Indicator Analysis 2025

Annual Report of the Certified Colorectal Cancer Centres

Audit Year 2024 / Indicator Year 2023

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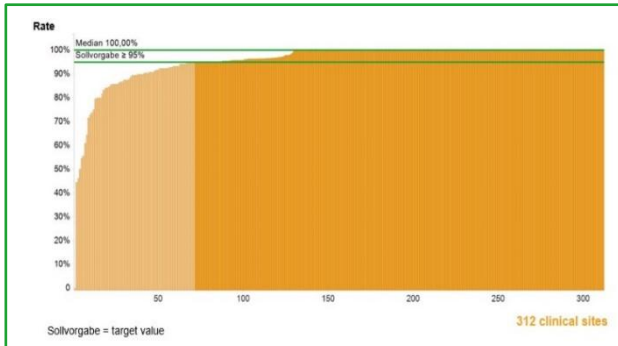
	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator presented at the pre-therapeutic tumour board	14*	0 - 88	5.552
Denominator	Patients with new recurrence and/or distant metastases (= Indicator 1)	15*	1 - 91	5.805
Rate	Target value ≥ 95%	100%	0,00% - 100%	95.64%**



Quality Indicators of the Guidelines (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 (QI's) refer to the version 2.1 of the S3 GGPO Guideline Colorectal Cancer.

Basic Data Indicator:

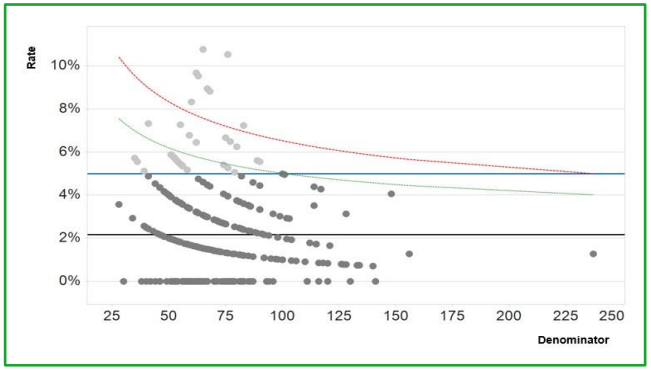
The definition of the **Numerator**, **Denominator** and the **Target value** are taken from the data sheet.
The **Median** for numerator and denominator does not refer to an existing centre but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
Range 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.

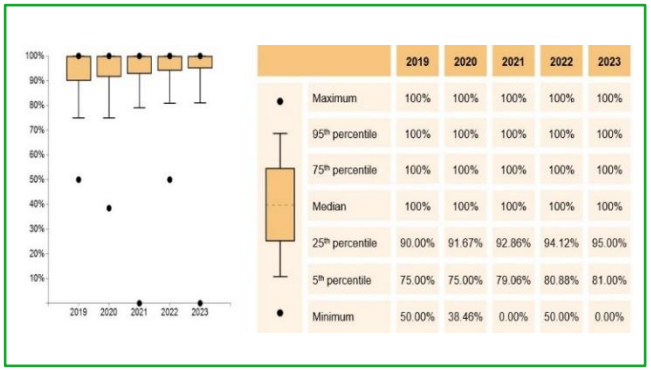
*For further information on the methodological approach see „Development of guideline-based quality indicators" (https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Methodik/QIEP_OL_Version2_english.pdf)

General Information



Funnel Plots:

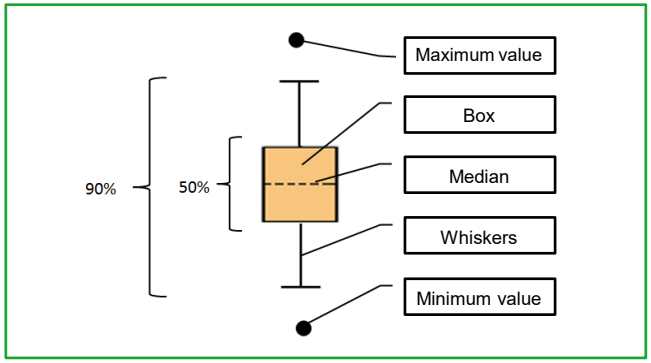
The funnel plots indicate the ratio of the number of patients included and the indicator result for the indicators, which are presented as a quotient. The x-axis represents the population of the indicator (numerical value of the denominator), the y-axis the result of the indicator for the respective centre. The target value 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 value), the red dotted lines the 99.7% confidence intervals (3 standard deviations of the mean value).



	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	90.00%	91.67%	92.86%	94.12%	95.00%
5th percentile	75.00%	75.00%	79.06%	80.88%	81.00%
Minimum	50.00%	38.46%	0.00%	50.00%	0.00%

Cohort Development:

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



Box Plot:

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

Patient-Reported Outcomes

Interested in further analysis of the quality of results?

In the certified Colorectal Cancer Centres, Patient-Reported Outcomes are also being collected as part of the EDIUM study using the EORTC QLQ-C30 and -CR29. **For further information on the EDIUM study**: www.edium-studie.de; PD Dr. Christoph Kowalski (German Cancer Society), info@edium-studie.de, +49 (0)30 322 932 934

Functions and symptoms per centre are presented in Annual Reports one year after the elective tumour resection, adjusted for socio-demographic data and disease severity.

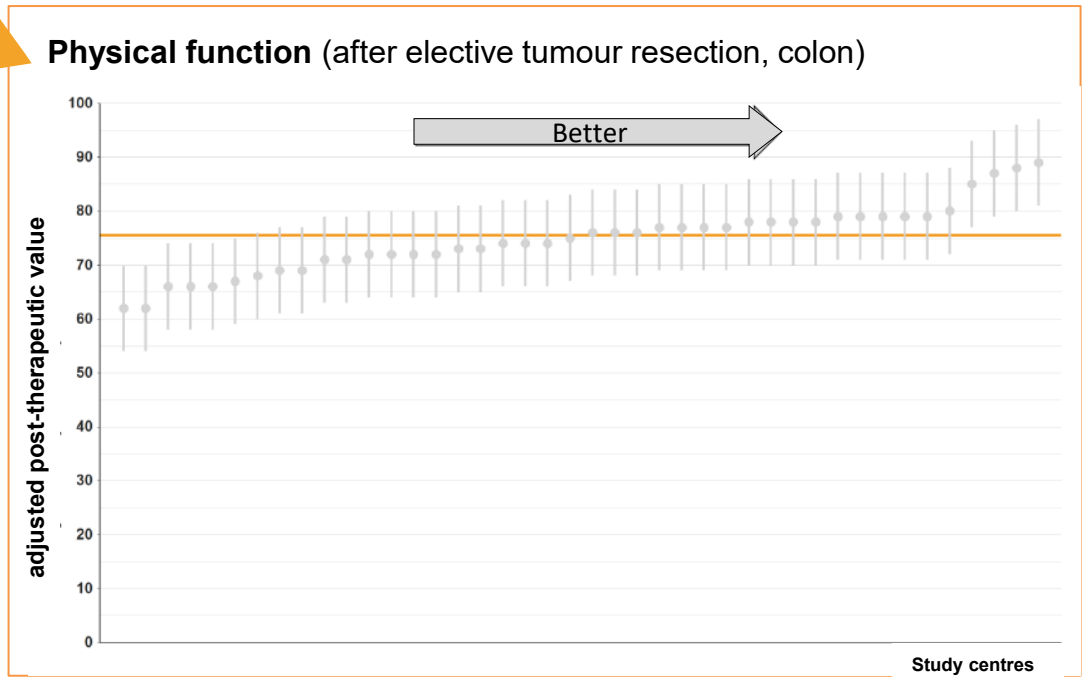
The **Patient-Reported Outcomes reports** can be found **here**.

The results of the EDIUM study were published in the **medical journal**.

Would you like to participate in the EDIUM study as a centre?

Please contact: OnkoZert, v.kolb@onkozert.de, +49 (0) 7 31 / 70 51 16 - 40

Here is an example. Each point represents the adjusted value of a centre:



Status of the Certification System for Colorectal Cancer Centres 2024

		31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020	31.12.2019
Ongoing certification procedures		4	7	10	12	5	9
Certified centres		317	312	310	305	298	285
Certified clinical sites		321	318	315	312	305	292
CCs with	1 clinical site	314	308	307	300	293	280
	2 clinical sites	2	2	1	3	3	3
	3 clinical sites	1	2	2	2	2	2
	4 clinical sites	0	0	0	0	0	0

Clinical Sites taken into account

	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020	31.12.2019
Sites included in the Annual Report	314	306	297	301	296	284
Correspond to	97.8%	96.2%	94.3%	96.5%	97.1%	97.3%
Primary cases total*	29.556	27.595	26.993	26.998	28.595	27.802
Primary cases per site (mean)*	94	90	91	90	97	98
Primary cases per site (median)*	88	85	84	83	92	90

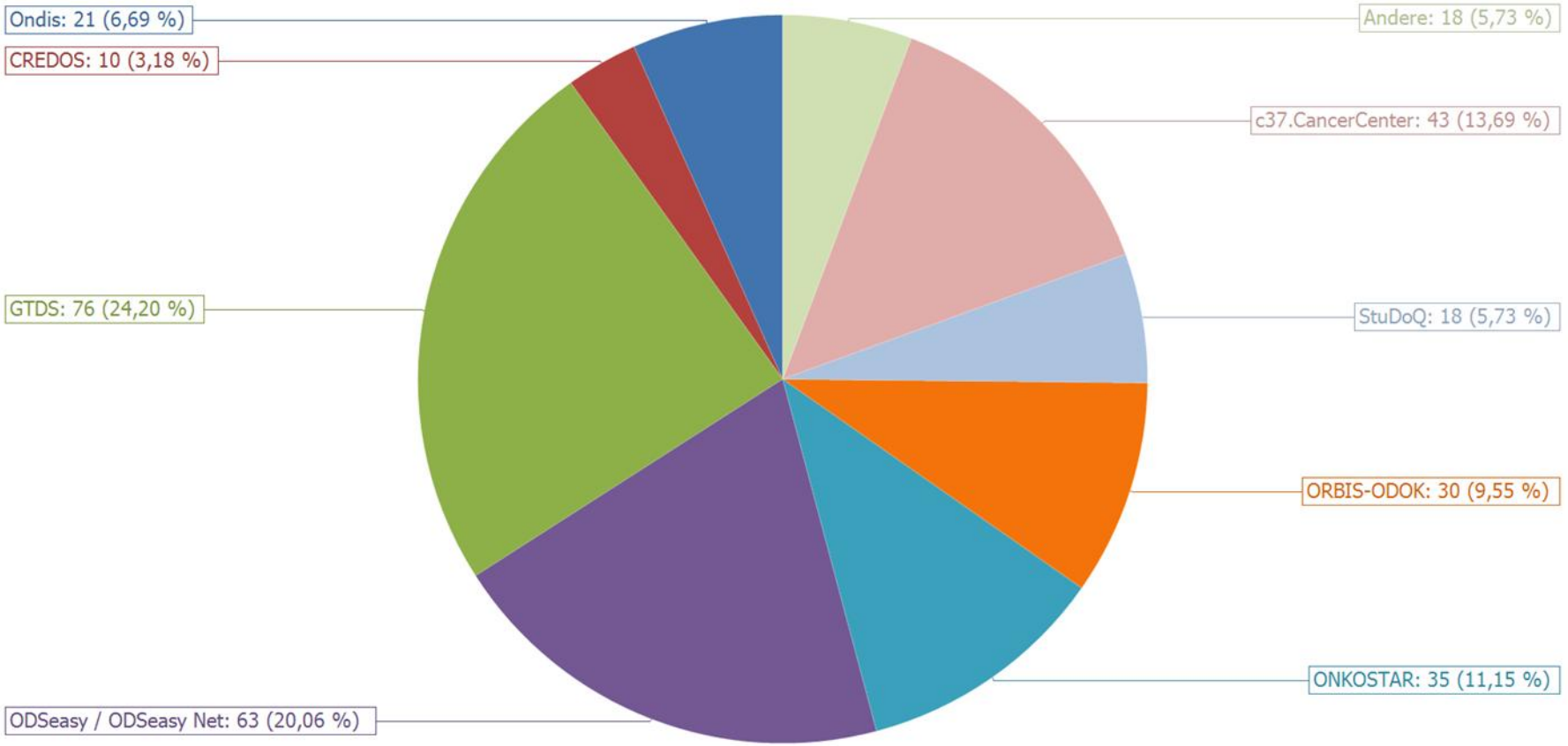
*The figures are based on the clinical sites listed in the Annual Report.

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

314 of the 321 Certified Centre Sites are included in the Annual Report. Excluded are 4 Clinical Sites that were certified for the first time in 2024 (data mapping of complete calendar year not mandatory for first-time certifications) and 2 Clinical Sites with reinstatement in 2024. In addition, 1 Clinical Site was not taken into account for which no approved Data Sheet was available by the data deadline of 31.01.2025. A total of 30.124 primary cases were treated at the 321 Clinical Sites. A current overview of all Certified Sites is shown at www.oncomap.de.

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

Tumour Documentation Systems in the Centre‘s Clinical Sites



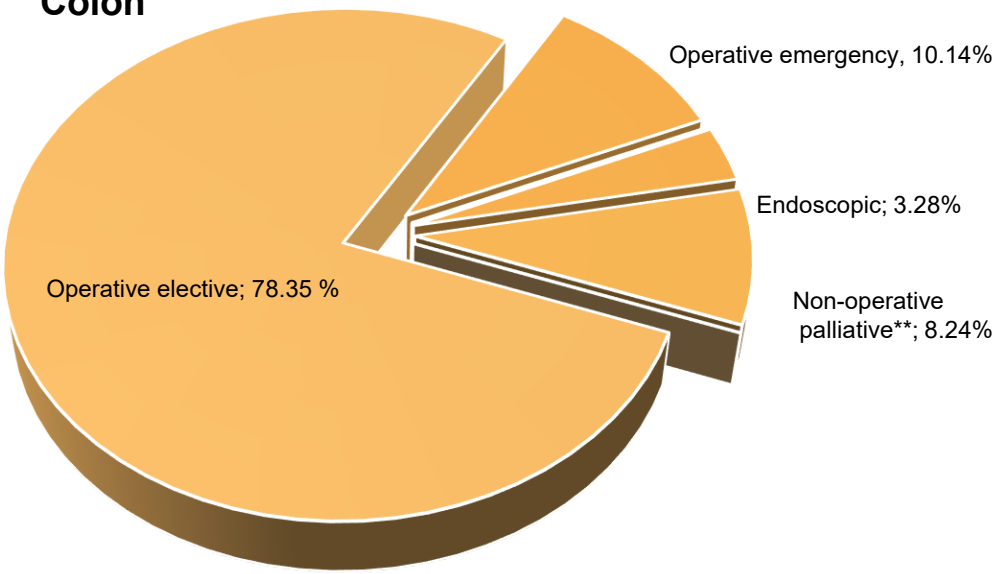
Andere = other

Legend:	
Other	System used in ≤ 4 clinical sites

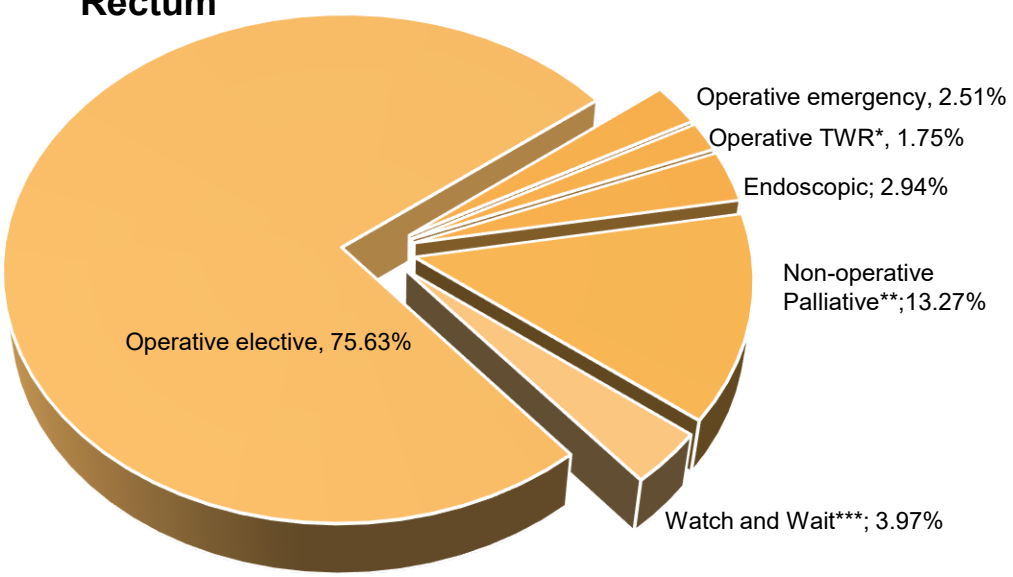
The details on the tumour documentation system was taken from the Data Sheet (Basic Data Sheet). It is not possible to use more than one system. In many cases, support is provided by the cancer registries or there may be a direct link to the cancer registry via a specific tumour documentation system.

