

## OECI Quantitative Questionnaire

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# 1 Governance

## 1.1 Management

### 1.1.1 Management of the cancer centre

	Name	Email	Phone number
Chair/Director			
Medical Director			
Operations Director			
Finance Director			
Scientific Director			
Quality Director			
Nurse Director			

### 1.1.2 Management of the University hospital

	Name	Email	Phone number
Chief Executive			
Finance Director			
Operations Director			
Medical Director			
Scientific Director			
Quality Director			
Nurse Director			

### 1.1.3 Legal representative

	Name	Email	Phone number
Legal representative			

### 1.1.4 Administrative status

		academic	public/non profit	private
1.4.2.1.	What is the most appropriate administrative status of your cancer centre.			

1.1.5 Distribution areas and budget

% of patients local/regional

\_\_\_\_\_

% of patients national

\_\_\_\_\_

% of patients international

\_\_\_\_\_

(Note: The sum of regional + national + international is 100%)

Planned annual budget for cancer health care in the year specified (Euros) <sup>1</sup>

\_\_\_\_\_

Planned annual budget for cancer research in the year specified (Euros)

\_\_\_\_\_

Planned annual budget for education in the year specified (Euros)

\_\_\_\_\_

**1.2 Strategy**

1.2.1 Networking

	Is your cancer centre part of a formalised cancer network of institutions <b>for cancer care at regional level (please specify in notes)</b>	Yes / no
	Is your cancer centre part of a formalised cancer network of institutions <b>for cancer care at national level</b>	Yes / no

1.2.2 European Reference Networks (ERN)

Please specify which cancer European Reference Networks (ERN) and for which families of rare cancers your centres is a member/centre of reference:

Name of ERN

\_\_\_\_\_

Tumours for which your centre is a centre of reference within that ERN

(please specify)

\_\_\_\_\_

Name of ERN

\_\_\_\_\_

Tumours for which your centre is a centre of reference within that ERN

(please specify)

\_\_\_\_\_

1.2.3 Details on rare cancers

Please specify any other details on rare cancers: [Free text box]

1.2.4 Collaboration

	Does your cancer centre formally collaborate with: general practitioners	Yes / no How?
	Does your cancer centre formally collaborate with: home care organisations	Yes / no How?
	Does your cancer centre formally collaborate with: nursing homes	Yes / no How?
	Does your cancer centre formally collaborate with: palliative care institutions and hospices	Yes / no How?



## 2 Organisation

### 2.1 Quality reporting

#### 2.1.1 General numbers

	Number	Definition
2.1.1.1 The size of the population served by the cancer centre		There may be a range of populations, depending on the cancers concerned. If so, please give the range and details.
2.1.1.2 Cancer patients newly treated in the index year		Definition: The number of patients with a diagnosis of cancer who are treated for the first time in the cancer centre in the index year for a particular cancer, regardless of the date and place of the initial diagnosis. TREATED means that the patient has gone through cancer-directed treatment, regardless of type. NEWLY treated means the patient has never been treated before in the cancer centre for the same cancer. According to this definition: a patient with a new (second or subsequent) cancer should be counted again; but a patient with a recurrent disease previously treated in the centre should not be counted. The number of patients is counted, not the number of visits.
2.1.1.3 All cancer patients seen or treated in the index year		Definition: The number of unique patients with a diagnosis of cancer who are seen in person in the cancer centre in the index year, regardless of the date and place of initial diagnosis. This includes all patients seen, including for follow up. The number of patients is counted, not the number of visits.

2.1.2 Outcomes

Specifically for the following tumours:

	breast cancer C50	lung cancer C34	male genital organs cancer: prostate C61H	gastrointestinal cancer: colon C18	skin cancer: melanoma of the skin C43	Notes
1. % of patients with available survival data	%	%	%	%	%	

Specifically for the following tumours:

	breast cancer C50	lung cancer C34	male genital organs cancer: prostate C61H	gastrointestinal cancer: colon C18	skin cancer: melanoma of the skin C43	Notes
1. Do you know the recurrence status?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
2. Do you have survival rates per stage (since definitive diagnosis)?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	

Stage	breast cancer C50				lung cancer C34				male genital organs cancer: prostate C61H				gastrointestinal cancer: colon C18				skin cancer: melanoma of the skin C43			
	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV
1-year survival																				
5- year survival																				
10- year survival																				

### 2.1.3 Waiting times

	Total (oncology)	Remark
Maximum allowed waiting time (days) – as described in guidelines/regulations – from 1 <sup>st</sup> contact (mail / telephone etc.) to 1st visit		Only for new patients. Visit means a face to face consultation with a physician in the centre.
Actual waiting time from 1 <sup>st</sup> contact (mail/telephone etc.) to 1st visit (mean, days) OR percentage compliance with the maximum allowed)) in the cancer centre		Real waiting time between date of consultation request and date of consultation; only for new patients. Visit means a face to face consultation with a physician in the centre

