



Indicator Analysis 2025

Annual Report of the Certified Centre for Haematological Neoplasms

Audit year 2024 / Indicator year 2023

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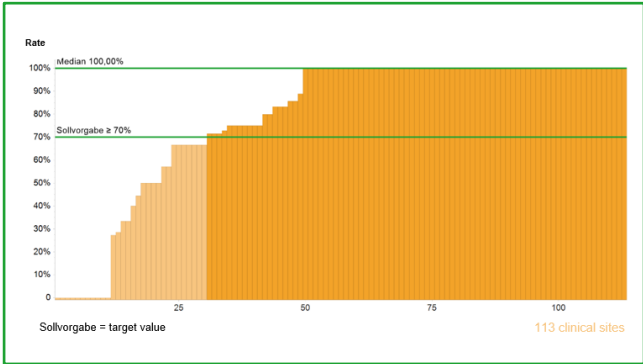
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General Information

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Indicator No. 9: Social service counselling.....
Indicator No. 10: Patients enrolled in a study.
Indicator No. 11: Interim PET/CT for advanced Hodgkin's lymphoma (GL QI Hodgkin)
Indicator No. 12: BEACOPP escalates in advanced Hodgkin's lymphoma (GL QI Hodgkin)

	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with BEACOPP escalated	2*	0 - 14	301
Denominator	Primary cases of Hodgkin's lymphoma stage III / IV and ≤ 60 years of age	3*	1 - 14	398
Rate	Target value ≥ 70%	100%	0.00% - 100%	75.63%**



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 *

The quality indicators (QIs) refer to version 1.0 of the S3-GL for the diagnosis, treatment and follow-up of patients with CLL and to version 3.2 of the S3-GL for the diagnosis, treatment and follow-up of Hodgkin lymphoma in adult patients.

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.

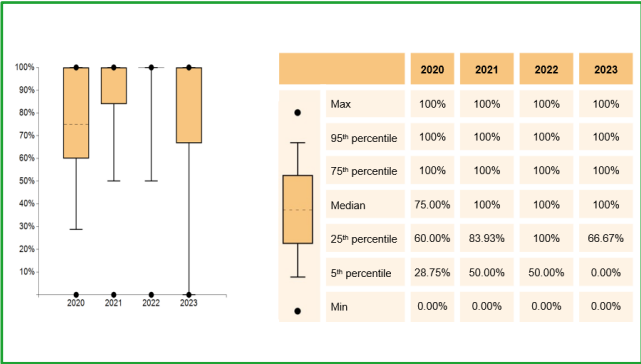
The column **Patients Total** displays the total of all patients treated according to the indicator and the corresponding quota.

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.

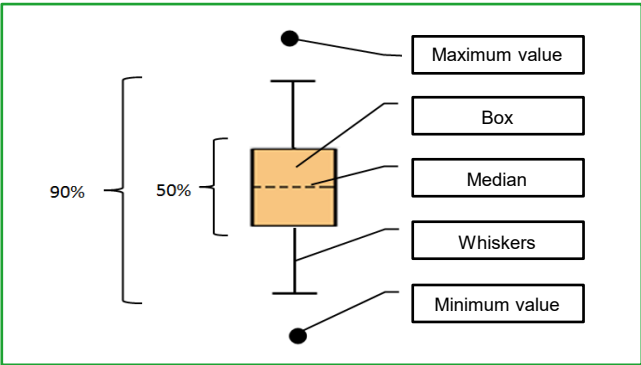
*For further information on the methodological approach see „Development of guideline-based quality indicators” (https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Methodik/QIEP_OL_Version2_english.pdf)

General Information



Cohort development:

The **Cohort development** in the years **2020**, **2021**, **2022** and **2023** is presented in a box plot diagram.



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 cover 90% of the centres. The extreme values are depicted here as dots.

Status of the certification system for Haematological Neoplasms 2024

	31.12.2024	31.12.2023	31.12.2022	31.12.2021
Ongoing certification procedures	8	12	20	19
Certified centres	137	119	100	73
Certified clinical sites	139	121	102	73

Clinical sites taken into account

	31.12.2024	31.12.2023	31.12.2022	31.12.2021
Sites included in the Annual Report	129	117	86	53
Correspond to	92.8%	96.7%	84.31%	72.6%
Primary cases total*	22,624	20,493	16,173	9,725
Primary cases per site (mean)*	175,4	175,2	188,1	183,5
Primary cases per site (median)*	142	142	153	153

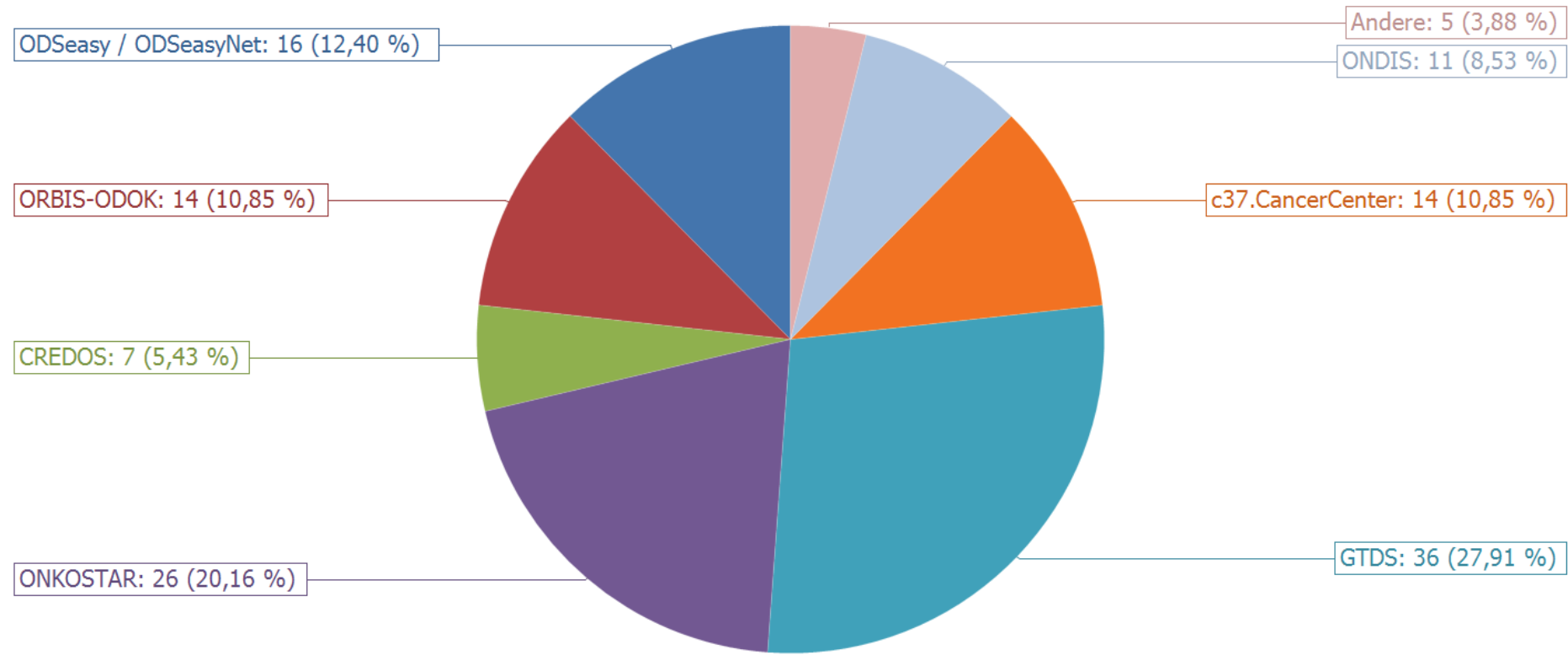
* The figures refer to all certified centres in the Annual Report.

This Annual Report looks at the centres for Haematological Neoplasms certified in the certification system of the German Cancer Society of the audit year 2024. The basis for the diagrams in the Annual Report is the Data Sheet.

The Annual Report includes 129 of the 139 certified centre sites. This does not include 10 centres that were certified for the first time in 2024 (full calendar year data not mandatory for first-time certifications).
A total of 23,516 patient cases were treated at all 139 centres. A current overview of all certified sites is shown at www.oncomap.de.

The indicators published here refer to the indicator year 2023. They are the assessment basis for the audits conducted in 2024.

