EUROPEAN CANCER CENTRES

Cancer Centre Certification Programme

German Cancer Society

Berlin – Germany

DKG Certification

GERMAN CANCER SOCIETY

EUROPEAN CANCER CENTRES

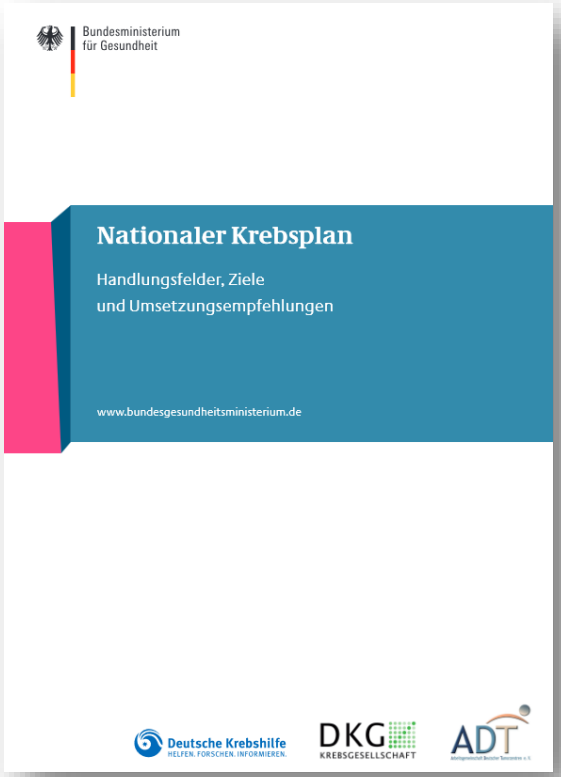
Quality assurance and improvement in oncology

- National Cancer Plan in Germany -

German Cancer Society
Berlin – Germany

DKG Certification
GERMAN CANCER SOCIETY

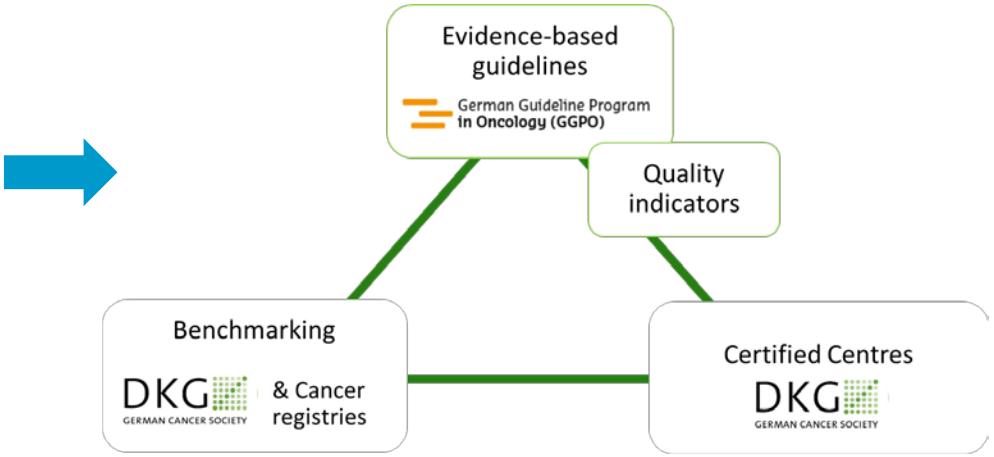
Quality assurance and improvement in oncology: The National Cancer Plan



