**ATTACHMENT 6**

NPCR Program Evaluation

Results Web Display

**ATTACHMENT 6**

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| **National Program of Cancer Registries (NPCR) Program Evaluation Results 2011** |
|

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| **View national results** |

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| **Staffing**  |
| **1. On December 31, 2010, how many total FTE central cancer registry (CCR) staff positions were funded? In this table, you may include positions outside the registry, ONLY IF the registry pays a portion of the salary. Remember to use the calculation method above when computing partial FTEs.**  |
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|  |  |
| --- | --- |
|  | **Total Count FTEs** |
| **Funding Category** | **Filled** | **Vacant** |
|  | **NationalMedian (Range)** | **NationalMedian (Range)** |
| Number of NPCR-funded (non-contracted) FTE positions | 5.0 (0.0 - 22.8) | 0.0 (0.0 - 2.9) |
| Number of NPCR-funded, Contracted FTE positions | 0.0 (0.0 - 19.5) | 0.0 (0.0 - 1.8) |
| Number of State-funded (non-contracted) FTE positions | 2.2 (0.0 - 33.1) | 0.0 (0.0 - 4.0) |
| Number of State-funded, Contracted FTE positions | 0.0 (0.0 - 26.0) | 0.0 (0.0 - 2.0) |
| Number of non-contracted FTE positions funded by other sources | 0.0 (0.0 - 18.3) | 0.0 (0.0 - 2.0) |
| Number of Contracted FTE positions funded by other sources | 0.0 (0.0 - 63.5) | 0.0 (0.0 - 0.0) |
| Totals | 11.6 (2.3 - 165.0) | 1.0 (0.0 - 6.0) |
| **Total Respondents: 48** |

 |
| **2. Please complete this table with the number of FTEs who work in the capacity of the position titles listed. In this table, include both filled and vacant, as well as time contributed by non-registry staff (e.g. chronic disease epidemiologist), regardless of funding, in your total FTE count. So, if a position is vacant, it still counts as a position. Remember to use the same FTE calculation method as described above. Please note CTR credentials may be held by several registry positions and should be counted accordingly.**  |
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| --- | --- |
|  | **Total Count FTEs** |
| **Position (FTE or percentage of FTE)** | **Non Contractor** | **Contractor** |
|  | **NationalMedian (Range)** | **NationalMedian (Range)** |
| Principal Investigator | 0.1 (0.0 - 1.0) | 0.0 (0.0 - 2.0) |
| Program Director | 0.6 (0.0 - 3.0) | 0.0 (0.0 - 3.0) |
| Registry Administrator | 0.0 (0.0 - 1.0) | 0.0 (0.0 - 1.5) |
| Program Manager | 0.6 (0.0 - 5.0) | 0.0 (0.0 - 3.0) |
| Budget Analyst | 0.1 (0.0 - 3.0) | 0.0 (0.0 - 2.5) |
| CTR Quality Control Staff | 1.7 (0.0 - 17.0) | 0.0 (0.0 - 46.3) |
| Non-CTR Quality Control Staff | 0.0 (0.0 - 9.0) | 0.0 (0.0 - 10.0) |
| CTR Education /Training Staff | 1.0 (0.0 - 21.5) | 0.0 (0.0 - 3.0) |
| Epidemiologists | 1.0 (0.0 - 7.0) | 0.0 (0.0 - 8.0) |
| Statisticians | 0.0 (0.0 - 6.0) | 0.0 (0.0 - 3.0) |
| Computer / IT / GIS Specialists | 0.5 (0.0 - 30.0) | 0.0 (0.0 - 15.0) |
| Other staff | 1.1 (0.0 - 27.0) | 0.0 (0.0 - 13.8) |
|  |  |
| Total Number CTRs (may overlap with above categories) | 4.0 (0.0 - 27.5) | 0.0 (0.0 - 59.0) |
| **Total Respondents: 48** |

