Indicator Analysis 2026

Annual Report of the Certified Skin Cancer Centres

Audit year 2025 / Indicator year 2024

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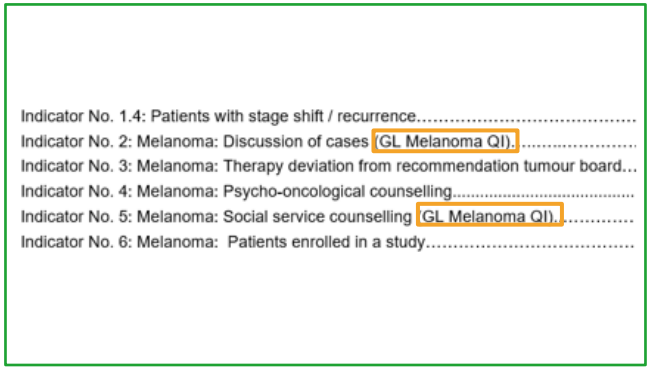
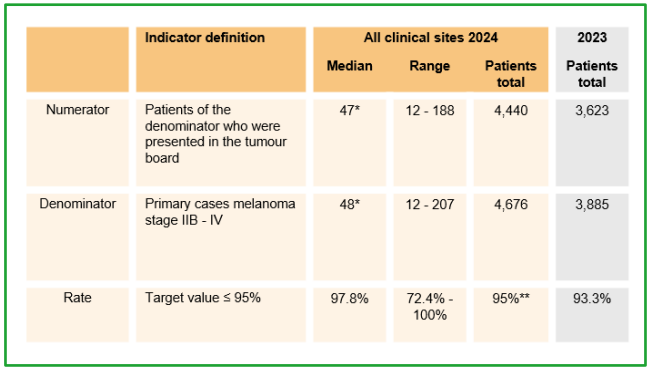
General information



Quality indicators of the guidelines (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 refer to version 3.3 of the S3-GL for the diagnosis, treatment and aftercare of melanoma.



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Patients of the denominator who were presented in the tumour board	47*	12 - 188	4,440	3,623
Denominator	Primary cases melanoma stage IIB - IV	48*	12 - 207	4,676	3,885
Rate	Target value ≤ 95%	97.8%	72.4% - 100%	95%**	93.3%

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.

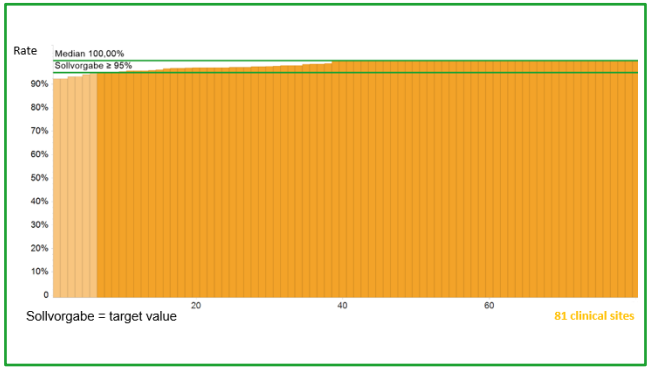
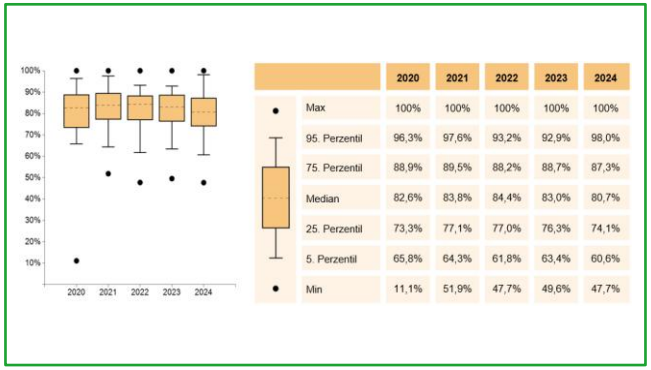


Diagram:

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)

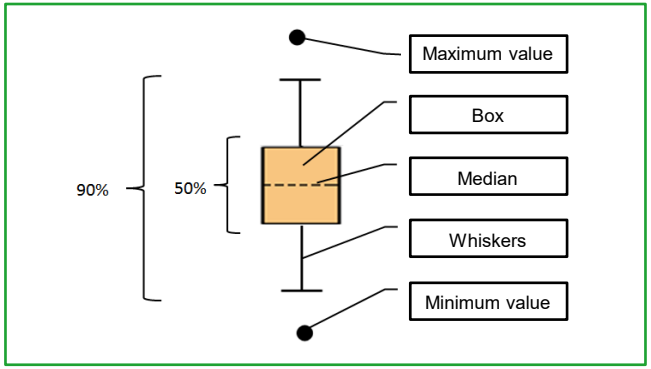
General information



	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95. Perzentil	96,3%	97,6%	93,2%	92,9%	98,0%
75. Perzentil	88,9%	89,5%	88,2%	88,7%	87,3%
Median	82,6%	83,8%	84,4%	83,0%	80,7%
25. Perzentil	73,3%	77,1%	77,0%	76,3%	74,1%
5. Perzentil	65,8%	64,3%	61,8%	63,4%	60,6%
Min	11,1%	51,9%	47,7%	49,6%	47,7%

Cohort development:

The **Cohort development** in the years **2020, 2021, 2022, 2023** and **2024** 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 90th percentile area/range. The extreme values are depicted here as dots.

Status of the certification system for Skin Cancer Centres 2025

	31.12.2025	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020
Ongoing Procedures	2	0	2	1	3	3
Certified Centres	80	80	78	78	75	71
Certified Clinical Sites	82	82	80	80	77	73

Clinical sites taken into account

	31.12.2025	31.12.2024	31.12.2023	31.12.2022	31.12.2021	31.12.2020
Sites included in the Annual Report	81	81	79	78	76	72
Correspond to	98.8%	98.8%	98.8%	97.5%	98.7%	98.6%
Primary cases total*	18,157	18,228	16,736	15,838	14,442	14,665
Primary cases per site (mean)*	224.2	225.0	211.8	203.0	190.0	203.7
Primary cases per site (median)*	176.0	184.0	173.0	168.5	157.0	181.5

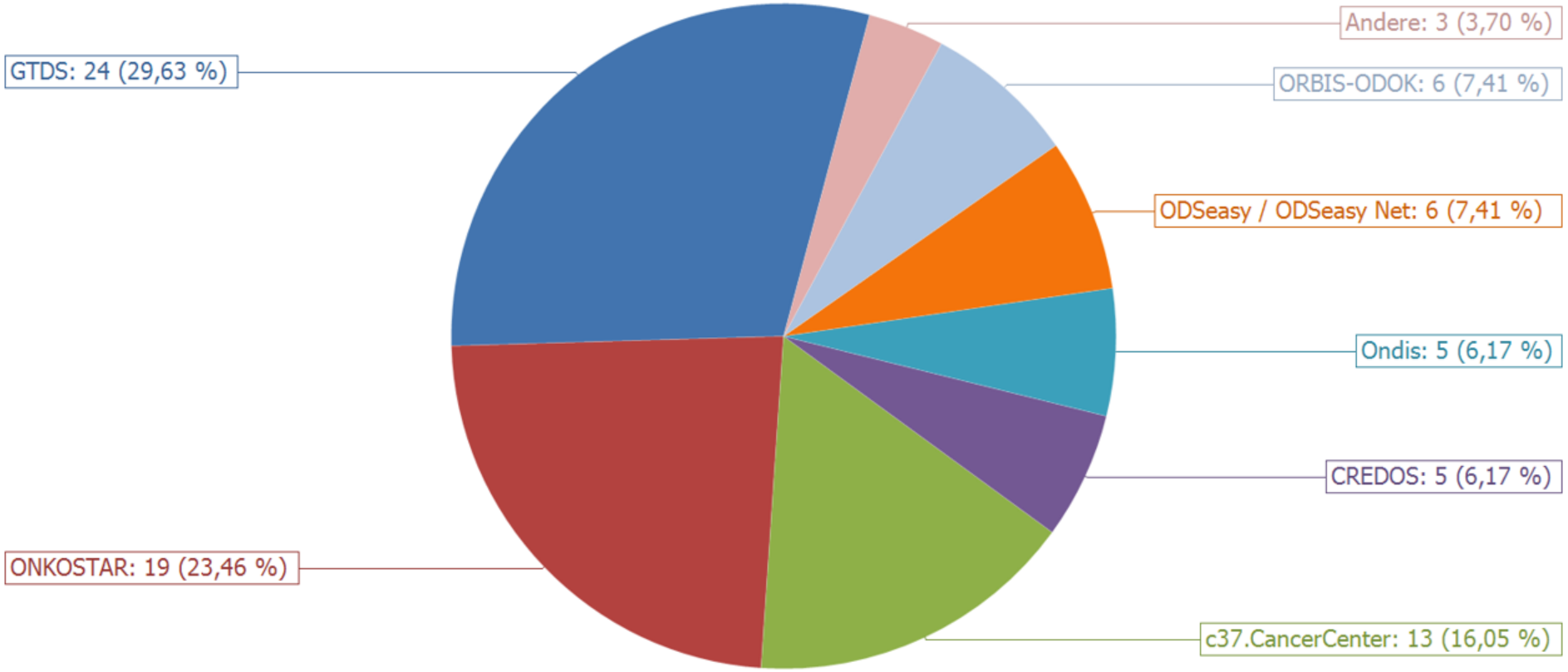
* The numbers refers to the malignant melanomas treated in the clinical sites included in the Annual Report

This Annual Report looks at the Skin Cancer Centres certified in the certification system of the German Cancer Society. The basis for the diagrams in the Annual Report is the Data Sheet.

The Annual Report includes 81 of 82 certified centre sites. Excluded is one clinical site that underwent initial certification in 2025 (data mapping for the entire calendar year is not mandatory for initial certifications). A total of 18,310 primary cases of malignant melanoma were treated at all 82 clinical sites. An up-to-date overview of all certified sites is available at www.oncomap.de.

The indicators published here refer to the Indicator Year 2024 and represent the evaluation basis for the audits conducted in 2025.

Tumour documentation systems in the centre's clinical sites



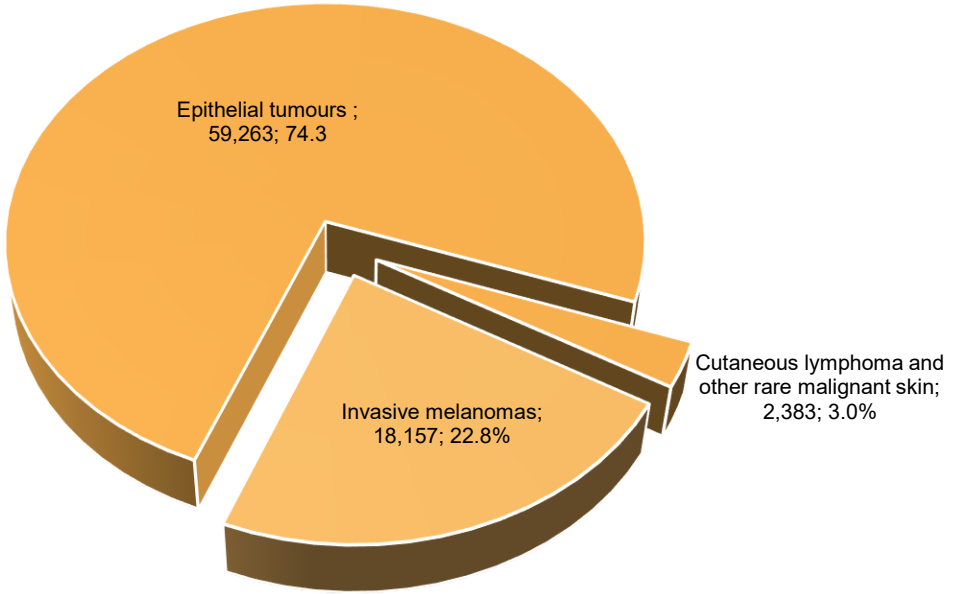
Andere = other
Eigenentwicklung = Intrinsic development

Legende:	
Other	Systems only used at one clinical site

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 tumor documentation system.

