**Catalogue of** **Requirements for**

**Head and Neck Cancer Centres**

Module in the Oncology Centre

**Prepared by the Certification Committee for Head and Neck Cancers**

**Spokesman of the Certification Committee:** Prof. Dr. H. Iro, Prof. Dr. Dr. M. Ehrenfeld

**Expert groups involved (in alphabetical order):**

ACO Working Group for Surgical Oncology

ADT Association of German Tumour Centres

ADO Working Group on Dermatological Oncology

AHMO Working Group on Ear, Nose and Throat Medicine, Oral and Maxillofacial Oncology

AIO Working Group for Internal Oncology

AOP Working Group for Oncological Pathology

OPH Working Group on Oncological Pharmacy

AGORS Working Group on Oncological Rehabilitation and Social Medicine

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

BDP Association of German Pathologists

BVK Association of Laryngeal Surgery Patients

BVDST German Professional Association of Radiation Therapists

CAO Surgical Working Group for Oncology

BVHNO German Association of Ear, Nose and Throat Physicians

DBL German Speech Therapy Association

DGPRÄC German Society of Plastic, Reconstructive and Aesthetic Surgeons

DGHNO German Society for Ear, Nose and Throat Medicine, Head and Throat Surgery

DGHO German Society of Haematology and Medical Oncology

DeGIR German Society of Interventional Radiology and Minimal-invasive Therapy

DGMKG German Society for Oral and Maxillofacial Surgery

DGNR German Society of Neuroradiology

DGN German Society of Nuclear Medicine

DGP German Society of Palliative Medicine

DGP German Society of Pathology

DGPP German Society of Phoniatrics and Paediatric Audiology

DEGRO German Society of Radio-Oncology

DGZMK German Society for Dental, Oral and Maxillofacial Medicine

DÖSAK German-Austrian-Swiss Working Group for Maxillofacial Tumours

DRG German X-Ray Society

DVSG German Association of Social Work in Health Care

IAG-KHT Interdisciplinary Working Group Head and Neck Tumours

KOK Conference on Oncological and Paediatric Oncological Care

Guideline S3 Laryngeal Cancer (LL S3 Laryngeal Cancer)

Guideline S3 Oral Cavity Cancer (LL S3 Oral Cavity Cancer)

**Entry into force on 21 September 2023**

This Catalogue of Requirements (CoR) is binding for all audits conducted from 1 January 2023. The changes made to the version valid in the audit year 2022 are highlighted in "green" in this Catalogue of Requirements.

The Catalogue of Requirements from the audit year 2023 can continue to be used in the audit year 2024, provided that the annual figures contained therein are adjusted by the centre.

The following were incorporated:

Quality indicators of the S3 Guidelines oral cavity and laryngeal cancer

The Technical and Medical Requirements for organ-specific diagnostics and the treatment of head and neck cancer within the Oncology Centres are laid down in this module.

When the tumour entity described in the available module is part of the Oncology Centre, then the Technical and Medical Requirements specified here are the basis for the certification of the Oncology Centre.

The catalogue of requirements is based on the TNM - Classification of Malignant Tumours, 8th edition 2017 as well as the ICD classification ICD-10-GM 2023 (DIMDI) and the ICD classification ICD-O-3 (DIMDI) (Topography) 2019 and the OPS classification OPS 2023 (DIMDI).

**Details about the Head and Neck Cancer Centre**

|  |  |
| --- | --- |
| Name of Head and Neck Cancer Centre (MHNT) |  |
| Director of Head and Neck Cancer Centre |  |
| Name of Centre Coordinator |  |

|  |  |
| --- | --- |
| Clinical site Name / hospital |  |

 Location

**QM system certification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QM system certification |  | yes |  | no |

**Network/Main cooperation partners**

The Centre's cooperation partners are registered in a master data sheet with the certification agency OnkoZert. The details in the master data sheet are published on [www.oncomap.de](http://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) must be corrected in the master data sheet prior to the annual surveillance audit. The master data sheet with the registered cooperation partners can be requested from OnkoZert as a file.

**Compilation / Update**

The electronically generated Catalogue of Requirements serves as the basis for the certification of the Neuro-oncology Centre. The correctness and completeness of the information contained therein have been verified.

