

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

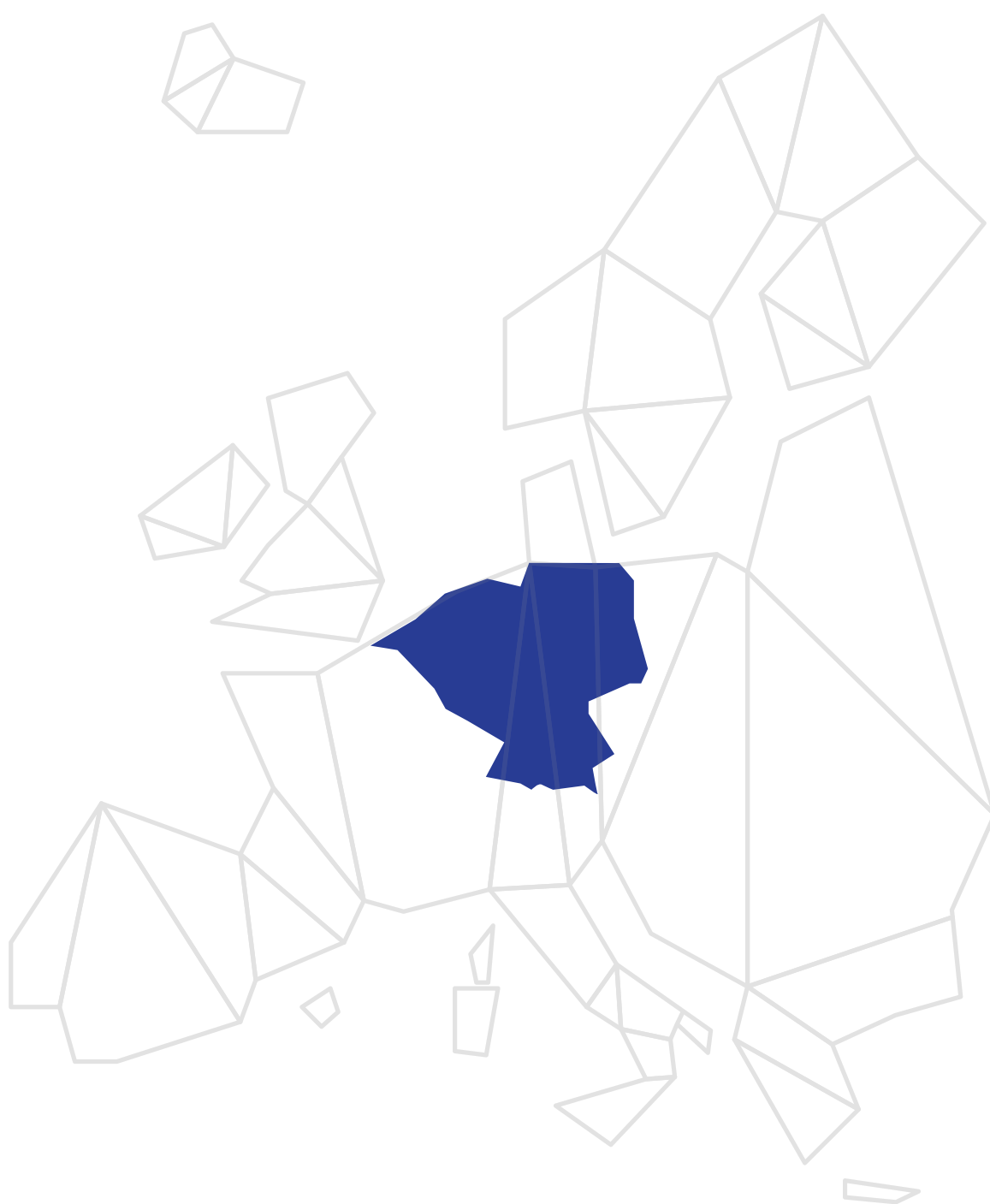
GERMANY COUNTRY PROFILE



Co-funded by
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THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK





Context: existing certification systems and organization of cancer care

Voluntary certification of Comprehensive Cancer Centers is an integral part of German three-tier cancer care system

In Germany there is a three-tier system of cancer centers. The three-tier system – a key milestone of the German National Cancer Plan of 2008 – is based on the joint «National Certification Programme» of the German Cancer Society (DKG) and the Comprehensive Cancer Center Programme of the German Cancer Aid (DKH)¹:

- 1)** In the first tier, certified Organ Cancer Centers (currently around 1900) specialise in one cancer type, for the seven most common cancer entities (i.e. breast, colorectal, prostate, gynaecological tumours, lung, haematological neoplasms, skin).
- 2)** The second tier includes certified Oncological Centers (currently 132). These centers have taken organ centers to the next level and provide care across several cancer types (at least three) and includes not so common cancer entities (at least two e.g. pancreatic cancer, head and neck, gastric etc.).
- 3)** Finally, the third tier has Comprehensive Cancer Centers (currently 14) which have been awarded after a competitive evaluation by the German Cancer Aid (DKH). This programme that began in 2007 awards centers that are oncology centers of excellence (CCCs). These centers provide care for a broad spectrum of cancer types across all clinical aspects, including rare cancers. In addition to multidisciplinary state-of-the-art clinical care and training, a CCC must demonstrate a reasonable depth and breadth of activities in basic laboratory, clinical as well as in prevention, cancer control and population-based research. Substantial transdisciplinary research bridging these scientific areas must be present. A CCC is expected to be a major source of significant advancements in investigating the nature of cancer and in the development of more effective approaches to prevention, diagnosis and therapy. Particularly, translational research covering the entire continuum from ‘bench to bedside’ as well as reverse translation are crucial features of a CCC. It should be committed to contribute significantly to the development of shared resources which support research. A CCC is to be understood as the focal point of a regional care network and should act as a driving force promoting innovative developments in the regional network. They are leaders in innovation and research as well as providing multidisciplinary care and training programmes. A DKH CCC not only receives funding to continue to improve; this designation also enhances the reputation and prestige of the facilities.

The main criteria for being considered a CCC through the Comprehensive Cancer Center Programme of the DKG are the following:

- Be certified as an Oncological Center by the DKG
- Have robust multidisciplinary structures
- Establish broad cancer research activities, especially translational research (covering the entire continuum from ‘bench to bedside’) and “State of the Art” cancer research infrastructure
- Offer innovative diagnostics and therapies (such as molecular diagnostics, precision medicine, immunotherapy)
- Host clinical trials activities
- Catchment area and geographical influence
- Offer multidisciplinary training programmes

Thus, the nationwide voluntary certification programme of the DKG, which was first established in 2003 as a ground-breaking initiative for quality assurance in cancer care, is an integral part of the three-tier system of cancer centers in Germany. The effectiveness of this certification system was evaluated through the WiZen project, led by the Center for Evidence-Based Healthcare at TU Dresden. The study compared outcomes between certified and non-certified hospitals across multiple cancer types; the results showed increased survival rates in patients treated in certified centers². As of 2024, approximately 60 % of annual incident cancer cases are treated in certified centers, out of which 45% in Organ Cancer Centers and Oncological Centers, and 15 % in CCCs. To gain and maintain certification, centers are audited based on universal and tumour-specific quality criteria that include adherence to national clinical guidelines and case volume targets.

Alongside the above-mentioned national certification system there is a regional and mandatory certification system of the Medical Association Westfalen Lippe for breast centers in Northrhine-Westphalia since 2005³.

Organization of cancer care⁴

Key pillars of national cancer prevention and control policy are the **German National Cancer Plan** (since 2008) led by the Federal Ministry of Health, focussing on oncological care, and **the National Decade Against Cancer⁵** (since 2019), led by the Ministry of Research, Technology and Space, focussing on research. Both initiatives complement each other (in analogy to the conceptual complementarity of “Europe’s Beating Cancer Plan” and the “Cancer Mission” within “Horizon Europe”).

The **German National Cancer Plan** was launched on 16th of June 2008 by the German Federal Ministry of Health (BMG), the German Cancer Society, the German Cancer Aid and the Joint Working Group of German Tumour Centers. The German National Cancer Plan is a “cooperation and coordination programme” involving all relevant stakeholders of the health care system. So far, the German National Cancer Plan has focussed on the following issues: i) Cancer prevention/cancer screening, ii) further development of oncological structures of care and quality assurance, iii) patient-centeredness and the strengthening of patient-oriented approaches.

In 2024 the Federal Ministry of Health taking stock of implementing the National Cancer Plan concluded that the aims and objectives formulated during 2008 and 2024 had been achieved. Not least with a view to further maximise alignment with the EBCP, **new priorities and new areas for action in the German National Cancer Plan were defined as part of a national consultation process:** These include cancer prevention (with the subtopics of tobacco, alcohol, diet, physical activity, HPV vaccination, early detection of cancer, health information), digitalisation in oncology, quality and networking in oncological care, and long-term survival after cancer. Research and digitalisation are cross-cutting themes.

Bridging research and care

In 2012, in order for new cancer research findings to reach clinical development and practice as quickly as possible, the German Cancer Consortium (DKTK) was founded by the German Federal Ministry of Education and Research. More than 20 academic research institutes and university hospitals in translation centers at 8 partner sites cooperate with the German Cancer Research Center (DKFZ), the consortium’s core center⁶.

