Cameroon Townhall for Healthcare Professionals

Meeting Minutes, February 11, 2023

Host: Cameroon Townhall for Healthcare Professionals

Date: February 11, 2023

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Elvis Ndansi (lead moderator), Dr. Bryan Tegomoh (Q&A moderator), Dr. Christelle Jouego Tagne, Dr. Katte Jean-Claude

Guest Speaker: Sidney Tazeh, M.Sc., DABR (board-certified by the American Board of Radiology), CyberKnife radiation oncology physicist, James A. Haley Veterans' Hospital, Tampa, Florida; founder of CLEAR Medical Foundation and CLEAR Radiology, Buea

Distinguished Guests: Dr. Yauba Saidu, Country Director, Clinton Health Access Initiative (CHAI) Cameroon, Dr. Kenedy Foryoung, neuroradiologist (United States), An ENT surgeon and associate professor at the Yaoundé teaching hospital and medical faculty

Title: Improving Cancer Care and Reducing Mortality in Cameroon: What Can Be Done Today

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Agenda Items:

1. Welcome and opening remarks by the lead moderator, Elvis Ndansi, and the Chair
2. Introduction of the speaker by Dr. Bryan Tegomoh
3. Presentation by Sidney Tazeh on "Improving Cancer Care and Reducing Mortality in Cameroon: What Can Be Done Today"
4. Comments from invited participants
5. Discussion and Q&A, moderated by Dr. Tegomoh
6. Summary and closing

Opening Remarks:

- The lead moderator said about 1,755 members from about 35 countries had attended at least one session.
- The Chair, a haematologist-oncologist, said he had called this session urgently to mark World Cancer Day week. He described cancer as neglected in Cameroon,

with no funding, little awareness and no screening guidelines except for cervical cancer, amid a double burden of infectious and chronic disease and the adoption of smoking and alcohol.

- The lead moderator welcomed Dr. Yauba Saidu of CHAI Cameroon, which works with the government on access to cancer medicines.

Presentation Points:

Presentation by Sidney Tazeh: "Improving Cancer Care and Reducing Mortality in Cameroon: What Can Be Done Today"

1. Why cancer, why now:

Mr. Tazeh framed his talk around the World Cancer Day theme of closing the care gap and asked each participant what they could do. He cited a study projecting that cancer deaths in sub-Saharan Africa could double by 2040, as people live longer and urban lifestyles bring less exercise and poorer diets. Many cancers are curable when found early, and in a low-resource setting early diagnosis matters even more. He urged participants 'not to let the perfect be the enemy of the good', and cited Botswana's focused response to HIV as proof that one country can show the way.

2. Four pillars, starting with prevention:

He set out four pillars: prevention, screening, accurate diagnosis and staging, and management, noting that each step is harder and needs fewer, more specialised facilities, so prevention and screening should come first. Doctors should use every visit, even for malaria or an abscess, to discuss cancer risk. Stopping smoking is the single most important step: he linked falling US cigarette sales from the 1960s to falling lung cancer deaths, recommended firm warning messages, and said even CyberKnife treatment cannot help smoking-related cancers.

3. Lung cancer with the tools available:

Low-dose CT screening and PET scans are not available in Cameroon (he noted Nigeria had just installed its first PET scanner), but X-rays and CT are. He demonstrated the Mayo Clinic lung nodule calculator, which estimates the probability that a nodule is malignant from age, smoking, size, location and spiculation, and advised contrast CT of chest and abdomen for staging. Collecting data matters even when treatment is unaffordable, as a basis for registries and funding. He urged doctors to learn what the radiotherapy centre in Douala and surgical centres offer, so they can refer patients correctly.

4. Breast cancer: awareness, clinical exam and surgery:

Breast cancer has a five-year survival near 99 percent when caught early. Citing the Breast Health Global Initiative, he called for heightened breast health awareness and urged everyone to sponsor or join awareness events. With few mammography units, clinical breast examination is the key screening tool, and ultrasound, clinical exam and contrast CT can stage tumours and lymph nodes. Surgery is the most widely available treatment in Cameroon. He argued that offering breast-conserving lumpectomy, instead of mastectomy, would bring more women forward, given the social and cultural meaning of the breast.

5. Intraoperative radiotherapy as an achievable step:

Lumpectomy requires radiotherapy, which is scarce and needs 20 to 40 daily visits. He proposed intraoperative radiation therapy (IORT), a single low-energy dose given during surgery, which costs far less to buy and maintain than a linear accelerator, is safer to operate and avoids poor compliance. South Africa installed Africa's only unit in 2018, and he said Cameroon could be next with the town hall's support.

6. Mentoring and continuous education:

He asked diaspora doctors each to mentor a young doctor in Cameroon, one or two hours a week for a year, and urged doctors at home to keep up continuing education. Most solid cancers kill through metastasis, and cancer is rarely an emergency, so early diagnosis is the priority.

