



Indicator Analysis 2025

Annual Report of the Certified Pancreatic Cancer Centres

Audit Year 2024 / Indicator Year 2023

Table of Content

Introduction..... 3

 General information..... 3

 Status of the Certification System for Pancreatic Cancer Centres 2024..... 5

 Clinical sites taken into account..... 6

 Tumour documentation systems in the centre's clinical sites..... 7

 Basic Data..... 8

 Analysis of indicators..... 11

 Indicator No. 1a: Primary cases Centre..... 11

 Indicator No. 1b: Patients with new recurrence and/or distant metastasis..... 12

 Indicator No. 2: Pretherapeutic tumour board..... 13

 Indicator No. 3: Post-operative tumour board..... 14

 Indicator No. 4: Psycho-oncological distress-screening..... 15

 Indicator No. 5: Social services counselling..... 16

 Indicator No. 6: Patients enrolled in a study..... 17

 Indicator No. 7a: Endoscopy complications - Pancreatitis after ERCP (CR 2.1)..... 20

 Indicator No. 7b: Endoscopy complications - Bleeding and perforation after ERCP (CR 2.1)..... 21

 Indicator No. 8: Surgical primary cases pancreas..... 22

 Indicator No. 9: Overall surgical expertise pancreas 23

 Indicator No. 10: Revision surgeries pancreas..... 24

 Indicator No. 11: Post-operative wound infection..... 25

 Indicator No. 12a: Post-operative mortality – within 30 d..... 26

 Indicator No. 12b: Post-operative mortality – within 90 d..... 27

 Indicator No. 13: Local R0 resections pancreas (GL QI)..... 28

 Indicator No. 14: Lymph node resection (GL QI)..... 29

 Indicator No. 15: Pathology Report (GL QI)..... 30

 Indicator No. 16: Adjuvant chemotherapy (GL QI)..... 31

 Indicator No. 17: Palliative Chemotherapy (GL QI)..... 32

 Indicator No. 18: Primary resection for metastatic pancreatic cancer (GL QI) 33

 Indicator No. 19: Second-line therapy (GL QI) 34

Imprint..... 35

General Information

Indicator No. 10: Revision surgeries pancreas.....
Indicator No. 11: Post-operative wound infection.....
Indicator No. 12a: Post-operative mortality – within 30 d.....
Indicator No. 12b: Post-operative mortality – within 90 d.....
Indicator No. 13: Local R0 resections pancreas (GL QI).....
Indicator No. 14: Lymph node resection (GL 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 *

The quality indicators (QIs) refer to version 2.0 of the S3-GL on exocrine pancreatic cancer.

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator presented in the post-operative tumor board	19.5*	5 – 77	3.444
Denominator	Surgical primary cases pancreas (5-524*, 5-525* with ICD-10 C25) (= Indicator 8)	19.5*	5-77	3.508
Rate	Target value ≥ 95%	100%	86.49% - 100%	98.18%**

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.

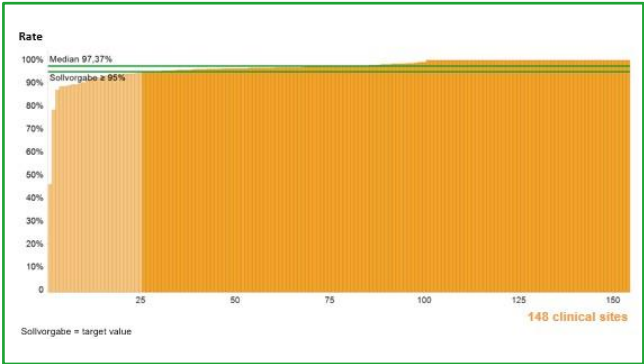
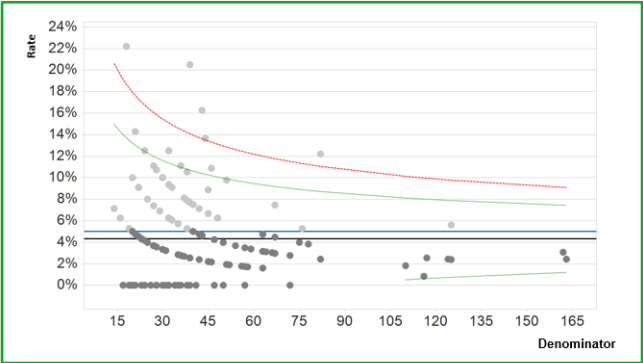


Diagram:

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.

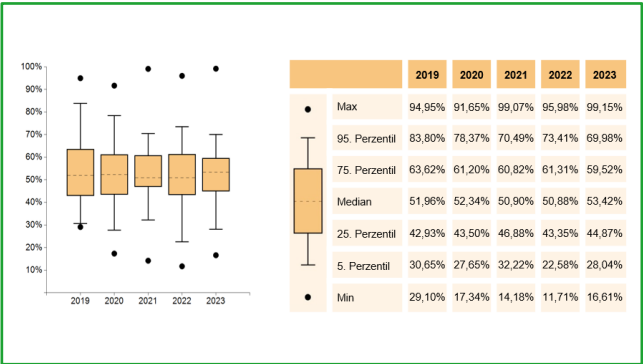
*For further information on the methodological approach see „Development of guideline-based quality indicators“ (https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Methodik/QIEP_OL_Version2_english.pdf)

General Information



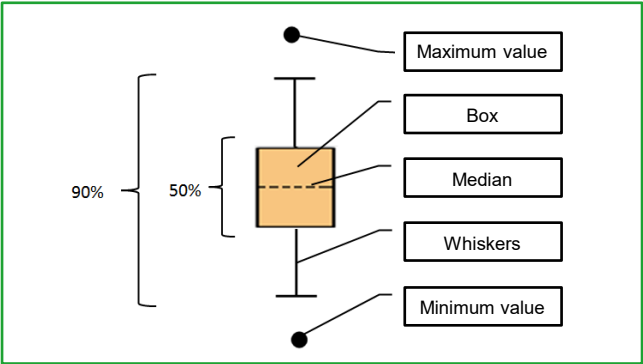
Funnel plots:

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 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 encompass a 90th percentile area/range. The extreme values are depicted here as dots.

Status of the Certification System: Pancreatic Cancer Centres 2024

	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020	31.12.2019
Ongoing certification procedures	9	5	5	6	5	8
Certified Centres	166	152	143	133	124	117
Certified clinical sites	168	154	145	136	127	120

Clinical sites taken into account

	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020	31.12.2019
Sites considered in the Annual Report	154	148	139	131	121	116
correspond to	91.7%	96.1%	95.9%	96.3%	95.3%	96.7%
Primary cases total*	7.943	7.276	7.189	6.759	6.068	5.683
Primary cases per site (mean)*	51.6	49.0	52.0	52.0	50.0	49.0
Primary cases per site (median)*	45	44	46	45	49	43

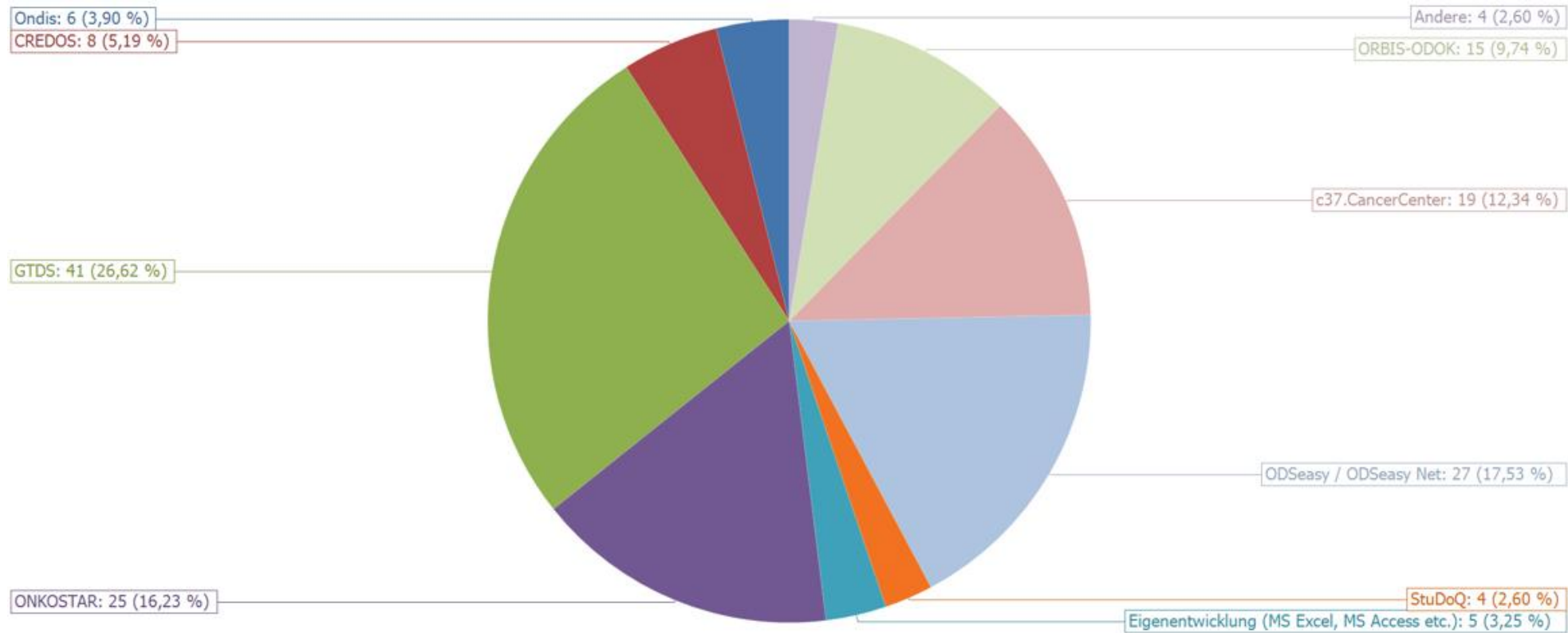
*The figures are based on the clinical sites listed in the Annual Report.

This Annual Report looks at the Pancreatic Cancer Centres certified in the certification system of the German Cancer Society (DKG). The Data Sheet, which is part of the Catalogue of Requirements, is the basis for the diagrams in the Annual Report.

The Annual Report includes 154 of the 168 certified clinical sites. 11 clinical sites were excluded that were certified for the first time in 2024 (data mapping of complete calendar year not mandatory for initial certifications). In addition, 3 clinical sites were not included because no approved Data Sheet was available at the data cut-off date of 31 January 2025. A total of 8.432 primary cases were treated at 168 clinical sites with available data sheets. A current overview of all certified sites is listed 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

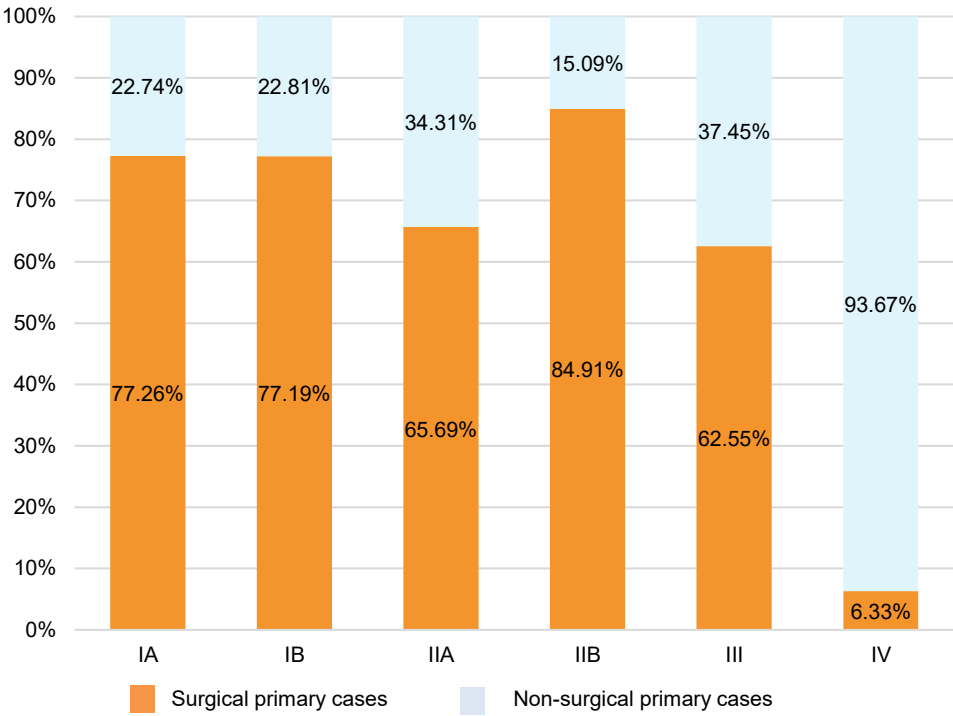
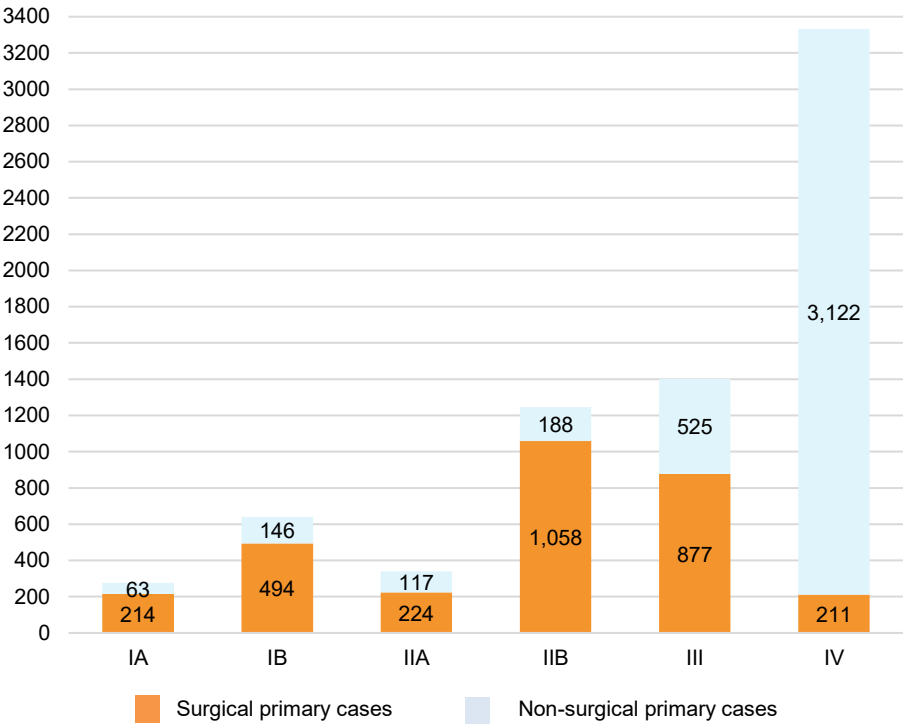


