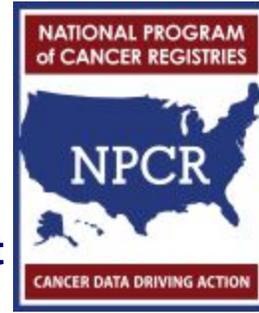




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**Form Approved**

**OMB NO. xxxx-xxxx**

**Exp. Date  
xx/xx/xxxx**

**Login**

User Name:

Password:

**This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.**

**Forget your user ID or password?**

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**Survey Question?**

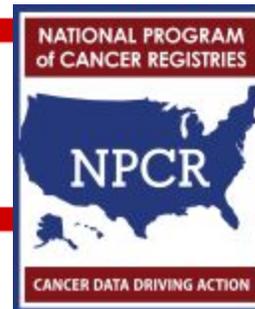
Please contact your CDC Program Consultant

or

Emily Nethercott

**Other Question**

Please email [support@npcrcss.org](mailto:support@npcrcss.org)



## Program Evaluation Instrument

### Purpose Statement

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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 2026 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, 2025, the appropriate Central Cancer Registry (CCR) staff should complete the PEI.

**Deadline for completion: xxxx xx, xxxx**

**Enter The Survey**

### Burden Statement

Public reporting burden of this collection of information varies from 2 to 6 hours with an estimated average of 4 hours per response. This includes 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/ASTDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-741, Atlanta, Georgia 30333, ATTN: PRA (XXXX-XXXX).

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





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### Administrative Data

|   |  |
|---|--|
| State/Territory                               | <input type="text" value="SA"/>          |
| NPCR reference year                           | <input type="text" value="1995"/>        |
| Registry reference year                       | <input type="text" value="1995"/>        |
| Registry Program Director                     | <input type="text"/>                     |
| DP22-2202 Cooperative Agreement Number        | NU58DP00 <input type="text"/>            |
| Award Amount (Refer to Notice of Award (NoA)) | \$ <input type="text"/>                  |
| CDC Program Consultant                        | <input type="text" value=""/>            |
| Your name                                     | <input type="text"/>                     |
| Title   | <input type="text"/>                     |
| Phone number                                  | <input type="text"/>                     |
| Status  | <input type="text" value="In Progress"/> |

|                |  |
|----------------|--|
| Date Completed | <input type="text" value="9/30/2024"/> |
| Email          | <input type="text"/>                   |



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### Staffing (page 1 of 2)

The following two questions use the concept of a “Full-time Equivalent” or FTE. For each question, report the total number of filled and vacant FTEs. Use the FTE guidelines below to convert each position to the appropriate FTE. Please round each position to the nearest quarter of an FTE. For example, 34 hours/week converts to 0.75 FTE, whereas 35 hours/week converts to 1.0 FTE.

#### FTE Guidelines:

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

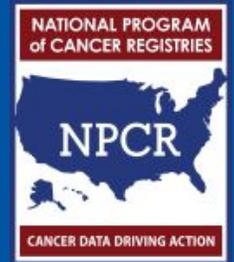
#### 1. Indicate the number of filled and vacant FTEs by funding category as of December 31, 2025.

You may include positions outside the registry ONLY if the registry pays a portion of the salary. To compute partial FTEs, please follow the FTE guidelines.

Page 1 Staffing

| Funding Category   | Total Count FTEs     |                      |
|--|----------------------|----------------------|
|  | Filled               | Vacant               |
| <b>Number of NPCR-funded, non-contracted FTE positions</b> | <input type="text"/> | <input type="text"/> |
| <b>Number of NPCR-funded, contracted FTE positions</b>     | <input type="text"/> | <input type="text"/> |

|   |                      |                      |
|---|----------------------|----------------------|
| <b>Number of state-funded, non-contracted FTE positions</b>           | <input type="text"/> | <input type="text"/> |
| <b>Number of state-funded, contracted FTE positions</b>               | <input type="text"/> | <input type="text"/> |
| <b>Number of non-contracted FTE positions funded by other sources</b> | <input type="text"/> | <input type="text"/> |
| <b>Number of contracted FTE positions funded by other sources</b>     | <input type="text"/> | <input type="text"/> |



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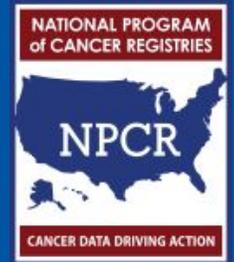
**2. Indicate the number of filled and vacant FTEs by position as of December 31, 2025.** You may include time contributed by non-registry staff (i.e., chronic disease epidemiologist), regardless of funding, in your total FTE count. To compute partial FTEs, please follow the FTE guidelines.  
Note: ODS 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                          | <input type="text"/> | <input type="text"/> |
| Program Director                                | <input type="text"/> | <input type="text"/> |
| Program Manager                                 | <input type="text"/> | <input type="text"/> |
| Grants Manager or Budget Analyst                | <input type="text"/> | <input type="text"/> |
| ODS Quality Control Staff                       | <input type="text"/> | <input type="text"/> |
| Non-ODS Quality Control Staff (i.e., registrar) | <input type="text"/> | <input type="text"/> |
| ODS Education /Training Staff                   | <input type="text"/> | <input type="text"/> |
| Epidemiologist or Data Analyst                  | <input type="text"/> | <input type="text"/> |
| Statisticians                                   | <input type="text"/> | <input type="text"/> |
| IT Staff  | <input type="text"/> | <input type="text"/> |

|   |                      |                      |
|---|----------------------|----------------------|
| <b>GIS Specialists</b>                              | <input type="text"/> | <input type="text"/> |
| <b>Other staff, specify</b><br><input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Total Number of Staff</b>                        | <input type="text"/> | <input type="text"/> |
| <b>Total Number ODS (of total number of staff)</b>  | <input type="text"/> | <input type="text"/> |

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



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### Legislative Authority

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

- Yes  
 No

Please describe:

**Electronic reporting** is defined as the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. It collects and transfers 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 CCR level to create an abstracted record.

#### Legislative Authority Comments

You may add comments regarding your responses in the "Legislative Authority" section above.

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### Administration and Operations (page 1 of 2)

4. NPCR program standards specify maintaining an operations manual that describes registry operations, policies, and procedures. As of December 31, 2025, what did your CCR operations manual contain? **Check all that apply.**

#### Page 4 Administration and Operations

|  |  |
|--|--|
| <b>1. Reporting laws/regulations</b>   | <input type="radio"/> Yes <input type="radio"/> No |
| <b>2. List of reportable diagnoses</b>   | <input type="radio"/> Yes <input type="radio"/> No |
| <b>3. List of required data items</b>  | <input type="radio"/> Yes <input type="radio"/> No |
| <b>4. Procedures for data processing operations, including:</b>  |  |
| <b>a. Monitoring timeliness of reporting</b>   | <input type="radio"/> Yes <input type="radio"/> No |
| <b>b. Receipt of data</b>  | <input type="radio"/> Yes <input type="radio"/> No |
| <b>c. Database management including a description of the registry operating system (software)</b>              | <input type="radio"/> Yes <input type="radio"/> No |
| <b>d. Conducting death clearance</b>   | <input type="radio"/> Yes <input type="radio"/> No |
| <b>e. Implementing and maintaining the quality assurance or quality control program</b>                        | <input type="radio"/> Yes <input type="radio"/> No |
| <b>f. Conducting data exchange, including a list of states with which case-sharing agreements are in place</b> | <input type="radio"/> Yes <input type="radio"/> No |
| <b>g. Conducting data linkages</b>   | <input type="radio"/> Yes <input type="radio"/> No |
| <b>h. Ensuring confidentiality and data security, including disaster planning</b>                              | <input type="radio"/> Yes <input type="radio"/> No |

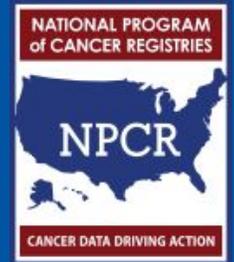
|   |  |
|---|--|
| <b>i. Data release, including access to and disclosure of information</b>                             | <input type="radio"/> Yes <input type="radio"/> No |
| <b>j. Maintaining and updating the operations manual</b>  | <input type="radio"/> Yes <input type="radio"/> No |
| <b>5. Reports that cover processes and activities to monitor the registry operations and database</b> | <input type="radio"/> Yes <input type="radio"/> No |
| <b>6. Manuals used by reporting sources that abstract and report cancer cases</b>                     | <input type="radio"/> Yes <input type="radio"/> No |

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### Administration and Operations (page 2 of 2)

5. As of December 31, 2025, what reports did the CCR produce to monitor registry operations, processes, and activities? **Check all that apply.**

- Quality control report (facility)
- Data completeness report (facility)
- Timeliness of data report (facility)
- Management reports
- Operations calendar
- Other, specify:

None of the above

#### Administration and Operations Comments

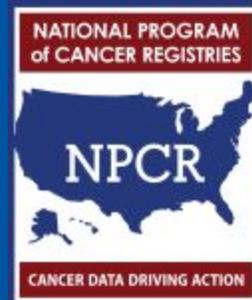
You may add comments regarding your responses in the "Administration and Operations" section above.

