

Annual Report 2022

of the Certified Prostate Cancer Centres

Audit year 2021 / Indicator year 2020



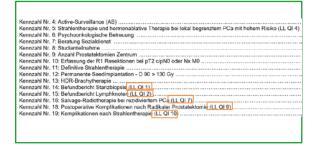


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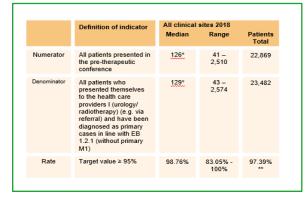
General information





Quality indicators of the guidelines (LL QI):

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



Basic data indicator:

The definitions of **numerator**, **denominator** and **target value** are taken from the Data Sheet.

The **medians** for numerator and denominator do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators. The values for the numerators, populations and rates of all centres are given under **range**. The **Total Patients** column shows the total of all patients treated according to the indicator and the corresponding quota.

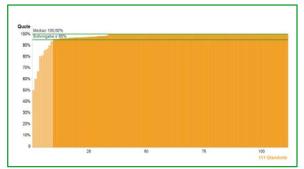
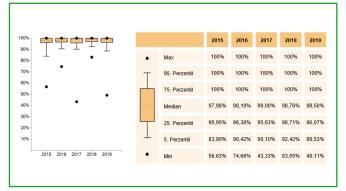


Diagram:

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

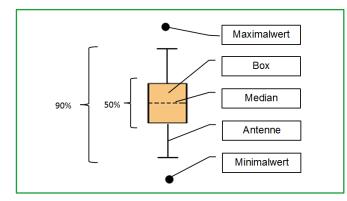
General information





Cohort development:

The cohort development in the years 2016, 2017, 2018, 2019 and 2020 is presented in a box plot diagram. This chart provides the distribution overview of each cohort's indicator year and direct comparison to the previous year.



Maximalwe = Maximum value Antenna = Antenne Minamalwert = Minimum value

Boxplot:

A box plot consists of a **box with median**, **whiskers** and **outliers**. 50 percent of the centres are within the box. The median divides the entire available cohort into two halves with an equal number of centres. The whiskers and the box encompass a 90th percentile area/range. The extreme values are depicted here as dots.

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Status of the certification system: Prostate Cancer Centres 2021

	31.12.2021	31.12.2020	31.12.2019	31.12.2018	31.12.2017	31.12.2016
Ongoing certification procedures	11	22	6	3	9	7
Certfied centres	146	131	127	122	112	103
Certified clinical sites	147	132	128	123	113	104

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Clincial sites taken into account

	31.12.2021	31.12.2020	31.12.2019	31.12.2018	31.12.2017	31.12.2016
Clinical sites included in the Annual Report	132	124	122	115	106	95
Equivalent to	89,8%	93,9%	95,3%	93,5%	93,8%	91,3%
Primary cases total*	30.336	30.528	29.344	27.160	23.677	20.643
Primary cases per centre (mean)*	229,8	246	241	236	223	217
Primary cases per centre (median)*	171,5	171	170	165	165	159

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

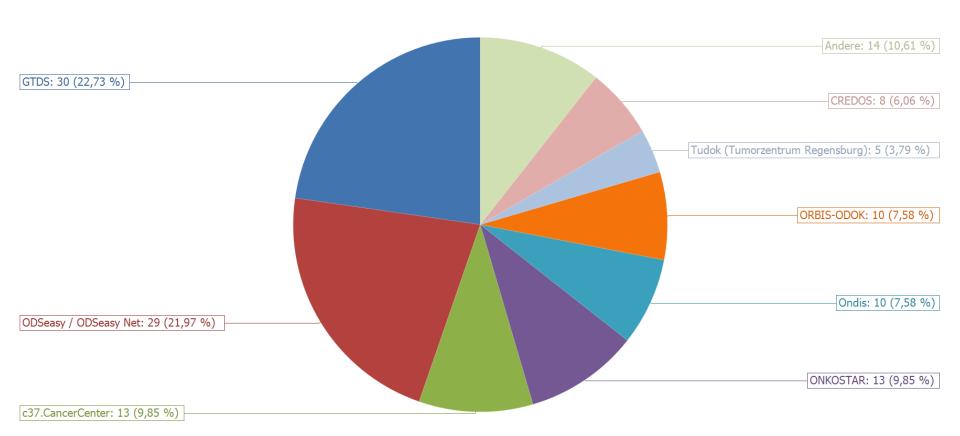
This Annual Report looks at the Prostate Cancer Centres certified in the Certification System of the German Cancer Society. The basis for the diagrams in the annual report is the data sheet.

The annual report includes 132 of the 147 certified centre sites. Excluded are 8 sites that were certified for the first time in 2021 (data mapping of complete calendar year not mandatory for inital certifications). 2 sites with initial certification in 2020 were not included because the indicator presentation was not for the complete previous calendar year. For 1 site, a complete data year could not be submitted due to a change in tumour documentation system. Another 4 sites were unable to submit a final data sheet by the data cutoff date of Jan. 31, 2022.

A total of 34,680 primary cases of prostate cancer were treated at 147 sites with available data sheets. A current overview of all certified sites is shown at www.oncomap.de.

The indicators published here refer to the indicator year 2020. They are the basis for the audits conducted in 2021.

Tumour documentation systems used in Prostate Cancer Centres



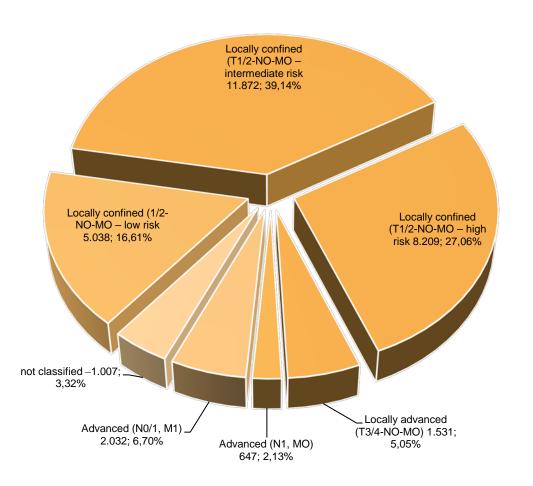
Legende:	
Andere ("others")	System used in ≤ 3 clinical sites

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

Basic data – Primary cases prostate cancer (PCa)



Total primary cases



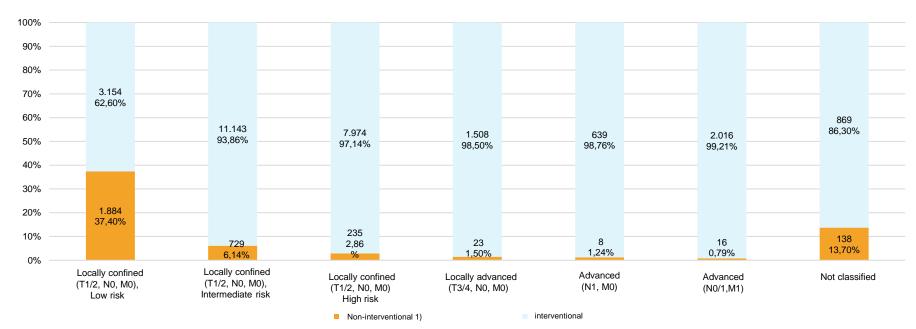
	Total pri	mary cases
Locally confined (T1/2, N0, M0), Low risk	5.038	(16,61%)
Locally confined (T1/2, N0, M0), Intermediate risk	11.872	(39,14%)
Locally confined (T1/2, N0, M0), High risk	8.209	(27,06%)
Locally advanced (T3/4, N0, M0)	1.531	(5,05%)
Advanced (N1, M0)	647	(2,13%)
Advanced (N0/1, M1)	2.032	(6,70%)
Not classified 1)	1.007	(3,32%)
Total primary cases	30.336	

¹⁾ Not classified-: Nx, Mx, incidental findings after radical cystoprostatectomy (CPE)



Basic data - Distribution non-interventional / interventional primary cases prostate carcinoma

Non-interventional / interventional primary cases



	Non interventional ¹⁾	Interventional	Total
Locally confined (T1/2, N0, M0), Low risk	1.884 (37,40%)	3.154 (62,60%)	5.038 (100%)
Locally confined (T1/2, N0, M0), Intermediate risk	729 (6,14%)	11.143 (93,86%)	11.872 (100%)
Locally confined (T1/2, N0, M0), High risk	235 (2,86%)	7.974 (97,14%)	8.209 (100%)
Locally advanced (T3/4, N0, M0)	23 (1,50%)	1.508 (98,50%)	1.531 (100%)
Advanced (N1, M0)	8 (1,24%)	639 (98,76%)	647 (100%)
Advanced (N0/1, M1)	16 (0,79%)	2.016 (99,21%)	2.032 (100%)
Not classified ²⁾	138 (13,70%)	869 (86,30%)	1.007 (100%)
Total primary cases	3.033	27.303	30.336

¹⁾ Non-interventional: active surveillance or watchful waiting; histological evidence of prostate cancer mandatory

