
**SUSAN G.
KOMEN®**
FLORIDA



Where the end of breast cancer begins.™

COMMUNITY GRANTS REQUEST FOR APPLICATIONS

APPLICATION DEADLINE: December 13, 2019

PERFORMANCE PERIOD: April 1, 2020 – March 31, 2021

AWARD NOTIFICATION: March 1, 2020

OUR MISSION: SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER

OUR BOLD GOAL: REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY 50% IN THE U.S. BY 2026.

Susan G. Komen® Florida
1309 North Flagler Drive, 5th Floor
West Palm Beach, FL 33401
www.komenflorida.org

Questions:
Josh Hirsch, MS, SMS
(561) 514-3020, x14
josh@komenflorida.org

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ABOUT SUSAN G KOMEN® AND KOMEN FLORIDA

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Since its founding in 1982, Komen has funded more than \$956 million in research and provided more than \$2.1 billion in funding to screening, education, treatment and psychosocial support programs. Komen has worked in more than 60 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Florida has invested \$56.88 million in community breast health programs in all 64 counties in the Affiliate's service area and has helped contribute to the more than \$988 million invested globally in research.

ELIGIBILITY REQUIREMENTS

- Individuals are not eligible to apply.
- Applications will only be accepted from governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded projects must be in compliance with Komen requirements.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct will not recur.
- Susan G. Komen Florida is not a single source funder. Applicants are encouraged to build relationships, communications, staff, and systems that would enable them to seek funding successfully from other sources to maintain programs. This approach better ensures the sustainability of the program and its availability to the communities served.

ELIGIBLE SERVICE AREA

Applicants must provide services to **residents** of one or more of the following locations:

- Any county in Florida except Broward, Miami-Dade, or Monroe

FUNDING PRIORITIES

Komen Florida supports breast cancer projects that address the funding priorities below, which were selected based on data from our current Community Profile Report, found on our website at www.komenflorida.org.

The funding priority areas are listed below

- **Patient Navigation**

Projects that provide evidence-based patient navigation for individuals with limited financial resources (at 200 percent below the Federal Poverty Guidelines) that reside in any Florida county except Broward, Miami-Dade, or Monroe to achieve optimal breast health outcomes. Priority will be given to evidence-based projects that target the following populations that are at greater risk for late-stage diagnosis and/or breast cancer death: seniors, Hispanic/Latina women, women of African descent, and women of Ashkenazi Jewish descent. Patient navigation must follow the individual from abnormal screening to diagnostic resolution and through treatment, if necessary.

Patient navigation is a process by which a trained individual- patient navigator- guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a combination of informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources).

- **Reducing Barriers to Care**

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in any Florida county except Broward, Miami-Dade, or Monroe to achieve optimal breast health outcomes. Priority will be given to evidence-based projects that target the following populations that are at greater risk for late-stage diagnosis and/or breast cancer death: seniors, Hispanic/Latina women, women of African descent, and women of Ashkenazi Jewish descent. Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer.

Komen Florida seeks to fund projects that provide no cost or low-cost screening/diagnostic/treatment services, mobile mammography, diagnostic/treatment co-pay and deductible assistance, transportation, interpreter services, childcare/eldercare, financial assistance for daily living expenses or medical treatment assistance for those receiving breast cancer treatment.

- **Breast Cancer Education**

Projects that provide evidence-based and culturally relevant breast cancer education in one-on-one and group settings. Projects must be designed to result in documented age-appropriate, breast cancer action (e.g., getting a screening mammogram, obtaining recommended follow-up after an abnormal mammogram). Based on findings from the Community Profile, these projects should target individuals with limited financial resources (at 200 percent or below the Federal Poverty Guidelines) that reside in any Florida county except Broward, Miami-Dade, or Monroe to achieve optimal breast health outcomes. Priority will be given to evidence-based projects that target the following populations that are at greater risk for late-stage diagnosis and/or breast cancer death: seniors, Hispanic/Latina women, women of African descent, and women of Ashkenazi Jewish descent.