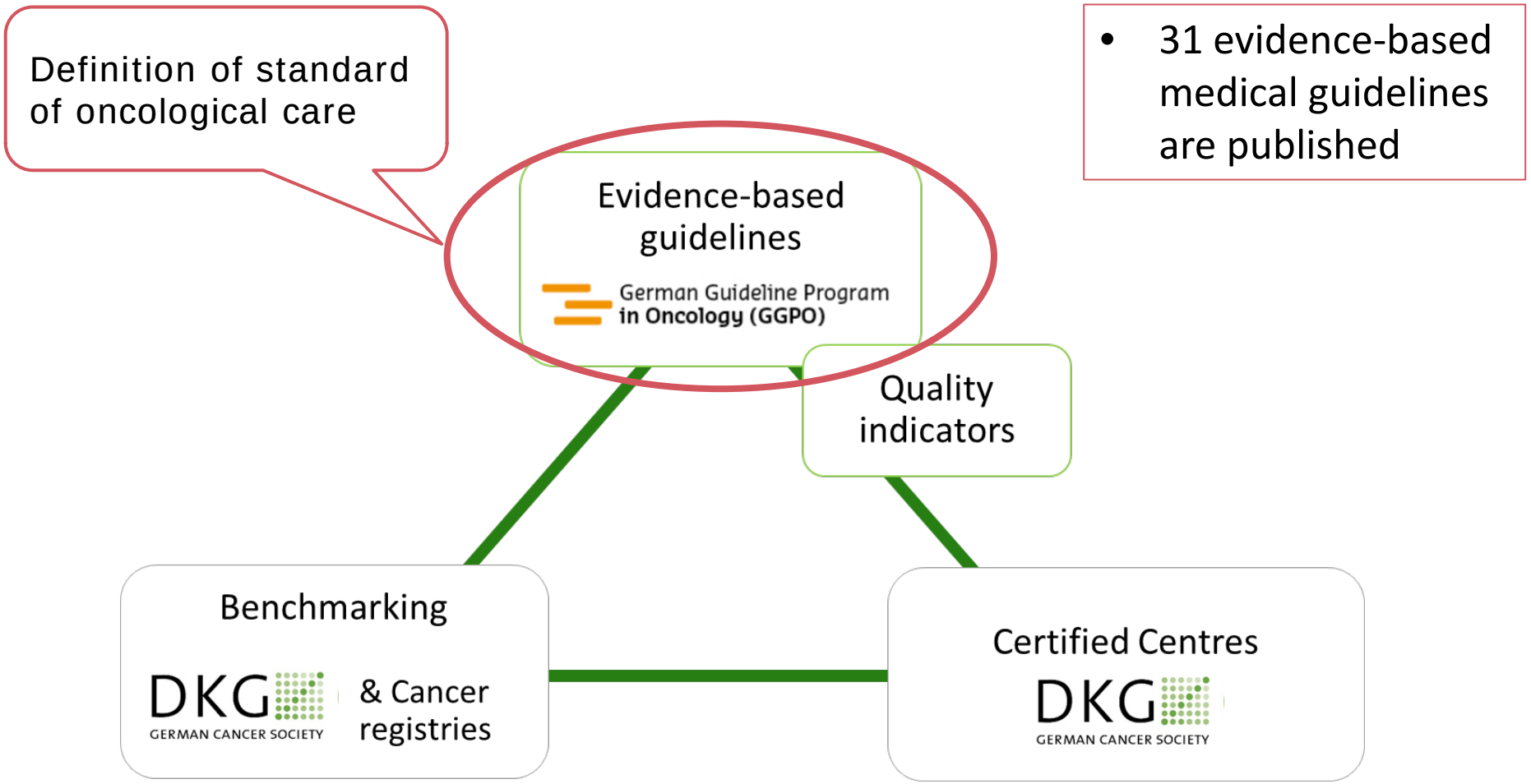
2008

National Cancer Plan

Quality cycle in oncology



Quality cycle in oncology

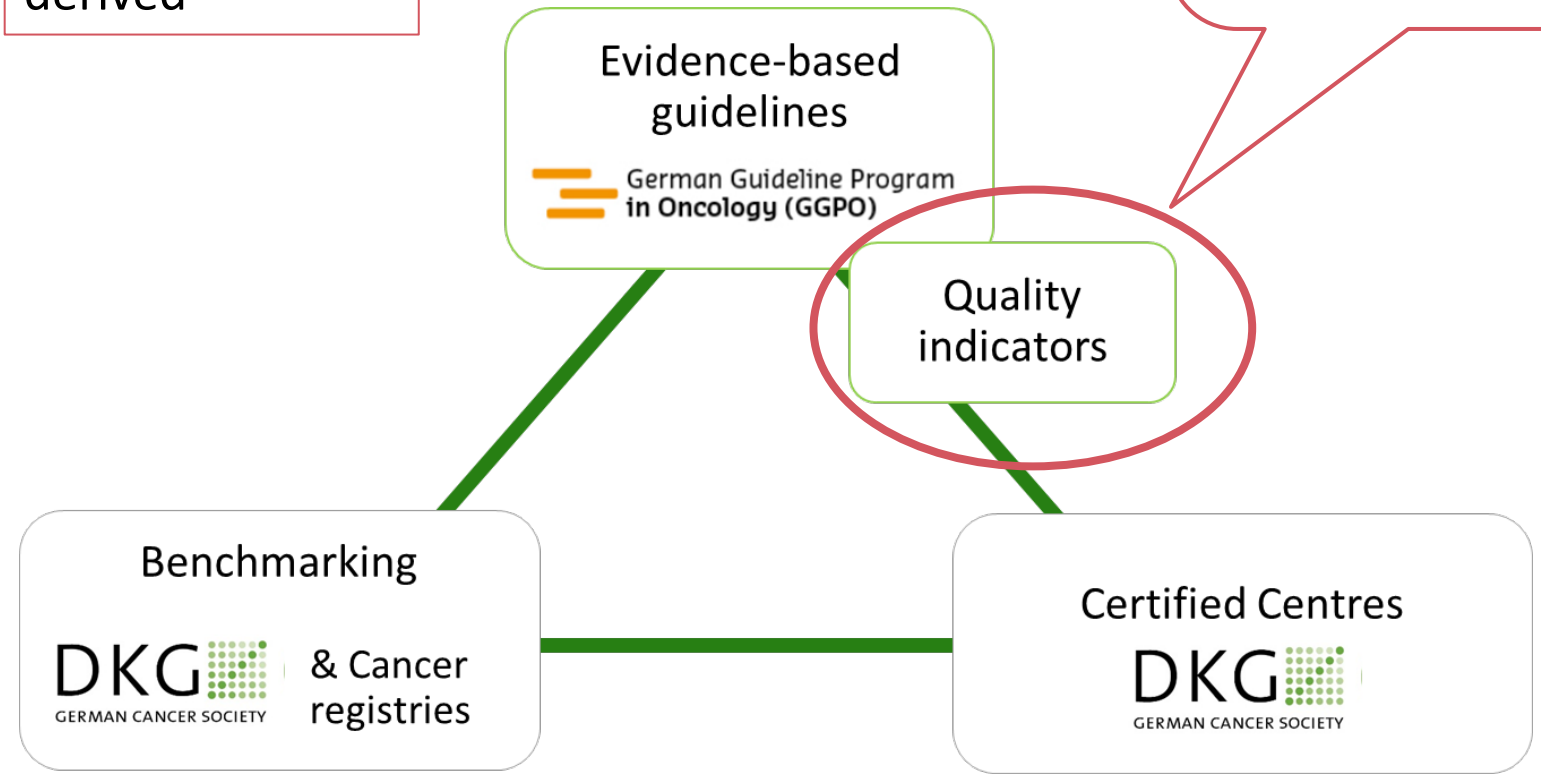


- 31 evidence-based medical guidelines are published

Quality cycle in oncology

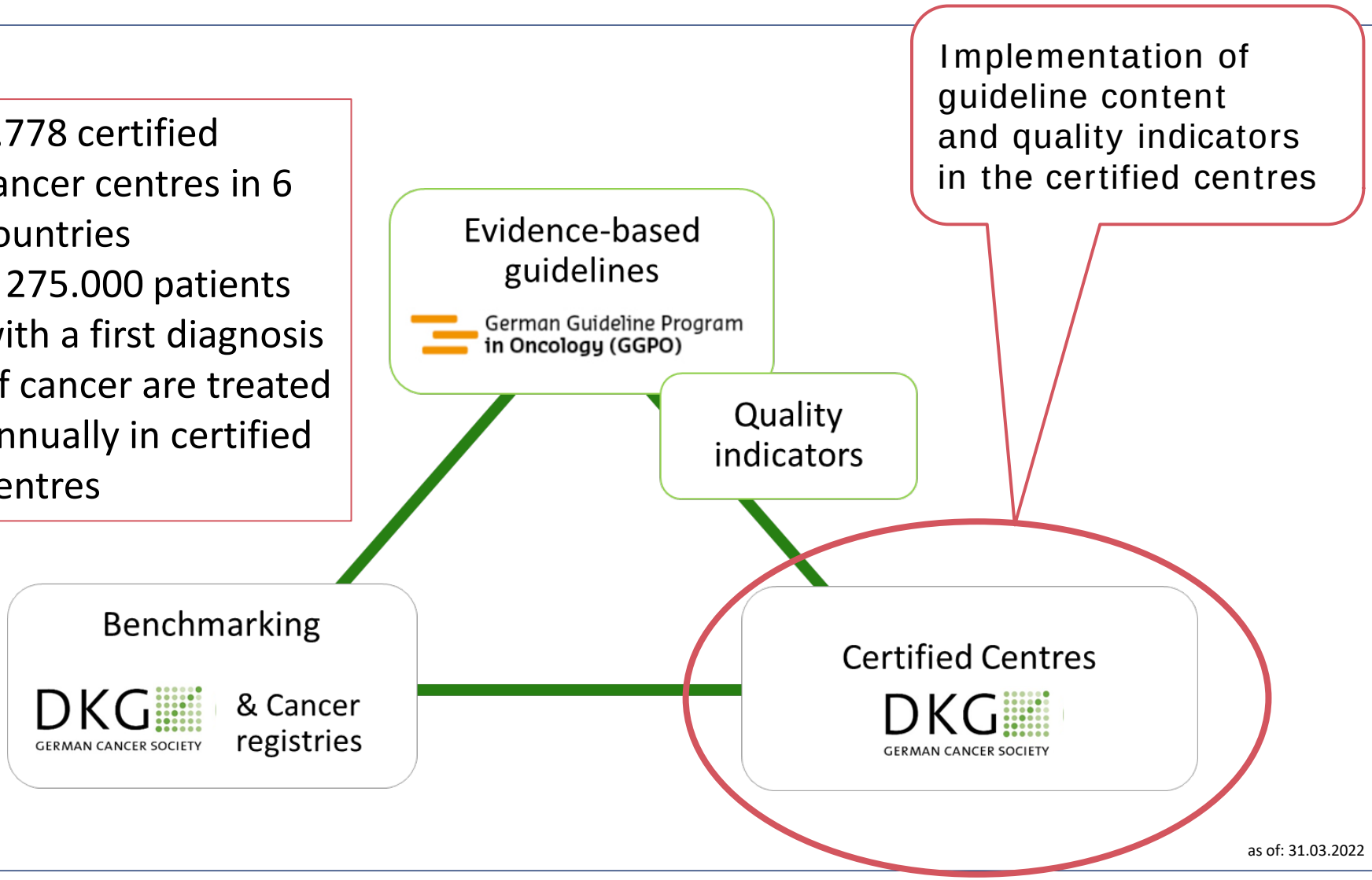
180 QI are derived

Measurable quality indicators (QI) are derived from strong recommendations of the guidelines



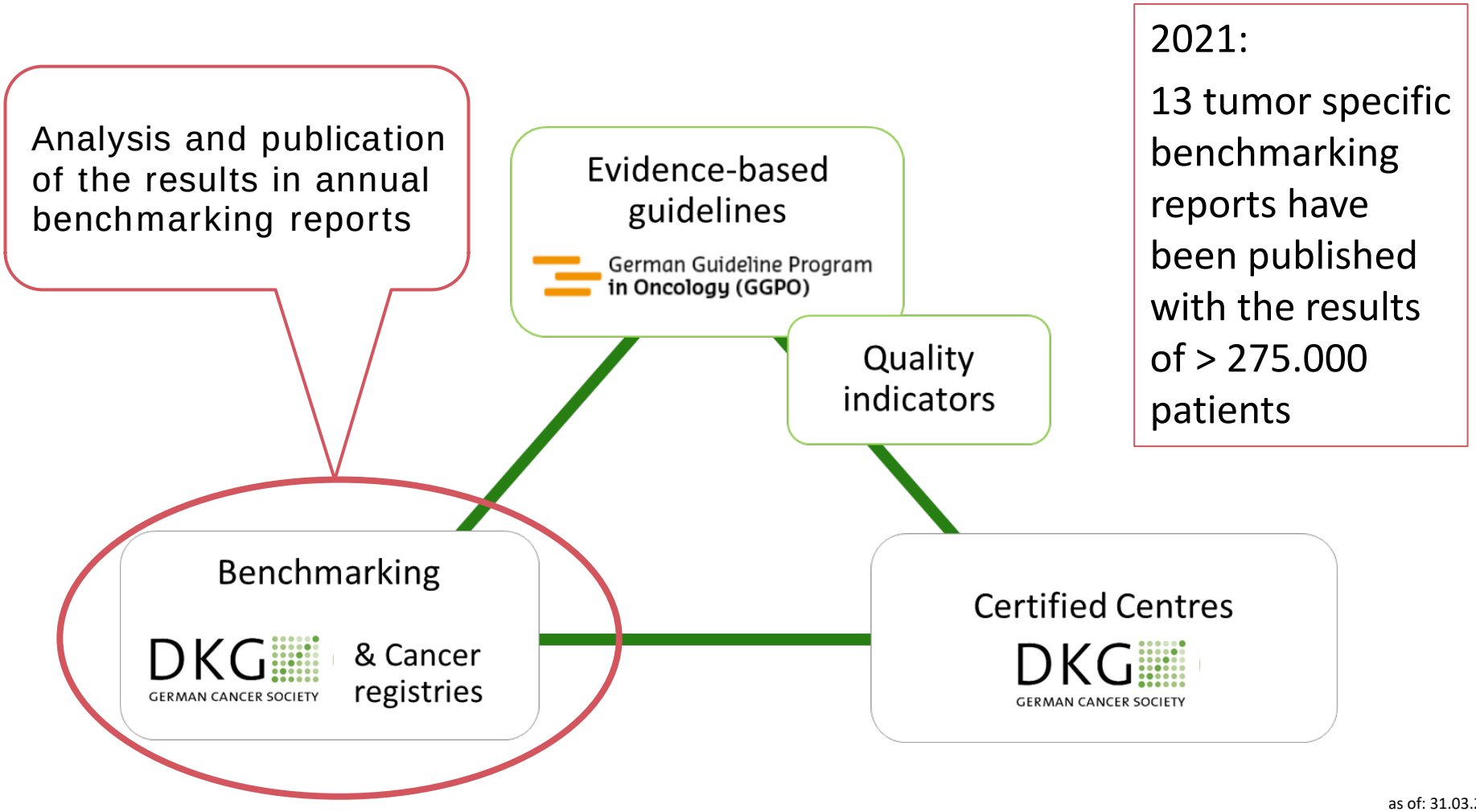
Quality cycle in oncology

- 1.778 certified cancer centres in 6 countries
- > 275.000 patients with a first diagnosis of cancer are treated annually in certified centres



as of: 31.03.2022

Quality cycle in oncology

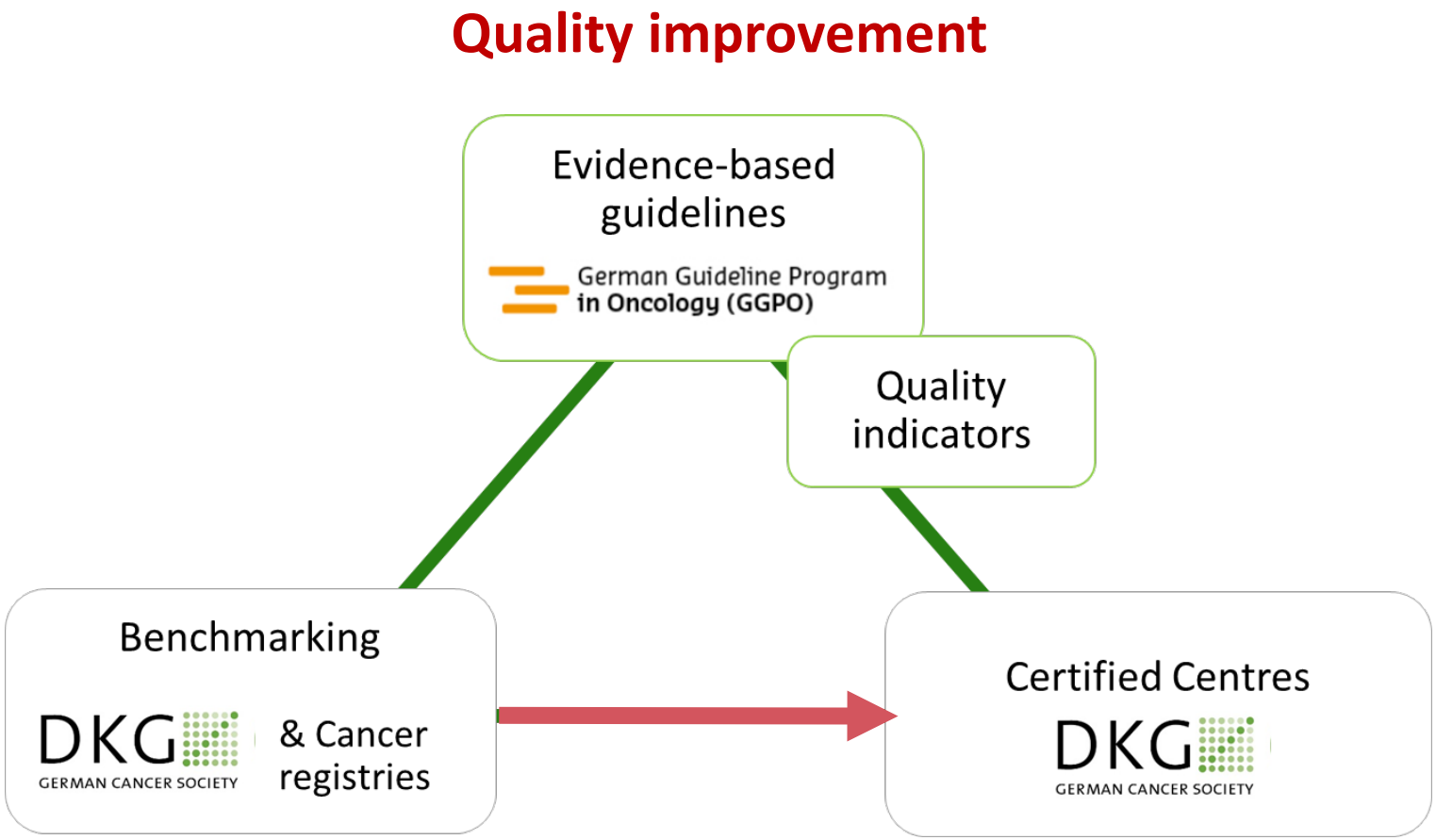


2021:

13 tumor specific benchmarking reports have been published with the results of > 275.000 patients

as of: 31.03.2022

Quality cycle in oncology



EUROPEAN CANCER CENTRES

Certification of Cancer Centres

- The Certification Programme initiated by the German Cancer Society -

German Cancer Society
Berlin – Germany

DKG Certification
GERMAN CANCER SOCIETY

Certification of cancer centres
- The certification programme initiated by the German Cancer Society -

1. German Cancer Society
2. Starting point of the certification programme
3. Definition of certified cancer centres
4. Organsiation and implementation of certified cancer centres
5. Which criteria must be met for a certification?
6. Analysis and presentation of the results
7. Validation of the collected Data
8. How is the audit organised?
9. How does certification improve the quality of care for oncological patients?