Not classified: Nx, Mx, incidential findings after radical cystoprostatectomy



Basic data - Distribution of therapies prostate carcinoma

Non-interventional primary cases (locally confined) – Distribution of therapies

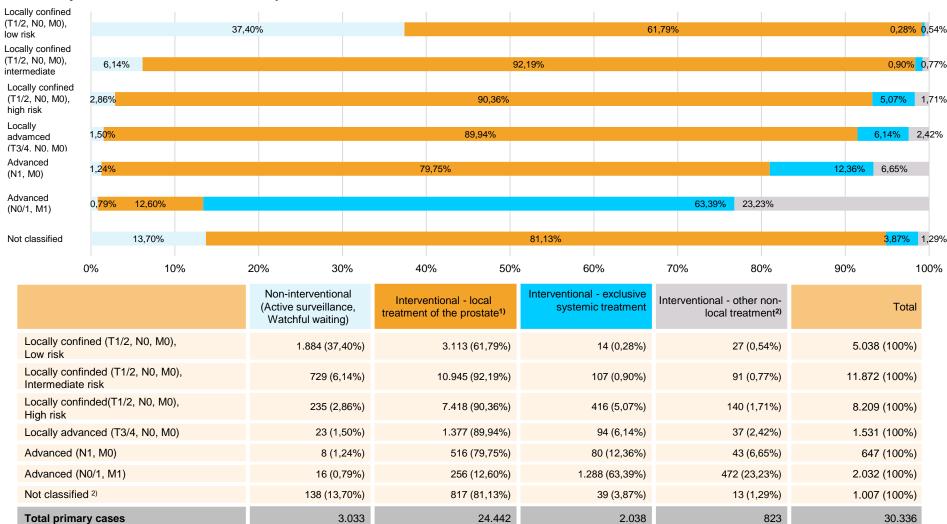


		Non-interventional ¹⁾	Total
	Active-Surveillance ¹⁾	Watchful Waiting ¹⁾	Total
Locally confined (T1/2, N0, M0), Low risk	1.555 (82,54%)	329 (17,46%)	1.884 (100%)
Locally confined (T1/2, N0, M0), Intermediate risk	447 (61,32%)	282 (38,68%)	729 (100%)
Locally confined (T1/2, N0, M0), High risk	95 (40,43%)	140 (59,57%)	235 (100%)
Total primary cases (locally confined), non- interventional treatment	2.097	751	2.848

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Basic data - Distribution of therapies prostate carcinoma

Primary cases - Distribution of therapies



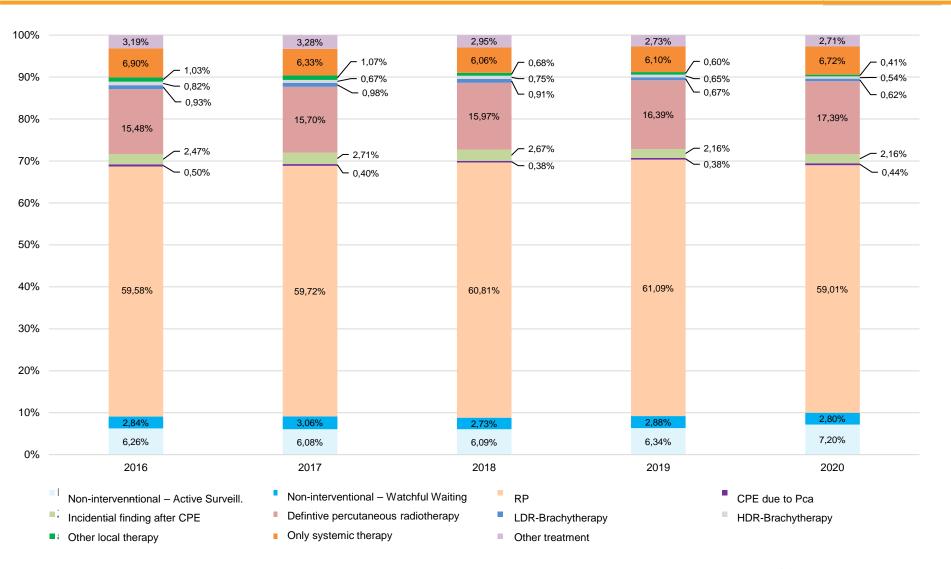
¹⁾ Interventional - local treatment of the prostate: e.g. radical prostatectomy (RP), radical cystoprostatectomy (CPE), definitive percutaneous radiation, brachytherapy.

²⁾ Interventional - other non-local treatment: e.g. palliative radiation of bone metastases, best supportive care.

Not classfied: Nx, Mx, incidental findings after radical cystoprostatectomy (CPE).



Basic data – Primary case distribution in the indicator years 2016 - 2020

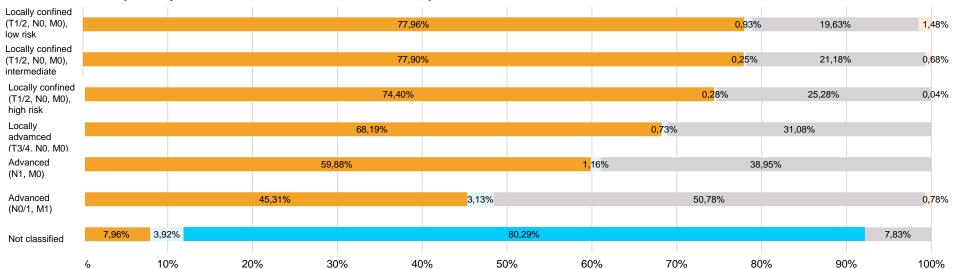


Annual Report PCCs 2022 (Audit year 2021/ Indicator year 2020)



Basic data - Distribution of interventional local therapies prostate carcinoma

Interventional primary cases treated - Distribution of therapies



		Interventional – local treatment of prostata						
	RPE 1)	RCE ²⁾ due to PCa	Incidental finding after RCE 2)	Definitive percutaneous radiotherappy	LDR brachytherapy	HDR brachytherapy	Other local therapy ³⁾	Total
Locally confined (T1/2, N0, M0) Low risk	2.427 (77,96%)	29 (0,93%)	0 (0,00%)	495 (15,90%)	106 (3,41%)	10 (0,32%)	46 (1,48%)	3.113 (100%)
Locally confinded (T1/2, N0, M0) Intermediate risk	8.526 (77,90%)	27 (0,25%)	0 (0,00%)	2.194 (20,05%)	64 (0,58)	60 (0,55%)	74 (0,68%)	10.945 (100%)
Locally confinded(T1/2, N0, M0) High risk	5.519 (74,40%)	21 (0,28%)	0 (0,00%)	1.779 (23,98%)	15 (0,20%)	81 (1,09%)	3 (0,04%)	7.418 (100%)
Locally advanced (T3/4, N0, M0)	939 (68,19%)	10 (0,73%)	0 (0,00%)	419 (30,43%)	0 (0,00%)	9 (0,65%)	0 (0,00%)	1.377 (100%)
Advanced (N1, M0)	309 (59,88%)	6 (1,16%)	0 (0,00%)	200 (38,76%)	0 (0,00%)	1 (0,19%)	0 (0,00%)	516 (100%)
Advanced (N0/1, M1)	116 (45,31%)	8 (3,13%)	0 (0,00%)	130 (50,78%)	0 (0,00%)	0 (0,00%)	2 (0,78%)	256 (100%)
Not classified 3)	65 (7,96%)	32 (3,92%)	656 (80,29%)	59 (7,22%)	2 (0,24%)	3 (0,37%)	0 (0,00%)	817 (100%)
Total primary cases	17.901	133	656	5.276	187	164	125	24.442

¹⁾ Radical Prostatectomy (PE)

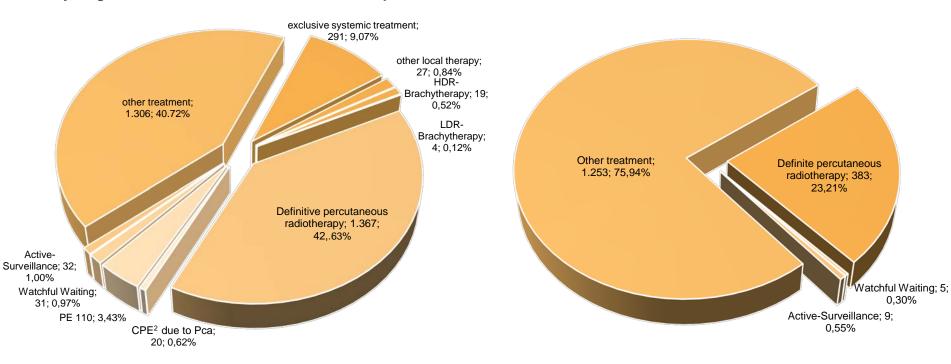
³⁾ Other therapies: i.e. HIFU, ...