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### Reporting Completeness (page 1 of 3)

6. In the table below, record the number, by type, that are reporting to the registry and the number that are reporting electronically as of December 31, 2025. Please note instructions and definitions below.

- Hospitals with a cancer registry (non-federal) (non-CoC) do not include CoC hospitals. For example, a state/territory with 3 CoC hospitals and 2 non-CoC hospitals with a cancer registry (non-federal) would record 2 hospitals with a cancer registry (non-federal) (non-CoC) in “Number Reporting to the Registry (Denominator)” and 3 CoC hospitals in “Number Reporting to the Registry (Denominator)”.
- For physician offices, use the counting method in the table below that aligns with the registry’s own method for defining and tracking physician reporting.
- For types of Hospitals & Offices and Pathology Laboratories in the table below that are not applicable to your state/territory (for example, IHS hospitals), please record zero (0) in “Number Reporting to the Registry” and record zero (0) in “Number Reporting Electronically”.

Page 6 Reporting Completeness

|  | Number Reporting to the Registry (Denominator) | Number Reporting Electronically (Numerator) | Percentage           |
|--|--|---|----------------------|
| <b>HOSPITALS &amp; OFFICES</b>                           |  |   |                      |
| Hospitals with a cancer registry (non-federal) (non-CoC) | <input type="text"/>                           | <input type="text"/>                        | <input type="text"/> |
| Hospitals without a cancer registry (non-federal)        | <input type="text"/>                           | <input type="text"/>                        | <input type="text"/> |
| CoC Hospitals  | <input type="text"/>                           | <input type="text"/>                        | <input type="text"/> |

|  |                      |                      |                      |
|--|----------------------|----------------------|----------------------|
| <b>VA Hospitals</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>IHS Hospitals</b>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Tribal Hospitals</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Physician Offices</b>                                       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>PATHOLOGY LABORATORIES</b>                                  |                      |                      |                      |
| <b>In-state independent labs</b>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Out-of-state independent labs</b>                           | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Other, specify</b><br><input type="text"/>                  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>TOTAL (Hospitals &amp; Offices, Pathology Laboratories)</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Hospital cancer registry** is defined as a 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.

**Electronic reporting** is defined as the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. It collects and transfers 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 CCR level to create an abstracted record.



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### Reporting Completeness (page 2 of 3)

7. Please indicate how the following factors influenced the completeness and timeliness of your CCR's 12-month data submission (**select one per item**):

|   |   |                                       |   |   |
|---|---|---------------------------------------|---|---|
| <b>Law and Rules</b>                                  | <input type="radio"/> Contributing Factor | <input type="radio"/> Negative Factor | <input type="radio"/> Both Contributing and Negative Factor | <input type="radio"/> This Factor is not applicable at the registry |
| <b>Fines and Penalties</b>                            | <input type="radio"/> Contributing Factor | <input type="radio"/> Negative Factor | <input type="radio"/> Both Contributing and Negative Factor | <input type="radio"/> This Factor is not applicable at the registry |
| <b>Outsourcing and Contracting</b>                    | <input type="radio"/> Contributing Factor | <input type="radio"/> Negative Factor | <input type="radio"/> Both Contributing and Negative Factor | <input type="radio"/> This Factor is not applicable at the registry |
| <b>Interstate Data Exchange</b>                       | <input type="radio"/> Contributing Factor | <input type="radio"/> Negative Factor | <input type="radio"/> Both Contributing and Negative Factor | <input type="radio"/> This Factor is not applicable at the registry |
| <b>Other factors, specify</b><br><input type="text"/> | <input type="radio"/> Contributing Factor | <input type="radio"/> Negative Factor | <input type="radio"/> Both Contributing and Negative Factor | <input type="radio"/> This Factor is not applicable at the registry |

### Non-Analytic Cases

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

Yes

No

### Department of Defense's Automated Central Tumor Registry (ACTUR)

9. On average, how many cases per diagnosis year do you estimate your CCR receives from the DoD's ACTUR dataset? (enter "0" if none)

**Veterans Affairs (VA)**

10a. On average, how many cases per diagnosis year do you estimate your CCR receives directly from the **VA Central Cancer Registry** in your state? (enter "0" if none)

10b. How many VA facilities currently report to your CCR indirectly from the **VA Central Cancer Registry in Washington, DC**? (enter "0" if none)

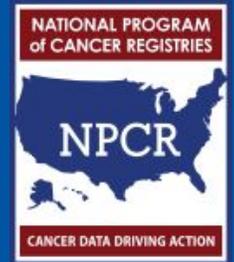
11. On average, how many cases per diagnosis year do you estimate are missed (i.e., never received) by your CCR because of non-reporting by VA facilities? (enter "0" if none)

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### Reporting Completeness (page 3 of 3)

#### Industrial or Occupational History Data

12a. From what sources are you able to regularly collect data 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

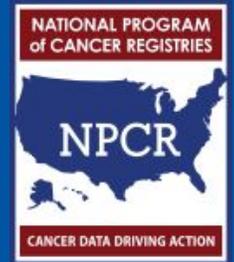
12b. Do you conduct any additional activities (i.e., linkages with external databases) to collect or improve upon industrial or occupational history information?

- Yes
- No

Please describe:

#### Reporting Completeness Comments

You may add comments regarding your responses in the "Reporting Completeness" section above.



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### Electronic Data Exchange

#### Data Exchange Format

13. Does your CCR use and require the following standardized, CDC-recommended data exchange formats for the electronic exchange of cancer data from reporting sources:

a. Hospital Reports (The NAACCR 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

#### Interstate Data Exchange

14. 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 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 other 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?

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

f. Does it include all cases not exchanged previously?

- Yes
- No

g. Do the interstate data exchange files include the minimum data items specified in the current Interstate Data Exchange Guidelines?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

15. What type(s) of secure encrypted web-based system is used for sending or receiving cases through interstate data exchange? **Check all that apply.**

- Secure FTP
- WebPlus
- HTTPS
- N-IDEAS
- Secure encrypted e-mail
- Other, specify:

**Data Exchange Comments**

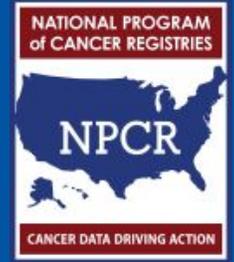
You may add comments regarding your responses in the "Data Exchange" section above.

