

# Appendix: Oncological Breast Cancer Care in Selected European Countries



Cross-sectoral cancer care models



# Oncological Breast Cancer Care in Selected European Countries

Cross-sectoral cancer care models

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# 1 Appendix

Tables Place of Health Care Provision and the involved Health Care Professions:

# Austria

Table 1-1: Place of health care provision and the involved health care professions in Austria

Where and by wh	om are the following health care service (e.g. in- and outpatient setting	-			•		re provided in your country		
Health care services for breast cancer pa- tients	<b>Health care infrastructures</b> (e.g., hospitals, laboratories, home treatment)	Inpa- tient	Hospital outpa- tient clinic	Outpatient setting (GPs, oncologists, gy- naecologists)	Home treat- ment	External labora- tory/ radi- ology	Health care professions (e.g., oncologists, clini- cians, cancer nurses, out- patient oncologists, cancer nurses)		
Diagnosis									
Physical examination	hospital outpatient clinic, outpatient setting (GP, gynaecologist clinic)		×	⊠			gynaecologists, oncolo- gists, surgeons, radiolo- gists, breast care nurses, GPs		
Blood sample	hospital outpatient clinic (internal lab) and external laboratories		×			⊠	laboratory staff		
Diagnostic imaging techniques (X-ray, MRI, etc.)	hospital outpatient clinic, external radiology		×			×	radiologists		

Health care services for breast cancer pa- tients	<b>Health care infrastructures</b> (e.g., hospitals, laboratories, home treatment)	Inpa- tient	Hospital outpa- tient clinic	Outpatient setting (GPs, oncologists, gy- naecologists)	Home treat- ment	External labora- tory/ radi- ology	Health care professions (e.g., oncologists, clini- cians, cancer nurses, out- patient oncologists, cancer nurses)
Staging of disease	hospital outpatient clinic, external radiology		×			×	surgeons, radiologists, oncologists, gynaecol- ogists, breast care nurses
Biopsy for diagno- sis/tissue histology	hospital outpatient clinic		×				radiologists
Genetic analysis of the tumour	hospital outpatient clinic (internal lab), external laboratory		×			⊠	human geneticists, labor- atory staff, pathologists, oncologists, surgeons
Patient support							
Psycho-oncological care	hospital outpatient clinic, outpatient setting (including Krebshilfe)		×	×			psych oncologists
Fertility counselling	hospital outpatient clinic, outpatient setting		×	×			surgeons, oncologists, gy- naecologists, breast care nurses
Sexual health	hospital outpatient clinic, outpatient setting, Krebshilfe		×	×			psych oncologist, gynae- cologist
Prosthetic devices (e.g., wigs & bras)	hospital outpatient clinic		×				surgeons, gynaecologists, breast care nurses
Genetic counselling	hospital outpatient clinic, external la- boratory		⊠			⊠	surgeon, human geneti- cist, oncologist, gynaecol- ogist,

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. **Health care professions** Hospital Outpatient **External** (e.g., oncologists, clini-Health care services Home Health care infrastructures (e.g., hossetting (GPs, outpalabora-Inpafor breast cancer pacians, cancer nurses, outtreatoncologists, gytory/ radipitals, laboratories, home treatment) tient tient tients patient oncologists, cancer ment clinic naecologists) ology nurses) hospital outpatient clinic, outpatient social workers, breast care X X Clinical social work setting (including Krebshilfe) nurses X  $\boxtimes$ breast care nurses, sur-Discharge planning inpatient, hospital outpatient clinic geons, gynaecologists, oncologists Therapy management surgeons, radiologists, oncologists, gynaecologists, breast care nurses, Multidisciplinary team  $\boxtimes$ hospital outpatient clinic radio oncologists, psych oncologists, pathologists, plastic surgeons surgeons, radiologists, oncologists, gynaecol-Treatment plan/ ogists, breast care nurses, hospital outpatient clinic X radio oncologists, therapy concept pathologists, plastic surgeons laboratory staff, (breast) hospital outpatient clinic (internal lab),  $\boxtimes$ Blood samples  $\boxtimes$ external laboratory care nurse geriatric medicine perhospital outpatient clinic  $\boxtimes$ Geriatric Assessment sonal

home treatment

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. **Health care professions** Hospital **Outpatient External** (e.g., oncologists, clini-Health care services Home Health care infrastructures (e.g., hosoutpasetting (GPs, labora-Inpafor breast cancer pacians, cancer nurses, outtreatoncologists, gytory/ radipitals, laboratories, home treatment) tient tient tients patient oncologists, cancer ment clinic naecologists) ology nurses) nuclear medicine per-Bone density measurehospital outpatient clinic X  $\boxtimes$ sonal, radiologists ment Intravenous infusion inpatient, hospital outpatient clinic  $\boxtimes$  $\boxtimes$ surgeons, radiologists (e.g. port catheter) Sentinel lymph node surgeons, nuclear mediinpatient  $\boxtimes$ biopsy cine personal Therapy options Surgery (lumpectomy surgeons, gynaecologists, inpatient  $\boxtimes$ or mastectomy) plastic surgeons Radiotherapy hospital outpatient clinic  $\boxtimes$ radio oncologists, oncologists, surgeons, gy-Medicinal tumour thernaecologists, (breast) care hospital outpatient clinic  $\boxtimes$ ару nurses Follow-up care hospital outpatient clinic, outpatient Rehabilitation rehabilitation personnel X X  $\boxtimes$ setting, home treatment inpatient, hospital outpatient clinic, palliative medicine, oncol-×  $\boxtimes$  $\boxtimes$ Palliative Care

ogists

Where and by wh	Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved.									
Health care services for breast cancer pa- tients	<b>Health care infrastructures</b> (e.g., hospitals, laboratories, home treatment)	Inpa- tient	Hospital outpa- tient clinic	Outpatient setting (GPs, oncologists, gy- naecologists)	Home treat- ment	External labora- tory/ radi- ology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)			
Breast reconstruc- tion/plastic surgery	inpatient, hospital outpatient clinic	×	×	0			plastic surgeons			

# Germany

Table 1-2: Place of health care provision and the involved health care professions in Germany

Health care services for breast cancer pa- tients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient set- ting (GPs, oncolo- gists, gynaecol- ogists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clini- cians, cancer nurses, out- patient oncologists, can- cer nurses)
Diagnosis							
Physical examination	hospital outpatient clinic, outpatient setting (outpatient oncologists), external radiology, screening		⊠	⊠		×	gynaecologists, general practitioners, radiologists
Blood sample	hospital outpatient clinic (inter- nal lab), external laboratory		×	×		×	laboratory staff
Diagnostic imaging techniques (X-ray, MRI, etc.)	hospital outpatient clinic, outpatient setting (outpatient oncologists), external radiology		×	⊠		×	radiologists
Staging of disease	hospital outpatient clinic, outpatient setting (outpatient oncologists), external radiology		☒	×		×	radiologists, oncologists
Biopsy for diagnosis/tissue histology	hospital outpatient clinic, outpatient setting (outpatient oncologists), external radiology		×	⊠		×	radiologists, oncologists & pathologists

gists)

