

**ICanServe Foundation
Silver Linings 2019
Breast Cancer 101**

Location: PICC Room 2

Speaker: Dr. Mark Kho

Moderator: Melissa de Leon

Host: Good afternoon, I am Kevin. Volunteer from Pfizer Philippines Foundation. A non-profit organization that supports cancer patients. Welcome to our last session for today. For those of you who have been here with us since this morning, I hope that you have learned a lot from our sessions in this summit. So our last topic for the day is something that I think everyone can benefit from, may cancer man or wala. Our speaker is a Surgical Oncologist at Manila Doctors Hospital and one of the original volunteer doctors at iCanServe Foundation, please welcome Dr. Mark Kho.

[Applause]

Speaker/Dr. Kho: Thank you. However, unless we are going to sleep, then maybe the music can be cut. Can somebody can cut the music. [Laughs] Yeah, it is a lullaby eh. And of course this is a very unholy hour and you just had your merienda right? So how is everybody? First, I would like to thank all the courageous women here, survivors. I think we should first give yourselves a hand please in applause. [Applause] This event is for you. I am here to help in whatever capacity I can. I even told Kara that we have a star moderator so I want the limelight to be on her, not on me 'no? But Kara insisted that I spend a little time talking to you about a topic which I know is close to your heart but in fact, we have such a diverse audience that I don't know what you actually want to hear. Therefore, I will try and then we will leave more time for Q and A later on. And I have our friend Melissa over here to help us with that. So... well, just a while ago and still, and it is still present, all the celebrities are out there ano? We have one, we have a few celebrities, I am not one but our moderator is and everybody here is and when we talk about celebrities, like such as these on the screen, and you mix Dr. Kho in... You will always, what comes out I'm sure is you think of snow ano? You know Scarlet Snow. Everybody? But... sorry to say I'm not that Dr. Kho ano? Although I want to be, pogi eh 'di ba? Pogi pogi ni Dr. Kho, Dr. Hayden Kho... eh hindi ako yun 'no, so sorry. But bago niyo maisip na ako yun, I'm not and so I'm not this Dr. Kho before we proceed alright? Alright.

Speaker: Now, we talk about the cancer problem and let me speak to you about the magnitude. How big a problem it is and the problem has actually killed 9.6 million just last year. I mean this is the latest statistics that we have and more than half of those, of the new cancer cases that we will get which is about, estimated to be about 18 million this year not only breast cancer of course, will come from less affluent or developing countries like ours. So very sad it really involves us and it's a big problem. Of course this is because cancer, when compared to other problems, we really haven't found that best cure for it or even to prevent it unlike heart disease. So you see the deaths from heart disease over the course of time from 1950 to about the 2000 has been coming down whereas that of cancer, it's been a steady red line and in fact that those two lines have already met. That is because again, we know how to stop a heart attack before it even happens ano? I'm sure you all had a good merienda or lunch with lechon, did you? With kare-kare maybe or all the good fat foods that we have ano? And that's how you stop a heart attack. However for cancer, it does not give as great an impact. And so right now, statistics coming from the States of course is that cancer is the leading cause of death among men and women in the US age 45 to 64 and I would guess majority of us are in that age group ano? So knowing that cancer is the leading cause of death there really, truly makes us know that it's big problem.

Of course, it's not an isolated problem because here in the Philippines, cancer ranks Top 2. Top 2 because if you lump heart disease and vascular disease, so that's cardiovascular disease, being number 1... the second cause of death here in the Philippines is cancer. And in my latest gathering of the data in the Philippines, in the world 2018, in US 2019, we are lagging behind in data gathering ano because we don't have enough

people, enough energy, enough resources to be able to get these but as of the latest statistics, you see that breast cancer is number 1 in the Philippines, number 2 in the world and in the United States. This has prompted magazines like Time Magazine to put breast cancer in its cover story often. And the Philippines is... siyempre bida na naman ang Philippines as Top 5 in Asia and Top 50 in world breast cancer risk if we rank all countries in terms of breast cancer. In the United States as I mentioned, the breast cancer among women is the number one cancer aside from being, overall, of course not to be outdone... the Philippines, if we look at the statistics, again breast cancer leads all other cancers and leads the second cancer which is that of cervical cancer by at least three times. So for every 3 breast cancers, there is only one patient with cervical cancer which is ranked number two.

So perhaps, and we've heard this theme going on and on, that because of this big problem that we don't seem to be able to solve easily, we need to implore the divine intervention and perhaps one person or one saint that we can ask help from is somebody who has also shared this journey and that is Saint Agatha of Catania. She is actually also called the patroness of nurses. And she is frequently invoked during earthquakes and breast diseases. The relationship between nurses, if there are nurses among here, among our audience here... earthquake and breast disease, we'll later ask Melissa about it ah? I don't know eh. Nurses, earthquakes and breast, alright. [Laughs] Well she lived during the 3rd century and she is from Sicily and she consecrated her life to the works of the Lord early on, and do you know what the modern nun, in fact ano... as the modern nun would, she did it also. She had the three vows, she made three vows which is that of... poverty. Which I'm sure nobody has here? What else, chastity... wala rin. Humility, although it's not one of the vows, wala rin tayo niyan 'di ba? Mayabang tayo lahat eh. Ano pa yung isa? Chastity ano... Chastity, Obedience and Poverty. That's what she consecrated. She made those vows as well at that time.

