

Quality indicators for Colorectal Cancer Centers
Changes from the previous version (2016) are marked "green".

No.	CoR*	Definition of indicator	Goal of indicator	Numerator	Population (=denominator)	Plausi unclear	Target value	Plausi unclear	Actual value
1	1.2.3 GL QI 5	Pre-therapeutic case presentation	Pre-therapeutic presentation of all patients with CC UICC stage IV or rectum carcinoma	Patients presented at an interdisciplinary tumour board before therapy	"Elective" patients with RC and "elective" all patients with stage IV CC		≥ 95%		Numerator Denominator %
2	1.2.3	Pre-therapeutic case presentation: relapses/meta-chronous metastases	Pre-therapeutic presentation of all patients with relapse/meta-chronous metastases	Patients with relapse or new metastases presented at the pre-therapeutic conference	Patients with relapse or new metastases		≥ 95%		Numerator Denominator %
3	1.2.3	Post-operative presentation of all primary-case patients	Post-operative presentation of all primary-case patients	Operative and endoscopic primary cases presented at the post-operative conference	Operative and endoscopic primary cases		≥ 95%		Numerator Denominator %
4	1.4.2	Psycho-oncological counselling	Appropriate rate of psycho-oncological counselling	Patients given inpatient or outpatient psycho-oncological counselling (length of session ≥ 25 min)	Total primary cases + patients with relapse/new metastases	< 20%	Currently no targets	> 95%	Numerator Denominator %
5	1.5.2	Social services counselling	As high a rate of patients as possible who have been counselled by the social services	Inpatients or outpatients who received counselling from the social services	Total primary cases + patients with relapse/new metastases	< 45%	Currently no targets	100%	Numerator Denominator %
6	1.7.6	Study participation	Inclusion of as many patients as possible in studies	Patients of the CrCC included in a study or colorectal prevention study	Total primary cases		≥ 5%	> 50%	Numerator Denominator %
7	2.1.8	CRC patients with a	–	Primary-case	Total primary cases	< 5%	Currently no	100%	Numerator

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		recorded family history		patients with a CRC and a completed patient questionnaire https://www.krebsgesellschaft.de/deutsche-krebsgesellschaft-wtrl/deutsche-krebsgesellschaft/zertifizierung/erhebungsboegen/organisationszentren.html?file=files/dkg/deutsche-krebsgesellschaft/content/pdf/Zertifizierung/Checklisten%20und%20Algorithmen/PatientenFragebogen%20familiaerer%20Darmkrebs%20%28160718%29.pdf			targets		Denominator %	
8	2.1.8	Genetic counselling	As high a counselling rate as possible	Primary-case patients with a positive patient questionnaire advised to visit a centre for familial colorectal cancer to seek genetic counselling	Primary cases with a positive patient questionnaire	< 5%	Currently no targets	100%	Numerator	
									Denominator %	
9	2.1.8	MMR-assessment	As high a rate as possible of MMR assessment of patients < 50 years old with CRC	Patients with immunohistochemical assessment of mismatch repair (MMR) proteins.	Patients with initial CRC diagnosis < 50 years old		≥ 90%		Numerator	
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									%
10	2.2.3	Complication rate therapeutic colonoscopies	As low a complication rate as possible among therapeutic colonoscopies	Therapeutic colonoscopies with complications (bleeding requiring re-intervention (recolonoscopy, operation) or a transfusion and/or perforation)	Therapeutic colonoscopies per colonoscopy unit (not only CrCC patients)	<0.01%	≤ 1%		Numerator Denominator %
11	2.2.3	Complete elective colonoscopies	As far as possible complete elective colonoscopies by the CCC	Complete elective colonoscopies	Elective colonoscopies for each colonoscopy unit of the CrCC (not only CrCC patients)(Are counted: intention: complete colonoscopy)		≥ 95%		Numerator Denominator %
12	3.2 GL QI 1	Information on distance to mesorectal fascia in the diagnostic report (RC of the lower and middle third)	Provide information as frequently as possible in the diagnostic findings report	Patients with information on distance to mesorectal fascia in the diagnostic report	Patients with RC of the middle and lower third and MRI or thin slice CT of the pelvis	< 90%	Currently no target	100%	Numerator Denominator %
13	5.2.4	Operative primary cases: colon	See target	Operative primary cases: colon (please note attached definition of primary case)	---		≥ 30		Count

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14	5.2.4	Operative primary cases: rectum.	See target	Operative primary cases: rectum, incl. transanal wall resection (please note attached definition of primary case)	---		≥ 20		Count
15	5.2.7	Revision Surgery: colon	As low a rate of revision surgery after elective operations as possible	Revision surgery due to perioperative complications within 30 d of elective surgery	Elective colon surgery	< 0.01%	≤ 15% ≤ 10%	> 10%	Numerator Denominator %
16	5.2.7	Revision Surgery: rectum	As low a rate of revision surgery after elective operations as possible	Revision surgery due to perioperative complications within 30 d of elective surgery (without transanal wall resection)	Total number of elective rectum ops	< 0.01%	≤ 15% ≤ 10%	> 10%	Numerator Denominator %
17	5.2.7	Post-operative wound infection	As low a rate of post-operative wound infections requiring surgical wound revision (rinsing, spreading, VAC bandage) as possible	Post-operative wound infection within 30 d of elective surgery requiring surgical wound revision (rinsing, spreading, VAC bandage)	Elective operations of the CrCC (without transanal wall resection)	< 0.01%	Currently no targets	> 15%	Numerator Denominator %
18	5.2.7	Anastomotic	As low a rate of	Colon anastomotic	Patients with CC in	< 0.01%	≤ 6%		Numerator

