

Basic Data Colorectal

Explanations in regards to the indicators can be found under:

www.xml-oncobox.de/en

Reg. No.	Not listed ⁱ	(Template certificate) ⁱ
Centre		
Location		
Contact	ⁱ	Date recorded ⁱ
		Date of initial certification ⁱ
		Indicator year ⁱ

Country

Tumour documentation system	XML-OncoBox Colorectal ⁱ
	Yes

Primary cases Definition in accordance with CoR	Surgical ¹⁾			Endoscopically (except TWR) ¹⁾	Non-surgical		Total
	Elective ²⁾		Emergency ²⁾		palliative ¹⁾	Watch and Wait (not endoscopically curative) ¹⁾⁴⁾	
	Resection	Transanal wall resection (TWR)					
Primary cases ⁱ	ⁱ	ⁱ	ⁱ	ⁱ			ⁱ
Colon ³⁾	ⁱ		ⁱ				
Rectum ³⁾	ⁱ	ⁱ	ⁱ				

The Catalogue of Requirements is based on the TNM classification of malignant tumours, 8th edition 2017, ICD classification ICD-10-GM 2021 (DIMDI) and the OPS classification OPS 2022 (DIMDI).

Processing remarks:

Definitions of the terms used in the table are in principal written down in the Excel sheet "Data fields" of the specification document which can be downloaded under www.xml-oncobox.de/en in its most recent version.

1) Data field C1

2) Data field G4 (E= elective, N= emergency)

3) Data field D6

Moreover the above mentioned document also provided information for counting primary cases (appendices) and the definition of all indicators.

4) Watch & Wait patients are patients that have been newly diagnosed with a rectum carcinoma, which were pre-treated with radio-therapy and/or chemo-therapy with a clinical full remission which were not yet treated surgically. If these patients have a tumour recurrence or other reasons for secondary surgical treatment, they can be counted as surgical primary case.

Some of the fields are inter-dependent. Each line should, therefore, be completely processed from left to right and continuously from top to bottom. Grey fields must be processed. The processing of the Excel template should be done with Microsoft Office 2010 or one of the later versions. Microsoft Office 2007 can be used with some constraints (e.g. information buttons are not displayed). Earlier versions of Microsoft Office 2007 are not suitable for processing the Excel template. All numbers and texts must be entered manually (not using copy/paste function; the exception are data which are entered by the OncoBox). Each change to the basic data leads to a change in the Indicator Sheet. The document "Specifications Data Quality" contains the main foundations for data assessment as part of the audit process. In particular details are given of how to deal with indicators where the target value is not achieved (download from www.onkozert.de; section Instructions).

Data Sheet Colorectal

Centre

Reg. No. Date recorded

IN	CR/GL	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plausibility unclear	Target value	Plausibility unclear	Current value		Data quality
1		Patients with new recurrence and/or distant metastases	-----	Patients with new recurrence and/or distant metastases	-----		No target value		Number		Incomplete
2a	GL QI	Pre-therapeutic tumour board	Pre-therapeutic tumour board presentation of all patients with UICC stage IV colon and rectum carcinoma	Patients of the denominator presented at an interdisciplinary tumour board before therapy	"Elective" patients with rectal carcinoma and "elective" all patients with stage IV colon carcinoma		≥ 95%		Numerator		Incomplete
									Denominator		
									%	n.d.	
2b		Pre-therapeutic tumour board: recurrences/meta-chronous metastases	Pre-therapeutic presentation of all patients with recurrence/meta-chronous metastases in the tumour board	Patients of the denominator presented at the pre-therapeutic tumour board	Patients with new recurrence and/or distant metastases (= Indicator 1)		≥ 95%		Numerator		Incomplete
									Denominator	0	
									%	n.d.	
3		Post-operative presentation of all primary-case patients	Post-operative presentation of all primary-case patients in tumour board	Primary cases of the denominator presented at the post-operative tumour board	Surgical and endoscopic primary cases		≥ 95%		Numerator		Incomplete
									Denominator	0	
									%	n.d.	
4		Psycho-oncological distress-screening (alte PSO-Kennzahl sichtbar streichen)	Adequate rate of psycho-oncological distress-screening	Patients of the denominator who were screened (Hier fehlen noch die Erläuterungen und Verweise auf die Leitlinie und Screeninginstrumente)	Total primary cases + patients with new recurrence and/or metastases (= Indicator 1)		≥ 65%		Numerator		Incomplete
									Denominator	0	
									%	n.d.	

