

Annual Report of the Certified Breast Cancer Centres (BCCs)

Audit year 2021 / indicator year 2020

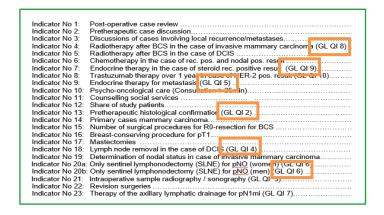




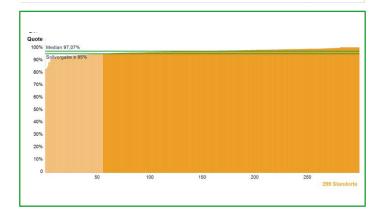
Content

Introduction		3
	ıtion	
Status of the co	ertification system: Breast Cancer Centre 2021	5
Clinical sites tak	ken into account	6
Tumour docume	entation system used in Breast Cancer Centres	7
Indicator analysis		
Indicator No 1:	·	
Indicator No 2:	Pretherapeutic tumour board	13
Indicator No 3:	Tumour board local recurrence/metastases	
Indicator No 4:	Radiotherapy after BCT in the case of invasive breast cancer (GL QI)	15
Indicator No 5:	Radiotherapy after BCT in the case of DCIS	
Indicator No 6:	Chemotherapy in the case of rec. pos. and nodal pos. result	17
Indicator No 7:	Endocrine therapy in the case of steroid rec. positive result (GL QI)	
Indicator No 8:	Trastuzumab therapy over 1 year in case of HER-2 pos. result (GL QI)	19
Indicator No 9:	Endocrine therapy for metastasis (GL QI)	20
Indicator No 10:	-,	
Indicator No 11:	Counselling social services	22
	Share of study patients	
Indicator No 13:	Pretherapeutic histological confirmation (GL QI)	24
	a: Primary cases breast cancer	
	e: Patients with 1st (local) recurrence and/or distant metastasis (without primary M1 patients)	
	Number of surgical procedures for R0-resection for BCS	
Indicator No 16:	Breast-conserving procedure for pT1	28
	Mastectomies	
	Lymph node removal in the case of DCIS (GL QI)	
	Determination of nodal status in case of invasive breast cancer	
	: Only sentinel lymphonodectomy (SLNE) for pN0 (women) (GL QI)	
Indicator No 20b	c: Only sentinel lymphonodectomy (SLNE) for pN0 (men) (GL QI)	33
	Intraoperative sample radiography / sonography (GL QI)	
	Revision surgeries	
	Therapy of the axillary lymphatic drainage for pN1mi (GL QI)	
Imprint		37

General information



	Definition of indicator	All clinical sites 2018				
		Median	Range	Patients Total		
Numerator	Primary cases of the denominator in which radiotherapy was recommended	97*	26 - 566	30,659		
Denominator	Primary cases with an invasive mammary carcinoma and BCS (without primary M1 pat.)	100*	26 - 578	31,602		
Rate	Target value ≥ 90%	97.73%	86.32% - 100%	97.02%**		



Quality indicators of the guidelines (GL QI):

In the table of contents and in the respective headings, the indicators which correspond to the quality indicators of the evidence-based guidelines are specifically identified. These quality indicators are based on the strong recommendations of the guidelines and were derived from the guidelines groups in the context of the German Guideline Programme in Oncology (GGPO). Further information: www.leitlinienprogramm-onkologie.de*

Basic data indicator:

The definitions of **numerator**, **population** (=denominator) and **target value** are taken from the Data Sheet.

The **medians** for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.

The **values** for the numerators, populations and rates of all Centres are given under range.

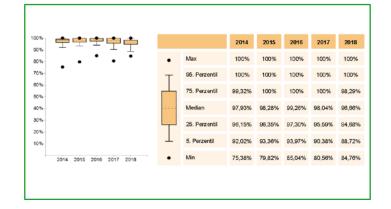
Under **Patients Total**, the percentage of the total number of patients treated in the centres according to the key figure is given.

Diagram:

The x-axis indicates the number of Centres, the y-axis gives the values in percent or number (e.g. primary cases). The target value is depicted as a horizontal green line. The median, which is also depicted as a green horizontal line, divides the entire group into two equal halves.

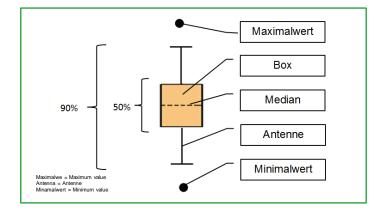
^{*}For further information on the methodological approach see "Development of guideline-based quality indicators" (https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Methodik/QIEP_OL_Version2_english.pdf)

General information



Cohort development:

The cohort development in the years 2016, 2017, 2018, 2019 and 2020 is presented in a box plot diagram.



Boxplot:

A box plot consists of a **box with median**, **whiskers** and **outliers**. 50 percent of the Centres are within the box. The median divides the entire available cohort into two halves with an equal number of Centres. The whiskers and the box encompass a 90th percentile area/range. The extreme values are depicted here as dots.



Status of the certification system: Breast Cancer Centres 2021

		31.12.2021	31.12.2020	31.12.2019	31.12.2018	31.12.2017	31.12.2016
Ongoing certification procedures		5	4	2	4	2	4
Certified centre	Certified centres		245	243	237	234	230
Certified clinica	al sites	286	284	282	280	280	280
BCC with	1 clinical site	214	210	209	199	193	186
	2 clinical sites	32	33	31	35	38	40
	3 clinical sites	0	0	1	1	1	2
	4 clinical sites	2	2	2	2	2	2

Clinical sites taken into account

	Sites DKG & NRW	DKG Breast Cancer Centres					
	31.12.2021	31.12.2021	31.12.2020	31.12.2019	31.12.2018	31.12.2017	31.12.2016
Sites considered in the annual report	303	280	280	276	278	275	275
corresponds to	-	97,9%	98,6%	97,9%	99,3%	98,2%	98,2%
Primary cases total*	63.721	58.331	60.752	57.589	55.715	54.385	53.837
Primary cases per site (mean)*	210	208	217	209	200	198	196
Primary cases per site (median)*	180	180	182	180,5	178	175	177

Breast Cancer Centres North Rhine-Westphalia (NRW)	31.12.2021
Sites considered in the annual report	23
Primary cases total*	5.390
Primary cases per site (mean)*	234
Primary cases per site (median)*	169

^{*}The figures are based on the clinical sites listed in the Annual Report.

This annual report looks at the breast cancer centres certified in the certification system of the German Cancer Society (DKG) and, for the first time from 2021, breast centres in the state of NRW that participate in the DKG's data management. The basis for the diagrams in the annual report is the data sheet. The indicator published here refer to the indicator year 2020. They represent the assessment basis for the audits carried out in 2021.

DKG Breast Cancer Centres:

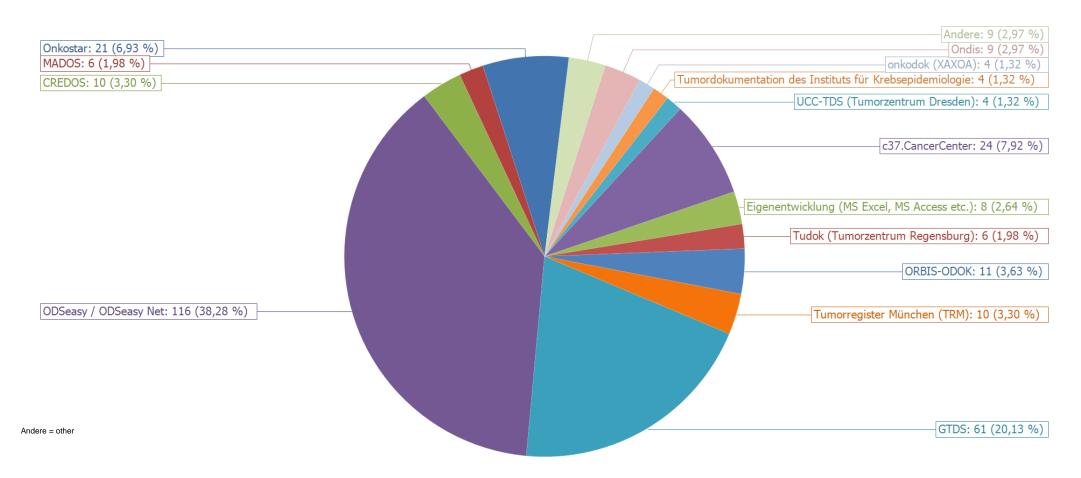
The annual report includes 280 of the 286 DKG-certified centre sites. Excluded are 5 sites that were certified for the first time in 2021 (data mapping of complete calendar year not mandatory for first-time certifications) as well as 1 site for which the verification of the data could not be completed on time for internal hospital reasons). The DKG-certified sites that are also NRW-certified (= 23 sites) are a subset of the 303 sites. A total of 59,028 primary breast cancer cases were treated at all 286 sites.

Breast Cancer Centres NRW:

Included in the annual report are 23 centre sites in the state of NRW that participate in the DKG's data management. A total of 5,390 primary cases of breast carcinoma were treated at the 23 sites.

A current overview of all sites is shown at www.oncomap.de. Using the filter "Certificate", a common view or a view separated according to certified and recognised sites can be selected.

