**ICanServe Foundation**

**Silver Linings 2019**

**Living and Coping with a Stage 4 Diagnosis**

**Location: PICC Room 2**

**Speaker: Ms. Ranjit Kaur, Dr. Mae Corvera & Marivic Bugasto**

**Moderator: Bibeth Orteza**

[01:40:32]

**Moderator:** We are here to talk about... our topic is "Living and Coping with Stage 4 Diagnosis". Ako po ang inyong moderator, ang maganda at sexy at mapagpakumbaba na si Bibeth Orteza. Our speakers are... I will introduce them first saying something about them saka ko ibibigay yung pangalan no? Ang una nating magsasalita is a breast cancer survivor since 1998. Have a basic qualification in physiotherapy and the Master of Science degree in Community Disability Studies from University College - London. She is a patient advocate and the President of Breast Cancer Welfare Association in Malaysia. She is a board member and former President of Reach to Recovery International, a global breast cancer support and advocacy program. She was elected to the Executive Committee of the Advance Breaat Cancer Global Alliance in December 2017 representing the low, lower middle and upper middle income countries. She is also a patient advocate and former board member of the Union for International Cancer Council. She conducts training in peer support in cancer care. Her article on cancer, my personal account was published in the Lancett in 2005. She received the 2004 Outstanding UICC Volunteer Award and the Teressa Lasser Award conferred by RRI in 2011. Please welcome Ranjit Kaur.

[Applause]

[01:42:29]

**Moderator:** Next, we have a family medicine and palliative support specialist and currently chair of the Ruth Foundation for Palliative and Hospice Care. She was the chief resident of the Department of Family and Community Medicine at the Philippine General Hospital where she received post-residency training in Supportive, Palliative and Hospice Care. Her clinical attachment was with the Department of Palliative Medicine - National Cancer Center in Singapore. She completed her post-graduate diploma in Palliative Medicine from the University of Wales in Cardiff and is presently completing her Masters degree in Palliative Medicine in the same university. In her ten years of practice, she served as home care physician for the Ayala Alabang Hospice Care Foundation for three years and is a consultant of the Hospice of Manila Empowerment or HOME. She is one of the pioneers of the Homecare and Hospice Program of the University of Perpetual Help Medical Center and had a degree, an integral role in the setup of the Supportive and Homecare Unit of the Asian Hospital and Medical Center. Her present practice is centered at Asian Hospital and Medical Center where she is the chairman of the Bio Ethics Committee, a member of the Cancer Committee and consultant under the Department of Occupational and Family Medicine where she actively practices supportive care and palliative medicine in both the home and in-patient setting, please welcome Dr. May Corvera.

[Applause]

[01:44:21]

**Moderator:** And then... the last but certainly not the least, we have a 40-year old breast cancer survivor. Survivor of life. She is the President of a Baguio-based Minda's Body Center Support Group and iCare Breast Cancer Foundation, my friend, Marivic Bugasto.

[Applause]

**Moderator:** Ranjit, you want to take...

[01:45:14]

**Speaker (Ranjit):** Thank you very much Bibeth and it's an honor to be introduced by you. And it's really a great honor to be here with eminent people. I'm getting a little nervous going to sit with all of you afterwards but here I am right in front. I wish to thank the organizers once again for inviting me to speak on "Living and Coping with Metastatic Breast Cancer". The diagnosis of metastatic breast cancer or any serious illness poses an emotional challenge for people who have been, who are told that they have metastatic disease. A sense of sadness and grief about having to adjust to a new life where symptoms of the disease or treatment side effects can change your normal activities often in very profound ways in metastatic breast cancer. It is really common for the person to reflect on past personal experiences involving loss and separation and the intensity of the feelings which can often make one feel very overwhelmed. So it's sometimes difficult for many people to imagine what it is like to have metastatic disease.  Those two ladies, women, my friends who are living with metastatic breast cancer and they get every opportunity to... or it's moving again. They get every opportunity that they can to celebrate life. In metastatic breast cancer, the suffering involves grief, and mortality issues. Thinking that one's life is going to be cut-short. And also difficult emotions such as anxiety and depression.

