### NPCR Program Evaluation Instrument (NPCR PEI)

### Summary of Proposed Changes for 2017-2019

### (numbers correspond to the question number in the survey instrument)

Staff in the Cancer Surveillance Branch (CSB) of DCPC worked collaboratively to review results from the 2015 PEI. Updates to the PEI were made based on these results, release of the new FOA (DP17-107) and changes to the Program Standards. In addition, determination was made from the Applications, Statistics, and Informatics Support Team that questions pertaining to Physician Reporting and Meaningful Use will be removed from the PEI and added to a separate questionnaire that will require separate OMB clearance. It is expected that some questions below will be deleted or revised. New questions have also been proposed based on the need for information from awardees to CSB and FOA DP17-1707 requirements.

#### **Purpose Statement**

The NPCR Program Evaluation Instrument (PEI) is a web-based survey instrument designed to evaluate NPCR-funded registries' operational attributes and their progress towards meeting program standards. The PEI also provides information about advanced activities and "Survey Feedback" assists CDC in improving the survey instrument.

Based on CDC's Updated Guidelines for Evaluating Public Health Surveillance Systems, the PEI monitors the integration of surveillance, registry operations and health information systems, the utilization of established data standards, and the electronic exchange of health data. Data provided by this report can be used for public health action, program planning and evaluation, and research hypothesis formulation.

Specific knowledge about operational activities in which NPCR registries are engaged is used to provide valuable insight to CDC regarding programmatic efficiencies/deficiencies that have contributed to the success/challenges of the NPCR. The results of this instrument inform CDC and NPCR Program Consultants where technical assistance is most needed in order to continue to improve and enhance the NPCR.

Many of the questions in the 20XX PEI provide baseline data that can be used to measure compliance with the NPCR Program Standards. These questions, and the standard they reference, are noted throughout the instrument (e.g., "Program Standard I. a.") Using all available information as of December 31, 20XX, the appropriate Central Cancer Registry (CCR) staff should complete the PEI.

### **Survey Changes:**

Staffing Section -

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.** 

	Total Count FTEs		
Position (FTE or percentage of FTE)	Non- Contractor	Contractor	
Principal Investigator			
Program Director			
Removed Row: Registry Manager			
Program Manager			
Budget Analyst			
CTR Quality Control Staff			
Non-CTR Quality Control Staff			
CTR Education/Training Staff			
Epidemiologists			
Statisticians			
Computer/IT/GIS Specialists			
Other staff, specify:			
Total Number of Staff			
Total Number CTRs (of total number of staff)			

Legislative Authority Section – All except one question under this section was deleted because 100% of the awardees meet this standard.

- 3. Delete
- 4a. **Delete**
- 4b. Delete
- 4c. **Delete**
- 4e. Consolidated with question 4d to make one question (#3) in this section
- 5a. **Delete**
- 5b. Delete

- 6. **Delete**
- 7. **Delete**
- 8a. **Delete**
- 8b. **Delete**

Administrative Data Section - no changes

Reporting Completeness Section -

12a. Revised question in table and reworded disclaimer for clarity

	Number Required to Report (Denominator)	Number Compliant with Reporting* at the end of 20XX	Number Reporting Electronically **
HOSPITALS			
Hospitals with a cancer registry (non-federal)			
Hospitals without a cancer registry (non-federal)			
Added a row to capture CoC hospitals			
VA hospitals #			
IHS hospitals #			
Tribally Hospitals (Tribal hospitals)			
PATHOLOGY LABORATORIES			
In-state independent labs#			
Out-of-state independent labs			
Other			
TOTAL			

\* ALL facilities that report -- not only those reporting in a timely manner. Those facilities that report - not only those reporting in a timely manner

12b. Delete Physician Reporting table. This table will be included in a separate survey.

14c. Removed to reference to question 14a - If Yes" for 14a, have these data proven to be helpful in finding new incident cases?

### 17. **Delete**

15a. New Question: Industrial or Occupational History Data -

From what sources are you able to ROUTINELY collect information on industrial or occupational history (without seeking additional data sources for only these variables) (check all that apply)?

- Administrative records (e.g., billing or claims databases, or patient forms that are not part of the medical record)
- Medical records
- Death certificate linkages
- Other\_
  - Do not collect information on industrial or occupational history

15b.New Question: Do you conduct any ADDITIONAL activities (e.g. linkages with external databases) to collect or improve upon industrial or occupational history information?

□ No

Yes, please describe\_\_\_\_\_

Data Exchange Section -

19d. Revised Answer Choices: Exchange agreements are in place with all bordering central cancer registries:

- O Yes, with all bordering CCRs plus other non-adjacent CCRs
- O Yes, with all bordering CCRs but no others
- O Yes, with some bordering CCRs
- O No, no exchange agreements in place with neighboring states, but some are in place with non-neighboring states
- O No, no exchange agreements in place

List all existing CCR agreements here:

19f. Reworded for clarity: Are NPCR core data items are included in the dataset submitted to other states?

- O Yes
- O No

19g. Reworded for clarity: Do 99% of data submitted to other states passes an NPCR-prescribed set of standard edits?

- O Yes
- O No

19h. Reworded for clarity: Are Exchanged data are transmitted via a secure encrypted Internet-based system?

O Yes

O No

19i. **Reworded for clarity**: Is the standardized, NPCR-recommended data exchange format is used to transmit data reports (The current NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards and Data Dictionary)?

O Yes

O No

### Data Content and Format Section -

21. **Delete** 

21. Renumbered Question and Added another answer choice: Which of the following Registry Plus programs do you use? Check all that apply.

- □ Abstract Plus
- Prep Plus
- □ CRS Plus
- □ Link Plus
- Web Plus
- □ eMaRC Plus
- **CDA Validation Plus**
- $\Box$  All of the above
- $\Box$  None of the above

### Data Quality Assurance Section -

26. **Removed Yes/No for each answer choice to reflect a simpler selection method and added additional answer options -** In the past year, which of the following type of quality control audits or activities did your CCR conduct? **Check all that apply.** 

- O Case finding
- O Re-abstracting
- O Re-coding
- O Visual editing
- O Data Item Consolidation
- O Other: (Specify)\_\_\_

27a. **Reworded for clarity**: Although required to match on all underlying causes of death, does your CCR match all causes of death against your registry data to identify a reportable cancer?

Yes

No  $\square$ 

29e. New Question: How often does your CCR provide feedback to reporting facilities on the quality, completeness, and timeliness of their data? Quarterly 

- Every six months
- Annually
- Other, describe:  $\square$

Data Use Section -

34a. **Delete** 

33. Reworded an answer choice: Indicate the number of times the CCR, state health department, or its designee used registry data for planning and evaluation of cancer control objectives for each category in the table below:

Data Use Category	Number per Year
Comprehensive cancer control detailed incidence/mortality estimates	
Detailed incidence/mortality by stage and geographic area	
Collaboration, as defined in DP17-1701, with cancer screening programs for breast, colorectal, and cervical cancer	
Health event investigation(s)	
Needs assessment/program planning (e. g. Community Cancer Profiles)	
Program evaluation	
Epidemiologic studies	
Other, describe:	

Collaborative Relationships Section -

- 38a. **Delete**
- 38b. Delete
- 40. Added another answer option and removed example behind "Data linkages" for clarity- In what ways does your CCR collaborate with your state's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and National Comprehensive Cancer

Control Program (NCCCP)? Check all that apply:

- □ Provides assistance in staging NBCCEDP cases
- □ Regular meetings with NBCCEDP departmental staff
- □ Provides training/technical assistance to NBCCEDP staff
- □ Provides data to NBCCEDP
- □ Provides technical material for publications to NBCCED P
- □ Provides subject matter expertise to NBCCEDP
- Data linkages (NBCCEDP database, Minimum Data Elements (MDE) Study
- □ Partner on collaborative projects
- $\Box$  All of the above
- $\Box$  Other, specify:
- □ None of the above, Explain:

41. Added other answer options - With which chronic disease programs does your CCR collaborate?

- □ Tobacco Control
- $\Box$  Oral Health
- □ Diabetes
- □ Heart Disease and Stroke Prevention
- □ Asthma
- □ Physical Activity and Nutrition/Obesity
- □ Radiation Control
- □ Environmental Health
- □ Infectious disease (HIV AIDS, HPV, hepatitis)
- □ Immunization
- $\Box$  All of the above
- □ Other: \_\_\_\_\_

Advanced Activities Section -

- 43. **Delete**
- 49. Delete
- 47. New Question Based on the most recent year of data received, please list the top 5 independent laboratories that do NOT report according to the NAACCR Volume V standard by volume of % total reports received:

1.	 :%
2.	 :%
3.	 :%

4.	:	%
5.	:	%.

<u>Survey Feedback Section</u> – no changes

Optional Section -



## 2017 - NPCR Program Evaluation Instrument

Form Approved

### OMB NO. 0920-0706

Exp. Date: 05/31/2018

Login
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User Name:		
Password:		
	Login	

### Forget your user ID or password?

Please call the NPCR-CSS Helpline (301) 572-0502 between 8AM and 4:30PM ET Monday through Friday except holidays. Passwords cannot be sent via email

#### **Survey Question?**

Please contact your CDC Program Consultant or

Netta Apedoe

### **Other Question**

Please email support@npcrcss.org



### **Program Evaluation Instrument**

Form Approved OMB No. 0920-0706 Exp. Date 05/31/2018

#### **Purpose Statement**

#### change my password

**VICF** 

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Many of the questions in the 2017 PEI provide baseline data that can be used to measure compliance with the NPCR Program Standard. Using all available information as of **December 31, 2016**, the appropriate Central Cancer Registry (CCR) staff should complete the PEI.

#### Deadline for completion: July 24, 2017

Enter The Survey

### Burden Statement

Public reporting burden of this collection of information varies from 1.5 to 2.5 hours with an estimated average of 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-741, Atlanta, Georgia 30333; ATTN: PRA (0920-0706).

### Note: Please update to reflect Registry Status as of December 31, 2016.

This site was developed through a contract with the Centers for Disease Control and Prevention (CDC).