Tumour documentation systems in the centre's clinical sites

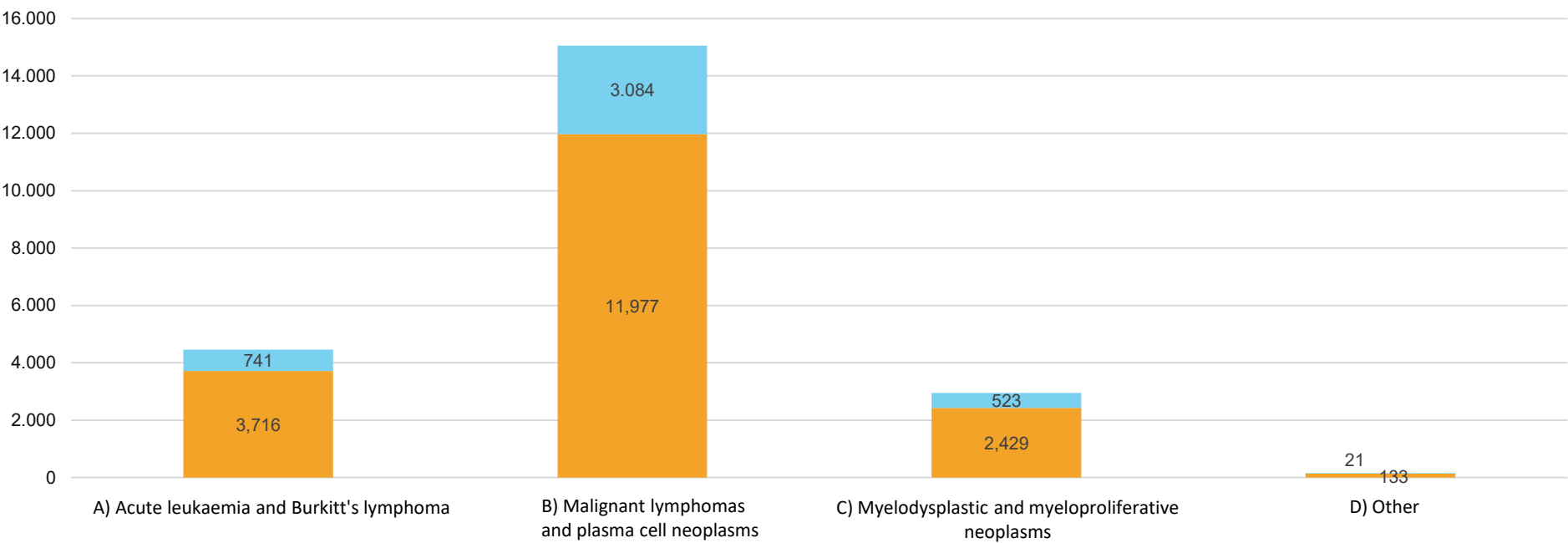


Andere = other
KIS-Erweiterung = KIS enlargement

Legend:	
Other	Systems only used at one clinical site

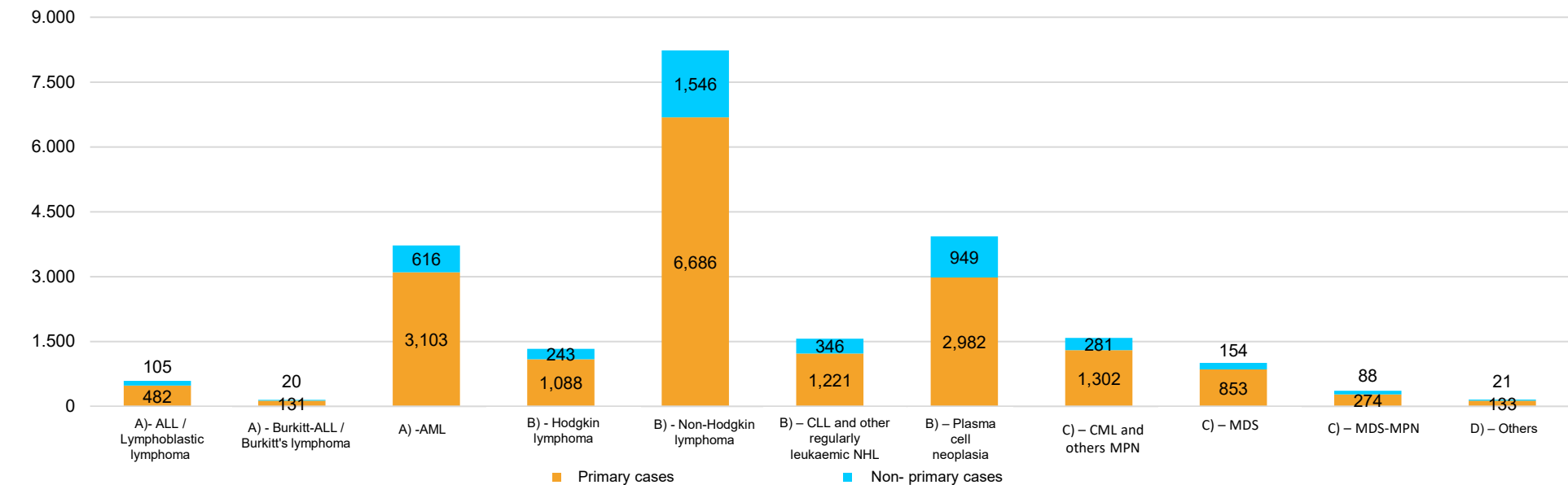
The details on the tumour documentation system was taken from the Data Sheet (Basic Data Sheet). It is not possible to use more than one system. In many cases, support is provided by the cancer registries or there may be a direct link to the cancer registry via a specific tumour documentation system.

Basic data - distribution of patient cases and primary cases of haematological neoplasms



	Patient cases	Thereof primary cases	Thereof patients who are not primary cases and present to the centre for the first time
A) Acute leukaemia and Burkitt's lymphoma	4,457 (19.70%)	3,716 (20.36%)	741 (16.96%)
B) Malignant lymphomas and plasma cell neoplasms	15,061 (66.57%)	11,977 (65.61%)	3,084 (70.59%)
C) Myelodysplastic and myeloproliferative neoplasms	2,952 (13.05%)	2,429 (13.31%)	523 (11.97%)
D) Others	154 (0.68%)	133 (0.73%)	21 (0.48%)
Total	22,624 (100%)	18,255 (100%)	4,369 (100%)

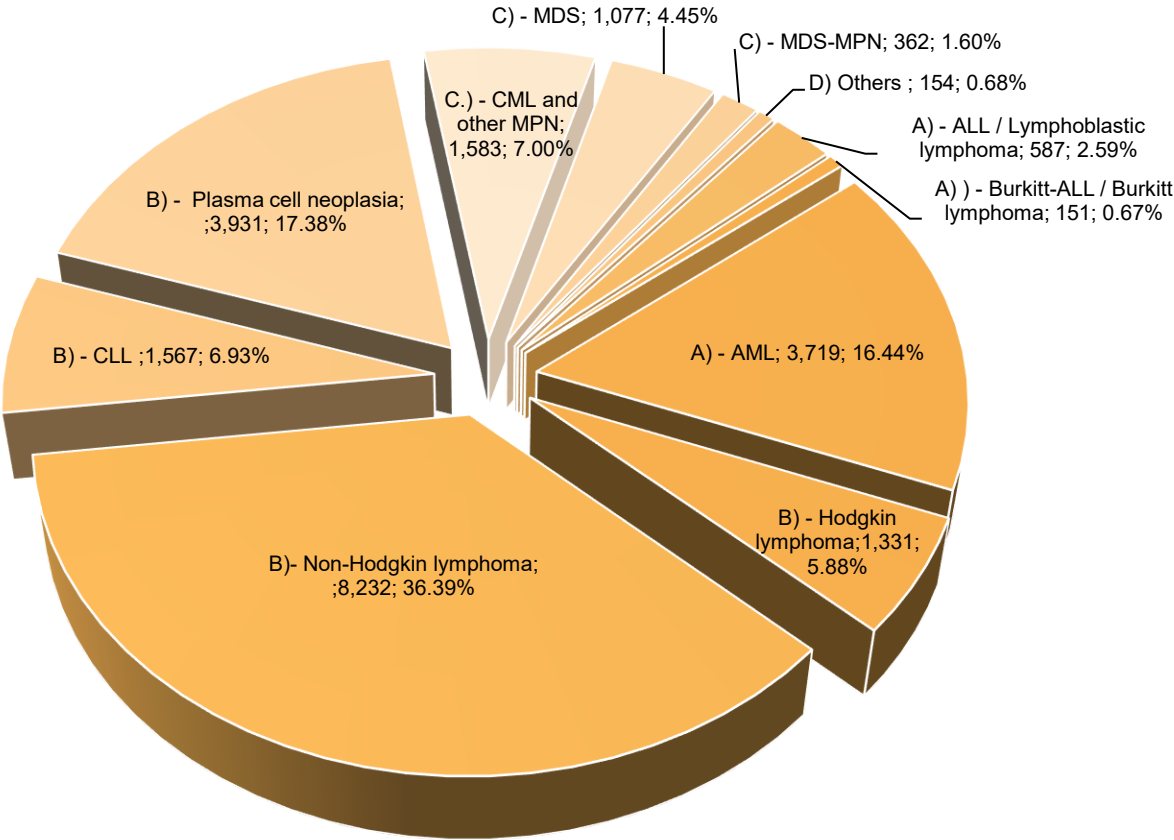
Basic data - distribution of patient cases and primary cases of haematological neoplasms



	A) Acute leukaemia and Burkitt's lymphoma			B) Malignant lymphomas and plasma cell neoplasia				C) Myelodysplastic and myeloproliferative neoplasms			D) Other	Total
	ALL / Lymphoblastic lymphoma	Burkitt-ALL / Burkitt's lymphoma	AML	Hodgkin lymphoma	Non-Hodgkin lymphoma	CLL	Plasma cell neoplasia	CML and others MPN	MDS	MDS-MPN	Other	
Patient cases	587 (2.59%)	151 (0.67%)	3,719 (16.44%)	1,331 (5.88%)	8,232 (36.39%)	1,567 (6.93%)	3,931 (17.38%)	1,583 (7.00%)	1,007 (4.45%)	362 (1.60%)	154 (0.68%)	22,624 (100%)
Thereof primary cases	482 (2.64%)	131 (0.72%)	3,103 (17.00%)	1,088 (5.96%)	6,686 (36.63%)	1,221 (6.69%)	2,982 (16.34%)	1,302 (7.13%)	853 (4.67%)	274 (1.50%)	133 (0.73%)	18,255 (100%)
Thereof patients who are not primary cases and present to the centre for the first time	105 (2.40%)	20 (0.46%)	616 (14.10%)	243 (5.56%)	1,546 (35.39%)	346 (7.92%)	949 (21.72%)	281 (6.43%)	154 (3.52%)	88 (2.01%)	21 (0.48%)	4,369 (100%)

Basic data - distribution of patient cases and primary cases of haematological neoplasms

Patient cases

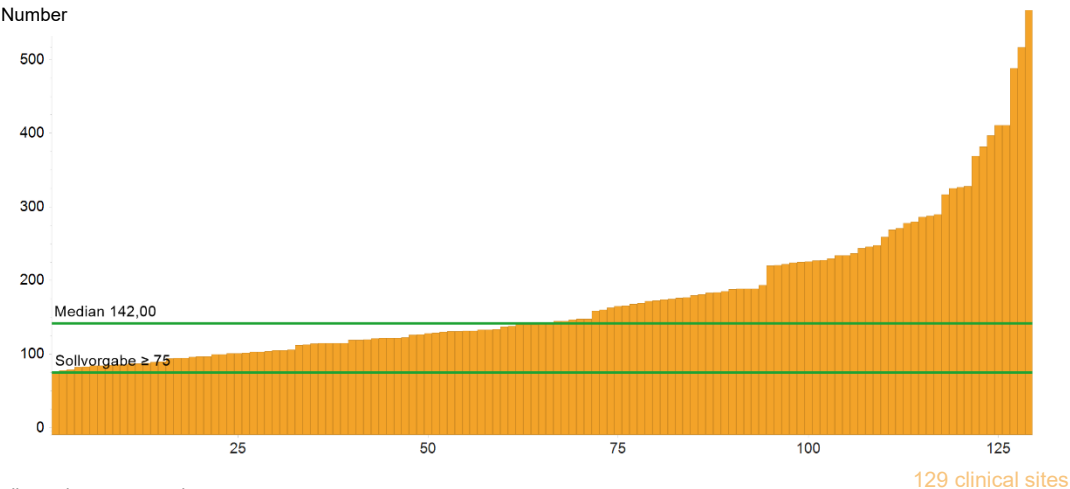


	Patient cases
A) - ALL / Lymphoblastic lymphoma	587 (2.59%)
A) - Burkitt-ALL / Burkitt lymphoma	151 (0.67%)
A) - AML	3,719 (16.44%)
B) - Hodgkin lymphoma	1,331 (5.88%)
B) - Non-Hodgkin lymphoma	8,232 (36.39%)
B) - CLL	1,567 (6.93%)
B) - Plasma cell neoplasia	3,931 (17.38%)
C) - CML and other MPN	1,583 (7.00%)
C) - MDS	1,007 (4.45%)
C) - MDS-MPN	362 (1.60%)
D) Others	154 (0.68%)
Total patient cases	22,624 (100%)

Number of complex block chemotherapy

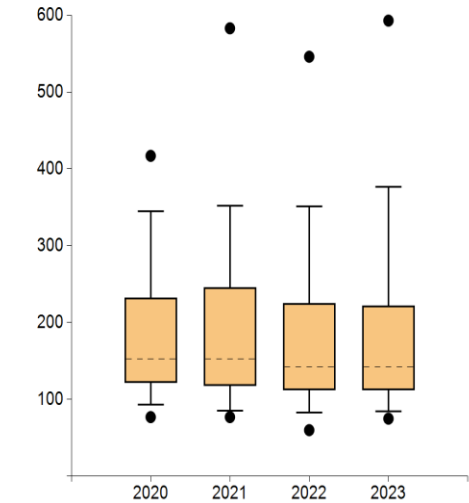
	Total (129 centres)	Median per centre
Number of highly complex and intensive block chemotherapy treatments for the diagnoses listed above (OPS: 8-544)	10,728	36