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### Data Content And Format

16. Is your CCR able to receive secure, encrypted cancer abstract data from reporting sources electronically?

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

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

- CRS Plus
- SEER DMS
- In-House Software
- Rocky Mountain Cancer Data Systems
- Other, specify

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

- Abstract Plus
- Prep Plus
- CRS Plus
- Link Plus
- Web Plus
- Exchange Plus
- eMaRC Plus (ePath Reporting Module only)
- eMaRC Plus (Physician Reporting Module only)
- eMaRC Plus (Both ePath and Physician Reporting Modules)
- None of the above

### Data Content and Format 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)

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

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**A designated ODS is responsible for the quality assurance program**

Yes  No

**Qualified, experienced ODS staff conduct quality assurance activities**

Yes  No

**A designated ODS education/training coordinator provides training to CCR staff and reporting sources to ensure high quality data**

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

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

- Case finding
- Re-abstracting
- Re-coding
- Visual editing and/or visual review
- Data Item Consolidation
- Other, specify:

**Case finding** is defined as the process of identifying all cases to be included in the registry's database.

**Re-abstracting** is defined as use of source record(s) to abstract and compare results.

**Re-coding** is defined as use of the submitted abstract's text information to assign codes and compare results.

**Visual editing/visual review** is defined as visual comparison of coded fields to text.

**Data item consolidation** is defined as combining data from multiple sources to

produce a single 'best' value for data items.

21. 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, specify

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### Data Quality Assurance (page 2 of 3)

#### Record Consolidation

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

**Patient**  Electronic  Manual  Both  Neither

**Treatment**  Electronic  Manual  Both  Neither

**Follow-up**  Electronic  Manual  Both  Neither

#### Death Clearance

23. 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

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

Yes

No

25a. 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

25b. If yes, what percentage(s) of the updates are performed manually or electronically? (Provide best estimate. There may be some overlap between automation and manual review.)

|                                | Manually (%)         | Electronically (%)   |
|--------------------------------|----------------------|----------------------|
| <b>Death information</b>       | <input type="text"/> | <input type="text"/> |
| <b>Demographic Information</b> | <input type="text"/> | <input type="text"/> |

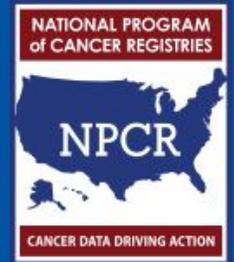
**Edits**

26a. After your CCR provides an edit set to reporting facilities and/or vendors to use before data submission, does your CCR require facilities to run edits before they submit their data to the registry?

- Yes  
 No  
 Other, specify:

26b. Please choose the option below that most accurately represents your CCR's established threshold for percent of records passing edits.

- 100%  
 90% or greater  
 80% or greater  
 Less than 80%  
 Other, specify:



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### Data Quality Assurance (page 3 of 3)

#### Linkages

27. NPCR program standards specify performing National Death Index (NDI) linkage on an annual basis. How often does your CCR link to the NDI? **Check only one.**

- Annually
- Biannually (two times per year)
- Every other year
- Other, specify:

28. 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

29. Which databases did your CCR link records in 2024-2025 for follow-up or some other purpose? **Check all that apply.**

- All Payer Claims Database (APCD)
- CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- CDC's Colorectal Cancer Control Program (CRCCP)
- Department of Motor Vehicles (DMV)
- Department of Voter Registration
- Hospital Disease Indices
- Hospital Discharge Database
- Hospital Radiation Therapy Dept.
- Indian Health Service (IHS)
- Insurance Claim Databases (i.e., BCBS, Kaiser, Managed Care Organization, fee-for-service)
- Medicaid
- Medicare (Health Care Financing Administration)
- Medicare Physician Identification and Eligibility Registry
- National Death Index (NDI)
- State Vital Statistics
- Social Security
- Other, specify:

None

**Data Quality Assurance 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, does your CCR produce:

**An electronic data file of incidence counts, rates, or proportions by SEER site groups?**

Yes  No

**A report of incidence counts, rates, or proportions by SEER site groups?**

Yes  No

31. Within 24 months of the end of the diagnosis year, with data that are 95% complete, does your CCR produce:

**Reports on age-adjusted incidence and mortality rates using SEER site groups? Age, sex, race, ethnicity, and geographic area are stratified where applicable.**

Yes  No

**Biennial reports on stage and incidence by geographic area, emphasizing screening-amenable cancers and cancers associated with modifiable risk factors?**

Yes  No

32. Indicate which cancer screening and/or cancer-related risk factors were covered in the CCR's reports. **Check all that apply.**

- Alcohol consumption
- Physical inactivity
- Nutrition
- Tobacco use
- Obesity
- HPV vaccination
- Other, specify:

33. Indicate the most recent diagnosis year an electronic data file or report was made available to the public:

**Year:**



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### Data Use (page 2 of 3)

34a. Indicate the number of times between January 1, 2025, to December 31, 2025, the CCR, state health department, or its designee used registry data in each category to understand the cancer burden in support of cancer prevention and control priorities. **Please provide best estimate. Enter '0' if not applicable.**

Page 15 Data Use

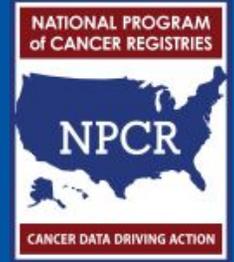
| Data Use Category   | Number per Year      |
|---|----------------------|
| <b>Comprehensive cancer control detailed incidence/mortality estimates</b>  | <input type="text"/> |
| <b>Detailed incidence/mortality by stage and geographic area</b>  | <input type="text"/> |
| <b>Collaboration, as defined in DP22-2202, with cancer screening programs for breast, colorectal, and cervical cancer</b> | <input type="text"/> |
| <b>Health event investigation(s) (i.e., cancer cluster investigations)</b>  | <input type="text"/> |
| <b>Needs assessment/program planning (i.e., Community Cancer Profiles)</b>  | <input type="text"/> |
| <b>Program evaluation</b>   | <input type="text"/> |

|  |                      |
|--|----------------------|
| <b>Epidemiologic studies</b>                   | <input type="text"/> |
| <b>Survivorship programs</b>                   | <input type="text"/> |
| <b>Other, specify:</b><br><input type="text"/> | <input type="text"/> |

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

|  |
|--|
| <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|

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### Data Use (page 3 of 3)

35. Between January 1, 2025, to December 31, 2025, which data use activities did the CCR participate in? **Check all that apply.**

- Created written publications (i.e., journal articles, annual report, other reports)
- Updated website
- Shared oral or poster presentation(s) at local or national conference
- Released data file
- Held education or training meeting
- Issued press releases or statements
- Created or updated data dashboard, map, or other data visualization
- None of the above
- Other, specify:

36. Between January 1, 2025, to December 31, 2025, in what ways did your CCR use U.S. Cancer Statistics (USCS) data? **Check all that apply.**

- Written publications (i.e., journal articles, annual report, other reports)
- Oral or poster presentation(s) at local or national conference
- CCR's data dashboard, map, or other data visualization
- Collaborative activities with NBCCEDP, NCCCP, and/or chronic disease partners
- Health event investigations (i.e., cancer cluster investigations)
- Needs assessments/program planning (i.e., Community Cancer Profiles)
- Analyses or studies (i.e., epidemiologic studies, survival analyses, clinical studies, comparative analyses)
- Program evaluation
- Routine data requests
- USCS data was not used between January 1, 2025, to December 31, 2025
- Other, specify:

### 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)

#### Advisory Committee

37a. As of December 31, 2025, has your CCR established and regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry?

