Indicator Analysis 2026

Annual Report of the Certified Pancreatic Cancer Centres

Audit Year 2025 / Indicator Year 2024

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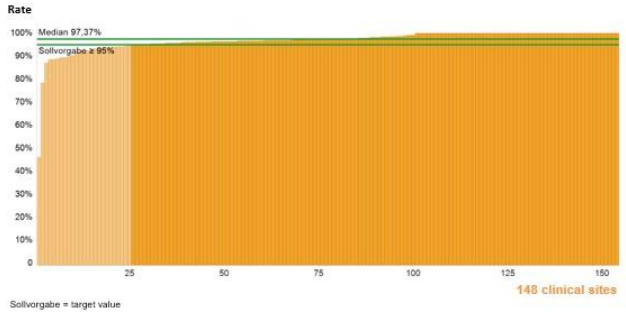
General Information

Indicator No. 10: Revision surgeries pancreas.....
Indicator No. 11: Post-operative wound infection.....
Indicator No. 12a: Post-operative mortality – within 30 d.....
Indicator No. 12b: Post-operative mortality – within 90 d.....
Indicator No. 13: Local R0 resections pancreas (GL QI).....
Indicator No. 14: Lymph node resection (GL QI).....

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with pancreatic cancer that were presented at the pretherapeutic board	44*	21 - 196	8,349	7,696
Denominator	Primary cases (= Indicator 1a)	46*	22 - 198	8,623	7,943
Rate	Target value ≥ 95%	97.3%	80.8% - 100%	96.8%**	96.9%



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: www.leitlinienprogramm-onkologie.de *
The quality indicators (QIs) refer to version 2.0 of the S3-GL on exocrine pancreatic cancer.

Basic data indicator:

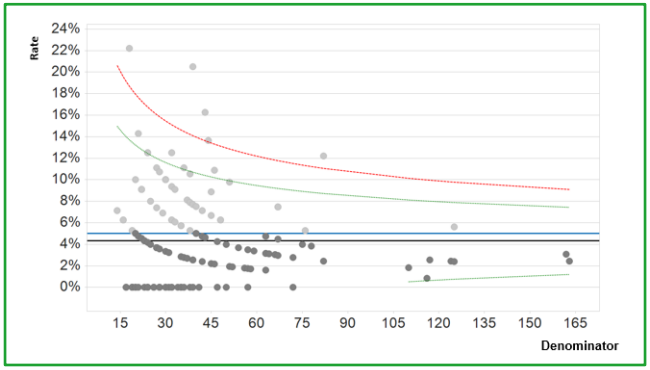
The definition of the **numerator**, **denominator** and the **target value** are taken from the data sheet.
The **median** for numerator and denominator does not refer to an existing centre but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
Range 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.

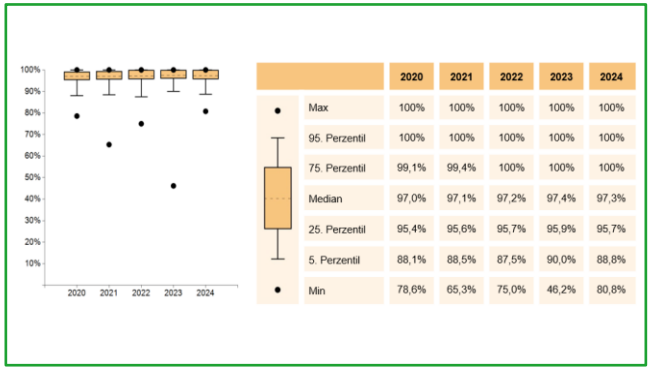
*For further information on the methodological approach see „Development of guideline-based quality indicators" (https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Methodik/QIEP_OL_Version2_english.pdf)

General Information



Funnel plots:

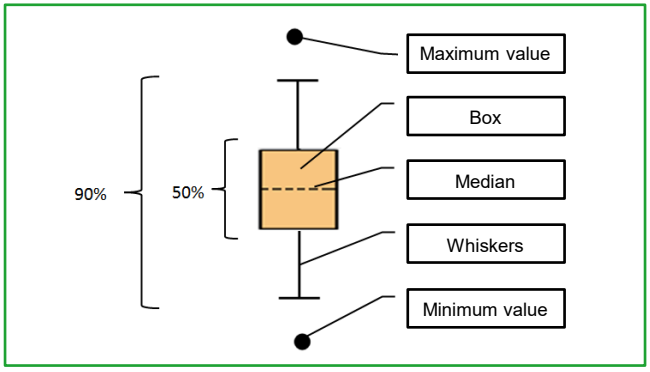
The funnel plots show the ratio of included patient numbers and indicator result for the quality indicators that are presented as a quotient. The x-axis represents the population of the indicator (numerical value of the denominator), the y-axis the result of the indicator for the respective centre. The target is shown as a blue solid line. The mean value, shown as a black solid line, divides the group into two halves. The green dotted lines represent the 95% confidence intervals (2 standard deviations of the mean), the red dashed lines the 99.7% confidence intervals (3 standard deviations of the mean).



	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95. Perzentil	100%	100%	100%	100%	100%
75. Perzentil	99,1%	99,4%	100%	100%	100%
Median	97,0%	97,1%	97,2%	97,4%	97,3%
25. Perzentil	95,4%	95,6%	95,7%	95,9%	95,7%
5. Perzentil	88,1%	88,5%	87,5%	90,0%	88,8%
Min	78,6%	65,3%	75,0%	46,2%	80,8%

Cohort development:

The **cohort development** in the years **2020, 2021, 2022, 2023** and **2024** is presented in a box plot diagram.



Box plot:

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.

Status of the Certification System: Pancreatic Cancer Centres 2025

	31.12.2025	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020
Ongoing certification procedures	8	9	5	5	6	5
Certified Centres	172	166	152	143	133	124
Certified clinical sites	174	168	154	145	136	127

Clinical sites taken into account

	31.12.2025	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020
Sites considered in the Annual Report	168	154	148	139	131	121
correspond to	96.6%	91.7%	96.1%	95.9%	96.3%	95.3%
Primary cases total*	8,623	7,943	7,276	7,189	6,759	6,068
Primary cases per site (mean)*	51.3	51.6	49.0	52.0	52.0	50.0
Primary cases per site (median)*	46	45	44	46	45	49

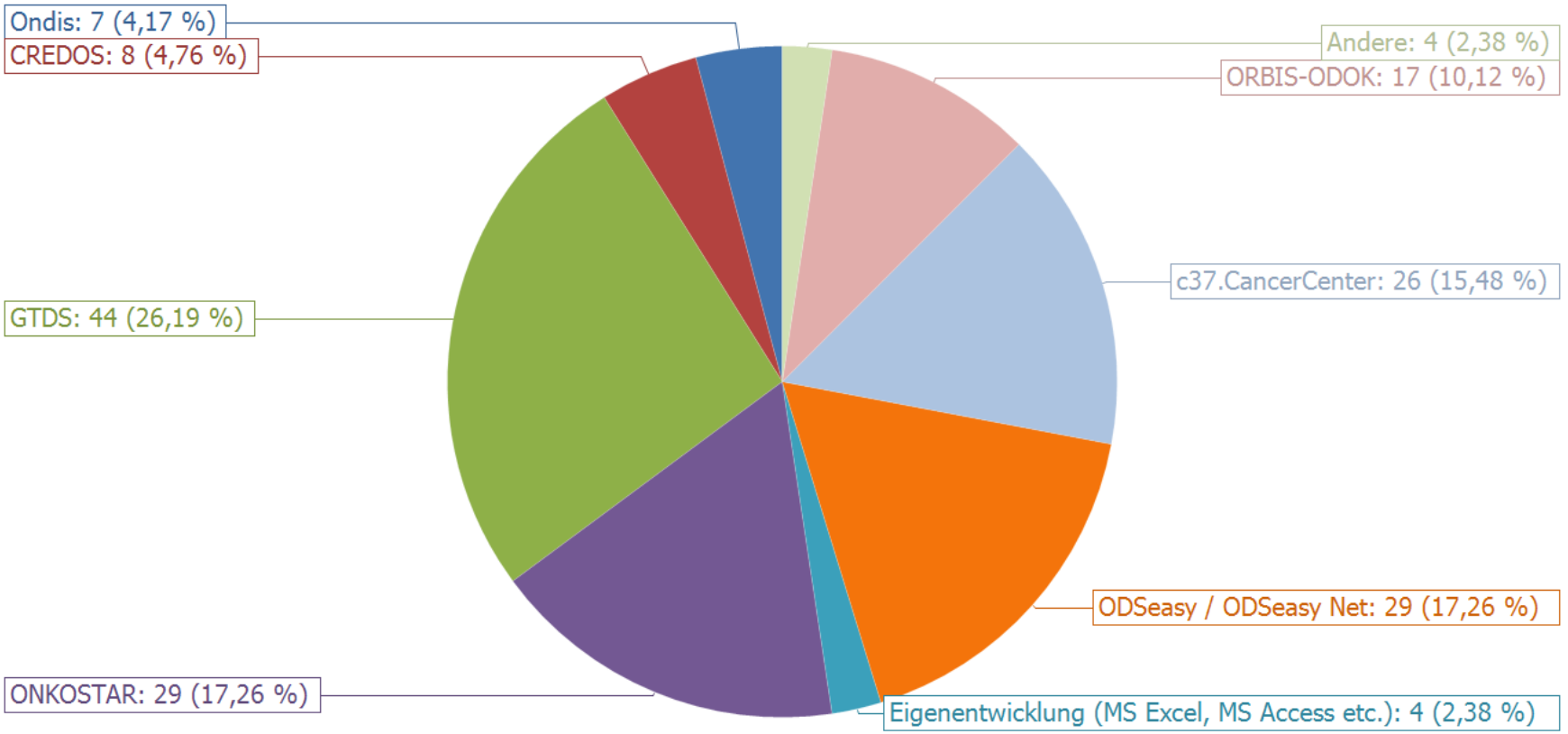
*The figures are based on the clinical sites listed in the Annual Report.

This Annual Report looks at the Pancreatic Cancer Centres certified in the certification system of the German Cancer Society (DKG). The Data Sheet, which is part of the Catalogue of Requirements, is the basis for the diagrams in the Annual Report.

The Annual Report includes 168 of the 174 certified clinical sites. 4 clinical sites were excluded that were certified for the first time in 2025, and 1 clinical site with reinstated certification (data mapping of complete calendar year is not mandatory for initial certifications/ reinstatement). In addition, 1 clinical site was not included because no approved Data Sheet was available at the data cut-off date of 31 January 2026.
A total of 8.834 primary cases were treated at 174 clinical sites with available data sheets. A current overview of all certified sites is listed at www.oncomap.de.

The indicators published here refer to the indicator year 2024. They are the assessment basis for the audits conducted in 2025.

Tumour documentation systems in the centre‘s clinical sites

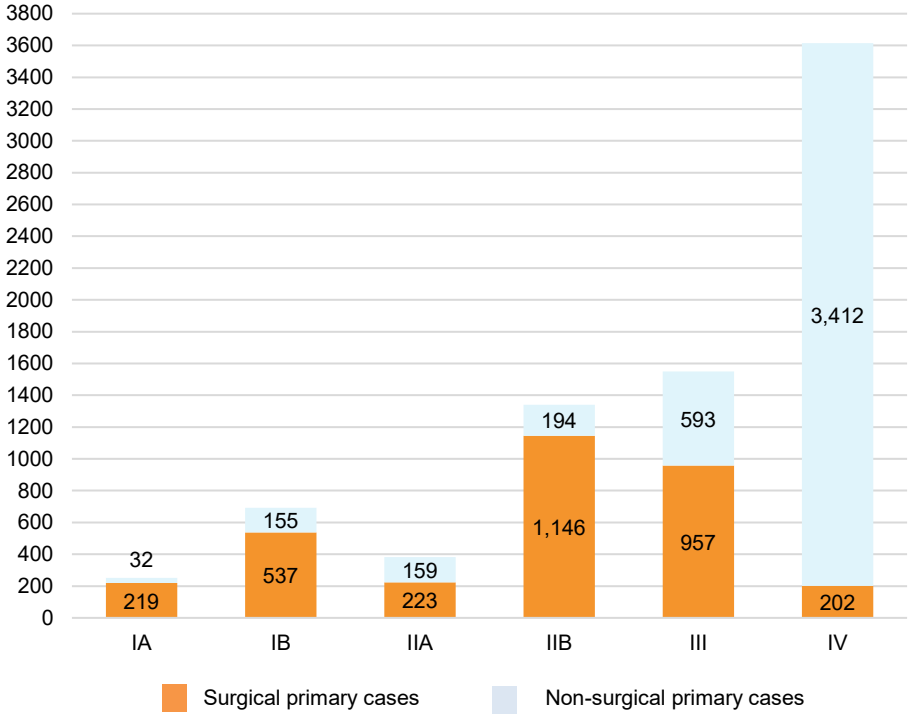


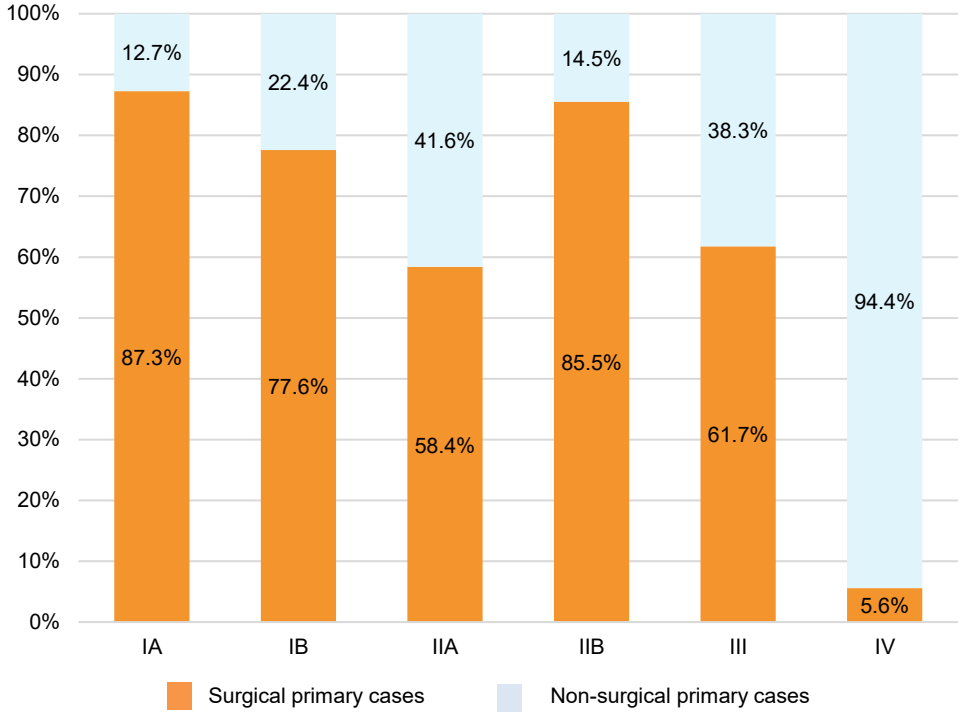
Andere = other
Eigenentwicklung = Intrinsic development

