

APPENDIX 1: Informed consent form

Research theme: Ethnopharmacological survey of medicinal plants used.

I the undersigned

Mr/Mrs/Miss _____

Certifies having been contacted by Mr FONGHO CHOKOFI CONSTANTIN, as part of research relating to the evaluation of the anti-cancer properties and the toxicity of some medicinal plants from the Cameroonian pharmacopoeia used against breast cancer. This study has as principal investigator FONGHO CHOKOFI CONSTANTIN. It takes place at the Yaoundé general hospital.

I have read and understood the information sheet

I was informed about the nature of the study, its purpose, its duration, the possible benefits and disadvantages, and what is expected of me.

I have had enough time to think about it and/or talk about it with a person of my choice such as a family member.

I had the opportunity to ask all the questions that came to mind and I received a satisfactory answer to my questions.

I understand that my participation is voluntary and that I am free to refuse without this changing my relationship with the therapeutic team in charge of my health.

I understand that the data that will be collected as part of this study will be confidential and treated anonymously.

I consent to the processing of my personal data.

I freely agree to participate in this study, which involves answering the pre-established questionnaire.

The _____ at the Yaoundé General Hospital.

Volunteer (Names and phone number)

➤ **APPENDIX 2: QUESTIONNAIRE FOR PATIENTS WITH BREAST CANCER**

IDENTIFICATION (SECTION 1)

Date : __ __ / __ __ / __ __ __ **Record and file code** __ __ / __ __

1-First and last name.....

2-What is your date of birth? __ __ / __ __ / __ __ __ **Year** __

3-Patient gender

- ☐ Man
- ☐ Woman

4-Place of residence:

5-Level of education:

- ☐ First school leavin certificate
- ☐ GCE ordinary level
- ☐ GCE advance level
- ☐ Bachelor and more
- ☐ Other

6-Religion

- ☐ Protestant
- ☐ Catholic
- ☐ Muslim
- ☐ Traditionalist
- ☐ Other

7-Region of origin :

8-Marital status

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widower

9-Occupation

- ☐ Civil servant
- ☐ Work in the Private Sector
- ☐ Unemployment
- ☐ Pupil/Student

10-Average salary

- ☐ Less than 100,000 CFA
- ☐ Between 100,000 and 300,000 CFA
- ☐ Between 300.000CFA and 5000000CFA
- ☐ More than 5000.000CFA

11-Âge des premières règles :

- ☐ Under 13 years old
- ☐ 14 to 16 years old

- ☐ Over 17 years old

12-Age at first pregnancy

- ☐ 14 to 19 years old
- ☐ 20 to 24 years old
- ☐ 25 to 29 years old
- ☐ 30 to 40 years old
- ☐ Over 40 years old

13-Number of children :

- ☐ 0
- ☐ 1
- ☐ 2 to 5
- ☐ 6 and over

12-Breastfeeding method :

- ☐ Breastfeeding method
- ☐ Artificial
- ☐ Mixed

13-Duration of breastfeeding :

- ☐ No breastfeeding
- ☐ Less than 1 year
- ☐ 1 to 5 years old
- ☐ Over 5 years old

14-Contraception :

- ☐ Yes
- ☐ No

15-If yes what method :

- ☐ Per os
- ☐ Injectable
- ☐ **Other**

16-Duration of contraceptive use :

- ☐ Less than 1 year
- ☐ 1 to 6 year old
- ☐ Over 6 years old

17-Are you going through menopause? :

- ☐ Yes
- ☐ Non

DIAGNOSIS (SECTION 2)

1-Date of tumor diagnosis.....

2-Circumstances of discovery :

- ☐ Incidental/Random
- ☐ Voluntary breast cancer screening
- ☐ After the onset of symptoms
- ☐ During hospitalization for a reason other than cancer

3-Diagnostic examination performed:

- ☐ Ultrasound
- ☐ Fine-puncture biopsy
- ☐ Mammography

4-Associated pathology:

- ☐ HIV
- ☐ TB
- ☐ Diabetes
- ☐ Hepatitis
- ☐ Other

5-Personal History of Cancer

- ☐ Breast
- ☐ Other

6-Family History of Cancer:

- ☐ Grandparent
- ☐ Mother
- ☐ Sister
- ☐ Aunt

7-Tumor Location:

- ☐ Less than 1 cm
- ☐ 1 to 5 cm
- ☐ 6 to 10 cm
- ☐ More than 10cm

8-Associated Cancer:

- ☐ None
- ☐ Uterus
- ☐ Ovary

10-Breast Discharge :

- ☐ Yes
- ☐ No

9-Breast Pain:

- ☐ Yes
- ☐ No

10-Tumor Type:

- ☐ Invasive Ductal Carcinoma
- ☐ Invasive Lobular Carcinoma
- ☐ Other

TREATMENT (SECTION) 3)

1-Date of treatment start.....

