

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



ENETS Conference | myENETS | Contact

→ 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

Start Application

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

Centers of Excellence PDF export

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.

Contact person | Center details | 1. Structure | 2. Interdisciplinary Cooperation and Communication Structure | 3. Specialist NET Consultation | 4. Endocrinology | 5. Gastroenterology | 6. Oncology | 7. Pathology | 8. Radiology | 9. Nuclear Medicine | 10. Surgery | 11. Pulmonology | 12. Scientific Activities | 13. Patient Involvement | 14. Follow-up and tumor documentation | 15. Key Figures | Document upload / Submit

Obligations as contact person

After submitting the center application, you will act as main contact person for all procedures and further formalities.

You retain access to the center informations through your ENETS account and in case your application is accepted, you will be able to give annual reports on the development of your center. !

Please verify your account information and update your profile in case of any changes.

Personal 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

* Surname: Reinstorf Member * First name: Regine * Form of address: Ms Academic title: Birth year: 1999

* Address: big8p8 Zip code: 44651 * City:

* Country: Germany State: --

Company / Institution: Department: Discipline: Other

Identification and center details

Contact person **Center details** 1. Structure 2. Interdisciplinary Cooperation and Communication Structure 3. Specialist NET Consultation 4. Endocrinology
5. Gastroenterology 6. Oncology 7. Pathology 8. Radiology 9. Nuclear Medicine 10. Surgery 11. Pulmonology 12. Scientific Activities
13. Patient Involvement 14. Follow-up and tumor documentation 15. Key Figures Document upload / Submit

Please thoroughly acquaint yourself with the ENETS CoE Requirements Catalogue and Description of Enrolment before filling in this application form, particularly with regard to the general threshold for application, which is 80 NEW GEP NET patients per year and with regard to NET expertise of your partners. It is important that in addition to specific qualifications required for each given specialist within their national structure, the NET main partner expert should provide proof of expertise within the NET domain.

We kindly ask you to take 2 hours of your time to fill out this form.

After each step the data will be saved. You have to have cookies enabled to use this feature.
For support please contact us via E-mail at info@enets.org.

Working title

* Center name (short - for internal use only)
Testcenter 2022 October

Contact for administrative matters / invoice address

Who will be the contact person for administrative matters?
Please provide us information regarding the NET center's address to create a draft for certificate matters.
Please provide us information regarding the NET center's invoicing address to prepare a detailed quotation.

Invoice recipient

Company / Institution	hwwqz	Contact person	RR	VAT Number	DE 1234567890
-----------------------	-------	----------------	----	------------	---------------

Invoice address

gqezfg2o4t32obvqlkjin

Scope of application

GEP NET PULM NET

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)

Contact person | Center details | **1. Structure** | 2. Interdisciplinary Cooperation and Communication Structure | 3. Specialist NET Consultation | 4. Endocrinology
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Named GEP NET Specialists

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) !

* 1st GEP NET Specialist
Simon Special Specialist is ENETS member Address: kdjagoqip

* 2nd GEP NET Specialist
Sandra Expert Specialist is ENETS member Address: jguotzufv

More GEP NET Specialists, if wanted/necessary

Named PULM NET Specialists

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) !

* 1st PULM NET Specialist
Paula Teamplayer Specialist is ENETS member Address: djshfweoig298u

* 2nd PULM NET Specialist
Daniel Dedication Specialist is ENETS member Address: gftizrir

2. Interdisciplinary Cooperation and Communication Structure

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2.1. NET Tumor Board / Multidisciplinary Decision Making Team (MDT)

Minimum requirement: A dedicated NET Tumor Board has to be in place, this can be integrated into another MDT structure or held separately. NET expertise is required for each expert in the NET MDT. Pulmonary NET patients are either to be discussed in the NET Tumor Board with thoracic surgeons and pulmonologist in attendance or in a Thoracic Tumor Board with NET specialists attending. The center is to guarantee that all tumor entities within the accreditation scope are discussed and documented consistently.