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| The data refer to the calendar year |  |

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| Preparation/update date of the Catalogue of Requirements |  |

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Annexes to the Catalogue of Requirements

Data Sheet (Excel-Template)

**1. General details on the Centre**

| **1.1 Structure of the network** |
| --- |
| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 1.1.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 1.1.2 | Cooperation agreementsA cooperation agreement must be entered into with cooperating external treatment partners. Documentation must be provided that they meet the appropriate Technical and Medical Requirements of the Catalogue of Requirements (not every service provider has to be a cooperation partner as well). The cooperation partners are to be listed in the "Master Data Sheet" (administration by OnkoZert). Internal cooperation is formalised in employment contracts. Main cooperation partnersSurgical and medical oncology (ENT medicine and oral & maxillofacial surgery), haematology/oncology, radiology, pathology, radio-oncology. Cooperation partnersIn addition to the cooperation partners mentioned in section 1.1.6 of the Catalogue of Requirements, cooperation agreements are to be entered into with:phoniatrics / speech therapy, dermatology, ophthalmology, neurosurgery. |  |
| 1.1.3 | Connection Oncology CentreOne of the treatment units, ENT and/or OMS, must be part of a certified Oncology Centre. |  |
| 1.1.4 | Multi-clinical sites* ENT and OMS treatment units may be located at different clinical sites.
* The OMS treatment unit may cooperate with different Head and Neck Cancer Centres (HNTs); assignment of all patients to the Centres must be ensured.
* The distance between the OMS and ENT units must not exceed 45 km (if there is a need for wider geographical provision of care, a special waiver increasing this to maximum 90 km is possible)
* If available locally, cooperation between main oncology units are the rule and take preference over other forms of cooperation.
 |  |
| 1.1.5 | The HNT should stage an event for patients and/or referrers once a year. |  |

| **1.2 Interdisciplinary cooperation** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 1.2.1.a | Number of primary cases * 75 primary cases (= invasive neoplasms and in situ cancer of the upper aerodigestive tract (main nasal cavity and paranasal sinuses, oral cavity, pharynx and larynx, salivary glands) not including oesophagus

ICD 10 list in the Data Sheet |  |
| 1.2.1.b | Definition primary case:* Patients and not stays and not surgical procedures;
* A metachronous second tumour of another entity (main nasal cavity and paranasal sinuses, oral cavity, pharynx and larynx, salivary glands) that presented after the end of primary treatment is deemed to be another primary case;
* Histology report must be available;
* Count time is the time of initial diagnosis (date of biopsy) ~~the histological diagnostic report);~~
* Patients, who are only presented for the purposes of seeking a second opinion or for the purposes of consultation, are not included;
* All patients with initially diagnosed, localised or metastasised cancer, who are presented to the Centre or in the tumour board, and receive main parts of their treatment there;
* A patient can only be counted as a primary case for 1 Centre;
* Complete recording in the tumour documentation system.
 |  |
| 1.2.1.c | Recurrent and secondary remote metastases Recurrent (local, regional lymph node metastases) and secondary remote metastases are recorded separately from primary cases (see Data Sheet). |  |
| 1.2.2 | Interdisciplinary pretherapeutic\* and therapeutic tumour board  A tumour board must be held at least once a week.Participants:Surgeon\*\*, diagnostic radiologist, pathologist, radio-oncologist, haematologist, and oncologist Depending on the indication, other participants (nuclear medicine specialist, plastic surgeons, etc.) are to be invited.If the haematologist/oncologist is unable to attend the conference, he/she may be represented by the chemotherapy specialist who fills out/meets the requirements set out in section 6.2). \*: after staging has been performed \*\*: the case reviews for the ENT **and** OMS specialties are done together. |  |
| 1.2.3 | Interdisciplinary tumour boardPretherapeutic presentation of primary cases:Initial certification > 90%after 1 year > 95%(With the exception of salivary gland tumours: see Data Sheet) |  |
| 1.2.4 | Interdisciplinary tumour boardAfter completion of a therapy sequence, there should be renewed presentation in the tumour board in order to decide on any subsequent treatment.Number of presentations after a therapy sequence: |  |
| 1.2.5 | Morbidity /mortality conferences (M&M conferences)* The invited participants are the participants in the tumour board and referrers.
* The dates of these conferences can be timed to coordinate with the tumour board or with events for referrers.
* Both, cases with a negative and a positive course are to be presented. M&M conferences are to be held 2x a year.
* M&M conferences are to be minuted.
 |  |
| 1.2.6 | All patients with scheduled radio(-chemo) therapy is planned according to the tumour board, should in person be presented pretherapeutically to a cooperation partner (presentation may take place in the tumour board, if a personal presentation is possible) even if the therapy is not to be carried out there (e.g. because treatment is provided close to home).~~The planned radio(-chemo) therapy protocol is to be presented by the radiotherapy unit that carries this out.~~~~The implementation of the recommendation is to be verified.~~ |  |