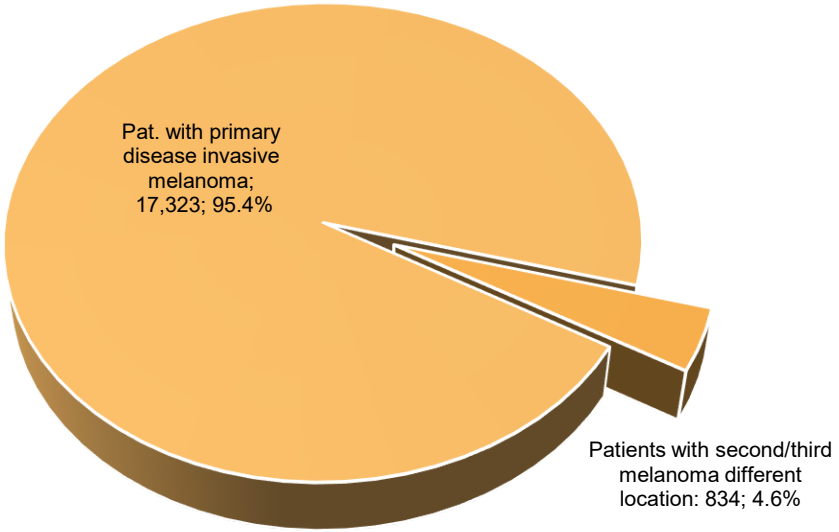
Basic data – Stage distribution primary cases

Distribution primary case patients



Invasive malignant melanomas	18,157 (22.8%)
Epithelial tumours (excl. *in situ*)	59,263 (74.3%)
Cutaneous lymphomas and other rare malignant skin tumours (angiosarcoma. Merkel, DFSP. etc.)	2,383 (3.0%)
Total	79,803 (100%)

Distribution primary case patients invasive melanoma



Patients with primary disease invasive melanoma	17,323 (95.4%)
Patients with second/third melanoma different location	834 (4.6%)
Total	18,157 (100%)

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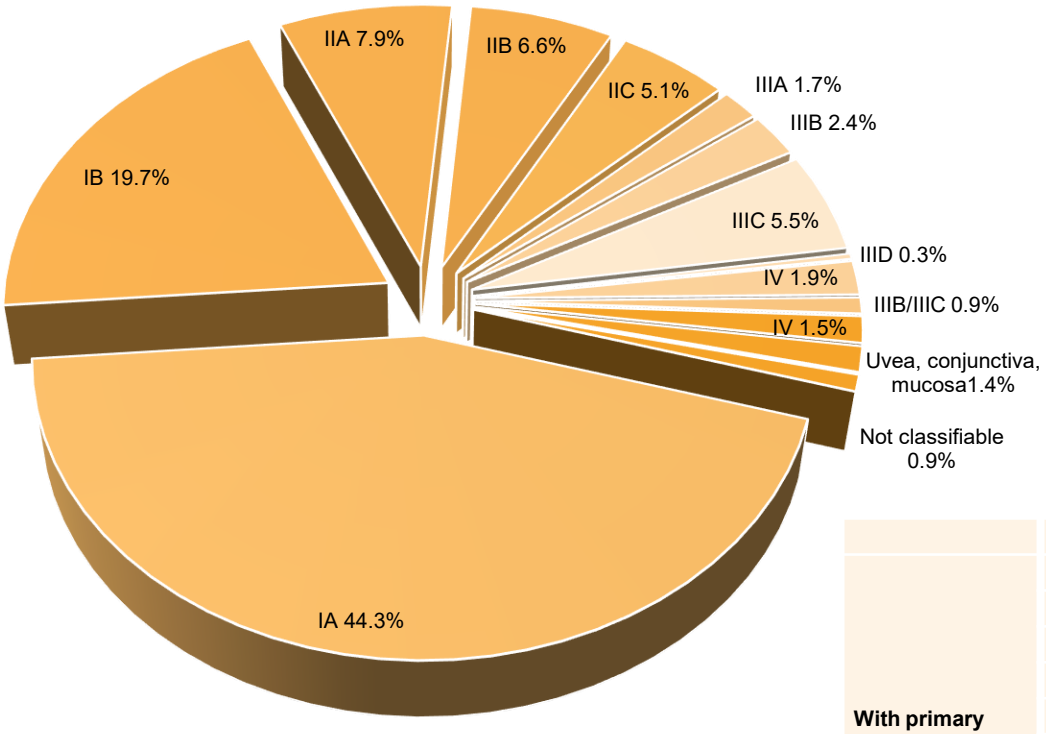
Basic data – Stage distribution primary cases invasive melanoma



		Audit Year 2025	Audit Year 2024	Audit Year 2023	Audit Year 2022
With primary tumour	IA	8,047 (44.3%)	7,951 (43.6%)	7,204 (43.0%)	6,710 (42.4%)
	IB	3,578 (19.7%)	3,582 (19.7%)	3,292 (19.7%)	2,872 (18.1%)
	IIA	1,439 (7.9%)	1,513 (8.3%)	1,465 (8.8%)	1,393 (8.8%)
	IIB	1,194 (6.6%)	1,243 (6.8%)	1,139 (6.8%)	1,135 (7.2%)
	IIC	924 (5.1%)	933 (5.1%)	803 (4.8%)	791 (5.0%)
	IIIA	317 (1.7%)	360 (2.0%)	333 (2.0%)	315 (2.0%)
	IIIB	433 (2.4%)	484 (2.7%)	394 (2.4%)	444 (2.8%)
	IIIC	990 (5.5%)	967 (5.3%)	918 (5.5%)	941 (5.9%)
	IIID	53 (0.3%)	57 (0.3%)	63 (0.4%)	64 (0.4%)
	IV	339 (1.9%)	322 (1.8%)	308 (1.8%)	342 (2.2%)
Without primary tumour	IIIB/IIIC	161 (0.9%)	155 (0.9%)	117 (0.7%)	131 (0.8%)
	IV	265 (1.5%)	285 (1.6%)	268 (1.6%)	261 (1.7%)
	Uvea, conjunctiva, mucosa	254 (1.4%)	198 (1.1%)	239 (1.4%)	237 (1.5%)
	not classifiable	163 (0.9%)	178 (1.0%)	193 (1.2%)	202 (1.3%)
	Total	18,157 (100%)	18,228 (100%)	16,736 (100%)	15,838 (100%)

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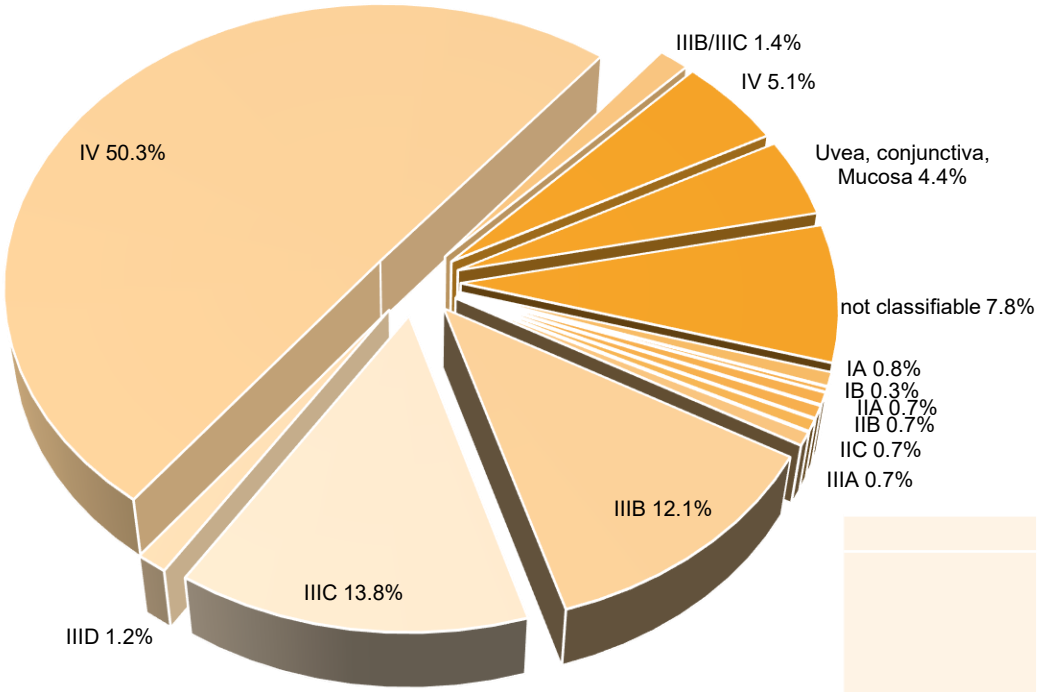
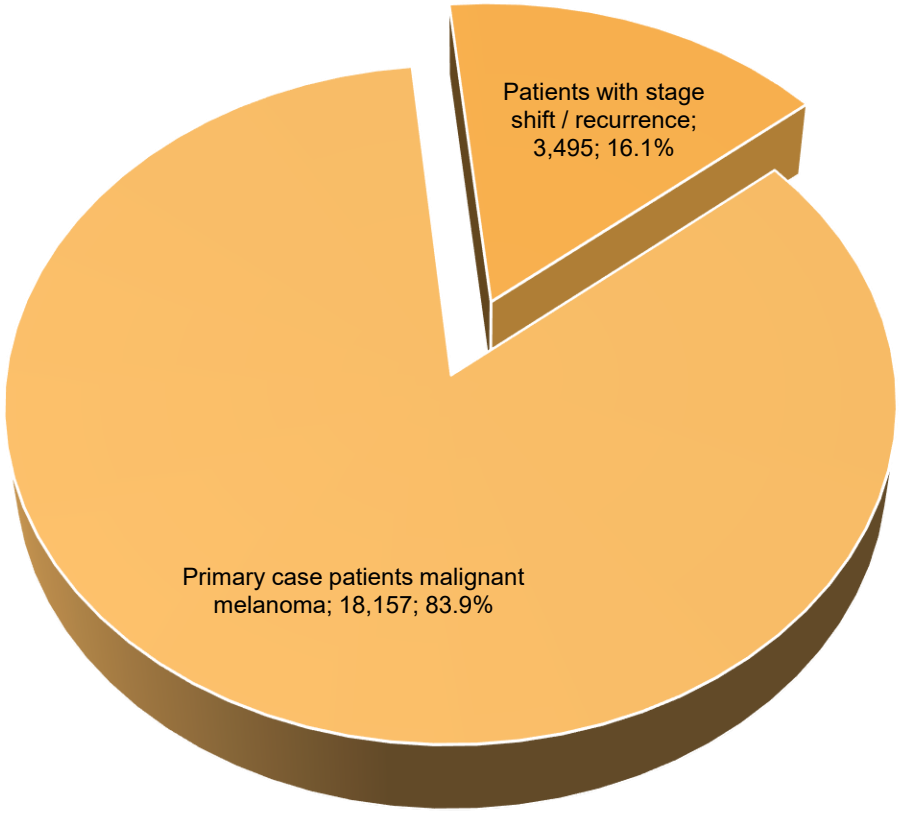
Basic data – Stage distribution stage shift / recurrence in melanoma



		Audit Year 2025	Audit Year 2024	Audit Year 2023	Audit Year 2022
With primary tumour	IA	27 (0.8%)	26 (0.8%)	25 (0.8%)	28 (0.8%)
	IB	9 (0.3%)	35 (1.1%)	31 (0.9%)	22 (0.7%)
	IIA	23 (0.7%)	33 (1.0%)	27 (0.8%)	18 (0.5%)
	IIB	24 (0.7%)	49 (1.5%)	38 (1.2%)	23 (0.7%)
	IIC	23 (0.7%)	35 (1.1%)	36 (1.1%)	28 (0.8%)
	IIIA	26 (0.7%)	29 (0.9%)	41 (1.2%)	40 (1.2%)
	IIIB	424 (12.1%)	416 (12.5%)	391 (11.8%)	363 (10.9%)
	IIIC	482 (13.8%)	442 (13.2%)	453 (13.7%)	447 (13.4%)
	IIID	43 (1.2%)	28 (0.8%)	26 (0.8%)	35 (1.1%)
	IV	1,759 (50.3%)	1,777 (53.2%)	1,743 (52.8%)	1,756 (52.7%)
Without primary tumour	IIIB/IIIC	50 (1.4%)	45 (1.4%)	18 (0.5%)	34 (1.0%)
	IV	178 (5.1%)	79 (2.4%)	64 (1.9%)	59 (1.8%)
	Uvea, conjunctiva, mucosa	155 (4.4%)	125 (3.7%)	131 (4.0%)	159 (4.8%)
	not classifiable	272 (7.8%)	220 (6.6%)	279 (8.5%)	320 (9.6%)
	Total	3,495 (100%)	3,339 (100%)	3,303 (100%)	3,332 (100%)

Basic data – Centre patients melanoma



Primary case patients malignant melanoma	Patients with stage shift / recurrence	Centre patients
18,157 (83.9%)	3,495 (16.1%)	21,652 (100%)

