



The Department of Health - Philippine Cancer Control Program

DOH National Cancer Control Beginnings prior 1987

As cancer rose to become the 5th leading cause of death in the country, *initial efforts by the Department of Health for cancer control* were effected through the creation of an autonomous unit called the **National Cancer Control Center**. Other positive developments in the past included the establishment of a population-based cancer registry that gathers cancer incidence data, and a **Community Cancer Control Program in the Province of Rizal (1973)**, under the auspices of the Rizal Medical Center.

Executive Order 119 in 1987 – The Philippine Cancer Control Program

By virtue of **Executive Order 119 in 1987**, the National Cancer Control Center (NCCC) was abolished. The NCCC Manila building and Quezon City office went to Jose R. Reyes Memorial Medical Center and East Avenue Medical Center, respectively. Its function related to the planning of the cancer control program was transferred to the then newly-created Non-Communicable Disease Control Service under the Office for Public Health Services. To assist this Office, the Secretary of Health, in May 1987, formed a Cancer Core Group. The members, from the private as well as the government sectors, developed the framework for the present **Philippine Cancer Control Program (PCCP)**. The Cancer Core Group was later reconstituted to become the Advisory Council of the Program (1991), which met from DOH Secretary Alfredo Bengzon up to DOH Secretary Carmencita Reodica's term.

Administrative Order No. 89-A s 1990

AO No 89-A s 1990 provided the guidelines of the PCCP. It specified the program policy, components, implementing guidelines and timetable.

The first phase of the program implementation was the orientation training in **1988** of **Regional PCCP Core Trainers in four selected provinces which had the capability for cancer management**: **National Capital Region**-Jose R. Reyes Memorial Medical Center (JRRMMC) and East Avenue Medical Center (EAMC); **Benguet** - Baguio General Hospital; **Rizal** - Rizal Medical Center; **Cebu** - Vicente Sotto Memorial Medical Center; **Davao del Sur** - Davao Medical Center. These selected Regional Core Trainers in turn trained the field health implementers in the provinces and the communities.

For 1992, the program's coverage of implementation gradually expanded to include the other regions. It is also in **1992**, that the operationalization of the **Specific Cancer-Site Cancer**

Control Programs of the PCCP was started. It is implemented in all the regions of the country through the designated Regional/Municipal Cancer Control Coordinators.

The DOH-PCCP was initially under the Degenerative Disease Control Cluster of the Department of Health.

The Department of Health – Philippine Cancer Control Program
is a systematic, organized, integrated approach to the control of cancer that can significantly alter or reduce mortality and morbidity utilizing primary and secondary prevention at the community level, and tertiary prevention and rehabilitation at both the community and hospital levels, in all regions of the country.

The aim of cancer prevention is to develop methods, plans or policy for interventions that will benefit the population, as well as develop systems for monitoring and evaluating these interventions in the future. The purpose of interventions is to reduce the incidence, morbidity, mortality rates of cancer and cost of cancer management. Because the modes of interventions that will be employed involve changes in lifestyles, behavior, and environment, it is logical to assume that complex psychological, physiological and cultural problems may arise. In cancer prevention and control, priority should be given to those that cause the greatest morbidity and mortality, those for which substantial risk is associated with certain exposures, and for which apparently effective interventions are available. A realistic and relevant cancer prevention and control program must utilize **Primary Prevention, Secondary Prevention, Tertiary Prevention (Definitive Diagnosis & Management and Supportive Care Rehabilitation and Pain Relief)** and **Research**.

It is on the premise that cancer can be largely prevented mainly as a public health effort that the Philippine Cancer Control Program was established. The goal of the PCCP is to establish and maintain a system that integrates scientific progress and its practical applications into a comprehensive program that will reduce cancer Morbidity and Mortality in the Philippines.

<http://www.doh.gov.ph/content/philippine-cancer-control-program.html>

The Six Specific Objectives, also called the “6 PILLARS” of the PCCP are:

- ➔ **Cancer Epidemiology & Research** - To assess the impact of cancer in the community, elucidate causal factors, identify high risk groups, and assess the effects of preventive and therapeutic programmes. To conduct relevant research on the Prevention, Diagnosis, and Treatment of cancer as well as Supportive Care and Rehabilitation of cancer patients.

