Comprehensive Cancer Care Networks (CCCN´s)

Catalogue of Requirements for Comprehensive Cancer Care Networks

Draft

Developed in the context of iPAAC from the working group of Work Package 10

Prologue

This (draft) Catalogue of Requirements sets out the requirements to be met by Comprehensive Cancer Care Networks (CCCN) which will be piloted in the scope of the Joint Action “Innovative Partnership Action Against Cancer” financed by the European Commission.
The tumour-specific requirements for colorectal and pancreatic networks are summarized in the document “Catalogue of Req Colorectal Pancreatic draft 1”

This version is a draft and shall serve as the foundation and will be further elaborated and adapted with the feedback of the other participants of Task 5 during the course of the project.

The Catalogue of Requirements is part of the deliverables/results for Work Package 10.

The goal of Work Package 10 is to further develop practical instruments ensuring a standardised integrated and comprehensive oncological care in all European Member States that is tumour-specific and delivers all-encompassing high-quality care to all patients. These instruments should be used by NCCPs for the governance of oncological care.
Specific objectives are:

- Analysis of existing NCCPs in regard to whether the instruments which will be developed in the WP (methodology for quality indicators, patient pathways, patient reported outcomes and set up of comprehensive cancer care networks or CCCNs) are already described and if applicable implemented as governance tools for comprehensive cancer control in the MS (Task 10.1).
- Development of a methodology for creating and implementing patient pathways to be used in a CCCN (Task 10.2).
- Development of a methodology for deriving generic and tumour-specific quality indicators to monitor and improve structures, processes and results of a CCCN with special focus on tumour-specific quality of care QIs (Task 10.3).
- Analysis of existing models of PROM & PREM collection. Development of a framework for the implementation of PROMs & PREMs in routine care (Task 10.4).
- Development of generic and tumour-specific requirements for the setup of CCCNs. This set will serve as the base for the implementation of a CCCN and can be amended with member state specific adaptations. The successful implementation of a CCCN will be peer-reviewed within the scope of the project. (Task 10.5).

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Overview of treated Cancer Patients and Primary Cases of the CCCN (as of: 20.07.2018)

	Tumour entities	ICD-10-GM Codes	Number of all cancer patients treated in the cancer centre in 2017	Primary Cases Number of cancer patients newly diagnosed in 2017	Tumour entity not treated in the CCCN
1.	**Colorectal**	**C18, C19, C20**			
2.	**Pancreas**	**C25**			
3.	**Gastric**	**C16.1 - .9, C16.0**			
4.	**Liver**	**C22**			
5.	**Oesophagus**	**C15, C16.0**			
6.	**Other gastrointestinal tumours** (bile ducts, neuroendocrine tumours, tumours of the small intestine)	**C23-24**			
7.	**Endocrine malignancies** (incl. thyroid, adrenal gland)	**C73**			
8.	**Morbus Hodgkin**	**C81**			
9.	**Non-Hodgkin Lymphomas**	**C82-85**			
10.	**Leukaemia**	**C91-95**			
11.	**Lung**	**C34**			
12.	**Haematological systemic diseases (plasmocytoma, etc.)**	**C86-88, C90, C96**			
13.	**Breast**	**C50, D05.1, D05.7, D05.9**			
14.	**Gynaecological tumours (cervix, uterus, ovaries incl. BOT, vulva, vaginal tumours)**	**C48, C51, C52, C53, C54, C55, C56, C57**			
15.	**Skin (invasive malignant melanoma)**	**C43**			
16.	**Paediatric oncology**	**-**			
17.	**Prostate**	**C61**			
18.	**Testicles, penis**	**C62**			
19.	**Kidney**	**C64**			
20.	**Urinary bladder**	**C67**			
21.	**Soft tissue sarcoma (incl. GIST)**	**C40-41, C45-49**			
22.	**Malignant tumours of the musculoskeletal system**				
23.	**Head/neck tumours (upper aerodigestive tract, oral cavity, throat, larynx)**	**C00-14, C30-32**			
24.	**Neuro-oncological tumours**	**C70-72* C75.1-3, D32, D33.3, D35.2-4**			

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Column 1: Number of all cancer patients treated in the cancer centre in 2017. Reflect the number of patients coming to the cancer centre, not the number of visits. A patient is to be counted for the year 2017, if he/she was treated for a principal diagnosis of cancer between 1 January and 31 December 2017. Do not include any patient more than once unless they have been treated for two malignancies in 2017. All patients should be counted regardless of whether they have a newly diagnosed cancer or have recurrent disease or newly appeared metastases and were referred to the cancer centre for further evaluation and primary or secondary treatment. This category excludes consults (e.g., for service or second opinions), diagnoses at autopsy, and former patients admitted for rehabilitation purposes or treatment of some other conditions. It also excludes patient follow-up activities after treatment is completed.

Column 2: Number of patients newly diagnosed in the cancer centre or elsewhere in 2017 which were treated in the cancer centre. Reflect the number of patients coming to the cancer centre, not the number of visits. Generally a patient is to be counted as 'newly diagnosed' for the year 2017, if the incidence date (according to the 'Recommendations for Coding Incidence Date' of the European Network of Cancer Registries - ENCR) was in 2017. Do not include any patient more than once unless he/she had two malignancies diagnosed in one year. Do not include patients with recurrent disease. Definition of 'patients treated in the cancer centre': therapy planning and the main part of the therapy take place in the cancer centre.

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CCCN Data

CCCN Name	
Director of the CCCN	
Coordinator of the CCCN	
Clinic	
Address	

Preparation/ Update

The electronically generated Catalogue of Requirements serves as the basis for certification of the CCCN. The information provided here has been checked for accuracy and completeness.

Date of preparation/update of the Catalogue of Requirements	

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Table of Contents

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1. General information about the CCCN

1.1 Network structure

Section	Requirements	Explanatory remarks of the CCCN	
1.1.1	Steering committee/CCCN director A steering committee is to be set up in which the central responsibilities are organised and monitored.		
	A director and deputy director for the Centre are to be appointed in the steering committee. The CCCN director and his deputy should possess broad clinical experience in the diagnosis, treatment and aftercare of solid tumours as well as in palliative medicine.		
	The working methods of the steering committee are defined in procedural rules. They cover in particular the following: • Selection and appointment of the members • Working methods of the steering committee (decision-making channels) • Definition of objectives, orientation and further development of the CCCN, drawing up and distribution of a mission statement • Integration of the tumour specific networks • Appointment of a central Centre coordinator • Participation/tasks of the centralised QM department • Public relations • Annual review • Cooperation with external/national institutions (Cancer Registries, foundations...) • Preparation and updating of cooperation agreements for the “centralised responsibilities” • Implementation of an action plan • Initiation of quality circles		
1.1.2	Centre Coordinator – duties • Preparation of steering committee meetings • Coordination of internal/external audits • Monitoring and upholding technical and medical requirements • Communication interface • Controlling/monitoring actions initiated by the steering committee		
1.1.3	Annual review The following points are to be considered by the steering committee in the annual review: • Definition/assessment and, if necessary, realignment of objectives • Individual evaluation of centralised responsibilities (in conjunction with appraisal of objectives) • Analysis of audit results (internal/external) • The annual review is to be documented (incl. updating action plan).		
1.1.4	Cooperation agreements	Cooperation agreements relate to activities:	

