National Accreditation Program for Breast Centers
American College of Surgeons

2026 Compliance: Requirements No Longer in Effect

The NAPBC has published the 2027 Standards, which become effective January 1, 2027. Because several requirements in the 2024 Standards have been removed or revised, programs are no longer expected to meet those specific requirements during calendar year 2026.

This resource summarizes the requirements that will not be reviewed during 2027 and 2028 site visits for 2026 compliance. It is not a comprehensive list of all changes included in the 2027 Standards. For a complete summary, please refer to the 2027 Standards Overview of Changes.

Current standard required for 2026 Compliance (as outlined in the 2024 Standards)	Expectations modified or no longer required due to transition in standards (effective immediately)
Standard 2.4: Multidisciplinary Breast Care Conference	Not required: • Individual attendance requirement for radiologists or pathologists The number of MBCC meetings required is reduced to: • 22 MBCC meetings for programs with 1 – 250 breast cancer cases • 45 MBCC meetings for programs with 250+ breast cancer cases
Standard 3.1: Facility Accreditation	Programs with CoC accreditation will not be reviewed starting with 2027 site visits.
Standard 3.2: Radiation Oncology Quality Assurance	Programs with CoC accreditation will not be reviewed starting with 2027 site visits.
Standard 3.5: Pathology Quality Assurance	Programs with CoC accreditation will not be reviewed starting with 2027 site visits.
Standard 4.1: Physician Credentials	• Programs with CoC accreditation will not be reviewed. • For programs without CoC accreditation, 12 hours of cancer-related CME does not need to include 6 hours related to breast disease or breast cancer.
Standard 4.2: Oncology Nursing Credentials	Programs with CoC accreditation will not be reviewed starting with 2027 site visits.
Standard 4.3: Physician Assistant Credentials	PAs only need 18 cancer-related continuing education hours.
Standard 4.4: Genetic Professional Credentials	Programs with CoC accreditation will not be reviewed starting with 2027 site visits.

Current standard required for 2026 Compliance (as outlined in the 2024 Standards)	Expectations modified or no longer required due to transition in standards (effective immediately)
Standard 5.1: Screening for Breast Cancer	Not required: • Evaluating barriers to compliance with the standard
Standard 5.2: Diagnostic Imaging of the Breast and Axilla	Not required: • Evaluating barriers to compliance with the standard
Standard 5.3: Evaluation and Management of Benign Breast Disease	Not required: • Protocol to manage patients with benign breast disease • Evaluating barriers to compliance with the standard
Standard 5.4: Management of Patients at Increased Risk for Breast Cancer	• Evaluating the protocol reduced to once each accreditation cycle. Not required: • Evaluating barriers to compliance with the standard
Standard 5.5: Genetic Evaluation and Management	Not required: • Evaluating barriers to compliance with the standard
Standard 5.6: Evaluation and Treatment Planning for the Newly Diagnosed Patient	Not required: • Reviewing implementation of individualized shared decision making • Evaluating barriers to care • Evaluating barriers to compliance with the standard
Standard 5.7: Comprehensive Evaluation of Patient Factors Before Treatment	No programs will be evaluated for this standard.
Standard 5.8: Patient Navigation	Not required: • Evaluating barriers to compliance with the standard

Current standard required for 2026 Compliance (as outlined in the 2024 Standards)	Expectations modified or no longer required due to transition in standards (effective immediately)

Standard 5.9: Surgical Care	Not required:
	• Protocol for ERAS and/or multimodal pain management
	• Documentation of functional assessment in the medical record
	• BPLC Review, including:
	  ○ Outcome review
	  ○ Evaluating barriers to compliance with the standards
	  ○ Individualized shared decision making

Standard 5.10: Reconstructive Surgery	Not required: • Education regarding risks and benefits of reconstructive surgery • Documentation of functional assessment in the medical record • BPLC evaluation
Standard 5.11: Medical Oncology	Not required: • Protocol for management of side effects from systemic therapy • Documentation of exercise recommendations in the medical record • Documentation of functional assessment in the medical record • BPLC evaluation
Standard 5.12: Radiation Oncology	Not required: • Protocol for management of side effects from radiation therapy • Documentation of functional assessment in the medical record • BPLC evaluation
Standard 5.13: Surgical Pathology	Not required: • BPLC evaluation
Standard 5.14: Breast Cancer Staging Using the AJCC System	Not required: • Evaluating barriers to compliance with the standard

Current standard required for 2026 Compliance (as outlined in the 2024 Standards)	Expectations modified or no longer required due to transition in standards (effective immediately)
Standard 5.15: Survivorship	Not required: • Evaluating barriers to compliance with the standard
Standard 5.16: Surveillance	Not required: • Evaluating barriers to compliance with the standard
Standard 7.2: Quality Improvement Initiatives	Only one QI initiative per accreditation cycle is required.
Standard 8.1: Education, Prevention, and Early Detection Programs	Programs with CoC accreditation will not be reviewed starting with 2027 site visits.