



Cayman Islands Government
National Cancer Registry Discussion White Paper
Consultation Overview

30 September 2026

SUBMISSIONS

The Ministry of Health, Environment and Sustainability invites comments and feedback on the **National Cancer Registry Discussion White Paper**.

Please note that any comments or feedback received may be made public, albeit on an anonymous basis where possible. Responses may also be shared with other public bodies to assist the Ministry with developing relevant policies.

All feedback is to be submitted directly via email to MOHFeedback@gov.ky. The deadline to respond is **11:59pm on Sunday, 15th November 2026**.

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MINISTERIAL FOREWORD

This Cancer Registry Discussion White Paper represents an important step in strengthening our understanding of cancer in the Cayman Islands. It sets out the Government's policy and legislative proposals for the implementation of a national population-based cancer registry.

My ambition is to establish a Registry that is accurate, secure, and informative. A Registry will not merely collect statistics on cancer, but it will help to provide the very basis for how we make decisions. It would strengthen cancer prevention and control, and improve the planning and delivery of our health services.

This White Paper is being issued as a discussion document to encourage meaningful engagement with healthcare practitioners, seek the views of patients and their families, and hear from the not-profits organisations who are doing so much in our community to raise awareness and provide support. Together, your perspectives will be important as we develop the legislative and operational framework for the Registry.

The proposed Registry will provide a systematic means of monitoring cancer incidence and prevalence, treatment patterns, survival rates and mortality. It will also provide information to support cancer prevention, health-service planning and the development of effective public health initiatives and programmes.

I recognise that cancer information is sensitive personal health information. The protection of privacy and confidentiality will therefore be fundamental to the Registry. Strong governance, appropriate security measures, accountability and clear rules governing the collection and use of information will be essential to maintaining public confidence.

I encourage all interested persons and organisations to review this Discussion White Paper and contribute their views. Together, we can establish a strong foundation for understanding the cancer burden in the Cayman Islands and using that knowledge to support better outcomes for people affected by cancer.



Hon. Katherine Ebanks-Wilks
Minister for Health, Environment & Sustainability
Cayman Islands Government

ACTING CHIEF OFFICER'S MESSAGE

The establishment of a National Cancer Registry represents an important opportunity to strengthen the Cayman Islands' capacity to understand, monitor and respond to cancer.

Effective public health planning depends on reliable information. A robust and high-quality Cancer Registry will provide us with a consistent and structured approach to collecting, validating and analysing information on cancer. This information will support the Ministry in identifying trends, assessing needs and informing policies, programmes and services aimed at preventing cancer and improving outcomes for those affected by this non-communicable disease.

The proposed Registry will also strengthen collaboration across the health sector by establishing clearer standards for the reporting and management of cancer information. The appointment of dedicated Cancer Registrar will support the quality, accuracy and consistency of the data collected.

The Ministry recognises that the collection and use of cancer information must be balanced with the highest standards of privacy, confidentiality and data security. The proposed framework therefore places significant importance on safeguarding data, appropriate governance, and accountability.

This Discussion White Paper provides an opportunity to consider how the Registry should be established and operated within the Cayman Islands. It is intended to encourage constructive discussion and feedback.

The Ministry welcomes this engagement and I encourage all stakeholders to review this Discussion White Paper and contribute their views as we work towards establishing an effective National Cancer Registry for the Cayman Islands.



Lt Col. Bobeth O'Garro
Acting Chief Officer
Ministry of Health, Environment & Sustainability
Cayman Islands Government

EXECUTIVE SUMMARY

Cancer is an increasing public health challenge in the Cayman Islands. In the latest figures from the Economics and Statics Office (ESO) cancer or “malignant neoplasms” were the second most common cause of death (20.7% or 1 in 5 deaths) (ESO, 2025). The Cayman Islands does not yet have reliable local cancer data to help guide prevention programmes, early detection, treatment planning, and service delivery at a national level. Instead, we are guided by regional and international data. While various parts of the healthcare system may collect cancer-related information, the absence of a population-based cancer registry limits the Government’s ability to accurately monitor disease trends, evaluate programmes, and allocate healthcare resources effectively.

This White Paper proposes the establishment of a **National Cancer Registry**. The Registry will systematically collect and analyse data on all cancer cases, providing high-quality evidence to support policy development, programme planning and implementation, quality improvement, and the evaluation of national cancer screening programmes.

