

## **Annual Report 2021**

## of the certified Gynaecology Cancer Centres

Audit year 2020 / Indicator year 2019



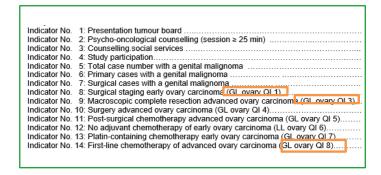


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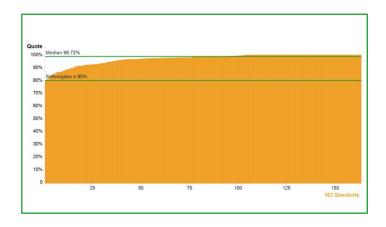
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#### **General information**



	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: <a href="https://www.leitlinienprogramm-onkologie.de">www.leitlinienprogramm-onkologie.de</a>

#### **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.

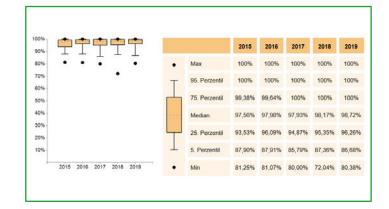
The values for the numerators, populations and rates of all Centres are given under range.

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

### Diagram:

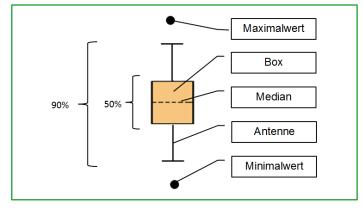
The x-axis indicates the number of Centres, the y-axis gives the values in percent or number (e.g. primary cases). The target value is depicted as a horizontal green line. The median, which is also depicted as a green horizontal line, divides the entire group into two equal halves.

### **General information**



### **Cohort development:**

The cohort development in the years 2015, 2016, 2017, 2018 and 2019 is presented in a box plot diagram.



Maximalwert = Maximum value Antenne = Antenna Minimalwert = Minimum value

### **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 90<sup>th</sup> percentile area/range. The extreme values are depicted here as dots.



## **Status of the certification system for Gynaecology Cancer Centres 2020**

	31.12.2020	31.12.2019	31.12.2018	31.12.2017	31.12.2016	31.12.2015
Ongoing procedures	8	12	4	10	6	8
Certified Centres	164	155	143	134	133	123
Certified clinical sites	165	156	145	136	135	125
Gynaecology Cancer Centres with  1 clinical site	163	154	141	132	131	121
2 clinical sites	1	1	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

	31.12.2020	31.12.2019	31.12.2018	31.12.2017	31.12.2016	31.12.2015
Clinical sites included in the Annual Report	162	149	139	128	125	112
equivalent to	98.8%	95.5%	95.9%	94.1%	92.6%	89.6%
Primary cases total*	14,986	13,762	12,937	12,087	11,587	10,412
Primary cases per clinical site (mean)*	92	92	93	94	93	93
Primary cases per clinical site (median)*	78	78	77	76	79	79

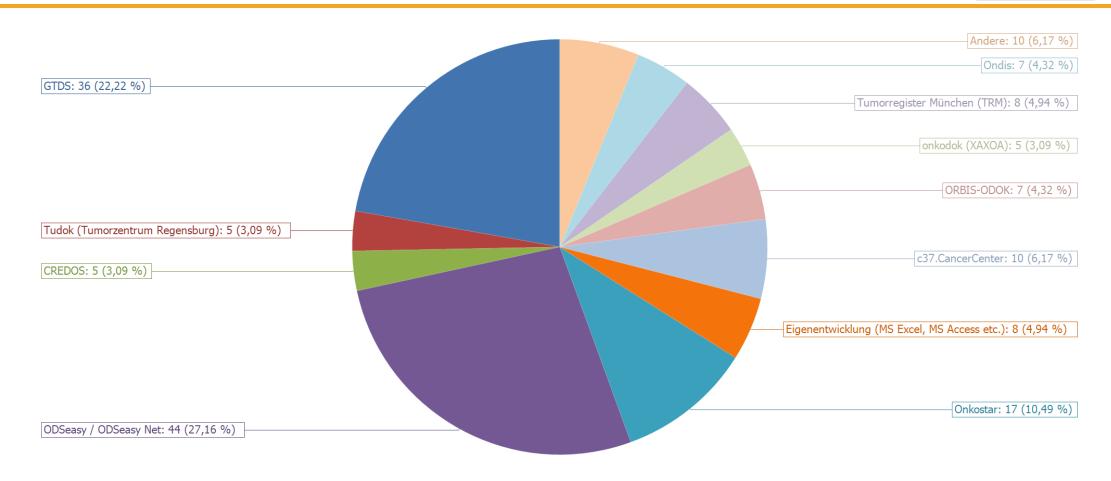
<sup>\*</sup>The figures are based on the clinical sites listed in the Annual Report.

This annual report looks at the gynaecological cancer centres certified in the certification system of the German Cancer Society. The basis for the diagrams in the annual report is the data sheet.

The annual report includes 162 of the 165 certified centre locations. Excluded are 3 sites that were certified for the first time in 2020 (data mapping complete calendar year not mandatory for first-time certifications). A total of 15,206 primary cases with genital malignancy were treated at all 165 sites. An up-to-date overview of all certified sites is shown at <a href="https://www.oncomap.de">www.oncomap.de</a>.

The indicators published here refer to the key indicator year 2019. They represent the assessment basis for the audits carried out in 2020.

### **Tumour documentation systems in the Centres' clinical sites**

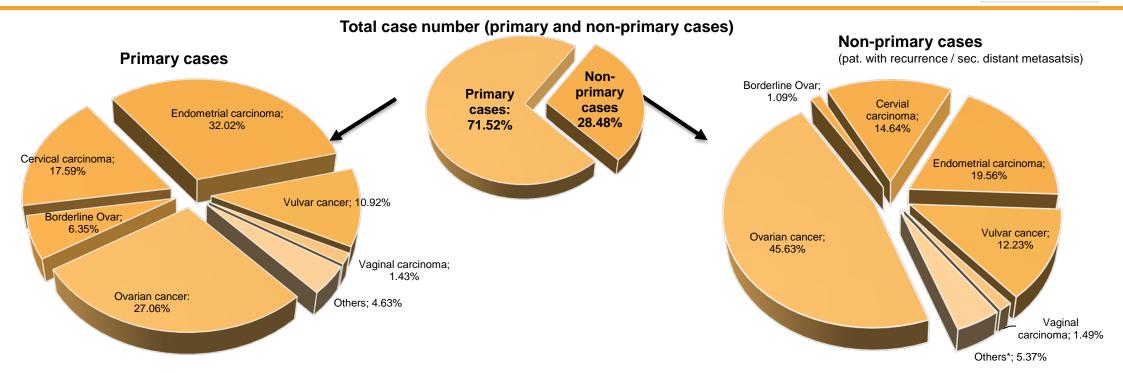


Andere = other
Tumorzentrum = Tumour centre
Tumorregister = Tumour registry
Entwicklung = Development

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.

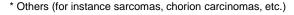
## Basic data – total case number (primary and non-primary cases)



	Total case number	Primary cases	Non-primary cases
Ovarian cancer	6.783 (32.36%)	4.055 (27.06%)	2.728 (45.63%)
Borderline ovary	1.017 (4.85%)	952 (6.35%)	65 (1.09%)
Cervical carcinoma	3.511 (16.75%)	2.636 (17.59%)	875 (14.64%)
Endometrial carcinoma	5.967 (28.46%)	4.798 (32.02%)	1.169 (19.56%)
Vulvar cancer	2.368 (11.30%)	1.637 (10.92%)	731 (12.23%)
Vaginal carcinoma	303 (1.45%)	214 (1.43%)	89 (1.49%)
Others*	1.015 (4.84%)	694 (4.63%)	321 (5.37%)
Total case number	20,964 (100%)	14,986 (100%)	5,978 (100%)

	Incidence <sup>1</sup> Germany	Primary cases 2019 <sup>2</sup>	Share 2020	Primary Cases Germany 2018	Share 2018
Ovarian cancer	7,292	3,798	52.08%	3,698	50.32%
Borderline ovary	-	884	-	814	-
Cervical carcinoma	4,341	2,479	57.10%	2,234	51.00%
Endometrial carcinoma	10,496	4,487	42.75%	4,203	39.66%
Vulvar cancer	3,301	1,579	47.83%	1,506	45.19%
Vaginal carcinoma	515	202	39.22%	212	46.29%
Others*	944	671	71.08%	576	67.76%

