QCP 2020 vs. 2025 Standard Crosswalk

QCP 2020 Standard	QCP 2025 Standard
1.1 The healthcare setting has policies to define the qualifications of clinical staff who order, prepare, and administer chemotherapy and documents: 1.1.1 Orders for chemotherapy are signed manually or by using electronic approval by licensed independent practitioners who are determined to be qualified by the health care setting. 1.1.2 Chemotherapy is prepared by a licensed pharmacist, pharmacy technician, physician, or registered nurse with documented comprehensive chemotherapy preparation education, initial training, and (at least) annual continuing education and competency validation. 1.1.3 Chemotherapy is administered by a qualified physician, physician assistant, registered nurse or advanced practice nurse with documented comprehensive chemotherapy administration education, initial training, and (at least) annual continuing education and competency validation. 1.1.4 At least one clinical staff member who maintains current certification in (age appropriate) basic life support is present during chemotherapy administration. *Certification should be from a nationally accredited course. Clinical staff includes staff involved in patient care, RNs, MDs, NPs, etc.*	1.1 The ~~healthcare setting~~health care organization has policies to define the qualifications of clinical staff who order, prepare, and administer antineoplastic therapy ~~chemotherapy~~ and documents: 1.1.1 Orders for antineoplastic therapy ~~chemotherapy~~ are signed manually or by using electronic approval by licensed independent practitioners who are determined to be qualified by the ~~health care setting~~health care organization. 1.1.2 Antineoplastic therapy ~~Chemotherapy~~ is prepared by a licensed pharmacist, pharmacy technician, physician, or registered nurse with documented comprehensive antineoplastic therapy ~~chemotherapy~~ preparation education, initial training, and (at least) annual continuing education and competency validation. 1.1.3 Antineoplastic therapy ~~Chemotherapy~~ is administered by a qualified physician, physician assistant, registered nurse or advanced practice nurse with documented comprehensive antineoplastic therapy ~~chemotherapy~~ administration education, initial training, and (at least) annual continuing education and competency validation. 1.1.4 At least one clinical staff member who maintains current certification in (age appropriate) basic life support is present during antineoplastic therapy ~~chemotherapy~~ administration. *Certification should be from a nationally accredited course. Clinical staff includes staff involved in patient care, RNs, MDs, NPs, etc.* NEW element 1.1.5 A licensed practitioner is readily available to staff who administer antineoplastic therapy in the health care organization.
1.2 Before the first administration of a new chemotherapy regimen chart documentation is available that includes at least the following nine elements: 1.2.1 Pathologic confirmation or verification of initial diagnosis.	1.2 Before the first administration of a new antineoplastic therapy ~~chemotherapy~~ regimen, regardless of route of treatment, chart documentation is available that includes at least the following nine elements:

1.2.2 Initial cancer stage or current cancer status. *Cancer stage/Cancer status is defined in the glossary.* 1.2.3 Complete medical history and physical examination. *Medical history and physical examination is defined in the glossary.* 1.2.4 Pregnancy status for women of childbearing age. 1.2.5 Presence or absence of allergies and history of other hypersensitivity reactions. 1.2.6 Assessment of the patient's and/or caregiver's comprehension of information regarding the disease and the treatment plan. 1.2.7 Initial psychosocial assessment, with action taken when indicated. *Psychosocial assessment is defined in the glossary.* 1.2.8 The chemotherapy treatment plan, including, at minimum, the patient diagnosis, drugs, doses, anticipated duration of treatment, and goals of therapy. 1.2.9 The planned frequency of office visits and patient monitoring that is appropriate for the individual chemotherapy agent(s).	1.2.1 Pathologic confirmation or verification of initial diagnosis. 1.2.2 Initial cancer stage or current cancer status. Cancer stage/Cancer status is defined in the glossary. 1.2.3 Complete medical history and physical examination. Medical history and physical examination is defined in the glossary. ~~1.2.4 Pregnancy status for women of childbearing age.~~ 1.2.4~~5~~ Presence or absence of allergies and history of ~~other~~ hypersensitivity and anaphylactoid reactions. 1.2.5~~6~~ Assessment of the patient's and/or caregiver's comprehension of information regarding the disease and the treatment plan. 1.2.~~7~~6 Initial psychosocial assessment, with action taken when indicated and agreeable to the patient. Psychosocial assessment is defined in the glossary. 1.2.~~8~~7 The ~~chemotherapy treatment~~ plan for antineoplastic therapy, including, at minimum, the patient diagnosis, drugs, doses, route of administration, anticipated duration of treatment, schedule of treatment, and goals of therapy. 1.2.8~~9~~ The planned frequency of office visits and patient monitoring that is appropriate for the individual antineoplastic ~~chemotherapy~~ agent(s). NEW element 1.2.9 Initial assessment of health-related social needs and barriers to care including financial and logistical constraints that could impact access to treatment. NEW Standard 1.3 The health care organization has a policy for pregnancy testing and addressing fertility preservation with appropriate patients regardless of route of treatment at a minimum of prior to initiating antineoplastic therapies. Before the first administration of each new antineoplastic therapy regimen, pregnancy status is documented when applicable.