The **Data Protection Act (2021 Revision)** will provide for the legal basis for how the data is collected, accessed, used, disclosed, and retained, including strict confidentiality obligations and appropriate penalties for breaches. Patient privacy and the protection of sensitive health information will be fundamental principles of the Registry.

The National Cancer Registry Bill will further establish that **confidential information is not subject to disclosure through a request under the Freedom of Information Act (2021 Revision)**, and that a request for confidential or identifiable information held for the purposes of the Cancer Registry, will not be a valid Freedom of Information request under the Bill.

Implementation will be undertaken in a phased manner, in collaboration with public and private healthcare providers and guided by international best practice established by the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC).

The establishment of a National Cancer Registry represents a significant investment in the health of the Cayman Islands. By strengthening cancer surveillance while maintaining rigorous protections for personal health information, the Registry will provide the evidence needed to improve cancer prevention and control, support healthcare planning, and contribute to better outcomes for our people.

PURPOSE

This White Paper proposes the establishment of a population-based Cancer Registry (PBCR) for the Cayman Islands to strengthen cancer surveillance, support evidence-based policy and service planning, improve the evaluation of cancer prevention and screening programmes, and ultimately reduce the burden of cancer across the Islands.

BACKGROUND

Cancer is one of the leading causes of morbidity and mortality globally and is recognised as a major public health priority. Approximately one in five people will develop cancer during their lifetime (Sung, et al., 2024), with the global burden expected to increase significantly because of population ageing, demographic growth, and the continued prevalence of modifiable risk factors (WHO, 2024).

The Cayman Islands has committed to improving cancer prevention, early detection, and coordinated care through its inaugural [National Cancer Policy](#) (“the policy”), released in August. The research underpinning the policy was sought from the following jurisdictions with PBCRs:

- the United Kingdom (UK);
- the United States of America (USA), and;
- other Caribbean populations where population-based cancer registries are operational;
 - Barbados;
 - Bermuda;
 - Guadeloupe;
 - Martinique;
 - Puerto Rico, and;
 - Trinidad and Tobago.

However, the absence of a local comprehensive PBCR limits the ability to accurately measure cancer incidence, monitor trends, evaluate screening programmes, and plan future cancer services in the Cayman Islands. High-quality data are fundamental to evidence-based decision-making and are recognised internationally as an essential component of effective cancer control (IARC, 2018).

RATIONALE

Cancer Registries are organised systems for the collection, storage, analysis, interpretation, and use of data on cancer. A PBCR includes information of all persons with cancer in a defined geographical region, through a variety of reports from hospital and non-hospital sources. The purpose of a PBCR is to provide

information on the cancer burden within the defined geographical region and support the planning, monitoring, and evaluation of cancer control programmes.

The International Agency for Research on Cancer (IARC) identifies PBCRs as the foundation of national cancer control programmes because they provide reliable information on cancer incidence, mortality, prevalence, survival, and trends over time (Bray et al., 2014). Without accurate surveillance data, the Government cannot effectively assess disease burden, monitor the impact of interventions, or allocate healthcare resources efficiently.

The WHO further recommends that all countries establish robust cancer surveillance systems to support prevention, early diagnosis, treatment planning, survivorship programmes, and policy development (WHO, 2002; WHO, 2020). Countries with well-established cancer registries have demonstrated improvements in service planning, quality assurance, research capacity, and evaluation of national cancer screening programmes (IARC, 2018).

A National Cancer Registry will also support the monitoring and evaluation of the Cayman Islands' National Cancer Policy which outlines the screening intervals for breast, cervical, and bowel cancers. This will enable the Government to assess participation rates, stage at diagnosis, treatment outcomes, and programme effectiveness over time (WHO, 2020).

