

# Annual Report 2021

## of the Certified Breast Cancer Centres (BCCs)

Audit year 2020 / indicator year 2019



**Deutsche Gesellschaft für Senologie**

(German Society for Senology)



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## General information

Indicator No 1:	Post-operative case review	
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### Quality indicators of the guidelines (GL QI):

In the table of contents and in the respective headings the indicators, which correspond to the quality indicators of the evidence-based guidelines are specifically identified. The quality indicators identified in this way are based on the strong recommendations of the guidelines and were derived from the guidelines groups in the context of the guideline programme oncology. Further information: [www.leitlinienprogramm-onkologie.de](http://www.leitlinienprogramm-onkologie.de)

	Definition of indicator	All clinical sites 2018		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator in which radiotherapy was recommended	97*	26 - 566	30,659
Denominator	Primary cases with an invasive mammary carcinoma and BCS (without primary M1 pat.)	100*	26 - 578	31,602
Rate	Target value $\geq 90\%$	97.73%	86.32% - 100%	97.02%**

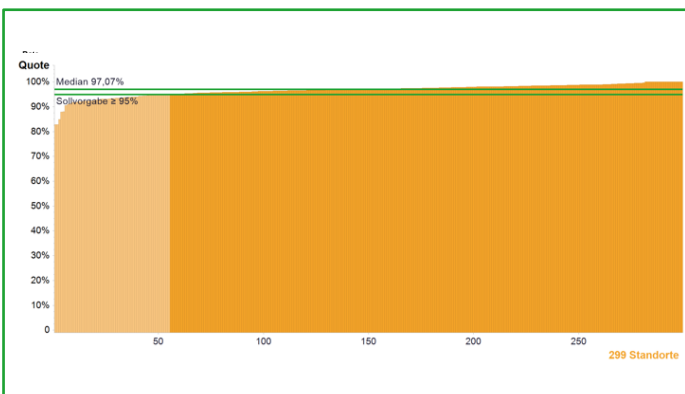
### Basic data indicator:

The definitions of **numerator**, **population (=denominator)** and **target value** are taken from the Data Sheet.

The **medians** for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.

The **values** for the numerators, populations and rates of all Centres are given under range.

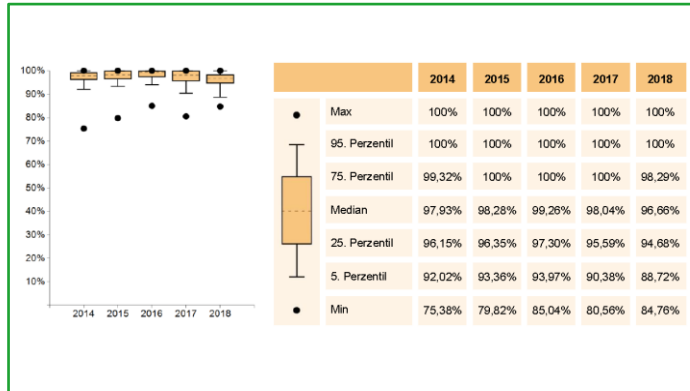
Under **Patients Total**, the percentage of the total number of patients treated in the centres according to the key figure is given.



### Diagram:

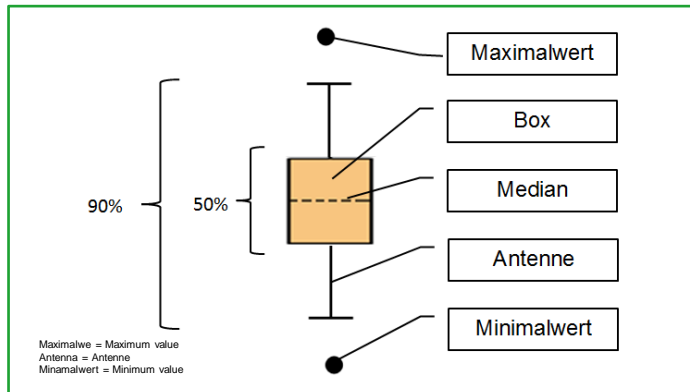
The x-axis indicates the number of Centres, the y-axis gives the values in percent or number (e.g. primary cases). The target value is depicted as a horizontal green line. The median, which is also depicted as a green horizontal line, divides the entire group into two equal halves.

## General information



### Cohort development:

The cohort development in the years 2015, 2016, 2017, 2018 and 2019 is presented in a box plot diagram.



### Boxplot:

A box plot consists of a **box with median, whiskers** and **outliers**. 50 percent of the Centres are within the box. The median divides the entire available cohort into two halves with an equal number of Centres. The whiskers and the box encompass a 90<sup>th</sup> percentile area/range. The extreme values are depicted here as dots.

## Status of the certification system: Breast Cancer Centres 2019

	31.12.2020	31.12.2019	31.12.2018	31.12.2017	31.12.2016	31.12.2015
Ongoing procedures	4	2	4	2	4	2
Certified centres	245	243	237	234	230	228
Certified clinical sites	284	282	280	280	280	279
BCC with 1 clinical site	210	209	199	193	186	183
2 clinical sites	33	31	35	38	40	41
3 clinical sites	0	1	1	1	2	2
4 clinical sites	2	2	2	2	2	2

## Included clinical sites

	Locations DKG & NRW	DKG Breast Cancer Centres					
	31.12.2020	31.12.2020	31.12.2019	31.12.2018	31.12.2017	31.12.2016	31.12.2015
Sites considered in the annual report	299	280	276	278	275	275	275
corresponds to	-	98.6%	97.9%	99.3%	98.2%	98.2%	98.6%
Primary cases total*	65.356	60.752	57,589	55,715	54,385	53,837	52.965
Primärfälle pro Standort (Mittelwert)*	218.6	217	209	200	198	196	193
Primärfälle pro Standort (Median)*	182	182	180.5	178	175	177	169

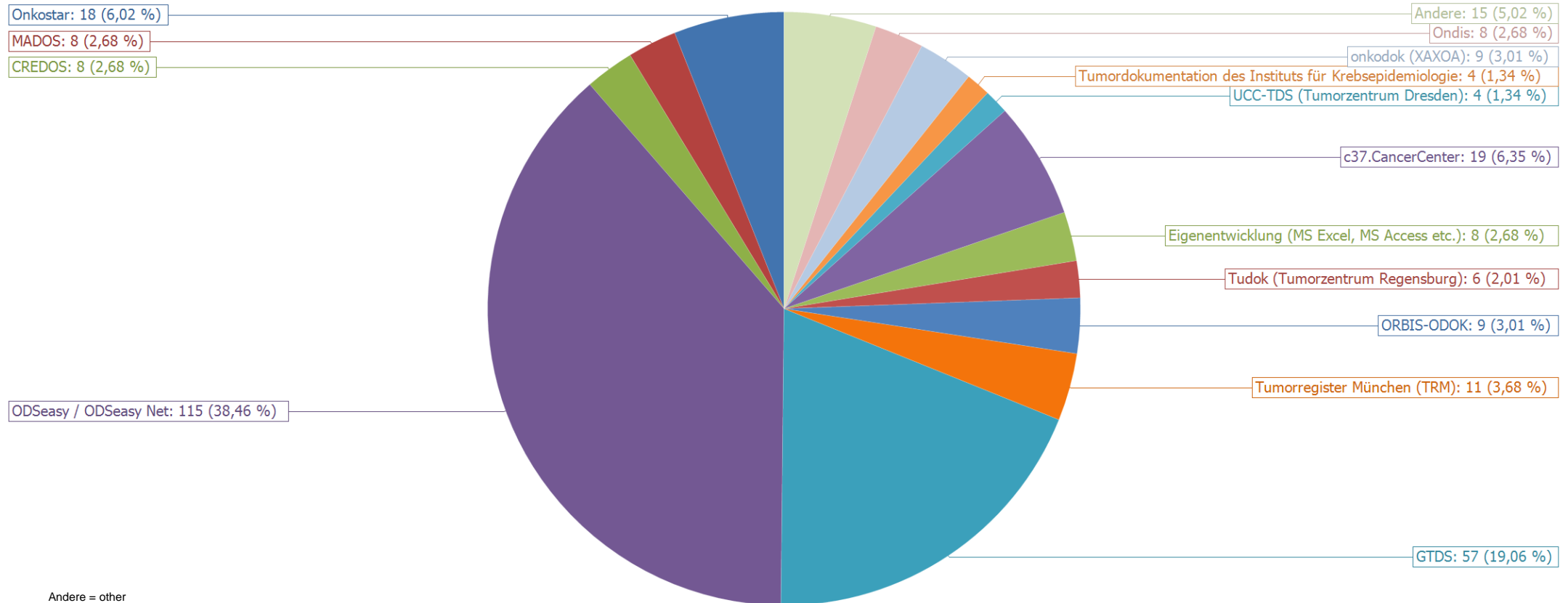
<b>Brustzentren NRW</b>	31.12.2020	This annual report looks at the breast cancer centres certified in the certification system of the German Cancer Society (DKG) and, for the first time from 2021, breast centres in the state of NRW that participate in the DKG's data management. The basis for the diagrams in the annual report is the data sheet. The indicators published here refer to the indicator year 2019. They represent the assessment basis for the audits carried out in 2020.
Sites considered in the annual report	19	
Primary cases total*	4,604	<b>DKG Breast Cancer Centres:</b> The annual report includes 280 of the 284 DKG-certified centre sites. Excluded are 4 sites that were certified for the first time in 2020 (data mapping of complete calendar year not mandatory for first-time certifications). The DKG-certified sites that are also NRW-certified (= 19 sites) are a subset of the 280 sites. A total of 61,356 primary breast cancer cases were treated at all 284 sites.
Primary cases per site (mean)*	242	<b>Breast centres NRW:</b> Included in the annual report are 19 centre sites in the state of NRW that participate in the DKG's data management. A total of 4,604 primary cases of breast carcinoma were treated at the 19 sites.
Primary cases per site (median)*	171	

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

A current overview of all sites is shown at [www.oncomap.de](http://www.oncomap.de). Using the filter "Certificate", a common view or a view separated according to certified and recognised sites can be selected. Translated with [www.DeepL.com/Translator](http://www.DeepL.com/Translator) (free version)



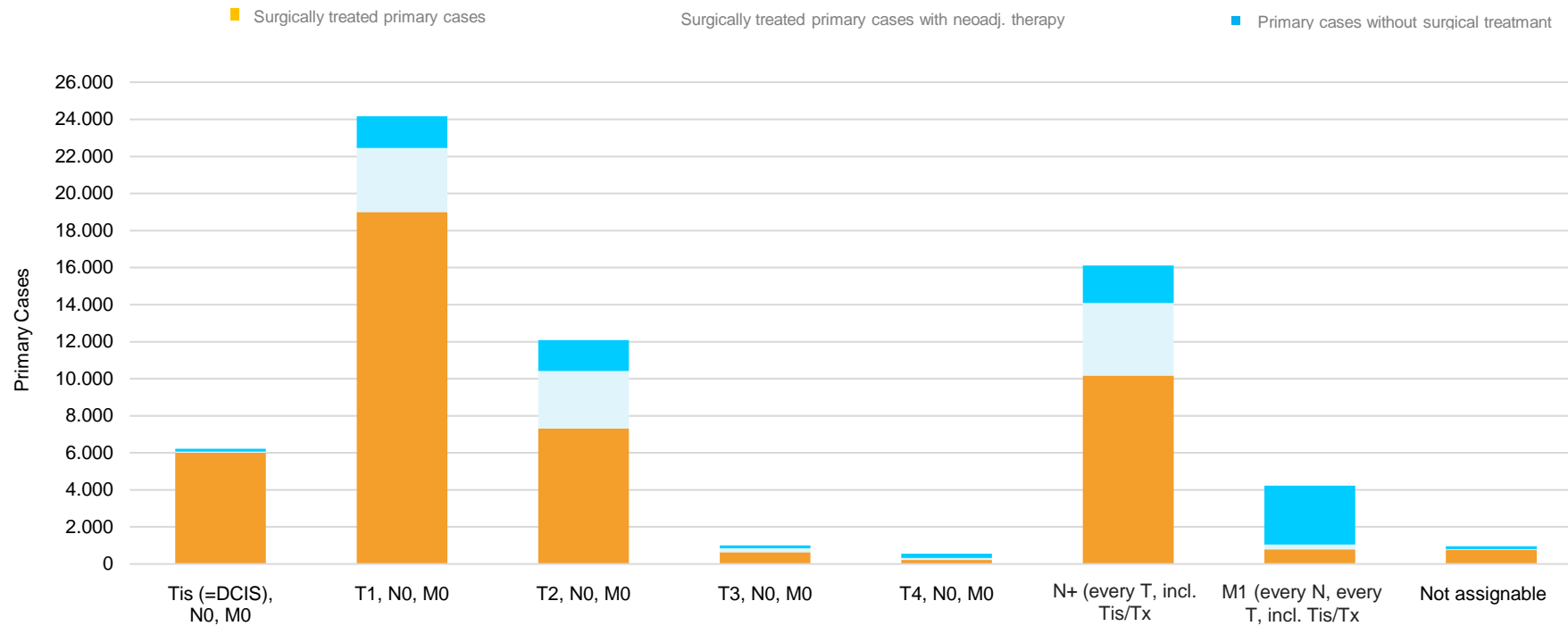
## Tumour documentation systems used in Breast Cancer Centres



The details on the tumour documentation system were taken from the EXCEL annex to the Data Sheet (spreadsheet basic data). It is not possible to indicate several systems. In many cases support is provided by the cancer registries or there may be a direct connection to the cancer registry via a specific tumour documentation system.

Legend	
Others	System used in < 4 clinical sites

## Basic data – Primary Cases Breast Cancer



	Tis (=DCIS), NO, MO	T1, NO, MO	T2, NO, MO	T3, NO, MO	T4, NO, MO	N+ (every T incl. Tis/Tx), MO)	M1 (every N, every T incl. Tis/Tx)	Not assignable*	Total
<b>Non-surgical primary cases</b>	163 (2.62%)	1,711 (7.08%)	1,661 (13.74%)	163 (16.17%)	232 (41.73%)	2,026 (12.57%)	3,176 (75.06%)	157 (16.44%)	9,289
<b>Primary cases Surgery with neoadj. Th.**</b>	55 (0.88%)	3,454 (14.29%)	3,112 (25.75%)	211 (20.93%)	109 (19.60%)	3,929 (24.37%)	264 (6.24%)	32 (3.35%)	11,166
<b>Primary cases without neoadj. Th.***</b>	6,010 (96.50%)	19,008 (78.63%)	7,312 (60.50%)	634 (62.90%)	215 (38.67%)	10,165 (63.06%)	791 (18.70%)	766 (80.21%)	44,901
<b>Primary cases Total</b>	6,228	24,173	12,085	1,008	556	16,120	4,231	955	65,356

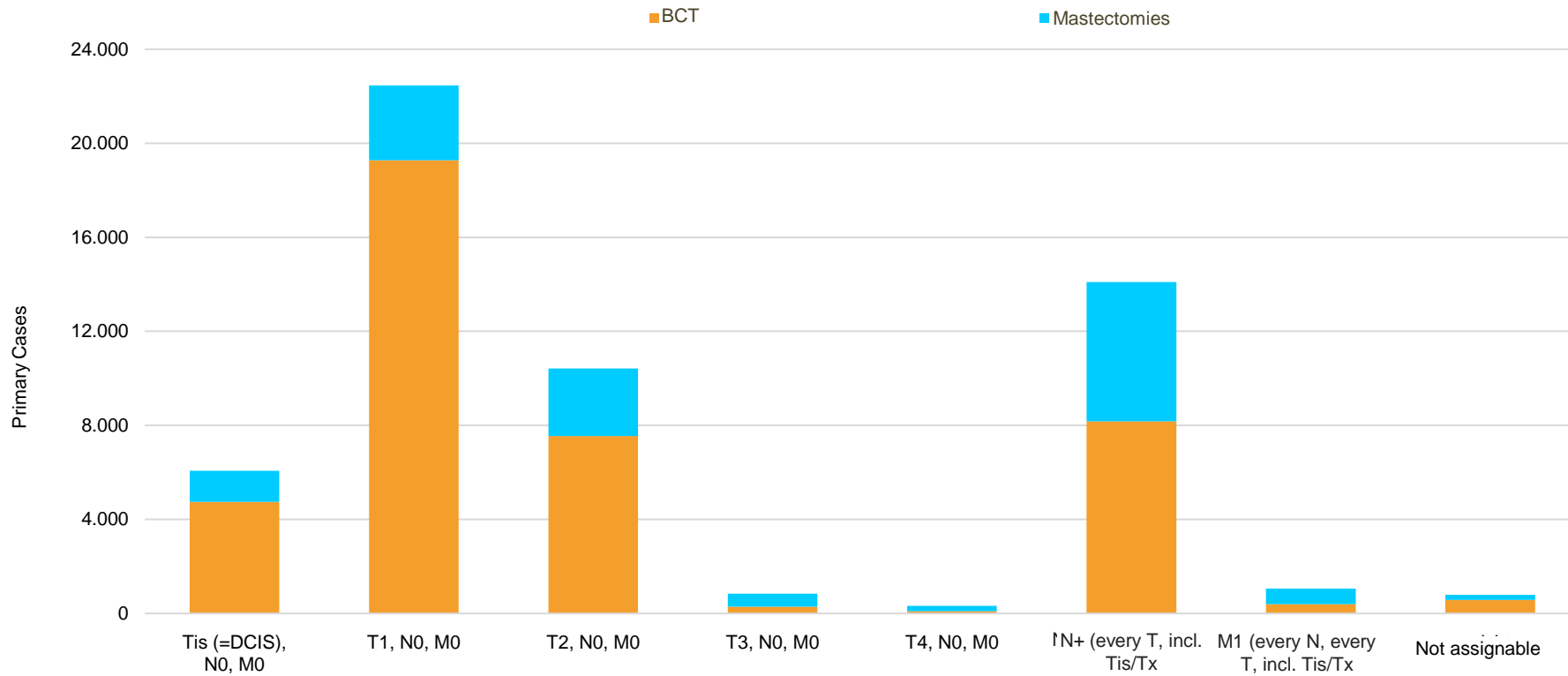
\*others: e.g. T1, NO, Mx

\*\* primary cases operated with neo-adjuvant or pre-operative systemic therapy

\*\*\* primary cases operated without neo-adjuvant or pre-operative systemic therapy



