ENETS CoE Application
Requirements Catalogue Vers 10.0

Screen-shots of the e-forms including „mouse – over – instructions“ as of 01.11.2022
Log-In / Identification and contact details

After Log-in into MyENETS

→ select CoE- application on your dashboard and click on 'Start Application'.

Center of Excellence Application

Please use this form ONLY for NEW CoE Applications, NOT for your annual return data!

For guidance on completing the CoE application, please download:
The ENETS-CoE-Catalogue
The ENETS-CoE-Catalogue (Word-Version)
The ENETS-SOP-Procedure-Certification-DQS

The CoE section will open.
The application will follow the structure of the requirements catalogue.
Explanations or background information (as described in the requirements) is provided in each e-Form as „mouse-over“ text.
Identification and contact details

This form is not designed to refer to persons other than yourself. In case of errors in first or surname, please edit your profile first.

- Personal account
- Company account

- First name
- Last name
- Address
- Zip code
- City
- Country
- State
- Discipline

Please note that when filling in the following pages, all mandatory fields must be completed/filled in on the page where you are currently located before you can jump back to a previous page. It is also recommended to confirm the accuracy of all details.

If you are missing values for any of the mandatory fields, we recommend that you enter the value 9999 as a placeholder. Please remember that these “placeholder values” will need to be updated before final submission.

After submitting the center application, you will act as main contact person for all procedures and further formalities. You retain access to the center information through your ENETS account and in case your application is accepted, you will be able to see annual reports on the development of your center. Please verify your account information and update your profile in case of any changes.
Identification and center details

Click here to define the scope of your certification it has an impact on the number and the content of the following e-forms
1. Structure (Chapter 1 Requirements catalogue)

<table>
<thead>
<tr>
<th><strong>Named GEP NET Specialists</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A GEP NET specialist is defined as a senior endocrinologist, gastroenterologist, oncologist or specialist gastrointestinal or endocrine surgeon with extensive experience in diagnostics and therapeutics of GEP NET. Minimum of time: 5 years (mandatory)</td>
</tr>
<tr>
<td><strong>1st GEP NET Specialist</strong></td>
</tr>
<tr>
<td>Simon Special</td>
</tr>
<tr>
<td>Specialist is ENETS member</td>
</tr>
<tr>
<td><strong>2nd GEP NET Specialist</strong></td>
</tr>
<tr>
<td>Sandra Expert</td>
</tr>
<tr>
<td>Specialist is ENETS member</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Named PULM NET Specialists</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A PULM NET specialist is defined as a senior internist, pulmonologist or thoracic surgeon with extensive experience in diagnostics and therapeutics of PULM NET. Minimum of time: 5 years (mandatory)</td>
</tr>
<tr>
<td><strong>1st PULM NET Specialist</strong></td>
</tr>
<tr>
<td>Paula Teamplayer</td>
</tr>
<tr>
<td>Specialist is ENETS member</td>
</tr>
<tr>
<td><strong>2nd PULM NET Specialist</strong></td>
</tr>
<tr>
<td>Daniel Dedication</td>
</tr>
<tr>
<td>Specialist is ENETS member</td>
</tr>
</tbody>
</table>
2. Interdisciplinary Cooperation and Communication

Structure
3. Specialist NET Consultation

Centers of Excellence

Please note that when filling in the following pages, all mandatory fields must be completed/filled in on the page where you are currently located before you can jump back to a previous page/section to undertake any corrections.

If you are missing values for any of the mandatory fields, we recommend that you enter the value 999 as a placeholder. Please remember that these “placeholder values” will need to be updated before final submission.

3.1 Resources

Please describe in which department and the patients seen first and who mainly coordinates diagnostics, therapy planning, treatment and follow-up? Please briefly explain your workflow/patient pathway.

*Please complete the marked fields at least
4. Endocrinology

If you are missing values for any of the mandatory fields, **we recommend that you enter the value 999 as a placeholder**. Please remember that these "placeholder values" will need to be updated before final submission.

4.1. Resources

Due to local or country-related circumstances expertise in one field might be covered by other disciplines - this should be explained in 'additional explanation'. It is essential to have the expertise available, not necessarily the discipline.

