German Respiratory Society (DGP)

German Society of Thoracic Surgery (DGT)

Catalogue of Requirements Lung Cancer Centres

of the German Cancer Society (*Deutsche Krebsgesellschaft* - DKG)

Prepared by the DKG Certification Committee Lung Cancer Centres

Expert groups involved (in alphabetical order)

Chairs: Prof. Dr. H. Hoffmann, Prof. Dr. D. Ukena

- ADT - Association of German Tumour Centres
- AIO - Working Group for Internal Oncology
- AOP - Working Group for Oncological Pathology
- AOT - Working Group for Oncological Thoracic Surgery
- APM - Working Group for Palliative Medicine
- PRIO - Working Group for Prevention and Integrative Oncology
- PSO - Working Group for Psycho-Oncology
- ARO - Working Group for Radio-Oncology
- ASO - Working Group for Social Work in Oncology
- ASORS - Working Group for Supportive and Rehabilitation Oncology
- BVDST - German Professional Association of Radiation Therapists
- BNHO - Association of Practice-based Haematologists and Oncologists in Germany
- BDP - Federal Association of Pneumologists in Germany
- CAO - Surgical Working Group for Oncology
- CAO-V - Surgical Working Group for Oncology - Visceral Surgery
- DGHO - German Association of Haematology and Oncology
- DGP - German Society for Palliative Medicine
- DGP - German Society for Pathology
- DGP - German Respiratory Society
- DEGRO - German Society for Radiation Oncology
- DRG - German X-Ray Society
- DGT - German Society of Thoracic Surgery
- DVSG - German Association of Social Work in Health Care
- KOK - Conference on Oncological and Paediatric Oncological Care
- NOA - Neuro-oncology Working Group
- POA - Pneumological-Oncological Working Group

Entry into force on 14 July 2016

This Catalogue of Requirements (CR) is binding for all audits conducted from 1 January 2017. The changes made to the version valid in the audit years 2015 and 2016 are highlighted in "green" in this Catalogue of Requirements.

Change dated 26 January 2017
One correction has been made to Section 1.1. (Cooperation models) vis-à-vis Version F2 of 22 November 2016.

Consideration was given to:

Interdisciplinary S3 Guidelines of the German Society for Pneumology and the German Cancer Society "Prevention, Diagnosis, Therapy and Aftercare of Lung Carcinomas"

Details of the Lung Cancer Centre

Lung Cancer Centre (LC) _____

Head Lung Cancer Centre _____

Centre Coordinator _____

		This Catalogue of Requirements is valid for
Location 1 (clinic/place) - Thoracic surgery	_____	☐
Location 2 (clinic/place) - Pneumology	_____	☐
Location 3 (clinic/place) - Pneumology only for cooperating LCs	_____	☐

QM system certification

QM standard ☐ ISO 9001 ☐ KTQ / pcc

Certification body QM _____

Network/Main cooperation partners

The Centre's cooperation partners are registered in a master data sheet with OnkoZert. The details in the master data sheet are published on www.oncomap.de. Any new or no longer valid cooperation is to be notified immediately to OnkoZert, outside the certification period, too. Other updates (e.g. changes to the head, contact data) are to be indicated in the corrected master data sheet in the run-up to the annual follow-up audit. The master data sheet with the registered cooperation partners can be requested from OnkoZert as a file.

Preparation / Update

The electronically generated Catalogue of Requirements serves as the basis for the certification of the Lung Cancer Centre. The details provided there have been checked for correctness and completeness.

The data refer to the calendar year	
Preparation/update date of the Catalogue of Requirements	

Table of Contents

1. General details of the Lung Cancer Centre

1.1 Structure of the network

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.1.1	The management structures of the Lung Cancer Centre and QM responsibilities and ~~network coordination~~ Centre coordination are to be clearly defined. • Procedural rules • Job description - Quality management officer • Job description ~~network coordinator~~ Centre coordinator This applies in particular to cooperative Lung Cancer Centres. The procedural rules describe the management structures of the LC and set out the services of thoracic surgery, pneumology and, where appropriate, haematology/oncology (see also the contents of the partnership agreements of the main treatment partners). Colour legend: Harmonisation of the nomenclature vis-à-vis the version dated 30 September 2014		
	The main treatment partners of the LC are: • Pneumology • Thoracic surgery • Internal oncology / haemato-oncology or pneumology with corresponding expertise (in line with the agreement in the procedural rules) • Radiotherapist • Pathologist • Radiologist		
	The position of head of the Lung Cancer Centre is normally assumed by the head of the disciplines pneumology or thoracic surgery. A rotating head is recommended. The head of the Lung Cancer Centre ensures the implementation of standards and statutory regulations.		
	The discipline pneumology is represented by a pneumology department (or area with a focus on pneumology) with at least two full-time or an equivalent number of part-time pneumology specialists. If a clinic head represents two departments, the performance numbers must be listed for and met separately by each department.		
	The discipline thoracic surgery is represented by a thoracic surgery department (or area with a focus on thoracic surgery) with at least two full-time or an equivalent number of part-time thoracic surgery specialists. If a clinic head represents two departments, the performance numbers must be listed for and met		

1.1 Structure of the network

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	separately by each department (with due consideration of the cooperation models.)		
	Cooperation models Cooperations thoracic surgery • Within an LC, cooperation between several clinics for thoracic surgery is possible if each thoracic surgery clinic independently generates its surgical ~~primary~~case numbers. • Possible exception: • If 1 clinic head has represented 2 departments since at least 1 January 2011, one of the two departments must independently meet the surgical ~~primary~~case numbers, the 2nd department at least 50% (>= 38 anatomical lung resections ~~surgical PC~~) Multi-location Lung Cancer Centre With maximum three pneumology departments, a clinic for thoracic surgery can form a multi-location ~~cooperative~~ LC when at least 100 primary cases/year are proven for each pneumology department (definition in accordance with CR 1.2.1). Colour legend: Additions / deletion vis-à-vis the version dated 30 September 2014 Colour legend: Correction vis-à-vis status of 14 July 2016		
new	Independent Lung Cancer Centre – Cooperation thoracic surgery A Centre with >200 primary cases and fewer than 75 anatomical lung resections can become an independent Centre when it cooperates with an existing LC, i.e. patients undergo surgery in the thoracic surgery unit of an independent certified Lung Cancer Centre. • All surgical cases of a Centre with < 75 surgeries must be operated on in the cooperating thoracic surgery unit. • The cooperating thoracic surgery unit must assign the surgical cases to the Centres. • Patients who do not undergo surgery in the cooperating thoracic surgery unit are not patients of the Centre. Colour legend: Additions to the version dated 30 September 2014		
	Precondition for multi-location ~~all~~ cooperation models: ~~• identical Centre name~~ • Joint tumour conference		

