

# **Annual Report 2016**

# of the Certified Prostate Cancer Centres

Audit year 2015 / Indicator year 2014



# Content

Introduction	3
Status of the certification system: Prostate Cancer Centres 2015	3
General information	ļ
Tumour documentation systems used in Prostate Cancer Centres	7
Basic data8	3
	13
Indicator No. 1a: Number of primary cases of prostate carcinoma	13
	14
	15
Indicator No. 1b3: Distribution of primary cases with locally confined prostate carcinoma and high risk	16
Indicator No. 2a: Presentation at the weekly pre-therapeutic conference – Urology	17
Indicator No. 2b: Presentation at the weekly pre-therapeutic conference – Radiology	18
Indicator No. 3a: Presentation in the monthly post-therapeutic conference – Primary cases	19
Indicator No. 3a: Presentation in the monthly post-therapeutic conference – Recurrence/ metastases	20
	21
Indicator No. 5: Percutaneous radiotherapy with hormone ablation therapy for locally confined PCa with high risk (QI 1) 2	22
	23
Indicator No. 7: Social service counselling	24
Indicator No. 8: Clinical trial participation2	25
Indicator No. 9: Number of prostatectomies – Centre	26
Indicator No. 10: Postoperative revision operations	27
Indicator No. 11: Record of R1 resections for pT2 c/pN0 or Nx M0	28
Indicator No. 12: Definitive radiotherapy	29
Indicator No. 13: Permanent seed implantation - D 90 > 130 Gy	30
	31
Indicator No. 15: Diagnostic report – Vacuum biopsy (QI 2)	32
Indicator No. 16: Diagnostic report – Lymph nodes (QI 3)	33
Indicator No. 18: LDR brachytherapy for locally confined prostate carcinoma with high risk (QI 4)	34
Indicator No. 19: Percutaneous radiotherapy with hormone ablation therapy for locally progressed PCa (QI 5)	35
Indicator No. 20: Percutaneous radiotherapy with hormone ablation therapy for PCa with lymph node metastases (QI 6) 3	36
Indicator No. 21: Salvage-radiotherapy (SRT) for recurrent prostate cancer (QI 7)	37
Indicator No. 22: Prevention of osteonecrosis of the jaw (QI 8)	38
Indicator No. 23: Postoperative complications after radical prostatectomy (RPE) (QI 9)	39
	40

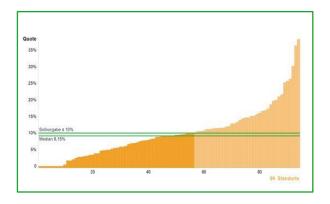
# **Status of the certification system: Prostate Cancer Centres 2015**

	31 Dec 2015	31 Dec 2014	31 Dec 2013	31 Dec 2012	31 Dec 2011	31 Dec 2010
Ongoing procedures	5	5	4	4	10	12
Certified centres	97	94	94	91	80	63
Certified clinical sites	98	95	95	92	81	64
Total primary cases*	19.644	20.682	21.605	21.115	18.160	14.590
Primary cases per centre (mean)*	203	220	230	232	227	232
Primary cases per centre (median)*	149	157	164	163	171	172

<sup>\*</sup> The figures refer to all certified centres.

### **General information**

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



### Basic data / indicator:

The definitions of the **numerator**. **population** (=denominator) and **target value** are taken from the data sheet form. part of the Catalogue of Requirements.

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.

Ranges are indicated for numerator. population and rate.

### **Chart:**

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

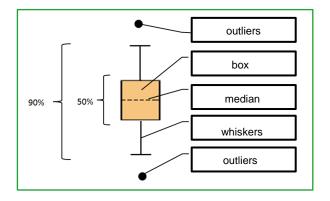
### **General information**



### **Cohort development:**

Cohort development in 2010. 2011. 2012. 2013 and 2014 is graphically represented with boxplots.

This chart provides an overview of the respective indicator year and a direct comparison with the previous year.



### **Boxplot:**

A boxplot consists of a box with median. whiskers and outliers. 50% of the centres are inside 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.

### **General information**

	31 Dec 2015	31 Dec 2014	31 Dec 2013	31 Dec 2012	31 Dec 2011
Clinical sites included in the Annual Report	94	91	88	79	62
Percentage	95.9%	95.8%	92.6%	859%	77.5%

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.

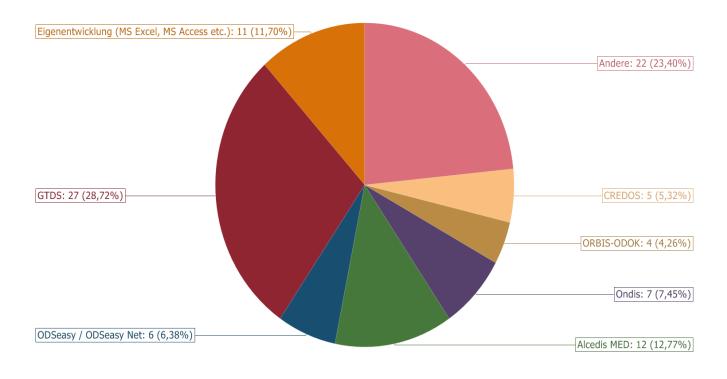
The Annual Report covers 94 of the 98 clinical sites. 4 clinical sites are not included:

Three were certified for the first time in 2015 (data depiction of a full calendar year is not mandatory for initial certification) and for 1 clinical site the certificate was suspended.

www.oncomap.de provides an updated overview of all certified centres.

The indicators published here refer to the indicator year 2014. They are the basis for the audits conducted in 2015.

### **Tumour documentation systems used in Prostate Cancer Centres**

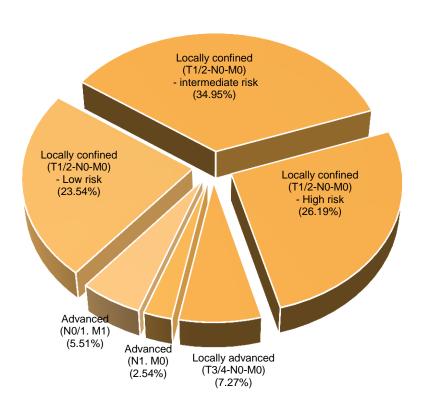


Legende:	
Andere ("others")	System used in ≤ 3 clinical sites

The information on the tumour documentation system was taken from the EXCEL annex to the Catalogue of Requirements (basic data worksheet). It is not possible to indicate more than one system. Support is often provided by the cancer registries or there may be a direct link to the cancer registry via a specific tumour documentation system.