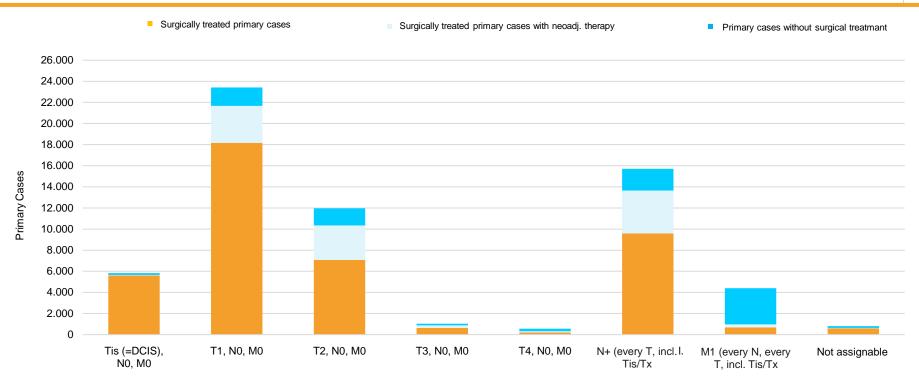
Tumour documentation systems used in Breast Cancer Centres



The details on the tumour documentation system were taken from the EXCEL annex to the Data Sheet (spreadsheet basic data). It is not possible to use several systems. In many cases support is provided by the cancer registries or there may be a direct connection to the cancer registry via a specific tumour documentation system.

Legend	
Others	System used in < 4 clinical sites

Basic data – Primary Cases Breast Cancer



	Tis (=DCIS), NO, MO	T1, N0, M0	T2, N0, M0	T3, N0, M0	T4, N0, M0	N+ (every T incl. Tis/Tx), M0)	M1 (every N, every T incl. Tis/Tx)	Not assignable*	Total
Non-surgical primary cases	176 (3,02%)	1.754 (7,49%)	1.620 (13,54%)	160 (15,46%)	246 (43,85%)	2.065 (13,14%)	3.432 (78,05%)	167 (20,85%)	9.620
Primary cases Surgery with neoadj. Th.**	46 (0,79%)	3.493 (14,91%)	3.265 (27,29%)	239 (23,09%)	114 (20,32%)	4.069 (25,90%)	288 (6,55%)	34 (4,24%)	11.548
Primary cases without neoadj. Th.***	5.606 (96,19%)	18.177 (77,60%)	7.078 (59,17%)	636 (61,45%)	201 (35,83%)	9.578 (60,96%)	677 (15,40%)	600 (74,91%)	42.553
Primary cases Total	5.828	23.424	11.963	1.035	561	15.712	4.397	801	63.721

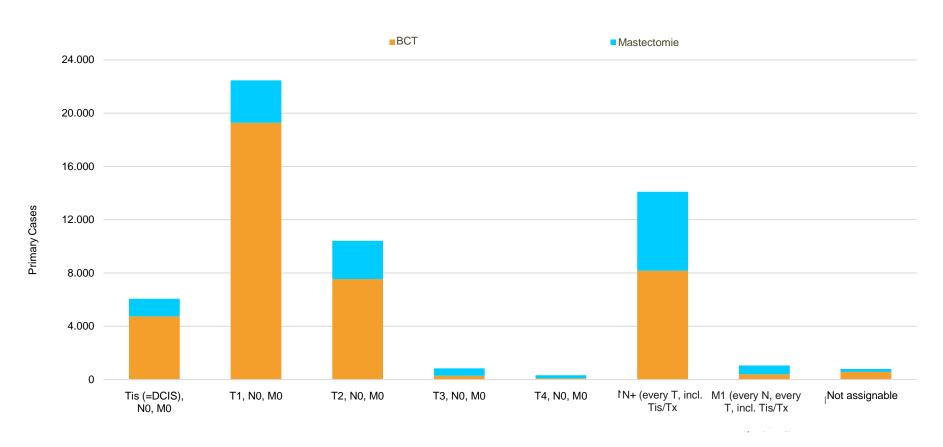
^{*}others: e.g. T1, N0, Mx

^{**} primary cases operated with neo-adjuvant or pre-operative systemic therapy

^{***} primary cases operated without neo-adjuvant or pre-operative systemic therapy



Basic data – Distribution of surgically treated primary cases

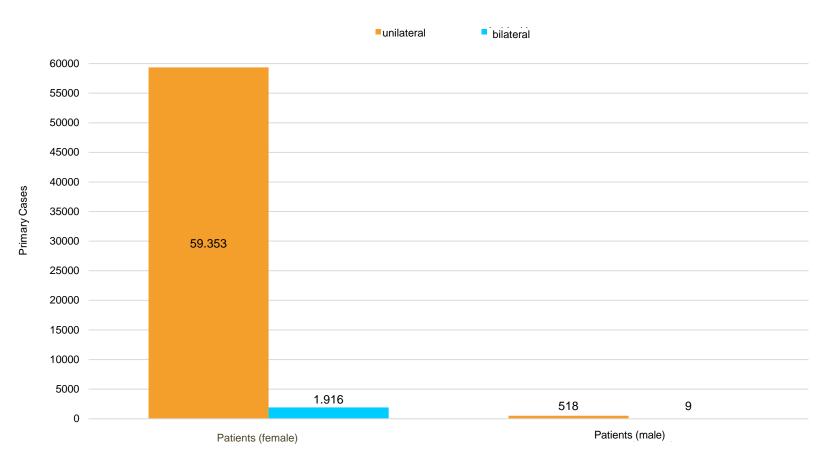


	Tis (=DCIS), N0, M0	T1, N0, M0	T2, N0, M0	T3, N0, M0	T4, N0, M0	N+ (every T incl. Tis/Tx), M0)	M1 (every N, every T incl. Tis/Tx)	Not assignable*	Total
Mastectomies	1.289 (22,81%)	3.161 (14,59%)	2.932 (28,35%)	572 (65,37%)	237 (75,24%)	5.734 (42,02%)	611 (63,32%)	181 (28,55%)	14.717
ВСТ	4.363 (77,19%)	18.509 (85,41%)	7.411 (71,65%)	303 (34,63%)	78 (24,76%)	7.913 (57,98%)	354 (36,68%)	453 (71,45%)	39.384
Surgically treated Primary cases Total	5.652	21.670	10.343	875	315	13.647	965	634	54.101

* Not assignable: e.g. T1, N0, Mx

Not assignable. e.g. 11, No, Nix

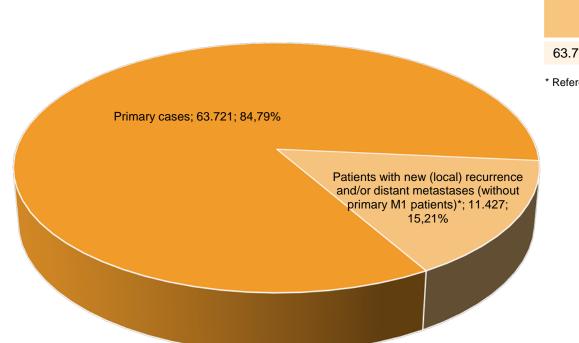
Basic data – Gender distributuon



	Female patients	Male patients	Primary cases Total
unilateral	59.353 (96,87%)	518 (98,29%)	59.871
bilateral (simultaneous)	1.916 (3,13%)	9 (1,71%)	3.850
			63.721
Total	61.269	527	



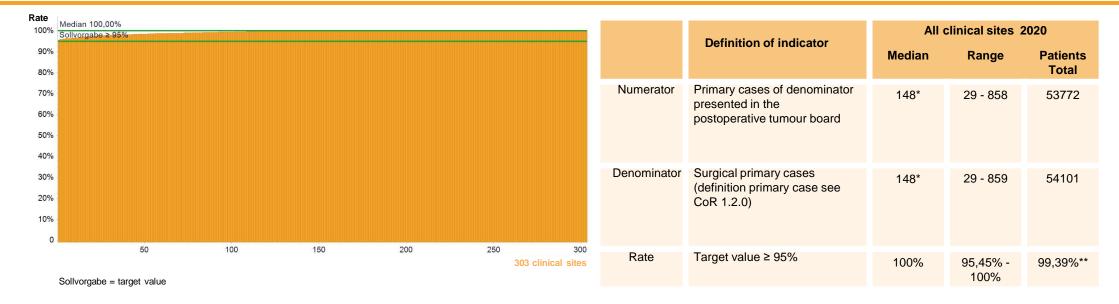
Basic data – Ratio of primary cases to recurrences / metastases breast cancer

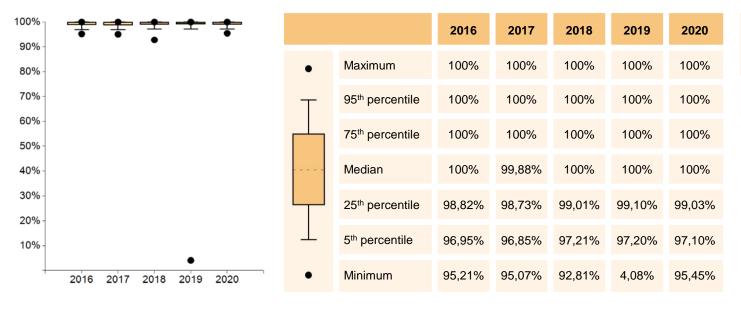


Primary cases	Patients with new (local) recurrence and/or distant metastases (without primary M1 patients)*	centre cases
63.721 (84,79%)	11.427 (15,21%)	75.148 (100%)