2-Type of treatment:

- ☐ Chemotherapy
- ☐ Surgery
- ☐ Radiotherapy

- ☐ 1+2
- ☐ 2+3
- ☐ 1+2+3

3-What side effects of the treatment have you observed in your case?

.....

USE OF MEDICINAL PLANTS (SECTION 4)

1-Do you consume plants to fight cancer? :

- ☐ Yes
- ☐ No

2-If you answered yes, do you use it in combination with several plants for a synergistic effect?.....

3-Date this treatment was started.....

4-What are the effects of taking medicinal plants on your health? :

- ☐ Positive effect
- ☐ Negative effect

5- If the effects of medicinal plants are positive in improving health, on which aspect does it act on you? (Consult the medical file if uncertain; it is possible to fill in several boxes.):

- Reduces or eliminates the tumor
- Improves certain biochemical parameters (to be specified)
- Reduces plant toxicity
- Reduces or eliminates side effects
- Other(pleasespecify)

6- Regarding the plant(s) you consume, how did you discover its anti-cancer medicinal properties?

- Member of your social circle (family, friends, colleagues, neighbors...)
- Traditional healer
- Naturopath / herbalist / phytotherapist
- Healthcare professional
- Internet search
- Radio/television/newspapers
- Other (please specify).....

Regarding the plant(s) you consume, please complete the information below: (leave the space blank if you do not have the requested information)

Plant number 1

1-Names in local language:_____

2-Names in French and/or English: _____

3-Part of the plant you use:

Roots

Bark

Leaves

Fruit

Flowers

4-Frequency of plant consumption :

Daily

1-2 times per week

1-2 times per month

1-2 times per quarter

When you don't have your usual medication Other (please specify).....

5-Is the plant you're talking about also a food?

No, this plant is used only as a traditional medicine.

Yes, this plant can also be consumed as food (vegetable, fruit or tuber...)

6-Are you consuming this plant in combination with the conventional remedies prescribed by your doctor?

No

Yes

Sometimes

Plant number 2

1-Names in local language:_____

2-Names in French and/or English: _____

3-Part of the plant you use:

Roots

Bark

Leaves

Fruit

Flowers

4-Frequency of plant consumption :

Daily

1-2 times per week

1-2 times per month

1-2 times per quarter

When you don't have your usual medication Other (please specify).....

5-Is the plant you're talking about also a food?

No, this plant is used only as a traditional medicine.

Yes, this plant can also be consumed as food (vegetable, fruit or tuber...)

6-Are you consuming this plant in combination with the conventional remedies prescribed by your doctor?

No

Yes

Sometimes

Volunteer (Names and phone number)

APPENDIX 3: QUESTIONNAIRE FOR NATUROPATHS

- **Date:**
- **Contractor's City:**
- **Location:**

ETAT CIVIL DU TRAITANT:

- .Name and surname:**.....
- .Telephone number:**.....
- **Age:**
- .Profession:**Herbalist ☐ Traditional Practitioner ☐ Other ☐.....
- **Family status:** Single ☐ Married ☐
- **Sex:** Male ☐ Female ☐
- **Academic level:** No school ☐ Primary ☐ Secondary ☐ University ☐
- **Place of birth:** Village ☐ City ☐

KNOWLEDGE ABOUT CANCER

- 1- Are you familiar with cancer?** Yes ☐ No ☐ Somewhat ☐
- 2- Under what circumstances do cancer patients generally approach you?** Routine consultation ☐ After diagnosis at a health center ☐
- 3-What types of cancer do you treat with your plants?**.....
- 4- At what stage does the patient generally seek treatment?** At the beginning of the infection ☐ At the advanced stage of the disease ☐
- 5- What types of cancer have you treated during your career?**
- Breast ☐ lungs ☐ prostate ☐ testicle ☐ Other (please specify)
- 6-What plants did you use (list the plants)?**.....
- 7- Besides the herbal preparations you give your patients, do they generally receive other treatments at a health center?**

No ☐ If yes, please specify.....

