

## **Annual Report of the Certified Breast Cancer Centres (BCCs)**

Audit year 2022 / indicator year 2021





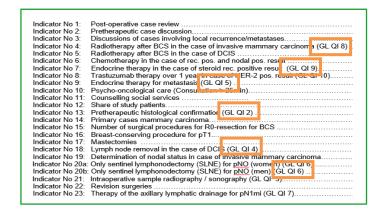
## GERMAN CANCER SOCIETY Certification

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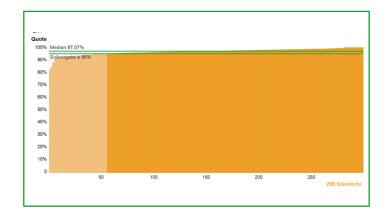
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### **General information**



	Definition of indicator All clinical sites 20		018	
		Median	Range	Patients Total
Numerator	Primary cases of the denominator in which radiotherapy was recommended	97*	26 - 566	30,659
Denominator	Primary cases with an invasive mammary carcinoma and BCS (without primary M1 pat.)	100*	26 - 578	31,602
Rate	Target value ≥ 90%	97.73%	86.32% - 100%	97.02%**



#### Quality indicators of the guidelines (GL 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: <a href="www.leitlinienprogramm-onkologie.de">www.leitlinienprogramm-onkologie.de</a>\*

#### **Basic data indicator:**

The definition of the **numerator**, **denominator** and the **target value** are taken from the data sheet.

The **median** for numerator and denominator does not refer to an existing centre but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

Range specifies the value range for the numerator, denominator and ratio of all centres.

The column **Patients Total** displays the total of all patients treated according to the indicator and the corresponding quota.

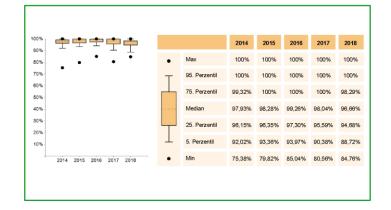
### Diagram:

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

<sup>\*</sup>For further information on the methodological approach see "Development of guideline-based quality indicators" (https://www.leitlinienprogramm-onkologie.de/fileadmin/user\_upload/Downloads/Methodik/QIEP\_OL\_Version2\_english.pdf)

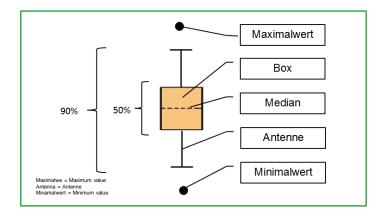
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### **General information**



#### **Cohort development:**

The **cohort development** in the years **2017**, **2018**, **2019**, **2020** and **2021** is presented in a box plot diagram.



### **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 90<sup>th</sup> percentile area/range. The extreme values are depicted here as dots.



## **Status of the certification system: Breast Cancer Centres 2022**

		31.12.2022	31.12.2021	31.12.2020	31.12.2019	31.12.2018	31.12.2017
Ongoing certific	Ongoing certification procedures		5	4	2	4	2
Certified centre	es	254	248	245	243	237	234
Certified clinica	ıl sites	288	286	284	282	280	280
BCC with	1 clinical site	224	214	210	209	199	193
	2 clinical sites	28	32	33	31	35	38
	3 clinical sites	0	0	0	1	1	1
	4 clinical sites	2	2	2	2	2	2

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### Clinical sites taken into account

	Sites DKG & NRW	DKG Breast Cancer Centres					
	31.12.2022	31.12.2022	31.12.2021	31.12.2020	31.12.2019	31.12.2018	31.12.2017
Sites considered in the annual report	306	282	280	280	276	278	275
corresponds to	-	97.9%	97.9%	98.6%	97.9%	99.3%	98.2%
Primary cases total*	68,092	62,100	58,331	60,752	57,589	55,715	54,385
Primary cases per site (mean)*	222,5	220	208	217	209	200	198
Primary cases per site (median)*	187,5	184	180	182	180,5	178	175

Breast Cancer Centres North Rhine-Westphalia (NRW)	31.12.2022
Sites considered in the annual report	24
Primary cases total*	5,992
Primary cases per site (mean)*	250
Primary cases per site (median)*	201

<sup>\*</sup>The figures are based on the clinical sites listed in the Annual Report.

This annual report looks at the Breast Cancer Centres certified in the certification system of the German Cancer Society (DKG) and, from 2021, Breast Centres in the state of NRW that participate in the DKG's data management system. The basis for the diagrams in the annual report is the data sheet. The indicator published here refer to the indicator year 2021. They represent the assessment basis for the audits carried out in 2022.

#### **DKG Breast Cancer Centres:**

The annual report includes 282 of the 288 DKG-certified centre sites. Excluded are 5 clinical sites that were certified for the first time in 2022 (data mapping of complete calendar year not mandatory for first-time certifications). In addition, one clinical site was not included as it did not conduct an audit in 2022 and did not submit a Data Sheet (suspension of the certificate in the first quarter of 2023).

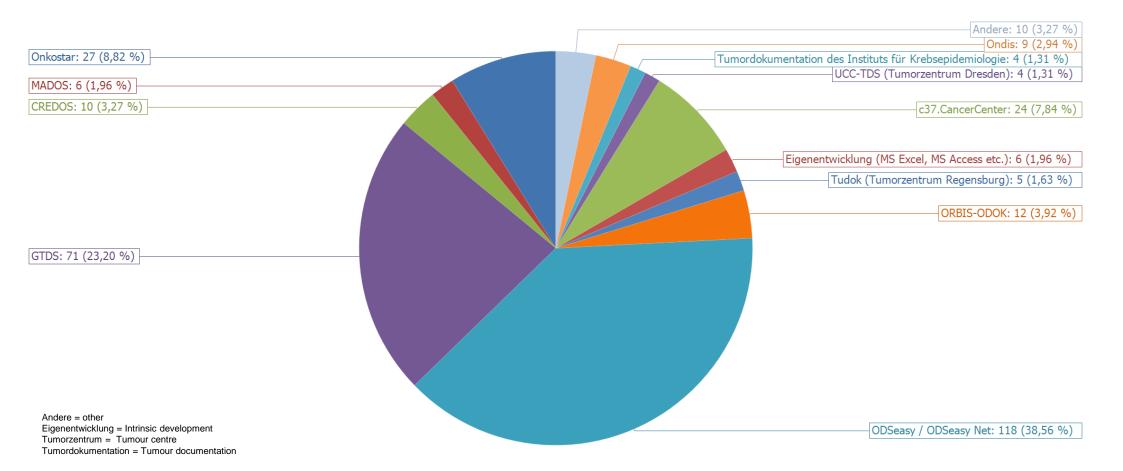
#### **Breast Cancer Centres NRW:**

Included in the annual report are 24 centre sites in the state of NRW that participate in the DKG's data management. A total of 5,992 primary cases of breast cancer were treated at the 24 clinical sites.

A current overview of all sites is shown at <a href="www.oncomap.de">www.oncomap.de</a>. Using the filter "Certificate", a common view or a view separated according to certified and recognised sites can be selected.

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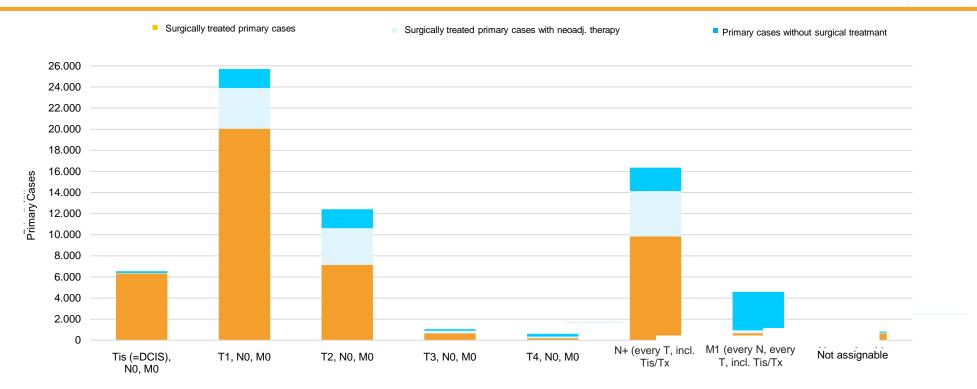
### **Tumour documentation systems in the Centre's clinical sites**



Legend	
Others	System used in < 4 clinical sites

The details 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 Breast Cancer**



	Tis (=DCIS), N0, M0	T1, N0, M0	T2, N0, M0	T3, N0, M0	T4, N0, M0	N+ (every T incl. Tis/Tx), M0)	M1 (every N, every T incl. Tis/Tx)	Not assignable*	Total
Non-surgical primary cases	161 (2.46%)	1,792 (6.97%)	1795 (14.45%)	153 (14.57%)	263 (43.11%)	2,214 (13.54%)	3,642 (79.29%)	110 (13.33%)	10,130
Primary cases Surgery with neoadj. Th.**	51 (0.78%)	3,870 (15.06%)	3,470 (27.94%)	239 (22.76%)	138 (22.62%)	4,309 (26,35%)	281 (6.12%)	50 (6.06%)	12,408
Primary cases without neoadj. Th.***	6,330 (96.76%)	20,036 (77.97%)	7,153 (57.60%)	658 (62.67%)	209 (34.26%)	9,833 (60.12%)	670 (14.59%)	665 (80.61%)	45,554
Primary cases Total	6,542	25,698	12,418	1,050	610	16,356	4,593	825	68,092