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1.1 Network structure

Section	Requirements	Explanatory remarks of the CCCN	
	Cooperation agreements are to be drawn up with external cooperating partners. They must prove that they meet the corresponding technical and medical requirements of this Catalogue (not every service provider has to be a cooperation partner). The cooperation partners are to be listed in the "master data sheet". If a cooperating partner of a centre belongs to a different carrier or located in a different clinical site, written cooperation agreements are necessary (implementation of the points described under 1.1.7 has to be ensured)		
	Members of an CCCN: Cooperation agreements are required for all (registered) members of an CCCN. This applies, for instance, to the following specialty units: Outpatient oncological care, pharmacy, nutrition counselling, genetic counselling, hospice, surgical and medical oncology, palliative medicine, pathology, physiotherapy, psycho-oncology, radiology, radio-oncology, pain therapy, spiritual counselling, self-help, social services		
	There of mandatory members of an CCCN (=main cooperation partners = Service providers of equal standing who undergo an audit and whose presence at tumour boards is mandatory. e.g., surgical and m oncology, pathology, radiology, radio-oncology		
1.1.5	• An organization chart for each tumour-specific network including all treating partners must be available • The chart must provide an overview of the inter-linkages between the disciplines along the patient pathway • Entry points of the patients into the tumour-specific networks must be described		
1.1.6	Cooperation agreements The following points are to be regulated: • Competences and responsibilities • Description of treatment processes relevant to the Centre taking into account the interfaces • Undertaking to implement defined guidelines • Description of cooperation concerning tumour documentation • Declaration of willingness to cooperate on internal/external audits • Undertaking to comply with the relevant criteria and to supply the relevant data on an annual basis • Upholding of medical confidentiality • Participation in specialty training schemes and public relations		

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1.1 Network structure

Section	Requirements	Explanatory remarks of the CCCN	
	• Declaration of consent to be publicly identified as part of the CCCN (e.g. home-page)		
1.1.7	Tumour board (participation only if stipulated in Section 1.2 Interdisciplinary Cooperation) • Binding participation • Ensuring availability of specialist level • Participation and voting rules in the case of more than one cooperation partner per medical specialty (see also provisions “Interdisciplinary Cooperation”) Monitoring/updating Actuality is to be reviewed annually (see also annual review)		
1.1.8	Presentation tumour specific networks and CCCN The overall structure of the Centres is to be described and publicised (e.g. Internet). This also includes the appointment of all internal/external cooperation partners with the following information: - Name and address of cooperation partner - Contact person with tel./email details		
1.1.9	Centre manual A Centre manual is to be compiled which details how the technical and medical requirements are met (including the standard operating procedures/patient pathways stipulated in the individual sections of the Catalogue of Requirements). A short description is to be included in the Catalogue of Requirements itself with reference to the relevant section in the Centre manual. If the requirements are already described in the existing rules/manuals, then reference is to be made to them in the Catalogue of Requirements.		
1.1.10	Internal audit The CCCN must undergo an internal audit once a year which will verify fulfilment of the technical and medical requirements.		
1.1.11	Continuing education Events for the exchange of information and for continuing education are to be offered twice a year to the cooperation partners of the CCCN. These continuing education schemes should correspond to some of the requirements to be met by the cooperation partners in respect of continuing education. The contents, results and attendance are to be documented. A continuing education plan is to be submitted. Can be done in conjunction with continuing education events for private practitioners.		
1.1.12	Continuing education/specialty training • A qualification plan for medical and nursing assisting staff is to be presented outlining the		

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1.1 Network structure

Section	Requirements	Explanatory remarks of the CCCN	
	planned qualification sessions for the period of one year. • At least 1 dedicated continuing education/specialty training session for each staff member (minimum one day a year) if they carry out quality-relevant activities for the CCCN.		
1.1.13	On-the-job training concept The process of familiarising new members of staff must follow a specified on-the-job training concept		
1.1.14	Quality circles • Tumour specific staff are to stage or take part in at least 3 quality circles a year in which oncological topics are addressed. • Scheduling, e.g. in qualification plan • Quality circles are to be documented. Participation in the quality circles organised centrally by the CCCN is recognised (see "Catalogue of Requirements Section 1.2.14 Interdisciplinary Work").		

1.2 Interdisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
1.2.1	The number of primary cases of patients treated for each tumour entity must be documented. Definition primary case: • Patients and not stays and not procedures • Count time is the time of initial diagnosis. • Recurrence/metastasis of a patient is a new case, not a primary case • Histology report, medical report and, where appropriate, treatment/surgical report should be available	Depiction in Overview Primary Cases	
1.2.2	A central reception point within the CCCN is desirable.		
1.2.3	Tumour board types If there are different types of tumour boards, the differences and specifics (circle of participants, cycle…) are to be described. Different variants may, for instance, arise through special approaches to pre-therapeutic treatment planning.		
1.2.4	Cycle/participants A tumour board must be staged at least once a week.		
	All tumour patients are to be presented at the tumour board (organ-specific requirements, are	A	

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1.2 Interdisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
	to be taken into account). Exceptions are to be explained. If web conferences are used, the sound and documents presented are to be transmitted. There must be provision for each of the main cooperation partners to present his/her own documents/images. For standard questions, documented electronic consent is possible – preferably before the actual tumour board.		
	Participation in the conference at a specialist level is mandatory for the following specialties: • Diagnostic, surgical and, if applicable, organ-specific, medical specialty (organ-specific) • Radio-oncology • Medical oncology • Radiology • Pathology		
	Other disciplines and professional groups are to be involved in the tumour board as required (e.g. pharmacists, surgery, neurosurgery, neurology, orthopaedics, palliative medicine, nuclear medicine, nursing care, psycho-oncology, specialised pain therapy, study coordination).		
	If several cooperation partners are named for a specialty, then the presence of a representative is sufficient if a formalised exchange of information has been put in place between them (e.g. through quality circles). Nonetheless, each cooperation partner must attend at least 30 percent of the tumour boards.		
	The process of registration, preparation, execution and documentation of the tumour board is to be described in a standard operating procedure.		
1.2.5	Presentation of visual material Patient-related images (e.g. pathology, radiology) must be available at the conference and suitable technical equipment must be provided for the presentation of the visual material. Computer-assisted presentation is sufficient.		
1.2.6	Preparation of tumour board • The main patient data are to be summarised in writing in advance and distributed to the participants. Preliminary consideration of suitable study patients is to be undertaken.		