List some.....

8- At what stage of the disease did you begin treatment with herbal preparations? At the time of diagnosis ☐ At SBR grade 1-2-3 Other (please specify)

9-How long did it take to see results?

1 month ☐ 2 months ☐ 3 months ☐ Other (please specify) ☐

10- What was the duration of the treatment?.....

Did the patients appreciate the treatment? Yes ☐ If no, explain why ☐

11-Plant material:

▪ **Common name:**

▪ **Scientific name (to be determined):**

▪ **Plant Type:** Wild ☐ Cultivated ☐ Weed ☐

▪ **Plant Use:** Therapeutic ☐ Cosmetic ☐ Other ☐

▪ **Harvesting Technique:** Manual ☐ Mechanical ☐

ETHNOPHARMACOLOGIE

12-Ethnological precaution during harvesting

-Best time to harvest: Dry season ☐ Rainy season ☐ Both seasons ☐

-Time of day: morning noon ☐ afternoon evening ☐

- Person designated for harvesting: Traditional healer;.....

Any other person.....

-Are there any special precautions to take during harvesting?

.....

13-Preparation method:.....

14- Plant used alone ☐ Possible combination (of plants to be specified)

☐ :.....

.....

15- Part used: Stem ☐ Flowers ☐ Fruits ☐ Seeds ☐ Bark ☐ Rhizome ☐ Bulb ☐
Leaves ☐ Whole plant ☐ Other combinations:
.....

16- Form of use: Herbal tea ☐ Powder ☐ Essential oils ☐ Fatty oils ☐ Extract (tincture, solution) ☐:

17-Methods of use: Infusion ☐ Decoction ☐ Raw ☐ Cooked ☐ Maceration ☐ Other

18- Solvent used? Water ☐ Palm wine ☐ Palm oil ☐ Palm kernel oil ☐ Honey ☐ Other (please specify)

19- Dosage used: Pinch ☐ Handful ☐ Spoonful ☐ Other (please specify)

20-Precise Dosage:

-Quantity in g/glass:

-Quantity in g/liter:

- Other:

-Concentration Used:

-Quantity in g/liter:

- Other (please specify):

21- Method of administration: Oral ☐ Other ☐

22- Dosage: Number of doses per day.

For children: 1 time/day ☐ 2 times/day ☐ 3 times/day ☐ Other ☐:

For the elderly: 1 time/day ☐ 2 times/day ☐ 3 times/day ☐ Other (please specify) ☐

For adults: 1 time/day ☐ 2 times/day ☐ 3 times/day ☐ Other ☐:

23- Treatment duration: One week ☐ One month ☐ Three months ☐ One year ☐ Other (please specify)...

24- Is the treatment taken alone or with anything other than herbs? Yes

☐ No ☐ If yes, please specify.....

25-Storage Method: Protected from light ☐ **Exposed to light** ☐ **Other**
(please specify) ☐:

26-The plant is used State of the plant: Fresh ☐ Dried ☐ After treatment ☐

▪ **If dried, drying method:**

27-Assessment of results after use of the plant by the traditional healer:

Cure ☐ **Improvement** ☐ **Ineffective** ☐,

28- If there was a cure, how did the patient know?

- They no longer feel well. ☐ Medical Examinations (Ultrasound, etc.) ☐

29- How does the patient rate the result obtained after using the plant?

Effective ☐ Ineffective ☐ Moderate ☐ Other (please specify).....

30-Side effects:

31-Toxicity:

32-Precautions for use:.....

33-Other ethnobotanical uses of the plant:

▪ Urinary tract disorders ☐ ▪ Respiratory disorders ☐ ▪ Glandular disorders ☐

▪ Cardiovascular disorders ☐ ▪ Neurological disorders ☐

▪ Osteoarticular disorders ☐ ▪ Metabolic disorders ☐

▪ Others

34- Where can this plant be found?.....

Thank you for your cooperation.