2026 - NPCR Program Evaluation Instrument

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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 change my password

The NPCR Program Evaluation Instrument (PEI) is a web-based survey instrument designed to evaluate NPCR-funded registries' operational attributes and their progress towards meeting program standards. The PEI also provides information about advanced activities and "Survey Feedback" assists CDC in improving the survey instrument.

Based on CDC's Updated Guidelines for Evaluating Public Health Surveillance Systems, the PEI monitors the integration of surveillance, registry operations and health information systems, the utilization of established data standards, and the electronic exchange of health data. Data provided by this report can be used for public health action, program planning and evaluation, and research hypothesis formulation.

Specific knowledge about operational activities in which NPCR registries are engaged is used to provide valuable insight to CDC regarding programmatic efficiencies/deficiencies that have contributed to the success/challenges of the NPCR. The results of this instrument inform CDC and NPCR Program Consultants where technical assistance is most needed in order to continue to improve and enhance the NPCR.

Many of the questions in the 2026 PEI provide baseline data that can be used to measure compliance with the NPCR Program Standards. These questions, and the standard they reference, are noted throughout the instrument (e.g., "Program Standard I. a.") Using all available information as of December 31, 2025, the appropriate Central Cancer Registry (CCR) staff should complete the PEI.

Deadline for completion: xxxx xx, xxxx

Enter The Survey

Burden Statement

Public reporting burden of this collection of information varies from 2 to 6 hours with an estimated average of 4 hours per response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ASTDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-741, Atlanta, Georgia 30333, ATTN: PRA (XXXX-XXXX).

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

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Survey Survey Progress: Export & Print

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Administrative Data

State/Territory	SA
NPCR reference year	1995
Registry reference year	1995
Registry Program Director	
DP22-2202 Cooperative Agreement Number	NU58DP00
Award Amount (Refer to Notice of Award (NoA))	$
CDC Program Consultant	
Your name	
Title	
Phone number	
Status	In Progress

Date Completed	9/30/2024
Email	

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Staffing (page 1 of 2)

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

FTE Guidelines:

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

1. **Indicate the number of filled and vacant FTEs by funding category as of December 31, 2025.**
You may include positions outside the registry ONLY if the registry pays a portion of the salary. To compute partial FTEs, please follow the FTE guidelines.

Page 1 Staffing

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

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

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2. **Indicate the number of filled and vacant FTEs by position as of December 31, 2025.** You may include time contributed by non-registry staff (i.e., chronic disease epidemiologist), regardless of funding, in your total FTE count. To compute partial FTEs, please follow the FTE guidelines.
Note: ODS credentials may be held by several registry positions and should be counted accordingly.

Page 2 Staffing

Position (FTE or percentage of FTE)	Total Count FTEs	
	Filled	Vacant
Principal Investigator		
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		
Total Number ODS (of total number of staff)		

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

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Legislative Authority

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

- ○ Yes
- ○ No

Please describe:

Electronic reporting is defined as the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. It collects and transfers data from source documents by hospitals, physician offices, clinics, or laboratories in a standardized, coded format that does not require manual data entry at the CCR level to create an abstracted record.

Legislative Authority Comments
You may add comments regarding your responses in the “Legislative Authority” section above.

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Administration and Operations (page 1 of 2)

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

Page 4 Administration and Operations

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

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Administration and Operations (page 2 of 2)

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

- [ ] Quality control report (facility)
- [ ] Data completeness report (facility)
- [ ] Timeliness of data report (facility)
- [ ] Management reports
- [ ] Operations calendar
- [ ] Other, specify:
- [ ] None of the above

Administration and Operations Comments
You may add comments regarding your responses in the “Administration and Operations” section above.

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Reporting Completeness (page 1 of 3)

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

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

Page 6 Reporting Completeness

	Number Reporting to the Registry (Denominator)	Number Reporting Electronically (Numerator)	Percentage
HOSPITALS & OFFICES			
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 LABORATORIES			
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.