LEGISLATIVE PROPOSAL

A National Cancer Registry Bill will:

- Establish a National Cancer Registry as the official national record of reportable cancer cases
- Establish the role of the Cancer Registrar, and set out the Registrar's responsibilities for maintaining and administering the Registry
- Include the role of the Director of Public Health as supervising the Registrar;
- Include the role of the National Epidemiologist as supporting the Registrar, where required
- Require mandatory reporting of cancer cases by medical doctors (including medical examiners and pathologists) and dentists
- Establish strict confidentiality and data-protection requirements, informed by the Data Protection Act (2021 Revision), governing the collection, access, use, disclosure, retention, and security of data

- Prohibit unauthorised requests for or disclosure of confidential Registry information, including exclusion from the Freedom of Information Act (2021 Revision)
- Create offences and penalties for failure to comply with mandatory reporting requirements
- Create offences and penalties for persons employed for purposes of this Act similar to those referenced in the Statistics Act (2016 Revision)
- Provide for regulations to support the Registry.

POLICY PROPOSAL

The Government proposes the establishment of a National Cancer Registry as the official repository for reportable cancer cases diagnosed among residents of the Cayman Islands.

The Registry will:

- determine the incidence and prevalence of cancer in the Cayman Islands
- determine the survival rates of persons with cancer in the Cayman Islands
- describe changes over time in the incidence and prevalence of cancer
- help to monitor and evaluate the effectiveness of the cancer screening policy
- inform recommendations for the improvement of cancer policy and programmes

DATA SOURCES, DATA POINTS, REPORTING AND SECURITY

All medical doctors (including medical examiners and pathologists) and dentists, upon finding cancer in a person (including a deceased person in the case of the postmortem examination) will be required to report into the Cancer Registrar within 14 days of discovery of cancer.

This includes from the following sources:

- public and private healthcare facilities
- hospices
- public and private laboratories
- death certificates

The National Cancer Registry is expected to contain the following information:

- unique Cancer Registry ID number
- demographic information

- the test results
- the tumour characteristics
- the stage of the cancer
- information on the treatment provided
- vital status
- the reporting facility

All data shared with the Cancer Registrar, for the purposes of the Cancer Registry, will be stored locally in the Cayman Islands on a secure, encrypted government server. No personal data will be transferred or processed outside of the Cayman Islands or shared with any third party.

GOVERNANCE

The Registry will operate under the oversight of the Ministry of Health, Environment & Sustainability.

All information provided to the Cancer Registrar shall be treated as confidential. All information processed by the Cancer Registrar and entered into the Cancer Registry will be handled in accordance with the Data Protection Act (2021 Revision).

Registry operations will comply with the Cayman Islands Data Protection Act and internationally accepted standards for data quality, privacy, and information security (IARC, 2018).

EXPECTED BENEFITS

The establishment of a National Cancer Registry is expected to:

- Improve understanding of the national burden of cancer;
- Strengthen evidence-based health policy and strategic planning;
- Support implementation and evaluation of the National Cancer Policy;
- Improve planning of oncology services and workforce requirements;
- Support continuous quality improvement, and;
- Contribute to improved cancer outcomes and reduced mortality over time.

International experience demonstrates that comprehensive cancer registries are indispensable tools for measuring progress towards national cancer control objectives and improving population health (Bray et al., 2014; WHO, 2020).

IMPLEMENTATION

Implementation will occur through a phased approach, beginning with legislative development, establishment of governance structures, adoption of national reporting standards, procurement of secure registry software, and training of the Cancer Registrar. Continuous quality assurance will be undertaken to ensure the Registry meets international standards for completeness, validity, comparability, and timeliness (IARC, 2018).

CONCLUSION

The establishment of a National Cancer Registry represents a strategic investment in the health of the Cayman Islands. A secure, population-based Registry will provide the reliable evidence required to strengthen cancer prevention and control, monitor trends and outcomes, evaluate screening programmes, support healthcare planning, and guide the effective allocation of resources.

Equally important, the Registry will establish a strong statutory framework for the protection of cancer information. A proposed National Cancer Registry Bill will be informed by the Data Protection Act (2021 Revision). It will also ensure that data cannot be obtained through general information-access mechanisms, including requests under the Freedom of Information Act (2021 Revision).

These safeguards are essential to maintaining public trust and ensuring that individuals can have confidence that their cancer information will be treated with the highest level of confidentiality and security.

The National Cancer Registry will strengthen the Cayman Islands' capacity to make evidence-based decisions, improve cancer outcomes, and protect the health of our people.

