

Annual Report 2020

of the certified Gynaecology Cancer Centres

Audit year 2019 / Indicator year 2018

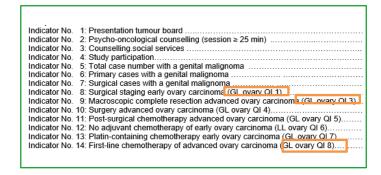


Table of Contents

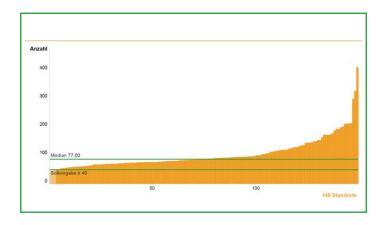
ntroduction	3
General information	3
Status of the certification system for Gynaecology Cancer Centres 2019	5
Clinical sites taken into account	6
Fumour documentation systems in the Centres' clinical sites	7
Analysis of basic data	8
Analysis of indicators	13
ndicator No. 1: Presentation tumour board	13
ndicator No. 2: Psycho-oncological counselling (session ≥ 25 min)	14
ndicator No. 3: Counselling.social services	15
ndicator No. 4: Study participation	16
ndicator No. 5: Total case number with a genital malignoma	17
ndicator No. 6: Primary cases with a genital malignoma	18
ndicator No. 7: Surgical cases with a genital malignoma	19
ndicator No. 8: Surgical staging early ovarian cancer (GL ovary QI 1)	20
ndicator No. 9: Macroscopic complete resection advanced ovarian cancer (GL ovary QI 3)	21
ndicator No. 10: Surgery advanced ovarian cancer (GL ovary QI 4)	22
ndicator No. 11: Post-surgical chemotherapy advanced ovarian cancer (GL ovary QI 5)	23
ndicator No. 12: No adjuvant chemotherapy of early ovarian cancer (LL ovary QI 6)	24
ndicator No. 13: Platin-containing chemotherapy early ovarian cancer (GL ovary QI 7)	25
ndicator No. 14: First-line chemotherapy of advanced ovarian cancer (GL ovary QI 8)	26
ndicator No. 17: No adjuvant therapy BOT (GL ovary QI 12)	27
ndicator No. 18: Presentation at the tumour board (LL cervix QI 1)	28
ndicator No. 19: Details in the test report on initial diagnosis and tumour resection (GL cervix QI 2)	29
ndicator No. 20: Details in the test report for lymphonodectomy (GL cervix QI 3)	30
ndicator No. 21: Cytological/histological lymph node staging (GL cervix QI 4)	31
ndicator No. 22: Extenteration (GL cervix QI 9)	32
ndicator No. 23: Details in pathology report in the case of inital diagnosis and tumour resection (GL vulva QI 1)	33
ndicator No. 24: Details in pathology report in the case of lymphonodectomy (GL vulva QI 2)	34
ndicator No. 25: Local radical excision (GL vulva QI 4)	35
ndicator No. 26: Conduct inguino femoral staging (GL vulva QI 6)	36
ndicator No. 27: Sentinel lymph nodes biopsy (GL vulva QI 7)	37
ndicator No. 28 Systematic lymphadenectomy (LNE) for type-I-endometrial carcinoma (GL endo. QI 1)	38
ndicator No. 29 Adjuvant chemotherapy for type-I-endometrial carcinoma (GL endo QI 2)	39
mpressum	40



General information



	Definition of indicator	All clinical	sites 2014
		Median	Range
Numer ator	All surgically treated primary cases presented in the tumour conference	151*	46 - 801
Popula tion	Surgically treated primary cases (for definition of a primary case see 5.2.1)	152*	46 - 806
Rate	Target ≥ 95%	100%	93.75% - 100%



Quallity 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. The quality indicators identified in this way are based on the strong recommendations of the guidelines and were derived from the guidelines groups in the context of the guideline programme oncology. 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.

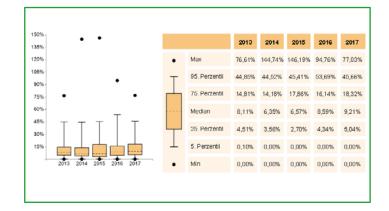
The values for the numerators, populations and rates of all Centres are given under range.

The Total Patients column shows the total of all patients treated according to the key figure and the corresponding quota.

Diagram:

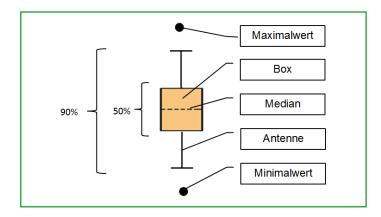
The x-axis indicates the number of Centres, the y-axis gives the values in percent or number (e.g. primary cases). The target value is depicted as a horizontal green line. The median, which is also depicted as a green horizontal line, divides the entire group into two equal halves.

General information



Cohort development:

The cohort development in the years 2014, 2015, 2016, 2017 and 2018 is presented in a box plot diagram.



Box plot:

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 for Gynaecology Cancer Centres 2019

	31.12.2019	31.12.2018	31.12.2017	31.12.2016	31.12.2015	31.12.2014
Ongoing procedures	12	4	10	6	8	8
Certified Centres	155	143	134	133	123	110
Certified clinical sites	156	145	136	135	125	112
Gynaecology Cancer Centres with 1 clinical site	154	141	132	131	121	108
2 clinical sites	1	2	2	2	2	2
3 clinical sites	0	0	0	0	0	0
4 clinical sites	0	0	0	0	0	0

Clinical sites taken into account

	31.12.2019	31.12.2018	31.12.2017	31.12.2016	31.12.2015	31.12.2014
Clinical sites included in the Annual Report	149	139	128	125	112	103
equivalent to	95,5%	95,9%	94,1%	92,6%	89,6%	92,0%
Primary cases total*	13.762	12.937	12.087	11.587	10.412	9.390
Primary cases per clinical site (mean)*	92	93	94	93	93	91
Primary cases per clinical site (median)*	78	77	76	79	79	79

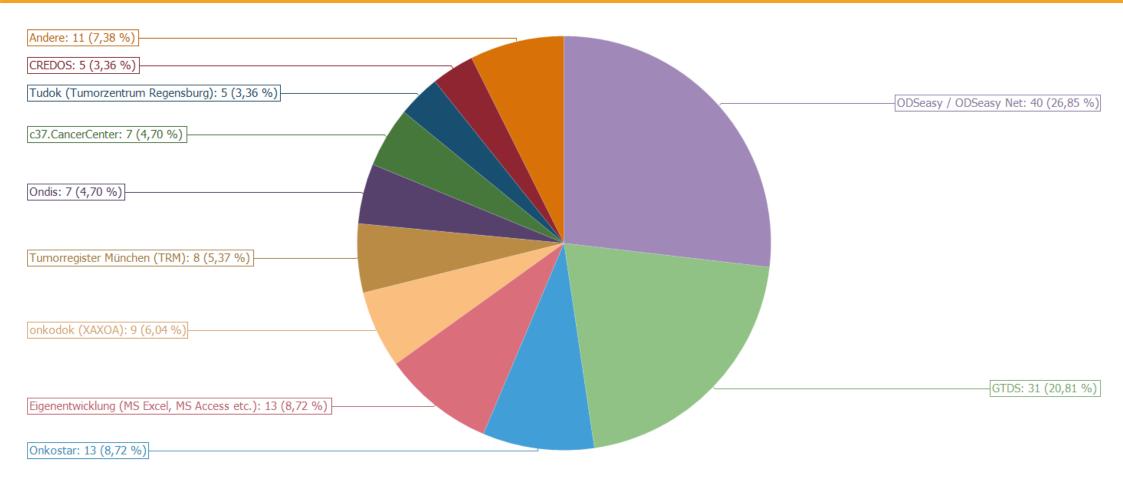
^{*}The figures are based on the clinical sites listed in the Annual Report.

This Annual Report looks at the Gynaecology Cancer Centres certified in the Certification System of the German Cancer Society. The Data sheet which is part of the Catalogue of Requirements (Catalogue of Requirements Certification) is the basis for the diagrams.

149 out of the 156 certified clinical sites of the Centres are included in the Annual Report. 7 clinical sites, certified for the first time in 2019, are not included (data depiction of a full calendar year is not mandatory for initial certifications). In all 156 clinical sites a total of 14,225 primary cases with genital malignancy were treated. An up-to-date overview of all certified clinical sites is given on www.oncomap.de.

The indicators published here refer to the indicator year 2018. They are the assessment basis for the audits conducted in 2019.

Tumour documentation systems in the Centres' clinical sites

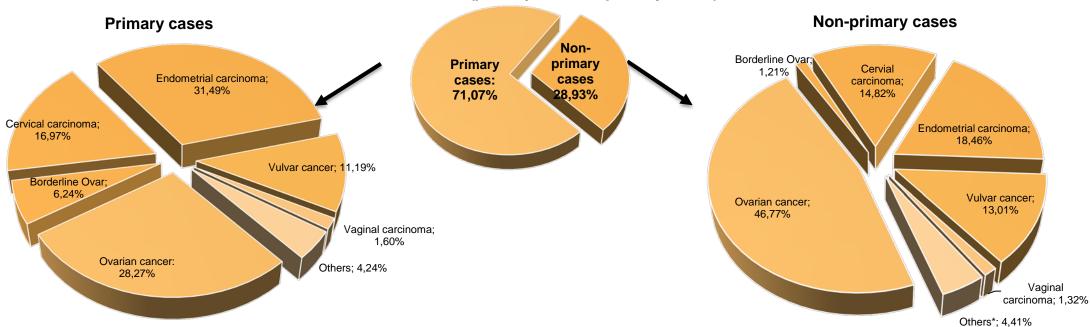


Legend:	
Other	System used in ≤ 3 clinical sites

The information on the tumour documentation system was taken from the data sheet (Basic Data Sheet). It is not possible to select more than one system. In many cases, support is provided by the cancer registries or there may be a direct link to the cancer registry via a specific tumor documentation system.