A certified center needs structured interdisciplinary decision-making. Please explain the structure of your MDT/MDTs in the text box.

2.1.1 Participants

- Internist NET specialist
- Surgeon
- Oncologist
- Pathologist
- Nuclear Medicine Specialists
- Radiologist
- Endocrinologist
- Gastroenterologist
- Thoracic surgeon
- Pulmonologist

2.1.2.5 Frequency of Tumorboard meetings

- none
- weekly
- biweekly
- monthly

Additional explanation (optional)

Additional explanation (optional)

* Please complete the marked fields at least

Send PDF export as mail Save + Next

3. Specialist NET Consultation

The screenshot shows a web browser window displaying the ENETS (European Neuroendocrine Tumor Society) application form. The page title is "Centers of Excellence" and the URL is "https://my.enets.org/center_form.html". The user is logged in as "Ms Regine Reinstorf Member". The navigation menu includes "ENETS | ENETS Conference | Contact" and "Open Menu".

The main content area is titled "Centers of Excellence" and includes a "PDF export" button. A note states: "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."

The form is divided into sections: "Contact person", "Center details", "1. Structure", "2. Interdisciplinary Cooperation and Communication Structure", "3. Specialist NET Consultation" (highlighted), "4. Endocrinology", "5. Gastroenterology", "6. Oncology", "7. Pathology", "8. Radiology", "9. Nuclear Medicine", "10. Surgery", "11. Pulmonology", "12. Scientific Activities", "13. Patient Involvement", "14. Follow-up and tumor documentation", and "15. Key Figures". A "Document upload / Submit" button is also present.

The "3.1 Resources" section is expanded, showing "3.1.4 Number of NET specialists" with an "Additional explanation (optional)" field. A yellow highlight is over the text: "Please describe: In which department are the patients seen first and who mainly coordinates diagnostics, therapy planning, treatment and Follow-Up? Please briefly explain your work flow / patient pathway." Below this is an "SOP description" field containing the text "t7ir67r76rcvcghk" and another "Additional explanation (optional)" field.

At the bottom, there is a note: "*Please complete the marked fields at least". There is a checkbox for "Send PDF export as mail" and a "Save + Next" button.

4. Endocrinology

Welcome to ENETS! - enets.org | Centers of Excellence | Startpage Suchergebnisse | Screenshot nur vom aktiven Fe...

https://my.enets.org/center_form.html

Erste Schritte | Startpage.com - Die di... | Fighting Monkey Prac... | Women in Engineerin... | Onlinebanking und Br... | Online yoga classes, ... | mycertiq | https://enetsconferen... | Kontakt - ko-labor | Start - enets.org | Login - Annual ENETS ... | Santander Login | Surgery of localised di... | CO2-Rechner des Um...

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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: 6 | Additional explanation (optional)

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: z8üznnqgefquozwgefo1uz3zugfj xass | Additional explanation (optional)

*Please complete the marked fields at least

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5. Gastroenterology

Contact person Center details 1. Structure 2. Interdisciplinary Cooperation and Communication Structure 3. Specialist NET Consultation 4. Endocrinology

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13. Patient Involvement 14. Follow-up and tumor documentation 15. Key Figures Document upload / Submit

5.1. Resources

5.1.2 Number of gastroenterologists

5

Additional explanation (optional)

Number of specialist endoscopists that perform the various endoscopies

5.1.5 Number of specialist endoscopists

4

Additional explanation (optional)

5.1.6 Equipment

Specific EUS

Gastric EMR

Rectal EMR

Small bowel

SOP description

tzr76x5pzb9un

Additional explanation (optional)

6. Oncology

Centers of Excellence PDF export

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[13. Patient Involvement](#) [14. Follow-up and tumor documentation](#) [15. Key Figures](#) [Document upload / Submit](#)

6.1. Resources

6.1.2 Number of oncologists Additional explanation (optional)

8

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)

gzutozfvlcvx

7. Pathology

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.