Survey	Questionnair	e Glossary	
Survey	Survey Progre	ess:	Export & Print
Admir	nistrative Data	Administrative	Data
	Staffing	State/Territory	SA
Legisla	ative Authority	NPCR	
	Administration	reference year	1995 🗸
Reporting	Completeness	Registry	
D	ata Exchange	reference year	1981 🗸
Data Conte	nt And Format	Registry	
Data Quality Assurance		Program Director	
	Data Use	Cooperative Agreement #	17-1701-
Collaboration		Most Current	\$
Advanced Activities		Grant Award Amount	Ψ
Sur	vey Feedback	CDC Program	Paran Pordell 🗸
	Optional	Consultant Your name	
	Validation		
	Review	Title	
Sav	ve and Logout	Phone number	
		Status	In Progress
		Date Completed	12/23/2016
		Cancel Sa	ve Save & Continue



Survey	Questionnaire	Glossary		
Survey	Survey Progress:			Export & Print
Admi	nistrative Data	Staffing 1 of 2		
	Staffing			
Legisl	ative Authority	The following questions use known as an "FTE". In each		
	Administration	number of FTEs (FTE count) the appropriate FTE using th	. To do this, please conv	vert each position to
Reporting	Completeness	to the nearest quarter of an I FTE, whereas 35 hrs/week v	TE (e.g., 34 hrs/week w	ould convert to 0.75
D	ata Exchange	0.25 FTE = 10 hrs/week		,
Data Conte	ent And Format	0.50 FTE = 20 hrs/week 0.75 FTE = 30 hrs/week		
Data Qua	lity Assurance	1.00 FTE = 40 hrs/week		
	Data Use	Then add each converted po		
	Collaboration	1. On December 31, 2016, how many total FTE central cancer registry (CCR) staff positions were funded? You may include positions outside the registry ONLY IF the registry pays a portion of the salary. Remember		
Adva	nced Activities	to use the calculation metho	d above when computing	a partial FTEs.
Sur	vey Feedback		Page 1 Staffing Total Cou	unt ETEs
	Optional	Funding Category	Filled	Vacant
	Validation	Number of NPCR-funded (non-contracted) FTE		
	Review	positions		
Sa	ve and Logout	Number of NPCR-funded, Contracted FTE positions		
	-	•		
		Number of State-funded (non-contracted) FTE positions		
		Number of State-funded, Contracted FTE positions		
		Number of non-contracted FTE positions funded by other sources		

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Survey: Staffing PEI

Number of Contracted FTE positions funded by other sources		
Totals		
Save & Previous Cancel	Save Save & Co	ntinue

### Survey: Staffing PEI



	Survey	Que	estionnaire	Glossary		
Survey	1 5	Survey	Progress:			Export & Print
Ad	ministrative	Data	Staffing 2	2 of 2		
	Sta	affing				
Leg	islative Auth	nority	well as	se Indicate number of FTEs in the p time contributed by non-registry sta	Iff (e.g. chronic disease epidemiol	ogist), regardless of funding, in
	Administr	ation		al FTE count. Use the FTE calculation tails the second transmission of the second region of t		
Reportir	ng Complete	ness			Page 2 Staffing	
	Data Exch		Positi	on (FTE or percentage of FTE)	Non-Contractor	unt FTEs Contractor
	ntent And Fo			Principal Investigator		
Data Q	uality Assur					
		a Use		Program Director		
	Collabor			Program Manager		
	Survey Feed			Budget Analyst		
		tional				
	Valid			CTR Quality Control Staff		
	Re	eview	No	n-CTR Quality Control Staff		
	Save and Lo	ogout	СТ	R Education /Training Staff		
				Epidemiologists		
				Statisticians		
			Co	mputer / IT / GIS Specialists		
			Other	staff, specify		
				Total Number of Staff		
			Total N	umber CTRs (of total number of staff)		
			Staffing above.)	Section Comments (You may add	comments regarding your respon	ses in the "Staffing" section

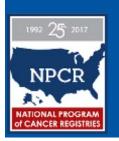
## Survey: Staffing PEI

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## Survey: Legislation PEI



	Survey	Que	estionnaire	Glo	ssary											×	
Surve	y s	Survey	Progress:												Expor	t & Pri	nt
Ad	Iministrative	Data	Legisla	ition													
	Sta	affing			· · ·												
Leg	gislative Auth	nority		-	//regula	tions d	een revise		iress can	icer rep	orting in tr	ne pas	t two yea	ars ?			
	Administra	ation		)													
Reporti	ng Complete	ness		describe	L												
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	Collabora	ation	Save	& Previo		ancel	Save	Save	& Contin	nue							
Ad	Ivanced Activ	vities															
	Survey Feed	back															
	Opt	ional															
	Valida	ation															
	Re	view															
	Save and Lo	gout															



Survey	Questionnair	е	Glossary				V
Survey	Survey Progr	ess:				Export & Print	
Admii	nistrative Data	Α	dministration	1 of 2			
	Staffing	_					
	ative Authority		operations, p	CCR maintain an operational manua olicies and procedures that, at a mini neck all that apply.			
				Page 4 Administration			
Reporting	Completeness		Rep	orting laws/regulations	O Yes (	⊃ No	
D	ata Exchange		List	of reportable diagnoses	O Yes (	⊃ No	
Data Conte	nt And Format		List	t of required data items	○ Yes ○ No		
Data Qua	lity Assurance		Data proces	sing operational procedure for (Chec	k all that	apply):	
	Data Use		a. Monite	oring timeliness of reporting	⊖Yes ⊂	No	
	Collaboration			b. Receipt of data	⊖Yes ⊂	No	
	nced Activities vey Feedback			ase management including a of the registry operating system (software)	OYes	No	
	Optional		d. Conduct	ting death certificate clearance	⊖Yes ⊂	No	
	Validation		Procedure for implementing and maintaining a quality assurance/or program including (check all that apply, e-h):				
	Review			cting follow-back to reporting on quality assurance issues	⊖Yes(	⊃No	
Sa	Save and Logout		f. Cond	ucting record consolidation	⊖Yes(	No	
				ng detailed documentation of all ty assurance operations	⊖Yes(	⊃ No	
			<b>h</b> .	Education and Training	⊖Yes(	No	
			including a	for conducting data exchange list of states with which case- g agreements are in place	⊖Yes (	⊃ <b>No</b>	
			Procedures	s for conducting data linkages	⊖Yes(	No	
				for ensuring confidentiality and ity including disaster planning	⊖Yes(	⊃ No	

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## Survey: Administration PEI

Procedures for data release including access to and disclosure of information	⊖Yes⊖No
Procedures for maintaining and updating the operational manual	⊖Yes ⊖No
Save & Previous Cancel Save Save &	Continue

### Survey: Administration PEI



	Survey	Que	estionnaire	Glossary						1
Surve	y s	Survey	Progress:						Expor	t & Print
Ac	dministrative	Data	Administ	ration 2 of 2						
	Sta	ffing								
Le	gislative Auth	ority			ce reports that a Check all that	re used to monitor th apply.	e registry operat	tions and databas	e, includ	ling
	Administra	ation			(central registry)					
Reporti	ng Completer	ness			for each facility					
	Data Excha	ange			oort for each fac	lity				
Data Co	ontent And Fo	ormat	All of t	vorkflow report he above						
Data C	Quality Assura	ance	Other,	specify:						
	Data	Use	None	of the above						
	Collabora	ation	6. Does y	your CCR have	an abstracting a	and coding manual th	at is provided fo	r use by all report	ing sour	ces?
Ac	dvanced Activ	vities	ONo							
	Survey Feedl	back	Administ section at		Comments (Yo	u may add comment	s regarding your	responses in the	"Admini	stration"
	Opti	ional								~
	Valida	ation								~
	Re	view								
	Save and Lo	gout	Save &	Previous Ca	incel Save	Save & Continue	]			



Survey	Questionnaire	Glossary				
Survey	Survey Progress	:				Export & Print
Admir	nistrative Data	Reporting Con	npleteness 1 o	f 3		
	Staffing					
Legisla	ative Authority	7. Hospital a	nd Pathology	Laboratory Rep	orting:	
/	Administration			pe, that are requively with reporting at		
Reporting (	Completeness	the number re	eporting electro	nically. (e.g. in a ual data entry).		
D	ata Exchange	• "Hospi	tal cancer regis	stry" is defined as		
Data Conte	nt And Format	continu	ue to do so reg	ts data to be used ardless of the cer	ntral cancer re	
Data Qua	lity Assurance	<ul> <li>For the</li> </ul>	ose types of Ho	ct and report cano spitals and Patho	ology Labs wl	
	Data Use	(0) in "	Number Requi	te/territory (e.g., I red to Report" and	d record zero	o (0) in
	Collaboration			vith Reporting". In Illy" should also b		
Advar	nced Activities		Page 6	Reporting Compl	eteness	
Sur	vey Feedback		l age o		Number	
	Optional			Number Required to Report	Compliant with	Number Reporting
	Validation			(Denominator )	Reporting* at the end of 2016	Electronically**
	Review	HOSPITALS			01 2010	
Sav	ve and Logout	Hospitals wi registry (no				
		Hospitals with registry (no				
		CoC Hos	spitals#			
		VA Hos	pitals#			

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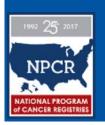
IHS Hospitals	;#			
Tribally Hospita	als#			
PATHOLOGY LABO	RATORI	ES		
In-state independe	nt labs			
Out-of-state indepo labs	endent			
Other				
TOTAL				
*ALL facilities that rep **Electronic Reportin documents by hospita standardized, coded f Central Cancer Regis # Although these grou law, please indicate th cancer for residents o	ng is the ormat that try (CCR) ups are no ne numbe	collection a cian offices at does not ) level to cru ot "required er of known	nd transfer of data clinics or laborato require manual dat eate an abstracted " to report in accor	from source ries in a a entry at the record. dance with state
Save & Previous	Cancel	Save	Save & Continue	•



