



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JAN 06 2016

ADMINISTRATIVE ORDER
No. 2016-0001

SUBJECT: Revised Policy on Philippine Cancer Prevention and Control

I. RATIONALE

Cancers figure among the leading causes of morbidity and mortality worldwide, with approximately 14 million new cases and 8.2 million cancer related deaths in 2012 (*WHO*). It is expected that annual cancer cases will rise from 14 million in 2012 to 22 million within the next 2 decades and over 200,000 children will be affected yearly (*WHO*). Every year cancer drains an estimated \$2 trillion from the world economy in terms of lost output and the cost of treatment, equivalent to around 1.5% of global GDP, as well as wreaking terrible suffering on millions of individuals, families and communities (*World Economic Forum 2014*). In a recent study conducted by The George Institute for Global Health, University of Sydney, a study of new cancer patients in the Association of Southeast Asian Nations (ASEAN) region called the Asean CosTs In ONcology (ACTION) showed that a cancer diagnosis in Southeast Asia is disastrous, even within only 12 months, for over 75% of new patients. The ACTION Study adds compelling evidence to the argument for policies that improve access to care and provide adequate financial protection from the costs of cancer.

Cancer is still the third leading cause of morbidity and mortality in the country after diseases of the heart and the vascular system (Philippine Health Statistics 2011). In the WHO Globocan 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012 report, the estimated incidence of cancer in the Philippines for both men and women (excluding melanoma skin cancer) reached more than 43,000 and will increase by 64% within 5 years. About 3,500 new cases of cancer will be diagnosed in children every year – the equivalent of almost 10 children every day (Philippine Children's Medical Center).

A recent assessment revealed shortcomings in the Philippine Cancer Control Program (PCCP) which began in 1990 and urgent recommendations were made to reverse the 'cancer epidemic'. Hence, there is an urgent need to revise and strengthen the Administrative Order No. 89-A s. 1990 to fill in the gaps and to further improve the PCCP which shall be known now as the Philippine Cancer Prevention and Control Program.

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II. OBJECTIVES

A. General

This order is aimed to set overall policy directions and identify the roles and functions of DOH, its offices and partner agencies in reducing the impact of cancer and improve the well-being of Filipino people with cancer and their families by providing holistic services from cancer prevention, screening, diagnosis, palliative care and treatment, until recovery and end-of-life or hospice care.

B. Specific

- 1) To operationalize the National Cancer Registry and Surveillance System
- 2) To reduce mortality and improve overall survival and quality of life of people with various cancer types through early diagnosis and prompt treatment;
- 3) To reduce the incidence of prioritized cancers associated with the most common avoidable risk factors;
- 4) To ensure that prioritized cancer control services are provided in an equitable and sustainable way at all levels of care;
- 5) To increase and expand the coverage of cancer treatment, including but not limited to the use of innovative drugs and psychosocial support in the preventive, treatment, and survivorship stage of the patient and family, if necessary;
- 6) To set regulatory and accreditation standards for cancer institute / center, as an integral part of DOH and government hospitals including private hospitals as applicable, that follows a multi-disciplinary and interdisciplinary team approach to cancer management; and
- 7) To develop and update regularly a compendium of guidelines or standards for prioritized cancers including childhood cancer

III. SCOPE

This issuance shall apply to all stakeholders of cancer control – bureaus, national centers, services and attached agencies of the Department of Health and other key government agencies; local government units (LGUs); government-owned and -controlled corporations (GOCCs); health professionals and other health care providers, both public and private; anti-cancer health product providers; professional organizations and societies, civil society organizations (CSOs); non-government organizations (NGOs), research and development partners; academe; patients and patients' groups.