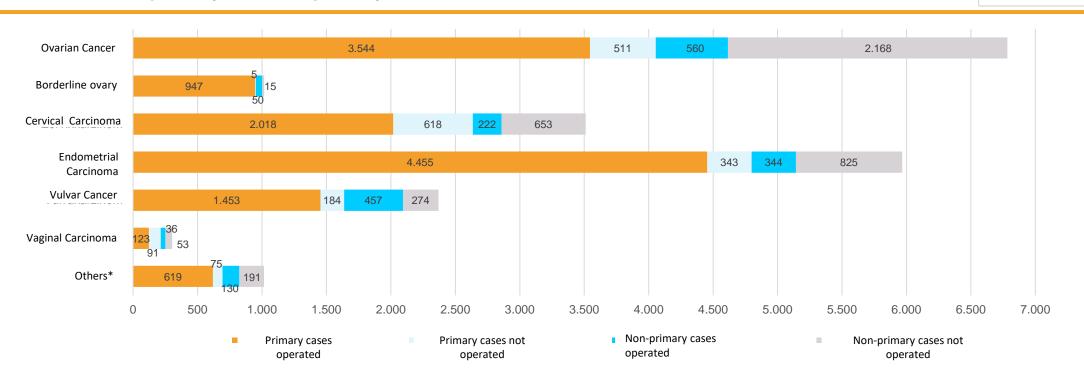
<sup>&</sup>lt;sup>1</sup> Centre for cancer register data in the Robert Koch-Institute, incidence 2017.



<sup>&</sup>lt;sup>2</sup> including primary cases not yet part of the annual report (Germayna only) database query <a href="www.krebsdaten.de/abfrage">www.krebsdaten.de/abfrage</a> 18.05.2021

## 

## **Basic data – primary and non-primary cases**



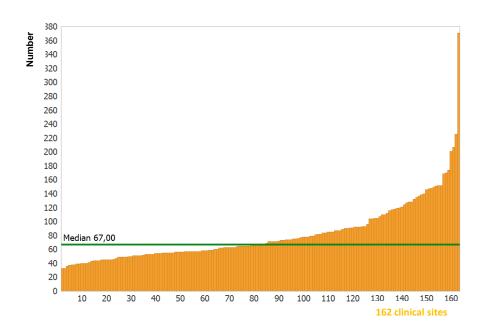
	Primary cases				
		operated	not operated		
	Total	absolute (in %)	absolute (in %)		
Ovarian cancer	4,055 (100%)	3,544 (87.40%)	511 (12.60%)		
Borderline ovary	952 (100%)	947 (99.47%)	5 (0.53%)		
Cervical carcinoma	2,636 (100%)	2,018 (76.56%)	618 (23.44%)		
Endometrial carcinoma	4,798 (100%)	4,455 (92.85%)	343 (7.15%)		
Vulvar cancer	1,637 (100%)	1,453 (88.76%)	184 (11.24%)		
Vaginal carcinoma	214 (100%)	123 (57.48%)	91 (42.52%)		
Others*	694 (100%)	619 (89.19%)	75 (10.81%)		
Total	14,986	13,159	1,827		

		Non-primary cases				
		operated	not operated			
	Total	absolute (in %)	absolute (in %)			
Ovarian cancer	2,728 (100%)	560 (20.53%)	2,168 (79.47%)			
Borderline ovary	65 (100%)	50 (76.92%)	15 (23.08%)			
Cervical carcinoma	875 (100%)	222 (25.37%)	653 (74.63%)			
Endometrial carcinoma	1,169 (100%)	344 (29.43%)	825 (70.57%)			
Vulvar cancer	731 (100%)	457 (62.52%)	274 (37.48%)			
Vaginal carcinoma	89 (100%)	36 (40.45%)	53 (59.55%)			
Others*	321 (100%)	130 (40.50%)	191 (59.50%)			
Total	5,978	1,799	4,179			

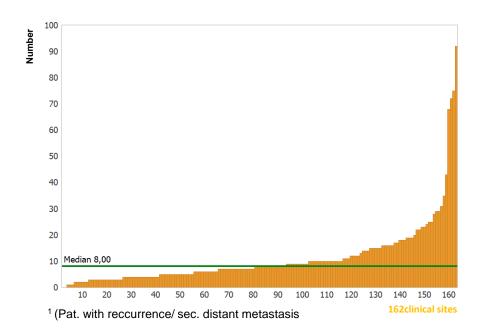


<sup>\*</sup> Others (for instance sarcomas, chorion carcinomas, etc.)

## Surgical cases with a genital malignoma



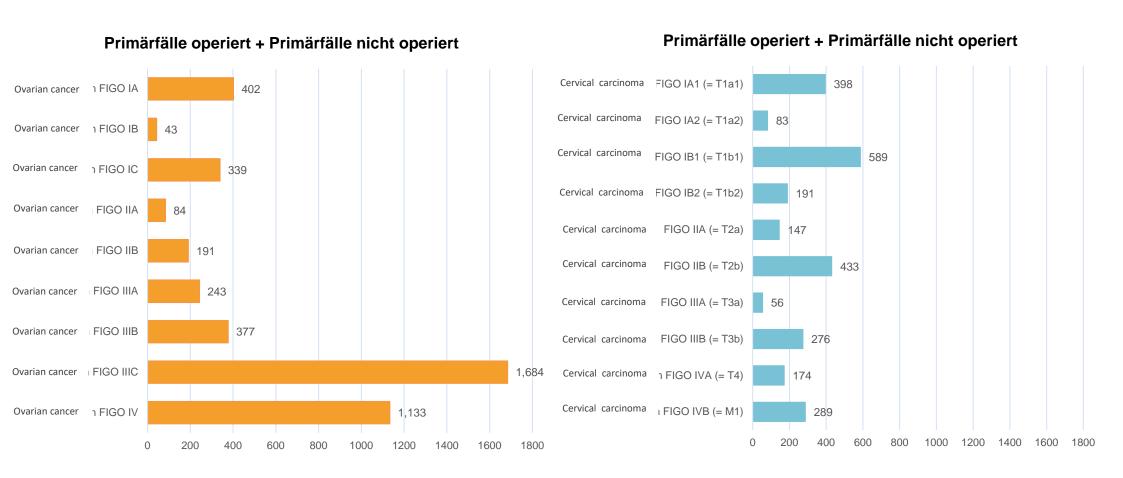
	2015	2016	2017	2018	2019
Max	223.00	310.00	342.00	328.00	371.00
95. percentile	162.60	157.30	149.00	171.60	151.95
75. percentile	98.00	104.25	97.00	93.00	92.00
Median	71.00	68.00	71.00	70.00	67.00
25. percentile	58.00	58.00	57.00	56.00	54.25
5. percentile	47.20	44.35	44.00	41.40	40.00
Min	32.00	40.00	36.00	30.00	33.00



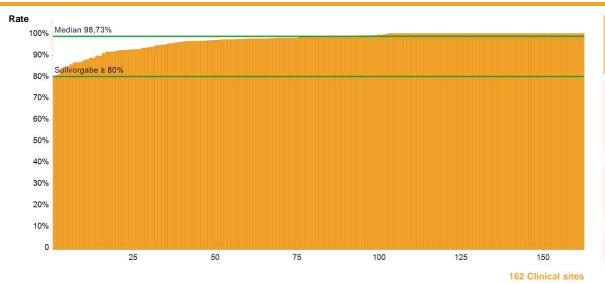
	2015	2016	2017	2018	2019
Max	69.00	69.00	92.00	89.00	92.00
95. percentile	35.40	30.00	30.20	32.60	28.95
75. percentile	14.00	17.00	13.00	13.00	12.00
Median	10.00	9.00	9.00	8.00	8.00
25. percentile	6.00	5.00	5.00	5.00	5.00
5. percentile	2.00	1.35	2.00	2.00	2.00
Min	0.00	0.00	0.00	1.00	0.00

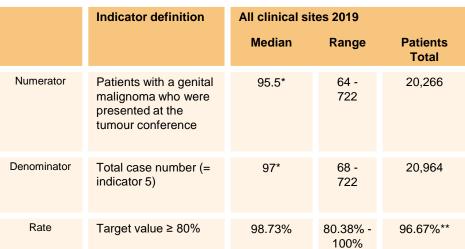
## **Basic data - Primary cases ovary and cervix**



