



Indicator Analysis 2025

Annual Report of the Certified Gynaecological Cancer Centres

Audit year 2024 / Indicator year 2023

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General information

Indicator No. 5: Total case number
Indicator No. 6a: Primary cases
Indicator No. 6b: Non-primary cases
Indicator No. 7: Surgical cases
Indicator No. 8: Offering of genetic testing (GL ovary QI)
Indicator No. 9: Surgical staging early ovarian cancer (GL ovary QI)....

Quality indicators of the guidelines (GL QI):

In the table of contents and in the respective headings, the indicators which correspond to the quality indicators of the evidence-based guidelines are specifically identified. These quality indicators are based on the strong recommendations of the guidelines and were derived from the guidelines groups in the context of the German Guideline Programme in Oncology (GGPO). Further information: www.leitlinienprogramm-onkologie.de *

	Indicator definition	All clinical sites 2022		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator whose definitive surgical treatment was performed by a gynecological oncologist	9*	1 - 173	2471
Denominator	Surgical primary cases ovarian cancer FIGO IIB-IV after completion of surgical treatment	10*	2 - 173	2549
Rate	Target value ≥ 80%	100%	50.00% - 100%	96.94%**

Basic data indicator:

The definition of the **numerator**, **denominator** and the **target value** are taken from the data sheet.

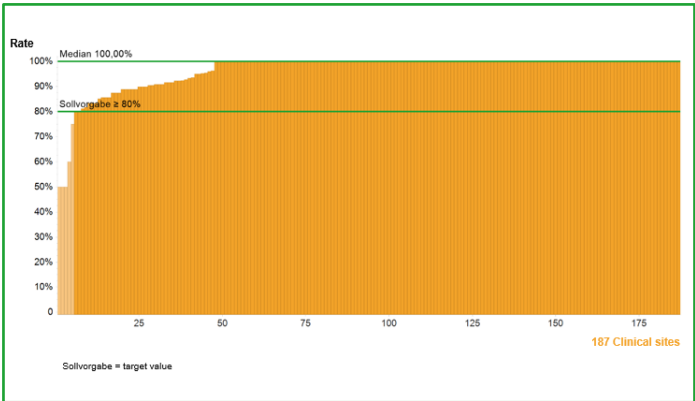
The **median** for numerator and denominator does not refer to an existing centre but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

Range specifies the value range for the numerator, denominator and ratio of all centres.

The column **Patients Total** displays the total of all patients treated according to the indicator and the corresponding quota.

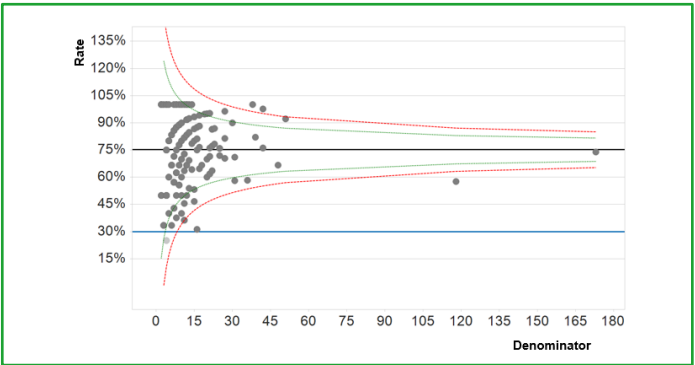
Diagram:

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



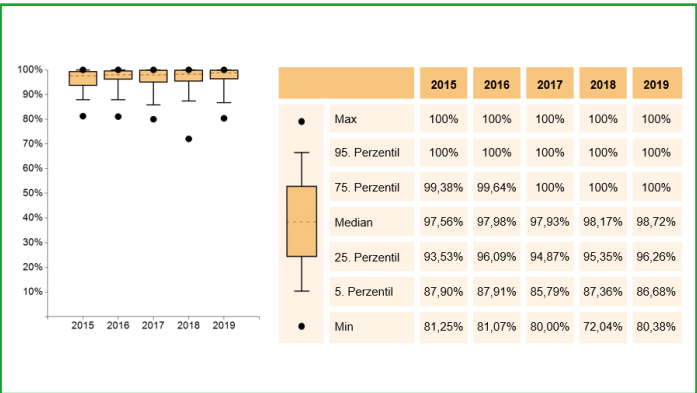
*For further information on the methodological approach see „Development of guideline-based quality indicators” (https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Methodik/QIEP_OL_Version2_english.pdf)

General information



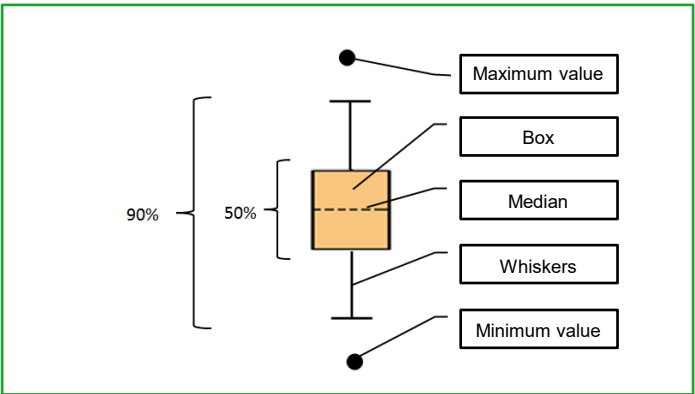
Funnel plots:

The funnel plots show the ratio of included patient numbers and indicator result for the quality indicators that are presented as a quotient. The x-axis represents the population of the indicator (numerical value of the denominator), the y-axis the result of the indicator for the respective centre. The target is shown as a blue solid line. The mean value, shown as a black solid line, divides the group into two halves. The green dotted lines represent the 95% confidence intervals (2 standard deviations of the mean), the red dashed lines the 99.7% confidence intervals (3 standard deviations of the mean).



Cohort development:

The **cohort development** in the years **2019, 2020, 2021, 2022** and **2023** is graphically represented with box plots.



Box plot:

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

Status of the certification system for Gynaecological Cancer Centres 2024

	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020	31.12.2019
Ongoing procedures	1	4	10	7	8	12
Certified Centres	193	189	182	182	164	155
Certified clinical sites	193	189	182	183	165	156
Gynaecology Cancer Centres with 1 clinical site	193	189	182	181	163	154
2 clinical sites	0	0	0	1	1	1
3 clinical sites	0	0	0	0	0	0
4 clinical sites	0	0	0	0	0	0

Clinical sites taken into account

	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020	31.12.2019
Sites included in the Annual Report	186	187	177	169	162	149
Correspond to	96.4%	98.9%	97.3%	92.3%	98.8%	95.5%
Primary cases total*	17,833	17,441	16,272	15,254	14,986	13,762
Primary cases per site (mean)*	95,9	93,3	92	90	92	92
Primary cases per site (median)*	83	78	76	75	78	78

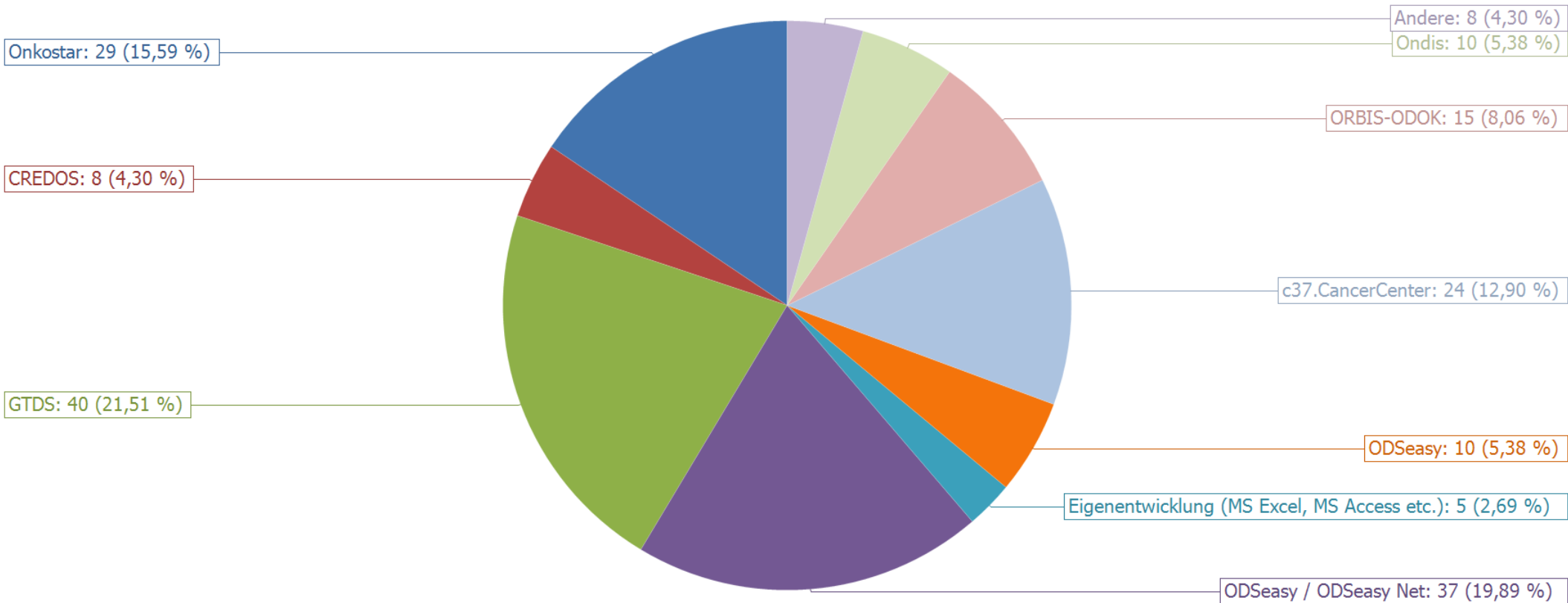
*The figures are based on the clinical sites listed in the Annual Report.

This Annual Report looks at the Gynaecological Cancer Centres certified in the certification system of the German Cancer Society. The basis for the diagrams in the Annual Report is the Data Sheet.

The Annual Report includes 186 of the 193 certified clinical sites. Excluded are 5 clinical sites that were certified for the first time in 2024 (data mapping of complete calendar year not mandatory for the initial certification). In addition, one clinical site was not included because it did not conduct an audit in 2024 and did not submit a Data Sheet (certificate suspension in the first quarter of 2025). Another clinical site abroad was unable to submit a Data Sheet by the data cut-off date. A total of 18,155 primary cases with genital malignancy were treated at all 191 clinical sites. A current overview of all certified sites is shown on www.oncomap.de.

The indicators published here refer to the indicator year 2023. They represent the assessment basis for the audits carried out in 2024.

Tumour documentation systems in the centres' clinical sites

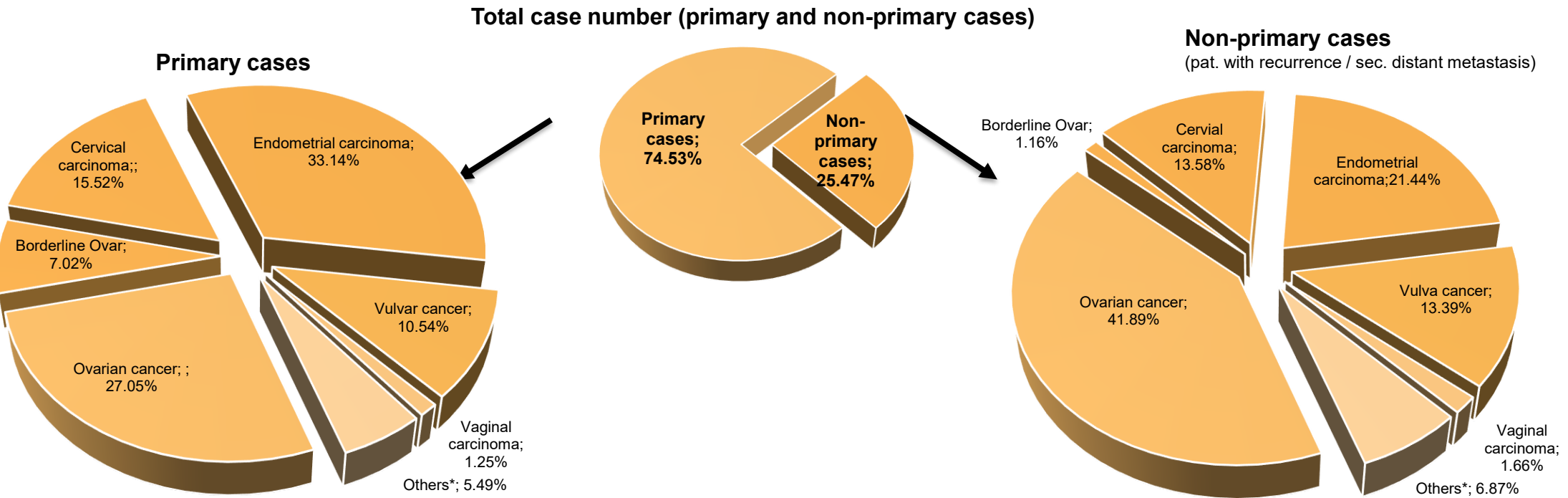


Andere = other
Tumorzentrum = Tumour centre
Entwicklung = Development
Eigenentwicklung = Intrinsic development

Legend:	
Other	System used in ≤ 3 clinical sites

The details on the tumour documentation system was taken from the Data Sheet (Basic Data Sheet). It is not possible to use more than one system. In many cases, support is provided by the cancer registries or there may be a direct link to the cancer registry via a specific tumour documentation system.

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



	Total case number	Primary cases	Non-primary cases
Ovarian cancer	7,376 (30.83%)	4,823 (27.05%)	2,553 (41.89%)
Borderline ovary	1,323 (5.53%)	1,252 (7.02%)	71 (1.16%)
Cervical carcinoma	3,595 (15.02%)	2,767 (15.52%)	828 (13.58%)
Endometrial carcinoma	7,216 (30.16%)	5,909 (33.14%)	1,307 (21.44%)
Vulvar cancer	2,696 (11.27%)	1,880 (10.54%)	816 (13.39%)
Vaginal carcinoma	324 (1.35%)	223 (1.25%)	101 (1.66%)
Others*	1,398 (5.84%)	979 (5.49%)	419 (6.87%)
Total case number	23,928 (100%)	17,833 (100%)	6,095 (100%)

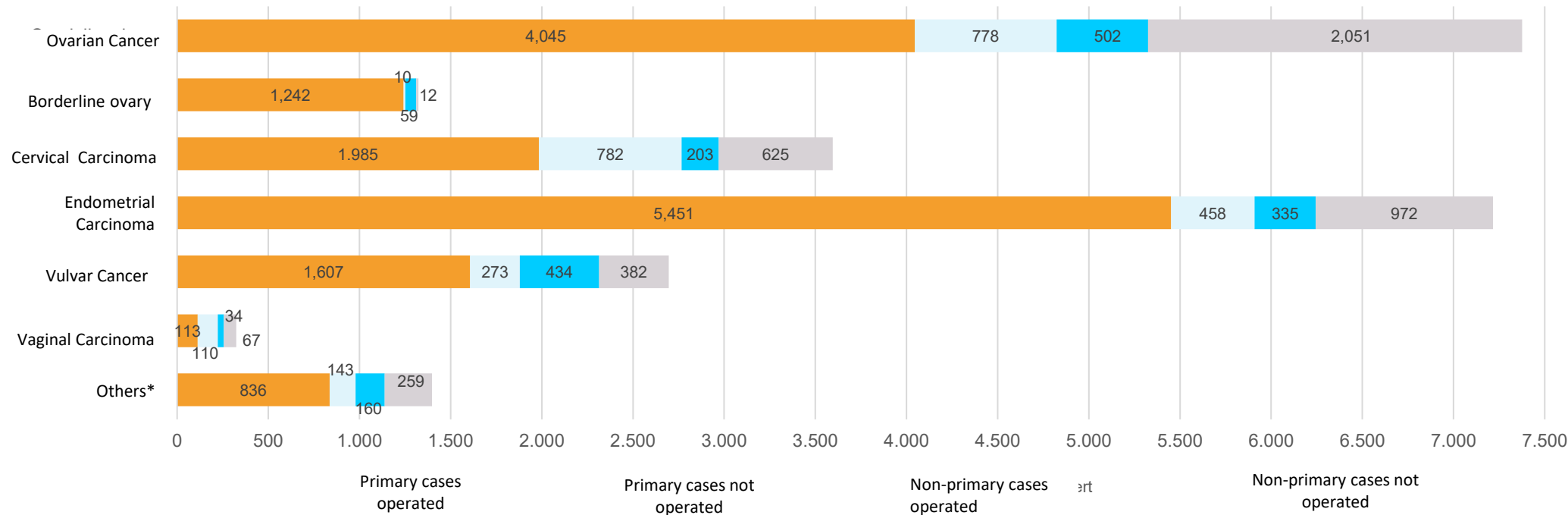
* Others (for instance sarcomas, chorion carcinomas, etc.)