Basic data – total case number (primary and non-primary cases)

Total case number (primary and non-primary cases)



	Total case number	Primary cases	Non-primary cases
Ovarian cancer	6,510 (33.62%)	3,890 (28.27%)	2,620 (46.77%)
Borderline ovary	927 (4.79%)	859 (6.24%)	68 (1.21%)
Cervical carcinoma	3,165 (16.34%)	2,335 (16.97%)	830 (14.82%)
Endometrial carcinoma	5,368 (27.72%)	4,334 (31.49%)	1,034 (18.46%)
Vulvar cancer	2,269 (11.72%)	1,540 (11.19%)	729 (13.01%)
Vaginal carcinoma	294 (1.52%)	220 (1.60%)	74 (1.32%)
Others*	831 (4.29%)	584 (4.24%)	247 (4.41%)
Total case number	19,364 (100%)	13,762 (100%)	5,602 (100%)

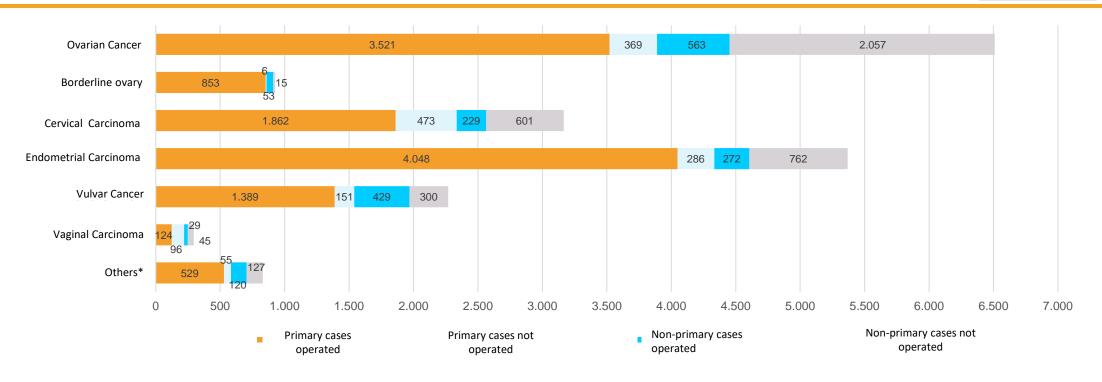
	Incidence ¹ Germany	Primary cases 2018 ²	Share 2018	Primary Cases Germany 2017	Share 2017
Ovarian cancer	7,349	3,698	50.32%	3,215	43.75%
Borderline ovary	-	814	-	773	-
Cervical carcinoma	4,380	2,234	51.00%	2,124	48.49%
Endometrial carcinoma	10,599	4,203	39.66%	3,789	35.75%
Vulvar cancer	3,333	1,506	45.19%	1,386	41.58%
Vaginal carcinoma	458	212	46.29%	191	41.70%
Others*	850	576	67.76%	510	60.00%

¹ Centre for cancer register data in the Robert Koch-Institute, incidence 2016.

² including primary cases not yet part of the annual report (Germayna only) database query www.krebsdaten.de/abfrage 27.02.2020

^{*} Others (for instance sarcomas, chorion carcinomas, etc.)

Basic data – primary and non-primary cases



	Primary cases				
		operated	not operated		
	Total	absolute (in %)	absolute (in %)		
Ovarian cancer	3,890 (100%)	3,521 (90.51%)	369 (9.49%)		
Borderline ovary	859 (100%)	853 (99.30%)	6 (0.70%)		
Cervical carcinoma	2,335 (100%)	1,862 (79.74%)	473 (20.26%)		
Endometrial carcinoma	4,334 (100%)	4,048 (93.40%)	286 (6.60%)		
Vulvar cancer	1.,540 (100%)	1,389 (90.19%)	151 (9.81%)		
Vaginal carcinoma	220 (100%)	124 (56.36%)	96 (43.64%)		
Others*	584 (100%)	529 (90.58%)	55 (9.42%)		
Total	13,762	12,326	1,436		

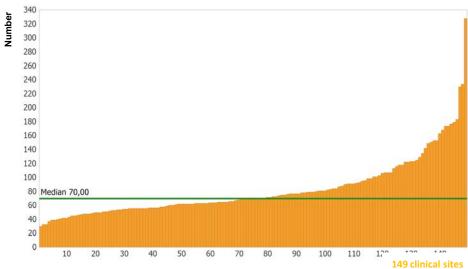
	Non-primary cases				
		operated	not operated		
	Total	absolute (in %)	absolute (in %)		
Ovarian cancer	2.620 (100%)	563 (21.49%)	2.057 (78.51%)		
Borderline ovary	68 (100%)	53 (77.94%)	15 (22.06%)		
Cervical carcinoma	830 (100%)	229 (27.59%)	601 (72.41%)		
Endometrial carcinoma	1.034 (100%)	272 (26.31%)	762 (73.69%)		
Vulvar cancer	729 (100%)	429 (58.85%)	300 (41.15%)		
Vaginal carcinoma	74 (100%)	29 (39.19%)	45 (60.81%)		
Others*	247 (100%)	120 (48.58%)	127 (51.42%)		
Total	5,602	1,695	3,907		



^{*} Others (for instance sarcomas, chorion carcinomas, etc.)

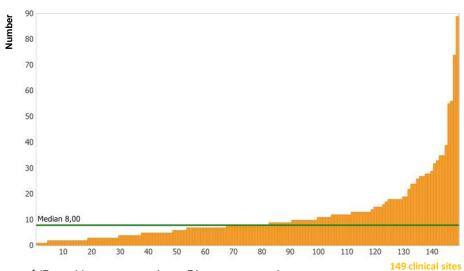
Surgical cases with a genital malignoma

Surgical primary cases



	2014	2015	2016	2017	2018
Max	267.00	223.00	310.00	342.00	328.00
95. percentile	155.45	162.60	157.30	149.00	171.60
75. percentile	103.25	98.00	104.25	97.00	93.00
Median	71.50	71.00	68.00	71.00	70.00
25. percentile	57.00	58.00	58.00	57.00	56.00
5. percentile	48.55	47.20	44.35	44.00	41.40
Min	36.00	32.00	40.00	36.00	30.00

Surgical non-primary cases ¹

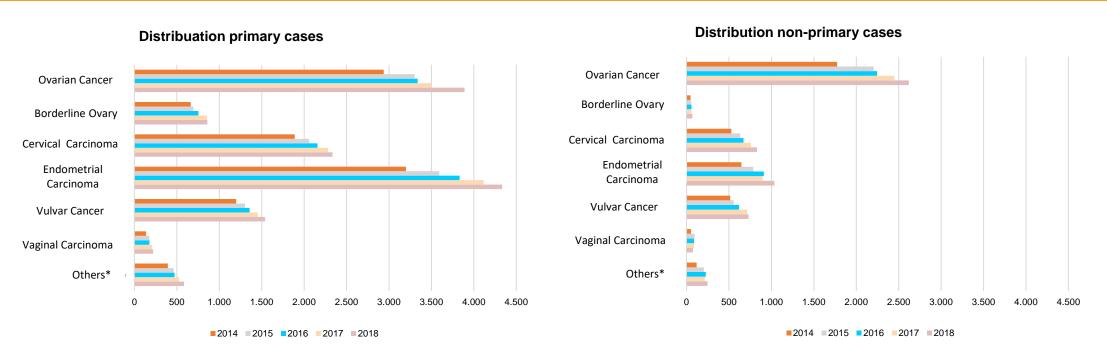


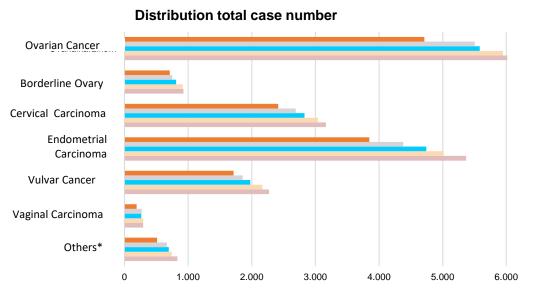
¹ (Pat. with reccurrence/ sec. Distant metastasis

	2014	2015	2016	2017	2018
Max	70.00	69.00	69.00	92.00	89.00
95. percentile	30.45	35.40	30.00	30.20	32.60
75. percentile	15.00	14.00	17.00	13.00	13.00
Median	8.00	10.00	9.00	9.00	8.00
25. percentile	5.00	6.00	5.00	5.00	5.00
5. percentile	1.00	2.00	1.35	2.00	2.00
Min	0.00	0.00	0.00	0.00	1.00



