**ICanServe Foundation**

**Silver Linings 2019**

**Itanong Kay Doc: Lahat ng Gusto Mong Malaman Ukol sa Kanser**

**PICC Room 6**

**Speakers: Dr. Aldine Basa, Dr. Mon Severino, Dr. Pauline Cauton**

**Moderators: Drew Arellano and Iya Villania**

2:04:00 Iya Villania: Ayaw sa ‘yo.

2:04:01 Drew Arellano: Check. Check. There you go. People are still coming in, but good afternoon.

2:04:07 Iya: Good afternoon.

2:04:08 Drew: Sana po ay maganda po ang araw niyo. Marami po kayong natutunan. Pati pare-pareho po tayong naka-pink. Sayaw tayo mamaya. Okay. Ako po si Drew Arellano. Ito po yung aking napaka-gandang asawa, Iya Villania. Pero hindi pa niya pinapalitan yung Villania to Arellano, so, hindi pa yata certified or hindi pa --

2:04:33 Iya: Hindi pa legal kasi yung kontrata natin bilang mag-asawa. (laughing) Kaya hindi pa ‘ko Arellano.

2:04:39 Drew: Di pa Arellano. Pero, yeah --

2:04:40 Iya: I’m sure naging maganda na yung araw nila sa pag tingin pa lang nila sa ‘yo. Yes!

2:04:44 Drew: Yan. Wow!

2:04:46 Iya: Pogi ng asawa ko ‘no? Pogi ng -- poging lalaki.

2:04:50 Drew: Anyway, hindi naman pag-u-usapan talaga yung sarili natin, no?

2:04:55 Iya: Hindi. Kasi siyempre gusto natin maging masaya yung araw nila.

2:04:57 Drew: Tama.

2:04:57 Iya: Kaya nandito tayo.

2:04:58 Drew: Tama. At isang malaking rason kaya nandito kami dahil -- pano ba ‘to? Malapit sa puso namin yung ICanServe Foundation. I lost my dad to pancreatic cancer back in 2013. And medyo yun yung isa sa mga pinakamakasakit na araw sa buong buhay ko.

2:05:23 Drew: Now, ngayon, bilang father, parang iniisip ko kung ano ‘yung puede kong gawin para naman -

2:05:28 Iya: Iwasan.

2:05:28 Drew: Iwasan na magkaroon ng ganun ding sakit at hindi rin maramdaman yung sakit sa puso na mararamdaman ng aking mga anak at asawa, if ever. (chuckling)

2:05:39 Iya: Actually, yung kwento ko naman, yung pinakamalapit sa akin na lola ko ay nawala dahil sa breast cancer. Pero gusto ko sana magalit sa lola ko eh kasi tinago niya sa akin. Tinago niya sa amin dahil I’m sure yung kwento rin ng marami ayaw nilang sabihin dahil kunwari kakulangan sa pera, hindi nila alam kung paano nila lalagpasan.

2:06:06 Iya: Kaya yun yung maganda dito dahil meron tayong mga ganitong session dahil, at least, marami tayong impormasyon na makukuha at makakatulong sa atin.

2:06:16 Drew: Ako naalala ko kasi nung na-diagnose yung tatay ko, parang ang dami mong tanong, di ba? Parang bakit nangyari sa kanya ‘to? Tapos nun, sinabi sa ‘min ng doktor na, “Okay, dalawang buwan lang.” Pero na-stretch namin ng two years.

2:06:32 Drew: Pero, alam mo yun, parang lalo na kapag ikaw yung malapit dun sa tao na ‘yun. Di ba parang gusto mong maalis yung sakit, gusto mong malaman kung ano yung mga preventive measures na puede niyong gawin ng mga pamilya. So, I think this is such a great platform na nandito tayo ngayon, buong araw po tayo magkasama para lang matutunan kung ano po yung hindi natin alam tungkol sa caner. Now…

2:06:58 Iya: At kaya nagpapasalamat din tayo sa mga doktor na makakasama natin ngayon para magbigay ng para i-enlighten tayo.

2:07:07 Drew: Alam mo, ang galing mo talaga mag-Tagalog ngayon?

2:07:08 Iya: Ang galing natin, grabe. Grabe, nakakapagpabagabag talaga.

2:07:12 Drew: (laughing)

2:07:13 Iya: All right. Kaya tawagin na natin, mahal. Mahal? (laughing)

2:07:18 Drew: (laughing) Okay.

2:07:19 Iya: (laughing) Okay. Simulan na natin. Tawagin muna natin si Dr. Mon Severino.

2:07:24 Drew: Ay, Dr. Mon is here na.

2:07:25 Iya: Yes, he is here.

2:07:26 Drew: Okay. Cool.

2:07:27 Iya: Dr. Severino is a pediatric oncologist and hematologist at the East Avenue Medical Center. He serves as a pediatrics consultant at Dr. Jesus Delgado Memorial Hospital, V. Luna Hospital, and Philippine Heart Center. He is the past president of the Philippine Society of Oncologists and fellow of the Philippine Pediatric Society, Pain Society of the Philippines.

2:07:49 Iya: And among others, he also serves in various capacities with the Catholic Physicians Guild of the Philippines, DOST, and Sikap Bata Foundation. He is the chairman of the Advocacy Committee of the Philippine Medical Association.

2:08:04 Iya: Dr. Severino is the founding co-chairman of Cancer Coalition Philippines and ICanServe is fortunate to count Dr. Severino among its most dependable volunteer doctors through the years. Please welcome on stage, Dr. Mon Severino. (Audience clapping)

2:08:22 Drew: Next, we have Dr. Pauline Cauton, our early bird. Dr. Cauton is a board-certified internist and medical oncologist with a special interest in palliative care and supportive oncology. She has presented her research on effective communication with cancer patients in international conventions and will be continuing studies in the field as part of palliative care research fellowship in Canada next year.

2:08:52 Drew: Now, her other interests include music, the performing arts and writing, all while being a proud wife to husband Peter and mother to their six children. Dr. Pauline Cauton. (audience clapping)

2:09:10 Iya: Oh, fabulous! The set is complete. We also have Dr. Aldine Basa. Dr. Aldine Basa is a breast surgeon who is passionate about increasing awareness about breast cancer and a big advocate for its early detection. She has volunteered for many awareness campaigns with ICanServe and continually advocates for the screening for breast cancer in order to detect it early.

2:09:34 Iya: She is a graduate of the University of the Philippines College of Medicine and did her general surgery residency training at the Philippine General Hospital. She then went on to do specialty training in breast surgical oncology at the Peter MacCallum Cancer Centre in Melbourne, Australia. And in San Rafael Hospital in Milan, Italy.

2:09:53 Iya: She is a diplomate of the Philippine Board of Surgery and a Fellow of the Philippine College of Surgeons. Currently, she is the head of the breast center at Asian Hospital and Medical Center. And the director of the breast center at the Medical City. Let’s all welcome Dr. Aldine Basa. (audience clapping)

2:10:15 Drew: Docs, you guys want to do any opening remarks? Or we go straight now with the question and answer? Okay, I think game na game na, sir? Okay, po. Okay.

