Policy Briefing:

Prevention and Cancer Control in Cameroon

Overview:

This policy briefing synthesizes key insights from the 54th edition of the Cameroon Town Hall for Healthcare Professionals, held on 16 July 2022 (date estimated), on the theme 'Let's Talk About Cancer: Prevention and Cancer Control in Cameroon', presented by Dr. Munoh Kenne Foma, hematology and oncology fellow and chair of the town hall.

Context:

Breast and cervical cancer are the most common cancers recorded in Cameroon, and prostate cancer is the most common in men. Data come mostly from treatment centres, so colorectal, liver and lung cancers are thought to be under counted. Cameroon has no national screening policy for breast or colorectal cancer, the 2020 cancer strategy goals have not been met, and the national cancer plan was described as in development without a budget. Radiotherapy, pathology, oncology nursing, palliative care and morphine are scarce outside Yaounde and Douala.

Key Issues:

1. **Prevention and screening are missing:** The HPV vaccination campaign met strong resistance, boys are not included, and there is no national breast or colorectal screening policy. Pap smear and visual inspection are available but not applied in all hospitals.
2. **Diagnosis before treatment:** Patients are operated on or given chemotherapy without biopsy, hormone receptor status or staging. Most regions have no pathologist, and the country was said to have fewer than 15.
3. **Unsafe treatment delivery:** Chemotherapy is given without oncology nurses, blood count monitoring or supportive drugs, and radiotherapy machines are old and few. Unnecessary prostatectomies and mastectomies in metastatic disease were reported.
4. **Workforce gaps:** Shortages go beyond doctors: oncology nurses, medical physicists, dosimetrists, interventional radiologists, pathology technicians and social workers. Trained radiation oncologists were reported not posted where they can work.
5. **Access and acceptance:** Care is costly, often requires travel between towns for each step, and cultural beliefs and vaccine misinformation delay presentation.

Discussion Highlights:

- Prevention offers the best return while treatment capacity is built: HPV and hepatitis B vaccination, tobacco and alcohol control.
- Five priority cancers proposed: breast, cervical, prostate, colorectal and liver.
- Multidisciplinary tumour boards, including virtual ones, can improve decisions now, following the paediatric oncology model at Chantal Biya Foundation.
- The South West Regional Delegate called for training every new graduate doctor in visual inspection and treatment of precancerous cervical lesions.
- Local guidelines adapted to Cameroon's resources were requested by several participants.

Recommendations:

- **Relaunch HPV vaccination with better communication:** MINSANTE and the Expanded Programme on Immunisation should extend HPV vaccination to boys and girls from age 9 and run a new communication campaign using trusted public figures and community leaders, not only doctors. First step: a review of the 2020 campaign's resistance in schools to shape messages before the next school year.
- **Adopt a national screening policy for breast and cervical cancer:** MINSANTE should adopt screening guidance adapted to available resources: visual inspection with acetic acid or Lugol's iodine with same day thermocoagulation or cryotherapy, Pap or HPV testing where laboratories exist, and clinical breast examination with ultrasound under 40 and mammography from 40 every two years where equipment allows. First step: a technical working group with regional delegations and gynaecology and radiology societies.
- **Train new graduates in screening:** Medical faculties and regional delegations, supported by diaspora professionals, should give each graduating cohort a one to three week workshop on VIA/VILI, treatment of precancerous lesions, when to suspect cancer and when to refer. The South West delegation offered to host a first workshop.
- **Make pathology a condition of cancer treatment:** Hospitals should require that every excised specimen be sent for histology and that biopsy, receptor status and staging precede chemotherapy or major surgery. MINSANTE should expand pathology training and create regional referral pathology links, including sample transport.
- **Set up multidisciplinary tumour boards:** Cancer treatment centres, starting with Hopital General Yaounde, Douala hospitals and the Baptist hospitals, should hold regular tumour boards with surgeons, oncologists, radiologists and pathologists.

Diaspora oncologists offered to join virtual tumour boards; a first pilot can be organised through the town hall.

- **Fund and staff the national cancer plan:** MINSANTE should finalise and budget the national cancer control plan, with monitoring and evaluation, and include oncology nurses, medical physicists, dosimetrists and palliative care, including access to oral morphine.

Next Steps: The chair committed to cancer education sessions for primary care doctors and medical students, joint tumour boards with colleagues in Cameroon, and future sessions on radiology (Dr. Joshua Tambe) and on surgery and anaesthesia.

Conclusion: Cameroon cannot yet diagnose, stage and treat most cancers to standard, but it can prevent and detect many of them early. Vaccination, simple screening, pathology before treatment and shared decision making through tumour boards are achievable first steps for MINSANTE, regional delegations, hospitals and diaspora partners.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of July 16, 2022. Recording: https://www.youtube.com/watch?v=Sahj5FOquQI