Basic data - Distribution of therapies of postat cancer patients with recurrence and metastasis

Newly diagnosed recurrence – distribution of therapies

Newly diagnosed remote metastasis – distribution of therapies



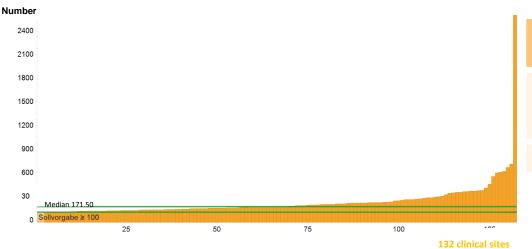
	Active- Surveillance	Watchful Waiting	PE ¹	CPE ² due to Pca	Incidential finding after CPE	Definitive percuaneous radiotherapy	LDR- Brachy- Therapy	HDR- Brachy- Therapy	other local Therapie ³	Exclusive systemic therapy	Other therapy 4)	Total
Pat. with newly diagnosed recurrence	32 (1,00%)	31 (0,97%)	110 (3,43%)	20 (0,62%)	(0,00%)	1.367 (42,63%)	4 (0,12%)	19 (0,59%)	27 (0,84%)	291 (9,07%)	1.306 (40,72%)	3.207 (100%)
Pat. with newly diagnosed remote metastasis	9 (0,55%)	5 (0,30%)	0 (0,00%)	0 (0,00%)	0 (0,00%)	0 (0,00%)	0 (0,00%)	0 (0,00%)	0 (0,00%)	383 (23,21%)	1.253 (75,94%)	1.650 (100%)

¹⁾ Radical Prostatectomy (PE)

³⁾ Other therapies: i.e. HIFU, ...

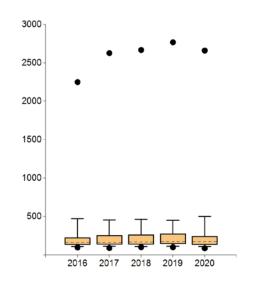
1a. Number of primary cases of prostate carcinoma





	Definition of	All clinical sites 2020					
	indicator	Median	Range	Patients total			
Number	Primary cases	171,5	86 - 2660	30336			
	Target value ≥ 100						

Sollvorgabe = target value





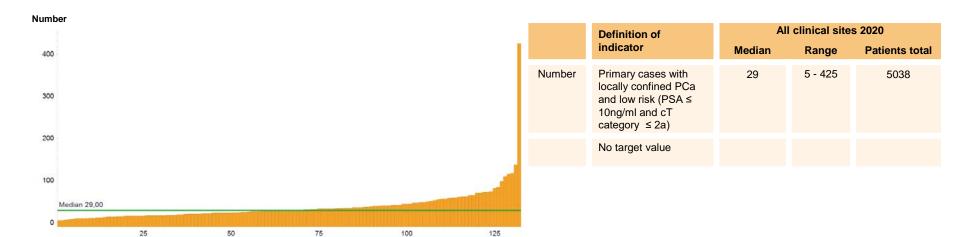
Clinical site		Clinical sites meeting the target			
Number %		Number	%		
132	100,00%	130	98,48%		

Comment:

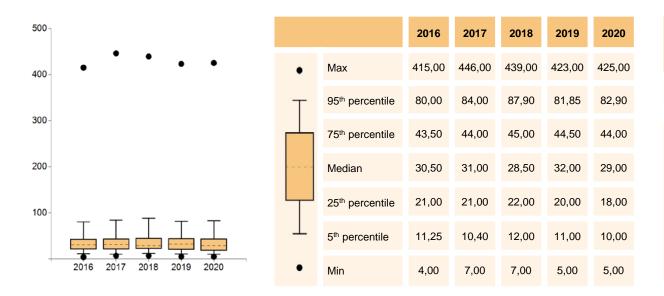
Certified prostate cancer centres treated >30,000 primary cases in 2020. Centres certified since at least 2018 had a significant increase of 5.9% from 2018 to 2019, but a decrease in primary cases of -2.75% from 2019 to 2020. This suggests an impact of the Covid pandemic on the above trends. For the first time since the 2017 indicator year, two centers failed to reach the minimum number of 100 primary cases. Based on the current incidence from 2018 (source: www.krebsdaten.de), the coverage of primary cases treated in the German centres is 40.47%.



1b1. Distribution of primary cases with locally confined prostate carcinoma and low risk



132 clinical sites



Clinical site evaluable d		Clinical sites meeting the target		
Number	%	Number	%	
132	100,00%			

Comment

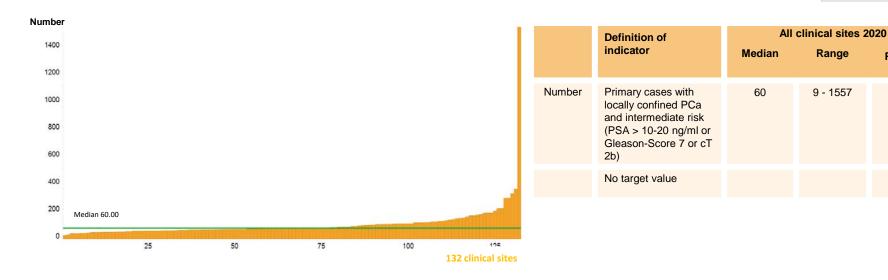
The proportion of patients with locally confined prostate carcinoma (T1/2 N0 M0) is 82.81% of primary cases, which is at the same level as the five previous years [82.68% - 83.87%]. The low-risk group included 5038 patients with localized carcinoma (previous year 5041); thus, the proportion of low-risk patients among primary cases with localized prostate carcinoma remained constant at approximately 20%.

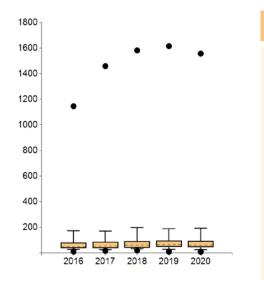


Patients Total

11872

1b2. Distribution of primary cases with locally confined prostate carcinoma and intermediate risk







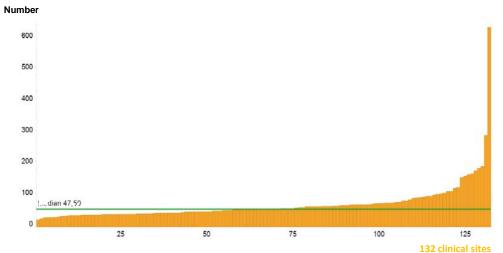
Clinical sites with evaluable data		Clinical sites meeting the target			
Number	%	Number	%		
132	100,00%				

Comment

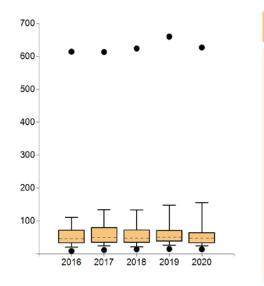
The proportion of intermediate-risk patients among primary cases with locally confined prostate cancer has also remained roughly constant at 47.3% (2019: 46.8%).



1b3. Distribution of primary cases with locally confined prostate carcinoma and high risk



	Definition of	Al	es 2020	
	indicator	Median	Range	Patients Total
Number	Primary cases with locally confined PCa and high risk (PSA > 20 ng/ml or Gleason-Score ≥ 8 or cT2c)	47,5	14 - 627	8209
	No target value			





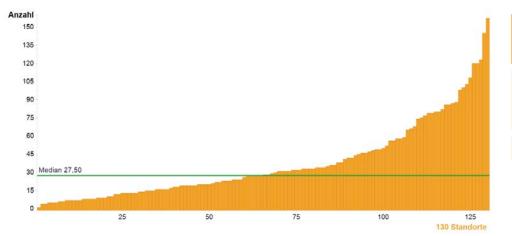
Clinical sites with evaluable data		Clinical sites meeting the target			
Number	%	Number	%		
132	100,00%				

Comment

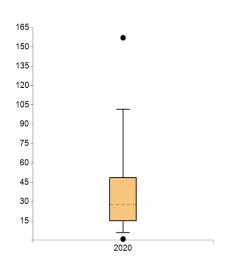
Just under one-third (32.68%) of locally confined prostate cancers were in the high-risk group in the 2020 indicator year, as in the previous year (33.35%).



1c. Patients with new recurrence and/or distant metastasis



	Definition of indicator	All clinical sites 2020			
		Median	Range	Patients Total	
Number	Patients with new recurrence and/or distant metastases	27,5	1 - 157	4857	
	No target value				





Clinical sites evaluable da		Clinical sites the target	meeting
Number	%	Number	%
130	98,48%		

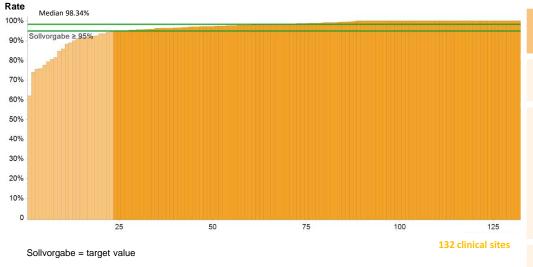
Comments:

The number of patients with new recurrence and/or distant metastases is reported for the first time in this annual report. On average, the centers treated 37.4 patients with recurrence or secondary metastasis (median 27.5 patients). Beyond the 30,335 primary cases, 4,857 patients with recurrence u./o. metachronous metastasis were treated.

