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		- <u></u>	
Statisticians			
Computer/IT/GIS Specialists			
Other staff, specify:			
Total Number of Staff			
Total Number CTRs (of total number of staff)			

<u>Legislative Authority Section</u> – 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	Number Compliant with Reporting* at	Number Reporting Electronically
	(Denominator)	the end of 20XX	**
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 rec	ord)
☐ Medical records	
☐ Death certificate linkages	
☐ Other☐ Do not collect information on industrial or occupational history	
☐ 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 occupational history information?	or improve upon industrial or
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	es ·
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 ed	its?
O Yes O No	
O 1NO	
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
<u>Data Content and Format Section</u> – 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 □ All of the above □ None of the above
<u>Data Quality Assurance Section</u> – 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)

	No
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:
Data	a 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:	

<u>Collaborative Relationships Section</u> –

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

		ntrol Program (NCCCP)? Check all that apply: Provides assistance in staging NBCCEDP cases Regular meetings with NBCCEDP departmental Provides training/technical assistance to NBCCI Provides data to NBCCEDP Provides technical material for publications to N Provides subject matter expertise to NBCCEDP Data linkages (NBCCEDP database, Minimum) Partner on collaborative projects All of the above Other, specify:	EDP staff NBCCED P Data Elements (MDE) Study			
		Other, specify: None of the above, Explain:					
41.		Ided other answer options - With which chronic Tobacco Control 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 All of the above Other:	c disease progra	ams does your Co	CR collaborate?		
		Activities Section –					
	Delete						
	Delete			1: a4 4h a 4am 5 im d		ing that do NOT gament a	
4/.		Question – Based on the most recent year of data NAACCR Volume V standard by volume of % t			iependent iaborator	ies that do NOT report a	ecording to
1.		TWITECH Volume V standard by Volume of 70 V					
2.							
3.			_:	%			

4. 5.	
Surve	y Feedback Section – no changes
Option	nal Section –
49.	Reworded answer choices : I would like to participate in discussions regarding the 2019 evaluation instrument.
	Yes; add name and best contact info here:
	No



2017 - NPCR Program Evaluation Instrument

Form Approved

OMB NO. 0920-0706

Exp. Date: 05/31/2018

	Login	
Jser 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

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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).







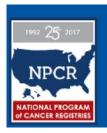
Survey	Questionnaire	Glossary	
Survey	Survey Progress	:: [Export & Print
Admir	nistrative Data	Administrative	Data
	Staffing	State/Territory	SA
Legisla	ative Authority	NPCR	
	Administration	reference	1995 🗸
Reporting (Completeness	Registry	
D	ata Exchange	reference year	1981
Data Conte	nt And Format	Registry	
Data Qua	lity Assurance	Program Director	
	Data Use	Cooperative Agreement #	17-1701-
	Collaboration	Most Current	\$
Advar	nced Activities	Grant Award Amount	a [
Sur	vey Feedback	CDC Program	Paran Pordell 🗸
	Optional	Consultant	
	Validation	Your name	
	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	J. J					
Legisl	ative Authority	The following questions use					
	Administration	known as an "FTE". In each question you will be asked to report the total number of FTEs (FTE count). To do this, please convert each position to					
Reporting	Completeness	the 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					
	Data Exchange	FTE, whereas 35 hrs/week v	vould convert to 1.0 FTE)	·			
Data Conte	ent And Format	0.25 FTE = 10 hrs/week 0.50 FTE = 20 hrs/week					
	ality Assurance	0.75 FTE = 30 hrs/week 1.00 FTE = 40 hrs/week					
	Data Use	Then add each converted po	sition for the total numbe	r of FTEs.			
	Collaboration	1. On December 31, 2016, how many total FTE central cancer registry					
Adva	nced Activities	(CCR) staff positions were funded? You may include positions outside the registry ONLY IF the registry pays a portion of the salary. Remember to use the calculation method above when computing partial FTEs.					
Sur	vey Feedback		Page 1 Staffing	·			
	Optional	Funding Category	Total Cou				
	Validation	Number of NPCR-funded	Filled	Vacant			
	Review	(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					

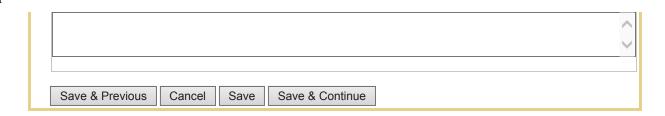
Survey: Staffing PEI

Number of Contrac positions funded sources					
Totals					
Save & Previous	Cancel	Save	Save & Co	ntinue	



	Survey	Ques	stionnaire	Glossary				5
Surve	ey .	Survey P	rogress:					Export & Print
A	dministrative	Data	Staffing 2	of 2				
	St	affing	J					
Le	gislative Aut	hority				positions listed below. Please incl aff (e.g. chronic disease epidemio		
	Administ	ration	your total	al FTE count. U	ation method as described prev stry positions and should be co	iously. Please no	ote CTR	
Report	ing Complete	eness				Page 2 Staffing		
	Data Exch	nange	Position	on (FTE or per	centage of FTE)	Total C Non-Contractor	ount FTEs	ractor
Data Co	ontent And F	ormat				Non-Contractor	Cont	actor
Data (Quality Assu	rance		Principal Inve	estigator			
	Data	a Use		Program Di	irector			
	Collabo	ration		Program Manager				
A	dvanced Act	ivities						
	Survey Feed	dback		Budget Ar	nalyst			
		otional	C	CTR Quality Co	ontrol Staff			
		dation eview	Nor	n-CTR Quality	Control Staff			
	Save and L	ogout	СТІ	R Education /T	raining Staff			
				Epidemiol	ogists			
				Statistici	ans			
			Cor	nputer / IT / GI	S Specialists			
			Other	staff, specify				
				Total Number	r of Staff			
			Total Nu	umber CTRs (c staff)	of total number of			
			Staffing Sabove.)	Section Comm	ents (You may add	comments regarding your respon	nses in the "Staffin	g" section