[01:47:20]

**Speaker:** The uncertainty becomes very real among people with metastatic breast cancer. Financial stress. There was a study as I had informed earlier: In 8 ASEAN countries, was called action-study and they found that in that study, financial toxicity or financial catastrophe happens a lot among people with the disease and especially so, that is being calculated when 30% or more of the household income is used for treatment. Spiritual issues, one has to deal with. Side effects and treatment failure because in metastatic breast cancer, one can face treatment failure because the cells had just so notorious that they can mutate after some time when the treatment is given. Now, I will now go to what's happening in the world with regards to metastatic breast cancer.

[01:48:25]

**Speaker:** We have an alliance called the ABC or the Advanced Breast Cancer Global Alliance. It was set up in 2016 in Paris at the World Cancer Congress under the UICC and it's basically a monthly stakeholder platform so that we could collaborate in common projects relating to the advanced breast cancer around the world and it is actually through the... this conference that takes place now in every November in Lisbon, Portugal that we have formed an international consensus guideline for advanced breast cancer. We have the books which I think had been distributed that you have the chapter of the Advanced Breast Cancer Global Alliance. We have ten aims and objectives that we hope to achieve in the next ten years and our mission is to improve and extend the lives of individuals living with metastatic breast cancer worldwide and to fight for a cure. The person leading this this group is an oncologist herself. Her name is Fatima Cardoso, Professor Fatima Cardoso is from Lisbon, from Portugal and she is quite a renowned person. So she stands out there and fights for metastatic breast cancer patients. And also the other role of the ABC Global Alliance is to raise awareness of advanced breast cancer and lobby worldwide for the improvement of the lives of ABC patients or advanced breast cancer patients.

[01:49:55]

**Speaker:** Currently the alliance is under the European School of Oncology but we are now working towards making it an independent non-government organization. It will be registered in Europe. So how will it create venue? First of all, awareness. And then putting it on the global health policy agenda. Most of what happens about breast cancer is early breast cancer in the world. Nobody talks about metastatic breast cancer. Not even enough researches being done, not even enough service done on metastatic breast cancer. So the global alliance is actually fighting for that and we want to do advocacy capacity globally so that if one country has got regulations set up or policies or legislation on advanced breast cancer or metastatic breast cancer, we can use that as an example to make sure it happens in our own countries and also sharing resources and advocacy experiences throughout the world. So it is patient-focused, it is truly global because it involves different countries. Malty stakeholder who means professionals, patient advocates, everybody is involved. It is respectful of what people with metastatic breast cancer experience. Collaborative carriages because Professor Fatima Cardoso when she stands on stage, she doesn't care who you are. She just fights for the rights of people with MBC. And targeted, the main target is advanced breast cancer and accountable as well for everything that is said, there is a study to show that.

[01:51:33]

**Speaker:** So these are the 10 goals. These are the books; I think they are being distributed. You can have a copy and we have ten goals to achieve the, to address the most urgent and actionable gaps that exists in treatment and care of patients with advanced breast cancer so that we can improve and extend their lives. That's the role that we are playing. So there is always a need to establish a connection among people with metastatic breast cancer. It's a very lonely experience particularly when you are in a group where everybody else is early breast cancer and you are having metastatic breast cancer. So what happened was, locally in Malaysia we decided that we wanted to find out how people with metastatic breast cancer are living and what are the other issues. What we came up with was, these were some of the quotes that we received from them. "I feel lonely and isolated". "No one to relate to". "I need someone with whom I can validate how I am feeling". "I need friends with common experience and those that are going through the same journey as me".

[01:52:43]

**Speaker:** So these were their quotes that they gave us and we found that we, as support groups were not doing enough for people living with metastatic breast cancer. So what we did was we came up with the discussion among the group and we came up with the name of the group. They wanted to call themselves "Pink Inspirers" and there was a creation of a WhatsUp group because they found it difficult to meet face to face so that they could communicate with each other using the WhatsUp. And the need was to connect with their peers to get information especially access to affordable life extending treatment. Where can you get clinical trial going? Where can you get a better treatment? Where can you get an oncologist who speaks politely to you and respects you as well? And sharing tips on management of side-effects of treatment. Feeling socially connected which is very crucial for a better quality of life. Too much bad news from tests and scans, what can they do, whom can they talk to? And at risk of losing meaning in life as well. So they need it to be connected so that they could relate to one another.

