2026
Pre-Review Questionnaire [PRQ]
NCI Designated Comprehensive Cancer Center Program [NCIP]
Optimal Resources for Cancer Care I 2020 Standards I Updated February 2024

Standard	Requirement	NCIP Eligibility	Committee Member Responsible	Deadline	Documentation required for PRQ 2023	Documentation required for PRQ 2024	Documentation required for PRQ 2025	Deficiency Risk	Notes
[1] Institutional Administrative Commitment									
1.1 Administrative Commitment	Letter of authority from facility leadership that includes all required elements	Required		12/31/2025					
[2] Program Scope and Governance									
2.1 Cancer Committee*	Cancer committee minutes that identify the required cancer committee members	Exempt [Template]	N/A	N/A	Exempt Notation				Template
2.2 Cancer Liaison Physician	1. The CLP or the CLP's alternate identifies, analyzes, and presents NCDB data specific to the cancer program, with preference for areas of concern and/or where benchmarks are not met, to the cancer committee at a minimum of two meetings each calendar year. 2. The CLP is present during the CoC site visit and meets with the site reviewer to discuss CLP activities and responsibilities.	Required		12/31/2025	Complete				
2.3 Cancer Committee Meetings*	The cancer committee meets at least once each calendar quarter.	Required [Template]		12/31/2025	Complete				Template
2.4 Cancer Committee Attendance*	Each required member or the designated alternate attends at least 75 percent of the cancer committee meetings held.	Exempt [Template]	N/A	N/A	Exempt Notation				Template
2.5 Multidisciplinary Cancer Case Conference*	1. The cancer program has a policy and procedure for multidisciplinary cancer case conference(s) that includes all required information. 2. The Cancer Conference Coordinator monitors and evaluates the multidisciplinary cancer case conference(s) and presents a report to the cancer committee that includes all required elements and any action plans to resolve issues not meeting the program's policy. The report is documented in the cancer committee minutes.	Exempt [Template]	N/A	N/A	Exempt Notation				Template
[3] Facilities and Equipment Resources									
3.1 Facility Accreditation	Health care facility accreditation or licensure certificate or documentation	Required		12/31/2025					
3.2 Evaluation and Treatment Services	• Certificate(s) of accreditation for diagnostic imaging services, radiation oncology services, and systemic therapy services, and/or policies and procedures covering quality assurance practices for these services • Certificate of accreditation for anatomic pathology	Required		12/31/2025					
[4] Personnel and Services Resources									
4.1 Physician Credentials*	1. All physicians involved in the evaluation and management of cancer patients must be board certified (or the equivalent). 2. Physicians who are not board certified must demonstrate ongoing cancer-related education by earning 12 cancer-related CME hours.	Exempt [Template]	N/A	N/A	Exempt Notation				Template
4.2 Oncology Nursing Credentials*	1. All nurses providing direct oncology care hold a cancer specific certification or demonstrate ongoing education by earning 36 cancer-related Nursing Continuing Professional Development (NCPD) contact hours. 2. Programs have in place a policy and procedure that ensures oncology nursing competency is reviewed each year per hospital policy.	Required [Template]		12/31/2025					Template
4.3 Cancer Registry Staff Credentials*	1. Case abstracting is performed by an Oncology Data Specialist. 2. Non-credentialed cancer registry staff in the three-year grace period who abstract cases are supervised by an Oncology Data Specialist. 3. All non-credentialed cancer registry staff demonstrate completion of three hours of cancer-related continuing education applicable to their roles.	Required [Template]		12/31/2025					Template

