**Abstract:** Background: Little has been reported on costs of cancer registration, and standard indicators have not yet been identified. This study investigated costs and outcomes of a sample of 18 European registries covering a population of 58.8 million inhabitants. **Methods:** Through a questionnaire, we asked registries for real cost data including personnel, information technology (IT), and infrastructure. Staff costs were grouped by professional position and by activity performed. As outcomes, besides the production of current data, we considered publications in peer-reviewed journals (last 5 years’ impact factor [IF]) and characteristics of registry websites. **Results:** In our sample, the average cost of cancer registration per inhabitant was €0.27 at purchasing power standard (PPS) (range €0.03–€0.97), while the mean cost per case registered was €50.71 PPS (range €6–€213). Personnel costs accounted for an average of 79% of total resources. Resources spent in routine activities (an average of 51%, range 28%–87%) were predominant with respect to those allocated to research, with a few exceptions. Website quality seemed to be independent of total registry budget. **Conclusions:** The variance in costs of cancer registration across Europe can be attributed mainly to the type of registry (whether national or regional), the size of the covered population, and the national economic profile, expressed as gross domestic product.

**Key words:** cancer registry, costs, economic evaluation

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**Introduction**

Cancer registration started in the middle of the 1900s in the United States (Connecticut, 1935) and in Europe (Denmark, 1943). During the following years, it expanded in North America and in North Europe (where complete national coverage was reached in several countries), and spread throughout the rest of the world, including to several populations in developing countries. As a consequence, the first compendium of data on cancer impact worldwide harbored the title, *Cancer Incidence in Five Continents* (CI5C).1,2

In the subsequent decades, the expansion has been remarkable, mainly in Asian countries. Today, more than 500 population-based cancer registries are active, covering a population of more than 1 billion people. Impact indicators such as incidence, mortality, survival, and prevalence have been the constant products regularly published. The contribution to etiological studies (cohort, case-control, and correlation design) prevailed in a first phase, while the contribution to clinical studies, health care planning, and evaluation was later expanded.

Cancer registration, generalized and consolidated, is recommended today as a pillar piece in cancer control, as stated by the Union for International Cancer Control (UICC) World Cancer Declaration in its first article,3 and as recognized by many national cancer plans. Despite this favorable evolution, little is known about the economics of cancer registration, and no metrics have been developed so far for assessing costs and benefits. In terms of costs, cancer registration has always been considered a low-technology and low-capital activity, and this has fed the prejudice that its costs were negligible. In terms of benefits, the contribution of registry data has been indirect with respect to prevention, care, and research. This has made it difficult to define and quantify the added value attributable to registries.

Furthermore, the large heterogeneity of organizational settings, ranging from large national registries smartly exploiting information technology (IT) and existing databases, to very small “manual” registries, has made economic evaluation even more problematic. Very few contributions on costs of cancer registration have been published, and none to our knowledge concerning Europe. In international...