

Annual Report 2018

of the Certified Prostate Cancer Centres

Audit year 2017 / Indicator year 2016



Annual Report PCCs 2018 (Audit year 2017/ Indicator year 2016)

DKG GERMAN CANCER SOCIETY Certification

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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.

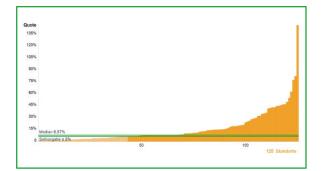
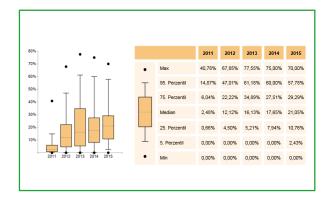


Diagram:

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.

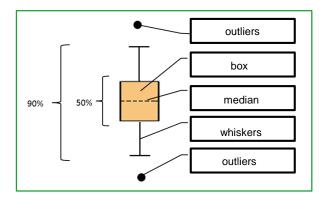
General information





Cohort development:

The cohort development in the years 2012, 2013, 2014, 2015 and 2016 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.

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Status of the certification system: Prostate Cancer Centres 2017

	31.12.2017	31.12.2016	31.12.2015	31.12.2014	31.12.2013
Ongoing procedures	9	7	5	5	4
Certfied centres	112	103	97	94	94
Certified clinical sites	113	104	98	95	95

General information

	31.12.2017	31.12.2016	31.12.2015	31.12.2014	31.12.2013
Clinical sites included in the Annual Report	106	95	94	91	88
Equivalent to	93.8%	91.3%	95.9%	95.8%	92.6%
Primary cases total*	23,677	20,643	18,684	18,288	19,558
Primary cases per centre (mean)*	223	217	199	201	222
Primary cases per centre (median)*	165	159	139	149	159

^{*}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.

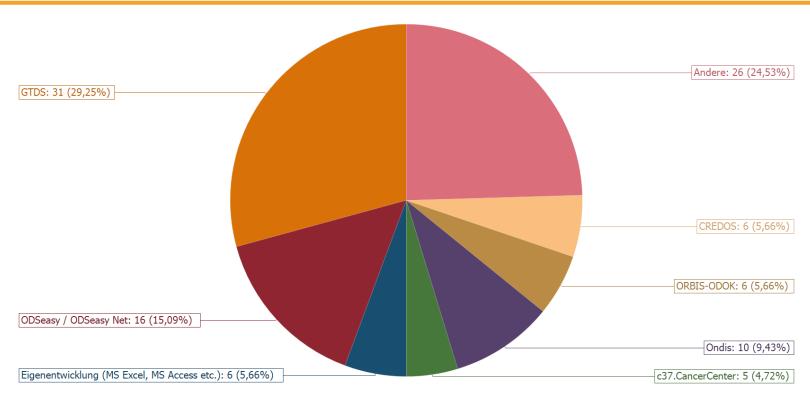
The Annual Report covers 106 of 113 certified cites. 7 sites were not included. 6 sites were certified for the first time in 2017 (data depiction of a full calendar year is not mandatory for initial certification) and 1 clinical site did not complete its verification of data in time due to clinic internal reasons (change of tumour documentation system).

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

The indicators published here refer to the indicator year 2016. They are the basis for the audits conducted in 2017.



Tumour documentation systems used in Prostate Cancer Centres



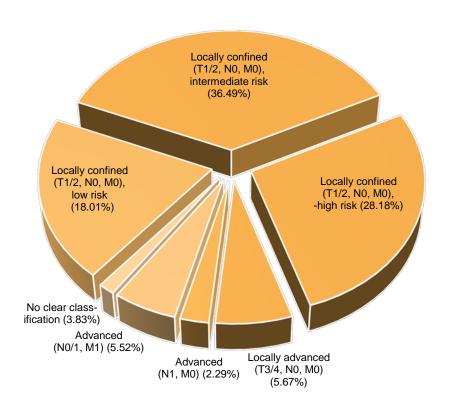
Legende:	
Andere ("others")	System used in ≤ 3 clinical sites

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

Basic data – Primary cases PCa



Total primary cases

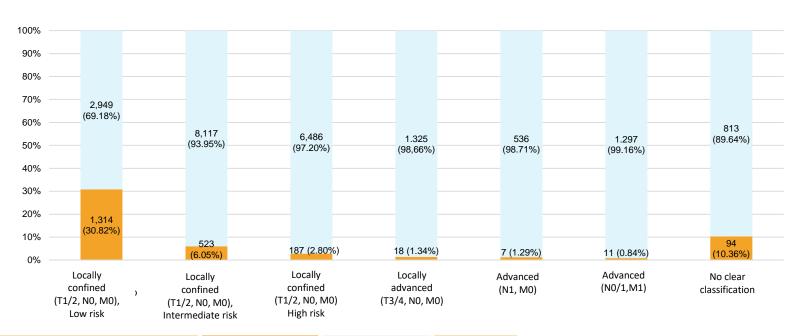


	Total primary cases
Locally confined (T1/2, N0, M0), Low risk	4,263 (18.01%)
Locally confined (T1/2, N0, M0), Intermediate risk	8,640 (36.49%)
Locally confined (T1/2, N0, M0), High risk	6,673 (28.18%)
Locally advanced (T3/4, N0, M0)	1,343 (5.67%)
Advanced (N1, M0)	543 (2.29%)
Advanced (N0/1, M1)	1,308 (5.52%)
No clear classification	907 (3.83%)
Total primary cases	23,677

Basic data



Non-interventional / interventional primary cases



	Non interventional ¹⁾	Interventional	Total
Locally confined (T1/2, N0, M0), Low risk	1,314 (30.82%)	2,949 (69.18%)	4,263 (100%)
Locally confined (T1/2, N0, M0), Intermediate risk	523 (6.05%)	8,117 (93.95%)	8,640 (100%)
Locally confined (T1/2, N0, M0), High risk	187 (2.80%)	6,486 (97.20%)	6,673 (100%)
Locally advanced (T3/4, N0, M0)	18 (1.34%)	1,325 (98.66%)	1,343 (100%)
Advanced (N1, M0)	7 (1.29%)	536 (98.71%)	543 (100%)
Advanced (N0/1, M1)	11 (0.84%)	1,297 (99.16%)	1,308 (100%)
No clear classification 2)	94 (10.36%)	813 (89.64%)	907 (100%)
Total primary cases	2,154	21,523	23,677

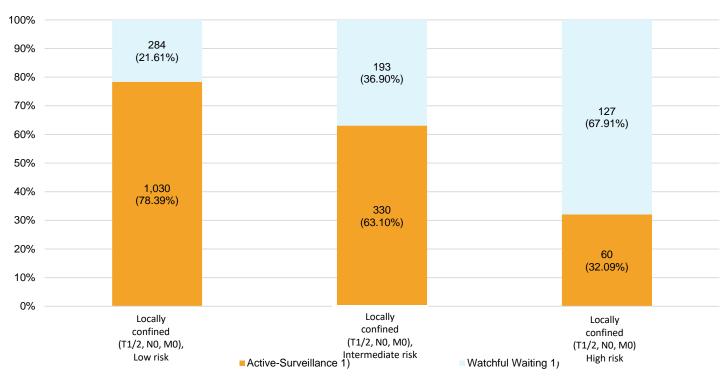
¹⁾ Non-inverventional: active surveillance or watchful waiting, precondition: histologically confirmed Pca

No clear classification: Nx, Mx, coincidental diagnosis after radical cysto-proctectomy





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



		Total	
	Active-Surveillance ¹⁾	Watchful Waiting ¹⁾	Total
Locally confined (T1/2, N0, M0), Low risk	1,030 (78.39%)	284 (21.61%)	1,314
Locally confined (T1/2, N0, M0), Intermediate risk	330 (63.10%)	193 (36.90%)	523
Locally confined (T1/2, N0, M0), High risk	60 (32.09%)	127 (67.91%)	187
Total primary cases (locally confined)	1,420	604	2,024