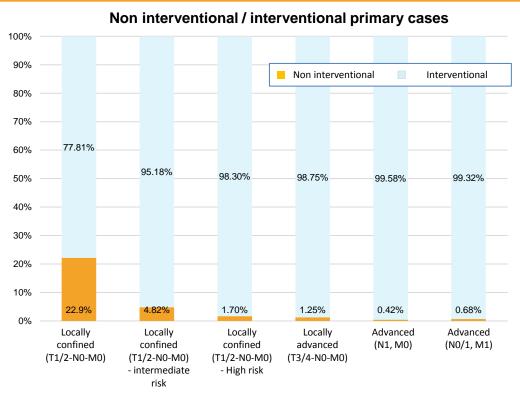
# **Basic data – Primary cases PCa**

### **Total primary cases**



	Total primary cases
Locally confined (T1/2-N0-M0) - Low risk	4,399 (23.54%)
Locally confined (T1/2-N0-M0) - Intermediate risk	6,530 (34.95%)
Locally confined (T1/2-N0-M0) - High risk	4,893 (26.19%)
Locally advanced (T3/4-N0-M0)	1,358 (7.27%)
Advanced (N1. M0)	474 (2.54%)
Advanced (N0/1. M1)	1,030 (5.51%)
Total primary cases	18,684

### **Basic data**

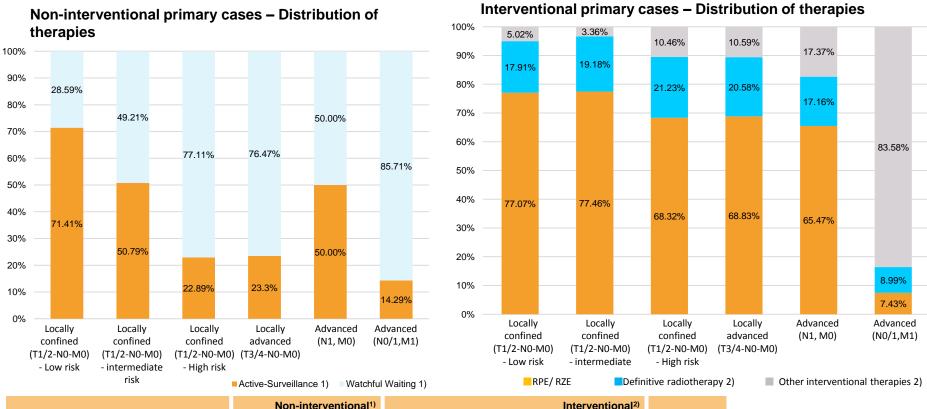


	Non interventional <sup>1)</sup>	Interventional <sup>2)</sup>	Total
Locally confined (T1/2-N0-M0) - Low risk	976 (22.19%)	3,423 (77.81%)	4,399
Locally confined (T1/2-N0-M0) - Intermediate risk	315 (4.82%)	6,215 (95.18%)	6,530
Locally confined (T1/2-N0-M0) - High risk	83 (1.70%)	4,810 (98.30%)	4,893
Locally advanced (T3/4-N0-M0)	17 (1.25%)	1,341 (98.75%)	1,358
Advanced (N1, M0)	2 (0.42%)	472 (99.58%)	474
Advanced (N0/1, M1)	7 (0.68%)	1,023 (99.32%)	1,030
Total primary cases	1,400	17,284	18,684

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

<sup>2)</sup> Each patient can only be assigned to one interventional therapy. Other interventional therapies (chemotherapy, hormone therapy) are only counted when neither a prostatectomy nor definitive radiotherapy was undertaken in conjunction with primary therapy.

### **Basic data**

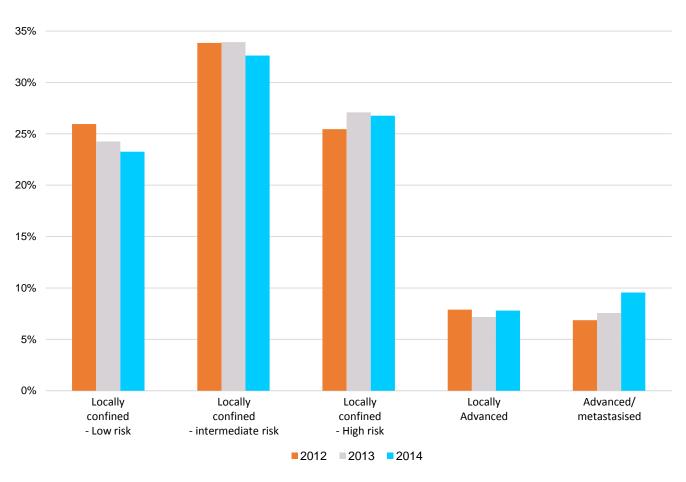


	Non-in	Non-interventional <sup>1)</sup>		Interventional <sup>2)</sup>		
	Active surveillance	Watchful waiting 1)	RPE / RCE <sup>2)</sup>	Definitive radiotherapy <sup>2)</sup>	Other interventional therapies <sup>2)</sup>	Total
Locally confined (T1/2-N0-M0) - Low risk	697 (711%)	279 (28.59%)	2,638 (77.07%)	613 (17.91%)	172 (5.02%)	4,399
Locally confined (T1/2-N0-M0) - Intermediate risk	160 (50.79%)	155 (49.21%)	4,814 (77.46%)	1,192 (19.18%)	209 (3.36%)	6,530
Locally confined (T1/2-N0-M0) - High risk	19 (22.9%)	64 (77.11%)	3,286 (68.32%)	1,021 (21.23%)	503 (10.46%)	4,893
Locally advanced (T3/4-N0-M0)	4 (23.53%)	13 (76.47%)	923 (68.83%)	276 (20.58%)	142 (10.59%)	1,358
Advanced (N1, M0)	1 (50.00%)	1 (50.00%)	309 (65.47%)	81 (17.16%)	82 (17.37%)	474
Advanced (N0/1, M1)	1 (14.29%)	6 (85.71%)	76 (7.43%)	92 (8.99%)	855 (83.58%)	1,030
Total primary cases	882	518	12,046	3,275	1,963	18,684

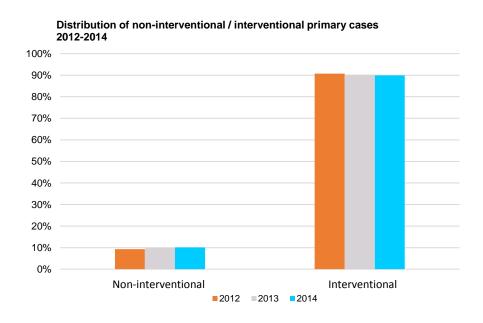
- Non-inverventional: active surveillance or watchful waiting. precondition: histologically confirmed PCa
- 2) Each patient can only be assigned to one interventional therapy. Other interventional therapies (chemotherapy, hormone therapy) are only counted when neither a prostatectomy nor definitive radiotherapy was undertaken in conjunction with primary therapy.