Speaker: Unfortunately times don't change ano... so there is this senator, bad senator at that time named Senator Quintian who was gilded, she wanted her to be... pretty ata itong si St. Agatha ano? And she wanted her to be his wife but siyempre with those vows, she couldn't accede so he ordered her flagging, she was placed on a rack and she was flagged using a whip of course. Iron hooks were placed on her body and her breast were crushed and cruelly cut off. There were two ways of how that was done, I mean versions. One was she was... they use, she was tied to a tree and her breast were cut using these instruments to cut the tree twigs or branches. So nobody could of course withstand that kind of punishment and so when we see her image, and if you see a saint with halo of course on her head and then she's holding her breasts on a place... that signifies, that stands for St. Agatha. And of course because at that moment, when she suffered this cruelty and passed away or died, she said a prayer and perhaps we can use this prayer for our senators also. And that prayer goes like: "Lord my creator, You have taken me from the love of the world and given me patience. Receive now my soul." Now you might ask, so what's a surgeons role here? And what are we doing here? Well let me quote the president of the Society of Surgical Oncology in the US when he said, "Let's face it. We do not have very effective cancer therapies other than surgery." And surgery remains the most effective therapy we have and this is proven by statistics and evidence and in a large part of the world like ours, it may be the only therapy that we can offer. The importance of surgery and surgeons therefore, is highlighted. The message here is feed your surgeons sometimes. Alright, and it's not isolated ano... you see that all over the world, surgeons do carry that responsibility and try to be at least at the forefront of cancer care like in Europe where... an example would be Alex Agramont who is a surgeon and as well as a drug discoverer. He was the one who made those landmark papers on immunotherapy for cancer. In the United States, we have a surgeon who led at least, who was the President/CEO of the American Society of Clinical Oncology. The only society where all medical oncologists belong to and he happens to be also the editor in chief of their Annals of Surgical Oncology, the official journal for surgical oncologists.

Speaker: There was a time when the US President, President Bush named as a director of the NCI (National Cancer Institute) -- the body that gives out the grants, research grants for cancer to about 2 billion at least a year up to about 5 billion when Obama was president-- President Bush named Doctor Andrew Von Ashenback, a surgical oncologist to be his director of the NCI. And when he was promoted to become the

commissioner or the director of the Food and Drug Administration of the US, another surgeon was named instead, Dr. Nayder Hoover who used to be the head of surgery at the University of Wisconsin in Madison. Well locally, we have a lot of surgeons who are in the forefront as well of cancer care, we have for example, the former dean of the University of the Philippines - UP College of Medicine, Alberto Roxas who is a colorectal surgeon. The current Philippine General Hospital director is a surgeon, a neurosurgeon, Dr. Gap Legaspi. A former secretary of health, Dr. Enrique Ona is a vascular surgeon and another former PGH director is a thoracic and cardiovascular surgeon, Dr. Jose Gonzales.

At the PGH, of which I am a member of, we try to espouse the surgical oncology field. We have tried to, together with the partnership of our friends from the industry who have set up a Breast Care Center where we see more than 100 patients a day (at least we try to)... and indigent patients at that, and give them the care that they deserve. From time to time we would publish guidelines on the management of breast cancer in our journal, the Philippine Journal of Surgical Specialties and every year, we would have a post-graduate course to try to give updates on the management of cancer or breast, in fact also breast cancer. Lately just about few weeks ago, first week of September we had a workshop or an advanced course in Surgical Management of Breast Cancer.

So this is the multi-million dollar question, what is breast cancer and what causes it? It's not much of a conundrum but a problem. We know that cancer can be defined as an uncontrolled growth of body cells that can spread either through the lymph nodes or through lymphatic spread... through the blood or by direct extension. It presents in several forms. It can be as tiny as dots, as these tiny dots in a mammogram that you don't feel anything in your breast. Or it can appear mostly as a lump within the breast. Or it can, because it's uncontrolled, it can grow out of your breast and become an ugly looking mass like this. Or even consume the entire breast and we call this a 3-B lesion in which the cancer just grows and grows and grows. Of course, for those of you who are male in the audience, well we can also get it. We're just lucky that we don't get it as much as the women do. So this is an example or picture of a male breast cancer. Breast cancer commonly, the most common way that we detect it is through a breast lump. Most of the time it's painless... so if you have pain in your breast, most of the time it's not breast cancer. Again, because breast cancer most of the time or usually presents as a breast lump although there are many signs and symptoms of course that breast cancer can give.