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

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Basic data

Interventional primary cases – Distribution of therapies



					Interv	entional – local pr	ostate 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	2,116 (74.77%)	13 (0.46%)	37 (1.31%)	417 (14.73%)	140 (4.95%)	15 (0.53%)	92 (3.25%)	2,830 (100%)
Locally confinded (T1/2, N0, M0), Intermediate risk	6,131 (77.83%)	21 (0.27%)	25 (0.32%)	1,479 (18.78%)	63 (0.80%)	73 (0.93%)	85 (1.08%)	7,877 (100%)
Locally confinded(T1/2, N0, M0), High risk	4,566 (76.86%)	33 (0.56%)	15 (0.25%)	1,196 (20.13%)	8 (0.13%)	85 (1.43%)	38 (0.64%)	5,941 (100%)
Locally advanced (T3/4, N0, M0)	787 (68.38%)	19 (1.65%)	2 (0.17%)	321 (27.89%)	0 (0.00%)	10 (0.87%)	12 (1.04%)	1,151 (100%)
Advanced (N1, M0)	274 (67.99%)	9 (2.23%)	0 (0.00%)	110 (27.30%)	0 (0.00%)	7 (1.74%)	3 (0.74%)	403 (100%)
Advanced (N0/1, M1)	120 (59.70%)	9 (4.48%)	1 (0.50%)	59 (29.35%)	0 (0.00%)	4 (1.99%)	8 (3.98%)	201 (100%)
No clear classification 2)	112 (15.30%)	14 (1.91%)	505 (68.99%)	83 (11.34%)	10 (1.37%)	1 (0.14%)	7 (0.96%)	732 (100%)
Total primary cases	14.106	118	585	3.665	221	195	245	19.135

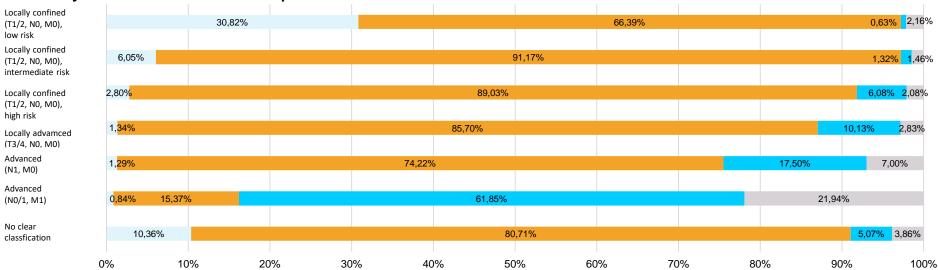
¹⁾ Other local treatment: i.e. HIFU,...

No clear classification: Nx, Mx, coincidental diagnosis after radical cysto-proctectomy

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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	1,314 (30.82%)	2,830 (66.39%)	27 (0.63%)	92 (2.16%)	4,263 (100%)
Locally confinded (T1/2, N0, M0) Intermediate risk	523 (6.05%)	7,877 (91.17%)	114 (1.32%)	126 (1.46%)	8,640 (100%)
Locally confinded(T1/2, N0, M0) High risk	187 (2.80%)	5,941 (89.03%)	406 (6.08%)	139 (2.08%)	6,673 (100%)
Locally advanced (T3/4, N0, M0)	18 (1.34%)	1.151 (85.70%)	136 (10.13%)	38 (2.83%)	1,343 (100%)
Advanced (N1, M0)	7 (1.29%)	403 (74.22%)	95 (17.50%)	38 (7.00%)	543 (100%)
Advanced (N0/1, M1)	11 (0.84%)	201 (15.37%)	809 (61.85%)	287 (21.94%)	1,308 (100%)
No clear classfication ³⁾	94 (10.36%)	732 (80.71%)	46 (5.07%)	35 (3.86%)	907 (100%)
Total primary cases	2,154	19,135	1,633	755	23,677

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

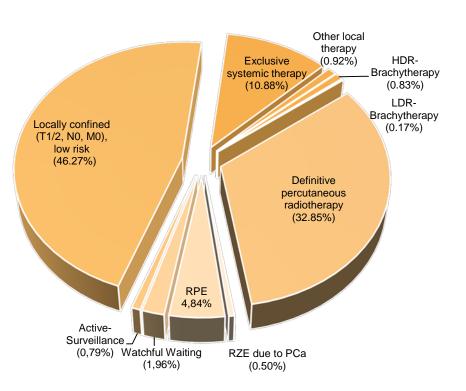
²⁾ Interventional – other non-local therapies, i.e. palliative radiation of bone metastasis.

³⁾ No clear classification: Nx, Mx, coincidental diagnosis after radical cysto-proctectomy

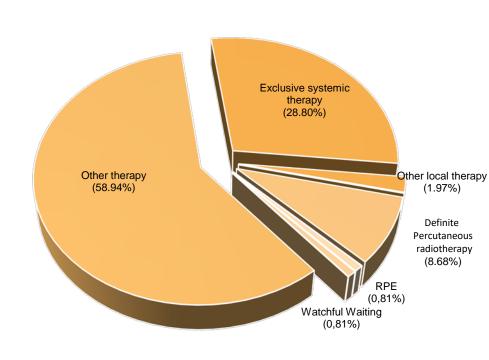
Basic data



Newly diagnosed recurrence – distribution of therapies



Newly diagnosed remote metastasis – distribution of therapies

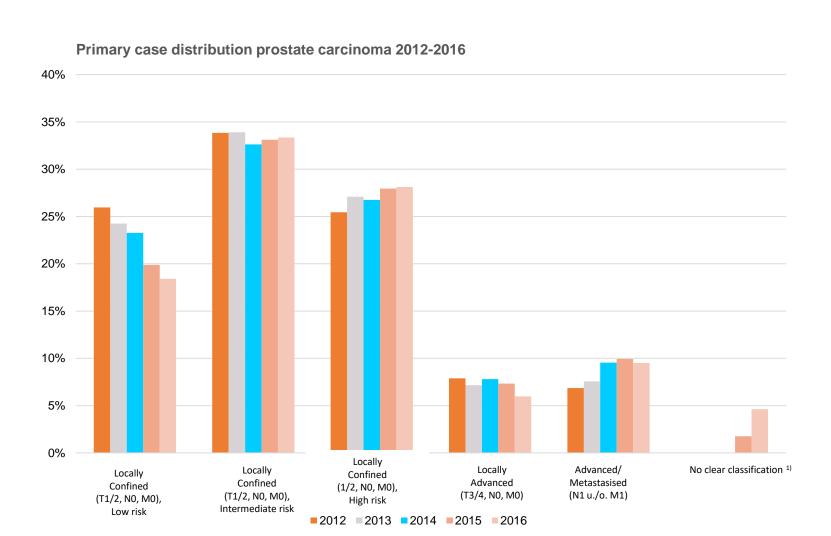


	Active- Surveillance	Watchful Waiting	RPE	RCE due to Pca	Incidential finding after RCE	Definitive percuaneous radiotherapy	LDR- Brachy- therapy	HDR- Brachy- therapy	other local Therapie	Exclusive systemic therapy	Other therapy 1)	Total
Pat. with newly diagnosed recurrence	19 (0.79%)	47 (1.96%)	116 (4.84%)	12 (0.50%)	(0.00%)	788 (32.85%)	(0.17%)	20 (0.83%)	(0.92%)	261 (10.88%)	1,110 (46.27%)	2,399 (100%)
Pat. with newly diagnosed remote metastasis	0 (0.00%)	9 (0.81%)	9 (0.81%)	0 (0.00%)	0 (0.00%)	97 (8.68%)	0 (0.00%)	0 (0.00%)	22 (1.97%)	322 (28.80%)	659 (58.94%)	1,118 (100%)

¹⁾ Other therapy: i.e. radiotherapy of bone metastases



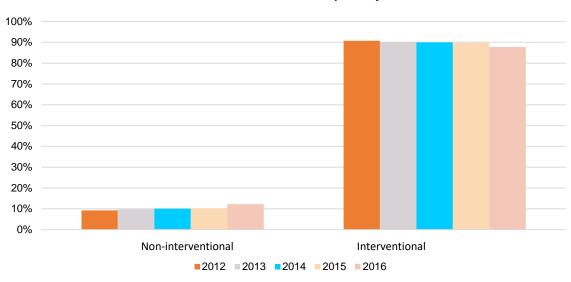
Basic data – Primary case distribution in the indicator years 2012-2016