Basic Data

Colon



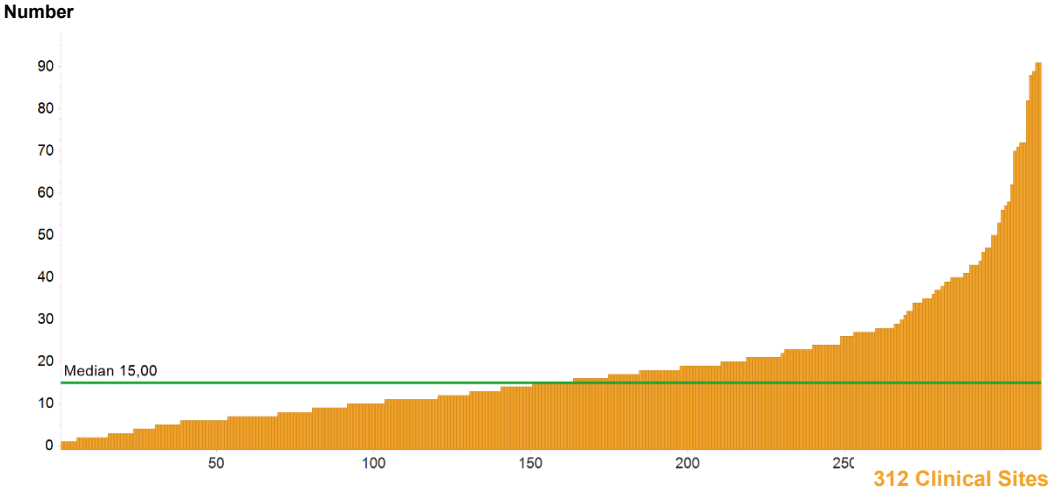
Rectum



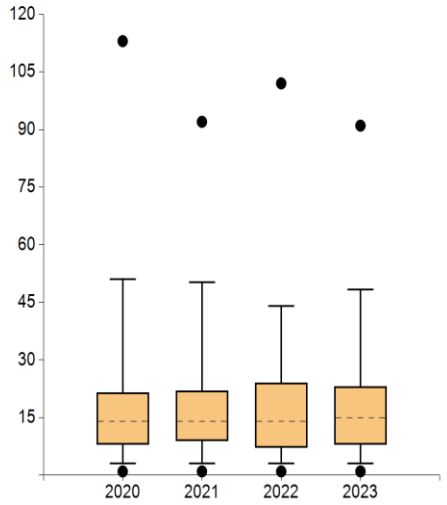
	Operative elective	Operative emergency	Operative TWR*	Endoscopic	Non-operative palliative **	Watch and Wait (Non-operative/ non-endoscopic curative) ***	Total
Colon	15.165 (78.35%)	1.962 (10.14%)	---	634 (3.28%)	1.594 (8.24%)	---	19.355 (100%)
Rectum	7.707 (75.55%)	256 (2.51%)	179 (1.75%)	300 (2.94%)	1.354 (13.27%)	405 (3.97%)	10.201 (100%)
Primary Cases Total	22.872	2.218	179	934	2.948	405	29.556

* Operative transanal wall resection (TWR)
** Non-operative palliative: no tumour resection; palliative radiotherapy/chemotherapy or best supportive care
*** Watch and Wait (non-operative/non-endoscopic curative): complete tumour remission after planned neoadjuvant therapy and patient‘s foregoing of surgery

1. Patients with New Recurrence and/or Distant Metastases



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Patients with new recurrence and/or distant metastases	15	1 - 191	5.805
	No target value			



	2019	2020	2021	2022	2023
Maximum	-----	113,00	92,00	102,00	91,00
95th percentile	-----	51,00	50,25	44,00	48,35
75th percentile	-----	21,50	22,00	24,00	23,00
Median	-----	14,00	14,00	14,00	15,00
25th percentile	-----	8,00	9,00	7,25	8,00
5th percentile	-----	3,00	3,00	3,00	3,00
Minimum	-----	1,00	1,00	1,00	1,00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
312	99.36%	-----	-----

Comments:
In the current indicator year, a total of 5.805 patients with newly occurring recurrence and/or distant metastases were documented at 312 clinical sites (previous year: 306; +2.0%). A median of 15 patients were treated per clinical site (previous year: 14, range: 1–91).

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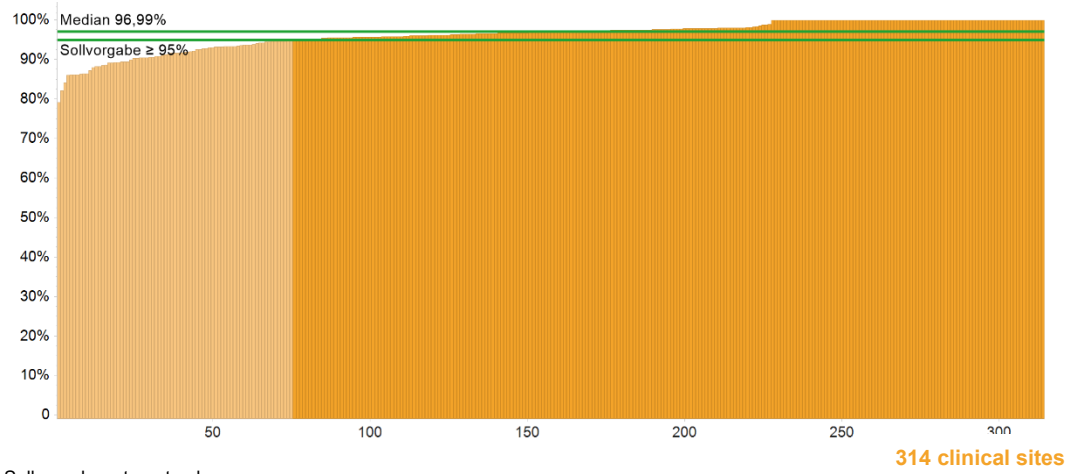
2a. Pre-Therapeutic Tumour Board (GL QI)

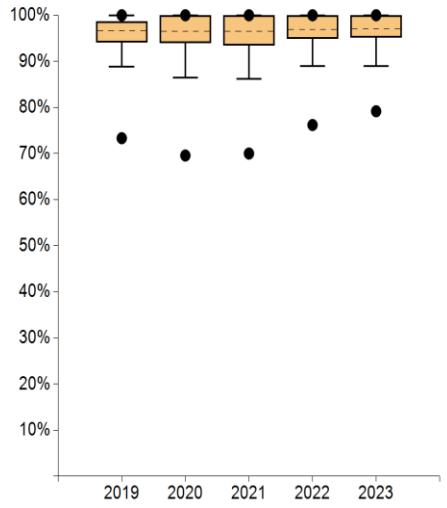
Rate



314 clinical sites

Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator presented at an interdisciplinary tumour board before therapy	38*	11 - 111	12.488
Denominator	"Elective" patients with rectal cancer and "elective" all patients with stage IV colon cancer	39*	11 - 125	12.968
Rate	Target value ≥ 95%	96.99%	79.17% - 100%	96.30%**



	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	98.58%	100%	100%	100%	100%
Median	96.67%	96.55%	96.55%	96.88%	96.99%
25th percentile	94.09%	93.94%	93.48%	94.86%	95.18%
5th percentile	88.89%	86.42%	86.21%	88.97%	88.96%
Minimum	73.33%	69.57%	70.00%	76.19%	79.17%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	239	76.11%

Comments:

The rate of pre-treatment case presentations remained stable, with a median of 97% and an overall rate of 96.3% (previous year: 96.9% and 96.3%). 75 centres fell below the target value (previous year: 80). In 117 cases, malignancies or metastases were only detected postoperatively/interventionally. Thirty-seven cases were classified as sigmoid carcinoma preoperatively and only diagnosed as rectal carcinoma postoperatively. Urgent treatment was necessary in 32 cases, and in 24 cases the presentation was missed (each as individual cases in centres). Other reasons included external tumour boards (19 cases), early deaths, or refusal of treatment by the patient. 10 remarks were made regarding the mandatory establishment of ad hoc tumour boards, optimisation of staging, and the re-presentation of externally referred patients at the hospital's internal 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.

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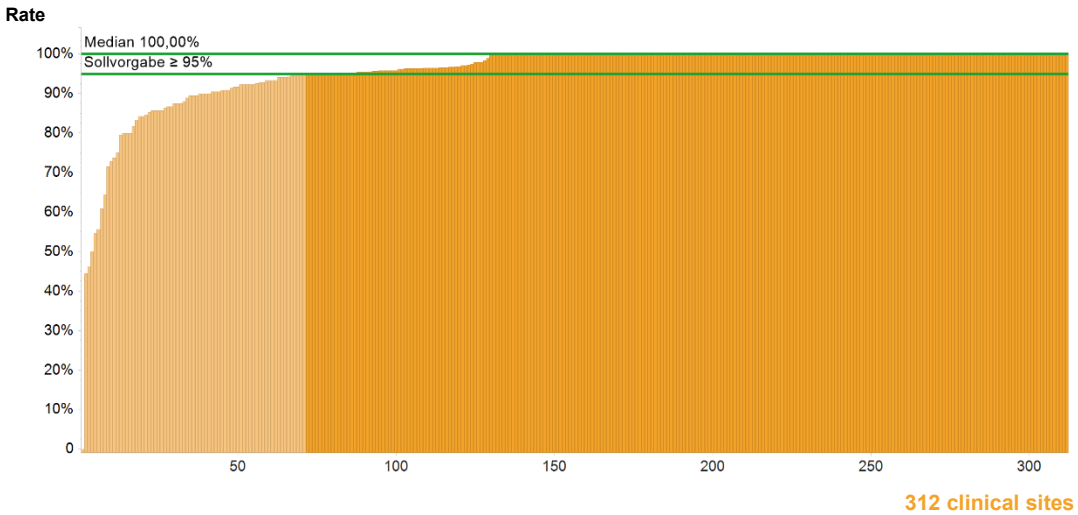
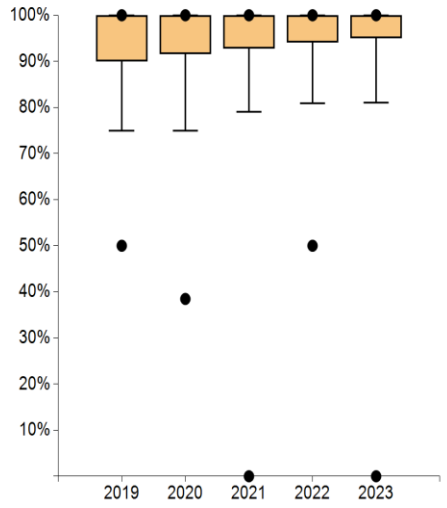
2b. Pre-Therapeutic Tumour Board: Recurrences/Metachronous Metastases



Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator presented at the pre-therapeutic tumour board	14*	0 - 88	5.552
Denominator	Patients with new recurrence and/or distant metastases (= Indicator 1)	15*	1 - 91	5.805
Rate	Target value ≥ 95%	100%	0,00% - 100%	95.64%**



	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	90.00%	91.67%	92.86%	94.12%	95.00%
5th percentile	75.00%	75.00%	79.06%	80.88%	81.00%
Minimum	50.00%	38.46%	0.00%	50.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
312	99.36%	241	77.24%

Comments:
With an overall rate of 95.6% (previous year: 95.4%), the positive trend continued at a high level this year (median: 100%). 71 clinical sites fell below the target value (previous year: 77). Frequent reasons were omissions, often in the context of interface problems (79x), intraoperative incidental findings (21x), emergency procedures (20x), palliative situations or lack of desire for treatment (22x), death of the patient (10x), and external follow-up treatment (10x). The centres responded with renewed training in quality circles. The auditor issued 11 remarks and, in cases of repeated non-compliance and incorrect documentation, 2 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.

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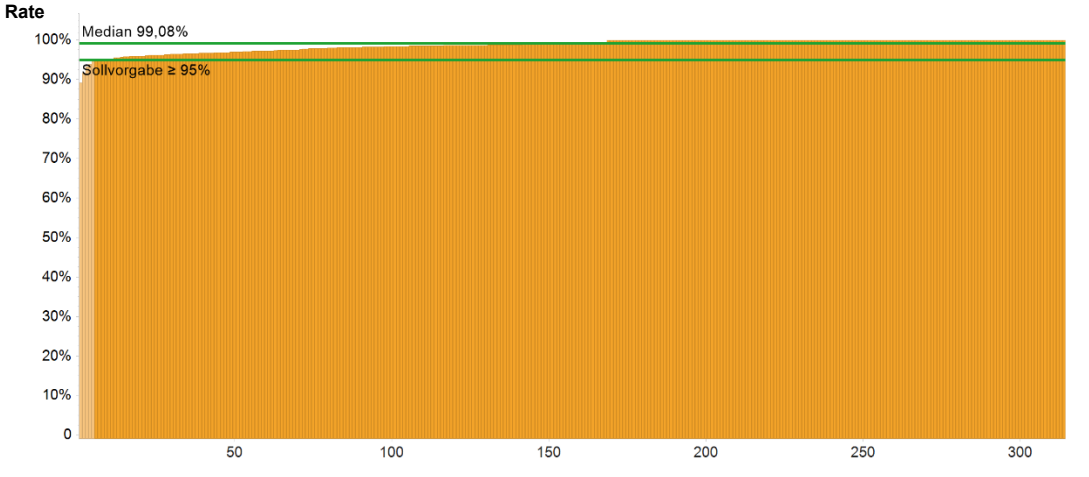
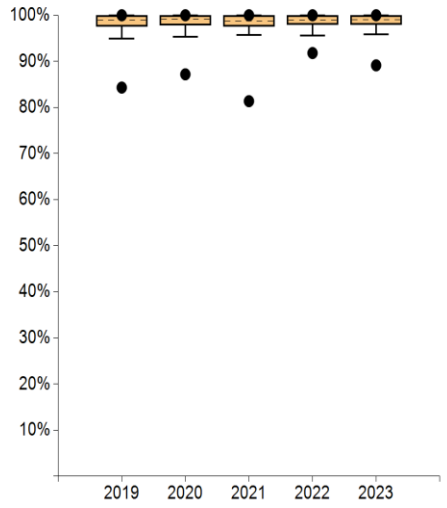
3. Post-Operative Presentation of all Primary-Case Patients



314 clinical sites

Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator presented at the post-operative tumour board	77*	36 - 248	25.875
Denominator	Surgical and endoscopic primary cases	78*	37 - 248	26.203
Rate	Target value ≥ 95%	99.08%	89.13% - 100%	98.75%**



	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	98.83%	99.14%	98.78%	98.90%	99.08%
25th percentile	97.59%	97.85%	97.53%	97.94%	97.96%
5th percentile	94.93%	95.31%	95.71%	95.61%	95.87%
Minimum	84.31%	87.18%	81.36%	91.80%	89.13%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	309	98.41%

Comments:
In the current year, indicator compliance remains consistently high. The overall rate is 98.8% (previous year: 98.6%), with a median of 99.1% (previous year: 98.9%). Only 5 of the 314 clinical sites (previous year: 8) fell below the target value of ≥ 95%, while 146 centres achieved a rate of 100% (previous year: 137). The centres cited premature patient deaths (19×), omissions (3×) and therapeutic colonoscopies (1×) as the main reasons for falling below 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.

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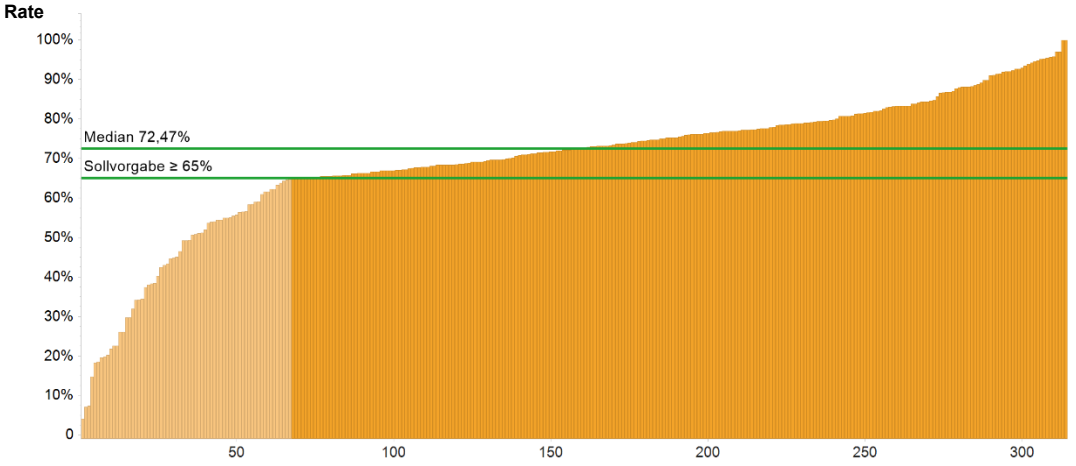
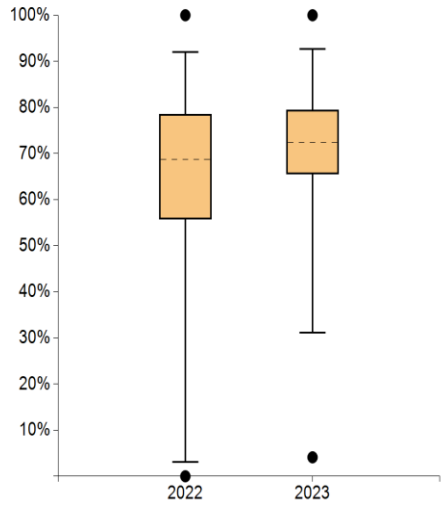
4. Psycho-Oncological Distress-Screening



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who were screened	73*	3 - 240	24.476
Denominator	Total primary cases + patients with new recurrence and/or metastases (= Indicator 1)	104*	42 – 314	35.361
Rate	Target value ≥ 65%	72.47%	4.11% - 100%	69.22%**



	2019	2020	2021	2022	2023
Maximum	-----	-----	-----	100%	100%
95th percentile	-----	-----	-----	92.06%	92.66%
75th percentile	-----	-----	-----	78.49%	79.43%
Median	-----	-----	-----	68.75%	72.47%
25th percentile	-----	-----	-----	55.81%	65.57%
5th percentile	-----	-----	-----	3.03%	31.18%
Minimum	-----	-----	-----	0.00%	4.11%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	247	78.66%

Comments:
The indicator was recorded for the first time after the switch from psycho-oncological counseling to structured screening. The overall rate is 69.2% (previous year: 62.0%), with a median of 72.5%; there has been a particularly positive trend in the lower percentiles. 67 centres (previous year: 105) fell below the target value and cited a lack of process regulations (37x), counselling instead of structured screening (9x), staff shortages (6x), documentation problems (5x) and digital solutions under development (4x) as reasons. 20 remarks and 5 deviations were issued, some of which involved significant underperformance or a lack of evidence of measures taken.