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| **Legislation**  |
| **3. Does your state/territory have a current law authorizing a population-based central cancer registry? (Program Standard I.a .)**  |
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|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 100.0% (48) |

 |
| **4. Does your state/territory have current legislation or regulations in support of all 8 criteria of the Public Law authorizing the NPCR? (Program Standard I.b .)**  |
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|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 100.0% (48) |

 |
| **5a. Are there any penalties in place regarding reporting compliance as mandated by current legislation or regulations ?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 68.8% (33) |

 |

|  |
| --- |
| **5b. If Yes, in which law/regulations are the penalties included? (check only one ):**  |
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|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Cancer-specific reporting law/regulations | 42.4% (14) |
| General public health law/regulations | 30.3% (10) |
| Both | 24.2% (8) |
| None of the above | 3.0% (1) |

 |
| **5c. If "Yes" to 5a, have you had to impose the penalty ?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 15.2% (5) |

 |
| **6a. With passage of Public Law 107-260 (the Benign Brain Tumor Cancer Registry Amendment Act), NPCR-funded registries are required to collect data on benign brain tumors beginning in diagnosis year 2004. Do regulations or legislation in your State or territory authorize you to collect data on benign brain tumors ?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 97.9% (47) |

 |
| **7. Does your State or Territory have legislation or regulations prohibiting you from reporting county level data?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 4.2% (2) |

 |
| **8. Does your state law/regulations protect your cancer registry data from the Freedom of Information Act (FOIA )?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 77.1% (37) |

 |
| **9a. Does your state law/regulations protect your cancer registry data from subpoena ?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 70.8% (34) |

 |
| **9b. If no, are data received through interstate data exchange protected from subpoena ?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 7.1% (1) |

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|  |  |
| **Administration**  |
| **10. Does your CCR maintain an operational manual that describes registry operations, policies and procedures that, at a minimum, contains the following? (Program Standard II.a.)**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Reporting laws/regulations | 100.0% (48) |
| List of reportable diagnoses | 100.0% (48) |
| List of required data items | 100.0% (48) |
| Data processing operational procedures for (check all that apply):(a-d) |  |
| a. Monitoring timeliness of reporting | 93.8% (45) |
| b. Receipt of data | 100.0% (48) |
| c. Database management including description of the Registry Operating System( software). | 97.9% (47) |
| d. Conducting death certificate clearance | 100.0% (48) |
| Procedures for Implementing and maintaining a quality assurance/control program including (check all that apply, f-h) |  |
| f. Conducting follow-back to reporting facilities on quality assurance issues | 93.8% (45) |
| g. Conducting record consolidation | 97.9% (47) |
| h. Maintaining detailed documentation of all quality assurance operations | 93.8% (45) |
| Procedures for insuring confidentiality and data security including disaster planning | 87.5% (42) |
| Procedure for data release including access to and disclosure of information | 95.8% (46) |
| Procedure for maintaining and updating the operational manual | 83.3% (40) |
| **Total Respondents: 48** |

 |
| **11. Do you believe that your CCR policies and procedures are sufficient and clear as to what data may and may not be disclosed and how this should occur?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 93.8% (45) |

 |
| **12. Do you believe that your CCR policies and procedures are sufficient and clear for protection of confidentiality for all routine registry activities?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 100.0% (48) |

 |
| **13. Do you believe that your CCR staff possess sufficient knowledge and resources to meet risk-appropriate threats to security and confidentiality?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 89.6% (43) |

 |
| **14. Does your CCR produce reports that are used to monitor the registry operations and database, including processes and activities? (Program standard II. b)**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Quality control report (central registry) | 85.4% (41) |
| Quality control reports for each facility | 83.3% (40) |
| Data completeness report for each facility | 89.6% (43) |
| Timeliness of data report for each facility | 83.3% (40) |
| Data workflow report | 64.6% (31) |
| Other | 20.8% (10) |
| None of the above | 6.3% (3) |
| **Total Respondents: 48** |

 |
| **15. Does your CCR have an abstracting and coding manual that is provided for use by all reporting sources? (Program Standard II. C)**  |
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|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 93.8% (45) |