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Reporting Completeness (page 2 of 3)

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

Law and Rules	○ Contributing Factor	○ Negative Factor	○ Both Contributing and Negative Factor	○ This Factor is not applicable at the registry
Fines and Penalties	○ Contributing Factor	○ Negative Factor	○ Both Contributing and Negative Factor	○ This Factor is not applicable at the registry
Outsourcing and Contracting	○ Contributing Factor	○ Negative Factor	○ Both Contributing and Negative Factor	○ This Factor is not applicable at the registry
Interstate Data Exchange	○ Contributing Factor	○ Negative Factor	○ Both Contributing and Negative Factor	○ This Factor is not applicable at the registry
Other factors, specify	○ Contributing Factor	○ Negative Factor	○ Both Contributing and Negative Factor	○ This Factor is not applicable at the registry

Non-Analytic Cases

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

○ Yes
○ No

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

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

Veterans Affairs (VA)

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

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

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

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Industrial or Occupational History Data

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

- ☐ Administrative records (e.g. billing or claims databases, or patient forms that are not part of the medical record)
- ☐ Medical records
- ☐ Death certificate linkages
- ☐ Other, specify:
- ☐ Do not collect information on industrial or occupational history

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

- ○ Yes
- ○ No

Please describe:

Reporting Completeness Comments

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

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Electronic Data Exchange

Data Exchange Format

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

a. Hospital Reports (The NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary)?

- ○ Yes
- ○ No

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

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

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

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

Interstate Data Exchange

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

a. Within 12 months of the close of the diagnosis year, your CCR exchanges that year's data with other central cancer registries where a data-exchange agreement is in place:

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Annually
- ○ Biannually (two times per year)
- ○ Other, specify

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

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

List all existing CCR agreements here:

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

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

f. Does it include all cases not exchanged previously?

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

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

Data Exchange Comments
You may add comments regarding your responses in the “Data Exchange” section above.

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Data Content And Format

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

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

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

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

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

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

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

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Data Quality Assurance (page 1 of 3)

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

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A designated ODS is responsible for the quality assurance program	○ Yes ○ No
Qualified, experienced ODS staff conduct quality assurance activities	○ Yes ○ No
A designated ODS education/training coordinator provides training to CCR staff and reporting sources to ensure high quality data	○ Yes ○ No
At least once every 5 years, case-finding and/or re-abstracting audits from a sampling of source documents are conducted for each hospital-based reporting facility. This may include external audits (NPCR/SEER)	○ Yes ○ No
Data consolidation procedures are performed consistently from all source records	○ Yes ○ No

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

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

Case finding is defined as the process of identifying all cases to be included in the registry's database.
Re-abstracting is defined as use of source record(s) to abstract and compare results.
Re-coding is defined as use of the submitted abstract's text information to assign codes and compare results.
Visual editing/visual review is defined as visual comparison of coded fields to text.
Data item consolidation is defined as combining data from multiple sources to

produce a single 'best' value for data items.

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

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

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Record Consolidation

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

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

Death Clearance

23. Although death certificate processes require matches on all underlying causes of death, does your CCR match all causes of death against your registry data to identify a reportable cancer?

○ Yes
○ No

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

○ Yes
○ No

25a. Does your CCR update the CCR database following death certificate matching within 3 months of linkage?

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

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

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

Edits

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

- ○ Yes
- ○ No
- ○ Other, specify:

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

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

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Data Quality Assurance (page 3 of 3)

Linkages

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

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

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

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

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

- ☐ All Payer Claims Database (APCD)
- ☐ CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- ☐ CDC's Colorectal Cancer Control Program (CRCCP)
- ☐ Department of Motor Vehicles (DMV)
- ☐ Department of Voter Registration
- ☐ Hospital Disease Indices
- ☐ Hospital Discharge Database
- ☐ Hospital Radiation Therapy Dept.
- ☐ Indian Health Service (IHS)
- ☐ Insurance Claim Databases (i.e., BCBS, Kaiser, Managed Care Organization, fee-for-service)
- ☐ Medicaid
- ☐ Medicare (Health Care Financing Administration)
- ☐ Medicare Physician Identification and Eligibility Registry
- ☐ National Death Index (NDI)
- ☐ State Vital Statistics
- ☐ Social Security
- ☐ Other, specify:
- ☐ None

