

Annual Report 2017

of the Certified Prostate Cancer Centres

Audit year 2016 / Indicator year 2015



Content

Introduction	3
General information	3
Status of the certification system: Prostate Cancer Centres 2016	5
Included clinical sites	6
Tumour documentation systems used in Prostate Cancer Centres	7
Basic data	8
Analysis of Indicators	16
Indicator No. 1a: Number of primary cases of prostate carcinoma	16
Indicator No. 1b1: Distribution of primary cases with locally confined prostate carcinoma (PCa) and low risk	17
Indicator No. 1b2: Distribution of primary cases with locally confined prostate carcinoma and medium risk	18
Indicator No. 1b3: Distribution of primary cases with locally confined prostate carcinoma and high risk	19
Indicator No. 2a: Presentation at the weekly pre-therapeutic conference – Urology	20
Indicator No. 2b: Presentation at the weekly pre-therapeutic conference – Radiology	21
Indicator No. 3a: Presentation in the monthly post-therapeutic conference – Primary cases	22
Indicator No. 3a: Presentation in the monthly post-therapeutic conference – Recurrence/ metastases	23
Indicator No. 4: Active-Surveillance (AS)	24
Indicator No. 5: Percutaneous RT with hormone ablation therapy for locally confined PCa with high risk (QI 4)	25
Indicator No. 6: Psycho-oncologic care	26
Indicator No. 7: Social service counselling	27
Indicator No. 8: Clinical trial participation	28
Indicator No. 9: Number of prostatectomies – Centre	29
Indicator No. 10: Postoperative revision operations	30
Indicator No. 11: Record of R1 resections for pT2 c/pN0 or Nx M0	31
Indicator No. 12: Definitive radiotherapy	32
Indicator No. 13: Permanent seed implantation - D 90 > 130 Gy	33
Indicator No. 14: HDR brachytherapy	34
Indicator No. 15: Diagnostic report – Punch biopsy (QI 1)	35
Indicator No. 16: Diagnostic report – Lymph nodes (QI 2)	36
Indicator No. 17: Percutaneous RT with hormone ablation therapy for locally progressed PCa (QI 6)	37
Indicator No. 18: Percutaneous RT with hormone ablation therapy for PCa with lymph node metastases (QI 7)	38
Indicator No. 19: Salvage-radiotherapy (SRT) for recurrent prostate cancer (QI 8)	39
Indicator No. 20: Postoperative complications after radical prostatectomy (RPE) (QI 10)	40
Indicator No. 21: Complications after radiotherapy (QI 11)	41
Imprint	42

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General information

Introduction
General Information
Status of the certification system for Colorectal Cancer Centres 2016.
Included clinical sites
Tumour documentation systems used in CCrCs
Basic data
Indicator analysis
Indicator No. 1: Pre-therapeutic case presentation (QI 5)
·

Quallity indicators of the guidelines (LL 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 of the guidelines programme oncology. Further information: www.leitlinienprogramm-onkologie.de

	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%			

Basic data indicator:

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

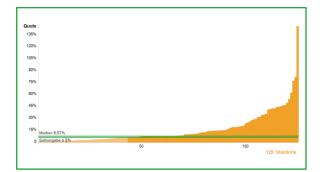
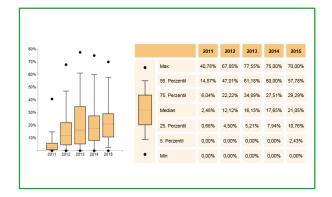


Diagram:

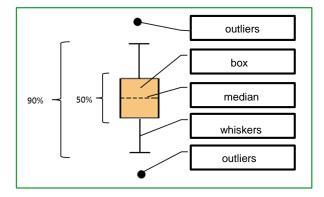
The x-axis indicates the number of Centres, the y-axis gives the values in percent or number (e.g. primary cases). The target value is depicted as a horizontal green line. The median, which is also depicted as a green horizontal line, divides the entire group into two equal halves.

General information



Cohort development:

The cohort development in the years 2011, 2012, 2013, 2014 and 2015 is presented in a box plot diagram.



Boxplot:

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



Status of the certification system: Prostate Cancer Centres 2016

	31.12.2016	31.12.2015	31.12.2014	31.12.2013	31.12.2012
Ongoing procedures	7	5	5	4	4
Certfied centres	103	97	94	94	91
Certified clinical sites	104	98	95	95	92

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General information

	31.12.2016	31.12.2015	31.12.2014	31.12.2013	31.12.2012
Clinical sites included in the Annual Report	95	94	91	88	79
Equivalent to	91.3%	95.9%	95.8%	92.6%	85.9%
Primary cases total*	20,643	18,684	18,288	19,558	17,425
Primary cases per centre (mean)*	217	199	201	222	221
Primary cases per centre (median)*	159	139	149	159	169

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

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

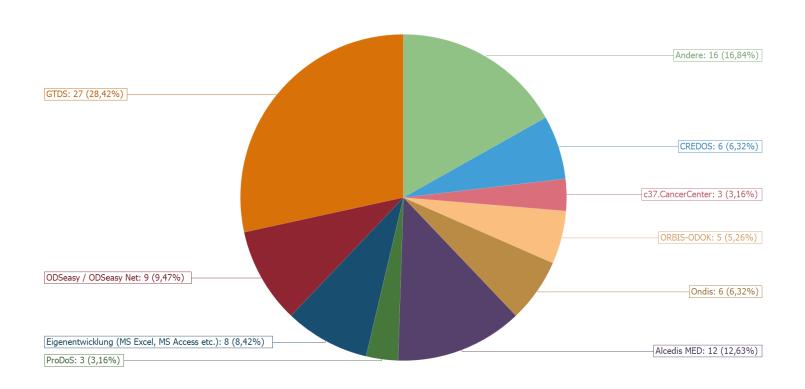
The Annual Report does not cover all 104 certified sites. 9 sites were not included. 8 sites were certified for the first time in 2016 (data depiction of a full calendar year is not mandatory for initial certification) and 1 clinical site did not complete its verification of data in time due to clinic internal reasons.

<u>www.oncomap.de</u> provides an updated overview of all certified centres.

The indicators published here refer to the indicator year 2015. They are the basis for the audits conducted in 2016.



Tumour documentation systems used in Prostate Cancer Centres



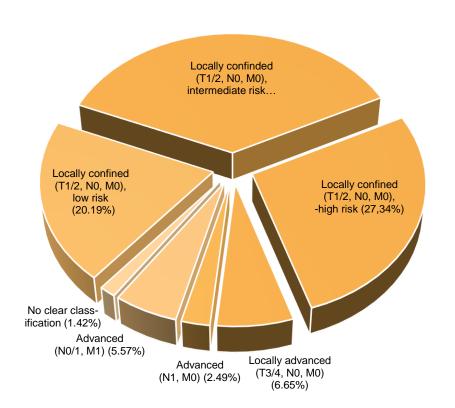
Legende:	
Andere ("others")	System used in ≤ 3 clinical sites

The details on the tumour documentation system were taken from the EXCEL annex to the Indicator 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.

