# Program Evaluation Instrument (PEI) Report for Survey Year 2022

**Note: Do not use the browser back button to revise the criteria. To revise the criteria, please click the "New Report Criteria" button or "Revise Report Criteria" button.**

New Report Criteria   Revise Report Criteria          Print

**National Report**

Staffing

**1. On December 31, 2021, how many total FTE central cancer registry (CCR) staff positions were funded? You may include positions outside the registry ONLY if the registry pays a portion of the salary. Remember to use the calculation method above when computing partial FTEs.**

| Funding Category | Total Count FTEs | |
| --- | --- | --- |
| | **Filled** | **Vacant** |
| | **National Median (Range)** | **National Median (Range)** |
| Number of NPCR-funded (non-contracted) FTE positions | 4.00 (0.00 - 21.70) | 0.00 (0.00 - 3.00) |
| Number of NPCR-funded, contracted FTE positions | 0.00 (0.00 - 16.30) | 0.00 (0.00 - 1.00) |
| Number of State-funded (non contracted) FTE positions | 1.00 (0.00 - 27.30) | 0.00 (0.00 - 5.10) |
| Number of State-funded, contracted FTE positions | 0.00 (0.00 - 35.50) | 0.00 (0.00 - 2.30) |
| Number of non contracted FTE positions funded by other sources | 0.00 (0.00 - 22.00) | 0.00 (0.00 - 10.20) |
| Number of contracted FTE positions funded by other sources | 0.00 (0.00 - 87.00) | 0.00 (0.00 - 3.50) |
| Totals | 8.50 (0.00 - 150.30) | 1.00 (0.00 - 15.30) |
| | | **Total Respondents: 50** |

**2. Please indicate the number of FTEs in the positions listed below. Please include both filled and vacant, as well as time contributed by non-registry staff (e.g., chronic disease epidemiologist), regardless of funding, in your total FTE count. Use the FTE calculation method as described previously. Please note CTR credentials may be held by several registry positions and should be counted accordingly.**

| Position (FTE or percentage of FTE) | Total Count FTEs | |
| --- | --- | --- |
| | **Filled** | **Vacant** |
| | **National Median (Range)** | **National Median (Range)** |
| Principal Investigator | 0.10 (0.00 - 4.00) | 0.00 (0.00 - 1.00) |
| Program Director | 1.00 (0.00 - 4.30) | 0.00 (0.00 - 1.00) |
| Program Manager | 0.50 (0.00 - 7.50) | 0.00 (0.00 - 2.00) |
| Budget Analyst | 0.30 (0.00 - 5.00) | 0.00 (0.00 - 0.20) |
| CTR Quality Control Staff | 2.00 (0.00 - 36.50) | 0.00 (0.00 - 12.00) |
| Non-CTR Quality Control Staff | 0.20 (0.00 - 8.30) | 0.00 (0.00 - 3.00) |
| CTR Education /Training Staff | 1.00 (0.00 - 2.80) | 0.00 (0.00 - 1.00) |
| Epidemiologists | 1.00 (0.00 - 12.30) | 0.00 (0.00 - 2.50) |
| Statisticians | 0.00 (0.00 - 9.30) | 0.00 (0.00 - 2.00) |
| Computer/IT | 1.00 (0.00 - 20.30) | 0.00 (0.00 - 1.30) |
| GIS Specialists | 0.00 (0.00 - 1.50) | 0.00 (0.00 - 0.00) |
| Other staff, specify | 0.50 (0.00 - 40.00) | 0.00 (0.00 - 6.00) |
| Total Number of Staff | 10.20 (2.80 - 150.30) | 1.00 (0.00 - 15.00) |
| Total Number CTRs (of total number of staff) | 3.80 (0.00 - 65.00) | 0.00 (0.00 - 6.00) |
| | | **Total Respondents: 50** |

