

2026 -NPCR Program Evaluation Instrument



Form Approved

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Survey Question?

Please contact your CDC Program Consultant

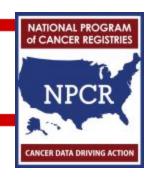
or

Paran Pordell

Other Question

Please email support@npcrcss.org





Program Evaluation Instrument

Purpose Statement <u>change my password</u>

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).

CDC







PEI Help? Please call us at 301.572.0502 or email us at support 2026 - Program Evaluation Instrument

Survey	Questionnai	re (pdf version)	Glossary				
Survey	Survey Progr	ress:	Export & Print				
Adı	ministrative Data	Administrative Data					
	Staffing	State/Territory	SA				
Leg	islative Authority	NPCR					
Administration	and Operations	reference	1995 🕶				
Reportin	g Completeness	Registry					
	Data Exchange	reference year	1995 🕶				
Data Con	ntent And Format	Registry Program					
Data Q	uality Assurance	Director					
Data Use		DP22-2202 Cooperative	NU58DP00				
Collaborati	ve Relationships	Agreement Number	NUSODPUU				
Other Surve	eillance Activities	Award					
S	Survey Feedback	Amount (Refer to Notice of	\$				
	Validation	Award (NoA))					
	Review	CDC Program	▼				
	Save and Logout	Consultant					
		Your name					
		Title					
		Phone number					
		Status	In Progress				

Date Completed	9/30/2024
Email	

Cancel Save Save & Continue





Survey	Questionnaire (pdf version)	Glossary				
Survey	Survey Progre	ess:			Export & Prin		
A	Administrative Data	Staffing (page 1 of 2)					
	Staffing						
L	egislative Authority	The following two questions use the concept of a "Full-time Equivalent" or FTE. For each question, report the total number of					
Administrati	on and Operations	<u>filled</u> and	<u>vacant</u> FTEs. U	se the FTE guideline opriate FTE. Please	s below to convert		
Repor	ting Completeness	to the nea	rest quarter of a	n FTE. For example	, 34 hours/week		
	Data Exchange	FTE.	converts to 0.75 FTE, whereas 35 hours/week converts to 1.0 FTE.				
Data C	ontent And Format	FTE Guidelines:					
Data	Quality Assurance	0.25 FTE = 10 hours/week 0.50 FTE = 20 hours/week					
	Data Use	0.30 FTE = 20 hours/week 0.75 FTE = 30 hours/week 1.00 FTE = 40 hours/week					
Collabora	ative Relationships	1. Indicat	Indicate the number of filled and vacant FTEs by funding				
Other Su	veillance Activities	category as of December 31, 2025. You may include positions outside the registry ONLY if the					
	Survey Feedback		ays a portion of low the FTE gui	the salary. To compu delines.	ite partial FTEs,		
	Validation			Page 1 Staffing			
	Review	Funding	g Category	Total Co	ount FTEs Vacant		
	Save and Logout	Number	of NPCR-	rilled	Vacant		
	-	funded, contract position	ted FTE				
			of NPCR- contracted				

Number of state- funded, non- contracted FTE positions	
Number of state- funded, contracted FTE positions	
Number of non- contracted FTE positions funded by other sources	
Number of contracted FTE positions funded by other sources	

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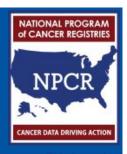


	Survey	Questio	nnaire (pdf version)	Glossary		Z					
Surve	у	Survey	Progress:			Export & Print					
	Administra	ative Data	Staffing (page 2 of 2	Staffing (page 2 of 2)							
		Staffing									
,	Legislative	Authority		2. Indicate the number of filled and vacant FTEs by position as of December 31, 2025. You may include time contributed by non-registry staff (i.e., chronic disease epidemiologist),							
Adminis	tration and C	perations	regardless of funding, in your total FTE count. To compute partial FTEs, please follow the FTE guidelines.								
Re	eporting Com	pleteness	Note: ODS credentials may be held by several registry positions and should be counted accordingly.								
	Data	Exchange			Page 2 Staffing						
Dat	ta Content Ar	nd Format	Position (FTE or p	ercentage of F	TE)	I Count FTEs					
,		Assurance			Filled	Vacant					
Data Quality Assurance Data Use			Principal Investi	Principal Investigator							
Collaborative Relationships		ationships									
Other Surveillance Activities		Program Director									
Survey Feedback		Program Manager									
Validation		Validation									
Review		Review	Grants Manager or Budget Analyst		lyst						
·	Save a	nd Logout									
			ODS Quality Cor	ntrol Staff							
			Non-ODS Quality (i.e., registrar)	y Control Staff							
			ODS Education	/Training Staff							
			Epidemiologist o	or Data Analyst							
			Statisticians								
			IT Staff								

GIS Specialists		
Other staff, specify		
Total Number of Staff		
Total Number ODS (of total number of staff)		
Staffing Comments You may add comments regarding your r	esponses in the "Staffing" section	on above.
		//

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	Survey	Questio	nnaire (pdf version)	Glossary				
Surve	у	Survey	Progress:				Export & Print	
Administrative Data			Legislative Authorit	ty				
		Staffing						
Legislative Authority			3. Have any law/reguthe past two years?	3. Have any law/regulations been revised to address cancer reporting (including electronic reporting) in the past two years?				
Adminis	stration and C	perations	○ Yes					
Re	eporting Com	pleteness	○ No					
Data Exchange			Please describe:					
Data Content And Format		nd Format	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					
	Data Quality A	Assurance			data entry at the CCR level to			
		Data Use	Legislative Authori	ty Comments	our recognización the "Logicleti	va Authoritu" agatia	n ahaya	
Colla	aborative Rela	ationships	You may add comme	ents regarding y	our responses in the "Legislati	7e Authority Section	n above.	
Other	r Surveillance	Activities						
	Survey	Feedback						
		Validation	Save & Previous	Cancel	Save & Continue			
		Review						
	Save a	nd Logout						