Breast cancer education projects should include Komen's breast self-awareness messages, if appropriate, based on the need, audience and purpose of the educational project. Projects must provide evidence of linkage to local breast cancer services and include follow up with participants. Health fairs and mass media campaigns are not evidence-based interventions and will not be accepted.

Examples of successful projects include those that result in:

- An increase in breast cancer action due to knowledge gained;
- An increase in the number of "never screened" women getting breast cancer screening;
- A reduction in the number of women "lost to follow-up;"
- A reduction in time from abnormal screening to diagnostic procedures;
- A reduction in time from diagnostic resolution to treatment;
- An increase in treatment compliance.

ALLOWABLE COSTS

Applicants may request funding up to \$80,000 for a patient care project and up to \$28,000 for a navigation/education project for one year. All requested costs must be directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives:

- **Salaries and Fringe Benefits**
Project staff responsible for achieving project objectives with salary and fringe benefits adjusted to reflect the percentage of effort on the project.
- **Consultants/ Sub-contracts**
Consultants are persons or organizations that offer specific expertise for achieving project objectives not provided by project staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project for achieving project objectives, often providing services not provided by the applicant.
- **Supplies**
Resources needed to achieve project objectives.

- **Travel**
Conference registration fees/travel or mileage reimbursement by project staff or volunteers necessary to achieve project objectives.
- **Patient Care**
Costs for providing direct services for a patient to achieve project objectives.
- **Other Direct Costs**
Direct costs directly attributable to the project that cannot be included in existing budget sections.
- **Equipment, Including Software**
Not to exceed \$5,000 total, essential to the breast health-related project to be conducted.

NON-ALLOWABLE COSTS

- Research, defined as any project activity with the primary goal of gathering and analyzing data or information.
 - Specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
 - Investigate or validate methods or tools
- Education regarding breast self-exams/use of breast models. According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Applicants can view, download and print all of Komen's educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If an applicant intends to use supplemental materials, they should be consistent with Komen messages.
- Education via mass media (e.g., television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities/ land acquisition
- Political campaigns or lobbying
 - General operating funds
- Debt reduction
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total

- Projects or portions of projects not specifically addressing breast cancer
- Indirect Costs

BREAST CANCER EDUCATION

To reduce confusion and reinforce learning, Komen will only fund projects that use approved educational messages and materials that are consistent with Komen messages. Please be sure that your organization can agree to promote the messages listed here:

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

If an applicant wants to develop educational resources, they must discuss with Komen prior to application submission and provide evidence of need for the resource.

Komen has developed breast cancer education toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for health educators and organizations to meet the needs of their communities. The Hispanic/Latino toolkit is available in both English and Spanish. To access these toolkits, please visit <http://komentoolkits.org/>.

PROJECT OBJECTIVES

All applicants are required to develop project objective(s) to:

Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.

All projects must have at least one **Specific Measurable Attainable Realistic Time-bound (SMART)** objective that will be accomplished with Komen funding and can be evaluated including an estimated timeline and the anticipated number of individuals to be served.

Guidance on crafting SMART objectives is located here:

<https://ww5.komen.org/WritingSMARTObjectives.html>.

PROJECT NARRATIVE

Statement of Need

- Describe the need for the project and explain the target population (including age, race, ethnicity, geographic location) to be served using demographic and breast cancer mortality statistics.
- Explain how project objectives will address the stated funding priorities.
- Describe how this project aligns with Komen Florida's target communities and/or the RFA funding priorities.

Project Design

- Describe what will be accomplished with project funding and the strategy to reduce breast cancer mortality and increase the percentage of people who enter, stay in or progress through the continuum of care.
- Explain how the project incorporates evidence-based practices providing citations for all references.
- Explain how the requested budget and budget justification support the project objectives.
- Explain how project staff are best suited to accomplish project objectives.