Basic data – changes in case numbers between the indicator years 2013-2017

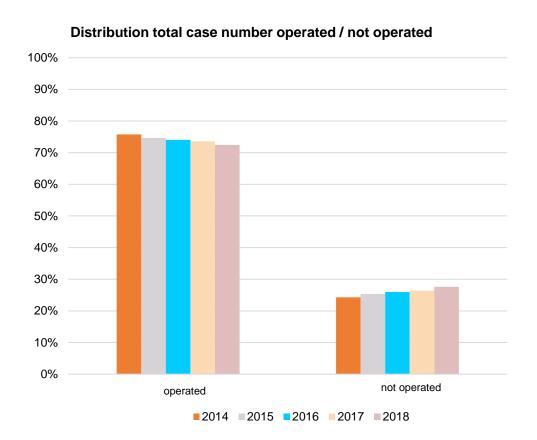


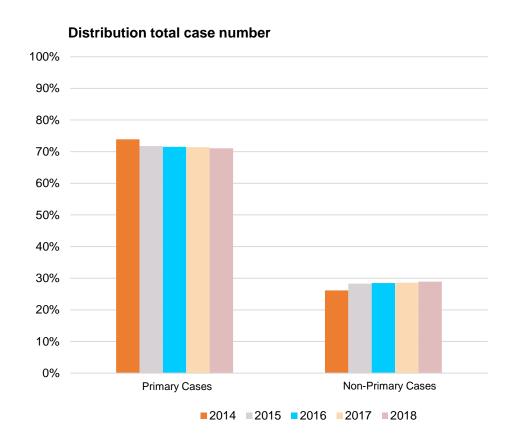


2014 **2**015 **2**016 **2**017 **2**018

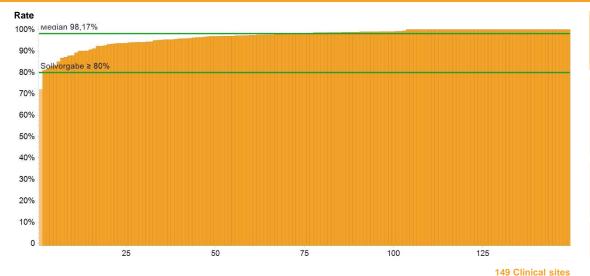


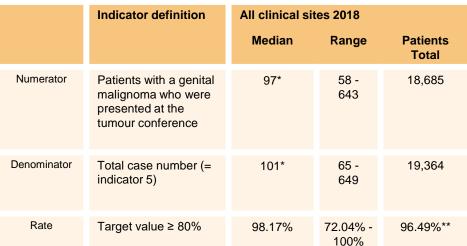
Basic data – changes in case numbers between the indicator years 2014-2018



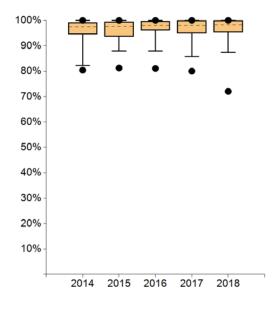


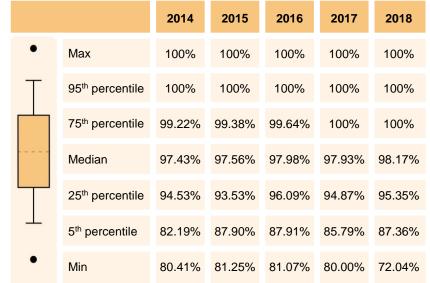
1. Presentation tumour board





Sollvorgabe = target value





Clinical sites with evaluable data		Clinical sites meeting the target value		
Number %		Number	%	
149	100.00%	148	99.33%	

Comments:

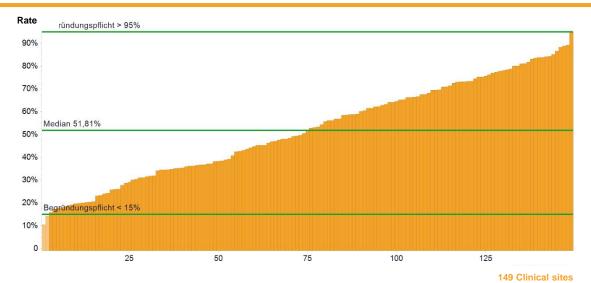
As in previous years, this indicator is fulfilled excellently, with 46 Centres (previous year: 39) achieving a ratio of 100%. Only one Centre misses the target value of at least 80% with regard to the presentation in the tumour board. The surveillance audit revealed that this was due to the insufficient presentation of patients from non-gynaecological departments. In particular, patients had already received radiotherapy before their presentation in the tumour board. As a measure, it was agreed to inform the specialty departments specifically about the need for a pre-therapeutic presentation in the tumour board.

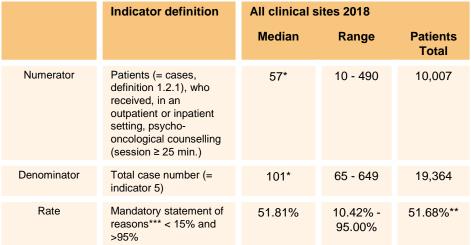


^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

2. Psycho-oncological counselling (session ≥ 25 min)





Begründungspflicht = mandatory statement of reasons

100%		•
90%-	_ T	_ •
80% -		l T
70% -		<u> </u>
60%-		
50% -		
40% -		
30% -	十	
20% -		<u> </u>
10% -	•	• •
	•	
	2014 2015 2016 2	017 2018



Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
149	100.00%	147	98.66%

Comments:

The vast majority of Centres stay within the planned corridor in terms of psycho-oncological counselling. Only 2 Centres (previous year: 6) were asked to substantiate why the counselling rate fell below 15% and cited lower patient demand as the reason. The auditor urges the use of screening instruments for the systematic assessment of needs. The range of psycho-oncological counselling offered was at the same time assessed by the auditors as very good.



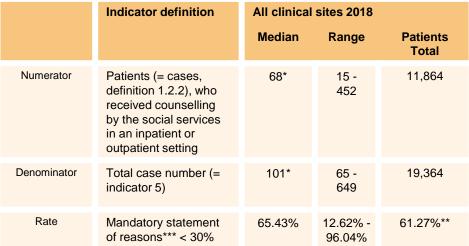
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

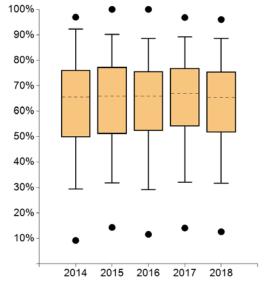
^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

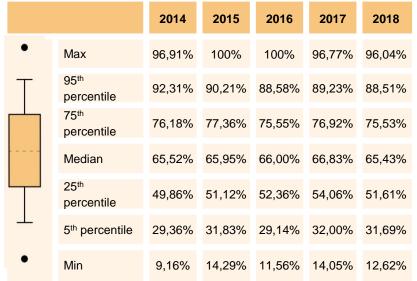
3. Counselling social services





Begründungspflicht = mandatory statement of reasons





Clinical sites with evaluable data		Clinical sites plausibility li	
Number	%	Number	%
149	100.00%	142	95.30%

Comments:

The rate of counselling by the social service remains at a high level. 7 Centres were asked to substantiate why the quota of 30% was not reached. 3 of these Centres are located in Germanspeaking countries abroad where the social service is provided by the nursing staff or where there is no legal entitlement to social law advice. The German Centres justify the low rate with low take-up by patients and staff shortages. It was agreed in the audits that staff should be made aware of the importance of the social service, that group counselling for mobile patients should be offered and that the social law advice provided by the cooperation partners should also be counted towards the quota.

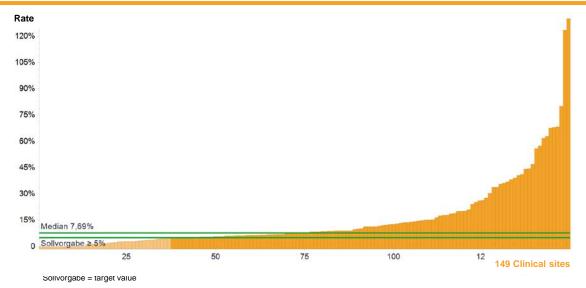


^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

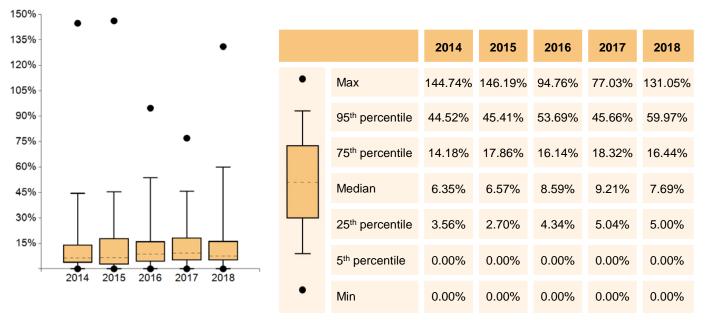
^{**} Percentage of the total number of patients treated in centres according to the indicator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

4. Study participation



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Numerator	Patients of the Gynaecology Centre included in a study with an ethical vote	6*	0 - 325	2,794
Denominator	Primary cases with a genital carcinoma (= indicator 6)	78*	42 - 352	13,762
Rate	Target value ≥ 5%	7.69%	0.00% - 131.05%	20.30%**



Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
149	100.00%	112	75,17%

Comments:

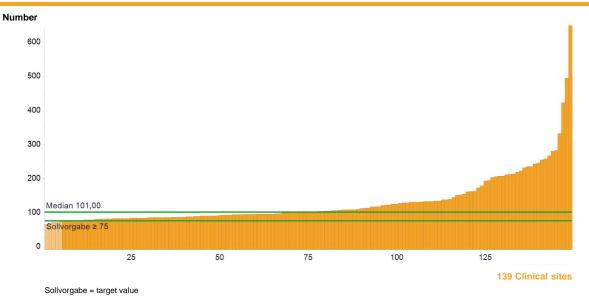
The degree to which this indicator is implemented is at the same level as in the previous year. The high discrepancy between the individual Centres is striking and has continued to grow. 37 Centres miss the target value of at least 5% of study patients, 16 of them already in the previous year. Many of these Centres are trying to increase the redruitment of participants but cannot identify suitable (open) studies. Patients are also refusing to participate. In the audits, it was agreed, among other things, to initiate studies themselves, to place patients on the waiting lists of ongoing studies, and to cooperate with university hospitals with regard to studies.