*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.

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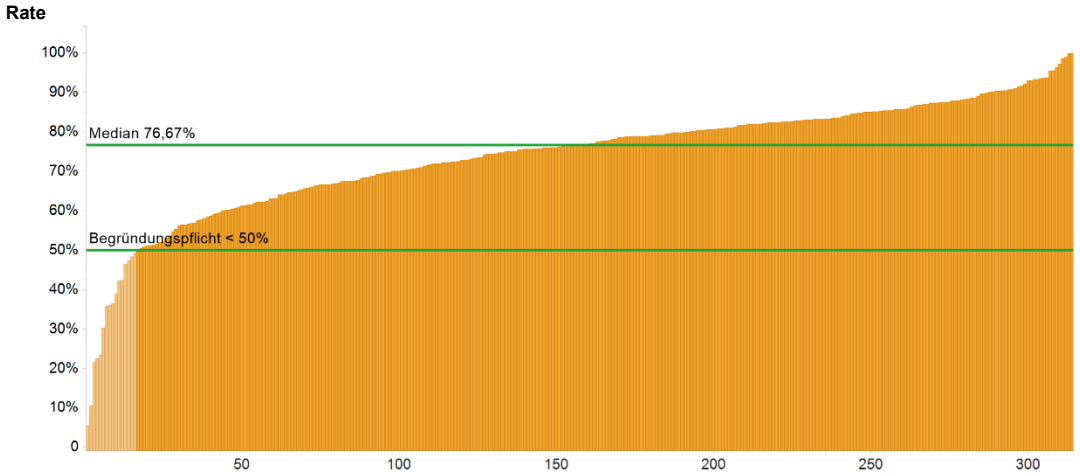
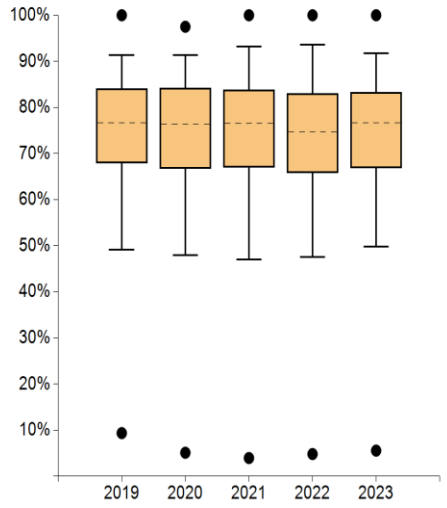
5. Social Service Counselling



Begründungspflicht = Mandatory Justification

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who received counselling by social services in an inpatient or outpatient setting	78*	5 - 242	25.883
Denominator	Total primary cases + patients with new recurrence and/or metastases (= Indicator 1)	104*	42 - 314	35.361
Rate	Mandatory Justification*** < 50%	76.67%	5.56% - 100%	73.20%**



	2019	2020	2021	2022	2023
Maximum	100%	97.50%	100%	100%	100%
95th percentile	91.28%	91.36%	93.24%	93.63%	91,80%
75th percentile	84.10%	84.21%	83.78%	82.97%	83.31%
Median	76.61%	76.36%	76.58%	74.63%	76.67%
25th percentile	67.93%	66.67%	66.96%	65.79%	66.86%
5th percentile	49.19%	48.00%	46.99%	47.60%	49.74%
Minimum	9.36%	5.10%	3.95%	4.82%	5.56%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
314	100.00%	298	94.94%

Comments:
In the current year, the overall rate is 73.2% (previous year: 71.5%), with a median of 76.7% (previous year: 74.6%). Overall, social services counseling has remained largely constant over the last 5 years. 16 centres were below the plausibility threshold (previous year: 17), including 12 abroad, where different legal frameworks apply in some cases. Other reasons included low demand (3x) as well as staff shortages and organizational difficulties (2x). The experts issued some remarks.

*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.

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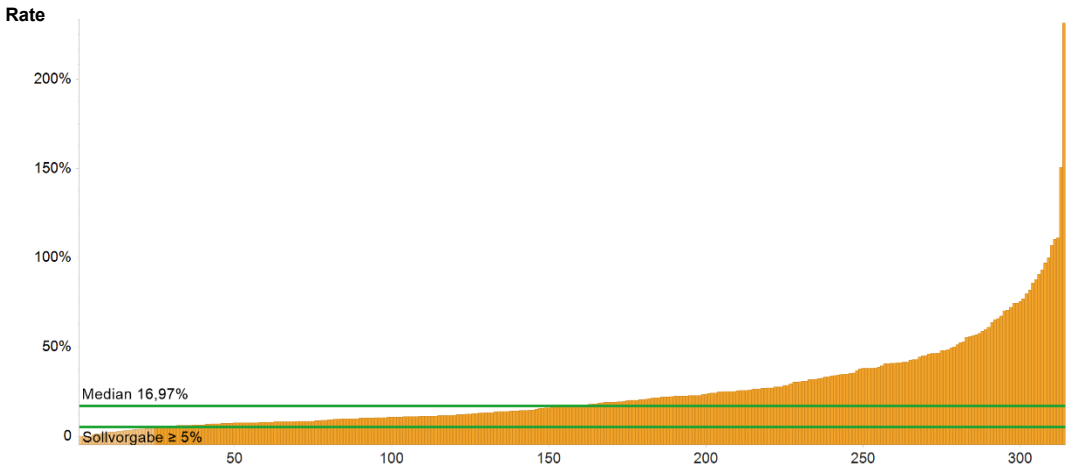
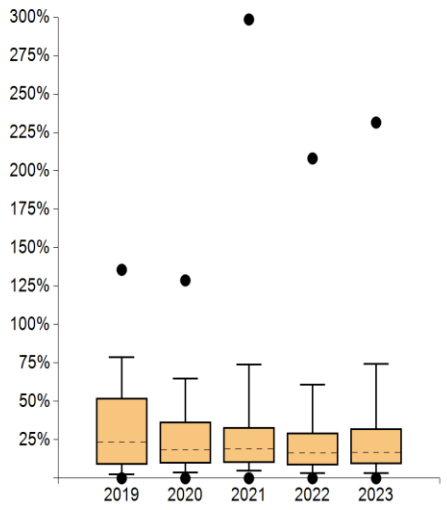
6. Patients Enrolled in a Study



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the CrCC included in a study or colorectal prevention study	15.5*	0 - 206	7.286
Denominator	Total primary cases	88*	40 - 264	29.556
Rate	Target value ≥ 5%	16.97%	0,00% - 231.46%	24.65%**



	2019	2020	2021	2022	2023
Maximum	135.64%	128.75%	298.53%	208.11%	231.46%
95th percentile	78.65%	64.96%	73.83%	60.79%	74.51%
75th percentile	52.28%	36.54%	32.95%	29.64%	32.20%
Median	23.63%	18.45%	19.09%	16.31%	16.97%
25th percentile	9.02%	9.68%	10.23%	8.36%	9.15%
5th percentile	2.61%	3.65%	4.79%	3.24%	3.36%
Minimum	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	290	92.36%

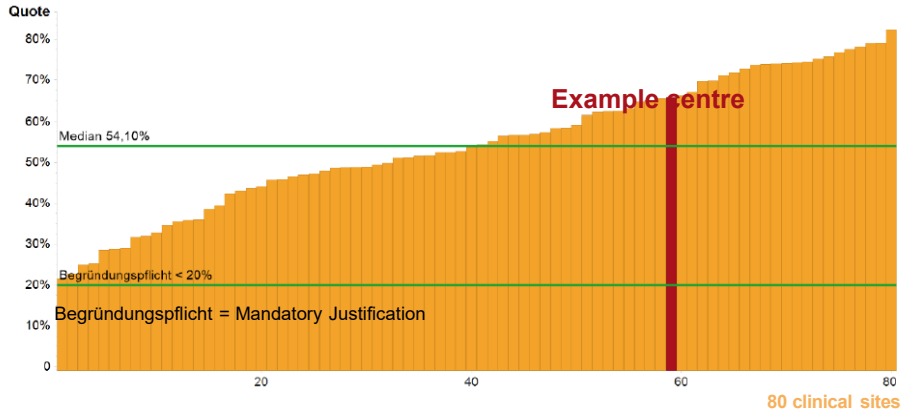
Comments:
After a decline in recent years, the study participation rate rose again across the board in the current indicator year: the overall rate is 24.7% (previous year: 22.7%), with a median of 17% (previous year: 16.3%). 24 centres fell short of the target value. The reasons given were a lack of suitable patients for existing studies (13x), a study center still under construction (4x), and staff shortages (3x). In some cases, where the indicators were repeatedly not met or the study rate was not met in several organ systems of oncology centres, a total of 5 deviations were issued, as well as 4 remarks and 1 critical remark. In many cases, the centres are already showing a positive trend in the current year as a result of active efforts.

*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 - 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.



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 Justification*** <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)

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.

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:

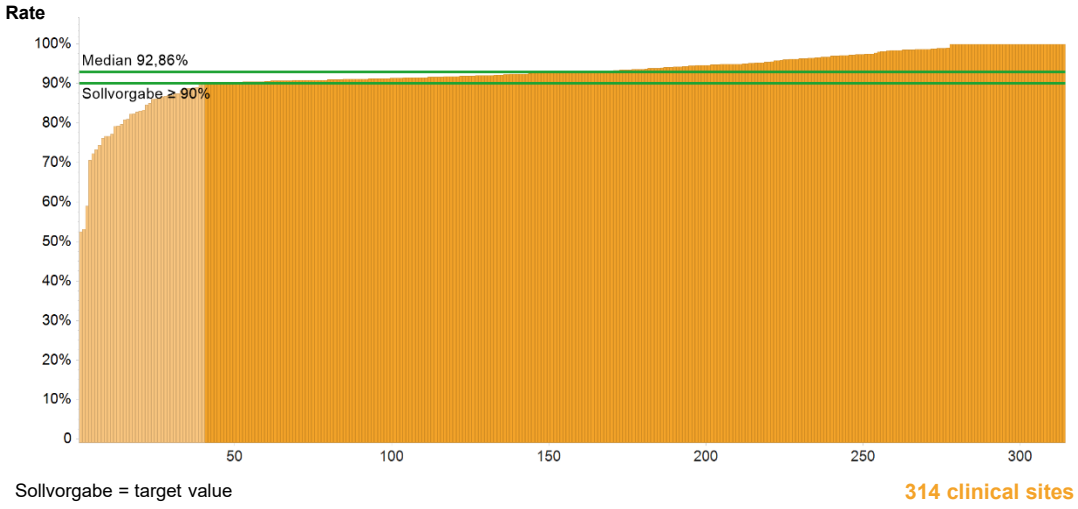
Colorectal, Prostate and Gynaecological Cancer Centres

- 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.

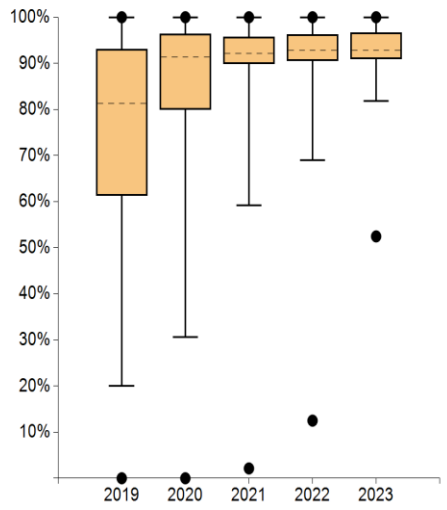
7. Colorectal Cancer Patients with a Recorded Family History (GL QI)



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023 Median	Range	Patients Total
Numerator	Primary cases of the denominator with completed patient questionnaire (https://ecc-cert.org/certification-system/document-collection/in the colorectal cancer section)	81.5*	25 – 260	27.396
Denominator	Total primary cases	88*	40 - 264	29.556
Rate	Target value ≥ 90%	92.86%	52.46% - 100%	92.69%**



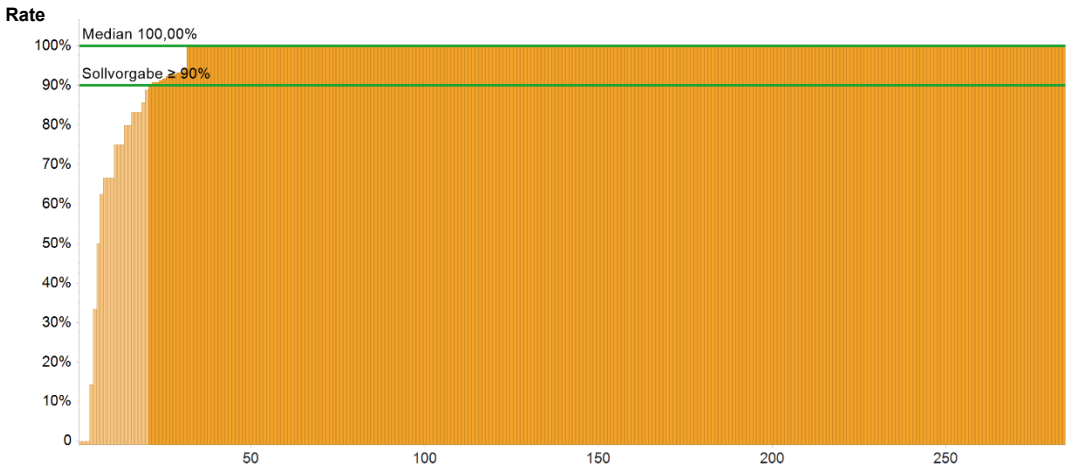
	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	93.05%	96.33%	95.65%	96.30%	96.61%
Median	81.25%	91.30%	92.19%	92.83%	92.86%
25th percentile	61.33%	80.00%	89.87%	90.53%	90.94%
5th percentile	20.00%	30.56%	59.14%	68.98%	81.83%
Minimum	0.00%	0.00%	2.13%	12.50%	52.46%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	274	87.26%

Comments:
This GL-QI shows an overall positive trend with an increase in the overall rate (92.7%, previous year: 90.7%) and an improvement in the lower percentiles (5th percentile: 81.8% (previous year: 69.0%), minimum: 52.5% (previous year: 12.5%)). 40 centres fell below the target value (previous year: 55). There are many reasons for this (dementia, language barriers, refusal by patients, death), but in most cases there is a lack of structured cross-departmental recording. The centres have responded with IT-supported mandatory fields, the introduction or revision of SOPs, interdisciplinary coordination, and training. The auditor issued numerous remarks, 1 critical remark, and 1 deviation.

*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.