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1.2 Interdisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
	• All patients with recurrent symptoms and metastases, who have entrusted the Centre with their care, are to be presented.		
1.2.7	Tumour board protocol • The results of the tumour board consist, *inter alia*, of a written, interdisciplinary treatment plan ("tumour board protocol"). • The tumour board protocol must be part of the patient's medical record and may, at the same time, constitute the medical report. • The "tumour board protocol" should be automatically generated by the tumour documentation system.	.	
1.2.8	Tumour board results The patient must be informed about the recommendations of the tumour board. Patient information (case-related): The patient is given • An aftercare plan (if available)/ aftercare pass and, on request, the following documents: • Tumour board protocol/treatment plan • Medical report/discharge letter • If relevant, study documentation		
1.2.9	Participation in the tumour board as continuing education One-off binding participation of the following functions/professional groups in the tumour board is to be ensured (refresh every three years): • Assistant staff (medical technical/radiology assistants…) from radiology, nuclear medicine and radiotherapy • Staff social services, psycho-oncology and pharmacy • Specialist oncological nursing staff and at least two nurses from each treatment unit • Participation in the tumour board is recognised as continuing education for the above-mentioned functions/professional groups.	Employees participate in conferences devoted to cancer.	
1.2.10	Treatment plan • An individual interdisciplinary treatment plan is to be drawn up for all patients. This also applies to patients not presented at any tumour board. • A uniform documentation template is recommended for the treatment plan and tumour board protocol.	.	
1.2.11	Therapy deviations • In principle, treatment plans and recommendations of the tumour board are binding.		

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1.2 Interdisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
	• If any deviations from the original therapy plan or deviations from the guidelines are observed, they must be documented and evaluated. Depending on the reason, steps are to be taken to avoid deviations. • If, at the patient's request, treatment does not start or is discontinued prematurely (despite an existing indication), this must also be documented.		
1.2.12	Metastasis therapy • Presentation of all metastasised patients at the tumour board • Description of treatment strategies with responsibilities for the various metastasis locations (liver, lung, skeleton, brain…) • Definition of treatment pathways (patient transfer to another specialty unit, documentation and formalised exchange of information)	.	
	Patients with an incurable disease Details are to be given in the scope of the OC about how palliative care is integrated into the treatment process.		
1.2.13	Patient pathways Patient pathways are to be drawn up for all tumour entities treated in the CCCN, which chart the procedure from patient admission to the Centre up to the termination of care (special consideration being given to interdisciplinary and trans-sectoral cooperation).		
	Fertility preservation • All patients with a planned fertility-reducing treatment (surgery, radiotherapy, systemic therapy) should be offered information about fertility-preserving measures prior to therapy. The consultation must be documented. • A description of the procedure with the names of the responsible persons is to be given.		
1.2.14	Quality circles (QCs) • Tasks, circle of participants and contents of the quality circles are defined by the steering committee in consultation with the specialist disciplines. • The mandatory members/main cooperation partners of the CCCN must take part in or initiate QCs. • Quality circles are to be held at least two times a year. Oncological topics are one of the foci. • Morbidity/mortality conferences are also recognised as quality circles. • A list of participants is kept. • Organisation and documentation by the Centre coordinator or QM officer.		

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1.2 Interdisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
	• The quality circles must produce clear results (actions, decisions) which are deemed conducive to significant further development/improvements in the CCCN. A quality circle must have been held by the time of initial certification. The results of the quality circle are to be documented.		
1.2.15	Centralised list of guidelines/SOPs A list of guidelines/SOPs is to be kept (in accordance with Annex 1) which the corresponding specialty unit undertakes to implement. The person responsible for each guideline is to be identified by name in the list. SOPs are updated and concrete diagnostic and therapy instructions, which are based on the guidelines. For entities which do not have respective guidelines, the implementation of adequate SOPs is expected.		
1.2.16	Tasks of the persons responsible for the guidelines • Monitoring of actuality and further development • Presentation of guideline contents to new staff members (description of type of presentation and documentation) • Monitoring of guideline implementation (e.g. guideline audit, data monitoring) Changes to guidelines • Systematic, timely and verifiable presentation of changes (documented, e.g. as continuing education sessions, quality circles) • Changes to internal procedures/ specifications resulting from guideline changes		
1.2.17			

1.3 Cooperation referrer and aftercare

Chapter not applicable

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1.4 Psycho-oncology

Section	Requirements	Explanatory remarks of the CCCN	
1.4.1	Psycho-oncology - Qualifications • Certified psychologist or • Medical Doctor combined with continuing psycho-oncological education (proof required) Representatives of other psychosocial professional groups (like pedagogues, social workers, etc.), who prove they have the psycho-oncological qualifications mentioned above, may be accepted.		
1.4.2	Offer and access Each patient must be promptly offered a psycho-oncological consultation in the vicinity (proof required). The offer must be made in a low-threshold manner.		
1.4.3	Scale of care • The number of patients who receive psycho-oncological care is to be documented. • Consultation frequency and length are to be documented.		
1.4.4	Premises A suitable room is to be provided for the psycho-oncological patient consultations.		
1.4.5	Organisation plan The assumption of tasks is to be set out in an organisation plan which contains details, *inter alia*, of resource availability and local presence.		
1.4.6	Psycho-oncology – Task profile The psycho-oncological care of patients is to be offered at all stages of treatment (diagnosis, inpatient, post-inpatient).		
	Objectives and tasks of care: • Diagnostic clarification after positive screening • Prevention/treatment of ensuing psychosocial problems • Activation of personal coping strategies • Preservation of quality of life • Consideration of the social environment • Organisation of outpatient aftercare through cooperation with outpatient psycho-oncological service providers • Public relations (patient events, etc.) • Chairing of psychosocial quality circle		

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1.5 Social work and rehabilitation

