



Indicator Analysis 2026

Annual Report of the Certified Colorectal Cancer Centres

Audit Year 2025 / Indicator Year 2024

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General Information

- Indicator No 15: Revision surgery: Colon.....
- Indicator No 16: Revision surgery: Rectum.....
- Indicator No 17: Anastomotic insufficiency: Colon (GL QI).....
- Indicator No 18: Anastomotic insufficiency: Rectum (GL QI).....
- Indicator No 19: Post-operative mortality.....

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:

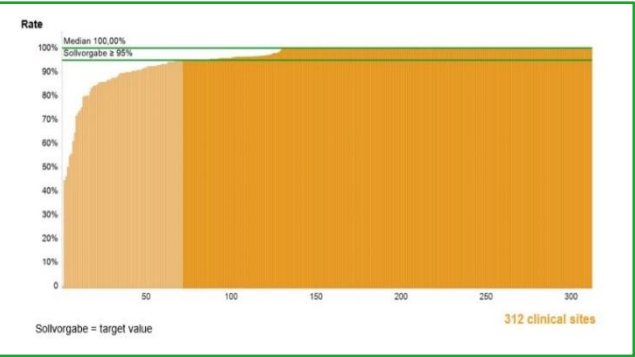
The definition of the **Numerator**, **Denominator** and the **Target value** are taken from the data sheet.
The **Median** for numerator and denominator does not refer to an existing centre but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
Range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

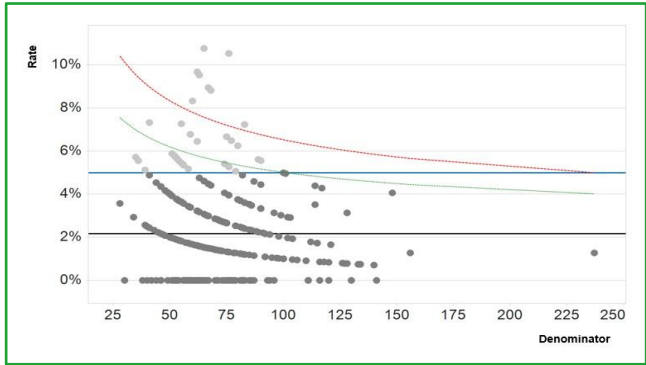
The x-axis indicates the number of centres and the y-axis represents the values in percent or number (e.g. primary cases). The target value is depicted as a green horizontal line. The median, which is also depicted as a green horizontal line, divides the entire group into two equal halves.

*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)

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator presented at an interdisciplinary tumour board before therapy	36*	9 - 118	12,827	12,488
Denominator	"Elective" patients with rectal cancer and "elective" all patients with stage IV colon cancer	38*	10 - 132	13,314	12,968
Rate	Target value ≥ 95%	96.9%	69.4% - 100%	96.3%**	96.3%

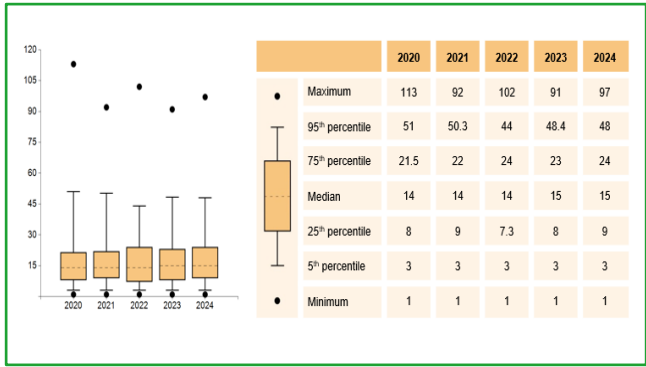


General Information



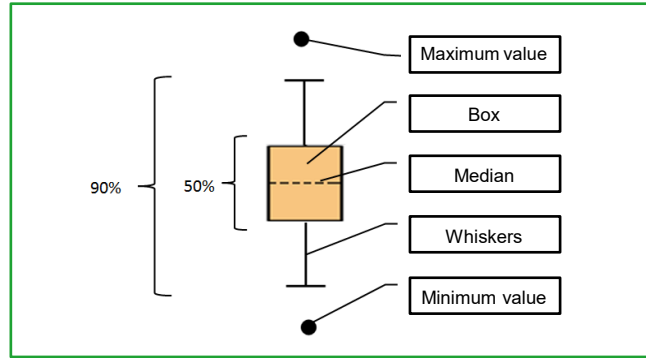
Funnel Plots:

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).



Cohort Development:

The **cohort development** in **2020, 2021, 2022, 2023** and **2024** 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](#).

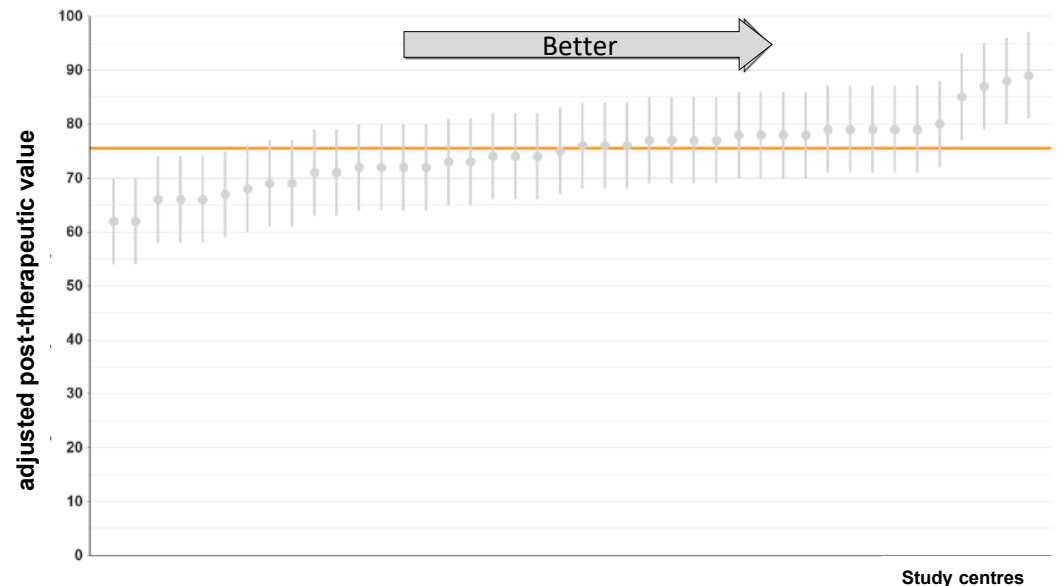
The results of the EDIUM study were published in the [medical journal](#).

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:

Physical function (after elective tumour resection, colon)



Status of the Certification System for Colorectal Cancer Centres 2025

	31.12.2025	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020
Ongoing certification procedures	7	4	7	10	12	5
Certified centres	325	317	312	310	305	298
Certified clinical sites	328	321	318	315	312	305
CCs with 1 clinical site	323	314	308	307	300	293
2 clinical sites	1	2	2	1	3	3
3 clinical sites	1	1	2	2	2	2
4 clinical sites	0	0	0	0	0	0

Clinical Sites taken into account

	31.12.2025	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020
Sites included in the Annual Report	319	314	306	297	301	296
Correspond to	97.3%	97.8%	96.2%	94.3%	96.5%	97.1%
Primary cases total*	30,174	29,556	27,595	26,993	26,998	28,595
Primary cases per site (mean)*	95	94	90	91	90	97
Primary cases per site (median)*	88	88	85	84	83	92

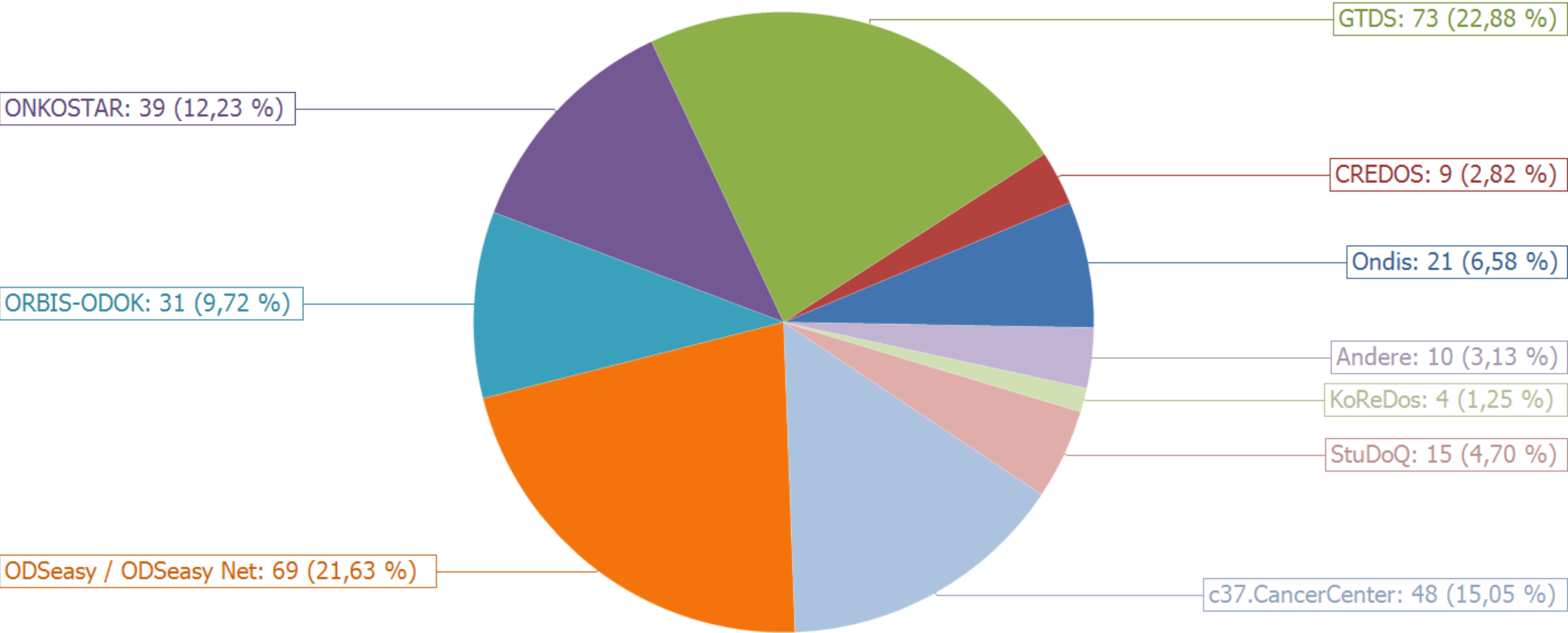
*The figures are based on the clinical sites listed in the Annual Report.

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.

319 of the 328 Certified Centre Sites are included in the Annual Report. Excluded are 7 Clinical Sites that were certified for the first time in 2025 (data mapping of complete calendar year not mandatory for first-time certifications). 2 further clinical sites were not included as no approved Data Sheet was available for these as of the data cut-off date of 31 January 2026. A total of 30.892 primary cases were treated at the 328 Clinical Sites. A current overview of all Certified Sites is shown at www.oncomap.de.

The indicators published here refer to the indicator year 2024. They represent the basis for evaluation for the audits carried out in 2025.

Tumour Documentation Systems in the Centre's Clinical Sites



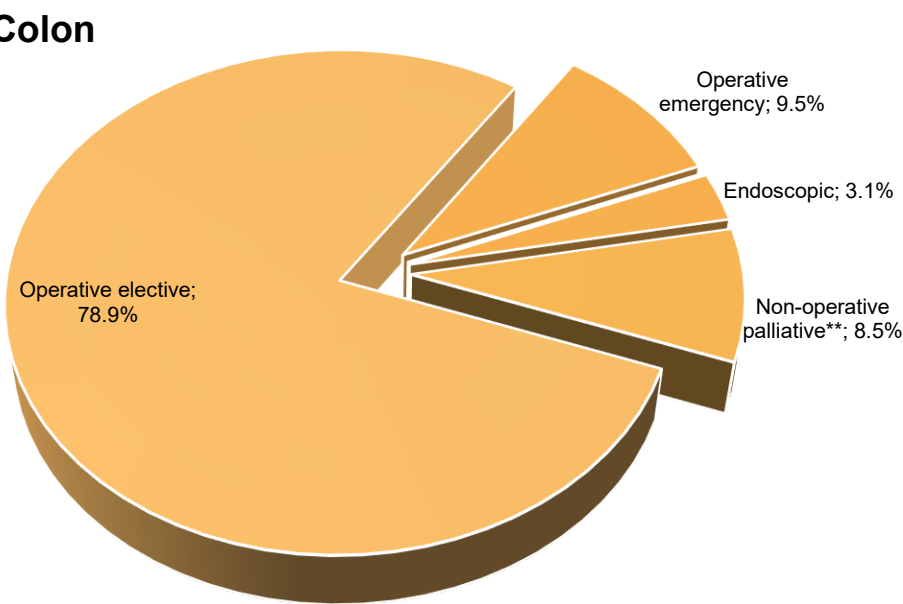
Andere = other

Legend:	
Other	System used in ≤ 4 clinical sites

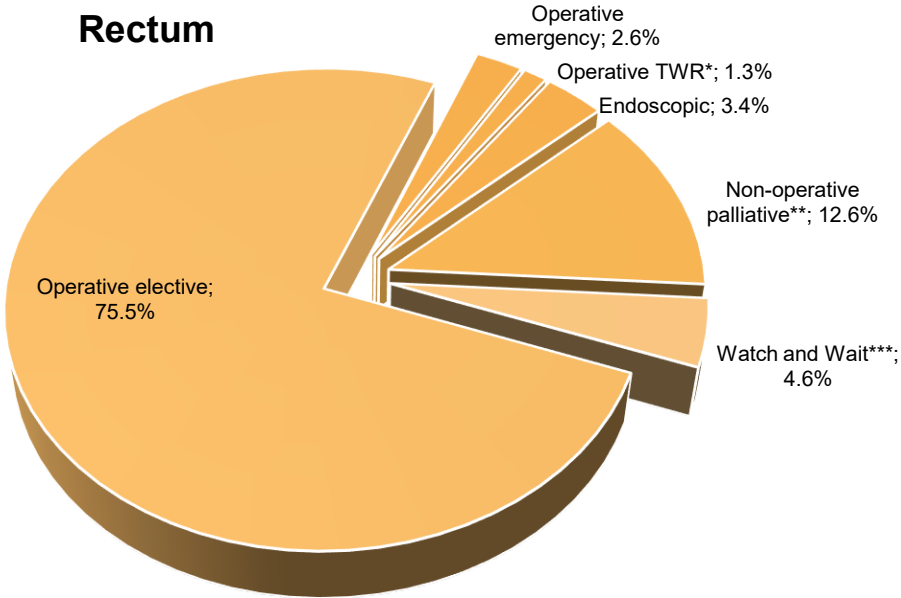
The details on the tumour documentation system was taken from the Data Sheet (Basic Data Sheet). It is not possible to use more than one system. In many cases, support is provided by the cancer registries or there may be a direct link to the cancer registry via a specific tumour documentation system.