Legend:	
Other	System used in ≤ 3 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 Pancreatic Cancer (Exocrine Pancreatic Cancer)





	IA	IB	IIA	IIB	III	IV	Total
Surgical primary cases	219 (87.3%)	537 (77.6%)	223 (58.4%)	1,146 (85.5%)	957 (61.7%)	202 (5.6%)	3,284 (42.0%)
Non-surgical primary cases	32 (12.7%)	155 (22.4%)	159 (41.6%)	194 (14.5%)	593 (38.3%)	3,412 (94.4%)	4,545 (58.0%)
Primary cases total	251 (100%)	692 (100%)	382 (100%)	1,340 (100%)	1,550 (100%)	3,614 (100%)	7,829 (100%)

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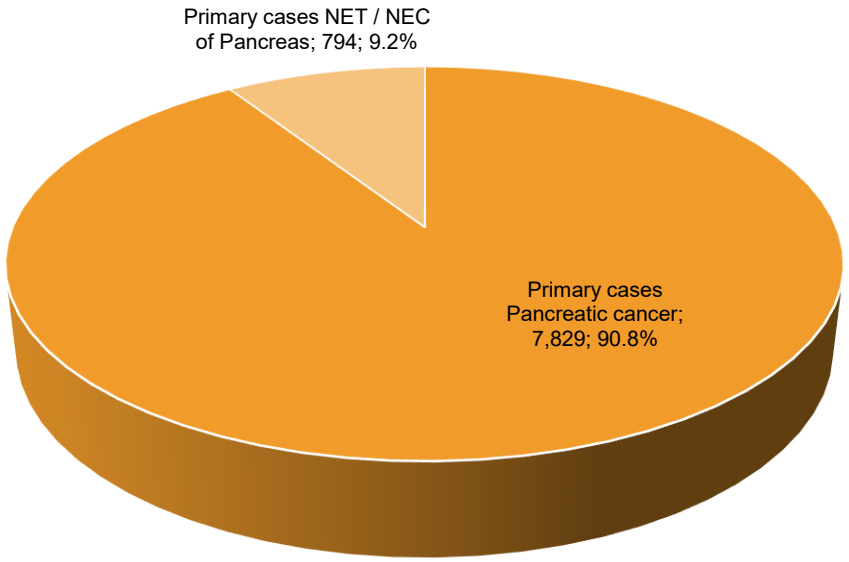
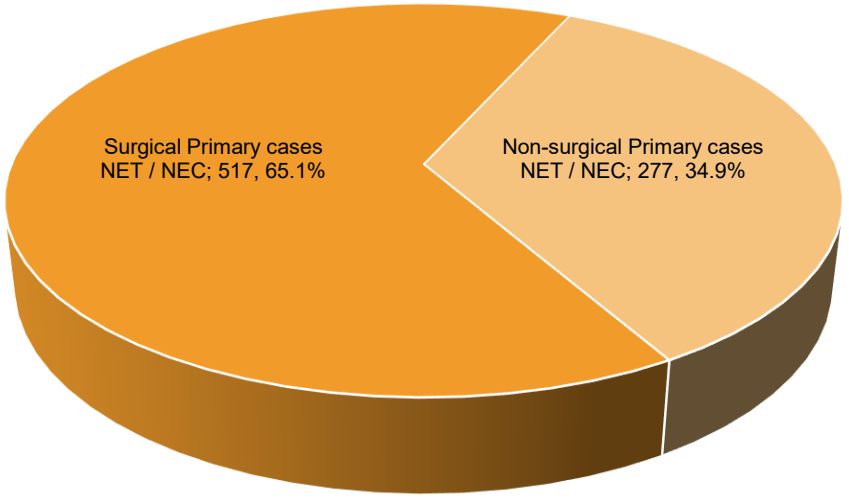
Basic Data – Primary Cases Pancreatic Cancer





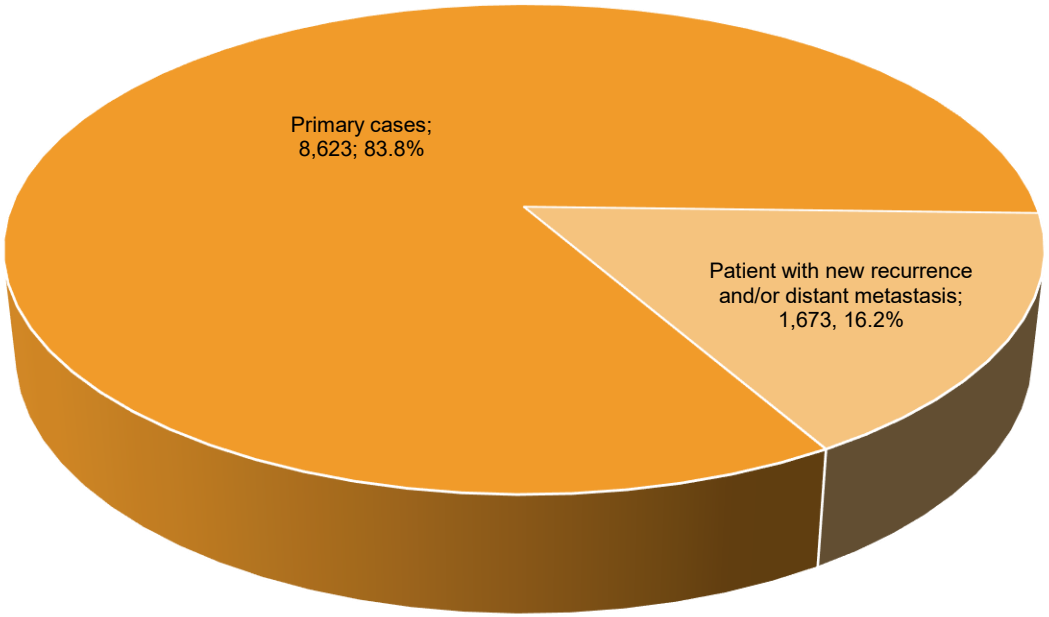
Primary cases pancreatic cancer	Primary cases NET / NEC of the pancreas	Primary cases Total
7,829 (90.8%)	794 (9.2%)	8,623 (100%)

Surgical Primary cases NET / NEC	Non-surgical primary cases NET / NEC	Primary cases Total NET / NEC
517 (65.1%)	277 (34.9%)	794 (100%)

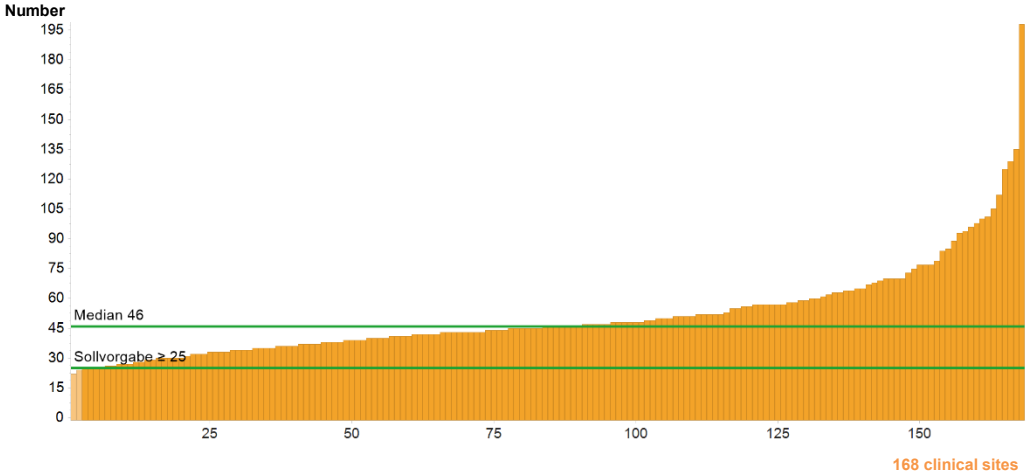
NET = pancreatic neuroendocrine tumour
NEC = neuroendocrine carcinoma

Basic Data – Pancreatic Cancer Center Cases

Primary cases	Pat. with new recurrence and/or distant metastasis	Centre cases
8,623 (83.8%)	1,673 (16.2%)	10,296 (100%)

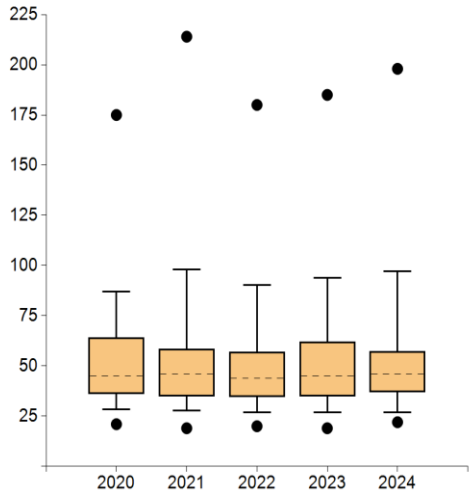


1a. Primary Cases



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Number	Primary cases	46	22 - 198	8,623	7,943
	Target value ≥ 25				

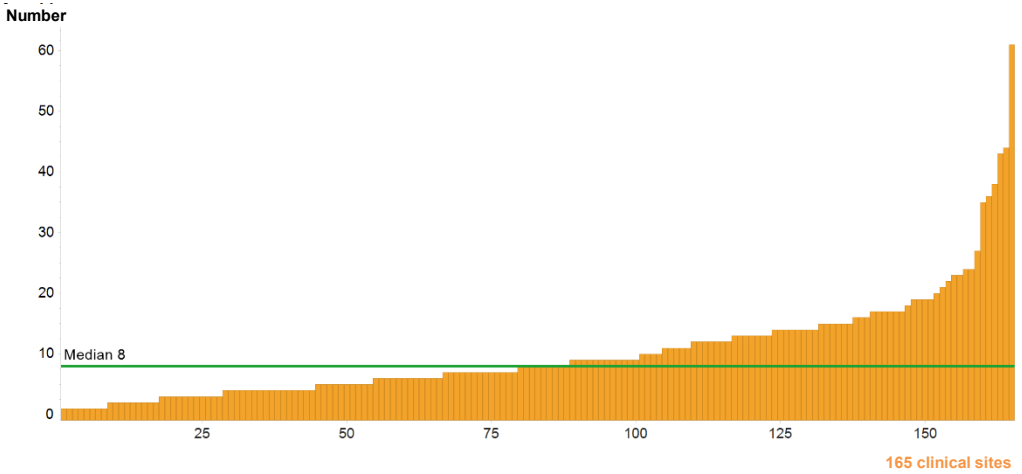


	2020	2021	2022	2023	2024
max	175	214	180	185	198
95th percentile	87	98.1	90.3	94	97.3
75th percentile	64	58.5	57	62	57.3
Median	45	46	44	45	46
25th percentile	36	35	34.8	35	37
5th percentile	28.5	27.9	27	27	27
Min	21	19	20	19	22

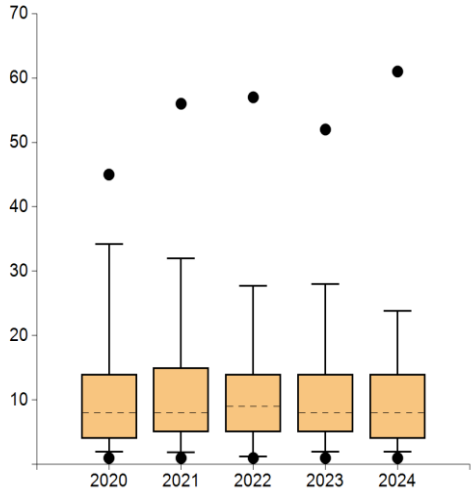
Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	166	98.8%	152	98.7%

Comments:
The number of primary cases has risen to 8,623, which is + 8.6% above the previous year's figure (7,943). 168 centres (previous year: 154) were included in the Annual Report, representing an increase of 9.1%. Based on the incidence of new cases in Germany in 2023 (19,862 new cases C25; source: RKI), 41.25% of all patients with a first diagnosis of pancreatic cancer were treated in a certified centre. Two centres fell below the minimum case volume. This was attributed to insufficient bed capacity at the respective hospitals and the relocation of referring physicians. Both centres were undergoing a repeat audit but achieved the required 3-year average.