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IV. KEY DEFINITIONS

- A. **Cancer** is a generic term for a large group of diseases that can affect any part of the body. Other terms used are *malignant tumors* and *neoplasms*. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs, the latter process is referred to as metastasizing. Metastases are the major cause of death from cancer. (*WHO February 2015*)
- B. **Cancer Control** aims to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systemic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care. (*WHO Cancer Control Knowledge Into Action 2008*)
- C. **Cancer Diagnosis** comprises the various techniques and procedures used to detect or confirm the presence of cancer. Diagnosis typically involves evaluation of the patient's history, clinical examinations, review of laboratory test results and radiological data, and microscopic examination of tissue samples obtained by biopsy or fine-needle aspiration. (*WHO Cancer Control Knowledge Into Action 2008*)
- D. **Cancer Prevention** refers to measures and interventions that will decrease the likelihood or risk of an individual of acquiring cancer.
- E. **Cancer Survivorship** starts at the time of disease diagnosis and continues throughout the rest of the patient's life. Family caregivers and friends are also considered survivors. It has three distinct phases: living through, with and beyond cancer. (MD Anderson Cancer Center)
- F. **Cancer Treatment** is the series of interventions, including psychosocial and nutritional support, surgery, radiotherapy, chemotherapy and hormone therapy, that is aimed at curing the disease or prolonging the patient's life considerably (for several years) while improving the patient's quality of life. (*WHO Cancer Control Knowledge Into Action 2008*) Some people with cancer will have only one treatment. But most people have a combination of treatments, such as surgery with chemotherapy and/or radiation therapy. Patients may also have immunotherapy, targeted therapy, or hormone therapy. Source: National Cancer Institute
- G. **Hospice care** is end-of-life care provided by health professionals and volunteers. They give medical, psychological and spiritual support. The goal of the care is to help people who are dying to have peace, comfort and dignity.
- H. **Interdisciplinary** refers to integrating knowledge and methods from different disciplines, using a real synthesis of approaches, e.g. oncologist – nurse – social worker – caregiver. **Multidisciplinary** refers to people from different disciplines working together, each drawing on their disciplinary knowledge, e.g. oncologist – surgeon – radiologist. The cancer care team may include not only the surgeon, radiation oncologists, and medical oncologists but also the

expert in diagnostic imaging, the pathologist, the genetic counselor, the oncology nurse, the physical therapist, the hospital pharmacist, and others. Well-coordinated multi- and interdisciplinary care is the current standard, where patients can obtain consults and see specialists who all practice in one central location. *Source: <http://www.medscape.org/viewarticle/575352>*

- I. **Palliative Care** is treatment to relieve, rather than cure, symptoms caused by cancer. It can help people live more comfortably. Relief from physical, psychosocial and spiritual problems can be achieved in over 90% of advanced cancer patients through palliative care. (*WHO February 2015*)
- J. **Patient Navigation** refers to individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. **Cancer patient navigation** works with a patient from pre-diagnosis through all phases of the cancer experience.
- K. **Premature Mortality** refers to deaths that occur before a person reaches the average life expectancy as specified by Phil. Stat Authority (68.5 as of 2013).

V. IMPLEMENTING MECHANISM

A. General Guidelines

1. The National Cancer Control Committee (NCCC) shall lead in the implementation of National Cancer Control Program.
2. The Regional Cancer Control Committee shall adopt the national policies and standards and oversee their implementation at the regional level.
3. The Provincial Cancer Control Committee shall adopt the regional policies and standards and implement them at the local or grassroots level.
4. The Experts Group shall formulate and update protocols and standards on cancer screening, diagnosis, and treatment.
5. The NCCC shall come up with a compendium of all updated protocols and standards on cancer prevention, screening, diagnosis, treatment, and palliative care.
6. The NCCC shall develop the Comprehensive Cancer Management Guidelines for hospitals and community-based facilities.
7. The NCCC shall develop the Implementing Guidelines on Cancer Patient Navigation.

B. Specific Guidelines

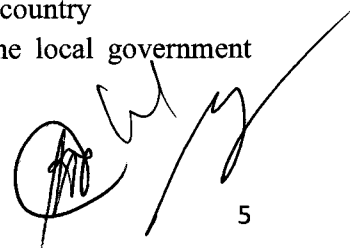
1. The National Cancer Control Committee shall be created to lead in the implementation of the Philippine Cancer Prevention and Control Program (PCPCP).