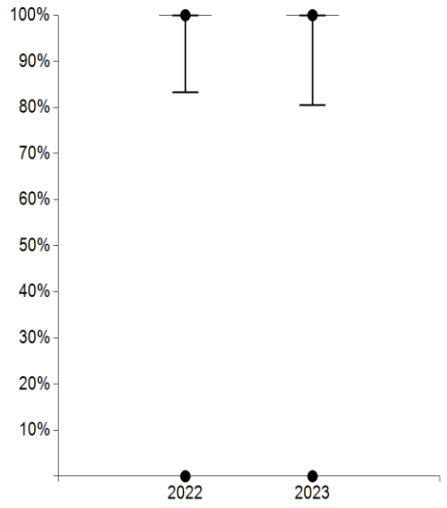
8. Genetic Counselling



Sollvorgabe = target value

284 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Primary case patients of the denominator advised to seek genetic counselling	3*	0 - 41	1.276
Denominator	Primary cases with a positive patient questionnaire and MSI	3*	1 - 44	1.319
Rate	Target value ≥ 90%	100%	0,00% - 100%	96.74%**



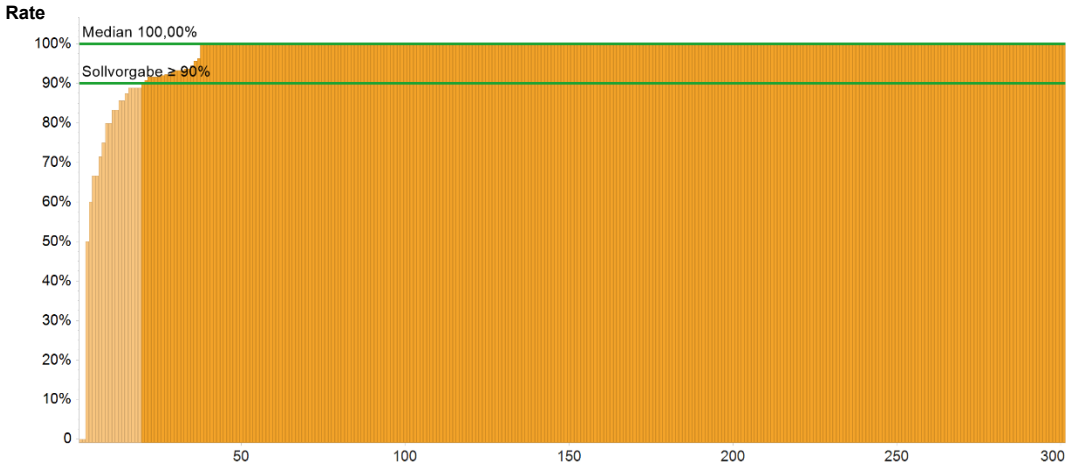
	2019	2020	2021	2022	2023
Maximum	-----	-----	-----	100%	100%
95th percentile	-----	-----	-----	100%	100%
75th percentile	-----	-----	-----	100%	100%
Median	-----	-----	-----	100%	100%
25th percentile	-----	-----	-----	100%	100%
5th percentile	-----	-----	-----	83.33%	80.50%
Minimum	-----	-----	-----	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
284	90.45%	264	92.96%

Comments:
This indicator is now mandatory in the first year following modification. Up to the 25th percentile, a consistent recommendation for genetic counseling is implemented (100%). As in the previous year, 20 centres fell short of the target value. The main reasons given were failure to act (9x), death of the patient before recommendation (5x), MLH1 promoter methylation (2x), and lack of relatives (3x). In some cases, the denominator contained very few cases, so that even individual cases led to a fall below the target value. Four remarks were issued; in one case, a deviation was granted due to a lack of critical examination of the indicator.

*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.

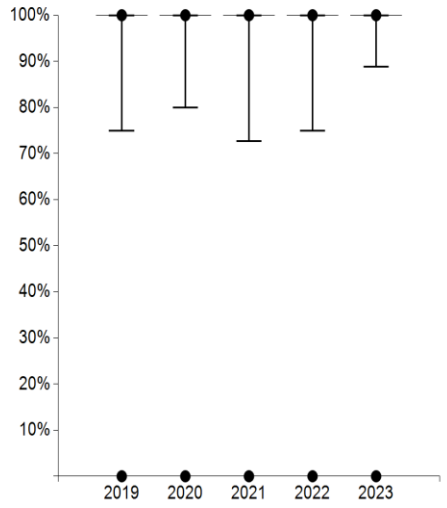
9. Immunohistochemical Determination of MMR Proteins



Sollvorgabe = target value

301 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with immunohisto-chemical assessment of mismatch repair (MMR) proteins.	5*	0 - 26	1.777
Denomi-nator	Patients with initial colorectal carcinoma diagnosis < 50 years old	5*	1 - 27	1.822
Rate	Target value ≥ 90%	100%	0,00% - 100%	97.53%**



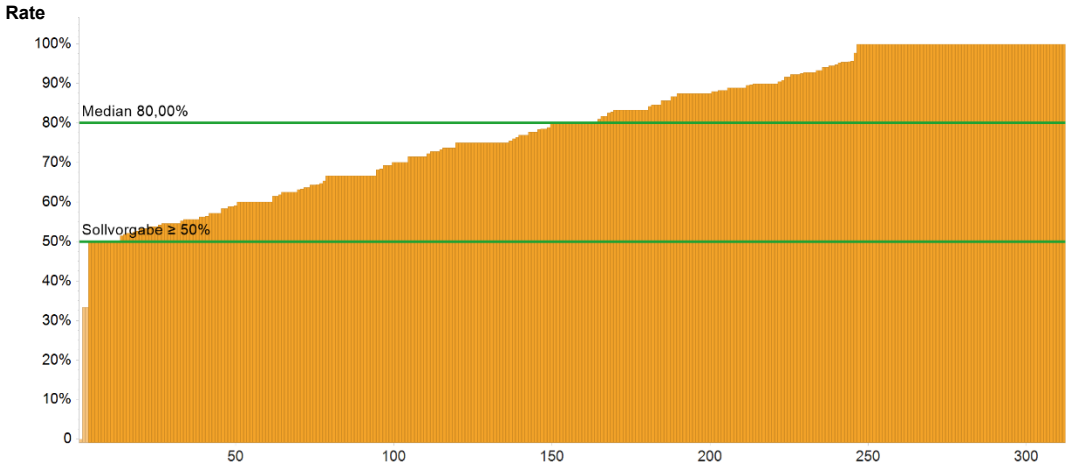
	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	100%	100%	100%	100%	100%
5th percentile	75.00%	80.00%	72.68%	75.00%	88.89%
Minimum	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
301	95.86%	282	93.69%

Comments:
With a 25th percentile of 100%, this indicator has shown a high implementation rate for several years. In the current year, both the overall rate and the 5th percentile have risen again. 19 centres fell below the target value (previous year: 30). The main reasons given were lack of tumor material as a result of neoadjuvant therapy or endoscopic ablation (4×), poor general condition or death (3×), and cup cell carcinoids (2×). In individual cases, there were also omissions in the centres concerned (10×).

*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.

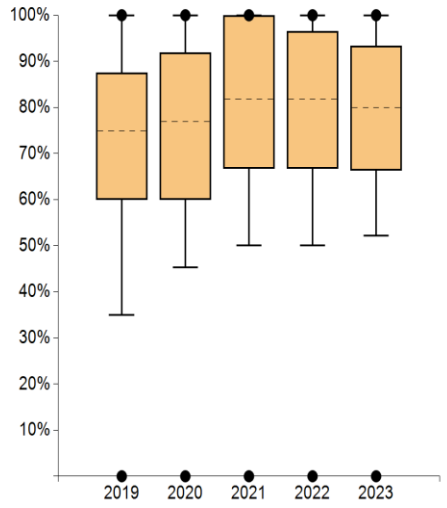
10. RAS and BRAF Determination at the Start of First-Line Treatment for Metastasised CRC (GL QI)



Sollvorgabe = target value

312 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with determination RAS (= KRAS and NRAS mutations) and BRAF mutation at the start of first-line treatment	9*	0 - 95	3.419
Denominator	Patients with metastasised colorectal carcinoma and systhemic first-line treatment	11*	1 - 106	4.354
Rate	Target value ≥ 50%	80.00%	0,00% - 100%	78.53%**



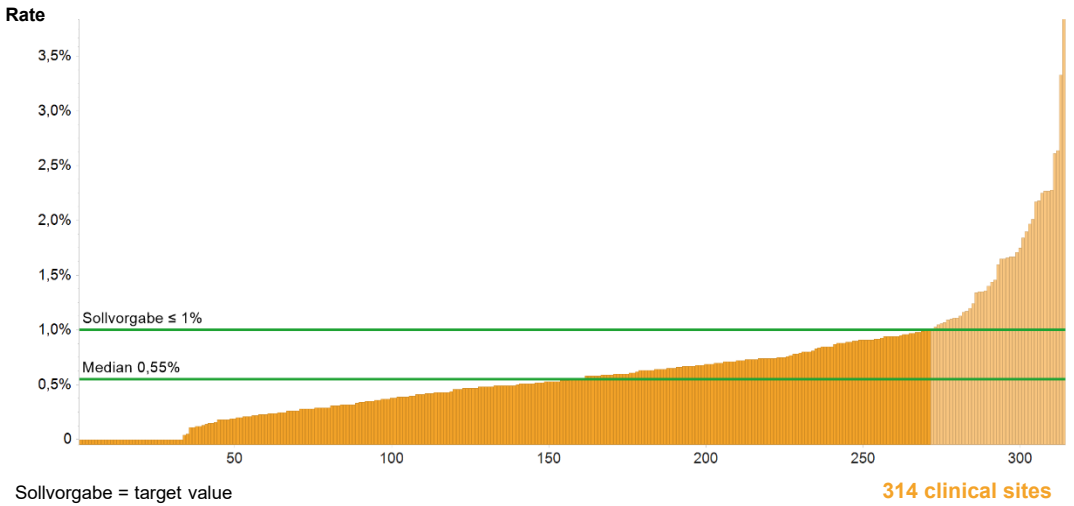
	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	87.50%	91.92%	100%	96.56%	93.33%
Median	75.00%	76.92%	81.82%	81.82%	80.00%
25th percentile	60.00%	60.00%	66.67%	66.67%	66.35%
5th percentile	35.00%	45.30%	50.00%	50.00%	52.17%
Minimum	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
312	99.36%	309	99.04%

Comments:
The overall rate of 78.5% (previous year: 79.9%), median, and 75th percentile of this GL-QI are slightly below the previous year's results in the current indicator year. Overall, however, the indicator remains largely at the level of previous years. Only 3 centres fell below the target value (previous year: 7). The main reasons for this are late receipt of findings after the start of therapy or lack of therapeutic relevance in Best Supportive Care (BSC). All cases could be validated in the audits and no systematic errors were found.

*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.

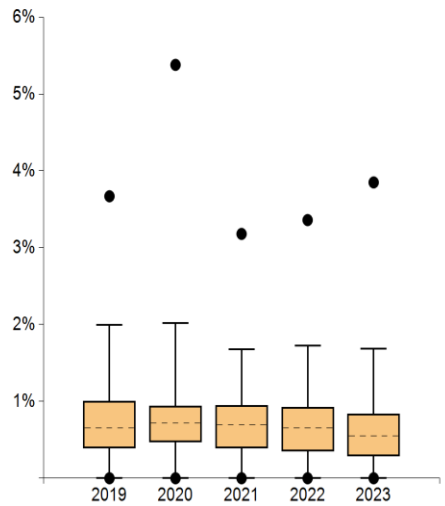
11. Complication Rate Therapeutic Colonoscopies



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Colonoscopies of the denominator with complications (bleeding requiring re-intervention (recolonoscopy, operation) or a transfusion and/or perforation)	2*	0 - 19	907
Denominator	Therapeutic colonoscopies with loop polypectomy per colonoscopy unit (not only CrCC patients)	424,5*	112 - 4889	159263
Rate	Target value ≤ 1%	0,55%	0,00% - 3,85%	0,57%**



	2019	2020	2021	2022	2023
Maximum	3.67%	5.38%	3.18%	3.36%	3.85%
95th percentile	1.99%	2.02%	1.68%	1.73%	1.68%
75th percentile	1.00%	0.94%	0.95%	0.93%	0.84%
Median	0.66%	0.72%	0.69%	0.66%	0.55%
25th percentile	0.39%	0.47%	0.39%	0.35%	0.29%
5th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
Minimum	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	271	86.31%

Comments:
The complication rate following therapeutic colonoscopy shows a positive trend, reaching its lowest level in five years with an overall rate of 0.57% (previous year: 0.64%) and a median of 0.55%. 43 centres had rates > 1% (previous year: 59), of which 15 centres attributed the complication rate to a high degree of case complexity due to findings that could not be colonoscopied on an outpatient basis. 7 remarks were made, including the increased use of prophylactic measures such as clipping.

*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.

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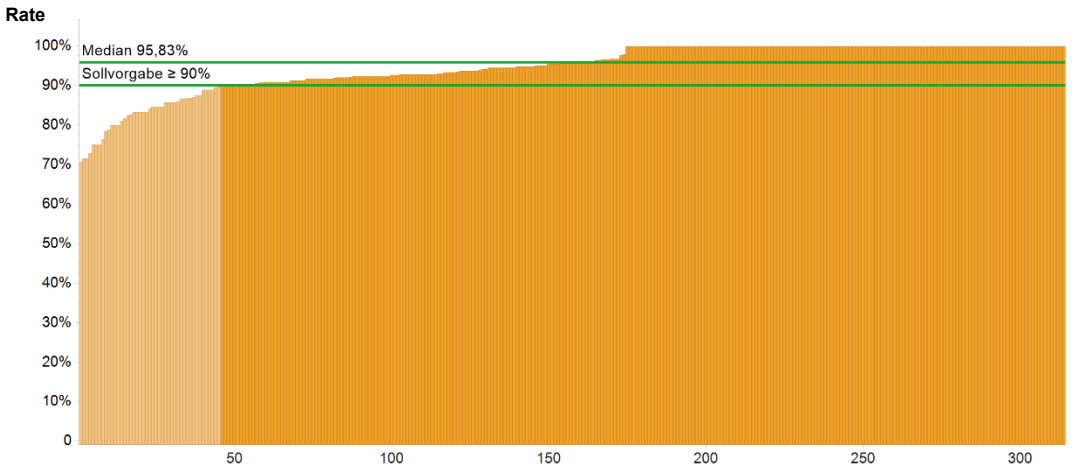
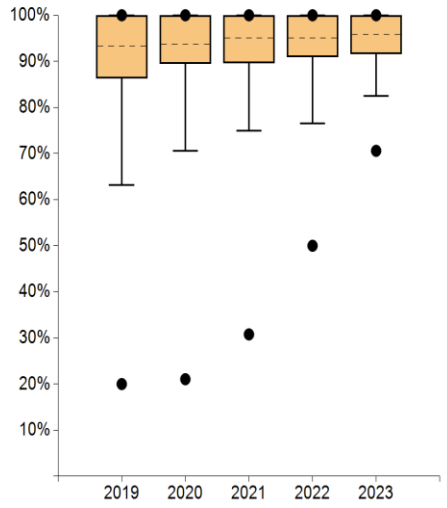
12. Information on Distance to Mesorectal Fascia in Rectal Cancer of the Lower and Middle Third (GL QI)



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with information on distance to mesorectal fascia in the diagnostic report	16*	2 - 69	5.437
Denominator	Patients with rectal carcinoma of the middle and lower third and MRI or thin slice CT of the pelvis	17*	2 - 76	5.768
Rate	Target value ≥ 90%	95.83%	70.59% - 100%	94.26%**



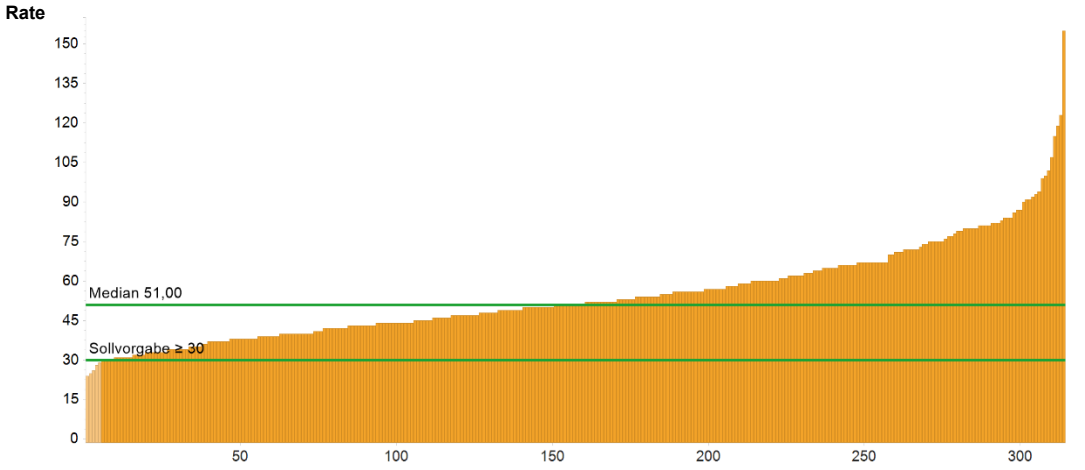
	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	93.33%	93.75%	95.00%	95.00%	95.83%
25th percentile	86.36%	89.47%	89.58%	90.91%	91.67%
5th percentile	63.12%	70.59%	75.00%	76.58%	82.52%
Minimum	20.00%	21.05%	30.77%	50.00%	70.59%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	269	85.67%

Comments:
There has been a steady improvement in the fulfillment of this GL-QI over recent years. 45 centres fell below the target value (previous year: 57). The main reasons were a lack of tumor imaging after endoscopic resection or neoadjuvant therapy (44 cases) and a lack of distance measurement in external imaging (25 cases). Other causes were artifacts (19x) and omissions (14x). Several centres consulted with (external) radiology departments and quality circles.

*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.