1b. Patients with New Recurrence and/or Distant Metastasis



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Number	Patients with new recurrence and/or distant metastases	8	1 - 61	1,673	1,620
	No Target value				

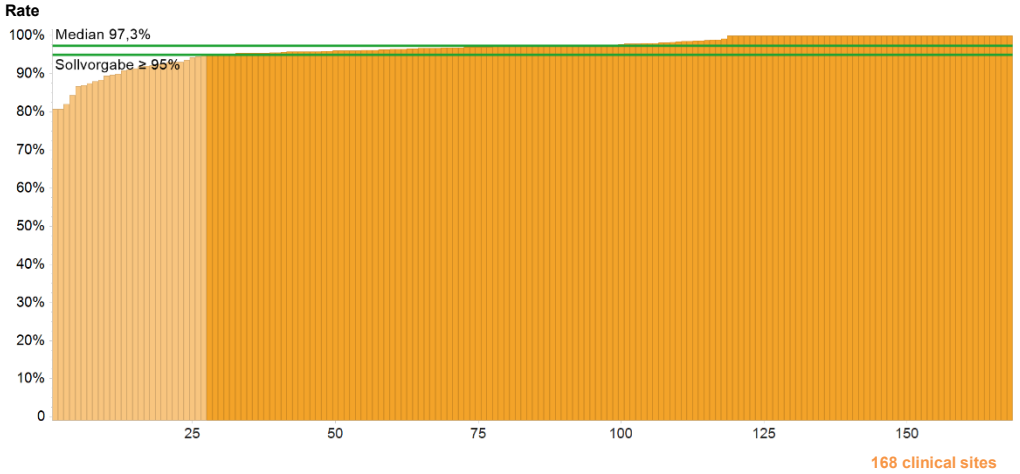


	2020	2021	2022	2023	2024
max	45	56	57	52	61
95th percentile	34.2	32	27.8	28	23.8
75th percentile	14	15	14	14	14
Median	8	8	9	8	8
25th percentile	4	5	5	5	4
5th percentile	2	1.9	1.3	2	2
Min	1	1	1	1	1

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
165	98.2%	151	98.1%	----	----	----	----

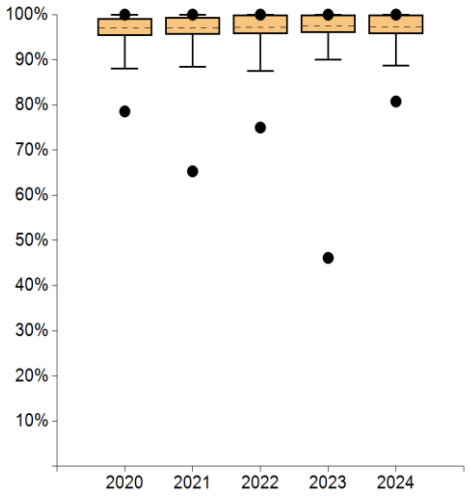
Comments:
In the indicator year 2024, 1,673 patients with newly diagnosed recurrence and/or distant metastases were treated at 165 centres (previous year: 1,620, + 3.3%). No such cases occurred in three centres during the reporting period. A median of 8 cases were treated per centre.

2. Pretherapeutic Tumour Board



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with pancreatic cancer that were presented at the pretherapeutic board	44*	21 - 196	8,349	7,696
Denominator	Primary cases (= Indicator 1a)	46*	22 - 198	8,623	7,943
Rate	Target value ≥ 95%	97.3%	80.8% - 100%	96.8%**	96.9%



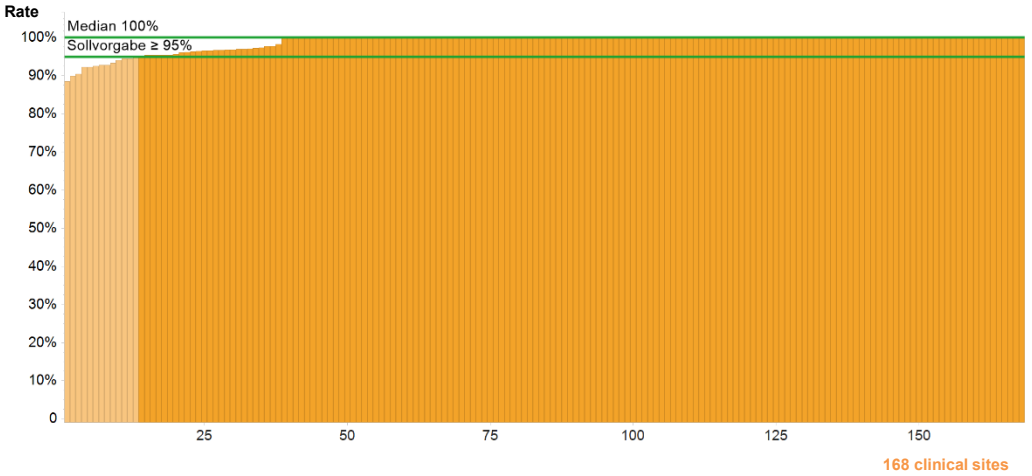
	2020	2021	2022	2023	2024
max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	99.1%	99.4%	100%	100%	100%
Median	97.0%	97.1%	97.2%	97.4%	97.3%
25th percentile	95.4%	95.6%	95.7%	95.9%	95.7%
5th percentile	88.1%	88.5%	87.5%	90.0%	88.8%
Min	78.6%	65.3%	75.0%	46.2%	80.8%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	141	83.9%	129	83.8%

Comments:
The indicator remains at a high level, with an overall rate of 96.8% and a median of 97.3%. 27 centres fell below the target value (previous year: 25). The most common reasons were intraoperative incidental findings or operations with an initially benign suspected diagnosis (24×), emergency operations (8×), organisational issues (61×), urgent initiation of therapy (12×), death before case presentation (8×), and palliative situations with Best Supportive Care (7×). As measures, quality circles were conducted and concepts were developed for routine presentation at tumour boards, including in cases where external tumour board decisions were already available. Four remarks were made. It should be noted that palliative treatment concepts should also be discussed and agreed upon at least once in a tumour board.

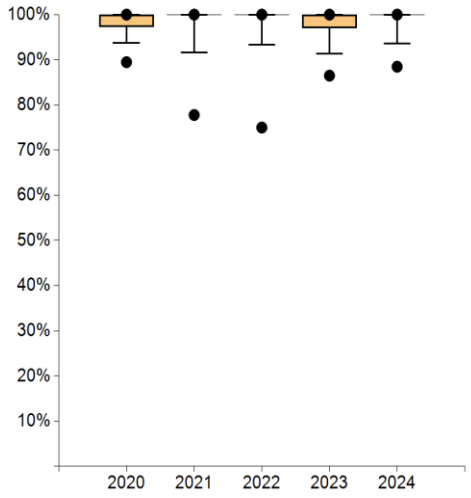
*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator

3. Post-operative Tumour Board



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Primary cases of the denominator presented in the post-operative tumor board	19*	5 - 87	3,752	3,444
Denominator	Surgical primary cases pancreas (OPS: 5-524***. 5-525*** with ICD-10 C25) (= Indicator 8)	19*	5 – 89	3,801	3,508
Rate	Target value ≥ 95%	100%	88.5% - 100%	98.7%**	98.2%



	2020	2021	2022	2023	2024
max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25th percentile	97.3%	100%	100%	97.1%	100%
5th percentile	93.7%	91.7%	93.3%	91.4%	93.6%
Min	89.5%	77.8%	75.0%	86.5%	88.5%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	155	92,3%	134	87%

Comments:
Postoperative case presentation continues to show a high level of compliance, with a rate of 100% down to the 25th percentile (overall rate: 98.7%, previous year: 98.2%). 13 centres fell below the target value (previous year: 20). This was attributed to patients dying before presentation at the tumour board.

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator.
***OPS-Code 5-524 corresponds to OPS (1) partial resection of the pancreas and OPS-Code 5-525 corresponds to OPS (1) (total) pancreatectomy

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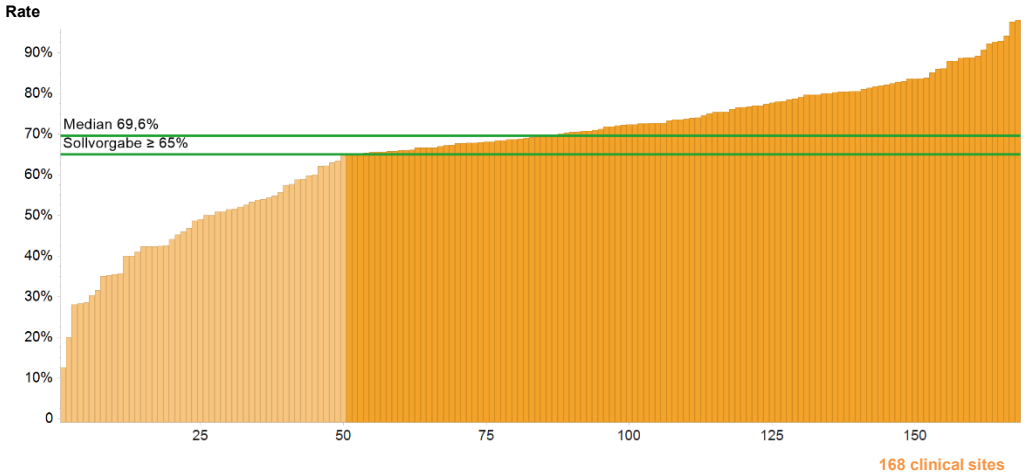
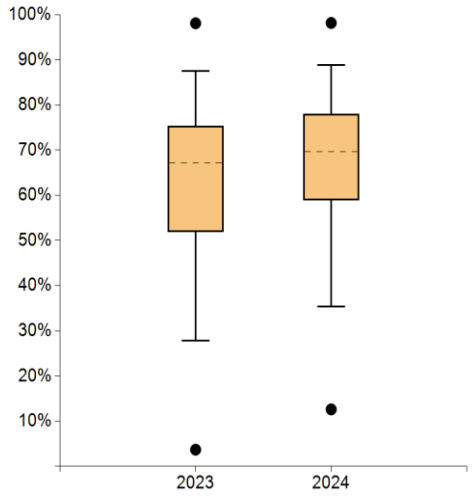
4. Psycho-oncological distress screening



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator who were psycho-oncologically screened	36*	9 - 138	6,900	4,176
Denominator	Primary cases (= Indicator 1a) + patients with new recurrence and/or distant metastases (= Indicator 1b)	54*	25 - 213	10,296	6,579
Rate	Target value ≥ 65%	69.6%	12.6% - 98.2%	67%**	63.5%



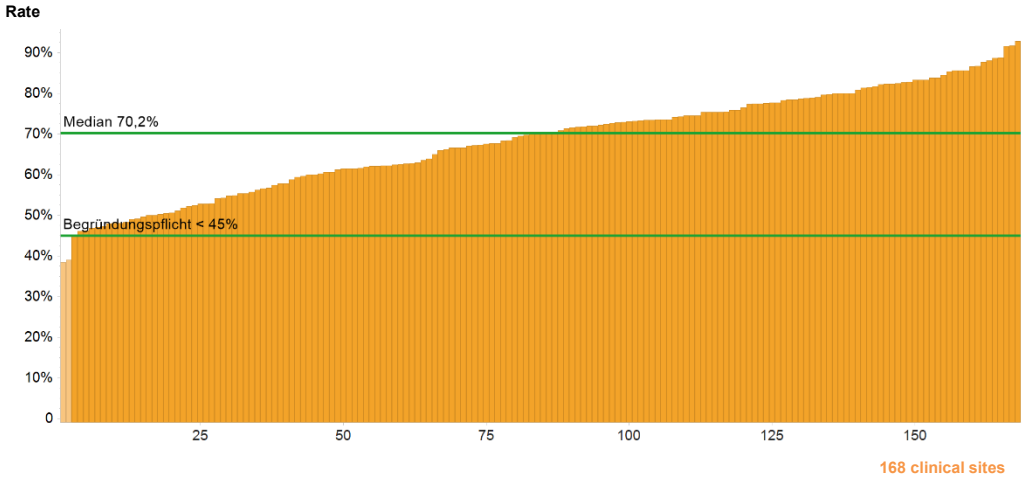
	2020	2021	2022	2023	2024
max	----	----	----	98.1%	98.2%
95th percentile	----	----	----	87.6%	88.9%
75th percentile	----	----	----	75.4%	78.0%
Median	----	----	----	67.1%	69.6%
25th percentile	----	----	----	51.9%	58.9%
5th percentile	----	----	----	27.9%	35.4%
Min	----	----	----	3.7%	12.6%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	108	70.1%	118	70.2%	65	60.2%

Comments:
In the current indicator year, psycho-oncological distress screening was for the second time and now mandatorily recorded. The overall rate increased to 67.0%, and the median to 69.6%. The range of screening rates from 12.6% to 98.2% remains relatively wide. 50 of 168 centres did not achieve the target value. This was attributed in particular to the roll-out of screening not yet being completed, a lack of digitalisation, but also to short lengths of stay and staffing constraints. In some cases, screening was declined by the patients. Twelve remarks and seven critical remarks were made.