1.1 Structure of the network

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• The Technical and Medical requirements and performance indicators must be separately met and proven for each location. • Prior structural assessment by OnkoZert is necessary Colour legend: Additions / deletions vis-à-vis the version dated 30 September 2014		
	A clinic for thoracic surgery or a pneumology department can be involved in two independent LCs when the required thoracic surgery/pneumology case numbers can be met separately by each LC and when there is a clear assignment of the patients to the respective Centres.		
	It must be proven that, as a rule, the department for thoracic surgery actually operates on all patients with the corresponding indication in the cooperating pneumology departments.		
1.1.2	Written agreements (cooperation agreements) are to be entered into with the main cooperation partners (with the exception of pneumology and thoracic surgery and possibly haematology/oncology – they set out their services in the procedural rules). The agreements are to be examined annually by the Lung Cancer Centre to ensure they are up to date. The following points are to be dealt with in the agreements with the main cooperation partners: • Binding participation in the tumour conference • Ensuring availability • Description of the treatment processes of relevance for the Lung Cancer Centre bearing in mind the interfaces • Obligation to implement indicated guidelines • Description of cooperation on tumour documentation • Declaration of willingness to cooperate on internal/external audits • Undertaking to comply with the relevant criteria of the Technical and Medical Requirements to be met by Lung Cancer Centres and with the annual submission of the relevant data • Declaration of consent of the treatment partners to be publicly identified as part of the Lung Cancer Centre (e.g. homepage) • Other disciplines/specialties, e.g. nuclear medicine, psychosocial oncology or others can be called in when necessary.		
1.1.3	Agreements with other treatment partners: Written agreements are to be entered into for the following treatment partners in which a willingness to engage in cooperation is declared:		

1.1 Structure of the network

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• Psycho-oncology • Nuclear medicine • Social services • Advice for smokers / smoking cessation • Physiotherapy • Hospice/palliative medicine The following points are to be dealt with in the agreements with the cooperation partners: • Participation in specialty training programmes and public relations work • Description of cooperation and interfaces • Type of reciprocal communication • Upholding of medical confidentiality If the treatment partner comes under the disciplinary jurisdiction of the LC, a written agreement is not required.		
1.1.4	The Lung Cancer Centre has a clear mission statement and quantitative quality goals. Interdisciplinarity and evidence-based medicine are clearly reflected in its statements and are visible in practice. The fundamental orientation of the Lung Cancer Centre is known to and implemented by its employees.		
1.1.5	The achievement of quality goals is measured. The results undergo documented evaluation. Clear strategies, which encourage the achievement of goals, are defined in the annual quality plans under • the responsibility of the Centre head and • ~~network coordination~~ centre coordination. Colour legend: Harmonisation of the nomenclature vis-à-vis the version dated 30 September 2014		
1.1.6	Contact partners of the Lung Cancer Centre The names of the contact partners of the Lung Cancer Centre at the clinic location and for the individual cooperation partners are to be given and published (e.g. on the Internet). In medical areas the responsibilities on the specialist level are to be defined.		
1.1.7	The funding body/bodies of the Lung Cancer Centre make sufficient funds / resources available in order to meet the staffing, spatial and material requirements~~(financial plan, cost centre, controlling). The plans are to be presented in a financial plan which clearly states which items (staff, equipment, outside appearances, audits, etc.) are to be made available on which level by which funding body.~~ Colour legend: Deletion / addition vis-à-vis the version dated 30 September 2014		

1.1 Structure of the network

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	Colour legend: Correction vis-à-vis the status of 14 July 2016		
1.1.8	Standard Operating Procedures (SOPs) must be defined for patients in which the relevant medical guidelines are set out. Regular checks should be made to ensure they are up to date. The SOPs take into account the interdisciplinarity of the Centre and the networking with practice-based physicians. Pathways are to be specified for: • Diagnostics • Therapy • Aftercare		
1.1.9	The LC has a certified QM system (ISO 9001, KTQ, PCC, JC etc.) which is continuously developed.		
1.1.10	Treatment errors • Any treatments errors determined inside and out of court (expert/mediation committee) in the case of patients of the LC are to be prepared and presented to the certifier in the run-up to certification. • Special attention should be paid to the re/actions of the Centre resulting from the cases within the framework of an ensuing certification. • The relevant calendar year is the period covered by the audit. • Non-compliance will be deemed to be a deviation.		

1.2 Interdisciplinary cooperation

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.2.1	The Lung Cancer Centre must treat at least 200 patients a year with a primary diagnosis of "lung cancer" in its own Centre. Definition primary case of the Centre: • All patients with newly diagnosed or not yet pretreated/treated lung cancer, who are presented to the Centre or the tumour conference, and receive large parts of their treatment there. • A patient can only be counted as a primary case for 1 Centre; pretreated patients or patients seeking a second opinion are not counted. • Patients (not stays, not surgery) • Complete recording in the tumour documentation system • Pathology report must be available (ICD, C34.0-34.9)	Details in the Indicator sheet: Basic data / Indicator 1 (Excel template)	

1.2 Interdisciplinary cooperation

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• The time of counting is the time of the pathological confirmation of diagnosis • A primary case with synchronous treatment of bronchial carcinomas • Two primary cases with metachronous treatment of bronchial carcinomas • Synchronous tumour in another tumour entity can be counted as a primary case for each tumour entity		
	Therapy discontinuations: Can be counted in the case of first treatment as a primary case. Are to be entered in the tumour documentation system. Number of patients is to be indicated. Not recognised when the patient has switched to another Centre after diagnosis or before the commencement of treatment		
1.2.2	~~Surgical primary cases~~ ~~The Lung Cancer Centre must carry out surgical treatment on at least 75 patients a year with the primary diagnosis "lung cancer". (Primary cases of the Centre)~~ The thoracic surgery department must prove at least 75 anatomical lung resections a year in patients with a c-diagnosis (Def. surgical spectrum CR 5.2.2 Colour legend: Deletion / addition vis-à-vis the version dated 30 September 2014	Details in the Indicator sheet: Basic data / Indicator 1 9a and 9b (Excel template)	
1.2.3 a)	Cycle The tumour conference must be held at least once a week. ~~Video conferences or Internet-based conferences can replace personal attendance. Imaging material of the necessary quality must be transmitted.~~ Web/online conference • If web conferences are used, it must be possible to transmit the sound and documents presented. It must be possible for each main cooperation partner to present its own documents/imaging material. • Telephone conferences with no imaging material are not an option. Colour legend: Deletion / addition vis-à-vis the version dated 30 September 2014		
b)	Participants tumour conference The main treatment partners (Section 1.1.1.) regularly attend the tumour conference. Participation must be proven, for instance in a list of participants.		

1.2 Interdisciplinary cooperation

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	In line with needs, associated specialty units (e.g. psycho-oncology, nursing care) and specialties engaged in palliative activities (neurology, neurosurgery, surgery, pain therapy, orthopaedics, etc.) are to be included in the tumour conference.		
c)	Preparation tumour conference The main patient data are to be summed up in writing prior to the conferences and distributed to the participants. A pre-appraisal of suitable study patients is to be undertaken.		
d)	Demonstration imaging material Any existing patient-related imaging material (e.g. pathology, radiology) of relevance for the question in hand, must be available at the conference and suitable technical equipment must be provided for the presentation of this material.		
e)	Minutes The results of the tumour conference consist, *inter alia*, of a written, interdisciplinary treatment plan ("Minutes tumour conference"). The treatment plan must be made available to the conference participants and to care and specialty units responsible for further treatment. It must be part of the patient's medical record. Dissenting decisions are documented. Responsibility for treatment lies with the attending physician.		
1.2.4	Tumour conference All patients, who come to the Centre with a first manifestation, a new recurrence or remote metastasis, must be presented at the pretherapeutic tumour conference and/or in the tumour conference after conclusion of primary therapy.		
1.2.5	Pretherapeutic tumour conference - Primary cases - Local recurrence/distant metastases	Indicator 2a (Excel template) Indicator 2b (Excel template)	
new	Indication conference • In Centres with >500 primary cases, the pretherapeutic tumour conference can be conducted as an indication conference. • Participants: Pneumology/haemato-oncology, thoracic surgery, radiology. Optional: Radiotherapist Colour legend: Addition to the version dated 30 September 2014	Indicator 2a (Excel template)	
1.2.6	Tumour conference after surgical therapy (to examine the indication for adjuvant therapy)	Indicator 3 (Excel template)	
1.2.7	Conduct/recommendation of therapy If, in the course of therapy, there is a deviation from the original therapy recommendation, the case must be presented again at the conference. The reasons for the change and the amended therapy are to be documented.		

