Cameroon Townhall for Healthcare Professionals

Meeting Minutes, July 16, 2022

Host: Cameroon Townhall for Healthcare Professionals

Date: July 16, 2022

Session: No. 54

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Dr. Louisa Viban (primary care physician in Canada), Dr. Bryan Tegomoh

Guest Speaker: Dr. Munoh Kenne Foma, MD, MPH, Fellow in Hematology and Oncology, Richmond University Medical Center, Staten Island, New York; Founder and Chair, Cameroon Town Hall for Healthcare Professionals

Distinguished Guests: Dr. Filbert Eko Eko, Regional Delegate of Public Health for the South West Region (consultant obstetrician gynaecologist), Dr. Joshua Tambe, radiologist, Regional Hospital Limbe and University of Buea, Dr. Samuel Akombeng Ojong, obstetrician gynaecologist, Cameroon, Dr. Tim Fabrice Tientcheu, general surgeon, Yaounde Central Hospital

Title: Let's Talk About Cancer: Prevention and Cancer Control in Cameroon

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Agenda Items:

1. Welcome and opening remarks by the moderators
2. Introduction of the speaker and of the 54th edition
3. Presentation by Dr. Munoh Kenne Foma on 'Let's Talk About Cancer: Prevention and Cancer Control in Cameroon'
4. Participant reflections
5. Discussion and Q&A
6. Remarks by the Regional Delegate of Public Health for the South West
7. Closing remarks by the Chair and parking lot discussion

Opening Remarks:

- The lead moderator opened the session, noting that a cancer diagnosis is still widely received as a death sentence, and welcomed the co-moderators, including Dr. Louisa Viban and Dr. Bryan Tegomoh.
- Elvis Ndansi sent his regards; he could not attend because of other commitments.
- The lead moderator introduced Dr. Foma, founder and chair of the town hall, as a Cameroonian general practitioner trained at the Faculty of Medicine and Biomedical Sciences in Yaounde, with district and hospital management experience, training in pathology, epidemiology and biostatistics, and a fellowship in hematology and oncology in New York nearing completion.
- Dr. Tegomoh noted the value of a speaker who is both an oncologist and a public health physician, able to speak to individual care and population level control.

Presentation Points:

Presentation by Dr. Munoh Kenne Foma: "Let's Talk About Cancer: Prevention and Cancer Control in Cameroon"

1. A case that shows a broken system:

Dr. Foma opened with the case of a 40 year old woman with metastatic cervical cancer. The standard regimen (cisplatin or carboplatin with bevacizumab) was not fully available in Cameroon, and he said many patients given cisplatin locally stopped treatment or died of side effects because trained staff were lacking. Her family evacuated her to France, where travel alone made up about 49 percent of her costs, she lost her wages, and she later had a recurrence. Second line options she now needs are not available at home. He said the system has no single part that can be fixed in isolation, which is why his talk focused on prevention.

2. Cancer burden in Cameroon and Africa:

Cameroon has a population of almost 27 million and an ageing population. Using GLOBOCAN data drawn mostly from treatment centre reports, he said breast cancer is the most common cancer in Cameroon, followed by cervical cancer, with prostate cancer the most common in men and Kaposi sarcoma second in men because of HIV. Liver cancer is high because of hepatitis B and C and alcohol, while colorectal and lung cancer are thought to be under diagnosed because there is no screening, colonoscopy is rare, and pathology is limited. He noted that the North West shows the highest recorded prevalence because it has three treatment centres (including Mbingo and Banso Baptist hospitals), not necessarily more disease.

3. Risk factors and what can be changed:

Age is the biggest risk factor, and Africa's burden is rising as life expectancy improves and diets, obesity, smoking and alcohol change. Tobacco is linked to more than 20 cancers, about one in three cancers is related to overweight, and infections such as HPV, hepatitis B and C, and HIV drive several cancers. For breast cancer, most risk factors (genes such as BRCA1, BRCA2 and PALB2, early menarche, late menopause, late or no childbirth) cannot be changed, so screening matters more than prevention.

