

Annual Report 2019

of the certified Gynaecology Cancer Centres

Audit year 2018 / Indicator year 2017

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General information

Indicator No. 7: Surgical cases with a genital malignoma
 Indicator No. 8: Surgical staging early ovarian carcinoma (GL ovary Q1 1).....
 Indicator No. 10: Macroscopic complete resection of advanced ovarian carcinoma (GL ovary Q1 3).....
 Indicator No. 11: Surgery advanced ovarian carcinoma (GL ovary Q1 4).....
 Indicator No. 12: Post-surgical chemotherapy advanced ovarian carcinoma (GL ovary Q1 5).....
 Indicator No. 13: No adjuvant chemotherapy of early ovarian carcinoma (LL ovary Q1 6).....
 Indicator No. 14: Platin-containing early ovarian carcinoma (GL ovary Q1 7).....
 Indicator No. 15: First-line chemotherapy of advanced ovarian carcinoma (GL ovary Q1 8).....
 Indicator No. 16: Chemotherapy of platinum-resistant and/or refractory first recurrence (GL ovary Q1 9).....
 Indicator No. 17: Combined treatment of platinum-sensitive recurrence (GL ovary Q1 10).....
 Indicator No. 18: No adjuvant therapy BOT (GL ovary Q1 12).....
 Indicator No. 19: Presentation at the tumour conference (I1 cervix Q1 1)

Quality indicators of the guidelines (GL QI):

In the table of contents and in the respective headings the indicators, which correspond to the quality indicators of the evidence-based guidelines are specifically identified. 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.

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

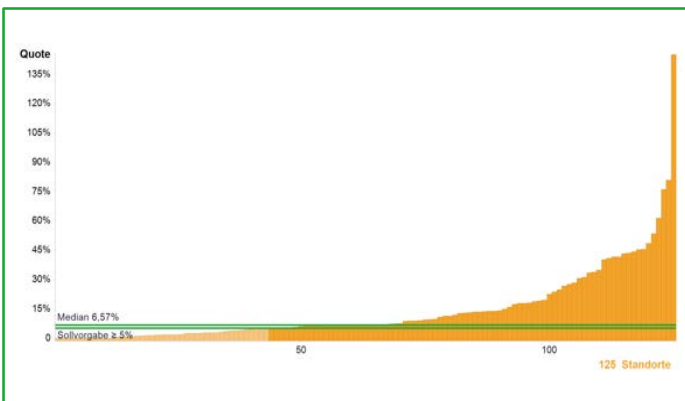
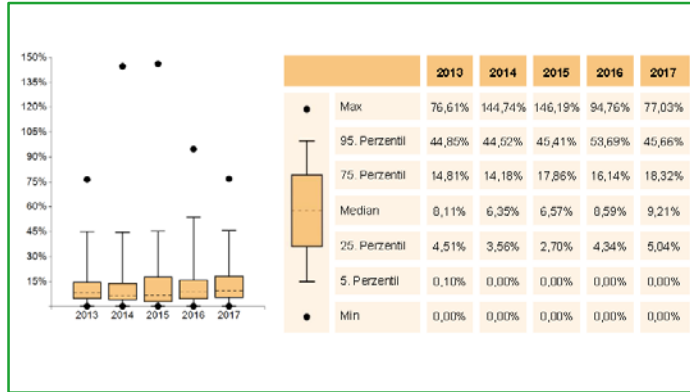


Diagram:

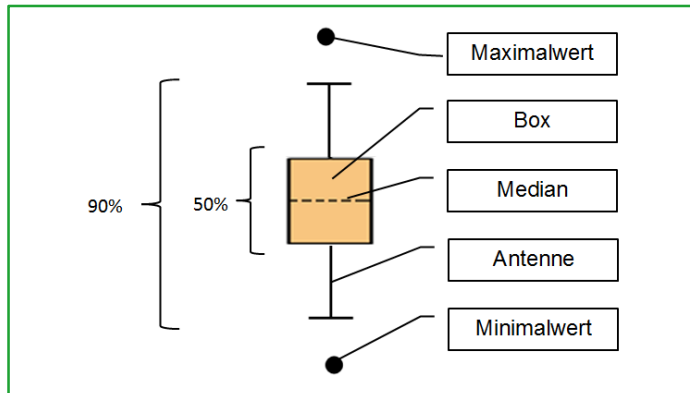
The x-axis indicates the number of Centres, the y-axis gives the values in percent or number (e.g. primary cases). The target value is depicted as a horizontal green line. The median, which is also depicted as a green horizontal line, divides the entire group into two equal halves.

General information



Cohort development:

The cohort development in the years 2013, 2014, 2015, 2016 and 2017 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 2017

	31.12.2018	31.12.2017	31.12.2016	31.12.2015	31.12.2014	31.12.2013
Ongoing procedures	4	10	6	8	8	9
Certified Centres	143	134	133	123	110	98
Certified clinical sites	145	136	135	125	112	100
Gynaecology Cancer Centres with 1 clinical site	141	132	131	121	108	96
2 clinical sites	2	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

	31.12.2018	31.12.2017	31.12.2016	31.12.2015	31.12.2014	31.12.2013
Clinical sites included in the Annual Report	139	128	125	112	103	86
equivalent to	95.9%	94.1%	92.6%	89.6%	92.0%	86.0%
Primary cases total	12,937	12,087	11,587	10,412	9,390	8,020
Primary cases per clinical site (mean)*	93	94	93	93	91	93
Primary cases per clinical site (median)*	77	76	79	79	79	84

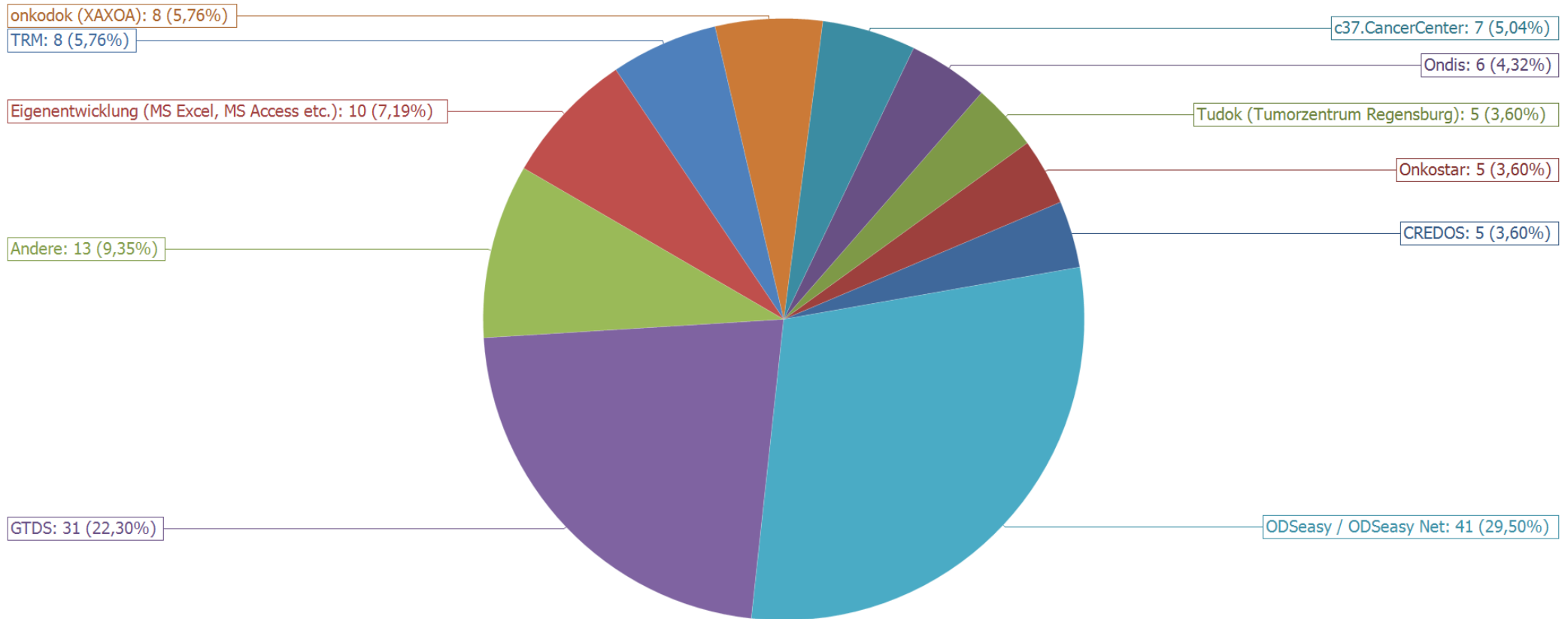
*The figures are based on the clinical sites listed in the Annual Report.

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.

139 out of the 145 certified clinical sites of the Centres are included in the Annual Report. 6 clinical sites, certified for the first time in 2018, are not included (data depiction of a full calendar year is not mandatory for initial certifications). In all 145 clinical sites a total of 13,313 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 2017. They are the assessment basis for the audits conducted in 2018.

Tumour documentation systems in the Centres' clinical sites

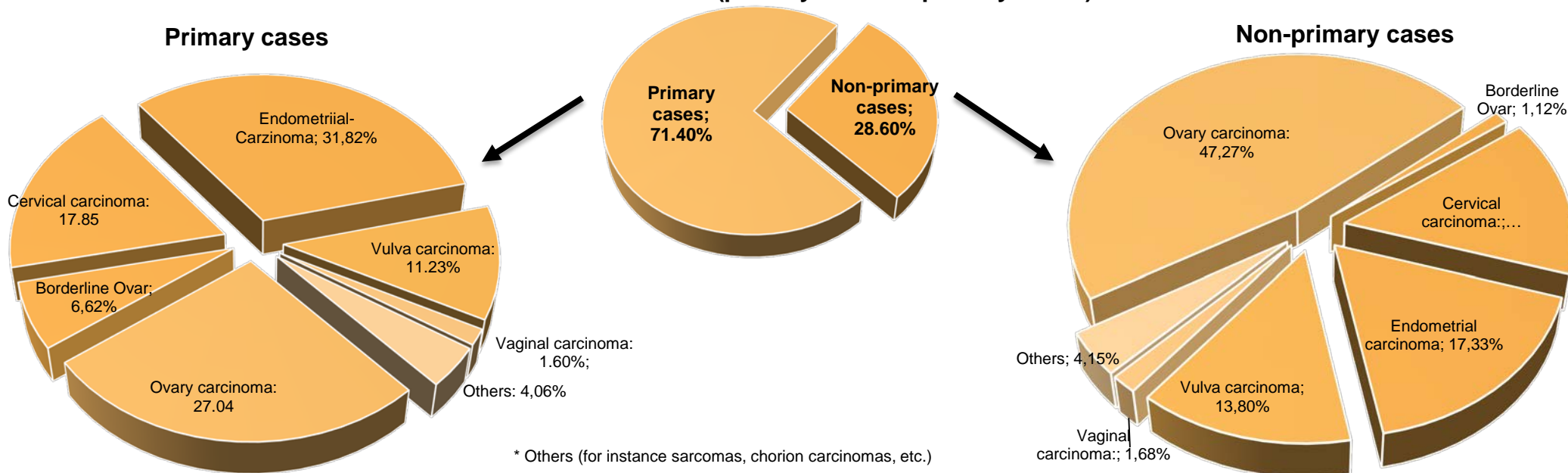


Legend:	
Other	System used in ≤ 3 clinical sites

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

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

Total case number (primary and non-primary cases)

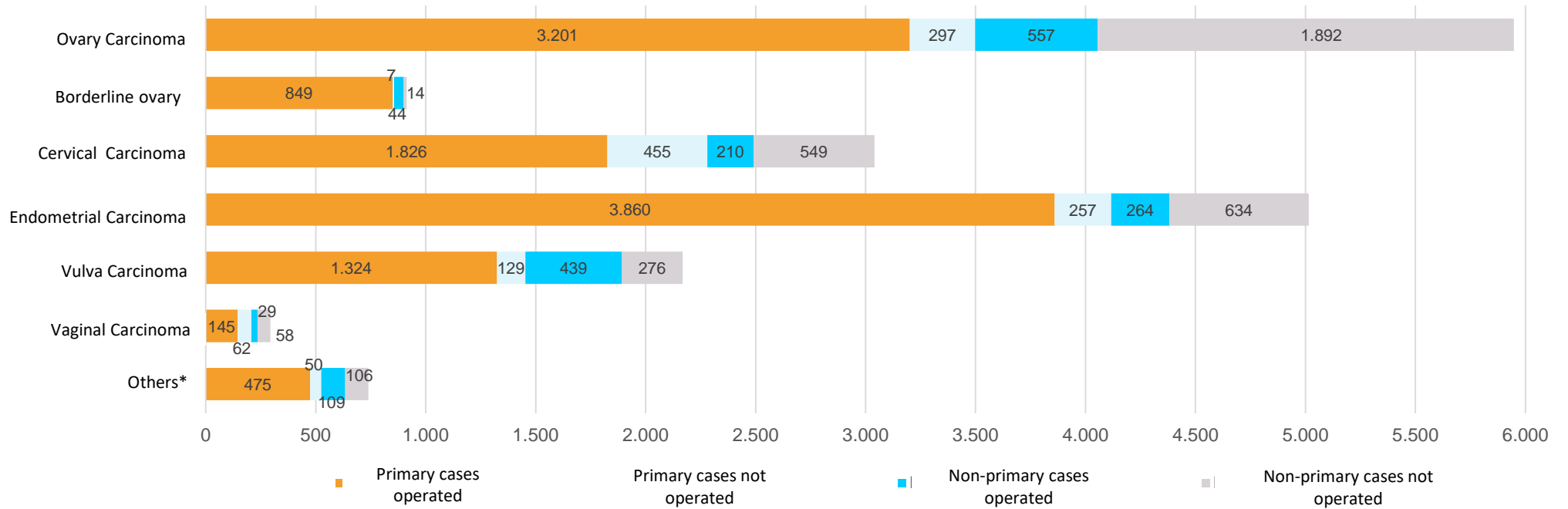


	Total case number	Primary cases	Non-primary cases
Ovary carcinoma	5,947 (32.82%)	3,498 (27.04%)	2,449 (47.27%)
Borderline ovary	914 (5.04%)	856 (6.62%)	58 (1.12%)
Cervical carcinoma	3,040 (16.78%)	2,281 (17.63%)	759 (14.65%)
Endometrial carcinoma	5,015 (27.68%)	4,117 (31.82%)	898 (17.33%)
Vulva carcinoma	2,168 (11.97%)	1,453 (11.23%)	715 (13.80%)
Vaginal carcinoma	294 (1.62%)	207 (1.60%)	87 (1.68%)
Others*	740 (4.08%)	525 (4.06%)	215 (4.15%)
Total case number	18,118 (100%)	12,937 (100%)	5,181 (100%)

	Incidence ¹ Germany	Primary cases 2017	Share 2017	Primary Cases Germany 2016	Share 2016
Ovary carcinoma	8,061	3,215	39.88%	3,070	38.09%
Borderline ovary	-	773	-	695	-
Cervical carcinoma	4,542	2,124	46.76%	1,983	43.66%
Endometrial carcinoma	10,232	3,789	37.03%	3,504	34.25%
Vulva carcinoma	3,133	1,386	44.24%	1,265	40.38%
Vaginal carcinoma	452	191	42.26%	162	35.84%
Others*	-	510	-	453	-

¹ Centre for cancer register data in the Robert Koch-Institute, database query www.krebsdaten.de/abfrage 26.03.2019

Basic data – primary and non-primary cases



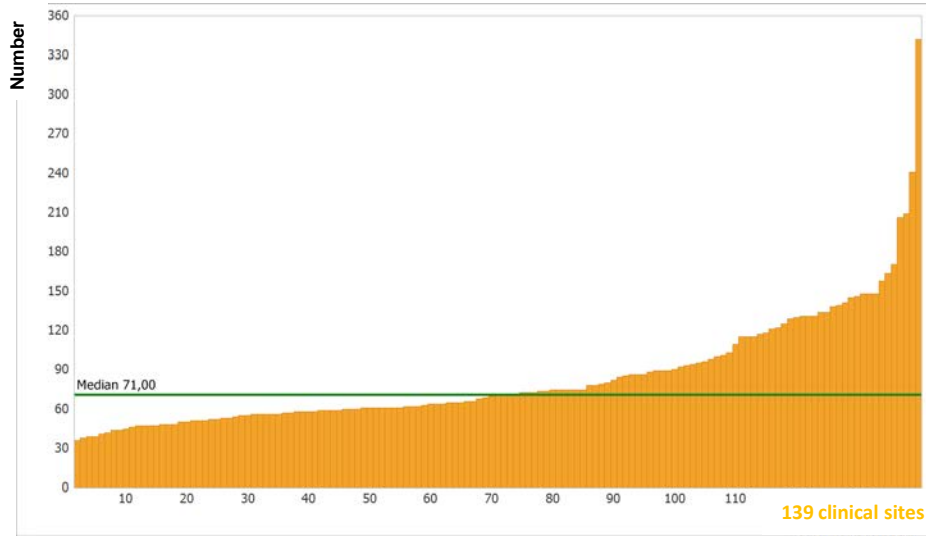
	Primary cases		
		operated	not operated
	Total	absolute (in %)	absolute (in %)
Ovary carcinoma	3,498 (100%)	3,201 (91.51%)	297 (8.49%)
Borderline ovary	856 (100%)	849 (99.18%)	7 (0.82%)
Cervical carcinoma	2,281 (100%)	1,826 (80.05%)	455 (19.95%)
Endometrial carcinoma	4,117 (100%)	3,860 (93.76%)	257 (6.24%)
Vulva carcinoma	1,453 (100%)	1,324 (91.12%)	129 (8.88%)
Vaginal carcinoma	207 (100%)	145 (70.05%)	62 (29.95%)
Others*	525 (100%)	475 (90.48%)	50 (9.52%)
Total	12,937	11,680	1,257