	Incidence ¹ Germany	Primary cases 2023 ²	Share 2023	Primary Cases Germany 2022 ²	Share 2022
Ovarian cancer	7,587	4,444	58.57%	4,225	57.73%
Borderline ovary	-	1,148	-	1,061	-
Cervical carcinoma	4,388	2,560	58.34%	2,669	58.33%
Endometrial carcinoma	10,716	5,492	51.25%	5,122	45.46%
Vulvar cancer	3,144	1,800	57.25%	1,737	52.75%
Vaginal carcinoma	400	208	52.00%	195	39.56%
Others*	-	899	-	840	94.28%

¹Centre for cancer register data in the Robert Koch-Institute, incidence 2022.
database query with estimates of incidence, prevalence and survival of cancer in Germany based on epidemiological data from state cancer registries. Mortality data from the Federal Statistical Office. www.krebsdaten.de/abfrage. Last updated: 05.09.2024, Date of access: 26.03.2025

² including primary cases not reported in the Annual Report

Basic data – primary and non-primary cases



¹ Pat. with recurrence/ sec. distant metastasis

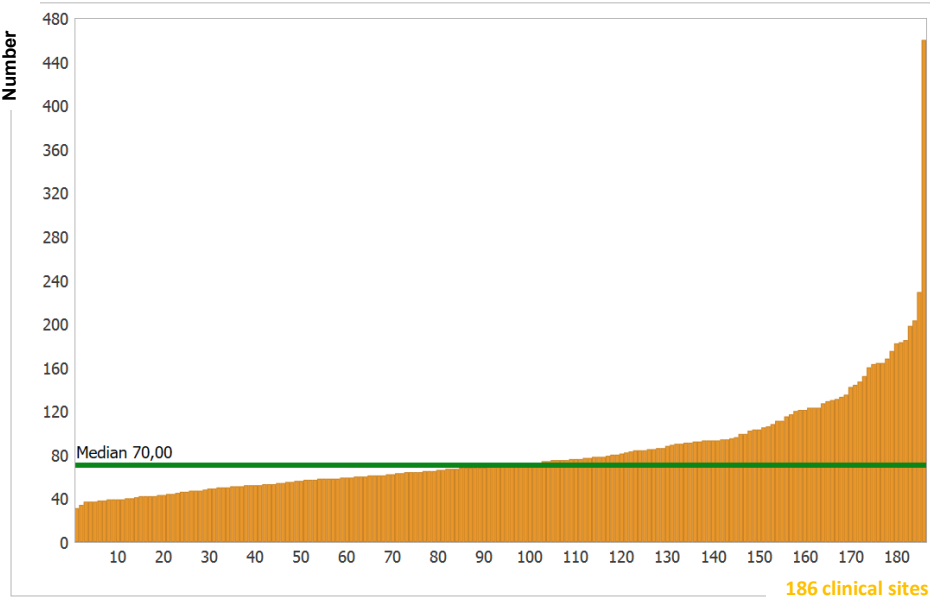
	Primary cases		
		operated	not operated
	Total	absolute (in %)	absolute (in %)
Ovarian cancer	4,823 (100%)	4,045 (83.87%)	778 (16.13%)
Borderline ovary	1,252 (100%)	1,242 (99.20%)	10 (0.80%)
Cervical carcinoma	2,767 (100%)	1,985 (71.74%)	782 (28.26%)
Endometrial carcinoma	5,909 (100%)	5,451 (92.25%)	458 (7.75%)
Vulvar cancer	1,880 (100%)	1,607 (85.48%)	273 (14.52%)
Vaginal carcinoma	223 (100%)	113 (50.67%)	110 (49.33%)
Others*	979 (100%)	836 (85.39%)	143 (14.61%)
Total	17,833	15,279	2,554

	Non-primary cases		
		operated	not operated
	Total	absolute (in %)	absolute (in %)
Ovarian cancer	2,553 (100%)	502 (19.66%)	2,051 (80.34%)
Borderline ovary	71 (100%)	59 (83.10%)	12 (16.90%)
Cervical carcinoma	828 (100%)	203 (24.52%)	625 (75.48%)
Endometrial carcinoma	1,307 (100%)	335 (25.63%)	972 (74.37%)
Vulvar cancer	816 (100%)	434 (53.19%)	382 (46.81%)
Vaginal carcinoma	101 (100%)	34 (33.66%)	67 (66.34%)
Others*	419 (100%)	160 (38.19%)	259 (61.81%)
Total	6,095	1,727	4,368

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

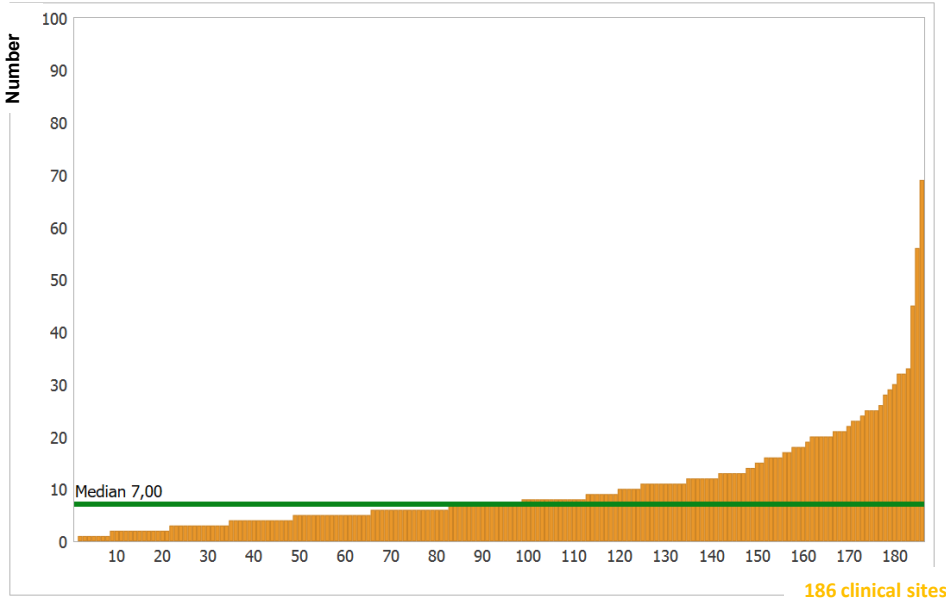
Surgical Cases with a Genital Malignoma

Surgical primary cases



	2019	2020	2021	2022	2023
Max	371,00	395,00	383,00	387,00	460,00
95 th percentile	151,95	155,20	155,40	165,80	164,00
75 th percentile	92,00	92,00	92,00	90,50	93,00
Median	67,00	66,00	65,00	66,00	70,00
25 th percentile	54,25	54,00	55,00	54,00	55,00
5 th percentile	40,00	40,00	42,00	40,00	39,00
Min	33,00	29,00	31,00	30,00	31,00

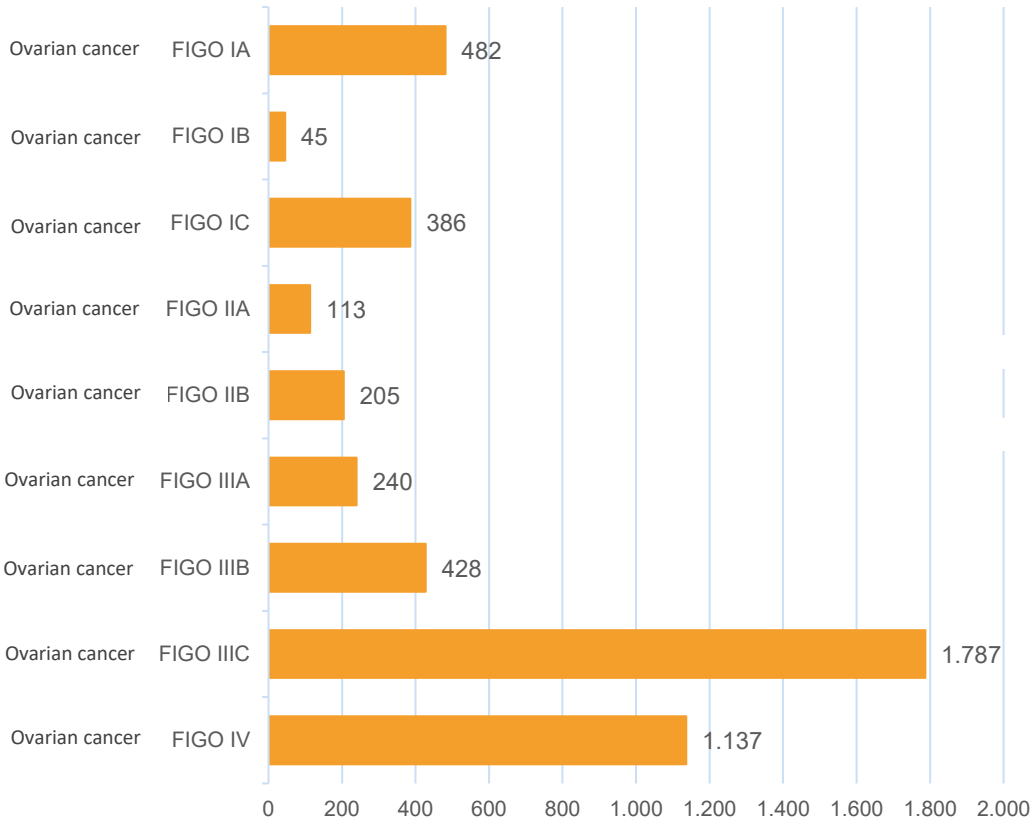
Surgical non-primary cases (pat. with recurrence / sec. distant metastasis)



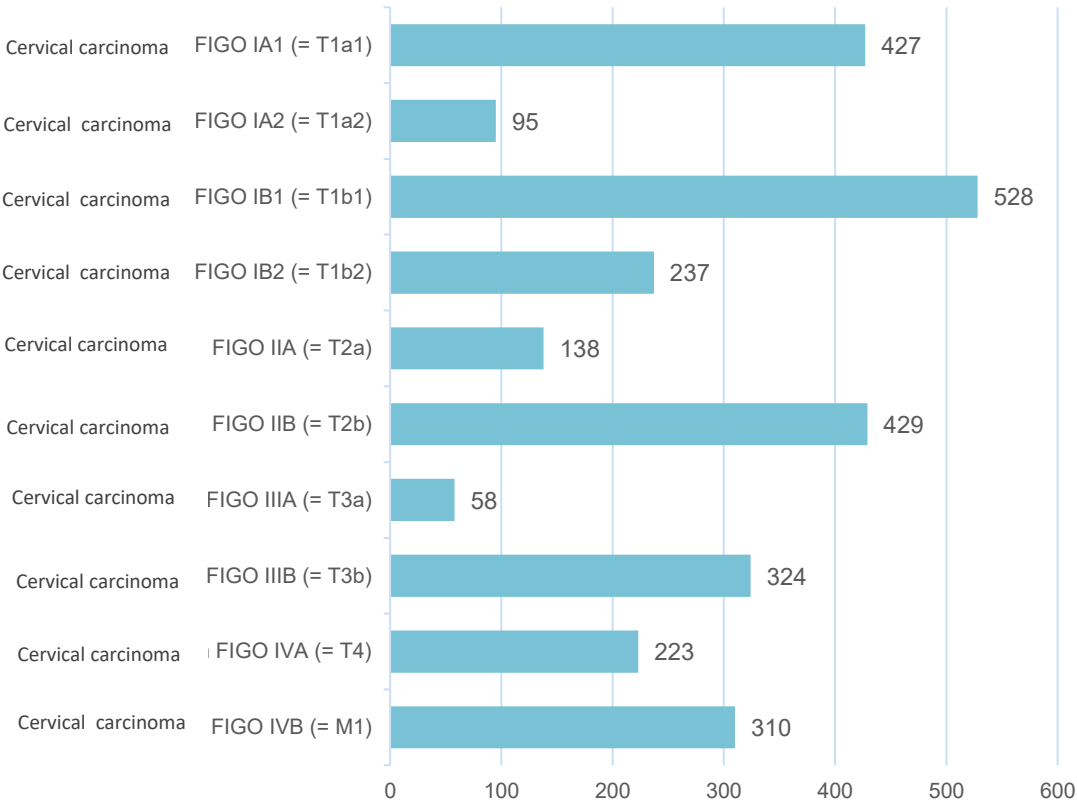
	2019	2020	2021	2022	2023
Max	92,00	76,00	74,00	60,00	69,00
95 th percentile	28,95	32,60	31,20	25,80	25,75
75 th percentile	12,00	12,00	12,00	10,50	12,00
Median	8,00	8,00	7,00	7,00	7,00
25 th percentile	5,00	5,00	4,00	4,00	4,00
5 th percentile	2,00	2,00	2,00	1,00	2,00
Min	0,00	0,00	0,00	0,00	0,00

Basic Data - Primary Cases Ovarian and Cervical

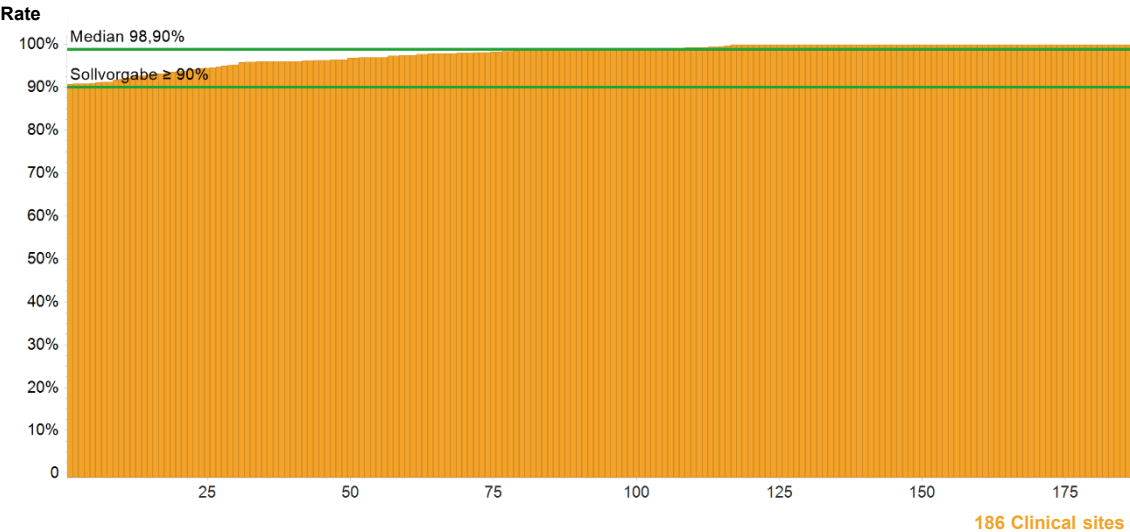
Ovarian cancer: Primary cases operated + not operated



Cervical carcinoma: Primary cases operated + not operated

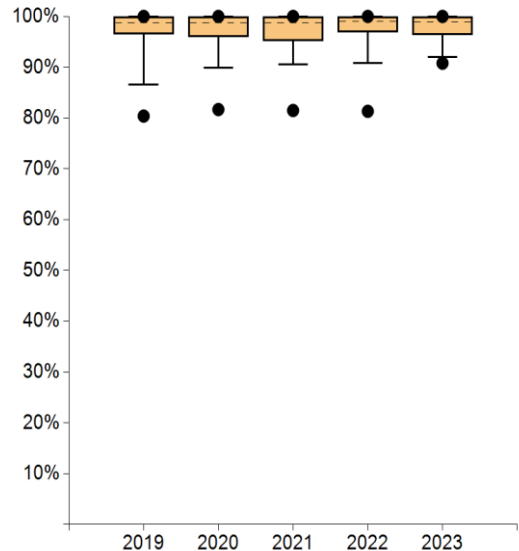


1. Presentation tumour board



Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Pat. of the denominator presented at the tumour board	103*	63 - 748	23410
Denominator	Total case number (= indicator 5)	105*	69 - 812	23928
Rate	Target value ≥ 90%	98.90%	90.79% - 100%	97.84%**



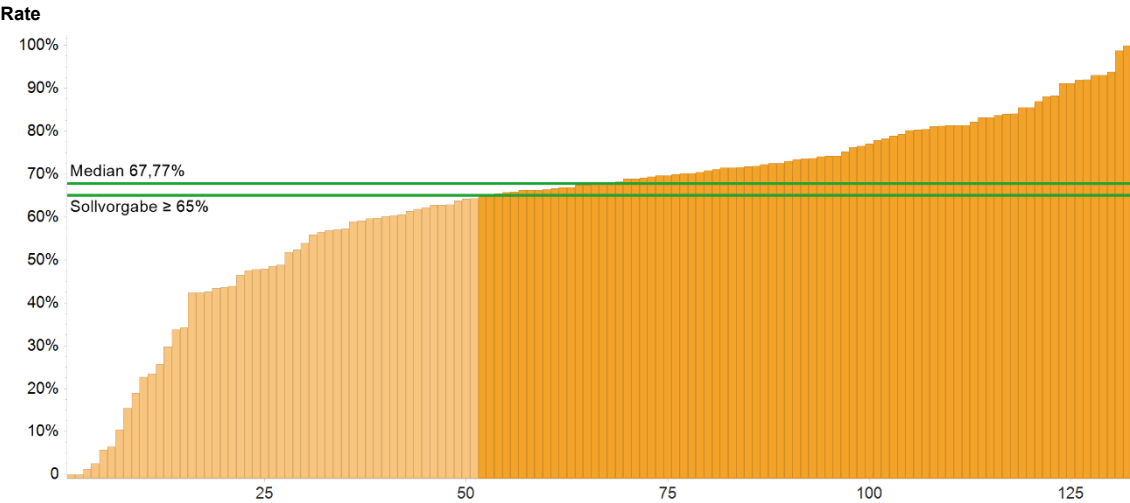
		2019	2020	2021	2022	2023
●	Max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	98.73%	98.80%	98.81%	99.02%	98.90%
	25 th percentile	96.44%	96.00%	95.24%	96.88%	96.41%
	5 th percentile	86.64%	89.89%	90.55%	90.78%	91.96%
●	Min	80.38%	81.67%	81.48%	81.32%	90.79%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	186	100.00%

Comments:
As in previous years, this indicator was achieved to a very high degree. Even after raising the target value from 80% to 90%, all clinical sites met the requirement. Almost 98% of eligible patients with a primary diagnosis, recurrence or newly diagnosed metastasis are presented at the tumour board. At approximately 38% of centres (n= 70), 100% are presented at the tumour board.