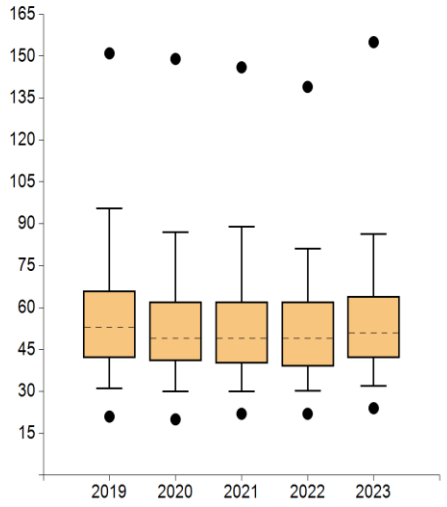
13. Surgical Primary Cases: Colon



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Surgical primary cases: colon	51	24 - 155	17.127
	Target value ≥ 30			



	2019	2020	2021	2022	2023
Maximum	151.00	149.00	146.00	139.00	155.00
95th percentile	95.50	87.00	89.00	81.00	86.35
75th percentile	66.00	62.00	62.00	62.00	64.00
Median	53.00	49.00	49.00	49.00	51.00
25th percentile	42.00	41.00	40.00	39.00	42.00
5th percentile	31.00	30.00	30.00	30.25	32.00
Minimum	21.00	20.00	22.00	22.00	24.00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	309	98.41%

Comments:

For the first time, following a decline in the number of surgical cases in recent years, there has been an increase across all percentiles. The total number of cases rose by 6.9% (previous year: 15.806 resections). 5 centres fell below the target value (previous year: 9). The centres were unable to identify a clear cause for this. They responded with measures such as restructuring endoscopy and holding referral events, and some were able to report an increase in case numbers in 2024. All 5 affected centres were subject to a surveillance audit and had met the target value in previous years. 4 of the 5 centres also fell short of the target value for rectal resections. No deviations were reported.

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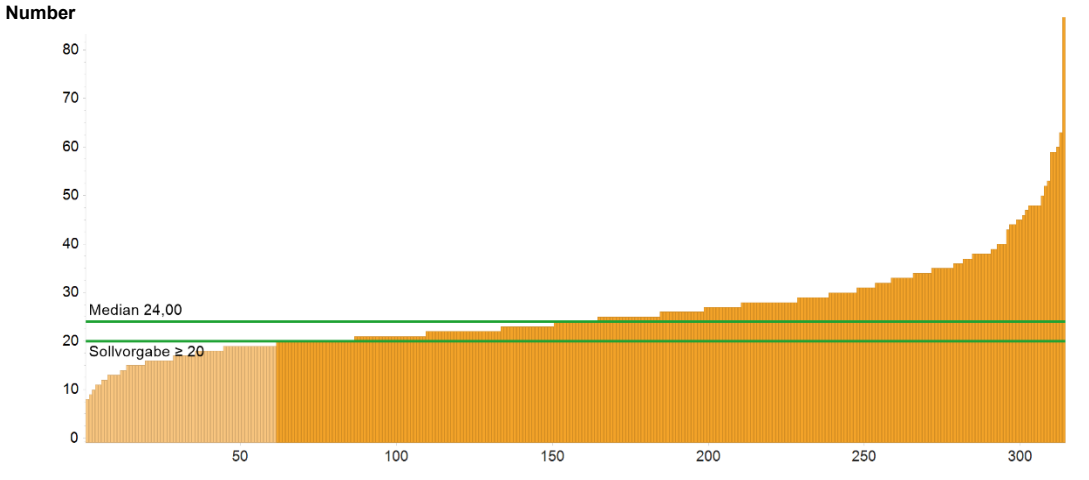
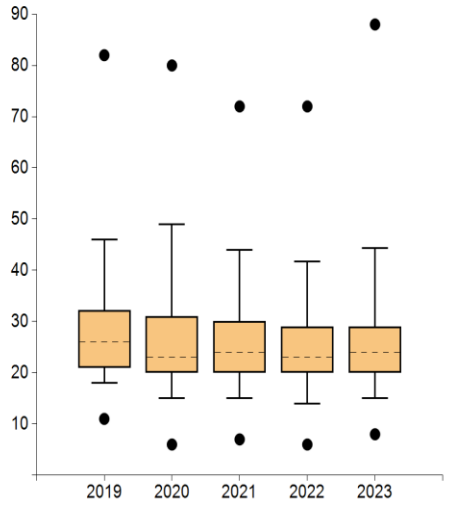
14. Surgical Primary Cases: Rectum



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Number	Surgical primary cases: rectum, incl. transanal wall resection	24	8 - 88	8142
	Target value ≥ 20			

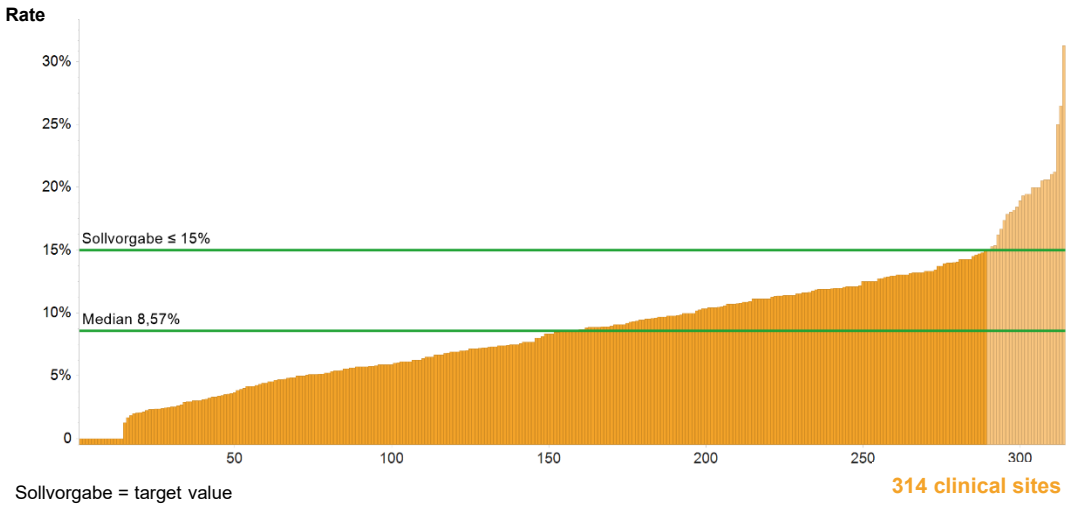


	2019	2020	2021	2022	2023
Maximum	82.00	80.00	72.00	72.00	88.00
95th percentile	46.00	49.00	44.00	41.75	44.35
75th percentile	32.25	31.00	30.00	29.00	29.00
Median	26.00	23.00	24.00	23.00	24.00
25th percentile	21.00	20.00	20.00	20.00	20.00
5th percentile	18.00	15.00	15.00	14.00	15.00
Minimum	11.00	6.00	7.00	6.00	8.00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	253	80.57%

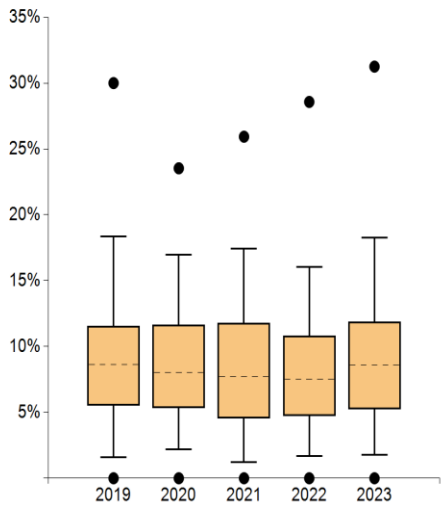
Comments:
The number of primary rectal surgeries also rose significantly compared to the previous year (+5.5%). 61 centres performed fewer than 20 resections. The reasons for this remained unclear in many cases, but in some instances, fierce competition in the catchment area or a change of chief physician were cited. 40 of the centres concerned were subject to a surveillance audit, 21 to a repeat audit. Measures such as public relations work, structural adjustments, and targeted referral management were initiated. 5 deviations were identified, particularly in cases where the target value was significantly or repeatedly not met.

15. Revision Surgery: Colon



Sollvorgabe = target value

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Surgeries of the denominator with revision surgery due to perioperative complications within 30 d of surgery (not to be counted: diagnostic irrigation laparoscopies)	4*	0 - 16	1.301
Denominator	Elective colon surgeries	46*	17 - 151	15.165
Rate	Target value ≤ 15%	8.57%	0,00% - 31.25%	8.58%**



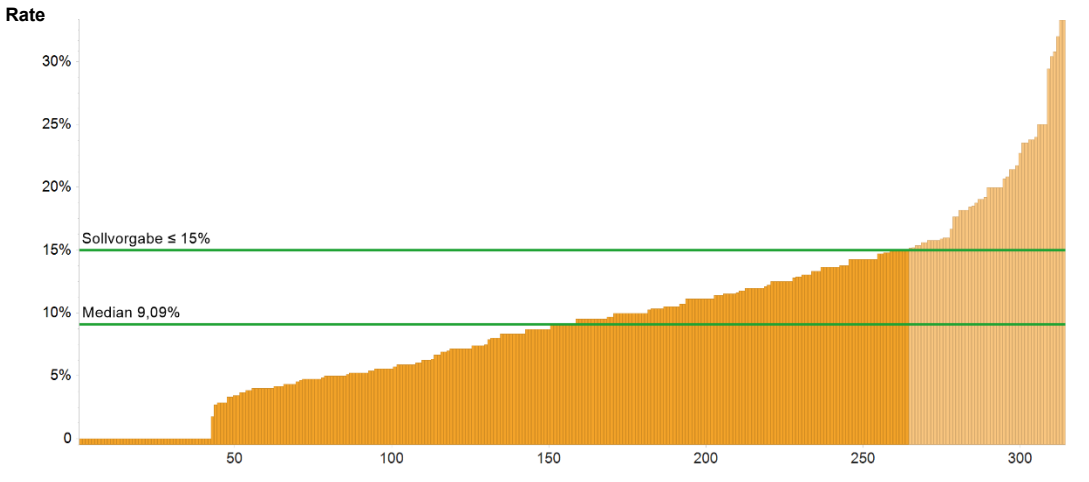
	2019	2020	2021	2022	2023
Maximum	30.00%	23.53%	25.93%	28.57%	31.25%
95th percentile	18.37%	16.98%	17.41%	16.05%	18.26%
75th percentile	11.54%	11.63%	11.76%	10.81%	11.89%
Median	8.62%	8.05%	7.69%	7.53%	8.57%
25th percentile	5.53%	5.36%	4.55%	4.76%	5.26%
5th percentile	1.59%	2.17%	1.21%	1.67%	1.79%
Minimum	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	289	92.04%

Comments:
In the current indicator year, the revision rate after colon resections has risen slightly compared to the previous year across all percentiles and in the median. 25 centres had a revision rate > 15%, while in 14 centres the rate was 0%. The most common reasons for revision surgery were anastomotic leaks (73x), followed by fascial dehiscence/hernia (34x), postoperative ileus (18x), and wound healing disorders (15x). Some centres responded by adjusting their anastomosis technique or revising their hygiene concept. The auditor issued 5 remarks, 1 critical remark, and 3 deviations; the latter in cases of repeated or simultaneous exceeding of the rate of anastomotic leakage.

*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.

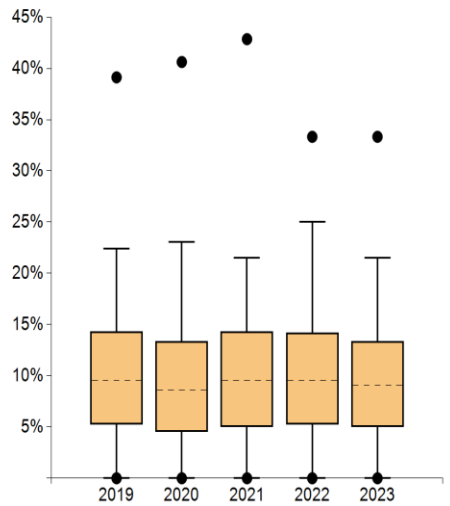
16. Revision Surgery: Rectum



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Surgeries of the denominator with revision surgery due to perioperative complications within 30 d of surgery (not to be counted: diagnostic irrigation laparoscopies)	2*	0 - 11	736
Denominator	Elective rectum surgeries (without transanal wall resection)	22,5*	8 - 86	7.707
Rate	Target value ≤ 15%	9.09%	0,00% - 33.33%	9.55%**



	2019	2020	2021	2022	2023
Maximum	39.13%	40.63%	42.86%	33.33%	33.33%
95th percentile	22.44%	23.08%	21.49%	25.00%	21.54%
75th percentile	14.29%	13.33%	14.29%	14.17%	13.33%
Median	9.52%	8.57%	9.52%	9.52%	9.09%
25th percentile	5.26%	4.55%	5.00%	5.26%	5.00%
5th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
Minimum	0.00%	0.00%	0.00%	0.00%	0.00%

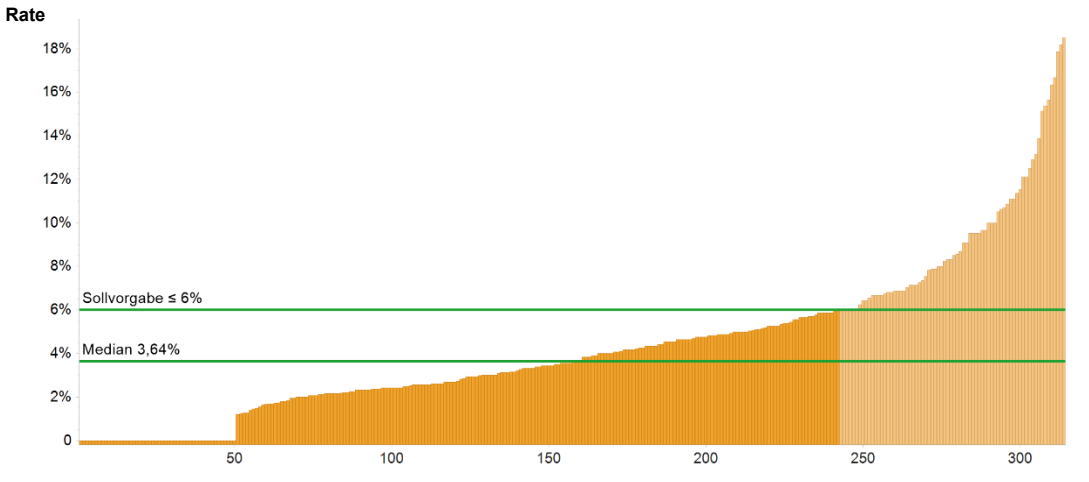
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	264	84.08%

Comments:

The revision rate following rectal resections has remained largely stable this year (overall rate 9.6%; previous year: 9.8%). The number of centres with rates > 15% has fallen from 61 to 50. The most common reasons for revisions were anastomotic leakage. (65x), ileus (26x), secondary bleeding (25x), wound healing disorders (22x), fascial dehiscence (15x), perineal wound healing disorders (14x), stoma revisions (12x), and abscesses/intraabdominal behavior (11x). 7 remarks, 1 critical remark, and 4 deviations were issued (in cases of simultaneous exceeding of anastomotic leakage rates or repeated exceeding). The centres responded by adjusting surgical techniques, introducing ICG measurements, and changing hygiene concepts.

*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.

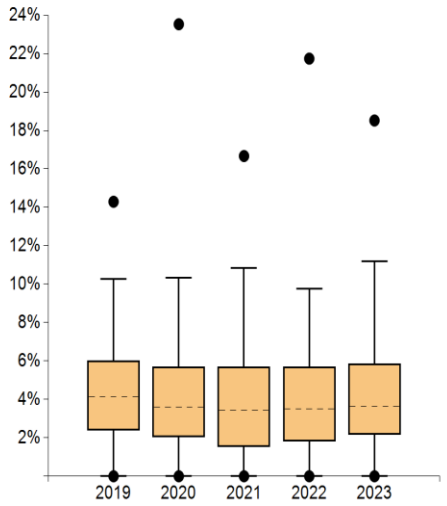
17. Anastomotic Insufficiency: Colon (GL QI)



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with colon anastomotic insufficiencies requiring reintervention after surgery	2*	0 - 9	617
Denominator	Patients with colon carcinoma in whom anastomosis was performed in an elective tumour resection	43.5*	17 - 149	14.589
Rate	Target value ≤ 6%	3.64%	0,00% - 18.52%	4.23%**



	2019	2020	2021	2022	2023
Maximum	14.29%	23.53%	16.67%	21.74%	18.52%
95th percentile	10.28%	10.34%	10.85%	9.76%	11.20%
75th percentile	6.00%	5.71%	5.71%	5.71%	5.85%
Median	4.13%	3.61%	3.45%	3.50%	3.64%
25th percentile	2.38%	2.04%	1.54%	1.83%	2.17%
5th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
Minimum	0.00%	0.00%	0.00%	0.00%	0.00%

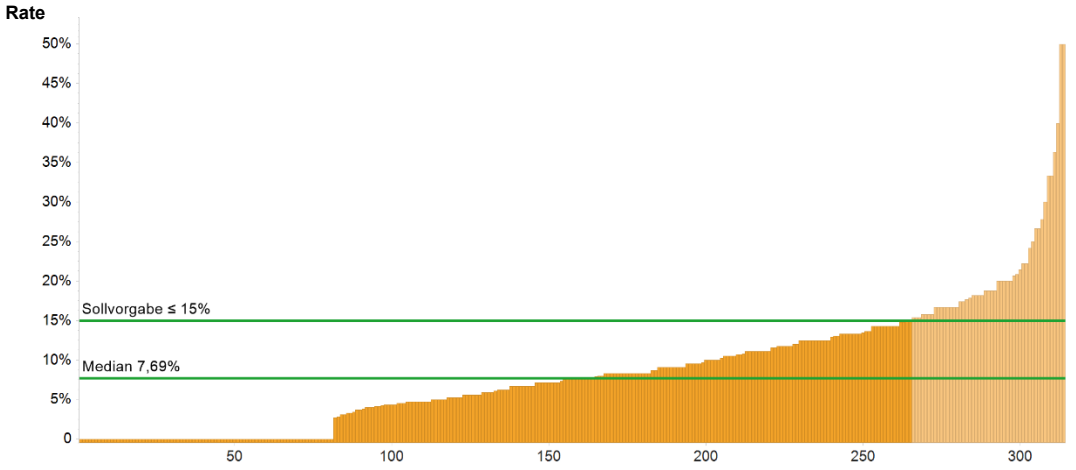
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	242	77.07%

Comments:

The insufficiency rate for the current year is 4.2%, which is slightly above the previous year's figure (4.0%); the median has also risen slightly to 3.6%. No insufficiency occurred in 50 centres, and in 72 centres the rate was < 6%. In these centres, patient-related risk factors such as advanced age and/or comorbidities were identified. The centres responded by reviewing their perioperative treatment concepts, anastomosis techniques, changing stapler systems, and consistent Indocyanine green measurement (ICG measurement), among other measures. The auditor issued 10 remarks, 1 critical remark, and 4 deviations for the partly uncritical handling of insufficiency rates.

