DKG KREBSGESELLSCHAFT

Deutsche Gesellschaft für Pneumologie und Beatmungsmedizin e.V. **(German Respiratory Society - DGP)**

Deutsche Gesellschaft für Thoraxchirurgie **(German Society for Thoracic Surgery)**

FAQs

Catalogue of Requirements for the Lung Cancer Centres

of the German Cancer Society (*Deutsche Krebsgesellschaft* - DKG)

Chairs of the Certification Committee: Prof. Dr. D. Ukena, Prof. Dr. H. Hoffmann

Within the framework of the certification procedure, questions regularly crop up which require an explanation of the Technical and Medical Requirements. This document contains answers to the questions which the centres can refer to when implementing, and the experts can refer to when assessing the Technical and Medical Requirements.

Version FAQs and Catalogue of Requirements (CR)

Version status FAQs: 21 July 2016

The FAQs in this document refer to the following documents which are now in force:

Catalogue of Requirements Lungs	Version F1	14/07/2016
Indicator Sheet Lungs	Version F1.1	14/07/2016

Overview of FAQs

Catalogue of Requirements

Section CR	Requirement		Last update
1.2 Interdisciplinary cooperation	1.2.1	Definition primary case	14/07/2016
1.2 Interdisciplinary cooperation	1.2.5	Indication conference	14/07/2016
1.4 Psycho-oncology	1.4.2	Offer and access	21/07/2016

Indicator sheet

Indicator		Last update
3	Discussions of cases involving local recurrence/metastases	14/07/2016
8	Interventional bronchoscopy (thermal procedures and stenting)	14/07/2016
19	If possible, frequent adjuvant cisplatin-based chemotherapy to treat R0 and lymph node-resected primary cases of non-small cell lung cancer (NSCLC)	14/07/2016

FAQs - Catalogue of Requirements - Lungs

1.2 Interdisciplinary cooperation

Section	Requirements		
1.2.1	The Lung Cancer Centre must treat at least 200 patients a year with a primary diagnosis of "lung cancer" in their own Centre. Definition primary case of the Centre: • All patients with newly diagnosed or not yet pretreated/treated lung cancer, who are presented to the Centre or the tumour conference, and receive large parts of their treatment there. • Patient can only be counted as a primary case for 1 Centre; pretreated patients or patients seeking a second opinion are not counted • Patients (not stays, not surgery) • Complete recording in the tumour documentation system • Pathology report must be available (ICD, C34.0-34.9) • The time of counting is the time of the pathological confirmation of diagnosis • A primary case with synchronous treatment of bronchial carcinomas • Two primary cases with metachronous treatment of bronchial carcinomas • Synchronous tumour in another tumour entity can be counted as a primary case for each tumour entity	Details in the Indicator Sheet: Basic data / Indicator 1 (Excel template) <u>FAQs (14 July 2016):</u> In the explanatory remarks it is stated that here all primary cases of the Centre diagnosed for the first time and operated on during the data year can be counted. But what about the overlaps, i.e. the patients who are diagnosed at the end of December of one year and are operated on in January or later? Answer: The time of counting is the date of the first diagnosis even if the surgery is carried out the following calendar year. <u>FAQs (14 July 2016):</u> Is histological confirmation needed? Answer: Yes (histological / where appropriate cytological). Exception: General condition of the patient, emergency. FAQs (14 July 2016): Do patients who die early with a confirmed pathological diagnosis but before the commencement of specific treatment count as primary cases? Answer:	
	Therapy discontinuations: Can be counted in the case of first treatment as a primary case. Are to be entered in the tumour documentation system. Number of patients is to be indicated. Not included when the patient has switched to another Centre after diagnosis or before the commencement of treatment	<u>FAQs (14 July 2016):</u> What is the definition of "discontinuation of therapy"? Answer: When the originally planned treatment is not carried[1)] out in full. See spreadsheet of the Working Group of German Cancer Centres (*Arbeitsgemeinschaft Deutscher Tumorzentren e.V.* - ADT): field discontinuation	
1.2.5 New	Pretreatment tumour conference - - Primary cases - - Local recurrence/distant metastases Indication conference • In centres with >500 primary cases, the pretreatment tumour conference can be conducted as an indication conference. • Participants: Pneumology/haemato-oncology; thoracic surgery, radiology. Optional: radiotherapist	<u>FAQs (14 July 2016):</u> - Patients with stage IV must be presented at the pretreatment tumour conference - Patients with stage I can be prepared as a working document for the tumour conference	

1.4 Psycho-oncology

Section	Requirements	Explanatory remarks of the Lung Cancer Centre	
1.4.2	Psycho-oncology - 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. Documentation and evaluation Psycho-oncological treatment is to be documented and evaluated in an ongoing manner using suitable instruments (e.g. Basic Documentation for Psycho-Oncology - PO-BaDo). To identify treatment needs, screening of mental strain must be undertaken (instrument e.g. see S3 Guidelines Psycho-Oncology, and the result is to be documented. Scope of treatment Patients who have received psycho-oncological support are to be documented. The frequency and duration of the sessions is to be recorded.	FAQs (21 July 2016): Can the establishment of contact *in situ* replace screening? Answer: No. To identify treatment needs it is necessary to conduct standardised screening for mental strain (see S3 Guidelines Psycho-Oncology: e.g. distress thermometer (DT) or the Hospital Anxiety and Depression Scale - HADS), and to document the result.	

FAQs - Indicator Sheet - Lungs

3	Discussion of cases involving local recurrence/metastases	Numerator	Patients with 1 local recurrence and/or 1 remote metastasis who were presented at the tumour conference	FAQs (14 July 2016): Do patients, who received curative treatment after their first diagnosis but then received palliative treatment in the course of the disease and experience metastasis/recurrence in the indicator year, have to be counted for this indicator? Answer: Yes. These patients must be presented (for this indicator) when they transition from curative to palliative treatment, i.e. the first palliative treatment.
		Denominator	Patients with 1 local recurrence and/or with 1 remote metastasis (without primary M1 patients)	
		Target value	No details right now.	
8	Interventional bronchoscopy (thermal procedures and stenting)	Numerator	Interventional surgery (thermal procedures and stenting) for each service provider	FAQs (14 July 2016): May cryotherapies (tumour removal with a cryoprobe) also be included in interventional bronchoscopy? Answer: Yes, but not cryobiopsies as they are not interventional procedures.
		Denominator	---	
		Target value	≥ 10	

19	If possible, frequent adjuvant cisplatin-based chemotherapy to treat primary cases of R0 and lymph node-resected NSCLC stages II-IIIA1/2	Numerator	Cisplatin-based chemotherapy to treat primary cases of R0 and lymph node resected NSCLC stage II-IIIA1/2 with ECOG 0/1	<u>FAQs (14 July 2016):</u> Are neoadjuvant pretreated R0 and lymph node resected NSCLC primary cases stage II-IIIA 1/2 included in the denominator? Answer: No. Neoadjuvant pretreated patients cannot be included in this denominator.
		Denominator	R0 and lymph node NSCLC primary cases stage II-IIIA1/2	
		Target value	No details right now.	