Legislative Authority

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

| National (Yes) Percentage (Count) |
| --- |
| 24.0% (12) |

Administration

**4. Does your CCR maintain an operational manual describing registry operations, policies and procedures that, at a minimum, contains the following? 1. Registry collects and submits data for all reportable cancers and benign neoplasms, including at a minimum, primary site, histology, behavior, date of diagnosis, race and ethnicity, age at diagnosis, gender, stage at diagnosis, and first course of treatment, according to CDC specifications and other**

information required by CDC. 2. For all CDC-required reportable cases, the registry collects/derives all required data items using standard codes prescribed by CDC. 3. Registry participates in all analytic datasets and Web-based data query systems, according to the annual NPCR CSS Data Release Policy. **Check all that apply.**

| | National (Yes) Percentage (Count) |
|---|---|
| Reporting laws/regulations | 100.0% (50) |
| List of reportable diagnoses | 100.0% (50) |
| List of required data items | 100.0% (50) |
| **Data processing operational procedures for (check all that apply):** | |
| a. Monitoring timeliness of reporting | 98.0% (49) |
| b. Receipt of data | 98.0% (49) |
| c. Database management including description of the registry operating system( software). | 96.0% (48) |
| d. Conducting death certificate clearance | 100.0% (50) |
| **Procedures for Implementing and maintaining a quality assurance/control program including (check all that apply, e-h)** | |
| e. Conducting follow-back to reporting facilities on quality assurance issues | 98.0% (49) |
| f. Conducting record consolidation | 98.0% (49) |
| g. Maintaining detailed documentation of all quality assurance operations | 96.0% (48) |
| h. Education and Training | 96.0% (48) |
| Procedures for conducting data exchange including a list of states with which case-sharing agreements are in place | 98.0% (49) |
| Procedures for conducting data linkages | 98.0% (49) |
| Procedures for ensuring confidentiality and data security including disaster planning | 100.0% (50) |
| Procedures for data release including access to and disclosure of information | 98.0% (49) |
| Procedures for maintaining and updating the operational manual | 98.0% (49) |
| **Total Respondents: 50** | |

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

| | National (Yes) Percentage (Count) |
|---|---|
| Quality control report (central registry) | 90.0% (45) |
| Quality control reports for each facility | 68.0% (34) |
| Data completeness report for each facility | 96.0% (48) |
| Timeliness of data report for each facility | 86.0% (43) |
| Data workflow report | 70.0% (35) |
| All of the above | 52.0% (26) |
| Other | 16.0% (8) |
| None of the above | 2.0% (1) |
| **Total Respondents: 50** | |

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

| National (Yes) Percentage (Count) |
|---|
| 94.0% (47) |

Reporting Completeness

**7. Hospital and Pathology Laboratory Reporting:**

**Please list the number, by type, that are required to report and the number that were compliant with reporting at the end of 2021. Also report the number reporting electronically (e.g., in a standardized format that minimizes the need for manual data entry.)**

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

| Facilities Required to Report Cancer Cases by Type | Number Required to Report (Denominator) National (Range) | Number Compliant with Reporting* at the end of 2021* National Total (Pct) # (%) | Number Reporting electronically** National Total (Pct) # (%) |
|---|---|---|---|
| **Hospital** | | | |
| Hospitals with a cancer registry (non-federal) | (0 - 190) | 1670 (97.8) | 1726 (101.1) |
| Hospitals without a cancer registry (non-federal) | (0 - 454) | 2301 (92.4) | 2163 (86.9) |
| CoC Hospitals # | (0 - 114) | 1349 (98.5) | 1375 (100.4) |
| VA Hospitals # | (0 - 13) | 39 (32.0) | 60 (49.2) |