4. Cervical cancer can be eliminated:

He said HPV causes about 99.7 percent of cervical cancers and that Pap smear screening and vaccination nearly removed the disease in the United States and Australia. Cameroon began vaccinating 9 year old girls about two years earlier, but the campaign met strong parental resistance, partly because of timing with COVID-19 and because it relied on doctors rather than well known public figures. He urged vaccinating boys as well as girls, Pap smears for women from age 21, and noted that radiotherapy, needed for locally advanced disease, is functional in only about two centres, with old machines and too few medical physicists, dosimetrists and oncology nurses.

5. Breast, colorectal and prostate screening:

Cameroon has no national screening policy for breast or colorectal cancer. He proposed mammography for women from age 40 every two years, noting that most mammogram machines are in Yaounde and that very few women have ever had one. For colorectal cancer he listed FIT and faecal occult blood tests as options suited to Cameroon alongside colonoscopy, which needs trained gastroenterologists and pathologists. On prostate cancer he said PSA screening is useful only if primary care doctors know what to do with results: many men in Cameroon receive prostatectomies they do not need, while men with bone metastases are operated on when orchiectomy or hormone therapy would serve them better.

6. Diagnosis, staging and pathology before treatment:

Dr. Foma stressed 'no tissue, no issue': cancer must be confirmed by pathology, typed and staged before treatment. He described patients given chemotherapy or mastectomy without staging scans or hormone receptor status, and said most regions do not have a single pathologist. He explained TNM staging, why metastatic breast or prostate disease should not be cut out, and why, without reliable radiotherapy and margin reporting, he favours mastectomy over lumpectomy in Cameroon.

7. Treatment options and what is missing:

He reviewed surgery, radiotherapy, chemotherapy, hormonal therapy, targeted therapy, immunotherapy and CAR T cell therapy. Tamoxifen and aromatase inhibitors can control most oestrogen receptor positive breast cancers without chemotherapy, and trastuzumab is available in Cameroon. He said Cameroon has a medical oncology residency but no haematology residency, lacks oncology nurses, and that Hopital General's MRI had long been out of service. Palliative care is rare, with the Baptist mission leading, and morphine is effectively unavailable.

8. National plan and proposals:

He said none of the goals in Cameroon's 2020 cancer strategy had been met and that the national cancer plan was still in development without a budget and seeking donors. His proposals were risk reduction (tobacco, alcohol, diet), HPV vaccination as policy, screening for cancers that can be screened, building diagnostic capacity, and palliative care. His message to the diaspora: Pap smear from 21, mammogram from 40, and colon screening from 45, noting colorectal cancer is more common in Black people.

Discussions and Q&A Session:

- **Dr. Bryan Tegomoh, relaying questions sent in before the session: what is driving the rising cancer burden in Cameroon and Africa?** Dr. Foma cited changing diets, rising obesity, smoking and alcohol, pollution, HIV, and better detection: patients who once died of 'witchcraft' or bowel obstruction are now being diagnosed. He gave smoking (about 70 percent of lung cancers) and asbestos (almost all mesothelioma) as examples of environmental drivers.
- **Dr. Samuel Akombeng Ojong (obstetrician gynaecologist, master's from the London School of Hygiene and Tropical Medicine) asked whether the higher breast cancer risk applies to Black women everywhere or reflects conditions in high income countries, and whether HPV self testing should be pursued.** Dr. Foma said meta analyses show a higher rate of triple negative breast cancer and earlier onset in Black women beyond lifestyle factors, and that BRCA carriers are often identified only after migrating. He said epigenetic and environmental factors drive most of Africa's rise. On self testing, he supported it if Cameroon funds it itself rather than relying on donated kits, and if it targets women from 21 to about 65, while putting vaccination first.
- **A laboratory scientist in the chat and a doctor from Gabon raised the place of the laboratory and pathology in cancer care.** Dr. Foma agreed that pathology is one of the biggest gaps. Surgeons are not trained to send tissue, and even when they want to, many regions have nowhere to send it. He described patients going into

kidney failure during chemotherapy because basic blood tests were not checked between cycles.