^{*}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

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

5. Total case number with a genital malignoma



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Number	Primary cases with a genital malignoma (Def. 1.2.1)	101	65 - 649	19,364
	Target value ≥ 75			



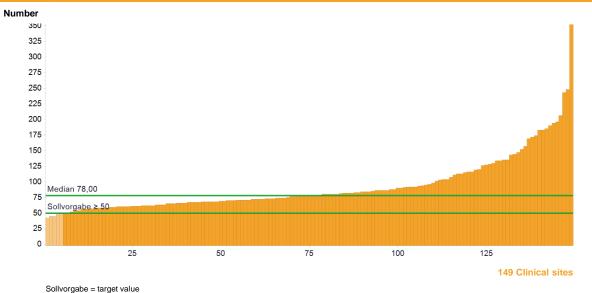
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
149	100,00%	144	96,64%

Comments:

The number of patients treated in the Centres increased by 6.9% compared to the previous year (18,118). Once again, 5 Centres missed the target value of treating at least 75 patients. None of them was conspicuous in this ratio in the previous year. In 4 of the Centres, the failure to meet the target value in the surveillance audit (missing the target value by a maximum of 10% was possible) was addressed and substantiated by the Centres, in particular by changes in personnel. The remaining Centre had to prove the number of cases in a re-audit. The target value was met on average over the last 3 years.

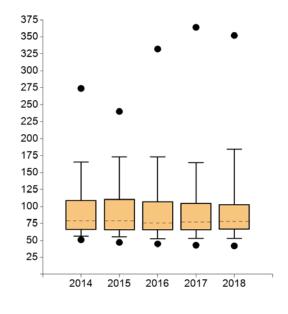


6. Primary cases with a gynecological genital malignoma



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Number	Primary cases with a genital malignoma (Def. 1.2.1)	78	42 - 352	13,762
	Target value ≥ 50			

Sollvorgabe = target value



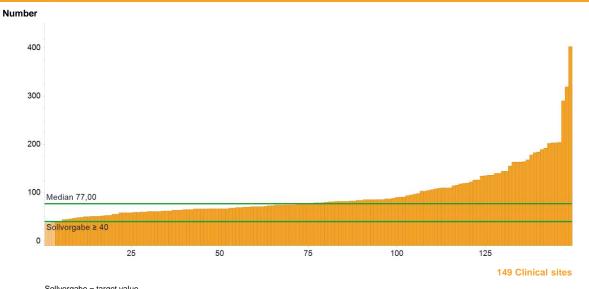


Clinical sites with evaluable data		Clinical sites target value	meeting the
Number	%	Number	%
149	100.00%	144	96,64%

Comments:

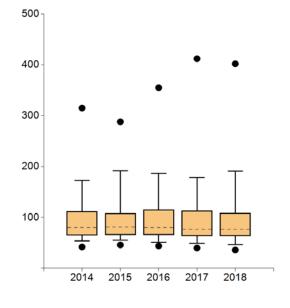
In comparison with previous years, the number of primary cases per Centre remains at a constant level. Overall, the primary case numbers of all Centres (previous year: 12,937) increased by 6.4%. 5 Centres (previous year: 3) missed the target value of 50 patients, 3 of which also missed the total number of cases (see indicator 5). In one case, the re-audit showed that on average, over the last 3 years the target value was reached. The 4 remaining Centres were in the surveillance audit and therefore did not have to achieve the case numbers. The reason for the shortfall was mainly due to personnel bottlenecks/restructuring. To remedy this, the audits recommended the recruitment and qualification of personnel and the improvement of relations with the referring physicians.

7. Surgical cases with a gynecological genital malignoma



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Number	Surgical cases with a genital malignoma (Def. 5.2.6)	77	36 - 402	14,021
	Target value ≥ 40			

Sollvorgabe = target value





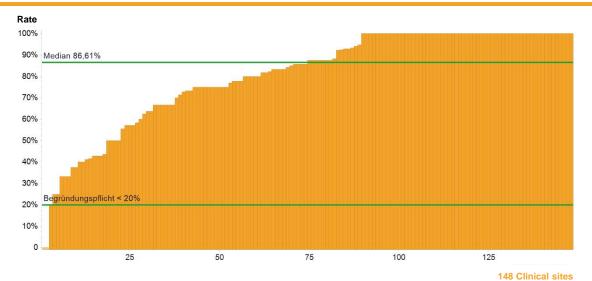
Clinical sites with evaluable data		Clinical sites target value	meeting the
Number	%	Number	%
149	100.00%	146	97.99%

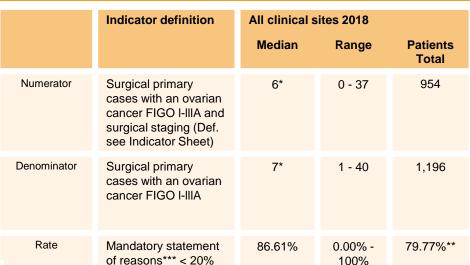
Comments:

After 100% fulfilment in the previous year, 3 Centres miss the target value of at least 40 operative cases in indicator year 2018. These Centres also do not reach the required number of primary cases (cf. indicator 6). Similarly, staff changes were the main reason for the shortfall, which is to be countered with comparable measures (new hires, qualifications, referral management).

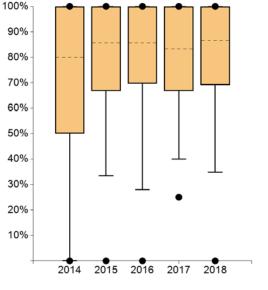


8. Surgical staging early ovarian cancer (GL ovary QI 1)





Begründungspflicht = mandatory statement of reasons





Clinical sites with evaluable data		Clinical sites plausibility lin	
Number	%	Number	%
148	99.33%	146	98.65%

Comments:

The median has risen slightly compared to the previous year, with a continued widespread (and low patient numbers). The degree of fulfilment of this indicator has improved significantly to just under 99% (previous year: 66%), which can be explained by the elimination of 100% fulfilment of the obligation to give reasons. Only 2 of the Centres treating stage I-IIIA ovarian cancer did not perform surgical staging in accordance with the data sheet. These cases could be validated for plausibility within the scope of the audits: for example, the ovarian cancer was an incidental diagnosis in the context of an operation because of an ovarian cyst.



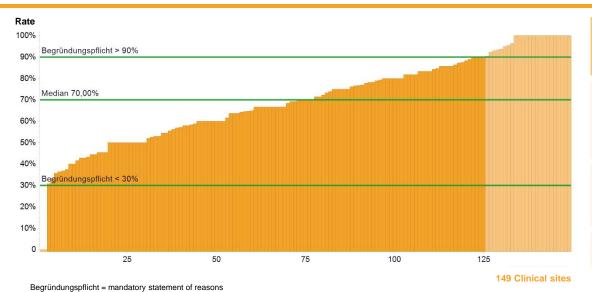
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

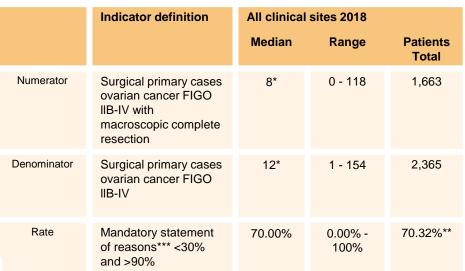
^{**} Percentage of the total number of patients treated in centres according to the indicator.

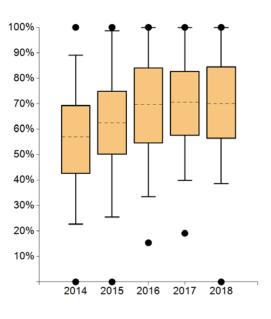
^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

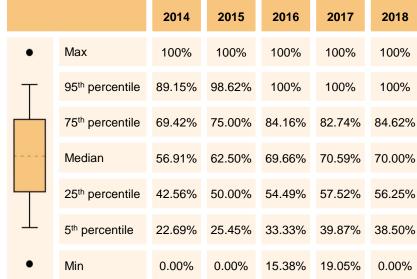


9. Macroscopic complete resection of advanced ovarian cancer (GL ovary QI 3)









Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
149	100.00%	123	82.55%

Comments:

Both the number of Centres within the plausibility limits and the quotas of the individual Centres remain roughly at the previous year's level. With a continued high dispersion of the quotas, which must also be seen against the background of partly low case numbers, 123 Centres (previous year: 121) are within the plausibility limits. Only 2 Centres fell below the rate of 0% each, which was due to low patient numbers, who also showed an advanced or inoperable clinical picture. 24 Centres reported macroscopic R0 rates of over 90%. In the audits, these above-average rates were justified both by low case numbers and by the high level of specialist and surgical expertise in the Centres.