Survey	vey Questionnaire (pdf		Glossary					
Survey	Survey Progre	ss:			Export & Print			
	Administrative Data	Administ	ration and Ope	rations (page 1 of	2)			
	Staffing							
ı	Legislative Authority	manual	4. NPCR program standards specify maintaining an operations manual that describes registry operations, policies, and					
Administra	tion and Operations	procedu operation	procedures. As of December 31, 2025, what did your CCR operations manual contain? Check all that apply.					
Repo	orting Completeness		Page 4 Ad	ministration and Op	erations			
	Data Exchange	1. Rep	oorting laws/re	gulations	○Yes ○No			
Data (Content And Format	2. List	of reportable	diagnoses	○Yes ○No			
Data	a Quality Assurance	3. List	of required da	○Yes ○No				
	Data Use	4. Procedures for data processing operations, including:			ions, including:			
Collabo	rative Relationships	a. I report	Monitoring time	○Yes ○No				
Other St	urveillance Activities	b. I	Receipt of data	○Yes ○No				
	Survey Feedback		Database mana	○Yes ○No				
	Validation		including a description of the registry operating system (software)		O fes O NO			
	Review	d. (d. Conducting death clearance		○Yes ○No			
	Save and Logout	the qu	e. Implementing and maintaining the quality assurance or quality control program		○Yes ○No			
		includ	f. Conducting data exchange, including a list of states with which case-sharing agreements are in place		○Yes ○No			
		g. (Conducting dat	a linkages	○Yes ○No			
			Ensuring confidence in a confi		○Yes ○No			

i. Data release, including access to and disclosure of information	○Yes ○No
j. Maintaining and updating the operations manual	○Yes ○No
5. Reports that cover processes and activities to monitor the registry operations and database	○Yes ○No
6. Manuals used by reporting sources that abstract and report cancer cases	○Yes ○No

Save & Previous Cancel Save Save & Continue





	Survey	Questio	nnaire (pdf version)	Glossary			₹			
Surve	у	Survey	Progress:				Export & Print			
Administrative Data			Administration and	Operations (p	age 2 of 2)					
Staffing										
Legislative Authority				5. As of December 31, 2025, what reports did the CCR produce to monitor registry operations, processes, and activities? Check all that apply.						
Adminis	stration and C	perations	☐ Quality control re☐ Data completene		v)					
Re	eporting Com	pleteness	☐ Timeliness of dat							
	Data	Exchange	☐ Management rep☐ Operations calen							
Da	ta Content A	nd Format	Other, specify:							
	Data Quality A	Assurance	☐ None of the abov	'e						
		Data Use	Administration and You may add comme		omments our responses in the "Ad	ministration and Op	erations" section			
Colla	aborative Rel	ationships	above.							
Other	r Surveillance	Activities								
	Survey	Feedback					//			
		Validation	Save & Previous	Cancel	Save & Continue					
		Review								
	Save a	nd Logout								





	Survey	Questionn	aire (pdf version)	Glossary			<u> </u>		
Su	rvey	Survey Pro	gress:				Export & Print		
	Admini	istrative Data	Reporting Comp	Reporting Completeness (page 1 of 3)					
		Staffing							
	Legisla	tive Authority		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					
Adm	inistration an	d Operations			ote instructions a				
	Reporting C	completeness	include (CoC hospitals. F	registry (non-fed or example, a s	tate/territory	with 3 CoC		
	Da	ata Exchange	federal) v	would record 2		cancer regis	stry (non-federal)		
	Data Conten	t And Format	3 CoC h	ospitals in "Num	Reporting to the Inber Reporting to		enominator)" and ry		
	Data Quali	ty Assurance	(Denomi • For phys	ician offices, us	se the counting n	nethod in the	e table below that		
		Data Use	physiciar	aligns with the registry's own method for defining and tracking physician reporting.					
C	ollaborative F	Relationships	table bel	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					
0	ther Surveilla	nce Activities		Registry" and record zero (0) in "Number Reporting Electronically".					
	Surv	ey Feedback		Page 6 Reporting Completeness					
		Validation		Num Reportin		umber porting	Davaantava		
		Review		Regis (Denom		tronically merator)	Percentage		
	Save	e and Logout	HOSPITALS & O	FFICES					
			Hospitals wit cancer regist (non-federal) (non-CoC)	ry L					
			Hospitals without a can registry (non- federal)						
			CoC Hospital	s					

VA Hospitals		
IHS Hospitals		
Tribal Hospitals		
Physician Offices		
PATHOLOGY LABOR	RATORIES	
In-state independent labs		
Out-of-state independent labs		
Other, specify		
TOTAL (Hospitals & Offices, Pathology Laboratories)		

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.

Save & Previous | Cancel | Save | Save & Continue





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	Survey	Questic	onnaire (pdf version)	Glossary					
Survey		Surve	y Progress:					Exp	oort & Print
	Administra	tive Data	Reporting Complete	teness (page 2 o	f 3)				
,		Staffing			•				
,	Legislative	Authority	7. Please indicate month data subm		g factors influenced the come per item):	pleteness an	d timeline	ss of your CC	CR's 12-
Administ	ration and O _l	perations		<u> </u>					O This
Rep	porting Comp	oleteness		Law and Rules		\circ	\circ	O Both Contributing	Factor is not
,	Data E	Exchange	Law and Rules			Contributing Factor		Negative	applicable at the
Data	a Content An	d Format						Factor	registry
Da	ata Quality A	ssurance				\circ	\circ	Both	O This Factor is
,	I	Data Use				Contributing Factor	Negative	Contributing and Negative	applicable
Collab	oorative Rela	tionships			Factor	Factor	Factor	at the registry	
Other	Surveillance	Activities					Outing Negative	O Both Contributing and	O This
	Survey F	eedback	Outsourcing an	d Contracting		Contributing			Factor is not
<u>, </u>	\	/alidation				Factor Factor Negative Factor			applicable at the
		Review							registry
,	Save an	nd Logout	Interstate Data	Exchange		Ontributing Factor	O Negative Factor	Menative	This Factor is not applicable at the registry
			Other factors, s	pecify		Contributing Factor	Negative Factor	Both Contributing and Negative Factor	This Factor is not applicable at the registry
			Non-Analytic Case 8. Do you require th		lasses 30-38) cases be repo	orted to your (CCR?		
			○Yes						
			○ No						
			Department of Def	ense's Automate	ed Central Tumor Registry	(ACTUR)			
				many cases per	diagnosis year do you estim		R receives	from the Do	D's