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Basic data – Primary cases PCa

Total primary cases

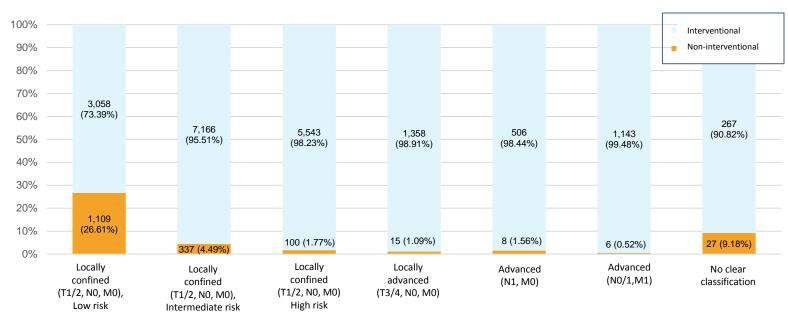


	Total pri	mary cases
Locally confined (T1/2, N0, M0), Low risk	4,167	(20.19%)
Locally confined (T1/2, N0, M0), Intermediate risk	7,503	(36.34%)
Locally confined (T1/2, N0, M0), High risk	5,643	(27.34%)
Locally advanced (T3/4, N0, M0)	1,373	(6.65%)
Advanced (N1, M0)	514	(2.49%)
Advanced (N0/1, M1)	1,149	(5.57%)
No clear classification	294	(1.42%)
Total primary cases	20,643	

Basic data



Non-interventional / interventional primary cases



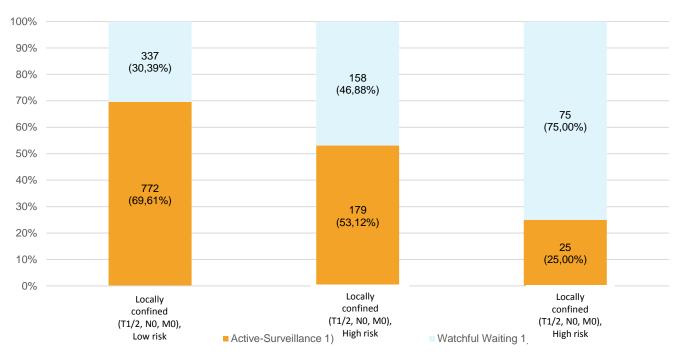
	Non interventional ¹⁾	Interventional	Total
Locally confined (T1/2, N0, M0), Low risk	1,109 (26.61%)	3,058 (73.39%)	4,167
Locally confined (T1/2, N0, M0), Intermediate risk	337 (4.49%)	7,166 (95.51%)	7,503
Locally confined (T1/2, N0, M0), High risk	100 (1.77%)	5,543 (98.23%)	5,643
Locally advanced (T3/4, N0, M0)	15 (1.09%)	1,358 (98.91%)	1,373
Advanced (N1, M0)	8 (1.56%)	506 (98.44%)	514
Advanced (N0/1, M1)	6 (0.52%)	1,143 (99.48%)	1,149
No clear classification	27 (9.18%)	267 (90.82%)	294
Total primary cases	1,602	19,041	20,643

¹⁾ Non-inverventional: active surveillance or watchful waiting. precondition: histologically confirmed PCa

Basic data



Non-interventional primary cases (locally confined) - Distribution of therapies



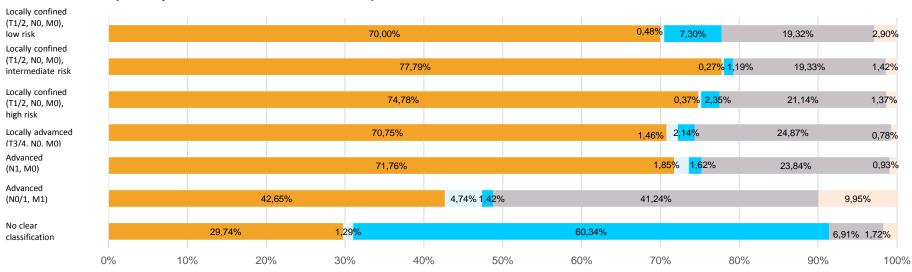
		Non-interventional ¹⁾	7
	Active-Surveillance ¹⁾	Watchful Waiting ¹⁾	Total
Locally confined (T1/2, N0, M0), Low risk	772 (69,61%)	337 (30,39%)	1.109
Locally confined (T1/2, N0, M0), Intermediate risk	179 (53,12%)	158 (46,88%)	337
Locally confined (T1/2, N0, M0), High risk	25 (25,00%)	75 (75,00%)	100
Total primary cases (locally confined)	976	570	1.546

¹⁾ Non-inverventional: active surveillance or watchful waiting. precondition: histologically confirmed PCa

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Basic data

Interventional primary cases - Distribution of therapies



	Interventional – local prostate treatment								
	RPE	RCE due to PCa	Incidental finding after RCE	Definitive percutaneous radiotherapy	LDR- Brachytherapy	HDR- Brachytherapy	Other local therapy ¹⁾	Total	
Locally confined (T1/2, N0, M0), Low risk	2.053 (70,00%)	14 (0,48%)	214 (7,30%)	418 (14,25%)	136 (4,64%)	13 (0,43%)	85 (2,90%)	2.933 (100%)	
Locally confinded (T1/2, N0, M0), Intermediate risk	5.417 (77,79%)	19 (0,27%)	83 (1,19%)	1.196 (17,17%)	70 (1,01%)	80 (1,15%)	99 (1,42%)	6.964 (100%)	
Locally confinded(T1/2, N0, M0), High risk	3.793 (74,78%)	19 (0,37%)	119 (2,35%)	975 (19,22%)	3 (0,06%)	94 (1,85%)	69 (1,37%)	5.072 (100%)	
Locally advanced (T3/4, N0, M0)	825 (70,75%)	17 (1,46%)	25 (2,14%)	275 (23,58%)	1 (0,09%)	14 (1,20%)	9 (0,78%)	1.166 (100%)	
Advanced (N1, M0)	310 (71,76%)	8 (1,85%)	7 (1,62%)	100 (23,15%)	0 (0,00%)	3 (0,69%)	4 (0,93%)	432 (100%)	
Advanced (N0/1, M1)	90 (42,65%)	10 (4,74%)	3 (1,42%)	85 (40,28%)	0 (0,00%)	2 (0,96%)	21 (9,95%)	211 (100%)	
No clear classification	69 (29,74%)	3 (1,29%)	140 (60,34%)	15 (6,47%)	1 (0,44%)	0 (0,00%)	4 (1,72%)	232 (100%)	
Total primary cases	12.557	90	591	3.064	211	206	291	17.010	

1) Other local treatment: i.e. HIFU,....

Basic data

Primary cases – Distribution of therapies



	Non-interventional	Interventional – local therapy of prostate ¹⁾	Interventional – exclusive systemic therapies	Interventional – other non-local therapies ²⁾	Total
Locally confined (T1/2, N0, M0), Low risk	1.109 (26,61%)	2.933 (70,39%)	32 (0,77%)	93 (2,23%)	4.167 (100%)
Locally confinded (T1/2, N0, M0), Intermediate risk	337 (4,49%)	6.964 (92,82%)	115 (1,53%)	87 (1,16%)	7.503 (100%)
Locally confinded(T1/2, N0, M0), High risk	100 (1,77%)	5.072 (89,88%)	401 (7,11%)	70 (1,24%)	5.643 (100%)
Locally advanced (T3/4, N0, M0)	15 (1,09%)	1.166 (84,92%)	154 (11,22%)	38 (2,77%)	1.373 (100%)
Advanced (N1, M0)	8 (1,56%)	432 (84,05%)	67 (13,04%)	7 (1,35%)	514 (100%)
Advanced (N0/1, M1)	6 (0,52%)	211 (18,36%)	740 (64,40%)	192 (16,72%)	1.149 (100%)
No clear classfication	27 (9,18%)	232 (78,91%)	6 (2,05%)	29 (9,86%)	294 (100%)
Total primary cases	1.602	17.010	1.515	516	20.643

¹⁾ Interventional – local therapy of the prostate: radical prostatectomy, radical zysto-prstatectomy, definitive percutaneous radiotherapy, Brachytherapy, other local therapy

²⁾ Interventional – other non-local therapies, i.e. palliative radiation of bone metastasis.