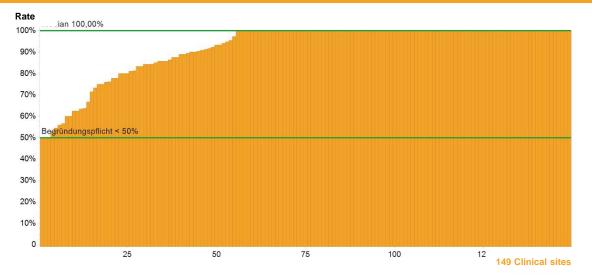


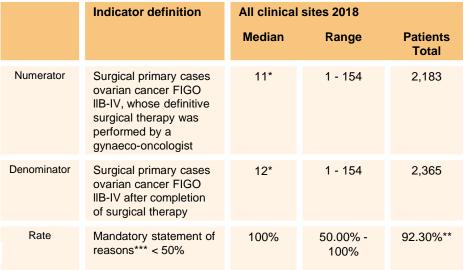
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

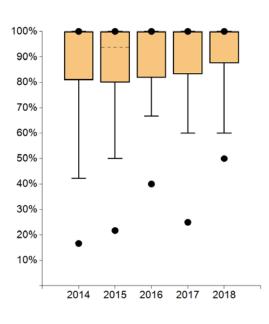
^{**} Percentage of the total number of patients treated in centres according to the indicator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

10. Surgery advanced ovarian cancer (GL ovary QI 4)







Begründungspflicht = mandatory statement of reasons



	Clinical sites with evaluable data		within the mits
Number	%	Number	%
149	100-00%	149	100.00%

Comments:

The rate of operations performed by gynaecologic oncologists, which was within the plausibility limits, rose sharply from 45% to 100% compared to the previous year. The reason for this is that a rate of 100% is no longer considered as requiring substantiation. None of the Centres fell below the rate of 50% (previous year: 2). The indicator shows an increasingly better fulfilment and lower dispersion over the years.



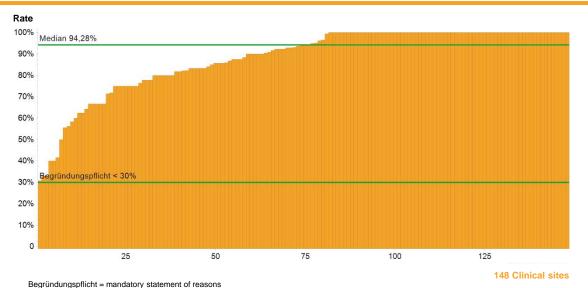
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

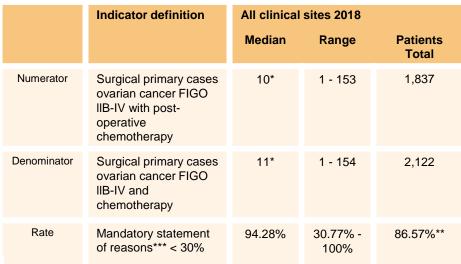
^{**} Percentage of the total number of patients treated in centres according to the indicator.

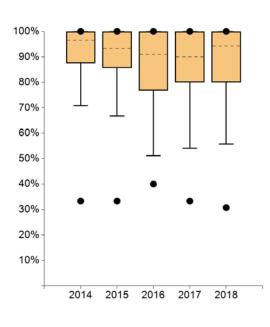
^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

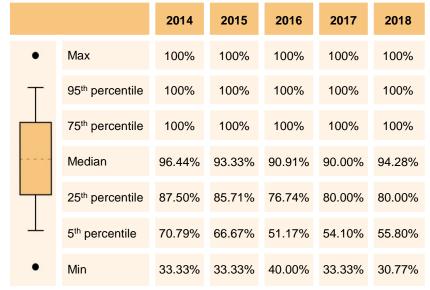


11. Post-surgical chemotherapy advanced ovarian cancer (GL ovary QI 5)









Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
148	99.33%	148	100.00%	

Comments:

Comparable to the development of indicator 10, the elimination of the obligation to state reasons in the case of 100% fulfilment led to the fact that all Centres are within the plausibility limits in indicator year 2018. The median increases further to 80%. At the same time, the number of Centres with a rate of 30% to 50% has risen to 6 Centres (previous year: 1). These Centres tend to have lower case numbers in the denominator.

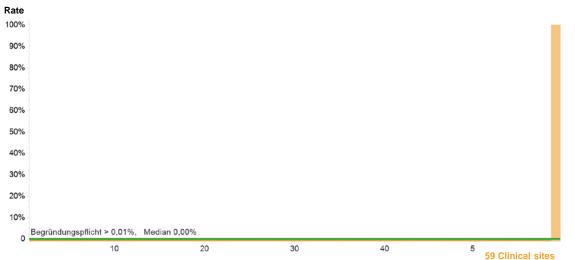


^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

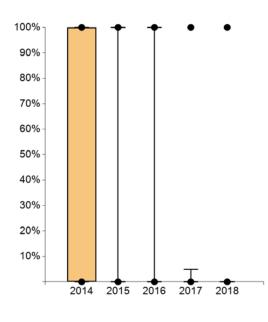
^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

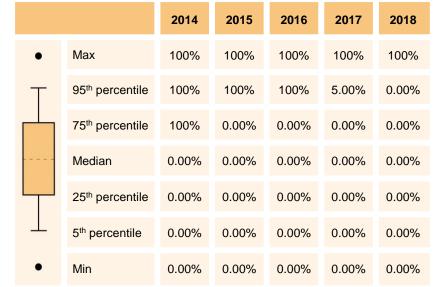
12. No adjuvant chemotherapy of early ovarian cancer (GL ovary QI 6)



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Numerator	Surgical primary cases FIGO IA, grade 1 and complete surgical staging with adjuvant chemotherapy	0*	0 - 1	1
Denominator	Surgical primary cases FIGO IA, grade 1 and complete surgical staging	1*	1 - 5	89
Rate	Mandatory statement of reasons*** > 0.01%	0.00%	0.00% - 100%	1.12%**

Begründungspflicht = mandatory statement of reasons





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
59	39.60%	58	98.31%

Comments:

This indicator was collected in indicator year 2018 for the last time. With the exception of one Centre, all Centres that treated at least one patient of the denominator group refrained from adjuvant chemotherapy. The remaining Centre treated only one patient with ovarian cancer FIGO IA, grade 1 and complete surgical staging. In this case, histology showed a focal transition to an invasive mucinous adenocarcinoma. At the patient's request chemotherapy was performed.



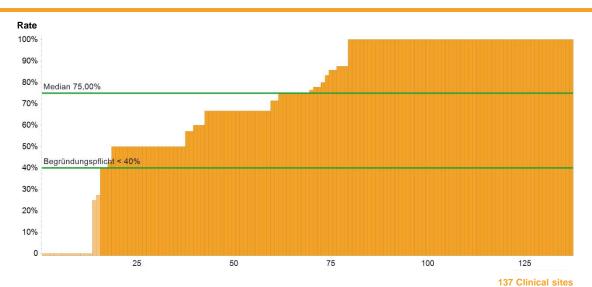
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

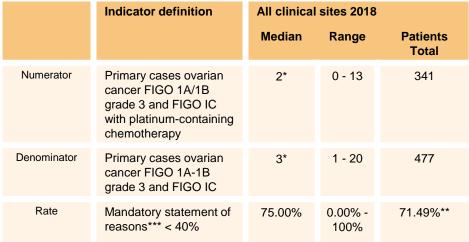
^{**} Percentage of the total number of patients treated in centres according to the indicator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.



13. Platinum-containing chemotherapy of an early ovarian cancer (GL ovary QI 7)





Begründungspflicht = mandatory statement of reasons

2015

2016

100% 90%

80%

70%

60% 50%

40%

30%

20%

10%

2017 2014 2015 2016 2018 Max 100% 100% 100% 100% 100% 95th percentile 100% 100% 100% 100% 100% 75th percentile 100% 100% 100% 100% 100% Median 100% 92.31% 100% 100% 75.00% 25th percentile 60.00% 50.00% 60.00% 66.67% 66.67%

28.33%

0.00%

0.00%

0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
137	91.95%	122	89.05%

Comments:

0.00%

0.00%

40.00%

0.00%

This indicator was also collected in 2018 for the last time. The fulfilment was very good over many years. Due to the high compliance rate in recent years, the obligation to give reasons was limited to undercuts of the corridor, as a result of which, at 89%, significantly more Centres were within the plausibility limits than in the previous year (44%). Of the 15 Centres that had a rate of less than 40% with platin-containing chemotherapy for ovarian cancer FIGO IA-IB Grade 3 and FIGO IC, only 2 were also obliged to give reasons in the previous year. Contraindications such as renal insufficiency, rejection by the patient or external performance of chemotherapy were predominantly given as reasons for the shortfalls.

5th percentile

Min

2017

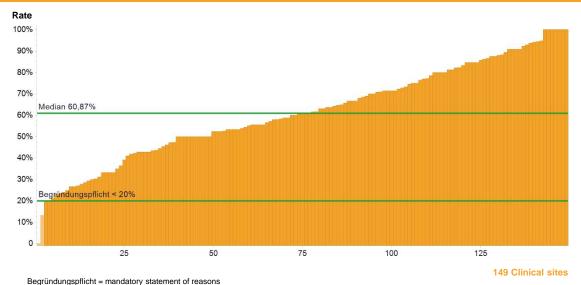


^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

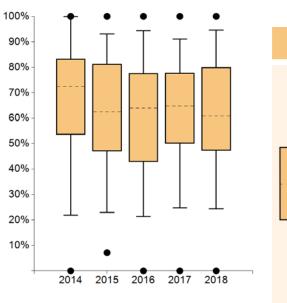
^{**} Percentage of the total number of patients treated in centres according to the indicator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

14. First-line chemotherapy of advanced ovarian cancer (GL ovary QI 8)



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Numerator	Primary cases ovarian cancer FIGO IIB-IV with 6 cycles first-line chemotherapy carboplatin AUC 5 and paclitaxel 175 mg/m2	10*	0 - 157	1,901
Denominator	Primary cases ovarian cancer FIGO IIB-IV	16*	4 - 169	3,063
Rate	Mandatory statement of reasons*** < 20%	60.87%	0.00% - 100%	62.06%**





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
149	100.00%	1147	98.66%

Comments:

The indicator is still implemented by the vast majority of Centres. Quotas requiring substantiation were only measured for 2 Centres, as 100% fulfilment was no longer required. One of them already had to provide reasons in the previous year but was able to increase its quota. The quotas <20% were explained by, among other things, the discontinuation of therapy due to comorbidities, participation in studies and alternative therapy regimens (6x carboplatin AUC5 and paclitaxel 18x 80 mg/m² weekly).

