

Proceedings of the 9th International Congress on Cervical Cancer in Sub-Saharan Africa, March 29-30, 2018; Dschang - Cameroon. A Brief Report

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ABSTRACT

Introduction: Though highly preventable, cancer of the cervix uteri (CCU) is the second most frequent female cancer in Sub-Saharan Africa. Major underlying causes include: lack of skilled health professionals and inefficient/inexistent national control programs.

Organizers and objectives: To (further) train health staff and deliberate on challenges and constraints in prevention and treatment of CCU in resource-poor sub-Saharan African settings. This meeting was held under the auspices of the University of Dschang (West - Cameroon) and collaborating organizations were: faculties of medicine of the Universities of Dschang, Geneva, Yaounde I and the Cameroonian network of alumni physicians from Swiss Universities.

Participants: 193 delegates (students, nurses, trainees and residents, physicians, biologists, laboratory scientists, anthropologists, public health specialists, representatives of pharmaceutical industries) from Cameroon, France, Ivory Coast, Switzerland, Gabon, Congo-Brazzaville and the United States of America were present.

Contents: The first part consisted of 25 master-classes on the fundamentals of CCU (epidemiology and control strategy, screening and management of pre-cancerous lesions); in the second part, 37 original researches summarizing field experiences and innovations in prevention and management of CCU were discussed.

Conclusion and recommendations: A national working group should be set up to harmonize clinical practices in preventing and handling CCU. Besides the only radiation therapy unit in the country should be re-started with support of some international agencies like the International Agency for Atomic Energy.

Keywords: Cervix uteri cancer, Sub-Saharan Africa, Prevention, Screening, Management

INTRODUCTION

The 9th edition of the annual congress on Cancer of the Cervix uteri (CCU) in sub-Saharan Africa (SSA) took place from the 29th to the 30th of March 2018. Considering that CCU is the second most prevalent and deadly cancer among sub-Saharan African women especially in rural areas, the organizing committee located the event at the University of Dschang (West-Cameroon) which is dedicated to rural development [1,2]. The meeting had two main goals: to (further) train health workers and to share field experiences among teams in order to optimize cervical cancer control programs in SSA. Under the patronage of the Vice-Chancellor of the University of Dschang, the following institutions co-organized the congress: faculties of medicine

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of the Universities of Dschang, Geneva, Yaounde I and the Cameroonian network of alumni physicians from Swiss Universities. During the first part of the meeting several international cervical cancer experts gave masterclasses on the fundamentals of the illness. The second part was dedicated to discussions of field experiences. Deliberations were structured under the following themes: 1) Cervical cancer epidemiology and prevention strategy; 2) Basics on cervical cancer; 3) Screening and management of precancerous lesions of the uterine cervix; 4) Cervical cancer control programs in sub-Saharan African settings; 5) Multidisciplinary management of invasive CCU. 193 participants from seven countries took an active part to the meeting. All the domains of the fight against CCU were represented: clinicians (nurses, physicians gynecologists, oncologists, radio-oncologists, cancer surgeons), social workers (anthropologists, sociologists), policymakers (officials from ministries of health, public health specialists), program managers (Director of Hospitals, coordinators of cancer control programs), pharmaceutical industries and lecturers.

1. Cervical cancer epidemiology and prevention strategy

In this session, the picture of CCU in SSA was presented and different preventive strategies were discussed under the chairmanship of the Director of the CIESPAC (Centre Inter-Etats de Santé Publique d'Afrique Centrale). He emphasized that SSA is the continent with the highest prevalence and morbi-mortality of CCU. Visual methods (visual inspection with acetic acid and lugol's iodine) in a screen and treat approach are the most appropriate technique that could only be scaled up if the community is fully involved. The 20 year collaboration between the Geneva University Hospitals and some university teaching hospitals in Cameroon for the control of CCU was reviewed and assessed by delegates to be used as a model. The governmental project to introduce free of charge Human Papilloma Virus (HPV) vaccination in Cameroon was not presented as scheduled.

