

**ICanServe Foundation**  
**Silver Linings 2019**  
**FAMILY MATTERS**  
**Fertility and Children after Breast Cancer**  
**PICC Room 7**

**SPEAKERS : Dr. Virgilio Novera**  
**: Dr. Nikko Magsanoc**  
**: Dr. Eileen Manalo**

**MODERATOR : Iza Calzado**

Iza: Hello, magandang hapon po sa lahat.

Audience: Magandang hapon.

Iza: Naririnig niyo po ba akong lahat?

Audience: Yes.

Iza: Wow! Maganda pa kayo sa hapon. At mas gwapo pa kayo sa hapon. (laughs) So today, I have the honor of moderating the topic called "Family Matters" which of course, also if a lot of it is about fertility preservation. Ngayon po hindi po ako eksperto dito kaya po ako'y magpapakilala ng tatlong ekspertong doctor who will inform us and educated on this topic.

Iza: So first we would like to call on stage Dr. Virgilio Novero. Dr. Novero specializes in Obstetrics and Gynecology and sub sepecializes in Fertility and Reproductive Medicine. He is the head of the Center for Advanced Reproductive Medicine and Infertility also known as CARMI and section head of Reproductive and Endocrinology and Infertility at the Department of Obstetrics, tama po ba yun doc? Ang hirap. (laughs) And Gynecology at St. Luke's Medial Center Global City. He is one of the country's pioneers in Invitro fertilization also known as IVF, having helped design, plan and operationalize the Philippines' first hospital-based IVF Center. Ladies and gentlemen, palakpakan po natin, Dr. Virgilio Novero. (clapping)

Dr. Novero: Magandang hapon po. I'm very happy to be here. Medyo timing ang invitation of Silver Linings with us because we recently opened a new society of doctors and paramedical people. It's called The Philippine Society of Fertility Preservation. So swak na swak dun sa ating pag-uusapan this afternoon. So the topic is "Family Matters: Fertility and Children after Breast and other Cancers." And essentially it is about fertility preservation. Before I go on with the rest of my talk, I'd like to show you a quick video. Next please. (video plays on screen)

Video: I had to start treatment so fast that fertility wasn't even talked about.

Video: I was 14, almost 15 when I got diagnosed with cancer. So you know, fertility that wasn't really on my mind. Although my oncologist, she did approach me and she told me that, you know, having chemotherapy, that can lower your chances of being able to conceive later on in life.

Video: I wasn't given any options. I wasn't given any information. It was neither brought up with (cut in audio)

Video: Well I wasn't inclined to want kids after being diagnosed. I just said it didn't occur to me and so after I started dating but I thought about a lot and actually it makes me want to have kids more, much a while but I guess it's just appreciating things in life. And point of cancer, I've learned to look at the better side of things and I know that if my kids would do that then I would be fine.

Dr. Novero: So ang mga nangyari po ganito, the past 4 or 5 decades, cancer therapy has really improved. There are more cancer survivors because of this. At the same time, there was a lot of improvements and discoveries in fertility treatment. Next slide. So because of the improvements in cancer therapy, there are more cancer survivors and many of them are young. And when they survive cancer in a young age, we want better quality of life. So you tend to think of other issues that you didn't think about when you were undergoing treatment. And that includes fertility. So pag bata kayo magkaroon ng cancer, there's a better chance of surviving cancer. So fertility now becomes an issue because before fertility was not an issue because cancer survival was still the question. But now, cancer survival is almost a given, not really always. But there's a bigger chance of surviving. So you can have a better chance in having a normal life.

And then the other thing that we need to remember is that cancer therapy especially radiotherapy and chemotherapy, is harmful to one's future fertility. I think ito kailangan niyo talagang maalala. It is inevitable that there will be some effect on your, if you're a woman, your ovaries, your capability to produce eggs, to a certain extent your uterus, baka hindi maka-accept ng embryo. And to the man, their capability to produce sperm. So that's what chemotherapy does.

So what is fertility preservation? Next. So it is the process of saving or protecting eggs, sperm or reproductive tissue so that one can use them to have children in the future. In short, itatabi muna yung inyong itlog or yung sperm, yung punla or ovarian tissue or testicular tissue. Itatabi muna, iso-store, ifre-freeze before you undergo cancer treatment.

Sa Pilipinas po, we went through the data of how many get cancer every year. And usually it's about 1.4, 1.5 million are new cancer diagnoses per year. 10%, sorry 150,000 pala, 150,000 per year are diagnosed as new cancer patients. And normally 10% of them, around 10 to 11% of them are in the reproductive age group. So that translates to about 14,000 to 16,000 patients in the reproductive age, including

children are going to have a diagnosis of cancer and are more likely to receive cancer chemotherapy or radiotherapy and maaapektuhan ang kanilang future fertility, ok?

So the idea is dapat alam nila na merong paraan para ma-sort of protect their chance to be parents in the future by certain methods that will again, store their hope. And then they can undergo their cancer, chemotherapy or radiotherapy and then when they survive cancer, pwedeng balikan ito. So in females, you have egg freezing, embryo freezing, ovarian tissue freezing, certain drugs that sort of protect the ovaries and some others. I will not go into detail dito. My colleague here, Dr. Manalo, will go into the details later. Sa mga kalalakihan naman, in fact ang sperm, ang lalake, sa lalake they are more prone to the harmful effects of chemo and radiotherapy compared to women. So you should really also store sperm or if they are unable to get it naturally, pwedeng surgery, surgically kunin yun and or itago yung kanilang testicular tissue. Doctor, my other, my other colleague here, Dr. Nikko Magsanoc will explain that later.

The slide before was for adults or adolescents. This one is for children. For children, they will also be affected by chemo or radiotherapy. But they have less options. Ito lang po ang options natin – ovarian tissue freezing for pre-adolescent or pre-pubertal girls and testicular tissue freezing for pre-pubertal boys. It's a little bit experimental but if you have no other choice, I think you should do it because there's a lot of research na nangyayari naman mukhang it will be used in the future. Again, Dr. Magsanoc will talk about that later.

So the idea is this, ngayon ang nangyayari po ngayon kasi this is a very, very new concept. Not really very new, probably a few years old but in the Philippines it's very new. Ganito po ang nangyayari ngayon, pag ang pasyente talks to his oncologist at ma-diagnose ng cancer, dinidiretso most of the time to harmful cancer chemotherapy. Hindi masyadong napag-uusapan ang fertility preservation. There are a few good oncologists who bring it up. There are a few patients who are aware of it but most are not. That's why we just opened the new society Philippine Society of Fertility Preservation for increased awareness and we're very happy that we were invited here.

So instead of this happening now, please, hopefully they will not go straight into cancer therapy instead, they will be referred to us, the fertility doctors and also the nurses and the counselors who will explain to you kung ano po yung options and when you agree, you will undergo a method of fertility preservation and after we do the storage of your reproductive tissues, pwede na kayong ipa-cancer therapy. So may katabi na kayong hope. Yun po yung idea ng fertility preservation.

