



Optimal Resources for Breast Care (2024 Standards)

NAPBC Standards Change Log

This changelog is not a substitute for reading the NAPBC standards in their entirety. Please refer to [Optimal Resources for Breast Care \(2024 Standards\)](#) for full details. **New changes are highlighted in pink.**

Standard	Change Date	Edit Made
Individualized Shared Decision Making (ISDM) <ul style="list-style-type: none"> • Front Content • Standard 5.6 Evaluation and Treatment Planning • Standard 5.9 Surgical Care • Standard 5.10 Reconstructive Surgery • Standard 5.11 Medical Oncology • Standard 5.12 Radiation Oncology • Appendix 	December 1, 2023	<ul style="list-style-type: none"> • Previously “culturally appropriate shared decision making” • Updated front matter content that functions as a preamble to the Standards • Standards Appendix has been expanded with resources for the implementation of ISDM • ISDM has been removed from all compliance measures of all standards • In standards where it was previously required, the BPLC must now review ISDM implementation in the delivery of patient care • This is conducted through the annual BPLC review, with documentation in the meeting minutes
Front Content – Accreditation Awards	February 9, 2024	<ul style="list-style-type: none"> • Not Accredited – Corrective Action Required: Initial applicants for NAPBC accreditation are allowed four or fewer non-compliant standards ratings. Previously one or two non-compliant ratings. • Not Accredited: Awarded when initial applicants for NAPBC accreditation receive five or more non-compliant standards ratings. Previously three or more non-compliant ratings.
Front Content – Breast Program Leadership Committee Evaluations	December 1, 2023	<ul style="list-style-type: none"> • A new section has been added to the Front Content of the standards, providing an overview of all the BPLC Evaluation requirements



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Front Content – Breast Program Leadership Committee Evaluations	December 13, 2023	<ul style="list-style-type: none"> • Correction Update: Standard 5.3 has been correctly moved to the list of standards requiring triennial review
Standard 2.1 Breast Program Leadership Committee	December 1, 2023	<ul style="list-style-type: none"> • Compliance Update: BPLC membership expanded to include two healthcare professional members from different disciplines • Designated alternates are now allowed for BPLC members
Standard 2.3 Breast Care Team	December 1, 2023	<ul style="list-style-type: none"> • Compliance Update: All new physicians (including surgeons, pathologists, radiologists, medical oncologists, radiation oncologists, and reconstructive surgeons) who are regularly involved in the evaluation and management of patients with breast disease or breast cancer in the NAPBC-accredited program after January 1, 2024, must be a member of the BCT • Previous version required any physician granted privileges to treat breast patients after January 1, 2024, to be a member of the BCT
Standard 2.3 Breast Care Team	December 1, 2023	<ul style="list-style-type: none"> • Language Update: Oncology Data Specialist (ODS) has replaced Certified Tumor Registrar (CTR) throughout the standards • CTR designation will be retired by the NCRA as of Jan. 1, 2024
Standard 2.4 Multidisciplinary Breast Care Conference	December 1, 2023	<ul style="list-style-type: none"> • Compliance Update: Programs with more than 251 analytic cases may now set their own process for calculating the number of cases presented and prospectively discussed by the MBCC • Protocol requiring the explanation of the program’s process for calculating case presentation totals • BPLC must review its compliance with the protocol and case presentation • Program must provide justification if the number of presented cases is below 30% of analytic case total for the calendar year
Standard 2.4 Multidisciplinary Breast Care Conference	December 1, 2023	<ul style="list-style-type: none"> • Language/Compliance Update: Display of clinically relevant pathology slides and breast images



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<p>Standard 3.3 Image Guided Biopsy Quality Assurance</p>	<p>December 1, 2023</p>	<ul style="list-style-type: none"> • Language Updates: All American College of Radiology (ACR) accreditations have been properly listed by name • ACR BICOE (Breast Imaging Center of Excellence) has been retired by the ACR • New Designation Name: ACR CBIC Designation (Comprehensive Breast Imaging Center) • Compliance Update: American Society of Breast Surgeons (ASBrS) Stereotactic Breast Procedures and Breast Ultrasound Certifications for Surgical Fellows may also be used to meet compliance with this standard by surgeons who hold these certifications and perform these procedures
<p>Standard 3.4 Breast Imaging Quality Assurance</p>	<p>December 1, 2023</p>	<ul style="list-style-type: none"> • Language Update: ACR BICOE has been retired by the ACR • New Designation Name: ACR CBIC Designation (Comprehensive Breast Imaging Center)
<p>Standard 4.2 Oncology Nursing Credentials</p>	<p>December 1, 2023</p>	<ul style="list-style-type: none"> • Clarification Update: “emphasis on NCPD hours applicable to patients with breast disease” language has been updated • “It is recommended, but not required, that NCPD hours applicable to patients with breast disease or breast cancer be prioritized over other cancer-related NCPD hours, whenever possible” • “A specific number of NCPD hours applicable to patients with breast disease or breast cancer is not required”
<p>Standard 4.3 Physician Assistant Credentials</p>	<p>December 1, 2023</p>	<ul style="list-style-type: none"> • Clarification Update: “emphasis on continuing education hours applicable to patients with breast disease” language has been updated • “It is recommended, but not required, that continuing education hours applicable to patients with breast disease or breast cancer be prioritized over other cancer-related CE hours, whenever possible” • “A specific number of CE hours applicable to patients with breast disease or breast cancer is not required”