	Non-primary cases		
		operated	not operated
	Total	absolute (in %)	absolute (in %)
Ovary carcinoma	2,449 (100%)	557 (22.74%)	1,892 (77.26%)
Borderline ovary	58 (100%)	44 (75.86%)	14 (24.14%)
Cervical carcinoma	759 (100%)	210 (27.67%)	549 (72.33%)
Endometrial carcinoma	898 (100%)	264 (29.40%)	634 (70.60%)
Vulva carcinoma	715 (100%)	439 (61.40%)	276 (38.60%)
Vaginal carcinoma	87 (100%)	29 (33.33%)	58 (66.67%)
Others*	215 (100%)	109 (50.70%)	106 (49.30%)
Total	5,181	1,652	3,529

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

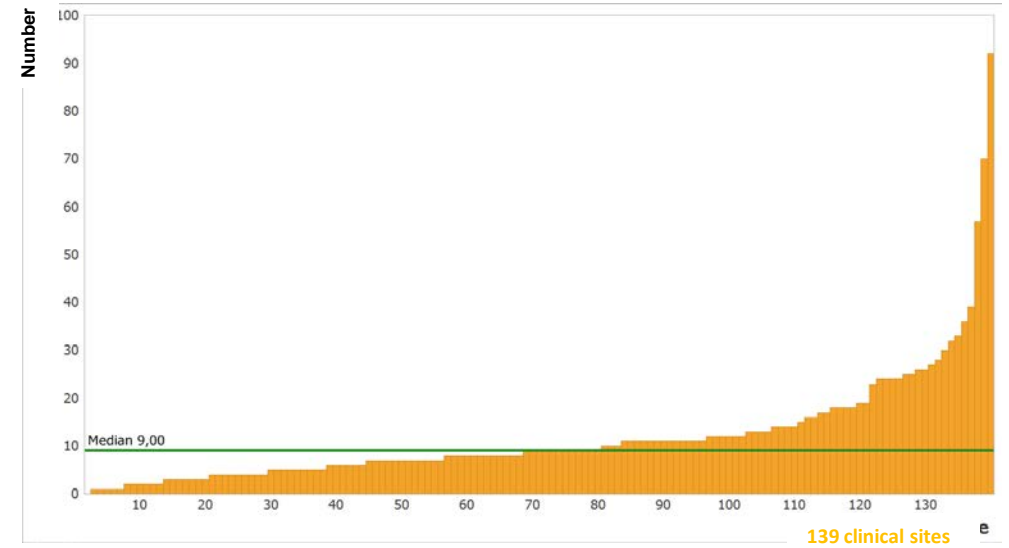
Surgical cases with a genital malignoma

Surgical primary cases



	2014	2015	2016	2017
Max	267.00	223.00	310.00	342.00
95 th percentile	155.45	162.60	157.30	149.00
75 th percentile	103.25	98.00	104.25	97.00
Median	71.50	71.00	68.00	71.00
25 th percentile	57.00	58.00	58.00	57.00
5 th percentile	48.55	47.20	44.35	44.00
Min	36.00	32.00	40.00	36.00

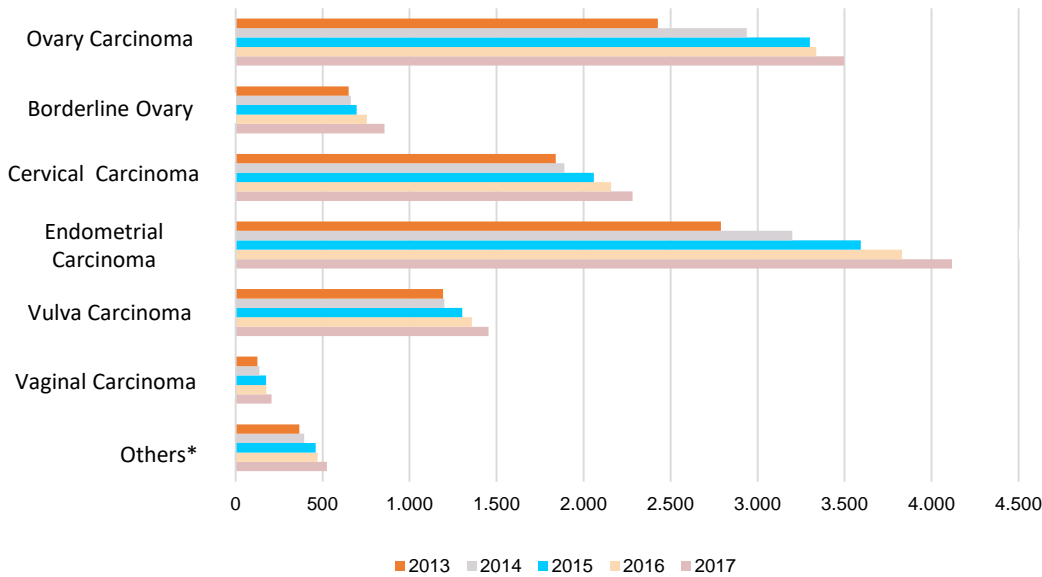
Surgical non-primary cases



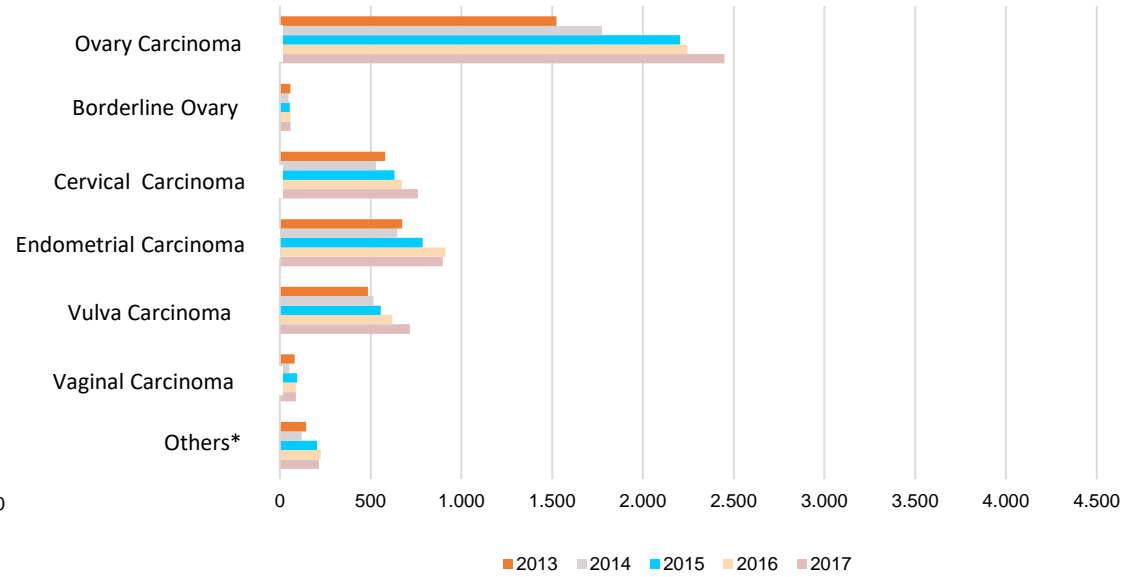
	2013	2014	2015	2016	2017
Max	67.00	70.00	69.00	69.00	92.00
95 th percentile	29.00	30.45	35.40	30.00	30.20
75 th percentile	16.50	15.00	14.00	17.00	13.00
Median	9.00	8.00	10.00	9.00	9.00
25 th percentile	6.00	5.00	6.00	5.00	5.00
5 th percentile	2.10	1.00	2.00	1.35	2.00
Min	0.00	0.00	0.00	0.00	0.00

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

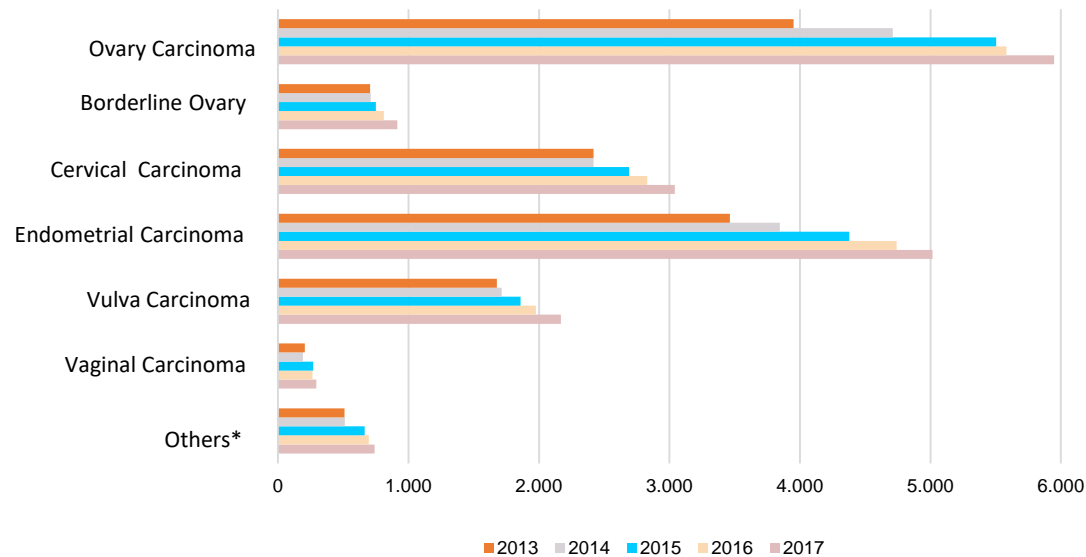
Distribution primary cases



Distribution non-primary cases

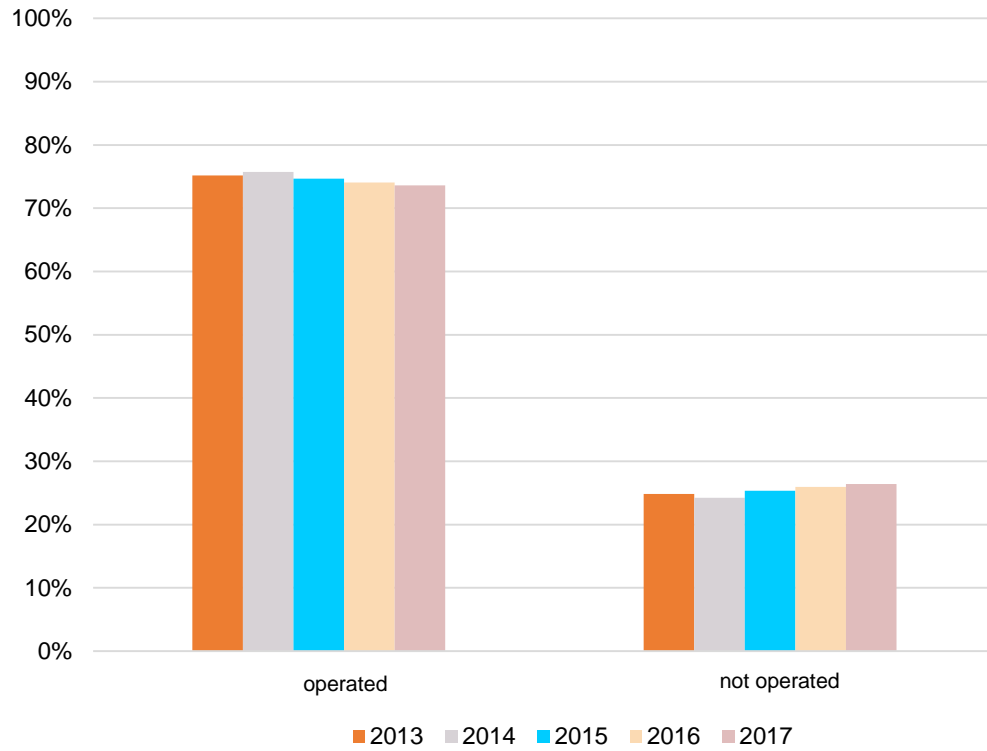


Distribution total case number

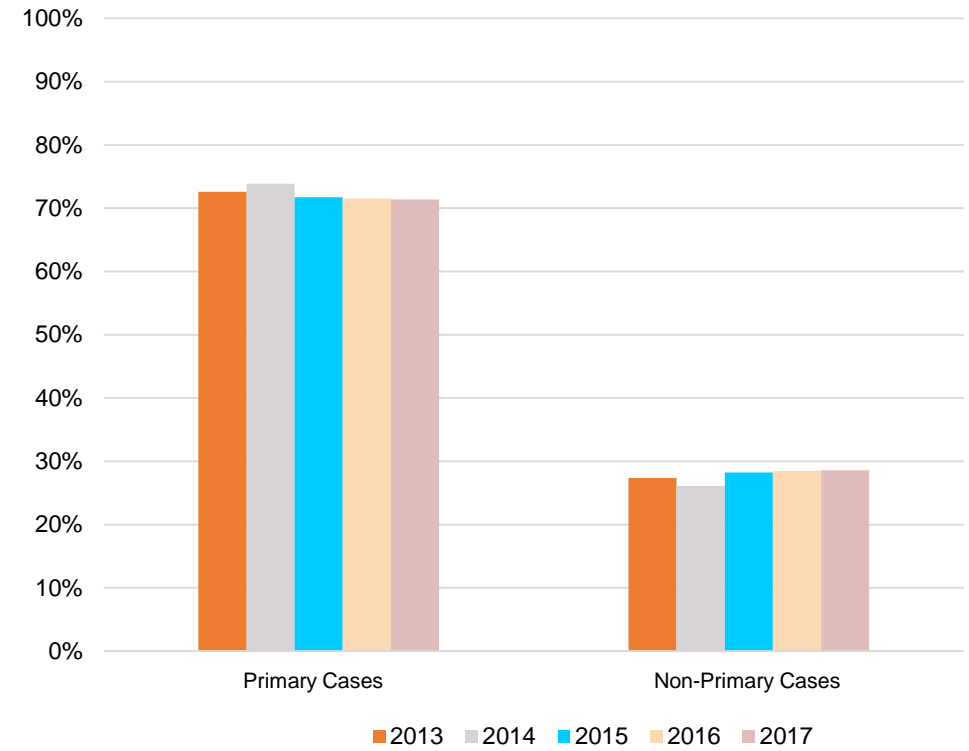


Basic data – changes in case numbers between the indicator years 2013-2017

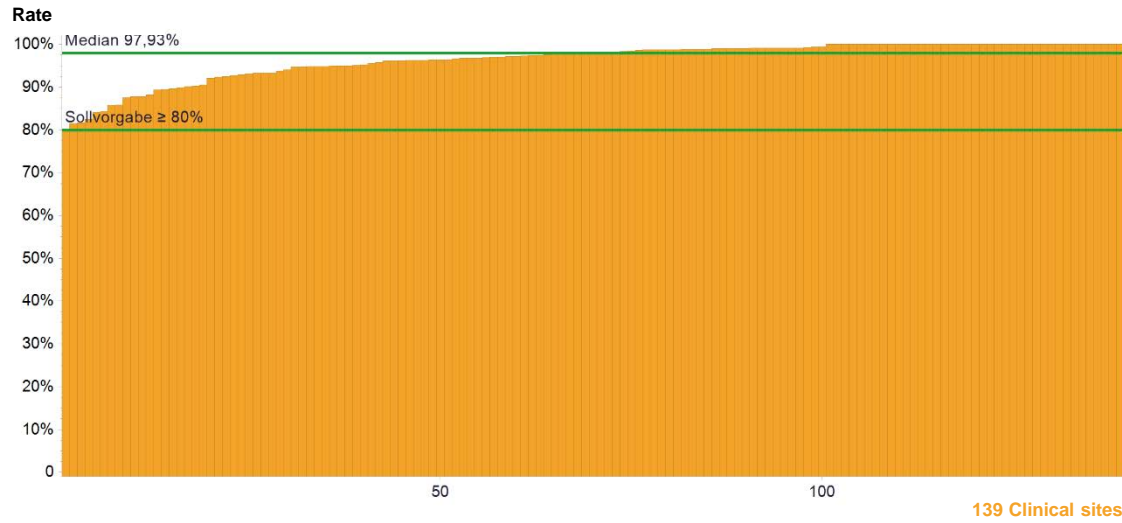
Distribution total case number operated / not operated



Distribution total case number

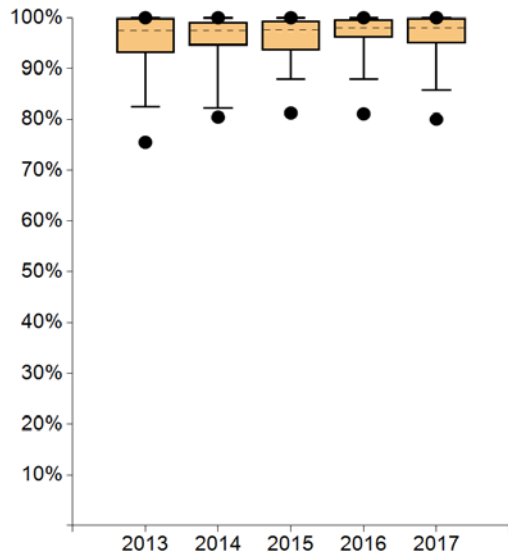


1. Presentation tumour conference



	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Female patients with a genital malignoma who were presented at the tumour conference	99*	54 - 644	1,401
Denominator	Total case number (= indicator 5)	101*	63 - 654	18,118
Rate	Target value ≥ 80%	97.93%	80,00% - 100%	96.04%**

