

BIENNIAL REPORT

2023-2024



midt
Central Denmark Region

AH
AARHUS
UNIVERSITY
HOSPITAL

**Aarhus
Comprehensive
Cancer
Centre**



Aarhus Comprehensive Cancer Centre

Aarhus University Hospital (AUH) joined the Organisation of European Cancer Institutes (OECI) in June 2023. AUH began the accreditation process to become a Comprehensive Cancer Centre (CCC) in February 2024 and expects certification during 2025.

In the field of cancer, there is already a well-functioning interdisciplinary approach, multidisciplinary competences and well-integrated clinical and basic research collaboration between AUH and Aarhus University. Aarhus CCC has the ambition to deliver the highest standards in cancer pathways and AUH expects that the CCC accreditation will contribute to further develop and support this ambition.

Initiating the accreditation process to become a CCC is a step towards improving cancer treatment. This foundation allows us to work systematically, using action plans to ensure continued development and improvement. By focusing on structured approaches, we can ensure that our cancer care services evolve to meet the highest standards. Already, the CCC-self-evaluation process has provided us with greater insight into the treatment processes at AUH as well as improved data transparency and data overview of the entire cancer field at AUH.



Niels Frost Andersen
Clinical Director, MD
Department of Haematology
Chair, CCC Board

Signe Borgquist
Clinical Professor, Department Chair
Department of Oncology
Vice Chair, CCC Board



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A new Cancer Strategy for Aarhus CCC

In March 2024, the work was started to draft a cancer strategy at AUH, which was a part of the ambition to obtain accreditation as a CCC. The Cancer Strategy was approved by the CCC Board and the Hospital Management Board in October 2024. The work with this strategy is the basis for and a learning process towards drafting of the next Cancer Strategy 2028-2032 in which relevant departments and stakeholders will be involved.

The process of developing a cancer strategy is unique, as it is the first strategic plan for a specific major disease group across AUH.

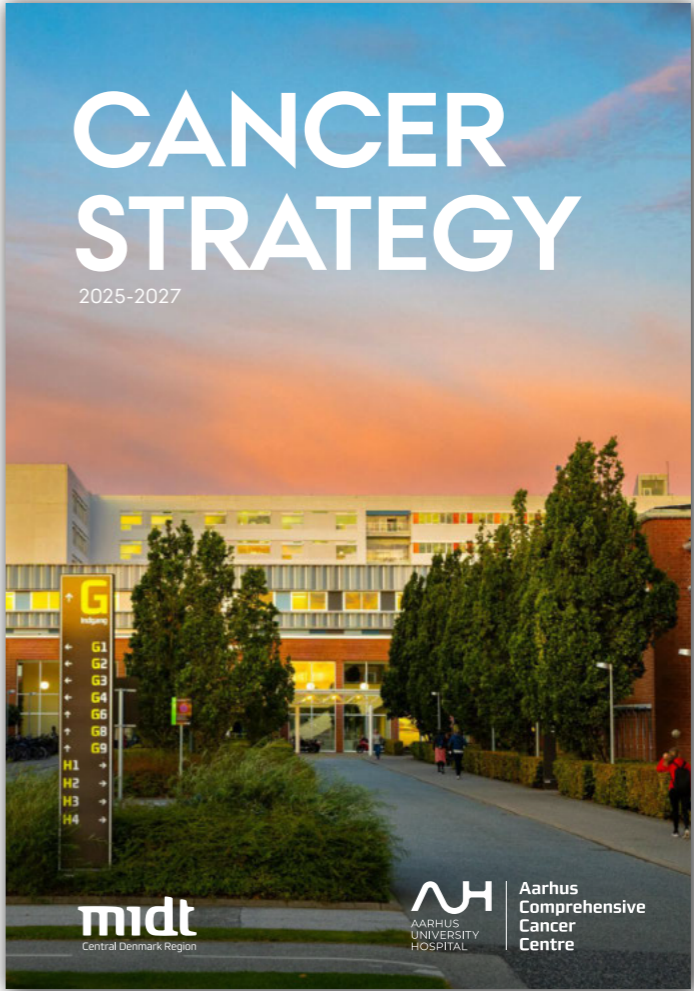
Patients with cancer constitute the largest patient group at AUH, and the majority of departments are involved in cancer diagnostics and treatment.

