provider form is not completed, please attempt to answer the questions that can be found in the medical record or treatment plan.
- A new set of forms is completed for each re-treatment case.
- Criteria for completing a new set of forms for re-treatment cases: If the dates of treatment overlap, complete one set of forms. If dates do not overlap and there is a break in treatment, complete a new set of forms.
- **Site reports** Physics-Clinical RT Start Date: Please check weekly for errors. Patients on these reports will not be counted as eligible for the performance measure until the error is corrected.

ECOG → KPS Conversion table

PERFORMANCE STATUS CRITERIA					
ECOG (Zubrod)		Karnofsky			
Score	Description	Score	Description		
0	Fully active, able to carry on all pre-disease performance without restriction.	100	Normal, no complaints, no evidence of disease.		
		90	Able to carry on normal activity, minor signs or symptoms of disease.		
stro am 1 car or: ligh	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.	80	Normal activity with effort, some signs or symptoms of disease.		
		70	Cares for self, unable to carry on normal activity or do active work.		
of all selfcare to carry out an activities. Up a	Ambulatory and capable of all selfcare but unable	60	Requires occasional assistance, but is able to care for most of his/her needs.		
	activities. Up and about more than 50% of	50	Requires considerable assistance and frequent medical care.		
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours.	40	Disabled, requires special care and assistance.		
		30	Severely disabled, hospitalization indicated. Death not imminent.		
4	Completely disabled. Cannot carry on any selfcare. Totally confined to a bed or chair.	20	Very sick, hospitalization indicated. Death not imminent.		
		10	Moribund, fatal processes progressing rapidly.		
5	Dead	0	Dead		