

ICanServe Foundation
Silver Linings 2019
“Nutrition: Setting the Facts Straight”

Location: PICC Room 8
Speaker: Dr. Daniel Tan
Moderator: David Celdran

Moderator: To what our speakers gonna say, it's about nutrition and basically we want to separate the facts from the fiction. We want to separate the truth from the fake news as it is called because in the field of nutrition, we hear so many new things diba? Maraming trends on what to eat, what is good especially when it comes to confronting cancer. You come across all sorts of articles on the internet, we read in newspapers and minsan it is quite confusing. I'm confused for one and I can't tell the difference anymore that's why we have this forum this afternoon.

Okay first of all, I'm David Celdran and I'm from ABSCBN News and someone knows me in the back. May isa, at least may isa dito. [Laughs] And nadistract ako bigla no, so I'm David Celdran from ABSCBN News and you know as a journalist of course, the truth is always important and one of the things that I've always been intrigued about is all these facts about nutrition and about diets no? What it has to do with cancer or just healthy living, I think this is something that we can all relate to. But I think on a personal level, this issue is also very important to me. For two reasons: First of all, as you all know many weeks ago, Gina Lopez who is my colleague at ABSCBN... I used to work with her closely before for Bantay Kalikasan and for Bantay Bata because we were handling the coverage for her advocacies. She passed away as we know. It always troubled me, someone who lived such a healthy lifestyle... if you are familiar with her show and her advocacies, organic food, even nagyoyoga siya everyday, it's troubling quite honestly that she passed away no? Of course there are many more factors than just what you eat and your lifestyle but that's one of the things that really really intrigued me.

Second is I have a sister who is like ten years older than I am, she is also a breast cancer survivor and it is very difficult to eat with her kasi sobrang mapili siya ngayon. So kailangan organic, kaya ang mahal ng mga lunch namin ngayon. Organic, kailangan healthy food, she can't eat sugar so... and I keep on telling her, maybe you are just torturing yourself no? I mean what is the real science that tells you you can't eat this or that you should eat this or are we just making it up or are we just victims of marketing of companies? Are we just victims of quack doctors who are advocating certain diets? So I think that's the purpose of our afternoon. We want to seek through the information and look at all the diets, maraming fad diets diyan, mga trendy diets, and determine with the help of an expert in the field and this is the real science no? He is someone who studied this, who spent his professional career looking into this topic and we want to hear what he has to say about, *ano ba talaga ang katotohanan*.

So let me introduce our speaker. I understand he is also an international speaker very much in demand, so I think we are very honored to have him here this afternoon and if you are familiar with the Yosi Kadiri Campaign, I understand he was one of those who conceptualized it with the DOH in the past and the reason why, you know today it's mainstream to have no-smoking policy, to have healthy living but that was a long time ago. More than 20 years ago and I think we have to thank him for what he has done and because of that, I think he is really credible in my eyes that he really really believes in public health and that means he is really sincere about what he does. So please let us listen to what he has to say this afternoon, let me introduce him.

Moderator: Our speaker this afternoon is Dr. Daniel Tan and he is a fellow and diplomate of the Philippine College of Physicians and of the Philippine College of Chest Physicians. He is a professor of medicine at the University of the East College of Medicine and treats patients at Our Lady of Lourdes Hospital in Manila. Ladies and gentlemen, Doctor Tan. Doc, go ahead.

Speaker: Okay, good afternoon ladies and gentlemen. I'll introduce a little bit more about who I am. When they say professor of medicine, nag umpisa kami as a medical student 4 years... after medical students, 4 years may 1-year internship. Internship, iikot kami sa iba ibang specialty. Ang ituturo lang sa amin ay how to spot a disease, how to manage. Mayroon akong isishare sa inyo but this has to stay inside the room, okay? Pakiusap lang. The video is... I will remove later. And after our internship, mag a-apply din kami sa iba ibang hospital yung tinatawag na Senior Internship. Yun ang period of time we have to take our board exam. So may titulo na kaming Doctor of Medicine pero walang license to practice and from there, if I begin to practice I would begin to be just a general practitioner. You know everything but you don't know everything parang ganyan. We also learn from mistakes and then what I did was to enter into a training called Internal Medicine, ang opposite ng surgery. We used a lot of this surgeon uses a lot of these, plus these. And one day when I finished I said, nakarating na ako. When I looked around everybody was an internist. Kasi sa department namin eh and as you... you know personal ito, when you surrender ng buhay mo sa Panginoong Diyos, Siya ang nag oopen ng way. So what happened was somebody just came to the clinic and say, are you interested? We have a program... so I entered into pulmonary medicine. So ang training ko sa Philippine Heart Center. So isipin mo Heart Center pero ang training pulmonary, kasi kadalasan kapag may sakit po tayo hindi kayo makahinga, nalulunod sila sa hinga kapag nag fail ang heart. So kadalasan yung mga problemang hinga, sa heart center pero ang napansin ko kulang... puro hindi makahinga dahil sa puso, hindi dahil sa cancer. So I went on training sa Veterans Hospital, na expose ako doon sa PGH and I went for a short exposure sa Tokyo Medical College about lung cancer.