To both ensure continuous daily running and joint strategic development within this complex disease group, it is vital to ensure multidisciplinary coordination and cooperation throughout the patient pathway as well as between clinic practice and research.

Aarhus CCC will focus efforts for 2025-2027 within four main strategic tracks:



See **"Cancer Strategy 2025-2027"** for further information.



Goals for Aarhus CCC

- Systematic follow-up, analysis and communication of data to manage daily running, research and quality development
- Ongoing and systematic focus on development and improvement of cancer treatment by following-up on action plans for accreditation
- Prioritisation of resources and optimisation of workflow
- Increased collaboration, focus and quality in cancer research
- Strengthening of internal collaboration, network and knowledge-sharing
- Focus on quality assurance and patient involvement.



A new Cancer Research Strategy for Aarhus CCC

AUH has high ambitions in research and cancer research and will in collaboration with Aarhus University, Health take cancer research to the highest level to improve the lives and health of people.

Aarhus CCC has made a *Cancer Research Strategy 2025-2027*. In this strategy, the strategic track concerning research is unfolded.

See **"Strategy for Cancer Research 2025-2027"** for further information.

Focus in the period 2025-2027:

- Overview of total research activity
- Goals for research performance
- External counselling on further development of cancer research
- Communication of research
- Patient involvement in research

Aarhus CCC – management structure

The multidisciplinary cooperation and the work with the accreditation process to become a CCC have required the establishment of a CCC organisation with a CCC Board, a CCC Secretariat, a CCC Forum and a CCC Research Council.



CCC Board

The purpose of the CCC Board is to gather decision-making power across the hospital and contribute to continuity in discussions, decisions and initiatives at AUH in the field of cancer and Aarhus CCC. The CCC Board will focus on establishing joint pathways for patients with cancer at AUH, as well

as contribute to share ideas and agree on new initiatives and development opportunities within the field of cancer at AUH. The CCC Board is responsible for the overall management and governance of Aarhus CCC as well as the running of the CCC accreditation programme.



Members of the CCC Board

Tine Meyer, Clinical Director, BLS, Department of Pathology. **Jesper Skyttehave Rytter**, Clinical Director, RN, Department of Plastic and Breast Surgery. **Pernille Hauschildt**, Clinical Director, MD, Department of Respiratory Diseases and Allergy. **Gitte Aarøe Dam**, MD, Senior Consultant, Department of Hepatology and Gastroenterology. **Signe Borgquist**, Clinical Professor, Department Chair, Department of Oncology. **Niels Frost Andersen**, Clinical Director, MD Department of Haematology. **Louise Elkjær Fløe**, MD, Department of Oncology. **Marie Lass**, Special Administrative Consultant, Department of Quality. **Lisbeth Kallestrup**, Quality Director, Department of Quality. **Pernille Tine Jensen**, Senior Consultant/Professor, Department of Obstetrics and Gynaecology.

CCC Secretariat

The purpose of the CCC Secretariat is to ensure process management of the implementation of the accreditation programme and the daily running of the accreditation.

The Secretariat is responsible for ensuring coordination related to the CCC accreditation and new initiatives across the hospital in collaboration with departments.

CCC Forum

The purpose of the CCC Forum is to embed the accreditation as a CCC and to ensure involvement and ownership in the organisation. CCC Forum contributes to facilitate easy access to dialogue and

knowledge-sharing across the hospital through CCC ambassadors appointed from 38 clinical and paraclinical departments at AUH.

Participating clinical and paraclinical departments:

Anaesthesiology East	Geriatrics	Orthopaedic Surgery
Anaesthesiology North	Haematology	Otorhinolaryngology
Anaesthesiology South	Hepatology and Gastroenterology	Paediatrics and Adolescent Medicine
Cardiology	Infectious Diseases	Pathology
Cardiothoracic and Vascular Surgery	Intensive Care	Physiotherapy and Occupational Therapy
Clinical Biochemistry	Molecular Medicine (MOMA)	Plastic and Breast Surgery
Clinical Genetics	Neurology	Radiology
Clinical Immunology	Neurosurgery	Renal Medicine
Clinical Microbiology	Nuclear Medicine and PET-centre	Respiratory Diseases and Allergy
Clinical Pharmacology	Obstetrics and Gynaecology	Rheumatology
Danish Centre for Particle Therapy	Oncology	Surgery
Dermatology	Ophthalmology	Urology
Endocrinology and Internal Medicine	Oral and Maxillofacial Surgery	

Non-participating departments: Clinical Epidemiology, Trauma Centre and Emergency, Functional Disorders and Psychosomatics, Occupational Medicine, Steno Diabetes Center Aarhus.