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|  |  |
| **Reporting Completeness**  |
| **16. What types of facilities and health care providers report to your CCR? Please list the percentage of facilities, by type, that actually reported in the past year (2010.) Do not record this percentage based on your CCR’s timeliness schedule. Also calculate what percentage of the reports, by facility type, are received electronically (received in a standardized format that minimizes the need for manual data entry.)**  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Facilities Required to Report Cancer Cases by Type** | **No. Requiredto Report(Denominator)** | **Percent ofFacilitiesCompliant byReporting in 2010\*** | **Percent of ReportsReceivedElectronically in2010\*\*** |
|  | **National(Range)** | **National(Average)** | **National(Average)** |
| Hospitals with a cancer registry (non-federal) | (1 - 153) | 94.0 | 98.1 |
| Hospitals without a cancer registry (non-federal) | (0 - 359) | 83.1 | 67.1 |
| VA Hospitals | (0 - 13) | 38.8 | 45.1 |
| IHS Hospitals | (0 - 52) | 60.4 | 16.7 |
| Tribally Owned Hospitals | (0 - 6) | 59.4 | 14.6 |
|  |  |
| Health Centers (IHS, Tribal) | (0 - 13) | 54.6 | 8.3 |
| Surgery Centers | (0 - 403) | 64.2 | 49.8 |
| Independent Radiation Therapy Centers | (0 - 160) | 71.6 | 59.5 |
|  |  |
| In-State Independent Pathology Laboratories | (0 - 438) | 74.2 | 40.5 |
| Out-of-State Independent Pathology Laboratories\* | (0 - 208) | 81.8 | 54.4 |
| Physicians, (not clinics) |  |
| Dermatologists\* | (0 - 942) | 63.8 | 28.7 |
| Urologists\* | (0 - 786) | 56.4 | 31.5 |
| Oncologists\*/Hematologists\* | (0 - 1342) | 62.5 | 31.1 |
| Other physicians\* | (0 - 99722) | 50.5 | 21.5 |
|  |  |
| Other facilities | (0 - 0) | 32.0 | 0.0 |
| **Total Respondents: 48** |
| \*Provide best estimate\*\*Those facilities who report rather than those reporting in a timely manner |  |  |

 |
| **17. For the diagnosis year 2008, what percentage of physicians, surgeons, and all other health care practitioners diagnosing or providing treatment for cancer patients submit all reportable cases to your CCR? Exception: Physicians are not required to report cases directly referred or previously admitted to, and reported by, a hospital or other facility providing screening, diagnostic or therapeutic services to patients in that State/Territory. (Program Standard V.a.) Check only one:**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| 100% | 2.1% (1) |
| 75% - 99% | 45.8% (22) |
| 50% - 74% | 16.7% (8) |
| 10% - 50% | 14.6% (7) |
| None | 16.7% (8) |
| **Total Respondents: 48** |

 |
| **18. Of the pathology lab reports your CCR receives, what percentage are in the College of American Pathologists (CAP) cancer protocol checklist format?**  |
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|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| 100% | 6.3% (3) |
| 75% - 99% | 16.7% (8) |
| 50% - 74% | 10.4% (5) |
| 10% - 50% | 31.3% (15) |
| None | 12.5% (6) |
| **Total Respondents: 48** |

 |
| **19. Do you require that non-analytic (classes 30-37) cases be reported to your CCR?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 85.4% (41) |

 |
| **20a. Do you receive data from the Department of Defense’s Automated Central Tumor Registry (ACTUR) dataset? (If “No,” skip 20b - 20d)**  |
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| --- |
| **National (Yes)Percentage (Count)** |
| 43.8% (21) |

 |
| **20b. If yes, how often? Please check only one.**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Every quarter | 4.8% (1) |
| Every 6 months | 28.6% (6) |
| Once/year | 52.4% (11) |
| Other | 14.3% (3) |

 |
| **20c. If yes, have these data proven to be helpful in finding new incident cases?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 85.7% (18) |

 |
| **20d. If not, why not? (Please check all that apply)**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Data are incomplete | 33.3% (1) |
| Data are not in the proper format for us to consolidate with existing records |  |
| We don’t have time to deal with it |  |
| Other | 66.7% (2) |

 |
| **21. To how many VA facilities do you currently send central registry staff for data collection/abstracting?**  |
|

|  |
| --- |
| **National (Range)** |
| (0 - 2) |

 |
| **22. At how many VA facilities are data collected by a combination of VA facility staff and central registry staff?**  |
|

|  |
| --- |
| **National (Range)** |
| (0 - 2) |

 |
| **23. How many VA facilities currently report to your CCR indirectly from the VA central cancer registry in Washington, DC?**  |
|

|  |
| --- |
| **National (Range)** |
| (0 - 100) |

 |
| **25. Based on historical data, how many cases per diagnosis year do you estimate are missed (i.e., not ever received) by your CCR because of non-reporting by VA facilities?**  |
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| --- |
| **National (Range)** |
| (0 - 1500) |