Basic Data

Colon



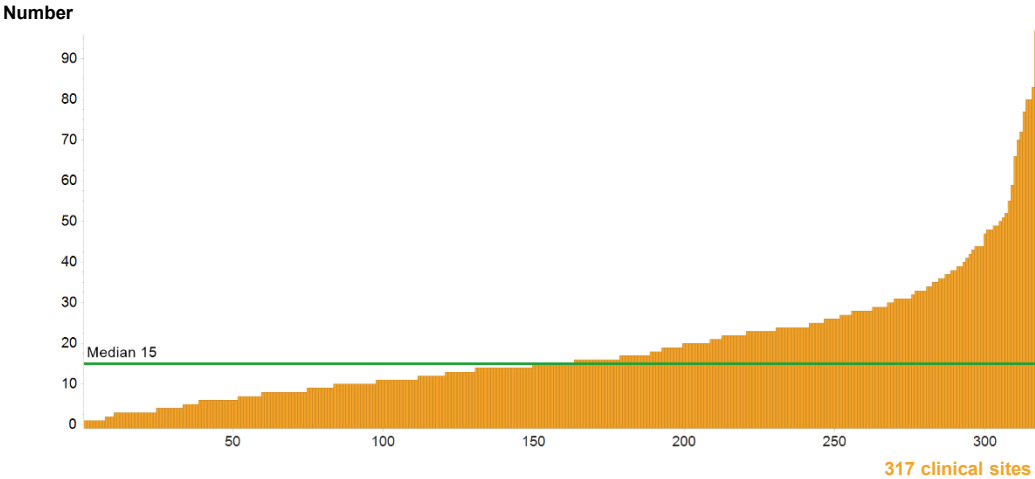
Rectum



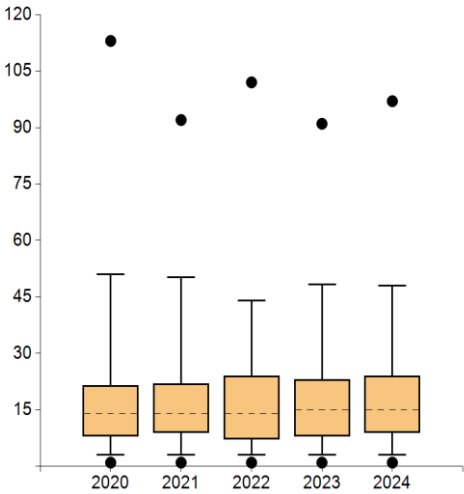
	Operative elective	Operative emergency	Operative TWR*	Endoscopic	Non-operative palliative **	Watch and Wait (Non-operative/ non-endoscopic curative) ***	Total
Colon	15,531 (78.9%)	1,866 (9.5%)	---	610 (3.1%)	1,679 (8.5%)	---	19,686 (100%)
Rectum	7,915 (75.5%)	275 (2.6%)	140 (1.3%)	353 (3.4%)	1,326 (12.6%)	479 (4.6%)	10,488 (100%)
Primary Cases Total	23,446	2,141	140	963	3,005	479	30,174

* 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 2024			2023
		Median	Range	Patients Total	Patients Total
Number	Patients with new recurrence and/or distant metastases	15	1 - 97	5,991	5,805
	No target value				

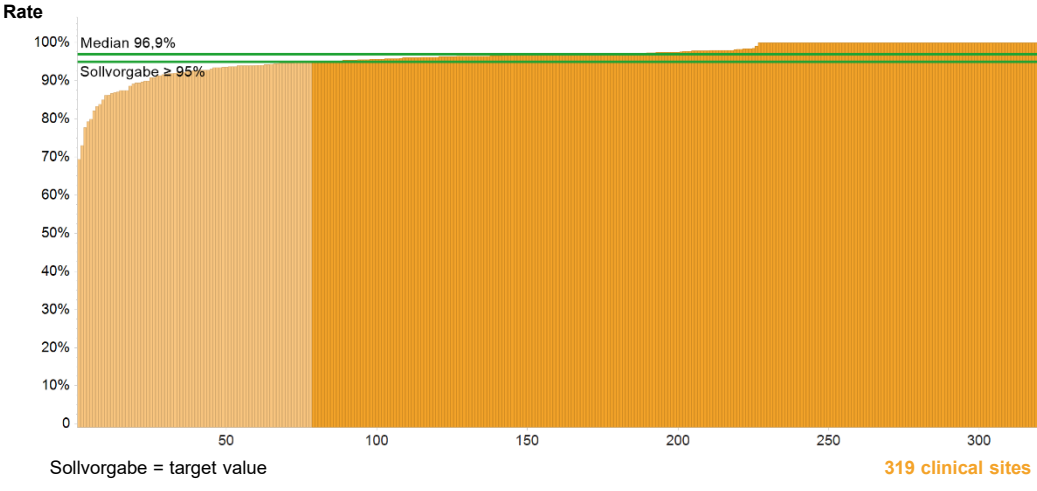


		2020	2021	2022	2023	2024
Maximum		113	92	102	91	97
95 th percentile		51	50.3	44	48.4	48
75 th percentile		21.5	22	24	23	24
Median		14	14	14	15	15
25 th percentile		8	9	7.3	8	9
5 th percentile		3	3	3	3	3
Minimum		1	1	1	1	1

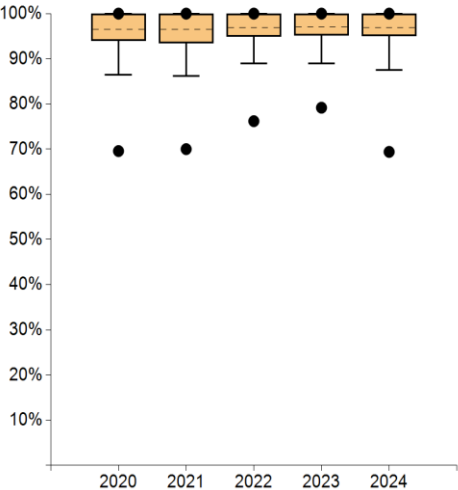
Clinical sites with evaluable data		Clinical sites meeting the target value	
2024	2023	2024	2023
317	99.4%	312	99.4%

Comments:
In the current indicator year, a total of 5,991 patients with newly occurring recurrence and/or distant metastases (previous year: 5,805; + 3,2%) were documented at 317 clinical sites (previous year: 312; +1.6%). The median remains unchanged at 15 patients per clinical site. The range of 1 to 97 remains wide, with the percentiles remaining stable overall and showing no significant shifts.

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



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator presented at an interdisciplinary tumour board before therapy	36*	9 - 118	12,827	12,488
Denominator	"Elective" patients with rectal cancer and all "elective" patients with stage IV colon cancer	38*	10 - 132	13,314	12,968
Rate	Target value ≥ 95%	96.9%	69.4% - 100%	96.3%**	96.3%



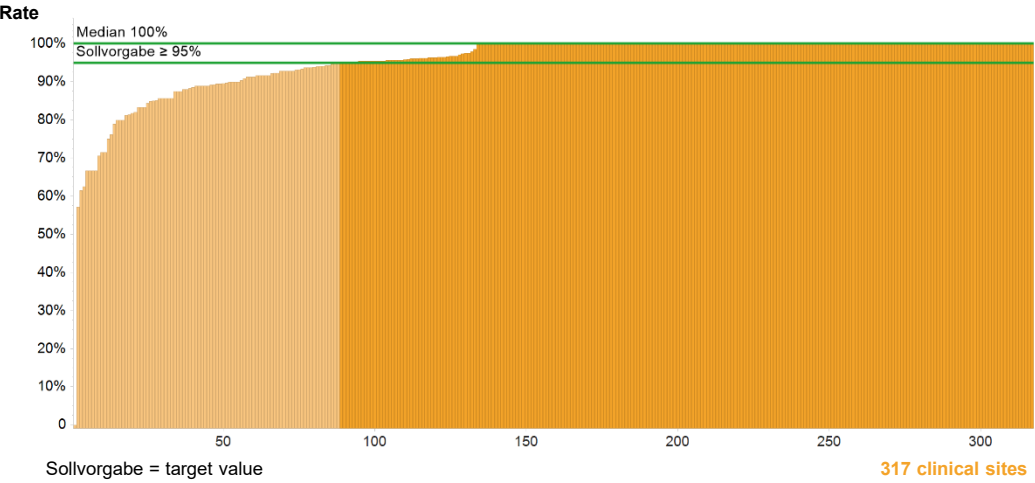
		2020	2021	2022	2023	2024
●	Maximum	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	96.6%	96.6%	96.9%	97.0%	96.9%
	25 th percentile	93.9%	93.5%	94.9%	95.2%	95.0%
	5 th percentile	86.4%	86.2%	89.0%	89.0%	87.5%
●	Minimum	69.6%	70.0%	76.2%	79.2%	69.4%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	241	75.6%	239	76.1%

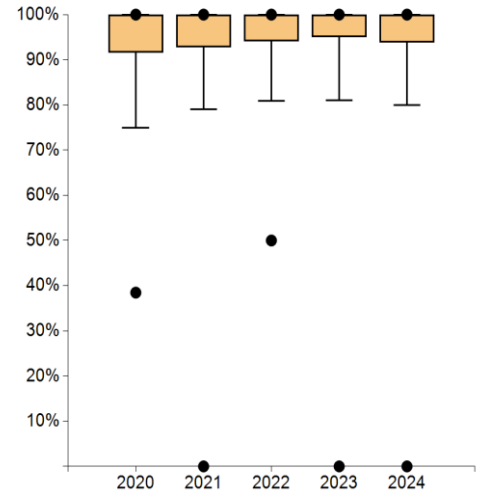
Comments:
The rate of pre-treatment case presentations remained stable, with a median of 96.9% and an overall rate of 96.3% (previous year: 97.0% and 96.3%). 78 centres fell below the target value (previous year: 75). In 112 cases, malignancies or metastases were only detected postoperatively/interventionally. 21 cases were classified as sigmoid carcinoma preoperatively and only diagnosed as rectal carcinoma postoperatively. Urgent treatment was necessary in 45 cases, and in 25 cases the presentation was missed (each as individual cases in centres). Other reasons included external tumour boards (40 cases), cancellation of tumour board meetings due to public holidays (9 cases), or refusal of treatment by the patient (7 cases). 12 remarks were made regarding the mandatory establishment of ad hoc tumour boards.

*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.

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



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator presented at the pre-therapeutic tumour board	15*	0 - 92	5,696	5,552
Denominator	Patients with new recurrence and/or distant metastases (= Indicator 1)	15*	1 - 97	5,991	5,805
Rate	Target value ≥ 95%	100%	0% - 100%	95.1%**	95.6%



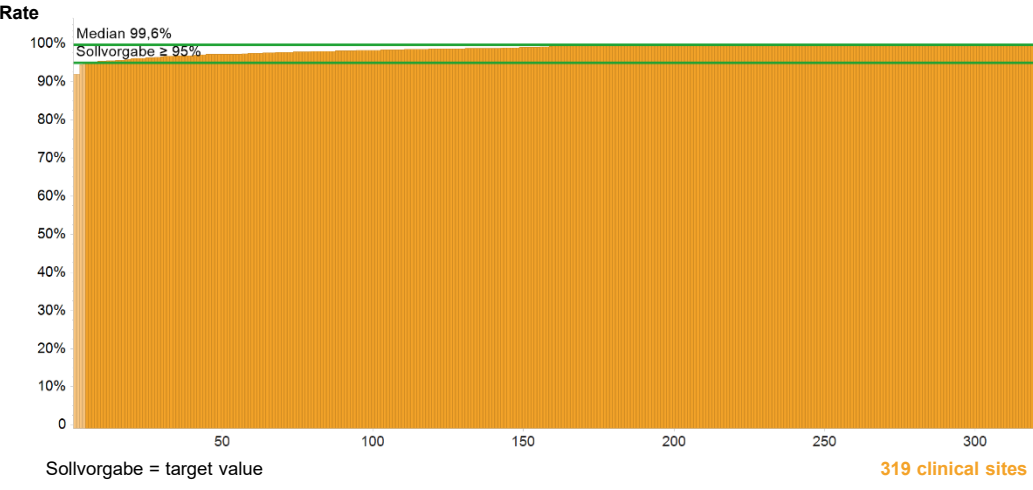
		2020	2021	2022	2023	2024
●	Maximum	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	100%	100%	100%	100%	100%
	25 th percentile	91.7%	92.9%	94.1%	95.0%	93.9%
	5 th percentile	75.0%	79.1%	80.9%	81.0%	80.0%
●	Minimum	38.5%	0.0%	50.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
317	99.4%	312	99.4%	229	72.2%	241	77.2%

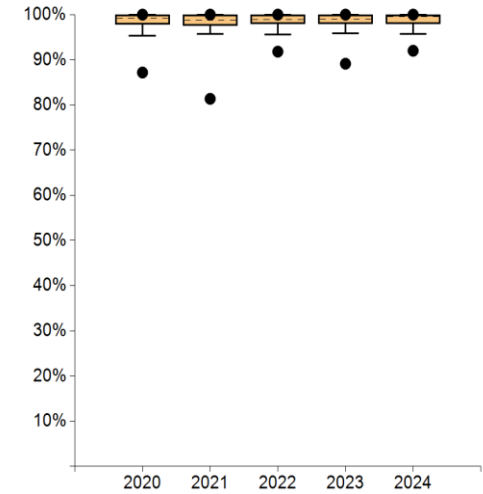
Comments:
With an overall rate of 95.1% (previous year: 95.6%), the positive trend continued at a high level this year (median: 100%). 88 clinical sites fell below the target value (previous year: 71). Frequent reasons were omissions (80x), intraoperative incidental findings (21x), emergency procedures (34x), palliative situations (21x) or lack of desire for treatment (21x), death of the patient (14x), external follow-up treatment (8x), and documentation deficits (40x). The centres responded by providing staff training. 4 remarks were issued, one of which was a critical remark.

*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 Presentation of all Primary-Case Patients



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator presented at the post-operative tumour board	78*	35 - 229	26,370	25,875
Denominator	Surgical and endoscopic primary cases	78*	35 - 230	26,690	26,203
Rate	Target value ≥ 95%	99.6%	92% - 100%	98.8%**	98.7%



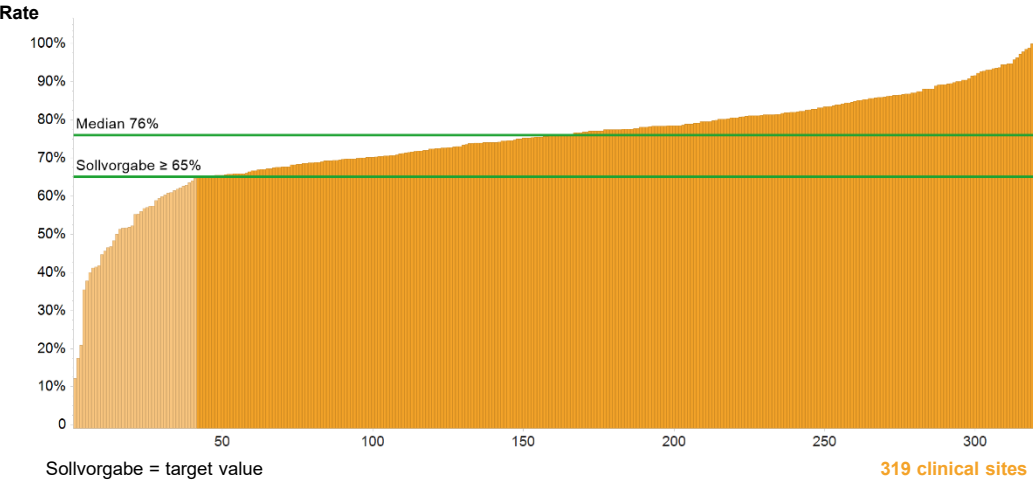
		2020	2021	2022	2023	2024
●	Maximum	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	100%	100%	100%	100%	100%
	Median	99.1%	98.8%	98.9%	99.1%	99.6%
	25 th percentile	97.9%	97.5%	97.9%	98.0%	98.0%
	5 th percentile	95.3%	95.7%	95.6%	95.9%	95.7%
●	Minimum	87.2%	81.4%	91.8%	89.1%	92.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	315	98.8%	309	98.4%

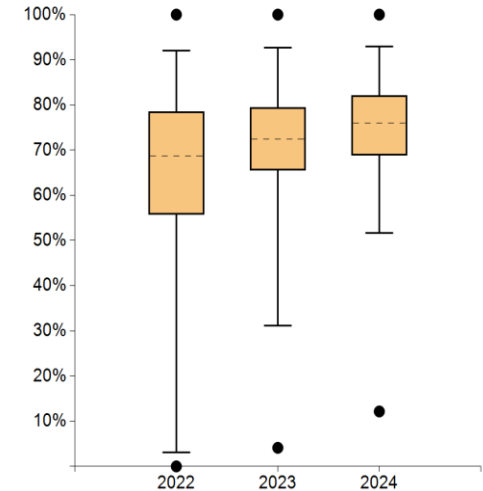
Comments:
In the current year, indicator compliance remains consistently high. The overall rate is 99.0% (previous year: 98.7%), with a median of 99.6% (previous year: 99.1%). Only 4 of the 319 clinical sites (previous year: 5) fell below the target value of ≥ 95%, while 159 centres achieved a rate of 100% (previous year: 146). The centres cited premature patient deaths (11x) and complications following endoscopic resection (6x) as the reasons for falling short of the target value. One centre reports that, for some patients, the post-operative procedure was also determined during the pre-treatment tumour board meeting. This was criticised by the auditor during the audit and a remark was 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.

4. Psycho-Oncological Distress-Screening



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator who were screened	79*	9 - 263	26,783	24,476
Denominator	Total primary cases + patients with new recurrence and/or metastases (= Indicator 1)	105*	39 - 328	36,165	35,361
Rate	Target value ≥ 65%	76%	12.2% - 100%	74.1%**	69.2%



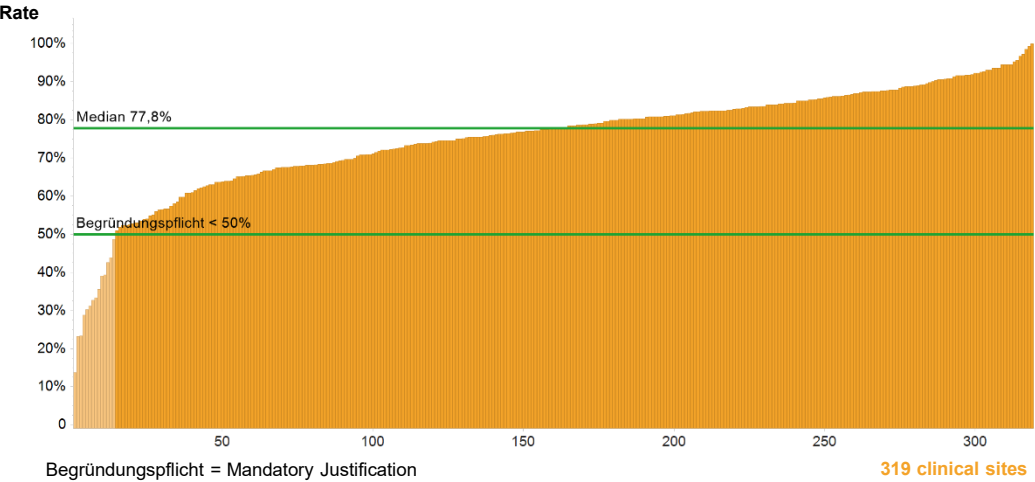
	2020	2021	2022	2023	2024
Maximum	----	----	100%	100%	100%
95 th percentile	----	----	92.1%	92.7%	92.9%
75 th percentile	----	----	78.5%	79.4%	82.1%
Median	----	----	68.8%	72.5%	76.0%
25 th percentile	----	----	55.8%	65.6%	68.9%
5 th percentile	----	----	3.0%	31.2%	51.6%
Minimum	----	----	0.0%	4.1%	12.2%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	278	87.2%	247	78.7%

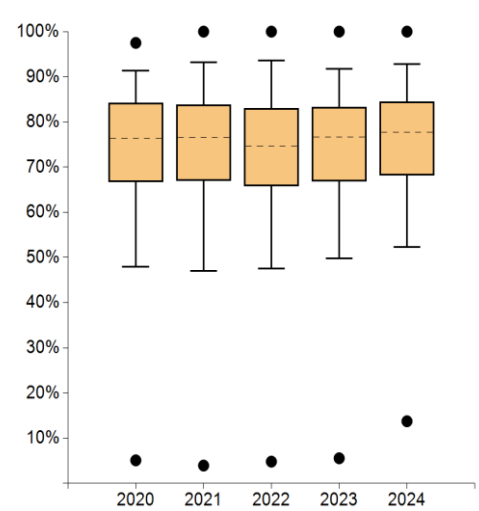
Comments:
Encouragingly, the overall rate and median of the psycho-oncological distress screening continue to rise in the second mandatory year of data collection (overall 74.1%, median 76%). 41 centres (previous year: 67) fell short of the target value, citing in particular the roll-out of the screening not yet being complete (16 cases), the development of digital solutions (9 cases), as well as short length of stay (6 cases) and staffing constraints (10 cases). The centres cited staff training, quality circles and the implementation of new digital solutions as measures taken. In many cases, the audit had already demonstrated an increase in the rate for the following indicator year. However, 21 centres received remarks (3 of which were critical).