Members of the AUH Research Council

2 representatives from the AUH Hospital Management Board:

- Michael Bräuner Schmidt, Chief Medical Officer
- Susanne Lauth, Chief Nursing Officer

5 clinical professors at AUH:

- Henning Andersen, Clinical Professor, Department of Neurology
- Claus Lindbjerg Andersen, Professor, Department of Molecular Medicine
- Signe Borgquist, Clinical Professor, Department of Oncology
- Klaus Krogh, Clinical Professor, Department of Hepatology and Gastroenterology
- Pernille Tine Jensen, Clinical Professor, Department of Obstetrics and Gynecology (Chair)

1 professor with an applied science background in health sciences at AUH:

- Inger Mechlenburg, Professor, Department of Orthopedic Surgery

2 younger research representatives at AUH:

- Marie Skougaard, PhD, MD, Department of Clinical Immunology
- Jesper Damsgaard Gunst, PhD, MD, Department of Infectious Diseases

2 representatives from the department management level at AUH:

- Gorm von Oettingen, Clinical Director, MD, Department of Neurosurgery
- Eva Hansen Lüders, Clinical Director, RN, Department of Cardiology

Representatives from AU:

- Jørgen Frøkiær, Professor and Head of Department, Department of Clinical Medicine
- Helle Terkildsen Maindal, Professor and acting Head of Department of Public Health
- Thomas G. Jensen, Professor and Head of Department of Biomedicine
- Christina Dahl, Leader of Research Support Office

Secretary from AU

- Birgit Christensen, Research Funding Advisor, Research Support Office

CCC Research Council

Since June 2024, the CCC Research Council has been represented in the AUH Research Council with a fixed item on the agenda concerning cancer, including CCC accreditation and strategy for cancer research.

AUH Research Council is a strategic, advisory and guiding council with participation of the hospital top management level. AUH Research Council can make decisions within a given framework and report directly to the Hospital Management Board.

The CCC Research Council and the Hospital Management Board at AUH and Aarhus University, Health are responsible for the implementation of the *Cancer Research Strategy 2025-2027*.

Major events Aarhus CCC 2023-2024

2023

- CCC visits
 - Visit at Vejle Hospital
 - Visit at Sahlgrenska University Hospital, SCCC
 - Visit at Oslo University Hospital, OUS CCC
- OECI
 - Member Organisation of European Cancer Institutes (OECI)
 - Member and participation in Nordic-Baltic Network under OECI
 - OECI Oncology Days in Paris
- EU
 - Member and participation in EU Joint Action Networks of Expertise on Cancer "JANE"
 - Member and participation in EU Joint Action European Network on Comprehensive Cancer Centres "JA EUnetCCC"
- Investigation, evaluation and report on CCC accreditation
- Hospital Management Board decision to enter a CCC accreditation process

2024

- Best cancer hospital in Denmark
- CCC visits
 - Visit at Oslo University Hospital, OUS CCC
- OECI
 - OECI Oncology Days in Helsinki
- Participation at Danish Cancer Research Days in Odense
- Cancer Strategy 2025-2027
- Cancer Research Strategy 2025-2027