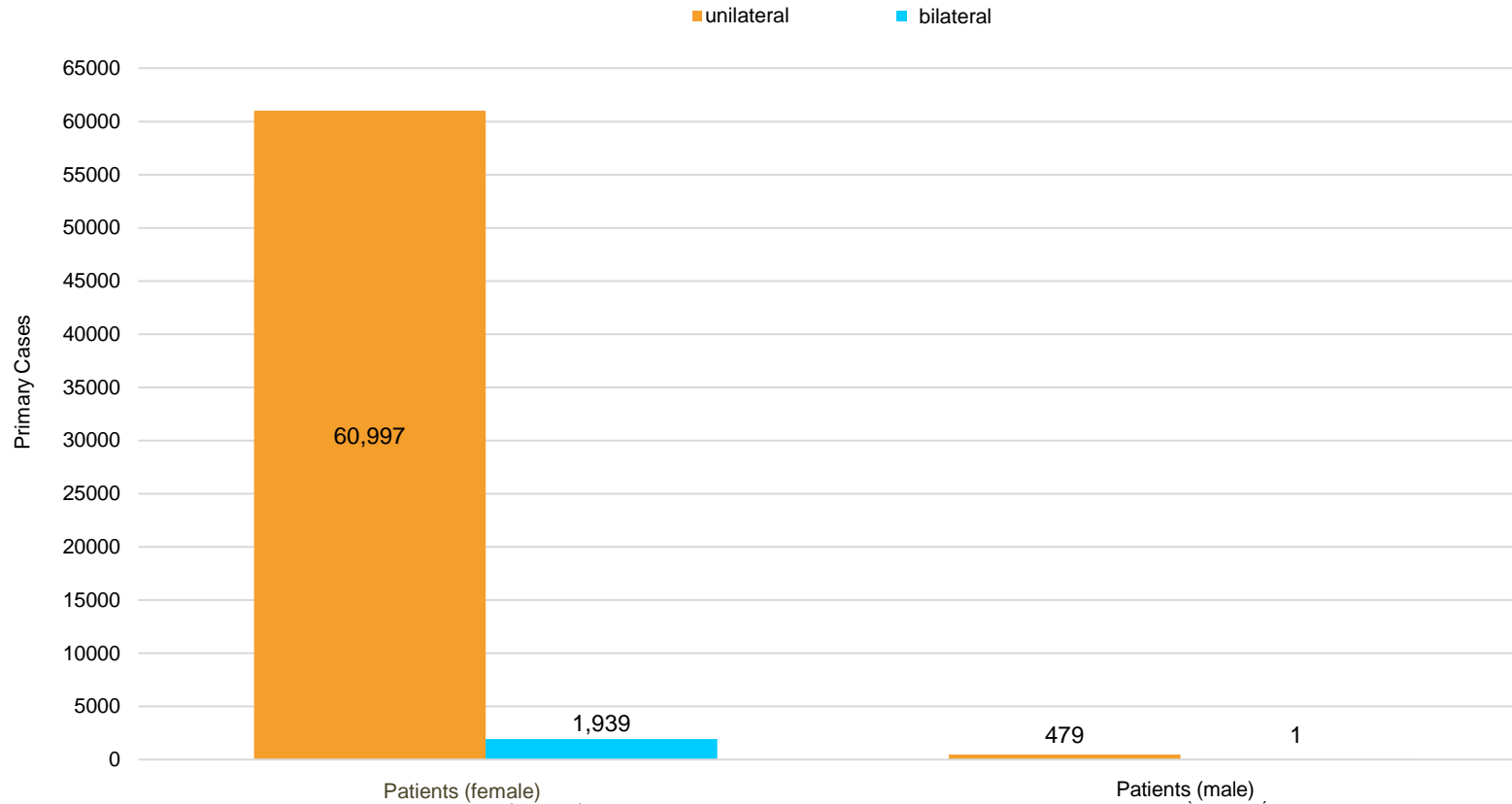
## Basic data – Distribution of surgically treated primary cases



	Tis (=DCIS), NO, M0	T1, NO, M0	T2, NO, M0	T3, NO, M0	T4, NO, M0	N+ (every T incl. Tis/Tx), M0)	M1 (every N, every T incl. Tis/Tx)	Not assignable*	Total
<b>Mastectomies</b>	1,321 (21.78%)	3,188 (14.19%)	2,883 (27.66%)	563 (66.63%)	227 (70.06%)	5,928 (42.06%)	661 (62.65%)	226 (28.32%)	14,997
<b>BCT</b>	4,744 (78.22%)	19,274 (85.81%)	7,541 (72.34%)	282 (33.37%)	97 (29.94%)	8,166 (57.94%)	394 (37.35%)	572 (71.68%)	41,070
<b>Surgically treated Primary cases Total</b>	6,065	22,462	10,424	845	324	14,094	1,055	798	56,067

\* Not assignable: e.g. T1, N0, Mx

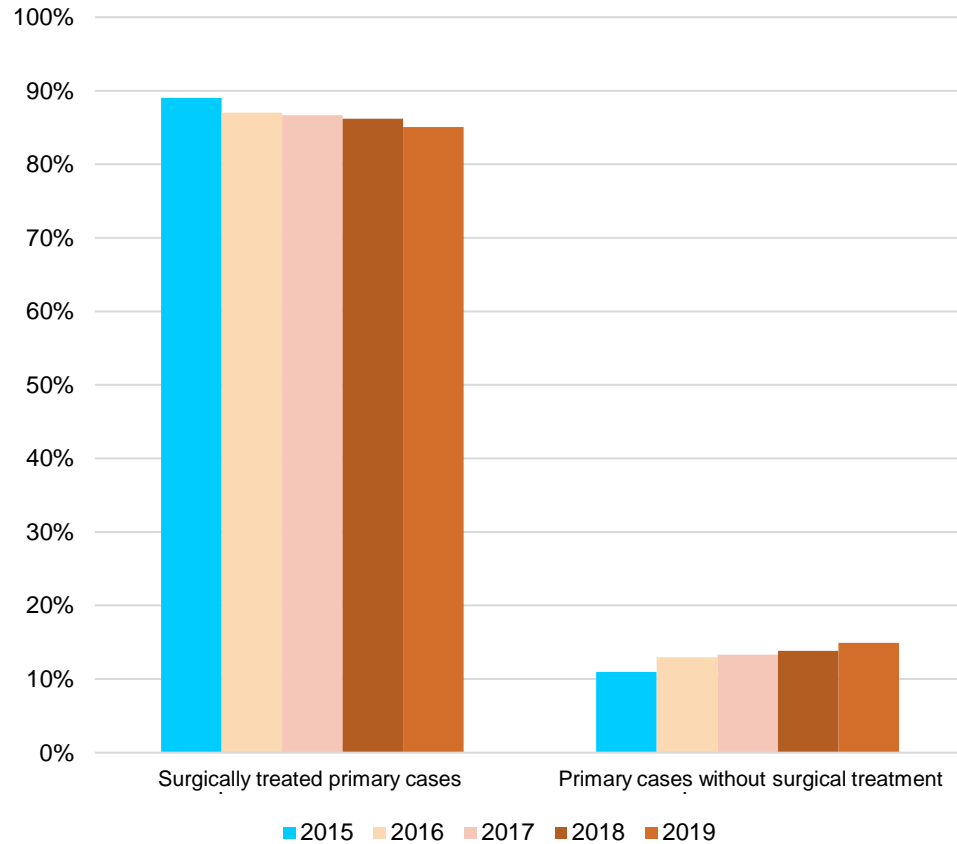
## Basic data – Gender distributuon



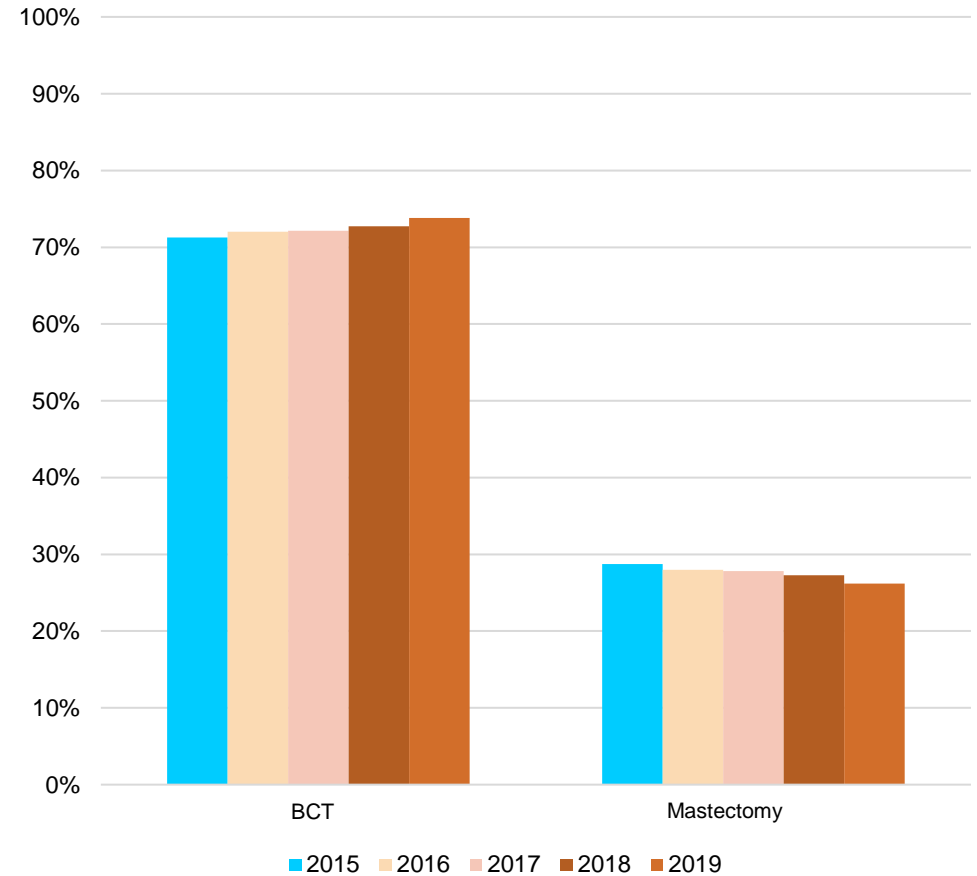
	Female patients	Male patients	Primary cases Total
<b>unilateral</b>	60,997 (96.92%)	479 (99.79%)	61.476
<b>Bilateral (simultaneous)</b>	1,939 (3.08%)	1 (0.21%)	3,880
			65,356
<b>Total</b>	62,936	480	

## Basic data – Development 2015 - 2019

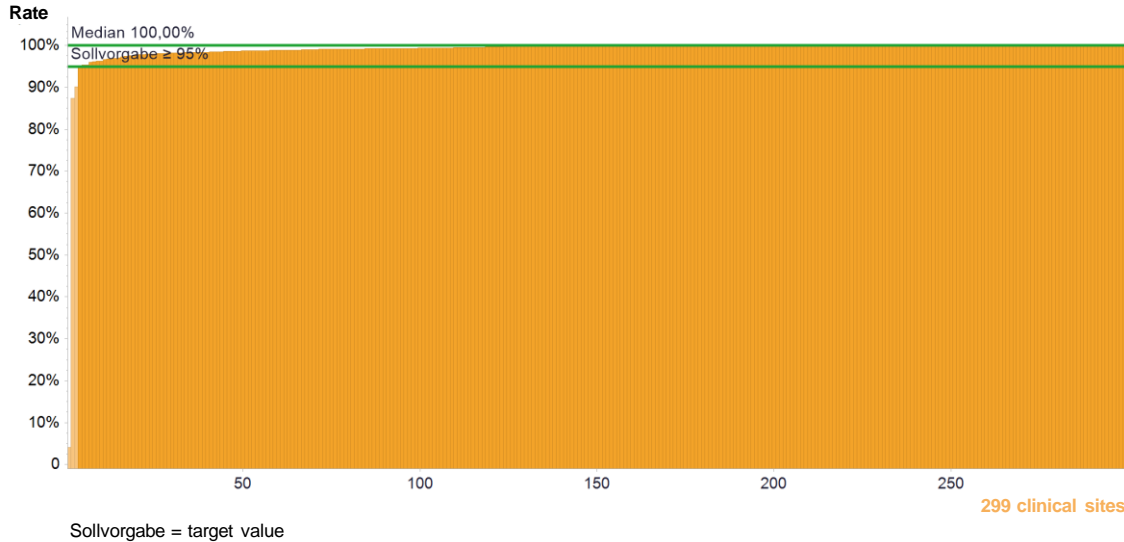
**Distribution of primary cases with surgical vs. non-surgical treatment 2015 - 2019**



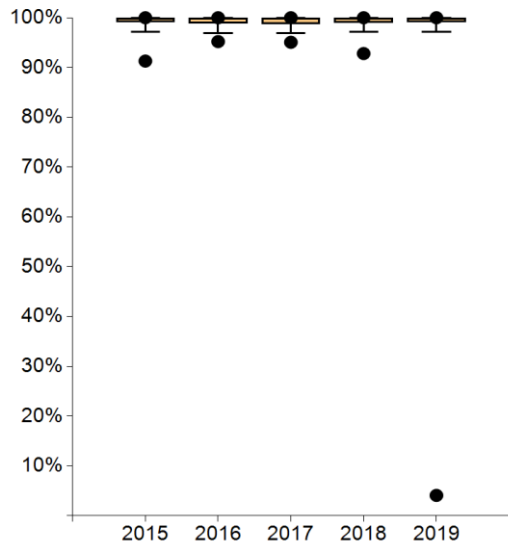
**Distribution of primary cases with surgical treatment 2015 - 2019**



# 1. Post-operative case review



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of denominator presented in the tumour board	154*	29 - 937	55,004
Denominator	Surgical primary cases	157*	53 - 937	56,067
Rate	Target value $\geq$ 95%	100%	4.08% - 100%	98.10%**



	2015	2016	2017	2018	2019
Max	100%	100%	100%	100%	100%
95. perzentile	100%	100%	100%	100%	100%
75. perzentile	100%	100%	100%	100%	100%
Median	100%	100%	99.88%	100%	100%
25. perzentile	99.11%	98.82%	98.73%	99.01%	99.10%
5. perzentile	97.20%	96.95%	96.85%	97.21%	97.20%
Min	91.30%	95.21%	95.07%	92.81%	4.08%

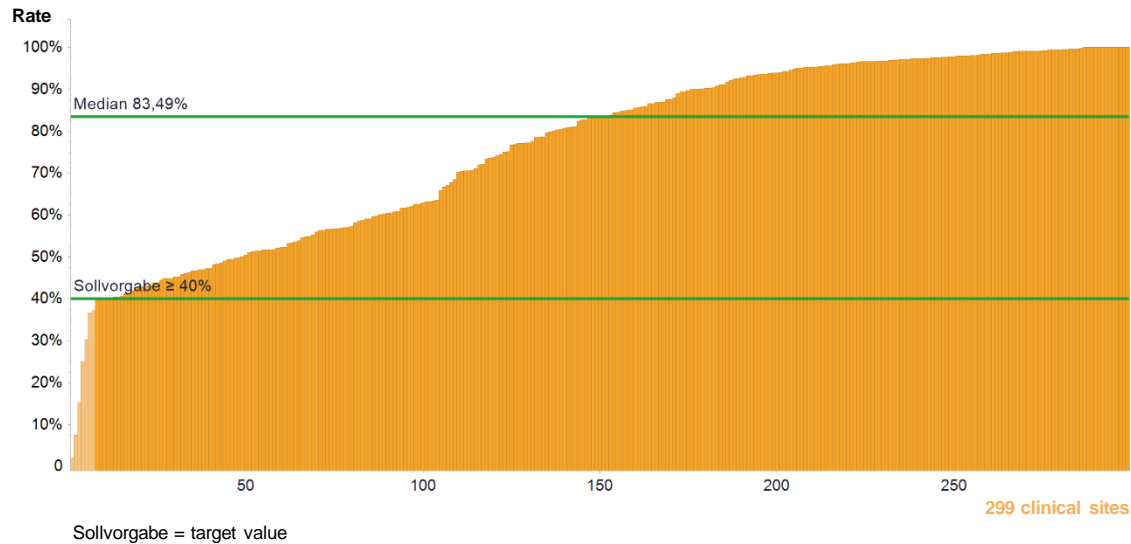
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	296	99.00%

**Comment**  
 The indicator continues to be implemented very well by the centres. 3 centres failed to meet the target. The background for this and another centre was that the patients were presented, but this was not indicated in the tumour documentation system. The centres then initiated adjustments in the documentation process. In another case, a surgeon had referred patients back to the referring physician directly after the operation without presenting them. Here, too, the processes were corrected and extended control options were created by the case management.