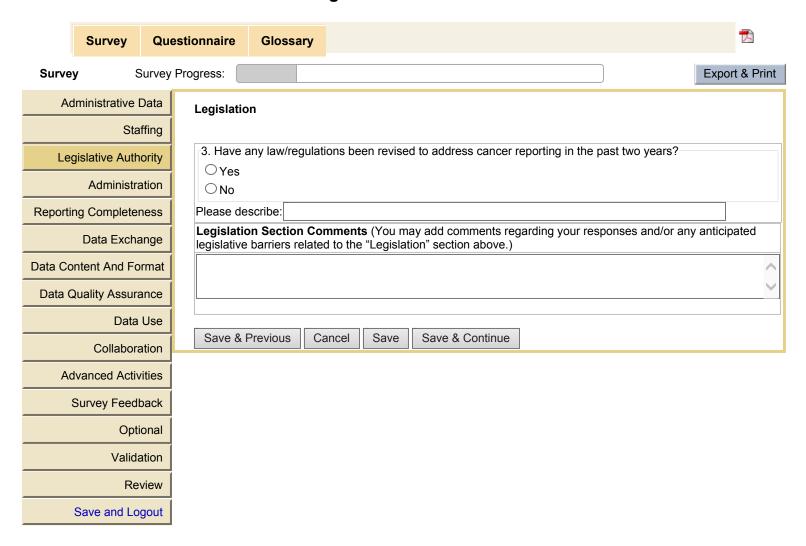
Survey: Staffing PEI





PEI Help? Please call us at 301.572.0502 or email us at support

2017 - Program Evaluation Instrument





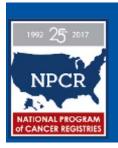
Survey	Questionnaire	Glossary						
Survey Survey Progress:		es:	Export & Print					
Administrative Data		Administration 1 of 2						
	Staffing							
Legislative Authority		4. Does your CCR maintain an operational manual describing registry operations, policies and procedures that, at a minimum, contains the following? Check all that apply.						
	Administration	Page 4 Administration						
Reporting	Completeness		○ Yes ○ No					
	oata Exchange	List of reportable diagnoses	○ Yes ○ No					
Data Conte	ent And Format	List of required data items	○ Yes ○ No					
Data Quality Assurance		Data processing operational procedure for (Check all that apply):						
	Data Use	a. Monitoring timeliness of reporting	Yes O No					
	Collaboration	b. Receipt of data	Yes O No					
	nced Activities	c. Database management including a description of the registry operating system (software)	○Yes ○No					
	Optional	,	Yes ○ No					
	Validation	Procedure for implementing and maintaining a quality assurance/control program including (check all that apply, e-h):						
	Review	e. Conducting follow-back to reporting facilities on quality assurance issues	○Yes ○No					
Sa	ve and Logout		Yes ONo					
		g. Maintaining detailed documentation of all quality assurance operations	○Yes ○No					
		h. Education and Training	⊃Yes ○No					
		Procedures for conducting data exchange including a list of states with which casesharing agreements are in place	○Yes ○No					
		Procedures for conducting data linkages	○Yes ○No					
		Procedures for ensuring confidentiality and data security including disaster planning	○Yes ○No					
		Procedures for ensuring confidentiality and						

Survey: Administration PEI

Procedures for da to and disc	○Yes ○No		
Procedures for ma	○Yes ○No		
Save & Previous	& Continue		



	Survey	Que	estionnaire	Glossary									
Surve	y S	Survey	Progress:										Export & Print
Ac	lministrative I	Data	Administr	ration 2 of 2									
Staffing													
Legislative Authority			5. Does your CCR produce reports that are used to monitor the registry operations and database, including processes and activities? Check all that apply.										
	Administra	ation	I	control report		_							
Reporti	ng Completer	ness	· · · · · ·	y control reports completeness re			-						
	Data Excha	ange		ness of data rep	ort fo	or each	n facility						
Data Co	ntent And Fo	ormat		vorkflow report he above									
Data 0	Quality Assura	ance	☐ Other,	specify:								7	
	Data	Use	☐ None o	of the above									
	Collabora	ation	6. Does y	your CCR have	an al	bstract	ing and c	oding ma	nual that	is provided	I for use b	y all repor	ting sources?
Ac	dvanced Activ	vities	○ No										
	Survey Feedl	back	Administ section ab		Com	nments	(You ma	ıy add coı	mments i	egarding y	our respo	nses in the	"Administration"
	Opti	ional		,,,,									^
	Valida	ation											~
	Re	view											
	Save and Lo	gout	Save & I	Previous Ca	ncel	Sa	se Sa	ive & Cor	ntinue				



Survey	Questionnaire	Glossary								
Survey	Survey Progress	s:				Export & Print				
Admi	nistrative Data	Reporting Completeness 1 of 3								
	Staffing									
Legisl	ative Authority	7. Hospital ar	7. Hospital and Pathology Laboratory Reporting:							
	Administration			pe, that are requi						
Reporting	Completeness	the number re	porting electro	nically. (e.g. in a ual data entry).						
С	oata Exchange			stry" is defined as	one (sinale	or ioint				
Data Conte	ent And Format	instituti	on) that collec	ts data to be used ardless of the cer	d internally ar	nd that would				
Data Qua	lity Assurance	require	ments to collect	ct and report cand espitals and Patho	cer data.					
	Data Use	applicable to your state/territory (e.g., IHS Hospitals), record zero (0) in "Number Required to Report" and record zero (0) in								
	Collaboration	"Number Compliant with Reporting". In these instances, "Number Reporting Electronically" should also be recorded as zero (0).								
Adva	nced Activities	Page 6 Paparting Completeness								
Sur	vey Feedback	Page 6 Reporting Completeness Number								
	Optional			Number Required to	Compliant with	Number Reporting				
	Validation			Report (Denominator)	Reporting* at the end of 2016	Electronically*				
	Review	HOSPITALS			01 2016					
Sa	ve and Logout	Hospitals wit registry (no								
		Hospitals with registry (no								
		CoC Hos	pitals#							
		VA Hosp	oitals#							