- ➔ **Public Information & Health Education** - To conduct continuing public information campaign on the prevention and early detection of cancer. Under this pillar, the National Cancer Consciousness Campaign year-round is the primary strategy, which includes the development and maintenance of an e-campaign against cancer
- ➔ **Cancer Prevention & Early Detection** - To carry out a multi-sectoral activity that will aim to promote relevant Cancer Prevention Programmes, as well as the early detection of specific cancer types/ sites. Under this pillar, the Cervical Cancer Screening Program is an example
- ➔ **Cancer Treatment & Training (Strengthening Cancer Treatment Capabilities of Regional Medical Centers)** - To carry out a well-coordinated treatment program by the various medical disciplines involved in the treatment, supportive care and rehabilitation of cancer patients. To design and implement Training Courses related to all aspects of Cancer Control for the personnel of the DOH and other institutions. Under this pillar, the oncology training programs in medical oncology and radiotherapy were set up in Jose R. Reyes Memorial Medical Center (a DOH hospital), Manila, to complement the training programs similarly given by the University of the Philippines-Philippine General Hospital (a non-DOH hospital). This pillar includes provision of radiotherapy facilities in strategic places over the country (Baguio & Cabanatuan in the North; Metro Manila; Cebu & Tacloban in Visayas; Davao & Zamboanga in Mindanao). There is also a plan to strengthen pain clinics and hospice care facilities in DOH hospitals in the country, for the implementation of the DOH-Cancer Pain Control Program. This also includes provision of anti-cancer drugs in oncology capable DOH hospitals. This also provides for the strengthening of screening & early detection facilities of DOH hospitals.
- ➔ **Hospital Tumor Board & Tumor Registries** - Under this pillar, the Manila, Rizal, Davao, Cebu population-based cancer registries are currently ongoing. There is a mandate for development of Hospital Tumor Registries of DOH hospitals. Hospital Tumor Boards are a must in surgery-training accredited hospitals in the Philippines
- ➔ **Cancer Pain Relief & Palliative Care** - DOH provides free morphine for indigent patients of its hospitals, in addition to palliative and rehabilitation care beds within the medical wards of the hospitals

The Specific Cancer Programs of the DOH-PCCP are:

1. **LUNG CANCER CONTROL PROGRAM** - this refers to the systematic, organized and integrated approach towards the control of lung cancer reducing its morbidity and mortality utilizing primary prevention at the community level (smoking control), secondary and tertiary prevention at special medical centers, and rehabilitation activities at both the community and hospital level.
 - focus on anti-smoking campaign (which covers 85% of all cancer site control campaign)
- Specific Objectives
 - To inform/ educate school children and adults on the hazards of smoking and its known risk of developing cancer
 - To prevent the onset of smoking and decrease the number of smokers
 - To identify among Filipinos those at high risk of developing lung cancer (40 years old and above smokers)
 - Anti-smoking campaign - this is carried out through the following components:
 - Public Information & Health Education - focus on increasing public awareness on the hazards of smoking and changing the attitude and behavior among primary and

secondary school children. To reach out to the general public through mass communication approaches dealing with specific target audiences through interpersonal communications in an individualized process or group activity. Social mobilization is important to generate and sustain participation from all sectors of society: governmental, professional organizations, religious and industrial establishments.

- Legislation measures - This has a critical role in the elimination of the smoking habit, elimination of advertisements and promotion of tobacco products, sales to minors. with labeling, tax and price policies on cigarettes. All interested sectors (GOs and NGOs) shall support legislative measures against tobacco. Initially, this activity can be started through local ordinances that is acceptable to policy makers and the public at large.
 - Intervention - Smoking Counseling Clinics in strategic localities will provide service to the identified smokers behavior, degree of tobacco addiction, and type of social environment. These clinics will use both pharmacological and non-pharmacological approaches
 - Research & Epidemiology - Generation and collection of data on all aspects of smoking is carried out through research in the light of meager information. Lead agencies for this activity will be the DOH-Essential National Health Research, the lung Center's Research and Development Section, the PCHRD, the academe like the UP-PGH, and the Colleges of Medicine and Public Health.
- Some example regulations were written as follows:
 - In 28 January 1993, DOH Administrative Order No. 8 s. 1993 **prohibited smoking in the Department of Health and its premises.**
 - In 2001, the Department of Interior & Local Government likewise prohibited smoking in its offices and premises. More specific campaigns were initially done in government hospitals, which are given incentives or awards given how actively implemented their no-smoking drive is. Also, the application form of job applicants includes information on his smoking habit.
 - In 22 March 1993, DOH Administrative Order No. 10 s. 1993 laid out the rules and regulations on labeling and advertisement of cigarettes.
 - The DOH has joined multi-sectoral groups in the lobby for the anti-smoking Bill #358 in the Senate. The DOH is the implementing agency of Chapter IV, Labeling and Fair Packaging of RA 7394 or the Consumers Act of 1992 with respect to hazardous substances. Article 94 of Chapter IV of RA 7394 provides that all cigarettes for sale or distribution within the country shall be contained in a package which shall bear the following statement or its equivalent in Filipino - '**Warning: Cigarette Smoking is Dangerous to your Health**'. An amendment to this regulation came out with the label on the sides of the package and not in front and back panels. The cigarette warning also appeared on television after a cigarette ad. Quezon City was the 1st city to issue a no-smoking policy in public places ordinance.
2. **BREAST CANCER CONTROL PROGRAM** - this refers to the implementation of a nationwide anti-breast cancer scheme, i.e. public information and health education, case finding (secondary prevention) and treatment (tertiary prevention) integrated into the community health structure and equipped to control breast cancer in a systematic sustained manner.
- focus on early detection and treatment, and healthy lifestyle

