

[Philippines]

Cancer Management in the Philippines

Jose Asa SABILI*¹

- The Philippine Cancer Control Program (PCCP) promulgated in 1989 is a systematic, comprehensive and integrated approach towards the control of Cancer that can significantly alter or reduce morbidity and mortality utilizing Primary and Secondary Prevention at the community level, Tertiary Prevention in specified medical centers in the different regions of the country, Rehabilitation and Cancer Pain relief activities at both the hospital and community level.

Components of PCCP

- Cancer Epidemiology and Clinical Research
- Public Information and Health Education
- Integration of Cancer Prevention and Early Detection at the Community Level
- Upgrading Cancer Management Capabilities
- Hospital Tumor Boards and Hospital Cancer Registries
- Cancer Pain Relief

Advisory Council

- Formulate the PCCP
- Composed of experienced specialists and technical experts in the fields of oncology and related discipline in medicine coming from the private and the government sectors designated by the Secretary of Health
- Have a Chairman who shall:
 - Call and preside overall council meetings,
 - Provide direction in the formulation of policies/plans and programs
- Have an Executive Officer who shall:
 - Perform liaison work between the Advisory council, office of Public Health Services and the Office for Hospitals and Facilities Services.
 - Prepare and submit periodic reviews of program's progress,

- Monitor program implementation at field level and hospital levels
- Recommend policies and programs to the Council

Assessment of the Cancer Control Program in the Philippines in 1996

- Substantial Increase in Cancer Mortality:
 - The audit confirmed that mortality from cancer had increased substantially over time and was likely to continue increasing. Significant shortcomings in six areas were identified: (1) existing data and data gaps, (2) programmatic efforts, gaps and problems, (3) medical education, (4) policy issues, (5) treatment guidelines and problems and (6) quality control of testing and screening services (44).
- Recommendations:
 - Recommendations were made for each of these areas and it was urged that all of the recommendations should be implemented within 5 years. Effectively and efficiently implemented, these recommendations could prevent the huge toll of premature death, disability and costs from cancer that will otherwise be forthcoming (45).

Community-Based Cancer Care Network (initiated in 1998)

A network of self-sufficient communities sharing responsibility for cancer care and control in the country.

Establishment of a Community-Based Cancer Care Network (CCCN) in 1998

- Responding to a call by the Department of Health-Philippine Cancer Control Program

*1 Past President, Philippine Medical Association. Chairman, PMA Committee on International Relations, Metro Manila, Philippines (sabilijose@yahoo.com).

This article is based on a presentation made at the Symposium "Current Management of Malignant Diseases in the Asian and Oceania Regions" held at the 48th CMAAO Mid-term Council, Macau, China, on November 10, 2012.

(DOH-PCCP) for partnership initiatives at both the national and local levels for joint program undertakings and resource sharing between concerned private and government institutions, the Community-based Cancer Care/Control Network (CCCN) was begun in 1998 (46).

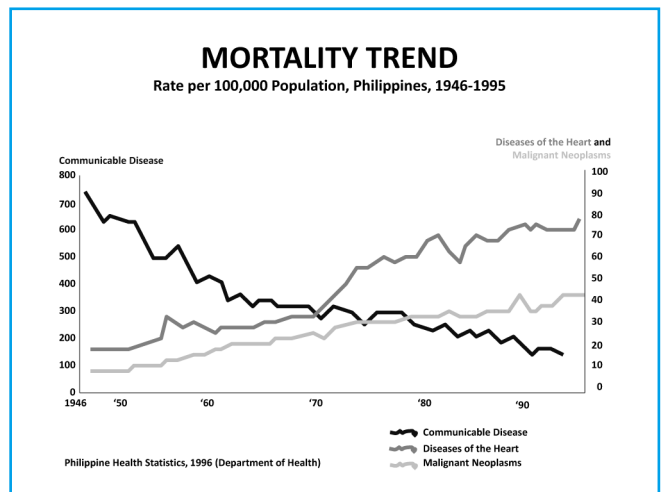
- It has the vision of a self-sufficient network of empowered communities sharing responsibility for total quality cancer care and control in the Philippines and its mission is to organize, integrate and nurture such a network.
- The CCCN is built around the idea that when many organizations and individuals pool their expertise, skills, resources and experience and cooperate to achieve a common goal, they become a powerful force.
- The CCCN is envisioned to be a multi-sectoral strategic approach to improve and redesign

the implementation strategy of anti-cancer control/care in the Philippines.

