Indicator Analysis 2026

Annual Report of the Certified Gynaecological Cancer Centres

Audit year 2025 / Indicator year 2024

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Certification

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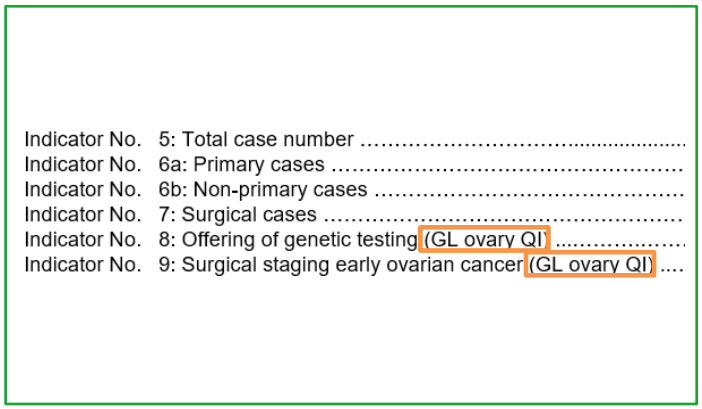
Table of Contents

General information



Quality indicators of the guidelines (GL QI):

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

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Pat. of the denominator presented at the tumour board	104.5*	55 - 763	23453	23410
Denominator	Total case number (= indicator 5)	105.5*	55 - 834	23909	23928
Rate	Target value ≥ 90%	99.10%	90.90% - 100%	98.10%**	97.80%

Basic data indicator:

The definition of the **numerator**, **denominator** and the **target value** are taken from the data sheet.
The **median** for numerator and denominator does not refer to an existing centre but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
Range specifies the value range for the numerator, denominator and ratio of all centres.
The column **Patients Total** displays the total of all patients treated according to the indicator and the corresponding quota.

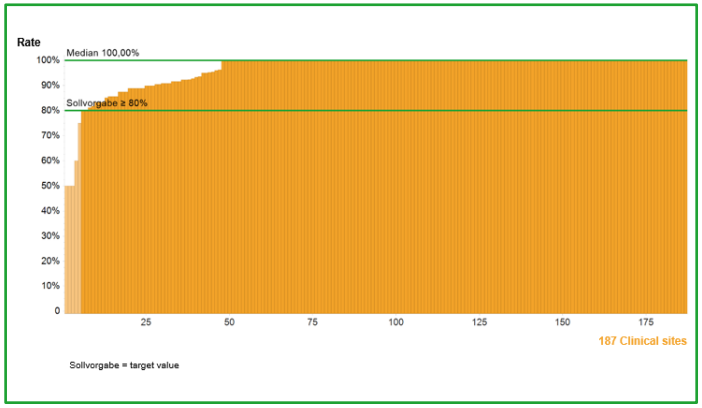
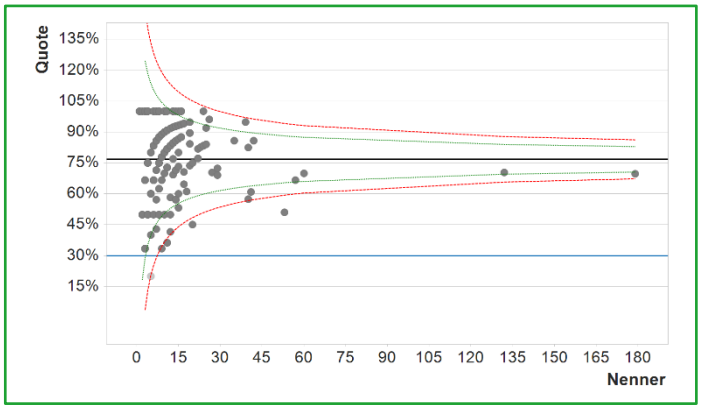


Diagram:

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

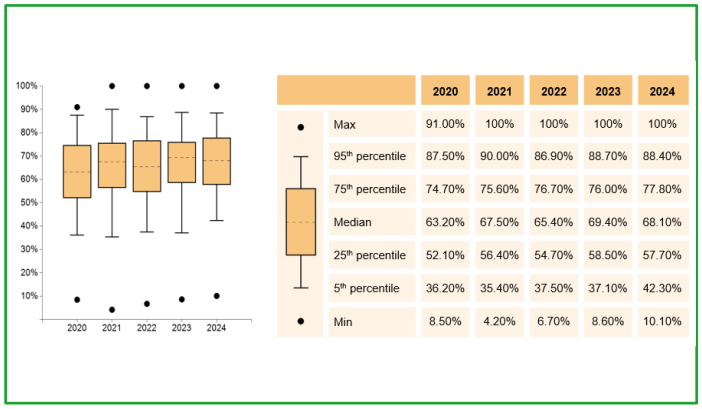
*For further information on the methodological approach see „Development of guideline-based quality indicators" (https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Methodik/QIEP_OL_Version2_english.pdf)

General information



Funnel plots:

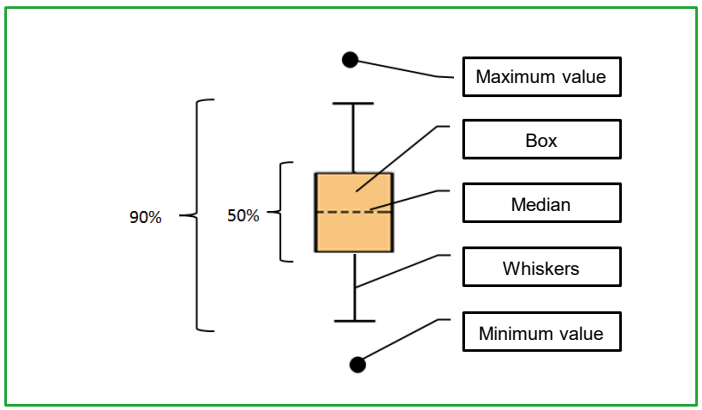
The funnel plots show the ratio of included patient numbers and indicator result for the quality indicators that are presented as a quotient. The x-axis represents the population of the indicator (numerical value of the denominator), the y-axis the result of the indicator for the respective centre. The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



	2020	2021	2022	2023	2024
Max	91.00%	100%	100%	100%	100%
95th percentile	87.50%	90.00%	86.90%	88.70%	88.40%
75th percentile	74.70%	75.60%	76.70%	76.00%	77.80%
Median	63.20%	67.50%	65.40%	69.40%	68.10%
25th percentile	52.10%	56.40%	54.70%	58.50%	57.70%
5th percentile	36.20%	35.40%	37.50%	37.10%	42.30%
Min	8.50%	4.20%	6.70%	8.60%	10.10%

Cohort development:

The **cohort development** in the years **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.

Status of the certification system for Gynaecological Cancer Centres 2025

		31.12.2025	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020
Ongoing procedures		4	1	4	10	7	8
Certified Centres		192	193	189	182	182	164
Certified clinical sites		192	193	189	182	183	165
Gynaecology Cancer Centres with	1 clinical site	192	193	189	182	181	163
	2 clinical sites	0	0	0	0	1	1
	3 clinical sites	0	0	0	0	0	0
	4 clinical sites	0	0	0	0	0	0

Clinical sites taken into account

	31.12.2025	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020
Sites included in the Annual Report	184	186	187	177	169	162
Correspond to	95.8%	96.4%	98.9%	97.3%	92.3%	98.8%
Primary cases total*	18,115	17,833	17,441	16,272	15,254	14,986
Primary cases per site (mean)*	98.5	95.9	93.3	92	90	92
Primary cases per site (median)*	83	83	78	76	75	78

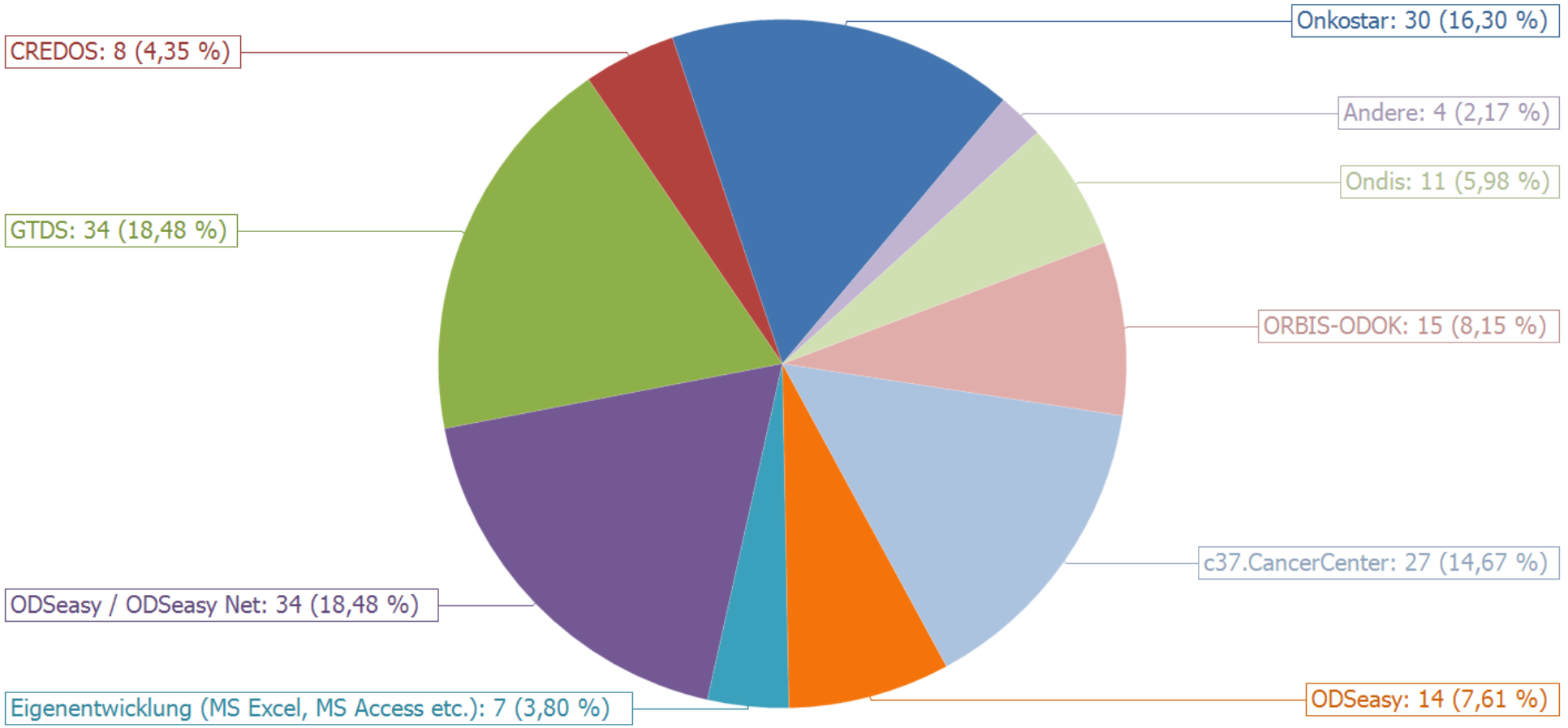
*The figures are based on the clinical sites listed in the Annual Report.

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

The Annual Report includes 184 of the 192 certified clinical sites. Excluded are 8 clinical sites that were certified for the first time in 2025 (data mapping of complete calendar year not mandatory for the initial certification). A total of 18,652 primary cases with genital malignancy were treated at all 192 clinical sites. A current overview of all certified sites is shown on www.oncomap.de.

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

Tumour documentation systems in the centres' clinical sites



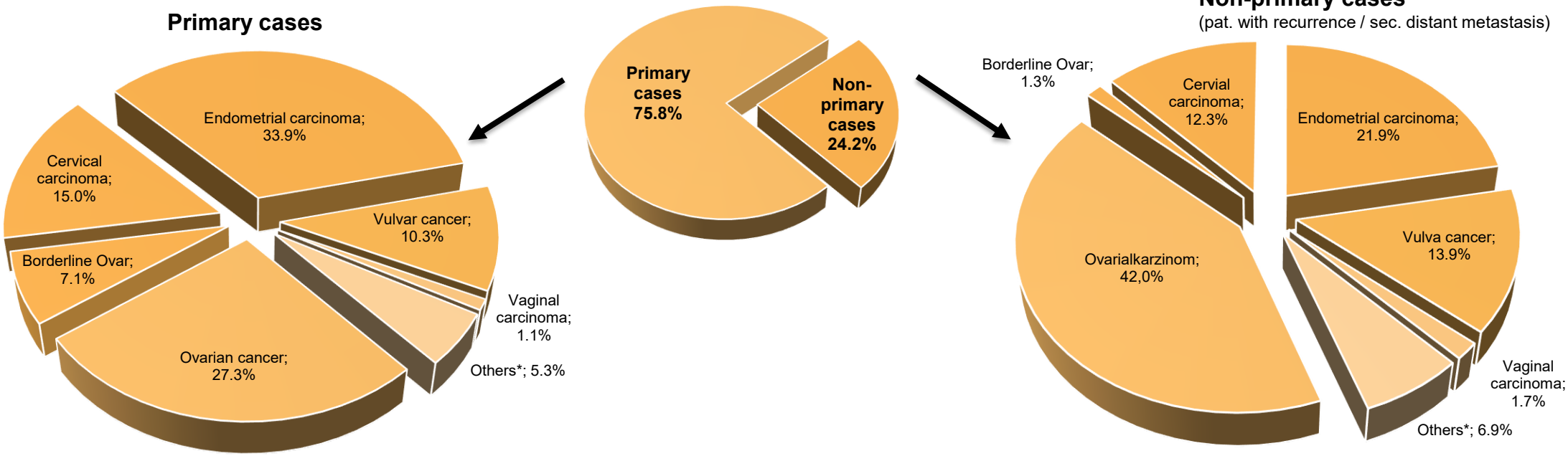
Andere = other
Eigenentwicklung = Intrinsic development

Legend:	
Other	System used in ≤ 3 clinical sites

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

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

Total case number (primary and non-primary cases)



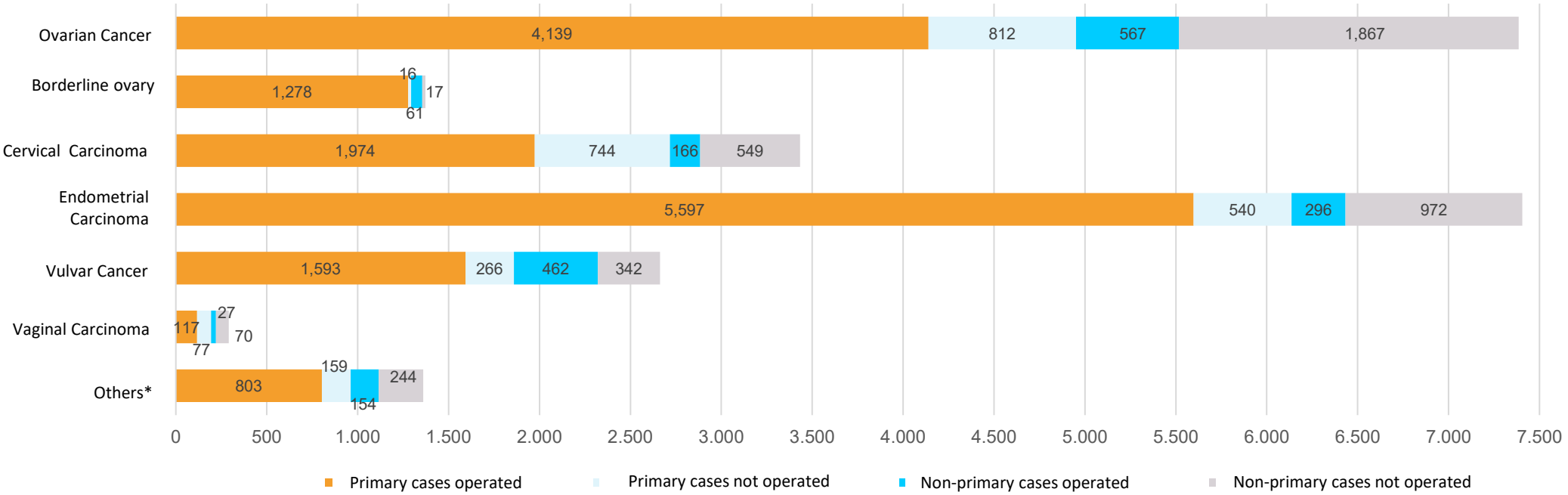
	Total case number	Primary cases	Non-primary cases
Ovarian cancer	7,385 (30.9%)	4,951 (27.3%)	2,434 (42.0%)
Borderline ovary	1,372 (5.7%)	1,294 (7.1%)	78 (1.3%)
Cervical carcinoma	3,433 (14.4%)	2,718 (15.0%)	715 (12.3%)
Endometrial carcinoma	7,405 (31.0%)	6,137 (33.9%)	1,268 (21.9%)
Vulvar cancer	2,663 (11.1%)	1,859 (10.3%)	804 (13.9%)
Vaginal carcinoma	291 (1.2%)	194 (1.1%)	97 (1.7%)
Others*	1,360 (5.7%)	962 (5.3%)	398 (6.9%)
Total case number	**23,909 (100%)**	**18,115 (100%)**	**5,794 (100%)**

