



Quality indicators EFFECT project

Description and flowcharts

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Q1 1: Overall proportion of patients who had at least one tumour board review/multidisciplinary opinion during the management of their disease

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer, who had at least one tumour board review/multidisciplinary opinion during the management of their disease.

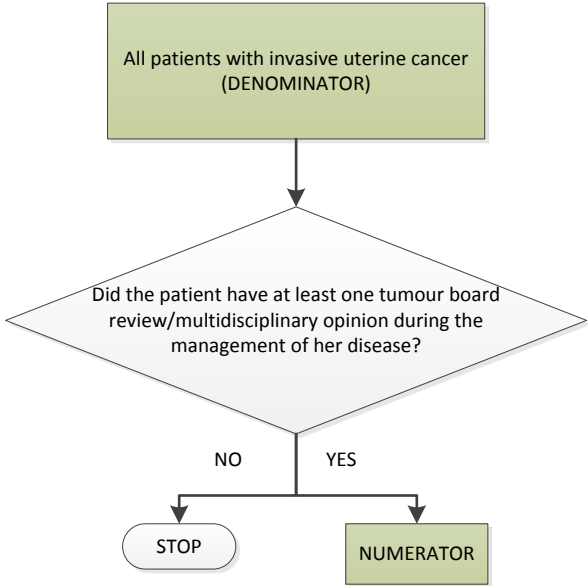
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9).

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was selected (denominator). For these patients it was verified whether they were discussed during a Multidisciplinary Oncology Consult (MOC). The numerator includes these patients for whom the response to this question was positive.

The following flowchart was applied:



QI 2: Overall proportion of patients whose WHO and/or ASA score is reported

QI 2a: Overall proportion of patients whose WHO and/or ASA score is reported

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer for whom the WHO score and/or the ASA score is known.

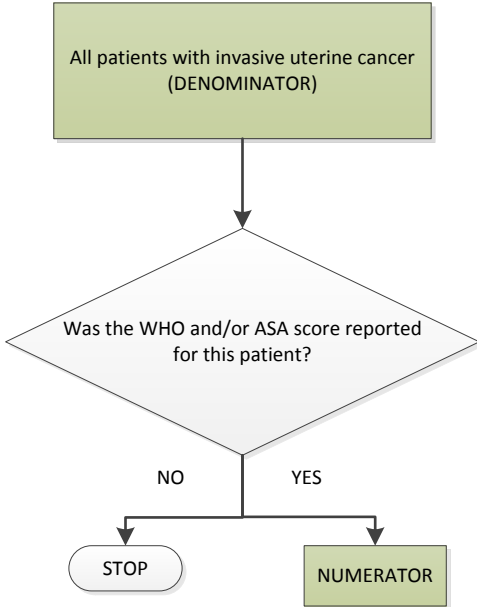
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9).

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was selected (denominator). For these patients it was verified whether the WHO score or the ASA score or both were completed. The numerator includes these patients for whom the response to at least one of these questions was positive.

The following flowchart was applied:



QI 2b: Overall proportion of patients whose WHO score is reported

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer for whom the WHO score is known.

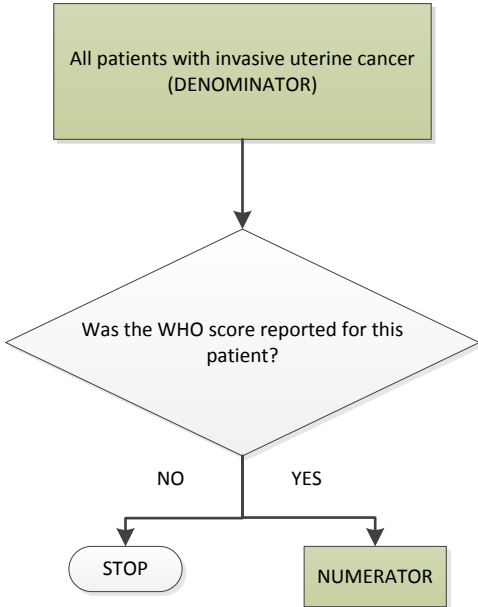
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9).

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was selected (denominator). For these patients it was verified whether the WHO score was completed. The numerator includes these patients for whom the response to at least this question was positive.

The following flowchart was applied:



QI 2c: Overall proportion of patients whose ASA score is reported

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer for whom the ASA score is known.

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9).

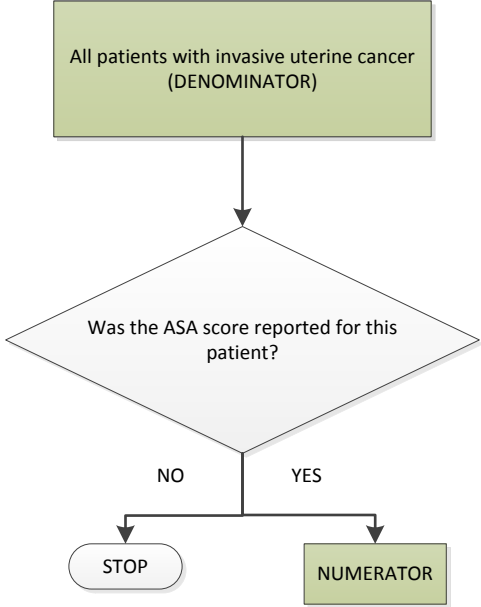
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was

selected (denominator). For these patients it was verified whether the ASA score was completed. The numerator includes these patients for whom the response to this questions was positive.

The following flowchart was applied:



QI 3: Proportion of patients undergoing surgery for whom histological type according to WHO classification is reported/available (from resection specimen) for treatment decision

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who were operated for whom a specific histological type according to the WHO classification was reported/available (from resection specimen) for treatment decision.

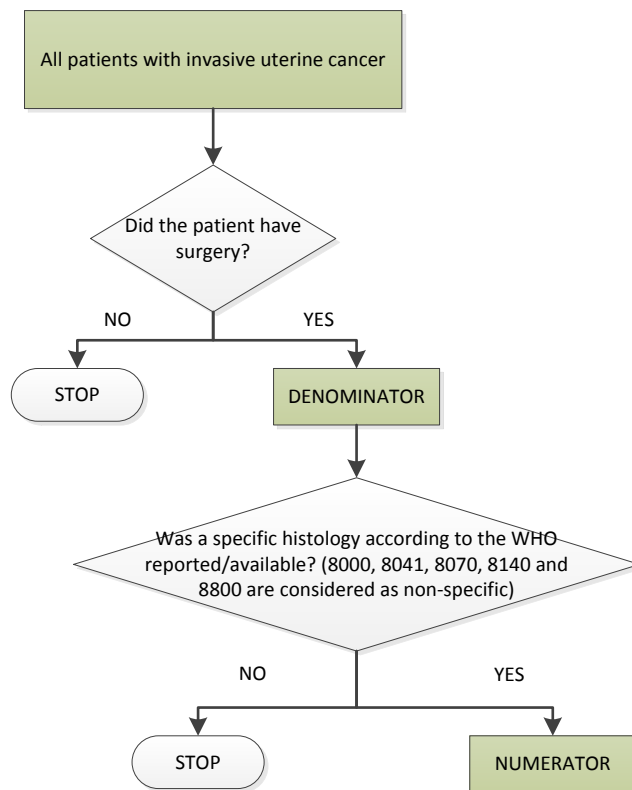
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical resection.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was selected. From this group, the patients who underwent surgery were further considered (denominator). From this group, the number of patients for whom a specific histology according to WHO was known represent the numerator. The histology codes 8000, 8041, 8070, 8140 and 8800 were considered as non-specific.

The following flowchart was applied:



QI 4: Overall proportion of operated patients who had a pre-operative biopsy

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who underwent surgery, who had a biopsy (of the uterus or metastases) before their surgical procedure.

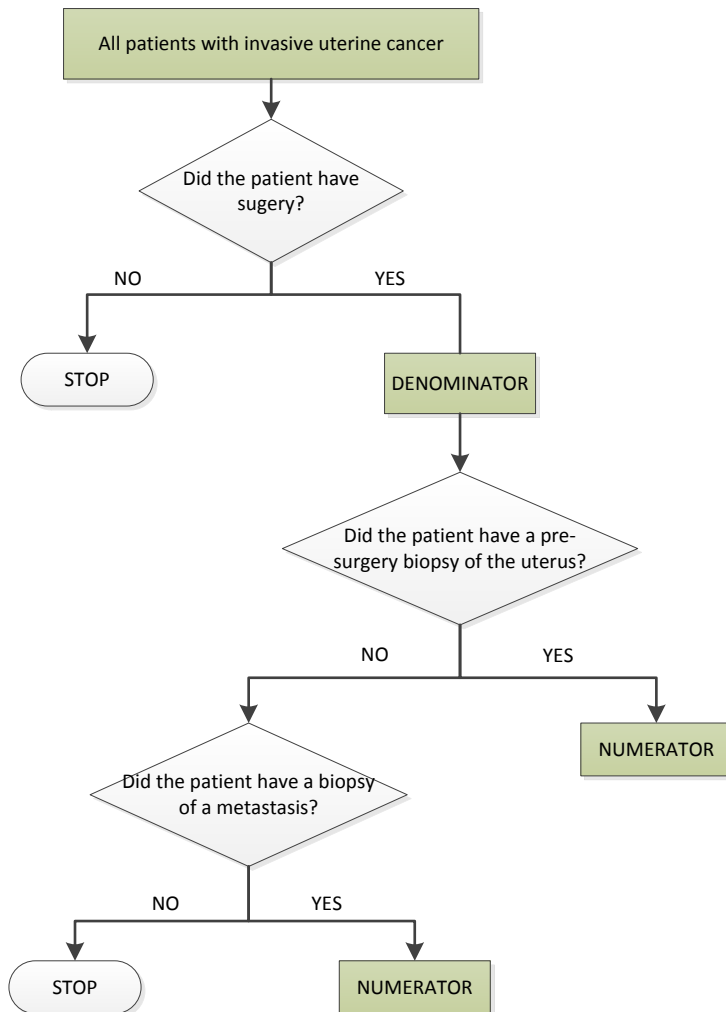
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent surgery.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was selected. From this group, the patients who underwent surgery were further considered (denominator). For these patients it was verified whether they had a pre-operative biopsy of the uterus or of a metastasis. The latter includes those for whom no information about a pre-surgery biopsy was available and those who did not undergo a pre-surgery biopsy. The numerator includes these patients for whom the response to this question was positive.

The following flowchart was applied:



QI 5: Proportion of patients undergoing surgery for whom tumour grade (1/2/3 or type II) is reported/available (from biopsy) for treatment decision – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (type endometrial carcinoma¹) undergoing surgery for whom the tumour grade (1/2/3 or type II) is reported/available for treatment decision from the biopsy.

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrial carcinoma) undergoing a surgical resection.

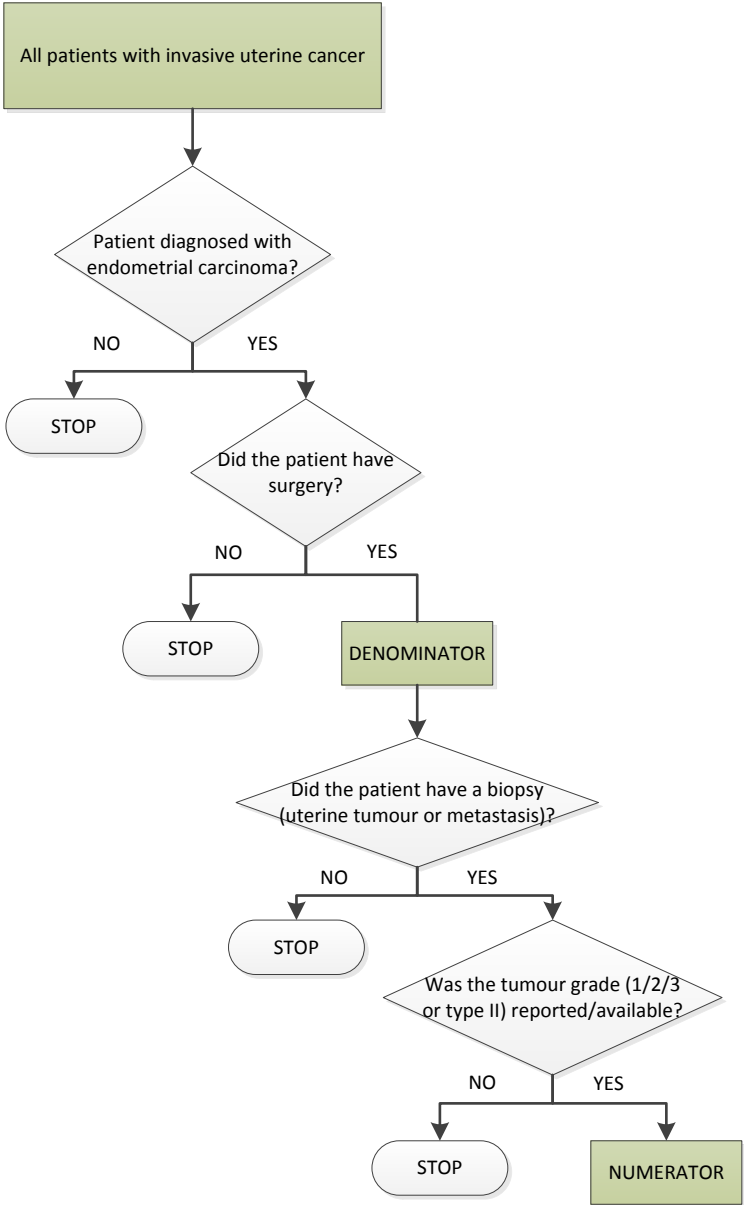
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

¹ For the histology codes considered: see annex 1 (“carcinoma”)

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type endometrial carcinoma) who were operated was included in the denominator. Patients who underwent a biopsy of the uterine tumour or of a metastasis were further considered. The numerator includes the group of patients for whom the tumour grade (1/2/3 or type II) is available for treatment decision.

The following flowchart was applied:



QI 6: Proportion of patients with clinical stage I undergoing surgery for whom the surgical intervention is a TH/BSO

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who are diagnosed with a clinical stage I and underwent a surgical intervention, for whom the type of surgical intervention is a total hysterectomy (TH) in combination with a bilateral salphingo oophorectomy (BSO).

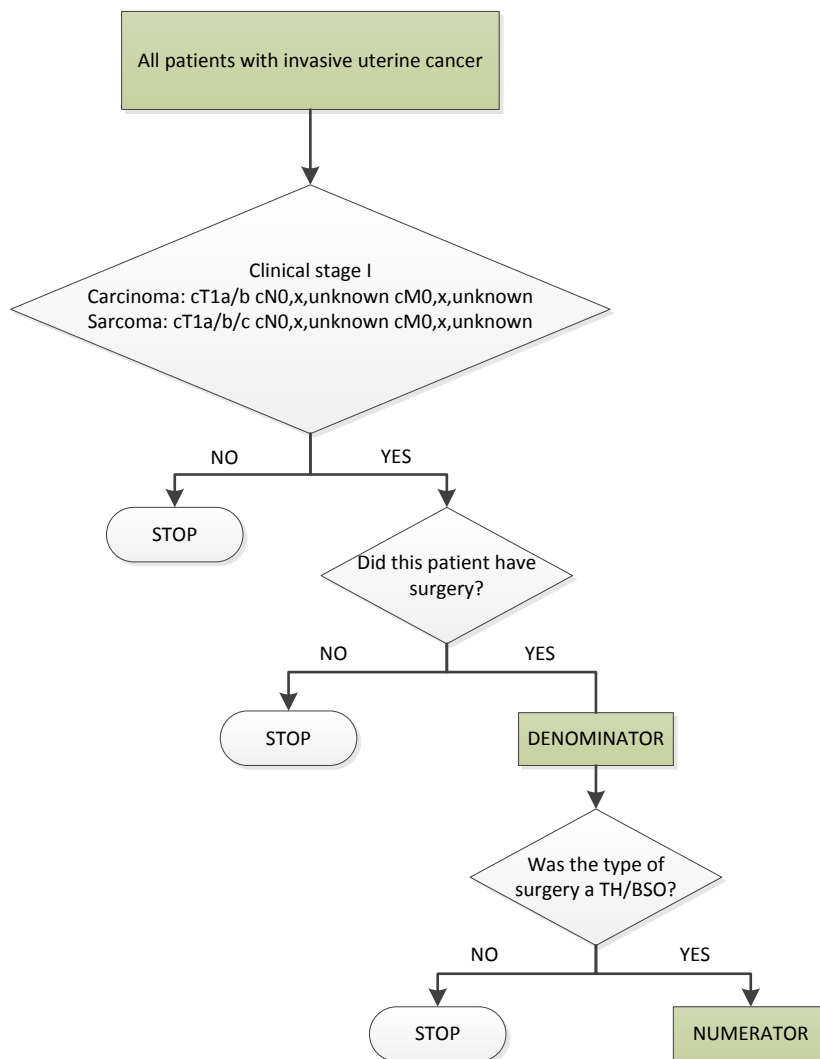
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who are diagnosed with a clinical stage I who underwent a surgical intervention.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was selected. From these group, the patients who were diagnosed with a clinical stage I disease (carcinoma cT1a/b cN0,x,unknown cM0,x,unknown and sarcoma cT1a/b/c cN0,x,unknown cM0,x,unknown concerning the specific regulations) were selected. For the total group of clinical stage I patients it was verified whether they underwent surgery (denominator). Subsequently the patients for whom the surgical intervention was a TH/BSO were selected and are considered as the numerator.

The following flowchart was applied:



QI 7: Proportion of patients undergoing surgery for whom adnexal invasion (yes/no) is reported/available (pathology report) for treatment decision

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who underwent a surgical intervention, for whom it was reported/available (pathology report) for treatment decision whether there was invasion of the adnexae (yes/no).

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention.

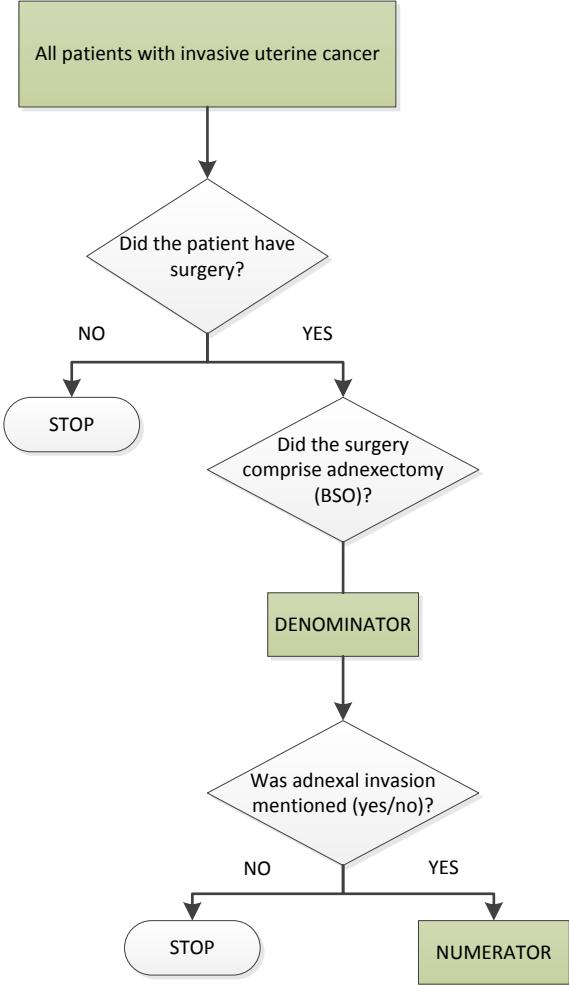
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was

selected. From this group, the patients who underwent surgery were further considered (denominator). The total number of patients for whom it was indicated in the report whether there was invasion of the adnexae (yes/no) was considered as the numerator.

The following flowchart was applied:



QI 8: Proportion of patients with clinical stage I cancer who were operated by minimally invasive surgery (laparoscopy or robot) – endometrial carcinoma²

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (type endometrial carcinoma²) with clinical stage I who were operated by minimally invasive surgery (laparoscopy or robot).

² For the histology codes considered: see annex 1 (“carcinoma”)

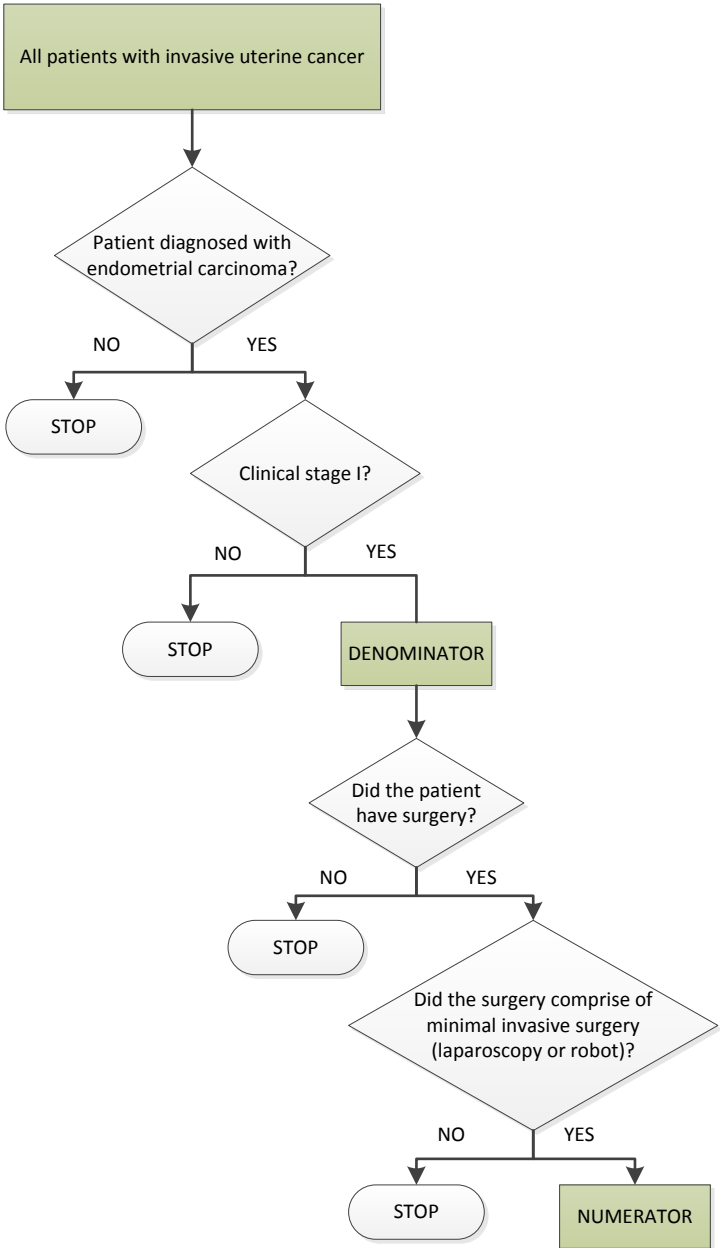
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrial carcinoma) with clinical stage I.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who were diagnosed with clinical stage I endometrial carcinoma were selected (denominator). The group of patients that underwent surgical intervention was considered for further calculations. Patients who were operated by means of minimally invasive surgery, more specifically laparoscopy or robot were included in the numerator.