1.2 Interdisciplinary cooperation

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.2.8	Therapy planning On request, the patient is given the minutes of the tumour conference. Alternatively, a separate record can be made for the patient.		
1.2.9	Quality circles • Quality circles, in which lung aspects are addressed as one of the foci, are to be conducted at least 3 times a year ~~4 times a year~~. • Participants: mandatory for all main treatment partners; other partners of the Centre (nursing care, psycho-oncology, etc.) are to be invited in line with the topics to be discussed (at least once a year). • Minutes of quality circles are to be taken. Colour legend: New definition vis-à-vis the version dated 30 September 2014		
1.2.10	Morbidity conferences • The invited participants are the participants in the tumour conference and referrers. • The dates of these conferences can be timed to coordinate with the tumour conference or with events for referrers. • At least 2 morbidity conferences are to be held every year and at least 3 cases are to be presented at each conference. • Cases presenting a special development in the course of the disease or cases in need of improvement are discussed. • Minutes of morbidity conferences are to be taken.		
1.2.11	Requirement Systemic therapy • Cisplatin-based chemotherapy • Combined radio-chemotherapy	Indicator 19 (Excel template) Indicator 20 (Excel template)	

1.3 Cooperation referrers and aftercare

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.3.1	Cooperating referrers A list is to be kept of cooperating main referrers. Referrers may independently present patients (e.g. suspected recurrence). The referrers must be informed of these options.		
1.3.2	Contacts The Centre's contacts are to be given to the referrers in line with their function (e.g. telephone number, email).		
1.3.3	Medical reports		

1.3 Cooperation referrers and aftercare

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	Medical reports are to be given to the referrer, the patient (if he/she wishes) and each physician indicated by him/her. Medical reports must contain the pathology report, surgery report and the results of the tumour conference. After preparation of the report, the referrer should have timely access (< 2 days) to the surgery report, the histological results and the minutes of the tumour conference.		
1.3.4	Feedback system A written procedure for the recording, processing and feeding back of the general and case-related concerns/questions of the main referrers is to be put in place.		
1.3.5	Referrer satisfaction survey Every three years a referrer satisfaction survey is to be conducted. The results of this survey are to be evaluated and analysed. The results must be available for the 1st follow-up audit.		
1.3.6	Further training The Lung Cancer Centre must propose further training events for physicians at last twice a year. Contents/results and participation are to be recorded.		

1.4 Psycho-oncology

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.4.1	Psycho-oncology qualifications • Qualified psychologist or • Physicians with psychotherapeutic specialty training and psycho-oncological further training (see below) (Proof required) Cross-cover staff provision is to be documented in writing. The representatives of other psychosocial professional groups (like qualified pedagogues, social workers, etc.) can be approved on presentation of the above-mentioned psycho-oncological qualifications. In this case the qualification is to be presented in a curriculum (initial, further/specialty training, psycho-oncological experience) that undergoes individual examination. The assumption of psycho-oncological tasks by the social services, self-help groups or pastoral care is not sufficient. Recognised training courses		

1.4 Psycho-oncology

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	"Specialty training in psychosocial oncology" recognised by the Working Group for Psycho-Oncology (PSO) or dapo or other adequate further training with a volume of > 100 teaching units		
1.4.2	Psycho-oncology – Offer and access Each patient must be offered the option of psycho-oncological counselling in a timely manner in the vicinity (proof required). The offer must be made in a low-threshold manner. Documentation and evaluation Psycho-oncological treatment is to be documented and evaluated in an ongoing manner using suitable instruments (e.g. Basic Documentation for Psycho-Oncology - PO-BaDo). To identify treatment needs, screening of mental strain must be undertaken (instrument e.g. see S3 Guidelines Psycho-Oncology, and the result is to be documented. Scope of treatment Patients who have received psycho-oncological support are to be documented. The frequency and duration of the sessions is to be recorded.		
	Number of patients who received psycho-oncological support (duration of session > 25 minutes)	Indicator 4 (Excel template)	
1.4.3	Psycho-oncology resources at least 0.5 full-time staff members are available to the Centre (names are to be given), recommendation: 0.5 full-time staff members per 200 primary cases		
1.4.4	Premises A suitable room is to be provided for psycho-oncological patient consultations.		
1.4.5	Organisation plan If psycho-oncological care is provided by external cooperation partners or for several locations and clinic facilities, the performance of tasks is to be laid down in an organisation plan that contains details, *inter alia*, of the availability of resources and local presence.		
1.4.6	Psycho-oncology – tasks The psycho-oncological care of patients is to be offered in all stages of care (diagnosis, inpatient, post-inpatient). Goals and tasks of care: • Prevention/treatment of resulting psychosocial problems • Activation of personal coping mechanisms • Maintenance of quality of life • Consideration of social environment		

1.4 Psycho-oncology

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• Organisation of further outpatient care through cooperation with outpatient psycho-oncological service providers • Public relations (patient event or the like) • Provision of supervision, further training and initial training schemes for staff		
	The following are also recommended: • twice yearly discussions between psych-oncologists and the nursing and medical area; • the regular written and, where appropriate, oral feedback on psycho-oncological activities to the medical staff (e.g. through a referral report or documentation in the medical record); • regular participation in ward conferences and tumour conferences; • close cooperation with the social services; • the psycho-oncologists should present their work at least twice a year at the tumour conferences.		
1.4.7	Further/specialty training/supervision • At least 1 dedicated further/specialty training session a year for each staff member (at least 1 day a year) • External supervision is to be made possible on a regular basis.		