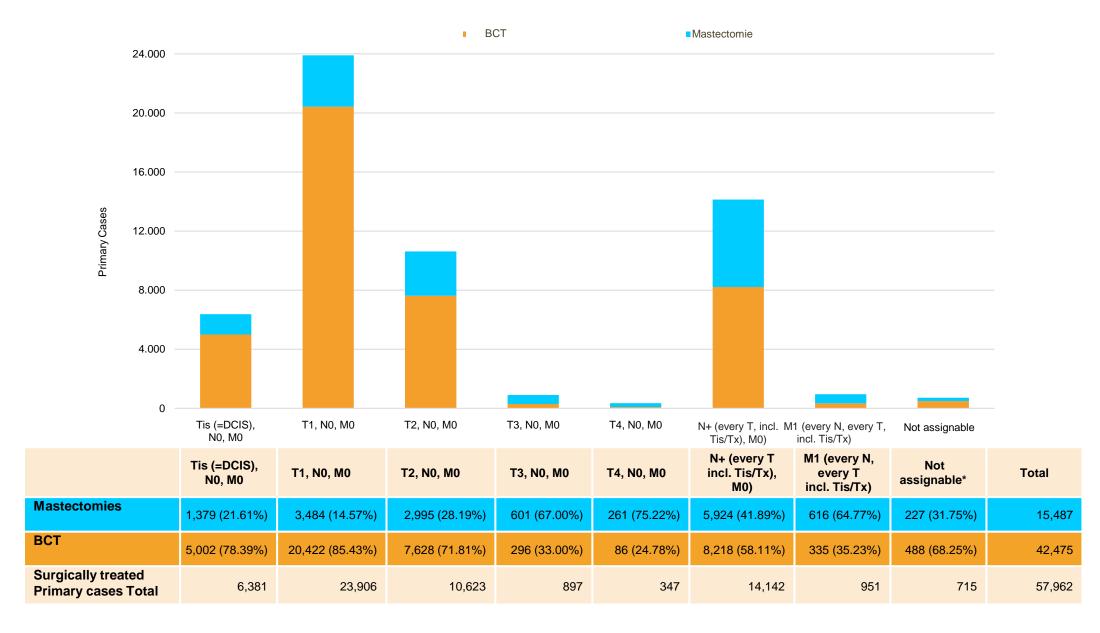
<sup>\*</sup>others: e.g. T1, N0, Mx

<sup>\*\*</sup> primary cases operated with neo-adjuvant or pre-operative systemic therapy

<sup>\*\*\*</sup> primary cases operated without neo-adjuvant or pre-operative systemic therapy

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### **Basic data – Distribution of surgically treated primary cases**

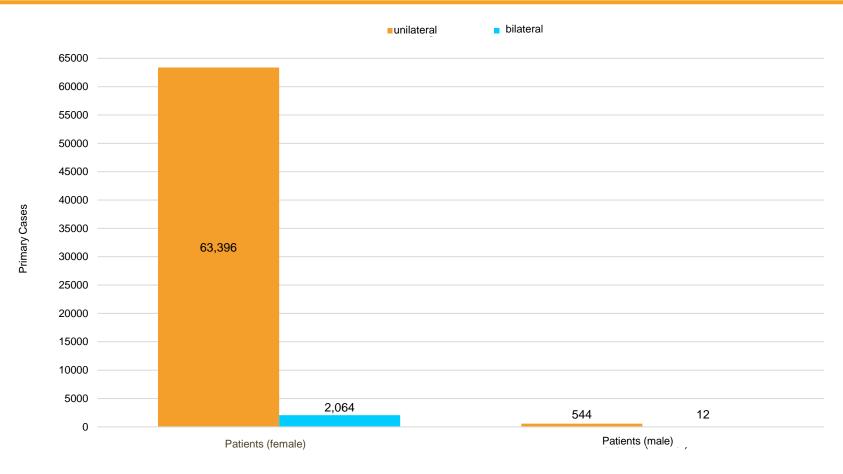


<sup>\*</sup> Not assignable: e.g. T1, N0, Mx

9

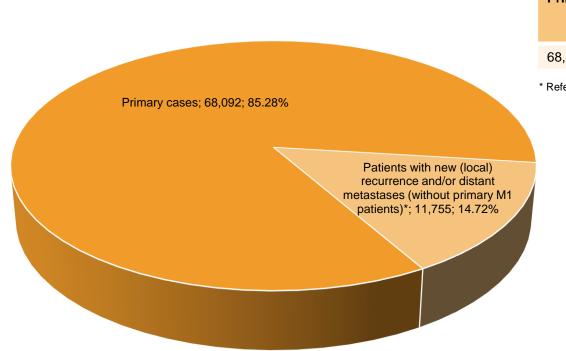
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### **Basic data – Gender distributuon**



	Female patients	Male patients	Primary cases Total
unilateral	63,396 (96.85%)	544 (97.84%)	63,940
bilateral (simultaneous)	2,064 (3.15%)	12 (2.16%)	4,152
			68,092
Total	65,460	556	

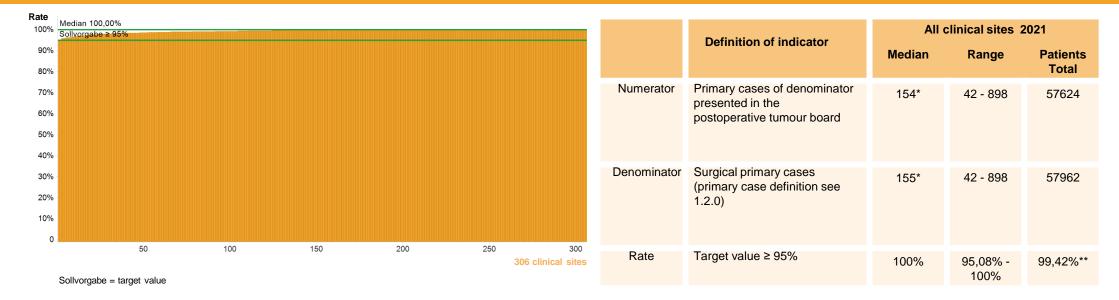
### Basic data – Ratio of primary cases to recurrences / metastases breast cancer

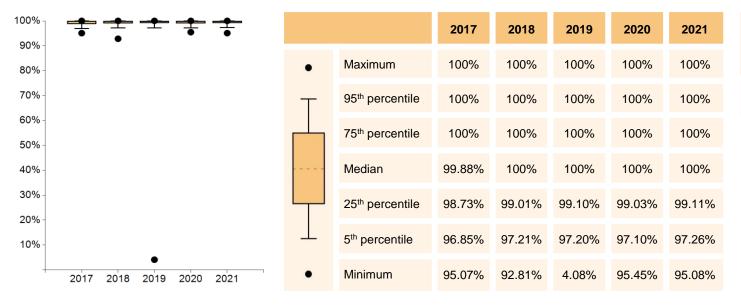


Primary cases	Patients with new (local) recurrence and/or distant metastases (without primary M1 patients)*	centre cases
68,092 (85.28%)	11,755 (14.72%)	79,847 (100%)

<sup>\*</sup> Reference to indicator 14b

### 1. Post-operative tumour board





Clinical sites evaluable dat		Clinical sites meeting the target value		
Number %		Number	%	
306	100.00%	306	100.00%	

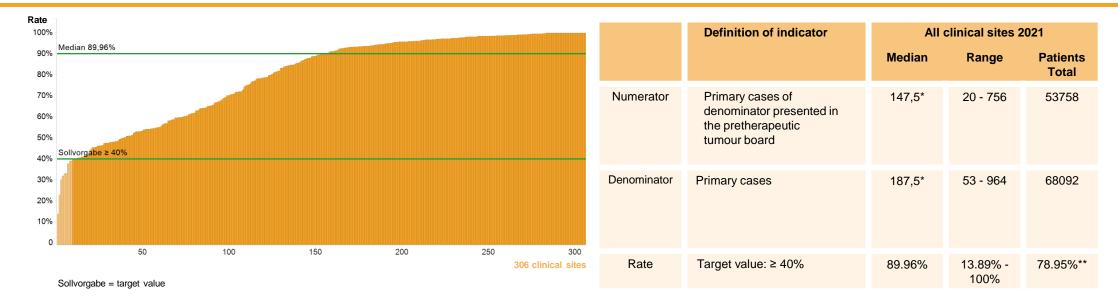
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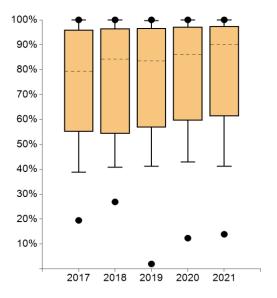
As in the previous indicator year, all centres achieved the target value for post-operative case review. 176 clinical sites presented all surgical primary cases in the tumour board. The indicator is thus almost completely implemented in the centres.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