					///
<u>Veterans Affairs (VA)</u>					
10a. On average, how ։ Central Cancer Regist				r CCR receives dire	ctly from the VA
					//
10b. How many VA faci Washington, DC? (ent			ndirectly from the	VA Central Cance	r Registry in
	,				
11. On average, how m CCR because of non-re				nissed (i.e., never re	eceived) by your
		·	·		//
Save & Previous Ca	ancel Save	Save & Continue			





	Survey	Question	nnaire (pdf version)	Glossary			7
Surve	y	Survey I	Progress:				Export & Print
·	Administra	ative Data	Reporting Complete	eness (page 3	of 3)		
		Staffing					
,	Legislative	e Authority	Industrial or Occup	ational Histor	<u>y Data</u>		
Adminis	tration and C	Operations			le to <u>routinely</u> collect data on ind irces for only these variables)? C		
Re	eporting Com	pleteness	Administrative red	cords (e.g. billir	ng or claims databases, or patien	t forms that are no	ot part of the
	Data	Exchange	Medical records				
Da	ta Content Aı	nd Format	☐ Death certificate I☐ Other, specify:	inkages			
	Data Quality A	Assurance		ormation on inc	ustrial or occupational history		
,		Data Use	12b. Do you conduct	any <u>additional</u>	activities (i.e., linkages with exte	rnal databases) to	collect or
Colla	aborative Rela	ationships	improve upon industi	rial or occupation	onal history information?		
Other	Surveillance	e Activities	○ Yes ○ No				
	Survey	Feedback	Please describe:				
		Validation					
,		Review	Reporting Complete You may add comme		nts our responses in the "Reporting"	Completeness" se	ection above.
	Save a	nd Logout					
,							
			Save & Previous	Cancel Sav	e Save & Continue		



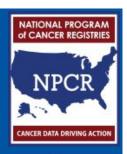


	Survey	Questio	nnaire (pdf version)	Glossary			
Surve	у	Survey	Progress:			Ex	port & Print
	Administra	ative Data	Electronic Data Exc	hange			
		Staffing					
<u>'</u>	Legislative	Authority	Data Exchange For				
Adminis	tration and C	perations	13. Does your CCR use and require the following standardized, CDC-recommended data exchange formats for the electronic exchange of cancer data from reporting sources:				
Re	eporting Com	pleteness	a. Hospital Reports (Data Dictionary)?	The NAACCR	Standards for Cancer Registries Vol	ume II: Data Standar	rds and
	Data	Exchange	○Yes				
Dat	ta Content Ar	nd Format	○No				
С	Data Quality A	Assurance			ndards for Cancer Registries Volume	= e V: Pathology Labor	ratory
		Data Use	Electronic Reporting) ?			
Colla	borative Rela	ationships	○ Yes ○ No				
Other	Surveillance	Activities	O Not applicable	, not receiving	electronic pathology reports		
	Survey	Feedback			using electronic health records (Imp		or
		Validation		ire Provider Re	porting to Central Cancer Registries)	
		Review	○ Yes ○ No				
Y	Save a	nd Logout		, not receiving	Ambulatory healthcare provider repo	orts	
			Interstate Data Excl	<u>hange</u>			
			14. Do your interstate	e data exchanç	ge procedures meet the following min	nimum criteria?	
					the diagnosis year, your CCR excha tta-exchange agreement is in place:	nges that year's data	a with other
			○ Yes				
			○No				
			b. Your CCR collects registry's state/territo		ients diagnosed and/or receiving firs	st course treatment ir	າ your
			○Yes				
			○No				
			c. The recommended data at the following		data exchange is at least two times p	per year. Your CCR e	exchanges

○ 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
O Yes, with some bordering CCRs O Yes, with some bordering CCRs
O Yes, includes National Interstate Data Exchange Agreement
O No, no exchange agreements in place with neighboring states, but some are in place with non-neighboring states
O No, no exchange agreements in place
List all existing CCR agreements here:
e. What type of records do you transmit for interstate exchange?
O 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 Evchango Commente
Data Exchange Comments You may add comments regarding your responses in the "Data Exchange" section above.
//)

Save & Previous Cancel Save Save & Continue





	Survey	Questio	nnaire (pdf version) Glossary
Survey	,	Survey	Progress: Export & Print
	Administra	ative Data	Data Content And Format
,		Staffing	
	Legislative	e Authority	16. Is your CCR able to receive secure, encrypted cancer abstract data from reporting sources electronically?
Administ	tration and C	Operations	○Yes
Rep	porting Com	pleteness	Currently being developed and/or implemented
	Data	Exchange	○ No, not able to receive
Data	a Content Aı	nd Format	17. What is the <u>primary</u> software system used to process and manage cancer data in your CCR? Check only one.
Da	ata Quality A	Assurance	○ CRS Plus
		Data Use	O SEER DMS
Collab	borative Rela	ationships	○ In-House Software ○ Rocky Mountain Cancer Data Systems
Other	Surveillance	e Activities	Other, specify
	Survey	Feedback	
		Validation	18. Which of the following Registry Plus programs do you use? Check all that apply.
		Review	☐ Abstract Plus ☐ Prep Plus
	Save a	nd Logout	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.
			, 3 3, 1
			Save & Previous Cancel Save Save & Continue





2026 - Program Evaluation Instrument

Surv	ey Question	nnaire (pdf version)	Glossary		人			
Survey	Survey Pr	ogress:			Export & Print			
Adn	ninistrative Data	Data Quality Assu	rance (page 1	of 3)				
	Staffing							
Legi	slative Authority		19. Please respond to each of the following statements to describe your CCR's quality assurance program:					
Administration	and Operations			I Data Quality Assurance	ce			
Reporting	g Completeness	A designated C assurance pro		ible for the quality	○Yes ○No			
	Data Exchange	Qualified, expe assurance acti		taff conduct quality	○Yes ○No			
	ent And Format uality Assurance		ng to CCR staf	training coordinator f and reporting by data	○Yes ○No			
	Data Use		At least once every 5 years, case-finding and/or re-abstracting audits from a sampling of source					
Collaborative Relationships		documents are reporting facili	documents are conducted for each hospital-based reporting facility. This may include external audits					
Other Surve	illance Activities	(NPCR/SEER)						
Sı	urvey Feedback	consistently fro	om all source i		○Yes ○No			
	Validation			ollowing type of quality of below for reference. C	control audits or activities heck all that apply.			
	Review	☐ Case finding ☐ Re-abstracting						
S	ave and Logout	Re-coding						
		☐ Visual editing an ☐ Data Item Cons ☐ Other, specify:		ew				
		Case finding is def	fined as the pro	cess of identifying all ca	ases 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
Save & Previous Cancel Save Save & Continue