Speaker: When I came back, sorry ha this is not ano but you'll understand how it's related to cancer. When I came back, alam mo naman convention eh taon taon may tinatawag na annual convention tungkol sa sakit na may iba ibang klaseng sakit ng baga. One day, they invited a lady who talked about tobacco and the diseases related to tobacco. Dahil sa paninigarilyo, ito na yung mga sakit but the conclusion was itong mga multinational company, hindi sila mananagot sa ginagawa nila sa Pilipino. They will sell it cheap so everybody will become addicted and when you get sick, hindi sila accountable. So nagpropose ako sa medical society as if it is not related, that can we come up with a position paper about what is our stand tungkol sa paninigarilyo. You know they were so supportive, we like your idea. You do it. [Laughs] So when I did it the next year, I presented it in a major convention where hundreds were there, and then I found out it was just a piece of paper. No action. Nagkataon that was the time, there were a group of young lawyers who suit Philip Morris, if you remember. It was a class suit and the class suit was [indiscernible 02:55:36]. It means that you are giving a double standard, if you look at Time Magazine, Newsweek Magazine, yung may mga advertisement may warning sa kanila, but wala sa atin? Alam mo kung sino nasa sala, sala ng court... si Miriam Santiago. Alam mo sinong isa sa limang lawyer? Si Associate Justice... sino ba yung Ilonggo? Okay, see I'm getting old. Because by the way I'm retired, so si... anyway, one of the justices natin. No, not Davide that's Cebu eh. Sa... anyway, Iloilo Ilonggo siya... but you know the case closed down eh because Quezon City Court was burned down eh remember? I didn't say they burned it but you can all consider kung bakit, anong nangyari but you know at the end of it I realized, it wasn't fighting the tobacco industry who promoted it for profit at the expense of Filipinos. This is a political statement sorry, cut it out... but the reality was, we doctors, ang

orientation namin is how to diagnose cancer regardless, baga, dede, matres, but we never talked about how to prevent. Hindi kami involved as doctors group, hindi kami involved sa prevention. We never talked about ano ang role ng nutrition and its ability to prevent. Now, I will now summarize my life. My life has been a journey of advocacy. It's not because I want, I was chosen. So my first advocacy was on lung cancer, that's where I worked with Senator Flavio on Yosi Kadiri. Kasama si mahal, si Cielito Del Mundo remember? Yung sa Quezon City everytime you see, mahal mahal, I tell you when I see her I will just smile kasi mahal niya ako and mahal mahal, nagiging ano... everytime she, ginaganyan niya ako. Isang linggo hindi ako naghilamos kasi... [Audience Laughs]. And then of course after that, then I realized that we have failed as doctors. That's why, off the record, because we are into curative medicine, not preventive. We are not into advocacy because my second advocacy was patient-doctor relationship. It was assigned to me as a topic for first year medical students, so for more than ten years ang topic ko is How to take care of people who are suffering from the disease. Anong dapat ang ugali... and the worst thing that can happen is the patient and the family dealing with cancer. Hanggang hindi namin ma-appreciate yun, we are not healers. We are only pusher of drugs but we are not healers. Until the day na kami ang mayroon ding cancer, we will never understand. Pero nakatanim sa kalooban ko ng Diyos, this is how they feel so that was my topic for ten years sa medical school.

Speaker: The next one was an advocacy of antibiotics stewardship. We are running out of drugs. Cancer patients are weaker... when they get sick, they have infection. When you have infection nabibigyan kayo ng antibiotic, the more frequent na iba ibang antibiotic, patapang ng patapang ng antibiotic. Nauubusan din tayo ng choices kasi if there is something we cannot win, yung katalinuhan ng mikrobyo to acquire resistance. Cancer patients may not die of cancer, they die of infections. So that was my third advocacy. My last advocacy was last year. Kaya medyo nahihya ako kay David eh, kuya David... only because he looks very matured and gwapo no? Gwapo... [Audience Laughs]. It was because ininvite ako ng isang company, honestly that's the Nutribest. It was just, can you help us talk about nutrition? You don't have to promote our product, just talk about what nutrition does. So am I an expert? No. I'm an advocate of nutrition. I realized, this is our failure. [Off the record again], off the record, in our medical curriculum, walang topic on nutrition. The more I read, the more I realize you want to live longer? You eat right.

Speaker: Then all the while I thought that was enough, you eat right and you exercise. Now I begin my talk... alright? So now you understand I'm only using, pasensya lang ha... medyo mahina ako sa Tagalog so... How do doctors treat cancer patients that goes beyond medisina? Number one is this, siyempre ang... hindi ako pediatrician ha? Adult ako so mga pasyente ko mga medyo may edad. Diba David thank you ha? For this special occasion, you allow me six hours. [Audience] Diba six hours? Five lang... okay, I have to go fast. Then you have to tell me... is there somebody coming after me? See. Okay, three hours alright. So now listen, I am now a senior citizen. I'm near 70... but I'm watching myself because ang lahi ko cancer. My father died of leukemia, yung mga kapatid niya lung cancer, may mga colon cancer and all of that, so nasa lahi ko. So maybe the Lord is trying to use me now because for every healthy life I have to share. Okay now listen up, listen up. Who among you here are senior citizen? Okay, don't lower your hands. Among you who raised your hands, who among you here are senior na may cancer? Okay. Now listen this is for you. The older you and I get, the risk is to take less protein than we should. Just because you are eating doesn't mean you are eating enough. It's not about eating, it's about protein because there is such a thing as aging-related loss of appetite. Number two, changes sa dila. Nawawalan ng lasa. Number three, look at the screen, medical conditions... sa dami ng gamot nag-iiba na ang lasa. Number four is when you start having rayuma, you don't feel like going to the palengke. You just eat what is there and then finally, you know you have to eat but you don't have money to buy. So you ended up eating less protein

than you should. Number two is the older you get, the protein requirement is even more than young adults. You never know that, you know what, I never knew that last year. Because simply and as I get older, there is less na abilidad that the body will convert the protein into muscles. And number two is there is less circulation that, eh kung nagha-heart attack, circulation ang problema. Kung nagki-kidney failure, circulation ang problema. Kung may altapresyon, circulation ang problema. Hindi nakakarating ang protina sa muscle.