1. Patient cases



Sollvorgabe = target value

	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Number	Patient cases with a haematological neoplasms (according to CR section. 1.2.1)	142	60 - 546	20493
	Target value ≥ 75			

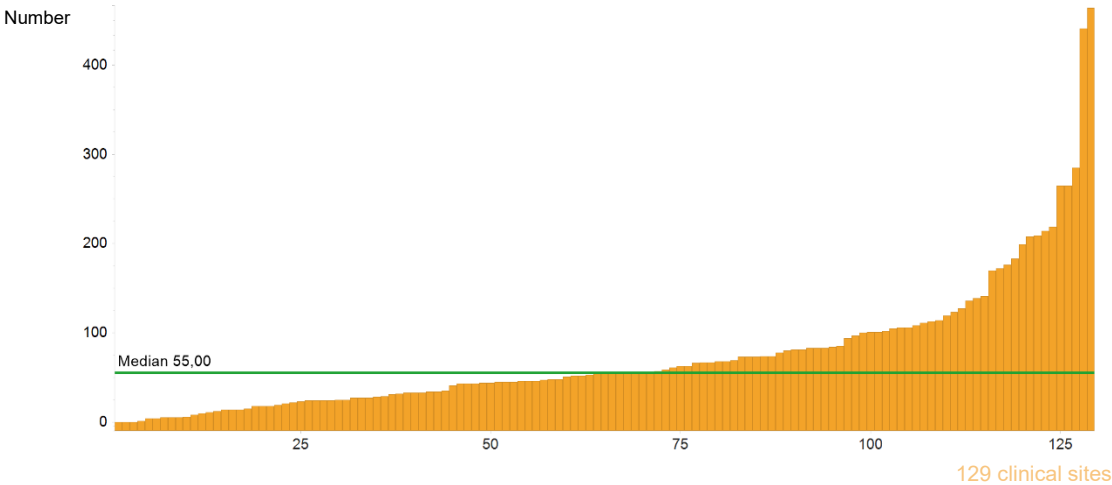


		2020	2021	2022	2023
	Max	417,00	583,00	546,00	593,00
	95 th percentile	345,20	352,25	351,00	376,80
	75 th percentile	232,00	245,25	225,00	222,00
	Median	153,00	153,00	142,00	142,00
	25 th percentile	122,00	118,00	112,00	112,00
	5 th percentile	92,80	85,00	82,80	84,40
	Min	77,00	77,00	60,00	75,00

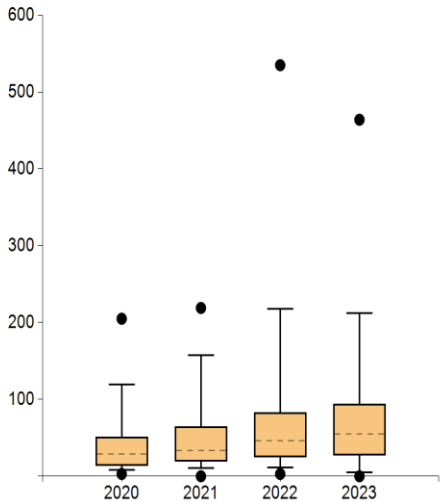
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
129	100.00%	129	100.00%

Comments:
129 clinical sites meet the target value of ≥ 75 patient cases. As in the previous indicator year, the median is 142 patient cases per centre. A continuous increase has been recorded over the years for the 95th percentile and the maximum value. Compared with the previous indicator year, there was an increase in patient cases of 9.4%, with a simultaneous increase of 9.3% in the centres included in the annual report. The distribution across the different haematological neoplasms (slide no. 9) has not changed significantly compared with the previous year.

2. Number of complex diagnostics for myeloid and lymphatic neoplasms



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Number	Number of complex diagnostics for myeloid and lymphatic neoplasms (procedures analogous to *OPS: 1-941)	55	0 - 464	9569
	No target value			



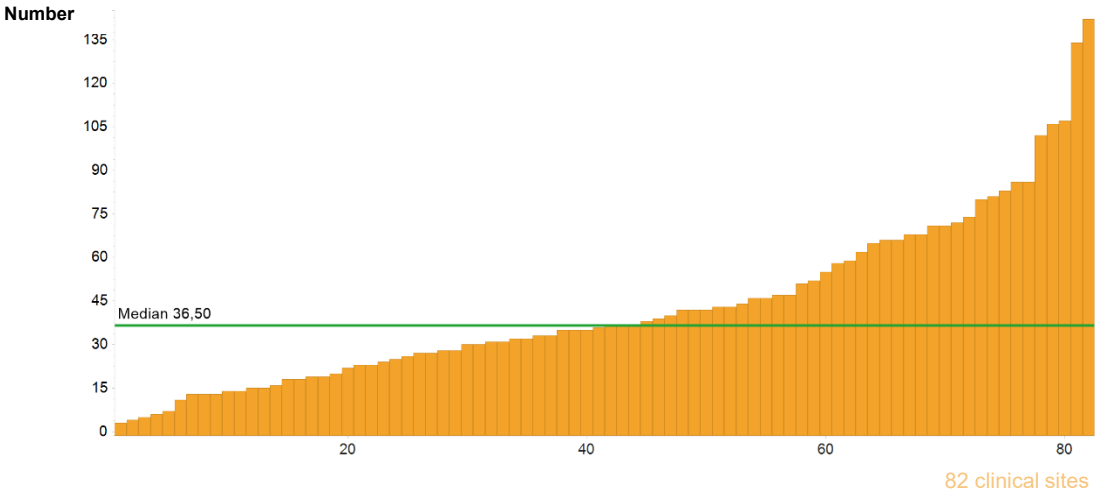
		2020	2021	2022	2023
	Max	205,00	219,00	535,00	464,00
	95 th percentile	119,20	157,50	218,00	212,00
	75 th percentile	51,00	64,75	82,50	94,00
	Median	29,00	33,50	46,00	55,00
	25 th percentile	14,00	19,25	24,75	27,00
	5 th percentile	8,60	10,25	11,25	5,00
	Min	3,00	0,00	3,00	0,00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
129	100.00%	----	----

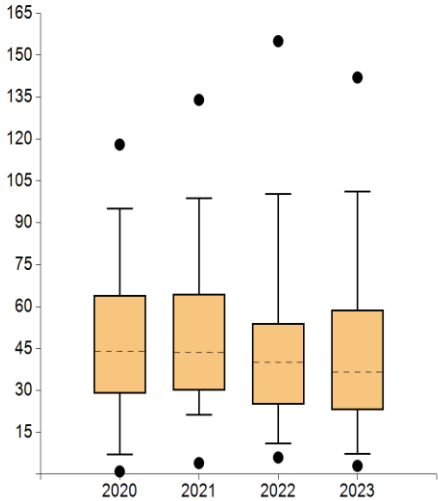
Comments:
The number of complex diagnostics for myeloid and lymphatic neoplasms (OPS: 1-941) continues to rise, from 8,195 in the previous indicator year to 9,569 (+14.4%). The median has risen continuously over the years under review. The indicator currently has no target value or plausibility limit.

*OPS-Code 1-941 correspondance to OPS complex diagnostics: Complex diagnostics for myeloid and lymphatic neoplasms

3. Autologous stem cell transplantation



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Number	Autologous stem cell transplantation (*OPS: 5-411.0, 8-805.0) (performed at the centre)	36,5	3 - 142	3524
	No target value			



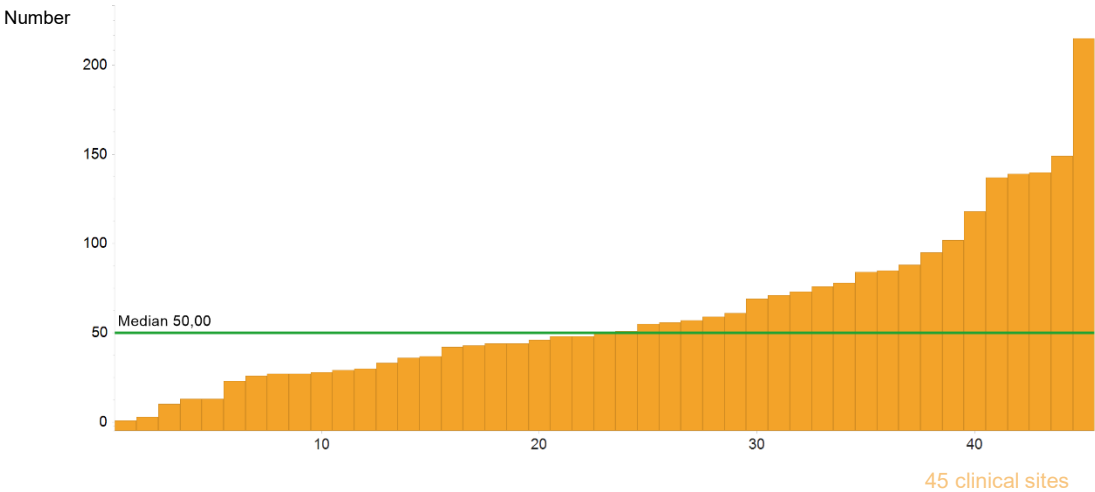
	2020	2021	2022	2023
Max	118,00	134,00	155,00	142,00
95 th percentile	95,00	98,70	100,20	101,20
75 th percentile	64,00	64,50	54,00	58,75
Median	44,00	43,50	40,00	36,50
25 th percentile	29,00	30,00	25,00	23,00
5 th percentile	7,00	21,25	11,00	7,20
Min	1,00	4,00	6,00	3,00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
82	63.57%	-----	-----

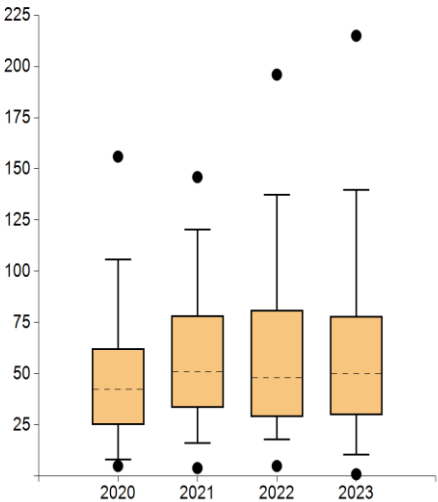
Comments:
82 of the 129 centres (approximately 64%) performed autologous stem cell transplants at their own clinical sites (previous year: 77). A total of 3,524 autologous stem cell transplants were documented in the indicator year under review (previous indicator year: 3,555). Five centres performed fewer than 10 autologous stem cell transplants.