	NEW Standard 1.4 The health care organization has a policy requiring that weight and height are measured and documented in metric units (e.g., kg and cm) and the measurement and documentation are independently performed prior to administration of a newly prescribed antineoplastic treatment plan by two staff members approved by the health care organization.
1.3 On each clinical encounter or day of treatment, staff performs and documents a patient assessment that includes at least the following nine elements, and takes appropriate action: 1.3.1 Functional status and/or performance status. 1.3.2 Vital signs. 1.3.3 Weight is measured at least weekly when present in the health care setting. 1.3.4 Height is measured at least weekly when present in the health care setting and when appropriate to the treatment population. 1.3.5 Age as appropriate to the treatment population. 1.3.6 Allergies, previous treatment related reactions. 1.3.7 Treatment toxicities. 1.3.8 Pain assessment. 1.3.9 Patient's medications are updated and reviewed by a practitioner when a change occurs.	1.5~~3~~ On each clinical encounter or day of treatment, staff performs and documents a patient assessment that includes at least the following nine elements, and takes appropriate action: 1.5~~3~~.1 Functional status and/or performance status. 1.5~~3~~.2 Vital signs. 1.5~~3~~.3 Weight is measured at least weekly when present in the ~~health care setting~~health care organization and is documented in metric units (e.g., kg). 1.5~~3~~.4 Height is measured at least weekly when present in the ~~health care setting~~health care organization and when appropriate to the treatment population. Height is documented in metric units (e.g., cm). 1.5~~3~~.5 Age as appropriate to the treatment population. 1.5~~3~~.6 Allergies, previous treatment related reactions. 1.5~~3~~.7 Treatment toxicities. 1.~~3~~5.8 Pain assessment. 1.5~~3~~.9 Patient's medications including prescribed and over-the-counter medications, herbal products, and supplements are documented in the medical record and ~~updated and~~ reviewed by a licensed practitioner when a change occurs.
1.4 Staff assesses and documents psychosocial concerns and need for support with each cycle or more frequently, with action taken when indicated.	1.4~~6~~ Staff assesses and documents psychosocial concerns and need for support with each cycle or more frequently, with action taken when indicated and agreeable to the patient.
1.5 The health care setting provides information about financial resources and/or refers patients to psychosocial and other cancer support services.	1.7~~5~~ The ~~health care setting~~health care organization provides information about financial resources and/or refers patients to psychosocial and other cancer support services.
1.6 The health care setting has a policy that identifies a process to provide 24/7 triage to a practitioner, for example, on-call practitioners or	1.8~~6~~ The ~~health care setting~~health care organization has a policy that identifies a process to provide 24/7 triage to a licensed practitioner, for