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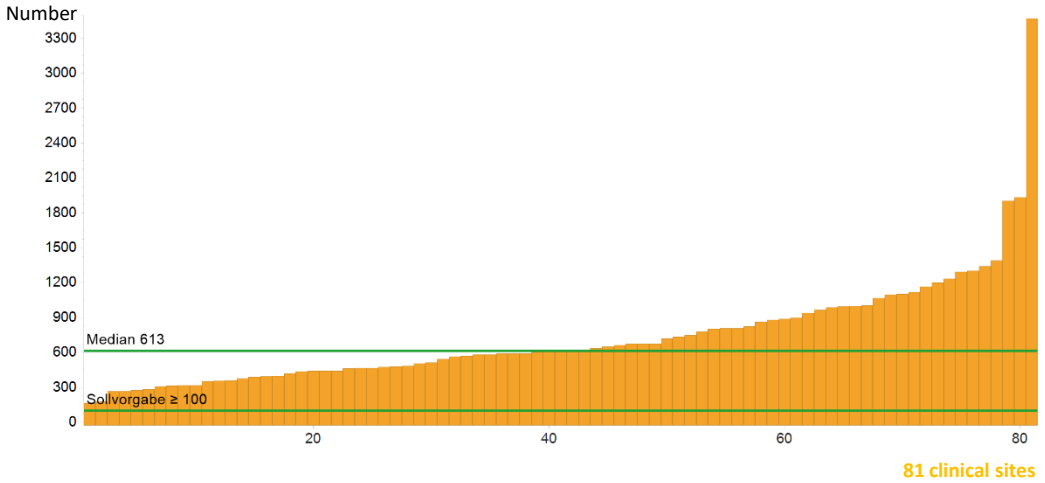
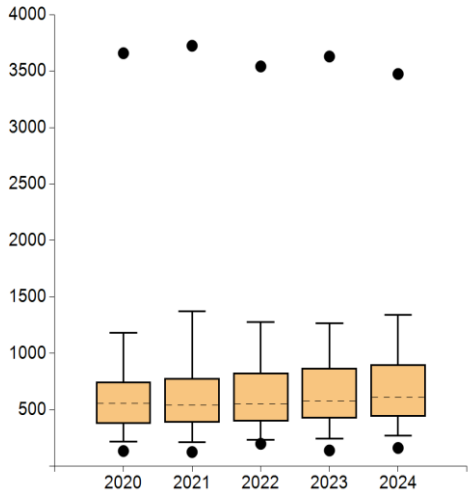
1.1. Epithelial tumours (excl. *in situ*, incl. *inter alia* basal cell carcinomas, squamous cell carcinomas)



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Number	Primary cases (Def. see 1.1.3)	613	163 - 3474	59,263	56,362
	Target value ≥ 100				

Sollvorgabe = target value

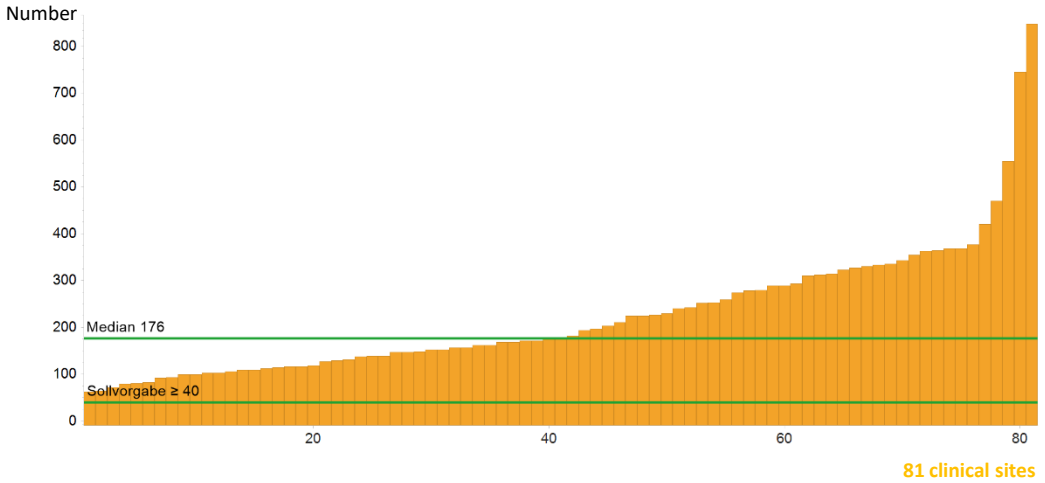


	2020	2021	2022	2023	2024
Max	3658	3724	3541	3629	3474
95th percentile	1182	1373.3	1277.1	1267	1342
75th percentile	745.5	777.8	825	871	899
Median	557.5	540	551	581	613
25th percentile	377.8	388.8	399.5	426	443
5th percentile	217.5	215.3	235.8	243	274
Min	136	127	200	141	163

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	81	100%	81	100%

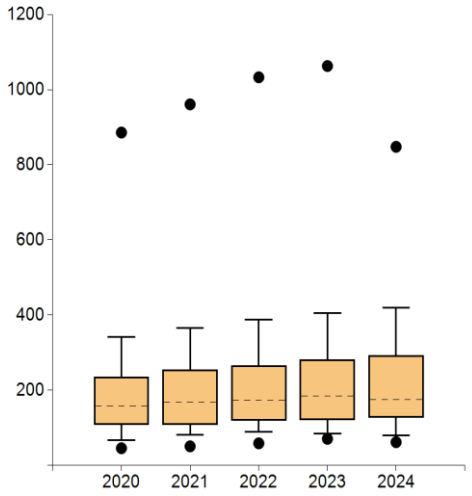
Comments:
All sites have met the target of ≥ 100 primary cases of epithelial tumours. Compared with the previous reporting year, the median has risen from n = 581 to 613 primary cases. The total number has risen by 5% compared with the previous reporting year (to 59,263), whilst the number of sites has remained the same.

1.2. Invasive malignant melanomas (incl. malignant uveal, conjunctival, choroidal and mucosal melanomas)



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Number	Primary cases (Def. see 1.1.3)	176	62 - 848	18,157	18,228
	Target value ≥ 40				

Sollvorgabe = target value



	2020	2021	2022	2023	2024
Max	886	961	1,033	1,063	848
95th percentile	341.3	366.2	387.3	405	420
75th percentile	236.3	255	265.5	282	293
Median	157	168.5	173	184	176
25th percentile	107.8	108	119.5	122	127
5th percentile	68	82.1	89.8	85	80
Min	46	51	59	71	62

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	81	100%	81	100%

Comments:
As in previous years, all centres meet the target value of n ≥ 40 primary cases of invasive malignant melanoma. The median number of primary cases is n = 176. The total number of primary cases of invasive malignant melanoma is roughly on a par with the previous year's level (a decrease of 0.4 per cent).

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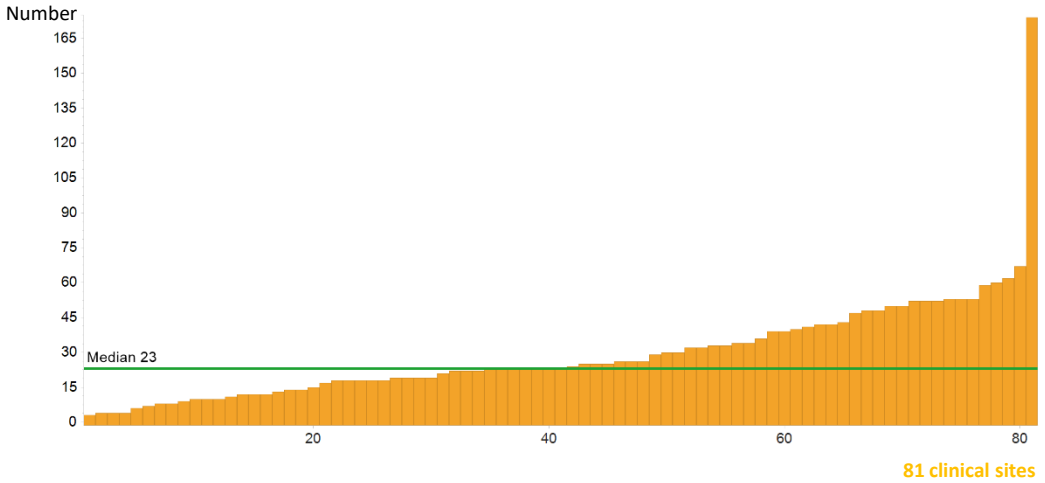
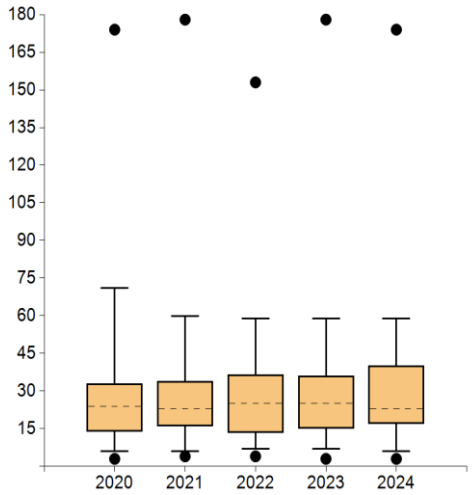
1.3. Cutaneous lymphoma and other rare, malignant skin tumours (angiosarcoma, Merkel cell carcinoma, etc.)



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Number	Primary cases (Def. see 1.1.3)	23	3 - 174	2,383	2,381
	No target value				



	2020	2021	2022	2023	2024
Max	174	178	153	178	174
95th percentile	71	59.9	59	59	59
75th percentile	33	34	36.5	36	40
Median	24	23	25	25	23
25th percentile	14	16	13.5	15	17
5th percentile	6	6	7	7	6
Min	3	4	4	3	3

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	----	----	----	----

Comments:
The median number of primary cases of cutaneous lymphoma and other rare malignant skin tumours which were treated at the centres was 23. The range is between 3 and 174 cases per centre. There is no target value for this indicator. The total number of primary cases is at the same level as last year.

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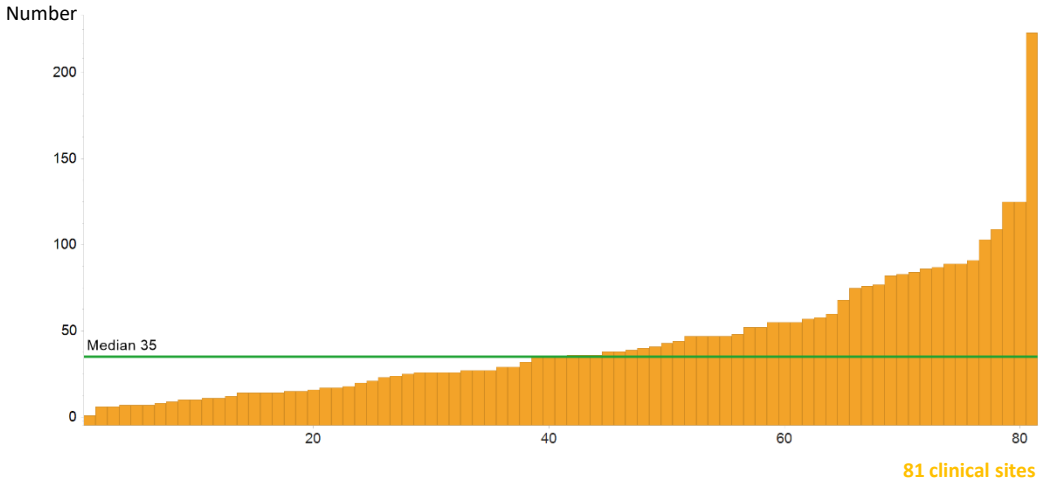
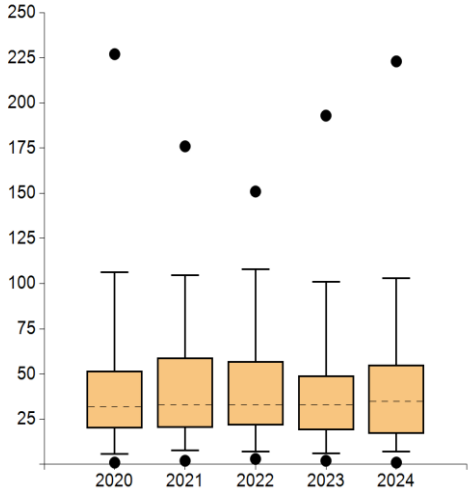
1.4. Patients with stage shift / recurrence



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Number	Patients with stage shift / recurrence	35	1 - 223	3,495	3,339
	No target value				