Survey	Question	nnaire (pdf version)	Glossary					
			Glossary	_				
Survey	Survey Pro	ogress:			J	Export & Print		
Administ	trative Data	Data Quality Assur	rance (page 2 o	f 3)				
	Staffing							
Legislativ	e Authority	Record Consolidat	Record Consolidation					
Administration and	Operations	22. Does your CO	CR perform recor	d consolidation on the	e following?			
Reporting Cor	mpleteness	Patient		○ Electronic ○ Ma	anual OBot	h ONeither		
Data	a Exchange	Treatment		○ Electronic ○ Ma	anual OBot	h ONeither		
Data Content A	And Format	Follow-up		○ Electronic ○ Ma	anual 〇 Bot	h ONeither		
Data Quality	Assurance	Death Clearance						
Data Use		23. Although death certificate processes require matches on all underlying causes of						
Collaborative Relationships		death, does your CCR match all causes of death against your registry data to identify a reportable cancer?						
Other Surveilland	ce Activities	○Yes						
Survey Feedback		○ No						
Validation		24. During the death certificate linkage, does your CCR match by tumor (site/histology) and not just by patient identifying information?						
Review		Yes						
Save	and Logout	O Yes						
		25a. Does your C matching within 3		CCR database followinge?	ng death cert	ificate		
		Death informat and cause of de		○Yes ○No				
		Missing demog information	jraphic	○Yes ○No				
			rovide best estin	the updates are perfo nate. There may be so				

Page 12 Data Quality Assurance

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

<u>Edits</u>
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:
Save & Previous Cancel Save Save & Continue





	Survey	Question	nnaire (pdf version)	Glossary				<u> </u>	
Surve	/	Survey I	Progress:					Export & Print	
Administrative Data			Data Quality Assura	nce (page 3 of	f 3)				
Staffing									
Legislative Authority		e Authority	<u>Linkages</u>						
Administration and Operations		Operations	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.						
Reporting Completeness		pleteness	O Annually						
	Data	Exchange	O Biannually (two	times per yea	r)				
Dat	ta Content A	nd Format	O Every other year	ar					
D	ata Quality A	Assurance	Other, specify:						
	,	Data Use	28. For which of the f	ollowing has th	e NDI linkan	e proven to be useful?	Chack all that a	annly	
Colla	borative Rel		Survivorship	ollowing has th	e NDI iiiikage	proven to be userun:	oncer un that t	ірріў.	
,	Surveillance	•	☐ Data quality ☐ Research						
Other		Feedback	Other, specify:						
		Validation	☐ Not applicable						
		Review			link records i	n 2024-2025 for follow-	up or some othe	er purpose?	
	Save a	nd Logout	All Payer Claims [D)				
	Save a	nd Logout				arly Detection Progran	n (NBCCEDP)		
			☐ CDC's Colorectal☐ Department of Mo		• •	RCCP)			
			☐ Department of Vo	•	-				
			Hospital Disease						
			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 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.						
	_//					
Save & Previous Cancel Save Save & Continue						





Survey	Question	nnaire (pdf version)	Glossary		B			
Survey	Survey Pro	ogress:			Export & Print			
Administ	trative Data	Data Use (page 1 o	Data Use (page 1 of 3)					
Staffing								
Legislative Authority			30. Within <u>12 months</u> of the end of the diagnosis year, with data that are 90% complete, does your CCR produce:					
Administration and	·		lata file of incidend by SEER site grou		○ Yes ○ No			
Reporting Cor	Exchange		dence counts, rate SEER site groups		○ Yes ○ No			
Data Content And Format			31. Within <u>24 months</u> of the end of the diagnosis year, with data that are 95% complete, does your CCR produce:					
Data Quality Assurance			Reports on age-adjusted incidence and mortality rates using SEER site groups? Age, sex, race, ethnicity, and geographic area are stratified where applicable.					
Data Use		ethnicity, and g						
Collaborative Relationships		Biennial report	Biennial reports on stage and incidence by					
Other Surveillance Activities		geographic area, emphasizing screening- amenable cancers and cancers associated with modifiable risk factors?			○ Yes ○ No			
Survey	/ Feedback Validation	32. Indicate which	32. Indicate which cancer screening and/or cancer-related risk factors were covere in the CCR's reports. Check all that apply.					
	Review		Alcohol consumption					
Save a	and Logout	Nutrition						
		☐ Tobacco use ☐ Obesity ☐ HPV vaccination ☐ Other, specify:	n					
		33. Indicate the most recent diagnosis year an electronic data file or report was made available to the public:						
		Year:						
		Save & Previous	Cancel Save	Save & Continue				





PEI Help? Please call us at 301.572.0502 or email us at support 2026 - Program Evaluation Instrument

Survey	Questionnaire (odf version)	Glossary					
Survey	Survey Progre	ess:			Export & Print			
A	Administrative Data	Data Use (page 2 of 3)					
	Staffing							
L	egislative Authority		34a. Indicate the number of times between January 1, 2025, to December 31, 2025, the CCR, state health department, or its					
Administrat	ion and Operations	designee	designee <u>used registry data</u> in each category to understand the cancer burden in support of cancer prevention and control					
Repor	ting Completeness	priorities	priorities. Please provide best estimate. Enter '0' if not applicable.					
	Data Exchange		Р	age 15 Data Use				
Data C	Content And Format	Data U	se Category	Number	per Year			
	Quality Assurance	•	ehensive control d					
	Data Use	incidence/mortality estimates						
Collabor	ative Relationships	Detaile	- -					
Other Su	rveillance Activities	by stag	ice/mortality je and phic area					
	Survey Feedback	Collaboration, as						
	Validation	with ca						
	Review	for brea	ing programs ast, colorectal, rvical cancer					
	Save and Logout	Health						
		cancer	gation(s) (i.e., cluster gations)					
		Needs assess plannin	ment/program ng (i.e., unity Cancer					
		Prograi	m evaluation					

Epidemiologic studies	
Survivorship programs	
Other, specify:	
34b. Have any of the above publication in the last two years.	uses of data been included in a journal ears?
○ Yes ○ No	
<u> </u>	
Save & Previous Cance	Save & Continue