The following flowchart was applied:



QI 9: Proportion of patients undergoing surgery for whom myometrial invasion is semi-quantitatively or quantitatively reported/available for treatment decision – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (type endometrial carcinoma³) undergoing surgery for whom the myometrial invasion is (semi-)quantitatively reported/available for treatment decision.

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrial carcinoma) undergoing a surgical resection.

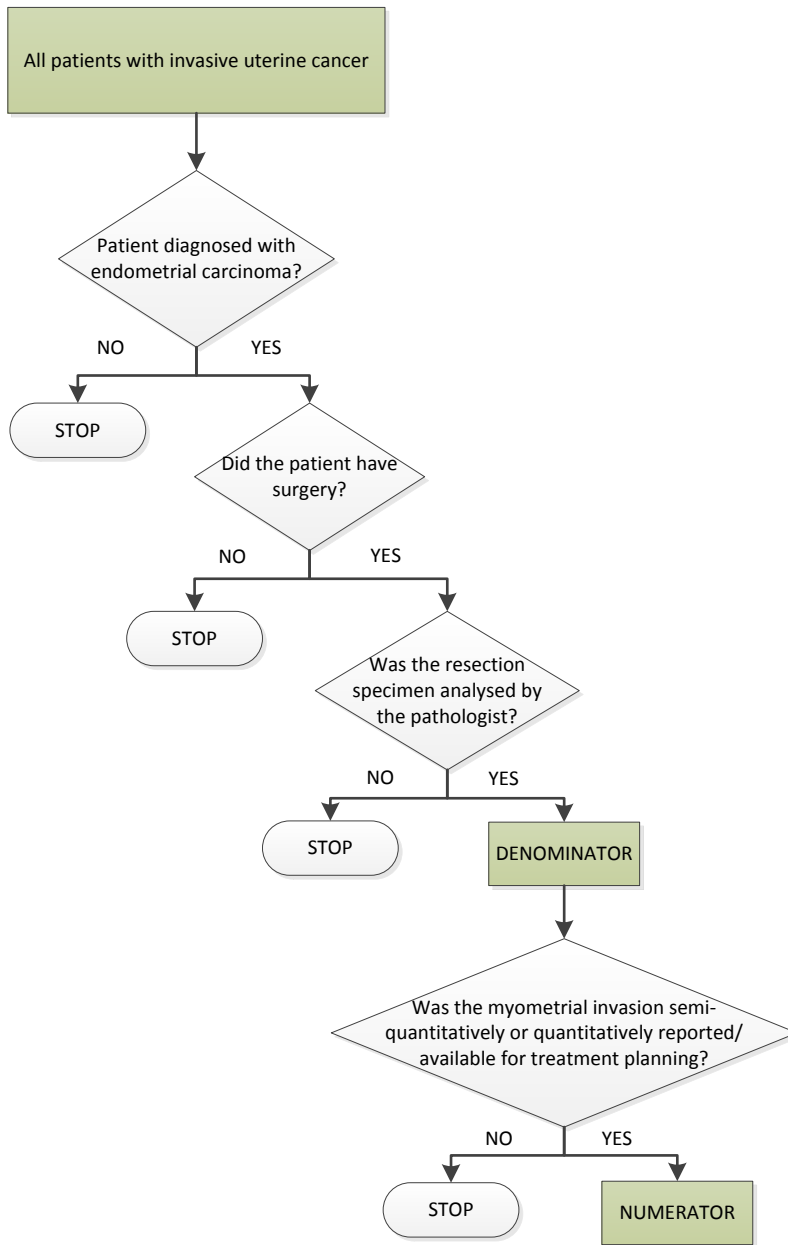
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

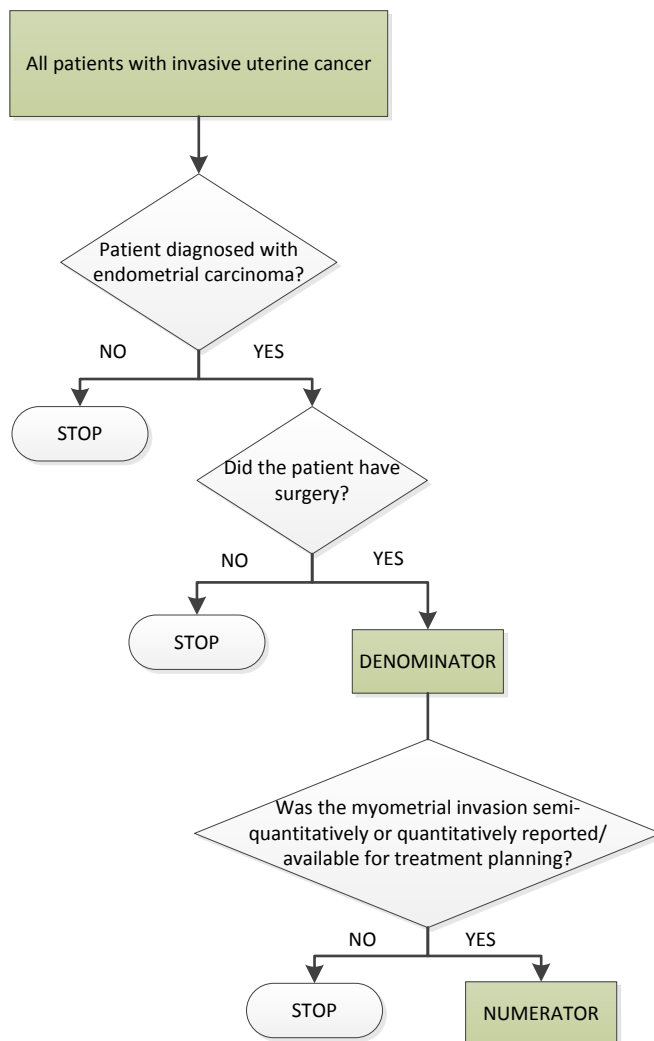
For the calculation of the indicator, the patients with invasive uterine cancer (type endometrial carcinoma) who were operated were selected. For these patients it was determined whether the resection specimen was evaluated by the pathologist. When this question was positively answered the patients were considered for the denominator. Patients for whom the myometrial invasion was semi-quantitatively or quantitatively reported and available for treatment decision were included in the numerator.

The following flowchart was applied:

³ For the histology codes considered: see annex 1 (“carcinoma”)



Variant: resection specimen not necessary the tissue analysed by the pathologist (to verify whether there are differences)



QI 10: Proportion of patients undergoing surgery, for whom cervical stromal invasion (yes/no) is reported/available (post-operatively) for treatment decision – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (type endometrial carcinoma⁴) undergoing surgery for whom cervical stromal invasion (yes/no) is reported/available (post-operatively) for treatment decision.

⁴ For the histology codes considered: see annex 1 ("carcinoma")

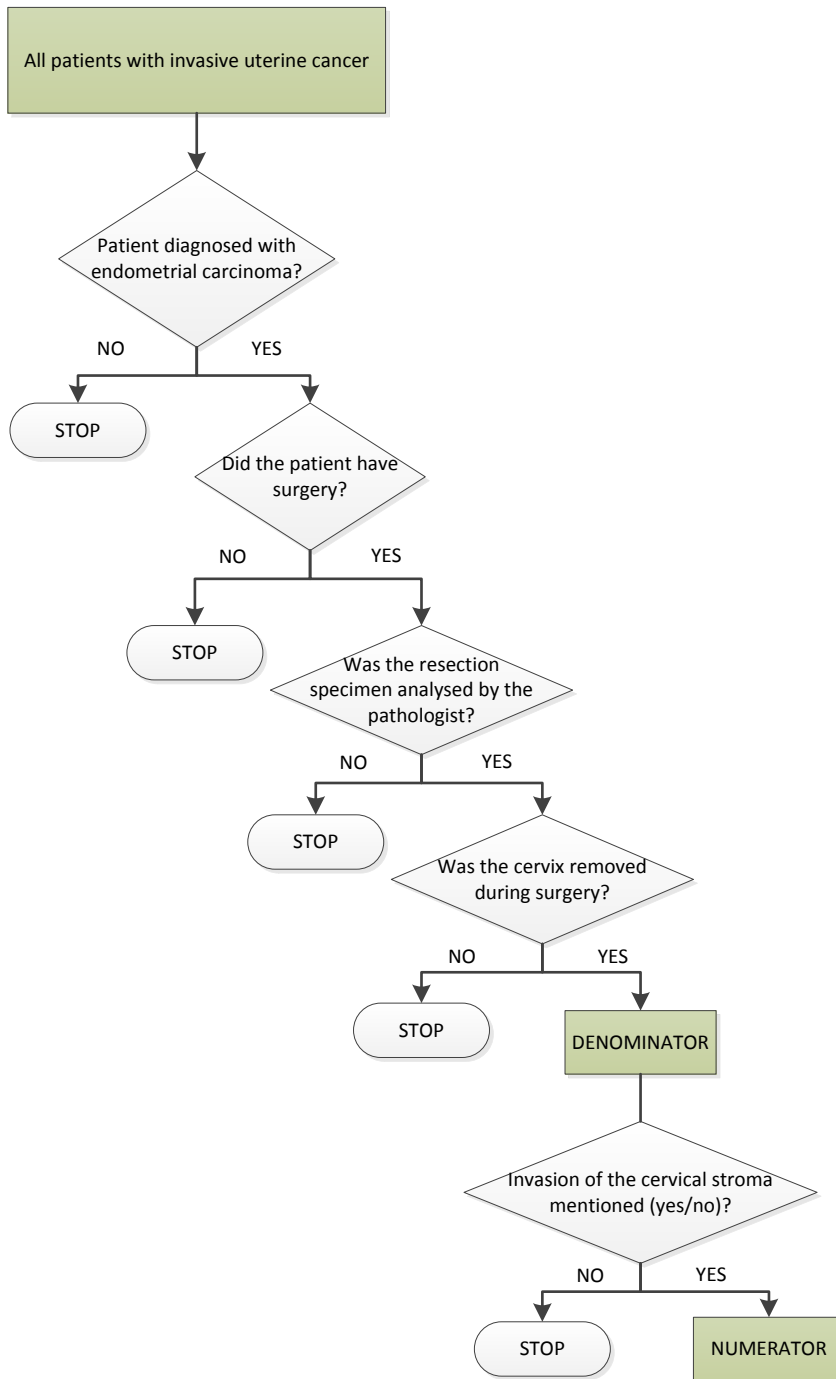
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrial carcinoma) undergoing a surgical resection.

Calculation of the indicator:

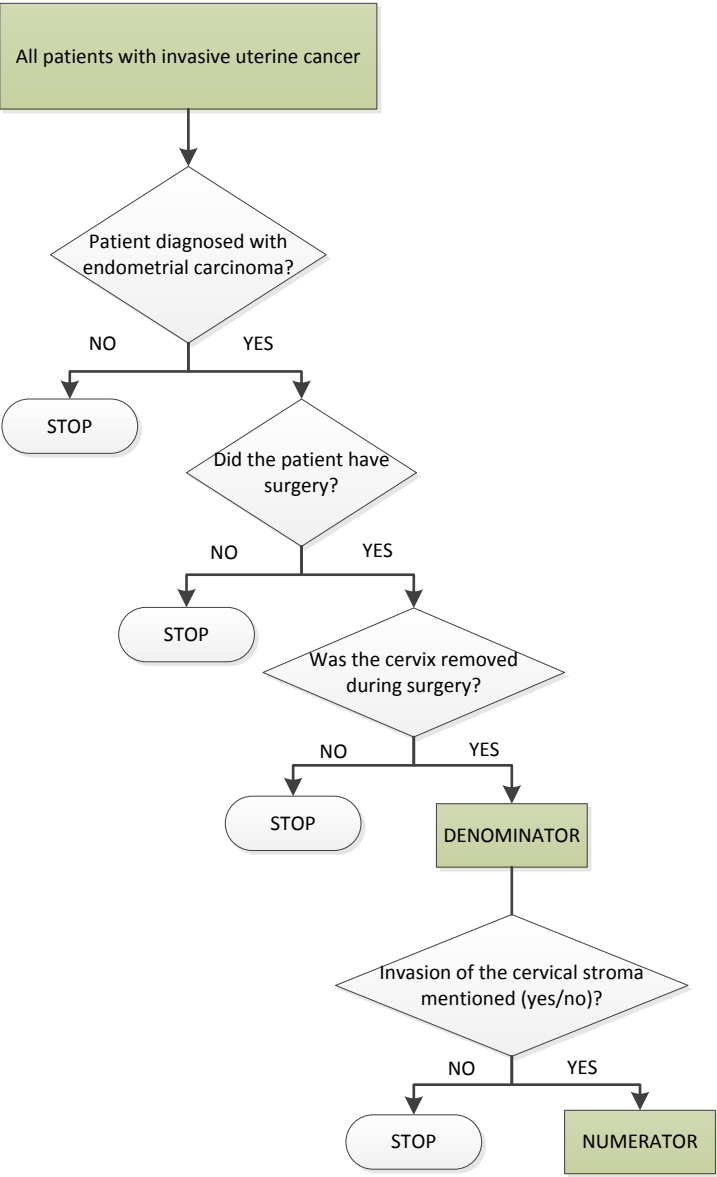
The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the patients with invasive uterine cancer (type endometrial carcinoma) who were operated were selected. For these patients it was determined whether the resection specimen was evaluated by the pathologist. Patients for whom the cervix was removed during surgery (TH, TH+BSO, Wertheim or debulking/cytoreduction) were included in the denominator. The proportion of patients for whom it is indicated whether there is cervical stromal invasion or not is included in the numerator.

The following flowchart was applied:



Variant: resection specimen not necessary the tissue analysed by the pathologist (to verify whether there are differences)



QI 11: Proportion of patients with stage I or II serous or clear cell carcinoma or carcinosarcoma, who had omentectomy

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type II endometrial carcinoma) who are diagnosed with stage I or II serous or clear cell carcinoma or carcinosarcoma, (8310/3, 8441/3, 8950/3 and 8980/3) who had omentectomy.

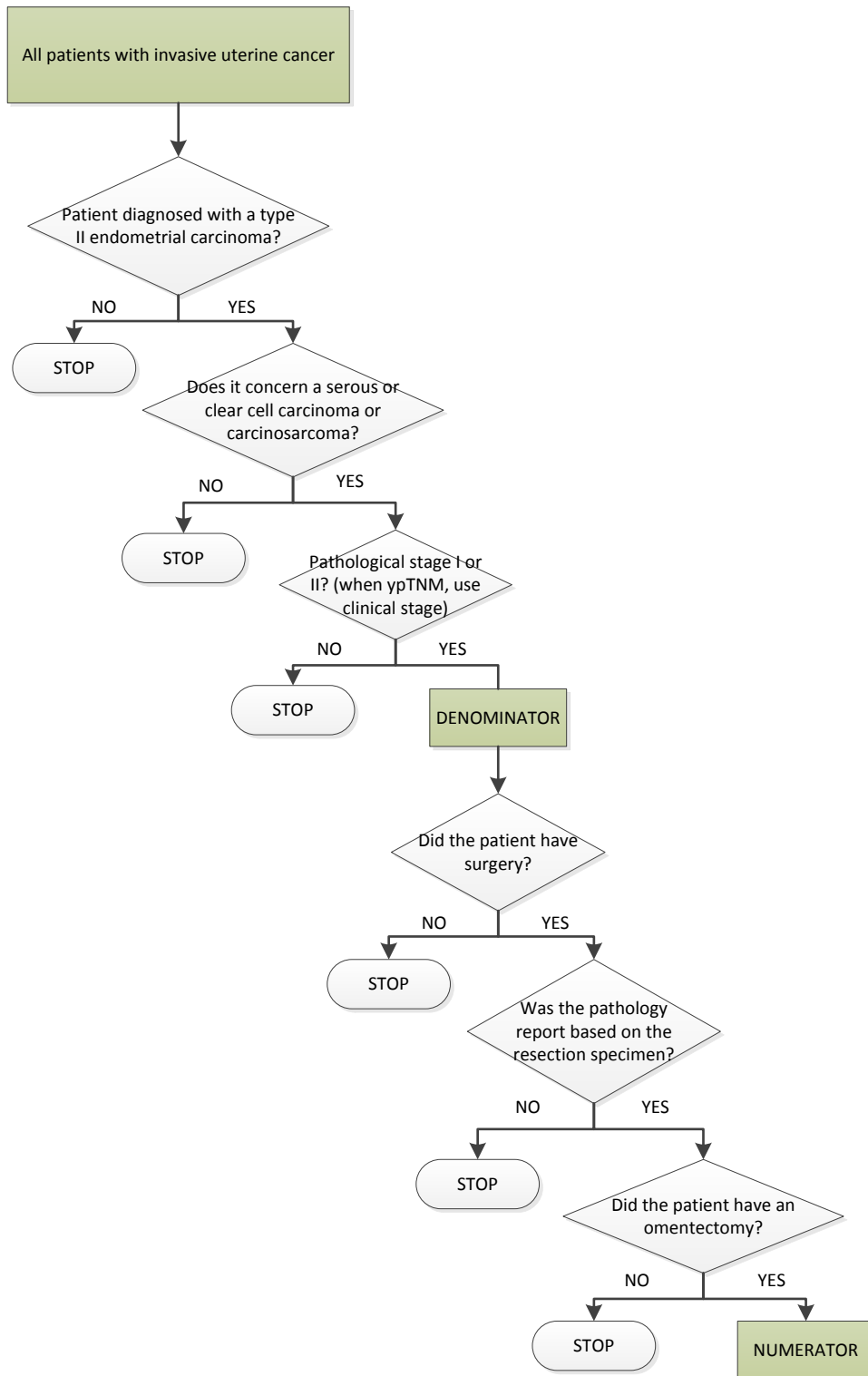
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type II endometrial carcinoma) who are diagnosed with stage I or II serous carcinoma, clear cell carcinoma or carcinosarcoma.

Calculation of the indicator:

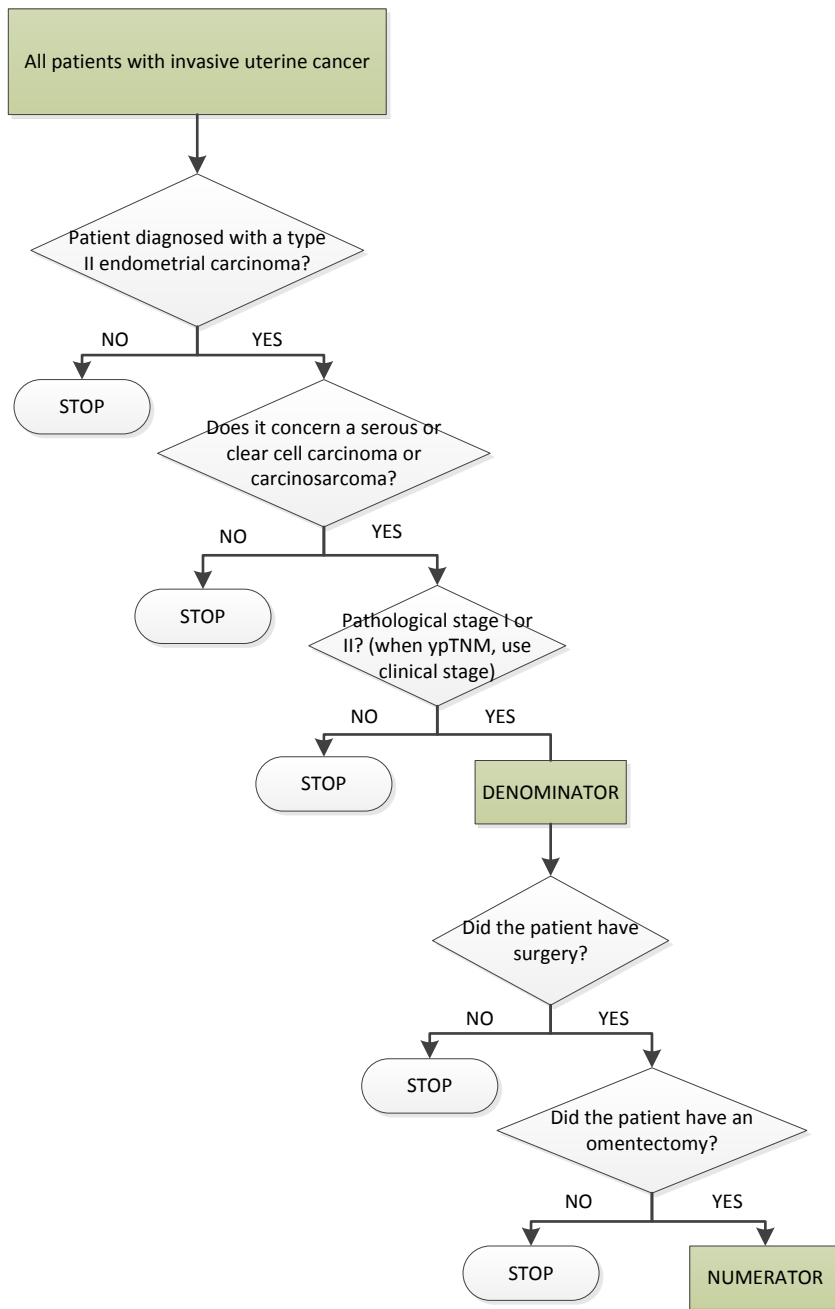
The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type II endometrial carcinoma) who were diagnosed with stage I or II serous carcinoma, clear cell carcinoma or carcinosarcoma were considered for the denominator. Patients who underwent neoadjuvant treatment and for whom only an ypTNM can be obtained were selected based on the clinical stage (cstage I or II). A further selection concerned the patients who underwent a surgical intervention and for whom the resection specimen was investigated by the pathologist. The numerator includes patients who had an omentectomy.