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	GL QI 9	insufficiency: colon	anastomotic insufficiency after elective colon surgery as possible	insufficiencies requiring reintervention after elective surgery	whom anastomosis was performed in an elective tumour resection				Denominator	
									%	
19	5.2.7 GL QI 8	Anastomotic insufficiency: rectum	As low a rate of anastomotic insufficiency after elective rectum surgery as possible	Patients with grade B (requiring antibiotic administration but not interventional drainage or transanal lavage/drainage or grade C (re-)laparotomy) anastomotic insufficiency	Patients with RC in whom anastomosis was performed in an elective tumour resection (without transanal wall resection)	< 0.01%	≤ 15%		Numerator	
									Denominator	
									%	
20	5.2.7	Post-operative mortality	As low a rate of post-operative deaths after elective surgery as possible	Post-operative patient deaths with 30 d of elective surgery	Electively operated patients (without without transanal wall resection)	< 0.01%	≤ 5%		Numerator	
									Denominator	
									%	
21	5.2.7	Local R0 resections: colon	As high a rate of local R0 resections as possible	Local R0 resections - colon -after completion of surgical treatment	Elective colon operations according to primary case definition (operative)		≥ 90%		Numerator	
									Denominator	
									%	
22	5.2.7	Local R0 resections: rectum	As high a rate of local R0 resections as possible	Local R0 resections – rectum -after completion of surgical treatment	Elective rectum operations according to primary case definition (operative), without		≥ 90%		Numerator	
									Denominator	
									%	

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					transanal wall resection				
23	5.2.7 GL QI 10	Marking of stoma position	As frequent as possible pre-operative marking of stoma position	Patients with preoperative marking of stoma position	Patients with RC who had elective surgery to install a stoma (without transanal wall resection)	< 40%	Currently no target	100 %	Numerator Denominator %
24	5.2.8	Primary resection of liver metastases (UICC stage IV CRC)	≥ 15% primary resection of liver metastases in patients with UICC stage IV CRC	Primary-case patients with UICC stage IV CRC who underwent resection of liver metastases	Primary-case patients with UICC stage IV CRC who only have liver metastases (without without transanal wall resection)		≥ 15%		Numerator Denominator %
25	5.2.8	Secondary resection of liver metastases (UICC stage IV CRC)	≥ 10% secondary resection of liver metastases in patients with UICC stage IV CRC IV	Primary-case patients with UICC stage IV CRC who underwent secondary resection of liver metastases after chemotherapy	Primary-case patients with UICC stage IV CRC with primarily non-resectable only liver metastases who received chemotherapy (without transanal wall resection)		≥ 10%		Numerator Denominator %
26	6.2.8 GL QI 6	Adjuvant chemotherapies: colon (UICC stage III)	As high a rate of chemotherapies as possible in patients with UICC stage III colon carcinoma	Patients with a UICC stage III colon carcinoma who received adjuvant chemotherapy	Patients with a UICC stage III colon carcinoma who had a R0 resection of the primary tumour		≥ 70%	100%	Numerator Denominator %
27	6.2.8/ 7.12 GL QI 7	Neoadjuvant radiotherapies or radiochemotherapies	As high rate as possible of neoadj. radiotherapies or	Patients who received neoadjuvant	Patients with RC of the middle and lower third (= up to 12cm from		≥ 80%	100%	Numerator Denominator %

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		(clinical UICC stages II and III)	radiochemotherapies in patients with UICC stage II and III rectum carcinoma (clinical)	radiotherapy or radiochemotherapy.	anus) and the TNM categories cT3, 4/cM0 and/or cN1, 2/cM0 who received elective surgery (= clinical UICC stages II and III), without transanal wall resection				
28	8.10 GL QI 3	Quality of the TME rectum specimen (information from pathology)	As many patients as possible with good-to moderate-quality TME rectum samples	Patients with good-to-moderate quality (grade 1: mesorectal fascia or grade 2: intramesorectal excisions) TME	Patients with elective radically operated RC (without transanal wall resection)		≥ 80% ≥ 70%	100%	Numerator Denominator %
29	8.10 GL QI 4	Information on resection edge	As frequent as possible information on resection edge	Patients in whom the distance from the aboral edge of the tumour to the aboral resection margin and the distance from the tumour to the circumferential mesorectal resection level was documented in mm.	Patients with RC in whom the primary tumour was electively resected in the form of a TME or PME. (without transanal wall resection)	< 15%	Currently no target	100%	Numerator Denominator %
30	8.13 GL QI 2	Lymph node examination	≥ 12 lymph nodes are pathologically examined in >95% of the patients with	Patients with pathological examination of lymph nodes ≥12	Patients with CRC who had elective surgery and underwent a lymphadenectomy		≥ 95%	100%	Numerator Denominator %

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			lymphadenectomy		(without transanal wall resection)				
31 and 32: Optional indicators in audit year 2017, for audit year 2018									
31	new	Beginning of the adjuvant chemotherapy	As frequent as possible beginning of the adj. Chemotherapy within the indicated time	Patients with beginning of chemotherapy within 8 weeks after surgery	Patients with UICC stage III colon carcinoma who had received adjuvant chemotherapy	< 70%	Currently no target	> 95%	Numerator Denominator %
32	new	Radiotherapy dose per time unit	As frequent as possible complete implementation of radiotherapy in planned dosis and time	Not binding in audit year 2017 A comprehensive definition of the indicator for all organs is currently being prepared. Mandatory documentation of this indicator is not envisaged, irrespective of the results of the current discussions.					Numerator Denominator %

* CoR: Catalogue of Requirements