**ICanServe Foundation**

**Silver Linings 2019**

**Managing the Side Effects of Treatment**

**Location: PICC Room 8**

**Speaker: Dr. Clevelinda Calma**

**Moderator: Patty Betita**

[01:07:25]

**Moderator:** Thank you po for attending our talk today and I will be introducing our speaker for today and will be also moderating in a while. So kung mayroon po kayong mga katanungan regarding, or concerns or needs to be addressed regarding the topics at hand, please feel free to approach me or raise your hand if you need to ask a question. Nandoon po ang microphone po natin and doktora will be very glad to address any of your concerns. To introduce our speaker for today... Doctora Clevelinda Calma practices internal medicine and oncology at the University of Santo Tomas Hospital and Cardinal Santos Medical Center. She has many years of experience and is a member of the Philippine Society of Medical Oncologist. So without further adue, I would like to introduce to you today our speaker, Doctora Calma.

[Applause]

[01:08:41]

**Speaker:** Thank you Patty. I'll use this. Those who know me, thank you for coming. They know that I'm very magulo, okay. So first of, can we... is it okay? Nako sorry cameraman, you will have to follow me around. I will ask permission to speak in both English and Tagalog unless mayroong super... wala namang mukhang foreigner, mukha kayong foreigner pero I hope you understand Filipino. Alright, so with your permission I will go from English to Tagalog because I want this to be a conversation. Hindi ito lecture. I also understand why probably there are only a few of you here now. One, you became very hungry, angry and hungry because we ate in to your lunch time. Two, because this is probably something you don't like to relieve. Am I correct? Can I have a show of hands lang... sino po dito ang nag undergo ng treatment from surgery to chemo to radiation, any of them?

[Response]

[01:09:53]

**Speaker:** Okay, so majority of you. So that brings me parang, sabi ko oo. Why would you listen to something you've already experienced. Bakit ko ikikwento sa inyo, ipapaalala ko sa inyo at baka maiyak kayo o maalala ninyo. But I'd like to do this because I... generally because you've undergone, you've went through it, many times others who are now going through it approach you. Nilalapitan kayo kasi sasabihin, ah oh kamusta ka anong nangyari anong naramdaman mo? I will try to be very general kasi tatanungin kayo. Tinatanong at tatanungin pa kayo ng iba na ano ang gagawin o kayo ba ganito? For some reasons, Filipino patients kasi like comparing. Ikaw ano bang naramdaman mo, nawalan ka ba ng buhok? Sumakit ba yung kamay mo? Sumakit ba yung likod mo? Nagsuka ka ba? Nagtae ka ba? Hanggang to the point na kayo na lang ang pinaniniwalaan kaysa sa doktor niyo. Kinalimutan nang tanungin yung doktor kasi natanong na sa inyo.

[01:10:56]

**Speaker:** So... let us try no? This is something that is very general. Sorry ha? Naguguluhan ka sakin no? Hindi ako talaga pwedeng nandoon eh. Okay. I will introduce first the concept of what cancer care should be. Kasi ganyan natin ano eh... Cancer Care now, whether it's breast or any other malignany is integrated or multi-disciplinary. Anong ibig sabihin? Hindi... there's not one doctor that will take care of you. Two heads are better than ons, five heads are better than one but not too many kasi baka malito kayo. When we say multi-disciplinary cancer care... the patient is at the center. Kayo ang nasa gitna, kayo ang magdedesisyon. Kayo ang magsasabi kung ano ang acceptable sa inyo. But then, nandiyan yung unang nakakita sa inyo, whether annual P.E. yan, may nakapa, may napansin, may lumabas or surgeon na una ninyong nilapitan at naoperahan kayo. Kasama iyan. Kasama ang nurses, mga psychiatrist, psychologist... sa iba, nagpaparehab. Ifi-fit ko lang ng kaunti sa inyo because you've had surgeries, one or two, one or both. In others din may mga nagsusurgery. Many times, sa umpisa in your first month hindi ninyo magalaw. Nakikipag-away ako sa mga pasyente ko dahil hindi magalaw. Sometimes kailangan ng help ng rehab specialist, iyan yan. Nutritionist or dietitian kasi kailangan ng proper diet and nutrition. Kailangan kami yan, medical oncologist, the surgeon and the radiation oncologist. Kailangan nang whether priest, pastor, rabbi, puno, if you believe in trees as your God, kailangan yan. And of course you need friends... sisters, whoever. So lahat yan, they are all part of those who care for a cancer patient.