*OPS code 5-411.0 correspondance to OPS Surgery on the spleen and bone marrow: Transplantation of haematopoietic stem cells from the bone marrow: Autogenous, OPS-Code 8-805.5 correspondance to OPS Transfusion of blood cells: Transfusion of peripherally derived haematopoietic stem cells: Allogeneic, HLA-identical, unrelated donor

4. Allogeneic stem cell transplantation



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Number	Allogeneic stem cell transplantation (OPS: 5-411.2, 5-411.3, 5-411.4, 5-411.5, 8-805.2, 8-805.3, 8-805.4 or 8-805.5*) (performed at the centre location)	50	1 - 215	2759
	No target value			



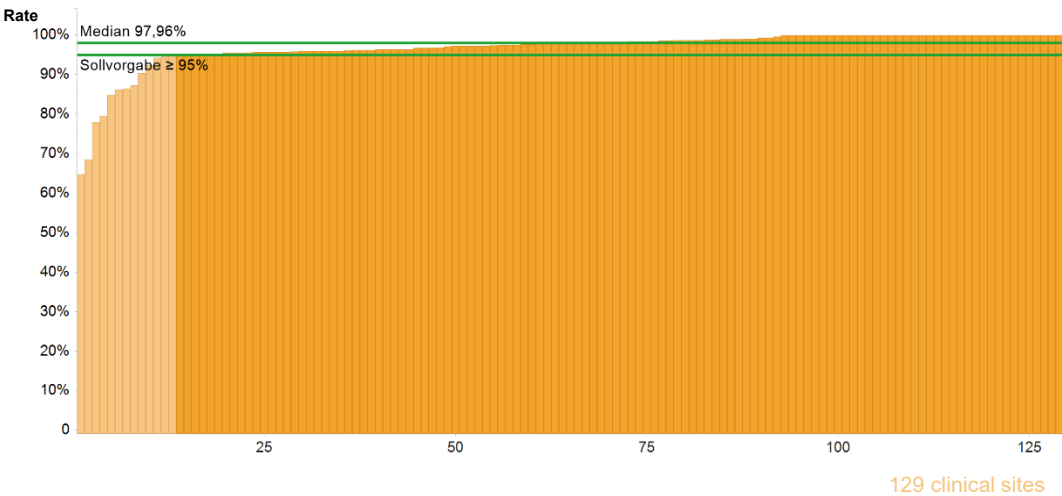
	2020	2021	2022	2023
Max	156,00	146,00	196,00	215,00
95 th percentile	105,75	120,30	137,20	139,80
75 th percentile	62,25	78,50	81,00	78,00
Median	42,50	51,00	48,00	50,00
25 th percentile	25,00	33,50	29,00	30,00
5 th percentile	8,00	16,10	18,10	10,60
Min	5,00	4,00	5,00	1,00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
45	34.88%	-----	-----

Comments:
45 of the 129 clinical sites also perform allogenic transplants (corresponding to approx. 35%; previous indicator year: 37%). There is no target value for this indicator. The G-BA has set a minimum annual volume of 40 allogenic stem cell transplants. In the calendar years 2023 and 2024, a minimum volume of 25 procedures per clinical site will apply on a transitional basis. In the indicator year 2023, the number of allogenic stem cell transplants was < 40 at 15 clinical sites and < 25 at 6 sites (n = 1 – 37 transplants).

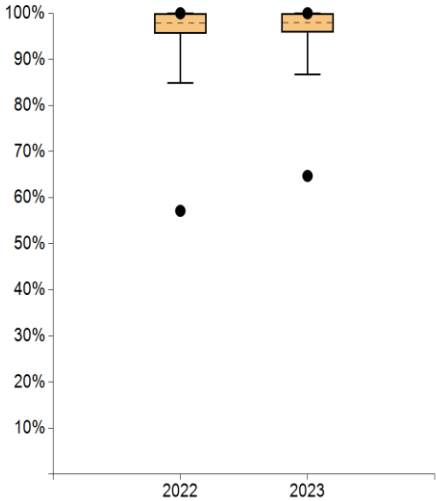
*OPS-Code 5-411.2 correspondance to OPS Surgery on the spleen and bone marrow: Transplantation of haematopoietic stem cells from bone marrow: allogeneic, non-HLA-identical, related donor, OPS-Code 5-411.3 correspondance to OPS Surgery on the spleen and bone marrow: Transplantation of haematopoietic stem cells from bone marrow: allogeneic, non-HLA-identical, unrelated donor
OPS-Code 5-411.4 correspondance to OPS Surgery on the spleen and bone marrow: Transplantation of haematopoietic stem cells from bone marrow: allogeneic, HLA-identical, related donor, OPS-Code 5-411.5 correspondance to OPS Surgery on the spleen and bone marrow: Transplantation of haematopoietic stem cells from bone marrow: allogeneic, HLA-identical, unrelated donor
OPS-Code 8-805.2 correspondance to OPS Transfusion of blood cells: Transfusion of peripherally derived haematopoietic stem cells: Allogeneic, non-HLA-identical, related donor, OPS-Code 8-805.3 correspondance to OPS Transfusion of blood cells: Transfusion of peripherally derived haematopoietic stem cells: Allogeneic, non-HLA-identical, unrelated donor, OPS-Code 8-805.4 correspondance to OPS Transfusion of blood cells: Transfusion of peripherally derived haematopoietic stem cells: Allogeneic, HLA-identical, related donor, OPS-Code 8-805.5 correspondance to OPS Transfusion of blood cells: Transfusion of peripherally derived haematopoietic stem cells: Allogeneic, HLA-identical, unrelated donor

5a. Presentation tumour board (primary cases)



Sollvorgabe = target value

	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator that were presented pre-therapeutically at the tumour board	70*	22 - 222	10554
Denominator	Primary cases with Hodgkin's lymphoma, non-Hodgkin's lymphoma, Burkitt's ALL, Burkitt's lymphoma or plasma cell neoplasia	73*	25 - 223	10887
Rate	Target value ≥ 95%	97.96%	64.71% - 100%	96.94%**



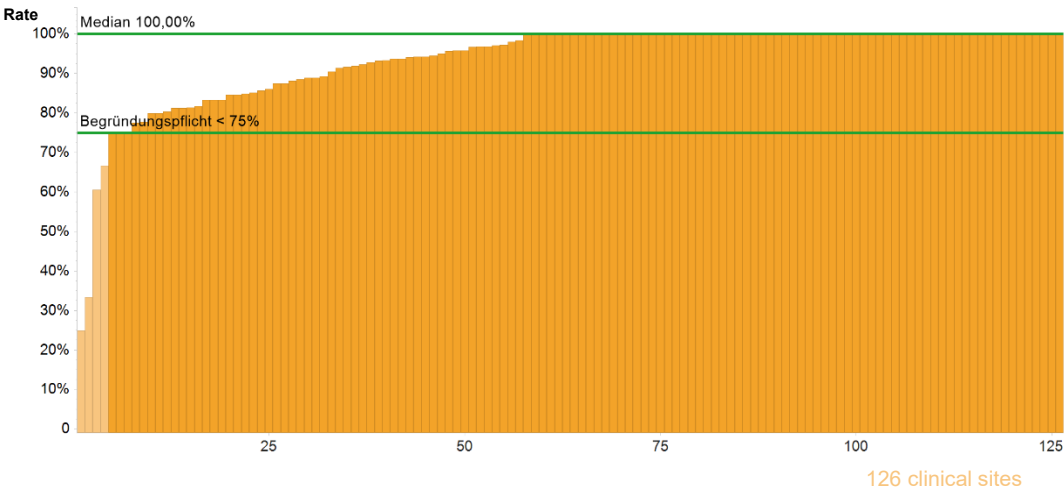
	2020	2021	2022	2023
Max	-----	-----	100%	100%
95 th percentile	-----	-----	100%	100%
75 th percentile	-----	-----	100%	100%
Median	-----	-----	97.87%	97.96%
25 th percentile	-----	-----	95.56%	95.89%
5 th percentile	-----	-----	84.89%	86.72%
Min	-----	-----	57.14%	64.71%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
129	100.00%	116	89.92%

Comments:
Approximately 90% of clinical sites meet the target value of ≥ 95%. This corresponds to an increase of approximately 6% compared with the previous indicator year. The reasons given by the 13 centres that fell short of the target value are mainly urgent treatment/emergency indications and, in a few exceptional cases, non-attendance due to organisational reasons or staff shortages. One deviation was noted.

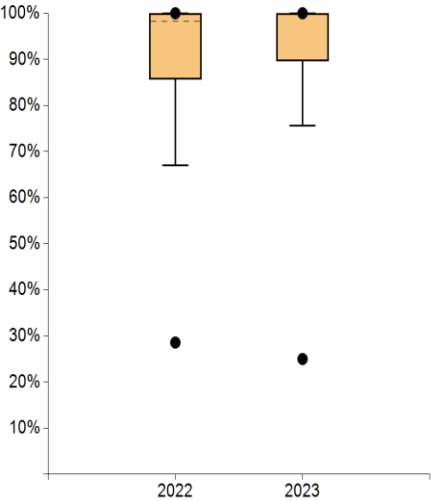
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.

5b. Presentation tumour board (additional)



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who were presented in the tumour board meeting	13*	1 - 124	2588
Denominator	Patient cases (except primary cases) with Hodgkin's lymphoma, non-Hodgkin's lymphoma, Burkitt's ALL, Burkitt's lymphoma or plasma cell neoplasms	13*	1 - 124	2758
Rate	Mandatory justification*** < 75%	100%	25.00% - 100%	93.84%**

Begründungspflicht = mandatory justification



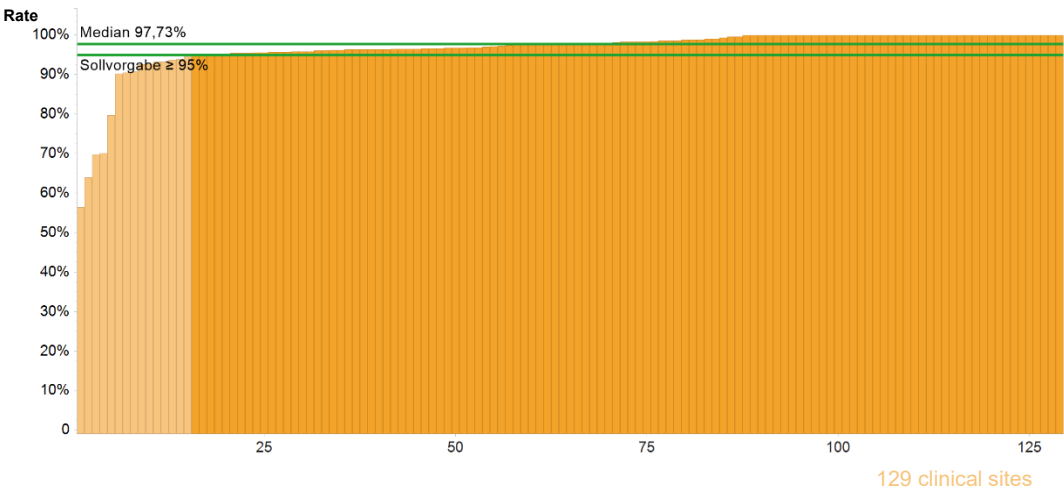
	2020	2021	2022	2023
Max	-----	-----	100%	100%
95 th percentile	-----	-----	100%	100%
75 th percentile	-----	-----	100%	100%
Median	-----	-----	98.24%	100%
25 th percentile	-----	-----	85.71%	89.59%
5 th percentile	-----	-----	67.01%	75.63%
Min	-----	-----	28.57%	25.00%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
126	97.67%	122	96.83%

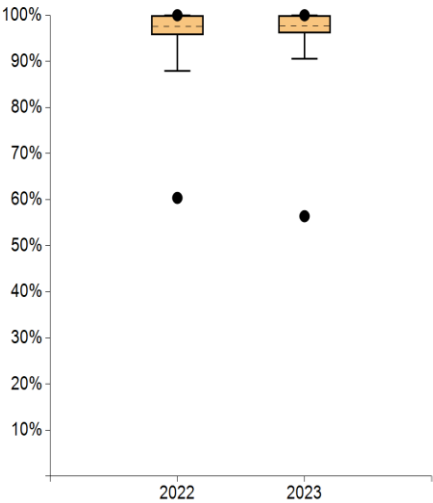
Comments:
97% of centres achieve referral rates $\geq 75\%$ for this indicator. At 69 centres, all patients in the population under review were presented at the tumour board. Three centres did not treat any cases of the neoplasms listed in the denominator in the indicator year under review. Four centres were required to provide a mandatory statement of reasons, three of which had very small case numbers (denominator: $n = 3$ or 4 respectively).