REFERENCES

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CAYMAN ISLANDS



NATIONAL CANCER REGISTRY DISCUSSION WHITE PAPER

**A DISCUSSION WHITE PAPER TO CONSULT ON PROPOSING LEGISLATION TO
PROVIDE FOR THE MANDATORY REPORTING ON THE INCIDENCE OF CANCERS;
TO PROVIDE FOR THE ESTABLISHMENT OF A CANCER REGISTRY; AND FOR
INCIDENTAL AND CONNECTED PURPOSES**

PUBLISHING DETAILS

Sponsoring Ministry/Portfolio: Ministry of Health, Environment and Sustainability

DISCUSSION DRAFT

Memorandum of OBJECTS AND REASONS

This Discussion White Paper seeks to consult on proposing legislation to provide for the mandatory reporting on the incidence of cancers and the establishment of a cancer registry.

PART 1 - PRELIMINARY

Part 1 of the Discussion White Paper contains preliminary provisions and is comprised of clauses 1 and 2.

Clause 1 provides for the short title and commencement.

Clause 2 provides for the definition of terms used in the Discussion White Paper.

PART 2 - CANCER REGISTRY, CANCER REGISTRAR AND RESPONSIBILITIES OF THE MINISTRY

Part 2 of the Discussion White Paper contains clauses 3 to 5 and provides for the establishment of the Cancer Registry, for the appointment of the Cancer Registrar and for the responsibilities of the Ministry.

Clause 3 provides for the establishment of the Cancer Registry and sets out its purposes. The purposes of the Registry are, among other things, to compile a statistical record of the incidence of cancer in the Islands and to provide data that will facilitate and advance understanding of cancer and facilitate the prevention of its occurrence.

Clause 4 provides for the appointment of the Cancer Registrar who will have charge and control of the Cancer Registry.

Clause 5 provides that the Ministry is responsible for overseeing the operations of the Cancer Registry and making recommendations to the Minister further to any findings regarding cancer in the Islands for the purposes of developing policy, public health initiatives and programmes.

PART 3 - REPORTING OF CANCER

Part 3 of the Discussion White Paper contains provisions relating to, among other things, the reporting of incidences of cancer and is comprised of clauses 6 to 11.

Clause 6 provides that where a test confirms the presence of cancer in a resident, the medical doctor or dentist shall cause a report containing the prescribed data to be made to the Cancer Registrar within fourteen days of the receipt of the results. Similarly, where a post-mortem examination indicates the presence of cancer in a deceased resident, the pathologist shall cause a report containing the prescribed data to be made to the Cancer Registrar within fourteen days of the receipt of the results.

Clause 7 provides that the Cancer Registrar may require certain persons whom the Cancer Registrar reasonably believes has any data required to complete a report to provide the data within such period and in such form as the Registrar may specify by written notice.

The persons are as follows —

- (a) a dentist;
- (b) a pathologist;
- (c) a medical doctor; and
- (d) a manager of a health care facility.

Clause 8 provides for immunity against civil and criminal proceedings for persons who provide data in accordance with the provisions set out in the Discussion White Paper.

Clause 9 provides for the confidentiality of data provided to or received by the Cancer Registrar. Clause 9 also provides that the Freedom of Information Act (2021 Revision) does not apply to data provided to or received by the Cancer Registrar.

Clause 10 provides for the use of the data held by the Cancer Registry.

Clause 11 provides for various offences. One of the offences is the publication or communication, without lawful authority, of information acquired by a person in the course of the person's assignment or employment to any person otherwise than in the ordinary course of such assignment or employment. The person who commits that offence is liable on summary conviction to a fine of five thousand dollars or to imprisonment for a term of one year or to both, or on conviction on indictment to a fine of ten thousand dollars or to imprisonment for a term of three years, or to both.

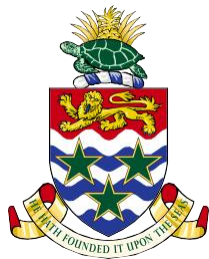
PART 4 - GENERAL

Part 4 of the Discussion White Paper contains general provisions and is comprised of clauses 12 and 13.

Clause 12 provides that the Government shall indemnify the Chief Medical Officer, the Director of Public Health, the Cancer Registrar and the National Epidemiologist against all claims, damages, costs, charges or expenses incurred by those respective persons in the discharge or purported discharge of their functions and powers, except claims, damages, costs, charges or expenses caused by the bad faith of those persons.

