

## Introduction

### *Background*

The North Carolina Central Cancer Registry (CCR), located within the State Center for Health Statistics, was established in 1986. The CCR operates under the authority granted in North Carolina General Statute 130A-208.

Legislation declaring cancer reporting to be mandatory in North Carolina became effective in 1947. Authorized funding for establishing a registry, however, was not appropriated until 1986. Between 1986 and 1989, only 50-60 percent of the cases were reported each year. Calendar year 1990 is the first year for which relatively complete statewide reporting was achieved. In 1999, new legislation was passed that requires every healthcare provider that detects, diagnoses, or treats cancer cases to report all cases to the CCR.

The CCR collects, analyzes, and disseminates information on newly diagnosed cancer patients in North Carolina with respect to demographics and medical characteristics. There are 143 hospitals in North Carolina which routinely diagnose and treat cancer patients; and 75 of these hospitals have their own tumor registries where the data is abstracted and submitted to the CCR. The 2006 incidence data was reported to the CCR by 185 facilities via a secure internet-based database.

### *Purpose*

***Cancer Incidence in North Carolina 2006*** is the twelfth annual report of the CCR. The contents of this report represent a summary of the information collected on cancer diagnosed among North Carolina residents in 2006. Previous volumes are located on the State Center for Health Statistics web site located at <http://www.schs.state.nc.us/SCHS/data/cancer.cfm>, under the title “Cancer Incidence in North Carolina, County-Specific Numbers.”

### *Confidentiality*

The CCR is committed to preserving the confidentiality of information obtained for medical, educational, research, and statistical purposes. Thus the CCR demands strict confidentiality and the protection of the identity of both cancer patients and reporting sources in registry data. The CCR does not release any identifying information regarding patients, hospitals, or physicians except under the authority of the General Statute guidelines.