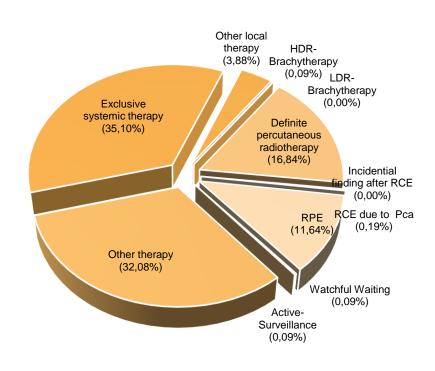


Basic data

Newly diagnosed recurrence – distribution of therapies

LDR-HDR-Brachytherapy Brachytherapy (0,05%) (0,43%)Other local Definitive therapy (3,58%)percutaneous radiotherapy Exclusive (38,30%) systemic therapy (14,32%)Incidential finding after Other therapy RCE (0,24%) (17,30%) RZE due to RPE PCa (0,43%) (24,02%) Active-Surveillance Watchful (0,24%)Waiting (1,09%)

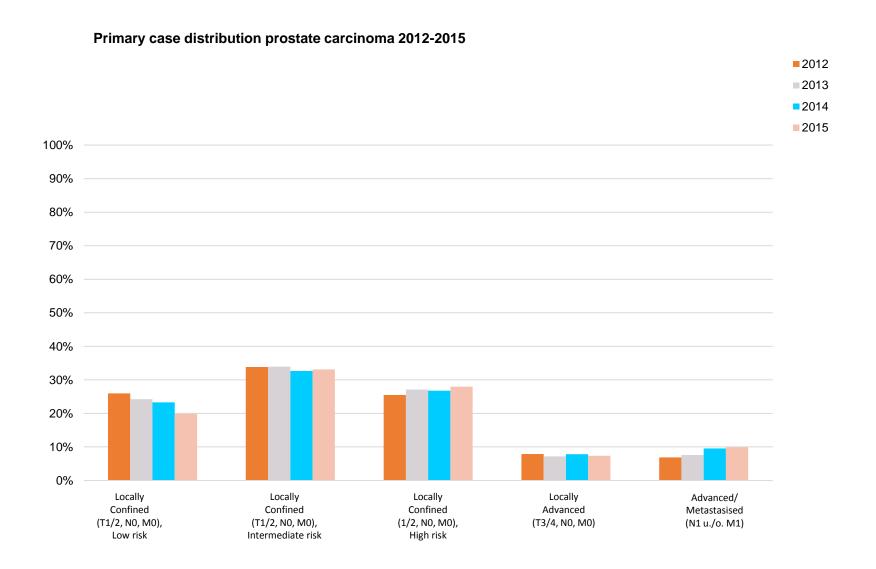
Newly diagnosed remote metastasis – distribution of therapies



	Active- Surveillance	Watchful Waiting	RPE	RCE due to Pca	Incidential finding after RCE	Definitive percutaneous radiotherapy	LDR- Brachy therapy	HDR- Brachy- therapy	other local Therapie	Exclusive systemic therapy	Other therapy	Total
Pat. with newly diagnosed recurrence	5 (0,24%)	23 (1,09%)	508 (24,02%)	9 (0,43%)	5 (0,24%)	810 (38,30%)	(0,05%)	9 (0,43%)	76 (3,58%)	303 (14,32%)	366 (17,30%)	2.115 (100%)
Pat. with newly diagnosed remote metastasis	1 (0,09%)	1 (0,09%)	123 (11,64%)	2 (0,19%)	0 (0,00%)	178 (16,84%)	0 (0,00%)	1 (0,09%)	41 (3,88%)	371 (35,10%)	339 (32,08%)	1.057 (100%)

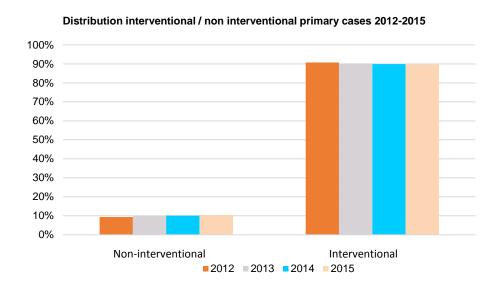


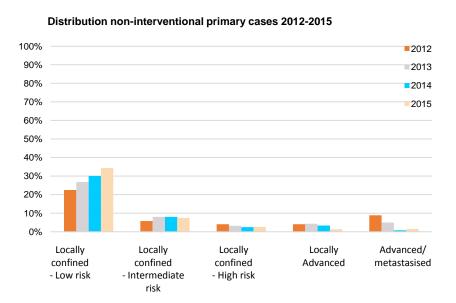
Basic data - Primary case distribution in the indicator years 2012-2015

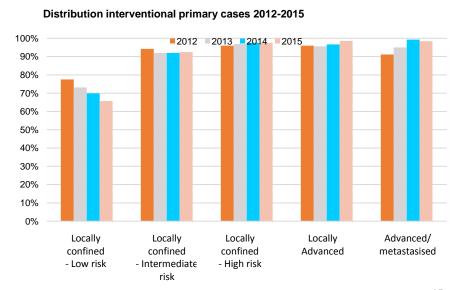




Basic data – Primary case distribution in the indicator years 2012-2015

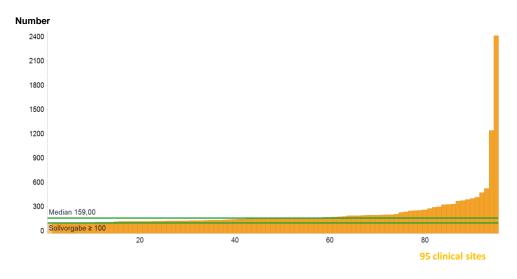




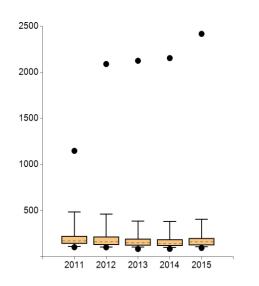


1a. Number of primary cases of prostate carcinoma





	Definition of indicator	All clinical sites 2015		
		Median	Range	
Number	Primary cases	159	94 - 2416	
	Target value ≥ 100			





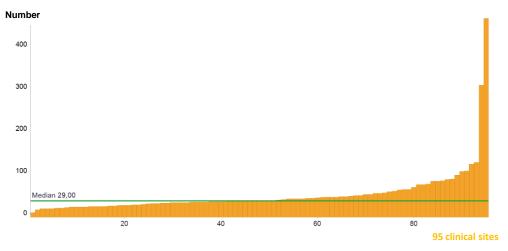
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
95	100,00	94	98,95%

Comment

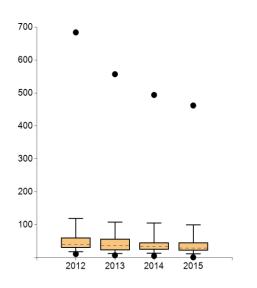
The median of all primary cases has increased. Only one centre did not meet the target (94 primary cases, while the number of centre cases increased). The explanation provided was that there were an increasing number of Active Surveillance cases under the practice-based physician and therefore there were no presentations at the centres' Centres who did not meet the target last year have considerably increased their primary case numbers this year. The nine centres that previously had the lowest primary case numbers have increased their primary case numbers on average by 16.5 cases.



1b1. Distribution of primary cases with locally confined prostate carcinoma and low risk



	Definition of indicator	All clinical sites 2015		
		Median	Range	
Number	Primary cases with locally confined PCa and low risk (PSA ≤ 10ng/ml and cT category ≤ 2a)	29	1 - 462	
	No target value			



		2011	2012	2013	2014	2015
•	Max		684,00	557,00	494,00	462,00
Т	95 th percentile		119,15	107,50	105,30	99,30
\perp	75 th percentile		60,75	56,50	46,00	45,50
	Median		40,00	36,00	32,50	29,00
H	25 th percentile		30,00	23,00	24,00	21,50
	5 th percentile		18,00	12,50	13,30	11,70
•	Min		11,00	7,00	5,00	1,00

Clinical sites with evaluable data		Clinical site	
Number	%	Number	%
95	100,00%		

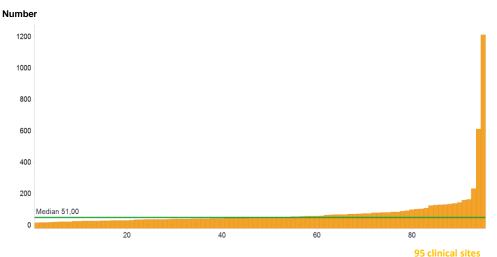
Comment

Slides 9–12 depict the development of primary cases with locally confined prostate carcinoma in conjunction with the appropriate therapies.

Over the course of time, the median of the primary cases with locally confined prostate carcinoma and low risk decreased. In the audit year 2016, the primary cases with locally confined prostate carcinoma accounted for 20.19% of all primary cases (audit year 2015 23.54%).