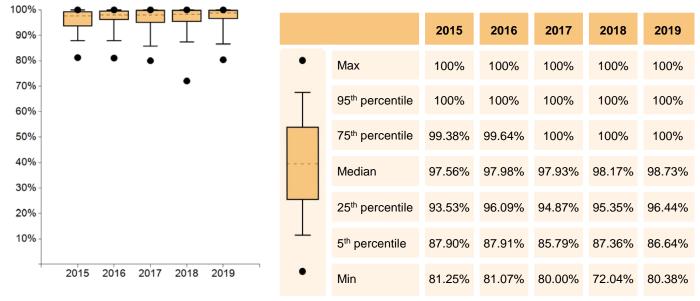


#### 1. Presentation tumour board





Sollvorgabe = target value



Clinical sites evaluable dat		Clinical sites target value	meeting the
Number %		Number	%
162	100.00%	162	100.00%

#### Comments:

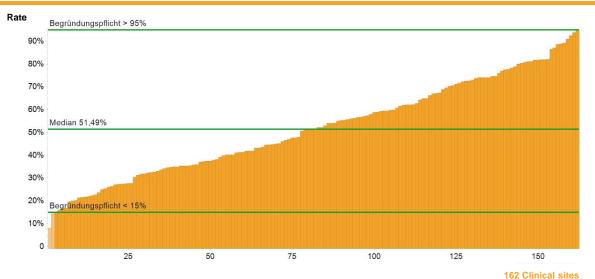
While 1 centre failed to meet the target in previous indicator year, all centres now meet the target of 80%. 60 centres succeeded in presenting all cases at the tumour board.

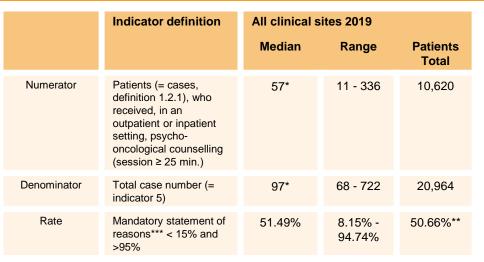


<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> 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

90%	· · · · ·			2015	2016	2017	2018	2019
80% -	T T T T	•	Max	100%	100%	100%	95.00%	94.74%
70% -		Т	95 <sup>th</sup> percentile	91.50%	87.27%	86.35%	83.98%	86.35%
60% - 50% -			75 <sup>th</sup> percentile	70.41%	71.46%	70.18%	69.51%	69.36%
40% -			Median	52.20%	51.72%	50.63%	51.81%	51.49%
30% - 20% -			25 <sup>th</sup> percentile	35.97%	36.05%	36.16%	35.05%	35.29%
10% -	· · · ·	$\perp$	5 <sup>th</sup> percentile	16.40%	17.69%	20.77%	19.05%	20.27%
1	2015 2016 2017 2018 2019	•	Min	1.74%	10.11%	12.66%	10.42%	8.15%

Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
162	100.00%	160	98.77%	

#### Comments:

Psycho-oncological care has been very well established in the centres for years. Only 2 centres were below a quota of 15% and had to submit justifications for the audit. In both centres, the reason was fluctuations or bottlenecks among the responsible staff. Accordingly, the centres announced in the audits that they would increase staff or intensify screening. In this context, one of the centres referred to the additional outpatient care offered by the cancer counselling centres.

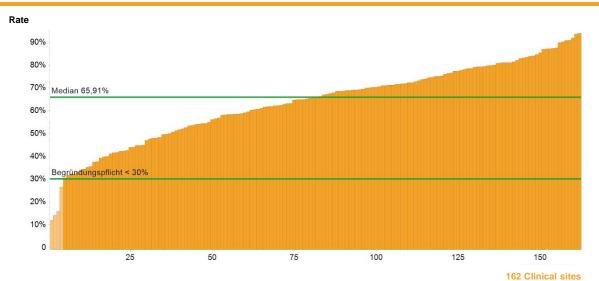


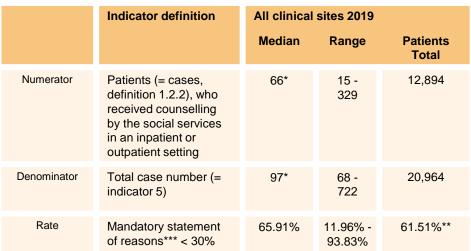
<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.

### 3. Counselling social services





Begründungspflicht = mandatory statement of reasons

100% 7	• •							
90%-	T $T$ $T$ $T$ $T$			2015	2016	2017	2018	2019
80% -		•	Max	100%	100%	96.77%	96.04%	93.83%
70% - 60% -		Т	95 <sup>th</sup> percentile	90.21%	88.58%	89.23%	88.51%	87.22%
50% -			75 <sup>th</sup> percentile	77.36%	75.55%	76.92%	75.53%	76.22%
40% -			Median	65.95%	66.00%	66.83%	65.43%	65.91%
30% - 20% -	- T	T	25 <sup>th</sup> percentile	51.12%	52.36%	54.06%	51.61%	52.21%
10% -	• • • •		5 <sup>th</sup> percentile	31.83%	29.14%	32.00%	31.69%	33.13%
+	2015 2016 2017 2018 2019	•	Min	14.29%	11.56%	14.05%	12.62%	11.96%

Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
162	100.00%	158	97.53%	

#### Comments:

Social service counselling has also shown itself to be stable and very well implemented for years. Of the 4 centres requiring justification with a counselling rate below 30%, 3 were located in German-speaking countries where different responsibilities and entitlements to benefits apply. In the remaining centre, postinpatient outpatient consultations were not documented in the HIS, which is to be remedied in the future.

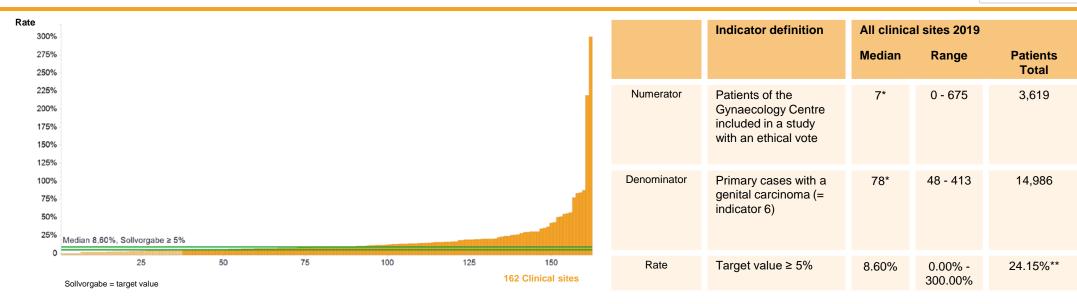


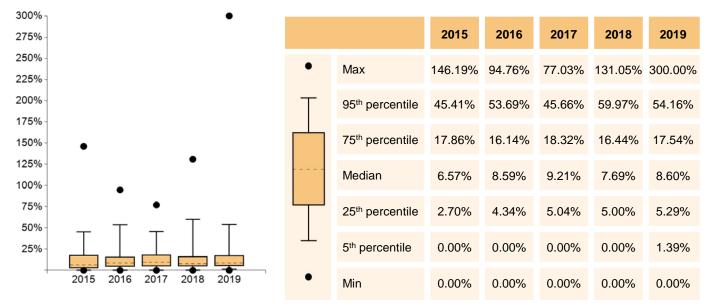
<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.

### 4. Study participation





Clinical sites with evaluable data		Clinical sites meeting the target value		
Number	%	Number	%	
162	100.00%	125	77.16%	

#### Comments:

The overall study rate increases by about 4 percentage points. This increase is due to centres with already high enrolment rates before, because as in the previous year, 37 centres miss the target. 11 of them were below 5% in both years. Frequent reasons were overall too few available studies and/or studies that fit the inclusion criterià, the patients' lack of willingness to participate as well as recruitment stops or delayed study start. Despite numerous efforts (some of which were already foreseeably successful) on the part of the centres, the auditors issued 4 recommendations and 1 deviation.