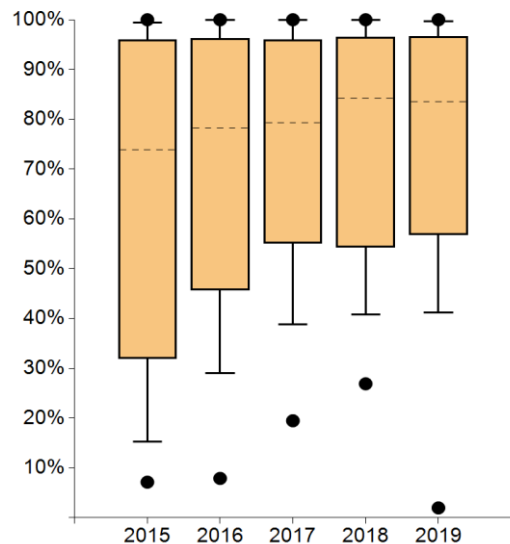
\*The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

\*\* Percentage of total patients treated in centers according to the numerator.

## 2. Pretherapeutic case discussion



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of denominator presented in the pretherapeutic tumour board	138*	11 - 752	49,295
Denominator	Primary cases	182*	55 - 1000	65,356
Rate	Target value: $\geq$ 40%	83.49%	1.97% - 100%	75.43%**



	2015	2016	2017	2018	2019
● Max	100%	100%	100%	100%	100%
95. perzentile	99.41%	100%	100%	100%	99.65%
75. perzentile	96.02%	96.18%	95.92%	96.44%	96.59%
Median	73.84%	78.29%	79.32%	84.24%	83.49%
25. perzentile	32.00%	45.71%	55.14%	54.28%	56.79%
5. perzentile	15.33%	29.05%	38.88%	40.79%	41.22%
● Min	7.14%	7.89%	19.47%	26.89%	1.97%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	292	97.66%

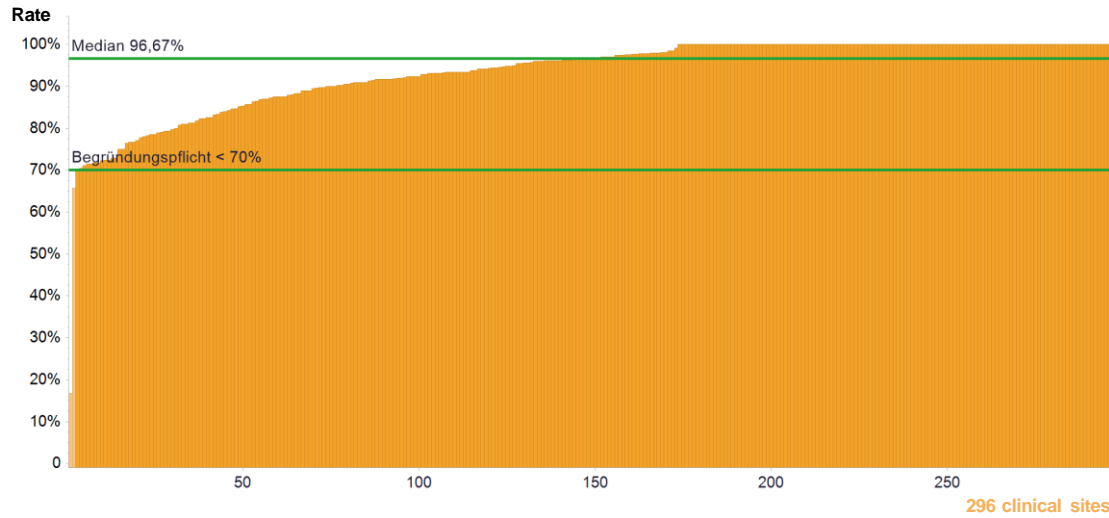
### Comment

Over the years, a pleasing development can be observed, which continues in the indicator year 2019. Only 7 centres (previous year: 8) presented less than 40% of primary case patients pre-therapeutically. The most frequent reason for falling short of this indicator was that there were few guidelines for presentation, e.g. only patients with neoadjuvant chemotherapy or primary metastatic patients were presented. Here, the audits worked towards broader presentation criteria. The centre with the lowest rate had inadvertently documented the presentation only in the HIS and not in the TuDok system.

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

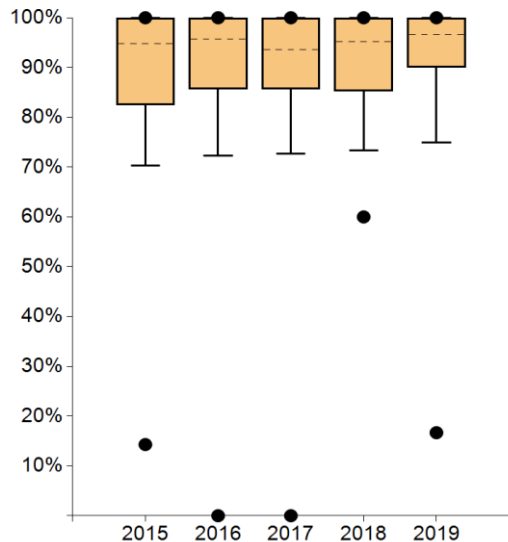
\*\* Percentage of total patients treated in centers according to the numerator.

### 3. Discussions of cases involving local recurrence/metastases



Begründungspflicht = mandatory statement for reason

	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Nominator	Patients of the dimoniator presented in the tumour board	27*	1 - 191	10,113
Denominator	Patients with first local recurrence and/or first remote metastasis (without primary M1 pat.)	29*	2 - 194	10,863
Rate	Mandatory statement of reasons*** <70%	96.67%	16.67% - 100%	93.10%**



	2015	2016	2017	2018	2019
Max	100%	100%	100%	100%	100%
95. perzentile	100%	100%	100%	100%	100%
75. perzentile	100%	100%	100%	100%	100%
Median	94.80%	95.74%	93.56%	95.24%	96.67%
25. perzentile	82.42%	85.71%	85.71%	85.27%	90.00%
5. perzentile	70.34%	72.29%	72.67%	73.33%	75.00%
Min	14.29%	0.00%	0.00%	60.00%	16.67%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limit	
Number	%	Number	%
296	99.00%	294	99.32%

**Comment**

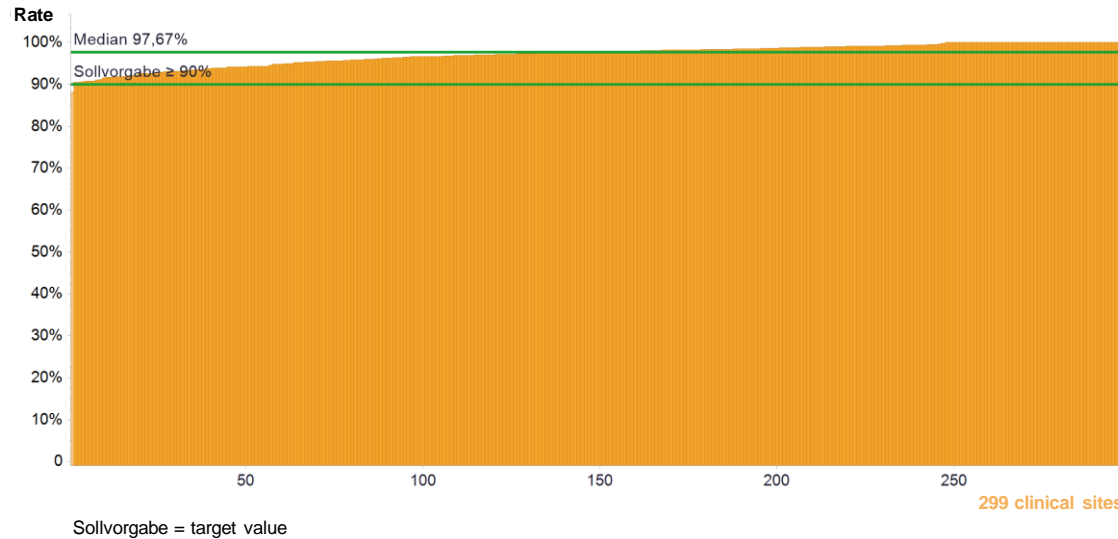
The median shows a further positive development in the case review of local recurrences and metastases. 123 centres succeeded in a complete presentation. Only 2 centres were below the plausibility limit. They stated that patients were inadvertently not presented by a cooperation partner and that some patients presented were not mapped in the TuDok system. These problems were countered with quality circles and regular exchanges between the documentalist and the centre.

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

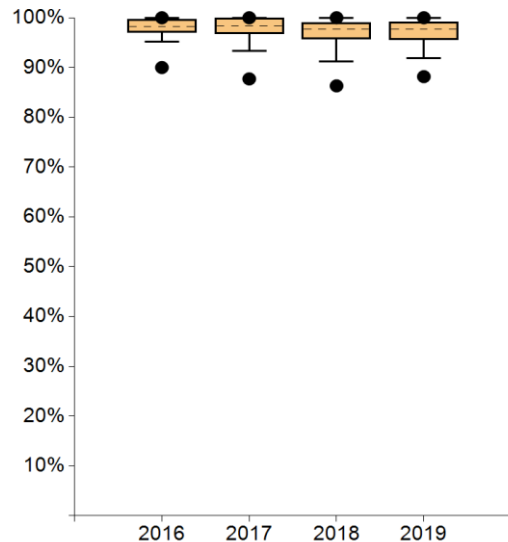
\*\* Percentage of total patients treated in centers according to the numerator

\*\*\* For values outside the plausibility limit(s), the centers are required to provide a justification..

## 4. Radiotherapy after BCT in the case of invasive mammary carcinoma (GL QI 7)



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator in which radiotherapy was recommended	99*	29 - 638	34,786
Denominator	Primary cases with an invasive mammary carcinoma and BCS (without primary M1 pat.)	103*	29 - 646	35,782
Rate	Target value ≥ 90%	97.67%	88.17% - 100%	97.22%**



	2015	2016	2017	2018	2019
● Max	100%	100%	-----	100%	100%
95. perzentile	100%	100%	-----	100%	100%
75. perzentile	99.67%	100%	-----	98.97%	99.10%
Median	98.20%	98.39%	-----	97.73%	97.67%
25. perzentile	97.08%	96.76%	-----	95.71%	95.60%
5. perzentile	95.18%	93.33%	-----	91.17%	91.89%
● Min	90.00%	87.72%	-----	86.32%	88.17%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	298	99.67%

### Comment

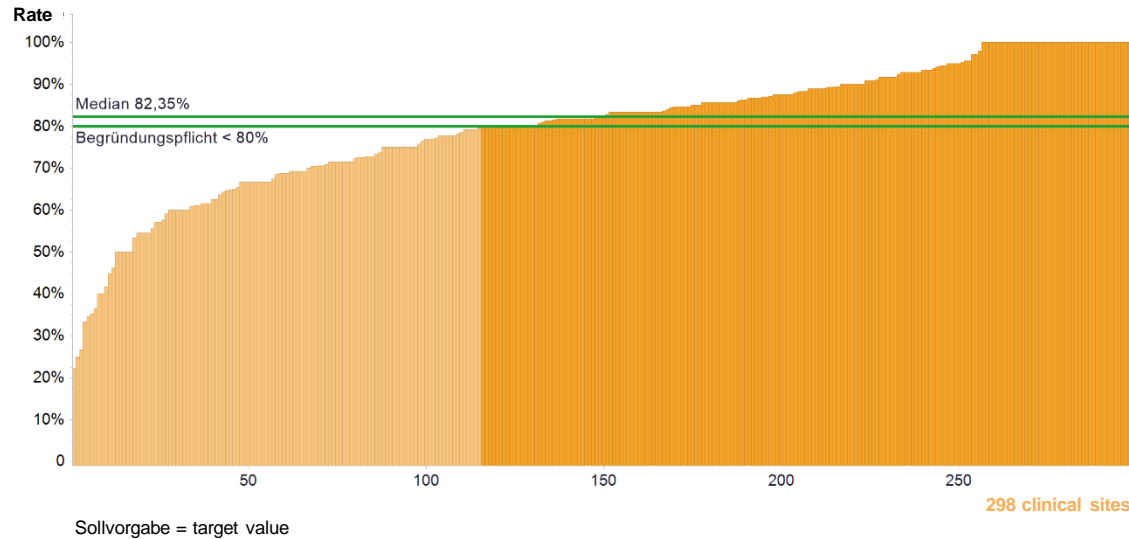
The centres continue to implement the indicator very well. 1 centre fell short of the target of 90%. In some cases (small findings and G1/G2), no recommendation for radiotherapy was made after consideration of the individual case, or the patients did not show up for the appointment or refused any further therapy. The definition of the numerator for the 2017 indicator year recorded radiotherapy actually carried out, so that this is not used for comparison according to the current definition.

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

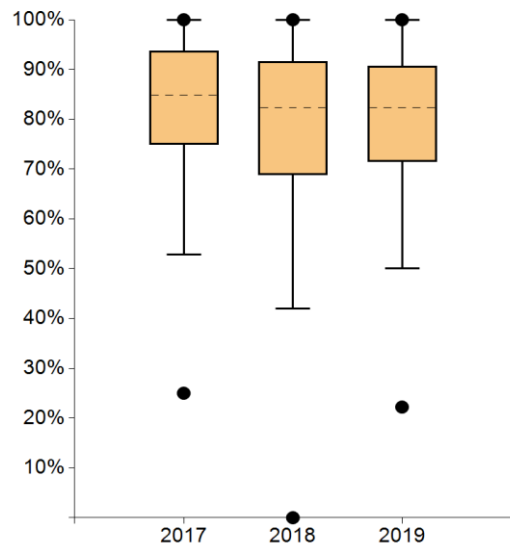
\*\* Percentage of total patients treated in centers according to the numerator.