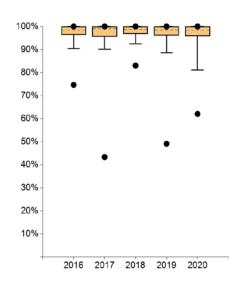


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2a. Presentation at the weekly pre-therapeutic tumour board - Urology



	5000000000	All clinical sites 2020			
	Definition of indicator	Median	Range	Patients Total	
Numerator	All patients presented in the pre-therapeutic tumour board	125*	35 - 2532	23281	
Denominator	All patients who presented themselves to the health care providers (urology/ radiotherapy) (e.g. via referral) and have been diagnosed as primary cases in line with CoR 1.2.1 (without primary M1)	129*	35 - 2593	24062	
Rate	Target value ≥ 95%	98,34%	62,03% - 100%	96,75%	





	inical sites with Clinical caluable data the ta		al sites meeting get		
Number	%	Number	%		
132	100,00%	109	82,58%		

Comment

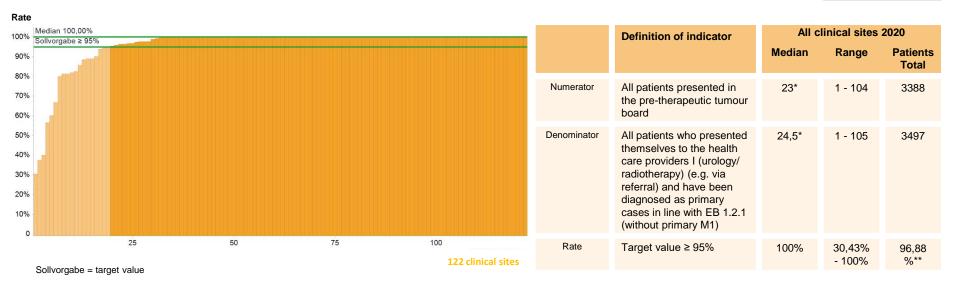
The requirement to present primary cases pretherapeutically in the tumour board has been implemented very well by the majority of urology care providers for years (median >98%). Nevertheless, 23 centers (+7 compared to the previous year) did not meet the target this year. The two centers with the largest decrease had previously had very good presentation rates for years and justified the decrease, among other things, with staff restructuring due to the Covid pandemic. In addition, primary cases not presented were justified primarily by incidental findings after cystectomies. The auditors issued deviations in the audits.

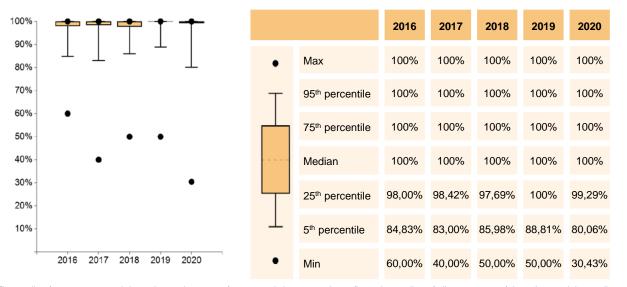
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.



2b. Presentation at the weekly pre-therapeutic tumour board – Radiotherapy





Clinical site evaluable d		Clinical site the target	es meeting
Number	%	Number	%
122	92,42%	103	84,43%

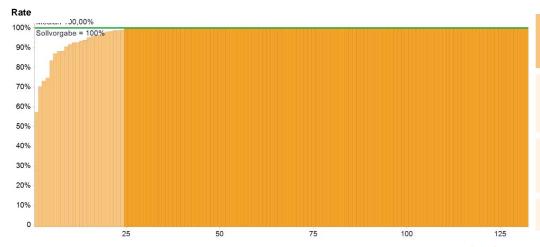
Comment

The proportion of patients with first contact in radiotherapy units who were presented to the tumour board pre-therapeutically has decreased compared to the average of the last three years (97.7%). The number of centers falling below the target has increased to 19 (+11). Three centers justified falling short of the target with restructuring as a result of the Corona pandemic. The most frequent reasons identified were omissions and coordination difficulties with cooperation partners. Two deviations were issued in the audits.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.

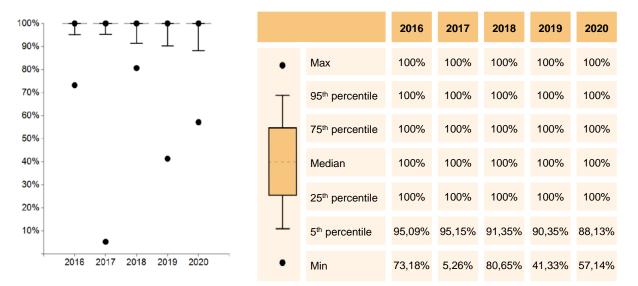
3a. Presentation in the monthly tumour board – Primary cases post-operative



	Definition of	All clinical sites 2020				
	indicator	Median	Range	Patients total		
Numerator	All patients presented in the post-therapeutic tumour board	26*	5 - 793	5654		
Denominator	Primary cases > pT3a and/or R1 and/or pN+	26,5*	5 - 824	5807		
Rate	Target value = 100%	100%	57,14% - 100%	97,37%**		

Sollvorgabe = target value

197	ام	-	00		+00	
132	. UI		ILdi	I 51	ites	



Clinical sites with evaluable data		Clinical sites meeting the target			
Number	%	Number	%		
132	100,00%	108	81,82%		

Comment

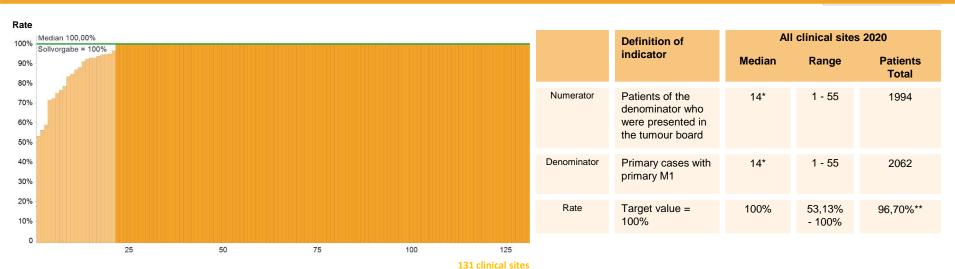
This indicator has remained stable at a high level for years. The target of 100% was achieved by 108 centers (= 81.8%); 24 centers (previous year: 25) fell short of the target mostly due to the missed presentation of individual patients. The centers with rates <80% cited organizational restructuring as a result of personnel changes and/or the Covid pandemic as reasons for missing turnour boards. No deviations were pronounced in the audits. However, through the auditors several hints were given and an improvement in the current presentation rate was already confirmed.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.



3b. Presentation in the monthly tumour board – Primary cases primary M1 pre-therapeutic



Sollvorgabe = target value

100%			2016	2017	2018	2019	2020
90%-	•	Max	100%	100%	100%	100%	100%
70%-	т	95 th percentile	100%	100%	100%	100%	100%
60% -	\perp	75 th percentile	100%	100%	100%	100%	100%
50% - 40% -		Median	100%	100%	100%	100%	100%
30%-				100%	100%	100%	100%
20% -		25 th percentile	100%	100%	100%	100%	100%
10% -	_	5 th percentile	89,40%	90,84%	87,50%	87,61%	77,52%
2016 2017 2018 2019 2020	•	Min	66,67%	31,58%	71,43%	72,73%	53,13%

	Clinical sites with valuable data		s meeting
Number	%	Number	%
131	99,24%	110	83,97%

Comment

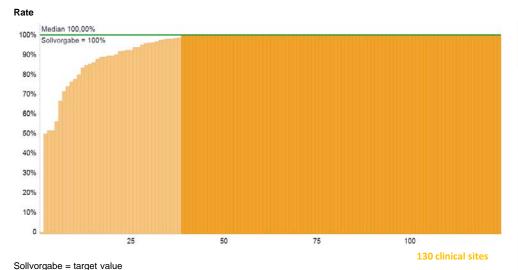
The indicator shows a good compliance rate across the board; however, 21 centers (previous year 18) have problems presenting all primary cases with primary metastasis in the tumour board; 8 centers were repeatedly conspicuous in the last two years. More than 100 centers were able to maintain or even increase their presentation rate. The centers justified their failure to meet the target by the urgency of therapy initiation, interdisciplinary agreements outside the tumour board, and personnel/structural restrictions due to the Covid pandemic. In the audits, two deviations and numerous hints were made.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

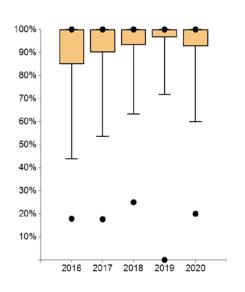
^{**} Percentage of total patients treated in centers according to the numerator.