1b2. Distribution of primary cases with locally confined prostate carcinoma and intermediate risk



	Definition of indicator	All clinical sites 2015		
		Median	Range	
Number	Primary cases with locally confined PCa and intermediate risk (PSA > 10-20 ng/ml or Gleason-Score 7 or cT 2b)	51	16 - 1212	
	No target value			

1400		
1200 -	•	
1000 -	• •	
800 -	•	
600 -		
400-		
200-	2012 2013 2014 2015	

		2011	2012	2013	2014	2015
•	Max		869,00	1059,00	1027,00	1212,00
Т	95 th percentile		161,80	171,50	135,00	149,20
\perp	75 th percentile		77,25	67,50	71,25	77,50
	Median		55,00	50,00	46,00	51,00
Y	25 th percentile		37,00	38,00	35,00	37,00
	5 th percentile		22,35	20,50	18,00	21,70
•	Min		16,00	5,00	6,00	16,00

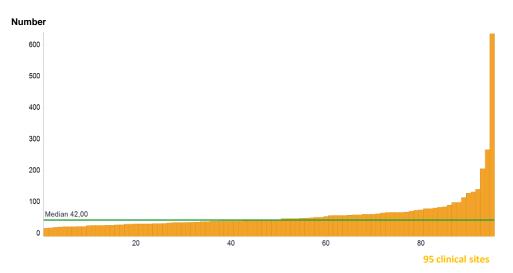
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Numbe r	%
95	100,00%		

Comment

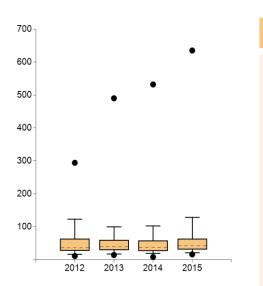
The median of the cases with locally confined prostate carcinoma with intermediate risk increased for the first time in comparison to previous years.



1b3. Distribution of primary cases with locally confined prostate carcinoma and high risk



	Definition of indicator	All clinical sites 2015		
		Median	Range	
Number	Primary cases with locally confined PCa and high risk (PSA > 20 ng/ml or Gleason-Score ≥ 8 or cT2c)	42	16 - 635	
	No target value			





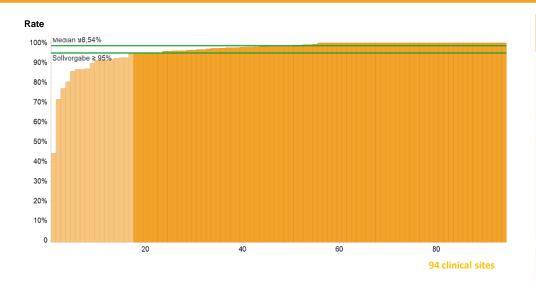
Clinical site		Clinical site	
Number	%	Number	%
95	100,00%		

Comment

Again, the median of centres with primary cases of locally confined prostate carcinoma and high risk increased slightly.

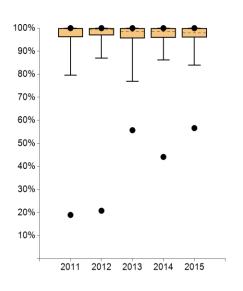


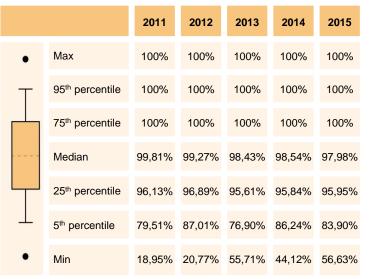
2a. Presentation at the weekly pre-therapeutic conference – Urology



	Definition of indicator	All clinical si	tes 2015
		Median	Range
Numerator	All patients presented in the pre-therapeutic conference	119,5*	41 - 2209
Denominator	All patients who presented themselves to the health care providers I (urology/ radiotherapy) (e.g. via referral) and have been diagnosed as primary cases in line with EB 1.2.1	120,5*	41 - 2209
Rate	Target value ≥ 95%	97,98%	56,63% - 100%

*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.





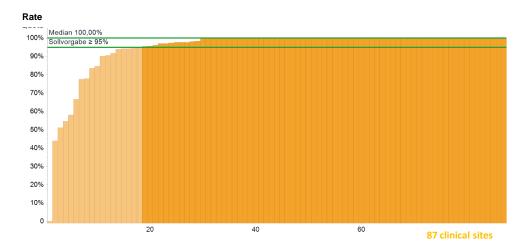
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
94	98,95%	75	79,79%

Comment

Continuous good implementation of this indicator. Nineteen centres did not reach the target. The most common reason given by centres who did not meet the target was an incidental intraoperative finding of PCa and that the pre-therapeutic conferences were not yet fully established. Nine centres who did not meet last year's target did not meet this year's target either (however, they only just missed it). Seven of these centres did, however, increase their presentation rate significantly in comparison to last year. The auditors left a series of remarks and noted deviations.

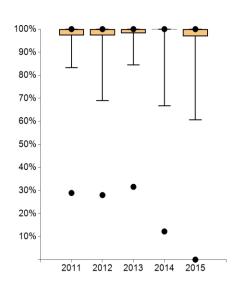


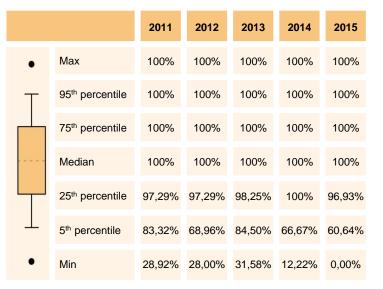
2b. Presentation at the weekly pre-therapeutic conference – Radiotherapy



Definition of indicator		All clinica	l sites 2015
		Median	Range
Numerator	All patients presented in the pre-therapeutic conference	29*	0 - 131
Denomi- nator	All patients who presented themselves to the health care providers I (urology/radiotherapy) (e.g. via referral) and have been diagnosed as primary cases in line with EB 1.2.1	31*	1 - 131
Rate	Target value ≥ 95%	100%	0,00% - 100%

^{*}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.





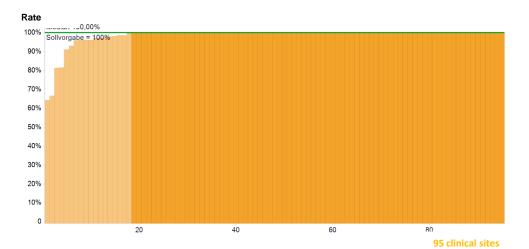
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
87	91,58%	69	79,31%

Comment

This indicator should be considered in conjunction with indicator no. 2a. Very good implementation of this indicator in the centres. Eighteen centres did not meet the target. Reasons provided were improvement of coordination with the network partners. Eight centres with the lowest rate last year were able to improve their presentation rates clearly over the course of the year. The centre with the lowest rate (0%) was also the centre with the lowest denominator (1).

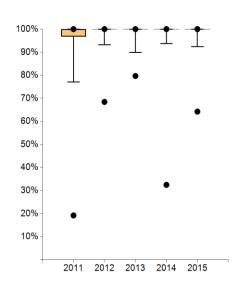


3a. Presentation in the monthly post-therapeutic conference – Primary cases



Definition of indicator		All clinical sites 2015	
		Median	Range
Numerator	All patients presented in the post-therapeutic conference	25*	6 - 647
Denomi- nator	Primary cases > pT3a and/or R1 and/or pN+	26*	6 - 696
Rate	Target value = 100%	100%	64,21% - 100%

^{*}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.





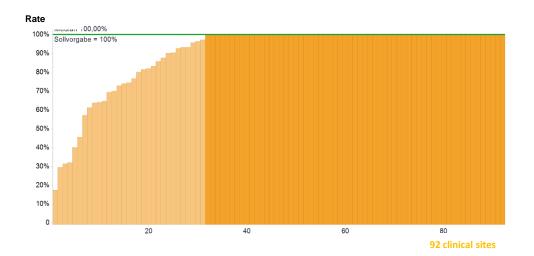
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
95	100,00%	77	81,05%

Comment

Continuous good implementation and development of this indicator over time. Of the 95 centres, 18 did not meet the target (100%). However only four centres were below a rate of 90%. Two of these centres also have a low pretherapeutic presentation rate. Reasons given by these centres were: organizational shortcomings, which they plan to solve through a new IT system, and other structural adjustments (i.e. development of SOPs)

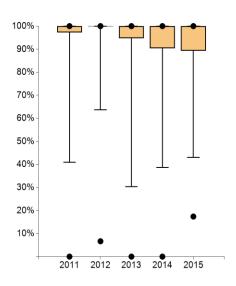


3b. Presentation in the monthly post-therapeutic conference – Recurrence/ metastases



Definition of indicator		All clinical sites 2015	
		Median	Range
Numerator	All patients presented in the post-therapeutic conference	19*	1 - 462
Denomi- nator	All patients with first manifestation of recurrence and/or distant metastases	22*	1 - 555
Rate	Target = 100%	100%	17,39% - 100%

^{*}The medians for numerator and population do not refer to an existing centre but indicate the median of all numerators of the cohorts and the median of all populations of the cohorts.