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| **Data Exchange**  |
| **26. Does your CCR use and require the standardized, NPCR-recommended data exchange record layout for the electronic exchange of cancer data for (Program Standards III.a.):**  |
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|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| a. Abstract reports (The NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards and Data Dictionary )?  | 100.0% (48) |
| b. Pathology reports (NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting )? | 58.3% (28) |
| **Total Respondents: 48** |

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| **27. Does your exchanged data meet the following minimum criteria? (Program Standards V.d.):**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| a. Within 12 months of the close of the diagnosis year, your CCR exchanges data with other central cancer registries where a data-exchange agreement is in place (the data file includes all cases not previously exchanged ): | 91.7% (44) |
| b. Regardless of residency, your CCR collects data on all patients diagnosed and/or receiving first course of treatment in the registry’s state/territory : | 97.9% (47) |
| c. The recommended frequency of data exchange is at least two times per year. Your CCR exchanges data at the following frequency : | 33.3% (16) |
| d. Exchange agreements are in place with all bordering central cancer registries : | 81.3% (39) |
| e. Exchanged data includes a dataset that consists of NPCR core data items: | 97.9% (47) |
| f. 99% of exchanged data passes an NPCR-prescribed set of standard edits: | 95.8% (46) |
| g. Exchanged data are transmitted via a secure encrypted Internet-based system :  | 87.5% (42) |
| h. The standardized, NPCR-recommended data exchange format is used to transmit data reports (The NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards and Data Dictionary ): | 97.9% (47) |
| **Total Respondents: 48** |

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|  |  |
| **Data Content And Format**  |
| **28. Does your CCR collect or derive all required data items using standard codes as prescribed by NPCR ?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 100.0% (48) |

 |
| **29. Is your CCR able to receive secure, encrypted cancer abstract data from reporting sources via the Internet ?**  |
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|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Yes | 89.6% (43) |
| Currently being developed and/or implemented | 8.3% (4) |
| No, not able to receive | 2.1% (1) |
| No, able to receive, but not receiving |  |
| **Total Respondents: 48** |

 |
| **30a. What is the primary software system used to process and manage cancer data in your CCR? Please check only one :**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Commercial Vendor | 43.8% (21) |
| In-House Software | 20.8% (10) |
| Registry Plus | 35.4% (17) |
| **Total Respondents: 48** |

 |
| **30b. If your CCR uses Registry Plus which of the following programs do you use (check all that apply):**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Abstract Plus  | 27.1% (13) |
| Prep Plus | 35.4% (17) |
| CRS Plus | 35.4% (17) |
| Link Plus | 33.3% (16) |
| Web Plus | 29.2% (14) |
| eMaRC Plus | 18.8% (9) |
| **Total Respondents: 48** |

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| **Data Quality Assurance**  |
| **31. Does your CCR’s quality assurance program consist of, but is not limited to: (Program Standard VI.a .)**  |
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|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| A designated CTR is responsible for the quality assurance program | 97.9% (47) |
| Qualified, experienced CTRs conduct quality assurance activities | 93.8% (45) |
| At least once every 5 years, case-finding and/or re-abstracting audits from a sampling of source documents are conducted for each hospital-based reporting facility, and may include external audits (NPCR/SEER) | 87.5% (42) |
| Data consolidation procedures are performed according to an accepted protocol | 100.0% (48) |
| Procedures are performed for follow-back to reporting facilities on quality issues | 93.8% (45) |
| **Total Respondents: 48** |

 |
| **32. Does your CCR have a designated education/training coordinator, who is a CTR, to provide training to CCR staff and reporting sources to assure high quality data? (Program Standard VI.b.)**  |
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| --- |
| **National (Yes)Percentage (Count)** |
| 95.8% (46) |

 |
| **33. In the past year, which of the following type of quality control audits or activities did your CCR conduct?**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Casefinding | 85.4% (41) |
| Re-abstracting | 60.4% (29) |
| Re-coding | 77.1% (37) |
| Visual editing | 95.8% (46) |
| **Total Respondents: 48** |

 |
| **34a,b. Does your CCR match all causes of death against your registry data to identify a reportable cancer?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 97.9% (47) |

 |
| **34c. Did your CCR match by tumor (site/histology) and not just by patient identifying information?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 81.3% (39) |

 |
| **35a. Does your CCR update the CCR database following death certificate matching:**  |
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| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Death information | 100.0% (48) |
| Missing demographic information | 87.5% (42) |
| **Total Respondents: 48** |