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[5. Gastroenterology](#) [6. Oncology](#) **[7. Pathology](#)** [8. Radiology](#) [9. Nuclear Medicine](#) [10. Surgery](#) [11. Pulmonology](#) [12. Scientific Activities](#)
[13. Patient Involvement](#) [14. Follow-up and tumor documentation](#) [15. Key Figures](#) [Document upload / Submit](#)

7.1.2

How many pathologists dedicated to GEP NET are in charge?

7.3.1 Number of pathologists

2

Additional explanation (optional)

How many pathologists who are experts in PULM NET?

7.3.6 Number of pathologists in PULM

2

Additional explanation (optional)

Please list your main procedures and give a description of the equipment

SOP description

iuvtdrsutgfv

Additional explanation (optional)

* Please complete the marked fields at least

Send PDF export as mail

Save + Next

8. Radiology

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/menu item to undertake any corrections.

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- 15. Key Figures
- Document upload / Submit

8.1 Resources

8.1.2 Number of radiologists

3

Additional explanation (optional)

SOP description

Additional explanation (optional)

Please list your main procedures and give a description of the equipment

9. Nuclear Medicine

Contact person Center details 1. Structure 2. Interdisciplinary Cooperation and Communication Structure 3. Specialist NET Consultation 4. Endocrinology
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9.1 Resources

9.1.2 Number of nuclear medicine experts
3 Additional explanation (optional)

9.1.4 Equipment
 SPECT CT
 PET CT
 FDG
 DOPA
Additional explanation (optional)

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
ghditxi75xo877t pzp Additional explanation (optional)

* Please complete the marked fields at least Send PDF export as mail [Save + Next](#)

10. Surgery (no mouse - over- explanations in this template)

Contact person Center details 1. Structure 2. Interdisciplinary Cooperation and Communication Structure 3. Specialist NET Consultation 4. Endocrinology
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10.1. Resources

10.1.2 Number of HBP surgeons
2 Additional explanation (optional)

10.1.3 Number of thoracic surgeons
2 Additional explanation (optional)

Hepato-bilio-pancreatic surgeon as liaison service?
If **yes**, please explain in the text field.
 No
 Yes
Additional explanation (optional)

Thoracic surgeon as liaison service?
If **yes**, please explain in the text field.
 No
 Yes
Additional explanation (optional)

11. Pulmonology

Contact person Center details 1. Structure 2. Interdisciplinary Cooperation and Communication Structure 3. Specialist NET Consultation 4. Endocrinology
5. Gastroenterology 6. Oncology 7. Pathology 8. Radiology 9. Nuclear Medicine 10. Surgery **11. Pulmonology** 12. Scientific Activities
13. Patient Involvement 14. Follow-up and tumor documentation 15. Key Figures Document upload / Submit

11.1 Resources

11.1.2 Number of pulmonologist Additional explanation (optional)
2

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

11.1.4 Number of specialist endoscopists Additional explanation (optional)
2

SOP description Additional explanation (optional)
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 Send PDF export as mail [Save + Next](#)

12. Scientific Activities (no mouse - over- explanations in this template)

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- Document upload / Submit

12.1 NET Research Group

12.1.1 Dedicated NET research group
(If yes, please describe)

- No
- Yes

Additional explanation (optional)

wtuwnu

*Please complete the marked fields at least

Send PDF export as mail

Save + Next

12. Patient Involvement

Contact person Center details 1. Structure 2. Interdisciplinary Cooperation and Communication Structure 3. Specialist NET Consultation 4. Endocrinology
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13. Patient Involvement

13.1 How are your patients informed /involved? **Please describe (e.g. internet, information leaflet, other)** Additional explanation (optional)

Patient information is handed out as information leaflet , the same is available on-line via this Additional explanation (optional)

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 Additional explanation (optional)

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

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.