Clause 13 empowers the Cabinet to make regulations to, among other things, prescribe the data that is to be contained in a report referred to in clause 6 and provide for the setting up of systems to restrict access to and protect any data collected.

CAYMAN ISLANDS



NATIONAL CANCER REGISTRY DISCUSSION
WHITE PAPER

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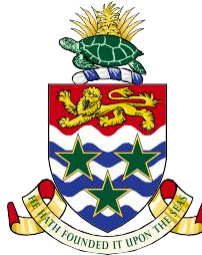
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DISCUSSION DRAFT

CAYMAN ISLANDS**NATIONAL CANCER REGISTRY DISCUSSION
WHITE PAPER**

**A DISCUSSION WHITE PAPER TO CONSULT ON PROPOSING LEGISLATION TO
PROVIDE FOR THE MANDATORY REPORTING ON THE INCIDENCE OF CANCERS;
TO PROVIDE FOR THE ESTABLISHMENT OF A CANCER REGISTRY; AND FOR
INCIDENTAL AND CONNECTED PURPOSES**

ENACTED by the Legislature of the Cayman Islands.

PART 1 - PRELIMINARY**Short title and commencement**

- 1.** (1) This Act may be cited as the National Cancer Registry Act, 2026.
(2) This Act shall come into force on such date as may be appointed by the Cabinet and different dates may be appointed for different provisions of this Act and in relation to different matters.

Interpretation

2. (1) In this Act —

“**cancer**” means a malignant growth of human tissue that affects any part of the body, including the blood, and which —

(a) is characterised by the rapid creation of abnormal cells; or

(b) is capable of invading adjoining parts of the body and spreading to other organs;

“**Cancer Registrar**” means the person appointed under section 4(1)(a);

“**Cancer Registry**” means the registry established under section 3(1);

“**Chief Medical Officer**” means the person appointed as such under section 5 of the *Public Health Act, 2026*;

“**Chief Officer**” means the person for the time being holding, or acting in, that office in the Ministry;

“**dentist**” means a dentist referred to in Schedule 4 to the *Health Practice Act (2026 Revision)* and registered and licensed under that Act;

“**Director of Public Health**” means the person appointed as such under section 4 of the *Public Health Act, 2026*;

“**pathologist**” has the meaning assigned by rule 2 of the *Coroner’s Rules (2021 Revision)*;

“**health care facility**” has the meaning assigned by section 2 of the *Health Practice Act (2026 Revision)*;

“**medical doctor**” means a medical doctor referred to in Schedule 4 to the *Health Practice Act (2026 Revision)* and registered and licensed under that Act;

“**Minister**” means the Member of Cabinet charged with responsibility for health;

“**Ministry**” means the Ministry with responsibility for health;

“**National Epidemiologist**” means the person for the time being holding, or acting in, that office in the public service of the Islands;

“**resident**” means a person who is legally and ordinarily resident in the Islands; and

“**test**” means any examination, scan or imaging study (including any examination of blood, cytological or tissue biopsy specimen or other material) that is carried out in any health care facility to determine the presence or absence of cancer in any person, including a deceased person.

- (2) For the purposes of the definition of the word “**resident**”, the reference to a person being legally and ordinarily resident in the Islands shall be construed in accordance with the definition of the words “**legal and ordinary residence**” in section 2 of the *Caymanian Protection Act (2022 Revision)*.

PART 2 - CANCER REGISTRY, CANCER REGISTRAR AND RESPONSIBILITIES OF THE MINISTRY

Cancer Registry

3. (1) There shall be a registry known as the Cancer Registry for the purposes of —
- (a) monitoring —
 - (i) the incidence and prevalence of cancer in the Islands;
 - (ii) cancer treatment patterns in the Islands;
 - (iii) the survival rates of residents with cancer; and
 - (iv) cancer mortality rates;
 - (b) compiling a statistical record of the incidence of cancer in the Islands;
 - (c) providing data to facilitate and advance understanding of cancer and facilitate the prevention of its occurrence; and
 - (d) providing data on the incidence of cancer and any consequent mortality in the Islands.
- (2) The Cancer Registry shall be maintained by funds appropriated for the purpose of the Cancer Registry by the Parliament.