Speaker: What causes breast cancer? The simple answer is, we don't know. D.K.A., Di Ko Alam. There are some saying and then we have some studies that would show, well that hormones and but everybody has hormones, everybody has estrogen. How come not everybody has breast cancer and? So the clear cause is unknown however, we can only talk about established or probable risk factors or sa Tagalog, mga katangian na nagbibigay ng panganib sa pagkakaroon ng breast cancer. Ang pangunahin diyan or number 1 is our gender or sex, being female. Why? Because again the ratio is about 1:124. Every one male, who has breast cancer, there are about a 120 or more having breast cancer. Just being female, that's the greatest risk factor. The second one is age. Why do we say age? Because if you look at age, as you age from birth to 39 years, breast cancer there is about 1 in 229 women with breast cancer, and from 40 to 59 is 1 in 24. As you get older, 60 to 79 is 1 in 14 and then the lifetime risk is 1 in 7. These are United States statistics. We don't have clear statistics here, however the trend should be about the same. So in the United States, it's 1 in 7. One out of every seven. So if we are about 70 here, that means there will be about 10 who will have breast cancer in your lifetime.

Many say that hindi ba minamana yan? Namamana? Or how much is hereditary cancer. Well, hereditary cancer or family-caused risk of cancer only occupy a minority. 5-10, at the most 15, 20%. But you see the great majority, by the cyan or the light blue color is what we call sporadic. So most breast cancers are sporadic. Ibig sabihin andiyan lang, it just comes. Not having a family history does not exempt you, nor does having a family history increase your risk or guarantee that you get breast cancer as well. But as you see, the proportion is not as much. This actually is hereditary breast cancer or the problem of gene. Gene mutation

is carried by Angelina Jolie, and so what she did which was to remove both her breasts which is actually the best strategy to prevent her breast cancer or to lower her risk. Her risk was up to 87% meaning because of the genes that she has, if there were a hundred Angelina Jolies, 87 of them will develop breast cancer. To reduce this to about 5% which is still greater than any or an average risk woman, she needed to have a double mastectomy. Remove both her breasts. And so she was praised for her courage for doing that, and she in fact wrote about it and so Time Magazine said that, well... with what she said and what she did, the most stunning woman in the world we define beauty and that made us all smarter, alluding to her courage ano? And her courage in doing it and her courage in sharing her experience as you all do.

Speaker: I just want to make a clear distinction between what is prevention and early detection. Sometimes the lines get blurred ano? Okay, when we say prevention, iniwasan. Wala pang cancer, gagawin mo ito at napatunayang may bisa na hindi ka na magka-cancer. On the other hand, early detection is you are gonna have cancer or you have the cancer but we detect it earlier ano? Natuklasan nang maaga. So for breast cancers in particular, again the best preventive strategy is to remove both breasts. We can't do that for all women and most women and so prevention is generally difficult whereas early detection is what we can do and what we can achieve easily or easier, and the latest guideline, after all the studies have been done is to do mammography. This comes from the American Cancer Society. Until about 2014, the recommendation was to do mammography, starting at 40 etc ano? By about 2015, this was updated looking at both the risks and benefits of mammography and so the current recommendation for screening is between ages 40 to 54 to do a screening mammography annually or once a year. And then by age 55 or greater than 55, you can do it every 2 years. So you don't have to do it every year for the rest of your life unlike the guidelines before.

Speaker: Now, many people do routine ultrasound, ay ang sakit ng mammography eh sige ultrasound na lang ano, ganoon na lang, oo. Here's the problem: ultrasound actually has never been in the guidelines as a good screening tool. In a study, although it has increased detection in patients especially with dense breasts, you detect more cancers too but on the other hand, the risk is that you get an increase in the number of benigned biopsy. This is because... for example, you get a report like, and this is very common: you get an ultrasound report that gives you 10 nodules on the right and then 7 nodules on the left. Okay, so what do you do with this patient? The patient of course is already anxious and stressed and because of doing this ultrasound. This is because ultrasound has actually been criticized as operator dependent and although it has a high sensitivity, meaning it picks up all little lesions you don't feel, you don't know however the specificity is very low meaning you cannot tell whether that nodules that ultrasound picked up is really cancer or not. So what you have is a bunch of patients who are anxious, stressed and then you will do a lot of unnecessary biopsies. So currently, ultrasonography is not sanctioned or proved nor constitutes standard of care, again as a screening ah? Yes there are instances that we do or we order it for selected patients but definitely should not be used routinely.

Speaker: Now, cancer is diagnosed through history, physical examinations, some imaging tests sometimes but of course, the gold standard is that of histologic confirmation through a biopsy. As you know already, standard treatment modalities include: number 1, surgery. Again I always say this and I emphasize this: no surgery, no cure. There are many forms of surgery but you have to undergo some form of surgery to be able to cure that breast cancer or if you can say it another way that no surgery, you don't offer yourself the best chance of cure. The best chance of cure and most cancers are indeed treated or cured by surgery. Most of the rest, radiotherapy, chemotherapy, hormonal therapy, targeted therapy are either used in the adjuvant setting or additional treatments after surgery in early breast cancer or in advanced breast cancer, can be used before surgery or for late stage 4 cancer. Of course surgery has a minor role in that case because you are no longer aiming for cure and the rest of the treatments are your weapons to prolong your life and improved quality of life.

