

Strengthening Lusophone Collaboration in Cancer Research: Highlights from the First PALOP/CPLP International Scientific Conference on Cancer in Africa

Reforço da Colaboração Lusófona na Investigação sobre o Cancro: Destaques da Primeira Conferência Científica Internacional PALOP/CPLP sobre o Cancro em África

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<https://doi.org/10.34635/rpc.1174>**ABSTRACT**

The First PALOP/CPLP International Scientific Conference on Cancer was convened in Benguela, Angola, on 25 September 2025, bringing together clinicians, researchers, and policymakers from Portuguese-speaking countries across four continents. The meeting addressed the current landscape of cancer prevention, diagnosis, and treatment in Africa, with particular emphasis on the structural barriers and emerging collaborative opportunities shaping oncology across the lusophone world. Scientific sessions encompassed molecular oncology, infection-associated malignancies, precision medicine, and regional cancer control strategies, collectively underscoring the urgency of coordinated, multilateral action. A defining outcome of the conference was the consensual drafting of the Lusophone Cancer Charter, a strategic document delineating actionable recommendations for cancer policy harmonization and research cooperation among Community of Portuguese-speaking Countries (CPLP) member states. This report synthesizes the key scientific contributions, thematic discussions, and collaborative commitments emerging from the conference, highlighting their potential to catalyse more equitable and evidence-based oncology practice across the lusophone world.

Keywords: Cancer Research Collaboration; Lusophone Countries; Cancer Control in Africa; PALOP/CPLP.

RESUMO

A Primeira Conferência Científica Internacional PALOP/CPLP sobre Cancro foi realizada em Benguela, Angola, a 25 de setembro de 2025, reunindo clínicos, investigadores e decisores políticos de países de língua portuguesa de quatro continentes. A reunião abordou o panorama atual da prevenção, diagnóstico e tratamento do cancro em África, com particular ênfase nos obstáculos estruturais existentes e nas oportunidades de colaboração emergentes que moldam a oncologia no mundo lusófono. As sessões científicas abrangeram oncologia molecular, neoplasias associadas a agentes infecciosos, medicina de precisão e estratégias regionais de controlo do cancro, sublinhando coletivamente a urgência de uma acção coordenada e multilateral. Um resultado central da conferência foi a elaboração consensual da Carta Lusófona do Cancro, um documento estratégico que define recomendações operacionais para a harmonização das políticas oncológicas e a cooperação científica entre os Estados-membros da Comunidade dos Países de Língua Portuguesa (CPLP). O presente relatório sintetiza os principais contributos científicos, as discussões temáticas e os compromissos de colaboração emergentes da conferência, destacando o seu potencial para catalisar uma prática oncológica mais equitativa e baseada na evidência em todo o mundo lusófono.

Palavras-chave: Colaboração em Investigação Oncológica; Países Lusófonos; Controlo do Cancro em África; PALOP/CPLP.

1. INTRODUCTION

Cancer constitutes a leading cause of morbidity and mortality across Africa, with pronounced and persistent disparities in prevention, early detection, and treatment among Portuguese-Speaking African Countries (PALOP). These disparities are compounded by structural barriers that impede both clinical care and scientific progress^{1,2}. Limited access to chemotherapy and radiotherapy services, a critical shortage of trained oncological specialists, and the predominance

of late-stage disease at presentation remain defining characteristics of the cancer landscape in the region³. Genomic and molecular studies—essential for elucidating cancer biology in genetically heterogeneous populations—remain markedly scarce, resulting in treatment protocols that largely depend on evidence generated in non-African cohorts, with limited applicability to local genetic, environmental, and sociocultural contexts^{4,5}.

Across sub-Saharan Africa, cancer incidence is projected to nearly double by 2040, with PALOP nations following this epidemiological trajectory amid accelerating demographic ageing, rapid urbanization, and lifestyle-associated shifts in risk factor profiles⁶. Despite this escalating burden, many national health systems continue to lack structured cancer control programmes, resulting in fragmented care pathways, inconsistent screening practices, and restricted availability of standardized treatment guidelines. These systemic deficiencies contribute to diagnostic delays, suboptimal clinical outcomes, and marked regional inequities in access to early detection services and specialized oncological care.