| **1.3 Cooperation with referring physicians and providers of aftercare treatment** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 1.3.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |

| **1.4 Psycho-oncology** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 1.4.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 1.4.2 | Documentation and EvaluationTo identify the need for treatment, it is necessary to carry out a screening for psychological stress (see indicator "Psycho-oncological distress screening") and to document the result. The proportion of patients with excessive stress in the distress screening should be presented. Psycho-oncological counsellingPsycho-oncological care, especially for patients with high distress scores in the distress screening, should be presented. |  |
| 1.4.3 | Psycho-oncology resourcesIn line with demand at least 1 psycho-oncologist with the specified qualifications is available to the Centre (name to be provided).Human resources can be made available centrally; an organisation plan must be available. |  |

| **1.5 Social work and rehabilitation** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 1.5.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 1.5.2 | Social services resourcesFor the counselling of patients in the centre, there is at least 1 full-time staff member available for 400 counselled patients (not cases) of the Centre (= primary cases, secondary metastasis, recurrences). Human resources can be provided centrally, an organisation plan must be available. |  |

| **1.6 Patient involvement** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 1.6.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 1.6.2 | Patient surveys:* All patients should be given the opportunity to take part in a patient survey over a minimum period of three months at least every three years.
* The return rate should be more than 50% (actions should be initiated if this rate is not reached)
* Treatment-specific questions are to be considered.
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| **1.7 Study management** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 1.7.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 1.7.2 | Study managerThe name of the physician in charge of the study is to be given. Study assistance* The name of a study assistant is to be included in the "study organisation chart" (Annex 2) for "each participating study unit".
* He/she can work in a parallel manner for several "units conducting studies".
 |  |
| 1.7.3.a | Proportion study patientsInitial certification: patients must have been included in studies.after one year: at least 5% of primary cases |  |
| 1.7.3.b | Only the inclusion of patients in studies with an ethical vote counts as study participation (also non-interventional/diagnostic studies and prevention studies, healthcare research are recognised, biobank collections are excluded. |  |
| 1.7.3.c | All study patients can be taken into account when calculating the study rate (share study patients based on the Centre's primary case number).General preconditions for the definition of the study quota:* Patients can be counted 1x per study, time: Date of patient's informed consent.

(Exception Patients CPM (=Centres for Personalised Medicine) see FAQ document).* Patients in a palliative and adjuvant situation can be counted, no limitations regarding stage of disease.
* Patients who are taking part in several studies simultaneously can be counted several times.
* Information about ongoing studies is available at: <https://www.krebsgesellschaft.de/deutsche-krebsgesellschaft-wtrl/deutsche-krebsgesellschaft/ueber-uns/organisation/sektion-b-arbeitsgemeinschaften/iag-kht.html>.
 |  |

| **1.8 Nursing care** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 1.8.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 1.8.2 | Specialist oncology nurses* At least 1 active specialist oncological nurse must be involved in the Centre.
* The names of the specialist oncological nurses are to be provided.