*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 Service Counselling



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator who received counselling by social services in an inpatient or outpatient setting	80*	11 - 263	27,042	25,883
Denominator	Total primary cases + patients with new recurrence and/or metastases (= Indicator 1)	105*	39 - 328	36,165	35,361
Rate	Mandatory Justification*** < 50%	77.8%	13.8% - 100%	74.8%**	73.2%

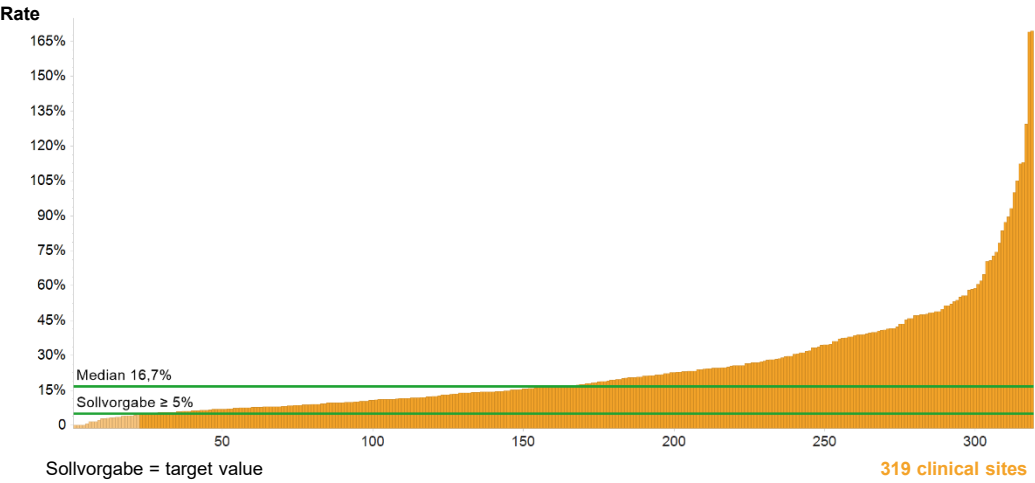


		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the plausibility limits			
							2024	2023	2024	2023		
	Maximum	97.5%	100%	100%	100%	100%	319	100%	314	100%	305	95.6%
	95 th percentile	91.4%	93.2%	93.6%	91.8%	92.8%					298	94.9%
	75 th percentile	84.2%	83.8%	83.0%	83.3%	84.5%						
	Median	76.4%	76.6%	74.6%	76.7%	77.8%						
	25 th percentile	66.7%	67.0%	65.8%	66.9%	68.2%						
	5 th percentile	48.0%	47.0%	47.6%	49.7%	52.3%						
	Minimum	5.1%	4.0%	4.8%	5.6%	13.8%						

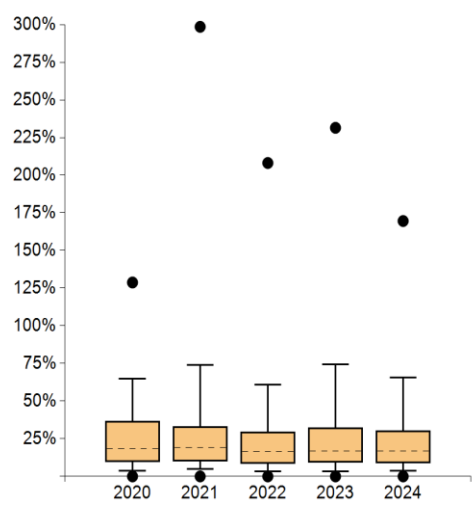
Comments:
In the current year, the overall rate is 74.8% (previous year: 73.2%), with a median of 77.8% (previous year: 76.7%). Overall, social services counselling has remained largely constant. 14 centres were below the plausibility threshold (previous year: 16), including 12 abroad, where different legal frameworks apply in some cases. Other reasons included low demand (7x), staff shortages (1x), a lack of awareness among staff (1x) and organizational difficulties (1x). The measures identified were digital screening solutions and an increase in staffing levels. The auditor issued 7 remarks but no non-compliance notices.

*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 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients included in a study with ethics vote or colorectal prevention study	15*	0 - 234	7,169	7,286
Denominator	Total primary cases	88*	35 - 258	30,174	29,556
Rate	Target value ≥ 5%	16.7%	0% - 169.6%	23.8%**	24.7%



	2020	2021	2022	2023	2024
Maximum	128.8%	298.5%	208.1%	231.5%	169.6%
95 th percentile	65.0%	73.8%	60.8%	74.5%	65.6%
75 th percentile	36.5%	33.0%	29.6%	32.2%	30.2%
Median	18.5%	19.1%	16.3%	17.0%	16.7%
25 th percentile	9.7%	10.2%	8.4%	9.2%	9.0%
5 th percentile	3.7%	4.8%	3.2%	3.4%	3.9%
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	297	93.1%	290	92.4%
Comments: In the current indicator year, there has been a slight decline in the overall rate to 23.8% (previous year: 24.7%), with a median of 16.7% (previous year: 17.0%). In total, 22 centres fell short of the target value. The most common reasons cited were a lack of suitable patients for existing studies (7x) and studies still in the planning stage (7x). Other causes included organisational reasons (5x), staff shortages (4x) and patient refusal (3x). Many centres reported active efforts to recruit patients for studies and were able to demonstrate an upward trend for the following year in the audit. 6 remarks were made (3 of which were critical). In addition, 5 non-conformities were documented in cases of repeated underperformance.							

*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

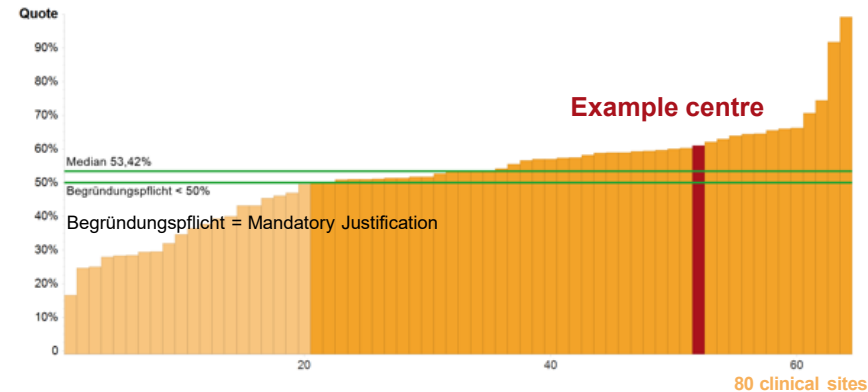
Individual Annual Report - Evaluation of Site-specific Key Figures

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.onkozert.de under General Information / Annual Reports.

Who can receive the Individual Annual Report?

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



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

	Indicator definition	Example centre				
		2020	2021	2022	2023	2024
Numerator	Patients referred by the denominator who received inpatient or outpatient counselling from social services	185	198	176	170	186
Denomintor	Primary cases (= indicator 1a) + patients with newly occurring recurrence (local, regional LN metastases) and/or distant metastases (= indicator 1b)	305	338	333	335	305
Rate	Mandatory Justification*** <20%	60,66%	58,58%	52,85%	50,75%	60,98%

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:

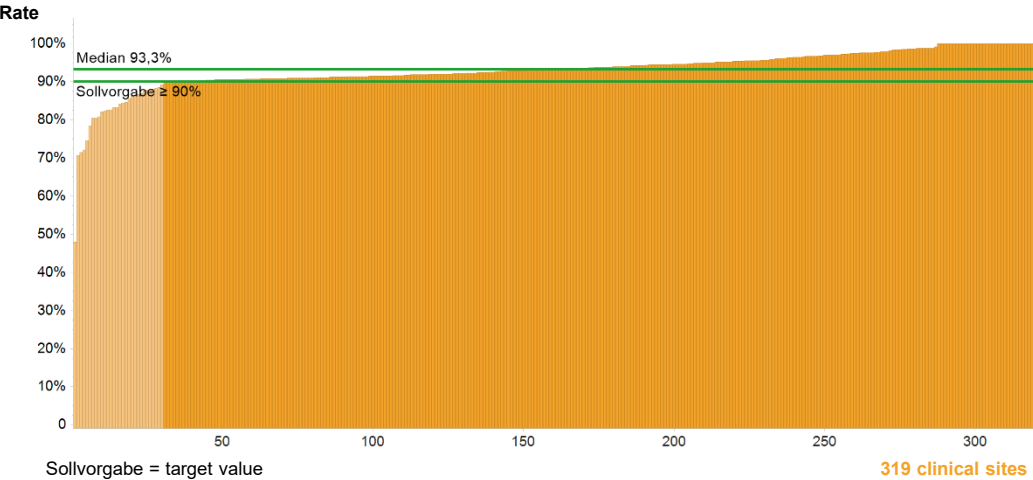
Colorectal, Prostate and Gynaecological Cancer Centres

- 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).

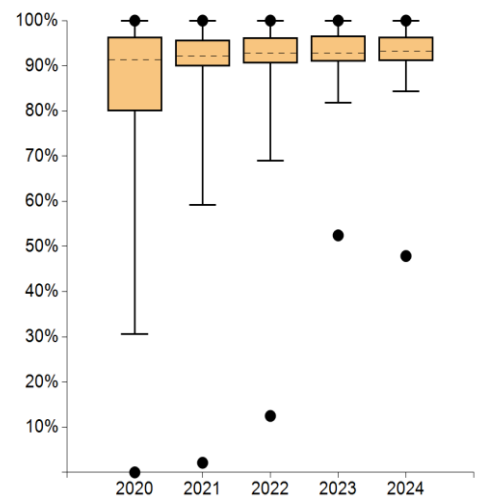
All other Organ Cancer Centres / Modules

- 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.onkoziert.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)



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	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)	82*	34 - 256	28,072	27,396
Denominator	Total primary cases	88*	35 - 258	30,174	29,556
Rate	Target value ≥ 90%	93.3%	47.9% - 100%	93%**	92.7%



		2020	2021	2022	2023	2024
	Maximum	100%	100%	100%	100%	100%
	95 th percentile	100%	100%	100%	100%	100%
	75 th percentile	96.3%	95.7%	96.3%	96.6%	96.4%
	Median	91.3%	92.2%	92.8%	92.9%	93.3%
	25 th percentile	80.0%	89.9%	90.5%	90.9%	91.1%
	5 th percentile	30.6%	59.1%	69.0%	81.8%	84.3%
	Minimum	0.0%	2.1%	12.5%	52.5%	47.9%

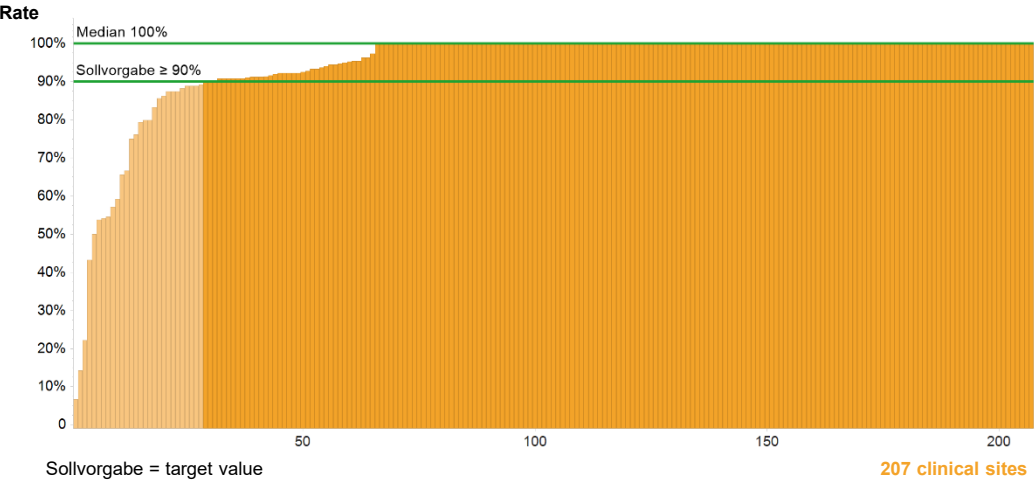
Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	289	90.6%	274	87.3%

Comments:
As in previous years, this GL-QI remains at a consistently high level. The overall rate stands at 93.3% (previous year: 92.7%), whilst the median is also 93.3% (previous year: 92.9%). Thirty centres fell below the target value (previous year: 40). The centres attributed this primarily to organisational problems and documentation shortcomings. In addition, language barriers, patient refusal, death and palliative care situations were cited as reasons. The centres responded with staff training, IT-based solutions, quality circles and the introduction or revision of SOPs. The auditors issued 11 remarks, two of which were critical.

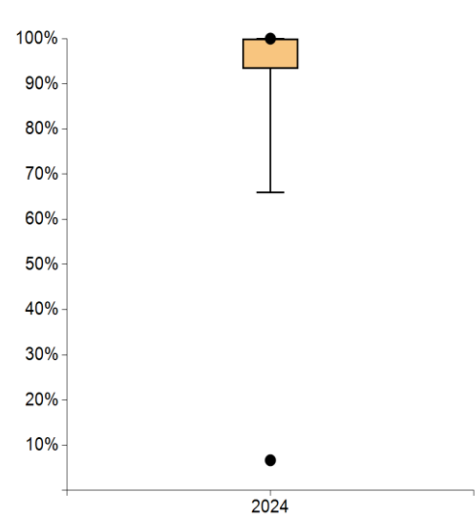
*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.

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

8. Genetic Counselling



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary case patients of the denominator advised to seek genetic counselling	7*	1 - 43	2,187	----
Denominator	Primary cases with a positive patient questionnaire and/or abnormal IHC (MSH2/MSH6/PMS2 positive in < 10% of tumour cells) and/or MSI; in cases where MLH1 is positive in < 10% of tumour cells and BRAF is wild-type, and MLH1 promoter methylation has been ruled out	8*	1 - 45	2,411	----
Rate	Target value ≥ 90%	100%	6.7% - 100%	90.7%**	----



	2020	2021	2022	2023	2024
Maximum	----	----	----	----	100%
95 th percentile	----	----	----	----	100%
75 th percentile	----	----	----	----	100%
Median	----	----	----	----	100%
25 th percentile	----	----	----	----	93.3%
5 th percentile	----	----	----	----	65.9%
Minimum	----	----	----	----	6.7%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
207	64.9%	----	----	179	86.5%	----	----

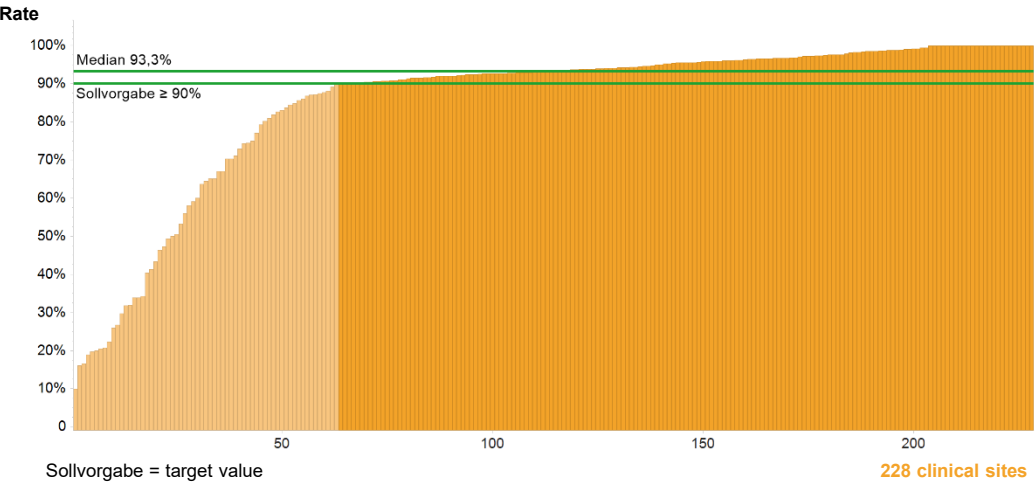
Comments:

Compared with previous years, this indicator has undergone a redefinition and expansion of its inclusion criteria. Cases with a positive family history and/or abnormal IHC and/or MSI are now included. In the first year of data collection, the overall rate was 90.7% and the median was 100%. 28 of the 207 centres providing data fell short of the target value. The main reasons cited were failure to comply or documentation gaps (20 cases), absence of relatives (4 cases) and patient refusal (2 cases). Quality circles and training sessions were established as measures. Despite data collection currently being optional, several remarks were issued.