*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.

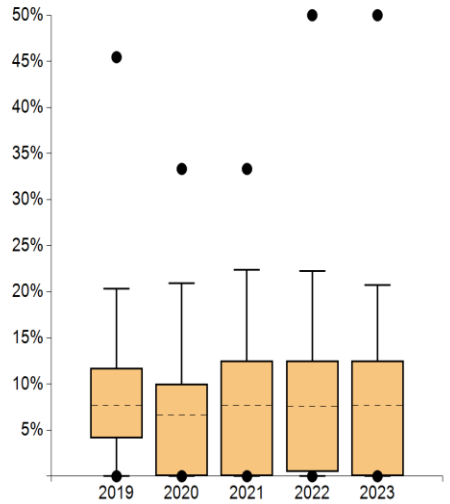
18. Anastomotic Insufficiency: Rectum (GL QI)



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023 Median	Range	Patients Total
Numerator	Patients of the denominator with grade B (requiring antibiotic administration but not interventional drainage or transanal lavage/drainage or grade C (re-)laparotomy) anastomotic insufficiency	1*	0 - 9	467
Denominator	Patients with rectal carcinoma in whom anastomosis was performed in an elective tumour resection (without transanal wall resection)	17*	4 - 67	5711
Rate	Target value ≤ 15%	7,69%	0,00% - 50,00%	8,18%**



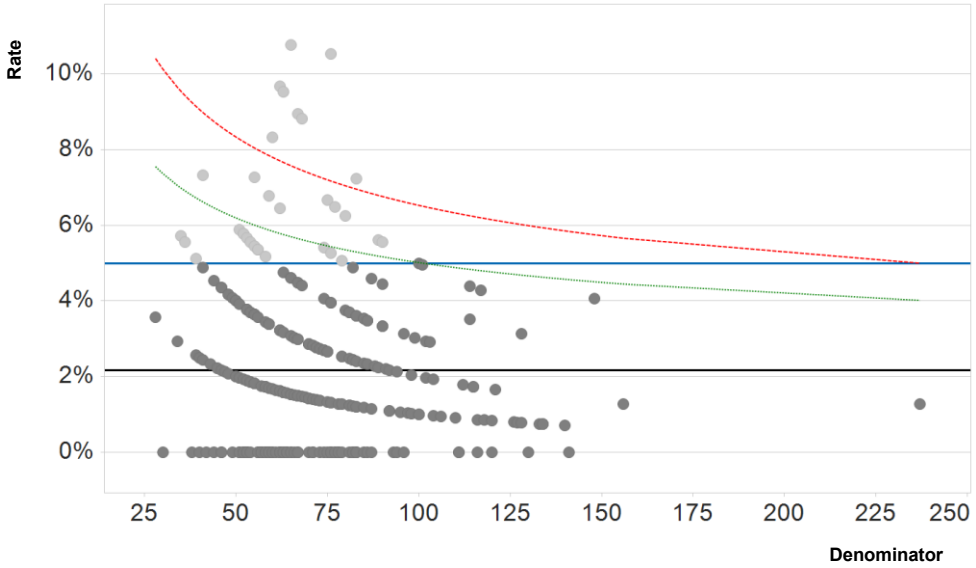
	2019	2020	2021	2022	2023
Maximum	45.45%	33.33%	33.33%	50.00%	50.00%
95th percentile	20.36%	20.93%	22.39%	22.22%	20.74%
75th percentile	11.76%	10.00%	12.50%	12.50%	12.50%
Median	7.69%	6.67%	7.69%	7.55%	7,.69%
25th percentile	4.13%	0.00%	0.00%	0.49%	0.00%
5th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
Minimum	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	265	84.39%

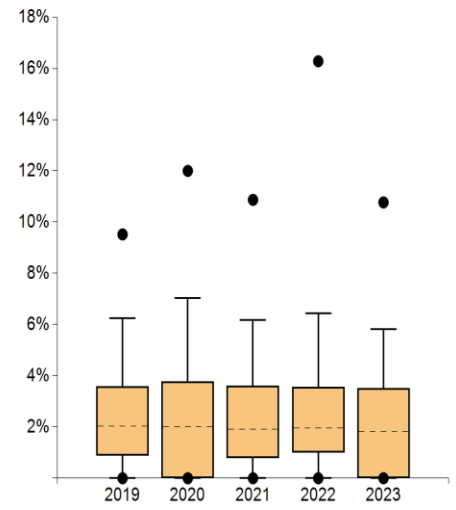
Comments:
In the current indicator year, the rate of anastomotic leakage after rectal resection is 8.2%, as in the previous year; the median is 7.7% (previous year: 7.6%). This means that the trend remains stable at the level of previous years. As in the previous year, a total of 49 centres had a rate > 15%, while 81 centres had a rate of 0%. The most frequently cited reasons were risk constellations due to comorbidities (22×), neoadjuvant therapies (20×), and advanced tumor stages (10×). In 40 cases, the causes remained unclear. 15 remarks, 2 critical remarks, and 4 deviations (in some cases with simultaneous exceeding of the revision rates) 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.

19. Post-Operative Mortality



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who died within 30d postoperatively	1*	0 - 8	495
Denominator	Electively operated patients (without transanal wall resection)	68*	28 – 237	22.872
Rate	Target value ≤ 5%	1.82%	0,00% - 10.77%	2.16%**



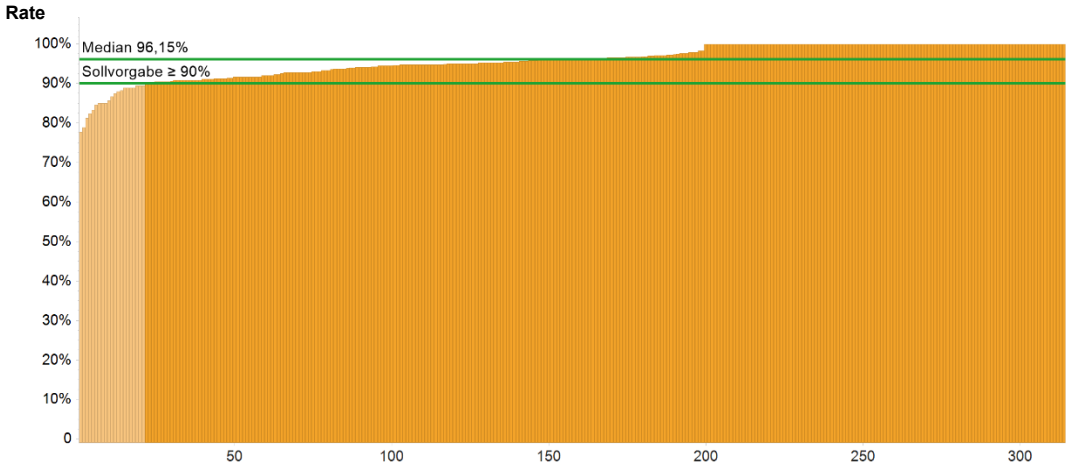
	2019	2020	2021	2022	2023
Maximum	9.52%	12.00%	10.87%	16.28%	10.77%
95th percentile	6.25%	7.04%	6.18%	6.43%	5.81%
75th percentile	3.57%	3.77%	3.60%	3.56%	3.51%
Median	2.04%	2.00%	1.92%	1.95%	1.82%
25th percentile	0.89%	0.00%	0.80%	1.01%	0.00%
5th percentile	0.00%	0.00%	0.00%	0.00%	0.00%
Minimum	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	282	89.81%

Comments:
The 30-day mortality rate shows an improvement compared to the previous year (2.4%) with a total rate of 2.2%. At 82 centres, no patients died within 30 days of elective surgery (previous year: 72). The causes of death included abdominal and pneumogenic septicemia, among others as a result of anastomotic insufficiency, cardiopulmonary decompensation, and acute events such as myocardial infarction and pulmonary artery embolism. The centres reviewed the cases in M+M and individual case analyses. The auditors did not identify any deviations in the audits but did issue four remarks.

*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.

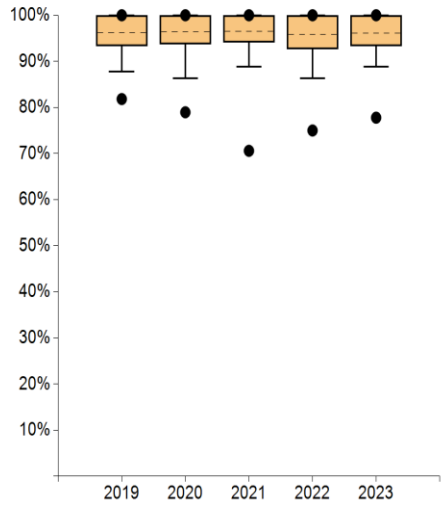
20. Local R0 Resections: Rectum



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Surgeries of the denominator with local R0 resections – after completion of surgical treatment	22*	8 - 81	7.398
Denominator	Elective rectal-surgeries (surgical) (without transanal wall resection)	22.5*	8 - 86	7.707
Rate	Target value ≥ 90%	96.15%	77.78% - 100%	95.99%**



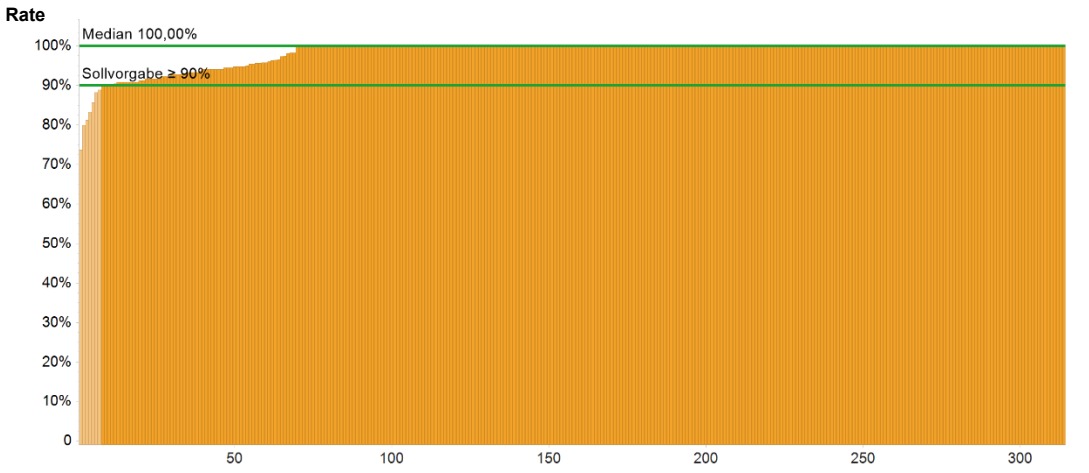
	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	96.30%	96.43%	96.55%	95.83%	96.15%
25th percentile	93.27%	93.75%	94.12%	92.66%	93.33%
5th percentile	87.79%	86.36%	88.89%	86.33%	88.89%
Minimum	81.82%	78.95%	70.59%	75.00%	77.78%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	293	93.31%

Comments:
The rate of local R0 resections is high, with an overall rate of 95.99%. The median is 96.15%, and the percentiles have also risen slightly compared to the previous year. 21 centres fell short of the target value. Common causes include advanced tumors with infiltration of the pelvic wall or prostate, ovary, vagina, or bladder, as well as circumferential resection margin- positive (CRM-positive) findings. In isolated cases, tumor perforations with abscesses or bleeding were mentioned. No deviations were reported, and the few remarks related to technical limitations, which were validated in the audit.

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

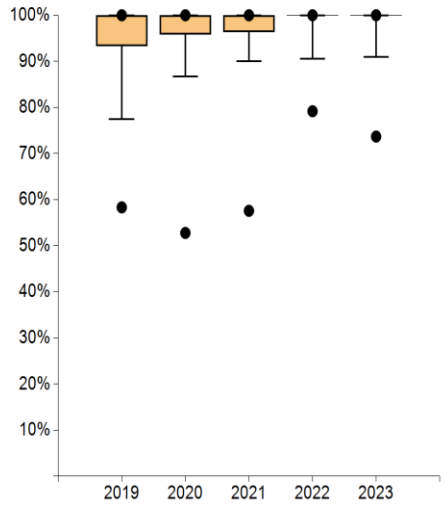
21. Marking of Stoma Position (GL QI)



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with preoperative marking of the stoma position	16*	2 - 59	5.428
Denominator	Patients with rectal carcinoma who had elective surgery to install a stoma (without transanal wall resection)	16*	2 - 60	5.524
Rate	Target value ≥ 90%	100%	73.68% - 100%	98.26%**



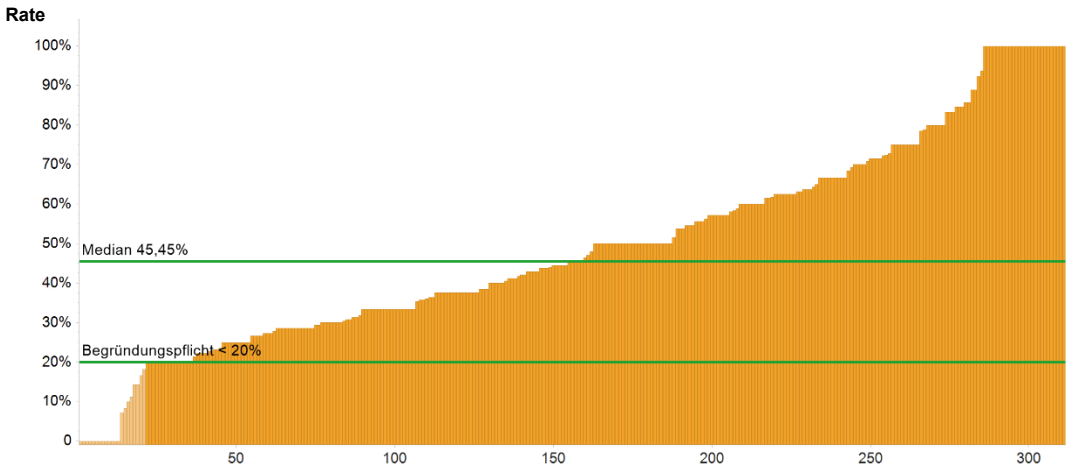
	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	93.33%	95.83%	96.43%	100%	100%
5th percentile	77.51%	86.67%	90.00%	90.52%	90.91%
Minimum	58.33%	52.78%	57.58%	79.17%	73.68%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	307	97.77%

Comments:
The indicator is once again at a very high level: the overall rate rose to 98.26% (previous year: 97.81%), with the 25th percentile remaining at 100%. 7 centres fell short of the target value (previous year: 12). The reasons for this were mainly documentation deficiencies or organizational shortcomings. In isolated cases, only a stoma conversion was performed, or the stoma was unexpectedly created intraoperatively. One deviation was reported (previous year: critical remark), and in 2 cases, remarks were made regarding documentation deficiencies.

*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.

