



Optimal Resources for Rectal Cancer Care (2026 Standards) **NAPRC Standards Changelog**

This changelog is not a substitute for reading the NAPRC standards in their entirety. Please refer to [Optimal Resources for Rectal Cancer Care \(2026 Standards\)](#) for full details.

Standard	Change Date	Changes Made
Standard 1.1 Administrative Commitment	December 2025	Removed “A statement of attestation committing to healthcare equity” as a requirement.
Standard 2.2 Rectal Cancer Program Director	December 2025	<ul style="list-style-type: none">Streamlined language throughout manual related to internal audits.<ul style="list-style-type: none">Requirements for internal audits for Standards 5.2-5.11 are now explained in Standard 2.2.Descriptions in Standard 5.2-5.11 removed
Standard 2.5 Rectal Cancer Multidisciplinary Team Attendance	December 2025	<ul style="list-style-type: none">Removed duplicate words from the second bullet point under “Measure of Compliance”<ul style="list-style-type: none">“The RCP Director monitors attendance and addresses attendance outliers that do not do not meet the attendance requirements outlined in this standard”
Chapter 5 Standards	December 2025	<ul style="list-style-type: none">Removed “minimum of” before required compliance percentages to streamline language.Compliance is measured by either meeting or exceeding the required compliance percentage outlined in the standard.
Standards 5.2-5.11	December 2025	<ul style="list-style-type: none">Streamlined language throughout manual related to internal audits.<ul style="list-style-type: none">Requirements for Standards 5.2-5.11 internal audits are now explained in Standard 2.2.Removed descriptions in Standard 5.2-5.11



Standard	Change Date	Changes Made
Standard 5.3 Systemic Staging with Computerized Tomography	December 2025	Reorganized the Measure of Compliance to better illustrate how the compliance percentages will be applied during site visits.
Standard 5.4 Local Staging and Standardized Reporting with Magnetic Resonance Imaging	December 2025	<ul style="list-style-type: none"> • Rewrote language under “Requirements for Local Excision” to be clear that local excision cases are included in the same numerator/denominator to determine compliance as other patients with rectal cancer. • Reorganized the Measure of Compliance to better illustrate how the compliance percentages will be applied during site visits. • Updated bibliography reference for SAR Templates
Standard 5.6 Treatment Planning Discussion and Recommendation Summary	December 2025	<ul style="list-style-type: none"> • Combined requirements for discussion and the treatment recommendation summary. <ul style="list-style-type: none"> ○ Added requirement to discuss whether the scope was complete or incomplete ○ Clarified that either MIS or IHC may be discussed ○ Added that a “referral to genetic counseling, when indicated” must be included in the individualized treatment plan discussion and in the summary of the discussion ○ Clarified that anticipated date of surgery is not required if neoadjuvant therapy is recommended • Removed discussion requirement for “consideration of patient factors and preferences” for local excision patients (although this is still strongly recommended) • Changed percentage of treatment recommendation summaries that must be delivered to treating physicians to 90% to match discussion compliance percentage
Standard 5.7 Definitive Treatment Timing	December 2025	Updated Measure of Compliance language to apply to all types of treatment pathways



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Standard 5.9 Pathology Reports after Surgical Resection	December 2025	Added “The synoptic pathology report for local excision must include all of the elements in the CAP Protocol for the Examination of Excisional Biopsy or Polypectomy Specimens from Patients with Primary Carcinoma of the Colon and Rectum” to the Measure of Compliance to highlight need to use a different template for local excisions.
Standard 5.10 Specimen Photographs	December 2025	<ul style="list-style-type: none"> • Rewrote language under “Requirements for Local Excision” to be clear that local excision cases are included in the same numerator/denominator to determine compliance as surgical resections • Reorganized the Measure of Compliance to better illustrate how the compliance percentages will be applied during site visits.
Standard 5.11 RC-MDT Review Following Neoadjuvant Therapy	December 2025	<ul style="list-style-type: none"> • Added RC-MDT review following neoadjuvant therapy requirements (formally in a standalone standard). <ul style="list-style-type: none"> ◦ Clarified that the post-neoadjuvant therapy presentation to the RC-MDT must occur within 150 days for any type of neoadjuvant therapy (timeline previously only outlined for TNT) • Updated language regarding timing of presentation for neoadjuvant therapy to account for when the prescribed therapy is aborted or not completed for any reason: <ul style="list-style-type: none"> ◦ Patients who undergo neoadjuvant therapy at the NAPRC-accredited program must be presented and discussed by the RC-MDT after completion the final administered course of neoadjuvant therapy • Combined requirements for discussion and the treatment outcome discussion summary. • Changed percentage of treatment outcome discussion summaries that must be delivered to treating physicians to 90% to match discussion compliance percentage



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(Former)Standard 5.12 RC-MDT Review Following Neoadjuvant Therapy	December 2025	<ul style="list-style-type: none"> Removed standalone standard. Merged standard requirements into Standard 5.11. Updated references to the original 5.12 to 5.11 in patient care algorithms throughout the manual.
Standard 5.12 Watch and Wait Protocol	December 2025	Updated standard number from Standard 5.13 to 5.12.
Standard 8.1 Rectal Cancer Program Education	December 2025	Updated reference to nodal “stage” to nodal “category” for consistency with AJCC.
Standard 7.1 Quality Measures	December 2025	Deleted “corrective” before “action plan” to distinguish between an action plan required for standard compliance and one that is required during the post-site visit corrective action process
Standard 7.2 Quality Improvement Initiatives	December 2025	<ul style="list-style-type: none"> Updated requirement for QI initiative to be completed once each accreditation cycle instead of once each calendar year. <ul style="list-style-type: none"> Related requirements updated throughout standard to accommodate the change in standard compliance timeline. Added section to outline QI initiative requirements for initial site visits
Appendix	December 2025	<p>Corrected Required Elements for Standardized Synoptic Reporting: MRI Local Excision Procedure Assessment (Standard 5.4)</p> <ul style="list-style-type: none"> “Procedure Histology: [HGD or invasive cancer only intramucosal (TIS)/invasive cancer involves SM (T1) +/- positive margin/LVI or incomplete polypectomy/NA]”
Appendix	December 2025	<p>Corrected typo in Required Elements for Standardized Synoptic Reporting: Surgical Resection (Standard 5.8)</p> <ul style="list-style-type: none"> Metastasectomy – Yes (liver; peritoneum; other); no
Appendix	December 2025	<p>Corrected typo in Required Elements for Standardized Synoptic Reporting: Surgical Resection (Standard 5.8)</p> <ul style="list-style-type: none"> Corrected the numbering of the synoptic elements