- Explain how the project is designed to meet the needs of Komen Florida's target communities and reflects the cultural and societal beliefs, values, and priorities of each community.
- Explain how collaboration strengthens the project, including roles and responsibilities of all organizations and why partnering organizations are qualified to assist in accomplishing the goal and objectives. Organizations mentioned here should correspond with those providing letters of support/collaboration or MOUs on Project Profile page.

Partners and Sustaining the Project

- Explain how collaboration strengthens the project.
- Describe past accomplishments with breast cancer projects that address our funding priorities. If the proposed project is new, describe success with other breast cancer projects.
- Describe the resources to be used to implement the project.

Impact and Evaluation

- Describe how the project objectives will reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- Describe how specific project outcomes will be evaluated.
- Describe the resources and expertise that will be used for monitoring and evaluation during the performance period.

REVIEW PROCESS

Each grant application will be reviewed by at least three reviewers from the community, who will consider each of the following criteria:

Statement of Need 25%:

1. How well has the applicant identified the need for the project and explained the target population to be served?
2. To what extent do project objectives address the stated funding priorities?
3. To what extent does the project align with Komen Florida's target communities and/or the RFA funding priorities?

Project Design 25%:

1. How successful was the applicant at describing the strategy to reduce breast cancer mortality?
2. How well has the applicant described what will be accomplished with project funding?
3. To what extent does the project include evidence-based practices?
4. How well does the budget and budget justification support project objectives?
5. To what extent does project staff have the expertise to effectively implement and provide fiscal oversight of the project?

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6. How well is the project designed to meet the needs of Komen Florida's target communities and reflect the cultural and societal beliefs, values, and priorities of each community?
 7. To what extent does collaboration strengthen the project?

Partners and Sustaining the Project 25%:

1. How well does the applicant explain the roles, responsibilities and qualifications of project partners?
2. How well has the applicant demonstrated evidence of success in delivering services consistent with the stated funding priorities?
3. How well has the applicant described the resources to implement the project?
4. Does the applicant have the capacity to manage the project?

Impact and Evaluation 25%:

1. To what extent do project objectives reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation?
2. To what extent does the evaluation plan aim to collect the relevant required metrics?
3. To what extent are the applicant's monitoring and evaluation resources likely to adequately evaluate project success?

REQUIRED REPORTING METRICS

If awarded project funding, grantees will be required to report on the Demographics in addition to the metrics related to approved objectives listed below. For example, if the project has screening and diagnostic services objectives, the grantee will report on the Demographics, Screening Services and Diagnostic Services metrics.

Demographics

State of residence; County of residence; Age; Gender; Race; Ethnicity; Special Populations.

Education & Training

Type of session; Number of individuals reached by topic area; Follow-up completed; Action taken; If health care provider training, total number of providers trained in each session and number by provider type.

Screening Services

First time to facility; Number of years since last screening; Screening facility accreditation; Count of screening services provided; Screening result; Referred to diagnostics; Staging of breast cancer diagnosed resulting from screening services.

Diagnostic Services

Time from screening to diagnosis; Diagnostic facility accreditation; Count of diagnostic services provided; Staging of breast cancer diagnosed resulting from diagnostic services; Referred to treatment.

Treatment Services

Time from diagnosis to beginning treatment; Treatment facility accreditation; Count of treatment services provided; Count of patients enrolled in a clinical trial.

Treatment Support

Count of treatment support services provided: system management, individual or group psychosocial support, complementary and integrative therapies, palliative care, durable medical equipment.

Barrier Reduction

Count of barrier reduction assistance services provided: transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare.

Patient Navigation, Care Coordination & Case Management

Time from referral to screening; Accreditation of screening facility navigated to; Time from abnormal screening to diagnostic resolution; Accreditation of diagnostic facility navigated to; Staging of breast cancer diagnosed resulting from community or patient navigation; Time from diagnostic resolution to beginning treatment; Accreditation of treatment facility navigated to; Patient enrolled in a clinical trial; Individual completed physician recommended treatment; Survivorship care plan provided.