[01:53:56]

**Speaker:** I think there is something like that in this country as well. You already have started something and it enables one to feel secure that I have people who are like me. And how are they introduced to the group? First of all, the patient has to be referred to us by an attending doctor. And then the administrator of the group would actually speak to the patient, communicate with the patient to explain the purpose of the group and answer the patient's questions and concerns. So which means that the patient gives permission or approval to be part of the group and if she disagrees, then we don't put her into the group. If she says yes, I agree to be part of the group she's also told that she can exit from the group whenever she wants. And if she agrees, then we put her into the group. Introduce her to the group and request the others in the group to introduce themselves. We have a number of people who are just listeners or readers who don't speak much but we have a very active group of people who will introduce themselves and talk to each other and they will explain where is my metastasis, what am I doing, what am I going through, what treatment am I having and these introductions, Q and A and they continue to chat and they have new friends among themselves.

[01:55:17]

**Speaker:**  A friend of ours who is in our committee, she is our board member, and that's her husband, Chusan is living with metastasis to her liver and it's been almost 5 years now and she is been going through treatment. So the advocacy and also access to treatment and effective communication can be done by sharing tips with each other and with the family members, with health care administrators, it helps them to communicate with the world. It helps them, when they talk to each other; they learn how to communicate with other people. And even with legal professionals as well as employers. Some of them are threatened that they might leave, they might have to stop working. So it's important for them to get support from one another. A sense of belonging forms with this camaraderie among them and there is a spirit of friendship, mutual support. It reduces social isolation and collective introspection takes place among them because they support one another, they think about how their situations are is and they continue to stay connected. And they also have a lot of humour in their situation. You get them exchanging humor and jokes like for example, someone going through chemo will be saying, "tomorrow I'll be having my chemo, I'll be horizontal for the next few days". Sort of like a joke among themselves. "Oh my brain is very foggy these days, I can't think straight".

[01:56:53]

**Speaker:** Able to vent frustration, anger at the situation, mostly are the cost of dropped life extending drugs. They are able to bash the cost of the drugs. And we also have had workshops in different parts of the country for people living at metastatic breast cancer and that is called "Living with Dignity with Advanced Breast Cancer" and a lot of has to deal how to connect with one another and how to connect with society and the family around them and how to communicate with the health care professionals as well. And then we get lot of publicity in the local media about this group that is forgotten a lot. And we try and bring them to the forefront. Sharing solutions to problems faced such as logistical support, respite for care giver or even respite for herself because she may be the mother looking up to her young children and has to go for treatment. She gets tired. She is also ambitious that she might not be living so long but she wants her children to excel in their studies. So it's a double stress not just with the disease and the treatment but other things that come along as well. And looking for affordable treatment where can they get in as well as getting equipment if they need that to help them. And they never stop having fun, celebrating life among themselves going out to karaoke or even celebrating every festival that comes along. And with conducting a qualitative evaluation of the content of the group's conversation. We are finding out what other unmet needs among them. So that we can actually come up with a list of items that we think that need to meet their needs. So currently there is a qualitative study of the content of their WhatsUp communication going on.

[01:58:52]

**Speaker:** Recently we also did survey of how the public view and how much the public know about metastatic breast cancer. So you can see here the misconception amongst the members of the public. Firstly, 25% believe that MBC is not treatable and patients only have a short time to live. So there is work for us to do, we have to educate the public that this is not true. That MBC actually is treatable and patients can enjoy a life extending life... with the right kind of treatment. The other thing is 72% of the respondents in public believe that you can tell someone has metastatic breast cancer by just looking at them which is not true. Right? We can't tell that the person has, I mean, this is a bit of like a story of a grandmother who had breast cancer who'd lost one breast was having a shower with her little grand daughter and the grand daughter asked the grand mother, grandma how come you have only one breast, mommy has two? And grandma said, "Ohhh one breast became rotten, so I have to get rid of it. The doctor cut it and threw it away". Then the grandmother said to the grand daughter, this should remain our secret. Don't tell anyone about it and this little girl, do you know what little girls like? They love secrets; even they don't understand what secret is. So she was so excited, "yes grandma this will remain now a secret". But she said, "Grandma imagines if your head gone rotten, the doctor would have cut it off" and everybody would have known that you don't have a head anymore". So I love children, they just as so therapeutic.