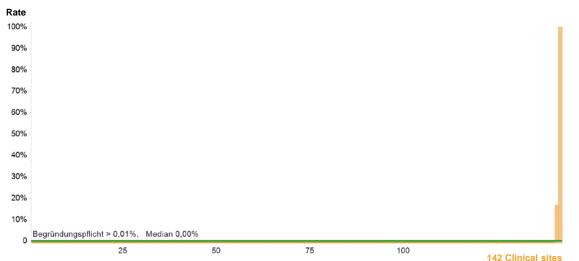


^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

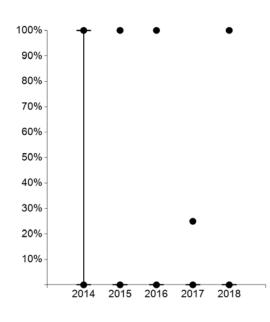
^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

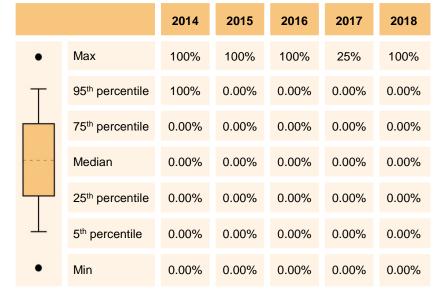
17. No adjuvant chemotherapy of BOT (GL ovary QI 12)



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Numerator	Primary cases borderline tumour ovary (BOT) with adjuvant therapy	0*	0 - 2	3
Denominator	Primary cases borderline tumour ovary (BOT)	5*	1 - 33	859
Rate	Mandatory statement of reasons*** > 0.01%	0,00%	0.00% - 100%	0.35%**

Begründungspflicht = mandatory statement of reasons





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
142	95.30%	140	98.59%

Comments:

Of those Centres that treated a borderline ovarian tumour in indicator year 2018, the indicator was still excellently fulfilled. This indicator will therefore no longer be recorded in the future. The two Centres that had carried out adjuvant therapy were able to give clear reasons for this in the audit. One patient underwent chemotherapy due to intra-abdominal miliar tumour seeding, significantly increased tumour markers and the explicit will of the patient.

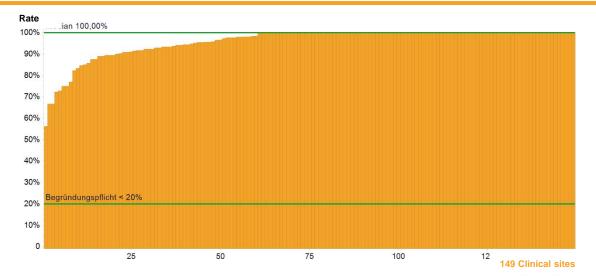


^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

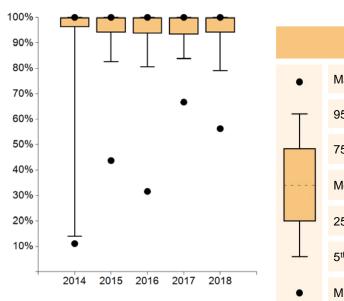
^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

18. Presentation at the tumour board (GL cervix QI 1)



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Numerator	Patients (primary cases and "non-primary cases") presented at the tumour conference	17*	4 - 81	3,053
Denominator	Patients with an initial diagnosis, recurrence or new remote metastasis of a cervical carcinoma	17*	4 - 81	3,165
Rate	Mandatory statement of reasons*** < 20%	100%	56.25% - 100%	96.46%**

Begründungspflicht = mandatory statement of reasons





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
149	100.00%	149	100.00%

Comments:

As in previous years, the Centres are implementing this indicator very well. 88 Centres (previous year: 87) presented all patients with a cervical carcinoma at the tumour board. Since indicator year 2015, none of the Centres has fallen below the 20% quota.



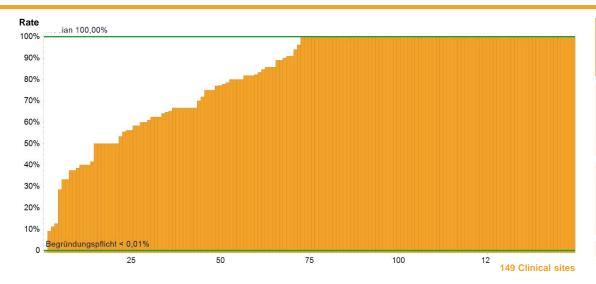
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

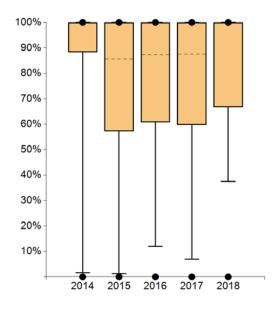


19. Details in the test report on initial diagnosis and tumour resection (GL cervix QI 2)



	Indicator definition	All clinical sites 2018		
		Median	Range	Patiens Total
Numerator	"Surgical primary cases" cervical carcinoma with complete test reports	6*	0 - 31	1175
Denominator	"Surgical primary cases" with cervical carcinoma and tumour resection	8*	2 - 36	1461
Rate	Mandatory statement of reasons*** < 0.01%	100%	0.00% - 100%	80.42%**

Begründungspflicht = mandatory statement of reasons





Clinical sites with evaluable data		Clinical sites plausibility lin	
Number	%	Number	%
149	100.00%	148	99.33%

Comments:

The degree of fulfilment of this indicator has continued to rise at a high level. The Centre with the missing complete diagnostic reports (denominator= 3) has carried out a quality circle with the pathology department, so that a better rate will be achieved in the next audit.



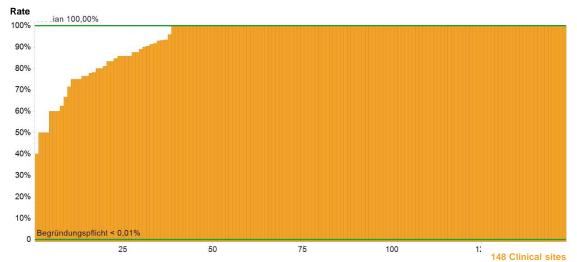
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

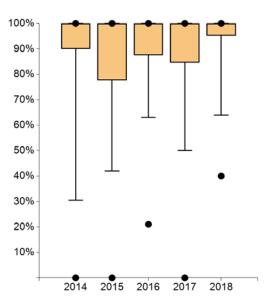


20. Details in the pathology report for lymphonodectomy (GL cervix QI 3)



	Indicator definition	All clinical sites 2018			
		Median	Range	Patients Total	
Numerator	"Surgical cases" with a pathology report with details on the lymph nodes	5,5*	1 - 32	1,137	
Denominator	"Surgical cases" with cervical carcinoma and lymphonodectomy	6*	1 - 32	1,210	
Rate	Mandatory statement of reasons*** <0.01%	100%	40.00% - 100%	93.97%**	

Begründungspflicht = mandatory statement of reasons





	Clinical sites with evaluable data		within the mits
Number	%	Number	%
148	99.33%	148	100.00%

Comments:

The rate of complete diagnostic reports after lymphonodectomy continues to rise in the Centres. In 109 of the 148 Centres (74%) with evaluable data, all diagnostic reports were complete. In the previous year, this rate was 64% (88 of 137 Centres).

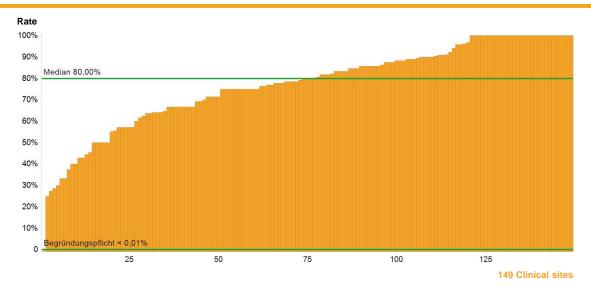


^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

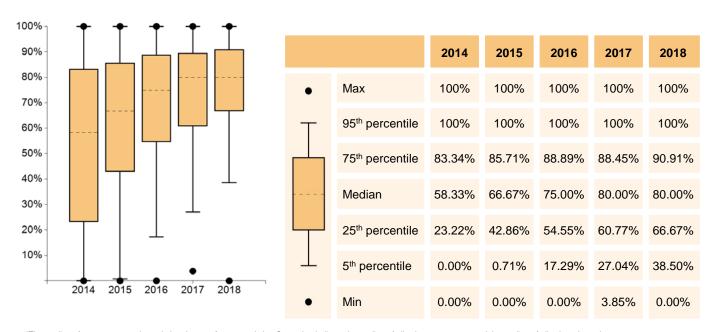
^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

21. Cytological/histological lymph node staging (GL cervix QI 4)



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Numerator	"Total cases" with cytological/histological lymph node staging	6*	0 - 37	1,346
Denominator	"Total cases" with cervical carcinoma FIGO stages ≥ IA2-IVA	9*	1 - 50	1,702
Rate	Mandatory statement of reasons*** <0.01%	80.00%	0.00% - 100%	79.08%**

Begründungspflicht = mandatory statement of reasons



Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
149	100.00%	148	99.33%	

Comments:

The very good fulfilment of this indicator continues in indicator year 2018. As in the previous year, the majority of the Centres (76) were able to improve their ratios. One Centre did not perform lymph node staging, explaining this with the age and/or comorbidities of the 3 eligible patients. The auditor reviewed this approach in the audit.

