EXPANSION

OF THE POPULATION-BASED CANCER REGISTRIES IN THE PHILIPPINES:

2024 TERMINAL REPORT

Project Team

DEPARTMENT OF HEALTH DISEASE PREVENTION AND CONTROL BUREAU

Jan Aura Laurelle V. Llevado, MD
Chief, Cancer Control Division

Alyanna Riel C. Panlilio, RPH
Senior Health Program Officer, Cancer Control Division

DEPARTMENT OF HEALTH – CEBU CANCER REGISTRY

Kristle May R. Cortez, MD
Head, DOH – Cebu Cancer Registry

DEPARTMENT OF HEALTH – DAVAO CANCER REGISTRY

Chita I. Nazal-Matunog, MD
Head, DOH – Davao Cancer Registry

DEPARTMENT OF HEALTH – RIZAL CANCER REGISTRY

Maria Rica M. Lumague, MD
Medical Center Chief II, Rizal Medical Center

Edmund Cedric A. Orlina, MD
Head, DOH – Rizal Cancer Registry

PHILIPPINE CANCER SOCIETY – MANILA CANCER REGISTRY

Corazon A. Ngelangel, MD
President, Philippine Cancer Society

Rachael Marie B. Rosario, MD
Executive Director, Philippine Cancer Society

Adriano Victor G. Laudico, MD
Program Director, Philippine Cancer Society – Manila Cancer Registry

Maricar R. Sabeniano, MD
Executive Action Team Oncology Manager, Philippine Cancer Society

Herdee Gloriane C. Luna, MD
Executive Action Team Oncology Manager, Philippine Cancer Society

Table of Contents

List of Tables and Figures

List of Abbreviations

CTRP	Cancer Tumor Registry of the Philippines
DOH-CCD	Department of Health Cancer Control Division
DOH-CCR	Department of Health – Cebu Cancer Registry
DOH-DCR	Department of Health – Davao Cancer Registry
DOH-KMITS	Department of Health Knowledge Management and Information Technology Service
DOH-RCR	Department of Health – Rizal Cancer Registry
DPA	Data Privacy Act
DSA	Data Sharing Agreement
GLOBOCAN	Global Cancer Observatory
HBCR	Hospital-Based Cancer Registries
IACR	International Agency for Cancer Research
ICD – O	International Classification of Diseases for Oncology
IRR	Implementing Rules and Regulations
LMIC	Low-Middle Income countries
LCR	Local Civil Registry
MOA	Memorandum of Agreement
NICCA	National Integrated Cancer Control Act
PBCR	Population-Based Cancer Registries
PCS	Philippine Cancer Society
PCS-MCR	Philippine Cancer Society – Manila Cancer Registry
PSA	Philippine Statistics Authority
PSPO	Philippine Society of Pediatric Oncology
SPMC	Southern Philippines Medical Center
RMC	Rizal Medical Center
VSMMC	Vicente Sotto Memorial Medical Center
WHO	World Health Organization
WHO IARC	World Health Organization International Agency for Research on Cancer
WHO WPRO	World Health Organization Western Pacific Regional Office

Project Background

A population-based cancer registry (PBCR) is an organization dedicated to systematically collecting, storing, analyzing, interpreting, and reporting data on individuals diagnosed with cancer within a specific geographical area. Unlike hospital-based cancer registries that focus on recording information on cancer patients seen in a particular hospital, PBCRs aim to capture data on all new cancer cases within a well-defined population thus reducing the influence of the type and severity of cancer cases a given hospital handles. PBCRs serve multiple purposes, including providing essential unbiased statistics on the extent and nature of cancer burden in the community, aiding in epidemiological investigations to identify causes and prevention strategies, and evaluating the effectiveness of cancer control efforts. [(1)]

Philippine Republic Act No. 11225 or the National Integrated Cancer Control Act (NICCA) Section 28 explicitly states the need to establish a national cancer registry, which will be a PBCR that collects data per geographical region to provide a framework for assessing and controlling the impact of cancer on the community. [(2)] In DOH Memorandum Circular No. 2019-0036 or the Implementing Rules and Regulations (IRR) of the NICCA Act, Rule VIII Section 8 mandates the national cancer registry to *include existing quality PBCRs* and that it shall *expand to other strategically defined geographical areas with standards for data classification and management procedures adapted from the World Health Organization International Agency for Research on Cancer* (WHO IARC). [(3)]

Currently, the Philippines has two high-quality PBCRs that actively collect and share data nationally and internationally, namely, the Philippine Cancer Society–Manila Cancer Registry (PCS–MCR) and the Department of Health–Rizal Cancer Registry (DOH–RCR) which gather cancer data for the National Capital Region (NCR) [(4)]. PCS established the Central Tumor Registry of the Philippines (CTRP) in 1968, which later became the PCS-MCR in 1983. It covers a catchment area of 266.5 sq. km, including the cities of Manila, Pasay, Caloocan, and Quezon City. Subsequently, in 1974, the DOH-RCR was launched under the Community Cancer Control Program of Rizal, encompassing the original province of Rizal with a land area of 1343 sq. km. [(5)] Under Ministry Circular No. 126-A, s. 1983, the Minister of Health enjoined PCS support for the Tumor Registry of the Community Cancer Control Program of the province of Rizal.