Andere = other
Eigenentwicklung = Intrinsic development

Legend:	
Other	System used in ≤ 3 clinical sites

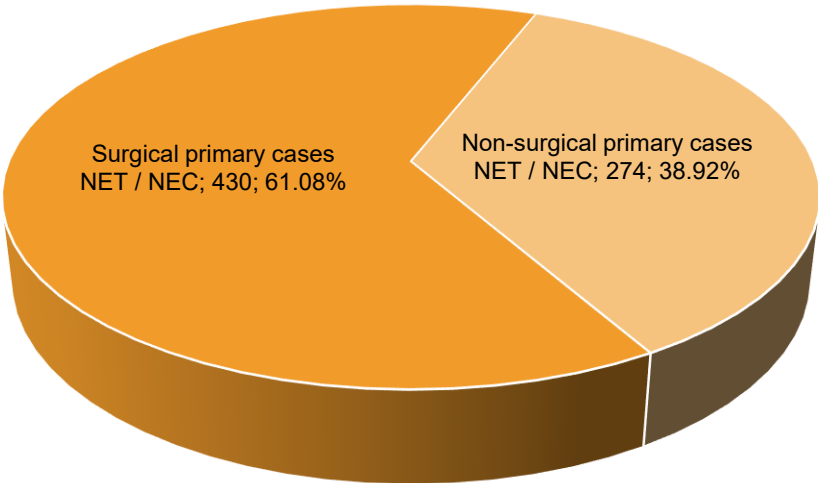
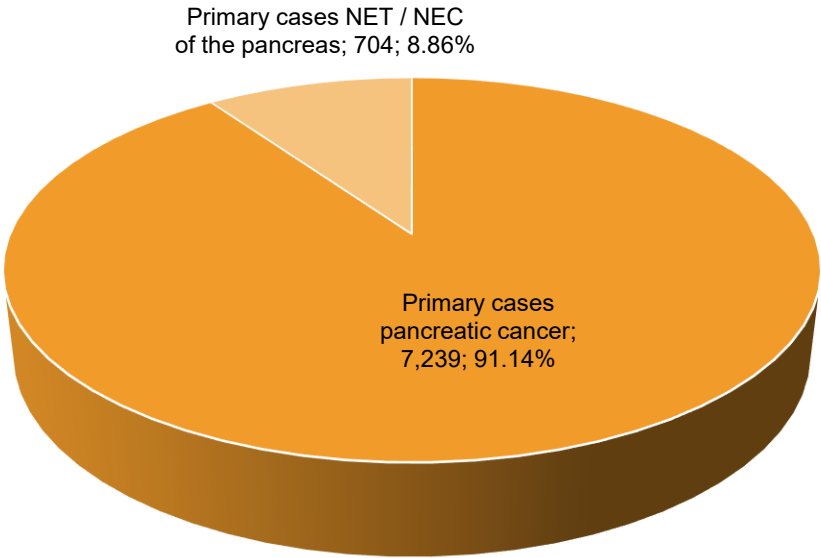
The details on the tumour documentation system was taken from the Data Sheet (Basic Data Sheet). It is not possible to use more than one system. In many cases, support is provided by the cancer registries or there may be a direct link to the cancer registry via a specific tumor documentation system.

Basic Data - Primary Cases Pancreatic Cancer (Exocrine Pancreatic Cancer)



	IA	IB	IIA	IIB	III	IV	Total
Surgical primary cases	214 (77.26%)	494 (77.19%)	224 (65.69%)	1,058 (84.91%)	877 (62.55%)	211 (6.33%)	3,078 (42.52%)
Non-surgical primary cases	63 (22.74%)	146 (22.81%)	117 (34.31%)	188 (15.09%)	525 (37.45%)	3,122 (93.67%)	4,161 (57.48%)
Primary cases total	277 (100%)	640 (100%)	341 (100%)	1,246 (100%)	1,402 (100%)	3,333 (100%)	7,239 (100%)

Basic Data – Primary Cases Pancreatic Cancer

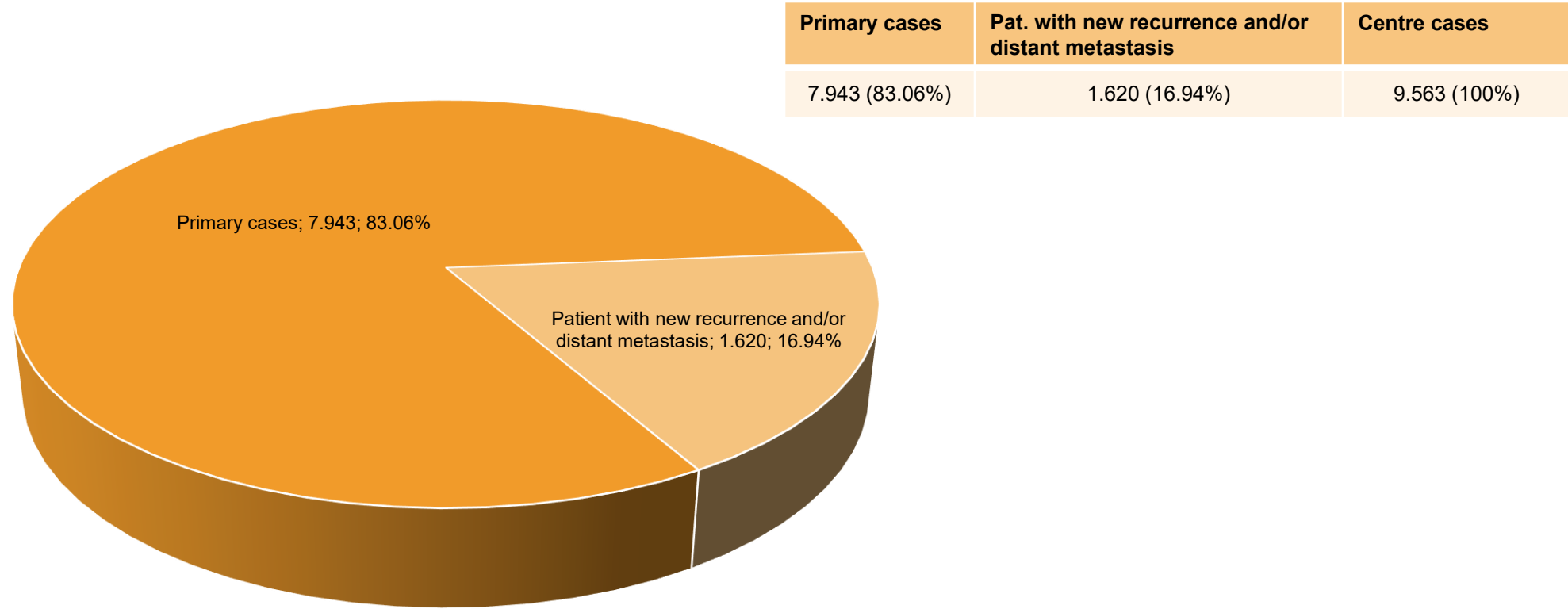


Primary cases pancreatic cancer	Primary cases NET / NEC of the pancreas	Primary cases Total
7,239 (91.14%)	704 (8.86%)	7,943 (100%)

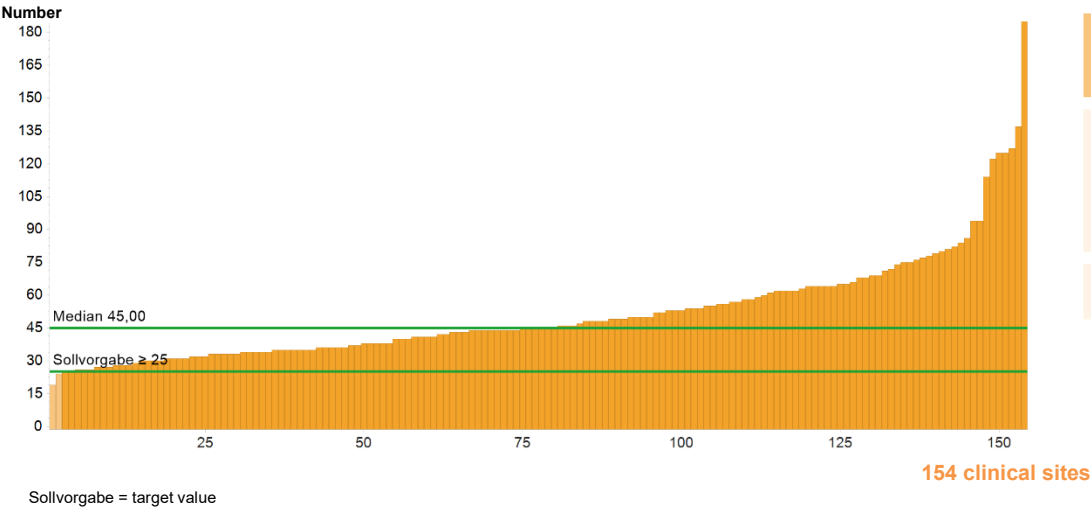
Surgical Primary cases NET / NEC	Non-surgical primary cases NET / NEC	Primary cases Total NET / NEC
430 (61.08%)	274 (38.92%)	704 (100%)

NET = pancreatic neuroendocrine tumor
NEC = neuroendocrine carcinoma

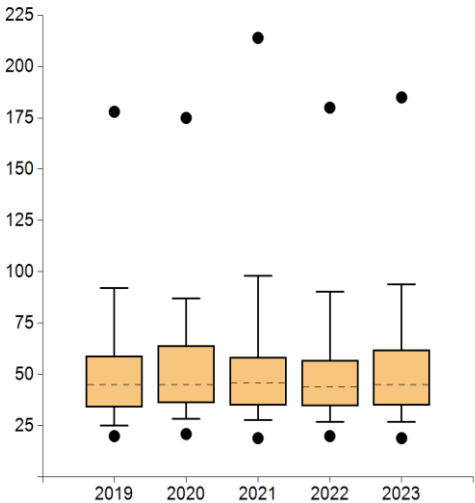
Basic Data – Pancreatic Cancer Center Cases



1a. Primary Cases



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Primary cases	45	19 – 185	7.943
	Target value ≥ 25			



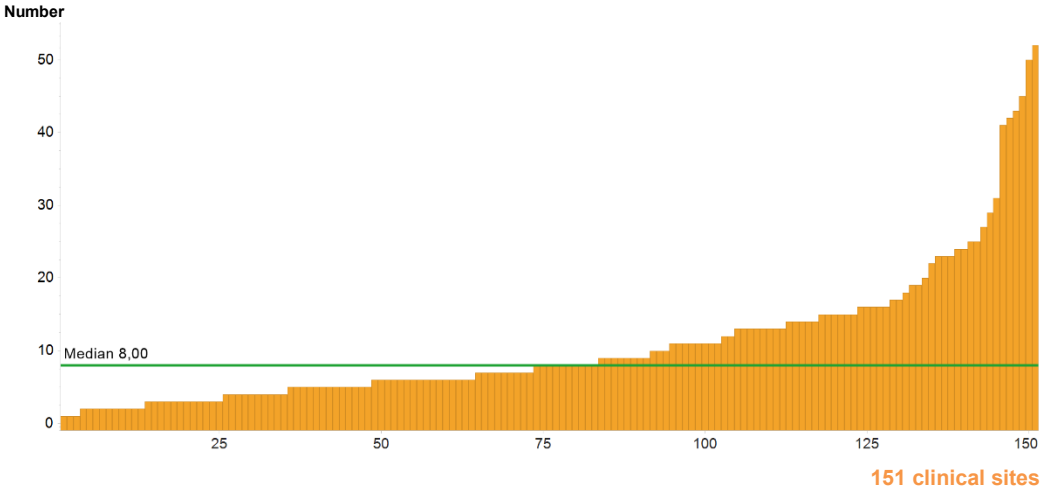
		2019	2020	2021	2022	2023
max		178.00	175.00	214.00	180.00	185.00
95 th percentile		92.00	87.00	98.10	90.30	94.00
75 th percentile		59.00	64.00	58.50	57.00	62.00
Median		45.00	45.00	46.00	44.00	45.00
25 th percentile		34.00	36.00	35.00	34.75	35.00
5 th percentile		25.00	28.50	27.90	27.00	27.00
Min		20.00	21.00	19.00	20.00	19.00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	152	98.70%

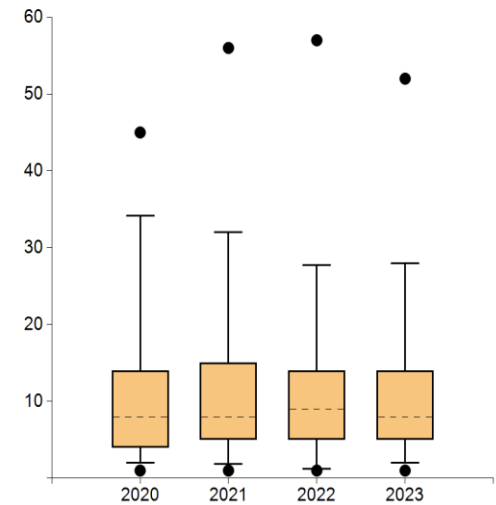
Comments:

The number of primary cases has risen to 7,943, which is + 9.2% above the previous year's figure (7,276). 154 centres (previous year: 148) were included in the Annual Report, representing an increase of 4.1%. Based on the incidence of new cases in Germany in 2022 (18,738 new cases C25; source: RKI), 42.4% of all patients with a first diagnosis of pancreatic cancer were treated in a certified centre. The median number of cases remains unchanged at 45. Two centres fell below the minimum standard: in one case, this was due to the temporary closure of a referring practice; the other referred to a significant increase in the number of cases in the current year. One remark and one deviation were noted.