	Survey	Questio	nnaire (pdf version)	Glossary			7			
Surve	у	Survey	Progress:				Export & Print			
Administrative Data			Data Use (page 3 of	f 3)						
		Staffing								
	Legislative	e Authority	35. Between Januar in? Check all that a		ecember 31, 2025, v	which data use activities did t	he CCR participate			
Adminis	stration and C	Operations	Created written publications (i.e., journal articles, annual report, other reports)							
Re	eporting Com	pleteness	_ '	☐ Updated website ☐ Shared oral or poster presentation(s) at local or national conference						
	Data	Exchange	☐ Released data fil☐ Held education o		na					
Dat	ta Content Aı	nd Format	☐ Issued press rele	ases or statem	ents					
	Data Quality A	Assurance	☐ Created or updat		oard, map, or other	data visualization				
	,	Data Use	Other, specify:	, G						
Calla	sharativa Dal		00 Datasas Issues	. 4 0005 to D						
	aborative Rela	· ·	Statistics (USCS) da			n what ways did your CCR u	se U.S. Cancer			
Other	Surveillance	e Activities	☐ Written publication	,	•					
	Survey	Feedback	☐ Oral or poster presentation(s) at local or national conference ☐ CCR's data dashboard, map, or other data visualization							
		Validation	Collaborative activities with NBCCEDP, NCCCP, and/or chronic disease partners							
,		Review	☐ Health event investigations (i.e., cancer cluster investigations) ☐ Needs assessments/program planning (i.e., Community Cancer Profiles)							
	Savo	nd Logout			• ,	unity Cancer Profiles) vival analyses, clinical studie	s comparative			
,	Save a	illa Logout	analyses)		moregie etaalee, ear	vivai analyses, simisai staale	o, comparativo			
			☐ Program evaluati							
			Routine data req		on January 1, 2025	to December 24, 2025				
			☐ USCS data was not used between January 1, 2025, to December 31, 2025 ☐ Other, specify:							
			Other, specify.							
			Data Use Section C							
			You may add commo	ents regarding	your responses in th	ne "Data Use" section above.				
			Save & Previous	Cancel	Save & Continu	ue				





	Survey	Question	naire (pdf version)	Glossary					
Sur	vey	Survey Pro	ogress:			Export	& Print		
	Administ	rative Data	Collaborative Rela	tionships (pag	e 1 of 2)				
		Staffing							
	Legislativ	e Authority	Advisory Committee						
Admi	nistration and	Operations		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?					
	Reporting Cor	mpleteness	O Yes						
	Data Exchange		○ No						
	Data Content A		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						
	Data Quality								
		Data Use							
	ollaborative Re								
Otr	ner Surveilland		Cancer survivors Researchers						
	Survey	/ Feedback Validation	☐ Pathologists ☐ Medical/Radiation oncologists						
		Review	Other specialty physicians (i.e., dermatologists, gastroenterologists, urologists,						
Save and Logout			etc.) Representatives from cancer prevention and control programs Other, specify:						
			37c. How often does the advisory committee convene? Check only one.						
			○ Quarterly						
			O Annually						
			OBiannually						
			Other, specif	y:					

Save & Previous | Cancel | Save | Save & Continue





	Survey	Questio	nnaire (pdf version)	Glossary			₺		
Survey	1	Survey	Progress:				Export & Print		
Administrative Data			Collaborative Relati	onships (pag	e 2 of 2)				
Staffing									
	Legislative	e Authority	Cancer & Other Chronic Disease Programs						
Administration and Operations		Operations	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.						
Re	porting Com	pleteness	Provide assistance			ippij.			
	Data	Exchange	Regular meetings						
Dat	a Content A	nd Format	☐ Provide trainings☐ Provide data to N						
D	ata Quality A	Assurance	Provide material f	for publications	to NBCCEDP, NC	CCP, and chronic disease			
		Data Use	☐ Data linkage						
Colla	borative Rel	ationships	☐ Partner on collabo	orative project	5				
Other	Surveillance	e Activities							
Survey Feedback			☐ None of the above	e, explain					
Validation			Health Department						
Review		Review	39. With which other	Department o	f Health programs o	does your CCR collaborat	te? Check all that		
v	Save a	nd Logout	apply. Asthma						
			Diabetes						
			Environmental He						
			☐ Heart Disease and Stroke Prevention ☐ Infectious disease (HIV/AIDS, HPV, hepatitis)						
			Immunization	e (HIV/AIDO, I	ir v, nepatitis)				
			Oral Health						
			Physical Activity and Nutrition/Obesity						
			Radiation Control						
			☐ Tobacco Control						
			Other, specify:						
			Collaborative Relati	ionship Section	on Comments your responses in t	he "Collaborative Relatio	nship" section above.		
			,	J9	, , ,				

Save & Previous Cancel Save Save & Continue





Survey Que	stionnaire (pdf version) Glossary				
Survey Surve	ey Progress: Export & Print				
Administrative [Oata Other Surveillance Activities (page 1 of 2)				
Sta	ffing				
Legislative Auth	40. If your CCR receives electronic pathology reports, in which format are these received? Check all that apply.				
Administration and Operat	NAACCR, HL7 Format (Volume V), Version 2.x NAACCR, Pipe Delimited Format (Volume V), Version 2.x				
Reporting Completer					
Data Excha	nge NAACCR, Pipe Delimited Format (NAACCR Volume II, Version 10,Chapter VI) Other, specify:				
Data Content And For					
Data Quality Assura	Not applicable 41. For which of the following cancer surveillance needs has your CCR been in				
Data	contact with your Health Department's infectious disease program staff? Check all				
Collaborative Relations	hips Pathology laboratory reporting Physician disease reporting				
Other Surveillance Activ	Other healthcare data reporting, specify:				
Survey Feedb	None of the above				
Valida	tion 42. Which of these did the CCR conduct in the past year (January 1, 2025 –				
Rev	December 31, 2025)? Check all that apply. Survival analysis				
Save and Lo	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				
	Save & Previous Cancel Save Save & Continue				





