

## Evaluation guideline Case numbers

The additions/changes to the version of 14.01.2021 are marked „red“ in colour.

Falling below the number of cases represents a critical situation with regard to admission to initial certification, maintenance of the certificate and renewal of a certificate. This guideline contains the assessment principles for (critical) case situations to be applied by the auditor and the certification committee, which apply to all organs.

### Initial Certification

Requirements Admission to the audit and issue of certificate:

- Fulfilment of case numbers from the last calendar year and the last 12 months

### Surveillance Audit

In the case of a positive audit result (= auditor recommends maintaining the certificate, if necessary, after correcting deviations) it is possible to maintain the certificate despite the number of cases not being met.

Supplement (27.08.2012)

For gynaecological cancer centres, the shortfall is limited to a maximum of 10%.

### Re-Audit (recertification)

Prerequisite for regular certificate renewal:

The tumour-specific required number of cases (see table on next page) is achieved on average over the last 3 calendar years. Proof of the number of cases "last calendar year and last 12 months" is therefore no longer sufficient.

Limited certificate renewal (12 months) if:

- Fulfilment of the number of cases in the last calendar year, but not in the average of the last 3 years.
- The case numbers are achieved on average over the last 3 calendar years. In the last calendar year, however, the shortfall in the number of cases is more than 20%.

For a further extension of the certificate to the full period of validity, the case numbers for the last calendar year must be completely fulfilled in the following audit.

In case of shortfall:

Suspension of the certificate for at least 12 months, starting from the date "Expiry of certificate validity". The prerequisite for reinstatement is a new audit and a positive assessment by the Certificate Awarding Committee.

### General specifications

Consideration „last 12 months“	<ul style="list-style-type: none"> <li>• Data not older than 1 month</li> <li>• Date of assessment = audit date (or date of assessment by committee)</li> </ul>
Explanation case situation	Change: Statement at monthly level in case of borderline case situation only required for initial certification.

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### Required number of cases per calendar year

The evaluations refer to the following case numbers in the Catalogue of requirements.

Organ	Chapter Cat. Requ.	Case number designation / requirement
Anal	VC 1.2.0	≥ 12 primary cases
Breast	BC 5.2.1	≥ 100 primary cases
Colorectal	VC 1.2.0	Surgical primary cases <ul style="list-style-type: none"> <li>• ≥ 30 Colon cancer</li> <li>• ≥ 20 Rectal cancer</li> </ul>
Familial breast and ovarian cancer	FBROC 1.2.2	<p>Only applies to initial certification:</p> <ul style="list-style-type: none"> <li>• ≥ 100 generic examination of diseased persons / non-diseased persons in 2 years</li> <li>or</li> <li>• ≥ 150 generic examinations of diseased persons 7 non-diseased persons per year</li> <li>or</li> <li>• ≥ 450 generic examinations of diseased persons /non-diseased persons in the last 3 years.</li> </ul> <p>From the 1st surveillance audit (=1 year after initial certification) the following applies:</p> <ul style="list-style-type: none"> <li>• ≥ 150 generic examinations of diseased persons / non-diseased persons per year</li> <li>or</li> <li>• ≥ 450 generic examinations of diseased persons / non-diseased persons in the last 3 years</li> </ul>
Gyn	GC 1.2.1	≥ 75 cases (=total number of cases), of which ≥ 50 primary cases
Hematology	HC 1.2.1	≥ 75 patient cases
Skin	SC 1.1.3	Cases with malignant epithelial tumours: ≥ 100 patients Cases with invasive malignant melanoma: ≥ 40 patients
Urinary bladder	UC 1.2.1	≥ 50 primary cases
Urinary bladder	UC 5.2.1	≥ 20 Cystectomy
Testicles	UC 1.2.1	≥ 15 primary cases
Head and Neck Tumours	HNT 1.2.1	≥ 75 primary cases
Head and Neck Tumours	HNT 5.2	Surgical expertise Otolaryngology ≥ 20 resections/year (removal of an inv. Tm /in situ Tm, primary cases/ recurrences; biopsies are not counted).
Head and Neck Tumours	HNT 5.2	Surgical expertise Oral & Maxillofacial Surgery (OMS) (if operative) ≥ 20 resections/year (removal of an inv. Tm /in situ Tm, primary cases/ recurrences; biopsies are not counted)
Paediatric	PED 1.2.1	≥ 30 patients (centre cases) aged 0 to 17 years
Liver	VC 1.2.0	≥ 30 patients with a primary diagnosis of HCC
Liver	VC 5.2.4	≥ 25 surgical interventions for malignant tumours in the liver

