## Hawaii

### Cancer Surveillance System

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<th>State</th>
<th>Statute/Rule</th>
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<td>HI</td>
<td>STATUTE: H.R.S. §324-21 et. seq. NO RULE FOUND</td>
<td><strong>Vol. 06, Part III Cancer Studies. §324-21 Sources of information protected. (a)</strong> Any person, public or private medical facility, or social or educational agency, may provide information, interviews, reports, statements, memoranda, biological specimens, or other data or relevant material relating to individuals with cancer or pre-cancerous conditions to the <em>Hawaii Tumor Registry</em>. This information may be used in the course of any cancer research study approved by the cancer commission of the Hawaii Medical Association and the appropriate federally authorized human subjects protection board.</td>
<td>§324-21. (b) Hospitals, skilled nursing homes, intermediate care homes, free-standing radiation oncology facilities, and other treatment or pathology facilities shall submit a report of any person admitted with or diagnosed as having cancer to the Hawaii Tumor Registry or participating hospital registry according to a format approved by the cancer commission of the Hawaii Medical Association. Physicians who diagnose or treat a patient for cancer shall also submit a report to the Hawaii Tumor Registry or participating hospital registry unless</td>
<td>§324-22 Identity of persons studied and material, restrictions. (a) The material collected under this part shall be used or published only for the purpose of advancing medical research, medical education, or education of the public in the interest of reducing morbidity or mortality; provided that the Hawaii Tumor Registry may reveal all relevant information to a patient's attending physician. (b) Researchers, however, may use the names of persons when requesting additional information for research studies after being approved by the cancer commission of the Hawaii Medical Association and the appropriate federally authorized human subjects protection board.</td>
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<td>§321-42 Tumor clinics. The department of health may assist in the operation of tumor clinics which are now established or may be established in the State. This assistance may consist of furnishing statistical information on the incidence or prevalence of tumors of various kinds in the State. Other assistance, such as clerical or stenographic help, may be furnished as needed. In all activities under this section, the department may consult and cooperate with the Hawaii state medical association and the Hawaii cancer society. Insofar as is needed the department may assist tumor clinics or private physicians in the follow-up of tumor cases for the purpose of determining the progress of the disease or for further treatment. This part of the program shall be limited to those cases on which follow-up is requested by the attending physicians…</td>
<td>the patient has previously been admitted or treated at a hospital, skilled nursing home, intermediate care home, or free-standing radiation oncology facility for that particular cancer. The Hawaii Tumor Registry staff or their representative or hospital-based registry staff may assist the hospitals, institutions, treatment or pathology facilities, and physician offices in the preparation of the reports.</td>
<td>(c) The use of such additional information obtained by researchers shall also be governed by subsection (a) and in addition, where the patient is still living and the information is to be obtained directly from the patient, the researcher shall first obtain the approval of the patient or the patient's immediate family including a reciprocal beneficiary, in that order of priority. §321-43: …All statistical material collected under this section shall be considered confidential as to the names of persons or physicians concerned, except that researchers may use the names of those persons when requesting additional information for research studies when the studies have been approved by the cancer commission of the Hawaii medical association and the appropriate federally authorized human subjects protection board.</td>
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| §321-43 **Statistical activities.** The department of health shall engage in the collection and analysis of statistical information on the morbidity and mortality of cancer in the State. The morbidity data may be collected in cooperation with the University of Hawaii, Hawaii Medical Association, and the Hawaii Cancer Society. All data collected by a cooperating agency may be shared with the department of health in the form specified by the department of health. The mortality data as collected from death certificates shall be analyzed by the staff of the department in order to determine the significance of cancer in the State by race, sex, age, occupation, site in the body, and in any other way found desirable for the purpose of determining the areas where greatest emphasis should be laid in the statewide cancer control program. The morbidity data shall be used:  
**(1)** in determining the prognosis and chance of cure, as well as the number of persons cured of cancer in the State;  
**(2)** for assisting in the direction of tumor research;  
**(3)** for determining, if possible, the tendencies of benign tumors to become malignant;  
***(c)*** No liability of any kind or character for damages or other relief shall arise or be enforced against any person or organization by reason of having provided the information or material, or by reason of having released or published the findings, conclusions, and summaries of the researchers to advance medical research and medical education. | §304A-2168 **Hawaii cancer research special fund.**  
(a) There is established within the state treasury a special fund to be known as the Hawaii cancer research special fund to be administered and expended by the University of Hawaii.  
(b) The moneys in the special fund shall be used by the University of Hawaii for the cancer research center of Hawaii's research and operating expenses and capital expenditures. |
(4) for assisting in the follow-up of diagnosed or treated tumor cases as requested by attending physicians; and 
(5) for improving the reporting of the cause of death on death certificates.