[02:00:40]

**Speaker:** 11% believe there is no treatment for metastatic breast cancer which is again, not true. And 16% believe that metastatic breast cancer diagnosis means that the patient did not live a healthy lifestyle or received incorrect treatment for their early stage breast cancer. So we know that the development of metastatic breast cancer cannot be predicted and it cannot be prevented. 15% believe that all MBC or metastatic breast cancer is the same. In reality, we know that there are few types of metastatic breast cancer that manifest differently and need to be treated differently. Lastly, 18% believe that if your breast cancer doesn't come back after 5 years, it is cured. Which is not true? As comforting as this belief can be, it is not a guarantee that one won't get MBC because we have friends who are after 20 years get MBC. So any of us could get it. With that, I wish to thank you for listening to me.

[Audience clap]

[02:01:56]

**Moderator:** Thank you Ranjit. We all have our ways of dealing with what we have. I remember ako din when I was diagnosed and then we will informing the children of the treatment options that were open, my son said: "You will get well mama". I said, what makes you say that? And then my son said, because the word "mother" is embedded in chemotherapy. Che-”mother"-raphy. So... [Audience clap] that made me feel good. Now, we have our doctor. Doctor Mae Corvera.

[02:02:42]

**Speaker/Dr. Corvera:** Okay, good afternoon. I figured I'll have to explain myself first... what kind of doctor I am. Of course I'm a family medicine specialist primarily but then somehow my path lef to what they call Palliative Medicine and more common question is, Doctora, what is that? What kind of area of practice is that? And then for some of kind who know about it, heard it, they say isn't that such a sad area of medical practice doctora? Even my husband was saying, why did you go to further training in Palliative medicine? So I find myself trying to explain myself to many. When I define this area of medicine... as something that focuses on life. Which is contrary to the more common notion that it's, because most of our patients are in advanced stages, they think we are now focusing on the quality of the end but my personal advocacy is to remind everyone that when you talk about Palliative care, it's focusing on life. In the quality of life and how focusing on quality of life care can actually work in terms of increasing survival, not just the quality but the survival time and there are many studies that are already documented that those with advanced cancer who get referred to a palliative care service which focuses on quality of life actually have outcomes such as, of course increasing the quality of life alongside, over all survival increases, there are the less distress in treatment, less complications in treatment and even costs. Early palliative care has also been documented to lessen even costs of care if done early on. That's me defining myself and what I do.

[02:04:52]

**Speaker:**  But we are in the day and age that our government has embraced this area of care and has well included it now in our new cancer law. In our new National Integrated Comprehensive Care Law, they have defined palliative care and they have now, in our Implementing Rules and Regulations for this law, mandated that all cancer centers should have a palliative care team. And that's to us, that's something that... you know, I said I hope I live as long enough to see the day that palliative care will be included in the care of all cancer patients because we have seen the benefit. And now, speaking of advanced cancer if you don't mind, I will tell a story which is very close to my heart. Now I'm part of a group called the Ruth Foundation for Palliative and Hospice Care and we have been serving the community through nurses visits and doctors visits free for those who are facing life limiting illnesses primarily a lot of our patients are cancer patients which have been brought home because they have been told there is limited treatment already. That they need, they just need to go home already and continue their care at home. So our foundation its based in the South so we haven't really expanded beyond, well our areas in Muntinlupa but we have patients being referred to us in Cavite but let me just tell you the story of Ruth from which this foundation was inspired to into be.

[02:06:34]

**Speaker:** The story of Ruth is actually the story of my mother in law which I would say was my mother. My mother in law was a community worker; she also set up her own NGO. At the age of 70, she was diagnosed with rectal cancer. So she had an operation, it was a clean operation thet said she didn't need chemotherapy. 70 years old, she said "Mae you know I'm already at this age and I hope the Lord will just give me another 5 years, I'm happy. But nearing 75, ohh malapit na pala. I am asking for more but at 75, she was diagnosed with a metastatic lesion in her lungs. But we moved forward and look into continuing chemotherapy, kung ano ang kaya niya we were able to get chemotherapy for that particular spread and she is 75. She said, "Mae 75... Siguro 5 years na lang, I would be happy because I'm, you know, 75 done a lot." So when she reached around 78, sabi niya "oh Mae malapit na pala yung 80 I'm gonna continue praying that...". Nanay Ruth did not stop conquering. When she was diagnosed with a metastatic disease at 75, she transferred to Manila because she was based in Iloilo. She transferred to live with us. She continued being a community worker but in a different sense. She set up church groups for senior citizens, she started one. She attended her bible study. She basically ate what she wanted but then she juiced with carrots and apples everyday. She even helped us organize our cancer support group in the South which you may have heard, is Project Pink and we are working on a... our campaign is Stage Zero which I'll talk about more lately. So she helped us form that cancer support group.