1.5 Social work and rehabilitation

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.5.1	Qualifications social work Social workers/social pedagogues Resources: At least 1 social worker is available to the Centre (recommended: 400 patients for each full-time position) Cross-cover staff provision for holidays and sickness must be documented. Premises: A suitable room is to be provided for social counselling work. Organisation plan: If the social service provides its services for several specialty units or locations, the performance of tasks is to be laid down in an organisation plan that contains details, *inter alia*, of the availability of resources and local presence.		
1.5.2	Social work – Offer and access		

1.5 Social work and rehabilitation

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	Each patient must be offered the option of counselling by the social services at all stages of the disease in a timely manner in the vicinity (proof required). The offer must be made in a low-threshold manner and be open to the patient for the entire duration of treatment. This also includes information about rehabilitation options. Counselling social services: Cancer patients who have received support from the social services are to be documented.		
	Number of patients who received counselling from the social services.	Indicator 5 (Excel template)	
1.5.3	Tasks of psychosocial counselling • Identification of social, economic and mental health emergencies • Elaboration of perspectives and solutions of relevance for daily life bearing in mind personal and social factors, the patient's wishes and available resources • Advice on the options of rehabilitation and participation, initiation of medical rehabilitation measures • Advice on social law and economic issues (e.g. severely disabled persons' legislation, wage replacement benefits, pensions, benefit requirements, co-payments, etc.) • Support when selecting services • Advice on outpatient and inpatient treatment options • Referral to support offerings, specialised services, care services and self-help groups • Support for professional and social reintegration • Cooperation with service funding agencies and service providers, counselling centres • Intervention in emergencies • Help with transfer to/placing in palliative care facilities and hospice care (outpatient / inpatient)		
1.5.4	Further tasks: • Multi-professional cooperation particularly with physicians, nursing staff, psychologists, physiotherapists, pastoral services *inter alia* • Participation in ward conference, social visits and tumour conferences • Participation in supervision • Public relations • Participation in the setting up and further development of oncological networks Documentation and evaluation		

1.5 Social work and rehabilitation

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• The activity of the social services is to be documented in full compliance with data protection (outpatient/inpatient case numbers, focus of counselling, family members, etc., for example with specific dedicated software) • The exchange of information with other professional groups is to be ensured. • The quota of counselled patients is to be recorded. • Evaluation is recommended every 2 years.		
1.5.5	Further/specialty training Ongoing further/specialty training per staff member (every year at least 2 days or 15 hours) Contents: basic oncological knowledge, social law, psychosocial counselling expertise, knowledge of the relevant care structures		

1.6 Patient involvement

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.6.1	Patient surveys: • At least every 3 years all Centre patients are given the opportunity over a period of at least 3 months to take part in a patient survey. • The response rate should be documented.		
1.6.2	Evaluation patient survey • Responsibility for the evaluation is to be specified. • The evaluation must encompass the patients of the Lung Cancer Centre. • A protocolled evaluation is to be made and presented during the audit. • Actions are to be laid down on the basis of the evaluation.		
1.6.3	Patient information (general) • The Lung Cancer Centre should present itself and its treatment options (e.g. in a brochure, patient folder, on the homepage). • The cooperation/treatment partners are to be named with details of the contacts. A description is to be given of the treatment offering. • The option of seeking a second opinion is in place. • The patient is always informed of the diagnosis by the attending physician. • The patient's autonomy is respected and independent actions are supported. • "Informed consent" is ensured.		
1.6.4	Discharge consultation		

1.6 Patient involvement

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	Each patient is given a discharge consultation (short documentation / check list) in which the following topics at least are addressed and the corresponding information provided: • Therapy planning • Individual aftercare plan (where appropriate handing over of an aftercare pass) • Option of psycho-oncological care • Option of social worker counselling		
1.6.5	Results tumour conference Patient is to be informed of the recommendations of the tumour conference. Patient information (case-related): On request, the patient is given a copy of the final medical report. It contains the histology, surgical report and information on the planned therapy (tumour conference minutes).		
1.6.6	Event for patients The Centre is to stage an information event for patients and/or interested persons at least once a year. If possible, in cooperation with self-help groups		
1.6.7	Complaint management An official procedure for complaint management is in place. The patients are given feedback. Complaints are taken into account in the improvement process.		
1.6.8	Self-help groups The self-help groups, with which the Lung Cancer Centre actively cooperates, are to be named. If there are no local tumour-related self-help groups, then contacts to national or cross-organ self-help groups are to be organised.		
1.6.9	Agreement with self-help groups Written agreements with the self-help groups are to be entered into which cover the following points: • Access to self-help groups at all stages of treatment (initial diagnosis, hospitalisation, chemotherapy...); • Provision of contact data of self-help groups (e.g. in patient brochures, homepage of the LC) • Options to display information brochures of self-help groups • Regular provision of rooms at the LC for patient consultations • Quality circles with the participation of representatives of psycho-oncology, self-help groups, social services, pastoral care, nursing care and medicine		

1.6 Patient involvement

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• Personal discussions between the self-help groups and the Lung Cancer Centre with a view to jointly staging or mutually agreeing on actions and events. The results of the discussions are to be recorded. • Involvement of medical staff in the events of the self-help group		

1.7 Study management

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.7.1	Access to studies The patient must have access to studies. The studies conducted at the Lung Cancer Centre must be listed and published, for instance on the Centre's homepage.		
1.7.2	Study manager The name of the physician in charge of the study is to be given.		
1.7.3	Study assistant /study nurse A study nurse /study assistant should be available for initial certification (mandatory after 3 years). He/she can work in a parallel manner for several "units conducting studies". The range of tasks is to be laid down in writing (via position/function descriptions with the scale of the time needed) and can encompass, *inter alia*, the following contents: • Conduct of studies together with the physician in charge of the studies • Patient care during the study and in aftercare • Organisation, coordination of diagnosis, laboratory, sample dispatch and test medication • Collection and documentation of all data of relevance for the studies • Preparation of and support for audits and authority inspections The activity of the study assistant can be combined with other activities like tumour documentation.		
1.7.4	Process description The processes are to be described for the taking on/initiation of new studies and the conduct of studies (information, conduct and aftercare).		
1.7.5	Proportion study patients • Initial certification: At the time of initial certification >= 1 patients must have been included in the studies.	Details in the Indicator sheet: Indicator 6 (Excel template)	

1.7 Study management

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• after 1 year: at least 5% of the primary case number		
	All patients with lung cancer included in studies can be taken into account when calculating the study quota (share study patients based on the Centre's primary case number). Only the inclusion of patients in studies for which a valid ethical vote is available counts as study participation. General preconditions for the definition of the study quota: • Patients can be counted once per study, time: date of patient consent. • Patients in the palliative and adjuvant situation can be counted, no limitations regarding stage of disease. • Patients who are taking part in several studies can be counted several times.		

List of the studies

Name study unit [1)]	Study name	Number centre patients recruited in 2016 [2)]
Numerator indicator no. 6 "Study quota"		

1) Name study unit = specialty unit running the study (e.g. department for radio-oncology, joint haematology/oncology practice Dr. Smith…)
2) Only those study patients may be counted who are deemed to be Centre patients in this Centre and who were recruited in 2016 to the study.

Colour legend: Updating of the calendar year

1.8 Nursing care

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.8.1	Specialist oncology nurses • At least one specialist oncology nurse must be actively involved in the Centre. • The names of specialist oncology nurses are to be provided. For initial certification at least one registration for training as a "Specialist oncology nurse" must be available. In this case details must be given of		

1.8 Nursing care

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	how the "responsibilities/tasks" outlined below are to be covered during training. During the training phase, a concept is to prove cooperation with a fully trained specialist oncology nurse who supervises the tasks during the training phase. After 3 years the activity of a specialist oncology nurse in the LC is to be proven. Training specialist oncology nurse in line with the model of the federal state ordinance of the German Hospital Federation (*Deutsche Krankenhausgesellschaft e.V.* – DKG) or the respective federal state regulations or academically trained specialist nurse.		
1.8.2	Responsibilities / tasks • Care counselling for affected individuals and family members for the purposes of care case management or follow-up care (network of outpatient care) • Assessment and management of strain, symptoms and side effects • Advice for colleagues about further training (theoretical/practical) • Planning of the further training needs of the specialist oncology nurses • Implementation of the latest (care-related) scientific research findings in day-to-day care practice • joint oncological nursing visits		
1.8.3	Induction concept The induction of new staff members must be done in line with a specified induction concept.		
1.8.4	Further and specialty training • A qualification plan for nursing staff is to be presented listing the planned qualification sessions for the period of one year. • At least 1 dedicated specialty training session for each staff member (at least 1 day a year) who carries out quality-relevant activities for the Centre.		

