

# National Accreditation Program for Breast Centers

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# NAPBC Standards Manual 2014 EDITION



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NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS





# NAPBC Standards Manual

## 2014 EDITION

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# Foreword

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**Mission Statement** The National Accreditation Program for Breast Centers (NAPBC) is a consortium of national, professional organizations focused on breast health and dedicated to the improvement of quality outcomes of patients with diseases of the breast through evidence-based standards and patient and professional education.

The evaluation and management of patients with diseases of the breast historically occurred in a fragmented, disorganized setting. Patients are best managed in this complex environment through multidisciplinary coordination. This team approach resulted in the birth of the breast center concept in the United States in the 1970s. In the past three to four decades there has been a proliferation of breast centers to accommodate the thousands of women diagnosed with breast cancer, as well as addressing the equally compelling needs of the million or more women presenting annually with benign breast disease.

Evidence-based and consensus-developed standards have gained increasing importance and recognition.

The United States health care system is undergoing a dramatic transformation centered on quality measurement and improvement and documentation of adherence to broadly accepted standards of care for all diseases including those of the breast. No other organization has established standards for the evaluation and management of patients with diseases of the breast or a survey process to monitor compliance. The NAPBC seeks to accredit established breast centers in order to improve the quality of evaluation and management of patients. It recognizes that breast care is delivered in heterogeneous settings in the United States. The program is designed to be inclusive and not exclusive. Accreditation will be awarded to large academic medical centers, teaching hospitals, nonteaching hospitals, free-standing centers, and small private practices provided the NAPBC standards are met.

For the purposes of this program, and with respect to compliance with the NAPBC standards, provided services are defined as those elements of evaluation and management accountable to the local Breast Program Leadership (BPL). Accountable is defined as **provided services** that can be influenced by the BPL. Such services may occur in a single geographic site or in a center “without walls.” Examples include: medical oncology consultation and treatment, radiation oncology consultation and treatment, and breast imaging.

**Referred services** are defined as those components of evaluation and management not under the accountability of the Breast Program Leadership and conducted in another setting. Examples include: genetic counseling and a survivorship program.

In effect, all patients with diseases of the breast will be afforded the most comprehensive evaluation and management currently available.

## Benefits of Becoming an NAPBC-Accredited Center

Accreditation by the NAPBC provides many notable benefits that will enhance a breast center and its quality of patient care.

NAPBC-accredited centers receive the following:

- A model for organizing and managing a breast center to ensure multidisciplinary, integrated, and comprehensive breast care services.
- Internal and external assessment of breast center performance based on recognized standards to demonstrate a commitment to quality care.
- Recognition as having met performance measures for high-quality breast care established by national health care organizations.
- National recognition and public promotion.
- Participate in a National Breast Disease Database to report patterns of care and effect quality improvement.
- Access to breast center comparison benchmark reports containing national aggregate data and individual center data to assess patterns of care and outcomes relative to national norms.

## NAPBC Board Member Organizations

- American Board of Surgery (ABS)
- American Cancer Society (ACS)
- American College of Radiology Breast Imaging Commission (ACRBIC)
- American Cancer Radiology Imaging Network (ACRIN)
- American College of Surgeons (ACoS)
- American Institute for Radiologic Pathology (AIRP)
- American Society for Radiation Oncology (ASTRO)
- American Society of Breast Disease (ASBD)
- American Society of Breast Surgeons (ASBS)
- American Society of Clinical Oncology (ASCO)
- American Society of Plastic Surgeons (ASPS)
- Association of Cancer Executives (ACE)
- Association of Oncology Social Work (AOSW)
- College of American Pathologists (CAP)
- National Cancer Registrars Association (NCRA)
- National Consortium of Breast Centers (NCBC)
- National Society of Genetic Counselors (NSGC)
- Oncology Nursing Society (ONS)
- Society of Breast Imaging (SBI)
- Society of Surgical Oncology (SSO)

# Acknowledgements

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# NAPBC-Accredited Centers

## NAPBC-Accredited Centers

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The NAPBC encourages, hospitals, treatment centers, individual physician practices, and other facilities committed to breast health care to improve the quality of care available at their center(s) through various breast-related programs. These programs are concerned with prevention, early detection, diagnosis, pre-treatment evaluation, staging, optimal treatment, rehabilitation, surveillance for recurrent disease, support services, and end-of-life care. The availability of a full range of medical services, along with a multidisciplinary team approach to patient care, ensures the provision of continuity of care for women with diseases of the breast.

NAPBC-accredited centers demonstrate the following services:

- A multidisciplinary, team approach to coordinate the best care and treatment options available.
- Access to breast cancer-related information, education, and support.
- Breast cancer data collection on quality indicators for all subspecialties involved in breast cancer diagnosis and treatment.
- Ongoing monitoring and improvement of care.
- Information about clinical trials and new treatment options.

Accreditation by the NAPBC is granted only to those centers that are voluntarily committed to providing the best possible care to patients with diseases of the breast. Each breast center must undergo a rigorous evaluation and review of its performance and compliance with NAPBC standards. To maintain accreditation, centers must monitor compliance with NAPBC standards to ensure quality care, and undergo an on-site review every three years.

# The Accreditation Process

# Deficiencies and Deficiency Resolution

A deficiency

- is defined as any standard with a rating of 2 – Non-compliant.
- identified in one or more of the Critical Standards (as outlined on page 24) will result in Accreditation Deferred status until corrected.

The documentation required to resolve a deficiency is available on the NAPBC website, [www.napbc-breast.org](http://www.napbc-breast.org).

## DEFICIENCY RESOLUTION PROCESS

Three-Year/Full Accreditation	Three-Year Contingency Accreditation	Accreditation Deferred
1. Submission of documentation in the SAR to establish compliance with all standards	1. Submission of documentation in the SAR to establish compliance with all standards	1. Submission of documentation in the SAR to establish compliance with all standards and
2. Review and approval of documentation by NAPBC staff with input from the surveyor and, as required, the Standards and Accreditation Committee	2. Review and approval of documentation by NAPBC staff with input from the surveyor and, as required, the Standards and Accreditation Committee	2. Review and approval of documentation by NAPBC staff with input from the surveyor and, as required, the Standards and Accreditation Committee
3. Centers are then surveyed for reaccreditation at a three-year interval from the date of the survey	3. Contingency status removed; three-year/full accreditation awarded	3. Deferred status removed; three-year/full accreditation awarded
	4. Centers are then surveyed for reaccreditation at a three-year interval from the date of the survey	4. Centers are then surveyed for reaccreditation at a three-year interval from the date of the survey or resurvey, as appropriate

Based on the resolution of deficiencies and survey results, a performance report and certificate of accreditation are issued. Centers that do not resolve all deficiencies within a 12-month period from the date of survey will be at risk of losing their NAPBC accreditation status and will be required to reapply for accreditation.

A center is eligible for reaccreditation if all previously identified deficiencies have been resolved and are documented in the NAPBC Survey Application Record (SAR) within 12 months from the date of the previous survey.

# Breast Center Components

The following is an outline of the Breast Center Components required for accreditation by the NAPBC, and the recommended breast services within each component. See specific standards for survey purposes.

- 1. Imaging**
  - a. Screening mammography (digital or analog)
  - b. Diagnostic mammography (additional views beyond screening mammography and workup of a clinical abnormality)
  - c. Ultrasound
  - d. Breast MRI
- 2. Needle Biopsy**
  - a. Needle biopsy – palpation-guided
  - b. Image guided – stereotactic
  - c. Image guided – ultrasound
  - d. Image guided – MRI
- 3. Pathology**
  - a. Report Completeness/CAP Protocols
  - b. Radiology-Pathology Correlation
  - c. Prognostic and predictive indicators
  - d. Gene studies (if available)
- 4. Interdisciplinary Conference**
  - a. History and findings
  - b. Imaging studies
  - c. Pathology
  - d. Pre- and post-treatment interdisciplinary discussion
- 5. Patient Navigation**
  - a. Facilitates navigation through system for the patient
- 6. Genetic Evaluation and Management**
  - a. Genetic risk assessment
  - b. Genetic counseling
  - c. Genetic testing
- 7. Surgical Care**
  - a. Surgical correlation with imaging/concordance
  - b. Preoperative planning after biopsy for surgical care
  - c. Breast surgery: lumpectomy or mastectomy
  - d. Lymph node surgery: sentinel node/axillary dissection
  - e. Post initial surgical correlation/treatment planning
- 8. Plastic Surgery Consultation/Treatment**
  - a. Tissue expander/Implants
  - b. TRAM/Latissimus flaps
  - c. DIEP flap/free flaps (if available)
- 9. Nursing**
  - a. Nurses with specialized knowledge and skills in diseases of the breast
- 10. Medical Oncology Consultation/Treatment**
  - a. Hormone therapy
  - b. Chemotherapy
  - c. Biologics
  - d. Chemoprevention
- 11. Radiation Oncology Consultation/Treatment**
  - a. Whole breast irradiation with or without boost
  - b. Regional nodal irradiation
  - c. Partial breast irradiation treatment or protocols
  - d. Palliative radiation for bone or systemic metastasis
  - e. Stereotactic radiation for isolated or limited brain metastasis
- 12. Data Management**
  - a. Data collection and submission
- 13. Research**
  - a. Cooperative trials
  - b. Institutional original research (not part of national trials)
  - c. Industry sponsored trials
- 14. Education, Support, and Rehabilitation**
  - a. Education along continuum of care (pre-treatment, during, post-treatment)
  - b. Psychosocial support
    - i. Individual support
    - ii. Family support
    - iii. Support groups
  - c. Symptom management
  - d. Physical therapy (for example, lymphedema risk reduction practices, and management, shoulder ROM)
- 15. Outreach and Education**
  - a. Community at-large education (including low-income/medically underserved)
  - b. Patient education
  - c. Physician education
- 16. Quality Improvement**
  - a. Continuous quality improvement through annual studies
- 17. Survivorship Program**
  - a. Follow-up surveillance
  - b. Rehabilitation
  - c. Health promotion/risk reduction

*A Breast Center Component Checklist is included in the Appendix.*

# The Survey Process

NAPBC accreditation is granted only to those centers that have voluntarily committed to provide the best in breast cancer diagnosis and treatment and is able to comply with established NAPBC standards. Each center must undergo a rigorous evaluation and review of its performance and compliance with the NAPBC standards. To maintain accreditation, centers must undergo an on-site review every three years.

To be considered for initial survey, the breast center leadership does the following:

- Ensures that the clinical services, interdisciplinary/multidisciplinary conference(s), and quality management program are in place at the center.
- Carefully reads the NAPBC Standards Manual, which defines each standard, and meets the requirements outlined for all standards. **Please note:** The following standards have been identified as **Critical Standards**. Centers *must* comply with **Standard 1.1 – Level of Responsibility and Accountability, Standard 1.2 – Interdisciplinary Breast Cancer Conference, and Standard 2.1 – Interdisciplinary Patient Management**. Failure to meet any or all of these standards will result in a final rating of Accreditation Deferred (see Accreditation Award) until which time you provide the NAPBC administrative office with documentation of compliance. Centers that do not resolve this status within a 12-month period will be required to reapply for accreditation.
- Completes the Pre-Application to Participate located on the NAPBC website at [www.napbc-breast.org](http://www.napbc-breast.org), and reviews and applies an electronic signature to the Participation Agreement and Business Associate Agreement, as required for compliance with the Health Insurance Portability and Accountability Act (HIPAA).
- Following receipt of the completed Pre-Application and executed agreements, the NAPBC will release the center for survey.
- An e-mail notification will be sent that will include the name of the assigned surveyor, and a user name and password to access the online Survey Application Record (SAR). The SAR must be completed online in its entirety no later than two weeks before the scheduled survey.
- An invoice for the survey fee will be generated at the time the center is released for survey. The survey fee will include the breast center and any affiliated satellite centers identified during the application process. Centers with affiliated satellite centers requiring combined survey will require an additional 3–4 hour visit at each satellite, and may require a 2-day visit. Discuss site visit details with the assigned surveyor for planning purposes. Payment of the invoice is due within 30 days of receipt. Failure to pay survey fee prior to scheduled visit will result in cancellation.
- The assigned surveyor will contact the center within 30 days following date of release to schedule a mutually agreeable date for survey. All surveys must be completed within six (6) months from date of release for survey.

Profiles of the NAPBC surveyors, including photos and brief biographies, are available on the NAPBC website.

The center may decline the assigned surveyor within 14-days following notification of assignment, if a conflict of interest exists. A conflict of interest is defined as follows:

- Affiliation with the center being surveyed.
- Has a vested interest in the center applying for NAPBC accreditation or is affiliated with another center in direct competition with the center being surveyed.

The new surveyor assignment will be provided to the center within 30 days notification of the conflict of interest.

Selection of a survey date is coordinated between the center and the assigned surveyor. Confirmation of the survey date and time is provided to the center leadership a minimum of 30 days prior to the on-site visit.

## The Survey Application Record (SAR)

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To facilitate a thorough and accurate evaluation of the breast center, the center completes or updates the online Survey Application Record (SAR) 14 days prior to the scheduled on-site visit. The Breast Program Leadership (BPL) is notified when the SAR is available for completion. Completion of the SAR should be a team effort of members of BPL, with one individual chosen to coordinate the activity and complete the SAR.

The SAR is an online application that is password protected. A login and password will be provided once a center has been released for survey. Once logged into the system, the center will navigate to a landing page unique to the center.

It will contain a link and provide access to the completed pre-application and the SAR. The SAR functionality includes document upload capability, drop down selections, table calculations, checkbox, and textbox completion.

Once successfully accredited, the landing page will provide access to the performance report, a press release, ad copy that may be utilized to advertise center accreditation locally, and a customizable template for centers to create a unique center profile that may be downloaded from the NAPBC website once posted as an accredited center.

In addition to capturing information about breast center activity, the individual(s) responsible for completing portions of the SAR will perform a self-assessment and rate compliance with each standard using the rating system provided.

The NAPBC surveyor reviews the center's online SAR prior to the on-site visit to become familiar with the services and resources offered at the center and the breast center's activity.

## Survey Fee

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An invoice for the survey fee will be mailed to the Breast Program Leadership when the center is released for survey. Payment of the invoice is due within 30 days of receipt. Failure to pay the survey fee prior to the scheduled on-site visit will result in cancellation.

Programs are discouraged from canceling or postponing the scheduled survey. If cancellation or postponement becomes necessary after the survey date is confirmed, the center must e-mail [NAPBC@facs.org](mailto:NAPBC@facs.org) and state the reason for cancellation/postponement. The center may be assessed a cancellation fee of up to \$1,000, which will cover all nonrefundable expenses incurred by the NAPBC and the surveyor.

Cancellation requests received within two weeks of the scheduled survey will forfeit the previously collected survey fee, and may be required to pay another survey fee prior to rescheduling.

# Site Visit Agenda

The NAPBC surveyor will contact the center to establish a mutually agreeable date and time to conduct the on-site review. The surveyor will need a primary contact that can assist with providing information on local hotels, directions to the center, and a location and time where to meet.