1b. Patients with New Recurrence and/or Distant Metastasis



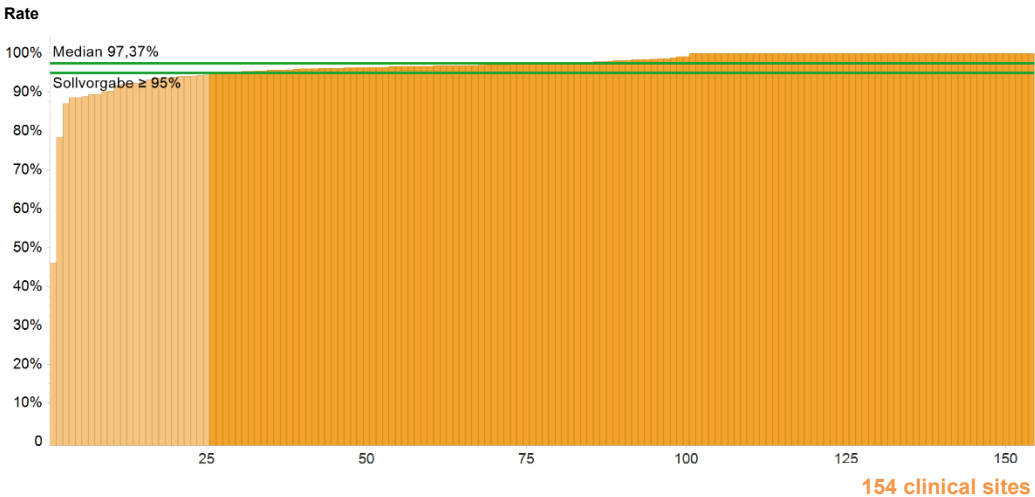
	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Patients with new recurrence and/or distant metastases	8	1 - 52	1.620
	No Target value			



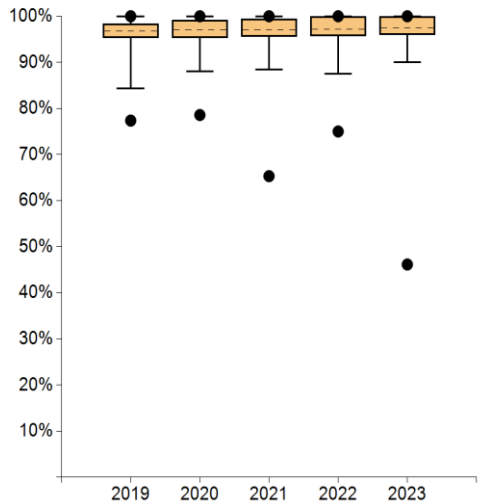
		2019	2020	2021	2022	2023
●	max	----	45.00	56.00	57.00	52.00
	95 th percentile	----	34.20	32.00	27.75	28.00
	75 th percentile	----	14.00	15.00	14.00	14.00
	Median	----	8.00	8.00	9.00	8.00
	25 th percentile	----	4.00	5.00	5,00	5,00
	5 th percentile	----	2.00	1.85	1.25	2.00
●	Min	----	1.00	1,00	1,00	1,00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
151	98.05%	----	----
Comments: In the indicator year 2023, 1,620 patients with newly diagnosed recurrence and/or distant metastases were treated at 151 centres (previous year: 1,594, + 1.6%). No such cases occurred in three centres during the reporting period. The number of cases remained stable across all percentiles, with a median of 8 cases per centre (previous year: 9).			

2. Pretherapeutic Tumour Board



Sollvorgabe = target value



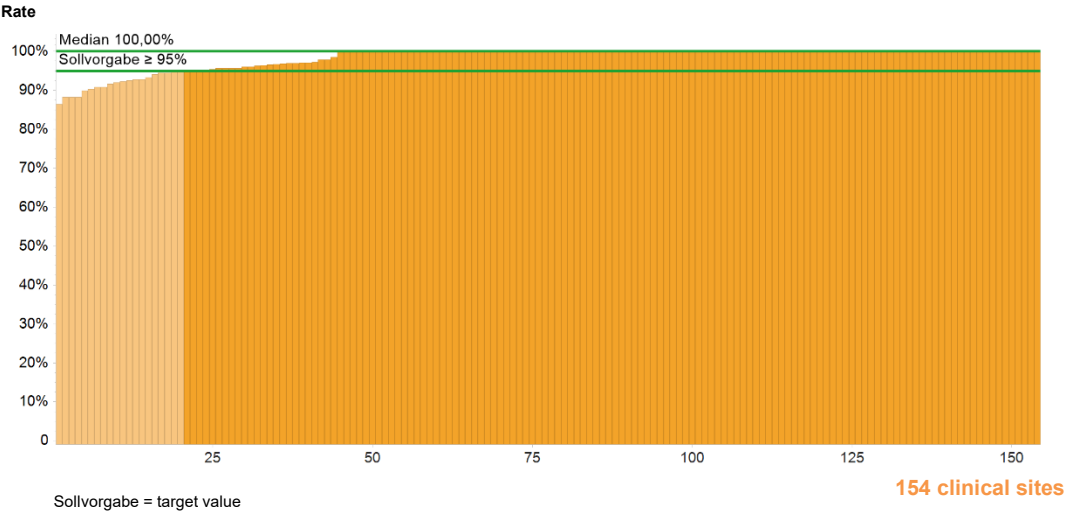
		2019	2020	2021	2022	2023
●	max	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	98.31%	99.09%	99.37%	100%	100%
	Median	96.72%	97.10%	97.06%	97.18%	97.37%
	25 th percentile	95.31%	95.35%	95.59%	95.74%	95.94%
	5 th percentile	84.38%	88.06%	87.49%	87.49%	89.97%
●	Min	77.36%	78.57%	65.31%	75.00%	46.15%

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with pancreatic cancer that were presented at the pretherapeutic board	44.0*	15 - 175	7.696
Denominator	Primary cases (= Indicator 1a)	45*	19 - 185	7.943
Rate	Target value ≥ 95%	97.37%	46.15% - 100%	96.89%**

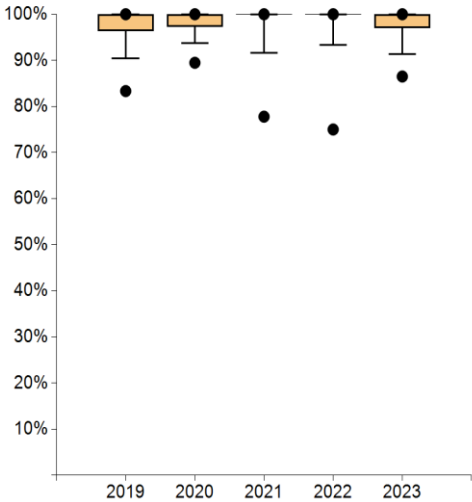
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	129	83.77%
Comments: The positive trend of this indicator continues (compliance rate (83.8%, previous year: 83.1%), overall rate (96.9%, previous year: 96.5%) and median 97.4%). 25 centres fell below the target value. The most common reasons were intraoperative incidental findings or operations with an initially benign suspected diagnosis (24×), emergency operations (10×), organisational issues such as in cases of external transfer (43×), urgent initiation of therapy (9×), death before case presentation (5×), palliative situations with Best supportive care (6×) and refusal by the patient (5×). The auditors pointed out that, all patients must be presented prior to treatment and that, in cases of externally conducted tumour boards, the presentation must be repeated at the centre. The centres responded with training courses and the introduction of ad hoc tumour boards. Seven remarks and one critical remark (in cases of significant non-compliance, 46.2%) were made.			

*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 centre patients who were treated according to the indicator

3. Post-operative Tumour Board



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator presented in the post-operative tumor board	19.5*	5 – 77	3.444
Denominator	Surgical primary cases pancreas (OPS: 5-524***. 5-525*** with ICD-10 C25) (= Indicator 8)	19.5*	5-77	3.508
Rate	Target value ≥ 95%	100%	86.49% - 100%	98.18%**



		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	96.36%	97.29%	100%	100%	97.08%
	5 th percentile	90.48%	93.73%	91.67%	93.30%	91.40%
●	Min	83.33%	89.47%	77.78%	75.00%	86.49%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100%	134	87.01%

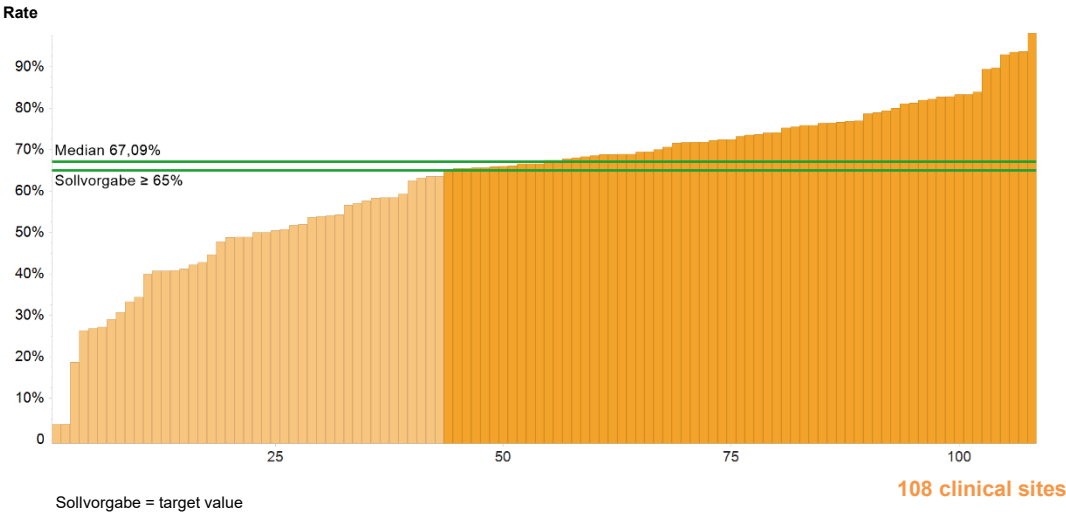
Comments:
The rate of postoperative case presentations remains high (overall rate 98.2%, previous year: 98.5%). As in previous years, the median is 100%. Twenty centres fell short of the target value (previous year: 9). This was due to the death of patients before they were presented to the tumour board.

*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.

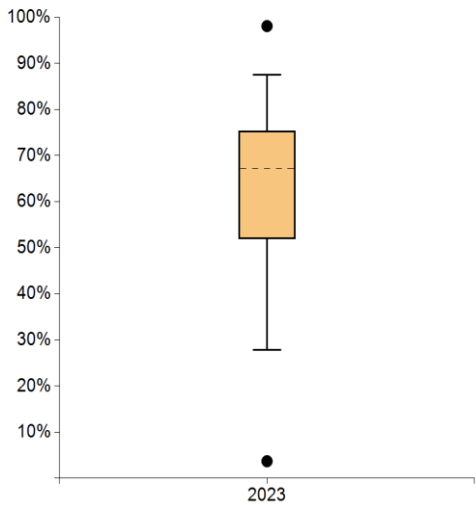
** Percentage of centre patients who were treated according to the indicator.