[02:08:41]

**Speaker:** So in short she kept on keeping on. She did not stop, she was active and she lived, she had her chemotherapy. It slowed down the progress in the lungs and 5 years later, it spread to her liver. So we consulted an oncogolist no? And sabi naman nung oncologist kaya pa ito ng chemotherapy, try natin. So she said "sige lets go". So she went through chemo and then she had maintenance of oral. And you know, she was Stage 4 for ten years. But it's not just the time. It's that ten years that she was with us, how she just kept on keeping on doing what she loved to do. Being with the people she wanted to be with. Starting things that she always love to start and she lived a life to the full. Now I'm telling you the story because this is what has inspired us to emphasize life amidst metastatic illness. And that's what we do when we go out to our patients, our doctors, our nurses, basically have this check list for each of our patients and one of the 4 in the checklist, one of them is we see, make sure that their pain and symptoms are well controlled. And that their immune system is built up. And then the second who I consider very important in the care of our patients facing advance cancers is giving them a sense of purpose. Allowing seeing that they still have a sense of purpose, that their day can be filled with things that they still wish to do. And thirdly, ushering them in to a level of peace of acceptance as to where they are yet ushering in hope that care still continues and that's what palliative care has to offer. So as we see that equation, the palliative care does equal to quality of life, I want you also to know that it's not just us who have been offering this service.

[02:10:46]

**Speaker:** Palliative care has been in the health care community for the past more than 20 years. It's just that hindi lang siya kilala as standard type of care. Not all our hospitals have it but you know, these lists of private hospitals give you an idea that there are specialists in these hospitals that offer palliative care, okay? In the private hospitals. Now, some of our referrals come because the families come from abroad naririnig nila kasi it's not really something everybody knows na may palliative care. So sometimes you have to ask your doctor, doctor can I also be referred to a palliative care team or in other hospitals like in where I work, it's called Supportive and Integrative Care Unit and have palliative medicine specialists. Our nurse have been trained in palliative care and government also has, also teams in NKTI, of course in PGH and the Philippine Childrens Medical Center in Davao and there are... these non government organizations have been in existence longer than the hospital programs. So this is to give you an idea that it's in, it's been in our community and if you like to know more about where Palliative Care in your - it's not here, you're not from these areas, you can just visit also our website [ruth.ph](http://ruth.ph/) and we'll try our best to link you with providers. But admittedly we are still not enough. We still want to train more on the grassroots and in the community but what I want to share is, you know palliative care is just not the work of doctors and nurses and medical team, our foundation is now embarking on a campaign which is called compassionate communities which we have adapted from a public health advocate in Australia and England, they are doing this because they are saying that palliative care is, should be a public health approach and it's not the responsibility only of the health care professionals. We have to empower our community to provide support for their neighbor, their churchmate, their family member because that sense of compassion is what all of us actually really need especially someone facing an advanced cancer.

[02:13:11]

**Speaker:** This campaign embarks to empower, like church groups, homeowners, schools, to teach them how you can provide practical help. How can you be an active listener for these patients? And provide psychosocial care and spiritual care to our patients facing advanced cancer not just to their, the patients, but to their family as well. So this campaign no is something we are working on now and we are actually going to LGUs to present proposals that the local government units will take on this campaign and perhaps even have ordinances that will support our patients that are facing advanced cancers to provide venues for counselling for you know, just support groups. And like I mentioned, a support group that I'm part of, we have this program called Stage Zero and in this program we don't just have Stage Zero patients, actually all kinds of cancer patients but our goal in that support group is to bring them to the realization that cancer affects our flesh but it doesn't have to affect other aspects of our life. And that's how stage zero is diba, in the medical terms; it's a cancer that remains just in that layer where it started. It doesn't spread.