* 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.
** Percentage of total patients treated in centres according to the indicator.
*** For values outside the plausibility limit(s), the centres are required to provide a justification.

6. Haematology and oncology cases review



Sollvorgabe = target value



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with a pre-therap. case review in haematology and oncology (according to CR, section 1.2.2) (alternatively: pre-therap. presentation in the tumour board according to CR, section 1.2.3)	57*	17 - 248	8662
Denominator	Patient cases with a haematological neoplasia (except: Hodgkin's lymphoma, non-Hodgkin's lymphoma, Burkitt's ALL, Burkitt's lymphoma or plasma cell neoplasia)	58*	17 - 249	8979
Rate	Target value ≥ 95%	97.73%	56.41% - 100%	96.47%**

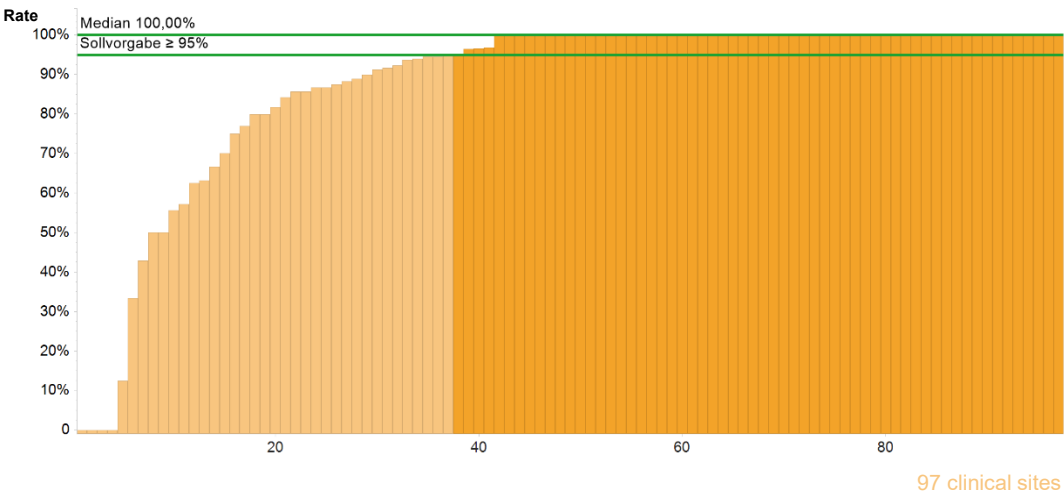
	2020	2021	2022	2023
Max	-----	-----	100%	100%
95 th percentile	-----	-----	100%	100%
75 th percentile	-----	-----	100%	100%
Median	-----	-----	97.56%	97.73%
25 th percentile	-----	-----	95.73%	96.10%
5 th percentile	-----	-----	87.87%	90.54%
Min	-----	-----	60.38%	56.41%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
129	100.00%	114	88.37%

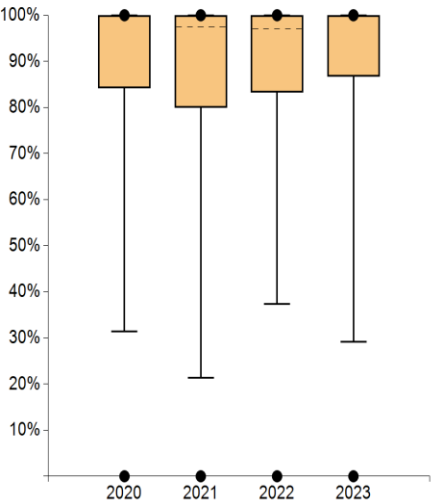
Comments:
88% of clinical sites meet the target value of ≥ 95% (same as in the previous indicator year). The 15 centres that did not achieve the target value cited reasons including referral in pre-therapeutic tumour board, death of patients before case discussion, the fact that the processes for referring outpatients had not yet been fully implemented, and documentation problems in case discussions. One deviation was reported.

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

7. Transplantation meeting (for allogenic transplantation at their own clinical site, included in 6)



Sollvorgabe = target value



	2020	2021	2022	2023
Max	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%
Median	100%	97.37%	97.06%	100%
25 th percentile	84.17%	80.00%	83.33%	86.67%
5 th percentile	31.42%	21.34%	37.33%	29.16%
Min	0.00%	0.00%	0.00%	0.00%

	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with transplantation meeting within three weeks of initial or recurrent diagnosis	9*	0 - 96	1210
Denominator	Patient cases with acute leukaemia < 70 years of age	11*	1 - 96	1311
Rate	Target value ≥ 95%	100%	0.00% - 100%	92.30%**

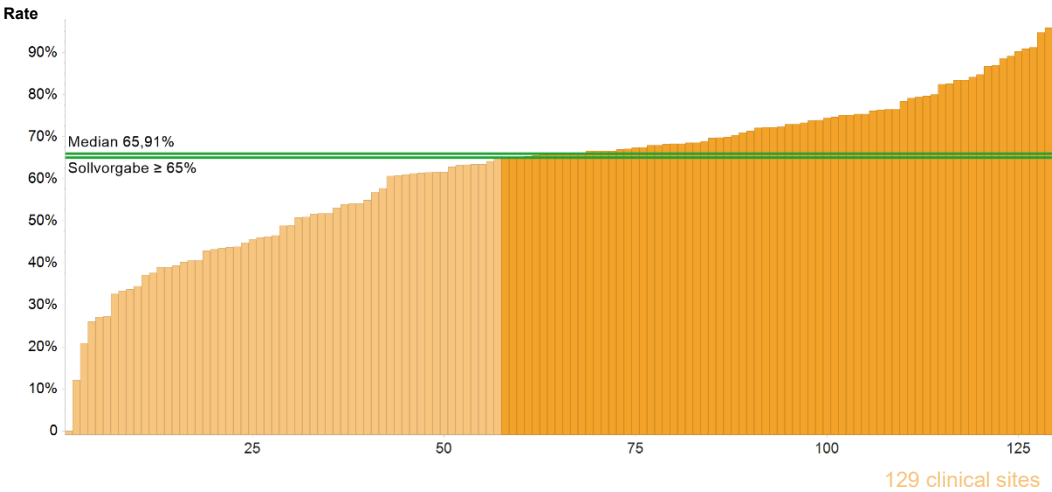
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
97	75.19%	60	61.86%

Comments:

32 centres stated that allogenic stem cell transplants are performed at their own clinical site, meaning that the cases are already recorded in indicator 6. Of the remaining 97 centres, approximately 62% meet the target value (previous year: 55%). The reasons given by the 37 centres < 95% included consideration of the patient's wishes (n = 9 mentions), death of the patient before presentation (n = 9), transfer of the patient to another centre and presentation there or presentation by a registered haematologist/oncologist (n = 8), patients with acute leukaemia for whom no Tx was indicated in accordance with GL (n = 3). At 8 centres, a reduced general condition or existing comorbidities were cited as reasons. At the 2024 commission meeting, the commission emphasised that all patients < 70 years of age with acute leukaemia should be referred, regardless of any existing comorbidities. One deviation was noted.

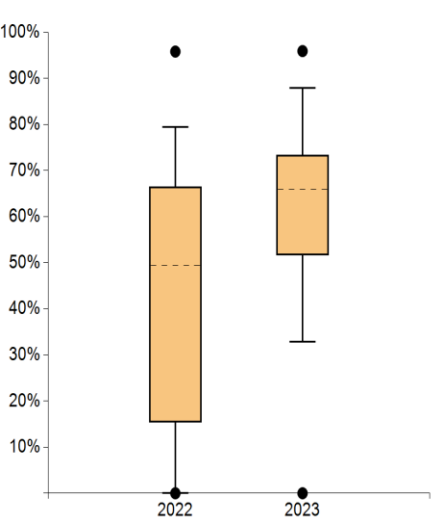
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.

8. Psycho-oncological Distress Screening



Sollvorgabe = target value

	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Pat. of the denominator who were screened psycho-oncologically	93*	0 - 341	13697
Denominator	Patient cases (= Indicator 1)	142*	75 - 593	22624
Rate	Target value ≥ 65%	65.91%	0.00% - 95.91%	60.54%**



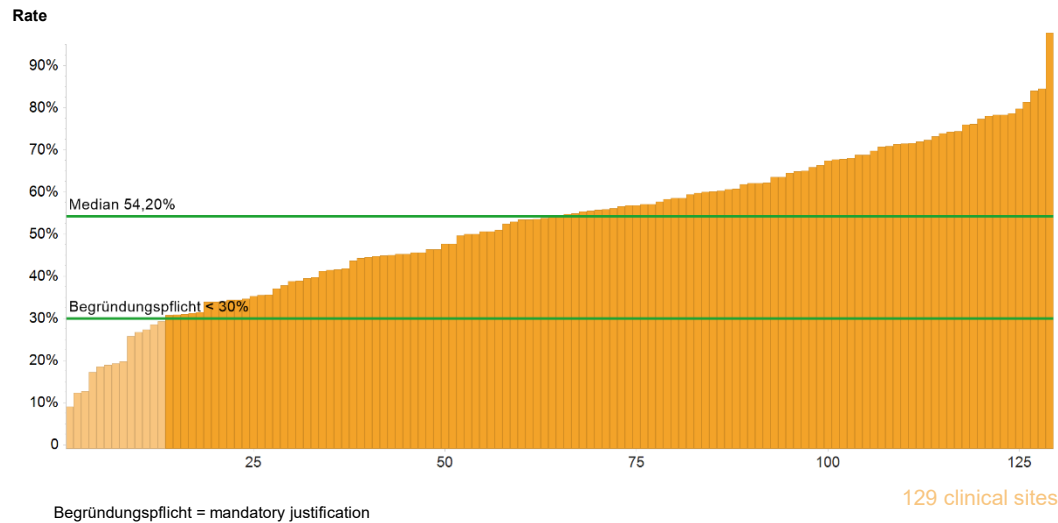
	2020	2021	2022	2023
Max	-----	-----	95.80%	95.91%
95 th percentile	-----	-----	79.46%	87.97%
75 th percentile	-----	-----	66.41%	73.40%
Median	-----	-----	49.38%	65.91%
25 th percentile	-----	-----	15.45%	51.69%
5 th percentile	-----	-----	0.00%	32.92%
Min	-----	-----	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
129	100.00%	72	55.81%

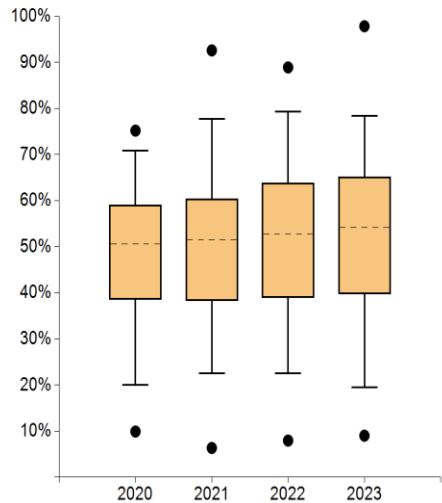
Comments:
Just under 56% of clinical sites achieved the target value of ≥ 65% (previous indicator year: 30%) with a wide range [0–96%]. Frequent reasons for this were failure to return the screening questionnaires that had been distributed and failure to record or delays in recording completed questionnaires, which were then classified as “not screened”. The centres reported challenges in implementation, particularly for the proportion of outpatients. The centres that fell short of the target value reported measures to implement digital solutions. Two deviations were reported.

