European Network for the Study of Adrenal Tumors

Center of Excellence

**Checklist for certification**

Centers applying for initial certification should fill in data for the calendar year before application – If these data are not available – the starting point for data collection is the day of enrolment into the CoE program.

Centers applying for re-certification fill in data of the last calendar year (all key figures, not only annual data).

1. **General Requirements**

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| --- | --- |
| Center is registered as part of the ENSAT registry (approved by the local ethics committee) | 🞏 yes🞏 no |
| A minimum of 150 patients in the ENS@T registry is provided. | 🞏 yes🞏 nonumber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Infrastructure for biobanking is established (freezer, informed consent …) | 🞏 yes🞏 no |

1. **ENS@T Center of Excellence for Adrenocortical Carcinoma**

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| --- | --- |
| Application for ACC CoE? | 🞏 yes🞏 no |
| If yes, new Application?  | 🞏 yes🞏 no |
| If no, date of first accreditation? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| 1. Total number of patients (new and follow-up) per year (average of 3 years) seen in the center: ≥10 patients with proven adrenocortical carcinoma (ACC) as documented in the ENS@T registry
 | 🞏 yes🞏 nonumber: |
| 1. Current survival status (within the last 12 months) of at least 80% of patients diagnosed in the last 3 years
 | 🞏 yes🞏 no |
| 1. Mean clinical annotation (defined in the ENS@T registry) per patients: ≥ 5
 | 🞏 yes🞏 nonumber: |
| 1. A minimum of 30 different biosamples (e.g. tumor, blood, urine…) suitable and available for ENSAT research project
 | 🞏 yes🞏 nonumber: |
| Required board-certified medical specialties (signatures provided)EndocrinologistOncologist / radiation oncologistSurgical team experienced in endocrine oncology / adrenal surgeryRadiologist / nuclear medicine physician Pathologist with adrenal expertise (possible as established collaboration outside the center) | 🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no |
| Structural and technical requirements - Multidisciplinary team meetings, in all disciplines mentioned above, at least twice per month- Center specific standard-operating procedures for the management of patients with ACC (adapting the most recent ESE-ENS@T guidelines)- Facilities to review and manage patients in an in- and outpatient setting - Access to imaging facility (computed tomography, magnetic resonance imaging and PET scanning)\*- Access to laboratory facility for relevant hormone measurements - Dedicated website with key information (including contact data) for patients and referring doctors | 🞏 yes 🞏 noschedule:………………………………..🞏 yes 🞏 no………………………………..🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 noURL:   |

\* if PET imaging is generally not available for clinical practice in a given country, this requirement can be waived upon request

1. **ENS@T Center of Excellence for Pheochromocytoma / Paraganglioma**

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| Application for PPGL CoE? | 🞏 yes🞏 no |
| If yes, new Application?  | 🞏 yes🞏 no |
| If no, date of first accreditation? |  |

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| 1. Total number of patients (new and follow-up) per year (average of 3 years) seen in the center: 25 patients with proven PPGL as documented in the ENS@T registry
 | 🞏 yes🞏 nonumber: |
| 1. Current survival status (within the last 18 months) of at least 50% of patients diagnosed in the last 5 years
 | 🞏 yes🞏 no |
| 1. Mean clinical annotation (defined by the ENS@T registry) per patients: ≥5
 | 🞏 yes🞏 no |
| 1. Genetic status is available in at least 80% of patients diagnosed in the last 5 years\*

\* if genetic testing is not available in a given country, testing within ENSAT research projects should be aimed at.  | 🞏 yes🞏 nopercentage: % |
| 1. A minimum of 50 different biosamples (e.g. tumor, blood, urine…) suitable for ENSAT research project
 | 🞏 yes🞏 nonumber: |
| Required board-certified medical specialties (signatures provided)Endocrinologist or hypertensiologistSurgical team experienced in endocrine oncology / adrenal surgery (access to surgeons with special expertise in head and neck surgery)Radiologist/nuclear medicine physicianOncologist/radiation oncologist (optional)Pathologist with PPGL expertise (possible as established collaboration outside the center)Human geneticist (possible as established collaboration outside the center)  | 🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no |
| Structural and technical requirements - Multidisciplinary team meetings, in all disciplines mentioned above, at least twice per month- Center specific standard-operating procedures for the management of patients with PPGL (adapting the most recent ESE-ENS@T and Endocrine Society guidelines) - Facilities to review and manage patients in an in- and outpatient setting - Access to an imaging facility (at least computed tomography, magnet resonance imaging, PET scanning, somatostatin-based and MIBG-based imaging)\*- Access to somatostatin-based and MIBG-based therapy\*- Access to laboratory facility for relevant hormone measurements (including measurement of plasma or urinary metanephrines)- Dedicated website with key information (including contact data) for patients and referring doctors | 🞏 yes 🞏 noschedule:………………………………..🞏 yes 🞏 nodocumented how?………………………………..🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 noURL:   |

1. **ENS@T Center of for Adrenal Incidentaloma (Non-Aldosterone Producing Adrenocortical Adenoma)**

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| Application for NAPACA CoE? | 🞏 yes🞏 no |
| If yes, new Application?  | 🞏 yes🞏 no |
| If no, date of first accreditation? |  |