[02:14:31]

**Speaker:** In the same way, we want to empower our cancer patients to realize that it does not have to invade my spirit, my faith, and my relationships. I'm not gonna let it spread. I'm gonna keep this cancer at stage zero and our program in the support group of Project Pink is we teach 12 steps so we tackle things like anger, how to maintain hope, how to be partners with your doctors. So basically there are 12 steps and we talk about these steps in how to empower so as to keep the cancer in control. And so that's something also that you can look in to. We want to help start other support groups by where, let's say you are an institution that doesn't have and you are interested to start, we are also here to help facilitate and train to start of more support groups. And I have seen miracles happen in that support group. So as we embark on this campaign and if you are interested to learn more about it, just visit our website but I think in closing in my part, I just want to quote something or say that "when the opportunities for cure may decrease, the opportunities for care must increase and should increase." And you know when you focus on care; sometimes it's that care that will work the miracle. It builds up the immune system, I have seen it happen. I have seen Stage 4 cancer like nanay, 10 years but some of them even lived longer. And it's because they received that wholistic care not just the chemotherapy but they have family, they had community, they had faith. They have purpose. Okay? So that is my encouragement to all of you to send out that message and that's how we are gonna conquer cancer. More effectively, more wholistic and more together. Thank you.

[Applause]

[02:16:36]

**Moderator:** Thank you Dr. Mae. It really moved me to hear her talk about her mother in law. The name of their group is Ruth and Ruth is the biblical daughter in law. Naomi was her mother in law and they were very close friends then I remembered my own mother in law... whom I just lost in February of this year. But enough of my tears. We'll talk about now metastatic breast cancer, I was diagnosed 3c. Isang kindat na lang bingo na. So when I found out that my diagnosis was that late, at that point in my life I had already what I thought I was already going to be, a retired activist, it was enough to me that I was an activist in college. Done this and that and bla bla. I was with the women's group and that was it. But no, when I found out I had cancer that's when I made of an active decision to go back to my roots as an activist because I realized, the only way for me to live longer is not just physically but by contributing also as well to my community. Not just the family, to my community of workers and to my country. Because as they say, old soldiers they don't die they just fade away and when you are remembered, you don't necessarily just fade away. I also speak like that as I call on now a great warrior and a personal friend, Marivic Bugasto.

[Applause]

[02:18:30]

**Speaker/Marivic:** True to what Ranjit said... when you look at someone you won't really know if that someone has metastatic breast cancer. This is what Stage 4 Metastatic Cancer is now. I'm sorry I'll be reading it ah? Not like them extemporaneous. 2 months ago I was back to the hospital and with Stage 4 come a lot of pain. Ate Vin knows this. I'm on morphin den every 4 hours. Baka yung... the, what you call this? The cancer brain will act up and then I cannot say anything anymore. So I'm going to read it. I'll read it fast.

[02:19:35]

**Speaker:** I was diagnosed in June 2005. I underwent bilateral mastectomy and then I did the prescribed treatment. Initially it was Stage 1 however, a year and half later I had bone-met and well, I say... I was upgraded to Stage 4. When I first saw my oncologist write down Stage 4 in the prescription, I found those words really ugly, scary and burdensome. I was thinking... this is it. Dear friends, that was 12 years ago.

[Applause]

[02:20:31]

**Speaker:** How did I get here after Stage 4 diagnosis? It may sound clichè but first and foremost, it is only by the grace of God. I had the second lease on life and I am indeed very grateful that we have a loving and merciful God. Second, the support and encouragement I received from family and friends really pushed me to work hard in getting well. Everybody is praying for you and then you die nakakahiya diba? [Laughs]. Living with cancer is really difficult especially when you have to deal with pain, anxiety and fatigue on a daily basis. Fatigue maligo ka lang pagod ka. Kakain ka, pagod ka. I mean... it gets even more difficult when you are told it’s Stage 4. In cancer terms, there is no higher number after that. I jokingly say, after Stage 4 mayroon bang Stage 5? Wala naman eh. Stage 6, under the ground? [Laughs]

[02:21:42]