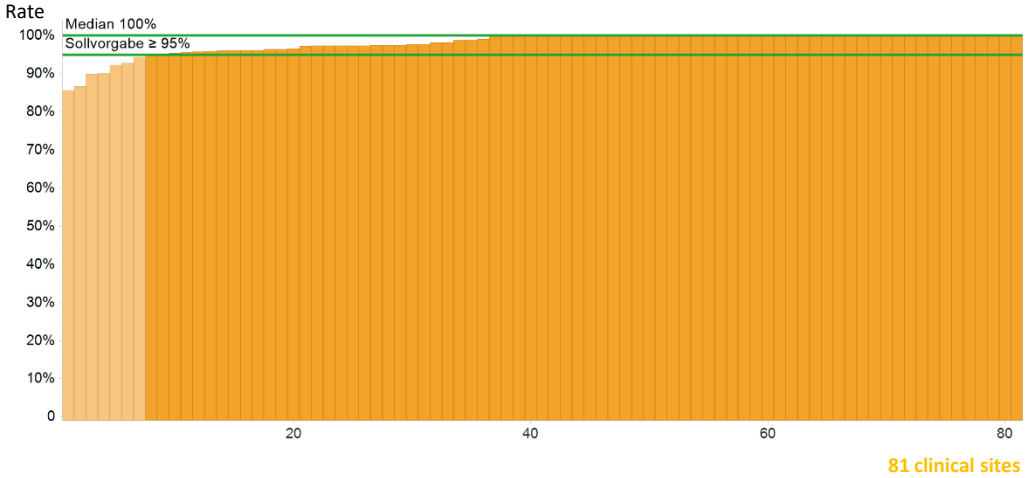


	2020	2021	2022	2023	2024
Max	227	176	151	193	223
95th percentile	106.3	104.7	107.9	101	103
75th percentile	51.8	59	57	49	55
Median	32	33	33	33	35
25th percentile	20	20.3	21.5	19	17
5th percentile	5.8	7.7	7	6	7
Min	1	2	3	2	1

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	----	----	----	----

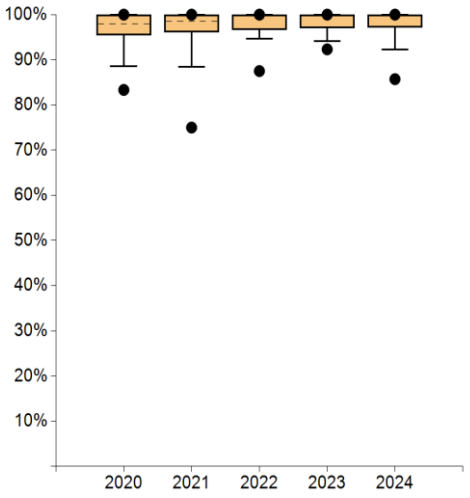
Comments:
The median, 35 patients with a change in stage or recurrence were treated at the centres. There is no target value for this indicator either.

2a. Melanoma: Discussion of cases - Patients with stage shift / recurrence and primary cases with extracutaneous melanoma (GL QI Melanoma)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Patients of the denominator who were presented at the tumour board	37*	1 - 229	3,673	3,461
Denominator	Patients with stage shift / recurrence and primary cases with extracutaneous melanoma	38*	1 - 238	3,749	3,537
Rate	Target value ≥ 95%	100%	85.7% - 100%	98%**	97.9%



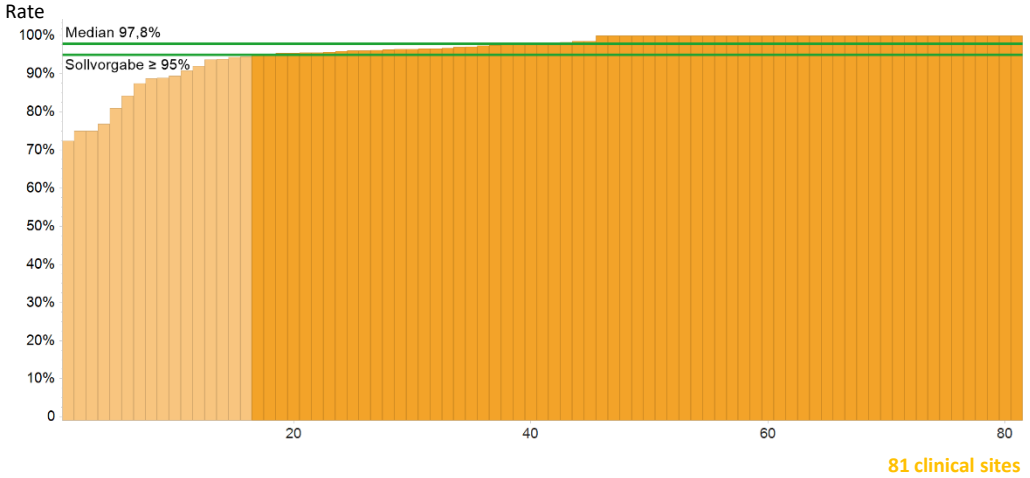
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	100%	100%	100%
Median	98.0%	98.4%	100%	100%	100%
25th percentile	95.4%	96.1%	96.7%	97.1%	97.2%
5th percentile	88.5%	88.5%	94.7%	94.1%	92.3%
Min	83.3%	75.0%	87.5%	92.3%	85.7%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	74	91.4%	75	92.6%

Comments:
98% of all patients with a stage shift or recurrence, and primary cases of extracutaneous melanoma, were presented at the tumour board. Approximately 91% of all centres meet the target value for this LL QI and present ≥ 95% of patients, as defined by the denominator, at the tumour board. 7 out of 81 centres fell short of the target. The reasons included patients dying before they could be presented at the tumour board, as well as failure to present cases due to organisational issues. In response to the latter, the centres have implemented internal and cross-departmental staff training programmes. No non-conformities were identified during the audits.

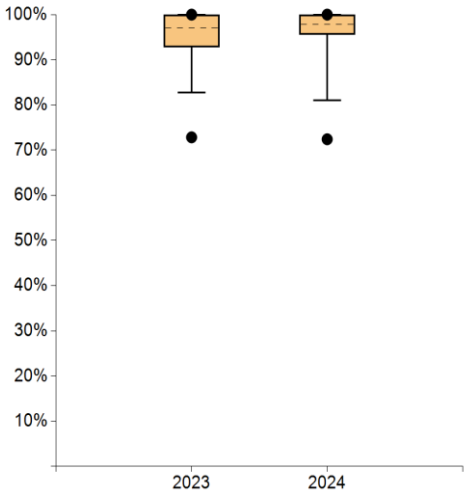
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.

2b: Melanoma: Discussion of cases - Primary cases melanoma stage IIB - IV (GL QI Melanoma)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Patients of the denominator who were presented in the tumour board	47*	12 - 188	4,440	3,623
Denominator	Primary cases melanoma stage IIB - IV	48*	12 - 207	4,676	3,885
Rate	Target value ≤ 95%	97.8%	72.4% - 100%	95%**	93.3%



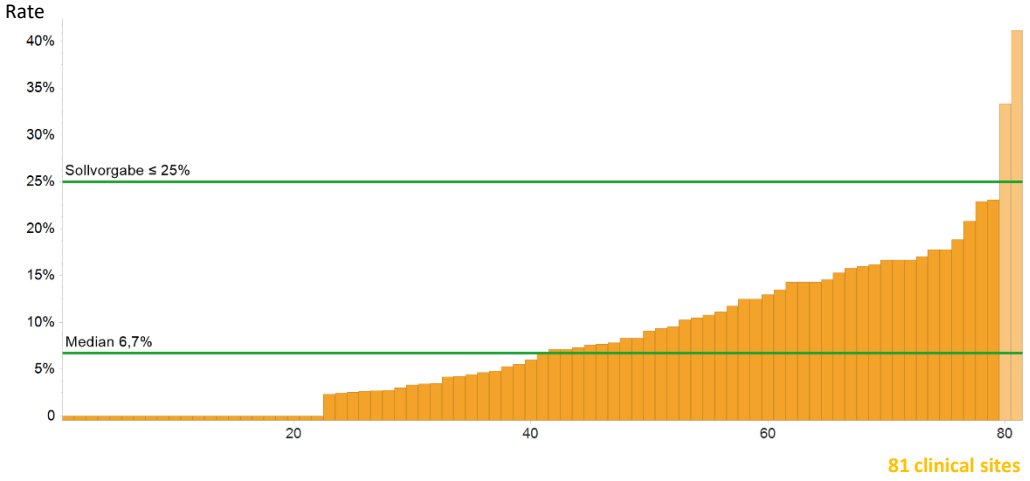
	2020	2021	2022	2023	2024
Max	----	----	----	100%	100%
95th percentile	----	----	----	100%	100%
75th percentile	----	----	----	100%	100%
Median	----	----	----	97.1%	97.8%
25th percentile	----	----	----	92.9%	95.5%
5th percentile	----	----	----	82.8%	81.0%
Min	----	----	----	72.8%	72.4%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	65	80.2%	65	80.3%	47	72.3%

Comments:
95% of all primary cases of melanoma, stages IIB–IV, were presented at the tumour board. The target value for this indicator is ≥ 95%, and this was met by around 80% of the centres.
16 centres fell short of this target and were required to provide justification. Among the reasons given was that patients who did not wish to undergo treatment or who were receiving best supportive care had not been presented. It should be noted that these cases must also be presented at the tumour board.

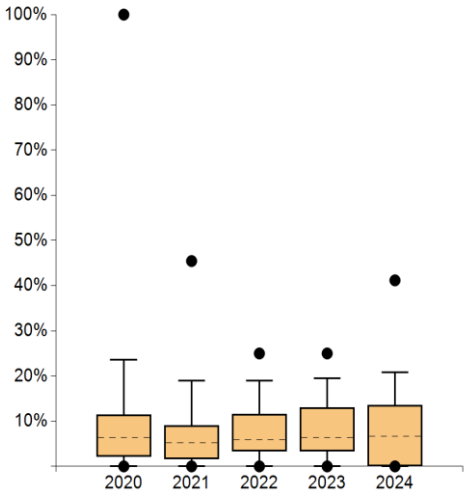
* The indication of the median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.

3. Melanoma: Therapy deviation from tumour board recommendation



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Patients of the denominator in whom a treatment deviation was made	2*	0 - 25	313	306
Denominator	Patients with stage shift / recurrence and primary cases with extracutaneous melanoma which were presented in the tumour board (= numerator Indicator 2a)	37*	1 - 229	3,673	3,461
Rate	Target value ≤ 25%	6.7%	0% - 41.2%	8.5%**	8.8%



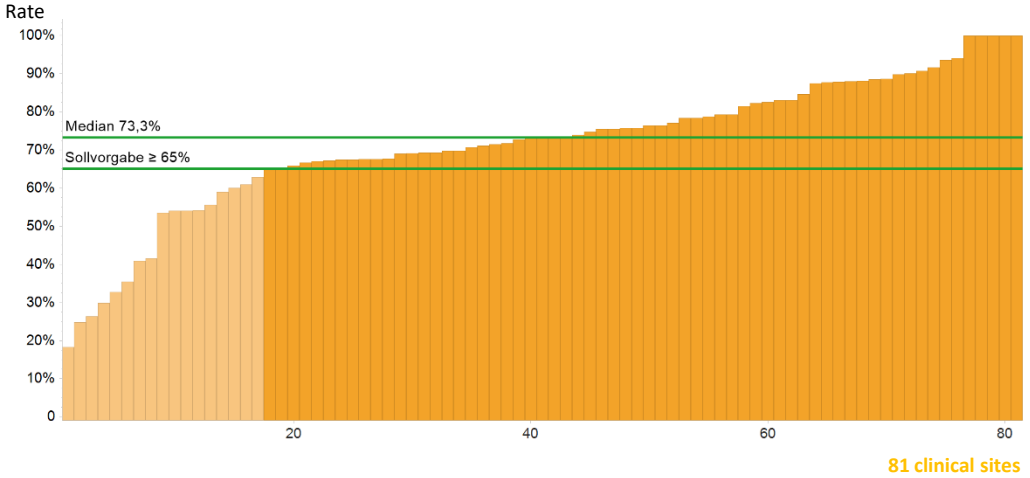
	2020	2021	2022	2023	2024
Max	100%	45.5%	25.0%	25.0%	41.2%
95th percentile	23.6%	19.0%	19.0%	19.5%	20.8%
75th percentile	11.4%	9.1%	11.5%	13.0%	13.5%
Median	6.5%	5.3%	5.9%	6.5%	6.7%
25th percentile	2.2%	1.6%	3.4%	3.4%	0.0%
5th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	79	97.5%	81	100%

Comments:
Overall, 8.5% of patients in the study population received treatment that deviated from the tumour board's recommendation.
At 28 centres, there were no deviations from the recommended treatment. Two centres exceeded the target value of ≤ 25%. In all cases, the deviation from the recommended treatment was due to the patient's request not to undergo the recommended treatment.