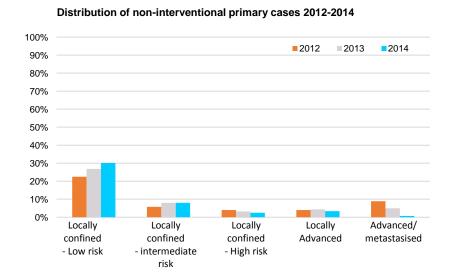
# Basic data – Primary case distribution in the indicator years 2012-2014

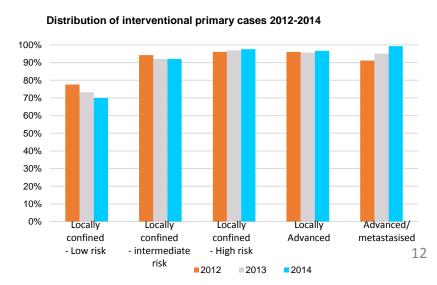
### Primary case distribution prostate carcinoma 2012-2014



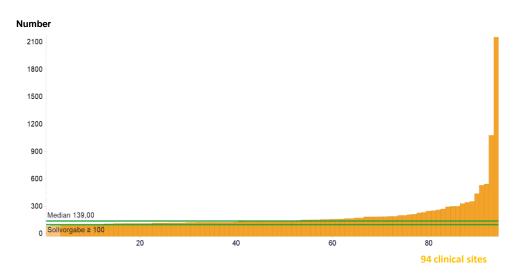
### Basic data - Primary case distribution in the indicator years 2012-2014



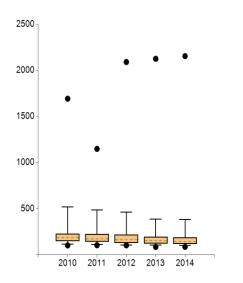




## 1a. Number of primary cases of prostate carcinoma



	Definition of indicator	All clinical sites 2014		
		Median	Range	
Number	Primary cases	139	84 - 2153	
	Target ≥ 100			



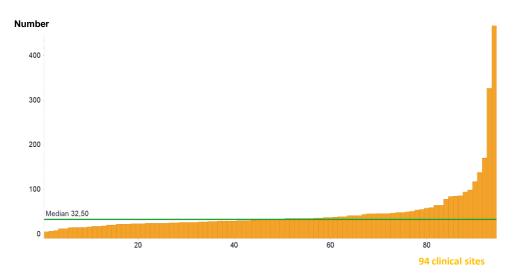
		2010	2011	2012	2013	2014
•	Max	1691.00	1147.00	2089.00	2124.00	2153.00
Т	95 <sup>th</sup> percentile	517.55	482.60	461.70	386.50	383.10
	75 <sup>th</sup> percentile	226.25	222.50	217.00	192.00	187.75
	Median	182.50	169.00	159.00	149.00	139.00
H	25 <sup>th</sup> percentile	146.25	140.50	126.75	119.50	117.00
$\perp$	5 <sup>th</sup> percentile	114.20	110.70	105.05	104.00	101.00
•	Min	100.00	102.00	101.00	83.00	84.00

Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
94	100.00%	91	96.81%

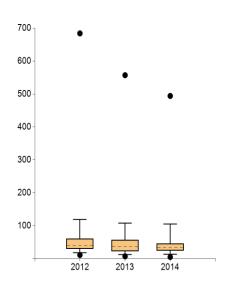
#### Comment

The median of all primary cases declined over the course of time. In comparison to the previous year, most centres had fewer primary cases this year (62 centres with notable decline in primary case numbers versus 23 centres with an increase in number of primary cases). 3 centres did not meet the target and attributed that to staff changes in the position of head of department or were in the process of implementing cooperation with new partners. In the latter cases, the auditors confirmed an increase in primary case numbers for the current year.

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



	Definition of indicator	All clinical sites 2014		
		Median	Range	
Number	Primary cases with locally confined PCa and low risk (PSA ≤ 10ng/ml and cT category ≤ 2a)	32.5	5 - 494	
	No target			



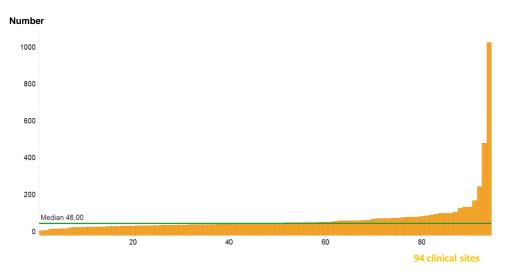
		2010	2011	2012	2013	2014
•	Max			684.00	557.00	494.00
Т	95 <sup>th</sup> percentile			119.15	107.50	105.30
	75 <sup>th</sup> percentile			60.75	56.50	46.00
	Median			40.00	36.00	32.50
H	25 <sup>th</sup> percentile			30.00	23.00	24.00
	5 <sup>th</sup> percentile			18.00	12.50	13.30
•	Min			11.00	7.00	5.00

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
94	100.00%		

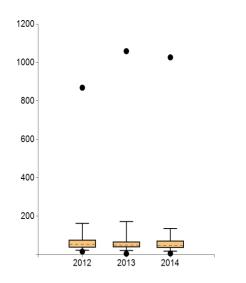
### Comment

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

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



	Definition of indicator	All clinical sites 2014	
		Median	Range
Number	Primary cases with locally confined PCa and intermediate risk (PSA > 10-20 ng/ml or Gleason-Score 7 or cT 2b)	46	6 - 1027
	No target		



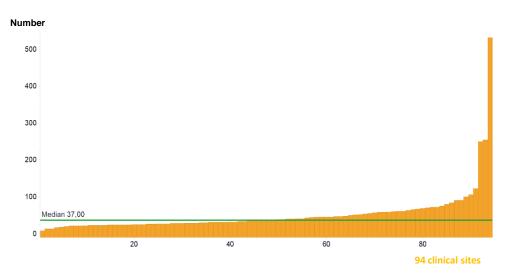


Clinical sit		Clinical sit	
Number	%	Number	%
94	100.00%		

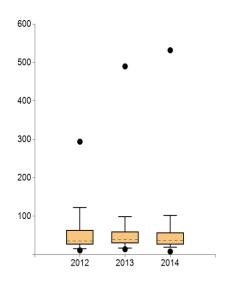
### Comment

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

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



	Definition of indicator	All clinical sites 2014	
		Median	Range
Number	Primary cases with locally confined PCa and high risk (PSA > 20 ng/ml or Gleason-Score ≥ 8 or cT2c)	37	8 - 532
	No target		



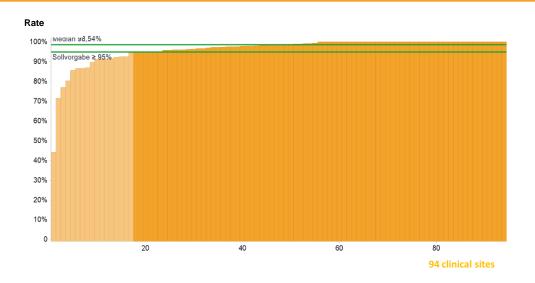


Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
94	100.00%		

### Comment

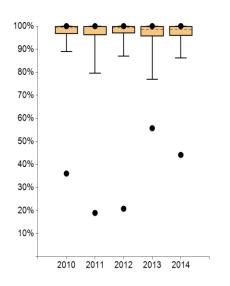
Slides 9-12 depict the development of primary cases with locally confined prostate carcinoma in conjunction with the according therapies.

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



	Definition of indicator		tes 2014
		Median	Range
Numerator	All patients presented in the pre-therapeutic conference	106*	30 - 1981
Population	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	108.5*	51 - 1981
Rate	Target ≥ 95%	98.54%	44.12% - 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.