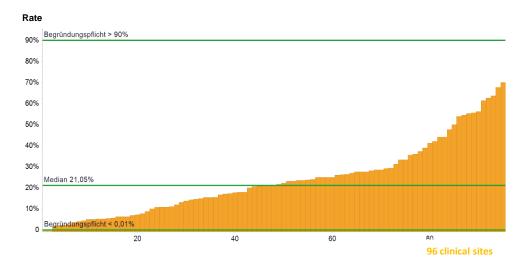
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
92	96,84%	61	66,30%

Comment

The centre with the lowest rate also had very low rates in the other tumour presentation meetings. The main reasons for the low performance are coordination difficulties with network partners. These problems will be addressed through a step-by-step implementation of measures (i.e. new IT solution, improvement of communication with external practice-based physicians and other departments).

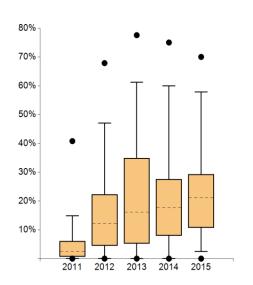
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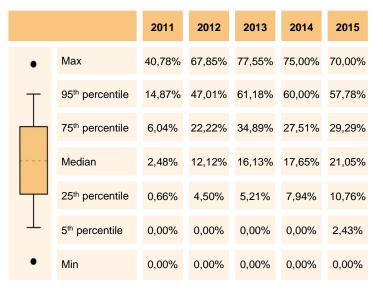
4. Active Surveillance (AS)



	Definition of indicator	All clinical sites 2015	
		Median	Range
Numerator	Primary cases under AS	6*	0 - 50
Denomi- nator	Primary cases with locally confined PCa and low risk(PSA ≤ 10ng/ml and Gleason-Score 6 and cT category ≤ 2a)	29*	1 - 462
Rate	Mandatory statement of reasons ** <0,01% and >90%	21,05%	0,00% - 70,00%

^{*}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.





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Numbe r	%
95	100,00%	93	97,89%

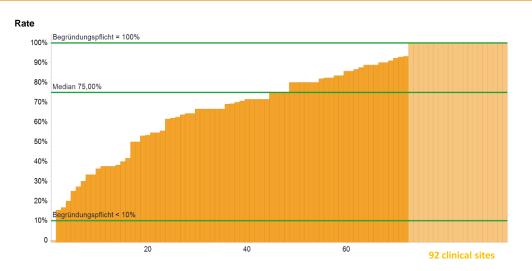
Comment

The median of this indicator increases continuously. In comparison to the previous year, the number of AS-strategies increased (772 versus 697) while the population decreased (4.167 vs. 4.399). Two centres have no patients under Active Surveillance and explained that AS patients were usually treated exclusively by the practice-based urologist and were not presented at the centre. The auditors insisted again on optimizing cooperation with the private urology practitioner.

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

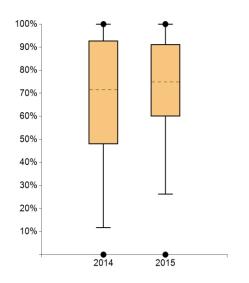


5. Percutaneous radiotherapy with hormone ablation therapy for locally confined PCa with high risk (QI 4) Certification



Definition of indicator		All clinical si	tes 2015
		Median	Range
Numerator	Primary cases with additional neo- and/or adjuvant hormone ablation therapy	7*	0 - 26
Denominator	Primary cases with prostate carcinoma T1-2 N0 M0 with high risk (PSA >20ng/ml or Gleason- Score ≥ 8 or cT category 2c) and percutaneous radiotherapy	10*	1 - 29
Rate	Mandatory statement of reasons** <10% and =100%	75,00%	0,00% - 100%

^{*}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.





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
92	96,84%	71	77,17%

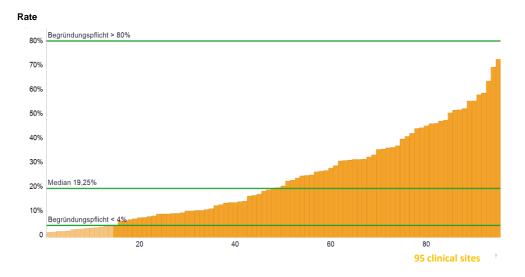
Comment

The median increased in comparison with last year and in more centres a combination therapy was introduced (54 centres with an increased rate vs. 34 centres with a decreased rate). One centre did not treat any patients with a combination therapy, however they had a very small population of two patients. All statements from the centres were carefully checked by the auditors and all were considered plausible.

 $^{^{\}star\star}$ For values outside the plausibility limit(s) the Centres must give the reasons.

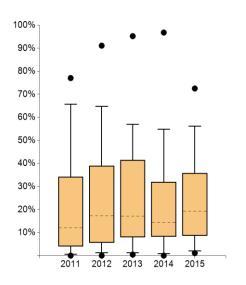
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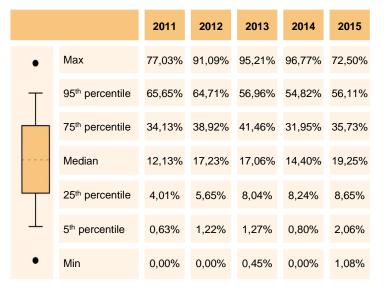
6. Psycho-oncologic care



Definition of indicator		All clinical si	tes 2015
		Median	Range
Numerator	Patients who received psycho-oncologic care (inor outpatient setting) (duration of consultation ≥ 25 min)	36*	2 - 572
Denomi- nator	Primary cases (= indicator 1a) and patients with first manifestation of local recurrence and/or metastases (= indicator 3b)	186*	112 - 2971
Rate	Mandatory statement of reasons** <4% and >80%	19,25%	1,08% - 72,50%

^{*}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.





Clinical sites with evaluable data		Clinical site the target	es meeting
Number	%	Number	%
95	100,00%	81	85,26%

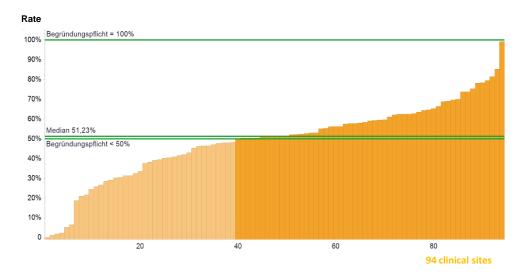
Comment

The median increased despite the extension of the population (=incl. recurrence/remote metastasis) for this indicator. In 14 centres less than 4% of the patients received psychooncologic care. Explanations provided by the centres were: application of screening tools with low identified need for psychooncological care, as well as refusal of the patient, and consultations of <25 min.

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

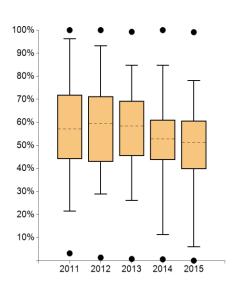
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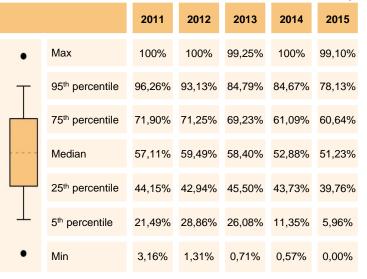
7. Social service counselling



Definition of indicator		All clinical si	tes 2015
		Median	Range
Numerator	Patients who received social service counselling (in- or outpatient setting)	87*	0 - 1561
Denomi- nator	Primary cases (= indicator 1a) and patients with first manifestation of local recurrence and/or metastases (= indicator 3b)	184*	112 - 2971
Rate	Mandatory statement of reasons** <50% and =100%	51,23%	0,00% - 99,10%

^{*}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.