	Survey	Question	naire	Glossary							
:	Survey	Survey Prog	ress:						Export & Print		
	Administr	ative Data	Rep	orting Comple	tene	ss 2 of 3					
		Staffing	•	0							
	Legislative	e Authority	8. [ CC		hat r	non-analytic (classes 3	0-38) cas	ses be reporte	d to your		
	Adm	ninistration	0	Yes							
R	eporting Corr	npleteness		No							
,	Data	Exchange				from the Department or R) dataset? (If No, plea					
Da	ata Content A	nd Format		Yes No							
	Data Quality	Assurance			en? <b>(</b>	Check only one.					
		Data Use		Quarterly		,,					
	Со	llaboration		Every 6 month	6						
	Advanced	d Activities		Annually Other, describe	,						
	Survey	Feedback			-						
	Survey Feedback Optional			If Yes, have th	ese c	data proven to be help	ful in findi	ing new incide	ent cases?		
			Yes								
		Validation		No 12. If No, why not? Check all that apply.							
		Review		Data are incomp							
	Save a	and Logout		•		roper format for us to o	consolida	te with existin	g records.		
				We don't have time to deal with it.							
				Other, specify:							
				13a. Do you receive data directly from the <b>Veterans Administration's</b> central cancer registries in your state?							
				OYes							
			0	○ No							
				13b. How many VA facilities currently report your CCR indirectly from the VA central cancer registry in Washington, DC?							
			Nun	nber of facilitie	s:						

## Survey: Reporting Completeness PEI

	cal data, how many cases per diagnosis year do you estimate er received) by your CCR because of non-reporting by VA
Number of cases n	iissed:
Save & Previous	Cancel Save Save & Continue



	Survey	Que	estionnaire	Glossary							1
Surve	y s	Survey	Progress:							Ехрон	rt & Print
Ad	Iministrative	Data	Reporting	J Completenes	s 3 of 3						
	Sta	affing									
Leç	gislative Auth	nority	From what		ou able to F	ROUTINEL	Y collect inform		trial or occupation	al history	(without
	Administra	ation				-		eck all that app	<b>ply.</b> hat are not part of	the medi	cal
Reportir	ng Complete	ness	record)		(e.g. biiiii	y or claims			hat are not part of	line medi	Cai
	Data Excha	ange		al records certificate linka	ges						
Data Co	ntent And Fo	ormat	Other,	specify:							
Data C	uality Assura	ance	Do not	collect informa	tion on indu	ustrial or o	ccupational his	tory			
	Data	Use		you conduct any ustrial or occup				ges with externa	I databases) to co	llect or in	nprove
	Collabora	ation	OYes								
Ad	Ivanced Activ	vities	O No Please de	scribe							
	Survey Feed	back	Reporting	g Completenes			<b>s</b> (You may ad	ld comments reg	garding your respo	onses in t	:he
	Opt	ional	"Reporting	g Completeness	" section a	bove.)					
	Valida	ation									
	Re	view									
	Save and Lo	gout	Save & I	Previous Ca	ncel Sa	ave Sav	/e & Continue				

### Survey: Data Exchange PEI



	Survey	Que	estionnaire	Glossary							
Surve	y s	Survey	Progress:					)	Export & Print		
Ad	Iministrative	Data	Data Exc	hange							
	Sta	affing									
Leç	gislative Auth	nority				he following standardized, om reporting sources:	CDC-recomm	ended data format	s for the		
	Administra	ation		ital Reports (The Standards and I		ecord layout version specif	ied in Standar	ds for Cancer Reg	stries Volume		
Reportir	ng Complete	ness	OYes								
	Data Excha	ange	ONo								
Data Co	ntent And Fc	ormat	b. Patho Reportir		AACCR Stan	dards for Cancer Registrie	s Volume V: P	athology Laborato	ry Electronic		
Data C	uality Assura	ance	⊖Yes								
	Data	Use	○ No ○ Not	Applicable, not r	receivina elec	ctronic pathology reports					
	Collabora	ation	c. Ambu	latory healthcar	e providers ι	ising electronic health reco	ords (Implemer	ntation Guide for A	mbulatory		
Ad	Ivanced Activ	vities	Healthca O Yes	are Provider Re	porting to Ce	ntral Cancer Registries)					
Ś	Survey Feed	back	ONo								
	Opt	ional	◯ Not .	Applicable, not r	receiving Am	bulatory healthcare provide	er reports				
	Valida	ation			-	procedures meet the follow	_				
		view				ne diagnosis year, your CC ange agreement is in place		that year's data wi	th other central		
			OYes								
	Save and Lo	gout	ONo								
			b. Your state/ter O Yes	CCR collects da ritory <b>regardles</b>	ata on all pati <b>ss of reside</b> r	ents diagnosed and/or rece i <b>cy</b> :	eiving first cou	rse of treatment in	your registry's		
			ONo								
				ecommended fre wing frequency:		ata exchange is at least tw	o times per ye	ar. Your CCR excl	nanges data at		
			OAnnu								
				nually (two time	es per year)						
			OOthe	er, specify							
					te aro in plac	e with all bordering central	concor rogistr	ios:			
						s other non-adjacent CCRs	-	163.			
				with all borderin	•	-	5				
					-						
				<ul> <li>Yes, with some bordering CCRs</li> <li>No, no exchange agreements in place with neighboring states, but some are in place with non-neighboring</li> </ul>							
			states								
			11								

## Survey: Data Exchange PEI

Consolidated cases         Source records with text         Source records without text         Are NPCR core data items included in the dataset submitted to other states?         Yes         No         Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?         Yes         No         Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The cultACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards bata Dictionary):         Yes         No         8. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check at apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-IDEAS         Secure encrypted e-mail         Other, specify:	e. What type of records do you transmit for interstate exchange? Check all that apply.  Consolidated cases  Source records with text  Source records with text  Are NPCR core data items included in the dataset submitted to other states?  Yes No  Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?  Yes No Are exchanged data transmitted via a secure encrypted Internet-based system?  Yes No i. Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The curr NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards ar Data Dictionary):  Yes No B. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check a that apply.  PHINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encrypted e-mail Other, specify: Data Exchange Section Comments (You may add comments regarding your responses in the "Data Exchange" section above.)	List all existing CCR	
Consolidated cases         Source records with text         Source records without text         Are NPCR core data items included in the dataset submitted to other states?         Yes         No         Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?         Yes         No         Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The cultACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards bata Dictionary):         Yes         No         8. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check at apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-IDEAS         Secure encrypted e-mail         Other, specify:	Consolidated cases Source records with text Source records without text A re NPCR core data items included in the dataset submitted to other states? Yes No G Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits? Yes No A certain transmitted via a secure encrypted Internet-based system? Yes No i. Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The curr NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards ar Data Dictionary): Yes No B. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check a hat apply. HITPS HINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encrypted e-mail Other, specify: Data Exchange Section Comments (You may add comments regarding your responses in the "Data		
Source records with text         Source records without text         Are NPCR core data items included in the dataset submitted to other states?         Yes         No         Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?         Yes         No         Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The cultACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards biata Dictionary):         Yes         No         8. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check at apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-DEAS         Secure encrypted e-mail         Other, specify:	Source records with text         Source records without text         f. Are NPCR core data items included in the dataset submitted to other states?         Yes         No         g. Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?         Yes         No         g. Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?         Yes         No         h. Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         i. Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The curr NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards ar Data Dictionary):         Yes         No         8. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check a hat apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-IDEAS         Secure encrypted e-mail         Other, specify:		
Source records without text         Are NPCR core data items included in the dataset submitted to other states?         Yes         No         Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?         Yes         No         Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The cu IAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards lata Dictionary):         Yes         No         & What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check at apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-IDEAS         Secure encrypted e-mail         Other, specify:	Source records without text         f. Are NPCR core data items included in the dataset submitted to other states?         Yes         No         g. Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?         Yes         No         h. Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         h. Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         I. Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The curr NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards ar Data Dictionary):         Yes         No         8. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check a hat apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-IDEAS         Secure encrypted e-mail         Other, specify:		
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No         No         Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?         Yes         No         Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The culAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards Data Dictionary):         Yes         No         Stata Dictionary):         Yes         No         Wast type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check at apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-IDEAS         Secure encrypted e-mail         Other, specify:	No         g. Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?         Yes         No         h. Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         i. Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The curr NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards ar Data Dictionary):         Yes         No         8. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check a hat apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-DEAS         Secure encrypted e-mail         Other, specify:	-	
December 2015 D	g. Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?          Yes         No         h. Are exchanged data transmitted via a secure encrypted Internet-based system?         Yes         No         i. Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The curr         NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards ar         Data Dictionary):         Yes         No         8. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check a hat apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-IDEAS         Secure encrypted e-mail         Other, specify:         Data Exchange Section Comments (You may add comments regarding your responses in the "Data		
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Are exchanged data transmitted via a secure encrypted Internet-based system? Yes No Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The cu IAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards Data Dictionary): Yes No What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check at apply. PHINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encrypted e-mail Other, specify:	h. Are exchanged data transmitted via a secure encrypted Internet-based system?          Yes         No         i. Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The curr NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards ar Data Dictionary):         Yes         No         8. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check a hat apply.         PHINMS         Secure FTP         WebPlus         HTTPS         N-IDEAS         Secure encrypted e-mail         Other, specify:	OYes	
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IAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards Data Dictionary): Yes No R. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? <b>Check</b> <b>at apply.</b> PHINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encrypted e-mail Other, specify: <b>ata Exchange Section Comments</b> (You may add comments regarding your responses in the "Data	NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards ar Data Dictionary): Yes No 8. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? Check a hat apply. PHINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encrypted e-mail Other, specify: Data Exchange Section Comments (You may add comments regarding your responses in the "Data	ONo	
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## Survey: Data Content And Format PEI



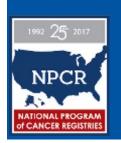
	Survey	Que	estionnaire	Glossary					
Surve	y s	Survey	Progress:					)	Export & Print
Ac	Iministrative	Data	Data Cont	tent And Form	at				
	Sta	affing							
Lee	gislative Auth	nority	19. Is you Internet?		receive secure	e, encrypted canc	er abstract data from	reporting sources	via the
	Administra	ation	⊖Yes						
Reporti	ng Complete	ness		ntly being deve ot able to recei	-	nplemented			
	Data Excha	ange		ble to receive, I		ıg			
Data Co	ntent And Fo	ormat	20. What one.	is the <b>primary</b>	software syste	em used to proce	ss and manage cance	r data in your CC	R? Check only
Data C	Quality Assura	ance	○ Comr	mercial Vendor					
	Data	Use		use Software					
	Collabora	ation	O CRS		n Registry Plus	nrograms do vo	u use? Check all that	annly	
Ac	Ivanced Activ	vities			g region y r lac	programo do yo		appiy.	
	Survey Feed	back	Prep F						
	Opt	ional	Link P	lus					
	Valida	ation	Web P						
	Re	view		alidation Plus					
	Save and Lo	gout		of the above					
				tent and Form itent and Forma			ay add comments rega	arding your respo	nses in the
									~
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			Save & I	Previous Ca	ancel Save	Save & Cont	inue		



