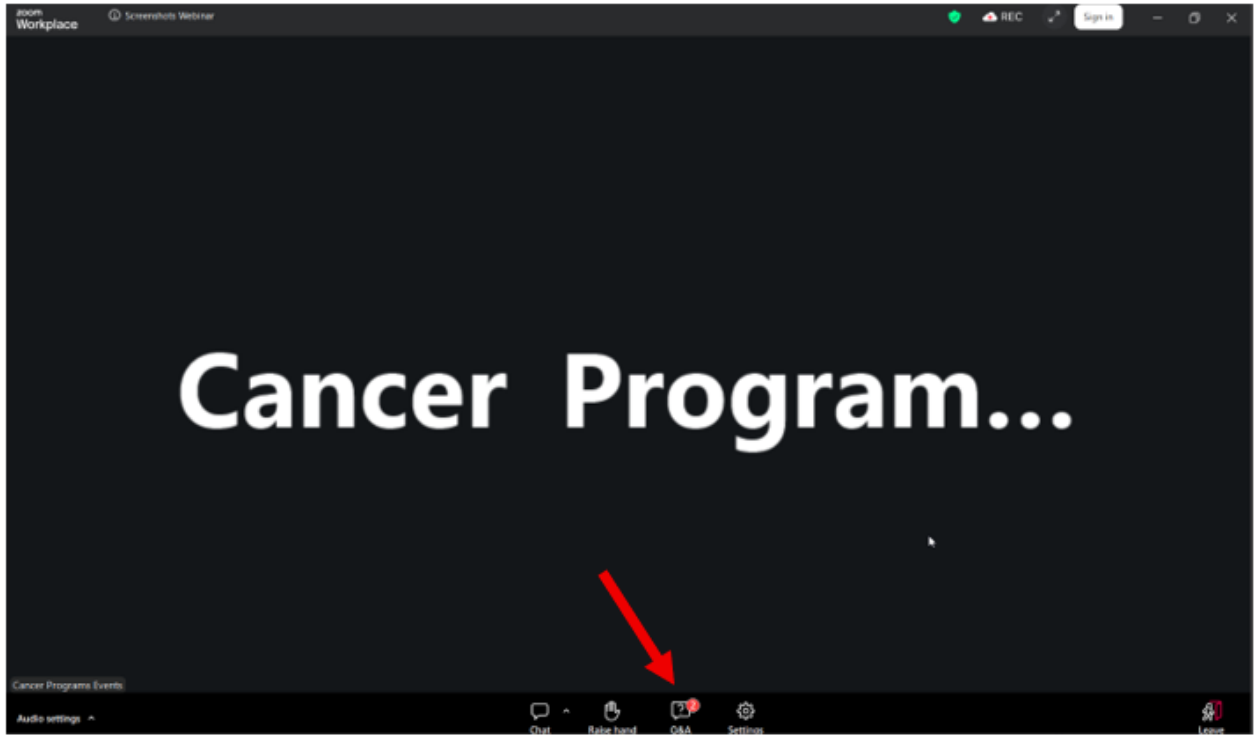
National Accreditation Program for Breast Centers
American College of Surgeons

NAPBC Webinar for New Standards

September 10, 2026

Webinar Logistics

- All participants are muted during the webinar and cannot use a webcam
- Questions – including technical issues you may be experiencing – should be submitted through the question box
- Questions will be answered as time permits
- Please complete the post-webinar evaluation you will receive via email
- Recorded content, slides, and Q & A will be posted on the Cancer Programs Events education webpage



