Policy Briefing:

Prostate Cancer in Cameroon: Earlier Diagnosis, Team Based Care and Clear Referral Pathways

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Overview:

This policy brief synthesises key insights from the Cameroon Town Hall for Healthcare Professionals meeting held on October 5, 2024 (110th session), focusing on prostate cancer in Cameroon following National Prostate Cancer Awareness Month, with a presentation by medical oncologist Dr. Munoh Kenne Foma.

Context:

Prostate cancer is the most common cancer in Cameroonian men, about 25% of male cancers by the speaker's figures, and is underdiagnosed. The speaker estimated that almost 70% of cases are found at the metastatic stage. Effective drugs and procedures already exist in the country, but gaps in screening, pathology, imaging, radiotherapy and referral mean many men are diagnosed late or treated inappropriately.

Key Issues:

1. **Late diagnosis:** Men seldom seek care until they have bone pain, anaemia or other signs of advanced disease, and PSA testing is rarely ordered in primary care, especially in rural areas.
2. **Incomplete pathology and imaging:** Most pathology reports lack Gleason grading needed to stratify risk. MRI is unevenly distributed and PSMA PET is unavailable.
3. **Inappropriate treatment:** Patients with metastatic disease are sometimes offered prostatectomy, which does not help them, while orchiectomy and androgen deprivation therapy, both available, are underused. Patients with very low risk disease may be overtreated.
4. **Shortage of specialists and support roles:** There are few radiation oncologists, uro-oncologists, medical physicists, oncology nurses and genetic counsellors, and no national school for medical physicists.
5. **Weak referral and navigation:** Even doctors with personal networks struggle to know where and how to refer cancer patients. Referral hospitals do not publicise their services or contacts to district facilities.

Discussion Highlights:

- Point of care PSA tests are affordable and could be used in all district hospitals and health centres.
- ADT, generic abiraterone, docetaxel, bone protecting agents and orchiectomy are available in Cameroon; the gap is knowledge and referral.
- Mbingo Baptist Hospital and the Cameroon Oncology Center in Douala were cited as centres able to deliver guideline based care.
- Family members already act as patient navigators by default and could be trained for the role.
- Participants called for local research on why men of African descent have more frequent and more aggressive prostate cancer.

Recommendations:

- **Adopt PSA screening for men over 45:** MINSANTE and regional delegations should issue guidance for PSA testing of men aged 45 and above, yearly or every two years, using point of care tests in district hospitals and health centres, with PSA above 10 triggering urology referral. First step: include PSA in routine adult check ups at district level and train general practitioners and nurses to interpret results.
- **Strengthen pathology reporting:** Hospitals and the national pathology network should adopt a standard prostate biopsy report that includes Gleason score, grade group and number of positive cores. Diaspora pathologists and partners can support training and second opinions.
- **Publish clear cancer referral pathways:** MINSANTE, with referral hospitals such as those in Douala and Yaoundé, Mbingo Baptist Hospital and the Cameroon Oncology Center, should publish a directory of oncology services, contact numbers and referral criteria for district hospitals and primary care. A town hall session on referral and counter referral was proposed as a first step.
- **Disseminate a national treatment protocol:** The national cancer programme and professional societies should circulate a short protocol on staging before surgery, orchiectomy and ADT for metastatic disease, active surveillance for very low risk disease, and bone health. Diaspora oncologists can help draft and teach it through CME sessions.
- **Expand radiotherapy and the oncology workforce:** Government, with private and diaspora partners, should plan radiotherapy capacity across all 10 regions and upgrade ageing machines. Training schools should create programmes for medical physicists and oncology nurses, and urologists should be supported to sub specialise in uro-oncology.

- **Train patient navigators:** Hospitals and community health programmes should train community health workers and family members as navigators, and target men through trusted relatives and frontline clinicians (GPs, cardiologists, rheumatologists) who see them first.

Next Steps: The next session, in two weeks, focuses on Breast Cancer Awareness Month. A two part breast cancer education series for health professionals was scheduled for the week of October 26, 2024. A future session on referral and counter referral systems in Cameroon was proposed.

Conclusion: The session showed that most of the tools needed to diagnose and treat prostate cancer already exist in Cameroon. Earlier screening, complete pathology, a multidisciplinary team approach and clear referral pathways would allow more men to be diagnosed early and receive the right treatment.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 5, 2024. Recording: https://www.youtube.com/watch?v=VFSCaRbQonA