SELF-ASSESSMENT FORM

Accreditation in Cervical Cancer Management - Quality Indicators

QIs	TARGETS *(tick if applicable)*		Scoring points
GENERAL INDICATORS			
1. Treatment decisions discussed at a multidisciplinary team meeting	≥ 95%	☐	3*†
	< 95%	☐	0
2. Surgery performed or supervised by a certified gynecologic oncologist or a trained surgeon dedicated to gynecological cancer	100%	☐	3*†
	< 100%	☐	0
3. Number of hysterectomies and trachelectomies for invasive cervical cancer performed per center per year	Optimal target: ≥30	☐	5*
	Minimum required target: ≥15	☐	3†
	n<15	☐	0
4. Time to primary radiotherapy less than 6 weeks from the date the patient is referred for the first time to the center	Optimal target: ≥90%	☐	5*
	Minimum required target: ≥75%	☐	3†
	<75%	☐	0
5. Number of patients treated with external beam radiotherapy plus brachytherapy per center per year	Optimal target: n ≥20	☐	5*
	Minimum required target: n ≥10	☐	3†
	n<10	☐	0
6. Center participating in clinical trials in cervical cancers	Optimal target: n ≥3	☐	3
	Minimum required target: n ≥1	☐	1
	None	☐	0
7. Required pre-treatment work-up	100%	☐	3*†
	<100%	☐	0
8. A structured follow-up program of patient outcome is available	Availability of a structured follow-up program monitoring all disease-related events and severe complications, as defined in the description	☐	3*
	Other situations	☐	0
9. Patients are offered a survivorship program (including pelvic, urogenital, gastrointestinal, lymphadema, etc.)	A structured survivorship program is offered to the patients after treatment	☐	3*
	Other situations	☐	0
10. Recurrence rate at 2 years in patients with a stage pT1b1 and pT1b2 confirmed N0 after primary surgical treatment for common histotypes	<15%	☐	3
	≥15%	☐	0
11. Counseling about the option of fertility-sparing treatment where eligible	100%	☐	3
	<100%	☐	0
RADIOTHERAPY			
12. Patients are treated with brachytherapy boost if indicated	≥95%	☐	5*†
	<95%	☐	0
13. Patients are treated with intensity-modulated radiotherapy techniques	Optimal target: 100%	☐	3*†
	Minimum required target: ≥90%	☐	1
	<90%	☐	0
14. Daily on-board image-guided radiotherapy to ensure target volume coverage	≥95%	☐	3*
	<95%	☐	0

QIs	TARGETS *(tick if applicable)*		Scoring points
15. Prescribed pelvic dose is 45 Gy in 1.8 Gy per fraction	≥95%	☐	3*†
	<95%	☐	0
16. Lymph node boosts are delivered in patients with macroscopic lymph node spread	Lymph node boosts: ≥95% and simultaneous integrated boosts use: ≥90%	☐	3*†
	Other situations	☐	0
17. Patients treated with curative intent radiotherapy and concurrent chemotherapy (if indicated)	≥95%	☐	3*†
	<95%	☐	0
18. Imaging for image-guided brachytherapy	Image-guided adaptive brachytherapy (MRI or CT): 100%	☐	3*†
	Image-guided adaptive brachytherapy (MRI or CT): <100% and	☐	0
	MRI at least at the first fraction: 100%	☐	3
	MRI at least at the first fraction <100%	☐	0
19. Combined intracavitary/interstitial brachytherapy use	Yes	☐	3*†
	No	☐	0
	and		
	If yes: ≥60% (optimal target)	☐	3
	If yes: ≥40% (minimum required target)	☐	1
	<40%	☐	0
20. Brachytherapy is delivered after the patient has received a total external beam radiotherapy dose ≥36 Gy	≥95%	☐	3
	<95%	☐	0
21. Overall treatment time does not exceed 50 days	≥90%	☐	3*†
	<90%	☐	0
22. Minimum required criteria for brachytherapy treatment planning	Brachytherapy treatment planning meets criteria detailed in the description	☐	3*
	Other situations	☐	0
SURGERY			
23. Urological fistula rate within 30 post-operative days after a primary surgical treatment	≤3%	☐	5*†
	>3%	☐	0
24. Proportion of patients after primary surgical treatment who have clear vaginal (invasive disease) and parametrial margins	≥97%	☐	5*†
	<97%	☐	0
25. Proportion of patients receiving adjuvant chemoradiotherapy after a primary surgical treatment for a presumed FIGO IB N0 disease	<20%	☐	3*†
	≥20%	☐	0
26. Minimum required elements in surgical reports	100%	☐	3
	<100%	☐	0
27. Minimum required elements in pathology reports	100%	☐	3
	<100%	☐	0
28. Structured prospective reporting of 30-day post-operative morbidity	100%	☐	5*†
	<100%	☐	0
29. Availability of sentinel lymph node mapping and pathological ultrastaging when indicated	Yes	☐	5*†
	No	☐	0

ADDITIONAL REQUIREMENT (CENTRE OF EXCELLENCE)	
Publication of 3 articles on cervical cancer authored by a member of the team over the last 3 years, including at least one article as first or last author	☐ -*
PLEASE INDICATE THE SUM OF YOUR INDIVIDUAL SCORES / 109‡	

*Mandatory to be a centre of excellence.
†Mandatory for accreditation.
‡Maximum score if all optimal targets are met.
FIGO, Federation Internationale de Gynecologie Obstetrique.

A. Entry criteria for standard ESGO accreditation for cervical cancer management ⇒ Sum of the individual scores ≥88 (>80% of the score) ⇒ All the following criteria must apply (minimum required targets should be met (if any): 1, 2, 3, 4, 5, 7, 12, 13, 15, 16, 17, 18, 19, 21, 23, 24, 25, 28, 29	⇒ **Requirements for ESGO accreditation as a Centre of Excellence** ⇒ Sum of the individual scores ≥88 (>80% of the score) ⇒ All the following criteria must apply (minimum required targets should be met (if any): 1, 2, 3, 4, 5, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 28, 29 ⇒ Publication of 3 articles on cervical cancer authored by a member of the team over the last 3 years, including at least one article as first or last author.