* Please complete the marked fields at least Send PDF export as mail **Save + Next**

14. Follow-up and tumour documentation

(no mouse - over- explanations in this template)

14. Follow-up and Tumor Documentation

Registry – how is your patient registry organized?

We use the ENETS academic database [ENETS DB]

Additional explanation (optional)

Do you use electronic files?

yes

Additional explanation (optional)

How is the follow-up organized?

in house appointments scheduled by NET outpatients clinic

Additional explanation (optional)


*Please complete the marked fields at least


Send PDF export as mail

Save + Next

15. 1 KEY FIGURES: GEP NET Patients

13. Patient Involvement | 14. Follow-up and tumor documentation | **15. Key Figures** | Document upload / Submit

Centers applying for initial certification fill in data of the calendar year before application (if already applicable). Once enrolled to the CoE certification procedure the applying center has to collect these data (1 Apr - 30 Sept) and provide them by 15th October. 
Once approved as ENETS CoE, centers are to update this proforma annually.

Important 
Patients are individuals, not patient contacts. One patient with several appointments in the center is counted once per year as patient.
This applies to all fields.

Number of new GEP NET patients (individuals) annually seen by the NET specialists

* 15.1.1 Number of new GEP NET patients Additional explanation (optional)

15.1.2 New GEP NET patients treated in center
Number of new GEP NET patients treated in center Additional explanation (optional)

Percentage of new GEP NET patients treated in center (GEP NET patients treated in center / Number of new GEP NET patients) Additional explanation (optional)

* 15.1.3 Number of current GEP NET patients Additional explanation (optional)

* 15.1.4 Number of new PIIIM NET patients Additional explanation (optional)

Mandatory annual return data in red letters

All GEP NET patients (individuals) annually seen by the NET specialists in the center (including NEW GEP NET patients and patients seeking for SECOND OPINION)

15.1 KEY FIGURES PULM NET Patients

001

Number of new PULM NET patients (individuals) annually seen by the NET specialists

* 15.1.4 Number of new PULM NET patients

27

Additional explanation (optional)

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

Additional explanation (optional)

* 15.1.6 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)

Additional explanation (optional)

15.2 NET Tumour Board/ MDT

Number of new PULM NET patients treated in center	<input type="text" value="28"/>	<input type="text"/>
Percentage of new PULM NET patients treated in center	<input type="text" value="% 100"/>	<input type="text"/>
* 15.1.6 Number of current PULM NET patients	<input type="text" value="87"/>	Additional explanation (optional) <input type="text"/>
! Mandatory annual return data in red letters		
15.2 NET Tumor board / Multidisciplinary Decision Making Team (MDT)		
* 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		Additional explanation (optional) <input type="text"/>
* 15.2.2 Number of new GEP NET patients discussed in tumor board	<input type="text" value="136"/>	Additional explanation (optional) <input type="text"/>
15.2.3 Number of second opinions	<input type="text" value="0"/>	Additional explanation (optional) <input type="text"/>

15.2 NET Tumour Board/ MDT

15.2 NET Tumor board / Multidisciplinary Decision Making Team (MDT)

* 15.2.1 GEP NET patients discussed in tumor board Additional explanation (optional)

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.

* 15.2.3 Number of second opinions Additional explanation (optional)

0

* 15.2.4 PULM NET patients discussed in tumor board Additional explanation (optional)

Number of all PULM NET patients (individuals)

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

* 15.2.5 Number of new PULM NET patients discussed in tumor board Additional explanation (optional)

24

15.2 NET Tumour Board/ MDT

15.2.7 Treatment decision making (outcome of the tumor board)		Additional explanation (optional)	
Surgery	45		
Interventional radiology	18		
Nuclear medicine	33		
Medical therapies	36		
Watch and wait			
Others			
Outcome of the tumor board in adherence to ENETS guidelines	% 96	voluntary annual return data of local internal audits, results will be discussed during ENETS onsite audits	
Evaluated sample size	20	Please enter the number of cases you have audited	
15.2.8 Adherence to MDT decision making		Additional explanation (optional)	
Implementation of tumor board decision making	% 100		
Evaluated sample size	20	Please enter the number of cases you have audited	

