

# ASCO<sup>®</sup>

ASSOCIATION FOR CLINICAL ONCOLOGY  
KNOWLEDGE CONQUERS CANCER

# QOPI<sup>®</sup> Certification 2025 Standards Highlights Webinar

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# Presentation Overview



- 2025 Standards Overview
- 2025 Standards Update Highlights

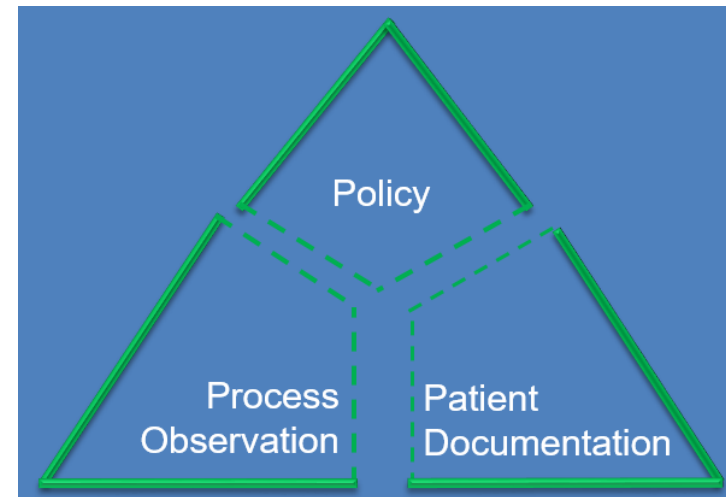
# Certification Standards Overview

- 4 Domains → Standards → Element(s)

- **25** Total Standards
  - Policy (**10** Standards)
  - Process Observation
  - Patient Documentation

- Standards Manual

- Includes updated suggested resources
- <https://www.asco.org/practice-patients/quality-improvement/quality-programs/qopi-certification-program/about-qopi>









# Antineoplastic Therapy Definition

***Antineoplastic therapy:*** All antineoplastic agents used to treat cancer, regardless of the route and hazardous drug status. Types include targeted agents (e.g., small-molecule inhibitors), chemotherapy, and immunotherapy (e.g., monoclonal antibodies, checkpoint inhibitors, biologics, cellular therapies). Hormonal therapies are not included in the definition of antineoplastic agents for these standards.

Reference: QCP Standards Glossary - 2025 version

# Patient Population Key

Patient Population:	Pediatric Only Patients	Pediatric & Adult Patients	IV Patients	Oral Patients	Intrathecal Patients	All Patients: Staffing & Setting
Symbol:						

# 2025 Standards Update Highlights

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**Important note:** *this presentation includes only a sub-set of the total 25 QCP Standards 2025 version. For information about all Standards please [refer to our website](#).*

# Domain 1: Creating A Safe Environment – Staffing and General Policy

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1.1 The health care organization has policies to define the qualifications of clinical staff who order, prepare, and administer antineoplastic therapy and documents:

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 antineoplastic therapy regimen, regardless of route of treatment, chart documentation is available that includes at least the following nine elements:



- 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 Presence or absence of allergies and history of hypersensitivity and anaphylactoid reactions.
- 1.2.5 Assessment of the patient's and/or caregiver's comprehension of information regarding the disease and the treatment plan.
- 1.2.6 Initial psychosocial assessment, with action taken when indicated and agreeable to the patient. *Psychosocial assessment is defined in the glossary.*
- 1.2.7 The 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 The planned frequency of office visits and patient monitoring that is appropriate for the individual antineoplastic agent(s).
- 1.2.9 The initial assessment of health-related social needs and barriers to care including financial and logistical constraints that could impact access to treatment.



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.



- 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.

## 1.5 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:



- 1.5.1 Functional status and/or performance status.
- 1.5.2 Vital signs.
- 1.5.3 Weight is measured at least weekly when present in the health care organization and is documented in metric units (e.g. kg).

## 1.5 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:



- 1.5.4 Height is measured at least weekly when present in the health care organization and when appropriate to the treatment population. Height is documented in metric units (e.g. cm).
- 1.5.5 Age as appropriate to the treatment population.

## 1.5 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:



- 1.5.6 Allergies, previous treatment related reactions.

- 1.5.7 Treatment toxicities.

- 1.5.8 Pain assessment.

- 1.5.9 Patient's medications including prescribed and over-the-counter medications, herbal products, and supplements are documented in the medical record and reviewed by a licensed practitioner when a change occurs.



# Domain 2: Treatment Planning, Patient Consent and Education

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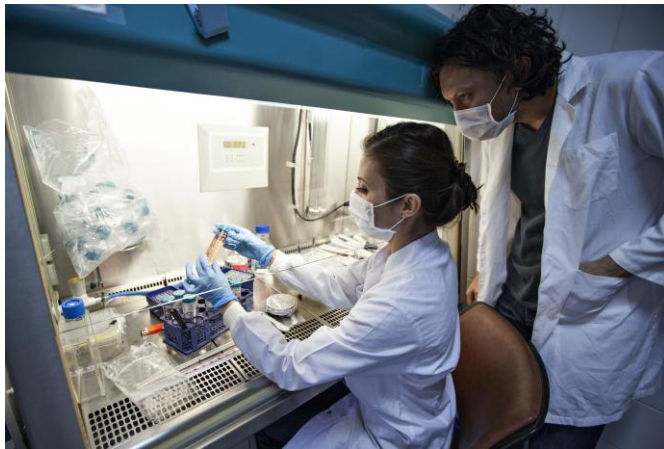
## 2.2 Patients are provided with comprehensive verbal and written or electronic information as part of an education process before starting each treatment plan.

