2022 - NPCR Program Evaluation Instrument

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OMB NO. 0920-0706

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Survey Question?

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or
Netta Apedoe

Other Question

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Program Evaluation Instrument

Purpose Statement

change my password

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 2022 PEI provide baseline data that can be used to measure compliance with the NPCR Program Standard. **Using all available information as of December 31, 2021, the appropriate Central Cancer Registry (CCR) staff should complete the PEI.**

Deadline for completion: December 31, 2022

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).

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

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Administrative Data

State/Territory	SA
NPCR reference year	1995
Registry reference year	1981
Registry Program Director	Sample
Cooperative Agreement #	17-1701-
Most Current Grant Award Amount	$
CDC Program Consultant	
Your name	
Title	
Phone number	
Status	In Progress
Date Completed	07/18/2021
Email	

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Staffing (page 1 of 2)

The following questions use the concept of a “Full-time Equivalent” also 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 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 FTE, whereas 35 hrs/week would convert to 1.0 FTE):

0.25 FTE = 10 hrs/week
0.50 FTE = 20 hrs/week
0.75 FTE = 30 hrs/week
1.00 FTE = 40 hrs/week

Then add each converted position for the total number of FTEs.

1. On December 31, 2021, 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 to use the calculation method above when computing partial FTEs.

Page 1 Staffing

Funding Category	Total Count FTEs	
	Filled	Vacant
Number of NPCR-funded (non-contracted) FTE positions		
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	0.00	0.00

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Staffing (page 2 of 2)

2. Please Indicate number of FTEs in the positions listed below. Please 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. **Use the FTE calculation method as described previously. Please note CTR credentials may be held by several registry positions and should be counted accordingly.**

Page 2 Staffing

Position (FTE or percentage of FTE)	Total Count FTEs	
	Filled	Vacant
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	0.00	0.00
Total Number CTRs (of total number of staff)		

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

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Legislation

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

- ○ Yes
- ○ No

Please describe:

If there are plans for revisions in the next two years, please provide comment in box below.

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

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Administration (page 1 of 2)

4. Does your CCR maintain an operational manual describing registry operations, policies and procedures that, at a minimum, contains the following? 1. Registry collects and submits data for all reportable cancers and benign neoplasms, including at a minimum, primary site, histology, behavior, date of diagnosis, race and ethnicity, age at diagnosis, gender, stage at diagnosis, and first course of treatment, according to CDC specifications and other information required by CDC. 2. For all CDC-required reportable cases, the registry collects/derives all required data items using standard codes prescribed by CDC. 3. Registry participates in all analytic datasets and Web-based data query systems, according to the annual NPCR CSS Data Release Policy.
Check all that apply.

Page 4 Administration

Reporting laws/regulations	○ Yes ○ No
List of reportable diagnoses	○ Yes ○ No
List of required data items	○ Yes ○ No

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

a. Monitoring timeliness of reporting	○ Yes ○ No
b. Receipt of data	○ Yes ○ No
c. Database management including a description of the registry operating system(software)	○ Yes ○ No
d. Conducting death certificate clearance	○ Yes ○ No

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	○ Yes ○ No
f. Conducting record consolidation	○ Yes ○ No
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 case-sharing 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 data release including access to and disclosure of information	○ Yes ○ No
Procedures for maintaining and updating the operational manual	○ Yes ○ No

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Administration (page 2 of 2)

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

- ☐ Quality control report (central registry)
- ☐ Quality control reports for each facility
- ☐ Data completeness report for each facility
- ☐ Timeliness of data report for each facility
- ☐ Data workflow report
- ☐ All of the above
- ☐ Other, specify:
- ☐ None of the above

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

- ○ Yes
- ○ No

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

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Reporting Completeness (page 1 of 3)

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 2021. 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).