 |
| **35b. If “Yes”, what percentage(s) is updated manually or electronically?: (Provide best estimate; may be some overlap between automation and manual review)**  |
|

|  |  |  |
| --- | --- | --- |
|  | **Manually** | **Electronically** |
|  | **NationalPercentage (Range)** | **NationalPercentage (Range)** |
| Death information | 0.0 (0 - 100) | 0.0 (0 - 100) |
| Missing demographic information | 0.0 (0 - 100) | 0.0 (0 - 100) |
| **Total Respondents: 48** |

 |
| **36. Does your CCR perform record consolidation on the following :**  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Electronic** | **Manual** | **Both** |
|  | **National (Yes)Percentage (Count)** | **National (Yes)Percentage (Count)** | **National (Yes)Percentage (Count)** |
| Patient data group  | 12.5% (6) | 4.2% (2) | 83.3% (40) |
| Treatment data group | 14.6% (7) | 20.8% (10) | 62.5% (30) |
| Follow-up data group | 14.6% (7) | 6.3% (3) | 64.6% (31) |
| **Total Respondents: 48** |

 |
| **37a. Does your CCR provide a registry-specific edit set to your reporting facilities and/or vendors for use prior to data submissions to your CCR?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 66.7% (32) |

 |
| **37b. Are facilities required to run registry-specific edits prior to their data submission to your CCR?**  |
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| --- |
| **National (Yes)Percentage (Count)** |
| 56.3% (27) |

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|  |  |
| **Data Use**  |
| **38. Within 12 months of the end of the diagnosis year with data that are 90% complete, did your CCR produce pre-calculated data in tables in an electronic data file or report of incidence rates, counts, or proportions for the diagnosis year for Surveillance Epidemiology and End Results (SEER) site groups as a preliminary monitor of the top cancer sites within your state/territory? (Program Standard VII.a .)**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 60.4% (29) |

 |
| **39a. Within 24 months of the end of the diagnosis year with data that are 95% complete, did your CCR produce pre-calculated data in tables in an electronic data file or report? (The report should include, at a minimum, age-adjusted incidence rates and age-adjusted mortality rates for the diagnosis year by sex for SEER site groups, and, where applicable, by sex, race, and ethnicity). (Program Standard VII.b .)**  |
|

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| --- |
| **National (Yes)Percentage (Count)** |
| 89.6% (43) |

 |
| **39b. What is the most current diagnosis year a data file or report is available ?**  |
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|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Before 1990 |  |
| 1990 |  |
| 1991 |  |
| 1992 |  |
| 1993 |  |
| 1994 |  |
| 1995 |  |
| 1996 |  |
| 1997 |  |
| 1998 |  |
| 1999 |  |
| 2000 |  |
| 2001 |  |
| 2002 |  |
| 2003 |  |
| 2004 | 2.1% (1) |
| 2005 |  |
| 2006 | 2.1% (1) |
| 2007 | 20.8% (10) |
| 2008 | 47.9% (23) |
| 2009 | 14.6% (7) |
| 2010 | 2.1% (1) |
| **Total Respondents: 48** |

 |
| **39c. In what format is this report available?**  |
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|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Hard copy | 29.2% (14) |
| Electronic word-processed file | 58.3% (28) |
| Web page/query system | 52.1% (25) |
| **Total Respondents: 48** |

 |
| **40a. Has the CCR, state health department, or its designee used registry data for planning and evaluation of cancer control objectives in at least three of the following ways in the past year: Comprehensive cancer control detailed incidence/mortality estimates, linkage with a statewide cancer screening program to improve follow-up of screened patients, health event investigation(s), needs assessment/program planning, program evaluation, or epidemiologic studies? (Program Standard VII.c .)**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 100.0% (48) |

 |
| **40b. If “yes,” indicate the number of times data was used for each category in the table below:**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Comprehensive cancer control | 7.0% (0 - 50) |
| Detailed incidence/mortality estimates | 86.1% (0 - 3388) |
| Linkage with a statewide cancer screening program | 2.1% (0 - 10) |
| Health event investigation(s) | 40.6% (0 - 1300) |
| Needs assessment/program planning | 8.2% (0 - 87) |
| Program evaluation | 4.0% (0 - 50) |
| Epidemiologic studies | 9.7% (0 - 89) |
| Other | 465.7% (0 - 12070) |
| **Total Respondents: 48** |

 |
| **41a. Have any of the above uses of data been included in a journal publication?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 66.7% (32) |