2. Basics on cervical cancer

The first part of this session was dedicated to cervical epidemiology, natural history of HPV infection the pathway to CCU. The value of the so-called "HPV-negative CCU" was explored. Following those presentations, demonstrations of visual methods (naked eye and colposcope) of diagnosis of pre-cancerous lesions took place. Participants were also introduced to an online self-training tool to visual diagnostic methods. During two presentations dedicated to digital health and innovations, the potential impact of digital cervicography using smartphones programs and a mobile colposcope were discussed. Current techniques for the management of precancerous lesions of the cervix were reviewed and explained to delegates.

3. Cervical cancer control programs in sub-Saharan African settings

Several ongoing or planned programs were presented and/or assessed. Delegates from the Cameroon Baptist Convention health services shared their experience in screening CCU in rural Cameroon for more than a decade. Participants thoroughly discussed their following activities: fee-for-service in cervical cancer screening, screening CCU among sex workers and co-testing with care HPV DNA testing - digital cervicography. A clinical trial led by the Geneva University Hospitals and just launched in west-Cameroon was presented; its aim is to assess the efficacy of HPV-test followed by visual methods to detect pre-cancers of the uterine cervix. The ongoing project of setting up a national cancer control center in Cameroon under the leadership of the presidency of the republic with technical assistance from the Sapienza University of Rome was summarized and its shortcomings were discussed [2]. Initiation of cervical cancer screening in two primary care health facilities (one state-owned: Mbouda District Hospital and one faith-based: Mankon (Bamenda) Presbyterian health Centre) were assessed by experts. The school of public health of central Africa (CIESPAC) presented the project to implement operational cervical cancer screening units in all the seven member states. Delegates from the Evangelic University of Bandjoun (West Cameroon) emphasized the need of training enough pathology technicians for any nationwide cervical cancer control program to be effective. The French National Agency for Research on HIV/AIDS and viral hepatitis (ARNS) presented the mid-term report of the AIMA-CC project focusing on cervical cancer control in HIV-positive women in Cameroon, Ivory Coast and Burkina Faso.

4. Multidisciplinary management of invasive cervical cancer

The principles of surgery and chemotherapy for invasive CCU were explained to participants. The constraints and challenges for those therapeutic modalities in resource-poor settings in SSA were debated. The head of radiotherapy unit of the Douala General Hospital summarized their experience in managing invasive CCU before the breakdown of their unique machinery in Central Africa. The opportunity of starting a high-tech radio-oncology unit in Douala with the financial and technical support of the International Agency for Atomic Energy was described by the Head of the corresponding department of the Geneva University Hospitals. The need to promote palliative care for women with advanced/terminal CCU was also emphasized given that this domain is often neglected. Therapeutic modalities not yet available in SSA were not discussed (personalized medicine and immunotherapy).

5. Free communications

Besides masterclasses, the following free communications were given.

