Comprehensive Cancer Care Networks (CCCN´s)

Standard for Comprehensive Cancer Care Networks

Developed in the context of iPAAC from the working group of Work Package 10

Prologue

This standard sets out the requirements to be met by Comprehensive Cancer Care Network (CCCN) which will be piloted in the scope of the Joint Action “Innovative Partnership for Action Against Cancer” financed by the European Commission.
The tumour-specific requirements for colorectal and pancreatic networks are summarized in the document “Standard for Colorectal and Pancreatic Cancer”
This document is to be used in conjunction with the “Supporting Document for Standard for CCCN”

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Valid from 01 January 2021

This Set of Standards (SoS) is binding for all peer reviews from 1 January 2021. All changes to the previously applicable versions of this Set of Standards are marked in yellow.

Overview of treated Cancer Patients and treated Primary Cases in the CCCN (as of: 20.07.2018)

Tumour entities		1 ICD-10-GM Codes	2 Number of all cancer patients treated in the CCCN in 2020	3 Primary Cases Number of cancer patients newly diagnosed in 2020	4 Tumour entity not treated in the CCCN (if applicable make an "x")
1.	**Colorectal**	**C18, C19, C20**			
2.	**Pancreas**	**C25**			
3.	**Gastric**	**C16.1 - .9, C16.0**			
4.	**Liver**	**C22**			
5.	**Oesophagus**	**C15,**			
6.	**Other gastrointestinal tumours** (bile ducts, neuroendocrine tumours, tumours of the small intestine)	**C17, C21, C23-24**			
7.	**Endocrine malignancies** (incl. thyroid, adrenal gland)	**C73, C74; C75**			
8.	**Morbus Hodgkin**	**C81**			
9.	**Non-Hodgkin Lymphomas**	**C82-85**			
10.	**Leukaemia**	**C91-95**			
11.	**Lung**	**C34**			
12.	**Haematological systemic diseases (plasmocytoma, etc.)**	**C86-88, C90, C96**			
13.	**Breast**	**C50, D005.1, D05.7, D05.9**			
14.	**Gynaecological tumours (cervix, uterus, ovaries incl. BOT, vulva, vaginal tumours)**	**C48, C51, C52, C53, C54, C55, C56, C57**			
15.	**Skin (invasive malignant melanoma)**	**C43**			
16.	**Paediatric oncology**	**-**			
17.	**Prostate**	**C61**			
18.	**Testicles, penis**	**C60, C62**			
19.	**Kidney**	**C64**			
20.	**Urinary bladder**	**C67**			
21.	**Soft tissue sarcoma (incl. GIST)**	**C40-41, C45-49**			
22.	**Malignant tumours of the musculoskeletal system**				
23.	**Head/neck tumours (upper aerodigestive tract, oral cavity, throat, larynx)**	**C00-14, C30-32**			
24.	**Neuro-oncological tumours**	**C70-72* C75.1-3, D32, D33.3, D35.2-4**			
	TOTALS				

Column 1: Number of all cancer patients treated in the CCCN in 2020. Reflect the number of patients coming to the **CCCN**, not the number of visits. A patient is to be counted for the year 2020, if he/she was treated for a principal diagnosis of cancer between 1 January and 31 December 2020. Do not include any patient more than once unless they have been treated for two malignancies in 2020. All patients should be counted regardless of whether they have a newly diagnosed cancer or have recurrent disease or newly appeared metastases and were referred to the **CCCN** for further evaluation and primary or secondary treatment. This category excludes consults (e.g., for service or second opinions), diagnoses at autopsy, and former patients admitted for rehabilitation purposes or treatment of some other conditions. It also excludes patient follow-up activities after treatment is completed.
Column 2: Number of patients newly diagnosed in the CCCN or elsewhere in 2020 which were treated in the CCCN. Reflect the number of patients coming to the **CCCN**, not the number of visits. Generally, a patient is to be counted as 'newly diagnosed' for the year 2020, if the incidence date (according to the 'Recommendations for Coding Incidence Date' of the European Network of Cancer Registries - ENCR) was in 2020. Do not include any patient more than once unless he/she had two malignancies diagnosed in one year. Do not include patients with recurrent disease. Definition of 'patients treated in the **CCCN** ': therapy planning, and the main part of the therapy take place in the **CCCN**.

CCCN Data

CCCN Name	
Director of the CCCN	
Coordinator of the CCCN	
Clinic	
Address	

Preparation/ Update

Date of preparation/update of the document	

Table of Contents

1. General information about the CCCN

1.1 Network structure

Section	Requirements	Explanatory remarks of the CCCN	
1.1.1	The CCCN has a Board representing all the Members of the Network which provides the ultimate governance of the strategy, policies and activities of the CCCN.		
	The Board may include representatives from primary and community care.		
	A director and deputy director for the CCCN are to be appointed to the Board. The CCCN director and deputy should possess broad clinical experience in cancer diagnosis, treatment, palliative care and aftercare		
	The working methods of the Board are defined in procedural rules. They cover in particular the following: • Selection and appointment of the members • Working methods of the steering committee (decision-making channels) • Definition of milestones, objectives, orientation and further development of the CCCN, drawing up and distribution of a mission statement (in the sense of a 3-5-year strategy) • Integration of the tumour specific networks • Appointment of a central Centre coordinator • Participation/tasks of the centralised Quality Management (QM) department • Public relations • Annual review • Cooperation with external/national institutions (Cancer Registries, foundations...) • Preparation and updating of cooperation agreements for the “centralised responsibilities” • Implementation of an action plan for improvement of patient pathways and patient outcomes • Research agendas • Initiation of quality circles		
1.1.2	There is a CCCN Coordinator who has the following duties • Preparation of steering committee meetings • Coordination of internal/external audits • Monitoring and upholding technical and medical requirements • Communication interface • Controlling/monitoring actions initiated by the steering committee		
1.1.3	There is a written Annual review which covers the following points: The following points are to be considered by the steering committee in the annual review: • Definition/ and achievement of objectives, if necessary, realignment of objectives		

1.1 Network structure

Section	Requirements	Explanatory remarks of the CCCN	
	• Analysis of audit results (internal/external) including key data of the CCCN • Details of Patient involvement and satisfaction • The annual review is to be documented (incl. updating action plan).		
1.1.4	Cooperation agreements Cooperation agreements are established up with external cooperating partners. They must prove that they meet the corresponding technical and medical requirements of this Set of Standard (not every service provider has to be a cooperation partner). There needs to be an agreement between the partners how to share patient data within the CCCN. The cooperation partners are to be listed in the "master data sheet".		
1.1.5	There are two types of members within a CCCN 1) Main cooperation partners: Service providers of equal standing whose presence at tumour boards is mandatory. E.g., surgical and medical oncology, pathology, radiology, radio-oncology 2) Cooperation partners: primary oncological care, pharmacy, nutrition counselling, genetic counselling, hospice, surgical and medical oncology, palliative medicine, physiotherapy, psycho-oncology, radio-oncology, pain therapy, spiritual counselling, self-help, social services		
1.1.6	An organisation chart for each tumour-specific network including all treating partners is available • The chart must provide an overview of the inter-linkages between the disciplines along the patient pathway • Entry points of the patients into the tumour-specific networks are described		
1.1.7	Cooperation agreements between CCCN Members The following points are included in the agreements: • Competences and responsibilities • Description of treatment processes relevant to the Centre taking into account the interfaces • Undertaking to implement defined guidelines • Description of cooperation concerning tumour documentation • Declaration of willingness to cooperate on internal/external audits • Undertaking to comply with the relevant criteria and to supply the relevant data on an annual basis • Upholding of medical confidentiality • Participation in specialty training schemes and public relations • Declaration of consent to be publicly identified as part of the CCCN (e.g. home-page)		

