**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\* | |
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| Minimum required target: ≥ 50 |  | 5\*\* | |
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|  | 1. Number of endometrial carcinoma primary surgeries (including early and advanced stages) performed per centre per year | Optimal target: ≥80 |  | 8\* | |
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| 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 | ≥ 95% |  | 5\* | |
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|  | 1. Treatment and/or follow-up plan discussed at a multi-disciplinary team meeting | Primary treatment: 90% |  | 3: both targets are met | |
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| 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\* | |
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| 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 | 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 early stage endometrial carcinoma cases with non ruptured uterus after hysterectomy | 99% |  | 8 | |
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|  | 1. Proportion of patients with early stage endometrial carcinoma who underwent successful minimally invasive surgery | Optimal target: ≥80% |  | 7 | |
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| Minimum required target: 60% |  | 4 | |
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|  | 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 | <10% |  | 3 | |
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|  | 1. Proportion of patients with intraoperative injuries | <2% |  | 5 | |
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|  | 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 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 | |
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|  | 1. Proportion of patients who underwent ultrastaging of sentinel lymph nodes | ≥99% |  | 7 | |
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|  | 1. Proportion of bilateral mapping rate of sentinel lymph node procedures | ≥75% |  | 5\* | |
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|  | 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\* |
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| 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 | | ≥99% |  | 3 | |
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|  | 1. Minimum required elements in pathology reports | | ≥99% |  | 2 | |
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|  | 1. Structured morbidity and mortality conference per year for quality assurance of surgical care | | Optimal target: 4 |  | 5 | |
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| Minimum required target: 2 |  | 3 | |
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|  | 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) ●** | | | | | | |
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|  | * 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.* | | | | | | |
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| **Entry criteria for standard ESGO accreditation for endometrial cancer 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 accreditation for endometrial cancer 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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