3c. Presentation in the monthly tumour board – Recurrence/ metastasis pre-therapeutic



	Definition of indicator	All clinical sites 2020			
		Median	Range	Patients Total	
Numerator	Patients of the denominator who were presented in the pre-therapeutic tumour board	27*	1 - 157	4527	
Denominator	All patients with primary diagnosis, recurrence and/or distant metastasis	27,5*	1 - 157	4857	
Rate	Target = 100%	100%	20,00% - 100%	93,21%**	





Clinical site evaluable d		Clinical site the target	es meeting
Number	%	Number	%
130	98,48%	88	67,69%

Comment

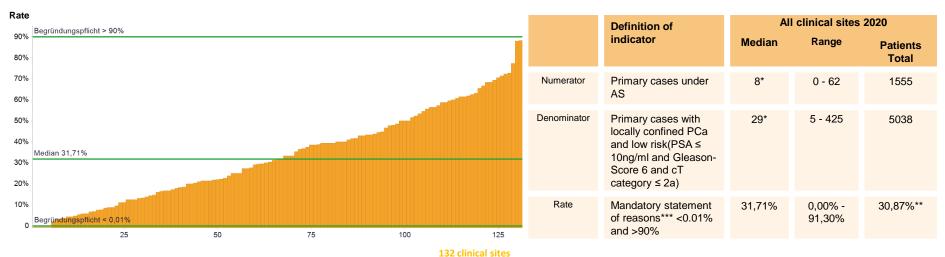
Following the positive development of this indicator in previous years, the positive trend did not continue this year. The proportion of patients presented at the tumour board decreased somewhat to 93.2% (previous year 95.0%). The proportion of centers that met the target also decreased somewhat (previous year 69.3%); the number of centers with a presentation rate ≤90% increased from 20 to 30. The most frequent reasons for not presenting were further outpatient treatment, communication deficits, and lack of clarity about the obligation to present. A total of 3 deviations were issued in the audits.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

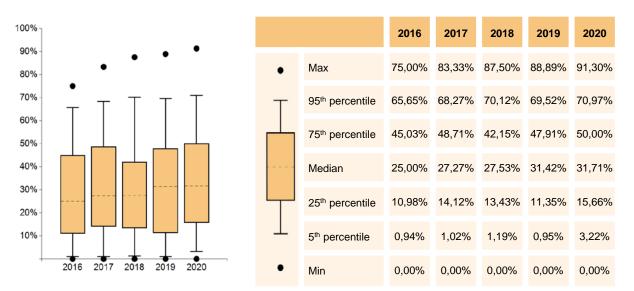
^{**} Percentage of total patients treated in centers according to the numerator.

4. Active Surveillance (AS)





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Clinical site evaluable d		Clinical sites meeting the target		
Number	%	Number	%	
132	100,00%	126	95,45%	

Comment

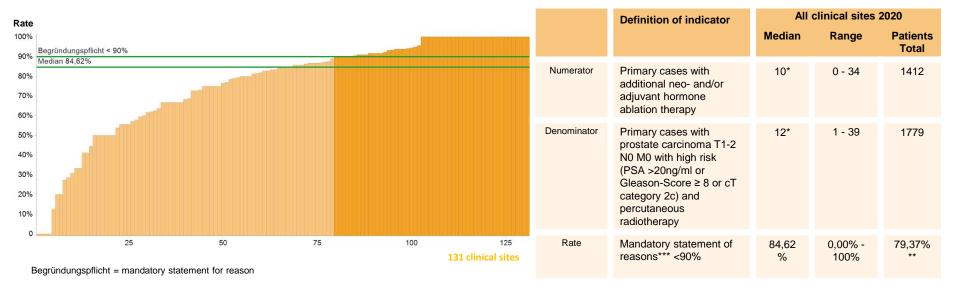
The GL-QI to actively monitor patients with locally confied PCa and low risk is better implemented by more and more centers in recent years. This is reflected in median and maximum as well as all percentiles. 5 centers (previous year 6) are below the plausibility limit and did not assign any patients to active surveillance in 2020: 3 centers reported that they did not treat any patients with an appropriate risk profile. In 2 centers, plausibility remained unclear due to documentation problems.

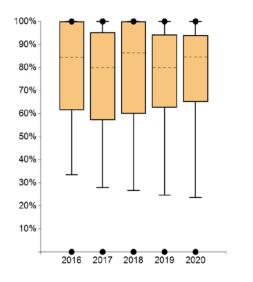
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

5. Percutaneous radiotherapy with hormone ablation therapy for locally confined PCa with high risk (GL QI)







Clinical site evaluable d		Clinical site the target	es meeting
Number	%	Number	%
131	99,24%	52	39,69%

Comment

Almost 40% of the centers performed neo- and/or adjuvant hormone ablative therapy in ≥90% of patients with locally confined PCa and a high risk profile. Thus, overall, nearly 80% of these patients (previous year 74.7%) received the requested treatment. In the vast majority of cases, the therapy was refused by the patients. In addition, centers cited that additional treatment was not provided due to comorbidity, age, and adverse effects. In many cases, the centers also draw attention to deviating therapy by physicians in private practice without the possibility of influence by the center.

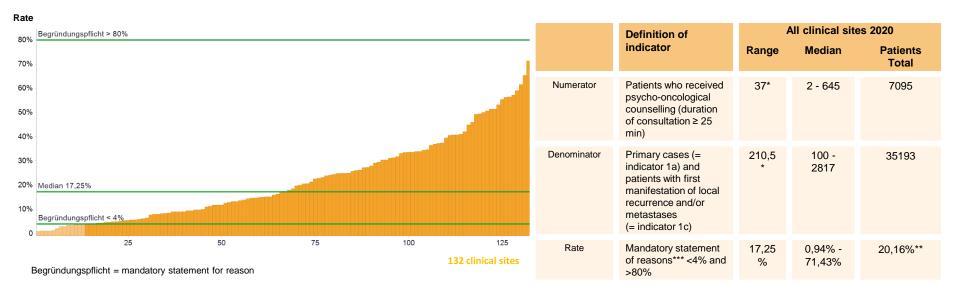
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

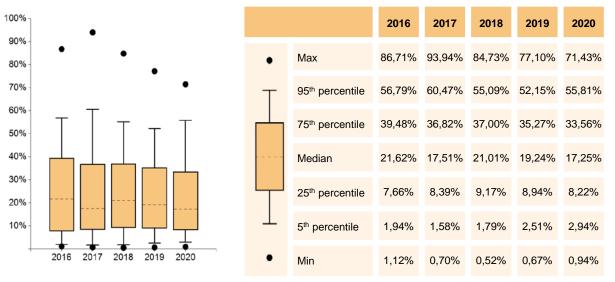
^{**} Percentage of total patients treated in centers according to the numerator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

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6. Psycho-oncological care





Clinical sites with evaluable data		Clinical sites meeting the target		
132	100,00%	119	90,15%	
132	100,00%	119	90,15%	

Comment

The rate of psycho-oncological counselling has shown a downward trend in recent years. A good 20% of patients receive psycho-oncological care. 90% of the centers are within the plausibility limits. In 7 of the 12 centers that fell below the justification requirement in the previous year, the care rate was also below 4% in 2020. This is mainly due to country-specific regulations: 50% of the centers with a justification obligation are located in other European countries.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

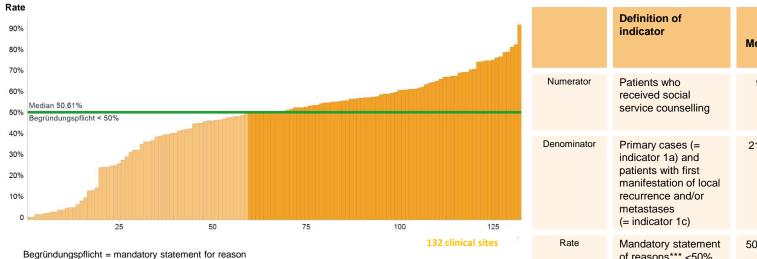
^{**} Percentage of total patients treated in centers according to the numerator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

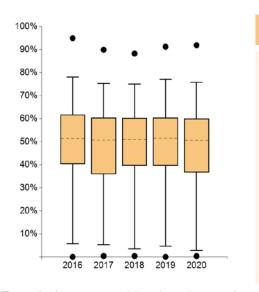
All clinical sites 2020

Certification

7. Social service counselling



	indicator	Median	Range	Patients Total
Numerator	Patients who received social service counselling	93*	1 - 1557	17028
Denominator	Primary cases (= indicator 1a) and patients with first manifestation of local recurrence and/or metastases (= indicator 1c)	210,5*	100 - 2817	35193
Rate	Mandatory statement of reasons*** <50%	50,61%	0,37% - 91,87%	48,38%**





Clinical site		Clinical site the target	s meeting
Number	%	Number	%
132	100,00%	73	55,30%

Comment

As in previous years, on average about 50% of all patients are advised by the social services. The proportion of centers with a consultation rate <50% increased slightly compared to the previous year. Among the 59 centers with a duty to provide justification, 16 centers were located in other European countries, where other legal regulations and responsibilities apply. The remaining centers reported that non-operative and outpatients in particular had not received counseling or had not taken advantage of the offer.