Survey Questie	nnaire Glossary	T.					
Survey Survey Pr	ogress:	Export & Print					
Administrative Data	Data Quality Assurance 1 of 3						
Staffing							
Legislative Authority	22. Please respond to each of the following statements to describe your CCR's quality assurance program:						
Administration	Page 11 Data Quality Assurar	nce					
Reporting Completeness	A designated CTR is responsible for the quality assurance program	⊖Yes ⊖No					
Data Exchange	Qualified, experienced CTRs conduct quality assurance activities	⊖Yes ⊖No					
Data Content And Format	At least once every 5 years, case-finding and/or re-						
Data Quality Assurance Data Use	abstracting audits from a sampling of source documents are conducted for each hospital-based reporting facility. This may include external audits	⊖Yes ⊖No					
	(NPCR/SEER)						
Collaboration	Data consolidation procedures are performed consistently from all source records	⊖Yes ⊖No					
Advanced Activities	Procedures are in place for follow-back to reporting facilities on quality issues	⊖Yes ⊖No					
Survey Feedback Optional	23. Does your CCR have a designated <b>CTR</b> education/training coordinator, to provide training to CCR staff and reporting sources to ensure high quality data?						
· · ·	OYes						
Validation	ONO						
Review	24. In the past year, which of the following type of quality did your CCR conduct? <b>Check all that apply.</b>	24. In the past year, which of the following type of quality control audits or activities					
Save and Logout	Save and Logout       Case finding         Case finding       Re-abstracting         Re-coding       Visual editing         Data Item Consolidation       Other, specify:         25. Although required to match on all underlying causes of death, does ye match all causes of death against your registry data to identify a reportab						
	○Yes ○No	-					

Survey: Data Quality Assurance PEI

	26. Does your CCR match by tumor (site/histology) and not just by patient identifying information?									
⊖Yes										
⊖ No										
Save &	Previous	Cancel	Save	Save & Continue						

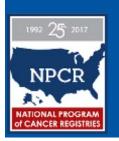


Survey	Questionnair	е	Glossary								t
Survey	Survey Progr	ess:							Exp	ort & Print	
Admir	nistrative Data	D	ata Quality A	ssura	nce 2 of 3	5					1
	Staffing		·								
Legisla	ative Authority		27a. Does yo certificate ma					ollowing c	leath		
	Administration				h informa		i iirkaye :	<u> </u>			1
Reporting	Completeness	_			ographic		tion				
D	ata Exchange		27b. If Yes, w		• •					nually	
Data Conte	nt And Format			lly? (F	Provide be	st estima		may be some overlap between			
Data Qua	lity Assurance					,	ality Assura	ince			
	Data Use	_				Man	nually (%) Electronically (%			ally (%)	
	Collaboration		Death inf	orma	tion						
Advar	nced Activities		Demographic	: Info	rmation						
Sur	vey Feedback										
	Optional			* 005			maalidation	on the fe			l
	Validation		28. Does you		k penonn i						1
	Review		Patie	nt dat	ta group		O Electronic	) Manual	) Both	O Neither	
Sav	ve and Logout		Treatment data group			O Electronic	) Manual	⊖ Both	O Neither		
			Follow-		ata group		O Electronic	) Manual	⊖ Both	O Neither	
			Save & Previo	ous	Cancel	Save	Save &	Continue			

## Survey: Data Quality Assurance PEI



	Survey	Questionnaire	Glossary					1
Surve	y s	urvey Progress:		-			)	Export & Print
Ac	dministrative I	Data Data Q	uality Assurance	a 3 of 3				
	Sta	ffing	-					
Le	gislative Auth		oes your CCR prosing to your CC		to your repo	orting facilities and/or ven	dors for use prior t	o data
	Administra		-					
Reporti	ng Completer			required to run a	proscribod	edits prior to their data su	hmission to your (	
	Data Excha			required to run p	prescribeu			JUR!
Data Co	ontent And Fo							
Data C	Quality Assura		oes your CCR ha ssions?	ve an established	threshold	for percent of records pas	ssing edits on inco	ming
	Data							
	Collabora		Yes what is the t	hreshold?				
Ac	dvanced Activ							
:	Survey Feedl		% or greater % or greater					
	Opti	onal	ss than 80%					
	Valida	200.1	low often does yo ness of their data?	ur CCR provide fe	eedback to	reporting facilities on the	quality, completer	ness, and
	Re	view	arterly					
	Save and Lo		ery 6 months					
			nually her, describe					
			Assurance" section		ents (You r	nay add comments regar	ding your respons	es in the "Data
								~
								~
		- Course		ancel Save	Sava & C	ontinuo		
		Save	& Previous Ca	ancel Save	Save & C			



Survey	Question	naire	Glossary				1			
Survey	Survey Prog	ress:					Export & Print			
Administ	rative Data	Data	Use 1 of 3							
	Staffing									
Legislativ	ve Authority	30. Within 12 months of the end of the diagnosis year with data that are 90% complete, did your CCR calculate incidence counts or rates in an electronic data								
Adr	ministration	file or report for the diagnosis year for Surveillance Epidemiology and End Results (SEER) site groups as a preliminary monitor of the top cancer sites within your								
Reporting Cor	mpleteness		e/territory? Yes							
Data	Exchange	0								
Data Content A	And Format			nths of the end of t						
Data Quality	Assurance	file	complete, did your CCR calculate incidence rates and counts 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							
	Data Use	grou	groups, and, where applicable, by sex, race, ethnicity, and geographic area).							
Сс	ollaboration	○ Yes ○ No								
Advance	ed Activities			nths of the end of t						
Survey	/ Feedback	complete, does the CCR create biennial reports providing data on stage and incidence by geographic area with an emphasis on screening-amenable cancers and experimentation with modificial risk factors (a.g., tabaase, abasity, HD)()								
	Optional	and cancers associated with modifiable risk factors (e.g., tobacco, obesity, HPV).								
	Validation	ONo								
	Review	31c. If Yes, indicate what information was included in the report: <b>Check all that apply.</b>								
Save a	and Logout		•	nable Cancers						
		Tobacco-related Cancers Obesity-related Cancers								
		HPV-related Cancers								
			II the above other							
		32a. publi		ost current diagnos	is year a data file	or report is a	vailable to the			
		Mos	t current diag	nosis year:						
		32b.	In what format	t is this report avail	able? Check all th	at apply.				

## Survey: Data Use PEI

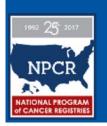
<ul> <li>☐ Hard (paper) copy</li> <li>☐ Electronic word-processe</li> <li>☐ Web page/query system</li> </ul>	d file
Save & Previous Cance	I Save Save & Continue

### Survey: Data Use PEI



	Survey	Que	estionnaire	Glossary								
Survey	<b>y</b> 5	Survey	Progress:					)	Export & Print			
Ad	ministrative	Data	Data Use	2 of 3								
Staffing												
Legislative Authority				33. Indicate the number of times the CCR, state health department, or its designee used registry data for planning and evaluation of cancer control objectives for each category in the table below:								
Administration				Page 15 Data Use								
Reportir	ng Complete	ness		Data Use C	ategory			per Year				
	Data Excha	ange		hensive cance idence/mortal	er control detaile ity estimates	ed						
Data Co	ntent And Fo	ormat	Detaile	d incidence/m and geograp	ortality by stage hic area							
Data C	uality Assur	ance			ned in DP17-170							
	Data	Use			ng programs for d cervical cance							
	Collabor	ation	He	alth event inv	estigation(s)							
Ad	vanced Activ	vities		ssessment/pro community Ca	ogram planning ncer Profiles)	(e.						
5	Survey Feed	back		Program eva	aluation							
	Opt	ional		Epidemiologi	c studies							
	Valid	ation		er, describe								
	Re	eview	-34a. Hav ◯Yes	e any of the at	ove uses of data	been included ir	n a journal publicatio	n in the last two y	ears?			
	Save and Lo	ogout	O No									
			34b. lf "Ye	es", please list	the citation(s) in t	he space provide	ed:					
									^			
									Y			
				_								
			Save &	Previous Ca	ancel Save	Save & Contin	ue					

## Survey: Data Use PEI



	Survey	Que	estionnaire	Glossary								
Surve	y S	Survey	Progress:						Export & Print			
Ac	dministrative	Data	Data Use	3 of 3								
	Sta	affing										
Le	gislative Auth	nority		35. 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? <b>Check all that apply.</b>								
	Administra	ation			rnal articles, anı	nual report, other	reports)					
Reporti	ng Complete	ness	□ Web s □ Prese	ite ntations, poster	S							
	Data Excha	ange		se of data	aining program	conforcinos						
Data Co	ontent And Fo	ormat		releases, state	aining program, ments	conierence						
Data (	Quality Assura	ance	Reque	ests for proposa	ls, bid solicitatio	ns						
	Data	Use		specify:								
	Collabora	ation	-36. Does	your CCR use	United States C	Cancer Statistics (	USCS) data when p	erforming compa	rative analyses?			
Ad	dvanced Activ	vities	⊖Yes	-					-			
	Survey Feed	back	O No E	xplain:								
	Opt	ional	Data Use	Section Com	nents (You may	add comments re	egarding your respo	 onses in the "Data	Use" section			
	Valid	ation	above.)									
	Re	view							$\bigcirc$			
	Save and Lo	gout										
			Save &	Previous Ca	ancel Save	Save & Continu	ue					