Faculty

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National Accreditation Program for Breast Centers
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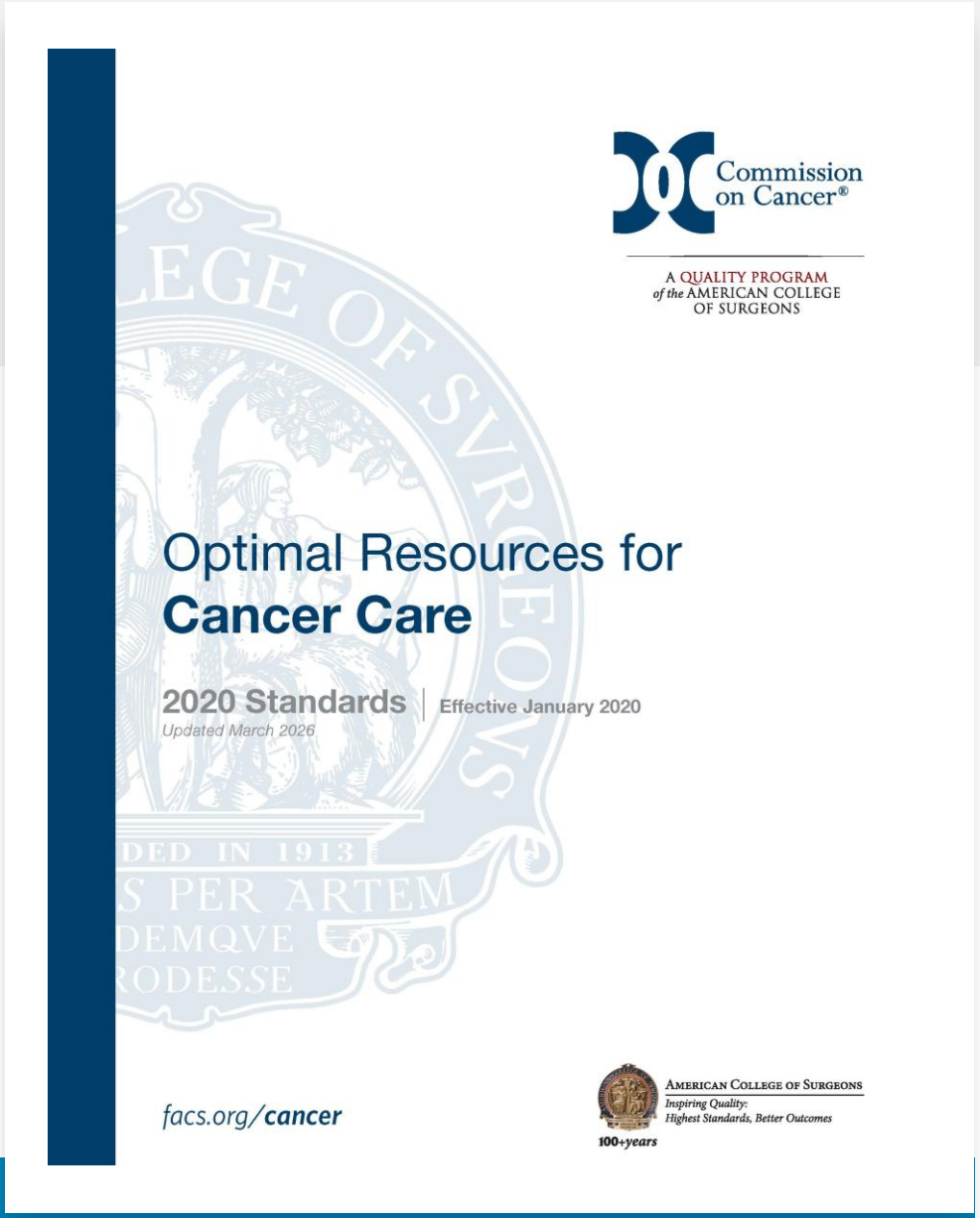
2027 NAPBC Standards Highlights

Commission on Cancer (CoC) Accreditation

- All programs seeking initial NAPBC accreditation are required to be CoC accredited.
- Existing NAPBC programs will remain accredited.



CoC programs no longer required to demonstrate compliance with these NAPBC Standards

Non-CoC programs will be required to meet the CoC version of the standard

- **3.1** Facility Accreditation
- **3.2** Radiation Oncology Quality Assurance
- **3.5** Pathology Quality Assurance
- **4.1** Physician Credentials
- **4.2** Oncology Nursing Credentials
- **4.4** Genetic Professional Credentials
- **8.1** Education, Prevention, and Early Detection Programs

New! Integrated Network Breast Program (INBP) Option

- Facilities offering integrated and comprehensive breast care can work together on NAPBC accreditation
- Facilities must be owned by a single entity and overseen by a centralized governance structure/board and CEO
- All facilities must be CoC accredited

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Standard 5.7: Function and Movement for Patients with Breast Cancer

