

# SELF-ASSESSMENT FORM

QIs	TARGETS (tick if applicable)	Scoring points
<b>General indicators</b>		
1. Number of newly diagnosed endometrial carcinoma cases treated per centre per year	Optimal target: ≥90 Minimum required target: ≥ 50	<input type="checkbox"/> 8* <input type="checkbox"/> 5**
2. Number of endometrial carcinoma primary surgeries (including early and advanced stages) performed per centre per year	Optimal target: ≥80 Minimum required target: ≥ 50	<input type="checkbox"/> 8* <input type="checkbox"/> 5**
3. Surgery performed by a gynecologic oncologist or a trained surgeon specifically dedicated to gynaecological cancer management (primary and relapsed cases)	≥ 95%	<input type="checkbox"/> 5*
4. Treatment and/or follow-up plan discussed at a multi-disciplinary team meeting (all FIGO stages and ESGO risk groups)	Primary treatment: 90% Relapse treatment: 99%	<input type="checkbox"/> 3: both targets are met <input type="checkbox"/> 0: all other situations
5. Centre 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"/> 5* <input type="checkbox"/> 3
<b>Preoperative work-up</b>		
6. Proportion of patients with a preoperative work-up according to the ESGO-ESTRO-ESP guidelines (primary setting)	90%	<input type="checkbox"/> 3
7. Proportion of presumed FIGO stage I-II upstaged to IVB disease	<5%	<input type="checkbox"/> 4
<b>Compliance of the intraoperative management with the standards of care</b>		
8. Proportion of all presumed early stage endometrial carcinoma cases with non ruptured uterus after hysterectomy	99%	<input type="checkbox"/> 8
9. Proportion of patients with all presumed early stage endometrial carcinoma who underwent successful minimally invasive surgery	Optimal target: ≥80% Minimum required target: 60%	<input type="checkbox"/> 7 <input type="checkbox"/> 4
10. Proportion of patients with BMI > 35 kg/m² who underwent successful minimally invasive surgery	>60%	<input type="checkbox"/> 5*
11. Proportion of conversions from minimally invasive surgery to open surgery (primary setting)	<10%	<input type="checkbox"/> 3
12. Proportion of patients with intraoperative injuries (primary and relapsed setting)	<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 with presumed early stage, 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)	≥75%	<input type="checkbox"/> 6*
22. 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*

\* Mandatory to be a centre of excellence ⇔ Optimal target should be met (if any)

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

QIs (continued)		TARGETS (tick if applicable)	Scoring points
<b>Molecular classification and adjuvant treatment</b>			
23.	Proportion of patients undergoing complete molecular classification of their tumour according to the ESGO-ESTRO-ESP guidelines	Optimal target: ≥90%	<input type="checkbox"/> 5*
		Minimum required target: ≥50%	<input type="checkbox"/> 3
24.	Compliance with the ESGO-ESTRO-ESP adjuvant treatment guidelines	≥90%	<input type="checkbox"/> 6
<b>Recording pertinent information to improve quality of care</b>			
25.	Minimum required elements in surgical reports (primary and relapsed setting)	≥99%	<input type="checkbox"/> 3
26.	Minimum required elements in pathology reports (primary and relapsed setting)	≥99%	<input type="checkbox"/> 2
27.	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
28.	Proportion of reoperations within 30 days for complications after primary minimally invasive surgery	≤2%	<input type="checkbox"/> 5
29.	Structured prospective reporting of recurrences/deaths	≥ once a year	<input type="checkbox"/> 5
<b>• ADDITIONAL REQUIREMENT (CENTRE OF EXCELLENCE) •</b>			
	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"/>	-*

⇒ PLEASE INDICATE THE SUM OF YOUR INDIVIDUAL SCORES /143\*\*⇐

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

Entry criteria for standard ESGO certification for endometrial carcinoma surgery	Requirements for ESGO certification for endometrial carcinoma surgery as a Centre of Excellence
⇒ Sum of the individual scores ≥ 115 (>80% of the score)	⇒ Sum of the individual scores ≥ 115 (> 80% of the score)
⇒ 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