1.9 General service areas

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.9.1	The Centre must offer the following conservative treatment methods: • speech therapy • breathing therapy • physiotherapy • nutritional counselling		

1.9 General service areas

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	Responsibilities must be clearly defined for all procedures. Descriptions of the procedures must be available.		
1.9.2 new	Smoking cessation programmes • All patients who smoke should be offered a professional smoking cessation programme with documented motivational sessions. • at least 1 person from the medical and 1 person from the non-medical area should have a certified qualification in smoking cessation (e.g. through a curriculum of the German Medical Association [BÄK], German Respiratory Society [DGP], Federal Association of Pneumologists in Germany [BdP]). The names of the persons are to be given. • Stocks of medication for smoking cessation (nicotine replacement therapy, varenicline) must be kept in the hospital. • Cooperation with an outpatient, multi-modal smoking cessation programme should be in place. Colour legend: Addition to the version dated 30 September 2014		

2. Organ-specific diagnostics

2.1 Consulting hours

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
2.1.1	Lung consulting hour On what basis is a special consulting hour held? (Medical care centre, participating physician, personal authorisation, institute authorisation, polyclinic authorisation)		
2.1.2	The lung consulting hour must be held at least once a week and cover the following topics: • Lung cancer detection • Therapy planning • Aftercare • Counselling in the case of benign respiratory disorders • Offers for smoking cessation programmes • Recording of smoker status (the following breakdown is recommended: year of commencement, year of discontinuation, packs and pack years and breakdown into current smoker, ex heavy smoker, light smoker and never a smoker)		

2.1 Consulting hours

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	If appropriate, the topics can be covered in special, separate consulting hours.		
2.1.3	How long are the waiting times for an appointment Requirement: < 2 weeks Emergency consultation possible daily. The waiting times are to be recorded on a random basis and statistically evaluated (recommendation: evaluation period 4 weeks a year).		
2.1.4	In the case of (special) lung consulting hours, the following services are to be provided: • Lung function laboratory • Ergospirometry • X-ray (conventional) • Computer tomography/MRI • Laboratory (haematology, clinical chemistry, ...) • Sonography (pleura, upper abdominal ultrasound, echocardiography) • Possibility for outpatient bronchoscopy • Nuclear medicine tests		
2.1.5	Time to first pathology report (primary diagnosis) Requirement: ≤ 3 working days		
2.1.6	Diagnosis communication dignity • Communication of a diagnosis, particularly in the case of malignant findings, must be done personally by and in direct contact with a physician. • Time to final diagnosis (communication of histological result to patient): < 1 week		
2.1.7	Repeated presentation of patient is to be organised in the event of therapeutic side effects.		
2.1.8	Information / dialogue with the patient Adequate information must be provided about diagnosis and therapy planning and a dialogue is to be entered into. This includes *inter alia*: • Presentation of alternative treatment concepts • Offer of and aid in obtaining second opinions • Discharge consultation as a standard procedure A general description is to be given of the way in which information is provided and the dialogue organised. This is to be documented for each patient in medical reports and minutes/records.		

2.2 Diagnosis

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
2.2.1	The Centre must offer the following functional diagnostic procedures: • Lung function with whole body plethysmography, measurement of diffusion capacity, measurement of muscle function and exercise test (6-minute walk test) • Blood gas test at rest and during exertion • Spiroergometry • Echocardiography • Quantifiable lung ventilation-perfusion scintigraphy Descriptions of the procedures used must be available.		
2.2.2	The Centre must offer the following procedures for endoscopy and interventional bronchoscopy: • Rigid and flexible bronchoscopy (video chip technology) • Pneumothorax therapy • Thorascopy • Lung biopsy and lung puncture • Pleural puncture • Lymph node biopsy and puncture - transbronchial and transtracheal • Radioscopy • Endobronchial/endoluminal ultrasound with needle puncture with ultrasound control • CT-controlled biopsy and puncture • Thermal recanalisation procedures (ND:Yag laser or Argon plasma beamer or electric cautery • Stent implantation in the trachea and bronchial tubes • Electronic imaging documentation and archiving for diagnostic endoscopic procedures Responsibilities must be clearly defined for all procedures. Descriptions of the procedures must be available. A list must be kept of all necessary equipment.		
2.2.3	Expertise for endoscopic / interventional procedures:		
	• Flexible bronchoscopy: >=500 bronchoscopies/ year in the Centre	Details in the Indicator sheet: Indicator 7 (Excel template)	
	• Interventional surgery (also for non-oncological patients) ~~>= 20/year~~ ≥ 10/year thermal procedures and stenting Colour legend: New target value vis-à-vis the version dated 30 September 2014	Details in the Indicator sheet: Indicator 8 (Excel template)	

2.2 Diagnosis

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	The number per year must be given for the following procedures (no minimum number specified):		
	• Rigid bronchoscopy (1620.1x9		
	• Transbronchial lung biopsies (1430.2)		
	• EBUS tests		
	• CT-controlled lung biopsies		
	The responsibilities for the functional procedures used must be clearly defined.		
2.2.4	Physicians working for the LC in endoscopic/interventional diagnostics • The specialist standard (with qualified cross-cover staff provision) is to be ensured for each of the procedures used. • The names of the physicians are to be given. • 2 years' experience in the conduct and interpretation/analysis of the results of the functional procedures used • Description of the special expertise in the conduct of the procedures and interpretation/analysis of the results		
2.2.5	Assistance staff (nurses or MTAs) • At least 2 qualified staff members for each procedure • The names of the staff members are to be given.		
2.2.6	Timeline for the provision of the necessary information to the co-attending physicians (If possible immediately, always < 24 h after test)		
2.2.7	The option of inpatient admission must be available.		
2.2.8	Further/specialty training • A qualification plan is to be presented for the medical and other staff (RTAs) involved in the endoscopic / interventional procedures, which outlines the qualification measures planned for the period of one year. • At least 1 dedicated further/specialty training session for each staff member (at least 1 day a year) who carries out quality-relevant activities for the Centre.		