The following flowchart was applied:



Variant: resection specimen not necessary the tissue analysed by the pathologist (to check influence)



QI 12: Proportion of patients with uterine leiomyosarcoma or endometrial stromal sarcoma who had TH (+/- BSO)

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type uterine sarcoma) with uterine leiomyosarcoma or endometrial stromal sarcoma who had TH (+/- BSO).

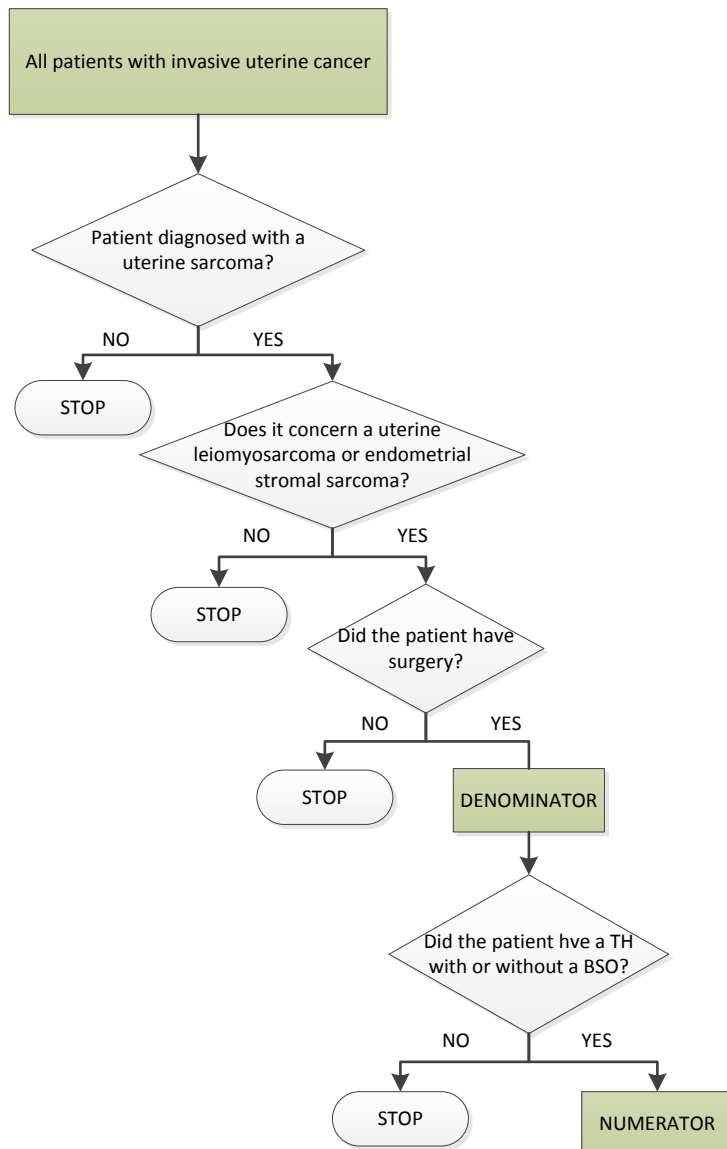
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type uterine sarcoma) with uterine leiomyosarcoma or endometrial stromal sarcoma.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type stromal sarcoma) who were diagnosed with uterine leiomyosarcoma or endometrial stromal sarcoma (8805/3, 8890/3, 8891/3, 8896/3, 8930/3 and 8931/3) were selected. The proportion of patients who underwent surgery was considered for the denominator. Patients for whom the surgery consisted out of a TH with or without a BSO represent the numerator.

The following flowchart was applied:



QI 13: Proportion of patients who had para-aortic lymphadenectomy during surgery for whom number of para-aortic lymph nodes with metastasis is specified

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who had a para-aortic lymphadenectomy during surgery, for whom the number of para-aortic lymph nodes with a metastasis is specified in the report.

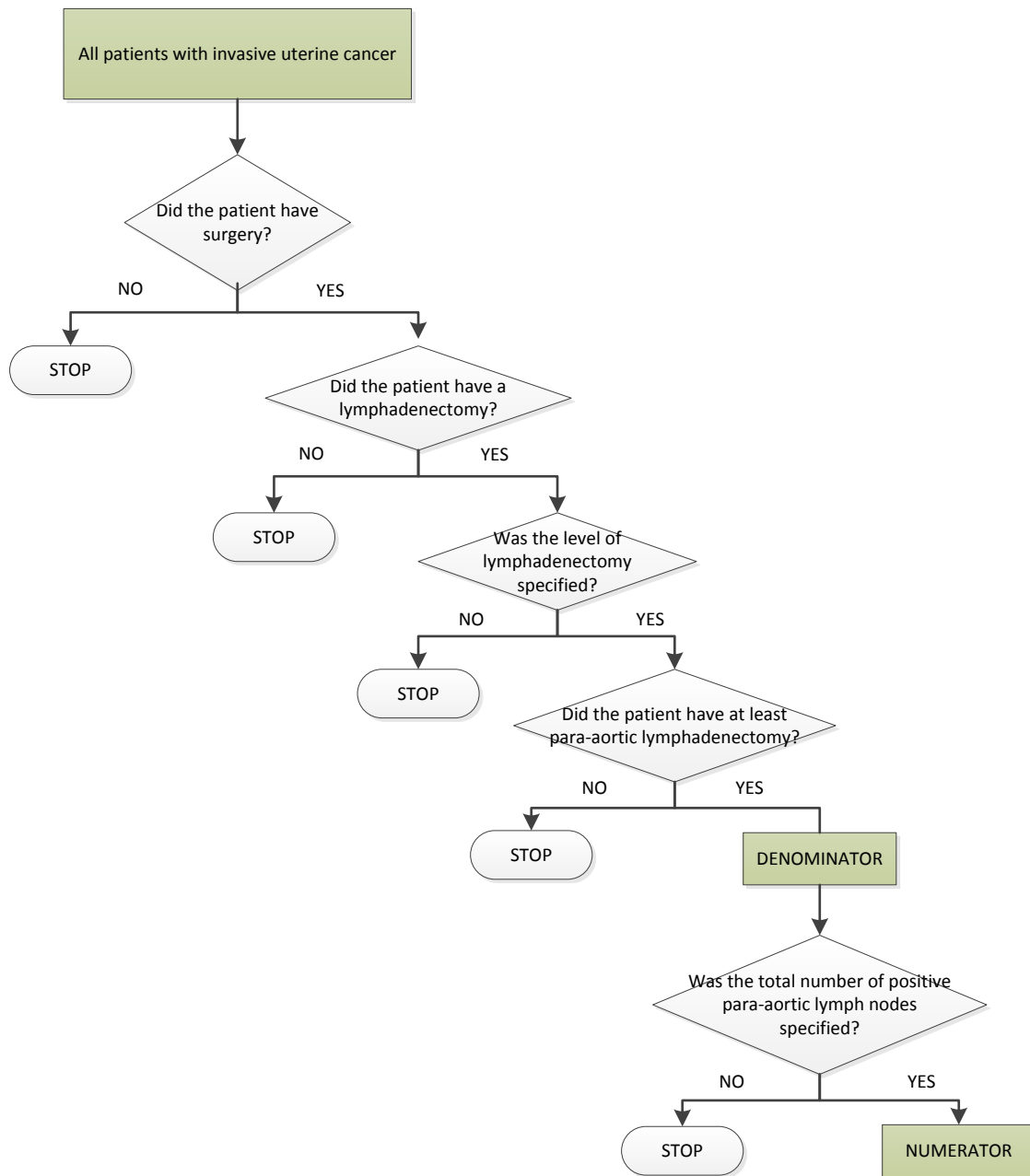
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention, during which a para-aortic lymphadenectomy was performed.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was selected. From this group, the patients who had surgery and who underwent a lymphadenectomy were further considered. It was then verified whether the level of lymphadenectomy was indicated on the form. When this information was available, the number of patients that at least underwent para-aortic lymphadenectomy represents the denominator. The total number of patients for whom the number of para-aortic lymph nodes with metastasis (positive lymph nodes) was specified is considered as the numerator.

The following flowchart was applied:



QI 14: Proportion of patients who had lymphadenectomy during surgery for whom localization (pelvic and/or para-aortic) of lymph nodes removed is specified

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who had lymphadenectomy during surgery for whom the level of the lymph nodes removed is specified.

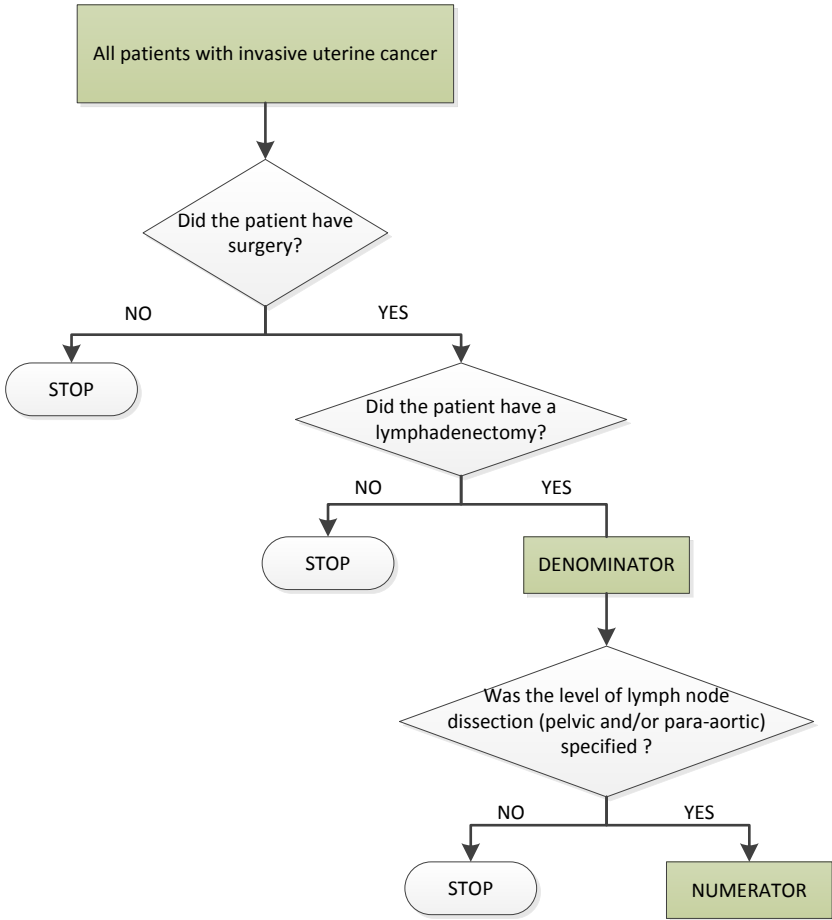
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a lymphadenectomy during the surgical intervention.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who had surgery was selected. From this group, the patients who underwent lymphadenectomy were further considered (denominator). The patients for whom the level of lymphadenectomy was specified (pelvic and/or para-aortic) represent the numerator.

The following flowchart was applied:



QI 15: Proportion of patients who had pelvic lymphadenectomy during surgery for whom number of pelvic lymph nodes harvested is specified

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who had a pelvic lymphadenectomy during surgery, for whom the number of pelvic lymph nodes harvested is specified in the report.

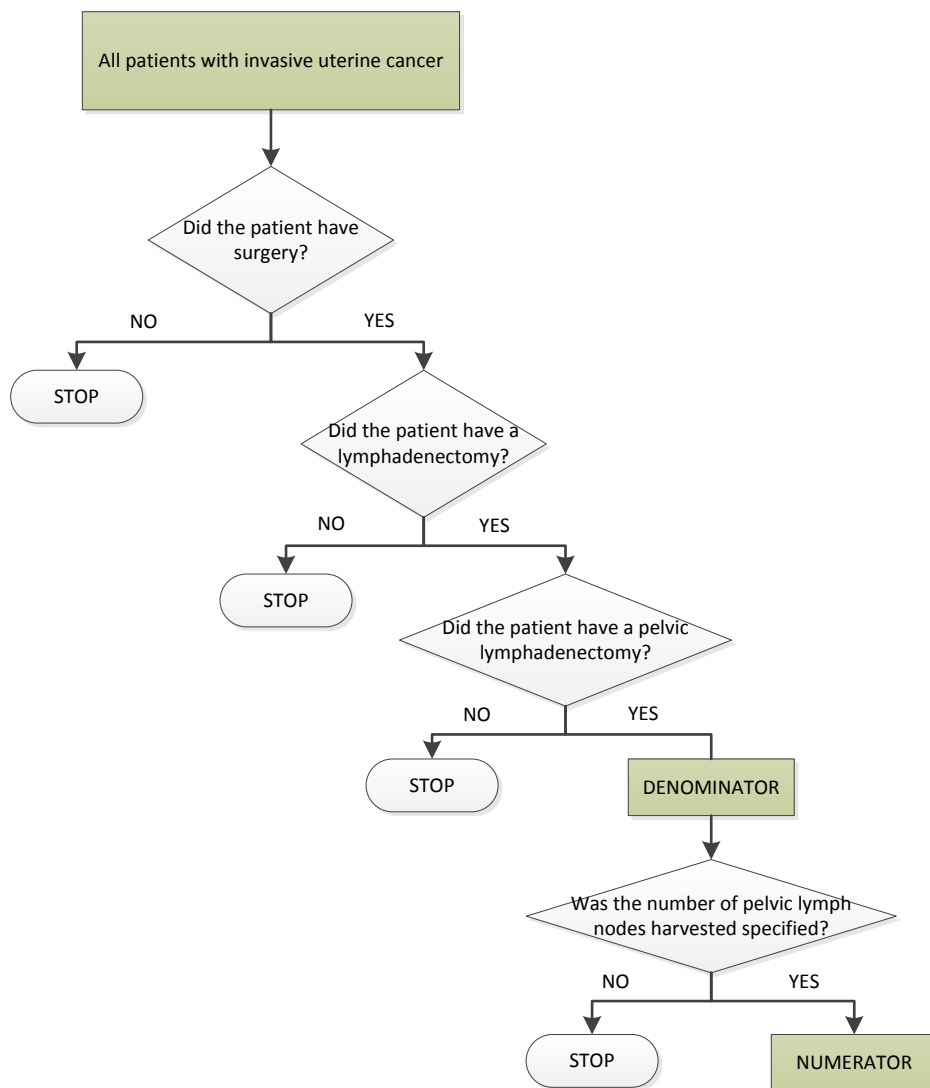
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention, during which a pelvic lymphadenectomy was performed.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who had surgery was selected. From this group, the patients who underwent lymphadenectomy were further considered. The number of patients who had at least pelvic lymphadenectomy was included in the denominator. The numerator represents the number of patients which at least underwent a pelvic lymph node dissection for whom the number of pelvic lymph nodes harvested was specified.

The following flowchart was applied:



QI 16: Proportion of patients who had para-aortic lymphadenectomy during surgery for whom the number of para-aortic lymph nodes harvested is specified

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who had a para-aortic lymphadenectomy during surgery, for whom the number of para-aortic lymph nodes harvested is specified in the report.

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention, during which a para-aortic lymphadenectomy was performed.

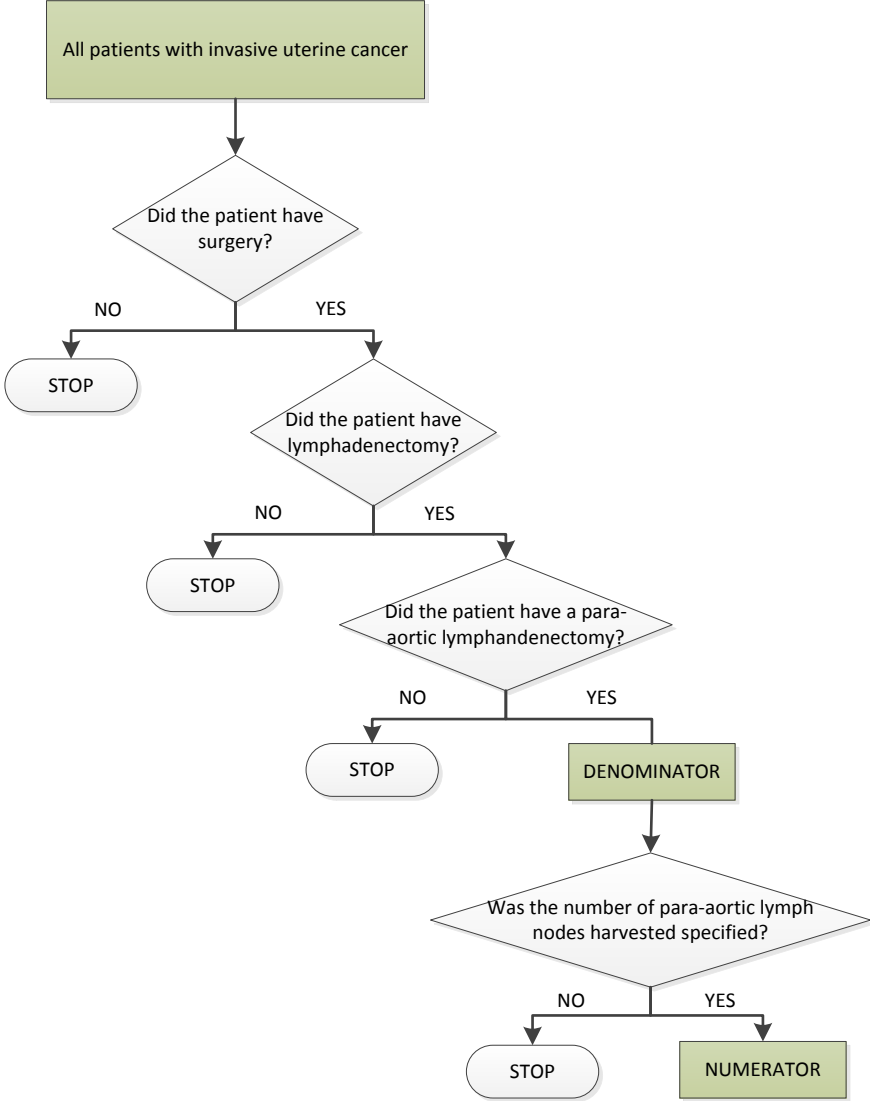
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who had surgery was selected. From this group, the patients who underwent lymphadenectomy were

further considered. The number of patients which at least had para-aortic lymph node dissection was included in the denominator. The numerator represents the number of patients who at least underwent a para-aortic lymph node dissection for whom the number of para-aortic lymph nodes harvested was specified.

The following flowchart was applied:



QI 17: Proportion of patients who had pelvic lymphadenectomy during surgery for whom extracapsular extension is specified in case of pelvic lymph node metastasis.

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who had a pelvic lymphadenectomy during surgery, for whom the presence of extracapsular extension is specified in the report in case of pelvic lymph node metastasis.

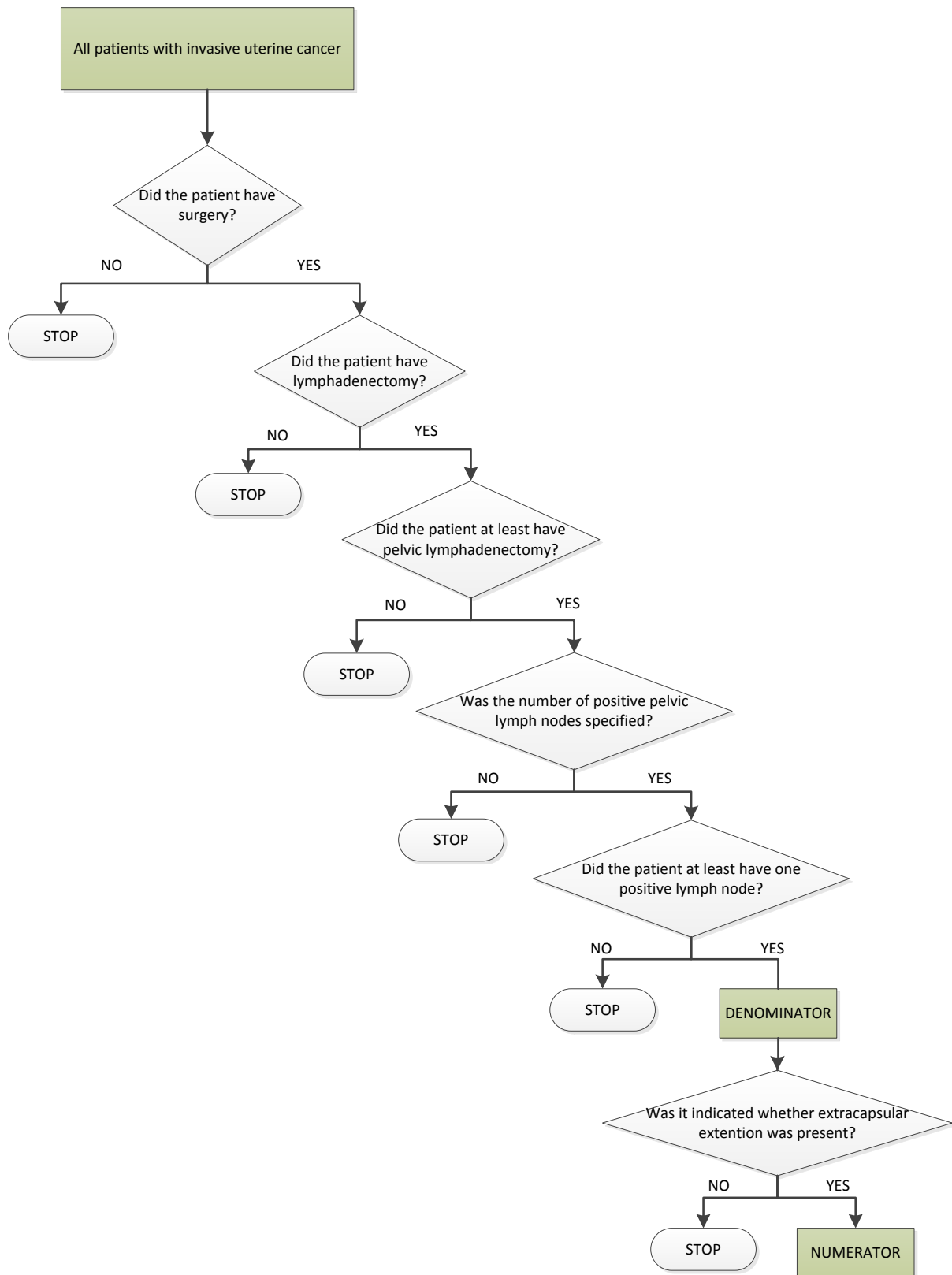
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention, during which a pelvic lymphadenectomy was performed and who had at least one positive lymph node.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was selected. From this group, the patients who underwent surgery and at least had pelvic lymphadenectomy were further considered. Patients who had at least one metastatic pelvic lymph node (positive lymph node) were selected for the denominator. The total number of patients for whom the presence of extracapsular extension was specified is considered as the numerator.