emergency department, to manage treatment-related toxicities and emergencies. If the patient's initial contact is not a practitioner from the treating health care setting, the person having initial patient contact must have continuous access to consultation from an experienced oncology practitioner and the opportunity for transfer of the patient to a facility with dedicated oncology services. *Practices in rural low population areas should consult with QCP staff if unable to comply with the standard.*	example, on-call practitioners or emergency department, to manage treatment-related toxicities and emergencies. If the patient's initial contact is not a licensed practitioner from the treating ~~health care setting~~health care organization, the person having initial patient contact must have continuous access to consultation from an experienced oncology practitioner and the opportunity for transfer of the patient to a facility with dedicated oncology services. *Practices in rural low population areas should consult with QCP staff if unable to comply with the standard.*
2.1 The health care setting has a policy that documents a standardized process for obtaining and documenting chemotherapy consent or assent. Informed consent and assent (optional) is documented prior to initiation of each chemotherapy regimen. *The consent process should follow appropriate professional and legal guidelines.*	2.1 The **~~health care setting~~health care organization** ~~-~~has a policy that documents a standardized process for obtaining and documenting ~~chemotherapy~~ informed consent or assent (if applicable) for antineoplastic therapy regardless of route of administration. Informed consent and assent (~~optional~~if applicable) is documented prior to initiation of each ~~chemotherapy~~ antineoplastic therapy regimen. *The consent process should follow appropriate professional and legal guidelines.*
2.2 Patients are provided with comprehensive verbal and written or electronic information as part of an education process before starting each treatment plan. 2.2.1 The education process will be tailored to the patient's learning needs, abilities, preferences, and readiness to learn as assessed and documented prior to treatment. Education includes family, caregivers, or others based on the patient's ability to assume responsibility for managing therapy. 2.2.2 Documentation that written or electronic educational materials were given to patients. 2.2.3 Educational information includes the following at a minimum: 2.2.3.1 Patient's diagnosis. 2.2.3.2 Goals of treatment, that is, cure disease, prolong life, or reduce symptoms. 2.2.3.3 Planned duration of treatment and schedule of treatment administration.	2.2 Patients are provided with comprehensive verbal and written or electronic information as part of an education process before starting each treatment plan. 2.2.1 The education process will be tailored to the patient's learning needs, abilities, preferences, and readiness to learn as assessed and documented prior to treatment. Education includes family, caregivers, or others based on the patient's ability to assume responsibility for managing therapy. 2.2.2 Documentation that written or electronic educational materials were given to patients. 2.2.3 Educational information includes the following at a minimum: 2.2.3.1 Patient's diagnosis. 2.2.3.2 Goals of treatment, that is, cure disease, prolong life, or reduce symptoms. 2.2.3.3 Planned duration of treatment and schedule of treatment administration.

2.2.3.4 Drug names and supportive medications, drug-drug and drug-food interactions, and plan for missed doses. 2.2.3.5 Potential long-term and short-term adverse effects of therapy, including infertility risks for appropriate patients. 2.2.3.6 Symptoms or adverse effects that require the patient to contact the health care setting or to seek immediate attention. 2.2.3.7 Procedures for handling medications in the home, including storage, safe handling, and management of unused medication. 2.2.3.8 Procedures for handling body secretions and waste in the home. 2.2.3.9 Follow-up plans, including laboratory and provider visits. 2.2.3.10 Contact information for the health care setting, with availability and instructions on when and who to call. 2.2.3.11 Expectations for rescheduling or cancelling appointments.	2.2.3.4 Drug names and supportive medications, ~~drug-drug and drug-food interactions,~~ and plan for missed doses. NEW element 2.2.3.5 Potential for drug interactions with prescribed drugs, integrative therapies, over the counter drugs, herbal products, supplements, and foods. 2.2.3.6~~5~~Potential long-term and short-term adverse effects of therapy, including infertility risks for appropriate patients. NEW element 2.2.3.7 Pregnancy prevention and fertility preservation as defined by health care organization. 2.2.3.8~~6~~ Symptoms or adverse effects that require the patient to contact the ~~health care setting~~health care organization or to seek immediate attention. 2.2.3.9~~7~~ Procedures for handling medications in the home, including storage, safe handling, ~~and~~ management of unused medication, and clean-up of drug spills when applicable. 2.2.3.10~~8~~ Procedures for handling body secretions and waste in the home. 2.2.3.11~~9~~ Follow-up plans, including laboratory and provider visits. 2.2.3.12~~0~~ Contact information for the ~~health care setting~~health care organization, with availability and instructions on when and who to call. 2.2.3.13~~1~~ Expectations for rescheduling or cancelling appointments.
3.1 Chemotherapy orders include at least the following elements: 3.1.1 Patient's name. 3.1.2 A second patient identifier. 3.1.3 Date the order is written. 3.1.4 Regimen or protocol name and number. 3.1.5 Cycle number and day, when applicable. 3.1.6 All medications within the order set are listed by using full generic names. 3.1.7 Drug dose is written following standards for abbreviations, trailing zeros, and leading zeros. 3.1.8 The dose calculation, including:	3.1 ~~Chemotherapy~~ Antineoplastic orders for parenteral therapy include at least the following elements: 3.1.1 Patient's name. 3.1.2 A second patient identifier. 3.1.3 Date the order ~~is written~~was signed. 3.1.4 Regimen or protocol name and number, when applicable. 3.1.5 Cycle number and day, when applicable. 3.1.6 All medications within the order set are listed by using full generic names.