[01:12:56]

**Speaker:** Importante kayo so you have to have self-care also. That being said, I will go now to the different forms of treatment that you have received or others will receive. Pwede kong tanungin, how many of you... are all of you breast cancer patients? Sa breast... walang ibang primary? So para mas madali for us I'll go through breast. Kasi this one is something na for general consumption. Okay, so you will have several forms of treatment. Localized or systemic. Pag localized,  kung ano lang yung problema yun ang ia-address. So the localized treatments for breast are surgery, whatever form. The surgeon is the better person to explain to you ano yung iba ibang klase. Mayroong iba na inaalis yung buong breast kasama yung lymph nodes, yung kulani sa kili-kili. Mayroong iba ang inaalis lang yung mismong lump, Lumpectomy, Quadrantetomy, whatever plus the lymph nodes in the kili-kili. That is after whatever biopsy you underwent. Obviously, kung yan yung local treatment, ano ang side effects?

[01:14:17]

**Speaker:** Nawala yung breast. Edi yun ang pinakauna. After the surgery, yun nga dahil natatakot igalaw, you have some difficulty, pain moving the arm on the affected side. Third, many of you would feel what others who have undergone surgery feel... yung namamanhid. Diba whether it's ages ago, or last month lang kayo nagpa-surgery. That is expected because doon sa skin natin, there are many nerve endings na walang kasalanan yung surgeon, naputol. Ang nerve endings kasi... I always like to compare it to a telephone wire doon sa mga wired phone, syempre hindi sa cellphone. Okay, yung telephone wire... one big, yung cable, one big wire composed of several small wires. Diba? Each of the small wires in that big cable is responsible for something. Cold temperature, hot temperature, pain, soft touch... pag na cut siya, in advertently during the surgery naaano siya... anong tawag diyan? Nasu-short circuit, nasu-short circuit. So when it gets short-circuited, sometimes yung... sasabihin niyo pag malamig po masakit or pag mainit po masakit. Kasi nasu-short circuit siya. Your nerves get confused. Malamig, ang sakit... mainit masakit o kaya parang nangangati, that's because of the short circuitry na nangyayari doon sa nerves.

[01:16:08]

**Speaker:** I will go to the next local therapy kasi iba iba rin no... ang nararamdaman niyo. Yung next local therapy is radiation. How many of you have undergone radiation? Okay lang na tinatanong ko po? Okay. So quite a number no... Alam natin that radiation is like an xray with high energy directed at... for breast cancer, ang rina-radiate is the chest wall kung saan inalis yung breast plus yung supra-clavicular area, dito yung sa may leeg niyo. Hindi ako long neck eh pero basta. Nandito, dito niyo siya makikita. And then minsan, yung mga lymph nodes. Kasi ang goal ng radiation is, term ko lang ito ha... is to sterilize the area. Anong ibig sabihin? Inalis, pati yung kulani inoperahan but unfortunately, hindi natin alam kung may cells na naipit no matter how good and popular, famous your surgeon is, hindi niya kayang iassure na walang natira na cells kasi during the surgery, wala naman siyang microscope na tinitingnan... ay may natira pa kunin ko. They just get whatever is visible.

[01:17:36]

**Speaker:** Anong nangyayari with... nako, ayaw umandar. Okay, what are the side effects of radiation? So initially... ito hindi namin ma-explain pero this is something that patients feel no? Mayroong systemic, sabi natin local therapy ang radiation pero bakit siya may systemic effect? Ang systemic effect is fatigue. After the radiation, you have your radiation in the morning... when you go home para kayong antok na antok. Para kayong... in the lingo now, lowbat. Okay... even if it's the breast, bakit ako nawawalan ng gana? Or bakit ako nasusuka eh breast? Okay, I'll try and explain. Fatigue... mayroong normal tissue na tinatamaan or whatever is left in the breast. Maraming lumalabas na chemicals: cytokines, tumor necrosis factors, which we all have. Those are ano eh, chemicals in the body na napo-produce because of stress, inflammation. So those are responsible for fatigue. What do you do? Ako ang sinasabi ko, edi magpahinga kayo. You are tired eh, edi magpahinga. There's really no treatment... pre-emptive strike, for fatigue and it will differ from patient to patient. Some patients pagkatapos, wala lang. Shopping na ako o kaya trabaho na ako. I will make decisions that will change lives of millions of people. Pero yung iba, pagod na pagod ako... edi matulog. Wala namang bawal.