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

9. Social service counselling



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who received counselling from social services in an inpatient or outpatient setting	82*	12 - 339	11853
Denominator	Patient cases with a haematological neoplasm	142*	75 - 593	22624
Rate	Mandatory justification*** < 30%	54.20%	9.02% - 97.83%	52.39%**



	2020	2021	2022	2023
Max	75.19%	92.59%	88.89%	97.83%
95 th percentile	70.77%	77.71%	79.35%	78.34%
75 th percentile	59.02%	60.41%	63.83%	65.08%
Median	50.54%	51.54%	52.75%	54.20%
25 th percentile	38.52%	38.33%	38.95%	39.75%
5 th percentile	20.03%	22.50%	22.57%	19.50%
Min	9.92%	6.36%	7.96%	9.02%

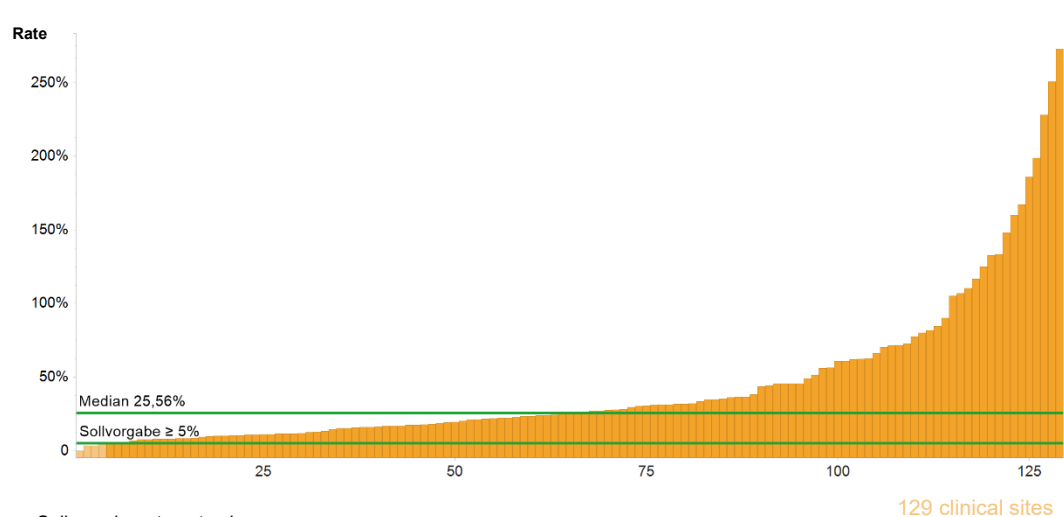
Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
129	100.00%	116	89.92%

Comments:

Approximately 90% of clinical sites achieve rates $\geq 30\%$ for this indicator. 52% of patients with hematological neoplasia received inpatient or outpatient counselling from social services. 13 centres were required to provide a mandatory statement of reasons. Nine of these centres are located outside Germany, where different regulations apply and social work is covered by other professional groups. Four centres in Germany justified their failure to provide a statement of reasons by citing a lack of patient demand and staff shortages, among other things.

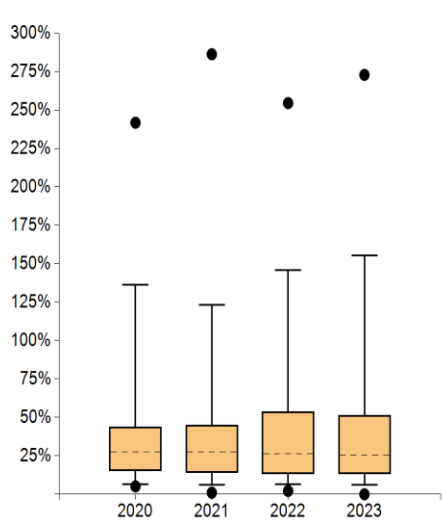
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.
*** For values outside the plausibility limit(s), the centres are required to provide a justification.

10. Patients enrolled in a study



Sollvorgabe = target value

	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients enrolled in a study with an ethical vote	33*	0 - 725	9795
Denominator	Primary cases	122*	49 - 430	18255
Rate	Target value ≥ 5%	25.56%	0.00% - 272.89%	53.66%**



		2020	2021	2022	2023
	Max	241.76%	286.31%	254.55%	272.89%
	95 th percentile	136.25%	123.31%	145.63%	155.33%
	75 th percentile	43.79%	45.00%	53.61%	51.47%
	Median	27.50%	27.42%	26.32%	25.56%
	25 th percentile	15.35%	13.98%	13.27%	13.16%
	5 th percentile	6.54%	6.25%	6.33%	6.19%
	Min	5.15%	1.00%	2.17%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
129	100.00%	125	96.90%

Comments:
97% of clinical sites meet the required study quota of ≥ 5% [range 0–273%]. Four centres do not meet the required study quota. When reviewing the data for the following year, these centres were able to demonstrate an increase in study enrolments and the acquisition of studies. Remarks were made in the audits, but no deviations were identified.

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

Individual Annual Report - Benchmark

Individual Annual Report: Evaluation of site-specific key figures

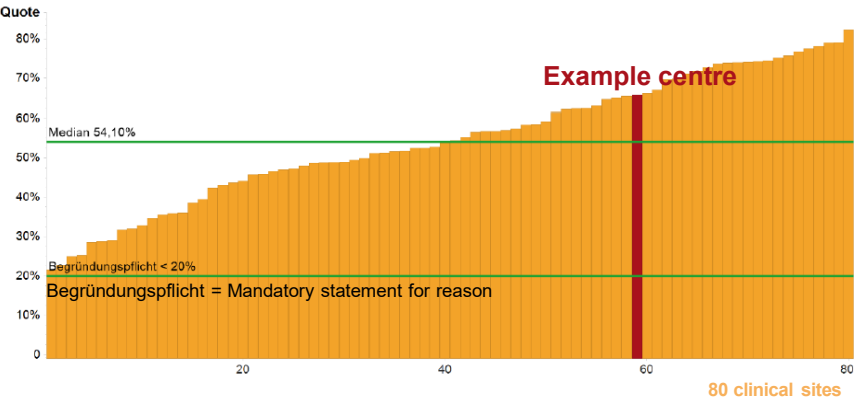
What is the individual Annual Report?

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.onkozert.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.onkozert.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::

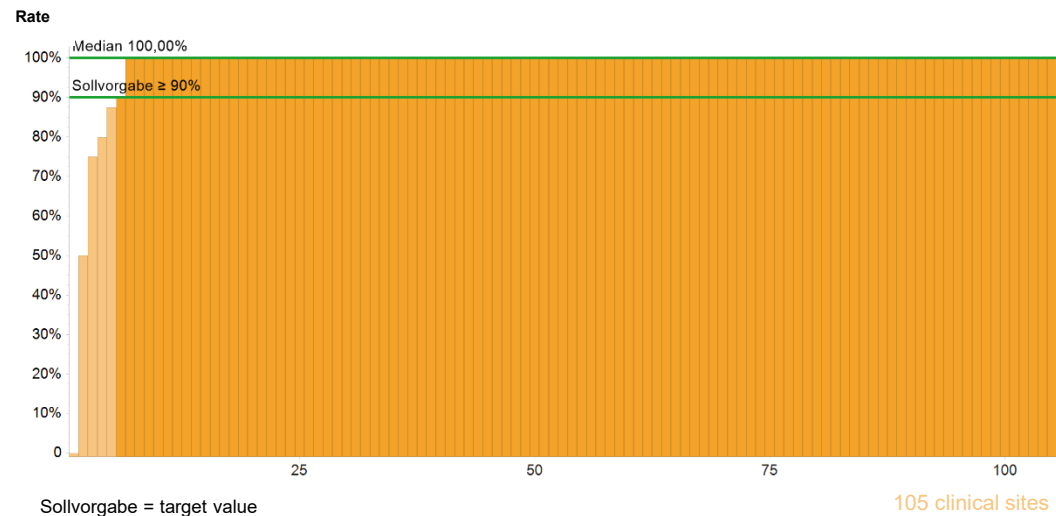
Colorectal, Prostate and Gynaecological Cancer Centres

- 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.

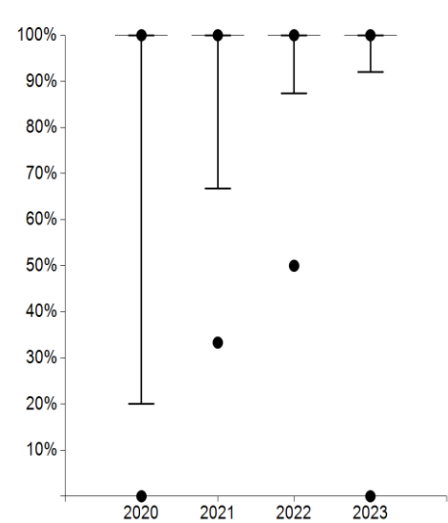
All other Organ Cancer Centres / Modules

- 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.