2:10:28 Drew: First question. The floor is open, ladies and gentlemen. It’s okay. Don’t be shy. We have a question. Ma’am, the microphone is there.

2:10:41 Iya: For anyone who would like to ask a question, meron kaming mic na nandito lang sa gitna.

2:10:48 Female audience: I would like to ask po. Bawal po bang magpa-spa? Kasi yung doctor said puede lang sa light, but if you go to the spa and you tell them that you are a cancer patient, they would not dare touch you.

2:11:09 Drew: Ladies first.

2:11:15 Iya: Yes, Doc.

2:11:17 Dr. Aldine Basa: So, ang sagot ko po diyan ay kawawa naman po tayo kung hindi tayo puede magpa-spa.

2:11:25 Audience: Yes!

2:11:27 Dr. Basa: Kung hindi puede magpa-relax pa-minsan-minsan, di ba, we are under a lot of stress especially if we are sick with cancer. If it is a very pressing concern for you, it wouldn’t hurt to get clearance from your doctor. Speak to the doctor who knows you best, who knows what’s going on with your body best if there is any reason for you not to go through any spa treatment. And siguro depende kung ano ‘yung spa treatment. I don’t know what’s out there right now. Go and talk to your doctor to get that clearance. Yes?

2:12:02 Iya: Actually, Doc, I have a follow-up question. Ano kaya magiging concerns ng mga tao ba’t hindi sila papayag na i-spa?

2:12:11 Dr. Severino: That’s a good question.

2:12:11 Iya: Magbigay ng spa treatment sa isang tao?

2:12:13 Dr. Severino: May follow-through ako. So, I just want this to be interactive. So, bawal mag-spa kung hindi guwapo yung mag-

2:12:19 Iya and Audience: (laughing)

2:12:21 Dr. Severino: Kailangan guwapo. Kasing guwapo namin. Siguro, tingnan na lang muna yung mga contraindication kung tawagin. Let’s say you’re a breast cancer patient a merong bone metastasis, siguro with precaution. Other than that siguro yun lang. Pero kailangan talaga guwapo ang kasama mo sa spa. Okay? Sige. At hindi yung kasama yung mister niyo. (audience laughing)

2:12:45 Dr. Basa: I think yung pinaka-concern ng mga masahista is baka maipit yung breast for patients na may breast cancer, at baka bawal yun. So, hindi naman yan bawal. Basta, hindi ka within the first month from surgery. Siympre, kung bagong opera ka, for one month, bawal naman yun. Pero after that, puede na kahit ipit-ipitin yun at nakadapa ka, it’s okay. (Audience laughing)

2:13:12 Iya: Doc, sabihin natin, okay, so, hindi pa one month, kahit nakaupo, puede bang magpa-massage?

2:13:19 Dr. Basa: Oo naman.

2:13:20 Iya: Okay lang, wag lang daganan.

2:13:21 Dr. Basa: Yes.

2:13:22 Iya: All right.

2:13:24 Dr. Severino: Yung mga nag-ki-chemotherapy hindi ba kayo ay immune compromise, kung tawagin natin. So, siguraduhin niyo lang malinis yung spa baka kung ano’ng infection ang makuha niyo dun. Tandaan po natin ito, ha. Okay?

2:13:39 Iya: Sa mga susunod pala na magtatanong, i-introduce niyo lang yung sarili niyo, oo, bago magtanong, thank you.

2:13:46 Tess Montes: Magandang hapon po. Ako po si Tess Montes from Quezon City. Na-diagnose po ako ng DCIS noong September 2017. Tapos po, nag-undergo ako ng total mastectomy ng left breast same year, September 2017. Ang gusto ko po lang itanong kung normal po yung pinagdadaanan ko na hindi ko pa po kayang tingnan sarili ko sa salamin. (sobbing) Pag naliligo po ako, ayoko po ng [2:14:25] [indiscernible] ilaw. Normal po pa ba ‘yun?

2:14:30 Voice: Yes.

2:14:33 Tess: Two years na po kasi.

2:14:36 Dr. Basa: Normal yan initially, (giggling). Eh, two years na. So, ibig sabihin talagang hindi mo matanggap na nawala siya, which I guess is also normal because of your age kasi bata ka pa, mahirap talaga tanggapin yun.

2:14:55 Dr. Basa: Pero kung talagang mahirap, puede naman natin i-reconstruct. So puede ka namang pumunta sa atin at pa-reconstruct natin kasi DCIS stage zero, cured ka na. So, you have all the options available, puede natin i-reconstruct yun. Pero talagang ganyan minsan talaga ang mararamdaman kasi mahirap tanggapin lalo na bata ka pa.

2:15:18 Tess: Fifty-one po ako.

2:15:22 Iya: Bata pa rin.

2:15:25 Tess: Sige po.

2:15:27 Dr. Pauline Cauton: Ma’am Tess, may tanong po ako. I just wanted to know if you ever sought to talk to anyone about this struggle? And, maybe that is an important thing. Tulad nga po sabi ni Doktora it’s normal and it’s part of the pain that comes with treatment and the disease, whether it’s DCIS or frank cancer. I think we need to acknowledge what is difficult for us, alam mo ‘yun? And meron po namang available resources for us to help process.

2:16:01 Dr. Cauton: So, aside from the option of reconstruction which is we are thankful we have that option, be kind to yourself and talk to someone about it. Don’t be ashamed to talk about it. (audience clapping)

2:16:14 Dr. Severino: Ang kasama po sa paggiging babae, bukod po sa ating mga genitals, eh, ating mga dibdib. Ngayon, siyempre, na-threaten yun na para bang, “Babae pa ako?” Or even as ourselves, “Tao pa ba ako dahil hindi na ‘ko kumpleto?” Ang sinasabi ni Doktora, kung ako po ang tatanungin, siguro ang pagtanggap natin. Ito ako. Kailangan mahalin ko yung sarili ko. At wala nang ibang magmamahal diyan.

2:16:43 Dr. Severino: At isa pa. Di ba ho kayo ba ay may relasyon? Meron kayong asawa? O, di ba importante yun sa atin. Parang affirmation na ako’y kumpletong babae dahil meron akong breast - I tell you, what makes a person hindi po breast. What makes a person is kung ano pong nasa puso niya.

2:17:04 Dr. Severino: Yun nga, sasabihin ko sa inyo, siguro kung ano puede nating mabago ang ating pananaw, ang ating pagtanggap is one important thing.

2:17:13 Dr. Severino: Kaya tayo may organisasyon na ganito para kung hindi niyo ‘ko matatanggap, may tatanggap sa akin. Sabi nga ni Tita, ni ano ba ‘to? Si Ricky Reyes. “Sino pa bang makakaintindi sa bakla kung ‘di kapwa bakla.” Tama? Sinong makakaintindi isang breast cancer patient kung ‘di isang kapwa breast cancer patient.

2:17:33 Dr. Severino: Kaya lalong pag-i-igtingin ang pagmamahal natin sa isa’t isa. Okay? Tanggapin ang ating sarili at higit - may mas nagmamahal pa sa ‘tin. Ang Diyos. (audience clapping)

2:17:45 Drew: Doc, lalo kang gumaguwapo talaga, Doc.