## 2. Pretherapeutic tumour board







Clinical sites evaluable dat		Clinical sites meeting the target value		
Number	%	Number	%	
306	100.00%	297	97.06%	

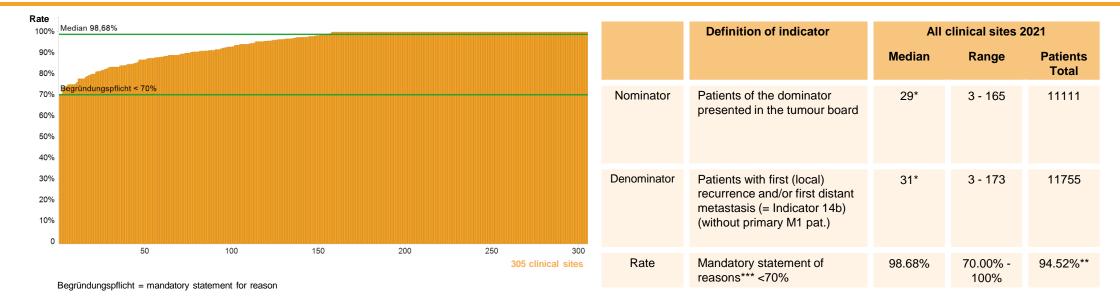
#### Comments:

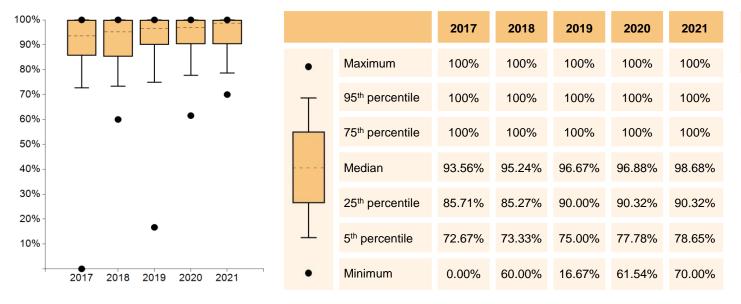
The positive trend in the fulfilment of this Indicator continues. As in previous years, the median has risen and is now around 90%. However, 9 centres (previous year: 8) were below the target value of at least 40%. 6 of these centres only presented certain groups of patients (e.g. only neoadjuvant therapy and metastasised patients). 2 centres reported documentation problems. Measures included in particular the expansion of the criteria for presentation and the revision of checklists.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

### 3. Tumour board local recurrence/metastases





Clinical sites evaluable dat		Clinical sites meeting the plausibility limits		
Number	%	Number	%	
305	99.67%	305	100.00%	

#### Comments:

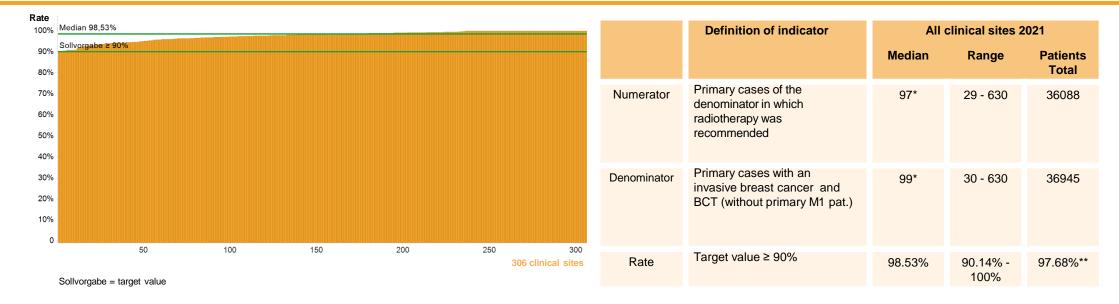
With a further increase in the median, for the first time all centres achieved a rate of at least 70% in the presentation of recurrences and metachronous metastases in the tumour board. 148 centres have even achieved a 100% presentation rate.

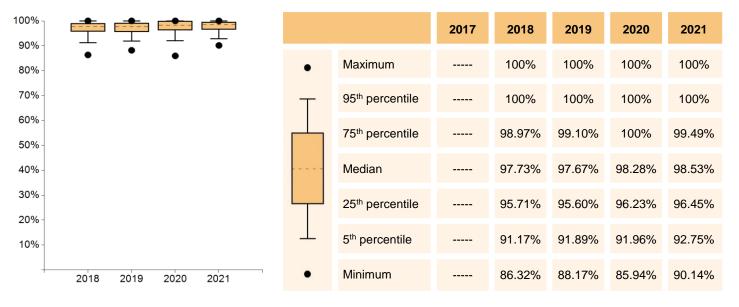
The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator

<sup>\*\*\*</sup> For values outside the plausibility limit(s), the centres are required to provide a justification...

### 4. Radiotherapy after BCT in the case of invasive breast cancer (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
306	100.00%	306	100.00%

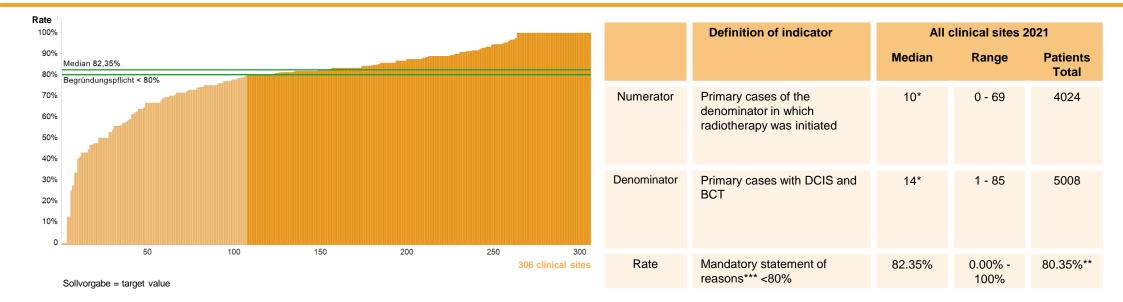
#### Comments:

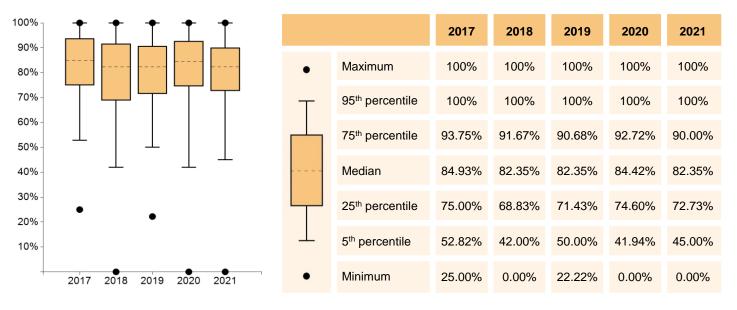
Whereas in the previous indicator year 2 centres still failed to meet the target value, all centres are now above 90%. Although the degree of fulfilment of this indicator has always been high in recent years, there was a continuous improvement over the course of the year. The median is now just under 99%.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

### 5. Radiotherapy after BCT in the case of DCIS





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
306	100.00%	199	65.03%

#### Comments:

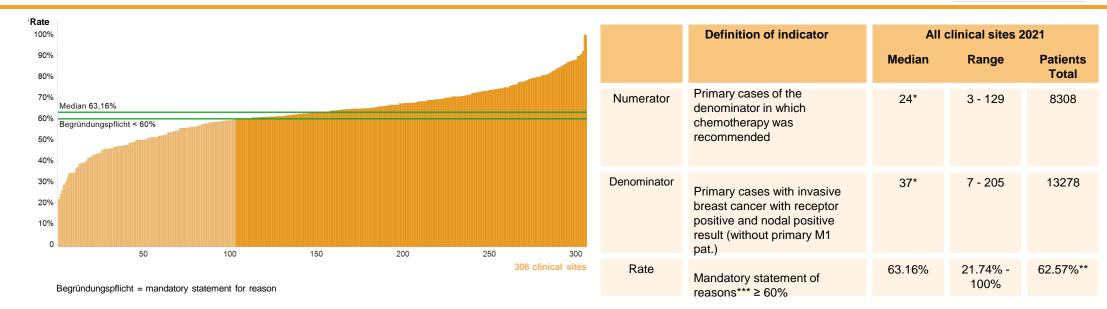
Median and overall rate for radiotherapy after BCT for DCIS decreased slightly. 107 centres (previous year: 96) were below 80% and thus were obliged to state reasons. Most of the patients (74 mentions) had refused radiotherapy. Other frequent reasons were radiation treatments that had not yet started (22x), very small carcinomas (22x), old age (18x), low grade tumours (16x), no information about further therapy (13x), M. Paget (11x) and comorbidity/multimorbidity (10x). The centre with 0% had only one patient in the denominator who was not irradiated due to history of recurrent and metastasised contralateral breast cancer.

