National Accreditation Program for Breast Centers
American College of Surgeons

Optimal Resources for Breast Care (2027 Standards)

NAPBC Overview of Changes

This overview is not a substitute for reading the NAPBC standards in their entirety. Please refer to *Optimal Resources for Breast Care (2027 Standards)* for full details.

Standard	Edit Made
Important Information	• Added reference to Integrated Network Breast Program (INBP) requirements
About NAPBC	• Streamlined content • Added sections on CoC accreditation and INBPs
Standards Interpretation	• Moved information on Individualized Shared Decision Making (IDSM) to Appendix

Breast Program Leadership Committee Evaluations	• Removed
	  ○ Standard 5.7: Comprehensive Evaluation of Patient Factors Before Treatment
	  ○ Standard 5.11: Reconstructive Surgery
	  ○ Standard 5.12: Medical Oncology
	  ○ Standard 5.13: Radiation Oncology
	  ○ Standard 5.14: Surgical Pathology
	• Added
	  ○ Standard 5.7: Function and Movement for Patients with Breast Cancer
	  ○ Standard 5.8: Lymphedema Assessment
	• Updated to reflect 2027 standard numbering and titles

Accreditation Awards	• Converted 20% non-compliant threshold for Accredited – Corrective Action Required and Not Accredited to six non-compliant standards if CoC-accredited and seven non-compliant standards if not CoC-accredited • Defined the number of non-compliant standards for Not Accredited – Corrective Action Required at three non-compliant standards

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Standard	Edit Made
Various Standards	• Added requirements for INBPs • Made minor editorial revisions • Removed Rationales from Chapter 5 standards • Removed requirements for individualized shared decision making and barriers to compliance from Evaluation by the BPLC • Removed details on the types of medical records reviewed as this detail can be found in the Site Visit Instructions and Medical Record Review Template
Standard 2.1: Breast Program Leadership Committee	• Removed requirements for BPLC membership redundant to other standards
Standard 2.4: Multidisciplinary Breast Care Conference	• Added a requirement that MBCC processes that meet the existing requirements of this standard are outlined in a protocol • Updated individual attendance requirements to include only surgeon, radiation oncologist, and medical oncologist members of the BCT. • Reduced the required yearly number of MBCC meetings.
Standard 3.1: Facility Accreditation	• Removed Standard 3.1. Programs not accredited by the CoC must demonstrate compliance with CoC Standard 3.1.
Standard 3.2: Radiation Oncology Quality Assurance	• Removed Standard 3.2. Programs not accredited by the CoC must demonstrate compliance with CoC Standard 3.2.
Standard 3.3: Image Guided Biopsy Quality Assurance	• Clarified that MRI accreditation applies to the magnet rather than the facility.
Standard 3.5: Pathology Quality Assurance	• Removed Standard 3.5. Programs not accredited by the CoC must demonstrate compliance with CoC Standard 3.2.
Standard 4.1: Physician Credentials	• Removed Standard 4.1. Programs not accredited by the CoC must demonstrate compliance with CoC Standard 4.1.
Standard 4.2: Oncology Nursing Credentials	• Removed Standard 4.2. Programs not accredited by the CoC must demonstrate compliance with CoC Standard 4.2.
Standard 4.3: Physician Assistant Credentials	• Reduced the required number of cancer-related continuing education hours each accreditation cycle from 36 to 18.
Standard 4.4: Genetic Professional Credentials	• Removed Standard 4.4. Programs not accredited by the CoC must demonstrate compliance with the “Protocol for Genetic Counseling and Risk Assessment” section of CoC Standard 4.4.
Standard 4.5: Navigation Professional Credentials	• Removed redundant information.