Basic data – Primary case distribution in the indicator years 2012-2016

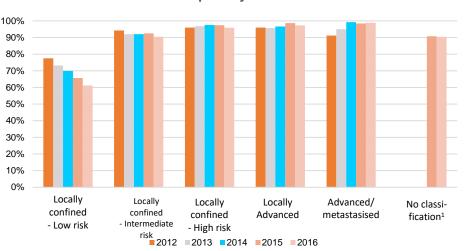
Distribution interventional / non interventional primary cases 2012-2016





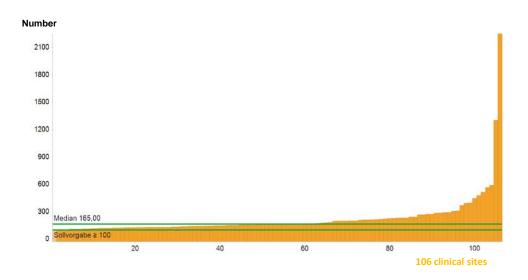
45% 40% 35% 30% 25% 20% 15% 10% 5% 0% Locally Locally Locally Locally No classi-Advanced/ confined confined confined Advanced fication1 metastasise - Intermediate risk - Low risk - High risk 2013 2014 2015 2016

Distribution interventional primary cases 2012-2016

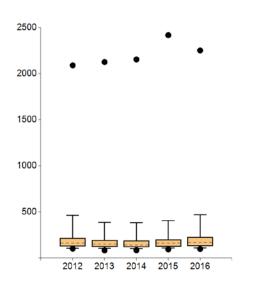


1a. Number of primary cases of prostate carcinoma





	Definition of indicator	All clinical sites 2016	
		Median	Range
Number	Primary cases	165	98 - 2250
	Target value ≥ 100		





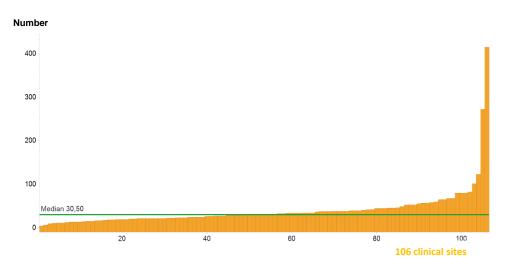
Clinical sites with evaluable data		Clinical si meeting tl	
Number	%	Number	%
106	100.00%	105	99.06%

Comments

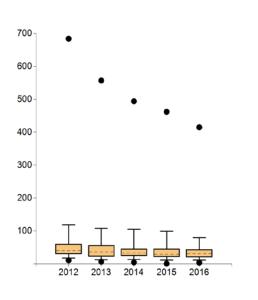
The median of the primary cases per Centre continued to increase. In audit year 2017 one Centre did not reach the required number of primary cases (98 primary cases). In this Centre the number of primary cases was on average 107/year for the previous three years. The Centre has already taken various steps to increase the number of cases (public relations work, greater involvement of self-help, etc.). The Centre that did not meet the target value the previous year was able to show a major increase in the number of primary cases beyond the target in audit year 2017.



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



	Definition of indicator	All clinical sites 2016	
		Median	Range
Number	Primary cases with locally confined PCa and low risk (PSA ≤ 10ng/ml and cT category ≤ 2a)	30.5	4 - 415
	No target value		





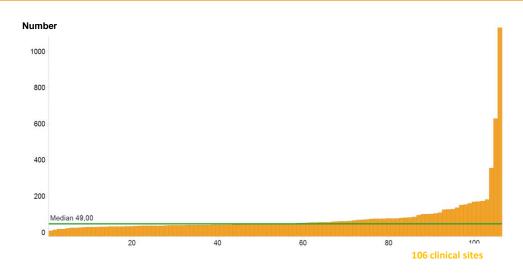
Clinical sites with evaluable data		Clinical site	
Number	%	Number	%
106	100.00%		

Comment

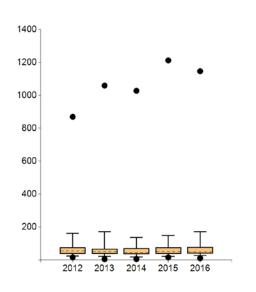
For the first time again a slight increase in the primary cases treated per Centre with a locally limited prostate carcinoma and a low risk (median). In audit year 2017 these tumours accounted for 18.01% of primary cases (compared to 20.19% in audit year 2016).

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





	Definition of indicator	All clinical sites 2016	
		Median	Range
Number	Primary cases with locally confined PCa and intermediate risk (PSA > 10-20 ng/ml or Gleason-Score 7 or cT 2b)	49	11 - 1146
	No target value		





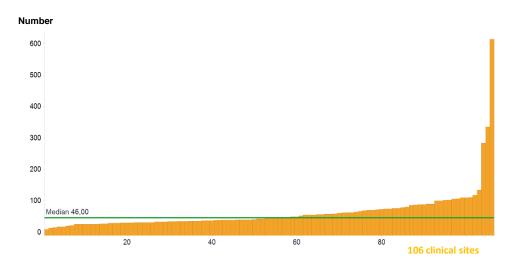
Clinical sit		Clinical s meeting t	
Number	%	Numbe r	%
106	100.00%		

Comment

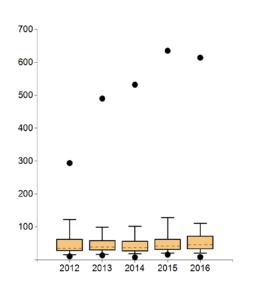
The median number of primary cases treated per Centre with a locally limited prostate carcinoma with a moderate risk fell slightly in audit year 2017.



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



	Definition of indicator	All clinical sites 2016	
		Median	Range
Number	Primary cases with locally confined PCa and high risk (PSA > 20 ng/ml or Gleason-Score ≥ 8 or cT2c)	46	9 - 614
	No target value		





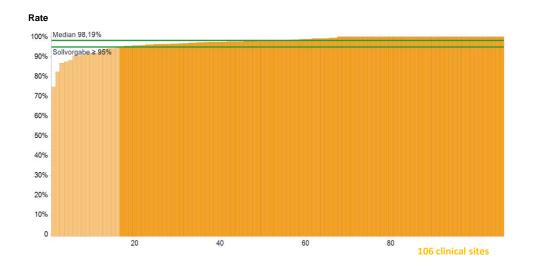
Clinical sites with evaluable data		Clinical site	
Number	%	Number	%
106	100.00%		

Comment

The median of primary cases treated per Centre with a locally limited prostate carcinoma and a high risk continued to increase compared with the previous year. The total number of these tumours in the primary cases was roughly the same as the previous year (28.18% versus 27.34% in audit year 2016).

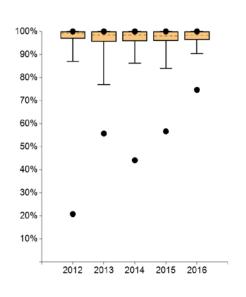
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2a. Presentation at the weekly pre-therapeutic conference – Urology



	Definition of indicator		l sites 2016
		Median	Range
Numerator	All patients presented in the pre-therapeutic conference	115.5*	40 - 1963
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 (without primary M1)	118.5*	41 - 2091
Rate	Target value ≥ 95%	98.19 %	74.66% - 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.





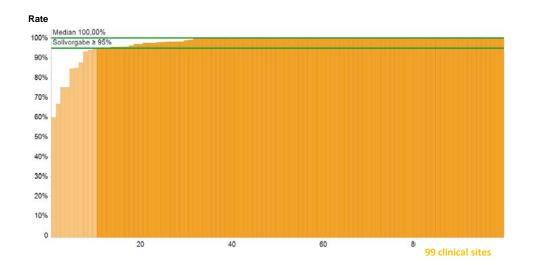
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
106	100,00	90	84,91%

Comment

Ongoing very good implementation of the indicator in the Centres. 16 Centres did not meet the target value and gave as the reasons incidental diagnoses of a prostate carcinoma in conjunction with a cystectomy and first-time introduction of the pre-therapeutic conference as part of initial certification. 15 out of 19 Centres that did not meet the target value the previous year, were able to meet it in audit year 2017 by optimising organisational processes. 4 Centres again failed to meet the target value. By means of targeted improvement measures a major increase in the presentation rate could be documented for the first quarter of 2017. The auditors made a series of remarks and formulated deviations.

