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|  | ESGO logo |  |

APPLICATION FORM

ESGO Accreditation of

Advanced Ovarian Cancer Surgery

Kindly fill in this application form and send it together with the self-assessment form and required documentation to the ESGO Administrative Office

by email to [opoleckah@esgomail.org](mailto:opoleckah@esgomail.org) or to adminoffice@esgo.org

The administrative fee is due via a bank transfer.

1. General information

Kindly be advised that ESGO will only accept applications from those centres, where the number of advanced ovarian cancers operated during the last three calendar years is ≥ 24 per year with minimum 12 complete primary debulking surgeries per year. Please note that diagnostic and palliative surgery, secondary and tertiary recurrences, borderline tumours, non epithelial tumours, and stage I-II epithelial ovarian cancer are not taken into account.

The sum of the individual scores being 40, it has been decided that the score of 32 points provides a satisfactory surgical management of advanced ovarian cancers.

Hospital name:

Address:

General email:

Telephone:

Type of hospital: Regional County Community

Is it part of a General Hospital? Yes No

Unit / Department:

University Department:

Stand Alone Centre: Yes No

Head of the department:

Email:

Contact person (if different from the above):

Email:

Should your application be approved, the name and the contact details of your institution will be placed on the ESGO website. By default, the contacts will be limited to the address and the general email. However, if you wish to have more details available to visitors of the ESGO website (doctors, patients), kindly indicate so.

1. Documentation to be attached to the Application

Along with the self-assessment form, kindly gather or retrieve from the database the appropriate information as specified below, in the form of a table containing all patients debulked in the last three (3) calendar years and anonymised per patient.

* + All referred cases of advanced ovarian cancer, including surgical and non-surgical cases
  + Age
  + Pathology type and grade
  + FIGO stage and sub-stage
  + Performance status
  + Number PDS
  + Number IDS
  + % of complete cytoreduction at primary and interval surgery

Further provide:

* + number of surgeries per surgeon per year
  + documentation of clinical trials (NCT Number and recruitment numbers overall per year, and if available publication list)
  + description of how complications are documented and quality management is performed

1. Administration fee

An administration fee applies to centres seeking ESGO accreditation. The following table lists the relevant fees for centres located in High-, Middle- and Low-income countries (please consult the list of [LMIC countries](https://esgo.org/world-bank-list-of-economies/) from the World Bank).

Note that centres seeking additional ESGO accreditation types, or re-accreditations, enjoy a discount of this administrative fee for each subsequent accreditation or re-accreditation.

Please direct any inquiries to the ESGO office at by email to [opoleckah@esgomail.org](mailto:opoleckah@esgomail.org) or to adminoffice@esgo.org

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| PRICE LIST OF CENTRES MULTIPLE ACCREDITATION | | |
|  | High Income countries | Mid and Low Income countries |
| Centre 1st (re)accreditation | € 1,100 | € 500 |
| Centre 2nd (re)accreditation | € 800 | € 300 |
| Centre 3rd (re)accreditation | € 600 | € 150 |

The ESGO Administrative Office will send you the ESGO Invoice for payment. Kindly note that your application will be processed only after the payment is received.

1. Audit

Please note that upon initial check, your application will be sent to the ESGO Accreditation Jury for their evaluation. The Jury has a right to request operative and pathology reports of patients operated in a randomly selected period from the provided table

If the jury is unsure and the discussion with the centre may not resolve all questions, an onsite audit, funded by the applicant, might be required in exceptional cases. Kindly note that by submitting the application, you are committing to fund possible audit expenses.

Date: ………………………… Place:……………………..

Head of Department:

Signature………………...

*Kindly fill in the Application form and send to ESGO Administrative office*

*at* [*opoleckah@esgomail.org*](mailto:opoleckah@esgomail.org) *or* [*adminoffice@esgo.org*](mailto:adminoffice@esgo.org) *(exclusively by e-mail).*