1.1 Network structure

Section	Requirements	Explanatory remarks of the CCCN	
1.1.8	Tumour boards/conferences The co-operation agreements specify (only if stipulated in Section 1.2 Interdisciplinary Cooperation) that • Participation is mandatory • The relevant specialists must be available • Participation and voting rules in the case of more than one cooperation partner per medical specialty (see also provisions “Interdisciplinary Cooperation”) • Attendance is to be checked annually		
1.1.9	Tumour specific networks and CCCN The overall structure of the CCCN is to be described and publicised (e.g. Internet). This also includes the appointment of all internal/external cooperation partners with the following information: - Name and address of cooperation partner - Contact person with tel./email details		
1.1.10	Cancer prevention/early detection • The CCCN participates in breast, cervical and colorectal cancer national screening programmes where applicable (please specify) • Genetic counselling must be addressed and specified on a tumour specific basis • A non-smoking policy is clearly documented and visible throughout all Units of the Network • Support is given to staff to quit smoking		
1.1.11	Centre manual A Centre manual exists which details how the technical and medical requirements are met (including the standard operating procedures/patient pathways stipulated in the individual sections of this Set of Standard. Where these requirements are covered by any process contained in the Manual, reference should be made to the relevant section of the Manual in these Explanatory remarks.		
1.1.12	Internal audit The CCCN has an internal audit system as part of the co-operation agreements which regularly verifies fulfilment of the technical and medical requirements.		
1.1.13	Continuing education Events for the exchange of information and for continuing education are to be offered twice a year to the Members of the CCCN. • These continuing education schemes should correspond to some of the requirements to be met by the cooperation partners in respect of continuing education. • The contents, results and attendance are to be documented. • A continuing education plan is to be submitted.		

1.1 Network structure

Section	Requirements	Explanatory remarks of the CCCN	
1.1.14	Continuing education/specialty training • A qualification plan for medical and nursing assistant staff is established which outlines the planned qualification sessions for the period of one year. • Each staff member completes at least 1 dedicated continuing education/specialty training session (minimum one day a year) if they carry out quality-relevant activities for the CCCN.		
1.1.15	On-the-job training concept The process of familiarising new members of staff with their duties and the procedures of their department follows a specified on-the-job training concept		
1.1.16	Quality circles • Tumour specific staff are to organise or take part in at least 3 quality circles a year in which oncological topics are addressed. • Scheduling, e.g. in qualification plan • Quality circles are to be documented. Participation in the quality circles organised centrally by the CCCN is recognised (see "Standard Section 1.2.14 Interdisciplinary Work").		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

1.2 Multidisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
1.2.1	The number of primary cases of patients treated for each tumour entity must be documented. Definition primary case: • Patients and not stays and not procedures • Count time is the time of initial diagnosis. • Recurrence/metastasis of a patient is a new case, not a primary case		

1.2 Multidisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
	• Histology report, medical report and, where appropriate, treatment/surgical report should be available		
1.2.2	Tumour board types If there are different types of tumour boards, the differences and specifics (circle of participants, cycle…) are described. Different variants may, for instance, arise through special approaches to pre-therapeutic treatment planning.		
1.2.3	Cycle/participants A tumour board for each tumour entity is held at least once a week.		
	All tumour patients are to be presented at the tumour board (organ-specific requirements are to be taken into account). Exceptions are to be explained. If web conferences are used, the sound and documents presented are transmitted. There must be provision for each of the main cooperation partners to present his/her own documents/images. For standard questions, documented electronic consent is possible – preferably before the actual tumour board.		
	Participation in the conference at a specialist level is mandatory for the following specialties: • Diagnostic, surgical and, if applicable, organ-specific, medical specialty: • Radio-oncology • Medical oncology • Radiology • Pathology		
	Standard Operating Procedures could, beside other measures, detail which other disciplines and professional groups are involved in the tumour board as required (e.g. pharmacists, surgery, neurosurgery, neurology, orthopaedics, palliative medicine, nuclear medicine, nursing care, psycho-oncology, specialised pain therapy, study coordination).		
	If several cooperation partners are named for a specialty, then the presence of a representative is sufficient if a formalised exchange of information has been put in place between them (e.g. through quality circles). Nonetheless, each CCCN Member must attend at least 30 percent of the tumour boards.		
	The process of registration, preparation, execution and documentation of the tumour board is to be described in a Standard Operating Procedure.		
1.2.4	Presentation of visual material Patient-related images (e.g. pathology,		

1.2 Multidisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
	radiology) must be available at the conference and suitable technical equipment must be provided for the presentation of the visual material. Computer-assisted presentation is sufficient.		
1.2.5	Preparation of tumour board • The main patient data are summarised in writing in advance and distributed to the participants. • Preliminary consideration of suitable study patients is undertaken. • All patients with recurrent symptoms and metastases, who are treated within the CCCN are to be presented.		
1.2.6	Tumour board minutes • The results of the tumour board consist, *inter alia*, of a written, interdisciplinary treatment recommendation for each patient • The tumour board recommendation must be part of the patient's medical record and may, at the same time, constitute the discharge letter. • The tumour board recommendation and minutes should be automatically generated by the tumour documentation system/hospital information system.		
1.2.7	Tumour board results The patient must be informed about the recommendations of the tumour board. Patient information (case-related): The patient is given • An aftercare plan (if available)/ aftercare pass and, on request, the following documents: • Tumour board recommendation • Discharge letter • If relevant, clinical trial documentation		
1.2.8	Participation in the tumour board as continuing education One-off binding participation of the following functions/professional groups in the tumour board is ensured (refresh every three years): • Assistant staff (medical technical/radiology assistants…) from radiology, nuclear medicine and radiotherapy • Staff social services, psycho-oncology and pharmacy • Specialist oncological nursing staff and at least two nurses from each treatment unit • Participation in the tumour board is recognised as continuing education for the above-mentioned functions/professional groups.		
1.2.9	Treatment plan		

1.2 Multidisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
	• An individual interdisciplinary treatment plan is also drawn up for all patients. This also applies to patients not presented at any tumour board. • A uniform documentation template is recommended for the treatment plan		
1.2.10	Therapy deviations • In principle, treatment plans and tumour board recommendations are binding on clinicians, but subject to patient choice. • If any deviations from the original therapy plan or deviations from the guidelines are observed, they must be documented and evaluated. Depending on the reason, steps are to be taken to avoid deviations. • If, at the patient's request, treatment does not start or is discontinued prematurely (despite an existing indication), this must be documented.		
1.2.11	Metastasis therapy • Presentation of all patients with metastatic cancer is mandatory at the tumour board • Description of treatment strategies with responsibilities for the various metastasis locations must be available (liver, lung, skeleton, brain…) • The CCCN has clear patient pathways for metastatic cancers, including patient transfer to another specialty unit.		
1.2.12	Patients with an incurable disease Details are given in a protocol of the CCCN about how palliative care is integrated into the treatment process.		
1.2.13	Patient pathways Patient pathways are to be drawn up for all tumour entities treated in the CCCN, which chart the procedure from patient admission to the CCCN up to the termination of care (special consideration being given to interdisciplinary and trans-sectoral cooperation to ensure seamless care). The Tumour-specific networks have agreed pathways of care for all patient groups including roles, responsibilities, co-ordination, sequence, and referral processes, according to a standard template.		
1.2.14	Fertility preservation • All patients with a planned fertility-reducing treatment (surgery, radiotherapy, systemic therapy) should be offered information about fertility-preserving measures prior to therapy. The consultation must be documented. • A description of the procedure with the names of the responsible persons is to be given.		