[01:19:15]

**Speaker:** Loss of appetite. Primarily because of the fatigue and the cytokines, number one. Number two, sometimes... this is the chest wall, ito ang rina-radiate diba? Minsan nag e-extend siya doon sa half of your, lagpas sa cleavage diba and in here nandiyan yung inyong food pipe, your esophagus. Minsan, hindi maiiwasan natatamaan siya ng some radiation. Saka lalo na kung dito, yung paglulon niyo, sometimes if affects your food kasi bakit parang masakit. Kasi it's parang namamaga. That is also why there is some nausea and vomiting kasi parang mayroong, para kang nasugatan yung lalamunan mo, so parang ang hirap pumasok. That is why you have a tendency to be nauseated or to vomit.

[01:20:14]

**Speaker:** Hindi common itong mouth sores, mga singaw in breast cancer kasi hindi naman hanggang diyan ang radiation. Ang effects ng radiation is kung ano lang ang tinatamaan. Pag breast naman, hanggang dito lang eh. So this is not a problem for you but this becomes a problem for other malignancies, yung mga sa head and neck kasi tatamaan talaga yung bibig at dila. Skin changes, para kayong nag sunburn... para kayong nag beach only, then go to Boracay or Palawan. You went to the radiation unit at doon kayo nagpa-tan. Iba iba rin kasi... others burn easily. There are patients who finished their 33 sessions without a glitch. There are others, midway pa lang, third degree burn na. That is why kailangang ma-stop, ma hold muna yung radiation para maiwasan... syempre kahit na gusto natin matapos yung treatment ninyo, kailangan okay din kayo. Okay?

[01:21:25]

**Speaker:** Low blood counts, hindi yan nangyayari sa radiation for the breast but for other radiations, kung nasaan yung ating bone marrow... bone marrow is your bulalo, it's what makes your blood cells, kunyare if you... in the adults, there are only two sources of bone marrow, sa bata it's all over. Sa adults it's only in the chest... here. Yung breast bone natin. And in the... pige, in the back. So if the radiation affects the chest or the pige, pwedeng bumagsak yung blood count. That is normal kasi ini-stun niya, sinusunog niya yung factory. Okay. Other toxicities, kung dito, again hindi ito nangyayari in ano... in breast cancer. Thyroid failure, meaning tinamaan yung thyroid gland niyo, nasunog tapos syempre nasira siya. Therefore hindi na siya aandar. We know that the thyroid is very important. Kung sa head and neck, dito yung mga nira-radiate maraming nabubungi. Dental carries dahil sinisira niya yung normal tissue, so yung pinagkakapitan. Secondary cancers, huwag kayong matakot kasi hindi common... nangyayari ang secondary cancers if you have radiation to the chest wall early kasi ang progression niyan is about 30 years. Pwede pero hindi palaging nangyayari. Okay?

[01:23:08]

**Speaker:** So pwedeng magkaroon... usually, ang reports nito, nag radiation for something else. Lymphoma and then later on when they become adults, lymphoma as children... when they become adults, they developed secondary breast cancers. Okay. So hindi imposibleng mangyari na, dati ang problema ko lymphoma nagradiate ako diyan bakit ako nagka-breast cancer? It can happen. Huwag na nating pag-usapan kung bakit kasi magagalit sila hanggang bukas tayo dito. And in the face, cataracts or retinal damage kasi kung yun yung tatamaan pero hindi naman yan tinatamaan eh. Yung current radiation techniques ngayon, very focused na. Hindi na yung parang headlight kung ano yung ano, lahat ng nasa paligid tinamaan. Ngayon para na siyang laser pointer... parang ganiyan na lang, kung ano yung yan, yan na lang halos ang tatamaan. Alright. We'll go to the next one.