3. Radiology

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
3.1	Specialists • At least 1 specialist for radiology		

3. Radiology

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• Cross-cover provision of staff with the same qualification is to be documented in writing. • The names of the specialist and cross-cover staff are to be given.		
3.2	Radiology RTAs: At least 2 qualified RTAs must be available and their names given.		
3.3	Procedures available in radiology: • Spiral-CT • MRI • X-ray • Interventional radiology (cava stent, embolisation, abscess drainage...) Responsibilities must be clearly defined for all procedures. A list of equipment must be kept. If the Centre does not offer these procedures itself, the corresponding cooperation agreements must be in place.		
3.4	Description of radiology procedures (SOPs) The imaging techniques are to be described and checked once a year to ensure they are up to date.		
3.5	Diagnosis The written report of the radiologists must be available to the co-attending doctors at the latest 24 h after the test.		
3.6	The option of inpatient admission must be available.		
3.7	Further/specialty training • A qualification plan is to be presented for the medical and other staff (RTAs) involved in the imaging procedures, which outlines the qualification measures planned for the period of one year. • At least 1 dedicated further/specialty training session for each staff member (at least 1 day a year) who carries out quality-relevant activities for the Centre.		

4. Nuclear medicine

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
4.1	Nuclear medicine specialists • At least 1 specialist for nuclear medicine is available. • Cross-cover provision of staff with the same qualification is to be documented in writing.		

4. Nuclear medicine

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• The names of the specialist and cross-cover staff are to be given.		
4.2	MTAs of nuclear medicine: At least 2 qualified MTAs must be available and their names given.		
4.3	Procedures available in nuclear medicine: • Bone scintigraphy • Lung scintigraphy • PET and PET-CT If the Centre does not offer these procedures itself, the corresponding cooperation agreements must be in place.		
new	Conduct of PET-CT If a PET-CT procedure is to be conducted, it must be done prior to surgery (and not after). Colour legend: Addition to the version dated 30 September 2014		
4.4	Process descriptions (SOPs) The imaging techniques in nuclear medicine are to be described and checked once a year to ensure they are up to date. Special features PET-CTs A specialist for radiology must be on hand when conducting PET-CTs.		
4.5	Diagnosis The written report of the nuclear medicine specialist must be available to the co-attending doctors at the latest 24 h after the test.		
4.6	Induction of new staff members Systematic, documented induction of new staff members is to be ensured, which imparts knowledge about the Oncology Centre's respective field of activity. This induction must take place within three months of commencement of employment.		
4.7	Further/specialty training • A qualification plan for medical and other staff is to be presented listing the planned qualification sessions for the period of one year. • At least 1 dedicated further/specialty training session for each staff member (at least 1 day a year) who carries out quality-relevant activities for the Centre.		

5. Surgical oncology

5.1 Cross-organ surgical therapy

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	The Catalogues of Requirements of the Organ Cancer Centres and Oncology Centres have a uniform table of contents. For the Lung Cancer Centres this section does not specify any Technical and Medical Requirements.		

5.2 Organ-specific surgical therapy

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
5.2.1	Operating theatres At least 1 operating theatre must be regularly available for the whole day, 7 days a week for lung surgery.		
5.2.2	~~The surgical spectrum must be proven using the 6-digit OPS figures which are coupled with the ICD-C 34.~~ For each department at least 75 anatomical lung resections/year (OPS (German procedure classification): 5-323 to 5-328) are to be conducted for patients diagnosed with cancer. ~~initial diagnosis lung cancer (primary cases of the Centre in accordance with CR 1.2.2)~~ Definition surgical therapy • Anatomical resections (anatomical segment resection, lobectomy, pneumectomy, bronchio- and angioplastic surgery) • Atypical resections (wedge resections) cannot be included in surgical primary cases or in patients diagnosed with cancer who have not undergone surgery. • The surgical spectrum must be proven using the 6-digit OPS numbers (OPS: 5-323 to 5-328), ~~which are coupled with the ICD-C 34~~. Colour legend: Deletion / addition vis-à-vis the version dated 30 September 2014	Details in the Indicator sheet: Indicators 9a and 9b (Excel template)	
	• The share of pneumectomies may amount to at most 25% of the resections mentioned.	Details in the Indicator sheet: Indicator 10 (Excel template)	
	• Bronchio/angioplasty surgeries must account for a share of 10%.	Details in the Indicator sheet: Indicator 11 (Excel template)	
5.2.3	Thoracic surgeons for the Lung Cancer Centre: At least two full-time or a corresponding number of part-time thoracic surgery specialists working for the Lung Cancer Centre in line with the staffing schedule. The names of the specialists are to be given.		
5.2.4	Curricula are used to describe the qualifications of the thoracic surgeons named in Section 5.2.3.		

5.2 Organ-specific surgical therapy

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	The following parameters must be fulfilled: • Holding of a specialist title with the focus on thoracic surgery • Proof of the following operations: • at least 100 independently conducted lung resections with systematic lymphadenectomy after training as a specialist, including at least 15 pneumonectomies, 10 bronchio/angio-plastic resections, 10 extended resections • At least 1 lung-specific further training course per operator a year		
5.2.5	Outcome quality: • 30-day lethality after resection < 5%	Details in the Indicator sheet: Indicator 12 (Excel template)	
	• Bronchial stump/anastomosis insufficiency < 5%	Details in the Indicator sheet: Indicator 13 (Excel template)	
	• Revision surgery in < 10% of cases	Details in the Indicator sheet: Indicator 14 (Excel template)	
	• R-0 resections in stages I and II > 95%	Details in the Indicator sheet: Indicator 15 (Excel template)	
	• R-0 resections in stage III > 85 %	Details in the Indicator sheet: Indicator 16 (Excel template)	
	If a number is exceeded, submission of an individual case analysis with a corresponding action plan		
5.2.6	The following quality-determining processes are to be described with details of the responsibilities: • (Pre-)inpatient admission • Therapy planning (timing pre-operative) • Peri-operative management • Surgery management (surgical procedures, reprocessing material, documentation) • Post-operative pain management • Ward management • Discharge management Sufficient resources must be available to conduct the processes. Average values for the waiting time between conclusion of diagnosis / registration for surgery by the practice-based physician / decision in the tumour conference and inpatient admission for surgery and post-operative time in hospital is to be recorded.		
5.2.7	Further and specialty training A qualification plan for medical, nursing and other staff is to be presented listing the planned qualification sessions for the period of one year.		
5.2.8	Qualifications Staff – nursing staff • at least 1 quality circle with the participation of one experienced thoracic surgery nurse		

5.2 Organ-specific surgical therapy

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• Every year at least 1 specialty training course with a link to activity for the Lung Cancer Centre in cooperation with the medical area		
5.2.9	Intensive medicine Number of intensive care beds for the Lung Cancer Centre is to be given (intensive medicine and intermediate care) If the intensive medicine unit is not under the management of the Lung Cancer Centre, a cooperation agreement is to be entered into.		
5.2.10	A description is to be given of the ward and the beds (monitoring).		
5.2.11	For post-operative ventilated primary cases the average post-operative length of stay (in d) and the average post-operative ventilation duration (in h) on the intensive care ward are to be indicated (minimum, maximum, median).		
5.2.12	The frequency of nosocomial infections is to be recorded and evaluated in accordance with the guidelines of the Robert Koch Institute (RKI) / guidelines of the Infection Protection Act (*Infektionsschutzgesetz* - IfSG). The recording does not have to be limited to the patients of the LC. Participation in a National Reference Centre KISS module lobectomy is recommended. Colour legend: Addition to the version dated 30 September 2014		
5.2.13	The following quality-determining processes are to be described with details of the responsibilities: • Post-operative care of lung patients • Weaning • Transfer to normal ward Sufficient resources must be available to conduct the processes.		