***OPS-Code 5-524 correspondance to OPS (1) partial resection of the pancreas and OPS-Code 5-525 correspondance to OPS (1) (total) pancreatectomy

4. Psycho-oncological distress screening



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who were psycho-oncologically screened	34*	1 - 136	4.176
Denominator	Primary cases (= Indicator 1a) + patients with new recurrence and/or distant metastases (= Indicator 1b)	53.5*	23 - 194	6.579
Rate	Target value ≥ 65%	67.09%	3.70% - 98.08%	63.47%**

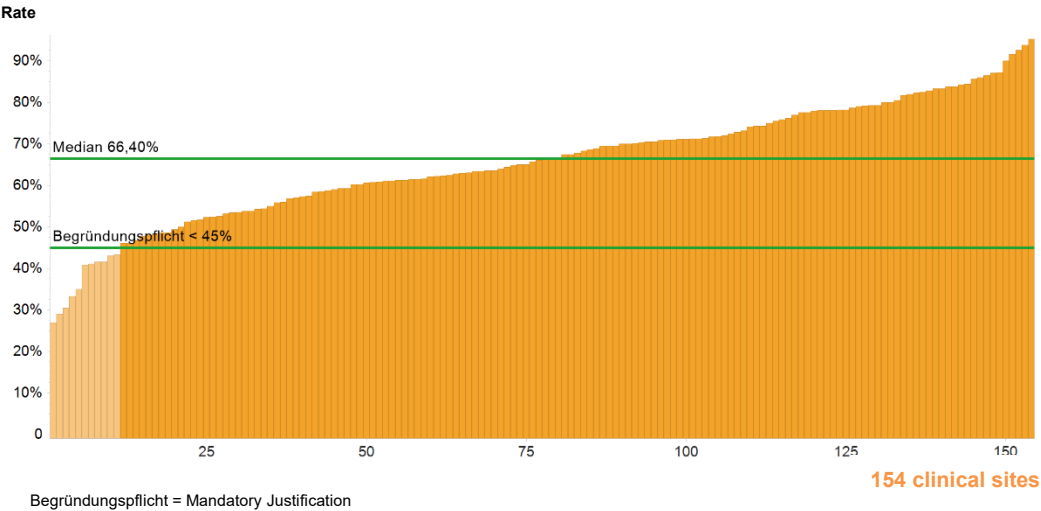


		2019	2020	2021	2022	2023
●	max	----	----	----	----	98.08%
	95 th percentile	----	----	----	----	87.56%
	75 th percentile	----	----	----	----	75.40%
	Median	----	----	----	----	67.09%
	25 th percentile	----	----	----	----	51.93%
	5 th percentile	----	----	----	----	27.89%
●	Min	----	----	----	----	3.70%

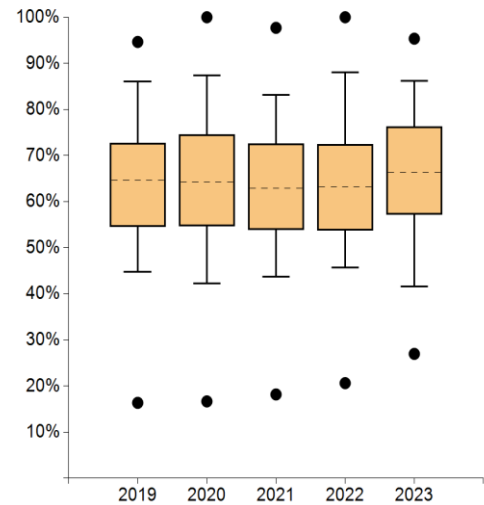
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
108	70.13%	65	60.19%
Comments: In the current indicator year, psycho-oncological distress screening was recorded on an optional basis for the first time. Of 154 centres, 108 provided evaluable data. 65 of these centres (60.2%) achieved the target value of ≥ 65%. The median is 67.1%, which is above the target value. The range of screening rates from 3.7% to 98.1% underscores the feedback from the centres that screening is currently still in the establishment phase.			

*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 centre patients who were treated according to the indicator.

5. Social Services Counselling



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who received outpatient or inpatient counselling from social services	35.5*	11 – 135	6.155
Denominator	Primary cases (= Indicator 1a) + patients with new recurrence and/or distant metastases (= Indicator 1b)	56*	23 – 194	9.563
Rate	Mandatory Justification*** < 45%	66.40%	26.98% - 95.35%	64.36%**



		2019	2020	2021	2022	2023
	max	94.64%	100%	97.70%	100%	95.35%
	95 th percentile	86.11%	87.43%	83.12%	88.04%	86.19%
	75 th percentile	72.73%	74.58%	72.52%	72.41%	76.21%
	Median	64.63%	64.23%	62.96%	63.16%	66.40%
	25 th percentile	54.55%	54.70%	53.93%	53.78%	57.19%
	5 th percentile	44.74%	42.20%	43.65%	45.69%	41.64%
	Min	16.36%	16.67%	18.18%	20.63%	26.98%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
154	100.00%	143	92.86%

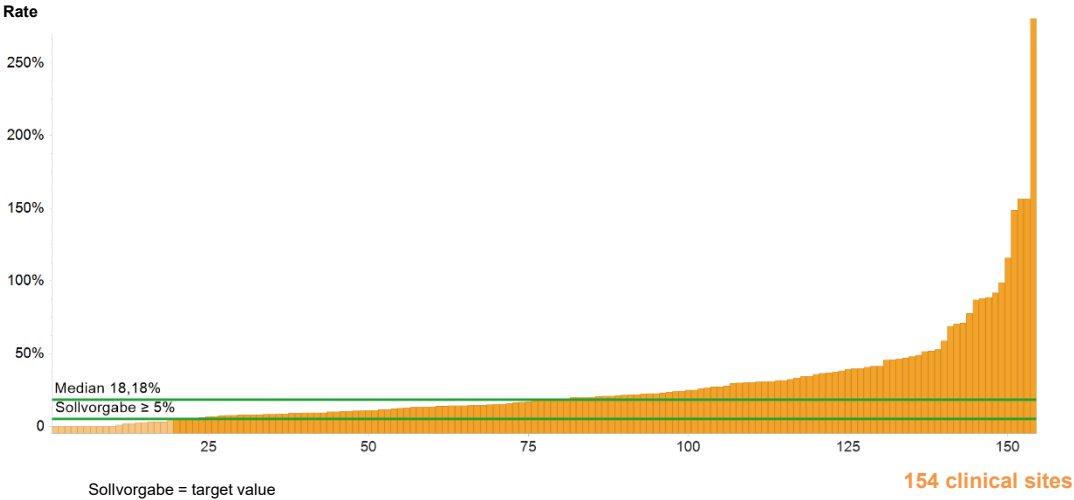
Comments:
In the current reporting year, the overall rate (64.4%, previous year: 63.5%), median (66.4%) and 25th/75th percentiles were slightly above the previous year's figures. 11 centres fell below the lower plausibility limit (previous year: 6). The reasons given were short lengths of stay (3), no need for screening (2), special legal provisions in foreign centres (5) and a temporary staff shortage (1).

*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

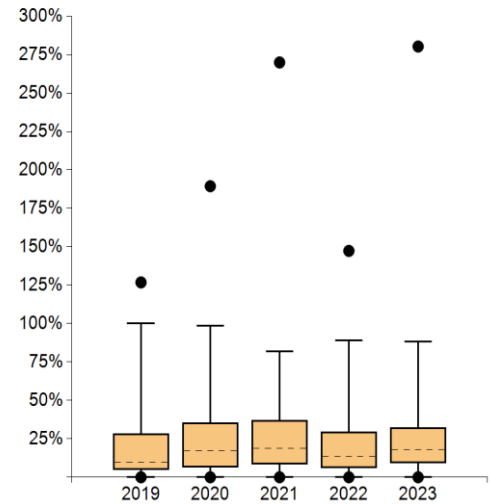
** Percentage of centre patients who were treated according to the indicator.

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

6. Patients Enrolled in a Study



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients who were included in a study with an ethical vote	8*	0 – 384	2.745
Denominator	Primary cases (= Indicator 1a)	45*	19 – 185	7.943
Rate	Target value ≥ 5%	18.18%	0.00% - 280.29%	34.56%**



		2019	2020	2021	2022	2023
●	max	126.79%	189.39%	269.93%	147.30%	280.29%
	95 th percentile	100%	98.75%	81.87%	88.99%	88.44%
	75 th percentile	28.21%	35.37%	37.03%	29.32%	32.15%
	Median	9.84%	17.24%	18.87%	13.79%	18.18%
	25 th percentile	5.00%	6.67%	8.57%	6.19%	9.28%
	5 th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	135	87.66%
Comments: In the current indicator year, 87.7% met the target value for study participation (previous year: 79.7%). The positive development compared to the previous year is reflected both in an increase in the overall rate (34.6%, previous year: 29) and across all percentile-values. The majority of the 19 centres that fell below the target value (previous year: 30) stated that they would make active efforts to achieve it again in the following year. A few centres reported a reduced range of studies for pancreatic cancer patients. The auditors emphasised that patients could also be included in studies, e.g. from supportive care areas, and issued several remarks as well as four deviations.			

*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 centre patients who were treated according to the indicator

Individual Annual Report - Benchmark

Individual Annual Report - Evaluation of site-specific key figures

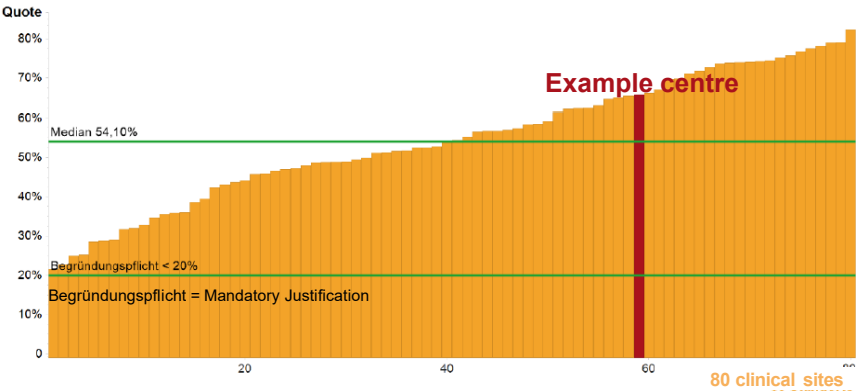
What is the Individual Annual Report?

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:

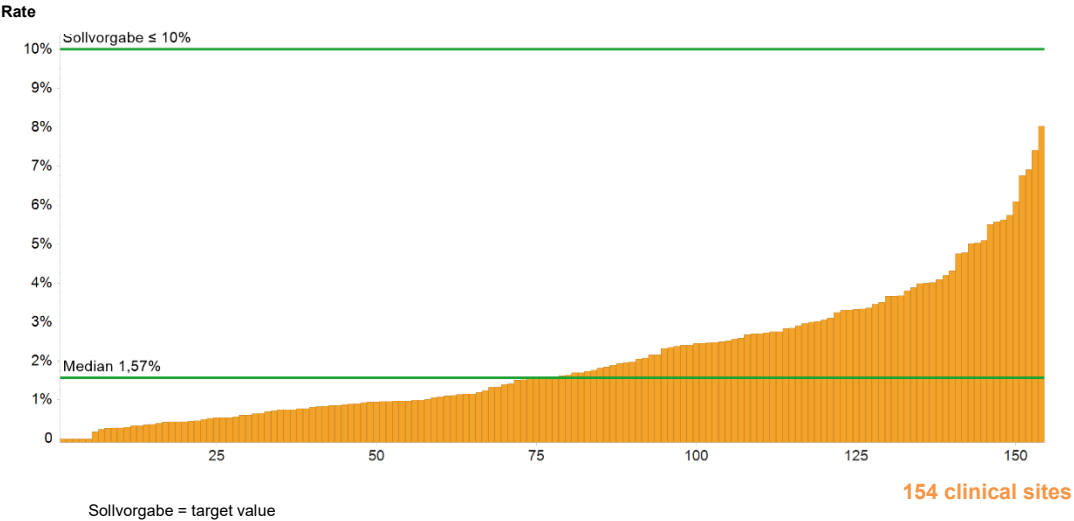
Colorectal, Prostate and Gynaecological Cancer Centres

- 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 login details for accessing the individual annual report are available from the centres management and centres coordination (login details will be sent once).

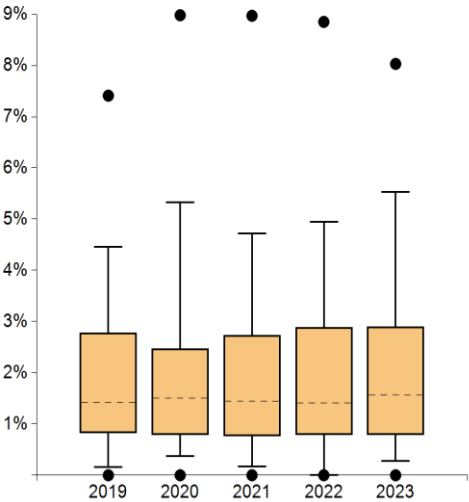
All other Organ Cancer Centres / Modules

- 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.

7a. Endoscopy Complications - Pancreatitis after ERCP (CR 2.1)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	ERCPs of the denominator with specific complications. Pancreatitis after ERCP (CR 2.1)	6*	0 – 69	1.277
Denominator	ERCPs for each endoscopy unit	368,5*	115 – 1.364	64.206
Rate	Target value ≤ 10%	1.57%	0.00% - 8.03%	1.99%**

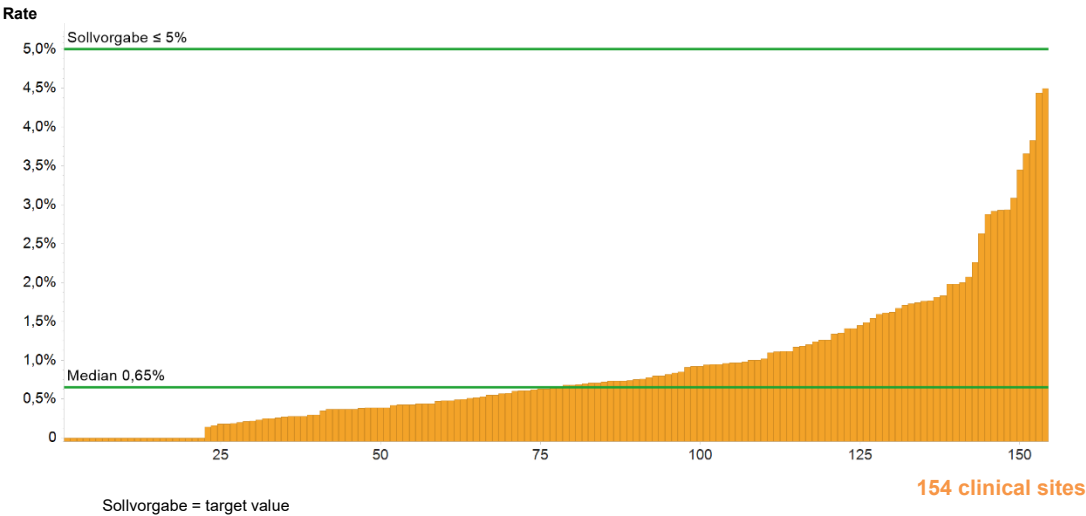


		2019	2020	2021	2022	2023
●	max	7.41%	8.98%	8.97%	8.85%	8.03%
	95 th percentile	4.46%	5.33%	4.72%	4.94%	5.53%
	75 th percentile	2.78%	2.47%	2.73%	2.89%	2.89%
	Median	1.42%	1.50%	1.45%	1.41%	1.57%
	25 th percentile	0.82%	0.79%	0.77%	0.79%	0.79%
	5 th percentile	0.16%	0.38%	0.17%	0.00%	0.28%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

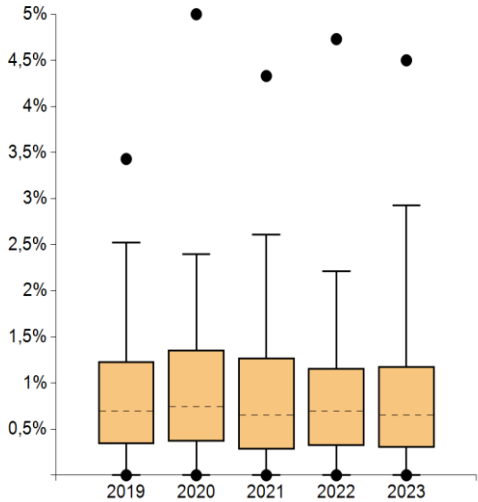
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	154	100.00%
Comments: The frequency of post-intervention pancreatitis following ERCP in the current indicator year is just under 2% (previous year: 1.9%), with a median of 1.57%. The complication rate therefore remains at a low level. In the current year, 100% of the 154 centres evaluated achieved the target value.			