Data Quality Assurance Comments
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Data Use (page 1 of 3)

30. Within 12 months of the end of the diagnosis year, with data that are 90% complete, does your CCR produce:

An electronic data file of incidence counts, rates, or proportions by SEER site groups?	○ Yes ○ No
A report of incidence counts, rates, or proportions by SEER site groups?	○ Yes ○ No

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

Reports on age-adjusted incidence and mortality rates using SEER site groups? Age, sex, race, ethnicity, and geographic area are stratified where applicable.	○ Yes ○ No
Biennial reports on stage and incidence by geographic area, emphasizing screening-amenable cancers and cancers associated with modifiable risk factors?	○ Yes ○ No

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

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

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

Year:

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

Page 15 Data Use

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

Epidemiologic studies	
Survivorship programs	
Other, specify:	

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

- ○ Yes
- ○ No

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Data Use (page 3 of 3)

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

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

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

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

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

Save & Previous | Cancel | Save | Save & Continue

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Collaborative Relationships (page 1 of 2)

Advisory Committee

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

- ○ Yes
- ○ No

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

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

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

- ○ Quarterly
- ○ Annually
- ○ Biannually
- ○ Other, specify:

Save & Previous | Cancel | Save | Save & Continue

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Collaborative Relationships (page 2 of 2)

Cancer & Other Chronic Disease Programs

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

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

Health Department

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

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

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

Save & Previous | Cancel | Save | Save & Continue

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Other Surveillance Activities (page 1 of 2)

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

- [ ] NAACCR, HL7 Format (Volume V), Version 2.x
- [ ] NAACCR, Pipe Delimited Format (Volume V), Version 2.x
- [ ] NAACCR, HL7 Format (NAACCR Volume II, Version 11, Chapter VI)
- [ ] NAACCR, Pipe Delimited Format (NAACCR Volume II, Version 10,Chapter VI)
- [ ] Other, specify:
- [ ] Not applicable

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

- [ ] Pathology laboratory reporting
- [ ] Physician disease reporting
- [ ] Other healthcare data reporting, specify:
- [ ] None of the above

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

- [ ] Survival analysis
- [ ] Quality of care studies
- [ ] Cancer cluster investigation
- [ ] Clinical study
- [ ] Geocoding
- [ ] Research published in peer reviewed journals using registry data
- [ ] Created data dashboard, map, or other data visualization
- [ ] Other innovative uses of registry data, specify:
- [ ] None of the above

Save & Previous | Cancel | Save | Save & Continue

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Survey | Questionnaire (pdf version) | Glossary

Survey Survey Progress: Export & Print

- Administrative Data
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- Administration and Operations
- Reporting Completeness
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Other Surveillance Activities (page 2 of 2)

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

- ○ Yes
- ○ No

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

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

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

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

Time Frame Study, Specify

Time Frame Other, Specify

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

Save & Previous | Cancel | Save | Save & Continue

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Survey Feedback

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

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

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No

provide name, email, phone number

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

Save & Previous | Cancel | Save | Save & Continue

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2026 - Program Evaluation Instrument

Survey | **Questionnaire (pdf version)** | **Glossary**

Survey Survey Progress:

Export & Print

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

Module	Question	Variable Name	Error
User Data Edit			Response is missing
User Data Edit			Response is missing
User Data Edit			Response is missing
User Data Edit			Response is missing
User Data Edit			Response is missing
User Data Edit			Response is missing
User Data Edit			Response is missing
Staffing	1	Number of NPCR-funded, non-contracted FTE positions: Filled	Response is missing

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

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

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

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

Administration and Operations Edit	4	e. Implementing and maintaining the quality assurance or quality control program	Must select one
Administration and Operations Edit	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 Edit	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