Page 6 Reporting Completeness

	Number Required to Report (Denominator)	Number Compliant with Reporting* at the end of 2022	Number Reporting Electronically**
HOSPITALS			
Hospitals with a cancer registry (non-federal)			
Hospitals without a cancer registry (non-federal)			
CoC Hospitals#			

VA Hospitals#			
IHS Hospitals#			
Tribal Hospitals#			
Physician Offices#			
PATHOLOGY LABORATORIES			
In-state independent labs			
Out-of-state independent labs			
Other, specify			
TOTAL	0	0	0

*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 law, please indicate the number of known facilities that diagnose or treat cancer for residents of your state.

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Reporting Completeness (page 2 of 3)

8. Do you require that non-analytic (classes 30-38) cases be reported to your CCR?

- ○ Yes
- ○ No

9. Do you receive data from the **Department of Defense's** Automated Central Tumor Registry(ACTUR) dataset? **(If No, please skip to Question 12)**

- ○ Yes
- ○ No

10. If Yes, how often? **Check only one.**

- ○ Quarterly
- ○ Every 6 months
- ○ Annually
- ○ Other, describe

11. If Yes, have these data proven to be helpful in finding new incident cases?

- ○ Yes
- ○ No

12. If No, why not? **Check all that apply.**

- ☐ 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:

13a. Do you receive data directly from the **Veterans Administration's** cancer registries in your state?

- Yes
- No

13b. How many VA facilities currently report your CCR indirectly from the VA central cancer registry in Washington, DC?

Number of facilities:

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:

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Reporting Completeness (page 3 of 3)

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.**

- ☐ 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, specify:
- ☐ Do not collect information on industrial or occupational history

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

- ○ Yes
- ○ No

Please describe:

Please indicate how the following factors influenced the completeness and timeliness of your CCR's 12-month data submission:

Page 8 Reporting Completeness

	Contributing Factor	Negative Factor	Both Contributing and Negative Factor
Laws and Rules			
Fines and Penalties			
Outsourcing and contracting			

Interstate data exchange			
Other factors, specify			

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

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Data Exchange

16. Does your CCR use and require the following standardized, CDC-recommended 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)?

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No
- ○ Not Applicable, not receiving electronic pathology reports

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

- ○ Yes
- ○ No
- ○ Not Applicable, not receiving Ambulatory healthcare provider reports

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:

- ○ 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:

- ○ Yes, with all bordering CCRs plus other non-adjacent CCRs
- ○ Yes, with all bordering CCRs but no others
- ○ Yes, with some bordering CCRs
- ○ Yes, Includes National Interstate Data Exchange Agreement
- ○ No, no exchange agreements in place with neighboring states, but some are in place with non-neighboring states
- ○ No, no exchange agreements in place

List all existing CCR agreements here:

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

- ☐ Consolidated cases
- ☐ Source records with text
- ☐ Source records without text

f. Does it include all cases not exchanged previously?

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

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Data Content And Format

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

- ○ Yes
- ○ Currently being developed and/or implemented
- ○ No, not able to receive
- ○ No, able to receive, but not receiving

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

- ○ Commercial Vendor
- ○ In-House Software
- ○ CRS Plus
- ○ SEER DMS

21. 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

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

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Data Quality Assurance (page 1 of 3)

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

Page 11 Data Quality Assurance

A designated CTR is responsible for the quality assurance program	○ Yes ○ No
Qualified, experienced CTRs conduct quality assurance activities	○ Yes ○ No
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)	○ Yes ○ No
Data consolidation procedures are performed consistently from all source records	○ Yes ○ No
Procedures are in place for follow-back to reporting facilities on quality issues	○ Yes ○ No

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?

○ Yes

○ No

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

☐ Case finding
☐ Re-abstracting
☐ Re-coding
☐ Visual editing
☐ Data Item Consolidation
☐

Other, specify:

25. Although death certificate processes require matches 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

26. During the death certificate linkage, does your CCR match by tumor (site/histology) and not just by patient identifying information?

