LIGHTINGS

STRATEGIC HEALTH INFORMATIONS BULLETIN / CAMEROON

Vol III N°2 Sept—Oct 2011

FOCUS ON CANCER

Editorial:

The WHO estimates that cancer will Cause over 84 million deaths between 2005 and 2015 if no action is taken. Over 70% of deaths occur in low and middle income countries. Although the methods of diagnosis and prevention are becoming better known, the number of new cancer cases is increasing each year.

In Cameroon, according to estimates made in 2002, 12,000 new cases are registered each year (MSP / SSS, 2001). In 2008, the average prevalence was estimated at 5.8% (10.5% for men and 1.1% for women) (MSP, 2008). Over 80% of people get tested at an advanced stage of the disease, and most die within 12 months after diagnosis (MSP / SSS, 2001).

We have chosen for this edition of LIGHTING to focus on four aspects of cancer that we felt were important to the Cameroonian people, namely: fighting Breast Cancer, socio cultural factors inhibiting or not early Cancer screening and strategies for the prevention and cessation of tobacco consumption among youths.

David YONDO

Content

STRATEGIES FOR FIGHTING BREAST CANCER

Breast cancer is the second cause of mortality in most sub-Saharan countries (Ahmedin Jemal et al, 2010). The high incidence of breast cancer in African countries has been attributed to the adoption of westernized lifestyles. Breast cancer tops the cancer infection cases among women in Cameroon as estimated by the Globocan 2010 with an incidence rate of 27.9 per 100,000.

Breast Cancer victims are projected to be on the rise if efforts to reduce its incidence can not be sustained; these efforts can be three fold viz preventive, curative or rehabilitative:

1. Preventive strategies seek to limit the incidence of breast cancer by controlling the exposure to risk factors and reinforcing individual's resistance (vaccination or chemoprevention). This could be done through;

- *Health education on an individual or community base: In social settings of LMC, community health workers could serve as an important tool in achieving these. A cross sectional study in Cape Town found that women contacted by CHW programs were more likely to return for cervical cancer visits: loss to follow up reduced by half for 24 months visit instead of reduction from 21% to 6% for 6 months visits when women were not contacted by CHW (Brianna M. W, 2010) .*
- *Reducing carcinogens in occupational settings. Occupational exposure is any contact between the human body and a potentially harmful (cancer causing) agent in the workplace. The probability that a worker will develop cancer is influenced by the; total dose of carcinogen received, potency of the carcinogen, presence of other exposures (notably tobacco), and individual susceptibility.*

2. The curative strategy consists of detecting cancer at an early stage, when treatment is most effective and less aggressive. The best way to achieve this is through screening.

- *Its involves the use of simple and inexpensive tests to detect early stages of cancer. Early detection through mammography has been shown to increase treatment options and save lives, although it is costly, prohibitive and not always feasible in most developing countries.*

(to be continue on page 2)

STRATEGIES FOR FITHING BREAST CANCER (END)

3. Rehabilitative measures consist of alleviating disability resulting from disease so as to improve the illness among infected individuals. It includes treatment and all rehabilitation attempts to restore an affected individual to a useful, satisfying and where possible self sufficient role in society. This can successfully be achieved through:

- *Applying one of the different available medical treatments: surgery (65.10% in Cameroon - Enow-Orock & al) radiotherapy, chemotherapy and others.*
- *Psychological assistance: Psychiatric disorders are common in breast cancer patients, but they are often not recognized by the oncologists. Ohaeri et al in 1998 reported that 45% of some women with breast and cervical cancers had depression about their condition .*

Breast cancers in African countries are typically characterized by a relatively advanced stage which is partially explained by a delayed presentation for medical evaluation, inadequate diagnosis leading to time lost, limited available medical technology for cancer screening, diagnosis, and treatment (J.D Kemfang et al, 2011). Recommended early detection strategies in these countries include the promotion of awareness of early signs and symptoms and screening by clinical breast examination.

Violette Claire TAMO

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CANCER CARE : COMMUNICATION BARRIERS

During a "routine" visit to her doctor for a breast check up, a woman is told at the end of the consultation that during her next visit the following week, she will undergo a breast surgery because the cancer happens to be growing fast. This lady who was attending the doctor for a year learns one morning that she has a cancer and...