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. **Outpatient set-Health care professions** External lating (e.g., oncologists, clini-**Health care services** Health care infrastructures Hospital Home boratory/ outpatient for breast cancer pa-(e.g., hospitals, laboratories, Inpatient cians, cancer nurses, out-(GPs, oncolotreatment tients home treatment) clinic patient oncologists, canaists, aynaecolradiology cer nurses) ogists) Genetic analysis of the hospital outpatient clinic (inter- $\boxtimes$ X laboratory staff nal lab), external laboratory tumour **Patient support** hospital outpatient clinic, outpa-Psycho-oncological psychologists ×  $\boxtimes$ tient setting (outpatient oncolocare gists) gynaecologists, reprohospital outpatient clinic, outpaductive physicians, sur-Fertility counselling tient setting (outpatient oncolo- $\boxtimes$  $\boxtimes$ geons, oncologists & gists) nurses hospital outpatient clinic, outpa-psychologists Sexual health tient setting (outpatient oncolo- $\boxtimes$  $\times$ gists) hospital outpatient clinic, outpa-Prosthetic devices (e.g., cancer nurse, oncologists tient setting (outpatient oncolo- $\boxtimes$  $\boxtimes$ wigs & bras) gists) hospital outpatient clinic, outpa- $\boxtimes$  $\boxtimes$ Genetic counselling tient setting (outpatient oncoloclinical geneticists

Blood samples

Geriatric Assessment

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. **Outpatient set-Health care professions** ting **External la-**(e.g., oncologists, clini-**Health care services** Health care infrastructures Hospital Home boratory/ (e.g., hospitals, laboratories, outpatient for breast cancer pa-Inpatient cians, cancer nurses, out-(GPs, oncolotreatment tients home treatment) clinic patient oncologists, canaists, aynaecolradiology cer nurses) ogists) hospital outpatient clinic, outpa- $\boxtimes$  $\boxtimes$ Clinical social work tient setting (outpatient oncolosocial workers gists) Discharge planning oncologists, nurses inpatient  $\boxtimes$ Therapy management surgeons, gynaecologists, hospital outpatient clinic, outpaoncologists, radiothera- $\boxtimes$ Multidisciplinary team tient setting (outpatient oncolo- $\boxtimes$  $\boxtimes$ pists, pathologists, radiolgists), external radiology ogists, nurses Surgeons, gynaecolhospital outpatient clinic, outpaogists, oncologists, radio-Treatment plan/ therapists, pathologists, tient setting (outpatient oncolo- $\boxtimes$  $\times$ therapy concept radiologists, nurses, pagists) tients hospital outpatient clinic (inter-

 $\boxtimes$ 

 $\boxtimes$ 

nal lab), external laboratory

gists)

hospital outpatient clinic, outpatient setting (outpatient oncolo-

 $\boxtimes$ 

 $\boxtimes$ 

 $\boxtimes$ 

laboratory staff

geriatric staff, physicians

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. **Outpatient set-Health care professions** ting **External la-**(e.g., oncologists, clini-**Health care services** Health care infrastructures **Hospital** Home boratory/ cians, cancer nurses, out-(e.g., hospitals, laboratories, outpatient for breast cancer pa-Inpatient (GPs, oncolotreatment tients home treatment) clinic patient oncologists, canaists, aynaecolradiology cer nurses) ogists) hospital outpatient clinic, outpa-Bone density measuretient setting (outpatient oncolo-radiologists, physicians  $\boxtimes$  $\times$ ment gists) anaesthetists, nurses, surinpatient, hospital outpatient Intravenous infusion X  $\boxtimes$ geons, oncologists, gy-(e.g. port catheter) clinic naecologists surgeons, oncologists, Sentinel lymph node nuclear medicine, physiinpatient  $\boxtimes$ biopsy cians, gynaecologists Therapy options Surgery (lumpectomy surgeons, gynaecologists inpatient  $\boxtimes$ & plastic surgeons or mastectomy) hospital outpatient clinic, outpatient setting (outpatient oncolo-× radio-oncologists Radiotherapy  $\boxtimes$ gists), external radiotherapy clinic hospital outpatient clinic, outpatient setting (outpatient oncolooncologists, nurses, Medicinal tumour ther- $\boxtimes$  $\boxtimes$ gists & gynaecologists) in case nurses, gynaecologists ару of hormonal therapy Follow-up care

Where and by whom	are the following health care serving in- and outpatient set	-			•	•	ovided in your country (e.g.
Health care services for breast cancer pa- tients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient set- ting (GPs, oncolo- gists, gynaecol- ogists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clini- cians, cancer nurses, out- patient oncologists, can- cer nurses)
Survivorship	rehabilitation units			×			rehabilitation personnel
Palliative Care	inpatient, outpatient setting (outpatient oncologists)	×		×			palliative care physician
Breast reconstruc- tion/plastic surgery	inpatient	×					surgeons & plastic sur- geons, gynaecologists

# Denmark

Table 1-3: Place of health care provision and the involved health care professions in Denmark

Health care services for breast cancer pa- tients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpa- tient	Hospital outpa- tient clinic	Outpatient setting (GPs, oncologists, gy- naecologists)	Home treat- ment	External labora- tory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)
Diagnosis						•	
Physical examination	hospital outpatient clinic, outpatient setting (GP)		×	×			clinician, GP, oncologist
Blood sample	hospital outpatient clinic (internal lab)		×				internal laboratory staff
Diagnostic imaging techniques (X-ray, MRI, etc.)	hospital outpatient clinic, external certified private radiology clinic		×			×	radiologist
Propagation diagnos- tics (e.g., staging)	hospital outpatient clinic, external certified private radiology clinic		×			⊠	radiologist
Biopsy for diagno- sis/tissue histology	hospital outpatient clinic, external certified private radiology clinic		×			⊠	radiologist, pathologist, on cologist
Genetic analysis of the tumour	hospital outpatient clinic		×				laboratory staff