Sollvorgabe = target value



	2013	2014	2015	2016	2017
● Max	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	100%	99.22%	99.38%	99.64%	100%
Median	97.37%	97.43%	97.56%	97.98%	97.93%
25 th percentile	93.08%	94.53%	93.53%	96.09%	94.87%
5 th percentile	82.42%	82.19%	87.90%	87.91%	85.79%
● Min	75.47%	80.41%	81.25%	81.07%	80.00%

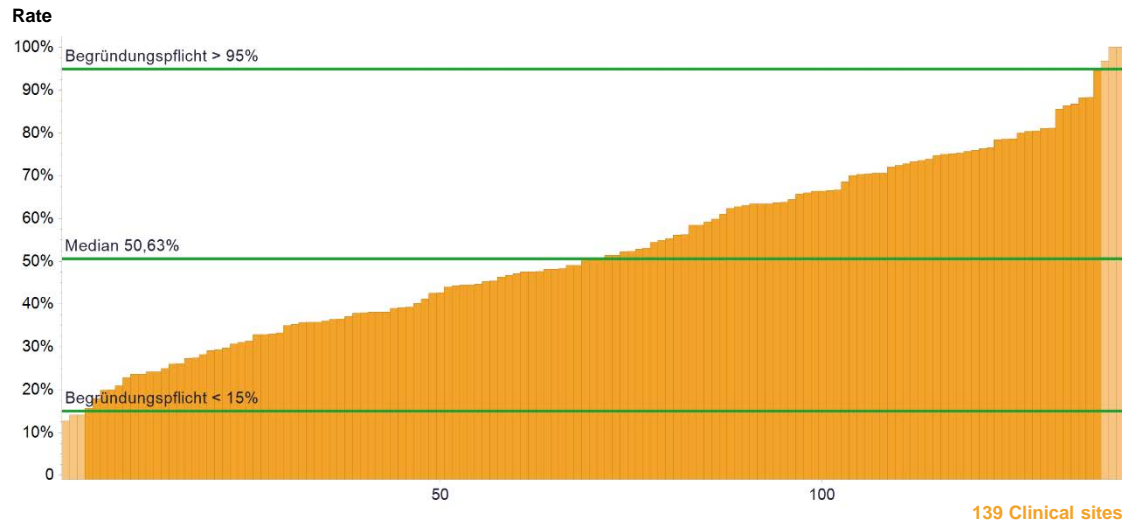
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
139	100.00%	139	100.00%

Comments:

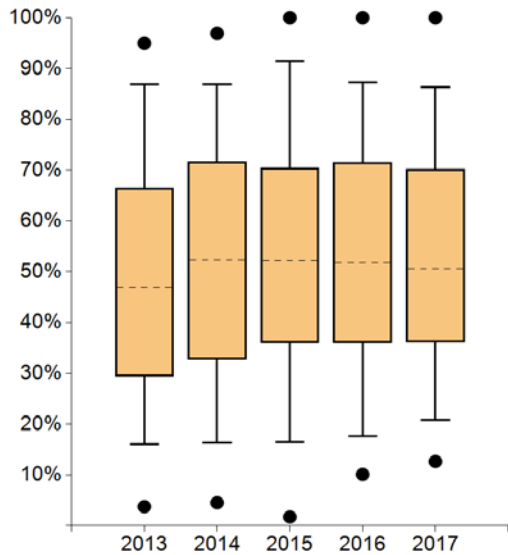
Ongoing very good implementation of the indicator in the Centres. In audit year 2018, too, all Centres met the target value for the tumour conference presentation of patients with a genital malignoma. The majority of the Centres were able to increase or maintain their rate (n=70 Centres). 39 Centres had a 100% presentation rate in the tumour conference in indicator year 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
 ** For values outside the plausibility limit(s) the Centres must give the reasons.

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



Begründungspflicht = mandatory statement of reasons



	2013	2014	2015	2016	2017
● Max	95.00%	96.91%	100%	100%	100%
95 th percentile	86.85%	86.83%	91.50%	87.27%	86.35%
75 th percentile	66.42%	71.61%	70.41%	71.46%	70.18%
Median	46.93%	52.36%	52.20%	51.72%	50.63%
25 th percentile	29.38%	32.68%	35.97%	36.05%	36.16%
5 th percentile	16.12%	16.34%	16.40%	17.69%	20.77%
● Min	3.77%	4.55%	1.74%	10.11%	12.66%

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Patients (= cases, definition 1.2.1), who received, in an outpatient or inpatient setting, psycho-oncological counselling (session ≥ 25 min.)	58*	10 - 523	,9433
Denominator	Total case number (= indicator 5)	101*	63 - 654	18,118
Rate	Mandatory statement of reasons*** < 15% and >95%	50.63%	12.66% - 100%	52.06%**

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
139	100.00%	133	95.68%

Comments:

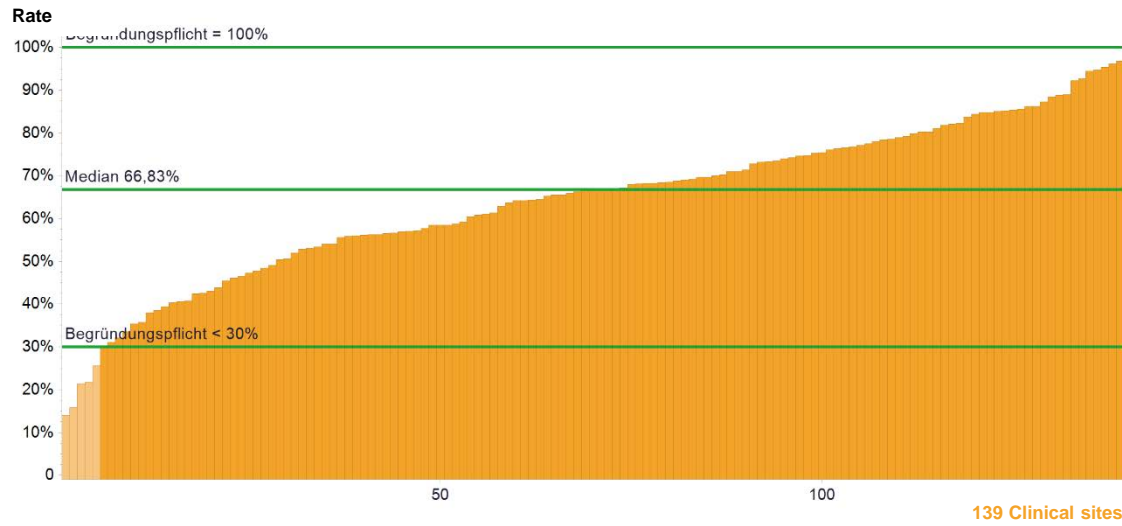
The results for the psycho-oncological counselling rate were almost unchanged over the course of time. In 6 Centres a low (<15%) counselling rate requiring substantiation was recorded in audit year 2018. The reasons given by the Centres for the low rates were staff shortages and limited take-up of the counselling services by patients. The systematic screening using standardised instruments is well established in the Centres. The auditors made remarks about the inclusion of outpatients in the counselling services.

*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.

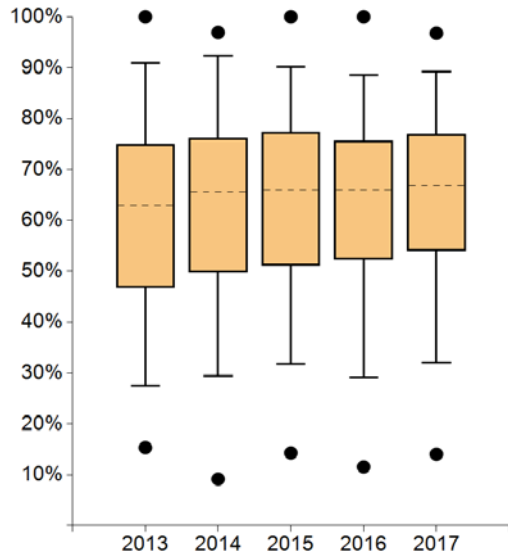
** If value is outside the plausibility corridor, centres have to give an explanation.

*** If value is outside the plausibility corridor, centres have to give an explanation.

3. Counselling social services



Begründungspflicht = mandatory statement of reasons



	2014	2015	2016	2017	2017
● Max	96.91%	100%	100%	100%	96.77%
95 th percentile	92.31%	90.21%	88.58%	86.35%	89.23%
75 th percentile	76.18%	77.36%	75.55%	70.18%	76.92%
Median	65.52%	65.95%	66.00%	50.63%	66.83%
25 th percentile	49.86%	51.12%	52.36%	36.16%	54.06%
5 th percentile	29.36%	31.83%	29.14%	20.77%	32.00%
● Min	9.16%	14.29%	11.56%	12.66%	14.05%

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Patients (= cases, definition 1.2.2), who received counselling by the social services in an inpatient or outpatient setting	71*	10 - 488	11,403
Denominator	Total case number (= indicator 5)	101*	63 - 654	18,118
Rate	Mandatory statement of reasons*** < 30% and =100%	66.83%	14.05% - 96.77%	62.94%**

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
139	100.00%	134	96,40%

Comments:

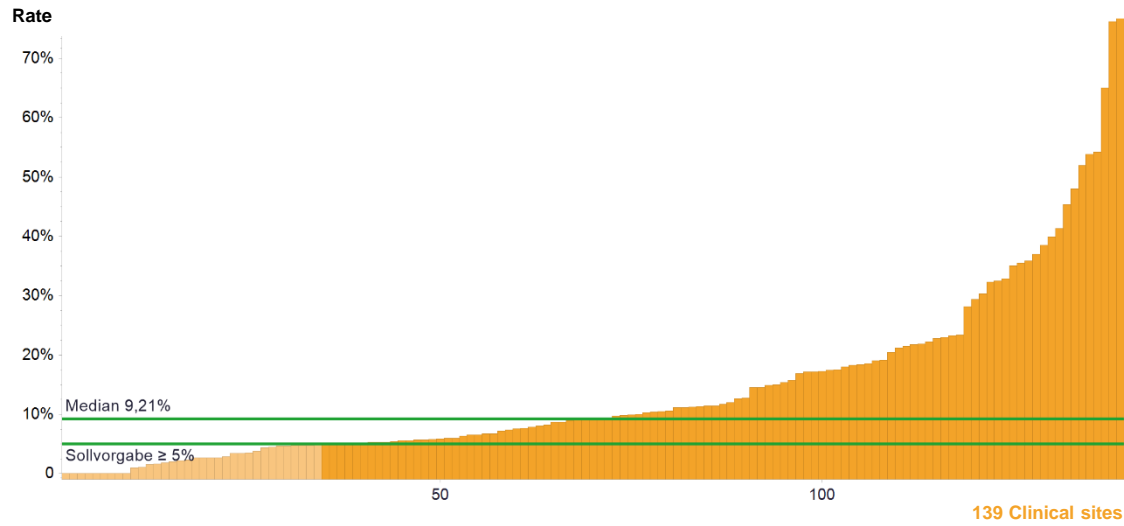
Ongoing good implementation of the indicator with a slightly higher median. In audit year 2018 5 Centres had a low (<30%) social services counselling rate requiring substantiation, including 2 Centres in German-speaking countries abroad. In these countries the statutory provisions for social services care are different (outpatient counselling facilities). The main reasons given by the 3 German Centres with low counselling rates were short-term staff bottlenecks and limited take-up. The auditors made remarks about increasing the counselling rate.

*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.

** If value is outside the plausibility corridor, centres have to give an explanation.

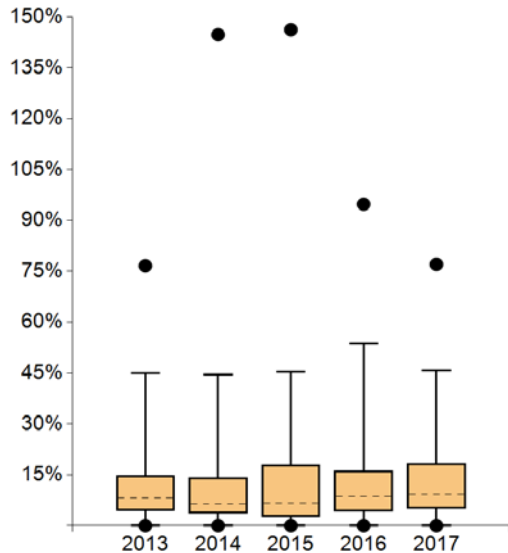
*** If value is outside the plausibility corridor, centres have to give an explanation.

4. Study participation



Sollvorgabe = target value

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Patients of the Gynaecology Centre included in a study with an ethical vote	7*	0 - 195	2,332
Denominator	Primary cases with a genital carcinoma (= indicator 5)	77*	43 - 364	12,937
Rate	Target value $\geq 5\%$	9.21%	0.00% - 77.03%	18.03%**



	2013	2014	2015	2016	2017
● Max	76.61%	144.74%	146.19%	94.76%	77.03%
95 th percentile	44.85%	44.52%	45.41%	53.69%	45.66%
75 th percentile	14.81%	14.18%	17.86%	16.14%	18.32%
Median	8.11%	6.35%	6.57%	8.59%	9.21%
25 th percentile	4.51%	3.56%	2.70%	4.34%	5.04%
5 th percentile	0.10%	0.00%	0.00%	0.00%	0.00%
● Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
139	100.00%	105	75.54%

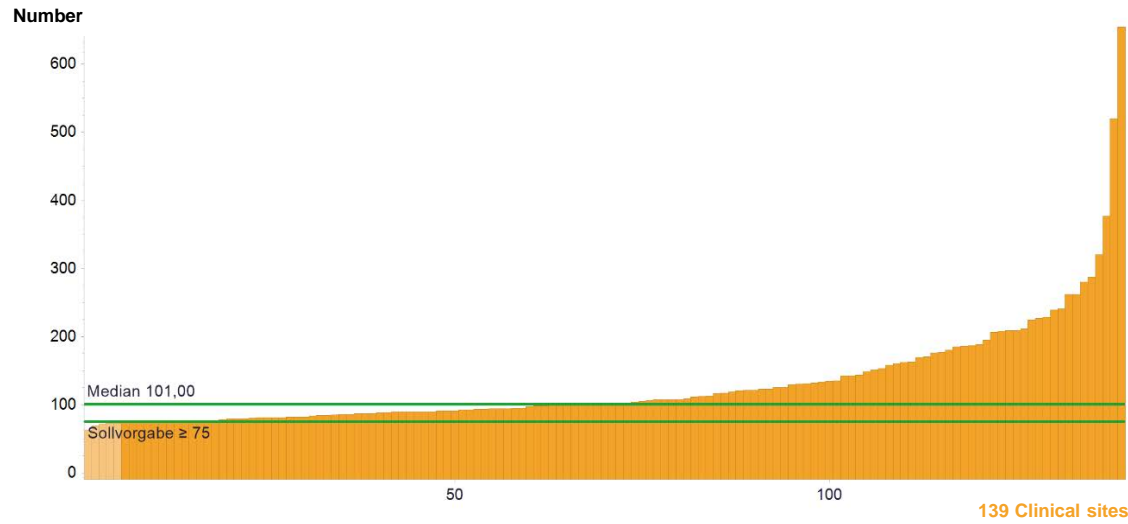
Comments:

Compared to the previous year, improved implementation of the indicator in the Centres. The maximum value fell whereas the median increased. A larger share of the Centres met the target value (2016: 73.44%). 68 Centres were able to increase their study rate in audit year 2018. In 56 Centres this rate had fallen. 3 Centres with a 0% rate had not included any patients in studies the previous year either. Centres with low rates stated that, despite their efforts, they had not been able to find any suitable studies for participation or that initiation as a study centre was not possible because of the Centre size. Other reasons given were refusal to participate in studies or failure to meet the inclusion criteria. The auditors made remarks about possible study participations and formulated deviations in the case of repeated low rates.

*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

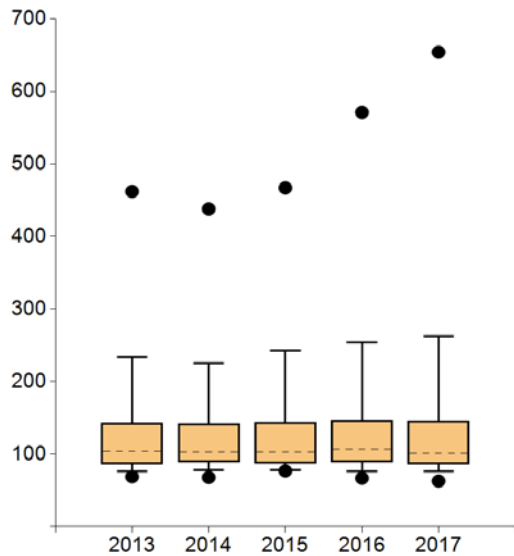
** For values outside the plausibility limit(s) the Centres must give the reasons.