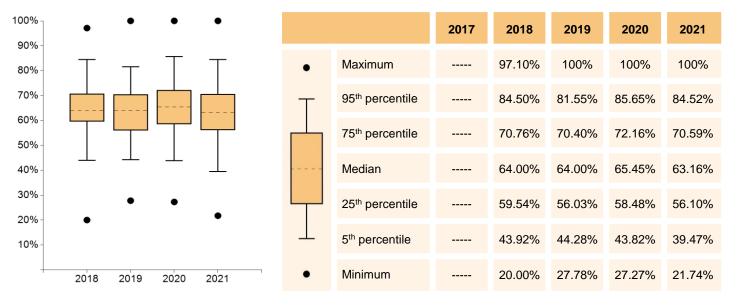
The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator

<sup>\*\*\*</sup> For values outside the plausibility limit(s), the centres are required to provide a justification..

### 6. Chemotherapy in the case of rec. pos. and nodal pos. result





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
306	100.00%	203	66.34%

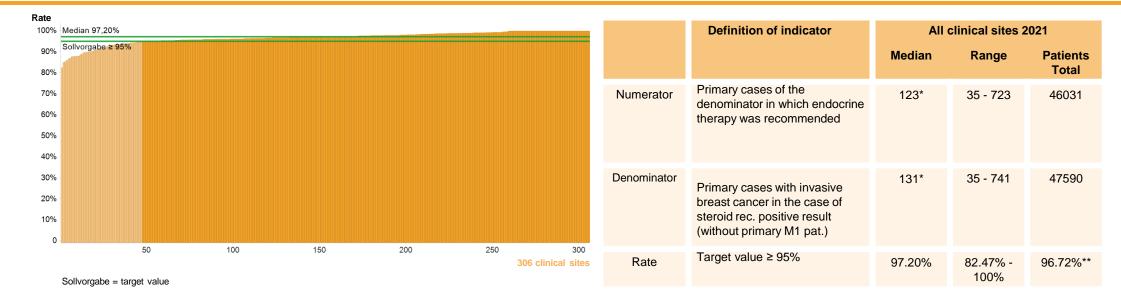
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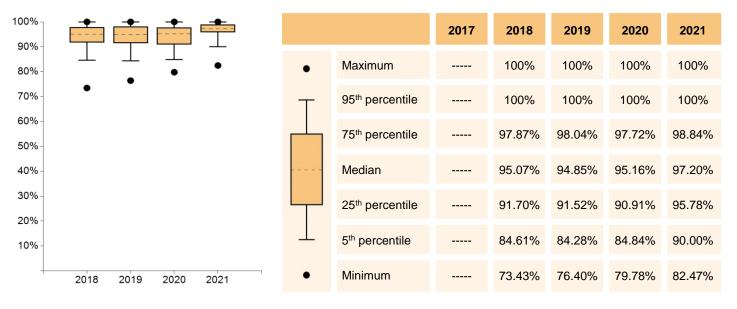
The proportion of patients of the denominator with chemotherapy has decreased compared to the pre-indicator year. Accordingly, with 103 centres, 24 more than in the previous year were below 60%. The most frequent reasons given by the centres were co-morbidity/multimorbidity (72x), old age (69x), low risk according to the gene expression test (62x), micrometastases (37x), favourable tumour biology (28x), poor general condition (22x) and only 1-2 existing lymph node metastases (20x). As a rule, the justifications of the centres could be plausibilised in the audits.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

### 7. Endocrine therapy in the case of steroid rec. positive result (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
306	100.00%	260	84.97%

#### Comment

The median has risen again and the implementation of the QI of the guideline has improved. However, due to the raised target volume from at least 80% to at least 95%, more centres than in the previous year failed to meet the target value. Of these 66 centres, 38 referred to an outstanding recommendation during ongoing therapy (post-operative tumour board to follow). Other frequent reasons were patients who died early (17), only weak hormone receptor positivity (13x), external further treatment (8x) and old age or comorbidity/multimorbidity (6x each). The reasons were mostly plausible in the audits.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

## Certification

Clinical sites meeting the

%

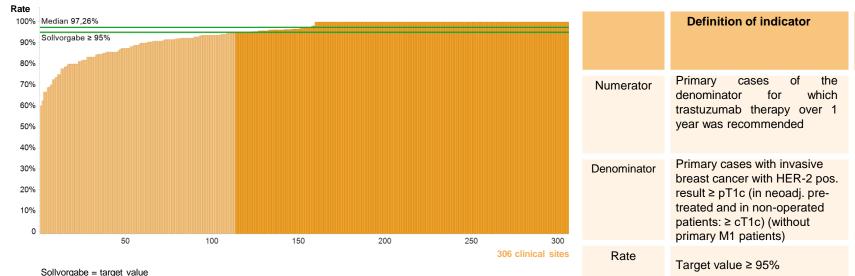
63.07%

target value

Number

193

### 8. Trastuzumab therapy over 1 year in the case of HER-2 pos. result (GL QI)



2018

2019

100%

100%

100%

96.88%

90.48%

77.78%

33.33%

2020

100%

100%

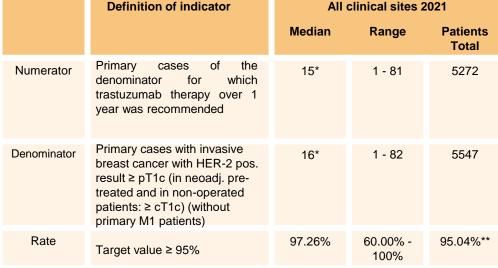
100%

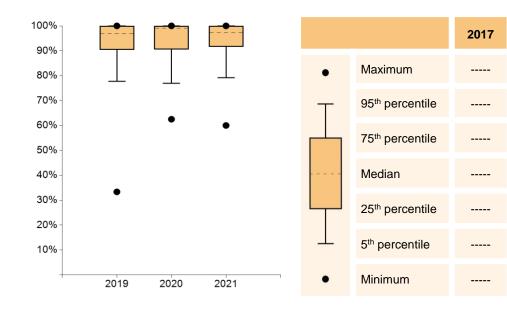
99.02%

90.52%

76.96%

62.50%





2021	Clinical sites with evaluable data			
100%	Number			
100%	306 10			
100%	Comments: With a slightly lower			
97.26%	centres achieve the most frequently cited			
91.67%	(69x) and co-morbidit disease) (68x). Other condition (17x), reje			
79.21%	secondary malignan- reasons given by the majority of cases. In s			
60.00%	age alone is not a cor			

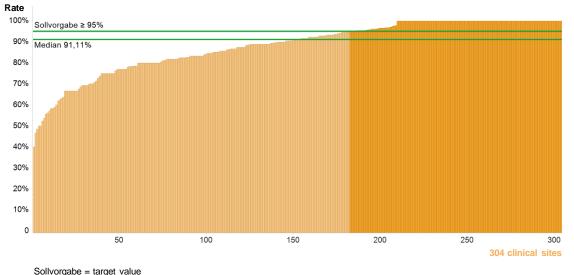
%

100.00%

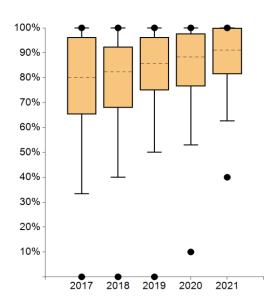
<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

### 9. Endocrine therapy for metastasis (GL QI)



	Definition of indicator	All clinical sites 2021		Definition of indicator All clinical sites 2021	.021
		Median	Range	Patients Total	
Numerator	Patients of the denominator, who were started on endocrine based therapy in the metastasised stage as first-line therapy	12*	1 - 69	4457	
Denominator	Patients with steroid rec. pos. and HER2-negative inv. breast cancer with 1st Remote metastasis (incl. primary M1 pat.)	14,5*	1 - 72	5074	
Rate	Target value ≥ 95%	91.11%	40.00% - 100%	87.84%**	





Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
304	99.35%	122	40.13%

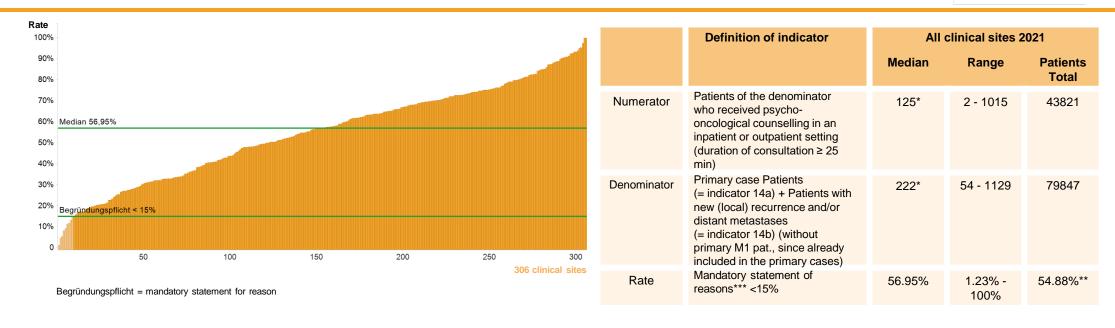
#### Comments:

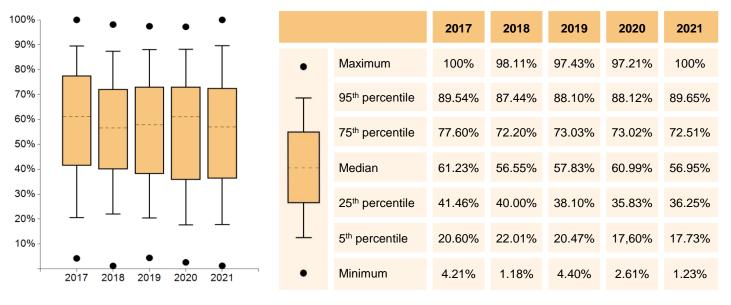
The positive trend in meeting this QI of the guideline continues, especially in the lower percentiles. Nevertheless, a majority of centres (182) still fail to meet the target of at least 95%. By far the most frequent reason given by 102 centres was primary chemotherapy with high therapy pressure, followed by patients who died prematurely (69x), rejected endocrine therapies (54x), recommendation for best supportive care (24x) and only very weakly hormone receptor-positive tumour tissue (18x). In the vast majority of cases, the justifications were plausible. 1 centre received a deviation due to incomprehensible explanations.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

## 10. Psycho-oncological counselling (Consulation >25 min)





Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
306	100.00%	297	97.06%

#### Comments:

With the stable overall rate, the median has decreased. However, with 9 centres, 4 fewer than in the previous year are below the 15% mark. The reasons given by these centres ranged from low patient demand and staff shortages to documentation and data exchange problems. In the audits, some of the centres already announced that they would increase their personnel resources in the future.