- Specific Objectives
 - To inform or educate all women 30-60 years old on breast self-examination and the importance of doing a regular monthly breast self-examination (BSE)
 - To detect the maximum number of early stage breast cancer by offering yearly breast examination to all 30-60 years women attending a health institution
 - To treat and/ or rehabilitate all detected cases

- Program Strategies
 - Full integration of the basic cancer control measures, i.e. public information and health education, case finding and treatment, with the government's basic medical health services and other non-governmental organizations through the primary health care approach
 - Operationalization of a bilateral referral system
 - Making more intensive use of information, education, and communication activities
 - Standardization recording and reporting with a built-in monitoring and evaluating system
 - Establishment of regular and frequent supervision
 - Adopting post-surgical adjuvant chemotherapy regimen for six months for all pre-menopausal and hormonal receptor-negative post-menopausal patients as well as adjuvant hormonal regimen for 2-5 years for hormonal receptor positive post-menopausal patients
 - Provision of adequate logistical support for public health and hospital services
 - Making available breast examination training programs, residency and post-residency training programs, hospital service and anti-cancer drugs

- Case Finding - Breast Examination

In the Philippines, only a few have had the opportunity to learn about the possible benefits of regular BSE, physician examination and or even mammography. Investigation in literature indicates that screening appears to protect against dying from breast cancer (relative risk of 0.30 to 0.48) especially for elder women and women who have been screened twice. In the unscreened group, cancer tends to be detected at a later stage than the screened group. The stage of the disease at diagnosis affects the prognosis and thus mortality. A 1/3 reduction in mortality for breast cancer has been attributed to screening.

As screening procedures, physical examination and mammography both detect cases not detected by the other, but the contribution of mammography is substantially greater. Mammography however, is not easily available or financially feasible for most of the Filipino populace. Therefore, breast examination is implemented as a secondary prevention method in the Philippines. For women who do BSE on a regular monthly basis or for those who undergo yearly physician breast examination, the sensitivity reported for detecting cancer ranges from 35% to 85%. For levels of 65% to 85% sensitivity, studies show benefit in terms of earlier disease detection.

3. CERVIX UTERI CANCER CONTROL PROGRAM

- focus on early detection and treatment, and healthy lifestyle

- Specific Objectives
 - To educate people about cervical cancer, its symptomatology, methods of early detection and preventive measures
 - To screen at least 85% of women 25-55 years of age every 3 years using acetic acid wash
 - To identify early lesions of cervical cancer
 - To establish a practical/ applicable referral system
 - To implement appropriate treatment protocol for the different stages of cervical cancer
- Program Activities
 - Public Information & Health Education
 - Professional Education
 - Primary prevention
 - Case-finding with use of acetic acid wash
 - Diagnosis with use of Pap smear and colposcopy
 - Treatment
 - Research
- Some example regulations were written as follows:
 - **From DILG CAR – Memo Circ No. 99-28 (Feb 10, 1999)** = The Department of Health, through the Philippine Cancer Control Program, will be implementing the Cervical cancer Screening Project with the view to provide opportunities toward the early detection and control of cervical cancer.
 - The cervical cancer prevention advocacy program was initiated through **Proclamation No. 368, s.2003** which celebrates Cervical Cancer Awareness Month during the month of May.
 - Department of Health, Philippines. **Administrative Order No. 2005-2006: Establishment of a Cervical Cancer Screening Program 10 February 2005.**