2:17:50 Iya: Actually, gusto lang idagdag kay Miss Tess. May mga kilala din ako na kahit hindi nagka-breast cancer, hindi naging maganda itsura ng kanilang dibdib dahil sa pagpapadede.

2:18:06 Iya: So, puede ganun. Iisipin -- sila, ang iniisip na lang nila, “Okay lang na naging ganito yung itsura dahil nakapagpadede ako sa aking anak.” Isipin mo, ikaw, kung ano yung nalagpasan mo.

2:18:20 Audience: Yes. (clapping)

2:18:24 Audience 1: Good afternoon po, Doc. Itatanong ko lang po regarding dun - Lina [Bickers 2:18:29] po. Bickers. Tanong ko lang po. Meron akong breast cancer stage 2A, pero nag-o-oral therapy na po ako for more than one year na po. Tanong ko lang po kasi naka-experience ngayon start last month, sobrang sakit po ng mga daliri ko until dito sa arm especially pag nakahiga po ako, dun ko po siya nararamdaman. And then ni-refer ako ng oncologist sa rheumatologist, but still marami nang medicine nakapag-laboratory na ‘ko, but still painful especially at nighttime during 2 o’clock in in the morning until 4 o’clock, hindi po ‘ko nakakatulog sa sobrang sakit po ng mga buto ko sa kamay, until po dito sa mga daliri. Umaabot po ang sakit hanggang dito po pataas.

2:19:25 Lina: Ngayon po, eh, hindi po mai-ano rin po na binigyan ako ng mga gamot, sobrang dami na rin po ng gamot ngayon, na-a-ano na po ako na-aware na po ‘ko dun sa mga gamot na iniinom ko regarding about sa liver ko.

2:19:38 Lina: Hindi ko lang po maano kung bakit po sobrang sakit na parang pinipiipit, pinupukpok po ng martilyo yung mga dulo ng daliri ko?

2:19:47 Dr. Cauton: Same side po ba ‘yan nung operasyon nila?

2:19:50 Lina: Nakapag-ano na po ko [2:19:52] [indiscernible] 2018, natapos po ‘ko ng chemo September last year. Na-mastectomy po ‘ko sa March last year.

2:20:05 Dr. Cauton: Yung sumasakit po ba is all your bones?

2:20:09 Lina: Both hands po.

2:20:10 Dr. Cauton: Both hands.

2:20:10 Lina: Left and right po, especially po pag during in the middle of the night, 2 o’clock to 4 o’clock, sobrang sakit po talaga.

2:20:20 Dr. Cauton: Kasama po ba sa chemotherapy ninyo yung gamot na paclitaxel?

2:20:24 Lina: Hindi po. Kasi nung during nag-ki-chemo po ‘ko, ‘di ko po siya nararamdaman.

2:20:26 Dr. Cauton: Hindi, yung gamot po na ginamit, natatandaan po ba ninyo?

2:20:30 Lina: Hindi ko na po matandaan, Doc.

2:20:32 Dr. Cauton: Pero yung iniinom niyong gamot ngayon ay?

2:20:34 Lina: Yes po. Letrozole po.

2:20:37 Dr. Cauton: Letrozole. Oo. Actually, ang gamot na letrozole isang posibleng side effect po niya ay joint pains, muscle pains, and bone pains. It’s possible that it could be related to the drug.

2:20:53 Dr. Cauton: If it is very debilitating, tipong hirap na hirap na po kayo, that might be something you can discuss with your oncologist. Kung masyadong matindi yung sakit, we might not have a choice and not take you off the drug, but maybe find some other alternative. Kung maskait na masakit po talaga.

2:21:16 Dr. Cauton: That being said, I would also try to maximize kung ano’ng gamot ang puede nating inumin for the pain. I would properly go with the combination of medicines, not just something that controls the pain, it might also yung description niyo po na parang nag-ta-travel siya --

2:21:36 Lina: Yes po.

2:21:36 Dr. Cauton: Paakyat, oo. Parang nerves ang apektado, eh. Parang yung ugat po. So, it would probably need to be an analgesic, meaning a pain reliever, your typical pain reliever and something also that will help your nerves, yung tinatawag pong neuropathic pain.

2:21:57 Dr. Cauton: Siguro ang gusto kong sabihin hindi ‘to dapat tinitiis ng pasyente. We need to thoroughly look for a way to relieve you of that discomfort.

2:22:08 Lina: Pero, Doc, niresetahan na rin po ako ng onco ko for inflammatory kasi malakas po yung result dun sa laboratory ko for SLR, sobrang taas po. But still, sobrang sakit pa rin po siya during at the middle of the --

2:22:28 Dr. Severino: Sa mga patients pong may breast cancer, of course, meron na po tayong ganitong karamdaman. Minsan po hindi rin tayo -- di masabi na dahil lang doon. So, minsan, i-re-refer namin sa rheumatologist, re-refer namin sa spesyalista sa pain.

2:22:43 Dr. Severino: Ngayon, may field ho ng medicine ngayon in the field of anesthesia kung tawagin namin, kasi meron hong pain secondary-to-post-op, yung surgery. Merong sakit, secondary to the treatment itself, yung chemotherapy like nabanggit ni Doktora. May mga gamot kasi na merong ganung side effects. Pero ititimbangin po nung doktor yan kung ano’ng mas makakatulong, “Titigil ko ba ‘to? Papalitan ko ba ‘to? Pero beneficial sa pasyente ko ‘to, eh.”

2:23:06 Dr. Severino: Ngayon, kung hindi talaga siya puedeng palitan o bawasan ng dose, so hayaan po natin yung doktor ang mag-decide doon, yung inyong oncologist. Ngayon, kung ako pong tatanungin, ako po ang tatanungin, kasi i-re-refer ko po kayo sa isang pain specialist. Pinag-aralan po nilang mabuti kung ano’ng mga -- merong tinatawag kasing treatment-related pain. Kasama po dun yung surgery, yung chemotherapy itself. So, meron ngayon na mga gamot na puedeng ibigay sa inyo. Katulad ng neuropathic pain, meron diyang mga Gabapentin, ganun.

2:23:36 Dr. Severino: Pero, hindi ko kayo ni-re-resetahan ngayon, ah. Ang payo ko lang po sa inyo magpunta po kayo sa isang pain specialist. Meron na po tayong ganyan. If kung saan po kayo center, meron kaming pain specialist na available.

2:23:47 Lina: Doc, ho dun sa Lipa po kasi ako, sa Mary Mediatrix po ako kasi usually kasi dun pumupunta. Meron po kaya po doon?

2:23:53 Dr. Severino: I suppose meron po. Usually under sila sa field of anesthesia. Puede po kayong magkonsulta don. Para maibsan ho yung inyong yung pain, ha, okay?

2:24:03 Lina: Yes po. Thank you, Doc.

2:24:04 Dr. Severino: Sige. Doktora, you might want to take that?