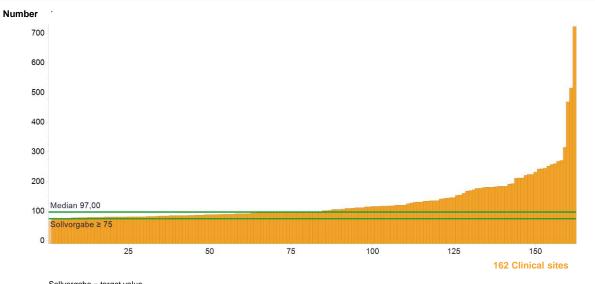


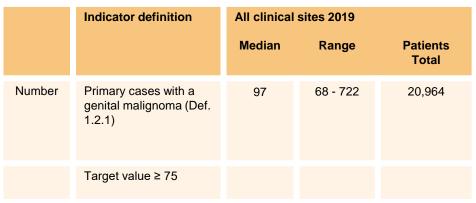
<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

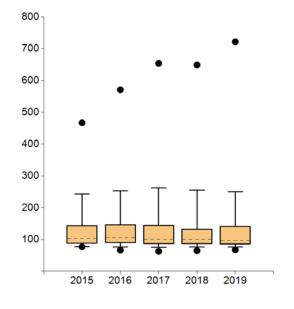
## Certification

### 5. Total case number





Sollvorgabe = target value





Clinical sites with evaluable data		Clinical sites meeting the target value		
Number	%	Number	%	
162	100.00%	161	99.38%	

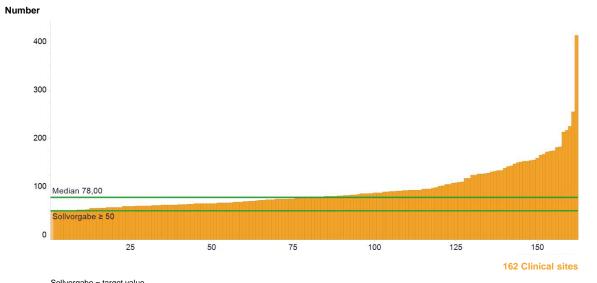
#### Comments:

The total number of cases treated in the centres of the annual report increases by 8.26%. Despite a declining median, only 1 centre (previous year: 5) failed to meet the target of at least 75 cases. The centre attributed this to an expandable cooperation with referring physicians and intensified contact management and events. The auditors made one comment. Since the centre was undergoing a surveillance audit, it was possible to fall short of the target value.



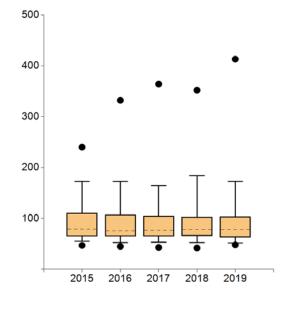
## Certification

### 6. Primary cases



	Indicator definition	All clinical sites 2019			
		Median	Range	Patients Total	
Number	Primary cases with a genital malignoma (Def. 1.2.1)	78	48 - 413	14,986	
	Target value ≥ 50				

Sollvorgabe = target value



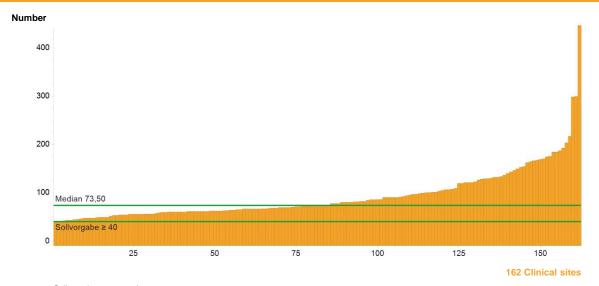


Clinical sites with evaluable data		Clinical sites meeting the target value		
Number	%	Number	%	
162	100.00%	161	99.38%	

#### Comments:

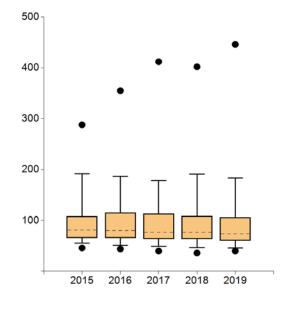
The total number of primary cases increased by 8.89%. Only 1 centre (previous year: 5) treated fewer than 50 primary cases (a different centre from indicator 5). As it was in the surveillance audit, the shortfall was possible. The centre explained the shortfall by the fact that some patients had to be referred to other hospitals for treatment due to surgery postponements. At the time of the audit, compliance with the 2020 target was already foreseeable.

### 7. Surgical cases



	Indicator definition	All clinical sites 2019		
		Median	Range	Patients Total
Number	Surgical cases with a genital malignoma (Def. 5.2.6)	73.5	40 - 446	14,958
	Target value ≥ 40			

Sollvorgabe = target value



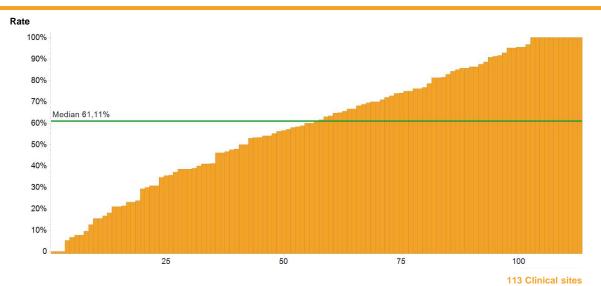


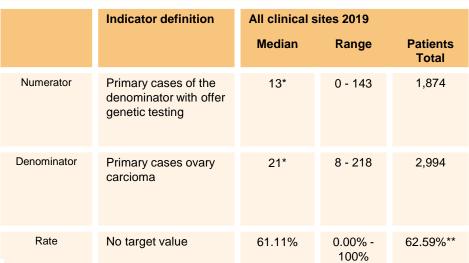
Clinical sites with evaluable data		Clinical sites meeting the target value		
Number	%	Number	%	
162	100.00%	162	100.00%	

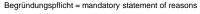
#### Comments:

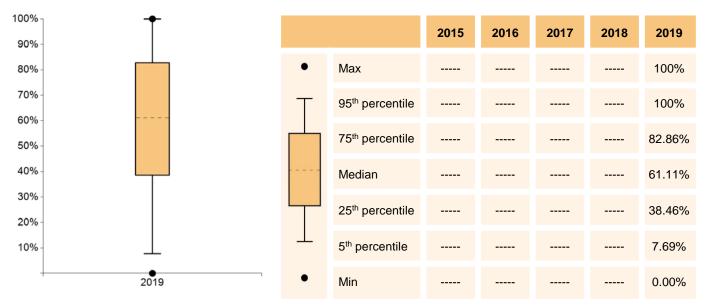
While 3 centres still failed to meet the target of at least 40 operative cases in the indicator year 2018, all centres achieved it in 2019. The total number of surgical cases rose by 6.68% compared to the previous year and thus less strongly than the total number of cases (+8.26%, cf. indicator 5). With a decreasing median, the dispersion increases, especially due to the increase in the already high case numbers of centres.

### 8. Offering of genetic testing (GL ovary QI 2)









Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
113	69.75%			

#### Comments:

This QI of the guideline was collected for the first time in the 2019 indicator year and was therefore still optional. The 113 centres that provided data offered genetic testing for the initial diagnosis of ovarian carcinoma in just under 63% of cases. The spread here is very large. Since a target has not yet been set, the centres have not yet provided any justification. This will change from the audit year 2021.

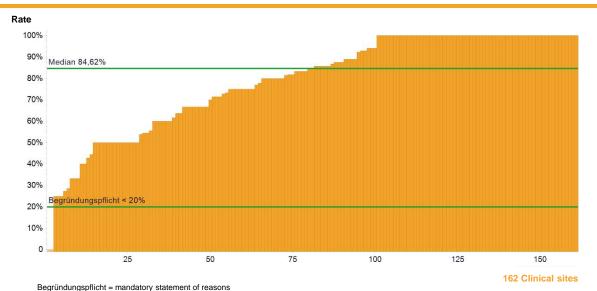


<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

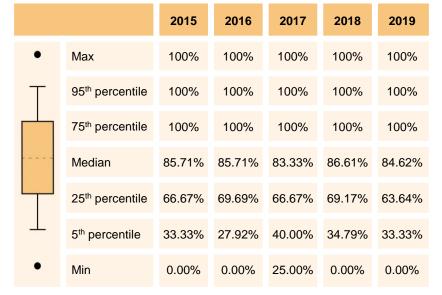
<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.