So what we are trying to do is we are here to provide hope for your future. It doesn't work 100%. It will work to a certain extent but at least it provides an avenue where you can potentially be a parent. And it will not delay cancer therapy. Yun po ang gusto naming sabihin. Ang pangunahin pa rin naming pag-aalala sa inyo ay mag-

survive kayo ng cancer but by doing this side step, we will not delay the cancer treatment. And our treatment also will not decrease the effect of cancer. So ang take home message ko po is upon diagnosis of cancer, young patients must consult or be referred to a fertility specialist before harmful cancer therapy is initiated. There is an international guideline na ganito po ang dapat mangyari. Pag medyo bata at bagong diagnose, magkonsulta muna bago mag-cancer therapy, yun lang po. Salamat po. (clapping)

Iza: Maraming salamat po, Dr. Novero. Ngayon naman po ay tatawagin natin si Dr. Eileen Manalo. Dr. Eileen Manalo has been practicing Obstetrics and Gynecology for over 30 years, specializing in Reproductive Endocrinology and Infertility. She is the past chief at UP Philippine General Hospital Section of Reproductive Endocrinology and Infertility where she also teaches. She is a board member of the Philippine Board of Obstetrics and Gynecology and Philippine Society of Gynecologic Endoscopy. She is a founding member and past president of the Philippine Society of Reproductive Medicine and is the associate editor of the Journal of Asia Pacific Initiative on Reproduction. Dr. Manalo has also represented the Philippines at the International Federation of Fertility Societies. Muli po palakpakan natin si Dr. Eileen Manalo. (clapping)

Dr. Manalo: Thank you Iza. Magandang hapon po sa inyong lahat. So it's a good na si Joy came before me to give you an overview ano about fertility preservation. Ang sabi nga ni Joy, we live in a time na 90 to 95% of cancer is actually can be cured no? So whether it's testicular cancer or breast cancer or leukemias, 90 to 95% out of 100 patients diagnosed with cancer, 90 to 95 will have a chance of surviving in 5 years no? So that's fantastic di ba? And nung araw 'pag sinabi natin kasing cancer, parang death sentence na 'di ba? Feeling mo, "Oh my God I'm gonna die and wala na, wala, magta-travel na lang ako." And that's it no? But now, we can do something about it no? We don't even have to think about therapy first. We can even think about the chance of having children in the future ok? So kaya nga ito yung fertility preservation na sinasabi natin. And what are the fertility preservation methods? Sige iisa-isahin natin ok?

So ito sabi nga natin, 83, sabi ko they are surviving their cancers so in, from 2002 to 2012, 83% of women less than 45 years old were diagnosed with cancer were able to survive. And kung less than 45 di ibig sabihin may tsansa mag buntis di ba? Kasi ano ba yung menopause natin? Menopause is 51, 52 years old. So pwede pa rin from 15 to 45 is the age of reproduction na kaya pa rin mabuntis no? Joy has actually mentioned the fertility preserving methods. So meron tayong tinatawag na proven methods, ibig sabihin, marami nang nagbuntis as a result of these treatments and then yung experimental, meron namang nagbubuntis na pero considered pa rin na under study itong mga ito.

So yung mga well-established would be sperm freezing and Dr. Nikko is going to talk about that. And then we have embryo freezing and egg freezing. Have you heard of

egg freezing and embryo freezing? Yes. Ok. So right now you feel frozen. But we're talking about eggs and embryos. Ito IVF ito essentially no? So ibig sabihin ang gagawin natin siguro we can show some slides. Ayan, so makikita niyo yung freezing part there. Sorry the slides are not in cartoon, I wanted some time to do that but I'm sorry I didn't have time. So we're going to stimulate these patients no? First of all, they come to us na-diagnose with cancer, pwedeng cervical cancer, pwedeng breast cancer. So breast cancer is the most common. And if we have the time, we have about 2 weeks before they start the chemotherapy, and of course we have to talk to the oncologist. Hindi naman pwede, "Oh siges simulan na kita ng fertility preservation." Then makakalimutan na natin yung cancer treatment. So we have 2 weeks, pwede nating simulan sila ng IVF treatment. So ibig sabihin magbibigay tayo ng fertility injections usually for about 10-12 days and then we try to produce eggs. Na ako yung babae, may asawa then we produce the embryo kaya kung may partner siya, stable partner, huwag naman yung tabi-tabi lang na hindi niya kilala no? So kailangan meron tayong assurance na after siya magamot ng cancer, eh pwede na ibalik natin yung embryo di ba? So yun, so we do 2 weeks of simulation tapos we try to produce as many eggs as possible. And those eggs kung may partner nga siya will be fertilized with her husband's sperm. Tapos pag nabuo yung embryo, ife-freeze natin yung embryos.

Now, pagkatapos naman yan, then she will undergo the cancer therapy. And if we're talking of breast cancer, we're talking 5 years of treatment 'di ba? Usually surgery first and then adjuvant chemotherapy. Pag sinabi ng oncologist, "Oh ok ka na. Ready ka na. You're cured of your cancer." Or "You're in remission." Or "You're fine. You can try to achieve pregnancy." Then we can now transfer those embryos para maka-achieve tayo ng pregnancy. Kung wala naman siyang partner, we just freeze the eggs no? Now if we have donor sperms, in the Philippines bawal tayo sa donor, so we can't talk about that pero kung may donor sperms tayo, pwedeng gamitin yun para ma-fertilize yung eggs na yun. Pero kung wala, kung wala pa siyang partner, medyo maghihintay muna tayo until magka-partner. But in the meantime those eggs can be frozen temporarily until such time that she's ready to find a partner. Ok? Yun. So, ito yung mga choices natin.

So embryo cryo preservation or embryo freezing, then egg freezing, then ovarian transposition. I'm just gonna give you some choices here. Halimbawa, cervical cancer. Kapag cervical cancer, pag Stage 2 and above, higher stages ng cervical cancer, alam niyo yung cancer ng cervix di ba? Yung sa kwelyo ng matres. Usually radiotherapy yan. And radiotherapy can destroy the uterus and the ovaries. So before you do that, before you start the radiotherapy, you can actually do something to preserve the ovaries. Pwede mong itaas yung ovaries. Ang ovaries andito, nasa pelvic portion, pwede mong operahan yung pasyente, itataas mo yung ovaries. Yun yung tinatawag nating Transposition. And nagagawa na natin yun para pag nag radiotherapy na hindi tatamaan yung ovaries, para hindi masisira yung ovarian function. So we're doing that ok?

Sige ano pa? And then we have conservative gynecologic surgery. So again, kung halimbawa cervical cancer, early stage, hindi mo na kailangan tanggalin ang buong matres, pwedeng tanggalin mo lang yung kwelyo tapos pwede mong iwan yun. So I have a 26 year old patient who has a gorgeous French boyfriend. She said, "Doktora I wanna have a baby with this guy." And lo and behold, we diagnosed her to have early cervical cancer pero tinanggal lang namin yung kwelyo ng matris. So after that nagbuntis siya even without IVF, spontaneously she got pregnant. So she now has an ongoing pregnancy. So ibig sabihin, hindi por que't cancer, tatanggalin mo yung lahat. Pwedeng tsansa mo, pwede mo pa ring iwan yung matres at try to achieve pregnancy.

Yung ovarian suppression naman, ito naman meron din tayong mabibigay na mga gamut. Halimbawa you're undergoing chemotherapy di ba? Yung mga chemotherapy can destroy sabi nga ni Dr. Joy Novero, can destroy ovarian tissue. So while the patient is undergoing chemotherapy, then magbibigay tayo ng gamot to somehow soften the blow of the effect of chemotherapy, parang pino-protektahan mo yung ovaries at saka yung cells sa ovaries para hindi siya masyadong mabigyan ng damage by the chemotherapeutic drugs. So magbibigay rin tayo nuon.

And lastly would be the ovarian tissue cryo-preservation. So ito namang ovarian tissue freezing, usually ito sa mga pre-pubertal girls. So hindi pa sila nireregla, bata pa sila eh. So hindi mo sila pwede, they cannot go IVF. O kaya yung iba na they have to undergo the cancer therapy straightaway so you don't have the 2 weeks window para mabigay mo ng IVF, then you can actually do a mini-surgery, pwedeng laparoscopy or mini-laparotomy, kukunin mo yung ovary na isa, and then you can use that, you can cut slices of that ovary and then ife-freeze natin yun. So that can be frozen for 5 years, and then after that pag ready na siya na magka-baby then you can put back those small strips of ovarian tissue that can be sources of eggs and pwede nga siyang magbuntis spontaneously kasi nandiyan ibabalik mo nga siya sa pelvis no? Ok? So sige, so tingnan natin.