2:24:09 Gail Benitez: Good afternoon. My name is Gail Benitez. I want to ask Doc Aldine. Doc, how did you become one of the best breast cancer surgeons? Because she’s my surgeon and I love that doctor. (laughing). Opo. I owe her a lot. I just had my mastectomy and she helped me a lot. (sobbing)

2:24:46 Gail: My question is when do we -- how do we decide po to be neoadjuvant? And to have yung mastectomy first before treatment? And then, how do we decide if we’re going to have lumpectomy or one side lang po or both sides, especially for me, when I -- ako I decided to kasi I’m the fourth in my family to have breast cancer. So, but all survived. So, I should be one of them din.

2:25:31 Gail: Yun, I decided for double mastectomy because yun nga po. So, I just want to reaffirm my decision. So, Doc Basa?

2:25:44 Dr. Basa: Naku. Ang hirap. (laughing) Okay. Which question should I answer first? (giggling) So, regarding the neoadjuvant. So, neoadjuvant chemotherapy is chemotherapy na binibigay bago ng operasyon. Usually, ginagawa natin pag malaki yung bukol at hindi pa siya kayang operahan dahil sobrang laki.

2:26:13 Dr. Basa: Pangalawa, ginagawa din siya kung gusto mo ma-preserve yung breast mo, pero medyo malaki yung bukol compared to the size ng breast mo, gusto natin paliitin para lang ma-preserve yung breast, binibigay yung chemotherapy bago ma-operahan para lang lumiit.

2:26:32 Dr. Basa: Isa pa. Kung gusto natin lalo na sa mga very aggressive cancers, ito yung mga HER2-positive, na young, gusto natin makita ng magandang response, binibigay yung chemotherapy beforehand para makita natin kung mawala siya totally kasi yan ang magsasabi sa atin na maganda yung prognosis. So, tinitingnan natin yung mga yan.

2:26:55 Dr. Basa: Ngayon, pag yung routine na maliit lang, kaya naman i-preserve diretso, di, diretso na kami. Also, for yung mga gusto magpa-mastectomy, yung tanggal ang breast, kung kaya, eh di diretso na kami.

2:27:08 Dr. Basa: So, it’s only in those instances na ginagawa natin before surgery. Ngayon, kung i-de-decide ano bang gagawin? I-preserve ang breast or tanggal ang breast? Generally, pag yung bukol ay maliit compared to the size of your breast. It has to be in relation to the size of your breast. Hindi tayo tumitingin ng size. Like, for example, pag 2 cm, kayang i-preserve. Hindi naman. It depends on the size of your breast. Kasi kung flat na flat ka, eh, 2 cm, baka maubos naman ang breast mo.

2:27:43 Dr. Basa: So, we look at the size of the bukol compared to the size of the breast. So, kung maliit yung size of the bukol compared to the size of your breast, we can preserve. Basta, malayo siya sa nipple. Kung nasa ilalim ng nipple, hindi kayang i-preserve kasi hindi puedeng tanggalin lang yung gitna, eh, di lulubog yung breast, para na siyang volcano. Ikaw din, hindi mo gusto yung itsura nun. So, pag nasa likod siya ng nipple, kahit maliit siya, generally, tinatanggal namin yung breast. Hindi dahil malala ‘to, kaya tinanggal but more of because of the location.

2:28:20 Dr. Basa: So, basta maliit siya at malayo siya sa breast, we can preserve. Otherwise, tinatanggal namin. Ngayon, apart from tinatanggal, we always offer yung option na reconstruction. Kasi ginagawa namin ngayon, pag tanggal, rini-reconstruct agad. So puede nating i-reconstruct with an implant na ilalagay dun or puedeng kukunin yung bilbil at gagawa ng bagong breast. Yung maganda dun, na-ta-tummy tuck ka at the same time. O di ang sexy mo. So, yun ang mga ginagawa namin. (giggling)

2:28:56 Dr. Basa: Yung isang question is paano natin na-de-decide kung both ang tatanggalin versus one. Siyempre, kung ano yung may problema, yun dapat lang ang tatanggalin. Kung isa lang ang may problema, yun lang talaga. Pero kung may very strong family history, yung suspicion natin nab aka may gene ka, ino-offer yung bilateral meaning both ang tatanggalin kasi kung may gene, talagang mataas ang chance, 80% to 90%, in your lifetime, talagang magkaka-cancer ka ulit sa kabila.

2:29:30 Dr. Basa: So, we offer yung both. Minsan, wala naman yun sa history ng patient pero gusto niya. So, meron na mga ganyan na pumipilit talaga na both ang tatanggalin. Okay. So, yun naman it’s talagang choice ng patient minsan.

2:29:49 Dr. Basa: For Gail, talagang ako, ni-recommend ko both kasi talagang both kasi talagang strong ang family history tsaka bata pa siya. Okay, so, gusto mo mas maging aggressive in treatment, kasi siyempre, pag bata pa, kailangan mag-survive ka. So we have to be aggressive sa treatment.

2:30:09 Drew: Doc, follow-up lang po, please.

2:30:10 Dr. Basa: Yes.

2:30:10 Drew: Kasi alam kong medyo mas prevalent sa mga babae yung magkaroon ng breast cancer. Yung mga lalaki po ba puede rin magkaroon ng breast cancer?

2:30:18 Dr. Basa: Puede. Pero very rare. Only 1% of males get breast cancer. Pero kung may male breast cancer sa family mo, mataas dapat ang suspicion na baka merong genetic ano yun na nasa genes ninyo.

2:30:37 Dr. Basa: Okay, so, pag meron sa family, talagang dapat magpa-screen yung mga babae sa family because baka nasa genes ninyo.

2:30:47 Dr. Cauton: I want to go back again to the case, the earlier case about the bilateral mastectomy just to highlight something, why that’s an option. So, suggestive of family history, and I want to mention also na the test for that gene, the brca1 and brca2 is already available locally, which you can have tested. And then and it’s option to remove.

2:31:12 Dr. Cauton: The reason why the other options is really close monitoring. Other options also are tinatawag pong chemo prevention meaning you would take the hormonal pills that the breast cancer patients would take after. You can take that as a chemo preventive drug only if you have a certain increased risk. And that’s a calculated risk.

2:31:36 Dr. Cauton: I mentioned this is because those are your conversations that you need to have with your oncologist and the reason why you would probably decide for, say, a bilateral mastectomy is because that might be your preference.

2:31:51 Dr. Cauton: There is the emotional baggage that comes with always thinking or always knowing na puede akong magkaroon, puede akong magkaroon, and it’s a valid decision to have it removed na lang para mas hindi niyo iniisip, correct?

2:32:03 Dr. Cauton: So, there are all these options. It’s not a clear, say, kung baga, guidelines na clear kailangan tanggalin. But again, encourage that conversation with your doctor.

2:32:15 Dr. Severino: May I add? So, you’re making a decision whether to go neoadjuvant. Neoadjuvant means chemo bago surgery. Adjuvant means surgery, then followed by chemo. Ang approach natin diyan is actually we espouse the use of -- discussing this with the all disciplines. Ang tawag nun MDT o multidisciplinary team.

