

Challenges in Cervical Cancer Treatment in Cameroon

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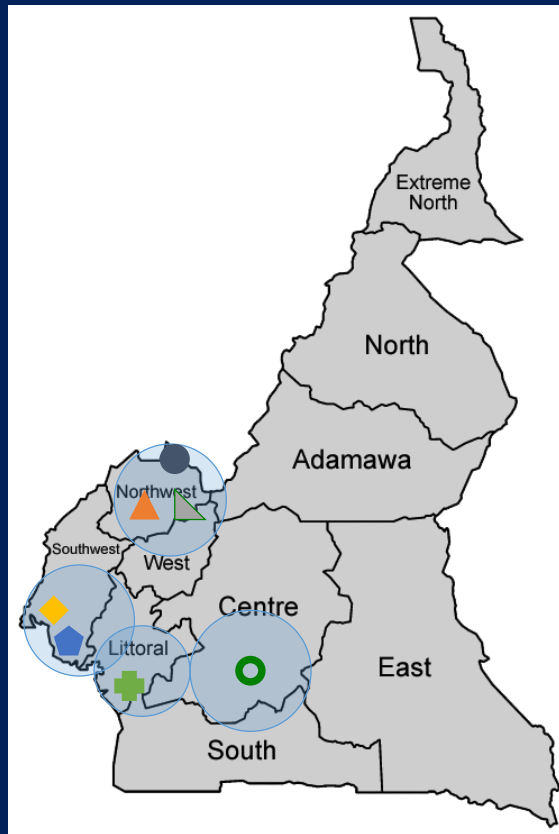


Country Profile



- Population : 20 million
- West Africa
- Just north of equator
- Languages -French, English, Pidgin, >200 tribal
- Seroprevalence of HIV
 - 4.3 % 15-49 population
 - 5.6%-women; 2.9%-men (2011, DHS III)

Implementation Dates of Women's Health Program Services in 5 of 10 regions in Cameroon



	Banso BH	Mbingo BH	Nkwen IHC	Kumba IHC	Mutengene BH	Mboppi IHC	Etoug Ebe IHC	Outreach Clinics
VIA-DC	2007	2008	2009	2013	2007	2009	2010	2008
Cryotherapy or Thermal Coagulation	2007	2008	2009	2013	2007	2009	2010	2008
LEEP	2008	2011	NA	NA	2009	2010	2010	NA
Clinical Breast Exam	2007	2008	2009	2013	2007	2009	2010	2008
Family Planning	2007	2008	2009	2013	2007	2009	2010	2008
RTI Treatment	2007	2008	2009	2013	2007	2009	2010	2008



Women's Health Program (WHP)

- Started in 2007 (age-standardized GLOBOCAN ICC prevalence 24/100,000 women)
- Modeled on CC Prevention Program Zambia (CCPPZ)
- Now 8 stationary clinics + mobile clinics
- Screened >66,000 women to date
- Data analysis by UMass: much higher ICC prevalence than previously reported

Cervical cancer Screening in WHP

- Largest “see and treat” cervical cancer prevention program in Cameroon.
- Predominantly nurse-led and almost self-sustaining through patient fees
- Uses digital cervicography (DC) in conjunction with VIA and VILI
- In DC, digital cameras or Samsung Galaxy S4 cell phones project 30X real-time acetic acid- and Lugol’s iodine-stained cervical images onto a TV monitor visible to both client and provider – empowers clients
- Permanent photos matched to medical history and physical exam
- Photos & med records archived in WHP database



Management of Precancers & Lesions Suspicious for ICC Detected by DC

- Same-day cryotherapy or thermal coagulation for smaller lesions based on WHO guidelines
- For larger precancers, trained nurses perform LEEPs per WHO guidelines in CBCHS hospitals with surgical backup; excised tissue sent for histopathology
- Trained nurses biopsy lesions suspicious for ICC or difficult to diagnose and send for histopathology



Prevalence of ICC in Cameroon

- Among 66,275 women screened from 2007 to September 2016, 464 ICCs were diagnosed (Crude prevalence of 700/100,000)
- Women with symptoms of ICC may be more likely to come for screening; thus, this is not a population based prevalence.
- 5-year age-standardized prevalence of ICC reported by IARC for Cameroon is 80.7/100,000 based on hospital registries in Yaounde. These registries likely underreport ICC cases, because most women with ICC can not afford care in Yaounde; thus not population based.
- The number of women treated, type of treatment received, and outcome of treatment is not known.



Challenges in Obtaining ICC Treatment

- Radical hysterectomies performed only in a few referral facilities in 2 large cities (Yaounde, the capital, & Douala, the economic center)
- Only 1 functional radiotherapy unit - an aging cobalt unit in Douala
- Most patients can't afford travel & 6 weeks of radio-chemotherapy
- Many (especially rural women) fear treatment & travel to big cities
 - Note: CBCHS teaching hospital, Mbingo, is raising funds for radiotherapy unit & recruits volunteer US & Canadian Gyn oncologists for radical surgery
- WHP must refer many patients with treatable ICC for palliative care because of cost, fear & low availability of radio-chemotherapy & surgery



Case of Recurrence After Radio-chemotherapy

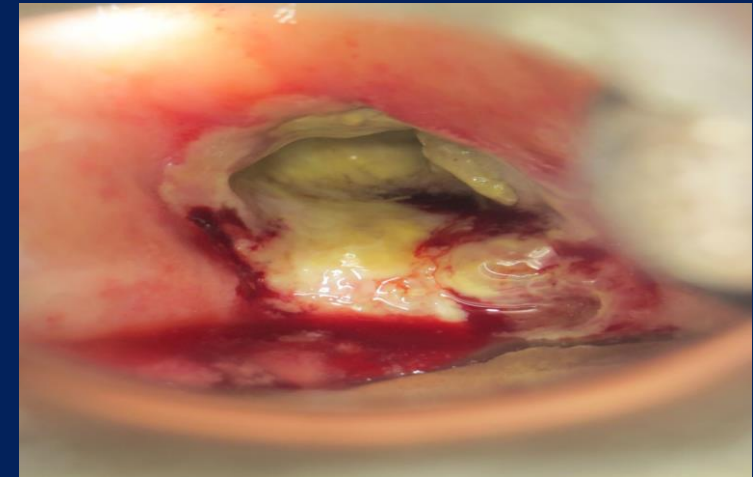
Even with optimal treatment, Stage 2B ICC 5 year survival is only 65% per WHO, which supports the importance of primary and secondary prevention.



Before radiation treatment,
Stage 2B ICC



1 yr after radio-chemotherapy, patient
is healthy with normal appearing cervix



4 yrs after radiation treatment has
Stage 4 ICC with lung metastases



Conclusions

- WHP data predict expected prevalence of ICC cases (700/100,000) likely to be diagnosed, if screening scaled-up in Cameroon.
- Barriers to treatment with either radical surgery or radio-chemotherapy include poverty, minimal availability of services, cost & fear of travel to & lodging in big cities.
- We could improve ICC treatment rates by recruiting more volunteer Gyn Oncologists for short rotations, hiring long-term Gyn Oncs, and successfully building a radio-chemotherapy unit at Mbingo.
- Further investigation of the outcome of treatment is needed.
- HPV vaccination and affordable treatment of precancers identified through screening are crucial in preventing ICC.



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