So pag binalik natin you can actually put it back in the pelvis or you can put it in the arm, you can put in the chest, you can put it in other parts of the body, not necessarily going back to the pelvis no? So kung may tanong kayo, magtanong lang, you can ask questions anytime. You can interrupt me anytime.

Iza: We have a Q and A.

Dr. Manalo: Yeah, oo. So yun, ito ginagawa na natin ito pero all over the world, itong ovarian tissue cryo-preservation so far mga more than 130 babies have been born from this one. They've done about 4,400 of this ovarian tissue cryo-preservation or freezing of the ovaries, of the ovarian tissue, and so far 130 babies have been born. And then you say, "Almost 5,000, 130 lang ang ipinanganak." You have to remember hindi naman lahat sila bumabalik di ba? Yung iba they're still undergoing chemotherapy, yung iba they never really found a partner, so hindi, they didn't want

to use it. So about 10% actually go back and try to achieve pregnancy but so far, as I've said mga 130 na yung napanganak niyan..

So ito na yung binalik nila yung ovarian tissue. You have strips of the ovarian tissue, hindi pwede yung buo eh. Pag buo kasi siyempre frozen yan, and then if you freeze that there are several layers to that ovary. 'pag binalik mo, pwedeng hindi na siya back to its normal function. So you really need to put it into small strips and then you put it back into the pelvis. And nicely, marami dito nagbuntis on their own, basta ok yung fallopian tube, pwede silang magbuntis without having to go through IVF.

And then ito yung sinasabi nating for protective agents, we actually have DNRHA injections which actually puts the patient in a state of menopause, parang temporary menopause lang para ma-lesser yung impact nung chemotherapy sa ovaries nila. So it has been known to work for mga breast cancer patients. Ok?

Next. Ito yung sinasabi ko yung whole ovary cryo-preservation. They've done it in animals, in sheep, pero hindi pa masyadong successful sa tao. So we still have to improve the technology here. Mas maganda kasi isipin mo, tanggalin mo na lang yung buong ovary 'di ba? Huwag mo na siyang pakialaman, balik mo na lang siya pagka-frozen na 'pag kailangan na 'di ba? Pero ang problema hindi pa siya ganung nape-perfect yung, yung freezing of that whole ovary.

Next. Tapos ito yung sinasabi ko yung Ovarian Transposition na bago ka ma-radiotherapy for cervical cancer, then itataas mo muna yung ovary. So again, this will require surgery. Ok, so we've done quite a number of these patients.

Ito yung picture naman na ang tanggalin mo lang kwelyo ng matres na maliit na portion lang kung meron kang cervical cancer. So you don't have to remove the whole thing, ok? Ito yung sinasabi nating for IVF naman. So for egg freezing, for embryo freezing, before you actually get to collect the eggs, before you actually get the embryos and then freeze them, you have to give daily injections usually for about 10 to 12 days. And then you get the eggs through the vagina and then you freeze those eggs. Kung may partner, pwede mo nang i-fertilize yung eggs and then you have embryos that you are going to freeze or store.

Next. Ok ito lang yung criteria for selecting patients for ovarian tissue cryopreservation naman. So usually they have to be less than 35, siyempre kung medyo matanda ka na eh what's the point of freezing di hindi na, yung tsansa mong magbuntis hindi na rin ganun kataas di ba? Number 2, there has to be a high risk na they're going to have failure of the ovaries after chemotherapy or radiotherapy. In other words, if you're going to use a medicine that is not going to be too toxic, not to be too bad, not going to be too bad on the ovaries, pwede mo nang hindi mag-fertility preservation ok? And there has to be a realistic chance of a 5-year survival. In other words, kung masyadong sick yung tao na kailangan bigyan ng chemotherapy

and then yung tumor niya ay kalat sa buong katawan, baka hindi siya dapat bigyan ng tsansang mag fertility preservation.

Now this is a video of how we go about freezing the eggs. Sorry the ovaries no? This is ovarian tissue cryopreservation. Alright. So literally kukunin mo yung isang ovary. You're gonna cut it so that you remove the inside of it and you actually just leave out the cortex. Yung cortex yung labas. The primordial follicles, yung mga eggs na pwede nating gamitin to achieve pregnancy later on, are all in the covering, in the cortex. So they have to be cut up into small pieces. And then they are going to be frozen in time – 4 years, 5 years until such time na chemotherapy or radiotherapy is completed. So this one is 190, minus 196 degrees that these are frozen in nitrogen. Ok? Nitrous oxide. I want you to show the other one naman na ibinabalik. So after that, pag ready na silang to try to achieve pregnancy, then you can put back those strips of ovarian tissue back into the pelvis to try to achieve pregnancy. So I think that's about it and if you have any questions, then we will entertain those questions later on. Thank you very much. (clapping)

Iza: Thank you very much Dr. Eileen Manalo. So far, does everybody find it interesting?

Audience: Yes.

Iza: 'di ba? Mamaya ise-share ko sa inyo meron akong personal input dito. But before that, let us introduce our last speaker, last but definitely not the least. We have Dr. Nikko Magsanoc. Dr. Magsanoc is a board member of the Philippine Society for Fertility Preservation and Consultant Staff at the Center for Advanced Reproductive Medicine and Infertility, also known as CARMI St. Luke's Medical Center Global City. He is the Section Head, Section of Pediatric Neurology at St. Luke's and Section Head Robotics Surgery Unit at Philippine General Hospital. Dr. Magsanoc is a Clinical Associate Professor at the University of the Philippines College of Medicine where he graduated in 1995. He also completed his fellowship in Pediatric Neurology and Minimally Invasive Surgery in Children's Hospital at the Boston Harvard Medical School. Palakpakan po natin, Dr. Nikko Magsanoc. (clapping)

Dr. Magsanoc: Maraming salamat sa invitation. Hindi ko nga alam bakit ako inimitahan dito. Yung mga unang nagsalita ay mga professors ko yan, tanyag na professors, batikang mga professors, doctor yan. Kung igo-Google niyo mga pangalan nila, Diyos ko ang dami nilang mga accolades, ang dami nilang mga awards. Igo-Google niyo lang. Pati si doktora, naku, sikat na sikat si doktora, mga professors ko yan, nasa TV yan, nasa radio, kung saan-saan. So ayan, so igo-Google niyo siya, nandiyan siya sobra, ang big time talaga ng mga yan. So ewan ko kung bakit ako nandito. Pero andito ako dahil kapatid ko si Kara Magsanoc. (audience laughs) Yun lang yun, yun lang yun. Wala ng ibang dahilan (clapping). Ok? Nung bata kami ni Kara, binu-bully ako niyan eh, si Kara, ganun. Akala niyo mabait yan? Pero binully ako nung bata. Ayan na-guilty nagtayo ng foundation, ICanServe Foundation. (audience



laughs) Oo, pero mabait na siya ngayon. Promise. So nung nakuha ko yung imbitasyon, tiningnan ko yung schedule, so nung nakita ko yung schedule, wow! Oh Wow! Si Iza Calzado pala ang magiging moderator. (Iza laughs) Naku, naku excited na excited na akong magdalo. So ayon, sobra akong na-excite. So siyempre, si Iza pa naman. (audience laughs) Grabe. Ok, so hindi lang siya maganda, sexy, magaling magsalita pero meron na akong pagkakataon matanong sa kaniya kung talaga ba siya ang si... Julia ba talaga at inahas ba siya talaga ni Julia? (audience laughs) Oo. So... di ba? Tapos tinapik ako ng, ng anak ko at, "Kuya, kuya hindi yan si ano, si Bea Alonzo po yun." So nagkamali po ako pero parang magkahawig. Pero di hamak na mas maganda si Iza di ba? Palakpakan po natin si Iza. (clapping)

Iza: (off mic) Patay kayo kay Bea.