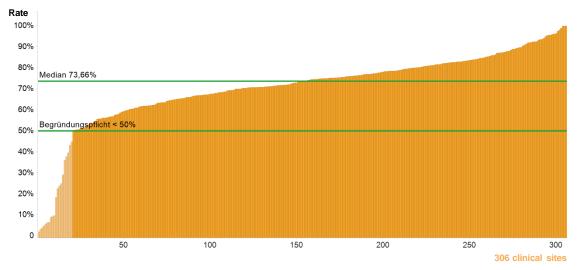
The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

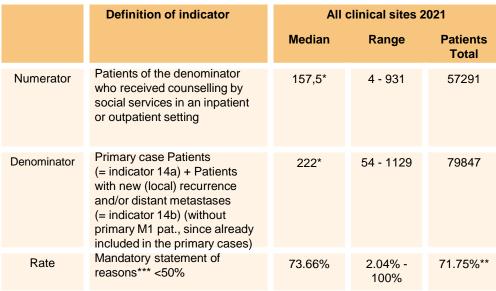
<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator

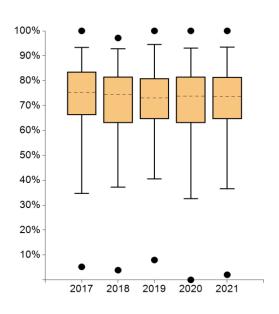
<sup>\*\*\*</sup> For values outside the plausibility limit(s), the centres are required to provide a justification..

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### 11. Social service counselling







Begründungspflicht = mandatory statement for reason



Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
306	100.00%	286	93.46%

#### Comments:

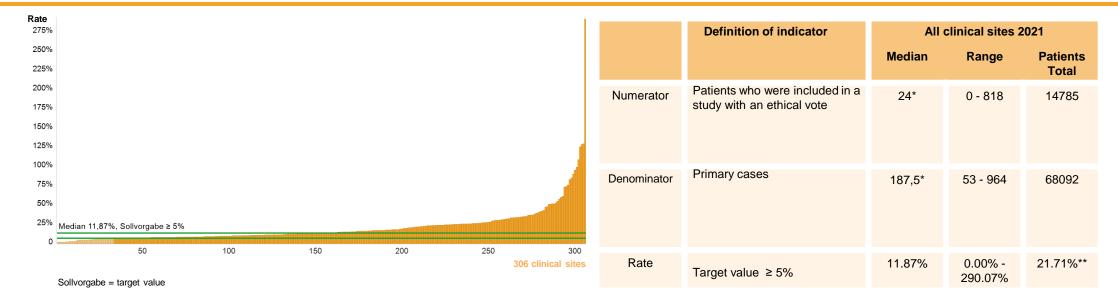
The rate of counselling by the social service is stable compared to the previous year. Of the 20 centres below 50%, 14 were located abroad, where other legal rights and responsibilities regarding social services apply. 5 centres reported little need for counselling on the part of the patients. Other reasons (e.g. documentation problems, omissions, staff shortages, Corona pandemic) were mentioned only occasionally. The centres reacted here partly with specific measures.

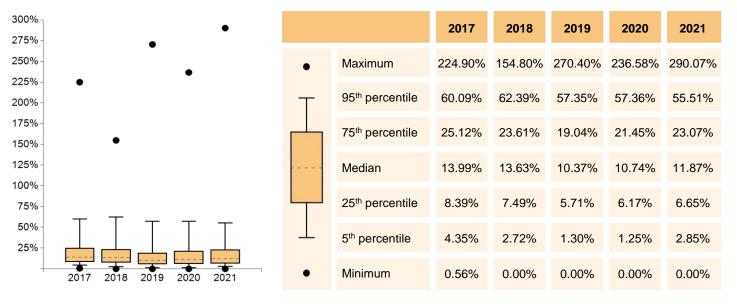
The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator

<sup>\*\*\*</sup> For values outside the plausibility limit(s), the centres are required to provide a justification..

### 12. Patients enrolled in a study





Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
306	100.00%	273	89.22%

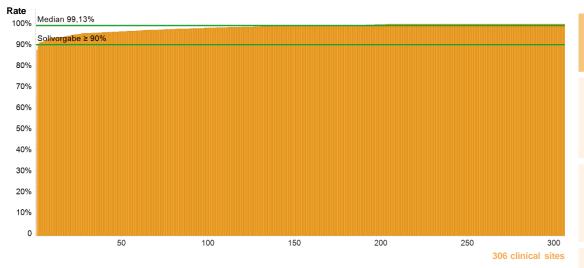
#### Comments:

The median study rate has improved slightly. The number of centres below the target value has also dropped significantly from 51 to 33. The most frequent reason cited by 8 centres was still the Corona pandemic, followed by non-fulfilment of inclusion criteria (6x), staff shortages (5x), low willingness of patients to participate (4x) and few suitable studies (4x). Accordingly, measures included increasing staff, cooperation with external partners and the establishment of new studies. In many cases, the auditors made remarks on how to increase the study quota in the future.

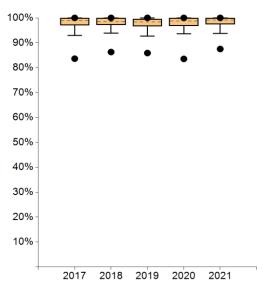
<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

## 13. Pretherapeutic histological confirmation (GL QI)



	Definition of indicator	All clinical sites 2021		Definition of indicator All clinical sites 2021	.021
		Median	Range	Patients Total	
Numerator	Primary cases of the denominator with pretherapeutic histological diagnosis confirmation by punch or vacuum-assisted biopsy	153*	41 - 893	57007	
Denominator	Primary cases with initial surgery and histology of invasive breast cancer or DCIS	155*	42 - 898	57962	
Rate	Target value ≥ 90%	99.13%	87.50% - 100%	98.35%**	



Sollvorgabe = target value



Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
306	100.00%	305	99.67%

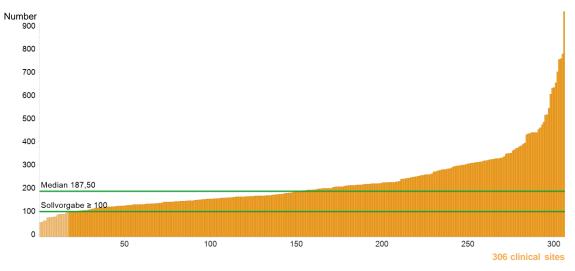
#### Comments:

The centres have been implementing the GL-QI consistently at a very high level for years. In 98.4% of primary cases (previous year: 98.0%), histological confirmation was performed before therapy. In 103 centres, the cancer was confirmed by biopsy in all patients without exception (previous year: 90) before therapy was initiated. In the centre with a rate <90%, 11% of the patients or their guardians refused a preoperative punch biopsy.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

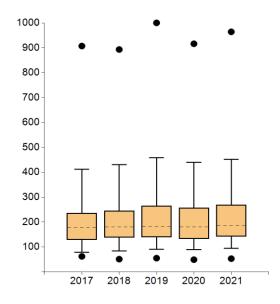
<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

### 14a. Primary cases breast cancer



	Definition of indicator	All clincal sites 2021		
		Median	Range	Patients Total
Number	Primary Cases	187,5	53 - 964	68092
	Target value ≥ 100			

Sollvorgabe = target value



	2017	2018	2019	2020	2021
Maximum	907,00	893,00	1000,00	916,00	964,00
95 <sup>th</sup> percentile	411,90	430,75	457,80	439,30	451,50
75 <sup>th</sup> percentile	236,50	245,25	265,50	256,50	269,25
Median	178,00	180,50	182,00	180,00	187,50
25 <sup>th</sup> percentile	128,25	137,75	140,00	132,50	142,00
5 <sup>th</sup> percentile	78,00	84,25	90,00	89,10	94,50
Minimum	62,00	51,00	55,00	49,00	53,00