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Organ	Chapter Cat. Requ.	Case number designation / requirement
Lung	LC 1.2.1	≥ 200 patients with a primary diagnosis of lung cancer
Lung	LC 1.2.2	≥ 75 anatomical lung resections in patients with C-diagnosis
Stomach	VC 1.2.0	≥ 30 patients with the primary diagnosis
Stomach	VC 5.2.4	≥ 20 surgical resections stomach /AEG
Mesothelioma	LC 1.2.1	≥ 12 primary cases
Kidney	UC 1.2.1	≥ 35 centre cases
Kidney	UC 5.2.1	≥ 30 partial kidney resections and/or nephrectomies
Neuro-oncology	NOC 1.2.1	≥ 100 primary cases
Neuro-oncology	NOC 5.2.3	≥ 60 primary cases surgical
Esophagus	VC 1.2.0	≥ 20 pat. with primary diagnosis
Esophagus	VC 5.2.4	≥ 20 complex surgeries on the oesophagus (malignant and benign)
Pancreas	VC 1.2.0	≥ 25 pat. with primary diagnosis
Pancreas	VC 5.2.4	≥ 20 pancreatic resections (malignant and benign)
Prostate	PC 1.2.1	≥ 100 primary cases per year
Prostate	5.2.1	≥ 50 prostatectomies (not related to primary cases)
Sarkoma	SAR 1.2.1	≥ 50 centre cases with sarcomas
Personalised Medicine	CPM 1.2.2	≥ 250 cases discussed in the molecular tumour board in the audit year or one of the two previous years
Personalised Medicine	CPM 1.2.8	Experience in molecular pathological analysis and clinical diagnostic evaluation of 350 oncological patients (WGS, WES or NGS multigene panel (at least 1 Mbp)) in the audit year or one of the two previous years.

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### Primary case evaluation colon/rectum (result of the Cert. Com. Visceral meeting on 17.03.2016)

For colon/rectum, the following special regulation applies for re-audits:

In a primary case situation between 18-19 rectal surgeries and/or 27-29 colon surgeries with otherwise unre-markable audit results, the certificate can be extended.

### Evaluation of the surgical expertise prostate (result of the Cert. Com. Uro-oncology Centres meeting on 19.06.2018)

The following regulations apply to the surgical expertise prostate:

Prerequisite Initial certification	≥ 50 prostatectomies	Audit admission only possible with ≥ 50 prostatectomies (and ≥ 100 primary cases, among others).
Surveillance audit/ Re-audit	< 25 prostatectomies	No audit approval or maintenance of certificate possible.
	25-49 prostatectomies	Case-by-case decision; the audit report must include a recommendation to maintain the certificate without restriction (≥ 100 primary cases, among others).

### Oncology Centre

- Valid certificates of organ cancer centres and modules are recognised when considering OC.
- If it is not possible to extend the certificate of an organ cancer centre or a module, the existing certificate of an oncology centre can be continued, even if the structural requirements for the oncology centre are temporarily not met (e.g. number of organ cancer centres/modules, quota of scope, ...). However, a certificate renewal of the Oncology Centre would not be possible.
- The certificate of the Oncology Centre must be suspended for at least 12 months, starting from the date "Expiry of validity of certificate of the Oncology Centre".