- Yes  
 No

37b. The advisory committee includes representation from: **Check all that apply.**

- American Cancer Society  
 American College of Surgeons  
 Vital Statistics  
 Hospital cancer registrars (ODS)  
 Laboratory personnel  
 Cancer survivors  
 Researchers  
 Pathologists  
 Medical/Radiation oncologists  
 Other specialty physicians (i.e., dermatologists, gastroenterologists, urologists, etc.)  
 Representatives from cancer prevention and control programs  
 Other, specify:

37c. How often does the advisory committee convene? **Check only one.**

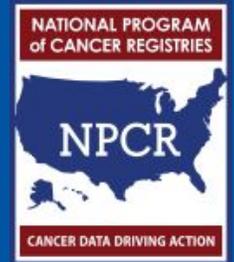
- Quarterly  
 Annually  
 Biannually  
 Other, specify:

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### Collaborative Relationships (page 2 of 2)

#### Cancer & Other Chronic Disease Programs

38. In what ways does your CCR collaborate with your state's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), National Comprehensive Cancer Control Program (NCCCP), and other chronic disease programs? **Check all that apply.**

- Provide assistance in staging NBCCEDP cases
- Regular meetings with NBCCEDP, NCCCP, and chronic disease
- Provide trainings to NBCCEDP, NCCCP, and chronic disease
- Provide data to NBCCEDP, NCCCP, and chronic disease
- Provide material for publications to NBCCEDP, NCCCP, and chronic disease
- Provide subject matter expertise or technical assistance to NBCCEDP, NCCCP, and chronic disease
- Data linkage
- Partner on collaborative projects
- Other, specify:
- None of the above, explain:

#### Health Department

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

- Asthma
- Diabetes
- Environmental Health
- Heart Disease and Stroke Prevention
- Infectious disease (HIV/AIDS, HPV, hepatitis)
- Immunization
- Oral Health
- Physical Activity and Nutrition/Obesity
- Radiation Control
- Tobacco Control
- Other, specify:

#### **Collaborative Relationship Section Comments**

You may add comments regarding your responses in the "Collaborative Relationship" section above.

Text input area for comments

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### Other Surveillance Activities (page 1 of 2)

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 infectious disease program staff? **Check all that apply.**

- Pathology laboratory reporting
- Physician disease reporting
- Other healthcare data reporting, specify:

None of the above

42. Which of these did the CCR conduct in the past year (January 1, 2025 – December 31, 2025)? **Check all that apply.**

- Survival analysis
- Quality of care studies
- Cancer cluster investigation
- Clinical study
- Geocoding
- Research published in peer reviewed journals using registry data
- Created data dashboard, map, or other data visualization
- Other innovative uses of registry data, specify:

None of the above

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### Other Surveillance Activities (page 2 of 2)

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

- Yes
- No

44a. If Yes, is early case capture performed for:

- All cases
- Subset of cases (i.e., pediatric cancer), specify:
- Special Studies
- Other, specify:

44b. If yes, within what time frame are cases reported?

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

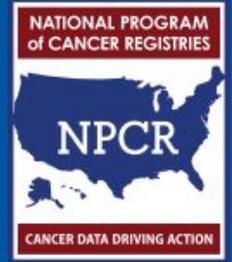
Time Frame Study, Specify

Time Frame Other, Specify

### Other Surveillance Activities Section Comments

You may add comments regarding your responses in the "Other Surveillance Activities" section above

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- Cancel
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- Save & Continue



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45. Please indicate your experience completing the 2026 NPCR Program Evaluation Instrument:

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

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

c. I consider the time spent completing the instrument to be a worthwhile contribution to NPCR and the cancer surveillance community.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

d. Our registry uses the data collected in this instrument.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

46. I would like to participate in discussions regarding the NPCR Program Evaluation Instrument

- Yes
- No

provide name, email, phone number

47. I have the following suggestions or revisions to the NPCR Program Evaluation Instrument:

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The following questions have missing responses. Please use the navigation menu to find the question and provide a response.

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| Staffing  | 1                                   | Number of NPCR-funded, non-contracted FTE positions: Filled | Response is missing |

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Staffing 1 Number of NPCR-funded, non-contracted FTE positions: Vacant Response is missing

Edit

Staffing 1 Number of NPCR-funded, contracted FTE positions: Filled Response is missing

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Staffing 1 Number of NPCR-funded, contracted FTE positions: Vacant Response is missing

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Staffing 1 Number of state-funded, non-contracted FTE positions: Filled Response is missing

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Staffing 1 Number of state-funded, non-contracted FTE positions: Vacant Response is missing

Edit

Staffing 1 Number of state-funded, contracted FTE positions: Filled Response is missing

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Staffing 1 Number of state-funded, contracted FTE positions: Vacant Response is missing

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Staffing 1 Number of non-contracted FTE positions funded by other sources: Filled Response is missing

Edit

Staffing 1 Number of non-contracted FTE positions funded by other sources: Vacant Response is missing

Edit

|                      |   |  |                     |
|----------------------|---|--|---------------------|
| Staffing             | 1 | Number of contracted FTE positions funded by other sources: Filled | Response is missing |
| <a href="#">Edit</a> |   |  |                     |
| Staffing             | 1 | Number of contracted FTE positions funded by other sources: Vacant | Response is missing |
| <a href="#">Edit</a> |   |  |                     |
| Staffing             | 2 | Principal Investigator: Filled                                     | Response is missing |
| <a href="#">Edit</a> |   |  |                     |
| Staffing             | 2 | Principal Investigator: Vacant                                     | Response is missing |
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| Staffing             | 2 | Program Director: Filled   | Response is missing |
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| Staffing             | 2 | Program Director: Vacant   | Response is missing |
| <a href="#">Edit</a> |   |  |                     |
| Staffing             | 2 | Program Manager: Filled  | Response is missing |
| <a href="#">Edit</a> |   |  |                     |
| Staffing             | 2 | Program Manager: Vacant  | Response is missing |
| <a href="#">Edit</a> |   |  |                     |
| Staffing             | 2 | Grants Manager or Budget Analyst: Filled                           | Response is missing |
| <a href="#">Edit</a> |   |  |                     |
| Staffing             | 2 | Grants Manager or Budget Analyst: Vacant                           | Response is missing |
| <a href="#">Edit</a> |   |  |                     |
| Staffing             | 2 | ODS Quality Control Staff: Filled                                  | Response is missing |
| <a href="#">Edit</a> |   |  |                     |
| Staffing             | 2 | ODS Quality Control Staff: Vacant                                  | Response is missing |

Edit

Staffing 2 Non-ODS Quality Control Staff (i.e., registrar): Filled Response is missing

Edit

Staffing 2 Non-ODS Quality Control Staff (i.e., registrar): Vacant Response is missing

Edit

Staffing 2 ODS Education/Training Staff: Filled Response is missing

Edit

Staffing 2 ODS Education/Training Staff: Vacant Response is missing

Edit

Staffing 2 Epidemiologist or Data Analyst: Filled Response is missing

Edit

Staffing 2 Epidemiologist or Data Analyst: Vacant Response is missing

Edit

Staffing 2 Statisticians: Filled Response is missing

Edit

Staffing 2 Statisticians: Vacant Response is missing

Edit

Staffing 2 IT Staff: Filled Response is missing

Edit

Staffing 2 IT Staff: Vacant Response is missing

Edit

Staffing 2 GIS Specialists: Filled Response is missing

Edit

Staffing 2 GIS Specialists: Vacant Response is missing

|                               |   |  |                     |  |
|-------------------------------|---|--|---------------------|--|
| <a href="#">Edit</a>          |   |  |                     |  |
| Staffing                      | 2 | Total Number ODS (of total number of staff): Filled  | Response is missing |  |
| <a href="#">Edit</a>          |   |  |                     |  |
| Staffing                      | 2 | Total Number ODS (of total number of staff): Vacant  | Response is missing |  |
| <a href="#">Edit</a>          |   |  |                     |  |
| Legislative Authority         | 3 |  | Must select one     |  |
| <a href="#">Edit</a>          |   |  |                     |  |
| Administration and Operations | 4 | 1. Reporting laws/regulations  | Must select one     |  |
| <a href="#">Edit</a>          |   |  |                     |  |
| Administration and Operations | 4 | 2. List of reportable diagnoses  | Must select one     |  |
| <a href="#">Edit</a>          |   |  |                     |  |
| Administration and Operations | 4 | 3. List of required data items   | Must select one     |  |
| <a href="#">Edit</a>          |   |  |                     |  |
| Administration and Operations | 4 | a. Monitoring timeliness of reporting  | Must select one     |  |
| <a href="#">Edit</a>          |   |  |                     |  |
| Administration and Operations | 4 | b. Receipt of data   | Must select one     |  |
| <a href="#">Edit</a>          |   |  |                     |  |
| Administration and Operations | 4 | c. Database management including a description of the registry operating system (software) | Must select one     |  |
| <a href="#">Edit</a>          |   |  |                     |  |
| Administration and Operations | 4 | d. Conducting death clearance  | Must select one     |  |
| <a href="#">Edit</a>          |   |  |                     |  |