[01:24:10]

**Speaker:** This is something na maraming, hay ito pinakamahirap sa buhay ko... systemic treatment. There are several forms of systemic treatment. For all the cancers no, iba iba. Conventional chemotherapy or drugs which you got through your IV or through tablet, okay. Other names for conventional chemotherapy are cytotoxics... cyto-cell, toxic-bad or they will kill. So these are meant to kill the cells, okay? Or marami nang uso ngayon andami daming advances in research, what we call targeted therapy. Ang targeted therapy mayroon siyang certain target. How many of you have heard of Trastuzumab or Herceptin? Okay, that is a targeted therapy meant to target one receptor, one gene which is HER-2, so that's an example of targeted therapy. Yung biologic therapy, mga biologic response modifiers not necessarily given as parang chemo but they are given to have the treatment. Your GCSF,  Filgrastim at saka nowadays, yung immunotherapy is considered biologic therapy... yung totoong immune therapy which acts on your immune system and of course you all know hormonal therapy.

[01:25:46]

**Speaker:**  There are actually three cancers lang na may hormonal therapy: breast cancer, prostate cancer and one that is not very common which is adrenal cancer. Ito yung medyo madami kasi ito yung I think concern natin. We go for conventional therapy. I will divide it into the early side effects, intermediate and late. So immediate, nausea and vomiting, fever, pain and swelling over the injection site and allergic reactions. Pag early, ibig sabihin in the first week... from the infusion of your cytotoxic of your chemo. Ang first week, the day that you are infused is considered Day 1. So usually Day 1 to 7 ito nangyayari but, nausea... Sino sa inyo ang nagsuka na mamamatay sa suka kaysa doon sa... okay, sorry ha, paaalala ko nang kaunti sa inyo. And I'm happy that I can see na natatawa na lang kayo ngayon na nagsusuka kayo. I'm happy to see that kasi ibig sabihin, masaya kayo na nalampasan niyo at masaya kayo bakit kayo OA na suka ng suka. Okay, well not all patients experience vomiting because we are all different. Isang gauge ko for females is tinatanong ko sila, kung... siyempre kung hindi naman nagbuntis hindi naman nila ako kayang sagutin, pero kung noong nagbuntis kayo, hirap ba kayo maglihi? Kasi may study saying kung paano naglihi, chances are ganoon din kayo. So kung kayo ay naaadmit pag naglilihi dahil yung hyperemesis gravidarum or suka kayo ng suka... chances are magsusuka rin kayo but huwag matakot kasi unlike of the pregnant woman, pwede kayong uminom ng kahit anong gamot. Maraming gamot ngayon that can be given to fight nausea and vomiting. Kasi pag buntis kayo ano lang ang pwede niyong inumin? Pero kung ngayon... yung mga, pag sinabi kong ngayon kasi parang kayo ulit yun, yung mga nagsusuka dahil sa chemotherapy, andami nang very effective drugs that can be given to fight nausea and vomiting.

[01:28:22]

**Speaker:** Fever... hindi lahat pero yung iba kasi pag nagre-react, pwedeng fever. Early pwede rin, during the first seven days... ulcers, diarrhea, rashes, which are common with some drugs, Gemcitabine, low blood counts, okay. Ito yung sinasabi ko palagi, ang pinakapalaging tinatanong sa akin, magsusuka ba ako? I think that is something you don't really want to experience in the early phase. The other is, hihina ba immune system ko? Unfortunately, all drugs... all cytotoxic agents, all conventional chemotherapy will lower your blood counts. Babagsak lahat, iba iba lang sila. Minsan it's the red blood cells, minsan it's the white blood cells, predominantly or minsan it's the platelets. Okay, iba ibang gamot. Why is this so? It's primarily because conventional chemotherapy works on cells which are rapidly dividing. So cells-like, your tumor cells... your cancer cells. Cells-like, normal cells in the body from the hair to the mouth to the stomach, to the intestine; to the skin and one of the most actively dividing cells in your body is your bone marrow. Kasi si bone marrow super trabaho yan, it replaces red blood cells every three months, platelets everyday, white blood cells every ten days to two weeks. Siya yung pinakamahirap ang trabaho, pinakamabilis mag divide kaya isa siya sa palaging naaaffect ng chemotherapy.