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



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator in which radiotherapy was recommended	11*	1 - 52	3,774
Denominator	Primary cases with DCIS and BCT	14*	1 - 62	4,751
Rate	Mandatory statement of reasons*** <80%	82.35%	22.22% - 100%	79.44%**



	2015	2016	2017	2018	2019
● Max	-----	-----	100%	100%	100%
95. perzentile	-----	-----	100%	100%	100%
75. perzentile	-----	-----	93.75%	91.67%	90.68%
Median	-----	-----	84.93%	82.35%	82.35%
25. perzentile	-----	-----	75.00%	68.83%	71.43%
5. perzentile	-----	-----	52.82%	42.00%	50.00%
● Min	-----	-----	25.00%	0.00%	22.22%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
298	99.67%	183	61.41%

### Comment

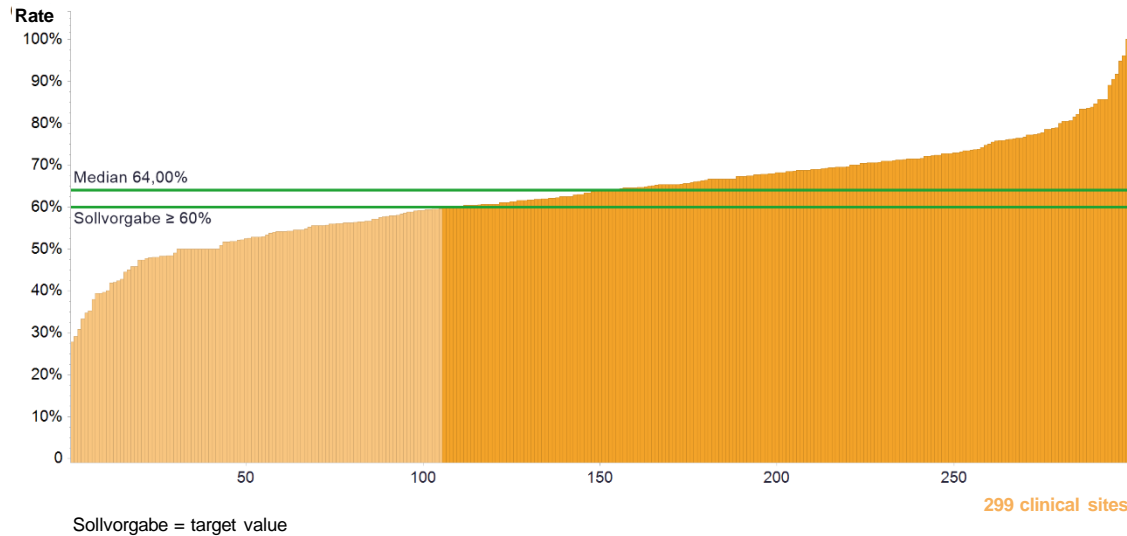
Especially in the lower percentage ranges, the results have improved. 115 centres had to justify in the audit why they had fallen below a rate of 80%. In most cases, the patients had refused radiation, it was not recommended due to favourable prognosis factors (e.g. DCIS, size, grading, resection margin), a mastectomy or resection was recommended instead, a second diagnosis was leading to therapy or there was no information about the externally performed radiation. This could be checked for plausibility in the audits.

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

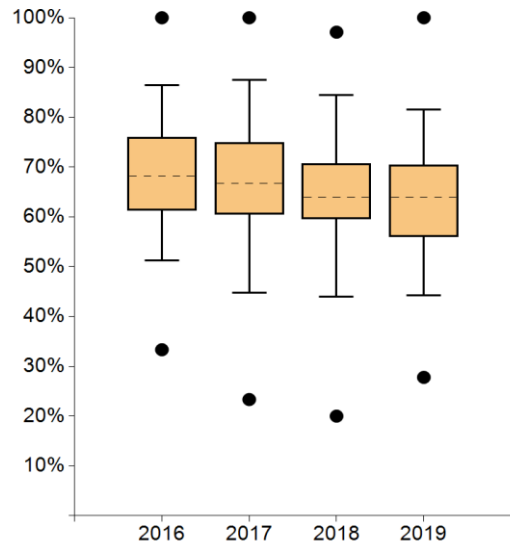
\*\* Percentage of total patients treated in centers according to the numerator

\*\*\* For values outside the plausibility limit(s), the centers are required to provide a justification..

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



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator in which chemotherapy was recommended	23*	3 - 131	8,314
Denominator	Primary cases with invasive mammary carcinoma with rec. pos. and nodal positive result (without primary M1 pat.)	36*	5 - 212	13,168
Rate	Target value $\geq$ 60%	64.00%	27.78% - 100%	63.14%**



	2015	2016	2017	2018	2019
Max	100%	100%	-----	97.10%	100%
95. percentile	86.43%	87.50%	-----	84.50%	81.55%
75. percentile	76.06%	75.00%	-----	70.76%	70.40%
Median	68.18%	66.67%	-----	64.00%	64.00%
25. percentile	61.36%	60.52%	-----	59.54%	56.03%
5. percentile	51.26%	44.79%	-----	43.92%	44.28%
Min	33.33%	23.33%	-----	20.00%	27.78%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	194	64.88%

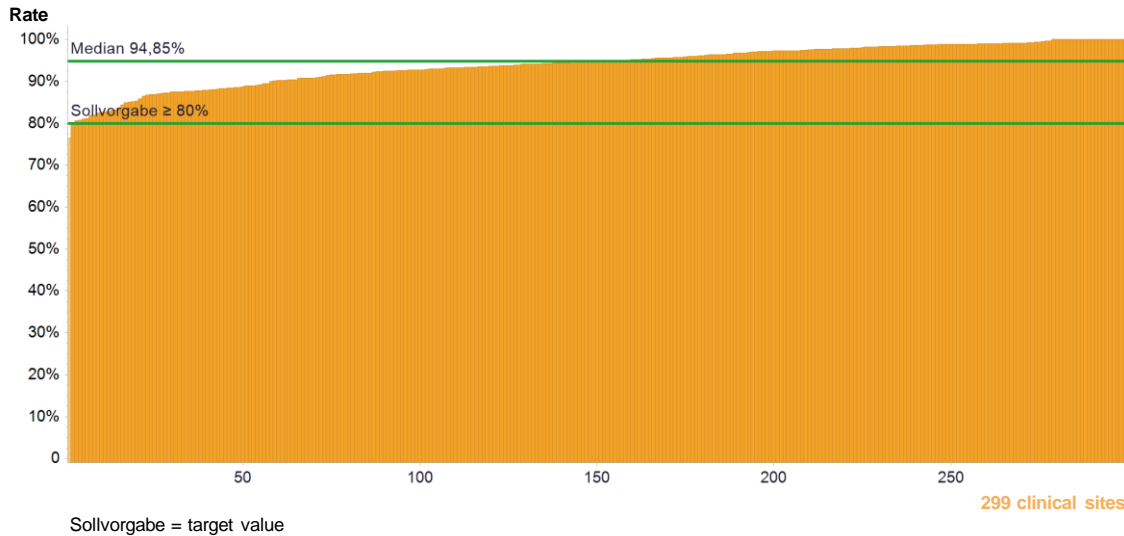
### Comment

The fulfilment of this indicator is at the previous year's level. A good third (105) of the centres failed to meet the target of at least 60%. In the vast majority of cases, this was due to old age, poor general condition and/or comorbidities. In many cases, chemotherapy was also dispensed with due to the favourable tumour biology (after carrying out a gene expression analysis). The results of 2017 are excluded from the previous year's comparison due to a different definition of the numerator (chemotherapies actually carried out).

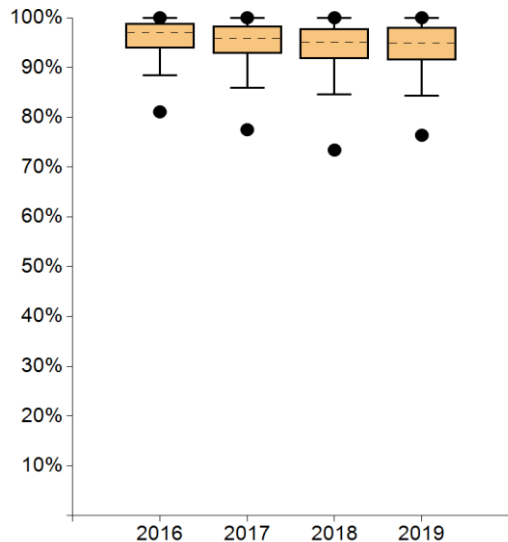
\*The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

\*\* Percentage of total patients treated in centers according to the numerator.

## 7. Endocrine therapy in the case of steroid rec. positive result (QI GL 8)



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator in which endocrine therapy was recommended	121*	32 - 735	43,781
Denominator	Primary cases with invasive mammary carcinoma in the case of steroid rec positive result (without primary M1 pat.)	128*	33 - 748	46,500
Rate	Target value ≥ 80%	94.85%	76.40% - 100%	94.15%**



	2015	2016	2017	2018	2019
Max	100%	100%	-----	100%	100%
95. percentile	100%	100%	-----	100%	100%
75. percentile	98.85%	98.42%	-----	97.87%	98.04%
Median	97.06%	95.89%	-----	95.07%	94.85%
25. percentile	93.85%	92.86%	-----	91.70%	91.52%
5. percentile	88.49%	85.97%	-----	84.61%	84.28%
Min	81.10%	77.51%	-----	73.43%	76.40%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	298	99.67%

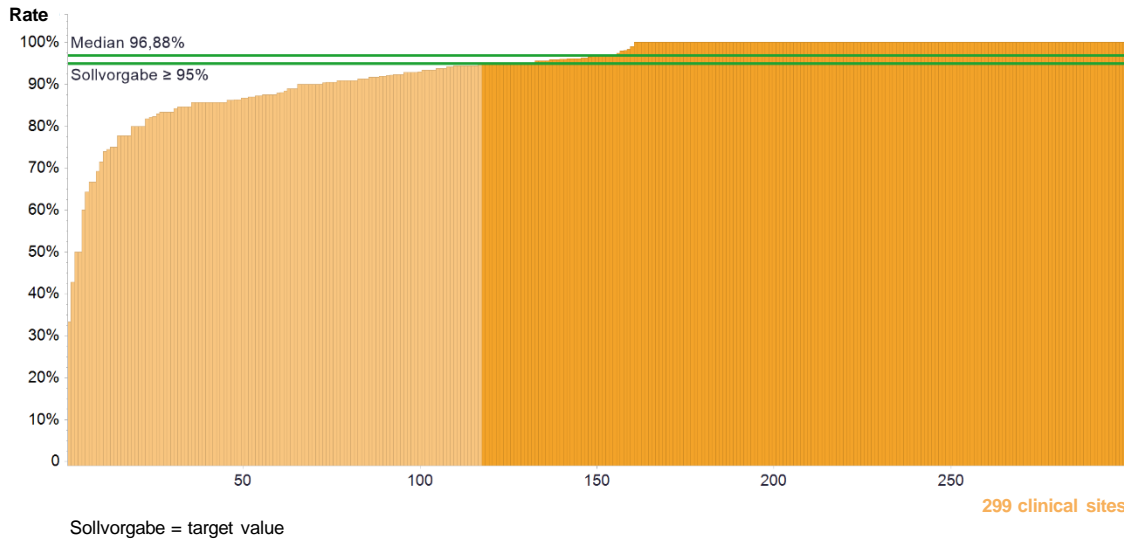
### Comment

Just under 95% of the denominator's patients received endocrine therapy in the 2019 treatment year, which is roughly the same level as in previous years. Only 1 centre fell just short of the target of over 80%. The reasons given in the individual case analysis (patient's wish, old age, surgical therapy not yet completed, etc.) were plausible in the audit. The results from 2017 are also missing for this indicator (at that time, only endocrine therapies actually performed were included in the numerator).

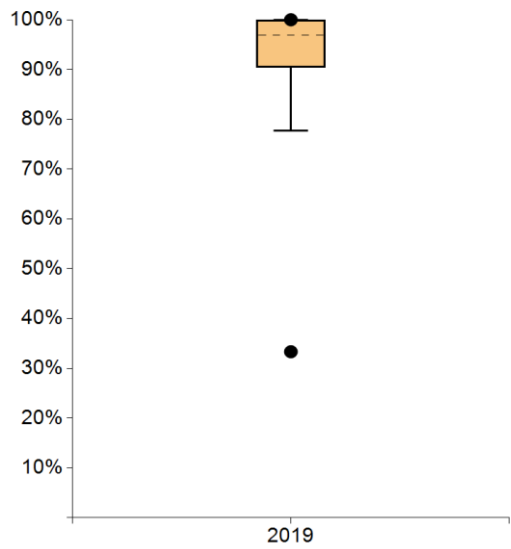
\*The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

\*\* Percentage of total patients treated in centers according to the numerator.

## 8. Trastuzumab therapy over 1 year in the case of HER-2 pos. result (GL QI 9)



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator for which trastuzumab therapy over 1 year was recommended	14*	1 - 98	5,071
Denominator	Primary cases with invasive mammary carcinoma with HER- 2 positive result ≥ pT1c (without primary M1 pat.)	15*	1 - 99	5,400
Rate	Target value ≥ 95%	96.88%	33.33% - 100%	93.91%**



	2015	2016	2017	2018	2019
● Max	----	----	----	----	100%
95. perzentile	----	----	----	----	100%
75. perzentile	----	----	----	----	100%
Median	----	----	----	----	96.88%
25. perzentile	----	----	----	----	90.48%
5. perzentile	----	----	----	----	77.78%
● Min	----	----	----	----	33.33%

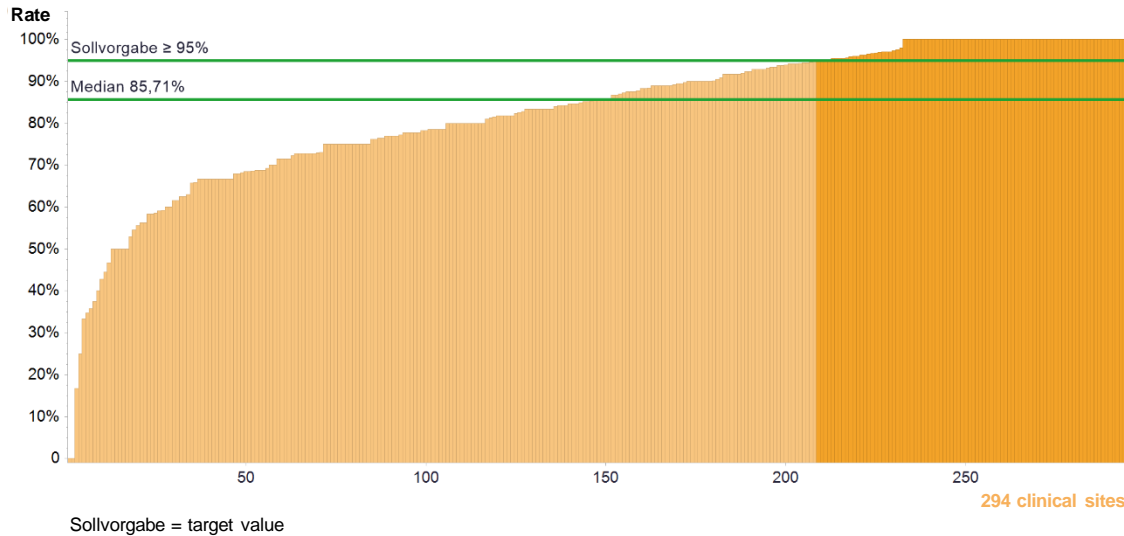
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	182	60.87%

**Comment**  
 Due to the changed denominator definition (previously without target ≥pT1c), a comparison with previous years is not possible. 182 centres failed to meet the target of at least 95%. In almost all cases, old age, poor general condition and/or comorbidities were the reason for not recommending trastuzumab therapy. In one case, the auditor issued a remark stating that age alone should not be a reason for excluding therapy. Other, sporadically given reasons (e.g. second carcinoma leading to therapy, rejection by patient) played a quantitatively subordinate role.

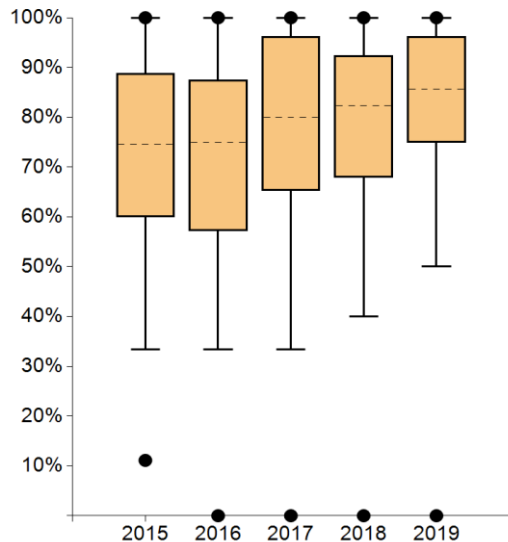
\*The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

\*\* Percentage of total patients treated in centers according to the numerator.