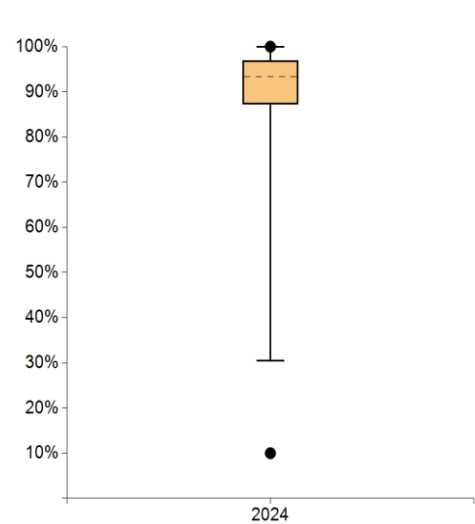
*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.

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

9. Immunohistochemical Determination of MMR Proteins



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with immunohistochemical assessment of mismatch repair (MMR) proteins and, where appropriate, molecular MSI analysis	81*	8 - 246	18,927	----
Denominator	Patients with initial colorectal carcinoma diagnosis	89*	35 - 258	21,925	----
Rate	Target value ≥ 90%	93.3%	10% - 100%	86.3%**	----



	2020	2021	2022	2023	2024
Maximum	----	----	----	----	100%
95 th percentile	----	----	----	----	100%
75 th percentile	----	----	----	----	96.8%
Median	----	----	----	----	93.3%
25 th percentile	----	----	----	----	87.2%
5 th percentile	----	----	----	----	30.5%
Minimum	----	----	----	----	10.0%

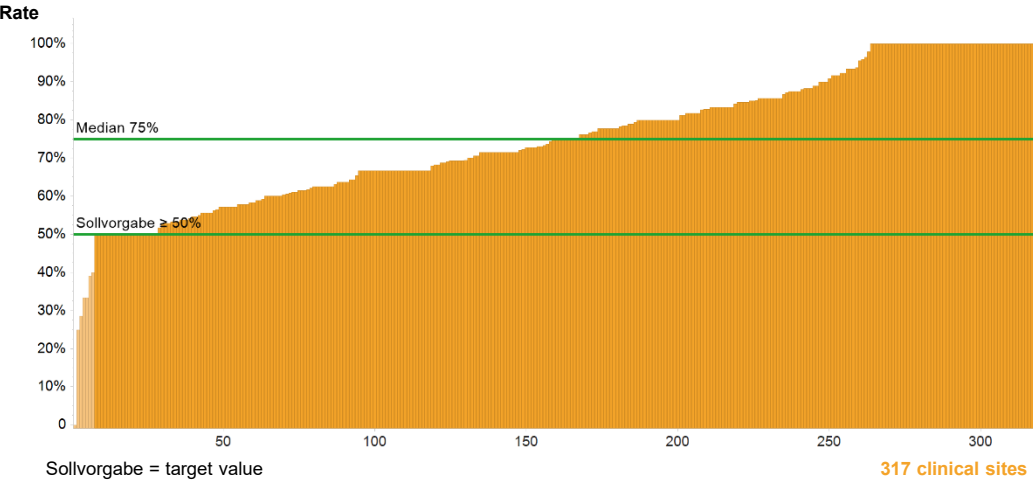
Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
228	71.5%	----	----	165	72.4%	----	----

Comments:
This indicator was also modified, with molecular MSI analysis added to the numerator. The overall rate stands at 86.3% and the median at 93.3%. 63 centres fell below the target value. The centres concerned stated that routine MMR testing had not yet been established in the 2024 indicator year (53 cases). Other reasons included poor general condition or death (3×), external patients (4×) and omissions (7×). Recording was also initially optional; nevertheless, several remarks were issued.

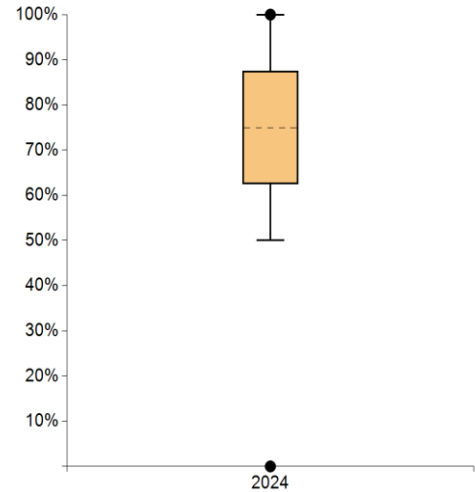
*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.

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

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



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with IHC analysis of MMR proteins and determination RAS (= KRAS and NRAS mutations) and BRAF mutation at the start of first-line treatment	9*	0 - 188	3,508	----
Denominator	Patients with metastasized colorectal carcinoma and systemic first-line treatment	12*	1 - 196	4,625	----
Rate	Target value ≥ 50%	75%	0% - 100%	75.8%**	----

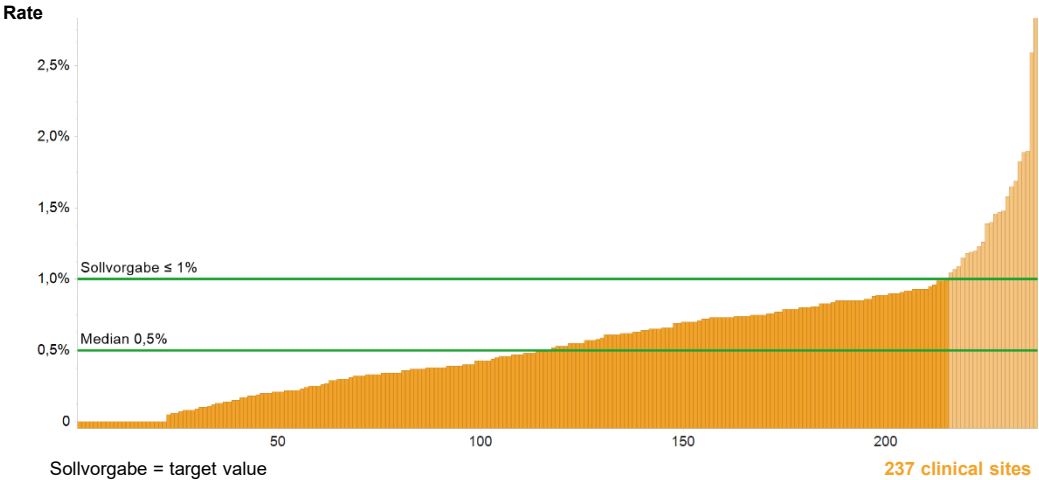


		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the target value			
							2024	2023	2024	2023	2024	2023
	Maximum	----	----	----	----	100%	317	99.4%	----	----	310	97.8%
	95 th percentile	----	----	----	----	100%						
	75 th percentile	----	----	----	----	87.5%						
	Median	----	----	----	----	75.0%						
	25 th percentile	----	----	----	----	62.5%						
	5 th percentile	----	----	----	----	50.0%						
	Minimum	----	----	----	----	0.0%						
Comments: The data set was expanded to include IHC for MMR proteins in the current indicator year, meaning that data collection was initially optional. The overall rate for the 2024 indicator year is 75.8% and the median is 75%. 7 centres fell below the target value. Reasons given included external or outpatient patients (4 cases), a delayed test (3 cases) or the death of the patient (2 cases). Most cases could be conclusively explained through a case-by-case analysis; however, a critical remark was also issued in cases where the rate fell significantly below the target.												

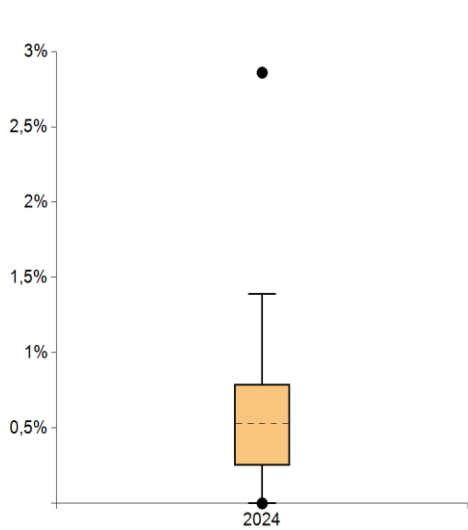
*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.

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

11. Complication Rate Therapeutic Colonoscopies



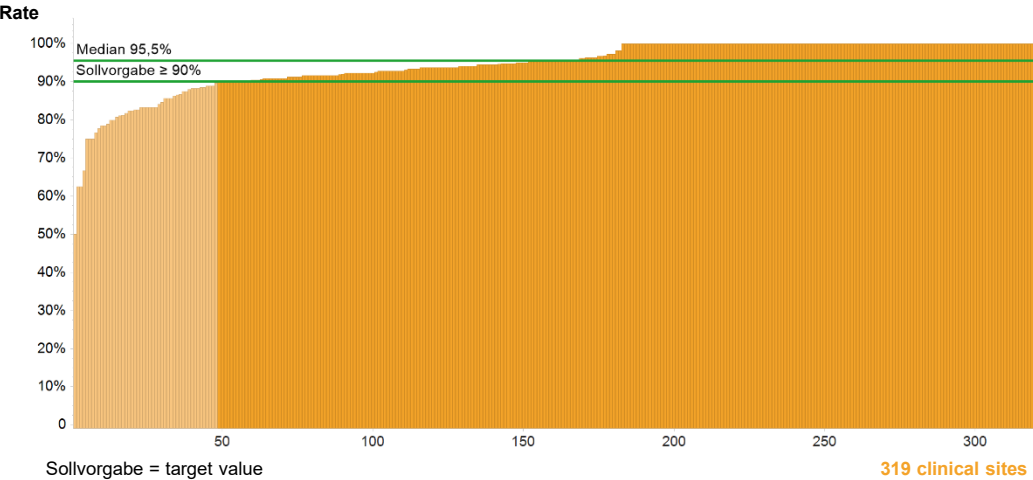
	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Colonoscopies of the denominator with complications (bleeding requiring re-intervention (recolonoscopy, operation) or a transfusion and/or perforation)	3*	0 – 20	773	----
Denominator	Therapeutic colonoscopies with loop polypectomy per colonoscopy unit (not only Colorectal Cancer Centre patients)	532*	127 – 10,696	170,537	----
Rate	Target value ≤ 1%	0.5%	0% - 2.9%	0.5%**	----



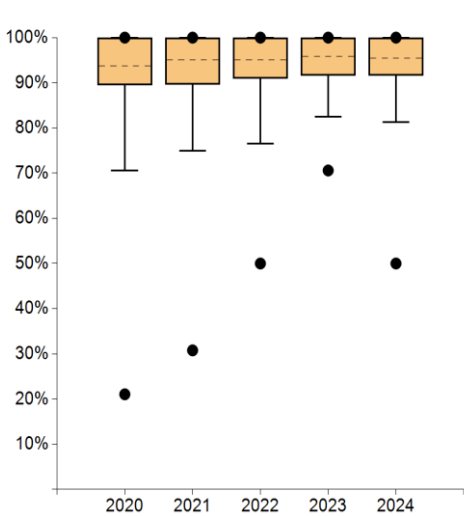
		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the target value			
	Maximum	----	----	----	----	2.9%	2024	2023	2024	2023	2024	2023
	95 th percentile	----	----	----	----	1.4%	237	74.3%	----	----	215	90.7%
	75 th percentile	----	----	----	----	0.8%						
	Median	----	----	----	----	0.5%						
	25 th percentile	----	----	----	----	0.3%						
	5 th percentile	----	----	----	----	0.0%						
	Minimum	----	----	----	----	0.0%						
Comments: The indicator for the complication rate following therapeutic colonoscopy has been revised compared with the previous year in that the denominator now includes all therapeutic endoscopic resection procedures (no longer just snare polypectomy). 237 of the 319 centres submitted data in the first optional reporting year. The overall rate and median are 0.5% (previous year 0.55%). 22 centres had rates > 1% and attributed this to high case complexity and findings that could not be managed by outpatient colonoscopy. The cases involving complications were discussed in the audits and validated by the auditors.												

*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.

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



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with information on distance to mesorectal fascia in the diagnostic report	16*	3 - 63	5,708	5,437
Denominator	Patients with rectal carcinoma of the middle and lower third and MRI or thin slice CT of the pelvis	17*	3 - 66	6,058	5,768
Rate	Target value ≥ 90%	95.5%	50% - 100%	94.2%**	94.3%

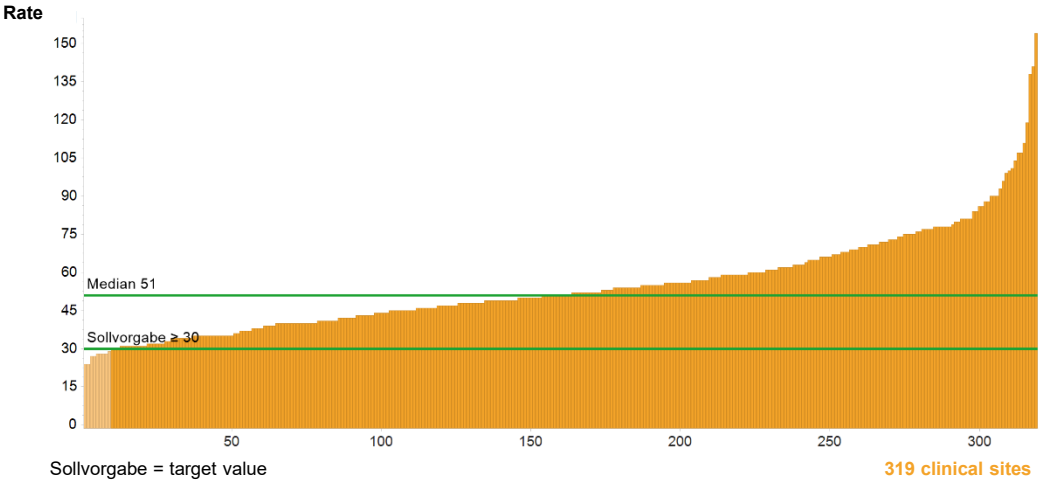


	2020	2021	2022	2023	2024
Maximum	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%	100%
Median	93.8%	95.0%	95.0%	95.8%	95.5%
25 th percentile	89.5%	89.6%	90.9%	91.7%	91.7%
5 th percentile	70.6%	75.0%	76.6%	82.5%	81.2%
Minimum	21.1%	30.8%	50.0%	70.6%	50.0%

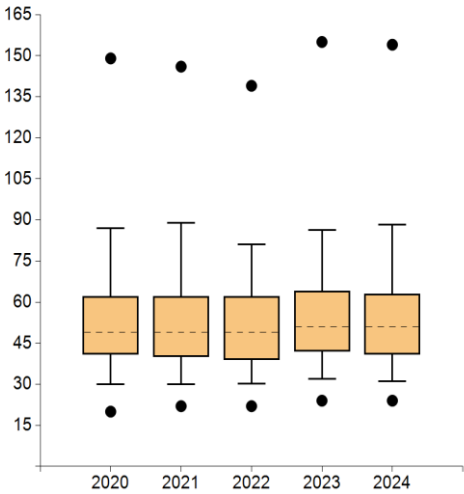
Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	271	85%	269	85.7%
Comments: The compliance rate for this GL-QI is on a par with previous years in terms of the overall rate (94.2%, previous year 94.3%) and the median (95.5%, previous year 95.8%). 48 centres fell short of the target value ≥ 90% (previous year: 45). The reasons for falling short were varied. The main reasons were a lack of tumour visualisation following endoscopic resection or neoadjuvant therapy (42 cases), a lack of distance measurement in external imaging (37 cases) and artefacts (24 cases). Several centres responded by holding discussions with (external) radiologists and organising quality circles. The auditor issued 3 remarks but no non-conformities.							