Dr. Magsanoc: Pero pareho yung buhok, tingnan niyo medyo hawig. (audience laughs) Pero di hamak na mas maganda ho talaga si Bea. (audience laughs) Pero, ang problema ni ano, ni Julia at ni ano ay lalake kaya lalake ang pag-uusapan natin ngayon. Kayo naman, kami naman ngayon. Kasi puro babae ang pinag-uusapan, lalake naman ngayon. Ok.

Iza: Lalake talaga ang problema. (audience laughs)

Dr. Magsanoc: Promise ah... may, hindi yung lalaki ang maikli, yung lecture ko ay maikli, (audience laughs) mabilis, at simpleng-simple para maintindihan niyo pong lahat. So ang topic ko ay "Fertility Preservation" pero sa Tagalog po ay Pangangalaga at Pagprotekta sa Abilidad na Magka-anak. Yung ung Tagalog po nun. So puro babae lang ang pinag-uusapan palagi. Ang pag freeze ng eggs, siyempre narinig niyo ho yun. Of course si, si Vicky Belo nag-freeze daw siya ng eggs. Tama ba? Hindi, hindi daw totoo. Pero bawal pag-usapan po yan dito. (audience laughs) (clears throat) Of course...

Ah wala. Ayon si ano, pati si Scarlett Snow, anak daw niya yan. Na very, very cute na malapit nang nakaka-irita di ba? Pero cute pa rin siya. (audience laughs) Oo. Of course si Korina. Hindi ko sigurado kung (audience laughs) may egg ba yan or hindi. Pero mga pasyente yan ni Dr. Novera at Doctor ano, tanong niyo na lang mamaya kung ano ba talaga.

Of course si Gretchen Fullido sikat na sikat na nagdonate daw siya, nag freeze siya ng eggs recently kaya mas naging sikat ang egg freezing.

Iza: Isama mo na ako dun.

Dr. Magsanoc: Doktora, pero hindi ko sinabi si Doktora ang magsasabi mamaya. So paano naman kaming mga lalaki no? Since cancer ang pinag-uusapan natin dito ngayon, of course ang lalaki kahit mas malakas kami sa babae, mas mautak kami sa babae, nagkaka-cancer rin ho kami. (audience laughs) But yes, nagkaka-cancer rin po

kami ano? May isa akong kuwento, mabilis lang ho ito. 26-year old na lalaki na single po siya, masaya, ngunit naninigarilyo, yan nagka-cancer tuloy siya sa bituka, inoperahan siya, nag-radiotherapy, nag-chemotherapy po siya. Hayan, nabuhay siya, nag-survive siya sa cancer. Yan so masayang-masaya siya so... pero single pa rin siya. Ngayon, kinasal siya, so happy na siya. May asawa, nakikipagtalik kaya masaya (audience laughs). Pagkatapos yan may bahay, bumili na sila ng bahay, of course may sasakyan na sila ngayon. Pero hindi pa rin sila masaya. Bakit kaya? Of course, nung naisip, wala pa silang anak. So ngayon, dinala si misis sa doctor. Ok daw siya. Pero dinala si mister sa isang doctor, hayan may problema sa bayag, o testicle. Tiningnan ang semilya, nag-examine sa semilya pero wala pala siyang semilya. And sabi nung doctor dala po yan ng chemotherapy at radiotherapy. So ngayon, meron tayong dating masayang lalaki pero hindi na siya masaya, malungkot at medyo galit kasi hindi siya nasabihan na pwede palang may gawing paraan para maisalba ang kaniyang abilidad na magka-anak.

So sa Pilipinas, marami tayong cancer. Ang pinaka-pangunahing cancer sa atin ay sa baga, sa prostate, sa bituka, tiyan, atay, at sa dugo or mga leukemia na yan. FYI ang mga lalaki nagkakaroon sila ng breast cancer din. So hindi kayo nag-iisa, kami rin. So ngayon, sa cancer dumadami ang may cancer ngunit mas kumokonti ang namamatay sa cancer. Binanggit nga ng mga kasamahan po namin. So dahil ito sa pagsusulong ng medisina I mean, advancement ng medicine sa pag-ooopera, sa pag chemotherapy, sa radiation therapy. Ang dami, dami, daming nabubuhay ngayon, na maganda 'no? Ngunit dati ang iniisip mo ay mabuhay 'di ba? Ngayon hindi na buhay ang iniisip mo is yung kalidad ng buhay mo or quality of life at saka yung fertility po ninyo. So dati ang unang iisipin mo 'pag sinabi ng doctor, "Ay kuya may cancer po kayo." Ang unang iisipin mo mabubuhay ka ba? Pero ngayon kung may cancer ka, ang huling iniisip mo ngayon kung magkaka-anak ka or hindi kasi ang unang gusto mong isipin mabubuhay ka ba or hindi. So magkaka-anak ba ako is the last thing or pinakahuling maiisip mo na magkaroon.

So para magka-anak kailangan natin ng punlay o punla na sinasabi, so para magkaroon, magmi-meet sa itlog. Ngunit ang chemotherapy na panggamot sa cancer at ang radiotherapy na panggamot din sa cancer ay nakakasira sa kanila. Buhay ka nga ngunit ang semilya mo ay patay 'di ba? (audience laughs) So paano yun? Hindi ka magkakaroon ng ano. So in short, ang chemotherapy, radiotherapy ay nakakabaog po siya. Ok so isipin niyo po yun. So bilang manggagamot ang pangunahing layunin namin especially kami nasa specialty ng fertility ay ipaalam sa inyo paano ninyo alagaan yung kapasidad ninyo o abilidad para magkaroon ng anak kahit na may cancer or after nung treatment ninyo ng cancer. Of course, at bilang pasyente dapat alamin ninyo rin or itanong ninyo sa doctor ninyo ano yung mga pwedeng paraan, ibang mga paraan para maipreserba ang fertility po ninyo. Yun ang parang take home namin ngayon dito na alamin ninyo na may paraan pa ho para diyan.

So para sa lalaki, ang ginagawa namin is magtabi o mag-imbak ng punlay bago magsimula ang chemotherapy o radiotherapy o basta before your cancer treatment,

dapat itabi na siya. Ang tawag dun kasasabi lang sperm banking, sperm freezing o sa Tagalog pag-imbak ng punlay. Parang bangko lang yan BDO (audience laughs), PNB, pero walang interest no? Wala siyang interest. Oo, magulat ka na kung may interest di ba? So imbes na bangko sa laboratoryo po natin dinadala ang punlay. So paano namin kinukuha ang... but no, natural ho yan, paano natin makukuha ang punla sa lalaki? Masturbation para mailabas ang punlay. So sa St. Luke's meron kaming mga kuwarto kung saan ginagawa yan, sa laboratoryo. Ipapakita ko po yung sample nung mga laboratoryo namin. Galing, galing, yes, correct. Ito yung kuwarto, ito yung collecting room yung sa ano. (audience laughs) Pero baka mag-viral po yan. So yung kulay orange para mas excited daw yung lalaki. Tapos diyan konikolekta, may video para mas ma-engganyo ang lalaki. Of course meron ring mga pirated na porn na kasama. (audience laughs) Si Dr. Novera ang boss po dun, kita mo. Para sa makakalat, may tissue ok. (audience laughs) At saka may gripo rin po yan para sa inyo. At matapos niyo kunin ang specimen o semilya, dadalhin niyo na po dun sa one-way mirror na may tao dun para i-pag, para i-freeze sa pag-aral.