The survey can be completed within five to six hours, and depending on the timeframe, lunch should be provided. At the time the survey is scheduled, the surveyor will also discuss an agenda, which should be confirmed 14 days prior to the on-site visit. The surveyor will meet with key members of the breast center to discuss the center and verify data in the Survey Application Record (SAR). The surveyor's role is to assist in accurately defining the standards and verifying that the center is in compliance with the standards. Part of the verification process will include a medical record chart review to assess compliance with nine

standards. The surveyor will also discuss the goals and responsibilities of the center. Following a review of documentation and discussion with the members of the breast center team, a wrap-up session will be held with all available members of the team. The surveyor will delineate the center's strengths and weaknesses and offer suggestions to correct any noted deficiencies. The surveyor will respond to questions from the center leadership and staff regarding the standards, SAR, and rating system. A sample agenda is as follows:

## NAPBC SURVEY AGENDA

Agenda Item	Time Required
Time for the surveyor to speak/meet with the breast center leadership and key staff responsible for various aspects of the program and to assess the center's compliance with each standard through review of the survey application.	1–2 hours
Time for chart review.	2.5 hours
Tour the center.	30 minutes
Attend a breast conference (survey should be held on a day when a conference is scheduled).	1 hour
Surveyor private time to compile recommendations.	30 minutes
Summation meeting with the breast center team.	30 minutes

# Documentation of Program Activity

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Breast center activity is documented using the Survey Application Record (SAR), which must be completed a minimum of 14 days prior to the on-site visit.

All required documentation must be submitted electronically through the SAR, except for those documents outlined below that are to be provided to the surveyor on-site the day of the survey.

## Provided Electronically

- The completed SAR.
- A roster of the breast center steering committee or leadership (*Standard 1.1*).
- A copy of the meeting minutes from the steering committee or BPL meeting for the last complete year (*Standard 1.1*).
- The breast conference schedule/calendar for the last complete year (*Standard 1.2*).
- A de-identified accession (case) list of breast cancer cases diagnosed and treated during the last complete year (calendar year or most current 12 month period) to include accession or medical record number, patient age, histology, date of diagnosis, and definitive surgical resection for all stage 0, I, II, and III patients only. This list should not include patient identifiers (*Standards 2.3, 2.4, 2.7, 2.9, 2.12, 2.13, 2.19*).
- Charts, graphs, or reports demonstrating participation in a national quality improvement initiative related to breast care (see options in *Standard 6.1*).
- Each year performance rates are documented in the Quality Improvement page of the SAR (*Standards 2.3, 2.4, 2.9, 2.12(2), 2.13(2)*).

## Provided On-Site

- Twenty (20) medical records that have been identified by the surveyor from the de-identified patient list uploaded in the SAR will be reviewed on-site. In addition, the surveyor will review ten (10) records of patients diagnosed with benign breast disease of the center's choosing, five of which should represent patients diagnosed with atypical ductal hyperplasia (ADH) or atypical lobular hyperplasia (ALH). The remaining records may include young women diagnosed with fibroadenoma, bloody nipple discharge, recurrent breast cysts requiring aspiration, and/or patients deemed to be high-risk for the development of breast cancer (see Medical Records Review Process).
- Annual report confirming review of radiation oncology quality assurance (*Standard 2.12*)
- Annual reports from support and rehabilitation leaders (*Standard 2.15*)
- Samples of educational resources provided to patients (*Standard 2.17*)
- Samples of clinical trial materials provided to patients (*Standard 3.1*)
- Examples of prevention, education, and/or early detection programs held in the last year (*Standard 4.1*)
- Demonstration of the system used by the center to participate in a national quality improvement initiative related to breast care (see options in *Standard 6.1*)

# Annual Data Submission Requirement

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The NAPBC does not currently have an annual data submission requirement. Quality measures identified by the NAPBC are described in Standard 6.2 as outlined below.

Although no compliance rating will be scored at the time of survey, Breast Program Leadership is strongly encouraged to:

- conduct an annual review of quality measures
- develop mechanisms and be prepared for quality measure data collection

**Standard 6.2** Annual performance rates are reported for each of the measures identified by the NAPBC, and the performance is evaluated annually by the BPL.

Measure	
1	Breast conservation surgery rate for women with AJCC Stage 0, I, or II breast cancer.
2	Needle/core biopsy is performed prior to surgical treatment of breast cancer.
3	Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

# Medical Records Review Process

The medical records review will include patients diagnosed and treated at your facility (class of case 10–14).

- The surveyor will develop the survey agenda in collaboration with the breast center. A minimum of two hours is generally required to review 30 medical records (20 breast cancer records and 10 benign breast disease records). The breast cancer records will be assessed for compliance with eight (8) standards:

- 2.3 Breast Conservation
- 2.4 Sentinel Node Biopsy
- 2.6 Breast Cancer Staging
- 2.7 Pathology Reports
- 2.9 Needle Biopsy
- 2.12 Radiation Oncology
- 2.13 Medical Oncology,
- 2.18 Reconstructive Surgery

The benign medical records will be assessed for compliance with Standard 2.19 Evaluation and Management of Benign Breast Disease. See the NAPBC Standards Manual for additional detail regarding compliance criteria for these standards, and direction on items requiring completion in the Survey Application Record (SAR).

- Breast centers scheduled for an NAPBC survey are required to upload a copy of the accession list into the SAR in advance of survey:
  - Provide a de-identified accession (case) list of breast cancer cases diagnosed and treated during the last complete year (calendar year or most current 12 month period) to include:
    - Accession or medical record number
    - Patient age
    - Histology
    - Date of diagnosis
    - Definitive surgical resection for all malignant breast diagnoses

This list should not include patient identifiers. This list will be referenced in several standards.

- Prior to the on-site survey, the surveyor will contact the center identifying the 20 medical records that need to be pulled for chart review on the day of the survey. If the medical record is electronic, the center will need to communicate with the surveyor to determine if the surveyor wants to review the record online or have paper copies available. The following items should be made available and/or flagged in each medical record to facilitate ease of review:
  - Surgical pathology report(s)
  - Operative report
  - Staging form, if applicable
  - Medical oncology consult/report(s)
  - Radiation oncology consult/report(s)
  - Case abstract form if Commission on Cancer accredited
- Ten (10) medical records of patients that have benign breast disease that have been evaluated by the managing breast surgeon as follows: five (5) ADH/ALH cases are required to be chosen by the center and made available for surveyor review the day of the survey.

The following items should be flagged in each record to facilitate ease of review:

- Physician note
- Radiology reports, if indicated
- Operative report, if indicated
- Surgical pathology report, if indicated

# Accreditation Program Standards Rating System

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The following rating system is used to assign a compliance rating to each standard:

1. **Compliant**
2. **Non-compliant**

Based on the rating criteria specified for each standard, a compliance rating is assigned by the center and the surveyor as follows:

	Rating	Comments
Center		
Surveyor		

A deficiency is defined as any standard with a rating of Non-compliant.

A deficiency in one or more standard(s) will affect the accreditation award.

# Accreditation Award

Accreditation awards are based on compliance with 29 standards as rated by the surveyor and NAPBC staff, and when required, the Standards and Accreditation Committee or a subgroup thereof.

## Critical Standards

The following standards are considered critical standards and the center must be in compliance with them at the time of survey in order to receive NAPBC Accreditation:

**Standard 1.1** – Level of Responsibility and Accountability

**Standard 1.2** – Interdisciplinary Breast Cancer Conference

**Standard 2.1** – Interdisciplinary Patient Management

**The accreditation award is based on compliance with 29 standards at the time of survey.**

**Three-Year/Full Accreditation** is awarded to centers, either new or upon reaccreditation, that comply with all standards at the time of survey. This award is also applied to programs that received a deficiency rating for 1-3 standards at the time of survey. Resolution of all deficient standards must be documented within 12 months from the date of survey. A performance report is issued and these centers are surveyed at three-year intervals from the date of survey.

**Three-Year Contingency Accreditation** is awarded to centers, either new or upon reaccreditation, that receive a deficiency rating for 4-8 standards. The contingency status is resolved by documentation of compliance

with all deficient standards within 12 months from the date of survey. Three-Year/Full Accreditation is granted following submission, review, and approval of documentation to establish compliance with all standards. A performance report is issued after resolution of all deficiencies and these centers are surveyed at a three-year interval from the date of survey.

**Accreditation Deferred** is given to centers that receive a deficiency rating in any of the critical standards outlined above, or 9 or more standards at the time of survey. The deferred status is resolved by submission of documentation for compliance and/or resurvey within 12 months.

## ACCREDITATION AWARD MATRIX

Three-Year/Full Accreditation	Three-Year Contingency Accreditation	Accreditation Deferred
Center compliant with all standards at the time of survey or,  1-3 standards are deficient (≥ 90% compliance) and,  resolution of all deficient standards is documented within 12 months from the date of survey  Performance Report and accreditation certificate issued	4-8 standards are deficient (75%-90% compliance)  Documentation of resolution of all deficient standards is required within 12 months from the date of survey  No performance report or accreditation certificate issued until deficiencies are resolved	1 or more critical standards are deficient or,  9 or more standards are deficient (less than 75% compliance) or,  centers unable to resolve outstanding deficiencies within a 12-month period, or  during reaccreditation, a deficiency is identified in the same standard  No performance report or accreditation certificate issued until deficiencies are resolved

# Award Notification Process

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Based on the process defined for reviewing and determining accreditation awards, center notification normally takes place within eight weeks of the survey visit. The performance report is an electronic document that will be posted to your password protected landing page. The center will receive an e-mail when the report is available for online viewing. The performance report includes the following:

- Comprehensive summary of center's compliance rating for each standard.
- A narrative description of deficiencies that require correction, and the due date for submission of compliance documentation, if applicable.
- Cover letter on how to interpret the report.
- Instructions regarding how and where to order your complimentary NAPBC Certificate of Accreditation
- Press release (made available on SAR landing page following accreditation notification).
- NAPBC ad template
- NAPBC Accredited Center logo file
- Posting on the NAPBC website, which includes a customized, downloadable center profile
- Accredited Centers Patient Brochure (available as a free download or purchase).

The center may “appeal” a deficiency finding for any standard or the accreditation award within 60 days of receipt of the performance report. The appeals process is outlined in the cover letter that accompanies the report, as follows:

- Appeal documentation may be uploaded into the SAR through the deficiency resolution tab demonstrating that the breast center was meeting the standard criteria at the time of survey.

Appeals are processed monthly by the Standards and Accreditation Committee or a subgroup thereof. An updated performance report will be provided to the breast center indicating the appeal outcome.

Questions about an appeal or the appeals process should be directed to the NAPBC at [napbc@fac.org](mailto:napbc@fac.org).

## The Post-Survey Evaluation

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The post-survey evaluation is a required part of the breast center evaluation and is completed online through the SAR immediately following the on-site visit. The purpose of the post-survey evaluation is to capture feedback from the center, which enables the NAPBC to evaluate and improve all aspects of the survey process, including surveyor performance and administrative support. This information will help guide the development of future educational materials and training programs for the surveyors and participating centers.

All responses are confidential and *will not* influence the accreditation award. Responses on the evaluation form should represent a consensus opinion of the breast center team. The post-survey evaluation will appear in the SAR as a separate tab the day following your survey and should be completed within one week (7 days) following the survey date.

# NAPBC Resources and Tools for Centers

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Survey-related resources and tools are available on the Centers Resource tab in the SAR and on the NAPBC website. Resources available include, but are not limited to, the following:

- Breast Conference Grid (Example)
- Medical Records Review Process
- Lymphedema Screening and Treatment Guidelines (National Lymphedema Network)
- Radiation Therapy Quality Assurance Program Guide
- Deficiency Resolution Documentation
- Accreditation Performance Report (Sample)

## CHAPTER 1

# Center Leadership

**Purpose:** The standard establishes the medical director and/or codirectors, or interdisciplinary steering committee as the Breast Program Leadership (BPL) responsible and accountable for breast center activities.

# Level of Responsibility and Accountability

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**Standard 1.1** The organizational structure of the breast center gives the BPL responsibility and accountability for provided breast center services.

## Definition and Requirements

Leadership is the key element in an effective breast center and its success depends on effective breast program leadership. The breast program leadership is responsible for goal setting, as well as planning, initiating, implementing, evaluating, and improving all breast-related activities in the center. A process is in place to evaluate these activities annually.

The BPL is responsible for confirming that all professionally credentialed members of the breast center have specialty certification. All physician team members are required to be board certified or in the process of obtaining board certification within five (5) years of completion of training, or have specialty qualifications that are acceptable to the NAPBC Standards and Accreditation Committee.

The center or medical staff formally establishes the responsibility, accountability, and multidisciplinary membership required for the breast program leadership to fulfill its role. The center documents the breast program leader's responsibility and accountability using a method appropriate to the center's organizational structure. Examples include, but are not limited to, the following:

- The center bylaws designate the breast program leader(s) as a subcommittee of the cancer committee within a larger institution with authority defined.
- The medical staff bylaws designate the breast program leader(s) to be a standing committee with authority defined.
- Policies and procedures for the center define authority of the breast program leader(s).
- Policies and procedures for the medical staff define the authority of the breast program leader(s).
- Other leadership organization and operation are acceptable.

The BPL is responsible for an annual audit of the following:

- Interdisciplinary Breast Cancer Conference Activity (*Standard 1.2*)
- Breast Conservation Rate (*Standard 2.3*)
- Sentinel Lymph Node Biopsy Rate (*Standard 2.4*)
- Breast Cancer Staging (*Standard 2.6*)
- Needle Biopsy Rate (*Standard 2.9*)
- Radiation Oncology Quality Assurance (*Standard 2.12*)
- Support and Rehabilitation (*Standard 2.15*)
- Reconstructive Surgery Referral Rate (*Standard 2.18*)
- Breast Cancer Survivorship Care (*Standard 2.20*)
- Clinical Trial Accrual (*Standard 3.2*)
- Quality and Outcomes (*Standard 6.1*)
- Quality Improvement (*Standard 6.2*)

## Level of Responsibility and Accountability *(continued)*

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### Documentation

The center completes the online Survey Application Record (SAR) and provides the following in the text box and drop-down choices provided:

- Briefly describe the organizational structure of the breast center, and leadership roles and responsibilities.

Attach the following documents, as available:

- A roster of the breast center steering committee or leadership.
- A copy of the meeting minutes from the steering committee or BPL meetings for the last complete year.
- A copy of the center bylaws or policy and procedures, or other center-approved methods used to document the level of responsibility and accountability designated to the breast program leader. For example, private practice offices may not have policy and procedures documented, and are requested to define the structure.

The surveyor will discuss the organizational structure of the center, and confirm specialty certification for all physician team members of the breast center, at the time of survey.

### Rating

- 1. Compliant** The organizational structure of the breast center gives the BPL responsibility and accountability for provided breast center services.
- 2. Non-compliant** The organizational structure of the breast center does not give the BPL responsibility and accountability for provided breast center services

# Interdisciplinary Breast Cancer Conference

**Standard 1.2** The BPL establishes, monitors, and evaluates the interdisciplinary breast cancer conference frequency, multidisciplinary and individual participant attendance, prospective and total case presentation annually, including AJCC staging and discussion of nationally accepted guidelines.

## Definition and Requirements

Conferences that include case presentations are available to the entire medical staff and are the preferred format. Multidisciplinary contributions are optimal when physician representatives from diagnostic radiology, pathology, surgery, medical oncology and radiation oncology participate in the breast conference. Prospective case presentation ensures that patients newly diagnosed or under treatment and requiring review have access to multidisciplinary evaluation, including staging, treatment management, and follow-up evaluation.

Setting the interdisciplinary breast conference frequency and format allow for prospective review of breast cancer cases and encourages multidisciplinary involvement in the care process and should occur no less frequently than every other week or twice monthly. Breast cancer conferences are integral to improving the care of breast cancer patients by contributing to the patient management process and outcomes and providing education to physicians and other staff in attendance. CME credit is recommended.

