ACS / CoC Commission on Cancer
American College of Surgeons

Optimal Resources for Cancer Care (2020 Standards)
CoC Standards Change Log

This changelog is not a substitute for reading the CoC standards in their entirety. Please refer to *Optimal Resources for Cancer Care (2020 Standards)* for full details. **New changes are highlighted in blue.**

Standard	Date Change Made	Edit Made	Reason
Cancer Program Standards Rating System and Accreditation Awards	February 1, 2024	**Not Accredited – Corrective Action Required:** Initial applicants for CoC accreditation are allowed four or fewer noncompliant standards ratings. Previously one or two noncompliant ratings.	Updated compliance requirement
Cancer Program Standards Rating System and Accreditation Awards	February 1, 2024	**Not Accredited:** Awarded when initial applicants for CoC accreditation receive five or more noncompliant standards ratings. Previously three or more noncompliant ratings.	Updated compliance requirement
Cancer Program Standards Rating System and Accreditation Awards	November 11, 2021	Updated names and definitions for accreditation statuses	Update
Copyright Notice	June 21, 2023	Update to copyright notice	Update
Table of Contents and throughout the manual	February 24, 2023	Title updated Standard 7.1: Quality Measures	Update
All Standards and throughout the manual	February 1, 2024	The NCRA updated the CTR credential to ODS effective January 1, 2024. **Oncology Data Specialist (ODS)** has replaced Certified Tumor Registrar (CTR) throughout the manual. There are no changes to the CoC Standards resulting from this update.	Updated terminology and consistency

Standard	Date Change Made	Edit Made	Reason
Standard 2.1: Cancer Committee & INCP/NCIN Specifications by Category	April 6, 2022	Pastoral care representative changed to spiritual care representative	Update
Standard 2.1: Cancer Committee	February 24, 2023	Documentation section updated to include Cancer Committee Template	Update
Standard 2.3: Cancer Committee Meetings	February 24, 2023	Documentation section updated to include Cancer Committee Template	Update
Standard 2.4: Cancer Committee Attendance	February 24, 2023	Documentation section updated to include Cancer Committee Template	Update
Standard 2.5: Multidisciplinary Cancer Case Conference	February 12, 2020	Pathologic stage changed to "pathological" stage	Typographical error
Standard 2.5: Multidisciplinary Cancer Case Conference	February 24, 2023	Documentation section updated to include Multidisciplinary Cancer Case Conference Template	Update
Standard 2.5: Multidisciplinary Cancer Case Conference	October 25, 2019	"Hold specialty- or site-specific multidisciplinary cancer case conferences as long as there is a mechanism to present cases for evaluation at a multidisciplinary cancer case conference that do not fit into the defined specialty or site-specific conferences"	Typographical error
Standard 3.2: Evaluation and Treatment Services	October 25, 2019	Systematic changed to systemic	Typographical error
Standard 3.2: Evaluation and Treatment Services	February 24, 2023	Language updated: "Quality assurance practices are in place for ~~the required services~~ **diagnostic imaging services, radiation oncology services, and systemic therapy services**"	Clarity and consistency
Standard 3.2: Evaluation and Treatment Services	February 24, 2023	CoC-accredited programs must document accreditation for anatomic pathology from one of the approved accreditation organizations. Please refer to Standard 3.2 for full details.	New compliance requirement
Standard 4.1: Physician Credentials	February 24, 2023	Documentation section updated to include Physician Certification Credentials Template	Update

