

## QUALITY INDICATORS: Standards of care based on CPG's

### Goal

- To define and assess quality indicators from institutions of SSN and SSN International Advisory Board members
- the QI are reported overall for entire cohort, and each for Bone, STS superficial and STS deep

### Inclusion criteria

- all WHO defined intermediate and malignant mesenchymal (bone and soft tissue) tumors referred to the respective institutions from 01.01.2020 until 30.06.2020

### Quality indicators / Outcome measures

QI-1: appropriate local imaging before biopsy/treatment initiation (yes/no)

QI-1.1: Diagnosis of malignant tumor considered/noted in the radiological report (yes/no)

QI-2: time from 1<sup>st</sup> patient contact to biopsy (if performed)

QI-3: type of biopsy: FNA, tru-cut (CT- or US-guided), open incisional, excisional biopsy, enucleation/whoops

QI-4: time from biopsy to establishing diagnosis (1<sup>st</sup> path review & reference review)

-date of biopsy (D1); date of 1<sup>st</sup> path report (DBx1st); date of final path report from 1<sup>st</sup> institute (DBxFinal); date of submission for path review (DRevSub); date of final path review (DRevFinal)

QI-4.1: Performance of 1<sup>st</sup> path institute (D1 to DBx1st)

QI-4.2: Performance of review process (DRevSub to DRevFinal)

QI-4.3: Performance of Path Analysis of Network (D1 to DRevFinal)

→ if 1<sup>st</sup> institute equals reference institute, then QI-4.2 = QI-4.3

→ to assess discrepancies of 1<sup>st</sup> and reference pathologists, we report on a.) no discrepancy, b.) discrepancy minor (not relevant for therapy eg grading, variant) / major (benign versus malignant, tumor type etc); and c.) not applicable

QI-5: time from biopsy until sarcoma board presentation

QI-6: biopsy before initiation of treatment (yes/no)

QI-7: biopsy performed in the center where the patient is operated: (yes/no)

QI-8: extent of disease at diagnosis (localized/locally advanced incl. whoops/metastatic)

QI-9: time from SB to initiation of treatment

QI-10: margin status (R0, R1, R2) at definitive surgery (STS)

QI-11: preoperative radiation therapy: (yes/no)

QI-12: postoperative radiation therapy: (yes/no)

QI-13: neo-adjuvant chemotherapy: (yes/no)

QI-14: adjuvant chemotherapy (yes/no)

QI-15: local relapse: yes/no

If yes: date of relapse

QI-16: local recurrence: yes/no within 1<sup>st</sup> year of tumor resection (Bone)

QI-17: metastatic relapse: yes/no

If yes: date of relapse

QI-18: Latest follow-up: no evidence of disease (NED); alive with disease (AWD); dead of disease (DOD); dead of other reasons (DOR); no assessment possible; lost to follow-up; other status; unknown

date of latest follow-up:

To include in a next step:

QI-XY: percentage of patients with response (RECIST/Choi/diffusion) to neoadjuvant radiotherapy (STS).

→ALC: Complex to obtain in general: it is not a quality indicator but an information for outcome

QI-XY: percentage of response of patients with response (pathological) to neoadjuvant chemotherapy (osteosarcoma, Ewing tumors):

→ ALC: same remarks than above

QI-XY: percentage of Infection rates in surgical scar/wound in STS

QI-XY: percentage of Infection rates in surgical scar/wound in malignant bone tumor

QI-XY: deep infection rate in patients with prosthesis or osteosynthesis