Policy Briefing:

Breast Cancer in Low-Resource Settings: Metastatic Disease and Special Situations

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Overview:

This policy briefing synthesizes key insights from day two of the Cameroon Townhall for Healthcare Professionals special Breast Cancer Educational Series, held on October 29, 2023, presented by Dr. Munoh Kenne Foma, hematologist and medical oncologist, on the treatment of metastatic breast cancer and special situations.

Context:

Most breast cancers in Cameroon are diagnosed at the metastatic stage. There is no national screening programme, receptor testing is slow and centralised, there is one linear accelerator, and most modern targeted drugs are unavailable or unaffordable. About 80% of breast cancers are hormone positive and could be treated with cheaper endocrine therapy, but many patients receive chemotherapy without known receptor status.

Key Issues:

1. **Treatment without receptor status:** Many patients get costly, toxic chemotherapy without ER, PR and HER2 testing, which can take up to two months.
2. **Missing medicines:** CDK4/6 inhibitors, pertuzumab, trastuzumab deruxtecan, immunotherapy and PARP inhibitors are unavailable; trastuzumab is very expensive.
3. **Diagnostic gaps:** Fine needle aspiration and excision biopsy are still common, image guided and stereotactic biopsy are lacking, and bone scintigraphy and PET are unavailable.
4. **Special situations poorly handled:** Pregnancy, fertility, male breast cancer and inflammatory cancer are often managed on outdated assumptions.
5. **Workforce and teamwork:** Few tumour boards, limited palliative care and no continuing medical education requirement.

Discussion Highlights:

- Start endocrine therapy while awaiting receptor results when there is no visceral crisis.

- Stage before surgery; surgery does not help metastatic disease.
- Radiologists should lead image guided biopsy; stereotactic biopsy is needed.
- GP practice varies widely; simple national guidance was requested.
- Fertility preservation is available in Cameroon for those who can afford it.

Recommendations:

- **Decentralise receptor testing:** MINSANTE and Centre Pasteur du Cameroun should make ER, PR and HER2 immunohistochemistry available in every region with a target turnaround of under a month. First step: equip and train one laboratory per region, starting with the regional hospitals.
- **Update the essential medicines list:** MINSANTE should add at least one CDK4/6 inhibitor and pertuzumab, negotiate lower trastuzumab prices with partners such as CHAI, and ensure aromatase inhibitors, tamoxifen and fulvestrant are always in stock. First step: a costed request to the national essential medicines committee.
- **Issue national breast cancer guidelines:** MINSANTE, with oncologists, surgeons, gynaecologists and radiologists, should publish simple guidelines covering core biopsy, staging before surgery, receptor testing before treatment, endocrine first treatment for hormone positive disease, and management in pregnancy. First step: a one page referral and work up algorithm for GPs.
- **Build tumour boards and imaging capacity:** University and regional hospitals should run multidisciplinary tumour boards and train radiologists in image guided and stereotactic biopsy, with support from MedRad Africa and diaspora specialists. First step: a pilot tumour board linking Douala, Yaoundé and Buea online.
- **Make continuing education mandatory:** The National Medical Council should require CME for doctors treating cancer, and training schools should strengthen internal medicine and oncology teaching. First step: accredit the town hall's breast cancer series for CME.
- **Expand screening and palliative care:** MINSANTE should include mammography every two years from age 50 in universal health coverage and support palliative care training for nurses and other staff, building on Baptist and Catholic programmes.

Next Steps: Lectures were to be posted on YouTube, slides sent to attendees, and future lectures offered with CME accreditation. Participants proposed a case discussion group linking diaspora and local doctors.

Conclusion: Most metastatic breast cancers in Cameroon are hormone positive and could be treated with available, affordable endocrine therapy if receptor status were

known. The session argued that faster testing, simple national guidelines, teamwork and prevention would save more lives than access to the newest drugs.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 29, 2023. Recording: https://www.youtube.com/watch?v=3QGpYy_AUNY