5. Total case number with a gynecological genital malignoma



	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Number	Primary cases with a genital malignoma (Def. 1.2.1)	101	63 - 654	18,118
	Target value ≥ 75			

Sollvorgabe = target value



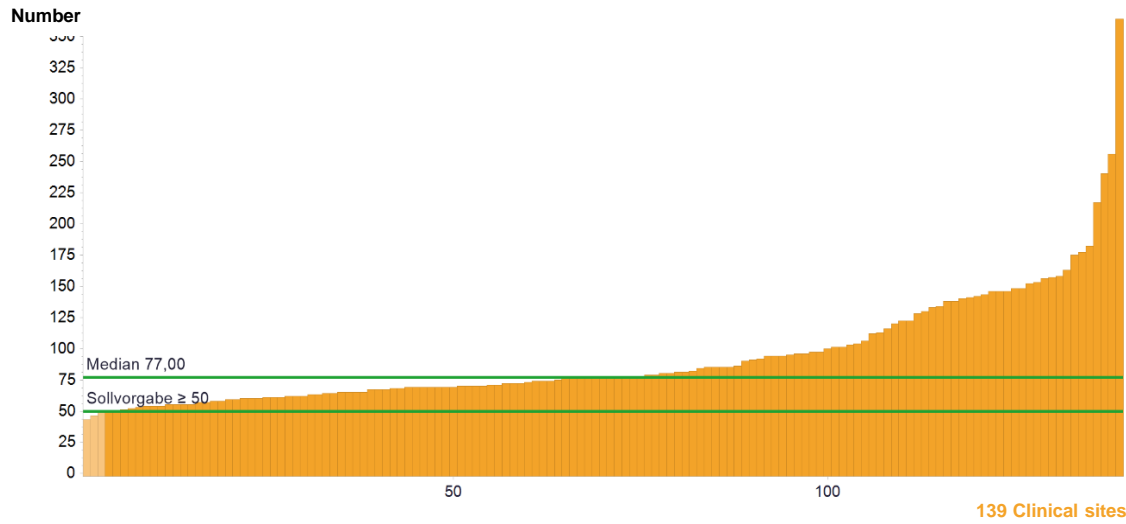
	2013	2014	2015	2016	2017
● Max	462.00	438.00	467.00	571.00	654.00
95 th percentile	233.70	225.60	243.00	253.65	262.00
75 th percentile	143.00	141.75	144.00	147.00	145.50
Median	104.00	103.00	103.00	106.50	101.00
25 th percentile	86.00	89.00	87.00	89.00	86.00
5 th percentile	76.00	78.00	78.00	76.35	75.90
● Min	69.00	68.00	77.00	67.00	63.00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
139	100.00%	134	96.40%

Comments:

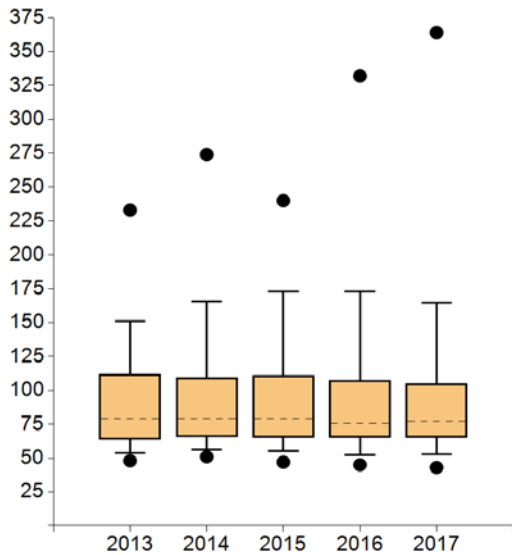
Compared to the previous year slightly lower median and increasing maximum value. In indicator year 2017 a total of 18,118 patients with a genital malignoma were treated in the Centres (2016: 16,902 patients). When considering the Centres that provided data for the annual report for both 2017 and 2016, the case number increased by 269 in Indicator year 2017 (from 16,803 patients in 2016 to 17,072 in 2017). 5 Centres failed to meet the target value. In 2 of the Centres a surveillance audit was conducted in 2017 (documentation required of the case numbers for recertification in the re-audit [every three years].) In the 3 other Centres the target value was reached on average over the past 3 years. The auditors made remarks about increasing the case number which will be subject to critical appraisal during the next audits.

6. Primary cases with a gynecological genital malignoma



	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Number	Primary cases with a genital malignoma (Def. 1.2.1)	77	43 - 364	12,937
	Target value ≥ 50			

Sollvorgabe = target value



	2013	2014	2015	2016	2017
● Max	233.00	274.00	240.00	332.00	364.00
95 th percentile	150.80	165.60	173.00	172.85	164.20
75 th percentile	112.00	109.25	111.00	107.50	105.00
Median	79.00	79.00	79.00	75.50	77.00
25 th percentile	63.50	65.75	65.00	65.00	65.00
5 th percentile	54.00	56.00	55.20	52.35	52.90
● Min	48.00	51.00	47.00	45.00	43.00

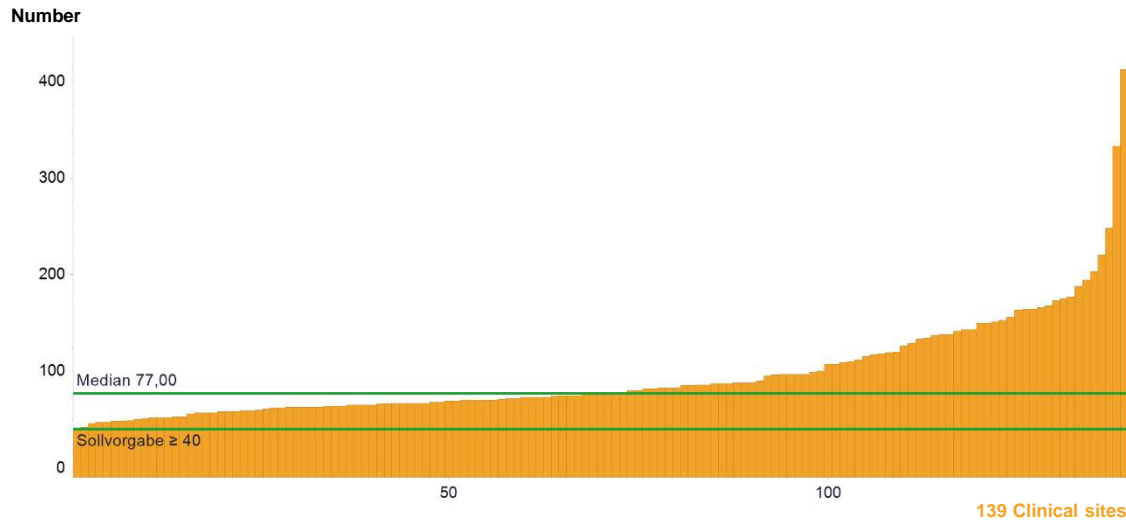
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
139	100.00%	136	97.84%

Comments:

The median of primary cases increased compared to the previous year. When considering all Centres that provided data for both indicator year 2016 and indicator year 2017 for the annual report, the total number of treated primary cases with a genital malignoma increased from by 101 patients from 12,022 to 12,123 primary cases in indicator year 2017. 3 Centres failed to meet the target value in audit year 2018. 2 of the Centres also failed to meet the target value for the total case number (Indicator 5), but were able to document compliance with the minimum numbers for both indicators on average over the past 3 years. In the third Centre that failed to meet the target value, a surveillance audit was conducted in audit year 2018 (documentation required of the case numbers for recertification in the re-audit [every three years].)

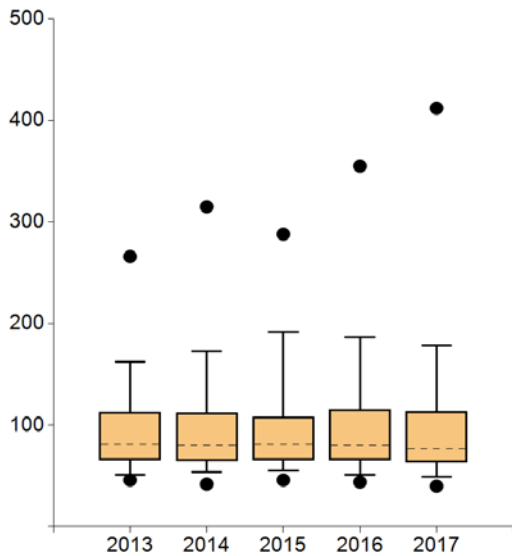
Sollvorgabe = target value

7. Surgical cases with a gynecological genital malignoma



	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Number	Surgical cases with a genital malignoma (Def. 5.2.6)	77	40 - 412	13,332
	Target value ≥ 40			

Sollvorgabe = target value



	2013	2014	2015	2016	2017
● Max	266.00	315.00	288.00	355.00	412.00
95 th percentile	162.00	172.70	191.60	186.55	178.10
75 th percentile	113.00	111.75	108.00	115.25	113.50
Median	81.00	80.50	81.00	80.50	77.00
25 th percentile	66.00	65.00	66.00	66.00	64.00
5 th percentile	51.20	54.00	55.00	51.00	48.90
● Min	46.00	42.00	46.00	44.00	40.00

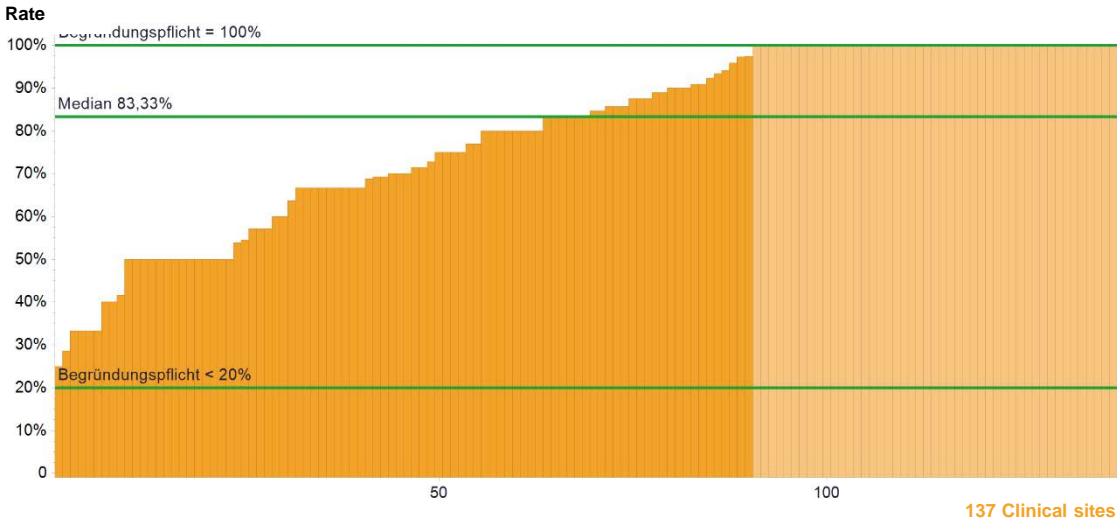
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
139	100.00%	139	100.00%

Comments:

The median number of surgical cases with a genital malignoma fell compared to the previous year. Overall, in audit year 2017 more patients underwent surgery in certified Gynaecological Cancer Centres (13,332 versus 12,518 the previous year). In all Centres in audit year 2018 the target value of at least 40 surgical cases with a genital malignoma was reached.

Sollvorgabe = target value

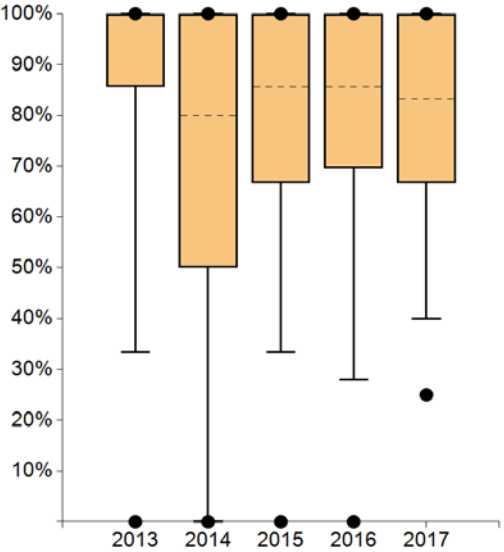
8. Surgical staging early ovary carcinoma (GL ovary QI 1)



137 Clinical sites

Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Surgical primary cases with an ovary carcinoma FIGO I-IIIa and surgical staging (Def. see Indicator Sheet)	5*	1 - 37	871
Denominator	Surgical primary cases with an ovary carcinoma FIGO I-IIIa	7*	1 - 38	1,073
Rate	Mandatory statement of reasons*** < 20% and =100%	83.33%	25.00% - 100%	81.17%**



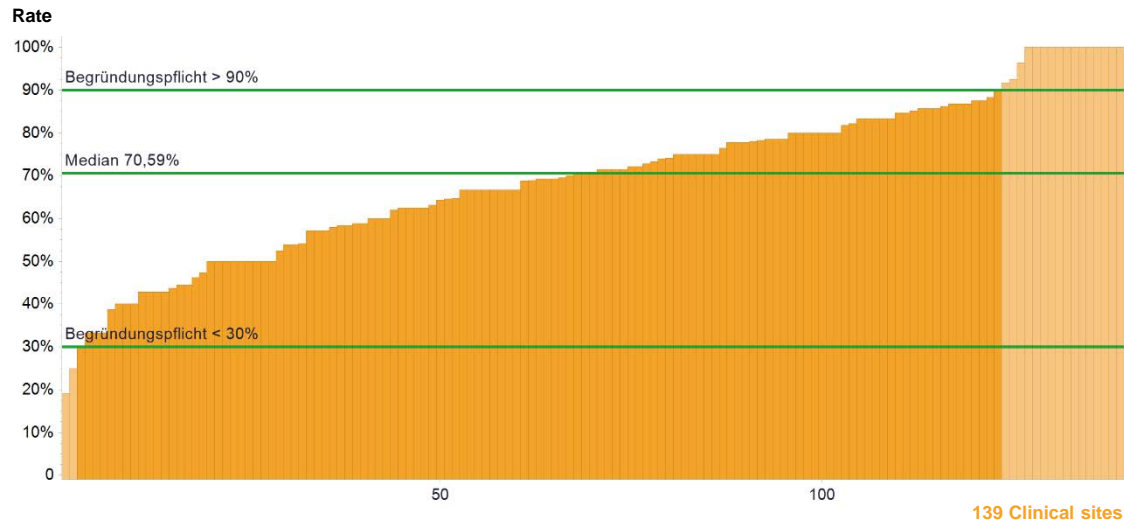
	2013	2014	2015	2016	2017
● Max	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%	100%
Median	100%	80.00%	85.71%	85.71%	83.33%
25 th percentile	85.71%	50.00%	66.67%	69.69%	66.67%
5 th percentile	33.33%	0.00%	33.33%	27.92%	40.00%
● Min	0.00%	0.00%	0.00%	0.00%	25.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
137	98.56%	90	65.69%

Comments:
 The quality indicator in the Guideline was again implemented in a non-homogeneous manner in the Centres. Compared to the previous year, the median was lower with an improved minimum value for the first time. In indicator year 2017, 75 Centres were able to maintain or improve their surgical staging rate. In indicator 2017 no Centre had a low (<20%) staging rate requiring substantiation. In 47 Centres 100% of patients with FIGO I-IIIa ovarian cancer underwent complete surgical staging. The reasons given by Centres with low rates were renunciation of LNE in line with the results of the LION study or for pT1a tumours, results classified as inoperable intra-operatively, refusal of surgery or renunciation of surgical staging because of comorbidity or advanced age of patients, and discontinuation of surgery in individual cases because of intra-operative complications.

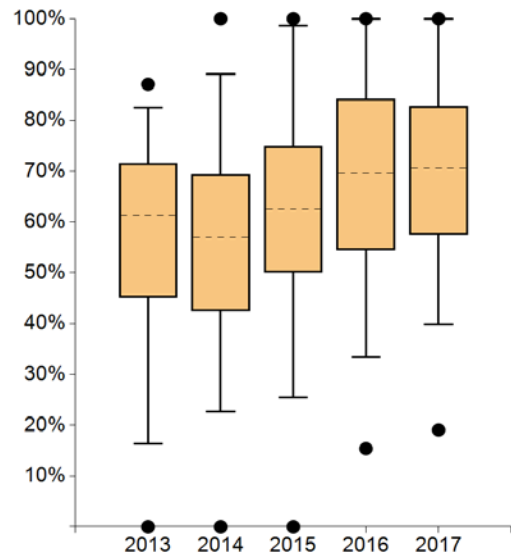
*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
 ** If value is outside the plausibility corridor, centres have to give an explanation.
 *** If value is outside the plausibility corridor, centres have to give an explanation.