	Total (oncology)	Remark
Maximum allowed waiting time (days) from 1st consultation to 1st definitive diagnosis in the cancer centre		The maximum allowed waiting time as described in the guidelines/regulations. Definitive diagnosis may be the date of PA/lab-result OR the date of Multidisciplinary Team Meeting in which the decision was taken (please specify in note)
Actual waiting time (mean, days, OR percentage compliance with the maximum allowed)) from 1st consultation to 1st definitive diagnosis in the cancer centre		Real waiting time between date of consultation until the definitive diagnosis Definitive diagnosis may be the date of lab (PA)-result OR the date of Multidisciplinary Team Meeting in which the decision was taken (please specify in note)

	surgical oncology	medical oncology	radiation therapy	Total (oncology)	Remark
Maximum allowed waiting time (days) - as described in the guidelines/regulations – from 1 <sup>st</sup> definitive diagnosis to the start treatment					The maximum allowed waiting time as described in the guidelines/regulations
Actual waiting time (mean, days OR percentage compliance with the maximum allowed) from 1 <sup>st</sup> definitive diagnosis to the start of treatment in the cancer centre					

#### 2.1.4 Accreditations and auditing

Is your Cancer Centre accredited in the Clinical or Research domains? <sup>2</sup>	Hospital/Clinical Care State Name of Accreditation body, date of last Review, and scope of review	Research State name of Accreditation body and date of last Review
National Accreditation bodies (statutory or voluntary)		
International Accreditation bodies		
Provide Summaries of Reports and Recommendations of all the Accreditations above as part of the Requested Documents		

<sup>2</sup> Please note that individual department certifications or accreditations are dealt with in the relevant sections of the Questionnaire below  
OEI Quantitative questionnaire of the Accreditation & Designation Programme for Manual 3.0

Does your institute perform internal audits on...?	Yes / No	Notes
Clinical procedures		
Quality and Safety		
Clinical trials		
Other, please specify		

Do your MDTs/Integrated Practice Units monitor themselves according to sets of national/international Essential Requirements <sup>3</sup> ?	Yes/No	If yes, list MDT/tumour types covered
State set		

## 2.2 Infrastructure

### 2.2.1 Activity and capacity in cancer care

Inpatient Care	Medical oncology and radiotherapy	Surgical oncology	Paediatric Oncology	Haemato-oncology	Bone Marrow Transplant	Palliative Care	Total
Number of inpatient beds for overnight stays							
Number of inpatient stays in index year (visits not nights)							

<sup>3</sup> For instance the European CanCer Organisation (ECCO) Essential Requirements for Quality in Cancer Care series  
OECD Quantitative questionnaire of the Accreditation & Designation Programme for Manual 3.0

Medical Oncology	Oncology	Haemato-oncology	Paediatric Oncology	Total
Number of chairs/beds for systemic therapies				
Number of day chemotherapy visit in index year				

Outpatient Visits	Oncology (for medical oncology, surgery or radiotherapy)	Haemato-oncology	Paediatric Oncology	Total
Number of outpatient visits for consultations in the index year				

2.2.2 Digital support information systems

	Yes	No
Do you have an electronic patient record?		
Do you have an electronic patient portal giving patients access to their record?		
Are clinical guidelines electronically available?		
Do you have an electronic patient tracking system? <sup>4</sup>		
Do you have an electronic system to refer patients to the centre?		
Do you have an electronic Medication Prescription and Administration System?		
Do you have technology infrastructure for cross-enterprise document sharing?		
Do you have the capability to process and exchange information and biomedical images electronically with external providers (please give details)		

2.2.3 Cancer Emergency Unit

	Yes	No
If you have an emergency facility (24/7), is there a specific procedure for cancer patients (24 hours a day)?		
Do you have a separate Cancer Assessment/Emergency Unit for patients with toxicities?		

2.2.4 Pharmacy

	Yes	No
Do you have an oncology pharmacy?		

Is the department certified?

If yes, please specify according to which standard / system

If yes, when was the last visit?

Provide 1-page summary of Report and Recommendations

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<sup>4</sup> A patient tracking system (also called patient identification system) allows a healthcare provider to log and monitor the progress of a person through the provision of care during their stay there.





## 2.3 Human resources

### 2.3.1 FTE Physicians<sup>5</sup> dedicated to oncology

	Please specify the number of FTE employed by the centre	FTE specialist in training
Surgical oncology		
Medical oncology – solid tumours		
Haemato-oncology		
Radiation therapy		
Paediatric oncology		
Other units		
Total		

### 2.3.2 Specialists available in the Cancer Centre for Cancer Patients

	Please specify the number of FTE employed by the centre
Gastroenterologists	
Pneumonologists/respiratory physicians	
Gynaecologists	
Haematologists	
Paediatricians	
Psychiatrists	
Anaesthesiologists	
Infectious disease specialists	

<sup>5</sup> Certified by the relevant Board or College, whether 'tenured' or not. Physicians in training are not counted.

Geneticists	
Dermatologists	
Geriatricians	
Neurologists	
Intensive care specialists	
Cardiologists	
Endocrinologists	
Urologists	
Plastic surgeons	
Rehabilitation physicians	
Palliative care doctors	
Clinical pharmacologists	

2.3.3 Pathology

	Please specify the number of FTE employed by the centre
Pathologists <sup>6</sup>	
Technicians	
Pathologists working in molecular pathology	
Technicians working in molecular pathology	
Molecular biologists	

<sup>6</sup> Certified by the relevant Board or College, whether 'tenured' or not. Physicians in training are not counted.