2:32:35 Dr. Severino: So, it will involve you, of course, the decision. Because cancer, breast cancer is a complex disease, I might say. So you have the skills of the surgeon, the skills of the medical oncologist, radiation oncologist also should be involved. So you can plan ahead in terms of, “What’s next, Doctor? What should come first? What should we do?” [2:32:56] [indiscernible] a big decision comes from you. So, I encourage because actually just to emphasize that -- Doktora, do you MDT in your hospital? Yes, also in your hospital. So, ang MDT is involves all the different subspecialties before you make a decision. Lahat po kakausapin kayo. At titingnan lahat -- ngayon mag-di-decide kayo at yung team na ‘yun kung ano’ng what’s best for you. Okay? MDT, okay? Thank you.

2:33:24 Iya: Doc Basa, follow-up question lang dun sa dahil binanggit mo na rin yung sa reconstruction. So, yung mga options natin -- silicon, tapos yung sa taba din natin. Ano pa’ng -- dalawa lang yung options na ‘yun?

2:33:39 Dr. Basa: Yes, mainly.

2:33:39 Iya: What would be the best?

2:33:41 Dr. Basa: Well, siyempre the best is always yung laman mo because that’s your laman. So, the yung bagsak, yung itsura is very natural pati yung feel niya, parang totoong breast. Versus yung implant, siyempre, mas matigas na ‘yun. And then, yun, tayung-tayo siya.

2:34:03 Dr. Severino: Naghahanap po ako ng mga advantages ng may bilbil. Ngayon, nakita ko na.

2:34:08 Iya and audience: (laughing)

2:34:13 Dr. Basa: Unfortunately, Doc, hindi ka puede mag-donate. Kailangan bilbil ng pasyente. (laughing)

2:34:22 Dr. Basa: No. No. (laughing) No.

2:34:28 Iya: So, kung mas maraming bilbil, mas malaki yung dede?

2:34:33 Dr. Basa: Yes. Mas malaki.

2:34:34 Iya: Ay, ganun?

2:34:35 Dr. Basa: Yes.

2:34:39 Johanna: Good afternoon, doctors. Ako po si Johanna. 2010 na-diagnose ng stage 2B. After two cycles po ng chemotherapy, nag-absent na po yung menstruation ko. 41 na ‘po ako ngayon, medyo parang di na siya bumalik.

2:34:57 Johanna: Nag-try din po ako dating mag-consult sa OB-GYNE. Ta’s binibigyan nila ako ng hormonal therapy. Kaya lang medyo afraid po ako dun kasi sumasakit yung left na naiwan. So, medyo dun din ako nagkaron ng problema na sabi ko single na lang ako kasi parang ang hirap mag -- baka hindi na ako magkaanak. So, ano po kayang puede kong gawin and normal pa rin po ba ‘yun?

2:35:22 Dr. Cauton: 2010. Did you take any medication after your chemo?

2:35:25 Johanna: Wala po.

2:35:25 Dr. Cauton: None. So, it was negative, triple negative?

2:35:28 Johanna: HER2-positive lang.

2:35:30 Dr. Cauton: HER2-positive pero ER PR negative. Actually, the chemotherapy by itself can affect your menstrual cycle. It’s different for each patient. May iba na bumabalik, say, after two years, they menstruate again.

2:35:50 Dr. Cauton: That being said, I would probably have maybe go to a fertility specialist, not just any OB, a fertility specialist to check if you are ovulating because just because you’re not menstruating doesn’t mean actually definitively that you’re not ovulating. In the same way also na pag nag-me-menstruate ka it doesn’t mean you are regularly ovulating already. So, that’s one.

2:36:20 Dr. Cauton: Secondly, I would be apprehensive to start you on a hormonal treatment to -- what do you call this -- to encourage kung baga the normal fertility drugs that people would take because you are already at increased risk for developing breast cancer and that is a risk factor. So, medyo doon yata kami nagtaasan ng kilay ni (giggling) Dra. Basa.

2:36:49 Dr. Cauton: Siguro I would have a fertility specialist have you checked. There is a lot of advances lately about oncology and fertility. Although it might be mum at this point because usually it’s important to have that discussion before you start treatment to know what options we have. Pero siguro before we decide whether hindi na o hindi, check with the fertility specialist na OB din po sila pero they -- pero you have to inform of your history of breast cancer.

2:37:36 Johanna: Doc, follow-up lang po. If ever po na hindi ako pumunta sa fertility specialist, kunyari, bayaan ko na lang siya, okay lang din po ba ‘yun?

2:37:45 Dr. Cauton: Okay ba ‘yun sa ‘yo? (giggling) Ultimately, it’s for you, it’s your question and what you long for. And there is, let’s say, whether actually it’s just chemo-induced or maybe there’s something else going on why hindi na bumalik yung menstruation mo. Sabihin nating it is true that you won’t be able to conceive anymore, then, that’s another thing that we have to process.

2:38:12 Dr. Cauton: And can I just suggest one thing? These are very important questions that they are asking, and some are even moved so emotionally after asking a question. So can I ask for a favor? When the question askers go back to their seats, kung sinuman ang katabi nila, can you give them a hug? Yeah?

2:38:30 Audience: Yes.

2:38:32 Dr. Severino: Welcome po kayong i-hug ako. (audience laughing) No, there is a new specialty in the field of oncology. Yung sinasabi ni doktora, fertility doctor. There is such thing that we are putting into the system of cancer care is fertility preservation. Bago kayo magdisisyon, kasi chemotherapy will cost some for radiotherapy also.

2:38:57 Dr. Severino: So, ang sinasabi lang natin there is this field available now, bagong-bagong organization siya, bagong subspecialty, try to consult. Ang tawag dun fertility preservation. They might even save your eggs. My eggs already expired, but your eggs can be preserved. (audience laughing) Lalo sa mga bata, mga bata. It can be preserved, puedeng i-freeze siya. Okay. Alam niyo yun, ha. So, at least alam natin yun.

2:39:22 Dr. Severino: Of course, sa ngayon, medyo pricey siya, mahal kasi bagong subspecialty siya. Just be aware lang that there is such thing as fertility preservation para dumami ang lahi natin, tama? Okay. Thank you.

2:39:36 Juvy Santiago: Good afternoon po. I’m Juvy Santiago from Bulacan. I was diagnosed last August 2017 stage 2B, ERPR-positive, HER2-negative. My question is two things po. Yung first is yung medyo hindi na pantay yung arms ko. Medyo malaki dun sa left. So, siyempre, search ako Google, ganyan. So, yung na-search ko is lymphedema.

2:40:07 Juvy: Ngayon, tinanong ko yung oncologist ko sabi niya no need for therapy kasi swimming lang yan. Eh, wala naman akong time na mag-swim. So, ano po yung ibang treatment na puedeng gawin?

2:40:22 Juvy: Then, yung second po is follow-up lang po sa kanya. Medyo aggressive din po kasi. Parang sa genes, di pa ko nagpa-check pero tatlo kaming sabay sa family. So, nung time na ‘yun, di ako nakapag-decide kung both tatanggalin. Pero yung right kasi madami. Mga more than 10 yung mino-monitor. So, ayoko yung feeling na para kang praning na anytime babalik.