3.1.8.1 The calculation methodology. 3.1.8.2 Variables used to calculate the dose. 3.1.8.3 The frequency at which the variables are re-evaluated. 3.1.8.4 The changes in the values that prompt confirmation of dosing. 3.1.9 Date of administration. 3.1.10 Route of administration. 3.1.11 Allergies. 3.1.12 Supportive care treatments that are appropriate for the regimen, including premedication, hydration, growth factors, and hypersensitivity medications. 3.1.13 Parameters that would require holding or modifying the dose, for example, laboratory values, diagnostic test results, and patient's clinical status. 3.1.14 Sequencing of drug administration, when applicable. 3.1.15 Rate of drug administration, when applicable. 3.1.16 An explanation of time limitation, such as the number of cycles for which the order is valid.	3.1.7 Drug dose is written following standards for preventing the use of unapproved abbreviations, omitting trailing zeros, and including leading zeros~~for abbreviations, trailing zeros, and leading zeros~~. 3.1.8 The dose calculation, including: 3.1.8.1 The calculation methodology. 3.1.8.2 Variables used to calculate the dose. 3.1.8.3 The frequency at which the variables are re-evaluated, such as weight, laboratory values, diagnostic test results, and patient's clinical status. 3.1.8.4 The changes in the values that prompt confirmation or recalculation of dosing. 3.1.9 Date of administration. 3.1.10 Route of administration. 3.1.11 Allergies, reviewed at the time of ordering.~~.~~ 3.1.12 Supportive care treatments that are appropriate for the regimen, including premedication, hydration, and growth factors, ~~and hypersensitivity medications~~ are included in the preprinted or electronic order forms. NEW element 3.1.13 Hypersensitivity, anaphylactoid, and cytokine release syndrome (CRS) (where appropriate) medications are available through site specific workflows. 3.1.14~~3~~ Parameters that would require holding or modifying the dose, for example, laboratory values, diagnostic test results, and patient's clinical status. 3.1.15~~4~~ Sequencing of drug administration, when applicable. 3.1.16~~5~~ Rate of drug administration, when applicable. 3.1.17~~6~~ An explanation of time limitation, such as the number of cycles for which the order is valid. NEW Standard 3.2 Antineoplastic prescriptions for oral therapy include at least the following elements: 3.2.1 Patient's name. 3.2.2 Date of birth.

	3.2.3 Date the prescription is written. 3.2.4 Drug name, generic name preferred. 3.2.5 Drug dose is written following standards for preventing the use of unapproved abbreviations, omitting trailing zeros, and including leading zeros. 3.2.6 Route of administration. 3.2.7 Drug quantity or volume to be dispensed. 3.2.8 Number of refills or cycles as appropriate. 3.2.9 Directions for administration (i.e. SIG – daily, twice a day, schedule/number of days as applicable).
3.2 Before preparation, a second person – a practitioner or other personnel approved by the health care setting to prepare or administer chemotherapy - independently verifies: 3.2.1 Two patient identifiers. 3.2.2 Drug name. 3.2.3 Drug dose. 3.2.4 Route of administration. 3.2.5 Rate of administration. 3.2.6 The calculation for dosing, including the variables used in this calculation. 3.2.7 Treatment cycle and day of cycle.	3.3~~2~~ Before preparation of the antineoplastic therapy, a second person – a ~~practitioner or other personnel~~staff member approved by the ~~health care setting~~health care organization to prepare or administer ~~chemotherapy~~ antineoplastic therapy - independently verifies: 3.3~~2~~.1 Two patient identifiers. 3.3~~2~~.2 Drug name. 3.3~~2~~.3 Drug dose. 3.3~~2~~.4 Route of administration. 3.3~~2~~.5 Rate of administration. 3.3~~2~~.6 The calculation for dosing, including the variables used in this calculation. 3.3~~2~~.7 Treatment cycle and day of cycle.
3.3 Upon preparation, a second person approved by the health care setting to prepare parenteral chemotherapy verifies: 3.3.1 The drug vial(s). 3.3.2 Concentration. 3.3.3 Drug volume or weight. 3.3.4 Diluent type and volume, when applicable. 3.3.5 Administration fluid type, volume, and tubing.	3.4~~3~~ Upon preparation of the antineoplastic medication, a second ~~person~~ staff member approved by the ~~health care setting~~health care organization to prepare parenteral antineoplastic therapy ~~chemotherapy~~ verifies: 3.4~~3~~.1 The drug vial(s). 3.4~~3~~.2 Concentration. 3.4~~3~~.3 Drug volume or weight. 3.4~~3~~.4 Diluent type and volume, when applicable. 3.4~~3~~.5 Administration fluid type and~~,~~ volume~~, and tubing.~~