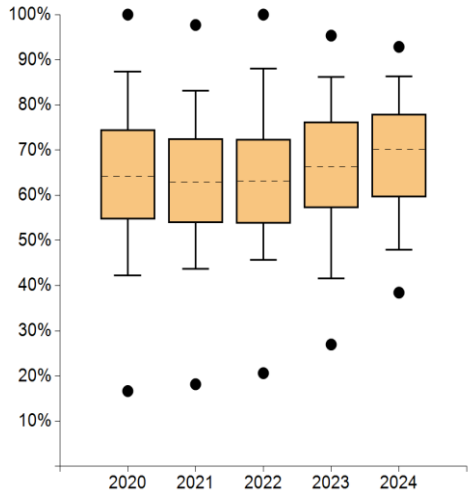
*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator.

5. Social Services Counselling



Begründungspflicht = Mandatory Justification

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Patients of the denominator who received outpatient or inpatient counselling from social services	38*	10 - 131	6,951	6,155
Denominator	Primary cases (= Indicator 1a) + patients with new recurrence and/or distant metastases (= Indicator 1b)	54*	25 - 213	10,296	9,563
Rate	Mandatory Justification*** < 45%	70.2%	38.5% - 92.9%	67.5%**	64.4%



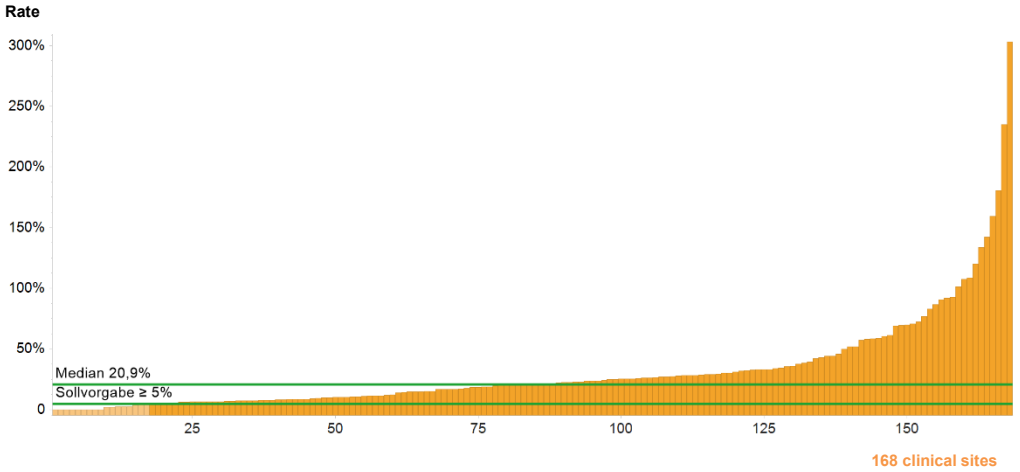
	2020	2021	2022	2023	2024
max	100%	97.7%	100%	95.4%	92.9%
95th percentile	87.4%	83.1%	88.0%	86.2%	86.3%
75th percentile	74.6%	72.5%	72.4%	76.2%	77.9%
Median	64.2%	63.0%	63.2%	66.4%	70.2%
25th percentile	54.7%	53.9%	53.8%	57.2%	59.6%
5th percentile	42.2%	43.7%	45.7%	41.6%	48.0%
Min	16.7%	18.2%	20.6%	27.0%	38.5%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
168	100%	154	100%	166	98.8%	143	92.9%

Comments:
The median and overall rate of social service counselling increased in the current year compared with the previous year (overall rate: 67.5%, previous year: 64.4%; median: 70.2%, previous year: 66.4%). Two centres fell below the plausibility threshold of < 45% (previous year: 11) and attributed this to staffing shortages and the implementation of the indicator not yet being completed. The centres responded by recruiting additional specialist staff and optimising the process.

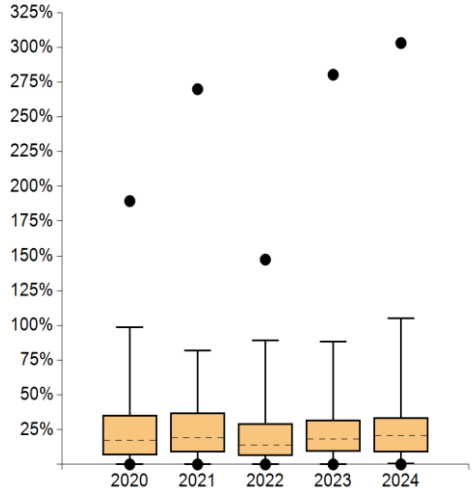
*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of centre patients who were treated according to the indicator.
*** For values outside the plausibility limit(s) the Centres must give the reasons.

6. Patients Enrolled in a Study



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients who were included in a study with an ethical vote	9*	0 - 391	3,307	2,745
Denominator	Primary cases (= Indicator 1a)	46*	22 - 198	8,623	7,943
Rate	Target value ≥ 5%	20.9%	0% - 303.1%	38.4%**	34.6%



	2020	2021	2022	2023	2024
max	189.4%	269.9%	147.3%	280.3%	303.1%
95th percentile	98.8%	81.9%	89.0%	88.4%	105.3%
75th percentile	35.4%	37.0%	29.3%	32.2%	33.6%
Median	17.2%	18.9%	13.8%	18.2%	20.9%
25th percentile	6.7%	8.6%	6.2%	9.3%	8.6%
5th percentile	0.0%	0.0%	0.0%	0.0%	0.7%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	151	89.9%	135	87.7%

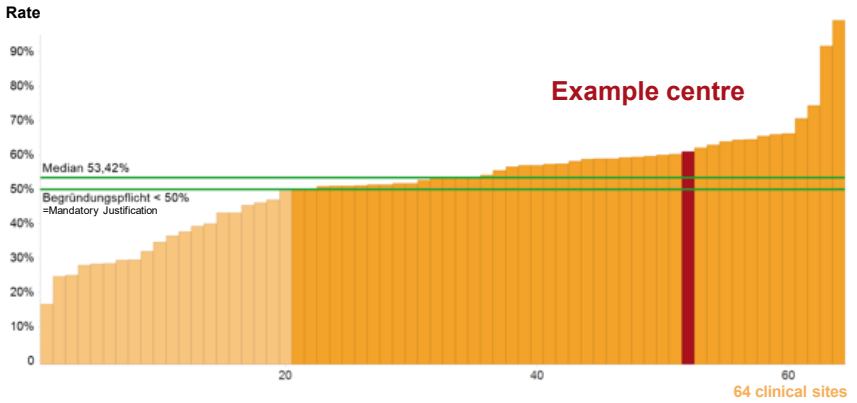
Comments:
In the current indicator year, 89.9% of the sites achieved the target value for study participation (previous year: 87.7%). 17 centres (previous year: 19) fell below the target value. The main reasons given were delays in study initiation (5×), study centres still being established (2×), the staffing situation (1×), or a reduced range of studies available for pancreatic cancer patients (4×). The auditors emphasised that patients could also be enrolled, for example, in registry studies, and issued several remarks as well as two deviations.

*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator.

Individual Annual Report - Evaluation of site-specific key figures

What is the Individual Annual Report?

In the Individual annual report, the site-specific centre data is shown and compared to the other certified centres in the respective certification system of the German Cancer Society. In addition, the individual development of the centre is presented over the course of time.
The content and design of an Individual Annual Report are based on the general Annual Reports. An example of an Individual Annual Report is available at www.onkozert.de under General Information / Annual Reports.



Example centre (red bar) compared to the other certified centres

Who can receive the Individual Annual Report?

The prerequisite for the preparation of the Individual Annual Report is the publication of the general Annual Report (announcement on www.onkozert.de) as well as the depiction of the own centre in the general Annual Report (for example, centres with initial certification are not depicted in the audit year). In the case of multi-site centres, each site is shown in its own Individual Annual Report. Only the general Annual Report is currently available for oncology centres.

	Indicator definition	Example centre				
		2020	2021	2022	2023	2024
Numerator	Patients referred by the denominator who received inpatient or outpatient counselling from social services	185	198	176	170	186
Denominator	Primary cases (= indicator 1a) + patients with newly occurring recurrence (local, regional LN metastases) and/or distant metastases (= indicator 1b)	305	338	333	335	305
Rate	Mandatory statement for reason*** <50%	60.66%	58.58%	52.85%	50.75%	60.98%

Individual development of the example centre over time

Extract from an individual Annual Report (indicator counselling social service)

How can I receive the Individual Annual Report?

The Individual Annual Report is made available for download as an electronic PowerPoint file on the Data-WhiteBox platform.

Access to an Individual Annual Report differs depending on the certification system:

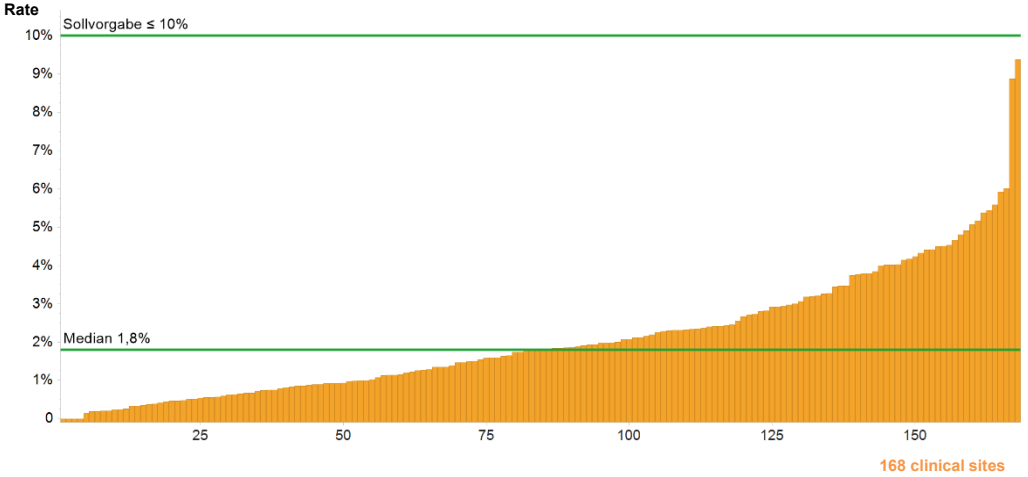
Colorectal, Prostate and Gynaecological Cancer Centres

- The Individual Annual Report is made available for all Colorectal, Prostate and Gynaecological Cancer Centres by decision of the respective Certification Commission.
- The centres (centre management and centre coordination) are informed by email by OnkoZert about the availability of the respective Individual Annual Report.
- The login details for accessing the individual annual report are available from the centres management and centres coordination (login details will be sent once).

All other Organ Cancer Centres / Modules

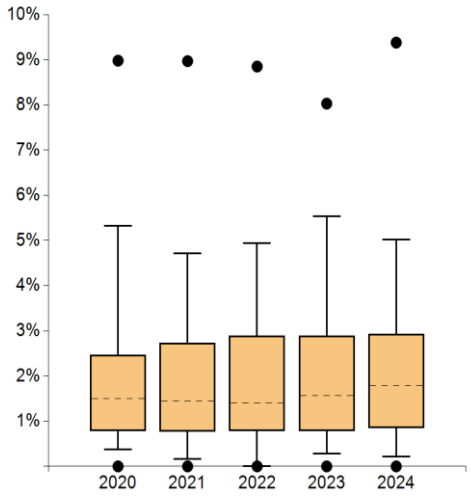
- The centres (centre management and centre coordination) are informed by email by OnkoZert about the basic availability of the Individual Annual Reports. From this point onwards, an Individual Annual Report can optionally be ordered for a fee.
- The 'Individual Annual Report Order Form' is available at www.onkozert.de under General Information / Annual Reports. Orders can only be placed by persons who are registered with OnkoZert as contact persons (e.g. centre management, centre coordination, QMB, etc.)
- The costs for the respective individual Annual Reports are listed on the form.
- The preparation time is approx. 3 weeks after receipt of order.

7a. Endoscopy Complications - Pancreatitis after ERCP (CR 2.1)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	ERCPs of the den-minator with specific complications. Pancreatitis after ERCP (CR 2.1)	6*	0 – 103	1,409	1,277
Denominator	ERCPs for each endoscopy unit	353.5*	103 - 1,160	67,945	64,206
Rate	Target value ≤ 10%	1.8%	0% - 9.4%	2.1%**	2%



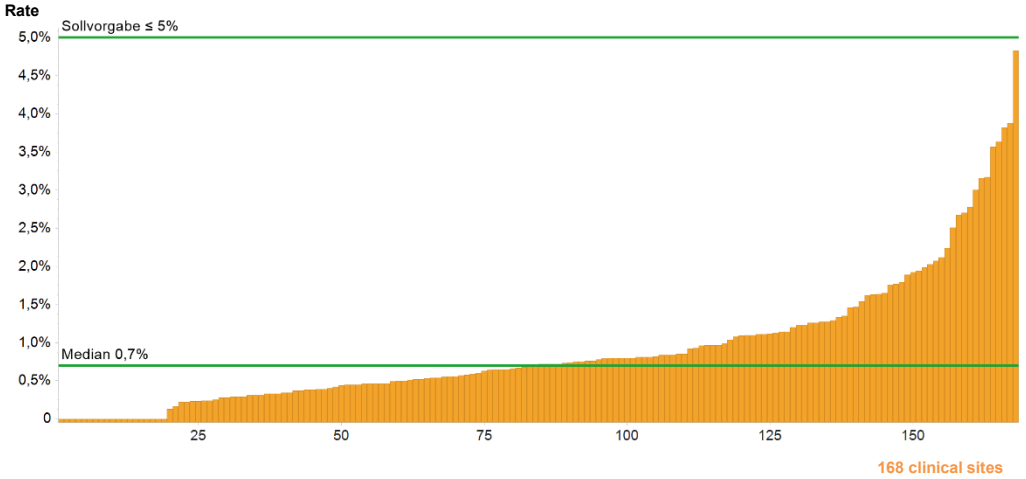
	2020	2021	2022	2023	2024
Max	9.0%	9.0%	8.9%	8.0%	9.4%
95th percentile	5.3%	4.7%	4.9%	5.5%	5.0%
75th percentile	2.5%	2.7%	2.9%	2.9%	2.9%
Median	1.5%	1.5%	1.4%	1.6%	1.8%
25th percentile	0.8%	0.8%	0.8%	0.8%	0.9%
5th percentile	0.4%	0.2%	0.0%	0.3%	0.2%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	168	100%	154	100%

Comments:
The rate of post-interventional pancreatitis after ERCP was just under 2.1% in the 2024 indicator year (previous year: 2.0%), with a median of 1.8% (previous year: 1.57%). The complication rate therefore remains at a low level. In the current year, 100% of the 168 evaluable centres also achieved the target value.