The interdisciplinary breast conference is focused on treatment planning for newly diagnosed, patients who have treatment decisions to be made and recurrent breast cancer patients, and includes discussion of tumor stage and relevant, nationally accepted breast cancer patient care guidelines developed by national organizations. This conference provides an opportunity for members of the Breast Center to provide a comprehensive update on new data and recent advances in surgery and systemic/local therapy that are critical to the optimal management of breast cancer patients. Radiologists and pathologists provide essential expertise in diagnosis. Nurses, fellows, cancer registrars, genetic counselors, social workers, clinical trials nurse and/or other research leaders, and pharmacists in the oncology field are also invited to attend and make valuable contributions to the care of the patients.

Elements of a good conference include:

- Representation from surgery, medical oncology, radiation oncology, pathology, and radiology.
- Consideration of nationally recognized guidelines at the conference, e.g. NCCN. It is highly recommended that these guidelines be available for reference during the conference.
- Visual display of pathology slides and radiology imaging, and a discussion regarding radiology-pathology correlation.
- Discussion regarding clinical trials, genetics risk, reconstructive options.
- A presentation of relevant H&P elements, including family history.
- A discussion of stage, risk profile, surgical options/pre-surgical options.

An open discussion by for all conference participants.

Conference frequency is dependent upon annual caseload, and case presentation thresholds are determined by the BPL. The interdisciplinary breast cancer conference should meet at regularly scheduled intervals. Depending upon the analytic case volume, the conference frequency should be at least every two weeks or twice monthly to ensure timely prospective patient case review. Input should be encouraged from all members.

It is important that the individual participants (as opposed to discipline specific participants) attend breast conference on a regular basis. This allows these clinicians to remain current and to remain integrated in the process with the other members of the team. While logistic realities may preclude an individual clinician from attending all of the conferences, the BPL must establish and measure minimal attendance requirements for the individual practitioner.

## Interdisciplinary Breast Cancer Conference *(continued)*

Centers with less than 100 analytic breast cancer cases per year have the option of including these cases as part of the general cancer conference. The breast cancer case presentations should be scheduled at a designated time during the conference to allow for maximum multidisciplinary attendance, and **85 percent** of these cases must be presented prospectively.

Centers with 100–250 analytic breast cancer cases per year are required to meet no less frequently than every two weeks or twice monthly, or more frequently at the discretion of the BPL.

Centers with more than 250 analytic breast cancer cases per year are required to meet weekly.

Analytic Case Load	Required Conference Frequency
100 cases or less	Every other week or twice monthly or included in a weekly cancer conference at a designated time to allow for maximum attendance, and present 85 percent of these cases prospectively.
100–250 cases	Every other week or twice monthly or more frequently at the discretion of the BPL.
250+ cases	Weekly

Prospective case reviews include, but are not limited to, the following:

- Comprehensive clinical summary provided by attending physician or designee.
- Imaging and pathology reviews.
- Newly diagnosed breast cancer and treatment not yet initiated.
- Newly diagnosed breast cancer and treatment initiated, but discussion and additional treatment is needed.
- Previously diagnosed, initial treatment completed, but discussion of adjuvant treatment or treatment recurrence or progression is needed.
- Consideration for clinical trials.
- Previously diagnosed, and discussion of supportive or palliative care is needed.

Monitoring of breast cancer conference activity by the BPL, including multidisciplinary representation and individual attendance, ensures that conferences provide

consultative services for patients, as well as offer education to physicians and allied health professionals. The confidentiality of all information disclosed at these conferences is to be maintained by all participants.

### Documentation

The breast program leadership determines the method for documenting breast conference activity based on facility requirements and the needs of the program. A breast cancer conference grid, calendar, or tracking tool that shows the annual conference schedule and attendance may be used.

The center completes the online SAR and provides the following in the text box and drop-down choices provided:

- Briefly describe the breast cancer conference program to include frequency, and case presentation.
- Attach a copy of the breast cancer conference attendance record confirming individual and multidisciplinary attendance from the last complete year.
- Attach a copy of the breast cancer conference schedule/calendar from the last complete year.

The surveyor attends a breast cancer conference to observe the multidisciplinary involvement in case presentations at the time of survey.

### Rating

- 1. Compliant** The BPL establishes, monitors, and evaluates the interdisciplinary breast cancer conference frequency, multidisciplinary and individual participant attendance, prospective and total case presentation annually, including AJCC staging and discussion of nationally accepted guidelines.
- 2. Non-compliant** The BPL does not establish, monitor, and/or evaluate the interdisciplinary breast cancer conference frequency, multidisciplinary and individual participant attendance, prospective and total case presentation annually, including AJCC staging and discussion of nationally accepted guidelines.

# Evaluation and Management Guidelines

**Standard 1.3** The BPL identifies and references evidence-based breast care evaluation and management guidelines.

## Definition and Requirements

Patient management and treatment guidelines promote an organized approach to providing care. The BPL will review and adopt breast care evaluation and management guidelines developed by national organizations appropriate to the patients that are diagnosed and treated by the center. Examples of referencing these guidelines could include:

- PowerPoint presentations or handouts at a cancer conferences or BPL meetings of relevant, nationally accepted breast care guidelines.

National organizations that have developed breast care guidelines include, but are not limited to, the following:

Organization	Link
Adjuvant Online	<a href="http://www.adjuvantonline.com/index.jsp">www.adjuvantonline.com/index.jsp</a>
American Society of Clinical Oncology (ASCO)	<a href="http://www.asco.org/ASCOv2/Practice+%26+Guidelines/Guidelines">www.asco.org/ASCOv2/Practice+%26+Guidelines/Guidelines</a>
American Society for Radiation Oncology (ASTRO)	<a href="http://www.astro.org/Clinical-Practice/Guidelines/Index.aspx">www.astro.org/Clinical-Practice/Guidelines/Index.aspx</a>
National Comprehensive Cancer Network (NCCN)	<a href="http://www.nccn.org/professionals/physician_gls/f_guidelines.asp#breast">www.nccn.org/professionals/physician_gls/f_guidelines.asp#breast</a>

Guidelines adopted by the BPL for use by the center are documented. This is in addition to patient management and treatment guidelines required by the NAPBC. The BPL establishes the concordance rate for adherence to adopted guidelines being used by the center, and monitors utilization through review of a random sample of cases for which these guidelines are applicable. The monitoring activity is reported to the BPL on a regular basis. The BPL addresses compliance levels that fall below the established concordance rates.

## Documentation

The center completes the online SAR and provides the following in the text box and drop-down choices provided:

- Submit a list of breast care evaluation and management guidelines utilized by the center; identifying the originating organization, such as, institutional, national, and so on.
- Identify your most commonly utilized management and treatment guidelines.

At the time of survey, the center provides the surveyor with documentation related to the monitoring of, and compliance with, the patient management and treatment guidelines that have been identified by the BPL and adopted for use at the center. The center is not required to provide outcomes data related to these guidelines in order to meet compliance with this standard. Additionally, the surveyor will ask to review the documentation confirming that these guidelines are referenced during the multidisciplinary breast cancer conference.

## Rating

- 1. Compliant** The BPL identifies and references evidence-based breast care evaluation and management guidelines.
- 2. Non-compliant** The BPL does not identify and/or does not references evidence-based breast care evaluation and management guidelines.

## CHAPTER 2

# Clinical Management

**Purpose:** The standards identify the scope of clinical services needed to provide quality breast care to patients. The managing physician is essential to coordinating a multidisciplinary team approach to patient care.

# Interdisciplinary Patient Management

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**Standard 2.1** After a diagnosis of breast cancer, the patient management is conducted by an interdisciplinary team.

## Definition and Requirements

Breast cancer is a disease requiring multidisciplinary evaluation and management. The NAPBC has identified 17 components in the spectrum of breast cancer diagnosis, treatment, surveillance, and rehabilitation/support. A more detailed description can be found in the Appendix.

## Documentation

The center completes the online SAR and provides the following:

- Select the specialty of the physician(s) that conduct the initial patient evaluation and management, and indicate if services are provided on-site or by referral (check all that apply).

The surveyor will discuss the process for interdisciplinary patient management at the time of survey. Interdisciplinary care will be confirmed during medical record review.

## Rating

1. **Compliant** After a diagnosis of breast cancer, the patient management is conducted by an interdisciplinary team.
2. **Non-compliant** After a diagnosis of breast cancer, the patient management is not conducted by an interdisciplinary team.

# Patient Navigation

**Standard 2.2** A patient navigation process is in place to guide the patient with a breast abnormality through provided and referred services.

## Definition and Requirements

Patient navigation refers to individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality health and psychosocial care throughout the continuum of care. Breast cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience.

Breast cancer patient navigation can and should take on different forms in different communities as dictated by the needs of the patient, their family, and their community. Within each patient navigation program, the health care system, community system, navigators, consumers, and related entities should ensure that they have agreed upon how patient navigation will be defined and operationalized.

The patient navigation process includes consistent care coordination throughout the continuum of care and an assessment of the physical, psychological and social needs of the patient. The anticipated results are enhanced patient outcomes, increased satisfaction, and reduced costs of care. This may involve different individuals at each point of care.

The following organizations provide patient navigation information and resources:

Organization	Link
Association of Community Cancer Centers	<a href="http://www.accc-cancer.org/education/education-patientnavigation.asp">www.accc-cancer.org/education/education-patientnavigation.asp</a>
American Cancer Society (ACS)	<a href="http://www.cancer.org">www.cancer.org</a>
Association of Oncology Social Work	<a href="http://www.aosw.org">www.aosw.org</a>
C-Change	<a href="http://www.cancerpatientnavigation.org/">www.cancerpatientnavigation.org/</a>
EduCare	<a href="http://www.educareinc.com">www.educareinc.com</a>
Harold P. Freeman Patient Navigation Institute	<a href="http://www.hpfreemanpni.org/">www.hpfreemanpni.org/</a>
National Consortium of Breast Centers	<a href="http://www.bpnc.org/index.cfm">www.bpnc.org/index.cfm</a>
Oncology Nursing Society (ONS)	<a href="http://www.ons.org/">www.ons.org/</a>
Patient Navigation in Cancer Care	<a href="http://www.patientnavigation.com/public/home/index.asp">www.patientnavigation.com/public/home/index.asp</a>

## Patient Navigation *(continued)*

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Examples of patient navigation include, but are not limited, to the following:

- Provide education, support, and coordination to assist patients in securing appointments.
- Provide educational resources on breast health, breast cancer, and breast care.
- Connect patients and families to resources and support services.
- Promote communication between the patient and health care providers.
- Coordinate services throughout the continuum of breast care.
- Enhance the patient's quality of life, sense of autonomy, and self-determination for managing her own health.
- Reinforce physician-patient relationship

Patient navigation may be provided by a professional, usually a nurse or social worker, who is trained to provide individualized assistance to cancer patients, families, and caregivers at risk. It is recognized that some patient navigation is provided by trained, nonprofessional, or volunteer staff. Nonprofessional trained and volunteer staff are required to have documented patient navigation training from a recognized professional organization. Although navigation may be provided by nonprofessional trained and volunteer staff, it is important that patient assessment, program management, and patient education be determined with the assistance of a professional.

### Documentation

The center completes the online SAR and provides the following:

- Identify the individual(s) that provide patient navigation in the center along with their qualifications and role (Use the text box provided or upload a document.).
- Indicate the number of patient navigators and the profession of your primary navigator through a series of drop-down choices.

The surveyor will discuss the patient navigation process, and will review the credentials and/or documentation of the individual(s) providing patient navigation, at the time of survey.

### Rating

- 1. Compliant** A patient navigation process is in place to guide the patient with a breast abnormality through provided and referred services.
- 2. Non-compliant** A patient navigation process is not in place to guide the patient with a breast abnormality through provided and referred services.

# Breast Conservation

**Standard 2.3** Breast conserving surgery (BCS) is offered to appropriate patients with breast cancer. A target rate of 50 percent of all eligible patients diagnosed with early stage breast cancer (Stage 0, I, II) are treated with BCS, and the BCS rate is evaluated annually by the BPL.

## Definition and Requirements

Breast conserving surgery for patients with early stage breast cancer is a nationally accepted standard of care in appropriately selected patients. Patients are generally considered eligible for BCS if the tumor is localized and can be completely removed with negative margins leaving a cosmetic result that is acceptable to the patient, and if they are candidates for radiation treatment. Despite strong evidence supporting the safety of breast conserving surgery for the treatment of early stage breast cancer, an increasing number of women are opting for mastectomy. There appear to be regional differences in the patient's preference of operation, making a target rate for BCS difficult to apply across the country. The BPL should examine the rate of BCS in the patients treated at the breast center and comment on whether the rate of BCS is appropriate and expected in their community. The BPL should consider the influences that are driving the decision making and discuss approaches to understanding the driving forces.

Compliance is evaluated annually by BPL.

## Documentation

The center completes the online SAR and provides the following:

- Calculate and record performance rate for breast conservation.
- Document when the annual evaluation of compliance was conducted by the BPL.
- Provide a de-identified accession (case) list of breast cancer cases diagnosed and treated during the last complete year (calendar year or most current 12 month period) to include accession or medical record number, patient age, histology, date of diagnosis, and definitive surgical resection for all malignant breast diagnoses. This list should include patients diagnosed and treated at your center/facility (Class of Case 10–14) without patient identifying information. (This list will be referenced in several other standards.)

The surveyor will review a random sample of breast cancer patient medical records to evaluate compliance with the use of breast conserving surgery at the time of survey.

## Rating

- 1. Compliant** Eligible patients diagnosed with early stage breast cancer (Stage 0, I, II) are offered breast conserving surgery (BCS), and the BCS rate is evaluated annually by the BPL with a target of 50% BCS.
- 2. Non-compliant** Eligible patients diagnosed with early stage breast cancer (Stage 0, I, II) are not offered breast conserving surgery (BCS), and/or the BCS rate is not evaluated annually by the BPL.

# Sentinel Node Biopsy

**Standard 2.4** Axillary sentinel lymph node biopsy is considered or performed for patients with early stage breast cancer (Clinical Stage I, II), and compliance is evaluated annually by the BPL.

## Definition and Requirements

Patients currently considered candidates for axillary sentinel lymph node biopsy include those with:

- AJCC Stage I, IIA, and IIB invasive breast cancer with no suspicious axillary lymph nodes.
- Resectable, locally advanced, invasive breast cancer, either before or after, neoadjuvant systemic therapy.
- Extensive DCIS requiring total mastectomy, no suspicious axillary nodes.
- DCIS requiring wide excision in an anatomic location interfering with future, accurate sentinel lymph node mapping, no suspicious axillary nodes.
- Unilateral or bilateral prophylactic mastectomy.

Some patients who meet the criteria above may be deemed inappropriate for sentinel node biopsy. An example of such a patient might be an elderly debilitated patient with a clinically negative axilla. When sentinel node biopsy is not offered, the record should indicate a discussion held among the breast cancer treatment team.

Patients can decline sentinel node biopsy. The record should indicate that this procedure has been offered.

This technique most commonly utilizes a combination of radionuclide and blue dye, although some centers utilize radionuclide or blue dye alone.

The accuracy of sentinel lymph node biopsy may be compromised in patients that have had previous ipsilateral breast conserving surgery, axillary surgery, or breast radiation therapy.

Compliance is evaluated annually by the BPL.

## Documentation

The center completes the online SAR and provides the following:

- Complete the table summarizing the number of sentinel lymph node biopsies.
- Document when the annual evaluation of compliance was conducted by the BPL.