Speaker: Number three is, Sarcopenia. Number four is, the more you get sick of other conditions, there is a risk that you will lose protein because of that. Yet we are not doubling the effort to take protein. You wanna know? Live or die it's not sugar, it's not carbohydrate, it is protein. So look at the screen... kung mag uumpisa tayo sa edad, you don't even know whether you are malnourished or not. You know why? Because tell me, when was the last time you consulted your doctor for any illness, cancer otherwise, ang emphasis niya is what to eat and how to begin eating right? When was the last time your attending physician says, I'll refer you to a nutritionist? Now you know. Wala sa radar namin eh. Hindi yun ang orientation namin eh. Sa board exam, hindi yan ang mga questions to pass eh. You know what happens, you die of starvation you don't even know it. Because you are not hungry but the body is starving. And those are just some of the medical terms say, when you are aging you have, as I said, mahina ang ability to synthesize, to make protein out of amino acid into muscle. Mahina ang flow and all and I just explained that. What happened? Sarcopenia. What then is Sarcopenia? Sarcopenia is lumiliit ang bulk ng muscle... humihina ang function, humihina ang strength. You know that... think about you twenty years ago. Now look at your legs, diba nag shrink na? Don't show it now, don't do it now. [Audience laughs] Later show it to me.

Speaker: What is the effect? You get more sick because you lack protein. Higher risk of dying compare to a healthier well built muscled body. So don't reduce too much. Gwapo na nagpapapayat pa, oh? You understand now what I'm saying and the mobility becomes affected. So, look at the muscle there is such a thing as a progressive shrinking of the muscle and strength just with aging. Now this is not about you, this is about the older people than you, who are at home who cannot come today. What are we gonna do about it? Kahit na hindi cancer. So ano ang description ng isang tao na may Sarcopenia? Mas maliit ang mass ng muscle bulk, humihina ang strength at mahina ang function. So what does that mean? Well there is the danger. When the muscles are less because the protein intake is less, mas mahina ang immunity sa dugo, panglaban sa infection. Kung ang kulang mo is just 10%, mahina sa inpeksyon. Kung ang kulang ng mass because of the low protein, by 30% mahina na ang healing. Just 30% alam na namin magbe-bed sore na. Everytime I see somebody with a bed sore, alam ko na we are too late. You know why? Because the awareness to feed before the bed sore was not given to you to see a nutritionist. Anong mga alam namin? Yeah you eat more, but we don't even know how to cook. You know the problem. Look, this is not for you, this is for the older people even now at home... in your home. Decreased healing, weakness, infection and thinning of the skin. Alam mo yun and then by the time you lose 50% of the mass, you can't even sit up and walk... stand up and walk from your seat. Diba? Okay... and finally when you hit near 100, you are a living dead. Itsura mo buhay ka pero itsurang patay, right? Yeah... now look at this guy, this guy came to me. Ooperahan siya the next day, patawarin ipapaclearance sa akin the next day kung okay daw ang puso, e tumitibok pa naman ang puso... bakit kailangan ng clearance? Nung nakita ko tingnan mo yung paa niya, tingnan mo yung paa niya... shrunken na. Look at how he stands up, sabi ko 'Lo titimbangin kita... it took up to 5 minutes to get him out of the seat. Look at the screen, ganyan ba yung lolo mo? Ganyan ba yung magulang mo? These are the patients who cannot survive surgery yet the surgeon is ready to operate on him the next day. I will say no not because of the heart condition, not because of blood pressure. He couldn't even sit up and stand up

and walk. This is what we call frailty, a Sarcopenia is of somebody related to muscle problem from malnutrition.

Speaker: Anong ibig sabihin ng "mal"? Under weight dito ha, kasi obesity is also malnutrition. So when you are frail, you are vulnerable to sickness and death. It is a life long process ibig sabihin mag-umpisa ka sa macho and over time, frail because of age... because of lifestyle, because of poverty, no money to buy and all the illnesses by the time. So yung reserba mo, reserba will shrink with time. So what's the solution? Pakainin ng tama plus exercise. You're kidding... matatanda na kami pinapaexercise mo pa kami? No, now let's move on. Other than aging, may cancer. What is cancer? I have a uniform description of what happens when somebody has cancer. One word, inflamasyon. It is inflamasyon, hindi yung inflamasyon na mainit. Inflamasyon released by cancer cells that will cause more loss of appetite, further muscle wasting, the liver will not function to produce protein and because you are losing weight, ngayon naku-consume, na yu-use up ngayon yung taba. By the time you use up the taba, ang susunod kakainin niya uubusin niya yung natitirang muscle ng katawan as energy. So when you are in that situation... we have another problem, hindi pala Sarcopenia. If I were Karen Carpenter and I refused to eat, you know Karen Carpenter yung singer? If I were Karen Carpenter, I have Anorexia Nervosa with Sarcopenia. But I was not sick as Karen. It wasn't sickness, it was just plain simple starvation. Now I will change the word... a person with cancer, because of inflammation, becomes Sarcopenia with inflamasyon equals "katexia." So it's a new terminology.

Speaker: Katexia is a malnutrition plus inflammation regardless of what inflammation. Now I'm talking medicine, this is the way I'm supposed to know but I never knew that until I retired. They never taught us in medical school. We only know how to diagnose who is dying and what is the cause of death but we never talked about how to prevent death through food because Hippocrates says, food is medicine. So now I will summarize everything of part one. Why is there weight loss in cancer? Number one, majority ng cancer occurs during aging period. Tama naman diba? Yeah. Then because of the symptom, reduced of the symptoms nawawalan ng gana from the disease. So walang gana... kung walang gana, mahina ang kain, humihina, humihina rin ang activity. So when there is no activity, the muscles shrink. And then you have the katexia because walang katapusan ang inflamasyon. Nakita mo yung connection? And then you happen to have heart disease, you happen to have diabetes, inflamasyon na naman. And then you have heart disease that when you walk the heart is weak, so you feel like not walking. Everything shrinks some more... and then the doctor says I have to give you medications for cancer. Sa side effects ng gamot, you now have lost more appetite. And then the doctor say you have to be radiated, when they radiate you you feel other problems other than appetite. It's such a bad feeling. Sa record namin, we only write the word cancer, anong kumplikasyon, anong medical term. We don't feel how you feel. Many times we ceased to be a human being for another human being. That's a secret, because only a healer understands the heart of the person who suffers. But there it is the mystery that I discovered, that I can reach up to them by giving them what I begin to learn about what is nutrition and exercise.