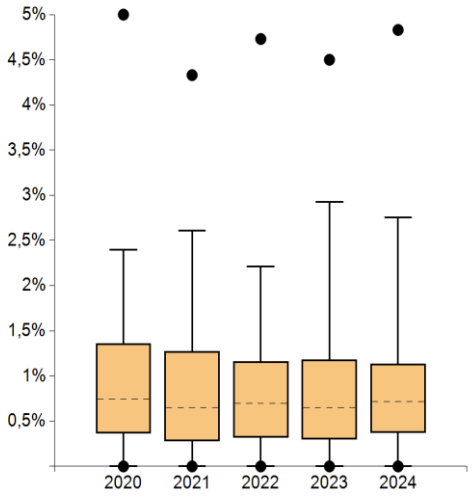
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator.

7b. Endoscopy Complications - Bleeding and Perforation after ERCP (CR 2.1)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	ERCPs of the denominator with specific complications. Bleeding and perforation after ERCP (CR 2.1)	2*	0 - 45	641	608
Denominator	ERCPs for each endoscopy unit	353.5*	103 - 1160	67,945	64,206
Rate	Target value ≤ 5%	0.7%	0% - 4.8%	0.9%**	0.9%



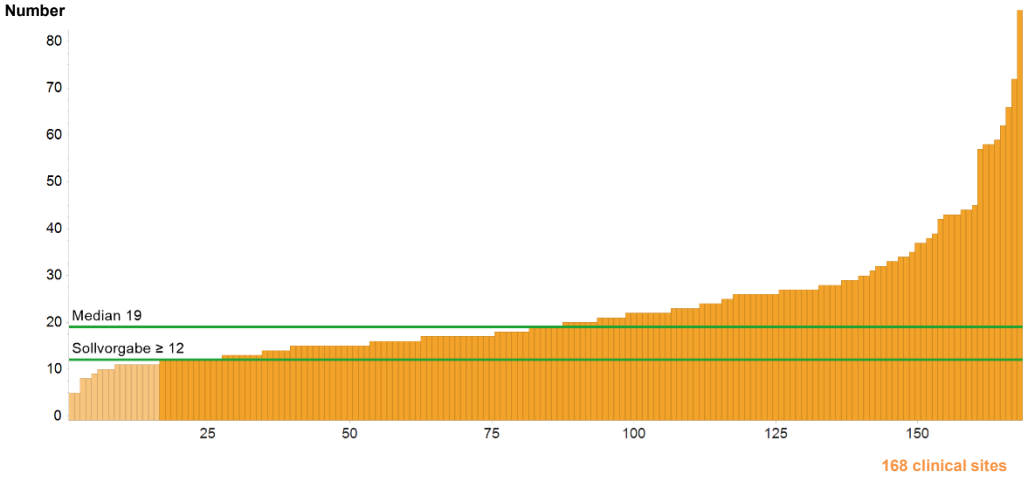
	2020	2021	2022	2023	2024
Max	5.0%	4.3%	4.7%	4.5%	4.8%
95th percentile	2.4%	2.6%	2.2%	2.9%	2.8%
75th percentile	1.4%	1.3%	1.2%	1.2%	1.1%
Median	0.7%	0.7%	0.7%	0.7%	0.7%
25th percentile	0.4%	0.3%	0.3%	0.3%	0.4%
5th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	168	100%	154	100%

Comments:
The complication rate after ERCP (bleeding and perforation) has remained stable over the years, with a median of 0.7% and an overall rate of 0.9%, at the same level as the previous year. All 168 centres achieved the target value of ≤ 5%.

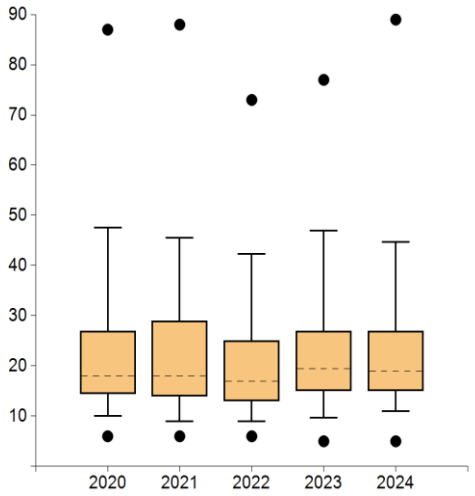
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator

8. Surgical Primary Cases Pancreas (only ICD-10 C25 in Combination with OPS 5-524* and 5-525*)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Number	Surgical primary cases pancreas (OPS 5-524*. 5-525* only with ICD-10 C25) (Def. 5.2.4)	19	5 - 89	3,801	3,508
	Target value ≥ 12				



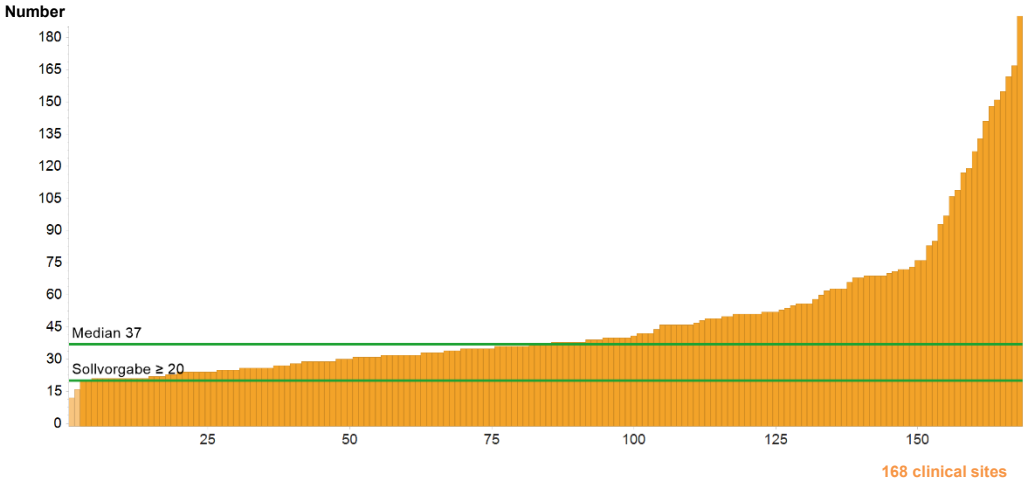
	2020	2021	2022	2023	2024
max	87	88	73	77	89
95th percentile	47.5	45.5	42.3	47	44.7
75th percentile	27	29	25	27	27
Median	18	18	17	19.5	19
25th percentile	14.5	14	13	15	15
5th percentile	10	9	9	9.7	11
Min	6	6	6	5	5

Clinical sites with evaluable data 2024		2023		Clinical sites meeting the target value 2024		2023	
168	100%	154	100%	152	90.5%	137	89%

Comments:
In the current indicator year, the number of surgical primary cases increased to 3,801, while the number of centres increased by 11% (previous year: 3,508; +8.35%). A median of 19 pancreatic cancer cases were operated on per centre. Approximately 90.5% of the centres achieved the target value (previous year: 89%). 16 centres fell below the target value (previous year: 17). Reasons could only be identified in a few cases. These included the loss of individual referring physicians, staffing changes, and a high proportion of inoperable patients. As measures, the network of referring physicians was expanded and the referral process was optimised and facilitated. The auditors issued four remarks.

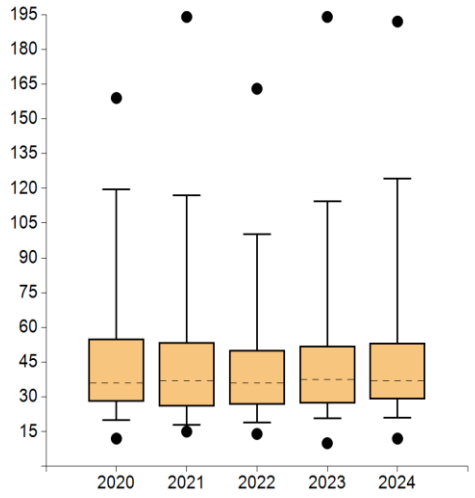
*OPS-Code 5-524 corresponds to OPS (1) partial resection of the pancreas and OPS-Code 5-525 corresponds to OPS (1) (total) pancreatectomy

9. Overall Surgical Expertise Pancreas



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Number	Pancreas resections (left resection of the pancreas, pancreatic head resection, total pancreatectomy, OPS 5-524* and 5-525* with and without ICD-10 C25)	37	12 - 192	8,059	7,184
	Target value ≥ 20				



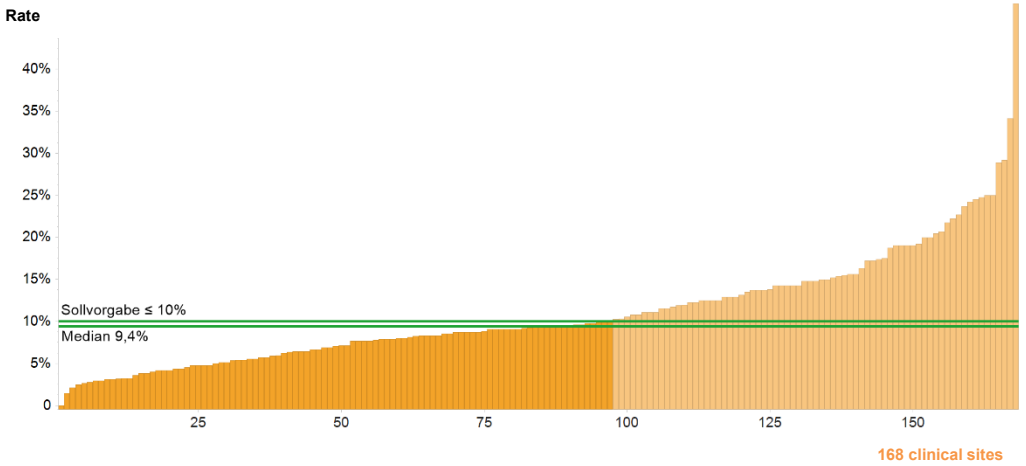
	2020	2021	2022	2023	2024
max	159	194	163	194	192
95th percentile	119.5	117	100.2	114.5	124.2
75th percentile	55	53.5	50.3	52	53,3
Median	36	37	36	37.5	37
25th percentile	28	26	26.8	27.3	29
5th percentile	20	18	19	20.7	21
Min	12	15	14	10	12

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	166	98.8%	148	96.1%

Comments:
The total number of pancreatic resections increased to 8,059 compared with the previous year (previous year: 7,184; +12.2%), while the median of 37 remained at the previous year's level (37.5). Two centres fell below the target value of ≥ 20 (previous year: 6), with staffing changes and reduced bed capacity given as reasons. One of the affected centres was undergoing a repeat audit but achieved the target value based on the 3-year average. The failure to achieve the target value was discussed in detail during the audits.