Standard	Date Change Made	Edit Made	Reason
Standard 4.2: Oncology Nursing Credentials	February 9, 2021	"Phase-in Standard" designation removed. Standard implemented in 2021.	Update
Standard 4.2: Oncology Nursing Credentials	February 24, 2023	All references in all standards to CNE (Continuing Nursing Education) have been replaced with NCPD (Nursing Continuing Professional Development)	Updated terminology and consistency
Standard 4.2: Oncology Nursing Credentials	February 24, 2023	Documentation section updated to include Oncology Nursing Credentials Template	Update
Standard 4.3: Cancer Registry Staff Credentials	February 24, 2023	Documentation section updated to include Cancer Registry Staff Credentials Template	Update
Standard 4.4: Genetic Counseling and Risk Assessment	February 9, 2021	Language added: "Programs should consider conflict of interest when choosing professionals to provide cancer risk assessment and genetic counseling."	Additional guidance based on program feedback
Standard 4.4: Genetic Counseling and Risk Assessment	April 6, 2022	Qualification that the advanced practice oncology nurse or physician assistant must be "prepared at the graduate level (masters or doctorate)" removed.	Clarity and consistency
Standard 4.4: Genetic Counseling and Risk Assessment	February 24, 2023	The list of qualifying genetic professional credentials has been revised and updated. Please refer to Standard 4.4 for full details.	Update
Standard 4.8: Survivorship Program	February 9, 2021	"Phase-in Standard" designation removed. Standard implemented in 2021.	Update
Chapter 5 Rationale	February 9, 2021	Additional language added	Additional guidance based on feedback
Standard 5.1: College of American Pathologists Synoptic Reporting	February 1, 2024	"The audit must be performed by a clinician. It is recommended, but not required, that the audit be performed by a pathologist."	Clarified compliance requirement
Standard 5.1: College of American Pathologists Synoptic Reporting	June 21, 2023	"The internal audit must evaluate a minimum of 20 total surgical resection cases. The selected cases must include at least three different disease sites."	Clarified compliance requirement

Standard	Date Change Made	Edit Made	Reason
Standard 5.1: College of American Pathologists Synoptic Reporting	February 24, 2023	Pathology reports will no longer be reviewed during the site visit to confirm compliance with synoptic reporting. New Requirement: Each calendar year, the cancer program must conduct an internal audit confirming at least 90% of eligible cancer pathology reports are structured using synoptic reporting. Please refer to Standard 5.1 for full details.	Revised compliance requirement
Standard 5.1: College of American Pathologists Synoptic Reporting	January 8, 2020	"All core elements must be reported (whether applicable or not)" changed to "All core elements must be reported whether applicable or not, except for those that are defined as "conditional." Elements identified in the Cancer Protocols as "conditional" only need to be reported if applicable.	Clarity
Standards 5.3-5.6	February 1, 2024	"Phase-In Standard" has been removed from Standards 5.3 – 5.6. The phase-in period has ended.	Update
Standards 5.3-5.8	November 11, 2021	A link to facs.org/cocstandardsupdates added to each standard.	To facilitate easy access to current implementation information.
Standard 5.3: Breast Sentinel Node Biopsy	November 11, 2019	"Phase-in Standard" added to top of standard.	Omission
Standard 5.3: Breast Sentinel Node Biopsy	February 9, 2021	Language and required elements/responses updated.	Additional guidance/clarity based on feedback
Standard 5.4: Breast Axillary Dissection	February 9, 2021	Language and required elements/responses updated.	Additional guidance/clarity based on feedback
Standard 5.5: Primary Cutaneous Melanoma	February 9, 2021	Language and required elements/responses updated.	Additional guidance/clarity based on feedback
Standard 5.6: Colon Resection	February 9, 2021	Language and required elements/responses updated.	Additional guidance/clarity based on feedback

Standard	Date Change Made	Edit Made	Reason
Standard 5.6: Colon Resection	February 24, 2023	Table for required elements of synoptic reporting updated. For applicable elements, added: *(select all that apply)*	Update
Standard 5.6: Colon Resection	February 24, 2023	Language updated: "This standard applies to all resections performed with curative intent for patients with colon **adenocarcinoma** ~~cancer~~, and applies to all operative approaches."	Clarity
Standard 5.7: Total Mesorectal Excision	February 9, 2021	Language updated. "Phase-in Standard" designation removed. Standard implemented in 2021.	Additional guidance/clarity based on feedback
Standard 5.7: Total Mesorectal Excision	February 24, 2023	Language updated: "This standard applies to all radical, anatomic operations for rectal adenocarcinoma performed with curative intent and excludes **in-situ lesions and** primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy).	Clarity
Standard 5.8: Pulmonary Resection	February 1, 2024	***Scope of Standard*** updated to exclude primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy).	Clarified compliance requirement
Standard 5.8: Pulmonary Resection	February 9, 2021	Language updated. "Phase-in Standard" designation removed. Standard implemented in 2021.	Additional guidance/clarity based on feedback
Standard 6.1: Cancer Registry Quality Control	February 24, 2023	Documentation section updated to include Cancer Registry Quality Control Template	Update
Standard 6.2: Data Submission	February 9, 2021	"Standard retired in 2021" notation added.	Rapid Cancer Reporting System release
Standard 6.3: Data Accuracy	February 9, 2021	"Standard retired in 2021" notation added.	Rapid Cancer Reporting System release

