

# Endometrial Carcinoma Surgery

## Quality indicators

- Self-assessment form -

QUALITY INDICATORS	SELF-ASSESSMENT (tick if applicable)	SCORING POINTS
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### GENERAL INDICATORS

1. Number of new endometrial carcinoma cases treated per center per year	Optimal target: ≥ 100 Minimum required target: ≥ 50	<input type="checkbox"/> <input type="checkbox"/>	8* 5**
2. Number of endometrial carcinoma primary surgeries (including early and advanced stages) performed per center per year	Optimal target: ≥ 100 Minimum required target: ≥ 50	<input type="checkbox"/> <input type="checkbox"/>	8* 5**
3. Surgery performed by a gynecologic oncologist or a trained surgeon specifically dedicated to gynaecological cancers management	≥ 95%	<input type="checkbox"/>	5*
4. Treatment and/or follow-up plan discussed at a multi-disciplinary team meeting	Primary treatment: 90% Relapse treatment: 99%	<input type="checkbox"/> <input type="checkbox"/>	3: both targets are met 0: all other situations
5. Center participating in ongoing prospective studies in gynaecological oncology	Optimal target: participation in ongoing prospective studies in endometrial carcinoma Minimum required target: participation in ongoing prospective studies in gynaecological oncology	<input type="checkbox"/> <input type="checkbox"/>	5* 3

### PREOPERATIVE WORK-UP

6. Proportion of patients with a preoperative work-up according to the ESGO-ESTRO-ESP guidelines	90%	<input type="checkbox"/>	3
7. Proportion of presumed stage I-II upstaged to IVB disease	<5%	<input type="checkbox"/>	4

### COMPLIANCE OF THE INTRAOPERATIVE MANAGEMENT WITH THE STANDARDS OF CARE

8. Proportion of early stage endometrial carcinoma cases with non ruptured uterus	99%	<input type="checkbox"/>	8
9. Proportion of patients with early stage endometrial carcinoma who underwent successful minimally invasive surgery	Optimal target: ≥80% Minimum required target: 60%	<input type="checkbox"/> <input type="checkbox"/>	7 4
10. Proportion of patients with BMI > 35 kg/m <sup>2</sup> who underwent successful minimally invasive surgery	>60%	<input type="checkbox"/>	5*
11. Proportion of conversions from minimally invasive surgery to open surgery	<10%	<input type="checkbox"/>	3
12. Proportion of patients with intraoperative injuries	<2%	<input type="checkbox"/>	5
13. Proportion of infracolic omentectomy in endometrial carcinoma patients with presumed early stage serous, undifferentiated carcinoma or carcinosarcoma	≥90%	<input type="checkbox"/>	2
14. Proportion of lymph node staging performed in patients with presumed early stage high-intermediate or high-risk endometrial carcinoma	>85%	<input type="checkbox"/>	5
15. Proportion of sentinel lymph node procedures in patients undergoing lymph node staging	90%	<input type="checkbox"/>	7*
16. Number of sentinel lymph node procedures for endometrial carcinoma performed or supervised per surgeon per year	≥20	<input type="checkbox"/>	5
17. Proportion of indocyanine green cervical injection	≥95%	<input type="checkbox"/>	2*
18. Proportion of high-intermediate/high-risk patients with side-specific systematic pelvic lymphadenectomy in case of failed sentinel lymph node detection	>90%	<input type="checkbox"/>	4
19. Proportion of patients who underwent ultrastaging of sentinel lymph nodes	≥99%	<input type="checkbox"/>	7
20. Proportion of bilateral mapping rate of sentinel lymph node procedures	≥75%	<input type="checkbox"/>	5*
21. Proportion of complete macroscopic resection for curative intent in patients with primary advanced endometrial carcinoma (stage III-IV)	≥85%	<input type="checkbox"/>	6*

### MOLECULAR CLASSIFICATIONS

22. Proportion of patients undergoing complete molecular classification of their tumour according to the ESGO-ESTRO-ESP guidelines	Optimal target: ≥90% Minimum required target: ≥50%	<input type="checkbox"/> <input type="checkbox"/>	5* 3
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\* Mandatory to be a center of excellence ⇔ Optimal target should be met (if any)

\*\* Mandatory for accreditation ⇔ Minimum required target should be met

QUALITY INDICATORS	SELF-ASSESSMENT (tick if applicable)	SCORING POINTS
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**RECORDING PERTINENT INFORMATION TO IMPROVE QUALITY OF CARE**

23. Minimum required elements in surgical/operative reports	≥99%	<input type="checkbox"/>	3
24. Minimum required elements in pathology and pathology reports	≥99%	<input type="checkbox"/>	2
25. Structured morbidity and mortality conference per year for quality assurance of surgical care	Optimal target: 4	<input type="checkbox"/>	5
	Minimum required target: 2	<input type="checkbox"/>	3
26. Proportion of reoperations within 30 days for complications after primary minimally invasive surgery per year	≤2%	<input type="checkbox"/>	5
27. Structured prospective reporting of recurrences/deaths	≥ once a year	<input type="checkbox"/>	5

**COMPLIANCE OF THE MANAGEMENT OF PATIENTS AFTER THE PRIMARY SURGICAL TREATMENT WITH THE STANDARDS OF CARE**

28. Compliance with the ESGO-ESTRO-ESP adjuvant treatment guidelines	≥90%	<input type="checkbox"/>	6
29. Proportion of patients who underwent salvage surgery for locoregional recurrent disease (isolated pelvic or nodal recurrent disease) in whom complete macroscopic resection is achieved	≥85%	<input type="checkbox"/>	5*

**• ADDITIONAL REQUIREMENT (CENTRE OF EXCELLENCE) •**

Publication of 3 articles on endometrial carcinoma authored by a gynaecological surgical oncology member of the team over the last 3 years, including at least one article as first or last author	<input type="checkbox"/>	.*
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⇒ PLEASE INDICATE THE SUM OF YOUR INDIVIDUAL SCORES /143\*\* ⇐

\* Mandatory to be a center of excellence  
 \*\* Maximum score if all optimal targets are met.

Requirements for standard ESGO certification for endometrial carcinoma surgery	Requirements for ESGO certification for endometrial carcinoma surgery as a Center of Excellence
⇒ Sum of the individual scores ≥ 115 (> 80%)	⇒ Sum of the individual scores ≥ 115 (> 80%)
⇒ All the following criteria must apply (minimum required targets should be met): 1, 2	⇒ All the following criteria must apply (optimal targets should be met (if any)): 1, 2, 3, 5, 10, 15, 17, 20, 21, 22, 29
	⇒ Publication of 3 articles on endometrial carcinoma authored by a gynaecological surgical oncology member of the team over the last 3 years, including at least one article as first or last author

**COMMENTS (if any)**



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