2:40:58 Juvy: So, sabi ko sa surgeon ko baka puedeng tanggalin na after a year. Sabi ko, “Dok, tanggalin mo na kasi parang ang cool kapag flat,” sabi kong ganyan. So, no need to put silicon or foam on the other side. So sabi ko parang ang cool nung flat. Ayaw nilang pumayag, even my onco ayaw pumayag. So, pa’no kung gusto ko? So, ano po kayang puedeng gawin? (giggling)

2:41:22 Dr. Basa: Maghahanap ka ng surgeon na papayag. (laughing)

2:41:24 Don’t know: Papayag po ba kayo? (laughing)

2:41:27 Dr. Basa: Ilang taon kayo?

2:41:28 Juvy: 39.

2:41:30 Dr. Basa: Sino yung nagkaroon?

2:41:34 Juvy: My first cousin po, dalawang cousin. And my aunty, meron din po.

2:41:40 Dr. Basa: Meron din.

2:41:41 Juvy: My mom is a survivor din po.

2:41:44 Dr. Basa: Ng?

2:41:44 Juvy: Goiter naman, cancer din.

2:41:47 Dr. Basa: Ako, I think you’re a candidate kasi 30s ka nagkaroon, eh.

2:41:51 Juvy: Yeah, I was 37 then.

2:41:53 Dr. Basa: Yeah. Ako, I would do it. Regarding yung first question mo sa lymphedema, pag tinanggal kasi lahat ng kulani sa kili-kili, puede talagang mamaga yung buong kamay mo. Yun ang tinatawag nating lymphedema. So, part of yung operasyon, tinatanggal lahat ng kulani sa kili-kili.

2:42:15 Dr. Basa: Ngayon, hindi naman lahat ng pasyente namamaga ang kamay. Mga 30% of women lang. Ang problema, hindi natin ma-pe-predict kung ikaw ba ay nasa 30% or nasa 70% na hindi mangyayari. Ngayon, unfortunately, nangyari sa ‘yo. So, pag ganyan, definitely kailangan mong rehab. So kailangan mong pumunta sa rehab doctor para ma-rehab yun para hindi siya lumala pa kasi pag sobrang laki, hindi natin mababalik yan sa dati. Pero pag lumaki siya ng konti, kaya pa natin yun through rehab. So, kailangan mag-rehab, tapos kailangan magsuot ka lymphedema sleeve. Yung sleeve from here to here na masikip. Yun, kailangan suot ka na ‘yan palagi. So, importante na magpa-rehab.

2:43:02 Juvy: May nabili po kasi ako parang super higpit naman po na lalong namamaga yung hands ko kapag suot ko siya.

2:43:08 Dr. Basa: Dapat hindi naman super (laughing) higpit.

2:43:10 Juvy: Hindi ko po alam yung proper ano na --

2:43:12 Dr. Basa: Oo. May mga fitters talaga na nag-fi-fit yung ganyan yung kung ano yung tama sa ‘yo. Mamaya, bibigyan kita ng number ng ganyan. (giggling) Lapitan mo lang ako.

2:43:27 Juvy: Thank you po.

2:43:28 Dr. Basa: Okay.

2:43:33 Drew: Sorry po. May good news, may bad news. Yung bad news po sobrang sarap po ng kuwentuhan natin, ay meron na lang tayong 8 minutes. Ang good news po ay dire-diretso naman po ‘tong araw na ‘to dahil marami pa pong puede niyong puntahan at puede kayong magtanong din sa different set of doctors. So, kami lang po yung mawawala.

2:43:54 Drew: But, anyway, we have 8 minutes to go.

2:43:57 Iya: Dahil gusto lang din namin ano i-heads up ang lahat kasi gusto namin matapos yung lahat ng mga tanong.

2:44:05 Aida Villarama: Good afternoon po. I am Aida Villarama from Manila. Ang question ko po kasi na-explain po ng onco ko yung mga possibilities na mangyayari after chemo. So, nag-te-take po ‘ko ngayon ng Letrozole every six months po, nilalagyan ako ng zoledronic.

2:44:30 Aida: So, ang nangyayari po ngayon ang question ko po is ang sabi po kasi ng doctor after two cycle ko po kasi nawala na po yung menstruation. Ang nangyari po nagkaroon po ako ulit ng menstruation. Eh sabi po kasi pagka nagkaroon ng menstruation, yung estrogen po may possibility pa na bumalik yung cancer. So, normal po ba ‘yun na magkaroon ulit ako ng menstruation?

2:45:06 Dr. Cauton: Ulitin ko po yung sinabi ko kanina na it’s very important to know na just because we are menstruating doesn’t necessarily mean na nag-o-ovulate tayo. The letrozole actually typically should stop the menstruation. Siguro if you really want to be sure, you can have your hormone levels checked.

2:45:36 Aida: Nag-hormonal test na po ako. Nasa menopausal stage na po ako.

2:45:44 Dr. Cauton: Okay. So, that is our assurance. Siguro assured tayo na gumagana yung letrozole na na-ko-control po yung hormone levels ninyo. Siguro, at this point, I would check on your uterus status. Maybe have an OB take a look. Baka naman may ibang rason bakit po nagdudugo. Regular po ba siya lumalabas? Every month?

2:46:09 Aida: Actually from 2017 po hanggang po ngayon, nagkaroon lang po ako ng twice.

2:46:21 Dr. Cauton: Okay. Well, anyway, mga details kung mahaba or ano. Pero siguro kung ganun, lalo na kung ‘di na naulit, baka that’s I don't know how to describe it, parang tira lang or something. Pero kung tuluy-tuloy pong nagdudugo pa din ta’s controlled ang hormones ninyo, then, hindi yung hormones ang rason kung bakit po nagdudugo.

2:46:45 Dr. Cauton: So, kung tuluy-tuloy pa din siya, baka kailangan magpa-check, baka ultrasound or some other way to find out bakit nagdudugo yung uterus.

2:46:54 Aida: So, Doctor, sa OB po ako pupunta?

2:46:58 Dr. Cauton: Opo, na guided ng oncologist ninyo. I’m sure they would refer you to an OB.

2:47:04 Aida: Thank you po.

2:47:07 Delia Arcilla: Hi, my name’s Delia Arcilla. Good afternoon, doctors. My questions is, my question rather, is kind of vain and probably expensive. Could you give us a ballpark figure for, I’m sure there are many of us here who’d still like to have breast reconstruction but are afraid of how much it’s going to cost them.

2:47:29 Delia: If you’re in a regular hospital room, could give us roughly how much it will cost us women who’d like to be women again? Thank you.

2:47:40 Dr. Basa: Okay. This is for women who had a mastectomy and then no reconstruction, and now, want reconstruction. Ibig sabihin flat yung isang side mo. What we do there is we put in an expander. Yung expander, para siyang implant na ini-inflate para ma-stretch natin yung skin kasi yung skin flat na flat. So pa’no natin mapapantay sa kabila? So, we put in an implant na parang meron siyang port dun na puede mag-inject ng tubig para ma-inflate siya.

