Policy Briefing:

Breast Cancer in Cameroon: From Awareness to Diagnosis and Treatment

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Overview:

This policy brief synthesises key insights from the Cameroon Town Hall for Healthcare Professionals meeting held on October 19, 2024, focusing on the theme 'Breast Cancer Awareness Month in Cameroon: Efforts to Fight a Curable Disease', with medical physicist Sidney Tazeh, founder of CLEAR Radiology in Buea.

Context:

Breast cancer is the most common cancer among women in Cameroon and most women are diagnosed at an advanced stage. Survival exceeds 90% when it is caught early. Mammography, ultrasound, biopsy, hormone receptor testing, surgery, chemotherapy and radiotherapy now exist in the country, but awareness, follow up, affordability and coordination remain weak.

Key Issues:

1. **Campaigns that stop at awareness:** Many sensitisation and screening efforts do not link women to diagnosis and treatment, which discourages them from coming forward.
2. **Incomplete diagnosis:** Treatment is often started without biopsy, hormone receptor (ER, PR, HER2) status or staging, and women with metastatic disease are offered surgery that does not benefit them.
3. **Cost and late presentation:** Poverty, low trust in the health system and myths, such as the belief that mammograms cause cancer, delay care. Families sometimes spend heavily on treatment abroad after late diagnosis.
4. **Limited radiotherapy and genetic testing:** Only one radiotherapy facility was reported operational, and genetic testing is mostly sent abroad.
5. **Weak data:** There is no functioning national cancer registry; some hospitals (Mbingo, Bamenda Regional Hospital) and private centres keep their own.

Discussion Highlights:

- Partnership with the Ministry of Women's Empowerment, churches, traditional leaders and medical students extended reach to high risk and rural women.

- Calling patients back after abnormal results improved follow up.
- Hormone receptor testing was described as the most important test for any woman with advanced disease.
- Participants agreed that mammography is now available in every region and general practitioners should use it.
- Local doctors were seen to change practice when advised respectfully and through case discussion.

Recommendations:

- **Link every awareness campaign to a care pathway:** MINSANTE and regional delegations should require that screening campaigns name where women go next for diagnosis and treatment, with referral contacts. First step: publish, for each region, the list of facilities offering mammography, ultrasound, biopsy and hormone receptor testing.
- **Make hormone receptor testing standard:** Hospitals and oncology services should require biopsy and ER, PR and HER2 testing before treatment, in line with the Cameroon Society of Oncology's position. MINSANTE could negotiate reduced prices with reference laboratories.
- **Equip general practitioners to screen:** Training schools and regional delegations should train GPs and nurses on breast awareness, clinical breast examination and mammography every two years from age 50 (or 40), and on referring any breast lump in a young woman. Diaspora specialists can contribute through the town hall training series.
- **Support follow up and affordability:** Hospitals should adopt call back systems after abnormal results and discounted follow up tests. Partners and diaspora donors can fund sliding scale support and transport for low income women.
- **Build cancer data from the facility up:** MINSANTE should revive the national cancer registry and, meanwhile, encourage hospitals and private centres to keep compatible facility registries, using Mbingo's as a model.
- **Expand radiotherapy and plan for genetic testing:** Government, with private and diaspora partners, should increase radiotherapy capacity and support local research on hereditary breast cancer in Cameroonian women to guide future genetic testing.

Next Steps: Dr. Foma's breast cancer training series for health professionals was scheduled for the following weekend under the town hall's Giveback project. CLEAR Radiology planned to report its single institution data within a year.

Conclusion: Breast cancer is curable when found early, and Cameroon now has most of the tools to find and treat it. The session showed that linking awareness to diagnosis, insisting on hormone receptor testing and working through trusted community channels can bring women to care earlier.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 19, 2024. Recording: https://www.youtube.com/watch?v=H7iNj2O65x8