So sa PGH meron rin kaming ano. So huwag niyong kalimutan sa PGH, dun po kami nag-train, dun po kami tumira, dun na rin kami mamamatay ni Doktora, Doktora ano? (audience laughs) for sure. So ito yung collecting room ng PGH para makita ninyo. So yan po yan (audience laughs). Tapos pag-uupo po kayo, ganyan, wow, ang ganda no? (audience laughs) Medyo mahirap-hirap na... hindi ho ako pwede magsabi ng bad words dito pero sige, hindi... medyo mahirap makakuha ng semilya diyan sa ano na ganyan. Yan ang view ng, pag kumukuha ka sa ano sa pang (audience laughs)... pero may takip naman nang konti, oo. Pero huwag ka lang sisigaw masyado habang kumukuha ka ng ganyan no? Mahirap. Pero ngunit, huwag kayong mag-aalala, next year, nagtatayo na sila Dr. Novera ng Fertility Center. Ayan inaayos-ayos na so mas maganda na yung picture namin next time pag inimbata pa kami ulit. (audience laughs) Pero para sa mga mahiyaing lalaki na gusto nilang alamin yung parang potensyal nila magka-anak or yung seminalysis, yung iba ayaw kasing pumunta sa laboratoryo. Ngunit meron ng, marami ng mga, sa telepono ninyo lang pwede na. So may mga apps na para diyan. Oo. Totoo yan, totoo yan. So ang gagawin ninyo kukuha sa kolekta, ilalagay niyo sa papel, ipapasok ninyo dyan sa telepono ninyo. So totoo, it's true. So yan, ito yung actual view para makita niyo. Pag-aaralan nung telepono yung count, yung bilang nung semilya, yung ano ho. Pero remember dapat punasan ninyo yung telepono niyo pagkatapos (audience laughs). Oo, medyo mahirap tumawag kapag.... (audience laughs)

Hindi ako pwede mag-ano, yung anak ko andyan eh, yung 11... (Iza says something inaudible) Oo. So medyo mahirap tumawag kung amoy chlorox ang telepono (laughs) (audience laughs). My daughter is there. I'm sorry. But true... (audience laughs) Available siya sa Lazada believe it or not ok. Gusto niyo, para sa mga mahiyaing lalaki meron na sa Lazada po yan, anim na libo lang po. Free shipping pa. But believe it or not, ito'y gawa sa China, sa China, mga hinayupak na Intsik talaga. Kinuha na nga nila yung West Philippines Sea, yung Spratlys, ngayon yung semilya natin. (audience laughs) Tama na, tama na.

So anyway, pagkakuha ng mga semilya after makuha mo sa laboratoryo, ito ay fini-freeze or dinadala sa laboratoryo, dito namin nilalagay at dito pinapasok sa liquid nitrogen para ma-freeze. And ang freezing, hindi katulad ng pag-ibig may forever, forever mo siya magagamit. Para sa dun na ayaw gumamit ng sa masturbation para kumuha ng semilya, meron kaming condom para diyan, yung male factor pack. So pagkagamit nung condom, yun na mismo ang condom na isa-submit ninyo sa laboratoryo. So pwede yun. So gaano katagal pwede nakaimbak? Actually kasasabi ko lang forever, matagal siya pwedeng gamitin, hanggang buong buhay niyo.

So ang halaga, just to give you an idea para alam ninyo magkano ba ang pag-imbak ng semilya? Kung sa St. Luke's bawat taon, 6700 pesos ang gagastusin ninyo para sa isang taon na pag-imbak. Next year, tatawagan kayo, i-email kayo o ite-text kung gusto ninyo pang i-renew ang pag freeze nung egg. Kung hindi, hindi nila itatapon. Kung sinabihan nilang itapon, itatapon. So once meron na kayong semilya, ready na kayo, may partner na kayo, pwede niyo nang i-withdraw yung para sa bangko nga, kunin niyo ang inyong sperm, i-unfreeze at gamitin na para sa IVF. So yun ang paraan ng fertility preservation para sa lalaki. Thank you very much. (clapping)

Dr. Nikko: Thank you, Bea.

Iza: Ah, thank you Bea daw? Sino ba itong doctor na ito? (laughs) Thank you so much Dr. Nikko Magsanoc. Muli po palakpakan natin ang ating magagaling at mahuhusay na mga doctor. (clapping) At inaanyayahan ko pong... samahan ninyo ako dito sa entablado. Palakpakan po muli natin, Dr. Virgilio Novera, Dr. Eileen Manalo, Dr. Nikko Magsanoc. (clapping) At ngayon po magsisimula na ang ating Q and A. Siguro'y marami kayong katanungan. Ako po ang unang sasagot. Ako po si Iza Calzado, hindi po ako si Bea Alonzo. (audience laughs) Ayan... Any questions from our audience members? Oh ako na po ba ang mauna? Gusto niyo po? Hindi gusto ko lang po i-share kanina, wala po ako sa slide kasi isang beses ko lang pinag-usapan ito. Pero actually po si Dr. Novero ay ang aking doctor, ako po ay nagpa-freeze na ng aking hindi lamang po eggs, meron po kaming embryo ng aking asawa nung kami po ay naging, ano ba yan... mag fiancé, nung kami po ay na-engage, ako po ay nanigurado na at ah... gusto ko lang pong manigurado. (audience laughs) Kasi po may edad na ako. So yan po ang mga katanungan. Ako siguro po, ang una kong katanungan ay patungkol po ito sa mga cancer patients, survivors di ba po? Or kaya siguro po kung katulad kong career driven na babae o tao, alam natin na hindi pa natin gustong magkaroon ng anak nang maaga, ano po ba ang... masasabi ninyo tungkol sa pag-freeze ng eggs at kailan po ba ito pinakamagandang gawin? Dun po sabihin nating wala pang, wala pa pong diagnosis ng cancer?

Dr. Novero: Ah so... not for, not related to cancer?

Iza: Not really, let's start with that, oo.

Dr. Novero: Sige meron namang, siguro naririnig niyo na rin yun 'no? Ang tawag nila is social freezing. So ito yung mga babaeng who want to be assured of their fertility in the future because either right now, they don't have a boyfriend or they're busy. So alam nila na pag tumanda sila, bababa yung kanilang chance to be a mother. So ngayon pa lang gusto na nilang itago yung kanilang eggs. So that can be done, essentially the same process na pinag-usapan kanina na dinescribe ni Dr. Manalo, pwedeng gawin yun. So for women usually ang best ages for this is between 30 to 35 eh.

Iza: 30 to 35.

Dr. Novero: Yes, not too young kasi chances you're not going to use it, you're gonna meet somebody and you're gonna do it, you're gonna have children naturally. Or not too old because the quality of your eggs are poor when you're older. So best age is 30 to 35.

Iza: Even for males? What is the age range for freezing the sperm?

Dr. Magsanoc: Sa lalake medyo malaki ang agwat ng pwede kang mag, kung baga from, ang simula ay from puberty hangga't siguro 70, 80 years old kasi iba ang fertility potential ng lalaki kasi kahit na matanda sila nakakabuntis pa rin sila.

Iza: Totoo. 'di ba?

Dr. Magsanoc: So ibang-iba ho siya sa babae.

Iza: Ok.

Dr. Magsanoc: Very small ang timeframe sa babae.

Iza: So napag-usapan naman po natin ang kaibahan nito ay ang pagka na-diagnose ka na na may cancer ka, dito po pumapasok ang importansiya po ma, siguro masigurado natin no? Ang pinag-uusapan natin dito masigurado natin na may pag-asa pa tayong magkaroon ng anak kahit na mag-chemotherapy, radiotherapy tayo. Do you have different suggestions per age bracket? Pwede po ba, meron po bang gustong makaalam dito kung anong edad dapat yung para sa mas bata at saka para sa mas nakatatanda? Yes, no? Doc maybe you'd like to answer.

Dr. Manalo: So you're saying na kung puberty or before puberty well, we don't really have much of a choice hindi mo naman pwedeng bigyan ng fertility drugs yun. And then hindi mo pwedeng kunin yung eggs through the vagina siyempre virgin pa itong mga batang ito. So ovarian tissue cryopreservation talaga. So kunin mo na yung ovary niya tapos ife-freeze mo na yung ovaries, yung strips of ovarian tissue. Also as I said kung kailangang kailangan ibigay na yung radio or chemotherapy because of the cancer, wala na tayong choice, we don't have 2 weeks to stimulate them no? Oo so

yun. So younger patients, usually ovarian tissue. Pero older patients in the reproductive age group, then egg freezing or embryo freezing, if they have a partner.