IHS Hospitals#							
Tribally Hospitals#							
PATHOLOGY LABORATOR	IES						
In-state independent labs							
Out-of-state independent labs							
Other							
TOTAL							
ALL facilities that report not only those reporting in a timely manner *Electronic Reporting is the collection and transfer of data from source documents by hospitals, physician offices, clinics or laboratories in a standardized, coded format that does not require manual data entry at the Central Cancer Registry (CCR) level to create an abstracted record. Although these groups are not "required" to report in accordance with state aw, please indicate the number of known facilities that diagnose or treat cancer for residents of your state.							
Save & Previous Cancel	Save	Save & Continue	<u> </u>				



Survey	Question	naire Glos	sary						
Survey	Survey Survey Progress:					Export & Print			
Administ	rative Data	Reporting (Reporting Completeness 2 of 3						
Legislative Authority		8. Do you require that non-analytic (classes 30-38) cases be reported to your CCR?							
Administration		○Yes							
Reporting Cor	mpleteness	O No		data from the Department of D	ofonoolo Automotos	d Control			
Data	Exchange			data from the Department of De CTUR) dataset? (If No, please					
Data Content And Format		○ Yes ○ No							
Data Quality	Assurance		10. If Yes, how often? Check only one.						
	Data Use	O Quarte	Quarterly						
Co	ollaboration		Every 6 months Annually						
Advance	d Activities		Other, describe						
Survey	/ Feedback								
	Optional	11. If Yes,	11. If Yes, have these data proven to be helpful in finding new incident cases?						
	Validation	O No							
	Review	12. If No, w	12. If No, why not? Check all that apply.						
Save and Logout		Data are We don'	Data are incomplete. Data are not in the proper format for us to consolidate with existing records. We don't have time to deal with it. Other, specify:						
		Cancer reg O Yes O No 13b. How m							
		Number of	faciliti	es:					

14. Based on historical data, how many cases per diagnosis year do you estimate are missed (i.e., never received) by your CCR because of non-reporting by VA facilities?				
Number of cases missed:				
Save & Previous Cancel Save Save & Continue				



	Survey	Que	estionnaire	Glossary							
Surve	y S	Survey	Progress:						Export & Print		
Administrative Data			Reportinç	g Completenes	s 3 of 3						
Staffing											
Legislative Authority		nority	15a. 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.								
	Administra	ation	_			-	s)? Check all that app ises, or patient forms th		he medical		
Reporti	ng Complete	ness	record)		s (e.g. billing	or ciairiis databa	ises, or patient forms to	iat are not part or t	ne medicai		
	Data Excha	ange		al records certificate linka	ges						
Data Co	ontent And Fo	ormat	☐ Other,	specify:							
Data (Quality Assura	ance	☐ Do not	t collect informa	ation on indus	trial or occupation	onal history				
	Data	Use	15b. Do you conduct any ADDITIONAL activities (e.g. linkages with external databases) to collect or improve upon industrial or occupational history information?								
	Collabora	ation	○Yes								
Ad	dvanced Activ	vities	○No								
	Survey Feed	back	Please de		ss Section C	omments (You	may add comments reg	garding your respon	nses in the		
	Opt	ional		g Completenes							
	Valida	ation									
	Re	view									
	Save and Lo	gout	Save &	Previous Ca	ancel Sav	e Save & Co	ntinue				



Survey Qu	uestionnaire Glossary
Survey Survey	y Progress: Export & Print
Administrative Data	Data Exchange
Staffing	
Legislative Authority	16. Does your CCR use and require the following standardized, CDC-recommended data formats for the electronic exchange of cancer data from reporting sources:
Administration	a. Hospital Reports (The NAACCR record layout version specified in Standards for Cancer Registries Volume II: Data Standards and Data Dictionary)?
Reporting Completeness	Yes
Data Exchange	○No
Data Content And Format	b. Pathology reports (NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting)?
Data Quality Assurance	○Yes
Data Use	○ No ○ Not Applicable, not receiving electronic pathology reports
Collaboration	c. Ambulatory healthcare providers using electronic health records (Implementation Guide for Ambulatory
Advanced Activities	Healthcare Provider Reporting to Central Cancer Registries) O Yes
Survey Feedback	○ No
Optional	O Not Applicable, not receiving Ambulatory healthcare provider reports
Validation	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
Review	cancer registries where a data-exchange agreement is in place:
Save and Logout	○ Yes ○ No
	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: Yes No c. The recommended frequency of data exchange is at least two times per year. Your CCR exchanges data at
	the following frequency:
	○ Annually ○ Biannually (two times per year)
	Other, specify
	d. Exchange agreements are in place with all bordering central cancer registries:
	OYes, with all bordering CCRs plus other non-adjacent CCRs
	○ Yes, with all bordering CCRs but no others
	○ Yes, with some bordering CCRs
	O No, no exchange agreements in place with neighboring states, but some are in place with non-neighboring states

-ist all existing	CCR agreements here:
e. What type of	records do you transmit for interstate exchange? Check all that apply.
Consolidate	
☐ Source reco	
	ords without text
_	ore data items included in the dataset submitted to other states?
○Yes	
○No	
g. Do 99% of c	data submitted to other states pass an NPCR-prescribed set of standard edits?
○Yes	
○No	
h. Are exchang	ged data transmitted via a secure encrypted Internet-based system?
○Yes	,
○ No	
i la tha atanda	ardized, NPCR-recommended data exchange format used to transmit data reports (The currer
Data Dictionar	ord layout version specified in Standards for Cancer Registries Volume II: Data Standards and y):
○ Yes ○ No	
No 18. What type(s	s) of secure encrypted Internet-based system is used for interstate data exchange? Check all
No No No No Rat apply.	s) of secure encrypted Internet-based system is used for interstate data exchange? Check all
No No No No No Rhat type(s	
○ No 18. What type(s hat apply. □ PHINMS □ Secure FTP	
No 18. What type(sthat apply.	
No	
No 18. What type(sthat apply. PHINMS Secure FTP WebPlus HTTPS N-IDEAS	
No 18. What type(sthat apply. PHINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encr	rypted e-mail
No	rypted e-mail
No 18. What type(sthat apply. PHINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encr Other, speci	rypted e-mail ify: e Section Comments (You may add comments regarding your responses in the "Data"
No 18. What type(sthat apply. PHINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encr Other, speci	rypted e-mail ify: e Section Comments (You may add comments regarding your responses in the "Data"
No 18. What type(sthat apply. PHINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encr Other, speci	rypted e-mail ify: e Section Comments (You may add comments regarding your responses in the "Data"
No 18. What type(sthat apply. PHINMS Secure FTP WebPlus HTTPS N-IDEAS Secure encr Other, speci	rypted e-mail ify: e Section Comments (You may add comments regarding your responses in the "Data"