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

	Incidence[1] Germany	Primary cases 2024[2]	Share 2024	Primary Cases Germany 2023[2]	Share 2023
Ovarian cancer	7,771 [3]	4,519 [4]	58.2%	4,444	57.2%
Borderline ovary	-	1,203	-	1,148	-
Cervical carcinoma	4,302	2,550	59.3%	2,560	59.5%
Endometrial carcinoma	10,744 [5]	5,867 [6]	54.6%	5,492 [4]	51.1%
Vulvar cancer	3,155	1,783	56.5%	1,800	57.1%
Vaginal carcinoma	400	184	46.0%	208	52.0%
Others*	-	894 [7]	-	899 [5]	-

[1]Centre for cancer register data in the Robert Koch-Institute, incidence 2023: database query with estimates of incidence, prevalence and survival of cancer in Germany based on epidemiological data from state cancer registries. Mortality data from the Federal Statistical Office. www.krebsdaten.de/abfrage, Last updated: 19.11.2025, Date of access: 18.06.2026 including primary cases not reported in the Annual Report; [3]Incidence of C56 and C57; [4]Ovarian/fallopian tube cancer/primary peritoneal carcinomas/BOT/STIC: C56/C57/C48/D39.1/D07.3; [5]Incidence C54; [6]C54.1; [7]C54 (excluding C54.1)/C55

Basic data – primary and non-primary cases



[1] Pat. with reccurence/ sec. distant metastasis

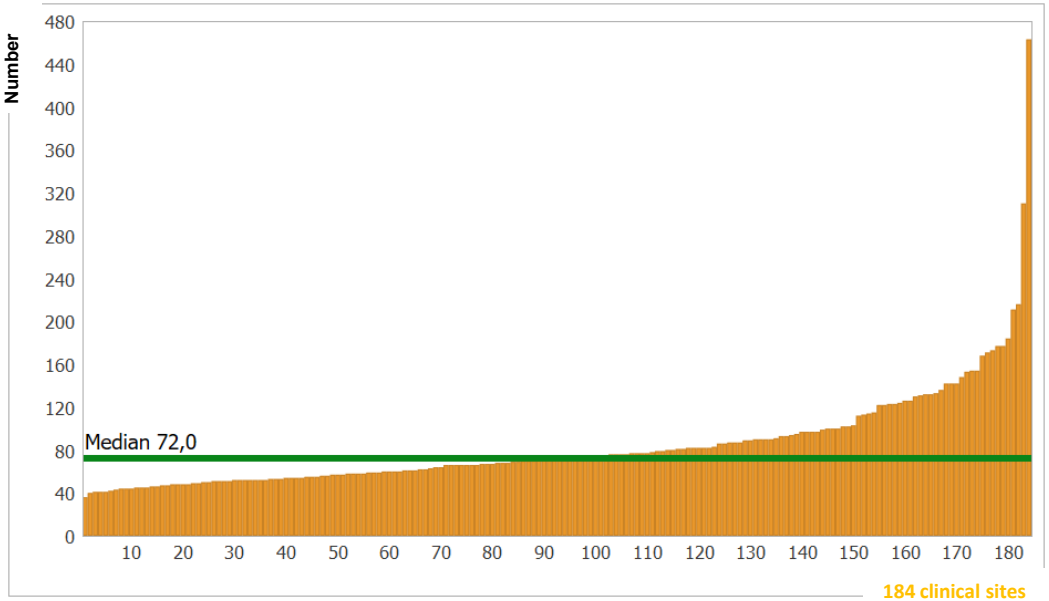
	Primary cases		
		operated	not operated
	Total	absolute (in %)	absolute (in %)
Ovarian cancer	4,951 (100%)	4,139 (83.6%)	812 (16.4%)
Borderline ovary	1,294 (100%)	1,278 (98.8%)	16 (1.2%)
Cervical carcinoma	2,718 (100%)	1,974 (72.6%)	744 (27.4%)
Endometrial carcinoma	6,137 (100%)	5,597 (91.2%)	540 (8.8%)
Vulvar cancer	1,859 (100%)	1,593 (85.7%)	266 (14.3%)
Vaginal carcinoma	194 (100%)	117 (60.3%)	77 (39.7%)
Others*	962 (100%)	803 (83.5%)	159 (16.5%)
Total	**18,115**	**15,501**	**2,614**

	Non-primary cases		
		operated	not operated
	Total	absolute(in %)	absolute (in %)
Ovarian cancer	2,434 (100%)	567 (23.3%)	1,867 (76.7%)
Borderline ovary	78 (100%)	61 (78.2%)	17 (21.8%)
Cervical carcinoma	715 (100%)	166 (23.2%)	549 (76.8%)
Endometrial carcinoma	1,268 (100%)	296 (23.3%)	972 (76.7%)
Vulvar cancer	804 (100%)	462 (57.5%)	342 (42.5%)
Vaginal carcinoma	97 (100%)	27 (27.8%)	70 (72.2%)
Others*	398 (100%)	154 (38.7%)	244 (61.3%)
Total	**5,794**	**1,733**	**4,061**

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

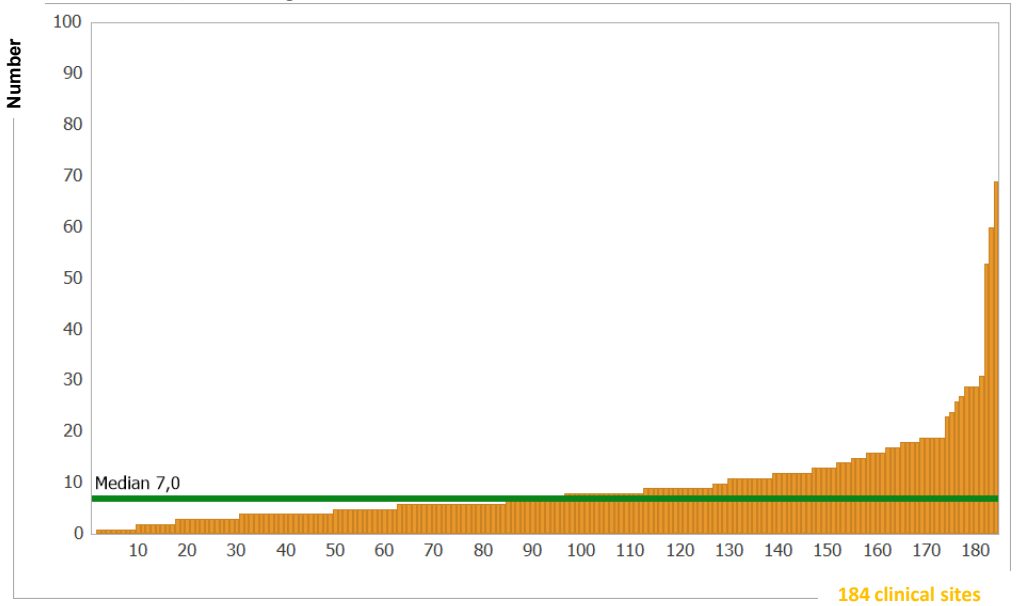
Surgical Cases with a Genital Malignoma

Surgical primary cases



	2020	2021	2022	2023	2024
Max	395.0	383.0	387.0	460.0	463.0
95th percentile	155.2	155.4	165.8	164.0	165.9
75th percentile	92.0	92.0	90.5	93.0	94.3
Median	66.0	65.0	66.0	70.0	72.0
25th percentile	54.0	55.0	54.0	55.0	55.8
5th percentile	40.0	42.0	40.0	39.0	44.2
Min	29.0	31.0	30.0	31.0	36.0

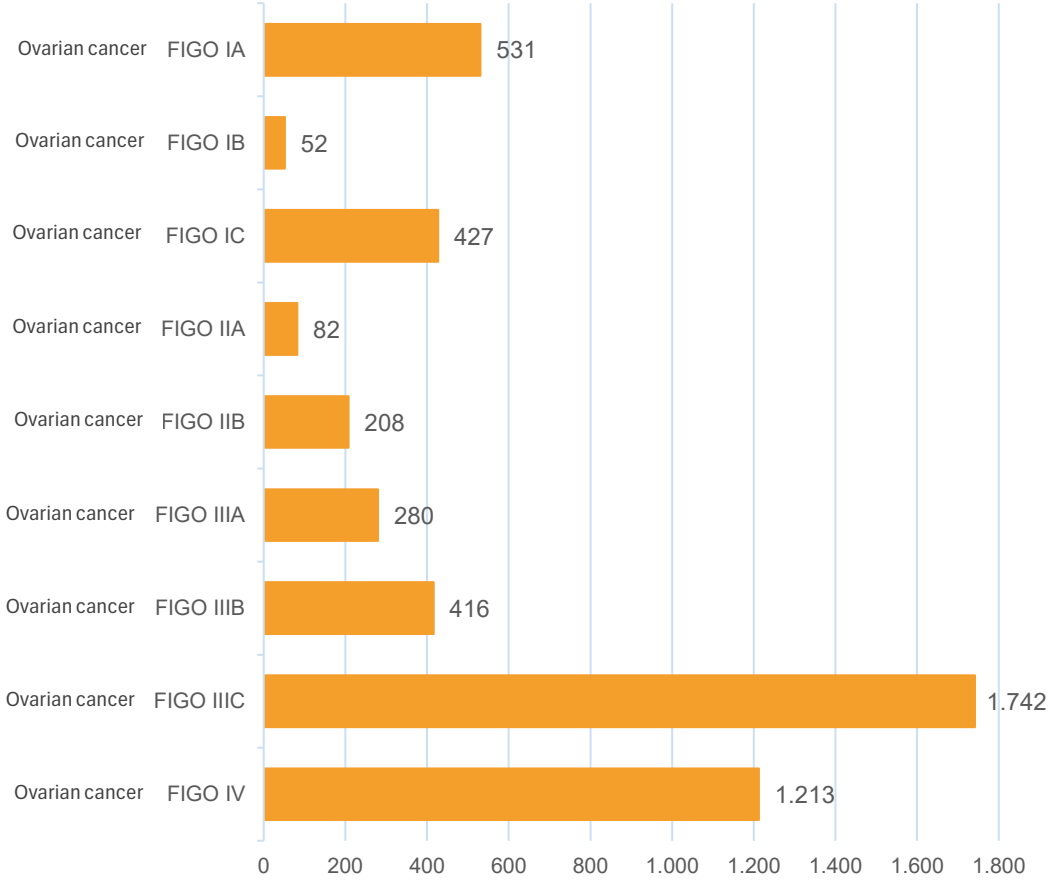
Surgical non-primary cases (pat. with recurrence / sec. distant metastasis)



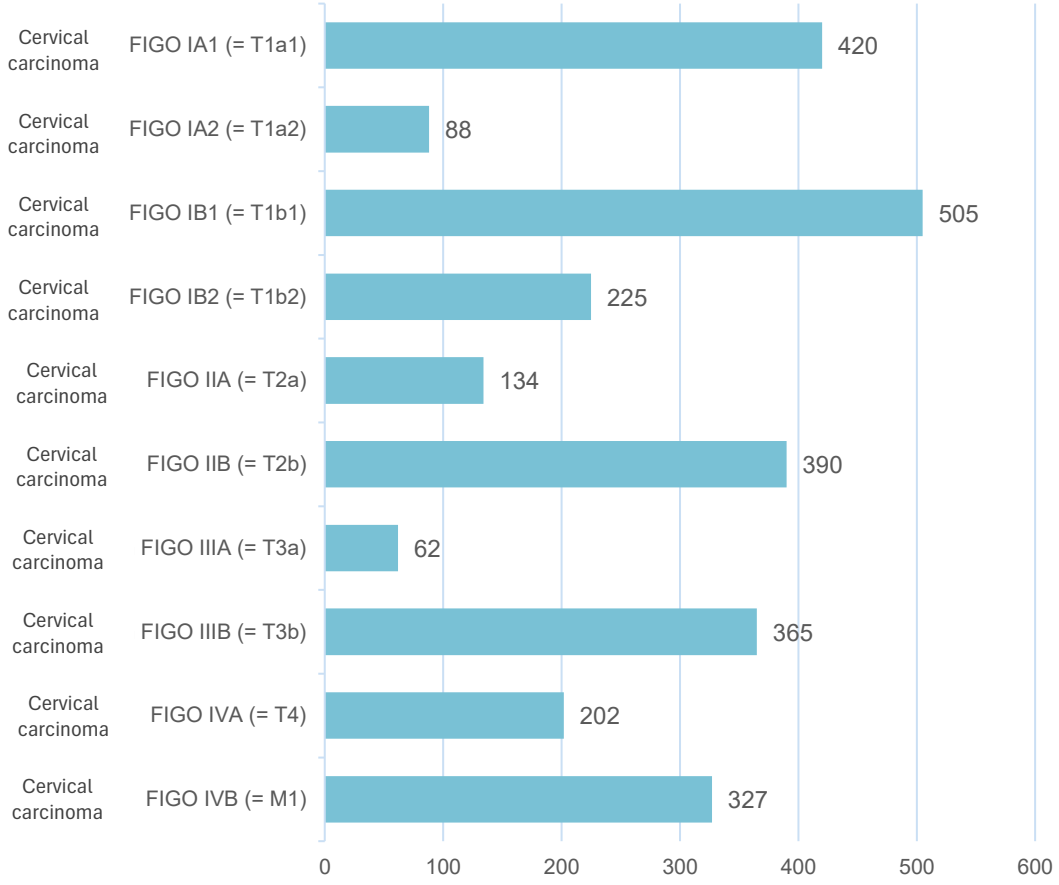
	2020	2021	2022	2023	2024
Max	76.0	74.0	60.0	69.0	69.0
95th percentile	32.6	31.2	25.8	25.8	23.9
75th percentile	12.0	12.0	10.5	12.0	11.3
Median	8.0	7.0	7.0	7.0	7.0
25th percentile	5.0	4.0	4.0	4.0	4.0
5th percentile	2.0	2.0	1.0	2.0	2.0
Min	0.0	0.0	0.0	0.0	0.0

Basic Data - Primary Cases Ovarian and Cervical

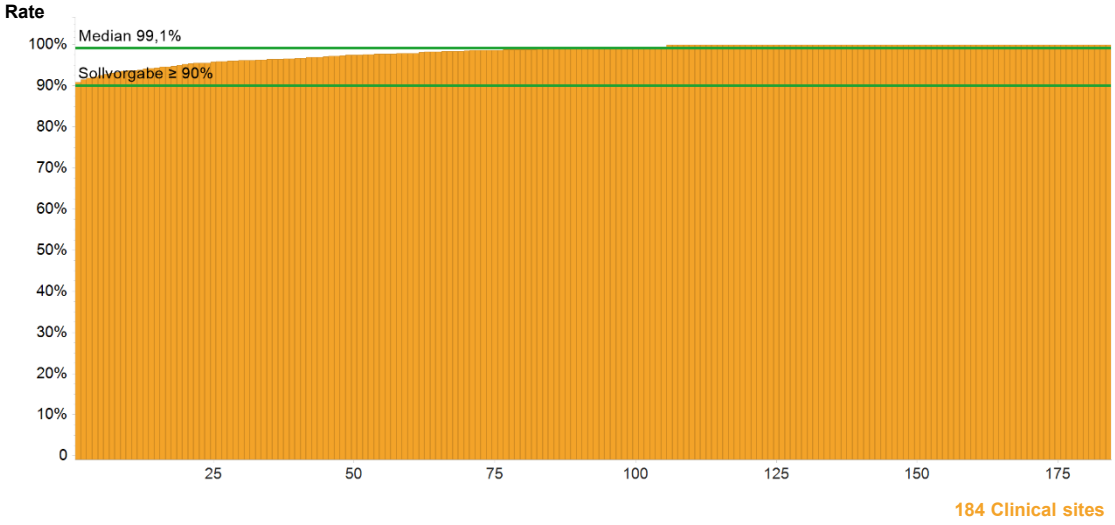
Ovarian cancer: Primary cases operated + not operated



Cervical carcinoma: Primary cases operated + not operated

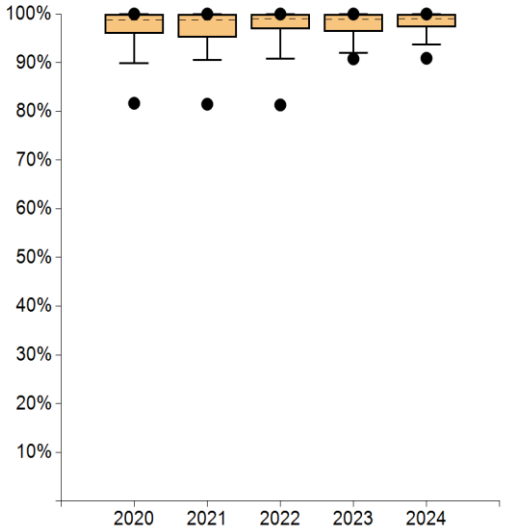


1. Presentation tumour board



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Pat. of the denominator presented at the tumour board	104.5*	55 - 763	23,453	23,410
Denominator	Total case number (= indicator 5)	105.5*	55 - 834	23,909	23,928
Rate	Target value ≥ 90%	99.1%	90.9% - 100%	98.1%**	97.8%



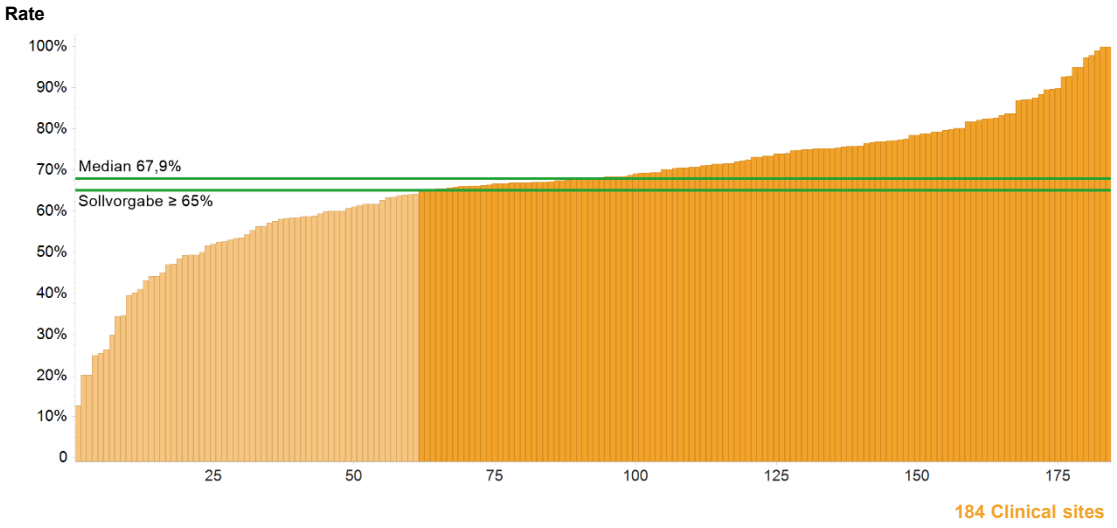
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	98.8%	98.8%	99.0%	98.9%	99.1%
25th percentile	96.0%	95.2%	96.9%	96.4%	97.3%
5th percentile	89.9%	90.6%	90.8%	92.0%	93.8%
Min	81.7%	81.5%	81.3%	90.8%	90.9%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	186	100%	184	100%	186	100%

Comments:
The 'Presentation tumour board' indicator continues to be met at a high level by the centres. All 184 clinical sites meet the target value of ≥ 90%. At approximately 43 per cent of the centres (n = 79), 100% of cases are presented at the tumour board.