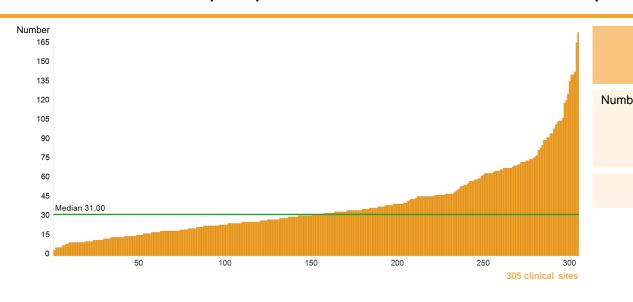
Clinical sites with evaluable data		Clinical sites meeting the target value		
Nur	nber	%	Number	%
30	06	100.00%	289	94.44%

#### Comments:

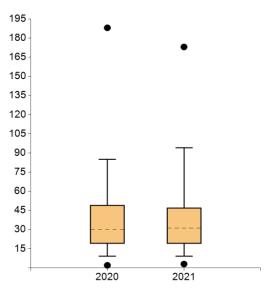
After a decline in the number of primary cases of a good 4% in the first year of the covid pandemic, the number of primary treatments increased strongly again across the entire range in 2021 (+6.9%). This means that for the median and the 25th and 75th percentiles, respectively, it is at the highest level since the annual reports were compiled. In multi-site centres, the number of sites with <100 primary cases has decreased to a total of 12 (previous year 23). Based on the current incidence from 2019 of 78,135 (www.krebsdaten.de), the coverage of primary cases treated in the German centres is 84%.



### 14b. Patients with 1st (local) recurrence and/or distant metastasis (without primary M1 patients)



	Definition of indicator	All clincal sites 2021		021
		Median	Range	Patients Total
oer	Patients with 1st (local) recurrence and/or distant metastasis (without primary M1 patients)	31	3 - 173	11755
	No target value			





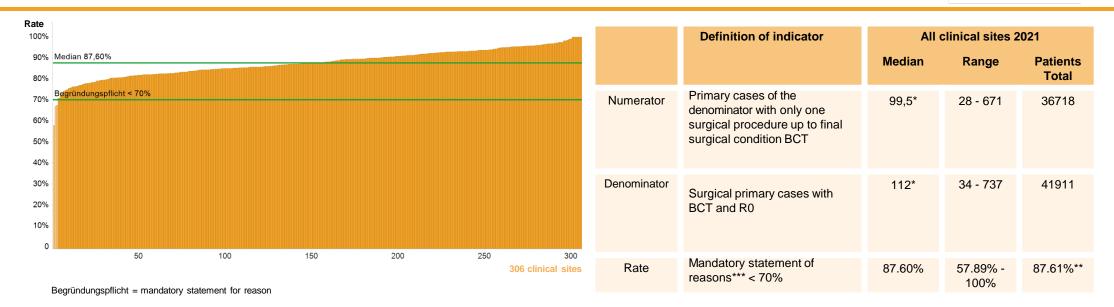
Clinical sites with evaluable data		Clinical sites target value	meeting the
Number	%	Number	%
305	99.67%		

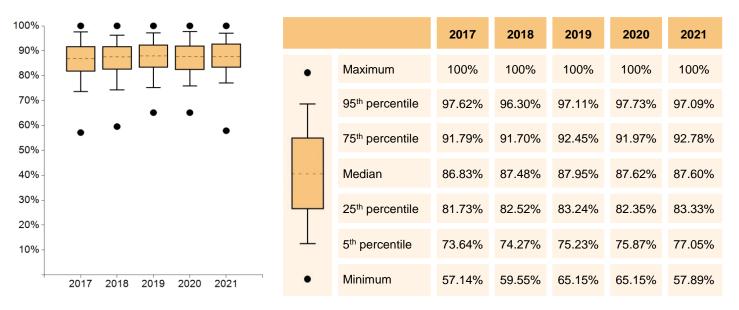
#### Comments:

The number of patients with a new (local) recurrence and/or distant metastases increased by just under 3% with an increase of 4 centres (+1.3%) and is thus almost unchanged compared to the previous year. On average, 31 patients (min. 3, max. 173) were treated due to first recurrence and/or distant metastasis.



## 15. Number of surgical procedures for R0 resection for Breast Conserving procedure (BCT) Certification





Clinical sites with evaluable data		Clinical sites meeting the plausibility limits	
Number	%	Number	%
306	100.00%	303	99.02%

#### Comments:

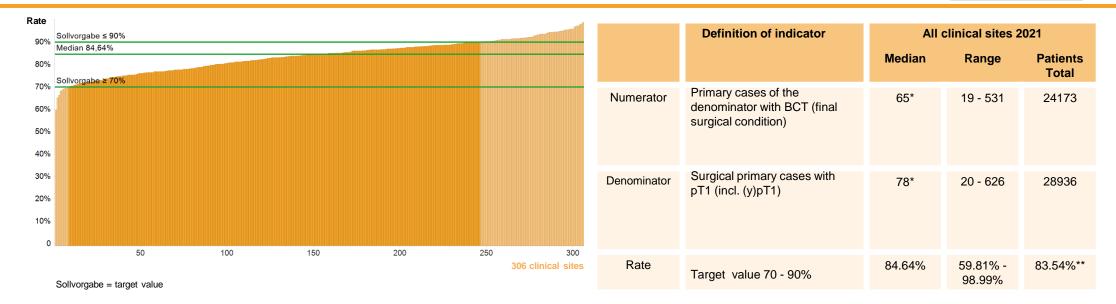
The fulfilment of the indictaor has been stable at a high level for years. As in the previous year, more than 99% of the centres are above the plausibility limit of 70%. In almost 88% of the primary cases operated on with BCT, an R0 status was achieved with the first operation. 3 centres (with inconspicuous indictaor in the previous year) had rates <70%. The cases were considered in the audits. After initiating measures, one centre already showed an improved rate in the first half of the year.

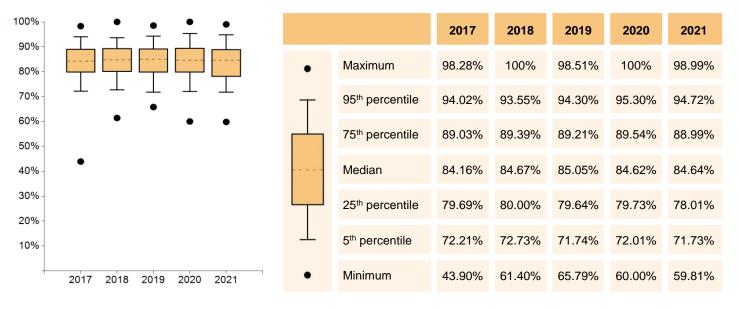
The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator

<sup>\*\*\*</sup> For values outside the plausibility limit(s), the centres are required to provide a justification..

### 16. Breast-conserving procedure (BCT) for pT1





Clinical sites with evaluable data		Clinical sites target value	meeting the
Number	%	Number	%
306	100.00%	238	77.78%

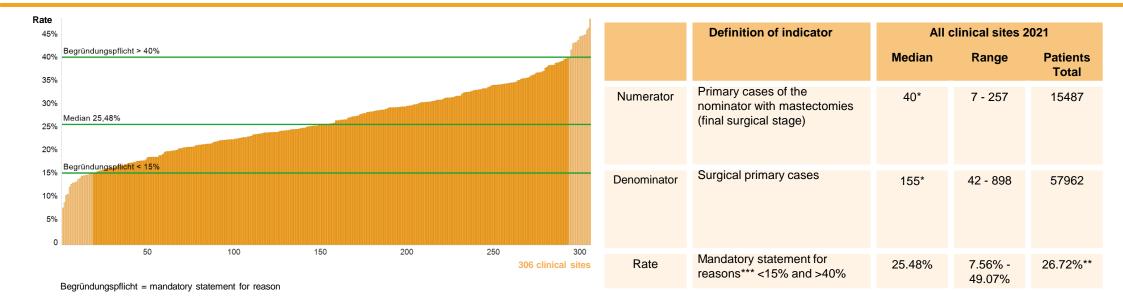
#### Comments:

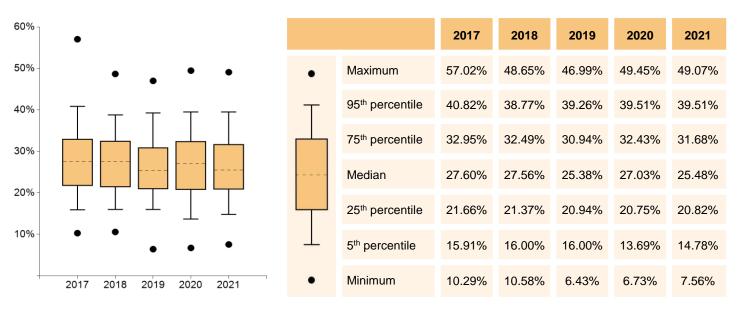
The proportion of BCT for (y)pT1 tumours has also remained constant for years at 84% (median). With 238 clinical sites, 11 more facilities compared to the previous year are within the target corridor (≥70% or ≤90%). Reasons for rates <70% were in particular multicentric cancers, male gender, gene mutations and the explicit patient wish for ablation. The centres with rates >90% stated that they inform the patients with no tendency for one therapy or another and that BCT is not associated with an increased R1 rate. In addition, neoadjuvant systemic therapies and oncoplastic surgical procedures would enable a higher proportion of BCT operations.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