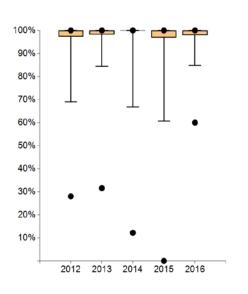


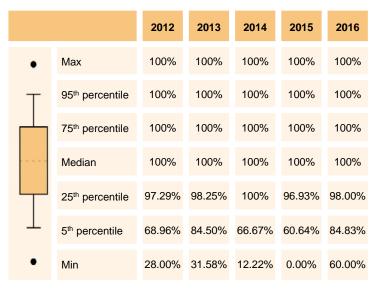
2b. Presentation at the weekly pre-therapeutic conference – Radiotherapy



	Definition of indicator		l sites 2016
		Median	Range
Numerator	All patients presented in the pre-therapeutic conference	25*	1 - 129
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 (without primary M1)	26*	1 - 129
Rate	Target value ≥ 95%	100%	60,00% - 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.





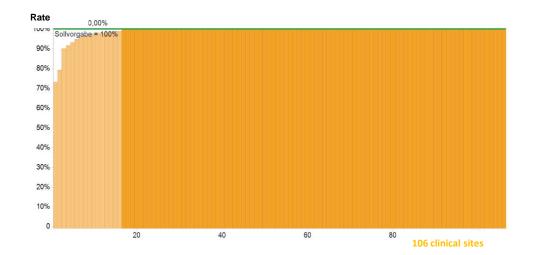
Clinical sites with evaluable data		Clinical sit	~ ~
Number	%	Number	%
99	93.40%	89	89.90%

Comment

This indicator is to be considered together with indicator 2a. Once again it has been very well implemented. 10 Centres failed to meet the target value and gave coordination difficulties with their cooperation partners as the reason. In this respect the Centres took steps or have already implemented process optimisations. 15 centres who did not meet the target value last year, were able to increase the presentation rate substantially in 2017.

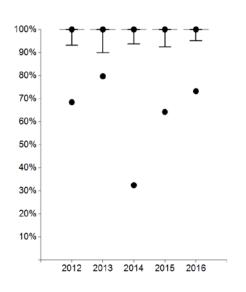


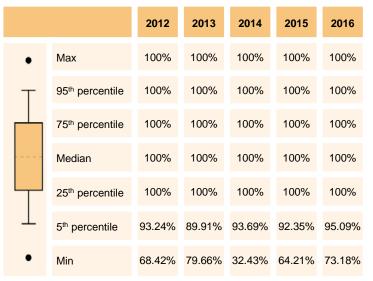
3a. Presentation in the monthly tumour conference – Postoprative Primary cases



	Definition of indicator	All clinical sites 2016	
		Median	Range
Numerator	All patients presented in the post-therapeutic conference	25*	6 - 502
Denominator	Primary cases > pT3a and/or R1 and/or pN+	25*	6 - 686
Rate	Target value = 100%	100%	73.18% - 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 site	~ ~
Number	%	Number	%
106	100.00%	90	84.91%

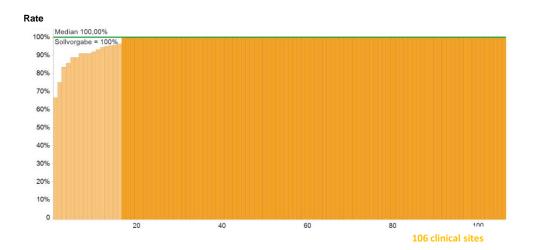
Comment

Ongoing very good fulfilment of the requirement in the Centres. 16 Centres did not meet the target value. However, only 2 of them failed to reach the presentation rate of 90%. The reason given by the Centres for failing to reach the target value were organisational difficulties which were overcome by process optimisation measures such as standard operating procedures (SOPs), the establishment of a new EDP structure or the definition of responsibilities. In individual cases presentation at the tumour conference did not take place because of postoperative demise or refusal by patients.

22

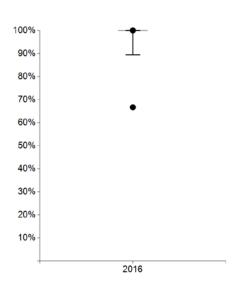


3b. Presentation in the monthly tumour conference – Primary cases with primary M1



	Definition of indicator	All clinical sites 2016	
		Median	Range
Numerator	All patients presented in the tumour conference (pre-therapeutically; primary M1)	11*	1 - 36
Denominator	Primary cases with M1	11*	1 - 36
Rate	Target value = 100%	100%	66.67% - 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.





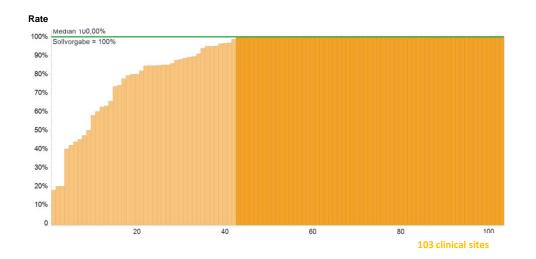
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
106	100.00%	90	84.91%

Comment

This indicator is to be viewed together with indicator 3c. A new population was defined for this indicator in 2016 (separate consideration of patients with primary M1). The indicator continued to be very well implemented in the Centres. 16 Centres did not meet the target value. However, only 6 of them had a presentation rate of < 90%. The reasons given for the results by the Centres were that patients with primary M1 frequently received a recommendation for therapy in line with the guidelines directly via the consulting hours session. With the introduction of the indicator the procedures in the Centres were modified. This means that in future patients with primary M1 will also be systematically presented at the pretherapeutic conference.

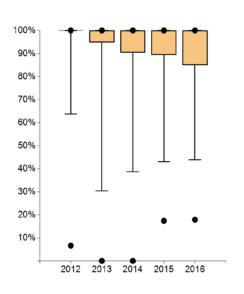
23

3c. Presentation in the monthly tumour conference – Recurrence/ metastases



	Definition of indicator	All clinical	sites 2016
		Median	Range
Numerator	All patients presented in the tumour conference (pre-therapeutic; newly diagnosed, recurrence and/or distant metastases)	23*	1 - 185
Denominator	All patients with primary diagnosis, recurrence and/or distant metastases	27*	1 - 185
Rate	Target = 100%	100%	17.91% - 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.





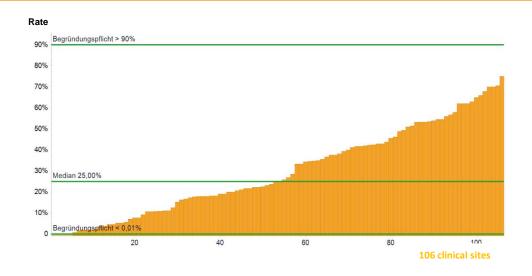
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
103	97.17%	61	59.22%

Comment

The indicator was very well implemented in an ongoing manner in the Centres. 42 Centres failed to meet the target value (including 9 Centres with a presentation rate ≥ 90%). They gave as the reasons the lack of notification of recurrent/metastasised patients by cooperating practices and a need to improve internal organisational processes. Various improvement measures were implemented in the Centres, e.g. raising awareness of staff and cooperation partners for the tumour conference registration within the framework of the quality circles/training schemes and the standardisation of the registration process from the consulting hour sessions.

