



Cayman Islands Government

Statement to Parliament

Cancer Registry Discussion White Paper

By

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Mister Speaker,

I rise today to announce the publication of the **National Cancer Registry Discussion White Paper** (“the White Paper”). The White Paper represents an important step in strengthening how we understand, monitor and respond to cancer in the Cayman Islands.

Cancer is an increasing public health challenge, and 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 have reliable population-based 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.

Cancer affects individuals, families and communities across our Islands. If we are serious about improving cancer prevention, treatment and outcomes, we must have reliable information about the cancer burden we face.

The Cancer Registry will provide that foundation.

Mister Speaker, let me be clear, protecting patient privacy and sensitive health information will be fundamental to the National Cancer Registry.

Strong safeguards will be built into how the Registry operates from the outset. Personal and health information will be subject to strict confidentiality requirements, controlled access and clear accountability measures to prevent unauthorised access, use or disclosure.

The Registry will operate within the requirements of the Data Protection Act (2021 Revision), which provides the legal framework governing how personal information is collected, accessed, used, disclosed and retained.

We recognise that people may have questions about sharing sensitive health information. That is understandable. But I want to assure the public, Mister Speaker, that privacy and confidentiality are not an afterthought. They are core requirements of the Registry and will be embedded in its design and operation.

The information entrusted to the Registry will be protected, access will be appropriately restricted, and its use will be governed by Cayman Islands law.

Mister Speaker, a National Cancer Registry will give us something we do not currently have, a clearer and more reliable picture of cancer incidence in the Cayman Islands.

And we should not be concerned about what that data may show. A Registry does not create higher rates of cancer; it allows us to measure what is already happening in our community. Having that information means we can identify trends, strengthen prevention and screening, plan services and direct resources where they are most needed.

Until we have comprehensive Cayman Islands data, regional evidence provides useful context. The Cancer incidence in the Caribbean Volume 1 Report, published this year by the Caribbean Public Health Agency (CARPHA), gives us, for the first time, a broader picture of cancer incidences across participating countries in that region.

Of course, Cayman is not yet able to contribute to this data, but we can draw inferences that our averages could also reflect the wider regional averages.

For bowel cancer, the regional data shows lower rates for both men and women than those reported in the UK and US. We see a similar pattern for breast cancer, with the regional rate lower than those reported in the UK and US. Where our region sees a higher rate is for cervical cancer. This reinforces the importance of prevention, including HPV vaccination and cervical cancer screening, as we work to build a clearer picture of cancer here in the Cayman Islands.

Australia provides a powerful example of what **can** be achieved through sustained **investment in prevention**. It is on track to become the first country in the world to eliminate cervical cancer by 2035. Gardasil, the same HPV vaccine administered here in Cayman, was developed in Australia and introduced nationally at an early stage. That early and widespread rollout has helped give Australia the global advantage we see today.

In addition to protecting against cervical cancer, Gardasil also protects women against: Vulvar cancer, Vaginal cancer, Anal cancer, certain head and neck cancers (such as throat and back of mouth cancers), and genital warts. It also protects men against: Anal cancer, certain head and neck cancers, and genital warts.

If not already, I encourage everyone to be vaccinated against the Human Papilloma Virus (HPV) to reduce cervical cancer.

I would like to remind this Honourable House, that approximately 1 in 20 women and 1 in 17 men will be diagnosed with bowel cancer in their lifetime.

Between 1 in 142 and 1 in 167 women will be diagnosed with cervical cancer in their lifetime. And 1 in 7 women will be diagnosed with breast cancer in their lifetime.

Mister Speaker, the Cayman Islands is a group of three magnificent, but small islands, in the Western Caribbean Sea, with a population just over 90,000 (ninety thousand) people. It is likely that we all know someone who has been affected by cancer. This does not equate to a greater overall prevalence of cancer in our islands.

That is precisely why we need reliable data.

If our cancer rates are broadly consistent with regional averages, we should know that. If they are lower, we should know that too. And if Cayman has higher rates of particular cancers surely, we need to know that most of all.

We need the evidence to understand why, to strengthen prevention and screening where necessary, to plan the services our people need and to measure whether our interventions are working,

Mister Speaker, the fundamental question is simple: “Do we truly want to understand the burden of cancer in the Cayman Islands so we can help to improve the lives of our people?”. If that answer is ‘yes’, we must proceed with a high-quality national cancer registry, as so many other jurisdictions have done.

The White Paper, Mister Speaker, sets out a framework for systematically collecting and analysing information on cancer incidence and prevalence, treatment patterns, survival rates and cancer mortality. It will also provide data to advance our understanding of cancer, support prevention efforts,

inform health-service planning and help Government evaluate the effectiveness of our cancer programmes.

Importantly, this is not simply about collecting statistics. It is about turning information into action.

Mister Speaker, I want us to imagine for a moment that one of my constituents - a woman of 48 - is diagnosed with breast cancer. She is not simply a patient or a number on a spreadsheet. She is someone's daughter. Perhaps she is someone's sister. She may be a mother herself, with children who are now watching someone they love go through a cancer diagnosis.

Her diagnosis is recorded in the National Cancer Registry, along with information such as her age, the type of cancer and the stage at which it was diagnosed.

On its own, it is one woman's story.