	Survey	Questionnaire Glossary								
Surve	y S	urvey Progress: Export & Pri	int							
Ac	Iministrative [Data Content And Format								
	Sta	ffing								
Leç	gislative Auth	19. Is your CCR able to receive secure, encrypted cancer abstract data from reporting sources via the Internet?								
	Administra									
Reportin	ng Completer	Currently being developed and/or implemented No, not able to receive								
	Data Excha									
Data Co	ntent And Fo	20. What is the primary software system used to process and manage cancer data in your CCR? Check onlone.	у							
Data C	Quality Assura	Commercial Vendor								
	Data	Use O In-House Software O CRS Plus								
	Collabora		괵							
Ad	Ivanced Activ									
;	Survey Feedb	Prep Plus CRS Plus								
	Opti									
	Valida	tion Web Plus Barbara								
	Re	view All of the above								
	Save and Log									
		Data Content and Format Section Comments (You may add comments regarding your responses in the "Data Content and Format" section above.)								
			^							
			Y							
		Save & Previous Cancel Save Save & Continue								



Survey	Question	naire	Glossary	™					
Survey	Survey Prog	ress:		Export & Print					
Administr	rative Data	Data	Quality Assurance 1 of 3						
	Staffing								
Legislativ	e Authority		22. Please respond to each of the following statements to describe your CCR's quality assurance program:						
Adn	ninistration		Page 11 Data Quality Assuran	nce					
Reporting Con	npleteness	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 A Data Quality		do	least once every 5 years, case-finding and/or re- abstracting audits from a sampling of source cuments are conducted for each hospital-based porting facility. This may include external audits (NPCR/SEER)	○Yes ○No					
Со	llaboration	I	Data consolidation procedures are performed consistently from all source records	○Yes ○No					
Advance	d Activities	Procedures are in place for follow-back to							
Survey	Feedback	reporting facilities on quality issues							
	Optional	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?							
	Validation	○Yes							
		○No							
	Review	24. In the past year, which of the following type of quality control audits or activities did your CCR conduct? Check all that apply.							
Save a	and Logout	F F F F F F F F F F	Case finding Re-abstracting Re-coding /isual editing Data Item Consolidation Other, specify: Although required to match on all underlying causes tch all causes of death against your registry data to in 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	Questionnaire	Glossary	Glossary							
Survey	Survey Progress	s:						Exp	ort & Print	
Admir	nistrative Data	Data Quality A	ssurance	2 of 3	}					
	Staffing	•								
Legisla	ative Authority		27a. Does your CCR update the CCR database following death certificate matching within 3 months of linkage?							
,	Administration	Certificate ma	Death in			i iiikage:	O 14 (
Reporting (Completeness	Missing	demogr			tion	O Yes			
D	ata Exchange	27b. If Yes, w							nually	
Data Conte	nt And Format	or electronica automation a	lly? (Prov	ide be	st estima					
Data Qua	lity Assurance		Page 12 Data Quality Assurance							
	Data Use		Mai				Elec	tronic	ally (%)	
	Collaboration	Death inf	ormation	l						
Advar	nced Activities	Demographic	Informa	tion						
Sur	vey Feedback									
	Optional	28. Does you	r CCB no	rform r	coord or	naalidation	on the fel	lowing	12	
	Validation	26. Does you	I CCR pe	110111111	ecora cc		on the lo	iowing		
	Review	Patie	nt data g	roup		Electronic	() Manual	Both	O Neither	
Sav	ve and Logout	Treatm	Treatment data group			O Electronic	O Manual	OBoth	O Neither	
		Follow	-up data	group		O Electronic	O Manual	O Both	O Neither	
		Save & Previo	ous Ca	ancel	Save	Save &	Continue			



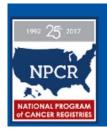
	Survey	Questionnaire Glossary									
Surve	y S	Survey Progress: Export &	k Print								
Ac	Iministrative I	Data Quality Assurance 3 of 3									
	Sta	affing									
Le	gislative Auth	29a. Does your CCR provide an edit set to your reporting facilities and/or vendors for use prior to data submissions to your CCR?									
	Administra		○Yes								
Reporti	ng Completer	eness Linear L	○No								
Data Exchange			29b. If Yes, are facilities required to run prescribed edits prior to their data submission to your CCR? Yes								
Data Co	ntent And Fo	ormat No									
Data C	Quality Assura	29c. Does your CCR have an established threshold for percent of records passing edits on incoming submissions?	7								
	Data	Use Yes									
	Collabora	ation 29d. If Yes what is the threshold?									
Ac	Ivanced Activ										
:	Survey Feedl										
	Opti	Solutional Less than 80%									
	Valida	200. How often dood your out provide reconstruct reporting racing admits quality; completeness, and									
	Re	timeliness of their data? Quarterly									
	Save and Lo	Ogout									
		Other, describe									
		Data Quality Assurance Section Comments (You may add comments regarding your responses in the "I Quality Assurance" section above.)	Data								
		,	^								
			~								
		Save & Previous Cancel Save Save & Continue									

