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Background:
Using death certificates (DCs) as a source of information is important to cancer registries as a means of ensuring completeness and evaluating validity. In this study, we wanted to follow the route of the death certificate notifications from the registry to ending up as a death certificate initiated (DCI) case or discarded as a new cancer case.

Method:
All deaths in Norway in the period 2011-2015 with cancer mentioned on the death certificate were linked to the cancer registry for matching. The notifications that were not matched (allowing for a 30 day wait) were labelled DCNs. The DCNs were divided into those that manually were considered not to be a new cancer case based on available information in the registry (e.g. the ICD-10 code of the death certificate corresponds to the location of a metastasis from a registered tumour) and those needing trace-back. The trace-back notifications were grouped into “traced not cancer” and “traced cancer”, the latter was labelled DCIs. The DCI cases were finally grouped into “traced with cancer confirmed from other source(s)” and “traced with no confirming source”, the latter labelled death certificate only (DCO) cases.

Results:
From the total of 64308 death certificate notifications in the period 2011-2015, 87.4 % were already in the registry with a corresponding cancer. Of the remaining 8089 DCNs, 3105 were considered to not be a new cancer case based on manual evaluation within the registry and 247 based on trace-back, which combined constitutes 5.2 % of all death certificates and 41 % of the DCNs. There were 4737 DCIs, among which 1970 (41.6 % of the DCIs) ended up as DC0s.

Conclusion:
A large proportion (41 %) of the DCNs were judged to not be a new cancer case, indicating unreliability with death certificate information on cancers that are not already in the registry.

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