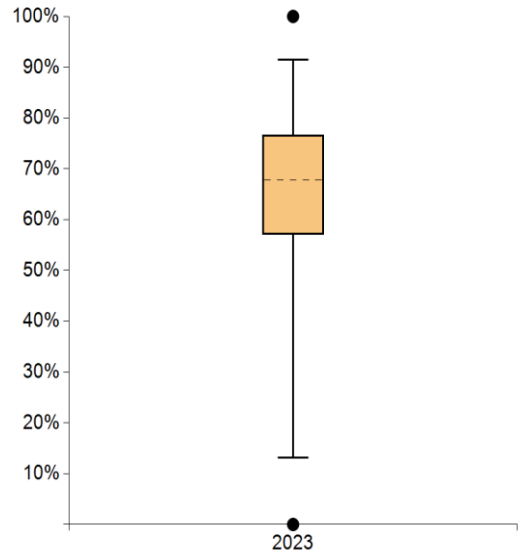
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

2. Psycho-oncological distress screening



Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who were psycho-oncologically screened	70*	0 - 284	10101
Denominator	Total case number (= indicator 5)	104*	69 - 378	16060
Rate	Target value ≥ 65%	67.77%	0.00% - 100%	62.90%**



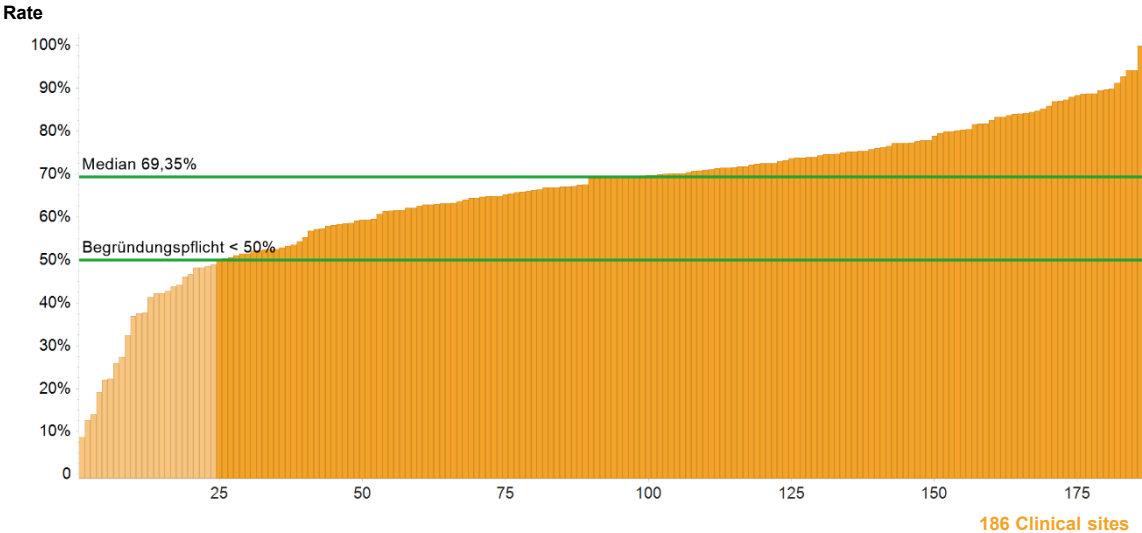
		2019	2020	2021	2022	2023
●	Max	----	----	----	----	100%
	95 th percentile	----	----	----	----	91.49%
	75 th percentile	----	----	----	----	76.71%
	Median	----	----	----	----	67.77%
	25 th percentile	----	----	----	----	57.02%
	5 th percentile	----	----	----	----	13.19%
●	Min	----	----	----	----	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
132	70.97%	81	61.36%

Comments:
In the 2024 audit year (indicator year 2023), the indicator 'psycho-oncological care' was changed to 'psycho-oncological distress screening' with a target value ≥ 65%. The indicator was initially collected on an optional basis. Data on this indicator is available for 132 of the centres (approx. 71%). 81 of the 132 clinical sites meet the target value. The main reasons given for falling short of the target value are organisational challenges during the conversion process (change from evaluation of care to screening, identification of the target population, lack of response) and personnel resource problems.

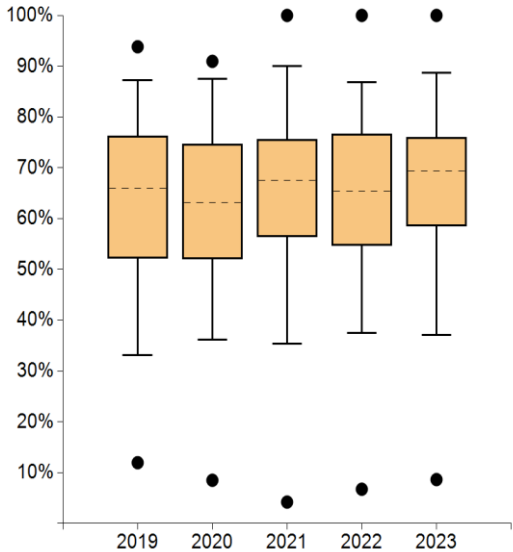
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

3. Social service counselling



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator, who received counselling from the social services in an outpatient or inpatient setting	72,5*	7 - 474	15581
Denominator	Total case number (= indicator 5)	105*	69 - 812	23928
Rate	Mandatory justifications *** < 50%	69.35%	8.64% - 100%	65.12%**



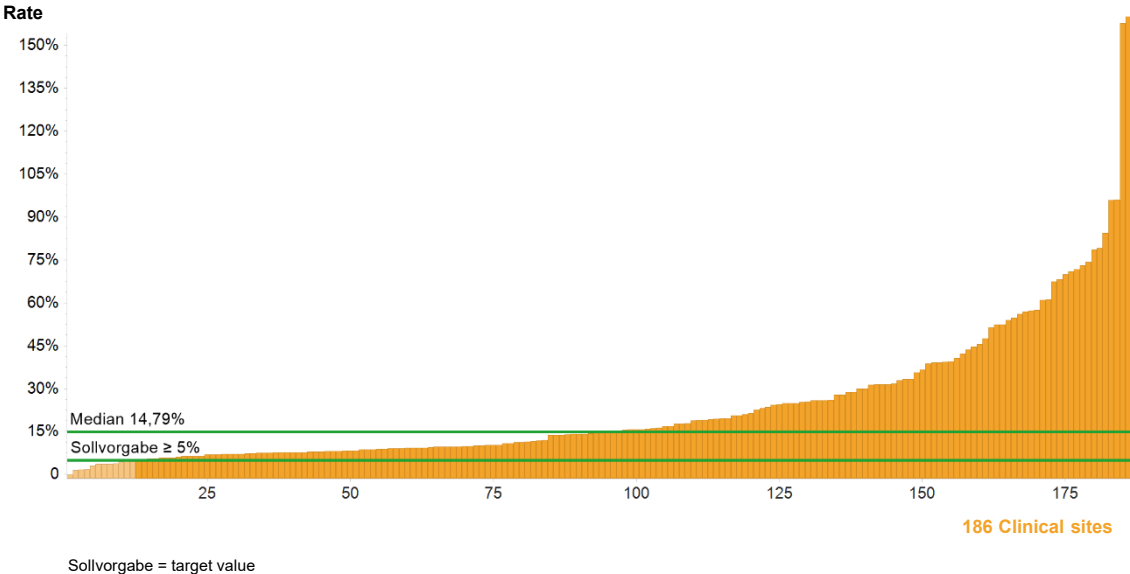
	2019	2020	2021	2022	2023
Max	93.83%	90.96%	100%	100%	100%
95 th percentile	87.22%	87.46%	90.02%	86.85%	88.71%
75 th percentile	76.22%	74.70%	75.58%	76.69%	76.01%
Median	65.91%	63.16%	67.50%	65.38%	69.35%
25 th percentile	52.21%	52.09%	56.38%	54.72%	58.49%
5 th percentile	33.13%	36.20%	35.43%	37.47%	37.10%
Min	11.96%	8.50%	4.21%	6.74%	8.64%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
186	100.00%	162	87.10%

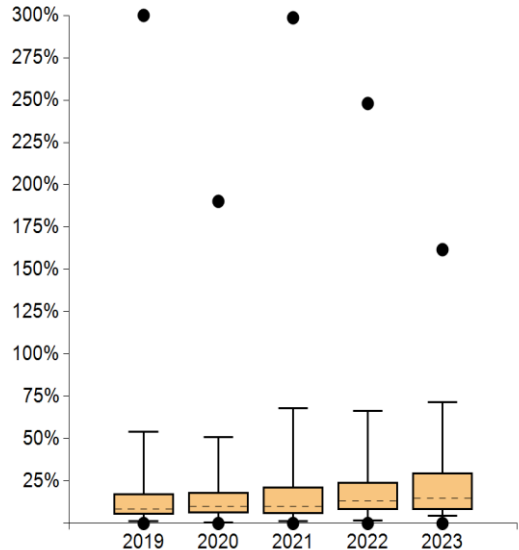
Comments:
87% of clinical sites exceed the mandatory statement of reasons threshold of < 50%. Of the 24 clinical sites (previous year: 30) that fall below the 50% threshold and are subject to the mandatory statement of reasons, 8 are located in Switzerland and Austria. There, social work counselling is provided by nursing staff or provided and financed by external institutions. The 16 centres in Germany with a counselling rate of less than 50% justify this primarily with the lack of patient demand after the service was offered, as well as staff shortages or short inpatient stays. In the audits, remarks were made for 6 of the 7 centres that repeatedly fell below the plausibility limit.

*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
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

4. Patients enrolled in a study



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients included in a study with an ethical vote	12,5*	0 - 422	5324
Denominator	Primary cases (= indicator 6a)	83*	50 - 481	17833
Rate	Target value ≥ 5%	14.79%	0.00% - 161.69%	29.85%**



		2019	2020	2021	2022	2023
●	Max	300.00%	190.22%	298.61%	248.00%	161.69%
	95 th percentile	54.16%	51.00%	68.09%	66.36%	71.48%
	75 th percentile	17.54%	18.39%	21.57%	24.50%	29.98%
	Median	8.60%	10.26%	10.20%	13.07%	14.79%
	25 th percentile	5.29%	6.25%	5.88%	8.23%	8.24%
	5 th percentile	1.39%	0.49%	1.45%	1.76%	4.42%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	174	93.55%

Comments:
This indicator shows a further increase in the number of centres achieving the target value. At 174 of 186 clinical sites (approx. 94%), the target value of ≥ 5% of study patients is achieved (previous indicator year: 91%). The study rate had already increased across the entire spectrum since 2019, even before the pilot project for double counting of study patients. Twelve clinical sites are below the target value. Four deviations were identified in the audits.

*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
** Percentage of the total number of patients treated in centres according to the indicator.

Individual Annual Report - Benchmark

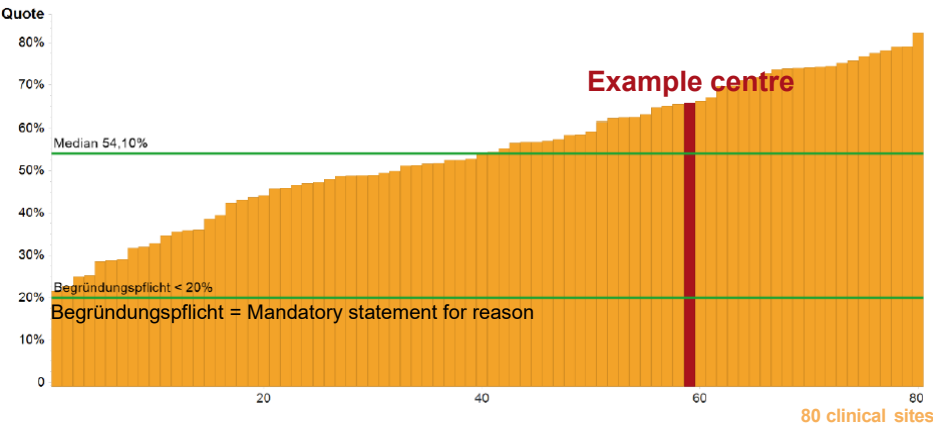
Individual Annual Report - Evaluation of site-specific key figures

What is the individual Annual Report?

In the individual annual report, the site-specific centre data is shown and compared to the other certified centres in the respective certification system of the German Cancer Society. In addition, the individual development of the centre is presented over the course of time. The content and design of an individual Annual Report are based on the general Annual Reports. An example of an individual Annual Report is available at www.onkoziert.de under General Information / Annual Reports.

Who can receive the individual Annual Report?

The prerequisite for the preparation of the individual annual report is the publication of the general annual report (announcement on www.onkoziert.de) as well as the depiction of the own centre in the general Annual Report (for example, centres with initial certification are not depicted in the audit year). In the case of multi-site centres, each site is shown in its own individual Annual Report. Only the general Annual Report is currently available for oncology centres.



Example centre (red bar) compared to the other certified centres

	Indicator definition	Example centre				
		2019	2020	2021	2022	2023
Numerator	Patients referred by the denominator who received inpatient or outpatient counselling from social services	219	263	220	240	237
Denomintor	Primary cases (= indicator 1a) + patients with newly occurring recurrence (local, regional LN metastases) and/or distant metastases (= indicator 1b)	321	362	331	355	360
Rate	Mandatory statement for reason*** <20%	68,22%	72,65%	66,47%	67,61%	65,83%

Individual development of the example centre over time

Extract from an individual Annual Report
(indicator counselling social service)

Individual Annual Report - Benchmark

How can I receive the individual Annual Report?

The individual Annual Report is made available for download as an electronic PowerPoint file on the [Data-WhiteBox](#) platform.

Access to an individual Annual Report differs depending on the certification system:

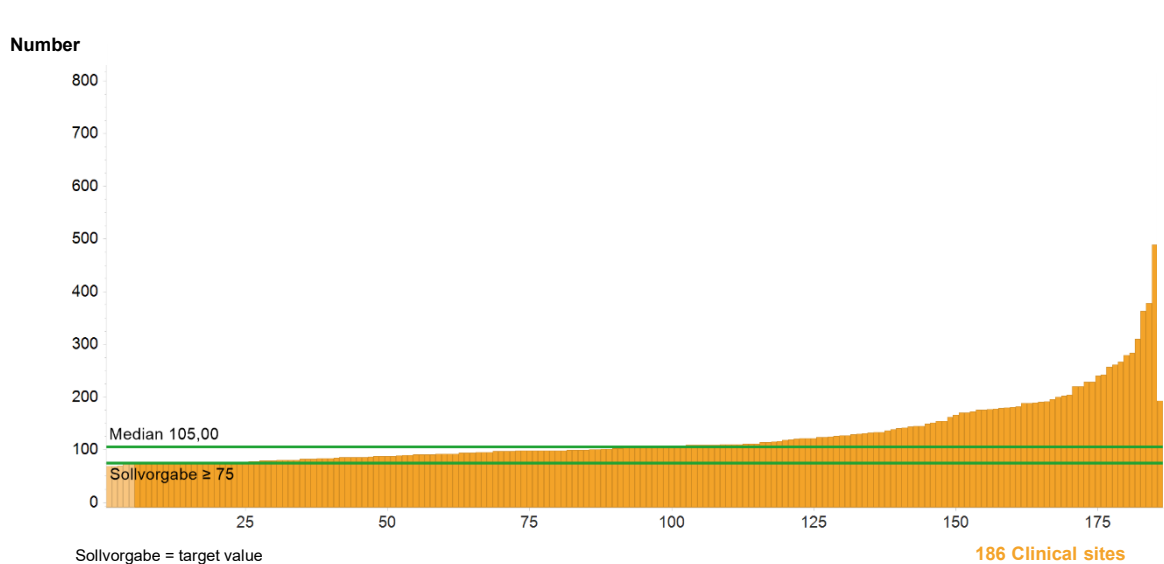
Colorectal, Prostate and Gynaecological Cancer Centres

- The individual Annual Report is made available for all Colorectal, Prostate and Gynaecological Cancer Centres by decision of the respective Certification Commission.
- The centres (centre management and centre coordination) are informed by email by OnkoZert about the availability of the respective individual Annual Report.
- The centres (centre management and centre coordination) are informed by email by OnkoZert about the availability of the respective individual Annual Report.

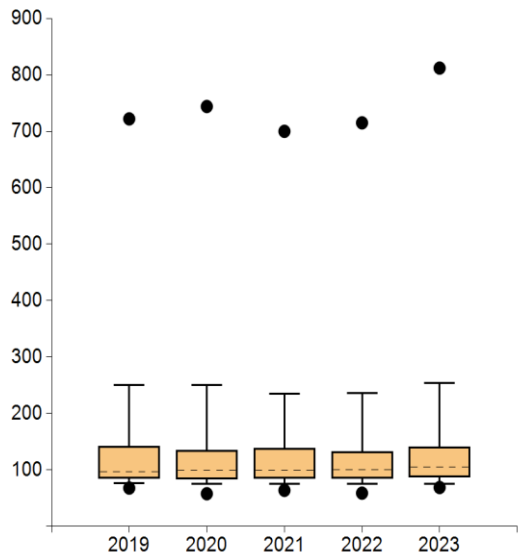
All other Organ Cancer Centres / Modules

- The centres (centre management and centre coordination) are informed by email by OnkoZert about the basic availability of the individual Annual Reports. From this point onwards, an individual Annual Report can optionally be ordered for a fee.
- The 'Individual Annual Report Order Form' is available at www.onkozert.de under General Information / Annual Reports. Orders can only be placed by persons who are registered with OnkoZert as contact persons (e.g. centre management, centre coordination, QMB, etc.)
- The costs for the respective individual Annual Reports are listed on the form.
- The preparation time is approx. 3 weeks after receipt of order.