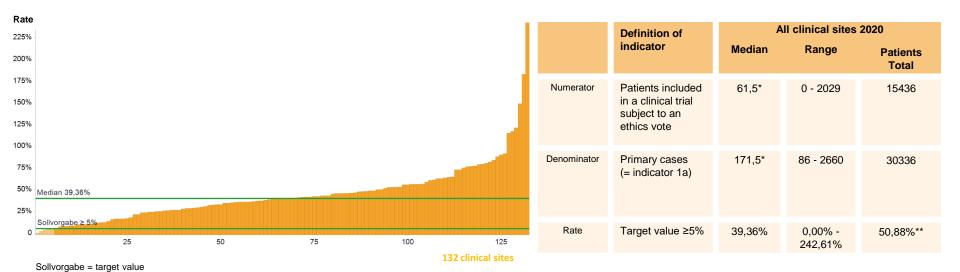
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

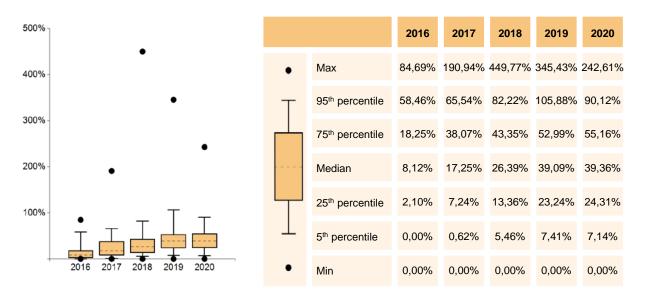
^{**} Percentage of total patients treated in centers according to the numerator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

8. Clinical trial participation







Clinical site evaluable d		Clinical site	es meeting
Number	%	Number	%
132	100,00%	127	96,21%

Comment

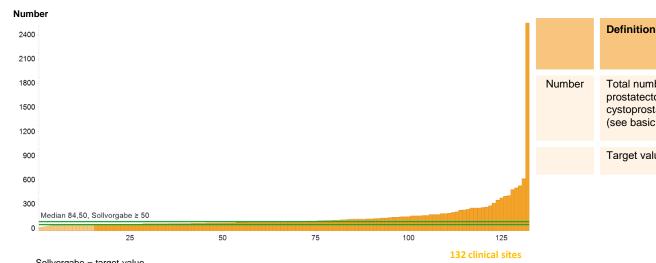
Every second patient is included in a study in the certified centers. 127 of 132 centers (96.2%) meet the target of 5%. After the start of the PCO study and a significant increase in the study rate from 2016 to 2019, a plateau is now evident at a high level. 2 centers attributed the low study rate in part to restructuring due to the Covid pandemic. Of 5 centers with a study rate <5%, 4 centers plan to participate in PCO.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.

9. Number of prostatectomies – Centre





	Definition of indicator	All clinical sites 2020			
		Median	Range	Patients Total	
Number	Total number of radical prostatectomies/ cystoprostatectomies (see basic data)	84,5	19 - 2549	18820	
	Target value ≥ 50				

Sollvorgabe = target value

3000			
2500 -		•	Max
2000 -	•	Т	95 th pe
1500			75 th pe
1000-			Median
		Н	25 th pe
500 -	IIIII	Τ.	5 th pero
_	2016 2017 2018 2019 2020	•	Min

		2016	2017	2018	2019	2020
•	Max	2084,00	2387,00	2498,00	2642,00	2549,00
Т	95 th percentile	374,25	372,30	368,50	372,90	390,90
\perp	75 th percentile	140,00	151,00	156,00	166,50	146,75
	Median	73,50	76,00	81,00	84,00	84,50
Щ	25 th percentile	56,25	56,00	59,50	60,75	59,00
Τ	5 th percentile	34,50	34,00	42,00	40,75	38,55
•	Min	17,00	26,00	26,00	27,00	19,00

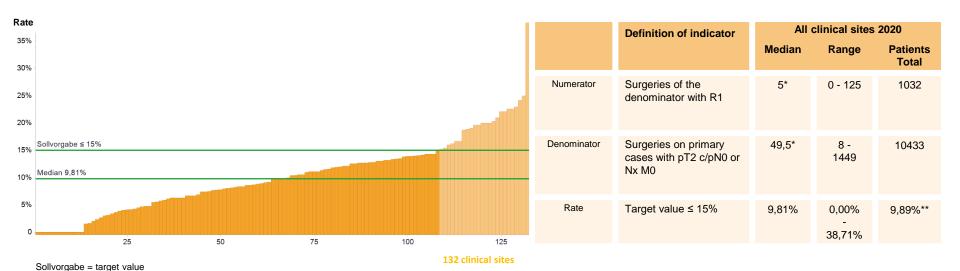
Clinical sites with evaluable data		Clinical sites meeting the target		
Number	%	Number	%	
132	100,00%	117	88,64%	

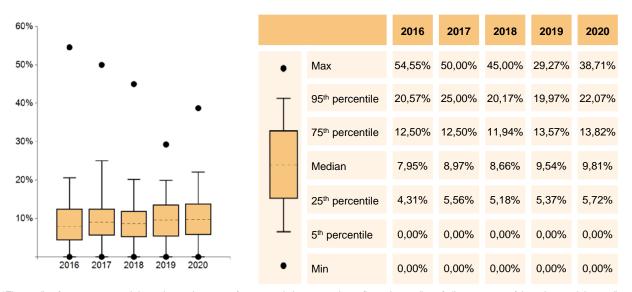
Comment

In 2020, the number of prostatectomies performed at centers declined for the first time in 5 years (-3.8%) despite an increase in prostate cancer centres. Looking at centers certified since at least 2018, there was a significant increase in surgery numbers from 2018 to 2019 (+6.76%) and a decrease of 2.69% from 2019 to 2020. A correlation with the Covid pandemic is likely.

10. Recording of R1 resections for pT2 c/pN0 or Nx M0







Clinical sites with evaluable data		Clinical sites meeting the target		
Number	%	Number	%	
132	100,00%	108	81,82%	

Comment

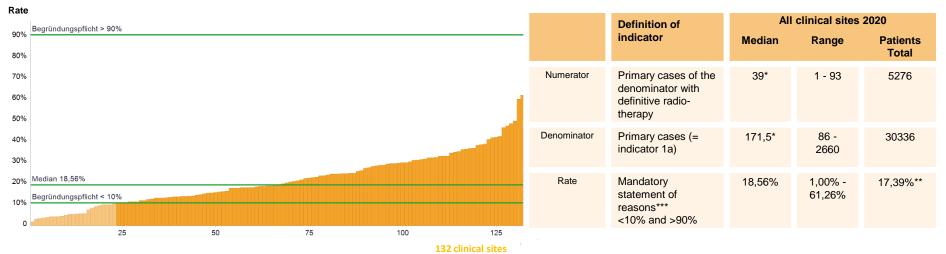
The proportion of R1 resections for primary cases pT2 NO/Nx M0 is 9.9%, exactly the same as in the previous year. In the last 3 years, more and more centers meet the target of $\leq 15\%$ (2018: 61.5%, 2019: 82.3%). Thus, overall over the years, in particular, a decrease in the maxima is also evident. 52% of centers exceeding the target in the previous year met the target in 2020. Of the 24 centers with an R1 resection rate > 15%, 9 were already conspicuous in the previous year. In 4 audits, a deviation was pronounced by the auditor. In these centers, the cases were processed for quality improvement in individual case analyses (uni/multifocal, width of positive cut margins).

** Percentage of total patients treated in centers according to the numerator.

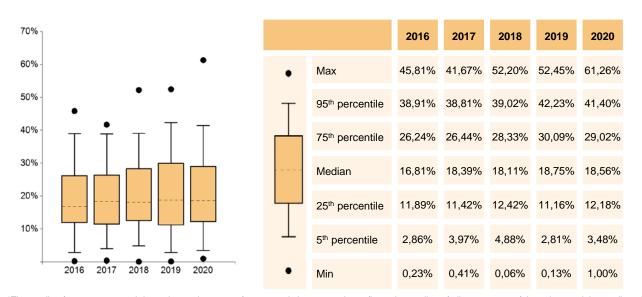
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

11. Definitive radiotherapy





Begründungspflicht = mandatory statement for reason



Clinical sites with evaluable data		Clinical sites meeting the target		
Number	%	Number	%	
132	100,00%	109	82,58%	

Comment

The ratio has been showing a steadily positive trend for years. The proportion of definitive radiations has also increased in 2020 to now 17.4% (2018: 16.0%, 2019: 16.4%). The number of centers below the plausibility limit <10% is decreasing (previous year: 27). Centers often justified falling below the threshold with supra-regional catchment areas and their surgical expertise with disproportionate referrals for surgery. Further reasons were patient decisions against radio-oncological treatment.

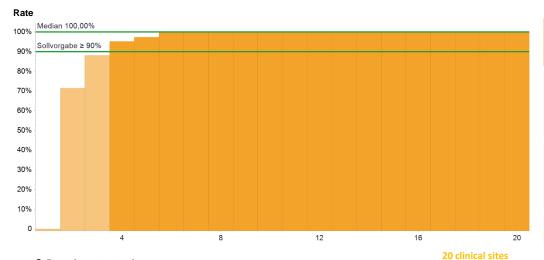
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

12. Permanent seed implantation - D 90 > 130 Gy





	Definition of	All clinical sites 2020		
	indicator	Median	Range	Patients Total
Numerator	Primary cases for whom D90 > 130 Gy was achieved	8*	0 - 35	190
Denominator	Primary cases with LDR mono-therapy	8*	1 - 36	198
Rate	Target value ≥ 90%	100%	0,00% - 100%	95,96%**

Sollvorgabe = target value

100% - 90% - 80% - 70% - 60% -

50%

40%

30%

20%

10%

		2016	2017	2018	2019	2020
•	Max				100%	100%
Т	95 th percentile				100%	100%
\perp	75 th percentile				100%	100%
	Median				100%	100%
H	25 th percentile				100%	99,31%
	5 th percentile				93,75%	67,86%
•	Min				79,49%	0,00%

Clinical sites with evaluable data		Clinical sites meeting the target		
Number	%	Number	%	
20	15,15%	17	85,00%	

Comment

LDR monotherapy in primary cases with PCa is performed in only 20 centers. 17 centers achieved the target (≥90%) and applied the required D90 of >130Gy. One center justified falling short of the D90 by treating according to the ASCENDE-RT protocol, which calls for a low dose of 115Gy. A second center reduced the dose due to a combination treatment with percutaneous boost irradiation.