Kathryn Schmitz PhD, FACSM, FTOS, FNAK

Standard 5.7 Background

- Combines functional assessment requirements formerly in Standards 5.9 – 5.12
- Focuses on identifying functional issues early and providing referrals to appropriate services
- Emphasizes the importance of exercise for all patients

Evidence Shows…

- Breast cancer treatment can cause meaningful and persistent functional impairment.[1]
- Functional issues are not limited to upper body and can involve falls, balance problems, and walking problems.[2]
- Early movement after surgery can lead to better mobility.[3]
- Physical activity can improve treatment tolerance and is associated with better long-term outcomes.[4]

1. Dantas de Oliveira NP, Guedes TS, Holanda AM, et al. Functional Disability in Women Submitted to Breast Cancer Treatment. Asian Pac J Cancer Prev. May 1 2017;18(5):1207–1214. doi:10.22034/APJCP.2017.18.5.1207. Kwan W, Jackson J, Weir LM, Dingee C, McGregor G, Olivotto IA. Chronic arm morbidity after curative breast cancer treatment: prevalence and impact on quality of life. J Clin Oncol. Oct 15 2002;20(20):4242–8. Maciukiewicz JM, Hussein ATS, Mourtzakis M, Dickerson CR. An evaluation of upper limb strength and range of motion of breast cancer survivors immediately following treatment. Clin Biomech (Bristol). Jun 2022;96:105666. doi:10.1016/j.clinbiomech.2022.105666
2. Huang MH, Blackwood J, Godoshian M, Pfalzer L. Prevalence of self-reported falls, balance or walking problems in older cancer survivors from Surveillance, Epidemiology and End Results-Medicare Health Outcomes Survey. J Geriatr Oncol. Jul 2017;8(4):255–261. doi:10.1016/j.jgo.2017.05.008
3. Bendz I, Fagevik Olsen M. Evaluation of immediate versus delayed shoulder exercises after breast cancer surgery including lymph node dissection--a randomised controlled trial. Breast. Jun 2002;11(3):241–8. doi:10.1054/brst.2001.0412
4. Schmitz KH, Campbell AM, Stuiver MM, et al. Exercise is medicine in oncology: Engaging clinicians to help patients move through cancer. CA Cancer J Clin. Nov 2019;69(6):468–484. doi:10.3322/caac.21579

Functional Screening Requirements

- Develop and implement a functional screening protocol
- Consider screening for all patients receiving active treatment
- Refer patients to appropriate movement programing

Key considerations:

- Screening can occur any time during treatment
- Screening may be performed by any care team member
- Program defines how results are documented and shared with treatment team

Protocol Requirements

01

Define timing of screening

02

Define screening methods used

03

Assess both upper and lower body function

Screening Methods

Objective testing or patient survey tools may be used

ECOG/Karnofsky may only be used for lower body evaluation

Upper body examples:

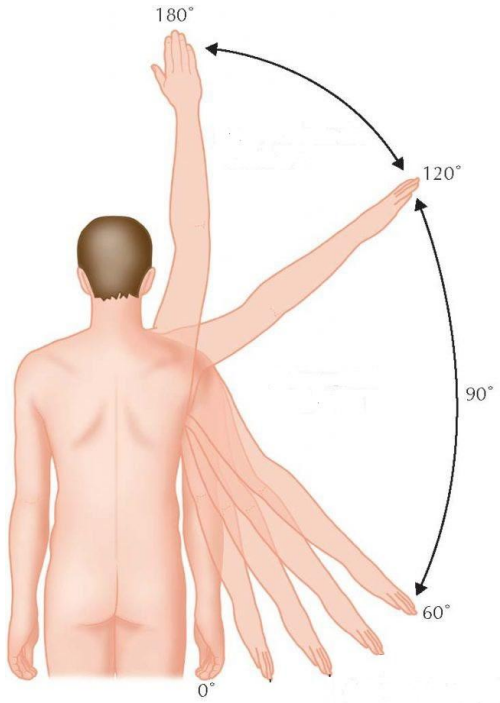
- ROM testing
- QuickDASH survey

Lower body examples:

- Timed Up and Go
- Lower Extremity Function Scale

OBJECTIVE Screening options

- Shoulder abduction



- Timed up and go

ASSESSMENT

Timed Up & Go (TUG)

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

① Instruct the patient:

NOTE: Always stay by the patient for safety.