2.3.4 Nuclear Medicine

	Please specify the number of FTE employed by the centre
Physicians <sup>5</sup> in nuclear medicine	
Technicians in nuclear medicine	
Medical Physicists <sup>5</sup>	
Nurses in nuclear medicine	

2.3.5 Radiology

	Please specify the number of FTE employed by the centre
Radiologists <sup>5</sup>	
Technicians in radiology	
Medical physicists <sup>5</sup>	
Nurses in radiology	

2.3.6 Radiotherapy

	Please specify the number of FTE employed by the centre
Radiation technicians	
Medical Physicists <sup>5</sup>	
Nurses in radiotherapy	
Radiobiologists	

2.3.7 Pharmacy

	Please specify the number of FTE employed by the centre
Oncology pharmacists <sup>5</sup>	

### 2.3.8 Nursing

	Please specify the number of FTE employed by the centre
Number of Advanced Practice Nurses (EONS definition) <sup>7</sup>	
Total number of cancer nurses (EONS definition) <sup>8</sup>	
Number of nurses with specialisation in palliative care	
Total number of qualified nurses with only basic training	

### 2.3.9 Supportive disciplines

	Please specify the number of FTE employed by the centre regularly working with cancer patients
Dietitians / Nutritionists	
Psychologists <sup>5</sup>	
Speech / swallow therapists	
Physiotherapists	
Stoma therapists	
Social workers	
Spiritual care	
Other, please specify in the notes	

#### <sup>7</sup> Advanced Practice Nurse

Registered nurse who has acquired the expert cancer nursing knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialled to practice. A master's degree is recommended for entry level.

<sup>8</sup> A cancer nurse is a qualified nurse who has the authority and full responsibility to provide essential nursing care to people affected by cancer. This care is based upon their evidence-based, specialised, ethical and personal knowledge and skills. Cancer nurses are fully accountable in all cancer care settings and across the care continuum for all nursing services and associated patient outcomes provided under their direction.

2.3.10 Vacant posts

	Please specify the number or percentage of vacant posts of the following staff roles
Oncology Nurses	
Oncology surgeons	
Medical Oncologists	
Radiotherapists/ radiation oncologists	
Haemato-oncologists	
Radiologists	
Pathologists	
Oncology pharmacists	

### 3 Patient Participation and Empowerment

# 4 Multidisciplinary

## 4.1 Infrastructures for multidisciplinary care

### 4.1.1 Number of different MDT's

Number of different MDT's in the centre

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### 4.1.2 Multidisciplinary teams

**Add list of tumours/tumour groups and the list of participants as drop-down box**

1. Multidisciplinary team: Provide the name of the team

Name MDT	ICD-10 Number(s)/ cancer types covered	Frequency	List disciplines (mandatory presence (mark M) / attendance on request (mark R))	Does the team have an appointed case manager (Y/N)	Number of MDT recommendations per year	Number or percentage of patients listed but not fully discussed in MDT, per year

ICD-10: Indicate the ICD-10 number(s) of the cancer cases or cancer types which are discussed in the MDT.

- |   |  |  |   |
|---|--|--|---|
| a. breast cancer C50  | k. gastrointestinal cancer: liver C22                            | w. head and neck cancer: thyroid C73H                                      | cc. neuro-oncological: Central nervous system C71-C72     |
| b. urological cancer: bladder C67                                   | l. gastrointestinal cancer: pancreas C25                         | x. head and neck cancer: others (please specify in the notes)              | dd. neuro-oncological: Others                             |
| c. urological cancer: kidney C64H                                   | m. gastrointestinal cancer: Others (please specify in the notes) | y. haematological malignancies: Hodgkin's Lymphoma C81                     | ee. paediatric malignancies: all cancers (age 0<15)       |
| d. male genital organs cancer: prostate C61H                        | n. gynaecological cancer: ovary C56H                             | z. haematological malignancies: Non-Hodgkin's Lymphoma C82                 | ff. bone and soft tissue tumours: primary bone C40        |
| e. male genital organs cancer: testis C62                           | o. gynaecological cancer: cervix C53                             | aa. haematological malignancies: Myeloma C90 (please specify in the notes) | gg. bone and soft tissue tumours: Soft tissue C49         |
| f. male genital organs cancer: Others (please specify in the notes) | p. gynaecological cancer: endometrial C54                        | bb. haematological malignancies: All leukaemias                            | hh. skin cancer: melanoma of the skin C43                 |
| g. gastrointestinal cancer: oesophagus C15                          | q. gynaecological cancer: Others (please specify in the notes)   |  | ii. skin cancer: Others C44 (please specify in the notes) |
| h. gastrointestinal cancer: stomach C16                             | r. head and neck cancer: larynx C32                              |  |   |
| i. gastrointestinal cancer: colon C18                               | s. head and neck cancer: hypopharynx C13                         |  |   |
| j. gastrointestinal cancer: rectum C20H                             | t. head and neck cancer: oropharynx C10                          |  |   |
|   | u. head and neck cancer: nasopharynx C11                         |  |   |
|   | v. lung cancer C34   |  |   |