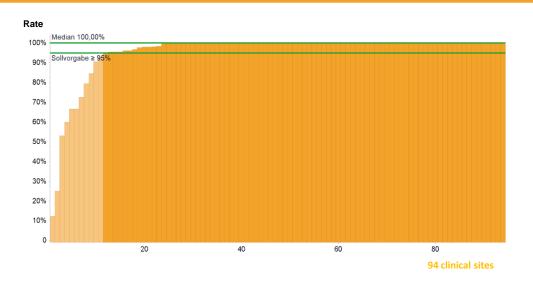
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
94	100.00%	77	81.91%

#### Comment

The good implementation of this indicator is ongoing. The centre with the lowest presentation rates also showed the lowest rates for indicator 2b and explained that the pre-therapeutic conference had only been introduced at the time of the certification.

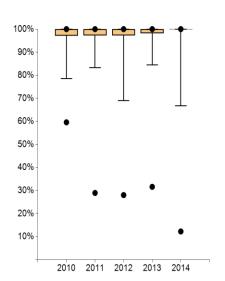
The most common reason given by centres who did not meet the target was an incidental intraoperative finding of PCa. These patients were then discussed during the postoperative conference.

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



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	All patients presented in the pre-therapeutic conference	25*	1 - 105
Population	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	26*	1 - 110
Rate	Target ≥ 95%	100%	12.22% - 100%

<sup>\*</sup>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.





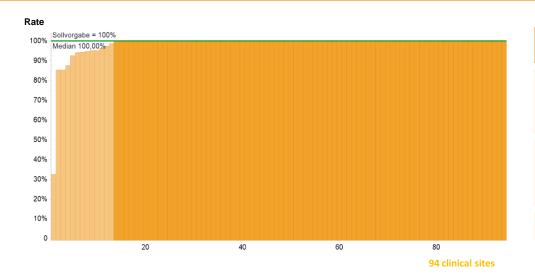
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
94	100.00%	83	88.30%

#### Comment

This indicator should be considered conjunctly with indicator no. 2a. Very good implementation of this indicator in the centres.

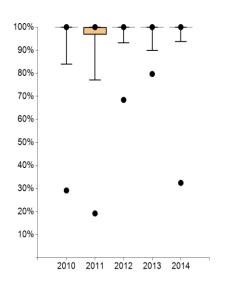
Centres with the lowest presentation rates had all reached the target in the previous year. Reasons provided for failure to meet the target were difficulties in coordination within the centre and restructuring measures within the network. Centres who underwent restructuring with their network improved their presentation rates over the course of the year.

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



	Definition of indicator	All clinica	l sites 2014
		Median	Range
Numerator	All patients presented in the post-therapeutic conference	22.5*	6 - 527
Population	Primary cases > pT3a and/or R1 and/or pN+	23*	6 - 527
Rate	Target = 100%	100%	32.43% - 100%

<sup>\*</sup>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	%
94	100.00%	81	86.17%

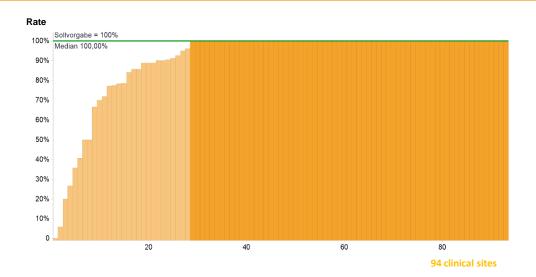
#### Comment

Good implementation and development of this indicator over time.

The centre with the lowest presentation rate showed the lowest presentation rates for all tumour conference indicators and attributed that to this being their initial certification.

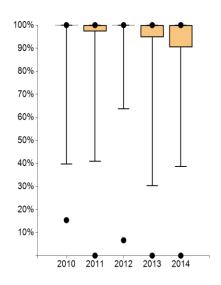
The following measures were undertaken by the centres to improve their respective results: staff training and implementation of standard operating procedures for registration/presentation of patients in the tumour conference.

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



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	All patients presented in the post-therapeutic conference	17*	0 - 90
Population	All patients with first manifestation of recurrence and/or distant metastases	18*	1 - 91
Rate	Target = 100%	100%	0.00% - 100%

<sup>\*</sup>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	%
93	98.94%	65	69.89%

#### Comment

The median is 100%, but only about 70% of the centres reach the target of 100%.

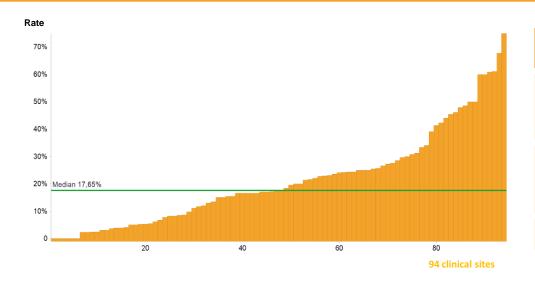
The centre with the lowest presentation rate (0%) had a total case number of only 2 cases.

Reasons given by the centres for low presentation rates were: colleagues in general practice do not present cases first but transfer them into the specialised units (radiotherapy or urology) directly; organisational difficulties within the centres.

The implemented measures encompassed discussions within the quality circle with practitioners in general practice and hospital doctors. as well as staff training.

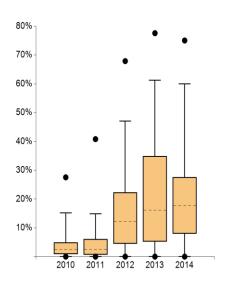
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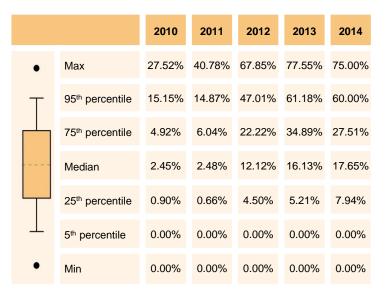
# 4. Active Surveillance (AS)



	Definition of indicator	All clinical si	tes 2014
		Median	Range
Numerator	Primary cases under AS	6*	0 - 25
Population	Primary cases with locally confined PCa and low risk(PSA ≤ 10ng/ml and Gleason-Score 6 and cT category ≤ 2a)	32.5*	5 - 494
Rate	No target	17.65%	0.00% - 75.00%

\*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.





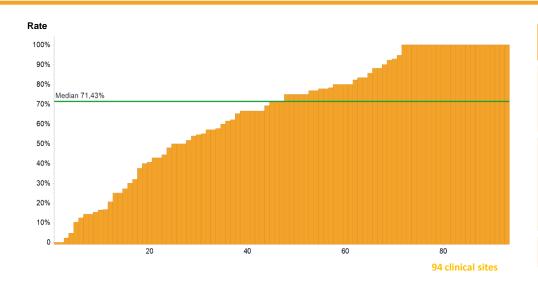
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
94	100.00%		

#### Comment

The median of this indicator increases continuously. In comparison to the previous year, more centres increased or maintained their AS rates (51 centres versus 40 centres with declining AS rates).