3.4 Chemotherapy drugs are labeled immediately upon preparation and labels include the following 10 elements: 3.4.1 Patient's name. 3.4.2 A second patient identifier. 3.4.3 Full generic drug name. 3.4.4 Drug dose. 3.4.5 Drug administration route. 3.4.6 Total volume required to administer the drug. 3.4.7 Date the medication is to be administered. 3.4.8 Expiration dates and/or times. 3.4.9 When dose is divided, the total number of products to be given and the individual product sequence (e.g., 1 of 2, 2 of 2, etc.). 3.4.10 A warning or precautionary label or sticker, as applicable, to storage and handling; may be included within the label or on an auxiliary label.	3.5~~4~~ ~~Chemotherapy~~ Antineoplastic drugs are labeled immediately upon preparation and labels include the following 1~~0~~ elements: 3.5~~4~~.1 Patient's name. 3.5~~4~~.2 A second patient identifier. 3.5~~4~~.3 Full generic drug name. 3.5~~4~~.4 Drug dose. 3.5~~4~~.5 Drug administration route. 3.5~~4~~.6 Total volume required to administer the drug. 3.5~~4~~.7 Date the medication is to be administered. 3.5~~4~~.8 Expiration dates and/or times. 3.5~~4~~.9 When dose is divided, the total number of products to be given and the individual product sequence (e.g., 1 of 2, 2 of 2, etc.). 3.5~~4~~.10 A warning or precautionary label or sticker, as applicable, to storage and handling; may be included within the label or on an auxiliary label. NEW element 3.5.11 A label denoting HAZARDOUS DRUG, if applicable.
3.5 The health care setting that administers intrathecal medication maintains a policy that specifies: 3.5.1 Intrathecal medications are: 3.5.1.1 Prepared separately. 3.5.1.2 Stored in an isolated container or location after preparation. 3.5.1.3 Labeled with a uniquely identifiable intrathecal medication label. 3.5.1.4 Delivered to the patient only with other medications intended for administration into the CNS. 3.5.1.5 Administered immediately after a time-out, double-check procedure that involves two licensed practitioners or other personnel approved by the health care setting to prepare or administer chemotherapy. 3.5.2 Intravenous vinca alkaloids are administered only by infusion.	3.6~~5~~ The ~~health care setting~~health care organization that administers intrathecal or intraventricular medication maintains a policy that specifies: 3.6~~5~~.1 Intrathecal medications are: 3.6~~5~~.1.1 Prepared separately. 3.6~~5~~.1.2 Stored in an isolated container or location after preparation. 3.6~~5~~.1.3 Labeled with a uniquely identifiable intrathecal or intraventricular medication label. 3.6~~5~~.1.4 Delivered to the patient only with other medications intended for administration into the CNS. 3.6~~5~~.1.5 Administered immediately after a time-out, double-check procedure that involves two ~~licensed practitioners or other personnel~~staff members approved by the ~~health care setting~~health care organization to prepare or administer antineoplastic therapy~~chemotherapy~~. 3.6~~5~~.2 Intravenous vinca alkaloids are administered only by infusion.