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



	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Surgical primary cases ovary carcinoma FIGO IIB-IV with macroscopic complete resection	8*	1 - 106	1,496
Denominator	Surgical primary cases ovary carcinoma FIGO IIB-IV	12*	2 - 136	2,124
Rate	Mandatory statement of reasons*** <30% and >90%	70.59%	19.05% - 100%	70.43%**

Begründungspflicht = mandatory statement of reasons



	2013	2014	2015	2016	2017
● Max	87.10%	100%	100%	100%	100%
95 th percentile	82.46%	89.15%	98.62%	100%	100%
75 th percentile	71.43%	69.42%	75.00%	84.16%	82.74%
Median	61.25%	56.91%	62.50%	69.66%	70.59%
25 th percentile	45.20%	42.56%	50.00%	54.49%	57.52%
5 th percentile	16.29%	22.69%	25.45%	33.33%	39.87%
● Min	0.00%	0.00%	0.00%	15.38%	19.05%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
139	100.00%	121	87,05%

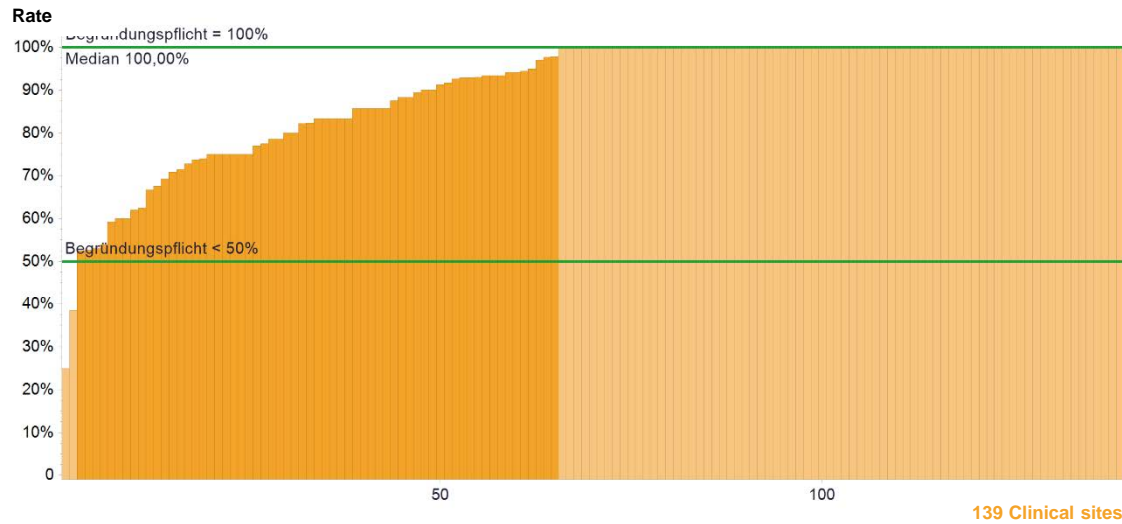
Comments:
Ongoing increase in the median and the minimum value over the course of time. The majority of Centres were able to increase their rate of macroscopic complete resections compared to the previous year (improved rate: 63 Centres; worse rate: 54 Centres). In 13 Centres a 100% R0 rate could be achieved for surgical primary cases with FIGO IIB-IV ovarian cancer. 2 Centres had a low R0 rate (<30%) requiring substantiation. The reason they gave was complex intra-operative results which meant that (even when they brought in their visceral surgery treatment partner), no macroscopic complete resection was possible. The auditors confirmed the plausibility of the information during the audit on the basis of individual case examinations.

*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.

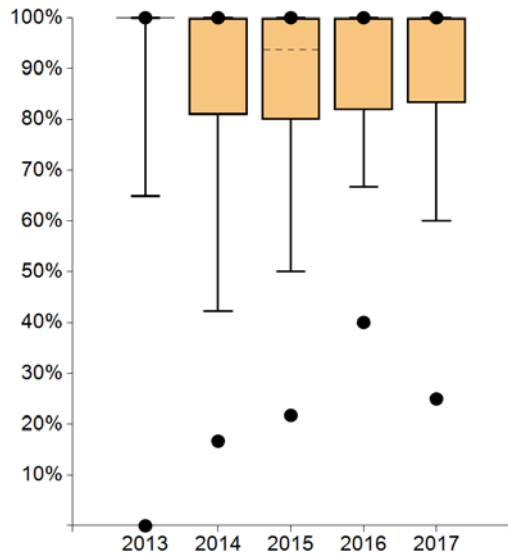
** If value is outside the plausibility corridor, centres have to give an explanation.

*** If value is outside the plausibility corridor, centres have to give an explanation.

10. Surgery advanced ovary carcinoma (GL ovary QI 4)



Begründungspflicht = mandatory statement of reasons



	2013	2014	2015	2016	2017
● Max	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%	100%
Median	100%	100%	93.75%	100%	100%
25 th percentile	100%	80.85%	80.00%	81.82%	83,33%
5 th percentile	64.86%	42.30%	50.00%	66.67%	59,93%
● Min	0.00%	16.67%	21.74%	40.00%	25,00%

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Surgical primary cases ovary carcinoma FIGO IIB-IV, whose definitive surgical therapy was performed by a gynaeco-oncologist	10*	2 - 132	1,891
Denominator	Surgical primary cases ovary carcinoma FIGO IIB-IV after conclusion of surgical therapy	12*	2 - 136	2,124
Rate	Mandatory statement of reasons*** < 50% and =100%	100%	25.00% - 100%	89.03%**

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
139	100.00%	63	45.32%

Comments:

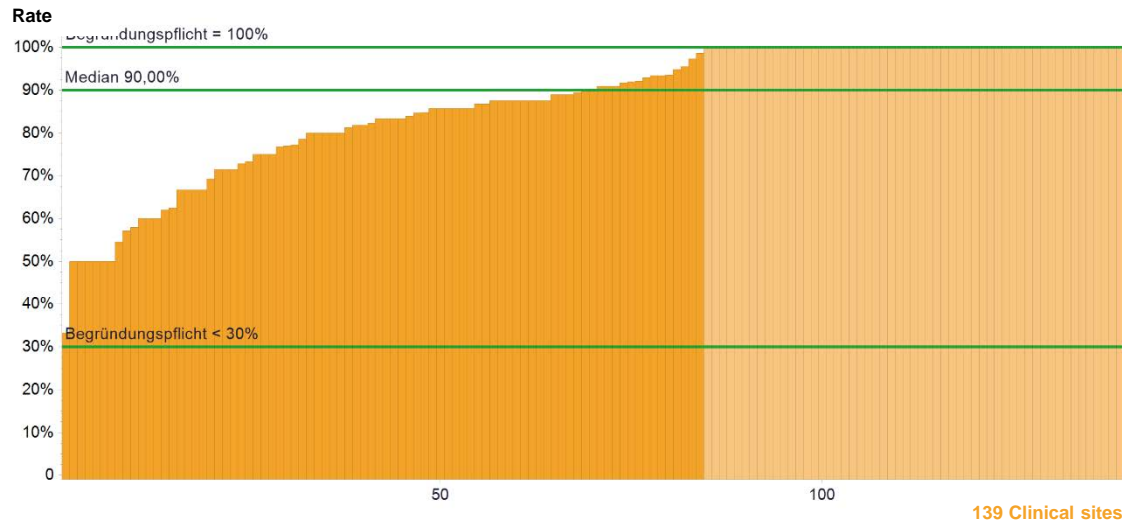
2 Centres had a low rate requiring substantiation (<50%) of surgical interventions performed by gynaecologists in indicator year 2017. The reasons given were the departure of a focus specialist or surgical care by an experienced onco-gynaecologist. In indicator year 2018 a new focus specialist could be secured in the first Centre which means that the rate will increase in the near future. In the second Centre the auditor pointed out that surgical interventions should be performed by the focus specialist. In 74 Centres 100% of the surgical interventions were performed by gynaeco-oncologists. Out of the two Centres with a low rate (<50%) requiring substantiation the previous year, one was able to increase the rate to 100% whereas the second Centre lost its certificate.

*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.

** If value is outside the plausibility corridor, centres have to give an explanation.

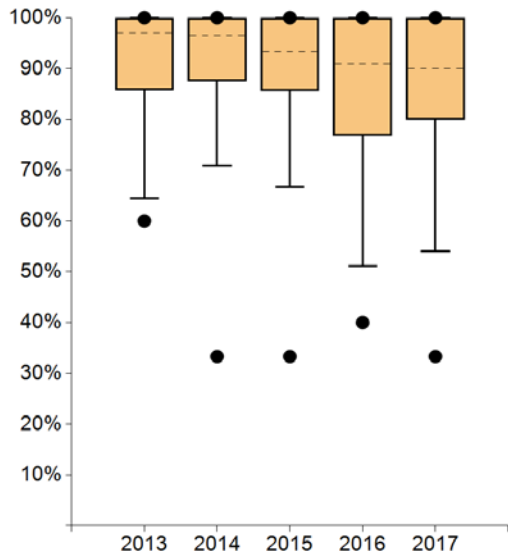
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Surgical primary cases ovary carcinoma FIGO IIB-IV with post-operative chemotherapy	9*	1 - 134	1,711
Denominator	Surgical primary cases ovary carcinoma FIGO IIB-IV and chemotherapy	11*	2 - 136	1,926
Rate	Mandatory statement of reasons*** < 30% and =100%	90.00%	33.33% - 100%	88.84%**



	2013	2014	2015	2016	2017
● Max	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%	100%
Median	97.06%	96.44%	93.33%	90.91%	90.00%
25 th percentile	85.83%	87.50%	85.71%	76.74%	80.00%
5 th percentile	64.44%	70.79%	66.67%	51.17%	54.10%
● Min	60.00%	33.33%	33.33%	40.00%	33.33%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
139	100.00%	84	60.43%

Comments:

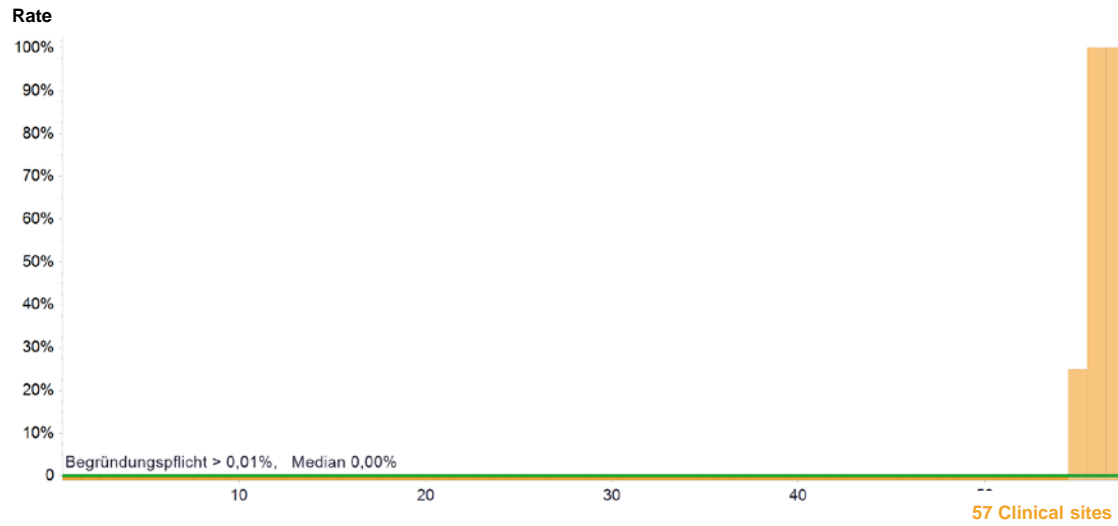
More or less same implementation of the indicator compared to the previous year. Compared to the previous year chemotherapy was performed more frequently 100% post-operatively for FIGO IIB-IV patients (55 Centres, 2016: 42 Centres). The 3 Centres with the lowest rates of post-operative therapies (<50%) the previous year were able to offer more patients post-operative chemotherapy in line with the Guideline in indicator year 2017. In 2017 all Centres had a rate above the limit requiring substantiation of 30%.

*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.

** If value is outside the plausibility corridor, centres have to give an explanation.

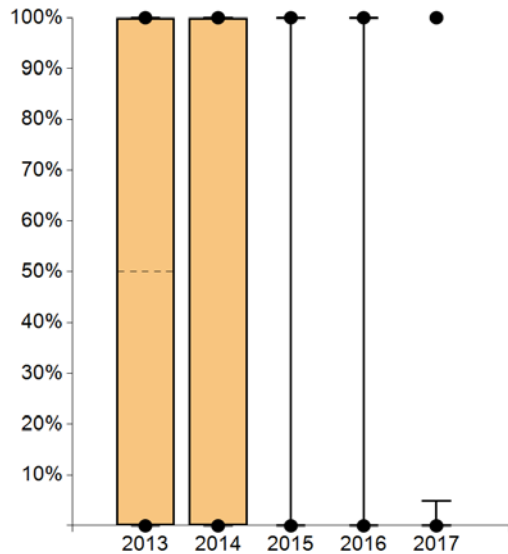
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Surgical primary cases FIGO IA, grade 1 and complete surgical staging with adjuvant chemotherapy	0*	0 - 1	3
Denominator	Surgical primary cases FIGO IA, grade 1 and complete surgical staging	1*	1 - 4	86
Rate	Mandatory statement of reasons*** > 0.01%	0.00%	0.00% - 100%	3.49%**

Begründungspflicht = mandatory statement of reasons



	2013	2014	2015	2016	2017
● Max	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	5%
75 th percentile	100%	100%	0.00%	0.00%	0.00%
Median	50.00%	0.00%	0.00%	0.00%	0.00%
25 th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
5 th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
● Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
57	43.75%	54	94.74%

Comments:

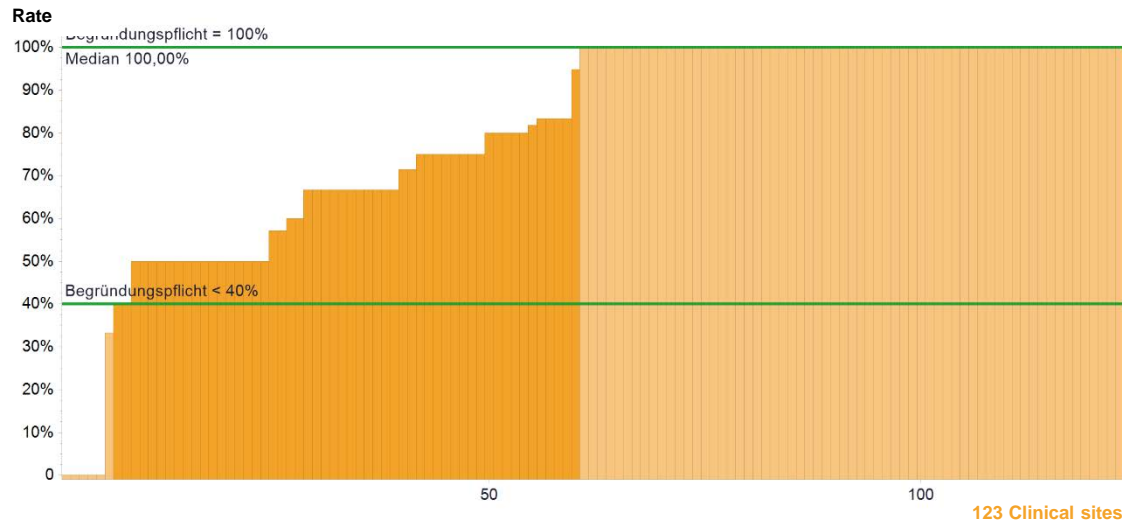
82 Centres did not treat any patients with FIGO IA, stage 1 ovarian cancer and complete surgical staging, and were not, therefore, included for this indicator. In 54 Centres no chemotherapy was offered to patients with ovarian cancer in line with the Guideline recommendation. The proportion of Centres which did not perform any adjuvant chemotherapy in patients in the denominator population increased compared to the previous year (from 84.9% to 94.74%). In 3 Centres in indicator year 2017 adjuvant chemotherapy was conducted for patients (n=3) with early ovarian cancer (in line with the denominator definition). The reasons given by the Centres were simultaneous endometrial cancer, the wish of patients of a young age.

*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.