Speaker: Now, there have been several variations and advances that we already have since all these standard treatments were created. For example, we now have less invasive surgical techniques. We have gene

profiling tests that can be done to avoid chemotherapy and this may be, you may want to hear about it and you may want to read about it ano? For patients who are about to undergo chemotherapy... not all of you need chemotherapy. Most of you will need surgery, to be cured as I have said, but not all of you need chemotherapy. Of course there are other treatments like a GNR, giving GNRH Analog to, added to some treatments like standard treatment in Tamoxiphen which can improve survival. And there are new tongue twisting drugs like CDK4/6 Inhibitors, pure ER antagonists like Faslodex or I mean Fulvestrant which are used as first line options now for metastatic breast cancer. Again, to try to control the cancer. So many advances... these are the good side of it. On the other hand, there are so many bad things that have also come out in terms of treatment and approaches to management of breast cancer like some dangerous supplements which are being touted as sometimes cure or also panaceas ano? However even consumer reports for example would report that some of these are indeed more dangerous than actual benefits getting from them. In fact, border on quackery or alternative, unfortunately, there is growing interest and acceptance in these forms, easier to go through treatments, although of course non-standard.

Speaker: Also the popularity of treatments like, very recently stem cell, fruit concoctions or whitening things, whitening substances, or things that can improve your immune system should be taken a little bit with skepticism and be careful and with good discernment ano? So not all popular things are true and of course these kinds of news come out just few days ago, one of the senators said, you know our outbreaks created, he post a problem... our outbreaks created so vaccines make money ano? Of course the internet just blew up and he was slammed for his vaccine comment ano? Parang ginawang comedy bar daw ang senado kasi kung ganoon eh baka yung... the question was posed to him, the drug wars created so that you, the PNP and your backers can make money too. I mean it's sad if you think that we create breast cancer so that we can make money. I mean I can't create... I don't even know the cause of breast cancer... so it's unfortunate that these remarks go through and we just laughed about it ano. So maybe, as previous speakers said ano, to give a sense of humor to when bad things like these come up.

Speaker: Alright. I'll cut my talk here and hopefully, I can answer some of your questions but I'd like to end with a philosophy that I'd like to leave you with which I gained from my training at a center called the City of Hope, comprehensive cancer hospital or center ano? It's based in L.A. and that is that "There is no profit in curing the body if in the process we destroy the soul". So you've all been today, and should be most days really enriching your souls by doing all kinds of positivity as our previous speaker has said and I salute all of you cancer survivors and encourage you to continue your journey and to include hope in your everyday living. So thank you very much.

[Applause]

Host: Thank you Dr. Mark for that very informative presentation. For the question and answer session, let us call our moderator Ms. Melissa De Leon, founder of cancer support group Project Pink.

[Applause]

Moderator: There you go. Thanks for being with us but I'd like to mention, in addition to Dr. Kho's introduction, may I mention that Dr. Kho is the general surgeon and surgical oncologist and VP for Medical Service Operations at Manila Doctors Hospital. He has trained and practiced at the Cedars Sinai Medical Center in Los Angeles and at the City of Hope Medical Center in Duarte, California. He also is a professor at the UP College of Medicine, Philippine General Hospital. Dr. Kho is one of the original iCanServe volunteer doctors and I've been seeing him for how many years already but generously sharing his time and expertise to the foundation over the past 20 years. So congratulations, for all of us being here... Dr. Kho.

Speaker: It's always my pleasure actually and my honor and well, I actually did not practice... I only trained but it took me quite some time. Bobo kasi ako eh, so 5 years akong nandoon. And in that, well the City of

Hope kasi is a hospital where it's really dedicated to cancer. Cancer research as well as cancer treatment, so I was very fortunate to be able to get that training.

Moderator: Actually ladies and gentlemen, when I was diagnosed of breast cancer, it was Dr. Kho that I was able to sit down with and I realized after talking to him that there is life after cancer. And it was Dr. Kho that led me to where I am now... okay? And gave me a very positive view of having cancer is not the end of it. You were telling me that, I remember.