The surveyor will review a random sample of breast cancer patient medical records to evaluate compliance with sentinel lymph node biopsy utilization at the time of survey.

## Rating

- 1. Compliant** Axillary sentinel lymph node biopsy is considered or performed for patients with early stage breast cancer (Clinical Stage I, II), and compliance is evaluated annually by the BPL.
- 2. Non-compliant** Axillary sentinel lymph node biopsy is not considered or performed for patients with early stage breast cancer (Clinical Stage I, II), and/or compliance is not evaluated annually by the BPL.

# Breast Cancer Surveillance

**Standard 2.5** A plan is in place for assuring follow-up surveillance of breast cancer patients.

## Definition and Requirements

A process should be in place to ensure that patients are receiving the prescribed treatment and are returning for follow-up care.

Follow-up surveillance includes history and physical examination and may include other examinations, such as upper extremity lymphedema measurements and breast imaging studies as appropriate. Frequency of follow-up will vary from patient to patient. Bone scan, PET scan, and other tests are the responsibility of the managing physician and are generally ordered for evaluation of symptoms or restaging, not for routine annual follow-up.

The BPL should design a surveillance plan that can be used for most patients.

Evidence-based guidelines for follow-up surveillance are available at:

Organization	Link
American Society of Clinical Oncology	<a href="http://www.asco.org/ASCOv2/Practice+%26+Guidelines">www.asco.org/ASCOv2/Practice+%26+Guidelines</a>
National Comprehensive Cancer Network	<a href="http://www.nccn.org/professionals/physician_gls/f_guidelines.asp#site">www.nccn.org/professionals/physician_gls/f_guidelines.asp#site</a>

## Documentation

The center completes the online SAR and provides the following in the text box provided:

- Attach the policy approved by the BPL that defines surveillance by specialty.
- Surveillance documentation will be reviewed during the medical records review portion of the survey and should reflect follow-up outlined in the center surveillance plan.

The surveyor will discuss follow-up surveillance at the time of survey.

## Rating

- 1. Compliant** A plan is in place for assuring follow-up surveillance of breast cancer patients.
- 2. Non-compliant** A plan is not in place for assuring follow-up surveillance for breast cancer patients.

# Breast Cancer Staging

**Standard 2.6** The Breast Program Leadership (BPL) develops a process to monitor physician use of American Joint Committee on Cancer (AJCC) staging in treatment planning for breast cancer patients. The process and results of such monitoring are discussed among the BPL and breast center staff, and the findings are documented annually.

## Definition and Requirements

Accurate clinical staging of breast cancer patients enables the physician to determine appropriate treatment. Staging facilitates the reliable evaluation of treatment results and outcomes reported to various institutions on a local, regional, and national basis. AJCC staging is assigned using the criteria outlined in the current edition of the *AJCC Cancer Staging Manual* ([www.cancerstaging.org/products/ajccproducts.html](http://www.cancerstaging.org/products/ajccproducts.html)).

The clinical stage assigned by the physician should be recorded. Options include, but are not limited to:

- Hospital medical record
- The de-identified patient roster for the breast cancer conference
- Initial, preintervention clinical evaluation note
- Presurgical physical exam
- Preoperative diagnosis in the operative report
- Physician office records
- Other

The process and results of the monitoring activity are discussed among the BPL and breast center staff.

The findings are documented annually.

## Documentation

The center completes the online SAR and provides the following in the text box provided:

- Describe the process in place to monitor physician use of AJCC staging in treatment planning for breast cancer patients, and the results of the annual monitoring and discussion among the BPL and breast center staff.

## Rating

- 1. Compliant** The BPL develops a process to monitor physician use of AJCC staging in treatment planning for breast cancer patients. The process and results of such monitoring are discussed among the BPL and breast center staff, and the findings are documented annually.
- 2. Non-compliant** The BPL has not developed a process to monitor physician use of AJCC staging in treatment planning for breast cancer patients, nor is the process discussed among the BPL and breast center staff, or documented annually.

# Pathology Reports

**Standard 2.7** The CAP Committee guidelines are followed for all breast cancers, including estrogen and progesterone receptors, and Her2 status for all invasive breast cancers. Estrogen receptor status is recommended for DCIS (but not required by CAP). Outside pathology is reviewed.

## Definition and Requirements

Patient management and treatment guidelines promote an organized approach to providing quality care. The NAPBC requires that 90 percent of all breast cancer pathology reports will contain the scientifically validated data elements outlined on the surgical case summary checklist of the College of American Pathologists (CAP) website – *Reporting on Cancer Specimens*.

Estrogen and progesterone receptors, and Her2 studies need to be performed on only one specimen (such as, the core biopsy or excision specimen).

Guidelines for surgical pathology reporting are available at:

Organization	Link
College of American Pathologists (CAP)	<a href="http://www.cap.org/apps/docs/committees/cancer/cancer_protocols/2012/BreastDCIS_12protocol_3100.pdf">www.cap.org/apps/docs/committees/cancer/cancer_protocols/2012/BreastDCIS_12protocol_3100.pdf</a> <a href="http://www.cap.org/apps/docs/committees/cancer/cancer_protocols/2012/BreastInvasive_12protocol_3100.pdf">www.cap.org/apps/docs/committees/cancer/cancer_protocols/2012/BreastInvasive_12protocol_3100.pdf</a>
National Comprehensive Cancer Network (NCCN)	<a href="http://www.nccn.org/professionals/physician_gls/f_guidelines.asp#breast">www.nccn.org/professionals/physician_gls/f_guidelines.asp#breast</a>
American Society of Clinical Oncology (ASCO)	<a href="http://www.asco.org">www.asco.org</a>

Imaging studies should be correlated with pathology when feasible.

The NAPBC requires that all breast cancer pathology is reported in synoptic format.

Estrogen, progesterone, and Her2 status are required to be reported for all invasive breast cancers, and estrogen receptor status for DCIS. If not repeated on the surgical specimen, estrogen, progesterone, and Her2 performed at an outside institution must be referenced in the final pathology report or reported in an addendum.

If the biopsy is performed at an outside facility, the biopsy pathology must be reviewed at the Breast Center or the affiliated Pathology Department prior to the first course of treatment.

## Documentation

The center completes the online SAR and indicates the following:

Indicate whether the pathology reports include synoptic reporting (yes/no choices).

The surveyor will review a random sample of breast cancer patient medical records to evaluate pathology reporting at the time of survey. The medical records for review will be selected from the de-identified breast cancer patient list.

## Rating

- 1. Compliant** The CAP Committee guidelines are followed for all breast cancers, including estrogen and progesterone receptors, and Her2 status for all invasive breast cancers. Outside pathology is reviewed.
- 2. Non-compliant** The CAP Committee guidelines are not followed for all breast cancers, including estrogen and progesterone receptors, and Her2 status for all invasive breast cancers. Outside pathology is not reviewed.

# Diagnostic Imaging

**Standard 2.8** Screening mammography and diagnostic mammography are performed at Mammography Quality Standards Act (MQSA)-certified facilities.

## Definition and Requirements

Federal law mandates that mammography must be performed at Mammography Quality Standards Act (MQSA)-certified facilities.

MQSA information is available at:

Organization	Link
Food and Drug Administration (FDA)	<a href="http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm094373.htm">www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm094373.htm</a>

The BPL should select and adopt nationally recognized mammography screening guidelines or develop and follow mammography screening guidelines of their own. Examples of nationally recognized mammography screening guidelines are included in the table below:

Organization	Link
American Cancer Society (ACS)	<a href="http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer">http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer</a>
National Cancer Institute (NCI)	<a href="http://www.cancer.gov/cancertopics/factsheet/detection/mammograms">http://www.cancer.gov/cancertopics/factsheet/detection/mammograms</a>
National Comprehensive Cancer Network (NCCN)	<a href="http://www.nccn.org/content/7/10/1060.full">http://www.nccn.org/content/7/10/1060.full</a>

The FDA now requires that centers performing “advanced diagnostic imaging services” (diagnostic magnetic resonance imaging (MRI), tomosynthesis, and nuclear medicine, including positron emission tomography (PET)) meet the regulations of the *Medicare Improvements for Patients and Providers Act (MIPPA)*.

Centers performing breast MRI must have the capacity to perform mammographic correlation, directed breast ultrasound, and MRI-guided intervention, or have an established referral relationship with a local facility that can provide these services. The NAPBC strongly recommends that the referred facility is accredited by the American College of Radiology (ACR) for breast MRI.

American College of Radiology Guidelines for mammographic screening, diagnostic imaging, and breast MRI are available at:

Organization	Link
ACR Guidelines for the Performance of Screening and Diagnostic Mammography	<a href="http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/breast/Screening_Diagnostic.aspx">www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/breast/Screening_Diagnostic.aspx</a>
ACR Guidelines for the Performance of Magnetic Resonance Imaging (MRI) of the Breast	<a href="http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/breast/MRI-Guided-Breast.aspx">www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/breast/MRI-Guided-Breast.aspx</a>

The designation of Breast Imaging Center of Excellence (BICOE) is awarded by the ACR to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR’s voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program. In order to achieve BICOE designation a center must be fully accredited in:

- Mammography by the ACR (or an FDA-approved state accrediting body)
- Stereotactic Breast Biopsy by the ACR
- Breast Ultrasound by the ACR (including the Ultrasound-guided Breast Biopsy module)

## Diagnostic Imaging *(continued)*

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The ACR designation of Breast Imaging Center of Excellence (BICOE) pertains to radiology departments only, including radiologist who perform screening and diagnostic imaging examinations. The BICOE designation shall meet the NAPBC requirements for this standard.

American College of Radiology Breast Imaging Centers of Excellence (BICOE) Program requirements can be found at:

Organization	Link
Breast Imaging Centers of Excellence (BICOE)	<a href="http://www.acr.org/accreditation/bicoe/requirements.aspx">www.acr.org/accreditation/bicoe/requirements.aspx</a>

### Documentation

The center completes the online SAR and indicates the following:

- Check all imaging services provided, referred, or not available.
- Indicate whether the radiology facility that provides screening and diagnostic imaging for the center is designated as an American College of Radiology Breast Imaging Center of Excellence.

MQSA certification will be validated by the surveyor at the time of survey.

### Rating

1. **Compliant** Screening mammography and diagnostic mammography are performed at Mammography Quality Standards Act (MQSA)-certified facilities.
2. **Non-compliant** Screening mammography and diagnostic mammography are not performed at Mammography Quality Standards Act (MQSA)-certified facilities.

# Needle Biopsy

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**Standard 2.9** Palpation-guided or image-guided needle biopsy is the initial diagnostic approach rather than open biopsy.

## Definition and Requirements

Either fine needle aspiration for cytologic evaluation or core needle biopsy constitutes the initial diagnostic approach for palpable or occult lesions. Open surgical biopsy as an initial approach should be avoided as it does not allow for treatment planning and is associated with a high reexcision rate. In those instances, when open surgical biopsy is used, the reason for its use is documented in the medical record. Compliance is reviewed annually by BPL.

## Documentation

- Calculate and record the overall needle biopsy rate for the last year for your center (overall needle biopsy rate is calculated by (# of needle biopsy rate/total # of patients).
- Document when the annual evaluation of compliance was conducted by the BPL.

The surveyor will review a random sample of breast cancer patient medical records to evaluate the utilization of palpation-guided or image-guided needle biopsy and open surgical biopsy at the time of survey.

## Rating

1. **Compliant** Palpation-guided or image-guided needle biopsy is the initial diagnostic approach rather than open biopsy.
2. **Non-compliant** Palpation-guided or image-guided needle biopsy is not the initial diagnostic approach.

# Ultrasonography

**Standard 2.10** Diagnostic ultrasound and/or ultrasound-guided needle biopsy are performed at an American College of Radiology (ACR) ultrasound-accredited facility or by an American Society of Breast Surgeons (ASBS) Breast Ultrasound-certified surgeon.

## Definition and Requirements

The NAPBC requires radiologists who perform breast ultrasound and/or ultrasound-guided breast biopsy in a hospital setting or breast center setting to provide confirmation that their facility is accredited through the American College of Radiology (ACR) Breast Ultrasound Accreditation Program or working toward breast ultrasound and/or ultrasound-guided breast biopsy accreditation at the time of initial survey. Also, at the time of survey, radiologists in facilities performing breast ultrasound and/or ultrasound-guided breast biopsy will need to provide documentation of ACR accreditation or verification of application. If ACR breast ultrasound accreditation is in process at the time of initial survey, accreditation must be completed and documentation sent to the NAPBC within 12 months following survey. For those centers applying for re-accreditation, ACR accreditation must be in place.

The NAPBC requires surgeons who perform breast ultrasound and/or ultrasound-guided breast biopsy in a hospital setting, breast center setting or private practice office to become certified in these procedures through the American Society of Breast Surgeons (ASBS) Breast Ultrasound Certification Program or demonstrate that they are enrolled in or working toward breast ultrasound and/or ultrasound-guided breast biopsy certification at the time of initial survey. Also at the time of survey, surgeons performing breast ultrasound and/or ultrasound-guided breast biopsy will need to provide documentation of ASBS certification or verification of application. If ASBS breast ultrasound certification is in process at the time of initial survey, certification must be completed and documentation sent to the NAPBC within 12 months following survey. For those centers applying for re-accreditation, ASBS certification must be in place.

## American College of Radiology

The Breast Ultrasound Accreditation Program administered by the American College of Radiology accredits facilities performing breast ultrasound and ultrasound-guided breast biopsy, including all radiologists that perform these procedures, equipment, quality control, quality assurance, accuracy of needle placement, and image quality. The Breast Ultrasound Accreditation Program can accommodate a variety of practice settings. A facility that performs only breast ultrasound should have confirmation for breast ultrasound accreditation; a facility that performs both breast ultrasound and ultrasound-guided breast biopsy must have confirmation for the Ultrasound-Guided Breast Biopsy module.

Organization	Link
American College of Radiology (ACR)	<a href="http://www.acr.org">www.acr.org</a>
American College of Radiology Breast Ultrasound Accreditation Program	<a href="http://www.acr.org/accreditation/breast/breast_ultrasound_reqs.aspx">www.acr.org/accreditation/breast/breast_ultrasound_reqs.aspx</a>

The ACR designation of Breast Imaging Center of Excellence (BICOE) shall be awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR's voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program. In order to achieve BICOE designation a center must be fully accredited in:

- Mammography by the ACR (or an FDA-approved state accrediting body)
- Stereotactic breast biopsy by the ACR
- Breast ultrasound by the ACR (including the ultrasound-guided breast biopsy module)

## Ultrasonography (continued)

A BICOE designation will meet requirements for radiology; not surgeons, unless listed on ACR application.

American College of Radiology Breast Imaging Centers of Excellence (BICOE) Program requirements can be found at:

Organization	Link
American College of Radiology (ACR)	<a href="http://www.acr.org">www.acr.org</a>
Breast Imaging Centers of Excellence (BICOE)	<a href="http://www.acr.org/accreditation/bicoe/requirements.aspx">www.acr.org/accreditation/bicoe/requirements.aspx</a>

### American Society of Breast Surgeons

The Breast Ultrasound Certification Program administered by the American Society of Breast Surgeons certifies individual surgeons who meet criteria in the areas of clinical experience, training, and quality assurance. The framework of the program is based on the principles for the proper performance and interpretation of diagnostic and interventional breast ultrasound, its appropriate clinical application, and use of interventions to guide further management.