1. German Cancer Society (Deutsche Krebsgesellschaft, DKG)

Headquarter
of the German Cancer Society in Berlin

- **Largest scientific society in oncology** in German-speaking countries
- Our aim is high quality of oncological care and our focus is on:
  - the certification of cancer centers,
  - the development of evidence-based, independent treatment guidelines and patient guidelines,
  - knowledge development and knowledge transfer in oncology and
  - reliable patient information
- DKG represents Germany in international organizations (i.e. UICC, ECL and EU) and is the **co-founder of the National Cancer Plan**

2. Starting point of the Certification Programme

Starting point:
Differences in survival rates of (breast) cancer patients in the member states of the European Union

DKG KREBSGESELLSCHAFT
Certified Breast Cancer Centre

2003
Certification of Breast Cancer Centres

2008
National Cancer Plan

Cancer care is provided in certified cancer centres

3. What are certified cancer centres?

Definition:

“A network of qualified and jointly certified interdisciplinary [...] institutions that [...] if possible represent the entire chain of health care for those affected [...] ”

National Cancer Plan

http://www.bmg.bund.de/fileadmin/dateien/Downloads/N/Nationaler_Krebsplan/Ziel_5-Nationaler_Krebsplan.pdf

Certified Cancer Centres: “interdisciplinary […] institutions”

The Breast Cancer Centre as an example:

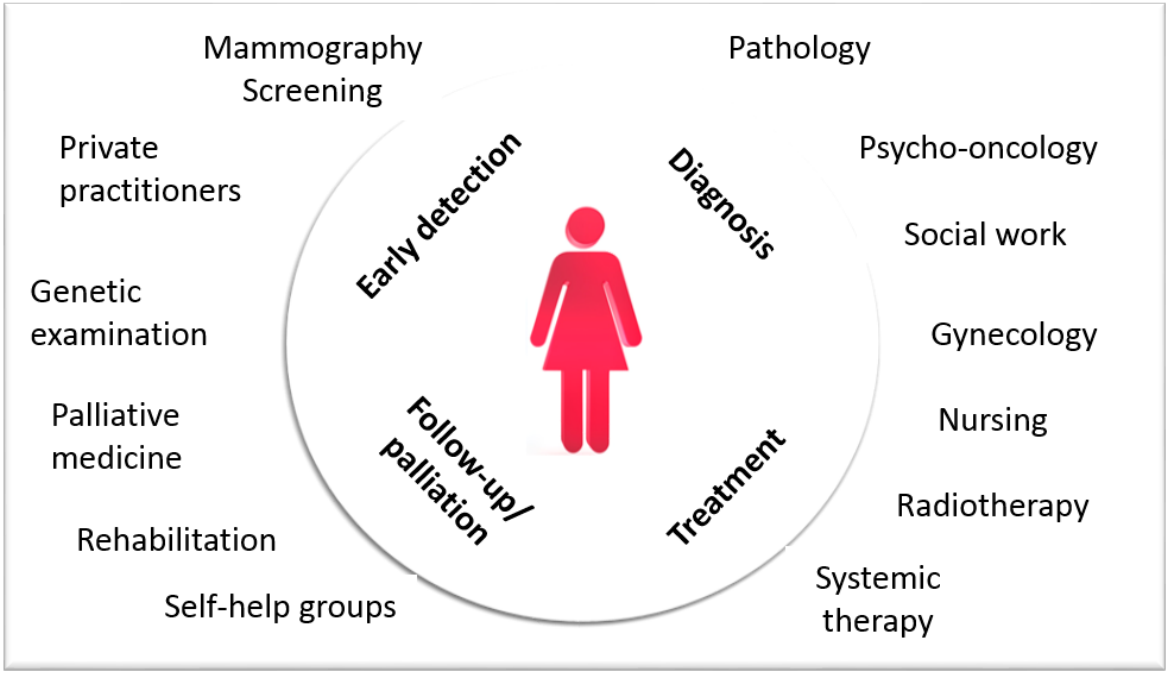
Obligatory members of the centre

Gynecology, radiotherapy, pathology, radiology, medical oncology, nursing, physicians in private practice, genetic counseling, psycho-oncology, social services, physiotherapy, genetics, palliative medicine, pain therapy, rehabilitation, cancer registry and self-help group

⇒ Cooperation between **medical specialties** (= interdisciplinarity), **professional groups** (= inter-professionalism), and (if needed) **hospitals**

Certified Cancer Centres:
"that [...] if possible represent the entire chain of health care"

The Breast Cancer Centre as an example:

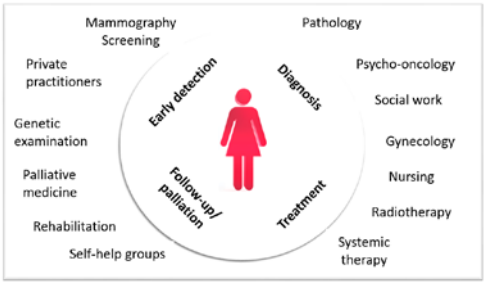


= building a Network with all partners with

- tumorboards
- unified standards and processes
- defined guidelines
- joint data management

....

Network of a Certified Cancer Centre



Example 1:
The partners of the certified centre are localised in 1 hospital

Example 2:
The partners of the certified centre are localised in more than 1 hospital

Certified Cancer Centers:
“A network of qualified and jointly certified … institutions”

EUROPEAN CANCER CENTRES

Certified Breast Cancer Centre

The independent certification institute OnkoZert herby attest that the

Breast Cancer Centre

Within the Hospital example, example country

Represented by
Prof. Dr. med. M. Example

Fulfils the quality criteria of the “Technical and Medical Requirements for Breast Cancer Centre” within the International Cancer Centre Certification Programme.

The Centre “Example”, is therefore given the title

Certified Breast Cancer Centre

Initial Certification: dd.mm.yyyy
Period of validity: dd.mm.yyyy
Registration number: FAD-xy

Prof. Dr. xy
Speaker
Certification Commission
for Prostate Cancer Centres

Prof. Dr. xy
Deputy speaker
Certification Commission
for Prostate Cancer Centres

Certificate:
guarantees high quality of oncological care and serves as a decision-making aid for patients

4. Organisation and implementation of certified cancer centres

Note:
An **Organ Cancer Centre** is a centre specializing in one tumour entity

Colorectal	Breast	Lung
Gynecological	Skin	Prostate
Heamatological Neoplasms		

Organ Cancer Centres

4. Organisation and implementation of certified cancer

Note:
An **Oncology Centre** extends to several organs, particularly for not common cancers

Modules

- Pancreatic
- Liver
- Esophageal
- Gastric
- Head and Neck-Tumor
- Neurooncological
- Kidney
- Bladder
- Sarcoma
- Pediatric

Oncology Centres

= including
- modules and
- Organ Cancer Centres

- Colorectal
- Breast
- Lung
- Gynecological
- Skin
- Prostate
- Heamatological Neoplasms

Organ Cancer Centres

4. Organisation and implementation of certified cancer centres

377

Modules

- Pancreatic
- Liver
- Esophageal
- Gastric
- Head and Neck-Tumor
- Neurooncological
- Kidney
- Bladder
- Sarcoma
- Pediatric

141

Oncology Centres

- Colorectal
- Breast
- Lung
- Gynecological
- Skin
- Prostate
- Heamatological Neoplasms

1122

Organ Cancer Centres

as of: 31.03.2022

4. Organisation and implementation of certified cancer centres

377

Modules

Pancreatic

Liver

ad and
-Tumor

Neurooncological

Kidn

diatric

Colorectal

Brea

Gynecological

Skin

Prostate

Heamatological Neoplasms

Note:

Each year **>275.000 patients with a primary cancer diagnosis** are treated in certifed centres.

141

Oncology Centres

Organ Cancer Centres

1122

as of: 31.03.2022

4. Organisation and implementation of certified cancer centres

365

Modules

Pancreatic | Liver | Esophageal | Gastric | Head and Neck-Tumor

Neurooncological | Pediatric

Colorectal

Gynecological | Skin | Prostate

Heamatological Neoplasms

Note:

The certified centres are located in **6 different countries.**

145

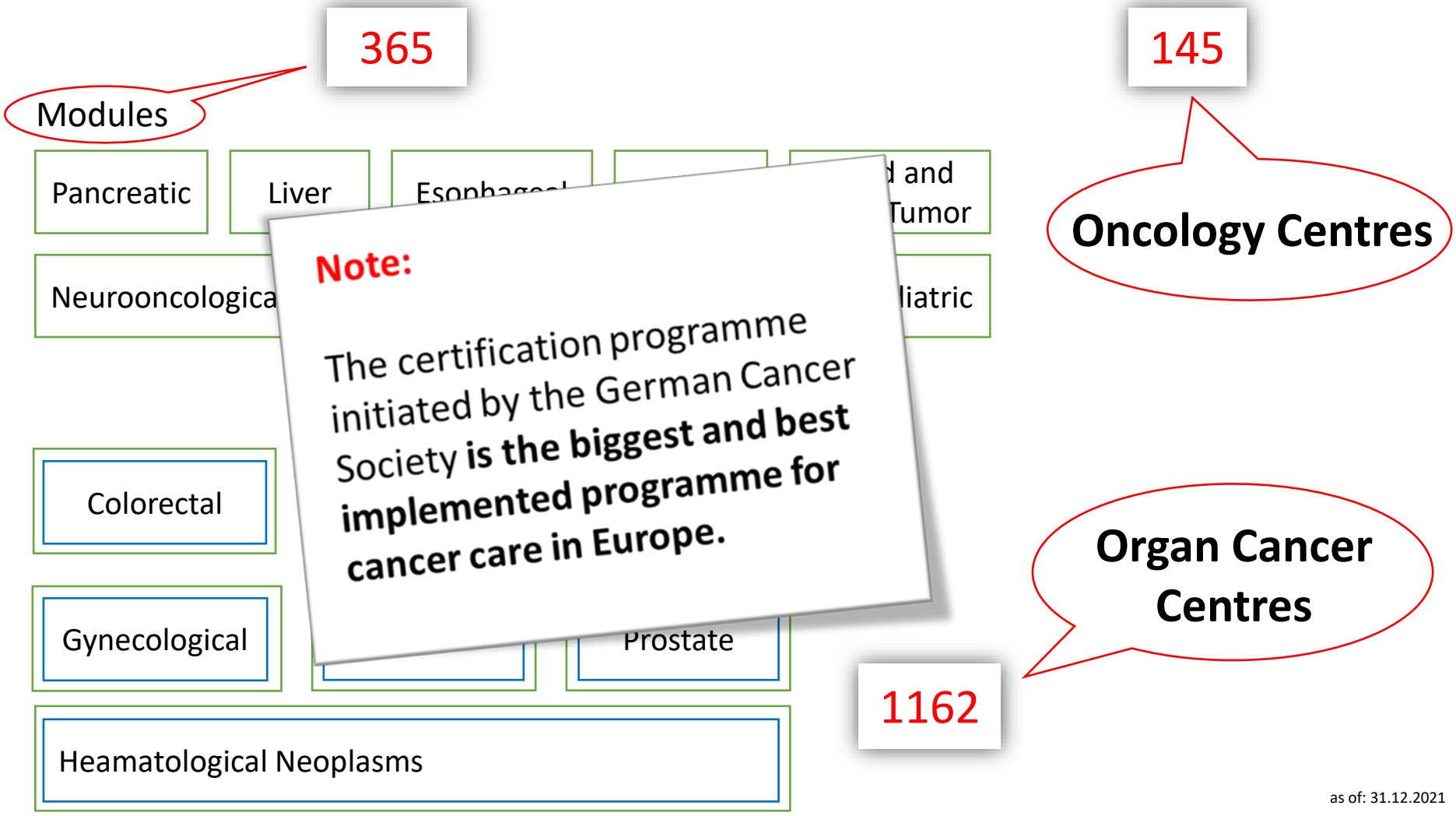
Oncology Centres

Organ Cancer Centres

1162

as of: 31.03.2022

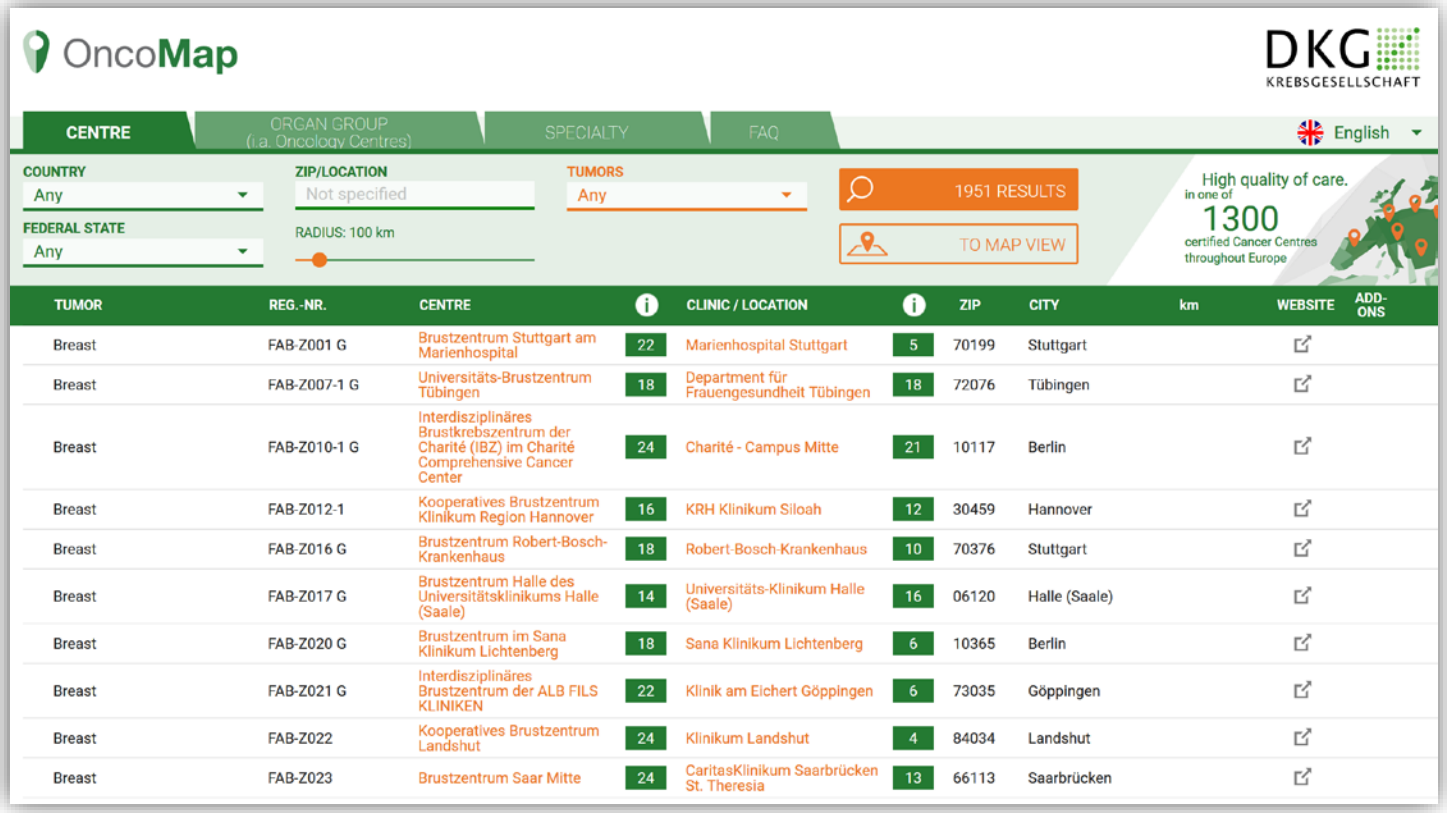
4. Organisation and implementation of certified cancer centres



as of: 31.12.2021

4. Organisation and implementation of Certified Cancer Centres

Overview of the certified centres:



OncoMap

DKG KREBSGESELLSCHAFT

CENTRE | ORGAN GROUP (i.a. Oncology Centres) | SPECIALTY | FAQ | English

COUNTRY: Any
ZIP/LOCATION: Not specified
TUMORS: Any
FEDERAL STATE: Any
RADIUS: 100 km
1951 RESULTS
TO MAP VIEW

High quality of care. in one of 1300 certified Cancer Centres throughout Europe

TUMOR	REG.-NR.	CENTRE		CLINIC / LOCATION		ZIP	CITY	km	WEBSITE	ADD-ONS
Breast	FAB-Z001 G	Brustzentrum Stuttgart am Marienhospital	22	Marienhospital Stuttgart	5	70199	Stuttgart			
Breast	FAB-Z007-1 G	Universitäts-Brustzentrum Tübingen	18	Department für Frauengesundheit Tübingen	18	72076	Tübingen			
Breast	FAB-Z010-1 G	Interdisziplinäres Brustkrebszentrum der Charité (IBZ) im Charité Comprehensive Cancer Center	24	Charité - Campus Mitte	21	10117	Berlin			
Breast	FAB-Z012-1	Kooperatives Brustzentrum Klinikum Region Hannover	16	KRH Klinikum Siloah	12	30459	Hannover			
Breast	FAB-Z016 G	Brustzentrum Robert-Bosch-Krankenhaus	18	Robert-Bosch-Krankenhaus	10	70376	Stuttgart			
Breast	FAB-Z017 G	Brustzentrum Halle des Universitätsklinikums Halle (Saale)	14	Universitäts-Klinikum Halle (Saale)	16	06120	Halle (Saale)			
Breast	FAB-Z020 G	Brustzentrum im Sana Klinikum Lichtenberg	18	Sana Klinikum Lichtenberg	6	10365	Berlin			
Breast	FAB-Z021 G	Interdisziplinäres Brustzentrum der ALB FILS KLINIKEN	22	Klinik am Eichert Göppingen	6	73035	Göppingen			
Breast	FAB-Z022	Kooperatives Brustzentrum Landshut	24	Klinikum Landshut	4	84034	Landshut			
Breast	FAB-Z023	Brustzentrum Saar Mitte	24	CaritasKlinikum Saarbrücken St. Theresia	13	66113	Saarbrücken			

5. Which criteria must be met for a certification?

1. Catalouge of requirements:

EUROPEAN CANCER CENTRES

Catalogue of Requirements for Breast Cancer Centres

of the German Cancer Society

Developed by the DKG/DGS (German Cancer Society/German Society for Senology)
Certification Commission for Breast Cancer Centres

Chairmen Prof. Dr. J. Blohmer, Prof. A. Scharl

Members (in alphabetical order):
ADT – Working Group on German Tumour Centres
AET–Working Group on Genetic Tumour Diseases
AGO – Gynaecological Oncology Working Group
AIO – Working Group on Medical Oncology
PSO – Working Group on Psychological Oncology
ARO – Working Group on Radiological Oncology
ASO – Working Group on Social Work
ASORS - Working Group for Supportive Care in Oncology, Rehabilitation and Social Medicine
AG ZBZ – Working Group of Certified Breast Cancer Centres
BVP - Professional Association of German Pathologists
BVF - Professional Association of Gynaecologists
BNHO - Professional Association of Haematologists and Oncologists
FSH - National Association for Women's Self-Help after Cancer
BNGO - Association of Gynaecological Oncologists
DGPRÄC - German Society of Plastic, Reconstrucive and Aesthetic Surgery
DGCh – German Society of Surgery
DGGG – German Society for Gynaecology and Obstetrics
DGN – German Society for Nuclear Medicine
DGP – German Society for Palliative Medicine
DGP – German Society of Pathology)
DEGRO – German Society of Radiation Oncology
DGS – German Society of Senology
DRG – German Radiology Society
DVSG – German Association of Social Work in Health Care
KOK – Conference of Oncological Nurses and Children's Nurses
Mammography Screening
Chairman of Certification Commission for Gynaecological Cancer Centres
Rep. of group of auditors (Oncological Experts conducting the audits)
Rep. of Guideline for the Early Detection of Breast Cancer

Effective as of 28 November 2017

This Catalogue of Requirements (CR) is binding for all audits conducted from 1 January 2017. The changes made to this version valid in audit year 2017 are highlighted in "turquoise" in this Catalogue of Requirements.

The following were incorporated:
- Interdisciplinary S3 Guidelines for the diagnosis, therapy and aftercare of breast carcinomas
- Level 3 Guidelines on Early Breast Cancer Detection

This Catalogue of Requirements is based on the TNM classification of malignant tumours, 8th edition 2017, and the ICD classification ICD-10-GM 2017 (DIMDI) and the OPS classification OPS 2017 (DIMDI).

Important notice: These translations are for your convenience only; in the event of any discrepancy or divergence of interpretation, the German text shall prevail.

Annex CR Version I1.1 (audit year 2018 / indicator year 2017)

Indicator Sheet Breast

EUROPEAN CANCER CENTRES

Centre

Reg. No. Date recorded

Data quality indicators

The numerator is always a subset of the denominator (exception: Indicator12 - Share studies patients).

The details in "red" are new in the audit year 2018 (changes vis-à-vis audit year 2017).

IN No.	CR	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plausibility unclear	Target value	Plausibility unclear	Current value		If target value / plausibility border is not (min. 30 characters / ma
1	12.0	Post-operative case review	Post-operative presentation of as many primary cases as possible in the tumour conference	Operated primary cases presented in the tumour conference	Operated primary cases (primary case definition see 5.2.1)		≥ 95%		Numerator		
									Denominator		
									%	#DIV/0!	
2	12.3	Pretherapeutic case discussion	Adequate rate of pretherapeutic case discussions	Primary cases presented in the pretherapeutic conference	Primary cases		≥ 40%	100%	Numerator		
									Denominator		
									%	#DIV/0!	
3	12.4	Discussions of cases involving local recurrence/metastases	Presentation of all patients with 1st local recurrence and/or 1st remote metastasis in the tumour conference	Patients with 1st local recurrence and/or 1st remote metastasis presented in the tumour conference	Patients with 1st local recurrence and/or with 1st remote metastasis (without primary M1 pat.)	~ 70%	No details at present	100%	Numerator		
									Denominator		
									%	#DIV/0!	
4.1	12.6 Gestrichen v.09.6	~~Recommended~~ radiotherapy after BET in the case of invasive mammary carcinoma	~~Adequate rate of~~ radiotherapy ~~of as many primary cases as possible~~ with invasive Mammary carcinoma ~~after~~ and BET	Primary cases with inv. Mammary carcinoma and BET, ~~in which and~~ radiotherapy ~~was recommended~~	Primary cases with an invasive mammary carcinoma ~~with and~~ BET (without primary M1 pat.)		≥ 90%		Numerator		
									Denominator		

Basic data | Indicator Sheet (IS)

EUROPEAN CANCER CENTRES

http://www.ecc-cert.org/certification-system/catalogue-of-requirements/

Catalogue of Requirements and….

EUROPEAN CANCER CENTRES

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of the German Cancer Society

Developed by the DKG/DGS (German Cancer Society/German Society for Senology)
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Important notice: These translations are for your convenience only; in the event of any discrepancy or divergence of interpretation, the German text shall prevail.

EUROPEAN CANCER CENTRES

3 Radiology

Chapt.	Requirements	C
3.1	Specialists • At least 2 specialists with experience in the diagnosis of breast diseases • Specialists are to be designated by name All of the specialists named for the Breast Cancer Centre must participate in the TB (preoperative, at least 12 x per year).	
3.2	Radiology technicians At least 2 qualified radiology technicians must be available and designated by name.	
3.3	Mammography equipment • The X-Ray Ordinance and the guidelines for quality assurance laid down by the German Medical Association for x-ray diagnostics and/or the corresponding European guidelines (European guidelines for quality assurance in mammography screening, ISBN 92-894-1145-7) must be fulfilled. • Equipment for enlargement must be available	
3.4	Mammography results Mandatory indication of the results category 0-6 and assessability (4-stage, A-D)	
3.5	Descriptions of radiological processes (SOP's) • The imaging and marking procedures must be described and assessed once a year to ensure that they are up to date	
3.6	Further/additional training. • At least one breast disease-specific further/additional training measure per staff member per year (duration > 0.5 days), to the extent that the staff member performs tasks relevant to the quality of the Breast cancer centre.	

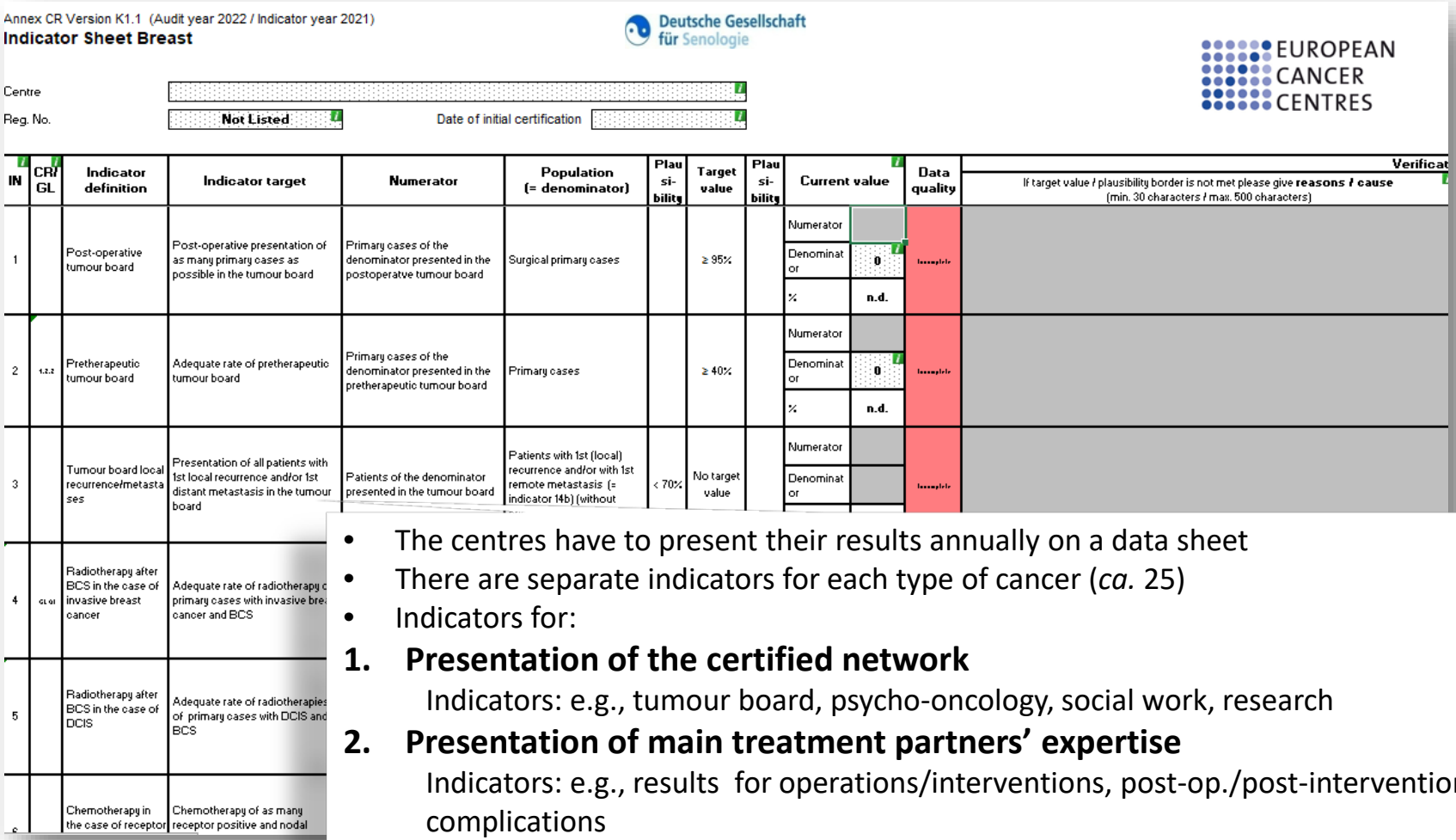
Structure/ Personnel qualification

Technical equipment

Processes

Education

….Data sheet



Annex CR Version K1.1 (Audit year 2022 / Indicator year 2021)