|                               |   |   |                          |
|-------------------------------|---|---|--------------------------|
| Administration and Operations | 4 | e. Implementing and maintaining the quality assurance or quality control program                        | Must select one          |
| <a href="#">Edit</a>          |   |   |                          |
| Administration and Operations | 4 | f. Conducting data exchange, including a list of states with which case-sharing agreements are in place | Must select one          |
| <a href="#">Edit</a>          |   |   |                          |
| Administration and Operations | 4 | g. Conducting data linkages   | Must select one          |
| <a href="#">Edit</a>          |   |   |                          |
| Administration and Operations | 4 | h. Ensuring confidentiality and data security, including disaster planning                              | Must select one          |
| <a href="#">Edit</a>          |   |   |                          |
| Administration and Operations | 4 | i. Data release, including access to and disclosure of information                                      | Must select one          |
| <a href="#">Edit</a>          |   |   |                          |
| Administration and Operations | 4 | j. Maintaining and updating the operations manual   | Must select one          |
| <a href="#">Edit</a>          |   |   |                          |
| Administration and Operations | 4 | 5. Reports that cover processes and activities to monitor the registry operations and database          | Must select one          |
| <a href="#">Edit</a>          |   |   |                          |
| Administration and Operations | 4 | 6. Manuals used by reporting sources that abstract and report cancer cases                              | Must select one          |
| <a href="#">Edit</a>          |   |   |                          |
| Administration and Operations | 5 |   | Must select at least one |

Edit

Reporting  
Completeness

7

Hospitals with a cancer registry (non-federal) (non-CoC): Response Number Reporting to the Registry (Denominator) is missing

Edit

Reporting  
Completeness

7

Hospitals with a cancer registry (non-federal) (non-CoC): Response Number Reporting Electronically (Numerator) is missing

Edit

Reporting  
Completeness

7

Hospitals with a cancer registry (non-federal) (non-CoC): Response is missing Percentage

Edit

Reporting  
Completeness

7

Hospitals without a cancer registry (non-federal): Number Reporting to the Registry (Denominator) Response is missing

Edit

Reporting  
Completeness

7

Hospitals without a cancer registry (non-federal): Number Reporting Electronically (Numerator) Response is missing

Edit

Reporting  
Completeness

7

Hospitals without a cancer registry (non-federal): Percentage Response is missing

Edit

Reporting  
Completeness

7

CoC Hospitals: Number Reporting to the Registry (Denominator) Response is missing

Edit

Reporting  
Completeness

7

CoC Hospitals: Number Reporting Electronically (Numerator) Response is missing

Edit

|                        |   |  |                     |
|------------------------|---|--|---------------------|
| Reporting Completeness | 7 | CoC hospitals: Percentage  | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |
| Reporting Completeness | 7 | VA Hospitals: Number Reporting to the Registry (Denominator)     | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |
| Reporting Completeness | 7 | VA Hospitals: Number Reporting Electronically (Numerator)        | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |
| Reporting Completeness | 7 | VA hospitals: Percentage   | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |
| Reporting Completeness | 7 | IHS Hospitals: Number Reporting to the Registry (Denominator)    | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |
| Reporting Completeness | 7 | IHS Hospitals: Number Reporting Electronically (Numerator)       | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |
| Reporting Completeness | 7 | IHS hospitals: Percentage  | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |
| Reporting Completeness | 7 | Tribal Hospitals: Number Reporting to the Registry (Denominator) | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |
| Reporting Completeness | 7 | Tribal Hospitals: Number Reporting Electronically (Numerator)    | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |
| Reporting Completeness | 7 | Tribal hospitals: Percentage                                     | Response is missing |
| <a href="#">Edit</a>   |   |  |                     |

|                        |   |   |                     |
|------------------------|---|---|---------------------|
| Reporting Completeness | 7 | Physician Offices:<br>Number Reporting to the Registry (Denominator)          | Response is missing |
| <a href="#">Edit</a>   |   |   |                     |
| Reporting Completeness | 7 | Physician Offices:<br>Number Reporting Electronically (Numerator)             | Response is missing |
| <a href="#">Edit</a>   |   |   |                     |
| Reporting Completeness | 7 | Physician Offices:<br>Percentage  | Response is missing |
| <a href="#">Edit</a>   |   |   |                     |
| Reporting Completeness | 7 | In-state independent labs: Number Reporting to the Registry (Denominator)     | Response is missing |
| <a href="#">Edit</a>   |   |   |                     |
| Reporting Completeness | 7 | In-state independent labs: Number Reporting Electronically (Numerator)        | Response is missing |
| <a href="#">Edit</a>   |   |   |                     |
| Reporting Completeness | 7 | In-state independent labs: Percentage   | Response is missing |
| <a href="#">Edit</a>   |   |   |                     |
| Reporting Completeness | 7 | Out-of-state independent labs: Number Reporting to the Registry (Denominator) | Response is missing |
| <a href="#">Edit</a>   |   |   |                     |
| Reporting Completeness | 7 | Out-of-state independent labs: Number Reporting Electronically (Numerator)    | Response is missing |
| <a href="#">Edit</a>   |   |   |                     |
| Reporting Completeness | 7 | Out-of-state independent labs: Percentage                                     | Response is missing |
| <a href="#">Edit</a>   |   |   |                     |
| Reporting Completeness | 7 | TOTAL (Hospitals & Offices, Pathology Laboratories):                          | Response is missing |

|                        |                      | Number Reporting to the Registry (Denominator)   |                     |
|------------------------|----------------------|--|---------------------|
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 7                    | TOTAL (Hospitals & Offices, Pathology Laboratories): Number Reporting Electronically (Numerator) | Response is missing |
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 7                    | TOTAL (Hospitals & Offices, Pathology Laboratories): Percentage                                  | Response is missing |
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 16                   | Law and Rules  | Must select one     |
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 16                   | Fines and Penalties  | Must select one     |
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 16                   | Outsourcing and Contracting  | Must select one     |
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 16                   | Interstate Data Exchange   | Must select one     |
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 8                    |  | Must select one     |
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 9                    |  | Response is missing |
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 10a                  |  | Response is missing |
|                        | <a href="#">Edit</a> |  |                     |
| Reporting Completeness | 13b                  |  | Response is missing |

|                                |     |  |                                |
|--------------------------------|-----|--|--------------------------------|
| <a href="#">Edit</a>           |     |  |                                |
| Reporting<br>Completeness      | 14  |  | Response<br>is missing         |
| <a href="#">Edit</a>           |     |  |                                |
| Reporting<br>Completeness      | 15a |  | Must<br>select at<br>least one |
| <a href="#">Edit</a>           |     |  |                                |
| Reporting<br>Completeness      | 15b |  | Must<br>select<br>one          |
| <a href="#">Edit</a>           |     |  |                                |
| Electronic<br>Data<br>Exchange | 17a |  | Must<br>select<br>one          |
| <a href="#">Edit</a>           |     |  |                                |
| Electronic<br>Data<br>Exchange | 17b |  | Must<br>select<br>one          |
| <a href="#">Edit</a>           |     |  |                                |
| Electronic<br>Data<br>Exchange | 17c |  | Must<br>select<br>one          |
| <a href="#">Edit</a>           |     |  |                                |
| Electronic<br>Data<br>Exchange | 18a |  | Must<br>select<br>one          |
| <a href="#">Edit</a>           |     |  |                                |
| Electronic<br>Data<br>Exchange | 18b |  | Must<br>select<br>one          |
| <a href="#">Edit</a>           |     |  |                                |
| Electronic<br>Data<br>Exchange | 18c |  | Must<br>select<br>one          |
| <a href="#">Edit</a>           |     |  |                                |
| Electronic<br>Data<br>Exchange | 18d |  | Must<br>select<br>one          |
| <a href="#">Edit</a>           |     |  |                                |
| Electronic<br>Data<br>Exchange | 18f |  | Must<br>select<br>one          |