Survey Quest	ionnaire (pdf version) Glossary	5
Survey Surve	ey Progress:	Export & Print
Administrative Data	Other Surveillance Activities (page 2 of 2)	
Staffing		
Legislative Authority		inment)?
Administration and Operations	○ Yes ○ No	
Reporting Completeness		
Data Exchange	All cases	
Data Content And Format	Subset of cases (i.e., pediatric cancer), specify:	
Data Quality Assurance		
Data Use	Other, specify:	
Collaborative Relationships	44b. If yes, within what time frame are cases reported?	
Other Surveillance Activities		
Survey Feedback	○ 60 days ○ Study dependent, specify	
Validation		
Review	Time Frame Study, Specify	
Save and Logout	Time Frame Other, Specify	
	Other Surveillance Activities Section Comments You may add comments regarding your responses in the "Other Surveillance Activities" s	section above
	Save & Previous Cancel Save Save & Continue	





	Survey	Questio	onnaire (pdf version) Glossary	
Survey	,	Survey	Progress: Export & Print	
	Administra	ative Data	Survey Feedback	
*		Staffing		
	Legislative	e Authority	45. Please indicate your experience completing the 2026 NPCR Program Evaluation Instrument: a. All or most of the questions are clearly stated.	=
Administ	ration and C	Operations		ľ
Re	porting Com	pleteness	Strongly Agree Agree	
	Data l	Exchange	○ Neutral	
Data	a Content Ar		ODisagree	
	ata Quality A		○ Strongly Disagree	
		Data Use	b. I understand the importance of all or most of the questions.	ī
Callah			○ Strongly Agree	
	oorative Rela		│ ○ Agree │ ○ Neutral	
Other	Surveillance		O Disagree	
	Survey	Feedback	○ Strongly Disagree	
		Validation	c. I consider the time spent completing the instrument to be a worthwhile contribution to NPCR and the	J,
~		Review	cancer surveillance community.	ľ
	Save a	nd Logout	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	L
			Yes	ĺ
			○ Yes ○ No	
				ı

ovide name, email, phone number			
47. I have the following suggestions or revisions to the NPCR Program Evaluation Instrument:			
ave & Previous Cancel Save Save & Continue			





Survey	Questionnaire	(pdf version)	Glossary		
Survey	Survey Progre	ess:			Export & Print
А	dministrative Data				ses. Please use the
	Staffing	navigation me Module	enu to find the Question	e question and prov	vide a response. Error
Le	egislative Authority	User Data	Question	variable Name	Response
Administration	on and Operations	Edit			is missing
Report	ing Completeness				_
	Data Exchange	User Data			Response is missing
Data Co	ontent And Format	Edit			
Data (Quality Assurance	User Data			Response
	Data Use	Edit			is missing
Collabora	ative Relationships				Deenenee
	veillance Activities	User Data			Response is missing
	Survey Feedback	Edit			
	Validation	User Data			Response
	Review	Edit			is missing
	Save and Logout				Response
	Save and Logout	User Data			is missing
		Edit			
		User Data			Response is missing
		Edit			io miooning
		Staffing	1	Number of NPCR- funded, non- contracted FTE positions: Filled	Response is missing

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

Staffing Edit	1	Number of contracted FTE positions funded by other sources: Filled	Response is missing
Staffing Edit	1	Number of contracted FTE positions funded by other sources: Vacant	Response is missing
Staffing Edit	2	Principal Investigator: Filled	Response is missing
Staffing Edit	2	Principal Investigator: Vacant	Response is missing
Staffing Edit	2	Program Director: Filled	Response is missing
Staffing Edit	2	Program Director: Vacant	Response is missing
Staffing Edit	2	Program Manager: Filled	Response is missing
Staffing Edit	2	Program Manager: Vacant	Response is missing
Staffing Edit	2	Grants Manager or Budget Analyst: Filled	Response is missing
Staffing Edit	2	Grants Manager or Budget Analyst: Vacant	Response is missing
Staffing Edit	2	ODS Quality Control Staff: Filled	Response is missing
Staffing	2	ODS Quality Control Staff: Vacant	Response is missing

Staffing Edit	2	Non-ODS Quality Control Staff (i.e., registrar): Filled	Response is missing
Staffing Edit	2	Non-ODS Quality Control Staff (i.e., registrar): Vacant	Response is missing
Staffing Edit	2	ODS Education/Training Staff: Filled	Response is missing
Staffing Edit	2	ODS Education/Training Staff: Vacant	Response is missing
Staffing Edit	2	Epidemiologist or Data Analyst: Filled	Response is missing
Staffing Edit	2	Epidemiologist or Data Analyst: Vacant	Response is missing
Staffing Edit	2	Statisticians: Filled	Response is missing
Staffing Edit	2	Statisticians: Vacant	Response is missing
Staffing Edit	2	IT Staff: Filled	Response is missing
Staffing Edit	2	IT Staff: Vacant	Response is missing
Staffing Edit	2	GIS Specialists: Filled	Response is missing
Staffing	2	GIS Specialists: Vacant	Response is missing

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

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

Reporting Completeness Edit	7	Hospitals with a cancer registry (non-federal) (non-CoC): Response Number Reporting to is missing the Registry (Denominator)
Reporting Completeness Edit	7	Hospitals with a cancer registry (non-federal) (non-CoC): Response Number Reporting is missing Electronically (Numerator)
Reporting Completeness Edit	7	Hospitals with a cancer registry (non- Response federal) (non-CoC): is missing Percentage
Reporting Completeness Edit	7	Hospitals without a cancer registry (non-federal): Number Response Reporting to the Registry (Denominator)
Reporting Completeness Edit	7	Hospitals without a cancer registry (non-federal): Number Response is missing Electronically (Numerator)
Reporting Completeness Edit	7	Hospitals without a cancer registry (non-federal): Percentage
Reporting Completeness Edit	7	CoC Hospitals: Number Reporting to Response the Registry is missing (Denominator)
Reporting Completeness Edit	7	CoC Hospitals: Number Reporting Response Electronically is missing (Numerator)