Fundamental infrastructure gaps further constrain effective cancer control throughout the PALOP region. Population-based cancer registries and reliable pathology services remain insufficiently developed, generating substantial deficiencies in epidemiological data and undermining evidence-based public health responses^{6,7}. The disproportionately high burden of infection-associated malignancies—encompassing cancers attributable to human papillomavirus (HPV), hepatitis B and C viruses, Epstein–Barr virus (EBV), and *Schistosoma haematobium*—further complicates cancer control efforts and demands integrated strategies that align infectious disease management with oncological care⁸. In several PALOP nations, pathology turnaround times extend over weeks or months, while essential diagnostic modalities such as immunohistochemistry, molecular profiling, and advanced imaging technologies remain unavailable or concentrated in a small number of urban referral centres, compelling clinicians to formulate therapeutic decisions under conditions of significant diagnostic uncertainty.

Financial, logistical, and sociocultural barriers further intensify disparities in cancer outcomes. Patients frequently encounter catastrophic out-of-pocket expenditures, prohibitive travel distances to specialized oncology facilities, or dependence on international referrals for advanced diagnostics and treatment. Persistent stigma surrounding cancer diagnosis, widespread misconceptions regarding aetiology, and insufficient population awareness of early warning symptoms frequently delay timely care-seeking behaviour. Health workforce shortages—particularly in pathology, diagnostic radiology, and oncology nursing—additionally compound the challenges of implementing comprehensive and sustainable cancer services at the national level.

In this context, structured collaborative initiatives uniting lusophone nations are urgently required to bridge these gaps, strengthen research capacity, and establish pathways

towards equitable cancer care and scientific innovation. The shared language, historical and cultural connections, and expanding academic networks across the Community of Portuguese-speaking Countries (CPLP) represent a strategic and distinctive opportunity to promote coordinated training programmes, advance genomic and molecular research, and facilitate the harmonization of cancer policies adapted to the operational realities of African health systems.

Against this backdrop, three strategic pillars emerge as indispensable foundations for any sustainable and effective cancer control framework in the PALOP region. The first and most foundational is the establishment and consolidation of **population-based cancer registries**—the essential instrument for quantifying the true burden of cancer, characterizing its epidemiological distribution, identifying high-risk subpopulations, and monitoring temporal trends. Without reliable incidence, prevalence, and survival data, it is impossible to rationally allocate resources, design targeted prevention programmes, or evaluate the impact of interventions. The second pillar is the formation of **structured multidisciplinary oncology teams**—composed of oncologists, surgeons, pathologists, radiologists, nurses, psychologists, palliative care specialists, and public health practitioners—collectively accountable for the full continuum of cancer care: primary prevention and health literacy promotion, early detection and screening, timely and appropriate treatment, and structured long-term follow-up of cancer survivors. Such teams are not merely a clinical aspiration but a structural prerequisite for delivering guideline-concordant, person-centred oncological care in settings characterized by resource constraints and workforce shortages. The third pillar, which simultaneously sustains and is sustained by the other two, is **scientific research**—spanning translational, clinical, epidemiological, and health systems dimensions—as the engine for generating context-specific evidence, developing locally applicable diagnostics and therapeutics, and training the next generation of oncology scientists and clinicians across the lusophone world. It is around these three interconnected strategic pillars that the First PALOP/CPLP International Scientific Conference on Cancer organized its programme and built its most consequential output: the Lusophone Cancer Charter.

2. OVERVIEW OF THE FIRST PALOP/CPLP CANCER CONFERENCE

To address the aforementioned inequities, the First PALOP/CPLP International Scientific Conference on Cancer was convened in Benguela, Angola, on 25 September 2025, under the theme “State of the Art in Cancer Research: Challenges and Opportunities for Portuguese-speaking

Countries”, held in the framework of the II Regional Hospital Congress, Benguela-2025 (Table 1; Supplementary File 1). This landmark event brought together researchers, clinicians, and policymakers from Angola, Mozambique, Guinea-Bissau, Cape Verde, São Tomé and Príncipe, Brazil, Portugal, and the broader international oncology community, reinforcing the strategic importance of lusophone scientific integration and collaboration in cancer research.

