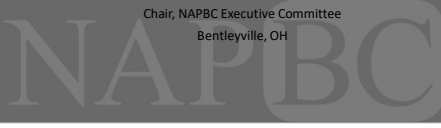


# FAQs Addressing the Standards

Jill Dietz, MD, MHCM, FACS  
Chair, NAPBC Executive Committee  
Bentleyville, OH



**ACS** NAPBC National Accreditation Program for Breast Centers  
American College of Surgeons

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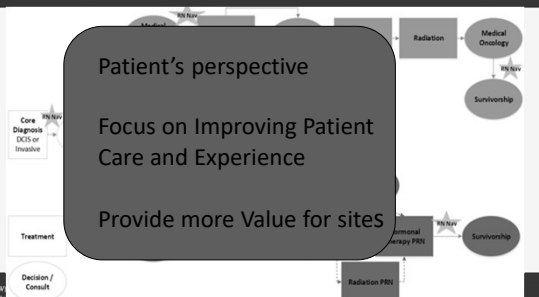
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### Why the Standards Revision?

Breast Patient Journey Stage 0 – III



**Patient's perspective**  
**Focus on Improving Patient Care and Experience**  
**Provide more Value for sites**

ACS CANCER CONFERENCE

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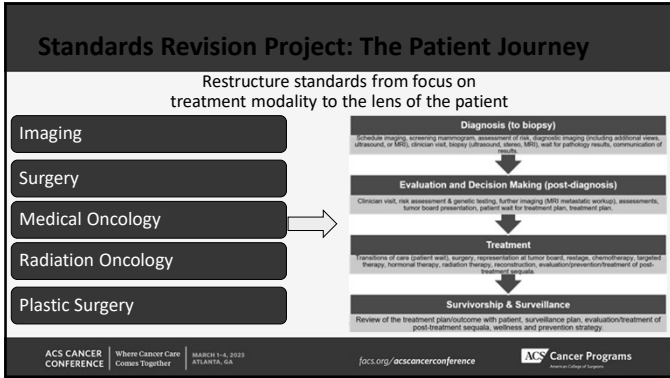
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### Questions about Functional Assessment, Exercise and Survivorship Issues

- Katie Schmitz PhD MPH FACS, FTOS, FNAK
- Professor of Hem Onc at UPMC
- Vice Chair NAPBC Standards and Accreditation Committee
- Leading expert in exercise oncology

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### Standards 5.9 – 5.12

Is a pre-treatment functional assessment required for all patients?

No.

All patients must be **considered** for a functional assessment.

The functional assessment should be administered if it would be beneficial to the patient, or useful for establishing a baseline for physical function before treatment.

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## Standards 5.9 – 5.12

**Does assessing an Eastern Cooperative Oncology Group (ECOG) Performance Status or Karnofsky Score qualify as a functional assessment for Standards 5.9 – 5.12?**

No.

ECOG/Karnofsky scores do not meet the intent of the pre-treatment functional assessment by themselves.

The protocol may utilize ECOG/Karnofsky scores as an initial screening step, but patients scored with impairment or restriction would also **require a physical functional assessment.**

Grade	ECOG
0	Fully active, pre-disease performance status, no restrictions
1	Ambulatory, difficulty performing strenuous activity, but can do light house work etc.
2	Ambulatory, can perform self care but no work activities, up and about >50% of waking hours
3	Limited self care, confined to bed or chair >50% of waking hours
4	Cannot perform any self care, totally confined to bed/chair
5	Dead

• ECOG >3, median survival ~3mths

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## Option 1: Objective Tests

- **Arm Abduction**
  - Cannot do 180 = consider referral
- **Timed Up and Go**
  - Takes >12 sec = consider referral



**NOTE:** Instruct the patient to keep the feet for safety.

When I say "Go," I want you to:

- Stand up from the chair.
- Walk to the line on the floor at your normal pace.
- Turn.
- Walk back to the chair at your normal pace.
- Sit down again.

① On the word "Go," begin timing.  
 ② Stop timing after patient sits back down.  
 ③ Record time.

**Time in Seconds:** \_\_\_\_\_

An older adult who takes >12 seconds to complete the TUG is at risk for falling.

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## Option 2: ask questions

- Asking three questions of each patient preoperatively, with appropriate referrals associated:
  - **Are you concerned about your physical function?**
    - if yes, refer to physical therapy, internally or externally
  - **Are you concerned about lymphedema?**
    - if yes, refer to lymphedema services, internally or externally
  - **Would you like to be referred to an exercise program?**
    - If yes, refer to best available program, including online programs
    - see national program registry here: <https://www.exercisemedicine.org/eim-in-action/moving-through-cancer/exercise-program-registry/>

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ACS NAPBC National Accreditation Program for Breast Centers

**Standard 2.1: Breast Program Leadership Committee**

**Must appointed members attend at least 75% of BPLC meetings each calendar year, even if the BPLC holds more than the four required meetings?**

Yes, BPLC members (or their designated alternate) **must attend at least 75%** of all BPLC meetings held each calendar year.