11. Interim PET/CT for advanced Hodgkin's lymphoma (GL QI Hodgkin)



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with interim PET/CT	2*	0 - 14	302
Denominator	Primary cases of stage III / IV Hodgkin's lymphoma and BEACOPP chemotherapy	2*	1 - 14	308
Rate	Target value ≥ 90%	100%	0.00% - 100%	98.05%**



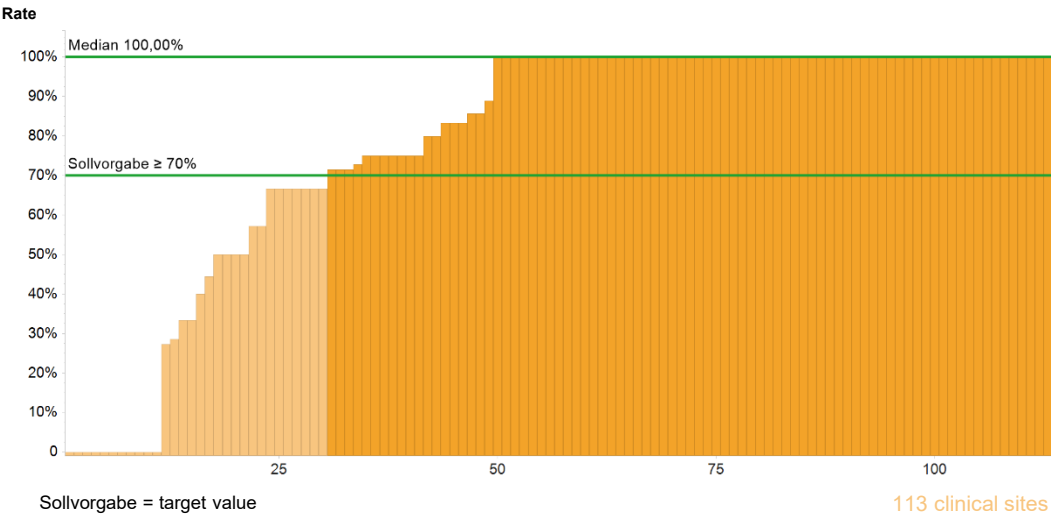
	2020	2021	2022	2023
Max	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%
Median	100%	100%	100%	100%
25 th percentile	100%	100%	100%	100%
5 th percentile	20.00%	66.67%	87.32%	92.00%
Min	0.00%	33.33%	50.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
105	81.40%	100	95.24%

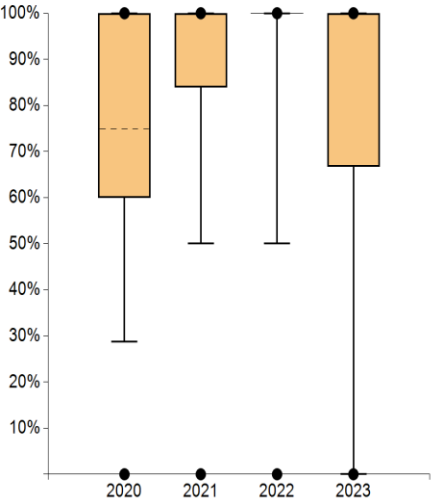
Comments:
Approximately 98% of the primary cases considered received an interim PET/CT. 24 of 129 centers did not treat any patients from the population considered (treatment with BrECADD or ABVD instead of BEACOPP). 5 centers fell short of the target value. This was due to the death of patients before the planned interim PET/CT, the need to change therapy due to adverse events, or discontinuation as part of a best supportive care concept. The indicator corresponding to a GL-QI is being suspended for the time being due to changes in therapy recommendations. The GL is currently being revised.

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

12. BEACOPP escalated in advanced Hodgkin's lymphoma (GL QI Hodgkin)



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with BEACOPP escalated	2*	0 - 14	301
Denominator	Primary cases of Hodgkin's lymphoma stage III / IV and ≤ 60 years of age	3*	1 - 14	398
Rate	Target value ≥ 70%	100%	0.00% - 100%	75.63%**



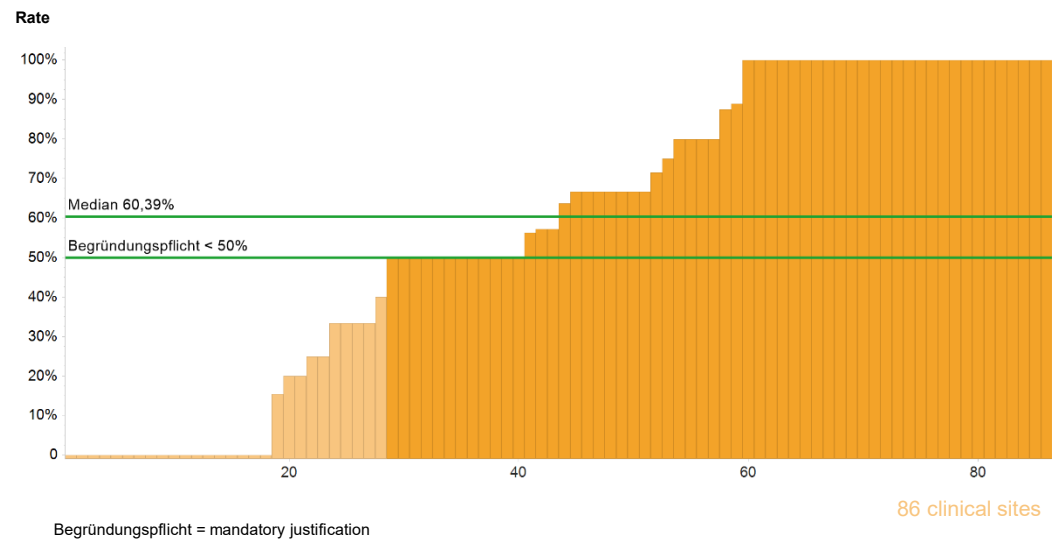
	2020	2021	2022	2023
Max	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%
Median	75.00%	100%	100%	100%
25 th percentile	60.00%	83.93%	100%	66.67%
5 th percentile	28.75%	50.00%	50.00%	0.00%
Min	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
113	87.60%	83	73.45%

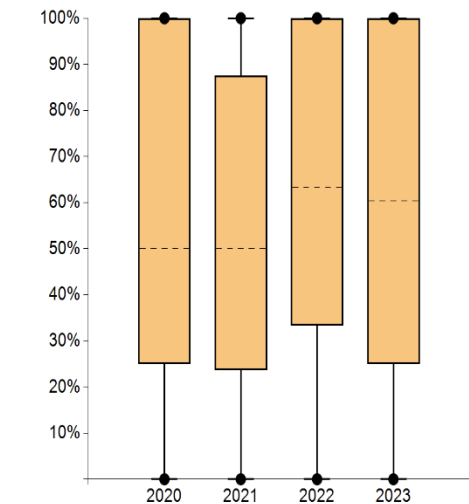
Comments:
Primary cases of stage III/IV Hodgkin lymphoma were treated in 113 centres; 16 centres did not treat any patients from the population of interest during the year under review. Approximately 76% of patients received chemotherapy with BEACOPP escalated, which corresponds to a decrease of approximately 13% compared to the previous indicator year. The results reflect the changed treatment recommendations. The indicator will be suspended in the follow-up indicator year. The GL is currently being updated.

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

13. Recurrence therapy for Hodgkin lymphoma or diffuse large B-cell lymphoma (GL QI Hodgkin)



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with autologous stem cell transplantation (****OPS code: 8-805.0 or 5-411.0)	2*	0 - 18	207
Denominator	Patients < 60 years of age with first recurrence or progression of Hodgkin lymphoma or diffuse large B-cell lymphoma	3*	1 - 18	367
Rate	Mandatory justification*** < 50%	60.39 %	0.00% - 100%	56.40%**



	2020	2021	2022	2023
Max	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%
75 th percentile	100%	87.50%	100%	100%
Median	50.00%	50.00%	63.34%	60.39%
25 th percentile	25.00%	23.75%	33.33%	25.00%
5 th percentile	0.00%	0.00%	0.00%	0.00%
Min	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
86	66.67%	58	67.44%

Comments:

At 86 of the 129 clinical sites, 367 patients < 60 years of age with first recurrence or progression of Hodgkin lymphoma or diffuse large cell lymphoma were treated. 207 received autologous stem cell transplantation (corresponding to 56%). 43 centers did not treat any patients from the population. 28 are subject to mandatory statement of reasons for the indicator and justify this, among other things, by stating that patients received other therapies (CAR-T cell therapy, autologous stem cell transplant). Other reasons include contraindications/poor AZ, death prior to therapy, and palliative therapy concepts. The indicator corresponding to a GL-QI is suspended for the time being as the therapy recommendations have changed. The GL is currently being revised.

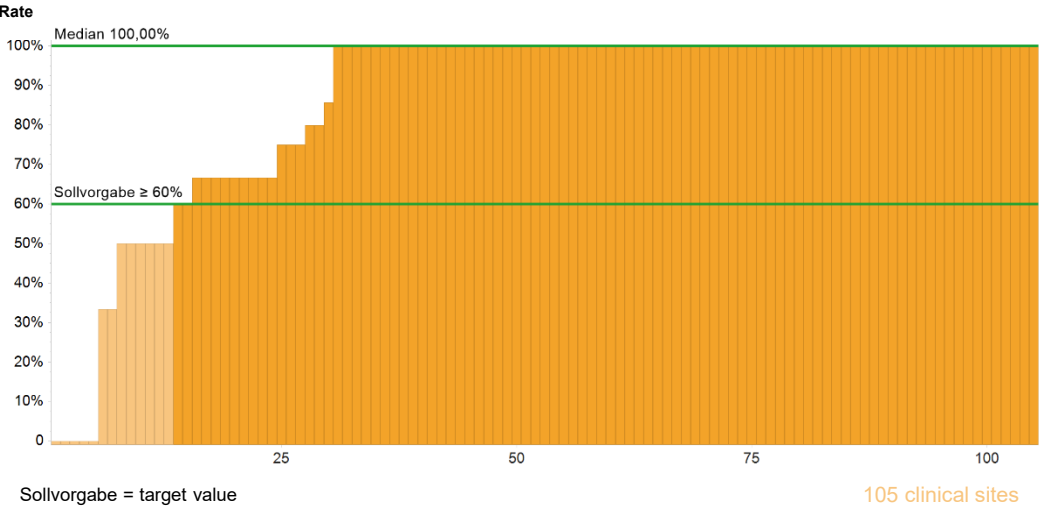
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

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

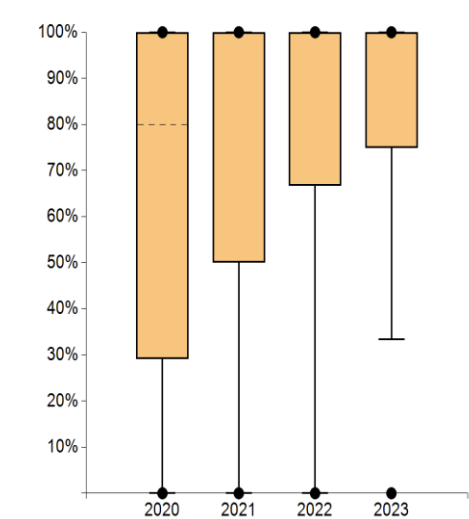
*** For values outside the plausibility limit(s), the centres are required to provide a justification.