Cancer Registrar

4. (1) The Chief Officer, in accordance with the *Public Service Management Act (2018 Revision)*, may appoint a suitable person as the Cancer Registrar who shall —
- (a) have charge and control of the Cancer Registry; and
 - (b) under the guidance of the Director of Public Health, be responsible for the operation of the Cancer Registry.
- (2) The Cancer Registrar shall be a public officer and the personnel arrangements of the Cancer Registrar shall be governed by the *Public Service Management Act (2018 Revision)*.
- (3) The Cancer Registrar shall —
- (a) develop and put in place systems that meet the standards of relevant accrediting and reporting agencies for the collection of data for the purposes of the Cancer Registry;
 - (b) be responsible for carrying out data analysis and preparing statistical reports requested by the Ministry;
 - (c) develop and put in place systems to maintain the confidentiality of data provided for the purposes of the Cancer Registry;
 - (d) where requested by the Minister or Chief Officer, report to the Ministry on the exercise of the Cancer Registrar's duties and functions under this Act;

- (e) ensure validity of data collected and consistency between the Cancer Registry's records and that of the records of health care facilities, medical doctors, dentists and pathologists; and
 - (f) be an advocate for the protection of health data.
- (4) At the request of the Director of Public Health, the Chief Medical Officer may direct the National Epidemiologist to assist the Cancer Registrar with the duties under subsection (3)(a) and (b).
- (5) In the absence or inability of the Cancer Registrar to fulfil the duties, the Director of Public Health or designate may carry out the duties of the Cancer Registrar during the period of the Cancer Registrar's absence or inability to fulfil the duties.
- (6) For the purposes of this section —
- “**personnel arrangements**” has the meaning assigned by section 2(1) of the *Public Service Management Act (2018 Revision)*; and
- “**public officer**” has the meaning assigned by section 124 of Schedule 2 to the *Cayman Islands Constitution Order 2009*.

Responsibilities of the Ministry

5. The Ministry is responsible under this Act for —
- (a) overseeing the operations of the Cancer Registry; and
 - (b) making recommendations to the Minister further to any findings regarding cancer in the Islands for the purposes of developing policy, public health initiatives and programmes.

PART 3 - REPORTING OF CANCER

Reporting of cancer

6. (1) Where a test confirms the presence of cancer in a resident, including a resident who is deceased, the medical doctor or dentist who ordered the test shall cause a report containing the prescribed data to be made to the Cancer Registrar for the purposes of the Cancer Registry no later than fourteen days after receipt of the results by the medical doctor or dentist.
- (2) Where a medical doctor or dentist identifies a cancer diagnosis in the medical history of a patient, the medical doctor or dentist shall cause a report containing the prescribed data to be made to the Cancer Registrar for the purposes of the Cancer Registry no later than fourteen days after identifying the cancer diagnosis.
- (3) Where a post-mortem examination indicates the presence of cancer in a deceased resident, the pathologist shall cause a report containing the prescribed

data to be made to the Cancer Registrar for the purposes of the Cancer Registry no later than fourteen days after receipt of the results by the pathologist.

- (4) Where data required for inclusion in a report referred to in this section is unavailable at the time that the report is made or is otherwise not capable of being obtained —
 - (a) the report shall indicate that the data is unavailable or not capable of being obtained; and
 - (b) where the data subsequently becomes available, the person required to make the report shall, as soon as it is practicable, transmit that data to Cancer Registrar for the purposes of the Cancer Registry.
- (5) A report under this section shall be made and submitted in such form and manner as prescribed.
- (6) A person who —
 - (a) fails, without reasonable excuse, to comply with the requirements of this section; or
 - (b) knowingly supplies data that is false or misleading in purported compliance with this section,commits an offence and is liable on summary conviction to a fine of five thousand dollars.