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. **External** Hospital **Health care professions** Outpatient Health care services Health care infrastructures (e.g., Home laborasetting (GPs, (e.g., oncologists, clinicians, outpa-Inpafor breast cancer pahospitals, laboratories, home treattreattory/ oncologists, avcancer nurses, outpatient tient tient tients ment) ment clinic naecologists) oncologists, cancer nurses) radiology hospital outpatient clinic, outpa-Psycho-oncological tient setting (only systematically or-X  ${\sf X}$ psychologists care ganised for children) hospital outpatient clinic (mandatory for patients below the age of Fertility counselling X gynaecologists hospital outpatient clinic oncologists, gynaecologists Sexual health  $\boxtimes$ Prosthetic devices hospital outpatient clinic (surgical  $\boxtimes$ cancer nurses (e.g., wigs & bras) department) Genetic counselling hospital outpatient clinic X oncologists Clinical social work  $\times$ social workers outpatient setting inpatient, hospital outpatient clinic Discharge planning X  $\boxtimes$ physician Therapy management surgeons, gynaecologists, medical oncologists, radio-Multidisciplinary team hospital outpatient clinic  $\boxtimes$ therapists, pathologists, radiologists, cancer care nurses hospital outpatient clinic (discussed Treatment plan/ surgeons, gynaecologists, in the multidisciplinary team meet- $\boxtimes$ medical oncologists, radiotherapy concept ing) therapists, pathologists,

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. **External** Hospital **Health care professions** Outpatient Health care services Health care infrastructures (e.g., Home laborasetting (GPs, (e.g., oncologists, clinicians, outpa-Inpafor breast cancer pahospitals, laboratories, home treattreattory/ oncologists, avcancer nurses, outpatient tient tient tients ment) ment clinic naecologists) oncologists, cancer nurses) radiology radiologists, cancer care nurses, patients hospital outpatient clinic (internal laboratory staff, nurses Blood samples  $\boxtimes$ lab) inpatient, hospital outpatient clinic oncologists, cardiologists,  $\boxtimes$ Geriatric Assessment X (not systematically in place) physicians Bone density measoncologists, endocrinolohospital outpatient clinic X gists, radiologists urement Intravenous infusion inpatient, hospital outpatient clinic X × anaesthesiologists (e.g. port catheter) Sentinel lymph node inpatient, hospital outpatient clinic  $\times$  $\boxtimes$ surgeon biopsy Therapy options Surgery (lumpectomy inpatient, hospital outpatient clinic  $\boxtimes$  $\boxtimes$ surgeon or mastectomy) hospital outpatient clinic, radio-Radiotherapy X radiotherapist therapy clinic hospital outpatient clinic, long-Medicinal tumour term endocrine therapy: outpatient  $\boxtimes$  $\times$  $\boxtimes$ oncologist, nurses therapy setting, home treatment

Where and by whom	are the following health care service in- and outpatient setting	•			•		provided in your country (e.g.		
Health care services for breast cancer patients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpa- tient	Hospital outpa- tient clinic	Outpatient setting (GPs, oncologists, gy- naecologists)	Home treat- ment	External labora- tory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)		
Follow-up care	-ollow-up care								
Survivorship	outpatient setting, hospital outpatient clinic		×	⊠			physiotherapists		
Palliative Care	inpatient, hospital outpatient clinic, home treatment	×	×		×		GPs, nurses		
Breast reconstruc- tion/plastic surgery	inpatient	×					plastic surgeon		

# Sweden

Table 1-4: Place of health care provision and the involved health care professions in Sweden

Health care services for breast cancer patients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpa- tient	Hospital outpatient clinic	<b>Outpatient</b> (GPs, oncologists, gynaecologists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)
Diagnosis			<u>.</u>		<u>L</u>	<u>L</u>	
Physical examination	hospital outpatient clinic, outpatient setting (gynaecologist)		×	×			oncologist, surgeon, GP, gynaecologist
Blood sample	hospital outpatient setting (internal lab), external laboratories, and home treatment		×		×	×	laboratory staff, nurses
Diagnostic imaging techniques (X-ray, MRI, etc.)	hospital outpatient clinic, external radiologic department		×			×	radiologist
Staging of disease	hospital outpatient clinic (formal staging at the multidisciplinary team meeting)		×				radiologist
Biopsy for diagno- sis/tissue histology	hospital outpatient clinic		×				usually radiologists, some- times the clinician, if it is not possible to send the patient to mammography
Genetic analysis of the tumour	hospital outpatient clinic		×				laboratory staff

Health care services for breast cancer pa- tients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpa- tient	Hospital outpatient clinic	Outpatient (GPs, oncolo- gists, gynaecol- ogists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)
Patient support	•		<del>!</del>		!		
Psycho-oncological care	hospital outpatient clinic (available in each centre)		×				trained social workers
Fertility counselling	hospital outpatient clinic (regional university centres that have fertility centres)		×				laboratory staff, physicians and nurses
Sexual health	hospital outpatient clinic, or by telephone at home by the contact nurse		Ø		×		social workers and contact nurses, oncologists
Prosthetic devices (e.g., wigs & bras)	hospital outpatient clinic (patient is given an address to the shop)		×				contact nurses
Genetic counselling	hospital outpatient clinic (each health region has a hospital with a genetic department)		×				genetic counsellors and clinical genetics (often have basic training as on- cologists)
Clinical social work	hospital outpatient clinic		×				social workers
Discharge planning	hospital outpatient clinic		×				nurses, oncologists, breast surgeons
Therapy management			-		-	-	
Multidisciplinary team	hospital outpatient clinic (2 pre surgery and 2 post surgery)		×				surgeons, gynaecologists, medical oncologists, radi- otherapists, pathologists,

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. **Health care professions** Outpatient **Health care services** Health care infrastructures (e.g., Hospital External la-(e.g., oncologists, clinicians, (GPs, oncolo-Inpa-Home hospitals, laboratories, home treatoutpatient boratory/ for breast cancer pagists, gynaecolcancer nurses, outpatient tient treatment clinic tients ment) radiology oncologists, cancer nurses) ogists) radiologists, cancer care nurses hospital outpatient clinic (dis-Treatment plan/ cussed with the patient and the  $\boxtimes$ breast surgeon, oncologist therapy concept breast surgeon) hospital outpatient clinic laboratory staff, nurses X  $\boxtimes$  $\boxtimes$ Blood samples hospital outpatient clinic (no geriatric specialist available if necessary but not formally in place; but Geriatric Assessment  $\boxtimes$ **MDT** discussed in MDT for every patient) Bone density measureradiologists, nuclear medihospital outpatient clinic  $\boxtimes$ cine department ment hospital outpatient clinic (some-Intravenous infusion vascular, general, breast times in another hospital on com- $\boxtimes$ (e.g. port catheter) surgeon mission) hospital outpatient clinic (in con-Sentinel lymph node junction with the surgical proce- $\boxtimes$ breast surgeon biopsy dure) Therapy options Surgery (lumpectomy breast surgeon, plastic hospital outpatient clinic  $\boxtimes$ or mastectomy) surgeon

Health care services for breast cancer pa- tients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpa- tient	Hospital outpatient clinic	Outpatient (GPs, oncolo- gists, gynaecol- ogists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)
Radiotherapy	hospital outpatient clinic		×				radiotherapist
Medicinal tumour therapy	hospital outpatient clinic		×				oncologist, nurses
Follow-up care			•		•	l	
Survivorship	outpatient setting (rehab centres outside the hospital which are connected to physiotherapists, social workers, psychiatrists, psychologists to enhance the quality of patients)			⊠			physiotherapists, social workers, psychiatrists, psy- chologists to enhance the quality of patients
Palliative Care	outpatient setting (rehab centres), home treatment			×	×		physiotherapists, social workers, psychiatrists, psy- chologists to enhance the quality of patients
Breast reconstruc- tion/plastic surgery	hospital outpatient clinic		×				breast surgeon, plastic surgeon

