Cameroon Townhall for Healthcare Professionals

Meeting Minutes, October 8, 2022

Host: Cameroon Townhall for Healthcare Professionals

Date: October 8, 2022

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Elvis Ndansi (lead moderator), Dr. Bryan Tegomoh

Guest Speakers: Dr. Munoh Kenne Foma, MD, MPH; haematologist and medical oncologist, Chair, Cameroon Town Hall for Healthcare Professionals; oncology practice in New York; Akwi Anjoh, Breast cancer survivor (stage 3 triple negative breast cancer, diagnosed 2018); works in banking, Founder, Dare to Live with Anjoh Foundation (United States and Cameroon)

Distinguished Guests: A nurse practitioner in Maryland, member of a Cameroonian nurses' association in Maryland

Title: Breast Cancer Prevention and Management in Cameroon

Agenda Items:

1. Welcome by the lead moderator
2. Opening remarks by Dr. Bryan Tegomoh and the Chair
3. Introduction of Akwi Anjoh by Dr. Bryan Tegomoh
4. Presentation by Dr. Munoh Kenne Foma on breast cancer prevention, screening and treatment
5. Testimony and presentation by Akwi Anjoh on her experience and the Dare to Live foundation
6. Discussion and Q&A
7. Summary and closing by the lead moderator, and parking lot

Opening Remarks:

- Elvis Ndansi said the town hall had held more than 60 sessions and that a free screening campaign in March had met many women who had never had a breast examination.

- Dr. Bryan Tegomoh linked the session to Breast Cancer Awareness Month and recalled how devastated he was by his first breast cancer patient and by survival disparities.
- The Chair said he presented himself because the Cameroonian oncologists he asked were busy, and urged the community to make itself available to teach. He said his most frequent calls from Cameroon are about young women diagnosed with breast cancer, usually already metastatic. There was no COVID-19 update this session.

Presentation Points:

Presentation by Dr. Munoh Kenne Foma: "Breast Cancer Prevention and Management in Cameroon"

1. Breast cancer is the most common cancer in Cameroon:

Dr. Foma said breast cancer makes up 20.1 percent of cancers in Cameroon, followed by cervical and prostate cancer, and 24.2 percent of cancers worldwide. Africa reports about 5 percent of global cancer cases, but cancer there is under diagnosed and rising. In the US most of his breast cancer patients are cured, and mortality has fallen since the 1970s; in Cameroon many women hide breast masses until they are advanced.

2. Risk factors:

Age and female sex are the main risk factors. Inherited genes such as BRCA1 and BRCA2 raise risk about tenfold, and he said many young African women with triple negative cancer may carry BRCA mutations without knowing it. Other factors include early menarche and late menopause, late first birth or no children, not breastfeeding, obesity, alcohol, radiation, and hormone therapy, most with small effects.

3. No national screening guideline:

Cameroon has no breast cancer screening guideline, according to WHO data, although NGOs and some private and public hospitals run screening campaigns. He proposed risk assessment from age 30, ultrasound by a trained radiologist for women under 30, mammography for older women, and advocacy for free MINSANTE mammography screening from 40 or 50, every two or three years, as countries such as the UK do.

4. No tissue, no issue:

He stressed core biopsy and full pathology, including oestrogen receptor, progesterone receptor and HER2 status, before treatment. He described a young

woman in Cameroon given chemotherapy and bilateral mastectomy without receptor testing; samples later sent to France showed hormone positive cancer that could have been treated with hormonal pills, and she died. He called for staging before surgery and said mastectomy is not useful in metastatic disease.

5. Treatment gaps in Cameroon:

Treatment combines surgery, radiotherapy, chemotherapy, hormonal therapy, targeted therapy, immunotherapy and palliative care. He said Cameroon has about three radiotherapy centres, two not functional, so mastectomy may be safer than lumpectomy where radiotherapy and margin assessment are not available. He said many patients die of chemotherapy complications for lack of trained chemotherapy nurses and supportive drugs, and that newer HER2 drugs are largely unavailable or unaffordable.