**Speaker:** So how else did I cope and get here despite that? God's perfect timing was on point. A month or so before my Stage 4 crisis, I was inducted into a sorority called the iCanServe Foundation which in my experience is a sisterhood like no other where I met all these wonderful women. You know? Listening to their stories, revealing new and better lives after cancer diagnosis and treatment. Like finding new career paths... si Marge, biglang VP. Yung mga ganun. And then meeting a gorgeous [indiscernible 02:22:29]. Wala si Tin Tin. Getting married... Kara and again Tin Tin... and yes, having children. Tin Tin, Kara and Crisan. You know these delightful stories told me that there is hope because regardless of all the negativity the disease brings on... all will be well if we can try to come up with the positive spin. Our society now is very into positive thinking. In social media, hindi ba andami dami mo nang... peaceful moments, things like that. Blogs and pages of motivational speakers. And then mayroon ngang self-help mega industry diba? And then in college, they have positive psychology and everyone is told to dream. And not only dream but dream big.

[02:23:30]

**Speaker:** On my end, the positivity zone came as a force a nature. When you're told you have Stage 4, you know it makes people think about the end stage... about dying. My casquette is still there. I know where I will be placed. My friend who owns King Louie Farms gives me flowers every month para naman daw makita ko na yung ganda ng bulaklak not only when I am there, you know? Now showing... you know now showing? [Audience laughs]. May tarpaulin pa ngayon diba? You know like I was then taking care of my dad and a younger sister who has special needs. I too worried a lot about my two children and four precious grandchildren. Incidentally I lost; I outlived my son who died in 2014 of... something like cancer also. Ten months after my husband died too. Anyway, consciously or otherwise, I tried to buffer bad news from family with the dose of positivity. One thing to protect the people I love, I found myself putting a positive twist on how things were going as a way to convey hope because they depended a lot on me. I had to be strong, ako yung pasyente pero ako ang strong. I had to put on a brave face for my loved ones.

[02:25:16]

**Speaker:** Positivity was my way of telling them that everything was going to be alright. Even if I myself did not know for sure. While some researches do not agree... I am convinced that all the prayers for healing and complying to all prescribed treatments alone cannot cure cancer. Attitude is critical to getting through the whole process and going as a person too. It was expressing positivity that showed I was strong in the face of the unknown and up to this very day, my daily note to self is "I am going to beat this". Living with cancer is really really hard. I don't always... I don't always talk about the bad times like ano, I censor many parts of the journey. So how do I get to that positivity zone? When I find myself in a very unpleasant situation, I often find myself framing yung negativity into a more positive way. With nearly any negative circumstance, you can do a little reframing and this often requires some humor. I am one of those who use that tagline, I lost my boobs but not my sense of humor. Because I lost both. Rev. Father Orbos himself, a cancer survivor says: "Ano ba naman ito..." [Audience laughs]. Focus on the humor and not the tumor. I'd like to share with you a few of how I spun the negative into positive and thus focus on the humor instead.

[02:27:15]

**Speaker:** At the onset, depression also set in and not wanting to touch my own body, my youngest sister, si Kakay, would come to the family home to give me bath. Incidentally my sister Kakay also had bilateral mastectomy in 2013. Anyway, there was one... for you to know lang, there's 7 of us 5 girls, 4 of us have it. Luckily, my sister who has special needs, siya ang swerteng wala. Yeah. Because she cannot save and anything is painful. Oh, Coco is there, daughter of Kakay. There was one time I was smiling at myself in the mirror after na dry na. My dad told me my sister Kay to check on me. He was afraid I was losing my marbles. When Kakay asked me what was up with me, I told her that after looking at myself in the mirror, I saw my body smiling at me. The scar of the mastectomy... the eyes, then hysterectomy, the nose... the V out there is the cute smile. [Audience laughs] When I lost my hair and people would stare, I'd say "bagay ko no? ikaw keri mo?" [Audience laughs].