**** OPS-Code 8-805.5 correspondence to OPS Transfusion of blood cells: Transfusion of peripherally derived haematopoietic stem cells: Allogeneic, HLA-identical, unrelated donor, OPS code 5-411.0 correspondence to OPS Surgery on the spleen and bone marrow: Transplantation of haematopoietic stem cells from the bone marrow: Autogenous

14. Determination of TP53 deletion and mutation status before first systemic CLL therapy (GL QI CLL)



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with determination of TP53 deletion and mutation status (FISH) with regard to del17p and TP53 mutation analysis ≤ 12 weeks before the start of therapy	2*	0 - 25	222
Denominator	Primary cases with CLL and first systemic therapy	2*	1 - 25	262
Rate	Target value ≥ 60%	100%	0.00% - 100%	84.73%**



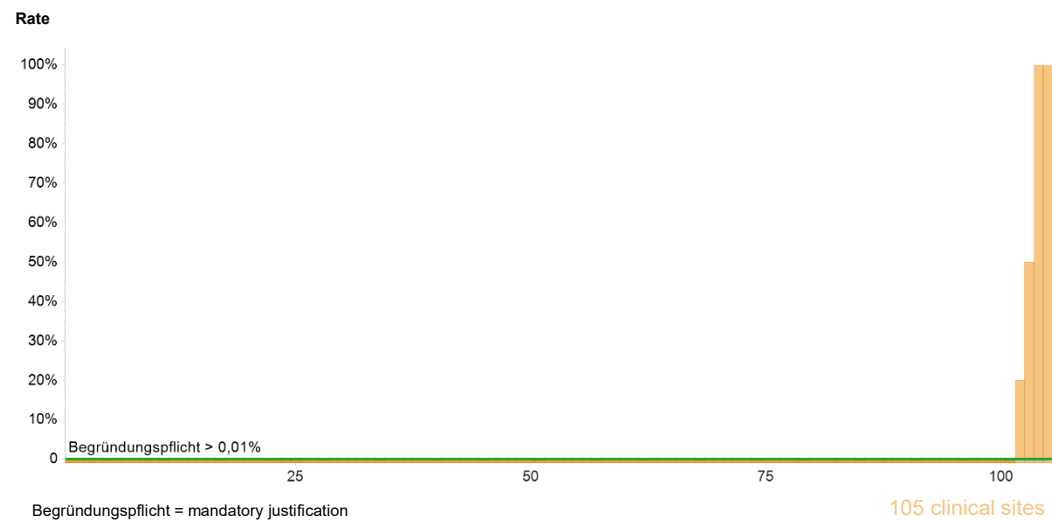
	2020	2021	2022	2023
Max	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%
Median	80.00%	100%	100%	100%
25 th percentile	29.17%	50.00%	66.67%	75.00%
5 th percentile	0.00%	0.00%	0.00%	0.00%
Min	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
105	81.40%	92	87.62%

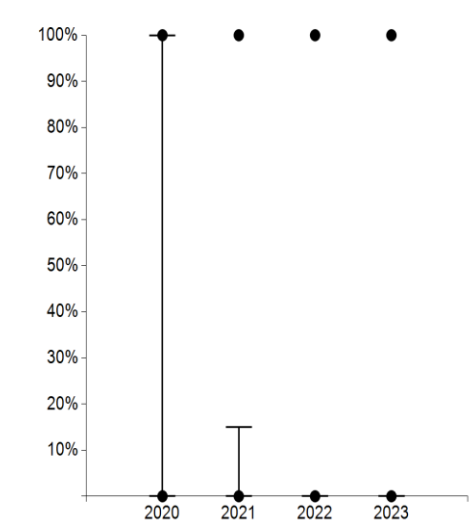
Comments:
In approximately 85% of primary cases with CLL and initial systemic therapy, TP53 deletion and mutation status (FISH) was determined ≤ 12 weeks before the start of therapy. Thirteen centers fell short of the target value of ≥ 60% and justified this with, among other things, a watchful waiting approach, lack of indication for therapy in elderly patients and reduced general condition, treatment with a BTK inhibitor, determination had been performed but the 12-week deadline had been narrowly missed.

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

15. No chemotherapy alone as first-line therapy for CLL (GL QI CLL)



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with chemotherapy alone	0*	0 - 2	5
Denominator	Primary cases with CLL and first systemic therapy	2*	1 - 25	262
Rate	Mandatory justification*** > 0,01%	0.00%	0.00% - 100%	1.91%**



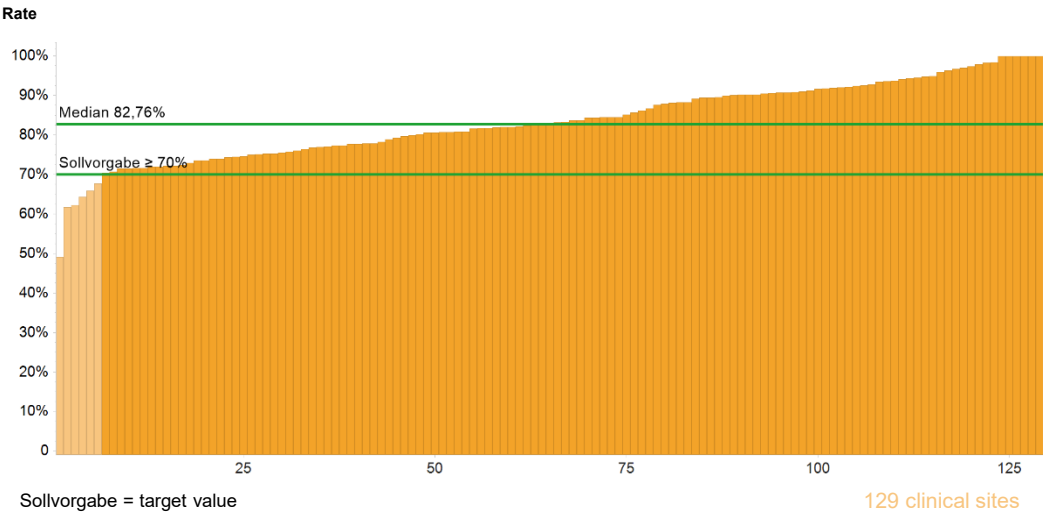
	2020	2021	2022	2023
Max	100%	100%	100%	100%
95 th percentile	100%	15.00%	0.00%	0.00%
75 th percentile	0.00%	0.00%	0.00%	0.00%
Median	0.00%	0.00%	0.00%	0.00%
25 th percentile	0.00%	0.00%	0.00%	0.00%
5 th percentile	0.00%	0.00%	0.00%	0.00%
Min	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
105	81.40%	101	96.19%

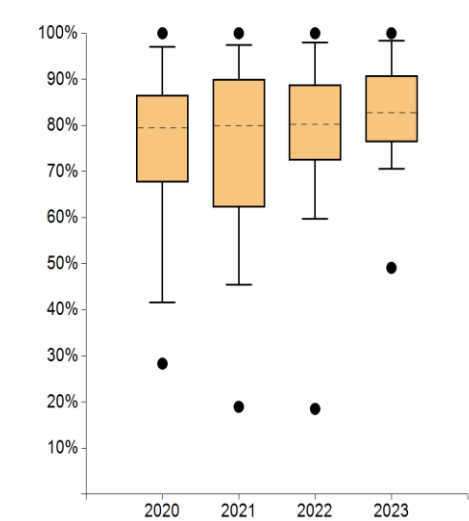
Comments:
Approximately 98% of PF with CLL did not receive chemotherapy alone as first-line therapy. Four centres are required to provide a mandatory statement of reasons for this indicator. Reasons included secondary cancer requiring treatment and planned but pending therapy.

* 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.
** Percentage of total patients treated in centres according to the indicator.
*** For values outside the plausibility limit(s), the centres are required to provide a justification.

16. Hepatitis and HIV serology before starting therapy



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with hepatitis B, C and HIV serology before systemic therapy	89*	18 - 442	14617
Denominator	Patient cases with haematological neoplasms and systemic therapy	105*	19 - 442	17309
Rate	Target value ≥ 70%	82.76%	49.12% - 100%	84.45%**



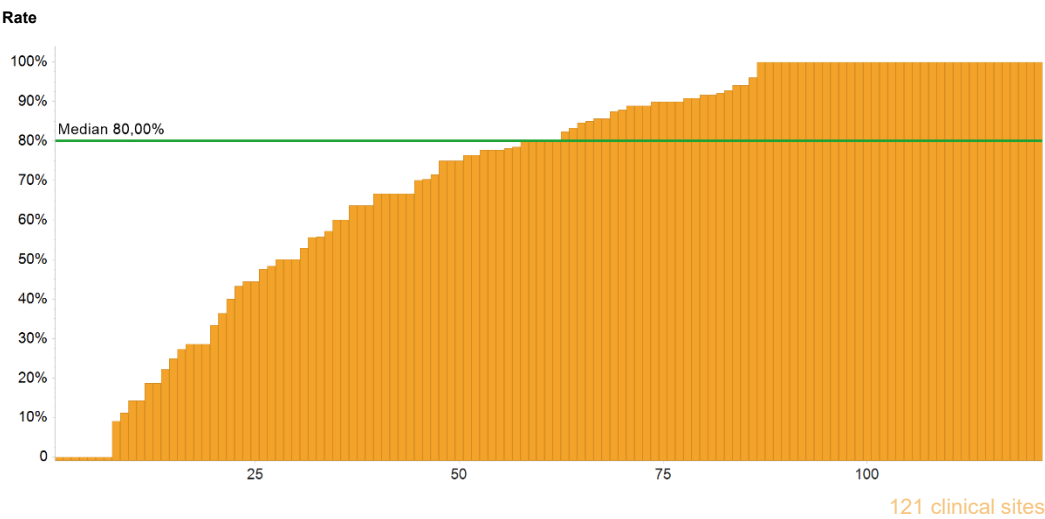
	2020	2021	2022	2023
Max	100%	100%	100%	100%
95 th percentile	97.07%	97.42%	97.95%	98.39%
75 th percentile	86.55%	89.98%	88.79%	90.80%
Median	79.45%	80.03%	80.22%	82.76%
25 th percentile	67.69%	62.22%	72.37%	76.42%
5 th percentile	41.54%	45.39%	59.69%	70.52%
Min	28.33%	18.97%	18.52%	49.12%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
129	100.00%	123	95.35%

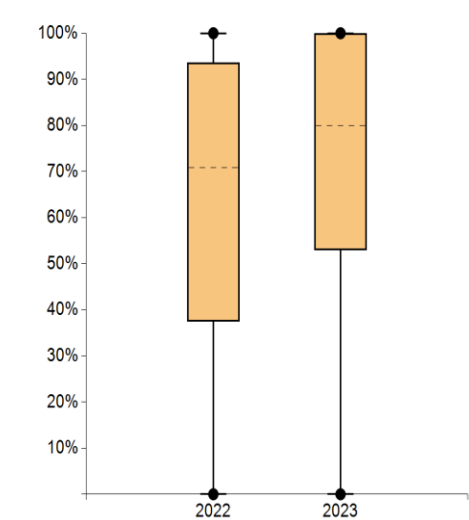
Comments:
This indicator shows an increase in the median over the years, particularly in the lower percentiles. In approximately 84% of patients with hematological neoplasms and systemic therapy, serology for hepatitis B, C, and HIV was performed before the start of systemic therapy. Reasons for falling below the target value included, for example, that only hepatitis serology had been routinely performed to date, only patients with diseases requiring the administration of a CD20 antibody were tested, or therapy was started on an emergency basis. Remarks were made, and the centres responded, for example, by optimising the basic examinations at the initial presentation.

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

17. Dental examination before bisphosphonates/denosumab in patients with haematological neoplasms (GL QI Supp)



	Definition of indicator	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with dental examination before starting bisphosphonate or denosumab therapy	7*	0 - 65	1030
Denominator	Patient cases with bisphosphonate or denosumab therapy	9*	1 - 74	1400
Rate	No target value	80.00%	0.00% - 100%	73.57%**



	2020	2021	2022	2023
Max	----	----	100%	100%
95 th percentile	----	----	100%	100%
75 th percentile	----	----	93.65%	100%
Median	----	----	70.84%	80.00%
25 th percentile	----	----	37.50%	52.94%
5 th percentile	----	----	0.00%	0.00%
Min	----	----	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
121	93.80%	----	----

Comments:
Approximately 74% of patients receiving bisphosphonate or denosumab therapy underwent dental examination prior to initiation of therapy. This indicator shows an increase in the median of approximately 9%. Five centres reported that they did not treat any patients with bisphosphonate or denosumab therapy during the indicator year.

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

WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)

Find out more on www.krebsgesellschaft.de

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