The revised 2024 Standards allow one designated alternate for each appointed member of BPLC. Alternates are optional.

Physician members may only appoint a physician alternate. Does not need to be same specialty.

Healthcare professional members may only appoint a healthcare professional alternate.

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**Standard 2.1 : Breast Program Leadership Committee**

**Standard 2.1 now requires two healthcare professional members in addition to the three physician members. May the program choose any two healthcare professionals for these roles?**

These members of the BPLC must be non-physician healthcare professionals involved in the management and care of patients with breast disease or cancer.

They must also meet the BPLC membership requirements outlined in Standard 2.1.

While these two members cannot both represent the same discipline of care, there are no other limitations.

Nurses, navigation professionals, physician assistants, radiology technologists, registered dietitians, or any other multidisciplinary provider may be appointed.

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ACS NAPBC National Accreditation Program for Breast Centers

**Standard 2.3: Breast Care Team**

**Are nurses required to be members of the BCT?**

While not required, it is strongly recommended that breast oncology nurses be represented on the BCT.

The Breast Program Director and the BPLC have discretion to appoint additional health care professionals as members of the BCT.

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ACS NAPBC  
National Accreditation Program for Breast Centers  
www.napbc.org


### Standard 2.3: Breast Care Team

All new physicians who are **regularly involved** in the evaluation and management of patients with breast cancer in the NAPBC-accredited program after January 1, 2024, must be a member of the BCT. Does this apply to current physicians?

No, it does not. Only new physicians joining the program who will be **regularly involved** in the evaluation and management of patients with breast disease or breast cancer after January 1, 2024, are required to join the BCT.

The BPLC is responsible for monitoring its practitioners who treat patients with breast disease and breast cancer.

It is ultimately at the program's discretion to determine who is regularly involved in the management of patients with breast disease and breast cancer.



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ACS NAPBC  
National Accreditation Program for Breast Centers  
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### Standard 2.4: Multidisciplinary Breast Care Conference

Our BPLC is a subcommittee of our Commission on Cancer (CoC) cancer committee. Can the cancer committee set the attendance requirements for MBCC meetings instead of the BPLC?

Yes. This is left to the discretion of the program.



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ACS NAPBC  
National Accreditation Program for Breast Centers  
www.napbc.org

### Standard 2.4: Multidisciplinary Breast Care Conference

**"At least one surgeon, radiologist, pathologist, radiation oncologist, and medical oncologist must attend each MBCC meeting."**

Our program has only one surgeon providing care to patients with breast cancer. If our only surgeon cannot attend a meeting of the MBCC, is there an appropriate substitute who can represent the surgical discipline so the MBCC can still meet?

Yes, another surgical oncologist or general surgeon on the medical staff may represent the surgical discipline at the MBCC meeting.

A surgeon's practicing NP or PA can present at MTB but is not a substitute for the surgeon's attendance.

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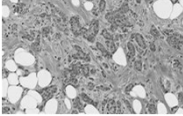
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ACS NAPBC National Accreditation Program for Breast Centers

### Standard 2.4: Multidisciplinary Breast Care Conference

**MBCC case presentation and discussion require "visual display of clinically relevant pathology slides and imaging studies". How does NAPBC define clinical relevance?**

Clinical relevance is defined as pathology slides and imaging studies which **may affect diagnosis, clinical management, or treatment decisions.**



Determining whether pathology slides and imaging studies for a particular case warrant visual display to the MBCC is left to the discretion of the BPLC and the physician providers at the NAPBC-accredited program.

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### Standard 2.4: Multidisciplinary Breast Care Conference

**Our program has a high volume of analytic breast cancer cases each year, and we anticipate difficulty with presenting and discussing 30% of these cases at the MBCC. Are there other options for meeting compliance with Standard 2.4?**

Yes. The revised 2024 Standards allow programs with more than 250 analytic breast cases per year to define their own process for prospective case presentation and discussion within the MBCC.

There must be a protocol in place outlining all the parameters of the program's process, including how the program determines the number of cases that will be presented each year.

If the number of cases presented each calendar year is fewer than 30% of the program's annual analytic case load, there must also be written justification for why fewer than 30% of cases were prospectively presented and discussed.

