Policy Briefing:

Colorectal Cancer Screening in Cameroon: Starting with Awareness and High-Risk Groups

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Overview:

This policy briefing synthesises key insights from the Cameroon Townhall for Healthcare Professionals meeting held on August 28, 2021, focusing on the theme "What to Know About Colorectal Cancer Screening", presented by Dr. Ivo Che Ditah, gastroenterologist at the University of Minnesota.

Context:

Colorectal cancer is a leading cause of cancer death worldwide, and clinicians in Cameroon report rising numbers, often in young patients and at late stages. Cameroon has no screening policy, few public endoscopy units and limited capacity for chemotherapy.

Key Issues:

1. **No screening policy:** There are no national guidelines for colorectal cancer screening or treatment.
2. **Late diagnosis:** Most patients present with bleeding, obstruction or metastases, and many cases are attributed to haemorrhoids or witchcraft.
3. **Few endoscopy services:** Public colonoscopy is limited to a few hospitals, and trainees get too little hands-on experience.
4. **Cost:** Colonoscopy costs about 90,000 to 110,000 FCFA and chemotherapy about 300,000 to 500,000 FCFA, all paid out of pocket.
5. **Missing data:** Recorded incidence is low because the disease is rarely looked for.

Discussion Highlights:

- Age is the strongest risk factor; family history moves people into a higher-risk group.
- A polyp takes about 10 years to become cancer, so early detection prevents disease.
- Stool blood tests are a cheaper first step where colonoscopy is scarce.
- Many patients in Cameroon are under 45.
- Gastroenterologists and surgeons need to work together.

Recommendations:

- **Raise awareness first:** MINSANTE, through the National Cancer Control Programme, and professional societies should run campaigns for health workers and the public on warning signs (rectal bleeding, weight loss, change in bowel habit, iron deficiency anaemia).
- **Define high-risk groups:** The National Cancer Control Programme should define who should be screened first, such as people with a first-degree relative with colorectal cancer, and set a referral pathway.
- **Stool testing with referral:** Regional hospitals should offer FIT, or guaiac tests where FIT is unavailable, to high-risk adults without symptoms, with referral of positives to an endoscopy centre.
- **Endoscopy capacity and training:** MINSANTE and faculties of medicine should equip at least one public endoscopy unit per region with polypectomy tools and strengthen hands-on training of gastroenterology residents, with support from diaspora specialists.
- **Teach the basics:** Medical schools should emphasise rectal examination, family history and colorectal cancer as a differential for rectal bleeding.
- **Multidisciplinary care and financing:** Reference hospitals should set up joint gastroenterology, surgery and oncology teams, and future universal health coverage should include cancer diagnosis and treatment.

Next Steps: Dr. Ditah offered to connect with clinicians in Cameroon and to help medical students find shadowing opportunities. A participant from a 3D printing company offered printing for training models.

Conclusion: Colorectal cancer is under-diagnosed in Cameroon, not absent. Awareness, a focus on high-risk groups, cheap stool tests and stronger endoscopy services are realistic first steps.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of August 28, 2021. Recording: https://www.youtube.com/watch?v=pKE9BVfoGu0