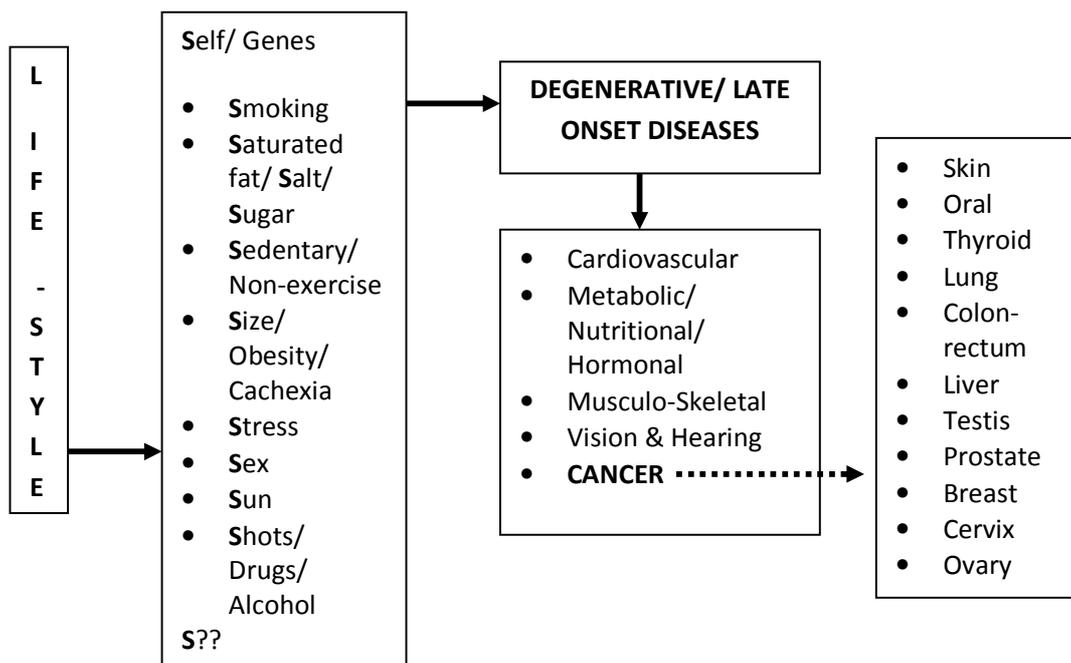
4. LIVER CANCER CONTROL PROGRAM - focus on hepatitis B vaccination, in collaboration with Immunization Program of the DOH

- Several **Governmental Legislations and Department of Health Circulars** have been passed towards the fight against hepatitis B:
 - **DOH Circ No 242s 10 Dec 1990** “Implementing Guidelines on the Integration of Hepatitis B into the Expanded Program on Immunization”
 - Hepatitis B vaccine was introduced in 1992 targeting 40% of infants, with planned coverage by 10% every year thereafter until 100% coverage by 1999 is reached – not fulfilled due to insufficient funds

- **RA No 7846-2006** “Compulsory Hepatitis B immunization among infants and children less than 8 years old”
 - Goal was to reduce chronic infection of hepatitis B to <1% among birth cohorts from baseline levels of 10-12%
- **DOH AO N 0015-2006** “Implementing Guidelines on Hepatitis B immunization for infants” – implementation of RA 7846
 - Goal is to reduce the chronic hepatitis B infection rate by HBSAg prevalence to <1% among 5-yr-old children born after routine Hep B vaccination at birth started (providing 3 doses of routine Hep B vaccine among infants including birth dose)
 - DOH to procure 75% of hep B needs for 2007 and 100% starting 2008 and onwards to provide all 0-11 months olds with 3 doses of hep B vaccine in the 1st yr of life free of charge in all health facilities and other institutions providing immunization services for children nationwide
- **RA No 10152 June 2011** “Mandatory Infants and Children Health Immunization Act” – includes Hep B vaccine free to infants within 24 hrs of birth
- **RA No 10526 April 2013** “Liver Cancer and Viral Hepatitis Awareness & Prevention Month Act” – declares January as liver cancer and viral hepatitis awareness and prevention month

5. **COLON/RECTAL CANCER CONTROL PROGRAM** - focus on digital rectal exam/ FOBT and healthy diet lifestyle, in collaboration with Nutrition Program of the DOH

6. **HEALTHY LIFE STYLES** - the following model (CANGelangel, 1999) sets out the relationship between life-style and degenerative or late-onset diseases, with particular emphasis on cancer:



The model indicates that unhealthy lifestyles (the 'Sinful Styles or SSs' - smoking to some unknown risky lifestyle) can lead to degenerative or late onset diseases on a background of vulnerable genes (self) of the individual. One of these diseases is cancer, particularly of the skin, oral, thyroid, etc.