*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



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Number	Surgical primary cases: colon	51	24 - 154	17,397	17,127
	Target value ≥ 30				

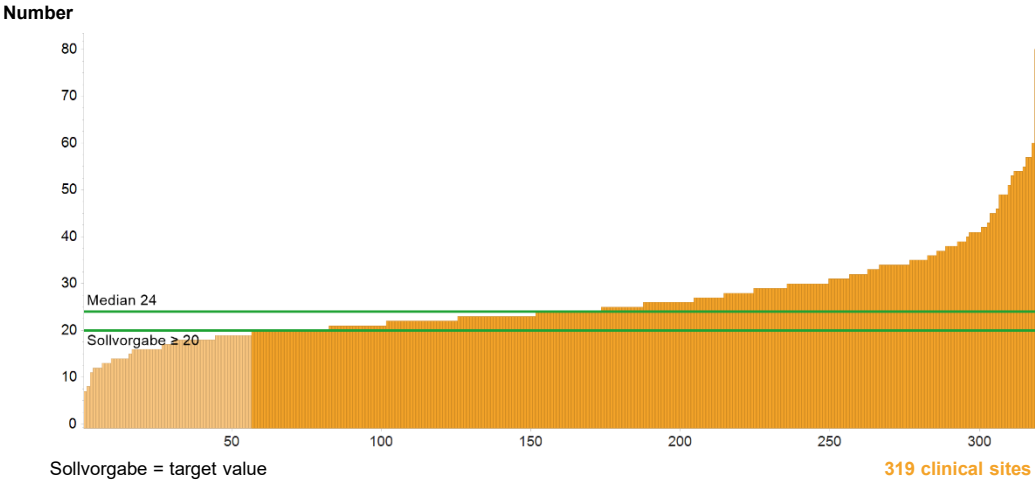


		2020	2021	2022	2023	2024
	Maximum	149	146	139	155	154
	95 th percentile	87	89	81	86.4	88.2
	75 th percentile	62	62	62	64	63
	Median	49	49	49	51	51
	25 th percentile	41	40	39	42	41
	5 th percentile	30	30	30.3	32	31
	Minimum	20	22	22	24	24

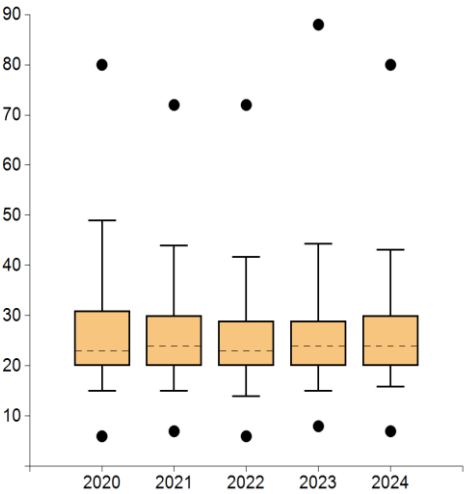
Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	310	97.2%	309	98.4%

Comments:
The number of primary colon surgery cases remained largely constant in the 2024 indicator year. The total number of cases rose by approximately 1.58% (previous year: 17,127 resections). 9 centres fell short of the target value (previous year: 5). Reasons cited included fluctuating or low referral numbers (3 cases) and changes in staffing levels (2 cases). In some instances, no clear cause was identified (3 cases). Two non-conformities were identified (1 case of non-compliance, 1 case of over-treatment). The centres responded by holding information sessions and stepping up their public relations work. Four of the nine centres concerned were undergoing a repeat audit but fell under the 'special provision for primary case assessment' or met the three-year average. Consequently, the certificates of the centres concerned were renewed (in some cases with a shortened validity period).

14. Surgical Primary Cases: Rectum



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Number	Surgical primary cases: rectum, incl. transanal wall resection	24	7 - 80	8,330	8,142
	Target value ≥ 20				



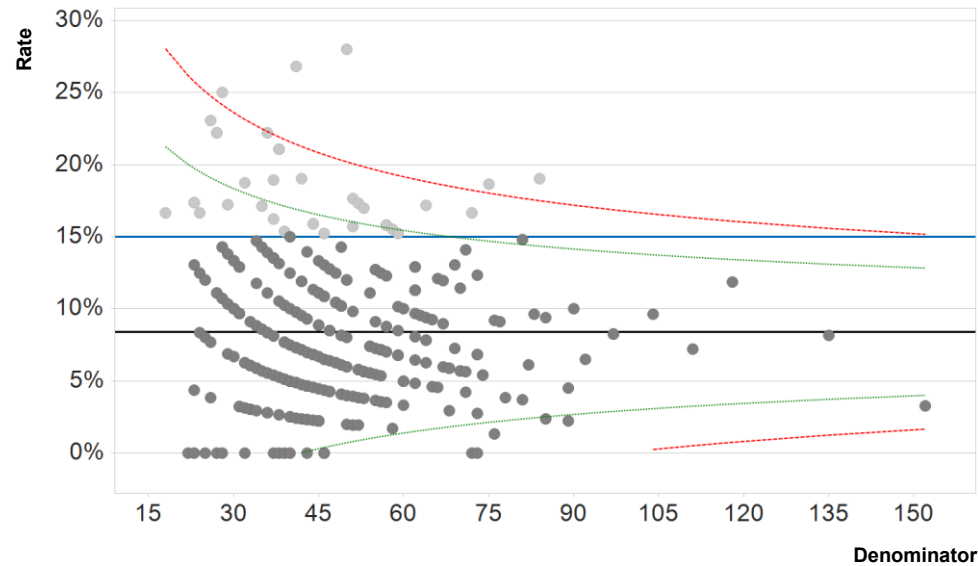
	2020	2021	2022	2023	2024
Maximum	80	72	72	88	80
95 th percentile	49	44	41.8	44.4	43.2
75 th percentile	31	30	29	29	30
Median	23	24	23	24	24
25 th percentile	20	20	20	20	20
5 th percentile	15	15	14	15	15.9
Minimum	6	7	6	8	7

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	263	82.5%	253	80.6%

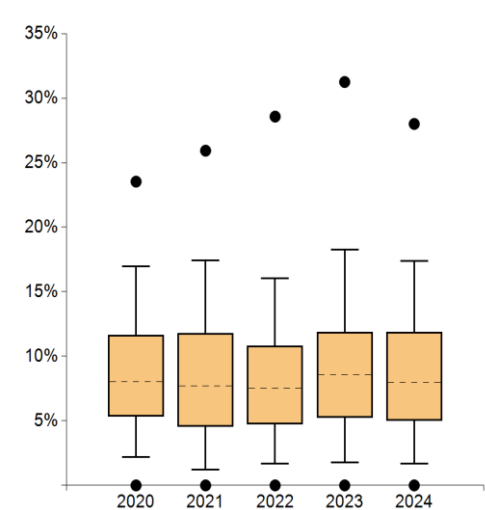
Comments:

The number of primary rectal surgery cases has also risen by 2.3% compared with the previous year. 56 centres failed to meet the target values. The reasons for this remained unclear in many cases; in a few instances, a 'watch and wait' approach, fierce competition within the catchment area or a falling incidence rate were cited. One deviation was noted. The centres cited measures including intensified public relations work and the expansion of collaborations. 25 of the centres concerned were undergoing a repeat audit; where the target value was met on a three-year average, the certificate was renewed.

15. Revision Surgery: Colon



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Surgeries of the denominator with revision surgery due to peri-operative complications within 30 d of surgery (not to be counted: diagnostic irrigation laparoscopies)	4*	0 - 16	1,307	1,301
Denominator	Elective colon surgeries	45*	18 - 152	15,531	15,165
Rate	Target value ≤ 15%	8%	0% - 28%	8.4%**	8.6%



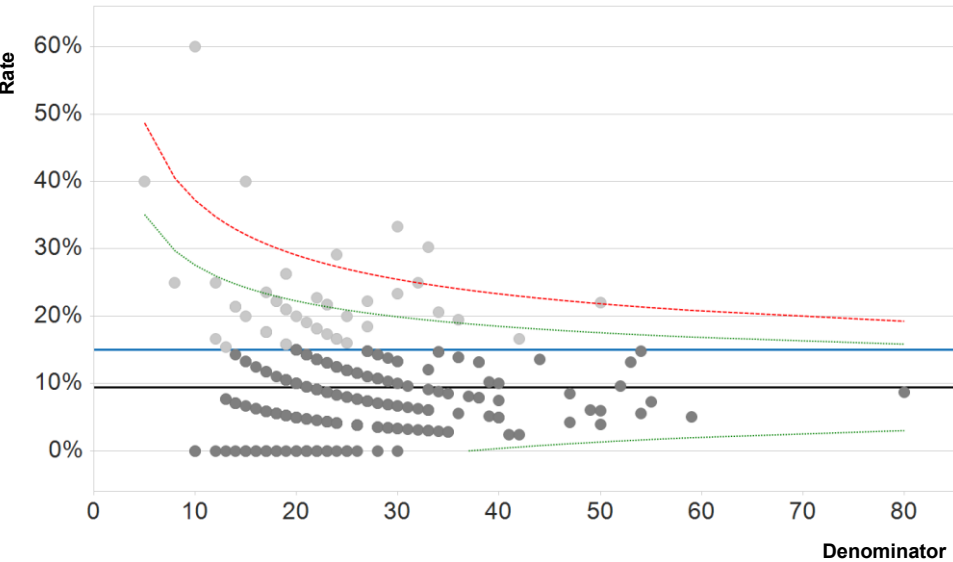
	2020	2021	2022	2023	2024
Maximum	23.5%	25.9%	28.6%	31.3%	28.0%
95 th percentile	17.0%	17.4%	16.1%	18.3%	17.4%
75 th percentile	11.6%	11.8%	10.8%	11.9%	11.9%
Median	8.1%	7.7%	7.5%	8.6%	8.0%
25 th percentile	5.4%	4.6%	4.8%	5.3%	5.0%
5 th percentile	2.2%	1.2%	1.7%	1.8%	1.7%
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	283	88.7%	289	92%

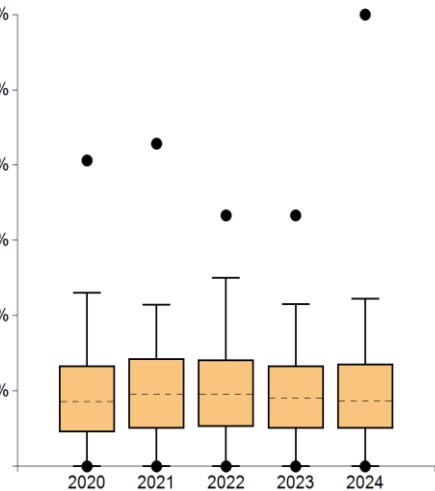
Comments:
The revision rate for the 2024 indicator year is in line with previous years (overall rate 8.4% vs. 8.6%; median 8.0% vs. 8.6%). 36 centres reported revision rates of > 15%. The most common reasons cited for revisions were anastomotic leaks (131 cases), followed by fascial dehiscence/abdominal distension (47 cases), wound healing complications (28 cases) and post-operative bleeding (15 cases). The cases were discussed at internal MM conferences, and some centres responded with training sessions or a review of their hygiene protocols. The auditors issued 5 remarks, including 1 critical remark. In addition, 2 non-compliance incidents were documented in cases with concurrently elevated mortality/anastomotic leakage 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.

16. Revision Surgery: Rectum



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	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	748	736
Denominator	Elective rectum surgeries (without transanal wall resection)	23*	5 - 80	7,915	7,707
Rate	Target value ≤ 15%	8.7%	0% - 60%	9.5%**	9.5%



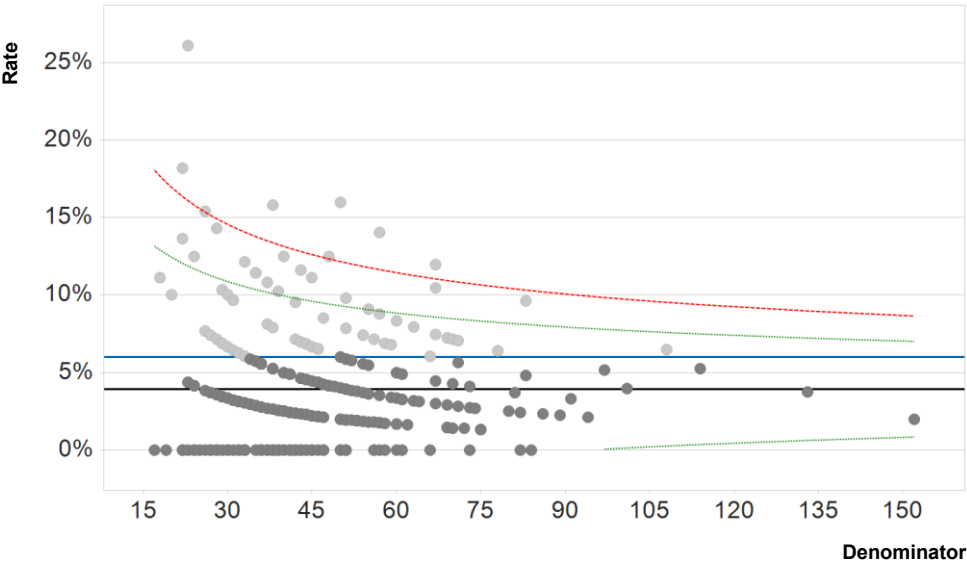
	2020	2021	2022	2023	2024
Maximum	40.6%	42.9%	33.3%	33.3%	60.0%
95 th percentile	23.1%	21.5%	25.0%	21.5%	22.2%
75 th percentile	13.3%	14.3%	14.2%	13.3%	13.6%
Median	8.6%	9.5%	9.5%	9.1%	8.7%
25 th percentile	4.6%	5.0%	5.3%	5.0%	5.0%
5 th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	270	84,6%	264	84,1%

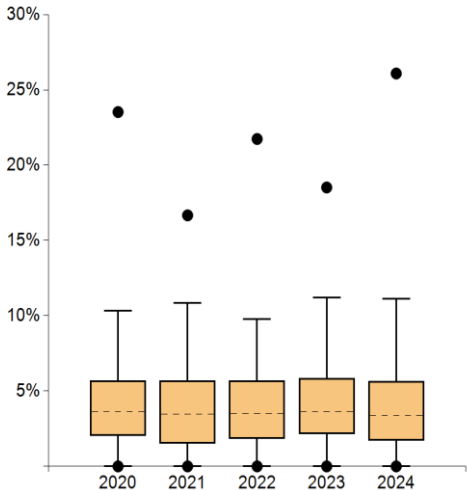
Comments:
In the indicator year 2024, the revision rate showed a slightly fluctuating trend over time, with a median of 8.7%, whilst remaining stable overall. The overall rate stands at 9.5%, which is unchanged from the previous year. In total, 49 centres exceeded the target value (previous year: 50). The most common reasons for revisions were anastomotic leakage (79 cases), stoma revisions (32 cases), ileus (27 cases), wound healing disorders (24 cases), abscesses or intra-abdominal complications (23 cases), post-operative bleeding (17 cases), fascial dehiscence (17 cases) and small bowel perforations (7 cases). Several remarks were issued, including 3 critical ones, as well as 2 non-conformities. The centres responded by adjusting surgical techniques and providing 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.

17. Anastomotic Insufficiency: Colon (GL QI)



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with colon anastomotic insufficiencies requiring reintervention after surgery	2*	0 - 8	584	617
Denominator	Patients with colon carcinoma in whom anastomosis was performed in an elective tumour resection	44*	17 - 152	14,880	14,589
Rate	Target value ≤ 6%	3.4%	0% - 26.1%	3.9%**	4.2%



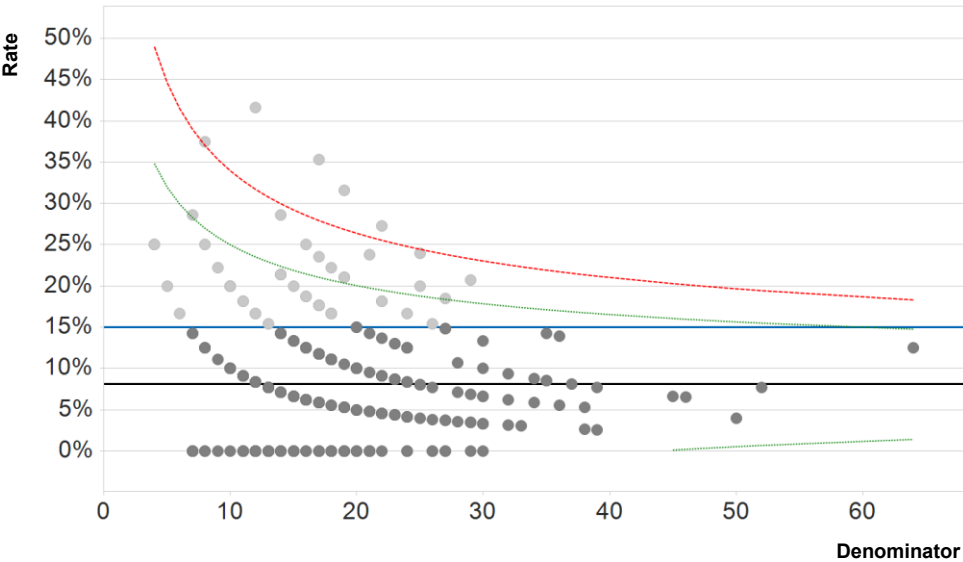
	2020	2021	2022	2023	2024
Maximum	23.5%	16.7%	21.7%	18.5%	26.1%
95 th percentile	10.3%	10.9%	9.8%	11.2%	11.1%
75 th percentile	5.7%	5.7%	5.7%	5.9%	5.7%
Median	3.6%	3.5%	3.5%	3.6%	3.4%
25 th percentile	2.0%	1.5%	1.8%	2.2%	1.7%
5 th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	250	78.4%	242	77.1%

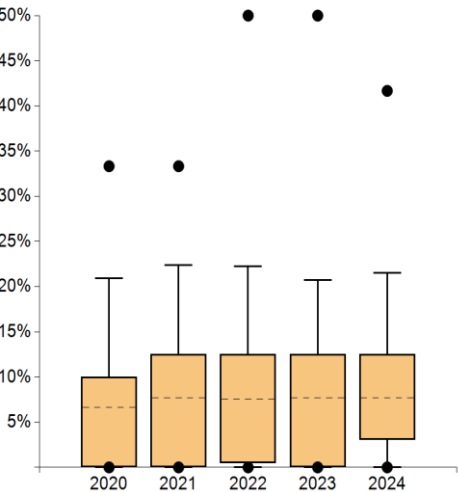
Comments:
In the indicator year 2024, the median rate was 3.4% (previous year: 3.6%), and the overall rate was 3.9% (previous year: 4.2%). In total, 69 centres exceeded the target value (previous year: 72). The most common causes cited were patient-related risk factors and comorbidities, in particular obesity (88 cases). Other reasons included locally advanced tumours (18 cases), surgical complications (subileus/impending ileus (11 cases)), complex multivisceral resections (11 cases), stapler problems (8 cases) and operations in cases of malnutrition (4 cases). In a significant proportion of cases, the cause remained unclear (45 cases). 28 centres referred to the case description in the audit and did not provide any reasons in the Data Sheet. The vast majority of cases were found to be plausible in the audits. 2 remarks and 1 deviation 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.