# The Netherlands

Table 1-5: Place of health care provision and the involved health care professions in the Netherlands

Health care services for breast cancer pa-	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient set- ting (GPs, oncolo- gists, gynaecol- ogists)	Home treatment	External la- boratory/	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient
tients						radiology	oncologists, cancer nurses)
Diagnosis			ı		ı		
Physical examination	hospital outpatient clinic, outpatient setting (GP, screening)		×	×			GPs, nurse practitioners
Blood sample	hospital outpatient clinic (internal lab), external laboratory		×			×	laboratory staff
Diagnostic imaging techniques (X-ray, MRI, etc.)	hospital outpatient clinic		×				radiologists
Staging of disease	hospital outpatient clinic		×				radiologists, oncologists, nurse practitioners
Biopsy for diagno- sis/tissue histology	hospital outpatient clinic		×				radiologists, pathologists, nurse practitioners
Genetic analysis of the tumour	hospital outpatient clinic (lo- cally or sent to a bigger hospi- tal)		×				laboratory staff, geneti- cists

Health care services for breast cancer patients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient set- ting (GPs, oncolo- gists, gynaecol- ogists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)		
Psycho-oncological care	hospital outpatient clinic, outpatient setting		×	⊠			psych oncologists		
Fertility counselling	hospital outpatient clinic (if not available, patients can be re- ferred to larger hospitals)		×				nurse practitioners, gynae- cologists		
Sexual health	hospital outpatient clinic		×	×			nurse practitioners, sexologists, social workers		
Prosthetic devices (e.g., wigs & bras)	hospital outpatient clinic, outpatient setting		⊠	×			cancer care nurses		
Genetic counselling	hospital outpatient clinic (DNA sample is sent to Maastricht)		⊠				nurse practitioners, ge- netic counsellors		
Clinical social work	hospital outpatient clinic, outpatient setting		⊠	×			social workers		
Discharge planning	inpatient, hospital outpatient clinic	×	×				cancer care nurse		
Therapy management	Therapy management								
Multidisciplinary team	hospital outpatient clinic (often in a virtual setting)		⊠				surgeons, medical oncolo- gists, radiotherapists, pathologists, radiologists,		

Health care services for breast cancer pa- tients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient set- ting (GPs, oncolo- gists, gynaecol- ogists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)
							cancer care nurses, nurse practitioners
Treatment plan/ therapy concept	hospital outpatient clinic		×				surgeons, medical oncologists, radiotherapists, pathologists, radiologists, nurse practitioners, patients
Blood samples	hospital outpatient clinic (internal lab)		×				laboratory staff
Geriatric Assessment	hospital outpatient clinic (not standardly in place)		×				geriatric medicinal person- nel
Bone density measure- ment	hospital outpatient clinic (hor- mone therapy)		⊠				radiologists, oncologists, nurse practitioners
Intravenous infusion (e.g. port catheter)	hospital outpatient clinic		×				surgeons
Sentinel lymph node biopsy	inpatient, hospital outpatient clinic	×	×				surgeons, breast surgeons
Therapy options		L	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	
Surgery (lumpectomy or mastectomy)	inpatient, hospital outpatient clinic (depending on the sur- gery, patients can leave the	×	×				surgeons

Health care services for breast cancer pa- tients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient set- ting (GPs, oncolo- gists, gynaecol- ogists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)
	hospital on the same day [e.g., lumpectomy] or must stay overnight, mostly one night)						
Radiotherapy	hospital outpatient clinic, outpatient setting		×	×			radiotherapists
Medicinal tumour therapy	hospital outpatient clinic, outpatient setting (GPs), home treatment (endocrine therapy and, in some regions, e.g. chemotherapy)		×	×	×		oncologists, nurse practi- tioners, GPs, home care team (nurses and caretak- ers)
Follow-up care							
Survivorship	hospital outpatient clinic, outpatient setting		×	×			nurse practitioners
Palliative Care	hospital outpatient clinic, out- patient setting (GPs), home treatment		×	×	×		palliative care team, home care team, GPs
Breast reconstruc- tion/plastic surgery	inpatient	×					surgeons, plastic surgeons, nurse practitioners

# Belgium

Table 1-6: Place of health care provision and the involved health care professions in Belgium

Where and by whom a	Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved.								
Health care services for breast cancer pa- tients	<b>Health care infrastructures</b> (e.g., hospitals, laboratories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient set- ting (GPs, oncol- ogists, gynaecol- ogists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)		
Diagnosis									
Physical examination	hospital outpatient clinic		×				gynaecologist, GP		
Blood sample	hospital outpatient clinic (internal lab), external laboratory		×			×	laboratory staff		
Diagnostic imaging techniques (X-ray, MRI, etc.)	hospital outpatient clinic, external radiology		⊠			×	radiologists		
Staging of disease	hospital outpatient clinic (additional breast imaging or CT scan of the chest and the abdomen)		⊠				radiologists & oncolo- gists		
Biopsy for diagno- sis/tissue histology	hospital outpatient clinic (internal lab), external laboratories or screening centres		⊠			×	radiologists & pathologist		
Genetic analysis of the tumour	hospital outpatient clinic		⊠				laboratory staff		

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. Health care professions (e.g., oncologists, **Outpatient set-**External la-Hospital Health care services Health care infrastructures (e.g., ting (GPs, oncol-Home clinicians, cancer boratory/ hospitals, laboratories, home treatoutpatient for breast cancer pa-Inpatient ogists, gynaecoltreatment nurses, outpatient ontients ment) clinic radiology ogists) cologists, cancer nurses) **Patient support** Psycho-oncological hospital outpatient clinic, outpa- $\boxtimes$  $\boxtimes$  $\boxtimes$ psychologists tient setting, home treatment fertility experts (oncol-Fertility counselling  $\boxtimes$ hospital outpatient clinic ogists) sexologist, gynaecolhospital outpatient clinic Sexual Health X ogist Prosthetic devices (e.g., inpatient, hospital outpatient clinic  $\boxtimes$  $\boxtimes$ breast cancer nurses wigs & bras) physicians, genetic Genetic counselling hospital outpatient clinic  $\boxtimes$ counsellors hospital outpatient clinic, outpa-Clinical social work  $\boxtimes$  $\boxtimes$ social workers tient setting  $\boxtimes$ Discharge planning physicians inpatient Therapy management Multidisciplinary team hospital outpatient clinic (addisurgeons, gynaecoltional virtual meetings with a satogists, medical oncol- $\boxtimes$ ellite centre can be possible before ogists, radiotherapists, and after surgery)