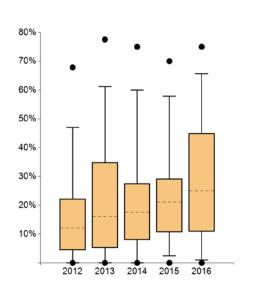
4. Active Surveillance (AS)

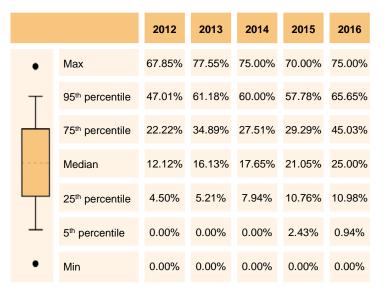




	Definition of indicator	All clinical sites 2016	
		Median	Range
Numerator	Primary cases under AS	7*	0 - 40
Denominator	Primary cases with locally confined PCa and low risk(PSA ≤ 10ng/ml and Gleason-Score 6 and cT category ≤ 2a)	30.5*	4 - 415
Rate	Mandatory statement of reasons ** <0.01% and >90%	25.00%	0.00% - 75.00%

^{*}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 sit		Clinical s meeting t	
Number	%	Numbe r	%
106	100.00%	101	95.28%

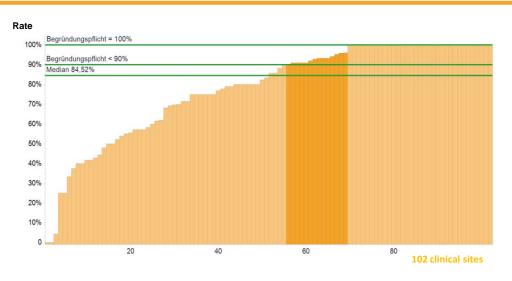
Comment

Over the course of time the median continued to rise. In the group of locally limited prostate carcinoma with a low risk, the number of patients under active surveillance (AS) compared to the previous year continued to rise (78.39% versus 69.1% the previous year) coupled with a slight increase in the population (4,263 versus 4,167 patients the previous year). 5 Centres did not have any patients under active surveillance in audit year 2017 and gave as the reasons rejection by patients and the lack of presentation in the Centre of AS patients treated by practice-based urologists.

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

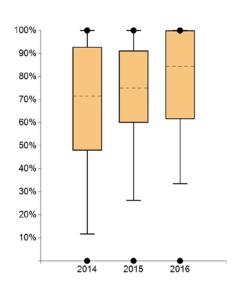
5. Percutaneous radiotherapy with hormone ablation therapy for locally confined PCa with high risk (QI 4)





	Definition of indicator		l sites 2016
		Median	Range
Numerator	Primary cases with additional neo- and/or adjuvant hormone ablation therapy	8.5*	0 - 30
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	11*	1 - 43
Rate	Mandatory statement of reasons** <90% and =100%	84.52 %	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 sit	
Number	%	Number	%
92	96.84%	71	77.17%

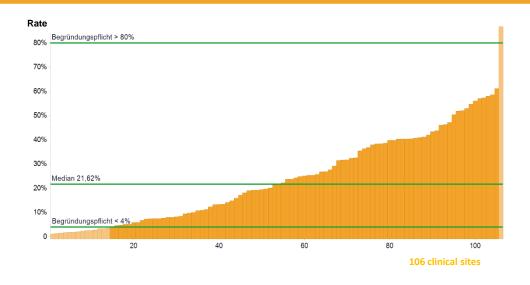
Comment

Good fulfilment of the requirement with clearly rising median compared to the previous year. 46 Centres were able to increase the rate of combination therapies given to treat locally limited prostate carcinoma with a high risk compared to the previous year. This rate fell for 31 Centres. The reasons given by the Centres were rejection of hormone therapy by the patients, foregoing of hormone ablation because of co-morbidities and documentation problems. In some cases patients treated by practice-based urologists were not systematically recorded. The auditors again made remarks.

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

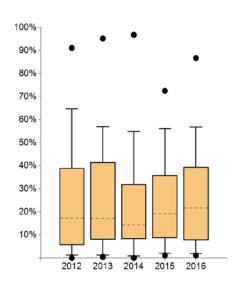
6. Psycho-oncologic care

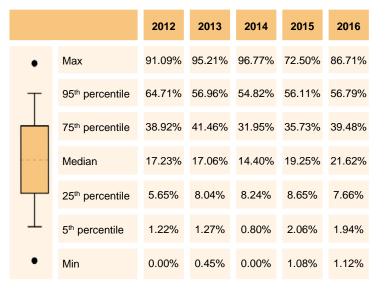




	Definition of indicator	All clinical sites 2016	
		Median	Range
Numerator	Patients who received psycho-oncologic care (inor outpatient setting) (duration of consultation ≥ 25 min)	48*	2 - 738
Denomi-ator	Primary cases (= indicator 1a) and patients with first manifestation of local recurrence and/or metastases (= indicator 3b)	200.5*	113 - 2326
Rate	Mandatory statement of reasons** <4% and >80%	21.62%	1.12% - 86.71%

^{*}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 site evaluable d		Clinical site the target	es meeting
Number	%	Number	%
106	100.00%	91	85.85%

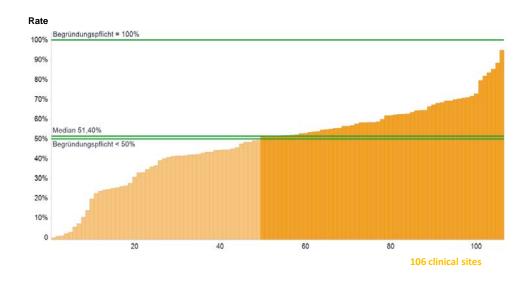
Comment

Median still rising. In 14 Centres < 4% of patients received psycho-oncological counselling. The reasons given by the Centres were low take-up by patients and the standardised use of screening instruments. Out of the 14 Centres with irregular results the previous year. 10 were able to increase their rate of psycho-oncological counselling in audit year 2017.

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

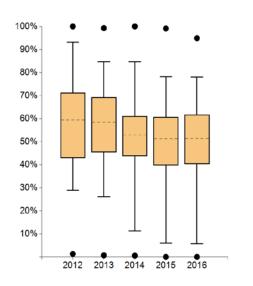
7. Social service counselling

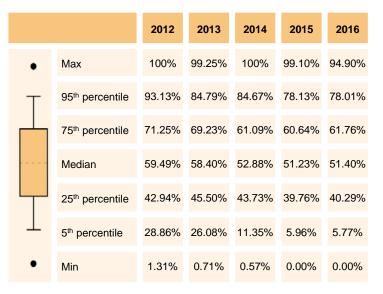




	Definition of indicator	All clinical	sites 2016
		Median	Range
Numerator	Patients who received social service counselling (in- or outpatient setting)	89.5*	0 - 1644
Denominator	Primary cases (= indicator 1a) and patients with first manifestation of local recurrence and/or metastases (= indicator 3b)	200.5*	113 - 2326
Rate	Mandatory statement of reasons** <50% and =100%	51.40%	0.00% - 94.90%

^{*}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	%
106	100.00	57	53.77%

Comment

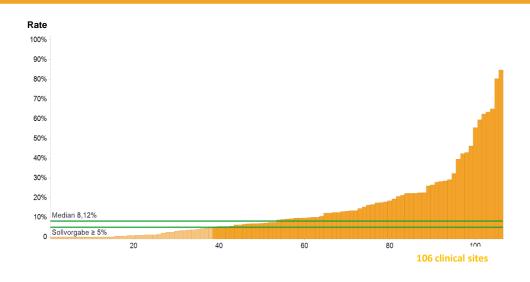
In 49 Centres < 50% of patients received social services counselling. The reason given by the Centres was low take-up by the patients. The auditors repeatedly suggested the inclusion of outpatients in the social services offering.

In Switzerland and Austria social services care is organised differently under the law. That's why these Centres repeatedly had the lowest counselling rates.