*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 centre patients who were treated according to the indicator

7b. Endoscopy Complications - Bleeding and Perforation after ERCP (CR 2.1)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	ERCPs of the denominator with specific complications. Bleeding and perforation after ERCP (CR 2.1)	2*	0 – 48	608
Denominator	ERCPs for each endoscopy unit	368.5*	115 – 1.364	64.206
Rate	Target value ≤ 5%	0.65%	0.00% - 4.50%	0.95%**

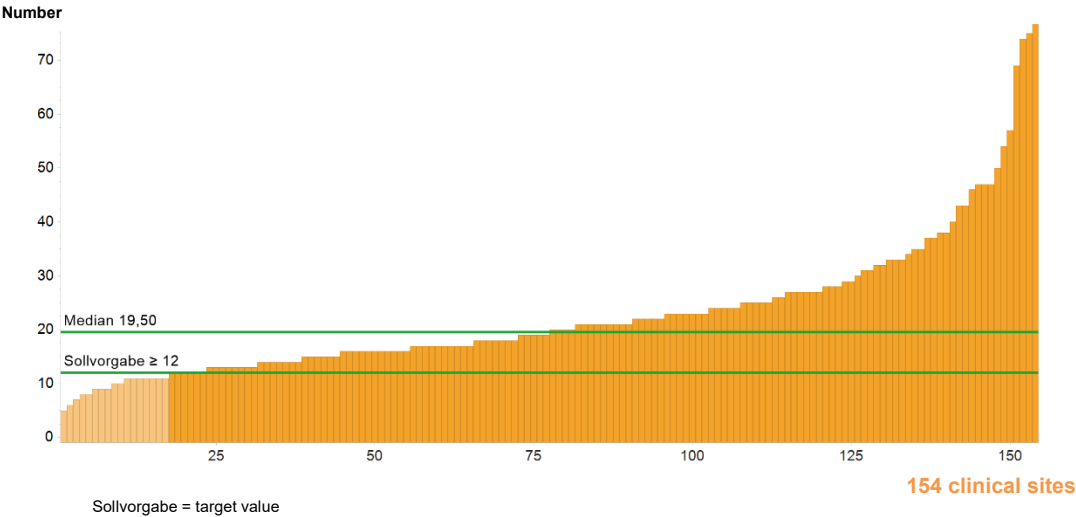


		2019	2020	2021	2022	2023
●	max	3.43%	5.00%	4.33%	4.73%	4.50%
	95 th percentile	2.52%	2.40%	2.61%	2.21%	2.92%
	75 th percentile	1.23%	1.36%	1.27%	1.16%	1.18%
	Median	0.70%	0.74%	0.65%	0.70%	0.65%
	25 th percentile	0.34%	0.37%	0.28%	0.32%	0.30%
	5 th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

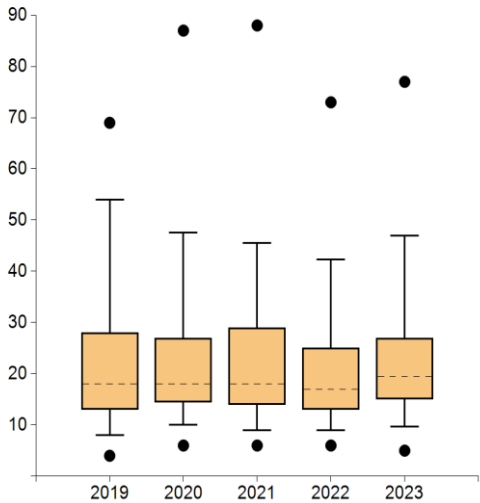
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	154	100.00%
Comments: The rate of post-intervention bleeding and perforations following ERCP in the current indicator year is 0.95% (previous year: 0.9%), with a median of 0.65%. The complication rate therefore remains consistently low. All 154 evaluable centres met the target value of ≤ 5%.			

*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 centre patients who were treated according to the indicator

8. Surgical Primary Cases Pancreas (only ICD-10 C25 in Combination with OPS 5-524* and 5-525*)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Surgical primary cases pancreas (OPS 5-524*. 5-525* only with ICD-10 C25) (Def. 5.2.4)	19.5	5 – 77	3.508
	Target value ≥ 12			



		2019	2020	2021	2022	2023
●	max	69.00	87.00	88.00	73.00	77.00
	95 th percentile	54.00	47.50	45.50	42.30	47.00
	75 th percentile	28.00	27.00	29.00	25.00	27.00
	Median	18.00	18.00	18.00	17.00	19.50
	25 th percentile	13.00	14.50	14.00	13.00	15.00
	5 th percentile	8.00	10.00	9.00	9.00	9.65
●	Min	4.00	6.00	6.00	6.00	5.00

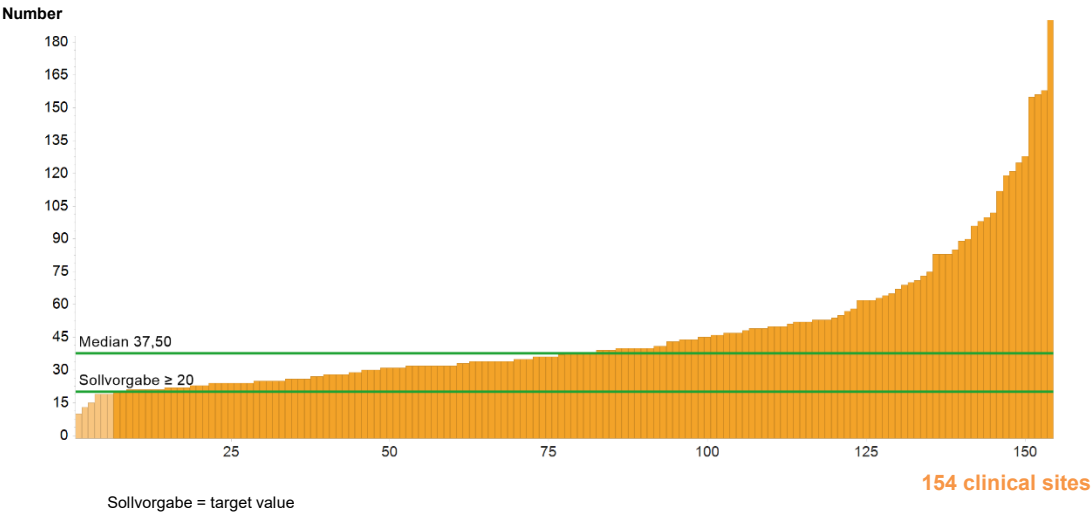
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	137	88.96%

Comments:

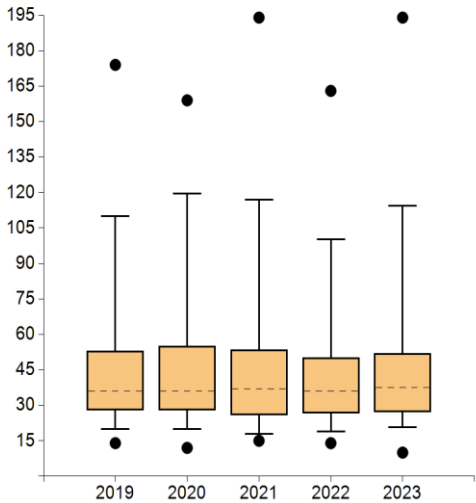
In the current indicator year, the number of primary surgical cases rose by + 4.1% to 3,508 (previous year: 3,100, + 13.2%) accompanied by an increase in centres. The median increased from 17 to 19.5. Almost 89% of centres met the target value (previous year: 85.6%). The majority of the 17 centres that fell short of the target value (previous year: 21) are striving to improve through targeted measures, such as intensifying cooperation with referring physicians. Individual centres pointed to a high proportion of metastatic stages or resections for other indications. Several remarks and one deviation were documented.

*OPS-Code 5-524 correspondence to OPS (1) partial resection of the pancreas and OPS-Code 5-525 correspondence to OPS (1) (total) pancreatectomy

9. Overall Surgical Expertise Pancreas



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Pancreas resections (left resection of the pancreas. pancreatic head resection. total pancreatectomy. OPS 5-524* and 5-525* with and without ICD-10 C25).	37.5	10 – 194	7.184
	Target value ≥ 20			

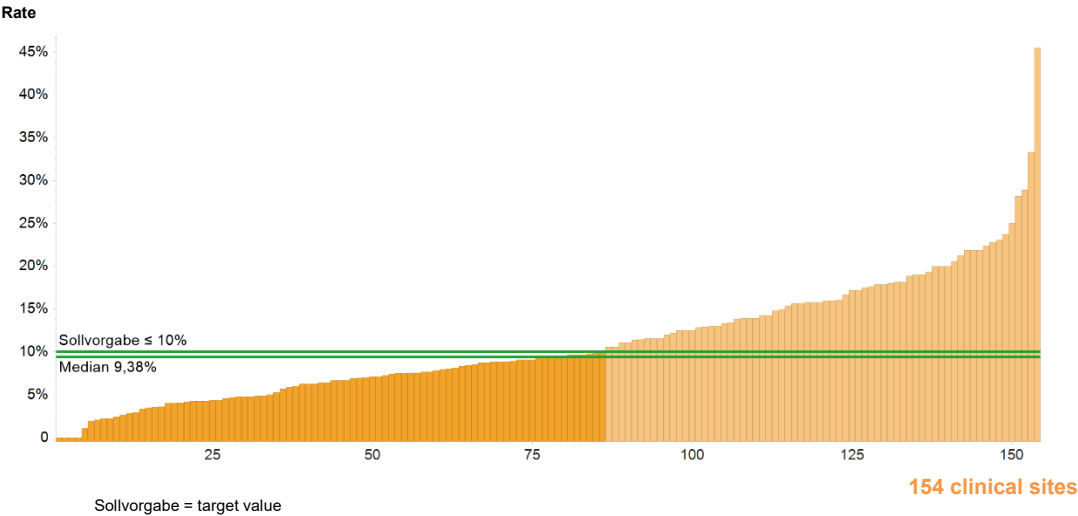


		2019	2020	2021	2022	2023
●	max	174.00	159.00	194.00	163.00	194.00
	95 th percentile	110.00	119.50	117.00	100.20	114.45
	75 th percentile	53.00	55.00	53.50	50.25	52.00
	Median	36.00	36.00	37.00	36.00	37.50
	25 th percentile	28.00	28.00	26.00	26.75	27.25
	5 th percentile	20.00	20.00	18.00	19.00	20.65
●	Min	14.00	12.00	15.00	14.00	10.00

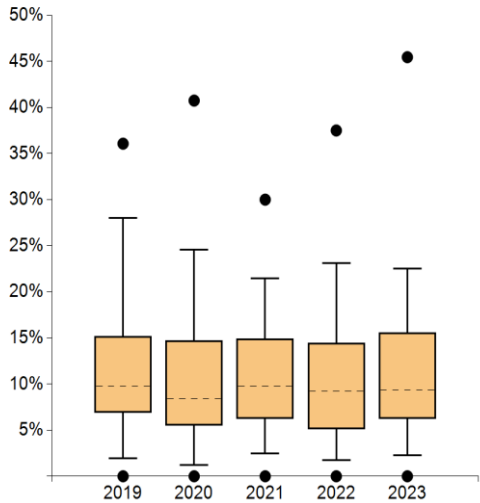
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	148	96.10%
Comments: Operational expertise also showed an increase: 7,184 resections were reported in the current indicator year (previous year: 6,388, + 12.5%). The increase is evident across all percentiles. 6 centres fell below the target value (previous year: 12). 2 of these centres were undergoing a repeat audit and missed the target value by only 1 case each – however, both achieved the 3-year average, so the certificate was extended.			