5. Total case number



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Total cases	105	69 - 812	23928
	Target value ≥ 75			

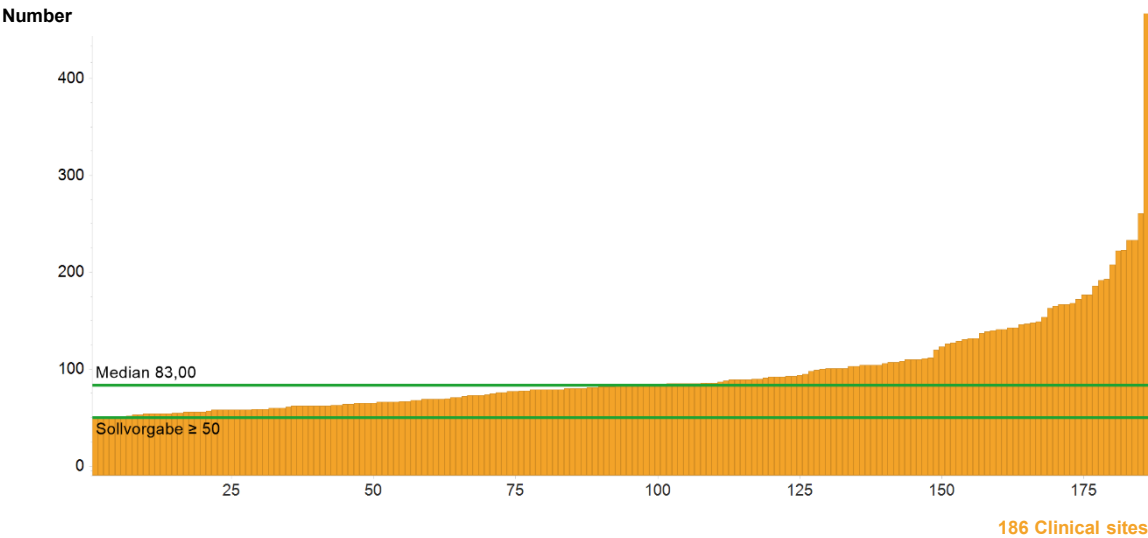


		2019	2020	2021	2022	2023
●	Max	722,00	744,00	700,00	715,00	812,00
	95 th percentile	250,70	250,00	235,00	236,30	253,50
	75 th percentile	141,75	135,00	138,00	133,00	140,50
	Median	97,00	99,00	99,00	101,00	105,00
	25 th percentile	85,00	84,00	85,00	85,00	87,25
	5 th percentile	77,05	75,00	75,00	75,00	75,25
●	Min	68,00	58,00	64,00	59,00	69,00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	181	97.31%

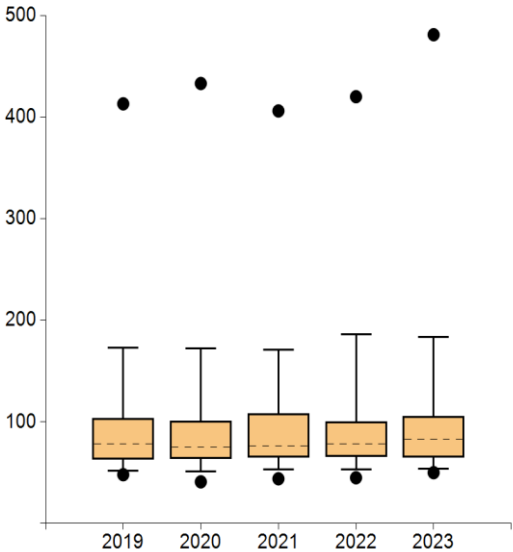
Comments:
A total of 24,363 primary and non-primary cases were treated in the GC in the indicator year 2023, of which 23,928 are included in the Annual Report. Five clinical sites (previous year: seven) narrowly missed the target value of ≥ 75 total cases. Reasons given included changes in management. Four of the centres were undergoing surveillance audits, so the shortfall had no direct impact on the certificate. Three remarks were made.

6a. Primary cases



Sollvorgabe = target value

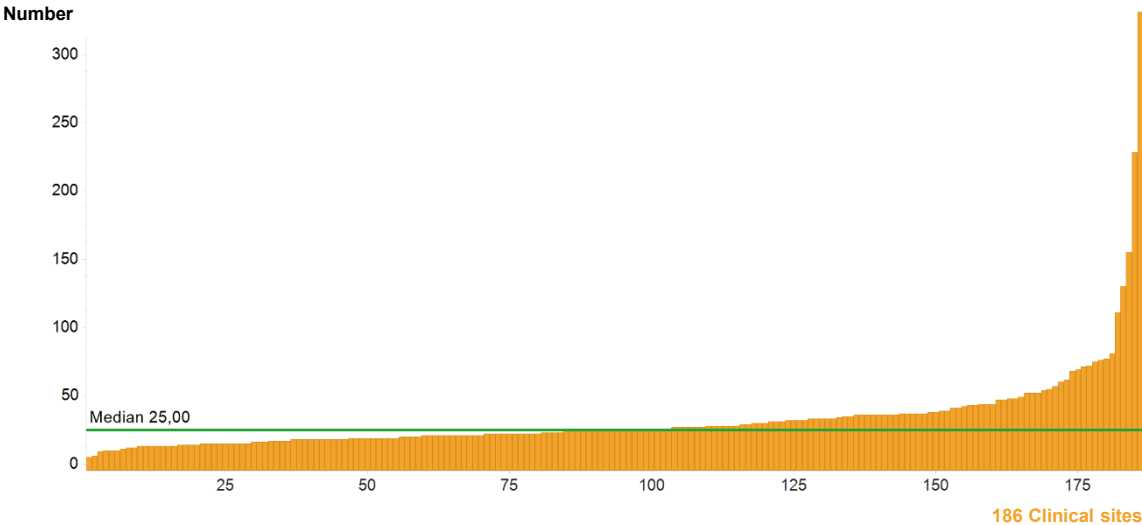
	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Primary cases	83	50 - 481	17833
	Target value ≥ 50			



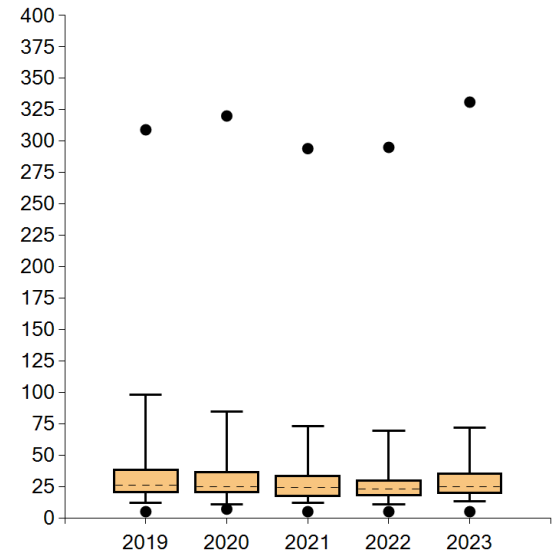
		2019	2020	2021	2022	2023
●	Max	413,00	433,00	406,00	420,00	481,00
	95 th percentile	172,95	172,20	171,20	186,10	183,75
	75 th percentile	103,50	101,00	108,00	100,00	105,50
	Median	78,00	75,00	76,00	78,00	83,00
	25 th percentile	63,00	64,00	65,00	66,00	65,00
	5 th percentile	52,00	51,00	53,00	53,00	54,00
●	Min	48,00	41,00	44,00	45,00	50,00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	186	100.00%
Comments: All centres meet the target value for primary cases, with an increase in the median to n= 83 (previous indicator year= 78).			

6b. Non primary cases



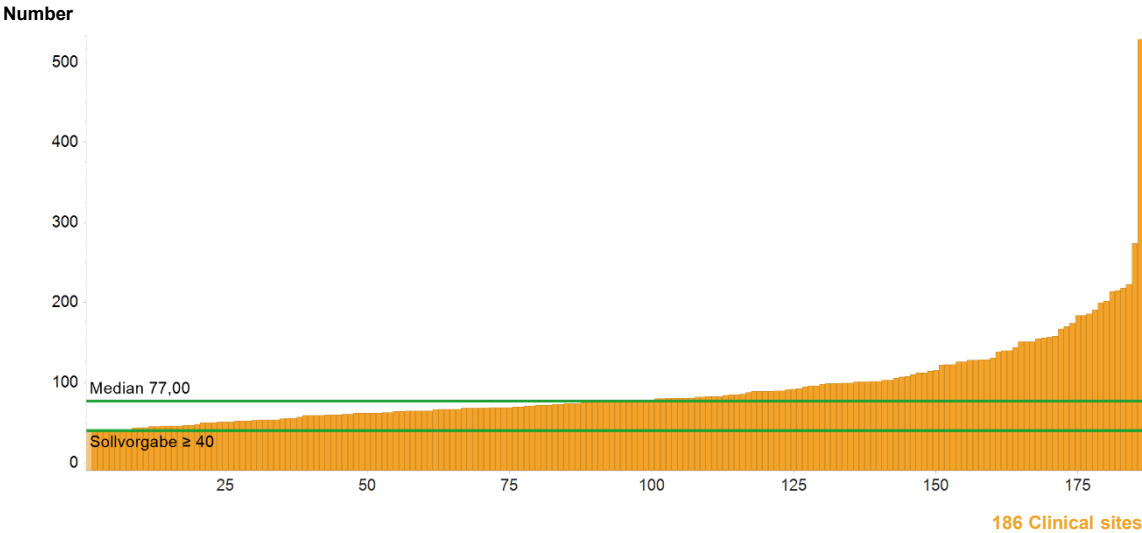
	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Non primary cases	25	5 - 331	6095
	No target value			



		2019	2020	2021	2022	2023
●	Max	309,00	320,00	294,00	295,00	331,00
	95 th percentile	97,90	84,60	73,20	69,10	71,75
	75 th percentile	39,00	37,00	34,00	30,00	36,00
	Median	26,00	25,00	24,00	23,00	25,00
	25 th percentile	20,00	20,00	17,00	17,50	19,00
	5 th percentile	12,00	11,00	11,80	11,00	13,00
●	Min	5,00	7,00	5,00	5,00	5,00

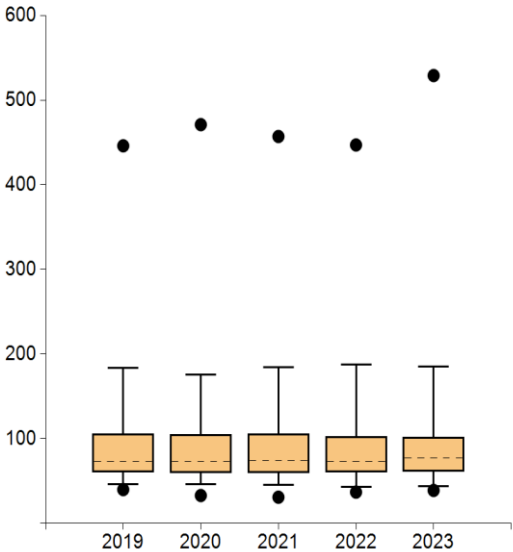
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	-----	-----
Comments: This indicator has no target value. The median number of non-primary cases in the indicator year under review was 25 (range 5–331), remaining at a comparable level over the last few years.			

7. Surgical cases



Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Surgical cases	77	39 - 529	17006
	Target value ≥ 40			

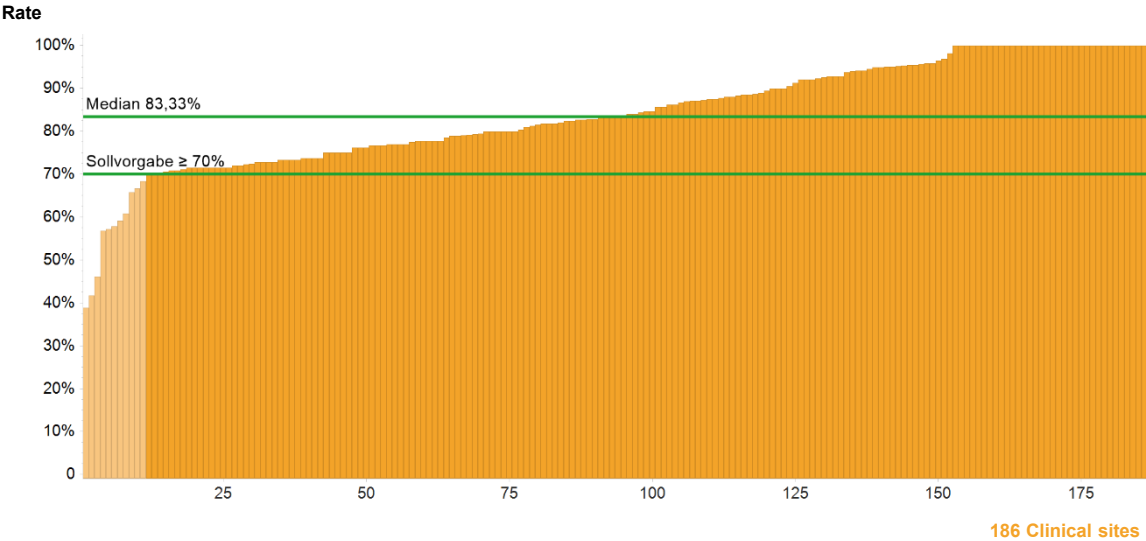


		2019	2020	2021	2022	2023
●	Max	446,00	471,00	457,00	447,00	529,00
	95 th percentile	183,55	176,00	184,80	187,80	185,50
	75 th percentile	106,00	105,00	106,00	102,50	102,00
	Median	73,50	73,00	74,00	73,00	77,00
	25 th percentile	60,25	60,00	60,00	60,50	61,25
	5 th percentile	46,05	46,00	45,80	43,00	44,00
●	Min	40,00	33,00	31,00	37,00	39,00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	185	99.46%

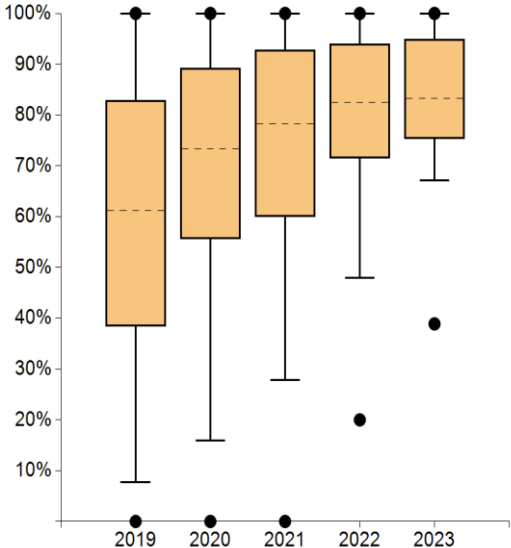
Comments:
99.5% of centres achieved the target value of ≥ 40 surgical cases (previous year: 98.4%). The median increased compared with the previous year and stands at n= 77 (previous year: 73) with a wide range (n= 39 - 529). One centre narrowly missed the target value for surgical cases (n= 39), but with a high proportion of surgical cases (76%) in relation to the centre's primary cases, it also fell short of the target value by 1 case in the previous year. A remark was made in the audit.

8. Offering of genetic testing (GL ovary QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with offer of genetic testing	17*	4 - 257	4143
Denominator	Primary cases ovarian cancer	21*	5 - 257	4823
Rate	Target value ≥ 70%	83.33%	38.89% - 100%	85.90%**



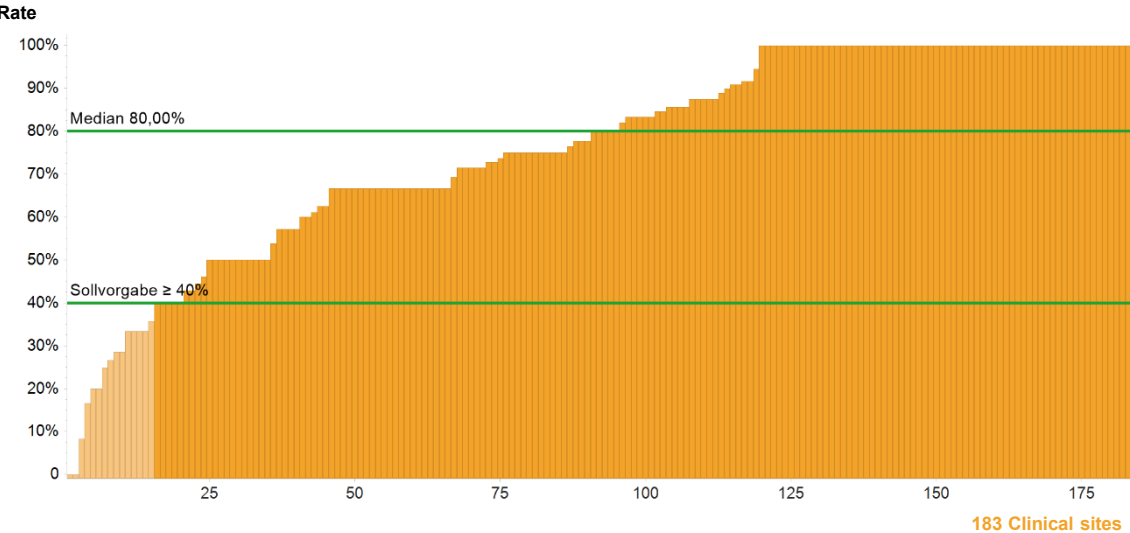
	2019	2020	2021	2022	2023
Max	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	82.86%	89.19%	92.86%	94.00%	94.87%
Median	61.11%	73.33%	78.26%	82.53%	83.33%
25 th percentile	38.46%	55.56%	60.00%	71.43%	75.30%
5 th percentile	7.69%	15.90%	27.86%	47.94%	67.11%
Min	0.00%	0.00%	0.00%	20.00%	38.89%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	175	94.09%

Comments:
94% of centres meet the newly introduced target value of ≥ 70%. Overall, there has been a steady increase in all percentile ranges over the years. 11 centres fall short of the target value. In some cases, the indicator has been misunderstood and genetic testing has been offered, but it was thought that the implementation had to be recorded. Other centres justified the shortfall by citing palliative care situations, age, comorbidity and patient deaths.