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

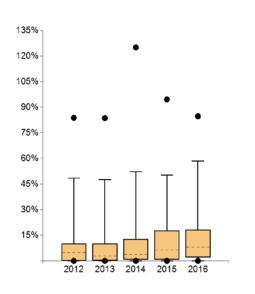
8. Clinical trial participation

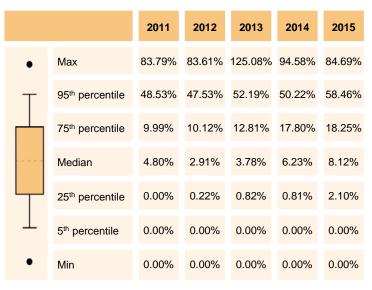




	Definition of indicator		All clinical sites 2016	
		Median	Range	
Numerator	Patients included in a clinical trial subject to an ethics vote	16.5*	0 - 382	
Denominator	Primary cases (= indicator 1a)	165*	98 - 2250	
Rate	Target value ≥ 5%	8.12%	0.00% - 84.69%	

^{*}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.





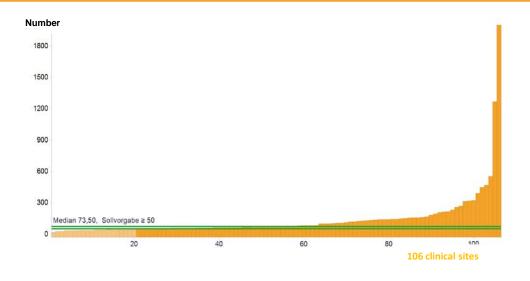
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
106	100.00%	68	64.15%

Comment

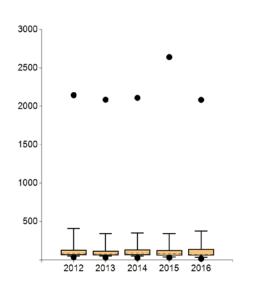
The indicator for the study rate is the only indicator for which the numerator is not a sub-unit of the denominator. Ongoing increase in the median coupled with fall in the maximum value. In the audit year 2017 15 Centres did not include any patients in studies with an ethical vote. The reasons given for this were the lack of available studies and closure of the PREFERE study. The auditors again suggested participation in the Prostate Cancer Outcome (PCO) study for which recruitment is now under way in a few Centres.

9. Number of prostatectomies – Centre





Definition of indic	Definition of indicator	All clinical sites 2016	
		Median	Range
Number	Total number of radical prostatectomies/ cystoprostatectomies (see basic data)	73.5	17 - 2084
	Target value ≥ 50		





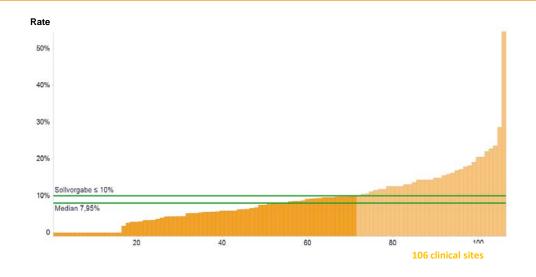
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
106	100.00%	86	81.13%

Comment

Continuing fall in median coupled with slight increase in total number of prostatectomies in Centres that have been initially certified at least since 2015 (13,843 in audit year 2017 versus 13,528 the previous year). In 50 Centres the number of radical prostatectomies (RPEs) + radical cystectomies (RCEs) conducted increased in comparison to the previous year. In 37 Centres the number fell. The Centre with the lowest number of RPEs and RCEs had been granted a limited certificate extension (12 months) and was able to document 26 RPEs and RCEs in audit year 2017.

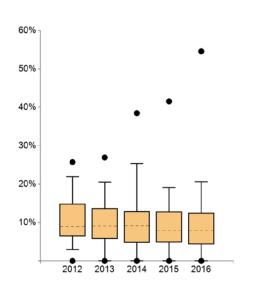
10. Record of R1 resections for pT2 c/pN0 or Nx M0

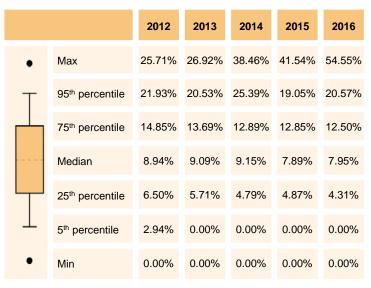




	Definition of indicator	All clinical	sites 2016
		Median	Range
Numerator	Operations with R1 status for primary cases with pT2 c/pN0 or Nx M0	3.5*	0 - 91
Denominator	Operations on primary cases with pT2 c/pN0 or Nx M0	40.5*	8 - 1172
Rate	Target value ≤ 10%	7.95%	0.00% - 54.55%

^{*}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.





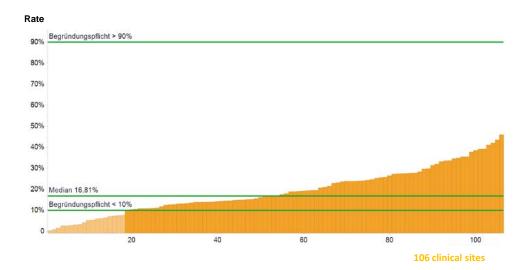
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
106	100.00	71	66.98%

Comment

More or less same median with increased maximum value. 53 Centres were able to maintain their R1 rate at 0% or reduce it compared with the previous year. The rate increased in 39 Centres. The Centres attributed the high rates to the switch to DaVinci, change in surgeon and focal residual tumour at the apical resection margin. To improve the surgical results measures were taken such as optimisation of pre-operative diagnosis to identify patients with a high R1 risk and, above all, the use of frozen section diagnosis. The Centre with the highest rate had an R1 rate of 21% in audit year 2018. The other Centres with high rates were also able to improve their results. The auditors made a series of remarks and formulated deviations.

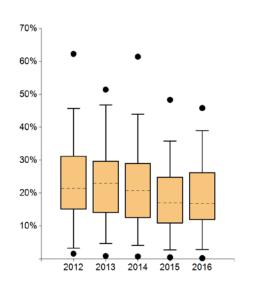
11. Definitive radiotherapy

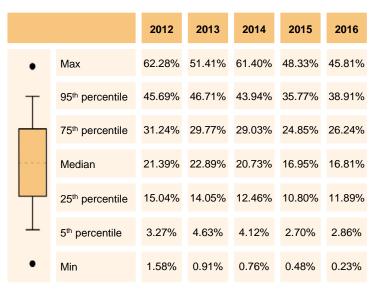




	Definition of indicator		tes 2016
		Median	Range
Numerator	Primary cases with definitive radiotherapy	34*	1 - 110
Denominator	Primary cases (= indicator 1a)	165*	98 - 2250
Rate	Mandatory statement of reasons** <10% and >90%	16.81%	0.23% - 45.81%

^{*}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	%
106	100.00%	88	83.02%

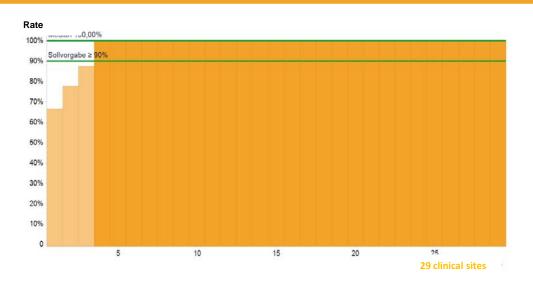
Comment

More or less same implementation of the indicator in terms of the median. Compared to the previous year the total number of definitive radiotherapies increased (3,665 versus 3,064 in audit year 2016) coupled with an increase in the population, too (23,667 versus 20,643 primary cases). 18 Centres performed definitive radiotherapy for < 10% of primary cases and gave the patients' preference for surgical treatment as the reason.

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

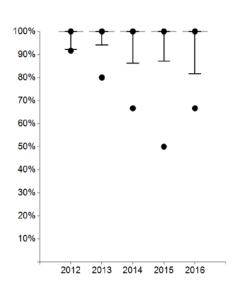
12. Permanent seed implantation - D 90 > 130 Gy

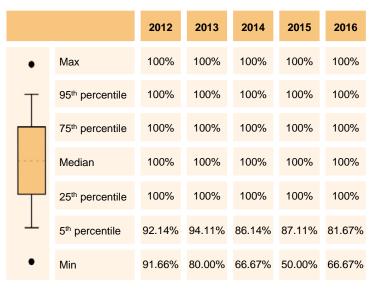




	Definition of indicator		sites 2016
		Median	Range
Numerator	Primary cases for whom D90 > 130 Gy was achieved	5*	1 - 34
Denominator	Primary cases with permanent seed implantation	5*	1 - 34
Rate	Target value ≥ 90%	100%	66.67% - 100%

^{*}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.