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

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

② On the word "Go," begin timing.

③ Stop timing after patient sits back down.

④ Record time.

Time in Seconds: _____

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

Patient _____

Date _____

Time _____ ☐AM ☐PM

OBSERVATIONS

Observe the patient's postural stability, gait, stride length, and sway.

Check all that apply:

- ☐ Slow tentative pace
- ☐ Loss of balance
- ☐ Short strides
- ☐ Little or no arm swing
- ☐ Steadying self on walls
- ☐ Shuffling
- ☐ En bloc turning
- ☐ Not using assistive device properly

These changes may signify neurological problems that require further evaluation.

SURVEY screening options

- Quick Dash

QuickDASH Questionnaire
Quick Disabilities of the Arm, Shoulder and Hand Outcome Measure

Instructions: Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.
Rating Scale:

- 1 = No difficulty
- 2 = Mild difficulty
- 3 = Moderate difficulty
- 4 = Severe difficulty
- 5 = Unable

Physical Function Items (1-6)
1. Open a tight or new jar
1 2 3 4 5
2. Carry a shopping bag or briefcase
1 2 3 4 5
3. Wash your back
1 2 3 4 5
4. Use a knife to cut food
1 2 3 4 5
5. Do heavy household chores (e.g., wash walls, floors)
1 2 3 4 5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.)
1 2 3 4 5

Symptom and Impact Items (7-11)
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?
Rating Scale: 1 = Not at all → 5 = Extremely
1 2 3 4 5
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?
Rating Scale: 1 = Not limited at all → 5 = Unable
1 2 3 4 5
9. Arm, shoulder or hand pain
Rating Scale: 1 = None → 5 = Extreme
1 2 3 4 5
10. Tingling (pins and needles) in your arm, shoulder or hand
Rating Scale: 1 = None → 5 = Extreme
1 2 3 4 5
11. During the past week, how much difficulty have you had sleeping as a result of the pain in your arm, shoulder or hand?
Rating Scale: 1 = No difficulty → 5 = So much difficulty that I can't sleep
1 2 3 4 5

- Lower extremity
  - LEFS (below)

  Or
  - ECOG

Activities		Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
a.	Any of your usual work, housework, or school activities.	0	1	2	3	4
b.	Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
c.	Getting into or out of the bath.	0	1	2	3	4
d.	Walking between rooms.	0	1	2	3	4
e.	Putting on your shoes or socks.	0	1	2	3	4
f.	Squatting.	0	1	2	3	4
g.	Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
h.	Performing light activities around your home.	0	1	2	3	4
i.	Performing heavy activities around your home.	0	1	2	3	4
j.	Getting into or out of a car.	0	1	2	3	4
k.	Walking 2 blocks.	0	1	2	3	4
l.	Walking a mile.	0	1	2	3	4
m.	Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
n.	Standing for 1 hour.	0	1	2	3	4
o.	Sitting for 1 hour.	0	1	2	3	4
p.	Running on even ground.	0	1	2	3	4
q.	Running on uneven ground.	0	1	2	3	4
r.	Making sharp turns while running fast.	0	1	2	3	4
s.	Hopping.	0	1	2	3	4
t.	Rolling over in bed.	0	1	2	3	4
Column Totals:						

SCORE: _____/80

Screening Thresholds

Programs may set their own testing thresholds to trigger exercise recommendations or referral to PT/OT. The tables below provide **example** thresholds.

Objective Test Examples	PT/OT Referral	Exercise Recommendations
Upper Body ROM Testing	Shoulder elevation < 120 degrees	Shoulder elevation ≥ 120 degrees
Timed Up and Go Test	≥ 12 seconds	< 12 seconds

Survey Test Examples	PT/OT Referral	Exercise Recommendations
QuickDASH	> 25	≤ 25
Lower Extremity Function Test	≤ 60	> 60

Movement & Exercise Recommendations

- Exercise is recommended for all patients during active treatment
- Programs must provide exercise education materials
- NAPBC exercise poster may be used (found in the Resources section of QPort)