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Standard 4.4 Genetic Professional Credentials	December 1, 2023	<ul style="list-style-type: none"> • Compliance Update: • “If genetic counseling is provided by a telegenetics company or a facility outside the NAPBC-accredited program, the outside company or facility must utilize genetic professionals who meet one of the qualifications listed above.”
Standard 4.5 Navigation Professional Credentials	February 9, 2024	<ul style="list-style-type: none"> • Compliance/Language Update: • American Cancer Society Leadership in Oncology Navigation (ACS LION™) added to qualifying training programs
Standard 4.5 Navigation Professional Credentials	December 1, 2023	<ul style="list-style-type: none"> • Compliance/Language Update: • This standard has been significantly updated and rewritten for greater clarity, and to align the NAPBC Standards with the Oncology Navigation Standards of Professional Practice, developed by nursing and navigation professional associations • Patient navigation training provided locally by the NAPBC-accredited program does not meet the measure of compliance for this standard • All navigation professionals must hold qualifying certification that includes patient navigation training, OR complete competency-based training and education in patient navigation for patients with breast disease or breast cancer • This standard will be phased in to allow time for transition. Programs will have until December 31, 2025, to come into compliance • National Consortium of Breast Centers (NCBC) BHCN certification added to list of qualifying certifications • “Oncology Nursing Society: Equipping the Novice Oncology Nurse Navigator” added to qualifying training programs
Standard 5.1 Screening for Breast Cancer	December 1, 2023	<ul style="list-style-type: none"> • Language Update: Required protocol language update: • “Appropriate use of available screening techniques, such as Digital Breast Tomosynthesis, breast ultrasound, Magnetic Resonance Imaging (MRI), Molecular Breast Imaging, and/or Contrast-Enhanced Mammography, for patients with increased density”



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<p>Standard 5.5 Genetic Evaluation and Management</p>	<p>February 9, 2024</p>	<ul style="list-style-type: none"> • Language Update: <ul style="list-style-type: none"> ○ Documentation/Measures of Compliance <ul style="list-style-type: none"> ▪ Genetic evaluation and testing results are provided to and discussed with the patient <ul style="list-style-type: none"> • Removed “and available in time for treatment decisions”
<p>Standard 5.6 Evaluation and Treatment Planning for the Newly Diagnosed Cancer Patient</p>	<p>December 1, 2023</p>	<ul style="list-style-type: none"> • Language Update: The NAPBC-accredited program must review all clinically relevant outside breast imaging studies and outside pathology slides • Previous language did not specify “clinically relevant” • This change is aimed at reducing the number of outside imaging/pathology studies that need to be reviewed by allowing greater discretion on the part of the NAPBC Program
<p>Standard 5.9 Surgical Care Standard 5.10 Reconstructive Surgery Standard 5.11 Medical Oncology Standard 5.12 Radiation Oncology</p>	<p>December 1, 2023</p>	<ul style="list-style-type: none"> • Compliance Update: • Functional assessment is now limited to consideration, and preoperatively/pre-treatment only • Additional resources added to the Appendix, offering additional information and resources for meeting compliance with implementation of the functional assessment • Compliance is measured through the implementation of a protocol • No documentation of the functional assessment required in the medical record • The functional assessment changes apply to all four standards where the functional assessment is implemented • The same protocol can be used to meet compliance with the functional assessment for all four standards



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<p>Standard 8.2 Continuing Education</p>	<p>December 1, 2023</p>	<ul style="list-style-type: none"> • Compliance Update: <ul style="list-style-type: none"> ○ Genetic Professionals and Counselors- If genetic counseling is provided by a telegenetics company or an outside facility, the NAPBC-accredited program must obtain a letter of attestation from the outside company or facility documenting that all qualified genetic professionals and counselors meet the measure of compliance for this standard • Programs must obtain a letter attestation from outside genetics providers, stipulating compliance with Standard 8.2 from their genetic professionals • Programs do not need to obtain CME documentation, or track CMEs for outside providers
<p>Appendix</p>	<p>December 1, 2023</p>	<ul style="list-style-type: none"> • New content • Resources and Examples for Individualized Shared Decision Making • Resources and Examples for Functional Assessment