Survey: Data Use PEI



Survey	Question	naire Glo	ossary				Ī			
Survey	Survey Prog	ress:					Export & Print			
Administ	trative Data	Data Use	1 of 3							
	Staffing		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							
Legislativ	e Authority									
Adr	ministration	file or rep	ort for th	e diagnosis year f	or Surveillance Epid monitor of the top o	emiology an	d End Results			
Reporting Cor	mpleteness	state/terr		,	·		,			
Data	a Exchange	O Yes	○ Yes ○ No							
Data Content	And Format				the diagnosis year					
Data Quality	Assurance	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								
	Data Use	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). O Yes No								
Co	ollaboration									
Advance	ed Activities		31b. Within 24 months of the end of the diagnosis year with data that are 95%							
Survey	y 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 cancers associated with modifiable risk factors (e.g., tobacco, obesity, HPV). Yes No								
	Optional									
	Validation									
	Review	31c. If Yes	s, indicate	e what information	was included in the	report: Che	ck all that			
Save	and Logout	Screer Tobace Obesit HPV-re All the Other 32a. What public? Most curi	co-related y-related elated Ca above t is the m	ost current diagno	sis year a data file o		vailable to the			

Survey: Data Use PEI	
	☐ Hard (paper) copy ☐ Electronic word-processed file ☐ Web page/query system
	Save & Previous Cancel Save Save & Continue



	Survey	Que	estionnaire	Glossary								
Surve	y	Survey	Progress:							Export & Print		
Ac	dministrative	Data	Data Use	2 of 3								
	Sta	affing										
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:									
	Administr	ation	<u> </u>	Page 15 Data Use								
Reporti	ng Complete	eness		Data Use (Category	/		Number	per Year			
Data Exchange				hensive cand cidence/morta			d					
Data Co	ntent And Fo	ormat	Detaile	ed incidence/i and geogra								
Data C	Quality Assur	ance		Collaboration, as defined in DP17-1701,								
Data Use			with cancer screening programs for breast, colorectal, and cervical cancer									
	Collabor	ation	He	ealth event in	vestigat	ion(s)						
Ac	dvanced Acti	vities		ssessment/pi Community C			e.					
	Survey Feed	lback		Program e	valuatio	n						
	Opt	tional		Epidemiolog	gic studi	es						
	Valid	lation	Oth	er, describe								
		eview	○Yes	ve any of the a	above us	es of data	been included i	n a journal publicatio	n in the last two y	ears?		
	Save and Lo	ogout	ONo									
34b. If "Yes", please list the citation(s) in the space provided:								ed:		<u> </u>		
										V		
			Save &	Previous (Cancel	Save	Save & Contin	iue				



	Survey	Que	estionnaire	Glossary					A		
Surve	y S	Survey	Progress:						Export & Print		
Ad	dministrative I	Data	Data Use	3 of 3							
	Sta	ffing									
Le	gislative Auth	ority		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? Check all that apply.							
	Administra	ation	l	, , ,	rnal articles, ann	ual report, other	reports)				
Reporting Completeness			☐ Web si☐ Preser	ite ntations, poster	S						
	Data Excha	ange		Release of data Education meeting, training program, conference							
Data Co	ontent And Fo	rmat		☐ Press releases, statements							
Data (Quality Assura	ance	☐ Reque ☐ None	sts for proposa	ls, bid solicitation	ns					
	Data	Use	☐ Other,	specify:							
	Collabora	ation	36. Does	your CCR use	United States Ca	ancer Statistics (I	USCS) data when p	erforming	comparative analyses?		
Ad	dvanced Activ	/ities	○Yes	•		•	, .	J	,		
	Survey Feedl	back	O No Ex	kplain:							
	Opti	ional	Data Use	Section Com	nents (You may	add comments re	egarding your respo	nses in the	e "Data Use" section		
	Valida	ation	above.)								
	Re	view									
	Save and Lo	gout									
			Save & F	Previous Ca	incel Save	Save & Continu	ue				



	Survey	Question	nnaire	Glossary						X	
\$	Survey	urvey Survey Progress:							Export & Pri	int	
	Administrative Data			Collaborative Relationships 1 of 2							
	Staffing										
	Legislativ	e Authority	ass	37a. Has your CCR established and regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry? (Advisory							
	Adn	ninistration		committee structures may include a CCC Program committee or an advocacy group).							
R	eporting Con	npleteness		Yes							
	Data	Exchange		○ No							
Da	ata Content A	And Format		37b. If Yes, the Advisory Committee includes representation from: Check all that apply.							
	Data Quality	Assurance		Representatives from all cancer prevention and control components Vital Statistics							
		Data Use		Hospital cancer	•						
	Со	llaboration		American Canc	•						
	Advance	d Activities		Clinical-laboratory personnel Pathologists							
				Clinicians							
	Survey	Feedback		Researchers Oncologists							
		Optional		American College of Surgeons							
		Validation		All of the above							
		Review		Other, specify:							
	Save a	and Logout					how often does this g	group	convene,	_	
				Quarterly			-				
			0	Annually							
				Biannually							
				Other, specify:							
			Sa	ve & Previous	Cancel	Save	Save & Continue				



Survey Que	estionnaire Glossary					
Survey Survey	Progress: Export & Print					
Administrative Data	Collaborative Relationships 2 of 2					
Staffing						
Legislative Authority	38. 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					
Administration	that apply. □ Provides assistance in staging NBCCEDP cases					
Reporting Completeness	Regular meetings with NBCCEDP and NCCCP departmental staff					
Data Exchange	☐ Provides training/technical assistance to NBCCEDP and NCCCP staff ☐ Provides data to NBCCEDP and NCCCP					
Data Content And Format	☐ Provides technical material for publications to NBCCEDP and NCCCP					
Data Quality Assurance	☐ Provides subject matter expertise to NBCCEDP and NCCCP ☐ Data linkage					
Data Use	☐ Partner on collaborative projects ☐ All of the above					
Collaboration	☐ Other, specify:					
Advanced Activities	☐ None of the above, explain					
Survey Feedback						
Optional	39. With which other Department of Health programs does your CCR collaborate? Check all that apply.					
Validation	☐ Tobacco Control ☐ Oral Health					
Review	☐ Diabetes ☐ Heart Disease and Stroke Prevention					
Save and Logout	☐ Asthma					
	☐ Physical Activity and Nutrition/Obesity ☐ Radiation Control					
	☐ Environmental Health					
	☐ Infectious disease (HIV/AIDS, HPV, hepatitis)					
	☐ Immunization					
	All of the above					
	☐ Other, specify:					
	Outline the Buletine big Outline outli					
Collaborative Relationship Section Comments (You may add comments regarding your responses in the "Collaborative Relationship" section above.)						
	^					
	Save & Previous Cancel Save Save & Continue					