|                          |                      |     |  |                          |
|--------------------------|----------------------|-----|--|--------------------------|
|                          | <a href="#">Edit</a> |     |  |                          |
| Electronic Data Exchange | <a href="#">Edit</a> | 18g |  | Must select one          |
| Electronic Data Exchange | <a href="#">Edit</a> | 18h |  | Must select one          |
| Electronic Data Exchange | <a href="#">Edit</a> | 18j |  | Must select one          |
| Electronic Data Exchange | <a href="#">Edit</a> | 19  |  | Must select at least one |
| Data Content And Format  | <a href="#">Edit</a> | 20  |  | Must select one          |
| Data Content And Format  | <a href="#">Edit</a> | 21  |  | Must select one          |
| Data Content And Format  | <a href="#">Edit</a> | 22  |  | Must select at least one |
| Data Quality Assurance   | <a href="#">Edit</a> | 23  | A designated ODS is responsible for the quality assurance program  | Must select one          |
| Data Quality Assurance   | <a href="#">Edit</a> | 23  | Qualified, experienced ODS staff conduct quality assurance activities  | Must select one          |
| Data Quality Assurance   |                      | 23  | A designated ODS education/training coordinator provides training to CCR staff and reporting sources to ensure high quality data | Must select one          |

|                        |                      |   |  |                          |
|------------------------|----------------------|---|--|--------------------------|
|                        | <a href="#">Edit</a> |   |  |                          |
| Data Quality Assurance | 23                   | 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          |
|                        | <a href="#">Edit</a> |   |  |                          |
| Data Quality Assurance | 23                   | Data consolidation procedures are performed consistently from all source records  |  | Must select one          |
|                        | <a href="#">Edit</a> |   |  |                          |
| Data Quality Assurance | 20                   |   |  | Must select at least one |
|                        | <a href="#">Edit</a> |   |  |                          |
| Data Quality Assurance | 21                   |   |  | Must select one          |
|                        | <a href="#">Edit</a> |   |  |                          |
| Data Quality Assurance | 22                   | Patient   |  | Must select one          |
|                        | <a href="#">Edit</a> |   |  |                          |
| Data Quality Assurance | 22                   | Treatment   |  | Must select one          |
|                        | <a href="#">Edit</a> |   |  |                          |
| Data Quality Assurance | 22                   | Follow-up   |  | Must select one          |
|                        | <a href="#">Edit</a> |   |  |                          |
| Data Quality Assurance | 26                   |   |  | Must select one          |
|                        | <a href="#">Edit</a> |   |  |                          |
| Data Quality Assurance | 27                   |   |  | Must select one          |

|                        |                      |     |  |                          |
|------------------------|----------------------|-----|--|--------------------------|
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Quality Assurance |                      | 28a | Death information (vital status and cause of death)  | Must select one          |
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Quality Assurance |                      | 28a | Missing demographic information  | Must select one          |
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Quality Assurance |                      | 26a |  | Must select one          |
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Quality Assurance |                      | 26b |  | Must select one          |
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Quality Assurance |                      | 27  |  | Must select one          |
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Quality Assurance |                      | 28  |  | Must select at least one |
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Quality Assurance |                      | 29  |  | Must select at least one |
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Use               |                      | 30  | An <b>electronic data file</b> of incidence counts, rates, or proportions by SEER site groups? | Must select one          |
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Use               |                      | 30  | A <b>report</b> of incidence counts, rates, or proportions by SEER site groups?                | Must select one          |
|                        | <a href="#">Edit</a> |     |  |                          |
| Data Use               |                      | 31  | Reports on age-adjusted incidence and mortality rates using SEER site groups? Age, sex,        | Must select one          |

race, ethnicity, and geographic area are stratified where applicable.

Edit

Data Use 31 Biennial reports on stage and incidence by geographic area, emphasizing screening-amenable cancers and cancers associated with modifiable risk factors? Must select one

Edit

Data Use 32 Must select at least one

Edit

Data Use 33a Year: Response is missing

Edit

Data Use 34 Comprehensive cancer control detailed incidence/mortality estimates: Number per Year Response is missing

Edit

Data Use 34 Detailed incidence/mortality by stage and geographic area: Number per Year Response is missing

Edit

Data Use 34 Collaboration, as defined in DP22-2202, with cancer screening programs for breast, colorectal, and cervical cancer: Number per Year Response is missing

Edit

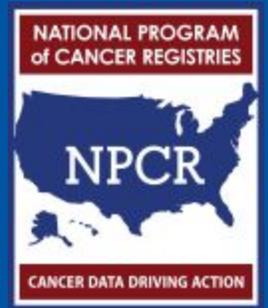
Data Use 34 Health event investigation(s) (i.e., cancer cluster investigations): Number per Year Response is missing

Edit

|                               |     |   |                          |
|-------------------------------|-----|---|--------------------------|
| Data Use                      | 34  | Needs assessment/program planning (i.e., Community Cancer Profiles) | Response is missing      |
|                               |     | <a href="#">Edit</a>  |                          |
| Data Use                      | 34  | Program evaluation: Number per Year                                 | Response is missing      |
|                               |     | <a href="#">Edit</a>  |                          |
| Data Use                      | 34  | Epidemiologic studies: Number per Year                              | Response is missing      |
|                               |     | <a href="#">Edit</a>  |                          |
| Data Use                      | 34  | Survivorship programs   | Response is missing      |
|                               |     | <a href="#">Edit</a>  |                          |
| Data Use                      | 35a |   | Must select one          |
|                               |     | <a href="#">Edit</a>  |                          |
| Data Use                      | 36  |   | Must select at least one |
|                               |     | <a href="#">Edit</a>  |                          |
| Data Use                      | 36  |   | Must select at least one |
|                               |     | <a href="#">Edit</a>  |                          |
| Other Surveillance Activities | 41  |   | Must select at least one |
|                               |     | <a href="#">Edit</a>  |                          |
| Other Surveillance Activities | 42  |   | Must select at least one |
|                               |     | <a href="#">Edit</a>  |                          |
| Other Surveillance Activities | 43  |   | Must select at least one |
|                               |     | <a href="#">Edit</a>  |                          |
| Other Surveillance Activities | 44  |   | Must select one          |
|                               |     | <a href="#">Edit</a>  |                          |

|                             |     |                          |
|-----------------------------|-----|--------------------------|
| Collaborative Relationships | 38a | Must select one          |
| <a href="#">Edit</a>        |     |                          |
| Collaborative Relationships | 38c | Must select one          |
| <a href="#">Edit</a>        |     |                          |
| Collaborative Relationships | 39  | Must select at least one |
| <a href="#">Edit</a>        |     |                          |
| Collaborative Relationships | 40  | Must select at least one |
| <a href="#">Edit</a>        |     |                          |
| Survey Feedback             | 48a | Must select one          |
| <a href="#">Edit</a>        |     |                          |
| Survey Feedback             | 48b | Must select one          |
| <a href="#">Edit</a>        |     |                          |
| Survey Feedback             | 48d | Must select one          |
| <a href="#">Edit</a>        |     |                          |
| Survey Feedback             | 48e | Must select one          |
| <a href="#">Edit</a>        |     |                          |
| Survey Feedback             | 49  | Must select one          |
| <a href="#">Edit</a>        |     |                          |

[Continue](#)



[Skip to content](#)

PEI Help? Please call us at [301.572.0502](tel:301.572.0502) or email us at [support](mailto:support)

## 2026 - Program Evaluation Instrument

|               |                                    |                 |  |
|---------------|------------------------------------|-----------------|--|
| <b>Survey</b> | <b>Questionnaire (pdf version)</b> | <b>Glossary</b> |  |
|---------------|------------------------------------|-----------------|--|

**Survey**

Survey Progress:

**Export & Print**

|                                 |
|---------------------------------|
| Administrative Data             |
| Staffing                        |
| Legislative Authority           |
| Administration and Operations   |
| Reporting Completeness          |
| Data Exchange                   |
| Data Content And Format         |
| Data Quality Assurance          |
| Data Use                        |
| Collaborative Relationships     |
| Other Surveillance Activities   |
| Survey Feedback                 |
| Validation                      |
| Review                          |
| <a href="#">Save and Logout</a> |

This page can be used to review and revise your responses. If all of your responses are correct, then click the "Submit" button to submit your survey.