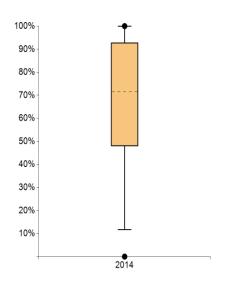
The most common explanation for low AS rates was the lack of cooperation with urologists in general practice. The auditors issued remarks geared towards the intensification of the network.

### 5. Percutaneous radiotherapy with hormone ablation therapy for locally confined PCa with high risk (QI 1)



	Definition of indicator	All clinical si	tes 2014
		Median	Range
Numerator	Primary cases with additional neo- and/or adjuvant hormone ablation therapy	7*	0 - 23
Population	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	11*	1 - 72
Rate	No target	71.43%	0.00% - 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 sites meeting the target	
Number	%	Number	%
93	98.94%		

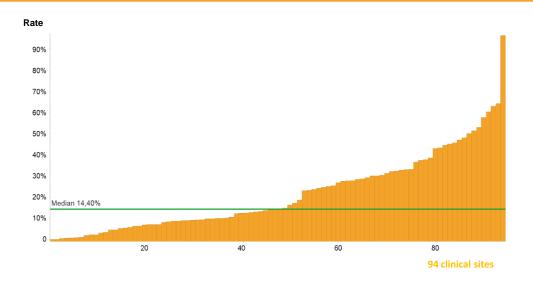
#### Comment

Quality indicator of the evidence based guidelines (S3).

Plausibility ranges for this indicator have only been introduced in 2016. This now warrants an explanation by the centre when the limits (<10% and 100%) are reached.

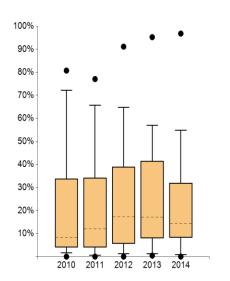
More nuanced evaluation of this indicator will be available starting next year.

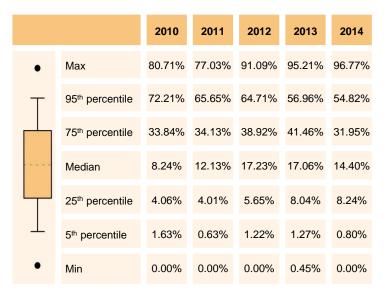
# 6. Psycho-oncologic care



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	Patients who received psycho-oncologic care (inor outpatient setting) (duration of consultation ≥ 25 min)	27*	0 - 600
Population	Primary cases (= indicator 1a) and patients with first manifestation of local recurrence and/or metastases (= indicator 3b)	162*	96 - 2230
Rate	No target	14.40%	00% - 96.7%

<sup>\*</sup>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.





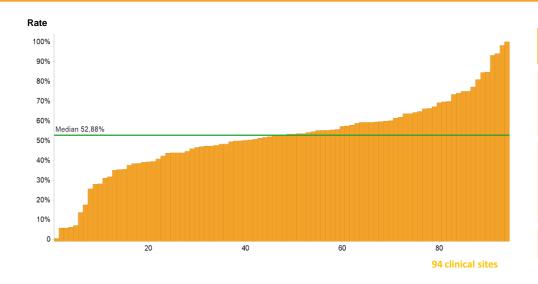
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
94	100.00%		

#### Comment

The population was extended for this indicator as well as the indicator social service counselling. This should generally reflect in the numerator of this indicator as well. But given that change of these processes usually takes approximately 2 years, the median will decrease initially.

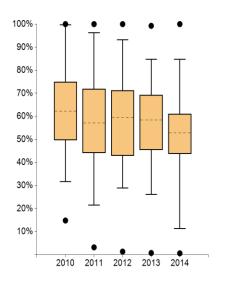
Explanations provided by centres with low rates included: consultations of <25 min. duration, application of screening tools with low registered need. In contrast to other centres, auditors repeatedly noted that the integration of psychoncologists in the centres requires amelioration.

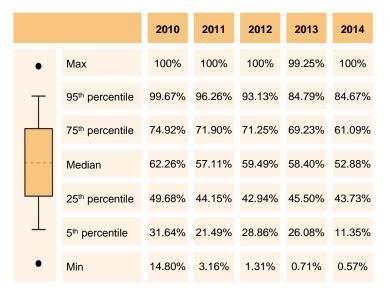
### 7. Social service counselling



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	Patients who received social service counselling (in- or outpatient setting)	78*	2 - 1382
Population	Primary cases (= indicator 1a) and patients with first manifestation of local recurrence and/or metastases (= indicator 3b)	162*	96 - 2230
Rate	No target	52.88%	0.57% - 100%

<sup>\*</sup>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	%
94	100.00%		

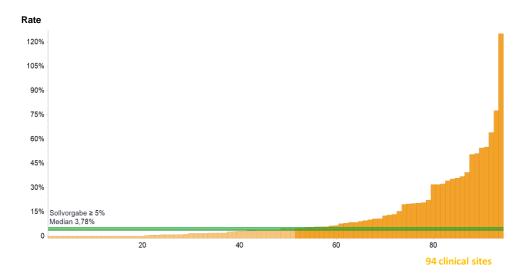
#### Comment

See comments on indicator no. 6.

The most commonly mentioned reasons for low counselling rates were: counselling restricted to patients who underwent radical prostatectomy, and excluding patients receiving radiotherapy or palliative patients.

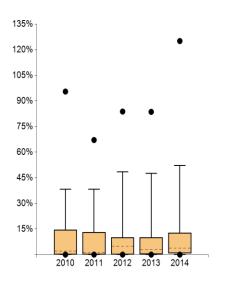
The auditors issued a number of remarks.

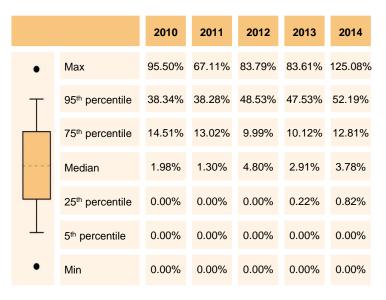
# 8. Clinical trial participation



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	Patients included in a clinical trial subject to an ethics vote	6.5*	0 - 792
Population	Primary cases (= indicator 1a)	139*	84 - 2153
Rate	Target ≥ 5%	3.78%	0.00% - 125.08%

<sup>\*</sup>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 meeting th	
Number	%	Number	%
94	100.00%	44	46.81%

#### Comment

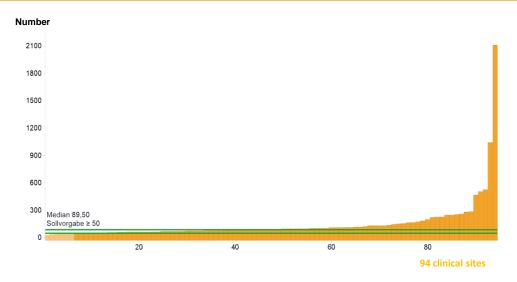
The indicator for participation in clinical trials is the only indicator whose numerator is not a subset of its population.

A deviation from the general rule (= numerator is a partial quantity of the population) was tolerated in order not to limit the selection of clinical trials to those tailored only towards primary cases, and with the intent of displaying the size of the centres (number of primary cases).