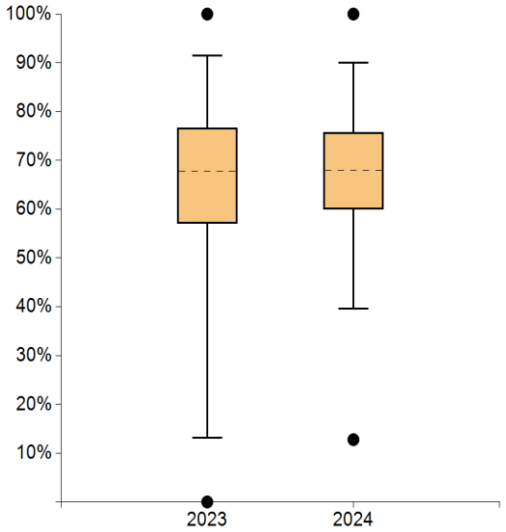
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

2. Psycho-oncological distress screening



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator who were psycho-oncologically screened	74.5*	12 - 603	15,832	10,101
Denominator	Total case number (= indicator 5)	105.5*	55 - 834	23,909	16,060
Rate	Target value ≥ 65%	67.9%	12.8% - 100%	66.2%**	62.9%



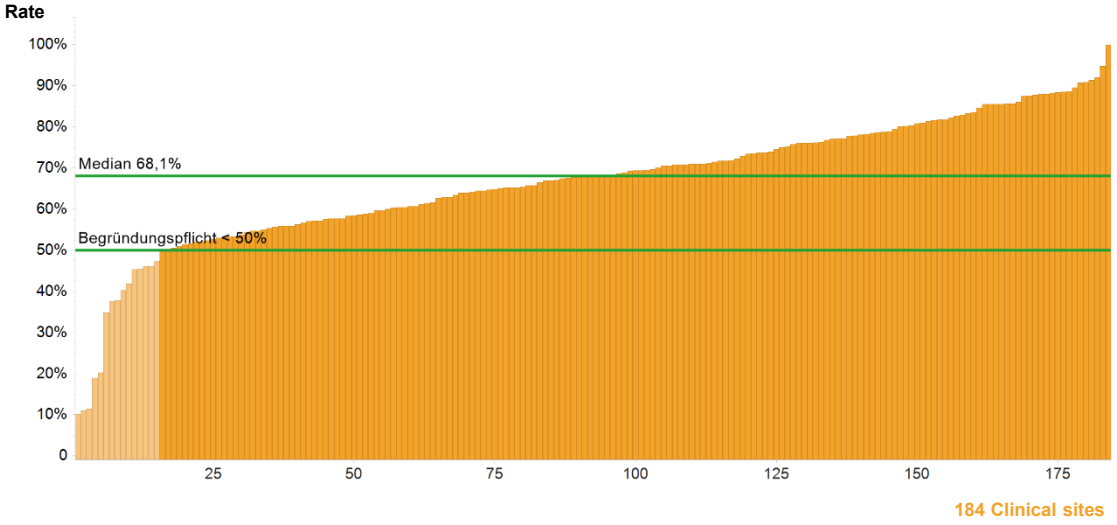
	2020	2021	2022	2023	2024
Max	-----	-----	-----	100%	100%
95th percentile	-----	-----	-----	91.5%	90.0%
75th percentile	-----	-----	-----	76.7%	75.7%
Median	-----	-----	-----	67.8%	67.9%
25th percentile	-----	-----	-----	57.0%	60.0%
5th percentile	-----	-----	-----	13.2%	39.6%
Min	-----	-----	-----	0.0%	12.8%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	132	71%	123	66.9%	81	61.4%

Comments:
For the 2024 audit year, the indicator 'Psycho-oncological care' was replaced by 'Psycho-oncological distress screening', with a target value of ≥ 65%. Approximately 67% of sites meet the target. Reasons given for falling short of the target include organisational challenges within the process (the switch from evaluating care to screening, lack of response rates), as well as patient refusal and staffing issues.

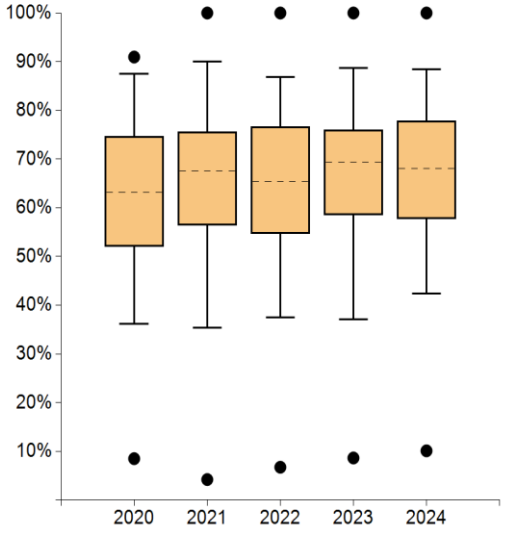
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

3. Social service counselling



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024 Median	Range	Patient Total	2023 Patients Total
Numerator	Patients of the denominator, who received counselling from the social services in an outpatient or inpatient setting	75*	9 - 592	15,815	15,581
Denominator	Total case number (= indicator 5)	105,5*	55 - 834	23,909	23,928
Rate	Mandatory justifications *** < 50%	68.1%	10.1% - 100%	66.1%**	65.1%



	2020	2021	2022	2023	2024
Max	91.0%	100%	100%	100%	100%
95th percentile	87.5%	90.0%	86.9%	88.7%	88.4%
75th percentile	74.7%	75.6%	76.7%	76.0%	77.8%
Median	63.2%	67.5%	65.4%	69.4%	68.1%
25th percentile	52.1%	56.4%	54.7%	58.5%	57.7%
5th percentile	36.2%	35.4%	37.5%	37.1%	42.3%
Min	8.5%	4.2%	6.7%	8.6%	10.1%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
184	100%	186	100%	169	91.8%	162	87.1%

Comments:
The median indicator for social services counselling has risen steadily over the years to its current level of approximately 68 per cent. Around 92 per cent of clinical sites achieve counselling rates of ≥ 50 per cent. Seven out of 15 centres that are required to make a mandatory statement of reasons are located in Switzerland and Austria. In these countries, social work counselling is provided and funded by nursing staff or via external organisations. The 8 centres in Germany with a counselling rate of < 50% cite staff shortages and documentation issues as the main reasons for this.

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

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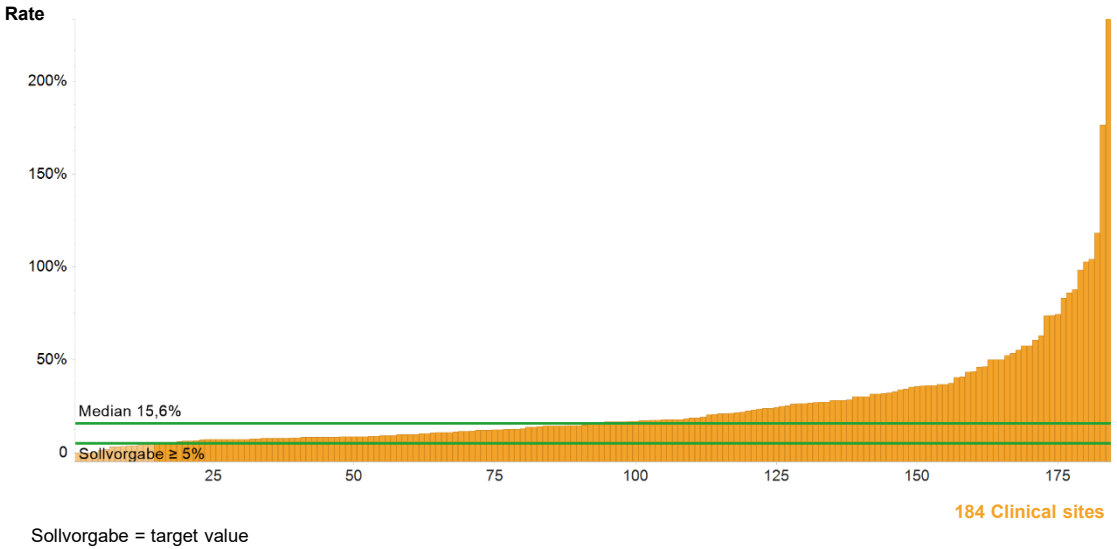
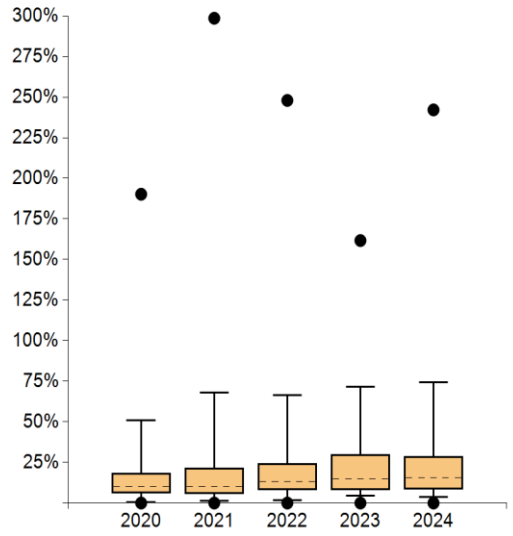
4. Patients enrolled in a study



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Patients included in a study with an ethical vote	14*	0 - 598	5,493	5,324
Denominator	Primary cases (= indicator 6a)	83*	44 - 507	18,115	17,833
Rate	Target value ≥ 5%	15.6%	0% - 242.2%	30.3%**	29.9%



	2020	2021	2022	2023	2024
Max	190.2%	298.6%	248.0%	161.7%	242.2%
95th percentile	51.0%	68.1%	66.4%	71.5%	74.4%
75th percentile	18.4%	21.6%	24.5%	30.0%	28.9%
Median	10.3%	10.2%	13.1%	14.8%	15.6%
25th percentile	6.3%	5.9%	8.2%	8.2%	8.5%
5th percentile	0.5%	1.5%	1.8%	4.4%	3.8%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

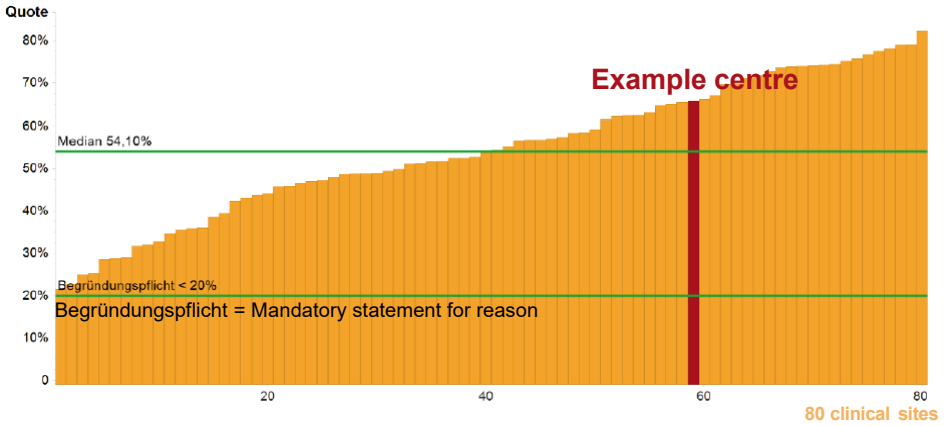
Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	186	100%	170	92.4%	174	93.5%

Comments:
All centres have met the target value of ≥ 5 per cent. The median proportion of study patients has risen steadily over the years to the current figure of 15.6 per cent. 14 centres fell short of the target value. The centres attributed these shortfalls to factors including the presence of exclusion criteria and/or patient refusal, failure to meet inclusion criteria, or staff shortages. During the audits, the centres were able to demonstrate activities aimed at initiating new or different trials. One deviation 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 the total number of patients treated in centres 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

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.

	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
Denominator	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 statement for reason*** <50%	60.7%	58.6%	52.9%	50.8%	61.0%

Individual development of the example centre over time

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

How can I receive the individual Annual Report?

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

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

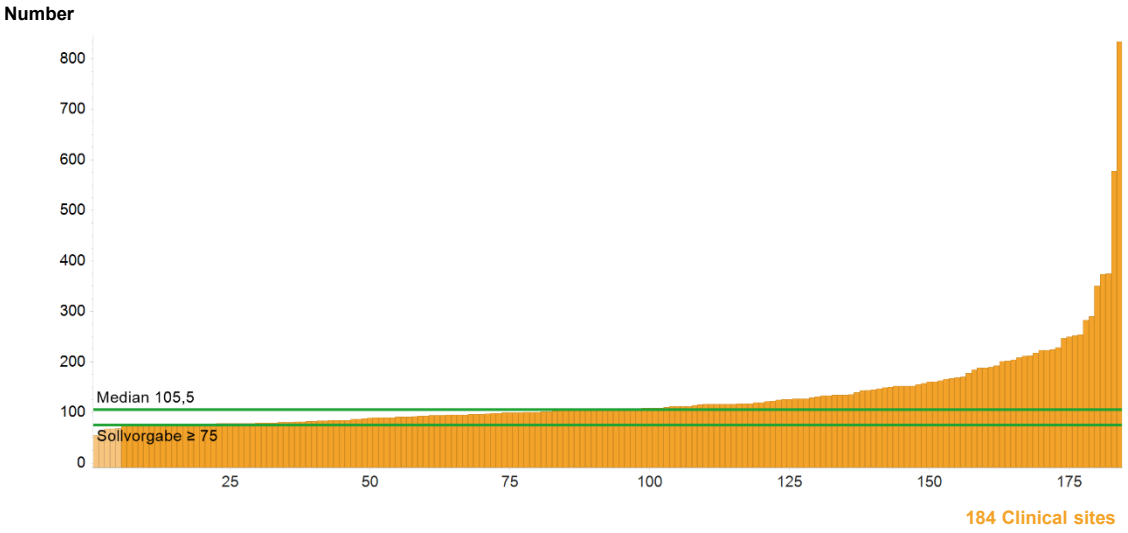
Colorectal, Prostate and Gynaecological Cancer Centres

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

All other Organ Cancer Centres / Modules

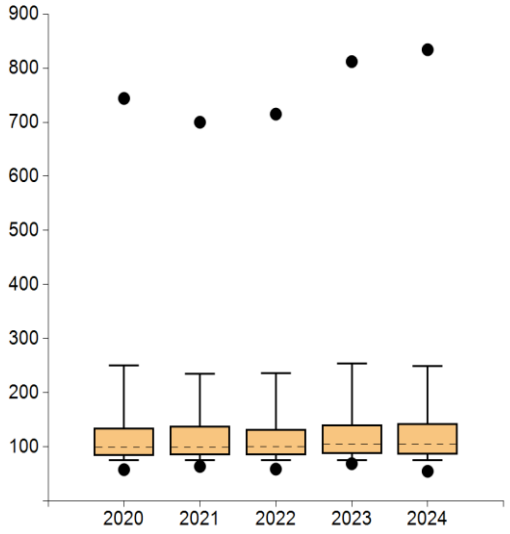
- The centres (centre management and centre coordination) are informed by email by OnkoZert about the basic availability of the individual Annual Reports. From this point onwards, an individual Annual Report can optionally be ordered for a fee.
- The 'Individual Annual Report Order Form' is available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