Iza: Thank you, Doc. Meron po ba tayong katanungan?

Q1: First of all, we would like to thank for the very interesting lecture, talks. I would like to address this question to Dr. Manalo. My wife Chel, has also already undergone chemotherapy but we still really want to have a child. But is there, what would be your best advice for us or if there's still hope though she has already undergone chemotherapy?

Dr. Manalo: Well, thank you for your question. So halimbawa, you've undergone the chemotherapy, basta sinabi nung oncologist mo, "You're ready to try to get pregnant." Then we check your ovarian reserve. So in other words, titingnan muna natin meron tayong tinatawag na blood test ng anti-mullerian hormone, which will tell us kung, kung makakakuha pa rin tayo ng ovarian tissue or eggs and then that will give us an idea kung ano pa yung pwede nating magawa. So usually naman 'no? I mean if it's breast, then kaya pa rin naman, so we will find out. Actually we've all taken care of patients who were diagnosed with breast cancer, who survived the breast cancer, and then subsequently, some of them we did IVF, yung iba naman got pregnant through insemination or even natural pregnancies were achieved. So kaya, kaya pa rin. So we need to check the ovarian reserve kung kamusta yung function ng ovaries after the chemotherapy or the radiotherapy.

Q1: Thank you very much.

Iza: Ah Dr. Novero, would you like to say...

Dr. Novero: Just to add a little bit more. Madaming klaseng breast cancer, so madami ring klaseng combinations of chemotherapy and radiotherapy that might be given. So iba-iba ang epekto. Para lang maintindihan ninyo, merong kinds of chemo radiotherapy totally wiped out lahat, wala na kayong maiiwang eggs. Pero meron ding iba na may matitirang konti, yung iba nga medyo marami pa ring maiiwan eh. So we need to know ano yung binigay na chemo. So you'll have to evaluate kung meron ka pang chance to do it naturally or you really need to save something on the side para siguradong may ma-protect kayo.

Iza: Thank you, Doc. I just have a question on that note. So bilang po breast cancer, 'di ba? What you inject is estrogen? Kapag ka po ba ganun ay, pwede, maaari din po bang ma-stimulate lalo yung, yung cancer tissue dahil dun sa ini-inject na gamot at meron po bang safer, meron po bang hindi?

Dr. Novero: So ang issue is breast cancer ang nag-promote in some cases of breast cancer ay yung estrogen, the very thing na baka tataas pag maggagawa ng fertility methods. So parang baka makasama lalo. So now in our fertility methods for

hormone dependent cancers like this, we give a certain drug, it's called Letrozole. It prevents the estrogen from going up. So mababa lang yung level ng estrogen niya and yet you can create many eggs. So the patient will not be at increased risk for worsening her breast cancer during the fertility preservation method.

Iza: Salamat, Doc. Yes ma'am?

Q2: Hi, good afternoon, doctors. I'm... more... mas related ito doc sa, dun sa social freezing which has been...

Iza: Which is what I did...

Q2: Yes. (laughs) I'm curious lang doc, because the, 'di ba the main purpose of you know, doing the freezing or the preservation is, so we can...

Dr. Manalo: Have babies in the future.

Q2: Yes, have babies in the future, my question is if we do... do IVF in the future at parang mas matanda na age, so... is it, are the risks the same when a woman is... you know, naturally late primigravid ay, yeah late primigravid or... is it the same or are there differences doc?

Iza: Ano po ba muna yung late primigravid?

Dr. Manalo: 35 and above.

Iza: Ok.

Dr. Manalo: We call it late primigravid.

Iza: Aray, ako na yun. (audience laughs)

Dr. Manalo: Thank you, thank you for your question. So, social freezing 'no? So whether it's actually cancer or freezing or social freezing or medically induced, ibig sabihin hindi naman kailangan cancer lang ang reason kung bakit ka magfre-freeze ng eggs 'no? So sabi natin aside from social freezing, and later on I'll tell you that you can actually do this to prevent early menopause. So pwede mong i-delay yung menopause mo so that you don't even have to take hormone replacement therapy later on. So we can talk about that later. Anyway, so patients who go through, halimbawa, ikaw nagpa-freeze ka at age 35 tapos you decided oh you wanna have your babies at the age of 45, pwede naman kaya lang siyempre pag tumatanda ka, mas marami na ang sakit mo. Tataas na yung blood pressure mo, pwede ka nang may diabetes, pwede ka nang may bukol sa matres, pwede ka ng may bukol sa obaryo. In other words, as we get older, the morbidity comes in. So the risks are definitely higher which is why we put a cut off of 35 years old because at 35, the

risks of complications during pregnancy increase. But that is a given. So in other words, kaming doktor siyempre handa kaming to take care of those risks. But if you can go for your eggs or your embryos much earlier, why not? Which is why, you know, yung concept ng social freezing should not be abused 'no? Hindi pwedeng sabihin mo, "Where are, look I'm doing well in my practice or in my career, I don't wanna have kids now. I wanna have kids like Vicky Belo at age 51 or I don't know maybe she was 60 or something." Or ano, strictly speaking you can do that but the problems are greater. Pwede kang makunan 'no? Maski saibihin mong nung kinunan ka ng eggs at saka ng embryos mas bata ka ibig sabihin mas maganda yung quality ng eggs mo, mas maganda yung quality ng embryos mo, so maganda ang tsansa nilang mag-take, mag-implant, pwedeng by that time ang pangit na ng matres mo 'no? Na hindi na kaya ng matres mong mag-hold nung embryos. Pwedeng by that time, yung blood pressure mo 200/120, so ibig sabihin maski ano'ng gawin mo hindi kakapit yung baby ninyo. (audience reacts) Remember those babies are not going to stay in a place which is so hostile 'di ba? So kaya nga dapat yan you do it at a time na mas bata-bata ka pa rin. Hindi por que sabihin mo, "Look I'm earning 1 million, 2 million a month, you know I'm not going to try to get pregnant now, sayang naman yung possibility. I'll be bedridden, etc, etc." Dapat yun gawin mo when you can still have a healthy pregnancy, at saka it's unfair to the baby. Isipin mo, may nanganak ngayon na 74 years old. 'di ba? In india, there's a 74 year old couple who delivered a pair of twins. Eh pano kung mamamatay siya ng 78, or 80 eh di naulila na yung mga bata. So it is so unfair. So dapat na, you know we live in a time na ang dami-dami nating options. But you have to be responsible kasi hindi lang ikaw eh, yung baby mo kailangan mabuhay, kailangan may mag-aalaga, 5 years from now, 10 years from now, 20 years from now. 'di mo pwedeng isipin, "Well, you know I just have to think of myself, sa akin lang ito lahat, tapos bahala na yung baby ko. 'pag namatay ako eh 'di sige bigyan ko lang siya ng pera. Tapos papamanahan ko lang siya." Hindi pwedeng ganun. Kaya kailangan tayo we should live responsibly 'no? Hindi pupwedeng isipin mo lang sarili mo.

Iza: Doc, akala ko po moderator lang ako dito, (audience laughs) bakit po parang ako po yung pinagagalitan ninyo? (audience laughs)

Dr. Manalo: No you are a beautiful girl, you can take care your time but my point is, in fact sa Singapore ha, Singapore na, 45 years old lang kang pwede mag-transfer ng embryo mo. Kung in other words, if you froze for a long time, 45 years old, nothing beyond that 'no? Ok.

Iza: Ah yung cut off nila.

Dr. Manalo: In Spain, oo may cut off sila. Hindi pwedeng 60 years old ka magpapalagay ng embryo mo para mo nang awa. 'di ba?

