

## Notable Changes in the 2020 NAPRC Accreditation Standards

**Note:** This is a high-level overview of notable changes reflected in the *Optimal Resources for Rectal Cancer Care (2020 Standards)*. It is not exhaustive and does not substitute for reading the requirements in full as detailed in *Optimal Resources for Rectal Cancer Care (2020 Standards)*.

2020 Standard	2017 Standard	Notable Change in 2020
All Standards		<ul style="list-style-type: none"> <li>Re-organized and re-formatted to align with the American College of Surgeons Common structure</li> <li>Standard language was updated to improve readability and remove redundancies</li> </ul>
1.1: Administrative Commitment	Not Applicable	New Standard
2.1: Rectal Cancer Multidisciplinary Care	1.2: Rectal Cancer Multidisciplinary Care	<ul style="list-style-type: none"> <li>Added requirement that a lead pathologist, radiologist, radiation oncologist, and medical oncologist must be designated.</li> <li>Added that a maximum of 8 specialists may be appointed to the RC-MDT for the following specialties: radiology, pathology, medical oncology, and radiation oncology.</li> <li>Removed language addressing alternates.</li> </ul>
2.2: Rectal Cancer Program Director	1.5: Rectal Cancer Program Director	None
2.3: Rectal Cancer Program Coordinator	1.6: Rectal Cancer Program Coordinator	None
2.4: Rectal Cancer Multidisciplinary Team Meetings	1.4: Rectal Cancer Multidisciplinary Team Meetings	None
2.5: Rectal Cancer Multidisciplinary Team Attendance	1.3: Rectal Cancer Multidisciplinary Team Attendance	<ul style="list-style-type: none"> <li>Revised individual attendance requirements for radiologists, pathologists, radiation oncologists, and medical oncologists: Each individual must attend 20% of RC-MDT meetings each year. A designated lead pathologist, radiologist, radiation oncologist, and medical oncologist must attend at least 30% of RC-MDT meetings each year.</li> <li>Removed language addressing alternates.</li> </ul>
3.1: Commission on Cancer Accreditation	1.1: Commission on Cancer Accreditation	None

5.1: Review of Diagnostic Pathology	2.1: Review of Diagnostic Pathology	None
5.2: Staging before Definitive Treatment	2.2: Staging before Definitive Treatment	None
5.3: Standardized Staging Reporting for Magnetic Resonance Imaging Results	2.3: Standardized Staging Reporting for Magnetic Resonance Imaging Results	Required elements for the standardized MRI report are now defined in the <a href="#">Society of Abdominal Radiology template</a> .
5.4: Carcinoembryonic Antigen Level	2.4: Carcinoembryonic Antigen Level	None
5.5: Rectal Cancer Multidisciplinary Team Treatment Planning Discussion	2.5: Rectal Cancer Multidisciplinary Team Treatment Planning Discussion	<ul style="list-style-type: none"> <li>Removed requirement to document in patient's medical record the date the patient was discussed and by whom; Added language that the program consults with its legal and/or risk management department(s) to conform to local policy and requirements for conducting and documenting multidisciplinary team treatment discussions and communicating with the patient.</li> </ul> <p><i>Note:</i> The revised language was posted on the NAPRC website and has been in place since November 2019</p> <ul style="list-style-type: none"> <li>Added "when indicated" to "anticipated surgical procedure."</li> </ul>
5.6: Treatment Evaluation and Recommendation Summary	2.6: Treatment Evaluation and Recommendation Summary	<ul style="list-style-type: none"> <li>Recommendation summary now provided to treating physician instead of primary care and/or referring physician.</li> <li>Added definition of treating physician.</li> <li>Removed requirement to record the recommendation summary in the medical record.</li> </ul> <p><i>Note:</i> The revised language was posted on the NAPRC website and has been in place since November 2019</p>
5.7: Definitive Treatment Timing	2.7: Definitive Treatment Timing	None
5.8: Surgical Resection and Standardized Operative Reporting	2.8: Surgical Resection and Standardized Operative Reporting	<ul style="list-style-type: none"> <li>Standardized operative reporting portion of standard is now "active."</li> <li>Standardized operative reporting portion of standard does not apply to local excisions.</li> </ul>
5.9: Pathology Reports after Surgical Resection	2.9: Pathology Reports after Surgical Resection	None
5.10: Photographs of Surgical Specimens	2.10: Photographs of Surgical Specimens	Clarified that the standard requires two lateral views, in addition to one anterior and one posterior.

5.11: Multidisciplinary Team Post-Surgical Treatment Outcome Discussion	2.11: Multidisciplinary Team Treatment Outcome Discussion	<ul style="list-style-type: none"> <li>Name of standard changed.</li> </ul> <p><i>Note:</i> The revised language was posted on the NAPRC website and has been in place since November 2019</p>
5.12: Post-Surgical Treatment Outcome Discussion Summary	2.12: Treatment Outcome Discussion Summary	<ul style="list-style-type: none"> <li>Name of standard changed</li> <li>Post-surgical outcome discussion summary now provided to treating physician, instead of referring and/or primary physician.</li> <li>Removed requirement to give post-surgical outcome discussion summary to patient.</li> <li>Removed requirement that post-surgical outcome discussion summary is placed in the medical record.</li> </ul> <p><i>Note:</i> The revised language was posted on the NAPRC website and has been in place since November 2019</p>
5.13: Adjuvant Therapy after Surgical Resection	2.13: Adjuvant Therapy after Surgical Resection	None
7.1: Accountability and Quality Improvement Measures	3.1: National Cancer Database Quality Measures	Updated requirements in line with National Cancer Database platform upgrade & alignment with Commission on Cancer Standard 7.1.
8.1: Rectal Cancer Program Education	1.7: Rectal Cancer Program Education	None