2. Frequency: Indicate how often the team meets (e.g. weekly, monthly, every other day, every second week, each Monday)

3. Define which disciplines are mandatory (M) or upon Request (R)

- a. Disciplines: Indicate the participating disciplines/ appointed members of the team meetings (present / access to):
- b. Medical oncologist (or equivalent)
- c. Oncology Surgeon
- d. Radiotherapist/radiation oncologist
- e. Radiologist
- f. Pathologist
- g. Nurses
- h. Physician assistant/ nurse practitioner
- i. Supportive care disciplines
- j. Pharmacist
- k. Plastic surgeon
- l. Other, (specify)

4. Case manager: Case Manager is sometimes called "Care Tracker", "Pathway Manager" or other term. Their responsibility is to ensure that all appropriate patients are listed for consideration in a timely manner by the MDT and that all relevant information for that case is present

5. Please add here the number of MDT-recommendations per year

6. Please indicate the number or % of patients listed, that are not (fully) discussed in the MDT.



## 4.2 Clinical Guidelines and care pathways<sup>9</sup>

	Name the local / national / international Clinical Guideline that the centre uses for each cancer type and provide source or link	Are Patient pathways documented? (Y/N)
Breast cancer C50		
Lung cancer C34		
Urological cancer: bladder C67		
Urological cancer: kidney C64H		
Male genital organs cancer: prostate C61H		
Male genital organs cancer: testis C62		
Male genital organs cancer: Others (specify in the notes)		
Gastrointestinal cancer: oesophagus C15		
Gastrointestinal cancer: stomach C16		
Gastrointestinal cancer: colon C18		
Gastrointestinal cancer: rectum C20H		
Gastrointestinal cancer: liver C22		
Gastrointestinal cancer: pancreas C25		
Gastrointestinal cancer: Others (specify in the notes)		
Gynaecological cancer: ovary C56H		
Gynaecological cancer: cervix C53		

<sup>9</sup> A **patient pathway** is a plan for decision-making and organisation of diagnostic and **care** processes for a well-**defined** group of patients in well-**defined** stages, beginning with first suspicion of cancer to survivorship/follow-up or end of life. This is distinct from a “care plan” which is personal to an individual patient..

Gynaecological cancer: endometrial C54		
Gynaecological cancer: Others (specify in the notes)		
Head and neck cancer: larynx C32		
Head and neck cancer: C00-C14 (oropharynx C10, nasopharynx C11, hypopharynx C13, others)		
Head and neck cancer: thyroid C73H		
Haematological malignancies: Hodgkin's Lymphoma C81		
Haematological malignancies: Non-Hodgkin's Lymphoma C82		
Haematological malignancies: Myeloma C90		
Haematological malignancies: All leukaemias		
Neuro-oncological: Central nervous system C71-C72		
Neuro-oncological: Others (specify in the notes)		
Paediatric malignancies: all cancers (age 0<15)		
Bone and soft tissue tumours: primary bone C40		
Bone and soft tissue tumours: Soft tissue C49		
Skin cancer: melanoma of the skin C43		
Skin cancer: Others C44 (please specify in the notes)		

### 4.3 Tumour treatment demand and national standards

#### 4.3.1 Tumour type / ICD-10 numbers

Tumor	Number of patients newly treated in the index year	Number of resections (Number of patients)	Re-surgery within 30-days (number of patients, or percentage)	Radiation oncology (Number of patients per year)	Systemic therapy (Number of patients per year)
Breast cancer C50					
Lung cancer C34					
Urological cancer: bladder C67					
Urological cancer: kidney C64H					
Male genital organs cancer: prostate C61H					
Male genital organs cancer: testis C62					
Male genital organs cancer: Others (please specify in the notes)					
Gastrointestinal cancer: oesophagus C15					
Gastrointestinal cancer: stomach C16					
Gastrointestinal cancer: colon C18					
Gastrointestinal cancer: rectum C20H					
Gastrointestinal cancer: liver C22					
Gastrointestinal cancer: pancreas C25					
Gastrointestinal cancer: Others (please specify in the notes)					
Gynaecological cancer: ovary C56H					
Gynaecological cancer: cervix C53					
Gynaecological cancer: endometrial C54					

Gynaecological cancer: Others (please specify in the notes)					
Head and neck cancer: larynx C32					
Head and neck cancer: hypopharynx C13					
Head and neck cancer: oropharynx C10					
Head and neck cancer: nasopharynx C11					
Head and neck cancer: thyroid C73H					
Head and neck cancer: others (please specify in the notes)					
Haematological malignancies: Hodgkin's Lymphoma C81					
Haematological malignancies: Non-Hodgkin's Lymphoma C82					
Haematological malignancies: Myeloma C90					
Haematological malignancies: All leukaemias					
Neuro-oncological: Central nervous system C71-C72					
Neuro-oncological: Others (please specify in the notes)					
Paediatric malignancies: all cancers (age 0<18)					
Bone and soft tissue tumours: primary bone C40					
Bone and soft tissue tumours: Soft tissue C49					

Skin cancer: melanoma of the skin C43					
Skin cancer: Others C44 (please specify in the notes)					

- (1) Definition: The number of patients with a diagnosis of cancer who are treated for the first time in the cancer centre in the index year for a particular cancer, regardless of the date and place of the initial diagnosis. TREATED means that the patient has gone through cancer-directed treatment, regardless of type. NEWLY treated means the patient has never been treated before in the cancer centre for the same cancer. According to this definition: a patient with a new (second or subsequent) cancer should be counted again; but a patient with a recurrent disease previously treated in the centre should not be counted. The number of patients is counted, not the number of visits.