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Standard	Edit Made
Standard 5.1: Screening and Diagnostic Imaging	• Combined previous Standard 5.1: Screening for Breast Cancer and 5.2: Diagnostic Imaging of the Breast and Axilla • Removed references to molecular breast imaging from list of examples of supplemental screening techniques • Radiology – Pathology concordance moved to Standard 5.2: Evaluation and Management of Benign Breast Disease • Risk assessment strategies moved to Standard 5.3: Risk Assessment and Patients at Increased Risk for Breast Cancer • Removed items from examples of nationally recognized guidelines • Removed performance of a recommended biopsy from protocol requirements (previously included at Standard 5.2: Diagnostic Imaging of the Breast and Axilla)
Standard 5.2: Evaluation and Management of Benign Breast Disease	• Renumbered standard from 5.3 to 5.2 • Streamlined standard requirements
Standard 5.3: Population-based Risk Assessment and Management of Patients at Increased Risk for Breast Cancer	• Renumbered standard from 5.4 to 5.3 • Revised to include requirement for risk assessment strategies for the program's patient population, which were previously in Standard 5.1 Screening for Breast Cancer • Added a requirement to the protocol for the management of patients at increased risk for breast cancer to include how the program assesses risk for their population • BPLC evaluation changed from once each calendar year to once each accreditation cycle
Standard 5.4: Genetic Evaluation and Management	• Renumbered standard from 5.5 to 5.4 • Clarified that genetics professionals must meet CoC Standard 4.4 • Added a requirement to the protocol for managing patients for genetic evaluation to include how the program assesses who is high risk for genetic cancer predisposition • Changed the BPLC review to focus on reviewing the protocol
Standard 5.5: Evaluation and Treatment Planning	• Renumbered standard from 5.6 to 5.5 • Removed "for the Newly Diagnosed Cancer Patient" from the standard name • Added requirement that outside pathology slides are reviewed by pathologist member of the BCT, and in the absence of outside slides, the pathology report is reviewed by the treating physician • Added requirement that outside imaging studies are reviewed by a physician member of the BCT
Standard 5.6: Patient Navigation	• Renumbered standard from 5.8 to 5.6

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Standard	Edit Made
Standard 5.7: Comprehensive Evaluation of Patient Factors Before Treatment	• Removed Standard 5.7: Comprehensive Evaluation of Patient Factors Before Treatment
Standard 5.7: Function and Movement for Patients with Breast Cancer	• New standard that consolidates functional assessment requirements from multiple standards into its own standard
Standard 5.8: Lymphedema Assessment	• New standard for implementation in 2028
Standard 5.9: Breast Cancer Staging	• Renumbered standard from 5.14 to 5.9 • Removed “using the AJCC System” from standard name
Standard 5.10: Surgical Care	• Renumbered standard from 5.9 to 5.10 • Removed requirement for protocol for ERAS and/or opioid sparing multimodal pain management • Moved functional assessment and exercise protocol requirement to its own standard • Clarified that the patient is provided access to the pathology report per the CARES Act. • Revised expectations for meeting compliance with CoC Standards 5.3 and 5.4 based on the program’s CoC accreditation status
Standard 5.11: Reconstructive Surgery	• Renumbered standard from 5.10 to 5.11 • Removed requirement for education about the risks and benefits of reconstructive surgery • Moved functional assessment and exercise protocol requirement to its own standard • Removed the BPLC evaluation
Standard 5.12: Medical Oncology	• Renumbered standard from 5.11 to 5.12 • Moved functional assessment and exercise protocol requirement to its own standard • Removed requirement for protocol to assess side effects of systemic therapy • Added exercise recommendations to the examples of guideline/evidence-based care • Removed the BPLC evaluation
Standard 5.13: Radiation Oncology	• Renumbered standard from 5.12 to 5.13 • Moved functional assessment protocol requirement to its own standard • Removed requirement for protocol to assess side effects of radiation therapy • Removed the BPLC evaluation
Standard 5.14: Surgical Pathology	• Renumbered standard from 5.13 to 5.14 • Removed the BPLC evaluation

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Standard	Edit Made
Standard 5.15: Return to Wellness	• Renamed standard from “Survivorship” to “Return to Wellness” • Clarified that the standard applies to patients who have completed their first course of treatment for breast cancer
Standard 5.16: Surveillance	• Removed redundant information under Definition and Requirements
Standard 7.2: Quality Improvement Initiative	• Reduced the number of required QI initiatives from one each year to one each accreditation cycle • Clarified that status updates must be provided to the BPLC twice each calendar year until the QI initiative is complete • Added a resource link to the ACS Quality Improvement Case Study Repository
Standard 8.1: Education, Prevention, and Earl Detection Programs	• Removed Standard 8.1. Programs not accredited by the CoC must demonstrate compliance with CoC Standards 8.2 and 8.3.
Standard 9.1: Clinical Research Accrual	• Aligned the BPLC evaluation requirements with current CoC Standard 9.1 requirements.
Appendix	• Removed Alternative Service Delivery Models for Genetic Counseling • Updated Resources and Examples for Individualized Shared Decision Making (ISDM) to reflect the retirement of ISMD requirements. • Moved Resources and Examples for Functional Assessment to its own standard
Glossary, Acronyms, and Key Terms	• Removed terms that no longer appear in the standards

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