3.6 Before initiation of each chemotherapy administration cycle, the practitioner who is administering the chemotherapy confirms the treatment with the patient, including, at a minimum, the name of the drug, infusion time, route of administration, and infusion-related symptoms to report—for example, but not limited to, hypersensitivity symptoms or pain during infusion.	3.~~6~~7 Before initiation of each antineoplastic therapy ~~chemotherapy~~ administration cycle, the ~~practitioner~~ staff member who is administering the ~~chemotherapy~~ antineoplastic(s) confirms the treatment with the patient, including, at a minimum, the name of the drug, infusion time, route of administration, and infusion-related symptoms to report—for example, but not limited to, hypersensitivity symptoms or pain during infusion.
3.7 Before chemotherapy administration: At least two individuals, in the presence of the patient, verify the patient identification by using at least two identifiers.	3.~~8~~7 Before ~~chemotherapy~~ antineoplastic therapy administration: At least two staff members approved by the health care organization to administer or prepare antineoplastic therapy ~~individuals~~, in the presence of the patient, verify the patient identification by using at least two identifiers.
3.8 Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements: 3.8.1 Drug name. 3.8.2 Drug dose 3.8.3 Infusion volume or drug volume when prepared in a syringe. 3.8.4 Rate of administration. 3.8.5 Route of administration. 3.8.6 Expiration dates and/or times. 3.8.7 Appearance and physical integrity of the drugs. 3.8.8 Rate set on infusion pump, when used. 3.8.9 Sequencing of drug administration.	3.~~9~~8 Before each antineoplastic therapy ~~chemotherapy~~ administration, at least two ~~practitioners~~ staff members approved by the ~~health care setting~~health care organization to administer or prepare antineoplastic therapy ~~chemotherapy~~ verify and document the accuracy of the following elements: 3.~~9~~8.1 Drug name. 3.~~9~~8.2 Drug dose 3.~~9~~8.3 Infusion volume or drug volume when prepared in a syringe. 3.~~9~~8.4 Rate of administration. 3.~~9~~8.5 Route of administration. 3.~~9~~8.6 Expiration dates and/or times. 3.~~9~~8.7 Appearance and physical integrity of the drugs. 3.~~9~~8.8 Infusion pump (if applicable) settings, including rate.~~Rate set on infusion pump, when used~~. 3.~~9~~8.9 Sequencing of drug administration. NEW element 3.9.10: Administration set (as applicable) e.g., filters, specialized tubing, and tracing the lines for accuracies.
3.9 Documentation of the patient's clinical status during and upon completion of treatment.	3.10~~9~~ Documentation of the patient's clinical status during and upon completion of treatment.

3.10 Extravasation management procedures are defined and align with current literature and guidelines; antidote order sets and antidotes are accessible within the appropriate timeframe.	3.110 Infiltration and Eextravasation management policy is present procedures are defined and aligns with current literature and guidelines; antidote order sets and antidotes are accessible within the appropriate timeframe.
4.1 The health care setting has a policy for emergent treatment of patients, that aligns with current literature and guidelines and addresses: 4.1.1 Availability of appropriate treatment agents. 4.1.2 Procedures to follow and a plan for escalation of care, when required, for life threatening emergencies.	4.1 The health care settinghealth care organization has a policy for emergent treatment of patients, that aligns with current literature and guidelines and addresses: 4.1.1 Availability of appropriate- emergency equipment, rescue agents, and antidotestreatment agents. 4.1.2 Procedures to follow and a plan for escalation of care, when required, for life threatening emergencies. Emergencies may include suspected hypersensitivity reactions including cytokine release syndrome reactions, or general life-threatening emergency.
4.2 The health care setting has a policy that outlines the procedure to assess patients' ability to adhere to chemotherapy that is administered outside of the heath care setting prior to the start of treatment. Documentation of assessment is available in the patient record.	4.2 The health care settinghealth care organization has a policy that outlines the procedure to assess patients' ability to adhere to antineoplastic therapy chemotherapy that is administered outside of the heath care setting prior to the start of treatment. Assessment requires identifying barriers to adherence, including physical, cognitive, and financial constraints. Documentation of assessment is available in the patient record.
4.3 The health care setting has a policy that requires assessment of each patient's chemotherapy adherence at defined clinically meaningful intervals to address any issues identified when chemotherapy is administered outside of the health care setting. Documentation of assessment is available in the patient record.	4.3 The health care setting organization has a policy that requires outlines the procedures to assess patients' assessment of each patient's chemotherapy adherence to antineoplastic therapy that is administered outside of the health care organization at defined clinically meaningful intervals to address any issues identified. when chemotherapy is administered outside of the health care setting. Documentation of assessment is available in the patient record.

4.4 Cumulative doses of chemotherapy are tracked for agents associated with cumulative toxicity.	4.4 Cumulative doses of antineoplastic therapy ~~chemotherapy~~ are tracked for agents associated with cumulative toxicity.