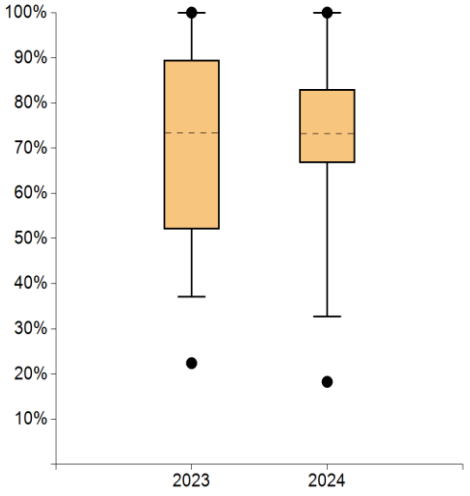
* The indication of the median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.

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	62*	14 - 304	5,713	4,083
Denominator	Primary cases melanoma stage IIB - IV + patients with stage shift/recurrence	83*	26 - 414	8,171	6,117
Rate	Target value ≤ 65%	73.3%	18.3% - 100%	69.9%**	66.7%



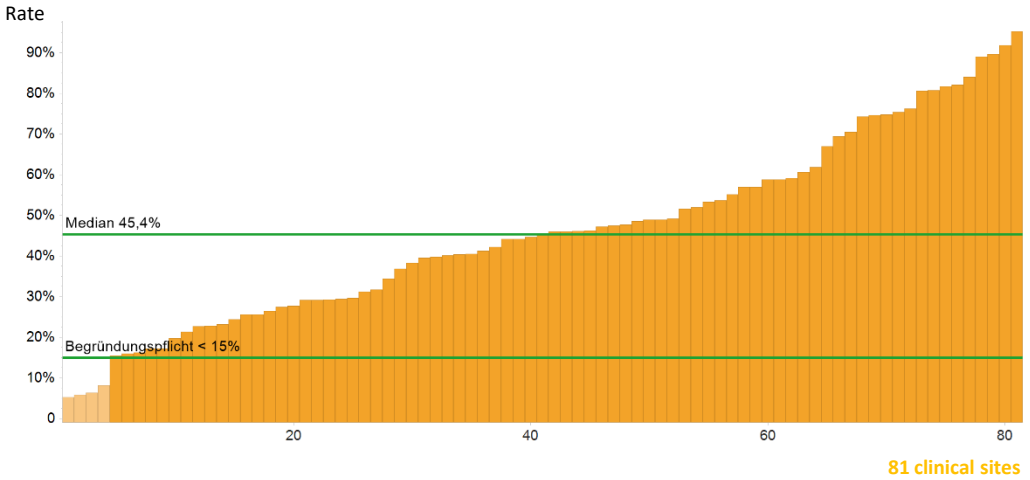
	2020	2021	2022	2023	2024
Max	----	----	----	100%	100%
95th percentile	----	----	----	100%	100%
75th percentile	----	----	----	89.5%	83.0%
Median	----	----	----	73.3%	73.3%
25th percentile	----	----	----	52.0%	66.7%
5th percentile	----	----	----	37.0%	32.7%
Min	----	----	----	22.4%	18.3%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	59	72.8%	64	79%	39	66.1%

Comments:
Around 70% of all primary cases of stage IIB–IV melanoma, plus patients with a stage shift/recurrence, have undergone psycho-oncological distress screening. Compared with the previous year, an increase of around 13% has been recorded. 79% of sites have met the target value, whilst 17 are required to provide justification. Organisational challenges in particular were cited as the reason.

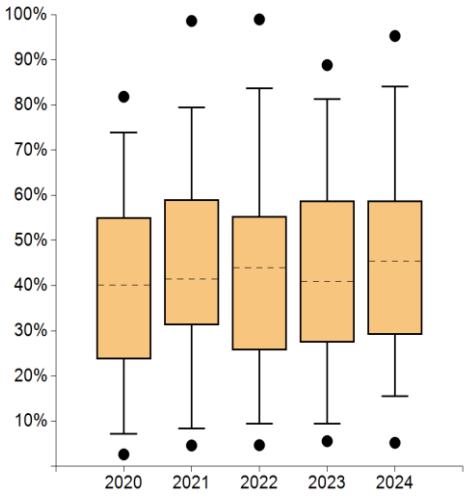
* Die Angabe des Medians für Zähler und Nenner bezieht sich nicht auf ein bestehendes Zentrum, sondern gibt den Median aller Zähler der Kohorte und den Median aller Nenner der Kohorte wieder.
** Prozentzahl der in Zentren insgesamt gemäß der Kennzahl behandelten Pat.

5. Melanoma: Social service counselling (GL Melanoma QI)



Begründungspflicht = Mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Patients of the denominator who received counselling from social services on an inpatient or outpatient setting	90*	7 - 391	9,249	8,813
Denominator	Primary cases (= Indicator 1.2) + patients with stage shift / recurrence (= basic data R34)	218*	68 - 968	21,652	21,567
Rate	Mandatory justifications *** <15%	45.4%	5.2% - 95.3%	42.7%**	40.9%



	2020	2021	2022	2023	2024
Max	81.8%	98.6%	98.9%	88.8%	95.3%
95th percentile	73.8%	79.4%	83.7%	81.3%	84.1%
75th percentile	55.1%	59.0%	55.4%	58.8%	58.8%
Median	40.1%	41.4%	44.0%	40.9%	45.4%
25th percentile	23.7%	31.2%	25.8%	27.5%	29.2%
5th percentile	7.2%	8.4%	9.4%	9.5%	15.6%
Min	2.7%	4.6%	4.7%	5.6%	5.2%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
81	100%	81	100%	77	95.1%	76	93.8%

Comments:
Around 43% of all primary cases, as defined by the denominator, received advice from social services. 95% of the centres fall within the plausibility limits. Four centres are required to provide justification, as their advice rates are below 15%. All centres required to provide justification are located in German-speaking countries outside Germany, where social law issues are dealt with by disciplines other than social services. All centres were able to provide a clear account of the services offered to patients and, in some cases, were also able to detail additional post-discharge telephone calls and services.

* 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.
** Percentage of total patients treated in centres according to the indicator.
*** In the case of values outside the plausibility limit(s), the centres are obliged to provide justification.

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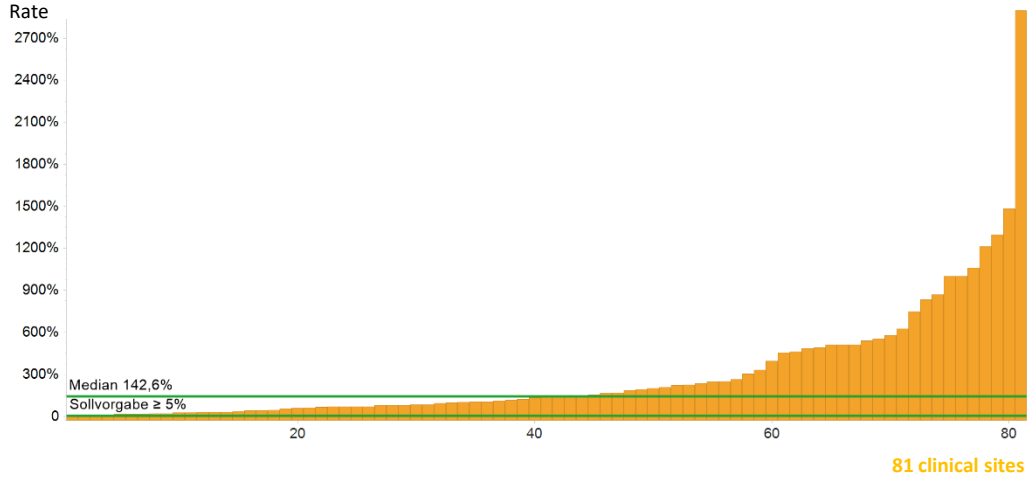
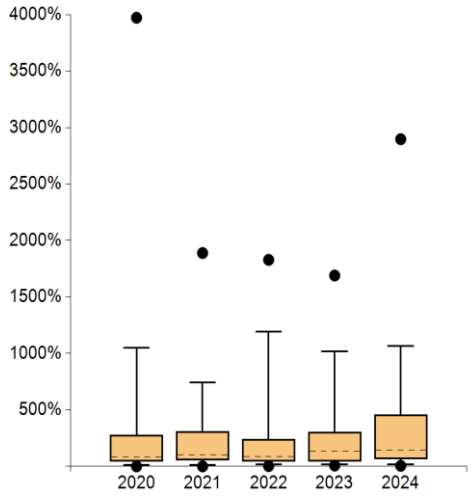
6. Melanoma: Patients enrolled in a study



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Patients with a melanoma who were included in a study with an ethical vote	36*	1 - 927	7,129	6,824
Denominator	Primary cases with a melanoma stages III - IV	28*	4 - 133	2,614	2,679
Rate	Target value ≥ 5%	142.6%	5.3% - 2896.9%	272.7% **	254.7%



	2020	2021	2022	2023	2024
Max	3,972.0%	1,888.9%	1,828.6%	1,690.0%	2,896.9%
95th percentile	1,051.0%	742.0%	1,194.2%	1,016.7%	1,063.3%
75th percentile	277.5%	308.2%	242.3%	304.4%	456.4%
Median	80.8%	100.0%	88.9%	135.7%	142.6%
25th percentile	44.2%	54.7%	42.1%	45.7%	63.6%
5th percentile	10.7%	12.1%	17.9%	16.8%	17.1%
Min	0.0%	0.0%	2.6%	7.7%	5.3%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	81	100%	81	100%

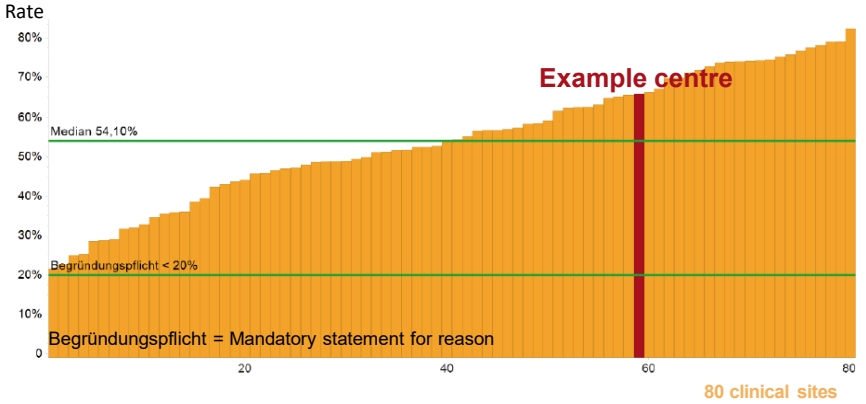
Comments:
The required quota for enrolments has been met by all centres (81 out of 81 sites); [Range: 1 – 927].

* 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.
** Percentage of total patients treated in centres 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
Denomintor	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*** <20%	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::

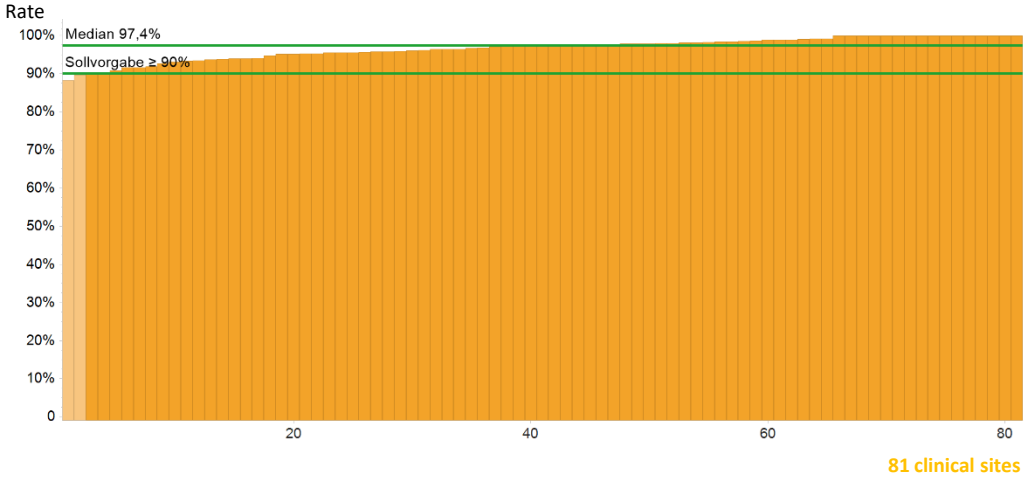
Colorectal, Prostate and Gynaecological Cancer Centres

- 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 centres (centre management and centre coordination) are informed by email by OnkoZert about the availability of the respective individual Annual Report.