Sur	vey	Questionnaire		Glossary							
Survey	,	Survey Pro	gress:					Export & Print			
Adr	ministr	ative Data	Collaborative Relationships 1 of 2								
		Staffing									
Leg	islative	e Authority		37a. Has your CCR established and regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry? (Advisory							
	Adm	ninistration	cor	committee structures may include a CCC Program committee or an advocacy group).							
Reportin	g Con	pleteness		Yes							
	Data	Exchange		No							
Data Cor	ntent A	nd Format	37b. <b>app</b>		visory Committee inclu	des representation fro	om: Che	eck all that			
Data Q	uality /	Assurance		<ul> <li>Representatives from all cancer prevention and control components</li> <li>Vital Statistics</li> </ul>							
		Data Use	H	Hospital cancer registrars							
	Co	llaboration		American Cancer Society Clinical-laboratory personnel							
Adv	vanceo	d Activities	F	Pathologists							
S	Survey	Feedback		Clinicians Researchers							
		Optional		Oncologists							
		Validation		American College of Surgeons All of the above							
		Review		Other, specify:							
			370	lf you have a	n Advisory Committee,	how often does this	aroup o	onvene			
	Save a	nd Logout			n and teleconferences?		group c	onvene,			
				Quarterly							
				Annually							
				Other, specify:							
			Sa	ve & Previous	Cancel Save	Save & Continue					



	Survey	Qu	estionnaire	Glossa	у					
Surve	у	Survey	Progress:						)	Export & Print
Ac	dministrative	Data	Collabo	orative Relation	onships	2 of 2				
	Sta	affing								
Leg	gislative Autl	hority	Detectio	on Program (N			rate with your state's Nation on al Comprehensive C			
	Administr	ration	that ap	<b>ply.</b> /ides assistan	ce in sta	ging NBCC	EDP cases			
Reporti	ng Complete	eness					d NCCCP departmenta	l staff		
	Data Exch	ange		/ides training/ /ides data to I			to NBCCEDP and NC	CCP staff		
Data Co	ontent And Fo	ormat					ations to NBCCEDP and			
Data C	Quality Assur	rance		/ides subject ı a linkage	natter ex	pertise to N	IBCCEDP and NCCCP	)		
	Data	a Use		ner on collabo	orative pr	rojects				
	Collabor	ration		of the above er, specify:						
Ac	dvanced Acti	ivities		e of the above						
:	Survey Feed	dback			e, explai	1				
	Opt	tional			Departm	ent of Heal	th programs does your	CCR collabora	ate? Chec	k all that apply.
	Valid	ation		acco Control Health						
	Re	eview		oetes						
			Hea	rt Disease an ma	d Stroke	Prevention				
	Save and Lo	ogoui		sical Activity a	nd Nutri	tion/Obesity	,			
			Rad	iation Control						
				ironmental He						
				ctious disease	(HIV/AI	DS, HPV, h	epatitis)			
				unization						
				f the above						
				er, specify:						
			"Collabo	prative Relation	onship" s nship" s	ection Co	<b>mments</b> (You may ado e.)	l comments re	garding yo	our responses in the
										~
										$\sim$
	Save & Previous Cancel Save Save & Continue									



# PEI Help? Please call us at 301.572.0502 or email us at support 2017 - Program Evaluation Instrument

Survey	Questionnaire		Glossary					
Survey	Survey Pro	gress:				Export & Print		
Administr	rative Data	Advanced Activities 1 of 3						
	Staffing							
Legislative Authority		As the capacity of central cancer registries to collect and maintain population-based cancer data increases, so does their ability to engage in new activities designed to						
Administration		improve the completeness, timeliness, quality, and use of their data. In this section, we are interested in learning more about your "advanced activities."						
Reporting Completeness		40. If your CCR receives electronic pathology reports, in which format are these						
Data	Exchange		ived? Check a	III that apply. Format (Volume V), Versio	n 2.x			
Data Content A	And Format		IAACCR, Pipe	Delimited Format (Volume	V), Version 2.x			
Data Quality	Assurance			Format (NAACCR Volume Delimited Format (NAACC		,		
	Data Use		Other, specify:					
Со	llaboration		lot applicable					
Advanced	d Activities	41. I	I. For which of the following cancer surveillance needs has your CCR been in ontact with your Health Department's PHIN / NEDSS staff? <b>Check all that apply.</b>					
Survey	Feedback	F	Pathology laboratory reporting					
	Optional	<ul> <li>Physician disease reporting</li> <li>Other healthcare data reporting</li> </ul>						
	Validation							
	Review	<ul> <li>None of the above</li> <li>42. Does your CCR conduct at least one of the following advanced activities? Check</li> </ul>						
Save a	and Logout	all t	nat apply.					
			Geo-coding to la Other healthcar Other innovative Jone of the abo	studies esearch studies using regis atitude and longitude to ena re data reporting. Describe: e uses of registry data such	able mapping			

# Survey: Advanced Activities PEI

OYes
ONo
44. If Yes, is early case capture performed for:
All cases
Subset of cases (e.g. Pediatric Cancer)
Special Studies
Other, specify:
Save & Previous         Cancel         Save         Save & Continue



# PEI Help? Please call us at 301.572.0502 or email us at support 2017 - Program Evaluation Instrument

Survey	Questionnaire		Glossary					
Survey	Survey Prog	gress:				Export & Print		
Administ	rative Data	Adva	anced Activiti	es 2 of 3				
Staffing								
Legislativ	e Authority		45a. How often does your CCR link to the National Death Index (NDI)? <b>Please</b> <b>check only one. (If never, skip to guestion 46.)</b>					
Adn	ministration	0	Every Year					
Reporting Con	npleteness		Every Other Y					
Data	Exchange		Every 3-5 Yea Never	15				
Data Content A			Other, specify					
Data Quality	Assurance			ne following has the NDI lin	kage proven to b	e useful? Check all		
	Data Use		<b>apply.</b> Survivorship					
Co	llaboration		ata quality					
Advance	d Activities		Research					
Suprov	- Eaadbaak		Other, specify					
Survey	Feedback		Not applicable					
	Optional		45c. Does your CCR update your database following NDI linkage?					
	Validation		Yes					
	Review		No					
Save a	and Logout		Not applicable					
				abases did your CCR link it <b>eck all that apply.</b>	s records in 2016	o for follow-up or some		
			State Vital Stati					
			lational Death					
			)epartment of N	loter Registration				
			ndian Health S	-				
				th Care Financing Administ	ration)			
			ledicare Physi	cian Identification and Eligi	bility Registry			
			ledicaid					
				Breast and Cervical Cance	•	ction Program		
			JUC S NATIONAL	Colorectal Cancer Screeni	ng Program			

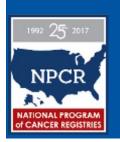
# Survey: Advanced Activities PEI

☐ Insurance Claim Databases (IE: BC&BS, Kaiser, Managed Care Organization, fee for service etc.)
Hospital Discharge
Hospital Radiation Therapy Dept.
Hospital Disease Indices
□ Other, specify:
None
Save & Previous   Cancel   Save   Save & Continue

### Survey: Advanced Activities PEI

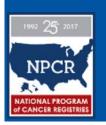


	Survey	Que	estionnaire	Glossary							₹
Surve	y s	Survey	Progress:		•					Export	t & Print
Ac	ministrative	Data	Advanced	I Activities 3 c	of 3						
	Sta	ffing									
Le	gislative Auth	ority							hospital-affiliated		
	Administra	ation	Volume V	standard. List		ing order by	the percent eac		ents of the total vo		
Reporti	ng Completer	ness	1.	1 05	•						
	Data Excha	ange									
Data Co	ntent And Fo	ormat	2								
Data G	uality Assura	ance	3.								
	Data	Use					·				
	Collabora	ation	4								
Ac	vanced Activ	/ities	5.								
	Survey Feed	back				s (You may	add comments i	regarding	your responses in	n the "A	dvanced
	Opti	ional	Activities	section above.	)						
	Valida	ation									
	Re	view									
	Save and Lo	gout	Save & F	Previous Ca	ancel Save	Save & Co	ontinue				



Survey	Questionnai	e Glossary	Þ					
Survey	Survey Prog	Export & Print						
Admii	nistrative Data	Survey Feedback	1					
	Staffing							
Legisl	ative Authority	48. Please comment below about your experience completing this evaluation instrument by selecting the choice which best represents your thoughts and						
	Administration	experience:						
Reporting	Completeness	a. All or most of the questions are clearly stated.						
D	ata Exchange	○ Disagree						
Data Conte	nt And Format	b. I understand the importance of all or most of the questions.						
Data Qua	lity Assurance	O Agree						
	Data Use	c. For the most part, I found the web technology of the instrument to be						
	Collaboration	user-friendly.						
Adva	nced Activities	○ Disagree						
Sur	vey Feedback	d. For the most part, I consider the time spent completing the instrument to be a worthwhile contribution to NPCR and the cancer surveillance						
	Optional	community.						
	Validation	O Agree						
	Review	e. Our central registry uses data that are collected in this instrument.						
Sa	ve and Logout	OAgree						
		O Disagree						
		Save & Previous Cancel Save Save & Continue						

# Survey: Optional PEI



	Survey	Que	estionnaire	Glossary	,							1
Surve	y S	Survey	Progress:						)		Expor	t & Print
Administrative Data			Optional									
	Sta	Iffing										
Legislative Authority		ority	-49. I wou ◯Yes	Id like to par	ticipate ir	n discussio	ons regarding the 20	19 evaluation ins	trument	L		
	Administra	ation	○ No									
Reporti	ng Completer	ness	Add name	e and best co	ntact info	here:						
	Data Excha	ange	50. I have	the following	g sugges	tions/revis	ions for the PEI ques	stions or web forr	matting	regarding i	next yea	ar's
Data Co	ontent And Fo	ormat	evaluation	n instrument (	(please c	omment ir	the space provided	below)				
Data (	Quality Assura	ance										
	Data	Use										
	Collabora	ation	Save & I	Previous	Cancel	Save	Save & Continue	]				
A	dvanced Activ	/ities										
	Survey Feedl	back										
	Opti	ional										
	Valida	ation										
	Re	view										
	Save and Lo	gout										