5. Total case number



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Number	Total cases	105.50	55 - 834	23,909	23,928
	Target value ≥ 75				

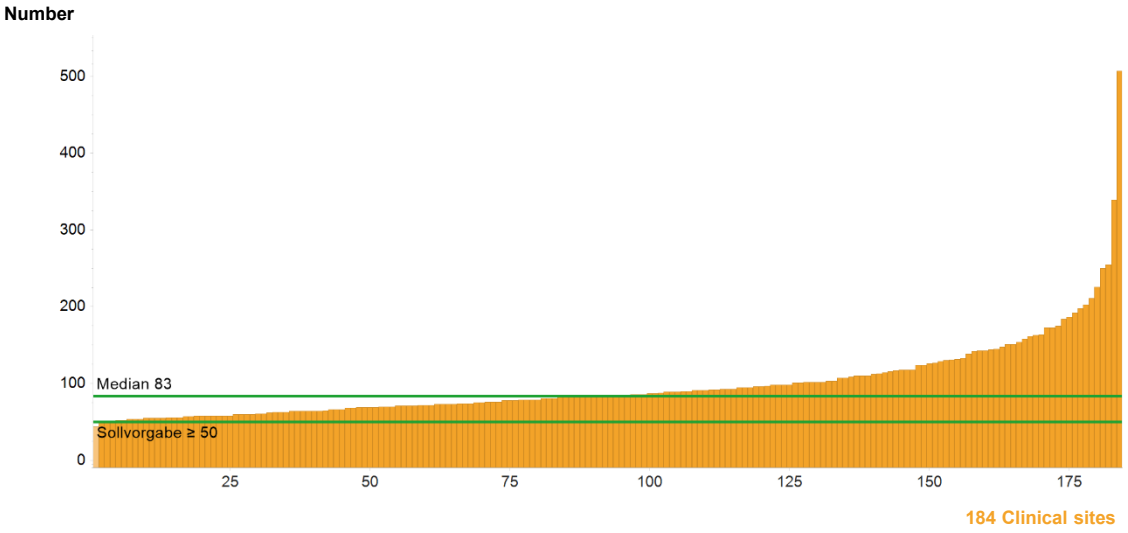


	2020	2021	2022	2023	2024
Max	744	700	715	812	834
95th percentile	250	235	236.3	253.5	249.6
75th percentile	135	138	133	140.5	143.3
Median	99	99	101	105	105.5
25th percentile	84	85	85	87.3	86.5
5th percentile	75	75	75	75.3	75
Min	58	64	59	69	55

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	186	100%	179	97,3%	181	97,3%

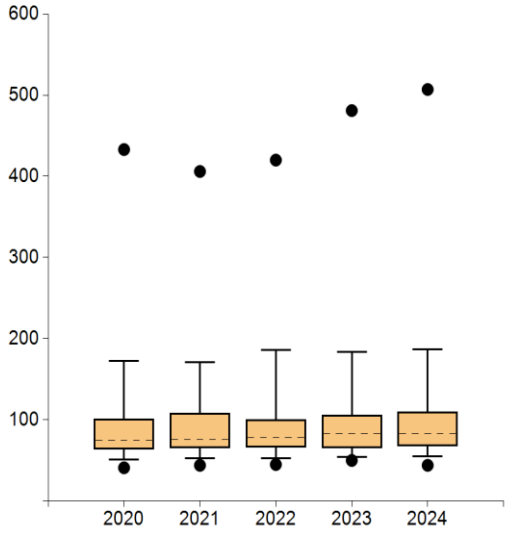
Comments:
In the 2024 indicator year, the total number of cases reported in the annual report was 23,909, of which 18,115 were primary cases (76 per cent). Five clinical sites fell short of the target value of ≥ 75 total cases. Reasons cited included, for example, a change in senior management (1 instance), failure to assign the 'Ovar' service group (2 instances), and the treatment of many patients from outside the region who, in the event of a recurrence, preferred to be treated close to their place of residence (1 instance). One deviation was noted.

6a. Primary cases



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Number	Primary cases	83	44 - 507	18,115	17,833
	Target value ≥ 50				

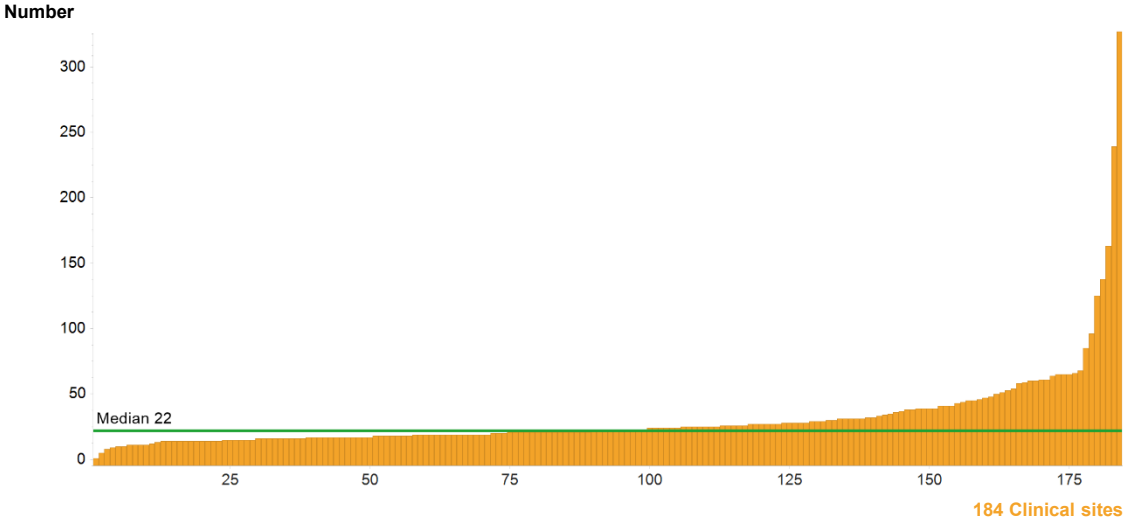


	2020	2021	2022	2023	2024
Max	433	406	420	481	507
95th percentile	172.2	171.2	186.1	183.8	186.6
75th percentile	101	108	100	105.5	110
Median	75	76	78	83	83
25th percentile	64	65	66	65	68
5th percentile	51	53	53	54	55
Min	41	44	45	50	44

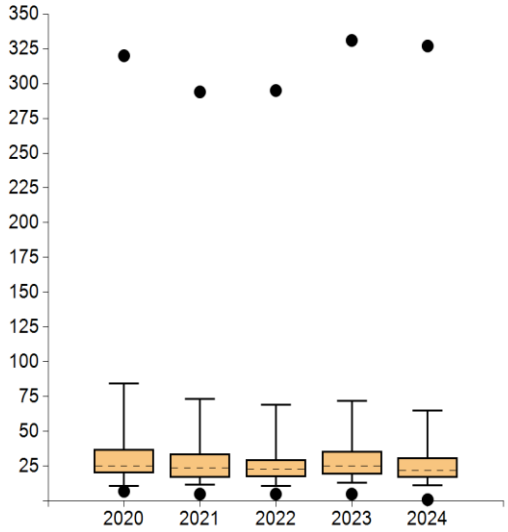
Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	186	100%	183	99.5%	186	100%

Comments:
Although two fewer centres are included in this annual report, the number of primary cases treated in the current indicator year is higher than in the previous year. As in the previous year, the median number of primary cases stands at 83. 183 of the 184 (99.5%) centres meet the required target value of ≥ 50 primary cases. One centre falls short of the target value, attributing this to changes at management level. The figures have already stabilised again for the following indicator year.

6b. Non-primary cases



	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Number	Non-primary cases	22	1-327	5,794	6,095
	No Target value				

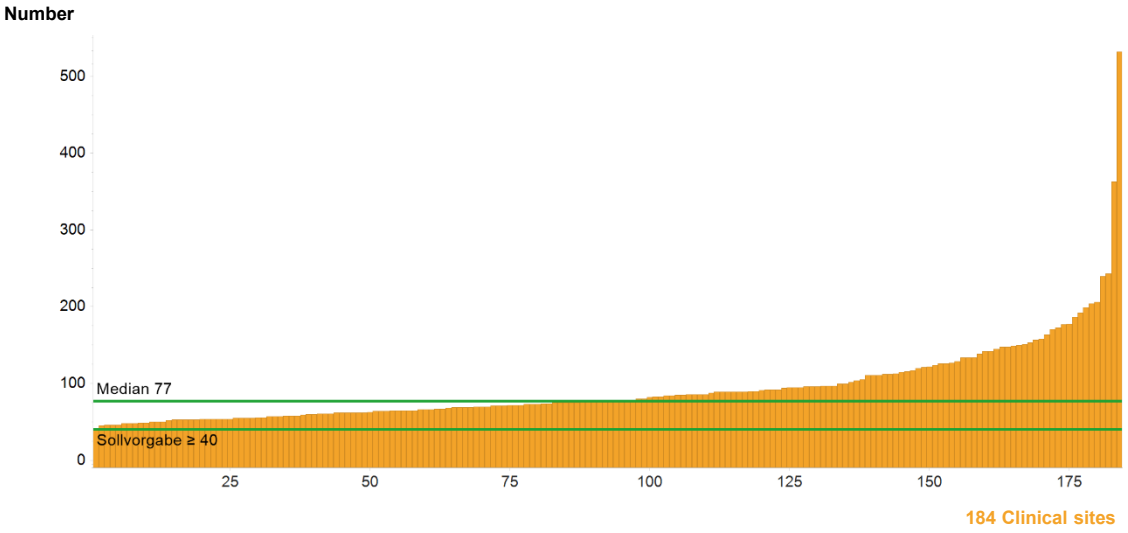


	2020	2021	2022	2023	2024
Max	320	294	295	331	327
95th percentile	84.6	73.2	69.1	71.8	65
75th percentile	37	34	30	36	31.3
Median	25	24	23	25	22
25th percentile	20	17	17.5	19	17
5th percentile	11	11.8	11	13	11.2
Min	7	5	5	5	1

Clinical sites with evaluable data 2024		2023		Clinical sites meeting the target value 2024		2023	
184	100%	186	100%	----	----	----	----

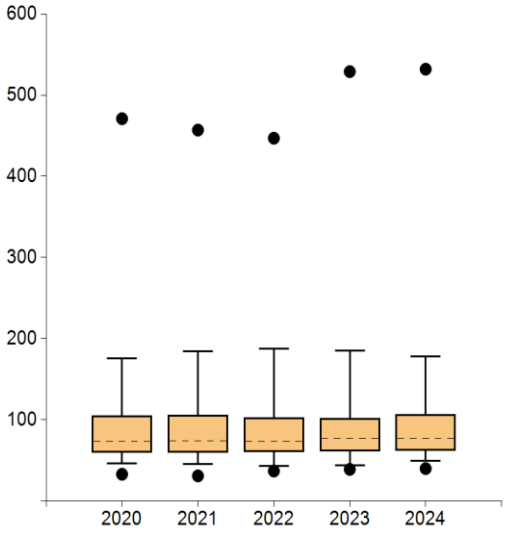
Comments:
There is no target value for this indicator. The median for this indicator has fallen from 25 to 22 compared with the previous indicator year, with a wide range [1–327].

7. Surgical cases



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Number	Surgical cases	77	40 - 532	17,234	17,006
	Target value ≥ 40				

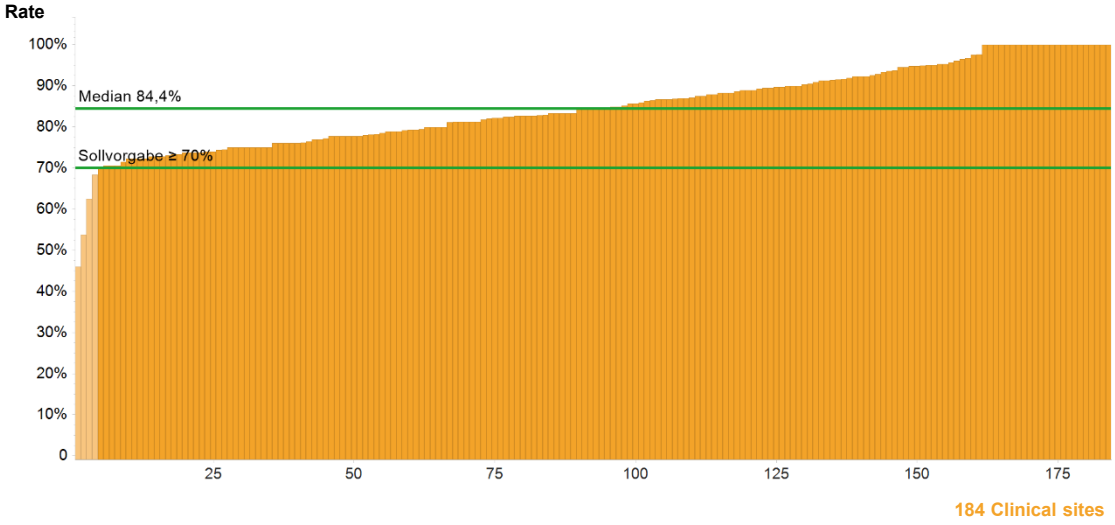


	2020	2021	2022	2023	2024
Max	471	457	447	529	532
95th percentile	176	184.8	187.8	185.5	177.9
75th percentile	105	106	102.5	102	106.5
Median	73	74	73	77	77
25th percentile	60	60	60.5	61.3	62
5th percentile	46	45.8	43	44	49.2
Min	33	31	37	39	40

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	186	100%	184	100%	185	99.5%

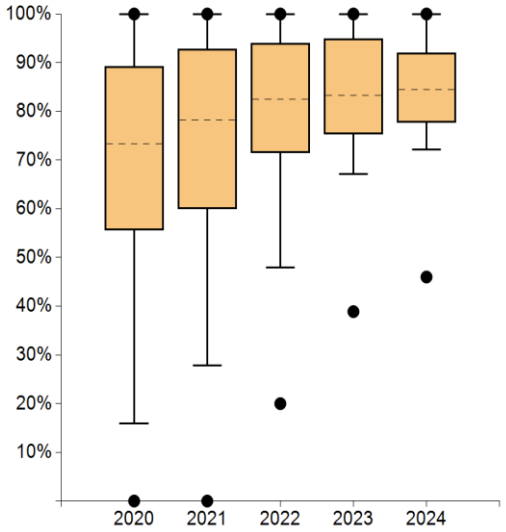
Comments:
All centres meet the target value of at least 40 surgical cases. As in the previous year, the median stands at 77 surgical cases.

8. Offering of genetic testing (GL Ovary QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with offer of genetic testing	19*	6 - 235	4,259	4,143
Denominator	Primary cases ovarian cancer	22*	8 - 262	4,951	4,823
Rate	Target value ≥ 70%	84.4%	46% - 100%	86%**	85.9%



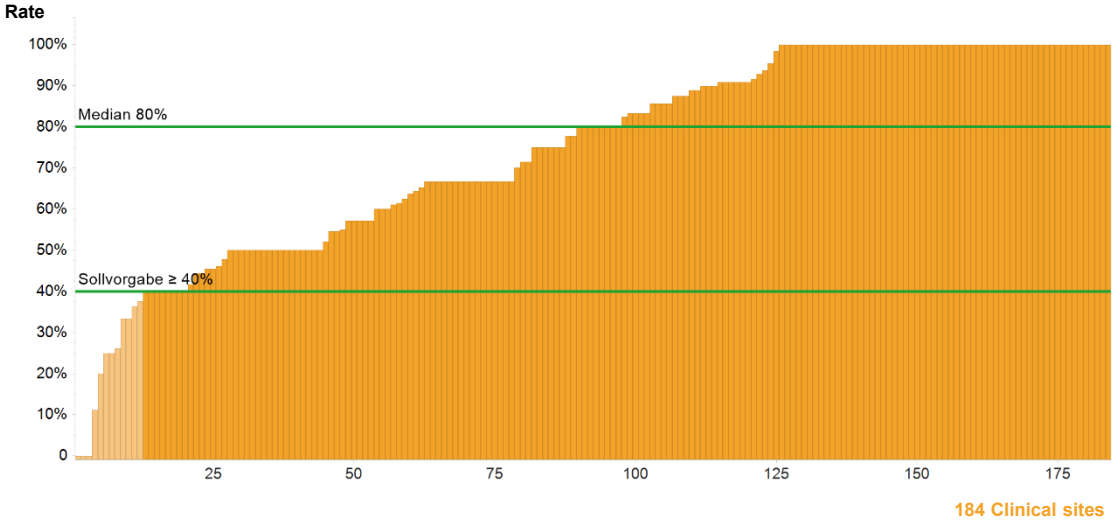
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	89.2%	92.9%	94.0%	94.9%	92.0%
Median	73.3%	78.3%	82.5%	83.3%	84.4%
25th percentile	55.6%	60.0%	71.4%	75.3%	77.8%
5th percentile	15.9%	27.9%	47.9%	67.1%	72.2%
Min	0.0%	0.0%	20.0%	38.9%	46.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	186	100%	180	97.8%	175	94.1%

Comments:
This indicator is a quality indicator from the S3-GL Ovarian Cancer guidelines. Just under 98 per cent of clinical sites (94 per cent in the previous indicator year) meet the target value and offer genetic testing to ≥ 70 per cent of primary cases of ovarian cancer. Three centres cited the fact that patients had refused testing as the reason for falling short of the target. It should be emphasised once again at this point that what counts here is the offer of testing, not whether the test was actually carried out.