Standard	Date Change Made	Edit Made	Reason
Standard 6.4: Rapid Cancer Reporting System	February 9, 2021	Requirements updated in line with Rapid Cancer Reporting System release.	Rapid Cancer Reporting System release
Standard 6.5: Follow-Up of Patients	November 11, 2019	"Patients diagnosed on or after January 1, 2006, and classified as Class of Case 00" changed to "Analytic cases Class of Case 00"	Alignment with STORE manual
Standard 6.5: Follow-Up of Patients	March 19, 2021	Long-term follow up limited to 2004 or reference date, whichever is more recent.	NCDB is no longer requiring follow up information from before 2004
Standard 6.5: Follow-Up of Patients	November 11, 2021	Follow up requirement changed to a rolling 15-year requirement. This change supersedes the change made on March 19, 2021.	NCDB is no longer requiring follow up information older than 15 years
Standard 6.5: Follow-Up of Patients	November 11, 2021	"Patients or Patients family" removed as a method for obtaining follow up.	Alignment with STORE manual
Standard 6.5: Follow-Up of Patients	April 6, 2022	Language defining the 15-year rolling requirement was updated, including the examples.	Correction
Standard 6.5: Follow-Up of Patients	April 6, 2022	Pediatric measure of compliance moved to the Specifications by Category section of the manual. PCPs no longer have differing requirements.	Update
Standard 7.1: Quality Measures	February 24, 2023	Title updated ~~Accountability and Quality Improvement Measures~~ Standard 7.1: Quality Measures	Update
Standard 7.2: Monitoring Concordance with Evidence-Based Guidelines	February 24, 2023	Documentation section updated to include Monitoring Concordance with Evidence-Based Guidelines Template	Update
Standard 7.3: Quality Improvement Initiative	February 24, 2023	Documentation section updated to include Quality Improvement Initiative Template	Update

Standard	Date Change Made	Edit Made	Reason
Standard 7.3: Quality Improvement Initiative	February 12, 2020	Under "1. Review Data to Identify the Problem": Problems identified through review of NCDB data ~~other than accountability or quality improvement measures~~, including Cancer Quality Improvement Program (CQIP)	Clarification (accountability and quality improvement measures may be used as a basis for a QI initiative (see first bullet point in the list in standard))
Standard 7.4: Cancer Program Goal	February 24, 2023	Documentation section updated to include Cancer Program Goal Template	Update
Standard 8.1: Addressing Barriers to Care	February 24, 2023	Documentation section updated to include Addressing Barriers to Care Template	Update
Standard 8.2: Cancer Prevention Event	October 25, 2019	"Prevention events focus on at least one of two intended results: (1) a change in behavior that reduces the risk a cancer will develop, and/or (2) an increase **in** the participant's knowledge and awareness of cancer risks."	Typographical omission
Standard 8.2: Cancer Prevention Event	February 24, 2023	Documentation section updated to include Prevention Community Outreach Template	Update
Standard 8.3: Cancer Screening Event	February 24, 2023	Documentation section updated to include Screening Community Outreach Template	Update
Standard 9.1: Clinical Research Accrual	October 25, 2019	NCI programs noted as exempt in chart	Fixing error
Standard 9.1: Clinical Research Accrual	February 24, 2023	Calculating Compliance section of this standard has been revised to improve clarity. Documentation section updated to include Clinical Research Accrual Template. Requirements and compliance measures remain unchanged.	Clarity and Consistency
Standard 9.1: Clinical Research Accrual	September 25, 2023	Pediatric Cancer Program category requirement for clinical research accrual corrected to 50%	Typo correction
All Standards	February 9, 2021	"site visit reviewer" changed to "site reviewer"	Updated terminology