## 5 Prevention and early detection



6.1.8 Availability of techniques related to the radiology department and interventional radiology

Availablilty of techniques related to the radiology department and interventional radiology	Yes / No	Notes
Digitalised imaging (PACS)		
Digitalised imaging (RIS)		
Resources for diagnostic interventional techniques (e.g. Ultrasound and CT guided biopsies, E/S fine needle biopsy, Vacuum-assisted breast biopsy (V.A.B.B.))? (please specify in the notes)		
Angiography		

**6.2 Nuclear Medicine**

Certification

6.2.1 Is the department certified?

6.2.2 If yes, please specify according to which standard / system (International)

6.2.3 If yes, please specify according to which standard / system (National)

6.2.4 If yes, when was the last visit?

6.2.5 Provide 1-page summary of Report and Recommendations

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6.2.6 Data related to Nuclear medicine

Facilities related to Nuclear Medicine	Yes / No	Specify how many facilities	How many scans per year
PET Scan			
PET CT			
PET/MRI			
Radionuclide treatment facilities			
SPECT			
SPECT CT			
Sentinel node scintigraphy			
Bone scintigraphy			

6.2.7 Waiting and turnaround times

Mean waiting time (days) for routine diagnostic PET scan

Mean turnaround time for NM reports (from scan to report, fractions of days)

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**6.3 Pathology**

Certification

6.3.1 Is the laboratory certified?

---

6.3.2 If yes, please specify according to which standard / system (International)

---

6.3.3 If yes, please specify according to which standard / system (National)

---

6.3.4 If yes, when was the last visit?

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6.3.5 Provide 1-page summary of Report and Recommendations

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6.3.6 Data related to the Pathology department / laboratory

Availablitiy of facilities / techniques related to the pathology department	Yes / No	Notes
Cytology laboratory		
Histopathology laboratory		
Immunofluorescence techniques		
Histochemistry		
Techniques for molecular pathology		
Cytogenetics		
Electron microscopy		

6.3.7 Number of samples

Please specify the number of samples for tumour pathological diagnosis per year at your cancer centre by cytology

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Please specify the number of samples for tumour pathological diagnosis per year at your cancer centre by biopsy (by needle)

---

Please specify the number of samples for tumour pathological diagnosis per year at your cancer centre on large pieces of excision

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Please specify the number of samples for tumour pathological diagnosis per year at your cancer centre gynaecological by cytology

---

6.3.8 Molecular tests used as Standard of Care

Molecular tests used as Standard of Care	Number performed per year
KRAS	
EGFR	
ALK	
ROS	
HER2 status	

6.3.9 Waiting and turnaround times

Specify the mean time from reception of routine histological samples to production of the Pathologist's Report (days)

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# 7 Treatment

## 7.1 Surgical oncology

### Certification

7.1.1 Is the department certified? \_\_\_\_\_

7.1.2 If yes, please specify according to which standard / system \_\_\_\_\_

7.1.3 If yes, when was the last visit? \_\_\_\_\_

7.1.4 Provide 1-page summary of Report and Recommendations \_\_\_\_\_

### 7.1.5 Specialisation of surgeons (FTE)

Tumour	No of surgeons (FTE)
Breast surgery	
Urological surgery	
Thoracic surgery	
Digestive surgery	
Neurosurgery	
Gynaecological surgery	
Head and neck surgery	
Soft tissue surgery	
Orthopaedic surgery	
Oncoplastic surgery	
Paediatric surgery	



7.1.6 Data related to the surgical oncology department - techniques

Techniques	Yes / No	Notes
Robotic surgery is used in the cancer centre (if yes, please make a note for which tumours it is used)		
The centre uses image guided surgery (please specify)		
The cancer centre offers spinal decompression surgery for vertebral metastases on an emergency 24/7 basis		

7.1.7 Data related to the surgical oncology department - complications

Complications	Yes / No	Notes
The number and nature of complications is reported and monitored for all types of cancer surgery		
The number and nature of complications is reported and monitored for all cancer surgeons		

7.1.8 30-day mortality after open and robotic surgery

Lung cancer C34

Gastrointestinal cancer: oesophagus C15

Gastrointestinal cancer: stomach C16

Gastrointestinal cancer: liver C22

Gastrointestinal cancer: pancreas C25

Male genital organs cancer: prostate C61H

Neuro-oncological surgery

Specify mean percentage over 1 to 3 years

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7.1.9 Waiting times

When surgery is next treatment, median waiting time between the Decision to Treat agreed by the patient and the surgical operation (days) for:

Invasive Breast cancer

Pancreatic cancer

Prostate cancer (robotic or open)

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7.1.10 Outcome measure

% of patients with unexpected re-admission to surgical ward within 90 days of surgery with curative intent for:

Rectal cancer

Lung cancer

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**7.2 Radiotherapy**

Certification

7.2.1 Is the department certified?

---

7.2.2 If yes, please specify according to which standard / system (International)

---

7.2.3 If yes, please specify according to which standard / system (National)

---

7.2.4 If yes, when was the last visit?

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7.2.5 Provide 1-page summary of Report and Recommendations

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7.2.6 Data related to the radiotherapy department – treatment machines

Number and specification of treatment machines	Number	Notes / specification
Total MegaVoltage units		
Linear accelerators		
Linear accelerators with IMRT/VMAT		
Linear accelerators with IGRT		
Linear accelerators with SBRT/SRS		
Other treatment machines (e.g. orthovoltage units, proton/carbon facilities, dedicated SRS units, cobalt units)		
Brachytherapy units		

7.2.7 Data related to the radiotherapy department – use of treatment machines

Specify hours of operation of linear accelerators per week

---

Total number of radiotherapy treatment courses per year

---

Number of IMRT/VMAT treatment courses per year

---

Number of stereotactic treatment courses per year

---

Number IGRT treatment courses per year

---

Number of CT/MR based brachytherapy procedures per year

---



7.2.8 Data related to the radiotherapy department – facilities / techniques

Facilities / techniques	Yes / No	Notes
Do you have 3D conformal radiotherapy?		
Do you provide radiosurgery?		
Do you have proton therapy on site?		
Do you have other special radiation devices?		
Does the centre use respiratory motion management?		
Does the centre use adaptive radiotherapy?		
Does the unit use conventional simulation or virtual simulation for treatment planning?		
Does the unit have CT planning?		
Does the unit have IMRT radiotherapy planning system?		
Does the unit have access to magnetic resonance for radiotherapy treatment planning?		
Does the unit have access to PET CT treatment planning?		

7.2.9 Waiting time

Mean waiting time (days) between patient consultation agreeing to the treatment plan (post MDT) and the commencement of treatment

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### 7.3 Haemato-oncology/Bone Marrow Transplants

#### Certification

7.3.1 Is the department certified?

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7.3.2 If yes, please specify according to which standard / system (International)

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7.3.3 If yes, when was the last visit?

---

7.3.4 Provide 1-page summary of Report and Recommendations

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#### 7.3.5 Facilities

Facilities	On site: Yes / No	Notes
Transfusion centre		
Bone marrow / stem cell bank		
Cytopheresis		
Cellular therapy unit with GMP		
Quality vigilance system		
Special techniques, please specify in notes		

#### 7.3.6 Data related to the haemato-oncology department

Number of laminar flow rooms

---

Number of sterile rooms

---

Please specify the number of bone marrow / stem cell transplants per year for allogenic stem cell

---

Please specify the number of bone marrow /stem cell transplants per year for autologous bone marrow

---

Please specify the number of bone marrow /stem cell transplants per year for autologous stem cell

---

#### 7.4 Palliative care / end of life care

##### 7.4.1 MDT Palliative care team

How often does the palliative care team or MDT meet to discuss palliative patients? \_\_\_\_\_

##### 7.4.2 Presence of disciplines in palliative care MDT

The following disciplines are present during the MDT meeting for palliative care

	Specialist	Mandated (M)	Upon request (R)	Not at all
	Physician with a specialisation in palliative care			
	Medical oncologist			
	Nurse with a specialisation/certification in palliative care			
	Physician specialised in pain treatment			
	Neurologist			
	Lung physician			
	Radiotherapist			
	Psychologist or Psychotherapist			
	Psychiatrist			
	Pharmacist			
	Social worker			
	Spiritual care			
	Physiotherapist			
	Dietitian			
	Other professionals, please specify in notes			

# 8 Research

## 8.1 Research funding

Research funding sources/total amounts received (in the index year)

### 8.1.1 Funding sources

Total cancer research funding by external competitive sources

Total cancer research funding by other sources such as core or government funding (please specify)

Total cancer research funding from internal resources of the centre

Grand total of Cancer Research Funding for the year

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### 8.1.2 Running EU Grants

Total number of running EU grants in the centre

Value (Euros) of EU grants running in the centre

Total number of running EU grants coordinated by the centre

Value (Euros) of EU grants (all partners) in projects coordinated by the centre

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### 8.1.3 Other running international grants

Total number of other running international Grants

Value (Euros) in centre from other international grants

Total number of other running international grants coordinated by the centre

Value (Euros) (to all partners) in other international projects coordinated by the centre

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## 8.2 Research groups

8.2.1 Please provide a list of research groups working predominantly or wholly on cancer in the cancer centre

8.2.2 Listing of research groups

Name research group	Topic research group	Type of research	Average FTE of group (including PhDs)
<Name research group 1>			