Organization	Link
American Society of Breast Surgeons (ASBS)	<a href="http://www.breastsurgeons.org">www.breastsurgeons.org</a>
American Society of Breast Surgeons Breast Ultrasound Certification Program	<a href="http://www.breastsurgeons.org/certification/breast_ultrasound_certification.php">www.breastsurgeons.org/certification/breast_ultrasound_certification.php</a> <a href="http://www.breastsurgeons.org/statements/PDF_Statements/Perf_Guidelines_Breast_US.pdf">www.breastsurgeons.org/statements/PDF_Statements/Perf_Guidelines_Breast_US.pdf</a>

### Documentation

The center completes the online SAR and provides the following:

Indicate whether the radiology department/facility is accredited by the ACR for breast ultrasound and breast ultrasound-guided needle biopsy.

Identify the surgeon(s) performing breast ultrasound and ultrasound-guided needle biopsy and indicate whether the surgeon(s) is certified by the ASBS or in the process of attaining certification.

The surveyor will review documentation confirming accreditation/certification or verification of application, as available, at the time of survey.

The surveyor will discuss the process underway for accreditation/certification of those facilities/physicians performing diagnostic ultrasound and/or ultrasound-guided biopsy at the time of survey.

### Rating

- 1. Compliant** Diagnostic ultrasound and/or ultrasound-guided needle biopsy are performed at an American College of Radiology (ACR) accredited facility or by an American Society of Breast Surgeon (ASBS) Breast Ultrasound-certified surgeon, or enrollment in a breast ultrasound accreditation or certification program can be documented.
- 2. Non-compliant** Diagnostic ultrasound and/or ultrasound-guided needle biopsy are not performed at an American College of Radiology (ACR) accredited facility or by an American Society of Breast Surgeon (ASBS) Breast Ultrasound-certified surgeon and/or enrollment in an accreditation or certification program cannot be documented.

# Stereotactic Core Needle Biopsy

**Standard 2.11** Stereotactic core needle biopsy is performed at an American College of Radiology (ACR) accredited facility, or by surgeons under the standards and requirements developed by the American College of Radiology (ACR) and the American College of Surgeons (ACoS) or by an American Society of Breast Surgeons (ASBS) Breast Procedure Program-certified surgeon.

## Definition and Requirements

Stereotactic core needle biopsy is most commonly used to diagnose suspicious microcalcifications and performed with dedicated equipment. It is also used to biopsy masses and/or architectural distortions not visible on ultrasonography.

The physician performing the biopsy communicates a description of the lesion(s) to the pathologist.

The NAPBC requires accreditation/certification for the performance of stereotactic core needle biopsy (SCNB). Voluntary accreditation/certification programs are available from the American College of Radiology (ACR), which accredits radiology facilities, and the American College of Surgeons (ACoS), and American Society of Breast Surgeons (ASBS), which certify individual physicians. Radiology facilities or physicians performing this procedure in centers applying for NAPBC accreditation will be required to demonstrate that they are currently accredited/certified or enrolled in or working toward accreditation/certification by one of the organizations mentioned above. Centers that are applying for initial NAPBC accreditation and do not currently have stereotactic core needle biopsy accreditation/certification, must provide documentation that an application is in process with one of the organizations listed above.

### American College of Radiology

The American College of Radiology Stereotactic Breast Biopsy Accreditation Program reviews staff qualifications, equipment, quality control, quality assurance, accuracy of needle placement, imaging quality and dose. All physicians, radiologic technologists and medical physicists performing or working in stereotactic breast biopsy (including part-time and locum tenens staff) must meet and document specific requirements at the time of application in order for their facility to be accredited by the ACR.

The ACR designation of Breast Imaging Center of Excellence (BICOE) shall be awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR's voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program. In order to achieve BICOE designation a center must be fully accredited in:

- Mammography by the ACR (or an FDA-approved state accrediting body)
- Stereotactic breast biopsy by the ACR
- Breast ultrasound by the ACR (including the ultrasound-guided breast biopsy module)

A BICOE designation will meet requirements for radiology; not surgeons, unless listed on ACR application.

American College of Radiology Breast Imaging Centers of Excellence (BICOE) Program requirements can be found at:

Organization	Link
Breast Imaging Centers of Excellence (BICOE)	<a href="http://www.acr.org/accreditation/bicoe/requirements.aspx">www.acr.org/accreditation/bicoe/requirements.aspx</a>

American College of Surgeons and the American The American College of Surgeons, in conjunction with the American College of Radiology, Stereotactic Breast Biopsy Accreditation Program reviews staff qualifications, equipment, quality control, quality assurance, accuracy of needle placement, imaging quality and dose. All physicians, radiologic technologists and medical physicists performing or working in stereotactic breast biopsy (including part-time and locum tenens staff) must meet and document specific requirements at the time of application in order for their facility to be accredited.

## Stereotactic Core Needle Biopsy *(continued)*

### American Society of Breast Surgeons

The American Society of Breast Surgeons established stereotactic breast biopsy procedure certification to improve the quality of care for patients with disease of the breast by encouraging education and training for surgeons who perform stereotactic breast biopsy. The Stereotactic Breast Procedure Certification Program is based on the principles for the proper performance of stereotactic breast procedures by surgeons.

The following organizations provide accreditation/certification programs for radiology facilities and physicians performing stereotactic core needle biopsy:

Sponsoring Organization	Link
American College of Radiology (ACR)	<a href="http://www.acr.org/accreditation/stereotactic/stereotactic_breast_reqs.aspx">www.acr.org/accreditation/stereotactic/stereotactic_breast_reqs.aspx</a>
American College of Surgeons	<a href="http://www.facs.org/cancer/breastbioprog.html">www.facs.org/cancer/breastbioprog.html</a>
American Society of Breast Surgeons (ASBS)	<a href="http://www.breastsurgeons.org/certification/stereotactic_certification.php">http://www.breastsurgeons.org/certification/stereotactic_certification.php</a>

### Documentation

The center completes the online SAR and provides the following:

- Complete the table summarizing physician certification.

The surveyor will review documentation confirming accreditation/certification or enrollment in an accreditation/certification program, as available, at the time of survey.

The surveyor will discuss the process underway for accreditation/certification of those physicians in the center performing stereotactic core needle biopsy at the time of survey.

### Rating

- 1. Compliant** Stereotactic core needle biopsy is performed at an American College of Radiology (ACR) accredited facility or by surgeons under the standards and requirements developed by the American College of Radiology (ACR) and the American College of Surgeons (ACoS), or by an American Society of Breast Surgeons (ASBS) Breast Procedure Program-certified surgeon or enrolled in an accreditation/certification program.
- 2. Non-compliant** Stereotactic core needle biopsy is not performed at an American College of Radiology (ACR) accredited facility or by surgeons under the standards and requirements developed by the American College of Radiology (ACR) and the American College of Surgeons (ACoS), or by an American Society of Breast Surgeons (ASBS) Breast Procedure Program-certified surgeon or enrolled in an accreditation/certification program cannot be confirmed.

# Radiation Oncology

**Standard 2.12** Radiation oncology treatment services are provided by or referred to radiation oncologists that are board certified or in the process of board certification at their initial survey. The center has been accredited either by the American College of Radiology, Radiation Oncology Practice Accreditation (ACR - ROPA), American Society for Radiation Oncology, Accreditation Program for Excellence (ASTRO - APEX) or the American College of Radiation Oncology (ACRO) or has a quality assurance program in place, and the breast cancer quality measure endorsed by the National Quality Forum (NQF) for radiation.

## Definition and Requirements

Radiation therapy is a primary component of multimodality treatment, and is administered by board certified physicians or physicians in the process of board certification in radiation oncology from the American Board of Radiology (ABR), or have specialty qualifications that are acceptable to the NAPBC Standards and Accreditation Committee. For those in the process, board certification should be obtained within five years of completion of training. Board certification from the ABR should be in Therapeutic Radiology or Radiation Oncology. Prior to 1969, the ABR issued certification in radiology, which covered both diagnostic radiology and radiation oncology. These certificates will also be recognized as board certified in radiation oncology.

Quality Assurance Practices with respect to radiation treatment are followed, as demonstrated by one of the following:

It is preferred that the treating facility is accredited by the American College of Radiology Radiation Oncology Practice Accreditation (ROPA), the American Society for Radiation Oncology Accreditation Program for Excellence (APEX) or through the American College of Radiation Oncology (ACRO Accreditation Program) or is in the process of working toward achieving accreditation. If the center is in the process of working toward accreditation at the time of initial survey, they must have this accreditation in place within one-year of survey and send documentation confirming accreditation to the NAPBC administrative office.

A treating facility that is not accredited by the American College of Radiology, the American Society for Radiation Oncology, or the American College of Radiation Oncology, must have a quality assurance program in place at the time of initial survey and submit a Radiation Quality Assurance report that confirms adherence to the following minimal quality assurance practices:

1. Patient identity is verified by two independent methods prior to each encounter.
2. Daily, monthly and annual radiation treatment machine Quality Assurance procedures are performed that comply with the American Association of Physicist in Medicine (AAPM) guidelines (Machine Specific QA).
3. There is an independent check of dose calculation for every new or changed treatment prior to starting treatment.
4. Patient specific QA is done prior to initiation of Intensity-Modulated Radiation Therapy (IMRT).

Compliance is evaluated annually by BPL.

Organization	Link
American Board of Medical Specialties	<a href="http://www.abms.org">www.abms.org</a>
American Board of Radiology	<a href="http://www.theabr.org">www.theabr.org</a>
American College of Radiation Oncology	<a href="http://www.acro.org/Accreditation/">www.acro.org/Accreditation/</a>
American College of Radiology	<a href="http://www.acr.org/">www.acr.org/</a>
American Society for Radiation Oncology	<a href="http://www.astro.org/">www.astro.org/</a>
American Society of Physicists in Medicine	<a href="http://www.aapm.org/">www.aapm.org/</a>

In addition, the NAPBC requires that the following standard of care endorsed by the National Quality Forum related to radiation therapy is utilized:

- Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

# Radiation Oncology *(continued)*

The National Quality Forum endorsed guidelines can be found at:

Organization	Link
American College of Surgeons	<a href="http://www.facs.org/cancer/qualitymeasures.html">www.facs.org/cancer/qualitymeasures.html</a>

## Documentation

The center completes the online SAR and indicates the following:

- Check all radiation oncology equipment available for treatment.
- Check all radiation oncology treatment services provided, referred, or not available.
- Indicate whether the radiation oncology department/facility that provides radiation oncology services to the center has ACR - ROPA, ASTRO - APEX, ACRO or has a quality assurance program in place.
- Document when the annual evaluation of compliance with ACR - ROPA, ASTRO - APEX, ACRO accreditation was conducted by the BPL, or a review of the locally developed quality assurance plan.

The surveyor will confirm board certification, accreditation by the American College of Radiology (ACR), American Society for Radiation Oncology (ASTRO) or the American College of Radiation Oncology (ACRO) or will review the local radiation quality assurance policy in place, and review a random sample of breast cancer patient medical records to evaluate compliance with the radiation therapy quality measure at the time of survey.

## Rating

1. **Compliant** Radiation oncology treatment services are provided by or referred to radiation oncologists that are board certified or in the process of board certification at their initial survey. The center has been accredited either by the American College of Radiology, Radiation Oncology Practice Accreditation (ACR - ROPA), American Society for Radiation Oncology, Accreditation Program for Excellence (ASTRO - APEX) or the American College of Radiation Oncology (ACRO) or has a quality assurance program in place, and the breast cancer quality measure endorsed by the National Quality Forum (NQF) for radiation.
2. **Non-compliant** Radiation oncology treatment services are not provided by or referred to radiation oncologists that are board certified or in the process of board certification. The center has not been accredited either by the American College of Radiology, Radiation Oncology Practice Accreditation (ACR - ROPA), American Society for Radiation Oncology, Accreditation Program for Excellence (ASTRO - APEX) or the American College of Radiation Oncology (ACRO) or has a quality assurance program in place, and the breast cancer quality measure endorsed by the National Quality Forum (NQF) for radiation.

# Medical Oncology

**Standard 2.13** Medical oncology treatment services are provided by or referred to medical oncologists that are board certified or in the process of board certification, and the breast cancer quality measures endorsed by the National Quality Forum (NQF) for medical oncology are utilized.

## Definition and Requirements

Medical oncology (systemic therapy) is a primary component of multimodality treatment, and is administered by board certified physicians or physicians in the process of board certification in medical oncology by the American Board of Medical Specialists (ABMS) or the American Board of Internal Medicine (ABIM), or have specialty qualifications that are acceptable to the NAPBC Standards and Accreditation Committee. For those in the process, board certification should be obtained within five years of completion of training. Board certification for medical oncologists took effect in 1970 and is provided by the American Board of Internal Medicine. Medical oncologists demonstrating competence and privileged by their facility prior to 1970 will also be recognized as board certified in medical oncology.

Organization	Link
American Board of Medical Specialties	<a href="http://www.abms.org">www.abms.org</a>
American Board of Internal Medicine	<a href="http://www.abim.org">www.abim.org</a>

In addition, the NAPBC requires that the following standards of care endorsed by the NQF related to medical oncology are utilized:

- Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under the age of 70 with AJCC T1c, Stage II or III hormone receptor negative breast cancer.
- Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1c, Stage II or III hormone receptor positive breast cancer.

National Quality Forum endorsed guidelines can be found at:

Organization	Link
American College of Surgeons	<a href="http://www.facs.org/cancer/qualitymeasures.html">http://www.facs.org/cancer/qualitymeasures.html</a>

The American Society of Clinical Oncology (ASCO) has developed an oncologist-led, practice-based quality improvement program—the Quality Oncology Practice Initiative (QOPI). The goal of the QOPI Program is to promote excellence in cancer care by helping practices

create a culture of self-examination and improvement. The process employed for improving cancer care includes measurement, feedback, and improvement tools for medical oncology practices. The QOPI Program is one mechanism for collecting data on the measures defined above, and, the NAPBC is collecting information to determine the current and planned level of participation and interest in the program among medical oncologists.

Organization	Link
American Society of Clinical Oncology	<a href="http://www.asco.org">www.asco.org</a>
Quality Oncology Practice Initiative (QOPI)	<a href="http://www.asco.org/qopi">www.asco.org/qopi</a>

## Documentation

The center completes the online SAR and indicates the following:

- Check all medical oncology treatment services provided, referred, or not available.
- Indicate the number of medical oncologists currently participating, not participating, or planning to participate in the ASCO QOPI Program.

The surveyor will confirm board certification, and review a random sample of breast cancer patient medical records to evaluate compliance with the medical oncology NQF quality measures at the time of survey.

## Rating

- 1. Compliant** Medical oncology treatment services are provided by or referred to medical oncologists that are board certified or in the process of board certification, and the breast cancer quality measures endorsed by the National Quality Forum (NQF) for medical oncology are utilized.
- 2. Non-compliant** Medical oncology treatment services are not provided by or referred to medical oncologists that are not board certified or in the process of board certification, and/or the breast cancer quality measures endorsed by the National Quality Forum (NQF) for medical oncology are not utilized.

# Nursing

**Standard 2.14** Nursing care is provided by or referred to nurses with specialized knowledge and skills in diseases of the breast. Nursing assessment and interventions are guided by evidence-based standards of practice and symptom management.

## Definition and Requirements

The complex needs of cancer patients and their families require specialized oncology nursing knowledge and skills to achieve optimal patient care outcomes. The oncology nurse is an integral member of the multidisciplinary breast team.

In larger centers, certification in oncology nursing is recommended. In smaller centers or private practice offices, ONS-certified nurses are optional. Nursing care should be provided by nurses with knowledge and experience in breast disease.

