New Hampshire State Cancer Registry
GEISEL SCHOOL OF MEDICINE

https://geiselmed.dartmouth.edu/nhscr/

Background

The New Hampshire State Cancer Registry is a statewide, population-based cancer surveillance program that collects incidence data on all cancers diagnosed or treated in residents of the State.[1] Since it was established in 1985, NHSCR operations have been contracted to the Geisel School of Medicine at Dartmouth.

Aims

NHSCR has the following aims: 1) to maintain an incidence reporting system for the estimation of cancer rates in NH; 2) to provide information to help public health officials and agencies in the planning and evaluation of cancer prevention and control programs, and in cancer cluster investigations; and 3) to be an informational resource for investigation of cancer and its causes by researchers.

Data Collection

As required by NH Law and the NH Administrative Rules[2], the NHSCR collects reports from NH hospitals and free standing radiation oncology centers; physician practices; out-of-state pathology laboratories; other states with which NH has a data exchange agreement, and the Veterans Administration in Washington DC. Death certificate information is added each year.

Funding

NHSCR is funded by the Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries through a cooperative agreement awarded to the New Hampshire Department of Health and Human Services; and by maintenance of effort funds from the State of NH.

Current Uses

Because high quality data are collected for the whole population, cancer rates can be tracked over time; compared between NH and other states; and compared between different NH regions. Aggregate data and summary reports are posted on-line[3] and NH is included in many national reports[4]. Data can be used in cancer cluster investigations; linked to other databases for a variety of projects; used to inform local/national public health efforts; and released to qualified scientists for approved research. NHSCR maintains a list of more than 20 public health reports and more than 230 scientific papers that used NH data to contribute to our understanding of national and local issues e.g. on arsenic, radon, smoking, travel issues for cancer patients, cancer care patterns.

Limitations

(1) There is no penalty in NH law for non-reporting. Sometimes, delays in receiving reports from some facilities can affect data completeness in the short term. (2) NH's small population size often makes it difficult to draw concrete conclusions from statistical analyses; public expectations in cancer cluster investigations often exceed the capability of the science. (3) It is not feasible to collect data on patients' previous residences, occupational history or environmental exposures in the registry, which can limit cluster investigations. (4) High quality data collection is expensive; gaps in funding or data collection would destroy NH's ability to monitor cancer trends.

Potential Uses

With additional funding, NHSCR data could be used more effectively to (1) link with other data systems to connect cancer diagnoses with residential history, claims data, risk factor data, environmental hazard data, biomonitoring data, other environmental exposure data.

[1] http://geiselmed.dartmouth.edu/nhscr/
[2] http://www.gencourt.state.nh.us/rsa/html/nhtoc/NHTOC-X-141-B.htm and http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html
[3] https://wisdom.dhhs.nh.gov/wisdom/#main and https://www.dhhs.nh.gov/dphs/hsdm/cancer/publications.htm
[4] https://seer.cancer.gov/resources/ ; http://www.cancer-rates.info/naaccr/ ; https://wonder.cdc.gov/cancer.html ; https://www.cdc.gov/cancer/npcr/tools.htm