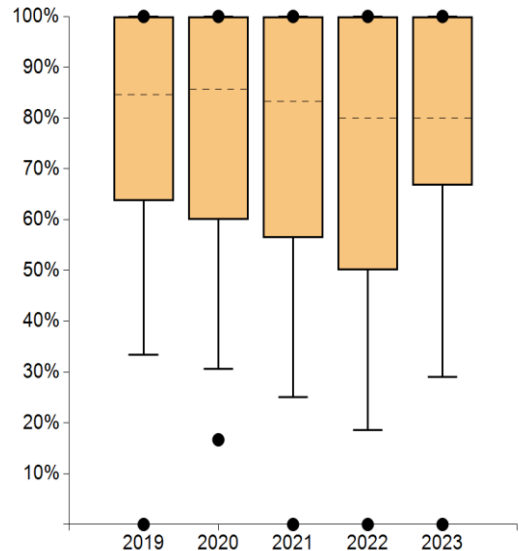
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

9. Surgical staging early ovarian cancer (GL ovary QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with operative staging (def. see indicator sheet)	5*	0 - 50	1064
Denominator	Surgical primary cases with an ovarian cancer FIGO I-IIIa	7*	1 - 61	1408
Rate	Target value ≥ 40%	80.00%	0,00% - 100%	75.57%**



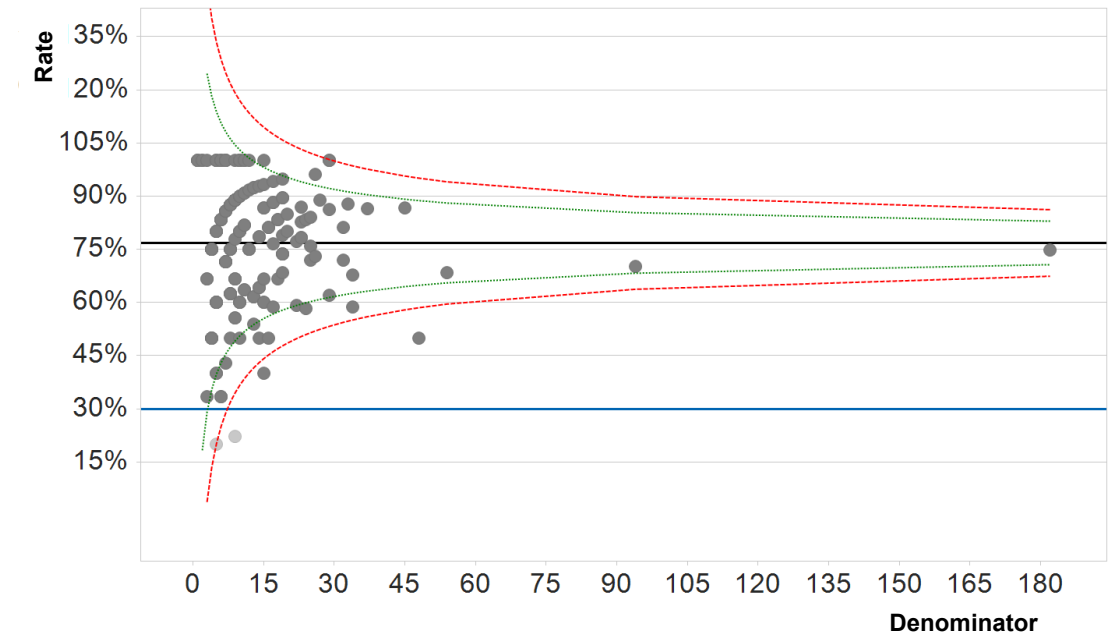
		2019	2020	2021	2022	2023
●	Max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	84.62%	85.71%	83.33%	80.00%	80.00%
	25 th percentile	63.64%	60.00%	56.35%	50.00%	66.67%
	5 th percentile	33.33%	30.59%	25.00%	18.54%	29.05%
●	Min	0.00%	16.67%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
183	98.39%	168	91.80%

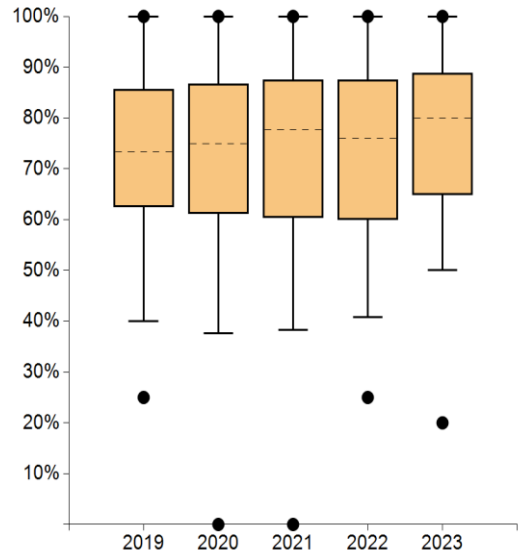
Comments:
183 of the 186 centres had cases in accordance with the denominator definition in the indicator year. Just under 92% of these centres meet the target value of the GL-QI 'Operative staging of early ovarian cancer, FIGO I-IIIa'. As in the previous indicator year, the median is 80%. The required surgical staging was performed in approximately 76% of the 1,408 patients. Fifteen centres fell short of the target value. All results were validated in the audits. No deviations were identified in the audits.

*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
** Percentage of the total number of patients treated in centres according to the indicator.

10. Macroscopic complete resection of advanced ovarian cancer (GL ovary QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with macroscopically complete resection	8*	1 - 136	1980
Denominator	Surgical primary cases ovarian cancer FIGO IIB-IV	10*	1 - 182	2578
Rate	Target value ≥ 30%	80.00%	20.00% - 100%	76.80%**



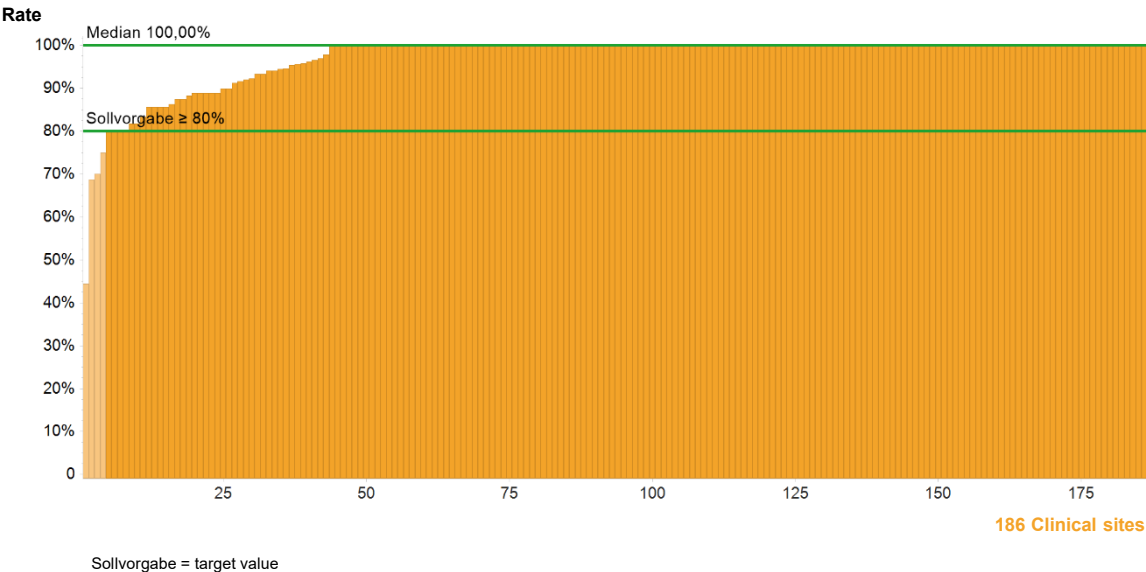
		2019	2020	2021	2022	2023
●	Max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	85.71%	86.67%	87.50%	87.50%	88.89%
	Median	73.33%	75.00%	77.78%	76.00%	80.00%
	25 th percentile	62.50%	61.16%	60.42%	60.00%	64.89%
	5 th percentile	40.00%	37.63%	38.27%	40.86%	50.00%
●	Min	25.00%	0.00%	0.00%	25.00%	20.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	184	98.92%

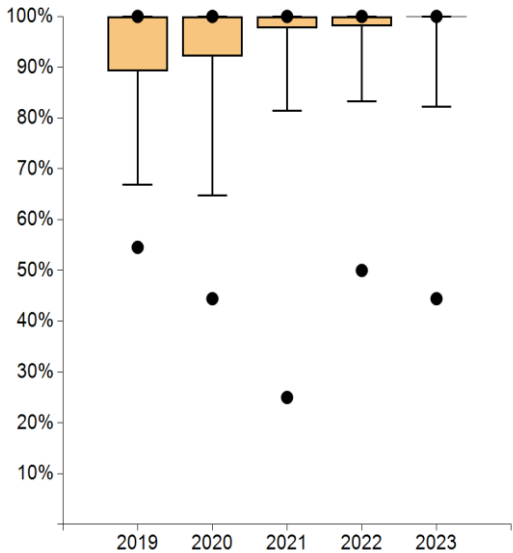
Comments:
Almost 99% of the centres meet the target value of ≥ 30% with a median of 80%. Two centres fall short of the target value (20% and 22%) with low case numbers in the denominator (n= 5 and n= 9). A remark was made about this indicator in an audit.

*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
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

11. Operation advanced ovarian cancer by a Gynaecological Oncologist (GL ovary QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator whose definitive surgical treatment was performed by a gynecological oncologist	9*	1 - 182	2505
Denominator	Surgical primary cases ovarian cancer FIGO IIB-IV after completion of surgical treatment	10*	1 - 182	2578
Rate	Target value ≥ 80%	100%	44.44% - 100%	97.17% **



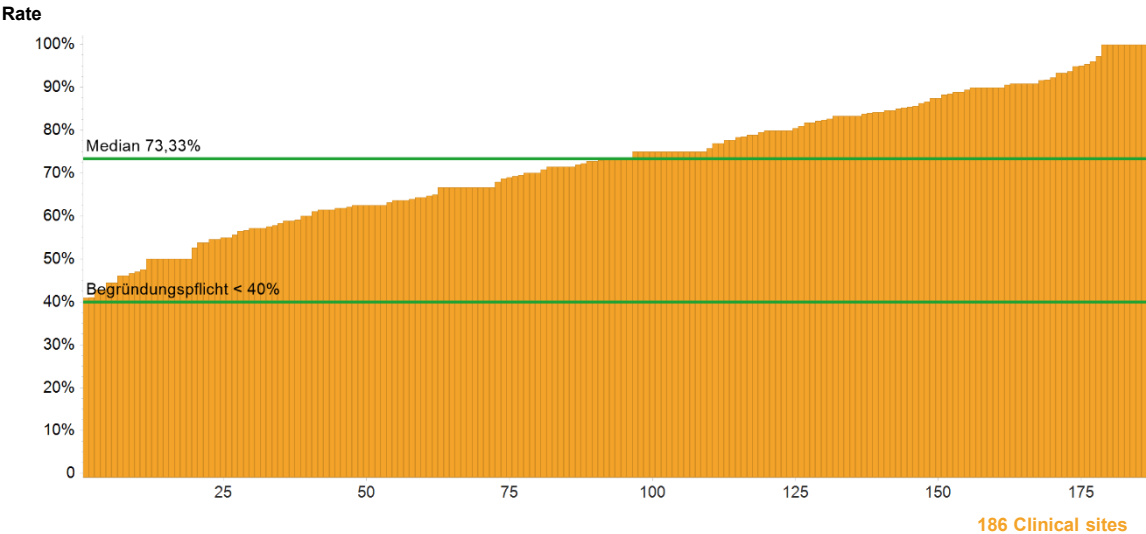
	2019	2020	2021	2022	2023
Max	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25 th percentile	89.17%	92.15%	97.67%	98.15%	100%
5 th percentile	66.82%	64.70%	81.46%	83.33%	82.20%
Min	54.55%	44.44%	25.00%	50.00%	44.44%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	182	97.85%

Comments:
This indicator also continues to show very good implementation. Up to and including the 25th percentile, surgical treatment of all primary cases in the denominator was performed by a gynaecological oncologist. Four centres fell short of the target value (previous year: five). Three centres stated that the operations were performed by medical colleagues who had fulfilled the requirements for obtaining the specialisation designation but were still awaiting an examination date at the time of the operation. At the time of the audit, this could be verified and the corresponding examination certificates were submitted.

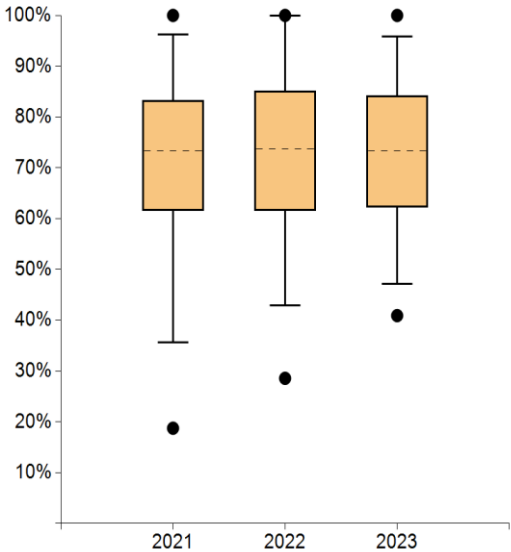
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

13. First-line chemotherapy of advanced ovarian cancer (GL ovary QI)



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with first-line chemotherapy with carboplatin and paclitaxel	11,5*	3 - 210	2911
Denominator	Primary cases ovarian cancer FIGO IIA-IV	17*	4 - 216	3910
Rate	Mandatory justifications *** < 40%	73.33%	40.91% - 100%	74.45%**



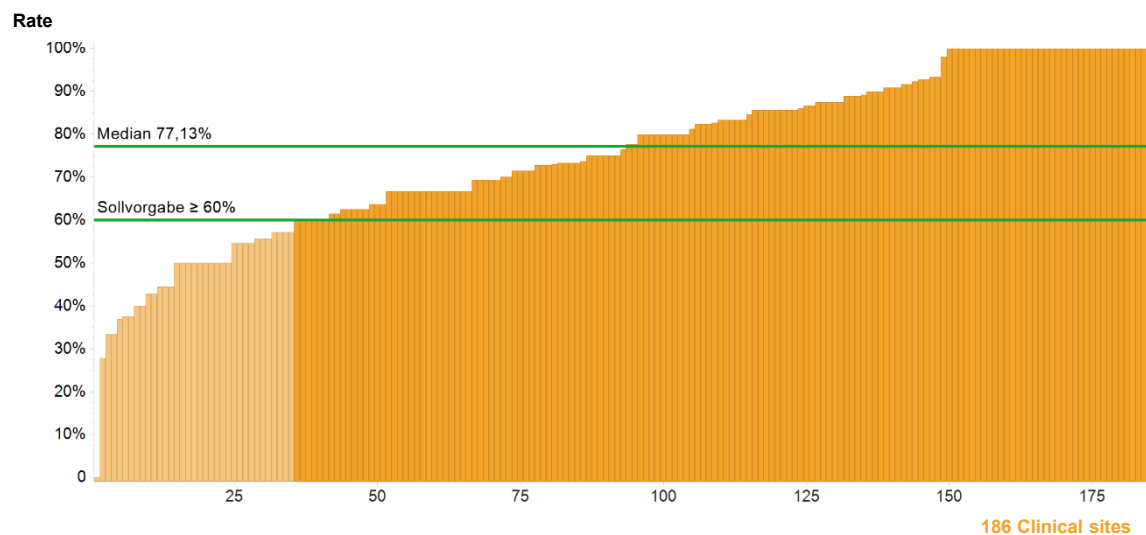
	2019	2020	2021	2022	2023
Max	----	----	100%	100%	100%
95 th percentile	----	----	96.24%	100%	95.86%
75 th percentile	----	----	83.33%	85.10%	84.21%
Median	----	----	73.33%	73.68%	73.33%
25 th percentile	----	----	61.54%	61.54%	62.18%
5 th percentile	----	----	35.60%	42.86%	47.20%
Min	----	----	18.75%	28.57%	40.91%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
186	100.00%	186	100.00%

Comments:
Overall, approximately 74% of the primary cases addressed in the denominator received first-line chemotherapy with carboplatin and paclitaxel. All centres are within the plausibility limits.

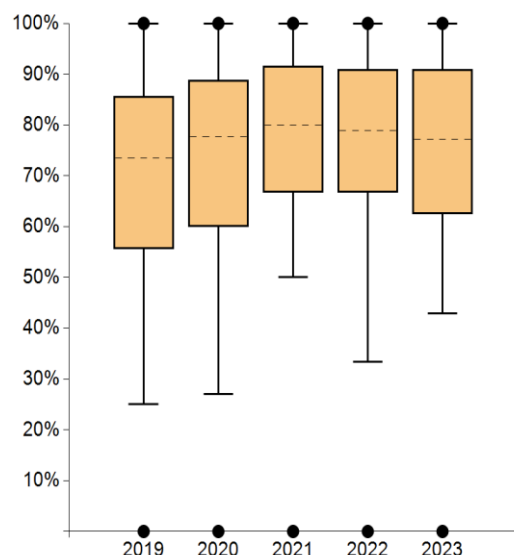
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

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



Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with cytological/histological lymph node staging	7*	0 - 48	1536
Denominator	Primary cases cervical cancer FIGO stage ≥ IA2-IVA	9*	1 - 54	2032
Rate	Target value ≥ 60%	77.13%	0.00% - 100%	75.59%**



		2019	2020	2021	2022	2023
●	Max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	85.71%	88.89%	91.67%	90.91%	90.91%
	Median	73.51%	77.78%	80.00%	78.95%	77.13%
	25 th percentile	55.56%	60.00%	66.67%	66.67%	62.50%
	5 th percentile	25.11%	27.00%	50.00%	33.33%	42.86%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
186	100.00%	151	81.18%

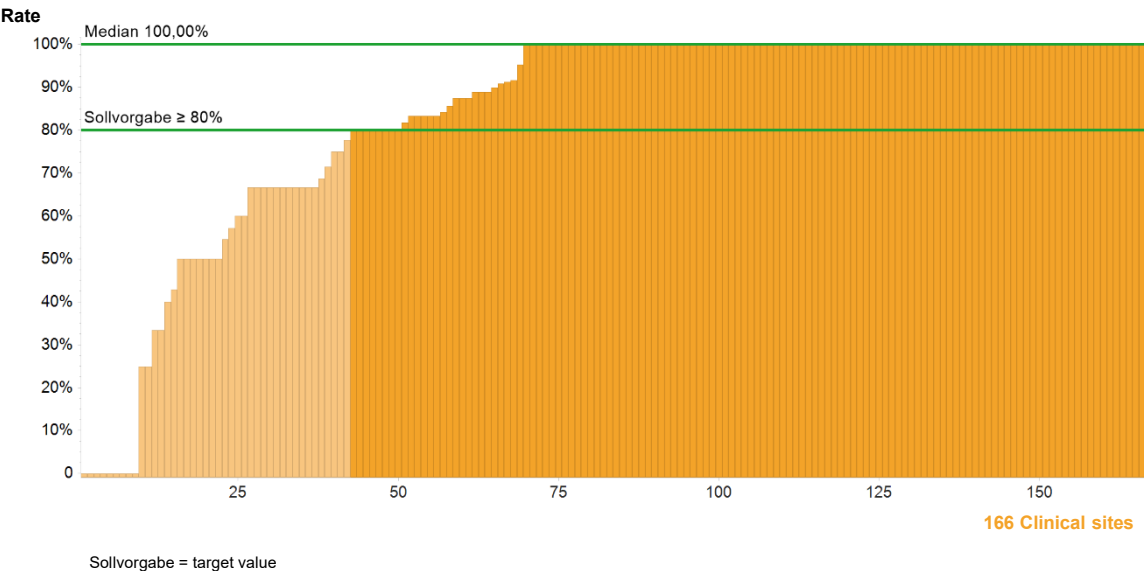
Comments:

81% of clinical sites achieved the target value of ≥ 60% for this indicator (previous year: 85%). 35 clinical sites fell short of the target value. Reasons given for the lack of staging were existing comorbidities (18 mentions), advanced age of the patient (7x), refusal by the patient (7x), imminent start of radiotherapy/chemotherapy (14x), imaging staging (9x) or an already palliative clinical situation. The reasons given by the centres were assessed as plausible and comprehensible in the audits. At one clinical site, a remark was made and it was agreed to develop a treatment pathway with a description of interdisciplinary therapy for patients with cervical cancer.