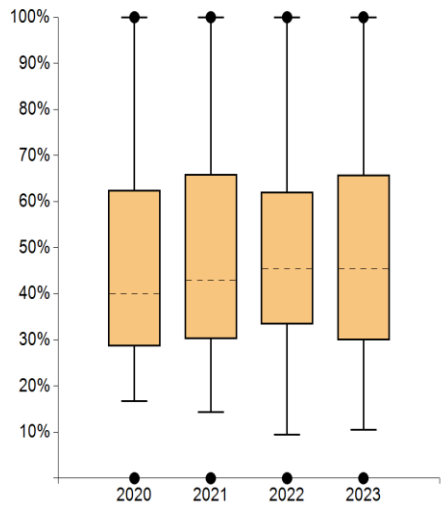
22a. Liver Metastasis Resection



Begründungspflicht = Mandatory Justification

311 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who had a liver metastasis resection	4*	0 - 45	1.632
Denominator	Patients of the Centre with metastatic colorectal carcinoma and 1. exclusive liver metastasis or 2. exclusive liver metastasis, who have received chemotherapy for liver metastasis	10*	1 - 47	3.371
Rate	Mandatory Justification*** < 20%	45.45%	0.00% - 100%	48.41%**



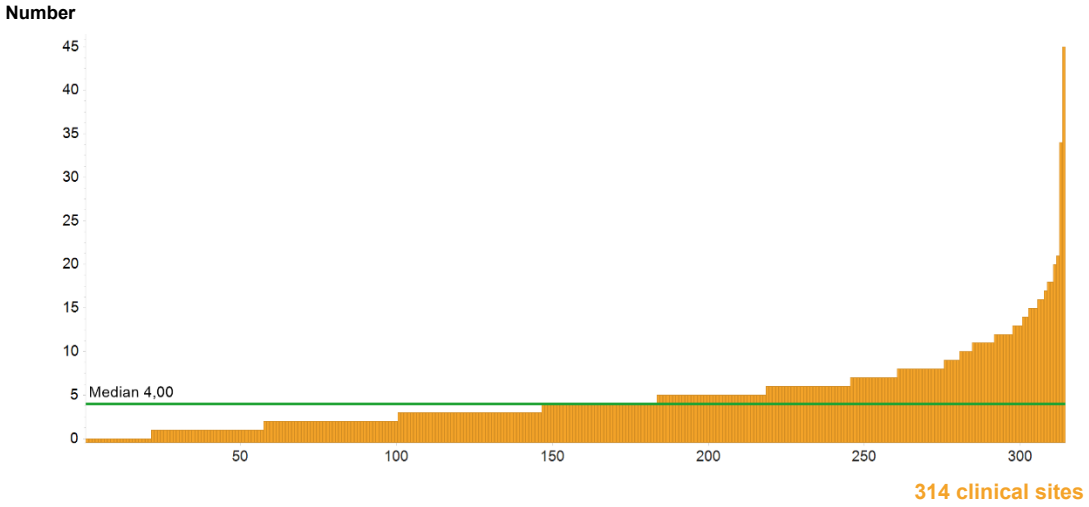
	2019	2020	2021	2022	2023
Maximum	-----	100%	100%	100%	100%
95th percentile	-----	100%	100%	100%	100%
75th percentile	-----	62.50%	65.95%	62.05%	65.84%
Median	-----	40.00%	42.86%	45.45%	45.45%
25th percentile	-----	28.57%	30.22%	33.33%	30.00%
5th percentile	-----	16.67%	14.29%	9.39%	10.56%
Minimum	-----	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
311	99.04%	290	93.25%

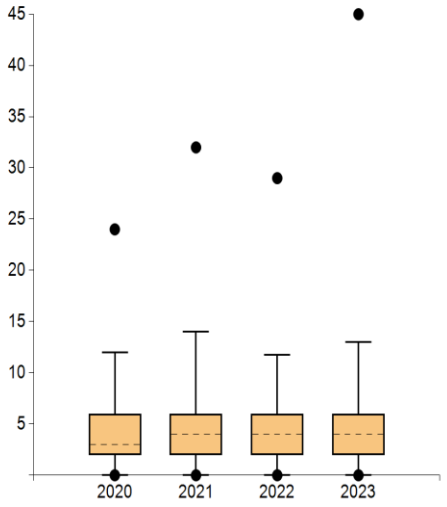
Comments:
The rate of liver metastasis resections rose slightly to 48.4% (previous year: 47.9%). 18 centres were required to provide a mandatory justification (previous year: 25). The most common reasons were diffuse or multilocular liver metastasis (74 cases) and technically unresectable findings due to location (12 cases). In 5 cases, patients refused resection, and 4 patients died before the planned surgery. The data was checked for plausibility as part of the audits. No discrepancies were found.

*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.

22b. Liver Metastasis Resection at the Surgical Site of the Colorectal Cancer Centre



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Liver metastasis resection performed at the surgical site of the Colorectal Cancer Centre (subset of numerator 22a)	4	0 - 45	1.521
	No target value			

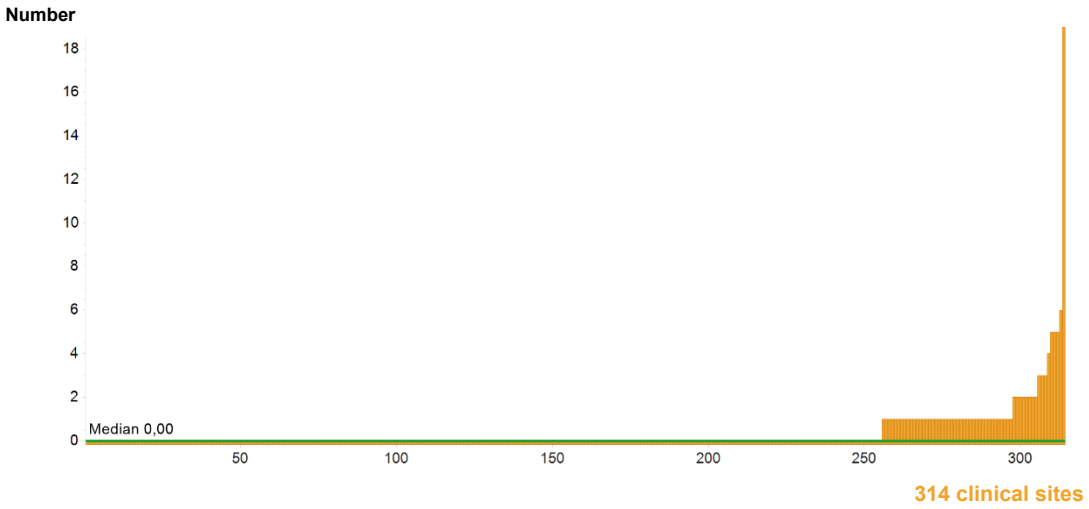


	2019	2020	2021	2022	2023
Maximum	-----	24.00	32.00	29.00	45.00
95th percentile	-----	12.00	14.00	11.75	13.00
75th percentile	-----	6.00	6.00	6.00	6.00
Median	-----	3.00	4.00	4.00	4.00
25th percentile	-----	2.00	2.00	2.00	2.00
5th percentile	-----	0.00	0.00	0.00	0.00
Minimum	-----	0.00	0.00	0.00	0.00

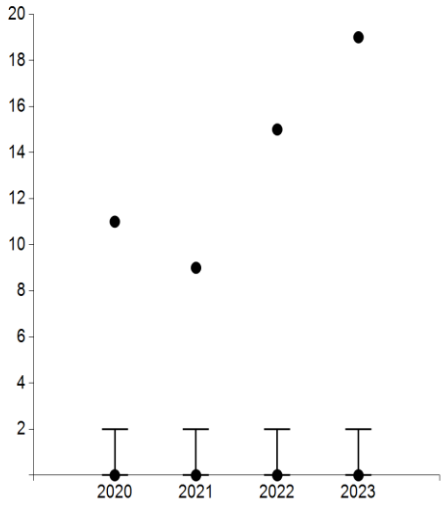
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	-----	-----

Comments:
The sub-indicator shows stable development with a constant median and lower percentiles. The upper percentile and maximum are rising slightly. A total of 1.521 liver metastasis resections were performed at the surgical site (previous year: 1.425; +6.7%).

22c. Liver Metastasis Resection outside the Surgical Site of the Colorectal Cancer Centre



	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Liver metastasis resection performed outside the surgical site of the Colorectal Cancer Centre (subset of numerator 22a)	0	0 - 19	111
	No target value			

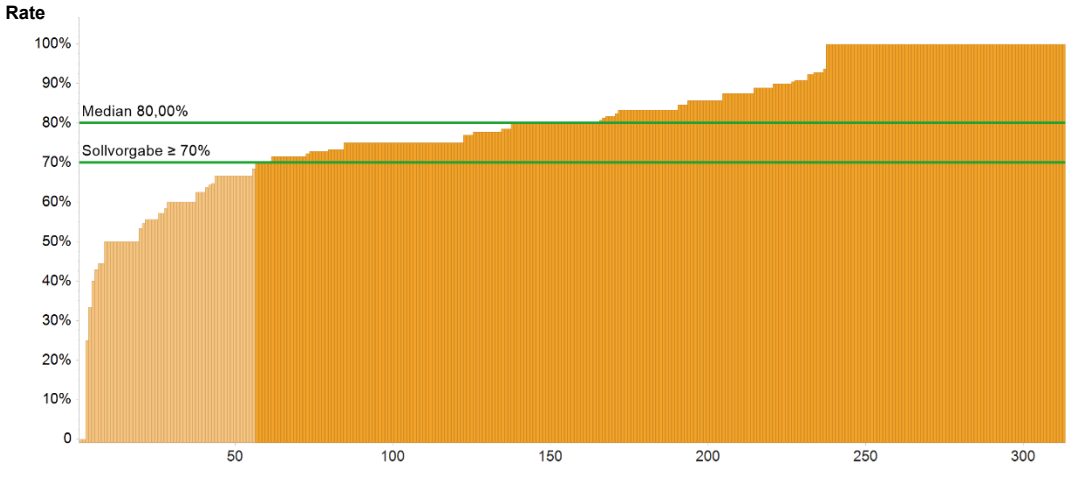


	2019	2020	2021	2022	2023
Maximum	-----	11.00	9.00	15.00	19.00
95th percentile	-----	2.00	2.00	2.00	2.00
75th percentile	-----	0.00	0.00	0.00	0.00
Median	-----	0.00	0.00	0.00	0.00
25th percentile	-----	0.00	0.00	0.00	0.00
5th percentile	-----	0.00	0.00	0.00	0.00
Minimum	-----	0.00	0.00	0.00	0.00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	-----	-----

Comments:
This figure remains virtually unchanged compared with the previous year: 59 centres (previous year: 46) refer patients to an external facility for liver metastasis resection. A total of 111 resections were performed outside the surgical site (previous year: 112), which corresponds to 6.8% of all liver metastasis resections (previous year: 7.3%).The median remains at 0, while the maximum rises from 15 to 19 cases.

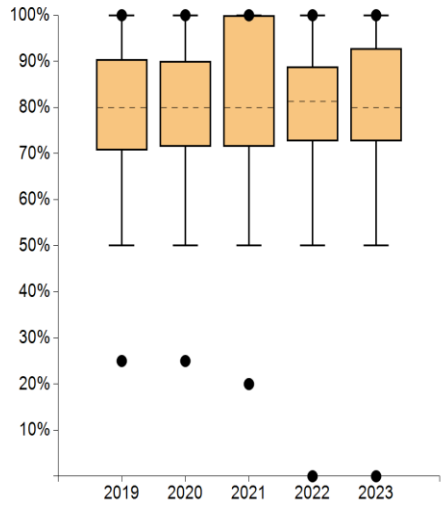
23. Adjuvant Chemotherapies: Colon (UICC stage III) (GL QI)



Sollvorgabe = target value

313 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who have received adjuvant chemotherapy	6*	0 - 21	2.009
Denominator	Patients ≤ 75 years with a UICC stage III colon carcinoma who had a R0 resection of the primary tumour	8*	1 - 26	2.512
Rate	Target value ≥ 70%	80.00%	0.00% - 100%	79.98%**



	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	90.46%	90.00%	100%	88.89%	92.86%
Median	80.00%	80.00%	80.00%	81.25%	80.00%
25th percentile	70.72%	71.43%	71.43%	72.73%	72.73%
5th percentile	50.00%	50.00%	50.00%	50.00%	50.00%
Minimum	25.00%	25.00%	20.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
313	99.68%	257	82.11%

Comments:
Compliance with the GL-QI was at the same level as in previous years, with a median of 80.0% (total rate in the previous year: 80.1%). 56 centres fell short of the target value (previous year: 57). The most common reasons were patient refusal (59×), multimorbidity or poor general health (48×), and death before the start of therapy (20×). Other reasons included lack of feedback from external practices (19×) and loss to follow-up (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.

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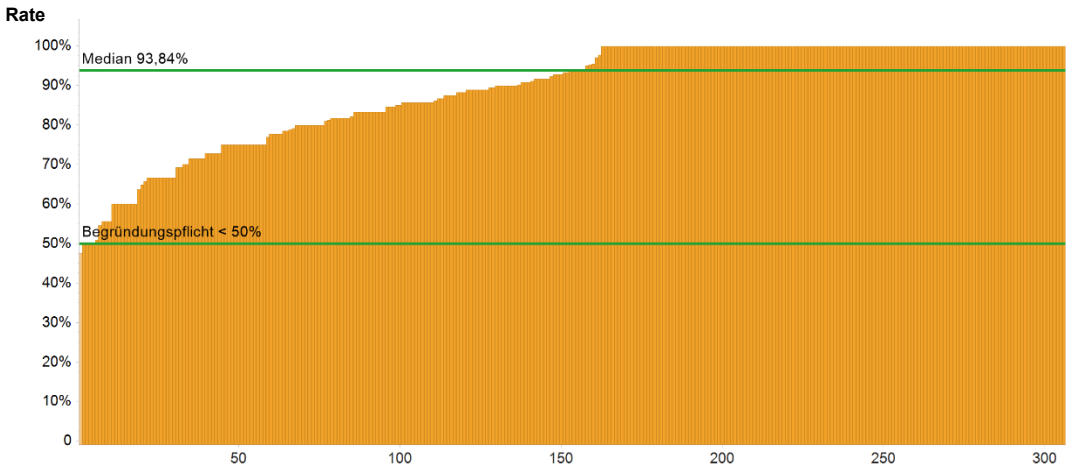
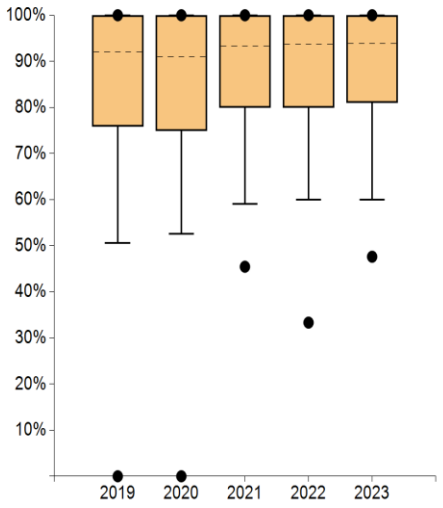
24. Combination Chemotherapy for Metastasised Colorectal Carcinoma with Systemic First-Line Treatment (GL QI)



Begründungspflicht = Mandatory Justification

306 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with combination chemotherapy	8*	1 - 93	3.035
Denominator	Patients with metastasised colorectal carcinoma, ECOG 0-1 and systemic first-line chemotherapy	9*	1 - 102	3.478
Rate	Mandatory Justification*** < 50%	93.84%	47.62% - 100%	87.26%**



	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	91.99%	90.91%	93.33%	93.75%	93.84%
25th percentile	75.89%	75.00%	80.00%	80.00%	81.03%
5th percentile	50.60%	52.59%	59.00%	60.00%	60.00%
Minimum	0.00%	0.00%	45.45%	33.33%	47.62%

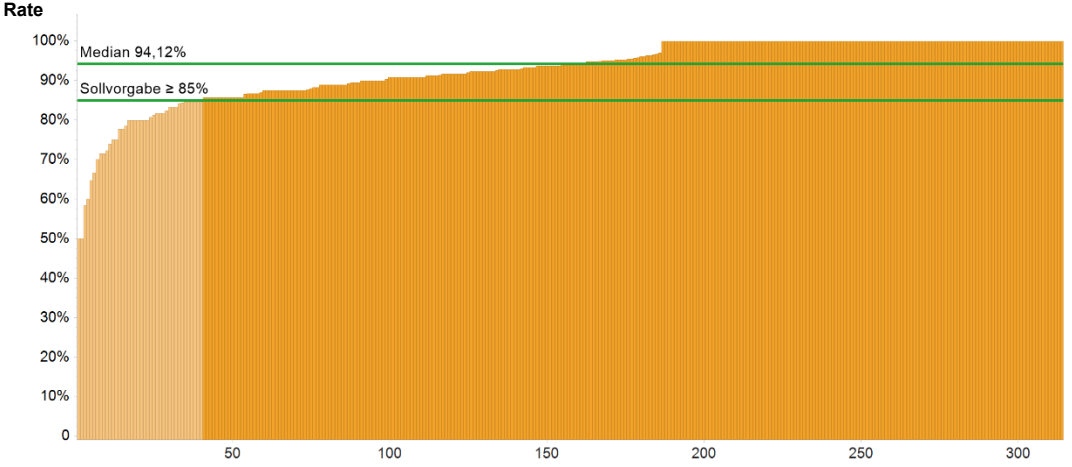
Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
306	97.45%	305	99.67%

Comments:
As in previous years, the GL-QI remains stable. The median (93.8%) and overall rate (87.3%) are essentially in line with the previous year's figures (93.8% and 88.3% respectively). One centre was below the plausibility limit (previous year: 2). The reasons for this were verified in the audit.

