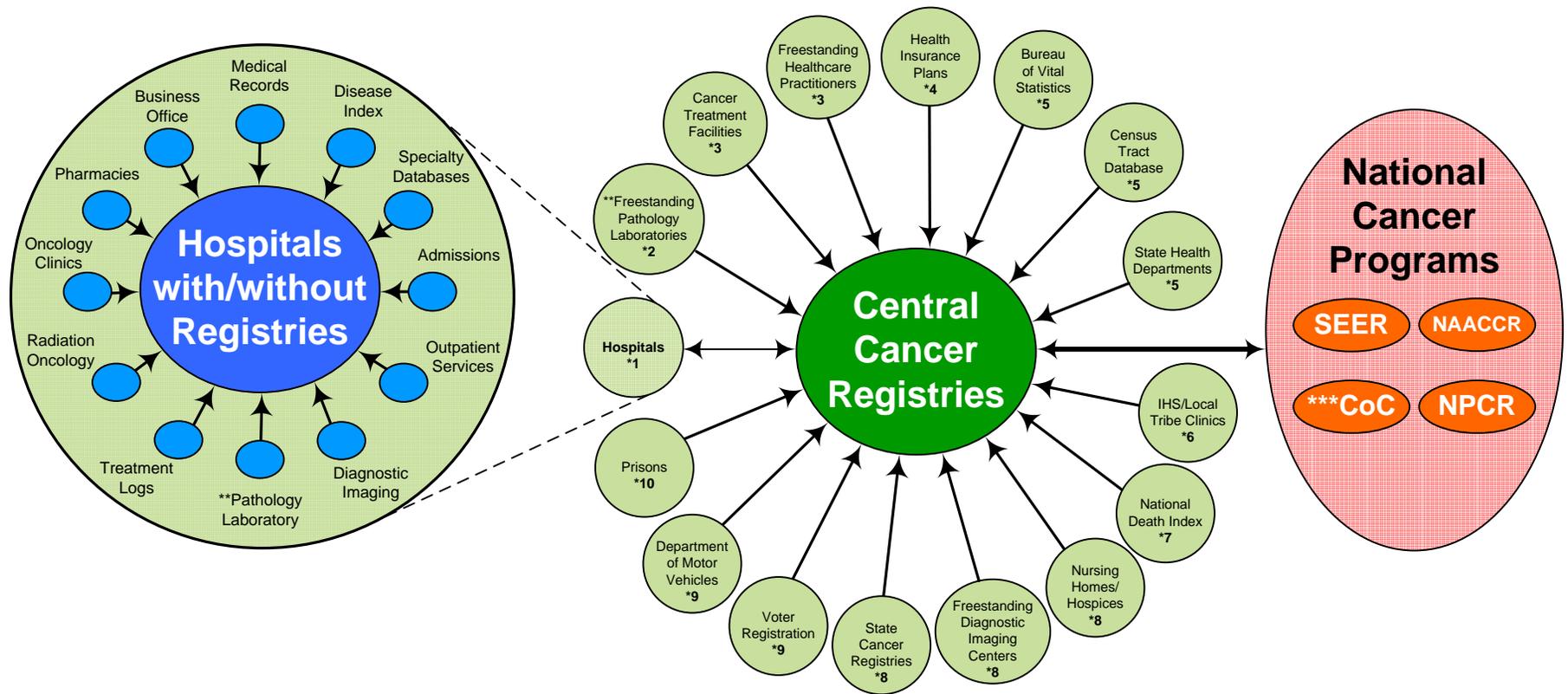


# NPCR–MERP Scope Diagram

Version 1.1  
Revised 05-18-2007



NPCR–MERP includes cancer data sources and the lines drawn to the Central Cancer Registries and the National Cancer Programs

\*Numbers rank the data sources on the quality of useful data available on a scale of 1 being the most useful and 10 being the least useful.

\*\*Pathology Laboratories–Freestanding and Hospital–send data to both the Hospital Registries and the Central Cancer Registries

\*\*\*CoC receives data directly from hospitals.

NPCR–MERP includes items 1 through 10 and the connections to the central registries and the national cancer programs.

Numbers rank the data sources on the quality of useful data available on a scale of 1 being the most useful and 10 being the least useful.

Ranked 1 are public, private, federal, or military hospitals, with or without registries. Hospitals receive data from pathology laboratories; treatment logs; radiation oncology departments; oncology clinics; pharmacies; their business office; medical records; disease index; specialty databases; admissions; outpatient services such as the emergency room, G.I. and endoscope laboratories, ambulatory surgery, and other clinics; and diagnostic imaging.

In addition, pathology laboratory and disease index data are sent directly to a central cancer registry.

Freestanding pathology laboratories are ranked 2.

Independent cancer treatment facilities such as radiation and medical oncology clinics are ranked 3, and freestanding healthcare practitioners (doctors, dentists, nurse-practitioners, osteopathic physicians, and physician assistants) are also ranked 3.

Health insurance plans are ranked 4, followed by Bureau of Vital Statistics,

census tract database, and state health records, all ranked 5.

Indian Health Service (IHS) and local tribe clinics are ranked 6, followed by the National Death Index, ranked 7.

Sources of data ranked 8 include nursing homes and hospices, diagnostic imaging centers, and state cancer registries.

Voter registration and Department of Motor Vehicles sources are ranked 9 and prisons are ranked 10.

The national cancer programs noted on the diagram work together to develop and promote data standards for cancer registration. Each national program also creates and manages its own national cancer database.

The National Program of Cancer Registries (NPCR) at the Centers for Disease Control and Prevention and the Surveillance Epidemiology and End Result (SEER) group at the National Cancer Institute are national population-based cancer programs that ask central cancer registries to submit cancer surveillance data annually. The National Cancer Data Base at the American College of Surgeons Commission on Cancer (CoC) receives cancer surveillance data from hospital cancer registries. The North American Association of Central Cancer Registries (NAACCR), which is comprised of the national cancer programs, central registries, and other active stakeholders, certifies population-based cancer registries.