IN	CR/GL	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plausibility unclear	Target value	Plausibility unclear	Current value	Data quality	
5		Social services counselling	Adequate rate of social counselling	Patients of the denominator who received counselling by social services in an inpatient or outpatient setting	Total primary cases + patients with new recurrence and/or metastases (= Indicator 1)	< 50%	No target value		Numerator	Incomplete	
									Denominator		0
									%		n.d.
6	1.7.6	Share of studies patients	Inclusion of as many patients as possible in studies	Patients of the CrCC included in a study with ethics vote or colorectal prevention study	Total primary cases		≥ 5%		Numerator	Incomplete	
									Denominator		0
									%		n.d.
7	GL QI	Colorectal carcinoma patients with a recorded family history	Rate of documented family history as high as possible	Primary-case patients in the denominator with a completed patient questionnaire (http://www.ecc-cert.org/fileadmin/user_upload/Patient_Questionnaire_familial_colorectal_cancer.pdf)	Total primary cases		≥ 90%		Numerator	Incomplete	
									Denominator		0
									%		n.d.
8		Genetic counselling	Genetic counselling rate as high as possible	Primary-case patients of the denominator advised to seek genetic counselling	Primary cases with a positive patient questionnaire and MSI		≥ 90%		Numerator	Incomplete	
									Denominator		
									%		n.d.
9		MMR assessment	Rate of MMR assessment of patients <50 years old with colorectal carcinoma as high as possible	Patients of the denominator with immunohisto-chemical assessment of mismatch repair (MMR) proteins.	Patients with initial colorectal carcinoma diagnosis < 50 years old		≥ 90%		Numerator	Incomplete	
									Denominator		
									%		n.d.
10	GL QI	RAS and BRAF determination at the start of first-line treatment for metastasised colorectal carcinoma	As often as possible KRAS and BRAF determination prior to first-line treatment	Patients of the denominator with determination RAS (= KRAS and NRAS mutations) and BRAF mutation at the start of first-line treatment	Patients with metastasised colorectal carcinoma and systemic first-line treatment		>=50%		Numerator	Incomplete	
									Denominator		
									%		n.d.

IN	CR/ GL	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plausibility unclear	Target value	Plausibility unclear	Current value		Data quality
11		Complication rate therapeutic colonoscopies	Complication rate among therapeutic colonoscopies as low as possible	Colonoscopies of the denominator with complications (bleeding requiring re-intervention (recolonoscopy, operation) or a transfusion and/or perforation)	Therapeutic colonoscopies with loop polypectomy per colonoscopy unit (not only CrCC patients)	< 0,01%	≤ 1%		Numerator		Incomplete
									Denominator		
									%	n.d.	
12		Complete elective colonoscopies	Complete elective colonoscopies by the CrCC as far as possible	Elective colonoscopies of the denominator which were completed	Elective colonoscopies for each colonoscopy unit of the CrCC (not only CrCC patients) (are counted: intention: complete colonoscopy)		≥ 95%		Numerator		Incomplete
									Denominator		
									%	n.d.	
12	GL QI	Information on distance to mesorectal fascia in the diagnostic report (RC of the lower and middle third)	Provide information as frequently as possible in the diagnostic findings report	Patients of the denominator with information on distance to mesorectal fascia in the diagnostic report	Patients with rectal carcinoma of the middle and lower third and MRI or thin slice CT of the pelvis		>=90%		Numerator		Incomplete
									Denominator		
									%	n.d.	
13	5.2.4	Surgical primary cases: colon	See target value	Surgical primary cases: colon (please note attached definition of primary case)	----		≥ 30		Number	0	Incomplete
14	5.2.4	Surgical primary cases: rectum	See target value	Surgical primary cases: rectum, incl. transanal wall resection (please note attached definition of primary case)	----		≥ 20		Number	0	Incomplete
15		Revision surgery: colon	Rate of revision surgery after elective surgery as low as possible	Surgeries of the denominator with revision surgery due to perioperative complications within 30 d of surgery (not to be counted: diagnostic irrigation laparoscopies)	Elective colon surgery	< 0,01%	≤ 15%	>10%	Numerator		Incomplete
									Denominator	0	
									%	n.d.	