CCCN Objectives

- continuously update government cancer control program implementers, oncology graduates and care givers on the advances and experiences in anti-cancer practice;
- establish a comprehensive community- and hospital-based Filipino cancer patient data and information base, based on the paradigm of quality care and evidenced-based care;
- serve as the Philippine Cooperative Cancer Study Group; and
- provide continuity of cancer control/care from primary, secondary, tertiary to hospice care, from the community to the hospital to the community.

Cancer Management in the Philippines



Philippine Cancer Control Program (promulgated in 1989)

- The Philippine Cancer Control Program (PCCP) is a systematic, comprehensive and integrated approach towards the control of Cancer that can significantly alter or reduce morbidity and mortality utilizing Primary and Secondary Prevention at the community level, Tertiary Prevention in specified medical centers in the different regions of the country, Rehabilitation and Cancer Pain relief activities at both the hospital and community level.

Components of PCCP

- Cancer Epidemiology and Clinical Research
- Public Information and Health Education
- Integration of Cancer Prevention and Early Detection at the Community Level
- Upgrading Cancer Management Capabilities
- Hospital Tumor Boards and Hospital Cancer Registries
- Cancer Pain Relief

Advisory Council

- Formulate the PCCP
- Composed of experienced specialists and technical experts in the fields of oncology and related discipline in medicine coming from the private and the government sectors designated by the Secretary of Health
- Have a Chairman who shall:
 - Call and preside overall council meetings,
 - Provide direction in the formulation of policies/plans and programs
- Have an Executive Officer who shall:
 - Perform liaison work between the Advisory council, office of Public Health Services and the Office for Hospitals and Facilities Services.
 - Prepare and submit periodic reviews of program's progress,
 - Monitor program implementation at field level and hospital levels
 - Recommend policies and programs to the Council

Cancer Trends in Metro-Manila & Nearby Rizal Province

Males

- Began to decline in 1995

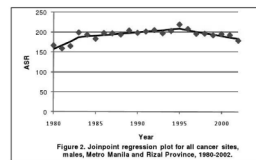


Figure 2. Jointpoint regression plot for all cancer sites, males, Metro Manila and Rizal Province, 1980-2002.

Females

- Stable

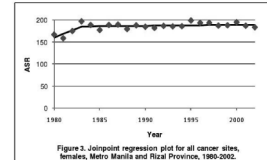


Figure 3. Jointpoint regression plot for all cancer sites, females, Metro Manila and Rizal Province, 1980-2002.

Cancer Trends in Metro-Manila & Nearby Rizal Province

Declining

- Stomach cancer
- Lung cancer
- Liver cancer
- Cervical cancer

Due to:

- decline in Helicobacter pylori colonization of the stomach.
 - (changes in food preservation, from salting or smoking to refrigeration)
 - antibiotic treatment for other diseases that also inadvertently affected H. pylori prevalence.
- decreasing tobacco consumption, which had been decreasing for males and females
- prevalence of Hepatitis B had started to decrease since the 1980s The decrease in incidence by 2002 may be partly attributed to increasing vaccination that started in the 1980s in both private and public sectors.
- Research needed

Cancer Trends in Metro-Manila & Nearby Rizal Province

Increasing

- Colorectal cancer
- Breast cancer
- Prostate cancer
- Thyroid cancer (females)

Due to:

- insufficiency and continuing downward trend in the consumption of fruits and vegetables.
- constant increase in the intake of protein and energy rich foods.
- Lifestyle factors (increased energy consumption, greater inactivity, increased alcohol consumption)
- Reproductive behavior (older age of first pregnancy, less number of children)
- Research needed
- Research needed