Survey	Questionnair	e Glossary				
Survey	Survey Progre	ess:	-		[	Export & Print
Admi	nistrative Data	The following a	uestions h	ave missing responses. F	Please use	the navigation
	Staffing	menu to find th	e question	and provide a response.		
Legisl	ative Authority	Module	Question	Variable Name	Error Response	
	Administration	User Data			is missing	
Reporting	Completeness	Edit				
	ata Exchange	User Data			Response	
		Edit			is missing	
	ent And Format	Luit				
Data Qua	lity Assurance	User Data			Response is missing	
	Data Use	Edit				
	Collaboration				Poononaa	
Adva	nced Activities	User Data			Response is missing	
Sur	vey Feedback	Edit				
	Optional	User Data			Response	
	Validation				is missing	
	Review	Edit				
Sa	ve and Logout	User Data			Response is missing	
		Edit			io mioomg	
		Staffing	1	Number of NPCR- funded (non-contracted) FTE positions: Filled	Response is missing	
		Edit				
		Staffing	1	Number of NPCR- funded (non-contracted) FTE positions: Vacant	Response is missing	

Edit			
Staffing Edit	1	Number of NPCR- funded, contracted FTE positions: Filled	Response is missing
Staffing	1	Number of NPCR- funded, contracted FTE positions: Vacant	Response is missing
Staffing	1	Number of State-funded (non-contracted) FTE positions: Filled	Response is missing
Staffing	1	Number of State-funded (non-contracted) FTE positions: Vacant	Response is missing
Staffing	1	Number of State- funded, contracted FTE positions: Filled	Response is missing
Staffing	1	Number of State- funded, contracted FTE positions: Vacant	Response is missing
Staffing	1	Number of non- contracted FTE positions funded by other sources: Filled	Response is missing
Staffing	1	Number of non- contracted FTE positions funded by other sources: Vacant	Response is missing
Edit Staffing Edit	1	Number of contracted FTE positions funded by other sources: Filled	Response is missing
Staffing	1	Number of contracted FTE positions funded by other sources: Vacant	Response is missing

	Edit			
S	Staffing Edit	2	Principal Investigator: Non-Contractor	Response is missing
S	Staffing Edit	2	Principal Investigator: Contractor	Response is missing
S	Staffing Edit	2	Program Director: Non- Contractor	Response is missing
S	Staffing Edit	2	Program Director: Contractor	Response is missing
S	Staffing Edit	2	Program Manager: Non-Contractor	Response is missing
S	Staffing Edit	2	Program Manager: Contractor	Response is missing
S	Staffing Edit	2	Budget Analyst: Non- Contractor	Response is missing
S	Staffing Edit	2	Budget Analyst: Contractor	Response is missing
S	Staffing Edit	2	CTR Quality Control Staff: Non-Contractor	Response is missing
S	Staffing Edit	2	CTR Quality Control Staff: Contractor	Response is missing
S	Staffing	2	Non-CTR Quality Control Staff: Non- Contractor	Response is missing
S	Staffing	2	Non-CTR Quality Control Staff: Contractor	Response is missing

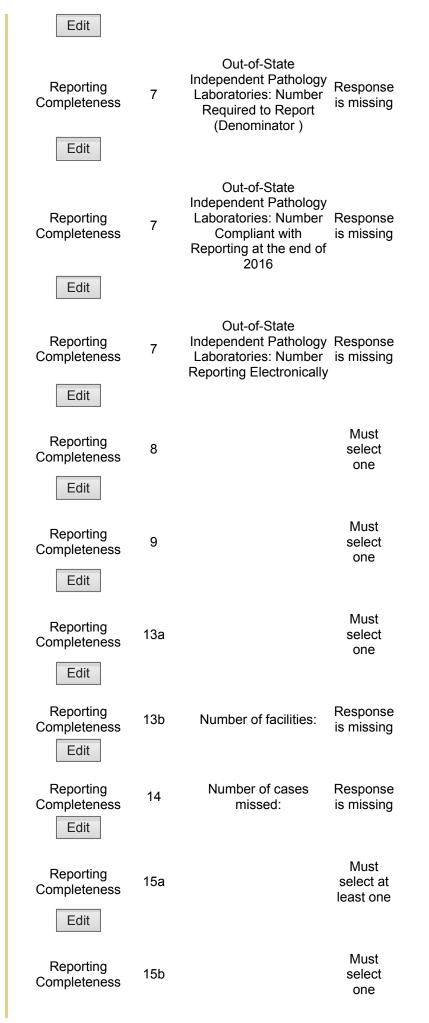
Staffing	2	CTR Education /Training Staff: Non-Contractor	Response is missing
Staffing	2	CTR Education /Training Staff: Contractor	Response is missing
Staffing Edit	2	Epidemiologists: Non- Contracted	Response is missing
Staffing Edit	2	Epidemiologists: Contracted	Response is missing
Staffing Edit	2	Statisticians: Non- Contracted	Response is missing
Staffing Edit	2	Statisticians: Contracted	Response is missing
Staffing	2	Computer / IT / GIS Specialists: Non- Contracted	Response is missing
Staffing	2	Computer / IT / GIS Specialists: Contracted	Response is missing
Staffing	2	Total Number CTRs (may overlap with above categories)	Response is missing
Staffing	2	Total Number CTRs (may overlap with above categories)	Response is missing
Legislation	3		Must select one
Administration	4	Reporting laws/regulations	Must select one

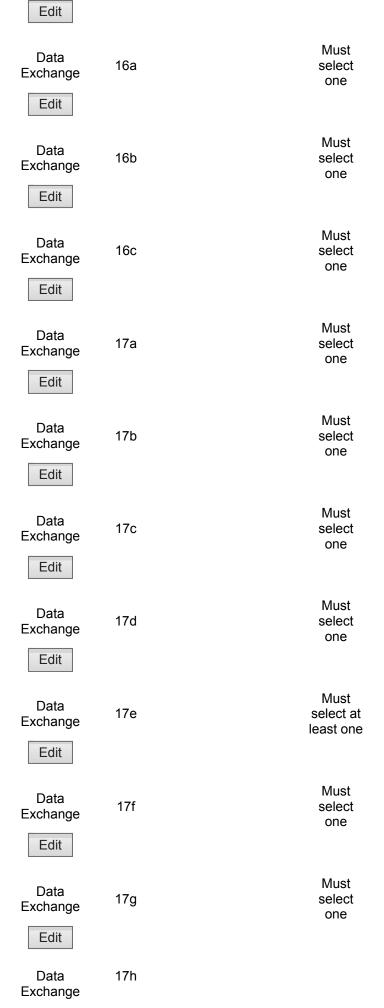
Edit			
Administration Edit	4	List of reportable diagnoses	Must select one
Administration Edit	4	List of required data items	Must select one
Administration Edit	4	a. Monitoring timeliness of reporting	Must select one
Administration Edit	4	b. Receipt of data	Must select one
Administration	4	c. Database management including a description of the registry operating system(software)	Must select one
Administration Edit	4	d. Conducting death certificate clearance	Must select one
Administration	4	e. Conducting follow- back to reporting facilities on quality assurance issues	Must select one
Administration Edit	4	f. Conducting record consolidation	Must select one
Administration Edit	4	g. Maintaining detailed documentation of all quality assurance operations	Must select one
Administration	4	h. Education and Training	Must select one

Edit		
Administration Edit	4	Procedures for conducting data exchange including a list of states with which case-sharing agreements are in place
Administration Edit	4	Procedures for Must conducting data select linkages one
Administration Edit	4	Procedures for ensuring confidentiality and data security including disaster planning
Administration Edit	4	Procedures for data release including Must access to and select disclosure of one information
Administration Edit	4	Procedures for Must maintaining and select updating the operational one manual
Administration Edit	5	Must select at least one
Administration	6	Must select one
Reporting Completeness Edit	7	Hospitals with a cancer registry (non-federal): Response Number Required to Report (Denominator)
Reporting Completeness	7	Hospitals with a cancer registry (non-federal): Number Compliant with reporting at the end 2016

Edit			
Reporting Completeness Edit	7		sponse hissing
Reporting Completeness Edit	7		sponse nissing
Reporting Completeness Edit	7		sponse nissing
Reporting Completeness Edit	7		sponse hissing
Reporting Completeness Edit	7		sponse nissing
Reporting Completeness Edit	7	CoC Hospitals: Number Compliant with Res Reporting at the end of is n 2016	sponse nissing
Reporting Completeness Edit	7	CoC Hospitals: Number Res Reporting Electronically is n	
Reporting Completeness Edit	7		sponse nissing
Reporting Completeness Edit	7	VA Hospitals: Number Compliant with Res Reporting at the end of is n 2016	sponse nissing

Reporting Completeness Edit	7	VA Hospitals: Number Response Reporting Electronically is missing
Reporting Completeness Edit	7	IHS Hospitals: Number Required to Report (Denominator) Response is missing
Reporting Completeness Edit	7	IHS Hospitals: Number Compliant with Response Reporting at the end of is missing 2016
Reporting Completeness Edit	7	IHS Hospitals: Number Response Reporting Electronically is missing
Reporting Completeness Edit	7	Tribally Owned Hospitals: Number Response Required to Report is missing (Denominator)
Reporting Completeness Edit	7	Tribally Owned Hospitals: Number Compliant with Reporting at the end of 2016
Reporting Completeness Edit	7	Tribally Owned Hospitals: Number Reporting Electronically
Reporting Completeness Edit	7	In-State Independent Pathology Laboratories: Response Number Required to is missing Report (Denominator)
Reporting Completeness Edit	7	In-State Independent Pathology Laboratories: Number Compliant with Reporting at the end of 2016
Reporting Completeness	7	In-State Independent Pathology Laboratories: Response Number Reporting is missing Electronically





Edit			Must select one
Data Exchange Edit	17i		Must select one
Data Exchange Edit	18		Must select at least one
Data Content And Format	19		Must select one
Data Content And Format	20		Must select one
Data Content And Format	21		Must select at least one
Data Quality Assurance	22	A designated CTR is responsible for the quality assurance program	Must select one
Data Quality Assurance Edit	22	Qualified, experienced CTRs conduct quality assurance activities	Must select one
Data Quality Assurance Edit	22	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. This may include external audits (NPCR/SEER)	Must select one
Data Quality Assurance	22	Data consolidation procedures are	Must select one