Moreover, the Federal Ministry of Education and Research launched the **National Decade Against Cancer** in 2019, bringing together relevant players in Germany in the fight against cancer. The Federal Ministry of Education and Research is investing more than EUR 9 million in pilots in four regions until 2027, with the aim of linking research and care and thereby creating new insights to improve quality of care. Priorities are improving data exchange, facilitating patient access to clinical trials, and making data from healthcare available for research⁷.

Recently, the National Center for Tumour Diseases (NCT) was expanded to create a better research infrastructure in Germany. The close collaboration between research and care at the Center enables more patients to participate in clinical trials⁸.

2024 hospital reform

In December 2024, a major hospital reform came into force. The hospital reform serves as an example for the many cancer-unspecific activities of the German Federal Ministry of Health, which contribute to the further development of cancer therapy and care in Germany. While 60 % of annual incident cancer cases are treated in certified centers, the other 40 % are still treated in general non-certified hospitals; the hospital reform is expected to improve quality of care by leading towards more specialised hospitals. The reform has three central objectives: i) ensuring and increasing the quality of treatment, ii) guaranteeing comprehensive medical care for patients, and iii) reducing bureaucracy. From a patient perspective, the goal is to ensure that treatments are genuinely necessary and performed to the highest quality standards. According to the Federal Ministry of Health, patients also have the possibility to get to know which hospital offers which services and at what quality, thanks to a transparency campaign starting in 2024.

The hospital reform has important implications for cancer care in Germany. The new remuneration scheme will lead to stronger concentration of cancer treatment in fewer hospitals – those with more experience in cancer treatments (based on minimum volume requirements).

In addition, specific regulations on funding for specialisation in oncological surgery services are foreseen. If hospital locations whose surgical oncology cases in a specific therapeutic area are among the lowest 15% deliver surgical oncology services in this area, they may only be reimbursed for the part of ensuring availability and providing care. The ban on charging certain fees, which account for approx. 40% of the case revenue, will reduce incentives for providing surgical oncology services. This will help promote concentration and specialisation in the field of surgical oncology. However, this does not constitute a service delivery ban. The “Institute for the Hospital Remuneration System” (InEK) is commissioned to collaborate with the German Cancer Society in defining therapeutic areas for all fields of surgical oncology. The preparatory work, which is to be performed by the Federal Institute for Drugs and Medical Devices (BfArM) and InEK, will be carried out in 2025 to enable the Laender to consider the results for hospital planning.

After change of government in May 2025 the hospital reform will be advanced, notably implementation in practice will be facilitated.

Identified barriers against the implementation of EUCCC certification in Germany

- The German Federal Ministry of Health (Competent Authority) **raised serious concerns that the introduction of the EUCCC certification system will have a detrimental effect** on the organization of cancer care in Germany if the certification system of CCCs designated by the **DKH is not fully recognised as equivalent to the future EUCCC certification scheme**, due to a duplication of certification processes/parallel certification systems, extra cost and extra administration.
- **Introduction of the EUCCC certification system is likely to be of no added value** to fulfilling its national cancer control efforts, regardless of CA's commitment and support for its membership in the future EUCCC network.

Identified enablers towards the implementation of EUCCC certification in Germany

- Excellent certification culture of cancer care facilities
- Due to the longstanding voluntary three-tier certification system of cancer care facilities, German hospitals are familiar with certification procedures.

Conditions for successful EUCCC certification implementation in Germany

- **Political support** for the future EU-CCC certification scheme including **the acceptance of the scheme by German CCCs is dependent on the full recognition of the certification system of CCCs designated by the DKH as equivalent to the EUCCC certification scheme.**
- **Evidence for an added value of the** EUCCC certification scheme should be provided in the medium and long term as part of a scientifically sound evaluation process.

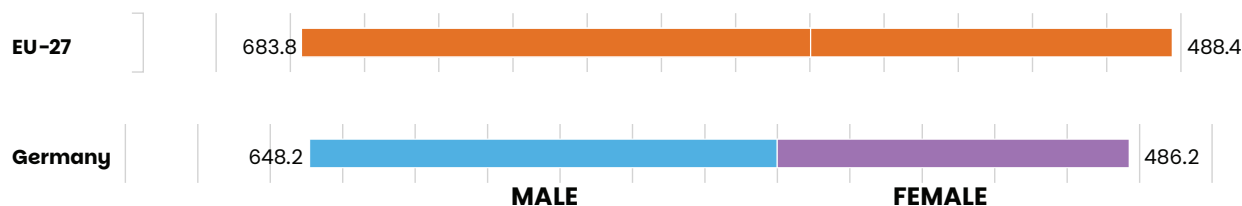
Number of DKH-certified CCCs: 14

Number of EUCCC pilot centers: 0

Epidemiology: incidence, mortality and survival rates

Incidence rate:

Estimated incidence, both sexes, all sites but non-melanoma skin, 2022 (per 100 000 population)

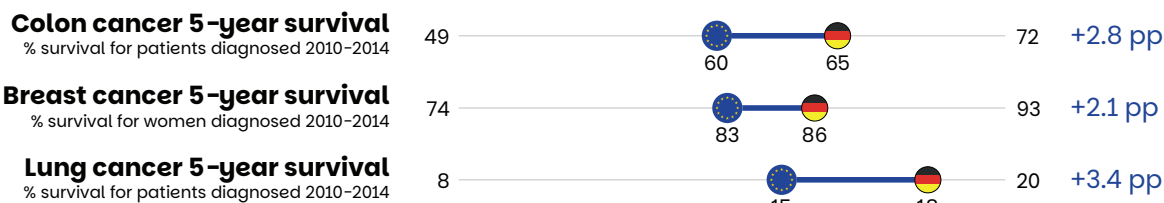


Mortality rate:

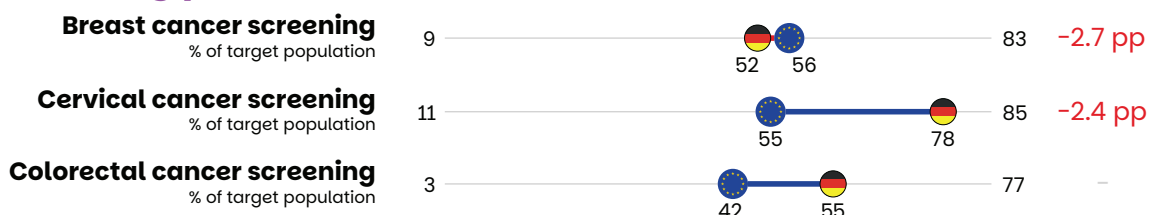


Survival rates:

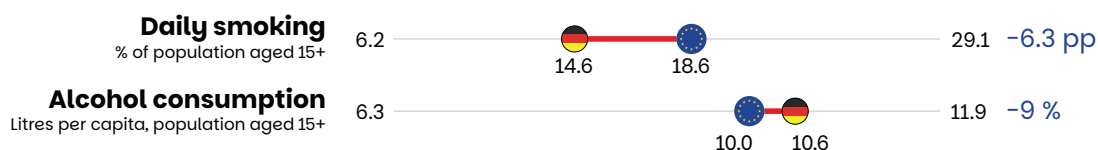
For the selection of cancers:



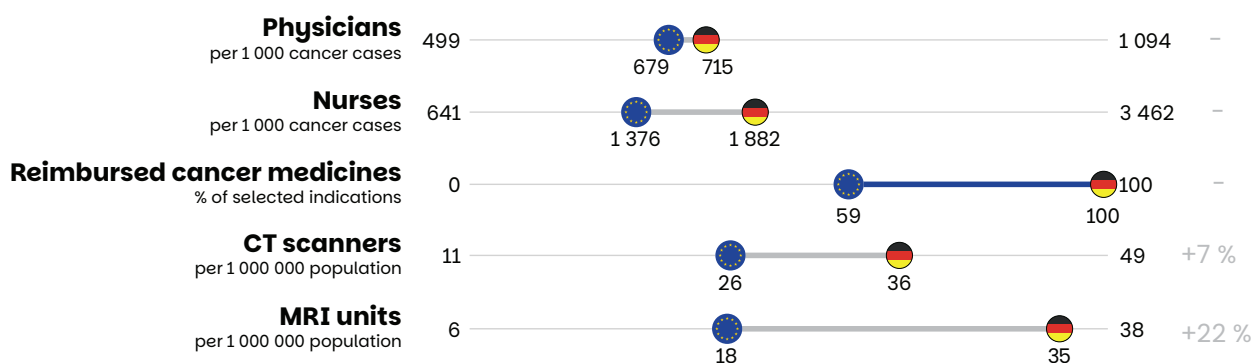
Screening performance



Risk factors



Human resources and infrastructure



NUMBER OF CLINICAL TRIALS: 3733

Endnotes

- <https://www.bundesgesundheitsministerium.de/service/publikationen/details/nationaler-krebsplan-handlungsfelder-ziele-und-umsetzungsempfehlungen.html> ; page 35
- https://innovationsfonds.g-ba.de/downloads/beschluss-dokumente/268/2022-10-17_WiZen_Ergebnisbericht.pdf
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- About DKTK :: DKTK
- EU Country Cancer Profile: Germany 2025 | OECD
- Startseite



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