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



	Indicator definition	All clinical sites 2019			
		Median	Range	Patients Total	
Numerator	Surgical primary cases with an ovarian cancer FIGO I-IIIA and surgical staging (Def. see Indicator Sheet)	5*	0 - 38	992	
Denominator	Surgical primary cases with an ovarian cancer FIGO I-IIIA	6*	1 - 38	1,220	
Rate	Mandatory statement of reasons*** < 20%	84.62%	0.00% - 100%	81.31%**	

100%	
90%-	
80% -	
70% -	
60%-	
50% -	
40% -	
30% -	
20%-	•
10% -	



Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
161	99.38%	159	98.76%

#### Comments:

Overall, the rate of surgical staging for ovarian cancer increased by about 1.5 percentage points. 1 centre did not treat any patients with FIGO I-IIIA. The dispersion of the values of the remaining centres remains very large. The 2 centres with justifiable low rates of 0% had 1 and 2 patients in the denominator, respectively. In 1 case, the diagnosis of ovarian carcinoma was only made postoperatively (previously: BOT). In the remaining two cases, the smallest possible intervention was chosen for very elderly patients.



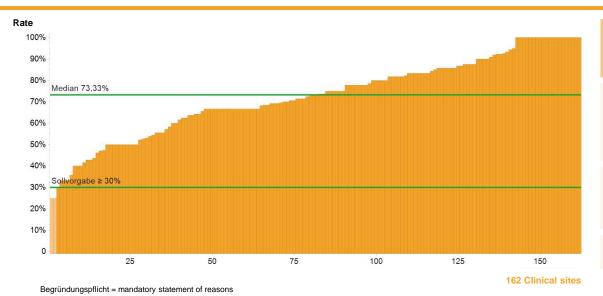
<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

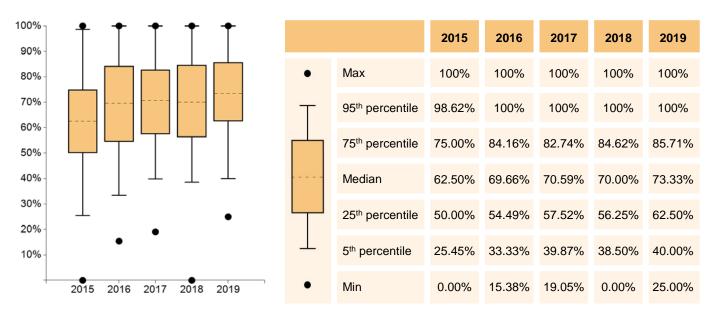
<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.



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



	Indicator definition	All clinical sites 2019			
		Median	Range	Patients Total	
Numerator	Surgical primary cases ovarian cancer FIGO IIB-IV with macroscopic complete resection	7,5*	1 - 128	1,698	
Denominator	Surgical primary cases ovarian cancer FIGO IIB-IV	11*	1 - 171	2,360	
Rate	Target value ≥ 30%	73.33%	25.00% - 100%	71.95%**	



Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number %		Number	%
162	100.00%	160	98.77%

#### Comments:

The previous obligation to justify >90% and <30% was converted into a target (30%) for the indicator year 2019. 2 centres failed to meet the target with rates of 25% (4 and 8 patients in the denominator). The centres attributed this to a high proportion of metastatic stages and the patient's wish.

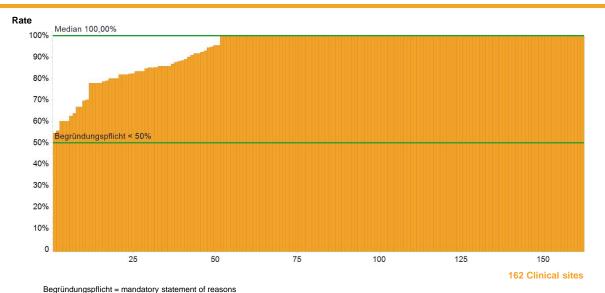


<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

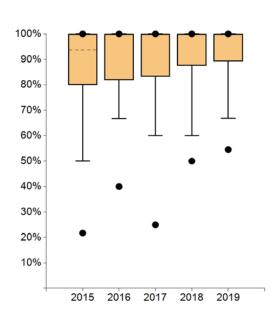
<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.

### 11. Surgery advanced ovarian cancer (GL ovary QI 4)



Indicator definition All clinical sites 2019 Median **Patients** Range Total Numerator Surgical primary cases 10\* 1 - 162 2,211 ovarian cancer FIGO IIB-IV, whose definitive surgical therapy was performed by a gynaeco-oncologist Denominator Surgical primary cases 11\* 1 - 171 2,360 ovarian cancer FIGO IIB-IV after completion of surgical therapy Rate Mandatory statement of 54.55% -93.69%\*\* 100% reasons\*\*\* < 50% 100%





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number %		Number	%
162	100.00%	162	100.00%

#### Comments:

As in the previous year, all centres were above the justifiable quota of 50%. In 111 centres, all operations were performed by gynaecological oncologists. Over the years, an increasing implementation of the guideline recommendation can be seen in the certified centres.

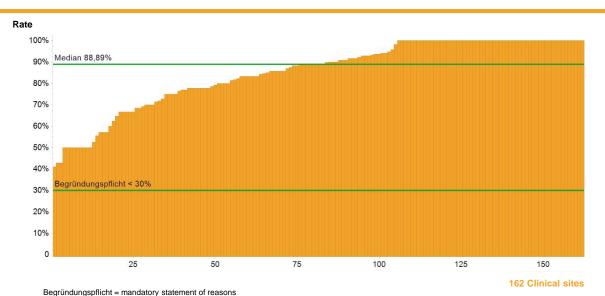


<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

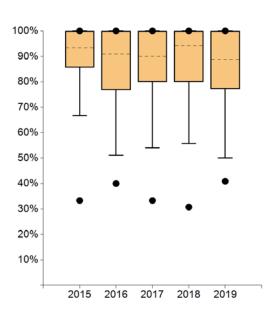
<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.

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



	Indicator definition	All clinical sites 2019			
		Median	Range	Patients Total	
Numerator	Surgical primary cases ovarian cancer FIGO IIB-IV with post- operative chemotherapy	8*	1 - 168	1,774	
Denominator	Surgical primary cases ovarian cancer FIGO IIB-IV and chemotherapy	10*	1 - 171	2,114	
Rate	Mandatory statement of reasons*** < 30%	88.89%	40.91% - 100%	83.92%**	





Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
162	100.00%	162	100.00%	

#### Comments:

None of the centres is below the limit of 30% for the obligation to give reasons. This indicator is also based on a QI of the guideline, which is thus implemented very well by the centres. Compared to the previous year, the proportion of chemotherapies performed postoperatively in patients with ovarian cancer FIGO IIB-IV and chemotherapy decreased overall and in the median. Since no centre was required to give reasons, information on the reasons for the scattering of the values is missing so far.

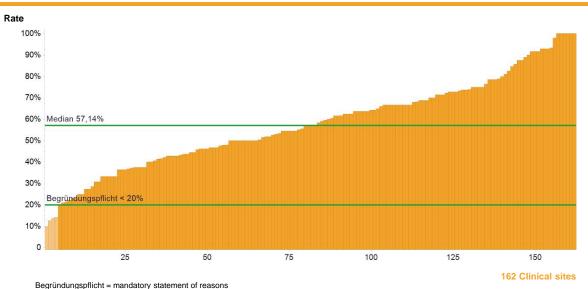


<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

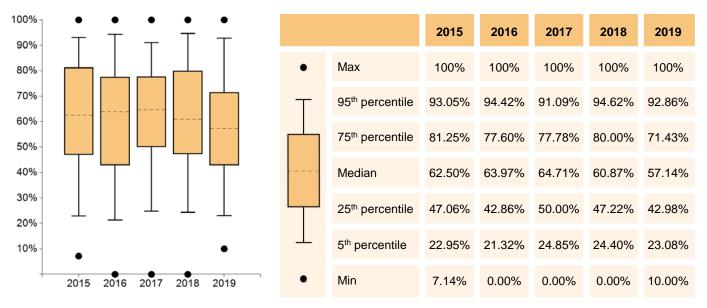
<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.