*OPS-Code 5-524 correspondance to OPS (1) partial resection of the pancreas and OPS-Code 5-525 correspondance to OPS (1) (total) pancreatectomy

10. Revision Surgeries Pancreas



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Resections of the denominator with revision surgeries after peri-operative complications within 30d of surgery	4*	0 – 33	771
Denominator	Pancreatic resections (OPS 5-524*** and 5-525*** with and without ICD-10 C25) (= Indicator 9)	37.5*	10 – 194	7.184
Rate	Target value ≤ 10%	9.38%	0.00% - 45.45%	10.73%**

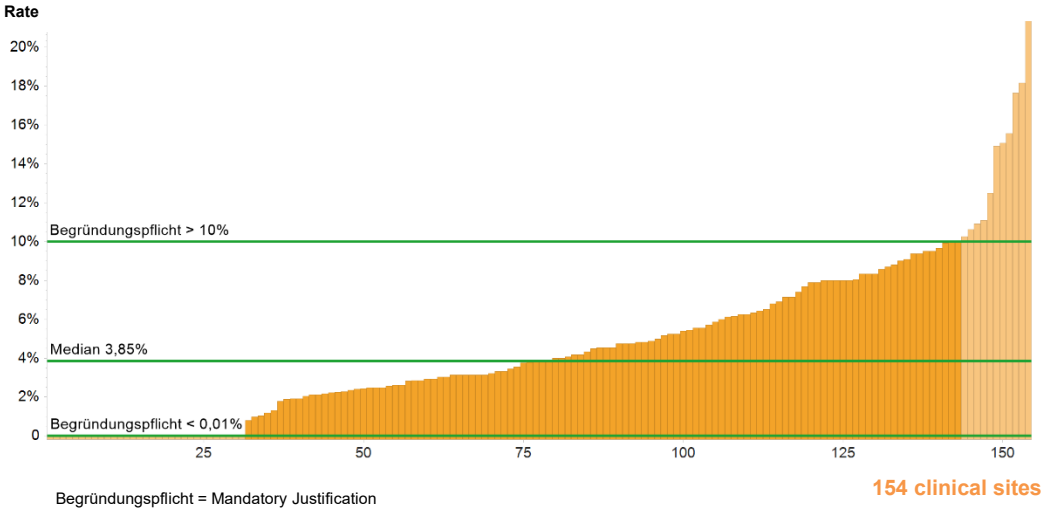


		2019	2020	2021	2022	2023
●	max	36.07%	40.74%	30.00%	37.50%	45.45%
	95 th percentile	28.00%	24.57%	21.43%	23.10%	22.54%
	75 th percentile	15.15%	14.73%	14.91%	14.42%	15.57%
	Median	9.76%	8.45%	9.72%	9.24%	9.38%
	25 th percentile	6.90%	5.54%	6.22%	5.13%	6.25%
	5 th percentile	1.92%	1.23%	2.48%	1.72%	2.25%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

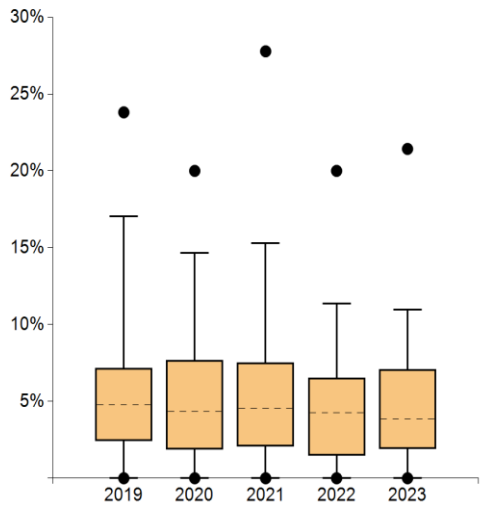
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	86	55.84%
Comments: At 10.7%, the overall revision rate was slightly higher than in the previous year (9.9%). A total of 68 centres exceeded the target value (previous year: 60). The most common indications for revision surgery were anastomotic leak (79 cases) and bleeding (erosion or post-operative bleeding, 69 cases). Other reasons included haematoma removal (25 cases), fascial dehiscence (20 cases), necrotising pancreatitis (15 cases), pancreatic fistulas (15), hollow organ perforations (15), abscesses (16), intestinal ischaemia (11), compartment syndrome (5) and isolated other causes. In 136 cases, the centres referred to plausibility checks in the audit, so that the reasons are not apparent from the data sheets. The centres concerned carried out individual case analyses for conspicuous rates and adjusted the surgical technique or perioperative procedure where necessary. Several critical remarks and one deviation (with a simultaneous significant exceedance of the target value of indicator 12a) were issued.			

*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 centre patients who were treated according to the indicator
***OPS-Code 5-524 correspondance to OPS (1) partial resection of the pancreas and OPS-Code 5-525 correspondance to OPS (1) (total) pancreatectomy

11. Post-operative Wound Infections



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Resections of the denominator with post-operative wound infections within 30 d after surgery and need for surgical wound revision (irrigation, spreading, VAC dressing)	1*	0 - 14	333
Denominator	Pancreatic resections (OPS 5-524* and 5-525** with and without ICD-10 C25) (= Indicator 9)	7.5*	10 – 194	7.184
Rate	Mandatory Justification*** < 0.01% and >10%	3.85%	0.00% - 21.43%	4.64%**



		2019	2020	2021	2022	2023
●	Max	23.81%	20.00%	27.78%	20.00%	21.43%
	95 th percentile	17.05%	14.65%	15.30%	11.35%	10.99%
	75 th percentile	7.14%	7.69%	7.50%	6.51%	7.08%
	Median	4.76%	4.35%	4.55%	4.26%	3.85%
	25 th percentile	2.44%	1.89%	2.09%	1.49%	1.92%
	5 th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
●	Min	0.00%	0.00%	0.00%	0.00%	0.00%

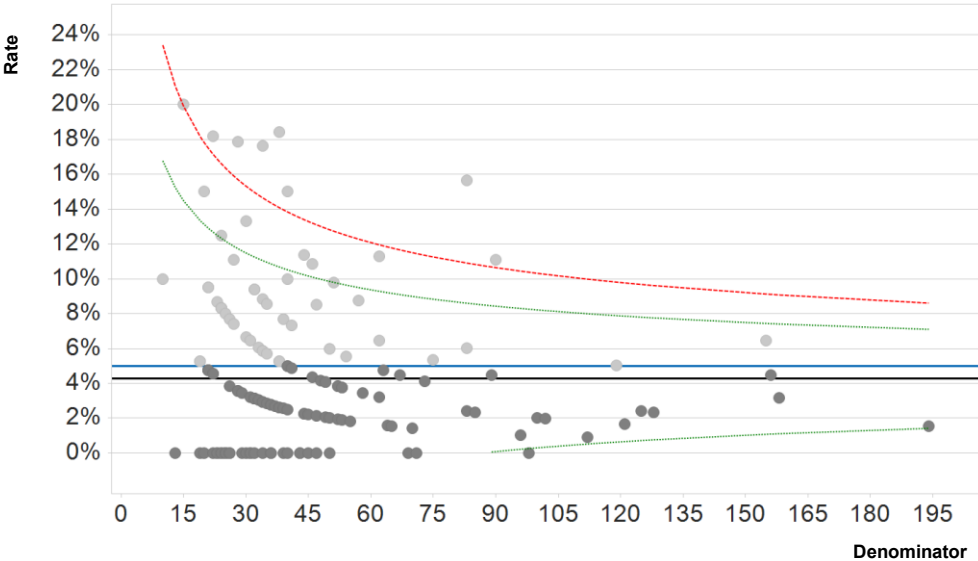
Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
154	100.00%	112	72.73%
Comments: The rate of postoperative wound infections remained unchanged at 4.6% compared to the previous year. 31 centres reported a wound infection rate of 0%; in 7 of these centres, the auditors documented random checks to verify plausibility. 11 centres (previous year: 12) exceeded the upper plausibility limit. The causes identified that contributed to wound infection included revision surgery (37×), multivisceral or emergency surgery (13×) and pancreatic fistulas (5×). In 19 cases, no written explanation was provided. The auditors made 6 remarks and recommended that the hygiene concepts be reviewed.			

*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.

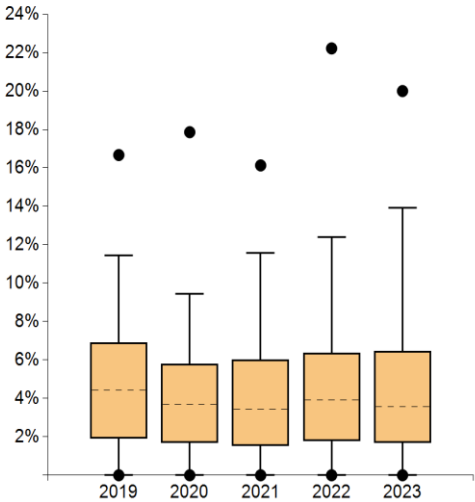
** Percentage of centre patients who were treated according to the indicator

*** For values outside the plausibility limit(s) the centres must give the reasons.

12a. Post-operative Mortality – within 30 d



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Resections of the denominator with patients who deceased 30 days post-operative	1.5*	0 – 13	306
Denominator	Pancreatic resections (OPS 5-524*** and 5-525*** with and without ICD-10 C25) (= Indicator 9)	37.5*	10 – 194	7.184
Rate	Target value ≤ 5%	3.57%	0.00% - 20.00%	4.26%**



		2019	2020	2021	2022	2023
	max	16.67%	17.86%	16.13%	22.22%	20.00%
	95 th percentile	11.43%	9.45%	11.56%	12.40%	13.91%
	75 th percentile	6.90%	5.80%	6.00%	6.36%	6.45%
	Median	4.44%	3.70%	3.45%	3.93%	3.57%
	25 th percentile	1.92%	1.71%	1.55%	1.78%	1.69%
	5 th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
	Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	101	65.58%

Comments:

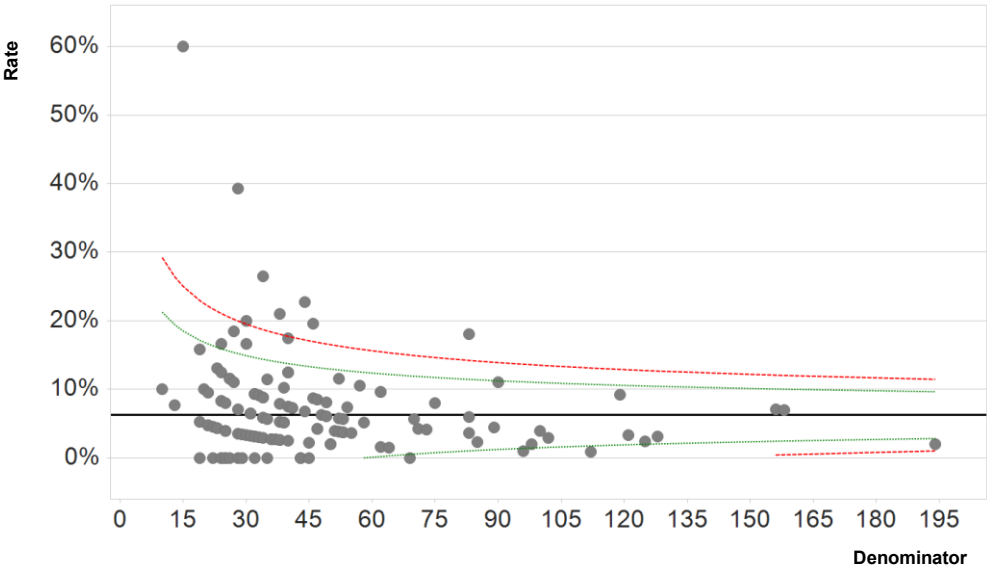
In the current indicator year, the 30-day postoperative mortality rate remained at 4.3%, as in the previous year. A five-year comparison shows stable values. Encouragingly, 32 centres reported a mortality rate of 0%, while 53 centres (previous year: 51) exceeded the target value. The causes of death identified were varied. The most common causes reported by the centres were haemorrhage (26×), liver failure (15×), mesenteric ischaemia (13×), complications following pancreatic fistula (12×) or multivisceral resections (12×), anastomotic leak (12), respiratory failure (13) and pulmonary embolism (8) were reported by the centres. Several remarks were made; in 13 cases, repeated exceedances of the target value led to deviations, each of which resulted in the participation in the DKG coaching programme.

*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.

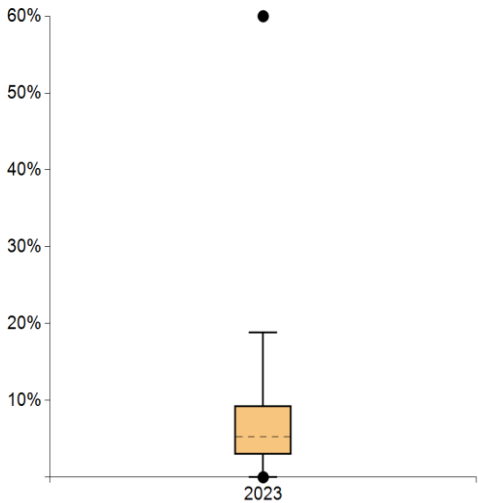
** Percentage of centre patients who were treated according to the indicator

***OPS-Code 5-524 correspondance to OPS (1) partial resection of the pancreas and OPS-Code 5-525 correspondance to OPS (1) (total) pancreatectomy

12b. Post-operative Mortality – within 90 d



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Resections of the denominator with patients who deceased 90 days post-operative	2*	0 – 15	398
Denominator	Pancreatic resections (OPS 5-524*** and 5-525*** with and without ICD-10 C25) (= Indicator 9)	38*	10 – 194	6.357
Rate	No Target value	5.26%	0.00% - 60.00%	6.26%**



		2019	2020	2021	2022	2023
	max	----	----	----	----	60.00%
	95 th percentile	----	----	----	----	18.84%
	75 th percentile	----	----	----	----	9.31%
	Median	----	----	----	----	5.26%
	25 th percentile	----	----	----	----	2.99%
	5 th percentile	----	----	----	----	0.00%
	Min	----	----	----	----	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
136	87.66%	----	----

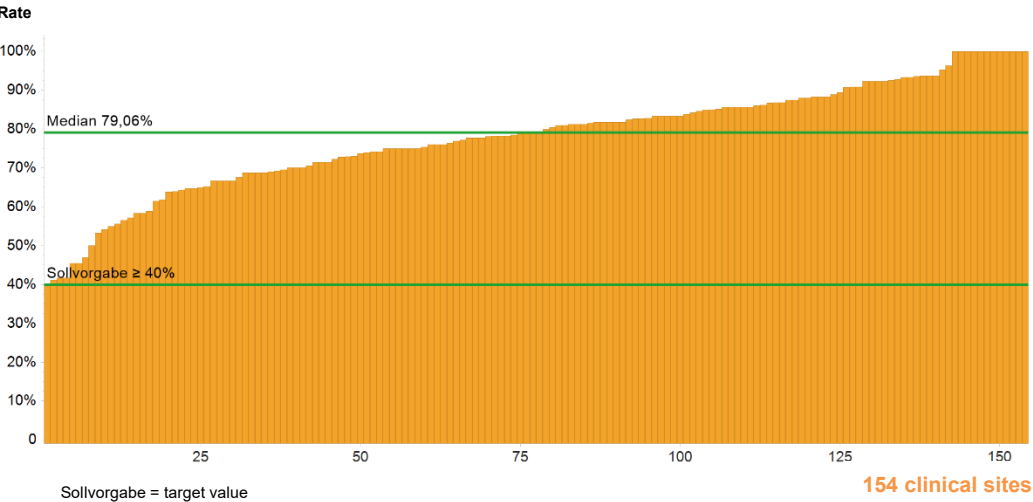
Comments:
The 90-day mortality rate was collected on an optional basis for the first time in the current indicator year; a target value has not yet been defined. The overall rate is 6.3%, with a median of 5.3%. The range extends from 0% to 60%. Evaluable data was available from a total of 135 centres. The centre with a rate of 60% also exceeded indicator 12a. In some cases, the exceedance is also due to small case numbers in the denominator.