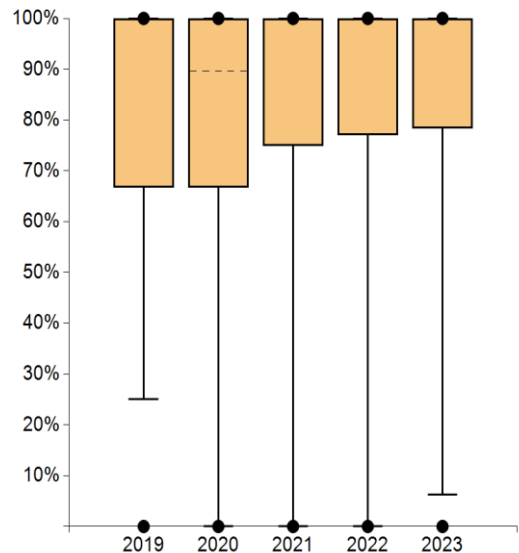
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators

** Percentage of the total number of patients treated in centres according to the indicator.

15. Brachytherapy as a component of primary radio(chemo) therapy



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator in which brachytherapy was administered as part of primary radio(chemo) therapy	3*	0 - 42	627
Denominator	Primary cases with cervical cancer and primary radio(chemo) therapy, without primary distant metastasis	3*	1 - 46	747
Rate	Target value ≥ 80%	100%	0.00% - 100%	83.94%**

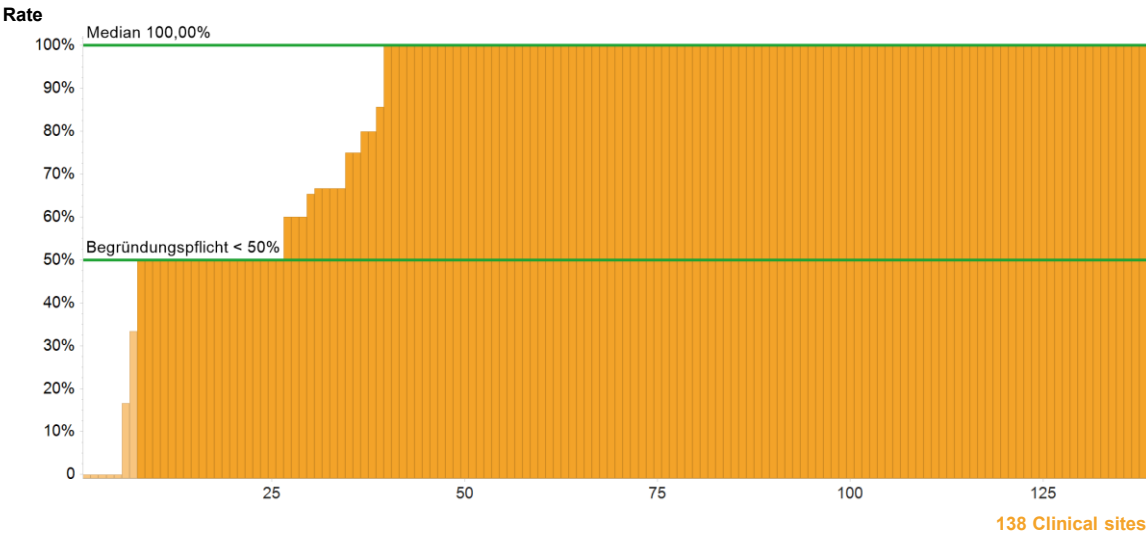


		2019	2020	2021	2022	2023
●	Max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	100%	89.59%	100%	100%	100%
	25 th percentile	66.67%	66.67%	75.00%	77.09%	78.34%
	5 th percentile	25.00%	0.00%	0.00%	0.00%	6.25%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
166	89.25%	124	74.70%
Comments: 20 centres did not treat any primary cases of the denominator and are therefore excluded from the indicator. As in the two previous years, approximately 74% of the clinical sites treated the target value for this indicator. 42 clinical sites were below the target value (previous year: same). Reasons for non-implementation included patient refusal (9 cases), medical reasons that made implementation impossible (e.g. stenosis, fistulas; 6 cases), existing comorbidities/poor AZ (9 cases). At 9 clinical sites, brachytherapy was not part of primary radio(chemo)therapy for any of the eligible patients (counter = 0). The denominator in these centres was max. 5 patients. The results were validated in the audits.			

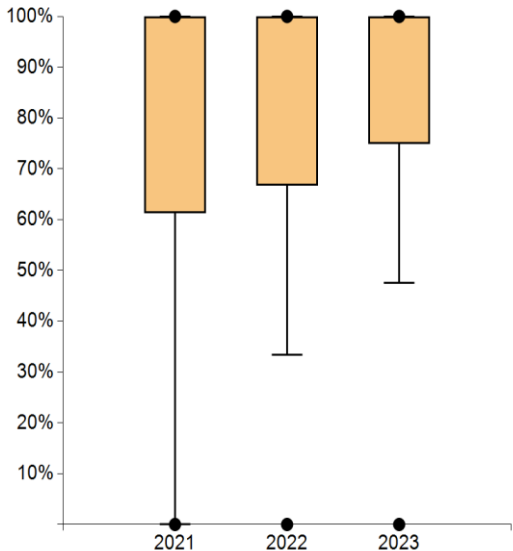
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

16. Histological confirmation of local recurrence (GL cervix QI)



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with pre-therapeutic histological confirmation	1*	0 - 17	277
Denominator	Patients with cervical cancer and therapy of a local recurrence	2*	1 - 26	338
Rate	Mandatory justifications *** < 50%	100%	0.00% - 100%	81.95%**



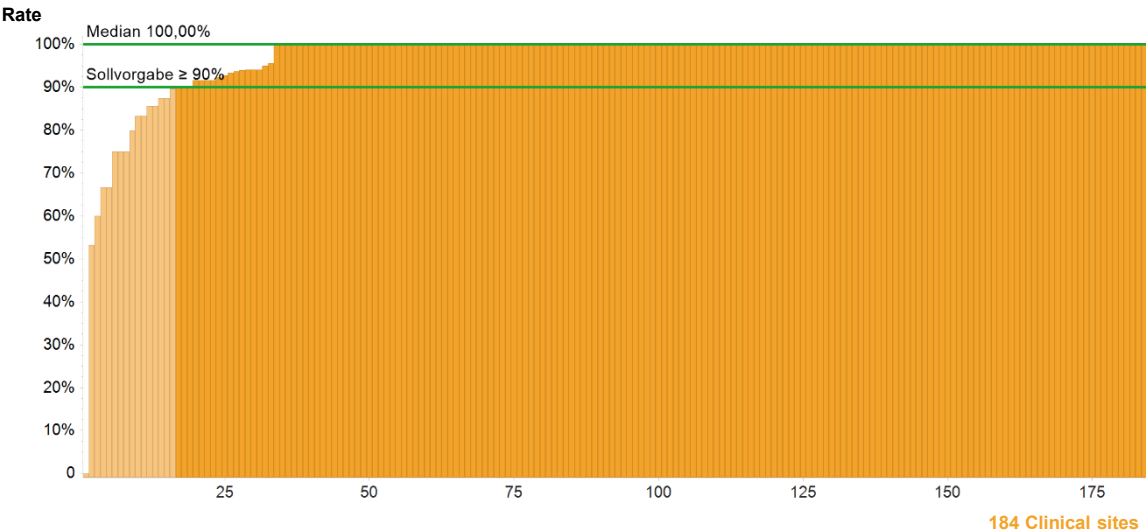
		2019	2020	2021	2022	2023
●	Max	----	----	100%	100%	100%
	95 th percentile	----	----	100%	100%	100%
	75 th percentile	----	----	100%	100%	100%
	Median	----	----	100%	100%	100%
	25 th percentile	----	----	61.25%	66.67%	75.00%
	5 th percentile	----	----	0.00%	33.33%	47.50%
●	Min	----	----	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
138	74.19%	131	94.93%

Comments:
48 centres did not treat any primary cases of the denominator and were therefore excluded from the analysis of the indicator. Approximately 95% of the clinical sites that treated patients from the population under review were within the plausibility limits for this indicator. 7 clinical sites were subject to mandatory statement of reasons (n of these 7 sites combined = 14). The reasons given were as follows: external histological confirmation prior to therapy, clear imaging evidence with simultaneous distant metastasis/palliative situation.

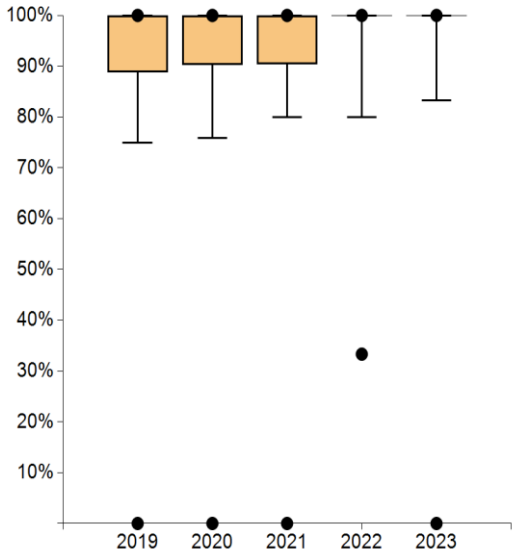
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

17. Vulvar cancer: Details in pathology report in the case of initial diagnosis and tumour resection (GL vulva QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with pathology reports (def. see indicator sheet)	7*	0 - 42	1503
Denominator	Primary cases vulvar cancer with tumour resection	7*	1 - 42	1554
Rate	Target value ≥ 90%	100%	0.00% - 100%	96.72%**



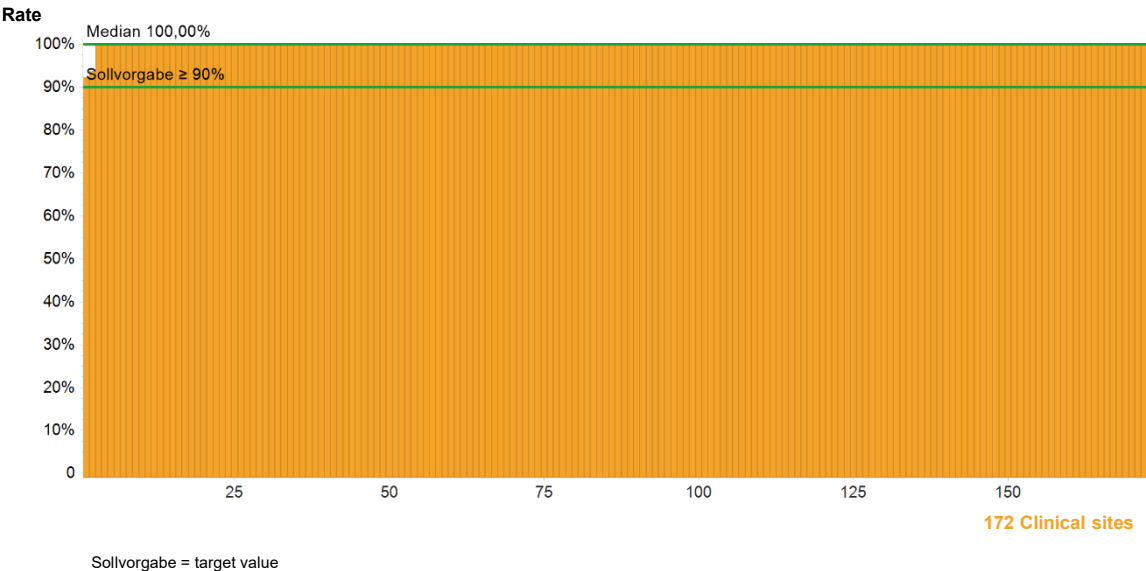
		2019	2020	2021	2022	2023
●	Max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	100%	100%	100%	100%	100%
	25 th percentile	88.89%	90.24%	90.46%	100%	100%
	5 th percentile	75.00%	75.83%	80.00%	80.00%	83.33%
●	Min	0.00%	0.00%	0.00%	33.33%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
184	98.92%	168	91.30%

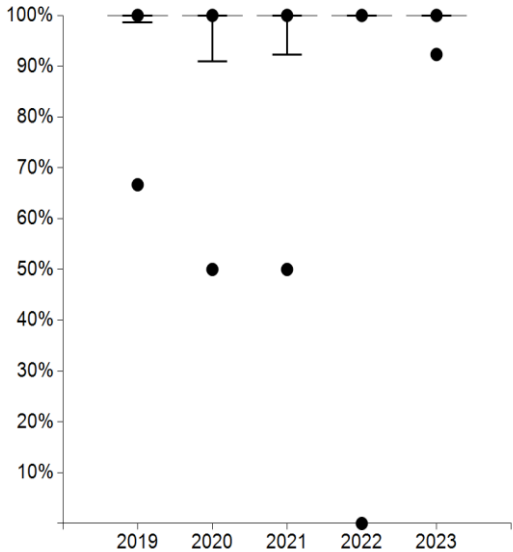
Comments:
Two centres had no patients in the population in the indicator year. Of the 184 clinical sites with corresponding primary cases, 168 (91%) met the target value. Compared with the previous indicator year, the target value was raised from 80 to ≥ 90%. Sixteen centres fell short of the Target value. The reasons given by the centres were largely deemed plausible by the auditors; these included failure to perform lymph node resection due to multimorbidity, inability to perform three-dimensional measurement of the extent of the tumour due to its small size, presence of basal cell carcinoma, and external preliminary examination. No deviations and five remarks were made. Quality improvement measures have already been initiated (e.g. development of a standard with the pathology department).

*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
** Percentage of the total number of patients treated in centres according to the indicator.

18. Vulvar cancer: Details in pathology report in the case of lymphonodectomy (GL vulva QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with pathology reports (def. see indicator sheet)	4*	1 - 26	844
Denominator	Primary cases vulvar cancer with lymphonodectomy	4*	1 - 26	846
Rate	Target value ≥ 90%	100%	92.31% - 100%	99.76%**



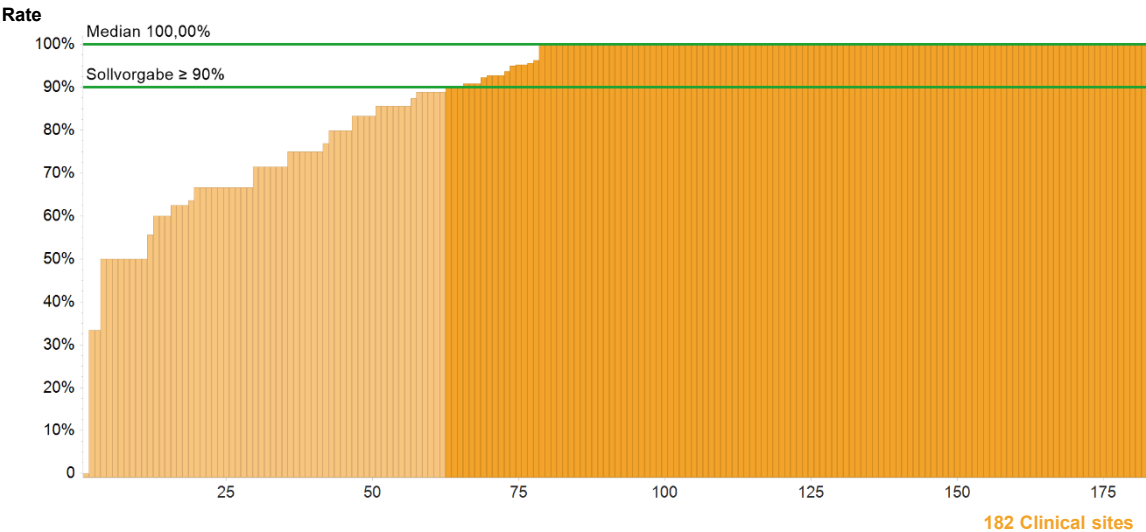
		2019	2020	2021	2022	2023
●	Max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	100%	100%	100%	100%	100%
	25 th percentile	100%	100%	100%	100%	100%
	5 th percentile	98.69%	90.91%	92.28%	100%	100%
●	Min	66.67%	50.00%	50.00%	0.00%	92.31%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
172	92.47%	172	100.00%
Comments: This QI of the Vulva Guideline continues to be implemented excellently by the centres. All centres meet the target value, despite the target value being raised from ≥ 80% to ≥ 90%.			