Qualifications of a nurse with specialized knowledge and skill may include:

- Oncology Nurse Practitioners (AOCNP) (Oncology Nursing Certification Corporation)
- Oncology Clinical Nurse Specialists (AOCNS) (Oncology Nursing Certification Corporation)
- Oncology Certified Nurse (OCN) (Oncology Nursing Certification Corporation)
- Certified Breast Care Nurse (CBCN) (Oncology Nursing Certification Corporation)
- A nurse with documented knowledge and skills from previous education and experience in the care of women with breast disease.

Oncology nursing resources are available at:

Organization	Link
Oncology Nursing Society (ONS)	<a href="http://www.ons.org">www.ons.org</a>
Oncology Nursing Certification Corporation	<a href="http://www.oncc.org/">www.oncc.org/</a>

## Documentation

The center completes the online SAR and indicates the following:

- Enter the total number of oncology nurses on staff at the center, and enter the total number of Oncology Nursing Society (ONS) certified nurses on staff, if applicable.

The surveyor will discuss the nursing assessment and intervention process at the time of survey.

## Rating

- 1. Compliant** Nursing care is provided by or referred to nurses with specialized knowledge and skills in diseases of the breast. Nursing assessment and interventions are guided by evidence-based standards of practice and symptom management.
- 2. Non-compliant** Nursing care is not provided by or referred to nurses with specialized knowledge and skills in diseases of the breast. Nursing assessment and interventions are not guided by evidence-based standards of practice and symptom management.

# Support and Rehabilitation

**Standard 2.15** Support and rehabilitation services are provided by or referred to clinicians with specialized knowledge of diseases of the breast.

## Definition and Requirements

Comprehensive breast cancer care is multidisciplinary and includes medical health professionals addressing patient needs identified along the breast cancer continuum from diagnosis through survivorship. Supportive services help patients and their families cope with the day-to-day details of a breast cancer diagnosis. These resources address emotional, physical, financial, and other needs of the breast cancer patient.

Supportive services address the needs of the majority of patients, as well as provide for special populations or needs. The supportive services offered on-site will vary depending upon the scope of the facility, local staff expertise, and patient mix. In larger centers, Oncology Social Work Certification (OSW-C) certified oncology social workers are preferred. Supportive services not provided on-site are provided through referral to other facilities and/or local agencies.

Advocacy organizations include, but are not limited to:

Organization	Link
American Cancer Society	<a href="http://www.cancer.org/docroot/home/index.asp">www.cancer.org/docroot/home/index.asp</a>
Cancer Care	<a href="http://www.cancercare.org">www.cancercare.org</a>
Inflammatory Breast Cancer Research Foundation	<a href="http://www.ibcresearch.org">www.ibcresearch.org</a>
Living Beyond Breast Cancer	<a href="http://www.lbbc.org">www.lbbc.org</a>
National Lymphedema Network (NLN)	<a href="http://www.lymphnet.org">www.lymphnet.org</a>
Susan G. Komen for the Cure	<a href="http://ww5.komen.org/">ww5.komen.org/</a>
Young Survival Coalition	<a href="http://www.youngsurvival.org">www.youngsurvival.org</a>

Additional resources are available on the NAPBC website.

Supportive services include, but are not limited to, the following:

- Assisting patients and family members with adjusting to a breast cancer diagnosis and treatment.

- Lymphedema management and risk reduction practices (the NLN resource included in Center Resource tab of the SAR and on the NAPBC website, is recommended).
- Integrative medicine, i.e., yoga, tai chi, exercise.
- Psychosocial distress screening and support.
- Nutritional counseling.
- Palliative care.
- Support groups.
- Transportation services.
- Other complementary services, such as music/art therapy, relaxation, massage, used in conjunction with rehabilitation disciplines.

All supportive service leaders are required to submit an annual report to the BPL.

## Documentation

The center completes the online SAR and indicates the following:

- Check all support and rehabilitation services provided, referred, or not available.

The surveyor will discuss the support and rehabilitation services available and review the annual reporting documentation at the time of survey.

## Rating

- 1. Compliant** Support and rehabilitation services are provided by or referred to clinicians with specialized knowledge of diseases of the breast.
- 2. Non-compliant** Support and rehabilitation services are not provided by or referred to clinicians with specialized knowledge of diseases of the breast.

# Genetic Evaluation and Management

**Standard 2.16** Cancer risk assessment, genetic counseling and genetic testing services are provided or referred.

## Definition and Requirements

Cancer risk assessment and genetic counseling is the process of identifying and counseling individuals at risk for familial or hereditary breast cancer syndromes. An initial cancer risk assessment is generally conducted by treating clinicians, in the form of a basic family history, as an important part of normal patient care. The purpose of genetic counseling is to further educate patients about their risk of developing breast cancers, help them obtain personal meaning from cancer genetic information, and to empower them to make educated and informed decisions about genetic testing, cancer screening, and cancer prevention. Identifying patients at increased risk of developing breast and other cancers due to a family history of breast and other cancers or a known hereditary cancer syndrome can have dramatic effects on early detection and cancer outcome. For this reason, cancer risk assessment and genetic counseling is rapidly becoming a standard of care for patients with a personal and/or family history of breast cancer.

Not all breast cancer patients will need to be referred to a cancer genetics professional and referral should be based on national guidelines (e.g., NCCN, ASCO, ASBS, and others). Genetic counseling is performed by a cancer genetics professional who has extensive experience and educational background in genetics and cancer genetics, counseling and hereditary cancer syndromes, to provide accurate risk assessment and empathetic genetic counseling to cancer patients and their families.

Genetic counseling is provided by:

- An American Board of Genetic Counseling (ABGC) board certified/board eligible or (in some states) a licensed genetic counselor.
  - An American College of Medical Genetics (ACMG) physician board certified in medical genetics.
  - An advanced practice oncology nurse (APON) that is prepared at the graduate level (master's or doctorate) with specialized education in cancer genetics and hereditary cancer predisposition syndromes\*; certification by the Oncology Nursing Certification Corporation as AOCNP or AOCNS is preferred.
  - A Genetics Clinical Nurse (GCN) credentialed through the Genetics Nursing Credentialing Commission (GNCC). GNC credentialing is obtained through successful completion of a professional portfolio review process.
  - A board certified/board eligible physician or other trained healthcare professional with expertise and experience in cancer genetics (defined as providing cancer risk assessment on a regular basis) employing a model that includes both pre-test and post-test counseling.
- \* Please note, specialized training in cancer genetics should be ongoing and documented with CME in the fields of cancer genetics. Educational seminars should include the spectrum of services for breast cancer genetics including genetic risk assessment, genetic counseling, indications and decision-making regarding genetic testing and appropriate post-test counseling. Education limited to learning how to order a genetic test is not considered adequate training for risk assessment and genetic counseling.

Organization	Link
American Board of Genetic Counseling	<a href="http://www.abgc.net">www.abgc.net</a>
American Board of Medical Genetics	<a href="http://www.abmg.org">www.abmg.org</a>
American College of Medical Genetics	<a href="http://www.acmg.net">www.acmg.net</a>
American Society of Human Genetics	<a href="http://www.ashg.org">www.ashg.org</a>
City of Hope Cancer Genetics Career Development Program	<a href="http://www.cityofhope.org/education/health-professional-education/cancer-genetics-career-development-program/Pages/default.aspx">www.cityofhope.org/education/health-professional-education/cancer-genetics-career-development-program/Pages/default.aspx</a>
International Society of Nurses in Genetics	<a href="http://www.isong.org">www.isong.org</a>
National Society of Genetic Counselors	<a href="http://www.nsgc.org">www.nsgc.org</a>
Oncology Nursing Certification Corporation	<a href="http://www.oncc.org">www.oncc.org</a>
Oncology Nursing Society	<a href="http://www.ons.org">www.ons.org</a>

Centers that are geographically challenged or do not have access to a board-certified or licensed genetic counselor

## Genetic Evaluation and Management *(continued)*

may utilize the services of a nationwide network of genetic experts available by telephone to provide consultation and guidance. An example of such a network is noted below. There may be other networks available to the center.

Organization	Link
DNA Direct	<a href="http://www.dnadirect.com/dnaweb/index.html">www.dnadirect.com/dnaweb/index.html</a>
Informed DNA	<a href="http://www.InformedDNA.com">www.InformedDNA.com</a>

### Pre-Test Counseling

- Collecting relevant information needed to assess a patient's personal and family medical history. A three to four generation pedigree, including detailed medical information about the patient's first, second, and third degree relatives should be obtained. Gathering information about both paternal and maternal family history, ancestry/ethnicity, and consanguinity is necessary.
- Evaluation of patient's cancer risk. One aspect of risk assessment is discussing the absolute risk that the patient will develop a specific type of cancer or cancers based on the family history. The second aspect is the risk that the patient carries a heritable or germline mutation in a cancer susceptibility gene.
- Performing a psychosocial assessment.
- Educating the patient about the suspected hereditary cancer syndrome, if appropriate. The provider should review cancer risks associated with gene mutations including basic concepts such as genes and inheritance patterns and more advanced concepts of penetrance and variability expressivity and the possibility of genetic heterogeneity.
- Obtaining informed consent for genetic testing, if recommended. The purpose of informed consent should include the purpose of the test and who the ideal person is to test, possible test results, likelihood of positive results, technical aspects and accuracy of the test, the possibility of inconclusive test results and how these results affect medical management, economics and insurance considerations, laws protecting against genetic discrimination, utilization of test results, alternatives to genetic testing, and the storage and potential reuse of genetic material.

### Post-Test Counseling

- Disclosure of the results and post-test counseling should include a discussion of the results, significance and impact of the test results, medical management options, informing other relatives, future contact and available resources.

Guidelines and recommendations for cancer risk assessment and genetic counseling for hereditary breast cancer syndromes are available at:

Organization	Link
Agency for Healthcare Research and Quality (AHRQ)	<a href="http://www.ahrq.gov/clinic/uspstf/uspstfbrgen.htm">www.ahrq.gov/clinic/uspstf/uspstfbrgen.htm</a>
American Society of Breast Surgeons' Consensus Statement—BRCA Genetic Testing for Patients with and without Breast Cancer	<a href="http://www.breastsurgeons.org/statements/PDF_Statements/BRCA_Testing.pdf">www.breastsurgeons.org/statements/PDF_Statements/BRCA_Testing.pdf</a>
American Society of Clinical Oncology—Cancer Genetics Practice Guidelines	<a href="http://www.asco.org/ASCOv2/Practice+26+Guidelines/Quality+Care/Cancer+Prevention/Cancer+Genetics">www.asco.org/ASCOv2/Practice+26+Guidelines/Quality+Care/Cancer+Prevention/Cancer+Genetics</a>
National Comprehensive Cancer Network (NCCN)	<a href="http://www.nccn.org/professionals/physician_gls/PDF/genetics_screening.pdf">www.nccn.org/professionals/physician_gls/PDF/genetics_screening.pdf</a>

### Documentation

The center completes the online SAR and indicates the following:

- Check the genetic evaluation and management services provided, referred, or not available.

The surveyor will confirm certification/credentialing for the genetic healthcare professional at the time of survey.

### Rating

1. **Compliant** Cancer risk assessment, genetic counseling and genetic testing services are provided or referred.
2. **Non-compliant** Cancer risk assessment, genetic counseling and genetic testing services are not provided or referred.

# Educational Resources

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**Standard 2.17** Culturally appropriate educational resources are available for patients along with a process to provide them. The materials provided are reviewed on an annual basis and adjusted for the patient population.

## Definition and Requirements

Centers should provide patients with educational information covering the entire spectrum of evaluation and management of breast disease. Some centers have patient education libraries, while others provide printed materials that are either locally generated or provided by national organizations. Audiovisual education is also a very effective delivery method.

In centers dealing with culturally diverse populations, educational resources are available in various languages.

Educational resources are culturally sensitive, developed, reviewed and revised on an annual basis, and adjusted based on the patient population.

## Documentation

The center completes the online SAR and indicates the following:

- Check the types of educational resources available to patients. If other culturally appropriate educational resources are available, please specify.
- Describe the processes for providing educational resources to patients.

The surveyor will review samples of educational resources provided to patients at the time of survey.

## Rating

- 1. Compliant** Culturally appropriate educational resources are available for patients along with a process to provide them. The materials provided are reviewed on an annual basis and adjusted for the patient population.
- 2. Non-compliant** Culturally appropriate educational resources are not available, along with a process to provide them. The materials provided are not reviewed on an annual basis and/or are not adjusted for the patient population.

# Reconstructive Surgery

**Standard 2.18** All appropriate patients undergoing mastectomy are *offered* a preoperative referral to a reconstructive/plastic surgeon. Reconstructive surgery is provided by or referred to reconstructive/plastic surgeons that are board certified or in the process of board certification. Compliance is evaluated annually by the BPL.

## Definition and Requirements

As part of an informed decision-making process, every effort should be made to ensure patients undergoing mastectomy are *offered* a preoperative discussion with a reconstructive/plastic surgeon that is board certified or in the process of board certification. Board certification should be obtained within five (5) years of completion of training. Board certification is provided by the American Board of Plastic Surgery. The BPL is required to evaluate and report the referral offer compliance rate annually for all appropriate referral candidates.

The type of breast reconstructive surgery is dependent on the nature of the defect and the overall health of the patient. While there is an increasing trend in immediate breast reconstruction utilizing tissue expanders, implants, or autologous tissue transfer, patients should be made aware of all of their options including delayed reconstruction. Patients need to be aware that breast reconstruction does not interfere with surveillance or detection of local recurrence. Consideration needs to be given to the timing of reconstruction with respect to systemic adjuvant chemotherapy or radiation therapy.

Some patients may be deemed inappropriate for a breast reconstruction referral and some patients may wish to decline the referral offer. In such cases the record should indicate that the patient was not appropriate for a referral or the referral was declined.

Guidelines for breast reconstruction are available from the American Society of Plastic Surgeons.

Organization	Link
American Board of Plastic Surgery	<a href="http://www.abplsurg.org">www.abplsurg.org</a>
American Society of Plastic Surgeons	<a href="http://www.plasticsurgery.org">www.plasticsurgery.org</a>

The American Society of Plastic Surgeons (ASPS) developed a quality improvement program – Tracking Operations and Outcomes for Plastic Surgeons (TOPS). This program is designed to provide plastic surgeons with a mechanism to submit clinical and demographic information into multiple, confidential databases; minimize redundant data entry and

provide clinical/practice information to plastic surgeons and their specialty to measure outcomes.

Organization	Link
American Society of Plastic Surgeons (ASPS)	<a href="http://www.plasticsurgery.org">www.plasticsurgery.org</a>
Tracking Operations & Outcomes for Plastic Surgeons (TOPS)	<a href="http://www.plasticsurgery.org/Medical_Professionals/TOPS.html">www.plasticsurgery.org/Medical_Professionals/TOPS.html</a>

## Documentation

The center completes the online SAR and indicates the following:

- Check the types of plastic and reconstructive services provided, referred, or not available.
- Choose which category best describes center compliance.
- Indicate the number of reconstructive surgeons currently participating, not participating, or planning to participate in the ASPS TOPS Program.

Board certification and annual compliance audit will be reviewed by the surveyor at the time of survey.

## Rating

- 1. Compliant** All appropriate patients undergoing mastectomy are *offered* a preoperative referral to a reconstructive/plastic surgeon. Reconstructive surgery is provided by or referred to reconstructive surgeons that are board certified or in the process of board certification. Compliance is evaluated annually by the BPL.
- 2. Non-compliant** All appropriate patients undergoing mastectomy are not *offered* a preoperative referral to a reconstructive/plastic surgeon, reconstructive surgery is not provided by or referred to a reconstructive surgeon that is board certified or in the process of board certification, and/or compliance is not evaluated annually by the BPL.