Therapy options

Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved. Health care professions (e.g., oncologists, **Outpatient set-**External la-Hospital Health care services Health care infrastructures (e.g., ting (GPs, oncol-Home clinicians, cancer boratory/ hospitals, laboratories, home treatoutpatient for breast cancer pa-Inpatient ogists, gynaecoltreatment nurses, outpatient ontients ment) clinic radiology ogists) cologists, cancer nurses) pathologists, radiologists surgeons, gynaecolhospital outpatient clinic (in the ogists, medical oncol-Treatment plan/ multidisciplinary meeting and disogists, radiotherapists,  $\boxtimes$ cussed with the patient before and pathologists, radiolotherapy concept after surgery) gists, cancer nurses, patients hospital outpatient clinic (internal internal, external la-Blood samples X  $\boxtimes$ lab) boratory staff oncologists, physihospital outpatient clinic  $\boxtimes$ Geriatric Assessment cians, nurses Bone density measurehospital outpatient clinic (if endo-X radiologists crine therapy is provided) ment surgeons, vascular sur-Intravenous infusion hospital outpatient clinic X geons, anaesthesiolo-(e.g. port catheter) aists Sentinel lymph node surgeon, breast surinpatient, hospital outpatient clinic  $\boxtimes$  $\boxtimes$ geon, gynaecologists biopsy

Health care services for breast cancer pa- tients	Health care infrastructures (e.g., hospitals, laboratories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient set- ting (GPs, oncol- ogists, gynaecol- ogists)	Home treatment	External la- boratory/ radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologists, cancer nurses)
Surgery (lumpectomy or mastectomy)	inpatient, hospital outpatient clinic	×	×				surgeons
Radiotherapy	hospital outpatient clinic		×				radiotherapists
Medicinal tumour therapy	hospital outpatient clinic, home treatment		×		×		oncologists, cancer nurses
Follow-up care							
Survivorship	hospital outpatient clinic, outpatient setting		×	×			physiotherapists
Palliative Care	inpatient, hospital outpatient clinic, home treatment, outpatient palliative care units (who organise with the hospital and GPs, and hospices)	×	×	×	×		oncologists, GPs, nurses
Breast reconstruc- tion/plastic surgery	inpatient	×					oncologists, plastic surgeons

# Summary of the DKG Certification Criteria

The criteria for certification as a DKG breast cancer centre must be fully met for initial certification [80]. The requirements and criteria for breast cancer centres pertain to ten domains with subdomains, each including structural and procedural requirements:

- General information on the breast cancer centre (Structure of the network; Interdisciplinary cooperation; Co-operation with referring physicians and aftercare; Psycho-oncology; Social work and rehabilitation; Patient participation; Study management; Nursing care; General care areas such as pharmacy, nutritional counselling, speech therapy).
- Organ-specific diagnostics and therapy (Consultation hours and Diagnostics).
- Radiology.
- Nuclear medicine.
- Surgical oncology (Cross-organ surgical therapy and organ-specific surgical therapy).
- Medicinal and internal oncology (Haematology, oncology, and organ-specific drug-based oncological therapy).
- Radiation oncology.
- Pathology.
- Palliative care and hospice work.
- Tumour documentation/quality of results.

### General Information on the Breast Cancer Centre/Network:

Generally, the leading clinical cooperation partners, who are responsible for a significant portion of cancer care in an oncological centre or a breast cancer centre, are required to establish written agreements (cooperation agreements) with each of the external cooperation partners. The leading clinical cooperation partners of a breast cancer centre typically include a surgeon, a gynaecological oncologist, a radiologist (excluding cooperating radiologists who solely provide breast MRI services for the breast cancer centre), a pathologist, an internal oncologist, a radiation therapist, and a nuclear medicine specialist.

The agreement regulates the following points:

- Mandatory participation in the MDT conferences (with the exception of nuclear medicine).
- Ensuring availability.
- Description of the treatment processes.
- Obligation to implement designated guidelines (basic requirement S3 guideline).
- Description of the cooperation regarding tumour documentation.
- Declaration of willingness to cooperate in internal and external audits.
- Declaration of commitment to comply with the relevant French-American-British (FAB) classification of acute myeloid leukaemia (AML) and the annual provision of the relevant data.
- Declaration of consent by the cooperation partners to be publicly identified as part of the breast cancer centre (e.g. homepage).
- 24-hour availability of the leading clinical cooperation partners, e.g. for emergency interventions.
- Surgeon, radiologist (except MRI cooperation), oncological drug therapy (gynaecologist or /and internist), radiotherapist.

Agreements that outline the cooperation and interfaces must also be established with other external cooperation partners, including those in psycho-oncology, social services, self-help, genetic counselling, genetic analysis, family history (e.g., BRCA-1, BRCA-2), physiotherapy, laboratory services, and

hospice/palliative care. The contact information of the breast cancer centre, including that of the cooperation partners, must be publicly accessible.

A breast cancer centre/network must have at least 100 primary mamma carcinoma cases (invasive or ductal carcinoma in situ [DCIS]). A primary case is defined as the diagnosis of cancer in one breast in a new patient, based on initial histological findings. A primary case can only be assigned to a cancer centre if there is a responsible MDT for therapy planning and the implementation of the primary therapy. Cooperating breast cancer centres with more than two locations are no longer approved, although there are exceptions to existing cooperations.

All patients must have the opportunity to participate in scientific studies and patient surveys, with a minimum survey response rate of 30% every three years. Patients must be informed of MTC recommendations, and their decisions must be documented. At least one oncology nurse (cancer nurse) must be actively employed on day duty at the breast cancer centre. The oncological nurse is responsible for patient-oriented and superordinate tasks listed in Table 1-7.

Table 1-7: Oncological nurse tasks

Pat	ient-centred tasks	Superordinate tasks	
	Assessment of symptoms, side effects and stress  Determining the need for interventions according	<ul> <li>Development and Implementation of a care concept considering organ-specific characteristics of oncological care in the breast cancer centre</li> </ul>	;
•	to nursing standards Implementation and evaluation of nursing and therapeutic measures	<ul> <li>Creation of specialised, in-house standards based on evidence-based guidelines</li> </ul>	
•	Determination of individual patient-related counselling needs (already defined as part of the nursing concept of the breast cancer centre)	<ul> <li>Peer counselling/supervision</li> <li>Networking in a joint quality circle and participating in the quality circle of the breast cancer centre</li> </ul>	on
•	Continuous information and counselling of patients (and their relatives) during the entire course of the disease	<ul> <li>Interdisciplinary exchange with all professional groups involved in treatment</li> </ul>	
•	Implementation, coordination and verification of structured counselling sessions and guidance for patients and relatives		
•	Participation in the tumour board		
•	Initiation of and participation in MDT conferences/care visits (at least 12 case discussions/care visits per year and centre)		

# Organ-Specific Diagnostics and Therapy

At least one surgeon at the breast cancer centre should participate in the mammography screening program as a cooperating hospital physician. Staging must follow the latest S3 guidelines, with procedural instructions in place. Consultation hours must occur at least weekly, ensuring patients are informed through shared decision-making (SDM) about their diagnosis, therapy plan, treatment options, and supportive care. Waiting times during consultations should not exceed 60 minutes, and appointments should be available within two weeks. Histological findings should be provided within two days of a punch biopsy, with the final diagnosis available within one week and discussed in a personal consultation. The interval between receiving histological findings and surgery should allow at least three days for reflection and consultation and should not exceed two weeks.