2:48:12 Dr. Basa: Pag na-stretch yung skin sa size na kapantay ng kabila, tinatanggal yung expander, pinapalitan ng implant. Yung implant na teardrop shape ng mukha siyang breast. So dalawang surgeries ang kailangan. So, kung first surgery lang na lalagyan ng expander for to reconstruct, siguro umaabot yan ng mga 150-plus, mga ganyan.

2:48:41 Dr. Basa: And then, pag palit, mas less dun. Oo, less than 100. Ha? For the second? Yeah, for the first surgery na lalagyan mo ng expander, lumalabas na mga 150-plus. Kasi the expander already is already mga 40-plus.

2:49:02 Delia: So, Doktora, 150 will include PF?

2:49:07 Dr. Basa: Yeah.

2:49:08 Delia: The silicon?

2:49:08 Dr. Basa: Yeah, Yeah.

2:49:09 Delia: That you’re going to put inside?

2:49:09 Dr. Basa: Oo.

2:49:11 Delia: Okay. Thank you.

2:49:12 Dr. Basa: Sige.

2:49:15 Delia (?): Go, ladies!

2:49:14 Dr. Basa: (laughing)(?)

2:49:14 Iya: Sorry, Doc, mas mura ba ang silicon kesa sa taba na gamitin or same lang yung presyo?

2:49:20 Dr. Basa: No, mas mahal yung taba. Kasi mas matagal ang operasyon na ‘yan, eh. Umaabot ng eight to ten hours.

2:49:28 Iya: Di ba, ang mahal ng taba.

2:49:30 Dr. Basa: Eh kasi na-tummy tuck ka pa. Two-in-one. (laughing).

2:49:38 Normie Namusa (?): Good afternoon po sa ‘ting lahat. [2:49:43] [not sure] from Taguig City. Wala po akong -- hindi po ako cancer patient pero itatanong ko lang po kung ito ba’y ano. Kasi po may kulani po ako sa kili-kili. Hanggang sa parang hindi nagtatagal-tagal, meron akong nakakapa dito sa right side ko po.

2:50:03 Normie (?): Ngayon po, minsan, parang kinukurot siya, parang pinipiga ganyan. Tapos yung nipple din po parang pinipitpit ba. Ganun. Hanggang sa nararamdaman ko po yung likod sa right scapula, masakit din parang may nakasangga doon. At ang aking right hand po actually namamanhid, nangingimay, namamanhid.

2:50:33 Normie (?): So, ang tanong ko po sa inyo kung ito po ba ay signs ng, wag naman sana, yun lang po.

2:50:41 Dr. Basa: Sa kili-kili lang yun?

2:50:43 Normie (?): Opo, sa kili-kili lang po.

2:50:44 Dr. Basa: Na medyo malaki?

2:50:47 Normie (?): Dati po parang jolen lang tapos naging ganyan po tapos pinipisil-pisil ko lang ganyan. Tapos yung hanggang sa naramdaman ko po dito, wala naman po ako nakakapa. Kaya lang yung parang pinipiga ba, Doktora.

2:51:02 Dr. Basa: Well, yung nararamdaman mo na parang may pain tapos hanggang sa likod --

2:51:05 Normie (?): Yes, Ma’am.

2:51:06 Dr. Basa: Kasi yung kulani, naka -- siguro, naka-ipit yung nerve na papunta dun - sa likod, sa kamay, kaya meron kang nararamdaman, lalo na kung malaki siya.

2:51:17 Normie (?): Yes.

2:51:17 Dr. Basa: Pero definitely, it can be dahil sa breast cancer, hindi tayo sure. Or puede din yung pinaka-common cause dito sa Pilipinas is TB. Ngayon, para malaman natin, kailangan magpatingin ka. Kailangan magpa-mammogram and ultrasound and then punta ka sa surgeon. And then kailangan ma-biopsy yan para malaman natin.

2:51:38 Dr. Basa: Because there’s really is a cancer na kulani lang pero wala sa breast, pero breast cancer yun. May ganun. So kailangan natin masigurado.

2:51:48 Normie (?): Sa’n ako pupunta? San na ako pupunta? (laughing) Actually, talagang kabado ako pati din po asawa ko, nag-a-alala din.

2:51:59 Dr. Basa: Kailangan magpatingin kayo.

2:52:00 Normie (?): Opo. Kanino po sa inyong tatlo?

2:52:04 Dr. Basa: Biopsy. Oo, yes.

2:52:07 Normie (?): Biopsy po, biopsy. Okay po, okay po.

2:52:11 Dr. Severino: Ang mga kulani po or bukol, wag mo nang sabihin kulani.

2:52:13 Normie (?): Ah, okay.

2:52:13 Dr. Severino: May tinatawag kami diyan, eh. Tinatawag na primary or metastatic. Metastatic is meron siyang pinanggalingan or may cancer na primary, let’s say, galing sa breast, common yun, ano ho. Pero meron isa pang tinatawag na primary, ano kaya siya lymphoma o cancer sa kulani.

2:52:29 Normie (?): Ah, lymphoma, yes po.

2:52:30 Dr. Severino: Yan po ay ano lalong sinusubaybayan namin yan ng mga doktor lalo kung ang sabi nung unang doktor inflammatory daw. Sabi ni doktora TB, yung iba sabi -- nag-te-take ng antibiotics. Ilang linggo na siyang nag-a-antibiotics ‘di pa rin lumiliit. So, baka kailangan talaga ang unang importante po lalo related sa breast cancer is pakapa muna ‘yung sa breast.

2:52:50 Normie (?): Oho.

2:52:51 Dr. Severino: Okay. And then, kung ano re-recommend po ng doktor ninyo, let’s say, kailangan kang i-ano mammography, kailangang i-ultrasound, kailangan i-biopsy, makikita po doon.

2:52:59 Normie (?): Okay.

2:52:59 Dr. Severino: Pero huwag ho kayong matakot kasi marami ho kasi na mga bukol ngayon na talaga na inflammatory lang siya. So, huwag niyo ho masyadong pisilin. Huwag niyo namang bugbugin.

2:53:11 Normie (?): (laughing)

2:53:12 Dr. Severino: Ba’t ho pati sa nipple niyo feeling niyo parang --

2:53:16 Normie (?): Parang ginaganun sa --

2:53:18 Dr. Severino: Ginaganun, gusto ko ho ‘yun.

2:53:19 Normie (?): (laughing)

2:53:19 Dr. Severino: Ako, gusto ko ‘yung ginaganun. Sorry, ma’am. Pero sabi ko lang talaga, ang pinakaimportante magpunta sa doktor, magpa-assess, may mga blood test namang available.

2:53:28 Normie (?): Yes, opo.

2:53:30 Dr. Severino: Kung kailangan namang imaging katulad ng ultrasound or ano, marami nang bago ngayon, lalo ang galing-galing na po ng diagnosis ngayon.

2:53:37 Normie (?): Yes, okay.

2:53:37 Dr. Severino: Totoo po. At magagaling ang mga doktor natin.

2:53:39 Normie (?): Thank you po, Doc.