# Evaluation and Management of Benign Breast Disease

**Standard 2.19** Evaluation and management of benign breast disease follows nationally recognized guidelines.

## Definition and Requirements

Benign breast disease is defined as breast findings found on clinical breast examination deemed nonsuspicious by the examiner and/or a BIRADS category 1 or 2 on breast imaging.

If the mass is cystic and tender, needle aspiration may be done at the time or deferred until breast imaging is done. If ultrasound is available to the initial examining physician, confirmation of the cyst and complete aspiration with ultrasound guidance is preferred. Palpation guided cyst aspiration is acceptable. The mass should completely resolve and follow-up options should be discussed. The fluid, if benign in appearance, should be discarded. Incomplete resolution of the mass and/or bloody fluid are indications for further workup.

A clinically benign, but solid mass requires additional evaluation. Mammography and ultrasound, unless recently performed, should be done to confirm the solid, but benign characteristics of the palpable mass. Office-based fine needle aspiration or core needle biopsy can be palpation and/or ultrasound-guided. Ultrasound-guided needle biopsy would be expected in a radiology department setting. If a benign diagnosis, without atypia, is confirmed, the patient may be observed or excisional biopsy performed, depending on circumstances and patient/physician preferences.

Occult, asymptomatic cysts, found with mammography/ultrasound require no intervention but thorough discussion with the patient. BIRADS 3 findings are usually managed with a 3–6 month imaging follow-up and clinical breast exam. This applies to both benign masses and micro calcifications.

The National Comprehensive Cancer Network (NCCN) has Breast Cancer Screening and Diagnosis Guidelines that address the management of benign breast disease.

Organization	Link
National Comprehensive Cancer Network (NCCN)	<a href="http://www.nccn.org/professionals/physician_gls/f_guidelines.asp">http://www.nccn.org/professionals/physician_gls/f_guidelines.asp</a>

## Documentation

No documentation is required in the SAR.

Appropriate evaluation and management of benign breast disease is documented in the medical record.

The surveyor will review a random sample of breast patient medical records to evaluate adherence to national guidelines for the evaluation and management of benign breast disease at the time of survey.

## Rating

- 1. Compliant** Evaluation and management of benign breast disease follows nationally recognized guidelines.
- 2. Non-compliant** Evaluation and management of benign breast disease does not follow nationally recognized guidelines.

# Breast Cancer Survivorship Care

**Standard 2.20** A comprehensive breast cancer survivorship care process, including a survivorship care plan with accompanying treatment summary, is in place within six-months of completing active treatment and no longer than one-year from date of diagnosis<sup>\*,†</sup>. The survivorship care process is evaluated annually by the Breast Program Leader (BPL).

## Definition and Requirements

In 2005, the Institute of Medicine (IOM) issued a consensus report (Institute of Medicine (IOM) and the National Research Council. *From Cancer Patient to Cancer Survivor: Lost in Translation*. Washington, DC: The National Academies Press, 2005) recommending that every cancer patient receive an individualized survivorship care plan that includes guidelines for monitoring and maintaining their health. The main goal of a Survivorship Care Plan is to help improve the quality of care of survivors as they move beyond their cancer treatment. This document serves as a communication and education tool that survivors can provide to all of their health care providers of various disciplines. For example, Primary Care providers may find the care plan especially helpful in managing the needs of survivors after treatment is completed.

The first step of a comprehensive breast cancer survivorship care process is the availability of a breast cancer Survivorship Care Plan (SCP) with its accompanying treatment summary that has been completed and conveyed.

A Survivorship Care Plan is the record of a patients' breast cancer history, current continued long term treatment (i.e., hormonal therapy) with recommended guidelines for follow-up survivorship care as well as recommendations and resources to promote wellness and reduce risk of recurrence by living a healthier lifestyle after cancer. It is to stipulate specifically what surveillance is to be performed, at what frequency, by whom and when. Though a breast cancer survivor may be defined as a person with cancer beginning at diagnosis, for the purposes of a SCP, survivorship is defined as a patient who completes initial active treatment (surgery, chemotherapy, and/or radiation therapy).

The Survivorship Care Plan should define the ongoing health related responsibilities and be sent to each member of the healthcare team involved with the survivor's ongoing survivorship care, including; the patient, the Primary Care Physician (PCP) and/or gynecologist, and other cancer and non-cancer related practitioners. The SCP should also include a list of providers with whom the SCP has been shared.

The Breast Cancer Survivorship Care Plan is a vehicle that summarizes and communicates what transpired during active cancer treatment, recommendations for follow-up care and surveillance testing/examination, referrals for support services the patient may need going forward, and other information pertinent to the survivor's short and long term survivorship care.

- A survivorship care plan is prepared by the healthcare provider(s) who coordinate the oncology treatment for the patient with input from the patient's other care providers. This may be accomplished manually or electronically.
- The survivorship care plan is given to the patient within six-months of completing active treatment and no longer than one-year from date of diagnosis<sup>\*,†</sup>.
- This SCP should be conveyed to all providers involved in the survivor's care.

Survivors are active participants in this care plan and should be provided with multiple copies of their SCP to share with additional care providers, and retain a master copy of this living document for their records.

Key elements of a Breast Cancer Survivorship Care Plan include:

The Treatment Summary section may include, but is not limited to, information related to:

- Tumor characteristics, including site, stage, grade, and prognostic factors
- Details on treatment
  - Type of treatment (breast cancer surgery, reconstructive surgery, chemotherapy, radiation therapy, hormonal therapy, biologic targeted therapy, and other treatments)
  - Agents used (regimen, total number of cycles, total dosage)
  - Dates of treatment
  - Genetics/Family history
  - Serious side effects, short-term and long-term

## Breast Cancer Survivorship Care *(continued)*

- Support services provided or referred (psychological, rehabilitative, nutritional, vocational, other)
- Contact information for treating institutions and key individual providers

The **Follow-up Care** section may include, but is not limited to, information related to:

- Possible late and long-term effects of treatment and their symptoms
- Possible sexual dysfunction effects from chemo or hormonal therapy, their symptoms and possible ways to manage them
- Possible psychological effects and potential need for psychological support
- Referral services related to insurance, employment and/or financial issues

Organization	Link
Cancer and Careers	<a href="http://www.cancerandcareers.org/en">http://www.cancerandcareers.org/en</a>
Patient Advocate Foundation	<a href="http://www.patientadvocate.org/">http://www.patientadvocate.org/</a>

- A list of medications/substances that are contraindicated for the patient—Hormone Replacement Therapy (HRT), certain anti-depressants, etc.
- Need for ongoing health maintenance, and specific recommendations for lifestyle changes to promote health and reduce risk of cancers and chronic disease
- Referrals/resources as necessary to support the patient in achieving these lifestyle behavior changes successfully, i.e., rehabilitation for lymphedema, smoking cessation, weight management, or others

Survivorship care resources are available at:

Organization	Link
American Cancer Society	<a href="http://www.cancer.org/treatment/survivorshipduringandaftertreatment/index">http://www.cancer.org/treatment/survivorshipduringandaftertreatment/index</a>
American Society of Clinical Oncology	<a href="http://www.cancer.net/survivorship">http://www.cancer.net/survivorship</a>
Institute of Medicine	<a href="http://www.iom.edu/">http://www.iom.edu/</a>
Journey Forward	<a href="http://journeyforward.org">http://journeyforward.org</a>
LIVESTRONG	<a href="http://livestrongcareplan.org/">http://livestrongcareplan.org/</a>
National Cancer Institute	<a href="http://www.cancer.gov/cancertopics/coping/survivorship">http://www.cancer.gov/cancertopics/coping/survivorship</a>

National Coalition for Cancer Survivorship	<a href="http://www.canceradvocacy.org/">http://www.canceradvocacy.org/</a>
National Comprehensive Cancer Network (NCCN)	National Comprehensive Cancer Network (NCCN)

### Documentation

The center completes the online SAR and indicates the following:

- Upload a sample treatment summary and survivorship care plan.
- Provide a description of the process to provide a survivorship care plan.
- Document when the annual evaluation of compliance was conducted by the BPL and the outcomes of this evaluation.

The surveyor will discuss the comprehensive breast cancer survivorship care process, and confirm the annual evaluation, at the time of survey.

### Rating

- 1. Compliant** A comprehensive breast cancer survivorship care process, including a survivorship care plan with accompanying treatment summary, is in place within six-months of completing active treatment and no longer than one-year from date of diagnosis<sup>\*+</sup>. The survivorship care process is evaluated annually by the Breast Program Leader (BPL).
- 2. Non-compliant** A comprehensive breast cancer survivorship care process, including a survivorship care plan with accompanying treatment summary, is not in place within six-months of completing active treatment and no longer than one-year from date of diagnosis<sup>\*+</sup>. The survivorship care process is not evaluated annually by the Breast Program Leader (BPL).

\*Patients diagnosed with stage IV breast cancer are not required to have a breast cancer survivorship care plan as they are assumed to be under continuous treatment. However, consideration should be given to providing these patients with ongoing treatment summaries for their use and to be shared with their PCP, including a listing of common potential late effects and their possible timing.

+The 'one-year from diagnosis' requirement to have a breast cancer survivorship care plan in place is extended to 18-months for patients receiving Herceptin.

## CHAPTER 3

# Research

**Purpose:** The standards promote advancement in prevention, early diagnosis, and treatment through the provision of clinical trial information and patient accrual to breast cancer-related clinical trials and research protocols.

# Clinical Trial Information

**Standard 3.1** Information about the availability of breast cancer-related clinical trials is provided to patients through a formal mechanism.

## Definition and Requirements

By providing information about the availability of breast cancer-related clinical trials, the facility offers patients the opportunity to participate in the advancement of evidence-based medicine.

The following websites offer patient information and resources on clinical trials:

Organization	Link
American Cancer Society	<a href="http://www.cancer.org/docroot/ETO/ETO_6.asp">www.cancer.org/docroot/ETO/ETO_6.asp</a>
CenterWatch	<a href="http://www.centerwatch.com/patient/backgrnd.html">www.centerwatch.com/patient/backgrnd.html</a>
Coalition of Cancer Cooperative Groups	<a href="http://www.cancertrialshelp.org/">www.cancertrialshelp.org/</a>
National Cancer Institute	<a href="http://www.cancer.gov/clinicaltrials">www.cancer.gov/clinicaltrials</a>
U.S. Food and Drug Administration	<a href="http://www.fda.gov/oashi/clinicaltrials/default.htm">www.fda.gov/oashi/clinicaltrials/default.htm</a>

A formal process is in place for providing information about breast cancer-related clinical trials, and other clinical research. Methods of providing information include, but are not limited to, the following:

- Access to the Internet or Intranet search services through the patient library.
- Articles in facility newsletters.
- Pamphlets or brochures in patient waiting rooms or patient packets.
- Physician/nurse education.

## Documentation

The center completes the online SAR and indicates the following:

- Check the appropriate boxes indicating the types of clinical trial materials provided to patients.
- Describe the process to provide clinical trial materials to patients.

The surveyor will review breast cancer-related clinical trial information provided to patients and discuss the process in place to provide them at the time of survey.

## Rating

- 1. Compliant** Information about the availability of breast cancer-related clinical trials is provided to patients through a formal mechanism.
- 2. Non-compliant** Information about the availability of breast cancer-related clinical trials is not provided through a formal mechanism.

# Clinical Trial Accrual

**Standard 3.2** Two percent or more of all eligible breast cancer patients are accrued to treatment-related breast cancer clinical trials and/or research protocols annually.

## Definition and Requirements

Clinical research advances science and ensures that patient care approaches the highest possible level of quality. The center must demonstrate that efforts to enroll patients in clinical trials are being made and that the center is working to meet or exceed the two percent accrual rate. Centers overall accrual rate is reviewed annually by BPL.

Facilities must accrue patients to breast cancer-related clinical research at the minimum percentage rate of two percent. Patients eligible to meet this standard are those patients:

- Seen at the center for diagnosis and/or treatment and placed on a clinical trial through the facility.
- Seen at the center for diagnosis and/or treatment and placed on a trial through the office of a staff physician.
- Seen at the center for diagnosis and/or treatment and placed on a trial through another facility.
- Seen at the center for any reason and placed on a prevention or breast cancer control trial.

Basic science, clinical, and prevention and control research is generally conducted in cancer centers supported by grants from the National Cancer Institute (NCI) or in academic health centers. Research in community hospitals typically involves therapeutic and nontherapeutic trials.

Treatment-related clinical trial groups include, but are not limited to, the following:

- NCI-sponsored programs such as the Community Clinical Oncology Program (CCOP).
- Cooperative trial groups such as the Alliance for Clinical Trials in Oncology.
- University-related research.

- Pharmaceutical company sponsored research.
- Locally developed, peer-reviewed studies.

In addition to well established clinical trials, research conducted at the local level offers patients the opportunity to contribute to treatment, prevention, diagnostic, screening, and quality of life trials.

Local breast cancer research studies include, but are not limited to, the following:

- Primary prevention.
- Early detection.
- Quality of life evaluation and recommendations.
- Symptom management.
- Economics of care.
- Diagnostic and screening trials.
- Psychosocial interventions.
- Prospective cohort studies (registry).

Centers participating in clinical research show that an independent review mechanism consistent with national standards is in place and used. Research projects involving participation by human subjects must be approved by an internal or external institutional review board (IRB). Patients participating in clinical trials must give their informed consent.

A study coordinator, data manager, or other clinical research professional is available to assist in enrolling patients, monitoring patient accrual, and identifying and providing information/education about new trials. In an effort to increase participation in clinical trials, the NAPBC recommends inviting the clinical trials nurse and/or other research leaders to the interdisciplinary breast cancer conference.

## Clinical Trial Accrual *(continued)*

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Patient accrual is monitored, and the results are documented.

Information about breast cancer clinical trials is available from the National Cancer Institute website at:

Organization	Link
ClinicalTrials.gov	<a href="http://www.clinicaltrials.gov/">www.clinicaltrials.gov/</a>
National Cancer Institute (NCI)	<a href="http://www.cancer.gov/clinicaltrials">www.cancer.gov/clinicaltrials</a>

### Documentation

The center completes the online SAR and indicates the following:

- Complete the table indicating those trial groups of which your center is a member and/or accrue patients, and the number of patients accrued for the last complete year.

The surveyor will discuss the clinical trials program with the breast center team at the time of survey.

### Rating

- 1. Compliant** Two percent or more of all eligible breast cancer patients are accrued to treatment-related breast cancer clinical trials and/or research protocols annually.
- 2. Non-compliant** Two percent or more of all eligible breast cancer patients are not accrued to treatment-related breast cancer clinical trials and/or research protocols annually.

## CHAPTER 4

# Community Outreach

**Purpose:** The standards ensure that breast cancer education, prevention, and early detection opportunities are provided to the community, patients, and their families.

# Education, Prevention, and Early Detection Programs

**Standard 4.1** Each year, two or more breast cancer education, prevention, and/or early detection programs are provided on-site or coordinated with other facilities or local agencies targeted to the community and follow-up is provided to patients with positive findings.

## Definition and Requirements

Education and prevention programs identify risk factors and use strategies to modify attitudes and behaviors to reduce the chance of developing breast cancer.

Early detection programs apply screening guidelines to detect cancers at an early stage, which improves the likelihood of increased survival and decreased morbidity.