^{*} Reference to indicator 14b

1. Post-operative tumour board





Clinical sites evaluable dat		Clinical sites target	meeting the
Number	%	Number	%
303	100,00%	303	100,00%

Comment

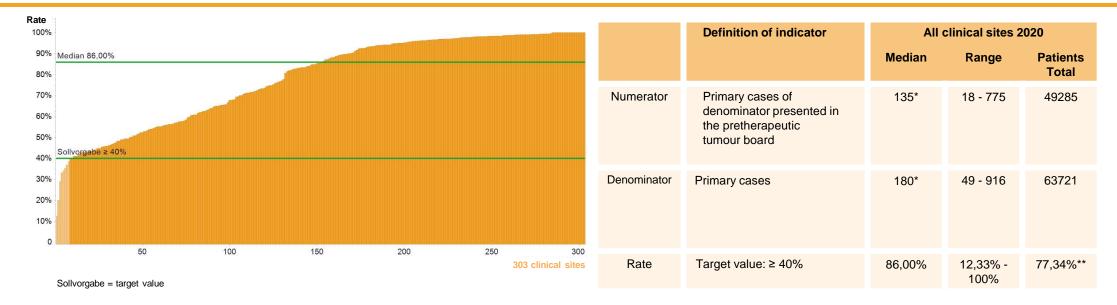
Postoperative presentation has been very high for years (median 100%). For the first time since 2017, all centres met the target of \geq 95%. In 183 centres, all patients were discussed in the tumour board after an operation.

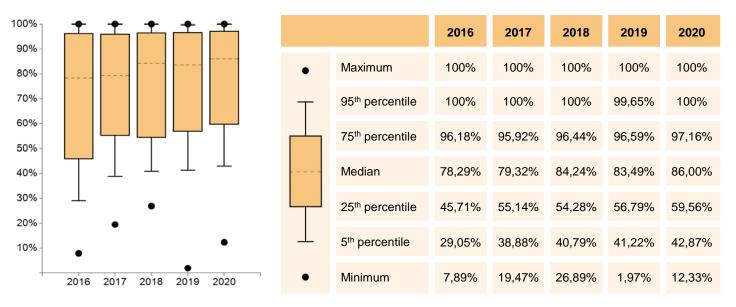


^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

2. Pretherapeutic tumour board





Clinical sites evaluable dat		Clinical sites meeting the target		
Number	%	Number	%	
303	100,00%	295	97,36%	

Comments:

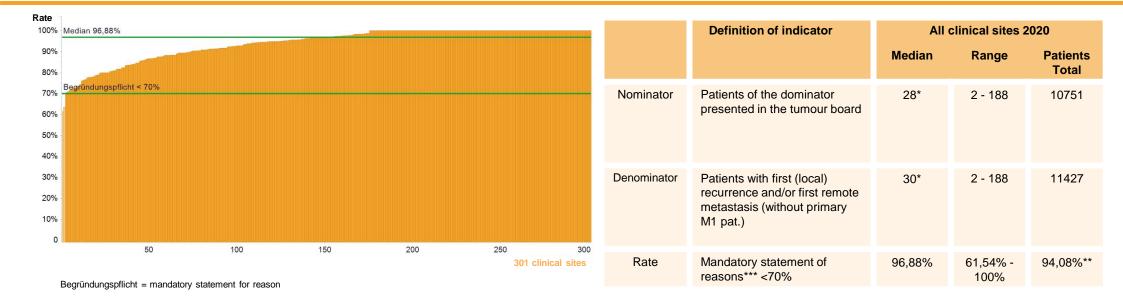
The very positive development of the indicator continues across the entire range: 86% of primary cases were presented pretherapeutically in the tumour board. 8 centres did not meet the target. The centres justified this with clearly defined therapy regimens based on SOPs for early tumour stages/DCIS and only discussed patients with indications for neoadjuvant therapy or IORT on an interdisciplinary basis. One centre suspended case discussion due to restrictions resulting from the Covid pandemic.

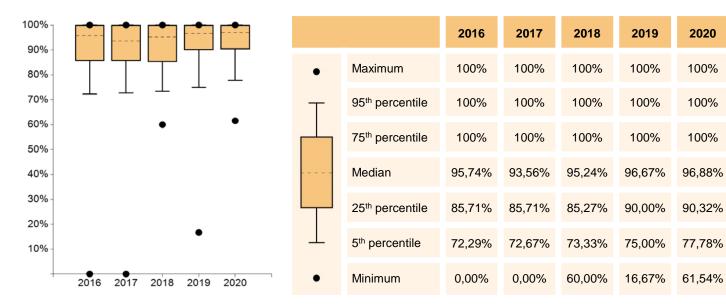


^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

3. Tumour board local recurrence/metastases





Clinical sites with evaluable data		Clinical sites meeting the plausablitly limit	
Number	%	Number	%
301	99,34%	299	99,34%

Comments:

Case discussion in the case of recurrence/metastases also shows a steadily positive trend. 96.9% of the patients of the denominator are discussed in the tumour boards. As in the previous year, two (previously inconspicuous) centres fell below the requirement of <70% for justification. Reasons for not presenting included the early death of the patient and the continuation of therapy by treatment partners.

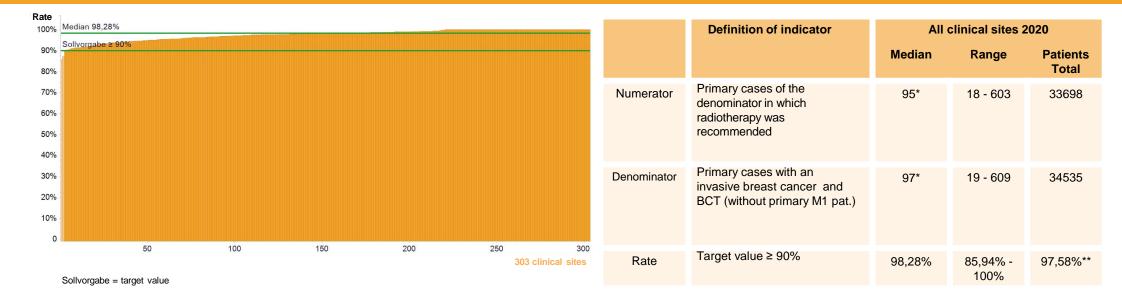
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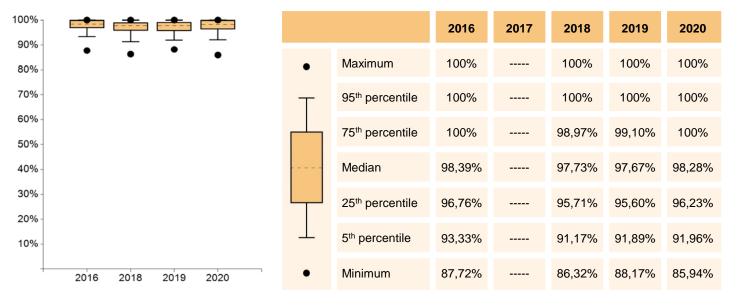


^{**} Percentage of total patients treated in centres according to the numerator

^{***} For values outside the plausibility limit(s), the centres are required to provide a justification..

4. Radiotherapy after BCT in the case of invasive breast cancer (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
303	100,00%	301	99,34%

Comments:

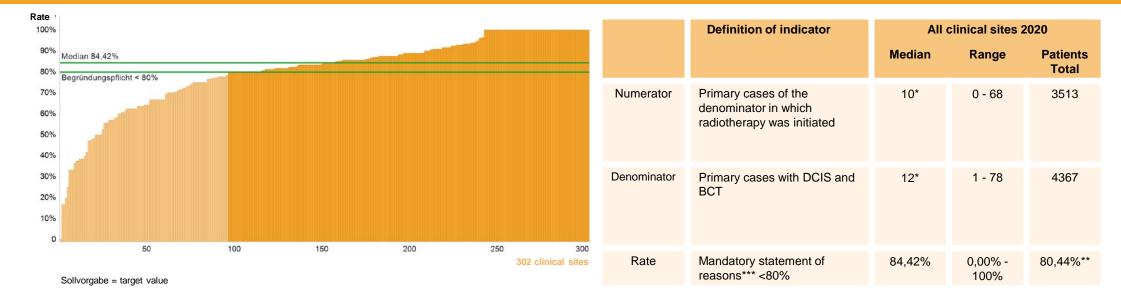
The GL-QI shows very good implementation. On median, radiotherapy is recommended in over 98% of primary cases. Two centres fell short of the target of ≥90%. Both centres stated that they had refrained from radiotherapy for older patients or that the patients had not wanted it. In addition, a follow-up resection had not yet been planned for some patients.

