Policy Briefing:

Breast Cancer in Cameroon: Challenges and Solutions

Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held on October 21, 2023 (85th edition), at which Dr. Munoh Kenne Foma, medical oncologist, examined why breast cancer is diagnosed late and poorly treated in Cameroon and what can be done.

Context:

Breast cancer is the most common cancer in Cameroon. There is no national cancer registry, no screening guideline and no integrated public cancer centre, and most women present with advanced disease.

Key Issues:

1. **No screening policy:** Fewer than 1% of women get regular mammograms, mostly employees with insurance; most units are private.
2. **Pathology gaps:** Receptor testing is done in-country only at Centre Pasteur (about 100,000 FCFA) and is often skipped, so chemotherapy costing 500,000 to 1,000,000 FCFA is given to women who may not need it.
3. **Inappropriate surgery:** Mastectomies are done without staging on women with metastatic disease, and radical mastectomy persists.
4. **Missing workforce:** There are too few internists and family doctors, and no training for oncology nurses, radiation therapists or medical physicists; deaths from neutropenic fever are common.
5. **No data:** There is no registry, no outcome data and no hereditary cancer data for Cameroon.

Discussion Highlights:

- Participants agreed prevention and screening offer more than treatment in a fragile system.
- Self breast examination was supported in Cameroon because most cancers are found by women themselves.
- Hospital cohort studies of standard of care and outcomes were proposed as a low-cost first step.

- Genetic testing by cheek swab was offered through a partner in Côte d'Ivoire and Atlanta.
- The South West Regional Delegate asked diaspora experts to train local teams through pre-congress workshops.
- A Cameroon Tribune article during Pink October was proposed with CHAI.

Recommendations:

- **Adopt a national breast cancer screening guideline:** MINSANTE should adopt WHO guidance (mammography from 50 every two years, earlier for high-risk women) and make mammography in regional hospitals affordable or free. First step: a circular to regional delegations on use of the mammography units already delivered.
- **Make receptor testing routine:** MINSANTE and regional hospitals should fund immunohistochemistry in at least one public laboratory per region and require ER, PR and HER2 on every breast cancer report before treatment. First step: a costed plan with Centre Pasteur and partners.
- **Stage before surgery:** Hospitals and surgical and gynecology societies should require staging CT for suspected stage III disease and stop radical mastectomy. First step: a joint practice statement from surgical and gynecology societies, with diaspora input.
- **Train the cancer workforce:** MINSANTE and the Ministry of Higher Education should train more internists and family doctors in prevention, and open courses for oncology nurses, radiation therapists and medical physicists. First step: add oncology nursing at the specialist nursing school in Yaoundé.
- **Build data:** MINSANTE should create a national cancer registry, and hospitals should work with researchers in the town hall on outcome cohorts and hereditary cancer studies.
- **Use diaspora expertise in-country:** Diaspora professionals and the town hall should run pre-congress workshops (for example with the gynecology society) on biopsy and breast cancer management, and support regional tumour boards.

Next Steps: Dr. Foma and Dr. Yauba Saidu agreed to prepare a paper and a Cameroon Tribune article. Dr. Foma planned a lecture series on breast cancer for physicians and students. Participants were invited to contact Dr. Okou on genetic testing. The next session was set for two weeks later.

Conclusion: Breast cancer in Cameroon is mostly diagnosed late and treated without the basic information needed to treat it well. Participants agreed that screening,

receptor testing, staging before surgery and a trained workforce would save more lives than costly treatment of advanced disease.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 21, 2023. Recording: https://www.youtube.com/watch?v=cdN8LLBSG5Q