1.1 Composition

| MEMBERS | OFFICE / AGENCY / ORGANIZATION |
|---|--|
| Undersecretary / Asst. Secretary (Chair) | DOH – Office for Technical Services |
| Director IV | Disease Prevention and Control Bureau (DPCB) |
| Senior Vice President | PhilHealth – Health Finance Policy Sector |
| Director General | Food and Drug Administration (FDA) |
| Executive Director | Philippine Cancer Society Inc. |
| President | Philippine Alliance of Patient Organizations (PAPO) |
| Chairman | UP-PGH Cancer Institute |
| Director IV | Health Promotion and Communications Service (HPCS) |
| Executive Director | Philippine Children’s Medical Center |
| Division Chief | Office for Health Regulations - Pharmaceutical Division |
| <u>Secretariat:</u> Chief / Program Manager, PCPCP | Lifestyle-Related Disease Division (LRDD) |

1.2 Roles and Functions of NCCC

- a) Shall set the roadmap of Philippine Cancer Prevention and Control Program (PCPCP)
- b) Shall plan, establish and implement policies, guidelines and standards throughout the continuum of holistic health care (preventive, promotive, curative, rehabilitative and palliative) thru multidisciplinary and interdisciplinary team and patient-centered approach
- c) Shall advise or recommend upgrading of existing cancer management facilities in the country
- d) Shall be the coordinating body for all cancer works in the country
- e) Shall ensure the implementation of PCPCP down to the local government units



- f) Shall establish and carry out an effective nationwide cancer education program and its dissemination
- g) Shall provide technical and financial support on cancer prevention, early detection, palliative care, treatment and hospice care
- h) Shall establish and carry out effective training program
- i) Shall ensure the collection and analysis of data from registry and surveillance
- j) Shall implement, monitor and evaluate the PCPCP regularly through implementation review and impact evaluation
- k) Shall empower and engage all the stakeholders to actively work on and participate in on various areas of PCPCP
- l) Shall endorse support for researchers in the clinical, epidemiological, public health and knowledge management areas and in collaboration with international institutes
- m) Shall provide other forms of assistance as may be identified and approved by the Secretary of Health

1.3 Sub-committees of the NCCC shall be created. (see Annex)

- 2. Regional Cancer Control Committee (RCCC) shall also be created in every region which shall formulate and implement policies, programs, activities, and projects related to cancer control.

2.1 Composition

- a) NEDA-Regional Development Council
- b) DOH-Regional Office
- c) PhilHealth Regional Office
- d) Office of the Governor
- e) Provincial Health Office

2.2 RCCC shall formulate and implement policies, programs, activities and projects related to cancer prevention and control. The members of the committee shall hold a regular meeting to be presided by the DOH-Regional Office representative being the chair.

- 3. The Office of the Governor and Provincial Health Office shall create their own Provincial Cancer Control Committee (PCCC) which shall be composed of the City / Municipal Health Officers and all stakeholders of cancer control as members. PCCC shall hold regular meetings to be presided by the Provincial Health Officer being the chair.

C. Roles and Responsibilities

1. **Office of the Secretary of Health (OSEC)**
The Secretary of Health upon recommendation of the Office of the Undersecretary or Assistant Secretary of Health in charge of DPCB shall approve appropriate policies, standards and guidelines to further implement this Order.
2. **Disease Prevention and Control Bureau (DPCB)**
The DPCB shall provide overall direction, coordination and oversight; establish standards and package of services on cancer control and ensure their quality, access, and availability at all levels of the healthcare system; and support the design of health financing as related and applicable to cancer screening, diagnosis, and treatment in collaboration with PhilHealth and other partners.
3. **Health Promotion and Communications Service (HPCS)**
The HPCS shall be the lead agency in the development of promotion and communication plan including IEC materials and tools for cancer control in coordination with DPCB and other relevant offices/agencies.
4. **Health Facility Development Bureau (HFDB)**
The HFDB shall upgrade and enhance health facilities at all levels of care so as to make them capable of providing appropriate cancer control services.
5. **Health Facilities and Services Regulatory Bureau (HFSRB)**
The HFSRB shall ensure compliance of health facilities at all levels of health care to the prescribed standards on physical facility, equipment and personnel.
6. **Health Human Resource Development Bureau (HHRDB)**
The HHRDB shall provide technical assistance in the development of learning interventions for health professionals involved in cancer control.
7. **Bureau of Local Health Systems Development (BLHSD)**
The BLHSD shall ensure the adoption, implementation and sustainability of cancer control program down to the grassroots level through the regional and provincial cancer control committees.
8. **Pharmaceutical Division (PD)**
The PD shall support the National Cancer Control Program in assuring the sustainable supply of essential cancer medicines through supply chain strengthening that will ensure affordability, availability and rational use of medicines.
9. **Knowledge Management and Information Technology Service (KMITS)**
The KMITS shall oversee the operation and maintenance of the health facility/hospital-based National Cancer Registry.
10. **Epidemiology Bureau (EB)**
The EB shall establish and sustain the National Cancer Surveillance Systems; oversee the management and dissemination of data related to cancer control; and support the conduct of population-based cancer registry.