Speaker: What then are the side effects, kayo ang expert sa side effects on drugs for cancer. Most of the chemotherapeutic agent, yung mga gamot sa cancer, nausea and vomiting. So when you feel like eating, now you become dehydrated. When you lose appetite from their agents for cancer, when you lose appetite you don't feel like eating so you started saying, I'm eating less without even knowing. Everytime I ask the family, kumakain ba siya? Kumakain... there is a difference between eating right and eating enough and eating the right kind of protein. You know what? We don't know anything because it is not in our curriculum. Now I am empowering you to say doc, refer me to a nutritionist. You might have forgotten doc, alam ko alam mo yun. Say it in a diplomatic way... and then you can have diarrhea, you can have singaw. How can you eat? These are some of the

examples ng drugs that can take away everything. That is just as miserable as inability to sleep. So that means, we should now let you share with you what doctors are supposed to know when we talk about why you need better nutrition. We want to maintain and improve your intake. We want to mitigate that the rangement, yung mga abnormalities sa blood chemistry and all that, that is a reflection of the disease that can become a cycle that will make you worse. Number three is we want to maintain the muscle mass and your physical performance. When we can do all of these, we are trying to what? Make you well enough to continue the chemotherapy or cancer therapy. Because they will come to a time, you know how disappointed you will be. You look so miserable and even your picture looks so bad, the doctors are scared to give you medicine. Alam nila hindi mo na kayang tiisin yun. You will not survive that treatment, the question is... everytime, can I look at your pictures before? And I say, what happened? And their answer is not just because what the patient does know. It's because what doctors don't know. And you have to be bold and ask for it because it is the natural thing to do. At the end of it, it's an improvement of the quality of life whatever length and quality the Lord will provide. And how do we begin? It begins with counselling. I just told you, we doctors are not counsellor on nutrition. We know how to eat well, we are spoiled, we can afford it but we don't know how to advise patients how to eat right because we were never trained, because it is not part of our curriculum. If you don't eat well, do not say no if we want to put you on a feeding tube. You say I will not look nice, but you will survive. It's alright... because when you can eat better later by the recovery of your protein and strength, then we can pull the tube out. If you don't want it there we can put it here, it can be hidden. And then there should be also physical therapy which I will explain later and there are medications that will improve your appetite. There are medications that will make the intestine move better. There is a medication that works so well nobody talks about, chewing gum. When you chew gum the intestine moves better. That's why I sell chewing gum. That's the punch line. And we give that before surgery and immediately after surgery so the patient will be able to pass out air so we can say, that's the signal to feed. And truth is, we also feed even when there is no intestinal movement because by feeding, we start the stimulation for the intestine to move but many surgeons don't know that. So what happens? Because hindi ka nag pass out ng gas, they don't feed you and you are starving, you are already malnourished.

Speaker: So these are the steps, we call this multiple different methods put together so that we can prevent cancer patients from losing weight. If you don't lose weight, you have a better chance to survive longer for the treatment. So how does it begin? We begin with the standard medical treatment, surgical treatment, radiologic treatment, we deal with the side effects of the treatment... we call this symptom management. Then we give pharmacologic treatment for the progressive weight loss, mayroon din. Then we refer you almost at the same time sa nutritionist to estimate your protein requirement and then we give special nutrients like Nutribest as the company happens to be the sponsor or any other brand where it is not milk. It is a formula where they put in micro and macronutrients. Macro means protein, fat and carbohydrates and micronutrients are the minerals and the vitamins. They are formulated for specific purposes and then we emphasize on the exercise. Now let me explain why the exercise, and we deal with the other problems that is happening aside from your cancer. So why do we have to give protein that is not just ordinary protein? You will see specifically when you look into the [indiscernible 03:19:35] it is not just ito. Close my eyes, put some protein here, put your name, put that brand and sell it. One of the emphasis of many of this company is, is there enough Lucin inside? Lucin is a specific amino acid that has been proven to be a regulator for the building up of muscle tissue. Not just a source of energy, it is even a source of energy for ICU patient. It is a precursor in the repair of cells that are damaged by cancer. It builds up the immune system, it builds up your muscle and it also restores and repairs damaged cells but then I am saying now, food must be with exercise.

Speaker: Exercise is not... it is called resistive training exercise against resistance. It has to be continued to maintain its effect. Now let's move on the third part. How will I know whether you are malnourished or not? Sana mayroon tayong app eh. It's called BMI eh. If you have your own data you can download it now. BMI App, what is BMI? Body Mass Index. It is age, height and weight. Calculate, it comes out. How will you suspect you or I is malnourished? Number 1, unintended weight loss. Number 2, loss of body mass. Number 3, low BMI and that number is any number below 18.5 in that calculator, calculation. Can I repeat? How will you define malnutrition of your mother who is staying at home with a yaya and yayo? Unexplained weight loss, low BMI, and reduced muscle mass. There is another way of defining malnutrition. Decreased intake and there is a persistence of a severe illness that will not go away. We call that inplamasyon. Now that you know how to suspect, think again. Are you one that is malnourished or is she the one left behind in the home malnourished? How do I suspect again? Very easy, number one... looking thin. Is it not enough? Number two, what? Reduced appetite or inability to eat. Number three, unexplained weight loss. Can I repeat that? How do you and I suspect that mama left at home is malnourished? Unexplained weight loss, looking thin and mahina siyang kumain. Kumakain siya eh, mahina nga eh... when you and I suspect, watch out... as a doctor, we are supposed to know this. You are considered having critical weight loss if you lose more than 5% over the previous month or you lost more than 10% over the previous six months. If you look into the BMI relasyon, the lower the BMI with this number, more than 5, more than 10... mas mataas ang mortality for the next one year. That means if something bad happens, hindi makakaraos ang pasyente. So now I will summarize. This time, kanina is how to suspect... now, it's all numbers.