Survey	Question	ınaire	Glossary			<u> </u>			
Survey	Survey Survey Progress:					Export & Print			
Administ	rative Data	Adva	nced Activiti	es 1 of 3					
Legislativ				he capacity of central cancer registries to collect and maintain population-based cer data increases, so does their ability to engage in new activities designed to					
Adr	ministration			eteness, timeliness, quality, and use n learning more about your "advance		In this section,			
Reporting Cor	mpleteness	40. l	f your CCR red	eives electronic pathology reports, i	n which forma	t are these			
Data	Exchange		ved? Check a	II that apply. Format (Volume V), Version 2.x					
Data Content A	And Format		IAACCR, Pipe	Delimited Format (Volume V), Versi					
Data Quality	Assurance			Format (NAACCR Volume II, Versio Delimited Format (NAACCR Volume	•	·			
	Data Use	l	ther, specify:						
Co	ollaboration		lot applicable						
Advance	d Activities	41. F	or which of the	e following cancer surveillance need ealth Department's PHIN / NEDSS					
Survey	/ Feedback			atory reporting	stair. Gilook c	in that apply:			
	Optional	l	Physician disease reporting Other healthcare data reporting						
	Validation			· · ·					
	Review		lone of the abo Does vour CCF	ve I conduct at least one of the followin	g advanced a	ctivities? Check			
Save a	and Logout	all th	nat apply.						
			urvival analys Quality of care						
		l	linical Studies						
		□□P	ublication of re	esearch studies using registry data					
				atitude and longitude to enable map	ping				
			ther healthcar	e data reporting. Describe:					
			other innovative	e uses of registry data such as Survi	vorship Care	Plan. Describe			
			lone of the abo						
			Does your reg ertainment)?	stry have a system in place for early	/ case capture	(rapid case			

Survey: Advanced Activities PEI

○Yes				
○No				
44. If Yes, is early ca	ase capture	performe	d for:	
All cases				
☐ Subset of cases	(e.g. Pediatr	ric Cance	r)	
Special Studies				
Other, specify:				
			Save & Continue	



Survey	Question	aire Glossary	大
Survey	Survey Pro	ess: Export & F	Print
Administr	rative Data	Advanced Activities 2 of 3	
	Staffing		
Legislativ	e Authority	45a. How often does your CCR link to the National Death Index (NDI)? Please check only one. (If never, skip to question 46.)	
Adn	ninistration	O Every Year	
Reporting Con	npleteness	○ Every Other Year ○ Every 3-5 Years	
Data	Exchange	O Never	
Data Content A	And Format	Other, specify	
Data Quality	Assurance	45b. For which of the following has the NDI linkage proven to be useful? Check a	all
	Data Use	that apply.	
Со	llaboration	Survivorship Data quality	
Advance	d Activities	Research	
Survey	[,] Feedback	Other, specify	
	Optional	Not applicable	
	Validation	45c. Does your CCR update your database following NDI linkage? Yes	
	Review	○ No	
Save a	and Logout	Not applicable	
		46. With which databases did your CCR link its records in 2016 for follow-up or so other purpose? Check all that apply.	ome
		□ State Vital Statistics □ National Death Index □ Department of Motor Vehicles □ Department of Voter Registration □ Indian Health Service □ Medicare (Health Care Financing Administration) □ Medicare Physician Identification and Eligibility Registry □ Medicaid □ CDC's National Breast and Cervical Cancer and Early Detection Program □ CDC's National Colorectal Cancer Screening 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	Que	estionnaire	Glossary						7
Surve	y S	Survey	Progress:							Export & Print
Ac	lministrative	Data	Advanced	d Activities 3 o	f 3					
	Sta	affing								
Le	gislative Auth	nority							hospital-affiliated	
	Administra	ation	Volume V	standard. List		ing order by	the percent ea		ents of the total vo	
Reporti	ng Complete	ness	1.				<u> </u>			
	Data Excha	ange								
Data Co	ntent And Fo	ormat	2							
Data C	Quality Assura	ance	3.							
	Data	Use								
	Collabora	ation	4.							
Ac	dvanced Activ	vities	5.							
	Survey Feedl	back				s (You may	add comments	regarding	your responses i	n the "Advanced
	Opti	ional	Activities	section above.)					^
	Valida	ation								~
	Re	view								
	Save and Lo	gout	Save & I	Previous Ca	Incel Save	Save & Co	ontinue			

