Policy Briefing:

Pink October 2026 in Cameroon: From Breast Cancer Awareness to Action

---

Overview:

This brief draws on Session 136 of the Cameroon Town Hall for Healthcare Professionals, held on October 31, 2026, at the close of Pink October. The Chair, Dr. Munoh Kenne Foma, a hematologist and medical oncologist, presented a framework for moving from awareness campaigns to completed care. The Permanent Secretary of the National Cancer Control Committee (CNLCa), Dr. Florence Zeh Kakanou, described the Committee's new strategy, and clinicians from Cameroon and the diaspora discussed readiness, costs and capacity.

Context:

Breast cancer is the most common cancer in Cameroonian women. The current IARC GLOBOCAN 2024 modeled estimate is 2,824 new cases and 1,368 deaths a year, about 29.6% of female cancers; the earlier 2022 model gave 4,207 cases, and the difference reflects a change in the model, not an observed decline (modeled estimates). At Mbingo Baptist Hospital, women under 40 make up 25 to 30% of breast cancer cases, the youngest aged 21 (hospital data). The ACPA mission in Buea in March 2026 performed 383 mammograms, and about 20 women with positive findings were navigated to care, with follow-up still being traced (campaign data). Most women still present late, receptor testing is available at only two centres, and there is one linear accelerator in the country. National stage distribution, time to diagnosis and treatment completion are not yet measured.

Key Issues:

1. **Awareness without a pathway:** Past campaigns found women but did not always have a designated facility to receive them. The Committee now requires a referral facility for every campaign and follows up each woman examined or referred.
2. **Diagnosis before treatment:** Surgery and chemotherapy are still given without a biopsy or ER, PR and HER2 results. Receptor testing costs about 100,000 to 150,000 FCFA, while families of late-stage patients spend 6 to more than 10 million FCFA.
3. **Limited capacity for screening:** Speakers agreed Cameroon is doing early diagnosis of symptomatic women, not population screening. Few clinicians read mammograms regularly, there is no quality control or reader accreditation,

stereotactic biopsy is available only in Yaounde, and young women are best assessed with ultrasound and core biopsy.

4. **No data to show progress:** There is no operational population-based cancer registry and no national cancer guideline yet. Tumor boards exist in some hospitals but are not routine, and campaign figures are not linked to diagnosis, treatment or outcome.
5. **Fragmented effort:** Many NGOs, diaspora groups and hospitals act separately, and cancer has no major funding partner comparable to HIV programmes.

Discussion Highlights:

- Dr. Foma: "No national outcome claim without a denominator, a date range, a source and a definition of follow-up."
- Dr. Zeh Kakanou: no campaign without a referral facility; simple messages on where to go and what care costs; tumor board review of patients to be expected from next year.
- Dr. Ivo Ditah: if you cannot intervene, do not screen; follow-up costs and psychological harm must be planned before a campaign.
- Dr. Kenedy Foryoung (RAD-AID Cameroon): mammography needs machines, physicists, engineers, IT, quality control and trained readers; focus now on palpable disease, ultrasound and primary care.
- Dr. Joshua Tambe and a private-practice physician: virtual tumor boards, reader accreditation and fair payment for mammogram reads would improve quality quickly.

Recommendations:

- **Make early diagnosis of symptomatic women the national priority:** MINSANTE and the CNLCa should adopt a national breast early-diagnosis and referral algorithm (clinical assessment, ultrasound or diagnostic mammography, core biopsy, receptor testing, tumor board, treatment), with an owner named within 90 days. Integrated health centres should add clinical breast assessment to the minimum package of care. First step: the Chair's task force and the CNLCa draft the algorithm for Ministry review, building on the WHO AFRO 2026 primary-care manual.
- **Treat pathology as essential care:** MINSANTE, with the CNLCa and partners, should subsidise histology and ER, PR and HER2 testing for every invasive breast cancer and designate quality-assured laboratories with defined turnaround times (biopsy to histology within 10 working days, receptor status within 14 days, as proposed in the session). First step: cost the subsidy against the number of women actually diagnosed each year and fund it within the existing cancer allocation.

- **Require a referral facility and navigation for every campaign:** The CNLCa and regional delegations should approve Pink October and other campaigns only when a receiving facility, a named navigator and a follow-up register are in place, and should publish the share of abnormal findings that reach biopsy and treatment. First step: complete the follow-up of the women with positive findings from the Buea mission and report it with ACPA.
- **Make tumor board review routine:** Hospital directors and oncology services, with the CNLCa, should present every new breast cancer case to a multidisciplinary tumor board before definitive treatment where feasible, using a standard case template, and should offer virtual tumor boards to district and regional hospitals. Diaspora specialists can join these reviews remotely. First step: set up weekly or fortnightly breast tumor boards at the central hospitals that already have an oncologist.
- **Measure the 60-60-80 targets:** MINSANTE, the CNLCa and the national registry team should make the population-based cancer registry operational and publish a quarterly dashboard aligned with the WHO GBCI targets: at least 60% of cases diagnosed at stage I or II, diagnosis within 60 days, and at least 80% completing treatment (WHO GBCI targets). Cameroon's baselines for all three are to be established. First step: agree the indicators, data owners and reporting interval, and pilot them in defined catchment areas such as Buea.

Next Steps: The Chair's task force will draft a policy document for the Ministry of Public Health, as invited by Dr. Zeh Kakanou, drawing on this discussion and the 60-60-80 framework. The town hall will share this brief with the National Cancer Control Committee and partners, and will invite the CNLCa to report progress at a future session.

Conclusion: Pink October 2026 showed that awareness is growing and that leadership is willing to act. Survival will improve only when each woman with a symptom reaches a biopsy, a receptor result, a treatment plan and completed care, and when Cameroon can measure that it happened.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 31, 2026. Recording to follow.