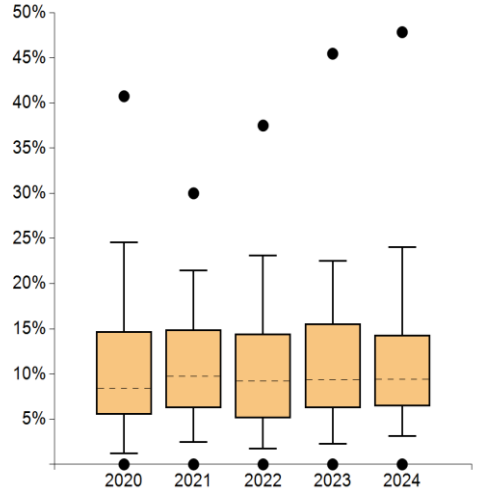
*OPS-Code 5-524 corresponds to OPS (1) partial resection of the pancreas and OPS-Code 5-525 corresponds to OPS (1) (total) pancreatectomy

10. Revision Surgeries Pancreas



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Resections of the denominator with revision surgeries after peri-operative complications within 30d of surgery	4*	0 - 27	878	771
Denominator	Pancreatic resections (OPS 5-524*** and 5-525*** with and without ICD-10 C25) (= Indicator 9)	37*	12 - 192	8,059	7,184
Rate	Target value ≤ 10%	9.4%	0% - 47.8%	10.9%**	10.7%



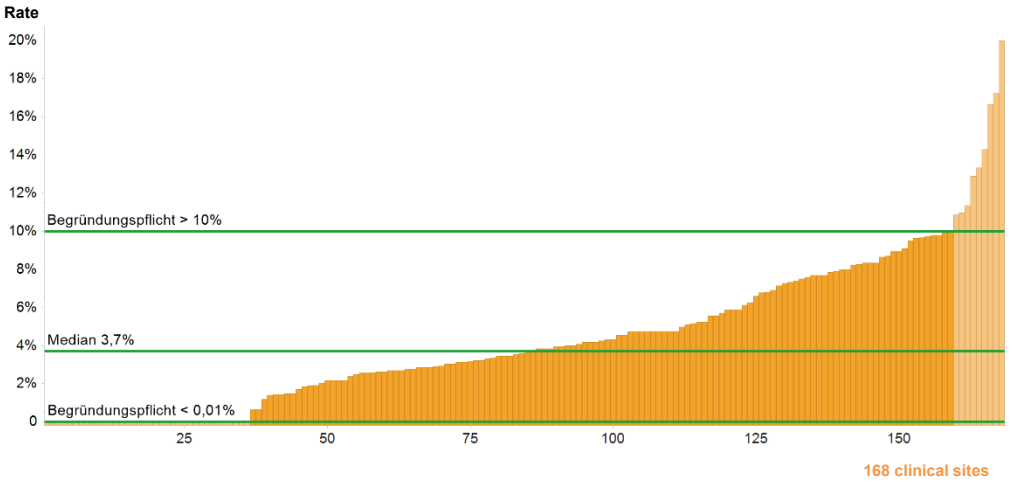
	2020	2021	2022	2023	2024
max	40.7%	30.0%	37.5%	45.5%	47.8%
95th percentile	24.6%	21.4%	23.1%	22.5%	24.0%
75th percentile	14.7%	14.9%	14.4%	15.6%	14.3%
Median	8.5%	9.7%	9.2%	9.4%	9.4%
25th percentile	5.5%	6.2%	5.1%	6.3%	6.5%
5th percentile	1.2%	2.5%	1.7%	2.3%	3.1%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	97	57.7%	86	55.8%

Comments:
The revision rate shows an overall stable development compared with the previous year. The median remains unchanged at 9.4%, while the overall rate is 10.9% (previous year: 10.7%). 71 centres exceeded the target value (previous year: 68). The most common reasons given were anastomotic leaks (154×) and postoperative bleeding (140×). Further reasons included fascial dehiscence (50×), haematoma evacuation (15×), intestinal ischaemia (25×), abscesses (23×), hollow-organ perforations (9×), necrotising pancreatitis (6×), pancreatic fistulas (27×), and compartment syndromes (2×).In 34 cases, the reasons were clarified during the audit, as they were not evident from the data sheets. Measures included critical analyses, training, and, where appropriate, adjustments to the surgical technique. Twelve remarks (including four critical remarks) and three deviations were issued.

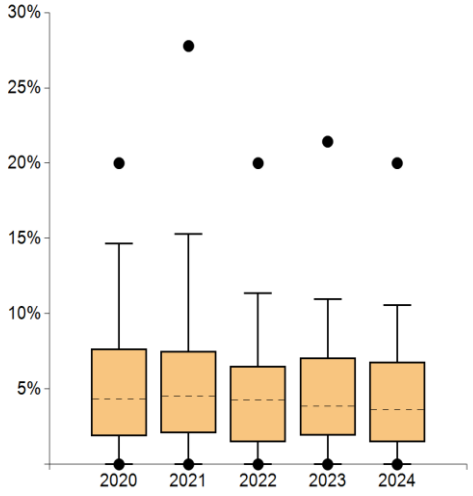
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator
***OPS-Code 5-524 corresponds to OPS (1) partial resection of the pancreas and OPS-Code 5-525 corresponds to OPS (1) (total) pancreatectomy.

11. Post-operative Wound Infections



Begründungspflicht = Mandatory Justification

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Resections of the denominator with post-operative wound infections within 30 d after surgery and need for surgical wound revision (irrigation, spreading, VAC dressing)	1*	0 - 16	361	333
Denominator	Pancreatic resections (OPS 5-524* and 5-525**. with and without ICD-10 C25) (= Indicator 9)	37*	12 - 192	8,059	7,184
Rate	Mandatory Justification*** < 0.01% and >10%	3.7%	0% - 20%	4.5%**	4.6%



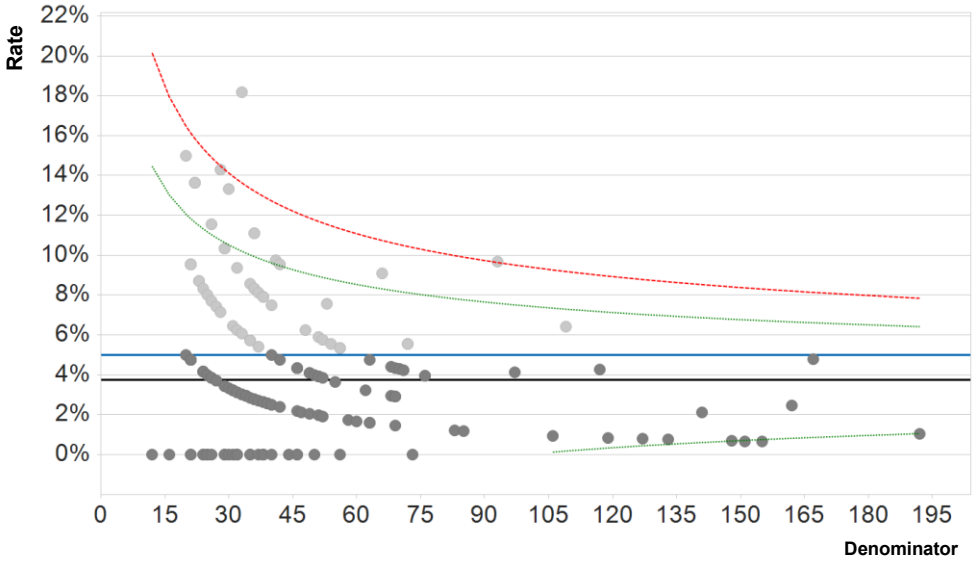
	2020	2021	2022	2023	2024
Max	20.0%	27.8%	20.0%	21.4%	20.0%
95th percentile	14.7%	15.3%	11.4%	11.0%	10.6%
75th percentile	7.7%	7.5%	6.5%	7.1%	6.8%
Median	4.4%	4.6%	4.3%	3.9%	3.7%
25th percentile	1.9%	2.1%	1.5%	1.9%	1.5%
5th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
168	100%	154	100%	123	73.2%	112	72.7%

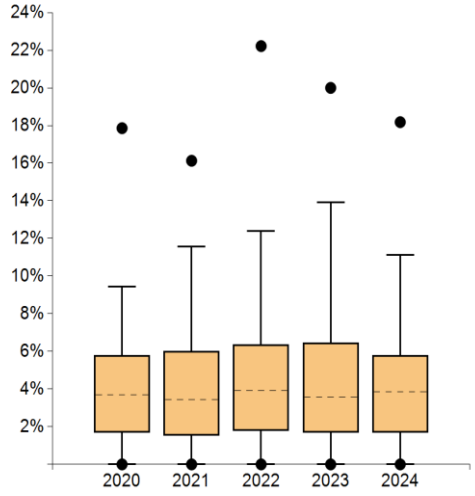
Comments:
The rate of postoperative wound infections has declined in recent years and currently shows an overall rate of 4.5%. 36 centres reported a wound infection rate of 0%. Nine centres (previous year: 11) exceeded the upper plausibility threshold. Factors reported as contributing to wound infections included individual risk factors (14×), revision procedures (3×), multivisceral or emergency procedures (4×), and pancreatic fistulas (8×). In 38 cases, the cause remained unclear. The auditors issued several remarks and one deviation.

*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator
*** For values outside the plausibility limit(s) the centres must give the reasons.

12a. Post-operative Mortality – within 30 d



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Resections of the denominator with patients who deceased 30 days post-operative	1*	0 - 9	301	306
Denominator	Pancreatic resections (OPS 5-524*** and 5-525*** with and without ICD-10 C25) (= Indicator 9)	37*	12 - 192	8,059	7,184
Rate	Target value ≤ 5%	3.9%	0% - 18.2%	3.7%**	4.3%



	2020	2021	2022	2023	2024
max	17.9%	16.1%	22.2%	20.0%	18.2%
95th percentile	9.5%	11.6%	12.4%	13.9%	11.1%
75th percentile	5.8%	6.0%	6.4%	6.5%	5.8%
Median	3.7%	3.5%	3.9%	3.6%	3.9%
25th percentile	1.7%	1.6%	1.8%	1.7%	1.7%
5th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	117	69.6%	101	65.6%

Comments:
In the current indicator year, postoperative 30-day mortality decreased slightly to 3.7%. Encouragingly, 28 centres reported a mortality rate of 0%, while 51 centres (previous year: 51) exceeded the target value. The identified causes of death were diverse. Reasons reported by the centres included bleeding (48×), liver failure (13×), mesenteric ischaemia (13×), complications following pancreatic fistulas (27×) or multivisceral resections (22×), anastomotic leaks (13×), respiratory failure (21×), cardiovascular events (19×), and pulmonary embolisms (7×). The auditors issued several remarks and 10 deviations. Coaching is required to address the deviations.

*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator
***OPS-Code 5-524 corresponds to OPS (1) partial resection of the pancreas and OPS-Code 5-525 corresponds to OPS (1) (total) pancreatectomy.

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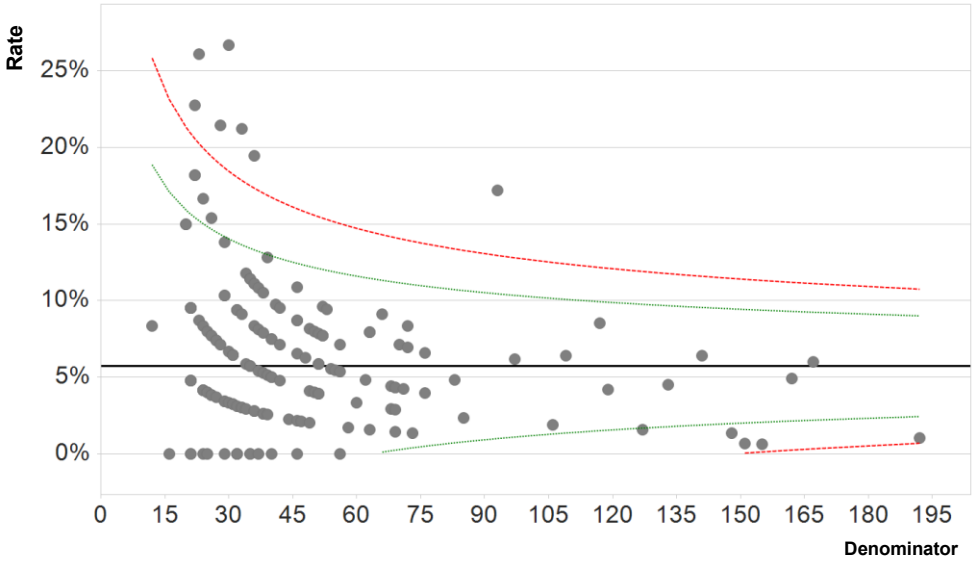
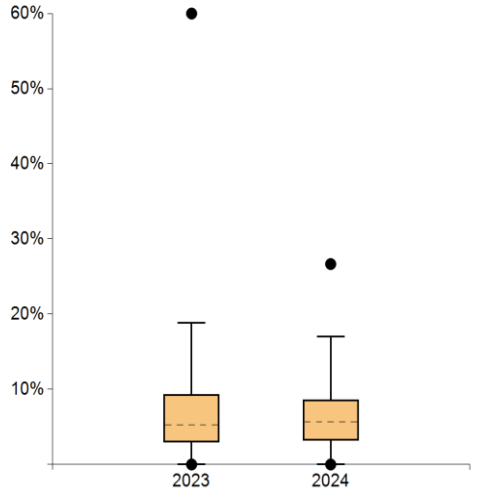
12b. Post-operative Mortality – within 90 d



	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Resections of the denominator with patients who deceased 90 days post-operative	2*	0 - 16	461	398
Denominator	Pancreatic resections (OPS 5-524*** and 5-525*** with and without ICD-10 C25) (= Indicator 9)	37*	12 - 192	8,059	6,357
Rate	No Target value	5.6%	0% - 26.7%	5.7%**	6.3%



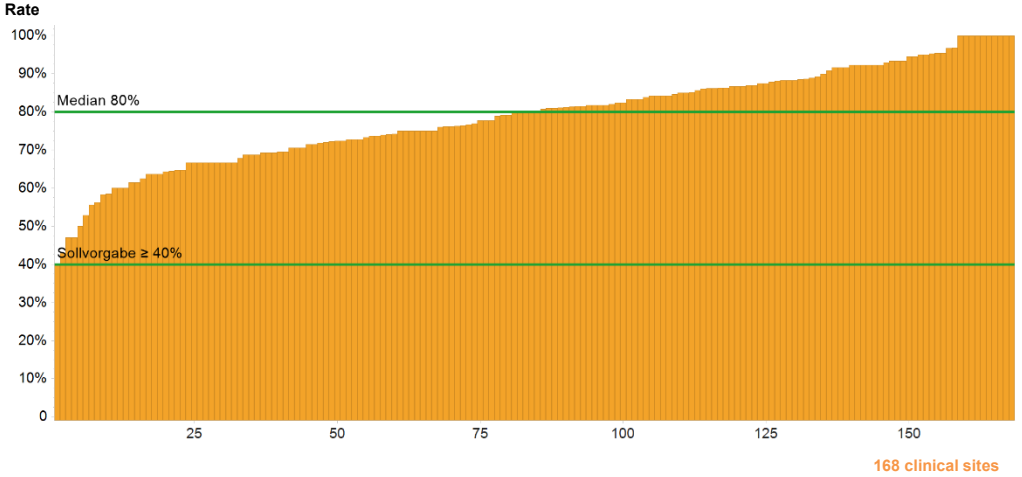
	2020	2021	2022	2023	2024
max	----	----	----	60.0%	26.7%
95th percentile	----	----	----	18.8%	17.0%
75th percentile	----	----	----	9.3%	8.6%
Median	----	----	----	5.3%	5.6%
25th percentile	----	----	----	3.0%	3.2%
5th percentile	----	----	----	0.0%	0.0%
Min	----	----	----	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	135	87.7%	----	----	----	----

Comments:
No target value is currently defined for the indicator on 90-day mortality. The overall rate is 5.7% (previous year: 6.3%), while the median is 5.6% (previous year: 5.3%). The range extends from 0% to 26.7%. The maximum value has decreased considerably from 60% to 26.7%.