| Facilities Required to Report Cancer Cases by Type | Number Required to Report (Denominator) | Number Compliant with Reporting* at the end of 2021* | Number Reporting electronically** |
|---|---|---|---|
| | National (Range) | National Total (Pct) | National Total (Pct) |
| | | # (%) | # (%) |
| IHS Hospitals # | (0 - 8) | 12 (48.0) | 9 (36.0) |
| Tribal Hospitals # | (0 - 12) | 2 (8.0) | 2 (8.0) |
| Physician offices # | (0 - 3326) | 10232 (66.3) | 6829 (44.3) |
| **Pathology Laboratories** | | | |
| In-state independent labs | (0 - 523) | 1507 (92.6) | 1361 (83.6) |
| Out-of-state independent labs | (0 - 246) | 856 (85.8) | 718 (71.9) |
| Other | (0 - 88) | 226 (111.3) | 203 (100.0) |
| | | | **Total Respondents: 50** |

\* All facilities that report -not only those reporting in a timely manner
\*\*Electronic Reporting is the collection and transfer of data from source documents by
hospitals, physician offices, clinics or laboratories in a standardized, coded format that does not
require manual data entry at the Central Cancer Registry (CCR) level to create an abstracted record
# Although these groups are not required to report in accordance with state law, please
indicate the number of known facilities that diagnose or treat cancer for residents of your state.

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

| National (Yes) Percentage (Count) |
|---|
| 94.0% (47) |

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

| National (Yes) Percentage (Count) |
|---|
| 10.0% (5) |

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

| | National Percentage (Count) |
|---|---|
| Quarterly | |
| Every six months | 20.0% (1) |
| Annually | 60.0% (3) |
| Other | 20.0% (1) |

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

| National (Yes) Percentage (Count) |
|---|
| 100.0% (5) |

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

| | National (Yes) Percentage (Count) |
|---|---|
| Data are incomplete. | 4.4% (2) |
| Data are not in the proper format for us to consolidate with existing records. | 8.9% (4) |
| We don't have time to deal with it. | 24.4% (11) |
| Other | 82.2% (37) |

**13a. Do you receive data directly from the Veteran's Administration's (VA) central registries in your state?**

| National (Yes) Percentage (Count) |
|---|
| 48.0% (24) |

**13b. How many VA facilities currently report to your CCR indirectly from the VA Central Cancer Registry in Washington, DC?**

| National (Range) |
|---|
| (0 - 6) |

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

| | National (Range) |
|---|---|
| | (0 - 4160) |

### 15a. Industrial or Occupational History Data

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

| | National (Yes) Percentage (Count) |
|---|---|
| Administrative records (e.g. billing or claims databases, or patient forms that are not part of the medical record) | 4.0% (2) |
| Medical records | 70.0% (35) |
| Death certificate linkages | 66.0% (33) |
| Other | 14.0% (7) |
| Do not collect information on industrial or occupational history | 6.0% (3) |
| **Total Respondents: 50** | |

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

| | National Percentage (Count) |
|---|---|
| No | 96.0% (48) |
| Yes | 4.0% (2) |
| **Total Respondents: 50** | |

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

| | Contributing Factor | Negative Factor | Both Factor | Not applicable |
|---|---|---|---|---|
| | National Count (Pct) | National Count (Pct) | National Count (Pct) | National Count (Pct) |
| | # (%) | # (%) | # (%) | # (%) |
| Laws and Rules | 32 (64.0) | 2 (4.0) | 8 (16.0) | 8 (16.0) |
| Fines and Penalties | 12 (24.0) | 3 (6.0) | 4 (8.0) | 31 (62.0) |
| Outsourcing and contracting | 15 (30.0) | 1 (2.0) | 14 (28.0) | 20 (40.0) |
| Interstate data exchange | 40 (80.0) | 1 (2.0) | 7 (14.0) | 2 (4.0) |
| Other factors, specify | 4 (8.0) | 11 (22.0) | 3 (6.0) | 0 (0.0) |
| **Total Respondents: 50** | | | | |