S. No.	Titles of communications
1.	Cervical cancer amongst AIDS patients: a one-year multicentric pilot study in Cameroon
2.	Lésions précancéreuses du col utérin: Concordance colpo-histologique à Yaoundé
3.	Aspects médico-légaux des décès liés à une chirurgie du cancer du col de l'utérus
4.	Profils cliniques et évolutifs des patientes traitées par Chimiothérapie pour cancers avancés du col utérin à Yaoundé
5.	Cancer du Col de l'Utérus à l'Hôpital Général de Douala: Aspects épidémiologiques, cliniques et évolutifs
6.	Influence d'une stratégie de sensibilisation intra hospitalière sur la fréquentation du service de dépistage du cancer du col au CHU de Yaoundé
7.	Récurrences après traitement conservateur des lésions précancéreuses à Abidjan : Aspects opérationnels
8.	Utilité de la télé-médecine dans le dépistage des lésions précancéreuses du col utérin et du sein en zones reculées.
9.	Aspects histo-épidémiologiques des cancers du col de l'utérus dans la région du littoral (Cameroun)
10.	Implementing a Fee-for-Service Cervical Cancer Screening and Treatment
11.	Connaissances, attitudes et pratiques des femmes en âge de procréer du District de Santé de la Mifi sur la prévention du cancer du col de l'utérus
12.	Co-testing with careHPV DNA testing and visual inspection enhanced by digital cervicography with one year follow up
13.	Cervical cancer screening of commercial sex workers
14.	Détection précoce du cancer du col de l'utérus au CHU de libreville: état des lieux
15.	Self-Collected care HPV Testing and Follow-up Visual Inspection to Determine Treatment Modality for HPV Positive
16.	Distribution du HPV dans les lésions invasives du col utérin à Yaoundé
17.	Relationship Between Infertility and Digital Cervicography Findings
18.	Prévalence de la Co-infection HPV - C. Trachomatis dans les lésions pré-cancéreuses et cancéreuses du col utérin
19.	Aspects épidémiologiques et cliniques des patientes du cancer invasif du col de l'utérus selon le statut VIH à Yaoundé
20.	Soins palliatifs dans le cancer du col utérin: une série de cas à Dschang (Cameroun)
21.	Fertility and pregnancy outcome after conservative treatment for precancerous lesions of the cervix
22.	Facteurs limitant le dépistage du cancer du col dans le quartier Yademe (Bertoua)
23.	Implantation du programme de détection précoce du cancer du col de l'utérus au Gabon
24.	A case report of a giant peri-anal and vulvar wart in a Young Patient
25.	Apport du lugol comme méthode visuelle de dépistage du cancer du col utérin, au CHU de Brazzaville
26.	Facteurs associés à la non-participation des femmes au dépistage du cancer du col de l'utérus à Yaoundé : une étude
27.	The importance of systematic screening for cervical lesions during antenatal and postnatal consultations: The case of 252 patients followed up in Yaounde
28.	Facteurs de risque socio-cliniques du cancer du col utérin dans trois hôpitaux à Yaoundé
29.	Intérêt des méthodes d'inspection visuelle dans le dépistage des lésions précancéreuses du col utérin à Yaoundé: étude
30.	Prévalence des lésions précancéreuses du col utérin dans certaines localités de l'ouest Cameroun
31.	Aspects épidémiologiques et anatomopathologiques des cancers du col utérin au Cameroun: Etude rétrospective sur 8
32.	Prévalence et influence de l'infection à VIH chez des patientes atteintes du cancer du col utérin à l'Hôpital Général de Douala
33.	Dépistage cytologique et suivi des néoplasies intra-épithéliales dans le Ndé
34.	Lésions précancéreuses cervicales à l'Hôpital Baptiste de Mboppi Douala: Epidémiologie, Diagnostic, Traitement et
35.	Facteurs de risque du cancer du col à Yaoundé
36.	Evaluation de la qualité des frottis cervico-vaginaux à l'Hôpital Gynéco-Obstétrique et Pédiatrique de Douala
37.	KAP survey of clinical students on uterine cervical cancer screening in Yaounde.
38.	Coût réel de la prise en charge des cancers du col de l'utérus en radiothérapie au Cameroun



Figure 1. The Steering Committee of 9th International Workshop on Cervical Cancer in sub-Saharan Africa (Dschang - Cameroon).

CONCLUSION

The final recommendations were: 1) To set up national working groups to formulate guidelines for screening and management of CCU; 2) To tackle the long lasting

breakdown of the radiotherapy machinery at the Douala Regional Hospital. Other sub-Saharan African countries could learn from the partnership model between Cameroon and Geneva in setting up their national cervical cancer control programs.

ADDENDUM

Speakers	Affiliations
Achile Tsekwa, MD	Yaounde University Teaching Hospital, Cameroon
Adamo Bongoe, MD	Douala General Hospital, Cameroon
Alaric Talom Tamuedjon,	Bandjoun Evangelic University, Cameroon
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Appolinaire Horo, MD	Yopougon University Teaching Hospital, Faculty of Medicine, F. Houphoët Boigny
Atenguena Etienne, MD	Higher Institute of Medical Technologies, Yaounde, Cameroon
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