Policy Briefing:

Breast Cancer Care in Low-Resource Settings: Getting the Basics Right in Cameroon

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Overview:

This policy briefing synthesizes key insights from Part I of the Cameroon Town Hall's Breast Cancer Educational Series, held in October 2023, in which Dr. Munoh Kenne Foma, medical oncologist, taught prevention, screening, diagnosis and treatment of early breast cancer to health professionals in Cameroon.

Context:

Breast cancer is the leading cancer killer of women in Cameroon. Most women present late, there is no screening programme, most patients never get receptor testing, and only one radiotherapy facility, private and costly, was described as working.

Key Issues:

1. **Receptor testing is missing:** About 80% of breast cancers are hormone receptor positive and respond to cheap endocrine therapy, yet the speaker estimated about 90% of patients in Cameroon never get ER and PR results, so many receive costly chemotherapy they do not need.
2. **Wrong biopsy methods:** Fine needle aspiration remains common. It cannot separate in situ from invasive cancer or support immunohistochemistry.
3. **No screening programme:** Most cancers are found as palpable lumps at a late stage.
4. **Limited radiotherapy:** Without radiation, lumpectomy is not equal to mastectomy, so breast conserving surgery is risky for most Cameroonian women.
5. **Fragmented care and outdated practice:** Specialists rarely meet in tumour boards, radical mastectomy and routine axillary dissection persist, and there are no national guidelines.
6. **Essential drugs out of reach:** Trastuzumab is very expensive despite generics, and immunotherapy and T-DM1 are not available.

Discussion Highlights:

- Participants agreed that screening and early diagnosis should be the government's first investment.

- Mastectomy was supported as the safer option for early disease where radiotherapy cannot be assured.
- Breast clinics bringing surgeon, pathologist and radiologist together were proposed as a simple first structure.
- Online risk calculators were endorsed where genomic tests are unavailable.
- Virtual tumour boards (Zoom or WhatsApp) and written Cameroonian guidelines were proposed.

Recommendations:

- **Make receptor testing standard:** MINSANTE and hospital pathology departments should make core biopsy with ER, PR and HER2 testing the minimum for every breast cancer, with a standard pathology report (type, grade, ER, PR, HER2, Ki-67, margins). First step: a national minimum pathology report template circulated to regional and reference hospitals.
- **Launch organised screening:** MINSANTE should adopt WHO guidance (mammography from 50 every two years, earlier for high-risk women) and train nurses and general practitioners in clinical breast examination and referral. First step: a pilot in regions where mammography units are already installed.
- **Set up breast clinics and tumour boards:** Regional and reference hospitals should create breast clinics with surgery, pathology and radiology, linked to multidisciplinary tumour boards, including virtual boards with diaspora specialists. First step: a monthly virtual tumour board hosted with the Cameroon Town Hall, building on the Mbingo and Bamenda boards.
- **Issue national breast cancer guidelines:** MINSANTE, with oncologists, surgeons and diaspora experts, should publish evidence-based national guidelines adapted to resources, covering mastectomy where radiotherapy is not assured, sentinel node biopsy, endocrine therapy for receptor positive disease, and avoiding surgery in metastatic disease.
- **Expand access to essential medicines and radiotherapy:** MINSANTE and the national procurement agency should add generic trastuzumab to the essential medicines list, keep tamoxifen and aromatase inhibitors in stock, and expand public radiotherapy. Partners such as CHAI could support price negotiation.
- **Update training:** Faculties of medicine and nursing schools should teach evidence-based breast oncology and train surgeons in sentinel node biopsy and breast surgery as a surgical sub-specialty.

Next Steps: Part II of the series was scheduled for the next day on metastatic disease and special situations. Participants proposed a volunteer WhatsApp tumour board,

and Dr. Foma accepted an invitation to teach at the University of Buea during a planned visit to Cameroon.

Conclusion: Most breast cancer deaths in Cameroon could be reduced with tools the country already has: core biopsy, receptor testing, endocrine therapy, screening and teamwork. Participants agreed that these basics should come before costly new technology.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 28, 2023. Recording: https://www.youtube.com/watch?v=2r1gaagaHUw