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

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

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

Edit			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	16	Law and Rules	Must select one
Edit	Reporting Completeness	16	Fines and Penalties	Must select one
Edit	Reporting Completeness	16	Outsourcing and Contracting	Must select one
Edit	Reporting Completeness	16	Interstate Data Exchange	Must select one
Edit	Reporting Completeness	8		Must select one
Edit	Reporting Completeness	9		Response is missing
Edit	Reporting Completeness	10a		Response is missing
Edit	Reporting Completeness	13b		Response is missing

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

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

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

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

		race, ethnicity, and geographic area are stratified where applicable.	
Edit			
Data Use	31	Biennial reports on stage and incidence by geographic area, emphasizing screening-amenable cancers and cancers associated with modifiable risk factors?	Must select one
Edit			
Data Use	32		Must select at least one
Edit			
Data Use	33a	Year:	Response is missing
Edit			
Data Use	34	Comprehensive cancer control detailed incidence/mortality estimates: Number per Year	Response is missing
Edit			
Data Use	34	Detailed incidence/mortality by stage and geographic area: Number per Year	Response is missing
Edit			
Data Use	34	Collaboration, as defined in DP22-2202, with cancer screening programs for breast, colorectal, and cervical cancer: Number per Year	Response is missing
Edit			
Data Use	34	Health event investigation(s) (i.e., cancer cluster investigations): Number per Year	Response is missing
Edit			

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

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

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

Submit your survey Submit

You must address all errors before you can submit the survey!
Go to validation page

Staffing

1. **Indicate the number of filled and vacant FTEs by funding category as of December 31, 2025.**
You may include positions outside the registry ONLY if the registry pays a portion of the salary. To compute partial FTEs, please follow the FTE guidelines. The following two questions use the concept of a "Full-time Equivalent" or FTE. For each question, report the total number of filled and vacant FTEs. Use the FTE guidelines below to convert each position to the appropriate FTE. Please round each position to the nearest quarter of an FTE. For example, 34 hours/week converts to 0.75 FTE, whereas 35 hours/week converts to 1.0 FTE.

FTE Guidelines:

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

Funding Category	Filled	Vacant
Number of NPCR-funded, non-contracted FTE positions		
Number of NPCR-funded, contracted FTE positions		
Number of state-funded, non-contracted FTE positions		
Number of state-funded, contracted FTE positions		
Number of non-contracted FTE positions funded by other sources		

Number of contracted FTE positions funded by other sources		

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

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

	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 LABORATORIES			
In-state independent labs			
Out-of-state independent labs			
Other, specify			
TOTAL (Hospitals & Offices, Pathology Laboratories)			

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

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

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

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

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

10b. How many VA facilities currently report to your CCR indirectly from the **VA Central Cancer Registry in Washington, DC? (enter "0" if none)**
11. On average, how many cases per diagnosis year do you estimate are missed (i.e., never received) by your CCR because of non-reporting by VA facilities? **(enter "0" if none)**
12a. From what sources are you able to routinely collect data on industrial or occupational history (without seeking additional data sources for only these variables)? **Check all that apply.Industrial or Occupational History Data**
12b. Do you conduct any additional activities (i.e., linkages with external databases) to collect or improve upon industrial or occupational history information?
Reporting Completeness Comments You may add comments regarding your responses in the "Reporting Completeness" section above.

Edit

Electronic Data Exchange

13. Does your CCR use and require the following standardized, CDC-recommended data exchange formats for the electronic exchange of cancer data from reporting sources:**Data Exchange Format**
a. Hospital Reports (The NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary)?
b. Pathology reports (NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting)?
c. Ambulatory healthcare providers using electronic health records (Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries)
14. Do your interstate data exchange procedures meet the following minimum criteria? **Interstate Data Exchange**
a. Within 12 months of the close of the diagnosis year, your CCR exchanges that year's data with other central cancer registries where a data-exchange agreement is in place:
b. Your CCR collects data on all patients diagnosed and/or receiving first course treatment in your registry's state/territory regardless of residency:
c. The recommended frequency of data exchange is at least two times per year. Your CCR exchanges data at the following frequency:

d. Exchange agreements are in place with other central cancer registries:
e. What type of records do you transmit for interstate exchange?
f. Does it include all cases not exchanged previously?
g. Do the interstate data exchange files include the minimum data items specified in the current Interstate Data Exchange Guidelines?
h. Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?
i. Is the standardized, NPCR-recommended data exchange format used to transmit data to other central cancer registries and CDC (The current NAACCR data exchange format specified in Standards for Cancer Registries Volume II: Data Standards and Data Dictionary):
15. What type(s) of secure encrypted web-based system is used for sending or receiving cases through interstate data exchange? **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 primary 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:

A designated ODS is responsible for the quality assurance program	
Qualified, experienced ODS staff conduct quality assurance activities	
A designated ODS education/training coordinator provides training to CCR staff and reporting sources to ensure high quality data	
At least once every 5 years, case-finding and/or re-abstracting audits from a sampling of source documents are conducted for each hospital-based reporting facility. This may include external audits (NPCR/SEER)	
Data consolidation procedures are performed consistently from all source records	

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

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

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

Patient	
Treatment	
Follow-up	

23. Although death certificate processes require matches on all underlying causes of death, does your CCR match all causes of death against your registry data to identify a reportable cancer?
Death Clearance

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

25a. Does your CCR update the CCR database following death certificate matching within 3 months of linkage?

Death information (vital status and cause of death)	
Missing demographic information	

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

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

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?**Edits**

26b. Please choose the option below that most accurately represents your CCR's established threshold for percent of records passing edits.
27. NPCR program standards specify performing National Death Index (NDI) linkage on an annual basis. How often does your CCR link to the NDI? **Check only one.Linkages**
28. For which of the following has the NDI linkage proven to be useful? **Check all that apply.**
29. Which databases did your CCR link records in 2024-2025 for follow-up or some other purpose? **Check all that apply.**
Data Quality Assurance Comments You may add comments regarding your responses in the "Data Quality Assurance" section above.

Edit

Data Use

30. Within 12 months of the end of the diagnosis year, with data that are 90% complete, does your CCR produce:	
An **electronic data file** of incidence counts, rates, or proportions by SEER site groups?	
A **report** of incidence counts, rates, or proportions by SEER site groups?	
31. Within 24 months of the end of the diagnosis year, with data that are 95% complete, does your CCR produce:	
Reports on age-adjusted incidence and mortality rates using SEER site groups? Age, sex, race, ethnicity, and geographic area are stratified where applicable.	
Biennial reports on stage and incidence by geographic area, emphasizing screening-amenable cancers and cancers associated with modifiable risk factors?	
32. Indicate which cancer screening and/or cancer-related risk factors were covered in the CCR's reports. **Check all that apply.**	
33. Indicate the most recent diagnosis year an electronic data file or report was made available to the public:	
34a. Indicate the number of times between January 1, 2025, to December 31, 2025, the CCR, state health department, or its designee used registry data in each category to understand the cancer burden in support of cancer prevention and control priorities. **Please provide best estimate. Enter '0' if not applicable.**	

Data Use Category	Number per Year
Comprehensive cancer control detailed incidence/mortality estimates	
Detailed incidence/mortality by stage and geographic area	
Collaboration, as defined in DP22-2202, with cancer screening programs for breast, colorectal, and cervical cancer	
Health event investigation(s) (i.e., cancer cluster investigations)	
Needs assessment/program planning (i.e., Community Cancer Profiles)	
Program evaluation	
Epidemiologic studies	
Survivorship programs	
Other, specify:	

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

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

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

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

Edit

Collaborative Relationships

37a. As of December 31, 2025, has your CCR established and regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry?**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.**<u>**Cancer & Other Chronic Disease Programs**</u>
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 Surveillance Activities Section Comments You may add comments regarding your responses in the “Other Surveillance Activities” section above

Edit

Survey Feedback

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

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

Edit

Submit your survey Submit