Clinical si		Clinical sin	
Number	%	Number	%
94	100.00%		

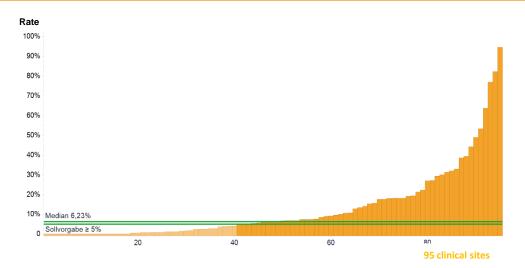
Comment

Thirty-nine centres have a consultation rate of <50% and explain this with a low take-up by the patients. Often outpatients receive no social service counselling. Auditors have several times pointed out that a systematic incorporation of ambulatory care in the social service counselling should be undertaken. Since Switzerland and Austria have a different legislative framework than Germany, the centres located there have the lowest consultation rates.

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

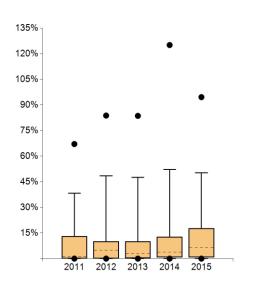
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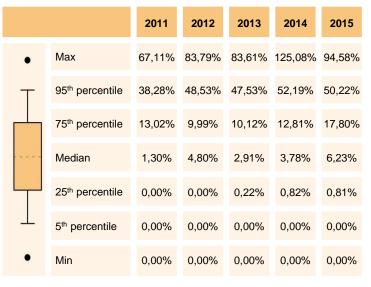
8. Clinical trial participation



Definition of indicator		All clinical sites 2015	
		Median	Range
Numerator	Patients included in a clinical trial subject to an ethics vote	10*	0 - 797
Denominator	Primary cases (= indicator 1a)	159*	94 - 2416
Rate	Target value ≥ 5%	6,23%	0,00% - 94,58%

^{*}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.





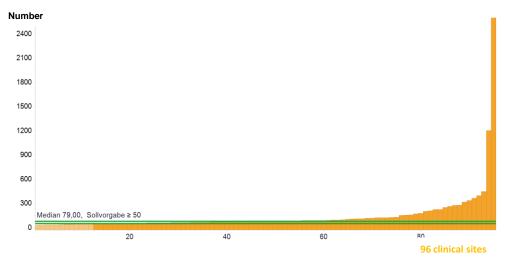
Clinical sites with evaluable data		Clinical site	
Number	%	Number	%
95	100,00%	55	57,89%

Comment

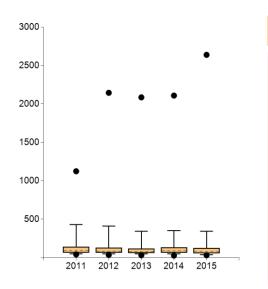
The indicator for participation in clinical trials is the only indicator whose numerator is not a subset of its population. The median is increasing and for the first time is above the target. Eighteen centres have not included any patients in clinical studies. Twelve of these centres had already failed to meet the target last year. The main reason given for low trial participation was a lack of available clinical trials and difficulties in recruitment for the now closed PREFERE-Study. Centres with very high rates of trial participation attributed that to the inclusion of patients in surgical studies and internal clinical research projects with an ethics committee vote. The auditors made several remarks.

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9. Number of prostatectomies – Centre



	Definition of indicator		All clinical sites 2015	
		Median	Range	
Number	Total number of radical prostatectomies/ cystoprostatectomies (see basic data)	79	31 - 2639	
	Target value ≥ 50			





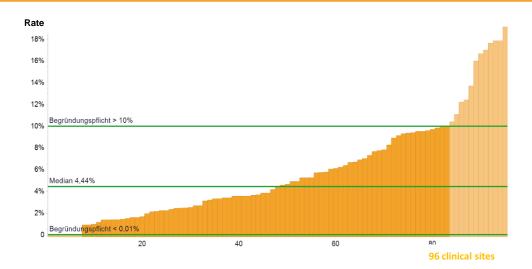
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
95	100,00%	83	87,37%

Comment

The number of prostatectomies decreased, in the median as well as in the population (audit year 2016: 13,229, audit year 2015: 13,817 for centres who had been certified for 2 years). Sixty-six centres had fewer prostatectomies in comparison to last year, while 25 centres had an increase. Interestingly, 61% (13,828) of the nationwide prostatectomies were performed in certified centres (Source: destatis, DRG statistics).

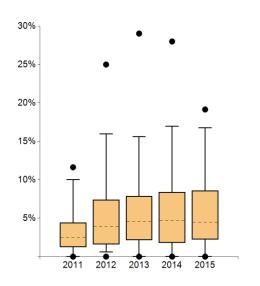
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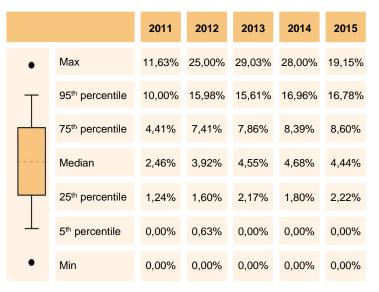
10. Postoperative revision operations



	Definition of indicator		l sites 2015
		Median	Range
Numerator	Revision operations within 90 postoperative days	4*	0 - 90
Denominator	Radical prostatectomies per year	72*	25 - 2639
Rate	Mandatory statement of reasons** <0,01% and >10%	4,44%	0,00% - 19,15%

^{*}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.





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
95	100,00%	76	80,00%

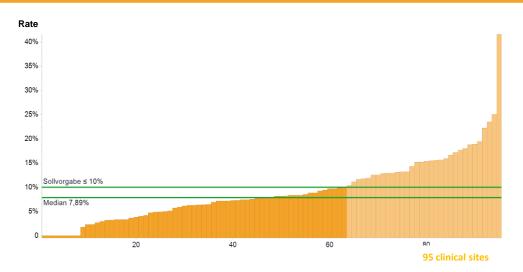
Comment

The rate of post-operative revision operations slightly decreased. Twelve centres have a revision rate of >10%. The centre with the highest rate has improved its rate in comparison to last year. The most frequent reason for revisions were all types of lymphocele evacuation. The following actions were discussed with the auditors: adaption of operation method (clipping, coagulation), discussion in M&M conferences. The auditors left numerous remarks.

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

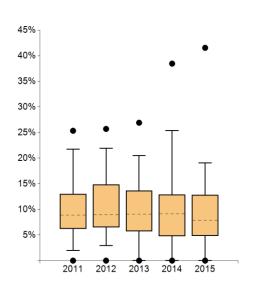


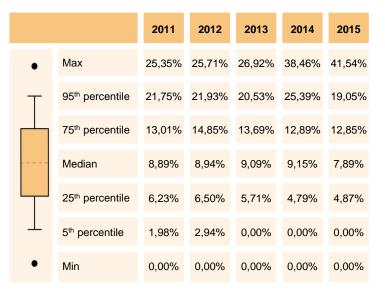




Definition of indicator		All clinical sites 2015	
		Median	Range
Numerator	Operations with R1 status for primary cases with pT2 c/pN0 or Nx M0	4*	0 - 105
Denomin- ator	Operations on primary cases with pT2 c/pN0 or Nx M0	41*	4 - 1286
Rate	Target value ≤ 10%	7,89%	0,00% - 41,54%

^{*}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.





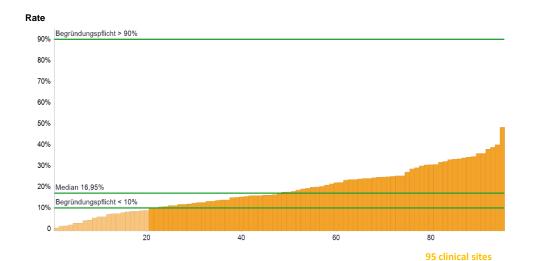
Clinical sit		Clinical sit	
Number	%	Number	%
95	100.00%	63	66,32%

Comment

The median of the R1-resection rate is decreasing and more centres met the target of ≤10% (audit year 2015, 56 centres meeting the target). The centre with the highest rate, also had noticeable rates last year. As a consequence, the certificate was only issued for 1 year in order to monitor the rate more closely. Thirty-two centres did not meet the target. The reasons given for this are: detection of R1 microfocal in the resection margin (mainly apical); very precise specimen processing (small incision thickness); change in operator; and the use of nerve-sparing surgical procedures or the da Vinci surgical system. The following measures were implemented: procedural instructions; more frequent conduct of frozen sections; and discussion in quality circles. The auditors formulated 7 deviations.