2:53:39 Dr. Severino: Doktora, you want to take that?

2:53:41 Normie (?): Saan ko po kayo ma [2:53:43] [indiscernible]

2:53:43 Dr. Severino: Saan ho kayo umuuwi?

2:53:44 Normie (?): Sa Taguig po, Taguig City.

2:53:46 Dr. Severino: Taguig. Sino -- saan mo i-re-refer?

2:53:48 Normie (?): Medical City, oh, okay.

2:53:51 Dr. Severino: Medical City.

2:53:51 Normie (?): Medyo malapit-lapit po.

2:53:53 Dr. Severino: Magkano po ihahanda, Doktora?

2:53:54 Normie (?): Yes, Doktora, yes! Yes! (laughing)

2:53:57 Dr: Yes. Yes.

2:53:57 Dr. Severino: Wala daw bayad. O, ha. Sige. Okay. (chuckling)

2:54:04 Iya: All right. We’re down to our last question.

2:54:05 Audience: May tanong lang po ako. Yung po bang mga prutas bawal po sa cancer patients? At saka po ba ‘yung rice? Ano po bang mas mainam? Brown rice o white? O yung white rice? At saka isa pa po. Yung pong mga bread, bawal po ba sa may cancer patient? Yun lang po.

2:54:24 Dr. Cauton: Okay. Actually yung previous session, and I think the session that will follow will expound more on what to eat. Question on fruits for cancer patients, siguro the concern would be if you are undergoing chemotherapy at present. No, no, no, not all fruits. Ang ibig sabihin lang po what we try to avoid are food that can cause infection. So, if it’s a fruit na you’re not sure kung san po nanggaling or usually we would prefer fruits na binabalatan. At least, hindi tayo masyadong because we don’t know what the outer part of the fruits has been exposed to.

2:55:09 Dr. Cauton: So, it’s really more of an infection concern rather than a nutritional concern for the fruits. That being said, sa lahat po ng tanong natin about what to eat and what not to eat, after a lot of studies we have yet to find a true, truly anticancer diet. Sa ngayon po, there’s no such thing na if you eat this, you will not get cancer, right? But there is such a thing as a well-balanced diet. The kind of diet that you would eat for your heart for someone who has diabetes or to lose weight healthily. Those are what is also good for cancer patients.

2:55:49 Dr. Cauton: So, the question on white rice or brown rice, I would probably refer to the nutritionist kung ano talaga yung findings now. But it’s really a balanced diet. A lot of fruits and vegetables is good across all diseases, so, that’s also what we would want you to eat. Yeah?

(audience clapping)

2:56:09 Iya: Can we just ask for a closing remarks from our doctors? Let’s start with Dr. Aldine Basa.

2:56:17 Dr. Basa: Okay. For, alam mo naman sa mga nagkaroon ng cancer, yung importance ng annual mammography and ultrasound. Para sa mga hindi nagka-cancer, talagang dapat sabihan niyo yung mga relatives niyo, yung mga friends niyo na starting 40 years old dapat talaga lahat tayo nagpapa-mammogram and ultrasound. Kasi alam niyo naman, di ba, basta early detection, talagang mag-su-survive tayo. So yun talaga yung purpose ng mammogram and ultrasound. So, wag niyong kalimutan sabihan yung mga families niyo, lalo na ‘yung mga matanda. Kahit sabihin mo na matanda na sila, talagang sila yung mas higher at risk. So, yung nanay niyo, lola niyo, kailangan pa rin.

2:57:03 Iya: Dr. Pauline Cauton.

2:57:04 Dr. Cauton: Yeah. I would probably say na everyone really wants to know more. So, sa ating pagsusuri sa ating paghahanap ng more information, a very, very useful reminder would be to verify your sources. The internet it’s such a rich place, but not always a safe place, especially when it comes to information. So, yung fake news ‘di lang po limited sa politics. Even healthcare, marami pong fake news out there. So, whenever you click on something, you see a link on Facebook, titingnan niyo po muna kung saan galing, sino nagsasabi. And if you really need to verify, you talk po to your doctor, yeah? Thank you.

2:57:52 Iya: Okay. Thank you, Dr. Pauline. And, of course, Dr. Mon Severino.

2:57:56 Dr. Severino: Yeah, meron akong -- na-struck ako nung sinabi nung isang kasama natin dito na parang you’re living as if in an atmosphere of parang, “Ano kaya umulit ‘to? O magkasakit ako nito?” Ang hirap yun, ah, totoo, living in that atmosphere. You feel that sometimes baka umulit. You agree?

2:58:19 Dr. Severino: So, how do we combat that? Papano natin -- yung anxiety na ‘to, ano ba ‘to? Totoo ba ‘to na anxiety nararamdaman nating lahat na parang baka umulit, ganun. Siguro, totoo yun. Lahat ng pasyente, kahit kami, pero sabihin ko sa inyo pare-pareho lang tayo. Any moment, any minute, for example, I could die from a heart attack not even being prepared. What more for a cancer patient?

2:58:49 Dr. Severino: I look at the positive side. May cancer tayo, di ba? Ngayon na yung pagkakataon na pinaaalalahanan tayo na ang buhay ay maiksi. It’s finite. O di kaya pag-ukulan natin yung panahon kung ano’ng pinakamabuti magagawa natin sa araw-araw para sa isa’t isa, kung paano natin higit napapamahal ang ating mga kasama, sa bahay, asawa natin, kasama natin sa trabaho. Kasi may cancer ako, eh, so I have to be good. Pero don’t expect them to be good to you always. Siyempre. Pero tayo, tayo. Kasi, kaming mga doktor, to be able to share what we, kung baga, to our patients is actually to know and recognize our own mortality, na kami din ay mamamatay.

2:59:35 Dr. Severino: Pero always the end of our life, ano ka ba dito sa buhay mo ngayon sa mundo? At saan ka pupunta? Agree?

2:59:45 Audience: Yes.

2:59:44 Dr. Severino: So, ano’ng motto natin? Ang hiling lang naman ng isang cancer patient lang di ba ano is to live a cancer-free life, tama? Yun ang hiling natin. So lahat tayo gusto natin -- kahit ako, kahit silang mga doktor dito, pero siguro let’s live a good life and have faith -- faith in God, faith in your doctors dahil pare-pareho tayo. Maraming salamat po.

(audience clapping)

3:00:11 Drew: Palakpakan po natin ang ating mga doktor. Thank you so much for the words of wisdom, but I think more importantly, words of hope, Doctors, thank you so much. At sa lahat ng nagpunta, sa mga nagtanong, maraming salamat at narinig namin yung mga boses niyo at ang dami rin naming natutunan, kami ni Iya.

3:00:27 Iya: Actually, itong araw na ‘to ay para sa inyo kaya mahaba pa ‘yung araw, sabi nga ni Drew. Marami pa kayong mga ibang sessions na puede kung saan puede kayong magtanong at marami pa kayong masasagap na impormasyon. Maraming salamat.

(audience clapping)

3:00:46 Iya: And I hope you will enjoy the rest of your day. Thank you.

**[END OF THE SESSION]**