All other Organ Cancer Centres / Modules

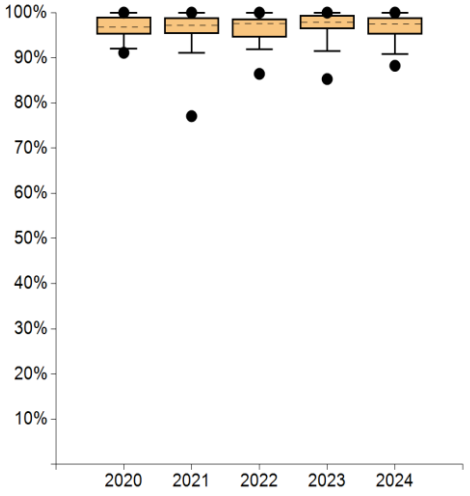
- The centres (centre management and centre coordination) are informed by email by OnkoZert about the basic availability of the individual Annual Reports. From this point onwards, an individual Annual Report can optionally be ordered for a fee.
- The 'Individual Annual Report Order Form' is available 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.

7. Sentinel node biopsy (SNB)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	SNB surgeries of the denominator with sentinel lymph node confirmed intraoperatively	78*	26 - 326	7,850	8,082
Denominator	SNB surgeries (multiple mentioning per patient possible)	81*	29 - 338	8,111	8,288
Rate	Target value ≥ 90%	97.4%	88.2% - 100%	96.8%**	97.5%



	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	99.1%	98.9%	98.6%	99.4%	98.9%
Median	96.8%	97.2%	97.6%	97.9%	97.4%
25th percentile	95.2%	95.3%	94.5%	96.4%	95.2%
5th percentile	92.0%	91.1%	91.9%	91.5%	90.8%
Min	91.1%	77.1%	86.4%	85.3%	88.2%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	79	97.5%	80	98.8%

Comments:
As in previous years, this indicator is being achieved at a high level across the centres. The median for SNB procedures involving intraoperative identification of the sentinel lymph node is > 97%.
Two centres fall just short of the target, at 88.2% and 89.7% respectively. One centre has addressed this issue internally as part of a quality circle.

* 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.
** Percentage of total patients treated in centres according to the indicator.

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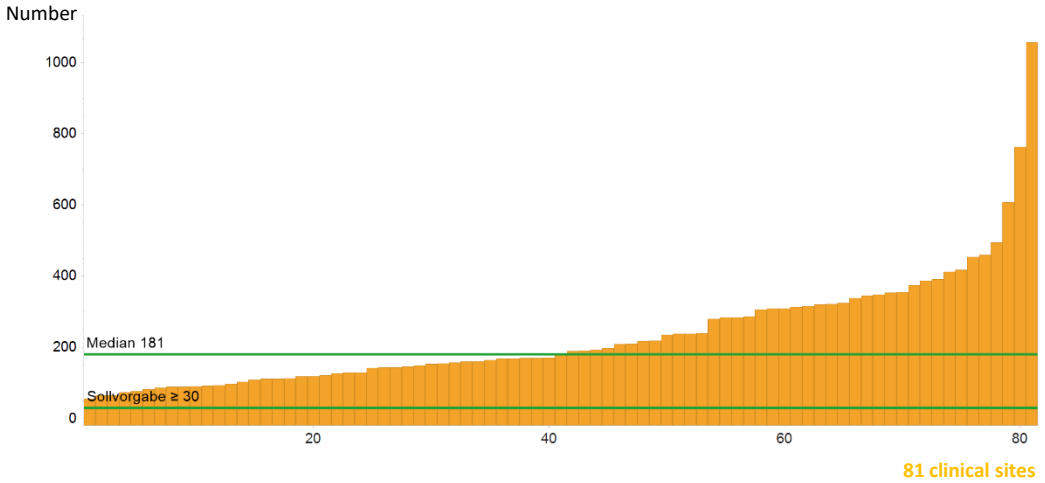
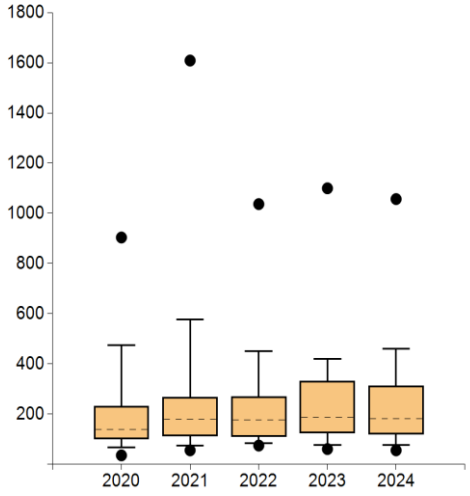
8. Surgical interventions with GL-defined safety distance



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Number	Surgeries with a safety margin for primary cases (= malignant melanomas, Merkel cell carcinoma, sarcomas and other rare, malignant skin tumours)	181	56 - 1057	18,858	18,460
	Target value ≥ 30				

Sollvorgabe = target value



	2020	2021	2022	2023	2024
Max	904	1,609	1,037	1,100	1,057
95th percentile	475.8	576.9	450.8	419	460
75th percentile	232	267.3	269.5	331	313
Median	140	179.5	176	187	181
25th percentile	100.8	113.3	111	124	121
5th percentile	67.8	75.7	84.9	77	77
Min	36	56	75	61	56

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	81	100%	81	100%

Comments:
All centres meet the target value of ≥ 30. The median for this indicator is 181.

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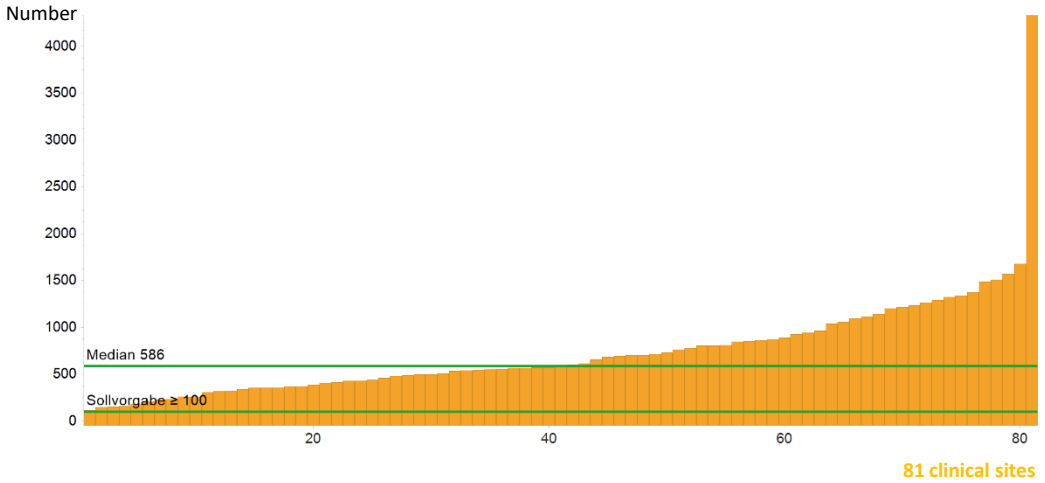
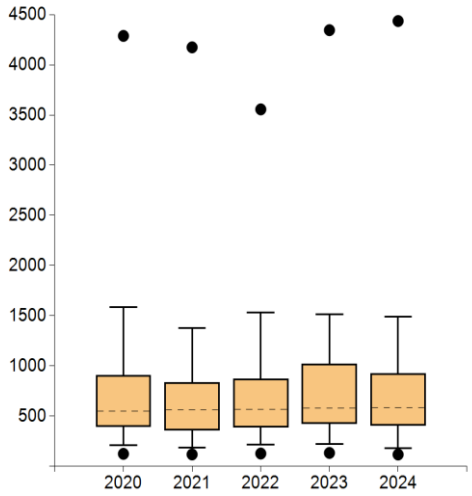
9. Surgical interventions with histological margin control (= epithelial tumours)



	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Number	Surgical interventions with histological margin control in primary cases (= epithelial tumours)	586	118-4436	59,697	60,400
	Target value ≥ 100				

Sollvorgabe = target value

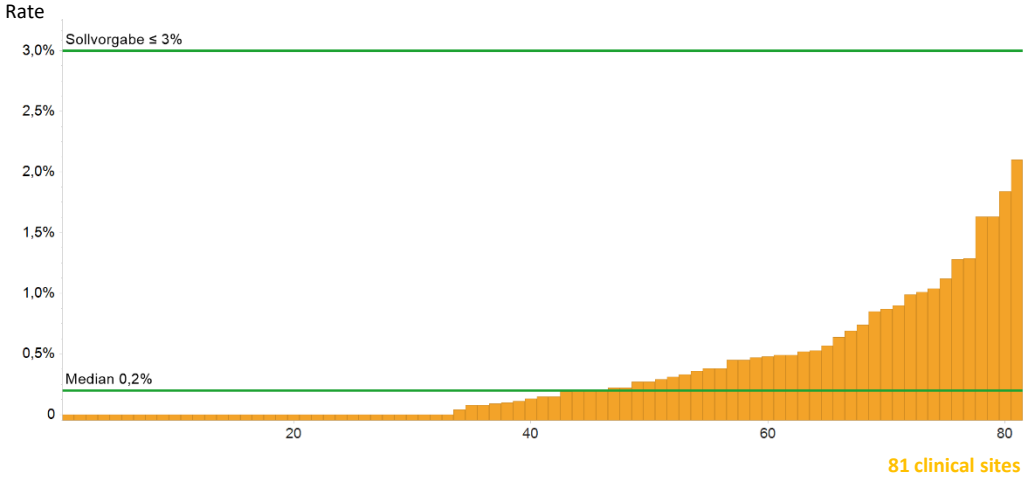


	2020	2021	2022	2023	2024
Max	4,288	4,174	3,556	4,345	4,436
95th percentile	1,586	1375.2	1529.4	1512	1,490
75th percentile	906.5	835.3	870	1,023	924
Median	551.5	559.5	568	578	586
25th percentile	395.3	360	389.5	423	407
5th percentile	212.3	186.5	216.1	224	181
Min	125	119	128	134	118

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	81	100%	81	100%

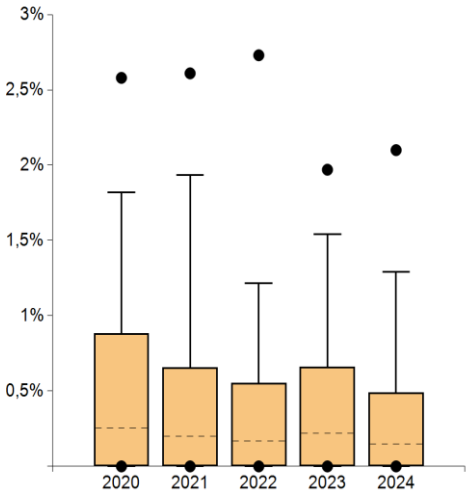
Comments:
This indicator is also being maintained at a high level by the centres. All centres are meeting the target value.

10. Revision surgery after secondary bleeding



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Revision surgery (OPS: 5-983) because of intra- or post-operative secondary bleeding (T81.0) after surgeries of the denominator	1*	0 - 27	266	342
Denominator	Sum numerators Indicators 8 + 9	845*	247 – 5,493	78,555	78,860
Rate	Target value ≤ 3%	0.2%	0% - 2.1%	0.3%**	0.4%



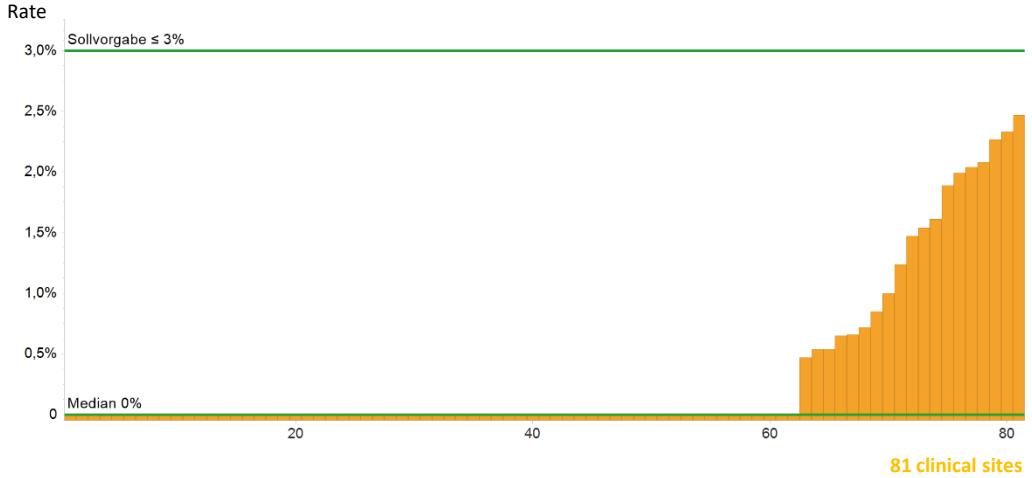
	2020	2021	2022	2023	2024
Max	2.6%	2.6%	2.7%	2.0%	2.1%
95th percentile	1.8%	1.9%	1.2%	1.5%	1.3%
75th percentile	0.9%	0.7%	0.6%	0.7%	0.5%
Median	0.3%	0.2%	0.2%	0.2%	0.2%
25th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
5th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	81	100%	81	100%

Comments:
Revision operations (OPS: 5-983) due to intra- or post-operative haemorrhage (T81.0) (relative to the procedures included in the denominator) were recorded in 0.3 per cent of procedures. At 33 of the 81 sites, no revision operations were required due to haemorrhage.