Reporting Completeness Edit	7	CoC hospitals: Response Percentage is missing
Reporting Completeness Edit	7	VA Hospitals: Number Reporting to Response the Registry is missing (Denominator)
Reporting Completeness Edit	7	VA Hospitals: Number Reporting Response Electronically is missing (Numerator)
Reporting Completeness Edit	7	VA hospitals: Response Percentage is missing
Reporting Completeness Edit	7	IHS Hospitals: Number Reporting to Response the Registry is missing (Denominator)
Reporting Completeness Edit	7	IHS Hospitals: Number Reporting Response Electronically is missing (Numerator)
Reporting Completeness Edit	7	IHS hospitals: Response Percentage is missing
Reporting Completeness Edit	7	Tribal Hospitals: Number Reporting to Response the Registry is missing (Denominator)
Reporting Completeness Edit	7	Tribal Hospitals: Number Reporting Response Electronically is missing (Numerator)
Reporting Completeness Edit	7	Tribal hospitals: Response Percentage is missing

Reporting Completeness Edit	7	Physician Offices: Number Reporting to Response the Registry is missing (Denominator)
Reporting Completeness Edit	7	Physician Offices: Number Reporting Electronically (Numerator) Response is missing
Reporting Completeness Edit	7	Physician Offices: Response Percentage is missing
Reporting Completeness Edit	7	In-state independent labs: Number Reporting to the Registry (Denominator) Response is missing
Reporting Completeness Edit	7	In-state independent labs: Number Reporting Electronically (Numerator) Response is missing
Reporting Completeness Edit	7	In-state independent Response labs: Percentage is missing
Reporting Completeness Edit	7	Out-of-state independent labs: Number Reporting to the Registry (Denominator) Response is missing
Reporting Completeness Edit	7	Out-of-state independent labs: Number Reporting Electronically (Numerator) Response is missing
Reporting Completeness Edit	7	Out-of-state independent labs: Percentage Response
Reporting Completeness	7	TOTAL (Hospitals & Response Offices, Pathology is missing Laboratories):

Number Reporting to
the Registry
(Denominator)

Edit			
Reporting Completeness	7	TOTAL (Hospitals & Offices, Pathology Laboratories): Number Reporting Electronically (Numerator)	Response is missing
Edit			
Reporting Completeness	7	TOTAL (Hospitals & Offices, Pathology Laboratories): Percentage	Response is missing
Edit			
Reporting Completeness Edit	16	Law and Rules	Must select one
			Must
Reporting Completeness Edit	16	Fines and Penalties	select one
Reporting Completeness	16	Outsourcing and Contracting	Must select one
Edit			
Reporting Completeness	16	Interstate Data Exchange	Must select one
D (:			Must
Reporting Completeness Edit	8		select one
Reporting Completeness Edit	9		Response is missing
Reporting Completeness Edit	10a		Response is missing
Reporting Completeness	13b		Response is missing

Reporting Completeness Edit	14	Response is missing
Reporting Completeness Edit	15a	Must select at least one
Reporting Completeness Edit	15b	Must select one
Electronic Data Exchange Edit	17a	Must select one
Electronic Data Exchange Edit	17b	Must select one
Electronic Data Exchange Edit	17c	Must select one
Electronic Data Exchange Edit	18a	Must select one
Electronic Data Exchange Edit	18b	Must select one
Electronic Data Exchange Edit	18c	Must select one
Electronic Data Exchange Edit	18d	Must select one
Electronic Data Exchange	18f	Must select one

Electronic Data Exchange Edit	18g		Must select one
Electronic Data Exchange Edit	18h		Must select one
Electronic Data Exchange Edit	18j		Must select one
Electronic Data Exchange Edit	19		Must select at least one
Data Content And Format Edit	20		Must select one
Data Content And Format Edit	21		Must select one
Data Content And Format Edit	22		Must select at least one
Data Quality Assurance Edit	23	A designated ODS is responsible for the quality assurance program	Must select one
Data Quality Assurance Edit	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

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
Data Quality Assurance	23	Data consolidation procedures are performed consistently from all source records	Must select one
Data Quality Assurance	20		Must select at least one
Data Quality Assurance	21		Must select one
Data Quality Assurance	22	Patient	Must select one
Data Quality Assurance	22	Treatment	Must select one
Data Quality Assurance	22	Follow-up	Must select one
Data Quality Assurance	26		Must select one
Data Quality Assurance	27		Must select one

Data Quality Assurance	28a	Death information (vital status and cause of death)	Must select one
Data Quality Assurance	28a	Missing demographic information	Must select one
Data Quality Assurance	26a		Must select one
Data Quality Assurance	26b		Must select one
Data Quality Assurance Edit	27		Must select one
Data Quality Assurance	28		Must select at least one
Data Quality Assurance	29		Must select at least one
Data Use	30	An electronic data file of incidence counts, rates, or proportions by SEER site groups?	Must select one
Data Use	30	A report of incidence counts, rates, or proportions by SEER site groups?	Must select one
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

Biennial reports on stage and incidence by geographic area, emphasizing

Data Use 31 screening-amenable

screening-amenable select cancers and cancers one associated with modifiable risk factors?

Must

Edit

Data Use 32 Select at least one

Edit

Data Use 33a Year: Response is missing

Edit

estimates: Number per Year

Collaboration, as

Edit

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

Edit

defined in DP222202, with cancer
2202, with cancer
screening programs
for breast, colorectal,
and cervical cancer:
Number per Year

Edit

Data Use

34

Cancer cluster investigations:

Number per Year

Health event investigation(s) (i.e., Response is missing

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

Collaborative Relationships Edit	38a	Must select one
Collaborative Relationships Edit	38c	Must select one
Collaborative Relationships Edit	39	Must select at least one
Collaborative Relationships Edit	40	Must select at least one
Survey Feedback Edit	48a	Must select one
Survey Feedback Edit	48b	Must select one
Survey Feedback Edit	48d	Must select one
Survey Feedback Edit	48e	Must select one
Survey Feedback Edit	49	Must select one