** If value is outside the plausibility corridor, centres have to give an explanation.

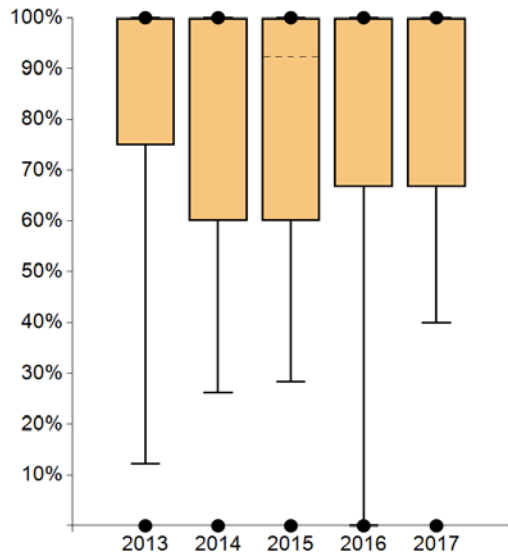
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Primary cases ovary carcinoma FIGO 1A/1B grade 3 and FIGO IC with platinum-containing chemotherapy	2*	0 - 18	340
Denominator	Primary cases ovary carcinoma FIGO 1A-1B grade 3 and FIGO IC	3*	1 - 19	427
Rate	Mandatory statement of reasons*** < 40% and =100%	100%	0.00% - 100%	79.63%**

Begründungspflicht = mandatory statement of reasons



	2013	2014	2015	2016	2017
● Max	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%	100%
Median	100%	100%	92.31%	100%	100%
25 th percentile	75.00%	60.00%	60.00%	66.67%	66.67%
5 th percentile	12.27%	26.25%	28.33%	0.00%	40.00%
● Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
123	88.49%	54	43.90%

Comments:

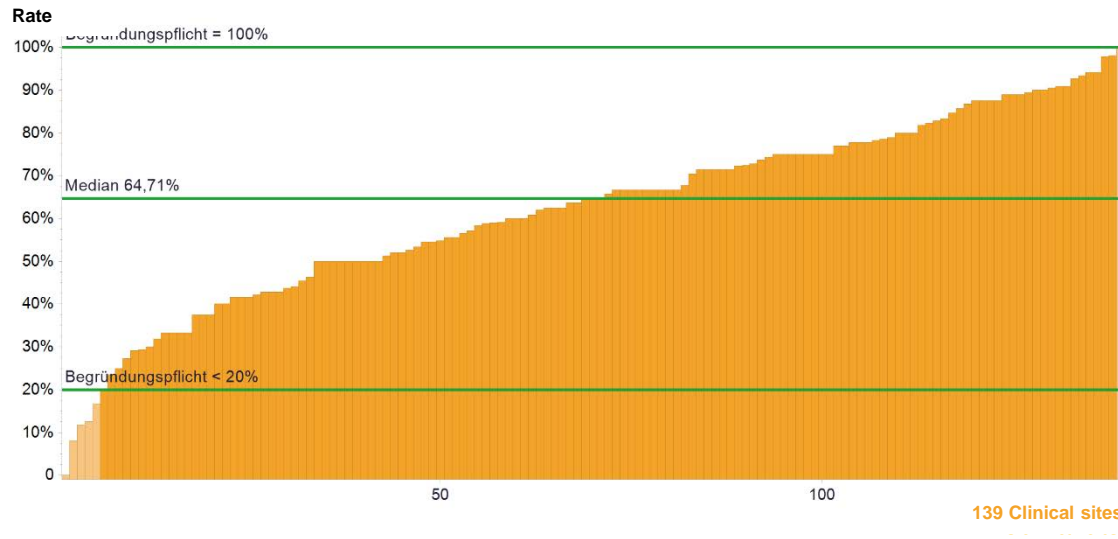
16 Centres did not treat any patients with FIGO IA-IB stage 3 or FIGO IC ovarian cancer in indicator year 2017 and were not, therefore, included for this indicator. In indicator year 2017 340 out of 427 patients underwent platinum-containing chemotherapy in line with the Guideline (=79.63%). The average therapy rate was more or less the same as the previous year (2016: 308/384 = 80.2%). In audit year 2018 6 Centres had a low (<40%) chemotherapy rate requiring substantiation. The reasons they gave were renunciation of therapy because of comorbidities or rejection of chemotherapy by the patients. All 6 Centres had a small population (n ≤ 3).

*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.

** If value is outside the plausibility corridor, centres have to give an explanation.

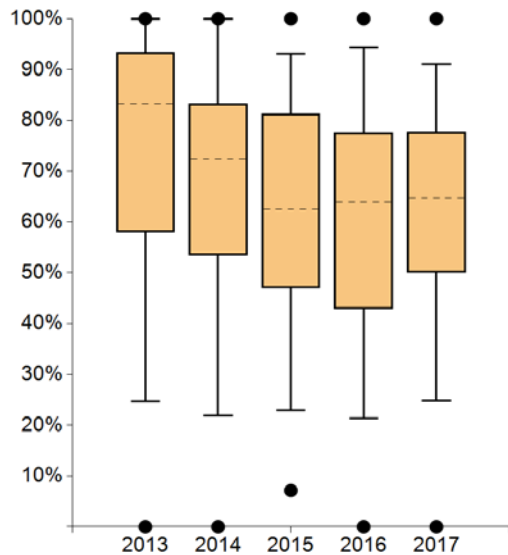
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Primary cases ovary carcinoma FIGO IIB-IV with 6 cycles first-line chemotherapy carboplatin AUC 5 and paclitaxel 175 mg/m ²	10*	0 - 151	1,763
Denominator	Primary cases ovary carcinoma FIGO IIB-IV	16*	5 - 154	2,750
Rate	Mandatory statement of reasons*** < 20% and =100%	64.71%	0.00% - 100%	64.11%**



	2013	2014	2015	2016	2017
● Max	100%	100%	100%	100%	100%
95 th percentile	100%	100%	93.05%	94.42%	91.09%
75 th percentile	93.33%	83.33%	81.25%	77.60%	77.78%
Median	83.33%	72.37%	62.50%	63.97%	64.71%
25 th percentile	58.06%	53.51%	47.06%	42.86%	50.00%
5 th percentile	24.62%	21.93%	22.95%	21.32%	24.85%
● Min	0.00%	0.00%	7.14%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
139	100.00%	133	95.68%

Comments:

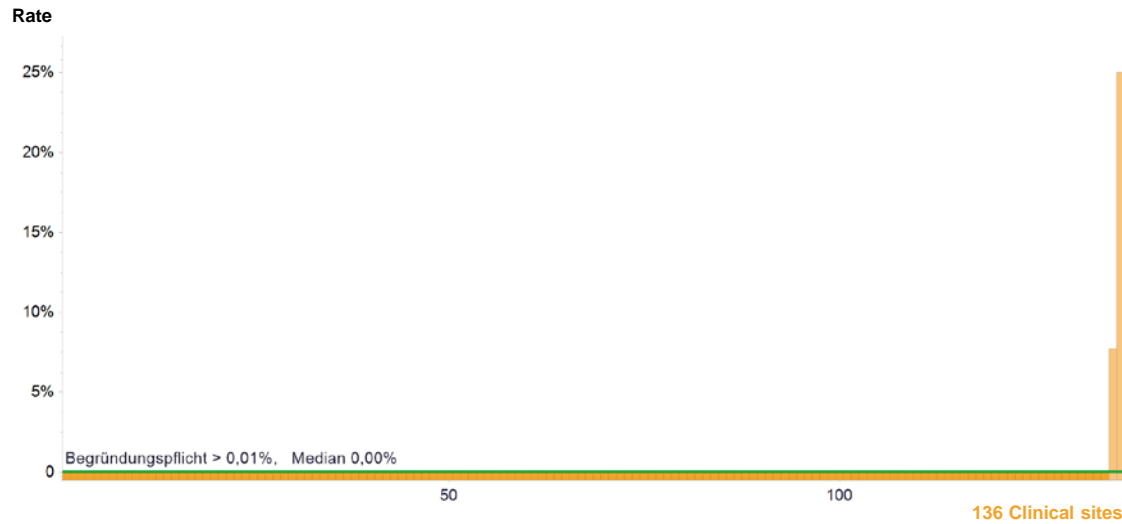
In 5 Centres in indicator year 2017 a low proportion (<20%) requiring substantiation of FIGO IIB-IV ovarian cancers were treated with first-line chemotherapy carboplatin AUC 5 and paclitaxel 175mg/m². 3 out of 6 Centres with a result requiring substantiation the previous year were able to increase their rate. The reasons given by the Centres for the low rates were: deviating therapy regimens (paclitaxel 80mg/m² weekly, carboplatin monotherapy), therapy discontinuation or reduced dose because of adverse drug reactions, rejection of therapy by patients or rapid death, therapy renunciation because of comorbidity or advanced age, and planned but not as yet commenced or completed therapy at the time of recording.

*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.

** If value is outside the plausibility corridor, centres have to give an explanation.

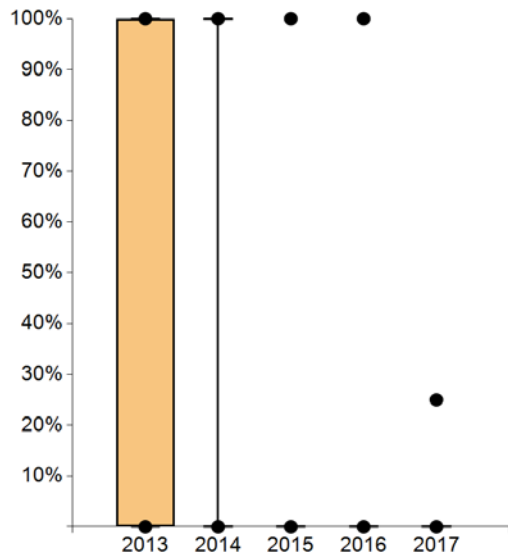
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Primary cases borderline tumour ovary (BOT) with adjuvant therapy	0*	0 - 1	2
Denominator	Primary cases borderline tumour ovary (BOT)	5*	1 - 30	856
Rate	Mandatory statement of reasons*** > 0.01%	0,00%	0,00% - 25,00%	0,23%**



	2013	2014	2015	2016	2017
● Max	100%	100%	100%	100%	25%
95 th percentile	100%	100%	0.00%	0.00%	0.00%
75 th percentile	100%	0.00%	0.00%	0.00%	0.00%
Median	100%	0.00%	0.00%	0.00%	0.00%
25 th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
5 th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
● Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
136	97.84%	134	98.53%

Comments:

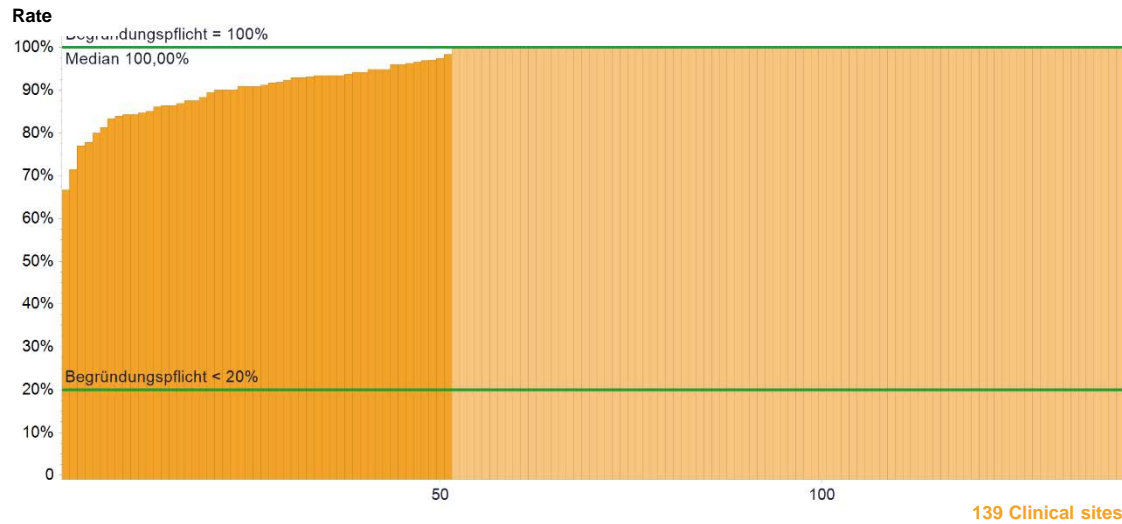
In indicator year 2017 3 Centres did not treat any patients with a borderline ovarian tumour (BOT) and were not, therefore, included in the evaluation (denominator = 0). In 2 Centres adjuvant therapy was given to one of their patients with BOT in indicator year 2017. The reasons given for these individual cases were the presence of a serous borderline tumour and metastasis despite a BOT that was also confirmed in second pathological diagnosis. The auditors confirmed the plausibility of the information.

*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.

** If value is outside the plausibility corridor, centres have to give an explanation.

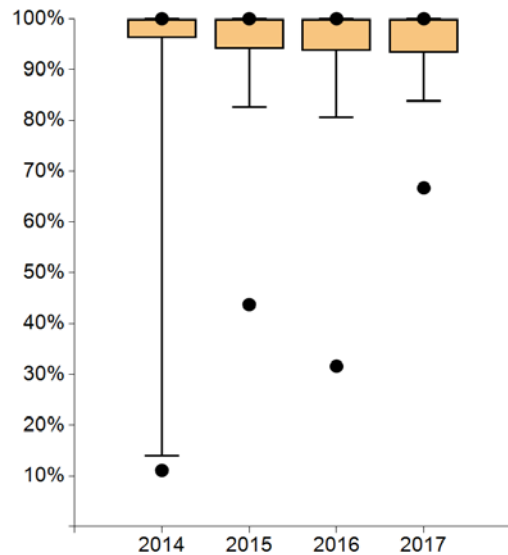
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Patients (primary cases and "non-primary cases") presented at the tumour conference	16*	4 - 74	2,906
Denominator	Patients with an initial diagnosis, recurrence or new remote metastasis of a cervical carcinoma	17*	4 - 87	3,040
Rate	Mandatory statement of reasons*** < 20% and =100%	100%	66.67% - 100%	95.59%**



	2013	2014	2015	2016	2017
● Max	-----	100%	100%	100%	100%
95 th percentile	-----	100%	100%	100%	100%
75 th percentile	-----	100%	100%	100%	100%
Median	-----	100%	100%	100%	100%
25 th percentile	-----	96.25%	94.12%	93.75%	93.33%
5 th percentile	-----	13.89%	82.55%	80.64%	83.82%
● Min	-----	11.11%	43.75%	31.58%	66.67%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
139	100.00%	51	36.69%

Comments:

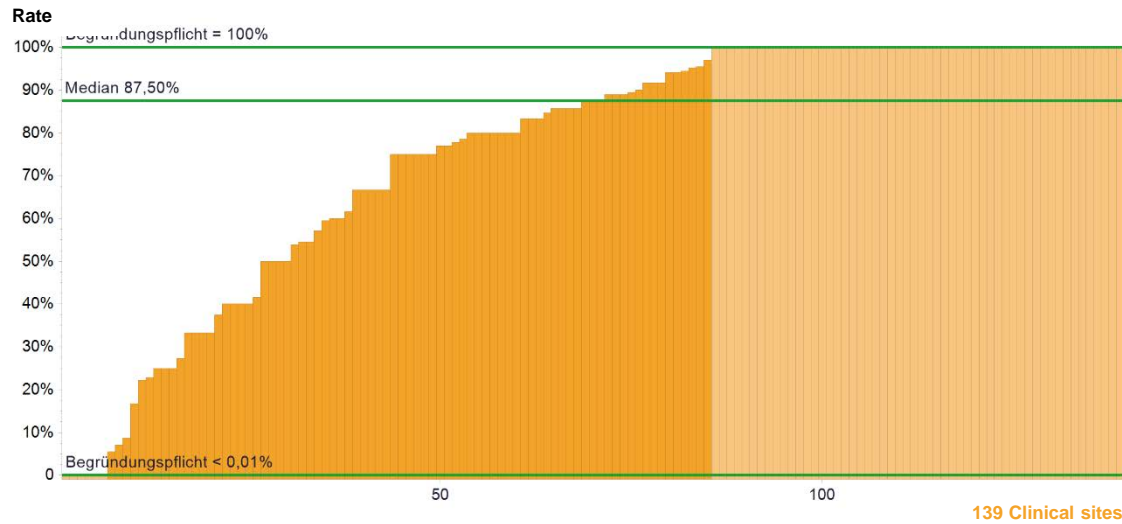
Ongoing very good implementation of the Guideline quality indicator with increasing minimum value. All Centres had a rate which was above the lower limit requiring substantiation (20%). 96 Centres were able to maintain or increase their presentation rate compared to the previous year. In 88 Centres 100% of patients with an initial diagnosis, recurrence or new distant metastasis of cervical cancer were discussed in an interdisciplinary context. The 5 Centres with the lowest presentation rates (<80%) the previous year were all able to improve their rate in indicator year 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.

** If value is outside the plausibility corridor, centres have to give an explanation.

*** If value is outside the plausibility corridor, centres have to give an explanation.

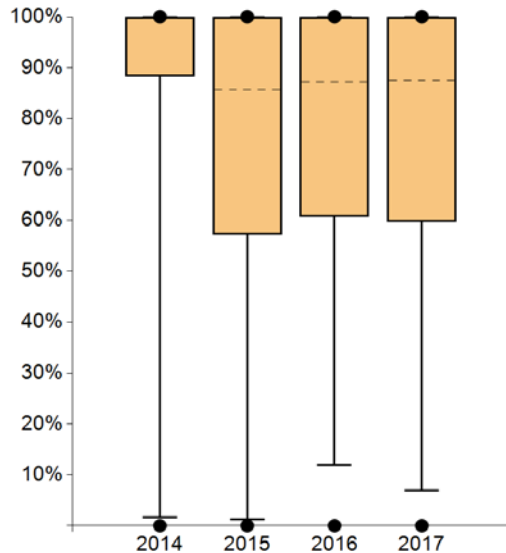
19. Details in the test report on initial diagnosis and tumour resection (GL cervix QI 2)



Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	"Surgical primary cases" cervical carcinoma with complete test reports	6*	0 - 34	1,047
Denominator	"Surgical primary cases" with cervical carcinoma and tumour resection	8*	1 - 39	1,429
Rate	Mandatory statement of reasons*** < 0.01% and =100%	87.50%	0.00% - 100%	73.27%**

*



	2013	2014	2015	2016	2017
● Max	-----	100%	100%	100%	100%
95 th percentile	-----	100%	100%	100%	100%
75 th percentile	-----	100%	100%	100%	100%
Median	-----	100%	85.71%	87.23%	87.50%
25 th percentile	-----	88.31%	57.14%	60.74%	59.73%
5 th percentile	-----	1.67%	1.18%	12.02%	6.98%
● Min	-----	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
139	100.00%	79	56.83%

Comments:

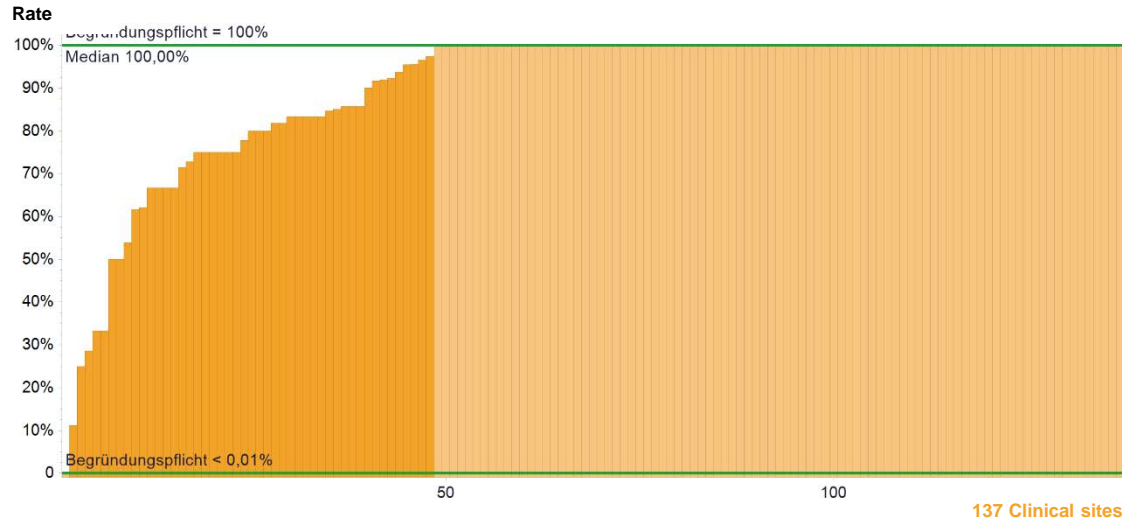
More or less same implementation of the quality indicator compared to the previous year. Most of the Centres were able to maintain or increase the rate of complete diagnostic reports after resection of cervical cancer. In 6 Centres all pathology reports were incomplete in relation to the Guideline specifications in indicator year 2017 (2016: 2 Centres). These Centres had not provided the information on the three-dimensional size of the tumour or pN status. The auditors made a series of remarks. In the Centres the situation was discussed in quality circles with pathologists in order to bring about an overall improvement. The Centres that had a 0% rate the previous year, improved their results in indicator year 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.