Indicator Sheet Breast

Deutsche Gesellschaft für Senologie

EUROPEAN CANCER CENTRES

Centre

Reg. No. **Not Listed** Date of initial certification

IN	CR/ GL	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plau si-bility	Target value	Plau si-bility	Current value		Data quality	Verificat If target value / plausibility border is not met please give **reasons / cause** (min. 30 characters / max. 500 characters)
1		Post-operative tumour board	Post-operative presentation of as many primary cases as possible in the tumour board	Primary cases of the denominator presented in the postoperatve tumour board	Surgical primary cases		≥ 95%		Numerator			
									Denominator	0		
									%	n.d.		
2	1.2.2	Pretherapeutic tumour board	Adequate rate of pretherapeutic tumour board	Primary cases of the denominator presented in the pretherapeutic tumour board	Primary cases		≥ 40%		Numerator			
									Denominator	0		
									%	n.d.		
3		Tumour board local recurrence/metastases	Presentation of all patients with 1st local recurrence and/or 1st distant metastasis in the tumour board	Patients of the denominator presented in the tumour board	Patients with 1st (local) recurrence and/or with 1st remote metastasis (= indicator 14b) (without		< 70%		No target value		Numerator		
											Denominator		
4		Radiotherapy after BCS in the case of invasive breast cancer	Adequate rate of radiotherapy c primary cases with invasive bre cancer and BCS									
5		Radiotherapy after BCS in the case of DCIS	Adequate rate of radiotherapies of primary cases with DCIS and BCS									
6		Chemotherapy in the case of receptor	Chemotherapy of as many receptor positive and nodal									

- The centres have to present their results annually on a data sheet
- There are separate indicators for each type of cancer (*ca.* 25)
- Indicators for:

1. **Presentation of the certified network**
   Indicators: e.g., tumour board, psycho-oncology, social work, research
2. **Presentation of main treatment partners' expertise**
   Indicators: e.g., results for operations/interventions, post-op./post-intervention complications
3. **Presentation of guideline-appropriate treatment**
   Quality indicators from evidence-based oncological guidelines

EUROPEAN CANCER CENTRES

6. Analysis and presentation of the results

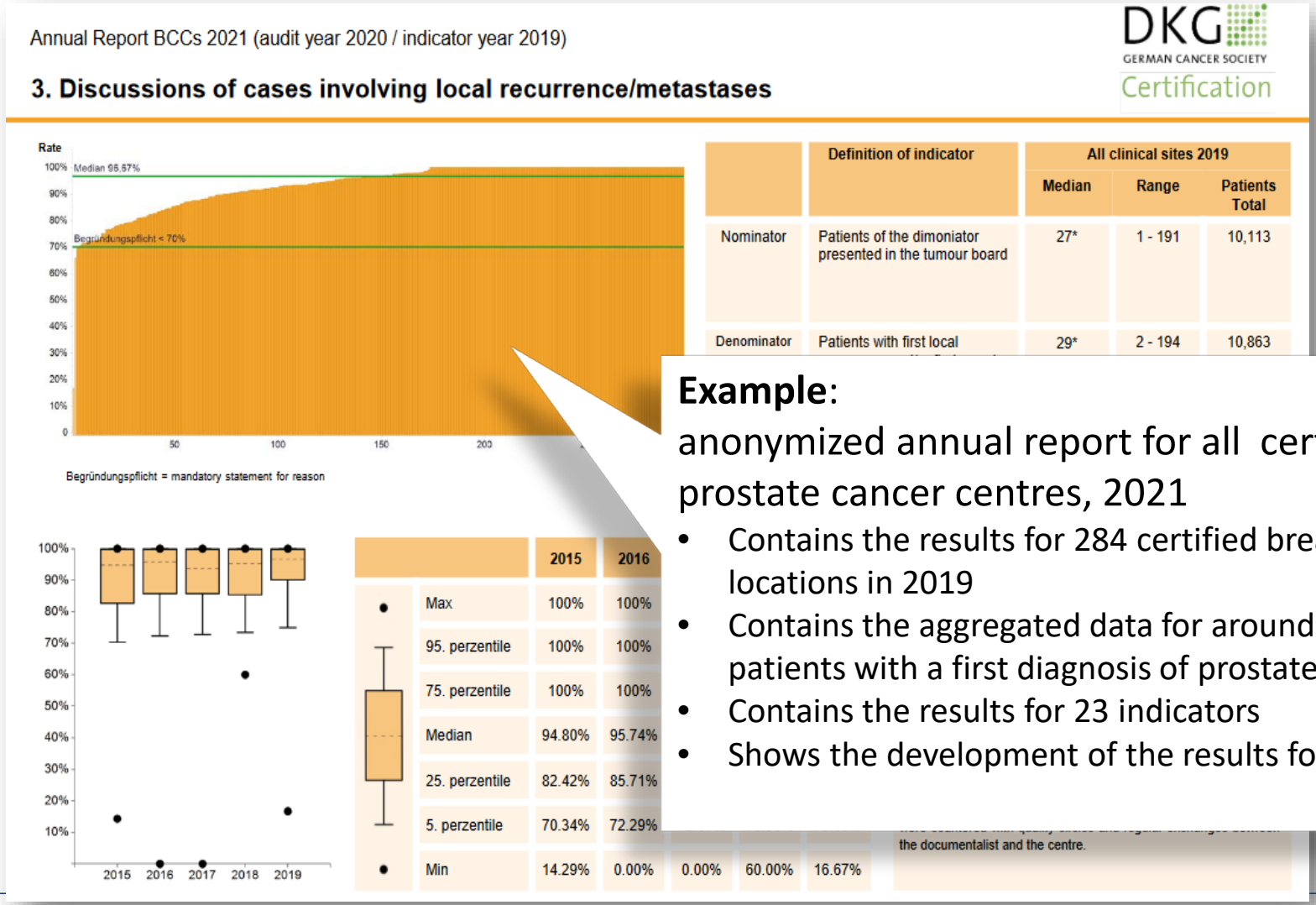
Presentation of treatment quality:

The indicator results are presented annually as:

1. An anonymized annual report per cancer type

2. An individual annual report for each centre

Anonymized Annual Report per Cancer Type



Example:

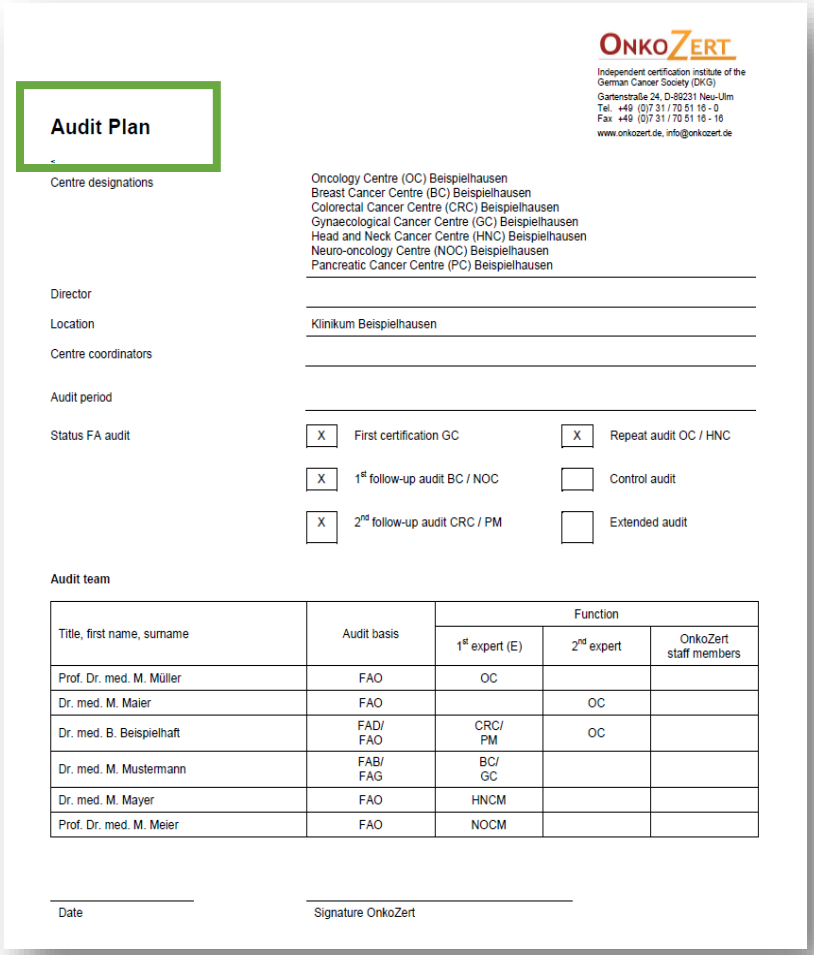
anonymized annual report for all certified prostate cancer centres, 2021

- Contains the results for 284 certified breast cancer locations in 2019
- Contains the aggregated data for around 335,000 patients with a first diagnosis of prostate cancer
- Contains the results for 23 indicators
- Shows the development of the results for 2015–2019

EUROPEAN CANCER CENTRES

http://www.ecc-cert.org/fileadmin/user_upload/Annual_Report_Quality_Indicators_Breast_Cancer_2021.pdf

8. How is the Audit organised?



ONKOZERT

Independent certification institute of the German Cancer Society (DKG)
Gartenstraße 24, D-89231 Neu-Ulm
Tel. +49 (0)7 31 / 70 51 16 - 0
Fax +49 (0)7 31 / 70 51 16 - 16
www.onkozert.de, info@onkozert.de

Audit Plan

Centre designations: Oncology Centre (OC) Beispielhausen; Breast Cancer Centre (BC) Beispielhausen; Colorectal Cancer Centre (CRC) Beispielhausen; Gynaecological Cancer Centre (GC) Beispielhausen; Head and Neck Cancer Centre (HNC) Beispielhausen; Neuro-oncology Centre (NOC) Beispielhausen; Pancreatic Cancer Centre (PC) Beispielhausen

Director:

Location: Klinikum Beispielhausen

Centre coordinators:

Audit period:

Status FA audit:

- [X] First certification GC
- [X] Repeat audit OC / HNC
- [X] 1st follow-up audit BC / NOC
- [ ] Control audit
- [X] 2nd follow-up audit CRC / PM
- [ ] Extended audit

Audit team

Title, first name, surname	Audit basis	Function		
		1st expert (E)	2nd expert	OnkoZert staff members
Prof. Dr. med. M. Müller	FAO	OC		
Dr. med. M. Maier	FAO		OC	
Dr. med. B. Beispielhaft	FAD/ FAO	CRC/ PM	OC	
Dr. med. M. Mustermann	FAB/ FAG	BC/ GC		
Dr. med. M. Mayer	FAO	HNCM		
Prof. Dr. med. M. Meier	FAO	NOCM		

Date

Signature OnkoZert

Auditors:
oncology specialists with specific further training for conducting audits