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



	Indicator definition	All clinical sites 2019			
		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	9*	1 - 191	1,913	
Denominator	Primary cases ovarian cancer FIGO IIB-IV	15*	3 - 195	3,196	
Rate	Mandatory statement of reasons*** < 20%	57.14%	10.00% - 100%	59.86%**	



Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
162	100.00%	158	97.53%

#### Comments:

With a slightly lower overall rate, the vast majority of centres continue to be above 20%. The 4 centres below this rate (previous year: 2) declared that they had deviated from the therapy scheme of the numerator due to comorbidities, side effects, allergies, high age and/or poor general condition. In some cases, primary chemotherapy with interval surgery was also performed.

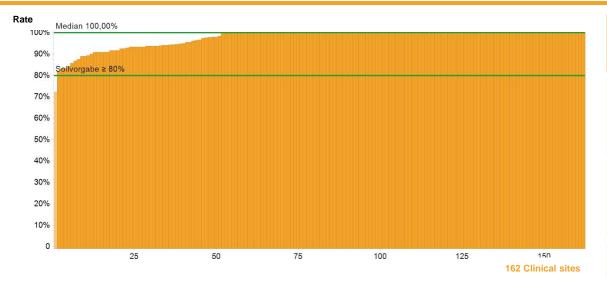


<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

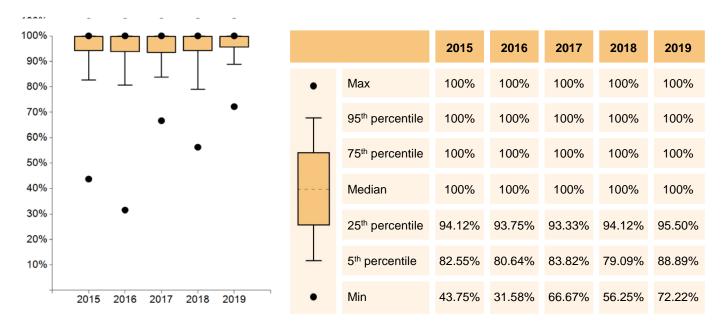
<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.

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



	Indicator definition	All clinical sites 2019			
		Median	Range	Patients Total	
Numerator	Patients (primary cases and "non-primary cases") presented at the tumour conference	16*	5 - 80	3,426	
Denominator	Patients with an initial diagnosis, recurrence or new remote metastasis of a cervical carcinoma	16*	5 - 83	3,511	
Rate	Target value ≥ 80%	100%	72.22% - 100%	97.58%**	

Begründungspflicht = mandatory statement of reasons



Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
162	100.00%	161	99.38%	

#### Comments:

The presentation rate for cervical carcinoma has risen to almost 98%. The dispersion has further decreased and shows an increasing implementation of the guideline QI in the centres over the years. Only 1 centre failed to meet the target. This was due to 2 patients who had died before the date of the tumour board.

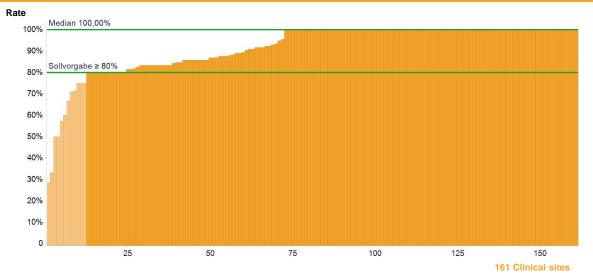


<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

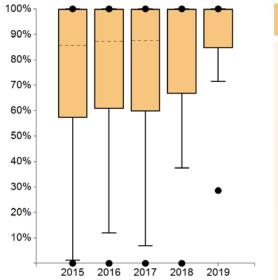


### 15. Details in the pathology report in the case of initial diagnosis and tumour resection (GL cervix QI 2) Certification



	Indicator definition	All clinical sites 2019			
		Median	Range	Patiens Total	
Numerator	Surgical primary cases" cervical carcinoma with complete test reports	7*	1 - 33	1,449	
Denominator	Surgical primary cases with cervical carcinoma and tumour resection	7*	1 - 38	1,590	
Rate	Target value ≥ 80%	100%	28.57% - 100%	91.13%**	

Begründungspflicht = mandatory statement of reasons





Clinical sites with evaluable data		Clinical sites plausibility lin	
Number	%	Number	%
161	99.38%	149	92.55%

#### Comments:

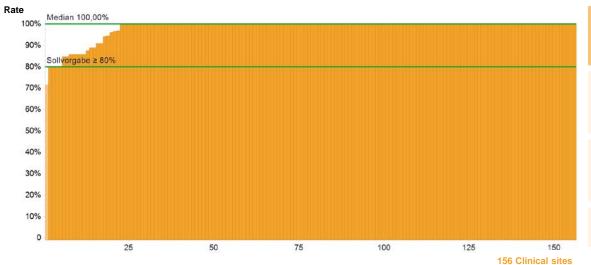
This QI of the guideline is also being implemented increasingly better by the centres over the years. For the first time, a target was introduced in the indicator year, which 12 centres failed to meet. Most frequently, information on three-dimensional tumour size and grading was missing in the findings reports. The centres concerned sought dialogue with the pathology department. Sometimes no tumour was detectable in the preparations (e.g. after neoadjuvant pre-treatment).



<sup>\*</sup>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

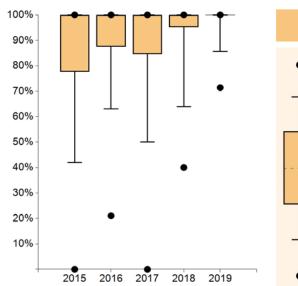
<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

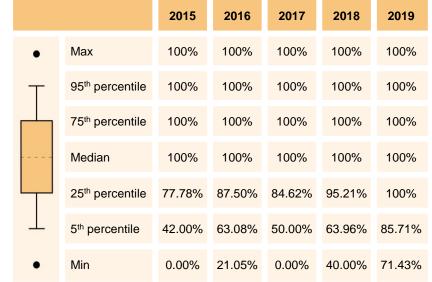
### 16. Details in the pathology report in the case of lymphonodectomy (GL cervix QI 3)



	Indicator definition	All clinical sites 2018			
		Median	Range	Patients Total	
Numerator	"Surgical cases" with a pathology report with details on the lymph nodes	6*	1 - 31	1,220	
Denominator	"Surgical cases" with cervical carcinoma and lymphonodectomy	6*	1 - 31	1,248	
Rate	Sollvorgabe ≥ 80%	100%	71.43% - 100%	97.76%**	

Begründungspflicht = mandatory statement of reasons





Clinical sites with evaluable data		Clinical sites plausibility lin	
Number	%	Number	%
156	96.30%	155	99.36%

#### Comments:

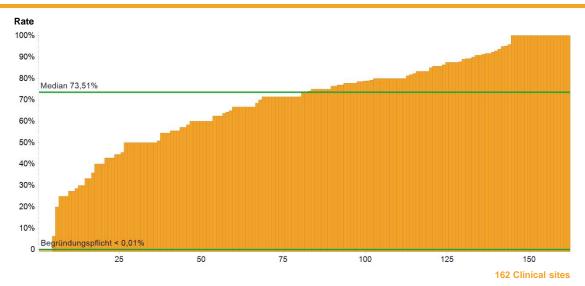
An 80% target was also introduced for the first time for this QI of the guideline concerning the reports on findings. Thanks to the increasing implementation over the years, only 1 centre failed to meet this target with 71.43%. Here, the information on the extent of the largest lymph node metastasis was missing for 2 patients. The centre had the specimens re-examined and organised a quality circle in order to be able to provide complete reports of the findings in the future.



<sup>\*</sup>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

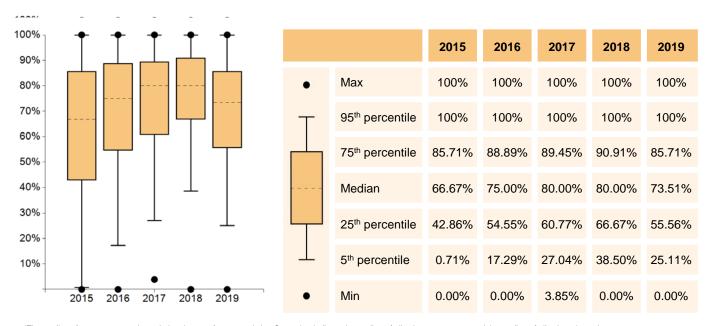
<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

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



	Indicator definition	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	"Total cases" with cytological/histological lymph node staging	6*	0 - 36	1,406
Denominator	"Total cases" with cervical carcinoma FIGO stages ≥ IA2-IVA	9*	1 - 53	1,949
Rate	Mandatory statement of reasons*** <0.01%	73.51%	0.00% - 100%	72.14%**

Begründungspflicht = mandatory statement of reasons



Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
162	100.00%	158	97.53%	

#### Comments:

The overall rate and median have decreased compared to the previous year. 4 centres (previous year: 1) had to explain a rate of 0%. The centres referred, among other things, to cases with clinically clear imaging, limiting comorbidities and rejection by the patient.