Standard	Date Change Made	Edit Made	Reason
Specifications by Category- INCP and NCIN	February 1, 2024	**Standard 2.1:** An American Cancer Society representative is recommended, but not required.	Update
Specifications by Category- INCP and NCIN	February 1, 2024	**Standard 5.1:** The network cancer program must conduct an internal audit of cancer pathology reports which includes a minimum of 20 eligible surgical resection pathology reports from each facility within the network. The audit(s) must comply with the standard as written.	Update
Specifications by Category- INCP and NCIN	June 21, 2023	Phase-in requirements and exemptions which were applicable through calendar year 2022 have been removed.	Update
Specifications by Category- INCP and NCIN	November 11, 2021	Specifications for Integrated Network Cancer Program and NCI-Networks updated to include requirements and clarification for how standards apply in the network setting.	Update
Specifications by Category- INCP and NCIN	November 11, 2021	**Standard 2.2:** Co-CLPs changed to "two CLPs"	Clarification based on feedback
Specifications by Category- Hospital Associate Cancer Program	March 22, 2023	**Standard 2.1:** HACP facilities are exempt from the requirement to have a Clinical Research Coordinator as a member of the Cancer Committee.	Clarity and Consistency
Specifications by Category- Pediatric Cancer Program	February 1, 2024	Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma added to the list of PCP exempt standards.	Clarification Update
Specifications by Category- Pediatric Cancer Program	June 21, 2023	Phase-in requirements and exemptions which were applicable through calendar year 2022 have been removed.	Update
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 2.1:** NOTE: Radiation oncology is recommended, but not required under either structure.	Clarification Update

Standard	Date Change Made	Edit Made	Reason
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 2.2:** The CLP must be a pediatric physician specialist. Programs adding a secondary pediatric accreditation to an existing CoC accreditation must have two CLPs, one for the adult cancer program, and a second CLP for the Pediatric Cancer Program. The pediatric physician specialist CLP is not required to present NCDB data to the cancer committee.	Clarification Update
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 2.5:** Clinical and/or pathological staging discussions for pediatric patients must utilize standard staging methods for pediatric cancers.	Clarification Update
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 3.2:** There must be a radiologist available for referral to address side effects or complications of radiation exposure during cancer care for pediatric patients. Required policies and procedures must address pediatric cancer care, where applicable. Examples of quality assurance guidelines for pediatric care include: American Society of Pediatric Hematology/Oncology (ASPHO) and Association of Pediatric Hematology/Oncology Nurses (APHON).	Clarification Update
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 4.4:** Programs adding a secondary pediatric accreditation to an existing CoC accreditation must complete two reviews by the cancer committee for "Evaluating Genetic Counseling and Risk Assessment Services" each calendar year: one for the adult cancer program, and a second review for the Pediatric Cancer Program.	Clarification Update

Standard	Date Change Made	Edit Made	Reason
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 4.6:** Programs adding a secondary pediatric accreditation to an existing CoC accreditation must complete two reviews by the cancer committee for "Evaluating Rehabilitation Care Services" each calendar year: one for the adult cancer program, and a second review for the Pediatric Cancer Program.	Clarification Update
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 4.7:** Programs adding a secondary pediatric accreditation to an existing CoC accreditation must complete two reviews by the cancer committee for "Evaluating Oncology Nutrition Services" each calendar year: one for the adult cancer program, and a second review for the Pediatric Cancer Program.	Clarification Update
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 4.8:** Programs adding a secondary pediatric accreditation to an existing CoC accreditation must complete two reports to the cancer committee evaluating the activity of the survivorship program each calendar year: one for the adult cancer program, and a second report for the Pediatric Cancer Program. The survivorship program report for the secondary Pediatric Cancer Program only needs to evaluate one survivorship program service each calendar year. Standalone Pediatric Cancer Programs must evaluate three survivorship program services each calendar year, as outlined in Standard 4.8.	Clarification Update
Specifications by Category- Pediatric Cancer Program	February 24, 2023	**Standard 5.1:** Programs seeking a secondary pediatric accreditation category must complete two internal audits that both comply with the standard as written. One audit for eligible adult surgical resection pathology reports, and a second audit for eligible pediatric surgical resection pathology reports.	Compliance Update