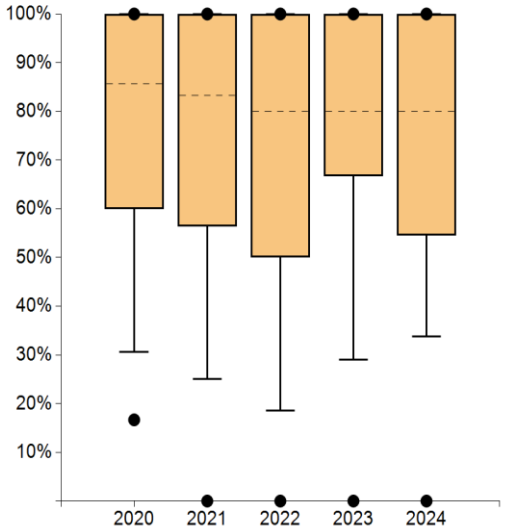
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

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



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with operative staging (def. see indicator sheet)	5*	0 - 62	1,124	1,064
Denominator	Surgical primary cases with an ovarian cancer FIGO I-IIIA	7*	1 - 65	1,499	1,408
Rate	Target value ≥ 40%	80%	0% - 100%	75%**	75.6%



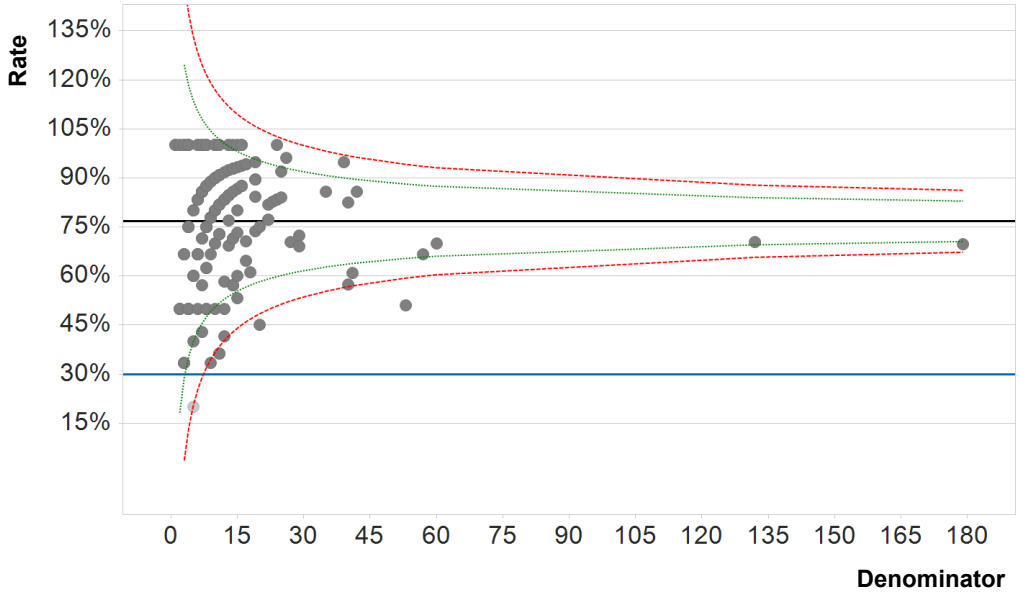
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	85.7%	83.3%	80.0%	80.0%	80.0%
25th percentile	60.0%	56.4%	50.0%	66.7%	54.6%
5th percentile	30.6%	25.0%	18.5%	29.1%	33.8%
Min	16.7%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	183	98.4%	172	93.5%	168	91.8%

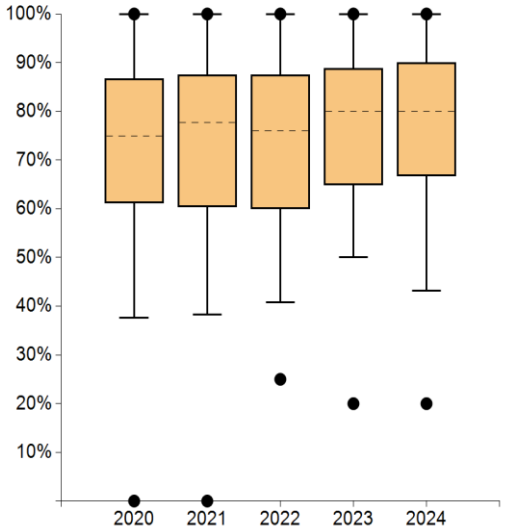
Comments:
Just under 94% of clinical sites (previous indicator year: 92%) meet the target value set by the GL-QI for 'Operative staging of early-stage ovarian cancer, FIGO I–IIIA'. As in previous indicator years, the median stands at 80%. Twelve centres fall short of the target value. One deviation and several remarks were identified during the audits.

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

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



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with macroscopically complete resection	8*	1 - 125	1,965	1,980
Denominator	Surgical primary cases ovarian cancer FIGO IIB-IV	10*	1 - 179	2,560	2,578
Rate	Target value ≥ 30%	80%	20% - 100%	76.8%**	76.8%



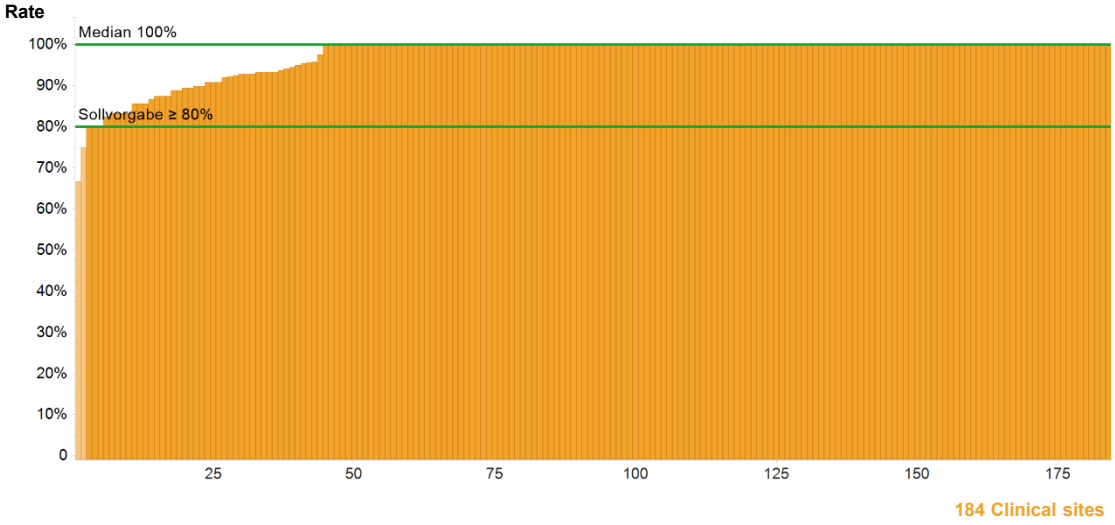
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	86.7%	87.5%	87.5%	88.9%	90.0%
Median	75.0%	77.8%	76.0%	80.0%	80.0%
25th percentile	61.2%	60.4%	60.0%	64.9%	66.7%
5th percentile	37.6%	38.3%	40.9%	50.0%	43.2%
Min	0.0%	0.0%	25.0%	20.0%	20.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	186	100%	183	99.5%	184	98.9%

Comments:
99.5% of centres meet the target value of ≥ 30% for this indicator. A macroscopically complete resection was achieved in just under 77% of primary surgical cases involving FIGO IIB–IV ovarian cancer. As in the previous year, the median for this indicator is 80 per cent. One centre, with a small number of cases, falls short of the target value. The results were reviewed during the audit and no deviation was identified.

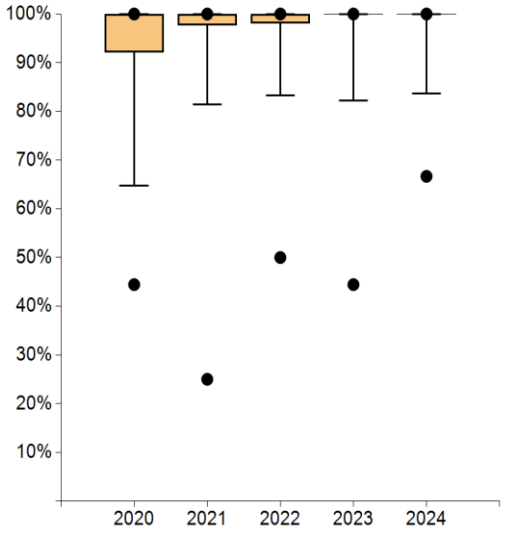
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

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



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator whose definitive surgical treatment was performed by a gynaecological oncologist	10*	1 - 179	2,494	2,505
Denominator	Surgical primary cases ovarian cancer FIGO IIB-IV after completion of surgical treatment	10*	1 - 179	2,560	2,578
Rate	Target value ≥ 80%	100%	66.7% - 100%	97.4%**	97.2%



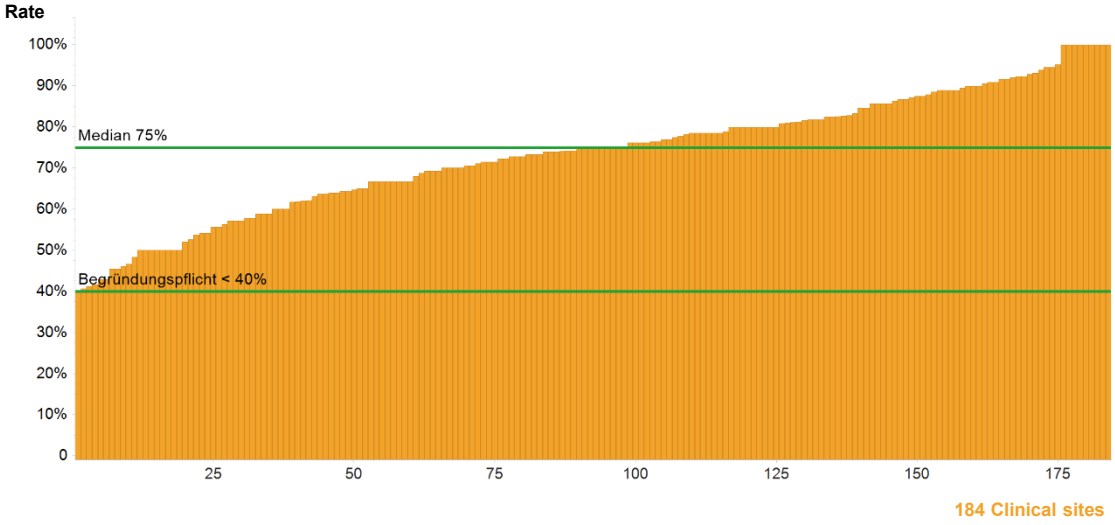
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	92.2%	97.7%	98.2%	100%	100%
5th percentile	64.7%	81.5%	83.3%	82.2%	83.7%
Min	44.4%	25.0%	50.0%	44.4%	66.7%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	186	100%	182	98.9%	182	97.8%

Comments:
This indicator continues to show very good compliance. Around 97 per cent of all surgical cases involving patients with FIGO IIB–IV ovarian cancer (following completion of surgical treatment) were operated on by a gynaecological oncologist. Two centres fell short of the target value (previous year: n = 4), each by one case, with a small number of cases in each. The reasons given were clear in the audits.

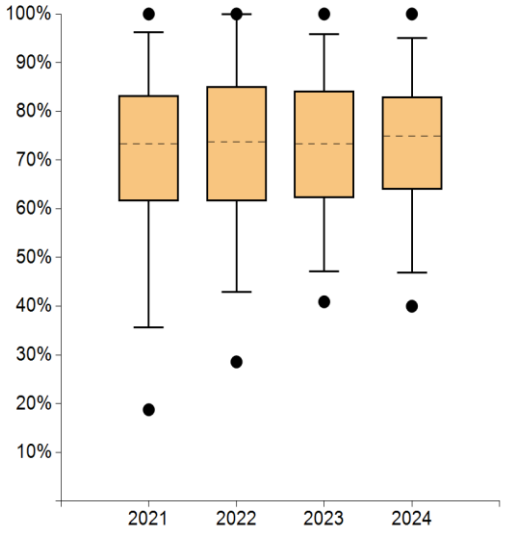
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

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



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with first-line chemotherapy with carboplatin and paclitaxel	12*	3 - 216	2,959	2,911
Denominator	Primary cases ovarian cancer FIGO IIA-IV	17*	4 - 227	3,941	3,910
Rate	Mandatory justifications *** < 40%	75%	40% - 100%	75.1%**	74.5%



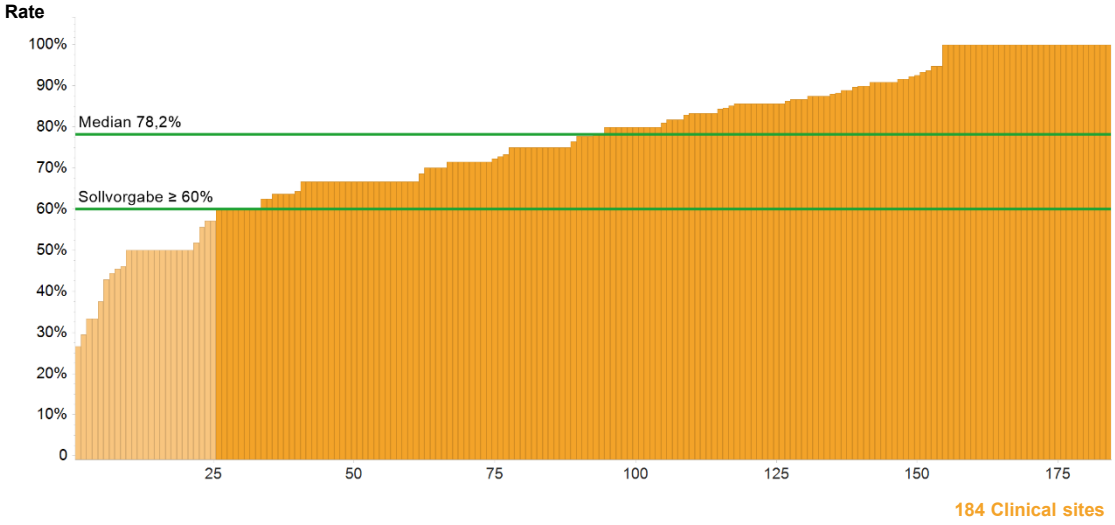
	2020	2021	2022	2023	2024
Max	----	100%	100%	100%	100%
95th percentile	----	96.2%	100%	95.9%	95.0%
75th percentile	----	83.3%	85.1%	84.2%	83.0%
Median	----	73.3%	73.7%	73.3%	75.0%
25th percentile	----	61.5%	61.5%	62.2%	64.0%
5th percentile	----	35.6%	42.9%	47.2%	46.9%
Min	----	18.8%	28.6%	40.9%	40.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
184	100%	186	100%	184	100%	186	100%

Comments:
In total, around 75% of the primary cases included in the denominator received first-line chemotherapy with carboplatin and paclitaxel (74% in the previous indicator year). All centres fall within the plausibility limits.