Duration on-site-audit: 1 day – 3 days

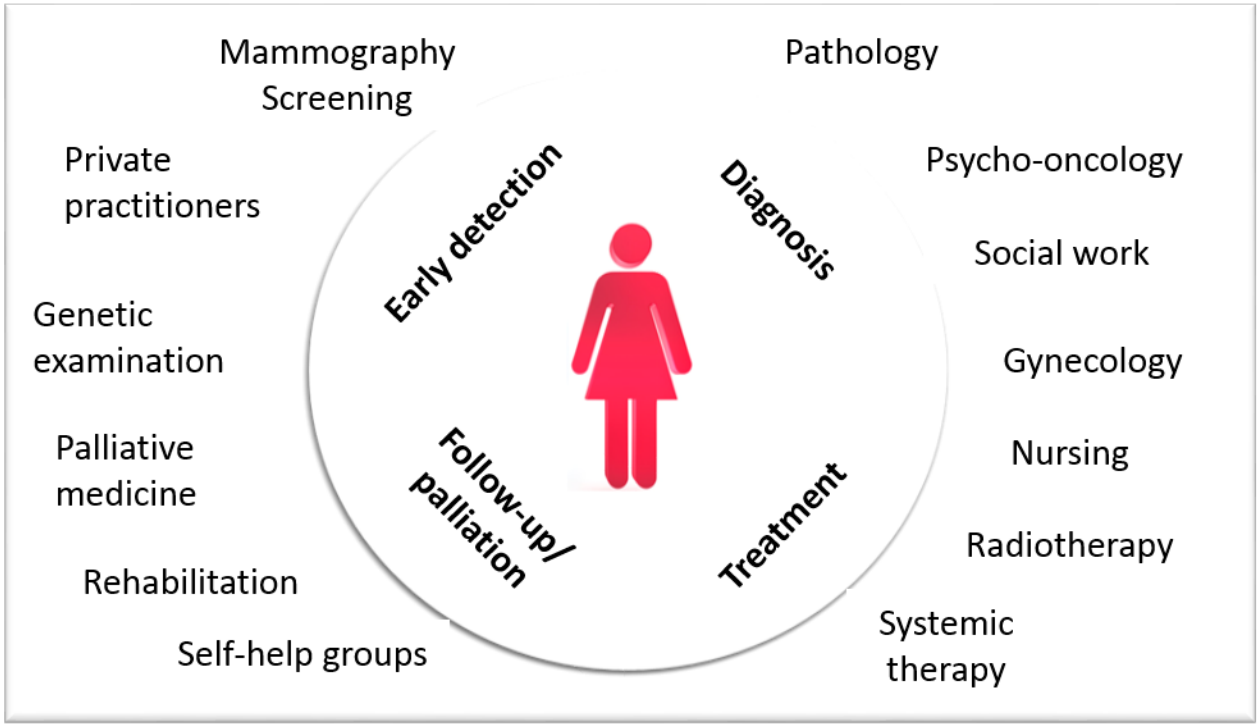
Number of auditors per audit: 1 – 8

Tasks of the auditors:

- Before audit: plausibility checking of the completed catalogue/data sheet
- During audit:
  - verify the provided informations of the centers (resp structures, processes, results of the quality indicators etc) on site/with randomly choosen patient files
  - discuss measures for quality improvement if needed
- After audit: audit report

9. How does certification improve the quality of care for oncological patients?

1. By setting up **networks** where health care providers treat patients with verified high-quality medical expertise



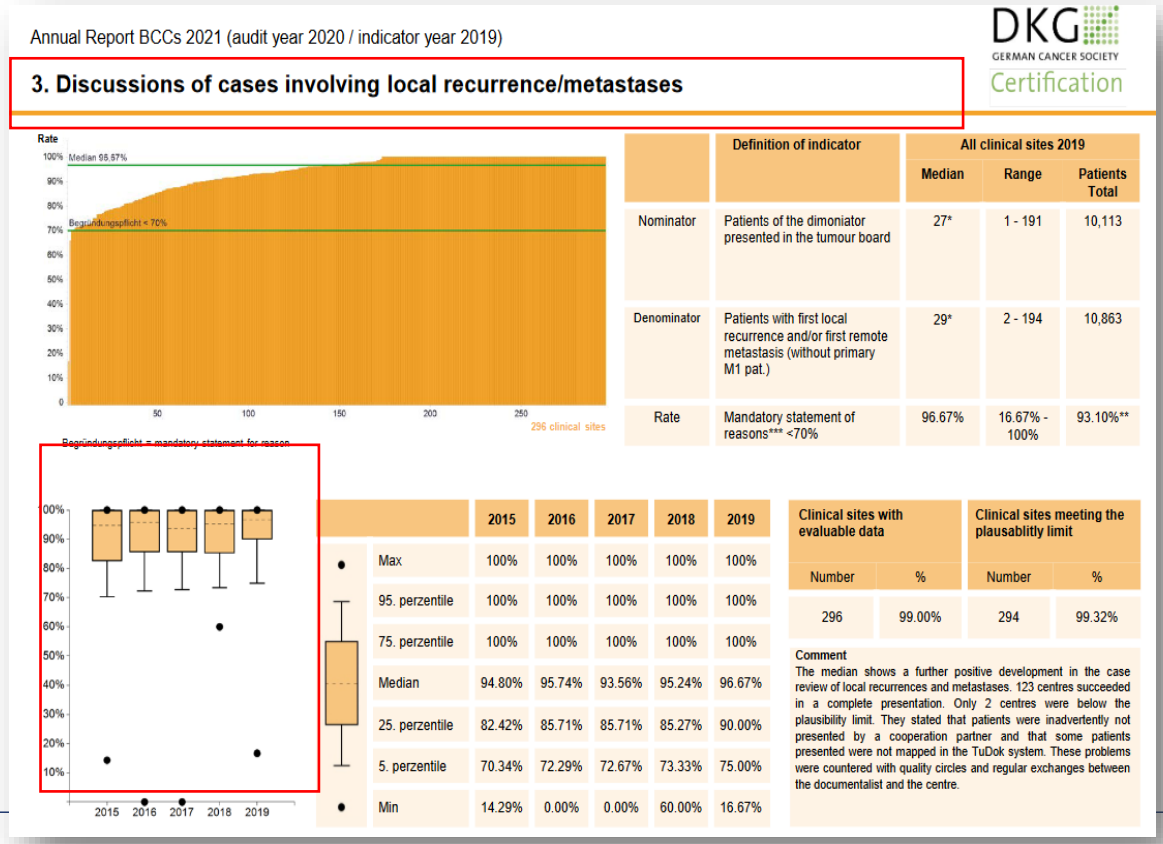
How does certification improve the quality of care for oncological patients?

2. By implementing **evidence-based medical guidelines** and thus ensuring a broad application

German Guideline Program in Oncology (GGPO)

Evidence-based Guideline for Breast Cancer

Guideline (Long Version)



Annual Report BCCs 2021 (audit year 2020 / indicator year 2019)

DKG GERMAN CANCER SOCIETY Certification

3. Discussions of cases involving local recurrence/metastases

Rate

	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Nominator	Patients of the dimoniator presented in the tumour board	27*	1 - 191	10,113
Denominator	Patients with first local recurrence and/or first remote metastasis (without primary M1 pat.)	29*	2 - 194	10,863
Rate	Mandatory statement of reasons*** <70%	96.67%	16.67% - 100%	93.10%**

Begründungspflicht = mandatory statement for reason

	2015	2016	2017	2018	2019
Max	100%	100%	100%	100%	100%
95. perzentile	100%	100%	100%	100%	100%
75. perzentile	100%	100%	100%	100%	100%
Median	94.80%	95.74%	93.56%	95.24%	96.67%
25. perzentile	82.42%	85.71%	85.71%	85.27%	90.00%
5. perzentile	70.34%	72.29%	72.67%	73.33%	75.00%
Min	14.29%	0.00%	0.00%	60.00%	16.67%

Clinical sites with evaluable data		Clinical sites meeting the plausablitly limit	
Number	%	Number	%
296	99.00%	294	99.32%

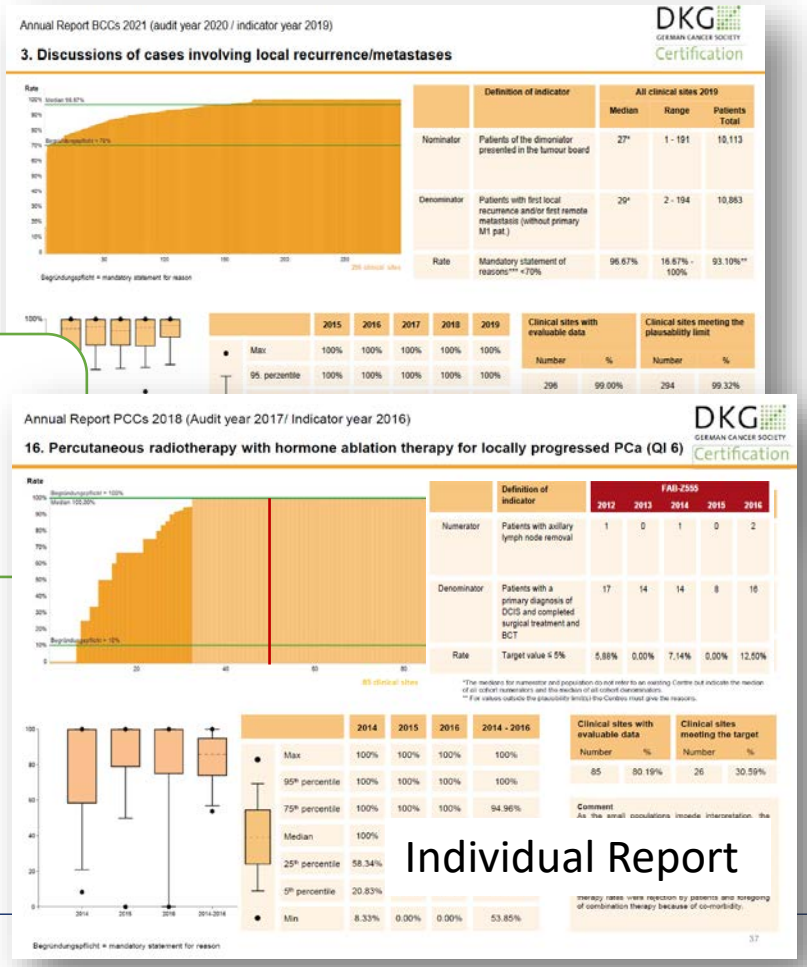
Comment
The median shows a further positive development in the case review of local recurrences and metastases. 123 centres succeeded in a complete presentation. Only 2 centres were below the plausibility limit. They stated that patients were inadvertently not presented by a cooperation partner and that some patients presented were not mapped in the TuDok system. These problems were countered with quality circles and regular exchanges between the documentalist and the centre.

EUROPEAN CANCER CENTRES

How does certification improve the quality of care for oncological patients?

3. The **quality of care** in the individual centre is
- recorded and analyzed,
- reflected and
- (if necessary) improved by applying suitable measures

Certified network → Data Sheet: Recorded quality → Analysis



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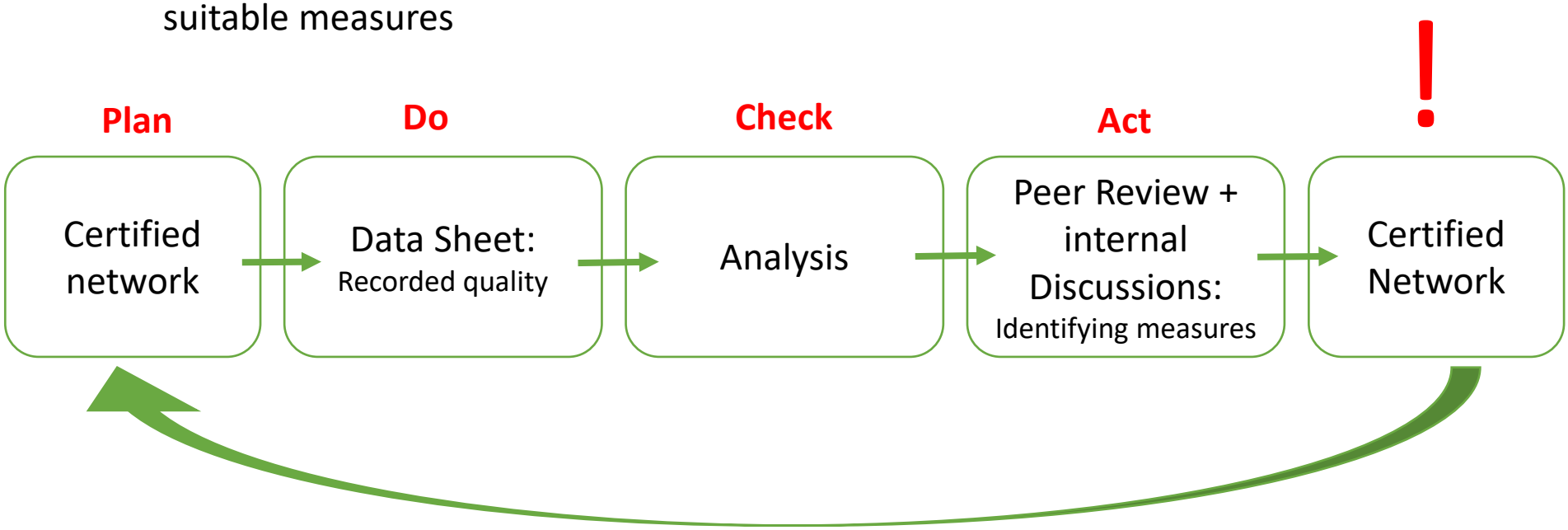
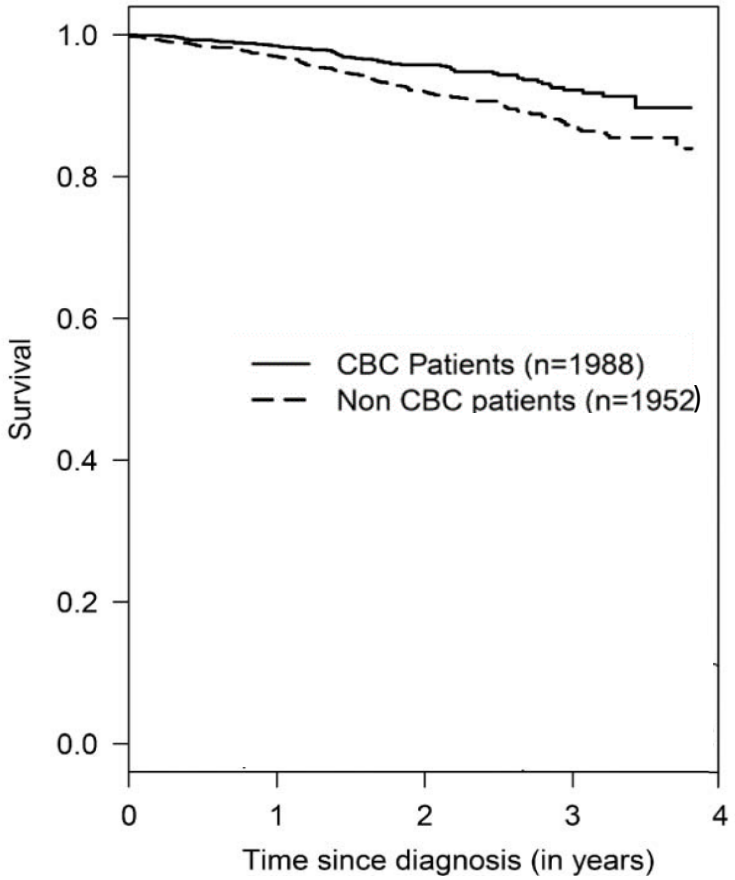