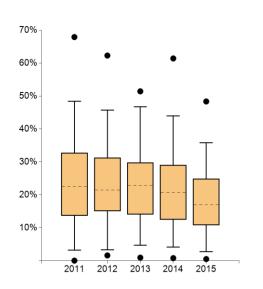
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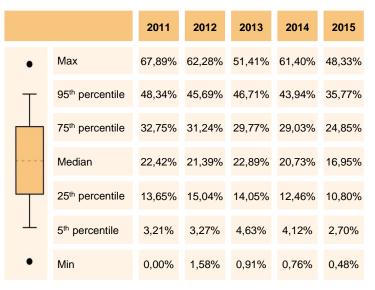
12. Definitive radiotherapy



	Definition of indicator	All clinical sites 2015	
		Median	Range
Numerator	Primary cases with definitive radiotherapy	31*	2 - 123
Denomi- nator	Primary cases (= indicator 1a)	159*	94 - 2416
Rate	Mandatory statement of reasons** <10% and >90%	16,95%	0,48% - 48,33%

^{*}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.





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
95	100,00%	75	78,95%

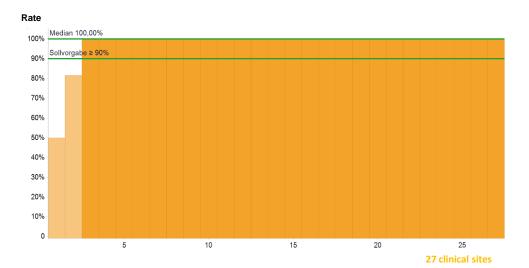
Comment

The median of this indicator decreased. Moreover, in comparison with last year, the number of definite radiotherapies decreased (3,064 vs. 3,275) with an increased population (20,643 vs. 18,684). Twenty centres have a definitive radiotherapy rate of <10%. The big centres in particular explain that the majority of patients already arrived with a preference for surgery at the centre or were especially referred to the centre in order to receive surgery.

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

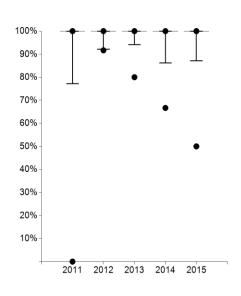


13. Permanent seed implantation - D 90 > 130 Gy



Definition of indicator		All clinical sites 2015		
		Median	Range	
Numerator	Primary cases for whom D90 > 130 Gy was achieved	4*	1 - 36	
Denomi- nator	Primary cases with permanent seed implantation	5*	1 - 38	
Rate	Target value ≥ 90%	100%	50,00% - 100%	

^{*}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.





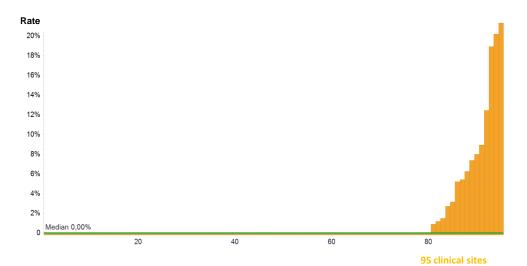
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
27	28,42%	25	92,59%

Comment

The number of centres that performed seed implantation decreased (audit year 2015: 31 centres). Continuous good implementation of this indicator in the 27 centres who were performing the seed implantation. Two centres did not meet the target; reasons were that at the time of audit unfinished post-planning measures and difficulties in the documentation (tumour documentation system did not work) occurred.

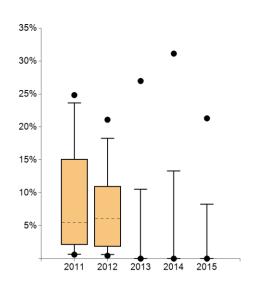


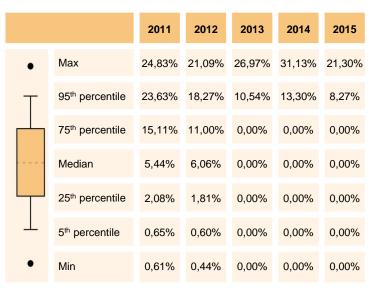
14. HDR brachytherapy



Definition of indicator		All clinical sites 2015	
		Median	Range
Numerator	Primary cases with HDR brachytherapy	0*	0 - 36
Denomi- nator	Primary cases (= indicator 1a)	159*	94 - 2416
Rate	No target value	0,00%	0,00% - 21,30%

^{*}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.





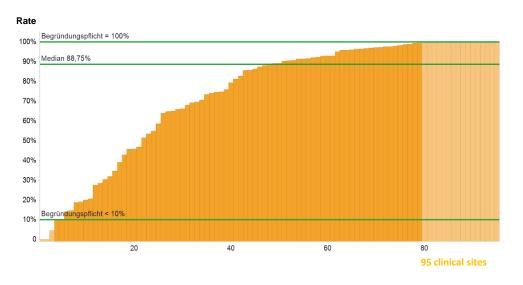
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
95	100,00%		

Comment

Fifteen centres performed HDR brachytherapy (audit year 2015: 21 centres). Compared to the previous year, the provision of therapies in eight centres had decreased.

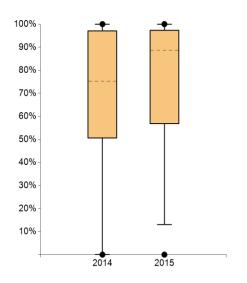
15. Diagnostic report – Punch biopsy (QI 1)





	Definition of indicator	All clinical sites 2015	
		Median	Range
Numerator	Primary cases with complete diagnostic report	84*	0 - 772
Denomi- nator	Primary cases with prostate carcinoma and vacuum biopsy	122*	20 - 2416
Rate	Mandatory statement of reasons** <10% and =100%	88,75%	0,00% - 100%

^{*}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.





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Numbe r	%
95	100,00%	76	80,00%

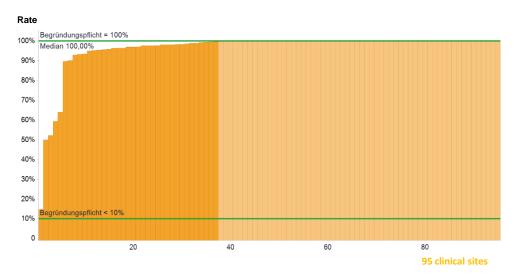
Comment

Two centres had no (=0) complete diagnostic report. The reason given was that the requirement was not in the medical guidelines. Since the audit year 2016, these centres have compiled a complete diagnostic report for patients diagnosed with Gleason 7. Low rates are justified by punch biopsies performed outside the centre.

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

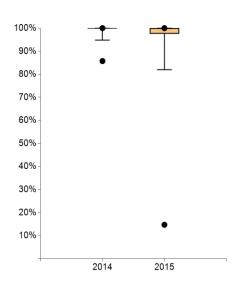
16. Diagnostic report – Lymph nodes (QI 3)





	Definition of indicator	All clinica	l sites 2015
		Median	Range
Numerator	Primary cases with diagnostic reports stating: • pN category • number of affected lymph nodes in relation to resected lymph nodes	63*	18 - 1989
Denomi- nator	Primary cases with prostate carcinoma and lymphadenectomy	66*	20 - 2076
Rate	Mandatory statement of rearsons** <10% and =100%	100%	14,68% - 100%

^{*}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.