4.4 Genetic Counseling and Risk Assessment	1. Cancer risk assessment, genetic counseling, and genetic testing services are provided to patients either on-site or by referral by a qualified genetics professional. 2. A policy and procedure is in place regarding genetic counseling and risk-assessment services and includes all required elements. 3. A process is in place pursuant to evidence-based national guidelines for genetic assessment for a selected cancer site. The process includes all required elements. 4. The process for providing and referring cancer risk assessment, genetic counseling, and genetic testing services is monitored and evaluated, contains all required elements, and is documented in the cancer committee minutes.	Required		12/31/2025					
4.5 Palliative Care Services	1. Palliative care services are available to cancer patients either on-site or by referral. 2. A policy and procedure is in place regarding palliative care services that includes all required elements. 3. The process for providing and referring palliative care services to cancer patients is monitored and evaluated. A report is given to the cancer committee, contains all required elements, and is documented in the cancer committee minutes.	Required		12/31/2025					
4.6 Rehabilitation Care Services	1. The cancer committee develops policies and procedures to guide referral to appropriate rehabilitation care services on-site or by referral. 2. The process for referring or providing rehabilitation care services to cancer patients is monitored and reviewed by the cancer committee and documented in the cancer committee minutes.	Required		12/31/2025					
4.7 Oncology Nutrition Services	1. Oncology nutrition services are provided, on-site or by referral, by a Registered Dietitian Nutritionist. 2. The process for referring or providing oncology nutrition services to cancer patients is monitored and reviewed by the cancer committee and documented in the cancer minutes.	Required		12/31/2025					
4.8 Survivorship Program	1. The cancer committee identifies a survivorship program team, including its designated coordinator and members. 2. The survivorship program is monitored and evaluated. A report is given to the cancer committee, contains all required elements, and is documented in the cancer committee minutes.	Required		12/31/2025					
[5] Patient Care: Expectations and Protocols									
5.1 College of American Pathologists Synoptic Reporting	1. An internal audit is conducted confirming ninety percent (90%) of the eligible cancer pathology reports are structured using synoptic reporting format as defined by the College of American Pathologist (CAP) cancer protocols, including containing all core data elements within the synoptic format. If the ninety percent (90%) compliance rate is not met, the cancer program has implemented a corrective action plan addressing all barriers affecting the required synoptic reporting format for all eligible cancer pathology reports.	Required		12/31/2025	Phase-In 2024				
5.2 Psychosocial Distress Screening	1. Policies and procedures are in place to provide patient access to psychosocial services either on-site or by referral. 2. The cancer committee implements a policy and procedure that includes all requirements for providing and monitoring psychosocial distress screening and referral for psychosocial care. 3. Cancer patients are screened for psychosocial distress at least once during the first course of treatment. 4. The psychosocial distress screening process is evaluated, documented, and the findings are reported to the cancer committee by the Psychosocial Services Coordinator. The coordinator's report includes all required elements and is documented in the cancer committee minutes.	Required		12/31/2025					
5.3 Sentinel Node Biopsy for Breast Cancer	1. All sentinel nodes for breast cancer are identified using tracers or palpation, removed, and subjected to pathologic analysis. 2. Operative reports for sentinel node biopsies for breast cancer document the required elements in synoptic format.	Required		12/31/2025					

5.4 Axillary Lymph Node Dissection for Breast Cancer	1. Axillary lymph node dissections for breast cancer include removal of level I and II lymph nodes within an anatomic triangle comprised of the axillary vein, chest wall (serratus anterior), and latissimus dorsi, with preservation of the main nerves in the axilla. 2. Operative reports for axillary lymph node dissections for breast cancer document the required elements in synoptic format.	Required		12/31/2025					
5.5 Wide Local Excision for Primary Cutaneous Melanoma	1. Wide local excisions for melanoma include the skin and all underlying subcutaneous tissue down to the fascia (for invasive melanoma) or the skin and the superficial subcutaneous fat (for in situ disease). Clinical margin width is selected based on original Breslow thickness: a. Clinical margin width for wide local excision is 1 cm for invasive melanomas less than 1 mm thick. b. Clinical margin width for wide local excision is 1 to 2 cm for invasive melanomas 1 to 2 mm thick. c. Clinical margin width for wide local excision is 2 cm for invasive melanomas greater than 2 mm thick. d. Clinical margin width for wide local excision is at least 5 mm for melanoma in situ. 2. Operative reports for wide local excisions of primary cutaneous melanomas document the required elements in synoptic format.	Required		12/31/2025					
5.6 Colon Resection	1. Resection of the tumor-bearing bowel segment and complete lymphadenectomy is performed en bloc with proximal vascular ligation at the origin of the primary feeding vessel(s). 2. Operative reports for resections for colon cancer document the required elements in synoptic format.	Required		12/31/2025					
5.7 Total Mesorectal Excision	1. Total mesorectal excision is performed for patients undergoing radical surgical resections of mid and low rectal cancers, resulting in complete or near-complete total mesorectal excision. 2. Pathology reports for resections of rectal adenocarcinoma document the quality of TME resection (complete, near complete, or incomplete) in synoptic format.	Required		12/31/2025					Template
5.8 Pulmonary Resection	1. Pulmonary resections for primary lung malignancy include lymph nodes from at least one (named and/ or numbered) hilar station and at least three distinct (named and/or numbered) mediastinal stations. 2. Pathology reports for curative pulmonary resection document the nodal stations examined by the pathologist documented in synoptic format.	Required		12/31/2025					Template
[6] Data Surveillance and Systems									
6.1 Cancer Registry Quality Control*	1. The cancer committee implements a quality control policy and procedure to evaluate the required areas of the cancer registry. 2. The Cancer Registry Quality Control Coordinator, under the direction of the cancer committee, performs or oversees the required quality control review as outlined in the policy and procedure. 3. The results, recommendations, and outcomes of recommendations are reported to the cancer committee and documented in the cancer committee meeting minutes.	Required [Template]		12/31/2025					Template
6.4 Rapid Cancer Reporting System: Data Submission	1. All new and updated cancer cases are submitted at least once each calendar month. 2. All complete analytic cases for all disease sites are submitted via RCRS as specified by the annual Call for Data. 3. Rapid Cancer Reporting System data and required quality measure performance rates are reviewed by the cancer committee at least twice each calendar year and are documented in the cancer committee minutes.	Required		12/31/2025					