The conference represented a significant milestone for the PALOP region by positioning cancer research and oncology capacity building at the centre of a genuinely multidisciplinary and international dialogue. The scientific programme was designed to illuminate both recent advances and the enduring structural barriers affecting cancer outcomes in lusophone Africa, fostering in-depth discussions spanning epidemiology, molecular oncology, clinical management, public health policy, and health systems strengthening. For many participants, the event constituted the first opportunity to engage directly with colleagues from other CPLP nations within a structured scientific forum exclusively dedicated to oncology.

Beyond fostering exchanges among geographically proximate nations, the conference successfully engaged institutions representing markedly different levels of health system development—from internationally recognized cancer centres and academic research laboratories equipped with advanced diagnostic and therapeutic infrastructure, to emerging regional hospitals in the process of establishing foundational oncology services. This diversity created a productive environment for bidirectional knowledge transfer: institutions with more consolidated research and clinical capabilities shared validated best practices and training approaches, while PALOP representatives contributed critical insights into the operational realities of cancer care delivery in resource-limited and low-income settings.

The hybrid format of the conference—combining in-person activities in Benguela with synchronous remote participation from multiple continents—substantially expanded the event’s reach and enabled broader engagement from the international scientific community. This modality facilitated the involvement of experts who could not attend in person, thereby enhancing global visibility and reinforcing the conference’s role as a catalyst for sustained collaboration. Notably, the meeting stimulated the formation of new academic and clinical partnerships, including proposals for joint research projects, bilateral training exchange programmes, and coordinated initiatives to expand cancer registries and molecular diagnostic capacities across lusophone Africa.

3. KEY THEMATIC SESSIONS AND SCIENTIFIC HIGHLIGHTS

Over the course of the scientific programme (Table 1), participants addressed a broad spectrum of oncological challenges of particular relevance to the PALOP region. Sessions on cancer risk factors and primary prevention were led by Teresa Garcia (Portugal) and Ketha Rubuz Francisco (Angola), who underscored the escalating burden of HPV-associated cervical cancer and the critical need for expanded vaccination coverage across PALOP nations. Paediatric oncology was addressed through clinical experiences presented from Angola, while oral cavity cancer in Guinea-Bissau was highlighted as an underrecognized yet pressing public health priority. Breast cancer, one of the most prevalent malignancies among women in lusophone Africa^{3,9}, constituted a central theme, with clinical and epidemiological data from Cape Verde, São Tomé and Príncipe, and Angola collectively underscoring the critical importance of structured national screening programmes and the establishment of reliable, population-based cancer registries.

Additional sessions examined the influence of modifiable lifestyle-related risk factors—including tobacco consumption, harmful alcohol use, and dietary transitions associated with urbanization—on the shifting cancer burden in both urban and rural settings. Presenters further highlighted the near-universal absence of organized, population-based screening programmes for cervical, breast, and colorectal cancers in the majority of PALOP countries, underscoring the need for national policies that integrate evidence-based early detection strategies adapted to local health system capacities and resource constraints. The substantial burden of infection-associated malignancies in Africa was extensively addressed throughout the programme. Specialists presented epidemiological and clinical data on EBV-associated Burkitt lymphoma in Mozambique, HPV and cervical carcinoma in Portugal, hepatitis B and C virus-driven hepatocellular carcinoma in Angola, and schistosomiasis-related bladder cancer, also in Angola. These presentations collectively illustrated how oncogenic infectious agents fundamentally shape the cancer epidemiology of the continent, reinforcing the imperative for integrated public health approaches that bridge the management of communicable and non-communicable diseases.

The molecular dimension of cancer research and its transformative potential for precision oncology constituted a prominent strand of the scientific programme. Key scientific contributions included the PALOP-OMICS initiative (Portugal), advances in molecular biomarkers applicable

Table 1 – Scientific sessions of the First PALOP/CPLP International Scientific Conference on Cancer (Benguela, Angola, September 25, 2025).