 |
| **42. During the past year, for which areas of registry data utilization did your CCR acknowledge CDC-NPCR funding, as required in the Notice of Cooperative Agreement Award?**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Publications (e.g.; journal articles, annual report, other reports) | 85.4% (41) |
| Web site | 79.2% (38) |
| Presentations, posters | 79.2% (38) |
| Release of data | 58.3% (28) |
| Education meeting, training program, conference | 85.4% (41) |
| Press releases, statements | 22.9% (11) |
| Requests for proposals, bid solicitations | 18.8% (9) |
| None |  |
| **Total Respondents: 48** |

 |
| **43. Does your CCR use United States Cancer Statistics (USCS) data when performing comparative analyses?**  |
|

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| --- |
| **National (Yes)Percentage (Count)** |
| 75.0% (36) |

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|  |  |
| **Collaborative Relationships**  |
| **44. Does your CCR actively collaborate with your state/territory’s comprehensive cancer prevention and control (CCC) planning efforts, including establishing a working relationship to ensure the use of registry data to assess and implement cancer control activities? (Program Standards IX.a.,b .)**  |
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| **National (Yes)Percentage (Count)** |
| 100.0% (48) |

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| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Member of our state/territory’s comprehensive cancer control (CCC) planning group (coalition, committee, or workgroup) | 97.9% (47) |
| Provide data for CCC planning | 97.9% (47) |
| Provide data for CCC Activities | 100.0% (48) |
| Provide technical assistance and collaborate on data analyses for … | 87.5% (42) |
| Regular meetings with CCC departmental staff | 89.6% (43) |
| Provide subject matter expertise to CCC | 95.8% (46) |
| Data linkages | 58.3% (28) |
| Other | 18.8% (9) |
| None |  |
| **Total Respondents: 48** |

 |
| **45. Has your CCR established and regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry? (Representation should include key organizations and individuals both within and outside the program. Advisory committees may be structured to meet the needs of the state/territory such as the CCC Program committee structure, an advocacy group, or a focus group). (Program Standard IX.c .)**  |
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| **National (Yes)Percentage (Count)** |
| 83.3% (40) |

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| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Representatives from all cancer prevention and control components | 58.3% (28) |
| Vital Statistics | 20.8% (10) |
| Hospital cancer registrars | 64.6% (31) |
| American Cancer Society | 62.5% (30) |
| Clinical-laboratory personnel | 18.8% (9) |
| Pathologists | 31.3% (15) |
| Clinicians | 56.3% (27) |
| Researchers | 60.4% (29) |
| Oncologists | 50.0% (24) |
| American College of Surgeons | 18.8% (9) |
| **Total Respondents: 48** |

 |
| **46. If you have an Advisory Committee, how often does this group convene, including in-person and teleconferences? Please check only one :**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Quarterly | 33.3% (16) |
| Annually | 6.3% (3) |
| Biannually | 20.8% (10) |
| Other | 22.9% (11) |
| **Total Respondents: 48** |

 |
| **47. In what ways does your CCR collaborate with the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the National Comprehensive Cancer Control Program (NCCCP )?**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Regular meetings with NBCCEDP departmental staff | 52.1% (25) |
| Provides assistance in staging NBCCEDP cases | 68.8% (33) |
| Provides training/technical assistance to NBCCEDP staff | 58.3% (28) |
| Provides data to NBCCEDP | 91.7% (44) |
| Provides technical material for publications to NBCCEDP | 47.9% (23) |
| Provides subject matter expertise to NBCCEDP | 81.3% (39) |
| Data linkages (NBCCEDP database, Minimum Data Elements (MDE) Study | 87.5% (42) |
| Other | 8.3% (4) |
| None of the above |  |
| **Total Respondents: 48** |

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|  |  |
| **Advanced Activities**  |
| **48. Please complete the table below regarding CCR receipt of electronic records from the reporting sources listed. For each facility type, either check “Yes” and enter the format, as text, in which the electronic records are received, or check “No”. No line is to be left blank**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Hospital Radiation Therapy Dept. | 33.3% (16) |
| Physician Offices | 50.0% (24) |
| State-wide Disease Index | 35.4% (17) |
| Freestanding Radiation Centers | 56.3% (27) |
| Hospital Disease Indices | 43.8% (21) |
| Nuclear Medicine Facilities | 6.3% (3) |
| Other | 22.9% (11) |
| **Total Respondents: 48** |