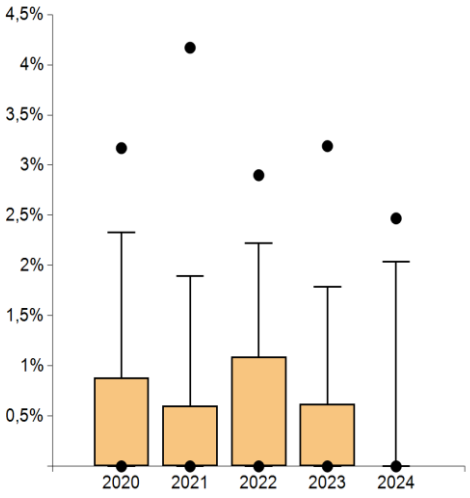
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.

11. Revision surgery in the case of secondary bleeding after SNB and Lymphadenectomy (LAD)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Revision surgery (OPS: 5-893) because of post-operative secondary bleeding (T81.0) after surgeries of the denominator	0*	0 - 5	29	34
Denominator	SNB surgeries (= denominator indicator 7) + therapeutic LADs for stages III (multiple mentioning per patient possible)	86*	29 - 338	8,710	8,926
Rate	Target value ≤ 3%	0%	0% - 2.5%	0.3%**	0.4%



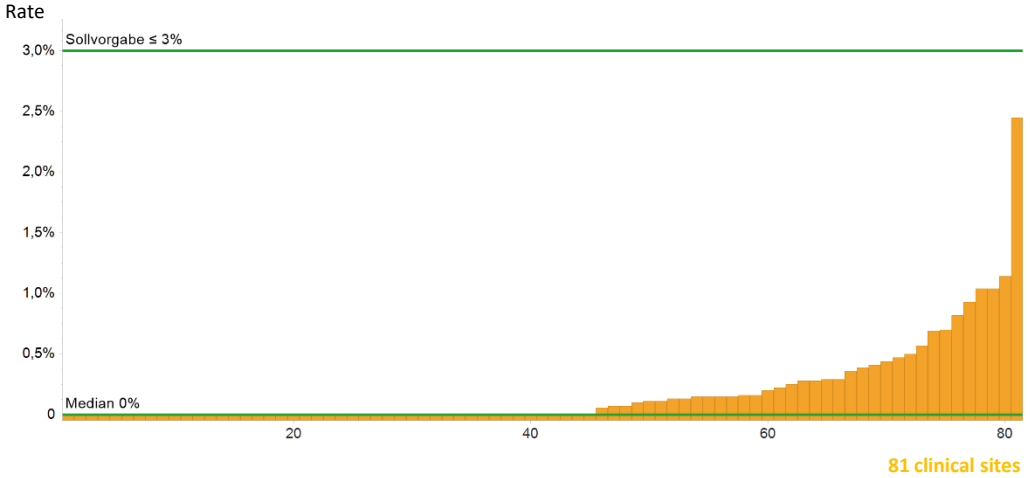
	2020	2021	2022	2023	2024
Max	3.2%	4.2%	2.9%	3.2%	2.5%
95th percentile	2.3%	1.9%	2.2%	1.8%	2.0%
75th percentile	0.9%	0.6%	1.1%	0.6%	0.0%
Median	0.0%	0.0%	0.0%	0.0%	0.0%
25th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
5th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	81	100%	80	98,8%

Comments:
All centres have met the target value and their results show that the rate of revision surgery required due to post-operative bleeding following SNB and LAD procedures is ≤ 3%.
Revision surgery was documented as necessary in 0.3% of procedures. At 62 of the 81 sites, no revision surgery was required due to post-operative bleeding.

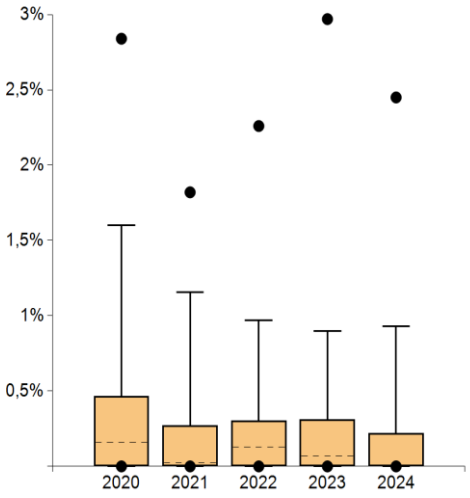
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.

12. Revision surgery after post-operative wound infections



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Revision surgery (OPS: 5-893) because of post-operative wound infections (T81.4) after surgeries of the denominator	0*	0 - 15	126	174
Denominator	Sum numerators Indicators 8 + 9	845*	247 – 5,493	78,555	78,860
Rate	Target value ≤ 3%	0%	0% - 2.5%	0.2%**	0.2%



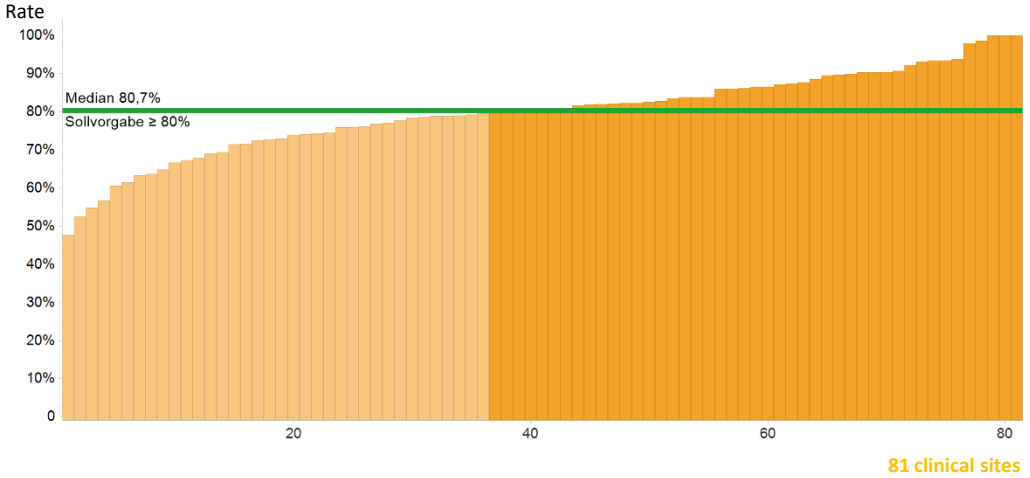
	2020	2021	2022	2023	2024
Max	2.8%	1.8%	2.3%	3.0%	2.5%
95th percentile	1.6%	1.2%	1.0%	0.9%	0.9%
75th percentile	0.5%	0.3%	0.3%	0.3%	0.2%
Median	0.2%	0.0%	0.1%	0.1%	0.0%
25th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
5th percentile	0.0%	0.0%	0.0%	0.0%	0.0%
Min	0.0%	0.0%	0.0%	0.0%	0.0%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	81	100%	81	100%

Comments:
Revision operations (OPS: 5-983) resulting from post-operative wound infections (T81.4) are considered a further indicator of the quality of outcomes. All centres meet the target value of ≤ 3 per cent.

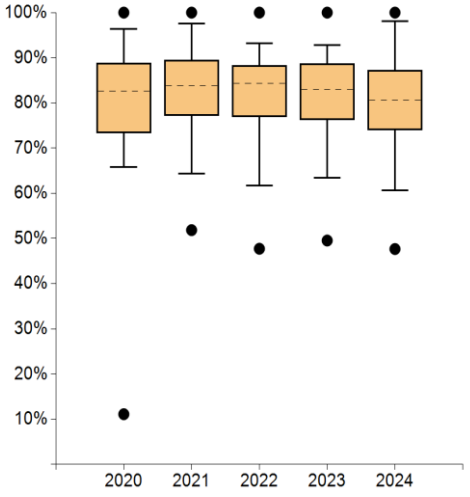
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.

13. Melanoma: Sentinel node biopsy (GL Melanoma QI)



Sollvorgabe = target value

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Primary cases of the denominator where SNB is carried out	51*	16 - 186	5,349	5,526
Denominator	Primary cases cutaneous melanoma with a tumour density ≥ pT2a and no sign of locoregional or distant metastasis (cN0, cM0)	70*	26 - 244	6,745	6,845
Rate	Target value ≥ 80%	80.7%	47.7% - 100%	79.3%**	80.7%



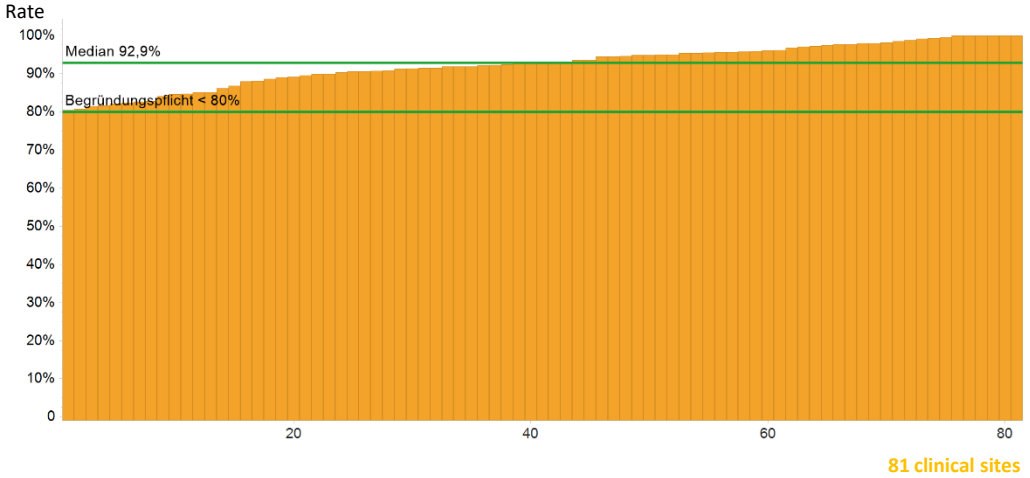
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	96.3%	97.6%	93.2%	92.9%	98.0%
75th percentile	88.9%	89.5%	88.2%	88.7%	87.3%
Median	82.6%	83.8%	84.4%	83.0%	80.7%
25th percentile	73.3%	77.1%	77.0%	76.3%	74.1%
5th percentile	65.8%	64.3%	61.8%	63.4%	60.6%
Min	11.1%	51.9%	47.7%	49.6%	47.7%

Clinical sites with evaluable data				Clinical sites meeting the target value			
2024		2023		2024		2023	
81	100%	81	100%	45	55.6%	58	71.6%

Comments:
This indicator corresponds to a quality indicator set out in the guideline. In approximately 79 per cent of primary cases of cutaneous melanoma with a tumour thickness of ≥ pT2a and no evidence of locoregional or distant metastasis (cN0, cM0), a sentinel lymph node biopsy (SLNB) was performed.
36 centres fall short of the target value and attribute this primarily to patients refusing the procedure or to the decision not to perform the SNB due to poor general health, advanced age or other (underlying) conditions.

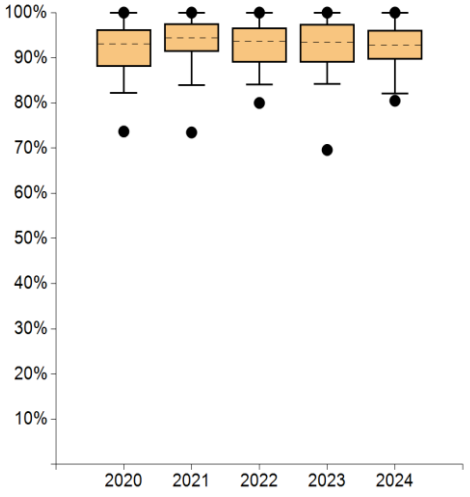
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.