Core Activity Data 2023



Cancer Patients



Cancer patients
incl. follow-up:
31,528



New cancer
patients:
10,228



Cancer patients
excl. follow-up:
23,172



Obs. cancer
patients:
11,174

Contacts



Outpatient consultations:
210,856



Day chemotherapy visits:
51,192



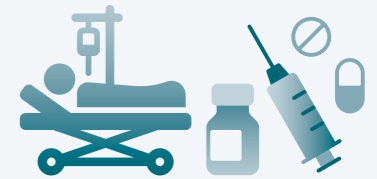
Virtual contacts:
63,959



Inpatient beds for
overnight stays:
157



Visits for inpatients
stays:
15,436



Chair/beds for systemic
treatment:
167

Treatment



Systemic treatments:
86,681



Patients in sytemic treatment:
10,335



Radiation treatments:
66,452



Patients in radiation treatments:
4,308



Surgeries:
11,398



Re-surgeries:
973



Endoscopies:
9,221

Diagnostic



CT examinations:
22,116



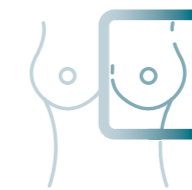
PET CT examinations:
5,903



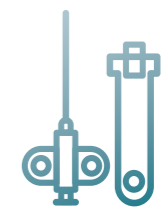
Cytologies:
14,452



MRI examinations:
6,874

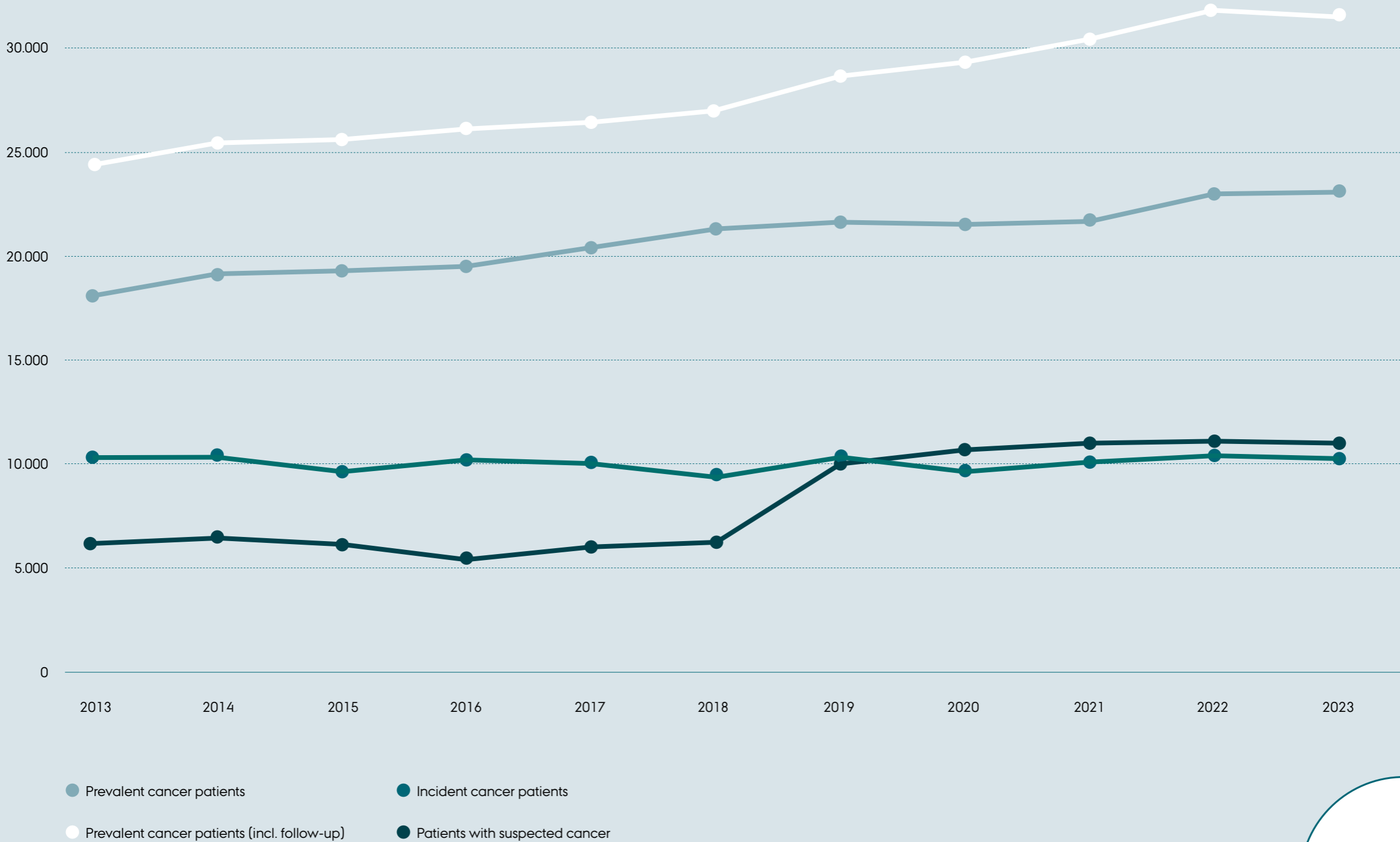


Mammography examinations:
4,763



Biopsis:
110,991

Cancer patients 2013-2023



2023 Diagnostic group	Prevalent unique cancer patients	Prevalent unique cancer patients (incl. Controls)	Incident new patients	Radiotherapy	Unique patients in radiotherapy	Systemic treatment	Unique patients in systemic treatment	Number of operations	Number of reoperations	Percentage of reoperations
Bone and soft tissue tumours: primary bone	83	83	47	160	10	321	24	32	3	9.4%
Bone and soft tissue tumours: Soft tissue	545	545	181	1,193	101	1,804	246	160	32	20.0%
Breast cancer	3,651	3,651	1,082	13,683	974	21,463	2,556	527	32	6.1%
Gastrointestinal cancer: colon	411	411	213	209	35	2,940	208	82	31	37.8%
Gastrointestinal cancer: liver	372	372	185	462	35	1,495	129	63	9	14.3%
Gastrointestinal cancer: oesophagus	158	158	92	880	49	719	71	51	14	27.5%
Gastrointestinal cancer: Others	551	551	262	407	35	2,109	206	104	18	17.3%
Gastrointestinal cancer: pancreas	443	443	208	49	11	3,244	186	54	16	29.6%
Gastrointestinal cancer: rectum	503	503	263	2,722	157	2,685	168	149	27	18.1%
Gastrointestinal cancer: stomach	345	345	235	812	52	1,781	158	164	32	19.5%
Gynaecological cancer: cervix	185	185	113	1,175	52	317	50	94	2	2.1%