[01:30:21]

**Speaker:**  How do we try and avoid? Apart from antiemetics, you can actually use these non-medicine techniques. Soft diet, small frequent feedings... small ha? Kasi ako frequent na puro chips..So small frequent feedings of food that is healthy. Yung mga nabuntis na, nagkaroon ng anak... alam niyo that you have been suggested to take cold ice chips diba? Ako kasi para mas sosyal, popsicles para may lasa or you can take anything cold kasi it will help lower or attenuate the need vomit. Avoid spicy food or greasy food kasi kahit hindi ka naman nagki-chemo if it is spicy, it causes an increase in your acid. Pag greasy diba nakakaumay? Strong odors... kaya minsan, kasi nga diba pag naglilihi kayo sometimes I suggest, huwag kayong magpabango. Hindi because the pabango is something that is toxic, kaya lang strong odors can provoke vomiting. I don't wear perfume or cologne whenever I see patients kasi minsan nababanguhan sila masyado, nasusuka na sila. Ayaw din naman nila siyempre ng may amoy pero... that I also suggest na kayo rin, huwag masyado mag heavy perfume or lotions na mabango masyado kasi medyo, I have never been pregnant, I'm single so I don't know how it is kung maglihi ano? But I would think yun yung sinasabi nila eh, pag naglilihi parang ang daling... iba, even prito, even garlic ayaw eh. So I suggest huwag. So avoid strong odors.

[01:32:24]

**Speaker:** Drink plenty of fluids para... well, we know that water is very good for all of us. Para hindi kayo madehydrate kung kayo ay suka ng suka. Eh ano kung nasusuka kayo, uminom kayo isinuka niyo at least may isinuka kayo. Mas mahirap... mas masakit sumuka nang walang sinusuka diba? For fever... anytime you have fever, please make sure that you contact your doctor or their nurse or whatever kasi it warrants investigation. Maraming causes of fever na, huwag na nating pag-usapan ito, ang pinaka common is infection. Diba? Drink lots of fluid, you can take paracetamol whether you are a fan of Biogesic, Tempra whatever. Allergic reactions happen either as an irritation, an irritant or yung talagang nag a-allergy, nagkakarashes. Usually this happens during the infusion pero sometimes within two days. It's important that you inform your doctor that this happen. During the infusion madali kasi nandoon pa yung doktor, nandoon pa yung nurse. It's best, pag nagkareaction during the infusion, you should ask what to put. Magkaiba kasi depending on the drug that you use. You can either use warm compress or cold compress, depende sa gamot niyo kasi kung manghula lang kayo kung ano or magmagaling kayo, baka yung gamot na ginagamit niyo should be given cold, lalo kayong mabu-burn pag warm. Pero some medicines, kailangan warm para hindi mag spread. Tapos bibigyan kayo ng mga anti-allergy medicines.

[01:34:10]

**Speaker:** Madaldal ako kaya hindi ko na nahihintay yung slide ko, sorry. [Laughs]. Okay, mouth sores. Keep your mouth and lips moist. Hindi ko sure kung okay ang lipsticks, some lipsticks they can cause dryness... pero kung red, parang maganda ka kasi pag naka red lipstick pero anyway, make sure lang to choose the right lipstick for you or you put lipgloss, lip balm, again... huwag masyadong mababango. Huwag ma-flavor kasi baka lalo kayong masuka. You don't like the taste... Sige, you keep your mouth moist. Drink plenty of water, mahirap masakit pag may mga singaw but you need to hydrate. Habang maraming singaw, you get more dehydrated. Hindi ka pinapawisan pero pag maraming sores, mas mataas yung water na nawawala sa inyo. I always suggest to... kasi talaga namang madumi ang bibig natin, whether we are foul mouthed like someone or not. [Laughs] Sorry, sorry ma. Marami talagang bacteria diyan... so ang recommend, there are some products which help keep the mouth moist. Kamag-anak siya nung lotion na pinapakita nila diyan but I am not an endorse, I am not a paid endorse ano? But there are some products... also what I feel works which is easy is, one glass warm water, one teaspoon salt, one teaspoon baking soda. It helps keep the mouth moist and helps keep bacteria and fungal element.

