

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

Standard	Date Change Made	Edit Made	Reason
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 4.8: Survivorship Program	February 9, 2021	“Phase-in Standard” designation removed. Standard implemented in 2021.	Update
Chapter 5 Rational	February 9, 2021	Additional language added	Additional guidance based on feedback
Standard 5.1: Collage of American	January 8, 2020	“All core elements must be reported (whether applicable or not)” changed to “All core elements	Clarity

Pathologists Synoptic Reporting		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.	
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
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 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	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
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