# Radiology

A certified breast cancer centre must provide specific imaging services, including mammography, mammary sonography, CT, and MRI. These services can be supplemented by external cooperating radiologists who are part of the centre's oncology agreement. The centre must have at least two specialists in

mammary diagnostics, two medical technologists for radiology (MTR) with expertise in mammary diagnostics, and an expert in medical physics.

All diagnostic mammograms must be assessed by a qualified radiologist or a specialist in gynaecology and obstetrics with the "X-ray diagnostics of the breast" qualification [257]. The minimum volume standard is 1,000 mammograms per year, or regular assessment of at least 500 mammograms per year with successful participation in a case collection audit every two years. External case collections may supplement this requirement. If minimum standards are not met, supervision and a second assessment by a qualified physician are required, and double diagnosis is necessary for asymptomatic patients and follow-up care.

The centre must perform at least 25 procedures per year (sonographic, mammographic, MRI-supported pre-surgical wire marking, localisation biopsy, and minimally invasive procedures). Medical and radiological staff involved in quality-relevant activities must attend at least one breast diagnostics-specific training course annually, ideally conducted by relevant professional societies. Additionally, quality circles focused on breast-specific topics must be held at least four times per year.

### **Nuclear Medicine**

Concerning nuclear medicine services, at least one specialist in nuclear medicine, two medical-technical assistants in radiology and an emergency plan must be available. For sentinel node biopsy (scintigraphy),  $\geq 20$  annual scintigraphies (for initial certification) and  $\geq 30$  annual scintigraphies (after three years) must have been performed per treatment centre in order to receive or retain the DKG certificate. The proportion of sentinel lymph nodes detected in relation to the examinations conducted for...

- Sentinel node biopsy probe measurement must be ≥ 90%.
- Sentinel node scintigraphy (optional, if performed, then:) must be ≥ 90%.

The same training modalities apply to staff providing nuclear medicine services as to radiology staff (one breast diagnostics-specific training course of > 0.5 days per year and four quality circles in which breast-specific topics are dealt with).

# Surgical Oncology

The DKG certificate defines specific structural requirements for inpatient surgical care. The following criteria must be satisfied for each breast surgeon and applied per surgical site with a DKG certificate [80]:

### Structural requirements:

- The minimum number of operating rooms regularly available for breast surgery is one, and beds for breast patients must be available.
- At least one breast surgeon, including documentation of their surgical experience in the last year.
- If only one surgeon is named, there must be a proven substitution arrangement.
- Qualification in ablative procedures, removal of the axilla (incl. sentinel node technique), management of complications following surgery, reconstruction, reduction surgery, corrective surgery, breast-preserving therapy procedures (sectoral resections, skin-sparing mastectomy, subcutaneous mastectomy, if necessary, intramammary flap, oncoplastic surgery and autologous surgery), and removal of localised recurrences.
- Same requirements for training and quality circles as for radiology and nuclear medicine.
- Resection and reconstruction: Immediate perioperative care after reconstruction must be provided under the supervision of a specialist trained in the surgical technique used, and the 24-hour availability of a surgeon with appropriate expertise must be ensured.

### Procedural requirements:

- At least 50 breast surgeries per year per named surgeon.
- If more than 150 procedures have been performed in the last five years, annual demonstration of minimal volumes is no longer required.

- Extension of senior breast surgeons: at least 150 procedures in the last five years.
- Training of new breast surgeons: Per centre location and 100 primary cases, training of one new breast surgeon must be organised. Breast surgeons in training must provide proof of at least 20 operations per year.
- Admission of new breast surgeons: at least 60 procedures in the last three years.
- Resection and reconstruction: Documentation of indication and number of the reconstructions performed for each procedure, pre- and post-operative photo documentation, communication of advantages and disadvantages of the breast reconstruction surgery to the patient, documentation of patients' decision must be documented, and regulated handling of implants (implant selection, provision of measuring prostheses, traceability, storage, entry in the implant register).
- Breast cancer centres must offer the following breast reconstruction procedures: Oncoplastic and glandular rotation flaps, implant reconstruction, and expander reconstruction.

### Outcome requirements:

- The stay for a patient should not be less than four days.
- The share of breast-conserving procedures for tumours up to 2 cm in the largest extension must be between 70-90% of all procedures (exceeding the 90% value should be viewed critically).
- Revision operations due to intraoperative or postoperative complications must be  $\leq 5\%$ .

For centres using external partners for breast reconstruction, adherence to S3 guidelines is mandatory. External partners must ensure prompt care, proper therapy decision coordination, and thorough patient education, including aftercare and cosmetic outcome assessments [258].

## Medicinal and Internal Oncology

For drug-based oncological treatment, the treating specialist must be trained in internal medicine/haematology and oncology, or in gynaecology and obstetrics with specialization in gynaecological oncology or the additional qualification in "drug-based tumour therapy". The assigned specialist is responsible for monitoring oncological drug therapy, which cannot be delegated to unqualified physicians. Patient consultations must cover treatment concepts, the option of second opinions, and include a discharge discussion.

The physician must be proficient in endocrine, immunological, neo-/adjuvant, palliative, and supportive therapy concepts, as well as managing treatment side effects.

Inpatient, day-care, or outpatient facilities administering drug-based therapies must be supervised by an oncological nurse, with at least two treatment rooms available. Nurses administering chemotherapy must have one year of oncology experience, have conducted at least 50 chemotherapy applications, and have completed training as recommended by the Oncological Nursing and Paediatric Nursing Conference (KOK). Nursing responsibilities include emergency treatment, managing comorbidities, and documenting patient education.

The treatment unit must administer at least 50 medicinal tumour therapies annually per breast cancer patient or 200 therapies across various tumour types. The centre must offer equivalent outpatient and inpatient oncological therapy, potentially in cooperation with other centres or DKG-certified outpatient haematologists and oncologists. Cooperation partners must meet the criteria outlined in the "Outpatient Internal Oncology Survey Form", ensuring cross-organ services are provided consistently [259].