How does certification improve the quality of care for oncological patients?

4. By **improving overall survival** and reducing **hospital lethality** and **follow-up-resection rate**:



⇒ **Breast Cancer:**
Analysis with data from cancer registries; 3,940 patients with non-metastatic breast cancer

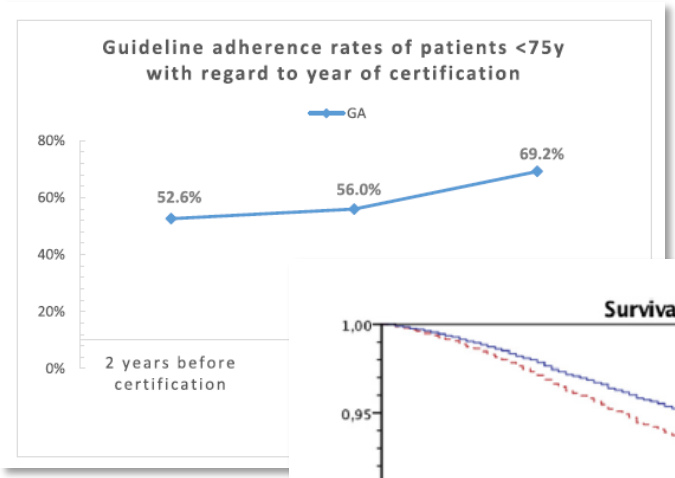
⇒ Summary:
"Patients treated at a CBC had a hazard ratio of 0,70 (95% confidence interval 0,52–0,93) in the adjusted Cox model. Independent from common prognostic factors, diagnosis and **treatment of breast cancer at a CBC improves the prognosis of patients**."

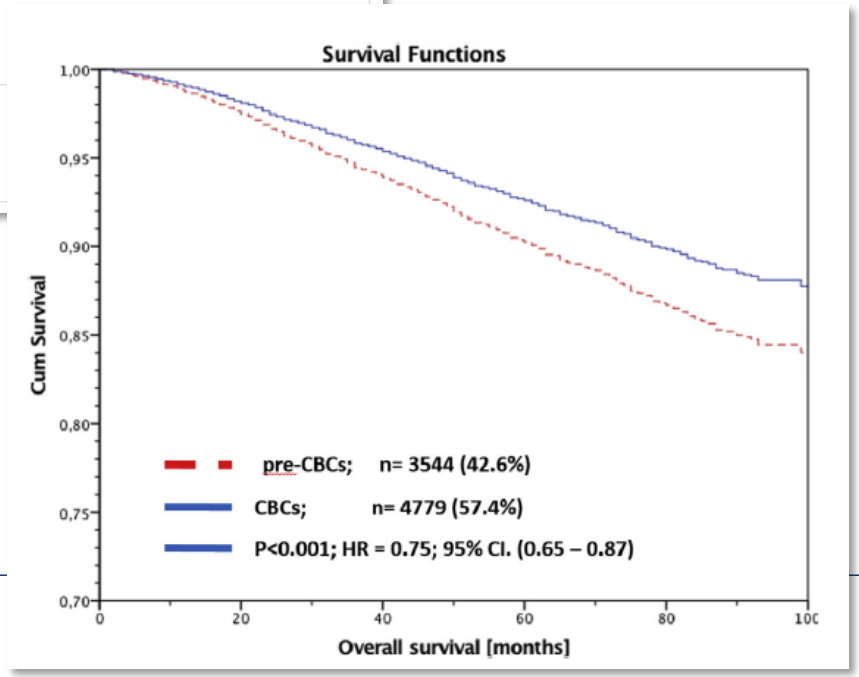
Beckmann MW, Brucker C, Hanf V, Rauh C et al. Quality Assured Health Care in Certified Breast Centers and Improvement of the Prognosis of Breast Cancer Patients. Onkologie 2011;34:362–367

How does certification improve the quality of care for oncological patients?

Highly significant improvement in guideline adherence, relapse-free and overall survival in breast cancer patients when treated at certified breast cancer centres: An evaluation of 8323 patients

Rolf Kreienberg [a, 1], Achim Wöckel [b, *, 1], Manfred Wischnewsky [c]





⇒ **Breast Cancer:**

Analysis of 17 breast cancer centres (certified between 2003-2007), comparison of before (n=3.544) and after (n=4.779) certification, Endpoints: guideline adherent therapy, overall survival; Cox-Regression with adjustment for: systemic therapy, moleculare subtypes and prognostic index NPI

⇒ Summary:

Significant higher guideline adherent therapy after certification; 5 year-overall survival:
before certification: 85,4%, after certification**:** 89,5% (p=0,0001

EUROPEAN CANCER CENTRES

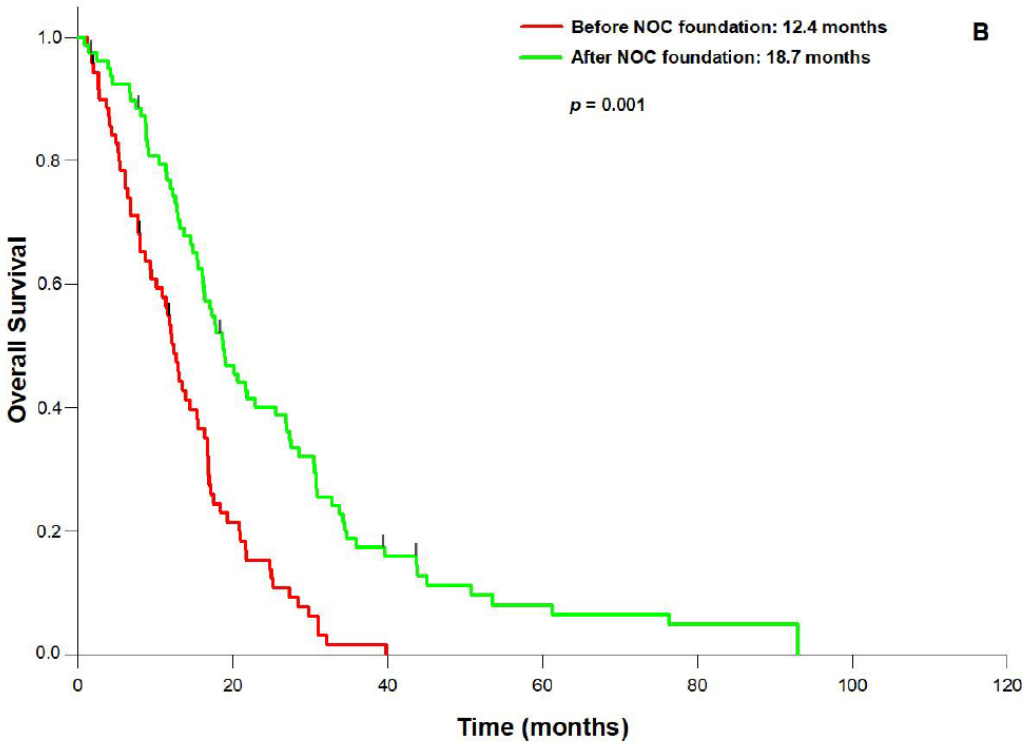
The Breast 40 (2018): 54-59

How does certification improve the quality of care for oncological patients?

Article

Extent of Resection in Newly Diagnosed Glioblastoma: Impact of a Specialized Neuro-Oncology Care Center

Amer Haj [1,2], Christian Doenitz [1,2], Karl-Michael Schebesch [1,2], Denise Ehrensberger [1,2],



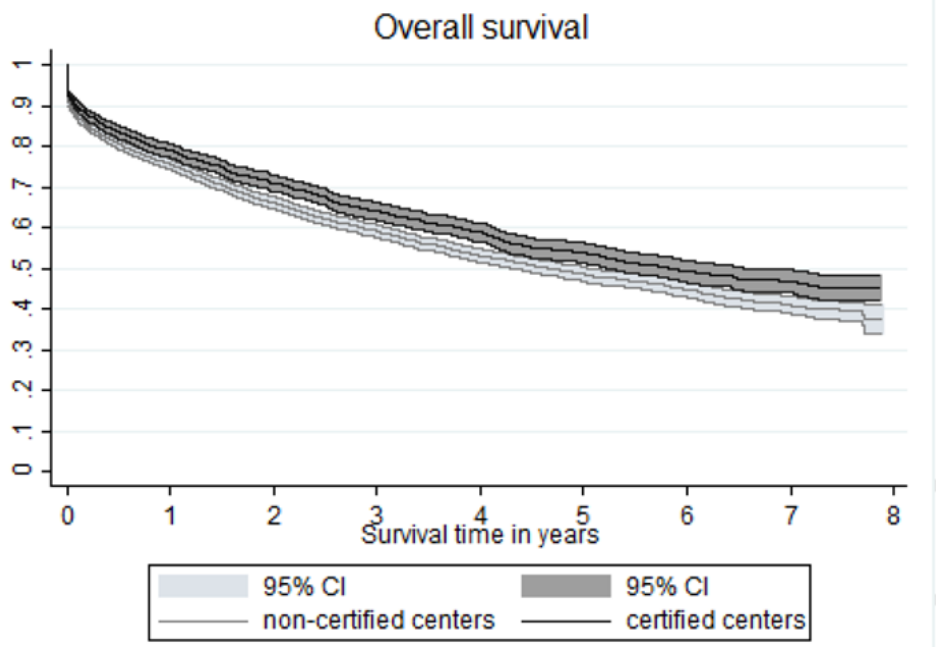
⇒ **Analysis:** retrospective cohort study of the university clinic Regensburg **149** patients with glioblastoma, group comparison **before** (2005-2009) and **after** (2009-2013) certification, adjustment for: Age, Karnofsky index, methylation and resection status.

⇒ **Result: Median overall survival** before certification: 12.4 months after certification: 18.7 months (p=0.001)

Haj A, Doenitz C, Schebesch KM, Ehrensberger D, Hau P, Putnik K, Riemenschneider MJ, Wendl C, Gerken M, Pukrop T, Brawanski A, Proescholdt MA. Extent of Resection in Newly Diagnosed Glioblastoma: Impact of a Specialized Neuro-Oncology Care Center**. Brain Sci.** 2017 Dec 25;8(1):5. doi: 10.3390/brainsci8010005. PMID: 29295569; PMCID: PMC5789336.

How does certification improve the quality of care for oncological patients?

