





















Retired	36	16	51	28	53	57	58	37	28	17	226	155
Unemployed	28	39	26	43	33	49	34	73	11	39	132	243
Housewife	0	55	0	88	0	102	0	108	0	49	0	402
Others	57	84	63	71	72	47	66	85	24	45	282	332
<b>Total</b>	<b>240</b>	<b>407</b>	<b>272</b>	<b>547</b>	<b>349</b>	<b>590</b>	<b>347</b>	<b>654</b>	<b>161</b>	<b>320</b>	<b>1369</b>	<b>2518</b>

Source: Abuja Cancer Registry (ABCR 2021)

Table 2 above explained the trends of cancer incidence for the five years under study based on gender and occupation.

**Table 3: Distribution of Cancer Cases by Place of Residence**

PLACE OF RESIDENCE	2016		2017		2018		2019		2020		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F
Urban	219	386	209	435	277	497	321	634	156	317	1182	2269
Rural	21	21	63	112	72	93	26	20	5	3	187	249
<b>TOTAL</b>	<b>240</b>	<b>407</b>	<b>272</b>	<b>547</b>	<b>349</b>	<b>590</b>	<b>347</b>	<b>654</b>	<b>161</b>	<b>320</b>	<b>1369</b>	<b>2518</b>

Source: Abuja Cancer Registry (ABCR 2021)

Table 3 above explained the distribution of cancer incidence for the five years under study based on gender and place of residence.

**Table 4: Top Male Cancer Types for the Period 2016 - 2020**

Cancer Types	2016		2017		2018		2019		2020		TOTAL	
	No	R <sub>k</sub>	No	R <sub>k</sub>	No	R <sub>k</sub>	No	R <sub>k</sub>	No	R <sub>k</sub>	No	R <sub>k</sub>
Prostate	99	1	69	1	86	1	117	1	48	1	419	1
Colon, Rectum, Anus	21	2	36	2	41	3	25	3	13	3	136	3
Mouth & Pharynx	20	3	32	3	47	2	31	2	23	2	153	2
Lymphoma	9	4	9	5	7	7	14	5	-	-	39	6
Leukemia	8	5	-	-	-	-	-	-	-	-	8	13
Bladder	7	6	6	7	4	10	7	8	4	7	28	8
Brain & CNS	5	7	6	8	17	5	10	6	6	5	44	5
Kidney & Urinary	5	8	6	9	8	6	8	7	3	8	30	7
Liver	5	9	8	6	4	10	-	-	-	-	17	10
Testis	5	10	-	-	-	-	-	-	-	-	5	15
Larynx	-	-	13	4	26	4	25	4	7	4	71	4
Pancreas	-	-	6	10	-	-	-	-	3	9	9	12
Stomach	-	-	6	10	5	9	6	10	3	10	20	9
Trachea, Bronchus & Lung	-	-	-	-	6	8	-	-	6	6	12	11
Oesophagus	-	-	-	-	-	-	7	9	-	-	7	14

Source: Abuja Cancer Registry (ABCR 2021)

Table 4 above explained the common types of cancer in male for the five years under study.

**Table 5: Top Female Cancer Types the period 2016 - 2020**

<i>Cancer Types</i>	<i>2016</i>		<i>2017</i>		<i>2018</i>		<i>2019</i>		<i>2020</i>		<i>TOTAL</i>	
	<i>No</i>	<i>R<sub>k</sub></i>	<i>No</i>	<i>R<sub>k</sub></i>	<i>No</i>	<i>R<sub>k</sub></i>	<i>No</i>	<i>R<sub>k</sub></i>	<i>No</i>	<i>R<sub>k</sub></i>	<i>No</i>	<i>R<sub>k</sub></i>
Breast	218	1	289	1	274	1	317	1	151	1	1249	1
Cervix	46	2	88	2	128	2	117	2	63	2	442	2
Ovary & Adnexa	17	3	14	4	13	6	15	6	12	4	71	6
Mouth & Pharynx	16	4	14	4	28	3	25	4	4	8	87	4
Colon, Rectum & Anus	12	5	-	-	23	5	25	4	18	3	78	5
Kidney & Urinary	9	6	4	10	7	7	-	-	3	-	23	8
Corpus & Uterus	7	7	26	3	24	4	26	3	7	5	90	3
Brain & CNS	6	8	4	10	7	8	5	10	7	5	29	7
Leukaemia	6	8	-	-	-	-	-	-	-	-	6	13
Trachea, Bronchus, Lung	5	10	4	10	6	9	5	10	3	10	23	8
Liver	-	-	13	6	-	-	-	-	-	-	13	12
Lymphoma	-	-	7	7	-	-	10	7	4	7	21	10
Bladder	-	-	6	8	5	10	-	-	3	10	14	11
Pancreas	-	-	4	10	-	-	-	-	-	-	4	15
Larynx	-	-	-	-	-	-	6	8	-	-	6	13

Source: Abuja Cancer Registry (ABCR)

Table 5 above explained the common types of cancer in male for the five years under study.

**Section C:** This section tries to get numerical data that indicates the oncological treatment received by the patients in terms of the total number of patients per treatment protocol, the number of patients recovered based on that protocol, and the number of deaths during that particular treatment protocol for the period under investigation but it was not possible. But based on interaction and interviews with staff in the oncology unit that the treatment protocols are dynamic, some will start with chemotherapy and later shift to radiotherapy, while some will start with radiotherapy and later shift to chemotherapy, while the most common treatment is the surgery. The study further investigates the use of immunotherapy as a treatment protocol or a combination of the immunotherapy and other treatment protocol but is like they are unaware of the immunotherapy treatment protocol. The interaction/interview further revealed that a very insignificant number of successes is achieved in terms of full recovery of the patient because most of the treatment protocol will succeed in suppressing the disease for sometimes but later it reemerges with full force or even worse than before which will eventually lead to death.

## Discussion of the Result

This section was generally designed to investigate cancer incidence in Nigeria and their types. This section of the study was guided by three (3) sections of the data collection instrument (CIAI). Table 1 examine and compare the different age groups of cancer incidence among males and females. The table revealed that cancer may start in the early stage of life and may also occur in old age but it is more frequent at youthful ages in both males and females. It also revealed that women are more affected by cancer disease than their male counterparts. Table 2 indicated cancer incidence based on occupation and the table revealed that cancer is more frequent among civil servants and especially females. Followed by traders/business and also housewives. Table 3 indicate the distribution of cancer incidence based on place of residence. The table further revealed that females of the urban areas have the highest frequency of cancer incidence than their female counterparts of rural areas and even males of the urban areas. Table 4 and 5 covers the distribution of first top ten cancer disease in both male and female respectively for the years under investigation. Even though there is a variation of the ranking of the disease every year but Breast and Prostate cancers maintain the number one in both females and males respectively for the period under investigation. Based on the interview conducted there is no reliable treatment protocol that ensures complete recovery of the patients.

## Recommendations

Unlike other diseases, cancer is surrounded by many consequences which include social, economic, emotional and psychological as such the government, the private sector and the Non – Governmental Organizations (NGOs) should be committed to safeguarding the life of cancer patients by providing adequate financial support geared to eradication and reduction of cancer incidence in the nation through the following ways

1. Provide an avenue for cancer screening so that the diseases can be detected at its early stage thereby morbidity and mortality are reduced.
2. Provide an easy, accessible and less expensive treatment centers that are well equipped with drugs, consumables and modern technologies that will provide hope to the cancer patients.
3. Guidance and counselling units on cancer should be established not only in the main hospitals and cancer registries but also in the Public Health Care Units

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