## 9. Endocrine therapy for metastasis (GL QI 4)



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Patients of the denominator who were started on endocrine based therapy in the metastasised stage as first-line therapy	12*	0 - 64	4,251
Denominator	Patients with steroid rec. pos. and HER2-negative inv. mammary carcinoma with 1st Remote metastasis (incl. primary M1 pat.)	15*	1 - 71	5,086
Rate	Target value ≥ 95%	85.71%	0.00% - 100%	83.58%**



	2015	2016	2017	2018	2019
Max	100%	100%	100%	100%	100%
95. percentile	100%	100%	100%	100%	100%
75. percentile	88.89%	87.50%	96.30%	92.45%	96.23%
Median	74.54%	75.00%	80.00%	82.35%	85.71%
25. percentile	60.00%	57.14%	65.22%	67.87%	75.00%
5. percentile	33.33%	33.33%	33.33%	40.00%	50.00%
Min	11.11%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
294	98.33%	86	29.25%

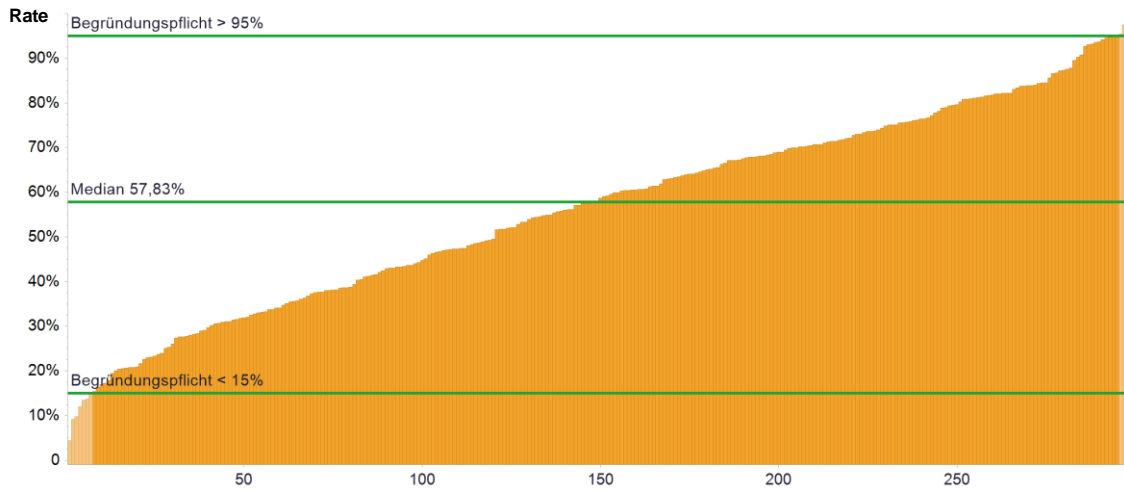
### Comment

The rate of endocrine first-line therapy for first metastasis increases continuously over the years. Nevertheless, only just under 30% of the centres achieve the target of at least 95%. The audits showed that this was mainly due to high therapy pressure in the case of extensive metastasis, rejection by the patients and death before the start of endocrine therapy. In addition, sometimes only best supportive care was possible or the tumour was only very weakly hormone receptor positive. The reasons given were plausible in the audits.

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

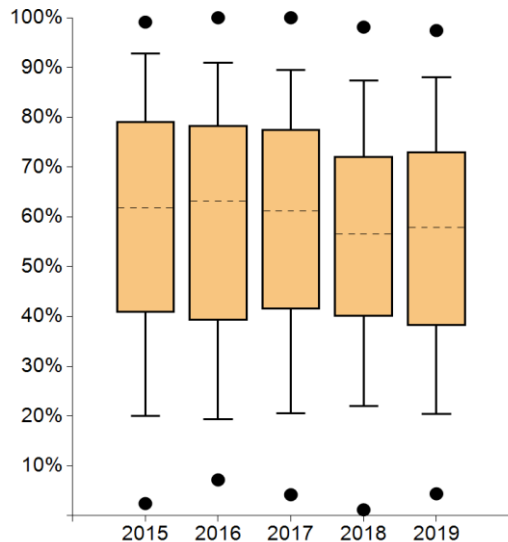
\*\* Percentage of total patients treated in centers according to the numerator.

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



Begründungspflicht = mandatory statement for reason

	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Patients who received psycho-oncological care in an inpatient or outpatient setting (duration of consultation > 25 Min.)	123*	5 - 981	41,980
Denominator	Primary case patients + patients with 1st local recurrence and/or remote metastasis (without primary M1 pat as they are already included in primary cases)	210*	55 - 1,194	75,302
Rate	Mandatory statement of reasons*** <15% and >95%	57.83%	4.40% - 97.43%	55.75%**



	2015	2016	2017	2018	2019
Max	99.12%	100%	100%	98.11%	97.43%
95. percentile	92.81%	90.90%	89.54%	87.44%	88.10%
75. percentile	79.18%	78.38%	77.60%	72.20%	73.03%
Median	61.82%	63.14%	61.23%	56.55%	57.83%
25. percentile	40.82%	39.15%	41.46%	40.00%	38.10%
5. percentile	20.05%	19.31%	20.60%	22.01%	20.47%
Min	2.44%	7.19%	4.21%	1.18%	4.40%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limit	
Number	%	Number	%
297	99.33%	288	96.97%

### Comment

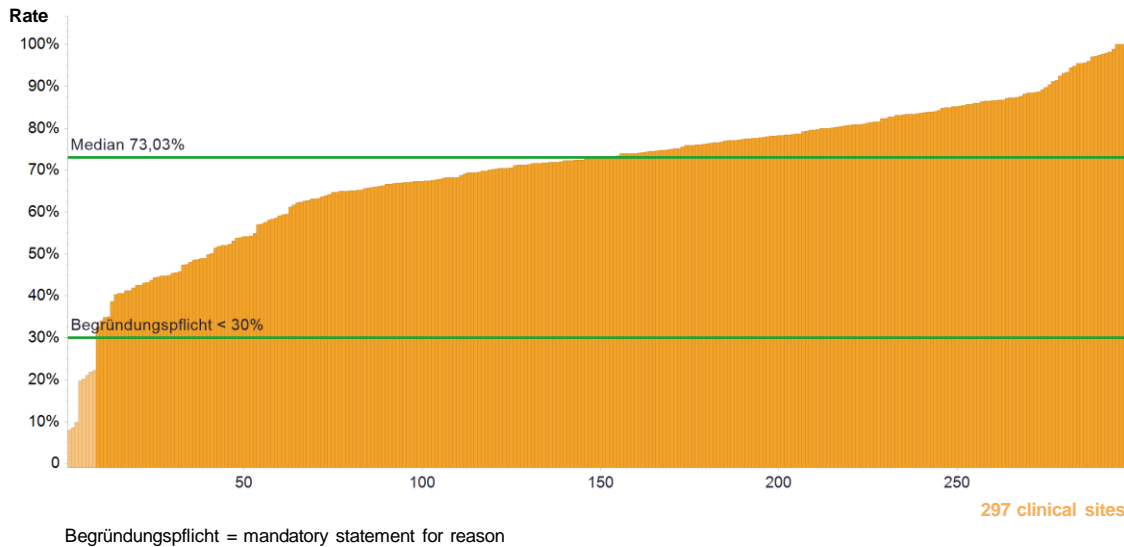
The rate of psycho-oncological care remains constant and is over 50% of patients overall. 2 centres were even above 95%. 7 centres fell below the quota of 15%, which is accompanied by an obligation to provide justification. They attributed this to low demand on the part of the patients as well as staff shortages, which were countered with training, increased personal contact and new appointments.

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

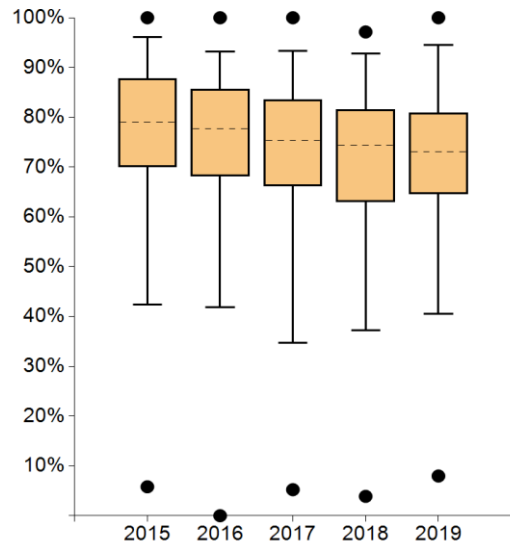
\*\* Percentage of total patients treated in centers according to the numerator

\*\*\* For values outside the plausibility limit(s), the centers are required to provide a justification..

# 11. Counselling social services



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Patients who received counselling by social services in an inpatient or outpatient setting	151*	11 – 1,020	52,689
Denominator	Primary case patients + patients with 1st local recurrence and/or with 1st remote metastasis (without primary M1 pat as they are already included in primary cases)	210*	55 – 1,194	75,302
Rate	Mandatory statement of reasons*** <30%	73.03%	7.97% - 100%	69.97%**



	2015	2016	2017	2018	2019
Max	100%	100%	100%	97.14%	100%
95. percentile	96.12%	93.21%	93.32%	92.79%	94.52%
75. percentile	87.72%	85.67%	83.60%	81.61%	80.85%
Median	78.99%	77.75%	75.29%	74.41%	73.03%
25. percentile	70.02%	68.22%	66.16%	63.07%	64.68%
5. percentile	42.33%	41.86%	34.66%	37.20%	40.59%
Min	5.81%	0.00%	5.23%	3.89%	7.97%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limit	
Number	%	Number	%
297	99.33%	289	97.31%

**Comment**

A consistently high level can also be observed in social service counselling. Only 8 centres fall under the justification requirement with results below 30%. Of these, 5 are located in German-speaking countries, where other responsibilities and benefit entitlements apply. Nevertheless, a social service was established in one case. Other reasons were a low demand on the part of the patients and staff shortages. Overall, the data of the last few years show that the social service is an integral part of the certified breast cancer centres.

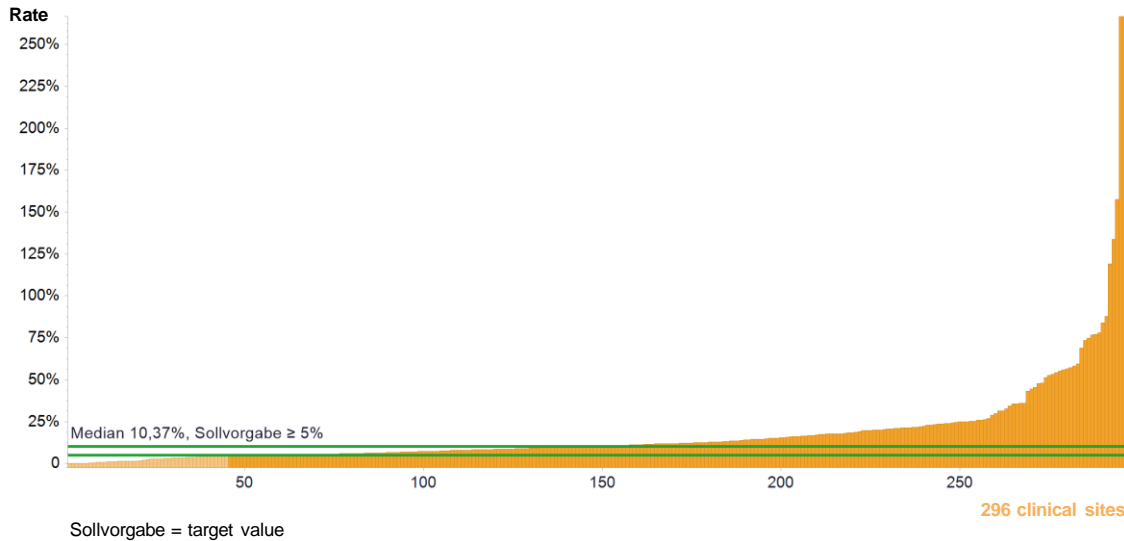
The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

\*\* Percentage of total patients treated in centers according to the numerator

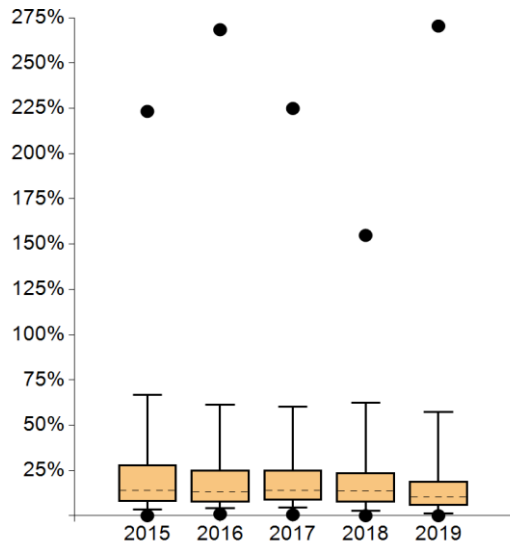
\*\*\* For values outside the plausibility limit(s), the centers are required to provide a justification..



## 12. Share of study patients



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Patients who were included in a study with an ethical vote	19*	0 – 2,031	14,609
Denominator	Primary cases	182*	55 – 1,000	64,740
Rate	Target value ≥ 5%	10.37%	0.00% - 270.40%	22.57%**



	2015	2016	2017	2018	2019
Max	223.28%	268.38%	224.90%	154.80%	270.40%
95. percentile	66.65%	61.16%	60.09%	62.39%	57.35%
75. percentile	28.18%	25.36%	25.12%	23.61%	19.04%
Median	13.95%	13.24%	13.99%	13.63%	10.37%
25. percentile	7.92%	7.43%	8.39%	7.49%	5.71%
5. percentile	3.31%	4.08%	4.35%	2.72%	1.30%
Min	0.00%	0.88%	0.56%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
296	99.00%	251	84.80%

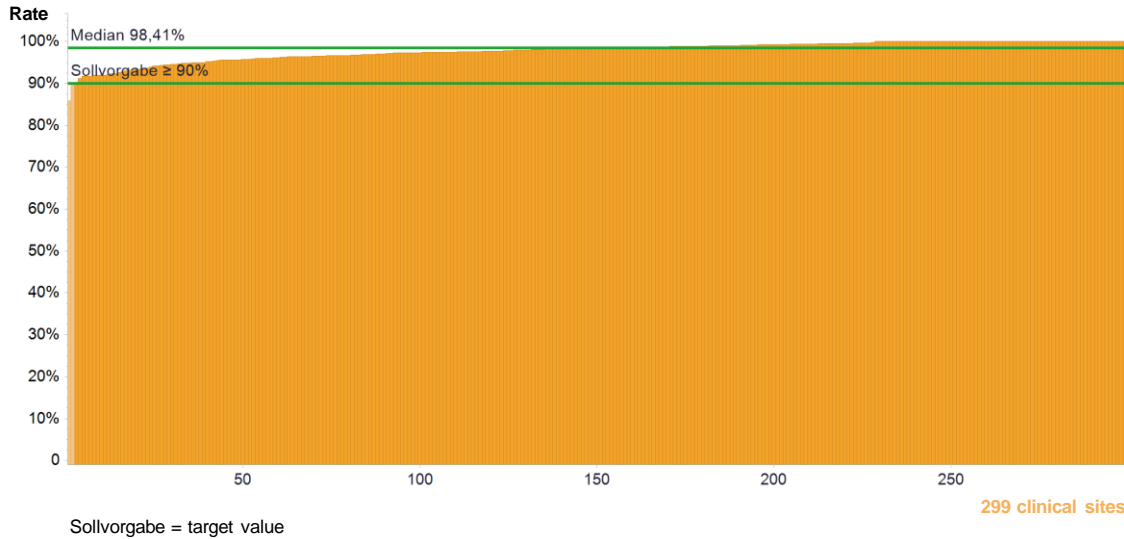
### Comment

The vast majority of centres succeed in including a number of 5% of primary case patients in a study. Of the 45 centres below the target, only 6 centres did not have a single study patient. Common reasons for low study rates were failure to meet inclusion criteria, lack of human resources, low patient willingness to participate and few suitable studies. The centres tried to improve the situation by increasing the acquisition of studies, planning their own studies, appointing new staff and improving internal study information. In many cases, a higher study quota was therefore foreseeable for the following year.

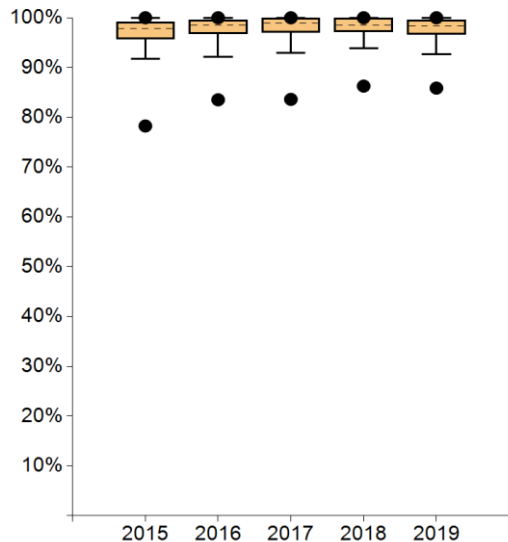
\*The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

\*\* Percentage of total patients treated in centers according to the numerator.