Gynaecological cancer: endometrial	288	288	185	254	19	527	69	173	13	7.5%
Gynaecological cancer: Others	180	180	99	821	37	433	60	76	8	10.5%
Gynaecological cancer: ovary	254	254	111	83	15	1,222	146	78	9	11.5%
Haematological malignancies: All leukaemias	1,232	1,232	236	141	36	2,876	402	10	0	0.0%
Haematological malignancies: Hodgkin's Lymphoma	614	614	121	312	52	7,327	368	7	0	0.0%
Haematological malignancies: Myeloma	173	173	24	106	7	406	38	2	1	50.0%
Haematological malignancies: NonHodgkin's Lymphoma	383	383	49	122	11	624	78	2	0	0.0%
Head and neck cancer: hypopharynx	49	49	19	471	23	76	14	13	4	30.8%
Head and neck cancer: larynx	90	90	48	774	31	46	10	24	3	12.5%
Head and neck cancer: nasopharynx	15	15	10	185	7	22	5	1	0	0.0%
Head and neck cancer: oropharynx	137	137	76	1,751	61	268	49	27	6	22.2%
Head and neck cancer: others	57	57	30	429	17	66	10	34	7	20.6%
Head and neck cancer: thyroid	392	392	148	329	24	14	5	59	1	1.7%
Lung cancer	1,780	1,780	985	7,081	704	4,404	685	378	67	17.7%
Male genitals organs cancer: others	87	87	53	273	11	147	14	88	7	8.0%
Male genitals organs cancer: prostate	3,530	3,530	810	13,911	686	8,639	2,015	327	5	1.5%
Male genitals organs cancer: testis	134	134	77	187	12	840	42	37	6	16.2%
Neuro-oncological: Central nervous system	258	258	120	2,740	108	2,068	143	10	0	0.0%
Neuro-oncological: Others	68	68	47	129	6	26	4	56	21	37.5%
Paediatric malignancies: all cancers (age 0<15)	147	147	70	1,120	47	1,695	86	35	1	2.9%
Skin cancer: melanoma of the skin	1,074	1,074	691	128	20	2,012	262	865	27	3.1%
Skin cancer: Others	2,302	2,302	1,440	3,025	213	194	50	2,367	44	1.9%
Urological cancer: bladder	399	399	220	517	55	1,829	182	202	28	13.9%
Urological cancer: kidney	834	834	348	326	51	3,022	362	235	6	2.6%
Other	3,087	3,087	1,330	9,485	709	9,020	1,620	4,812	493	10.2%
Total	23,172	31,528	10,228	66,452	4,308	86,681	10,335	11,398	973	8.5%

Patient satisfaction

The cancer patients at AUH were very satisfied with their hospital treatment in 2023 according to a national survey of patient-reported experiences in Danish

hospitals 2023. A total of 6,198 patients with cancer completed a questionnaire about their experiences.