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### Standard 3.4: Breast Imaging Quality Assurance

**American College of Radiology (ACR) Breast Imaging Center of Excellence (BICOE) is no longer included in the NAPBC Standards as a compliant imaging accreditation. Why?**

The ACR uses a new name for this designation:  
**ACR Designated Comprehensive Breast Imaging Center (CBIC)**



The 2024 NAPBC Standards have been updated to reflect this change.

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**Standard 4.2 and 4.3: Oncology Nursing and PA Credentials**

For site visits conducted in **2025**, how many continuing education credits are required for Breast Care Team (BCT) nurses without oncology-specific certification to meet compliance with Standard 4.2?

**Reaccreditation Site Visits in 2025**

- BCT nurses/PAs without certification are only required to document 12 hours of continuing education to meet compliance with Standard 4.2 for site visits conducted in **2025**.
- The 12 hours of continuing education may be earned during **calendar years 2022, 2023, and/or 2024** for site visits conducted in **2025**.

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**Standard 4.2 and 4.3: Oncology Nursing and PA Credentials**

For site visits conducted in **2026**, how many continuing education credits are required for Breast Care Team (BCT) nurses without oncology-specific certification to meet compliance with Standard 4.2?

**Reaccreditation Site Visits in 2026**

- BCT nurses/PAs without certification are only required to document 24 hours of continuing education to meet compliance with Standard 4.2 for site visits conducted in **2026**.
- The 24 hours of continuing education may be earned during **calendar years 2023, 2024, and/or 2025** for site visits conducted in **2026**.

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**Standard 4.2 and 4.3: Oncology Nursing and PA Credentials**

For site visits conducted in **2027**, how many continuing education credits are required for Breast Care Team (BCT) nurses without oncology-specific certification to meet compliance with Standard 4.2?

**Reaccreditation Site Visits in 2027 and beyond**

- BCT nurses/PAs must meet full compliance with Standard 4.2 as written in *Optimal Resources for Breast Care (2024 Standards)*
- 36 hours of CME for the 3-year accreditation cycle

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ACS NAPBC National Accreditation Program for Breast Centers

### Standard 4.2 and 4.3: Oncology Nursing and PA Credentials

**For initial applicants, how many continuing education credits are required for Breast Care Team (BCT) nurses without oncology-specific certification to meet compliance with Standard 4.2?**

**All Initial Site Visits**

- BCT nurses/PAs without oncology-specific certification must document 12 hours of continuing education earned during the full calendar year of standards compliance prior to application

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ACS NAPBC National Accreditation Program for Breast Centers

### Standard 4.4: Genetic Professional Credentials

**If genetic testing is referred to an outside provider, do we need documentation of their qualified genetic professionals?**

Yes. If genetic testing/counseling is provided by a telegenetics company or a facility outside the NAPBC-accredited program, the referred company or facility must utilize genetic professionals who meet one of the qualifications listed in Standard 4.4.

Documentation of their qualifications must be obtained by the NAPBC-accredited program.



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### Standard 4.5: Navigation Professional Credentials


**Can Clinical Navigators meet compliance with Standard 4.5 without holding a qualifying healthcare certification?**

Yes. Clinical Navigators may meet compliance with Standard 4.5 by either:

1. Holding a qualifying healthcare certification that includes patient navigation within its exam

OR

2. Providing documented completion of competency-based training and education in patient navigation for patients with breast disease or cancer from a qualifying training program



All navigation professionals must be compliant with Standard 4.5 no later than **December 31, 2025**.

**In House training programs do not count towards certification.**

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### Standard 4.5: Navigation Professional Credentials

**Does American Cancer Society Leadership in Oncology Navigation (ACS LION™) training meet compliance with Standard 4.5?**

Yes.

ACS LION™ is accepted as competency-based training and education in patient navigation for patients with breast disease or breast cancer to meet compliance with Standard 4.5.

Please see standards manual for list of navigation training options

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### Standard 5.1: Screening for Breast Cancer

**Do all screening patients need to have individualized discussions regarding evidence-based risk reduction strategies for breast cancer?**

No.

The risk reduction strategies may be provided to patients in a multitude of ways, including brochures, pamphlets, printed reports, or patient hand-outs; posters in waiting rooms or exam rooms, QR codes directing to websites with risk reduction information, or any other manner of written or electronic sources for the required information.

One-on-one patient discussion is an option but not required.



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### Standard 5.6: Evaluation and Treatment Planning

**What qualified as an official consultation for outside imaging? Can the breast surgeon review the outside imaging and document that in their consultation with the patient?**

Yes, that would be acceptable as an official consultation. The reviewing physician needs to acknowledge review of the previous images and a concordant opinion (or a discordant opinion along with their findings from reviewing the imaging), with appropriate documentation in the patient medical record which would allow the NAPBC Site Reviewer to confirm this requirement of the standard was met.