Data Exchange

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

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

| National (Yes) Percentage (Count) |
|---|
| 98.0% (49) |

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

| | National Percentage (Count) |
|---|---|
| Yes | 86.0% (43) |
| No | 6.0% (3) |
| Not Applicable, not receiving electronic pathology reports | 8.0% (4) |
| **Total Respondents: 50** | |

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

| | National Percentage (Count) |
|---|---|
| Yes | 44.0% (22) |
| No | 10.0% (5) |
| Not Applicable, not receiving Ambulatory healthcare provider reports | 46.0% (23) |
| **Total Respondents: 50** | |

**18. 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:**

| National (Yes) Percentage (Count) |
| --- |
| 96.0% (48) |

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

| National (Yes) Percentage (Count) |
| --- |
| 98.0% (49) |

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

|  | National Percentage (Count) |
| --- | --- |
| Annually | 2.0% (1) |
| Biannually (two times per year) | 82.0% (41) |
| Other | 16.0% (8) |
| **Total Respondents: 50** | |

**d. Exchange agreements are in place with other central cancer registries:**

|  | National Percentage (Count) |
| --- | --- |
| Yes, with all bordering CCRs plus other non-adjacent CCRs | 46.0% (23) |
| Yes, with all bordering CCRs but no others | 2.0% (1) |
| Yes, with some bordering CCRs | 4.0% (2) |
| Yes, includes National Interstate Exchange Agreement | 46.0% (23) |
| No, no exchange agreements in place with neighboring states, but some are in place with non-neighboring states | |
| No, no exchange agreements in place | 2.0% (1) |
| **Total Respondents: 50** | |

**e. What type of records do you transmit for interstate exchange?**

|  | National (Yes) Percentage (Count) |
| --- | --- |
| Consolidated cases | 56.0% (28) |
| Source records with text | 58.0% (29) |
| Source records without text | 2.0% (1) |
| **Total Respondents: 50** | |

**f. Does it include all cases not exchanged previously?**

| National (Yes) Percentage (Count) |
| --- |
| 100.0% (50) |

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

| National (Yes) Percentage (Count) |
| --- |
| 98.0% (49) |

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

| National (Yes) Percentage (Count) |
| --- |
| 100.0% (50) |

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

| National (Yes) Percentage (Count) |
| --- |
| 100.0% (50) |

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

| National (Yes) Percentage (Count) |
| --- |
| 100.0% (50) |

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

|  | National (Yes) Percentage (Count) |
|---|---|
| PHINMS | 12.0% (6) |
| Secure FTP | 50.0% (25) |
| WebPlus | 80.0% (40) |
| HTTPS | 24.0% (12) |
| N-IDEAS | 72.0% (36) |
| Secure encrypted e-mail | 36.0% (18) |
| Other | 4.0% (2) |
|  | **Total Respondents: 50** |

Data Content And Format

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

|  | National Percentage (Count) |
|---|---|
| Yes | 96.0% (48) |
| Currently being developed and/or implemented | 2.0% (1) |
| No, not able to receive | 2.0% (1) |
| No, able to receive, but not receiving |  |
|  | **Total Respondents: 50** |

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

|  | National Percentage (Count) |
|---|---|
| Commercial Vendor | 28.0% (14) |
| In-House Software | 6.0% (3) |
| CRS Plus | 46.0% (23) |
|  | **Total Respondents: 50** |

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

|  | National (Yes) Percentage (Count) |
|---|---|
| Abstract Plus | 42.0% (21) |
| Prep Plus | 52.0% (26) |
| CRS Plus | 32.0% (16) |
| Link Plus | 48.0% (24) |
| Web Plus | 70.0% (35) |
| eMaRC Plus | 76.0% (38) |
| CDA Validation Plus | 36.0% (18) |
| All of the above | 16.0% (8) |
| None of the above | 8.0% (4) |
|  | **Total Respondents: 50** |