[01:36:00]

**Speaker:** Avoid alcohol containing mouthwashes. So look for mouthwashes that says, no alcohol Chlorhexidine or Chlorhexidine based kasi if you use something with alcohol, it dries the mouth more. It will aggravate your mouth sores, spicy food alam natin iyan. Huwag kayong kakain ng lechon or crispy pata or chicharon if you have mouth sores kasi mechanically, you will traumatize the mouth sores. Ang sarap pa naman no, chicharon with suka hala goodluck to you. Ang sakit sakit nun ano? So don't... ideally, huwag very hot kasi lalo siyang naiirritate. Lapit na, nagmamadali na ako. Sige diarrhea, fluids... when you have diarrhea of about more than 8 times a day, go to the hospital baka madehydrate kayo. Kahit na sabihin niyong kaya niyong mag rehydrate, baka ma dehydrate kayo and it has to be examined. Hindi pwedeng ay diarrhea, dahil lang yan sa chemo. Baka mamaya you really have an infection.

[01:37:13]

**Speaker:** Raw fruits and or vegetables. So no salads muna because we know fruits and vegetables may have colliform bacteria which can cause diarrhea. Blood counts, sinabi ko na sa inyo anemia is red cells, neutropenia is white blood cells, trombocitopenia is platelets. Normally these can, even if you have these... they can recover on their own. Mayroon lang mga indications na kailangan tulungan with the injection, with their Filgrastin. Your doctor is the best person to discuss with you whether or not you need some correction. Correction being blood transfusion for here, injection for here or rarely do you need platelet transfusion, hindi naman dengue ang mayroon kayo. So it's important, hygiene, mouth washes... make sure you don't make chika chika with someone who has cough colds or you go into a place, pumunta kayo sa sobrang daming lugar na you don't know who has the infection, you might get it. Make sure that you inform your doctor always kung ano ang nangyayari sa inyo.

[01:38:25]

**Speaker:** Intermediate is when you start... that's Day 8 to 14. That's when you start loosing your hair, di ko alam if you noticed. I like this picture, this is Rapunzel nawala na yung hair niya she's on chemo. This is one of my favorite pictures kasi imagine, or pwede rin no si Samson na nagki-chemo, nawala yung hair niyo. I know that's some of you might have felt. It's something that is really depressing, something that is bothersome. Whether you are female or you are male. Diba? Personally, I tell my patients to start shaving it off once it falls off because it is cleaner. You don't see it, you know hindi ka parang poodle shedding on the pillow, the bed, in the shower. It is also less depressing because hindi mo nakikitang nalulugas yung buhok mo. One time big time. Diba? You know... and all of you have beautiful hair, you know that it grows back. So you can always assure those who come to you that it will definitely grow back.

[01:39:41]

**Speaker:** May isa pa akong secret na walang scientific basis but, I see that those who shave off their hair during the treatment, once it grows back it's nicer. I cannot explain why, don't ask me. Okay? I also see that those who did not shave it off during the time that they were on treatment when it grows, I'm not saying it's pangit but many feel, I will use the word, sorry ha... panot. You have very thin hair, hindi ko sinasabing pangit siya but to many, it's not something they want. That's why I'm saying ngayon, if it's something you want edi decide on what to do best. Alright, so hair loss. Yun ang palagi kong inaano kasi I think it's the most popular side effect of chemo. It's the most dramatized in social media, in movies, in TV shows... para malaman na nagki-chemo kailangan nakalbo. Not all drugs will cause hair loss. Okay? I think by now, some of you know that.

[01:40:46]

**Speaker:** Other problems would be... referable to what you are using, you can either have some problems with hearing because of some drugs. Neuropathies, pins and needles on the hands and the feet. Usually stocking and glove kaya may socks diyan, glove and socks pala... sa hands at saka sa feet. That may be an effect of your... one of the drugs that you are using. Chances are, if you receive Trastuzumab you use of these drugs that cause neuropathy. Late effects would be fibrosis of the lung, liver damage nahihirapan yung liver to detoxify, not only the drugs but all the other things that you are taking. Heart failure, this is why you are requested by your medical oncologist to get regular 2D Echo. Some drugs in the long run can cause heart problems, Doxorubicin, Docetaxel, Paclitaxel and notorious is Trastuzumab. That's why you need regular 2D Echo. Sterility, if you are young... some of the drugs can cause permanent sterility. Meaning you will be unable to bear and others naman cause something that's temporary. Within three months from the last cycle, your ability to conceive children may return. And psychological problems, these are things we need to recognize also kasi it's... when you have good support system, andaling sabihin you'll be okay but for others, even if they have a good support system, it can still happen. So it's something we should recognize. Hindi rin pwedeng sabihing okay lang yan because it's not okay. Diba? Hindi ko pwedeng sabihing okay lang yan, kaya mo yan. It's not okay. It's not something anyone would want diba? So... please, don't ever say I went through it, it's okay you will get through it. Let us listen to them kasi iba iba tayo eh. May mas sensitive than others. So let us recognize that.