Speaker: How will you and I know you or I or family is malnourished? You combine the two... more than 5% in one month and 10% in 6 months, you combine the BMI. What's the magic number? 18.5 and below. When you have these two, you have just defined the strictest acceptable definition of malnutrition by the medical community. Then we go into a calculation and the calculation is supposed to be in, oh by the way I have good news... the Department of Health has already signed IRR. What is IRR? Rules and Regulation that is from the result of a law passed and signed by President Duterte that all patients admitted to hospitals should have a nutritional assessment. I will tell you another secret. From the time I started my training, siyempre when you say you are in training, ginagaya mo ng consultant, right? So kapag may sakit ang pasyente nasa emergency room, among first order sa chart? Please admit. Siyempre... diba? Room of choice. Second, blood pressure, heart rate four times a day or more. Third, ang order namin, diet as tolerated. Diet as tolerated ibig sabihin kung wala siyang ganang kumain, pabayaan mo. Kaya namamatay eh... kasi yun ang order ng consultant eh. So make sure when you are admitted, you'll say doc have you calculated the protein need of mama? Naku matataranta, "Refer na natin, refer na natin." Now all the nurse station must have a form. A checklist... get the weight. Eh doc hindi siya makatayo? Buhatin mo. Weigh the patient, get the height, get the BMI, get the weight then calculate the protein requirements. No more excuse. Now for the first time, patients have a better chance to survive because malnutrition will kill them before they even start treatment. Because we use this kind of tool. The tool simply says, kung ang BMI mo is less than 18.5, you have lost more than 10 pounds, may mga numerical yung icacalculate lang eh. Diba? Once you calculate that, you put in the score you know already if zero, aba you don't have to refer. Diet as tolerated but when you have a score of one or two, you start saying I want to give you the best nutrition at the back of the room that that could be one or any other brand. Any other brand... at the same time, I must refer you to a nutritionist because that is not my specialty. And now I will summarize what is required of doctors or nutritionists. Protein requirement, we use your weight. 1 gram per kilogram per day if possible up to 1.5 grams per kilogram per day. We calculate that and we send it to the nutritionist who is going to make the regimen, the food that is equivalent of what the calculation requires.

Speaker: Even as high as 2 grams, here is a beautiful message... there is no evidence just because I'm gonna give you more food, it will increase and feed the tumor and let it grow. No such thing. Ahhh.... read the first sentence, there is no evidence if I give you the right amount of food, it will promote the tumor to grow as well. Not true. Not true... don't look at me, kanina pa tumitingin ka sakin eh. Okay? Number two, feeding must always use the intestine. Hindi yung pagkapasok mo may kaya ka eh parenteral alimentation. Alam mo yung parenteral, yung food na parang gatas na dinidiretso na sa swero. No. We don't do that... we only give that when your intestine failed. When you are bleeding massively. Your intestine is not moving... your intestine nagkaroon ng gangrene. We cannot use it... you know why we have to use the intestine? It is not just to absorb food. The intestine is the location of the most robust, pinakamaraming kulani sa katawan ay sa intestine. If the intestine does not move by feeding, the lymph nodes that is the most densed in the body will lose its ability to produce protein to fight against infection. People who are not fed through the intestine when it is usable, they are at risk of dying for its inability to overcome infection simply because they are not fed through the intestine. That they never told us until I found out... that's unforgivable when it's working. Even if somebody says I don't want to swallow, I can put in a tube. I cannot swallow, I can put in a tube because the swallowing is [indiscernible] but the intestine is working. You must be willing to have your loved ones fed regardless of the access to the intestine how it's going to be.

Speaker: Next, do not use dietary provision that would restrict energy intake in patient with or at risk of malnutrition. So in other words, try to avoid going to alternative medicine... don't eat this, don't eat that. Kaya nga pagkabalik sa amin balat buto. Wala sa science yun eh... feed them right, there is not diet known to reproducibly cure cancer. The kind of false hope that is out there... kawawa. The only time we ask a person to fast is when it is in preparation for anti-cancer therapy only for a short time. So what is the target? Now we know, it's the BMI... 18.5 to 25. But the target must together go with physical activity. Anong klaseng exercise? Resistance physical exercise, that's right. Pero doc wala akong gana, wala akong gana kasi depressed ka eh... that can happen. It may not be physical, so here are the suggestions of the expert published in the medical clinics. Establish a daily menu and record the food intake. Why is it important? Because we want to show it to the nutritionist whether you are following. Number two, if you don't have appetite eat small frequent high caloric meal. It is important to take carbohydrates because it is the energy source. It can also spare the protein, am I right? Because it's the carbohydrate that is the initial source ng energy. Number three, arrange for health in preparing meals. When you are sick, it's hard to prepare meal. If you know there is such limitasyon, kausapin mo naman. You know I was touched by a neighbor who told me, you know doc I am alone... and I have only one daughter who had to work and the income is not large. When I am alone, how can I enjoy my food? Doc, I tell you [indiscernible]. Akala ko, are you sad? No... I was touched. What happened? Since last week when my neighbor found out I was sick, she came brought their food and we sat down and ate together. Wow... sometimes it's not about food, it's about eating with somebody you care. Ganyan pala... and add extra protein and calories to the food. Prepare and store small portions of your favorite food. Consume 1/3 of daily protein and calorie requirement at breakfast because that's the start of the day. There must be snacks in between meals with nuts and other healthy food. Doc, I cannot... sabi ko, why can you not take nuts? Doc, bungsi ako eh bungsi. Seek foods that appeal to the sense of smell. Be creative with desserts. Experiment with different food. Perform frequent mouth care to relieve symptoms and decrease the unpleasantness.