1.2 Multidisciplinary cooperation

Section	Requirements	Explanatory Remarks of the CCCN	
1.2.15	Quality circles (QCs) • Tasks, circle of participants and contents of the quality circles are defined by the steering committee in consultation with the specialist disciplines. • The Members of the CCCN must take part in or initiate QCs. • Quality circles are to be held at least three times a year. Oncological topics are one of the foci. • Morbidity/mortality conferences are also recognised as quality circles. • A list of participants is kept. • Organisation and documentation by the Centre coordinator or QM officer. • The quality circles must-produce clear results (actions, decisions) which are deemed conducive to significant further development/improvements in the CCCN. • A quality circle must have been held by the time of initial certification. • The results of the quality circle are to be documented.		
1.2.16	Centralised list of guidelines/Standard Operating Procedures (SOPs) A list of guidelines/SOPs is kept (in accordance with Annex 1 which the corresponding specialty unit undertakes to implement. The person responsible for each guideline is to be identified by name in the list. SOPs are updated and concrete diagnostic and therapy instructions, which are based on the guidelines. For entities which do not have respective guidelines, the implementation of adequate SOPs is expected.		
1.2.17	Tasks of the persons responsible for the guidelines are defined for: • Monitoring of actuality and further development • Presentation of guideline contents to new staff members (description of type of presentation and documentation) • Monitoring of guideline implementation (e.g. guideline audit, data monitoring) •		
1.2.18	Changes to guidelines • There are systematic, timely and verifiable presentation of changes in continuing education sessions, quality circles) • Changes to internal procedures/ specifications resulting from guideline changes are also presented.		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

1.3 Cooperation referrer and aftercare

	Requirements	Explanatory Remarks of the CCCN	
1.3.1	Cooperating referrers An up-to-date list of cooperating referrers is to be kept. The referrers are to be informed about cooperation within the Oncology Centre with regard to the following: Duties of the CCCN: • Referrers are entitled to take part in the tumour conference when their patients are presented. • Referrers are to be given an opportunity to present patients at the tumour conference.		
1.3.2	Contact persons in the CCCN The contact persons and their function (e.g. telephone, email) are to be made known to the referrers. This may be done in conjunction with the required publication of the cooperation partners.		
1.3.3	Provision of documents Referrers are to be given the following documents in a timely manner: • Histology • Tumour conference protocol/treatment plan • Surgical report (optional) • Medical report/discharge letter • Changes to therapy		
1.3.4	Feedback system A written procedure for recording, processing and providing feedback on general and case-specific concerns/questions/complications by referrers is to be put in place.		
1.3.5	Referrer satisfaction survey • A referrer satisfaction survey is to be conducted every three years. The results of this survey are to be evaluated and analysed. • The referrer satisfaction survey must be available for the first time for the 1st follow-up audit (one year after initial certification).		
1.3.6	Continuing education At least two events a year are to be proposed by the Centre for the exchange of experience and		

1.3 Cooperation referrer and aftercare

	Requirements	Explanatory Remarks of the CCCN	
	continuing education. The contents/results and attendance are to be documented.		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

1.4. Psycho-oncology

Section	Requirements	Explanatory remarks of the CCCN	
1.4.1	Psycho-oncology - Qualifications • Certified psychologist or • Medical Doctor combined with continuing psycho-oncological education Representatives of other psychosocial professional groups (such as social workers, etc.), who prove they have the psycho-oncological qualifications mentioned above, may be accepted.		
1.4.2	Offer and access Each patient is promptly offered a psycho-oncological consultation in the vicinity of where they live. The offer is made in a low-threshold manner.		
1.4.3	The CCCN uses a screening tool for patients to determine when and for whom psycho-oncological interventions are required.		
1.4.4	Scale of care • The number of patients who receive psycho-oncological care is documented. • Consultation frequency and length are documented.		
1.4.5	Premises A suitable room is provided for psycho-oncological patient consultations.		
1.4.6	Organisation plan The assumption of tasks is to be set out in an organisation plan which contains details, *inter alia*, of resource availability and local presence.		
1.4.7	Psycho-oncology – Task profile		

1.4. Psycho-oncology

Section	Requirements	Explanatory remarks of the CCCN	
	The psycho-oncological care of patients is to be offered at all stages of treatment (diagnosis, inpatient, post-inpatient).		
	Objectives and tasks of care include: • Diagnostic clarification after positive screening • Prevention/treatment of ensuing psychosocial problems • Activation of personal coping strategies • Preservation of quality of life • Consideration of the social environment • Organisation of outpatient aftercare through cooperation with outpatient psycho-oncological service providers • Patient events, etc. • Chairing of psychosocial quality circle		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

1.5 Social work and rehabilitation

Section	Requirements	Explanatory remarks of the CCCN	
1.5.1	Social work - Qualifications • Social worker/social education worker • Qualified Benefits Advice worker • Occupational Therapist • Additional qualifications can be accepted after evaluation • Experience in medical/oncological professional field		
1.5.2	Offer and access Each patient must be promptly offered counselling in the vicinity at all stages of the disease (proof required). The offer should be made in a low-threshold manner.	.	
1.5.3	Scale of patient support The number of patients who have received support from the social services is documented.		
1.5.4	Premises A suitable room is to be provided for social care consultations		
1.5.5	Organisation plan		

1.5 Social work and rehabilitation

Section	Requirements	Explanatory remarks of the CCCN	
	The assumption of tasks is to be specified in an organisation plan in which, *inter alia*, resource availability and local presence are identified.		
1.5.6	Social care interventions can include: • Identification of social and economic needs • Initiation of medical rehabilitation measures • Advice on social law and economic questions (e.g. legislation concerning the severely disabled, wage compensation benefits, pensions, benefit requirements, employee contributions, etc.) • Support for application procedures • Advice on outpatient and inpatient care options and help with accessing supportive measures and specialist services • Support for professional and social reintegration • Cooperation with funding agencies and service providers • Intervention in emergencies		
1.5.7	Patient-based choice of rehabilitation facilities The choice of the rehab facility is to be made in line with the patient's treatment needs.		
1.5.8	Information about rehabilitation facilities • Information material about the individual rehab services is available. • The specifics/foci of the respective rehab services for the treatment of oncological patients is known and transparent.		

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		Mostly		
		Partially		
		No		
		Not applicable		

1.6 Patient participation and empowerment

Section	Requirements	Explanatory remarks of the CCCN	
1.6.1	Patients and patients' representatives are actively involved in planning and monitoring of the strategic activities of the CCCN for example through a Patient Liaison Panel		

1.6 Patient participation and empowerment

Section	Requirements	Explanatory remarks of the CCCN	
1.6.2	Patient surveys • At least every three years patients are given the opportunity to participate once in a patient survey over a period of at least three months. • The response rate should be higher than 30% (if lower, the result is to be evaluated).		
1.6.3	Evaluation patient survey • Responsibility for the evaluation is specified. • The evaluation must refer to patients of the CCCN. • A documented evaluation must be made and is to be presented at the audit. • Actions are to be determined on the basis of the evaluation.		
1.6.4	Patient information (general) a) Information about oncological topics (tumour specific or/and modality specific information) b) Information on prevention of recurrence and overall healthy living for example in the fields of: Diet, Exercise, Spotting signs and symptoms c) Information about the CCCN: d) The Centre is to present itself and its treatment options as a whole (e.g. in a brochure, patient folder, its website). e) The cooperation partners and contact person are identified by name. The available treatments are to be described. f) The range of treatments presented must include: rehab/ post-treatment rehab, self-help, treatment measures and alternatives The oncology nurse specialist should be present at this moment and confirm if the patient has all the information needed and that an after-care plan is assured		
1.6.5	Discharge consultation Each patient is given a discharge consultation (short documentation/checklist) during which at least the following subjects are touched on and corresponding information provided: • Therapy plan including what social care interventions are required. • handing over printed individual aftercare plan		
1.6.6	Patient event The CCCN holds an information event for patients and/or interested parties at least once a year. If possible, in cooperation with self-help groups.		
1.6.7	Complaints management A formalised complaints management process is in place. The patients are given feedback.		