[01:43:14]

**Speaker:** Oops, I'll go to hormone kasi parang magagalit na sila sa akin. Ang daldal ko kasi. Hormone, what you are usually having is anti-estrogens. These are Tamoxifin, Anastrozole, Letrozole, yun yung mga anti-hormones and some would have G.I. disturbance. Fullness, yung iba parang sinasabi nila bakit parang ang dalas kumulo ng tiyan ko. Not necessary nagda-diarrhea. You may have rashes. All of you will have dryness of the skin. That's parang we are hastening your menopause if you are not yet menopause. Menopausal like symptoms, hot flashes, trombolic events for some agents pwedeng magkaroon ng propensity to have blood clots. Kaya that is something that we need to be aware of kasi it's something we monitor. Sa lalaki, yung mga anti-androgens, they become impotent kasi binababaan yung testosterone. Yung estrogens it's something you also use. You don't use estrogens but you use anti-estrogens, so huwag na nating pag-usapan iyan. Some of you may have used LHRH-Agonists. Yung mga iniinject? Goserilin. So sana hindi pa, sana huwag na because these are some drugs that are used in advanced stage. So you can have the effects of anti-estrogens and additionally, impotence... loss of libido.

[01:44:48]

**Speaker:** Targeted therapy, I said this is Trastuzumab. You can have hypertension even if you are not hypertensive. More so if you are hypertensive so problema yan, that is why sasabihin niyo eh bakit ba pinapakialaman ng oncologist ko yung blood pressure ko. Kasi it's something na babantayan namin. Hand foot syndrome is discoloration of your palms, of the palms of your hands... and nangingitim, nag da-dry and your feet. Iba iba rin ang level yung iba parang wala lang, yung iba natutuklap. Usually it abates with the discontinuation of the medicine or overtime. What's important here is you maintain moisture, not too much... lotion ang katapat niyan. That's the sagot. Diarrhea, you can take anti-diarrheals, loperamide whatever brand. Transaminitis is tumataas yung SGPTSGOT. Usually that's transient, ano lang siya temporary. It will go down with discontinuation or breaks from the treatment and fatigue. Altough hindi common yan as many of you would have learned by now na hindi naman talaga masyadong nagfa-fatigue.

[01:46:04]

**Speaker:** I just put this kasi uso ngayon ang immunotherapy. There are only two immunotherapies, well there's three I saw you. So that's a different ano but in the Philippines, what's available now are just two. Tecentriq is the brand name, Atezolizumab diba ang hirap sabihin. And Pembrulizumab which is Keytruda. There is another one which is oral, Palbociclib and Ribocliclib, those are also part of the targeted in immunotherapy. Well actually it's targeted it's not immunotherapy. So with the immunotherapy, what you can have is anything that is connected to the immune system. Mag allergic reaction, lahat ng -itis. Thyroiditis, arthritis, transamenitis, myocarditis. Lahat ng pwedeng -itis pwede yan. Nako ayan na, sorry. So what's suggested for all is a soft diet that should be balanced. There's no truth to, kailangan may isa osige. You just read through this. Soft diet containing all this. Naistress na ako. Proper nutrition, okay. And I think what's important, I introduce to you the first time that your care, cancer care shoule be multidisciplinary. There are three people you need to see, as needed. There are three different... we are all oncologists. There is the medical oncologist, the medical oncologist is the one who is responsible for giving systemic treatment including hormone therapy. The surgeon is someone who is the best person to help you get rid of your cancer. Adequate surgery is the best chance for cure, so the surgeon takes care of cutting you. Magagalit sila sa akin, no. They are responsible for the surgery. The radiation oncologist is one who is responsible for planning and caring out your treatment using radiation. So not one of them is more important than the others. So all of them and each one of them, each one of us have our own specialties, we have our own training so that we can help you best. So thank you... if you have concerns, questions, you can try and log on. Contact us in any of these social media platforms.