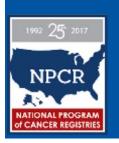
Edit		performed according to an accepted protocol	
Data Quality Assurance	22	Procedures are performed for follow- back to reporting facilities on quality issues	Must select one
Edit Data Quality Assurance Edit	23		Must select one
Data Quality Assurance Edit	24		Must select at least one
Data Quality Assurance Edit	25		Must select one
Data Quality Assurance Edit	26		Must select one
Data Quality Assurance Edit	27a	Death information	Must select one
Data Quality Assurance Edit	27a	Missing demographic information	Must select one
Data Quality Assurance Edit	28	Patient data group	Must select one
Data Quality Assurance	28	Treatment data group	Must select one
Data Quality Assurance	28	Follow-up data group	Must select one

Edit			
Data Quality Assurance	29a		Must select one
Edit			
Data Quality Assurance Edit	29c		Must select one
Data Quality Assurance Edit	29e		Must select one
Data Use	30		Must select one
Data Use	31a		Must select one
Data Use	31b		Must select one
Data Use	32a	Most current diagnosis year:	Response is missing
Data Use	32b		Must select at least one
Data Use	33	Comprehensive cancer control: Number per Year	Response is missing
Data Use	33	Detailed incidence/mortality estimates: Number per Year	Response is missing
Edit Data Use	33	Collaboration with cancer screening	Response is missing

		programs for breast, colorectal, or cervical cancer	
Edit			
Data Use	33	Health event investigation(s): Number per Year	Response is missing
Data Use	33	Needs assessment/program planning: Number per Year	Response is missing
Data Use	33	Program evaluation: Number per Year	Response is missing
Data Use	33	Epidemiologic studies: Number per Year	Response is missing
Data Use	34a		Must select one
Data Use	35		Must select at least one
Data Use	36		Must select one
Advanced Activities Edit	40		Must select at least one
Advanced Activities Edit	41		Must select at least one
Advanced Activities Edit	42		Must select at least one

Advanced Activities	43	Must select one
Advanced Activities	45a	Must select one
Advanced Activities	46	Must select at least one
Collaborative Relationships	37a	Must select one
Collaborative Relationships	37c	Must select one
Collaborative Relationships	38	Must select at least one
Collaborative Relationships	39	Must select at least one
Survey Feedback	48a	Must select one
Survey Feedback	48b	Must select one
Survey Feedback	48c	Must select one
Survey Feedback	48d	Must select one

Edit		
Survey Feedback Edit	48e	Must select one
Optional Edit	49	Must select one
Continue		



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# 2017 - Program Evaluation Instrument

Survey	Questionnaire	Glossary		
Survey	Survey Progress		Expor	t & Print
Admi	nistrative Data	This page can be used to review and revise your respons	es. If a	ll of
		your responses are correct, then click the "Submit" butto your survey.	n to su	bmit
Legisl	ative Authority	Submit your survey Submit		
	Administration	You must address all errors before you can submit the survey! Go to validation page		
Reporting	Completeness	Staffing		
	Data Exchange	1. On December 31, 2016, how many total FTE central cance (CCR) staff positions were funded? You may include position		
	ent And Format	registry ONLY IF the registry pays a portion of the salary. Re the calculation method above when computing partial FTEs.	membe	er to use
		questions use the concept of a "Full-time Equivalent" also known "FTE". In each question you will be asked to report the total n	own as	an
Data Qua	ality Assurance	FTEs (FTE count). To do this, please convert each position to	o the	
	Data Use	appropriate FTE using the guidelines below, rounding each position to the nearest quarter of an FTE (e.g., 34 hrs/week would convert to 0.75 FTE,		
	Collaboration	whereas 35 hrs/week would convert to 1.0 FTE):		
Adva	nced Activities	0.25 FTE = 10 hrs/week 0.50 FTE = 20 hrs/week		
Sur	rvey Feedback	0.75 FTE = 30 hrs/week 1.00 FTE = 40 hrs/week		
	Optional	Then add each converted position for the total number of FTEs.		
	Validation	Funding Category	Filled	Vacant
	Review	Number of NPCR-funded (non-contracted) FTE positions		
Sa	ve and Logout	Number of NPCR-funded, Contracted FTE positions		
		Number of State-funded (non-contracted) FTE positions		
		Number of State-funded, Contracted FTE positions		
		Number of non-contracted FTE positions funded by other sources		
		Number of Contracted FTE positions funded by other sources		
		Totals	0	0
		2. Please Indicate number of FTEs in the positions listed belo include both filled and vacant, as well as time contributed by staff (e.g. chronic disease epidemiologist), regardless of fund total FTE count. <b>Use the FTE calculation method as descr</b>	non-reg ling, in y	gistry

previously. Please note CTR credentials may be held by several registry positions and should be counted accordingly.

Position (FTE or percentage of FTE)	Non- Contractor	Contractor
Principal Investigator		
Program Director		
Program Manager		
Budget Analyst		
CTR Quality Control Staff		
Non-CTR Quality Control Staff		
CTR Education /Training Staff		
Epidemiologists		
Statisticians		
Computer / IT / GIS Specialists		
Other staff, specify		
Total Number of Staff	0	0
Total Number CTRs (of total number of staff)		

**Staffing Section Comments** (You may add comments regarding your responses in the "Staffing" section above.)

	4:4	
	CH III	
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#### Legislation

3. Have any law/regulations been revised to address cancer reporting in the past two years?

**Legislation Section Comments** (You may add comments regarding your responses and/or any anticipated legislative barriers related to the "Legislation" section above.)

-	-1	:1	
E	a	π	

#### Administration

4. Does your CCR maintain an operational manual describing registry operations, policies and procedures that, at a minimum, contains the following? **Check all that apply.** 

Reporting laws/regulations

List of reportable diagnoses

List of required data items

Data processing operational procedure for (Check all that apply):

a. Monitoring timeliness of reporting

b. Receipt of data

c. Database management including a description of the registry operating system(software)

d. Conducting death certificate clearance

Procedure for implementing and maintaining a quality assurance/control program including (check all that apply, e-h):

#### Survey: Review PEI

e. Conducting follow-back to reporting facilities on quality assurance issues

f. Conducting record consolidation

g. Maintaining detailed documentation of all quality assurance operations

h. Education and Training

Procedures for conducting data exchange including a list of states with which case-sharing agreements are in place

Procedures for conducting data linkages

Procedures for ensuring confidentiality and data security including disaster planning

Procedures for data release including access to and disclosure of information

Procedures for maintaining and updating the operational manual

5. Does your CCR produce reports that are used to monitor the registry operations and database, including processes and activities? **Check all that apply.** 

6. Does your CCR have an abstracting and coding manual that is provided for use by all reporting sources?

Administration Section Comments (You may add comments regarding your responses in the "Administration" section above.)

Edit

#### **Reporting Completeness**

7. Hospital and Pathology Laboratory Reporting:

Please list the number, by type, that are required to report and the number that were compliant with reporting at the end of 2016. Also report the number reporting electronically. (e.g. in a standardized format that minimizes the need for manual data entry).

- "Hospital cancer registry" is defined as one (single or joint institution) that collects data to be used internally and that would continue to do so regardless of the central cancer registry requirements to collect and report cancer data.
- For those types of Hospitals and Pathology Labs which are not applicable to your state/territory (e.g., IHS Hospitals), record zero (0) in "Number Required to Report" and record zero (0) in "Number Compliant with Reporting". In these instances, "Number Reporting Electronically" should also be recorded as zero (0).

	Number Required to Report (Denominator )	Number Compliant with Reporting* at the end of 2014	Number Reporting Electronically**
HOSPITALS			
Hospitals with a cancer registry (non-federal)			
Hospitals without a cancer registry (non- federal)			

# Survey: Review PEI

<b></b>			
VA Hospitals#			
IHS Hospitals#			
Tribally Hospitals#			
PATHOLOGY LABORATOR	RIES		
In-state independent labs			
Out-of-state independent labs			
Other			
TOTAL	0	0	0
8. Do you require that non-ar your CCR?	alytic (classes 30	-38) cases b	e reported to
9. Do you receive data from t Central Tumor Registry(ACTI 12)			
10. If Yes, how often? Check	only one		
TO. IT TES, HOW ORETT: OTTECK	only one.		
<ul> <li>12. If No, why not? Check all</li> <li>13a. Do you receive data direcentral cancer registries in you</li> <li>13b. How many VA facilities of</li> </ul>	ectly from the <b>Vet</b>	erans Admir	nistration's
	shington, DC?		
central cancer registry in Was 14. Based on historical data, estimate are missed (i.e., new reporting by VA facilities?	shington, DC? how many cases	per diagnosi	s year do you
<ul> <li>14. Based on historical data, estimate are missed (i.e., new reporting by VA facilities?</li> <li>15a. Industrial or Occupation From what sources are you a industrial or occupational hist</li> </ul>	how many cases ver received) by y onal History Data ble to ROUTINEL ory (without seek	per diagnosi our CCR bec a -Y collect info	s year do you cause of non-
<ul> <li>14. Based on historical data, estimate are missed (i.e., new reporting by VA facilities?</li> <li>15a. Industrial or Occupation From what sources are you a industrial or occupational hist only these variables)? Check</li> <li>15b. Do you conduct any AD databases) to collect or improduct or impr</li></ul>	how many cases ver received) by y onal History Data ble to ROUTINEL ory (without seek all that apply.	per diagnosi our CCR bec • •Y collect infe ing additiona es (e.g. linka	s year do you cause of non- ormation on I data sources for
<ul> <li>14. Based on historical data, estimate are missed (i.e., new reporting by VA facilities?</li> <li>15a. Industrial or Occupation From what sources are you a industrial or occupational hist only these variables)? Check</li> </ul>	shington, DC? how many cases ver received) by y onal History Data ble to ROUTINEL fory (without seek all that apply. DITIONAL activities ove upon industria	per diagnosi our CCR bec <b>a</b> <b>Y</b> collect info ing additionation es (e.g. linka al or occupation <b>s</b> (You may	s year do you cause of non- ormation on I data sources for ages with external ional history add comments
<ul> <li>14. Based on historical data, estimate are missed (i.e., new reporting by VA facilities?</li> <li>15a. Industrial or Occupation From what sources are you a industrial or occupational hist only these variables)? Check</li> <li>15b. Do you conduct any AD databases) to collect or improving formation?</li> </ul>	shington, DC? how many cases ver received) by y onal History Data ble to ROUTINEL fory (without seek all that apply. DITIONAL activities ove upon industria	per diagnosi our CCR bec <b>a</b> <b>Y</b> collect info ing additionation es (e.g. linka al or occupation <b>s</b> (You may	s year do you cause of non- ormation on I data sources for ages with external ional history add comments