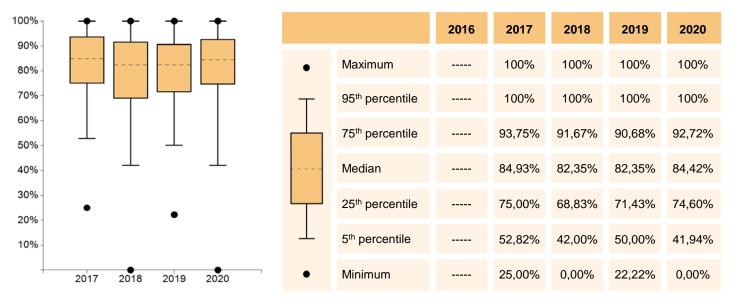


^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

5. Radiotherapy after BCT in the case of DCIS





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
302	99,67%	206	68,21%

Comments:

The number of centres performing sufficient numbers of radiation therapy for DCIS and BCT has increased: 68.2% of the centres performed the required therapy in ≥80% (2019 61.4%). The most frequent reason for not performing radiotherapy was the patient's refusal of the therapy. In the case of small and/or low- and intermediate-grade tumours and Paget's disease, numerous centres did not consider postoperative radiotherapy to be indicated. In several patients, primary therapy had not yet been completed.

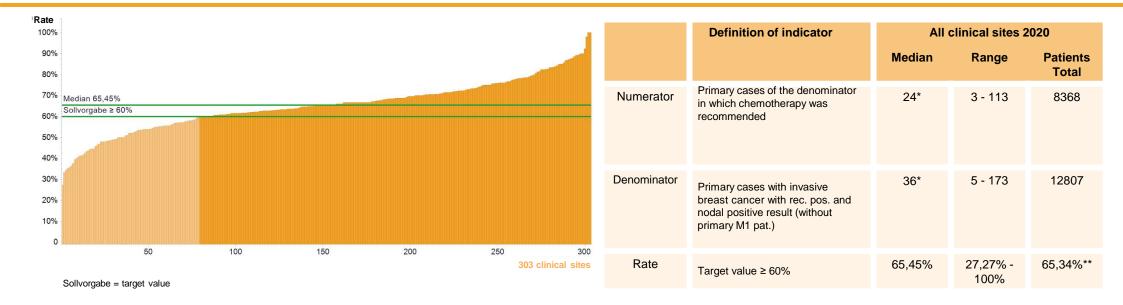
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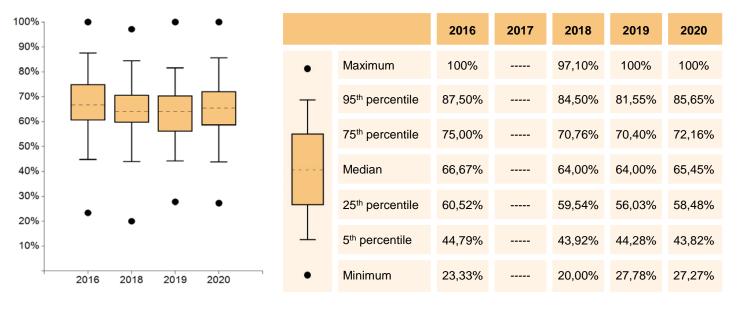


^{**} Percentage of total patients treated in centres according to the numerator

^{***} For values outside the plausibility limit(s), the centres are required to provide a justification..

6. Chemotherapy in the case of rec. pos. and nodal pos. result





Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
303	100,00%	224	73,93%

Comment

At 73.9%, significantly more centres met the target (2019: 64.9%). Chemotherapy was recommended in a median of 65.5% of the requested primary cases. The most frequent reasons against chemotherapy were old age, comorbidity and poor general condition. Several centres refrained from therapy in the case of solitary cancer and good tumour biology and referred to low recurrence scores and luminal A tumours. In the case of study participation (ADAPTcycle, Natalee, Appalaches), randomisation into the non-chemotherapy arm was claimed. In the audits, numerous case analyses were carried out in which the decision against chemotherapy was plausibilised.

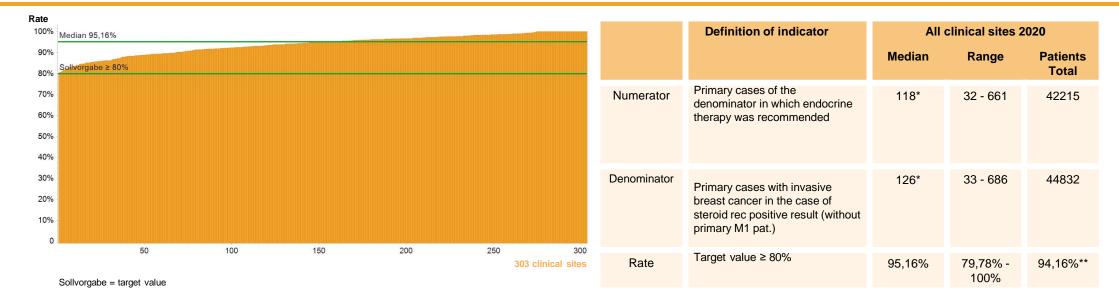


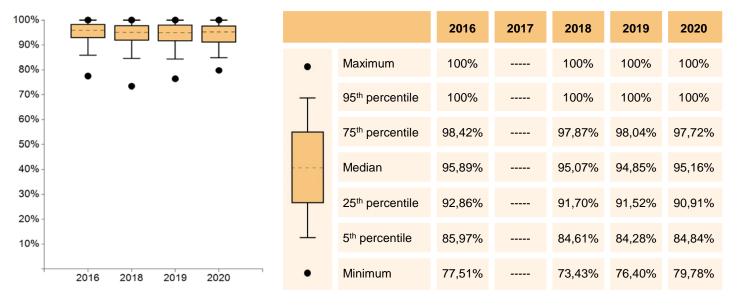
^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.



7. Endocrine therapy in the case of steroid rec. positive result (QI GL)





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
303	100,00%	302	99,67%

Comment

The degree of fulfilment of the GL-QI is at the level of the last few years. Endocrine therapy was recommended for more than 95% of patients. As in the previous year, only one centre (previously inconspicuous for years) did not meet the target of \geq 80% and justified this mainly by the fact that the primary therapy had not yet been completed or the patients had not yet been presented to the tumour board postoperatively.

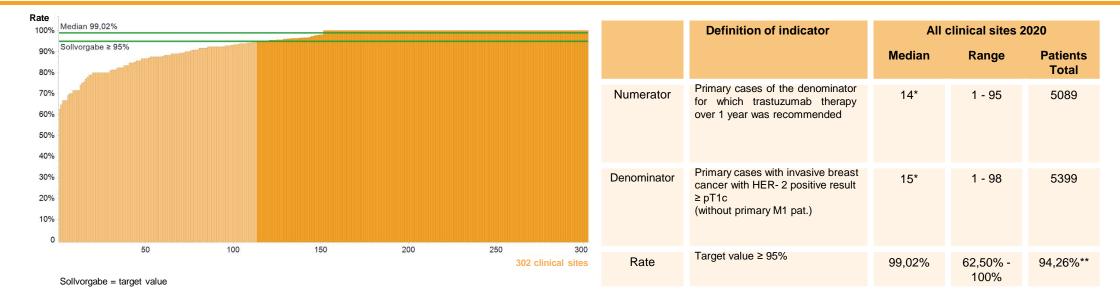


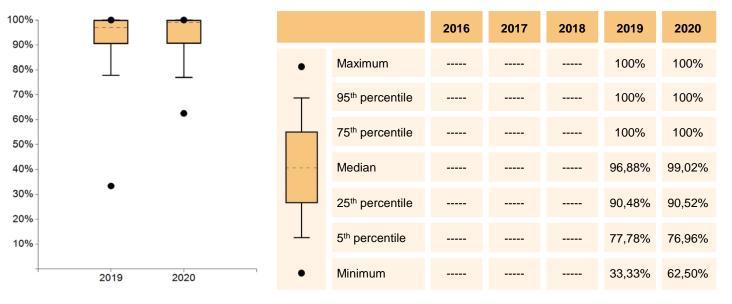
^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.



8. Trastuzumab therapy over 1 year in the case of HER-2 pos. result (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
302	99,67%	189	62,58%

Comments:

After the modification of the denominator, the GL-QI also shows a positive trend after 2019. Both the median, the total share and the number of centres meeting the target show an increase. In numerous individual case analyses, the plausibility of falling short of the target was checked in the audits. This showed that almost without exception, the centres had refrained from recommending trastuzumab therapy due to secondary cardiac diseases, poor general health and/or old age.



^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

Certification

Patients Total

4484

5257

85,30%**

Range

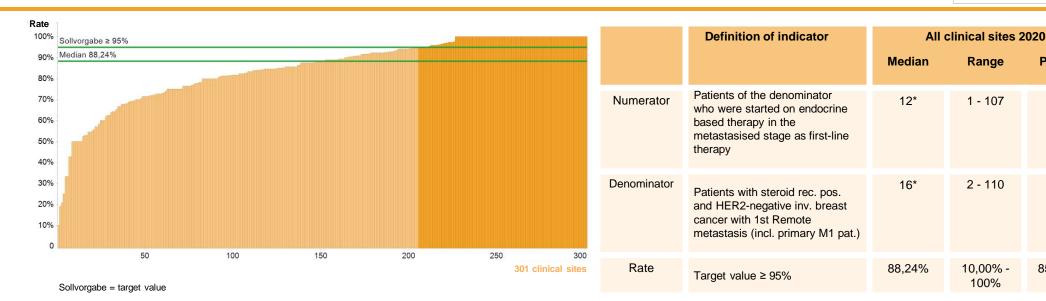
1 - 107

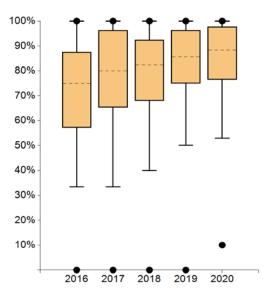
2 - 110

10,00% -

100%

9. Endocrine therapy for metastasis (GL QI)







Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
301	99,34%	96	31,89%

The positive development of the GL-QI continues: both the number of patients (median and total share) and the number of centres that met the target have increased. Nevertheless, a good 2/3 of the centres did not reach the target of ≥95%. In the case of extensive metastasis and high tumour burden, chemotherapy was often initiated or a palliative therapy regime (best supportive care) was pursued. Other reasons were the death of the patient before therapy was initiated and a rejection of hormone therapy by the patient. The reasons were checked for plausibility in the audits. In the case of repeated conspicuous indicators, a deviation was pronounced in one audit; this revealed a problem in the tumour documentation.