18. Anastomotic Insufficiency: Rectum (GL QI)



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients in the denominator with grade B anastomotic leakage (treated with antibiotics, without interventional drainage or transanal lavage/drainage) or grade C((re-)laparotomy)	1*	0 - 8	482	467
Denominator	Patients with rectal carcinoma in whom anastomosis was performed in an elective tumour resection (without transanal wall resection)	17*	4 - 64	5,956	5,711
Rate	Target value ≤ 15%	7.7%	0% - 41.7%	8.1%**	8.2%



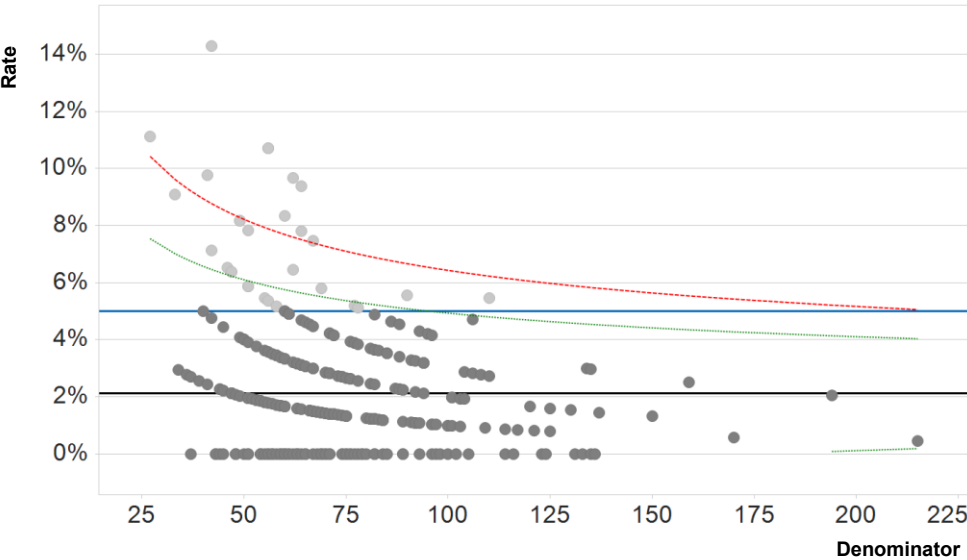
	2020	2021	2022	2023	2024
Maximum	33.3%	33.3%	50.0%	50.0%	41.7%
95 th percentile	20.9%	22.4%	22.2%	20.7%	21.5%
75 th percentile	10.0%	12.5%	12.5%	12.5%	12.5%
Median	6.7%	7.7%	7.6%	7.7%	7.7%
25 th percentile	0.0%	0.0%	0.5%	0.0%	3.1%
5 th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	270	84,6%	265	84,4%

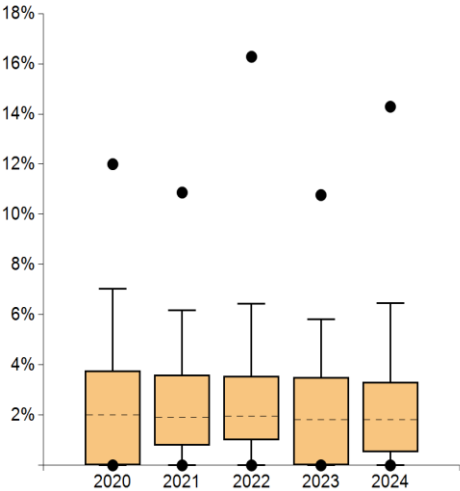
Comments:
In the indicator year 2024, the median rate was 7.7%, as in the previous year, whilst the overall rate stood at 8.1% (previous year: 8.2%). This represents an unchanged level compared with previous years. Whilst 54 centres reported an anastomotic leakage rate of 0%, 49 centres exceeded the target value. The most frequently cited reasons were risk factors associated with comorbidities (31×), neoadjuvant therapies (31×) and advanced tumour stages (14×). In 86 cases, the causes remained unclear. 8 remarks (including 1 critical remark) and 2 non-conformities 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 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator who died within 30d postoperatively	1*	0 - 6	496	495
Denominator	Electively operated patients (without transanal wall resection)	69*	27 - 215	23,446	22,872
Rate	Target value ≤ 5%	1.8%	0% - 14.3%	2.1%**	2.2%



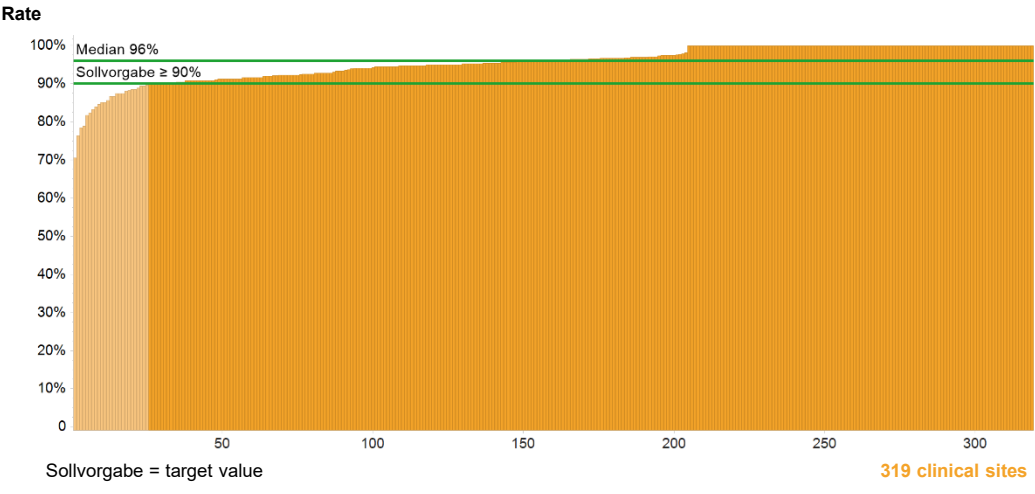
	2020	2021	2022	2023	2024
Maximum	12.0%	10.9%	16.3%	10.8%	14.3%
95 th percentile	7.0%	6.2%	6.4%	5.8%	6.5%
75 th percentile	3.8%	3.6%	3.6%	3.5%	3.3%
Median	2.0%	1.9%	2.0%	1.8%	1.8%
25 th percentile	0.0%	0.8%	1.0%	0.0%	0.5%
5 th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	291	91.2%	282	89.8%

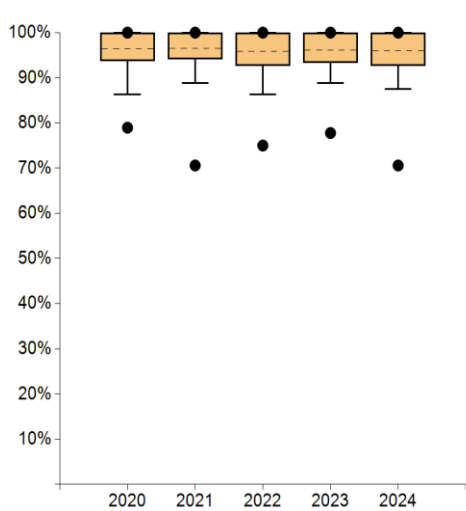
Comments:
In the indicator year 2024, the postoperative mortality rate stood at a median of 1.8%, matching the previous year's figure, whilst the overall rate has remained largely unchanged over the years and currently stands at 2.1% (previous year: 2.2%). 28 centres exceeded the target value of ≤ 5% (previous year: 32). Causes of death cited included abdominal and pneumogenic sepsis, including as a result of anastomotic leakage, cardiopulmonary decompensation, multiple organ failure, and acute events such as myocardial infarction and pulmonary embolism. A majority of patients also had significant comorbidities. The centres documented the cases in M+M or individual case analyses. The auditor did not identify any deviations but issued 6 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



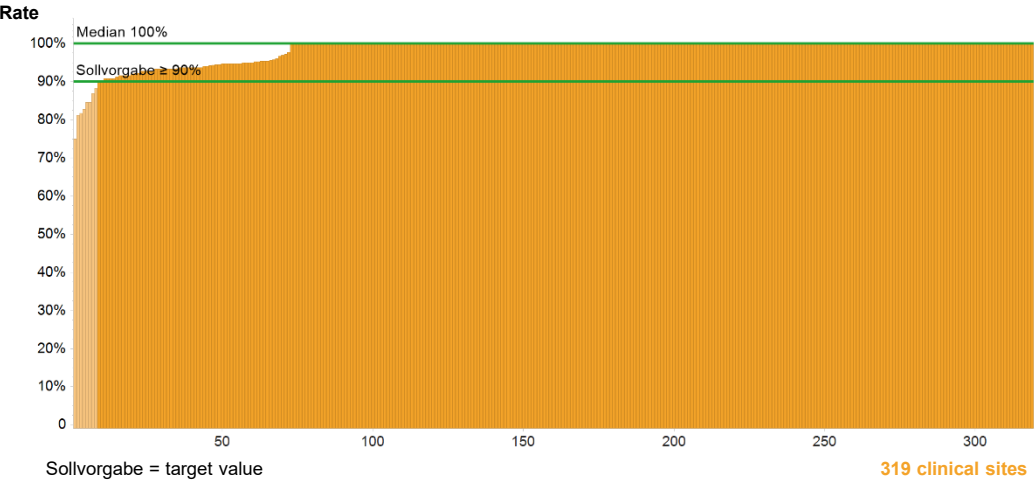
	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Surgeries of the denominator with local R0 resections – after completion of surgical treatment	22*	5 - 78	7,575	7,398
Denominator	Elective rectal-surgeries (surgical) (without transanal wall resection)	23*	5 - 80	7,915	7,707
Rate	Target value ≥ 90%	96%	70.6% - 100%	95.7%**	96%



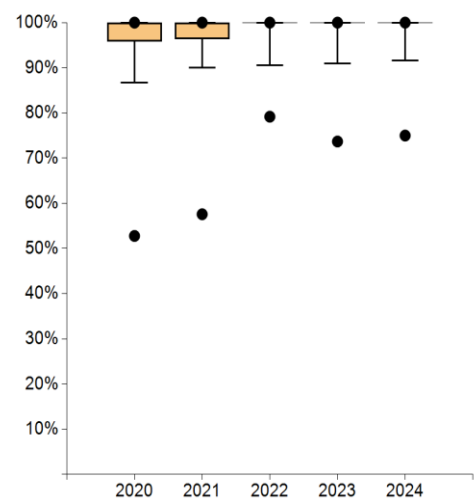
		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the target value			
							2024	2023	2024	2023		
	Maximum	100%	100%	100%	100%	100%	319	100%	314	100%	294	92.2%
	95 th percentile	100%	100%	100%	100%	100%					293	93.3%
	75 th percentile	100%	100%	100%	100%	100%						
	Median	96.4%	96.6%	95.8%	96.2%	96.0%						
	25 th percentile	93.8%	94.1%	92.7%	93.3%	92.7%						
	5 th percentile	86.4%	88.9%	86.3%	88.9%	87.5%						
	Minimum	79.0%	70.6%	75.0%	77.8%	70.6%						
Comments: In recent years, the indicator for local R0 resection has shown very good implementation across centres, with an overall rate of 95.7% (previous year: 96.0%) and a current median of 96.0%. Twenty-five centres fell below the target value. Common causes include advanced tumours with infiltration of the pelvic wall or the prostate, ovary, vagina or bladder (37 cases), as well as CRM-positive findings (19 cases). Tumour perforations with abscesses (4 cases) were mentioned in isolated instances. The auditor issued 5 remarks but no non-compliance findings. Most centres were able to provide plausible justifications for the indicator in the audit. The auditor made the following remarks: locally advanced rectal carcinomas should be pre-treated with neoadjuvant therapy in accordance with guidelines, and preoperative radiological imaging documentation should be ensured for surgical planning.												

*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)



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with pre-operative marking of the stoma position	16*	3 - 52	5,551	5,428
Denominator	Patients with rectum carcinoma who underwent elective surgery involving stoma creation (without transanal wall resection)	16*	3 - 53	5,656	5,524
Rate	Target value ≥ 90%	100%	75% - 100%	98.1%**	98.3%



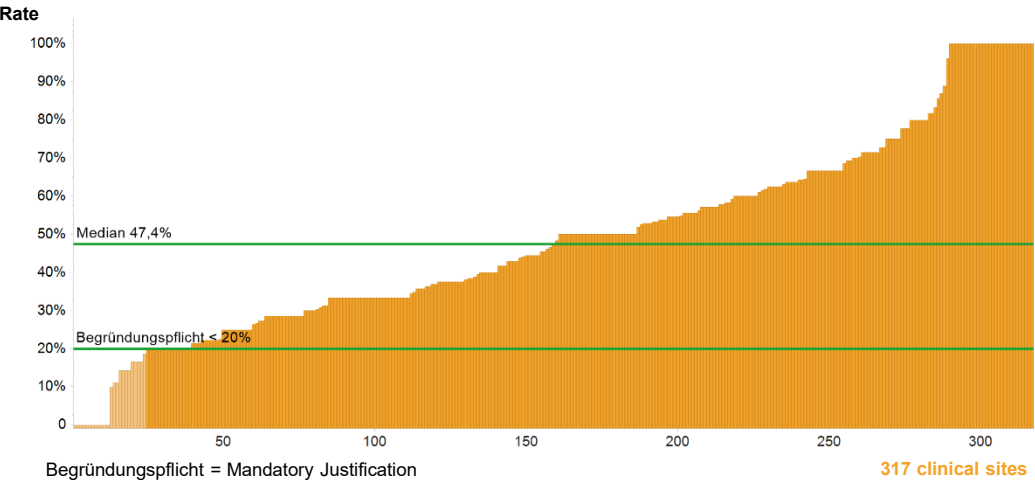
	2020	2021	2022	2023	2024
Maximum	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25 th percentile	95.8%	96.4%	100%	100%	100%
5 th percentile	86.7%	90.0%	90.5%	90.9%	91.7%
Minimum	52.8%	57.6%	79.2%	73.7%	75.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
319	100%	314	100%	311	97.5%	307	97.8%

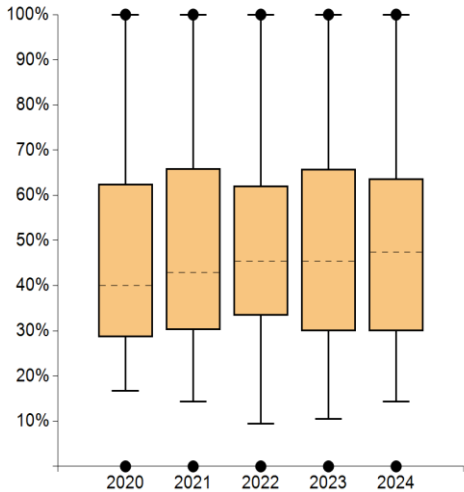
Comments:
Preoperative marking of the stoma position has now been consistently 100% down to the 25th percentile for the past three years. In the 2024 indicator year, the overall rate was 98.1% (previous year: 98.3%). Eight centres fell below the target value (previous year: seven). This was predominantly attributed to documentation shortcomings or organisational failures (16 cases). In isolated instances, only a stoma conversion was performed (3 cases) or the stoma was created unexpectedly intraoperatively (3 cases). The auditor issued a remark but did not classify this as a 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.

