

# CAYMAN ISLANDS CANCER REGISTRY

CAYMAN ISLANDS HEALTH SERVICES AUTHORITY  
P.O. Box 915, Grand Cayman KY1-1103, Cayman Islands

## SELF-REPORTING FORM

1. REGISTRY NO.  TO BE FILLED BY THE CICR

PLEASE PRINT CLEARLY

Personal Information					
2.	Surname(s)				
3.	First name		4.	Middle name(s)	
5.	Maiden name				
7.	Date of Birth	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> [dd/mm/yyyy]	8.	Age	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
9.	Country of Birth	<input type="checkbox"/> ND		10.	Sex
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
				<input type="checkbox"/> ND	
11.	Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ND		12.	Year of last immigration to Cayman
				<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> [yyyy]	
13.	Caymanian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ND		If No, Specify Nationality _____	
14.	Address	Current Address <input type="checkbox"/> ND		Address at Diagnosis <input type="checkbox"/> Same as Current <input type="checkbox"/> ND	
		House/Apt Name/No.		House/Apt Name/No.	
		Street Name		Street Name	
		District		District	
		Island		Island	
		Post Box # _____ Postal Code KY <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>		Post Box # _____ Postal Code KY <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	
		Length of Residence: Years <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> Months <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>		Length of Residence: Years <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> Months <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	
15.	Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Legally Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> ND			
16.	Ethnic Origin	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> ND      If Mixed or Other, Specify _____			
17.	Religion	<input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Rastafarian <input type="checkbox"/> Non-denominational <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> ND      If Other, Specify _____			
18.	Driver's licence #	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	19.	Parents country of birth	Mother _____ Father _____
20.	Usual Occupation		21.	Usual Industry	
				22.	Time in Industry
				Years <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> Months <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	
23.	Potential Contributing Factors	<input type="checkbox"/> History of Smoking <input type="checkbox"/> Regular Alcohol Consumption <input type="checkbox"/> Exposure to asbestos <input type="checkbox"/> Sedentary lifestyle <input type="checkbox"/> Poor Diet <input type="checkbox"/> Exposure to pesticides <input type="checkbox"/> Genetics/Family History      If Other, Specify _____			
24.	If Yes to Genetic/Family history as a Potential contributing factor, Select all that apply and Specify Cancer	<input type="checkbox"/> Father      Type: _____		<input type="checkbox"/> Mother      Type: _____	
		<input type="checkbox"/> Brother      Type: _____		<input type="checkbox"/> Sister      Type: _____	
		<input type="checkbox"/> Uncle      Type: _____		<input type="checkbox"/> Aunt      Type: _____	
		<input type="checkbox"/> Grandfather      Type: _____		<input type="checkbox"/> Grandmother      Type: _____	
		<input type="checkbox"/> Son      Type: _____		<input type="checkbox"/> Daughter      Type: _____	
		<input type="checkbox"/> ND			
Tumour Information, Treatments and Outcome					
25.	Site of Primary				
26.	Method of First detection	<input type="checkbox"/> Clinical presentation (with symptoms) <input type="checkbox"/> Screening examination: Type _____ <input type="checkbox"/> Incidental finding: Test/Procedure _____ <input type="checkbox"/> Incidental finding at autopsy <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> ND			

Select all that apply





# CAYMAN ISLANDS CANCER REGISTRY

“A cancer registry is critically important to the future of healthcare in the Cayman Islands.”

Dr. Sook Yin  
Board of Directors CICS

## **How does this benefit me?**

The benefits of a comprehensive national cancer registry are immeasurable, which is why the World Health Organization and the Pan-American Health Organization are strongly encouraging all nations to take necessary steps to ensure they have reliable cancer surveillance data. This data is used to develop cancer prevention programs and cancer management strategies for our community.

## **What information is available now?**

Currently, there is very little information available regarding cancer trends in the Cayman Islands. We do not know how many people are diagnosed every year, which cancers are most common, or whether there are environmental factors which may be contributing to cancer incidence.

## **Who recommended this?**

The data collected by our national registry is based on recommendations set forth by the World Health Organization, and all data is stored in a database designed by the WHO.

## **Do other countries support a cancer registry?**

There are hundreds of cancer registries worldwide. Many of these (including some registries in the United States, the United Kingdom, Australia, and the Caribbean) have already implemented automatic physician reporting to their cancer registries. This provides them with the most accurate cancer surveillance data possible.

## **Is the Information anonymous?**

All information included in the cancer registry is anonymized before being entered into the registry database. Names are not included in the registry database.

## **Can a member of the public access this information?**

The public **does not** have access to the registry database under any circumstances. Access is restricted only to the cancer registrar.

## **Why is this information needed?**

Cancer registries have proven to be key components of a knowledge management system for cancer. They contribute to scientific research into causes and cancer management. Registries also provide evidence for policymaking and the monitoring of programme implementation.

**For more information, or to find out how to register, please call The Cancer Registrar at (345) 244-2560 or e-mail [Amanda.nicholson@hsa.ky](mailto:Amanda.nicholson@hsa.ky).**