^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

Certification

Patients

Total

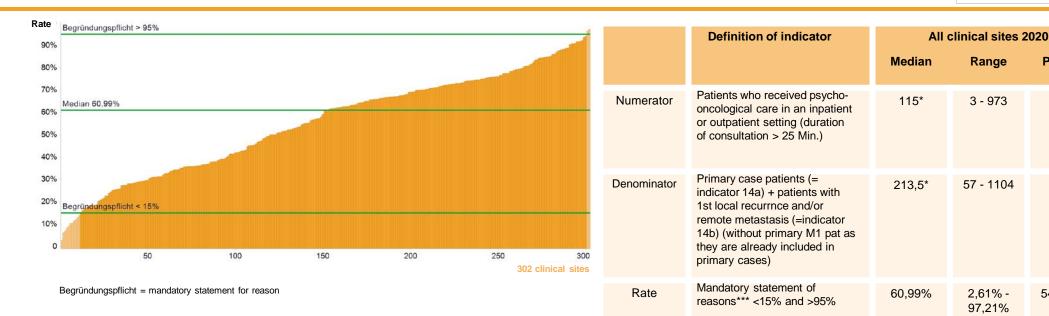
41148

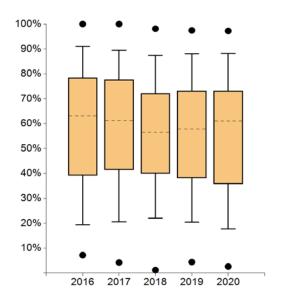
74872

54,96%**

Range

10. Psycho-oncological care (Consulation >25 min)







Clinical sites with evaluable data		Clinical sites meeting the plausablitly limit	
Number	%	Number	%
302	99,67%	289	95,70%

Comments:

On average, 61% of patients received psycho-oncological care (previous year 58%); a negative influence of the Covid pandemic in general is therefore not evident. As in the previous year, two centres have care rates >95%; the number of centres with a rate <15% has risen to 11. The most frequent explanation for falling short of the obligation to provide justification was a low need on the part of the patients. Three centres reacted to limited personnel resources with new appointments or cooperations, in some cases after a deviation had been issued.

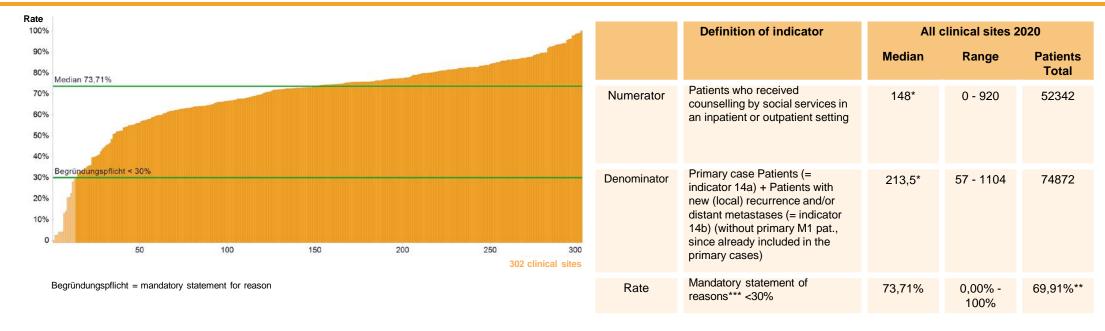
The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

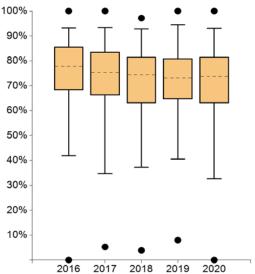


^{**} Percentage of total patients treated in centres according to the numerator

^{***} For values outside the plausibility limit(s), the centres are required to provide a justification...

11. Social service counselling







Clinical sites with evaluable data		Clinical sites meeting the plausablitly limit	
Number	%	Number	%
Anzahl	99,67%	Anzahl	95,70%

Comments:

The number of social service consultations is at the level of the previous year; a clear cut due to the Corona pandemic is therefore not recognisable. Of the 13 centres with counselling rates <30%, 10 are located outside of Germany where other service requirements apply. In two centres with previous counselling rates >65%, there has been a clear decline in care following restructuring or multiple staff changes; in one audit, a deviation was pronounced here.

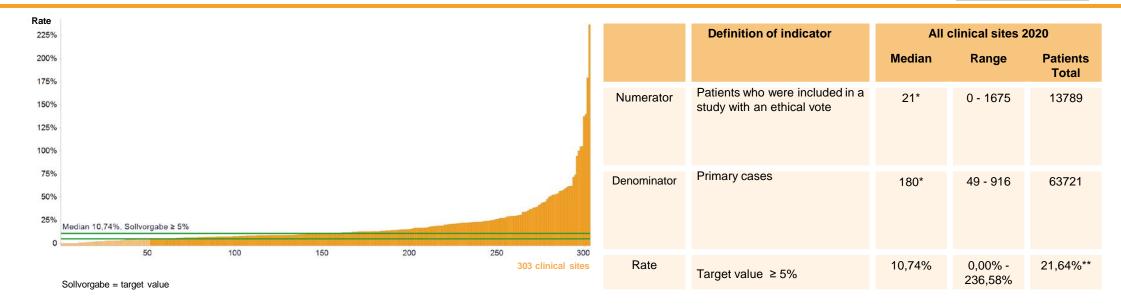
The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

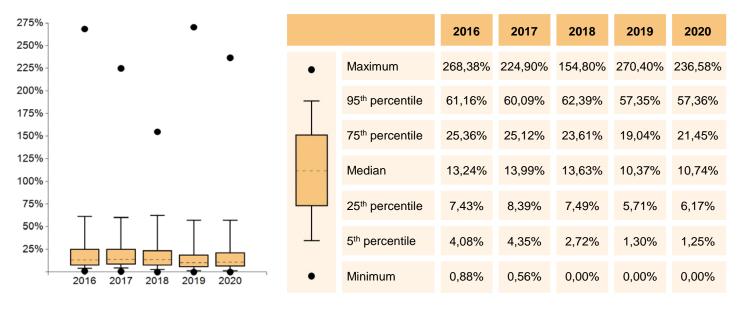


^{**} Percentage of total patients treated in centres according to the numerator

^{***} For values outside the plausibility limit(s), the centres are required to provide a justification..

12. Share of study patients





Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
303	100,00%	252	83,17%

Comments:

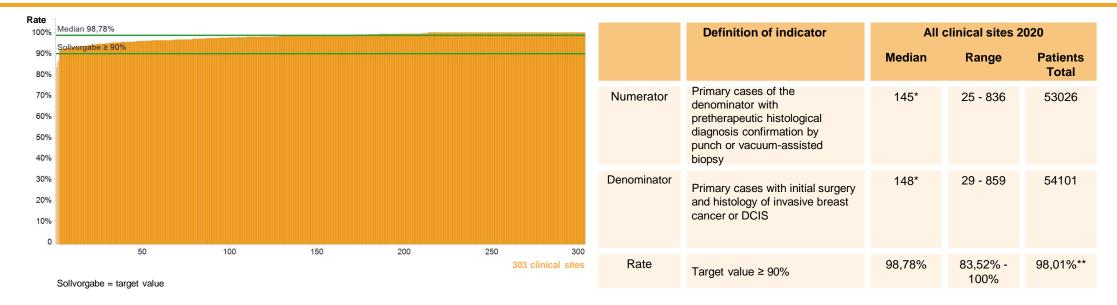
As in the previous year, the study quota is 10.7% (median) and 21.6% (total share). The target is achieved by >80% of the centres; in 51 centres (previous year 45) the rate is <5%. 6 of the centres attributed the shortfall to restrictions due to the Corona pandemic (increased rejection of study participation by patients, staff restructuring, recruitment stop by sponsors). Some centres have already been able to demonstrate improved study activity in the audits for the following year.