 Tasks include:* Handling tracheal cannulas including counselling and care as part of the special nursing concept.
 |  |

| **1.9 General service areas (pharmacy, nutritional counselling, speech therapy...)** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 1.9.1 | Phoniatrics* The diagnosis and treatment of speech, voice and swallowing disorders should be undertaken in cooperation with a phoniatrics department or a practice-based phoniatrician.
* Details of any cooperation between phoniatrics, ENT/OMS and speech therapy must be provided.
* In the clinics with a phoniatrics specialty, cooperation is mandatory.
 |  |
| 1.9.2 | Speech therapyAt least 1 speech therapist is available to the Centre. |  |
| 1.9.3 | Access phoniatrics/speech therapyAccess for patients with functional disorder (proof of access required). |  |
| 1.9.4 | Tasks voice/swallowing therapy:* Ensuring outpatient further treatment: speedy access to speech and swallowing rehabilitation therapies is to be guaranteed in cooperation agreements.
* Voice and swallowing training, voice, speech, language and swallowing diagnosis and therapy, voice replacement initiation, articulation;
* Assistance with eating, nutrition planning;
* Functional handling of and advice on tracheal cannulas (e.g., specific cannula care);
* Care of tracheostomy;
* Staging of joint continuous education courses for nursing staff.
 |  |
| 1.9.5 | ~~Nutritional counselling~~* ~~Outpatient and inpatient access to nutritional counselling is to be provided.~~
* ~~A description of the procedure, together with details of the responsible persons, is to be given.~~

 * Nutritional counselling must be part of the OC incl. HNT Centre, a SOP should be available.
* The need for nutritional counselling must be actively determined and carried out in relation to the patient.
* The metabolic risk ("Nutritional Risk") should be assessed by means of Nutritional Risk Screening (NRS), e.g., according to Kondrup 2003, at the latest when the patient is admitted to the centre.

  |  |
| 1.9.6 | Health care supply store/specialist service provider* The supply of technical aids (e.g., tracheal cannulas) is to be facilitated.
* A description of the procedure, together with details of the responsible persons, is to be given.
 |  |
| 1.9.7 | Cooperation supportive areas* For patients with laryngeal cancer, cooperation with the support areas (phoniatrics, speech therapy, nutritional counselling, social services, psycho-oncology, palliative medicine and rehabilitation) must be ensured.
* Proof of competence required (e.g. SOP)
 |  |
| 1.9.8 | Dental/OMS presentation before/after radiotherapy* The procedure for the dental and/or OMS presentation of the patients before and after necessary radiotherapy is to be laid down in consultation with the main cooperation partners.
* A description of the procedure, together with details of the responsible persons, is to be given.
 |  |
| 1.9.9 | Epithetics* A description is to be given of cooperation with epithetics. In this context, details are to be provided inter alia of the appointment process, the names of the responsible persons and the indication spectrum.
* The Centre must keep an up-to-date uniform list of all cooperating epithetics that is accessible to all staff members (e.g., intranet, QM manual).
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**2. Organ-specific diagnostics**

| **2.1 Consulting hours** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 2.1.1 | 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 consultations as a standard procedure.

 A general description is to be given of the way in which information is provided and of the dialogue. This is to be documented for each patient in medical reports and minutes/records. |  |
| 2.1.2 | Consulting hours in ENT medicine and/or OMS surgery must be staged at least once a week and they must cover the following topics:* Initial examination after external suspicion or confirmation of diagnosis;
* Planning of next diagnostic steps;
* Passing on to the interdisciplinary tumour board;
* Planning of the next therapeutic steps (based on the decision of the tumour board);
* Post-surgical aftercare where appropriate with coordination of rehabilitation of chewing function by OMS surgery.

 If appropriate, the topics can be covered in special, separate consulting sessions. |  |
| 2.1.3 | Waiting times during the consulting hoursRequirement: <60 min (Target value) How long are the waiting times for an appointmentRequirement: <2 weeks The waiting times are to be recorded on a random basis and statistically evaluated (recommendation: evaluation period 4 weeks a year). |  |
| 2.1.4 | From the appointment during consulting hours, the following services/procedures are to be ensured:* Consultative presentation of patients to OMS and/or ENT if possible on the same day;
* B-mode and colour Doppler sonography, ≥5 MHz:

Requirements for conduct: the requirements of the ultrasound agreement "criteria for assessing dignity” are to be met:(LINK);* Panendoscopy:

Appointment scheduling <2 weeks; requirement for conduct: see section 5.* For ENT:
	+ Magnifying laryngoscope;
	+ Rigid laryngoscopy from different angles (e.g. 25°, 70°);
	+ Flexible nasopharyngolaryngoscope.
	+ For OMS:
	+ Orthopantomograph.
 |  |
| 2.1.5 | The following quality-determining procedures are to be described including details of responsibilities:* Organisation/conduct ENT mirror examination/ panendoscopy (In line with the S3 Guidelines):

a) Oral cavity cancer: “To rule out synchronous second tumours, an ear-nose-and-throat mirror examination, where appropriate an endoscopy, is to be conducted as part of the primary diagnosis of oral cavity cancer.”b) Laryngeal cancer: “The panendoscopy should be performed on patients with laryngeal cancer.”c) Pharyngeal cancer: “Conduct of an panendoscopy to determine spread and rule out second cancers” (S3 Guidelines pharyngeal cancer currently being drawn up)* Preparation of patients for the tumour board;
* Inpatient admission for ENT und OMS;
* Coordination of rehabilitation of chewing function.

Sufficient resources must be available to conduct the procedures. |  |

| **2.2 Diagnostics** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 2.2 | Any special features of head and neck tumours are to be described here with details of responsibilities. |  |

**3. Radiology**

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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 3.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 3.2 | Specialists* At least 1 radiology specialist with specific expertise in head and neck radiology (proof of competence via training curriculum).
* Arrangements for cover staff with the same qualification are to be documented in writing.
* The names of the specialist and cover staff are to be given.
 |  |
| 3.3 | Medical technical radiology assistants (MTRAs) At least 2 qualified MTRAs must be available and their names given. |  |
| 3.4 | Procedures available in radiology:* MRI with surface coil head-neck 1.5 or 3 Tesla (where appropriate via cooperation agreement);
* Ultrasound 7-13 MHz;
* X-ray device for barium swallow tests.
 |  |

**4. Nuclear medicine**

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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 4.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 4.2 | Nuclear medicine specialists* At least 1 specialist for nuclear medicine is available.
* Radiologists with additional training in nuclear medicine diagnostics are also accepted as medical specialists.
* Arrangements for cover staff with the same qualification are to be documented in writing.
* The names of the specialist and cover staff are to be given.

  |  |
| 4.3 | Medical technical radiology assistants (MTRAs) At least 2 qualified MTRAs must be available and their names given. |  |
| 4.4 | PET scanAccess is to be ensured. If this is not possible at the clinical site, access is to be regulated in a cooperation agreement. |  |

**5. Surgical oncology**

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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 5.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 5.2 | Surgical unit If a unit (ENT and/or OMS) is involved in surgical care, at least 20 resections/year (removal of an invasive tumour/in situ tumour, primary cases/recurrences; biopsies are not included) must be documented. |  |
| 5.3 | Specialists * At least 2 specialists from the specialties ENT medicine and/or OMS surgery.
* The name of a proven cover staff member with the same qualifications is to be given.
* In the clinics in which ENT and OMS are main departments or have specialists in a main department, surgical cooperation is mandatory, i.e. ENT and OMS are to be indicated as surgical specialists.
* The names of the specialists are to be given.
 |  |
| 5.4 | Qualification surgeons* at least 10 surgical procedures/year (primary cases/recurrences);
* At least 1 surgeon (ENT or OMS) with additional specialty training “plastic surgery”;
* If no surgeon has undergone the additional specialty training “plastic surgeon”, cooperation with a specialist for plastic and cosmetic surgery must be documented and his/her name given.
 |  |
| 5.5 | Contents cooperation agreement plastic surgery(If the plastic surgery is covered through external cooperation)External: name/address cooperation partner* Available resources for the Centre (ensuring near-at-hand care);
* Determination of location(s) of operating theatres
* Formalised procedure for a decision on/coordination of therapy (link to tumour board), information/education of the patient, surgical aftercare;
* Exchange of information on measuring satisfaction with aesthetic and functional result;
* The qualifications of the plastic surgeon are to be documented in a training curriculum.
 |  |
| 5.6 | Approval of new ENT and OM surgeons* Specialist for ENT medicine or OM surgery
* Documentation of at least 50 curative tumour resections within the previous 5 years (submission of surgical reports) performed as lead surgeon
 |  |
| 5.7 | Training of new surgeonsPer Centre and per 75 primary cases the training of further surgeons must be guaranteed and documented. |  |
| 5.8 | Examination methods/surgical procedures that must be available from the surgeons:* Panendoscopy (with surgical report)
* Enoral or transoral surgery (including laser surgery)
* Plastic reconstructive surgery ~~using free and pedicled flaps~~ (see 5.9)