Education, prevention, and early detection programs are offered at scheduled intervals as defined by the BPL. Prevention and early detection programs are provided on-site or are coordinated with other facilities and/or local agencies such as the American Cancer Society.

Education, prevention, and/or early detection programs include, but are not limited to, the following:

- Risk reduction through lifestyle modification or chemoprevention.
- Breast cancer awareness.
- Breast care education.
- Genetic counseling to high-risk population.
- Screening mammography and clinical examination.

## Documentation

The center completes the online SAR and indicates the following:

- List all programs provided either on site or coordinated with other facilities or local organizations.
- Describe the process used to follow-up with patients found to have positive findings as a result of participation in breast cancer education, prevention, and/or early detection programs.

The surveyor will review documentation of the annual prevention and/or early detection programs, and discuss the community outreach program at the time of survey.

## Rating

- 1. Compliant** Each year, two or more breast cancer education, prevention, and/or early detection programs are provided on site or coordinated with other facilities or local agencies targeted to the community and follow-up is provided to patients with positive findings.
- 2. Non-compliant** Each year, two or more breast cancer education, prevention, and/or early detection programs are not provided on site or coordinated with other facilities or local agencies targeted to the community and/or follow-up is not provided to patients with positive findings.

## CHAPTER 5

# Professional Education

**Purpose:** The standard promotes increased knowledge of breast center staff through participation in local, regional, or national educational activities.

# Breast Center Staff Education

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**Standard 5.1** Professionally certified/credentialed members of the breast center participate in local (in addition to breast cancer conference attendance), state, regional, or national breast-specific educational programs annually.

## Definition and Requirements

Educational activities ensure that members of the breast cancer care team possess current knowledge of breast cancer prevention, early detection, diagnosis, treatment, and follow-up care. Members of the breast cancer care team (professionally certified/credentialed members included on the breast center roster) participate in ongoing breast cancer-related education at the local, state, regional, or national level annually.

Continuing Medical Education (CME) refers to educational offerings that help those in the medical field maintain competence and learn about new and developing areas within their specialty. These activities may take place as live events, written publications, online programs, or audio, video, or other electronic media. Content for these programs is developed, reviewed, and delivered by faculty who are experts in their individual clinical area. CME activities are developed and delivered by a variety of organizations, including professional associations/organizations, medical education agencies, hospitals, education institutions (including universities, medical and nursing schools), private institutions, and home study nursing continuing education providers.

CME for physicians is regulated by the Accreditation Council for Continuing Medical Education (ACCME) and the American Osteopathic Association (AOA). The ACCME and AOA require that program content is free of commercial interests. Industry-sponsored educational programs that promote specific products or therapy are not acceptable for meeting this standard. Accredited CME guide health professionals toward solving real-world problems, advance team-based care, and achieve their institutions' goals. CME activities cover a full range of topics important to the professional development of health care practitioners—from the latest breakthroughs in medical research to communication skills. CME activities support health care professionals' commitment to lifelong learning and practice improvement.

Nonphysician medical specialists also can obtain credit for educational activities. Nonphysician members of the breast center roster should check with their professional organization to receive CE credits (or equivalent). Attendance at two independent breast related educational sessions (in other words, lectures) supported by CME (or equivalent) during one convened conference will meet compliance with this standard.

The breast cancer care team members should include, but is not limited to the following professional:

- Radiologist
- Pathologist
- Surgeon
- Medical Oncologist
- Radiation Oncologist
- Genetic Counselor
- Radiation Therapist
- Radiology Technologist
- Nursing staff
- Patient Navigator
- Social Worker
- Physical Therapist
- Plastic/Reconstructive Surgeon
- Experienced Lymphedema Professional

## Breast Center Staff Education *(continued)*

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Educational activities include, but are not limited to, the following:

- A breast cancer-related lecture.
- A local, state, regional, or national breast cancer meeting
- or workshop.
- A breast cancer-related video conference.
- A breast cancer-related Web-based training module.
- Journal CME or CE (or equivalent).
- Web conferences.

For physicians, CME documentation of participation is required. For non-physicians, CE documentation (or equivalent), appropriate to the discipline and breast specific, is required. Nonphysicians can receive credit toward this standard for attending CME events. CME offered for attendance at the interdisciplinary breast cancer conference (see Standard 1.2 Interdisciplinary Breast Cancer Conference) does not count toward meeting this standard.

### Documentation

The center completes the online SAR and indicates the following:

- Provide a list describing a minimum of two CME or CE (or equivalent) of breast related educational programs attended in the past year by each professionally certified/credentialed member of the breast center team.

The surveyor will discuss the breast center staff education at the time of survey.

### Rating

- 1. Compliant** Professionally certified/credentialed members of the breast center participate in local (in addition to breast cancer conference attendance), state, regional, or national breast-specific educational programs annually.
- 2. Non-compliant** Professionally certified/credentialed members of the breast center do not participate in local (in addition to breast cancer conference attendance), state, regional, or national breast-specific educational programs annually.

## CHAPTER 6

# Quality Improvement

**Purpose:** The standard ensures that breast services, care, and patient outcomes are continuously evaluated and improved.

# Quality and Outcomes

**Standard 6.1** Each year the breast program leadership conducts or participates in two or more center-specific studies that measure quality and/or outcomes, and one or more of your physician members participate in their specialty-specific quality improvement program. The findings are communicated and discussed with the breast center staff, participants of the interdisciplinary conference, or the cancer committee, where applicable.

## Definition and Requirements

The annual evaluation of services and care provide specific information to measure quality and an opportunity to correct deficiencies and enhance patient outcomes. Quality improvement is a multidisciplinary effort and must include support and representation from all clinical, administrative, and patient perspectives.

The breast center leadership focuses on the quality-related issues relevant to the center and local patient population. Studies of quality may include structure, process, and outcome variables, and are selected by the breast program leadership. Examples include, but are not limited to, the following domains:

Domain	Descriptor
Structure	<i>Development of systems that monitor delivery of breast care. For example, development of a recording system whereby the time from positive biopsy to initial therapeutic intervention is systematically recorded on all patients.</i>
Process	<i>Evaluation and interpretation of breast care delivery data for the purposes of quality assessment and improvement. For example, study of the proportion of patients undergoing recommended breast conservative surgery, sentinel node biopsy and/or adjuvant therapy.</i>
Outcomes	<i>Disease-specific outcome variables such as breast cancer-specific mortality, local recurrence rates and/or treatment related morbidity and mortality.</i>

Quality improvement studies should include parameters such as:

- Process.
- Scope of the issue.
- Reason why issue needs to be addressed.
- Available data to define the issue, opportunity, or area requiring investigation or improvement.

- Factors contributing to the issue.
- Initiatives/interventions needed for resolution.

A summary of the analysis of data, findings, and recommendations of each study, as well as the process to implement changes in program activities, is documented and communicated to the breast center staff. The documentation includes the following:

- The evaluation area or topic.
- A summary of the findings.
- The actions recommended.
- Follow-up steps to monitor the actions implemented.

Examples of quality improvement programs may include:

1. Decreasing the interval between screening mammography and biopsy.
2. Decreasing the interval between biopsy and definitive surgery.
3. Improved sentinel node biopsy rates.
4. Improved breast conserving surgery rates.
5. Center/facility equipment updates, in other words, digital mammography.

Successful participation by centers in quality improvement programs offered by other breast-related health care organizations is encouraged. Documented participation in a center-specific quality improvement program is applicable to demonstrating compliance with the standard. Although participation in these programs is not currently required, the NAPBC is collecting information to determine the current level of participation and interest in the following programs:

## Quality and Outcomes *(continued)*

The following organizations offer center-specific quality improvement programs:

- Participation in the National Consortium of Breast Center's National Quality Measure for Breast Centers™ available for performance comparison – [www.breastcare.org](http://www.breastcare.org).
- The National Consortium of Breast Centers has developed a breast center, practice-based quality improvement program called the National Quality Measures for Breast Centers (NQMBC) – [www.nqmbc.org](http://www.nqmbc.org). The goal of the NQMBC Program is to promote excellence in breast center care by the use of an interactive Internet model to enter data, filter for comparisons, and receive comparison reports on breast center quality measures. This program is designed to enable breast centers to promote quality improvement activities.

Successful participation by individual physicians in a quality improvement program/initiative offered by a breast-related health care organization is encouraged and applicable to demonstrating compliance with one study as part of the standard. Although participation in these programs is not currently required, the NAPBC is collecting information to determine the current level of participation and interest in the following programs:

American Society of Breast Surgeons Mastery of Breast Surgery Program – [www.breastsurgeonsmastery.com](http://www.breastsurgeonsmastery.com).

- The Mastery of Breast Surgery Program is a voluntary quality improvement initiative designed to help surgeons document their clinical performance of breast procedures, as well as their care of breast cancer patients and patients at risk for breast cancer.
- American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI) – [www.asco.org/qopi](http://www.asco.org/qopi). (See Standard 2.13 - Medical Oncology).
- American Society of Plastic Surgeons Tracking Operations and Outcomes for Plastic Surgery (TOPS) – [www.plasticsurgery.org](http://www.plasticsurgery.org) (See Standard 2.18 – Reconstructive Surgery).

### Documentation

The center completes the online SAR and indicates the following:

- Complete the table documenting the types of studies conducted and the methods utilized to communicate and discuss results with the breast center staff and/or provide documentation of participation in a national quality improvement initiative related to breast care, and the methods utilized to communicate and discuss results with the breast center staff.
- Indicate whether your center is currently participating, not participating, or planning to participate in the National Consortium of Breast Center's National Quality Measures for Breast Centers (NQMBC) Program.
- Indicate the number of surgeons currently participating, not participating, or planning to participate in the American Society of Breast Surgeons Mastery of Breast Surgery Program.

The surveyor will discuss the quality improvement initiatives at the time of survey. If the center is not able to provide documentation (charts, graphs, reports) of participation in a national quality improvement initiative in the SAR, a demonstration of the system used will be expected at the time of survey.

### Rating

- 1. Compliant** Each year the breast program leadership conducts or participates in two or more center-specific studies that measure quality and/or outcomes, and one or more of your physician members participate in their specialty-specific quality improvement program. The findings are communicated and discussed with the breast center staff, participants of the interdisciplinary conference, or the cancer committee.
- 2. Non-compliant** Each year the breast program leadership conducts or participates in two or more center-specific studies that measure quality and/or outcomes, and one or more of your physician members participate in their specialty-specific quality improvement program. The findings are communicated and discussed with the breast center staff, participants of the interdisciplinary conference, or the cancer committee.

# Quality Improvement

This standard is **NOT CURRENTLY REQUIRED**. You will be notified when action is required.

**Standard 6.2** Annual performance rates are reported for each of the measures identified by the NAPBC, and performance is evaluated annually by the Breast Program Leadership (BPL).

## Definition and Requirements

The BPL assures that breast cancer patients are treated according to nationally accepted measures and performance is evaluated through compliance with the performance measures identified by the NAPBC.

The breast program is a multidisciplinary forum that provides a platform to evaluate care within and across disciplines and to discuss how processes can be improved to promote evidence-based practice.

The NAPBC requires the BPL to review the quality of patient care using the NAPBC-identified performance measures appropriate to the patients who are treated by the center each year.

Measure	
1	<i>Breast conservation surgery rate for women with AJCC Stage 0, I, or II breast cancer.</i>
2	<i>Needle/core biopsy is performed prior to surgical treatment of breast cancer.</i>
3	<i>Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.</i>
4	<i>Radiation therapy is considered or administered within one year (365 days) of diagnosis for women undergoing mastectomy for breast cancer with four or more positive regional lymph nodes.</i>
5	<i>Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under the age of 70 with AJCC T1c, Stage II, or III hormone-receptor-negative breast cancer.</i>
6	<i>Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1c, Stage II, or III hormone receptor positive breast cancer.</i>

The BPL reviews and submits annual performance rates for measures identified by the NAPBC. Evidence of this monitoring activity will be documented in the Breast Program Leadership meeting minutes, including action(s) taken to correct any identifiable performance issues.

Multidisciplinary effort will be required under the guidance of the BPL or other appropriate leadership body.

## Documentation

The center completes the Survey Application Record (SAR).

1. Annually calculate the performance rate for each measure in the SAR as requested by the NAPBC.
2. Provide BPL meeting minutes documenting the monitoring of the quality of patient care for each NAPBC performance measure and include an action plan for correction of any identifiable performance issues.
3. Data validation by on-site review. The surveyor will confirm compliance with a performance measure selected to be evaluated through cancer registry abstract and medical record review (see Medical Records Review Process).

## Rating

1. **Compliant** Annual performance rates are reported for each of the measures identified by the NAPBC. Performance is evaluated and documented annually by the Breast Program Leadership (BPL).
2. **Non-compliant** Annual performance rates are not reported for each of the measures identified by the NAPBC. Performance is not evaluated and/or documented annually by the Breast Program Leadership (BPL).

# Appendix

# Appendix

## BREAST CENTER COMPONENT CHECKLIST

Component	Provided	Referred
<b>Imaging</b>		
Screening Mammography (Digital or Analog)		
Diagnostic Mammography		
Ultrasound		
Breast MRI		
<b>Needle Biopsy</b>		
Needle biopsy – palpable		
Image guided – Stereotactic		
Image guided – Ultrasound		
Image guided – MRI (if available)		
<b>Pathology</b>		
Report completeness/CAP protocols		
Radiology-Pathology correlation		
Prognostic and predictive indicators		
Gene studies (if available)		
<b>Interdisciplinary Conference</b>		
Pre- and Post-treatment interdisciplinary discussion		
History and findings		
Imaging studies		
Pathology		
<b>Patient Navigation</b>		
Facilitates navigation of patient through system		
<b>Genetic Evaluation and Management</b>		
Risk assessment		
Genetic counseling		
Genetic testing		
<b>Surgical Care</b>		
Surgical correlation with imaging/concordance		
Preoperative planning after biopsy for surgical care		
Breast biopsy: lumpectomy or mastectomy		
Lymph node surgery: SNB/ALND		
Post initial surgical correlation/treatment planning		
<b>Plastic Surgery Consultation/Treatment</b>		
Tissue expander/Implants		
TRAM/Latissimus flaps		
DIEP flap/free flaps (if available)		
<b>Nursing</b>		
Nurses with specialized knowledge and skills in diseases of the breast		

Component	Provided	Referred
<b>Medical Oncology Consultation/Treatment</b>		
Hormone therapy		
Chemotherapy		
Biologics		
Chemoprevention		
<b>Radiation Oncology Consultation/Treatment</b>		
Whole breast irradiation with or without boost		
Regional nodal irradiation		
Partial breast irradiation treatment or protocols		
Palliative radiation for bone or systemic metastasis		
Stereotactic radiation for isolated or limited brain metastasis		
<b>Data Management</b>		
Data collection and submission		
<b>Research</b>		
Cooperative trials		
Institutional original research		
Industry sponsored trials		
<b>Education, Support, and Rehabilitation</b>		
Education (nurse) along continuum of care (pre-treatment, during, post-treatment)		
Psychosocial Support		
• Individual Support		
• Family Support		
• Support Groups		
Symptom management		
Physical therapy (e.g. lymphedema management)		
<b>Outreach and Education</b>		
Community education: at large (including low-income/medically underserved)		
Patient education		
Physician education		
<b>Quality Improvement</b>		
Continuous quality improvement through annual studies		
<b>Survivorship Program</b>		
Follow-up surveillance		
Rehabilitation		
Health promotion/risk reduction		

# Notes

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