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
95	100,00%	37	38,95%

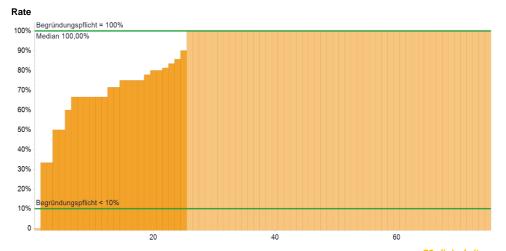
Comment

The two centres with the lowest rate had a better implementation rate of the indicator last year (100% and 80%). The plausibility of all statements was verified during the audits.

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

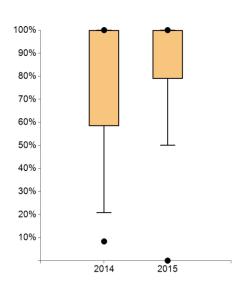


17. Percutaneous radiotherapy with hormone ablation therapy for locally progressed PCa (QI 6)



	Definition of indicator	All clinical sites 2015	
		Median	Range
Numerator	Primary cases with additional hormone ablation therapy	2*	0 - 13
Denomin- ator	Primary cases with PCa T3- 4 N0 M0 and percutaneous radiotherapy	3*	1 - 16
Rate	Mandatory statement of reasons** <10% and =100%	100%	0,00% - 100%

⁷⁵ clinical sites





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
75	78,95%	24	32,00%

Comment

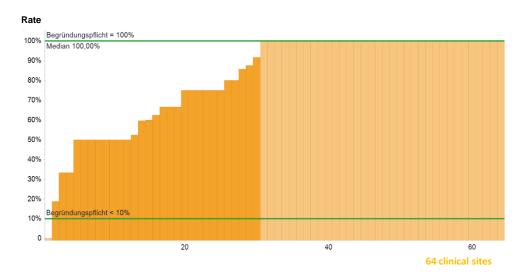
One centre fell short of the bottom threshold of 10%. However, this centre had a population of one patient and the patient refused therapy. On a general note for this indicator and the following indicators it is important to note the small populations (1–16 patients), which causes the results to be widely scattered.

^{*}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.



18. Percutaneous radiotherapy with hormone ablation therapy for PCa with lymph node metastases (QL7) ation



	Definition of indicator	All clinical sites 2015	
		Median	Range
Numerator	Primary cases with additional hormone ablation therapy	2*	0 - 31
Denominator	Primary cases with PCa with histologically confirmed lymph node metastases and percutaneous radiotherapy	3*	1 - 52
Rate	Mandatory statement of reasons** <10% and =100%	100%	0,00% - 100%

^{*}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.

Terpinare out the displayers		

		2011	2012	2013	2014	2015
•	Max				100%	100%
Т	95 th percentile				100%	100%
	75 th percentile				100%	100%
	Median				83,34%	100%
H	25 th percentile				37,29%	65,63%
\perp	5 th percentile				7,78%	35,83%
•	Min				0,00%	0,00%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
64	67,37%	29	45,31%

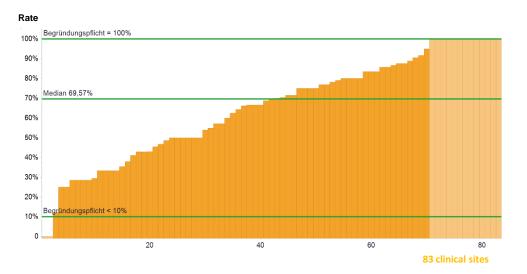
Comment

One centre fell short of the bottom plausibility limit. However, this centre had only 1 patient in its population. Thirty-one centres did not treat patients with lymph node metastases and percutaneous radiotherapy in the audit year 2016 (denominator =0) and are therefore not displayed in this analysis.

For this indicator it is also important to note the small populations, therefore, the results will only be reported every 3 years from now on forward (the same applies for indicator 17).

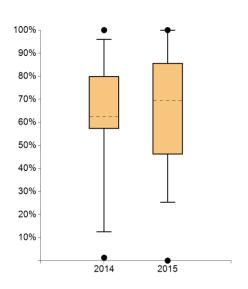
^{**} For values outside the plausibility limit(s) the Centres must give the reasons.

19. Salvage-radiotherapy for recurrent prostate cancer (QI 8)



	Definition of indicator	All clinical sites 2015		
		Median	Range	
Numerator	Patients with beginning SRT and PSA <0.5 ng/ml	7*	0 - 53	
Denominator	Patients after RPE and PSA recurrence and SRT	13*	1 - 107	
Rate	Mandatory statement of reasons** <10% and =100%	69,57%	0,00% - 100%	

^{*}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.





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
83	87,37%	68	81,93%

Comment

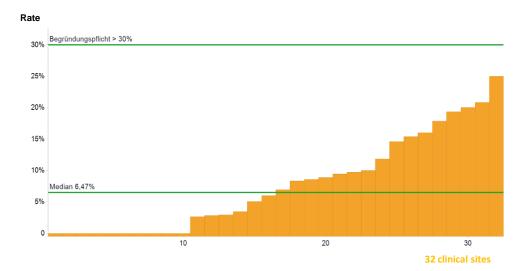
Two centres had an SRT-rate of 0%, as the PSA values were above 0.5 ng/ml at the beginning of therapy. The given explanation was difficult timing of referral from practice-based physician. The auditors gave some remarks and emphasized thad SRT is more effective the earlier it is started. Twelve centres had no patients with the abovementioned diagnosis and are hence not included in this analysis.

For this indicator, as with indicators 17/18, the same preconditions apply.

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

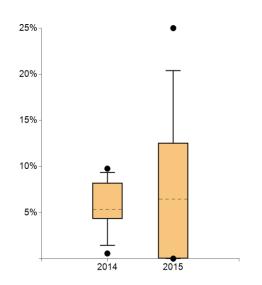


21. Postoperative complications after radical prostatectomy (QI 9)



	Definition of indicator		All clinical sites 2015		
		Median	Range		
Numerator	Primary cases with complications Clavien- Dindo grade III or IV within the first 6 months after RPE	3*	0 - 25		
Denomi- nator	Primary cases with PCa T1-2 N0 M0 and RPE (from the previous indicator year)	43*	8 - 211		
Rate	Mandatory statement of reasons** >30%	6,47%	0,00% - 25,00%		

^{*}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.





Clinical sites with evaluable data		Clinical sites meeting the target		
Number	%	Number	%	
32	33,68%	32	100,00%	

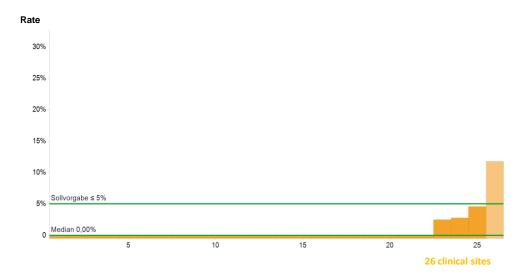
Comment

Documentation of this indicator was voluntary for the audit year 2016, therefore only 32 centres reported data. All centres were below the threshold and therefore did not need to give an explanation in regards to their performance.

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

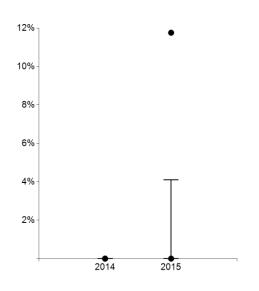
22. Complications after radiotherapy (QI 11)





	Definition of indicator	All clinica	All clinical sites 2015		
		Median	Range		
Numerator	Primary cases with complications CTCAE grade III or IV within the first 6 months after RPE	0*	0 - 2		
Denomi- nator	Primary cases with PCa T1-2 N0 M0 and RPE (from the previous indicator year)	33,5*	5 - 73		
Rate	Target value ≤ 5%	0,00%	0,00% - 11,76%		

^{*}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.





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
26	27,37%	25	96,15%

Comment

Documentation of this indicator was voluntary for the audit year 2016, therefore only 26 centres have reported results. 22 centres documented a complication rate of 0%. Only one centre did not meet the target. Here 2 (of 17) patients with CTC-AE grade III complication (erectile dysfunction) were registered after RT.

WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)



Find out more on www.krebsgesellschaft.de

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Vereinsregister Amtsgericht Charlottenburg.

Vereinsregister-Nr.: VR 27661 B V.i.S.d.P.: Dr. Johannes Bruns

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Version e-A1-en; 13.10.2017

ISBN: 978-3-946714-57-6