Speaker: Melissa it's not me, it's you. It's your courage and we should give her a round of applause ano? Ang galing. Lahat ng mga cancer survivors dito, magaling. I always say when I give that patient the diagnosis of cancer, I was saying you need a few things which I cannot provide. Number 1, your understanding. I can say a lot of things pero kung hindi ako naiintindihan, wala eh. I won't get through and I can't help. Number 2 is courage. Tapang ng loob kasi mayroong iba diyang, ayoko na... ayoko marinig. Eh sino pa ang tutulong sayo ano kung hindi sarili mo. One of the advice always is to confront your fears kasi ganoon talaga pero again, it's not your fault. I'm only here to help but the courage has to come from you. Number 3, kaunting tiwala sa doktor. Kaunti lang actually. Kaunti... you don't have to have full, you know... some trust kasi minsan I always say, you know... after high school graduation, I went through 18 years, 1-8 years of training to be able to do what I can do. Ang dami talaga, in fact overloaded. So I can't say everything and I can't tell you the basis of everything I gather, it's through evidence. I use evidence-based medicine. Importante kasi yun eh. So kaunting tiwala na lang kasi kahit na 3 hours tayo mag usap, we can't finish all what you need to know. And lastly, lastly and quite important also, kaunting... kaunting pag-gastos. Unfortunately, our system here in the Philippines doesn't yet provide, even with the Universal Health Care Law, I don't know... I don't want be too optimistic, I'm maybe a pessimist with regards the funding for Universal Health Care Law. It's not, well... it's not only the management of it but truly there has to be more funding eh. If we really want to provide all the care that we can. Eh tayo simpleng tao lang rin tayo but, and we can't... again, we need hospital which need some money, some gastos nga.

Moderator: I totally believe that.

Speaker: So... yun ang kailangan nga.

Moderator: Yes, yes. And I think at this time, because we pray for ourselves, we pray for the ones that are diagnosed and going through cancer. And I think it's about time for all of us to pray for this wherein the government will be able to provide at least kahit paano for the ones that are going through. And I think it's about time for us to pray for them that... 'di ba ho? Am I correct? It will take a lot... because probably not much are going through anything like these but I totally believe that it needs a lot of prayer to be able to do that, right, Doc?

Speaker: Yeah, but you know, I've been praying for more than the life of my son, for all of these things so when I came home from the States I wish I had, for example, just the linear accelerator in our hospital or in PGH in fact. What, it took more than 20 years. We calculated when I came home that, in PGH we needed at least 5 linear accelerators ano? By the time we were in our maybe 15th year, we only had one cobalt machine and right now we only have one Linac machine when we know, halimbawa 20 years ago we needed 5 machines to service all the patients who need radiotherapy and that's only for radiotherapy. What about the others?

Moderator: What about the others...

Speaker: Goodluck talaga sa atin and well...

Moderator: Isali na natin sa ating pagdarasal with regard to the government... it's really time for this issue to be solved and it needs a lot of prayer for the Lord Jesus Christ to come down and say it's about time.

Speaker: Siguro dapat Melissa for senator or president 'di ba?

Speaker: No, because you know, Doc, we have a cancer support group in the South. It's called Stage Zero - Project Pink. I have my friends from Stage Zero over here, Project Pink and we take care of the ones that are living in the South kasi parang medyo nane-neglect yata ng kaunting walang pumapansin kasi from Makati to Quezon City, everything is taken care of kahit paano. So we do a kind of support group. We meet twice a month. So ang sa akin is, I hear a lot of kwento, Doc, na kailangan ng funding parang... hindi naman kami foundation. Wala kaming maibigay na pang-tulong with regard to pagpapagamot. Kahit ultimong garage sale ginagawa na namin para makatulong lang. So what I was trying to say kanina na, yes we really do need a lot of help from above. Pray about it. Kasi we pray for ourselves, we pray for our health, we pray for others. Let's pray that their minds in the government will be opened. Parang nasa ano na tayo, Cancer Coalition. 101 pala ito. But it's really time for us to do that and for them to have an open mind for health like this but more so, even that we have something very important to do right now... we have to ask the audience kung mayroon kayong mga question, can you please gather them in your thoughts and we would like to ask you kung mayroon kayong mga questions that you would like to ask.

Question #1: Hi... I'm Daisy Payumo, battling cancer for the past 11 years and going on strong, Doc. Okay, you are talking about funds. You know in terms of medical service, the Filipino doctors are the most compassionate, intelligent in schools and so on. They say that they topped the classes and so on. They are very qualified... however, our lack is in technology. The machines, the scan and so on are quite backward. And even Manny Pangilinan of Asian Hospital could not afford the latest PET Scan machine according to some because to be able to get back the investment, you have to have enough patients who would be paying for this and by the time that it is paid, wala na. Obsolete na naman. There is another and more advanced machine. So we have the service, we have the medical service. The doctors are so qualified but we are still lacking in that because of the funds. And also, okay that's one point. The second point is the culture. Still our Filipino culture suffers. I go to Singapore... I have an appointment with the doctor at 10:30. At 10:30, I see my doctor exactly. I do preparation for my test and by the time I am ready, I get out. I get to the cashier and the X-ray are already there. Very fast. Here it takes 3-4 days because I could find the result of a PET scan... not PET scan, but because it takes 24 hours.

Moderator: Mammography maybe...