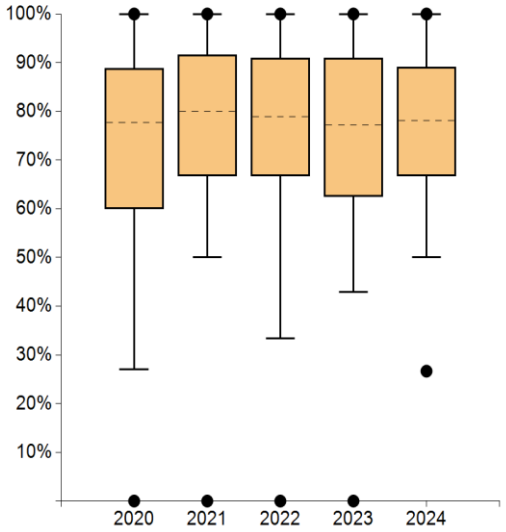
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility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

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



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Primary cases of the denominator with cytological/ histological lymph node staging	7*	1 - 39	1,517	1,536
Denominator	Primary cases cervical cancer FIGO stage ≥ IA2-IVA	9*	2 - 47	1,971	2,032
Rate	Target value ≥ 60%	78.2%	26.7% - 100%	77.0%**	75.6%



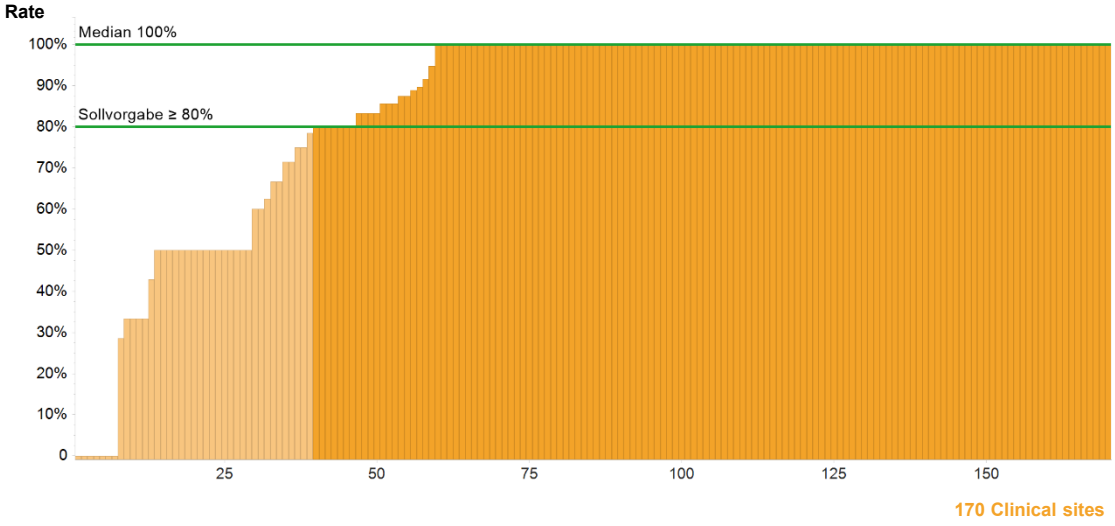
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	88.9%	91.7%	90.9%	90.9%	89.1%
Median	77.8%	80.0%	79.0%	77.1%	78.2%
25th percentile	60.0%	66.7%	66.7%	62.5%	66.7%
5th percentile	27.0%	50.0%	33.3%	42.9%	50.0%
Min	0.0%	0.0%	0.0%	0.0%	26.7%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	186	100%	159	86.4%	151	81.2%

Comments:
86% of clinical sites have met the target value of ≥ 60% for this indicator. 25 clinical sites have fallen short of the target value. Reasons given for the lack of staging included existing comorbidities (12 mentions), refusal by the patients (6), radiotherapy/chemotherapy (7), an already palliative situation (6) or the patient's death prior to planned staging (2). At four centres, it was stated for individual patients that staging had been carried out using PET imaging. At its 2025 meeting, the Certification Commission had once again made it clear that imaging-based staging is not sufficient; rather, based on current evidence, surgical staging must be maintained.

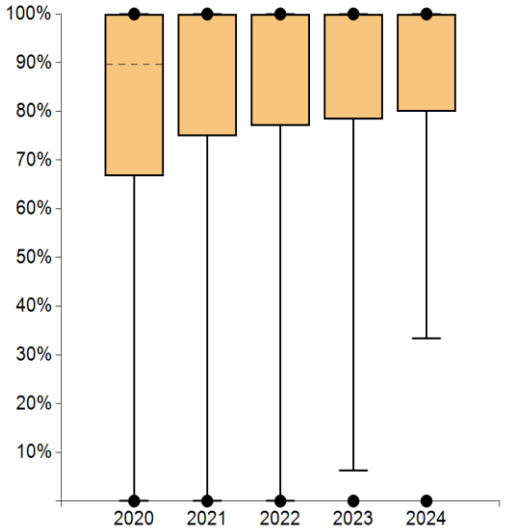
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

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



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator in which brachytherapy was administered as part of primary radio(chemo) therapy	2*	0 - 26	577	627
Denominator	Primary cases with cervical cancer and primary radio(chemo) therapy, without primary distant metastasis	3*	1 - 29	683	747
Rate	Target value ≥ 80%	100%	0% - 100%	84.5%**	83.9%



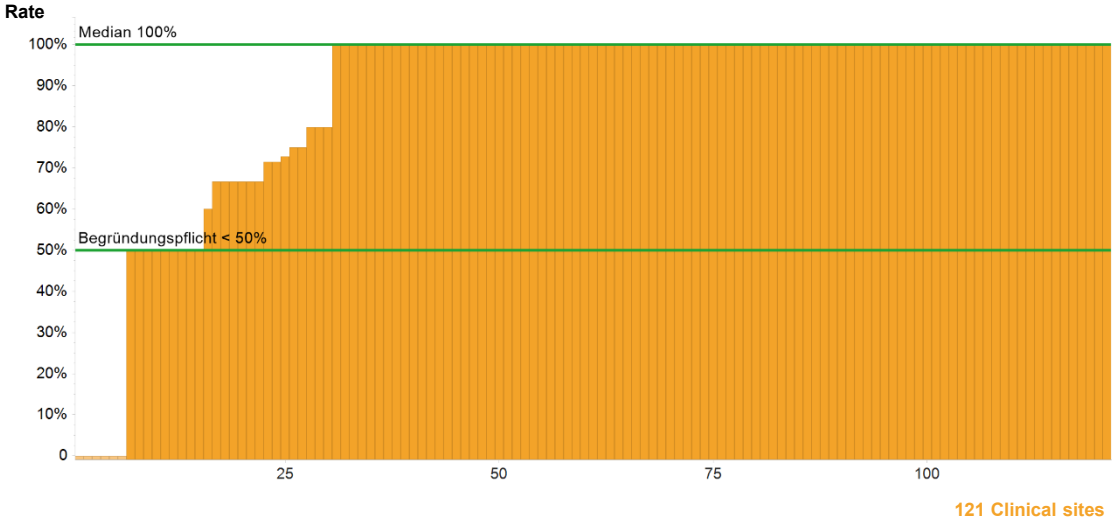
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	89.6%	100%	100%	100%	100%
25th percentile	66.7%	75.0%	77.1%	78.3%	80.0%
5th percentile	0.0%	0.0%	0.0%	6.3%	33.3%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
170	92.4%	166	89.2%	131	77.1%	124	74.7%

Comments:
14 centres had no primary cases for the population under consideration in the indicator year. Data were submitted by the remaining 170 centres. 77% met the target value of ≥ 80% for this indicator. At 39 clinical sites, the target value was not met. Reasons included patient refusal, decision not to proceed with brachytherapy in cases of bleeding, technical feasibility issues, and side effects caused by the RCT.

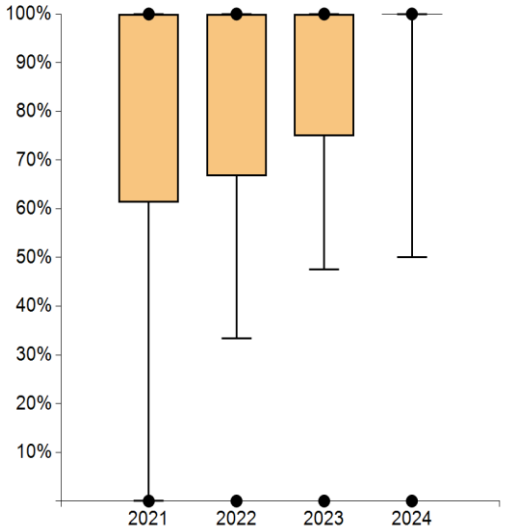
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

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



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with pre-therapeutic histological confirmation	1*	0 - 8	225	277
Denominator	Patients with cervical cancer and therapy of a local recurrence	2*	1 - 11	265	338
Rate	Mandatory justifications *** < 50%	100%	0% - 100%	84.9%**	82.0%



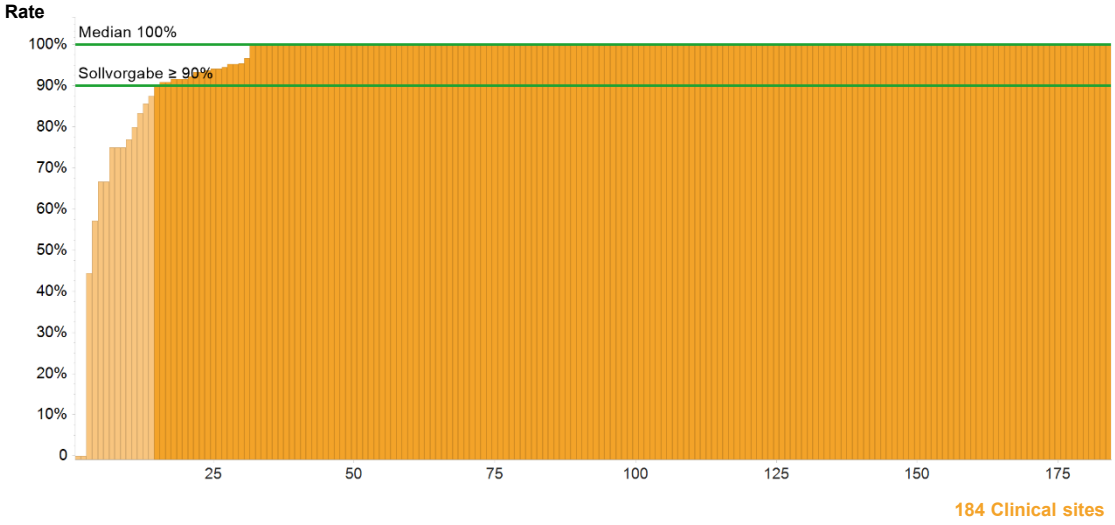
	2020	2021	2022	2023	2024
Max	----	100%	100%	100%	100%
95th percentile	----	100%	100%	100%	100%
75th percentile	----	100%	100%	100%	100%
Median	----	100%	100%	100%	100%
25th percentile	----	61.3%	66.7%	75.0%	100%
5th percentile	----	0.0%	33.3%	47.5%	50.0%
Min	----	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
121	65.8%	138	74.2%	115	95%	131	94.9%

Comments:
Evaluable data for this indicator were available from 121 clinical sites. At 63 clinical sites, no patients with cervical cancer undergoing treatment for a local recurrence were treated. Of the centres with patients from the population under consideration, 95% fell within the plausibility limits.
Six centres were required to make a mandatory statement of reasons. These all had denominators of no more than two patients and justified the omission of pre-treatment histological confirmation predominantly on the grounds of advanced tumour disease (including distant metastases) or a palliative care setting.

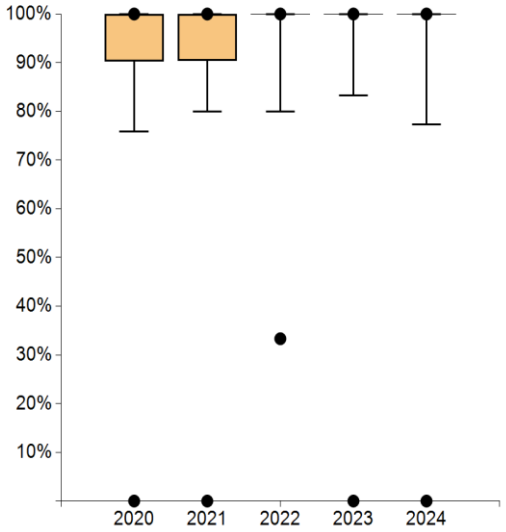
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility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

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



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with pathology reports (def. see indicator sheet)	6*	0 - 41	1,484	1,503
Denominator	Primary cases vulvar cancer with tumour resection	6,5*	1 - 43	1,545	1,554
Rate	Target value ≥ 90%	100%	0% - 100%	96.1%**	96.7%



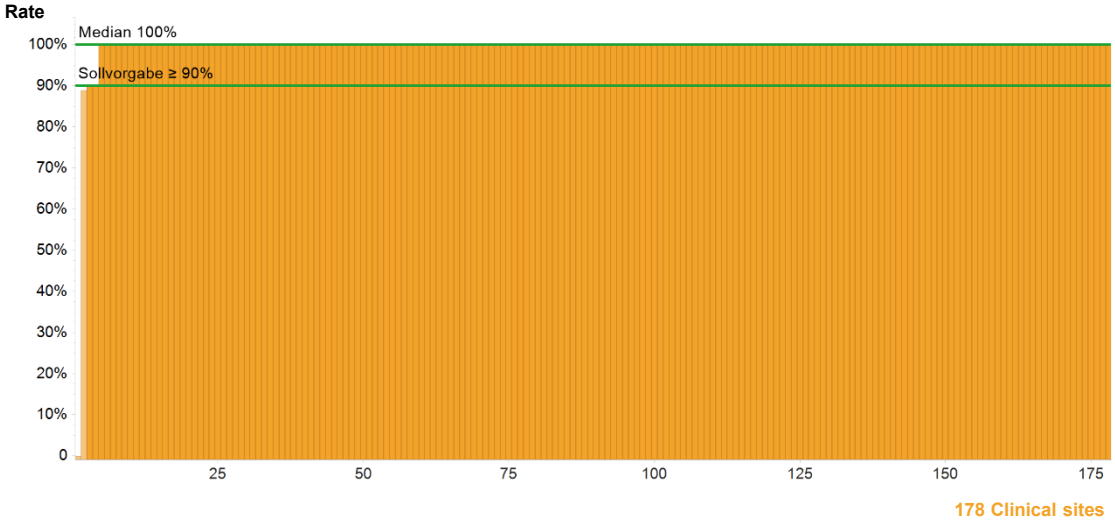
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	90.2%	90.5%	100%	100%	100%
5th percentile	75.8%	80.0%	80.0%	83.3%	77.4%
Min	0.0%	0.0%	33.3%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
184	100%	184	98.9%	170	92.4%	168	91.3%

Comments:
A complete report of findings was available for 96% of patients with vulvar carcinoma who had undergone tumour resection.
14 centres fell short of the target value. The reasons given by the centres were predominantly assessed as plausible by the auditors during the audits; no deviation was identified.
At one centre, the pathology department had not specified the three-dimensional tumour size in cm; information regarding the requirement to provide this detail was communicated internally within the centre.

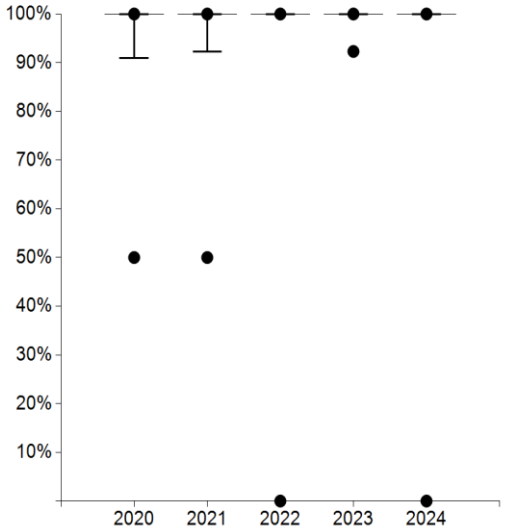
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

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



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with pathology reports (def. see indicator sheet)	4*	0 - 18	813	844
Denominator	Primary cases vulvar cancer with lymphonodectomy	4*	1 - 18	817	846
Rate	Target value ≥ 90%	100%	0% - 100%	99.5%**	99.8%



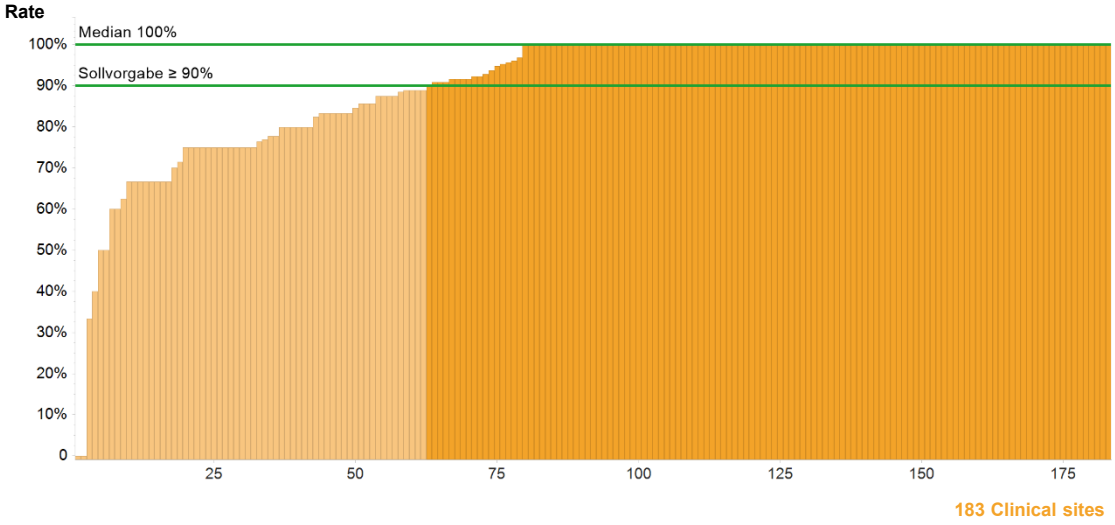
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	100%	100%	100%	100%	100%
5th percentile	90.9%	92.3%	100%	100%	100%
Min	50.0%	50.0%	0.0%	92.3%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
178	96.7%	172	92.5%	176	98.9%	172	100%

Comments:
Just under 99% of the centres meet the target value for this indicator. Six centres did not treat any patients from the target population during the indicator year and are therefore not included in the analysis. This indicator has been widely implemented for many years.