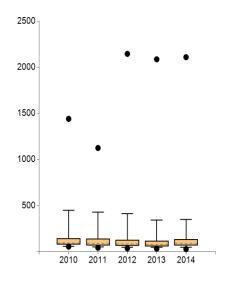
The implementation of this indicator was approximately constant over time. 20 centres did not enter any patients into clinical trials (Annual Report 2015: 23 centres with no patients registered in clinical trials). The main reason given for low trial participation was a lack of available clinical trials. Centres with very high rates of trial participation attributed that to a simultaneous registration of patients for several trials and a broad trial portfolio.

PREFERE trial: the centres report difficulties with randomisation of the patients and frequent dismissal of the trial by referring doctors in general practice.

# 9. Number of prostatectomies – Centre



	Definition of indicator	All clinical sites 2014	
		Median	Range
Number	Total number of radical prostatectomies/ cystoprostatectomies (see basic data)	89.5	27 - 2109
	Target ≥ 50		



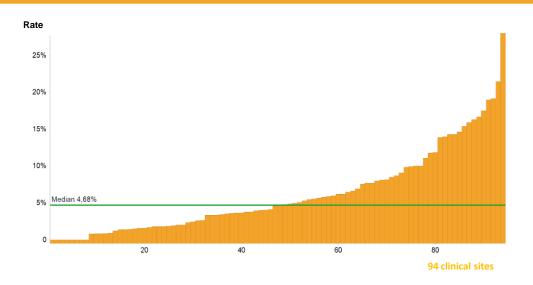


Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
94	100.00%	88	93.62%

### Comment

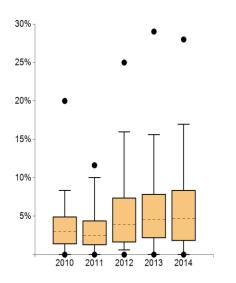
6 centres did not meet the target. These centres were included in a follow-up audit (proof of compliance with target is obligatory for initial and repeat audit).

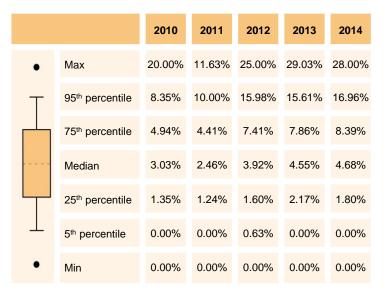
## 10. Postoperative revision operations



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	Revision operations within 90 postoperative days	3.5*	0 - 42
Population	Radical prostatectomies per year	67.5*	22 - 2099
Rate	No target	4.68%	0.00% - 28.00%

<sup>\*</sup>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 meeting th	
Number	%	Number	%
94	100.00%		

### Comment

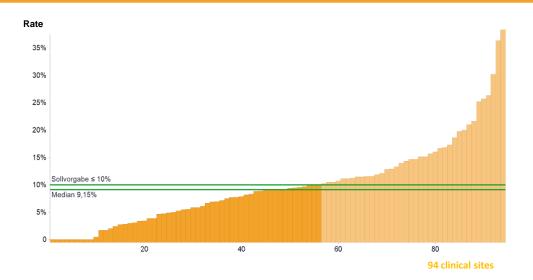
The rate of postoperative revision operations increased over the course of time.

The centres with the highest revision rates also had the highest rates in the previous year. A closer analysis of their data revealed that these centres, in contrast to other hospitals, had included all types of lymphocele evacuation in the documentation of revision operations.

Measures implemented by the centres to

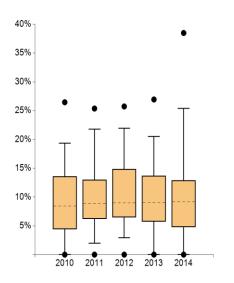
Measures implemented by the centres to improve their revision rates included more subtle coagulation and clipping of blood vessels.

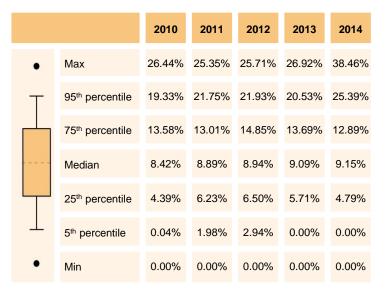
### 11. Record of R1 resections for pT2 c/pN0 or Nx M0



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	Operations with R1 status for primary cases with pT2 c/pN0 or Nx M0	4*	0 - 91
Population	Operations on primary cases with pT2 c/pN0 or Nx M0	42*	10 - 1173
Rate	Target ≤ 10%	9.15%	0.00% - 38.46%

<sup>\*</sup>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.





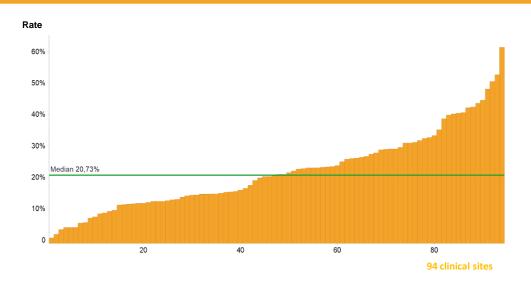
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
94	100.00%	56	59.57%

#### Comment

60% of the centres reached the target of <10%. The reasons provided for failure to reach the target included: learning curve for operations with the Da Vinci system, nerve sparing operation techniques; specimen with microfocally positive resection margins or margins that were not clearly assessable (e.g. jagged resection edges) were indexed as R1 by pathologists; positive apical margins were tolerated to ensure better postoperative function.

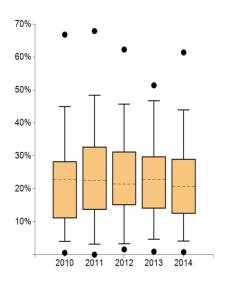
Measures implemented by the centres to improve R1 resection rate for pT2 patients were: frequent use of intraoperative rapid section techniques, staff training and coordination within quality circles.

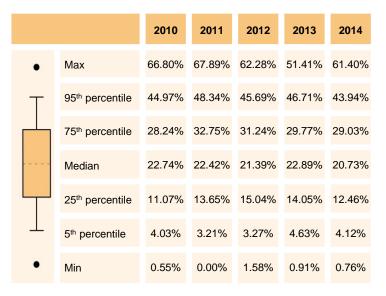
# 12. Definitive radiotherapy



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	Primary cases with definitive radiotherapy	32*	1 - 110
Population	Primary cases (= indicator 1a)	139*	84 - 2153
Rate	No target	20.73%	0.76% - 61.40%

<sup>\*</sup>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.



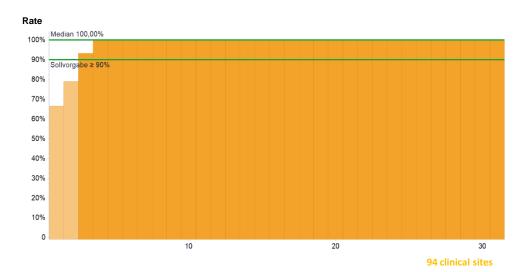


Clinical sites with evaluable data		Clinical sit meeting th	
Number	%	Number	%
94	100.00%		

### Comment

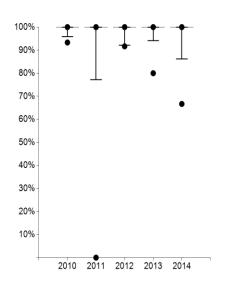
As in the previous year, the centres with the highest number of primary cases (= largest population) had the lowest rate of definitive radiotherapies.