Data Quality Assurance

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

|  | National (Yes) Percentage (Count) |
|---|---|
| A designated CTR is responsible for the quality assurance program | 94.0% (47) |
| Qualified, experienced CTRs conduct quality assurance activities | 100.0% (50) |
| 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) | 88.0% (44) |
| Data consolidation procedures are performed consistently from all source records | 100.0% (50) |
| Procedures are in place for follow-back to reporting facilities on quality issues | 98.0% (49) |
|  | **Total Respondents: 50** |

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

| National (Yes) Percentage (Count) |
|---|
| 98.0% (49) |

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

|  | National (Yes) Percentage (Count) |
|---|---|
| Casefinding | 80.0% (40) |
| Re-abstracting | 58.0% (29) |

|  | National (Yes) Percentage (Count) |
|---|---|
| Re-coding | 70.0% (35) |
| Visual editing | 98.0% (49) |
| Data Item Consolidation | 98.0% (49) |
| Other | 14.0% (7) |
| **Total Respondents: 50** | |

**26. 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?**

| National (Yes) Percentage (Count) |
|---|
| 86.0% (43) |

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

| National (Yes) Percentage (Count) |
|---|
| 80.0% (40) |

**28a. Does your CCR update the CCR database following death certificate matching within 3 months of linkage?**

|  | National (Yes) Percentage (Count) |
|---|---|
| Death information (vital status and cause of death) | 94.0% (47) |
| Missing demographic information | 92.0% (46) |
| **Total Respondents: 50** | |

**28b. If yes, what percentage(s) of the updates are performed manually or electronically? (Provide best estimate; may be some overlap between automation and manual review.)**

|  | Manually | Electronically |
|---|---|---|
|  | National Percentage (Range) | National Percentage (Range) |
| Death information | 9.5 (0 - 100) | 90.5 (0 - 100) |
| Demographic information | 23.1 (0 - 100) | 76.9 (0 - 100) |

**29. Does your CCR perform record consolidation on the following?**

|  | Electronic | Manual | Both | Neither |
|---|---|---|---|---|
|  | National (Yes) Percentage (Count) | National (Yes) Percentage (Count) | National (Yes) Percentage (Count) | National (Yes) Percentage (Count) |
| Patient data group | 8.0% (4) | 2.0% (1) | 90.0% (45) | 0.0% (45) |
| Treatment data group | 8.0% (4) | 6.0% (3) | 86.0% (43) | 0.0% (43) |
| Follow-up data group | 10.0% (5) | 2.0% (1) | 80.0% (40) | 0.0% (40) |

**30a. Does your CCR provide an edit set to your reporting facilities and/or vendors for use prior to data submissions to your CCR?**

| National (Yes) Percentage (Count) |
|---|
| 84.0% (42) |

**30b. If Yes, are facilities required to run prescribed edits prior to their data submission to your CCR?**

| National (Yes) Percentage (Count) |
|---|
| 80.0% (40) |

**30c. Does your CCR have an established threshold for percent of records passing edits on incoming submissions?**

| National (Yes) Percentage (Count) |
|---|
| 76.0% (38) |

**30d. If Yes, what is the threshold?**

|  | National Percentage (Count) |
|---|---|
| 100% | 44.7% (17) |
| 90% or greater | 50.0% (19) |
| 80% or greater | 5.3% (2) |
| Less than 80% | |
| **Total Respondents: 50** | |

**30e. How often does your CCR provide feedback to reporting facilities on the quality, completeness, and timeliness of their data?**

|  | National<br>Percentage (Count) |
|---|---|
| Quarterly | 30.0% (15) |
| Every six months | 2.0% (1) |
| Annually | 18.0% (9) |
| Other | 50.0% (25) |
| **Total Respondents: 50** ||