Therapy alternatives must include cytostatic monotherapy, combination therapy, immunotherapy, antibody therapy, hormone therapy, and bisphosphonate therapy. The cytostatic workstation must comply with legal guidelines, including waste disposal and an on-call service. Supportive measures, side effect recognition, and therapy modifications must be thoroughly documented for each patient, with emergency equipment and a written emergency plan available.

For metastasised cancer drug therapy, regular toxicity assessments and therapy evaluations must be conducted and documented every three months. Access to pain therapy and supportive measures is required, with a cooperation agreement in place if an external pain therapist is involved.

Access to a specialised pain therapist is mandatory. If pain management is overseen by an external specialist, a cooperation agreement must be established.

Medical and other staff associated with medicinal oncological therapy must attend at least one breast diagnostics-specific training course (lasting > 0.5 days) per year if they carry out quality-relevant activities for the breast cancer centre. Ideally, the training should be conducted by the DKG, German Society for Pain Medicine (Deutsche Gesellschaft für Schmerzmedizin, DGS), German Society for Gynaecology and Obstetrics (Deutsche Gesellschaft für Gynäkologie und Geburtshilfe, DGGG), German Society for Radiation oncology (Deutsche Gesellschaft für Radioonkologie, DEGRO) or other relevant professional societies. In addition, quality circles must be held at least four times a year, during which breast-specific topics are dealt with as one of the main topics.

#### Radiation Oncology and Pathology

The "radiation oncology survey" and the "pathology survey" summarise the requirements that the (leading) radiation oncology or pathology cooperation partner in DKG-certified oncology centres and/or organ cancer centres must fulfil [78, 79]. Regardless of the number of organ cancer centres collaborating with a radiation oncology or pathology department, this survey only needs to be completed once and updated once per audit year.

#### Palliative Care and Hospice Work

Palliative care must be organised according to the S3 guideline on palliative care for non-curable cancer [97]. A physician with an additional qualification in palliative medicine must be available for consultations and, if necessary, participating in the MDT conference. Access to nutritional counselling, occupational therapy, psycho-oncological and psychosocial care and pastoral care must be regulated.

According to the DKG requirements, palliative care is organised in different settings [67, 80]:

- Inpatient hospices: Support for the seriously ill, mainly by GPs,
- Daycare hospices (partly inpatient): Support for home care (part of inpatient hospices),
- Outpatient hospice services: Psychosocial support for patients and relatives,
- Palliative care units in hospitals: Mainly for incurable patients for whom a stay is indicated,
- Palliative services in hospitals: Palliative services for general hospital wards,
- Specialised outpatient palliative care (Spezialisierte ambulante Palliativversorgung, SAPV): Outpatient care with a focus on pain therapy and symptom management for patients with special needs.
- General outpatient palliative care (Allgemeine ambulante Palliativersorgung, AAPV): Outpatient
  care for palliative patients in the sense of routine care.

### Tumour Documentation and Outcome Quality

The requirements for tumour documentation and tasks to assure outcome quality comprise the following:

- Adequately available resources for documentation: 0.5 FTE per 200 primary cases an 0.1 FTE per 200 after-care cases,
- Tumour documentation system with at least three months of patient data at the time of initial certification,
- Data set according to the oncological minimal data set by the Working Group of German Tumour Centres and the Society of Epidemiological Cancer Registries in Germany (Gesellschaft der epidemiologischen Krebsregister in Deutschland, GEKID),

- Cooperation with the cancer registry (www.tumorzentren.de), including continuous and complete data transfer, with avoidance of parallel data systems,
- Appointment of a documentation officer with the following competences and duties:
  - Ensuring and monitoring the timely, complete, comprehensive and correct transmission and quality of the patient data relevant for certification by all cooperation partners to the cancer registry,
  - Motivation for cross-sectoral cooperation between the participating specialities in the cancer registry (pathological findings, radiotherapy and drug treatments)
  - Ensuring and monitoring the timely, complete and correct recording of patient data,
  - Qualification and support of the staff responsible for data recording and
  - Regular analysis of the evaluations, especially over time.
- Possibility to filter according to specific characteristics (age, TNM classification, form of treatment, etc.) and availability of Kaplan-Meier-Curves with outcomes such as overall survival (OAS), progression-free survival (PFS), disease-free survival (DFS), etc.
- Data analysis: Data in the tumour documentation system must be evaluated and analysed at least once a year, and the results must be discussed on an interdisciplinary basis and in a network of breast cancer centres.
- Recording of the follow-up and description of the aftercare of each patient

#### Cover Letter

### Englisch

Dear XXX,

We have been tasked by the Austrian Ministry of Health and Austrian Hospital Organizations to systematically compare the organisation (centralisation and decentralisation) of cancer care provision in different countries. This initiative is driven by the political aim to enhance ambulatory and outpatient care, including home care, in Austria.

In order to gain a comprehensive understanding of cancer care organisation, focusing on breast cancer as an example, we have developed a set of questions concerning the infrastructure of cancer care (e.g., decision-making processes in tumour boards, inpatient and outpatient service delivery) and the professionals involved in care provision (oncologists, clinicians, outpatient oncologists, cancer nurses, etc.). Additionally, we are interested in exploring cross-sectoral communication (IT infrastructure) and care coordination. We are also seeking published materials/documents describing your country's cancer care organisation.

Attached is our research protocol with a more detailed project description, research questions, and objectives.

As part of our research on breast cancer care structures, we have identified you as an expert in the field. Therefore, we have developed a questionnaire to gain deeper insights into breast cancer care, and we would greatly appreciate your participation in our survey through a virtual meeting lasting approximately 1 hour

Your insights and expertise are crucial to our research, and we would be grateful for your contribution to our questionnaire. Should you be unable to participate, we would highly appreciate it if you could recommend another expert who might be interested.

Thank you very much for considering our request.

Best regards,

Nicole Grössmann-Waniek

#### Deutsch

Sehr geehrter XXX,

im Auftrag des österreichischen Gesundheitsministeriums und der österreichischen Krankenhausträger wurden wir beauftragt, die Organisation der Krebsversorgung (Zentralisierung und Dezentralisierung) in verschiedenen europäischen Ländern systematisch zu vergleichen. Diese Initiative wird von dem politischen Ziel angetrieben, die ambulante und stationäre Versorgung, einschließlich der Home-Treatment, in Österreich auszubauen.

Um ein umfassendes Verständnis der Organisation der Krebsversorgung zu erlangen, sind wir insbesondere an der Infrastruktur der Krebsversorgung (z.B. Entscheidungsprozesse in Tumorboards, stationäre und ambulante Versorgung) und den daran beteiligten Professionen (Onkologen, Kliniker, ambulante Onkologen, Krebskrankenpfleger usw.) interessiert. Ein weiterer Fokus liegt auf der sektorenübergreifenden Kommunikation (IT-Infrastruktur) und der Versorgungskoordination. Schlussendlich sind veröffentlichte Publikationen/Dokumente, welche die Organisation der Krebsversorgung in Ihrem Land beschreiben, ein weiterer wichtiger Aspekt für unsere Arbeit.