Cancer Registrar may request further information

7. (1) Where a report made under section 6 is incomplete by reason that the person making the report does not have the data necessary to complete the report, the Cancer Registrar may, by notice in writing, require a person referred to in subsection (2), whom the Cancer Registrar reasonably believes has any of that data, to provide the specified data in accordance with this Act.
- (2) For the purposes of subsection (1), the persons are as follows —
 - (a) a dentist;
 - (b) a pathologist;
 - (c) a medical doctor; and
 - (d) a manager of a health care facility.
- (3) Every person to whom a notice is addressed under this section and who has the requisite data specified in that notice shall provide it within such time and in such form and manner as may be specified in the notice.
- (4) A person who —
 - (a) fails, without reasonable excuse, to comply with the requirements of subsection (3); or

- (b) knowingly supplies data that is false or misleading in purported compliance with subsection (3),
commits an offence and is liable on summary conviction to a fine of five thousand dollars.
- (5) For the purposes of this section, “**manager**” has the meaning assigned by section 2 of the *Health Practice Act (2026 Revision)*.

Immunity

- 8. No proceedings, whether civil or criminal, shall lie against any person by reason of that person having made data available for the purposes of complying with the requirements of section 6 or section 7(3).

Confidentiality and non-application of Freedom of Information Act (2021 Revision)

- 9. (1) Data collected in accordance with this Act and data provided to or received by the Cancer Registrar or any other person for the purposes of this Act shall be —
 - (a) treated as confidential; and
 - (b) be processed for the purposes of, and in accordance with, this Act.
- (2) The disclosure of information in accordance with this Act does not constitute a breach of subsection (1)(a).
- (3) The *Freedom of Information Act (2021 Revision)* does not apply to data provided to or received by the Cancer Registrar or any other person for the purposes of this Act.

Use of data held by the Cancer Registry

- 10. Data held by the Cancer Registry may be used for the purposes of —
 - (a) facilitating and advancing understanding into —
 - (i) the causes of cancer;
 - (ii) the processes of cancer care; and
 - (iii) the effects of cancer,in order to improve early diagnosis, prevention and treatment;
 - (b) monitoring, evaluating and improving the quality of health services provided for cancer patients; and
 - (c) supporting public health.

Offences

- 11. (1) A person who is assigned or employed for the purposes of this Act and who —
 - (a) by virtue of such assignment or employment becomes possessed of any information which might exert an influence upon or affect the market value

- of any product, article or chose in action and directly or indirectly uses such information for personal gain;
- (b) without lawful authority, publishes or communicates to any person otherwise than in the ordinary course of such assignment or employment any information acquired by the person in the course of the person's assignment or employment; or
 - (c) knowingly compiles for issue any false statistics or information,
- commits an offence and is liable on summary conviction to a fine of five thousand dollars or to imprisonment for a term of one year or to both, or on conviction on indictment to a fine of ten thousand dollars or to imprisonment for a term of three years, or to both.
- (2) A person in possession of any information which to the person's knowledge has been disclosed in contravention of this Act, who —
- (a) publishes or communicates such information to any person not authorised to receive the publication; or
 - (b) directly or indirectly uses such information for personal gain,
- commits an offence and is liable on summary conviction to a fine of five thousand dollars or to imprisonment for a term of one year, or to both or on conviction on indictment to a fine of ten thousand dollars or to imprisonment for a term of three years, or to both.

PART 4 - GENERAL

Indemnity

- 12.** The Government shall indemnify the Chief Medical Officer, the Director of Public Health, the Cancer Registrar and the National Epidemiologist against all claims, damages, costs, charges or expenses incurred by those respective persons in the discharge or purported discharge of their functions and powers under this Act, except claims, damages, costs, charges or expenses caused by the bad faith of those persons.

Regulations

- 13.** (1) The Cabinet may make regulations prescribing all matters that are required or permitted by this Act to be prescribed or are necessary or convenient to be prescribed for giving effect to the purposes of this Act and, in particular —
- (a) prescribing the data that is to be contained in a report referred to in section 6;
 - (b) prescribing the form and manner of submission of a report referred to in section 6; and
 - (c) providing for systems to restrict access to and protect data collected.

- (2) The Cabinet may, where it considers it necessary, consult with the Chief Medical Officer and the Director of Public Health prior to making any regulations under this Act.
- (3) Any power of the Cabinet to make regulations under this Act includes power to —
 - (a) make different provisions in relation to different cases or classes of case; and
 - (b) provide for such exceptions, limitations and conditions, and to make such supplementary, incidental, consequential or transitional provisions, as the Cabinet considers necessary.
- (4) Regulations may provide that the contravention of any provision constitutes an offence and may prescribe penalties for any such offence not exceeding the maximum fine and term of imprisonment prescribed in this Act for an offence.