16. Does your CCR use and require the following standardized, CDCrecommended data formats for the electronic exchange of cancer data from reporting sources:

a. Hospital Reports (The NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards and Data Dictionary)?

b. Pathology reports (NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting)?

c. Ambulatory healthcare providers using electronic health records (Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries)

17. Do your interstate data exchange procedures meet the following minimum criteria?

a. Within 12 months of the close of the diagnosis year, your CCR exchanges that year's data with other central cancer registries where a data-exchange agreement is in place:

b. Your CCR collects data on all patients diagnosed and/or receiving first course of treatment in your registry's state/territory **regardless of residency**:

c. The recommended frequency of data exchange is at least two times per year. Your CCR exchanges data at the following frequency:

d. Exchange agreements are in place with all bordering central cancer registries:

e. What type of records do you transmit for interstate exchange? **Check all that apply.** 

f. Are NPCR core data items included in the dataset submitted to other states?

g. Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?

h. Are exchanged data transmitted via a secure encrypted Internet-based system?

i. Is the standardized, NPCR-recommended data exchange format used to transmit data reports (The current NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards and Data Dictionary):

18. What type(s) of secure encrypted Internet-based system is used for interstate data exchange? **Check all that apply.** 

**Data Exchange Section Comments** (You may add comments regarding your responses in the "Data Exchange" section above.)

Edit

#### Data Content And Format

19. Is your CCR able to receive secure, encrypted cancer abstract data from reporting sources via the Internet?

20. What is the **primary** software system used to process and manage cancer data in your CCR? **Check only one.** 

21. Which of the following Registry Plus programs do you use? **Check all that apply.** 

**Data Content and Format Section Comments** (You may add comments regarding your responses in the "Data Content and Format" section above.)

#### Data Quality Assurance

22. Please respond to each of the following statements to describe your CCR's quality assurance program:

A designated CTR is responsible for the quality assurance program

Qualified, experienced CTRs conduct quality assurance activities

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. This may include external audits (NPCR/SEER)

Data consolidation procedures are performed consistently from all source records

Procedures are in place for follow-back to reporting facilities on quality issues

23. Does your CCR have a designated **CTR** education/training coordinator, to provide training to CCR staff and reporting sources to ensure high quality data?

24. In the past year, which of the following type of quality control audits or activities did your CCR conduct? **Check all that apply.** 

25. Although required to match on all underlying causes of death, does your CCR match all causes of death against your registry data to identify a reportable cancer?

26. Does your CCR match by tumor (site/histology) and not just by patient identifying information?

27a. Does your CCR update the CCR database following death certificate matching within 3 months of linkage?

Death information

Missing demographic information

27b. If Yes, what percentage(s) of the updates are performed manually or electronically? (Provide best estimate; may be some overlap between automation and manual review.)

 
 Manually (%)
 Electronically (%)

 Death information

#### Demographic Information

28. Does your CCR perform record consolidation on the following?

Patient data group

Treatment data group

Follow-up data group

29a. Does your CCR provide an edit set to your reporting facilities and/or vendors for use prior to data submissions to your CCR?

29b. If Yes, are facilities **required** to run prescribed edits prior to their data submission to your CCR?

29c. Does your CCR have an established threshold for percent of records passing edits on incoming submissions?

29d. If Yes what is the threshold?

29e. How often does your CCR provide feedback to reporting facilities on the quality, completeness, and timeliness of their data?

**Data Quality Assurance Section Comments** (You may add comments regarding your responses in the "Data Quality Assurance" section above.)

E	d	it	

#### Data Use

30. Within 12 months of the end of the diagnosis year with data that are 90% complete, did your CCR calculate incidence counts or rates in an electronic data file or report 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?

31a. Within 24 months of the end of the diagnosis year with data that are 95% complete, did your CCR calculate incidence rates and counts in an electronic data file or report? (The report should include, at a minimum, ageadjusted incidence rates and age-adjusted mortality rates for the diagnosis year by sex for SEER site groups, and, where applicable, by sex, race, ethnicity, and geographic area).

31b. Within 24 months of the end of the diagnosis year with data that are 95% complete, does the CCR create biennial reports providing data on stage and incidence by geographic area with an emphasis on screening-amenable cancers and cancers associated with modifiable risk factors (e.g., tobacco, obesity, HPV).

31c. If Yes, indicate what information was included in the report: **Check all that apply.** 

32a. What is the most current diagnosis year a data file or report is available to the public?

32b. In what format is this report available? Check all that apply.

Data Use Category	Num pe Ye
Comprehensive cancer control detailed incidence/mortality estimates	
Detailed incidence/mortality by stage and geographic area	
Collaboration, as defined in DP17-1701, with cancer screening programs for breast, colorectal, and cervical cancer	
Health event investigation(s)	
Needs assessment/program planning (e. g. Community Cancer Profiles)	
Program evaluation	
Epidemiologic studies	
Other, describe	
34a. Have any of the above uses of data been included in a journa publication in the last two years?	al
34b. If "Yes", please list the citation(s) in the space provided:	
35. During the past year, for which areas of registry data utilization CCR acknowledge CDC-NPCR funding, as required in the Notice Cooperative Agreement Award? <b>Check all that apply.</b>	
36. Does your CCR use United States Cancer Statistics (USCS) d performing comparative analyses?	ata wh
Data Use Section Comments (You may add comments regarding responses in the "Data Use" section above.)	g your
	g your
responses in the "Data Use" section above.)	g your
responses in the "Data Use" section above.)	ory ing for
responses in the "Data Use" section above.) Edit Collaborative Relationships 37a. Has your CCR established and regularly convened an advise committee to assist in building consensus, cooperation, and plann registry? (Advisory committee structures may include a CCC Prog	ory ing for ram
responses in the "Data Use" section above.) Edit Collaborative Relationships 37a. Has your CCR established and regularly convened an adviso committee to assist in building consensus, cooperation, and plann registry? (Advisory committee structures may include a CCC Prog committee or an advocacy group). 37b. If Yes, the Advisory Committee includes representation from:	ory ing for ram

	other Department of Health programs does your CCR eck all that apply.
	Relationship Section Comments (You may add comments responses in the "Collaborative Relationship" section above
Edit	
	Advanced Activities
population-base new activities de and use of their	of central cancer registries to collect and maintain ed cancer data increases, so does their ability to engage in esigned to improve the completeness, timeliness, quality, data. In this section, we are interested in learning more anced activities."
	receives electronic pathology reports, in which format are <b>Check all that apply.</b>
	f the following cancer surveillance needs has your CCR bee
	our Health Department's PHIN / NEDSS staff? Check all
	our Health Department's PHIN / NEDSS staff? Check all
that apply. 42. Does your (	CCR conduct at least one of the following advanced
that apply. 42. Does your (	CCR conduct at least one of the following advanced
that apply. 42. Does your ( activities? Chec 43. Does your r	CCR conduct at least one of the following advanced <b>k all that apply.</b> egistry have a system in place for early case capture (rapid
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that apply. 42. Does your ( activities? Chec 43. Does your r case ascertainn 44. If Yes, is ea 45a. How often	CCR conduct at least one of the following advanced <b>k all that apply.</b> egistry have a system in place for early case capture (rapid hent)? rly case capture performed for: does your CCR link to the National Death Index (NDI)?
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that apply. 42. Does your ( activities? Chec 43. Does your r case ascertainn 44. If Yes, is ea 45a. How often Please check c	CCR conduct at least one of the following advanced <b>ck all that apply</b> . egistry have a system in place for early case capture (rapid hent)? rly case capture performed for: does your CCR link to the National Death Index (NDI)? <b>only one. (If never, skip to question 46.)</b> of the following has the NDI linkage proven to be useful?

	indepen Volume represer	ed on the most recent year of data received from independent (i. bital-affiliated) pathology laboratories, please list the top five dent laboratories that do NOT report according to the NAACCR V standard. List them in descending order by the percent each nts of the total volume of independent pathology reports received t recent year.
2. 3. 4. 5. Advanced Activities Section Comments (You may add comments regarding your responses in the "Advanced Activities" section above.) Edit Survey Feedback 48. Please comment below about your experience completing this evaluation instrument by selecting the choice which best represents yo thoughts and experience: a. All or most of the questions are clearly stated. b. I understand the importance of all or most of the questions. c. For the most part, I found the web technology of the instrument to be user-friendly. d. For the most part, I consider the time spent completing the instrumer be a worthwhile contribution to NPCR and the cancer surveillance community. e. Our central registry uses data that are collected in this instrument. Edit 50. I have the following suggestions/revisions for the PEI questions or v formatting regarding next year's evaluation instrument (please commer the space provided below)		
<ul> <li>3.</li> <li>4.</li> <li>5.</li> <li>Advanced Activities Section Comments (You may add comments regarding your responses in the "Advanced Activities" section above.)</li> <li>Edit</li> <li>Survey Feedback</li> <li>48. Please comment below about your experience completing this evaluation instrument by selecting the choice which best represents yo thoughts and experience: <ul> <li>a. All or most of the questions are clearly stated.</li> <li>b. I understand the importance of all or most of the questions.</li> <li>c. For the most part, I found the web technology of the instrument to be user-friendly.</li> <li>d. For the most part, I consider the time spent completing the instrumer be a worthwhile contribution to NPCR and the cancer surveillance community.</li> <li>e. Our central registry uses data that are collected in this instrument.</li> </ul> </li> <li>Edit <ul> <li>Optional</li> </ul> </li> <li>49. I would like to participate in discussions regarding the 2019 evaluat instrument.</li> <li>50. I have the following suggestions/revisions for the PEI questions or v formatting regarding next year's evaluation instrument (please commer the space provided below)</li> </ul>		
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