Also, the surgeon could document that the images were reviewed with Dr. Smith and no further findings were seen.

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**Standard 5.9: Surgical Care**

Are the CoC Operative Standards required if our program is not accredited by the CoC?

Yes.

All NAPBC-accredited programs must demonstrate compliance with Commission on Cancer (CoC) Operative Standards:

**Standard 5.3: Sentinel Node Biopsy for Breast Cancer**

**Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer**

Operation	Documentation	Timeline
<ul style="list-style-type: none"> <li>For all total mastectomy operations performed with axillary dissection for patients with breast cancer of any stage</li> <li>Remove nodes that are:               <ul style="list-style-type: none"> <li>• Sentinel</li> <li>• Dye stained</li> <li>• Stained at the end of expected lymphatic flow</li> <li>• Fully inspected</li> <li>• Cleared</li> </ul> </li> <li>All sentinel nodes must be identified, removed, and submitted to pathology analysis</li> </ul>	Synoptic operative reports document: <ul style="list-style-type: none"> <li>✓ Curative intent</li> <li>✓ Thermal seal</li> <li>✓ Lymph or neurovascular setting</li> <li>✓ Removal of all sentinel nodes</li> <li>✓ Removal of all clipped nodes (if applicable)</li> </ul>	<b>2022</b> Document these standards for implementation <b>2023</b> Sentinel Node Biopsy full effect <b>2024</b> Site visits begin measuring compliance reports

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**Standard 5.11: Medical Oncology**  
**Standard 5.12: Radiation Oncology**

How are Standards 5.11 and 5.12 affected if medical/radiation oncology are referred to another facility?

Patient care at the referral location(s) must be consistent with the requirements outlined in *Optimal Resources for Breast Care (2024 Standards)*.

NAPBC-accredited programs are responsible for coordinating appropriate referrals to qualified facilities and/or providers. Referral relationships are reviewed by the Site Reviewer during each accreditation site visit.

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**Standard 7.1: Quality Measures**

When must this standard be implemented?

Standard 7.1 remains in active development. It is not being measured for compliance at this time.

As Quality Measures are developed, more information will be provided to NAPBC-accredited programs regarding the timeline for implementation and the Expected Compliance Rates that must be monitored by accredited programs.

Standard 7.1 will be rated as "Not Applicable" during future site visits until the first Quality Measures have been implemented.

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ACS NAPBC National Accreditation Program for Breast Centers


## Standard 8.2: Continuing Education

**Who must meet compliance with Standard 8.2?**

Physicians and advanced practice providers (including advanced practice registered nurses, nurse practitioners, and physician assistants) who are members of the BCT.

**AND**

Genetic professionals at the NAPBC-accredited program who provide care to patients with breast disease or breast cancer.



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## Surgical Cancer Patient Education Programs

- Web & Print based Education
- Video instruction and Broadcast Rights
- Digitally available for individual provider and hospital use on the Patient Education Toolkit



**ACS Patient Education**

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## Surgical Cancer Patient Education Programs



**Patient Guide - What's Inside:**

- Patient education book
- Video series
- Step by step drain care guide
- Skills Checklist
- Exercise guide
- Drain Management & Exercise Log
- Treatment Summary & Survivorship Care Plan
- Patient Evaluation included

**ACS Patient Education**

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### NAPBC Standard 5.1 & 5.2

**NAPBC Standard 5.1 Screening for Breast Cancer**  
 The NAPBC-accredited program must develop and implement a protocol addressing the following:

- Notification and education for patients with increased breast density
- Guidelines for the provision of supplemental screening to patients with increased breast density
- 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

**NAPBC Standard 5.2 Diagnostic Imaging of the Breast and Axilla**  
 A protocol must be developed and implemented to address the following:

- Confirmation that during the diagnostic process the patient has been evaluated to determine their risk for the development of breast cancer
  - When the risk evaluation occurs is left to the discretion of the NAPBC-accredited program, as long as it occurs during the diagnostic process
- Access to biopsy services for patients that have an abnormal mammogram or MRI
- Performance of a recommended biopsy, or the notification of a recommended biopsy to the patient



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### NAPBC Standard 5.1 & 5.2

**Mammography**




1. Mammography is the most effective way to find breast lumps before they are big enough to feel. It can also find changes in breast tissue that may lead to breast cancer.

2. Mammography can find small changes in breast tissue that may lead to breast cancer before they are big enough to feel.