Session Chair(s)	Theme	International Speaker	Country / Institution
Prof. Filomeno Fortes (Portugal), Prof. Lúcio Lara Santos (Portugal), Prof. Cesaltina Lorenzoni (Mozambique)	Cancer risk factors and prevention	Teresa Garcia	Portugal – IPO Porto (Online)
	Human papillomavirus and cervical cancer in Angola	Ketha Rubuz Francisco	Angola – National Directorate of Public Health, Ministry of Health
	Pediatric cancer in Africa: experience from Angola	Fábio da Silva	Angola – Hospital Heróis do Kifangondo
Prof. Fernando Miguel (Angola)	Oral cancer in Africa and the situation in Guinea-Bissau	Bubacar Embaló	Guinea-Bissau – INASA (Online)
	Breast cancer and familial risk: experience from Cape Verde	Pamela Borges	Cape Verde – Hospital Agostinho Neto (Online)
	Cancer registry: preliminary data from São Tomé and Príncipe	Liudmila David	São Tomé and Príncipe – National Cancer Program (Online)
	Early diagnosis of breast cancer in Lubango	Irina Jacinto	Angola – Hospital Maternidade Irene Neto
Prof. Filomeno Fortes (Portugal)	Cancer registry: preliminary data from Angola (Huíla)	Eliane Azevedo	Angola – Hospital Central do Lubango (Online)
	Epstein–Barr virus and Burkitt lymphoma	Faizana Amodo	Mozambique – Hospital Central de Maputo
	Human papillomavirus and cervical cancer	Clara Bicho	Portugal – University of Lisbon
	Hepatitis B and C viruses and liver cancer	Mauro Pinto	Angola – IACC
Prof. Lúcio Lara Santos (Portugal)	Schistosoma haematobium and bladder cancer	Júlio Santos	Angola – CSE
	Immunotherapy and biological treatments, including CAR-T cells	Paulo Salamanca	Angola – Hospital Heróis do Kifangondo
	PALOP-OMICS: current perspectives	Luísa Pereira	Portugal – i3S, University of Porto
	Molecular alterations in rectal cancer: data from Mozambique	Carlos Selemane	Mozambique – Hospital Central de Maputo
	Molecular biomarkers for diagnosis, prognosis, and risk in myelodysplastic neoplasms	Howard Lopes Ribeiro Junior	Brazil – Federal University of Ceará
Personalized treatment and precision oncology	Beatrice Mainoli	Portugal – IPO Porto (Online)	
DNA aptamers and G-quadruplex structures in cancer therapy	Mateus Webba da Silva	United Kingdom – University of Ulster	

to myelodysplastic neoplasms (Brazil), implementation experiences in precision oncology (Portugal), and the development of innovative therapeutic strategies based on DNA aptamers (United Kingdom). Speakers consistently emphasized the urgent need to expand molecular diagnostic facilities, strengthen biobanking infrastructure, and build capacity in genomics and bioinformatics across PALOP nations—advances deemed essential for reducing global disparities in cancer research representation and participation. Further discussions addressed the concrete challenges of implementing precision oncology in resource-constrained environments, encompassing restricted access to next-generation sequencing technologies, the high cost of targeted and immunotherapeutic agents, regulatory obstacles, and limited participation in early-phase and multicentre clinical trials. Several presenters advocated for the establishment of regional platforms capable of supporting shared molecular testing services, joint clinical protocol development, and collaborative early-phase research designed to capture the genetic and epidemiological diversity of African populations.

The international and collaborative character of the conference was a defining feature throughout. The active participation of lusophone and international experts underscored the global relevance of cancer research within the CPLP framework, integrating scientific and clinical perspectives from Europe, Africa, and South America. Remote contributions from Portugal, Brazil, and the United Kingdom reinforced the inclusive and hybrid nature of the meeting, which succeeded in establishing a genuinely cross-border platform for knowledge exchange, scientific diplomacy¹⁰, and sustainable capacity building. Beyond scientific discourse, the sessions facilitated networking that catalysed the formation of new academic partnerships, training initiatives, and proposals for multicentre studies addressing priority cancers in the region. Participants consistently emphasized that sustained multilateral collaboration—underpinned by long-term political commitment—will be indispensable for advancing cancer control and ensuring that scientific progress translates into equitable health outcomes across lusophone Africa.

4. THE LUSOPHONE CANCER CHARTER: A ROADMAP FOR ACTION

A central and consequential outcome of the conference was the consensual drafting of the Lusophone Cancer Charter (Benguela, 25 September 2025; Table S2), a strategic consensus document conceived as an operational roadmap for action and sustained collaboration among CPLP member states. Developed through a multidisciplinary and

intercontinental process of deliberation and evidence review, the Charter addresses the epidemiological landscape, risk factor profiles, contemporary scientific and technological challenges, and strategic priorities for cancer control across the lusophone world. The document is intended for formal presentation to the health ministers and national authorities of all CPLP member states, serving simultaneously as a call for political commitment and as a framework for harmonized, evidence-based cancer policies.