 |
| **49. If your CCR receives electronic pathology reports, in which format are these received?**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| NAACCR, HL7 Format (Volume V) | 64.6% (31) |
| NAACCR, Pipe Delimited Format (Volume V) | 29.2% (14) |
| NAACCR, Pipe Delimited Format (NAACCR Volume II, Version 10, Chapter VI) | 16.7% (8) |
| Other | 35.4% (17) |
| Not applicable | 16.7% (8) |
| **Total Respondents: 48** |

 |
| **50. What method is used to identify reportable conditions from pathology lab reports :**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Manual Review | 41.7% (20) |
| Search routine based on NAACCR search term list | 18.8% (9) |
| Other | 39.6% (19) |
| **Total Respondents: 48** |

 |
| **51. For which of the following cancer surveillance needs has your CCR been in contact with your Health Department's PHIN / NEDSS staff?**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Pathology laboratory reporting | 77.1% (37) |
| Physician disease reporting | 8.3% (4) |
| Other healthcare data reporting | 8.3% (4) |
| None of the above | 22.9% (11) |
| **Total Respondents: 48** |

 |
| **52. Has your CCR planned or developed a cancer data collection system that will be integrated into a Public Health Information Network (PHIN) compatible health surveillance system ?**  |
|

|  |
| --- |
| **National (Yes)Percentage (Count)** |
| 58.3% (28) |

 |
| **53. Does your CCR conduct at least one of the following advanced activities:**  |
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|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Survival analysis | 41.7% (20) |
| Quality of care studies | 39.6% (19) |
| Clinical Studies | 16.7% (8) |
| Publication of research studies using registry data | 68.8% (33) |
| Geo-coding to latitude and longitude to enable mapping | 85.4% (41) |
| Other healthcare data reporting | 29.2% (14) |
| Other innovative uses of registry data | 31.3% (15) |
| None of the above | 6.3% (3) |
| **Total Respondents: 48** |

 |
| **54. How often does your CCR link to the National Death Index (NDI)?**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Every year | 33.3% (16) |
| Every other year | 8.3% (4) |
| Every 3 - 5 years | 4.2% (2) |
| Other | 16.7% (8) |
| Never | 37.5% (18) |
| **Total Respondents: 48** |

 |
| **55. For which of the following has the NDI linkage proven to be useful?**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Casefinding | 12.5% (6) |
| Survivorship | 47.9% (23) |
| Data quality | 41.7% (20) |
| Research | 22.9% (11) |
| Other | 6.3% (3) |
| Not Applicable | 41.7% (20) |
| **Total Respondents: 48** |

 |
| **56. Does your CCR update your database following NDI linkage ?**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| Yes | 85.7% (24) |
| No | 7.1% (2) |
| Not Applicable | 10.7% (3) |

 |
| **57. With which databases has your CCR linked its records in the past year (2006) for follow-up or some other purpose?**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Percentage (Count)** |
| State Vital Statistics | 97.9% (47) |
| National Death Index | 43.8% (21) |
| Department of Motor Vehicles | 22.9% (11) |
| Department of Voter Registration | 8.3% (4) |
| Indian Health Service | 68.8% (33) |
| Medicare (Health Care Financing Administration) | 12.5% (6) |
| Medicaid | 16.7% (8) |
| Managed Care Organizations | 8.3% (4) |
| Breast and Cervical Cancer | 87.5% (42) |
| Blue Cross/Blue Shield |  |
| Hospital Discharge | 37.5% (18) |
| Other | 33.3% (16) |
| None | 2.1% (1) |
| **Total Respondents: 48** |

 |
| **58. In a given calendar year, what percentage of your total pathology reports (both electronic and paper) received was sent by the following independent laboratories? (Estimates acceptable if exact % not available)**  |
|

|  |  |
| --- | --- |
|  | **National (Yes)Median (Range)** |
| Laboratory Corporation of America (LabCorp) | 3.0 (0.0 - 50.0) |
| Quest Diagnostics | 2.0 (0.0 - 50.0) |
| Bostwick Laboratories | 3.0 (0.0 - 65.0) |
| Mayo Laboratories | 0.0 (0.0 - 3.9) |
| US Labs | 0.0 (0.0 - 10.0) |
| Dianon | 0.1 (0.0 - 67.0) |
| Local | 6.8 (0.0 - 100.0) |
| **Total Respondents: 48** |

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|  |  |