11. **Bureau of International Health Cooperation (BIHC)**
The BIHC shall coordinate with international development partners and other external institutions for technical and resource assistance for the implementation of this Order.
12. **Logistics Management Division (LMD)**
The LMD shall ensure proper storage, distribution, and disposal of all forms of evidence-based therapies.
13. **Food and Drug Administration (FDA)**
The FDA shall ensure the safety, efficacy and quality of all health products used for cancer diagnosis and management.
14. **Philippine Health Insurance Corporation (PhilHealth)**
PhilHealth shall work with DPCB in crafting the national policy that will set the guidelines for designing health care benefit packages; and develop and implement health insurance packages for clients requiring cancer screening, diagnosis, and treatment services to reduce financial burden and impoverishment of individuals and their families.
15. **Regional Offices (ROs)**
The ROs shall provide technical assistance to the LGUs and ensure the operationalization of regional cancer control committee and establish the standards and guidelines for an efficient hospital referral system within the locality.
16. **DOH Hospitals**
The DOH hospitals, especially those with cancer institute or center, shall ensure provision of quality cancer screening, diagnosis and treatment for eligible patients.
17. **Local Government Units (LGUs)**
The LGUs shall adopt the establishment of regional and provincial cancer control committees and provide services and necessities in selected health care facilities and hospitals in their localities.
18. **Department of Labor and Employment–Bureau of Working Conditions (DOLE-BWC) / Civil Service Commission (CSC)**
The DOLE-BWC and CSC shall be encouraged to develop workplace policies and procedures that are relevant to cancer prevention and control.
19. **Philippine Council on Health Research and Development (PCHRD)**
PCHRD as the lead agency of Philippine National Health Research System (PNHRS) shall coordinate research and development of the National Cancer Control Program.
20. **Non-government organizations (NGOs), professional groups, other national government agencies / organizations, private sector, and the academe (DepEd and CHED)** shall adopt, provide support and assist in the implementation of this Order.

D. Monitoring and Evaluation

1. Key performance and outcome indicators and tools shall be developed in coordination with the Health Policy Development and Planning Bureau to track the progress and impact of this Order.
2. Monitoring and evaluation of this policy shall start three (3) years after its effectivity and yearly thereafter.

E. Funding

The Department of Health (DOH) shall allocate funds for the implementation of this Order at all levels of care, as may be drawn from regular budget allocations, special funds such as Sin Tax Revenues and other funding sources.

VI. SEPARABILITY CLAUSE

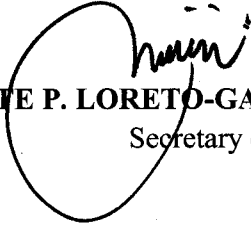
If any provision of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected thereby shall remain valid and effective.

VII. REPEALING CLAUSE

Administrative Order No. 89-A s. 1990 and other previous Orders inconsistent in part or in whole to this Order are hereby rescinded or amended accordingly.

VIII. EFFECTIVITY

This Order shall be effective fifteen (15) days after publication to the official gazette or in newspaper of general circulation.


JANETTE P. LORETO-GARIN, MD, MBA-H
Secretary of Health