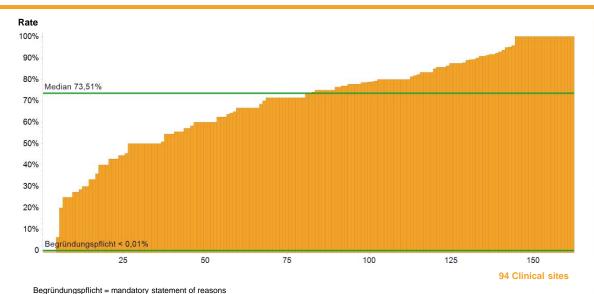
<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

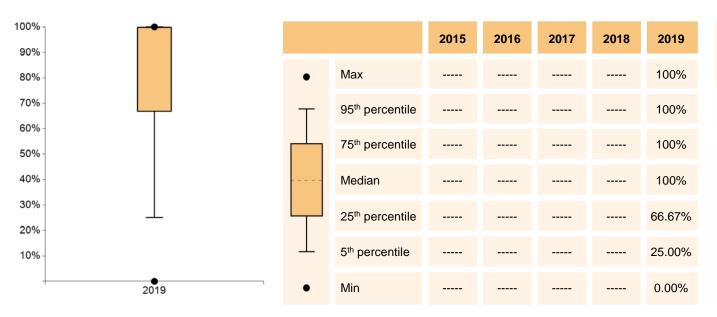
<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.



## 18. Brachytherapy as a component of primary radio(chemo) therapy



	Indicator definition	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator in which brachytherapy was administered as part of primary radio(chemo) therapy	2*	0 - 17	332
Denominator	Primary cases with cervical carcinoma and primary radio(chemo) therapy	3*	1 - 33	454
Rate	Mandatory statement of reasons*** < 75%	100%	0.00% - 100%	73.13%**



Clinical sites with evaluable data		Clinical sites plausibility li	
Number	%	Number	%
94	58.02%	67	71.28%

#### Comments:

Of the 94 centres that treated cervical carcinomas with primary radiochemotherapy, 67 also included brachytherapy in at least ¾ of the cases. The remaining 27 centres requiring justification explained that they had not performed brachytherapy for technical reasons (anatomical conditions, localisation or extension of the tumour), in cases of old age and/or poor general condition or rejection by the patient. These explanations could be plausibilised in the audits.



<sup>\*</sup>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

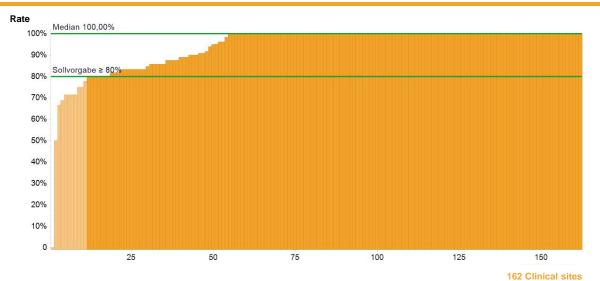
<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.



## 19. Details in pathology report in the case of initial diagnosis and tumour resection (GL vulva QI 1)





	Indicator	All clinical	sites 2019	
	definition	Median	Range	Patients Total
Numerator	Patients with pathology reports (def. see Data Sheet)	6*	0 - 59	1,332
Denominator	Patients with initial diagnosis vulvar cancer and tumour resection	7*	1 - 60	1,414
Rate	Target value ≥80%	100%	0.00% - 100%	94.20%**

Begründungspflicht = mandatory statement of reasons

100% -				2015	2016	2017	2018	2019
80% -		•	Max		100%	100%	100%	100%
70%-		Т	95 <sup>th</sup> percentile		100%	100%	100%	100%
60% - 50% -		$\perp$	75 <sup>th</sup> percentile		100%	100%	100%	100%
40% -			Median		94.26%	95.22%	100%	100%
30% -		Image: section of the content of the con	25 <sup>th</sup> percentile		79.64%	72.32%	85.71%	88.89%
20% - 10% -		$\perp$	5 <sup>th</sup> percentile		0.00%	18.44%	42.29%	75.00%
1	2016 2017 2018 2019	•	Min		0.00%	0.00%	0.00%	0.00%

	Clinical sites with evaluable data		within the mits
Number	%	Number	%
162	100.00%	151	93.21%

#### Comments:

The good development of this guideline QI means that only 11 centres (previous year: 21) had complete reports of findings in less than 80% of cases. In most cases, individual details were missing, which could sometimes be plausibilised (e.g. no pN indication for pT1a). In some cases, no tumour was detectable in the specimen (complete removal during biopsy, resection). The centre with 0% had only 1 patient in the denominator.

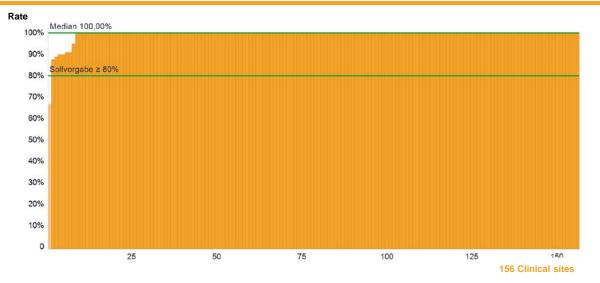


<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

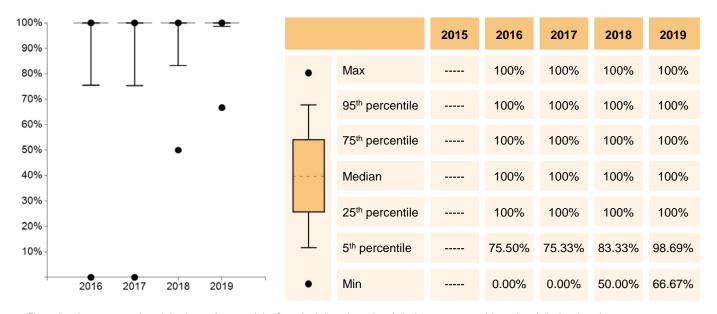


### 20. Details in pathology report in the case of lymphonodectomy (GL vulva QI 2)



	Indicator	All clinical sites 2019			
	definition	Median	Range	Patients Total	
Numerator	Patients with pathology reports (def. see Data Sheet)	4*	1 - 52	854	
Denominator	Patients with initial diagnosis vulvar cancer and lymphonodectomy	4*	1 - 52	863	
Rate	Target value ≥80%	100%	66.67% - 100%	98.96%**	

Begründungspflicht = mandatory statement of reasons



Clinical sites with evaluable data		Clinical sites within the plausibility limits		
Number	%	Number	%	
156	96.30%	155	99.36%	

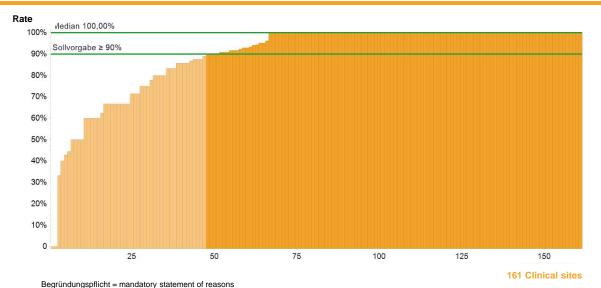
#### Comments:

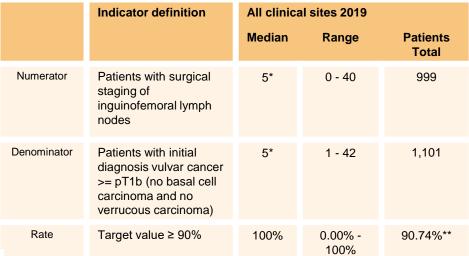
This QI of the guideline has now been implemented almost completely in the centres: 148 centres achieved 100% and only 1 centre failed to meet the target of at least 80% because of 1 out of 3 patients. In this specific case, the report on the findings did not include information on capsular rupture. This problem was addressed through consultation with the pathology department.

