



Optimal Resources for Breast Care (2024 Standards)

NAPBC Standards Crosswalk

This is a high-level overview of the compliance measures found in *Optimal Resources for Breast Care (2024 Standards)*. This is not a comprehensive guide, and it 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.

2018 Standard(s)	2024 Standard	2024 Compliance Summary
	All Standards	<ul style="list-style-type: none"> Reformatted to align with the American College of Surgeons Quality Program Standards model and terminology Standards language was updated to improve readability, clarity, and remove redundancies
Chapter 1: Institutional & Administrative Commitment		
1.1 Level of Responsibility and Accountability	1.1 Administrative Commitment	<ul style="list-style-type: none"> Letter of commitment from facility leadership supporting the NAPBC-accredited program
Chapter 2: Program Scope and Governance		
1.1 Level of Responsibility and Accountability	2.1 Breast Program Leadership Committee	<ul style="list-style-type: none"> Establish a Breast Program Leadership Committee, meeting 4 times per year, at minimum Multidisciplinary membership, and representation from 3 different physician specialties and two different healthcare professional specialties, at minimum



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1.1 Level of Responsibility and Accountability	2.2 Breast Program Director	<ul style="list-style-type: none"> Establish a qualified physician as Breast Program Director Chairs the BPLC; oversees the NAPBC-accredited program
1.1 Level of Responsibility and Accountability	2.3 Breast Care Team	<ul style="list-style-type: none"> Establish a multidisciplinary Breast Care Team, with surgery, pathology, radiology, medical oncology, and radiation oncology membership, at minimum Starting Jan. 1, 2024, all new physicians who are regularly involved in the management and care of patients with breast disease or breast cancer must be BCT members (surgeons, pathologists, radiologists, medical oncologists, radiation oncologists, and reconstructive surgeons)
1.2 Multidisciplinary Breast Care Conference 2.1 Multidisciplinary Patient Management	2.4 Multidisciplinary Breast Care Conference	<ul style="list-style-type: none"> BPLC establishes and monitors the Multidisciplinary Breast Care Conferences (MBCC) Surgery, pathology, radiology, medical oncology, and radiation oncology must be represented at each MBCC Comprehensive discussion for each prospective case presented during the MBCC 1-250 annual analytic cases: MBCC meets at least twice a month and at least 50% of all analytic cases must be presented and prospectively discussed each calendar year 250+ annual analytic cases: MBCC meets weekly and establishes a protocol for determining the number of analytic cases presented and prospectively discussed each calendar year Program must provide written justification if the number of presented cases is below 30% of analytic case total for the calendar year
Chapter 3: Facilities and Equipment Resources		
Not Applicable	3.1 Facility Accreditation	<ul style="list-style-type: none"> Health care facility is licensed by the state, or other recognized authority



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2.12 Radiation Oncology	3.2 Radiation Oncology Quality Assurance	<ul style="list-style-type: none"> Appropriate radiation oncology accreditation, or implemented radiation oncology quality assurance program
2.9 Needle Biopsy 2.10 Ultrasonography 2.11 Stereotactic Core Needle Biopsy	3.3 Image Guided Biopsy Quality Assurance	<ul style="list-style-type: none"> Radiology facilities and physicians performing procedures are accredited/certified by the American College of Radiology (ACR) and/or American Society of Breast Surgeons (ASBrS)
2.8 Breast Imaging	3.4 Breast Imaging Quality Assurance	<ul style="list-style-type: none"> Mammography services follow requirements of the Mammography Quality Standards Act (MQSA) Facility is accredited by ACR, or services must be provided by referral
2.7 Pathology	3.5 Pathology Quality Assurance	<ul style="list-style-type: none"> Facility is accredited for anatomic pathology College of American Pathology (CAP) elements are included in the pathology report in synoptic format
Chapter 4: Personnel and Services Resources		
1.1 Level of Responsibility and Accountability 2.12 Radiation Oncology 2.13 Medical Oncology 2.18 Reconstructive Surgery	4.1 Physician Credentials	<ul style="list-style-type: none"> Breast care physicians are board certified by the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or equivalent <p>OR</p> <ul style="list-style-type: none"> Breast care physicians earn 12 cancer-related CME (6 which must be breast-specific) each calendar year
2.14 Nursing	4.2 Oncology Nursing Credentials	<ul style="list-style-type: none"> Breast care RNs and APRNs have current, cancer-specific certification <p>OR</p> <ul style="list-style-type: none"> Breast care RNs and APRNs earn 36 cancer-related Nursing Continuing Professional Development (NCPD) credit hours each accreditation cycle Please see Standard 4.2 for full details regarding applicability, nursing certifications, and ongoing education requirements



