Policy Briefing:

Breast Cancer in Cameroon: A National Screening Policy and Standard Diagnostic Work Up

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Overview:

This policy brief synthesises key insights from the special edition of the Cameroon Town Hall for Healthcare Professionals held on October 26, 2024, the first part of a breast cancer educational series for health professionals, presented by medical oncologist Dr. Munoh Kenne Foma.

Context:

Breast cancer is the most common cancer in Cameroonian women, and most are diagnosed late. Mammography units now exist in all 10 regions, but there is no national screening policy, no in-house immunohistochemistry, and only one centre providing standard radiotherapy. Many women are still treated without biopsy, receptor testing or staging.

Key Issues:

1. **No national screening policy:** Breast cancer screening is not in the minimum package of activities, and new mammography units are not matched by trained breast radiologists.
2. **Inadequate diagnosis:** Fine needle aspiration and excision biopsies are still used; receptor testing (ER, PR, HER2) is sent abroad and often skipped; pathology reports rarely state margins.
3. **Treatment without staging:** Women with stage 3 or 4 disease receive surgery or chemotherapy without staging CT or hormone status, wasting money and lives.
4. **Limited radiotherapy:** Breast conserving surgery requires radiation, which few women can access, so surgical choices must be adapted.
5. **Missing allied workforce and data:** There are no training schools for oncology nurses, medical physicists or dosimetrists, and no map of specialists and capabilities.

Discussion Highlights:

- Participants debated the right screening age for Cameroon, given a younger median age at diagnosis in local data.

- Risk assessment from age 30 by GPs was proposed as a low cost first step.
- Radiologists noted ultrasound alone misses microcalcification only cancers.
- The University of Buea's Faculty of Health Sciences welcomed partnerships with diaspora professionals.
- A proposal emerged to map oncology services and specialists in each region.

Recommendations:

- **Adopt a national breast cancer screening guideline:** MINSANTE should add breast cancer screening to the minimum package of activities: risk assessment from 30, yearly clinical breast examination from 40, and mammography every two years from 50 to 75 (or from 40 where affordable). First step: a technical working group, with University of Buea radiology and public health researchers, to review local age data and set the starting age.
- **Make core biopsy and receptor testing the standard:** MINSANTE and reference hospitals should issue a protocol requiring core needle biopsy and ER, PR, HER2 and Ki-67 for every breast cancer, and should support at least one public in-house immunohistochemistry laboratory to cut cost and delay. Partners and diaspora investors can help equip it.
- **Standardise pathology and staging:** Pathology services should adopt synoptic reports stating histology, grade, receptors and margins. Oncology units should require staging CT for stage 3 and above before treatment.
- **Train breast radiologists and allied staff:** Training schools and MINSANTE should fund breast imaging sub specialisation for radiologists using the new regional mammography units, and open programmes for oncology nurses, medical physicists and dosimetrists.
- **Adapt surgical practice to radiotherapy access:** Surgical societies should end radical mastectomy, adopt sentinel lymph node biopsy, and agree guidance on when mastectomy is preferred because radiation is unavailable. Government should expand radiotherapy beyond one centre.
- **Map oncology capacity:** The town hall, diaspora associations and the National Medical Council should map specialists and services by region so that providers know where to refer.

Next Steps: Part 2 of the series on breast cancer treatment was held the following day. Participants proposed a mapping project of oncology resources and collaboration between the University of Buea, diaspora associations and the town hall.

Conclusion: Most of the gap in breast cancer outcomes in Cameroon begins before treatment: late screening, inadequate biopsies and missing receptor results. A national screening policy, standard diagnostic work up and trained breast radiologists would allow more women to be treated early and correctly with drugs already available in the country.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 26, 2024. Recording: https://www.youtube.com/watch?v=SAW09Cfrb_w