

FIGHT BREAST CANCER WITH TIMELY ACTION!



Prioritizing Breast Health in Cameroon: The Urgent Need for Screening Programs

KEY MESSAGES

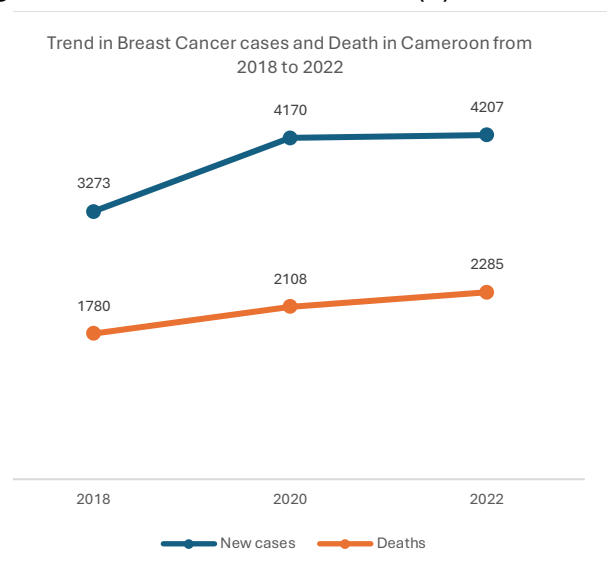
- Breast cancer remains the leading cause of cancer deaths among women in Cameroon, with 1 in 2 cases diagnosed at an advanced stage (stage 3).
- Late diagnosis accounts for over half of the breast cancer deaths in the country, yet fewer than 1 in 100 cases are detected through screening mammography.
- Mammography is the most effective tool for early detection and has been proven to significantly reduce breast cancer mortality.

A well-implemented breast cancer screening program, combined with public education, is the most cost-effective way to lower breast cancer deaths in Cameroon.

PROBLEM STATEMENT

Breast cancer remains the most frequently diagnosed cancer and the leading cause of cancer-related deaths among women globally. In 2022 alone, over 2.3 million women were diagnosed with breast cancer, leading to 670 000 deaths worldwide (1).

Even in Cameroon, the situation is alarming. Breast cancer is the most common cancer in women, with a rising incidence of new cases each year. In 2022 (figure adjacent), there were 4,207 new cases of breast cancer in Cameroon, leading to 2,285 deaths, with 10,255 women affected over the past five years (2). The stark reality is that late diagnosis is contributing to this high mortality rate, particularly in settings with limited access to timely and affordable health care.



Several studies conducted in Cameroon reveal the devastating effects of delayed breast cancer diagnosis. Research at some oncology centers found that overall breast cancer survival rates plummeted from 90% to just 59% between one and five years post diagnosis. Most deaths occur within the first 40 months (Noa et al., 2022; Um Esther et al., 2024), highlighting the urgency of early detection and treatment. Key factors contributing to the reduced survival rates include significant delays in seeking medical help, with an average time to first consultation being more than 10 months. Women often

present with advanced disease (stage 3 or higher), leading to poorer outcomes and increased mortality. (4).

Breast cancer delay (BCD), defined as a delay of more than 3 months between symptom detection and the initiation of treatment, is directly linked to late-stage diagnosis and reduced survival. In Cameroon, BCD is driven by multiple systemic barriers: insufficient education, lack of awareness, inadequate diagnostic services, and financial constraints, all of which severely limit timely access to care. The economic burden of treating breast cancer exacerbates the challenge. In Cameroon, the cost of a full course of chemotherapy and radiotherapy is estimated at US\$2,480, a price unaffordable to many. The high cost of care and the absence of universal health coverage lead to significant delays in seeking treatment, further worsening outcomes.

Moreover, the health care infrastructure for cancer care is insufficient. There are very few mammography machines in the country, limiting early screening capabilities. Oncology and radiotherapy departments are scarce, and access to anti-cancer drugs remains difficult. These infrastructural gaps, coupled with a lack of trained specialists and absence of breast cancer screening guidelines, result in late-stage diagnoses, which drive up mortality rates.

Despite the World Health Organization's focus on reducing premature deaths from diseases like breast cancer and Cameroon's adoption of a National Strategic Plan for Prevention and Cancer Control adopted in 2020, implementation remains weak. Screening services are scarce, and a full breast cancer screening policy is still missing.

WHAT ARE THE POLICY OPTIONS BEING EVALUATED?

To tackle this crisis, immediate policy actions are needed to improve early diagnosis and treatment access. Three key policy options evaluated include:

1. Enhancing public awareness and education campaigns for early diagnosis

What: Implement a comprehensive national communication strategy based on Cameroon breast cancer screening guidelines to raise awareness about breast cancer, targeting both local communities and healthcare facilities. This plan will include mass sensitization campaigns, radio spots, live demonstrations, and educational materials such as videos, posters, and pamphlets to ensure widespread reach.

Why: Increasing community awareness and educating both the public and healthcare professionals on breast health is critical to early detection. Evidence shows that such awareness initiatives boost self-examination practices and increase breast cancer screening attendance by 6%, leading to earlier diagnosis and better outcomes(8).

Feasibility: This initiative is highly feasible, leveraging the Ministry of Health's proven track record in running successful public health campaigns and utilizing community-directed intervention models. The infrastructure and expertise are already in place, making this an effective and achievable strategy.