22a. Liver Metastasis Resection



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator who had a liver metastasis resection	4*	0 - 72	1,682	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 - 75	3,530	3,371
Rate	Mandatory Justification*** < 20%	47.4%	0% - 100%	47.6%**	48.4%

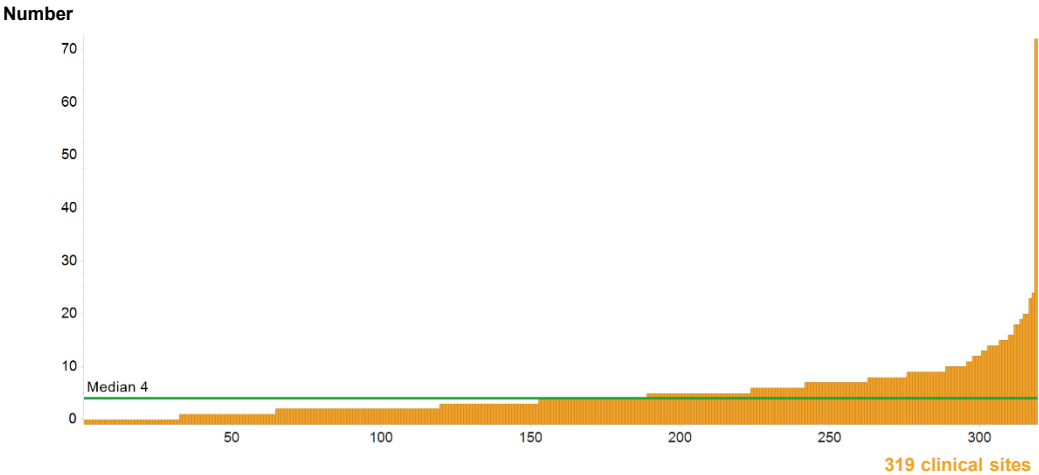


	2020	2021	2022	2023	2024
Maximum	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
95 th percentile	62.5%	66.0%	62.1%	65.8%	63.6%
Median	40.0%	42.9%	45.5%	45.5%	47.4%
25 th percentile	28.6%	30.2%	33.3%	30.0%	30.0%
5 th percentile	16.7%	14.3%	9.4%	10.6%	14.3%
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%

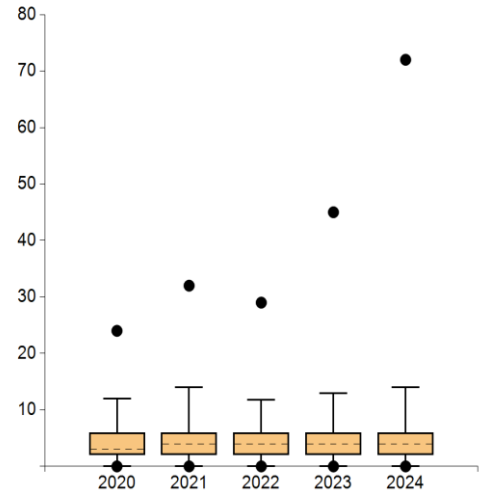
Clinical sites with evaluable data				Clinical sites meeting the plausibility limits			
2024		2023		2024		2023	
317	99.4%	311	99%	293	92.4%	290	93.2%
Comments: The rate of liver metastasis resections fell slightly to 47.6% in the 2024 indicator year (previous year: 48.41%). Twenty-four centres were required to make a mandatory statement of reasons (previous year: 18). The most common reasons were diffuse or multilocular liver metastases (63 cases) and a palliative situation/death of the patient (32 cases). In 36 cases, no justification was provided. The indicator was discussed during the audit; no systematic error was identified.							

*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

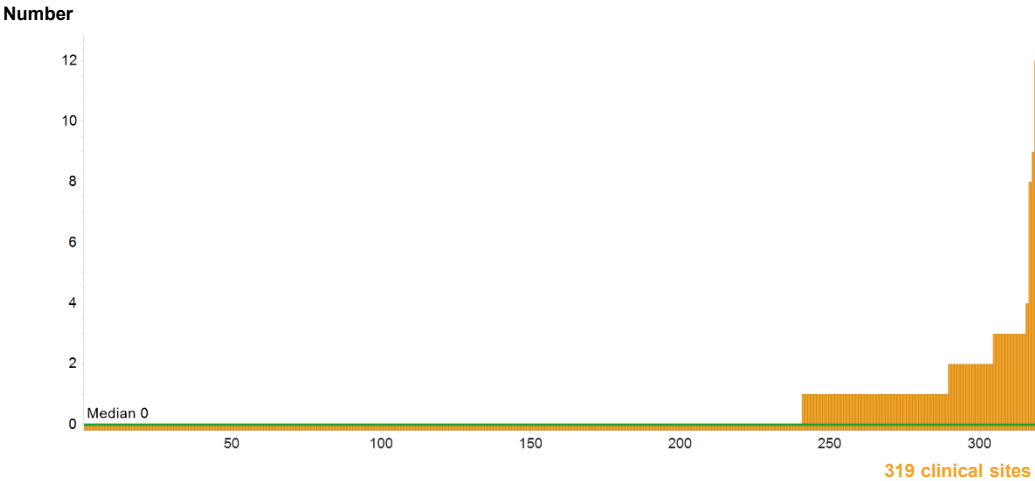


	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Liver metastasis resection performed at the surgical site of the Colorectal Cancer Centre (subset of numerator 22a)	4	0 - 72	1,537	1,521
	No target value				

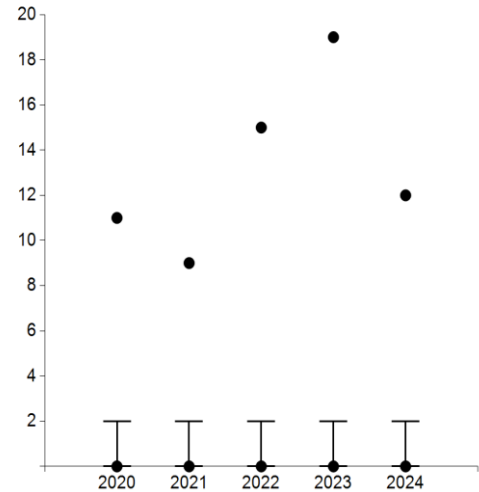


		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the target value			
							2024	2023	2024	2023	2024	2023
	Maximum	24	32	29	45	72	319	100%	314	100%	----	----
	95 th percentile	12	14	11.8	13	14						
	75 th percentile	6	6	6	6	6						
	Median	3	4	4	4	4						
	25 th percentile	2	2	2	2	2						
	5 th percentile	0	0	0	0	0						
Minimum		0	0	0	0	0						
Comments: This sub-indicator has shown consistent results for several years. A total of 1,537 liver metastasis resections were performed at the surgical centre (previous year: 1,521; +1.05%).												

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

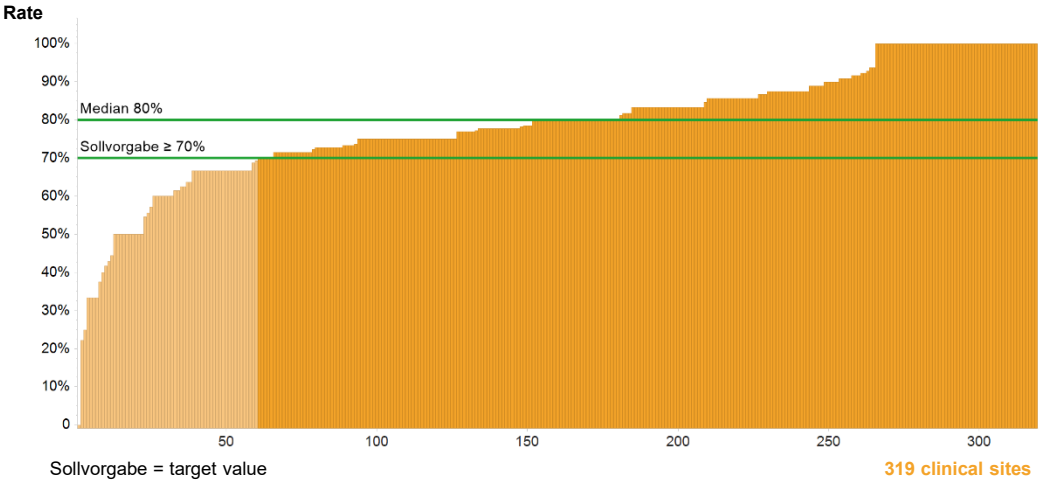


	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Liver metastasis resection performed outside the surgical site of the Colorectal Cancer Centre (subset of numerator 22a)	0	0 - 12	145	111
	No target value				

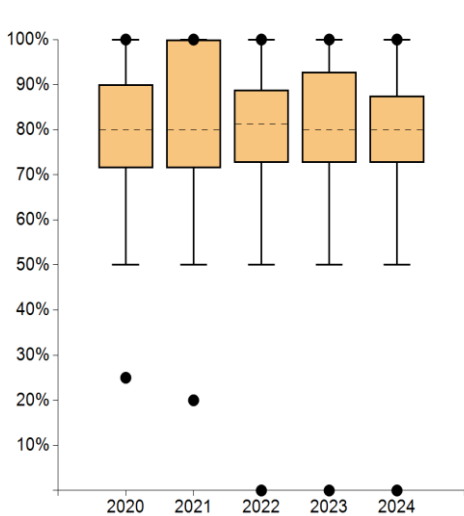


		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the target value			
	Maximum	11	9	15	19	12	2024	2023	2024	2023	2024	2023
	95 th percentile	2	2	2	2	2	319	100%	314	100%	----	----
	75 th percentile	0	0	0	0	0						
	Median	0	0	0	0	0						
	25 th percentile	0	0	0	0	0						
	5 th percentile	0	0	0	0	0						
	Minimum	0	0	0	0	0						
Comments: In the 2024 indicator year, 79 centres (previous year: 59) referred patients for liver metastasis resection to an external facility. A total of 145 resections were performed outside the operating clinical site (previous year: 111), representing 8.6% of all liver metastasis resections (previous year: 6.8%).												

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



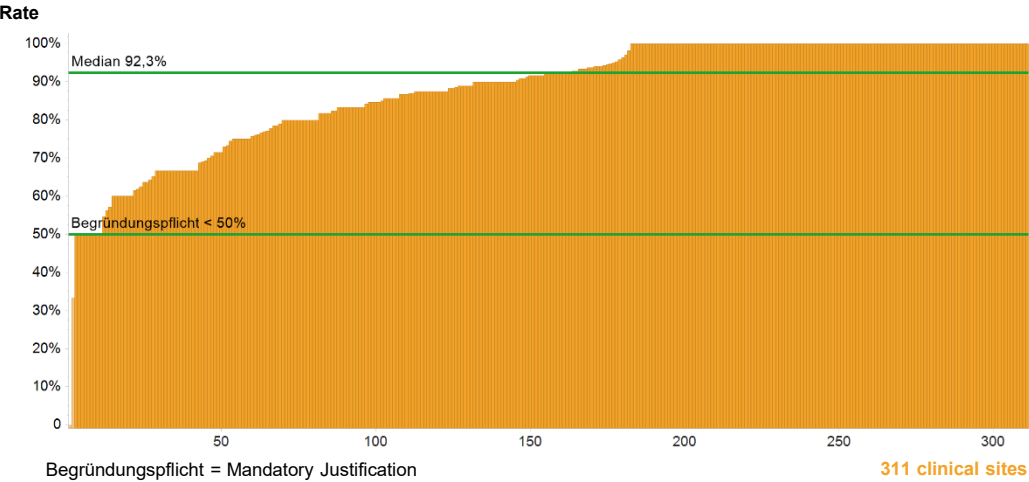
	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator who have received adjuvant chemotherapy	6*	0 - 27	2,118	2,009
Denominator	Patients ≤ 75 years with a UICC stage III colon carcinoma who had a R0 resection of the primary tumour	8*	1 - 30	2,685	2,512
Rate	Target value ≥ 70%	80%	0% - 100%	78.9%**	80%



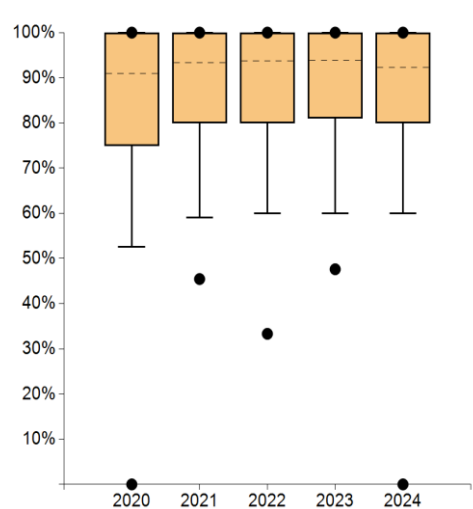
		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the target value			
							2024	2023	2024	2023	2024	2023
	Maximum	100%	100%	100%	100%	100%	319	100%	313	99.7%	259	81.2%
	95 th percentile	100%	100%	100%	100%	100%					257	82.1%
	75 th percentile	90.0%	100%	88.9%	92.9%	87.5%						
	Median	80.0%	80.0%	81.3%	80.0%	80.0%						
	25 th percentile	71.4%	71.4%	72.7%	72.7%	72.7%						
	5 th percentile	50.0%	50.0%	50.0%	50.0%	50.0%						
	Minimum	25.0%	20.0%	0.0%	0.0%	0.0%						
Comments: Compliance with the GL-QI, with an overall rate of 78.9% and a median of 80.0%, is roughly on a par with previous years (previous year's overall rate: 80.0%). 60 centres fell short of the target value (previous year: 56). The centres attributed this, among other things, to patient refusal (77×), multimorbidity or limited treatment options (57×) and a palliative situation or death before the start of therapy (15×). Other reasons included a lack of feedback from external practices (20×) and loss to follow-up (15×). The auditors emphasised that treatment information regarding adjuvant therapies carried out externally must also be obtained by the centres (5 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.

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



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with combination chemotherapy	9*	0 - 103	3,419	3,035
Denominator	Patients with metastasized colorectal carcinoma, ECOG 0-1 and systemic first-line chemotherapy	10*	1 - 105	3,891	3,478
Rate	Mandatory Justification*** < 50%	92.3%	0% - 100%	87.9%**	87.3%

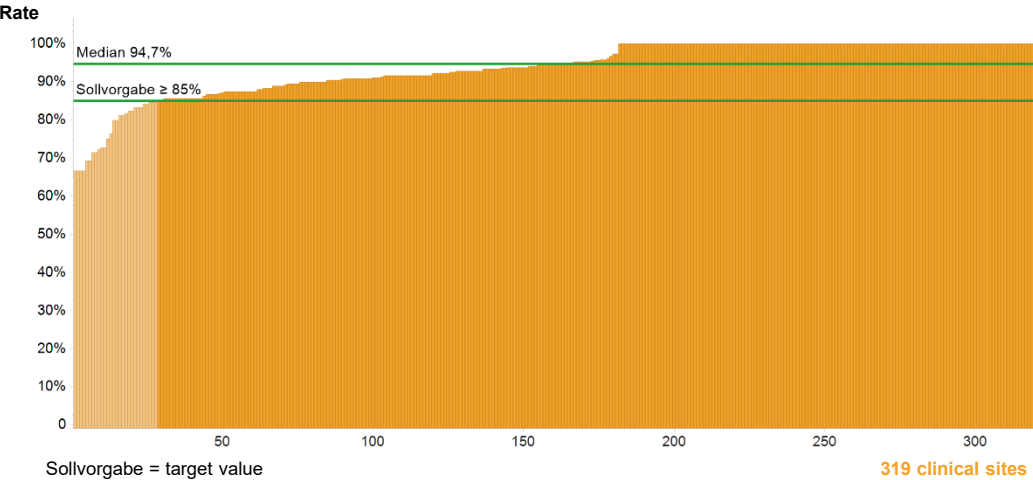


		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the plausibility limits			
							2024	2023	2024	2023	2024	2023
							311	97.5%	306	97.5%	309	99.4%
	Maximum	100%	100%	100%	100%	100%						
	95 th percentile	100%	100%	100%	100%	100%						
	75 th percentile	100%	100%	100%	100%	100%						
	Median	90.9%	93.3%	93.8%	93.8%	92.3%						
	25 th percentile	75.0%	80.0%	80.0%	81.0%	80.0%						
	5 th percentile	52.6%	59.0%	60.0%	60.0%	60.0%						
	Minimum	0.0%	45.5%	33.3%	47.6%	0.0%						

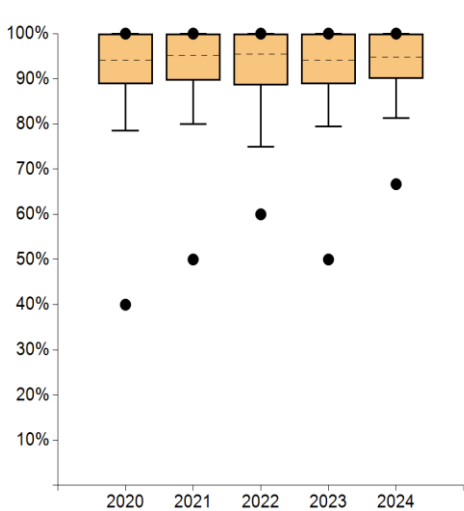
Comments:
As in previous years, combination chemotherapy is administered as first-line treatment in just under 90% of patients with metastatic CRC (87.9%, previous year: 87.3%). The median is 92.3%. The two centres with rates of 0% and 33% respectively had only two and three patients in their denominators and justified monotherapies on the basis of patient-related factors such as advanced age, relevant comorbidities and limited ability to undergo treatment. No systematic error was identified 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)