Average satisfaction among cancer patients at AUH (2023)			
Questions	Outpatients	Inpatients (elective)	Inpatients (acute)
Did you experience that a certain doctor took overall responsibility for your overall pathway?	3,95	3,95	3,93
Did the staff ask for your description of your illness/condition?	4,28	4,27	4,3
Were you involved in making decisions about your examination/treatment to the extent that you needed to?	4,2	4,15	3,93
Did you get all the information you needed?	4,36	4,3	4,18
Did the staff give you enough information to make you feel at ease after your visit/admission?	4,43	4,34	4,27
Was the verbal information you received during your visit/admission understandable?	4,47	4,44	4,36
Were the staff kind and welcoming?	4,69	4,71	4,63
Are you overall satisfied with your visit/admission?	4,53	4,54	4,41
Are you satisfied with the treatment you received for your illness/condition?	4,52	4,58	4,42

The questions have been translated from Danish and have not been validated in English. Average score on a scale from 1 (not at all) to 5 (very much). Data is from the National Survey of Patient Reported Experiences (Landsdækkende Undersøgelse af Patientoplevelser - LUP)





Quality

National Cancer patient pathways - compliance 2023

The Danish Health Authority has defined individual cancer pathways called "National Cancer Patient Pathways" in Denmark. National Cancer Patient Pathways are national guidelines for the treatment of patients with suspected cancer diseases.

The table below shows AUHs compliance of the National Cancer Patient Pathways.

Aarhus University Hospital 2023 (Gross, including patients own wish to wait and clinically justified waiting time)	Number	Percent
Acute leukemia and advanced myelodysplastic syndrome	47	70.2%
Anal cancer	53	69.8%
Breast cancer	316	71.5%
Head and neck cancer	357	72.3%
Bladder cancer	169	45.0%
Pancreas cancer	115	92.2%
Bile duct cancer	53	88.7%
Kidney cancer	169	64.5%
Penile cancer	36	38.9%
Prostate cancer	106	53.8%
Oesophagus and stomach cancer	181	85.1%
Testicle cancer		
Colon and rectal cancer	196	66.3%
Cancer of the external female sexual organ	67	68.7%
Ovarian cancer	217	71.0%
Eye and orbital cancer		
Cervical cancer	99	68.7%
Uterine cancer	161	40.4%
Cancer of the pleura	13	84.6%
Lung cancer	915	83.9%
Cancer of the lymph nodes and lymphocytic leukemia	159	76.7%
Malignant melanoma	748	90.2%
Multiple myeloma	47	89.4%
Renal pelvis and ureter cancer	11	63.6%
Primary brain cancer	52	86.5%
Primary liver cancer	91	82.4%
Soft tissue sarcoma	187	70.6%
Bone sarcoma	31	90.3%
In total	4,596	75.8%



Key indicators in research 2023



Declarations of Invention (DOI's):
24



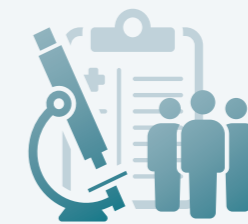
International peer-reviewed publications:
697



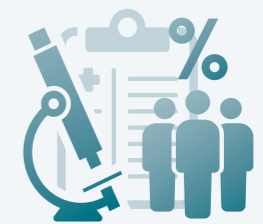
Total publications with impact factor > 10:
109



Studies:
854



New patients included in clinical trials:
986



Percentage of new patients included in clinical trials:
9.6%



Total FTE dedicated to cancer research:
398



Completed Ph.D. degrees
22

Maximum waiting times – compliance 2024

All patients with cancer (there are a few exceptions) have legally guaranteed rights for maximum waiting times in accordance with the Danish Health Act.

Read more about the maximum waiting times:

 [The Ministry of the Interior and Health](#)

Aarhus University Hospital (January - July 2024)	Number	Percent
Completed patient pathways in total	15,306	
Completed patient pathways within the maximum waiting times	14,382	94,0%
Patient pathways exceeding maximum waiting times	7	0,0%
Patient pathways exceeding the maximum waiting time at the patient's discretion	358	2,3%
Patient pathways exceeding the maximum waiting time due to the patient's health status	532	3,5%
Patient pathways that exceeding the maximum waiting time due to lack of capacity	27	0,2%

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Palle Juul-Jensens Boulevard 99
8200 Aarhus N, Denmark

E-mail: auh.ccc-funktionspostkasse@rm.dk

www.ccc.en.auh.dk