Section	Requirements	Explanatory remarks of the CCCN	
1.5.1	Social work - Qualifications • Social worker/social education worker • Case-by-case examination in line with the instructions of the professional body is possible. • Additional qualifications • Experience in medical/oncological professional field		
1.5.2	Offer and access Each patient must be promptly offered counselling in the vicinity by the social services at all stages of the disease (proof required). The offer must be made in a low-threshold manner.	.	
1.5.3	Scale of patient support The number of patients who have received support from the social services is to be documented.		
1.5.4	Premises A suitable room is to be provided for social counselling.		
1.5.5	Organisation plan The assumption of tasks is to be specified in an organisation plan in which, *inter alia*, resource availability and local presence are identifiable.		
1.5.6	Contents of counselling: • Identification of social, economic and psychological distress • Initiation of medical rehabilitation measures • Advice on social law and economic questions (e.g. legislation concerning the severely disabled, wage compensation benefits, pensions, benefit requirements, employee contributions, etc.) • Support for application procedures • Advice on outpatient and inpatient care options and help with accessing supportive measures and specialist services • Support for professional and social reintegration • Cooperation with funding agencies and service providers • Intervention in emergencies		
1.5.7	Patient-based choice of rehabilitation facilities The choice of the rehab facility is to be made in line with the patient's treatment needs. Documentation of the consultation by means of proof of application for post-treatment rehabilitation.		
1.5.8	Information rehabilitation facilities • Information material about the individual rehab facilities must be available. • The specifics/foci of the respective rehab facility for the treatment of oncological patients must be known and transparent.		

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1.6 Patient participation

Section	Requirements	Explanatory remarks of the CCCN	
1.6.1	Patient surveys • At least every three years patients are to be given the opportunity to participate once in a patient survey over a period of three months. • The response rate should be higher than 30% (if lower, the result is to be evaluated).		
1.6.2	Evaluation patient survey • Responsibility for the evaluation is to be specified. • The evaluation must refer to patients of the CCCN. • A documented evaluation must be made and is to be presented at the audit. • Actions are to be determined on the basis of the evaluation.		
1.6.3	Patient information (general) • The Centre is to present itself and its treatment options as a whole (e.g. in a brochure, patient folder, its website). • The cooperation partners and contact person are to be identified by name. The available treatments are to be described. • The range of treatments presented must include: rehab/ post-treatment rehab, self-help, treatment measures and alternatives		
1.6.4	Discharge consultation Each patient is given a discharge consultation (short documentation/checklist) during which at least the following subjects are touched on and corresponding information provided: • Therapy plan • Individual aftercare plan (handing over of aftercare pass)		
1.6.5	Patient event The CCCN is to stage an information event for patients and/or interested parties at least once a year. If possible, in cooperation with self-help groups.		
1.6.6	Complaints management Formalised complaints management is in place. The patients are given feedback. Complaints are taken into account in the improvement process.		
1.6.7	Self-help groups The self-help groups, with which the CCCN actively cooperates, are to be identified by name. • A contact person must be identified by name.		

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1.6 Patient participation

Section	Requirements	Explanatory remarks of the CCCN	
	• The tasks of the self-help groups may only be carried out by members of the self-help groups.		
	Written agreements are to be entered into with the self-help groups. These agreements should be updated at least every 5 years and should encompass the following points: • Access to self-help groups at all stages of treatment (first diagnosis, hospitalisation, chemotherapy, after-care…) • Announcement of contact data of self-help groups e.g. in patient brochure, CCCN website) • Possibility to display information brochures of the self-help groups • Regular provision of premises at the CCCN for patient consultations • Quality circle with participation of representatives from psycho-oncology, self-help groups, social services, spiritual counselling, nursing care and medicine. • Personal discussions between self-help groups and the CCCN for the purposes of jointly staging or coordinating actions and events. The results of the discussions are to be documented. • Participation of all medical staff in events of the self-help group		

1.7 Study management

Section	Requirements	Explanatory remarks of the CCCN	
1.7.1	The statements below refer to the following cooperation partners General remark Each of the cooperation partners of the CCCN, that offers or conducts studies for tumour patients, must prove that it meets the requirements in this section of the Catalogue. Hence, each cooperation partner from this specialty is to process this section in detail or to make specific statements in this section.		
1.7.2	Standard operating procedure The procedures for the acceptance/initiation of new studies and the conduct of studies are to be specified, including responsibilities. This encompasses for instance:		

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1.7 Study management

Section	Requirements	Explanatory remarks of the CCCN	
	• Selection of new studies incl. release decisions • Internal announcement of new studies (updating of study list (see Annex 2), …) • Qualification of staff members involved • Study organisation (specifics of support for study patients, documentation…) • Communication exchange/distribution of tasks between study secretariat and staff conducting the study • Method of sharing study results (e.g. staff, patients)		
1.7.3	Access to studies Access to the studies must be possible for patients. The studies conducted at the CCCN are to be listed and, for instance, published on the website (incl. short description of the study).		
1.7.4	Assignment to a study • 5% of all tumour patients treated in the CCCN, should participate in studies. • Study participation is solely deemed to be the inclusion of patients in studies following a vote by the ethical committee combined with a study plan (non-interventionist/diagnostic studies are also recognised).		

1.8 Nursing care

Name of nurse who has completed specialist oncological advanced training	Number of full-time staff	Ward/Area

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Chapter	Requirements	Explanatory remarks of the CCCN	
1.8.1	Specialist oncology nurses (with the exception of paediatric oncological care). • At least 2 full-time active specialist oncology nurses must be employed on day duty in the CCCN. • Specialist oncology nurses must be identified by name. • Active care by a specialist oncology nurse must be proven in the units in which patients receive inpatient oncology care. Pre-condition for the recognition as oncology nursing staff are • Further training as oncology nursing staff according to the country specific regulations •		
1.8.2	Responsibilities / tasks Patient related tasks: • Specialist assessment of symptoms, side effects and stress/strain • Individual derivation of interventions from nursing standards • Conduct and evaluation of nursing and therapeutic measures • Identification of individual patient-based counselling needs. • The specialist counselling needs are already to be defined in the nursing concept of the individual Tumour specific networks. • Ongoing information and counselling of patients (and their family members) during the entire course of the disease • Conduct, coordination and documentation of structured counselling sessions and guidance of patients and family members. Depending on the concept this can also be done by specialist nurses with many years' experience and specialist expertise. • Participation in the tumour board is desirable. • Initiation of and participation in multi-professional case discussions/nursing visits; the aim is to find a solution in complex nursing situations; Criteria for the selection of patients are to be laid down; per year and centre at least 12 case discussions/nursing visits are to be documented		

1.9 General service areas (pharmacy, nutrition, counselling, speech therapy…)

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2 Organ-specific Diagnostics