*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.

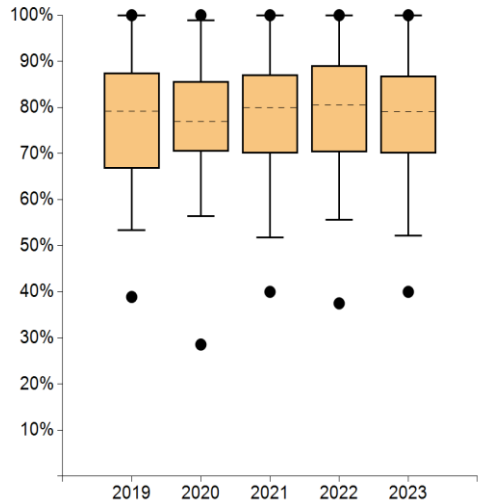
** Percentage of centre patients who were treated according to the indicator

***OPS-Code 5-524 correspondance to OPS (1) partial resection of the pancreas and OPS-Code 5-525 correspondance to OPS (1) (total) pancreatectomy

13. Local R0 Resections Pancreas (GL QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with local R0 resections after completion of surgical therapy	15*	5 – 62	2.725
Denominator	Surgical primary cases pancreas (OPS 5-524***. 5-525*** only with ICD-10 C25) (= Indicator 8)	19.5*	5 - 77	3.508
Rate	Target value ≥ 40%	79.06%	40.00% - 100%	77.68%**



		2019	2020	2021	2022	2023
●	max	100%	100%	100%	100%	100%
	95 th percentile	100%	98.87%	100%	100%	100%
	75 th percentile	87.50%	85.71%	87.09%	89.04%	86.84%
	Median	79.17%	76.92%	80.00%	80.48%	79.06%
	25 th percentile	66.67%	70.48%	70.00%	70.34%	70.00%
	5 th percentile	53.33%	56.39%	51.80%	55.56%	52.16%
●	Min	38.89%	28.57%	40.00%	37.50%	40.00%

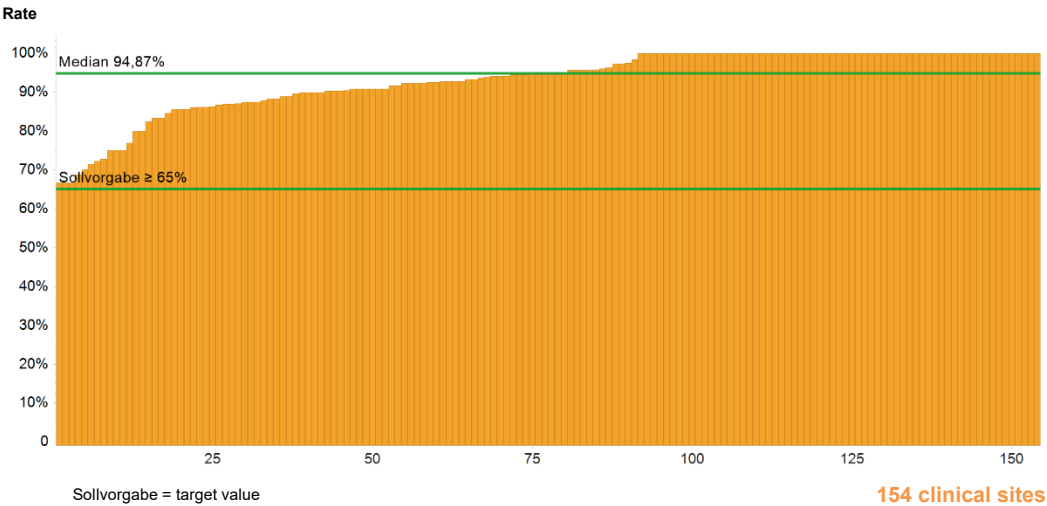
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	154	100.00%
Comments: The penetration rate for this indicator remains unchanged. All 154 centres met the target value, with a median of 79.1% (previous year: 80%). The proportion of local R0 resections in primary surgical cases also remained high at 77.7% (previous year: 78.3%).			

*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.

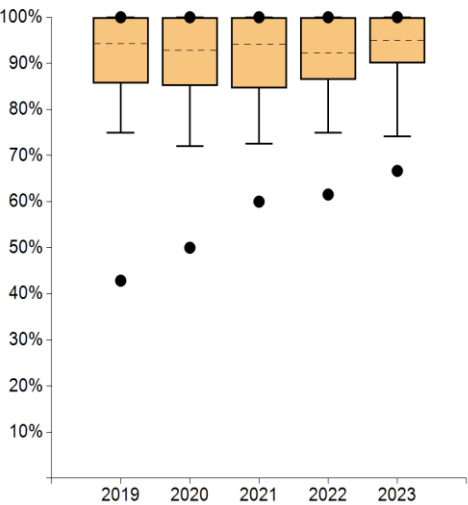
** Percentage of centre patients who were treated according to the indicator

***OPS-Code 5-524 correspondance to OPS (1) partial resection of the pancreas and OPS-Code 5-525 correspondance to OPS (1) (total) pancreatectomy

14. Lymph Node Resection (GL QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with ≥ 12 regional lymph nodes in the surgical specimen after conclusion of surgical therapy	16*	1 - 73	2.775
Denominator	Surgical primary cases (OPS: 5-524*, 5-525* only with ICD-10 C25) without NET and NEC, who have undergone a lymphadenectomy	17*	1 – 75	2.973
Rate	Target value ≥ 65%	94.87%	66.67% - 100%	93.34%**



		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	94.29%	92.86%	94.12%	92.31%	94.87%
	25 th percentile	85.71%	85.15%	84.62%	86.43%	90.00%
	5 th percentile	75.00%	72.08%	72.60%	75.00%	74.21%
●	Min	42.86%	50.00%	60.00%	61.54%	66.67%

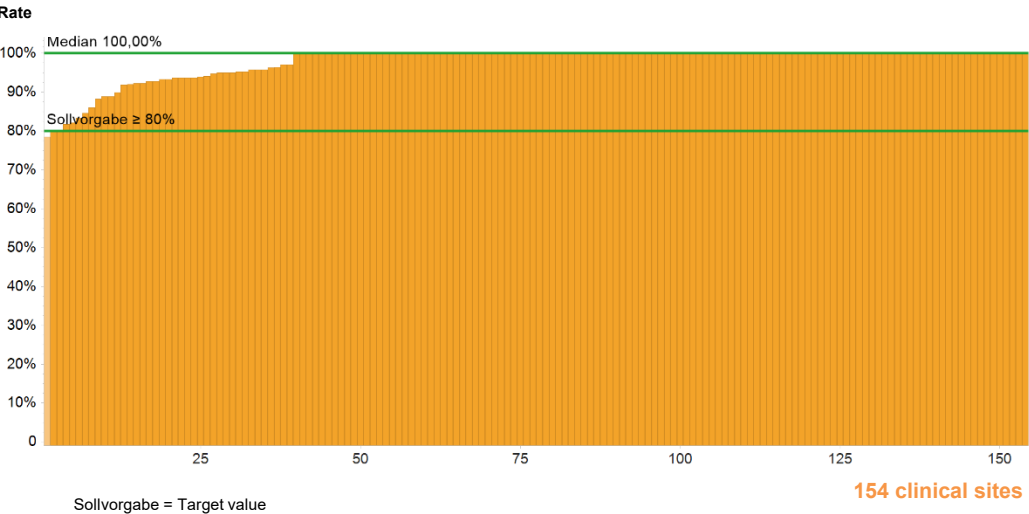
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	154	100.00%
Comments: In the current indicator year, the target value for the removal of at least 12 regional lymph nodes from all 154 centres will be met. The high overall rate of 93.3% (previous year: 91.7%) and the median of 94.9% reflect the continued good implementation of this GL QI. There has also been a steady increase in the lower percentiles in recent years.			

*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.

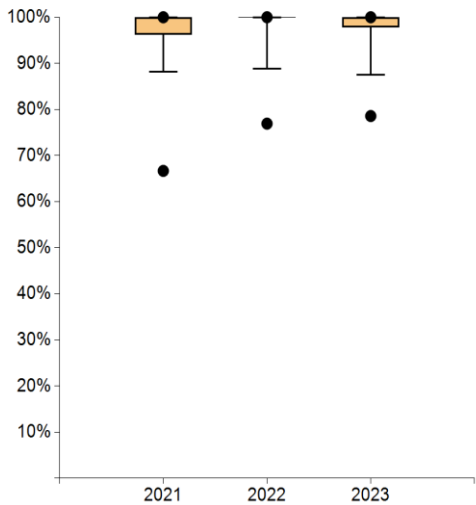
** Percentage of centre patients who were treated according to the indicator

***OPS-Code 5-524 correspondance to OPS (1) partial resection of the pancreas and OPS-Code 5-525 correspondance to OPS (1) (total) pancreatectomy

15. Pathology Report (GL QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with reports of findings with indication of: pT, pN, M; tumour grading: ratio of affected to removed lymph nodes	17*	3 – 74	3.006
Denominator	Surgical primary cases (OPS: 5-524***, 5-525*** only with ICD-10 C25) without NET and NEC	17*	3 – 74	3.078
Rate	Target value ≥ 80%	100%	78.57% - 100%	97.66%**



		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	----	----	96.30%	100%	97.80%
	5 th percentile	----	----	88.17%	88.89%	87.46%
●	Min	----	----	66.67%	76.92%	78.57%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	153	99.35%

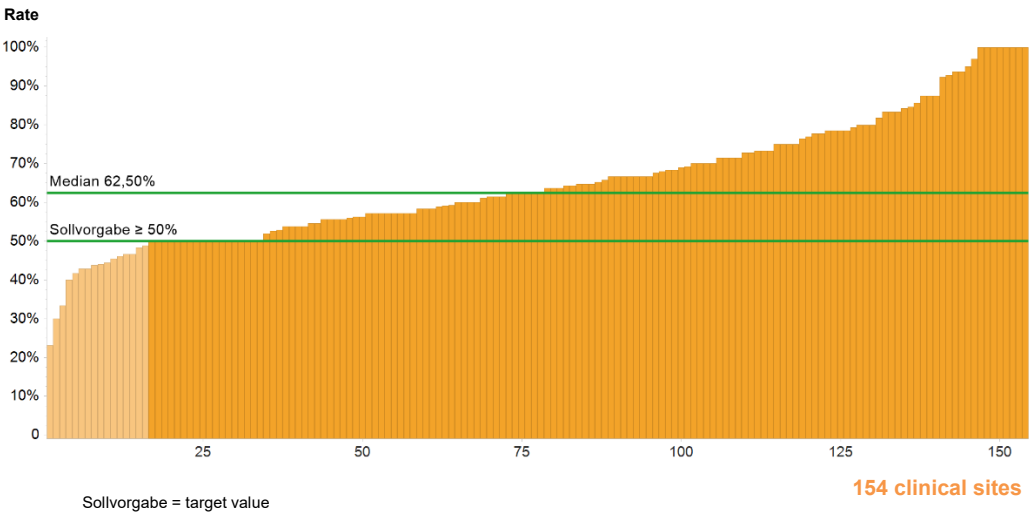
Comments:
This GL QI continues to show a very high level of compliance: the overall rate is 97.7%, with a median of 100%. The target value was achieved by 153 centres. Only one centre fell just short of the target value, citing a lack of information on grading after neoadjuvant therapy as the reason.

*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.