# 13. Permanent seed implantation - D 90 > 130 Gy



	Definition of indicator	All clinical sites 2014		
		Median	Range	
Numerator	Primary cases for whom D90 > 130 Gy was achieved	5*	1 - 35	
Population	Primary cases with permanent seed implantation	5*	1 - 38	
Rate	Target ≥ 90%	100%	66.67% - 100%	

<sup>\*</sup>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.



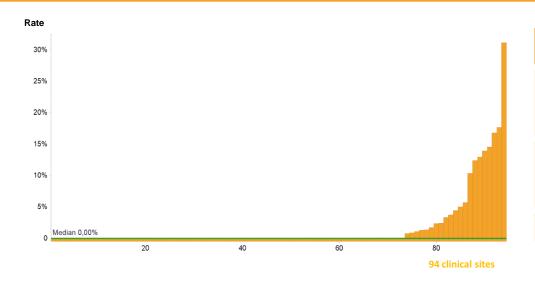


Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
31	32.98%	29	93.55%

#### Comment

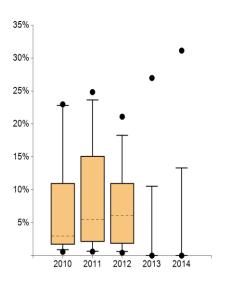
Seed implantation is performed in 31 centres (= population >0). Of these centres, only 2 did not reach the target (≥90%). The centres explained this with unfinished post planning measurements or patients that were deceased or moved away.

# 14. HDR brachytherapy



Definition of indicator		All clinical sites 2014	
		Median	Range
Numerator	Primary cases with HDR brachytherapy	0*	0 - 33
Population	Primary cases (= indicator 1a)	139*	84 - 2153
Rate	No target	0.00%	0.00% - 31.13%

<sup>\*</sup>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.



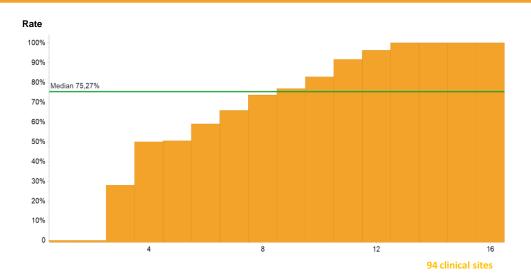


Clinical sit		Clinical sit	
Number	%	Number	%
94	100.00%		

### Comment

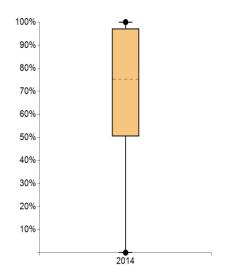
20 centres performed HDR brachytherapy. Compared to the previous year, the distribution of therapies in the centres was constant: the centres with the highest rates in 2015 also had the highest rates in this years' report.

# 15. Diagnostic report – Vacuum biopsy (QI 2)



	Definition of indicator		tes 2014
		Median	Range
Numerator	Primary cases with complete diagnostic report	76*	0 - 1960
Population	Primary cases with prostate carcinoma and vacuum biopsy	103*	2 - 2037
Rate	No target	75.27%	0.00% - 100%

<sup>\*</sup>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 sit		Clinical sit meeting th	
Number	%	Number	%
16	17.02%		

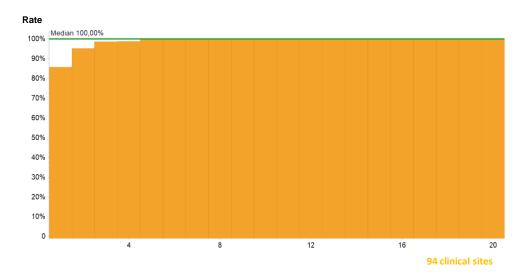
#### Comment

Quality indicator of the evidence based guidelines (S3).

This indicator was voluntary in the audit year 2015, thus there are very few data from the 16 centres.

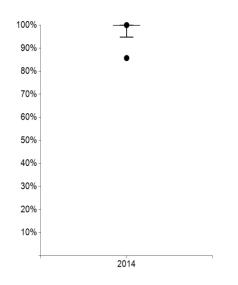
The centres attribute low rates mainly to the fact that not all listed parameters of the indicator had been documented.

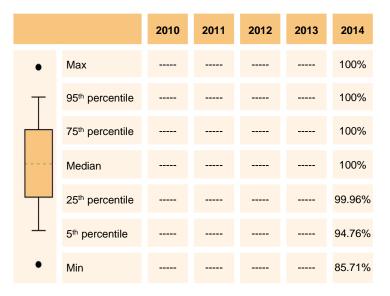
# 16. Diagnostic report – Lymph nodes (QI 3)



	Definition of indicator	All clinica	l sites 2014
		Median	Range
Numerator	Primary cases with diagnostic reports stating: • pN category • number of affected lymph nodes in relation to resected lymph nodes	52*	27 - 1978
Population	Primary cases with prostate carcinoma and lymphadenectomy	54.5*	27 - 1981
Rate	No target	100%	85.71% - 100%

<sup>\*</sup>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.





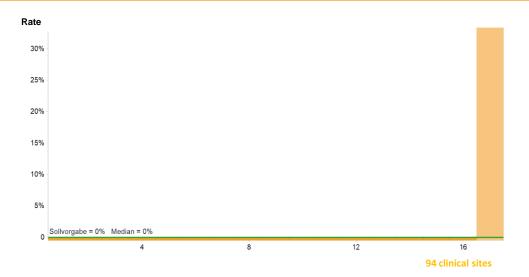
Clinical sit		Clinical sit	~ ~
Number	%	Number	%
20	21.28%		

#### Comment

Quality indicator of the evidence based guidelines (S3).

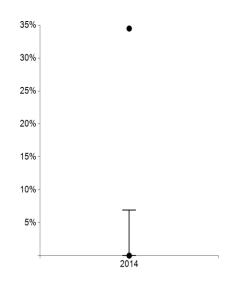
This indicator was also voluntary in the audit year 2015. Only 5 centres did not provide complete data on the lymph nodes in the diagnostic reports.

# 18. LDR brachytherapy for locally confined prostate carcinoma with high risk (QI 4)



	Definition of indicator	All clinica Median	l sites 2014 Range
Numerator	Primary cases with LDR monotherapy	0*	0 - 20
Population	Primary cases with prostate carcinoma T1-2 N0 M0 with high risk	33*	8 - 532
Rate	Target = 0%	0.00%	0.00% - 34.48%

<sup>\*</sup>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	%
17	18.09%	16	94.12%

#### Comment

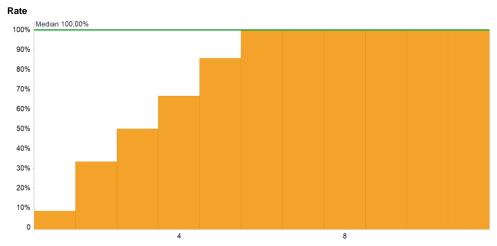
Quality indicator of the evidence based guidelines (S3).