1.6 Patient participation and empowerment

Section	Requirements	Explanatory remarks of the CCCN	
	Complaints are taken into account in the improvement process.		
	Self-help groups The self-help groups, with which the CCCN actively cooperates, are to be identified by name. • A contact person must be identified by name. • The tasks of the self-help groups may only be carried out by members of the self-help groups.		
	Written agreements are to be entered into with the self-help groups. These agreements should be updated at least every 5 years and should encompass the following points: • Access to self-help groups at all stages of treatment (first diagnosis, hospitalisation, chemotherapy, after-care…) • Announcement of contact data of self-help groups e.g. in patient brochure, CCCN website) • Possibility to display information brochures of the self-help groups • Regular provision of premises at the CCCN for patient consultations • Quality circle with participation of representatives from psycho-oncology, self-help groups, social services, spiritual counselling, nursing care and medicine. • Personal discussions between self-help groups and the CCCN for the purposes of jointly staging or coordinating actions and events. The results of the discussions are to be documented. • Participation of all medical staff in events of the self-help group		

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		Mostly		
		Partially		
		No		
		Not applicable		

1.7 Research and Clinical Trials

Section	Requirements	Explanatory remarks of the CCCN	
1.7.1	The statements below refer to the following cooperation partner (Name): Every cooperation partner of the CCCN that offers or conducts clinical trials or studies for tumour patients must fulfil the requirements summarized in this chapter. The following requirements must be fulfilled in addition to tumour-specific personnel and technical requirements:		
1.7.2	SOP: The procedures for the acceptance/initiation of new clinical trials and studies and the conduct of studies are to be specified in SOPs, including responsibilities. This encompasses for instance: • Selection of new studies incl. release decisions • Internal announcement of new studies (updating of study list see Annex 2) • Qualification of staff members involved • Study organisation (specifics of support for study patients, documentation…) • Communication exchange/distribution of tasks between study secretariat and staff conducting the study • Method of sharing study results (e.g. staff, patients)		
1.7.3	Access to studies The CCCN has a policy of equal access in the CCCN to trails and studies. The studies conducted at the CCCN are to be listed and, for instance, published on the CCCN website (incl. short description of the study).		
1.7.4	• 5% of all tumour patients treated in the CCCN, should participate in studies. • Study participation is deemed to be the inclusion of patients in studies following a vote by the ethical committee combined with a study plan (non-interventionist/diagnostic studies are also recognised).		
1.7.5	The CCCN has a policy for promoting clinical trials and studies for suitable patients. This includes the identification of suitable patients at Tumour Board stage and equitable access throughout the network. An up-to-date database of all clinical trials available in the CCCN must be maintained.		
1.7.6	The CCCN either has at least one cancer research institute among its co-operation Membership, or else has established co-operation agreements with various research institutes and Universities. There is a Review Board to evaluate all clinical trial proposals and the clinical administration unit available.		

1.7 Research and Clinical Trials

Section	Requirements	Explanatory remarks of the CCCN	
1.7.7	The CCCN has established a research cluster and defined a strategy for research programmes which best fit the CCCN environment (if necessary, in cooperation).		
1.7.8	The CCCN pursues translational research including population and outcomes research which support the delivery of optimal patient care within the CCCN (if necessary, in cooperation).		
1.7.9	Regular briefing of research activities and results is organised through information sharing and meetings for researchers and clinicians		
1.7.10	There are policies on informed consent for research that meet national laws and regulations.		
1.7.11	The CCCN provides feedback on clinical trial activities and outcomes		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

1.8 Nursing care

Chapter	Requirements	Explanatory remarks of the CCCN	
1.8.1	The members of the Network who deliver clinical care to patients have written policies covering the number of specialist oncology nurses to deliver high quality care. Specialist oncology nurses (with the exception of paediatric oncological care). • At least 2 full-time active specialist oncology nurses must be employed on day duty in the CCCN to facilitate care coordination and provide specialized care. • Specialist oncology nurses are identified by name. • Active care by a specialist oncology nurse must be proven in the units in which patients receive inpatient oncology care. Pre-condition for the recognition as oncology nursing staff are • Further training as oncology nursing staff according to the country specific regulations		

	• If there are no country specific regulations the CCCN must demonstrate how oncology nurses are educated (recommendation: European Oncology Nursing Society Educational Framework http://www.cancernurse.eu/education/cancernursingeducationframework.html)		
1.8.2	Responsibilities / tasks Patient related tasks include: • Specialist assessment of symptoms, side effects and stress/strain • Conduct and evaluation of nursing measures • Pain and symptom identification • Identification of individual patient-based counselling needs. • The specialist counselling needs are already to be defined in the nursing concept of the individual Tumour specific networks. • A specialised nurse should be present in the consultation hours where the diagnosis and further diagnostic/treatment steps are planned • Ongoing information and counselling of patients (and their family members) during the entire course of the disease • Conduct, coordination and documentation of structured counselling sessions and guidance of patients and family members. Depending on the concept this can also be done by specialist nurses with many years' experience and specialist expertise. • Participation in the tumour board is desirable. • Initiation of and participation in multi-professional case discussions/nursing visits; the aim is to find a solution in complex nursing situations.; Criteria for the selection of patients are to be laid down; per year and centre at least 12 case discussions/nursing visits are to be documented		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

2 Organ-specific Diagnostics

2.1 Consultations

Chapter	Requirements	Explanatory remarks of the CCCN	
2.1.1	Information / dialogue with the patient Adequate information must be provided about diagnosis and therapy planning and a dialogue is entered into. This includes *inter alia*: • Presentation of alternative treatment options • Offer of and aid in obtaining second opinions • Discharge consultation as a standard procedure		
	• A general description is given of the way in which information is provided and the dialogue organised. This is documented for each patient in medical reports and minutes/records.		
	• The patient is given the option of including his/her partner or family members in the consultation.		
2.1.2	Outpatient care Outpatient consultations are given to patients at all key stages of the pathway and cover the following topics: • Diagnosis and therapy planning • Treatment options • Special aftercare problems If appropriate, the topics can be covered in special, separate consulting hours		
2.1.3	Waiting times during the consulting hours are set at a target maximum: Requirement: < 60 min (target value) The waiting times for an appointment are set at a target maximum: Requirement: < 2 weeks The waiting times are to be recorded and statistically evaluated (recommendation: evaluation period 4 weeks at least every year).		
2.1.4	Tumour-specific services should be provided • Access to tumour-specific services must be described • tumour-specific services i.e. (if applicable): tissue sampling for histology, ultrasound examination, X-ray (conventional), Computer tomography/MRI, Laboratory (haematology, clinical chemistry, ...), Sonography (pleura, upper abdominal ultrasound, echocardiography), Possibility for outpatient bronchoscopy, etc. • Time between booking and appointment slot should not exceed 1 week. The times are to be recorded and statistically evaluated.		