6. Special situations:

Breast cancer can be treated during pregnancy (chemotherapy in the second and third trimesters, surgery in any trimester, radiotherapy after delivery). Young patients need fertility counselling, which is limited in Cameroon. About 1 percent of breast cancers occur in men.

Discussions and Q&A Session:

- **Akwi Anjoh shared her story.** She found a painful lump near her armpit in 2018, aged 33, with no family history, and was diagnosed with stage 3 triple negative breast cancer that had reached her lymph nodes. With insurance in the US she had chemotherapy, lumpectomy and radiotherapy without worrying about cost. After sharing her story online, many Cameroonian women, some in their 20s and treated at Mbingo, contacted her; most were diagnosed at stage 3 or 4, could not pay for treatment, waited months for radiotherapy and asked her to keep their illness secret because of stigma. She founded Dare to Live with Anjoh in 2019 to raise awareness, especially among young women, pay for treatment and supplies, and run screening and hospital visits in Douala, Yaounde and Bamenda. In a recent screening in a village near Yaounde, about 10 women had breast lumps and were referred.
- **One of the co-moderators asked whether a woman who freezes her eggs before cancer treatment can later use IVF herself.** Dr. Foma said yes; harvesting eggs is the easier step, and women who were pregnant before have higher success rates. Chemotherapy can damage eggs and sperm, so fertility preservation should be offered to patients under 45. In Cameroon, IVF centres exist, but access, cost and techniques are limited, and he offered to join any tumour board in Cameroon.

- **A participant in the Netherlands asked whether IVF after cancer increases risk, and how age at childbirth affects risk.** He said hormones used in IVF may slightly raise risk but trials show no significant difference. Late first pregnancy and not breastfeeding slightly increase risk, while breastfeeding lowers hormone exposure, but the effect is small compared with genes, sex and age.
- **Elvis Ndansi asked how men are involved in the campaign.** Akwi Anjoh said husbands should tell their wives if they notice any change in their breasts, that men are also screened at events, and that male volunteers help spread the message.
- **A nurse practitioner in Maryland shared her mother's story.** Her mother was diagnosed in Cameroon in 1996 at 44, after an initial misdiagnosis as a cyst, confirmed in France, and survived stage 3 disease. She began mammograms 10 years before her mother's age at diagnosis, and advised women to check their breasts a few days after their period. Dr. Foma added that families with several affected members should have genetic counselling and multigene testing.
- **A participant in Kumba asked about patients stopping chemotherapy for supplements sold through network marketing.** Dr. Foma said supplements are not regulated as medicines and do not treat cancer, though correcting a deficiency can help a patient feel better. He said many patients in Cameroon are harmed by chemotherapy given without antiemetics, hydration and blood monitoring. Elvis Ndansi suggested engaging religious leaders and marketers so that they support patients without making them abandon treatment.
- **A medical student in Yaounde asked whether general practitioners may prescribe tamoxifen, the survival of triple negative breast cancer, and links with colorectal cancer.** Dr. Foma said no: tamoxifen should not be given without a tissue diagnosis and receptor status because of its side effects, including uterine cancer. Median survival in metastatic triple negative disease was about 23 months but improving, and many such cancers are being reclassified as HER2 low with new treatment. BRCA genes do not much raise colorectal risk, but other inherited syndromes do.
- **Dr. Bryan Tegomoh asked how to grow the oncology workforce and access to imaging and pathology.** Dr. Foma said retention comes first, since many trained staff leave, then training adapted to the epidemiological transition, pathology and interventional radiology to obtain and analyse tissue, and multidisciplinary tumour boards.
- **Elvis Ndansi asked Akwi Anjoh about her challenges and government support.** She said finances are the main obstacle, including requests for payment to use venues and from some hospital staff during donations. She had no support from MINSANTE, but the National Cancer Control Committee had reached out that year.

Call to Action and Closing:

- Dr. Foma pledged 500 US dollars from the town hall to the Dare to Live foundation, and Akwi Anjoh shared her contacts in the chat.
- Elvis Ndansi summarised the session and noted that recordings are viewed by about 1,000 people on average.
- The session closed with a parking lot.

Next Meeting

In a fortnight.

Recording: https://www.youtube.com/watch?v=-Q29lYKXZoI

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