### 13. Pretherapeutic histological confirmation (GL QI 1)



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with pretherapeutic histological diagnosis confirmation by punch or vacuum-assisted biopsy	154*	52 - 914	54,846
Denominator	Primary cases with initial surgery and histology of invasive mammary carcinoma or DCIS	157*	53 - 937	56,067
Rate	Target value ≥ 90%	98.41%	85.87% - 100%	97.82%**



	2015	2016	2017	2018	2019
Max	100%	100%	100%	100%	100%
95. percentile	100%	100%	100%	100%	100%
75. percentile	99.21%	99.55%	100%	100%	99.59%
Median	97.89%	98.53%	98.89%	98.54%	98.41%
25. percentile	95.73%	96.79%	97.04%	97.11%	96.63%
5. percentile	91.74%	92.08%	92.95%	93.81%	92.66%
Min	78.26%	83.52%	83.61%	86.27%	85.87%

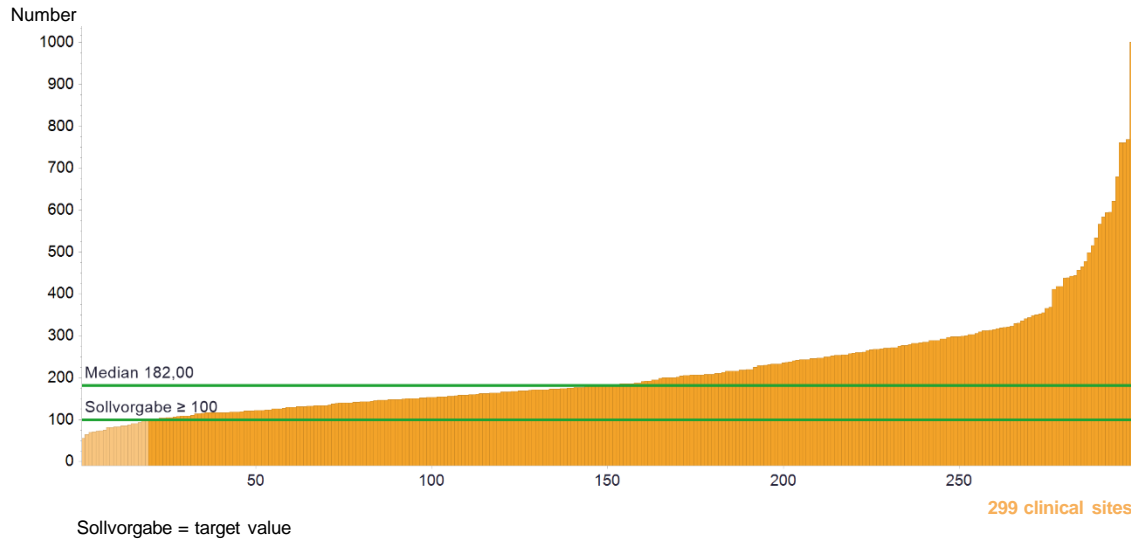
Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	297	99.33%

**Comment**  
 This guideline indicator is almost completely implemented in the centres. 71 centres have complete pre-therapeutic histological confirmation. Only 2 centres have confirmed slightly less than 90% of the diagnoses of patients of the denominator by means of punch or vacuum biopsy. One of them had already missed the target in previous years. The reason given by both centres was that the patient refused the biopsy, that a biopsy was not possible or that in the case of a bilateral tumour, a bilateral backup was not performed..

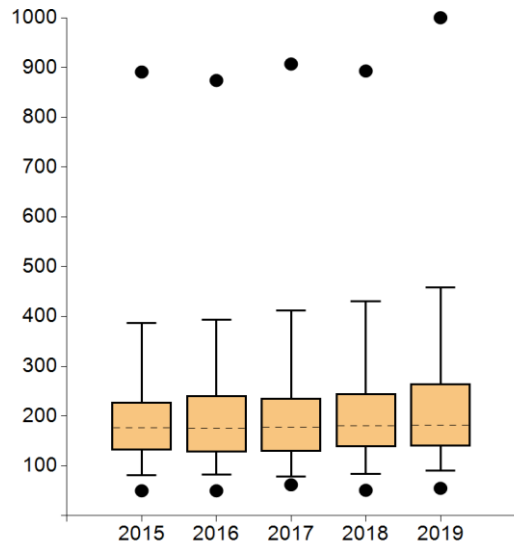
\*The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

\*\* Percentage of total patients treated in centers according to the numerator.

# 14. Primary cases mammary carcinoma



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Number	Primary Cases	182	55 – 1,000	65,356
	Target value ≥ 100			



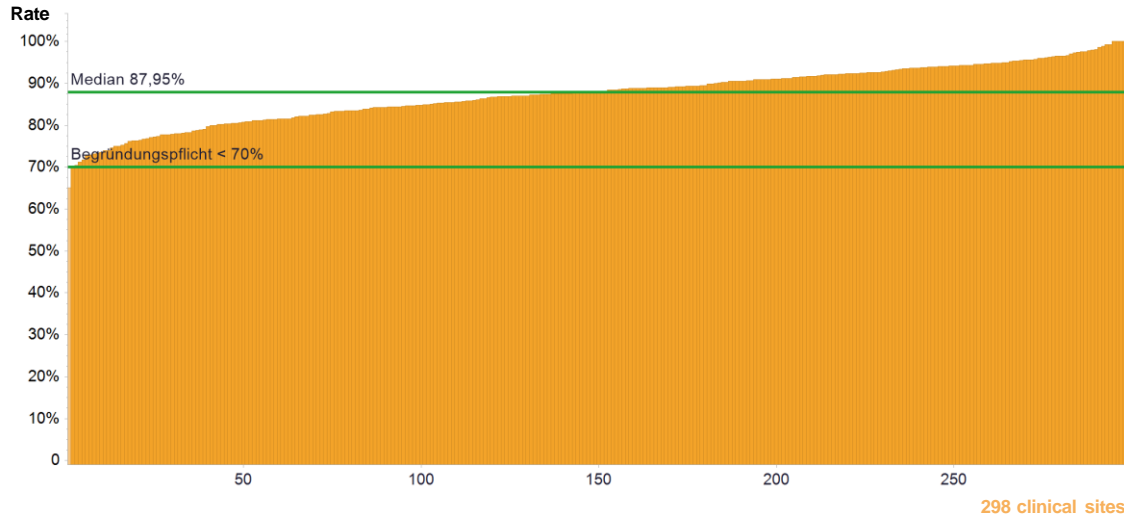
	2015	2016	2017	2018	2019
Max	891.00	874.00	907.00	893.00	1000.00
95. percentile	386.40	393.00	411.90	430.75	457.80
75. percentile	228.00	241.50	236.50	245.25	265.50
Median	177.00	175.00	178.00	180.50	182.00
25. percentile	131.00	127.50	128.25	137.75	140.00
5. percentile	81.70	83.10	78.00	84.25	90.00
Min	50.00	50.00	62.00	51.00	55.00

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	280	93.65%

**Comment**

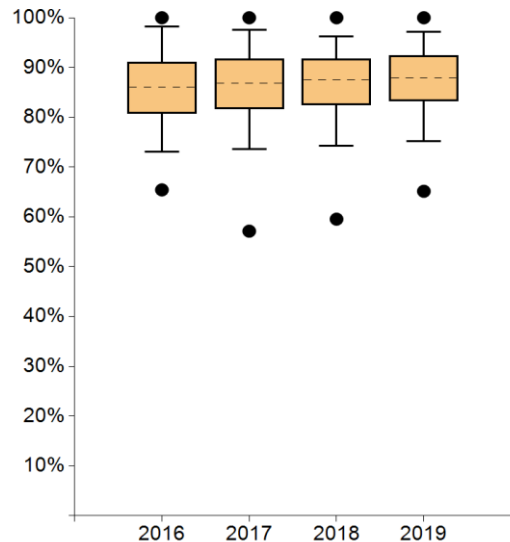
Due to the first-time inclusion of the NRW breast centres, the primary case number increases significantly by 13.5%. In the year under review, 57,788 patients were treated in the German certified breast cancer centres. Compared to the total incidence in Germany in 2017 (67,944, source: [www.krebsdaten.de](http://www.krebsdaten.de)), this corresponds to a share of 85.1%. Of the 19 sites that did not reach the target of at least 100 primary cases, 15 were protected as multi-site centres (target: at least 50 primary cases per site, at least 150 primary cases in total). The remaining 4 centres were under surveillance audit, so that it was possible to fall short of the number of primary cases.

# 15. Number of surgical procedures for R0 resection for BCT



Begründungspflicht = mandatory statement for reason

	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of the denominator with only one surgical procedure up to final surgical condition BCS	103*	27 - 651	35,445
Denominator	Surgical primary cases with BCS and R0	118*	37 - 714	40,490
Rate	Mandatory statement of reasons*** < 70%	87.95%	65.15% - 100%	87.54%**



	2015	2016	2017	2018	2019
Max	-----	100%	100%	100%	100%
95. percentile	-----	98.17%	97.62%	96.30%	97.11%
75. percentile	-----	91.10%	91.79%	91.70%	92.45%
Median	-----	86.02%	86.83%	87.48%	87.95%
25. percentile	-----	80.81%	81.73%	82.52%	83.24%
5. percentile	-----	73.02%	73.64%	74.27%	75.23%
Min	-----	65.43%	57.14%	59.55%	65.15%

Clinical sites with evaluable data		Clinical sites meeting the plausibility limit	
Number	%	Number	%
298	99.67%	297	99.66%

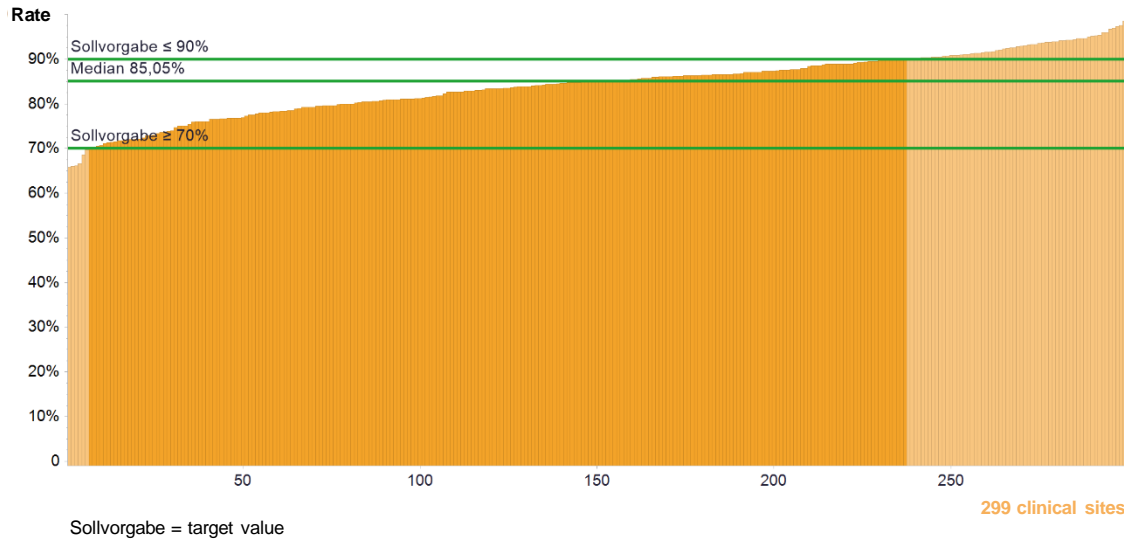
**Comment**  
 Median and overall rate continue to rise at a high level. Only 1 centre (previous year: 4) is (for the first time) below the limit for the obligation to justify and thus required more than one intervention for the final BET in less than 70% of cases. At this centre, a resection had been necessary in 23 cases. The centre then conducted an internal quality circle. In particular, the indication for BET should be examined more carefully in future in order to alleviate the burden on patients in the event of a post-resection.

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

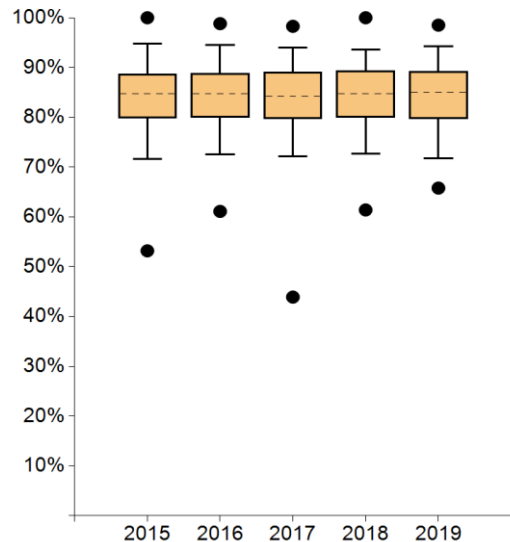
\*\* Percentage of total patients treated in centers according to the numerator

\*\*\* For values outside the plausibility limit(s), the centers are required to provide a justification..

## 16. Breast-conserving procedure for pT1



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Number BCT (final surgical state with pT1 (incl. (y)pT1)	64*	15 - 439	22,825
Denominator	Surgical primary cases with pT1 (incl. (y)pT1)	76*	21 - 515	27,275
Rate	Target value 70 - 90%	85.05%	65.79% - 98.51%	83.68%**



	2015	2016	2017	2018	2019
Max	100%	98.81%	98.28%	100%	98.51%
95. percentile	94.78%	94.53%	94.02%	93.55%	94.30%
75. percentile	88.74%	88.89%	89.03%	89.39%	89.21%
Median	84.75%	84.78%	84.16%	84.67%	85.05%
25. percentile	79.86%	80.00%	79.69%	80.00%	79.64%
5. percentile	71.57%	72.60%	72.21%	72.73%	71.74%
Min	53.19%	61.11%	43.90%	61.40%	65.79%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	231	77.26%

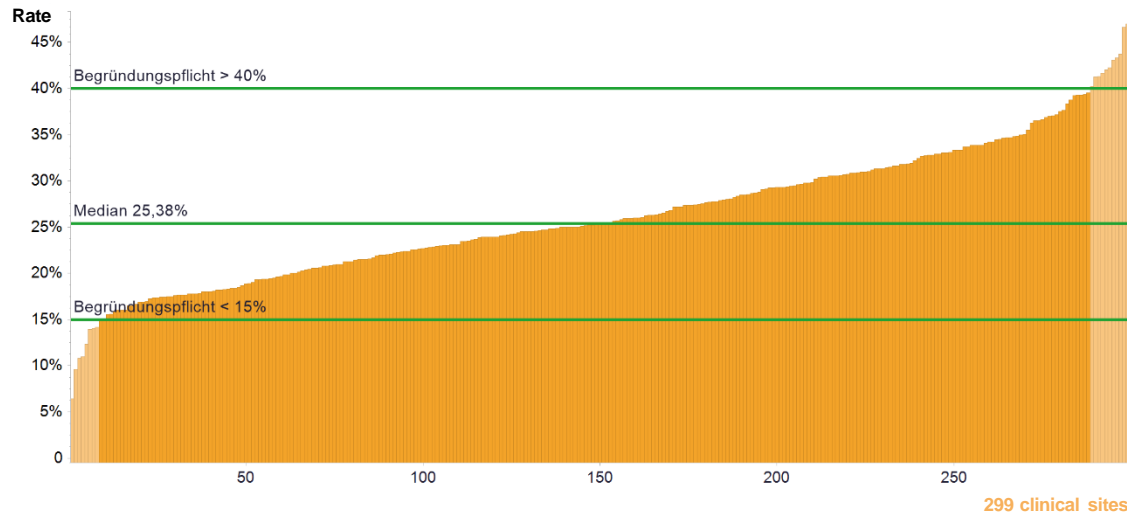
### Comment

With an almost constant median, the dispersion decreases slightly. Of the 68 centres (previous year: 72) outside the target value, 62 achieved a BET in more than 90% of cases. The centres attributed this to a low proportion of multicentre tumours, the patient's wish, a high proportion of neoadjuvant therapies and comparatively young (screening) patients. Conversely, the 6 centres (previous year: 8) with a rate below 70% claimed, among other things, multicentric carcinomas, the treatment of male patients, extensive DCIS, mastectomy after genetic testing. The results could be plausibilised in the audits.