**8.3 Research structures**

8.3.1 Research structures

	Yes	No	Not applicable
Do you have partnerships with companies related to research and innovation If yes specify in the notes			
Do you have a unit of epidemiology?			
Do you have a unit of health economics?			
Do you have a bioinformatics unit			

**8.4 Research output**

8.4.1 Innovations over the last 5 years

Number of patents over the last 5 years

---

Number of patent applications

---

Number of Declarations of Invention (DOFI's)

---

8.4.2 Peer reviewed publications

Number of international peer-reviewed publications (in the year specified) with first, second or last author from the centre

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Total Number of international peer-reviewed publications per year (in the year specified)

---

Number of publications with impact factor 5 - 10 with first, second or last author from the centre

---

Total number of publications with impact factor 5 - 10

---

Number of publications with impact factor > 10 with first, second or last author from the centre

---

Total number of publications with impact factor > 10

---

Impact factor cumulative

---

## 8.5 Clinical research activity

### 8.5.1 Clinical Trials

Total number of accruing multi-centre trials with international participation

---

Total number of accruing multi-centre trials with Principal Investigator (co-ordinating) from the cancer centre

---

Number of new investigator-initiated multi-centre trials **started** in the year with PI co-ordination from the cancer centre

---

Number of accruing prospective studies sponsored by industry

---

Number of accruing prospective studies academically initiated

---

Total number of trials in follow up (closed to recruitment)

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	Open Studies	Number of Accruing studies	Number of patients included in the year
Prospective interventiona I trials	Phase I and Phase IIa trials		
	Phase IIb trials		
	Phase III trials		
	Observational or cohort studies testing with biomarker-based patient selection (see definition)		
	Subtotal for Designation (A)		
Other trials	Phase IV "real life" trials		
	Retrospective registry or quality studies		
	Other studies (e.g. population or GWAS studies)		
	Grand total		

Percentage of newly-treated patients included in prospective interventional clinical trials in the index year (A)/2.1.1.2

[Note: the denominator for this is at 2.1.1.2]

Definitions:

Accrual into prospective interventional clinical trials	The number of patients with a cancer diagnosis included in prospective Phase 1, 2 and 3 clinical trials containing one or more interventions in diagnosis, treatment, follow-up or rehabilitation. INTERVENTIONAL means that the study contains one or more defined actions aiming to improve diagnosis, care or outcome. Studies may be single arm or multi-arm. Participants in cohort-based observational biomarker-driven studies can also be included in the number forming the percentage for Designation, provided that they concern studies with a formal PI role from the centre, and approved by scientific and ethical review committees. Patients included in clinical quality or registry studies are <b>excluded from the Designation percentage</b> .
Percentage of patients included into clinical trials	Definition: Number of included patients as defined above as a percentage of number of newly treated cancer patients in the index year (as counted in 2.1.1.2).

8.5.2 Certification of Clinical Trials Unit

Is the department certified?

If yes, please specify according to which standard / system

If yes, when was the last visit?

Provide 1-page summary of Report and Recommendations

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8.5.3 Clinical trials unit

Total FTE of study nurses

Total FTE of study co-ordinators

Total FTE bioinformaticians and statisticians

Other (please specify in notes) Please specify FTE

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## 8.6 Human Resources in Cancer Research

8.6.1 Total number of FTE dedicated to cancer research:

Total number of senior (independent) researchers (FTE)

---

Total number of postdocs (FTE)

---

Total number of PhDs (FTE)

---

Total number of technical staff (FTE)

---

Total number of administrative staff (FTE)

---

Total FTEs of medical doctors' time in oncology/haematology/surgery with a formalised allocation to research

---

Total FTEs of MD pathologists and radiologists with a formalised allocation to research

---

Grand Total

---

## 8.7 Biobank

### Certification

8.7.1. Is the department certified?

---

8.7.2 If yes, please specify according to which standard / system

---

8.7.3 If yes, when was the last visit? in the Requested Documents

---

8.7.4 Provide 1-page summary of Report and Recommendations

---

8.7.5 The Cancer Centre biobank follows the latest national and international standards governing the collection and storage of biomaterials, such as ISO 20387: 2018 Biotechnology - Biobanking; and the WHO/IARC Common Minimum Technical Standards. The Cancer Centre biobank follows the WHO/IARC Common Minimum Technical Standards.

Yes / no

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### 8.7.6 Data related to the biobank

Number of frozen tumour sections stored

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Number of FFPE tumour sections stored

---

Number of frozen normal tissue stored

---

Number of FFPE normal tissue stored

---

Number of blood/plasma specimens stored

---

---

# 9 Education and training

## 9.1 Education

9.1.1 Availability of cancer education courses<sup>10</sup> organized by the centre

	Educational courses including summer schools organised by the cancer centre on site	Number per year
	with local audience	
	with (inter)national audience	

9.1.2 International Conferences organised by the centre on aspects of cancer research

Number of international conferences organised by the centre per year

\_\_\_\_\_

(please specify)