2.1.5	Diagnosis • Information about diagnosis is provided to the patient by a doctor in a personal consultation • The time for informing patients about a histological result or diagnosis does not exceed a 2 week standard		
2.1.6	Repeated consultation with the patient is organised in the event of side effects of therapy.		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

2.2 Diagnostics

Section	Requirements	Explanatory remarks of the CCCN	
2.2.1	The requirements concerning organ-specific diagnostics are contained in the Standard for Colorectal and Pancreatic cancer" of the corresponding Tumour specific networks and are to be fully complied with.		

3 Radiology

Section	Requirements	Explanatory remarks of the CCCN	
3.1	The statements below refer to the following main cooperation partner (Name): Every main cooperation partner for radiology must fulfil the requirements summarized in this chapter. The following requirements must be fulfilled in addition to tumour-specific personnel and technical requirements:		
3.2	Specialists • At least one-radiology specialist • Written proof that cross-cover staff has the same qualifications • Specialist and cross-cover staff are identified by name.		
3.3	Medical technical radiology assistants At last two qualified medical technical radiology assistants are available and identified by name.		

3 Radiology

Section	Requirements	Explanatory remarks of the CCCN	
3.4	Radiological methods that are available: • Conventional x-ray • Angiography • Sonography • Spiral-CT • MRT (field strength at least 1.5 Tesla)		
3.5	SOPs for radiology The imaging methods are described in SOPs and checked once a year to ensure they are up to date		
3.6	Compilation of results The radiologist's written report must be available to the attending doctors at the latest 24 hours after the examination. If this is not possible an explanation must be given, and measures must be taken in order to improve the timeline.		
3.7	If there is a national legislation for quality control in radiology (for example: specific certifications). • System must be named. • The final report of the last certification/accreditation must be provided.		
3.8	There is a Standard Procedure for keeping appointment slots available for emergencies		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

4 Nuclear medicine

Section	Requirements	Explanatory remarks of the CCCN	
4.1	The statements below refer to the following cooperation partner (Name): Every cooperation partner of the CCCN for nuclear medicine must fulfil the requirements summarized in this chapter. The following requirements must be fulfilled in addition to tumour-specific personnel and technical requirements:		

4 Nuclear medicine

Section	Requirements	Explanatory remarks of the CCCN	
4.2	Nuclear medicine specialists • At least one specialist for nuclear medicine is available. • Written proof that cross-cover staff has the same qualifications • Specialist and cross-cover staff are to be identified by name.		
4.3	Medical technical radiology assistants of nuclear medicine At least two qualified medical technical radiology assistants of nuclear medicine ~~be~~ are available during operating hours and identified by name.		
4.4	Nuclear medicine methods are available: • Bone scintigraphy (mandatory) Optional: • PET and PET-CT • Inpatient radionuclide therapy		
4.6	SOPs: The imaging methods are to be described and checked once a year to ensure they are up to date		
4.7	Compilation of results The nuclear doctor's written report must be available to the attending doctors at the latest 24 hours after the examination. If this is not possible an explanation must be given, and measures must be taken in order to improve the timeline.		
4.8	If there is a national legislation for quality control in nuclear medicine (for example: specific certifications). • System must be named. • The final report of the last certification/accreditation must be provided.		
4.9	There is a Standard Procedure for keeping appointment slots available for emergencies		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

5 Surgical Oncology

5.1 Trans-organ surgical therapy

Section	Requirements	Explanatory remarks of the CCCN	
5.1.1	The statements below refer to the following cooperation partner (Name): Every cooperation partner of the CCCN in the field of surgery must fulfil the requirements summarized in this chapter. The following requirements must be fulfilled in addition to tumour-specific personnel and technical requirements:		
5.1.2.	Specialists • At least one specialist for visceral surgery • Cross-cover staff members with equivalent qualifications are documented in writing. • Specialists are to be identified by name.		
5.1.3	Availability/On call • There is 24h-availability of a surgical specialist including weekends and public holidays • 24-hour emergency surgical care is guaranteed.		
5.1.4	If there is a national legislation for quality control in surgery (for example: specific certifications/inspections): • System must be named. • The final report of the last certification/accreditation must be provided.		
5.1.5	Surgical Case numbers Every surgeon performs: • At least 50 oncological operations every year • The organ-specific requirements are set out in Section 5.2.		
5.1.6	Interdisciplinary approach • For every tumour patient at an advanced stage of disease and/or with distant metastasis, the approach to be adopted is planned and documented prior to surgery by the specialist disciplines involved in line with the recommendation of the tumour board.		
5.1.7	SOPs: • The treatment planning for special surgical treatment needs (metastasis, advanced stages of recurrence, etc.) are documented (e.g. cooperation with urology, neurosurgery, casualty surgery, thoracic surgery, vascular surgery) • For patients with myelon compression and neurological symptoms, an SOP for treatment must be established within 24h of suspected diagnosis.		

5.1 Trans-organ surgical therapy

Section	Requirements	Explanatory remarks of the CCCN	
	• The interdisciplinary procedure for surgical procedures, bearing in mind the interfaces, is documented, and the with corresponding cooperation agreements exist for all specialties • Post-operative care of patients with intraoperative surgical results is documented in an SOP • Options for intensive medical care are documented • Transfer back to the general ward after treatment by the primary specialty is covered by appropriate provisions for continuity of care • Supportive measures in accordance with the guidelines are described for the individual therapy planning and documented in detail for each patient.		
5.1.8	Treatment recommendation plan/ tumour board minutes In principle, all treatment plans and recommendations of the tumour board are binding and form the basis for treatment. • The Treatment plan/ tumour board minutes is available in patient-related documentation. • If there are any deviations from the treatment plan, they are to be presented at the tumour board.		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

5.2 Organ-specific surgical therapy

Section	Requirements	Explanatory remarks of the CCCN	
5.2.1	The requirements to be met by organ-specific surgical treatment are set out in the Standard for Colorectal/ Pancreatic" of the corresponding Tumour specific networks and must be met in full.		

6 Medical oncology /systemic therapy

6.1 Medical oncology

Section	Requirements	Explanatory remarks of the CCCN	
6.1.1	The statements below refer to the following cooperation partner (Name): Every cooperation partner of the CCCN providing medical oncology to patients of the CCCN must fulfil the requirements summarized in this chapter in the field of medicinal oncological therapy. This also applies when inpatient and outpatient therapy is undertaken by different CCCN cooperation partners.		
6.1.2	It is preferable for systemic therapy to be administered in a specialist central therapy unit with multidisciplinary support.		
6.1.3	Medical qualifications • Medical oncologist		
6.1.4	Availability/ On call • 24-hour availability of a specialist doctor for medical oncology including weekends and public holidays • During regular working hours ~~a~~ at least one medical oncologist must be present in the clinic (see 6.1.6). • Access to patient data is available 24/7		
6.1.5	• Beds for haematological and oncological patients are available at all times (verification via the CCCN bed plan) • Individually monitored spaces, monitors and Access to intensive care must be available at all times for oncological patients.		
6.1.6	CCCN Members providing systemic therapies to inpatients are covered by the provision of a medical oncologist, including ward rounds on weekends		
6.1.7	Treatment recommendation plans/ tumour board minutes In principle, treatment plans and recommendations of the tumour board are binding and form the basis for treatment.		

