

**Optimal Resources for Rectal Cancer Care (2020 Standards)  
Change Log**

| Standard   | Date Change Made   | Change Made   | Reason                                |
|--|--------------------|---|---------------------------------------|
| <b>Accreditation Process</b>   | September 29, 2021 | Updated definitions to accreditation statuses.  | Update                                |
| <b>Standard 3.1: CoC Accreditation</b>   | September 29, 2021 | Updated the names of the accreditation statuses required.   | Update                                |
| <b>Standard 5.2: Staging before Definitive Treatment</b>                                   | September 29, 2021 | Added: "CT pelvis may be omitted if there is anatomic structural continuity between the last slice of the CT abdomen and the first slice of the MR Pelvis. If a program chooses to forego a CT of the pelvis, it is the program's responsibility to document the continuation in a consistent manner (for example, it is always documented in the RC-MDT minutes, treatment recommendation summary, or MRI report). The method and location of consistent documentation of the reason for the absence of the CT Pelvis must be included within the rectal cancer staging policy and procedure." | Additional guidance based on feedback |
| <b>Standard 5.3: Standardized Staging Reporting for Magnetic Resonance Imaging Results</b> | September 29, 2021 | Added "synoptic" in additional locations in Definitions and Requirements and Measure of Compliance.   | Clarification                         |
| <b>Standard 8.1: Rectal Cancer Program Education</b>                                       | September 29, 2021 | Deleted "In Development" from standard  | Update                                |