Speaker: So that means sometimes, the food should be sweet or sour. Masarap yun diba? Salty or bitter, sometimes it has to be rich, it must always smell good. We put them all under the flavor, it must have texture. Sometimes it's nice when you chew and churp, churp, churp. It sounds good...

yes. When you are skinned and boned, you are afraid of cholesterol ano ba? Patawarin ka. [Audience Laughs]. Ano ba? Temperature, the appearance of the food, the sound... and I already emphasized the social environment. Even if the food doesn't taste good, you are going to eat it because you have the best friend in the world who is beside you. But then one day when during the check up, sabi ng doktor, excuse me ho... there is something there that needs surgery. Oh my God, another battle... paano na ito? Mayroon na akong mga problema related to cancer. Mayroon na akong mga problema related to treatment. Nandiyan pa yung diabetes ko. Now, I have to do a procedure. I have to face more risk... No. You are already prepared because you understood what it means to exercise and eat right. You are always ready for the next typhoon even before it came because the goal of surgery is not for you to gain weight. When we prepare somebody for surgery, the food that we will emphasize is not for you to gain weight because it's a few weeks of recovery or months if ever, it is for you to be able to cope with the stress of surgery. So there is a difference... yung kanina yung inaadvice ko sa inyo is how to build up your muscle mass, to your weight, your exercise, to loosen you up, to prepare for chemotherapy or whatever therapy... but in surgery, it is to prepare you to cope with surgery. In that sense, our job as physician is to identify whether you are malnourished or not. Off the record again, you ask a surgeon, surgeon... you are my favorite. Can you define to me how you define malnutrition. They will keep quite. Because it is also not in their radar how to define. That's why we must help each other. This is not to look down because this is the way we were brought up in our learning through the years. It was not in our curriculum.

Speaker: So what we do is we identify and optimize your nutrition and there is a keyword, look at the red na-identify ko, prehabilitate. Preoperative rehabilitation... we build you up if we can delay surgery in order to prepare you for surgery. And look at number four, even if there is a reason to delay surgery, we will delay it until the body is ready. From the other aspect, when your heart and mind is also ready. From the hospital point of view, when your money is available. [Laughs] The worst thing is the worst news... when it's skin and bone, we call this refractory katexia. The word na ibig sabihin ng refractory, a point of no return. Whatever we do, di na makakabawi... that is the point of preparing the patient never to reach that stage. Okay now, my last part... somebody told me, doctor can you prepare for this Saturday? Sabi ko sinu-sino sila? Kasi usually ang audience namin ho are doctors and consultants. So first time lang ho layman kaya I feel so scared. Kasi... scared not because I don't have the materials, I don't know how to say it in the simpler way. So pasensya lang... no? I will share with you something that I have just discovered. The greatest motivation I have in medicine even at this retired age, I am still practicing is to admit we don't know everything. There is not an evening I don't read journals... if you know who I am, don't marry me because my journal and my laptop is closer to my heart than my first wife. Because my second wife is my laptop, don't think dirty okay?

[Audience Laughs]

Speaker: And this is what I've found. Am I shy to say? No... You will be surprised I tell you, you'll be surprised that this should have been known by everyone. So you talk about breast cancer right? This is majority, breast cancer... because ang topic namin lung cancer eh, sa convention eh kasi lung eh lung kami... lung. Ang specialty ko plema. The joke is I charge you according to how much plema you spit. No that's dirty, dirty, dirty. I will explain the second bullet... The greater na walang, chronicity activity dyspnea, ibig sabihin kung mas grabe nang matagal na hingal when you move, when you walk... ulitin ko, when you move you are short of breath, when you are tired you don't want to move, you exert effort you are short of breath. That's the word dyspnea, activity related shortness of breath. When it becomes chronic, ibig sabihin eh pirme na right? It will diminish your ability to exercise, am I right? Then how can you breathe when you have pneumonia, that's the message. You don't even have the strength to cough out the plema. So you drown in your phlegm... so what do we

do? We put in a tube and that tube is very painful. Anytime you move your head, it's painful from here to here. And then when we suction you it's like I rather die because of that pain. But we will say, sorry ho sorry ho but we don't feel your pain. We just have to suction you. You know why? Because you were not ready for pneumonia. Because you were not fed well. Because you did not exercise your muscle, to build your muscle strong enough to cough and expel plema. So you did not die of breast cancer, you died of pneumonia and you died of pneumonia because you were not advised earlier to eat right and exercise. So how do we now prevent all these? So the next... last part is about exercise.