Eine detaillierte Projektbeschreibung, Forschungsfragen und Ziele finden Sie auf unserer Website: AIHTA - Versorgung onkologischer Patient\*innen am Beispiel Brustkrebs: Patient\*innenpfade, Versorgungsstrukturen und Leistungserbringung in ausgewählten Europäischen Ländern

Im Rahmen unserer Recherche zur Organisation der Brustkrebsversorgung haben wir Ihre Organisation als wichtigen Akteur auf diesem Gebiet identifiziert. Wir haben einen Fragebogen entwickelt, um umfassende Einblicke in die Versorgung von Brustkrebs zu gewinnen, und würden uns sehr über Ihre Teilnahme an unserer Umfrage (virtuell ca. 1 Stunde) freuen.

Ihre Expertise wäre für uns von großem Wert. Sollten Sie nicht teilnehmen können, wären wir Ihnen außerordentlich dankbar, wenn Sie einen Kontakt empfehlen könnten, der möglicherweise interessiert wäre.

Vielen herzlichen Dank im Voraus!

Mit freundlichen Grüßen, Nicole Grössmann-Waniek

## Questionnaire - Organisation of Cancer Care

Dear experts,

The following questions will help address the aims of our report, which focuses on the organisation of breast cancer care in selected European countries. We are specifically interested in the available health care infrastructure and the professions involved in medical care provision. Additionally, cross-sectoral coordination, communication, and the available IT infrastructure will be relevant.

For items that request a document, please indicate whether such a document exists. Please insert the link or attach the file in your email response and indicate the file name in the provided field.

Please complete the questionnaire to the best of your knowledge and belief. Please note that the questionnaire aims to provide an overview of oncological care in different countries and the involved professions. The information collected will be presented descriptively and published in a final report. The questionnaire is divided into the following sections:

- A) General information on the organisation of (breast) cancer care
- B) Cancer care decision-making and place of health care provision

Thank you once again for your valuable contribution.

#### A) General Information on the Organisation of (Breast) Cancer Care

Name: Click or tap here to enter text.

Institution: Click or tap here to enter text.

Date: Click or tap here to enter text.

1. How is (breast) cancer care organised in your country? Please describe the cancer care infrastructures (e.g. comprehensive cancer centres) available in your country, outlining the responsibilities and competencies across in- and outpatient settings.

Click or tap here to enter text.

2. What types of (breast) cancer care infrastructures are particularly available in the outpatient setting, and which health care professionals are involved? Please indicate what health care infrastructures are available in your country's outpatient setting and which health care professionals (outpatient oncologists, cancer nurses, etc.) are involved.

Click or tap here to enter text.

**3. Is there a central electronic system for patient records in place?** *Please indicate if patient records can be accessed centrally in the in- and outpatient sector.* 

Click or tap here to enter text.

**4. How is cross-sectoral care coordinated in your country?** *Please indicate if coordinating centres for the in- and outpatient sectors are in place.* 

Click or tap here to enter text.

**5.** Are there any initiatives available for outpatient cancer care in your country? Please indicate if any programmes or initiatives are available that support care shift from the in- to the outpatient sector.

Click or tap here to enter text.

6. Are you aware of any publications, documents, or reports on the organisation of (breast) cancer care? Please indicate if you know any published information on the organisation of cancer care in your country, independent of the language.

Click or tap here to enter text.

7. Could you please recommend another expert who could provide us with further information on the organisation of breast cancer care in your country or other European countries? We would appreciate it if you could connect us to other experts in this field and provide us with contact information.

Click or tap here to enter text.

# B) Cancer Care Decision-Making and Place of Health Care Provision

**8.** Where and by whom are treatment decisions made? Please indicate in which health care setting (in-/outpatient) and by whom (e.g. multidisciplinary team) treatment decisions are made.

Click or tap here to enter text.

9. Is there any kind of shared decision-making involving patients, such as advance care planning, implemented in your country? Please indicate if and how patients are involved in making treatment decisions.

Click or tap here to enter text.

10. Where and by whom are the following health care services provided? Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved.								
Health care services for breast cancer patients	Health care infrastruc- tures (e.g., hospitals, labor- atories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient (GPs, radi- ology, gy- naecologist)	Home treatment	External labor- atory/radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologist, cancer nurses)	
Diagnosis								
Physical examination								
Blood sample								
Diagnostic imaging tech- niques (X-ray, MRI, etc.)								
Propagation diagnostics (e.g., staging)								
Biopsy for diagnosis/tissue histology								
Genetic analysis of the tu- mour								
Patient support								
Psycho-oncological care								
Fertility counselling								
Sexual health								
Protheses & wigs (e.g. specialised bras, prostheses)								
Genetic counselling								

Health care services for breast cancer patients	Health care infrastruc- tures (e.g., hospitals, labor- atories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient (GPs, radi- ology, gy- naecologist)	Home treatment	External labor- atory/radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologist, cancer nurses)
Clinical social work							
Discharge planning							
Therapy management		<u> </u>		<u>-</u>	<u> </u>		
Treatment plan/ therapy concept							
Multidisciplinary team							
Geriatric Assessment							
Bone density measurement							
Blood samples							
Intravenous infusion (e.g. port catheter)							
Sentinel lymph node biopsy							
Therapy options							
Surgery (lumpectomy or mastectomy)							
Radiotherapy							
medicinal tumour therapy							

<b>10. Where and by whom are the following health care services provided?</b> Please indicate where the subsequent medical services are provided in your country (e.g. in- and outpatient settings, ambulatory care) and what medical professions are involved.							
Health care services for breast cancer patients	Health care infrastruc- tures (e.g., hospitals, labor- atories, home treatment)	Inpatient	Hospital outpatient clinic	Outpatient (GPs, radi- ology, gy- naecologist)	Home treatment	External labor- atory/radiology	Health care professions (e.g., oncologists, clinicians, cancer nurses, outpatient oncologist, cancer nurses)
Follow-up care							
Survivorship (e.g. rehabilitation)							
Palliative Care							
Breast reconstruction/plastic surgery							

**11. Considering these medical services, is anything missing from the list (Question 10)?** If so, please indicate which medical services are missing, where they are provided, and who should ideally offer them.

Click or tap here to enter text.

**12.** Are the chosen categories (diagnosis, patient support, therapy management, therapy options, follow-up care) correct and complete? Please indicate if the names of the categories are accurate and if the medical services are appropriately assigned.

Click or tap here to enter text.

13. Are there any digital health technologies available in the care pathway of breast cancer patients? If so, please indicate which digital devices or services are in place in your country.

Click or tap here to enter text.

**14. Is home treatment for immunotherapy or chemotherapy available in your country?** *If yes, please indicate how it is organised and by whom.* 

Click or tap here to enter text.