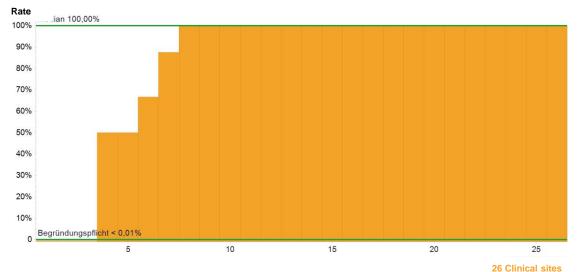


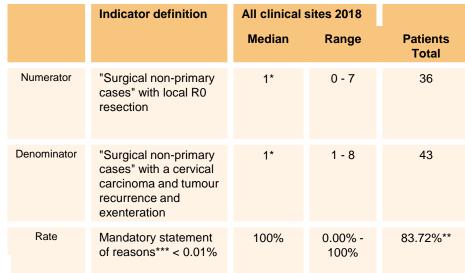
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

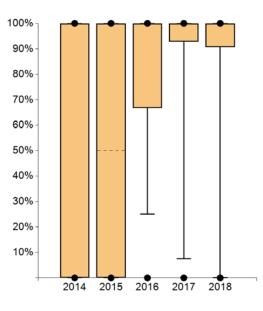
^{**} Percentage of the total number of patients treated in centres according to the indicator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

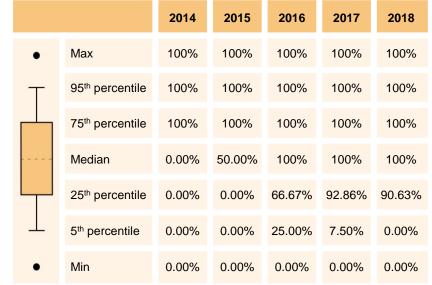
22. Exenteration (GL cervix QI 9)







Begründungspflicht = mandatory statement of reasons



Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
26	17.45%	23	88.46%	

Comments:

123 Centres did not carry out any exenterations in indicator year 2018. 19 of the remaining 26 Centres achieved a R0 resection rate of 100%. The 3 Centres with a 0% rate only performed an exenteration on 1 patient each in the key year (denominator = 1). The cases were considered in the audit. Due to the good implementation and at the same time low patient numbers in the denominator, the indicator is no longer included in the data sheet from 2020.



^{*}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

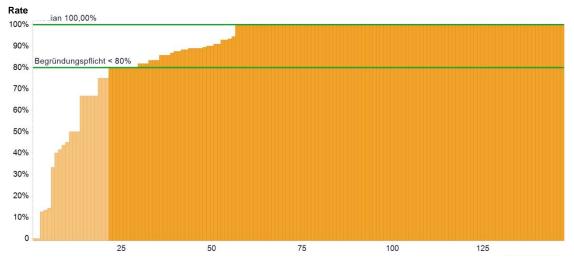
^{**} Percentage of the total number of patients treated in centres according to the indicator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.





147 Clinical sites



	Indicator	All clinical	sites 2018	
	definition	Median	Range	Patients Total
Numerator	Patients with pathology reports (def. see Data Sheet)	7*	0 - 62	1,155
Denominator	Patients with initial diagnosis vulvar cancer and tumour resection	7*	1 - 62	1,329
Rate	Mandatory statement of reasons*** <80%	100%	0.00% - 100%	86.91%**

Begründungspflicht = mandatory statement of reasons

100%		•							
90%-					2014	2015	2016	2017	2018
80%-			•	Max			100%	100%	100%
70% -			т	95 th percentile			100%	100%	100%
50%			\perp	75 th percentile			100%	100%	100%
40%-				Median			94.26%	95.22%	100%
30% -				25 th percentile			79.64%	72.32%	85.71%
10% -									
1	2016 2017	2018		5 th percentile			0.00%	18.44%	42.29%
	2010 2017	2010	•	Min			0.00%	0.00%	0.00%

	Clinical sites with evaluable data		within the mits
Number	%	Number	%
147	98.66%	126	85.71%

Comments:

The indicator continues to develop positively, with 59 Centres improving their ratio compared to the previous year. 90 Centres (previous year: 66) were able to present complete diagnostic reports after vulvar cancer resections throughout. 21 Centres had less than 80% complete diagnostic reports. Frequently, information on perineural infiltration and three-dimensional tumour size was missing. In multimorbid patients, lymph node staging (pNx) was sometimes not done. In the audits, it was accordingly agreed to discuss the incomplete reports with the pathology staff (for example in quality circles) and to work towards a complete



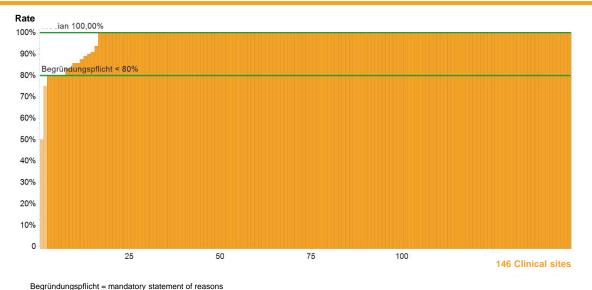
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

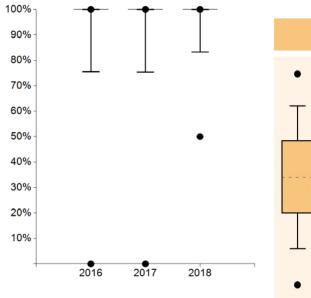
^{***} If value is outside the plausablilty corridor, centres have to give an explanation.



24. Details in pathology report in the case of lymphonodectomy (GL vulva QI 2)



	Indicator	All clinical si	ites 2018	
	definition	Median	Range	Patients Total
Numerator	Patients with pathology reports (def. see Data Sheet)	4*	1 - 46	812
Denominator	Patients with initial diagnosis vulvar cancer and lymphonodectomy	4*	1 - 46	830
Rate	Mandatory statement of reasons*** <80%	100%	0.00% - 100%	97.83%**





Clinical sites with evaluable data		Clinical sites plausibility li	
Number	%	Number	%
146	97.99%	144	98.63%

Comments:

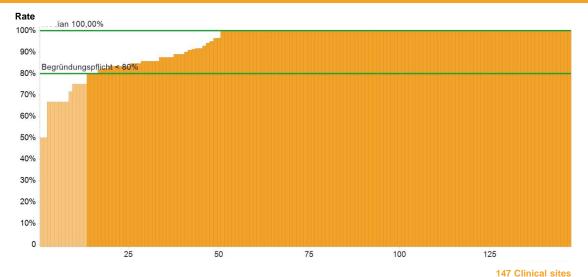
The indicator for the complete diagnostic reports after lymphonodectomy in the case of vulvar cancer continues to develop positively. 24 Centres continued to improve their ratios, 107 (previous year: 105) even reached 100%. Only 2 Centres (previous year: 7) fell below the quota of 80%. In two of the three Centres concerned, information on the capsule rupture of the lymph node metastasis was missing.

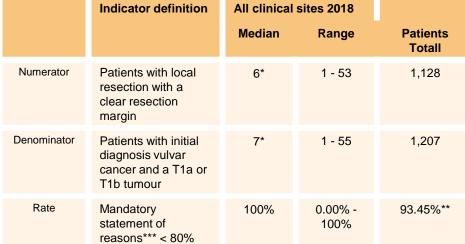
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

25. Local radical excision (GL vulva QI 4)





Begründungspflicht = mandatory statement of reasons

100% 90%

80%

70%

60% 50%

40%

30%

20%

10%

2016

2014 2015 2017 2018 2016 Max 100% 100% 100% 95th percentile 100% 100% 100% 75th percentile 100% 100% 100% Median 100% 100% 100% 25th percentile 84,62% 87.50% 88.20%

66,67%

0.00%

75.00%

0.00%

68.10%

50.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
147	98.66%	134	91.16%

Comments:

The plausibility limits were changed from >=90% and <100% to <80% compared to indicator year 2017. Also due to the many Centres that already achieved local resection with a tumour-free margin in all patients of the denominator in previous years, more than 91.16% of the Centres (previous year: 28.99%) now meet the specified quota. 13 Centres had to justify R0 rates of less than 80%. In the audits, they frequently stated that primary surgery or second-look resection was refused by the patients (e.g. due to old age) or that a complete vulvectomy was necessary, for example in the case of extensive expansion despite T1a/b or large accompanying vulval intraepithal neoplasia (VIN).