6. Medicinal / Internal Oncology

6.1 Haematology and oncology

	The Catalogues of Requirements of the Organ Cancer Centres and Oncology Centres have a uniform table of contents. For the Lung Cancer Centres this section does not specify any Technical and Medical Requirements.		

6.2 Organ-specific medicinal oncological therapy

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
6.2.1	Conduct of medicinal oncological therapy (chemotherapy, anti-coagulant therapy, TKI therapy): a) Specialist for internal medicine and haematology and oncology or b) Specialist for pneumology or internal medicine and pneumology or c) Specialist for radiotherapy		
	The names of at least two representatives from the circle of internal specialists a) and b) are to be given for the conduct of sole systemic therapy. Specialists from group c) with corresponding qualifications can conduct medicinal oncological therapy within the framework of radio-chemotherapeutic therapy concepts. Exceptions apply to the intra-operative administration of cisplatin or other forms of local chemotherapy. They can be undertaken by the specialists for thoracic surgery in cooperation with internal medicine specialist colleagues (pneumologists, oncologists) after joint definition of the indication.		
	The above-mentioned specialists must prove the active conduct of medicinal tumour therapy.		
	After acquisition of the specialist title, a 2-year ongoing activity in the field of oncological systemic therapy with evidence of the conduct and treatment of complications and side effects must be proven. For sole systemic therapy (for specialists a) and b)), the indication must have been made, within a 2-year period, for a total of 100 chemotherapy series consisting of on average 4-6 chemotherapy cycles, including at least 50 chemotherapy series with thoracic-oncological clinical pictures, and the information and the management of patients as well as their control and monitoring must have been undertaken and documented.		
	For specialists from group c) 80 patients with simultaneous radio-chemotherapy must be proven in 2 years, including at least 1/3 with thoracic-oncological clinical pictures. At the time of certification/recertification the period of proof of the above-mentioned expertise may not date back more than four years.		
6.2.2	Specialist nurse / specialist medical assistant • The preconditions for the specialist nurse / specialist medical assistant who is responsible for administering chemotherapy: • at least 1 year's professional experience in oncology		

6.2 Organ-specific medicinal oncological therapy

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• At least 50 chemotherapy administrations (for initial certification an estimate is possible, in the ensuing years proof must be provided.) • Proof of training in line with the recommendations of the Conference of Oncological Nursing and Paediatric Nursing Care (*Konferenz Onkologischer Kranken- und Kinderkrankenpflege* - KOK) (KOK recommended actions, administration of cytostatics by specialised nurses) • Active involvement in the implementation of the requirements to be met by emergency treatment and therapy of comorbidities and secondary diseases • Documentary proof is to be provided of care counselling and/or education of patients.		
6.2.3	The Centre must offer the following procedures: • Chemotherapy (neoadjuvant, adjuvant, palliative), including supportive therapy • Systemic therapies with targeted therapeutics (monoclonal antibodies, angiogenesis inhibitors, what are known as "small molecules") also in combination with systemic chemotherapy • Simultaneous radio-chemotherapy, including supportive therapy Responsibilities must be clearly defined for all procedures. Descriptions of the procedures must be available. A list must be kept of all necessary equipment.		
6.2.4	Qualification of the respective treatment unit (clinical department or practice-based physicians) a) ~~100~~ 150 systemic therapies (chemotherapy series, therapies with targeted therapeutics, immunotherapies) a year with lung carcinoma patients or b) 50 systemic therapies a year for primary cases of the Centre or 200 chemotherapy series in total (various tumour entities) Colour legend: New target value /addition vis-à-vis the version dated 30 September 2014		
	For simultaneous radio-chemotherapy by radio-oncologists the following applies: At least 30 lung cancer patients with simultaneous thoracic radio-chemotherapy/year.		
6.2.5	Process descriptions		

6.2 Organ-specific medicinal oncological therapy

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• The procedure for medicinal oncological therapy is to be described for all phases (start, conduct and conclusion of therapy). • Supportive measures in line with the guidelines are to be described for the individual therapeutic concepts (e.g. antiemesis, procedure in cases of anaemia, mucosal and dermal toxicity, administration of growth factors, bisphosphonates, nutrition, handling port systems) and documented for each patient.		
6.2.6	Standards comorbidities and secondary diseases Standards are to be drawn up for the treatment of comorbidities and secondary diseases, in particular for the treatment of extravasations, infections and thromboembolic complications.		
6.2.7	Emergency treatment Available emergency equipment and written action plan for emergencies		
6.2.8	Chemotherapy must be possible in an outpatient centre, day clinic or in an inpatient facility.		
6.2.9	Cytostatic preparation • Preparation is done with due consideration of all statutory provisions. • It must be possible to speak to the unit responsible for preparation during the period in which the therapy is administered. • Procedural description is available for preparation.		
6.2.10	Medicinal therapy in the metastasised situation • The procedures for the care (diagnosis/therapy) of patients with local recurrence/metastasis are to be described (presentation of the patient pathways). • A regular toxicity assessment of therapy must be undertaken using selected and documented measurement parameters (symptoms, indicator metastasis, or the like). • An evaluation of the therapeutic effect must be documented for each patient every 3 months.		
6.2.11	Information / dialogue with the patient Adequate information must be provided about diagnosis and therapy planning and this must be explained to the patient during a medical consultation. This includes *inter alia*: • Presentation of alternative treatment concepts • Offer of and aid in obtaining second opinions • Discharge consultation as a standard procedure		

6.2 Organ-specific medicinal oncological therapy

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	A general description is to be given of the way in which information is provided and the dialogue organised. This is to be documented for each patient in medical reports and minutes/records.		
6.2.12	Further/specialty training • A qualification plan for medical and nursing staff is to be presented listing the planned qualification sessions for the period of one year. • At least 1 dedicated further/specialty training session for each staff member (at least 1 day a year) who carries out quality-relevant activities for the Centre. • The further training programmes indicated by pneumological, thoracic surgery, radiotherapy and internal-oncological working groups for Lung Cancer Centres should be part of the qualification plan (currently being prepared)		

7 Radio-oncology

Section	Requirements	Explanatory remarks of the Centre	
7.0	The Technical and Medical Requirements to be met by radio-oncology are summed up in the "Catalogue of Requirements Radio-Oncology" in a cross-organ manner. Independently of the number of Organ Cancer Centres / Modules, which work with a radio-oncology unit, this "Catalogue of Requirements Radio-Oncology" is only to be processed once and also only updated once per audit year (goal: no multiple presentations or on-site inspections within one audit year). The "Catalogue of Requirements Radio-Oncology" therefore constitutes an annex to this Catalogue of Requirements. Download cross-organ "Catalogue of Requirements Radio-Oncology" on www.onkozert.de.		

8 Pathology

Section	Requirements	Explanatory remarks of the Centre	
8.0	The Technical and Medical Requirements to be met by pathology are summed up in the "Catalogue of Requirements Pathology" in a cross-or-		

	gan manner. Independently of the number of Organ Cancer Centres / Modules, which work with a pathology, this "Catalogue of Requirements Pathology" is only to be processed once and also only updated once per audit year (goal: no multiple presentations or on-site inspections within one audit year). The "Catalogue of Requirements Pathology" therefore constitutes an annex to this Catalogue of Requirements. Download cross-organ "Catalogue of Requirements Pathology" on www.onkozert.de.		