BPLC Evaluation

BPLC REVIEWS THE SCREENING PROTOCOL EACH ACCREDITATION CYCLE

DISCUSSION DOCUMENTED IN MEETING MINUTES

Integrated Network Breast Programs (INBPs)

INBPs must define organization of functional screening services, either centralized or at individual facilities

All functional screening services must remain compliant with the standard

Documentation for Demonstrating Compliance

No medical record review

Submitted with Pre-Review Questionnaire

Protocol for functional screening

National Accreditation Program for Breast Centers
American College of Surgeons

Standard 5.8: Lymphedema Assessment

Kathryn Schmitz PhD, FACSM, FTOS, FNAK

Standard 5.8 Background

- New requirement for implementation January 1, 2028
- Supports early detection and intervention for improved management of breast cancer-related lymphedema

Evidence Shows…

- Lymphedema can have persistent implications for survivorship and patient well-being.[1]
- Prospective surveillance is an important strategy for identifying lymphedema.[2]
- Early detection and intervention may improve management of lymphedema.[3]

1. Ahmed RL, Prizment A, Lazovich D, Schmitz KH, Folsom AR. Lymphedema and quality of life in breast cancer survivors: the Iowa Women's Health Study. J Clin Oncol. 2008;26(35):5689–5696. Ribeiro Pereira ACP, Koifman RJ, Bergmann A. Incidence and risk factors of lymphedema after breast cancer treatment: 10 years of follow-up. Breast. 2017;36:67–73.
2. Koelmeyer LA, Gaitatzis K, Dietrich MS, Shah CS, Boyages J, McLaughlin SA, Taback B, Stolldorf DP, Elder E, Hughes TM, French JR, Ngui N, Hsu JM, Moore A, Ridner SH. Risk factors for breast cancer-related lymphedema in patients undergoing 3 years of prospective surveillance with intervention. Cancer. 2022;128(18):3408–3415. Rafn BS, Christensen J, Larsen A, Bloomquist K. Prospective surveillance for breast cancer-related arm lymphedema: a systematic review and meta-analysis. J Clin Oncol. 2022;40(11):1009–1026.
3. McLaughlin SA, Stout NL, Schaverien MV. Avoiding the swell: advances in lymphedema prevention, detection, and management. Am Soc Clin Oncol Educ Book. 2020;40:1–10.

Who Should Receive a Lymphedema Assessment?

- Patients undergoing axillary lymph node dissection (ALND) or axillary radiation
- Consider other patients at elevated risk

- The program defines who is considered at elevated risk.

Protocol Requirements

1. Define who is considered at elevated risk for lymphedema
2. Define timing of assessments during treatment, including baseline assessment
3. Specify assessment methods used by the program
4. Include referral thresholds for PT/OT services