Data Use

**31. Within 12 months of the end of the diagnosis year with data that are 90% complete, did your CCR calculate incidence counts, rates, or proportions in an electronic data file or report for the diagnosis year for Surveillance Epidemiology and End Results (SEER) site groups to monitor the top cancer sites within your state/territory?**

| National (Yes)<br>Percentage (Count) |
|---|
| 70.0% (35) |

**32a. Within 24 months of the end of the diagnosis year with data that are 95% complete, did your CCR calculate incidence rates, counts or proportions in an electronic data file or report? (The report should include, at a minimum, age-adjusted incidence rates, age-adjusted mortality rates, and stage at diagnosis for the diagnosis year for SEER site groups, and, where applicable, stratified by sex, race, ethnicity, and geographic area.**

| National (Yes)<br>Percentage (Count) |
|---|
| 98.0% (49) |

**32b. Within 24 months of the end of the diagnosis year with data that are 95% complete, did the CCR create biennial reports providing data on stage and incidence by geographic area with an emphasis on screening-amenable cancers and cancers associated with modifiable risk factors (e.g., tobacco, obesity, HPV).**

| National (Yes)<br>Percentage (Count) |
|---|
| 82.0% (41) |

**32c. If Yes, indicate what information was included in the report: Check all that apply.**

|  | National (Yes)<br>Percentage (Count) |
|---|---|
| Screening-amenable Cancers | 97.6% (40) |
| Tobacco-related Cancers | 90.2% (37) |
| Obesity-related Cancers | 73.2% (30) |
| HPV-related Cancers | 87.8% (36) |
| All the above | 68.3% (28) |
| Other | 26.8% (11) |
| **Total Respondents: 50** ||

**33a. What is the most current diagnosis year a data file or report is available to the public?**

|  | National<br>Percentage (Count) |
|---|---|
| 1999 | 2.0% (1) |
| 2016 | 2.0% (1) |
| 2017 | 4.0% (2) |
| 2018 | 18.0% (9) |
| 2019 | 70.0% (35) |
| **Total Respondents: 50** ||

**33b. In what format is the report available? Check all that apply.**

|  | National (Yes)<br>Percentage (Count) |
|---|---|
| Hard (paper) copy | 22.0% (11) |
| Electronic word-processed file | 72.0% (36) |
| Web page/query system | 84.0% (42) |
| **Total Respondents: 50** ||

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

|  | National (Yes)<br>Average (Range) |
|---|---|
| Comprehensive cancer control detailed incidence/mortality estimates: Number per Year | 2049.8 (0 - 99999) |
| Detailed incidence/mortality by stage and geographic area: Number per Year | 2053.6 (0 - 99999) |
| Collaboration, as defined in DP17-1701, with cancer screening programs for breast, colorectal, or cervical cancer: Number per Year | 2004.8 (1 - 99999) |
| Health event investigation(s): Number per Year | 2006.4 (0 - 99999) |
| Needs assessment/program planning (e.g. Community Cancer Profiles): Number per Year | 2008.2 (0 - 99999) |

| | National (Yes) Average (Range) |
|---|---|
| Program evaluation: Number per Year | 2003.9 (0 - 99999) |
| Epidemiologic studies: Number per Year | 2055.5 (0 - 99999) |
| Other, describe: | |
| Other, describe: Number per Year | 1538.6 (0 - 11970) |
| | **Total Respondents: 50** |

**35a. Have any of the above uses of data been included in a journal publication in the last two years?**

| National (Yes) Percentage (Count) |
|---|
| 66.0% (33) |

**36. During the past year, for which areas of registry data utilization did your CCR acknowledge CDC NPCR funding, as required in the Notice of Cooperative Agreement Award? Check all that apply.**

| | National (Yes) Percentage (Count) |
|---|---|
| Publications (e.g.; journal articles, annual report, other reports) | 84.0% (42) |
| Web site | 92.0% (46) |
| Presentations, posters | 88.0% (44) |
| Release of data | 66.0% (33) |
| Education meeting, training program, conference | 86.0% (43) |
| Press releases, statements | 22.0% (11) |
| Requests for proposals, bid solicitations | 32.0% (16) |
| None | |
| Other | 4.0% (2) |
| | **Total Respondents: 50** |