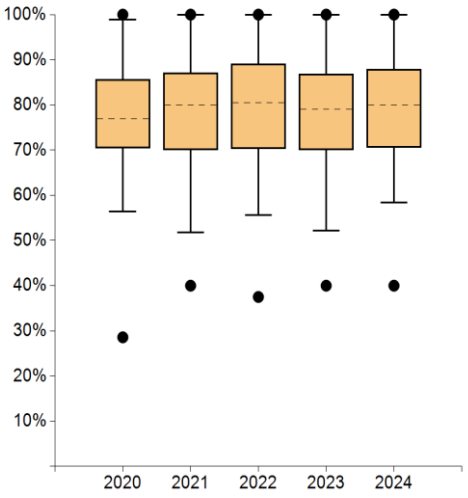
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator
***OPS-Code 5-524 corresponds to OPS (1) partial resection of the pancreas and OPS-Code 5-525 corresponds to OPS (1) (total) pancreatectomy

13. Local R0 Resections Pancreas (GL QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with local R0 resections after completion of surgical therapy	16*	3 - 60	3,015	2,725
Denominator	Surgical primary cases pancreas (OPS 5-524***. 5-525*** only with ICD-10 C25) (= Indicator 8)	19*	5 - 89	3,801	3,508
Rate	Target value ≥ 40%	80%	40% - 100%	79.3%**	77.7%



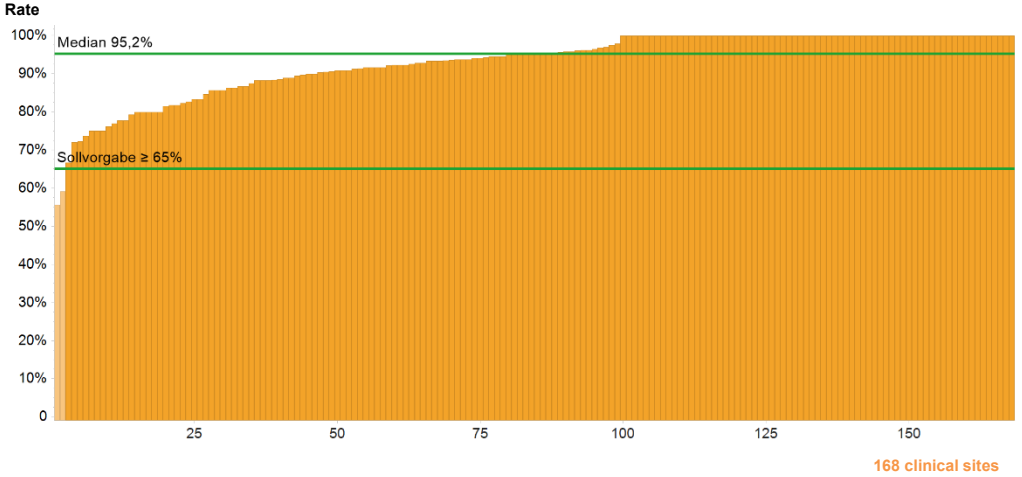
	2020	2021	2022	2023	2024
max	100%	100%	100%	100%	100%
95th percentile	98.9%	100%	100%	100%	100%
75th percentile	85.7%	87.1%	89.0%	86.8%	87.9%
Median	76.9%	80.0%	80.5%	79.1%	80.0%
25th percentile	70.5%	70.0%	70.3%	70.0%	70.6%
5th percentile	56.4%	51.8%	55.6%	52.2%	58.4%
Min	28.6%	40.0%	37.5%	40.0%	40.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	168	100%	154	100%

Comments:
Compliance with this indicator remains unchanged in the current indicator year. All 168 centres achieved the target value, with a median of 80% (previous year: 79.1%). The proportion of local R0 resections among surgical primary cases also remains at a high level at 79.3% (previous year: 77.7%).

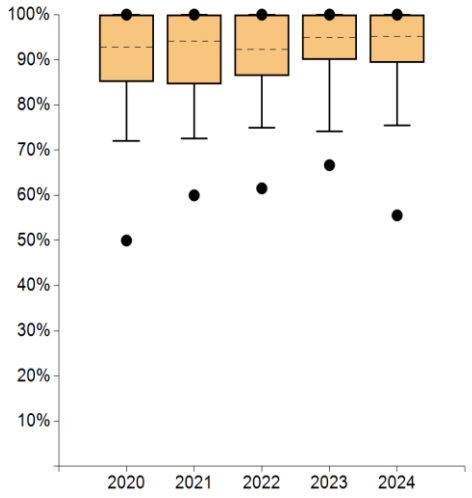
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator
***OPS-Code 5-524 corresponds to OPS (1) partial resection of the pancreas and OPS-Code 5-525 corresponds to OPS (1) (total) pancreatectomy.

14. Lymph Node Resection (GL QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Primary cases of the denominator with ≥ 12 regional lymph nodes in the surgical specimen after conclusion of surgical therapy	15*	3 - 66	2,893	2,775
Denominator	Surgical primary cases (OPS: 5-524*, 5-525* only with ICD-10 C25) without NET and NEC, who have undergone a lymphadenectomy	16*	3 - 66	3,124	2,973
Rate	Target value ≥ 65%	95.2%	55.6% - 100%	92.6%**	93.3%



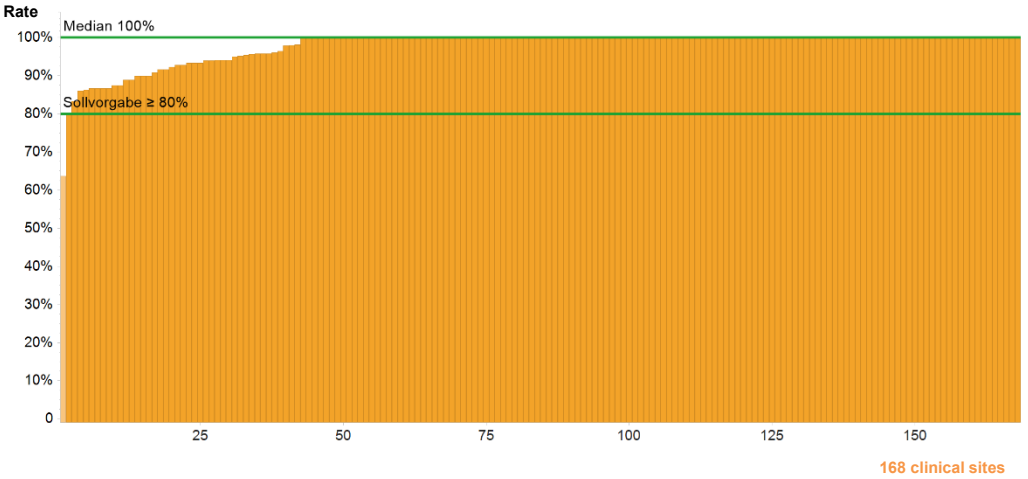
	2020	2021	2022	2023	2024
max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	92.9%	94.1%	92.3%	94.9%	95.2%
25th percentile	85.2%	84.6%	86.4%	90.0%	89.3%
5th percentile	72.1%	72.6%	75.0%	74.2%	75.4%
Min	50.0%	60.0%	61.5%	66.7%	55.6%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	166	98.8%	154	100%

Comments:
The overall rate of 92.6% (previous year: 93.3%) and the median of 95.2% remain at a high level and reflect the good implementation of this GL-QI. In the current indicator year, 166 of 168 centres achieved the target value for the removal of at least 12 regional lymph nodes. The two centres attributed the failure to achieve the target value, among other reasons, to staffing shortages and individual medical cases.

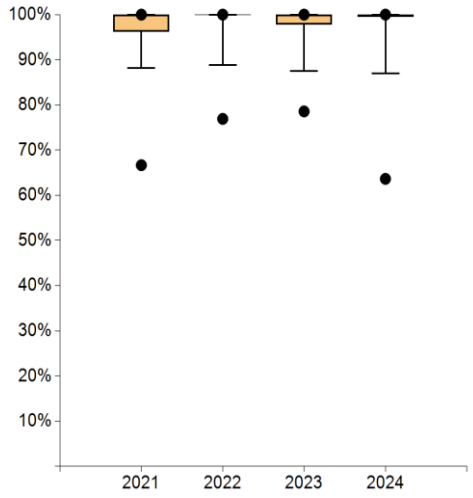
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator
***OPS-Code 5-524 corresponds to OPS (1) partial resection of the pancreas and OPS-Code 5-525 corresponds to OPS (1) (total) pancreatectomy.

15. Pathology Report (GL QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with reports of findings with indication of: pT, pN, M; tumour grading: ratio of affected to removed lymph nodes	16*	4 - 79	3,207	3,006
Denominator	Surgical primary cases (OPS: 5-524***, 5-525*** only with ICD-10 C25) without NET and NEC	17*	4 – 79	3,284	3,078
Rate	Target value ≥ 80%	100%	63.6% - 100%	97.7%**	97.7%



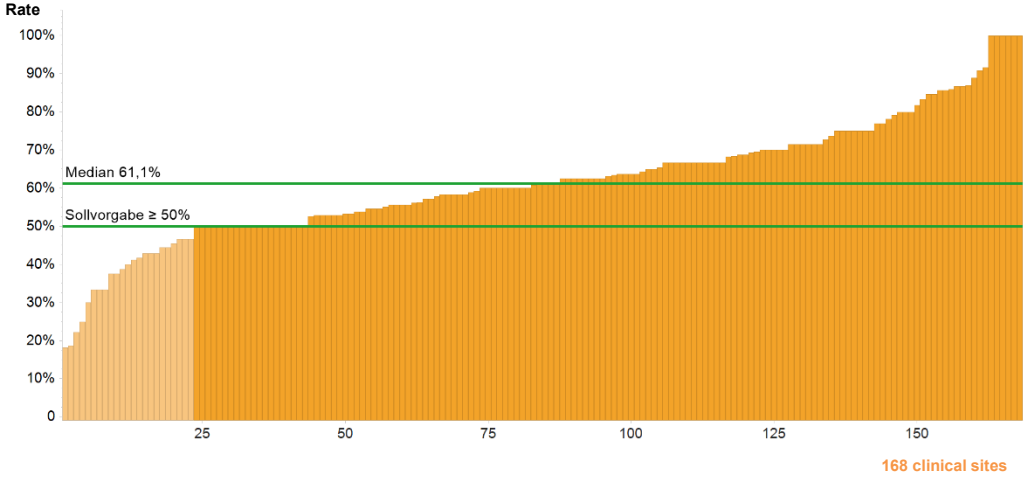
	2020	2021	2022	2023	2024
max	----	100%	100%	100%	100%
95th percentile	----	100%	100%	100%	100%
75th percentile	----	100%	100%	100%	100%
Median	----	100%	100%	100%	100%
25th percentile	----	96.3%	100%	97.8%	99.5%
5th percentile	----	88.2%	88.9%	87.5%	87.0%
Min	----	66.7%	76.9%	78.6%	63.6%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	167	99.4%	153	99.4%

Comments:
This GL-QI continues to show a very high level of compliance: the overall rate remains at 97.7%, while the median is 100%. The target value was achieved by 167 centres. Only one centre fell below the target value and attributed this to missing information on grading after neoadjuvant therapy.

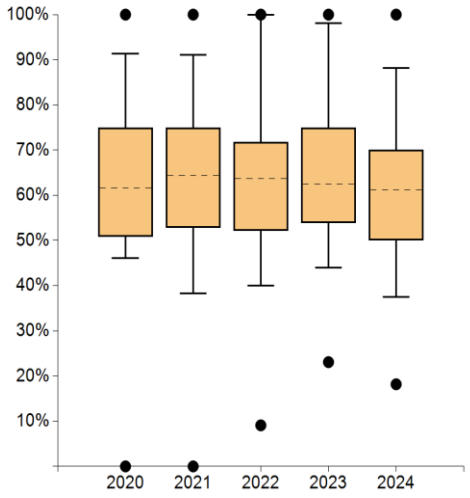
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator
***OPS-Code 5-524 corresponds to OPS (1) partial resection of the pancreas and OPS-Code 5-525 corresponds to OPS (1) (total) pancreatectomy.