15.3 Specialist NET Consultation

15.3 Specialist NET Consultation	
15.3.1 Waiting times	
Waiting times consultation appointment (days)	21
Period during which staging is concluded (days)	36


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 Oncology		Additional explanation (optional)
15.6.1 Number of NETS with systemic and targeted therapy (somatostatin therapy is excluded)		
Interferon	<input type="text" value="0"/>	
Everolimus	<input type="text" value="5"/>	
Sunitinib	<input type="text" value="6"/>	
Other	<input type="text"/>	
Streptozocin/5-FU	<input type="text" value="5"/>	
Temozolomide/Capecitabine	<input type="text" value="5"/>	
Carbo- or Cisplatin/Etoposide	<input type="text" value="5"/>	
Other combinations	<input type="text" value="11"/>	
15.6.2 Number of serious adverse events		
Targeted therapy	<input type="text" value="0"/>	
Systemic therapy	<input type="text" value="0"/>	
Interferon therapy	<input type="text" value="0"/>	
15.6.3 Number of deaths		
Targeted therapy	<input type="text"/>	



15.7 Pathology

15.7 Pathology



Number of pathology reports on bioptic specimem in GEP NET (of own center as well as revisions or second opinions) 

15.7.2 Reports on biopsies in GEP NET Additional explanation (optional)
19  

15.7.3 Reports on surgical specimem in GEP NET Additional explanation (optional)
45  

15.7.4 Immunohistochemical examinations in GEP NET Additional explanation (optional)
166  

15.7.5 Percentage of complete reports in GEP NET Additional explanation (optional)
% 89

15.7.7 Reports on biopsies in PULM NET Additional explanation (optional)
12  

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

Number of ablation in NET

Additional explanation (optional)

Additional explanation (optional):
Number of ablation in NET (RFA , CRYO.. etc)

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

Number of SIRT in NET

*** 15.8.7 Morbidity in (combined) interventional radiology**

Timeframe of surveillance

Data source

Number of serious adverse events

Additional explanation (optional):
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...

*** 15.8.8 Mortality in (combined) interventional radiology**

Timeframe of surveillance

Data source

Number of deaths

Additional explanation (optional)

! Mandatory annual return data in red letter

15.9 Nuclear Medicine

Total number of SSTR PET in NET

* 15.9.1 Number of SSTR PET in NET

12

Additional explanation (optional)

15.9.2 Number of FDG PET in NET

2

Currently voluntary annual return data

Additional explanation (optional)

15.9.4 Therapeutic interventions in own center

* All in own center

34

PRRT

34

MIBG

0

PRRT in combination with other treatments

0

Additional explanation (optional)

15.9.5 Therapeutic interventions in partner centers

All in partner centers

0

PRRT

0

MIBG

0

PRRT in combination with other treatments

0

Additional explanation (optional)

15.9 Nuclear Medicine

0

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

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)

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)

Additional explanation (optional)

! Mandatory annual return data in red letters

15.10 Surgery

Mandatory annual return data in red letter

15.10 Surgery

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.

15.10.1 Number of hepato-biliary surgeries in NET and non-NET patients

Partial hepatectomies	35	
Radiofrequency assisted resection	33	
Other	6	

15.10.2 Number of hepato-biliary surgeries in GEP NET

Partial hepatectomies	56	
Radiofrequency assisted resection	23	
Other	0	

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

Pancreatico duodenectomy	74	
Distal resection	35	
Enucleation	6	
Other	0	


15.10.4 Number of pancreatic surgeries in GEP NET

Pancreatico duodenectomy	23	
Distal resection	23	
Enucleation	6	
Other	0	

Additional explanation (optional)

