Policy Briefing:

Affordable, Evidence Based Systemic Treatment for Breast Cancer in Cameroon

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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 27, 2024, the second part of a breast cancer educational series for health professionals, in which medical oncologist Dr. Munoh Kenne Foma reviewed systemic treatment and how to adapt it to Cameroon.

Context:

Most effective breast cancer drugs for the commonest subtype (hormone receptor positive) are already available and affordable in Cameroon, yet many women receive chemotherapy without receptor testing. Key drugs for HER2 positive and triple negative disease, such as trastuzumab and immunotherapy, are either too costly or unavailable.

Key Issues:

1. **Treatment without receptor results:** Chemotherapy is often given before ER, PR and HER2 status is known, exposing women to unnecessary toxicity and cost.
2. **Underuse of endocrine therapy:** Tamoxifen and aromatase inhibitors are available but underused in favour of chemotherapy.
3. **Cost of HER2 therapy:** Generic trastuzumab costs about 200,000 francs CFA per dose and is not on the essential medicines list.
4. **No immunotherapy or advanced testing:** Pembrolizumab, trastuzumab deruxtecan, genomic assays and germline BRCA testing are not routinely available.
5. **Fragmented imaging and team care:** Missing baseline and prior scans prevent proper response assessment; surgeons often manage patients without oncologists.

Discussion Highlights:

- A patient in Bamenda achieved remission on tamoxifen plus palbociclib for under 60,000 francs CFA a month.
- Mbingo Baptist Hospital was cited as able to deliver dose dense chemotherapy and HER2 therapy.

- Radiologists called for standard requests and access to prior images so RECIST can be used.
- Participants proposed a national directory of oncology skills and molecular testing capacity.

Recommendations:

- **Add key breast cancer drugs to the essential medicines list:** MINSANTE should add generic trastuzumab and palbociclib to the national essential medicines list and negotiate prices with generic suppliers. First step: a request from the national cancer programme and the Cameroon Society of Oncology, supported by partners such as the Clinton Health Access Initiative (CHAI).
- **Issue a national systemic treatment protocol:** The national cancer programme should publish a short protocol stating that receptor testing precedes systemic treatment, endocrine therapy is first line for hormone positive disease, and chemotherapy is reserved for defined indications. Diaspora oncologists can help draft it and teach it through CME.
- **Strengthen referral to oncologists:** Hospitals and regional delegations should require referral of every breast cancer patient to an oncology service (for example Mbingo, Douala and Yaoundé centres) before surgery for HER2 positive and triple negative disease.
- **Standardise oncology imaging:** Radiology departments should adopt RECIST based reporting, and hospitals should give patients their baseline images and reports to carry, as a first step toward shared image archives.
- **Assess molecular testing capacity:** The University of Buea and other research centres, with the town hall, should map existing sequencing and PCR capacity and assess whether BRCA and other tests can be offered locally at low cost.
- **Invest in palliative care:** MINSANTE and training schools should train palliative care nurses and doctors and improve access to opioids for patients with advanced cancer.

Next Steps: The series is to be repeated each October, with CME lectures on prostate and cervical cancer planned. Participants proposed a needs and resource assessment of oncology services and molecular testing in Cameroon.

Conclusion: For most Cameroonian women with breast cancer, effective and affordable treatment already exists: receptor testing followed by endocrine therapy. Making HER2 therapy and CDK4/6 inhibitors affordable, and ensuring patients reach oncology teams, would close much of the remaining gap.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 27, 2024. Recording: https://www.youtube.com/watch?v=wJHsLa3o8ul