4.1.2. Number of endocrinologists

Additional explanation (optional)

6

Please list your main procedures and SOP in use (A SOP is a written document or instruction detailing all steps and activities of a process or procedure)

* Please complete the marked fields at least
5. **Gastroenterology**

<table>
<thead>
<tr>
<th>5.1.2 Number of gastroenterologists</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of specialist endoscopists that perform the various endoscopies</strong></td>
<td></td>
</tr>
<tr>
<td>5.1.5 Number of specialist endoscopists</td>
<td>4</td>
</tr>
<tr>
<td>5.1.6 Equipment</td>
<td></td>
</tr>
<tr>
<td>- Specific EUS</td>
<td></td>
</tr>
<tr>
<td>- Gastric EMR</td>
<td></td>
</tr>
<tr>
<td>- Rectal EMR</td>
<td></td>
</tr>
<tr>
<td>- Small bowel</td>
<td></td>
</tr>
<tr>
<td>SOP description</td>
<td>tzw76x5pz9un</td>
</tr>
</tbody>
</table>

Additional explanation (optional)
6. Oncology

Please note that when filling in the following pages, all mandatory fields must be completed/filled in on the page where you are currently located before you can jump back to a previous page/menu item to undertake any corrections.

If you are missing values for any of the mandatory fields, we recommend that you enter the value 999 as a placeholder. Please remember that these "placeholder values" will need to be updated before final submission.

Please list your main procedures and SOP in use (A SOP is a written document or instruction detailing all steps and activities of a process or procedure)

SOP description

Additional explanation (optional)
7. Pathology

Please note that when filling in the following pages, all mandatory fields must be completed/edited on the page where you are currently located before you can jump back to a previous page/element to undertake any corrections.

If you are missing values for any of the mandatory fields, we recommend that you enter the value 999 as a placeholder. Please remember that these “placeholder values” will need to be updated before final submission.

**How many pathologists dedicated to GEP NET are in charge?**

**How many pathologists who are experts in PULM NET?**

**Please list your main procedures and give a description of the equipment**
8. Radiology

Please list your main procedures and give a description of the equipment.
9. Nuclear Medicine

9.1 Resources

9.1.2 Number of nuclear medicine experts

3

9.1.4 Equipment

- SPECT CT
- PET CT
- FDG
- DOPA

Please list your main procedures and SOP in use (A SOP is a written document or instruction detailing all steps and activities of a process or procedure)

SOP description:

ghdibx75xo877t pzp

*Please complete the marked fields at least.

☐ Send PDF export as mail  Save + Next
10. Surgery  (no mouse - over - explanations in this template)

**10.1. Resources**

**10.1.2 Number of HBP surgeons**

2

**10.1.3 Number of thoracic surgeons**

2

Hepato-bilio-pancreatic surgeon as liaison service?
If yes, please explain in the text field.
- [ ] No
- [ ] Yes

Thoracic surgeon as liaison service?
If yes, please explain in the text field.
- [ ] No
- [ ] Yes
11. Pulmonology

Please provide the number of specialist endoscopists which perform the various endoscopies.

Please list your main procedures and SOP in use (A SOP is a written document or instruction detailing all steps and activities of a process or procedure).
12. Scientific Activities (no mouse - over - explanations in this template)

Please note that when filling in the following pages, all mandatory fields must be completed/filled in on the page where you are currently located before you can jump back to a previous page/menu item to undertake any corrections.

If you are missing values for any of the mandatory fields, we recommend that you enter the value 999 as a placeholder. Please remember that these “placeholder values” will need to be updated before final submission.

[Form content]

*Please complete the marked fields at least*
12. Patient Involvement

**13. Patient Involvement**

**13.1 How are your patients informed/involved?**

Please describe: How do patients give feedback, e.g. complaint and appeal system/questionnaire (if already available, please give rate of questionnaire feedback)

**13.2 Patient feedback**

We are taking part in the ENETS Pat Sat Survey. We also host an annual NET patient day. In case of any complaints patients may approach us directly or use the official complaints form, which is available on paper as well as online via our hospital website.