### 17. Mastectomies





Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
306	100.00%	275	89.87%

#### Comments:

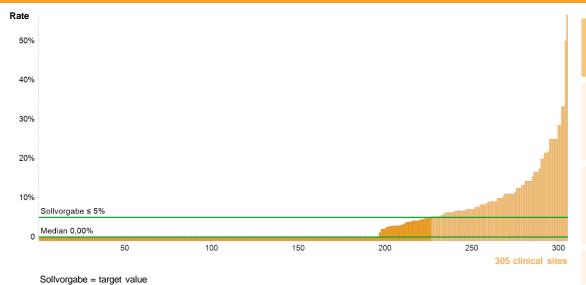
With 770 procedures, the number of mastectomies in primary cases increased by about 5.2%; the increase is thus a little lower than the increase in the number of primary cases (+ 6.9%). As in the previous year, almost 90% of the centres are within the plausibility corridor. 18 centres have a rate <15% (previous year 19) and 13 a rate >40% (previous year 14). The centres justified undercutting or exceeding of plausibility limit in particular with the patient request and the proportion of multicentric/focal or exulcerated and/or inflammatory tumours.In addition, the centres justified rates >40% with BRCA mutations/familial burden, unfavourable tumour-breast relations, extensive DCIS and tumours in men.

The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

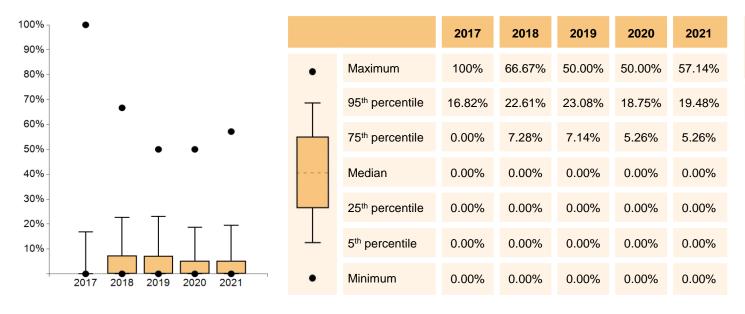
<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator

<sup>\*\*\*</sup> For values outside the plausibility limit(s), the centres are required to provide a justification...

### 18. Lymph node removal in the case of DCIS (GL QI)



	Kennzahlendefinition	All clinical sites 2021		021
		Median	Range	Patienten Gesamt
Numerator	Primary cases of the denominator with axillary lymph node removal (primary axillary lymph node removal or sentinel lymph node removal)	0*	0 - 5	170
Denominator	Primary cases DCIS and completed surgical therapy and BCT	13*	1 - 85	4903
Rate	Target value ≤ 5%	0.00%	0.00% - 57.14%	3.47%**



Clinical sites with evaluable data		Clinical sites target value	meeting the
Number	%	Number	%
305	99.67%	226	74.10%

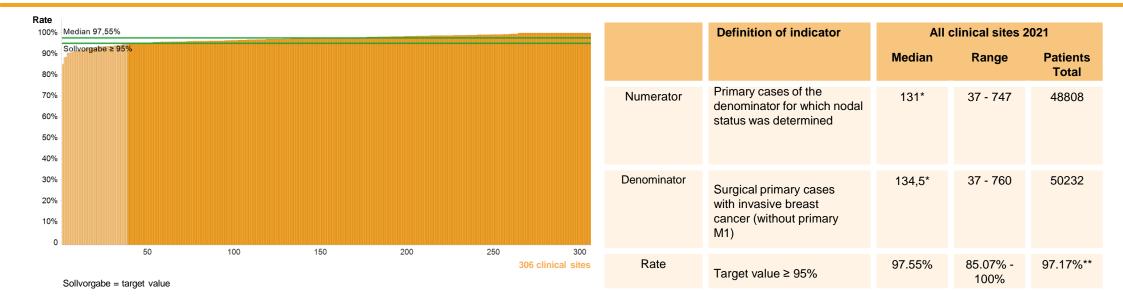
#### Comments:

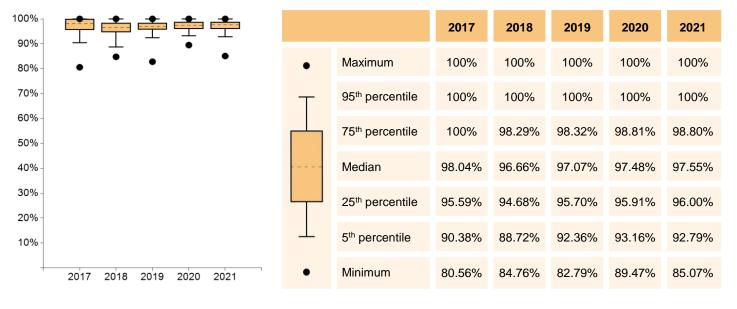
The positive development of the GL-QI has not continued in the current indictaor year, so that the overall rate remains unchanged at 3.5%. The proportion of clinical sites fulfilling the target value is stable at 74%. In most cases, surgical removal of the lymph nodes was performed because of suspected invasiveness and/or size of the tumour/extension of the microcalcifications or tumour localisation. The auditors formulated a deviation in an audit of regular SLN biopsy in patients with DCIS > 5cm and BCT. The 2 centres with the highest rates had a small population in the denominator (3 and 7 cases respectivel). The auditors conducted a detailed case-by-case review.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

### 19. Determination of nodal status in case of invasive breast cancer





Clinical sites with evaluable data		Clinical sites meeting the target value		
	Number	%	Number	%
	306	100.00%	268	87.58%

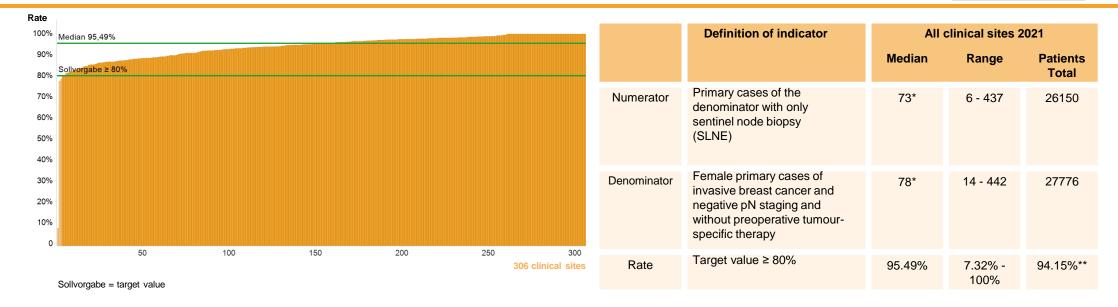
#### Comments:

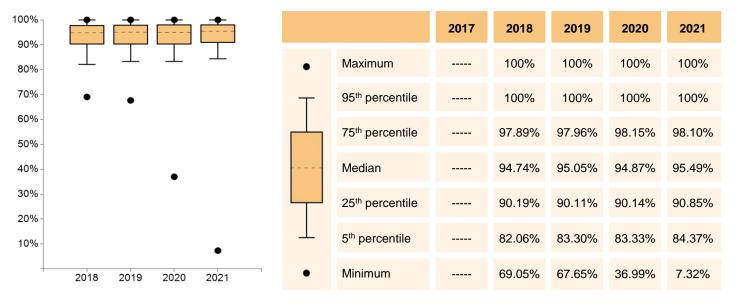
The determination of nodal status in operated primary cases with invasive cancer is carried out by the centres at the usual high level. Almost 88% of the centres fulfilled the target value of 95%. The centres with a lower rate justified this by omitting examinations in the absence of therapeutic consequences due to age and/or secondary diseases (20x), second cancers (5x) or palliative situations (1x). 20 centres stated that patients had refused invasive diagnostics. Other reasons were unidentifiable sentinel LNs (7x), patients enrolled in a study (EUBREAST, 5x) and first diagnosis of invasive cancer in DCIS in the preoperative biopsies (4x). The justifications were checked for plausibility in the audits.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

### 20a. Only sentinel lymphonodectomy (SLNE) for pN0 (women) (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
306	100.00%	303	99.02%

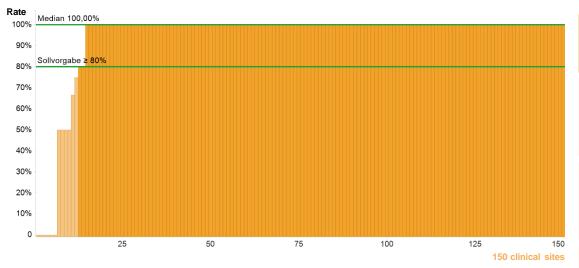
#### Comments:

The GL-QI has been constantly well implemented by the centres for years. Only 3 centres (previous year 1) did not meet the target value. In most cases, the centres removed further lymph nodes due to an unidentifiable sentinel lymph node or primarily performed sampling in the case of an exulcerating tumour. 2 centres have regularly (e.g. after blue staining) taken a further (non-sentinel) lymph node in addition to the sentinel lymph node. In addition, patients have refused a sentinel biopsy in individual cases.