6.1 Medical oncology

Section	Requirements	Explanatory remarks of the CCCN	
	The treatment recommendation plan/tumour board minutes must be is available in the patient-based documentation. • If there are any deviations from the recommended treatment plan, they are presented at the tumour board. • Supportive measures in accordance with the guidelines are to be described in the individual therapy plan and documented in detail for each patient.		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

6.2 Organ-specific systemic therapy

Section	Requirements	Explanatory remarks of the CCCN	
6.2.1	The statements below refer to the following cooperation partner (Name): Every cooperation partner of the CCCN for systemic therapy must fulfil the requirements summarized in this chapter. This also applies when inpatient and outpatient therapy is undertaken by different CCCN cooperation partners. The following requirements must be fulfilled in addition to tumour-specific personnel and technical requirements:		
6.2.2	Conduct of medical oncological therapy The members of the CCCN providing systemic therapies ensure that the conduct of medical oncology therapy (chemotherapy, antibody therapy, hormone therapy) is provided by: Specialists for: • Medical Oncology • Radiotherapy for radio- and chemotherapy • Any other discipline which is board qualified for conducting medical oncological therapy according to the country specific regulations Staff with the qualifications listed above are to be identified by name. The specialists named must monitor medical oncological therapy. It is not possible to		

6.2 Organ-specific systemic therapy

Section	Requirements	Explanatory remarks of the CCCN	
	delegate responsibilities to doctors who do not have the aforementioned qualifications.		
6.2.3	Specialist nurses for administering systemic therapies The CCCN Member ensures that the prerequisites for specialist nurses responsible for administering chemotherapy are: • Minimum one year professional experience in oncology • 50 chemotherapy administrations per annum • Active involvement in meeting the requirements for emergency treatment and treatment of comorbidities and secondary diseases		
6.2.4	Availability/On call • 24-hour availability outside of working hours including weekends and public holidays • Access to therapy data must be possible during 24-hour availability Specifics inpatient care • Ward rounds on weekends		
6.2.5	Case numbers per treatment unit • 200 chemotherapeutic treatments per year or at least 50 with specific indication (e.g. breast, colon…) unless otherwise stipulated in the organ-specific provisions • Calculation method: completed chemotherapeutic treatments per patient (consisting of several cycles or administrations) • In the event of shortfall, expertise cannot be proven via cooperation (must be proven by each individual treatment unit).		
6.2.6	Premises medical oncological therapy Outpatient systemic therapy units in the CCCN provide at least four treatment places for intravenous tumour therapy and blood transfusions in individual rooms.		
6.2.7	Basic diagnostics laboratory A Basic diagnostics unit including emergency laboratory must be available during working hours. If done externally, proof by means of cooperation agreement.		
6.2.8	Basic diagnostics imaging The systemic therapies unit has either sonographic and radiological emergency and routine diagnostics on site or cooperation agreements. Proof by means of cooperation agreement.		
6.2.9	Treatment recommendation plan/tumour board minutes		

6.2 Organ-specific systemic therapy

Section	Requirements	Explanatory remarks of the CCCN	
	• In principle, all treatment plans and recommendations of the tumour board are binding and form the basis for treatment. • Treatment plan/tumour board protocol must be available in patient-related documentation. • If there are any deviations from the treatment plan, they are to be presented at the tumour board.		
6.2.10	An electronic drug prescription and administration system which controls the entire drug pathway and interfaces with the patient record should be available		
6.2.11	Systemic therapy regimens • The drawing up of/changes to existing therapy regimens must be approved in a formalised manner according to a SOP. • Prior to approval of or changes to therapy regimens, the pharmacist's expert opinion may be sought. • The therapy regimens are to be protected against unintentional changes • The therapy regimens of the outpatient and inpatient units are comparable. Therapy plans • Every systematic therapy is planned in line with a therapeutic regimen. • Antiemetics that comply with the guidelines are to be included in therapy planning. • Therapy planning is to be reviewed and approved by a doctor.		
6.2.12	Preparation of cytostatic drugs • Cytostatic or immunotherapeutic drugs are prepared in a centralised unit under the direct control of a qualified pharmacist. • There are SOPs for the preparation of cytostatic drugs. • A validation procedure for the whole process, including prescription, preparation and administration is implemented. • If there is a national legislation for quality control in nuclear medicine (for example: specific certifications). o System must be named. o The final report of the last certification/accreditation must be provided. • It is possible to consult the pharmacist during the period in which therapy is being administered. 24-hour on-call service is required for inpatients.		
6.2.13	• SOP: All phases of the procedure for medical oncological therapy (initiation of		

6.2 Organ-specific systemic therapy

Section	Requirements	Explanatory remarks of the CCCN	
	therapy, conduct of therapy and termination of therapy) are documented in a SOP. • Supportive measures in accordance with the guidelines are to be described for the individual therapy plan and documented in detail for each patient.		
6.2.14	Comorbidities and secondary diseases There are SOPs for the prophylaxis/therapy of comorbidities and secondary diseases, in particular the treatment of extravasations, infections and thromboembolic complications.		
6.2.15	Emergency treatment The Unit has availability of emergency medical equipment and written flowchart for emergencies		
6.2.16	Case-related information/dialogue with patients Adequate information is to be provided for diagnosis and therapy planning and a consultation is to be given. This includes: • Presentation of alternative treatment concepts • Offer of and assistance in obtaining second opinions • Discharge consultation as a standard procedure Patient consultations are to be documented in medical reports and other protocols/records.		
6.2.17	Information of therapy conduct/planning After each administration of systemic therapy, the patient and/or doctor responsible for further treatment is/are given information about the current status of therapy and future planning (blood tests…) Preparation of discharge letter The doctor responsible for further treatment or the co-attending doctor is given the final medical report within seven days of completion of systemic therapy (last administration).		
6.2.18	If there is a national legislation for quality control in radiology (for example: specific certifications). • System must be named. The final report of the last certification/accreditation must be provided.		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once.	Yes		
		Mostly		
		Partially		

	• Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	No		
		Not applicable		

7 Radiotherapy

Section	Requirements	Explanatory remarks of the CCCN	
7.1	The statements below refer to the following cooperation partner (Name): Every cooperation partner of the CCCN for radiation oncology must fulfil the requirements summarized in this chapter. This also applies when inpatient and outpatient therapy is undertaken by different CCCN cooperation partners. The following requirements must be fulfilled in addition to tumour-specific personnel and technical requirements:		
7.2	• min. 2 accelerators in the main unit of the CCCN • Any location with an accelerator must be named		
7.3	Expertise of the main unit in the CCCN A complete radiotherapy series must be proven for at least 800 tumour patients. Of them, at least 200 patients must be treated in the CCCN.		
7.4	The main Unit providing radiotherapy has: • At least three radiation oncology specialists • Specialists must be named		
7.5	The main Unit providing radiotherapy has: • At least 3 ~~M~~ Medical Physicists on working days. • Medical physicist are named		
7.6	2 Medical technical radiology assistants are present for each linear accelerator during radiotherapy. Cross-cover staff rules are formulated in writing.		
7.7	Contingency plan The main radiotherapy unit has a contingency plan formulated in writing		
7.8	Combined therapies In the case of combined therapies (e.g. percutaneous radiotherapy/brachytherapy/IORT, simultaneous radio-chemotherapy) the medical and medical-physical responsibility does not change. If a change in this responsibility is essential for organisational reasons, the		