Health Care Intervention Strategies in the diseases associated with risky lifestyles are:

- Information dissemination & Education campaign - avoidance of lifestyle
- Counseling
- Screening
- Case-finding and Treatment
- Disease-specific clinical management
- Rehabilitation
- Supportive care

7. CANCER PAIN RELIEF PROGRAM - started in 1989, leading the way to Hospice-At-Home concept.

- focus on cancer pain relief and support groups, rehabilitation & hospice care

This program primarily implemented the WHO analgesic Ladder, in a modified way cutting the ladder to a 2-step (skipping 2nd ladder - weak opioid) from an original 3-step. The main analgesic concepts implemented are:

- Use of oral drugs, allowing hospital discharge and home care
- Analgesics are given on a regular basis - 'by the clock'
- Choice of analgesic agent given is 'by the ladder'

- The Dangerous Drugs Board on October 19, 1989 through Board regulations No. 6, 6-A, 7, 8 have changed the regulations on the use of morphine exclusively for cancer patients, effectively achieving the following
 - Facilitated the process of obtaining an official prescription (DDB Form No. 1-72) and a local purchase form (DDB Form No. 8-72). Regional Health Directors as agents of the Board to approve applications of the above forms.
 - Assigned dispensing to duly-licensed Hospital Pharmacies
 - Increased the number that can be obtained at one time to – I) for official prescription = 840 mg morphine oral, 448 mg morphine iv, ii) for local purchase = 1.68 gm morphine oral, 896 mg morphine iv
 - The Philippine quota for the annual importation of morphine has been increased by the International narcotics Control Board from 1 kilogram to 25 kilograms. There is a current move to increase the quota further to 50 kgs. The morphine consumption nationwide in 1990 was 6 kgs, in 1991 – 1 kg, in 1992 – 5 kg, in 1993 – 18 kgs, and in 1994 – 38 kgs. The government hospitals consumed only 30 kgs in 1991-1994; only 18/ 53 hospitals submit regular reports on morphine consumption
 - The Bureau of Foods & Drugs had approved new formulations of morphine sulfate tablets that now include 10, 20, 30, and 50-mg tablets.
 - Regular budget for the purchase of morphine sulfate tablets was identified in 1990
 - The National Drug Council in 1992 approved the inclusion of morphine tablet sustained release in the National Drug Formulary.

This DOH-CANCER PAIN RELIEF PROGRAM in the Philippines, paralleled the Philippine Cancer Society's Hospice-At-Home concept (1989), which eventually became a reality when then DOH Acting Secretary Jaime Galvez Tan declared that Hospice Care be incorporated in the Cancer Pain Relief Program of the DOH, with PCSI as lead agency for Hospice Care and the DOH to support the PCSI's activity (i.e., hospice care workers home visits within the Metro Manila area) in terms of cancer pain control (mainly supply of morphine tablets for indigent cancer pain patients).

CURRENT INTERVENTIONS/ STRATEGIES EMPLOYED OR IMPLEMENTED BY DOH

Packages of Services

- Free cervical cancer screening provided every year in 58 DOH Hospitals done during the month of May to screen women ages 30-45 years of age.
- Free adjuvant chemotherapy for women diagnosed stage 1 to 3A breast cancer in 4 pilot hospitals (Jose Reyes Memorial Medical Hospital, East Avenue Medical Center, Rizal Medical Center, UP-PGH) funded by NCPAM
- Free chemotherapy for acute lymphatic leukemia (ALL) among children with cancer funded by NCPAM

Strategies

- Promotion of Healthy Lifestyle
 - Increase avoidance of the risk factors
 - Vaccinate against human papilloma virus (HPV) and hepatitis B (HBV)
 - Control occupational hazards
 - Reduce exposure to sunlight
- Improve screening/ diagnosis and treatment
- Improve rehabilitation and palliative care
- Improve cancer registry

FUTURE PLAN/ ACTION

1. Strengthen the implementation of an Integrated Lifestyle related disease control program for the promotion of healthy lifestyle and avoid population risk exposure.
2. Maintain the operation of an integrated chronic non-communicable disease registry system in all health facilities.
3. Development of service package for cancer control program

4. Development of clinical practice guidelines for cancer control program.
5. Development of strategic framework and five year strategic plan for cancer control program