Question #1: Whatever. Yeah... by the time you get ready, you go to the cashier you pay for, the test. And the film will be there. Kaya the medical tourism is very progressive because people can go there two days, just spend two days and go out. Go back to their countries all over the world. They go to Singapore because of the culture pero the Filipino way nga, okay... you see all these people, patients waiting in the hallway and they are crowding up and the doctor has not even arrived. And the clinic hour is from 8 to 12, and at 10 o'clock that's the time that he arrives and all these appointments, before that...

Moderator: Will be moved for the next... [Laugh]

Question #1: Yeah. So these are, I think... many of our disadvantage. I'm sorry, I'm being critical.

Moderator: Mrs. Payumo, I met her several years ago with the family and that when I learned about it, I was really... but really good to see you here. Thank you for that, for sharing that. That's wonderful.

Speaker: Can I make a comment? That's my... well, that's my cry also ano? Iyak ko rin yan eh. Bakit? Galing din naman akong States, limang taon ako diyari. Ang ganda, grabe. Yung patient appointment. So ang

appointment niya, say kung new patient maybe 40 minutes. Kung follow up lang 15 minute block tapos lahat kami, salary. We don't have to worry about our food, we don't have to worry that ano? The point is, these systems are created because there's support. 'di ba? Kami doktor, doktor lang kami eh. We're doctors. The way you say it is in Singapore, it's like that because the doctors there get the support. If I went to Singapore and I practice there, I'll get that. My clinic schedule will be that way also. In blocks, I have clinic days say Monday and Thursday only and then my operating room days, my surgery days will be like this, like this, like that. Talagang scheduled. I have a physician's assistant, I have a nutritionist, I work with a psychiatrist. When I make rounds I have 10 people beside me and we make rounds. Dito, single person. Bakit? Kulang ang support. From where? From the government, number one. From the community. Unfortunately talaga... parang, it's, well as you said it's the culture. Yeah, kulang sa support. Of course I don't want to say it's kulang, I mean hindi kami to blame ano pero hanggang diyan lang kami eh. Sorry ha, sa PGH wala naman kaming sweldo. 15 years ako sa PGH walang sweldo.

Moderator: So it's really, really from the government support.

Speaker: And we have in fact to look for our own, for the source of funding for some of our patients and for our office, for the Breast Care Center, the aircon for the interns. You know, my son is an intern. We have to look for it ourselves. Bakit ganoon? I can naman sana dedicate myself to just seeing patients and doing surgery. Ang sarap nun. Kaya lang we don't have to. Kaya nga it takes a village to do these things and slowly we hope, slowly even... I work with the administration with the MPC Group and Manny Pangilinan as the head of the hospital. Of course he spin it off so that we can have more money for the hospitals ano? But your hospitals are in that mode now. Parang business enterprise na kasi eh. But well through everybody's help ano? So it's not only the doctors but admittedly because of our lack of time, lack of and need to do other things also. Sana maintindihan niyo rin but sana we can all help in that aspect ano. Doon tayo talo sa Singapore talaga.

Follow Up #1: Singapore... walang corruption. Government officials serve. Everyone even those in the private sectors serve. Dito sa atin, the budget was just passed and practically all of the budget has been allocated to the congressmen. So there is no money left for hospitals, for classrooms, ang sinasabi kasa-cite lang dito. The DepEd requested for 64,000 classrooms. They got a budget for this year for 8,000. Classrooms yan... classrooms palang ang sinasabi ko. Wala pa hospital, wala pa equipment, wala nurses, wala doctor. Let's call it by its name and I blame the Filipino voters because we keep voting for corrupt politicians to serve us. I blame the Filipino voters.

Moderator: I'm not gonna stop you from there. If we can continue and continue talk about this, yes. I probably started it a while ago but truly we need prayers for them to stir their hearts and their minds...

Follow Up #1: We should vote, we should act like we are intelligent voters. We are victims, I don't even want to blame the politicians, I blame us. Why did we voted for these stupid corrupt evil politicians to rule over our country.

Moderator: We feel your heart in that. As what I said, Doc, a while ago, let's pray about others already. We do pray about ourselves our condition, we pray for the doctors, for the physicians. We pray that the Lord lead us but I think it's about time also that we pray for the leaders of our country.

Follow Up #1: We vote for them. We vote for them. I'm not even going to blame them anymore. Let us blame ourselves. We vote for them.

Moderator: So the next time we vote, are you gonna think about it? You've got to think about those people who are going through cancer. You've got to think about those people who are really suffering. So yeah, let's go back to that prayer that everyone's mind and hearts be stirred and let's go for the right decision, the right

issue to be dealt with. Right? So the next question, let's go for the next question. Thank you po, maraming salamat po.

Follow Up #1: Maybe we should pray for ourselves to have the courage to do the right thing by ourselves. We should pray for ourselves that we will not be as selfish as we are.

Moderator: Very much understood ma'am po. Thank you for that, thank you for that I'm sure, we will be reminded of this pag it's time for us to all vote. We'll do that, we'll be reminded of that. Thank you po. We have our next question.