The following flowchart was applied:



QI 18: Proportion of patients with (clinical) stage II disease who had TH/BSO and at least pelvic lymph node dissection – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (type endometrial carcinoma⁵) with clinical stage II who had a surgical intervention that included a TH/BSO and at least a pelvic lymph node dissection.

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrial carcinoma) with clinical stage II who underwent surgery.

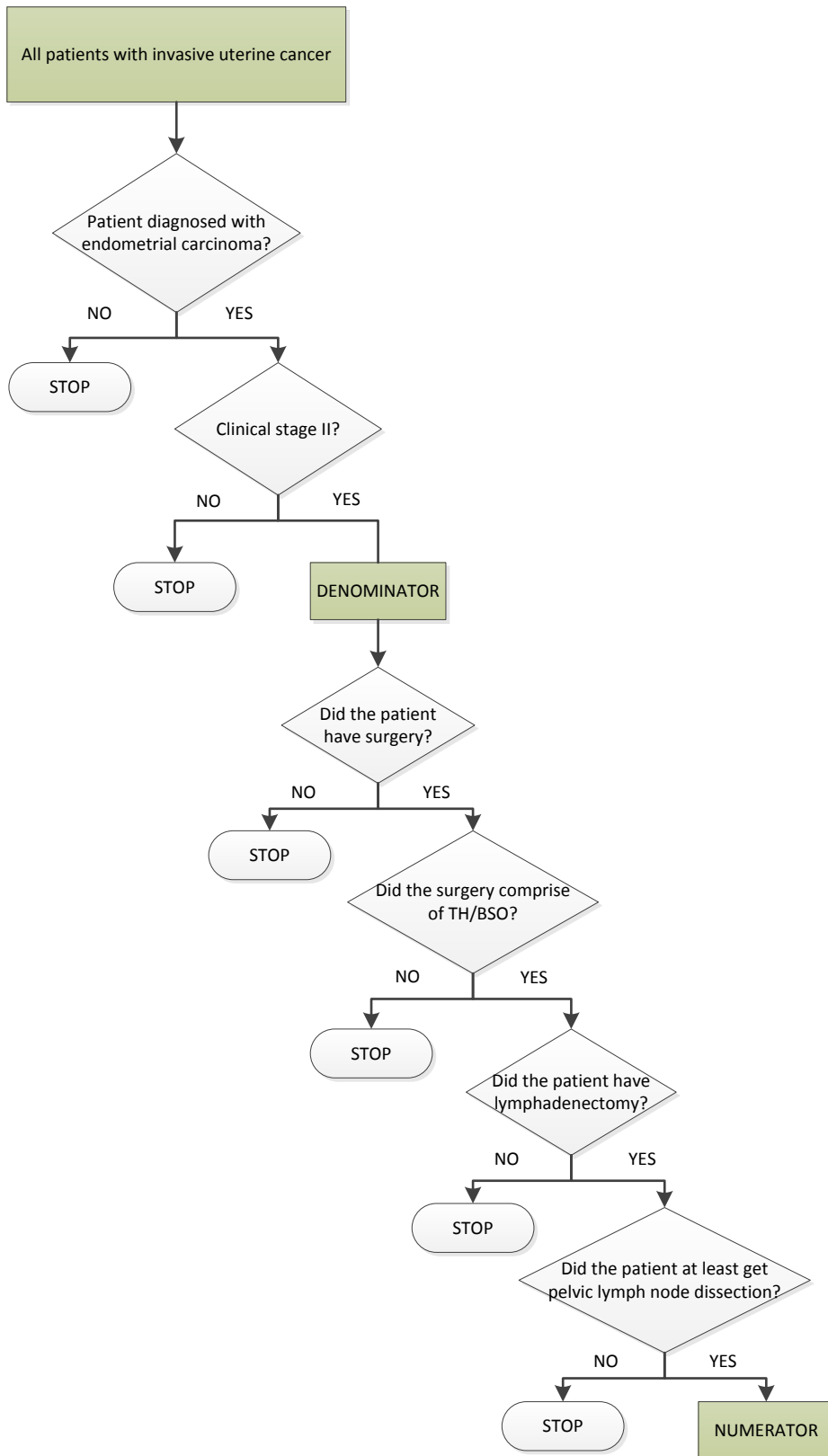
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type endometrial carcinoma) who were diagnosed with clinical stage II endometrial carcinoma were selected (denominator). The group of patients who underwent surgical intervention and for whom the type of surgery comprises TH/BSO was considered for further calculations. Then it was determined whether the patient underwent lymphadenectomy and, if yes, whether the level of lymphadenectomy was specified. Patients for whom at least a pelvic lymph node dissection was performed were included in the numerator.

The following flowchart was applied:

⁵ For the histology codes considered: see annex 1 (“carcinoma”)



QI 19: Proportion of patients with clinical stage I and grade 3 tumours who had at least pelvic lymphadenectomy – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (type endometrial carcinoma⁶) with clinical stage I and grade 3 tumour who had at least a pelvic lymph node dissection.

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrial carcinoma) with clinical stage I and grade 3 tumours.

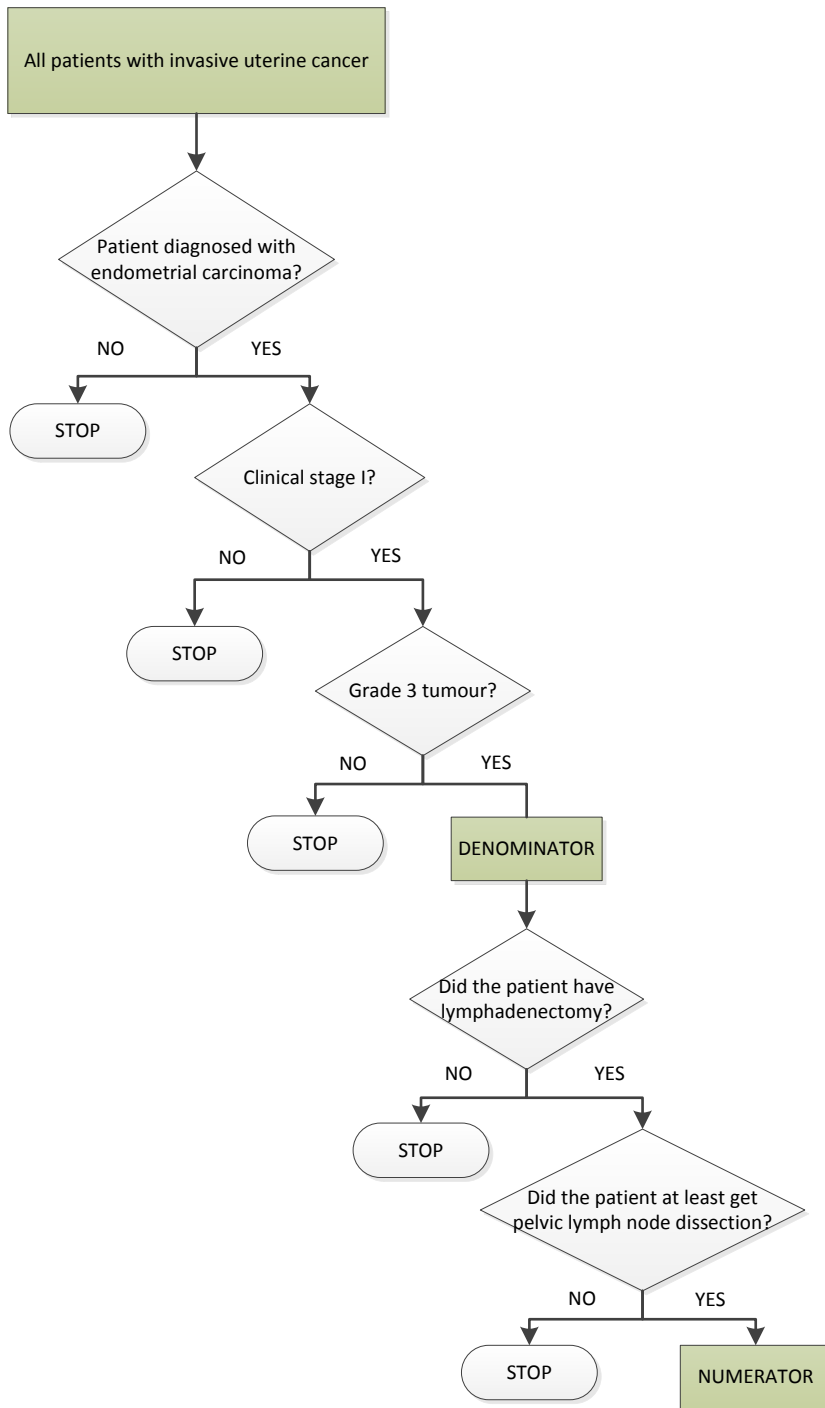
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who were diagnosed with clinical stage I and grade 3 endometrial carcinoma were included in the denominator. Patients who had lymphadenectomy were considered for further calculation. From this group, the patients for whom the level of lymph node dissection was specified and who underwent at least pelvic lymphadenectomy represent the numerator.

The following flowchart was applied:

⁶ For the histology codes considered: see annex 1 (“carcinoma”)



QI 20: Proportion of clinical stage IIIA patients undergoing surgery who had TH/BSO and pelvic and para-aortic lymphadenectomy – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (type endometrial carcinoma⁷) with clinical stage IIIA who were operated and who had TH/BSO and pelvic as well as para-aortic lymphadenectomy.

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrial carcinoma) with clinical stage IIIA who underwent surgical resection.

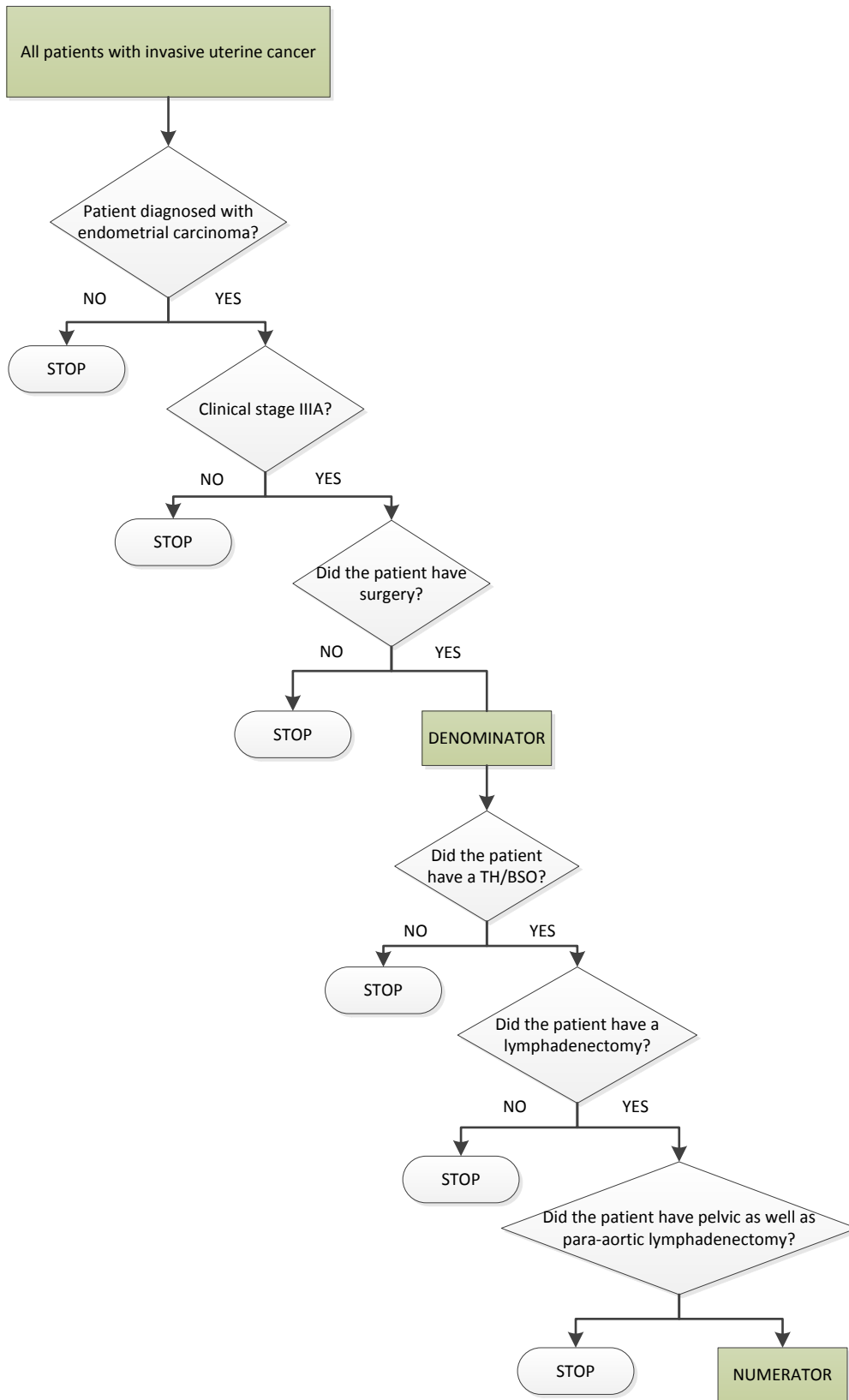
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who were diagnosed with clinical stage IIIA endometrial carcinoma was selected. The proportion of these patients who underwent surgery were further included in the denominator. Patients who underwent TH/BSO were considered. A further selection included patients who underwent a lymphadenectomy for whom the level of lymphadenectomy was specified. Patients who had pelvic as well as para-aortic lymphadenectomy were included in the numerator.

The following flowchart was applied:

⁷ For the histology codes considered: see annex 1 (“carcinoma”)



QI 21: Proportion of patients with tumour invading less than 50% of the myometrium and grade 1 tumours, who had lymphadenectomy – Type I endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type I endometrial carcinoma) with a tumour invading less than 50% of the myometrium and a grade 1 tumour, who underwent a lymphadenectomy.

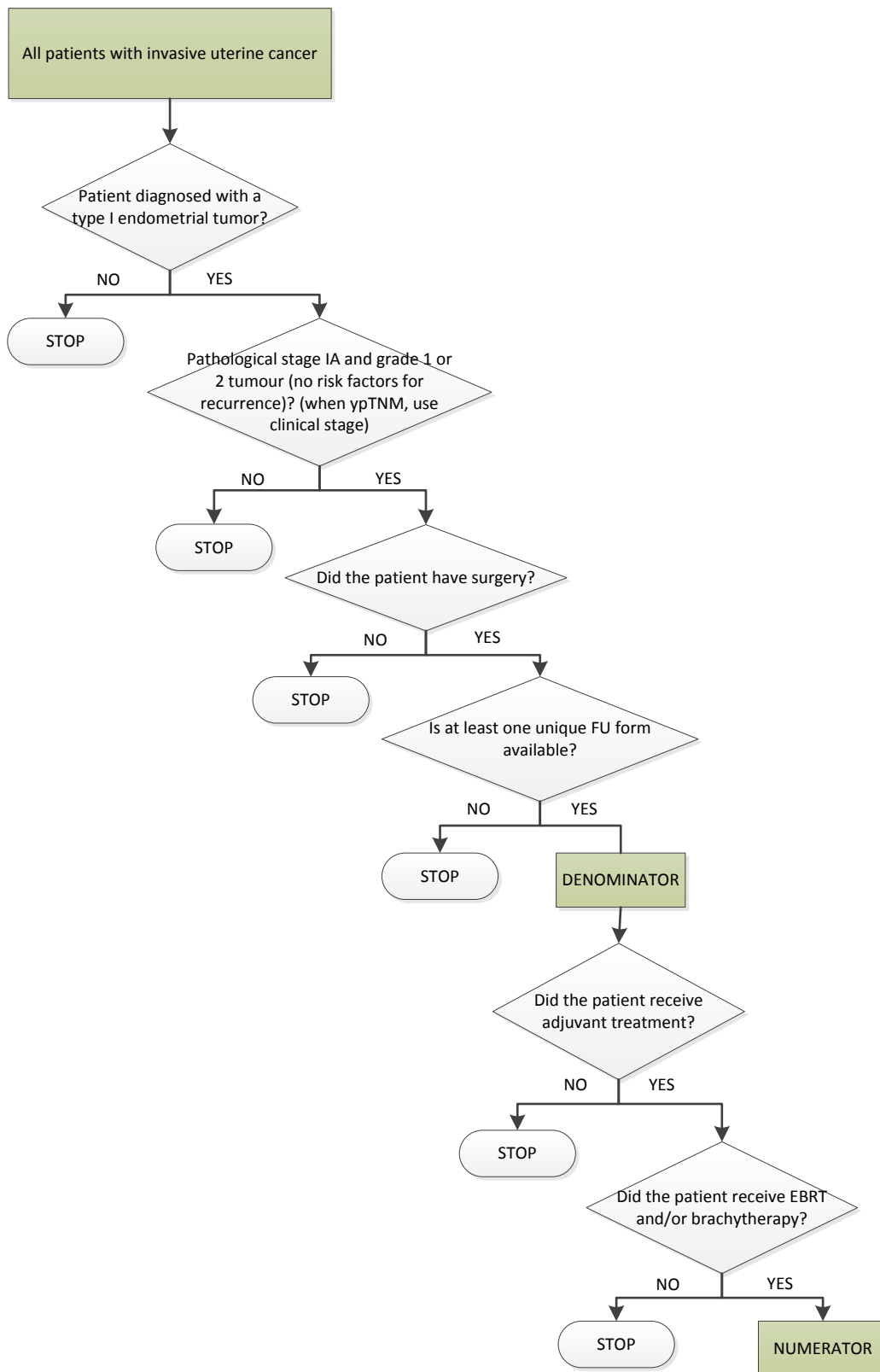
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type I endometrial carcinoma) with a tumour invading less than 50% of the myometrium and a grade 1 tumour.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type I endometrial carcinoma; 8262/3, 8263/3, 8380/3, 8382/3, 8383/3, 8480/3 and 8570/3) who were diagnosed with a grade 1 tumour were selected. From this group, the patients who were operated and for whom the pathology report was based on the resection specimen were further considered. The number of patients for whom it was literally mentioned in the pathology report that <50% the myometrium was invaded represents the denominator. From this group, patients who had a lymphadenectomy were included in the numerator.

The following flowchart was applied:



QI 22: Proportion of patients with stage I or II serous or clear cell carcinoma or carcinosarcoma, who had at least a pelvic lymphadenectomy

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type II endometrial carcinoma) who are diagnosed with stage I or II serous or clear cell carcinoma or carcinosarcoma, who had at least a pelvic lymphadenectomy.