2020

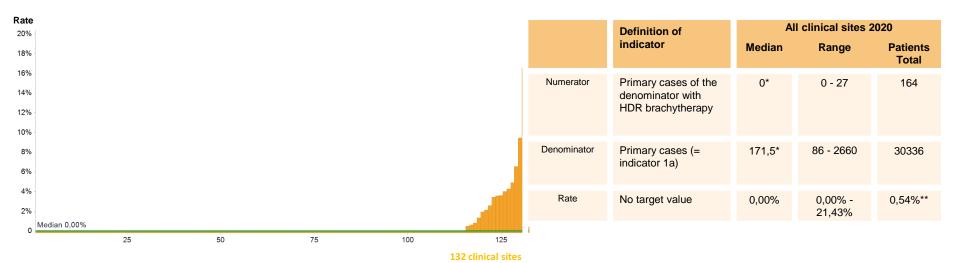
2019

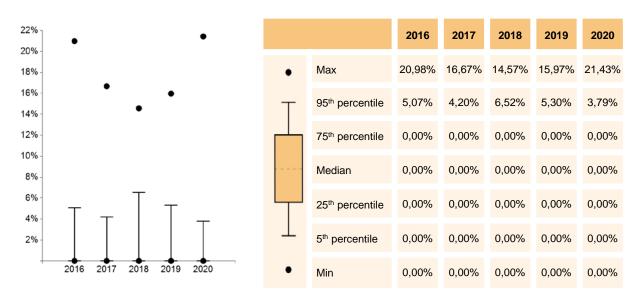
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.

13. HDR brachytherapy







Clinical sites with evaluable data		Clinical sites meeting the target		
Number	%	Number	%	
132	100,00%			

Comment

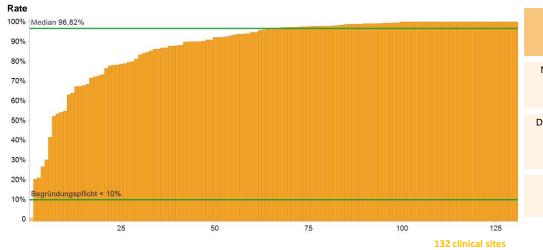
In 2020, patients with an initial diagnosis of PCa were treated with HDR brachytherapy in 17 centers (previous year: 22). The total number of treatments performed nationwide has been declining in recent years. The proportion of patients treated by HDR brachytherapy decreased by an average of 2.5% in 15 centers to just under 4% now [0.5% - 16.6%].

** Percentage of total patients treated in centers according to the numerator.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

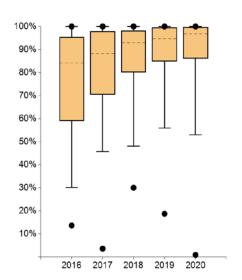
14. Diagnostic report – Punch biopsy (GL QI)





	Definition of	All	clinical sites	2020
	indicator	Median	Range	Patients Total
Numerator	Primary cases with complete diagnostic report	129,5*	1 - 659	21079
Denominator	Primary cases with prostate carcinoma and punch biopsy	143,5*	13 - 2630	25830
Rate	Mandatory statement of reason*** <10%	96,82%	0,90% - 100%	81,61%**

Begründungspflicht = mandatory statement for reason





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
132	100,00%	131	99,24%

Comment

The GL-QI shows a continuously positive development. In 90 centers (previous year 79), ≥ 90% of histopathological findings after punch biopsy were complete; 33 centers (2019: 28, 20218: 17) met the requirement in 100% of biopsies. The center outside the plausibility limit had unremarkable results in previous years and justified the shortfall of < 10% with documentation problems.

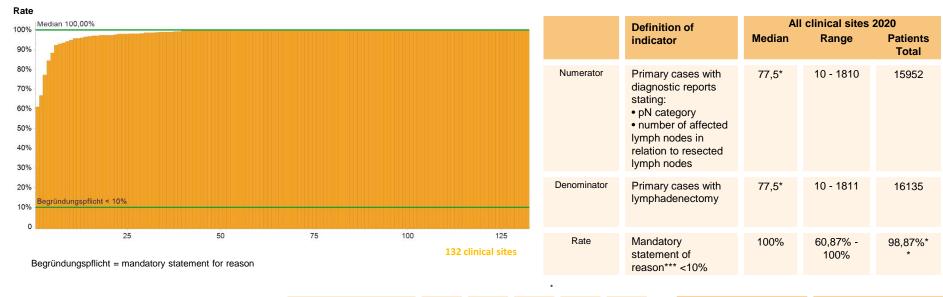
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

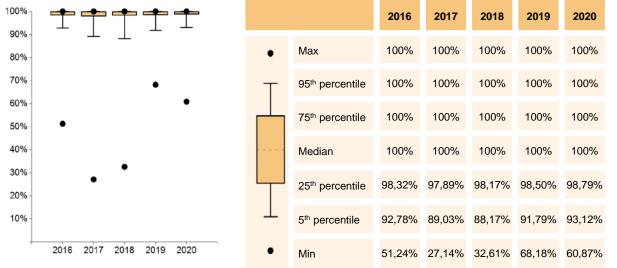
^{**} Percentage of total patients treated in centers according to the numerator.

^{***} If value is outside the plausability corridor, centres have to give an explanation.

15. Diagnostic report – Lymph nodes (GL QI)







Clinical sites with evaluable data		Clinical sites meeting the target		
Number	%	Number	%	
132	100,00%	132	100,00%	

Comment

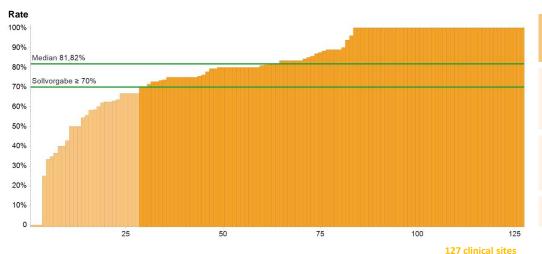
The quality indicator of the S3 guideline has shown a very high fulfillment rate for years: Nearly 99% of all histopathological findings include all required criteria. In 127 centers (previous year 119) at least 90% of the reports are complete. 90 centers (previous year 79) show a compliance rate of 100%. No center falls below the justification requirement of <10%.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

16. Begin salvage-radiotherapy (SRT) for recurrent prostate cancer (GL QI)



	Definition of	Al	l clinical sites	s 2020
	indicator	Median	Range	Patients Total
Numerator	Patients with beginning SRT and PSA <0.5 ng/ml	6*	0 - 42	1233
Denominator	Patients after PE and PSA recurrence and SRT	9*	1 - 53	1589
Rate	Target Value ≥ 70%	81,82%	0,00% - 100%	77,60%**

Sollvorgabe = target value

100%

90%

80% 70%

60%

50%

40%

30%

20%

10%



Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
127	96,21%	99	77,95%

Comment

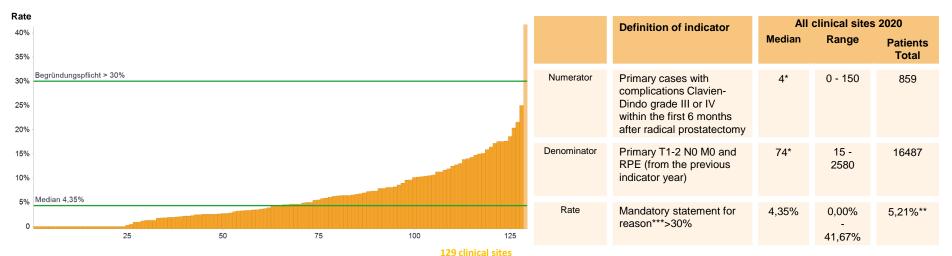
The indicator shows a slightly positive trend over the years: salvage radiotherapy (SRT) is performed early in 77.6% of patients with recurrence (2019: 75.5%, 2018: 74.8%). The proportion of sites meeting the target increased to nearly 78% (previous year: 73.7%). 28 centers fell short of the target of ≥70% and explained this almost exclusively with referrals by resident physicians with PSA values >0.5, so that individual centers want to exchange more with the referring physicians or in the quality circles. In individual cases, no nadir <0.5 was achieved postoperatively or therapy was delayed due to patient request with an inconspicuous PSMA-PET-CT.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

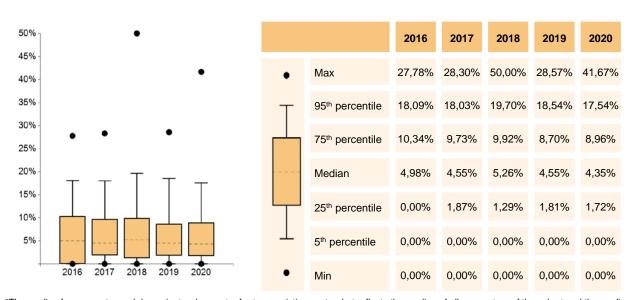
^{**} Percentage of total patients treated in centers according to the numerator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

18. Postoperative complications after radical prostatectomy (GL QI)



Begründungspflicht = mandatory statement for reason



Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
129	97,73%	128	99,22%

Comment

The postoperative complication rate after radical prostatectomy (GL-QI) has remained stable at a low level (currently 5.2%) since the indicator was established. Fortunately, the majority of centers have maintained or even reduced the rate compared to the previous year. 24 centers had no postoperative complications according to the numerator definition. Of the 21 centers with complication rates >10% in the 2019 indicator year, 14 were able to reduce their 2020 rate. Only one center had postoperative complications (grade III/IV n. Clavien-Dindo) in >30% of PE.