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

Additional explanation (optional)

* Timeframe of surveillance

* Data source

Grade 3

Grade 4

* Grade 5

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 IC/ICU management; Grade 5: death)

1

0

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

Additional explanation (optional)

* Timeframe of surveillance

* Data source

Grade 3

Grade 4

In house

Random sample

0

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

15.12 Scientific activities

15.12.1 Clinical trials

Prospective trials: 12

Number of NET patients in clinical trials: 34

New NET patients in clinical trials: 23

15.12.2 Publications

Number of original articles: 8

Number of other peer reviewed publications: 6

15.12.3 Research projects

International studies: 12

Retrospective analysis: 2

Basic NET research: 2

Research students (PhD): 2

Research students (Lower grade): 1

International exchange of experience: 16

Additional explanation (optional)

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

Number of NET patients treated in clinical trials (GEP and PULM NET) within the last calendar year (treatment and F/U)

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 review articles, case studies, letters or other peer reviewed works 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

! Mandatory annual return data in red letters

15.13 Patient Questionnaire (no mouse over text)

15.13 Patient Questionnaire

15.13.1 Percentage of patient questionnaire feedback

% 55

Additional explanation (optional)

i Mandatory annual return data in red letters

15.14 F/U data

15.14 F / U data

15.14.1 GEP NET patients in follow up

* Number of GEP NET patients

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

Percentage of PULM NET patients

15.14.4 PULM NET patients lost to follow up

Percentage of PULM NET patients lost

Additional explanation (optional)

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

5. Gastroenterology | 6. Oncology | 7. Pathology | 8. Radiology | 9. Nuclear Medicine | 10. Surgery | 11. Pulmonology | 12. Scientific Activities | 13. Patient Involvement | 14. Follow-up and tumor documentation | 15. Key Figures | **Document upload / Submit**

Document upload

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 Discard

11.2. Publications 2019-2022.docx Discard

11.1.4 Clinical trials.docx Discard

Select files

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

Document up-load / Submit

The screenshot displays the ENETS CoE Application eForms interface. At the top, the page title is "Testcenter 2022 October". Below this, there are three main sections:

- Report history:** A table with columns "Report year" and "Created". A row shows "2021" and "01.11.2022". A "Download" button is located to the right of this row.
- Public center profile:** A form containing the following information:
 - Name of the Center: TEST COE ENETS CATALOGUE VERS10.0
 - Head of the Center: Simon Special
 - Contact person: Regine Reinstorf Member
 - Address: Luisenstr, 10117 Berlin, Germany
 - Phone:
 - Email:An "Edit" button is located at the bottom right of this section.
- Application summary:** A section with the text "This is the summary of your center application."

Red circles highlight the "Report history" tab, the "Download" button, and the "Application summary" section. Two text boxes provide instructions: one for downloading reports and another for viewing the application summary.

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

Application: Testcenter 2022 October Overview Application

▾ Applicant

Center name	Testcenter 2022 October
Scope	GEP NET, PULM NET
Submitted	01 November 2022
Submitted by	Regine Reinstorf Member

▸ Administrative contact

▸ 1. Structure (as in 2021)

▸ 2. Interdisciplinary Cooperation and Communication Structure (as in 2021)

▸ 3. Specialist GEP NET Consultation (as in 2021)

▸ 4. Endocrinology (as in 2021)

▸ 5. Gastroenterology (as in 2021)

▸ 6. Oncology (as in 2021)

▸ 7. Pathology (as in 2021)

▸ 8. Radiology (as in 2021)

▸ 9. Nuclear Medicine (as in 2021)

▸ 10. Surgery (as in 2021)

▸ 11. Pulmonology (as in 2021)

▸ 12. Scientific Activities (as in 2021)

▸ 13. Patient Involvement (as in 2021)

▸ 14. Follow-up and tumor documentation (as in 2021)

▸ 15. Key Figures (as in 2021)

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.