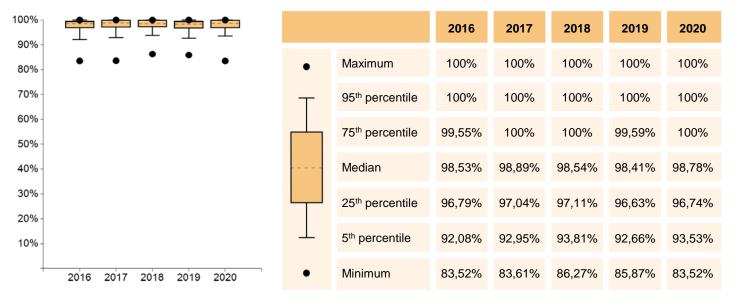


^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

13. Pretherapeutic histological confirmation (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
303	100,00%	301	99,34%

Comments:

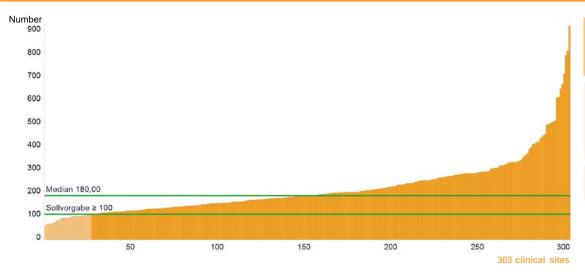
The GL-QI is implemented very well by all centres: In >98% of the required primary cases, a histological examination was performed pre-therapeutically. 90 centres without exception biopsied all tumours before the start of therapy; two centres did not meet the indicator with 86.2% and 83.5% respectively, mainly due to patients refusing a biopsy. In individual cases, due to coagulation disorders or insufficient visualisation of the tumour, a punch was not performed or the carcinoma was resected primarily in the case of exulceration or synchronous second carcinoma.



^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

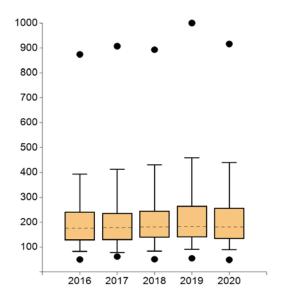
^{**} Percentage of total patients treated in centres according to the numerator.

14a. Primary cases breast cancer



	Definition of indicator	All clincal sites 2020		020
		Median	Range	Patients Total
Number	Primary Cases	180	49 - 916	63721
	Target value ≥ 100			

Sollvorgabe = target value





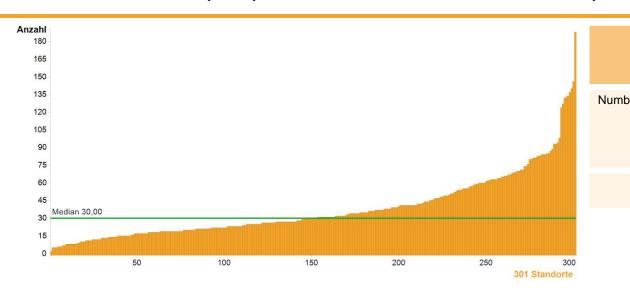
Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
303	100,00%	276	91,09%

Comments:

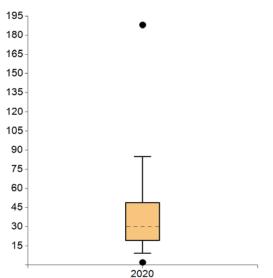
For the first time since 2016, the number of primary cases has decreased across the entire range. In the first Covid year, the number of primary cases in centres certified in 2019 or later decreased (-2,687, = -4.2%). In multi-site centres, the number of sites with <100 primary cases increased from 15 to 23. A negative influence by the Corona pandemic is likely due to the above developments. In 2020, 60,803 primary cases were treated in the certified German BCCs (incl. DCIS). Compared to the total incidence in Germany for 2018 (70,617 Source: www.krebsdaten.de), this corresponds to a share of 86.1%.



14b. Patients with 1st (local) recurrence and/or distant metastasis (without primary M1 patients)



	Definition of indicator	All clincal sites 2020		020
		Median	Range	Patients Total
oer	Patients with 1st (local) recurrence and/or distant metastasis (without primary M1 patients)	30	2 - 188	11427
	No target value			



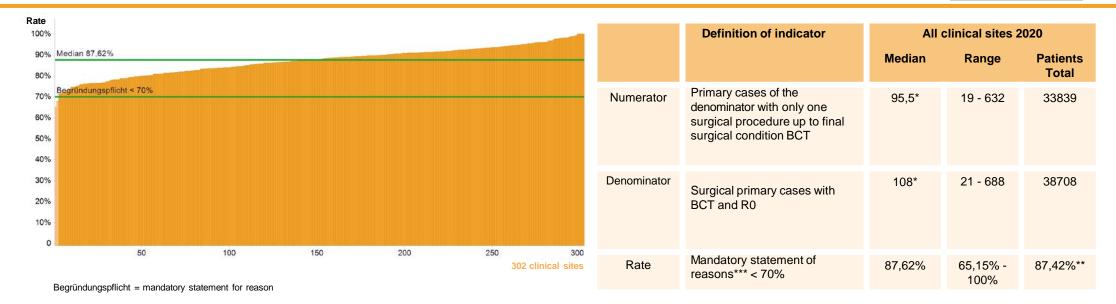
		2016	2017	2018	2019	2020
•	Maximum					188,00
Т	95 th percentile					85,00
\perp	75 th percentile					49,00
	Median					30,00
	25 th percentile					19,00
\perp	5 th percentile					9,00
•	Minimum					2,00

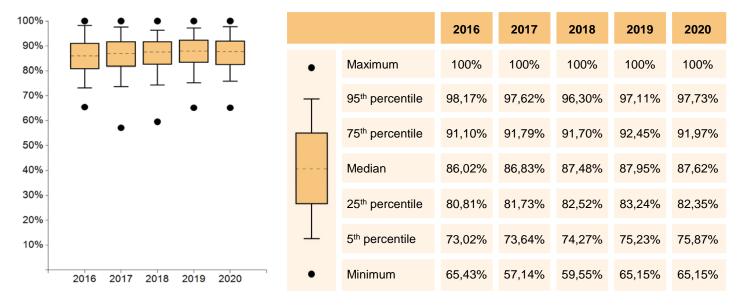
Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
301	99,34%		

Comments:

This indicator will be reported for the first time in the annual report 2022: A median of 30 patients (min. 2, max. 188) with a new recurrence and/or secondary distant metastases presented at a certified centre in the indicator year 2020. A total of 11,427 patients with a secondary event were treated in the centres.

15. Number of surgical procedures for R0 resection for BCT





Clinical sites with evaluable data		Clinical sites plausablitly li	
Number	%	Number	%
302	99,67%	300	99,34%

Comments:

The indicator has shown a consistently high implementation for years. In > 87% of the primary cases operated on and BCT, an R0 status was achieved with the first intervention. Only in two centres (previous year 1) was the rate below 70%.

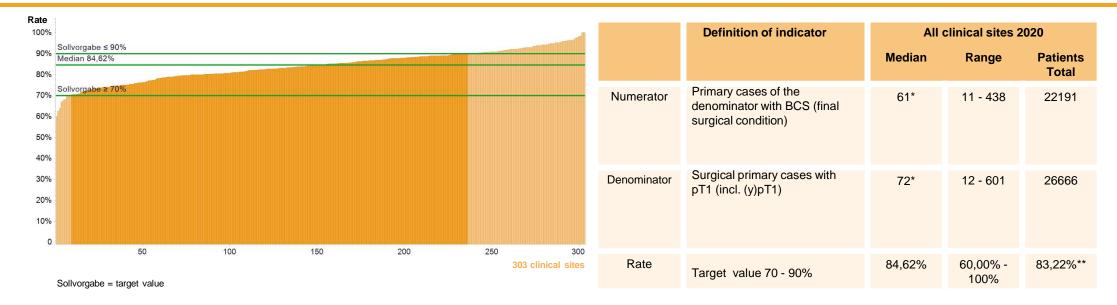
The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

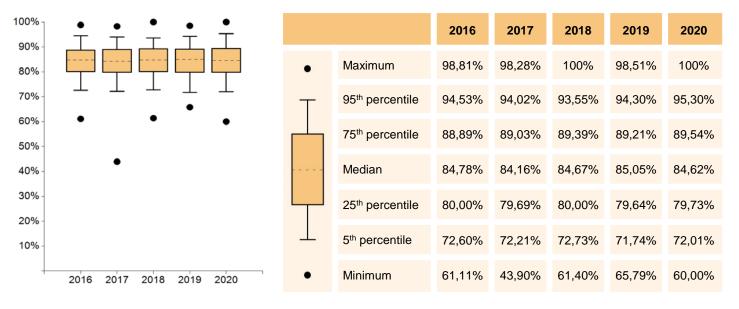


^{**} Percentage of total patients treated in centres according to the numerator

^{***} For values outside the plausibility limit(s), the centres are required to provide a justification..

16. Breast-conserving procedure for pT1





Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
303	100,00%	227	74,92%

Comments:

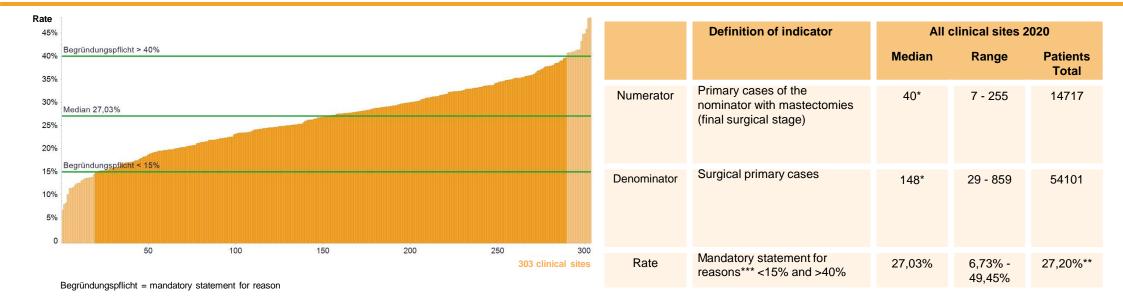
The proportion of breast-conserving operations for (y)pT1 carcinomas has been constant for years at a good 84% (median). In 9 centres (previous year 6), the rate of BCS was <70%: the centres justified this with the patient's wish for an ablation with subsequent breast reconstruction, multifocal/centric tumour, presence of a gene mutation and an unfavourable breast-tumour ratio. The 67 centres with a rate >90% claimed a high proportion of neoadjuvant pretreated and younger (screening) patients and pointed out that the high rate of BCT was not at the expense of radicality.