  |  |
| 5.9 | **Reconstructive procedures**The following reconstructive procedures are to be offered (if necessary, in cooperation):* Category 1: Local flaps
* Category 2: Pedicled musculocutaneous flaps (e.g. latissimus dorsi, pectoralis),
* Category 3: Microsurgically revascularised grafts
	+ for soft tissue replacement (e.g., forearm flap, upper arm flap, ALT),
	+ for combined soft tissue/bone replacement if necessary (e.g., grafts of the scapula, fibula, iliac crest)
* Category 4: Nerve reconstruction

Patients must be informed about reconstruction procedures by an appropriately qualified/experienced surgeon. See list of OPS codes in the Data Sheet. |  |
| 5.10 | **Reconstructive procedures - General requirements*** The number of reconstructions performed (incl. secondary reconstructions) is to be recorded, divided into the above categories, if necessary subdivided into internal/external performance.
* The advantages and disadvantages of the reconstructive options are to be communicated to the patient and their decision is to be documented.

Immediate perioperative care after reconstruction shall be provided under the supervision of a specialist trained in the surgical technique performed.   |  |
| 5.11 | Postoperative complications* Revision surgeries (in line with OPS [German surgeries and procedure classification] with intubation narcosis) due to intra- or postoperative complications in own Centre
 |  |
| 5.12 | Postoperative surveillance* Beds must be available for postoperative surveillance in the intensive care or intermediate care units.
* The processes for postoperative care and transfer to the normal ward are to be described, including details of responsibilities.
 |  |

List of reconstructive procedures

|  |  |
| --- | --- |
|  | Number of performed reconstructions |
| internal | external |
| Category 1 |  |  |
| Category 2 |  |  |
| Category 3 |  |  |
| Category 4 |  |  |

Category 1: Local flap plasty

Category 2: Pedicled musculocutaneous flaps (e.g. latissimus dorsi, pectoralis),

Category 3: Microsurgically revascularised graftsfor soft tissue replacement (e.g. forearm flap, upper arm flap, ALT),

for combined soft tissue/bone replacement if necessary (e.g. grafts of the scapula, fibula, iliac crest)

Category 4: Nerve reconstruction

**6. Medicinal oncology / Systemic therapy**

| **6.1 Medical Oncology** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 6.1.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 6.1.2 | Physicians' qualificationsSpecialist for internal medicine with the focus designation haematology and oncologyThe name of one representative with the above-mentioned qualification is to be given. |  |

| **6.2 Organ-specific systemic therapy** |
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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 6.2.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |

**7. Radio-oncology**

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| **Section** | **Requirements** | **Explanatory remarks by the Cancer 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 for each 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" from [www.krebsgesellschaft.de/zertdokumente.html](www.krebsgesellschaft.de%5Czertdokumente.html) and <www.onkozert.de>. |  |

**8. Pathology**

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| **Section** | **Requirements** | **Explanatory remarks by the Cancer 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-organ 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 for each 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" from [www.krebsgesellschaft.de/zertdokumente.html](www.krebsgesellschaft.de%5Czertdokumente.html) and <www.onkozert.de>. |  |

**9. Palliative care and hospice work**

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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 9.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |

**10. Tumour documentation / Outcome quality**

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| **Section** | **Requirements** | **Explanatory remarks by the Cancer Centre** |
| 10.1 | The requirements of the Catalogue of Requirements Oncology Centres are to be met. Any special features of head and neck tumours are to be described here with details of responsibilities. |  |
| 10.2 | 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.
* The patients with head and neck tumours must be recorded in one central tumour documentation system.

 Name of the tumour documentation system in a cancer registry and/or Centre: A data set in line with the Uniform Oncological Basic Data Set and its modules of the Working Group of German Tumour Centres (ADT) and the Association of Population-based Cancer Registries in Germany (GEKID) must be used. The Centre must ensure that data are transferred to the competent cancer registry in a timely manner. Any existing regional laws for notification deadlines are to be complied with. |  |

**Data Sheet**

An EXCEL template (Data Sheet) 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 <http://ecc-cert.org/> and [www.onkozert.de](http://www.onkozert.de/)