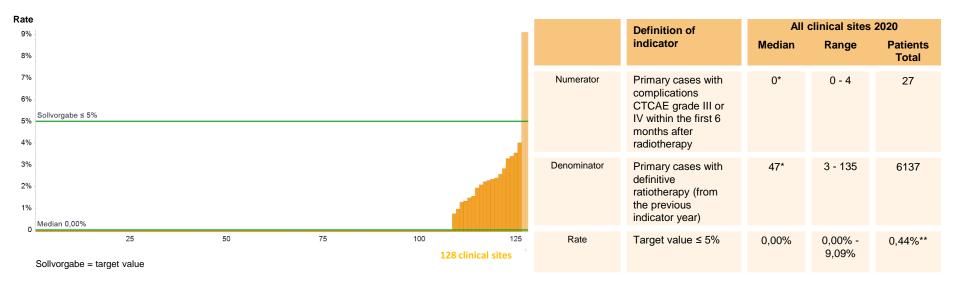
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

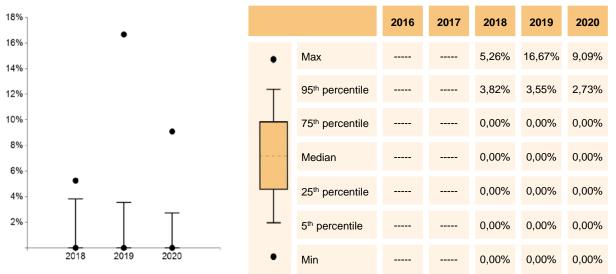
^{**} Percentage of total patients treated in centers according to the numerator.

^{***} If value is outside the plausablilty corridor, centres have to give an explanation.

19. Complications after radiotherapy (GL QI)







Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
128	96,97%	126	98,44%

Comment

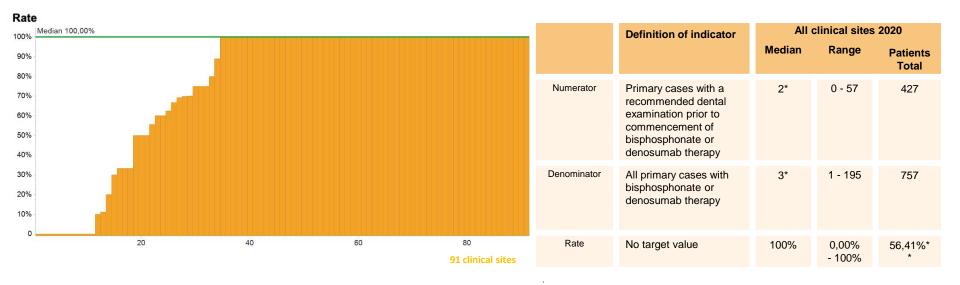
The quality indicator of the guideline, which has been recorded for 3 years, already shows a very high degree of fulfillment. In 108 centers (85.7%), no higher-grade AE (CTCAE III/IV) were observed after definitive radiotherapy. In the two centers where the target value of ≤5% was exceeded, the complication rate of almost 10% was due to one patient with postoperative dysuria/pollakiuria in a small population.

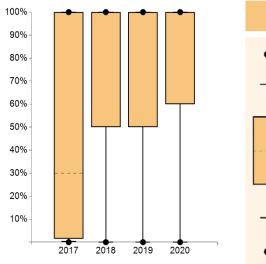
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.

20. Dental examination prior to commencement of bisphosphonate or denosumab therapy (GL QI)









Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
82	66.13%		

Comment

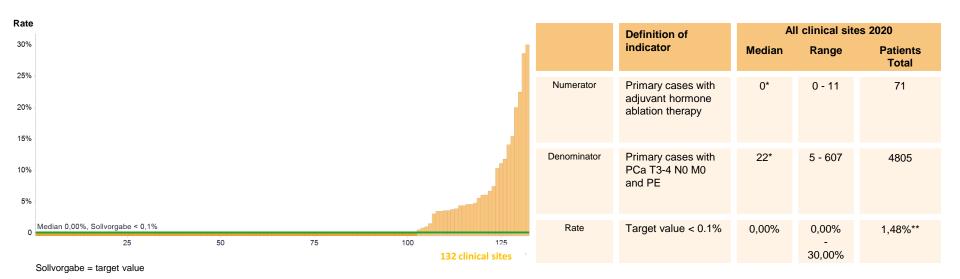
The assessment of the indicator is difficult due to the sometimes small population in the centers and the number of sites with evaluable data. There were no primary cases with bisphosphonate or denosumab therapy in the patient population of 41 centers (previous year 42). The proportion of centers with a compliance rate ≥75% increased to 68.1% compared with the previous year (65.9%). The 25th percentile also shows a positive development since recording of the GL-QI.

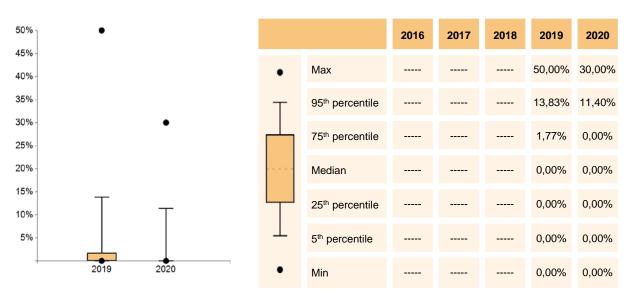
** Percentage of total patients treated in centers according to the numerator.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.



21. No hormone ablation therapy for locally advanced PCa with radical PE (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
132	100,00%	102	77,27%

Comment

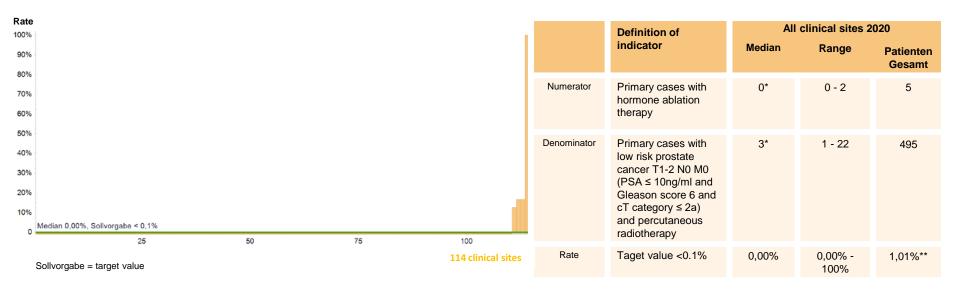
The indicator has been recorded since 2019. 77% of centers do not perform adjuvant hormone ablative therapy in primary cases pT3-4 pN0 M0 and PE (previous year 71.5%). The positive trend is also reflected in the decreasing rate of overall anti-hormone treated patients of 1.5% (previous year: 2.2%). The initiation of therapy by the centers is mainly justified by an increased risk profile after R1 resections or perineural sheath infiltration and discretion of the outpatient urologist.

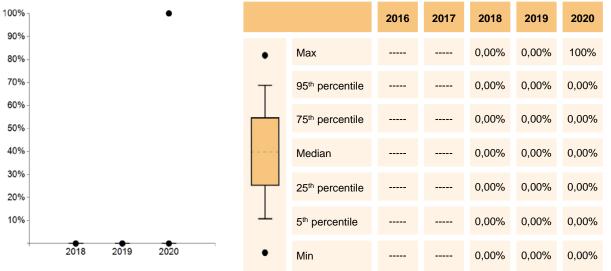
^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

^{**} Percentage of total patients treated in centers according to the numerator.



22. No hormonabl. therapy for locally confined PCa with low risk and percutaneous radiotherapy (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
114	86,36%	110	96,49%

Comment

For the first time since the collection of the indicator, patients with initial diagnosis T1-2 N0 M0 with low risk and percutaneous radiotherapy received hormone ablative therapy (n= 5). The 4 centers justified this with therapy already initiated before referral and explicit patient request. In one case, a higher-grade carcinoma was suspected.

** Percentage of total patients treated in centers according to the numerator.

^{*}The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)



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Authors

German Cancer Society (DKG)
Certification Committee Prostate Cancer Centres
Martin Burchardt, Sprecher Zertifizierungskommission
Jan Fichtner, Sprecher Zertifizierungskommission
Simone Wesselmann, Deutsche Krebsgesellschaft e.V.
Johannes Rückher, Deutsche Krebsgesellschaft e.V.
Martin Utzig, Deutsche Krebsgesellschaft e.V.
Ellen Griesshammer, Deutsche Krebsgesellschaft e.V.
Verena Jörg, OnkoZert
Florina Dudu. OnkoZert

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