But then another woman's diagnosis is recorded. And another. And another.

Over time, those individual stories begin to show us patterns that no single patient, doctor or hospital can see on its own.

Perhaps we discover that women in a particular age group are developing breast cancer more frequently than we understood. Perhaps we find that too many women are being diagnosed at a later stage. Perhaps the evidence tells us that we need to strengthen screening, increase awareness or investigate further.

Now, Mister Speaker, imagine five years have passed.

Another woman walks into her doctor's office. She could be my constituent too. She could be someone's sister. Someone's mother.

She could be your daughter or mine.

But this time, we know more.

Because of what we learned from the women who came before her, perhaps she is screened earlier. Perhaps her cancer is detected at an earlier stage, when there may be more treatment options and a better chance of a successful outcome.

That is what it means to turn information into action.

The first woman may never know the difference her information made. But her experience became part of something larger. What we learned from her diagnosis may help another woman avoid a later diagnosis, may give another family more options, and may even help save a life.

Mister Speaker, in a country as small as ours, these are not anonymous statistics. These are our sisters, our daughters, our mothers, our friends and our neighbours.

And what we learn from one person's experience today could help us protect another family tomorrow.

A properly established Cancer Registry will allow us to identify trends, understand where the greatest needs are, plan our health services more effectively and make evidence-based decisions about the resources and programmes required to support people living with cancer.

Medical doctors and dentists will be required to report to the Cancer Registrar on the details of the patient and their cancer information, 14 days after the discovery of cancer. The Cancer Registrar will use this data to assign a **unique cancer registry ID number** to the patient. Once the unique ID is generated, the Cancer Registrar will insert this into the National Cancer Registry, along with their cancer data. Therefore, the cancer registry itself will **not** contain personal identifiable information such as names, addresses, dates of birth, and so on.

This, in the view of data science, is referred to as **pseudo-anonymous data**. Meaning, the data contained in the Registry will not be able to directly identify an individual, but it will contain a unique ID number for each patient.

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.

Mister speaker, when I hosted a group of healthcare practitioners recently as a part of a wider stakeholder consultation on the four health Bills, the issue of a lack of a national cancer registry was raised. Practitioners told me, Mister Speaker, that they would **support** a national cancer registry.

Mister speaker, I also want to share with this Honourable House, that at a recent meeting with some Members of **the Opposition**, they rightly asked about the status of the National Cancer Registry. I thank the Opposition for their interest in this matter and am eager to set out my plans with this Honourable House.

But first, I want to acknowledge the work of our regional partners.

When I look to our Caribbean neighbours, I can see that: Barbados; Bermuda; Guadeloupe; Martinique; Puerto Rico, and Trinidad and Tobago, all have operational population-based cancer registries, that contributes to the work they do to reduce the cancer burden in their communities.

I would also like to congratulate Saint Lucia, as they officially launched their national cancer registry on 31st July, this year. A milestone reached in their efforts to achieve high-quality cancer data, that can in turn, hopefully lead to less death and disease due to cancer.

Mister speaker, I would like to invite everyone to feedback on the proposals set out in the White Paper. I am seeking feedback during a consultation period that will run from this today, Monday, 5th October to Wednesday, 15th November 2026. During this time, I would **strongly encourage** persons to visit publicconsultations.gov.ky to read the White Paper and share their thoughts via email to MOHFeedback@gov.ky.

Mister speaker, the publication of the White Paper is an important milestone for the Cayman Islands, but it is not the final step.

My intention is to take the Cancer Registry forward through legislation and establish it as a permanent part of our public-health infrastructure, just as our regional neighbours have done.

I believe the Cayman Islands should have a statutory framework that ensures cancer information is collected consistently, protected appropriately, and used to inform better health policy and public-health programming.

I look forward to bringing the necessary legislation before Parliament and working with colleagues, healthcare professionals, patients, families and the wider community as we take this important initiative forward.

I would like to acknowledge the work of the **Cancer Consultation Group**, comprised of a range of key stakeholders, who all contributed to the **Inaugural National Cancer Policy**, published in August this year. As the Minister responsible for Health, I am committed to continued collaboration, listening to the advice of our highly skilled and motivated healthcare community, listening to the insightful perspectives of our non-profit organisations (NPOs), and of course, listening to the views of our cancer patients and their families, as we work towards realising this **National Cancer Registry**.

I want to make special mention of the work of the Cayman Islands Cancer Society, the Breast Cancer Foundation and the Lions Centre of Tropical Gardens, for the great work they do in our community.

I am driven to see change in this area, and I am making a commitment to our people to support initiatives that will help to reduce the burden of cancer and suffering in our community. **I believe the National Cancer Registry will help to do this.**

We cannot address what we do not fully understand. We need reliable national data to understand the burden of cancer in the Cayman Islands, to make informed decisions, to strengthen prevention and screening, and to plan effectively for the future.

That is why, Mister Speaker, it is my intention to bring a **National Cancer Registry Bill** back to this Honourable House in January, and I would respectfully seek the support of Members for its passage.

Mister Speaker, behind every cancer statistic is a person, a family and a future. We owe it to them to understand the true burden of cancer in our country. Cancer does not wait for us to have better data; it is affecting our people today. It is time we counted it, understood it and used that knowledge to act.

Thank you, Mister Speaker.