

Optimal Resources for Cancer Care (2027 Standards) **CoC Standards Preview of Changes**

This Overview of Changes is not a substitute for reading the CoC standards in their entirety. Please refer to [Optimal Resources for Cancer Care \(2027 Standards\)](#) (available December 2026) for full details.

Standard	Edit Made
Standards Requiring Annual Review	Added Standard 4.9: Exercise Oncology Services
All Standards	Moved the Specifications by Category from end of manual into each applicable standard
Standard 2.2: Cancer Liaison Physician	- Changed requirement for Cancer Liaison Physician (CLP) to present four reports instead of two. This replaces the RCRS reports previously at Standard 6.4 - Added details as to which NCDB and RCRS reporting tools should be used for the CLP reports
Standard 4.4: Genetic Counseling and Risk Assessment	For Pediatric Cancer Program (PCP) and CoC Pediatric Specialty Accreditation (CoC-PS) Specifications by Category: Moved requirement for screening and active surveillance of syndromic patients from Standard 8.3 to Standard 4.4
Standard 4.9: Exercise Oncology Services	New standard for implementation in 2028

Standard	Edit Made
Standard 5.3: Sentinel Node Biopsy for Breast Cancer	- Added “Removal of nodes that do not correspond to a selected identification method does not meet compliance, unless the node is documented as being palpably suspicious” to Definition and Requirements - Clarified that synoptic elements and responses must be included in the operative report of record - Updated synoptic elements and responses - Updated Measure of Compliance section For Integrated Network Cancer Program (INCP) and NCI-Designated Network Cancer Program (NCIN) Specifications by Category: - Added clarification that compliance for the standard is evaluated separately for each facility in the network
Standard 5.4: Axillary Lymph Node Dissection	- Added “For appropriately selected patients, ALND serves two purposes: (1) to provide important staging and prognostic information that can inform treatment decisions, and (2) to improve locoregional disease control” to Definition and Requirements - Clarified that synoptic elements and responses must be included in the operative report of record - Updated synoptic elements and responses For Integrated Network Cancer Program (INCP) and NCI-Designated Network Cancer Program (NCIN) Specifications by Category: - Added clarification that compliance for the standard is evaluated separately for each facility in the network
Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma	- Clarified that synoptic elements and responses must be included in the operative report of record For Integrated Network Cancer Program (INCP) and NCI-Designated Network Cancer Program (NCIN) Specifications by Category: - Added clarification that compliance for the standard is evaluated separately for each facility in the network

Standard	Edit Made
Standard 5.6: Colon Resection	- Added “In some cases, tumor location may be determined intraoperatively to be different from preoperative assessment” under Tumor Location - Added “In the event that the middle colic artery and vein is absent or dangerously short, then ligation at the origin of the left or right branch of the middle colic artery and vein is acceptable” under Extent of Colon and Vascular Resection - Clarified that a distinct synoptic section is required if more than one primary tumor/resection is involved - Clarified that synoptic elements and responses must be included in the operative report of record - Updated synoptic elements and responses - Added “including emergent cancer operations when the cancer is biopsy-proven or suspected” to Scope of Standard - Updated Measure of Compliance section For Integrated Network Cancer Program (INCP) and NCI-Designated Network Cancer Program (NCIN) Specifications by Category: - Added clarification that compliance for the standard is evaluated separately for each facility in the network
Standard 5.7: Total Mesorectal Excision	Removed “primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy)” from Scope of Standard
Standard 5.8: Pulmonary Resection	- Revised the Scope of Standard - Removed “primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy)” from Scope of Standard - Updated Bibliography
Standard 6.1: Cancer Registry Quality Control	Updated names of data items under follow-up information in line with updated terminology in STORE.

Standard	Edit Made
Standard 6.2: Rapid Cancer Reporting System: Data Submission	- Renumbered from Standard 6.4 - Outlined existing annual and monthly submission requirements - Included information on how the RCRS Submission Report is used to determine compliance - Removed reporting requirements (now included at Standard 2.2) - Incorporated proactive deficiency resolution process so data submission issues can be resolved before a site visit.
Standard 6.3: Follow-Up of Patients	- Renumbered from Standard 6.5 - Changed start of follow-up window from “the most current year of completed cases” to “the current year” - Added a table providing example follow-up windows
Standard 7.2: Quality Improvement Initiative	Renumbered from Standard 7.3
Standard 7.3: Monitoring Concordance with Evidence-Based Guidelines	Renumbered from Standard 7.2
Standard 8.3: Cancer Screening Event	For Pediatric Cancer Program (PCP) and CoC Pediatric Specialty Accreditation (CoC-PS) Specifications by Category: Moved requirement for screening and active surveillance of syndromic patients from Standard 8.3 to Standard 4.4
Specifications by Category	Moved specifications to applicable standards and updated this section to include a list of all standards with specifications.