4.1. EPIDEMIOLOGICAL CONTEXT AND RISK FACTOR PROFILE

The Charter identifies the cancer epidemiology of the PALOP and CPLP as shaped by a complex and dynamic interaction of genetic, environmental, socioeconomic, and behavioural determinants. Recognizing this multifactorial aetiology, the Charter systematically catalogues the principal risk factors operating across the region, organized into four major domains.

Socio-environmental and structural determinants were prominently identified, including prolonged exposure to environmental carcinogens, deficiencies in population-based screening and early detection systems, barriers to access to specialized health services, unregulated traditional health practices with potential oncogenic implications, and socioeconomic inequalities that differentially determine exposure to modifiable risk factors.

Environmental and occupational exposures constitute a further risk domain. Ultraviolet radiation (UV-A and UV-B) was highlighted as the principal aetiological agent for cutaneous melanoma and non-melanoma skin cancers. Additional exposures of concern include ionizing radiation in medical, occupational, and environmental contexts; occupational carcinogens such as asbestos (implicated in malignant pleural mesothelioma), benzene (associated with acute leukaemias), organochlorine pesticides, and industrial solvents.

Modifiable behavioural risk factors were identified as particularly amenable to public health intervention. Tobacco use, responsible for approximately 30% of all cancer deaths globally, was underscored as the single most preventable cause of malignancy. Harmful alcohol consumption (defined as exceeding 14 standard units per week), a westernized dietary pattern characterized by low intake of fruits and vegetables and high consumption of ultra-processed foods, processed and preserved meats, were also recognized as priority targets for prevention strategies adapted to the shifting nutritional transitions occurring across PALOP nations.

Oncogenic infectious agents constitute a risk category of exceptional significance in the African context. The Charter explicitly identifies the following pathogens as driving a substantial proportion of the regional cancer burden: human papillomavirus (HPV genotypes 16 and 18), causally associated with cervical, oropharyngeal, and anal carcinomas; hepatitis B and C viruses (HBV/HCV), implicated in hepatocellular carcinoma; Epstein–Barr virus (EBV), associated with Burkitt lymphoma and nasopharyngeal carcinoma; human T-lymphotropic virus type 1 (HTLV-1), causally linked to adult T-cell leukaemia/lymphoma; *Schistosoma haematobium*, associated with urothelial bladder carcinoma; and *Helicobacter pylori*, implicated in gastric adenocarcinoma and mucosa-associated lymphoid tissue (MALT) lymphoma. Hormonal and reproductive factors—including early menarche (<12 years), late menopause (>55 years), nulliparity or late first delivery (>30 years), prolonged use of combined oral contraceptives or hormone replacement therapy, and elevated mammographic density—were also identified as contributors to breast and gynaecological cancer risk across the region.

4.2. CONTEMPORARY SCIENTIFIC AND TECHNOLOGICAL CHALLENGES

The Charter further delineates the multidimensional scientific and technological challenges confronting oncology in the PALOP region. Modern oncology must contend with the biological complexity arising from inter- and intratumoral heterogeneity, adaptive therapeutic resistance, and the dynamic interplay of tumour microenvironments. Continuous clonal evolution of malignant cells represents a fundamental obstacle to the efficacy of targeted therapies and necessitates longitudinal molecular monitoring strategies.

In the domain of early detection and diagnosis, the Charter highlights the need for the development of highly sensitive and specific circulating biomarkers, the implementation of evidence-based population screening programmes, and a systematic reduction in the interval between clinical suspicion and histopathological confirmation. Regarding equity in health and universal access, the document emphasizes the need to address regional disparities in diagnostic and therapeutic resources, overcome budgetary constraints limiting the adoption of innovative technologies, and adapt international clinical protocols to local operational contexts.