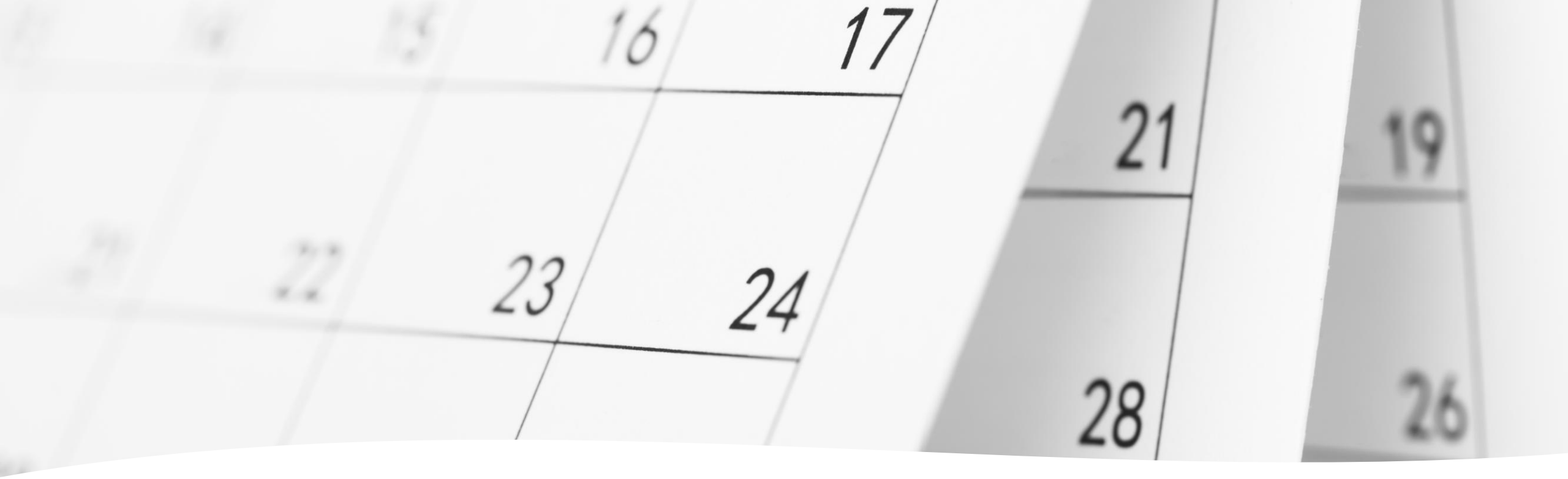
Assessment Timing

Program determines timing of the assessment

Best practice: before ALND, and repeat after surgery

Perform serial measurements after surgery when possible

If patient received lymphedema assessment within 6 months of diagnosis, assessment does not need to be repeated



Assessment Timing

- Program determines timing of the assessment
- Best practice: before ALND, and repeat after surgery
- Perform serial measurements after surgery when possible
- If patient received lymphedema assessment within 6 months of diagnosis, assessment does not need to be repeated

Who Can Perform the Assessment?

- Any care team member, including but not limited to:
  - Medical assistants
  - Physical therapists
  - Occupational therapists
  - Nurses
  - Advanced practice providers
  - Physicians

Example Assessment Methods

Objective testing:

- Bioelectrical impedance spectroscopy
- Circumferential limb measurements

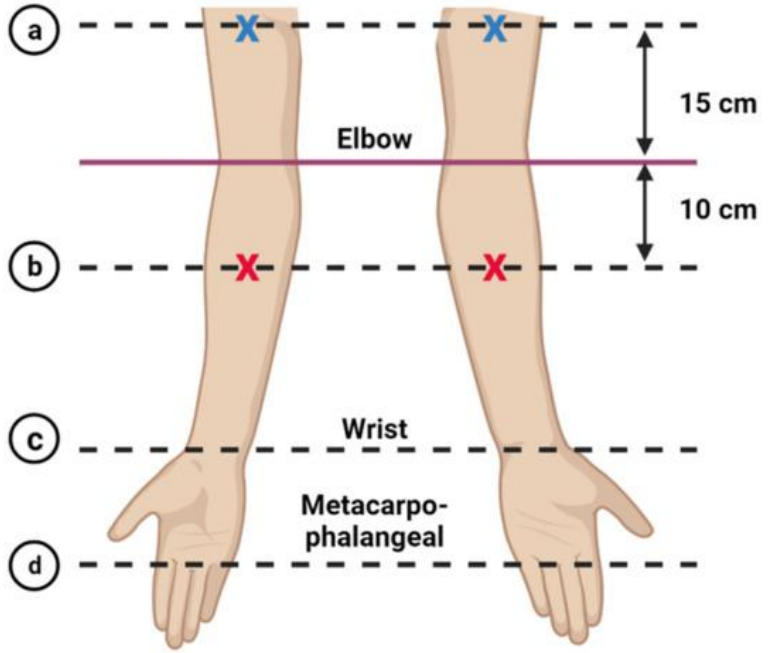
Patient surveys:

- Norman Lymphedema Survey
- Lymphedema and Breast Cancer Survey

OBJECTIVE assessment options

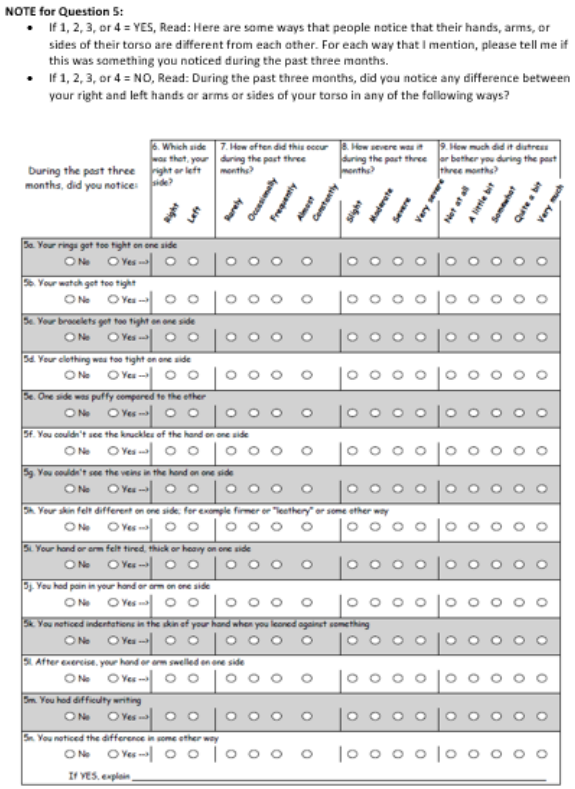
- Bioelectrical Impedence Spectroscopy

- Circumferential measurements



SURVEY assessment options

- Norman Lymphedema Survey



NOTE for Question 5:

- If 1, 2, 3, or 4 = YES, Read: Here are some ways that people notice that their hands, arms, or sides of their torso are different from each other. For each way that I mention, please tell me if this was something you noticed during the past three months.
- If 1, 2, 3, or 4 = NO, Read: During the past three months, did you notice any difference between your right and left hands or arms or sides of your torso in any of the following ways?

During the past three months, did you notice:	6. Which side was that, your right or left side?		7. How often did this occur during the past three months?				8. How severe was it during the past three months?				9. How much did it distress or bother you during the past three months?				
	Right	Left	Rarely	Occasionally	Frequently	Almost Constantly	Slight	Moderate	Severe	Very severe	Not at all	A little bit	Somewhat	Quite a bit	Very much
5a. Your rings got too tight on one side															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5b. Your watch got too tight															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5c. Your bracelets got too tight on one side															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5d. Your clothing was too tight on one side															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5e. One side was puffy compared to the other															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5f. You couldn't see the knuckles of the hand on one side															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5g. You couldn't see the veins in the hand on one side															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5h. Your skin felt different on one side, for example firmer or "leathery" or some other way															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5i. Your hand or arm felt tired, thick or heavy on one side															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5j. You had pain in your hand or arm on one side															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5k. You noticed indentations in the skin of your hand when you leaned against something															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5l. After exercise, your hand or arm swelled on one side															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5m. You had difficulty writing															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5n. You noticed the difference in some other way															
○ No ○ Yes →	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

If YES, explain _____

- Lymphedema and breast cancer survey

https://www.acibademhealthpoint.com/download-lymphedema-and-breast-cancer-questionnaire-pdf-form/

BPLC Evaluation

BPLC reviews lymphedema protocol each accreditation cycle

Discussion documented in BPLC meeting minutes

Documentation for Demonstrating Compliance

No medical record review

Submitted with Pre-Review Questionnaire

Protocol for lymphedema assessment

National Accreditation Program for Breast Centers
American College of Surgeons

Resources for 2027 Standards

Resources Available Now

- NAPBC 2027 Overview of Changes
  - Details changes from 2024 Standards to 2027 Standards
- 2027 NAPBC Standards FAQ
  - Updated to reflect revised standards
  - Includes section for new Standards 5.7 and 5.8.
- CoC Quick Reference Guide
  - For non-CoC-accredited programs
  - Includes all CoC standards required for NAPBC programs
- NAPBC Protocol Resource
  - Lists all NAPBC standards that require protocols
  - Includes required protocol elements

Coming Soon!

- NAPBC Exercise Recommendation Poster
- New NAPBC Standards Review Course
  - Self-paced, online course
  - Reviews requirements and compliance details for each NAPBC standard
  - Uses a combination of videos and reading activities
  - Includes knowledge check questions to assess understanding

National Accreditation Program for Breast Centers
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Q & A

2025-2026 Cancer Programs On-Demand Webinars
Now Available

- Breast Screening: What Every Physician Needs to Know
- Standard 4.2: Update on the Oncology Nursing Credential
- AJCC Protocol on Version 9 Staging System for Lung
- Axillary Management in Breast Cancer
- QI for NAPBC Programs
- Standards Updates
- And More!

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