16. Adjuvant Chemotherapy (GL QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Primary cases of the denominator with adjuvant chemotherapy	7*	2 - 61	1,512	1,463
Denominator	Surgical primary cases pancreatic cancer UICC stages I-III and R0 resection (without NET and NEC)	12*	2 – 71	2,456	2,262
Rate	Target value ≥ 50%	61.1%	18.2% - 100%	61.6%**	64.7%



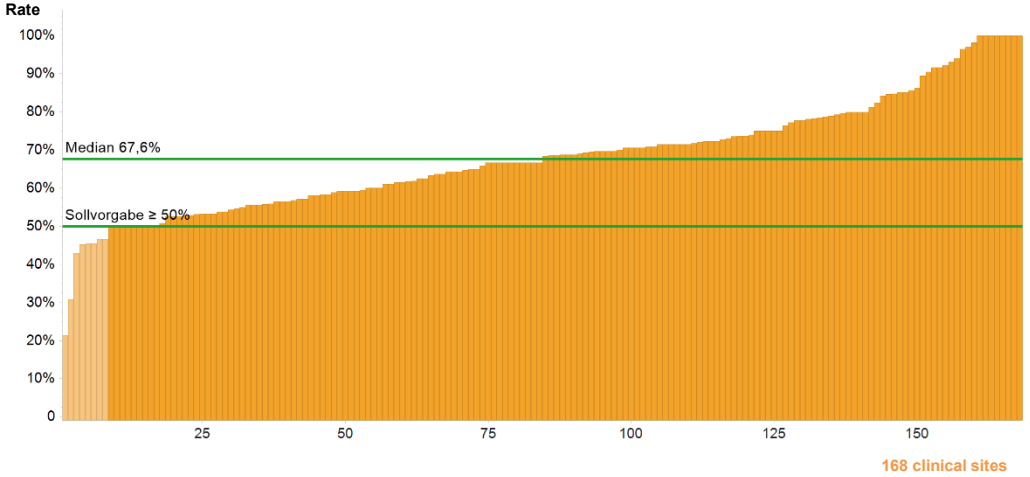
	2020	2021	2022	2023	2024
max	100%	100%	100%	100%	100%
95th percentile	91.3%	91.1%	100%	98.0%	88.2%
75th percentile	75.0%	75.0%	71.8%	75.0%	70.0%
Median	61.5%	64.3%	63.6%	62.5%	61.1%
25th percentile	50.8%	52.8%	52.1%	53.9%	50.0%
5th percentile	46.1%	38.3%	40.0%	43.9%	37.5%
Min	0.0%	0.0%	9.1%	23.1%	18.2%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	145	86.3%	138	89.6%

Comments:
The overall rate and median of this GL-QI decreased in the current indicator year to 61.6% (previous year: 64.7%) and 61.1% (previous year: 62.5%), respectively. 23 centres (previous year: 16) fell below the target value. The most common reasons given were loss to follow-up (69×), refusal of therapy (35×), death of the patient (31×), reduced performance status (16×), and a recommendation for follow-up care (16×). In individual cases, the specified time period was exceeded (6×) or the start of therapy was still pending (1×). In several audits, the auditors again emphasised that information on adjuvant therapy provided by external treatment partners must be actively obtained.

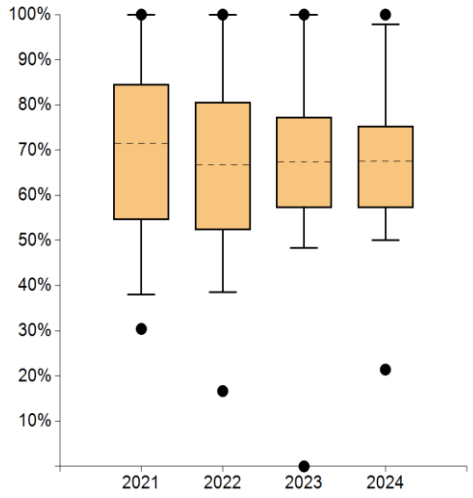
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** Percentage of centre patients who were treated according to the indicator.

17. Palliative Chemotherapy (GL QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients Total	Patients Total
Numerator	Patients of the denominator with palliative chemotherapy	15*	2 - 78	2,924	2,614
Denominator	Non-operative primary cases of pancreatic cancer and ECOG 0-2 (without NET and NEC) Pat. with pancreatic carcinoma with secondary metastasis (M1) without metastasectomy and ECOG 0-2 (without NET/NEC)	22.5*	3 - 140	4,269	3,874
Rate	Target value ≥ 50%	67.6%	21.4% - 100%	68.5%**	67.5%



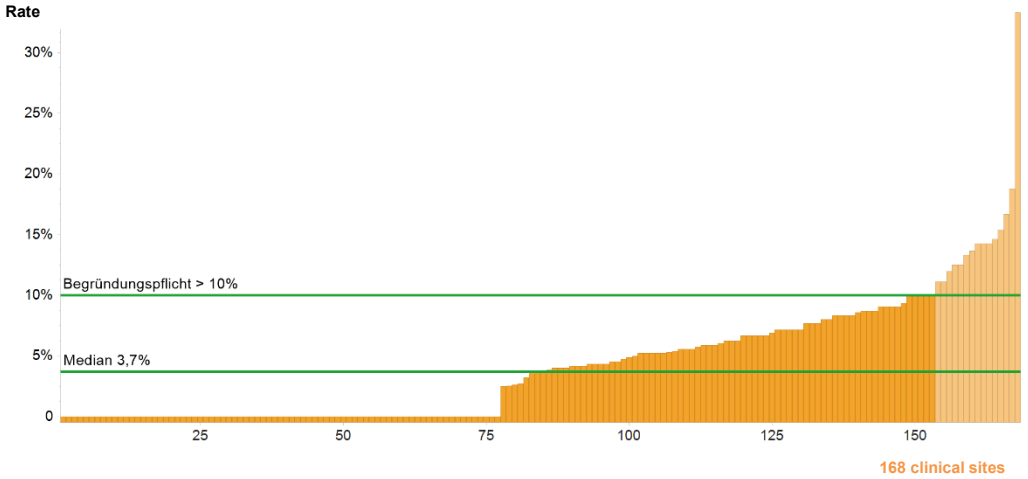
	2020	2021	2022	2023	2024
max	----	100%	100%	100%	100%
95th percentile	----	100%	100%	100%	97.8%
75th percentile	----	84.6%	80.6%	77.3%	75.4%
Median	----	71.4%	66.7%	67.3%	67.6%
25th percentile	----	54.6%	52.3%	57.1%	57.1%
5th percentile	----	38.0%	38.5%	48.4%	50.0%
Min	----	30.4%	16.7%	0.0%	21.4%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
168	100%	154	100%	160	95.2%	145	94.2%

Comments:
This GL- QI shows a stable development, with an overall rate of 68.5% and a median of 67.6% (previous year: 67.5% and 67.3%, respectively). 8 centres fell below the target value (previous year: 9). Reasons given included reduced performance status/comorbidities (24×), refusal of therapy (21×), death of the patient (13×), and lost to follow-up (13×). In 11 cases, the reason remained unclear. The cases were discussed during the audits; no systematic errors were identified.

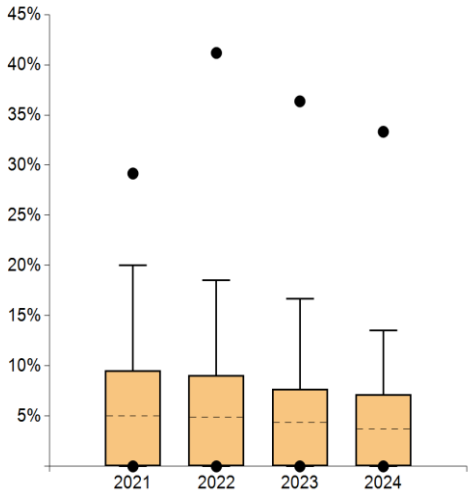
* The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of centre patients who were treated according to the indicator.
*** For values outside the plausibility limit(s) the centres must give the reasons.

18. Primary Resection for Metastatic Pancreatic Cancer (GL QI)



Begründungspflicht = Mandatory Justification

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Primary cases of the denominator with primary resection of the tumour	1*	0 - 6	148	165
Denominator	Primary cases of pancreatic cancer (without NET/NEC) with distant metastases (= organ metastases, peritoneal carcinomatosis, lymph node metastases considered as distant metastases (M1)).	20*	2 - 75	3,614	3,333
Rate	Mandatory Justification*** >10%	3.7%	0% - 33.3%	4.1%**	5%



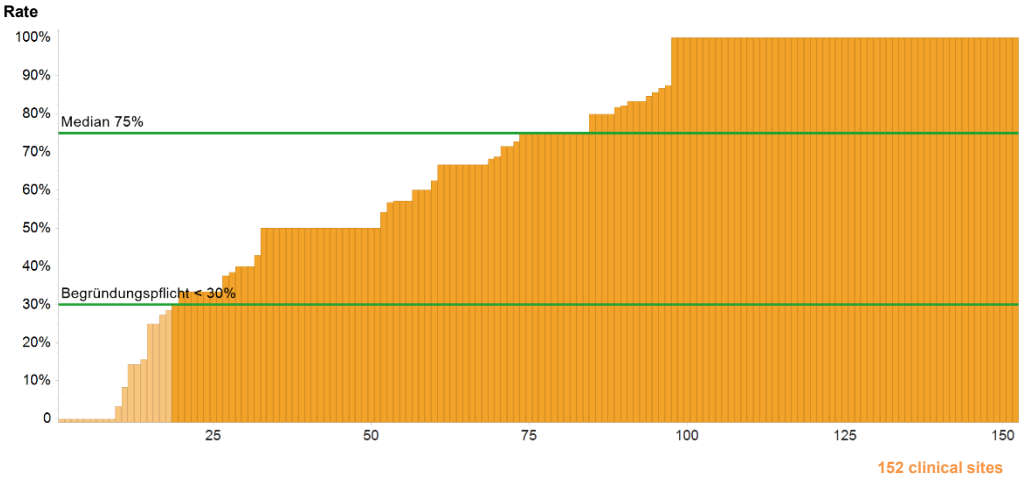
	2020	2021	2022	2023	2024
max	----	29.2%	41.2%	36.4%	33.3%
95th percentile	----	20.0%	18.6%	16.7%	13.5%
75th percentile	----	9.6%	9.1%	7.7%	7.1%
Median	----	5.0%	4.9%	4.4%	3.7%
25th percentile	----	0.0%	0.0%	0.0%	0.0%
5th percentile	----	0.0%	0.0%	0.0%	0.0%
Min	----	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
168	100%	154	100%	153	91.1%	134	87%

Comments:
The median rate for this GL-QI is 3.7% (previous year: 4.4%). 77 centres did not perform any resections in patients with metastatic pancreatic cancer, while 15 centres exceeded the plausibility threshold. Reasons given included solitary liver metastases (17×), individual treatment decisions (12×), lymph node metastases detected intraoperatively (5×), locally limited peritoneal carcinomatosis (4×), oligometastatic disease (4×), and pulmonary metastases (3×). The plausibility of the cases was clarified during the audits.

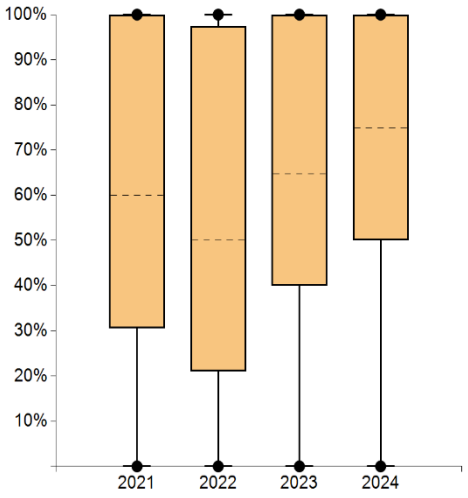
*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of centre patients who were treated according to the indicator.
*** For values outside the plausibility limit(s) the centres must give the reasons.

19. Second-line Therapy (GL QI)



Begründungspflicht = Mandatory Justification

	Indicator definition	All clinical sites 2024 Median	Range	Patients Total	2023 Patients Total
Numerator	Patients of the denominator with second-line therapy	2*	0 - 23	542	645
Denominator	Patients with pancreatic cancer (without NET/NEC), ECOG 0-2 and progression under palliative first-line therapy	3.5*	1 - 37	869	1,177
Rate	Mandatory Justification*** >30%	75%	0% - 100%	62.4%**	54.8%



	2020	2021	2022	2023	2024
max	----	100%	100%	100%	100%
95th percentile	----	100%	100%	100%	100%
75th percentile	----	100%	97.4%	100%	100%
Median	----	60.0%	50.0%	64.7%	75.0%
25th percentile	----	30.6%	21.1%	40.0%	50.0%
5th percentile	----	0.0%	0.0%	0.0%	0.0%
Min	----	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
152	90.5%	137	89%	134	88.2%	119	86.9%

Comments:
For the second time, this GL-QI has a lower plausibility threshold of < 30%. The median and overall rate increased to 75.0% and 62.4%, respectively (previous year: 64.7% and 54.8%). 18 centres fell below the plausibility threshold and attributed this in particular to patient preference (30×), premature death of the patient (7×), deterioration in performance status (16×), and treatment at external institutions (15×). The plausibility of the cases was confirmed during the audits.

*The medians for numerator and population do not refer to an existing centre but indicate the median of all cohort numerators and the median of all cohort denominators
** Percentage of centre patients who were treated according to the indicator.
*** For values outside the plausibility limit(s) the centres must give the reasons.

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