- Yes
- No

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Data Quality Assurance (page 2 of 3)

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

Death information (vital status and cause of death)	○ Yes ○ No
Missing demographic information	○ Yes ○ No

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.)

Page 12 Data Quality Assurance

	Manually (%)	**Electronically (%)**
Death information		
Demographic Information		

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

Patient data group	○ Electronic ○ Manual ○ Both ○ Neither
Treatment data group	○ Electronic ○ Manual ○ Both ○ Neither
Follow-up data group	○ Electronic ○ Manual ○ Both ○ Neither

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Data Quality Assurance (page 3 of 3)

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

29d. If Yes what is the threshold?

- ○ 100%
- ○ 90% or greater
- ○ 80% or greater
- ○ Less than 80%

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

- ○ Quarterly
- ○ Every 6 months
- ○ Annually
- ○ Other, describe

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

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Data Use (page 1 of 3)

30. Within 12 months of the end of the diagnosis year with data that are 90% complete, did your CCR calculate incidence count, rates or proportions 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?

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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).

- ○ Yes
- ○ No

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

- ☐ Screening-amenable Cancers
- ☐ Tobacco-related Cancers
- ☐ Obesity-related Cancers
- ☐ HPV-related Cancers
- ☐

All the above

☐ Other

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

Most current diagnosis year:

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

☐ Hard (paper) copy

☐ Electronic word-processed file

☐ Web page/query system

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Data Use (page 2 of 3)

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:

Page 15 Data Use

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 journal publication in the last two years?

- ○ Yes
- ○ No

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

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Data Use (page 3 of 3)

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.**

- ☐ Publications (e.g.; journal articles, annual report, other reports)
- ☐ Web site
- ☐ Presentations, posters
- ☐ Release of data
- ☐ Education meeting, training program, conference
- ☐ Press releases, statements
- ☐ Requests for proposals, bid solicitations
- ☐ Data System
- ☐ None
- ☐ Other, specify:

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

- ○ Yes
- ○ No Explain:

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

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Collaborative Relationships (page 1 of 2)

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).

- ○ Yes
- ○ No

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

- ☐ Representatives from all cancer prevention and control components
- ☐ Vital Statistics
- ☐ Hospital cancer registrars
- ☐ American Cancer Society
- ☐ Clinical-laboratory personnel
- ☐ Pathologists
- ☐ Clinicians
- ☐ Researchers
- ☐ Oncologists
- ☐ American College of Surgeons
- ☐ All of the above
- ☐ Other, specify:

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

- ○ Quarterly
- ○ Annually
- ○ Biannually

Other, specify:

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Collaborative Relationships (page 2 of 2)

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 that apply.**

- ☐ Provides assistance in staging NBCCEDP cases
- ☐ Regular meetings with NBCCEDP, NCCCP and chronic disease departmental staff
- ☐ Provides training/technical assistance to NBCCEDP, NCCCP and chronic disease staff
- ☐ Provides data to NBCCEDP, NCCCP and chronic disease
- ☐ Provides technical material for publications to NBCCEDP, NCCCP and chronic disease
- ☐ Provides subject matter expertise to NBCCEDP, NCCCP and chronic disease
- ☐ Data linkage
- ☐ Partner on collaborative projects
- ☐ All of the above
- ☐ Other, specify:

☐ None of the above, explain

39. With which other Department of Health programs does your CCR collaborate? **Check all that apply.**

- ☐ 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, specify:

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

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Advanced Activities (page 1 of 3)

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 improve the completeness, timeliness, quality, and use of their data. In this section, we are interested in learning more about your "advanced activities."