Speaker: Then this came from, this journal 2017... what are the effects of different exercise or regimen specifically for breast cancer patients and the outcome, ano yung magiging result. Kung regular exercise, kasama ang leisure activity... you may result in reduced cancer specific and all cause mortality. Wow, just exercise... but of course you cannot do that without eating. So that's understood you can exercise because you are fed well, you eat well even if you don't feel like eating. You were fed well everyday, you can't reduce your chance of dying. Understood. Next, fast walking... three hours per week before and after the diagnosis was made. Next, moderate to high intensity aerobic exercise. Anong sabi nila? 50 to 85 of maximal heart rate for three times a week and range between eight to twenty-four weeks. What's the result? Improved quality of life and ability to deal with daily task. If you can do that, you can do anything. Hindi ko linya ito eh... so nirerefer ko nalang sa rehabilitation medicine department. So the next request, doctor refer me to a nutritionist, what's your next request? Refer me to rehab. So you know always, any cancer patient needs three kinds of specialty: the cancer doctor, nutritionist, rehab. Two aerobic session per week, etcetera etcetera. It will lower your physical and mental fatigue. Wow, pasok na yung mental... self directed exercise during treatment period, it declines sleeping disturbance. Mas masarap na ang tulog... sa pagod. Improved emotional status, reduced symptoms of [Indiscernible].

Speaker: Now let me tell you something ha? Everytime when you see a reference like that, they publish it. Nakapako ang pangalan nila... they don't just put it there. Every line is a result of scientific study published. That means it's not just sa tingin ko ay... sa tingin ko ay... every line is the result of proven effectiveness, if it does not, they will say it doesn't work. Special consideration for exercise in breast and gynecologic cancer survivor... if exercise were there for surgery, it will allow adequate recovery prior to initiating exercise up to 80. Mas maganda ang recovery. For radiation patient, watch out... aqua exercise may increase risk of skin irritation kasi burned eh, diba? Eh chlorine yun diba? Okay. Breast cancer it can also cause risk of skin reaction. When chemotherapy will cause numbness ng kamay, ng paa, caution with balance. May mga advice na magaganda eh. Do not exercise if mental changes, yung antukin ka o wala ka sa sarili. [Indiscernible 03:43:59] when it is in the bone, wow you are in pain and then naka-morphine patch para walang pain, ngayon nakangiti ka na wala kang pain pero nandiyan pa yung cancer sa bone, ingat lang. Madulas ka lang ma-fracture na right? Na-fracture na siya sabi ko na nga eh. Sabi ko nga ingat ka diyan eh...

Speaker: Okay next, if there is heart disease during exercise, consult the cardiologist diba? Lalo na when you are doing it and you have chest pain. And when you have an infectious process, don't do it right away. You don't have to prove anything. When you have fatigue, tuloy ang exercise within your ability and when you are weak, do not exercise if the weakness is severe. So we went through aerobic, or you can take this picture... this is standard, 2008 it's a clinical geriatric medicine journal who if you have cancer and sarcopenia, or you are frail... how do we improve muscle mass and improve physical function? These are the standard international recommendations: Aerobic exercise, resistive exercise, flexibility and balance, exercise, stretching. Okay, you copied it? Okay next... wow... Doc, di ko kaya masyadong scientific. Wow, may nakita ako suggested ways to increase physical activity. Use stairs rather than elevator but don't do it alone. Okay? You might

break your neck. If you can walk or bike to your destination, who says you cannot do that? But you have to buy a bike. Next, exercise with your family and friends so you'd be happy together. Take an exercise break to stretch and take a short walk. Walk to visit nearby friends. Plan active vacation rather than only driving trips. Wear a speedometer, use a stationary bike if you don't want and watch TV and watch his show. I enjoy his show... I cannot afford it at least I believe I was there. You know the advice is the second bullet, from the American College of Sports Medicine... if the person with cancer is not able to meet the recommendation, avoid inactivity. Just be as physically active hanggang kaya mo. Because the last line is, some activity is better than no activity. Ang kalaban minsan ito eh, diba? Kasi we leave them alone I said, mag exercise ka ma... and then you leave for work. Because they are lonely, we have to look for other reasons why they are like that. Okay, take pictures of this... recommended advocate food. What is a healthy diet? Ayan.

Speaker: Next, what do you limit? Too sweet and sugary drinks, or energy dense food. Remember, the emphasis is protein. Most of the food should be of plant origin. Yes. Next, limit red meat... look, if it's terminal cancer forget about red meat limit. Enjoy your steak. But invite me... [Laughs]. Are you done? Yes. In conclusion, I'm speaking to myself, sabi ni Tina... I was telling you and I was screaming you on your face and you couldn't even hear it. What is the lesson today? It is not cancer therapy. It is nutrition plus exercise. Here is the good news, it decreases the risk of... sorry ha, this slide is preventing cancer, hindi yung may cancer na. Look, look... sakit ng may lahi ito eh, diba lahang sakit ito eh. Now we are thinking about the other members of the family. So now I never knew that the next member of family can avoid the cancer that you have, it decreases the risk of breast cancer if associated with physical activity. How much? 16% for adolescent, 8% early adulthood, 50% middle adulthood, 17% for more than 50. It's the moderate physical activity of 14-22 will reduce pre-menopausal breast cancer considerably, kasi we are seeing breast cancer in younger and younger age. And the high intensity physical activity in young women will show modest correlation of breast cancer risk reduction.

Speaker: So here is the definition, the last definition... what is malnutrition? When I see somebody on the wheelchair, the first suspicion I have is hindi rayuma, malnourished na siya. Because the only reason I will allow my patient to buy wheelchair is for sports. Now if this is not your sports, then other sports. It is the only excuse that they are allowed to buy a wheelchair because older people with higher protein intake will lose lean body mass slower, lose less when losing weight and increase muscle mass more if they increase weight. So what's the goal? Increase weight. And I always tell doctors as well, it is not chemotherapy alone. It is not diet alone, I cannot do it alone. We must seek counselling sa nutritionist. Now I've learned my lesson, it's not writing a prescription, it's not drug pushing... nutrition is a true primary therapy specially for cancer patient. So what's the take home message? Knowing is not enough, we must apply. Willing is not enough, we must do. God bless you.

[Applause]

Moderator: Maraming salamat Doctor Tan, atin atin lang ito ha but I think we had the best session this afternoon right?

Audience: Yes.