*Please complete the marked fields at least

Additional explanation (optional):

We have implemented the anonymous feedback procedure in July 2022. Every NET patient in the outpatients clinic is informed about how to participate online. A QR code and the respective URL are provided.
14. Follow-up and tumour documentation
(no mouse - over- explanations in this template)
15.1 KEY FIGURES: GEP NET Patients

- Number of new GEP NET patients (individuals) annually seen by the NET specialists: 117
- New GEP NET patients treated in center: 120
- Percentage of new GEP NET patients treated: 
- Number of current GEP NET patients: 382

Mandatory annual return data in red letters
### 15.1 KEY FIGURES PULM NET Patients

#### 15.1.4 Number of new PULM NET patients

- **Number of new PULM NET patients:** 27

#### 15.1.5 New PULM NET patients treated in center

- **Number of new PULM NET patients treated in center:** 29
- **Percentage of new PULM NET patients treated in center:** 100%

#### 15.1.6 Number of current PULM NET patients

- **Number of current PULM NET patients:** 83

  All PULM NET patients (individuals) annually seen by the NET specialists in the center (including NEW PULM NET patients and patients seeking for SECOND OPINION as well as patients in Follow-Up)
15.2 NET Tumour Board/ MDT

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new PULM NET patients treated in center</td>
<td>28</td>
</tr>
<tr>
<td>Percentage of new PULM NET patients treated in center</td>
<td>100%</td>
</tr>
</tbody>
</table>

**15.2.1 Number of current PULM NET patients**

87

**15.2.2 Number of new GEP NET patients discussed in tumor board**

136

**15.2.3 Number of second opinions**

0

---

*All new GEP NET patients have to be presented in the MDT (at least to be mentioned e.g. small benignly behaving tumours). This is not due for patients referred to the center for specific therapy (like e.g. PRRT) from other centers with MDT or other countries. Kindly explain your approach in the text box. Several presentations/discussions in the tumor board per year = 1 patient*
15.2.2 NET Tumour Board/ MDT

15.2.1 GEP NET patients discussed in tumor board

A patient to be counted as “second opinion patient” for the center is to be seen by a NET expert of the CoE and to be presented in MDT with patient history, blood test results where appropriate, full imaging and pathology - both revised by the CoE experts - and gets a full MDT report with recommendation for diagnostics, treatment and follow-up, but treatment and F-U are carried out in other center. “second opinions” are an intersection of “NEW GEP NET patients”. Second opinions on radiology review or pathology review on their own should not be counted as a second opinion but only as an opinion from an individual NET specialist partner.

15.2.4 PULM NET patients discussed in tumor board

Number of all PULM NET patients (individuals) 34

Number of new PULM NET patients (individuals) discussed in tumor board (several presentations/discussions in the tumor board per year = 1 patient) 24
15.2 NET Tumour Board/ MDT

15.2.7 Treatment decision making
(outcome of the tumor board)

- Surgery: 45
- Interventional radiology: 18
- Nuclear medicine: 33
- Medical therapies: 36

Additional explanation (optional)

- Watch and wait
- Others

Outcome of the tumor board in adherence to ENETS guidelines

- % 96

Evaluated sample size

- 20 Please enter the number of cases you have audited

15.2.8 Adherence to MDT decision making

Implementation of tumor board decision making

- % 100

Evaluated sample size

- 20 Please enter the number of cases you have audited

voluntary annual return data of local internal audits, results will be discussed during ENETS onsite audits
### 15.3 Specialist NET Consultation

<table>
<thead>
<tr>
<th>Waiting times consultation appointment (days)</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period during which staging is concluded (days)</td>
<td>36</td>
</tr>
</tbody>
</table>

Waiting times concerning the consultation appointment (days), a random sample of, e.g., 4 to 6 weeks will suffice as proof.
# 15.6 Oncology

(no mouse - over- explanations in this template)

## 15.6.1 Number of NETS with systemic and targeted therapy

(comatostatin therapy is excluded)

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interferon</td>
<td>0</td>
</tr>
<tr>
<td>Everolimus</td>
<td>5</td>
</tr>
<tr>
<td>Sunitinib</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Streptozocin/S-FU</td>
<td>5</td>
</tr>
<tr>
<td>Temozolomide/Capecitabine</td>
<td>5</td>
</tr>
<tr>
<td>Carboplatin/Etoposide</td>
<td>5</td>
</tr>
<tr>
<td>Other combinations</td>
<td>11</td>
</tr>
</tbody>
</table>

## 15.6.2 Number of serious adverse events

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted therapy</td>
<td>0</td>
</tr>
<tr>
<td>Systemic therapy</td>
<td>0</td>
</tr>
<tr>
<td>Interferon therapy</td>
<td>0</td>
</tr>
</tbody>
</table>