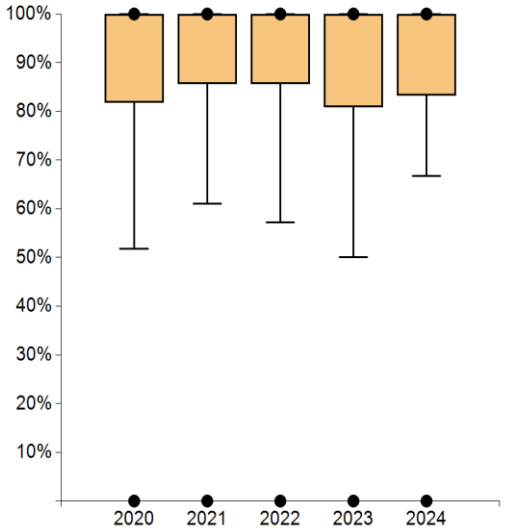
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

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



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with surgical staging (systematic lymphadenectomy and sentinel biopsy) of inguinofemoral lymph nodes	5*	0 - 31	1,108	1,161
Denominator	Primary cases vulvar cancer ≥ pT1b (no basal cell carcinoma and no verrucous carcinoma)	5*	1 - 32	1,226	1,288
Rate	Target value ≥ 90%	100%	0% - 100%	90.4%**	90.1%



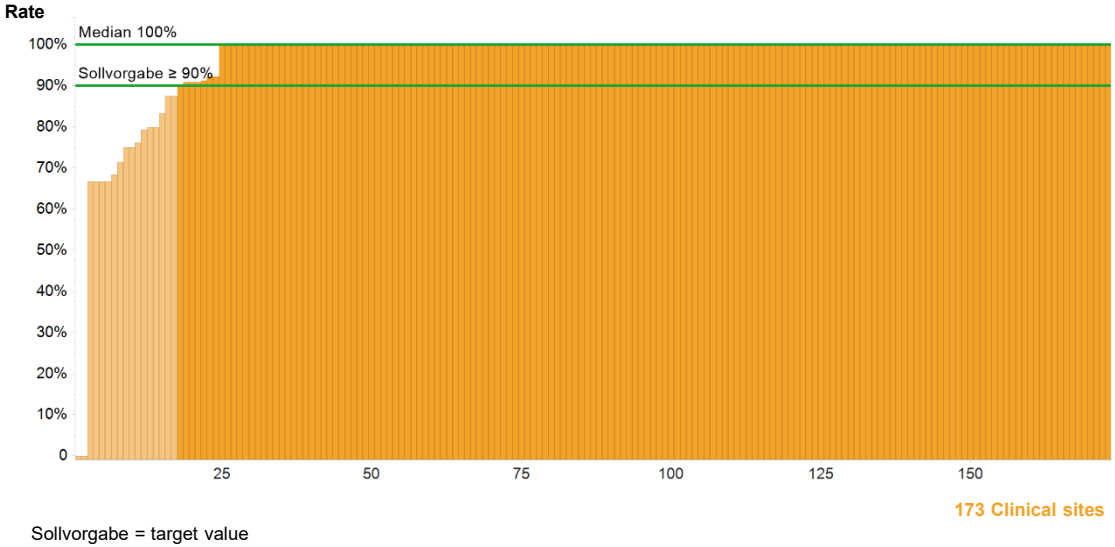
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	81.8%	85.7%	85.7%	80.8%	83.3%
5th percentile	51.8%	61.0%	57.1%	50.0%	66.7%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
183	99.5%	182	97.8%	121	66.1%	120	65.9%

Comments:
Approximately 66% of the centres meet the target value for this indicator. 62 clinical sites fall short of the target value of ≥ 90%. The reasons cited included respect for the patient's wishes, comorbidities, palliative care situations and RCT in cases of unresectable tumours. The reasons were assessed as logical and comprehensible during the audits, and no deviation were identified. One centre did not treat any patients from the target population during the indicator year.

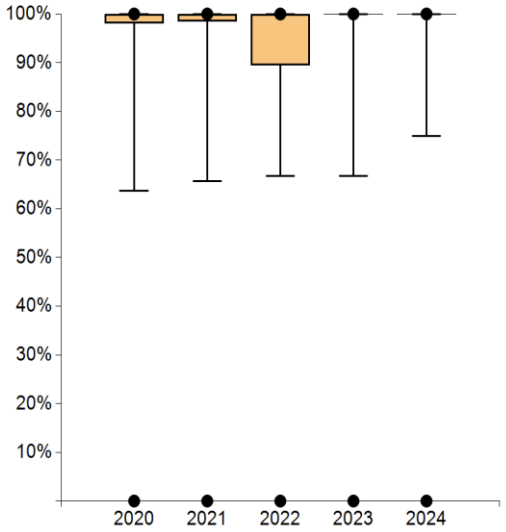
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

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



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with the described characteristics with sentinel surgery performed (def. see indicator sheet)	4*	0 - 23	841	840
Denominator	Primary cases vulvar cancer and sentinel lymph node biopsy	4*	1 - 29	885	902
Rate	Target value ≥ 90%	100%	0% - 100%	95.0%**	93.1%



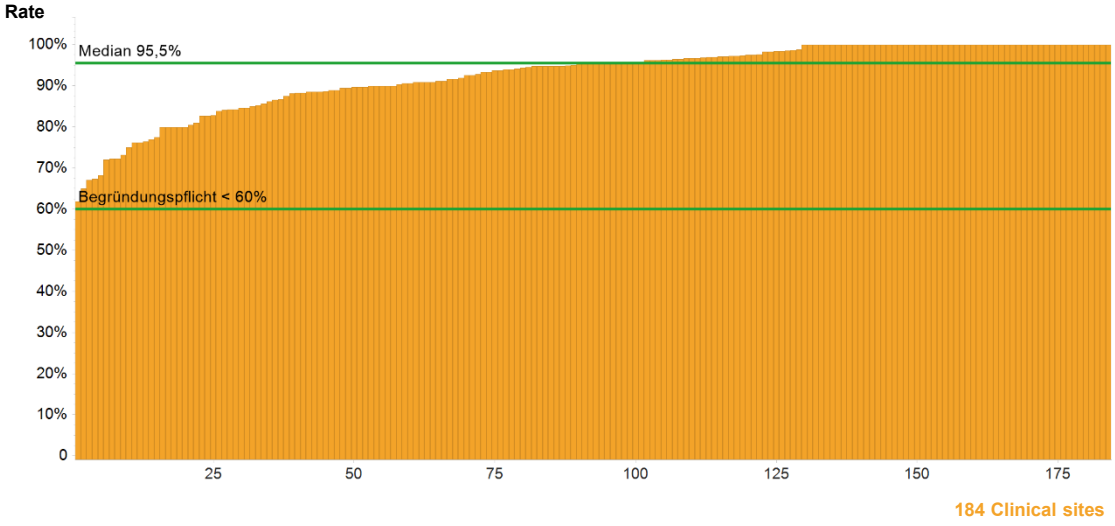
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	98.1%	98.5%	89.5%	100%	100%
5th percentile	63.6%	65.7%	66.7%	66.7%	75.0%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
173	94%	172	92.5%	156	90.2%	147	85.5%

Comments:
Around 90 per cent of clinical sites meet the target value for this indicator, whilst 17 centres fall short of it. At 11 of these centres, the target value was not met due to a single case. Reasons included, amongst others, taking the patient's wishes into account, as well as discrepancies between the initial clinical size/lymph node status or unifocality and the intraoperative findings. 11 centres did not treat any PFs from the population under consideration.

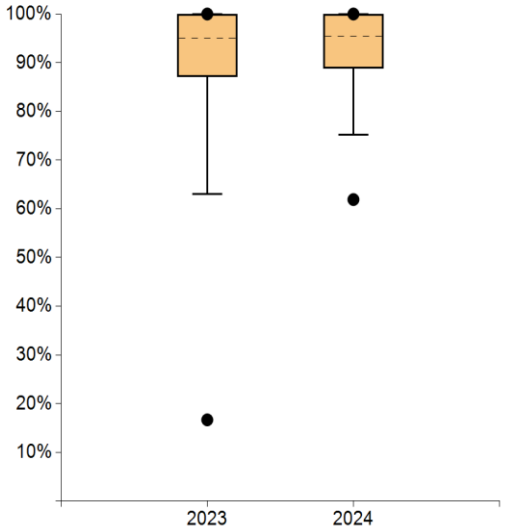
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.

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



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Primary cases of the denominator with immunohistochemical determination of p53 and the MMR proteins	29*	8 - 80	5,642	3,222
Denominator	Primary cases with histologically confirmed diagnosis of endometrial cancer (incl. M1)	31*	9 - 81	6,081	3,579
Rate	Mandatory justifications *** < 60%	95.5%	61.9% - 100%	92.8%**	90%



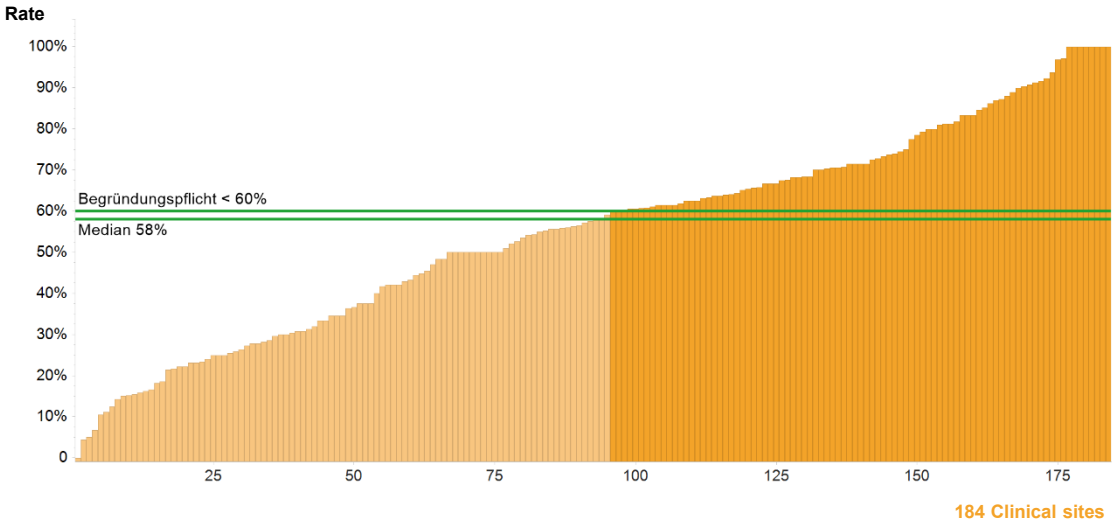
	2020	2021	2022	2023	2024
Max	----	----	----	100%	100%
95th percentile	----	----	----	100%	100%
75th percentile	----	----	----	100%	100%
Median	----	----	----	95.0%	95.5%
25th percentile	----	----	----	87.1%	88.9%
5th percentile	----	----	----	63.0%	75.2%
Min	----	----	----	16.7%	61.9%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
184	100%	118	63.4%	184	100%	114	96.6%

Comments:
This indicator was collected on a mandatory basis for the first time. In just under 93 per cent of primary cases with a histologically confirmed diagnosis of endometrial carcinoma (including M1), immunohistochemical analysis of p53 and the MMR proteins was carried out. No centre is required to make a mandatory statement of reasons.

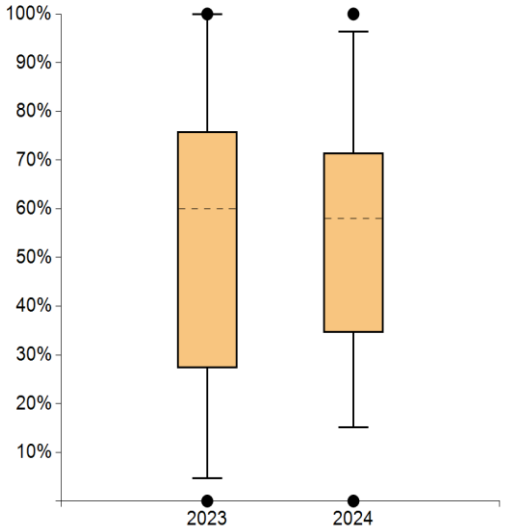
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility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

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



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Primary cases of the denominator with POLE investigation	13*	0 - 59	2,534	1,135
Denominator	Primary cases of endometrial cancer > pT1a u./o. G3 u./o. p53-abn u./o. LVSI pos. u./o. MSI/MMR pos. or first diagnosis of type 2-Endometrial cancer (serous, clear cell, cancer sarcoma) (ICD-0: 8380/3, 8441/3, 8310/3, 8020/3, 8323/3, 9110/3, 8070/3, 8144/3, 9111/3, 8980/3)	23*	2 - 65	4,691	2,188
Rate	Mandatory justifications *** < 60%	58%	0% - 100%	54%**	51.9%



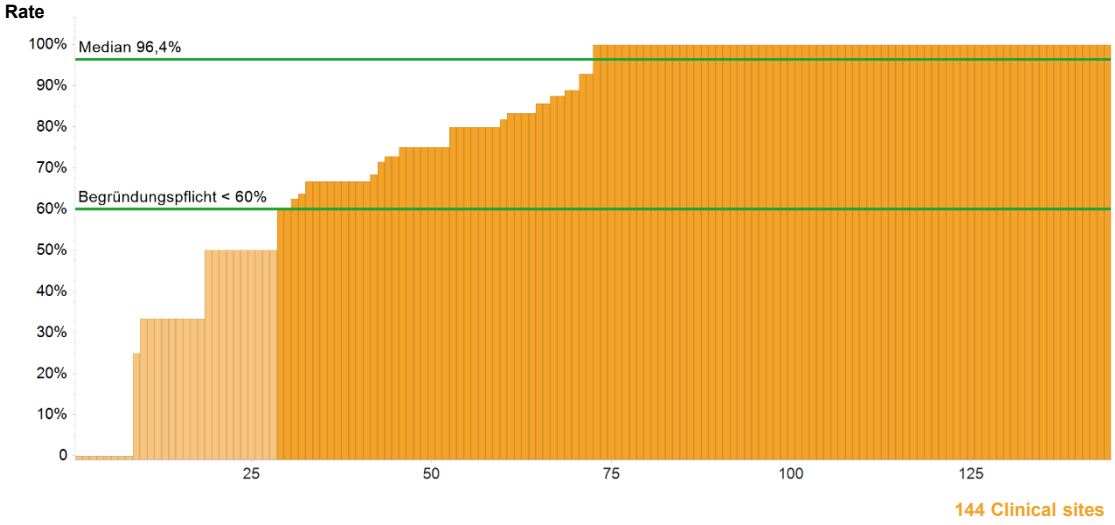
	2020	2021	2022	2023	2024
Max	----	----	----	100%	100%
95th percentile	----	----	----	100%	96.4%
75th percentile	----	----	----	75.9%	71.4%
Median	----	----	----	60.0%	58.0%
25th percentile	----	----	----	27.3%	34.6%
5th percentile	----	----	----	4.7%	15.2%
Min	----	----	----	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
184	100%	97	52.2%	89	48.4%	50	51.5%

Comments:
The indicator corresponding to a GL-QI was collected on a mandatory basis for the first time. A POLE assessment was carried out at 54 per cent of the treatment centres within the defined population. 95 centres are required to make a mandatory statement of reasons. It is evident from the reasons given that the definition of the denominator sometimes posed challenges for the centres. Further reasons include, amongst others, that in cases where there was a lack of therapeutic consistency (treatment refused, N1, distant metastases, etc.), the determination was not carried out.