[02:28:56]

**Speaker:** When my friend saw that I was good even if I lost, you know... everyone is always vain about the hair. My friends no longer looked at me pitifully. When my nails turned black and couldn't get a manicure, I said "ohhh I am so in." At that time the trend then was black or dark purple, oh? When asked how it felt like to have lost my boobs to mastectomy and all the spare parts down under to total hysterectomy, no offense to our dear friends in the LGBT Community, I would say "oh I'm certified bading, walang suso walang matres". [Audience laughs] I had Colonoscopy in June because my intestines are swollen. Anyway, the results said, fatty liver... liver fatty, uterus empty. [Audience laughs]. I was fitted with the body brace, ito nga yun... although na upgrade na din siya hindi na siya yung matigas masyado. I always get that odd look. In the security checks in the bank, in the mall, or even the airport, when asked upon body check I'd say "Pagkatapos ni Leonardo, ni Raphael, ni Donatello, tiyaka ni Michelangelo sa bagong series, ako yung pang-lima". [Audience laughs] may carapace din ako.

[02:30:49]

**Speaker:** I was confined lately. My abdomen is distended. Diagnosis, Scolitis. In layman's terms, my intestines are swollen. The doctor said, "nako huwag kang mag-alala namamaga lang ang bituka mo". In my mind, I laughed albeit with some sarcasm because when I was young and I cut my finger or slightly wounded in any part of my body, my grandma would say "nako huwag kang mag-alala malayo iyan sa bituka". Oh my, bituka ang problema, huwag daw akong mag-alala. A surgeon friend saw my tummy getting bigger. Sabi niya: "let me fix you up let's do breast reconstruction. I'll take out that big tummy and use it to make you new breasts. All free, no charges". Very tempting proposal, so I thought about it for a few minutes and said, "Doc, what if I have breast cancer again?" he said, yung favorite phrase ng doctor, "huwag kang mag-alala that will be stomach muscle, no longer breast muscle". So I paused again, pero you know what? I'm done with all this cutting up, my body is just full of scars and then it came to mind, stomach muscle daw ano? So pagka-masakit ang tiyan ko "ay nauutot ako". [Audience laughs] O kaya pag constipated, "ay gusto ko na palang umupo". Friends, my way of getting into the positivity zone and coping with Stage 4 was laughing through all the negativity. The pain, the fear and the anxiety. Some think I might have a lose screw up there but the humor has given me hope. In ending, the Lord's greatest commandment says, "Love the Lord your God with all your heart, with your entire mind, with all your soul and with all your strength and love your neighbor as yourself". I found the best way to do that, it's through serving God and fellowmen through the cancer advocacy. I caught the passion for cancer advocacy from the iCanServe sisters and have been at it since I was introduced to them and being mentored by them since 2006. And yes, I have been seizing each day at work in the advocacy. I sourly miss Norman Sison, the late husband of Karla whose motto was carpe diem, seize the day. He told me that through a text message when he learned that I had recurrence. Many are surprised that despite limited mobility and the chronic pain, I still drive though. I try to do all I can in advocacy works. Spearheading forums, screenings, navigating patients, serving as motivational speaker and the like keep my busy. I seize the day and imagine, well, this maybe my last. With that mindset, I have become a more loving, caring and forgiving person and someone who would like to give her all in service. Think of what our community, our society would be like with or without cancer ha? If we all seize the day as if it were the last and be the best that we can be. Dear friends, cancer Stage 4 should not be scary. With the positive attitude, one can stare down fear, anxiety and dread without guilt of giving up or not fighting hard enough. There is just so much to be grateful for... one of these on top my list is hope. This said, that is my story. To God be the Glory.

[Applause]

[02:35:26]

**Moderator:** We don't have time anymore for a Q and A because we've all eaten into the time alloted to us but with all those beautiful words that we have heard naman, we just bear one thing in mind when we deal with metastatic breast cancer... we all need to go anyway. But, the thing with cancer is, hindi, you are not the one who just collapses and suddenly dies. A cancer diagnosis is just like getting a front row ticket to the first night of your wake because you will at least be able to find out who really love you, or didn't love you. You will have time to forgive people who have hurt you and you will also have time to seek for forgiveness. People you have offended, and on that note my dear sisters, there is nothing to fear because the best thing to that cancer can give you is when you are dealing with all your fears and you read the Bible and you get to the Book of Psalms, you realize that finally you understand what it means when you read the verse that goes: "Even though I walk through the valley to the shadow of death, I will fear no evil." Until the next Silver Linings, I love you and we will see you again.

[Applause]

[02:37:00]

[END OF TRANSCRIPTION]