IN	CR/ GL	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plausi- bility unclear	Target value	Plausi- bility unclear	Current value	Data quality	
16		Revision Surgery: rectum	Rate of revision surgery after elective surgery as low as possible	Surgeries of the denominator with revision surgery due to perioperative complications within 30 d of surgery (not to be counted: diagnostic irrigation laparoscopies, endoscopic insert vacuum sponge)	Elective rectum surgery (without transanal wall resection)	< 0,01%	≤ 15%	>10%	Numerator	Incomplete	
									Denominator		0
									%		n.d.
17	GL QI	Anastomotic insufficiency: colon	Rate of anastomotic insufficiency after elective colon surgery as low as possible	Patients of the denominator with colon anastomotic insufficiencies requiring reintervention after surgery	Patients with colon carcinoma in whom anastomosis was performed in an elective tumour resection	< 0,01%	≤ 6%		Numerator	Incomplete	
									Denominator		
									%		n.d.
18	GL QI	Anastomotic insufficiency: rectum	Rate of anastomotic insufficiency after elective rectum surgery as low as possible	Patients of the denominator with grade B (requiring antibiotic administration but not interventional drainage or transanal lavage/drainage or grade C (re-)laparotomy) anastomotic insufficiency	Patients with rectal carcinoma in whom anastomosis was performed in an elective tumour resection (without transanal wall resection)	< 0,01%	≤ 15%		Numerator	Incomplete	
									Denominator		
									%		n.d.
19		Post-operative mortality	Rate of post-operative deaths after elective surgery as low as possible	Patients of the denominator who died within 30d post-operative	Electively operated patients (without transanal wall resection)	< 0,01%	≤ 5%		Numerator	Incomplete	
									Denominator		0
									%		n.d.
20		Local R0 resections: rectum	Rate of local R0 resections as high as possible	Surgeries of the denominator with local R0 resections – after completion of surgical treatment	Elective rectum surgery (operative), without transanal wall resection		≥ 90%		Numerator	Incomplete	
									Denominator		0
									%		n.d.
21	GL QI	Marking of stoma position	Rate of pre-operative marking of stoma position as high as possible	Patients of the denominator with pre-operative marking of stoma position	Patients with rectal carcinoma who had elective surgery to install a stoma (without transanal wall resection)		≥ 90%		Numerator	Incomplete	
									Denominator		
									%		n.d.

IN	CR/ GL	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plausibility unclear	Target value	Plausibility unclear	Current value	Data quality	
22a		Liver metastasis resection	Rate of liver metastasis resection as high as possible	Patients of the denominator who have had a liver metastasis resection	Patients of the Centre with metastatic colorectal carcinoma and 1. exclusive liver metastasis (primary or newly occurring in the indicator year) without liver-specific chemotherapy (date of counting: date of diagnosis of the liver metastasis) or 2. exclusive liver metastasis, who have received chemotherapy for liver metastasis (date of counting: end of chemotherapy in the indicator year)	< 20%	No target value		Numerator Denominator %	n.d. n.d. n.d.	Incomplete
22b		Liver metastasis resection at the surgical site of the Colorectal Cancer Centre	-----	Liver metastasis resection performed at the surgical site of the Colorectal Cancer Centre (subset of numerator 223a)	-----		No target value		Number		Incomplete
22c		Liver metastasis resection outside the surgical site of the Colorectal Cancer Centre	-----	Liver metastasis resection performed outside the surgical site of the Colorectal Cancer Centre (subset of numerator 223a)	-----		No target value		Number	0	Incomplete
23	GL QI	Adjuvant chemotherapies: colon (UICC stage III)	Rate of chemotherapies in patients with UICC stage III colon carcinoma as high as possible	Patients of the denominator who received adjuvant chemotherapy	Patients ≤ 75 years with a UICC stage III colon carcinoma who had a R0 resection of the primary tumour		≥ 70%		Numerator Denominator %	n.d. n.d. n.d.	Incomplete
24	GL QI	Combination chemotherapy for metastasised colorectal carcinoma with systemic first-line treatment	As frequent as possible combination chemotherapy for metastasised colorectal carcinoma with systemic first-line treatment	Patients of the denominator with combination chemotherapy	Patients with metastasised colorectal carcinoma, ECOG 0-1 and systemic first-line chemotherapy		< 50%		Numerator Denominator		Incomplete