Question #2: I'm Mel Aguasin from Project Pink support group Stage Zero and also member and volunteer, Silver Linings. My question, Doc, is that in what we call the multi-disciplinary team from the doctors now that are being implemented in different hospitals. Is this a standard procedure? Kasi I have a friend who is a 4th stage in breast cancer and then when I talked to her and I asked for whether, do you have the team, the medical team who will handle your case? So I was told na wala. Wala siyang team. Who are involved in your treatment? So she has only radiation oncologist and her cancer already spread in the spine. And do you have spine specialist? She can't answer. Is this... I mean if other hospitals are doing this already, the multi-disciplinary, discipline... in terms of handling especially 4th stage cancer patient and I'm looking at what's happening in terms of medical practice whether these are being implemented in the different hospitals kasi when I talked to a fellow member from Project Pink and then talagang, there is really a team of doctors who handled her. A 4th stage patient and she is doing fine and here I am, with a friend who is suffering. She cannot walk... with bed sore. She has bed sores kasi nag-paralyze na ang legs because of the spine. The cancer cells went to her spine. So what's happening to the doctors in the hospital wherein yung medical team, I was asking the medical team.

Speaker: True. That's the idea, right. And we call it the multi-disciplinary team approach ano? The problem really is that although this is the idea, again our resources and our support does not give us that luxury. I would so much want to just do for example, breast cancer or even just treat or manage colon cancer and say, I will only treat Stage 1 breast cancer ganoon ano. And then mayroong ibang team members ang gagawa noon. Unfortunately again, because of the lack of support perhaps not only the government but also the community, we don't have it in all the hospitals and in all places that you want to. Even just a primary care doctor wala eh. Palliative care is lacking. Why? Because of the support nga. We don't have... you know, you need a lot of logistics to be able to have a spine specialist in all hospitals. A surgical oncologist like me in all hospitals. A palliative care specialist who will only take, who will only do palliative care, ano? Again the point is, it's very difficult to set up without the necessary support. We all love to do it.

Speaker: Now, what we have instead though for example like me ano, even if I don't have the team... I do practice and I know I gain knowledge and training in the multiple disciplines that are involved in cancer management. So for example, if a patient needs radiation therapy, I will tell the patient you need radiation therapy and this is where you do and this is what you do and we have people who can help you and where to go for that. And this will be, how much it will cost ano? Or for example you anti-hormonal therapy or targeted therapy, this is how much it costs, etc. Or you actually may choose to go to anybody, you know what's good in our set-up here in the Philippines ano, and that's the good thing, is that you know all patients can really go to any doctor they want. Kaming mga doctor akala niyo kami yung ano but you can go to, you're free eh. You get our opinion, you get our management, you don't like us... you can go to anybody, hindi naman restricted yan but again, you have to understand it's not... we want it as much as you do but again, that needs not only us but the entire community to help set up all these teams that you want in each hospital and each neighborhood.

Moderator: Are you okay Mel, there? Thank you. Thank you, Doc. Another question? I think we have enough time to answer another one. The last question. Any... can I do the last question. Because I have a daughter...

we can go to her question. Just last two. I have a daughter. My mother had breast cancer, my younger sister had breast cancer, so I think about my daughter also praying not. But if we do an Angelina Jolie, if I'm going to have a BRCA. Find out which I pray not, that she has which I pray not. She does an Angelina Jolie thing, then she gets breast augmentation... how do you check a person who had a breast augmentation and at the same time, monitoring for the breast CA or what. How do you do that?

Speaker: So we are talking about a patient who had mastectomy. Double mastectomy and then implants for example, reconstruction by implant. How do you monitor the breast? [yes]. Technically that patient does not have breast anymore, correct? [okay]. But we know that there are some breast tissue left. So the way we do surveillance or monitoring for that patient is we can't... first, we can't do mammography. However, we can't rely on mammography in patients who have breast augmentation. Meaning they still have breast and then they put an implant to enlarge their breast... the breast are actually just pushed interiorly or more to the front because the implant is placed behind eh. Behind the muscle. So the breast tissue is squished. But you still do mammography however, the radiologist will be more attentive knowing that your breast tissue is more squished rather than there's more space to look for the lesions. But that's the best way we can, now. Hopefully, when inventors or creators in our midst or scientist within our midst can invent something even better than mammography. And cheaper, and affordable and really improve the way we diagnose. Then that's the best way we can.

Moderator: What about the Sonogram, is that the same way?

Speaker: No. Again, as I mentioned ano. Sonogram should not be a routine. It has been proven to, in fact, be more harmful. We get patients who are, again stressed. And you do unnecessary biopsies because of the false positives that an ultrasound generally gets.

Moderator: Okay... thank you for that. We have another question here.

Question #3: Last doctor. I'm from Bacolod City... I'm a stage 4 breast cancer and then it metastasised to my lungs. 16 years survivor.

Speaker: 16? 1-6? Congratulations.

[Applause]

Moderator: So your breast cancer was...

Question #3: And now it metastasised to my lungs.