Iza: Pero paano si Janet Jackson 'di ba po parang 49, 50?



Dr. Manalo: She was 51 when she had her baby.

Iza: Iba din talaga.

Dr. Manalo: So in other words, these guys, they, well siyempre meron ding Siyensiya di ba? So siyempre, ginamot, ginagamot din sila to make sure na that everything's controlled. But pwede pa ring mag-miscarry. Yun ang point mo eh. 'di ba?

Iza: Oo nga. Tama po.

Dr. Manalo: Oo.

Iza: Oo nga po, oo nga po eh, Doc, I will listen, Doc. Ok (laughs) 'di, but it's true. Like katulad po ako, sinabi ko sa inyo na parang pang prepare ko 'di ba? Pero aware din po ako na dapat may cut off, kung бага parang siguro bandang next year, dapat...

Dr. Manalo: Yes.

Audience: Yes.

Iza: Thank you po, thank you, thank you, thank you.

Dr. Manalo: We look forward to seeing that baby.

Iza: Ohhh, grabeng pressure dito Kara ano ba? Nag-moderate lang ako, andito pa ba si Kara? (laughs) Pero di ba totoo. And it's morbidity that is the word. Ito po ay isang bagay na parang tumatanda ka, nare-realize mo din na talagang nung 20s ka kasi invincible ka eh 'di ba? Parang it was like, hindi ka mamamatay then suddenly you're like, "Ay sandali lang, may hangganan." Lahat po tayo ay pupunta kung saan tayo nanggaling, sa lupa din po. Or kung saan man. (laughs) So ang ganda na, we really have to be responsible as you said no? Responsible also in trying to keep that hope but also responsible when to actually take care of these kids and to actually be there for them.

Dr. Manalo: Siguro i-mention ko rin ngayon, ginagawa na rin natin itong freezing na ito para ma-postpone yung menopause. Ano bang age ng menopause? 51 di ba? What happens after the menopause?

Iza: Gusto ko yan doc.

Dr. Manalo: Yes, after the menopause, you suffer from menopausal symptoms – hot flashes, irritability, headaches. Tapos the number one killer after the menopause is heart attack, it's not breast cancer, it's not cancer, it's heart attack.

Iza: Ah, bakit po?

Dr. Eileen: Well, kasi nga during the pre-menopausal period, you have estrogen. Estrogen is very protective for the heart, for the blood vessels, for your lipids, for your cholesterol. So all those are actually good because, because of estrogen. After menopause then everything now deteriorates. So the lack of estrogen will bring about vasoconstriction, tataas na yung blood pressure mo, your cholesterol levels go haywire. So yun, after menopause, the risk of dying increases because of heart, cardiovascular disease, there is higher risk of dementia, there's higher risk also of osteoporosis and fractures. So we can now freeze those strips of ovarian tissue to delay menopause so we don't have to worry about hormone replacement therapy. And that's being done now.

Iza: Doc, when you say you can delay menopause, up to, hanggang ilang taon po?

Dr. Manalo: Aba'y hanggang buhay ka.

Iza: Hay! Ganun.

Dr. Manalo: Hanggang buhay ka.

Iza: Ay gusto ko yan...

Dr. Manalo: Bakit kamo? Bakit kamo? Kasi these are natural hormones 'no? Hormone replacement therapy is actually synthetic hormone that is given to women 51 to 60 years old in order to maintain the heart, maintain the bones, so that you don't have dementia. But this one, these are your natural hormones which can literally be placed there like every 4 to 5 years, and you can extend this so you don't have to suffer from the menopausal symptoms.

Iza: Doc ha...

Dr. Manalo: Oo... (laughs)

Iza: Tagal-tagal pa pero alam mo na. (laughs) May iba pa po ba tayong katanungan? Para po sa mga kalalakihan dito meron po ba tayong kay, para kay Dr. Magsanoc. Yes, any questions.

Q3: Question regarding the transfer of embryos. Just to make a clarification: after chemo and radiation, you check for ovarian function, is it also safe to say to wait for the menstruation to come back just because the body is telling that your body is prepared to get pregnant?

Dr. Manalo: You're talking about like nag-freeze ka na ng embryos no?

Q3: Yes.

Dr. Manalo: Actually you don't even have to wait for your menstruation. You can simulate the ova, the uterus now, the lining of the uterus so that it will be juicy enough for the embryo to implant. So meron tayong, actually hormone replacement, so we give estrogen and then pagkamakapal na yung lining, bibigay tayo ng progesterone and then saka natin ililipat yung embryo. You don't even have to wait for menstruation to set in. Now it's a different story if you're doing it let's say, just to make you menstruate, you want your endocrine function, yung hormones mo, iba na yun, hihintayin mo talaga yung regla mo. And then your...

Q3: ... Experience, Doc, like for your other patients, how long does it usually take for the menstruation to come back after treatment.

Dr. Manalo: As early as 4 to 5 months.

Dr. Novero: Depends really on the chemo or the radiotherapy that was given to you. It can be very harmful, it can really destroy all ovarian tissue so that you will not have menstruation permanently. But you can also have some left, and you will recover after a while. So depending on what was left, then you will recover menstruation. So again, this part is very touchy. You will need to have the clearance of your oncologist before you will kasi there might be recurrence eh. But when you are already trying to get pregnant, you might have the risk of recurrence when you're pregnant and then you're not yet fully healed from the cancer. So that part is a bit sensitive.

Q3: Thank you doctor.

Iza: Thank you. And Doc Nikko, question lang kasi dito sa Pilipinas or I don't know, it could be a global thing 'no? I'm sure malaki ang stigma, katulad niyan kaya meron tayong yung nabibili kamo sa Lazada, maraming lalaki I'm sure, how will I phrase this question na mahirap harapin eh bilang lalaki that there could be a problem sa iyo 'di ba? I'm sure you've faced that, how has this been, has this actually changed a lot in the last couple of years or is there still a big stigma around this especially with the male machismo in the Philippines?

Dr. Magsanoc: Well kung, kung titingnan mo ang statistics kadalasan 50% ang dahilan ng, ang lalaki ang problema, 50% sa babae. But most of the time ang pupunta sa iyo muna, oh sasabihin ng lalaki, "Oh magpatingin ka muna." So ang babae ang kadalasan, but actually 50%, hati, kalahati. So sa lalaki, especially sa mga Pilipino, medyo mahirap yan na tanggapin na sila yung may problema pero kung nasa punto na kailangan nila ng anak, then they'd go to the lengths na magpatingin, magpagamot para lang magka-anak.

Iza: Ok, thank you. Just want to ask that. And how important is it like, health wise kasi po ako, I'm that age marami po akong friends na trying, yung ibang friends ko

nagpa-IVF, yung iba ayaw magpa IVF and they're trying everything and it seems like, it feels like it's always the woman's job to make sure she's healthy. But how much of it also is the man's job? Like you said 50/50 pero...

Dr. Magsanoc: 50% yes.

Iza: 50%

Dr. Magsanoc: 50% siya.

Iza: Ok. Dun po nire-record po natin ito, 50% chance, I'm sorry because I just feel bad for all the women who, lahat ng pressure nasa kanilang mga balikat. Siyempre po may pagka-feminist po tayo, She Talks Asia. Ayan, pero hindi kasi. But it's equal di ba? 50% from the man, 50% from the woman but because I think a lot of it has to do with the emphasis that it's the woman who carries. But...

Dr. Manalo: Plus the woman has also a window by which she can get pregnant.

Iza: Window by which she can get pregnant, pero it does not mean that siya lang ang dapat na kasi, na healthy, dapat po ay pareho sila. Sana po ay, yun lang po, kung meron pong mga nandito kung may kaibigan kayo, and this is being recorded, it should be equal, 50/50, both man and woman should be of optimal health. I mean, they can, should try. Ok. Any other questions? We have about 3 more minutes.