Submit your survey

**You must address all errors before you can submit the survey!**

[Go to validation page](#)

### Staffing

**1. Indicate the number of filled and vacant FTEs by funding category as of December 31, 2025.**

You may include positions outside the registry ONLY if the registry pays a portion of the salary. To compute partial FTEs, please follow the FTE guidelines. The following two questions use the concept of a "Full-time Equivalent" or FTE. For each question, report the total number of filled and vacant FTEs. Use the FTE guidelines below to convert each position to the appropriate FTE. Please round each position to the nearest quarter of an FTE. For example, 34 hours/week converts to 0.75 FTE, whereas 35 hours/week converts to 1.0 FTE.

#### FTE Guidelines:

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

| Funding Category  | Filled | Vacant |
|---|--------|--------|
| <b>Number of NPCR-funded, non-contracted FTE positions</b>            |        |        |
| <b>Number of NPCR-funded, contracted FTE positions</b>                |        |        |
| <b>Number of state-funded, non-contracted FTE positions</b>           |        |        |
| <b>Number of state-funded, contracted FTE positions</b>               |        |        |
| <b>Number of non-contracted FTE positions funded by other sources</b> |        |        |

|   |               |               |
|---|---------------|---------------|
| <b>Number of contracted FTE positions funded by other sources</b>   |               |               |
| <p><b>2. Indicate the number of filled and vacant FTEs by position as of December 31, 2025.</b><br/>         You may include time contributed by non-registry staff (i.e., chronic disease epidemiologist), regardless of funding, in your total FTE count. To compute partial FTEs, please follow the FTE guidelines.<br/> <u>Note:</u> ODS credentials may be held by several registry positions and should be counted accordingly.</p> |               |               |
| <b>Position (FTE or percentage of FTE)</b>  | <b>Filled</b> | <b>Vacant</b> |
| <b>Principal Investigator</b>   |               |               |
| <b>Program Director</b>   |               |               |
| <b>Program Manager</b>  |               |               |
| <b>Grants Manager or Budget Analyst</b>   |               |               |
| <b>ODS Quality Control Staff</b>  |               |               |
| <b>Non-ODS Quality Control Staff (i.e., registrar)</b>  |               |               |
| <b>ODS Education /Training Staff</b>  |               |               |
| <b>Epidemiologist or Data Analyst</b>   |               |               |
| <b>Statisticians</b>  |               |               |
| <b>IT Staff</b>   |               |               |
| <b>GIS Specialists</b>  |               |               |
| <b>Other staff, specify</b>   |               |               |
| <b>Total Number of Staff</b>  | 0.00          | 0.00          |
| <b>Total Number ODS (of total number of staff)</b>  |               |               |
| <p><b>Staffing Comments</b><br/>         You may add comments regarding your responses in the “Staffing” section above.</p>   |               |               |

Edit

### Legislative Authority

|  |
|--|
| <p><b>3. Have any law/regulations been revised to address cancer reporting (including electronic reporting) in the past two years?</b></p>   |
| <p><b>Electronic reporting</b> is defined as the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. It collects and transfers 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 CCR level to create an abstracted record.</p> |
| <p><b>Legislative Authority Comments</b><br/>         You may add comments regarding your responses in the “Legislative Authority” section above.</p>  |

Edit

### Administration and Operations

|  |
|--|
| <p><b>4. NPCR program standards specify maintaining an operations manual that describes registry operations, policies, and procedures.</b></p> |
|--|

|  |  |
|--|--|
| As of December 31, 2025, what did your CCR operations manual contain? <b>Check all that apply.</b>   |  |
| 1. Reporting laws/regulations  |  |
| 2. List of reportable diagnoses  |  |
| 3. List of required data items   |  |
| 4. Procedures for data processing operations, including:   |  |
| a. Monitoring timeliness of reporting  |  |
| b. Receipt of data   |  |
| c. Database management including a description of the registry operating system (software)   |  |
| d. Conducting death clearance  |  |
| e. Implementing and maintaining the quality assurance or quality control program   |  |
| f. Conducting data exchange, including a list of states with which case-sharing agreements are in place  |  |
| g. Conducting data linkages  |  |
| h. Ensuring confidentiality and data security, including disaster planning   |  |
| i. Data release, including access to and disclosure of information   |  |
| j. Maintaining and updating the operations manual  |  |
| 5. Reports that cover processes and activities to monitor the registry operations and database   |  |
| 6. Manuals used by reporting sources that abstract and report cancer cases   |  |
| 5. As of December 31, 2025, what reports did the CCR produce to monitor registry operations, processes, and activities? <b>Check all that apply.</b> |  |
|  |  |
| <b>Administration and Operations Comments</b>  |  |
| You may add comments regarding your responses in the “Administration and Operations” section above.  |  |
|  |  |

Edit

### Reporting Completeness

|   |
|---|
| <p><b>6. In the table below, record the number, by type, that are reporting to the registry and the number that are reporting electronically as of December 31, 2025.</b> Please note instructions and definitions below.</p> <ul style="list-style-type: none"> <li>Hospitals with a cancer registry (non-federal) (non-CoC) do <u>not</u> include CoC hospitals. For example, a state/territory with 3 CoC hospitals and 2 non-CoC hospitals with a cancer registry (non-federal) would record 2 hospitals with a cancer registry (non-federal) (non-CoC) in “Number Reporting to the Registry (Denominator)” and 3 CoC hospitals in “Number Reporting to the Registry (Denominator)”.</li> <li>For physician offices, use the counting method in the table below that aligns with the registry’s own method for defining and tracking physician reporting.</li> <li>For types of Hospitals &amp; Offices and Pathology Laboratories in the table below that are not applicable to your state/territory (for example, IHS hospitals), please record zero</li> </ul> |
|---|

(0) in “Number Reporting to the Registry” and record zero (0) in “Number Reporting Electronically”.

|   | <b>Number Reporting to the Registry (Denominator)</b> | <b>Number Reporting Electronically (Numerator)</b> | <b>Percentage</b> |
|---|---|--|-------------------|
| <b>Hospitals with a cancer registry (non-federal) (non-CoC)</b> |   |  |                   |
| <b>Hospitals without a cancer registry (non-federal)</b>        |   |  |                   |
| <b>CoC Hospitals</b>  |   |  |                   |
| <b>VA Hospitals</b>   |   |  |                   |
| <b>IHS Hospitals</b>  |   |  |                   |
| <b>Tribal Hospitals</b>   |   |  |                   |
| <b>Physician Offices</b>  |   |  |                   |
| <b>PATHOLOGY LABORATORIES</b>                                   |   |  |                   |
| <b>In-state independent labs</b>                                |   |  |                   |
| <b>Out-of-state independent labs</b>                            |   |  |                   |
| <b>Other, specify</b>   |   |  |                   |
| <b>TOTAL (Hospitals &amp; Offices, Pathology Laboratories)</b>  |   |  |                   |

7. Please indicate how the following factors influenced the completeness and timeliness of your CCR’s 12-month data submission (**select one per item**):

|                             |  |
|-----------------------------|--|
| Law and Rules               |  |
| Fines and Penalties         |  |
| Outsourcing and Contracting |  |
| Interstate Data Exchange    |  |
| Other factors, specify      |  |

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

**Non-Analytic Cases**

9. On average, how many cases per diagnosis year do you estimate your CCR receives from the DoD’s ACTUR dataset? (**enter “0” if none**)

**Department of Defense's Automated Central Tumor Registry (ACTUR)**

10a. On average, how many cases per diagnosis year do you estimate your CCR receives directly from the VA Central Cancer Registry in your state? (**enter “0” if none**)

**Veterans Affairs (VA)**

10b. How many VA facilities currently report to your CCR indirectly from the **VA Central Cancer Registry in Washington, DC?** (enter "0" if none)

11. On average, 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? (enter "0" if none)

12a. From what sources are you able to routinely collect data on industrial or occupational history (without seeking additional data sources for only these variables)? **Check all that apply.**Industrial or Occupational History Data

12b. Do you conduct any additional activities (i.e., linkages with external databases) to collect or improve upon industrial or occupational history information?