Provision of data was voluntary in the previous year.

1 out of 17 centres who provided data performed a LDR brachytherapy for patients with PCa T1-2 N0 M0 with high risk.

This indicator will be annulled from 2016, because it was deemed irrelevant due to a small number of patients in question.

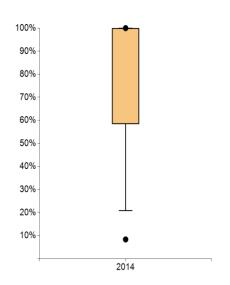
### 19. Percutaneous radiotherapy with hormone ablation therapy for locally progressed PCa (QI 5)



	Definition of indicator		l sites 2014
		Median	Range
Numerator	Primary cases with additional hormone ablation therapy	2*	1 - 13
Population	Primary cases with PCa T3- 4 N0 M0 and percutaneous radiotherapy	3*	1 - 13
Rate	No target	100%	8.33% - 100%

<sup>11</sup> clinical sites

\*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 sites meeting the target	
Numbe	er %	Number	%
11	11.70%		

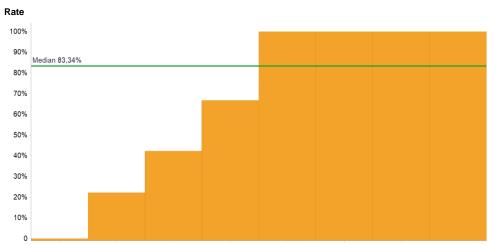
#### Comment

Quality indicator of the evidence based guidelines (S3).

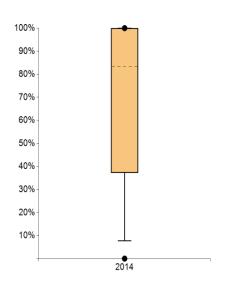
Documentation of this indicator was still voluntary in 2015.

The small population should be noted, which causes the results to be widely scattered.

### 20. Percutaneous radiotherapy with hormone ablation therapy for PCa with lymph node metastases (QI 6)



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	Primary cases with additional hormone ablation therapy	2*	0 - 11
Population	Primary cases with PCa with histologically confirmed lymph node metastases and percutaneous radiotherapy	3*	1 - 26
Rate	No target	83.34%	0.00% - 100%





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
8	8.51%		

### Comment

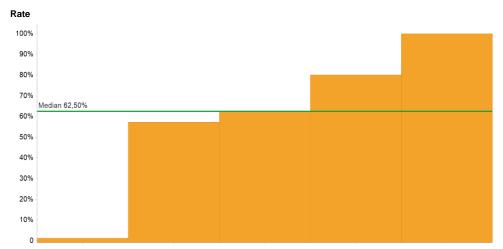
Quality indicator of the evidence based guidelines (S3).

The same conditions apply as for indicator no. 19.

<sup>8</sup> clinical sites

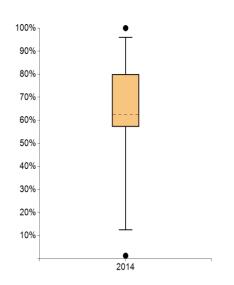
<sup>\*</sup>The medians for numerator and population do not refer to an existing centre but indicate the median of all numerators of the cohorts and the median of all populations of the cohorts.

# 21. Salvage-radiotherapy for recurrent prostate cancer (QI 7)



	Definition of indicator	All clinical si	inical sites 2014	
		Median	Range	
Numerator	Patients with beginning SRT and PSA <0.5 ng/ml	10*	4 - 36	
Population	Patients after RPE and PSA recurrence and SRT	16*	5 - 1981	
Rate	No target	62.50%	1.26% - 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 sites meeting the target	
Number	%	Number	%
5	5.32%		

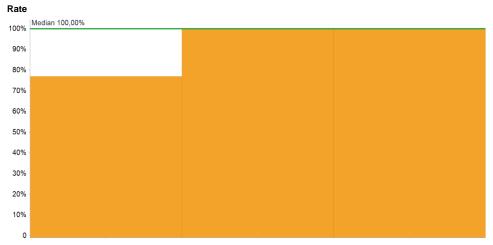
#### Comment

Quality indicator of the evidence based guidelines (S3).

5 centres voluntarily provided data on this indicator. From 2016 onwards, documentation of this indicator will be compulsory.

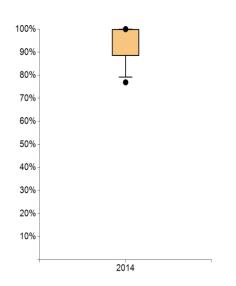
<sup>5</sup> clinical sites

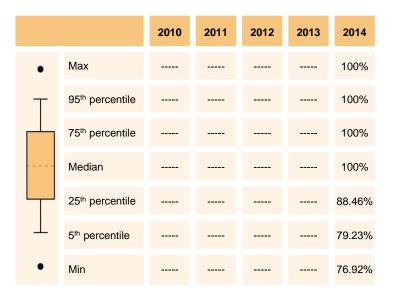
# 22. Prevention of osteonecrosis of the jaw (QI 8)



	Definition of indicator		All clinical sites 2014	
		Median	Range	
Numerator	Patients with dental examination before initiation of therapy	10*	5 - 21	
Population	Patients with PCa and treatment with biphosphonates or Denosumab	13*	5 - 21	
Rate	No target	100%	76.92% - 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 sites meeting the target	
Number	%	Number	%
3	3.19%		

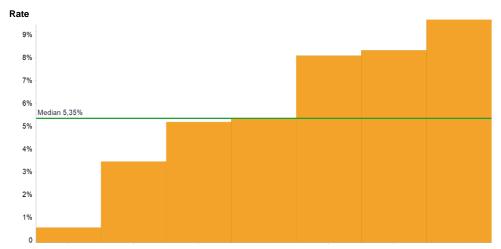
### Comment

Quality indicator of the evidence based guidelines (S3).

This indicator is annulled starting 2016, because the certification committee deemed verification of its implementation not feasible.

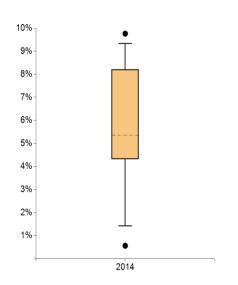
<sup>3</sup> clinical sites

# 23. Postoperative complications after radical prostatectomy (QI 9)



	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	Primary cases with complications Clavien- Dindo grade III or IV within the first 6 months after RPE	5*	1 - 106
Population	Primary cases with PCa T1-2 N0 M0 and RPE (from the previous indicator year)	136*	29 - 1981
Rate	No target	5.35%	0.56% - 9.76%

\*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 sites meeting the target	
Number	%	Number	%
7	7.45%		

#### Comment

Quality indicator of the evidence based guidelines (S3).

Documentation of this indicator will also be compulsory from 2016. Thus, the next analysis will provide a detailed overview over the postoperative complications.

<sup>7</sup> clinical sites



Find out more on www.krebsgesellschaft.de

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