SUBMISSION REQUIREMENTS

All applications must be submitted online through the Komen Grants Portal at komen.smartsimple.com before the application deadline to be considered.

Extensions to the submission deadline will not be granted, with the rare exception made for severe extenuating circumstances at the sole discretion of Komen.

The application process is competitive, regardless of whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

CHECKLIST FOR APPLICATION COMPLETION

- 1. Eligibility Requirements** – Applicant meets all eligibility requirements as stated in the Komen Grants Portal and in this Request for Applications.
- 2. Allowable Costs** – All proposed costs are directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives.
- 3. Non-Allowable Costs** – non-allowable costs are not included in the application.
- 4. Breast Cancer Education** – Applicant can agree to promote Komen’s education messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>
- 5. Project Narrative** – Applicant has addressed each question in the Statement of Need, Project Design, Partners and Sustaining the Project, and Impact and Evaluation sections.

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6. **Project Objectives** – Proposed objectives are SMART, will be accomplished with Komen funding, and aim to reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- **Proof of Tax-Exempt Status** – To document the applicant’s **federal tax-exempt status**, provide a letter of determination from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not provide a Federal tax return.
1. **Resume/Job Description** – For key personnel that are currently employed by the applicant organization, provide a resume or *curriculum vitae* that includes education level achieved and licenses/certifications obtained. For new or vacant positions, provide a job description (*Two-page limit per individual*).
 2. **Letters of Support / Memoranda of Understanding** – From project partners identified in the Project Narrative / Partners and Sustaining the Project section.
 3. **Assurances** – Applicant assures compliance with the following policies if awarded project funding:
 - Recipients of services must reside in the Affiliate Service Area.
 - The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the project. No expenses may be accrued against the project until the grant agreement is fully executed. The contracting process can take up to six weeks from the date of the award notification letter.
 - Any unspent funds over \$1.00 must be returned to Komen.
 - Grant payments will be made in installments pending acceptance of and compliance with terms and conditions of a fully executed grant agreement.
 - Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
 - At the discretion of Komen, the grantee may request one no-cost extension of no more than six months per project. Requests must be made by grantee no later than 30 days prior to the end date of the project.
 - Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, property damage and advertising injury;
 - Workers’ compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers’ liability insurance with limits of not less than \$1,000,000; and
 - Excess/umbrella insurance with a limit of not less than \$5,000,000.
 - To the extent any transportation services are provided, \$1,000,000 combined single limit of automobile liability coverage will be required.

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- To the extent medical services are provided, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
 - Grantees are also required to provide Komen with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Florida, its officers, employees and agents named as Additional Insured on the above policies solely with respect to the project and any additional policies and riders entered into by grantee in connection with the project.

APPENDIX A: FY20 REPORTING METRICS

Grantees will be required to report on the below metrics in FY19 Progress/Final Reports. All grantees will report on services provided, race and ethnicity, and breast cancer diagnoses by county of residence of those served; demographics of those served; and a more detailed account of breast cancer diagnoses, including by race and ethnicity and services that led to a diagnosis. The remaining categories will only need to be reported on if a grantee offers those services in their Project Workplan. For example, if a grantee has only an education objective, they will only have the option to report metrics for the Education & Training category.

** Indicates data must be provided by race & ethnicity (**only** by Hispanic/Latino and non-Hispanic/Latino – not by specific Hispanic/Latino/Spanish origin)*

Demographics

- State of residence
- County of residence
- Age
- Gender: Female, Male, Transgender, Other, Unknown
- Race: American Indian or Alaska Native, Asian, Black/African-American, Middle Eastern or North African, Native Hawaiian or Pacific Islander, White, Unknown or Other
- Ethnicity: Colombian, Cuban, Dominican, Mexican/Mexican-American/Chicano, Puerto Rican, Salvadoran, Other Hispanic/Latino/Spanish origin, Not of Hispanic/Latino/Spanish origin, Unknown or Other
- Special Populations: Amish/Mennonite, Breast cancer survivors, Healthcare providers, Homeless/residing in temporary housing, Immigrant/Newcomers/Refugees/Migrants, Living with metastatic breast cancer, individuals with disabilities, Identifies as LGBTQ, Rural residents