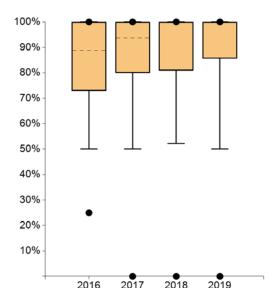
<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

### 21. Conduct inguinofemoral staging (GL vulva QI 6)









Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
161	99.38%	114	70.81%

#### Comments:

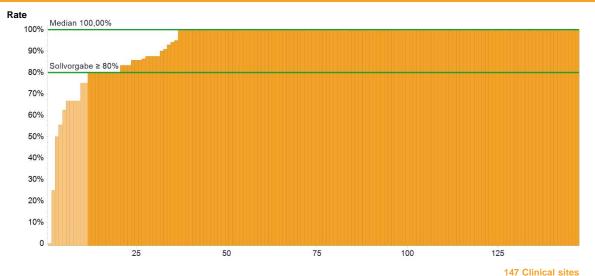
While 95 centres performed surgical staging in all patients of the denominator, 47 failed to meet the target of at least 90% (10 fewer than in the previous year). In the vast majority of cases, this was due to elderly and/or multimorbid patients, distant metastases or the patient's refusal. This could be plausibilised in the audits. In many centres, the weight of a single case was comparatively high due to small numbers in the denominator.

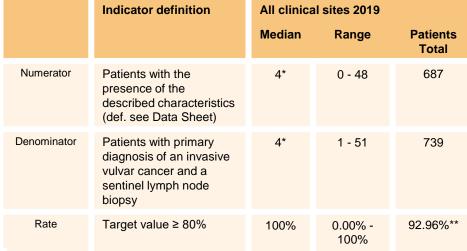


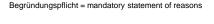
<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

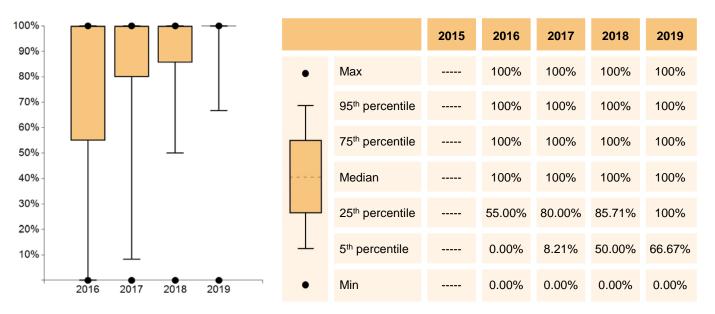
<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

### 22. Sentinel lymph nodes biopsy (GL vulva QI 7)









Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
147	90.74%	136	92.52%

#### Comments:

Over the years, the indication quality for sentinel lymph node biopsy has steadily improved. 111 centres have fulfilled the required characteristics in all cases. Only 11 centres (previous year: 18) failed to meet the target, although the reasons for this varied greatly. In most cases, individual criteria of the numerator (missing ultrastaging, tumour >4cm) were not met. Sometimes organisational problems (e.g. staff turnover) were also decisive. Here, it was possible to raise awareness of the problem, e.g. with SOP. The centre with a rate of 0% had only 1 patient in the denominator.

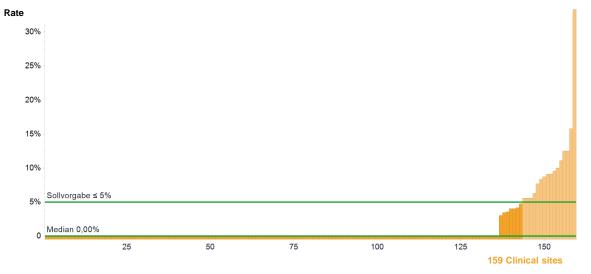


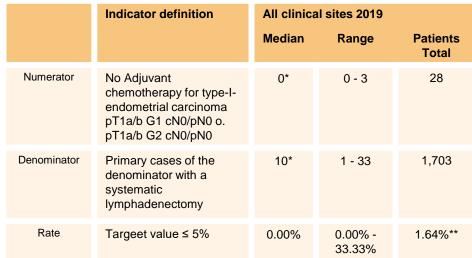
<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

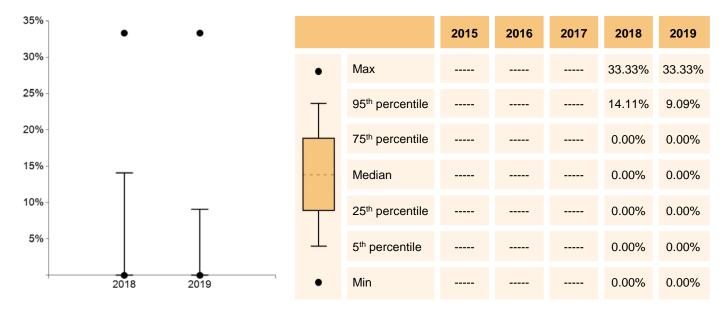


### 23. Systematic lymphadenectomy (LNE) for type-I-endometrial carcinoma (GL Endo QI1)





Sollvorgabe = target value



Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
159	98.15%	143	89.94%

#### Comments:

The first mandatory documentation of this QI of the guideline shows that 136 centres did not perform LNE for type I endometrial cancer in any case. 16 centres did this in more than 5 % of cases, which was checked in the audits: In most cases, the patients also had ovarian or cervical carcinoma, which justified systematic LNE. Sometimes a G3 finding from the corpus abradate turned out to be G2 histologically.

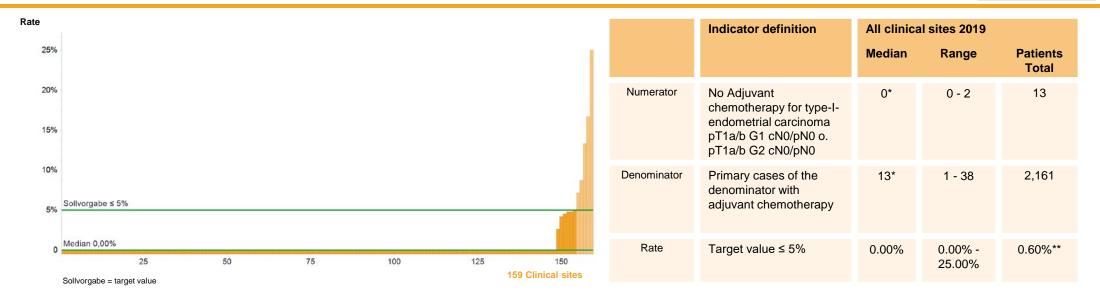


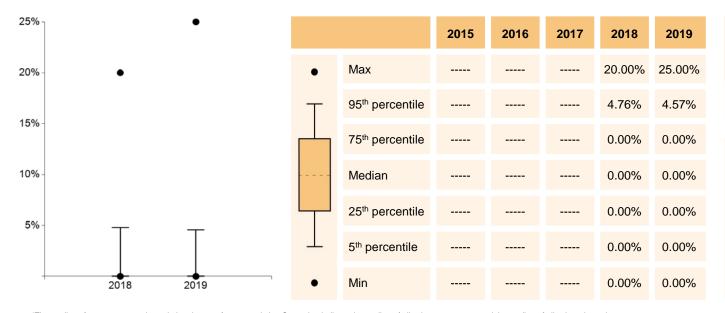
<sup>\*</sup>The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.



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





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
159	98.15%	154	96.86%

#### Comments:

This indicator was also collected for the first time in 2019 on a mandatory basis in all centres and was already implemented very well by them. Only 5 centres had carried out adjuvant chemotherapy in more than 5% of patients with type I endometrial carcinoma. The most frequent reason for this was a simultaneously existing ovarian carcinoma. The centre with a rate of 25% had administered chemotherapy to 1 in 4 patients due to peritoneal carcinomatosis.



<sup>\*</sup>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

<sup>\*\*</sup> Percentage of the total number of patients treated in centres according to the indicator.

<sup>\*\*\*</sup> If value is outside the plausablilty corridor, centres have to give an explanation.

## WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)



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