## 15.6.3 Number of deaths

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted therapy</td>
<td></td>
</tr>
</tbody>
</table>
### 15.7 Pathology

**Number of pathology reports on biopsy specimen in GEP NET (of own center as well as revisions or second opinions)**

<table>
<thead>
<tr>
<th>Section</th>
<th>Reports Count</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.7.2</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>15.7.3</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>15.7.4</td>
<td>166</td>
<td></td>
</tr>
<tr>
<td>15.7.5</td>
<td>% 89</td>
<td></td>
</tr>
<tr>
<td>15.7.7</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**Percentage of complete pathology reports corresponding ENETS guidelines.**

Please enter results of internal audits (sample of 20 suffices). The results of such internal audit will be part of the dialogues during the CoE on-site audits.
15.8 Radiology

15.8.2 TA(C)E

Number of TA(C)E in NET: 213
Number of ablation in NET:

15.8.3 SIRT/intra-arterial PRRT with (radio) pharmaceuticals

Number of SIRT in NET: 23

15.8.7 Morbidity in (combined) interventional radiology

Morbidity and mortality have to be collected for the procedures (TA(C)E and SIRT) in general. Please report only “major AEs” e.g., sepsis after chemotherapy leading to new hospitalization, extended hospitalization, emergency room access...

15.8.6 Mortality in (combined) interventional radiology

Timeframe of surveillance: In house
Data source: Random sample
Number of deaths: 0

Mandatory annual return data in red letter.
### 15.9 Nuclear Medicine

#### Total number of SSTR PET in NET

<table>
<thead>
<tr>
<th>15.9.1 Number of SSTR PET in NET</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
</tr>
</tbody>
</table>

**Currently voluntary annual return data**

<table>
<thead>
<tr>
<th>15.9.2 Number of FDG PET in NET</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

#### Therapeutic interventions in own center

<table>
<thead>
<tr>
<th></th>
<th>34</th>
</tr>
</thead>
<tbody>
<tr>
<td>* All in own center</td>
<td></td>
</tr>
<tr>
<td>PRRT</td>
<td></td>
</tr>
<tr>
<td>MIBG</td>
<td></td>
</tr>
<tr>
<td>PRRT in combination with other treatments</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Therapeutic interventions in partner centers

<table>
<thead>
<tr>
<th></th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>All in partner centers</td>
<td></td>
</tr>
<tr>
<td>PRRT</td>
<td></td>
</tr>
<tr>
<td>MIBG</td>
<td></td>
</tr>
<tr>
<td>PRRT in combination with other treatments</td>
<td>0</td>
</tr>
</tbody>
</table>

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**ENETS CoE APPLICATION eFORMS: SCREENSHOTS WITH MOUSE OVER TEXT CATALOGUE VERS 10.0 [01 NOV 2022]**
15.9 Nuclear Medicine

15.9.6 Morbidity after therapeutic interventions

- Timeframe of surveillance
- Data source
- Number of serious adverse events after PRRT
- Number of serious adverse events after MIBG
- Number of serious adverse events after PRRT in combination with other treatments

Additional explanation (optional):
Please report major AE of special interest (e.g. bone marrow damage or renal insufficiency after PRRT leading to new hospitalization, extended hospitalization, emergency room access)

15.9.7 Mortality after therapeutic interventions

- Timeframe of surveillance
- Data source
- Number of deaths after PRRT
- Number of deaths after MIBG
- Number of deaths after PRRT in combination with other treatments

Additional explanation (optional):

Mandatory annual return data in red letters
15.10 Surgery

### 15.10.1 Number of hepatobiliary surgeries in NET and non-NET patients

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial hepatectomies</td>
<td>32</td>
</tr>
<tr>
<td>Radiofrequency assisted resection</td>
<td>33</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

This requirement has been reconsidered [2022 Requirements catalogue 10.0] The focus of reporting is now on NET interventions. However, it is recommended to provide these data on performance volume voluntarily.