2. Improving Access to Screening and Diagnostic Services

What: Equipping 14 regional and 164 district hospitals with mammography machines to screen women 50 years and above once every two years.

Why: Systematic reviews of randomized controlled trials of film mammography screening for women aged 40 to 69 have shown a long-term reduction in breast cancer mortality by 15 to 20% (6). Making mammography available at regional and district hospitals could boost screening rates.

Feasibility: Low. The limited resources and infrastructure in Cameroon’s public healthcare system make this strategy difficult to implement.

3. Strengthening community participation and improving access to screening and diagnostic services

What: Launch community outreach, education, and breast cancer screening through Mobile Mammography Vans.

Why: Community-based outreach and education in underserved areas significantly increase breast cancer screening attendance. By providing on-site screening, these mobile units eliminate the barrier of long-distance travel to healthcare facilities. Evidence shows that community breast screening programs have led to a 39% reduction in breast cancer mortality, underscoring their effectiveness(8).

Feasibility: Medium. While Cameroon has a strong track record of successful public health campaigns and successful implementation of mobile screening campaigns, particularly in HIV/AIDS, mobile mammography units will require considerable financial investment and manpower.

	Status Quo (SQ)	Educational campaigns	Assess to screening and diagnosis	Strengthening community participation and improving access to screening and diagnostic services
Annual number of deaths (impact)	2,285	2,157	1,051	833
Difference between SQ and options	NA	128	1,234	1,452
Cost (FCFA)	158,874,239	289,824,239	2,989,441,861	1,011,471,170
Difference between SQ and options	NA	130,950,000	2,830,567,622	721,646,931

Cost per death averted	NA	1,023,047	2,293,815	497,002
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Public awareness through educational campaigns for early diagnosis is feasible.

	Policy Option 1 [Enhancing Public Awareness and Education Campaigns for Early Diagnosis]	Policy Option 2 [Improving Access to Screening and Diagnostic Services]	Policy Option 3 [Strengthening community participation and improving access to screening and diagnostic services]
Political feasibility	High	Low	Medium
Operational feasibility	High	Medium	Medium

Strengthening community participation and improving access to screening and diagnostic services through mobile mammography vans will have the highest public health impact for each dollar spent. To ensure its success, it is crucial to have a well-supported implementation plan and a clearly defined budget.

RECOMMENDATIONS AND NEXT STEPS

- Elaborate national breast cancer screening guidelines
 - Evidence regarding screening approaches (e.g., clinical breast examination, mammography, genetic testing) for various age groups in settings with similar prevalence to Cameroon
 - Elaborate national framework for breast cancer screening
 - Validate screening protocol (work before meeting with secretaries of learned societies)
 - Validate plenary the decision with all stakeholders (DLMEP, DOSTS, DEP, DAJC and experts from learned societies, etc)
 - Share report and minutes of validation with conjoint note (as report of last meeting)
 - Share decision to be enacted
- Organize at least one awareness and breast screening campaign with a mobile mammography unit in each region every year.
 - Develop an algorithm for cancer screening (target population/coverage, age, frequency, ...etc) using mobile mammography (same as previous)
 - Define minimum requirements for a mobile mammography van (equipment, staffing, etc.)
 - Elaborate a procurement plan for vans/mammography equipment and human resource plan for staffing

- *Develop SOPs, including how results will be shared with people being screened and whether any referral process will need to be established for further investigation and clinical management.*
- *Validate financial arrangements for services (e.g., whether the service will be free or if there will any payments and how will these be processed in the mobile unit),*
- *Develop an implementation plan, including whether a pilot will be done before commencement, and where roll out will be phased*
- *Elaborate a communication plan to ensure uptake.*
- Social and Behavioural Change Communication (SBCC) to educate women over 35 to attend breast cancer screening every two years. This will be based on the elaborated breast cancer screening guideline for the country
 - *Develop key messages*
 - *Develop spots and microprograms*
 - *Disseminate key messages and spots*
 - *Develop communication strategies*
 - *Cost strategies for communication*
 - *Elaborate communication strategies*
- Deploy at least one mammography unit in the radiology service of each region to improve breast cancer screening uptake.
 - *Advocate for Mammography units to be included in the Budget of MINSANTE*
 - *Follow up to ensure those budgeted are purchased and installed*
- Make available at least one histopathology laboratory in each region to improve early diagnosis following screening.
- Availability of at least one specialized cancer treatment center in each region to improve early treatment.

Organizing awareness and breast screening campaigns is both feasible and cost-effective. To implement this strategy, a compromise on the exact number of mobile mammography van to purchase and the running costs of the units must be made. The Ministry of Health, with other stakeholders, will develop an operation plan and mobilize the necessary financial and human resources to implement the strategy.

CONCLUSION

Breast cancer-related mortality in Cameroon is largely due to late diagnosis, compounded by systemic barriers within the healthcare system. Immediate investment in awareness campaigns, mobile mammography units, and enhanced diagnostic services is essential to reducing the death toll. These policy changes are not only feasible but also crucial to saving lives.

Late diagnosis is fuelling high breast cancer mortality in Cameroon—investing in early screening can cut deaths by up to 63.5%

The time for action is now.

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