5th percentile

Min

2018

2017

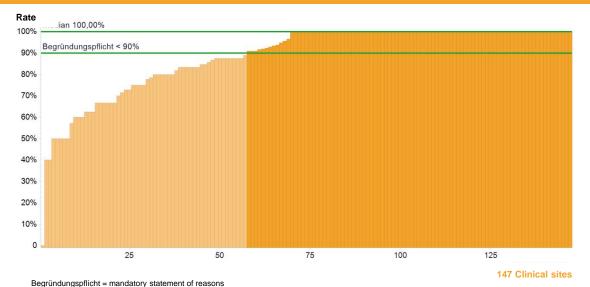


^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

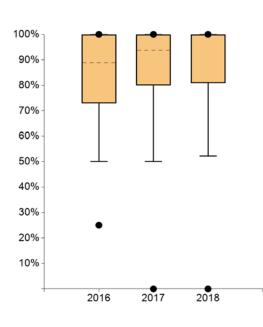
^{**} Percentage of the total number of patients treated in centres according to the indicator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

26. Conduct inguinofemoral staging (GL vulva QI 6)



	Indicator definition	All clinical sites 2018		
		Median	Range	Patients Total
Numerator	Patients with surgical staging of inguinofemoral lymph nodes	5*	0 - 43	943
Denominator	Patients with initial diagnosis vulvar cancer >= pT1b (no basal cell carcinoma and no verrucous carcinoma)	6*	1 - 45	1,057
Rate	Mandatory statement of reasons*** < 90% and =100%	100%	0.00% - 100%	89.21%**





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
147	98.66%	90	61.22%

Comments:

The median has further increased to 100%. The dispersion of the values remains high, which is probably also due to the low numbers in the denominator. The inclusion of the 100% rate in the plausibility limits significantly reduces the number of Centres requiring a substantiation (previous year: 7.3% within the target values). 57 Centres had to substantiate quotas of less than 90% in the audits, which in the vast majority of cases were caused by advanced age, comorbidities, advanced stage of the disease (e.g. primarily metastasized, infestation of paraaortic lymph nodes) and/or rejection by the patient.

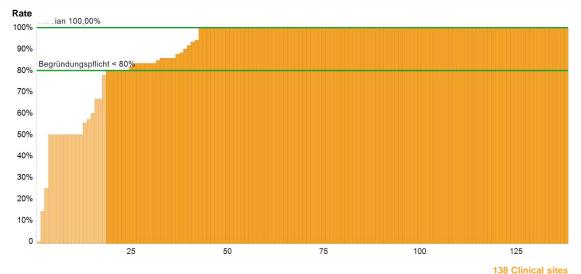


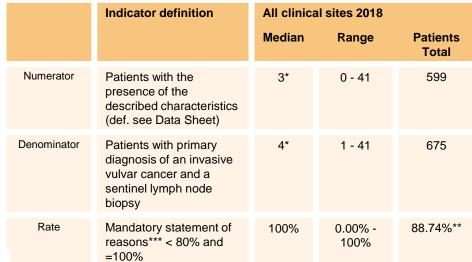
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

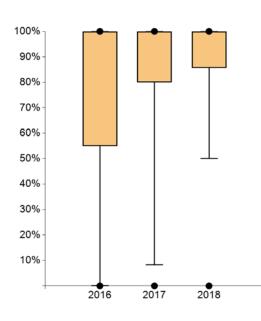
^{**} Percentage of the total number of patients treated in centres according to the indicator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

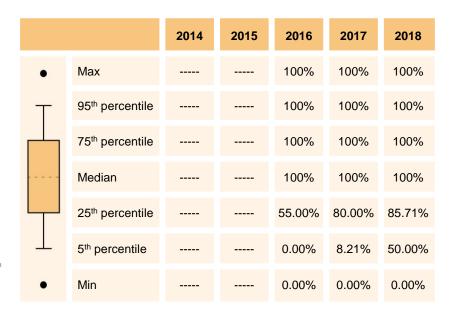
27. Sentinel lymph nodes biopsy (GL vulva QI 7)







Begründungspflicht = mandatory statement of reasons



Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
138	92.62%	120	86.96%

Comments:

44 Centres were able to improve their rate, i.e. sentinel lymph node biopsy was performed in more patients if the parameters summarised in the numerator were available. The number of Centres with a rate of less than 80% is reduced from 26 in indicator year 2017 to now 18. Some Centres stated in the audits that they had not met individual criteria of the denominator (in particular tumour size <4cm, pathohistological ultrastaging of the lymph nodes, immunohistochemical staging). If this deviation could not be substantiated (e.g. due to young age, inconspicuous lymph nodes, low depth infiltration), measures to sensitise in particular the pathology were agreed upon.



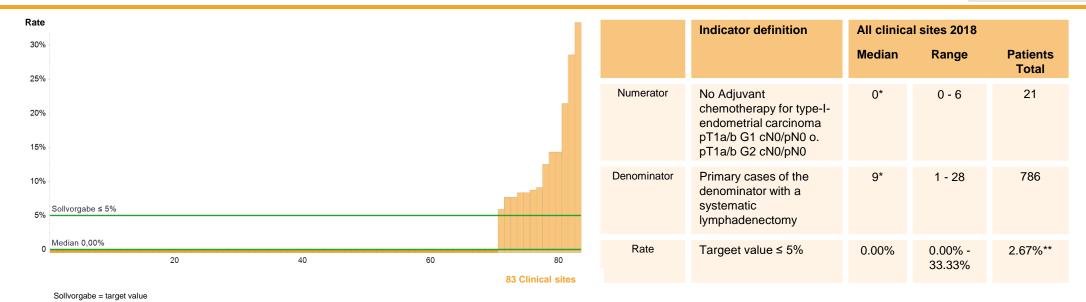
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

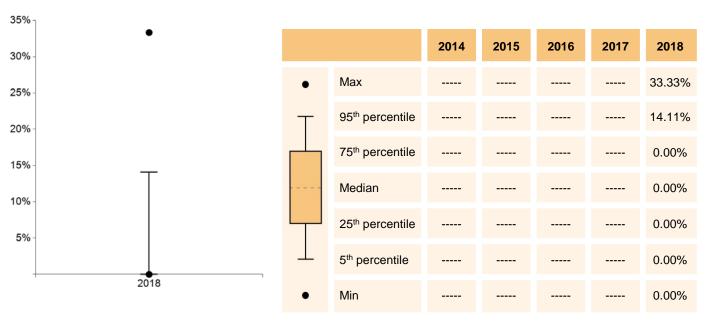
^{**} Percentage of the total number of patients treated in centres according to the indicator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.



28. Systematic lymphadenectomy (LNE) for type-I-endometrial carcinoma (GL Endo QI1)





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
83	55.70%	70	84.34%

Comments:

This indicator was first collected in 2019, so that only the voluntarily submitted data from 83 Centres are available. Only 13 of these Centres fell below the rate of more than 5% of systematic lymphadenectomies for type 1 endometrial carcinoma, which is accompanied by an obligation to give reasons. In the vast majority of cases, these rates could be verified for plausibility in the audits: predominant reasons were simultaneous ovarian or tubal carcinomas, enlarged, highly suspect lymph nodes or the patients' wishes.

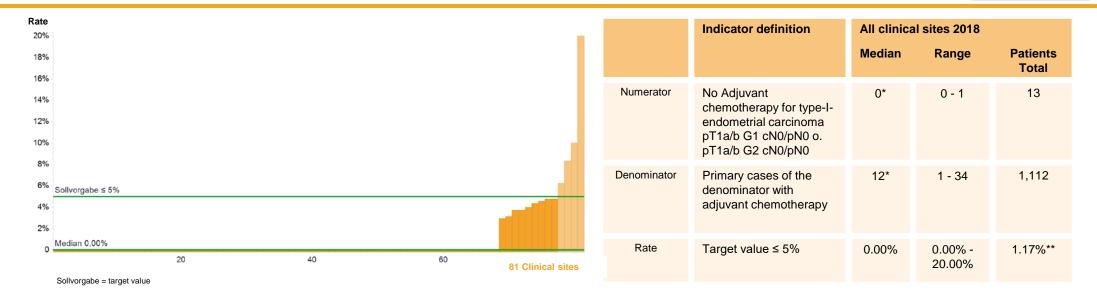


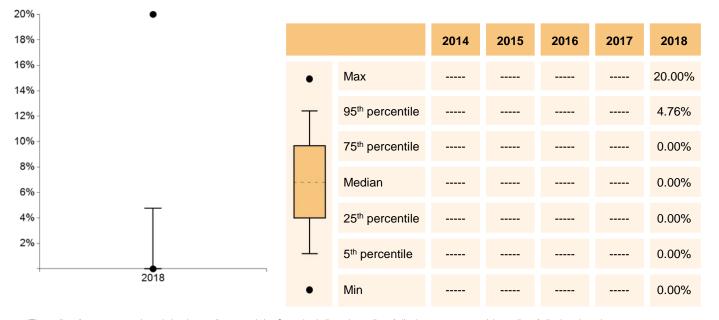
^{*}The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

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

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

29. Adjuvant chemotherapy for type-I-endometrial carcinoma (GL Endo QI 2)





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
81	54.36%	77	95.06%

Comments:

The indicator was first collected on a voluntary basis in 2019. 81 Centres submitted data, only 4 Centres performed adjuvant chemotherapy in more than 5% of patients with type 1 endometrial carcinoma. In almost all cases, the Centres justified this with simultaneous ovarian cancer.



^{*}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

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

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)



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Autoren

Deutsche Krebsgesellschaft e.V.
Deutsche Gesellschaft für Gynäkologie u. Geburtshilfe e.V.
Arbeitsgemeinschaft Gynäkologische Onkologie e.V.
Zertifizierungskommission Gynäkologische Krebszentren
Matthias W. Beckmann, Sprecher Zertifizierungskommission
Christian Dannecker, Stellv. Sprecher Zertifizierungskommission
Simone Wesselmann, Deutsche Krebsgesellschaft e.V.
Johannes Rückher, Deutsche Krebsgesellschaft e.V.
Ellen Griesshammer, Deutsche Krebsgesellschaft e.V.
Agnes Bischofberger, OnkoZert
Orsolya Penzes, OnkoZert
Julia Ferencz, OnkoZert

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Tel.: +49 (030) 322 93 29 0 Fax: +49 (030) 322 93 29 66

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