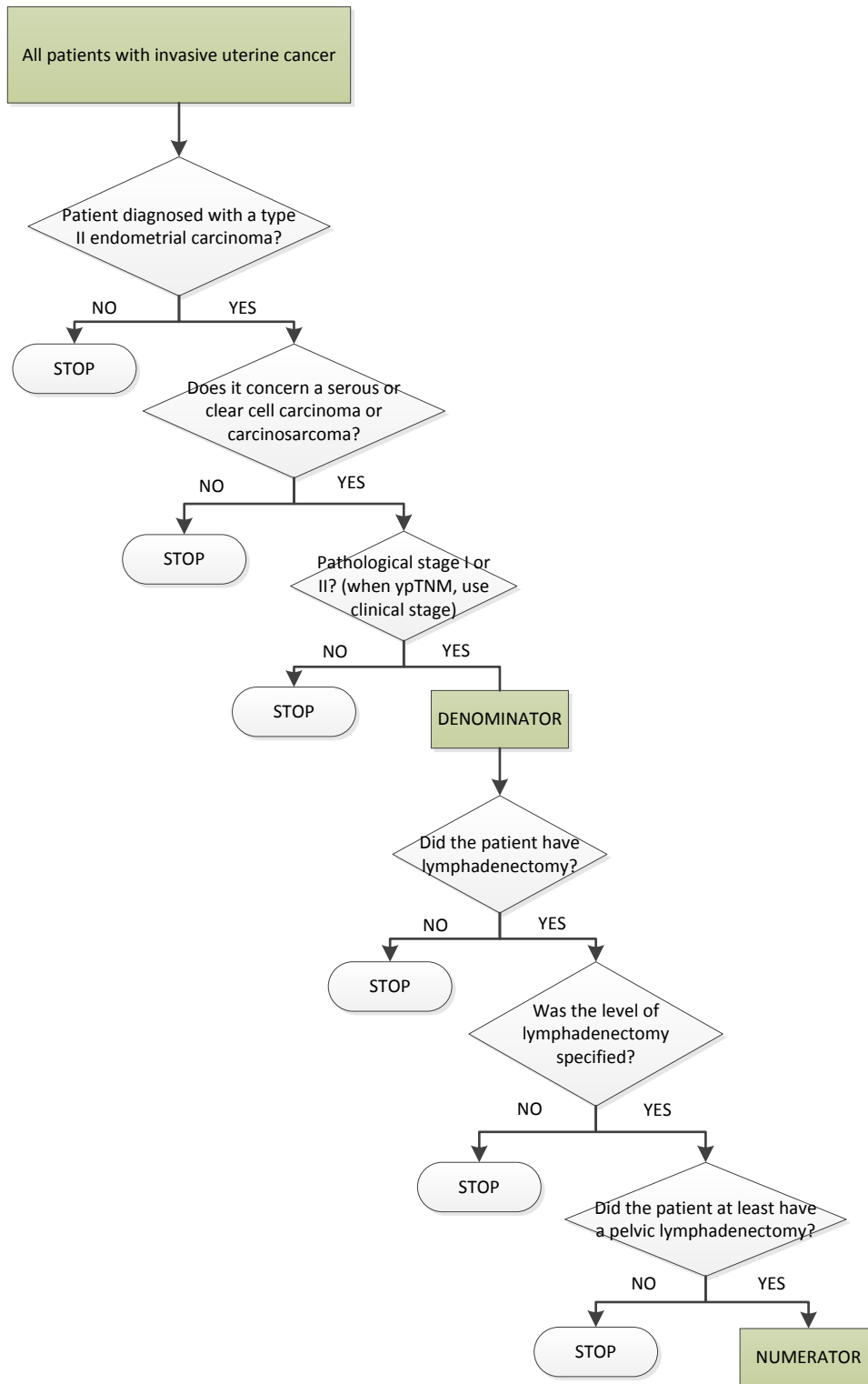
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type II endometrial carcinoma) who are diagnosed with stage I or II serous carcinoma, clear cell carcinoma or carcinosarcoma.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type II endometrial carcinoma) who were diagnosed with stage I or II serous carcinoma, clear cell carcinoma or carcinosarcoma (8310/3, 8441/3, 8950/3 and 8908/3) were considered for the denominator. Patients who underwent neoadjuvant treatment and for whom only an ypTNM can be obtained were selected based on the clinical stage (cstage I or II). A further selection concerned the patients who underwent a lymphadenectomy. Patients who underwent at least a pelvic lymphadenectomy were included in the numerator.

The following flowchart was applied:



QI 23: Proportion of patients with uterine leiomyosarcoma or endometrial stromal sarcoma (low grade) who had lymphadenectomy

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type uterine sarcoma) with uterine leiomyosarcoma or endometrial stromal sarcoma who had a lymphadenectomy.

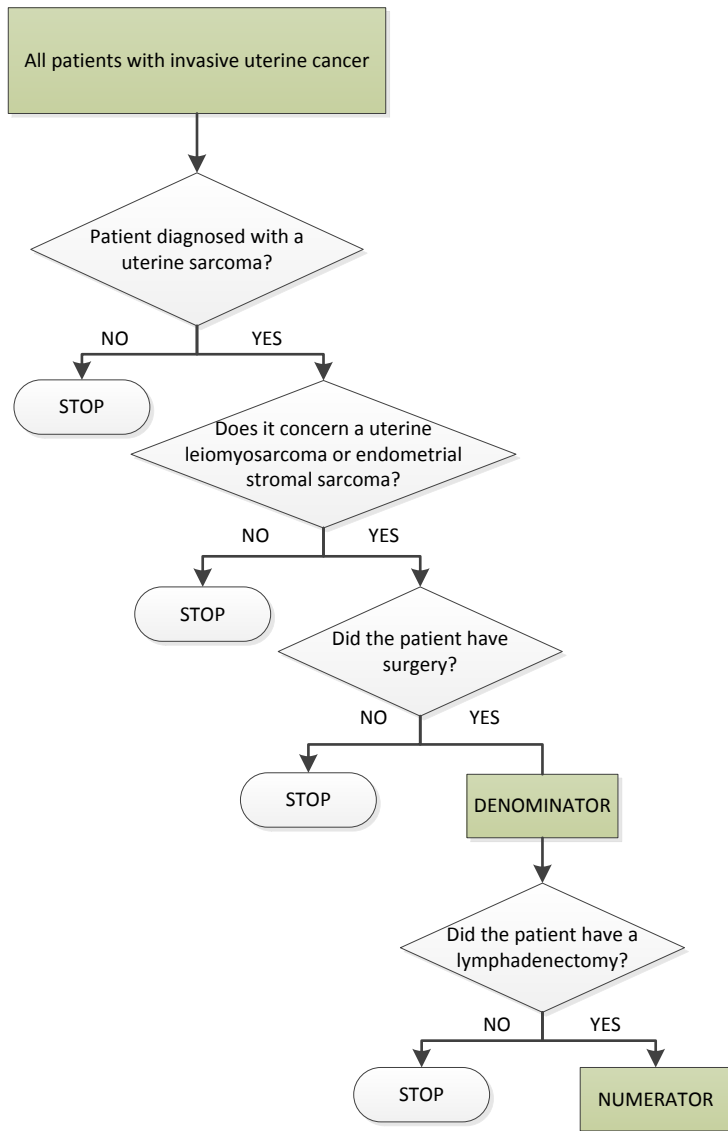
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type uterine sarcoma) with uterine leiomyosarcoma or endometrial stromal sarcoma.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who were diagnosed with uterine leiomyosarcoma or endometrial stromal sarcoma (low grade) (8890/3, 8891/3, 8896/3 and 8931/3) was selected. The patients who underwent surgery were considered for the denominator. The proportion of patients who underwent a lymphadenectomy represents the numerator.

The following flowchart was applied:



QI 24: Proportion of patients with metastatic or recurrent endometrioid adenocarcinoma for whom hormone receptors were assessed in the pathology report

QI 24a+b: Proportion of patients with metastatic endometrioid adenocarcinoma for whom hormone receptors were assessed in the pathology report (pM1= QI24a and cM1= QI24b)

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type I endometrial carcinoma) with a metastatic or recurrent endometrioid adenocarcinoma for whom the hormone receptors were assessed in the pathology report.

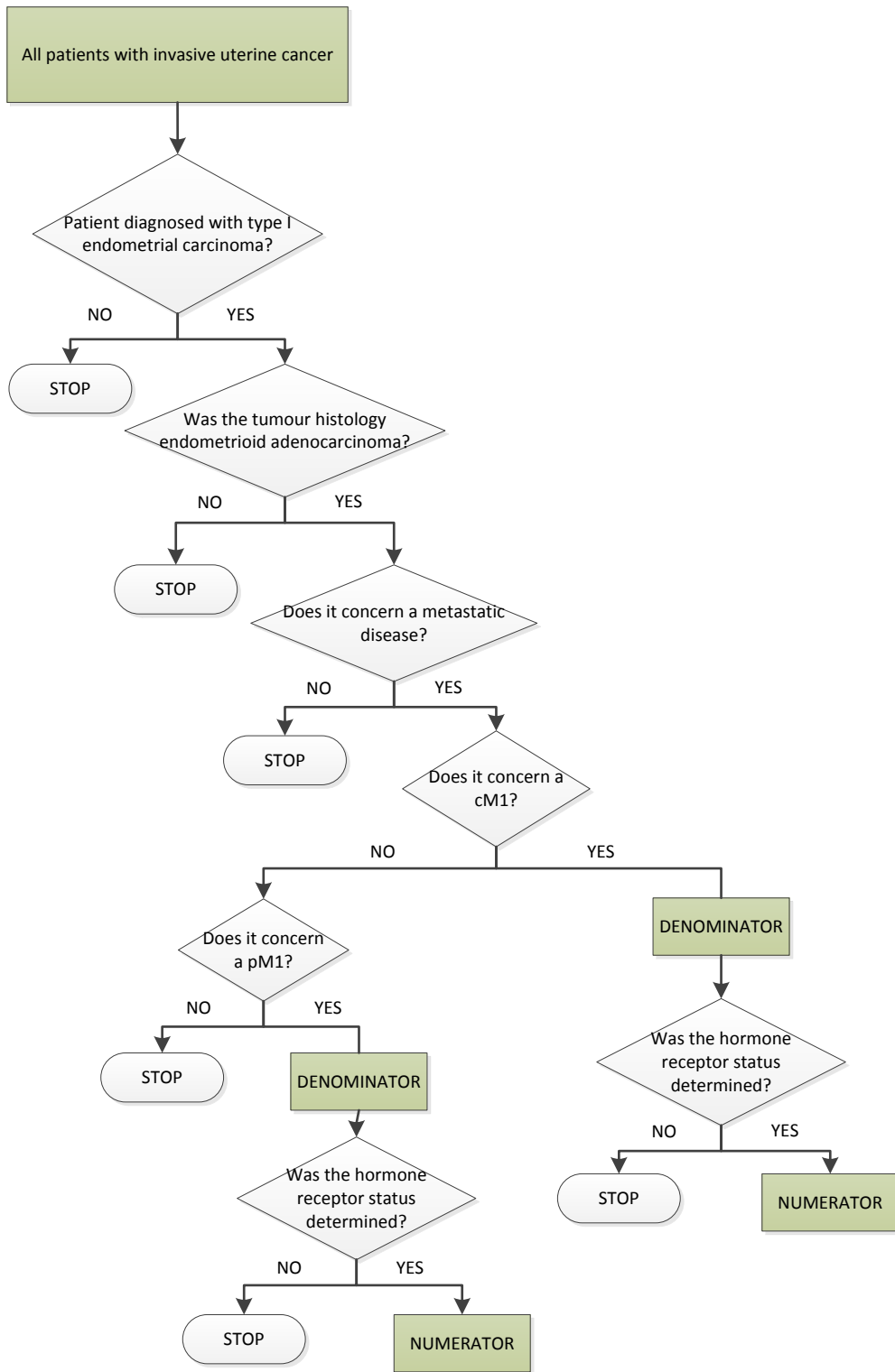
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type I endometrial carcinoma) with a metastatic or recurrent endometrioid adenocarcinoma.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type I endometrial carcinoma; 8263/3, 8380/3, 8382/3, 8383/3 and 8570/3) who were diagnosed with endometrioid adenocarcinoma was selected (8380/3). The patients showing metastases were further selected (denominator). Patients for whom the hormone receptor status (ER and PR) was determined were included in the numerator.

The following flowchart was applied:



QI 24c: Proportion of patients with recurrent endometrioid adenocarcinoma for whom hormone receptors were assessed in the pathology report

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type I endometrial carcinoma) with a recurrent endometrioid adenocarcinoma for whom the hormone receptors were assessed in the pathology report.

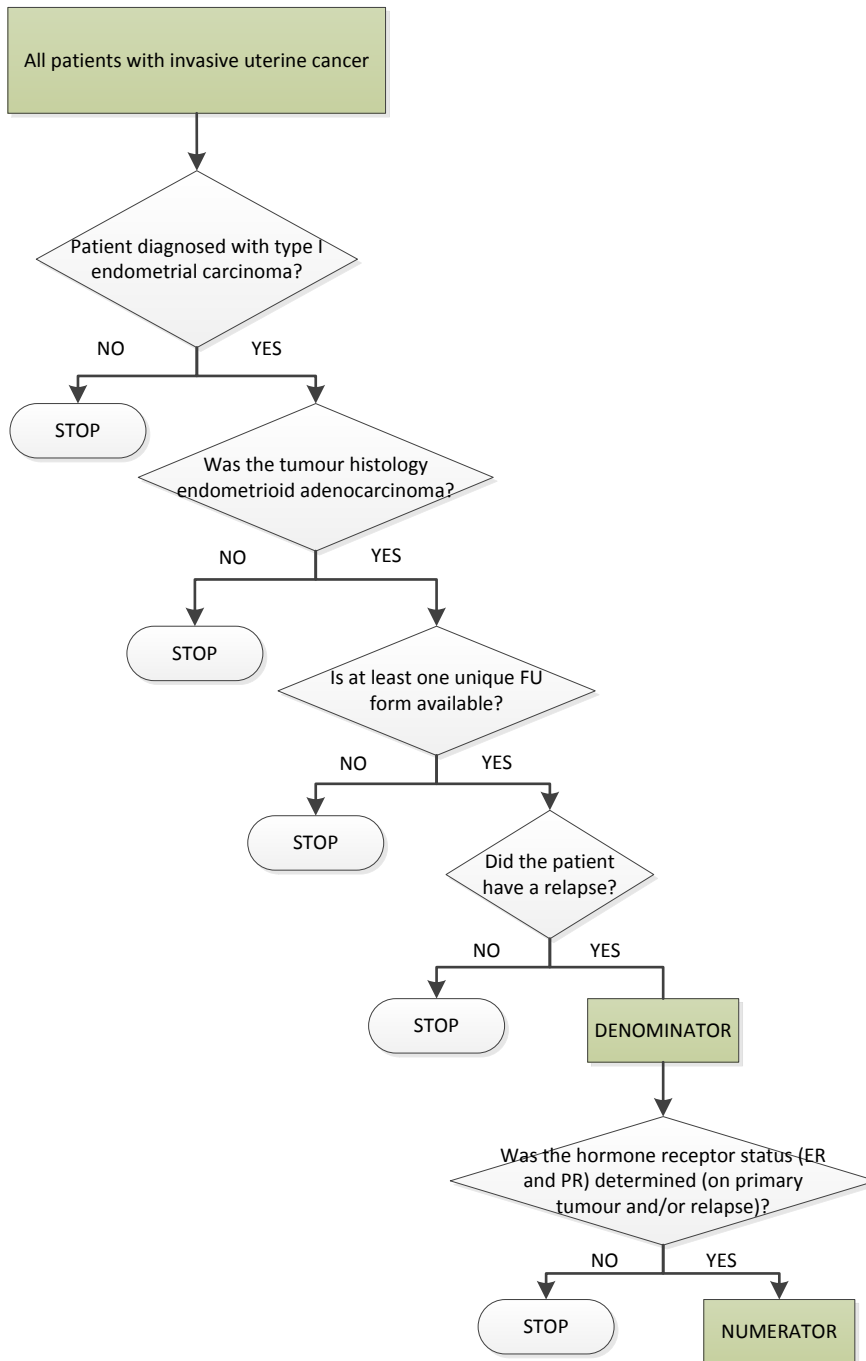
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type I endometrial carcinoma) with a recurrent endometrioid adenocarcinoma.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type I endometrial carcinoma; 8263/3, 8380/3, 8382/3, 8383/3 and 8570/3) who were diagnosed with endometrioid adenocarcinoma was selected (8380/3). The proportion of patients from this group who were operated was considered as the denominator. We then looked whether at least one unique FU form was available for these patients. The patients showing a relapse were further selected (denominator). Patients for whom the hormone receptor status (ER and PR) was determined on the primary tumour and/or relapse were included in the numerator.

The following flowchart was applied:



QI 25: Proportion of patients with endometrial stromal sarcomas undergoing surgery for whom receptor status (ER and PR) has been assessed and reported/available for treatment decision

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type uterine sarcoma) with endometrial stromal sarcoma who underwent surgery for whom the ER and PR receptor status was assessed and reported/available for treatment decision.

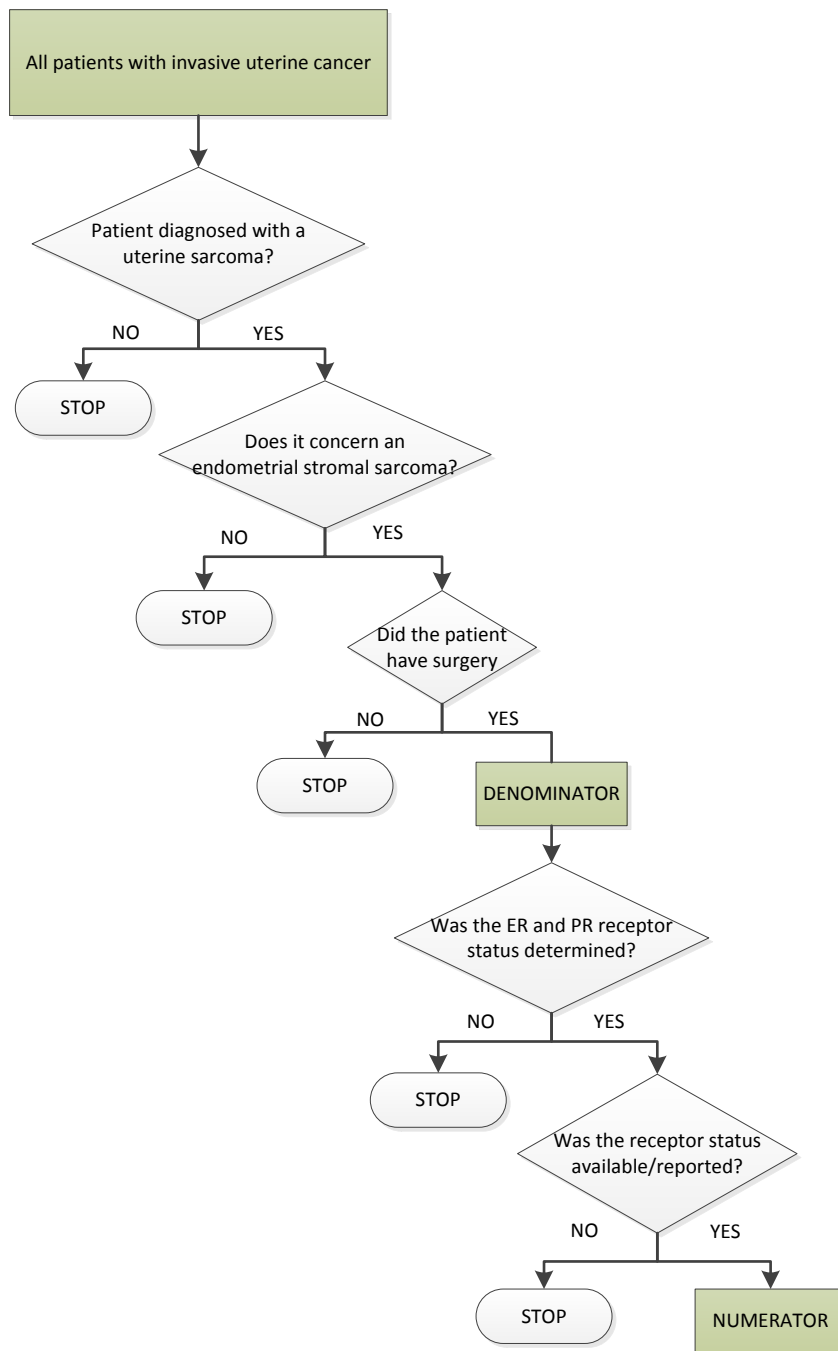
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type uterine sarcoma) with endometrial stromal sarcoma who underwent a surgical intervention.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the patients with invasive uterine cancer who were diagnosed with endometrial stromal sarcoma (8805/3, 8930/3 and 8931/3) and who underwent surgery were considered for the denominator. Patients for whom the ER and PR receptor status was determined and the result was reported in the pathology report were included in the numerator.

The following flowchart was applied:



QI 26: Proportion of operated patients receiving subsequent/adjuvant anticancer treatment (if any, with a maximum waiting time of 60 days (between date of surgery and date of first session of radiotherapy or chemotherapy))

QI 26a: Proportion of operated patients receiving subsequent/adjuvant anticancer treatment

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who had surgery and received subsequent/adjuvant anticancer treatment.

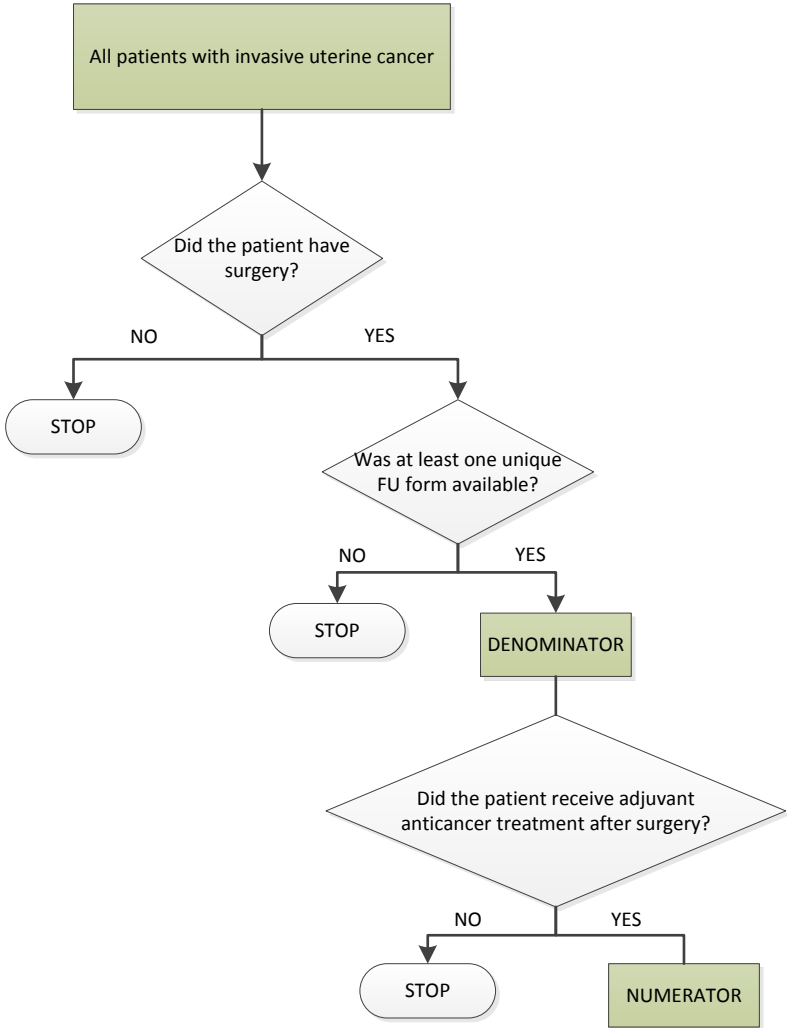
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer was selected. Next, the patients who underwent adjuvant (post-surgical) treatment were considered for the numerator.