\_\_\_\_\_

9.1.3 Number of students and professors

Number of medical students in oncology training on site per year

\_\_\_\_\_

Number of MD graduates under specialist training in all fields of oncology

\_\_\_\_\_

Number of nurses under specialist training per year in all fields of oncology

\_\_\_\_\_

Number of new PhD students per year (average last 5 years) (medical, nurses, and researchers, ...) in all fields relating to oncology

\_\_\_\_\_

Number of PhD theses per year (average last 5 years) in all fields related to oncology

\_\_\_\_\_

Number of University Professors and lecturers at the centre in all fields of oncology (excluding visiting professors)

\_\_\_\_\_

<sup>10</sup> A course is not a single event or conference. It should entail more than 4 sessions. A "summer school" lasting several days would be included  
 OECI Quantitative questionnaire of the Accreditation & Designation Programme for Manual 3.0

9.1.4 Formalised Exchange programmes and continuous education

	<b>Formalised exchange programmes</b>	<b>Yes</b>	<b>No</b>
.	Do you have exchange programmes at national level?		
	Do you have exchange programmes at international level?		
	Do you have training programmes for managers?		

# 10 General

## 10.1 Cancer Centre

Name of the Cancer Centre	_____
Address	_____
Postal code	_____
Town/city	_____
Country	_____
Telephone	_____
Internet site	_____
Membership OECI	Full or associate
VAT number	_____
Index year of quantitative data	_____

## 10.2 Application

Please, specify the desired year to start the A&D self assessment

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Please, specify the year in which you would like to peer review visit to take place

---

Required documents accompanying the application form

Organogram of the cancer centre

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If University Hospital: please add the organogram of the total hospital

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### 10.2.1 Criteria for application

	Criteria for application	Yes	No
	Strong commitment to quality improvement in oncology evidenced by the signature of Director of the Cancer Centre		
	Dedicated staff to be involved in the A&D Programme (contact person, project leader and group, involved all employees)		
	Stable management structure (no extensive interim management)		
	No major structural changes (e.g. merger)		
	The Cancer Centre is an identified entity with a Board, clear management, and an organisational structure		
	Awareness of the OECl User Manual to follow the steps of the A&D programme with care and within the required timeline		
	Does your centre include the three main modalities of treatment (surgery oncology, radiotherapy and medical oncology), and research and education?		

### 10.3 Designation category

#### 10.3.1 Designation

		Cancer Centre	Comprehensive Cancer Centre
1.4.1.1.	In which category would you classify your cancer centre (based on the OECI definitions of the different categories)		

#### OECI definitions of different categories:

- **An OECI Cancer Centre** is characterised as an organisational entity covering a sufficient degree of high quality medical, surgical and radiotherapy services and a degree of clinical research.
- **An OECI Comprehensive Cancer Centre (CCC).** The following features are considered to be essential for this particular category:
  - An identifiable organisational entity with a clear governance and budget
  - A highly innovative character and multidisciplinary approach using the potential of basic, translational and clinical research and clinical facilities and activities
  - A direct provision of an extensive scope of cancer care tailored to the individual patient's needs and directed towards improving the quality of care,
  - Broad activities in the area of prevention, education, and external dissemination of knowledge and innovation. A CCC should have:
    - A high level of infrastructure, expertise and innovation in the field of cancer research, including translational research
    - An extensive network including all aspects of cancer treatment and research
    - Full integration between hospital care and cancer research, linked to one or more universities.

#### 10.4 Signature for acceptance of the application by the Board of Directors of the Centre

Name of the Director

Date of signature

Place

Signature

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#### 10.5 Preparation for peer review

##### 10.5.1 Project leader and Survey contact person

	Name	Position	Email	Phone number
Project leader for A&D accreditation in the Cancer Centre				
Contact person for the A&D accreditation in the Cancer Centre				



10.5.2 Project plan (part of the pre-designation phase)

Owner of the project – Supervising Body	
Start date OECl A&D Programme	
What is (are) the motive(s) for starting the project?	
Which goal(s) would you like to achieve? (Try to define according to the SMART-method: <i>Specific, Measurable, Achievable, Realistic, Time-related</i> )	

Steering committee			
Is there a steering committee?			
Composition of the project team			
	Name / email / phone	Position / function	Responsibilities
Project leader in the centre			
Secretary:			
Member:			
Member			
etc			
Planning of the project			
Number of planned internal meetings			
Planned self-assessment period (6 months)			
Date of 1 <sup>st</sup> evaluation with OECl Coordinator			
Date of 2 <sup>nd</sup> evaluation with OECl Coordinator			
Date of 3 <sup>rd</sup> evaluation with OECl Coordinator			
Date of Go/ no-go decision			
Planned peer review date			
Planned end date			

Communication: reporting method		
To:	When/time	Method
Owner <sup>11</sup>		
Board of the centre		
Steering committee		
Project team		
Quality committee		
Others: Staff Patients		
Communication of the final self assessment results		
To:	When/time	Method
<i>Board of the centre, steering committee, project team, Quality committee, staff</i>		
Which extra means are necessary? Time considered needed		
Project leader		
Time project members (for each person)		
Time participants		
Financial means		
Other resources (e.g. (training) education, meeting costs)		

<sup>11</sup> Council or Supervising body