Standard	Date Change Made	Edit Made	Reason
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 8.3:** A pediatric cancer screening event is not required for the Pediatric Cancer Program. Programs adding a secondary pediatric accreditation to an existing CoC accreditation must comply with this standard as written, and offer a cancer screening event each calendar year for the adult cancer program. Both PCPs and programs adding a secondary pediatric accreditation to an existing CoC accreditation must conduct screening and active surveillance of syndromic patients (Li-Fraumeni, Beckwith-Wiedemann, DICER1 among others) through an organized program in association with genetics.	Clarification Update
Specifications by Category- Pediatric Cancer Program	June 21, 2023	**Standard 9.1:** Determining inclusion criteria (such as patient age) to calculate compliance with pediatric patient accrual to clinical research studies may follow the program's own definition for a pediatric patient. Programs adding a secondary pediatric accreditation to an existing CoC accreditation may only count a patient for accrual to a clinical research study one time. A single patient **cannot** count for both pediatric and adult accrual. Programs adding a secondary pediatric accreditation to an existing CoC accreditation must complete two reports to the cancer committee evaluating clinical research accrual each calendar year: one for the adult cancer program, and a second report for the Pediatric Cancer Program.	Clarification Update

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Specifications by Category- Pediatric Cancer Program	February 9, 2021	"For PCP, a 60 percent follow up rate is maintained for all eligible analytic cases from the cancer registry reference date" removed from Follow Up of Patients because it is already included in the standard. Standard number corrected from 6.2 to 6.5.	Clarity and to fix an error
Specifications by Category- Pediatric Cancer Program	April 6, 2022	Revised/added specifications by category for Pediatric Cancer Programs & those seeking an additional pediatric designation.	Update
Specifications by Category- Pediatric Cancer Program	April 21, 2022	Standards exempt for PCPs added to Specification by Category	Omission
Specifications by Category- Pediatric Cancer Program	February 9, 2021	Standard 8.2 and 8.3 noted as exempt.	Change due to feedback
Specifications by Category- Programs Undergoing Initial Site Visit for Accreditation	February 1, 2024	**Standard 4.2:** At the initial site visit for accreditation, nurses who do not have current cancer-specific certification must demonstrate ongoing education with documentation of 12 cancer-related Nursing Continuing Professional Development (NCPD) contact hours.	Clarification Update
Specifications by Category- Programs Undergoing Initial Site Visit for Accreditation	February 24, 2023	**Standard 5.1:** If the internal audit reports compliance below the ninety percent (90%) compliance threshold, the site reviewer may request to review pathology reports as part of the compliance evaluation for this standard.	Compliance Update
Specifications by Category- Programs Undergoing Initial Site Visit for Accreditation	February 9, 2021	Language added: "Standard 2.2: Cancer Liaison Physician: While the requirement to report NCDB data two times per year will not be rated during the initial site visit, it is encouraged that programs report data to the cancer committee relevant to the cancer program at least twice per year."	Clarity
Glossary	February 1, 2024	• ODS (Oncology Data Specialist) **added** to glossary • CTR (Certified Tumor Registrar) **edited**	Clarity/Update

Standard	Date Change Made	Edit Made	Reason
Glossary	February 24, 2023	- Advanced Clinical Genomics Nurse **added** to glossary - Clinical Genomics Nurse **added** to glossary - Cancer Genetic Risk Assessment certification **added** to glossary - Nursing Continuing Professional Development **added** to glossary - Nursing Portfolio Credentialing Commission **added** to glossary - Advanced Practice Nurse in Genetics **removed** from glossary - Genetics Clinical Nurse **removed** from glossary	Clarity/Update
Glossary	February 9, 2021	Definition of "Phase In Standard" updated. Rapid Cancer Reporting System added to glossary.	Clarity/Update
Various Standards	February 9, 2021	Wording under "Review On-site" changed from "the site reviewer reviews" to "the site reviewer will review."	Uniformity among standards