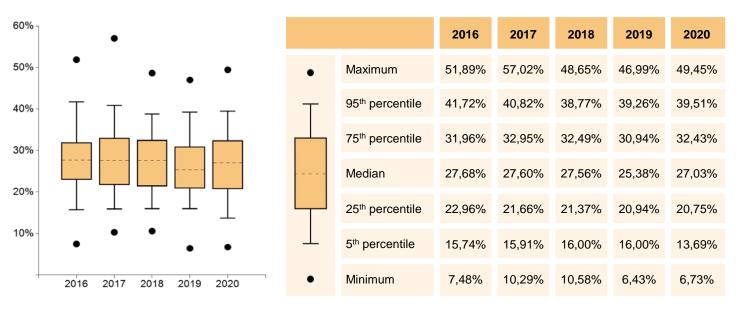


^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

17. Mastectomies





Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
303	100,00%	270	89,11%

Comments:

The proportion of mastectomies increased discretely in 2020: Both the median number of mastectomies performed in the centres and the number of centres with a rate >40% (14 sites) increased slightly. The centres justified the under/overrun of the plausibility limits with a low or high proportion of multicentric tumours and the breast-tumour ratio. The centres also stated the patient's wish for or against a BCT. The centres with a rate >40% also referred to patients with BRCA detection and male carcinomas.

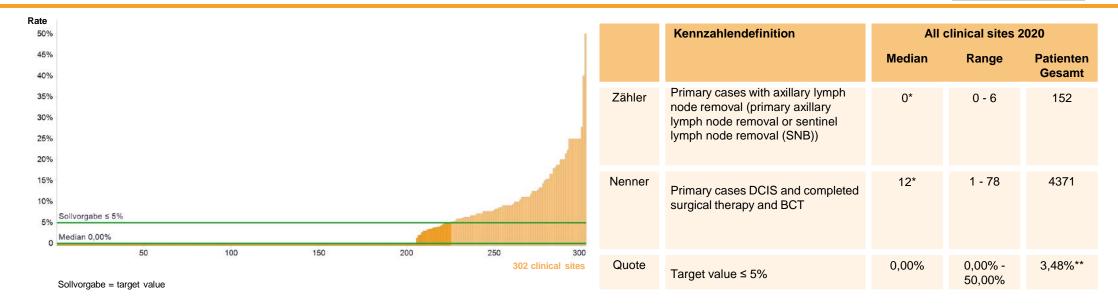
The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

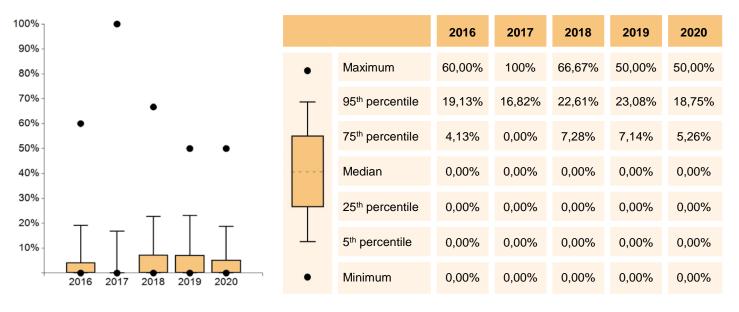


^{**} Percentage of total patients treated in centres according to the numerator

^{***} For values outside the plausibility limit(s), the centres are required to provide a justification..

18. Lymph node removal in the case of DCIS (GL QI)





Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
302	99,67%	225	74,50%

Comments:

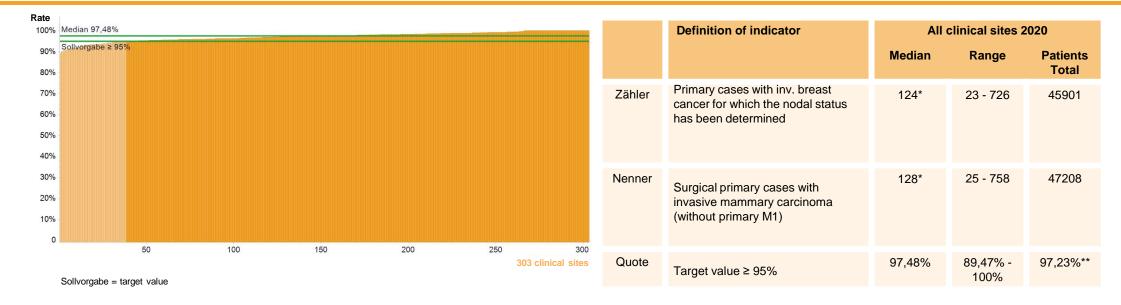
The GL-QI continues to develop positively. Almost 75% of the centres (previous year 69.8%) met the target of ≤ 5%; in 205 centres, no axillary lymph node was removed in any primary case with DCIS and BCT. 77 centres (previous year 90) exceeded the target and justified the removal of an axillary lymph node based on invasiveness in the pretherapeutic punch biopsies/intraoperative frozen section examinations, size and localisation of the DCIS and the presence of Paget's disease. SNBs were also performed in isolated cases at the express request of the patients.

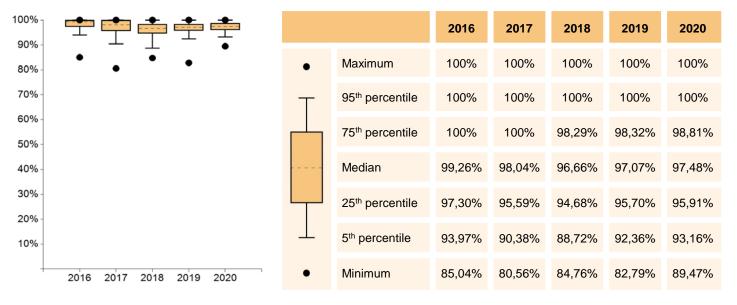


^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

19. Determination of nodal status in case of invasive breast cancer





Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
303	100,00%	265	87,46%

Comments:

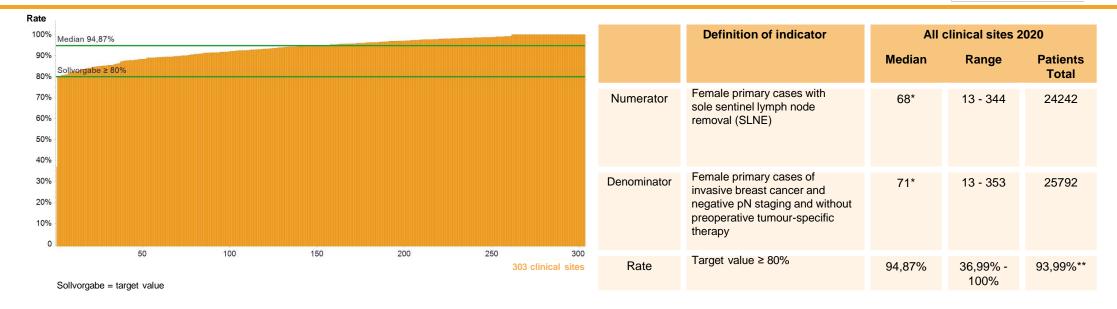
Median and overall percentage have increased and are now >97%. The number of centres meeting the target has increased significantly (+21). In 37 centres, the nodal status was determined for all operated primary cases with invasive carcinoma. In the centres that fell short of the target, the lack of a therapeutic consequence in the case of palliative cancer was pointed out. In the centres where the target was not met, reference was made to the lack of therapeutic consistency in the case of a palliative treatment concept, comorbidity or old age, as well as rejection by the patients. In individual cases, the SLN could not be detected or invasiveness only became apparent in the final examination.