### 2.2.3 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, and plan for missed doses.
- 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 Potential long-term and short-term adverse effects of therapy, including infertility risks for appropriate patients.
- 2.2.3.7 Pregnancy prevention and fertility preservation as defined by health care organization.
- 2.2.3.8 Symptoms or adverse effects that require the patient to contact the health care organization or to seek immediate attention.
- 2.2.3.9 Procedures for handling medications in the home, including storage, safe handling, management of unused medication, and clean-up of drug spills when applicable.
- 2.2.3.10 Procedures for handling body secretions and waste in the home.
- 2.2.3.11 Follow-up plans, including laboratory and provider visits.
- 2.2.3.12 Contact information for the health care organization, with availability and instructions on when and who to call.
- 2.2.3.13 Expectations for rescheduling or cancelling appointments.

# Domain 3: Ordering, Preparing, Dispensing and Administering Antineoplastic Therapy



### 3.1 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 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.
- 3.1.7 Drug dose is written following standards for preventing the use of unapproved abbreviations, omitting trailing zeros, and including 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 Antineoplastic orders for parenteral therapy include at least the following elements:



- 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, are included in the preprinted or electronic order forms.
- 3.1.13 Hypersensitivity, anaphylactoid, and cytokine release syndrome (CRS) (where appropriate) medications are available through site specific workflows.
- 3.1.14 Parameters that would require holding or modifying the dose, for example, laboratory values, diagnostic test results, and patient's clinical status.
- 3.1.15 Sequencing of drug administration, when applicable.
- 3.1.16 Rate of drug administration, when applicable.
- 3.1.17 An explanation of time limitation, such as the number of cycles for which the order is valid.

## 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).

### 3.5 Antineoplastic drugs are labeled immediately upon preparation and labels include the following 11 elements:



- 3.5.1 Patient's name.
- 3.5.2 A second patient identifier.
- 3.5.3 Full generic drug name.
- 3.5.4 Drug dose.
- 3.5.5 Drug administration route.
- 3.5.6 Total volume required to administer the drug.
- 3.5.7 Date the medication is to be administered.
- 3.5.8 Expiration dates and/or times.
- 3.5.9 When dose is divided, the total number of products to be given and the individual product sequence (e.g., 1 of 5, 2 of 2, etc.).
- 3.5.10 A warning or precautionary label or sticker, as applicable, to storage and handling; may be included within the label or on an auxiliary label.
- 3.5.11 A label denoting HAZARDOUS DRUG, if applicable.



- 3.8 Before antineoplastic therapy administration: At least two staff members approved by the health care organization to administer or prepare antineoplastic therapy, in the presence of the patient, verify the patient identification by using at least two identifiers.

## VERIFICATION 3

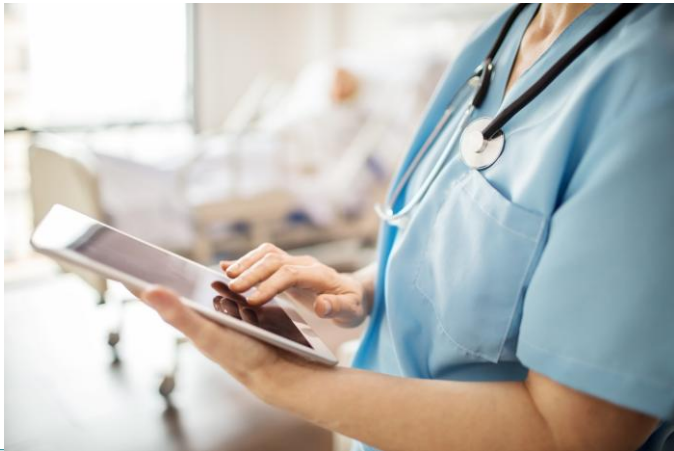
**3.9 Before each antineoplastic therapy administration, at least two staff members approved by the health care organization to administer or prepare antineoplastic therapy verify and document the accuracy of the following elements:**



- 3.9.1 Drug name.
- 3.9.2 Drug dose.
- 3.9.3 Infusion volume or drug volume when prepared in a syringe.
- 3.9.4 Rate of administration.
- 3.9.5 Route of administration.
- 3.9.6 Expiration dates and/or times.
- 3.9.7 Appearance and physical integrity of the drugs.
- 3.9.8 Infusion pump (if applicable) settings, including rate.
- 3.9.9 Sequencing of drug administration.
- 3.9.10 Administration set (as applicable) e.g., filters, specialized tubing, and tracing the lines for accuracies.

# Domain 4: Monitoring After Antineoplastic Therapy is Given, Including Adherence, Toxicity and Complications

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## 4.1 The health 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 antidotes.
- 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 organization has a policy that outlines the procedure to assess patients' ability to adhere to **antineoplastic therapy** that is administered outside of the health 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 organization has a **policy that outlines the procedures to assess patients' adherence to antineoplastic therapy that is administered outside of the health care organization** at defined clinically meaningful intervals to address any issues identified. Documentation of assessment is available in the patient record.

# Questions?



**Contact** the QOPI Certification Team at:  
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**Thank you!**