Ethical and regulatory dimensions were also addressed, encompassing the harmonization of standards for international clinical trials, the protection of vulnerable populations in oncological research, and the development

of culturally appropriate informed consent processes. In the domain of precision medicine and therapeutic innovation, the Charter identifies the following as strategic priorities: the implementation of next-generation sequencing (NGS) for tumour tissue and circulating tumour DNA analysis; the development of advanced cellular therapies including CAR-T and TCR-T approaches; the application of artificial intelligence in diagnostic imaging and drug discovery pipelines; the validation of predictive and prognostic biomarkers; liquid biopsy platforms for minimal residual disease monitoring; and the expansion of access to early-phase clinical trials for PALOP populations.

4.3. STRATEGIC RECOMMENDATIONS

In response to the escalating cancer burden in the lusophone region and the imperative for a coordinated, evidence-based response, conference participants endorsed seven strategic recommendations, constituting the operational core of the Lusophone Cancer Charter:

1. Sustainable and Strategic Financing. Participants called for the establishment of dedicated national and regional funds for translational oncology research, fiscal incentives to stimulate private sector investment in research and development, and the creation of public–private consortia to support multicentre studies across lusophone nations.

2. Technological Infrastructure and Capacity Building. The Charter recommends the implementation of genomic medicine and bioinformatics centres in PALOP countries, the establishment of standardized biobanks for translational research, and the development of oncology-oriented telemedicine platforms to overcome geographic barriers to specialist care.

3. International Scientific Cooperation. Signatories commit to the formation of lusophone excellence networks in oncology research, the harmonization of clinical protocols and therapeutic guidelines across CPLP institutions, and the promotion of professional exchanges and structured mechanisms for knowledge transfer between institutions of varying resource levels.

4. Continuing Medical Education and Specialized Training. The Charter advocates for the development of specialist training programmes in molecular oncology and precision medicine, capacity building in bioinformatics and genomic data analysis, and the reinforcement of competencies in oncologist–patient communication adapted to diverse cultural contexts.

5. Equity, Diversity, and Inclusion. Addressing a critical gap in global oncology research, the Charter calls for the systematic inclusion of underrepresented populations in clinical trials, the conduct of pharmacogenomic studies in African and lusophone populations to address the profound underrepresentation of these cohorts in global genomic databases, and the strengthening of research ethics committees across PALOP institutions.

6. Care Integration and Translational Research. The document recommends the development of standardized national oncology registries, the implementation of interoperable health information systems enabling cross-border data sharing, and the accelerated incorporation of validated therapeutic innovations into routine clinical practice across CPLP health systems.

7. Population-Based Cancer Registry Strengthening. Population-based cancer registries constitute the foundational surveillance infrastructure of any rational cancer control system. They are the primary instrument through which health authorities can quantify the true magnitude of the cancer burden, characterize its distribution across geographic, demographic, and socioeconomic dimensions, identify temporal trends and risk clusters, and evaluate the effectiveness of prevention and treatment interventions over time. In the PALOP context, where the absence or incompleteness of registry data has historically rendered evidence-based planning difficult, their development is not merely a technical priority but a strategic imperative. A particularly impactful recommendation of the Charter—aligned with World Health Organization (WHO) guidelines—calls upon countries that receive and treat oncological patients referred from other Portuguese-speaking countries (notably from PALOP nations) to systematically facilitate the transmission of patient data to the population-based cancer registries of the referring country. This measure is essential for ensuring data reliability in both the referring and receiving countries, generating accurate incidence and outcome statistics for use in national, regional, and global epidemiological analyses, and enabling the long-term follow-up of survival outcomes irrespective of where treatment was delivered.

8. Multidisciplinary Oncology Teams and the Full Continuum of Care. The Charter affirms that effective cancer control cannot be reduced to the provision of curative treatment alone, but must encompass the full continuum of care through the coordinated action of structured multidisciplinary oncology teams. These teams—integrating oncologists, surgeons, pathologists, radiologists, nuclear

