

**ENDOMETRIAL CANCER SURGERY**

Quality Indicators

Self-assessment form

**SELF-ASSESSMENT FORM**

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| **QIs** | **TARGETS** *(tick if applicable)* |  | **Scoring points** |
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| **General indicators** |
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|  |  |  |
|  | 1. Number of newly diagnosed endometrial carcinoma cases treated per centre per year
 | Optimal target: ≥90 | **[ ]**  |  8\* |
|  |  |
| Minimum required target: ≥ 50 | **[ ]**  |  5\*\* |
|  |  |  |  |
|  |  |  |  |
|  | 1. Number of endometrial carcinoma primary surgeries (including early and advanced stages) performed per centre per year
 | Optimal target: ≥80 | **[ ]**  |  8\* |
|  |  |
| Minimum required target: ≥ 50 | **[ ]**  |  5\*\* |
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|  | 1. Surgery performed by a gynecologic oncologist or a trained surgeon specifically dedicated to gynaecological cancer management (primary and relapsed cases)
 | ≥ 95% | **[ ]**  |  5\* |
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|  | 1. Treatment and/or follow-up plan discussed at a multi-disciplinary team meeting (all FIGO stages and ESGO risk groups)
 | Primary treatment: 90% | **[ ]**  | 3: both targets are met |
|  |  |  |
| Relapse treatment: 99% | **[ ]**  | 0: all other situations |
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|  |  |  |  |
|  | 1. Centre participating in ongoing prospective studies in gynaecological oncology
 | Optimal target: participation in ongoing prospective studies in endometrial carcinoma | **[ ]**  |  5\* |
|  |  |
| Minimum required target: participation in ongoing prospective studies in gynaecological oncology | **[ ]**  | 3 |
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| **Preoperative work-up** |
|  |  |  |  |
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|  | 1. Proportion of patients with a preoperative work-up according to the ESGO-ESTRO-ESP guidelines (primary setting)
 | 90% | **[ ]**  | 3 |
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|  | 1. Proportion of presumed FIGO stage I-II upstaged to IVB disease
 | <5% | **[ ]**  | 4 |
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| **Compliance of the intraoperative management with the standards of care** |
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|  | 1. Proportion of all presumed early stage endometrial carcinoma cases with non ruptured uterus after hysterectomy
 | 99% | **[ ]**  | 8 |
|  |  |  |  |
|  |  |  |  |
|  | 1. Proportion of patients with all presumed early stage endometrial carcinoma who underwent successful minimally invasive surgery
 | Optimal target: ≥80% | **[ ]**  | 7 |
|  |  |
| Minimum required target: 60% | **[ ]**  | 4 |
|  |  |  |  |
|  |  |  |  |
|  | 1. Proportion of patients with BMI > 35 kg/m² who underwent successful minimally invasive surgery
 | >60% | **[ ]**  |  5\* |
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|  |  |  |  |
|  | 1. Proportion of conversions from minimally invasive surgery to open surgery (primary setting)
 | <10% | **[ ]**  | 3 |
|  |  |  |  |
|  |  |  |  |
|  | 1. Proportion of patients with intraoperative injuries (primary and relapsed setting)
 | <2% | **[ ]**  | 5 |
|  |  |  |  |
|  |  |  |  |
|  | 1. Proportion of infracolic omentectomy in endometrial carcinoma patients with presumed early stage serous, undifferentiated carcinoma or carcinosarcoma
 | ≥90% | **[ ]**  | 2 |
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|  |  |  |  |
|  | 1. Proportion of lymph node staging performed in patients with presumed early stage high-intermediate or high-risk endometrial carcinoma
 | >85% | **[ ]**  | 5 |
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|  | 1. Proportion of sentinel lymph node procedures in patients with presumed early stage, undergoing lymph node staging
 | 90% | **[ ]**  |  7\* |
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|  |  |  |  |
|  | 1. Number of sentinel lymph node procedures for endometrial carcinoma performed or supervised per surgeon per year
 | ≥20 | **[ ]**  | 5 |
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|  |  |  |  |
|  | 1. Proportion of indocyanine green cervical injection
 | ≥95% | **[ ]**  |  2\* |
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|  | 1. Proportion of high-intermediate/high-risk patients with side-specific systematic pelvic lymphadenectomy in case of failed sentinel lymph node detection
 | >90% | **[ ]**  | 4 |
|  |  |  |  |
|  |  |  |  |
|  | 1. Proportion of patients who underwent ultrastaging of sentinel lymph nodes
 | ≥99% | **[ ]**  | 7 |
|  |  |  |  |
|  |  |  |  |
|  | 1. Proportion of bilateral mapping rate of sentinel lymph node procedures
 | ≥75% | **[ ]**  |  5\* |
|  |  |  |  |
|  |  |  |  |
|  | 1. Proportion of complete macroscopic resection for curative intent in patients with primary advanced endometrial carcinoma (stage III-IV)
 | ≥75% | **[ ]**  |  6\* |
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|  |  |  |  |  |
|  | 1. 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% | **[ ]**  |  5\* |
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| *\* Mandatory to be a centre of excellence ⇔Optimal target should be met (if any)**\*\* Mandatory for accreditation ⇔ Minimum required target should be met* |
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| **QIs** *(continued)* | **TARGETS** *(tick if applicable)* |  | **Scoring points** |
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| **Molecular classification and adjuvant treatment** |
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|  | 1. Proportion of patients undergoing complete molecular classification of their tumour according to the ESGO-ESTRO-ESP guidelines
 | Optimal target: ≥90% | **[ ]**  |  5\* |
|  |  |
| Minimum required target: ≥50% | **[ ]**  | 3 |
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|  | 1. Compliance with the ESGO-ESTRO-ESP adjuvant treatment guidelines
 | ≥90% | **[ ]**  | 6 |
|  |  |  |  |
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| **Recording pertinent information to improve quality of care** |
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|  | 1. Minimum required elements in surgical reports (primary and relapsed setting)
 | ≥99% | **[ ]**  | 3 |
|  |  |  |  |
|  |  |  |  |
|  | 1. Minimum required elements in pathology reports (primary and relapsed setting)
 | ≥99% | **[ ]**  | 2 |
|  |  |  |  |
|  |  |  |  |
|  | 1. Structured morbidity and mortality conference per year for quality assurance of surgical care
 | Optimal target: 4 | **[ ]**  | 5 |
|  |  |
| Minimum required target: 2 | **[ ]**  | 3 |
|  |  |  |  |
|  |  |  |  |
|  | 1. Proportion of reoperations within 30 days for complications after primary minimally invasive surgery
 | ≤2% | **[ ]**  | 5 |
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|  |  |  |  |
|  | 1. Structured prospective reporting of recurrences/deaths
 | ≥ once a year | **[ ]**  | 5 |
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| **● 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
 | **[ ]**  |  -\* |
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| **⇨ PLEASE INDICATE THE SUM OF YOUR INDIVIDUAL SCORES      /143\*\*⇦** |
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|  |
| *\* 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*** Sum of the individual scores ≥ 115 (>80% of the score)
* All the following criteria must apply (minimum required targets should be met): 1, 2
 | **Requirements for ESGO certification for endometrial carcinoma surgery as a Centre of Excellence*** Sum of the individual scores ≥ 115 (> 80% of the score)
* 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
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