Assessment of the Cancer Control Program in the Philippines in 1996

- Philippine Adult Health Project:
 - In 1996, the Asian Development Bank (ADB), working with the Philippine Department of Health (DOH), undertook the Philippine Adult Health Project. International and domestic consultants (S. Havas and C. A. Ngelangel) assessed prevention and control efforts in the Philippines for several existing or emerging health problems including cancer (44,45).
- Substantial Increase in Cancer Mortality:
 - The audit confirmed that mortality from cancer had increased substantially over time and was likely to continue increasing. Significant shortcomings in six areas were identified: (1) existing data and data gaps, (2) programmatic efforts, gaps and problems, (3) medical education, (4) policy issues, (5) treatment guidelines and problems and (6) quality control of testing and screening services (44).
- Recommendations:
 - Recommendations were made for each of these areas and it was urged that all of the recommendations should be implemented within 5 years. Effectively and efficiently implemented, these recommendations could prevent the huge toll of premature death, disability and costs from cancer that will otherwise be forthcoming (45).

Community-based Cancer Care Network (initiated in 1998)

A network of self-sufficient communities sharing responsibility for cancer care and control in the country.

Establishment of a Community-based Cancer Care Network (CCCN) in 1998

- Partnership:
 - Responding to a call by the Department of Health–Philippine Cancer Control Program (DOH–PCCP) for partnership initiatives at both the national and local levels for joint program undertakings and resource sharing between concerned private and government institutions, the Community-based Cancer Care/Control Network (CCCN) was begun in 1998 (46).
- Network:
 - It has the vision of a self-sufficient network of empowered communities sharing responsibility for total quality cancer care and control in the Philippines and its mission is to organize, integrate and nurture such a network.
- Powerful Force:
 - The CCCN is built around the idea that when many organizations and individuals pool their expertise, skills, resources and experience and cooperate to achieve a common goal, they become a powerful force.
- Multisectoral:
 - The CCCN is envisioned to be a multi-sectoral strategic approach to improve and redesign the implementation strategy of anti-cancer control/care in the Philippines

CCCN Objectives

- 1. (CONTINUING MEDICAL EDUCATION AND TRAINING)
 - continuously update government cancer control program implementers, oncology graduates and care givers on the advances and experiences in anti-cancer practice;
- 2. (MONITORING AND INFORMATION)
 - establish a comprehensive community- and hospital-based Filipino cancer patient data and information base, based on the paradigm of quality care and evidenced-based care;
- 3. (RESEARCH AND EVALUATION)
 - serve as the Philippine Cooperative Cancer Study Group; and
- 4. (PUBLIC HEALTH AND CLINICAL MANAGEMENT)
 - provide continuity of cancer control/care from primary, secondary, tertiary to hospice care, from the community to the hospital to the community.

CCCN Composition

- Nodes or LCCN (local community-based cancer control groups called Local Cancer Control/Care Networks)
- Node Characteristics:
 - network with each other towards a common goal of controlling cancer
 - center on a tertiary government hospital
 - composed of a network of satellites
 - NGOs, (cancer control-related NGO, e.g. Philippine Society of Oncology)
 - GOs (DOH–PCCP)
 - Individuals (area oncologist)
 - self-sufficient and self-reliant
 - a registry software for the CCCN Hospital Tumor Registry
 - collaborate with the Regional DOH–PCCP Coordinator
- Since 1998, several Network Nodes have been organized

Maraming Salamat! (Thank You Very Much!)

References:

1. Philippine Cancer Control Program Monograph
2. Cancer in the Philippines Vol. IV Parts 1 & 2
3. 2005 & 2010 Philippine Cancer Facts and Estimates
4. Cancer and the Philippine Cancer Control Program, Ngelangel C., and Wnag, E. *Jpn. J. Clin. Oncol.* (2002) 32 (suppl 1): S52-S61.