40. If your CCR receives electronic pathology reports, in which format are these received? **Check all that apply.**

- ☐ NAACCR, HL7 Format (Volume V), Version 2.x
- ☐ NAACCR, Pipe Delimited Format (Volume V), Version 2.x
- ☐ NAACCR, HL7 Format (NAACCR Volume II, Version 11, Chapter VI)
- ☐ NAACCR, Pipe Delimited Format (NAACCR Volume II, Version 10,Chapter VI)
- ☐ Other, specify:

[ ]

- ☐ Not applicable

41. For which of the following cancer surveillance needs has your CCR been in contact with your Health Department's PHIN / NEDSS staff? **Check all that apply.**

- ☐ Pathology laboratory reporting
- ☐ Physician disease reporting
- ☐ Other healthcare data reporting. Describe

[ ]

- ☐ None of the above

42. Does your CCR conduct at least one of the following advanced activities? **Check all that apply.**

- ☐ Survival analysis
- ☐ Quality of care studies
- ☐ Clinical Studies
- ☐ Publication of research studies using registry data
- ☐ Geo-coding to latitude and longitude to enable mapping
- ☐

Other healthcare data reporting. Describe:

☐ Other innovative uses of registry data such as Survivorship Care Plan. Describe

☐ None of the above

43. Does your registry have a system in place for early case capture (rapid case ascertainment)?

- ○ Yes
- ○ No

43a. If Yes, is early case capture performed for:

☐ All cases

☐ Subset of cases (e.g. Pediatric Cancer)

☐ Special Studies

☐ Other, specify:

43b. If yes, within what time frame are cases reported?

- ○ 30 days
- ○ 60 days
- ○ Study dependent, specify
- ○ Other, specify

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Advanced Activities (page 2 of 3)

44. How often does your CCR link to the National Death Index (NDI)? **Please check only one. (If *never*, skip to question 45.)**

- ○ Every Year
- ○ Every Other Year
- ○ Every 3-5 Years
- ○ Never
- ○ Other, specify

44a. For which of the following has the NDI linkage proven to be useful? **Check all that apply.**

- ☐ Survivorship
- ☐ Data quality
- ☐ Research
- ☐ Other, specify
- ☐ Not applicable

44b. Does your CCR update your database with vital status and cause of death following NDI linkage?

- ○ Yes
- ○ No
- ○ Not applicable

45. With which databases did your CCR link its records in 2020-2021 for follow-up or some other purpose? **Check all that apply.**

- ☐ 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
- ☐ Insurance Claim Databases (E.G. BC&BS, Kaiser, Managed Care Organization, fee for service)
- ☐ Hospital Discharge
- ☐ Hospital Radiation Therapy Dept.
- ☐ Hospital Disease Indices
- ☐ Other, specify:

- ☐ None

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Advanced Activities (page 3 of 3)

46. Based on the most recent year of data received from independent (i.e., not hospital-affiliated) pathology laboratories, please list the top five independent laboratories that do NOT report according to the NAACCR Volume V standard. List them in descending order by the percent each represents of the total volume of independent pathology reports received in the most recent year.

1.	
2.	
3.	
4.	
5.	

Advanced Activities Section Comments (You may add comments regarding your responses in the “Advanced Activities” section above.)

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Survey Feedback

47. Please comment below about your experience completing this evaluation instrument by selecting the choice which best represents your thoughts and experience:

a. All or most of the questions are clearly stated.

- ○ Agree
- ○ Disagree

b. I understand the importance of all or most of the questions.

- ○ Agree
- ○ Disagree

c. For the most part, I found the web technology of the instrument to be user-friendly.

- ○ Agree
- ○ Disagree

d. For the most part, I consider the time spent completing the instrument to be a worthwhile contribution to NPCR and the cancer surveillance community.

- ○ Agree
- ○ Disagree

e. Our central registry uses data that are collected in this instrument.

- ○ Agree
- ○ Disagree

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Optional

48. I would like to participate in discussions regarding the 2022 evaluation instrument.

- ○ Yes
- ○ No

Add name and best contact info here:

49. I have the following suggestions/revisions for the PEI questions or web formatting regarding next year's evaluation instrument (please comment in the space provided below)

Save & Previous | Cancel | Save | Save & Continue