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| * 15 new patients evaluated in the center per year (average of 3 years) with NAPACAs greater than 4 cm as documented in the ENS@T registry.

or * 15 new patients with autonomous cortisol secretion per year (average of 3 years) evaluated in the center as documented in the ENS@T registry.

or* 10 new patients with bilateral masses per year (average of 3 years) evaluated in the center as documented in the ENS@T registry.

or* 50 new patients per year (average of 3 years) with adrenal incidentaloma (independent of tumor size) evaluated in the center as documented in the ENS@T registry.
 | 🞏 yes🞏 nonumber:🞏 yes🞏 nonumber:🞏 yes🞏 nonumber:🞏 yes🞏 nonumber: |
| 1. Current follow-up status# (within the last 18 months) of at least 50% of patients diagnosed in the last 5 years

# as defined by the registry | 🞏 yes🞏 no |
| 1. Results of dexamethasone suppression test are available in at least 80% of patients diagnosed in the last 3 years.
 |  |
| 1. Mean clinical annotation\* per patients 3
 | 🞏 yes🞏 no |
| 1. A minimum of 50 different biosamples (e.g. blood, urine, tumor…) suitable for ENSAT research project
 | 🞏 yes🞏 nonumber: |
| Required board-certified medical specialties (signatures provided)EndocrinologistRadiologistSurgeon experienced in adrenal surgery | 🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no |
| Structural and technical requirements - Interdisciplinary team meetings to discuss patients considered for surgery at least once per month- Center specific standard-operating procedures for the management of patients with NAPACA (adapting the most recent ESE-ENS@T guidelines)- Facilities to review and manage patients in an in- and outpatient setting - access to imaging facility (computed tomography, magnetic resonance imaging and PET scanning\*)- Access to laboratory facility for relevant hormone measurements - Dedicated website with key information (including contact data) for patients and referring doctors | 🞏 yes 🞏 noschedule:………………………………..🞏 yes 🞏 nodocumented how?………………………………..🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 noURL:   |

1. **ENS@T Center of Excellence for Aldosterone Producing Adenoma / Primary Aldosteronism**

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| Application for APA/PA CoE? | 🞏 yes🞏 no |
| If yes, new Application?  | 🞏 yes🞏 no |
| If no, date of first accreditation? |  |

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| 1. Total number of new patients per year (average of 3 years) seen in the center: 15 patients with proven primary aldosteronism as documented in the ENS@T registry
 | 🞏 yes🞏 nonumber: |
| 1. Current follow-up status# (within the last 18 months) of at least 50% of patients diagnosed in the last 5 years

# defined by the registry | 🞏 yes🞏 no |
| 1. Mean clinical annotation\* per patients 5
 | 🞏 yes🞏 no |
| 1. A minimum of 50 different biosamples (e.g. tumor, blood, urine…) suitable for ENSAT research project
 | 🞏 yes🞏 nonumber: |
| 1. Adrenal vein sampling at least 5/year
 | 🞏 yes🞏 nonumber: |
| Required board-certified medical specialties (signatures provided)Endocrinologist or hypertensiologistInterventional specialist experienced in adrenal vein samplingSurgeon experienced in adrenal surgery | 🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no |
| Structural and technical requirements - Interdisciplinary team meetings to discuss patients that will undergo surgery (at least once per month)- Standard-operating procedure for the management of patients with primary aldosteronism (adapting the most recent guidelines)- Facilities to review and manage patients in an in- and outpatient setting - State-of-the-art imaging facility (at least computed tomography and magnetic resonance imaging)- Access to state-of-the-art laboratory facility for relevant hormone measurements (intra-procedural cortisol measurement desirable)- Dedicated website with key information (including contact data) for patients and referring doctors | 🞏 yes 🞏 noschedule:………………………………..🞏 yes 🞏 nodocumented how?………………………………..🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 noURL:   |

1. **ENS@T Research Center of Excellence for adrenal tumors**

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| Application for Research CoE? | 🞏 yes🞏 no |
| If yes, new Application?  | 🞏 yes🞏 no |
| If no, date of first accreditation? |  |

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| --- | --- |
| At least one researcher is a principle investigator on basic, translational or clinical studies on adrenal tumors who has acquired national or international funding (documented within the last 5 years).  | 🞏 yes🞏 nonumber of researchers:sum of funding (5 years): |
| Number of publications of the team within the last 5 years: - 20 peer-reviewed, PubMed listed publications in the field - with at least 10 out of those with a leading authorship (first, senior or corresponding author) | 🞏 yes 🞏 nonumber:🞏 yes 🞏 nonumber: |
| Leading a basic/translational ENS@T studiesorContributing with essential techniques to an ENSAT studiesorPresenting at least one oral talk at one of the ENSAT meeting in the last 5 yearsorContributing in an ENSAT grant application | 🞏 yes 🞏 nonumber: 🞏 yes 🞏 nonumber: 🞏 yes 🞏 nonumber: 🞏 yes 🞏 nonumber:  |
| Active participations in ENSAT meetings:- orals- poster | 🞏 yes 🞏 nonumber (last 3 years):🞏 yes 🞏 nonumber (last 3 years): |
| Dedicated research facility:- clinical or IT research facilityor- lab space or- animal facility  | 🞏 yes 🞏 no🞏 yes 🞏 no🞏 yes 🞏 no |