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator
*** For values outside the plausibility limit(s) the Centres must give the reasons.

25. Quality of the TME Rectum Specimen (Information from Pathology) (GL QI)

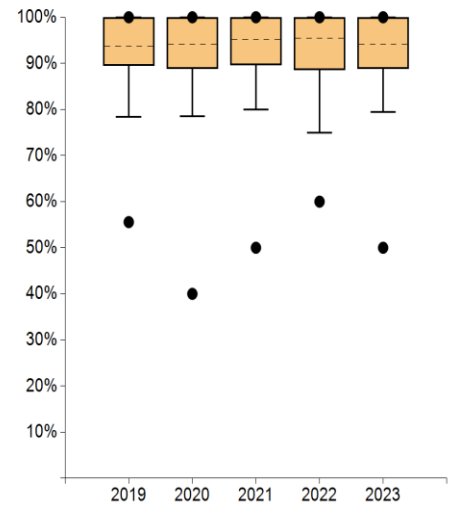
Rate



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with good to moderate quality (grade 1: mesorectal fascia or grade 2: intramesorectal excisions) TME	13*	1 - 58	4.520
Denominator	Patients with elective radically operated RC in the middle or lower third (without transanal wall resection)	14*	1 - 67	4.871
Rate	Target value ≥ 85%	94.12%	50.00% - 100%	92.79%**



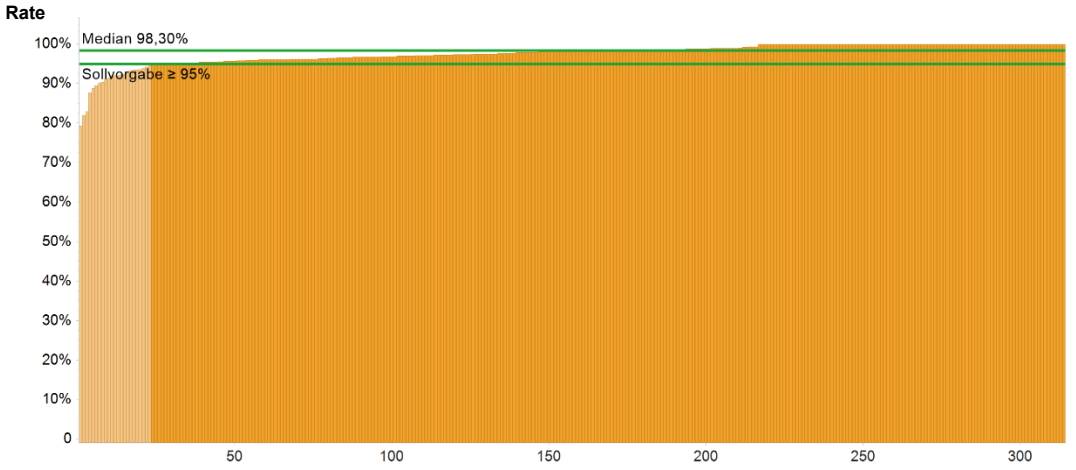
	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	93.75%	94.12%	95.24%	95.45%	94.12%
25th percentile	89.47%	88.89%	89.66%	88.57%	88.89%
5th percentile	78.37%	78.57%	80.00%	75.00%	79.50%
Minimum	55.56%	40.00%	50.00%	60.00%	50.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	274	87.26%

Comments:
The GL-QI remained at the same level as in previous years (median: 94.1%). 40 centres fell below the target value (previous year: 38). As in the previous year, the main reasons were tumor-related complications such as perforation, abscess, or infiltration (53×), neoadjuvant therapy (or TNT) 30, and difficult anatomical conditions and previous operations (18×). Several remarks and one critical remark were issued in cases of repeated non-compliance. Measures included case analyses in tumour board, adjustments to surgical techniques, and further training.

*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.

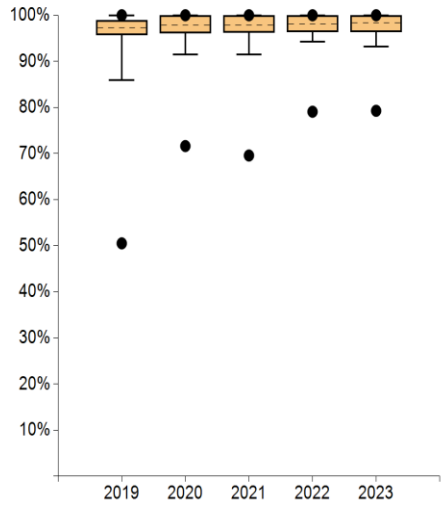
26. Diagnostic Report after Surgical Resection of Colorectal Carcinoma (GL QI)



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with complete diagnostic report	73*	34 - 232	24.457
Denominator	Patients with colorectal carcinoma and surgical resection	75.5*	35 - 241	25.076
Rate	Target value ≥ 95%	98.30%	79.27% - 100%	97.53%**



	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	98,83%	100%	100%	100%	100%
Median	97.29%	97.85%	97.87%	98.05%	98.30%
25th percentile	95.71%	96.12%	96.20%	96.32%	96.40%
5th percentile	85.96%	91.43%	91.54%	94.27%	93.22%
Minimum	50.52%	71.62%	69.57%	79.07%	79.27%

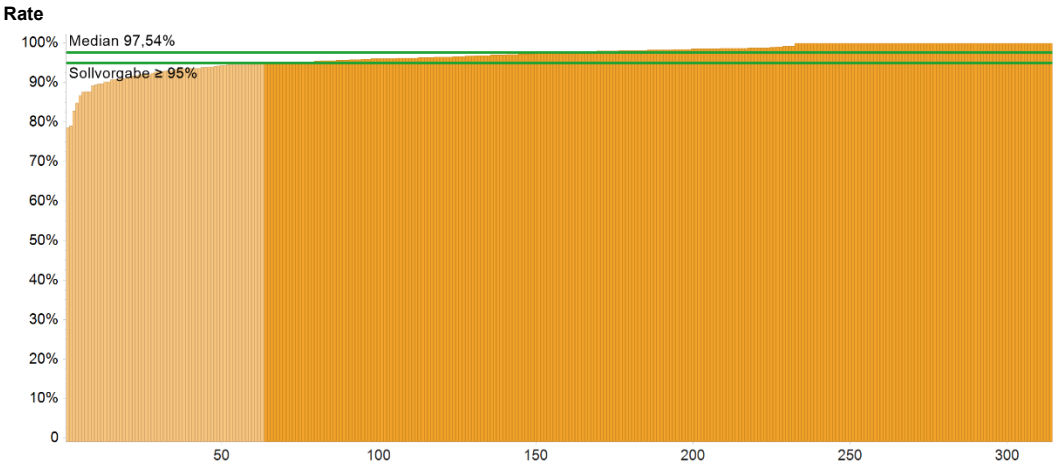
Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	291	92.68%

Comments:

This GL-QI remains at a consistently high level in the current indicator year with a total rate of 97.5% (previous year: 97.5%). 23 centres (previous year: 27) fell below the SV target value. The most common causes were lack of tumor evidence after endoscopic or neoadjuvant pretreatment (44x), RX classifications in cases of perforation, emergency surgery, or multi-part resection (39x), Gx after neoadjuvant therapy (27x), lack of information on the aboral resection margin (27x), and incomplete information on the circumferential resection margin (11x). In 4 cases, remarks were issued, in some cases for repeated or significant failure to meet the target value. Quality circles and consultations with pathology were implemented as measures.

*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.

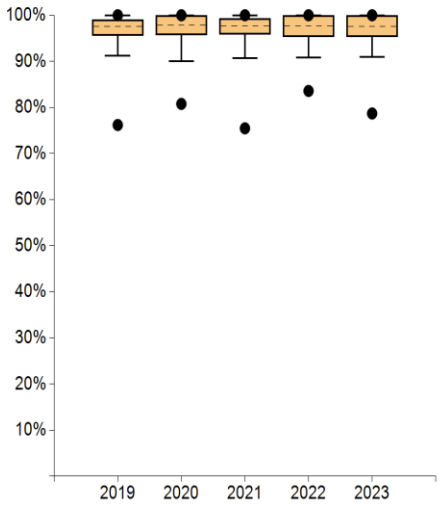
27. Lymph Node Examination



Sollvorgabe = target value

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with ≥ 12 pathologically examined lymph nodes	66*	26 - 218	22.041
Denominator	Patients with colorectal carcinona who had elective surgery and underwent a lymphadenectomy (without transanal wall resection)	67*	28 - 237	22.777
Rate	Target value ≥ 95%	97.54%	78.69% - 100%	96.77%**



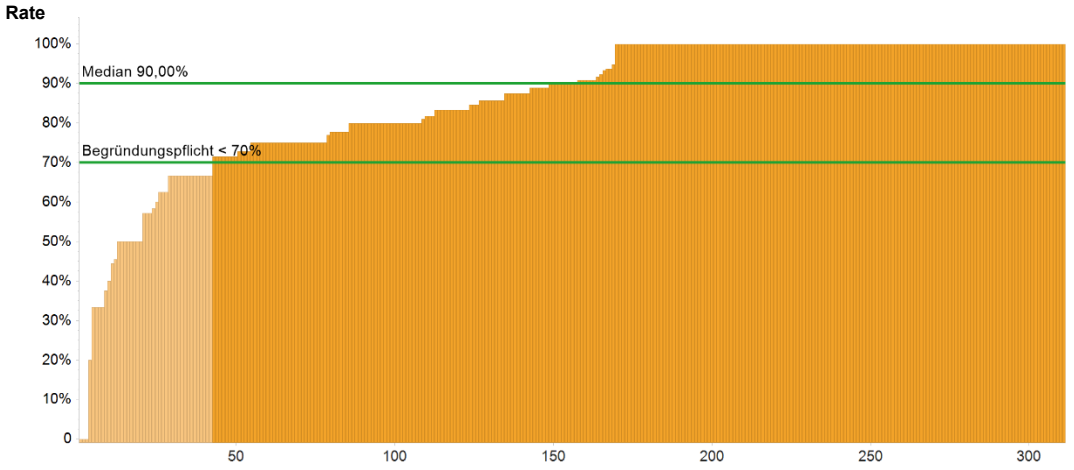
	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	98.98%	100%	99.31%	100%	100%
Median	97.61%	97.89%	97.73%	97.67%	97.54%
25th percentile	95.58%	95.74%	95.83%	95.27%	95.33%
5th percentile	91.15%	90.00%	90.70%	90.81%	90.91%
Minimum	76.19%	80.77%	75.47%	83.58%	78.69%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
314	100.00%	251	79.94%

Comments:
The rate remains stable at a high level of 96.8% (previous year: 96.9%). In the current year, 63 centres (previous year: 68) fell below the target value. In 174 cases, neoadjuvant pretreatment was cited as the cause. In 127 cases, no further lymph nodes were identified despite post-preparation by pathology. In 27 cases, there were specifically limited or palliative resections. 9 remarks were issued, but no deviations were noted.

*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.

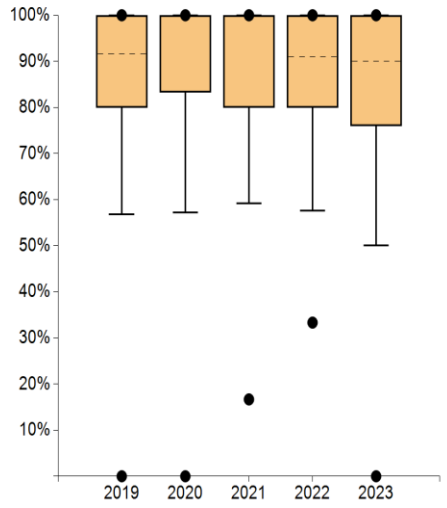
28. Start of Adjuvant Systemic Therapy



Begründungspflicht = Mandatory Justification

311 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator with start of chemotherapy within 8 weeks of surgery	5*	0 - 18	1.732
Denominator	Patients with UICC stage III colon carcinoma who had received adjuvant chemotherapy (= numerator of indicator 23)	6*	1 - 21	2.009
Rate	Mandatory Justification*** < 70%	90.00%	0.00% - 100%	86.21%**



	2019	2020	2021	2022	2023
Maximum	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	91.67%	100%	100%	90.91%	90.00%
25th percentile	80.00%	83.33%	80.00%	80.00%	75.96%
5th percentile	56.87%	57.14%	59.14%	57.57%	50.00%
Minimum	0.00%	0.00%	16.67%	33.33%	0.00%

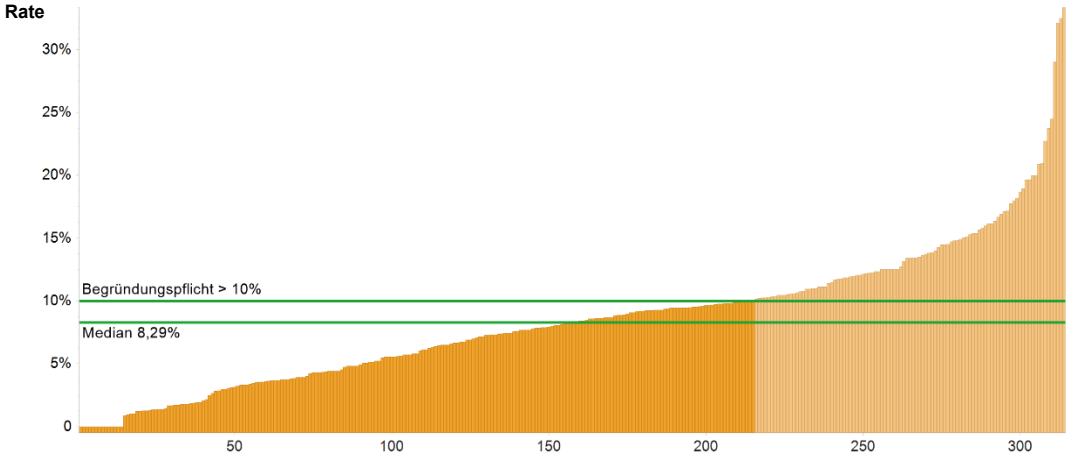
Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
311	99.04%	269	86.50%

Comments:

The overall rate remained largely stable at 86.2% (previous year: 87.3%), with the median remaining at 91% as in the previous year. 42 centres (previous year: 46) were below the 70% threshold requiring justification. The most common reasons cited were complications during the postoperative period (25 cases), explicit patient request (14 cases), diagnosis or treatment for suspected metastases (10 cases), and other comorbidities (14 cases). In 9 cases, the time window was exceeded by only 1–2 days, and in 5 cases, the start of therapy was delayed due to port placement. Acute infections (4x) and organizational/scheduling bottlenecks (4x) were also cited as causes.

*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.

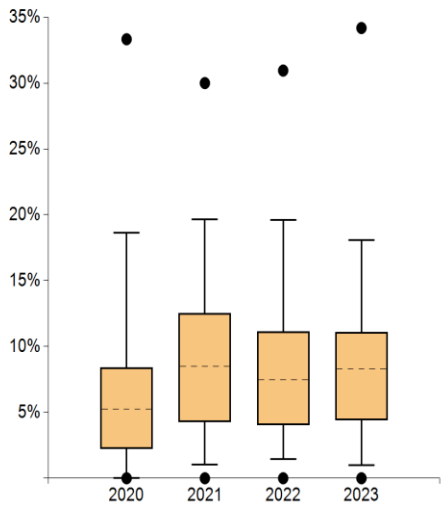
29. MTL22 Indicator (Mortality, Transfer, Hospital Stay)



Begründungspflicht = Mandatory Justification

314 clinical sites

	Indicator definition	All clinical sites 2023		
		Median	Range	Patients Total
Numerator	Patients of the denominator who - died within 30 d postoperatively (numerator of indicator 19) or - transferred to another acute care hospital, or - had a hospital stay > 22d after tumour resection	6*	0 - 27	1.921
Denominator	Electively operated patients (= denominator of indicator 19)	68*	28 - 237	22.872
Rate	Mandatory Justification*** > 10%	8.29%	0,00% - 34.18%	8.40%**



	2019	2020	2021	2022	2023
Maximum	-----	33.33%	30.00%	30.95%	34.18%
95th percentile	-----	18.65%	19.66%	19.62%	18.06%
75th percentile	-----	8.40%	12.50%	11.11%	11.09%
Median	-----	5.26%	8.51%	7.50%	8.29%
25th percentile	-----	2.26%	4.29%	4.06%	4.40%
5th percentile	-----	0.00%	1.03%	1.46%	0.99%
Minimum	-----	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
314	100.00%	215	68.47%

Comments:
The overall rate for the current indicator year is 8.4% (previous year: 8.2%), which is in line with previous years. 99 centres (previous year: 94) had an index >10% and were required to provide a mandatory justification, in some cases repeatedly (n= 62). These centres mainly cited prolonged hospital stays due to complications, followed by comorbidities (57x), infections (14x), secondary malignancies (6x), and early stoma relocations (4x). Of the 94 centres that stood out in the previous indicator year, 66 were able to improve their index, meaning that 35 centres were no longer required to provide a mandatory justification this year.

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** Percentage of centre patients who were treated according to the indicator.
*** For values outside the plausibility limit(s) the Centres must give the reasons.

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