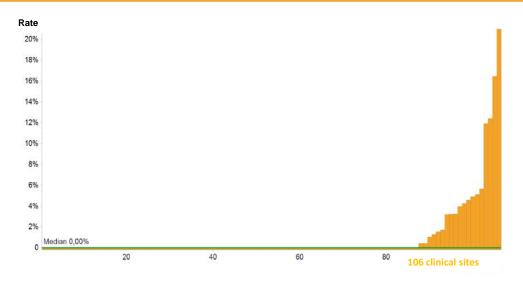
Clinical sit		Clinical sit	
Number	%	Number	%
29	27.36%	26	89.66%

Comment

Ongoing good fulfilment of the requirement with rising minimum value. The reasons given by the 3 Centres that failed to meet the target value were post-plan measurement that had still to be undertaken and treatment of individual patients with a lower radiation dose.

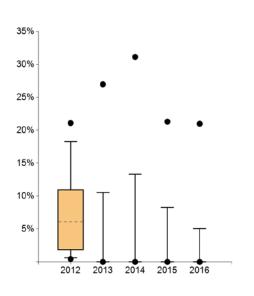
13. HDR brachytherapy

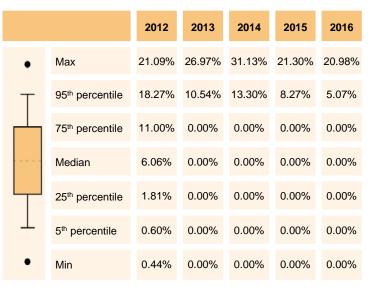




	Definition of indicator		sites 2016
		Median	Range
Numerator	Primary cases with HDR brachytherapy	0*	0 - 38
Denominator	Primary cases (= indicator 1a)	165*	98 - 2250
Rate	No target value	0.00%	0.00% - 20.98%

^{*}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.





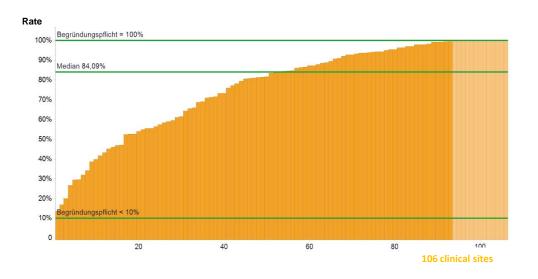
	linical sites with valuable data		es e target
Number	%	Number	%
106	100.00%		

Comment

In indicator year 2016 HDR brachytherapies were performed in 19 Centres. In 10 of the Centres the radiation rate was lower than the previous year.

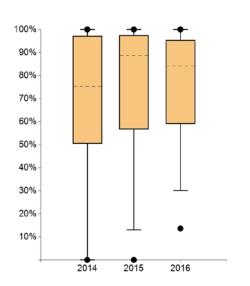
14. Diagnostic report – Punch biopsy (QI 1)





	Definition of indicator	All clinical sites 2016	
		Median	Range
Numerator	Primary cases with complete diagnostic report	100.5*	9 - 374
Denominator	Primary cases with prostate carcinoma and vacuum biopsy	126.5*	35 - 2048
Rate	Mandatory statement of reasons** <10% and =100%	84.09%	13.64% - 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	%
106	100.00%	93	87.74%

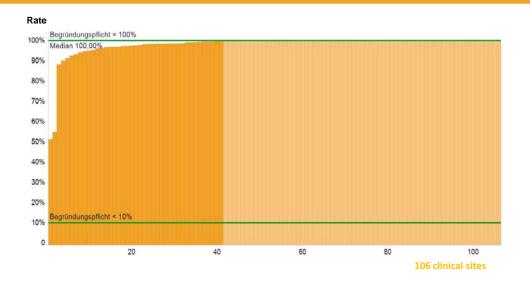
Comment

Slightly falling median for the indicator. 13 Centres were able to present complete pathology reports in all cases. 48 Centres were able to maintain or increase the share of complete reports (100%). The reason given by the Centres for the irregular results (=incomplete reports) was diagnosis by external pathology institutes.

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

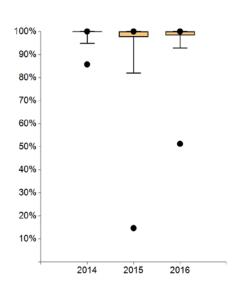
15. Diagnostic report – Lymph nodes (QI 2)

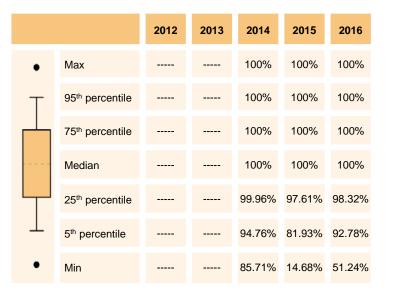




	Definition of indicator	All clinical	sites 2016
		Median	Range
Numerator	Primary cases with diagnostic reports stating: • pN category • number of affected lymph nodes in relation to resected lymph nodes	68*	15 - 1869
Denominator	Primary cases with prostate carcinoma and lymphadenectomy	69*	16 - 1889
Rate	Mandatory statement of rearsons** <10% and =100%	100%	51.24% - 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.





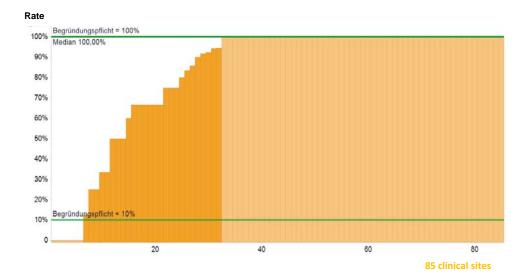
Clinical sit		Clinical sit	
Number	%	Number	%
106	100.00%	41	38.68%

Comment

The requirements in the guideline for the diagnosis of lymph node specimens are well established in the Centres. Only 3 Centres did not have complete diagnostic reports in less than 90% of cases.

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

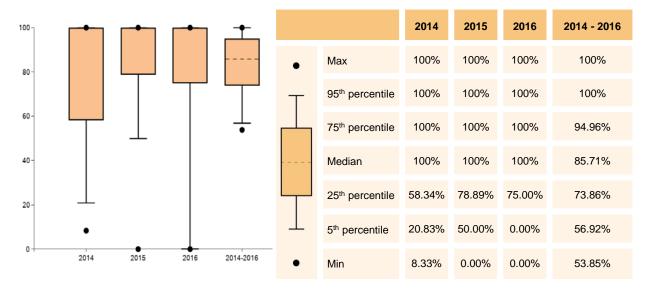
16. Percutaneous radiotherapy with hormone ablation therapy for locally progressed PCa (QI 6)



	Definition of indicator		sites 2016
		Median	Range
Numerator	Primary cases with additional hormone ablation therapy	2*	0 - 17
Denominator	Primary cases with PCa T3-4 N0 M0 and percutaneous radiotherapy	3*	1 - 18
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.

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



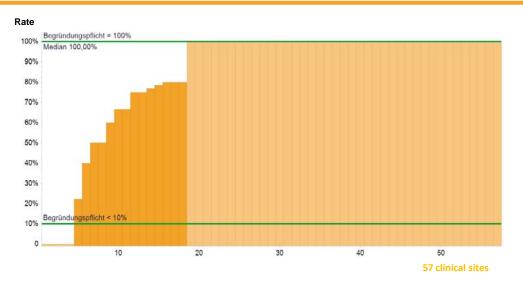
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
85	80.19%	26	30.59%

Comment

As the small populations impede interpretation, the results from a 3-year period were evaluated together. Only Centres with data from 3 consecutive years (n=11) were taken into account for the indicator. For each Centre the median was 6 patients who were given radiotherapy for locally advanced prostate carcinoma. The median of patients who received in addition hormone ablation therapy was 5 patients per Centre. The reasons given by the Centres for the low hormone therapy rates were rejection by patients and foregoing of combination therapy because of co-morbidity.

