Background
GLOBOCAN 2012 reported 14.1 million new cases of cancer worldwide and predicted a substantive increase to 19.3 million new cases per year in the year 2025. More than 70% of all deaths from cancer occur in Low and Medium Income Countries where resources available for prevention, diagnosis and treatment of cancer are limited or non-existent. There is paucity of information of cancer incidence and prevalence in the Nigerian context. As a response to this, the management of the UBTH set up a hospital based registry in 2008. The registry started collecting and collating data from the entire Benin City metropolitan area in 2009.

Objective
- Compilation and documentation of all cases of cancer within the reference population.
- To analyze all frequencies and pattern distribution of cancers cases seen.
- To institute a follow-up mechanism for all cases of cancer.
- To use the cancer registry information to create an enabling framework for the formulation and sustenance of public enlightenment campaign for early detection, treatment and prevention of cancer.
- To provide data for research and further studies.

Resources and Materials
- Dedicated office space
- 4 data abstractors/analysts
- Computerized statistical software package CANREG-4.
- Equipment and logistic support (Computers, vehicle for outstation work, sponsorship for training)
- Training of cancer registry staff in different workshops organized by the Nigerian National System of Cancer Registries (NNSCR).
- Affiliation to the International Agency for Research on Cancer (IARC)

Results
- 3090 new cases of cancer recorded between 2009-2014.
- 1832 cases in females and 1258 cases in males M:F ratio1.46:1.00.
- The age standardized cancer incidence rate (ASR) for male is 60 per 100,000 and female 79 per 100,000.
- Out of a total of 3858 deaths recorded between 2009 and 2014 in UBTH 379 (9.82%) were cancer.

Key Learnings
- Need for more collaboration between the FMOH, SMOH, corporate bodies and private healthcare providers
- Need to extend coverage of the registry to the whole of Edo state
- More public awareness and dissemination of generated data
- Need for integration of epidemiological data with further research on aetiology/risk factors of prevalent cancers