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

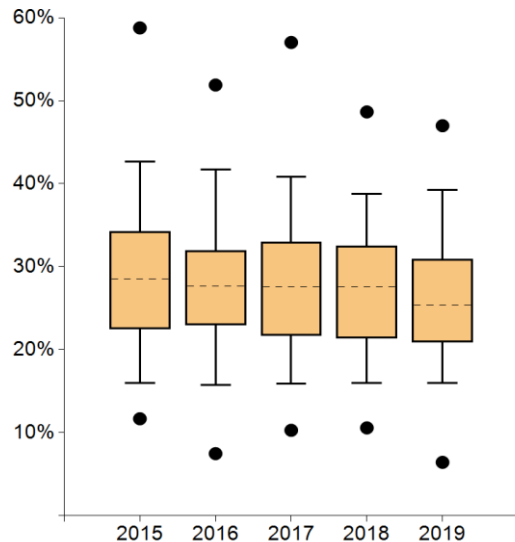
\*\* Percentage of total patients treated in centers according to the numerator.

# 17. Mastectomies



Begründungspflicht = mandatory statement for reason

	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases of the nominator with mastectomies (final surgical stage)	40*	9 - 255	14,997
Denominator	Surgical primary cases	157*	53 - 937	56,067
Rate	Mandatory statement for reasons*** <15% and >40%	25.38%	6.43% - 46.99%	26.75%**



	2015	2016	2017	2018	2019
Max	58.77%	51.89%	57.02%	48.65%	46.99%
95. percentile	42.64%	41.72%	40.82%	38.77%	39.26%
75. percentile	34.24%	31.96%	32.95%	32.49%	30.94%
Median	28.52%	27.68%	27.60%	27.56%	25.38%
25. percentile	22.53%	22.96%	21.66%	21.37%	20.94%
5. percentile	16.02%	15.74%	15.91%	16.00%	16.00%
Min	11.68%	7.48%	10.29%	10.58%	6.43%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	280	93.65%

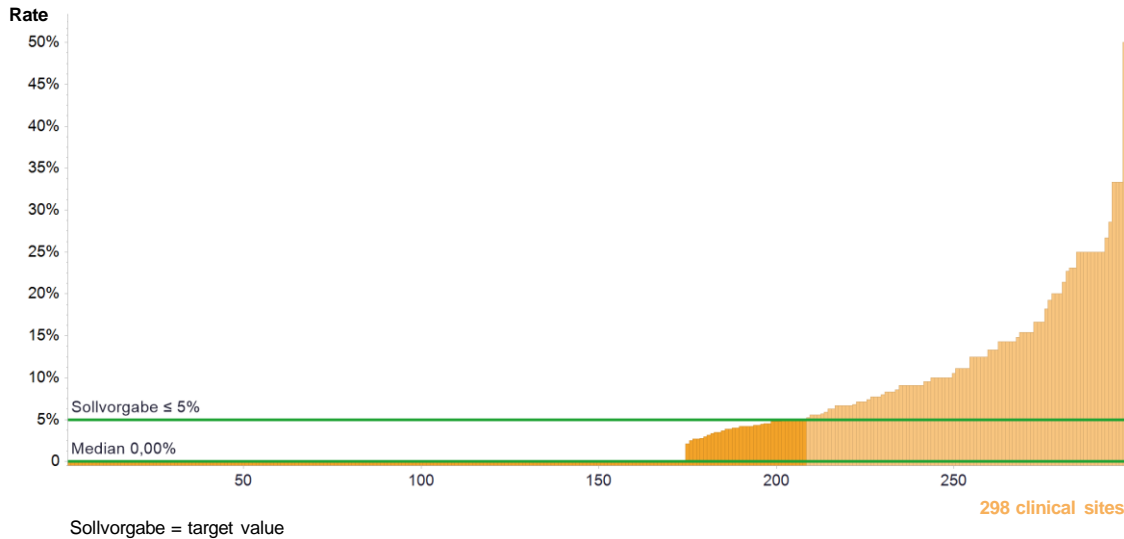
**Comment**  
 The proportion of mastectomies is steadily decreasing. In the indicator year 2019, 8 centres performed a mastectomy in less than 15% and 11 centres in more than 40% of primary cases. At the level of the individual centre, the proportions of BET and mastectomy correlate negatively with each other, which is why the justifications are largely the same as those for indicator 16.

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

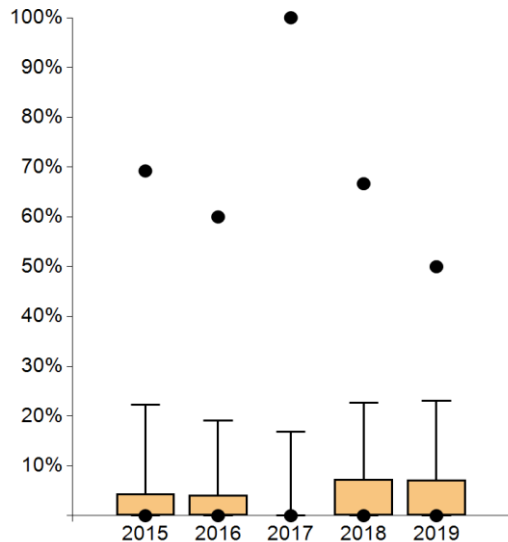
\*\* Percentage of total patients treated in centers according to the numerator

\*\*\* For values outside the plausibility limit(s), the centers are required to provide a justification..

## 18. Lymph node removal in the case of DCIS (GL QI 3)



	Kennzahlendefinition	All clinical sites 2019		
		Median	Range	Patienten Gesamt
Zähler	Primary cases with axillary lymph node removal (primary axillary lymph node removal or sentinel lymph node removal)	0*	0 - 5	204
Nenner	Primary cases DCIS and completed surgical therapy and BCT	13*	1 - 62	4,746
Quote	Target value ≤ 5%	0.00%	0.00% - 50.00%	4.30%**



	2015	2016	2017	2018	2019
Max	69.23%	60.00%	100%	66.67%	50.00%
95. perzentile	22.22%	19.13%	16.82%	22.61%	23.08%
75. perzentile	4.35%	4.13%	0.00%	7.28%	7.14%
Median	0.00%	0.00%	0.00%	0.00%	0.00%
25. perzentile	0.00%	0.00%	0.00%	0.00%	0.00%
5. perzentile	0.00%	0.00%	0.00%	0.00%	0.00%
Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
298	99.67%	208	69.80%

### Comment

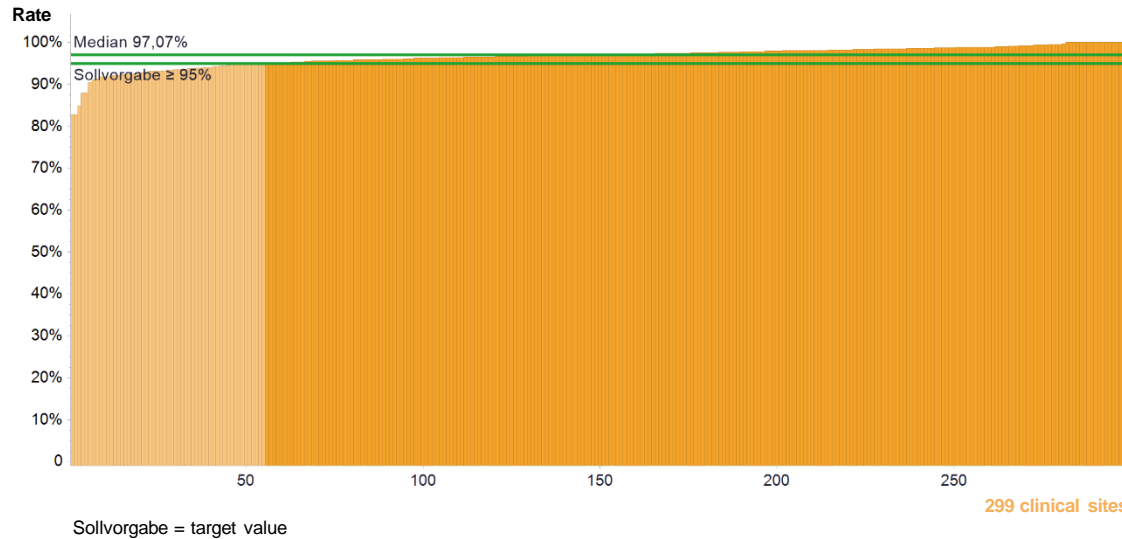
Overall, the proportion of surgical primary cases with DCIS and BET with axillary lymph node removal is decreasing. 174 centres did not perform SNB for DCIS. In contrast, 90 centres (previous year: 94) exceeded the target. In most cases, lymph nodes were removed in the case of suspected invasive parts of DCIS and/or in the case of extensive findings (possibly with an unfavourable position). In some cases, the extensive oncoplasty would have made secondary lymph node removal impossible. In some cases, the patients also wanted the lymph nodes to be removed if there was a high need for safety. Only in one case was a note issued: The central localisation of a DCIS alone is therefore not a reason for lymph node removal.

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

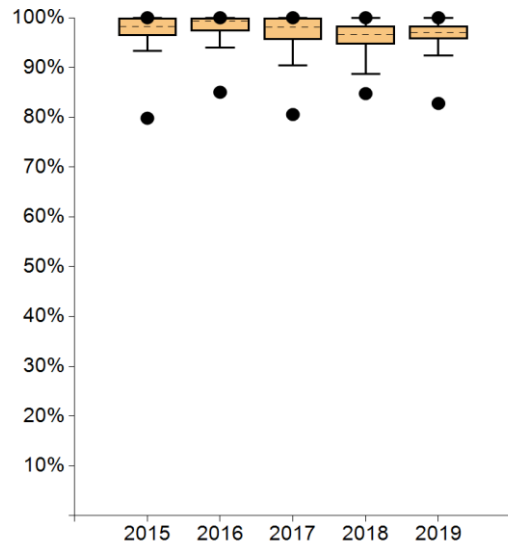
\*\* Percentage of total patients treated in centers according to the numerator.



## 19. Determination of nodal status in case of invasive mammary carcinoma



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Zähler	Primary cases with inv. mammary carcinoma for which the nodal status has been determined	132*	40 - 718	42,695
Nenner	Surgical primary cases with invasive mammary carcinoma (without primary M1)	136*	41 - 744	44,506
Quote	Target value ≥ 95%	96.66%	84.76% - 100%	95.93%**



	2015	2016	2017	2018	2019
Max	100%	100%	100%	100%	100%
95. percentile	100%	100%	100%	100%	100%
75. percentile	100%	100%	100%	98.29%	98.32%
Median	98.28%	99.26%	98.04%	96.66%	97.07%
25. percentile	96.35%	97.30%	95.59%	94.68%	95.70%
5. percentile	93.36%	93.97%	90.38%	88.72%	92.36%
Min	79.82%	85.04%	80.56%	84.76%	82.79%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	244	81.61%

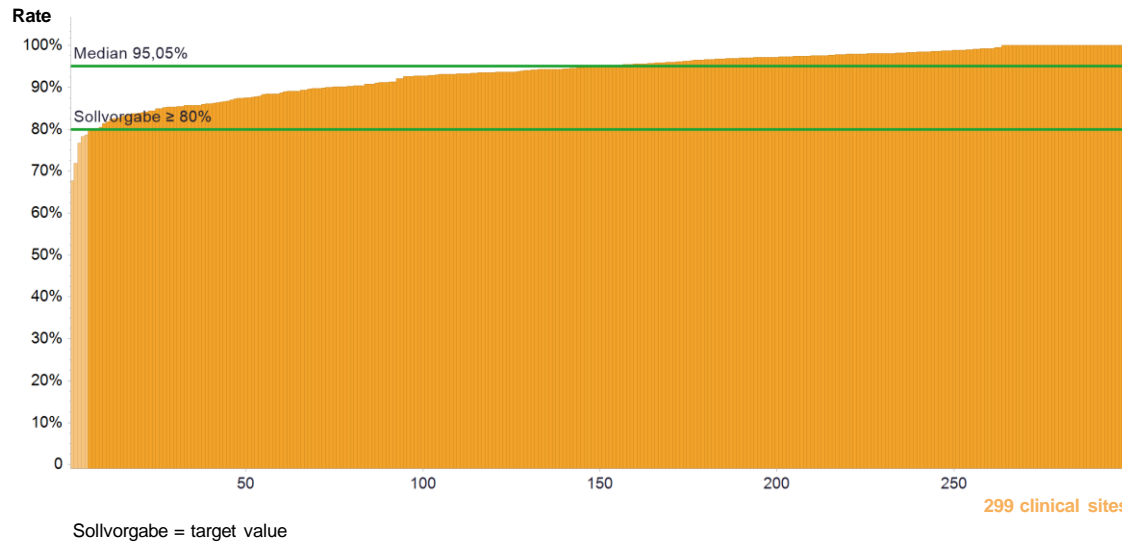
### Comment

This indicator continues to be met very well by the centres. 54 of them fell (usually just) short of the target of 95%. The reasons for this were made plausible in the audits: In most cases, the nodal status was not determined because the patients refused this, no therapeutic consequence would have resulted in case of old age and/or comorbidities, the lymph nodes were not detectable (e.g. after previous surgery), treatment was according to study protocol (non-SNB arm), a second malignancy was leading therapy or because in individual cases only surgery was performed for cN0. Remarks from the auditors were the exception. In one case, attention was drawn to the fact that age alone is not a reason for dispensing with surgical staging.

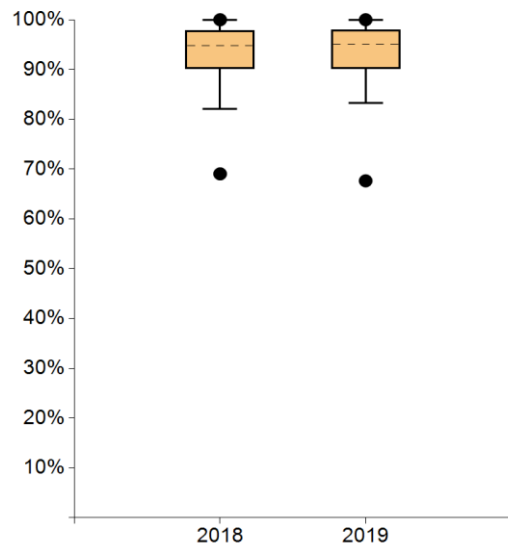
\*The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

\*\* Percentage of total patients treated in centers according to the numerator.

## 20a. Only sentinel lymphonodectomy (SLNE) for pNO (women) (GL QI 5)



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Female primary cases with sole sentinel lymph node removal (SNB)	72*	23 - 431	25,326
Denominator	Female primary cases of invasive mammary carcinoma and negative pN staging and without preoperative tumour-specific therapy	76*	25 - 433	27,015
Rate	Target value ≥ 80%	95.05%	67.65% - 100%	93.75%**



	2015	2016	2017	2018	2019
Max	----	----	----	100%	100%
95. percentile	----	----	----	100%	100%
75. percentile	----	----	----	97.89%	97.96%
Median	----	----	----	94.74%	95.05%
25. percentile	----	----	----	90.19%	90.11%
5. percentile	----	----	----	82.06%	83.30%
Min	----	----	----	69.05%	67.65%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	294	98.33%

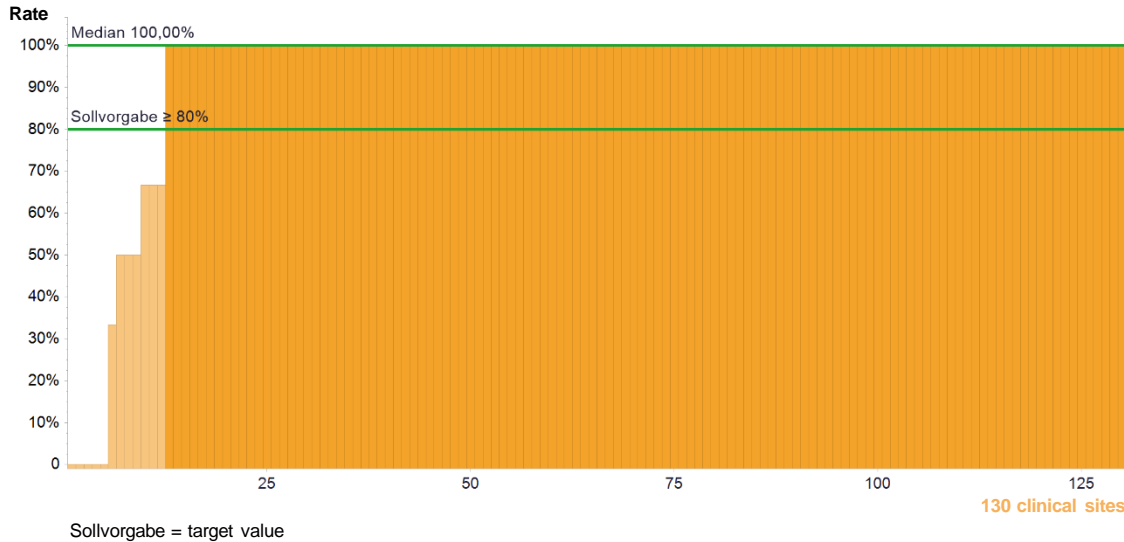
### Comment

Since the 2018 indicator year, this indicator has been collected on a gender-specific basis. For women, the rate of sole SNB with negative pN staging is better than for men. The 5 centres below the target mostly explained their results by the fact that enlarged, clinically suspicious lymph nodes were also removed. Occasionally, it was also stated that the SNB could not be detected or that only a small number of other lymph nodes were removed. Overall, the breast cancer centres fulfilled the indicator very well.