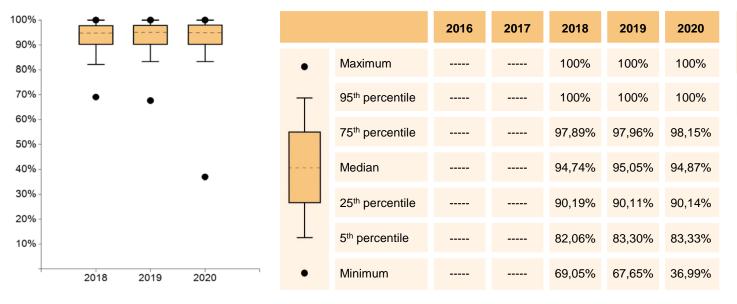


^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

20a. Only sentinel lymphonodectomy (SLNE) for pN0 (women) (GL QI)





Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
303	100,00%	302	99,67%

Comments:

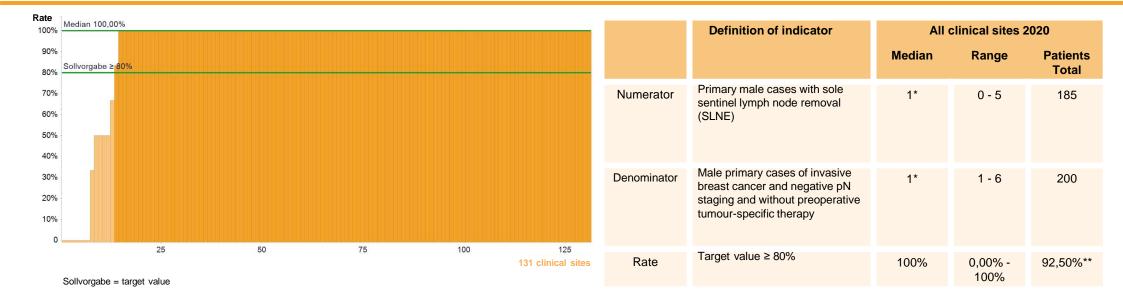
The GL-QI is implemented by all centres without any problems. The centre with the lowest value justified this by the fact that in addition to the sentinel LNs, LNs that are conspicuous in the patent blue staining are also removed.

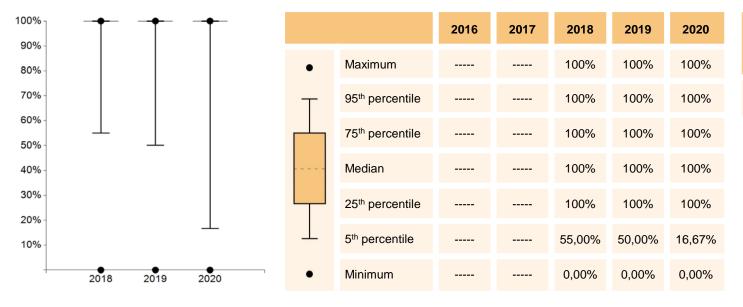


^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

20b. Only sentinel lymphonodectomy (SLNE) for pN0 (men) (GL QI)





Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
131	43,23%	118	90,08%

Comments:

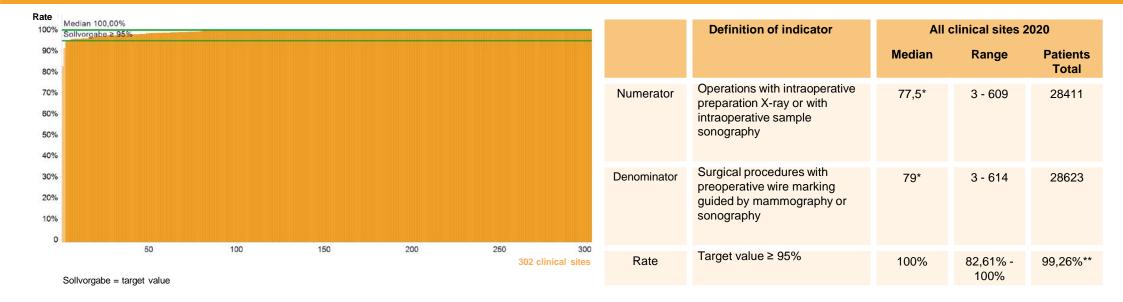
The number of male primary cases increased significantly to a total of 527 new cases (+ 9.8%) in the indicator year 2020. With regard to indicator 20b, 118 centres met the target (as in the previous year); in 13 centres, further lymph nodes were removed beyond the SLN in the case of negative pN staging. In most cases, this was due to a positive clinical nodal status, lymph node involvement by Hodgkin's lymphoma or unidentifiable SLN.

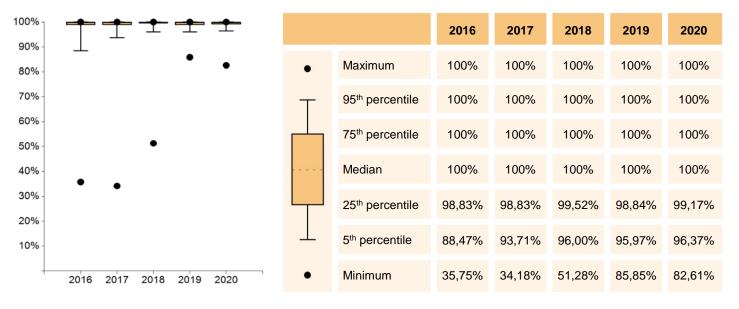


^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

21. Intraoperative sample radiography / sonography (GL QI)





Clinical sites with evaluable data		Clinical sites target	meeting the
Number	%	Number	%
302	99,67%	300	99,34%

Comments:

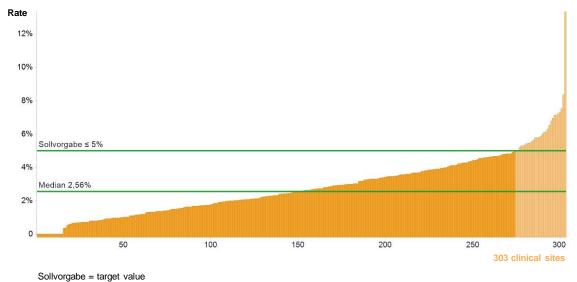
Intraoperative preparation radiography/sonography is regularly performed by the centres. For years, this indicator has shown a very high degree of fulfilment, which continues to rise in the lower range. In the indicator year 2020, only two centres were still below the target of \geq 95%. In the individual case analyses of the two centres, the shortfall in the target was plausibilised with frozen section examinations performed as a substitute or insufficient documentation of the required image morphological examinations.



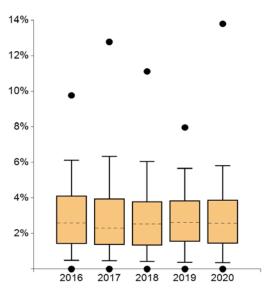
^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

22. Revision surgeries



	Definition of indicator	All clinical sites 2020		
		Median	Range	Patients Total
Numerator	Revision surgery due to postoperative complications (only operated primary cases)	4*	0 - 40	1525
Denominator	Surgical primary cases	148*	29 - 859	54101
Rate	Target value ≤ 5%	2,56%	0,00% - 13,79%	2,82%**





Clinical sites with evaluable data		Clinical sites meeting the target		
Number	%	Number	%	
303	100,00%	274	90,43%	

Comments:

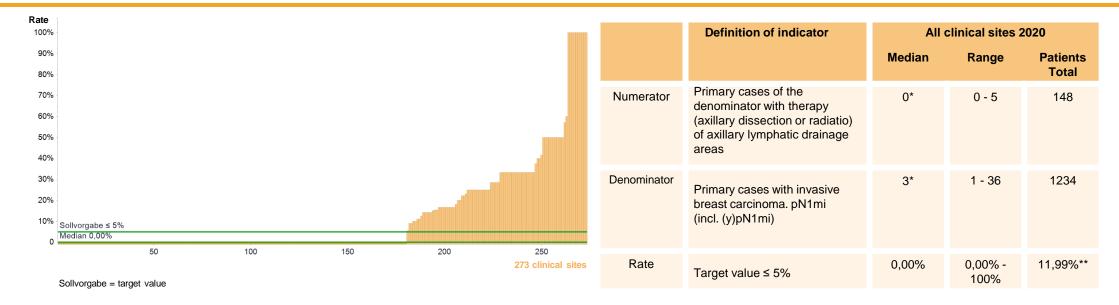
The revision rate has been consistently low for years across the entire range with a median of 2.5%. However, a previously inconspicuous outlier with a revision rate of 13.8% stands out in the indicator year 2020. In the current audit year, the rate was reduced to 2.8%. The indications for revision were almost exclusively post-operative naemorrhages/haematomas, in particular after therapeutic anticoagulation or plastic reconstruction. The centres have countered the problem in many cases in quality circles or M+M conferences and by adapting the peri-/intraoperative management (reviewing the anticoagulant regimen, intensified bleeding control, use of haemostyptics, increased application of compression bandages).

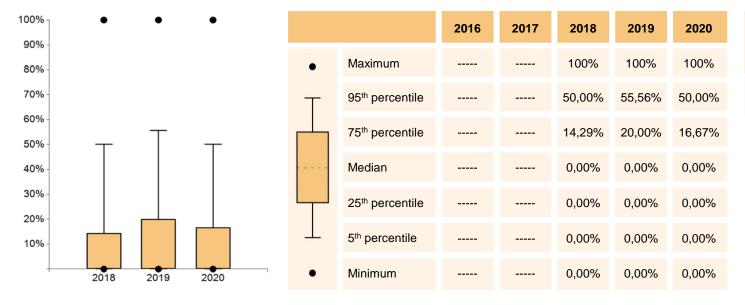


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^{**} Percentage of total patients treated in centres according to the numerator.

23. Therapy of the axillary lymphatic drainage for pN1mi (GL QI)





Clinical sites evaluable dat		Clinical sites meeting the target		
Number	%	Number	%	
273	90,10%	180	65,93%	

Comments:

The GL-QI has been implemented by the centres almost unchanged since 2018. The overall proportion of primary cases with pN1mi receiving lymphatic drainage therapy is just under 12%, as in the previous year. The proportion of centres meeting the target of ≤5% has increased.



^{*}The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centres according to the numerator.

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