- **How can Cameroon increase its diagnostic capacity?** He proposed a lecture series for primary care doctors on when to refer, stronger training for subspecialists, interventional radiologists who can obtain tissue, more and better supported pathologists, and molecular testing as a later step. He also suggested mammography, colonoscopy and pathology in all 10 regions.
- **Dr. Onana asked which five cancers Cameroon should prioritise for public health programmes.** Breast (mammography from 40 every two years), cervical (vaccinate boys and girls from 9, using well known public figures, plus Pap smears from 21), prostate (educate primary care doctors on PSA and Gleason grading), colorectal (colonoscopy with biopsy), and hepatocellular carcinoma (hepatitis B vaccination and hepatitis C treatment). Lung cancer screening was left off because it needs low dose CT and thoracic surgery that are not available.
- **Dr. Tim Fabrice Tientcheu, a general surgeon at Yaounde Central Hospital, described patients presenting late, care that is unaffordable, cultural beliefs that delay treatment, and poor communication between specialists.** Dr. Foma proposed multidisciplinary tumour boards, citing the model used by paediatric oncologists at Chantal Biya Foundation for Burkitt lymphoma and the HIV case reviews once held in Bamenda. He offered to help start virtual tumour boards with colleagues in Cameroon.
- **The lead moderator asked what India is doing right in delivering affordable cancer care.** He pointed to specialists returning from the UK and US to build centres of excellence, a large population, generic drug manufacturing, clinical trials, tumour boards and medical tourism, and suggested African countries pool efforts into regional centres of excellence.
- **Dr. Joshua Tambe, radiologist, described mammography gaps in Cameroon (old screen film equipment, no accreditation or calibration, few interested radiologists, no stereotactic biopsy, painful compression deterring repeat visits) and asked about MRI for additional and contralateral cancers.** Dr. Foma said MRI is reserved for higher risk women (gene carriers, multifocal DCIS, dense breasts with a history of cancer), that hormonal therapy for 5 to 10 years lowers the risk of a new cancer, and repeated that he favours mastectomy in Cameroon. He invited Dr. Tambe to present a future session on radiology.
- **A urology resident at the University of Nairobi called for basics: suspecting cancer in primary care, sending every excised specimen for histology, local guidelines (as in Kenya, ultrasound under 40 and mammogram over 40), and multidisciplinary**

teams. The moderators agreed and highlighted workforce and capacity development for young doctors.

- **Dr. Filbert Eko Eko, Regional Delegate of Public Health for the South West, gave remarks.** He said Cameroon has about one doctor per 10,000 inhabitants and fewer than 15 pathologists, so nationwide mammography and pathology are not yet realistic. He proposed training newly graduated doctors (about 500 to 600 a year from six medical faculties) in short workshops on visual inspection with acetic acid or iodine and on thermocoagulation or cryotherapy. He also raised vaccine hesitancy, noting that many in the South West refused cholera vaccination, and asked diaspora professionals to help build local capacity.

Call to Action and Closing:

- Dr. Louisa Viban urged primary care workers to normalise conversations about cancer screening during routine visits.
- The lead moderator challenged the chair to help bring funding for research, medicines and pathology equipment to Cameroon.
- Dr. Foma announced plans for cancer focused lectures, joint tumour boards with Dr. Tim Fabrice Tientcheu, monthly cancer themes for medical students, and an upcoming series on surgery and anaesthesia.
- About 55 participants were logged in at the peak.
- The 54th edition was closed, followed by a short parking lot discussion.

Recording: https://www.youtube.com/watch?v=Sahj5FOquQI

Submitted by: Co-Moderators, Cameroon Townhall for Healthcare Professionals