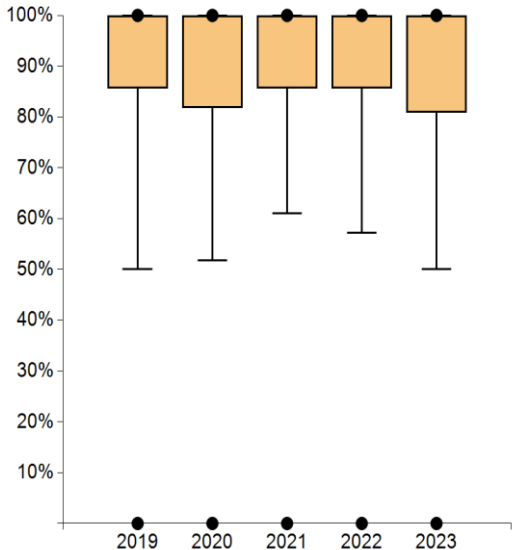
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators

** Percentage of the total number of patients treated in centres according to the indicator.

19. Vulvar cancer: Conduct inguinofemoral staging (GL vulva QI)



Sollvorgabe = target value



		2019	2020	2021	2022	2023
●	Max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	100%	100%	100%	100%	100%
	25 th percentile	85.71%	81.82%	85.71%	85.71%	80.83%
	5 th percentile	50.00%	51.79%	61.00%	57.14%	50.00%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

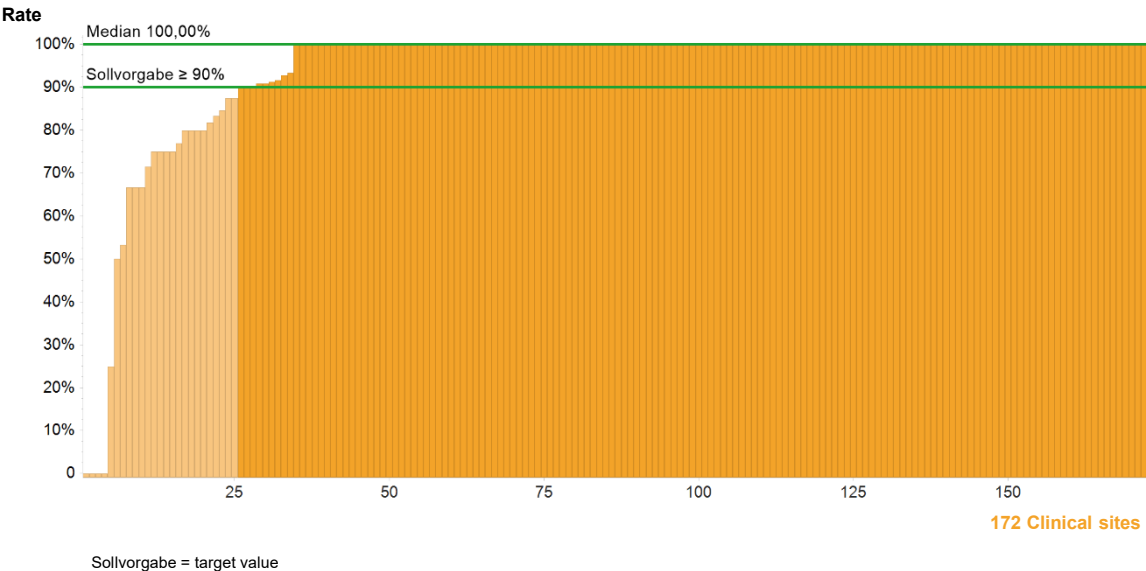
	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with surgical staging (systematic lymphadenectomy and sentinel biopsy) of inguinofemoral lymph nodes	5*	0 - 32	1161
Denominator	Primary cases vulvar cancer ≥ pT1b (no basal cell carcinoma and no verrucous carcinoma)	6*	1 - 32	1288
Rate	Target value ≥ 90%	100%	0.00% - 100%	90.14%**

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
182	97.85%	120	65.93%

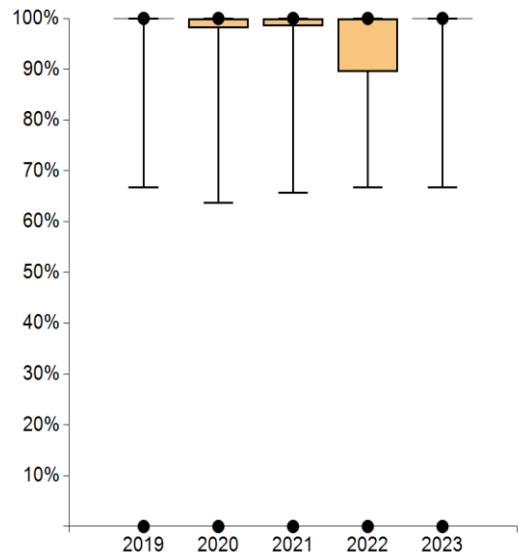
Comments:
182 of the centres treated primary cases from the specified population in the indicator year under review. The target value was met in 120 of the 182 centres (66%). In the previous indicator year, the target value for this indicator was still ≥ 80%. The reasons given for falling short of the target value were, in particular, the age (23x) of the patient or comorbidities (28x) and refusal by the patient (17x).

*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
** Percentage of the total number of patients treated in centres according to the indicator.

20. Vulvar cancer: Sentinel lymph nodes biopsy (GL vulva QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with the described characteristics with sentinel surgery performed (def. see indicator sheet)	4*	0 - 33	840
Denominator	Primary cases vulvar cancer and sentinel lymph node biopsy.	4*	1 - 36	902
Rate	Target value ≥ 90%	100%	0.00% - 100%	93.13%* *



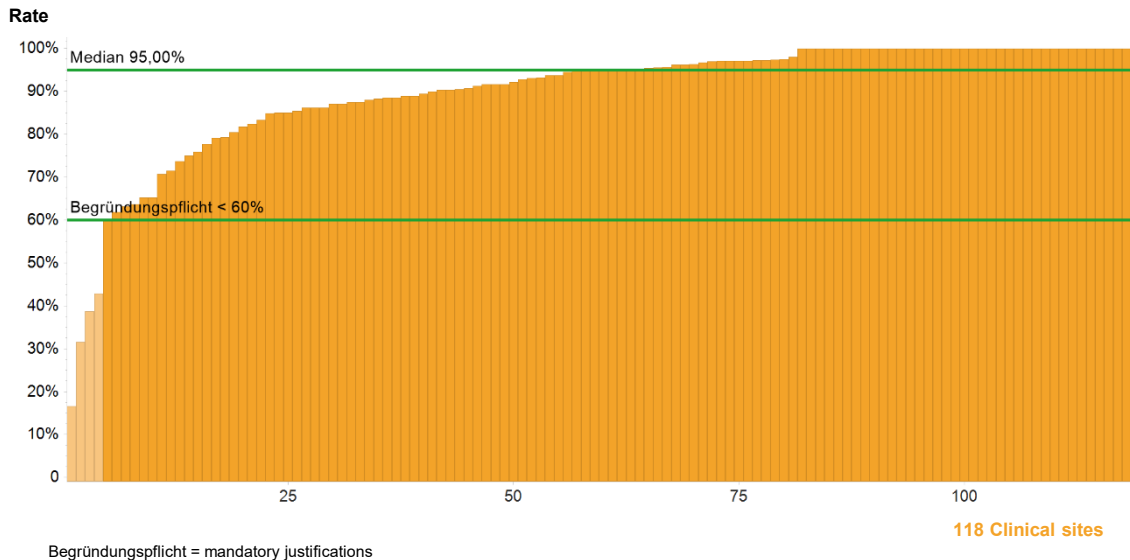
		2019	2020	2021	2022	2023
●	Max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	100%	100%	100%	100%	100%
	25 th percentile	100%	98.08%	98.47%	89.45%	100%
	5 th percentile	66.67%	63.64%	65.67%	66.67%	66.67%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
172	92.47%	147	85.47%

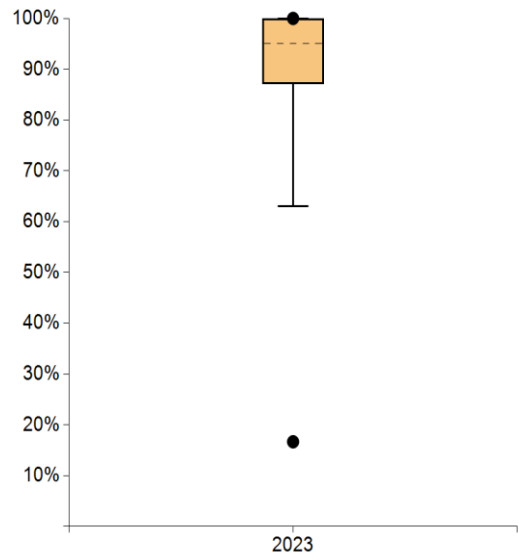
Comments:
No primary cases of vulvar cancer were treated at 14 clinical sites. Of the remaining 172, 147 (86%) met the target value. 25 centres fell short of the target value, primarily due to discrepancies between the initial clinical size/lymph node situation and unifocality compared to the intraoperative clinical picture or postoperatively (13x). It was also stated (7x) that sentinel lymph node biopsy was chosen instead of lymph node resection due to existing comorbidities/age/patient preference. The reasons given by the centres were considered plausible and comprehensible in the audits. No deviations were reported.

*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
** Percentage of the total number of patients treated in centres according to the indicator.

21. Endometrial cancer: Immunohistochemical determination of p53 and the MMR proteins (GL Endo QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with immunohistochemical determination of p53 and the MMR proteins	25*	2 - 78	3222
Denominator	Primary cases with histologically confirmed diagnosis of endometrial cancer (incl. M1)	28*	3 - 78	3579
Rate	Mandatory justifications *** < 60%	95.00%	16.67% - 100%	90.03%* *



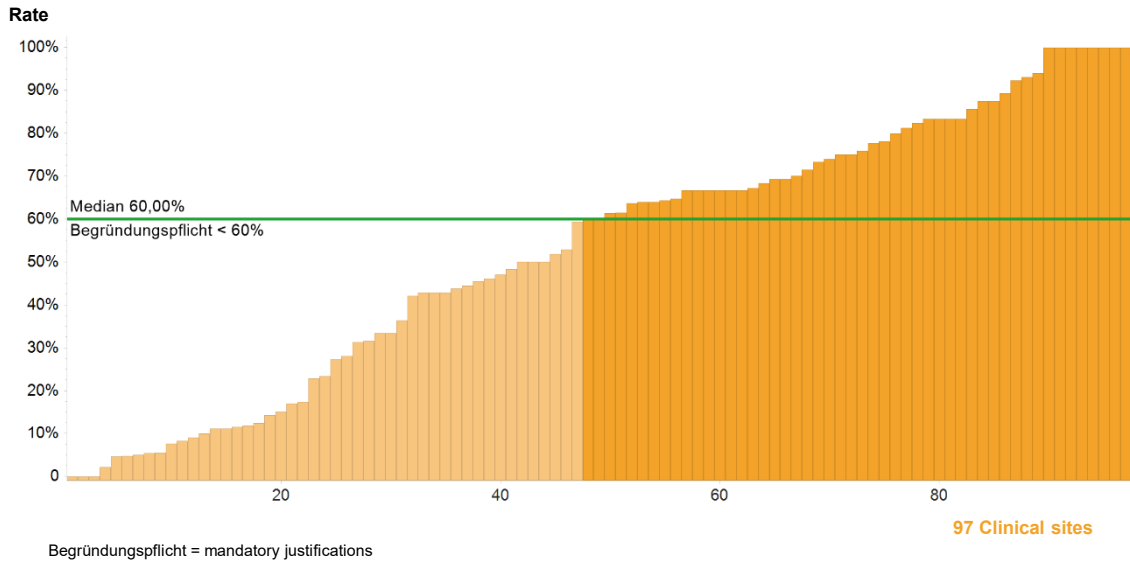
	2019	2020	2021	2022	2023
Max	----	----	----	----	100%
95 th percentile	----	----	----	----	100%
75 th percentile	----	----	----	----	100%
Median	----	----	----	----	95.00%
25 th percentile	----	----	----	----	87.06%
5 th percentile	----	----	----	----	62.97%
Min	----	----	----	----	16.67%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
118	63.44%	114	96.61%

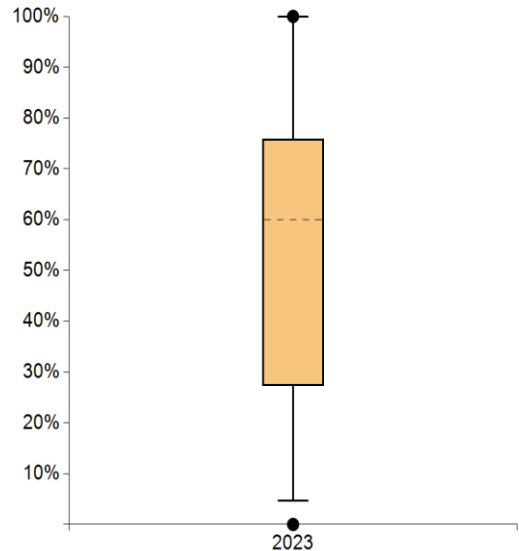
Comments:
The indicator 'Immunohistochemical determination of p53 and MMR proteins' in primary cases with histologically confirmed diagnosis of endometrial cancer corresponds to QI 5 of S3-GL Endometrial Cancer and was collected for the first time in the indicator year 2023 and is therefore still optional. Evaluable data for this indicator is already available from 118 clinical sites. 114 (approx. 97%) are already above the specified rate in the first year of recording, which requires justification. Four centres justified the shortfall with conversion processes in data collection.

*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
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

22. Endometrial cancer: POLE examination (GL Endo QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with POLE investigation	9*	0 - 62	1135
Denominator	Primary cases of endometrial cancer >pT1a u./o. G3 u./o. p53-abn u./o. LVSI pos. u./o. MSI/MMR pos. or first diagnosis of type 2-Endometrial cancer (serous, clear cell, cancer sarcoma) (ICD-0: 8380/3, 8441/3, 8310/3, 8020/3, 8323/3, 9110/3, 8070/3, 8144/3, 9111/3, 8980/3)	21*	4 - 66	2188
Rate	Mandatory justifications *** < 60%	60.00%	0.00% - 100%	51.87%**

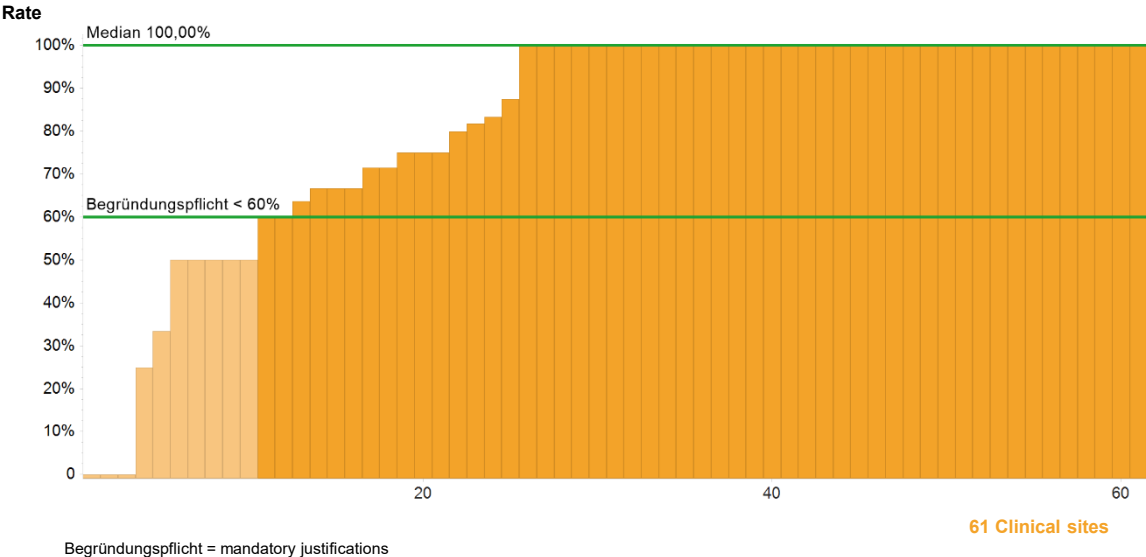


		2019	2020	2021	2022	2023
●	Max	----	----	----	----	100%
	95 th percentile	----	----	----	----	100%
	75 th percentile	----	----	----	----	75.86%
	Median	----	----	----	----	60.00%
	25 th percentile	----	----	----	----	27.27%
	5 th percentile	----	----	----	----	4.74%
●	Min	----	----	----	----	0.00%

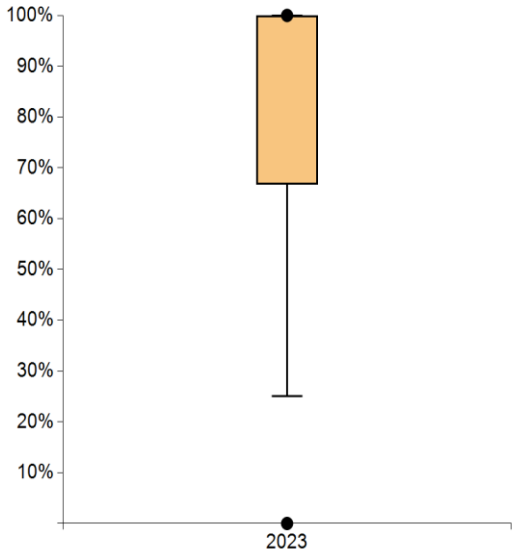
Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
97	52.15%	50	51.55%
Comments: The indicator "POLE test" also originates from the S3-GL endometrial cancer guidelines and was collected for the first time (and therefore optional) in the certified GC in the indicator year 2023. Evaluable data was available from 97 clinical sites. The median is 60% with a range of 0-100%. The reasons given included that the examination was not performed in patients for whom adjuvant therapy would not have been considered due to the patient's wishes, existing comorbidities or limited general condition. Further reasons were tests in pathology that were only established during the course of the year.			

