**Organ-specific requirements for diagnosis and therapy in Oncology Centres**

The goal is to discuss various tumour entities in a joint, interdisciplinary, weekly board. The Tumour board (TB) serves as the core structure for realizing interdisciplinary collaboration. A dedicated TB for individual tumour groups is possible if the case numbers for a specific tumour entity or the structural conditions of the centre make it necessary.

Binding / Transition periods

The changes approved by the Certification Committee meeting on 25.10.2023 can be applied immediately by the Oncology Centres.

The content changes made are marked in green or accompanied by comments in this Catalogue of Requirements.

Changes compared to version L1 dated 11.12.2023 are marked in yellow.

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| 1. | **Focus 1:**~~Bile ducts,~~ neuroendocrine tumours of the gastrointestinal tract, tumours of the small intestine |
| 2. | Tumour board (TB)Frequency: weeklyParticipants: Gastroenterology, Haematology/ Oncology, Pathology, Radiology, Radiotherapy, Visceral surgery, optional Nuclear medicineNeuroendocrine tumours of the digestive tract: Nuclear medicine (mandatory), Endocrinology (mandatory)Pre-Intervention: always for all stages, determination of further TB presentations based on planned diagnostics and therapy |
| 3.  | Additional disciplines involved in diagnosis and therapy:* Nutrition Counselling
 |
| 4. | Definition Study Participation Rate:Participation in study projects/care research must take place. |
| 5. | Additional examination techniques/ equipment requirements: * Endosonography (mandatory)
* Special nuclear medical diagnostics (Somatostatin-based imaging mandatory for neuroendocrine tumours)
* PET
* Endoscopy + Stent placement
 |
| 6. | Quality indicators:* 30-day mortality rate
* Anastomotic insufficiency rate
* Quality indicators of the existing S3 guidelines must be considered
* ~~R0 Resections for Gallbladder~~
 |
| 7. | Staging: According to international classifications (e.g., TNM) and guidelines |

**Ad 3:** The mentioned specialties must be represented in addition to the disciplines inherently involved in an Oncology Centre, such as Haematology/ Oncology, Surgical oncology, Radiology, Radiotherapy, Pathology, Nuclear medicine, Psycho-oncology, Social services, Nursing, Palliative medicine. Participation in tumour boards is not mandatory unless explicitly stated in Section 2.

**Ad 5:** In addition to the equipment requirements listed in Catalogue of requirements for Oncology Centres (DKG).

Effective date DKG: 11.12.2023.

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| 1. | **Focus 4:**Endocrine malignancies (incl. thyroid, adrenal gland, paraganglia, pituitary gland, parathyroid, neuroendocrine tumours) |
| 2. | Tumour board (TB)Frequency: as needed; discussion within one weekMandatory participants: Endocrinology, Nuclear medicine, Haematology/ Oncology, Pathology, Radiology, Radiotherapy, Thoracic/ Visceral/ Neurosurgery (depending on tumour location, at least one surgical specialty must participate in the TB)Neuroendocrine tumours of the gastrointestinal tract: additionally Gastroenterology (mandatory)Pre-Intervention: always for all stages, determination of further TB presentations based on planned diagnostics and therapyThe following applies to Thyroid: 1. preoperative discussion for all patients undergoing surgery with a clear suspicion of malignancy
2. postoperative discussion upon malignancy diagnosis to determine further therapy (e.g., radioiodine therapy) and follow-up
3. all patients with recurrences or distant metastases
 |
| 3.  | Additional disciplines involved in diagnosis and therapy:ENT |
| 4. | Definition Study Participation Rate:Participation in study projects/care research must take place. |
| 5. | Examination techniques/ equipment requirements: * Tumour-specific hormone diagnostics (including intra- or at least postoperative PTH measurement for (secondary) parathyroid carcinoma)
* Diagnostics (including nuclear medicine diagnostics) of NET according to ENETS guidelines for neuroendocrine tumours and S2k-LL NET
* Fine-needle aspiration of the thyroid with cytological analysis
* Imaging for adrenal tumours (see ESE-ENSAT adrenal tumour guidelines: including MRI with chemical shift, wash-out CT)
* Stroboscopy for pre- and postoperative assessment of vocal cord function in thyroid tumours
* Access to radioiodine therapy and SSTR- and MIBG-based therapies (if necessary, in cooperation)
 |
| 6. | Quality indicators:* Study participation
 |
| 7. | Staging: According to international classifications (e.g., TNM) and guidelines |

**Ad 3:** The mentioned specialties must be represented in addition to the disciplines inherently involved in an Oncology Centre, such as Haematology/ Oncology, Surgical oncology, Radiology, Radiotherapy, Pathology, Nuclear medicine, Psycho-oncology, Social services, Nursing, Palliative medicine. Participation in tumour boards is not mandatory unless explicitly stated in Section 2.

**Ad 5:** In addition to the equipment requirements listed in Catalogue of requirements for Oncology Centres (DKG).

Effective date DKG: 29.11.2018

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| 1. | **Focus 6:** Testicles and Penis |
| 2. | Tumour board (TB)Frequency: weeklyParticipants: Urology (Management and organization of the tumour board), Pathology, Radiology, internal or in exceptional cases: urological Oncology, RadiotherapyAssociated specialist groups (e.g., Nuclear medicine, Visceral surgery, Vascular surgery, Neurosurgery) should be included in the tumour board as needed when guideline-based diagnostics and therapy require it.~~Pre-intervention: All clinically organ-invasive and metastatic tumours must be presented to determine further treatment.~~Tumours to be presented:The following applies to Testicles:* postoperatively, all patients with an initial diagnosis of a germ cell tumour.
* all patients with gonadal/extragonadal germ cell tumour who have residual tumour after chemotherapy.
* pre-therapeutically, all patients with:
* recurrence and/or newly developed distant metastases.
* primary chemotherapy.
* extragonadal germ cell tumour.

The following applies to Penis:* all patients requiring multimodal therapy (cT4 and/or cN3)
* all patients with invasive carcinoma ≥ pT1b before invasive lymph node diagnostics (SNB, modified inguinal lymphadenectomy)
* all patients after (radical/therapeutic) inguinal and/or pelvic lymphadenectomy
* all patients with disease progression, newly diagnosed distant metastases, and/or recurrence
 |
| 3.  | Disciplines involved in diagnosis and therapy:* ~~Pain therapy~~
 |
| 4. | Definition Study Participation Rate:Participation in study projects/care research must take place. |
| 5. | Additional necessary examination techniques and apparative respectively organizational requirements:* PET
 |
| 6. | Quality indicators:The following applies to Testicles:* Availability of cryopreservation
* Completeness of the histopathological report

The following applies to Penis:* Completeness of the histopathological report
 |
| 7. | Staging: According to international classifications (e.g., TNM) and guidelines |

**Ad 3:** The mentioned specialties must be represented in addition to the disciplines inherently involved in an Oncology Centre, such as Haematology/ Oncology, Surgical oncology, Radiology, Radiotherapy, Pathology, Nuclear medicine, Psycho-oncology, Social services, Nursing, Palliative medicine. Participation in tumour boards is not mandatory unless explicitly stated in Section 2.

**Ad 5:** In addition to the equipment requirements listed in Catalogue of requirements for Oncology Centres (DKG).

Effective date DKG: 11.12.2023