Discussions and Q&A Session:

- **Dr. Kenedy Foryoung, a neuroradiologist, commented on the rising incidence of cancer.** Dr. Foryoung said part of the rise reflects better detection and awareness, but ageing, lifestyle, genetics and environment also contribute. Dr. Foryoung agreed that prevention and early diagnosis should be the cornerstone of care, since many breast cancers in Cameroon are still found at stage three or four.
- **Dr. Yauba Saidu of CHAI Cameroon described the situation and CHAI's work.** Dr. Saidu said Cameroon has about 15,000 to 16,000 new cancer cases a year, led by breast, cervical and prostate cancer, with a growing number of children's cancers. About 80 to 90 percent are diagnosed late, because of limited provider capacity, no diagnostic guidelines, missing equipment at primary and district level, and recourse to traditional healers or pastors. Dr. Saidu said cancer was the leading cause of medical evacuations abroad, costing hundreds of millions, and that only the Douala radiotherapy centre was functional. Basic cancer medicines are often out of stock, so CHAI, with the American Cancer Society, had agreements with five pharmaceutical companies to supply about 88 molecules at about half price, and

was working with the Ministry of Public Health to roll this out to the seven treatment centres.

- **A cardiologist from UT Southwestern who runs a foundation and hospital in the North West described his work.** The cardiologist said they had told the Prime Minister that leaders cannot count on evacuation in a cardiac emergency. The cardiologist's foundation works with the Sweden-based SPIDER centre's digital African network for cervical cancer elimination: a doctor in Cameroon uses a mobile colposcope and a retired gynaecologist in Sweden reviews the images each Saturday. The cardiologist urged participants to avoid duplicating each other's work.
- **The Chair commented on the presentation.** He praised its practical focus and said he regularly sees young women with cancers found late and treated inappropriately.
- **A district medical officer asked whether the rise in cancer reflects more screening or a true increase, and what studies could measure the true burden.** Mr. Tazeh said that without registries Cameroon cannot show its burden, and that data collection must start with front-line doctors. The Chair noted that some increases reflect screening and others are real, citing Doll and Hill's work on smoking. He described US registries and screening programmes, HPV vaccination at age 11, and Australia nearing elimination of cervical cancer, and said cancer should be in the district reporting package.
- **An ENT surgeon from the Yaoundé teaching hospital described head and neck cancer care.** The surgeon said nasopharyngeal cancer is the most common ENT cancer in Cameroon and needs radiotherapy and chemotherapy, not surgery. Patients arrive late after visiting many doctors, can often pay only for surgery and are then lost to follow-up. The surgeon proposed two or three major cancer centres with surgeons, oncologists and radiation therapists, and training of general practitioners to screen and refer.
- **Dr. Saidu asked for help with the business case for a planned National Cancer Institute.** Dr. Saidu said MINSANTE and CHAI were planning a national cancer institute with treatment, research and production of basic cancer medicines, estimated at about 350 million euros, with funding identified from one donor that required a business case. Mr. Tazeh said funders follow credible teams that have already started work, citing Ghana and RAD-AID's ultrasound programme. The Chair offered to involve diaspora oncologists who have built cancer centres.
- **A urology resident asked about the quality of pathology and laboratory results, such as PSA, and doctors' awareness of warning signs like haematuria.** The Chair said pathology is strongest only in Yaoundé and Douala, that hormone receptor testing and immunohistochemistry are rarely done, and that low-volume

laboratories batch and freeze PSA samples without quality control. He described young patients who died without hormone therapy because receptor status was never tested. He and Mr. Tazeh agreed that, where pathology is unavailable, clinicians must sometimes act on strong clinical evidence.

- **Dr. Katte Jean-Claude asked whether district information systems could capture cancer data in place of the inactive national registry, and about genetic risk prediction.** The Chair said cancer was added to district reporting years ago, but no one analyses or enforces it, so incentives are needed. Genetic testing for BRCA and Lynch syndrome is becoming feasible with sequencing capacity built during COVID-19, though a careful family history identifies most hereditary cases.
- **A researcher who had worked at the Cameroon Oncology Center, shared findings on pathology reports.** Of 592 breast cancer cases seen over two years, only 28.7 percent had a pathology report and only 2.5 percent had a complete report. He recommended digital pathology for second opinions, and research on nutrition and the aggressiveness of cancers in Cameroon.

Call to Action and Closing:

- The lead moderator summarised the four pillars, the call to use every consultation for prevention, the Mayo Clinic calculator, the mentoring model and the message that cancer is rarely an emergency, so early diagnosis is everything.
- Participants were invited to the parking lot.

Recording: https://www.youtube.com/watch?v=69Cd_i0HHOE

Submitted by: Co-Moderators, Cameroon Townhall for Healthcare Professionals