

Centre

Reg. No.  Date recorded

**Data quality Indicators**

Okay	Plausible 0,00% (0)	0,00% (0)	Processing quality 0,00% (0)
	Plausibility unclear 0,00% (0)		
Target value not met		0,00% (0)	
Erroneous	Incorrect 0,00% (0)	0,00% (0)	
	Incomplete 0,00% (0)		

The respective entry or change "Number / Numerator / Denominator" (dotted fields) can only be made in the spreadsheet "Basic Data", the data carry over is done automatically.  
 The numerator is always a subset of the denominator (exception: Indicator 6 - Study participation).

IN	CR	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plausi unclear	Target value	Plausi unclear	Current values		Data quality	Verification Centre	
									Numerat or	Denomin ator		Reasons / Cause (min. 30 characters / max. 500 characters)	Action taken / planned (when reasons are plausible, no action is required)
1	1.2.1	Primary cases of LC	See target value	Total number of primary cases of LC (definition primary case: CR 1.2.1)	-----		≥ 200		Number	0	Incomplete		
2a	1.2.4	Pretreatment tumour conference	If possible, frequent pretreatment presentation	Primary cases presented in the pretreatment conference	Primary cases of the LC (= indicator 1)		≥ 90%		Numerat or	0	Incomplete		
									Denomin ator	n.d.			
									%				
2b	1.2.5	Presentation of new recurrences and/or distant metastases after prior curative treatment in the tumour conference	If possible, frequent presentation in the tumour conference	Patients with new recurrence and/or remote metastases after prior curative treatment who were presented in the tumour conference	Patients with new recurrence and/or remote metastases after prior curative treatment		≥ 90%		Numerat or	0	Incomplete		
									Denomin ator	n.d.			
									%				
3	1.2.6	Tumour conference after surgical treatment of primary cases stages IB-IIIb	If possible, frequent presentation of primary cases in stages IB-IIIb in the tumour conference after surgical treatment	Primary cases with stages IB-IIIb after surgical treatment that were presented in the tumour conference	Primary cases with stages IB-IIIb after surgery with anatomical lung resection		≥ 90%		Numerat or	0	Incomplete		
									Denomin ator	n.d.			
									%				
4	1.4.2	Psycho-oncological support	If possible, high rate of patients who received psycho-oncological counselling	Patients who received psycho-oncological support in an inpatient or outpatient setting (length of counselling ≥ 25 minutes)	Primary cases of the LC (= indicator 1) + patients with new recurrences and/or remote metastases after prior curative treatment	< 10%	No details right now	> 60%	Zähler	0	Incomplete		
									Denomin ator	n.d.			
									%				
5	1.5.2	Counselling social services	If possible, high rate of patients who were advised by the social services	Patients who received advice from social services in an inpatient or outpatient setting	Primary cases of LC (= indicator 1) + patients with new recurrences and/or remote metastases after prior curative treatment	< 40%	No details right now	> 90%	Numerat or	0	Incomplete		
									Denomin ator	n.d.			
									%				
6	1.7.5	Study participation	Inclusion of as many patients as possible in studies	Patients who were included in a study	Primary cases of LC (= indicator 1)		≥ 5%	> 100%	Numerat or	0	Incomplete		
									Denomin ator	n.d.			
									%				
7	2.2.3	Flexible bronchoscopy	See target value	Flexible bronchoscopies for each service provider	-----		≥ 500		Number	0	Incomplete		
8	2.2.3	Interventional bronchoscopy (thermal procedures and stenting)	See target value	Interventional surgery (thermal procedures and stenting) for each service provider (OPS: 5-319.14, 5-319.15, 5-320.0)	-----		≥ 10		Number	0	Incomplete		