2.1 Consulting hours

Chapter	Requirements	Explanatory remarks of the CCCN	
2.1.1	Information / dialogue with the patient Adequate information must be provided about diagnosis and therapy planning and a dialogue is to be entered into. This includes *inter alia*: • Presentation of alternative treatment concepts • Offer of and aid in obtaining second opinions • Discharge consultation as a standard procedure		
	• A general description is to be given of the way in which information is provided and the dialogue organised. This is to be documented for each patient in medical reports and minutes/records.		
	• The patient should be given the option of including his/her partner or family members in the consultation.		
2.1.2	Outpatient care The options of pre-inpatient/post-inpatient care or outpatient presentation should be provided and cover the following topics: • Diagnosis and therapy planning • Special aftercare problems • Counselling for familial malignoma disease with the genetic specialty unit If appropriate, the topics can be covered in special, separate consulting hours		
2.1.3	Waiting times during the consulting hours Requirement: < 60 min (target value) How long are the waiting times for an appointment Requirement: < 2 weeks The waiting times are to be recorded on a random basis and statistically evaluated (recommendation: evaluation period 4 weeks a year).		
2.1.4	Tumour-specific services should be provided • Access to tumour-specific services must be described • tumour-specific services i.e.(if applicable): tissue sampling for histology, ultrasound examination, X-ray (conventional), Computer tomography/MRI, Laboratory (haematology, clinical chemistry, ...), Sonography (pleura, upper abdominal ultrasound, echocardiography), Possibility for outpatient bronchoscopy, etc.		
2.1.5	Diagnosis		

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	• Information about diagnosis by a doctor in a personal consultation • Time for the ensuing diagnosis (Informing patient of histological result) < 2 weeks		
2.1.6	Repeated presentation of the patient is to be organised in the event of therapeutic side effects.		

2.2 Diagnostics

Section	Requirements	Explanatory remarks of the CCCN	
2.2.1	The requirements concerning organ-specific consulting hours are contained in the "Catalogue of Requirements Colorectal Pancreatic" of the corresponding Tumour specific networks and are to be fully complied with.		

3 Radiology

Section	Requirements	Explanatory remarks of the CCCN	
3.1	Specialists • At least one radiology specialist • Written proof that cross-cover staff has same qualifications • Specialist and cross-cover staff are to be identified by name.		
3.2	Medical technical radiology assistants At last two qualified medical technical radiology assistants must be available and identified by name.		
3.3	Radiological methods that must be available: • Conventional x-ray • Angiography • Sonography • Spiral-CT • MRT (field strength at least 1.5 Tesla)		
3.4	Standard operating procedures for radiology (SOPs) The imaging methods are to be described and checked once a year to ensure they are up to date.		
3.5	Compilation of results The radiologist's written report must be available to the attending doctors at the latest 24 hours after the examination.		

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4 Nuclear medicine

Section	Requirements	Explanatory remarks of the CCCN	
4.1	Nuclear medicine specialists • At least one specialist for nuclear medicine is available. • Written proof that cross-cover staff has same qualifications • Specialist and cross-cover staff are to be identified by name.		
4.2	Medical technical radiology assistants of nuclear medicine: At least two qualified medical technical radiology assistants of nuclear medicine must be available and identified by name.		
4.3	Nuclear medicine methods that must be available: • Bone scintigraphy (mandatory) Optional: • PET and PET-CT • Inpatient radionuclide therapy		
4.4	Standard operating procedures (SOPs) The imaging methods are to be described and checked once a year to ensure they are up to date.		
4.6	Compilation of results The nuclear doctor's written report must be available to the attending doctors at the latest 24 hours after the examination.		

5 Surgical Oncology

5.1 Trans-organ surgical therapy

Section	Requirements	Explanatory remarks of the CCCN	
5.1.1	The statements below refer to the following cooperation partners: General remark Each of the cooperation partners of the CCCN in the field of surgery must prove that it meets the requirements in this section of the Catalogue. Hence, each cooperation partner from this specialty is to process this section in detail or to make specific statements in this section.		
5.1.2.	Specialists • At least one specialist for visceral surgery Cross-cover staff member with equivalent qualifications is to be documented in writing.		

Draft

5.1 Trans-organ surgical therapy

Section	Requirements	Explanatory remarks of the CCCN	
	• Specialists are to be identified by name. If necessary proof by means of a cooperation agreement		
5.1.3	Availability/On call • 24h-availability of a surgical specialist including weekends and public holidays • 24 hour emergency surgical care must be guaranteed.		
5.1.4	Case numbers surgery • At least 50 oncological operations every year • The organ-specific requirements are set out in Section 5.2.		
5.1.5	Interdisciplinary approach • For every tumour patient at an advanced stage of disease and/or with distant metastasis, the approach to be adopted is to be planned and documented prior to surgery by the specialist disciplines involved in line with the recommendation of the tumour board.		
5.1.6	Standard operating procedures • The care concepts for special surgical treatment needs (metastasis, advanced stages of recurrence, etc.) are to be presented (e.g. cooperation urology, neurosurgery, casualty surgery, thoracic surgery, vascular surgery) • For patients with myelon compression and neurological symptoms, an SOP for treatment must be established within 24h of suspected diagnosis. • The interdisciplinary procedure for surgical procedures, bearing in mind the interfaces, must be described, and the concept with corresponding cooperation agreements must be presented at certification. • Post-operative care of patients with intraoperative surgical results • Options for intensive medical care • Transfer back to the general ward after treatment by the primary specialty • Supportive measures in accordance with the guidelines are to be described for the individual therapy concepts and documented in detail for each patient.		
5.1.7	Treatment plan/tumour board protocol • In principle, all treatment plans and recommendations of the tumour board are binding and form the basis for treatment. • Treatment plan/tumour board protocol must be available in patient-related documentation.		

Draft

5.1 Trans-organ surgical therapy

Section	Requirements	Explanatory remarks of the CCCN	
	• If there are any deviations from the treatment plan, they are to be presented at the tumour board.		

5.2 Organ-specific surgical therapy

Section	Requirements	Explanatory remarks of the CCCN	
5.2.1	The requirements to be met by organ-specific surgical treatment are set out in the "Catalogue of Requirements Colorectal Pancreatic" of the corresponding Tumour specific networks and must be met in full.		
5.2.2	Overview of surgical qualification	- Detail to be given in Annex 3	

6 Medical oncology /systemic therapy

6.1 Medical oncology

Section	Requirements	Explanatory remarks of the CCCN	
6.1.1	The statements below refer to the following cooperation partners: General remark Each of the cooperation partners (medical oncologists) of the CCCN must prove that it meets the requirements in this section of the Catalogue in the field of medicinal oncological therapy. Hence, each cooperation partner from this specialty is to process this section in detail or to make specific statements in this section. This also applies when inpatient and outpatient therapy is undertaken by different cooperation partners (separation inpatient/outpatient).		
6.1.2	It is preferable for systemic therapy to take place in central therapy units with multidisciplinary support.		
6.1.3	Medical qualifications • Medical oncologist		
6.1.4	Availability/ On call • 24-hour availability of a specialist for medical oncology including weekends and public holidays • During regular working hours a medical oncologist must be present in the clinic (see 6.1.6).		