The following flowchart was applied:



QI 26b: Proportion of operated patients receiving subsequent/adjvant anticancer treatment, if any, with a maximum waiting time of 60 days (between date of surgery and date of first session of radiotherapy or chemotherapy)

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who had surgery and received subsequent/adjvant anticancer treatment (radiotherapy and/or chemotherapy) maximum 60 days after their surgery.

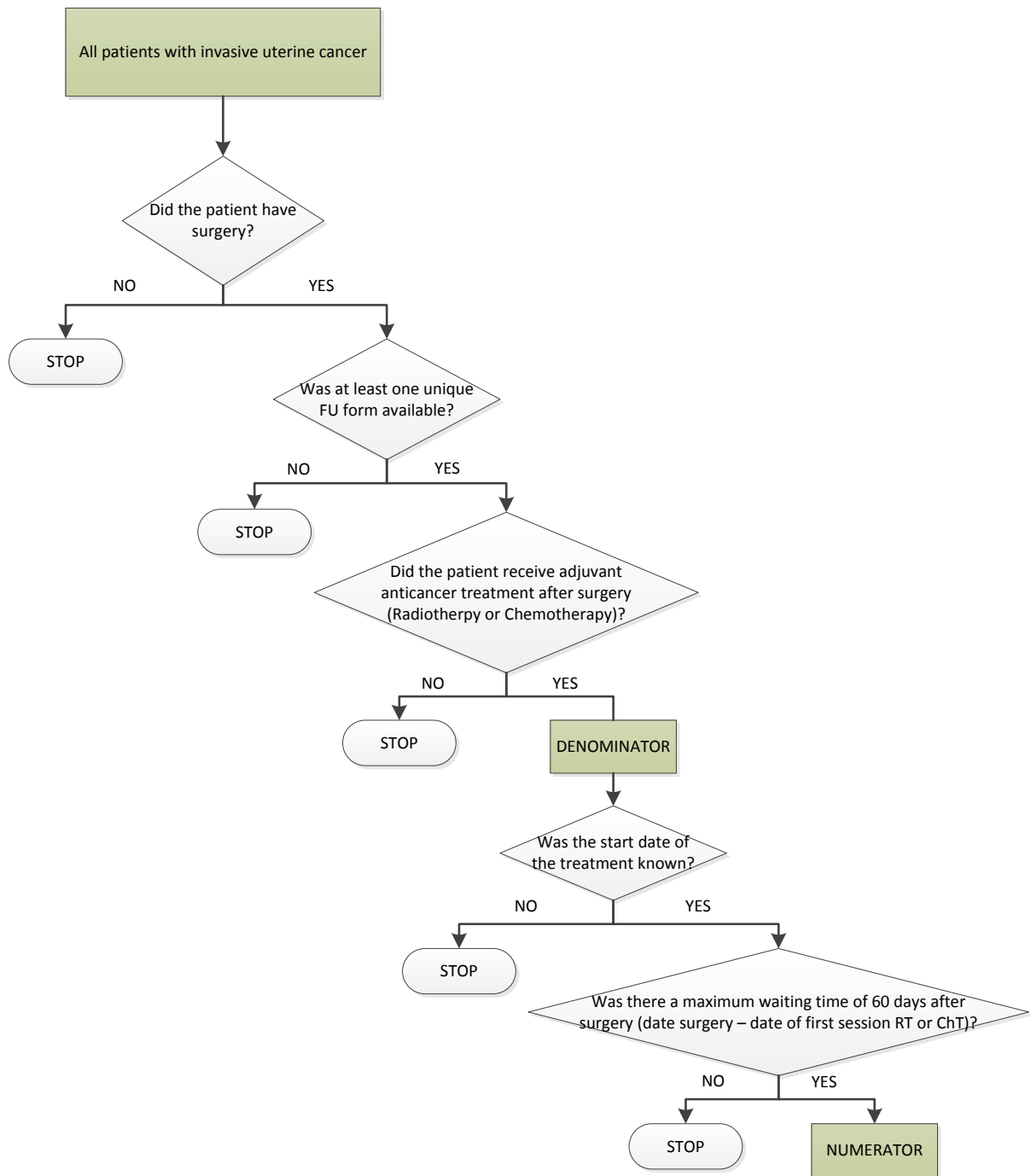
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention, who received subsequent/adjvant anticancer treatment.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who underwent adjuvant (post-surgical) treatment was selected. Next, the patients for whom the start date of the adjuvant treatment was known were considered. From these groups, the number of patients for whom the waiting period between date of surgery and start date of adjuvant (chemotherapy or radiotherapy) treatment was 60 days or shorter, was defined as the numerator.

The following flowchart was applied:



QI 27: Proportion of patients who received external radiotherapy as adjuvant treatment for whom the technique was IMRT or 3DCRT

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who had surgery and received subsequent/adjuvant external radiotherapy treatment for whom the technique used was IMRT or 3DCT.

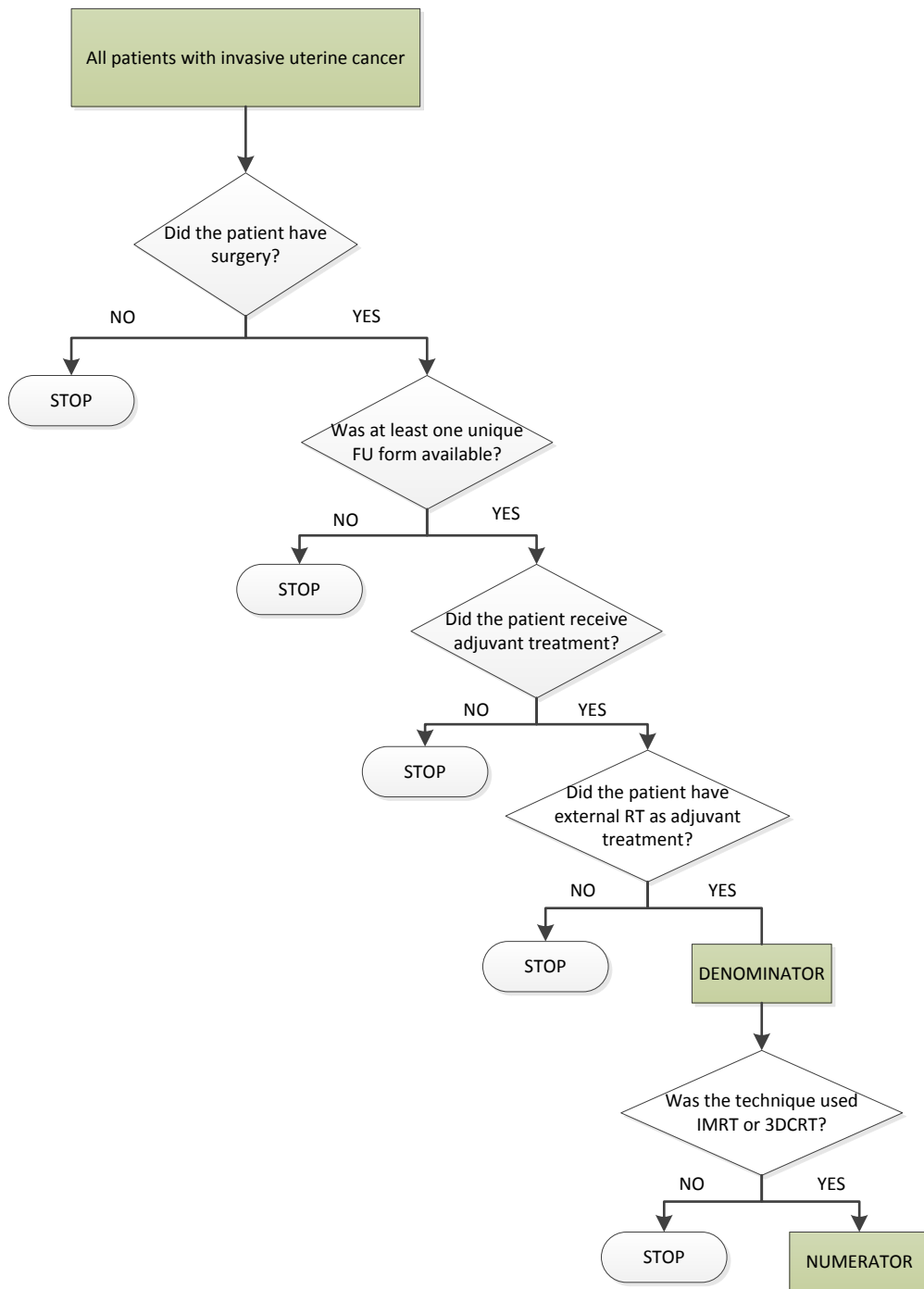
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention, and received subsequent/adjuvant external radiotherapy treatment.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of operated patients with invasive uterine cancer for whom at least 1 FU registration is available were selected. When the patient received adjuvant therapy, the number of patients who underwent adjuvant radiotherapy and who were treated with IMRT or 3DCT were determined. The patients who comply with these specifications were included in the numerator.

The following flowchart was applied:



QI 28: Proportion of patients with clinical stage I or stage II cancer who were not operated who received radiotherapy (intra-uterine brachytherapy +/- pelvic radiotherapy)

No treatment data were asked when the patient did not undergo surgery. Will be calculated by means of nomenclature data.

QI 29: Proportion of pathological stage I patients with at least 2 of the following 3 risk factors (age \geq 60 years, > 50% invasion of myometrium or grade 3) who were operated but did not have lymphadenectomy, who received adjuvant radiotherapy (EBRT + brachy) – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (type endometrial carcinoma) with pathological stage I showing at least 2 risk factors (age \geq 60 years, > 50% invasion of myometrium or grade 3) who were operated but did not have lymphadenectomy and received adjuvant radiotherapy (EBRT and/or brachytherapy).

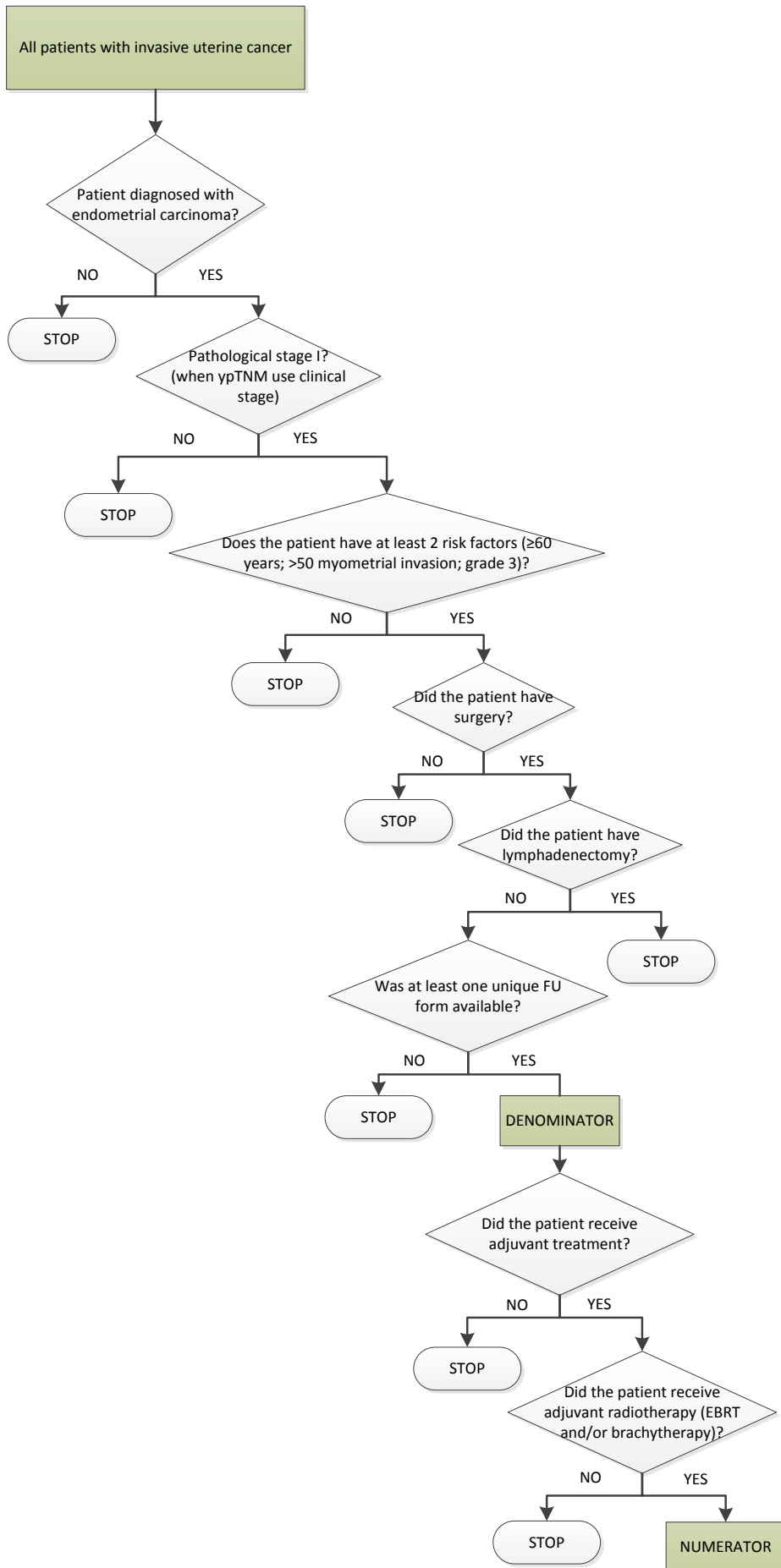
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrial carcinoma) with pathological stage I showing at least 2 risk factors (age \geq 60 years, > 50% invasion of myometrium or grade 3) and who were operated but did not have lymphadenectomy.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type endometrial carcinoma) who were diagnosed with pathological stage I were first selected. Patients who underwent neoadjuvant treatment and for whom only a ypTNM can be obtained were selected based on the clinical stage (cstage I). From this group, patients who had at least 2 risk factors were retained. The risk factors included age higher than 60 years, >50% of the myometrium invaded or the presence of a grade 3 tumour. For further selection, patients who were operated but did not undergo lymphadenectomy were taken into consideration. Only patients for whom a unique follow-up form was available were included in the further analyses (denominator). The proportion of patients that underwent adjuvant treatment, more specifically adjuvant radiotherapy (EBRT and/or brachytherapy) represent the numerator.

The following flowchart was applied:



QI 30: Proportion of pathological stage I patients with at least 2 of the following 3 risk factors (age ≥ 60 years, > 50% invasion of myometrium or grade 3) who received adjuvant radiotherapy for whom radiotherapy was vaginal brachytherapy – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (type endometrial carcinoma) who are operated and show a pathological stage I with at least 2 of the following 3 risk factors (age ≥ 60 years, > 50% invasion of myometrium or grade 3) for whom the adjuvant radiotherapy consisted out of vaginal brachytherapy.

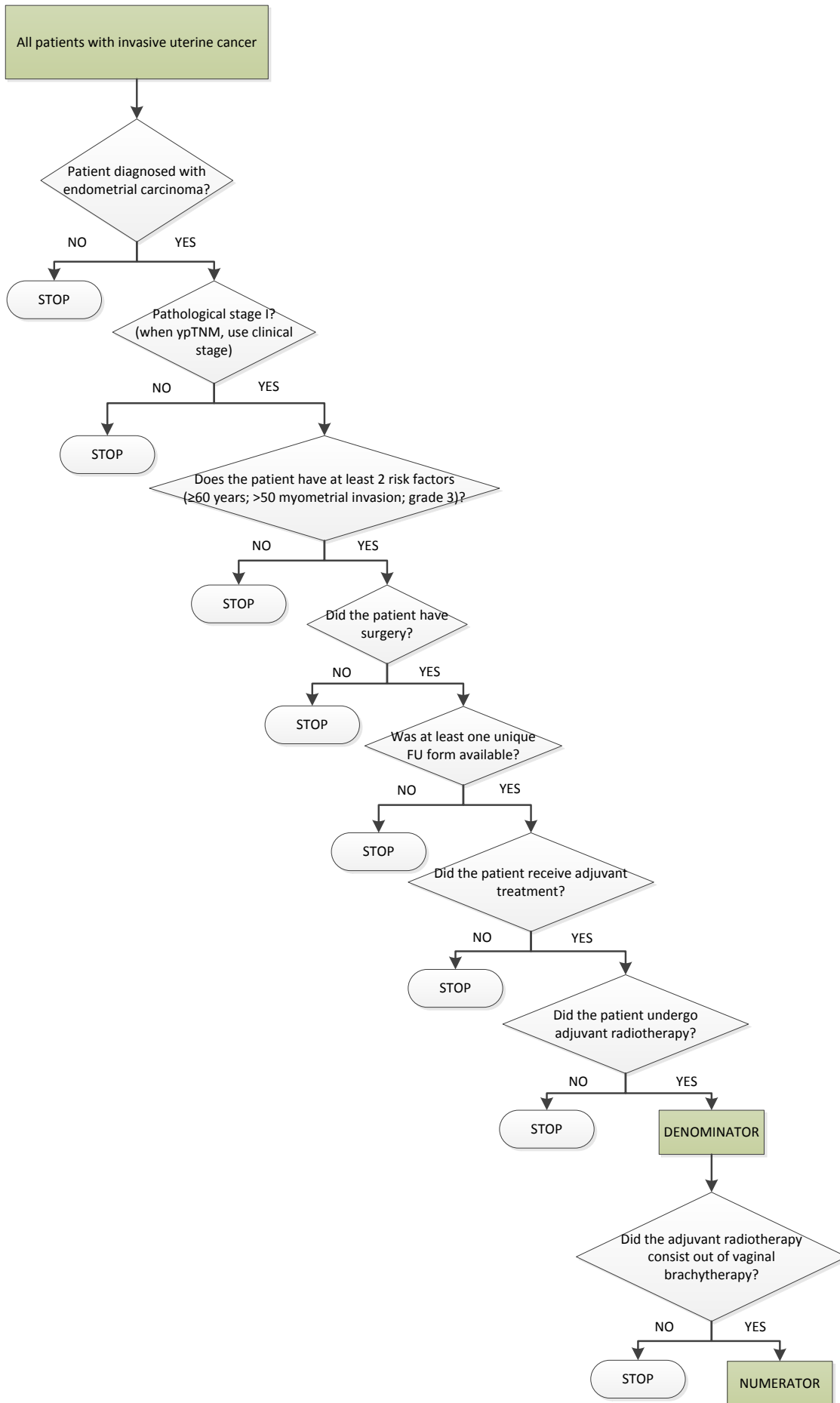
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrial carcinoma) who are operated and show a pathological stage I and at least 2 risk factors (age ≥ 60 years, > 50% invasion of myometrium or grade 3) who received adjuvant radiotherapy.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type endometrial carcinoma) who were diagnosed with pathological stage I were first selected. Patients who underwent neoadjuvant treatment and for whom only a ypTNM can be obtained were selected based on the clinical stage (cstage I). From this group, patients who had at least 2 risk factors were retained. The risk factors included age higher than 60 years, >50% of the myometrium invaded or the presence of a grade 3 tumour. Further selection only included patients who were operated and for whom at least one unique follow-up form was available. From the patients who received adjuvant therapy, the group who received adjuvant radiotherapy represents the denominator. The numerator includes the proportion of patients who specifically underwent vaginal brachytherapy.

The following flowchart was applied:



QI 31: Proportion of operated patients with low risk for recurrence (pathological stage IA and Grade 1 or 2) who received any form of post-operative radiotherapy – Type I endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type I endometrial carcinoma) who were operated and who do not show any risk factor for recurrence (stage IA and grade 1 or 2) and received any form of post-operative radiotherapy.

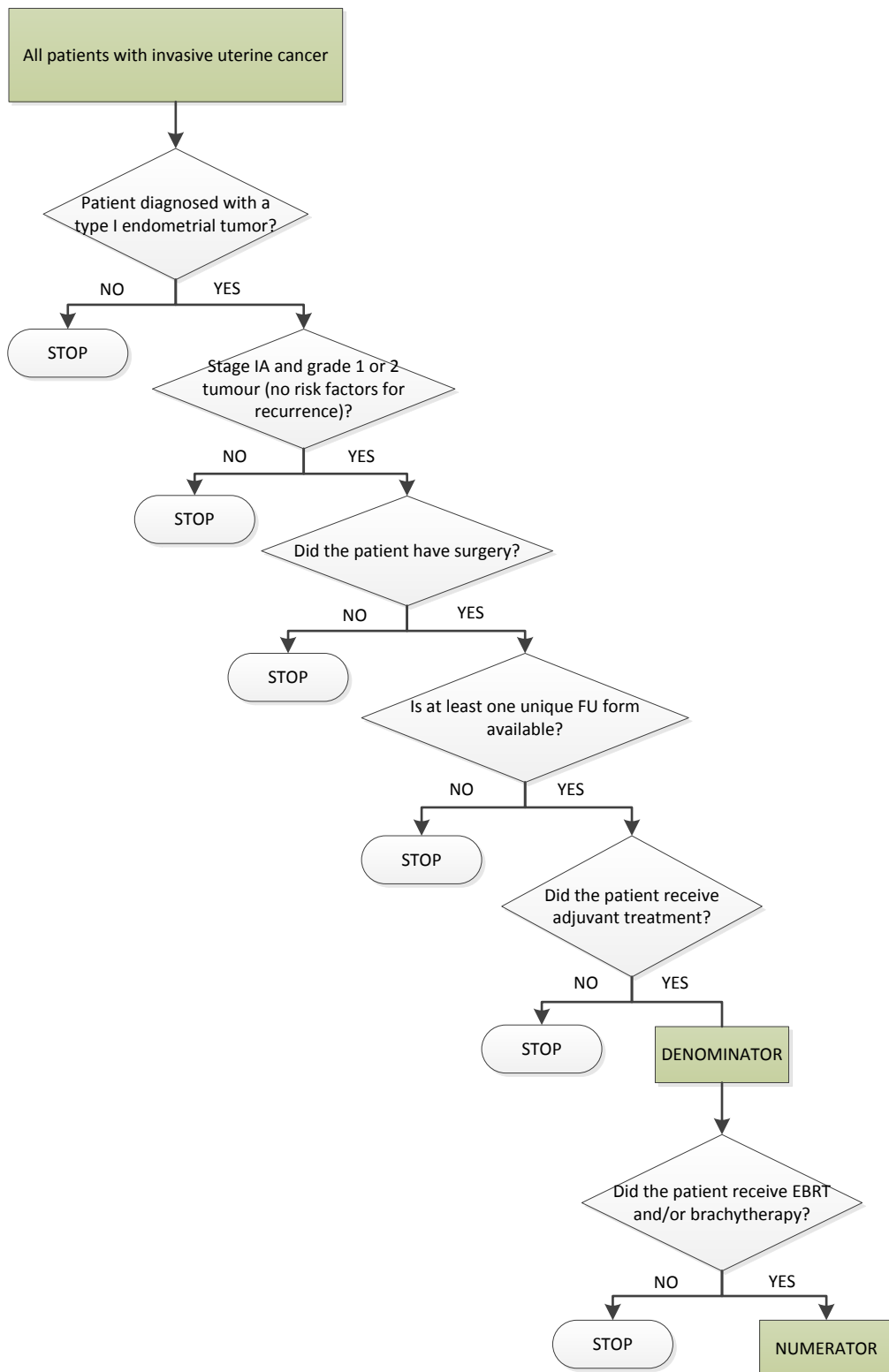
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type I endometrial carcinoma) who were operated and who do not show any risk factor for recurrence (stage IA and grade 1 or 2).