** If value is outside the plausibility corridor, centres have to give an explanation.

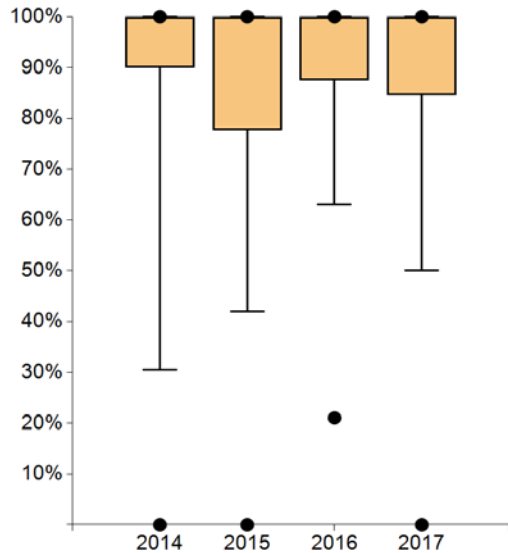
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	"Surgical cases" with a pathology report with details on the lymph nodes	6*	0 - 38	1,094
Denominator	"Surgical cases" with cervical carcinoma and lymphonodectomy	6*	1 - 39	1,207
Rate	Mandatory statement of reasons*** <0.01% and =100%	100%	0.00% - 100%	90.64%**

*



	2013	2014	2015	2016	2017
● Max	-----	100%	100%	100%	100%
95 th percentile	-----	100%	100%	100%	100%
75 th percentile	-----	100%	100%	100%	100%
Median	-----	100%	100%	100%	100%
25 th percentile	-----	90.00%	77.78%	87.50%	84.62%
5 th percentile	-----	30.48%	42.00%	63.08%	50.00%
● Min	-----	0.00%	0.00%	21.05%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
137	98.56%	47	34.31%

Comments:

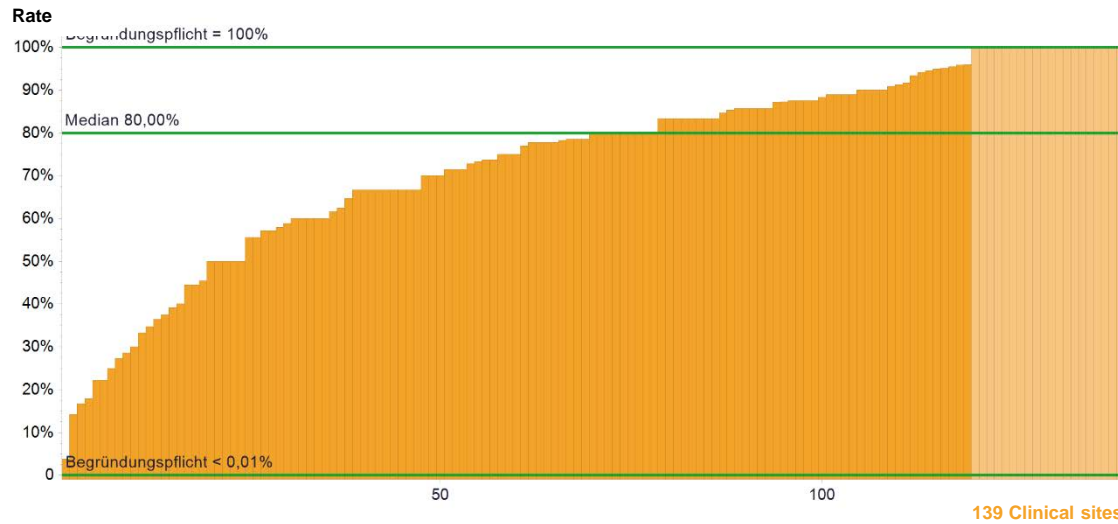
92 Centres were able to maintain or increase their rate of complete diagnostic reports after a lymphonodectomy compared to the previous year. In 89 Centres all diagnostic reports after a lymphonodectomy were complete according to the Guideline. The Centre with no complete lymph node diagnostic reports (=0%, previous year 100%) had only one patient as the population but, at the same time, also 0% results for Indicator 19.

*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.

** If value is outside the plausibility corridor, centres have to give an explanation.

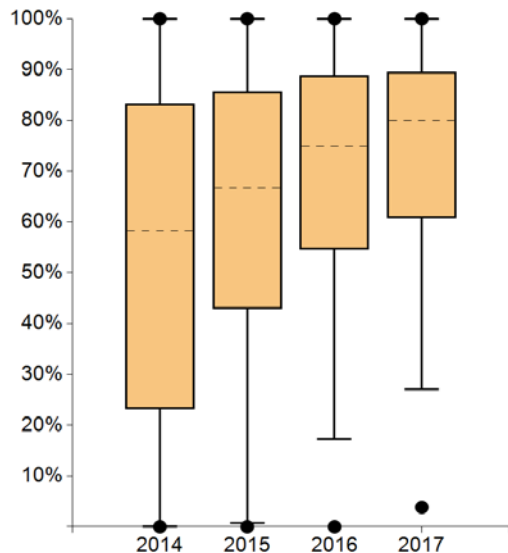
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	"Total cases" with cytological/histological lymph node staging	7*	1 - 39	1,287
Denominator	"Total cases" with cervical carcinoma FIGO stages ≥ IA2-IVA	9*	2 - 46	1,713
Rate	Mandatory statement of reasons*** <0.01% and =100%	80.00%	3.85% - 100%	75.13%**

Begründungspflicht = mandatory statement of reasons



	2013	2014	2015	2016	2017
● Max	-----	100%	100%	100%	100%
95 th percentile	-----	100%	100%	100%	100%
75 th percentile	-----	83.34%	85.71%	88.89%	88.45%
Median	-----	58.33%	66.67%	75.00%	80.00%
25 th percentile	-----	23.22%	42.86%	54.55%	60.77%
5 th percentile	-----	0.00%	0.71%	17.29%	27.04%
● Min	-----	0.00%	0.00%	0.00%	3.85%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
139	100.00%	119	85.61%

Comments:

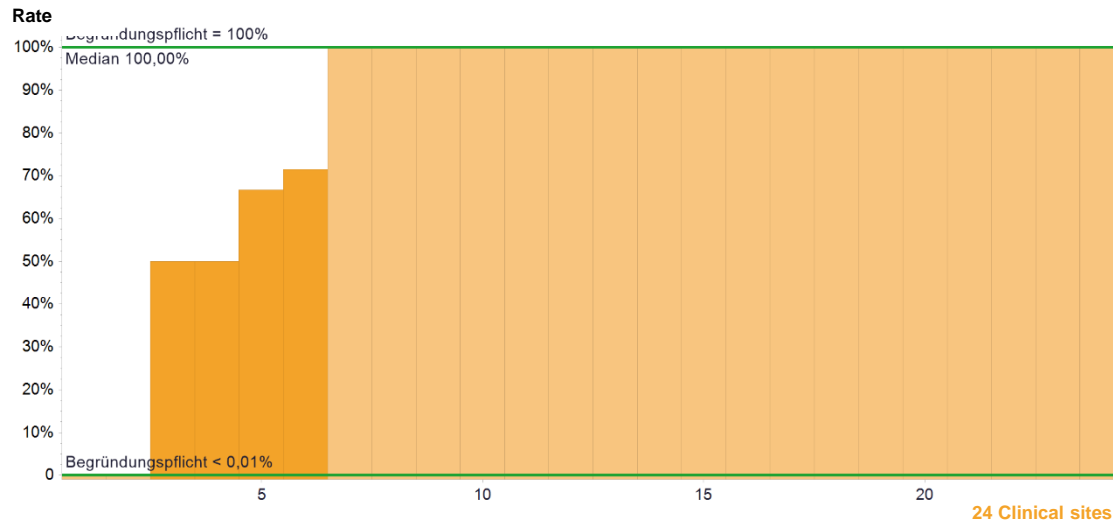
Most Centres (=74) were able to increase their rate of cases with complete lymph node staging in indicator year 2017. The two Centres with the lowest rate (0%) the previous year, were able to markedly improve their result. In audit year 2018 no Centre recorded a low staging rate requiring substantiation. In 20 Centres all primary cases with FIGO stage ≥ IA2-IVA cervical cancer underwent lymph node staging in line with the Guideline (2016: 16 Centres). The reasons given by the Centres for the low staging rates were primary radio-chemotherapy in the case of an imaging N1 result or renunciation of surgical lymph node staging because of comorbidity, advanced age or a palliative situation.

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*** If value is outside the plausibility corridor, centres have to give an explanation.

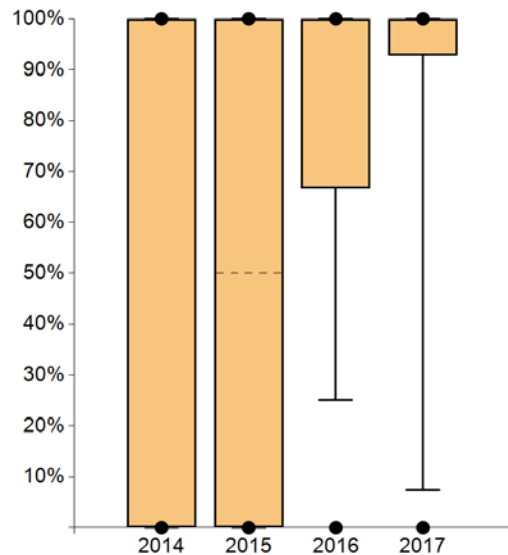
22. Exenteration (GL cervix QI 9)



Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		Patients Total
		Median	Range	
Numerator	"Surgical non-primary cases" with local R0 resection	1*	0 - 5	30
Denominator	"Surgical non-primary cases" with a cervical carcinoma and tumour recurrence and exenteration	1*	1 - 7	37
Rate	Mandatory statement of reasons*** < 0.01% and =100%	100%	0.00% - 100%	81.08%**

*



	2013	2014	2015	2016	2017
● Max	-----	100%	100%	100%	100%
95 th percentile	-----	100%	100%	100%	100%
75 th percentile	-----	100%	100%	100%	100%
Median	-----	0.00%	50.00%	100%	100%
25 th percentile	-----	0.00%	0.00%	66.67%	92.86%
5 th percentile	-----	0.00%	0.00%	25.00%	7.50%
● Min	-----	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
24	17.27%	4	16.67%

Comments:

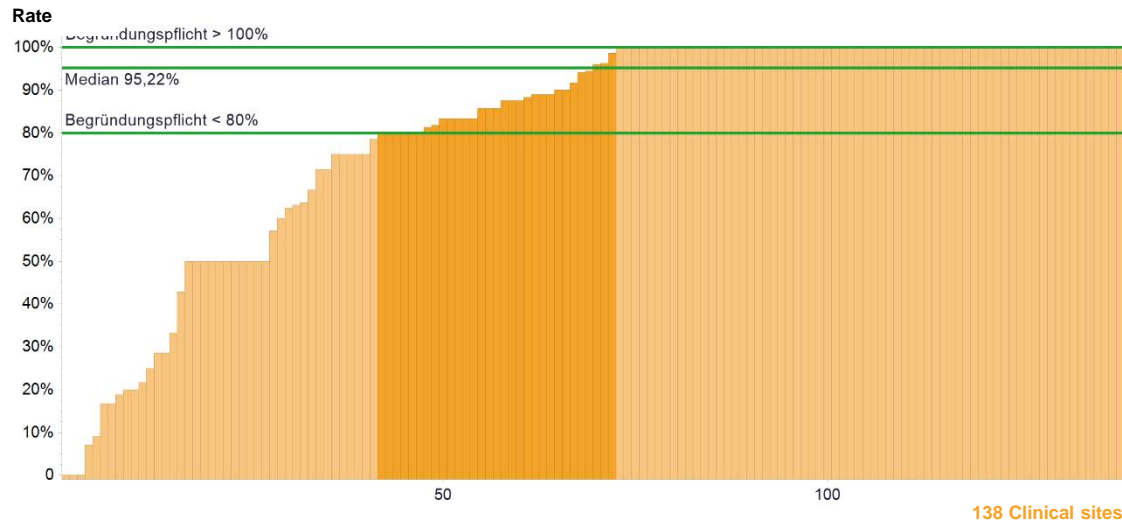
115 Centres did not perform any exenterations in indicator year 2017 in the case of cervical cancer patients and were not, therefore, included in the evaluation (denominator = 0). The proportion of R0 resected patients increased slightly compared to the previous year (81.08% versus 26 R0 resections for 31 exenterations = 83.87% in 2016). In 2 Centres no R0 resection in the case of exenteration could be achieved in indicator year 2017. Each of these Centres had only 1 patient as the population. The auditors confirmed the plausibility of the individual cases

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** If value is outside the plausibility corridor, centres have to give an explanation.

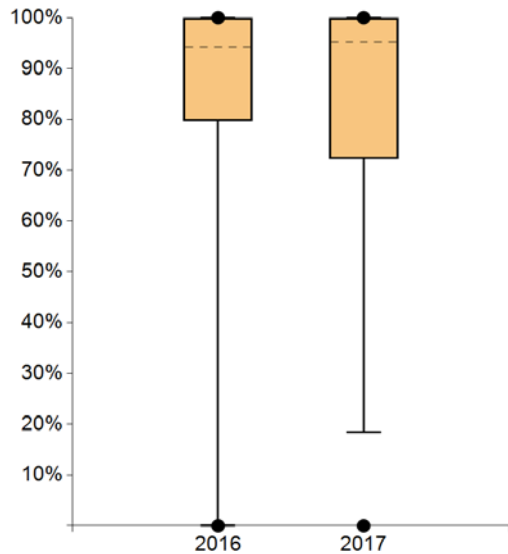
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Patients with pathology reports (def. see Data Sheet)	6*	0 - 67	1,025
Denominator	Patients with initial diagnosis vulvar carcinoma and tumour resection	7*	1 - 68	1,274
Rate	Mandatory statement of reasons*** <80% and =100%	95.22%	0.00% - 100%	80.46%**



	2013	2014	2015	2016	2017
● Max	-----	-----	-----	100%	100%
95 th percentile	-----	-----	-----	100%	100%
75 th percentile	-----	-----	-----	100%	100%
Median	-----	-----	-----	94.26%	95.22%
25 th percentile	-----	-----	-----	79.64%	72.32%
5 th percentile	-----	-----	-----	0.00%	18.44%
● Min	-----	-----	-----	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
138	50.00%	31	22.46%

Comments:

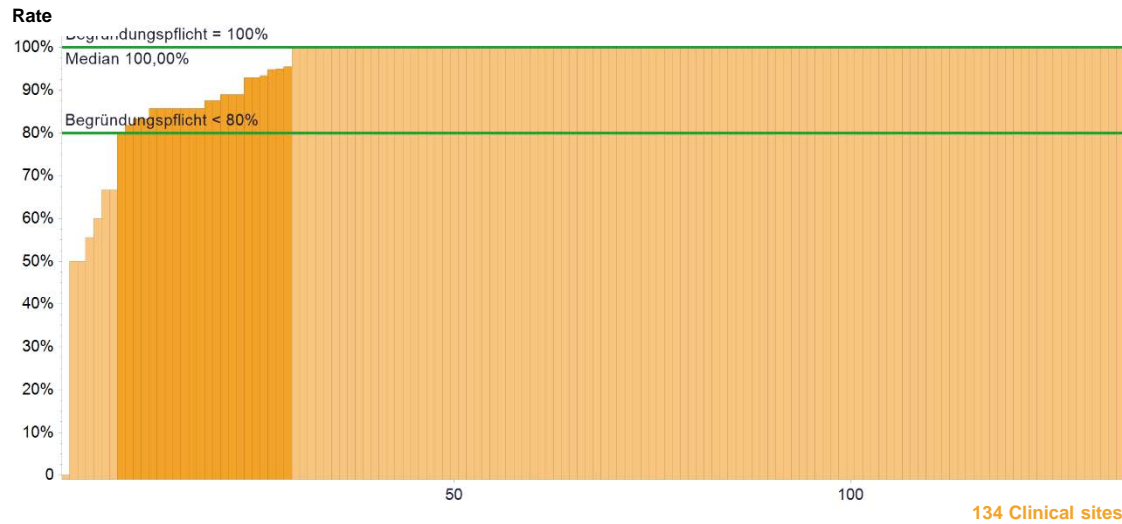
In indicator year 2017 documentation of the quality indicator was mandatory for the first time. The median and the 5th percentile increased compared to the previous year. In 66 Centres all diagnostic reports after a vulvar cancer resection in conjunction with a primary diagnosis were complete. In the indicator year 3 Centres did not have a diagnostic report with complete information in line with the Guideline. In Centres with low rates of complete diagnostic reports what was frequently missing was in particular information on perineural infiltration, infiltration of blood and lymph vessels in the case of normal results and the three-dimensional size of the tumour. To bring about improvements, discussions were held with pathologists in quality circles and SOPs were introduced.