*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
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

23. Endometrial cancer: post-operative vaginal brachytherapy alone (GL Endo QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with post-operative brachytherapy alone vaginal brachytherapy	3*	0 - 21	209
Denominator	Primary cases of endometrial cancer stage pT1b, G1 or G2 pNX/0, p53-wt, L1CAM negative, without extensive LVSI, M0 with surgery	3*	1 - 21	257
Rate	Mandatory justifications *** < 60%	100%	0,00% - 100%	81.32%* *

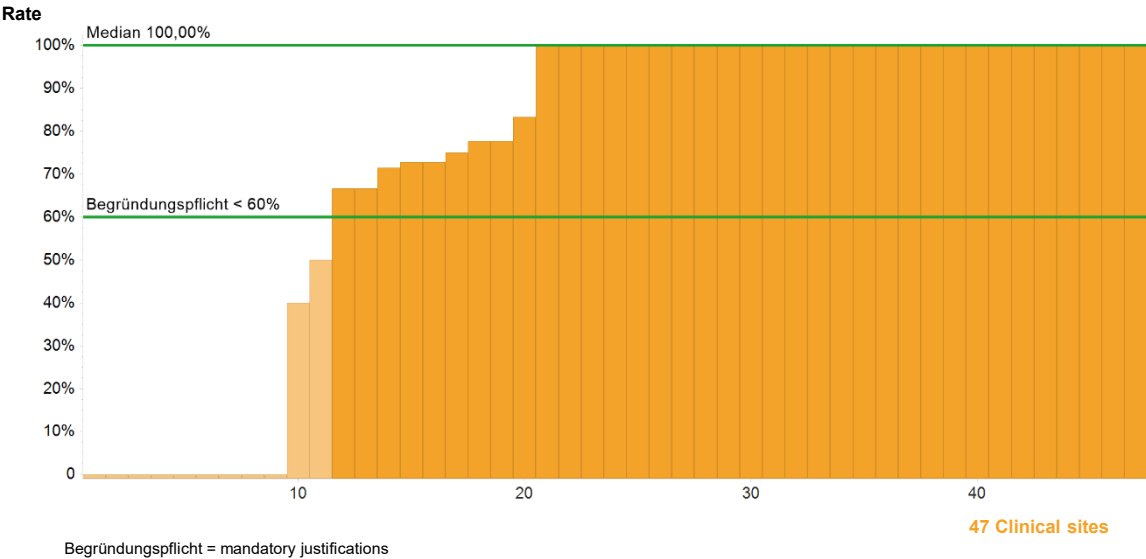


		2019	2020	2021	2022	2023
●	Max	----	----	----	----	100%
	95 th percentile	----	----	----	----	100%
	75 th percentile	----	----	----	----	100%
	Median	----	----	----	----	100%
	25 th percentile	----	----	----	----	66.67%
	5 th percentile	----	----	----	----	25.00%
●	Min	----	----	----	----	0.00%

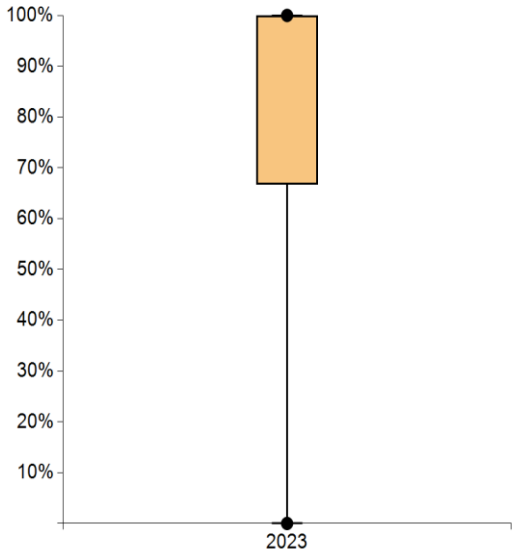
Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
61	32.80%	51	83.61%
Comments: The indicator for 'postoperative vaginal brachytherapy alone' corresponds to the QI of the same name in the S3-Guideline Endometrial Cancer and was collected for the first time (optionally) in the indicator year. Data could be evaluated from 61 of the 186 certified clinical sites. The results from 51 of the 61 sites exceeded the mandatory statement of reasons. The median was 3 cases per clinical site.			

*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
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

24. Endometrial cancer: percutaneous radiotherapy with simultaneous chemotherapy (PORTEC3 regimen) (GL Endo QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with simultaneous chemotherapy (PORTEC 3 regimen)	1*	0 - 11	108
Denominator	Primary cases with endometrioid (morphology code: 8380/3) endometrial cancer pT1b or pT2, p53-abn, POLE-wt M0 and percutaneous radiotherapy	2*	1 - 11	139
Rate	Mandatory justifications *** < 60%	100%	0.00% - 100%	77.70%* *



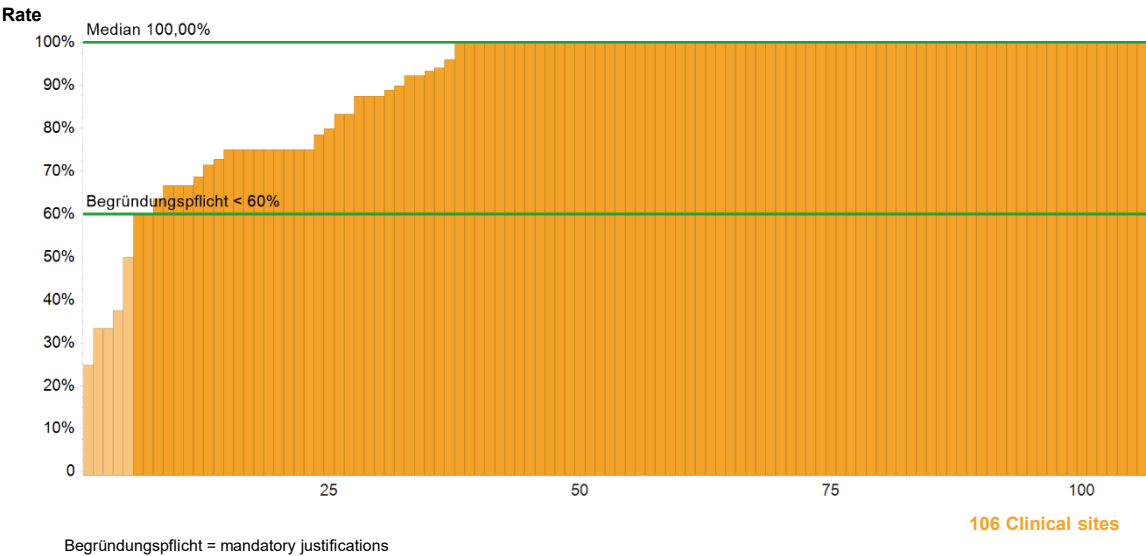
		2019	2020	2021	2022	2023
●	Max	----	----	----	----	100%
	95 th percentile	----	----	----	----	100%
	75 th percentile	----	----	----	----	100%
	Median	----	----	----	----	100%
	25 th percentile	----	----	----	----	66.67%
	5 th percentile	----	----	----	----	0.00%
●	Min	----	----	----	----	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
47	25.27%	36	76.60%

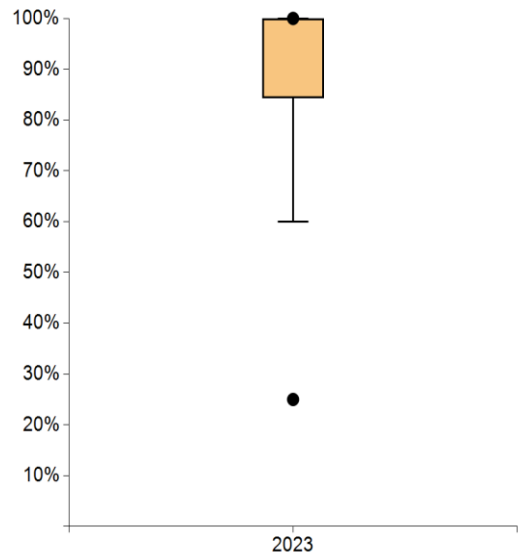
Comments:
The indicator corresponding to QI 8 of S3-GL Endometrial Cancer was collected for the first time and is therefore still optional. Evaluable data on this indicator was available from 47 of the 186 certified clinical sites. In addition to information that implementation steps for data collection are being taken, reasons given for rates < 60% included refusal of chemotherapy and/or radiotherapy by the patient, severe renal impairment and other comorbidities.

*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
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

25. Endometrial cancer: adjuvant chemotherapy with carboplatin and paclitaxel (GL Endo QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with chemotherapy with carboplatin and paclitaxel	3*	1 - 24	480
Denominator	Primary cases with endometrial cancer and adjuvant chemotherapy (without M1)	4*	1 - 25	543
Rate	Mandatory justifications *** < 60%	100%	25.00% - 100%	88.40%* *

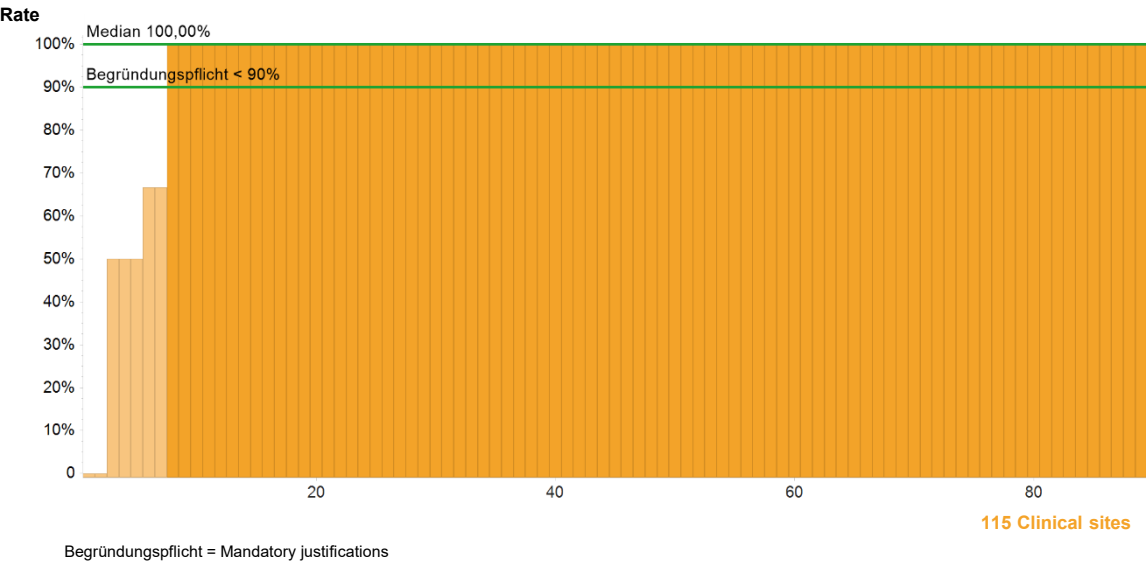


	2019	2020	2021	2022	2023
Max	----	----	----	----	100%
95 th percentile	----	----	----	----	100%
75 th percentile	----	----	----	----	100%
Median	----	----	----	----	100%
25 th percentile	----	----	----	----	84.37%
5 th percentile	----	----	----	----	60.00%
Min	----	----	----	----	25.00%

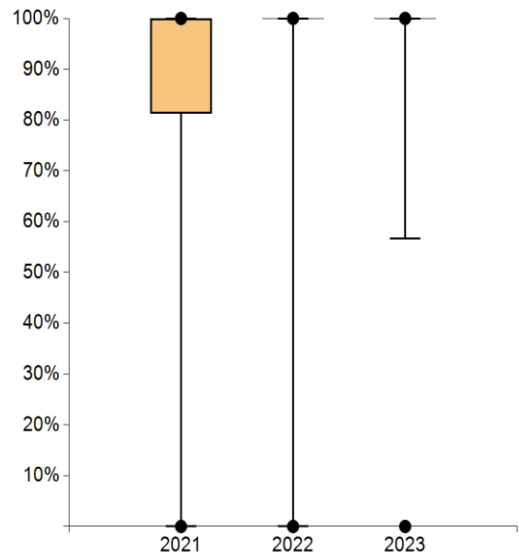
Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
106	56.99%	101	95.28%
Comments: Of the 186 certified clinical sites, 106 provided evaluable data for the newly introduced indicator (therefore still optional) for the indicator year under review. Approximately 95% of the evaluable sites are above the rate at which a mandatory statement of reasons applies. Five centres with small denominators (median n= 4 patients) were required to provide a statement of reasons and stated that monotherapy was used in FIGO IC G3 or due to age and/or existing comorbidities, that therapy was planned but not yet carried out, or that adjuvant chemotherapy had been refused by the patient.			

*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
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

26a. Hysterectomy without morcellement for sarcoma confined to the uterus (in the centre) (GL Sarkom QI) Certification



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with hysterectomy without morcellement	1*	0 - 7	168
Denominator	Primary cases operated on at the centre with sarcoma confined to the uterus (ICD-O T C54, C55 iVm morphology codes 8930/3 and 8931/3), M0 with hysterectomy	2*	1 - 7	176
Rate	Mandatory justifications *** < 90%	100%	0.00% - 100%	95.45%**

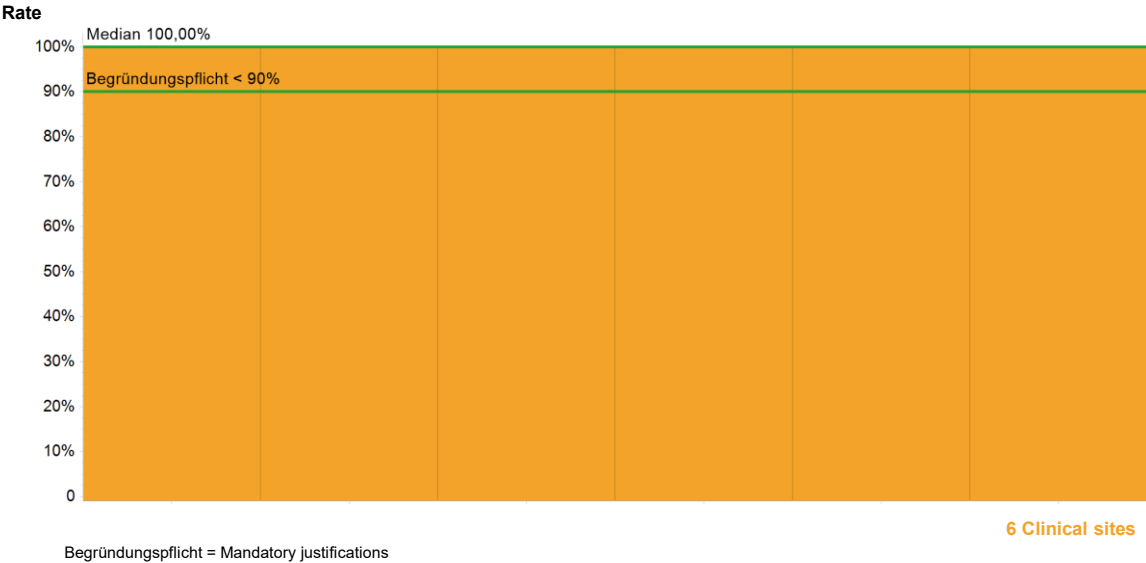


		2019	2020	2021	2022	2023
●	Max	----	----	100%	100%	100%
	95 th percentile	----	----	100%	100%	100%
	75 th percentile	----	----	100%	100%	100%
	Median	----	----	100%	100%	100%
	25 th percentile	----	----	81,25%	100%	100%
	5 th percentile	----	----	0.00%	0.00%	56,67%
●	Min	----	----	0.00%	0.00%	0.00%

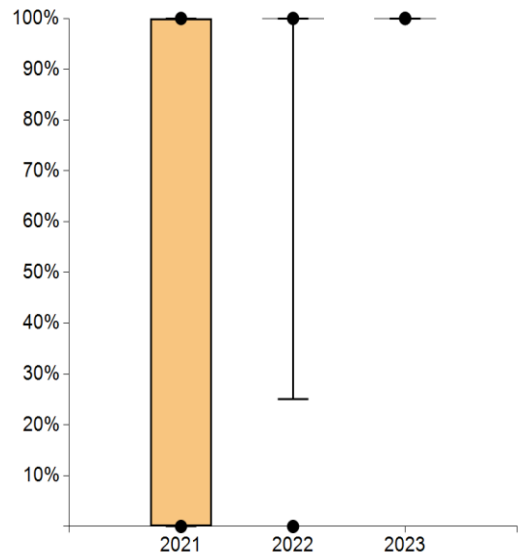
Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
89	47.85%	82	92.13%
Comments: At 89 of the 186 certified clinical sites, patients with sarcoma confined to the uterus were treated in the indicator year under review. The indicator continues to show a good level of compliance: at 82 of 89 clinical sites, all primary cases operated on at the centre due to sarcoma were hysterectomised without morcellation, without exception. At the centres subject to mandatory statement of reasons (n= 7), morcellation was performed in a total of 8 patients with sarcoma confined to the uterus.			

*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
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

26b. Hysterectomy without morcellement for sarcoma confined to the uterus (outside the centre) (GL Sarkom QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with hysterectomy without morcellement	1*	1 - 3	9
Denominator	Primary cases operated on outside the centre with sarcoma confined to the uterus (ICD-O T C54, C55 iVm morphology codes 8930/3 and 8931/3), M0 with hysterectomy	1*	1 - 3	9
Rate	Mandatory justifications *** < 90%	100%	100% - 100%	100%**



		2019	2020	2021	2022	2023
●	Max	----	----	100%	100%	100%
	95 th percentile	----	----	100%	100%	100%
	75 th percentile	----	----	100%	100%	100%
	Median	----	----	100%	100%	100%
	25 th percentile	----	----	0.00%	100%	100%
	5 th percentile	----	----	0.00%	25.00%	100%
●	Min	----	----	0.00%	0.00%	100%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
6	3.23%	6	100.00%

Comments:
At 180 of the 186 certified sites, no primary case met the criteria of the denominator. At the other 6 clinical sites, hysterectomy was performed outside the centre in all patients with sarcoma confined to the uterus without morcellation (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
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility corridor, centres have to give an explanation.

WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)



Find out more on www.krebsgesellschaft.de

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