Policy Briefing:

Liver Cancer in Cameroon: An Urgent Call to Action

Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held on June 1, 2024 (102nd edition), focusing on the theme "Liver Cancer in Cameroon: An Urgent Call to Action," presented by Dr. Marcel Nzoume, gastroenterologist and hepatologist at the Bafoussam Regional Hospital.

Context:

Liver cancer is the fourth cause of cancer death in Cameroon. Most cases are linked to hepatitis B, which is acquired early in life, and patients are young (peak at 30 to 39 years) and diagnosed late, when no curative treatment is possible.

Key Issues:

1. **High hepatitis B burden:** Prevalence was cited at 11.2% overall, about 13.4% in pregnant women and about 10.5% among blood donors, with some blood still transfused without adequate testing.
2. **Gaps in mother to child prevention:** The vaccine starts at six weeks with no birth dose; about 40% of births are not attended by trained staff; many pregnant women do not know their status.
3. **Late diagnosis:** About 80% of cases are found at an advanced stage, with no organised screening, costly tests, and about 60 hepatologists nationwide.
4. **Limited treatment:** No liver transplant, few liver surgeons, interventional radiology in its infancy, radiotherapy only in Douala, and first line immunotherapy not available.
5. **Hepatitis C cure not reaching patients:** Direct acting antivirals could be available at $60 a course, but uptake depends on registration and procurement.

Discussion Highlights:

- Prevention, especially of hepatitis B transmission, was agreed as the main priority.
- Post-vaccination serology and screening of pregnant women were proposed.
- Opportunities were identified for $60 hepatitis C treatment and for Egypt's offer of free drugs.

- Speakers called for Cameroonian research on aflatoxins, scarification and regional clusters.
- Interventional radiology, resection, radiofrequency ablation and FibroScan were named as tools within reach.

Recommendations:

- **Introduce a hepatitis B birth dose:** MINSANTE and the Expanded Programme on Immunization should add a hepatitis B birth dose within 24 hours of delivery, with immunoglobulin for infants of infected mothers where feasible. First step: a costed plan with partners for hospitals with the most births.
- **Screen pregnant women and protect newborns:** MINSANTE should make hepatitis B testing with quality assured tests part of every antenatal visit, vaccinate women who test negative, and apply the mother to child prevention protocol for those who test positive. Regional delegations should track coverage. First step: national guidance to antenatal clinics and a review of the tests in use.
- **Secure blood and medical procedures:** Hospitals and the national blood transfusion programme should ensure every unit of blood is screened for hepatitis B and C, and training schools should reinforce safe injection practice. First step: an audit of screening in district hospitals.
- **Bring the hepatitis C cure within reach:** MINSANTE should confirm which direct acting antivirals are registered, pursue the $60 per course offer from WHO prequalified manufacturers, and follow up Egypt's offer of free treatment. First step: a meeting between MINSANTE, Treatment Action Group and the town hall.
- **Build liver cancer services and data:** MINSANTE, university hospitals and diaspora specialists should train interventional radiologists for each region, expand resection and radiofrequency ablation, set up regional tumour boards, and start a liver cancer registry and research on aflatoxins and regional clusters. First step: a training partnership on interventional radiology with diaspora and visiting teams.
- **Engage communities and traditional healers:** Regional delegations and community health workers should run awareness on hepatitis, alcohol and safe groundnut storage, and work with traditional practitioners to refer suspected hepatitis early.

Next Steps: The participant survey was launched at the end of the session. Treatment Action Group was invited to connect with the speaker and the town hall on access to hepatitis C treatment. The next session was set for two weeks later.

Conclusion: Liver cancer in Cameroon strikes young adults and is mostly preventable. Participants agreed that the strongest returns lie in stopping hepatitis B transmission at

birth, screening and treating viral hepatitis, and building local capacity for earlier diagnosis.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of June 1, 2024. Recording: https://www.youtube.com/watch?v=fYAZnoLH7j0