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Not Applicable	4.3 Physician Assistant Credentials	<ul style="list-style-type: none"> Breast care PAs earn 36 cancer-related ongoing education credit hours each accreditation cycle
2.16 Genetic Evaluation and Management	4.4 Genetic Professional Credentials	<ul style="list-style-type: none"> Qualified genetic professionals must perform genetics counseling and testing
2.2 Patient Navigation	4.5 Navigation Professional Credentials	<ul style="list-style-type: none"> Patient navigators must have required certification, or training and education
Chapter 5: Patient Care- Expectations and Protocols		
2.8 Breast Imaging	5.1 Screening for Breast Cancer	<ul style="list-style-type: none"> Implement protocols for patients with increased density, risk evaluation, and appropriate use of available screening Patient resources for risk reduction and follow-up
Not Applicable	5.2 Diagnostic Imaging of the Breast and Axilla	<ul style="list-style-type: none"> Implement a protocol for confirming patient evaluation for breast cancer risk, access to biopsy services, and biopsy recommendations Imaging and biopsy concordance must be confirmed
2.19 Evaluation and Management of Non-Malignant Breast Diseases	5.3 Evaluation and Management of Benign Breast Diseases	<ul style="list-style-type: none"> Implement a protocol for patients with benign breast disease <ul style="list-style-type: none"> Appropriate additional imaging Concordance between exam, imaging, and pathology Follow-up plan Pathology results must be reviewed with the patient
Not Applicable	5.4 Management of Patients at Increased Risk for Breast Cancer	<ul style="list-style-type: none"> Implement a protocol for management of patients at increased risk for breast cancer
2.16 Genetic Evaluation and Management	5.5 Genetic Evaluation and Management	<ul style="list-style-type: none"> Consider genetic counseling and testing for newly diagnosed patients and patients at high risk for genetic cancer predisposition Genetic testing must be offered to appropriate patients by a genetic professional



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Not Applicable	5.6 Evaluation and Treatment Planning for the Newly Diagnosed Cancer Patient	The NAPBC-accredited program must complete the following workups for all newly diagnosed patients with breast cancer: <ul style="list-style-type: none"> • Staging • Biopsy • Imaging • Metastatic workup • Laboratory workup • Evaluation of barriers to care
2.15 Support and Rehabilitation	5.7 Comprehensive Evaluation of Patient Factors Before Treatment	Each calendar year, the BPLC must review and assess one of the following categories of patient pre-treatment evaluation: <ul style="list-style-type: none"> • Functional assessments • Evaluation for referrals to oncofertility, cardiooncology, exercise program, nutrition counseling, genetics, or physical therapy • Social well-being assessments
2.2 Patient Navigation	5.8 Patient Navigation	<ul style="list-style-type: none"> • Implement a protocol for patient navigation throughout the patient journey
All Standards	5.9 Surgical Care	Patients undergoing surgery for breast cancer must receive the following care with documentation in the patient medical record: <ul style="list-style-type: none"> • Care provided according to evidence-based guidelines • Assessment of barriers to care • Preoperative and postoperative education • Utilization of ERAS protocols • Compliance with CoC Standards 5.3 and 5.4 <ul style="list-style-type: none"> • Protocol for ERAS • Implement a protocol for preoperative functional assessment and appropriate referrals