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type I endometrial carcinoma; 8262/3, 8263/3, 8380/3, 8382/3, 8383/3, 8480/3 and 8570/3) who were diagnosed with pathological stage IA and grade 1 or 2 (no risk factors for recurrence) were first selected. Patients who underwent neoadjuvant treatment and for whom only a ypTNM can be obtained were selected based on the clinical stage (cstage IA). The proportion of patients from this group who were operated and for whom at least one unique FU form was available was considered as the denominator. When the patient received adjuvant therapy, it was determined whether the patient underwent post-operative radiotherapy (EBRT and/or brachytherapy). When the answer was positive, the patients were included in the numerator.

The following flowchart was applied:



QI 32: Proportion of operated patients with stage I and low grade endometrial stromal sarcoma or leiomyosarcoma who received radiotherapy

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type uterine sarcoma) with pathological stage I and low grade endometrial stromal sarcoma or leiomyosarcoma who underwent a surgical intervention and received adjuvant radiotherapy.

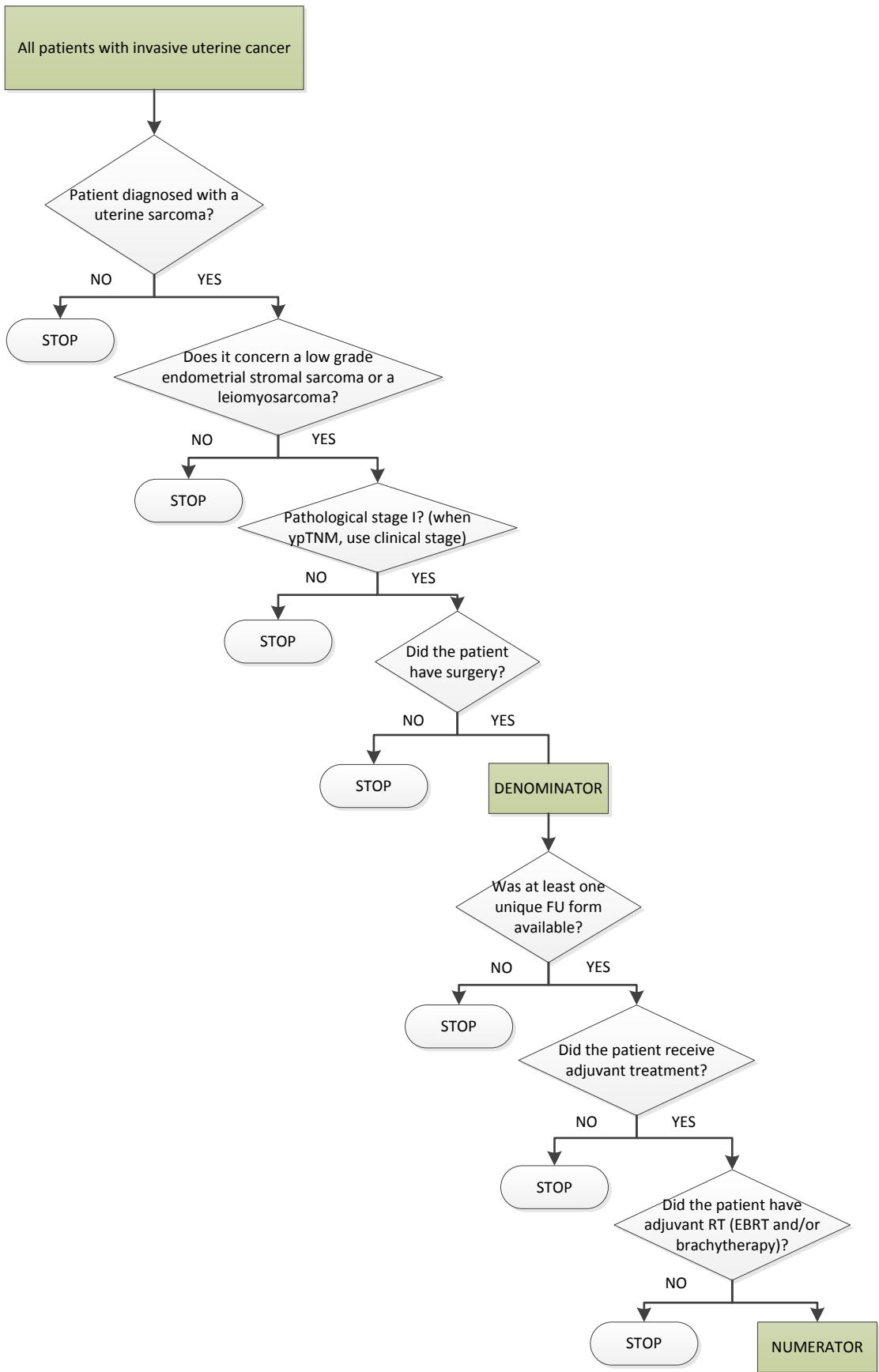
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type uterine sarcoma) with pathological stage I and low grade endometrial stromal sarcoma or leiomyosarcoma who underwent a surgical intervention.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the patients with invasive uterine cancer (type stromal sarcoma) who were diagnosed with pathological stage I or low grade endometrial stromal sarcoma or leiomyosarcoma (8890/3, 8891/3, 8896/3 and 8931/3) were selected. Patients who underwent neoadjuvant treatment and for whom only a ypTNM can be obtained were selected based on the clinical stage (cstage I). The proportion of patients that underwent a surgical resection represents the denominator. Then we looked whether at least one unique FU form was available for these patients. When the patient received adjuvant therapy, it was determined whether the patient underwent adjuvant treatment, more specifically adjuvant radiotherapy (EBRT and/or brachytherapy). When the answer was positive, the patients were included in the numerator.

The following flowchart was applied:



QI 33: Proportion of patients who received postoperative adjuvant chemotherapy for whom regimen included platinum-based drugs

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who were operated and received postoperative adjuvant chemotherapy for whom the regimen included platinum-based drugs.

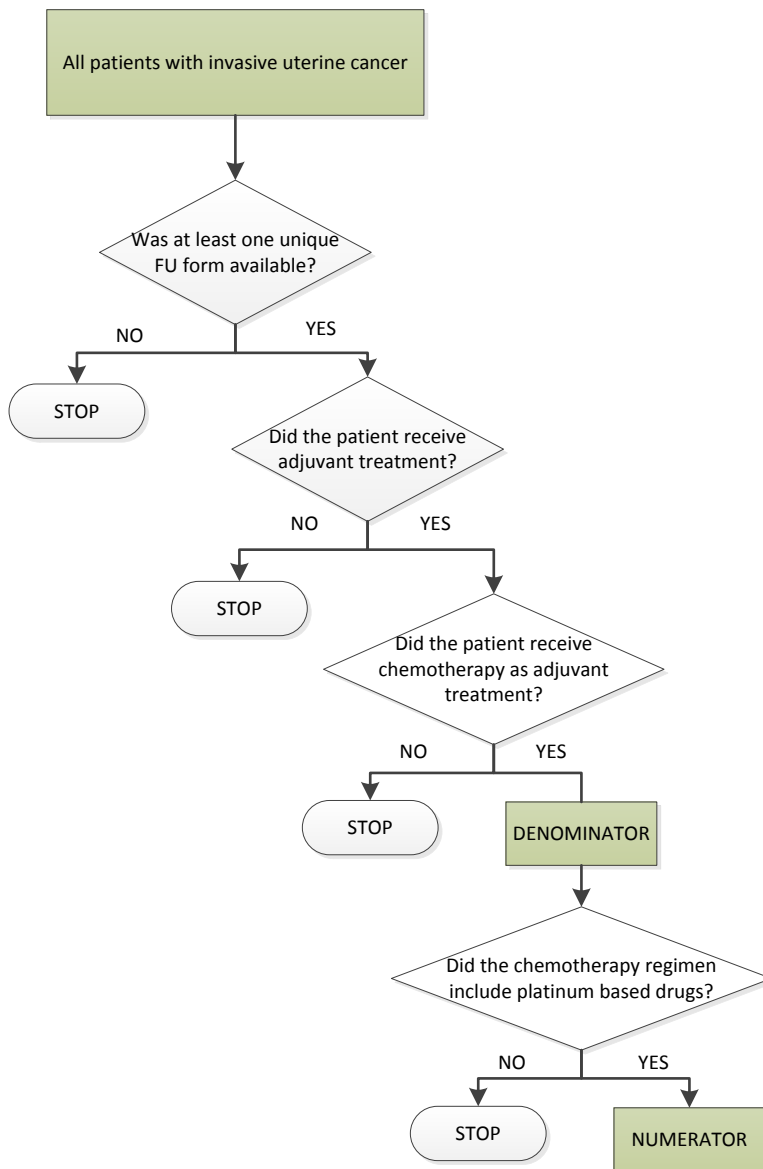
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention, who received subsequent/adjuvant chemotherapy treatment.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of operated patients with invasive uterine cancer for whom at least 1 FU registration is available was determined. Patients who underwent adjuvant (post-surgical) treatment were selected. From the total group of patients who underwent adjuvant therapy the patients treated with chemotherapy were selected. The patients for whom the chemotherapy regimen included platinum-based drugs were included in the numerator.

The following flowchart was applied:



QI 34: Proportion of patients with advanced cancer (pathological stages III or IVa) who underwent surgery who received chemotherapy – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (endometrial carcinoma) with pathological stage III or IVa who were operated, for whom the adjuvant treatment consisted out of chemotherapy.

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (endometrial carcinoma) with pathological stage III or IVa who were operated.

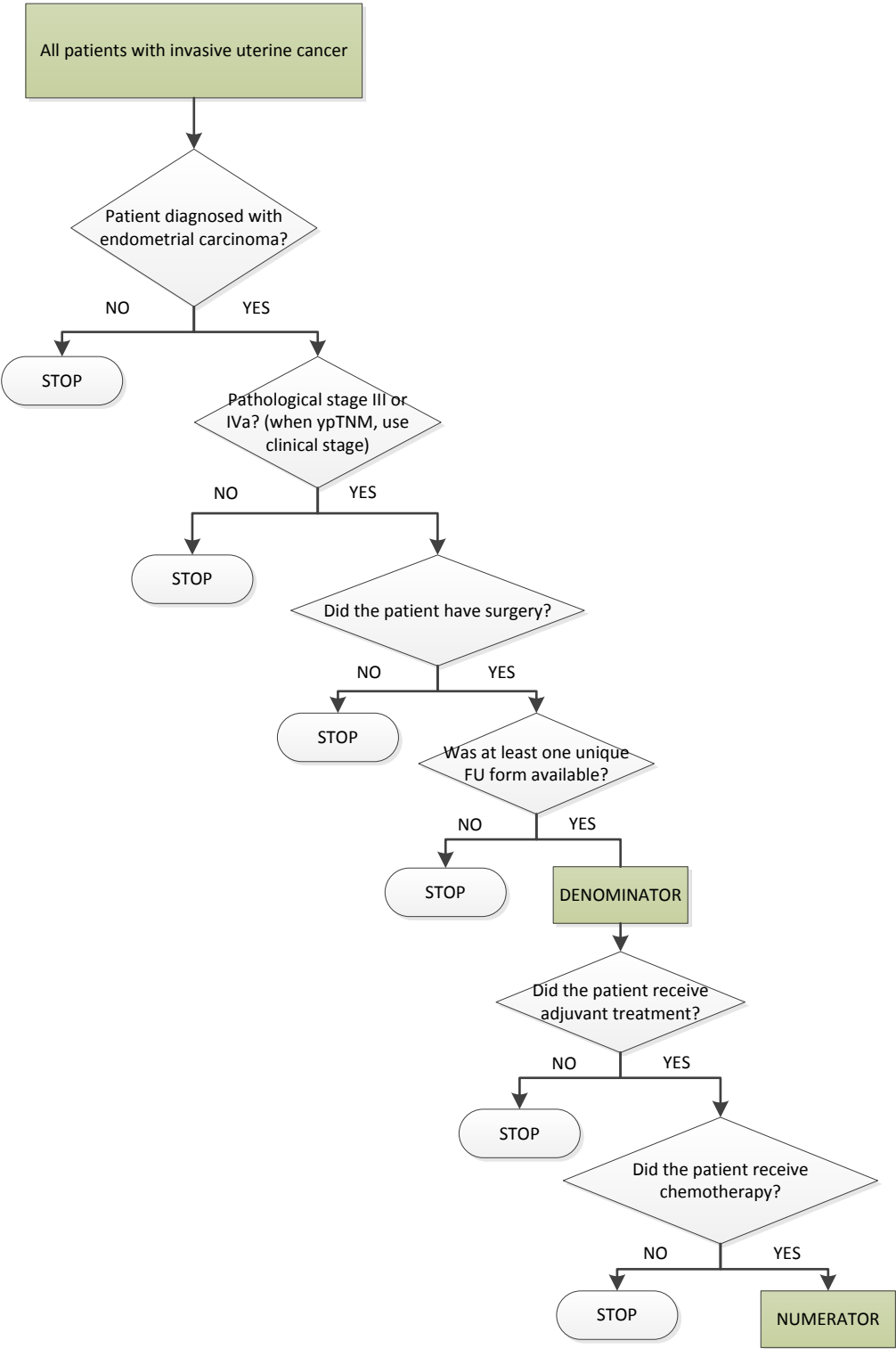
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type endometrial carcinoma⁸) who were diagnosed with pathological stage III or IVa and underwent surgery were first selected. Patients who underwent neoadjuvant treatment and for whom only a ypTNM can be obtained were selected based on the clinical stage (cstage III or IV). Only patients for whom a unique follow-up form was available were included in the denominator. Patients who received any form of adjuvant therapy were further considered. The numerator is formed by the number of patients who underwent adjuvant chemotherapy.

⁸ For the histology codes considered: see annex 1 (“carcinoma”)

The following flowchart was applied:



QI 35: Proportion of pathological stage I patients with at least 2 of the following 3 risk factors (age ≥ 60 years, > 50% invasion of myometrium or grade 3) who were operated but did not have lymphadenectomy, who received adjuvant chemotherapy – endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer (endometrial carcinoma) with pathological stage I showing at least 2 risk factors (age ≥ 60 years, > 50% invasion of myometrium or grade 3) who were operated but did not have lymphadenectomy, who received adjuvant chemotherapy.

Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (endometrial carcinoma) with pathological stage I showing at least 2 risk factors (age ≥ 60 years, > 50% invasion of myometrium or grade 3) who were operated but did not have lymphadenectomy.

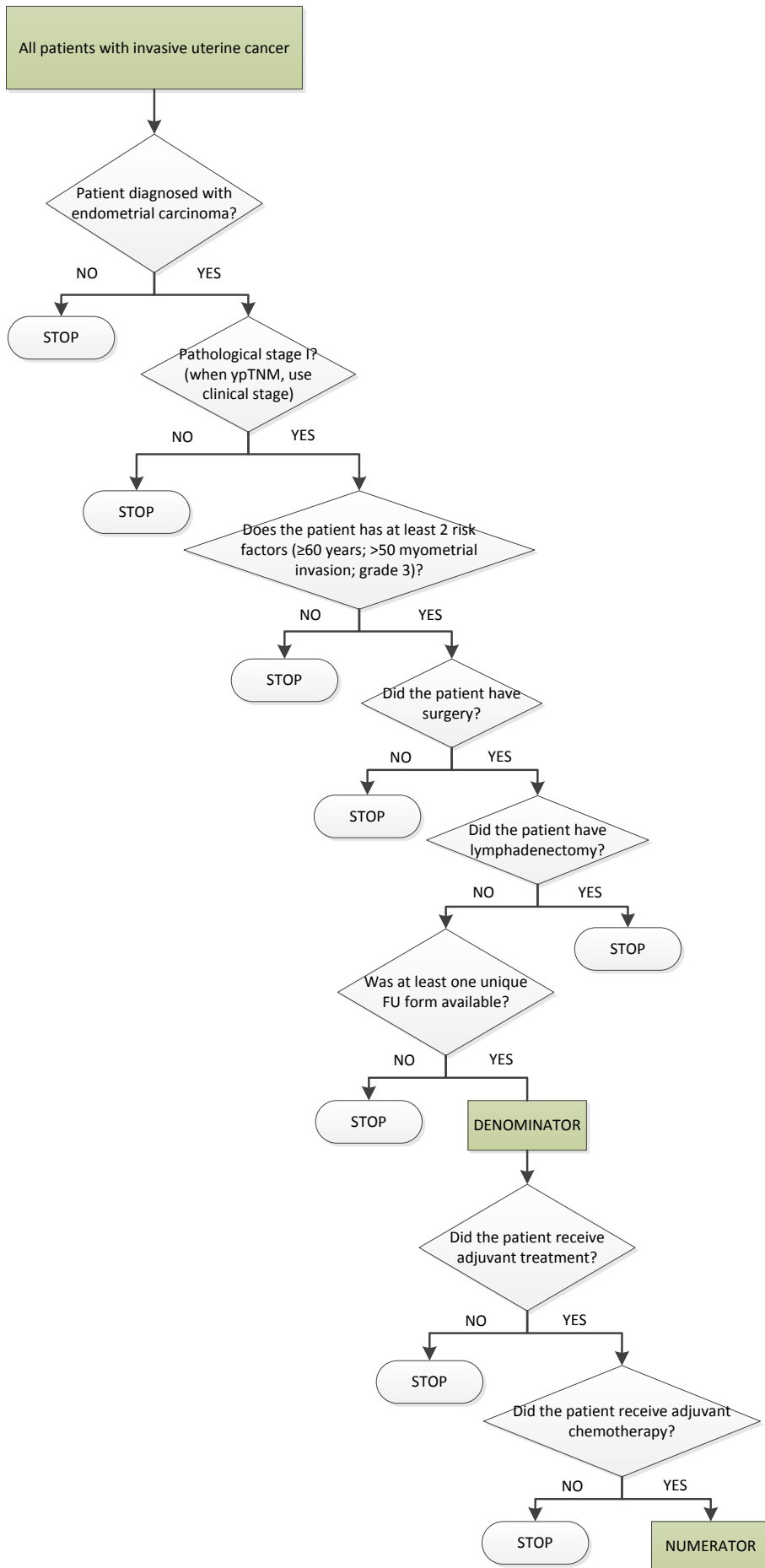
Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer (endometrial carcinoma⁹) who were diagnosed with pathological stage I were first selected. Patients who underwent neoadjuvant treatment and for whom only a ypTNM can be obtained were selected based on the clinical stage (cstage I). From this group, patients who had at least 2 risk factors were retained. The risk factors included age higher than 60 years, >50% of the myometrium invaded or the presence of a grade 3 tumour. For further selection, patients who were operated but did not undergo lymphadenectomy were taken into consideration. Only patients for whom a unique follow-up form was available were included in the further analyses and represent the denominator. The proportion of patients who received adjuvant chemotherapy represents the numerator.

The following flowchart was applied:

⁹ For the histology codes considered: see annex 1 (“carcinoma”)



QI 36: Proportion of operated patients at low risk of recurrence (pathological stage IA and grade 1 or 2) who received post-operative adjuvant chemotherapy – Type I endometrial carcinoma only

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type I endometrial carcinoma) who were operated and who show low risk for recurrence (pathological stage IA and grade 1 or 2) and received any form of post-operative adjuvant chemotherapy.