14. Melanoma: Safety margin (1 cm) in the case of radical excision (GL Melanoma QI)



Begründungspflicht = Mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Primary cases of the denominator with radical excision with a safety margin of 1 cm	114*	19 - 538	11,149	11,021
Denominator	Primary cases cutaneous melonoma with a curative radical excision in case of a tumour density ≤ 2 mm	126*	20 - 575	12,070	11,899
Rate	Mandatory justifications ***<80%	92.9%	80.5% - 100%	92.4%**	92.6%



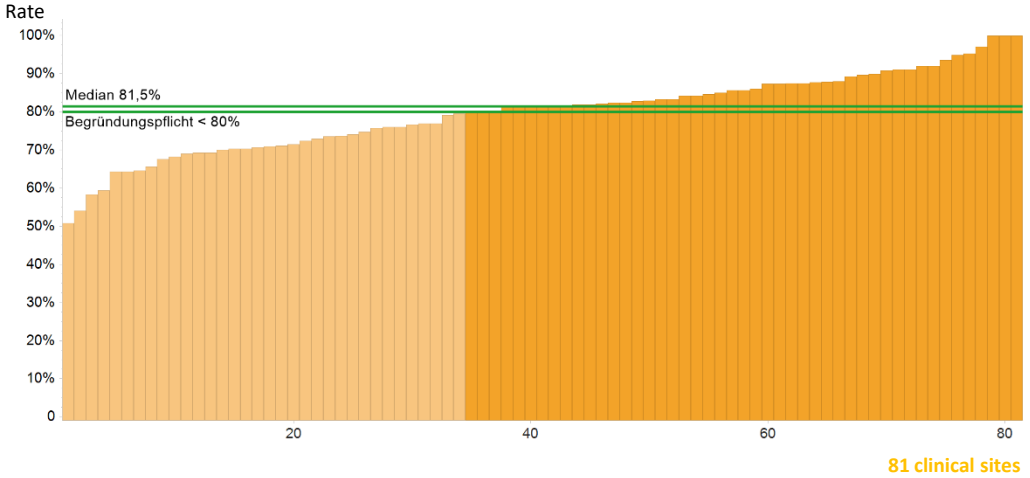
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	96.3%	97.6%	96.6%	97.5%	96.1%
Median	93.1%	94.4%	93.6%	93.4%	92.9%
25th percentile	88.1%	91.4%	89.0%	89.0%	89.6%
5th percentile	82.2%	83.9%	84.1%	84.2%	82.1%
Min	73.7%	73.5%	80.0%	69.6%	80.5%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
81	100%	81	100%	81	100%	80	98.8%

Comments:
In approximately 92% of primary cases of cutaneous melanoma treated with curative radical excision where the tumour density is ≤ 2 mm, the radical excision is performed with a 1 cm safety margin. No centre is required to provide justification.

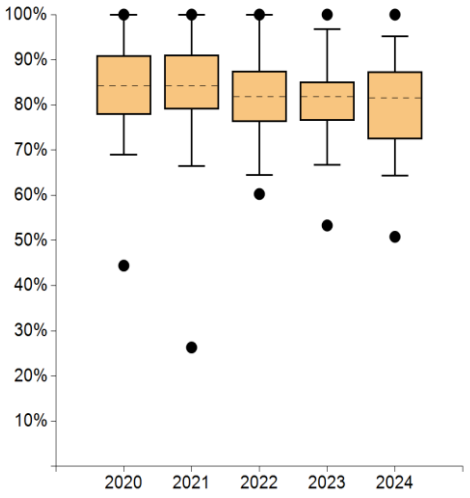
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.
*** In the case of values outside the plausibility limit(s), the centres are obliged to provide justification.

15. Melanoma: Safety margin (2 cm) in the case of radical excision (GL Melanoma QI)



Begründungspflicht = Mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Primary cases of the denominator with radical excision with a safety margin of 2 cm	36*	10 - 140	3,304	3,479
Denominator	Primary cases cutaneous melonoma with a curative radical excision in case of a tumour density > 2 mm	45*	13 - 177	4,111	4,297
Rate	Mandatory justifications ***<80%	81.50%	50.8% - 100%	80.4%**	81%



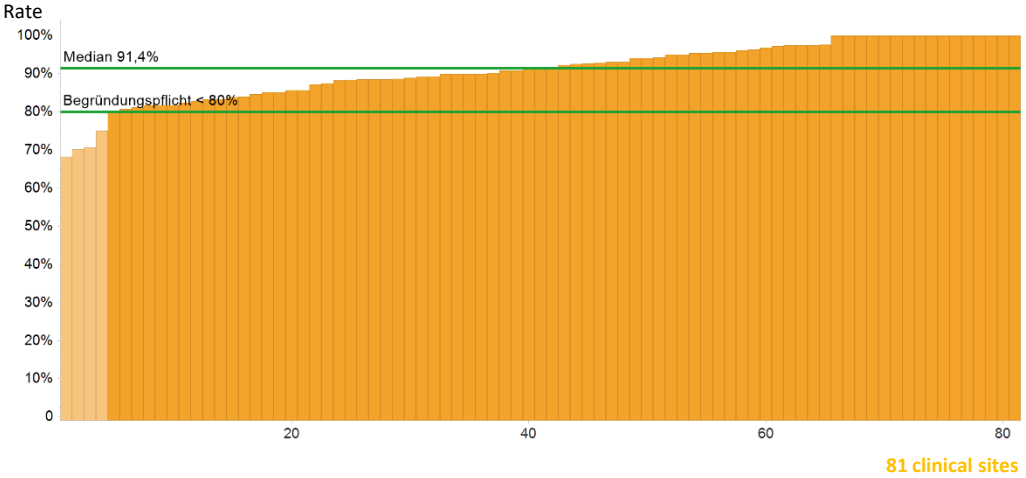
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	96.7%	95.2%
75th percentile	90.9%	91.0%	87.5%	85.2%	87.3%
Median	84.1%	84.1%	81.8%	81.8%	81.5%
25th percentile	77.9%	79.0%	76.3%	76.5%	72.4%
5th percentile	69.0%	66.4%	64.4%	66.7%	64.3%
Min	44.4%	26.3%	60.3%	53.3%	50.8%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
81	100%	81	100%	47	58%	55	67.9%

Comments:
80% of primary cases of cutaneous melanoma treated with curative radical excision where the tumour density was > 2 mm underwent radical excision with a 2 cm safety margin.
34 centres were required to justify their results during the audits. The reasons given included: a smaller margin due to the tumour's location (e.g. face, acral regions, perianal area); the patient's refusal of a re-excision; or the decision not to perform a re-excision due to relevant comorbidities, reduced overall survival, or advanced tumour disease/distant metastases.

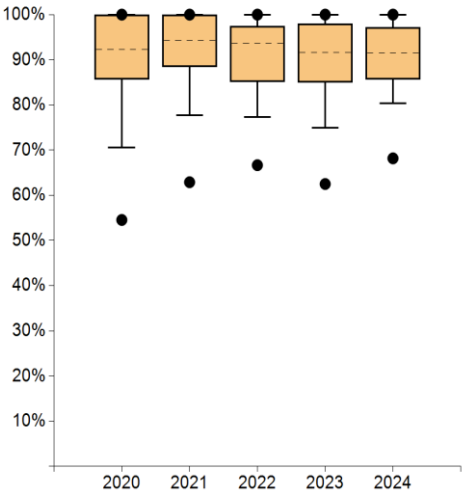
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.
*** In the case of values outside the plausibility limit(s), the centres are obliged to provide justification.

16. Melanoma: Mutation analysis for BRAF



Begründungspflicht = Mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Primary cases of the denominator with mutation analysis for BRAF	25*	3 - 94	2,291	2,376
Denominator	Primary cases with cutaneous melanoma from stage III	27*	3 - 133	2,558	2,630
Rate	Mandatory justifications ***<80%	91.4%	68.2% - 100%	89.6%**	90.3%



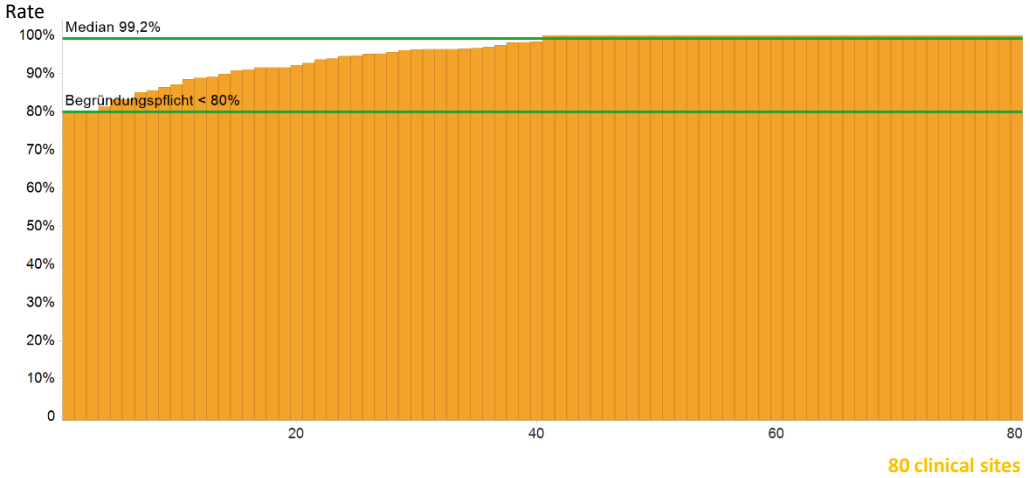
	2020	2021	2022	2023	2024
Max	100%	100%	100%	100%	100%
95th percentile	100%	100%	100%	100%	100%
75th percentile	100%	100%	97.4%	97.9%	97.2%
Median	92.2%	94.3%	93.6%	91.7%	91.4%
25th percentile	85.7%	88.4%	85.2%	85.0%	85.7%
5th percentile	70.6%	77.7%	77.3%	75.0%	80.4%
Min	54.6%	62.9%	66.7%	62.5%	68.2%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
81	100%	81	100%	77	95.1%	74	91.4%

Comments:
In just under 90% of primary cases of cutaneous melanoma from stage III onwards, a BRAF mutation analysis was carried out. Four centres are required to provide justification due to a rate of less than 80%. The reasons cited included, amongst others, insufficient material (micrometastases) as well as a lack of therapeutic consistency in the provision of best supportive care and/or patients' refusal of immunotherapy.

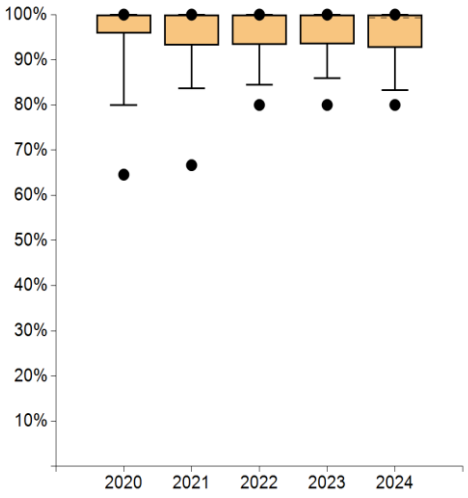
* The median for numerator and denominator does not refer to an existing centre, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.
** Percentage of total patients treated in centres according to the indicator.
*** In the case of values outside the plausibility limit(s), the centres are obliged to provide justification.

17. Melanoma: LDH determination (GL Melanoma QI)



Begründungspflicht = Mandatory justifications

	Indicator definition	All clinical sites 2024			2023
		Median	Range	Patients total	Patients total
Numerator	Patients of the denominator with LDH determination	26,5*	3 - 105	2,422	2,353
Denominator	Primary cases and patients with a stage shift/recurrence with melanoma developing into stage IV	27*	3 - 129	2,541	2,463
Rate	Mandatory justifications ***<80%	99.20%	80% - 100%	95.3%**	95.5%



	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%	99.2%
25th percentile	95.9%	93.3%	93.3%	93.4%	92.7%
5th percentile	80.0%	83.6%	84.5%	85.9%	83.2%
Min	64.6%	66.7%	80.0%	80.0%	80.0%

Clinical sites with evaluable data				Clinical sites within the plausibility limits			
2024		2023		2024		2023	
80	98.8%	81	100%	80	100%	81	100%

Comments:
The indicator for LDH measurement in primary cases and in patients with a stage shift or recurrence of melanoma at stage IV on admission has been consistently high across centres for several years. As in previous years, all sites fall within the plausibility limits.

* 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.
** Percentage of total patients treated in centres according to the indicator.
*** In the case of values outside the plausibility limit(s), the centres are obliged to provide justification.

FIRST HAND KNOWLEDGE

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