Moderator: Grabe ang galing ano? So pero atin atin lang yan, by the way doc, live ito sa ANC ha? Sorry na lang sa... just kidding of course. So two words that we learned, nutrition and exercise okay? Eat properly and exercise regularly. By the way, before you go nagbebenta si Dr. Tan ng chewing gum with protein okay? Hundred pesos lang... but seriously, we are out of time but worth it naman ano because naubos yung oras sa presentation but I think, so much of it was covered already. Yung

mga tanong ko kanina sa introduction, what diets, what to eat, what to avoid, I think that was covered in the presentation but we have time for at least two questions so pagbigyan natin yung mga talagang may tanong talaga no? Otherwise hanapin mo nalang si Dr. Tan and you can ask him question. But if you have someone here has a burning question to ask, please go ahead. Saka kung pwede tumakbo sa mic para may exercise. Anyone with a question? Okay, yes. The lady... lahat kayo nakapink, I was going to say the lady in pink, sino yun. Ito mung yung naka scarf tapos oo. Okay, go ahead.

Question #1: Hi doc, I'm Betty. My question is I'm into dragon boating. Do you consider it as advantageous to us? Dragon boating.

Moderator: Baka naman sobrang strenuous yun no because dragon boating is...

Question #1: It's a repetitive upper body exercise.

Speaker: Okay. As you can see the expert do not specify the kind of exercise. Do it. The general is simply aerobic, resistive exercise right? And you are doing a resistive exercise against the water. Yeah, that's it. So keep it up. Give him a good hand, she is into something good.

Moderator: But doc if I can just add to that, is there such a thing as overdoing it? Over exerting exercise and over eating? Kasi sabi mo increase your weight, more exercise baka naman sumobra?

Speaker: I believe that there is always a limit to do it safely. As you can see, sinabi nila ingat lang baka madulas ka, baka atakihin ka sa puso. Ang madaming mga cancer patient may mga co-morbidity, ang tawag co-existing condition that even if you want to do it, you can't but if you try to do it, you are not proving anything, are you? You just want to restore your weight, your energy, your strength, your flexibility and find meaning behind your life. I have another way to say it you will become an inspiration to the next patient. And that's why you are here. You are trying to inspire each other. So you don't have to overdo it because it doesn't prove anything but you want to say, if I can do it you can do it to the best of your ability safely.

Moderator: I'll get to you no? Kasi... go ahead, go ahead.

Question #2: Doc, cancer patient po ako ngayon marami pong nagsasabi sa akin na bawal yan, bawal yan, bawal yun. Sinunod ko po then last Friday, nag ubo ubo po ako. Humina ang immune system ko then naconfine po ako sa St. Luke's then ang finding po sa akin, pneumonia because of yung hindi po ako nagkakain kasi bawal daw po yun, bawal po yun. Hindi po ako nagkakain kaya humina po ang resistensya ko. Nagkaroon po akong pneumonia, five days po ako sa St. Luke's.

Moderator: Doc, just to set the record straight, who should we believe when it comes to diets and what's your stand on all these mga keto, mga ano ano?

Speaker: Okay, so quickly is like because our culture is always when you are sick, ano ba ang bawal? No. The question should be changed, ano ba ang pwede? Right? Number two is, the doctors are not the best resource ng expertise on what to eat and what is best for you. Go to the nutritionist. Number three is watch out, everytime we say it's pneumonia it may be true. Papuri sa Diyos na nakarecover ka but that is always a warning. When you are undergoing chemotherapy of any kind, for any kind of cancer... your immune system will be suppressed. You are trying to neutralize the suppressed immune system through nutrition and exercise and it worked, or they work together but there is such a thing as pneumonia vaccine, get it. Alright? Pneumonia vaccine. Okay, go for it there

are two pneumonia vaccine the Previnar which is the only one in the world market, it's around 3000 plus. One shot lifetime followed six months later with the old vaccine, you have now a broader coverage of protection up to 60% less likely of having pneumonia. Go for it and your yearly flu shot. All cancer patient must have them. May laban ka na... okay next please.

Question #3: I just want to ask, regarding recovery as you get... as you try to restore your body. Is there a timeframe for it?

Speaker: No. Every person has a unique body with a different background of the way, of the kind of cancer, the stage of your cancer, where you came from in your state of nutrition, in your state of mind, how you want to overcome each step of the way. So there is no timeline how fast but the beauty is this, okay here is another shortcoming of doctors... we just record the diagnosis, vital signs, your condition and we are done. We seldom record how you feel. You can sense that, we just say you take this... you take this, but they never asked me how I feel. And the feel may include two things, one major feel is about the symptoms of the illness and putting a category of a mild, moderate, severe or some numerical. They are all over the place but we hardly use them because we have 40 patients waiting in line and we can only give you five minutes to eight. So when they don't appreciate that, how can we know whether you are improving or not? So we ask you, are you better? Ang sagot mo, better. I don't know what that better means. Now we have a new campaign called, if we cannot measure it doctors you cannot improve it. Can you find it? If you cannot measure it, you cannot improve it. So doc, can you put my condition in a category of numbers so that when I come back, there is a numerical comparison at the least or some kind of assemblance of a structured way of assessing my condition. The other is no time to feel your emotion. That's why you have this kind of group, and hihingi ako ng pasensya... paumanhin that's the profession we have missed. Because the busier we get, it doesn't mean we become better healers. We become better physicians but we lose the healing touch. Pasensya lang po ha.

Moderator: Okay, we are being called for the plenary in the plenary hall. So before you go, please isa pa. One more round of applause for Doctor Tan. [Applause from audience] Maraming salamat sa inyong lahat. Don't forget to eat properly and exercise regularly and eat chewing gum. Okay, thank you doc.

[END OF TRANSCRIPTION]