medicine specialists, oncology nurses, clinical pharmacists, psycho-oncologists, palliative care clinicians, physiotherapists, social workers, and public health specialists—bear collective institutional responsibility across four interconnected domains. *Primary prevention and health literacy* encompasses population-level actions to reduce exposure to modifiable risk factors, promote HPV vaccination and hepatitis B immunization, and strengthen community awareness of early cancer warning signs. *Early detection and organized screening* requires the implementation of evidence-based programmes for cervical, breast, and colorectal cancers, adapted to local resources and health system capacities, with robust referral pathways to minimize diagnostic delays. *Timely and appropriate treatment* demands access to guideline-concordant multimodal therapy—including surgery, radiation oncology, systemic therapy, and supportive care—delivered through multidisciplinary tumour board decision-making, which has been demonstrated to improve clinical outcomes and reduce variation in care. Finally, *structured long-term survivor follow-up* addresses the physical, psychological, social, and occupational sequelae of cancer and its treatment, recognizing that survivorship care is an integral and growing component of comprehensive oncological practice. The Charter calls for the formal institutionalization of multidisciplinary cancer teams within PALOP health systems, supported by dedicated training programmes, standardized protocols, and appropriate resource allocation at national level.

9. Scientific Research as a Strategic Pillar. The Charter explicitly positions scientific research—spanning translational, clinical, epidemiological, and health systems dimensions—as a strategic pillar of cancer control, complementary to and inseparable from the development of registries and multidisciplinary clinical infrastructure. Research generates the context-specific evidence required to guide prevention priorities, validate locally appropriate diagnostics, develop innovative therapeutics, and optimize care delivery models for the African setting. Without investment in research capacity, PALOP nations risk remaining perpetual consumers of scientific knowledge produced elsewhere, with treatments and guidelines that may not reflect local tumour biology, population genetics, or health system realities. The Charter therefore calls for the development of a regional translational research agenda that connects laboratory discovery to clinical application and public health impact, fosters the training and retention of oncology researchers in PALOP institutions, enables participation in international multicentre trials, and supports the open dissemination of findings that can benefit the global scientific community. Research, registry,

and multidisciplinary clinical care are thus conceived by the Charter as an integrated and mutually reinforcing strategic triad, constituting the operational core of any credible and sustainable lusophone cancer control architecture.

4.4. COMMITMENT AND FUTURE VISION

The Charter Development Process and Institutional Significance. The Charter development process itself constituted a notable scientific and diplomatic achievement, requiring the attainment of consensus across diverse professional backgrounds, institutional mandates, and health system realities. Contributions from participants representing institutions across multiple continents ensured that the final document integrates current best evidence from the global scientific literature while remaining grounded in the operational and logistical challenges characterizing health care delivery in African settings. The collaborative nature of the drafting process generated tangible institutional commitments from participating organizations, including pledges to support the implementation of selected recommendations through training exchanges, joint research calls, and bilateral technical cooperation agreements.

The signatories of the Charter commit to advancing a One Health approach to cancer control, explicitly recognizing the interconnections between human, animal, and environmental health dimensions as they relate to oncogenesis and cancer prevention. This commitment encompasses the promotion of South–South cooperation as a complementary mechanism to traditional North–South partnerships, recognizing the substantial expertise and contextually relevant innovation that PALOP and CPLP institutions can contribute to the global oncology research agenda.

By synthesizing clinical expertise, public health perspectives, and advances in molecular research, the First PALOP/CPLP International Scientific Conference on Cancer represents a historic milestone in lusophone scientific diplomacy. The event not only provided a comprehensive assessment of the current state of oncology across Portuguese-speaking countries but also laid the structural and intellectual foundations for a sustainable and cooperative trajectory in cancer research, training, and evidence-based policy—with tangible potential to reduce health disparities and improve oncological outcomes across the lusophone world.

Building upon this momentum, participants underscored the importance of ensuring that the Charter transcends the status of a policy declaration and evolves into a living operational instrument capable of guiding concrete, measurable actions

over the coming decade. Several institutions expressed commitment to forming dedicated working groups tasked with monitoring implementation progress against defined benchmarks, disseminating evidence-based practices, and sustaining continuous dialogue among CPLP health authorities. The consolidation of this agenda requires sustained political will, long-term investment in science and technology, and a collective commitment to the principles of universality, comprehensiveness, and equity in health. If implemented with fidelity and adequate institutional and financial support, the Charter has the potential to serve as a transformative instrument enabling lusophone nations to collectively strengthen their cancer control infrastructures and contribute more substantially and equitably to the global oncology research agenda.