IN	CR/ GL	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plausi- bility unclear	Target value	Plausi- bility unclear	Current value		Data quality
									%	n.d.	
25	GL QI	Quality of the TME rectum specimen (information from pathology)	As many patients as possible with good to moderate quality TME rectum samples	Patients of the denominator with good to moderate quality (grade 1: mesorectal fascia or grade 2: intramesorectal excisions) TME	Patients with elective radically operated RC in the middle or lower third (without transanal wall resection)		≥ 85%		Numerator		Incomplete
									Denominator		
									%	n.d.	
26	GL QI	Diagnostic report after surgical resection of colorectal carcinoma	As frequent as possible complete diagnostic report after complete resection	Patients of the denominator with diagnostic report with details of: • Tumour type according to WHO classification and • Tumour invasion depth (pT classification) and • Status of regional lymph nodes (pN classification) and • Number of lymph nodes examined and • Grading and • Distance from resection margins (also circumference in the case of rectal carcinoma) and • R classification	Patients with colorectal carcinoma and surgical resection		≥ 95%		Numerator		Incomplete
									Denominator		
									%	n.d.	
27	GL QI	Lymph node examination	≥ 12 lymph nodes are pathologically examined in >95% of the patients with lymphadenectomy	Patients of the denominator with pathological examination of lymph nodes ≥12	Patients with colorectal carcinoma who had elective surgery and underwent a lymphadenectomy (without transanal wall resection)		≥ 95%		Numerator		Incomplete
									Denominator		
									%	n.d.	
28		Start of adjuvant chemotherapy	As often as possible start of adjuvant chemotherapy within the stipulated period	Patients of the denominator with start of chemotherapy within 8 weeks of surgery	Patients with UICC stage III colon carcinoma who had received adjuvant chemotherapy (= numerator of indicator 23)	< 70%	No target value		Numerator		Incomplete
									Denominator	0	
									%	n.d.	
29		MTL22 Indicator (mortality, transfer, postoperative hospital stay)	As few postoperative events as possible	Patients of the denominator who - died within 30 d postoperatively (numerator of indicator 20 19) or - transferred to another acute care hospital, or	Electively operated patients (= denominator of indicator 19)		No target value	> 10%	Numerator		Incomplete
									Denominator	0	

IN	CR/GL	Indicator definition	Indicator target	Numerator	Population (= denominator)	Plausibility unclear	Target value	Plausibility unclear	Current value		Data quality
				- had a hospital stay > 22d after tumour resection						n.d.	
30		Radiotherapy dose per time unit	As frequent as possible complete implementation of radiotherapy at planned dosis and time	Not binding in audit year 2022 A comprehensive definition of the indicator for all organs is currently being prepared. Mandatory documentation of this indicator is not envisaged, irrespective of the results of the current discussions.					Numerator		
									Denominator		
									%	n.d.	

Datenqualität Kennzahlen

OK	Plausible	0,00% (0)	0,00% (0)	Processing quality
	Plausibility unclear	0,00% (0)		
Target value not met			0,00% (0)	0,00% (0)
Erroneous	Incorrect	0,00% (0)	100,00% (33)	
	Incomplete	100,00% (33)		

Processing remarks:

The respective entry or change "number / numerator / denominator" (dotted fields) is only possible in the spreadsheet "Basic data", carry-over is automatic. The numerator is always a subset of the denominator (exception: Indicator 6 - Share of studies patients).

1) Plausibility unclear

In comparison to the other centres, the indicator value given is an unusual value. The classification "plausibility unclear" does not automatically mean a negative assessment. The indicator value is to be checked for correctness because of its unusual character. In individual cases a positive indicator value, when viewed in detail, may also depict a negative care situation (e.g. surplus care). The result of this check is to be explained in more detail by the Centre in the Data Sheet in the column "Reasons/Cause". Where appropriate, specific actions should be defined and carried out in line with the procedure "Failure to meet the target value".

2) Target value not met

The relevant indicators are to be analysed. The result is to be documented in the spreadsheet Data Sheet (IS). The document "Specifications Data Quality" contains more detailed information about this.

3) Incomplete

If any indicators have the status "incomplete", then they are either to be supplied at a later stage or a clear statement is to be made about the possibility of future presentation ("incomplete indicators" always constitute a potential deviation).

Note:

For reasons of easy readability, the term "patient" expressly covers all gender attributions (female, male, other).