**37. Does your CCR use U.S. Cancer Statistics data when performing comparative analyses?**

| | National Percentage (Count) |
|---|---|
| No | 8.0% (4) |
| Yes | 92.0% (46) |
| **Total Respondents: 50** | |

Collaborative Relationships

**38a. Has your CCR established and regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry? (Advisory committee structures may include a CCC Program committee or an advocacy group).**

| National (Yes) Percentage (Count) |
|---|
| 86.0% (43) |

**38b. If Yes, the Advisory Committee includes representation from: Check all that apply.**

| | National (Yes) Percentage (Count) |
|---|---|
| Representatives from all cancer prevention and control components: | 74.0% (37) |
| Vital Statistics | 22.0% (11) |
| Hospital cancer registrars | 62.0% (31) |
| American Cancer Society | 64.0% (32) |
| Clinical-laboratory personnel | 24.0% (12) |
| Pathologists | 44.0% (22) |
| Clinicians | 76.0% (38) |
| Researchers | 74.0% (37) |
| Oncologists | 68.0% (34) |
| American College of Surgeons | 26.0% (13) |
| All of the above | 6.0% (3) |
| Other | 30.0% (15) |
| | **Total Respondents: 50** |

**38c. If you have an Advisory Committee, how often does this group convene, including in-person and teleconferences? Check only one.**

| | National Percentage (Count) |
|---|---|
| Quarterly | 32.0% (16) |
| Annually | 6.0% (3) |
| Biannually | 26.0% (13) |
| Other | 36.0% (18) |
| **Total Respondents: 50** | |

**39. 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.**

| | National (Yes) Percentage (Count) |
|---|---|
| Provides assistance in staging NBCCEDP cases | 72.0% (36) |
| Regular meetings with NBCCEDP and NCCCP departmental staff | 92.0% (46) |
| Provides training/technical assistance to NBCCEDP and NCCCP staff | 66.0% (33) |
| Provides data to NBCCEDP and NCCCP | 98.0% (49) |
| Provides technical material for publications to NBCCEDP and NCCCP | 76.0% (38) |
| Provides subject matter expertise to NBCCEDP and NCCCP | 90.0% (45) |
| Data linkages | 98.0% (49) |
| Partner on collaborative projects | 86.0% (43) |
| All of the above | 44.0% (22) |
| Other | 6.0% (3) |
| None of the above | 2.0% (1) |
| **Total Respondents: 50** | |

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

| | National (Yes) Percentage (Count) |
|---|---|
| Tobacco Control | 80.0% (40) |
| Oral Health | 48.0% (24) |
| Diabetes | 46.0% (23) |
| Heart Disease and Stroke Prevention | 52.0% (26) |
| Asthma | 20.0% (10) |
| Physical Activity and Nutrition/Obesity | 52.0% (26) |
| Radiation Control | 22.0% (11) |
| Environmental Health | 80.0% (40) |
| Infectious disease (HIV/AIDS, HPV, hepatitis) | 72.0% (36) |
| Immunization | 64.0% (32) |
| All of the above | 10.0% (5) |
| Other | 18.0% (9) |
| **Total Respondents: 50** | |

Advanced Activities

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

| | National (Yes) Percentage (Count) |
|---|---|
| NAACCR, HL7 Format (Volume V), Version 2.x | 84.0% (42) |
| NAACCR, Pipe Delimited Format (Volume V), Version 2.x | 22.0% (11) |
| NAACCR, HL7 Format (NAACCR Volume II, Version 11, Chapter VI) | 12.0% (6) |
| NAACCR, Pipe Delimited Format (NAACCR Volume II, Version 10,Chapter VI) | 2.0% (1) |
| Other | 22.0% (11) |
| Not applicable | 8.0% (4) |
| **Total Respondents: 50** | |