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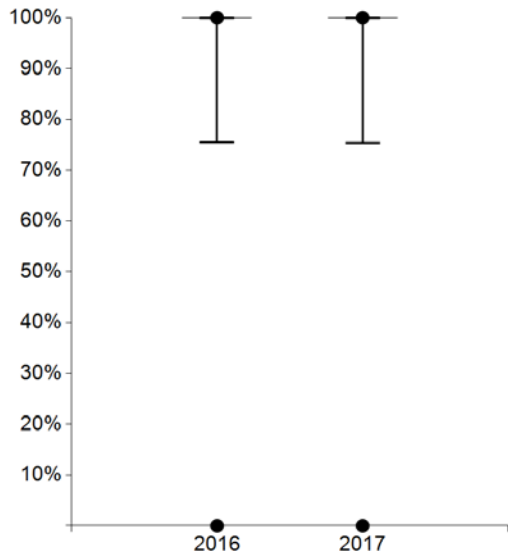
24. Details in pathology report in the case of lymphonodectomy (GL vulva QI 2)



134 Clinical sites

Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Patients with pathology reports (def. see Data Sheet)	4*	0 - 63	811
Denominator	Patients with initial diagnosis vulvar carcinoma and lymphonodectomy	4*	1 - 63	849
Rate	Mandatory statement of reasons*** <80% and =100%	100%	0.00% - 100%	95.52%**



	2013	2014	2015	2016	2017
● Max	-----	-----	-----	100%	100%
95 th percentile	-----	-----	-----	100%	100%
75 th percentile	-----	-----	-----	100%	100%
Median	-----	-----	-----	100%	100%
25 th percentile	-----	-----	-----	100%	100%
5 th percentile	-----	-----	-----	75.50%	75.33%
● Min	-----	-----	-----	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
134	96.40%	22	16.42%

Comments:

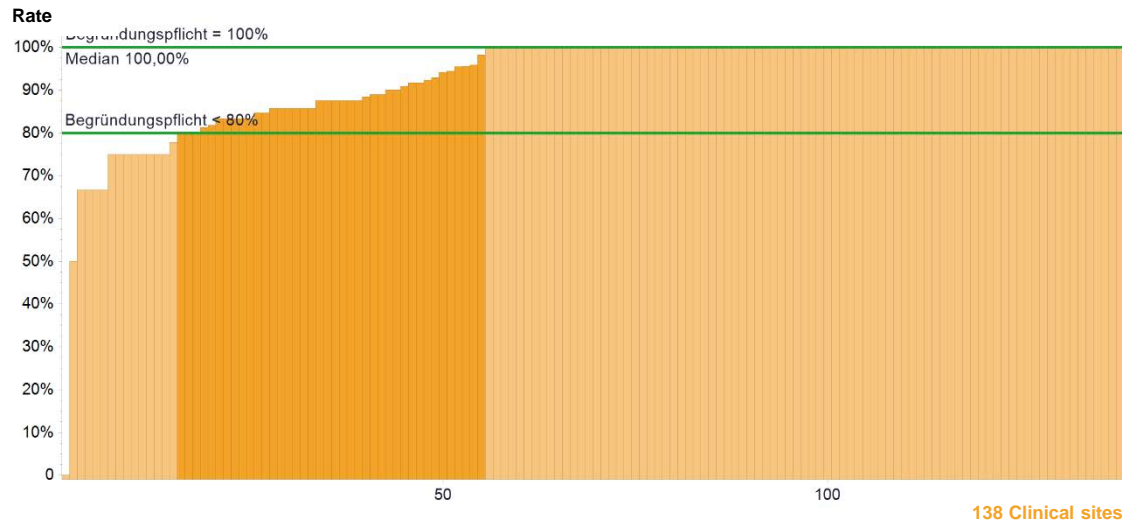
Documentation of the quality indicator from the Guideline relating to full details of lymph node status in the diagnostic report after a lymphonodectomy in the case of vulvar cancer is likewise mandatory from indicator year 2017. 7 Centres indicated a low (<80%) rate requiring substantiation of complete diagnostic reports. In the reports information was missing such as, for instance, references to capsule rupture or the largest diameter of the lymph node metastasis. The Centres stated that the SOPs for preparing the diagnostic reports were to be adapted in cooperation with the pathologist in order to increase the rates.

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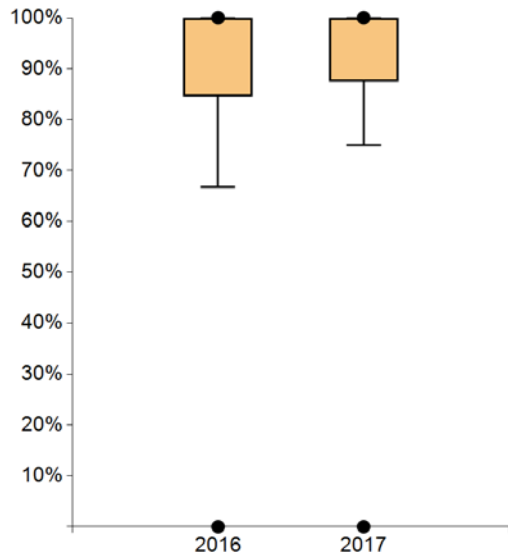
*** If value is outside the plausibility corridor, centres have to give an explanation.

25. Local radical excision (GL vulva QI 4)



Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Patients with local resection with a clear resection margin	6*	0 - 55	1,060
Denominator	Patients with initial diagnosis vulvar carcinoma and a T1a or T1b tumour	6*	1 - 56	1,140
Rate	Mandatory statement of reasons*** < 80% and =100%	100%	0.00% - 100%	92.98%**



	2013	2014	2015	2016	2017
● Max	-----	-----	-----	100%	100%
95 th percentile	-----	-----	-----	100%	100%
75 th percentile	-----	-----	-----	100%	100%
Median	-----	-----	-----	100%	100%
25 th percentile	-----	-----	-----	84,62%	87,50%
5 th percentile	-----	-----	-----	66,67%	75,00%
● Min	-----	-----	-----	0,00%	0,00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
138	99.28%	40	28.99%

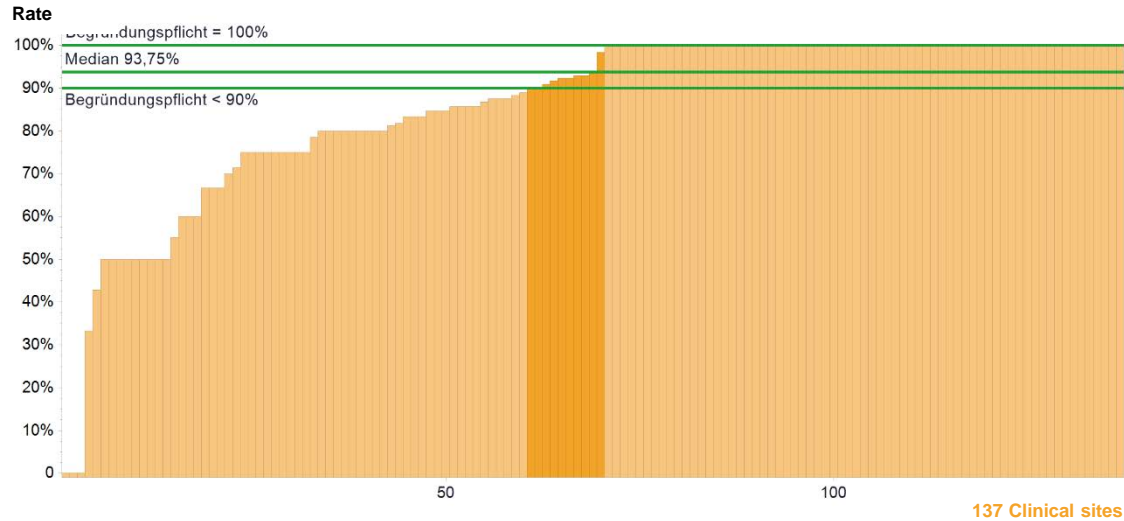
Comments:
Documentation of the other quality indicators from the Guideline for vulvar cancer (Indicators 25-27) was likewise mandatory for the first time starting in indicator year 2017. In 83 Centres all patients with an initial diagnosis of vulvar cancer and a T1a or T1b tumour underwent resection with a tumour-free margin. In indicator year 2017, 15 Centres had a low R0 rate (<80%) requiring substantiation. The reasons they gave were the performance of complete vulvectomies, refusal of primary surgery or second-look resection by the patients and the conduct of primary radio-chemotherapies or symptomatic therapy in the case of multimorbidity or advanced age. The auditors confirmed the plausibility of the information by analysing individual cases.

*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.

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*** If value is outside the plausibility corridor, centres have to give an explanation.

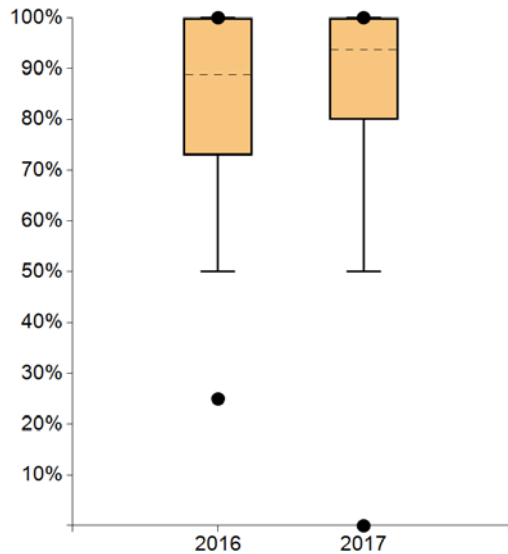
26. Conduct inguofemoral staging (GL vulva QI 6)



137 Clinical sites

Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Patients with surgical staging of inguofemoral lymph nodes	5*	0 - 57	876
Denominator	Patients with initial diagnosis vulvar carcinoma \geq pT1b (no basal cell carcinoma and no verrucous carcinoma)	6*	1 - 58	1,003
Rate	Mandatory statement of reasons*** < 90% and =100%	93.75%	0.00% - 100%	87.34%**



	2013	2014	2015	2016	2017
● Max	-----	-----	-----	100%	100%
95 th percentile	-----	-----	-----	100%	100%
75 th percentile	-----	-----	-----	100%	100%
Median	-----	-----	-----	88.89%	93.75%
25 th percentile	-----	-----	-----	72.92%	80.00%
5 th percentile	-----	-----	-----	50.00%	50.00%
● Min	-----	-----	-----	25.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
137	98.56%	10	7.30%

Comments:

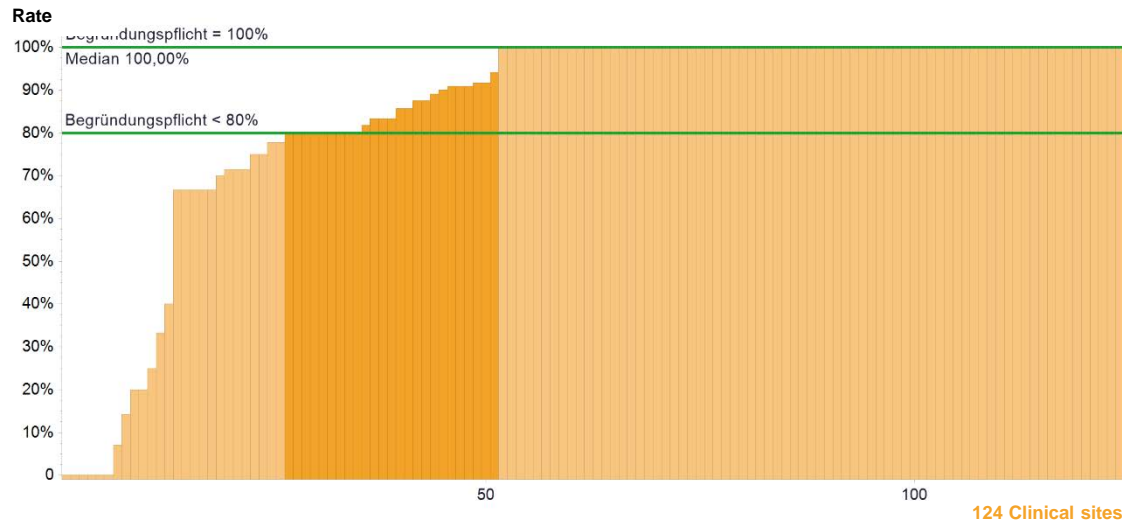
Mandatory documentation of the quality indicator from indicator year 2017. 60 Centres had a low rate (<90%) requiring substantiation for inguofemoral lymph node staging, including 33 Centres with a rate <80%. The reasons given by the Centres for the low staging rates were: advanced age, comorbidities, refusal of surgical intervention by patients, renunciation of lymphonodular staging for G1 tumours, low infiltration depth or second cancer that determined prognosis.

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** If value is outside the plausibility corridor, centres have to give an explanation.

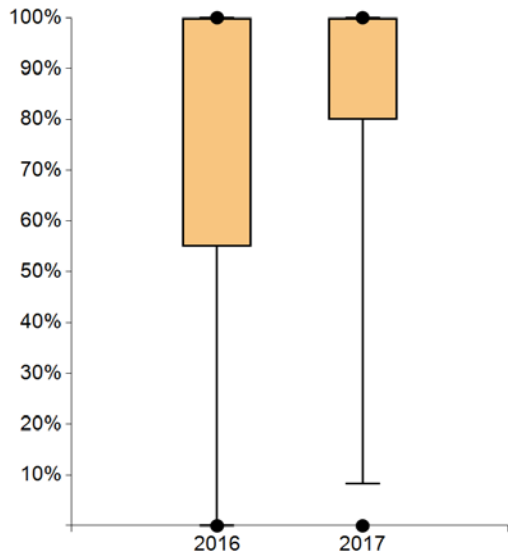
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



Begründungspflicht = mandatory statement of reasons

	Indicator definition	All clinical sites 2017		
		Median	Range	Patients Total
Numerator	Patients with the presence of the described characteristics (def. see Data Sheet)	3*	0 - 49	559
Denominator	Patients with primary diagnosis of an invasive vulva carcinoma and a sentinel lymph node biopsy	4*	1 - 55	665
Rate	Mandatory statement of reasons*** < 80% and =100%	100%	0.00% - 100%	84.06%**



	2013	2014	2015	2016	2017
● Max	-----	-----	-----	100%	100%
95 th percentile	-----	-----	-----	100%	100%
75 th percentile	-----	-----	-----	100%	100%
Median	-----	-----	-----	100%	100%
25 th percentile	-----	-----	-----	55.00%	80.00%
5 th percentile	-----	-----	-----	0.00%	8.21%
● Min	-----	-----	-----	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
124	89.21%	25	20.16%

Comments:

This indicator is used to examine whether the requirements defined in the Guideline have been met in patients with vulvar cancer who underwent a sentinel lymph node biopsy. Mandatory documentation of the quality indicator from indicator year 2017. 26 Centres had a low rate (<80%) requiring substantiation in indicator year 2017. The reasons given by the Centres were the intentional staging of a sentinel rather than a conventional LNE (e.g. for tumours >4cm) because of comorbidity/advanced age or wish of patients. Frequently, the ultrastaging process had not yet been firmly established. The Centres endeavoured to make improvements by means of discussions in quality circles with the pathologists, training of medical staff and the definition of internal standards in the SOPs.

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** If value is outside the plausibility corridor, centres have to give an explanation.

*** If value is outside the plausibility corridor, centres have to give an explanation.

WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)



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Authors

German Cancer Society (DKG)
German Society for Gynaecology and Obstetrics (DGGG)
Working Group for Gynaecological Oncology
Certification Committee Gynaecological Cancer Centres
Mathias W. Beckmann, Spokesman Certification Committee
Simone Wesselmann, German Cancer Society (DKG)
Henning Adam, German Cancer Society (DKG)
Christoph Kowalski, German Cancer Society (DKG)
Ellen Griesshammer, German Cancer Society (DKG)
Julia Ferencz, OnkoZert GmbH
Agnes Bischofberger, OnkoZert GmbH
Orsolya Penzes, OnkoZert GmbH

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Publisher and responsible for content:
Deutsche Krebsgesellschaft (DKG)
Kuno-Fischer-Straße 8
14057 Berlin
Tel.: +49 (030) 322 93 29 0
Fax: +49 (030) 322 93 29 66
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