Draft

6.1 Medical oncology

Section	Requirements	Explanatory remarks of the CCCN	
6.1.5	• Beds for haematological and oncological patients imust be available at all times (verification via the CCCN bed plan) • Individually monitored spaces, monitors and access to intensive care must be available at all times for oncological patients.		
6.1.6	Provision of medical oncology consultation services for all inpatient departments on site that are involved in tumour therapy		
6.1.7	Treatment plan/tumour board protocol • In principle, treatment plans and recommendations of the tumour board are binding and form the basis for treatment. • Treatment plan/tumour board protocol must be available in the patient-based documentation. • If there are any deviations from the recommended treatment plan, they are to be presented at the tumour board. • Supportive measures in accordance with the guidelines are to be described for the individual therapy concepts and documented in detail for each patient.		

6.2 Organ-specific systemic therapy

Section	Requirements	Explanatory remarks of the CCCN	
6.2.1	The statements below refer to the following cooperation partners: General remark Each of the cooperation partners of the CCCN must prove that it meets the requirements in this section of the Catalogue in the field of medicinal oncological therapy. Hence, each cooperation partner from this specialty is to process this section in detail or to make specific statements in this section. This also applies when inpatient and outpatient therapy is undertaken by different cooperation partners (separation inpatient/outpatient).		
6.2.2	Conduct of medical oncological therapy (chemotherapy, antibody therapy, hormone therapy) Specialist for • Medical Oncology • Radiotherapy for radio- and chemotherapy concepts • Any other discipline which is board qualified for conducting medical oncological therapy according to the country specific regulations		

Draft

6.2 Organ-specific systemic therapy

Section	Requirements	Explanatory remarks of the CCCN	
	A representative with the aforementioned qualification is (are) to be identified by name. The specialists named here must monitor medical oncological therapy. It is not possible to delegate responsibilities to doctors who do not have the aforementioned qualification.		
6.2.3	Specialist nurse Prerequisites for specialist nurses responsible for administering chemotherapy: • Minimum one year professional experience in oncology • 50 chemotherapies per annum administrations (in the case of initial certification an estimate can be made. In subsequent years proof will have to be provided in the audit.) • Active involvement in meeting the requirements for emergency treatment and treatment of comorbidities and secondary diseases		
6.2.4	Availability/On call • 24-hour availability outside of working hours including weekends and public holidays • Access to therapy data must be possible during 24-hour availability Specifics inpatient care • Ward rounds on weekends		
6.2.5	Case numbers per treatment unit • At least 200 chemotherapeutic treatments per year or at least 50 with specific indication (e.g. breast, colon…) unless otherwise stipulated in the organ-specific provisions • Calculation method: completed chemotherapeutic treatments per patient (consisting of several cycles or administrations) • In the event of shortfall, expertise cannot be proven via cooperation (must be proven by each individual treatment unit).		
6.2.6	Premises medical oncological therapy (only outpatient) At least four treatment places for intravenous tumour therapy and blood transfusions in a separate room		
6.2.7	Basic diagnostics laboratory Basic diagnostics including emergency laboratory must be possible during working hours. If done externally, proof by means of cooperation agreement.		
6.2.8	Basic diagnostics imaging Cooperation for sonographic and radiological emergency and routine diagnostics. Proof by means of cooperation agreement.		

Draft

6.2 Organ-specific systemic therapy

Section	Requirements	Explanatory remarks of the CCCN	
6.2.9	Treatment plan/tumour board protocol • In principle, all treatment plans and recommendations of the tumour board are binding and form the basis for treatment. • Treatment plan/tumour board protocol must be available in patient-related documentation. • If there are any deviations from the treatment plan, they are to be presented at the tumour board.		
6.2.10	Systemic therapy regimens • The drawing up of/changes to existing therapy regimens must be approved in a formalised manner. • Prior to approval of or changes to therapy regimens, the pharmacist's expert opinion may be sought. • The therapy regimens are to be protected against unintentional changes. • The therapy regimens of the outpatient and inpatient units are comparable. Therapy plans • Every systematic therapy must be planned in line with a therapeutic regimen. • Antiemetics that comply with the guidelines are to be included in therapy planning. • Therapy planning is to be reviewed and approved.		
6.2.11	Preparation of cytostatic drugs • It must be possible to consult the pharmacist during the period in which therapy is being administered. 24-hour on-call service is required for inpatients. • Procedural descriptions for preparation are to be drawn up.		
6.2.12	Standard operating procedures • All phases of the procedure for medical oncological therapy (initiation of therapy, conduct of therapy and termination of therapy) are to be described. • Supportive measures in accordance with the guidelines are to be described for the individual therapy concepts and documented in detail for each patient.		
6.2.13	Standards comorbidities and secondary diseases Standards are to be drawn up for the prophylaxis/therapy of comorbidities and secondary diseases, in particular the treatment of extravasations, infections and thromboembolic complications.		

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6.2 Organ-specific systemic therapy

Section	Requirements	Explanatory remarks of the CCCN	
6.2.14	Emergency treatment Availability of emergency medical equipment and written flowchart for emergencies		
6.2.15	Case-related information/dialogue with patients Adequate information is to be provided for diagnosis and therapy planning and a consultation is to be given. This includes: • Presentation of alternative treatment concepts • Offer of and assistance in obtaining second opinions • Discharge consultation as a standard procedure Patient consultations are to be documented in medical reports and other protocols/records.		
6.2.16	Information of therapy conduct/planning After each administration of systemic therapy the patient and/or doctor responsible for further treatment is/are given information about the current status of therapy and future planning (blood tests…), e.g. in an aftercare pass Preparation of discharge letter The doctor responsible for further treatment or the co-attending doctor is given the final medical report within seven days of completion of systemic therapy (last administration).		