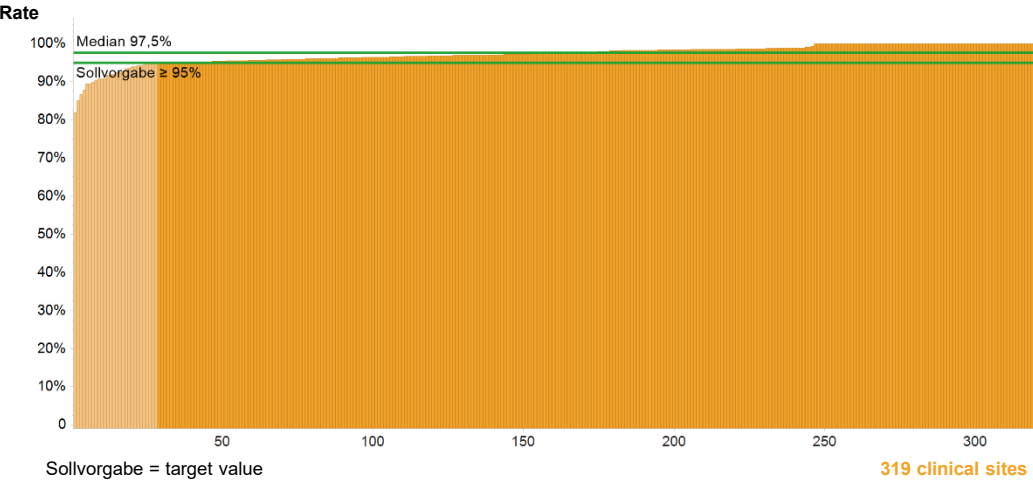
	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with good to moderate quality (grade 1: mesorectal fascia or grade 2: intramesorectal excisions) TME	13*	1 - 48	4,640	4,520
Denominator	Patients with elective radically operated RC in the middle or lower third (without transanal wall resection)	14*	1 - 55	4,962	4,871
Rate	Target value ≥ 85%	94.7%	66.7% - 100%	93.5%**	92.8%



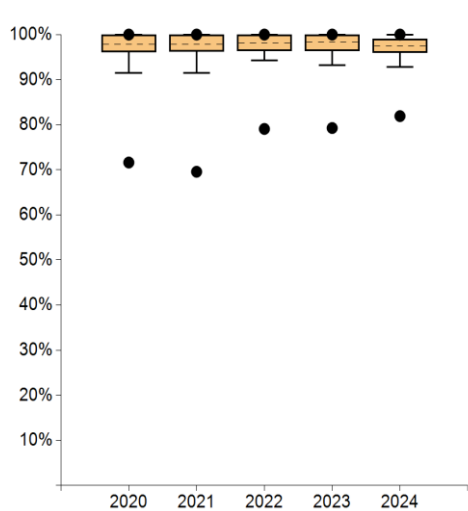
		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the target value	
							2024	2023	2024	2023
	Maximum	100%	100%	100%	100%	100%	319	100%	314	100%
	95 th percentile	100%	100%	100%	100%	100%	291	91.2%	274	87.3%
	75 th percentile	100%	100%	100%	100%	100%				
	Median	94.1%	95.2%	95.5%	94.1%	94.7%				
	25 th percentile	88.9%	89.7%	88.6%	88.9%	90.0%				
	5 th percentile	78.6%	80.0%	75.0%	79.5%	81.3%				
	Minimum	40.0%	50.0%	60.0%	50.0%	66.7%				
Comments: The quality of TME rectal specimens continued to meet high standards in the 2024 indicator year, with a median of 94.7% and an overall rate of 93.5% (previous year: 92.8%). In 138 centres (43%), all patients had a TME grade 1 or 2. 28 centres fell short of the target value (previous year: 40). This was attributed to difficult anatomical conditions and previous operations (33 cases), tumour-related complications such as perforation, abscess or infiltration (27 cases) and history of neoadjuvant therapy or TNT (23 cases). In some cases, no cause was specified. Three remarks and one deviation 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.

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



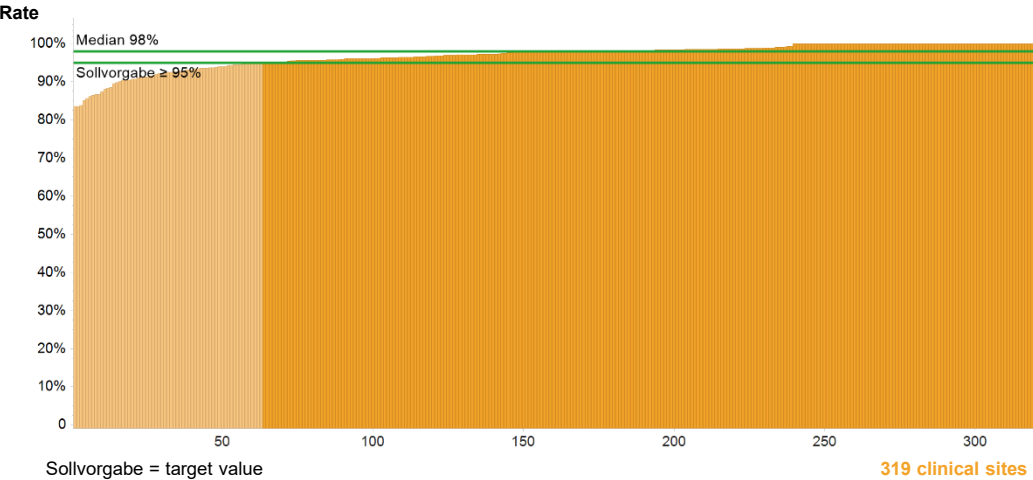
	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with complete diagnostic report	73*	34 - 214	24,865	24,457
Denominator	Patients with colorectal carcinoma and surgical resection	75*	34 - 221	25,568	25,076
Rate	Target value ≥ 95%	97.5%	81.9% - 100%	97.3%**	97.5%



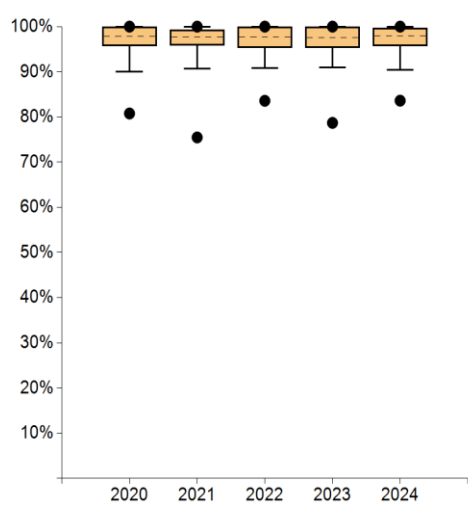
		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the target value			
							2024	2023	2024	2023	2024	2023
	Maximum	100%	100%	100%	100%	100%	319	100%	314	100%	291	91.2%
	95 th percentile	100%	100%	100%	100%	100%					291	92.7%
	75 th percentile	100%	100%	100%	100%	99.0%						
	Median	97.9%	97.9%	98.1%	98.3%	97.5%						
	25 th percentile	96.1%	96.2%	96.3%	96.4%	96.0%						
	5 th percentile	91.4%	91.5%	94.3%	93.2%	92.8%						
	Minimum	71.6%	69.6%	79.1%	79.3%	81.9%						
Comments: In the 2024 indicator year, the overall rate was 97.3% (previous year: 97.5%), with a median of 97.5%. 28 centres fell below the target value (previous year: 23). This was attributed to a lack of tumour evidence following endoscopic or neoadjuvant pre-treatment (42 cases), incomplete information on the circumferential resection margin (25 cases), RX classifications in cases of perforation, emergency surgery or multi-segment resection (20 cases), missing data on the aboral resection margin (17 cases) and Gx following neoadjuvant therapy (6 cases). A deviation was noted. The centres responded by setting up quality circles and consulting with the pathology department.												

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

27. Lymph Node Examination (GL QI)



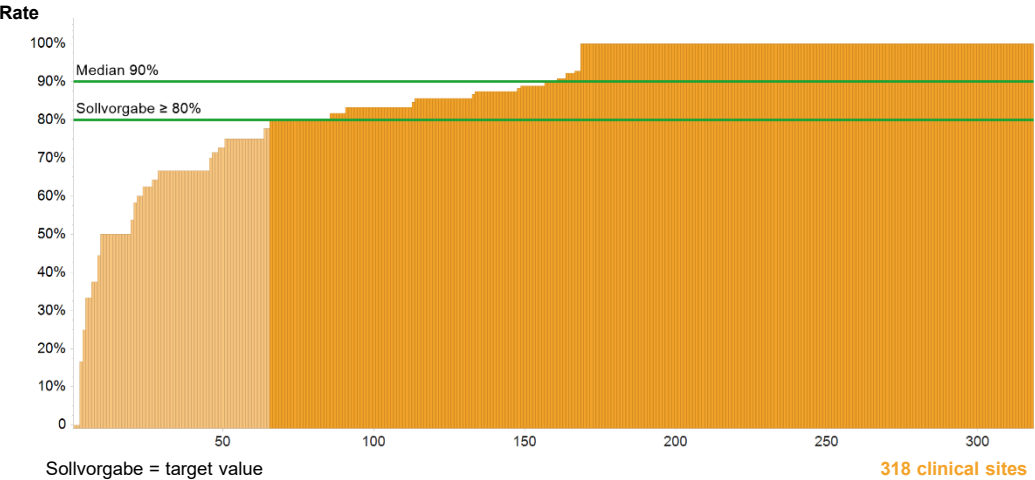
	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with ≥ 12 lymph nodes examined pathologically	66*	27 - 195	22,600	22,041
Denominator	Patients with KRK who have undergone elective surgery with lymphadenectomy (without transanal wall resection)	68*	27 - 215	23,328	22,777
Rate	Target value ≥ 95%	98%	83.6% - 100%	96.9%**	96.8%



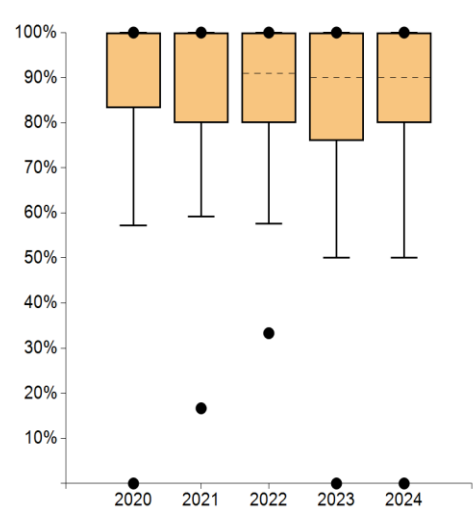
		2020	2021	2022	2023	2024	Clinical sites with evaluable data		Clinical sites meeting the target value	
	Maximum	100%	100%	100%	100%	100%	2024	2023	2024	2023
	95 th percentile	100%	100%	100%	100%	100%	319	100%	314	100%
	75 th percentile	100%	99.3%	100%	100%	99.6%	256	80.3%	251	79.9%
	Median	97.9%	97.7%	97.7%	97.5%	98.0%				
	25 th percentile	95.7%	95.8%	95.3%	95.3%	95.7%				
	5 th percentile	90.0%	90.7%	90.8%	90.9%	90.4%				
	Minimum	80.8%	75.5%	83.6%	78.7%	83.6%				
Comments: In the 2024 indicator year, the overall rate was 96.9% (previous year: 96.8%) with a median of 98.0%. 63 centres fell short of the target value (previous year: 63). The most common reasons cited for falling below the target value were prior neoadjuvant therapy (163 cases), limited resections (31 cases) and patient- or surgery-related factors such as obesity, comorbidities or previous operations (15 cases). In 151 cases, the cause was unclear or no further lymph nodes could be identified despite follow-up examinations. The centres responded by coordinating again with the pathology department and through quality circles. The auditors issued a total of 11 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.

28. Start of Adjuvant Systemic Therapy



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with start of chemotherapy within 8 weeks of surgery	5*	0 - 27	1,848	1,732
Denominator	Patients with UICC stage III colon carcinoma who had received adjuvant chemotherapy (= numerator of indicator 23)	6*	1 - 27	2,118	2,009
Rate	Target value ≥ 80%	90%	0% - 100%	87.3%**	86.2%



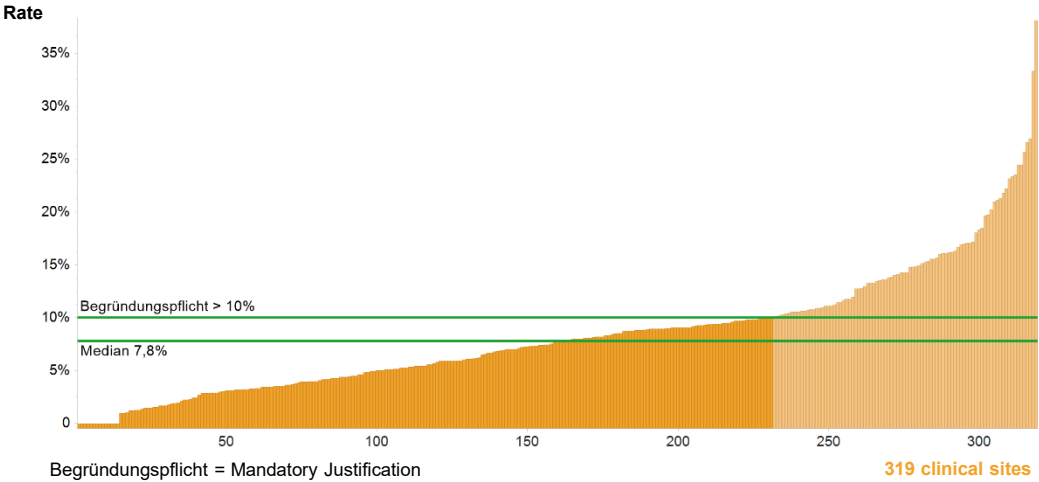
	2020	2021	2022	2023	2024
Maximum	100%	100%	100%	100%	100%
95 th percentile	100%	100%	100%	100%	100%
75 th percentile	100%	100%	100%	100%	100%
Median	100%	100%	90.9%	90.0%	90.0%
25 th percentile	83.3%	80.0%	80.0%	76.0%	80.0%
5 th percentile	57.1%	59.1%	57.6%	50.0%	50.0%
Minimum	0.0%	16.7%	33.3%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the plausibility limits			
2024		2023		2024		2023	
318	99.7%	311	99%	253	79.6%	---	---

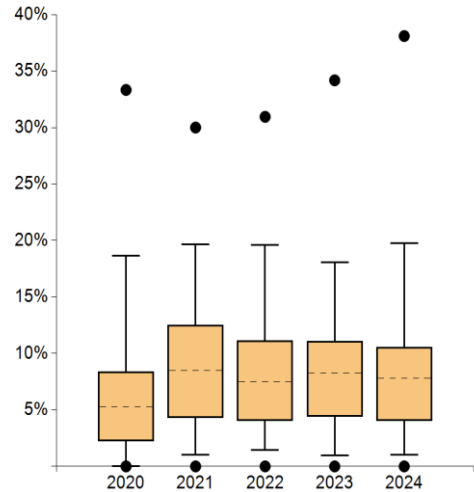
Comments:
Performance against this indicator is in line with previous years. The overall rate stands at 87.3% (previous year: 86.2%), whilst the median remains unchanged at 90.0%. 65 centres fall below the target value (previous year: 42). The reasons for exceeding the 8-week interval remain varied. Common reasons include prolonged convalescence due to complications (36 cases), organisational reasons (35 cases) and patient-related factors (32 cases). Less frequently, a reduced general condition (18 cases) and diagnosis or treatment of secondary malignancies (8 cases) play a role. Other reasons include non-compliance, acute infections, port placements, premature stoma relocations and deaths. The centres are responding with process changes and quality circles. Four remarks have been issued, two of which were critical remarks due to repeated non-compliance.

*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.

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



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	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 > 22 d after tumour resection	5*	0 - 23	1,891	1,921
Denominator	Electively operated patients (= denominator of indicator 19)	69*	27 - 215	23,446	22,872
Rate	Mandatory Justification*** > 10%	7.8%	0% - 38.1%	8.1%**	8.4%



	2020	2021	2022	2023	2024
Maximum	33.3%	30.0%	31.0%	34.2%	38.1%
95 th percentile	18.7%	19.7%	19.6%	18.1%	19.8%
75 th percentile	8.4%	12.5%	11.1%	11.1%	10.5%
Median	5.3%	8.5%	7.5%	8.3%	7.8%
25 th percentile	2.3%	4.3%	4.1%	4.4%	4.0%
5 th percentile	0.0%	1.0%	1.5%	1.0%	1.0%
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the plausibility limits			
2024		2023		2024		2023	
319	100%	314	100%	231	72.4%	215	68.5%

Comments:
In the current indicator year, there has been a slight decrease in the overall rate to 7.8% (previous year: 8.4%), accompanied by a fall in the median (7.8% vs. 8.3%). 88 centres were subject to the mandatory statement of reasons (previous year: 99). The main cause is a prolonged length of stay (678 cases), primarily due to post-operative complications (452 cases, including AI, wound infections, etc.). Other reasons included postoperative events attributable to advanced age and relevant comorbidities (144 cases), advanced tumour stages (26 cases) and organisational factors (42 cases). A total of 173 patients died within 30 days of surgery. In contrast, transfers to other facilities were only required in isolated cases, which underscores the high level of clinical expertise at the centres, which are capable of managing even complex cases independently. Six remarks were issued in cases where the plausibility threshold was exceeded on multiple occasions.

*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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