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

| | National (Yes) Percentage (Count) |
|---|---|
| Pathology laboratory reporting | 78.0% (39) |
| Physician disease reporting | 28.0% (14) |
| Other healthcare data reporting | 10.0% (5) |
| None of the above | 18.0% (9) |
| **Total Respondents: 50** | |

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

| | National (Yes) Percentage (Count) |
|---|---|
| Survival analysis | 64.0% (32) |
| Quality of care studies | 26.0% (13) |
| Clinical Studies | 16.0% (8) |
| Publication of research studies using registry data | 62.0% (31) |
| Geo-coding to latitude and longitude to enable mapping | 94.0% (47) |
| Other healthcare data reporting | 20.0% (10) |
| Other innovative uses of registry data such as Survivorship Care Plan | 22.0% (11) |
| None of the above | 2.0% (1) |
| **Total Respondents: 50** | |

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

| National (Yes) Percentage (Count) |
|---|
| 34.0% (17) |

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

| | National (Yes) Percentage (Count) |
|---|---|
| All cases | 12.0% (6) |
| Subset of cases (eg. Pediatric Cancer) | 12.0% (6) |
| Special Studies | 14.0% (7) |
| Other | 4.0% (2) |
| | **Total Respondents: 50** |

**44b. If yes, within what time frame are cases reported?" Selections could be "30 days, 60 days, other specify, study dependent specify".**

| | National Percentage (Count) |
|---|---|
| 30 days | 29.4% (5) |
| 60 days | 5.9% (1) |
| Study dependent, specify | 35.3% (6) |
| Other, specify | 29.4% (5) |

**45. How often does your CCR link to the National Death Index (NDI)? Please check only one. (If never, skip to question 46.)**

| | National Percentage (Count) |
|---|---|
| Every year | 80.0% (40) |
| Every other year | 4.0% (2) |
| Every 3 - 5 years | 6.0% (3) |
| Never | 4.0% (2) |
| Other | 6.0% (3) |
| | **Total Respondents: 50** |

**45a. For which of the following has the NDI linkage proven to be useful? Check all that apply.**

| | National (Yes) Percentage (Count) |
|---|---|
| Survivorship | 78.0% (39) |
| Data quality | 84.0% (42) |
| Research | 64.0% (32) |
| Other | 10.0% (5) |
| Not applicable | 2.0% (1) |

**45b. Does your CCR update your database with vital status and cause of death following NDI linkage?**

| | National Percentage (Count) |
|---|---|
| Yes | 95.8% (46) |
| No | 4.2% (2) |
| Not Applicable, not receiving electronic pathology reports | |

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

| | National (Yes) Percentage (Count) |
|---|---|
| State Vital Statistics | 100.0% (50) |
| National Death Index | 84.0% (42) |
| Department of Motor Vehicles | 24.0% (12) |
| Department of Voter Registration | 22.0% (11) |
| Indian Health Service | 86.0% (43) |
| Medicare (Health Care Financing Administration) | 16.0% (8) |
| Medicare Physician Identification and Eligibility Registry | 4.0% (2) |
| Medicaid | 10.0% (5) |
| CDC's National Breast and Cervical Cancer and Early Detection Program | 90.0% (45) |
| CDC's National Colorectal Cancer Screening Program | 24.0% (12) |
| Insurance Claim Databases (Ex.: BC&BS, Kaiser, Managed Care Organization, fee for service etc.) | 20.0% (10) |
| Hospital Discharge Database | 42.0% (21) |
| Hospital Radiation Therapy Dept | 6.0% (3) |
| Hospital Disease Indices | 36.0% (18) |
| Other | 34.0% (17) |
| None | |

| | National (Yes) Percentage (Count) |
|---|---|
| **Total Respondents: 50** | |

**Contact Info**

Please call the NPCR-CSS Helpline (301) 572-0502 between 8AM and 4:30PM ET

Monday through Friday except holidays or send us an e-mail at support@npcrcss.org.

Vulnerability Disclosure Policy