9a				Surgical primary cases anatomical lung resections (OPS: 5-323 to 5-328, 6-digits, only with ICD-10 C34)	-----		No details right now		Number	0	Incomplete		
9b	5.2.2	Lung resections	See target value	Surgical expertise - Number anatomical resections (OPS: 5-323 to 5-328, for each ICD-10 C diagnosis, including ICD-10 C34)	-----		≥ 75		Number	0	Incomplete		
10	5.2.2	Share of pneumectomies in lung resections	If possible, few pneumectomies in lung resections	Primary cases with pneumectomies	Primary cases with anatomical lung resection for each department (= indicator 9a)	< 4%	≤ 25%	≥ 15%	Numerator		Incomplete		
									Denominator	0			
									%	n.d.			
11	5.2.2	Share of surgical bronchoplasties/angioplasties in lung resections	If possible, large number of surgical bronchoplasties/angioplasties in lung resections	Primary cases with surgical bronchoplasties/angioplasties	Primary cases with anatomical lung resection for each department (= indicator 9a)		≥ 10%		Numerator		Incomplete		
									Denominator	0			
									%	n.d.			
12	5.2.5	30d lethality after resections	If possible, low rate of post-operative patients deceased after resection	Post-operative patients deceased after resection within 30d	Primary cases with anatomical lung resection for each department (= indicator 9a)	< 0.01%	≤ 5%		Numerator		Incomplete		
									Denominator	0			
									%	n.d.			
13	5.2.5	Post-operative bronchial stump/anastomotic insufficiency	If possible, low rate of post-operative bronchial stump/anastomotic insufficiency	Post-operative bronchial stump/anastomotic insufficiency	Primary cases with anatomical lung resection for each department (= indicator 9a)	< 0.01%	≤ 5%		Numerator		Incomplete		
									Denominator	0			
									%	n.d.			
14	5.2.5	Revision surgery	If possible, low rate of revision surgery	Revision surgery as a consequence of perioperative complications	Primary cases with anatomical lung resection for each department (= indicator 9a)	< 0.01%	≤ 10%		Numerator		Incomplete		
									Denominator	0			
									%	n.d.			
15	5.2.5	Local R0 resections in stages IA/B and IIA/B	If possible, high rate of local R0 resections	Primary cases with local R0 resections in stages IA/B and IIA/B after completion of surgical treatment	Operated primary cases with anatomical lung resection in stages IA/B and IIA/B		≥ 95%		Numerator		Incomplete		
									Denominator	0			
									%	n.d.			
16	5.2.5	Local R0 resections in stages IIIA/B	If possible, high rate of local R0 resections	Primary cases with local R0 resections in stages IIIA/B after completion of surgical treatment	Operated primary cases with anatomical lung resection in stages IIIA/B		≥ 85%	100%	Numerator		Incomplete		
									Denominator	0			
									%	n.d.			
17	7.5	Thoracic radiotherapy	See target value	Thoracic radiotherapy (not solely related to primary cases)	-----		≥ 50		Number	0	Okay		
18	8.1	Pathology reports	See target value	Examined malignant lung cases	-----		≥ 200 malignant lung cases (for each specialist 100 L)		Number	0	Incomplete		
19	1.2.11 (LL Q13)	Adjuvant cisplatin-based chemotherapy stages II-IIIA <sub>1,2</sub>	If possible, frequent adjuvant cisplatin-based chemotherapy in the case of R0 and lymph node resected NSCLC primary cases stages II-IIIA <sub>1,2</sub>	Cisplatin-based chemotherapy in the case of R0 and lymph node resected NSCLC primary cases stages II-IIIA <sub>1,2</sub> with ECOG 0/1	R0 and lymph node-resected NSCLC primary cases with anatomical lung resection stages II-IIIA <sub>1,2</sub>	< 15%	No details right now	> 70%	Numerator		Incomplete		
									Denominator				
									%	n.d.			
20	1.2.11 (LL Q14)	Combined radio-chemotherapy in stages IIIA <sub>1</sub> /IIIB	If possible, frequent combined radio-chemotherapy in the case of NSCLC primary cases stages IIIA <sub>1</sub> /IIIB	Combined radio-chemotherapies for NSCLC primary cases stages IIIA <sub>1</sub> /IIIB with ECOG 0/1	NSCLC primary cases stages IIIA <sub>1</sub> /IIIB	< 15%	No details right now	> 70%	Numerator		Incomplete		
									Denominator				
									%	n.d.			

**Processing remarks:**  
If the data quality is not "Okay", in Column Q "Reasons / Cause" reasons are to be given for the indicator value or a short analysis of the cause is to be undertaken with maximum 500 characters. If concrete action to improve the indicator value results from the analysis of the causes, then this action is to be described in column R "Action taken/planned".

1) Plausibility unclear

In comparison to other centres, the indicator value given is an unusual value. The classification "plausibility unclear" does not automatically mean a negative assessment. The indicator value is to be checked for correctness because of its unusual character. In individual cases a positive indicator value, when viewed in detail, may also present a negative care situation (e.g. surplus care). The result of this check is to be explained in more detail by the Centre in the Catalogue of Requirements in the column "Reasons/Cause". Where appropriate, specific actions should be defined and carried out in line with the procedure "Failure to meet the target value" for the purpose of improvement.

2) Target value not met

The relevant indicators are to be analysed. The result is to be documented in the indicator spreadsheet (IS). The document "Specifications Data Quality" contains more detailed information about this.

3) Incomplete

If any indicators have the status "incomplete", then they are to be supplied at a later stage or a clear statement is to be made about the possibility of future presentation ("incomplete indicators" always constitute a potential deviation).