4. By **improving overall survival**:



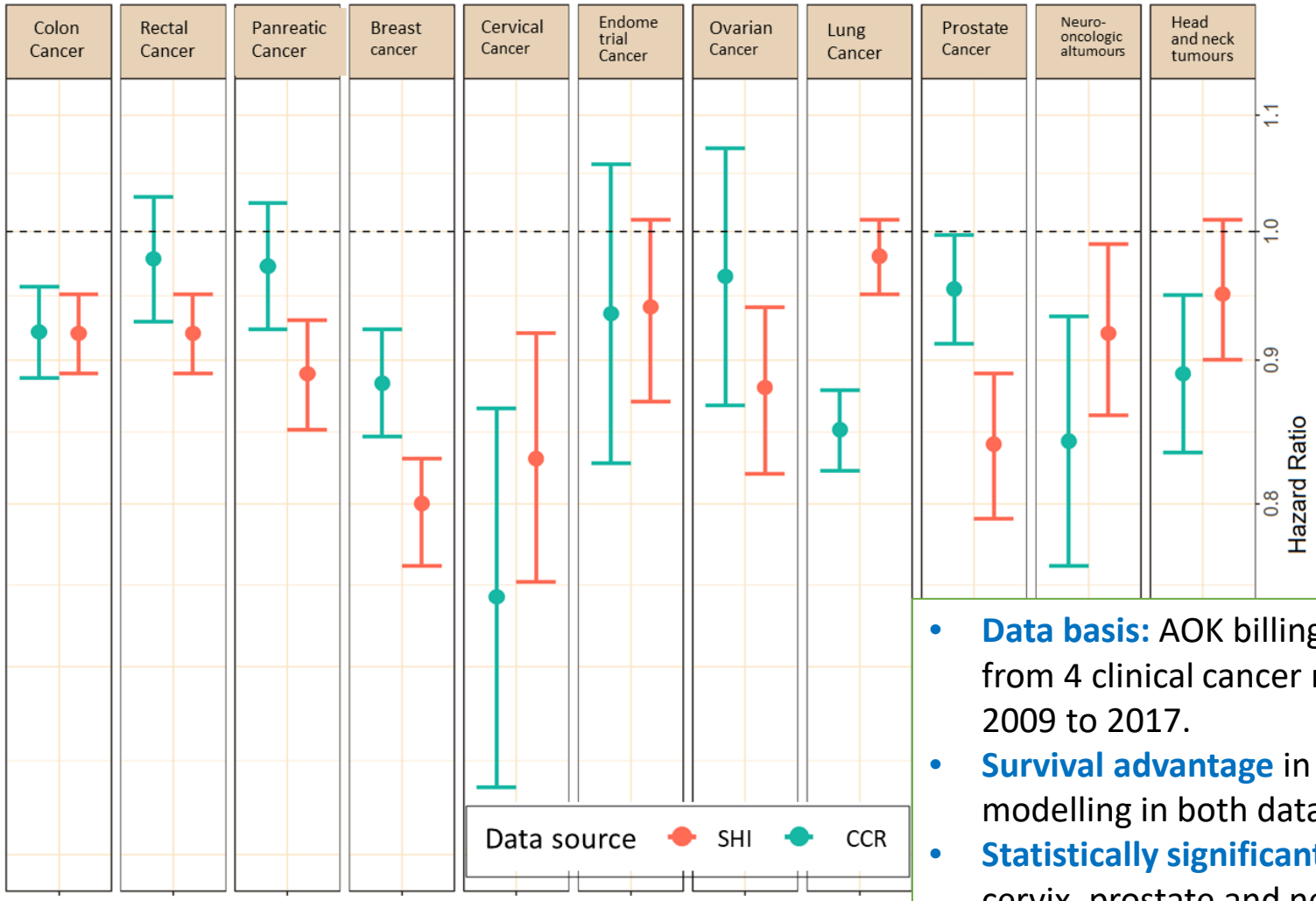
⇒ **Colon Cancer:**
Analysis with data from the biggest health insurance provider in Germany (AOK); 6,186 patients with surgically treated colon carcinoma

⇒ Summary:
1-5 year survival rates were higher in certified centers;
30-day mortality was 5.2 percentage points lower in cases resected in certified centers (7.4%) than non-certified centers (12.6%) and **rate of follow-up-resection was lower** (OR 0.51)"

EUROPEAN CANCER CENTRES

Trautmann F, Reißfelder C, Pecqueux M, Weitz J, Schmitt J, Evidence-based quality standards improve prognosis in colon cancer care, European Journal of Surgical Oncology (2018), doi: 10.1016/j.ejso.2018.05.013.

How does certification improve the quality of care for oncological patients?



- **Data basis:** AOK billing data (SHI) and data from 4 clinical cancer registries (CCR) from 2009 to 2017.
- **Survival advantage** in all risk-adjusted modelling in both data sources,
- **Statistically significant** for colon, breast, cervix, prostate and neuro-oncological tumours

Schmitt J et al., Wirksamkeit der Versorgung in onkologischen Zentren (WiZen) – Erkenntni
und Erfolg des Datenlinkage; https://aok-bv.de/presse/termine/index_25319.html

How does certification improve the quality of care for oncological patients?

4. By **improving overall survival:**


Originalarbeit

Thieme

Langzeitüberleben von Patienten mit Kolon- und Rektumkarzinomen: Ein Vergleich von Darmkrebszentren und nicht zertifizierten Krankenhäusern

Long-Term Survival of Patients with Colon and Rectum Carcinomas: Is There a Difference Between Cancer Centers and Non-Certified Hospitals?

Abb. 2 3-Jahres-Überleben, Kaplan-Meier-Kurven

Figure: 3-year-survival, Kaplan-Meier-curve

⇒ **Colorectal Cancer:**

Analysis from the cancer registry, 4.856 Pat. with colorectal cancer, first diagnosis 2004-2013; endpoint: 3year survival; adjustment for: age, stage, sex, grading, localisation

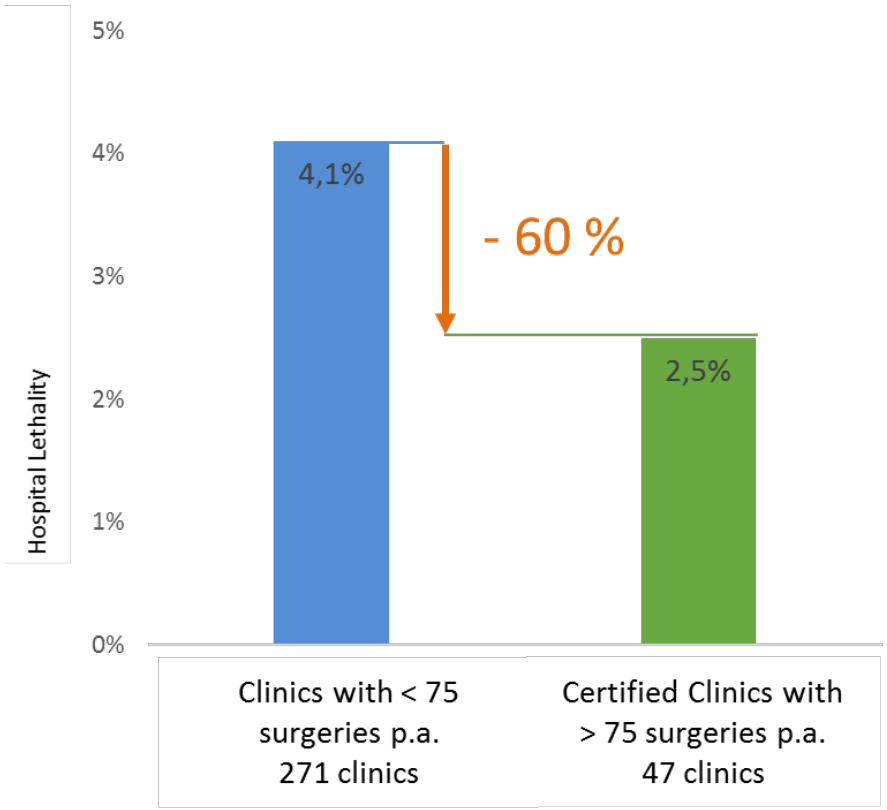
=> Summary:

3year survival 71,6% vs 63,6%, (p=0,001; after adjustment: HR 0,808, KI: 0,665-0,982, p= 0,032)

Völkel V, Draeger T, Gerken M, Fürst A, Klinkhammer-Schalke M (2018) Langzeitüberleben von Patienten mit Kolon- und Rektumkarzinomen: Ein Vergleich von Darmkrebszentren und nicht zertifizierten Krankenhäusern. Gesundheitswesen. DOI https://doi.org/10.1055/a-0591-3827

How does certification improve the quality of care for oncological patients?

4. By **reducing hospital lethality:**

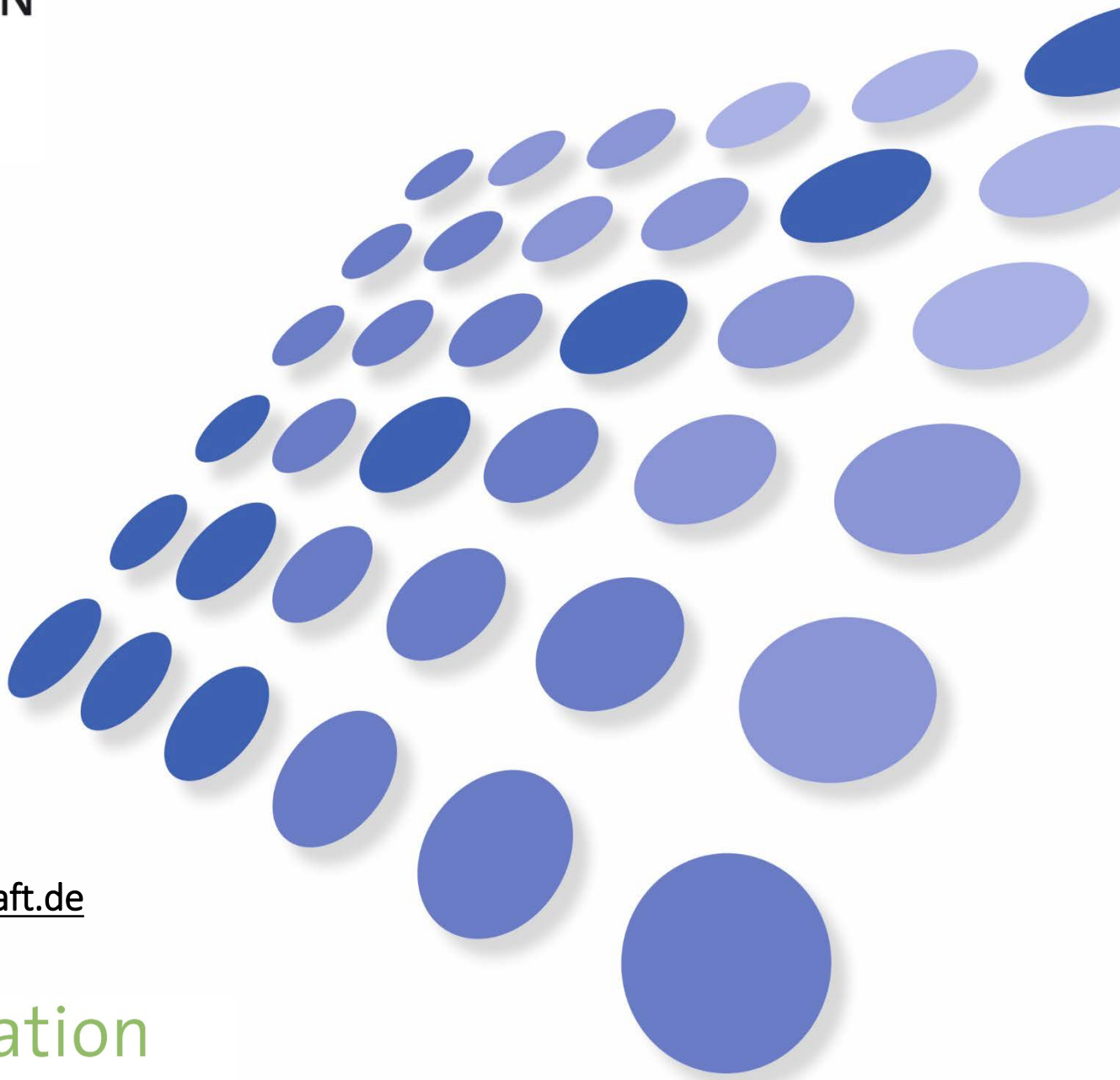


=> Lung Cancer:
Analysis with data from the DRG-statistic of all hospitals (= §21 social security statute book V);
11,614 anatomic resections in patients with lung cancer in 2015

⇒ Summary:
Hospital lethality was significant less in these high-volume (>=75/year) certified centres

Hoffmann H, Passlick B, Ukena D, Wesselmann S. (2018) Mindestmengen in der Thoraxchirurgie: Argumente aus der deutschen DRG-Statistik in Dormann, Klauber, Kuhlen (Hrsg.) Qualitätsmonitor 2018. Medizinisch Wissenschaftliche Verlagsgesellschaft.

EUROPEAN CANCER CENTRES



For more information:
www.ecc-cert.org
https://www.krebsgesellschaft.de
E-Mail: info@ecc-cert.org

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