#### Reporting Completeness Comments

You may add comments regarding your responses in the "Reporting Completeness" section above.

Edit

#### Electronic Data Exchange

13. Does your CCR use and require the following standardized, CDC-recommended data exchange formats for the electronic exchange of cancer data from reporting sources:Data Exchange Format

a. Hospital Reports (The NAACCR 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)

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

#### Interstate Data Exchange

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 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 other central cancer registries:  |
|  |
| e. What type of records do you transmit for interstate exchange?   |
|  |
| f. Does it include all cases not exchanged previously?   |
|  |
| g. Do the interstate data exchange files include the minimum data items specified in the current Interstate Data Exchange Guidelines?  |
|  |
| h. Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?   |
|  |
| i. Is the standardized, NPCR-recommended data exchange format used to transmit data to other central cancer registries and CDC (The current NAACCR data exchange format specified in Standards for Cancer Registries Volume II: Data Standards and Data Dictionary): |
|  |
| 15. What type(s) of secure encrypted web-based system is used for sending or receiving cases through interstate data exchange? <b>Check all that apply.</b>  |
|  |
| <b>Data Exchange Comments</b><br>You may add comments regarding your responses in the "Data Exchange" section above.   |
|  |

Edit

### Data Content And Format

|  |
|--|
| 16. Is your CCR able to receive secure, encrypted cancer abstract data from reporting sources electronically?                            |
|  |
| 17. What is the <u>primary</u> software system used to process and manage cancer data in your CCR? <b>Check only one.</b>                |
|  |
| 18. Which of the following Registry Plus programs do you use? <b>Check all that apply.</b>   |
|  |
| <b>Data Content and Format Comments</b><br>You may add comments regarding your responses in the "Data Content and Format" section above. |
|  |

Edit

### Data Quality Assurance

|  |
|--|
| 19. Please respond to each of the following statements to describe your CCR's quality assurance program: |
|--|

|  |                     |                           |
|--|---------------------|---------------------------|
| A designated ODS is responsible for the quality assurance program  |                     |                           |
| Qualified, experienced ODS staff conduct quality assurance activities  |                     |                           |
| A designated ODS education/training coordinator provides training to CCR staff and reporting sources to ensure high quality data   |                     |                           |
| 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   |                     |                           |
| 20. In the past year, which of the following type of quality control audits or activities did your CCR conduct? Definitions below for reference. <b>Check all that apply.</b>  |                     |                           |
|  |                     |                           |
| 21. How often does your CCR provide feedback to reporting facilities on the quality, completeness, and timeliness of their data?   |                     |                           |
|  |                     |                           |
| 22. Does your CCR perform record consolidation on the following?<br><b><u>Record Consolidation</u></b>   |                     |                           |
| Patient  |                     |                           |
| Treatment  |                     |                           |
| Follow-up  |                     |                           |
| 23. 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?<br><b><u>Death Clearance</u></b>   |                     |                           |
|  |                     |                           |
| 24. During the death certificate linkage, does your CCR match by tumor (site/histology) and not just by patient identifying information?   |                     |                           |
|  |                     |                           |
| 25a. Does your CCR update the CCR database following death certificate matching within 3 months of linkage?  |                     |                           |
| Death information (vital status and cause of death)  |                     |                           |
| Missing demographic information  |                     |                           |
| 25b. If yes, what percentage(s) of the updates are performed manually or electronically? (Provide best estimate. There may be some overlap between automation and manual review.)  |                     |                           |
|  | <b>Manually (%)</b> | <b>Electronically (%)</b> |
| <b>Death information</b>   |                     |                           |
| <b>Demographic Information</b>   |                     |                           |
| 26a. After your CCR provides an edit set to reporting facilities and/or vendors to use before data submission, does your CCR require facilities to run edits before they submit their data to the registry?<br><b><u>Edits</u></b> |                     |                           |
|  |                     |                           |

26b. Please choose the option below that most accurately represents your CCR's established threshold for percent of records passing edits.

27. NPCR program standards specify performing National Death Index (NDI) linkage on an annual basis. How often does your CCR link to the NDI? **Check only one.** Linkages

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

29. Which databases did your CCR link records in 2024-2025 for follow-up or some other purpose? **Check all that apply.**

#### Data Quality Assurance 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, does your CCR produce:

An **electronic data file** of incidence counts, rates, or proportions by SEER site groups?

A **report** of incidence counts, rates, or proportions by SEER site groups?

31. Within 24 months of the end of the diagnosis year, with data that are 95% complete, does your CCR produce:

Reports on age-adjusted incidence and mortality rates using SEER site groups? Age, sex, race, ethnicity, and geographic area are stratified where applicable.

Biennial reports on stage and incidence by geographic area, emphasizing screening-amenable cancers and cancers associated with modifiable risk factors?

32. Indicate which cancer screening and/or cancer-related risk factors were covered in the CCR's reports. **Check all that apply.**

33. Indicate the most recent diagnosis year an electronic data file or report was made available to the public:

34a. Indicate the number of times between January 1, 2025, to December 31, 2025, the CCR, state health department, or its designee used registry data in each category to understand the cancer burden in support of cancer prevention and control priorities. **Please provide best estimate. Enter '0' if not applicable.**

| 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 DP22-2202, with cancer screening programs for breast, colorectal, and cervical cancer                                |                 |
| Health event investigation(s) (i.e., cancer cluster investigations)   |                 |
| Needs assessment/program planning (i.e., Community Cancer Profiles)   |                 |
| Program evaluation  |                 |
| Epidemiologic studies   |                 |
| Survivorship programs   |                 |
| Other, specify:   |                 |
| 34b. Have any of the above uses of data been included in a journal publication in the last two years?   |                 |
| 35. Between January 1, 2025, to December 31, 2025, which data use activities did the CCR participate in? <b>Check all that apply.</b>             |                 |
| 36. Between January 1, 2025, to December 31, 2025, in what ways did your CCR use U.S. Cancer Statistics (USCS) data? <b>Check all that apply.</b> |                 |
| <p><b>Data Use Section Comments</b></p> <p>You may add comments regarding your responses in the “Data Use” section above.</p>                     |                 |

Edit

### Collaborative Relationships

|  |
|--|
| 37a. As of December 31, 2025, has your CCR established and regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry? <b>Advisory Committee</b> |
| 37b. The advisory committee includes representation from: <b>Check all that apply.</b>   |
| 37c. How often does the advisory committee convene? <b>Check only one.</b>   |
| 38. In what ways does your CCR collaborate with your state's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), National Comprehensive Cancer Control Program (NCCCP), and             |

other chronic disease programs? **Check all that apply.**Cancer & Other Chronic Disease Programs

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

**Collaborative Relationship Section Comments**

You may add comments regarding your responses in the “Collaborative Relationship” section above.

Edit

**Other Surveillance Activities**

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

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

42. Which of these did the CCR conduct in the past year (January 1, 2025 – December 31, 2025)? **Check all that apply.**

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

44a. If Yes, is early case capture performed for:

44b. If yes, within what time frame are cases reported?

**Other Surveillance Activities Section Comments**

You may add comments regarding your responses in the “Other Surveillance Activities” section above

Edit

**Survey Feedback**

45. Please indicate your experience completing the 2026 NPCR Program Evaluation Instrument:

|   |
|---|
| a. All or most of the questions are clearly stated.   |
| b. I understand the importance of all or most of the questions.   |
| c. I consider the time spent completing the instrument to be a worthwhile contribution to NPCR and the cancer surveillance community. |
| d. Our registry uses the data collected in this instrument.   |
| 46. I would like to participate in discussions regarding the NPCR Program Evaluation Instrument                                       |
| 47. I have the following suggestions or revisions to the NPCR Program Evaluation Instrument:  |

Edit

**Submit your survey**