7 Radio-oncology

Section	Requirements	Explanatory remarks of the CCCN	
7.1	The requirements concerning organ-specific requirements are contained in the Catalogues of Requirements of the corresponding Tumour specific networks and are to be fully complied with.		
7.2	CCCN • min. 2 accelerators in the CCCN • Any location with an accelerator must be named		
7.3	Expertise in the CCCN A complete radiotherapy series must be proven for at least 800 tumour patients. Of them, at least 200 patients must be treated in the CCCN.		
	locations with 1 accelerator Complete radiotherapy series with at least 400 tumour patients;		
7.4	CCCN • At least three specialists		

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7 Radio-oncology

Section	Requirements	Explanatory remarks of the CCCN	
	• Specialists must be named Network structure Special characteristics see rules in 7.4		
7.5	CCCN • At least 3 MPEs are available to the CCCN on working days. Name of MPE:		
7.6	• 2 MTRAs must be present for each linear accelerator during radiotherapy. Cross-cover staff rules must be formulated in writing.		
	Name:		
7.7	Contingency plan Contingency plan formulated in writing (network see also Section 7.4).		
	Combined therapies In the case of combined therapies (e.g. percutaneous radiotherapy/brachytherapy/IORT, simultaneous radio-chemotherapy) the medical and medical-physical responsibility should not change. If a change in this responsibility is essential for organisational reasons, the treatment plan must be agreed and signed by all responsible healthcare professionals prior to the commencement of treatment.		
	Documentation/Tumour control • The relevant radiation data (single dose, total dose, total treatment time) are to be recorded in line with the guidelines. Any deviation from the prescribed dose must be justified and documented. • Supportive measures in accordance with the guidelines are to be described for the individual therapy concepts and documented in detail for each patient.		
	Availability/On-call Presence of one specialist for radiotherapy during working hours, 24-hour on-call service outside working hours, if necessary through cooperation (including weekends and public holidays)		
	CCCN • CCCN must have a written concept for emergency radiotherapy and timely radiotherapy for relief of symptoms in palliative patients. • In the case of patients with compression of the myelon and neurological symptoms an SOP for treatment must be drawn up within 24 hours of the suspected diagnosis.		
7.8	• Therapy simulator or virtual simulation • CT planning		

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7 Radio-oncology

Section	Requirements	Explanatory remarks of the CCCN	
	• 3D and IMRT radiotherapy planning system Access to magnetic resonance imaging		
7.9	Techniques that must be available: • Image-Guided Radiation therapy (IGRT) • Intensity-Modulated Radiotherapy (IMRT, 3D-compliant radiotherapy		
7.10	Brachytherapy must be available (if necessary in cooperation)		
7.11	The procedure for sequential / simultaneous radio-chemotherapy is to be described.		
	Treatment documentation: • The side effects of radio-chemotherapy are to be recorded and evaluated. • Blood count monitoring and laboratory tests must be documented by the radio-oncologist during radio-chemotherapy.		
7.12	• In the case of palliative radiotherapy, the therapeutic goal (local control or solely symptom alleviation) is to be documented. • Palliative medical measures, progress of symptoms and side effects are to be described and documented for each patient particularly in the case of therapeutic concepts for symptom alleviation. • Simultaneous medicinal therapy (e.g. pain, tumour-specific therapy) is to be documented.		
7.13	Consulting hours • Each patient is to undergo a medical consultation prior to the commencement of radiotherapy. • During a radiotherapy series at least one documented contact with a doctor is to be ensured in the radiotherapy facility carrying out the treatment.		
	Waiting times • Time between patient registration and first presentation < 10 days • Time between first presentation and commencement of treatment if there are no medical contraindications: < 4 weeks • The actual total treatment time should not exceed the prescribed treatment time by more than 10%. Medically justified or patient-justified breaks in radiotherapy are exceptions. The waiting times are to be recorded on a spot check basis and statistically evaluated (recommendation: evaluation period 4 weeks a year).		
7.14	Adequate information must be provided about diagnosis and therapy planning and a consultation is to be given. This includes *inter alia*: • Structured explanation of indication, action, side effects, treatment schedule		

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7 Radio-oncology

Section	Requirements	Explanatory remarks of the CCCN	
	• Presentation of alternative treatment concepts • Offer of and aid in obtaining second opinions • Discharge consultation as a standard procedure • Patients must be given written patient information about behaviour during and after radiotherapy. Patient consultations are to be documented for each patient.		

8 Pathology

Section	Requirements	Explanatory remarks of the CCCN	
8.1	The requirements concerning organ-specific requirements are contained in the Catalogues of Requirements of the corresponding Tumour specific networks and are to be fully complied with.		
8.2	Case numbers Pathology Institute At least 10,000 histologies/year (case numbers, proof via journal no.)		
8.3	**CCCN** • At least 3 pathology specialists (board pathologists) when the CCCN is handled by only 1 pathology institute • Otherwise, the following applies: At least 2 pathology specialists for each institute involved • Specialists must be named		
	Head • Pathology specialist (Board pathologist)		
8.4	A sufficient number of qualified MTAs / technical assistants must be available.		
8.5	Procedures that must be available • Immunohistochemical tests • *In situ* hybridisations (not SC/PC) • Molecular pathology (not for PC) These special services may only be performed at Pathology Institutes which are to be named with the submission of a cooperation agreement. The institutes should have a recognised QM system or valid accreditation or prove successful participation in interlaboratory experiments.		
8.6	Within the Centre the unlimited carrying out of autopsies must be possible and encouraged in the case of SC/PC. An autopsy room must be proven (possibly in cooperation).		

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8 Pathology

Section	Requirements	Explanatory remarks of the CCCN	
8.7	• The technical and organisational preconditions for frozen sections must be in place for each surgical location. • The readiness for operation of the cryostat must be ensured (does not apply to SC).		
	Parameter frozen sections Time needed (in minutes) and time point measured from arrival in pathology to communication of the result (guidance value maximum 30 minutes) Evaluation of time needed: Min / max / range value		
8.8	• Archiving paraffin blocks ≥ 10 years • Storage fresh material ≥ 4 weeks after reception Cryopreservation should be possible.		
8.9	Pathology reports must contain, for the macroscopic and the microscopic assessment 100% of the information stipulated in the Guidelines (In particular: histological type according to the current WHO classification, grade, TNM stage (GZ or FIGO), R classification).		
8.10	• All lymph nodes in the surgical preparation are to be examined macroscopically and microscopically. • Deviations from the minimum numbers in the Guidelines are to be discussed on an interdisciplinary level. • The lymph nodes must be examined in line with the guidelines. • The localisation of the lymph node (at least regional versus distance from the tumour) is to be indicated.		
8.11	Pathologist must always give details of the resection margins (deviations are to be justified).		

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9 Palliative Care and Hospice Work

Section	Requirements	Explanatory remarks of the CCCN	
9.1	• Proof is to be provided for each cooperation agreement with service providers of specialist inpatient and outpatient palliative care and inpatient hospices. • Regional care concepts for the integration of palliative care are to be described A physician with additional specialty training must be available for consultations and tumour boards. • The group of patients with incurable cancer is to be defined, for instance in the tumour board. They are to be informed in a timely manner about palliative medical support services (SOPs). • The access to palliative care can be offered in parallel to tumour-specific therapy. The procedure in the Centre is to be described in an SOP.		

