



AMERICAN COLLEGE OF SURGEONS

Optimal Resources for Cancer Care (2020 Standards) Standards Manual Change Log

Standard	Date Change Made	Edit Made	Reason
Cancer Program Standards Rating System and Accreditation Awards	November 11, 2021	Updated names and definitions for accreditation statuses	Update
Standard 2.1: Cancer Committee & INCP/NCIN Specifications by Category	April 6, 2022	Pastoral care representative changed to spiritual care representative	Update
Standard 2.5: Multidisciplinary Cancer Case Conference	February 12, 2020	Pathologic stage changed to "pathological" stage	Typographical error
Standard 2.5: Multidisciplinary Cancer Case Conference	October 25, 2019	"Hold specialty- or site-specific multidisciplinary cancer case conferences as long are as there is a mechanism to present cases for evaluation at a multidisciplinary cancer case conference that do not fit into the defined specialty or site-specific conferences"	Typographical error
Standard 3.2: Evaluation and Treatment Services	October 25, 2019	Systematic changed to systemic	Typographical error
Standard 4.2: Oncology Nursing Credentials	February 9, 2021	"Phase-in Standard" designation removed. Standard implemented in 2021.	Update





Standard 4.4: Genetic Counseling and Risk Assessment	February 9, 2021	Language added: "Programs should consider conflict of interest when choosing professionals to provide cancer risk assessment and genetic counseling."	Additional guidance based on program feedback
Standard 4.4: Genetic Counseling and Risk Assessment	April 6, 2022	Qualification that the advanced practice oncology nurse or physician assistant must be "prepared at the graduate level (masters or doctorate)" removed.	Clarity and consistency
Standard 4.8: Survivorship Program	February 9, 2021	"Phase-in Standard" designation removed. Standard implemented in 2021.	Update
Chapter 5 Rationale	February 9, 2021	Additional language added	Additional guidance based on feedback
Standard 5.1: College of American Pathologists Synoptic Reporting	January 8, 2020	"All core elements must be reported (whether applicable or not)" changed to "All core elements must be reported whether applicable or not, except for those that are defined as "conditional." Elements identified in the Cancer Protocols as "conditional" only need to be reported if applicable.	Clarity
Standards 5.3-5.8	November 11, 2021	A link to facs.org/cocstandardsupdates added to each standard.	To facilitate easy access to current implementation information.
Standard 5.3 : Breast Sentinel Node Biopsy	November 11, 2019	"Phase-in Standard" added to top of standard.	Omission
Standard 5.3 : Breast Sentinel Node Biopsy	February 9, 2021	Language and required elements/responses updated.	Additional guidance/clarity based on feedback
Standard 5.4: Breast Axillary Dissection	February 9, 2021	Language and required elements/responses updated.	Additional guidance/clarity based on feedback
Standard 5.5: Primary Cutaneous Melanoma	February 9, 2021	Language and required elements/responses updated.	Additional guidance/clarity based on feedback





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Standard 5.6: Colon Resection	February 9, 2021	Language and required elements/responses updated.	Additional guidance/clarity based on feedback
Standard 5.7: Total Mesorectal Excision	February 9, 2021	Language updated. "Phase-in Standard" designation removed. Standard implemented in 2021.	Additional guidance/clarity based on feedback
Standard 5.8: Pulmonary Resection	February 9, 2021	Language updated. "Phase-in Standard" designation removed. Standard implemented in 2021.	Additional guidance/clarity based on feedback
Standard 6.2: Data Submission	February 9, 2021	"Standard retired in 2021" notation added.	Rapid Cancer Reporting System release
Standard 6.3: Data Accuracy	February 9, 2021	"Standard retired in 2021" notation added.	Rapid Cancer Reporting System release
Standard 6.4: Rapid Cancer Reporting System	February 9, 2021	Requirements updated in line with Rapid Cancer Reporting System release.	Rapid Cancer Reporting System release
Standard 6.5: Follow- Up of Patients	November 11, 2019	"Patients diagnosed on or after January 1, 2006, and classified as Class of Case 00" changed to "Analytic cases Class of Case 00"	Alignment with STORE manual
Standard 6.5: Follow- Up of Patients	March 19, 2021	Long-term follow up limited to 2004 or reference date, whichever is more recent.	NCDB is no longer requiring follow up information from before 2004.
Standard 6.5: Follow- Up of Patients	November 11, 2021	Follow up requirement changed to a rolling 15-year requirement. This change supersedes the change made on March 19, 2021.	NCDB is no longer requiring follow up information older than 15 years.
Standard 6.5: Follow- Up of Patients	November 11, 2021	"Patients or Patients family" removed as a method for obtaining follow up.	Alignment with STORE manual





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Standard 6.5: Follow- Up of Patients	April 6, 2022	Language defining the 15-year rolling requirement was updated, including the examples.	Correction
Standard 6.5: Follow- Up of Patients	April 6, 2022	Pediatric measure of compliance moved to the Specifications by Category section of the manual. PCPs no longer have differing requirements.	Update
Standard 7.3: Quality Improvement Initiative	February 12, 2020	Under "1. Review Data to Identify the Problem": Problems identified through review of NCDB data other than accountability or quality improvement measures, including Cancer Quality Improvement Program (CQIP)	Clarification (accountability and quality improvement measures may be used as a basis for a QI initiative (see first bullet point in the list in standard))
Standard 8.2: Cancer Prevention Event	October 25, 2019	"Prevention events focus on at least one of two intended results: (1) a change in behavior that reduces the risk a cancer will develop, and/or (2) an increase in the participant's knowledge and awareness of cancer risks."	Typographical omission
Standard 9.1: Clinical Research Accrual	October 25, 2019	NCI programs noted as exempt in chart	Fixing error
All Standards	February 9, 2021	"site visit reviewer" changed to "site reviewer"	Updated terminology
Specifications by Category-Pediatric Cancer Program	February 9, 2021	"For PCP, a 60 percent follow up rate is maintained for all eligible analytic cases from the cancer registry reference date" removed from Follow Up of Patients because it is already included in the standard. Standard number corrected from 6.2 to 6.5.	Clarity and to fix an error.
Specifications by Category-Pediatric Cancer Program	April 6, 2022	Revised/added specifications by category for Pediatric Cancer Programs & those seeking an additional pediatric designation.	Update





Specifications by Category-Pediatric Cancer Program	April 21, 2022	Standards exempt for PCPs added to Specification by Category	Omission
Specifications by Category-Pediatric Cancer Program	February 9, 2021	Standard 8.2 and 8.3 noted as exempt.	Change due to feedback.
Specifications by Category-Programs Undergoing Initial Site Visit for Accreditation	February 9, 2021	Language added: "Standard 2.2: Cancer Liaison Physician: While the requirement to report NCDB data two times per year will not be rated during the initial site visit, it is encouraged that programs report data to the cancer committee relevant to the cancer program at least twice per year."	Clarity
Specifications by Category-INCP and NCIN	November 11, 2021	Specifications for Integrated Network Cancer Program and NCI-Networks updated to include requirements and clarification for how standards apply in the network setting.	Update
Specifications by Category-INCP and NCIN	November 11, 2021	Standard 2.2: Co-CLPs changed to "two CLPs"	Clarification based on feedback
Glossary	February 9, 2021	Definition of "Phase In Standard" updated. Rapid Cancer Reporting System added to glossary.	Clarity/Update
Various Standards	February 9, 2021	Wording under "Review On-site" changed from "the site reviewer reviews" to "the site reviewer will review."	Uniformity among standards