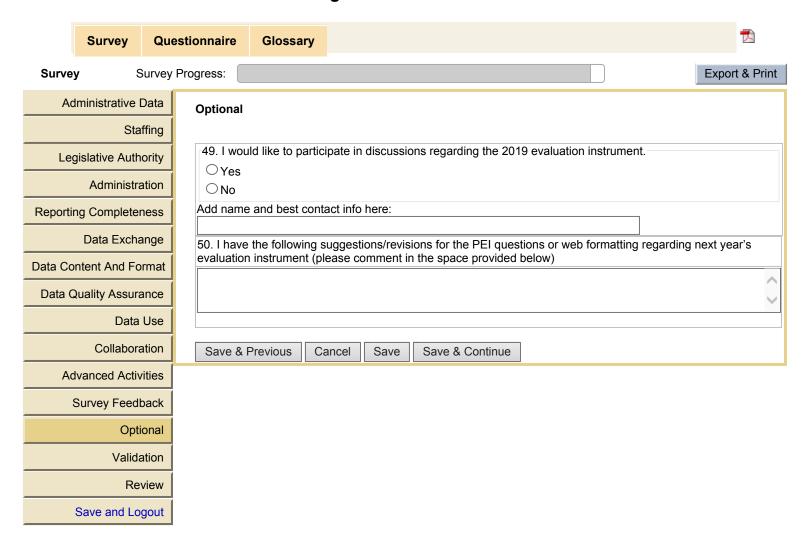


Survey	Questionnai	re	Glossary					
Survey	Survey Prog	ress:					Export & Print	
Admir	nistrative Data	Sui	rvey Feedba	ack				
	Staffing							
Legisla	ative Authority		48. Please comment below about your experience completing this evaluation instrument by selecting the choice which best represents your thoughts and					
,	Administration	exp	perience:				, , , , , , , , , , , , , , , , , , , ,	
Reporting (Completeness		All or most of All or most of Agree	of the questions	are clearly	y stated.		
D	ata Exchange		Disagree					
Data Conte	ent And Format			d the importanc	e of all or r	nost of the ques	tions.	
Data Qua	lity Assurance	○ Agree ○ Disagree						
	Data Use			t part, I found t	ne web tec	hnology of the ir	nstrument to be	
	Collaboration		er-friendly. Agree					
Adva	nced Activities		Disagree					
Sur	vey Feedback					spent completin	g the instrument to	
	Optional	co	mmunity.					
	Validation	_ _	Agree Disagree					
	Review	e. Our central registry uses data that are collected in this instrument.						
Sa	ve and Logout		Agree					
	-) Disagree					
		S	ave & Previ	ous Cancel	Save	Save & Conti	nue	



PEI Help? Please call us at 301.572.0502 or email us at support

2017 - Program Evaluation Instrument





Survey	Questionnair	e Glossary				
Survey	Survey Progre	ess:				Export & Print
Admi	nistrative Data	The following	guestions h	ave missing response	s. Please use	the navigation
	Staffing	menu to find the	ne question	and provide a respons	se.	and harriganism
Legisl	ative Authority	Module User Data	Question	Variable Name	Error Response	
	Administration	Edit			is missing	
Reporting	Completeness	Luit				
D	ata Exchange	User Data			Response is missing	
Data Conte	ent And Format	Edit				
Data Qua	lity Assurance	User Data			Response	
	Data Use	Edit			is missing	
	Collaboration	Lait				
Adva	nced Activities	User Data			Response is missing	
Sur	vey Feedback	Edit				
	Optional	User Data			Response	
	Validation	Edit			is missing	
	Review	Edit				
Sa	ve and Logout	User Data			Response is missing	
		Edit				
		Staffing	1	Number of NPCR- funded (non-contracte FTE positions: Fille	ed) Response	
		Edit		,		
		Staffing	1	Number of NPCR- funded (non-contracte FTE positions: Vaca	ed) Response	

Edit			
Staffing	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
Staffing	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			
Staffing Edit	2	Principal Investigator: Non-Contractor	Response is missing
Staffing Edit	2	Principal Investigator: Contractor	Response is missing
Staffing Edit	2	Program Director: Non- Contractor	Response is missing
Staffing Edit	2	Program Director: Contractor	Response is missing
Staffing	2	Program Manager: Non-Contractor	Response is missing
Staffing Edit	2	Program Manager: Contractor	Response is missing
Staffing Edit	2	Budget Analyst: Non- Contractor	Response is missing
Staffing Edit	2	Budget Analyst: Contractor	Response is missing
Staffing Edit	2	CTR Quality Control Staff: Non-Contractor	Response is missing
Staffing Edit	2	CTR Quality Control Staff: Contractor	Response is missing
Staffing	2	Non-CTR Quality Control Staff: Non- Contractor	Response is missing
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	4	a. Monitoring timeliness of reporting	Must select one
Administration	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 Edit	4	e. Conducting follow- back to reporting facilities on quality assurance issues	Must select one
Administration	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 Must select one	
Administration Edit	4	Procedures for Must conducting data select linkages one	
Administration Edit	4	Procedures for ensuring confidentiality and data security including disaster planning Must select one	
Administration Edit	4	Procedures for data release including Must access to and disclosure of information Must	
Administration Edit	4	Procedures for maintaining and updating the operational manual Must select one	
Administration Edit	5	Must select at least one	
Administration Edit	6	Must select one	
Reporting Completeness Edit	7	Hospitals with a cancer registry (non-federal): Response Number Required to is missing Report (Denominator)	
Reporting Completeness	7	Hospitals with a cancer registry (non-federal): Number Compliant with reporting at the end 2016 Response is missing	

Edit			
Reporting Completeness Edit	7	Hospitals with a cancer registry (non-federal): Number Reporting Electronically	Response is missing
Reporting Completeness Edit	7	Hospitals without a cancer registry (non-federal): Number Required to Report (Denominator)	Response is missing
Reporting Completeness Edit	7	Hospitals without a cancer registry (non-federal): Number Compliant with Reporting at the end of 2016	Response is missing
Reporting Completeness Edit	7	Hospitals without a cancer registry (non-federal): Number Reporting Electronically	Response is missing
Reporting Completeness Edit	7	CoC Hospitals: Number Required to Report (Denominator)	Response is missing
Reporting Completeness Edit	7	CoC Hospitals: Number Compliant with Reporting at the end of 2016	Response is missing
Reporting Completeness Edit	7	CoC Hospitals: Number Reporting Electronically	
Reporting Completeness Edit	7	VA Hospitals: Number Required to Report (Denominator)	Response is missing
Reporting Completeness Edit	7	VA Hospitals: Number Compliant with Reporting at the end of 2016	Response is missing

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

Edit			
Reporting Completeness Edit	7	Out-of-State Independent Pathology Laboratories: Number Required to Report (Denominator)	Response is missing
Reporting Completeness Edit	7	Out-of-State Independent Pathology Laboratories: Number Compliant with Reporting at the end of 2016	Response is missing
Reporting Completeness	7	Out-of-State Independent Pathology Laboratories: Number Reporting Electronically	Response is missing
Reporting Completeness	8		Must select one
Reporting Completeness	9		Must select one
Reporting Completeness	13a		Must select one
Reporting Completeness	13b	Number of facilities:	Response is missing
Reporting Completeness Edit	14	Number of cases missed:	Response is missing
Reporting Completeness Edit	15a		Must select at least one
Reporting Completeness	15b		Must select one