Moderator: So you had breast cancer in the beginning and then that was 16 years ago...

Question #3: Just this year, January. [You find out that you have a lung...]

Speaker: Kumalat na po.

Question #3: Now my question... now my question is about the drugs we are given. I took 5 years of Tamoxifen and then I finished it and then after how many years, 6 years... since 2010 because I was operated sa right breast ko 2004 then 2010. 2019 nandito na sa lungs ko. Ang question ko about the meds. Why is it, like Tamoxifen and Arimidex... my niece in London told me that in India or in other parts of Europe, the cost of Arimidex is only 1,000 pesos. More than 1,000 pesos, why is it that we are paying 6,000 pesos in Bacolod City?

Speaker: Very good. Good question, alright. And here's the answer. So that's... she is alluding to a particular brand of medication, Arimidex. The generic is Anastrozole. Anastrozole came out in the market about 1996, '95 let's say. Now, when you invent a drug... that drug has 10 years before the patent expires. So for the first 10 years, you don't have any Anastrozole except Arimidex, okay? So yes they can dictate their price, correct? At that time. But after 10 years which came about, well that would have been... five, seven years ago na. Then you'll have generics. Ang dami niyan, ang dami. There are about more than 10 brands of Anastrozole and siyempre the generics, because they don't have to pay back their research and development that they had ano? Are really lower in cost. So India for example, the government supports all these drug companies and so it's like, in fact it's like a mom and pop industry... in the drug industry in India. So ang damping mga brands niyan, dumadami pa ngayon more than 20 na, ganoon. All these are competition ano. The market forces will make them lower and lower. However, like our country depending on which drug makes it through FDA Approval, registration, etcetera. It comes in depending on that price so the market forces dictate the prices. So because these drugs are made in India, eh siyempre in India it can be cheaper. But make sure that you understand that for example Arimidex, Arimidex is more expensive even in the UK. The Philippines being a third world country and Pfizer friends can also attest to this, it's cheaper here in the Philippines (the original ha?) is cheaper here than in the US or even in Europe. Original. Pero when you say generic, ah iba-iba talaga ang presyo.

Moderator: You talk about the whole box of Arimidex?

Speakers: 28 tabs of Arimidex.

Moderator: Per table is how much? [I think 400...] about 500 pesos.

Speakers: That's when you buy it from the drugstore but if you buy it from the supplier, the cheapest that you can get it at is about 6,000 something.

Follow Up #3: No. In Mercury Drug it cost 12,000 plus.

Speakers: Correct, correct. I agree.

Follow Up #3: Now, if you are a senior citizen. It may go to about, lower down into 8,000 something. Now if you go to the doctor, the oncologist they will sell you at 6,000.

Speakers: Correct. Because that's the retail price. The distributor price.

Follow Up #3: Now, how can we survive kung wala kayong pera? How can you survive?

Speakers: So may price talaga. Kaya nga hopefully nga ano, our government and everybody with the Universal Health Care can provide that but good luck talaga. I don't think it will happen in our lifetime siguro ano.

Follow Up #3: Naki-question na nga ang iba eh, ang pharmaceutical company naki-question na. Sinasabi ni kwan, sa DOH na it will be cut down in to a 54% lower down sa mga gamot ng cancer...

Speakers: So ma'am, ang choice niyan... either you get it at that price. The lowest price you can get it at 6,000 something or you go generic. Kasi ang generic, may mas mababa dun.

Follow Up #3: How about the potency of the generic?

Speakers: Well that's what you parang, accept. Hindi mo sure. Hindi mo sure but supposedly, because FDA approved naman yan, dapat pareho. Dapat pareho. So nasa sa iyo na yun. You feel that you don't trust the potency of this drug, mas mura siya... eh kaya mo naman yun, then go buy the more expensive one. Kung hindi naman, eh 'di let's stay with the generic because it's approved naman.

Moderator: Okay, that was our last one. Thank you very much. You know what? It's really really about centering ourselves. Centering ourselves wherein we find it in our hearts to know who we should hang on to. We can't do anything. It looks like dead end ano? But for me, I totally believe for me it is not a dead end if we know who to hang on to. We know who to pray to. Right? We are all Filipinos here I guess, we are very much in to our faith and I totally believe that the only thing that we can hang on to and have that comfort, and have that sureness that someone there will take care of us. That's the only one that I know, who is who... the Lord Jesus Christ. The only one. We cannot hang on to anyone, the government. If we can't trust anyone here, I don't know. It's dead end really, the truth. But for me, my heart and my mind... and I know a lot of you there would always hang on to the Lord Jesus Christ who will solve that problem. Whatever it is that we are going through. I went through cancer twice. It was a building character. And I pray and I pray for some more that the Lord still uses me so that purpose is there. Thank you Dr. Kho so much. It was a wonderful afternoon, I hope you were informed well and remember, we have a pact. Okay? Gotta pray for them too. Good afternoon.

[Applause]

[END OF TRANSCRIPTION]