3. Mammography can find changes in breast tissue that may lead to breast cancer before they are big enough to feel.

4. Mammography can find changes in breast tissue that may lead to breast cancer before they are big enough to feel.

**Breast MRI**




Magnetic resonance imaging (MRI) uses powerful magnets instead of X-rays to show soft tissue. Breast MRI is used to find changes in breast tissue that may lead to breast cancer before they are big enough to feel.

1. Breast MRI can find changes in breast tissue that may lead to breast cancer before they are big enough to feel.

2. Breast MRI can find changes in breast tissue that may lead to breast cancer before they are big enough to feel.

3. Breast MRI can find changes in breast tissue that may lead to breast cancer before they are big enough to feel.


**Breast Ultrasound**



Breast ultrasound uses sound waves to create a picture of the breast. It can find changes in breast tissue that may lead to breast cancer before they are big enough to feel.

1. Breast ultrasound can find changes in breast tissue that may lead to breast cancer before they are big enough to feel.

2. Breast ultrasound can find changes in breast tissue that may lead to breast cancer before they are big enough to feel.



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### NAPBC Standard 5.9 Surgical Care


Patients with breast cancer must receive education and management as outlined in this standard when undergoing surgery for breast cancer:

- Guideline/evidence-based care, with documentation in the patient medical record
  - Examples of guideline/evidence-based care include, but are not limited to:
    - The NAPBC-accredited program follows national guidelines provided by ASCO for the management of locally advanced inflammatory and T2 triple negative and HER2 positive breast cancer, and patients are referred for neoadjuvant systemic therapy
    - The NAPBC-accredited program establishes a process for axillary management, including up front sentinel node biopsy, up front axillary dissection, and completion axillary dissection based on current literature
- Preoperative and postoperative patient education, addressing preparation for surgery and postoperative recovery, with documentation in the patient medical record
- Utilization of Enhanced Recovery after Surgery (ERAS) protocols and/or opioid-sparing multimodal pain management strategies to facilitate same-day discharge, with documentation in the patient medical record
  - The NAPBC-accredited program must develop and implement a protocol for utilizing ERAS and/or opioid-sparing multimodal pain management strategies for patients undergoing surgery for breast cancer

Patients undergoing surgery for breast cancer at the NAPBC-accredited program must be considered for a preoperative functional assessment. The NAPBC-accredited program must develop and implement a protocol for preoperative functional assessment and appropriate referrals to exercise, physical therapy, and/or lymphedema management for patients undergoing surgery for breast cancer.

- For resources and information related to the functional assessment protocol, please refer to the Appendix of Optimal Resources for Breast Care
- A single functional assessment protocol may be utilized to meet compliance with Standards 5.9, 5.10, 5.11, and 5.12

The patient must receive a copy of the definitive surgery pathology report. Providing the patient with either a written or electronic copy of the report in any format meets the measure of compliance for this standard. The report must be discussed with the patient.



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## NAPBC Standard 5.9 Surgical Care

### Preparing for Your Operation

**What to Expect:** ...

**Checklist:** ...

### After Your Operation, Your Recovery, and Discharge

**What You May Expect to Feel After Surgery:** ...

**Managing Your Pain:** ...

**Managing Your Breasts:** ...

### Your Surgical Wound

**What to Expect:** ...

**Caring for Your Wound:** ...

**ACS Patient Education**

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## NAPBC Standard 5.9 Surgical Care

### Your Surgical Drain

**What to Expect:** ...

### Breast Inserts

**What to Expect:** ...

**Managing Your Breast Inserts:** ...

### Pain Control

**What to Expect:** ...

**ACS Patient Education**

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## Additional Resources

### Your Breast Cancer Skills Checklist

**Checklist:** ...

**Drain Measurement Log:** ...

### Exercise Log after Your Breast Cancer Surgery

**Resources:** ...

**Common Exercises after Breast Surgery:** ...

**ACS Patient Education**

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**Safe and Effective Pain Control For Patients**

- Brochures for adult, pediatric, and women’s health
- Effective at reducing postoperative opioid use
- Includes charts about when to use OTC medication, functional scale, helpful tips for safe opioid storage and disposal



**ACS Patient Education**

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**There will be more questions...**

- Site reviewers must continue to assess sites using 2018 standards while learning/using the 2024 standards.....Be Kind
- There will be continued opportunities for both site reviewers and programs to learn more about the 2024 standards and examples of best practices
- The GOAL of the new standards is to bring Value to programs and patients by improving patient care and experience



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**Thank You Questions?**

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**ACS NAPBC** National Accreditation Program for Breast Centers  
American College of Surgeons

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