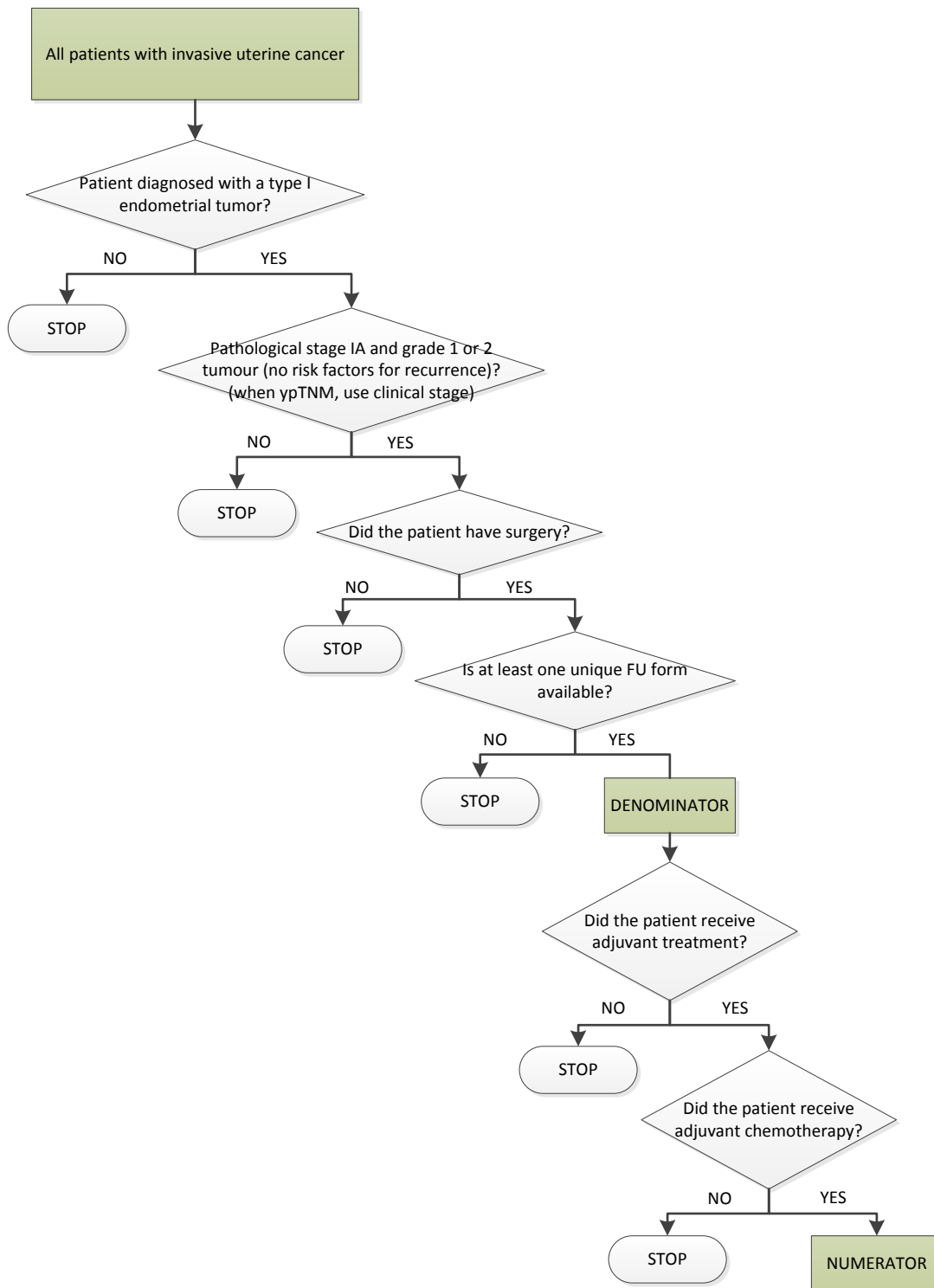
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type I endometrial carcinoma) who were operated and who show low risk for recurrence (pathological stage IA and grade 1 or 2).

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator

For the calculation of the indicator, the total number of patients with invasive uterine cancer (type I endometrial carcinoma; 8262/3, 8263/3, 8380/3, 8382/3, 8383/3, 8480/3 and 8570/3) who were diagnosed with pathological stage IA and grade 1 or 2 (who show low risk for recurrence) were first selected. Patients who underwent neoadjuvant treatment and for whom only a ypTNM can be obtained were selected based on the clinical stage (cstage IA). The proportion of patients from this group who were operated and for whom at least one unique FU form was available was considered as the denominator. When the patient received adjuvant therapy, it was determined whether the patient underwent post-operative adjuvant chemotherapy. When the answer was positive the patients were included in the numerator.

The following flowchart was applied:



QI 37: Proportion of patients with endometrioid (stage IVB) adenocarcinoma cancer with positive hormonal receptors, who receive hormone therapy (progesterone or AI)

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer type endometrioid adenocarcinoma (stage IVB) who have positive hormonal receptors and who had adjuvant hormone therapy (progesterone or AI).

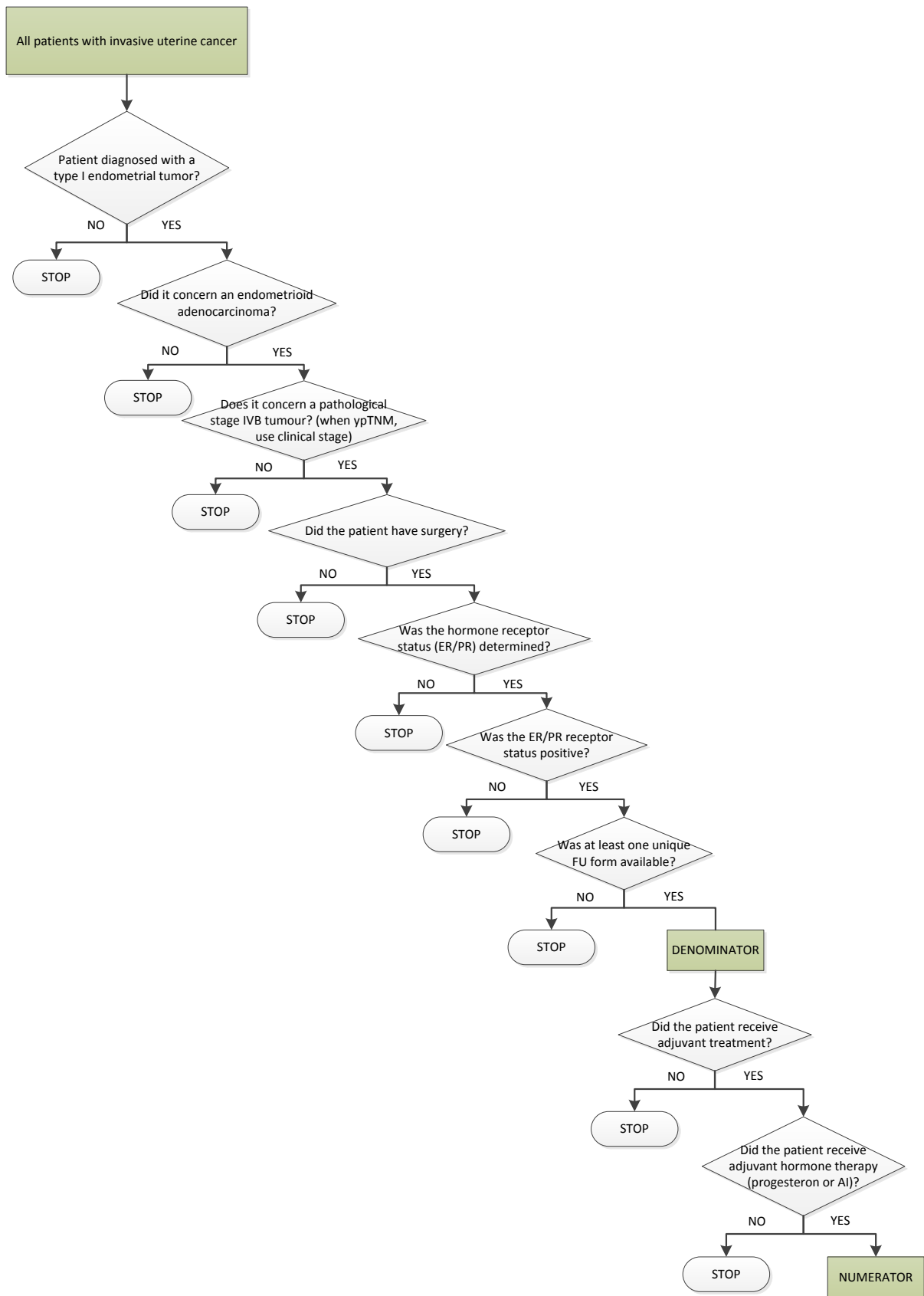
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type endometrioid adenocarcinoma) with endometrioid adenocarcinoma (stage IVB) who have positive hormonal receptors.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who were diagnosed with endometrioid adenocarcinoma (8380/3) (stage IVB) was selected. Patients who underwent neoadjuvant treatment and for whom only an ypTNM can be obtained were selected based on the clinical stage (cstage IVB). Further selection concerned the patients who had surgery and for whom the hormonal receptors (ER and PR) were determined. When patients showed positive hormone receptors, they were included in the denominator. Then we looked whether at least one unique FU form was available for these patients. When the patient received adjuvant therapy, it was determined whether the patient underwent adjuvant hormone therapy with the treatment including progesterone or aromatase inhibitor (AI). When the answer was positive, the patients were included in the numerator.

The following flowchart was applied:



QI 38: Proportion of operated patients with clinical or pathological stage II to IV endometrial stromal sarcomas who received post-operative hormone treatment

Definition of the indicator:

Numerator: All women diagnosed with invasive (behaviour 3) uterine cancer (type uterine sarcoma) with clinical or pathological stage II to IV endometrial stromal sarcoma who underwent surgery and who received post-operative hormone treatment.

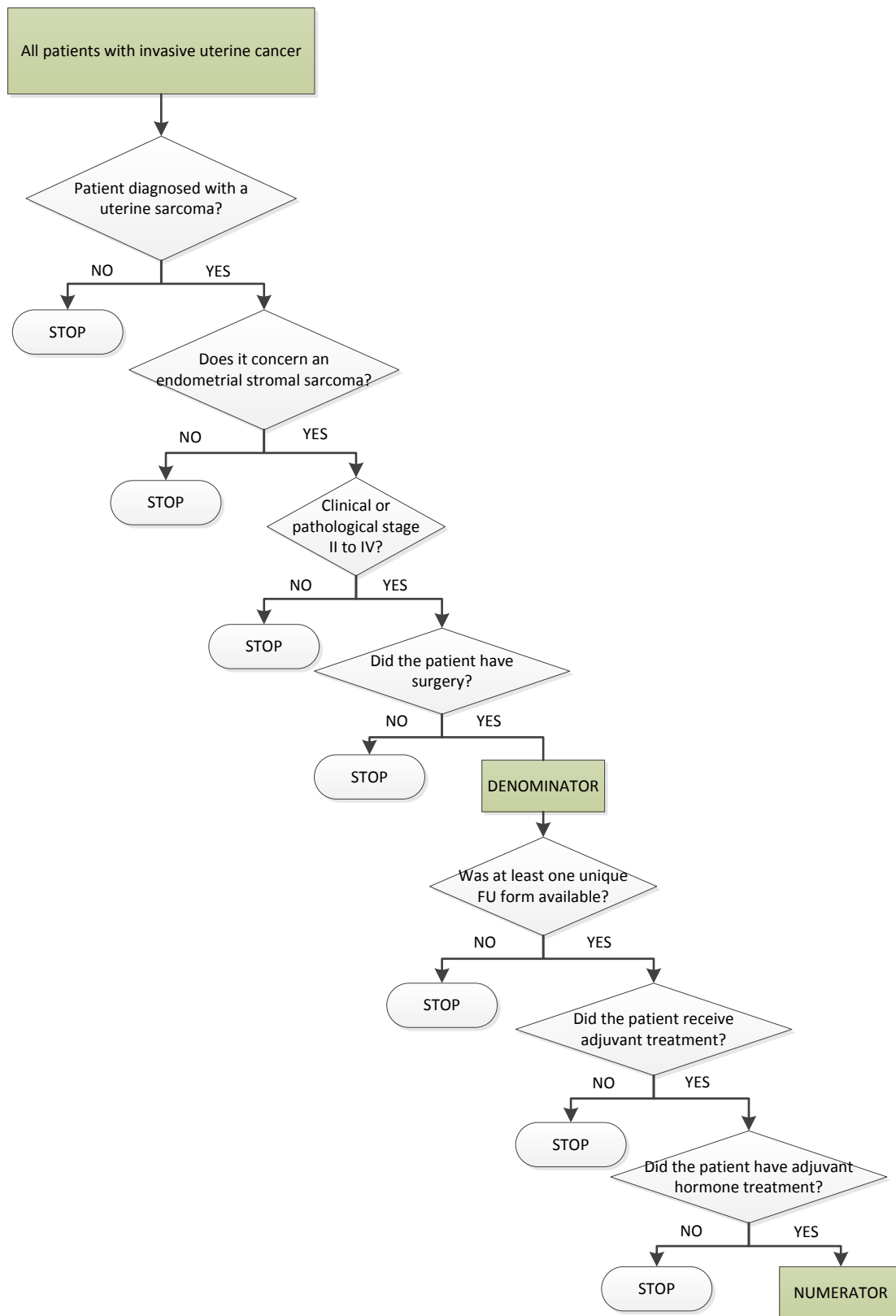
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) (type uterine sarcoma) with clinical or pathological stage II to IV endometrial stromal sarcoma who underwent a surgical intervention.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the patients with invasive uterine cancer (type stromal sarcoma; 8930/3 and 9831/3) who were diagnosed with endometrial stromal sarcoma were selected. A subgroup of patients with clinical or pathological stage II to IV endometrial stromal sarcoma were included in further analyses. The proportion of patients who had surgery was considered for the denominator. It was then determined whether at least one unique FU form was available for these patients. When the patient received adjuvant therapy, it was determined whether the patient underwent adjuvant treatment, more specifically post-operative hormone treatment. When the answer was positive, the patients were included in the numerator

The following flowchart was applied:



QI 39: Proportion of patients operated who died within the 30 days after the operation (30-days mortality)

Definition of the indicator:

Numerator: All women diagnosed with invasive uterine cancer who were operated and who died within 30 days after the operation (30-days mortality).

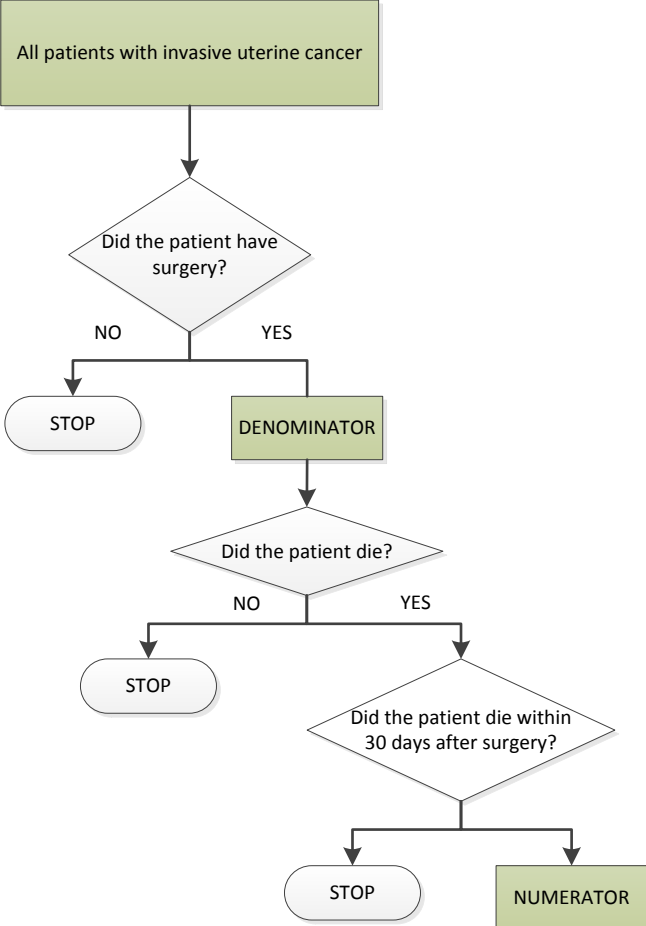
Denominator: All women diagnosed with invasive (behaviour 3) uterine cancer (C54 and C55.9) who underwent a surgical intervention.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

For the calculation of the indicator, the total number of patients with invasive uterine cancer who underwent surgery was selected (denominator). From this group, the patients who died following this surgery were considered. The patients who died within 30 days after the surgical intervention were included in the numerator.

The following flowchart was applied:



QI 40: Observed survival proportion

Definition of the indicator:

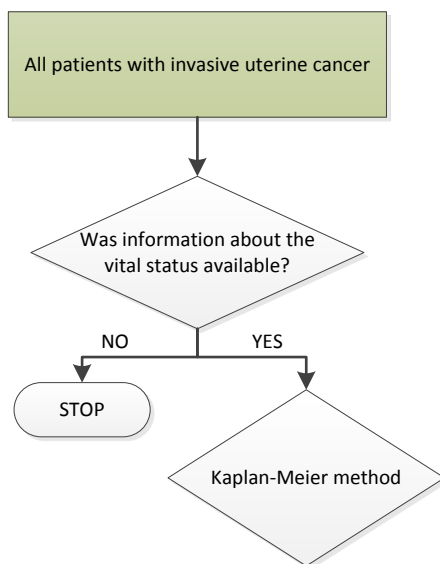
Proportion of women diagnosed with invasive uterine cancer who are still alive 1 year and 3 years after diagnosis. The death event for observed survival was death due to any cause.

Calculation of the indicator:

The indicator was calculated as a percentage based on the above defined numerator and denominator.

Patients with unknown vital status are omitted. The Kaplan-Meier method was used to estimate observed survival proportions

The following flowchart was applied:



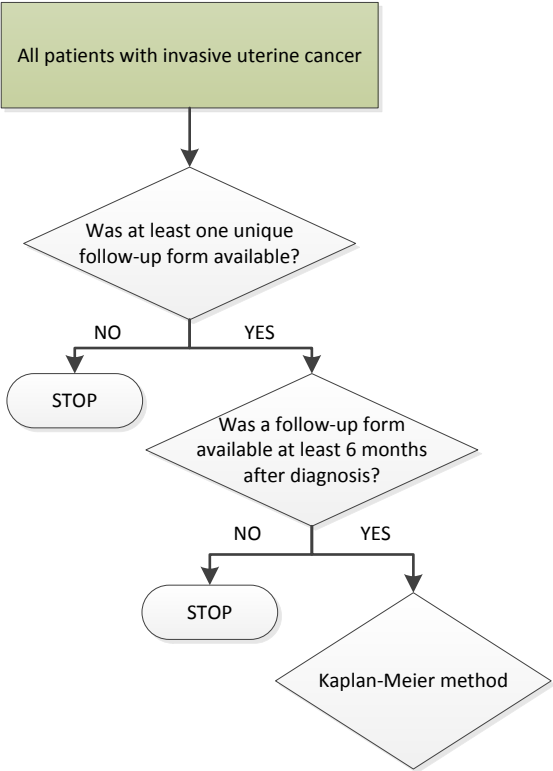
QI 41: Proportion of patients who are alive without uterine cancer 1 year after their diagnosis (1-year disease free survival)

Definition of the indicator:

Proportion of women diagnosed with invasive uterine cancer who are still alive without cancer 1 year after diagnosis. The death event for disease-free survival was local or distant metastasis or death due to any cause, whichever came first.

Calculation of the indicator:

Patients with unknown vital status are omitted. Patients for whom at least one follow-up form was available were included in the analyses. The Kaplan-Meier method was used to estimate observed survival proportions



Annex 1. Overview of the histology codes used in the feedback document

Carcinoma/Sarcoma	Histology	
N.a.	8000/3	Neoplasm. malignant
Carcinoma	8010/3	Carcinoma, NOS
Carcinoma	8012/3	Large cell carcinoma, NOS
Carcinoma	8015/3	Glassy cell carcinoma
Carcinoma	8020/3	Carcinoma, undifferentiated, NOS
Carcinoma	8041/3	Small cell carcinoma, NOS
Carcinoma	8070/3	Squamous cell carcinoma, NOS
Carcinoma	8120/3	Transitional cell carcinoma, NOS
Carcinoma	8140/3	Adenocarcinoma, NOS
Carcinoma	8200/3	Adenoid cystic carcinoma
Carcinoma	8211/3	Tubular adenocarcinoma
Carcinoma	8262/3	Villous adenocarcinoma
Carcinoma	8263/3	Villoglandular adenocarcinoma
Carcinoma	8290/3	Oxyphilic adenocarcinoma
Carcinoma	8310/3	Clear cell adenocarcinoma, NOS
Carcinoma	8323/3	Mixed cell adenocarcinoma
Carcinoma	8380/3	Endometrioid adenocarcinoma, NOS
Carcinoma	8382/3	Endometrioid adenocarcinoma, secretory variant
Carcinoma	8383/3	Endometrioid adenocarcinoma, ciliated cell variant
Carcinoma	8441/3	Serous carcinoma, NOS
Carcinoma	8480/3	Mucinous adenocarcinoma
Carcinoma	8481/3	Mucin-producing adenocarcinoma
Carcinoma	8490/3	Signet ring cell carcinoma
Carcinoma	8560/3	Adenosquamous carcinoma
Carcinoma	8562/3	Epithelial-myoeptithelial carcinoma
Carcinoma	8570/3	Adenocarcinoma with squamous metaplasia/differentiation
Sarcoma	8800/3	Sarcoma, NOS
Sarcoma	8802/3	Giant cell sarcoma
Sarcoma	8805/3	Undifferentiated stromal sarcoma
Sarcoma	8830/3	Malignant fibrous histiocyoma
Sarcoma	8890/3	Leiomyosarcoma, NOS
Sarcoma	8891/3	Epithelioid leiomyosarcoma
Sarcoma	8895/3	Myosarcoma
Sarcoma	8896/3	Myxoid leiomyosarcoma
Sarcoma	8900/3	Rhabdomyosarcoma
Sarcoma	8930/3	Endometrial stromal sarcoma, high grade / NOS
Sarcoma	8931/3	Endometrial stromal sarcoma, low grade
Sarcoma	8933/3	Adenosarcoma
Carcinoma	8950/3	Carcinosarcoma, NOS
Carcinoma	8980/3	Malignant Mullerian mixed tumour
Sarcoma	8990/3	Mesenchymoma, malignant

Carcinoma/Sarcoma	Histology	
Carcinoma	9110/3	Mesonephroma, malignant
Sarcoma	9120/3	Hemangiosarcoma
Sarcoma	9180/3	Osteosarcoma, NOS
Sarcoma	9220/3	Chondrosarcoma, NOS
Sarcoma	9260/3	Ewing sarcoma
Sarcoma	9364/3	Peripheral neuroectodermal tumor
Sarcoma	9540/3	Malignant peripheral nerve sheath tumor
Sarcoma	9581/3	Alveolar soft part sarcoma