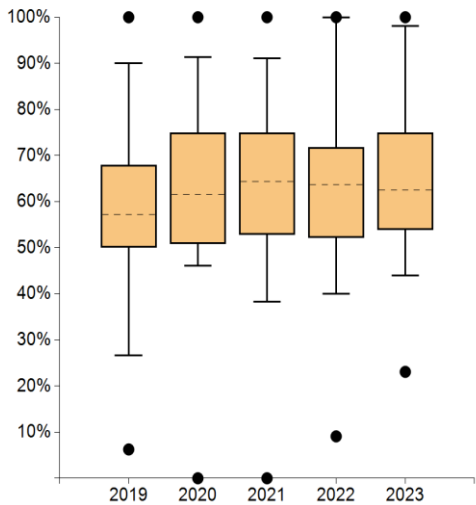
** Percentage of centre patients who were treated according to the indicator

***OPS-Code 5-524 correspondance to OPS (1) partial resection of the pancreas and OPS-Code 5-525 correspondance to OPS (1) (total) pancreatectomy

16. Adjuvant Chemotherapy (GL QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with adjuvant chemotherapy	8*	2 - 42	1.463
Denominator	Surgical primary cases pancreatic cancer UICC stages I-III and R0 resection (without NET and NEC)	13*	3 – 53	2.262
Rate	Target value ≥ 50%	62.50%	23.08% - 100%	64.68%**



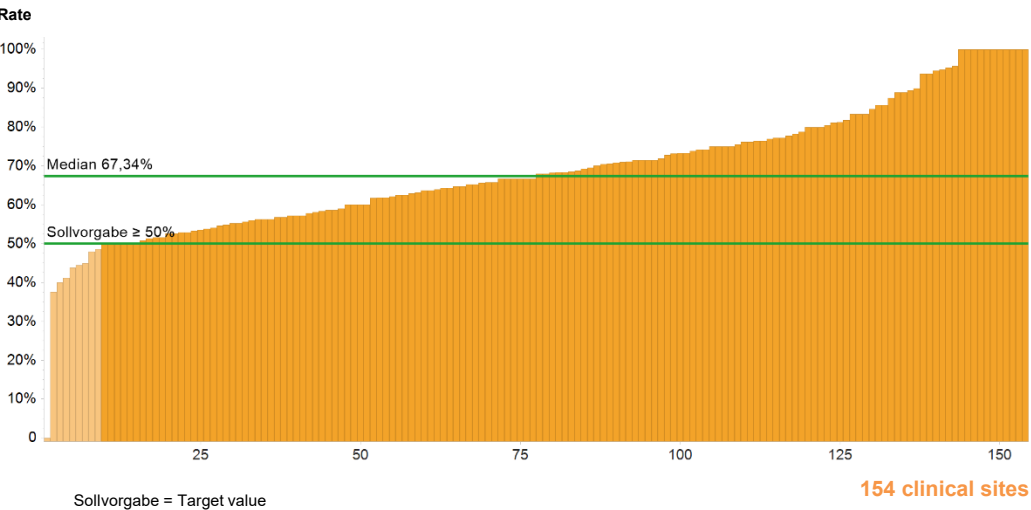
		2019	2020	2021	2022	2023
●	max	100%	100%	100%	100%	100%
	95 th percentile	90.00%	91.29%	91.11%	100%	98.03%
	75 th percentile	67.86%	75.00%	75.00%	71.76%	75.00%
	Median	57.14%	61.54%	64.29%	63.64%	62.50%
	25 th percentile	50.00%	50.81%	52.79%	52.13%	53.85%
	5 th percentile	26.67%	46.06%	38.25%	40.00%	43.91%
●	Min	6.25%	0.00%	0.00%	9.09%	23.08%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	138	89.61%
Comments: The overall rate for the current indicator year is 64.7%, slightly above the previous year's figure of 62.2%. Overall, all values show slight fluctuations. 16 centres (previous year: 17) failed to meet the target value. The most common reasons given were patient's death (39 cases), refusal of therapy (34), lost to follow-up (21), reduced general condition (21) and postoperative complications or prolonged postoperative courses (14). In several audits, the auditors again reminded centres that information on adjuvant therapy must also be actively sought in cases of external follow-up treatment.			

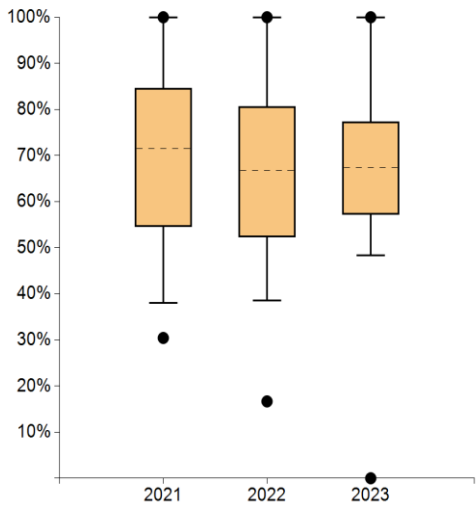
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.

** Percentage of centre patients who were treated according to the indicator

17. Palliative Chemotherapy (GL QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patient Total
Numerator	Patients of the denominator with palliative chemotherapy	15.5*	0 – 100	2.614
Denominator	Non-operative primary cases of pancreatic cancer and ECOG 0-2 (without NET and NEC) Pat. with pancreatic carcinoma with secondary metastasis (M1) without metastasectomy and ECOG 0-2 (without NET/NEC)	22*	1 – 146	3.874
Rate	Target value ≥ 50%	67.34%%	0.00% - 100%	67.48%**



		2019	2020	2021	2022	2023
●	max	----	----	100%	100%	100%
	95 th percentile	----	----	100%	100%	100%
	75 th percentile	----	----	84.62%	80.63%	77.27%
	Median	----	----	71.43%	66.67%	67.34%
	25 th percentile	----	----	54.55%	52.25%	57.14%
	5 th percentile	----	----	37.99%	38.52%	48.37%
●	Min	----	----	30.43%	16.67%	0.00%

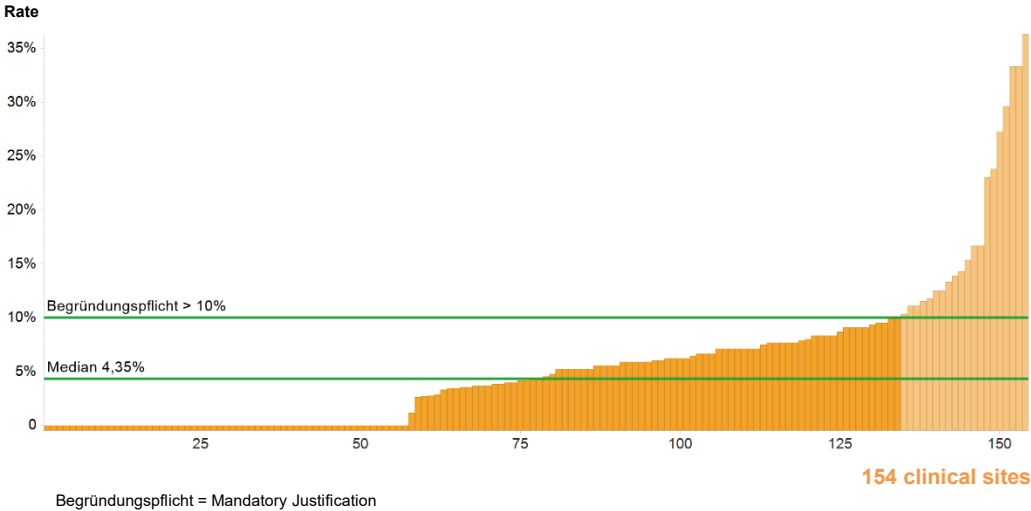
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
154	100.00%	145	94.16%
Comments: The plausibility limit for this GL QI was transferred to a target value in the current indicator year. With a rate of 67.5% and a median of 67.3%, the values are stable compared to the previous year (66.2% and 66.7% respectively). 9 centres fell short of the target value. The main reasons given were patient death, reduced general condition and refusal of therapy. 1 centre with a 0% rate had only two patients in the denominator, one of whom died before the start of therapy and the other underwent therapy in the following 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

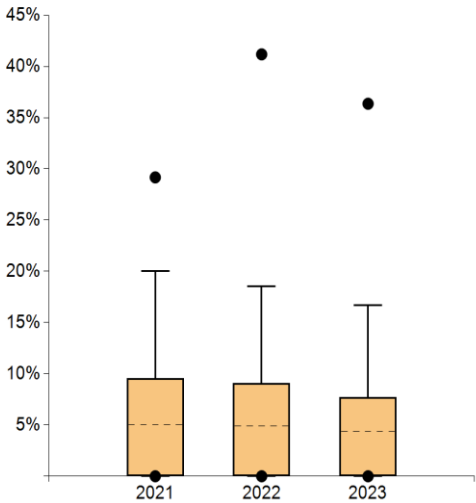
** Percentage of centre patients who were treated according to the indicator.

*** For values outside the plausibility limit(s) the centres must give the reasons.

18. Primary Resection for Metastatic Pancreatic Cancer (GL QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patient Total
Numerator	Primary cases of the denominator with primary resection of the tumour	1*	0 - 8	165
Denominator	Primary cases of pancreatic cancer (without NET/NEC) with distant metastases (= organ metastases, peritoneal carcinomatosis, lymph node metastases considered as distant metastases (M1)).	19*	2 – 86	3.333
Rate	Mandatory Justification*** >10%	4.35%	0.00% - 36.36%	4.95%**



		2019	2020	2021	2022	2023
●	max	----	----	29.17%	41.18%	36.36%
	95 th percentile	----	----	20.00%	18.55%	16.67%
	75 th percentile	----	----	9.55%	9.09%	7.69%
	Median	----	----	5.00%	4.88%	4.35%
	25 th percentile	----	----	0.00%	0.00%	0.00%
	5 th percentile	----	----	0.00%	0.00%	0.00%
●	Min	----	----	0.00%	0.00%	0.00%

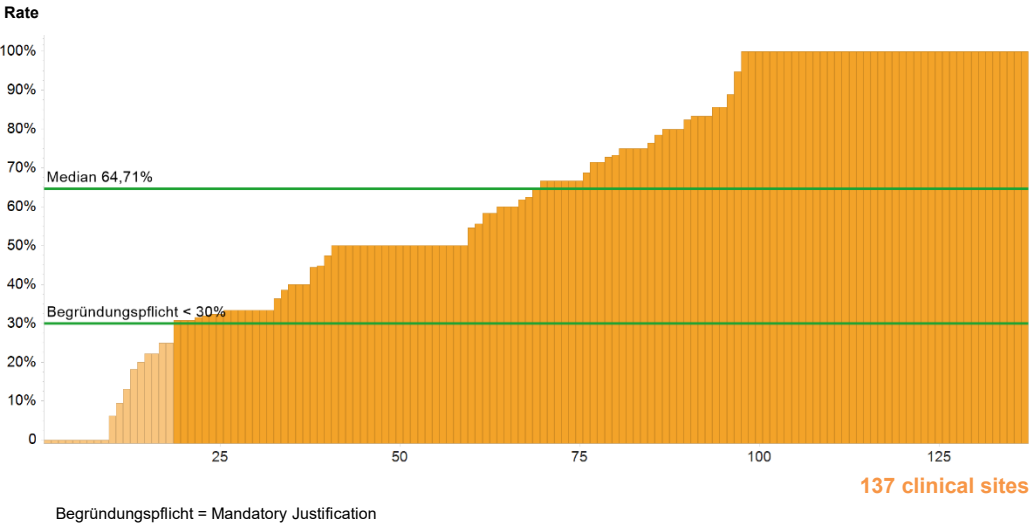
Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
154	100.00%	134	87.01%
Comments: The median rate is 4.4% (previous year: 6.2%). 57 centres did not perform a single resection for metastatic pancreatic cancer, and 30 centres exceeded the plausibility limit. In 42 cases, oligometastasis (mainly hepatic) was present – mostly not known intraoperatively; in 6 cases, liver metastases were known preoperatively, and the procedure was individualised following a tumour conference decision. Other reasons included intraoperatively detected lymph node metastases, locally limited peritoneal carcinomatosis and pulmonary filiae. Most cases could be plausibly explained in the audits, but in isolated cases the auditors recommended optimising staging imaging.			

*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

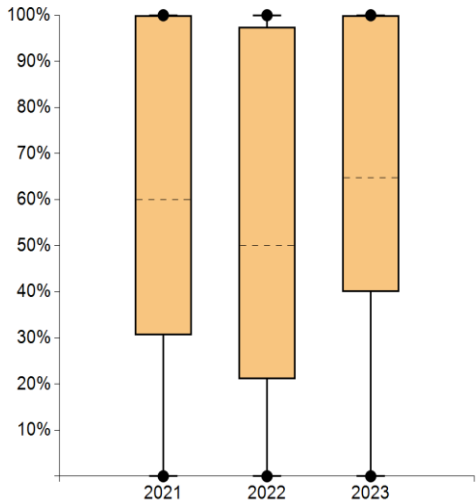
** Percentage of centre patients who were treated according to the indicator.

*** For values outside the plausibility limit(s) the centres must give the reasons.

19. Second-line Therapy (GL QI)



	Indicator definition	All clinical sites 2023		
		Median	Range	Patient Total
Numerator	Patients of the denominator with second-line therapy	3*	0 – 24	645
Denominator	Patients with pancreatic cancer (without NET/NEC), ECOG 0-2 and progression under palliative first-line therapy	4*	1 – 44	1.177
Rate	Mandatory Justification*** >30%	64.71%	0.00% - 100%	54.80%**



		2019	2020	2021	2022	2023
●	max	----	----	100%	100%	100%
	95 th percentile	----	----	100%	100%	100%
	75 th percentile	----	----	100%	97.37%	100%
	Median	----	----	60.00%	50.00%	64.71%
	25 th percentile	----	----	30.56%	21.11%	40.00%
	5 th percentile	----	----	0.00%	0.00%	0.00%
●	Min	----	----	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
137	88.96%	119	86.86%
Comments: This GL QI was introduced for the first time in the current indicator year with a lower plausibility limit of < 30%.The median and overall rate rose to 64.7% and 54.8% (previous year: 50% and 45.4%). 18 centres fell below the plausibility limit and cited patient wishes, premature death and deterioration in the general condition as reasons for not pursuing the second line of treatment.			

*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 centre patients who were treated according to the indicator.

*** For values outside the plausibility limit(s) the centres must give the reasons.

WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)

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