Edit		
Data Exchange Edit	16a	Must select one
Data Exchange Edit	16b	Must select one
Data Exchange Edit	16c	Must select one
Data Exchange Edit	17a	Must select one
Data Exchange Edit	17b	Must select one
Data Exchange Edit	17c	Must select one
Data Exchange Edit	17d	Must select one
Data Exchange Edit	17e	Must select at least one
Data Exchange Edit	17f	Must select one
Data Exchange Edit	17g	Must select one
Data Exchange	17h	

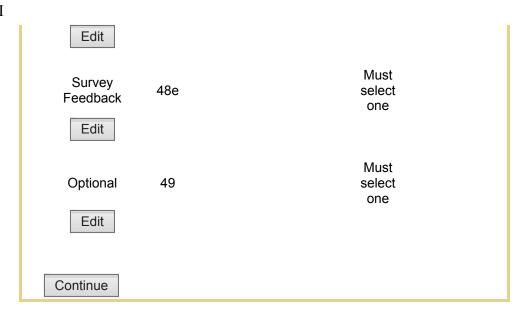
Edit			Must select one
Data Exchange Edit	17i		Must select one
Data Exchange Edit	18		Must select at least one
Data Content And Format Edit	19		Must select one
Data Content And Format Edit	20		Must select one
Data Content And Format Edit	21		Must select at least one
Data Quality Assurance Edit	22	A designated 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
Data Quality Assurance Edit	23		Must select one
Data Quality Assurance	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 Edit	28	Treatment data group	Must select one
Data Quality Assurance	28	Follow-up data group	Must select one

Edit			
Data Quality Assurance Edit	29a		Must select one
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
Edit 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	40		Must select at least one
Advanced Activities	41		Must select at least one
Advanced Activities Edit	42		Must select at least one

Advanced Activities Edit	43	Must select one
Advanced Activities Edit	45a	Must select one
Advanced Activities Edit	46	Must select at least one
Collaborative Relationships Edit	37a	Must select one
Collaborative Relationships Edit	37c	Must select one
Collaborative Relationships Edit	38	Must select at least one
Collaborative Relationships Edit	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





Survey	Questionnaire	Glossary			
Survey	Survey Progress		Expor	t & Print	
Admi	nistrative Data	This page can be used to review and revise your respons			
	Staffing	your responses are correct, then click the "Submit" butto your survey.	n to su	ibmit	
Legisl	ative Authority	Submit your survey Submit			
	Administration	You must address all errors before you can submit the su validation page	ırvey! (Go to	
Reporting	Completeness	Staffing			
	Oata Exchange	1. On December 31, 2016, how many total FTE central cance (CCR) staff positions were funded? You may include position			
		registry ONLY IF the registry pays a portion of the salary. Re	membe	r to use	
Data Conte	ent And Format	the calculation method above when computing partial FTEs. questions use the concept of a "Full-time Equivalent" also known	own as	an	
Data Qua	lity Assurance	"FTE". In each question you will be asked to report the total r FTEs (FTE count). To do this, please convert each position to		of	
	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	vey Feedback	0.75 FTE = 30 hrs/week			
	Optional	1.00 FTE = 40 hrs/week			
	Validation	Then add each converted position for the total number of FTI	= 8.		
		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 below include both filled and vacant, as well as time contributed by staff (e.g. chronic disease epidemiologist), regardless of fund total FTE count. Use the FTE calculation method as descr	non-reg ling, in <u>y</u>	gistry	

previously. Please note CTR credentials may be registry positions and should be counted accordingly.		veral
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 comm	ents regardin	na vour

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

Edit

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.)

Edit

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):

- 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)			

CoC Hospitals#			
VA Hospitals#			
IHS Hospitals#			
Tribally Hospitals#			
PATHOLOGY LABORATOR	RIES		1
In-state independent labs			
Out-of-state independent labs			
Other			
TOTAL	0	0	0
8. Do you require that non-ar your CCR?	nalytic (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		
10. II 165, HOW OREH! CHECK	Only One.		
11. If Yes, have these data pocases?	roven to be helpfu	ıl in finding n	ew incident
12. If No, why not? Check al	I that apply.		
13a. Do you receive data direcentral cancer registries in yo		erans Admir	nistration's
13b. How many VA facilities of central cancer registry in Was		our CCR indi	rectly from the VA
14. Based on historical data, estimate are missed (i.e., nev reporting by VA facilities?			
15a. Industrial or Occupation From what sources are you a industrial or occupational histonly these variables)? Check	ble to ROUTINEL ory (without seek	Y collect info	
15b. Do you conduct any AD databases) to collect or improinformation?			
Reporting Completeness S regarding your responses in the second sec	ection Comment the "Reporting Co	s (You may mpleteness"	add comments section above.)
Reporting Completeness S regarding your responses in t	ection Comment the "Reporting Co	s (You may mpleteness"	add comments section above.)
regarding your responses in t	ection Comment the "Reporting Co Data Exchange	mpleteness"	add comments section above.)

- 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.)

Edit

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.) Edit **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 screeningamenable 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.

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:

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	
34a. Have any of the above uses of data been included in a journa	

34a. Have any of the above uses of data been included in a journal publication in the last two years?

34b. If "Yes", please list the citation(s) in the space provided:

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? **Check all that apply.**

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

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

Edit

Collaborative Relationships

37a. Has your CCR established and regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry? (Advisory committee structures may include a CCC Program committee or an advocacy group).

37b. If Yes, the Advisory Committee includes representation from: **Check all that apply.**

37c. If you have an Advisory Committee, how often does this group convene, including in-person and teleconferences? **Check only one.**

38. In what ways does your CCR collaborate with your state's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and

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not hosp independ Volume represer	ed on the most recent year of data received from independent (i.e. 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 list of the total volume of independent pathology reports received in recent year.
1.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2.	
3.	
4.	
5.	
	ed Activities Section Comments (You may add comments
	g your responses in the "Advanced Activities" section above.)
	,
Edit	
	Survey Feedback
evaluatio	se comment below about your experience completing this on instrument by selecting the choice which best represents your and experience:
a. All or	most of the questions are clearly stated.
b. I unde	rstand the importance of all or most of the questions.
c For the	
user-frie	e most part, I found the web technology of the instrument to be
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