Policy Briefing:

Bridging Cancer Care Disparities in Cameroon

Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held in the weeks after World Cancer Day 2024, focusing on the theme "Bridging Cancer Care Disparities in Cameroon," presented by the Chair, Dr. Munoh Kenne Foma, a hematologist and medical oncologist practising in the United States.

Context:

Cancer is becoming a leading health problem in Cameroon as the population ages, but most national figures are estimates. Diagnosis depends on pathology and imaging that are scarce outside a few centres, treatment is costly, and the National Strategic Plan for Prevention and Control of Cancer (2020 to 2024) reached its final year with much of it unimplemented.

Key Issues:

1. **No national screening policy:** There is no national policy for breast, cervical or colorectal cancer screening; screening depends on individual clinicians and centres.
2. **Weak diagnostic base:** Only one laboratory was said to perform immunohistochemistry, some cancer centres lack working MRI, and staging is often skipped before surgery.
3. **Limited treatment:** Three to four radiotherapy centres with one working constantly, no immunotherapy or most targeted drugs, and few interventional radiologists.
4. **Missing cadres:** Shortages of oncology nurses, medical physicists, dosimetrists, palliative care staff, haematologists and gynaecologic oncologists, while medical schools multiply.
5. **No cancer registry:** Centres do not share data, so cancer cannot compete for political priority.
6. **Low HPV vaccine uptake:** Gardasil 9 is free but rumours of infertility keep uptake low.

Discussion Highlights:

- Prevention and early detection were agreed as the priority over high cost treatment.
- Breast, cervical and prostate cancer were proposed as the first targets for national screening.
- Linked hospital and community cancer registries were proposed as the way to put cancer on the political agenda.
- Clinical trials were described as a route to new drugs, training and resources.
- Community awareness, including on HPV vaccine safety and firewood smoke, was seen as the cheapest intervention.

Recommendations:

- **Adopt national screening guidelines:** MINSANTE should adopt national screening guidelines for breast, cervical, prostate and colorectal cancer, based on an existing international guideline adapted to Cameroon, with target ages and intervals. First step: a working group of Cameroonian and diaspora oncologists, gynaecologists, gastroenterologists and urologists to draft them.
- **Strengthen pathology and imaging in every region:** MINSANTE and regional delegations should make immunohistochemistry (at least hormone receptor and HER2 testing for breast cancer) available beyond one laboratory, and ensure working mammography, ultrasound and MRI in designated cancer centres before placing equipment elsewhere. First step: an inventory of pathology and imaging equipment and its working status in each cancer centre.
- **Set up a national cancer registry:** MINSANTE, with the cancer centres (Mbingo, Banso, Douala General, Yaoundé General and others), should link hospital based registries and start community registries so that real data replace estimates. First step: a data sharing agreement among the main centres.
- **Train the full cancer team:** Training schools and university hospitals should open programmes for oncology nurses, medical physicists, dosimetrists, palliative care nurses and interventional radiologists, and teach staging guidelines (ESMO, ASCO) to general practitioners and surgeons. Diaspora professionals can support curricula and tumour boards.
- **Raise HPV vaccine uptake:** MINSANTE, the Expanded Programme on Immunization and regional delegations should evaluate past HPV campaigns, counter infertility rumours with communication experts, and work with schools, antenatal clinics, traditional and religious leaders. First step: confirm that districts holding vaccine are using it.

- **Prepare Cameroon for cancer clinical trials:** MINSANTE, universities and partners should build trial capacity (ethics review, trained staff, data systems) and join regional advocacy for inclusion of African patients in trials, alongside continued work with the Clinton Health Access Initiative on access to cancer medicines.

Next Steps: The town hall announced that a policy briefing would be produced for each session from 2024 and posted on its website. Participants were invited to include cancer education in their Giveback Project activities. The next session, two weeks later, was to address the malaria vaccine.

Conclusion: Participants agreed that Cameroon cannot yet treat most cancers to international standards but can prevent and detect many of them early. Screening policy, pathology, registries and the wider cancer workforce were seen as the foundations on which treatment can later be built.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of February 10, 2024. Recording: https://www.youtube.com/watch?v=waVXFHulaKU