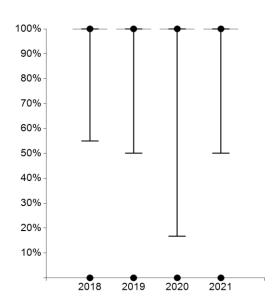
<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

## 20b. Only sentinel lymphonodectomy (SLNE) for pN0 (men) (GL QI)



	Definition of indicator	All clinical sites 2021		021
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with only sentinel node biopsy (SLNE)	1*	0 - 5	220
Denominator	Male primary cases of invasive breast cancer and negative pN staging and without preoperative tumour-specific therapy	1*	1 - 5	235
Rate	Target value ≥ 80%	100%	0.00% - 100%	93.62%**



Sollvorgabe = target value



Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
150	49.02%	138	92.00%

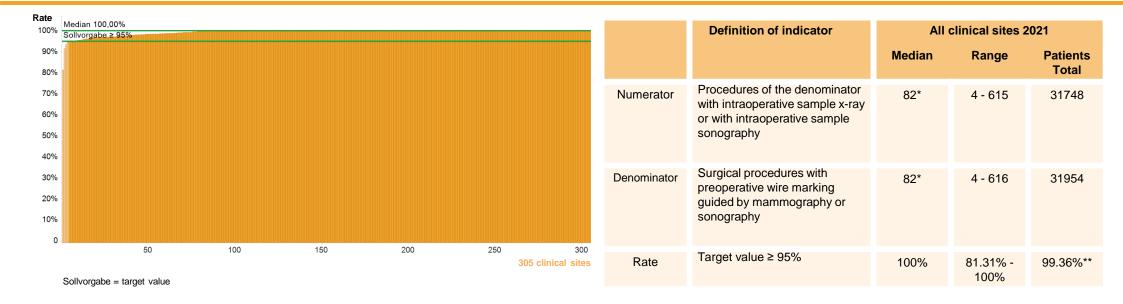
#### Comments:

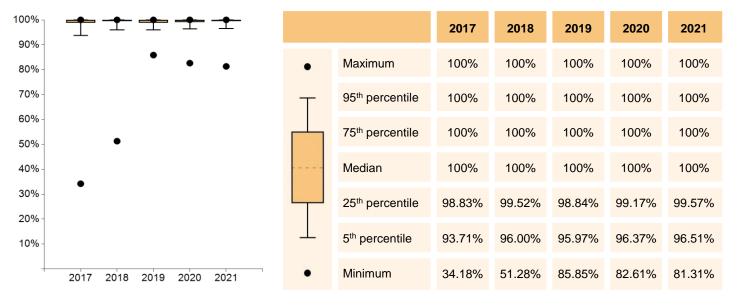
The number of male primary cases continued to increase in the indicator year 2021 to a total of 556 new cases (+ 5.5%). In > 90% of the centres, all primary cases of the denominator received sentinel lymph node removal only; in 12 centres (previous year 13), additional lymph nodes were removed. In most cases, the centres justified this with unidentifiable sentinel lymph nodes or the presentation of several lymph nodes and sonographic / clinical lymph node involvement.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

## 21. Intraoperative sample radiography / sonography (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
305	99.67%	301	98.69%

#### Comments:

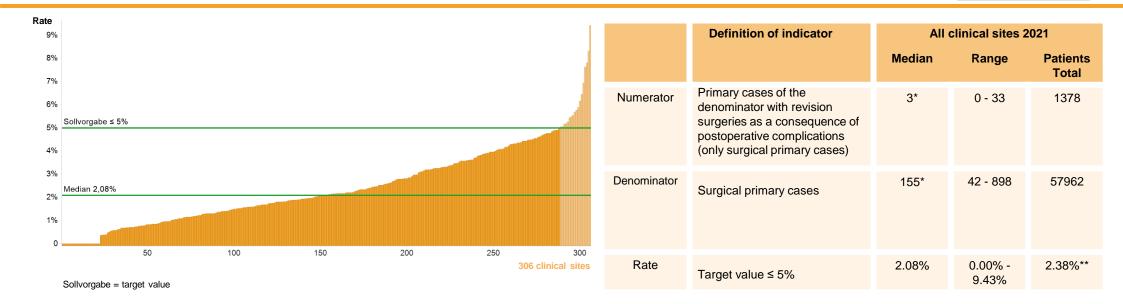
The GL-QI is implemented almost completely and to a sufficient extent in practically all centres. The 4 centres with rates <95% stated that they had not carried out the required examinations to a sufficient extent (2x) due to easily palpable tumours. 2 centres pointed out deficits in documentation and reacted here, among other things, by creating an SOP.

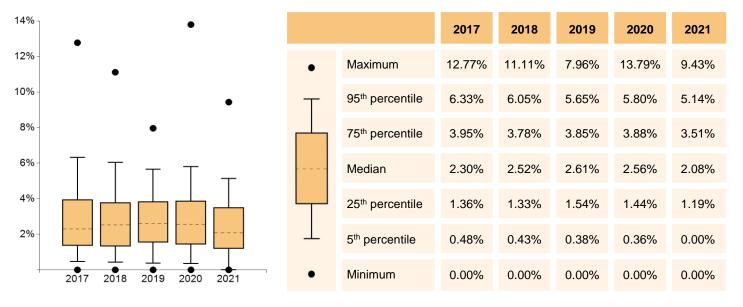
<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

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### 22. Revision surgeries





Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
306	100.00%	288	94.12%

#### Comments:

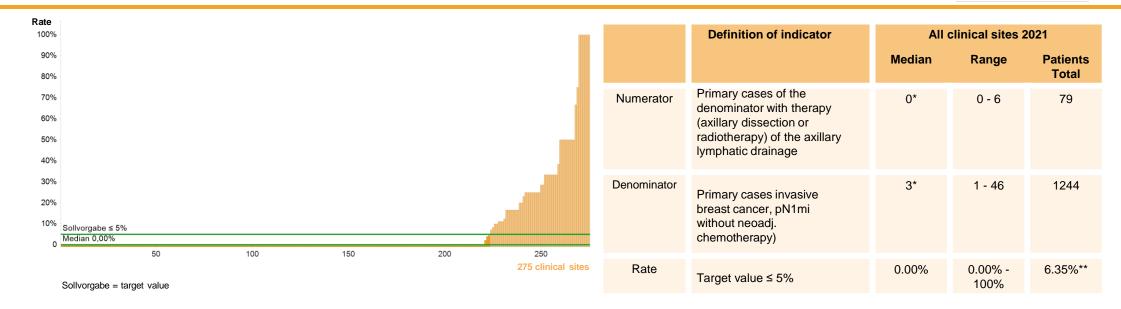
The continuous positive development of the revision rate has also continued in 2021 across the entire range. The centres with rates above the target value revised the patients in particular due to post-operative bleeding and haematoma. Other indications were seromas, wound infections and dehiscence. Of 29 clinical sites with conspicuous indictaor in the previous year, 26 sites were able to reduce the revision rate, so that only 3 sites with rates of max. 5.9% were conspicuous again.

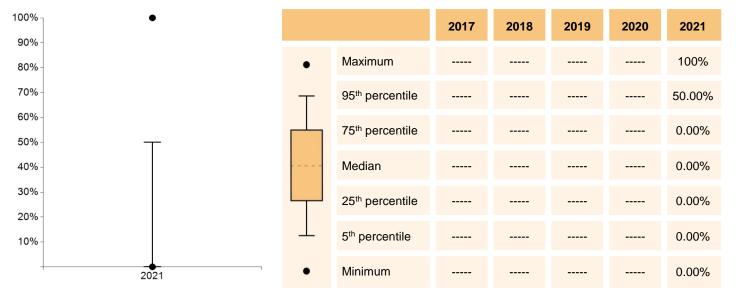
<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

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## 23. Therapy of the axillary lymphatic drainage for pN1mi (GL QI)





Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
275	89.87%	223	81.09%

#### Comments:

The quality indicator records the number of therapies of the axillary lymphatic drainage area in pN1mi primary cases. In 2021, the denominator was modified, so that no more patients with neoadjuvant chemotherapy are included. In 220 centres (= 80%), no patients underwent lymph node dissection or radiotherapy. The centres with rates >5% justified the therapies with explicit patient request and increased need for safety (13x). Other reasons were lack of visualisation of the SLN (6x), discrepancy between intraoperative and definitive assessment of the SLN (6x) as well as sonographic/clinical involvement of the lymph nodes (4x). 2 centres reported that external radiotherapy was initiated contrary to the tumour board recommendation.

<sup>\*</sup>The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

<sup>\*\*</sup> Percentage of total patients treated in centres according to the numerator.

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#### **Imprint**

Publisher and responsibility regarding content:
Deutsche Krebsgesellschaft (DKG)
Kuno-Fischer-Straße 8
DE 14057 Berlin, Germany
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Vereinsregister Amtsgericht Charlottenburg,

Vereinsregister-Nr.: VR 27661 B V.i.S.d.P.: Dr. Johannes Bruns

in cooperation with: OnkoZert, Neu-Ulm www.onkozert.de

Version e-A1-de; 13.07.2023

ISBN: 978-3-910336-35-3