Continue





Survey	Questionnaire	(pdf version)	Glossary			
Survey	Survey Progre	ess:			Expor	t & Print
Ad	dministrative Data	This page c	an be used to	review and revise your r	esponse	s. If all
	Staffing	submit your	r survey.		iiiit but	ion to
Le	gislative Authority	•	Submit your survey Submit You must address all errors before you can submit the survey!		vev!	
Administratio	n and Operations		Go to validation page		,.	
Reporti	ng Completeness	1. Indicate	the number of	Staffing filled and vacant FTEs b	v fundin	ıa
	Data Exchange	category as You may inc	category as of December 31, 2025. You may include positions outside the registry ONLY if the registry		istry	
Data Co	ntent And Format	pays a portion the FTE guid	pays a portion of the salary. To compute partial FTEs, please follow the FTE guidelines. The following two questions use the concept of a			ollow ept of a
Data (Quality Assurance	"Full-time Equivalent" or FTE. For each question, report the total number of <u>filled</u> and <u>vacant</u> 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			ow to	
	Data Use					
Collabora	tive Relationships	hours/week to 1.0 FTE.	converts to 0.7	5 FTE, whereas 35 hours/	week co	nverts
Other Surv	eillance Activities	FTE Guidel	ines:			
	Survey Feedback		10 hours/week			
	Validation	0.75 FTE =	20 hours/week 30 hours/week			
	Review	1.00 FTE =	40 hours/week			
	Save and Logout		Funding		Filled	Vacant
		Number positions		ed, non-contracted FTE		
		Number positions		ed, contracted FTE		
		Number positions		d, non-contracted FTE		
		Number positions		d, contracted FTE		
			of non-contractory other source	eted FTE positions		

Number of contracted FTE positions funded by other sources

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.

Position (FTE or percentage of FTE)	Filled	Vacant
Principal Investigator		
Program Director		
Program Manager		
Grants Manager or Budget Analyst		
ODS Quality Control Staff		
Non-ODS Quality Control Staff (i.e., registrar)		
ODS Education /Training Staff		
Epidemiologist or Data Analyst		
Statisticians		
IT Staff		
GIS Specialists		
Other staff, specify		
Total Number of Staff	0.00	0.00
Total Number ODS (of total number of staff)		

Staffing Comments

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

Edit

Legislative Authority

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

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.

Edit

Administration and Operations

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.**

- 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? **Check all that apply.**

Administration and Operations Comments

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

Edit

Reporting Completeness

- 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 <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)".
 - 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".				
	Number Reporting to the Registry (Denominator)	Number Reporting Electronically (Numerator)	Percentage	
Hospitals with a cancer registry (non-federal) (non-CoC)				
Hospitals without a cancer registry (non-federal)				
CoC Hospitals				
VA Hospitals				
IHS Hospitals				
Tribal Hospitals				
Physician Offices				
PATHOLOGY LABORA	ATORIES	ı		
In-state independent labs				
Out-of-state independent labs				
Other, specify				
TOTAL (Hospitals & Offices, Pathology Laboratories)				
7. Please indicate how completeness and time submission (select one	liness of your CO			
Law and Rules				
Fines and Penalties				
Outsourcing and Co	ntracting			
Interstate Data Exch	ange			
Other factors, specif	·v			
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) <u>Department of Defense's Automated Central Tumor Registry</u> (ACTUR)				
10a On average have	many 00000 non	diagnosis vast d	0.1/01/	
10a. On average, how restimate your CCR rece Registry in your state? Veterans Affairs (VA)	eives directly fron	n the VA Centra		

- 10b. How many VA facilities <u>currently</u> 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 <u>routinely</u> 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 <u>additional</u> 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? Check all that apply. **Data Exchange Comments** 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? Check only one. 18. Which of the following Registry Plus programs do you use? Check all that apply. **Data Content and Format Comments** 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:

24. During the death certificate linkage, does tumor (site/histology) and not just by patient in 25a. Does your CCR update the CCR database certificate matching within 3 months of linkage. Death information (vital status and cause Missing demographic information 25b. If yes, what percentage(s) of the update manually or electronically? (Provide best est some overlap between automation and manually of the update of the u	ase followinge? of death) es are perfimate. The	information? ing death formed ere may be
tumor (site/histology) and not just by patient in 25a. Does your CCR update the CCR database certificate matching within 3 months of linkage. Death information (vital status and cause Missing demographic information 25b. If yes, what percentage(s) of the update manually or electronically? (Provide best est some overlap between automation and manually	ase followinge? of death) es are perfimate. The ual review. Manually	information? ing death formed ere may be) Electronicall
tumor (site/histology) and not just by patient in 25a. Does your CCR update the CCR database certificate matching within 3 months of linkage. Death information (vital status and cause Missing demographic information 25b. If yes, what percentage(s) of the update manually or electronically? (Provide best est some overlap between automation and manually	ase followinge? of death) es are perfimate. The	information? ing death formed ere may be
tumor (site/histology) and not just by patient in 25a. Does your CCR update the CCR database certificate matching within 3 months of linkage Death information (vital status and cause Missing demographic information	ase followi ge? of death)	information?
tumor (site/histology) and not just by patient in 25a. Does your CCR update the CCR database certificate matching within 3 months of linkage Death information (vital status and cause	ase followi ge?	information?
tumor (site/histology) and not just by patient i 25a. Does your CCR update the CCR databa	ase followi	information?
	dentifying	
		R match by
23. Although death certificate processes requencerying causes of death, does your CCR against your registry data to identify a reporta	match all d	causes of deat
Follow-up		
Treatment		
22. Does your CCR perform record consolidation Patient	ation on th	e following?
 How often does your CCR provide feedbase on the quality, completeness, and timeliness 		
	1.4	1. E 1141
20. In the past year, which of the following typaudits or activities did your CCR conduct? Dereference. Check all that apply.		
Data consolidation procedures are performall source records	med consi	stently from
At least once every 5 years, case-finding audits from a sampling of source docume each hospital-based reporting facility. This audits (NPCR/SEER)	nts are co	nducted for
training to CCR staff and reporting source data		
A designated ODS education/training coo		Surance
	quality as	auranaa

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 <u>used registry data</u> 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 publication in the last two years?	journal
35. Between January 1, 2025, to December 31, 2025, which activities did the CCR participate in? Check all that apply.	data use
36. Between January 1, 2025, to December 31, 2025, in whadid your CCR use U.S. Cancer Statistics (USCS) data? Chethat apply.	
Data Use Section Comments You may add comments regarding your responses in the "Dasection above.	ata Use"
Edit	
Collaborative Relationships	
37a. As of December 31, 2025, has your CCR established a regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry?	ng

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? Advisory Committee
37b. The advisory committee includes representation from: Check all that apply.
37c. How often does the advisory committee convene? Check only one.
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. <u>Health Department</u>
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 Committee as Asticities Continue Com
Other Surveillance Activities Section Comments You may add comments regarding your responses in the "Other Surveillance Activities" section above

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:

Submit your survey Submit