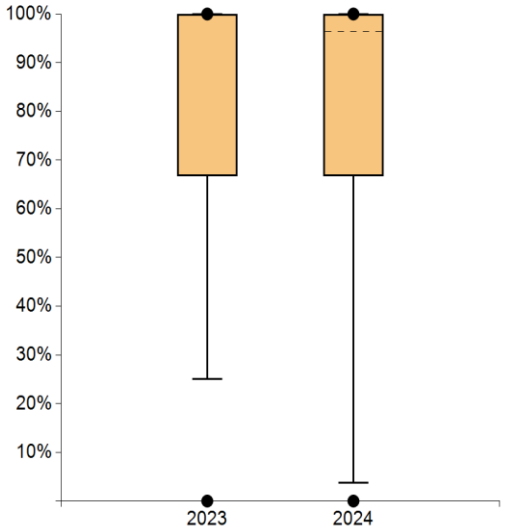
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility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

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



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with post-operative brachytherapy alone vaginal brachytherapy	2*	0 - 13	442	209
Denominator	Primary cases of endometrial cancer stage pT1b, G1 or G2 pNX/0, p53-wt, L1CAM negative, without extensive LVSI, M0 with surgery	3*	1 - 19	562	257
Rate	Mandatory justifications *** < 60%	96.4%	0% - 100%	78.6%**	81.3%



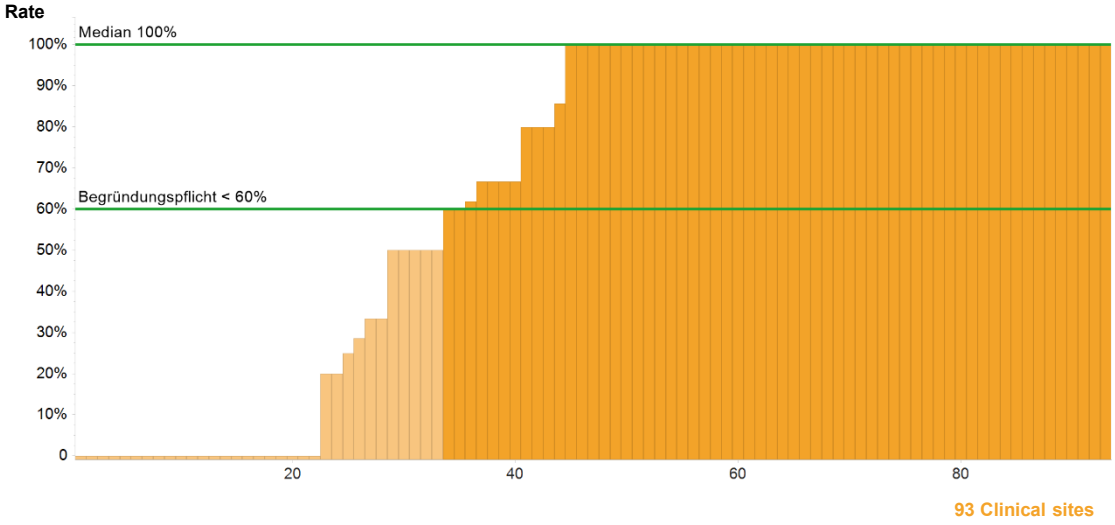
	2020	2021	2022	2023	2024
Max	-----	-----	-----	100%	100%
95th percentile	-----	-----	-----	100%	100%
75th percentile	-----	-----	-----	100%	100%
Median	-----	-----	-----	100%	96.4%
25th percentile	-----	-----	-----	66.7%	66.7%
5th percentile	-----	-----	-----	25.0%	3.8%
Min	-----	-----	-----	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
144	78.3%	61	32.8%	116	80.6%	51	83.6%

Comments:
Primary cases from the population were treated at 144 clinical sites, and approximately 79% of these received post-operative vaginal brachytherapy alone. 40 centres have no primary cases in the denominator population.
28 centres are required to provide a mandatory statement of reasons as their rate is < 60%. Reasons given for not administering postoperative vaginal brachytherapy alone included, amongst others, age, existing comorbidities, patient refusal, and death prior to the start of treatment. For some patients, brachytherapy was planned but had not yet been administered.

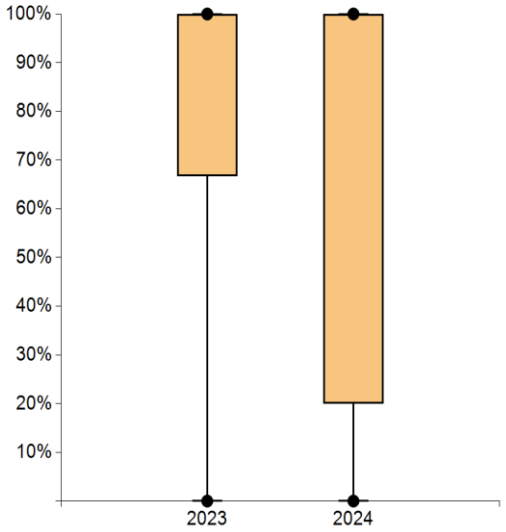
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility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

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



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with simultaneous chemotherapy (PORTEC 3 regimen)	1*	0 - 13	172	108
Denominator	Primary cases with endometrioid (morphology code: 8380/3) endometrial cancer pT1b or pT2, p53-abn, POLE-wt M0 and percutaneous radiotherapy	2*	1 - 21	256	139
Rate	Mandatory justifications *** < 60%	100%	0% - 100%	67.2%**	77.7%



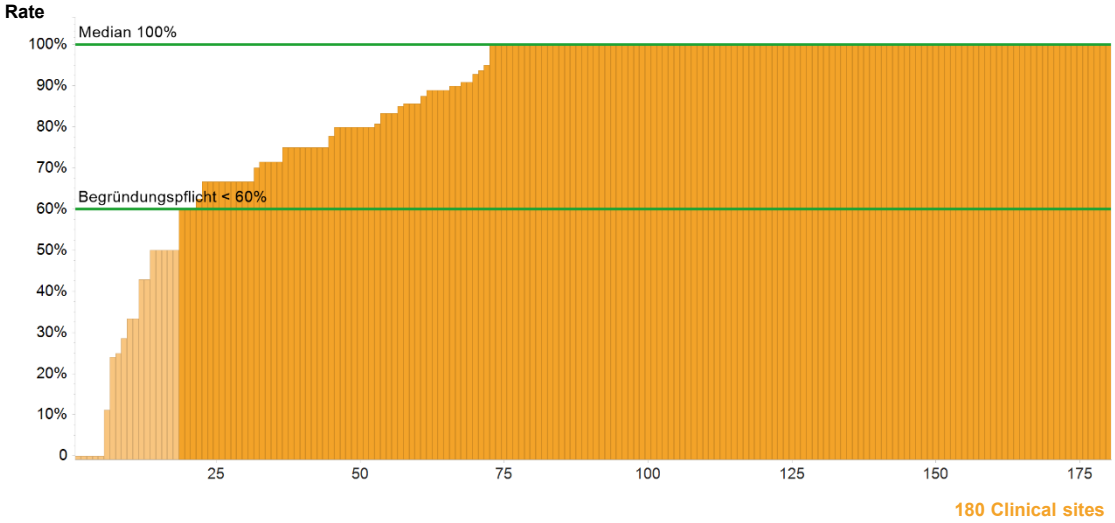
	2020	2021	2022	2023	2024
Max	----	----	----	100%	100%
95th percentile	----	----	----	100%	100%
75th percentile	----	----	----	100%	100%
Median	----	----	----	100%	100%
25th percentile	----	----	----	66.7%	20.0%
5th percentile	----	----	----	0.0%	0.0%
Min	----	----	----	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
93	50.5%	47	25.3%	60	64.5%	36	76.6%

Comments:
Around half of the centres treated primary cases in accordance with the denominator definition. In total, 256 primary cases of endometrioid (morphology code: 8380/3) endometrial carcinoma, pT1b or pT2, p53-abn, POLE-wt, M0, and treated with percutaneous radiotherapy were managed at the centres during the indicator year. Of these, around 67% received concurrent chemotherapy according to the PORTEC-3 regimen.
33 centres are required to make a mandatory statement of reasons for this indicator, which was recorded on a mandatory basis for the first time. Justifications included patient refusal, advanced age, comorbidities, treatment planning, failure of the patient to attend a follow-up appointment, and premature discontinuation due to side effects.

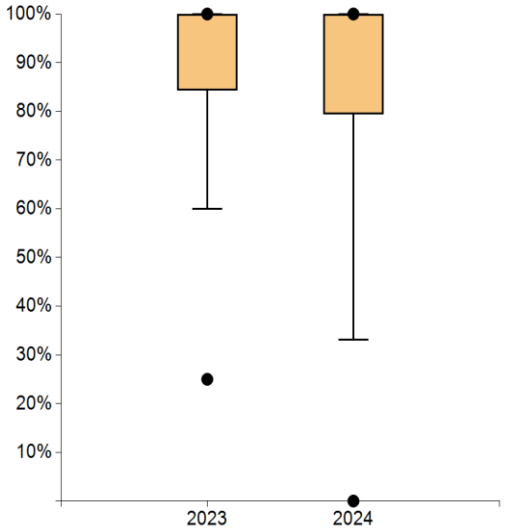
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility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

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



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with chemotherapy with carboplatin and paclitaxel	4*	0 - 21	833	480
Denominator	Primary cases with endometrial cancer and adjuvant chemotherapy (without M1)	4*	1 - 27	1,004	543
Rate	Mandatory justifications *** < 60%	100%	0% - 100%	83%**	88.4%



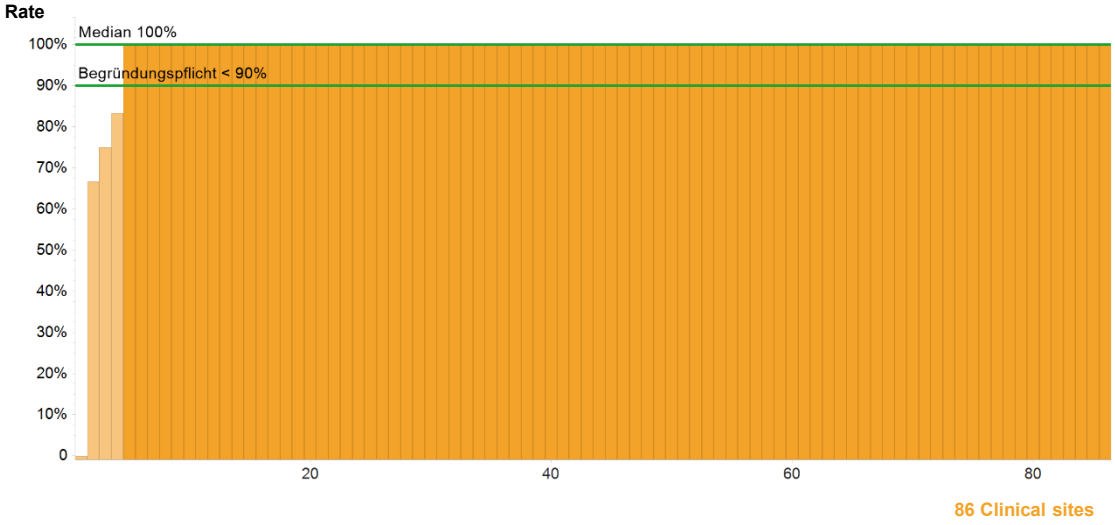
	2020	2021	2022	2023	2024
Max	-----	-----	-----	100%	100%
95th percentile	-----	-----	-----	100%	100%
75th percentile	-----	-----	-----	100%	100%
Median	-----	-----	-----	100%	100%
25th percentile	-----	-----	-----	84.4%	79.5%
5th percentile	-----	-----	-----	60.0%	33.1%
Min	-----	-----	-----	25.0%	0.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
180	97.8%	106	57%	162	90%	101	95.3%

Comments:
83% of all primary cases of endometrial carcinoma treated with adjuvant chemotherapy (excluding M1) received chemotherapy with carboplatin and paclitaxel. 90% of clinical sites reported results above the plausibility threshold. Reasons for falling below the plausibility limits included, amongst others, discontinuation of combination chemotherapy due to adverse effects, patient refusal, and existing comorbidities or reduced functional capacity that made combination chemotherapy impossible. Four centres did not treat any primary cases in accordance with the denominator definition.

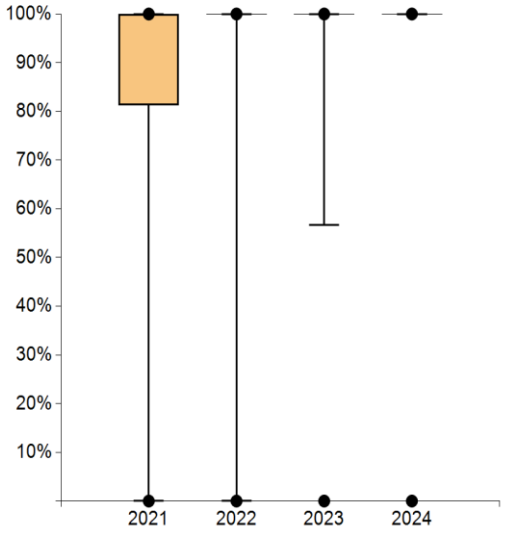
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility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

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



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Primary cases of the denominator with hysterectomy without morcellement	1*	0 - 8	166	168
Denominator	Primary cases operated on at the centre with sarcoma confined to the uterus (ICD-O T C54, C55 iVm morphology codes 8930/3 and 8931/3), M0 with hysterectomy	1*	1 - 8	170	176
Rate	Mandatory justifications *** < 90%	100%	0% - 100%	97.6%**	95.5%



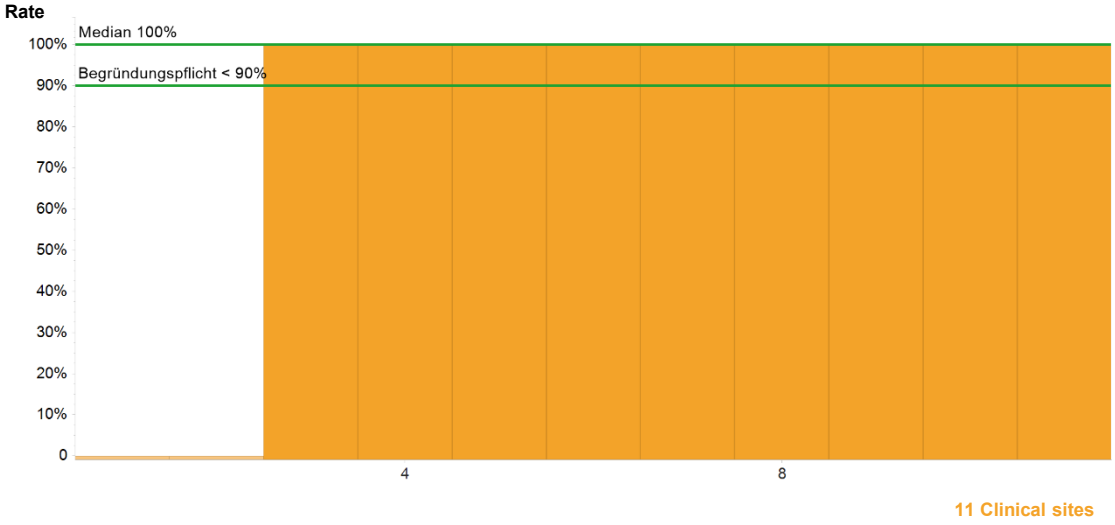
	2020	2021	2022	2023	2024
Max	-----	100%	100%	100%	100%
95th percentile	-----	100%	100%	100%	100%
75th percentile	-----	100%	100%	100%	100%
Median	-----	100%	100%	100%	100%
25th percentile	-----	81.3%	100%	100%	100%
5th percentile	-----	0.0%	0.0%	56.7%	100%
Min	-----	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data 2024		2023		Clinical sites within the plausibility limits 2024		2023	
86	46.7%	89	47.8%	82	95.3%	82	92.1%

Comments:
Indicators 26a and b were collected for the last time. At its 2025 meeting, the GC Certification Commission decided to suspend them due to the high implementation rate.
In just under 97 per cent of primary cases operated on at the centre involving sarcomas confined to the uterus (ICD-O T C54, C55 in conjunction with morphology codes 8930/3 and 8931/3), M0 with hysterectomy, the hysterectomy was performed without morcellation.

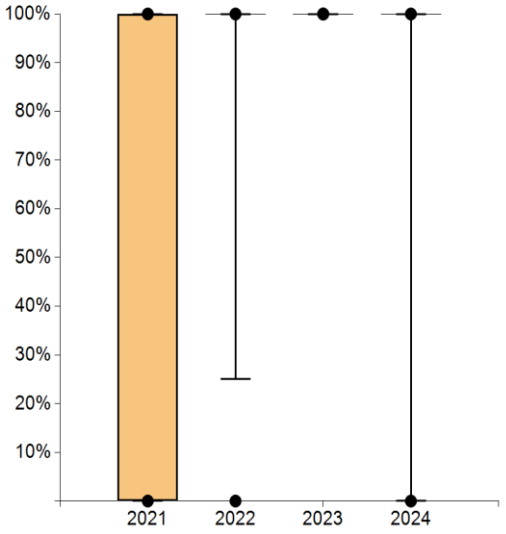
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of the total number of patients treated in centres according to the indicator.
*** If value is outside the plausibility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

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



Begründungspflicht = mandatory justifications

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Primary cases of the denominator with hysterectomy without morcellement	1*	0 - 3	14	9
Denominator	Primary cases operated on outside the centre with sarcoma confined to the uterus (ICD-O T C54, C55 iVm morphology codes 8930/3 and 8931/3), M0 with hysterectomy	1*	1 - 4	20	9
Rate	Mandatory justifications *** < 90%	100%	0% - 100%	70%**	100%



	2020	2021	2022	2023	2024
Max	-----	100%	100%	100%	100%
95th percentile	-----	100%	100%	100%	100%
75th percentile	-----	100%	100%	100%	100%
Median	-----	100%	100%	100%	100%
25th percentile	-----	0.0%	100%	100%	100%
5th percentile	-----	0.0%	25.0%	100%	0.0%
Min	-----	0.0%	0.0%	100%	0.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
11	6%	6	3.2%	9	81.8%	6	100%

Comments:
At 173 of the 184 certified clinical sites, no primary case meeting the criteria for the denominator was treated.
Eleven clinical sites treated primary cases during the indicator year that were operated on outside the centre due to a sarcoma confined to the uterus.

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

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