6.5 Follow-Up of Patients	1. An 80 percent follow-up rate is maintained for all eligible analytic cases from the most current year of completed cases through 15 years before or the program's first accreditation date, whichever is shorter. 2. A 90 percent follow up rate is maintained for all analytic cases diagnosed from the most current year of completed cases through five years before or the program's first accredited date, whichever is shorter.	Required		12/31/2025					
[7] Quality Improvement									
7.1 Quality Measures	1. The cancer committee monitors the program's expected Estimated Performance Rates for quality measures selected by the CoC. 2. The monitoring activity is documented in the cancer committee minutes. 3. For each quality measure selected by the CoC, the quality reporting tools show a performance rate equal to or greater than the expected EPR specified by the CoC. 4. If the expected EPR is not met, the program has implemented an action plan that reviews and addresses program performance below the expected EPR.	Required		12/31/2025					
7.2 Monitoring Concordance with Evidence-Based Guidelines*	1. A physician conducts an in-depth analysis to determine whether initial diagnostic evaluation and first course of treatment provided to patients is concordant with evidence-based national treatment guidelines. 2. The report detailing all required elements of the study, including the results of the analysis and any recommendations for improvement, are reported to the cancer committee and documented in the cancer committee minutes.	Exempt [Template]	N/A	N/A		Exempt Notation			Template
7.3 Quality Improvement Initiative*	1. One quality improvement initiative based on an identified quality-related problem is initiated each year. The QI initiative documentation includes how it measured, evaluated, and improved performance through implementation of a recognized, standardized performance improvement tool. 2. Status updates are provided to the cancer committee two times. Reports are documented in the cancer committee minutes.	Required [Template]		12/31/2025					Template
7.4 Cancer Program Goal*	1. One cancer program goal is established and documented in the cancer committee minutes. 2. At least two substantive status updates on goal progress are documented in the cancer committee minutes in the same calendar year as its establishment. 3. For any goal extended into a second year, at least one status update is documented in the minutes during the second year to indicate whether the goal was completed or retired.	Required [Template]		12/31/2025					Template
[8] Education: Professional and Community Outreach									
8.1 Addressing Barriers to Care*	1. The cancer committee identifies at least one barrier to focus on for the year and identifies resources and processes to address the barrier. 2. At the end of the year, the cancer committee evaluates the resources and processes adopted to address the barrier to care and identifies strengths and areas for improvement. 3. The cancer committee minutes include all required elements.	Required [Template]		12/31/2025					Template
8.2 Cancer Prevention Event*	1. The cancer committee offers at least one cancer prevention event. 2. Where applicable, the cancer prevention event is consistent with evidence-based national guidelines and interventions. 3. A summary of the cancer prevention event is presented to the cancer committee and documented in the cancer committee minutes.	Exempt [Template]	N/A	N/A		Exempt Notation			Template

8.3 Cancer Screening Event*	1. The cancer committee offers at least one cancer screening event. 2. Where applicable, the cancer screening event is consistent with evidence-based national guidelines and interventions. 3. The cancer screening event has a process for follow up on all positive findings. 4. A summary of the cancer screening event is presented to the cancer committee and documented in the cancer committee minutes.	Exempt [Template]	N/A	N/A	Exempt Notation				Template
[9] Research									
9.1 Clinical Research Accrual*	1. The program has a screening policy and procedure to identify participant eligibility for clinical research studies and how to provide clinical trial information to subjects. These processes are assessed to identify and address barriers to enrollment and participation. 2. The number of accruals to cancer-related clinical research studies meets or exceeds the required percentage. 3. The Clinical Research Coordinator reports all required information to the cancer committee and the report is documented in the cancer committee minutes.	Exempt [Template]	N/A	N/A	Exempt Notation				Template
9.2 Commission on Cancer Special Studies	1. The program participates in each special study. 2. Complete data and documentation are submitted by the established deadline for each special study.	Required			N/A				
Cancer Committee Minutes	Thorough cancer committee meeting minutes from each quarterly meeting. Inclusive of all relevant links to emails, documentation, and/or presentations.	Required			Complete				