Q4: I'm AJ Santos from Baguio. I was diagnosed 2017 Triple Positive but I refused to be called survivor. I guess I am a pre-vivor. I just had my mammogram because I just wanted to and I was aged 39, so going 40 yeah. And then they saw nodes. So nung nakita nila sabi ng mga doctors, "You observe for 6 months." So dahil first timer at gusto ko lang, I mean being proactive, gusto ko lang talaga without symptoms, without kapa na wala, wala talaga akong nararamdaman. So yung 6 months na sinasabi nilang observation period, naulit yung mga, yung mga procedures like ultrasound and then mammogram. So nung nakita po nila na nag-increase in size, ayaw pa nilang tanggalin yung nodes and another 6 months observation na naman daw po. But still I insisted na tanggalin natin yan and alamin natin kung ano yang mga nodes na yan. So nung nalaman po namin na Triple Positive, ER PR Positive, ang gusto nilang gawin is tanggalin lang yung nodes and then radiation. Again, being proactive, tanggalin natin yan both. So hindi po kasi ako dumaan sa counseling like medical team. So parang pasa-pasa from surgeon to oncologist to, so hindi po talaga team yung tinatawag. I do not know kung sa Manila, sa Manila iba or sa ibang lugar. Pero sa amin po, being conservative yung Baguio, hindi po talaga ganun ka... hindi pa bukas kung baga not all women po mag a-undergo na magpa-check up nang walang nararamdaman. Kung baga parang hindi ko pa alam kung sa Baguio lang or buong Pilipinas pero iba po kasi yung sa akin. 39 ako, I'll be very busy sa mga ganitong panahon so siguro dapat gawin ko na ito ngayon. So yun po, na-diagnose ako Triple Positive and I'm too aggressive and learning na aggressive din po yung diagnosis sa

akin, so ginawa ko na po yung pupwede. Fortunately, lahat po ng treatment pinagdaanan ko, chemo, Herceptin, and now Tamoxifen at yun po yung mga sinasabi nilang side effects, hindi ko po nararanasan. Like yung chemo, nalagas ng buhok, lahat, hindi ko po nararanasan. Naglagas but not totally bald. I still have my hair pero I had it shaved. Tapos po yung mga kilay, ganyan-ganyan. And then sa Herceptin yung mga minimal weakness lang naman po. And then ngayon po Tamoxifen na sinasabi nila, mahirap daw pong magbuntis. I have 3 kids na po, aged 23, 19 and 7. So ngayon po ang gusto kong malaman, hindi ko po nararanasan yung mga side effects ng mga treatment, and now we are still sexually active, gusto ko pong malaman kung possible po ba na magbuntis pa ako or masama po bang magbuntis dahil regular po yung menstruation ko mula po nung naggamot ako up to this time.

Dr. Novero: I'll just answer the question on having a team in managing you. I think the direction of management in, none of us are cancer, si Nikko kahit papano may cancer pero kami ni Dr. Manalo...

Iza: Cancer specialty...

Dr. Novero: May cancer specialty, (audience laughs)

Dr. Manalo: Be specific naman, Doc...

Dr. Novero: Sorry pero with Dr. Manalo we're Fertility eh but again, the general direction of cancer treatment now is multidisciplinary team. And I think they're really promoting that all over the world, not only in the Philippines. So... here in Metro Manila most are being seen as a MDT – multidisciplinary team. So I guess that should be the direction also in the provinces or provincial cities. As for the menopause part why you're not having menopausal symptoms, I'll have Dr. Manalo answer that.

Q4: By the way, Doc, I'm 42 years old now. Diagnosed 40.

Dr. Manalo: I just wanna add to what Dr. Novera said that that's precisely why we founded or formed the Philippine Society for Fertility Preservation. So it's not just Ob-Gyn, Neurologists who are members of that society. We have oncologists, medical and surgical oncologists, we have counselors. In other words, we have embryologist. It's actually a whole team to take care of our patients and exactly this was just, we just had our first convention last week. And we're now here so that we can spread the news that something can be done so that we can now have a team work to take care of our patients. So we're here for you and we hope that you can also spread the word. So that's one. Number two, for the menopause, do you wanna have kids? So we wanna find out your ovarian reserve. So if you have good ovarian reserve and you have the go signal from your oncologist, then why not? Ok, so for as long as your oncologist says, "You're fine." We can proceed and as Dr. Manalo, Dr. Novera said that there are protocols that we can use in order to minimize the impact

of the hormone therapy for IVF then we can do that kasi nga pwede tayong magbigay ng Letrozole, we want to minimize the estrogen levels when we do the stimulation before we try to get you pregnant. So again, we check your ovarian reserve and if it's still good maybe we can still work on your pregnancy.

Q4: Thank you very much po.

Iza: Thank you. Ok I think at this point we are going to wrap up very soon. I have one very important question, which nobody has asked, and I know this is very important. Doc, magkano po ba ito? (laughs) Ayoko na hong sagutin. Naiiyak ako pag naiisip ko eh. Yeah, unang-una ko pong katanungan ay magkano po ito ngayon? And meron po bang paraan para maging mas accessible siya para sa ating mga kababayan na gusto ding makapag-freeze at maka-avail ng ganitong siyensiya. So mga Doc, please.

Dr. Manalo: Good question 'no? Kasi siyempre cost is always a consideration. Sometimes we get patients who are about to undergo chemotherapy or radiotherapy within a week or so, they were saying, "Let's do some fertility preservation." Now the cost sa CARMI, kasi so far CARMI is the only one which is the IVF Center in St. Luke's, is the one that's offering it. It's about 90,000. So 90,000 for ovarian tissue cryopreservation. If they have to undergo embryo freezing or egg freezing, perhaps mga 250,000 ang aabutin nuon. Tapos on a yearly basis, mga 14,000 ang gagastusin for storage fees. So yun ang ico-consider natin. Problema lang minsan yung iba siyempre nagpa-panic sila, gagastos sila for the cancer therapy, tapos gagastos pa sila dito, so yung iba medyo hindi nila tinutuloy. Kaya dapat talaga, it's important talaga that awareness should be really spread na among everyone para at least you know, you're not at the last minute deciding to go for it. So may cost pero it can be minimized.

Dr. Novero: I hope hindi masyadong na-disappoint ang some of you when you heard that it was costly. But precisely why we set up the Philippine Society for Fertility Preservation. Recently, there was the National Integrated Cancer Control Program launched by the government. And luckily, we came in at the right time PSFP. We came in at the right time. We're now included in the national budget for the National Integrated Cancer Control, kasama diyan mismo for cancer therapy, isisingitan na nila ngayon ang fertility preservation. So for this purpose, and we're waiting siyempre for the IRR for that. For this particular purpose, there might be a chance that there will be an amount specifically for those who are not able to financially access the procedure, the methods, then there might be something in the future.

Dr. Manalo: I just like to add, ang PGH din we're putting up an IVF Center in PGH. So sa PGH, walang bayad ang doctor. Ang babayaran lang yung mga gamot at saka yung gamit sa freezing. We haven't gotten into the details of costing kasi wala pa nga yung IVF Center, but in the future maybe in one or 2 years, it will be available na for the general Filipino na nangangailangan nito kasi ito, definitely it will be much lesser as far as cost is concerned.

Iza: Thank you, Doc. We are wrapping up so anything else that you may want to talk about or add? Anymore slides you want to show? Muli po ating palakpakan ang ating mga doctor (clapping) na sila Dr. Virgilio Novero, Dr. Eileen Manalo and Dr. Nikko Magsanoc. Ang atin pong topic ay Fertility or Family Matters. Ngayon pong araw na ito sana natutunan nating lahat na kahit po tayo ay may pinagdadaanan, there is always a seed of hope na pwede nating pagkapitan and in this manner, i-freeze. So maraming salamat po and thank you so much to our doctors, maraming salamat po sa inyong lahat. Ako po ulit si Iza Calzado, mabuhay. (clapping)