

Cancer registry



The New York cancer registry is an organization that collects, processes and reports information about individuals who are diagnosed with cancer. Several units work in coordination with each other to ensure that there is proper flow of quality information. Some of the units include field units (that collects information), processing units (that receives and checks the information) and analytic units (that conducts the research).

Cancer registry information is utilized for several purposes including planning, evaluation, monitor the incidence and mortality rates of cancer, benefit the public health programs, determining the cause of cancer, determine if the individual is exposed to cancer-causing factors, etc. The information that is present in the cancer registry is maintained strictly confidential, and the privacy of the patient is kept (required by the law). Several information including the personal details of the patient, details of the tumor, etc are collected, and each type of cancer is handled separately.

As skin cancers are usually not fatal and do not require hospitalization, they are not handled by the cancer registry. As the Public Health Law, Section 2401, reporting of information to the cancer registry is mandatory. Usually hospitals, laboratories, physicians, etc, report about cancer cases to the registry. The abstraction of information for the cancer registry is done by the certified tumor registrar (who is usually trained by the registry itself). Once the information is collected, it is sent for processing to the cancer registry.

The registry uses computers and software for this purpose. The registry may do several procedures including sorting, analyzing, coding, staging, registration, goecoding, etc, during the processing of information. A unique registry handled by the National Cancer Institute is the Surveillance,

Epidemiology and End-Results (SEER) program. It includes about 14 % of the population, spread over a large region of the US. The information present is not only accurate, but also complete and valid. The NY State Cancer Registrar meets the recommendations of SEER program.

The SEER coding rules have been applied by the NY state Cancer registry since 1996. This coding system gives points for tumors based on area located, size, histology, etc. However, data recorded before 1996 cannot be directly compared to that acquired after 1996, as a different coding system was followed (IARC). SEER provides information regarding incidence and survival from cancer in the US. About 23 % of the Black population, 40 % of the Latinos, and 42 % of the Indians are covered under SEER. The information presented is also population specific.

SEER first collected information regarding cancer way back in 1973. The International Classification for Diseases (ICD) has come out with lists that provide rules for classifying cancers based on incidence (ICD-O-3) and mortality (ICD-9 & ICD-10). A separate list is also come out for cancer that exists in childhood (ICCC). The NYSCR has ensured that the standards of SEER and ICD are constantly met. They have processed the data available and has presented it on its website for the information of the public.