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2.18 Reconstructive Surgery	5.10 Reconstructive Surgery	<p>Patients with breast cancer must receive the following care with documentation in the patient medical record:</p> <ul style="list-style-type: none"> • Appropriate patients undergoing mastectomy are offered a preoperative referral to a reconstructive/plastic surgeon • Education on risks and benefits of reconstructive surgery • Multidisciplinary input on the impact of reconstruction on other treatment modalities <ul style="list-style-type: none"> • Implement a protocol for preoperative functional assessment and appropriate referrals • Implement a protocol for patient education about the risks and benefits of reconstructive surgery
2.13 Medical Oncology	5.11 Medical Oncology	<p>Patients with breast cancer must receive the following care with documentation in the patient medical record:</p> <ul style="list-style-type: none"> • Care provided according to evidence-based guidelines • Exercise therapy recommendations <ul style="list-style-type: none"> • Implement a protocol for preoperative functional assessment and appropriate referrals • Implement a protocol for the assessment of side effects of systemic therapies
2.12 Radiation Oncology	5.12 Radiation Oncology	<p>Patients with breast cancer must receive the following care with documentation in the patient medical record:</p> <ul style="list-style-type: none"> • Care provided according to evidence-based guidelines <ul style="list-style-type: none"> • Implement a protocol for preoperative functional assessment and appropriate referrals • Implement a protocol for the assessment of side effects of radiation therapies



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2.7 Pathology	5.13 Surgical Pathology	<ul style="list-style-type: none"> Estrogen and progesterone receptors and HER2 studies must be included in the definitive surgery pathology report
2.6 Breast Cancer Staging	5.14 Breast Cancer Staging Using the AJCC System	<ul style="list-style-type: none"> Pathological staging must be reported by the managing physician and discussed with the patient, with documentation in the medical record
2.15 Support and Rehabilitation 2.20 Breast Cancer Survivorship Care	5.15 Survivorship	<ul style="list-style-type: none"> Implement a protocol following evidence-based guidelines addressing persistent symptoms and maximizing physical function and social and behavioral health, with documentation in the patient medical record
2.5 Breast Cancer Surveillance	5.16 Surveillance	<ul style="list-style-type: none"> Implement a protocol following evidence-based guidelines for disease surveillance and long-term and late effects of treatment, with documentation in the patient medical record
Chapter 6: Data Surveillance and Systems		
	Not Applicable	Not Applicable
Chapter 7: Quality Improvement		
6.1 Quality and Outcomes	7.1 Quality Measures	<ul style="list-style-type: none"> This standard remains in active development BPLC must monitor the program's compliance with quality measures approved by the NAPBC, and implement corrective action measures as necessary for quality measures falling below the expected rate of compliance



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6.1 Quality and Outcomes	7.2 Quality Improvement Initiatives	<ul style="list-style-type: none"> The NAPBC-accredited program must initiate one quality improvement initiative each calendar year QI initiatives must be data-driven and based on an existing problem statement 2 status updates (including a final summary of the project) must be presented to the BCT and BPLC
Chapter 8: Education- Professional and Community Outreach		
4.1 Education, Prevention, and Early Detection Programs	8.1 Education, Prevention, and Early Detection Programs	<ul style="list-style-type: none"> Each calendar year, two or more breast disease or breast cancer education, prevention, and/or early detection programs must be provided For early detection programs, follow-up must be provided to patients with positive findings
5.1 Breast Care Team Education	8.2 Continuing Education	<ul style="list-style-type: none"> Physician and advanced practice provider members of the BCT must complete a minimum of two hours of breast-specific CME or NCPD each calendar year Genetic professionals must complete a minimum of two hours of cancer genetics-specific CME, NCPD, or 0.2 CEUs each calendar year If applicable, a letter of attestation is obtained from the outside telegenetics company or facility, documenting compliance with this standard
Chapter 9: Research		
3.1 Clinical Trial Information 3.2 Clinical Trial Accrual	9.1 Clinical Research Accrual	<ul style="list-style-type: none"> At least 2% of breast disease or breast cancer patients must be accrued to breast-related clinical research studies