17. Percutaneous radiotherapy with hormone ablation therapy for PCa with lymph node metastases (QI 7)

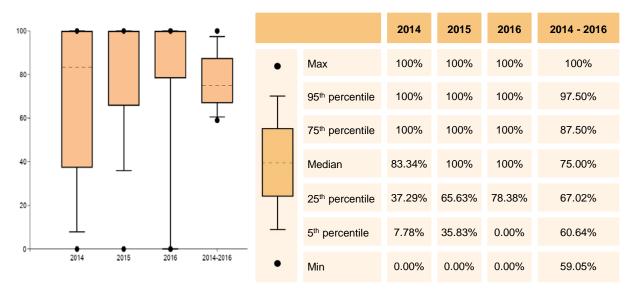




	Definition of indicator		tes 2016
		Median	Range
Numerator	Primary cases with additional hormone ablation therapy	2*	0 - 33
Denominator	Primary cases with PCa with histologically confirmed lymph node metastases and percutaneous radiotherapy	2*	1 - 43
Rate	Mandatory statement of reasons** <10% and =100%	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.

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



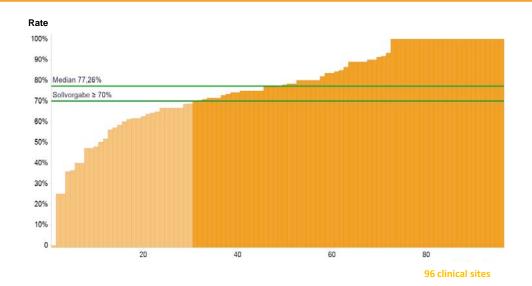
Clinical sites with evaluable data		Clinical sit	
Number	%	Number	%
57	53.77%	14	24.56%

Comment

As the small populations impede interpretation, the results from a 3-year period were evaluated together. Only Centres with data from 3 consecutive years (n=3) were taken into account for the indicator. In audit year 2017 57 Centres carried out percutaneous radiotherapies for nodepositive patients. Additional hormone ablation therapy was initiated for this patient cohort in 53 of these Centres. Each of the 4 Centres with 0% rate of combination therapies had just 1 patient as the population.

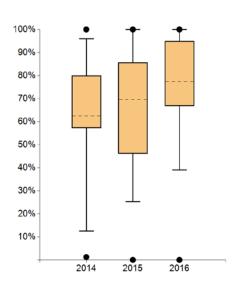
18. Salvage-radiotherapy for recurrent prostate cancer (QI 8)

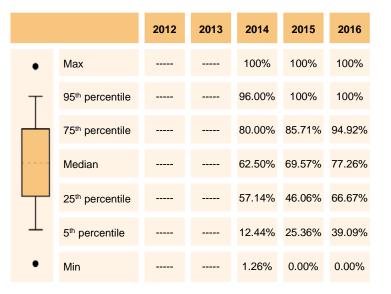




	Definition of indicator	All clinical sites 2016	
		Median	Range
Numerator	Patients with beginning SRT and PSA <0.5 ng/ml	8*	0 - 55
Denominator	Patients after RPE and PSA recurrence and SRT	10.5*	1 - 64
Rate	Mandatory statement of reasons** <10% and =100%	77.26%	0.00% - 100%

^{*}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 sit		Clinical sit	
Number	%	Number	%
96	90.57%	66	68.75%

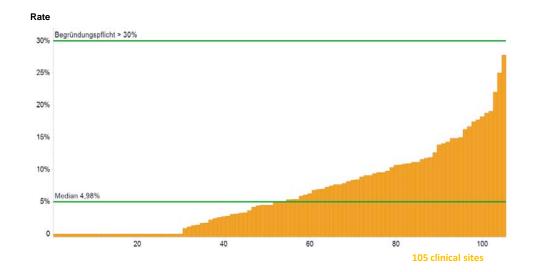
Comment

In the audit year 96 Centres had patients with condition after RPE and PSA recurrence for whom salvage radiation therapy (SRT) was indicated. According to the information from the Centres, salvage radiation therapy was not initiated in a timely manner (= PSA <0.5 ng/ml) as the patient was referred too late to the Centre, the patients refused radiotherapy or the therapy could not be given because of poor general health. The Centre with the lowest rate (=0%) had a small population of 3 patients. The auditors suggested optimising coordination with the practice-based cooperation partners.

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

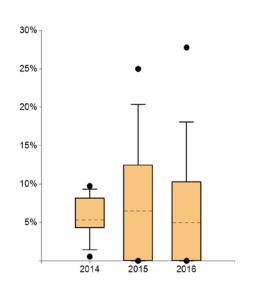
GERMAN CANCER SOCIETY Certification

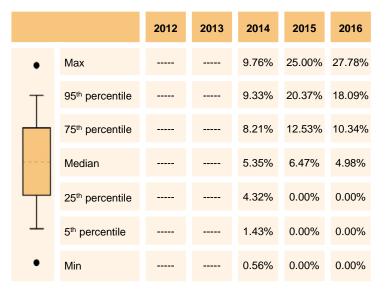
20. Postoperative complications after radical prostatectomy (QI 10)



	Definition of indicator	All clinical s Median	sites 2016 Range
Numerator	Primary cases with complications Clavien- Dindo grade III or IV within the first 6 months after RPE	3*	0 - 38
Denomi-nator	Primary cases with PCa T1-2 N0 M0 and RPE (from the previous indicator year)	50*	2 - 1153
Rate	Mandatory statement of reasons** >30%	4.98%	0.00% - 27.78%

^{*}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	%
105	99.06%	105	100.00%

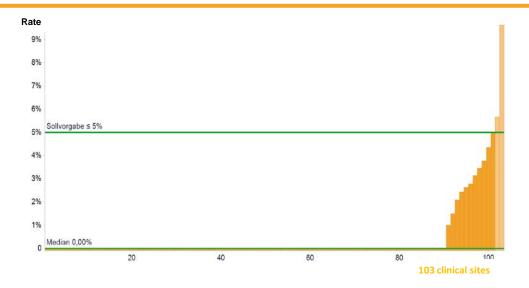
Comment

In 78 out of 105 Centres with evaluable data, the share of patients with post-operative complications was below 10%. 14 Centres were able to maintain the complication rate at 0% or reduce it compared to the previous year. It increased in 18 Centres. As none of the Centres exceeded the threshold for the mandatory statement of reasons, only a few explanatory remarks from the Centres relating to the results are available. The auditors pointed out that lymphocele punctures should be systematically recorded.

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

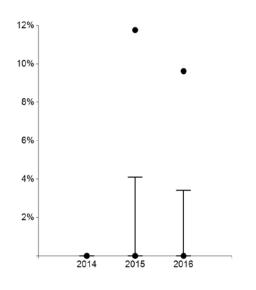
21. Complications after radiotherapy (QI 11)

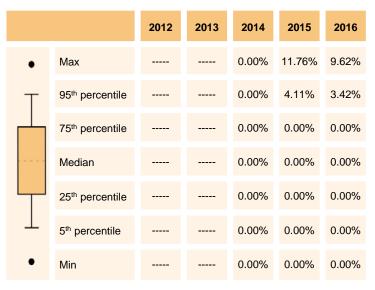




	Definition of indicator	All clinical sites 2016	
		Median	Range
Numerator	Primary cases with complications CTCAE grade III or IV within the first 6 months after RPE	0*	0 - 12
Denominator	Primary cases with PCa T1-2 N0 M0 and RPE (from the previous indicator year)	33*	3 - 492
Rate	Target value ≤ 5%	0.00%	0.00% - 9.62%

^{*}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	%
103	97.17%	101	98.06%

Comment

90 Centres indicated a complication rate of 0% in the first 6 months after radiotherapy. The auditors verified the plausibility of this information during the audit. Compared to the previous year 25 Centres were able to maintain their complication rate at 0% or reduce it. One Centre indicated a rising complication rate in audit year 2017. 2 Centres exceeded the target value and were able to plausibly explain the reason for this during the audit process.

WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)



Find out more on www.krebsgesellschaft.de

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