Breast Cancers Diagnosed

- Staging of breast cancers diagnosed resulting from:
 - Screening services*
 - Non-Biopsy diagnostic services*
 - Biopsy-only
 - Community navigation into screening*
 - Patient navigation into diagnostics*

Education & Training

- Type of session: One-on-one, Group
- Topic of session: Breast self-awareness, available breast health services and resources, clinical trials, treatment, survivorship and quality of life, metastatic breast cancer
- Number of individuals reached by topic area
- Follow-up completed

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- Action taken: Did not take action, talked to health care provider, received a breast cancer screening, shared information with family/friends, received genetic counseling/testing, talked to provider about clinical trials, enrolled in a clinical trial, adopted health behavior
 - If health care provider training, total number of providers trained in each session (one-on-one, group) and number by provider type (Community health workers, lay educators, patient navigators, social workers, nurses, technicians, nurse practitioners/physician assistants, doctors)

Screening Services

- First time to facility
- Number of years since last screening
- Screening facility accreditation*
 - American College of Radiology – Mammography accreditation (ACR)
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
- Count of screening services provided*
 - Clinical breast exam
 - Mammogram – in facility
 - Mammogram – mobile
 - Genetic testing/counseling
- Screening result*
- Referred to diagnostics*

Diagnostic Services

- Time from screening to diagnosis*
- Diagnostic facility accreditation*
 - American College of Radiology – any individual ACR breast diagnostic test accreditations (ACR)
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
 - American College of Radiology – Diagnostic Imaging Center of Excellence (DICOE)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
 - American College of Surgeons - Commission on Cancer (CoC)
- Count of diagnostic services provided*
 - Diagnostic mammogram
 - Breast ultrasound
 - Breast MRI
 - Biopsy
 - Genomic testing to guide treatment
- Referred to treatment*

Treatment Services

- Time from diagnosis to beginning treatment*
- Treatment facility accreditation*
 - American College of Radiology – any individual ACR breast cancer treatment accreditations (ACR)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
 - National Cancer Institute-Designated Cancer Center (NCI)
 - American College of Surgeons - Commission on Cancer (CoC)
- Count of treatment services provided*
 - Chemotherapy
 - Radiation therapy
 - Surgery
 - Hormone therapy
 - Targeted therapy
- Count of patients enrolled in a clinical trial*

Treatment Support

- Count of treatment support services provided

Barrier Reduction

- Count of barrier reduction assistance services provided*
- Transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare

Patient Navigation, Care Coordination & Case Management

- Count of individuals receiving coordination of care to diagnostic services
- Count of individuals receiving coordination of care to treatment services
- Time from referral to screening*
- Accreditation of screening facility navigated to*
 - American College of Radiology – Mammography accreditation (ACR)
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
- Time from abnormal screening to diagnostic resolution*
- Accreditation of diagnostic facility navigated to*
 - American College of Radiology – any individual ACR breast diagnostic test accreditations (ACR)
 - American College of Radiology - Breast Imaging Center of Excellence (BICOE)
 - American College of Radiology – Diagnostic Imaging Center of Excellence (DICOE)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
 - American College of Surgeons - Commission on Cancer (CoC)
- Time from diagnostic resolution to beginning treatment*

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- Accreditation of treatment facility navigated to*
 - American College of Radiology – any individual ACR breast cancer treatment accreditations (ACR)
 - American College of Surgeons - National Accreditation Program for Breast Centers (NAPBC)
 - National Cancer Institute-Designated Cancer Center (NCI)
 - American College of Surgeons - Commission on Cancer (CoC)
 - Patient enrolled in a clinical trial*
 - Individual completed physician recommended treatment*
 - Survivorship care plan provided
 - Breast cancer records provided to primary care provider

Breast Cancer Continuum of Care (COC)