[Applause]

[01:48:47]

**Moderator:** Wow finish na dok, thank you very much. Sobrang informative talaga. So at this point, alam ko maraming gusto pong magtanong kay doktora. So who would like... we will entertain 3 questions. So who would like to be our first?

**Question #1:** How to contact po, doktora?

**Moderator:** Doc, how to contact daw po?

**Speaker:** This is actually the website of Philippine Society of Medical Oncology. Bawal kasi akong mag advertise but I'm in UST and ano, and Cardinal.

**Moderator:** Okay, second question daw po.

**Question #2:** Doc tanong ko lang regarding about sa pangingilay ng mga daliri, nirefer ako ng oncologist kong pumunta sa rheumatologist then after ng rheumatologist, binigyan niya ako ng maraming medicine. But until now, even at night time hindi ako makatulog hindi ko na siya nabi-bend.

[01:49:51]

**Speaker:** When you say, nangingimay tama ba, tusok tusok?

**Question #2:** Yung ano po hindi ko na siya ma bend. Especially at night time makirot sobra.

**Speaker:** Okay, two things no. I will remind you diba ang nerves sabi ko, kasi nerves ang na affect. Ang nerves kasi once they are damaged, hindi na siya talaga bumabalik sa dati but nasasanay tayo na naa-attenuate yung nararamdaman. Ibig sabihin nababawasan over time. Sometimes it will improve but I will be honest, it will never improve to yung normal. Yung back to way back when. Pero maraming mga gamot that can help you. Okay, thank you.

**Question #3:** Good afternoon doc. Medyo late kami kaya lang itatanong ko po, about sa liver. Kasi ma'am, doktora ano po ako, fatty liver. Diagnosed po ako since 2013, breast cancer. Ang problema ko po yung sa liver kasi nagrereact siya pag nag chemo ako.

[01:51:02]

**Speaker:** Okay, that's expected. Yun yung sinasabi kong transamenitis. Minsan may mga gamot that can help the liver detoxify kasi to start it, hindi ganun ka okay ang liver mo kasi nga fatty. Siyempre yung mga gamot ang nagme-metabolize niyan liver. So huwag nating dagdagan, yung mga patients ko they know that I always say, pwedeng huwag munang uminom ng gamot na hindi kailangan. Huwag munang mag complimentary, I'm not saying they don't work. Pero kasi pinapahirapan natin yung liver. Dinadagdagan natin yung problema. Pag sinabi kong hindi kailangan, siyempre iinumin ninyo yung para sa high blood niyo, para sa diabetes niyo kasi hindi pwedeng gamutin yung isang bagay lang kailangan lahat.

**Follow Up:** Ah doc, inano po niya kasi... yung liver, fatty liver nga po ako. Tinanggal niya na po yung medicine ko for liver tapos yung diniet po niya ako for liver, tinanggal niya yung fatty kaya tinatanggal ko na po wala na akong gamot. Pwede po ba yung lemon water?

[01:52:08]

**Speaker:** Okay. Yung lemon water, wala siya kasing... masarap siya. Pero wala siyang sinasabing proven benefit for the liver pero masarap siya. So hindi bawal pero hindi siya siguro makakatulong para doon sa problemang yun. Makakatulong siya sa uhaw mo, sa hydration.

**Follow Up:** Kasi nabasa ko din po, nanonood ako, nagbabasa ako ng Internet about fatty liver. One po yung lemon water, Chia seeds. Nabasa ko yan dok saka lemon with...

**Speaker:** Well you can take anything and everything in moderation.

**Follow Up:** But it helps?

**Speaker:** It may help for you; it might not help for others. So hindi bawal, hindi bawal. Hindi ko sinasabing bawal okay?

**Follow Up:** Tinatanggal ko nga po yung mga fatty food. Thank you doc.

**Speaker:** Thank you.

[01:53:16]

**Moderator:** Ladies and gentlemen, as much as we would like to entertain more questions. Unfortunately, the next session po will, were delayed. Ang dami pa nung gusto naming magtanong pero we have to give way na po for our next session, so on that note thank you po sa inyong lahat for attending. Thank you doktora Calma, thank you so much we learned so much from you. Thank you po, thank you.

[01:53:48]

[END OF TRANSCRIPTION]