9. Palliative care

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
9.1	Palliative care • Proof is to be provided of cooperation agreements with specialised inpatient and outpatient palliative care teams, palliative medicine consultation services, inpatient hospices and palliative wards. Regional care concepts for the integration of palliative care are to be described on the basis of the treatment pathway for patients and family members from the S3 Guideline Palliative Medicine (Figure 3, p. 174) with the names of all involved persons. • A physician with additional specialty training must be available for consultations and tumour conferences. ~~• Cooperation with the funding agencies of hospice and palliative care is to be documented in writing.~~ ~~• The access pathways and palliative medical care are to be described (SOPs, structure and process).~~ ~~• Proof of palliative medical care and cooperation with the above-mentioned institutions is to be provided using documented cases for the period under consideration.~~ ~~• In-house standards for accompanying the dying, and ethical guidelines are to be described and complied with.~~ • The group of patients with incurable cancer is to be defined. They are to be informed in a timely manner about palliative medical support services (SOPs). (S3 Palliative Medicine Guidelines) • For these patients symptoms and strains are to be repeatedly recorded using validated tools (e.g. MIDOS, iPOS). • The access to palliative care can be offered in parallel to tumour-specific therapy. The procedure in the Centre is to be described in an SOP.		

9. Palliative care

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	• The number of primary cases with incurable cancer is to be documented. Colour legend: Deletions / additions vis-à-vis the version dated 30 September 2014		
9.2	Supportive therapy and symptom alleviation in the palliative situation • The options of supportive/palliative inpatient therapy are to be described (process description / algorithm). • A pain therapist must be available. The pain therapy process (algorithm) is to be described and proven using documented cases for the assessment period. Pain therapy expertise: 50 / year in patients with a lung carcinoma 100 / year in total • Access to nutritional counselling is to be described and proven using documented cases for the assessment period. • Access to psycho-oncological, psychosocial and pastoral care is to be described. If provided by cooperation partners, a cooperation agreement is to be entered into for the above requirements.		
9.3	The Centre must offer the following palliative therapies: • Pleurodesis procedure (conservative by means of drainage and invasive procedures involving thoracoscopy) • Palliative pain therapy • Long-term oxygen therapy Responsibilities must be clearly defined for all procedures. Descriptions of the procedures must be available. A list must be kept of all necessary equipment.		

10. Tumour documentation / Outcome quality

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
10.1	Tumour documentation system Tumour documentation, which contains the patient data for a minimum period of 3 months, must be in place at the time of initial certification Number of recorded primary cases: 100% Name of the tumour documentation system in the Centre and/or the competent cancer register		

10. Tumour documentation / Outcome quality

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
10.2	Period covered by the data The full data are to be presented for the respective last calendar year.		
10.3	Requirements to be met by tumour documentation A~~te~~ data set is to be used in line with the uniform basic oncological data set of the Working Group of German Tumour Centres (*Arbeitsgemeinschaft Deutscher Tumorzentren* - ADT) and the Association of Population-based Cancer Registries in Germany (*Gesellschaft der epidemiologischen Krebsregister in Deutschland e.V.* - GEKID). The Centre must ensure that the data are entered in a timely manner after conclusion of primary therapy (radiotherapy/chemotherapy). Colour legend: Deletion / additions vis-à-vis the version dated 30 September 2014		
10.4	Cooperation with cancer/tumour registers • The full data are to be made available to the cancer register in an ongoing manner. • The requirements to be met by outcome quality and tumour documentation should be covered by the cancer/tumour registers. • Parallel systems are to be avoided. • As long as the competent clinical cancer register is unable to meet the requirements imposed, the Centre is to use additional or alternative solutions. The Centre is responsible in the case of a non-functioning external solution.		
10.5	Documentation officer At least 1 documentation officer is to be appointed who bears responsibility for the tumour documentation. Name/Function: The documentation officer has the following tasks: • Checking the quality of the interdisciplinary documentation • Motivation of trans-sectoral cooperation with participating specialty units in the cancer register (pathology reports, radiotherapy and medicinal treatments) • Ensuring and monitoring the timely, complete and correct recording of patient data • Qualification and support for the staff involved in data collection • Regular processing of evaluations, in particular the annual financial statements		
10.6	Provision of resources		

10. Tumour documentation / Outcome quality

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
	The required staff capacity should be made available (guidance value: 0.5 full-time position for 200 primary cases, 0.1 full-time position for 200 aftercare cases) for documentation and data recording tasks (e.g. through a regional clinical cancer register).		
10.7	The following selection options must be possible at least for the tumour documentation system: • Years • TNM classification • Forms of therapy (surgical therapy, radiotherapy, hormone therapy, immunotherapy, chemotherapy) • Date of the recurrence/metastasis • deaths • Follow-up status (latest update)		
10.8	Tumour-specific indicators of outcome quality Kaplan-Meier curves: • Overall survival (OAS) for all patients in sub-groups according to pT categories, c+p stages • Local recurrence-free survival for all surgical patients and sub-groups • Survival after progression (PDS) A table with patient numbers and survival data is a component of each Kaplan-Meier curve. Organ-specific detailed requirements are compiled in the annex to the matrix outcome quality		
10.9	Data evaluation • The evaluations for the indicators of outcome quality (see point above) must be possible for recertification. • The data in the tumour documentation system are to be evaluated at least once a year. • The published data of the quality report in line with Section 137, fifth book of the Social Code (SGB V) are, when requested, to be checked for comparability and proof provided of a corresponding evaluation. • If benchmarking is offered, the results of benchmarking are to be taken into account in the analysis. • The analysis of each completed age cohort is to be recorded in a short protocol with details of any concrete action taken (examination of selected casuistics e.g. with local recurrences *inter alia* with regard to treatment in conformity with the guidelines.) • The results must be discussed in an interdisciplinary manner. If there are any regional or national networks, they are to be participated in.		

10. Tumour documentation / Outcome quality

Section	Requirements	Explanatory remarks of the Lung Cancer Centre			
10.10	Recording follow-up Details are to be given of how aftercare data are collected and what the current follow-up status is (see outcome matrix) Functioning clinical cancer registers constitute the follow-up status. Where this option is not available, work will be undertaken on a regional solution together with the Centres, ADT, DKG and the respective government agencies. The follow-up status includes: any progressions (local recurrences, where appropriate regional lymph node recurrences, distant metastases, at least for the first progression) secondary malignancy deaths lives currently at the address Termination of follow-up (e.g. moves away from catchment area, federal region)				
10.11	Requirements to be met by follow-up of the patients recorded in the tumour documentation system		From 1 January 2015		
	Minimum requirement for successful recertification		≥ 80 %		
	Recertification or maintenance of certification only possible subject to conditions (e.g. reduced validity term, concept for increasing the return rate...).		Up to 79%		

Indicator sheet / Matrix outcome quality
An EXCEL template is available to Centres to record the indicators and data on outcome quality. This EXCEL template also contains an automatic evaluation of data quality. Only those presentations of indicators are eligible for certification which are undertaken on the basis of the EXCEL template made available by OnkoZert. The EXCEL template may not be changed.

The EXCEL template can be downloaded from www.krebsgesellschaft.de and www.onkozert.de