### 15.10.2 Number of hepatobiliary surgeries in GEP NET

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial hepatectomies</td>
<td>56</td>
</tr>
<tr>
<td>Radiofrequency assisted resection</td>
<td>23</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

### 15.10.3 Number of pancreatic surgeries in NET and non-NET patients

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancreaticoduodenectomy</td>
<td>74</td>
</tr>
<tr>
<td>Distal resection</td>
<td>35</td>
</tr>
<tr>
<td>Enucleation</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

### 15.10.4 Number of pancreatic surgeries in GEP NET

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancreaticoduodenectomy</td>
<td>23</td>
</tr>
<tr>
<td>Distal resection</td>
<td>23</td>
</tr>
<tr>
<td>Enucleation</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>
15.10 Surgery - M&M data – NEW: index procedure

Please note
M&M data are crucial to reflect procedures and quality. To facilitate the compilation of data, the requirements regarding Surgery have been reconsidered in 2022 (requirements catalogue 10.0). The focus is now on only one INDEX PROCEDURE instead of requiring M&M data for all procedures performed in the area.

15.10.7 Morbidity and mortality after hepato-biliary surgery in NET patients Index procedure: partial hepatectomy in NET

* Timeframe of surveillance
* Data source
Grade 3
Grade 4
Grade 5

Additional explanation (optional)
Please provide information about the morbidity rate for the index procedure "partial hepatectomies in NET" using the Clavien Dindo Classification (Grade 3: Requiring surgical, endoscopic or radiological intervention; Grade 4: Life-threatening complication - including CNS complications - requiring ICU/CU management; Grade 5: death)

15.10.8 Morbidity and mortality after pancreatic surgery in NET patients Index procedure: pancreaticoduodenectomy in NET

* Timeframe of surveillance
* Data source
Grade 3
Grade 4

Additional explanation (optional)
This requirement has been reconsidered [2022/ Requirements catalogue 10.0] Bassi classification has been replaced by Clavien Dindo which is widely used
### 15.12 Scientific Activities

<table>
<thead>
<tr>
<th>15.12 Scientific activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15.12.1 Clinical trials</strong></td>
</tr>
<tr>
<td>Prospective trials</td>
</tr>
<tr>
<td>Number of NET patients in clinical trials</td>
</tr>
<tr>
<td>New NET patients in clinical trials</td>
</tr>
</tbody>
</table>

**Number of prospective specific diagnostic / therapeutic trials (GEP and PULM NET) within the last calendar year**

- The number of NET patients treated in clinical trials (GEP and PULM NET) within the last calendar year (treatment and FAU).
- The number of newly enrolled GEP and PULM NET patients into prospective clinical trials within the last calendar year.

- Number of peer reviewed publications (original articles focusing on NET within the last calendar year). An updated publication list is to be uploaded.

**Number of international studies within the last 5 years**

- Number of retrospective analysis (therapy/diagnostics) within the last 5 years.
- Number of active / current basic NET research within the last 5 years.

**Number of active / current specific research students**

- Participation at ENETS conferences is required (at least one member of tumor board) - Please provide the number of participants.
15.13 Patient Questionnaire (no mouse over text)
15.14 F/U data

15.14.1 GEP NET patients in follow up
- Number of GEP NET patients: 567
- Percentage of GEP NET patients

15.14.2 GEP NET patients lost to follow up
- Percentage of GEP NET patients lost

15.14.3 PULM NET patients in follow up
- Number of PULM NET patients: 156
- Percentage of PULM NET patients

15.14.4 PULM NET patients lost to follow up
- Percentage of PULM NET patients lost: 0

Mandatory annual return data for centers applying for the extended scope on pulmonary NET

Mandatory annual return data in red letters
Document up-load / Submit

Please upload the following documents here:

a) Your anonymized list of NEW GEP NET patients (last calendar year) and
b) The publication list (please focus on GEP NET, peer reviewed publications last 5 years)

Supported filetypes: PDF, MS Word, Writer. Maximal filesize: 5MB.

3.3. Patient list.docx
11.1.4 Clinical trials.docx

Select files

Discard
Discard
Discard

Please note

Your application information will be revised by DQS and an ENETS specialist first.
Both may contact you via e-mail for further information.
The Certification Commission will decide on enrolment in May. DQS will inform you about the decision by 31 May.

*Please complete the marked fields at least

Submit
All submitted applications, annual return data are stored in the report history. You may download these at any time.

If you just want to see a summary of your data entry, click "Application Summary".
Application Summary

Here you find another overview on the information you have inserted into the e-Forms.
In case of any inconsistencies/up-dates you may send an e-mail to the ENETS office (info@enets.org) or ENETS Webmaster m.lelle@antwortinternet.com

They can help you to re-open the application.