7 Radiotherapy

Section	Requirements	Explanatory remarks of the CCCN	
	treatment plan is agreed and signed by all responsible healthcare professionals prior to the commencement of treatment.		
7.9	Documentation/Tumour control • The relevant radiation data (single dose, total dose, total treatment time) are recorded in line with the guidelines. Any deviation from the prescribed dose is justified and documented. • Supportive measures in accordance with guidelines are described for the individual therapy plans and documented in detail for each patient.		
7.10	Availability/On-call The CCCN ensures the presence of one specialist for radiotherapy during working hours, 24-hour on-call service outside working hours (including weekends and public holidays), if necessary, through the cooperation agreements		
7.11	Emergency Radiotherapy • The CCCN has a written procedure for emergency radiotherapy and timely radiotherapy for relief of symptoms in palliative patients. • In the case of patients with compression of the myelon and neurological symptoms a Plan for treatment must be drawn up within 24 hours of the suspected diagnosis.		
7.12	Planning techniques The main radiotherapy unit has access to: • Therapy simulator or virtual simulation • CT planning • 3D and IMRT radiotherapy planning system • Magnetic resonance imaging		
7.13	Radiotherapy techniques The main radiotherapy unit has full availability for its patients for the following techniques: • Image-Guided Radiation therapy (IGRT) • Intensity-Modulated Radiotherapy (IMRT) • 3D-conformal radiotherapy • Brachytherapy		
7.14	Chemo-radiation There is a SOP for sequential / simultaneous radio-chemotherapy.		
7.15	Treatment documentation: • The side effects of radio-chemotherapy are recorded and evaluated. • Blood count monitoring and laboratory tests are documented by the radiation-oncologist during radio-chemotherapy.		
7.16	Palliative Radiotherapy • In the case of palliative radiotherapy, the therapeutic goal (local control or solely symptom alleviation) is documented.		

7 Radiotherapy

Section	Requirements	Explanatory remarks of the CCCN	
	• Palliative medical measures, progress of symptoms and side effects are described and documented for each patient particularly in the case of therapeutic concepts for symptom alleviation. • Simultaneous medicinal therapy (e.g. pain, tumour-specific therapy) is documented.		
7.17	Consultations • Each patient undergoes a medical consultation prior to the commencement of radiotherapy. • During a radiotherapy series at least one documented contact with a doctor is ensured in the radiotherapy facility carrying out the treatment. • Adequate information is provided about diagnosis and therapy planning and a consultation is given. This includes *inter alia*: • Structured explanation of indication, action, side effects, treatment schedule • Presentation of alternative treatment options. • Offer of and aid in obtaining second opinions • Discharge consultation as a standard procedure • Patients are given written patient information about how to self-manage during and after radiotherapy. • Patient consultations are documented for each patient.		
7.18	Waiting times • Time between patient registration and first presentation < 10 days • The Time between first consultation and commencement of treatment if there are no medical contraindications is less than ≤ 4 weeks • The actual total treatment time does not exceed the prescribed treatment time by more than 10%. Medically justified or patient-justified breaks in radiotherapy are exceptions. • The waiting times are to be recorded and statistically evaluated (recommendation: evaluation period 4 weeks at least every year).		
7.19	Adequate information must be provided about diagnosis and therapy planning and a consultation is to be given. This includes *inter alia*: • Structured explanation of indication, action, side effects, treatment schedule		

7 Radiotherapy

Section	Requirements	Explanatory remarks of the CCCN	
	• Presentation of alternative treatment concepts • Offer of and aid in obtaining second opinions • Discharge consultation as a standard procedure • Patients must be given written patient information about behaviour during and after radiotherapy. Patient consultations are to be documented for each patient.		
7.20	If there is a national legislation for quality control in radiology (for example: specific certifications). • System must be named. The final report of the last certification/accreditation must be provided.		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

8 Pathology

Section	Requirements	Explanatory remarks of the CCCN	
8.1	The statements below refer to the following cooperation partner (Name): Every cooperation partner of the CCCN for pathology must fulfil the requirements summarized in this chapter. This also applies when inpatient and outpatient therapy is undertaken by different CCCN cooperation partners. The following requirements must be fulfilled in addition to tumour-specific personnel and technical requirements:		
8.2	Case numbers in the Pathology Institute At least 10,000 histologies/year (case numbers, proof via journal no.)		
8.3	• At least 3 pathology specialists (board pathologists) when the CCCN is handled by only 1 pathology institute • Otherwise, the following applies: At least 2 pathology specialists for each institute involved		

8 Pathology

Section	Requirements	Explanatory remarks of the CCCN	
	• Specialists must be named		
8.4	A sufficient number of qualified MTAs / technical assistants are available		
8.5	If there is a national legislation for quality control in surgery (for example: specific certifications/inspections): • System must be named. • The final report of the last certification/accreditation must be provided.		
8.6	The following procedures are available according to SOP´s • Immunohistochemical tests • *In situ* hybridisations (not SC/PC) • Molecular pathology for those tumour sub-types for which internationally validated tests are approved (not for PC) These special services may only be performed at Pathology Institutes which are to be named with the submission of a cooperation agreement. The institutes should have a recognised QM system or valid accreditation or prove successful participation in interlaboratory experiments like ring trials.		
8.7	The CCCN has facilities for the carrying out of autopsies		
8.8	Frozen sections • The technical and organisational preconditions for frozen sections are in place for each surgical location. • The readiness for operation of the cryostat is ensured (does not apply to SC).		
8.9	Parameters of frozen sections ~~A~~ctual time from arrival in pathology to communication of the result are recorded (guidance value maximum 30 minutes) Evaluation of time needed: Min / max / range value		
8.10	Biobanking The CCCN has facilities for storing the following: • Archiving paraffin blocks ≥ 10 years • Storage fresh material ≥ 4 weeks after reception Cryopreservation should be possible.		
8.11	The CCCN has a SOP defining the collection, the storage, the registration and the use of the biological samples		
8.12	The CCCN has a centralised database of the biological material		
8.13	The biobank database provides potential or linking to detailed clinical data		
8.14	Pathology Reports		

8 Pathology

Section	Requirements	Explanatory remarks of the CCCN	
	Pathology reports contain, for the macroscopic and the microscopic assessment 100% of the information stipulated in the Guidelines (In particular: histological type according to the current WHO classification, grade, TNM stage (GZ or FIGO), R classification).		
8.15	Lymphnodes • All lymph nodes in the surgical preparation are examined macroscopically and microscopically • Deviations from the minimum numbers in the Guidelines are discussed on an interdisciplinary level. • The lymph nodes are examined in line with the guidelines. • The localisation of the lymph node (at least regional versus distance from the tumour) is indicated.		
8.16	Resection margin Pathologist must always give details of the resection margins (deviations are to be justified).		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

9 Palliative Care, Hospices and Home Care

Section	Requirements	Explanatory remarks of the CCCN	
9.1	• Proof is to be provided for each-cooperation agreements with all service providers of specialist inpatient and outpatient palliative care and inpatient hospices. • Locally applicable care policies for the integration of palliative care are to be described		
9.2	The group of patients with incurable cancer is defined, for instance in the tumour board. They are to be informed in a timely manner about palliative medical support services (SOPs).		
9.3	Access to palliative care can be offered in parallel to tumour-specific therapy. The procedure in the Centre is described in an SOP.		
9.4	A physician is available for consultations and tumour boards.		
9.6	All patient cases referred for palliative terminal care are discussed during scheduled meetings of the palliative care team, according to an SOP		
9.7	The CCCN uses clinical guidelines on palliative care		
9.8	There is a help-line service for the immediate needs of palliative care patients		
9.9	The palliative care team provides education and support for patients, families and health professionals		
9.10	Patients are given sensitively-handled consultations when physicians believe their cancer is incurable and palliative care only is recommended. They are informed about the full range of palliative care services		
9.11	Written agreements exist with providers of inpatient and outpatient palliative care services for seamless transfer of patients for End of Life care		
9.12	Patients are given the opportunity to choose where to receive terminal/End of Life Care		
9.13	The CCCN provides “hospice at home” services for patients who choose to receive End of Life cate at home		
9.14	The CCCN provides or has agreements with providers to give bereavement support to families		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once.	Yes		
		Mostly		
		Partially		

	• Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	No		
		Not applicable		

10 Tumour documentation and Patient Registry

Section	Requirements	Explanatory remarks of the CCCN	
10.1	Tumour documentation system (patient based) The Tumour documentation of the CCCN must be in place at the time of initial certification and contain patient data for a minimum period of three months. The CCCN should have adequate IT systems which provide data sharing between the Members of the Network which are appropriate to the functions of each Member and the nature of the data handled to facilitate information transfer		
10.2	Data presentation period The data are to be presented for the previous calendar year.		
10.3	Cooperation with the cancer registry Cooperation and SOPs with the responsible cancer registry is documented		
10.4	Documentation officer At least one documentation officer is to be identified by name who is responsible for tumour documentation. Name/function: The documentation officer is responsible for the following tasks: • Ensuring and monitoring the timely, complete and correct transmission and quality of the patient data of relevance for certification by all CCCN Members to the cancer registry • Providing motivation for cross-sector cooperation between the specialties involved in the cancer registry (pathology findings, radiotherapy and medicinal treatments) • Qualification and support of staff involved in record keeping • Regular analysis of the evaluations, particularly over the course of time		
10.5	The tumour documentation system ~~offers~~ requires at least the following selection options~~:~~ • Year of birth • TNM classification or comparable classifications (e.g. FIGO) • Types of therapy (surgical therapy, radiotherapy, hormone therapy, immune therapy, chemotherapy)		

10 Tumour documentation and Patient Registry

Section	Requirements	Explanatory remarks of the CCCN	
10.6	Data analysis • Data in the tumour documentation system are analysed at least once a year at CCCN level and regularly in disease specific Quality Circles. • The results must be discussed in an interdisciplinary fashion in QCs involving the whole CCCN.		
10.7	Recording follow-up The method of compiling follow-up data is recorded, as is the current aftercare status Follow-up status consists of: • Progression (local recurrences, possibly regional lymph node recurrences, distant metastasis, at least the first progression) • Secondary malignancies • Deaths • Currently address of the patient • Termination of follow-up (e.g. moves away from the catchment area)		

Self-Assessment	• Yes – the chapter has been implemented on a wide scale, and the Deming cycle has been completed twice. • Mostly – the chapter has been implemented in critical places, the Deming cycle completed once. • Partially – the chapter has been only partly implemented, or only recently introduced and not evaluated. • No – the chapter has not been implemented • Not Applicable (rare).	Yes		
		Mostly		
		Partially		
		No		
		Not applicable		

Annex 1 - List of guidelines/ SOPs

Text in “blue” serve as examples

Specialty (field of application)	Guideline designation (incl. version, level of classification S1-3)	SOP designation (incl. version)	Person responsible for guideline / SOP
e.g. gynaecology	S3-LL MaCa Version 4.0		

Annex 2 – Study list

Patients included during the period from … to….	01.01.20 – 31.12.20

Unit performing the study	Study	Status of study open / closed (dd.mm.yy)	Number of patients (during assessment period)
e.g. internal medicine	Study type A	open	4
	Study type B	closed (30.09.07)	5
e.g. radio-oncology	Study type A	open	14
	Study type C	open	12
	Study type D	open	2
e.g. oncology 1 practice	…..		
e.g. urology	…..		

Annex 3 Numbers and Percentages of Cancer Patients discussed in Tumor Boards

	Tumour entities	ICD-10-GM Codes	1	2	3	4	5	6
			Number of all cancer patients treated in the cancer center in 2020	Patients discussed in tumor board	% columns 2/1*100	Number of cancer patients newly diagnosed in 2020	Patients discussed in tumor board	% column 5/4*100
1	**Colorectal**	**C18, C19, C20**						
2	**Pancreas**	**C25**						
3	**Gastric**	**C16.1 - .9, C16.0**						
4	**Liver**	**C22**						
5	**Oesophagus**	**C15,**						
6	**Other gastrointestinal tumours** (bile ducts, neuroendocrine tumours, tumours of the small intestine)	**C17, C21, C23-24**						
7	**Endocrine malignancies** (incl. thyroid, adrenal gland)	**C73, C74; C75**						
8	**Morbus Hodgkin**	**C81**						
9	**Non-Hodgkin Lymphomas**	**C82-85**						
10	**Leukaemia**	**C91-95**						
11	**Lung**	**C34**						
12	**Haematological systemic diseases (plasmocytoma, etc.)**	**C86-88, C90, C96**						
13	**Breast**	**C50, D005.1, D05.7, D05.9**						
14	**Gynaecological tumours (cervix, uterus, ovaries incl. BOT, vulva, vaginal tumours)**	**C51, C52, C53, C54, C55, C56, C57**						
15	**Skin (invasive malignant melanoma)**	**C43**						
16	**Paediatric oncology**	**-**						
17	**Prostate**	**C61**						

18	**Testicles, penis**	**C60, C62**						
19	**Kidney**	**C64**						
20	**Urinary bladder**	**C67**						
21	**Soft tissue sarcoma (incl. GIST)**	**C40-41, C45-49**						
22	**Malignant tumours of the musculoskeletal system**							
23	**Head/neck tumours (upper aerodigestive tract, oral cavity, throat, larynx)**	**C00-14, C30-32**						
24	**Neuro-oncological tumours**	**C70-72* C75.1-3, D32, D33.3, D35.2-4**						

Column 1: Number of all cancer patients treated in the cancer center in 2020. Please transfer the numbers from table page 3 /column 1.
Column 2: How many of the column 1 patients were discussed in tumor boards in? Do not include any patient 2020 more than once unless he/she was treated for two malignancies in 2020
Column 3: Percentage of cancer patients discussed in tumor boards (column 2/1).
Column 4: Number of cancer patients newly diagnosed in 2020. Please transfer the numbers from page 3/column 2.
Column 5: How many of the column 4 patients were discussed in tumor boards in 2020? Do not include any patient more than once unless he/she was treated for two malignancies in 2020.
Column 6: Percentage of cancer patients discussed in tumor boards (column 5/4).

Annex 4 - Multidisciplinary Tumor Boards/Conferences - Current Situation

1	2	3	4
Tumor Board (TB)	**ICD-10 Number(s)**	**Frequency**	**Disciplines**

1. **Tumor Board:** Provide the name of the Board.
2. **ICD-10:** Indicate the ICD-10 number(s) of the cancer cases which are discussed in the TB.
3. **Frequency:** Indicate how often the board meets (e.g. weekly, monthly, every other day, every second week, each Monday).
4. **Disciplines**: Indicate the participating disciplines of the TB meetings (obligatory disciplines should be highlighted).

Annex 5

Overview of voluntary quality assurance systems within the different units of the CCCN

Hospital/Unit	Voluntary quality assurance system[1]	Since (year)

[1] ISO-certification, Joint commission

Annex 6

Nursing staff

Name of nurse who has completed specialist oncological advanced training	Number of full-time staff	Ward/Area