10 Tumour documentation

Section	Requirements	Explanatory remarks of the CCCN	
10.1	Tumour documentation system Tumour documentation must be in place at the time of initial certification, which contains patient data for a minimum period of three months.		
10.2	Data presentation period The data are to be presented for the previous calendar year.		
10.3	Cooperation with the cancer registry • Cooperation with the responsible cancer registry is to be documented		
10.4	Documentation officer At least one documentation officer is to be identified by name who is responsible for tumour documentation. Name/function: The documentation officer is responsible for the following tasks: • Ensuring and monitoring the timely, complete and correct transmission and quality of the patient data of relevance for certification by all cooperation partners to the cancer registry • Providing motivation for cross-sector cooperation between the specialties		

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10 Tumour documentation

Section	Requirements	Explanatory remarks of the CCCN	
	involved in the cancer registry (pathology findings, radiotherapy and medicinal treatments) • Qualification and support of staff involved in record keeping • Regular analysis of the evaluations, particularly over the course of time		
10.5	The tumour documentation system must offer at least the following selection options: • Year of birth • TNM classification or comparable classifications (e.g. FIGO) • Types of therapy (surgical therapy, radiotherapy, hormone therapy, immune therapy, chemotherapy)		
10.6	Data analysis • Data in the tumour documentation system are to be analysed at least once a year. • The results must be discussed in an interdisciplinary fashion. There should be participation in any regional or national networks.		
10.7	Recording follow-up The method of compiling follow-up data is to be explained as is the current aftercare status Functioning cancer registries present follow-up status. Follow-up status consists of: • Progression (local recurrences, possibly regional lymph node recurrences, distant metastasis, at least the first progression) • Secondary malignancies • Deaths • Currently resides at the address • Termination of follow-up (e.g. moves away from the catchment area, federal state)		

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Annex 1 - List of guidelines/ SOPs

Specialty (field of application)	Guideline designation (incl. version, level of classification S1-3)	SOP designation (incl. version)	Person responsible for guideline / SOP
e.g. gynaecology	S3-LL MaCa Version 4.0		

Study list Patients included during the period from … to…. 01.01.15 – 31.12.15

Unit performing the study	Study	Status of study open / closed (dd.mm.yy)	Number of patients (during assessment period)
e.g. internal medicine	Study type A	open	4
	Study type B	closed (30.09.07)	5
e.g. radio-oncology	Study type A	open	14
	Study type C	open	12
	Study type D	open	2
e.g. oncology 1 practice	…..		
e.g. urology	…..		

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Annex 3 – Chapter 5.2 Overview of surgical qualification

	Tumour Entity		Name of specialization	
1	**Colon**			
2	**Pancreas**			
3.1	**Gastric**			
3.2	**Liver**			
4	**Oesophagus**			
5	**Other gastrointestinal tumours** (bile ducts, neuroendocrine tumours, tumours of the small intestine)			
6	**Endocrine malignancies** (incl. thyroid, adrenal gland)			
7	**Lung**			
8	**Breast**			
9	**Gynaecological tumours** (cervix, uterus, ovaries incl. BOT, vulva, vaginal tumours)			
10	**Skin** (invasive malignant melanoma)			
11	**Paediatric oncology**			
12	**Prostate**			
13	**Testicles, penis**			
14	**Kidney**			
15	**Urinary bladder**			
16	**Soft tissue sarcoma** (incl. GIST)			
17				

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	Malignant tumours of the musculoskeletal system			
18	**Head/neck tumours** (upper aerodigestive tract, oral cavity, throat, larynx)			
19	**Neuro-oncological tumours**			

[1] Biopsies are not counted.

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Annex 4 Numbers and Percentages of Cancer Patients discussed in Tumor Boards

	Tumour entities	ICD-10-GM Codes	Number of all cancer patients treated in the cancer center in 2017	Patients discussed in tumor board	% columns 2/1	Number of cancer patients newly diagnosed in 2017	Patients discussed in tumor board	% columns 5/4
1	**Colorectal**	**C18, C19, C20**						
2	**Pancreas**	**C25**						
3	**Gastric**	**C16.1 - .9, C16.0**						
4	**Liver**	**C22**						
5	**Oesophagus**	**C15, C16.0**						
6	**Other gastrointestinal tumours** (bile ducts, neuroendocrine tumours, tumours of the small intestine)	**C23-24**						
7	**Endocrine malignancies** (incl. thyroid, adrenal gland)	**C73**						
8	**Morbus Hodgkin**	**C81**						
9	**Non-Hodgkin Lymphomas**	**C82-85**						
10	**Leukaemia**	**C91-95**						
11	**Lung**	**C34**						
12	**Haematological systemic diseases (plasmocytoma, etc.)**	**C86-88, C90, C96**						
13	**Breast**	**C50, D05.1, D05.7, D05.9**						
14	**Gynaecological tumours (cervix, uterus, ovaries incl. BOT, vulva, vaginal tumours)**	**C48, C51, C52, C53, C54, C55, C56, C57**						
15	**Skin (invasive malignant melanoma)**	**C43**						

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16	**Paediatric oncology**	**-**						
17	**Prostate**	**C61**						
18	**Testicles, penis**	**C62**						
19	**Kidney**	**C64**						
20	**Urinary bladder**	**C67**						
21	**Soft tissue sarcoma (incl. GIST)**	**C40-41, C45-49**						
22	**Malignant tumours of the musculoskeletal system**							
23	**Head/neck tumours (upper aerodigestive tract, oral cavity, throat, larynx)**	**C00-14, C30-32**						
24	**Neuro-oncological tumours**	**C70-72* C75.1-3, D32, D33.3, D35.2-4**						

Column 1: Number of all cancer patients treated in the cancer center in 2017. Please transfer the numbers from table p.3 /column 1.
Column 2: How many of the column 1 patients were discussed in tumor boards in 2017? Do not include any patient more than once unless he/she was treated for two malignancies in 2017.
Column 3: Percentage of cancer patients discussed in tumor boards (column 2/1).
Column 4: Number of cancer patients newly diagnosed in 2017. Please transfer the numbers from page 3/column 2.
Column 5: How many of the column 4 patients were discussed in tumor boards in 2017? Do not include any patient more than once unless he/she was treated for two malignancies in 2017.
Column 6: Percentage of cancer patients discussed in tumor boards (column 5/4).

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Annex 5 - Multidisciplinary Tumor Boards - Current Situation

1	2	3	4
Tumor Board (TB)	**ICD-10 Number(s)**	**Frequency**	**Disciplines**

1. **Tumor Board:** Provide the name of the Board.
2. **ICD-10:** Indicate the ICD-10 number(s) of the cancer cases which are discussed in the TB.
3. **Frequency:** Indicate how often the board meets (e.g. weekly, monthly, every other day, every second week, each Monday).
4. **Disciplines**: Indicate the participating disciplines of the TB meetings (obligatory disciplines should be highlighted).

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