Cancer as all other potentially considered fatal illnesses is subject to communication problems in a doctor-patient relationship. Whereas the understanding and serenity of the patient are assets for the patient's adherence to treatment, which often is long and sometimes very painful. Lehman (1977) argues that the psychological attitude plays a role in determining the course of the disease and Greer and al (1990) makes the link between the denial or fight for the survival of the patient. The medical team often silences the results of the diagnosis or expresses it in an incomprehensible manner to the patient. In their interaction at the hospital, their family builds an unhappy outcome. Two main attitudes are common in cancer patients: either ignorance or despair. The perception made by the patient is a result of the discomfort or the compassion of health professionals providing care (laboratory technicians, nurses, physicians) in hospital and the popular knowledge, which generally are between the incurable nature of the disease and its occult origin. Indeed, the popular representation of cancer as incurable and even deadly in the near future is shared by many patients and their families who sometimes develop strategies to reduce its costs. The economic support necessary for the management of this disease is problematic as some treatments are outrageously expensive.

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SOCIOCULTURAL FACTORS INHIBITING OR NOT EARLY

In many developing countries, the problem of early cancer detection is acute. In Cameroon, over 80% of people get tested at an advanced stage, and most die within twelve months of diagnosis (SSS 2001-2015, 2009). Understanding this issue requires the list of factors that lead to early and late detection.

The evidence showed that among the factors that leads to early detection of cancer are: socio-demographic (level of education, income, gender, age, proximity to health facilities, media exposure), social (family climate, interactions, cohesion and communication) and relationship between care givers and care receivers..

Early detection is hindered by factors such as: demographic (low level of education, ethnicity, female gender, religion), economic (related to poverty) and practice (organization of daily life, family and profession). In addition, factors such as cultural interpretation of cancer are not documented and depend on the socio-cultural context and beliefs associated with the disease, especially in sub-Saharan Africa. In fact, the cultural construction of illness is a fundamental element to guide the therapeutic choices.

In Cameroon, the low rate of early detection of cancer is linked to some popular beliefs such as the punishment related to the transgression of a custom, a curse, disease or fate. Ignorance of the real causes of cancer, negligence, and the social perception of the disease are barriers to early detection.

Evidence suggests the following strategies to encourage the populations of developing countries in the early detection:

(i) Invitation letter mailed with educational material,

(ii) telephone calls,

(iii) letters of invitation to multiple examinations,

(iv)home visits,

(v) training activities and reminders direct

In Cameroon, several significant actions are underway: (i) free screening campaigns of cancer (breast, prostate, and cervix) by the national fight against cancer, (ii) Continuous education (iii) focusing on awareness so as to demystify the disease, its real causes and strategies for prevention

.Despite these advances, much remains to be done

Mustapha NSANGOU & Pierre ONGOLO ZOGO

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Tobacco & Youth: *prevention and cessation .*

The most common cancers are breast, cervical, lung, prostate and liver. Among these, lung cancer is the prime killer in the world with 1.4 million deaths in 2008 (WHO, 2008). Smoking is responsible for 30% of all cases of lung cancer and accounts for over 80% of cancer cases in men and 20% of cases in women worldwide. An estimated 44% of young people are exposed to smoking in Cameroon (MSP, 2008).

The most common sites of lung cancer attributed to smoking are: throat, mouth, pancreas, bladder, stomach, liver and kidneys (WHO, 2008).

According to the Framework Convention of the WHO developed in 2003 and ratified by Cameroon in 2005, the spread of this epidemic is facilitated by a combination of factors, including the liberalization of trade and foreign direct investment.

Six strategies to fight against smoking are indicated in this framework agreement. These strategies focusing on the reduction of demand, based on the evidence relating to the reduction of tobacco consumption and improving the quality of life (WHO, 2008) are:

***Monitoring**: Monitor tobacco use and prevention policies;*

***Protecting**: protection against tobacco smoke;*

***Offering**: to help those who want to quit smoking;*

***Warning**: to warn against the dangers of smoking;*
***Enforce:** a ban on tobacco advertising, promotion and sponsorship;*
***Raising**: raise taxes on tobacco.*

An evaluation of the WHO in 2010 showed that 80% of countries have no strategy and that the remaining 20% partially implement all the strategies.

After ratification of the Convention, Cameroon began implementing the MPOWER in 2008. The characteristics of his program are:

***Monitoring**: Monitoring tobacco use with data collection at the national level between 2008 and 2010.*

***Protecting**: an smoking on certain premises by several administrations / institutions*

***Offering**: Creating centers of public and private withdrawal.*

***Warning**: Reducing tobacco production in the national territory through the organization of farming profitable for growers.*

***Enforcing**: (i) promulgation of the December 29, 2006 law on advertising which prohibits patronage and sponsorship by tobacco companies, (ii) Joint Order Cameroonian Ministries of Public Health and Commerce of 25 June 2007 concerning health marking of packages of tobacco products and in force since 1st July 2008;*

***Raising**: Promulgation of laws and regulations in the fight against smoking*

Marius Z. VOUKING

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