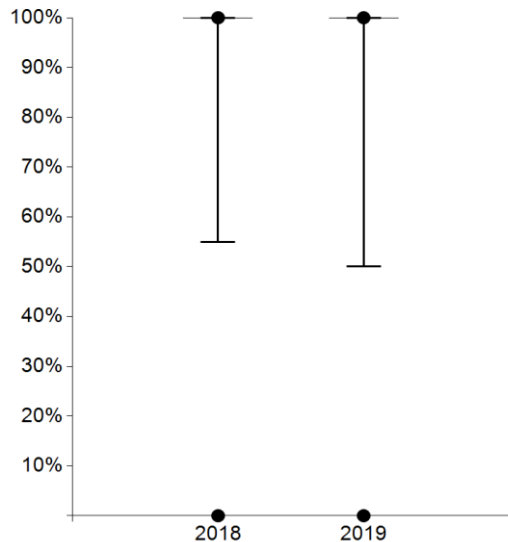
\*The median for numerator and denominator does not refer to an existing center, but reflects the median of all numerators of the cohort and the median of all denominators of the cohort.

\*\* Percentage of total patients treated in centers according to the numerator.

## 20b. Only sentinel lymphonodectomy (SLNE) for pNO (men) (GL QI 5)



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary male cases with sole sentinel lymph node removal (SNB)	1*	0 - 4	170
Denominator	Male primary cases of invasive mammary carcinoma and negative pN staging and without preoperative tumour-specific therapy	1*	1 - 4	183
Rate	Target value $\geq$ 80%	100%	0.00% - 100%	92.90%**



	2015	2016	2017	2018	2019
Max	----	----	----	100%	100%
95. perzentile	----	----	----	100%	100%
75. perzentile	----	----	----	100%	100%
Median	----	----	----	100%	100%
25. perzentile	----	----	----	100%	100%
5. perzentile	----	----	----	55.00%	50.00%
Min	----	----	----	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
130	43.48%	118	90.77%

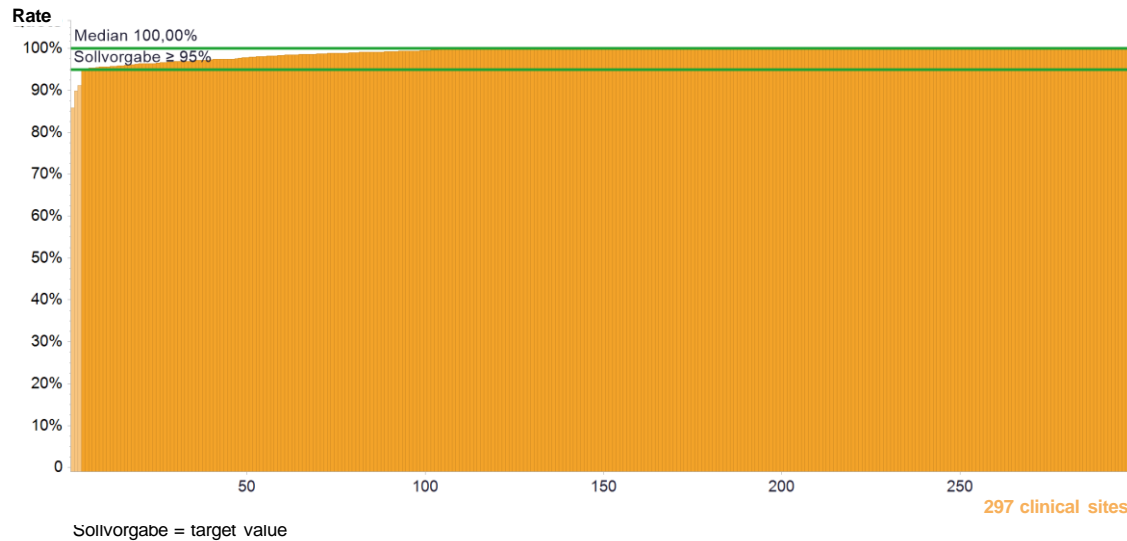
### Comment

For men, 118 centres achieved a quota of 100%. With 12 centres, more centres fail to meet the target than in KeZa 20a. It should be noted here that the patient numbers in the denominator are considerably lower and that a single case therefore has a greater impact on a centre's quota. The centres concerned justified results below the target with the fact that clinically suspicious lymph nodes were removed, that no lymph node removal was performed due to old age and/or comorbidity, or that patients who needed a walking aid refused the procedure. In the audits, the justifications of the centres could be made plausible.

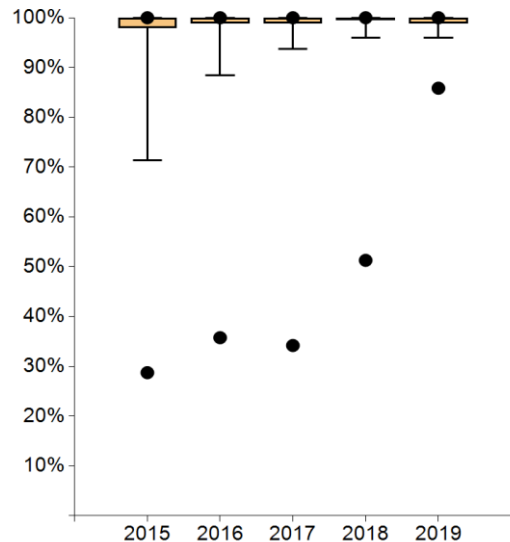
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\*\* Percentage of total patients treated in centers according to the numerator.

## 21. Intraoperative sample radiography / sonography (GL QI 2)



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Operations with intraoperative preparation X-ray or with intraoperative preparation sonography	81*	4 - 628	29,000
Denominator	Surgical procedures with preoperative wire marking guided by mammography or sonography	82*	4 - 632	29,265
Rate	Target value ≥ 95%	100%	85.85% - 100%	99.09%**



	2015	2016	2017	2018	2019
Max	100%	100%	100%	100%	100%
95. percentile	100%	100%	100%	100%	100%
75. percentile	100%	100%	100%	100%	100%
Median	100%	100%	100%	100%	100%
25. percentile	97.94%	98.83%	98.83%	99.52%	98.84%
5. percentile	71.39%	88.47%	93.71%	96.00%	95.97%
Min	28.72%	35.75%	34.18%	51.28%	85.85%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
297	99.33%	294	98.99%

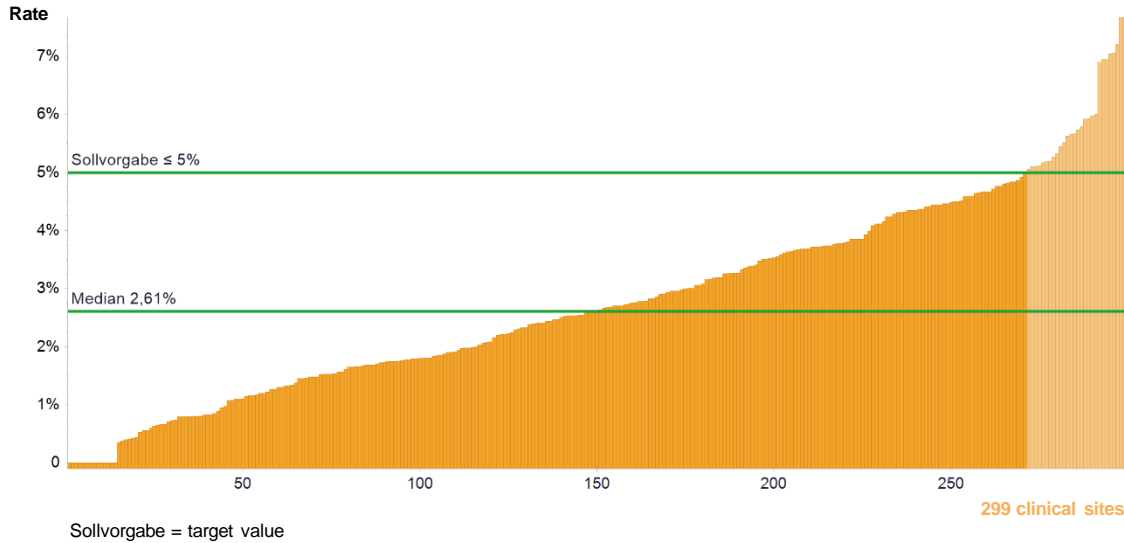
**Comment**

This guideline indicator has shown a very positive development over the years, resulting in only 3 centres (previous year: 7) failing to meet the target in the indicator year 2019. These stated, among other things, that they did not perform intraoperative X-ray or ultrasound examinations because of clearly palpable structures (tumour, lymph nodes). In this case, it was pointed out in the audit that the intraoperative examinations must nevertheless be carried out. Another centre had not yet fully implemented the procedure addressed by the indicator before certification.

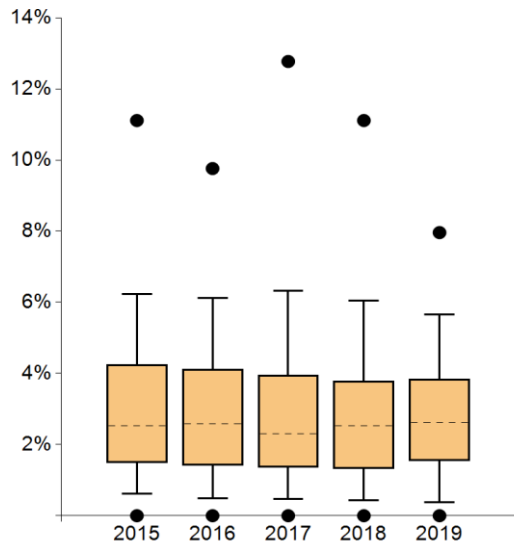
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\*\* Percentage of total patients treated in centers according to the numerator.

## 22. Revision surgeries



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Revision surgery due to postoperative complications (only operated primary cases)	4*	0 - 35	1,562
Denominator	Surgical primary cases	157*	53 - 937	56,067
Rate	Target value ≤ 5%	2.61%	0.00% - 7.96%	2.79%**



	2015	2016	2017	2018	2019
Max	11.11%	9.76%	12.77%	11.11%	7.96%
95. percentile	6.24%	6.12%	6.33%	6.05%	5.65%
75. percentile	4.25%	4.13%	3.95%	3.78%	3.85%
Median	2.52%	2.59%	2.30%	2.52%	2.61%
25. percentile	1.49%	1.41%	1.36%	1.33%	1.54%
5. percentile	0.61%	0.49%	0.48%	0.43%	0.38%
Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
299	100.00%	271	90.64%

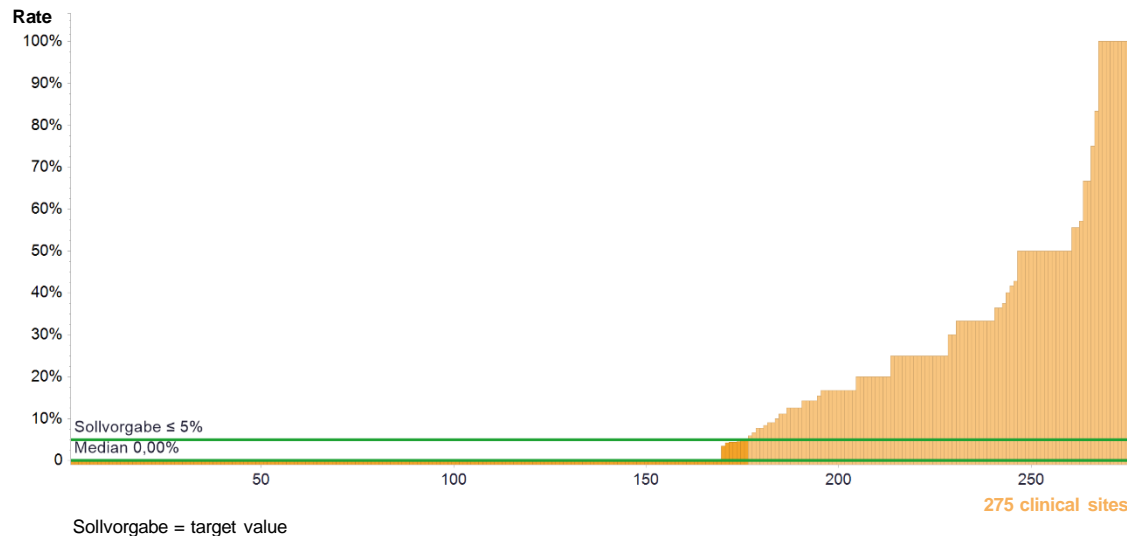
### Comment

The rate of revision procedures is at the level of the previous year. Once again, 28 centres failed to meet the target of a maximum of 5%. The dominant cause for this was post-operative bleeding or haematoma. In many cases, the centres addressed this with changes in perioperative management (training of surgeons, increased application of compression bandages, improved wound drainage, improved use of anticoagulant or procoagulant drugs, change in surgical technique). This was partly communicated through quality circles. In addition, wound healing disorders, wound infections, necroses and postoperative seromas were reasons for revision surgery.

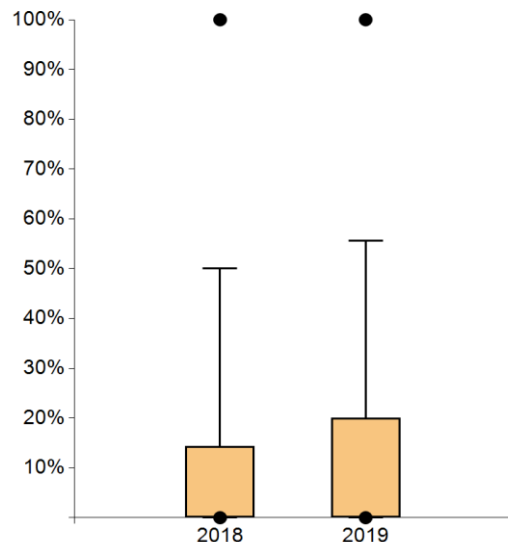
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\*\* Percentage of total patients treated in centers according to the numerator.

## 23. Therapy of the axillary lymphatic drainage for pN1mi (GL QI 6)



	Definition of indicator	All clinical sites 2019		
		Median	Range	Patients Total
Numerator	Primary cases with therapy (axilla dissection or radiotherapy) of the axillary lymph drainage areas	0*	0 - 5	164
Denominator	Primary cases with invasive breast carcinoma. pN1mi	4*	1 - 45	1431
Rate	Target value ≤ 5%	0.00%	0.00% - 100%	11.46%**



	2015	2016	2017	2018	2019
Max	----	----	----	100%	100%
95. percentile	----	----	----	50.00%	55.56%
75. percentile	----	----	----	14.29%	20.00%
Median	----	----	----	0.00%	0.00%
25. percentile	----	----	----	0.00%	0.00%
5. percentile	----	----	----	0.00%	0.00%
Min	----	----	----	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target	
Number	%	Number	%
275	91.97%	176	64.00%

### Comment

169 centres did not treat the axillary lymph drainage areas in pN1mi in any case. In contrast, 99 centres failed to meet the target of max. 5%. The 8 centres with 100% had a maximum of 3 patients in the denominator. The therapy was mostly carried out because the patients were primarily diagnosed as cN+ and therefore received surgery (possibly with neoadjuvant chemotherapy) or radiation. In some cases, the lymph node status was unclear from a sonographic/palpatory/imaging point of view, the patients wanted maximum safety, there were several micrometastases or the therapy was carried out in the case of high-risk carcinomas according to a case-by-case decision. As a rule, the justifications could be plausibilised in the audits. In some cases, quality circles were organised to optimise the indication.

\*The median for numerator and denominator does not refer to an existing center, 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 centers according to the numerator.

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