5. CONCLUSIONS

The First PALOP/CPLP International Scientific Conference on Cancer, convened in Benguela, Angola, on 25 September 2025, constituted a landmark event in the history of lusophone oncology, demonstrating both the scientific maturity and the collaborative will of Portuguese-speaking nations to collectively confront the escalating cancer burden in Africa. The conference succeeded in creating, for the first time, a structured and internationally recognized forum dedicated exclusively to oncology within the CPLP framework, uniting clinicians, researchers, policymakers, and institutional leaders from four continents in a shared commitment to evidence-based cancer control.

The scientific programme revealed a region facing a convergent set of challenges: late-stage diagnosis driven by insufficient screening infrastructure, a disproportionate burden of infection-associated malignancies demanding integrated communicable and non-communicable disease strategies, and a critical underrepresentation of African populations in global genomic and clinical trial datasets. These challenges are compounded by persistent health system fragmentation, workforce shortages, and inadequate financing mechanisms. However, the conference equally illuminated a rich landscape of emerging opportunities—from the PALOP-OMICS initiative and DNA aptamer-based therapies to novel biomarker platforms and expanding telemedicine networks—that attest to the growing scientific capacity across the region.

The consensual adoption of the Lusophone Cancer Charter represents the most consequential outcome of the conference. The Charter is organized around a strategic triad of foundational pillars that the conference identified as the non-negotiable prerequisites for any credible cancer

control architecture in the PALOP region. The first is the development of population-based cancer registries—the indispensable epidemiological instrument for quantifying the true magnitude of the cancer burden, enabling rational resource allocation, and evaluating the impact of interventions over time; their consolidation, including the WHO-aligned cross-border data sharing mechanism for referred patients, is essential for generating reliable incidence and survival statistics at national and regional levels. The second is the formation and institutionalization of structured multidisciplinary oncology teams, collectively accountable for the full continuum of care—from primary prevention and health literacy, through organized screening and early detection, guideline-concordant multimodal treatment, to long-term survivor follow-up—recognizing that fragmented, single-discipline care cannot achieve the outcomes that patients in the PALOP region deserve. The third is scientific research in its translational, clinical, epidemiological, and health systems dimensions, positioned as a strategic pillar that both generates the evidence needed to guide the other two pillars and depends on them for its clinical grounding and real-world impact. These three pillars, together with the six complementary strategic recommendations of the Charter—spanning sustainable financing, genomic and biobanking infrastructure, international scientific cooperation, specialized training, equity and inclusion in clinical trials, and interoperable health information systems—provide a coherent, operationally grounded, and evidence-based roadmap for coordinated multilateral action.

The hybrid and inclusive format of the conference, its emphasis on bidirectional knowledge exchange between high- and low-resource settings, and the institutional commitments generated during the drafting of the Charter collectively signal a qualitative shift in the governance of cancer research cooperation among lusophone nations. The integration of a One Health perspective and the explicit call for South-South cooperation further position the CPLP as a potentially influential actor in shaping more equitable global oncology research agendas.

Translating the aspirations of the Charter into measurable health impact will require sustained political commitment, long-term

investment in scientific and clinical infrastructure, and the establishment of accountable monitoring and evaluation mechanisms. Concretely, this means prioritizing in national budgets the development and maintenance of population-based cancer registries as irreplaceable surveillance tools; formalizing and resourcing multidisciplinary oncology teams in all PALOP hospitals with oncological activity, with explicit accountability for the full care continuum from prevention through survivorship; and creating protected funding streams for cancer research that generate locally valid, globally relevant evidence. The conveners and participants of the First PALOP/CPLP International Scientific Conference on Cancer call upon the health authorities of all CPLP member states to formally endorse the Lusophone Cancer Charter, commit to the implementation of its nine strategic recommendations within their national cancer control frameworks, and support the convening of subsequent editions of this conference as a permanent and institutionalized mechanism for scientific exchange, policy alignment, and collective accountability. In doing so, lusophone nations will affirm that cancer registries, multidisciplinary care teams, and scientific research are not aspirational luxuries but the strategic and indispensable foundations upon which equitable, effective, and sustainable cancer control must be built across the lusophone world.

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Abbreviations

The following abbreviations are used in this manuscript:

CPLP: Community of Portuguese Language Countries.

EBV: Epstein-Barr Virus.

HPV: Human Papillomavirus.

OMICs: Omics Sciences.

PALOP: Portuguese-Speaking African Countries.

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