Subsequently, PBCRs were also established in Cebu City and Davao City. The National Economic and Development Authority officially recognizes three metropolitan areas in the Philippines: Manila, Cebu, and Davao. [(6)] Metro Manila's economy is dominated by services, but manufacturing is also significant. Metro Cebu's major industries include tourism, agriculture, fishery, manufacturing, Information Technology (BPO), and mining. Metro Davao is the main trade, commerce, and industry hub of Mindanao. It's the second largest city in the Philippines and has a near-trade monopoly in Southern Mindanao. These metropolitan areas were selected for PBCR expansion due to their high population density and diverse economic activities, which contribute to unique cancer risk profiles. DOH-RCR and PCS-MCR cover Metro Manila, the most populated region in the Philippines.

However, PBCR operations in Cebu and Davao were eventually discontinued, highlighting the challenges of sustaining registries outside Metro Manila. Despite this, future PBCR expansion remains a priority for the Department of Health (DOH) and may include areas such as *Region I* in Northern Luzon. Although both Metro Manila and *Region I* are located in Luzon, they differ significantly in their economic base, administrative structure, and transportation networks. Luzon’s southern areas are characterized by agro-industrial and

service industries, while its northern areas are predominantly agricultural. Establishing a PBCR in such an agriculturally-based region would provide valuable insights into cancer patterns unique to rural and agricultural populations, addressing a critical gap in the national cancer surveillance system.

DOH-RCR and PCS-MCR continue to make significant contributions to cancer registration in the Philippines, in partnership with the WHO IARC, and as members of the International Association of Cancer Registries (IACR). They continue to provide valuable data for research and analysis. It is worthy to note, that efforts to expand and scale up the PBCRs started in December 13-14, 2021 with the 1st National Training Course on Population-Based Cancer Registration held at the PCS, which included participants from Luzon, Visayas, and Mindanao.

In the DOH National Integrated Cancer Control Strategic Plan 2021-2030, Pillar 4 stipulates the expansion of existing PBCRs as well as the identification and development of other PBCRs in high-population regions as components of creating robust information systems and technologies and cutting-edge research. PBCR expansion includes the maintenance and funding of existing quality PBCRs. The establishment of the Philippine Cancer Registry is the ultimate goal of Pillar 4.1. Hence, the expansion of PBCRs of the Philippines, with continuing support of existing PBCRs. The DOH Cancer Control Division (DOH CCD) with PCS and DOH-RCR implemented this project to fulfill the mandates of the NICCA Act, its IRR and the National Integrated Cancer Control Strategic Plan to improve cancer care in the country. [7]

The Importance of Population-Based Cancer Registries

The global and national burden of cancer is a priority problem for both the international and local community. The World Health Organization International Agency for Research on Cancer (WHO IARC) estimated 20 million new cancer cases and 9.7 million deaths due to cancer in 2022 with approximately 1 in 5 people developing cancer in their lifetime. [8] In the Philippines, cancer is the 2nd leading cause of mortality. [9] National legislation, programs, and policies have been implemented to address the country's cancer burden. Cancer surveillance is crucial for policy and program development, monitoring and evaluation. Cancer data is the cornerstone of cancer control, identifying what actions are needed and which groups should be targeted. Cancer registries provide information that allow measurement of the impact of interventions in cancer prevention and control. [10] Programs tailored through information from cancer data can reduce cancer burden, leading to healthier populations and economic savings.

There are different types of cancer registries including population-based, hospital-based, and pathology-based cancer registries, which have different characteristics and serve different purposes. Hospital-based cancer registries (HBCR) collect cancer in one or more hospitals and are useful for administrative purposes as well as quality improvement processes within that hospital. Pathology-based cancer registries collect cancer information in laboratories, specifically for cancers diagnosed through histology, and provide information on the laboratory's services. PBCRs collect data on all reportable neoplasms in a geographically defined target population also known as their catchment area. [10; 11]

Table 1 Characteristics, purposes, and use of different types of cancer registries

Registry type	Characteristics	Purpose	Can this type of registry be used in formulating cancer plans?
Hospital-based cancer registry	Collects information on all cases of cancer treated in one or more hospitals	Useful for administrative purposes and for reviewing clinical performance	NO. An incomplete and biased sample of the population. Data set is based on patient attendance at given hospital or hospitals. Cancer profile is determined by referrals, in part based on the facilities and expertise within key institutions.
Pathology-based cancer registry	Collects information from one or more laboratories on histologically diagnosed cancers	Supports the need for laboratory-based services and serves as a quick "snapshot" of the cancer profile	NO. An incomplete and biased sample of the population. Data set is constructed from laboratory-based surveillance only. Cancer profile determined by cancers for which tumour tissue investigations were undertaken.
Population-based cancer registry	Systematically collects information on all reportable neoplasms occurring in a geographically defined population from multiple sources	The comparison and interpretation of population-based cancer incidence data support population-based actions aimed at reducing the cancer burden in the community.	**YES.** The systematic ascertainment of cancer incidence from multiple sources can provide an unbiased profile of the cancer burden in the population and how it is changing over time. These registries have a unique role in planning and evaluating cancer control programmes.

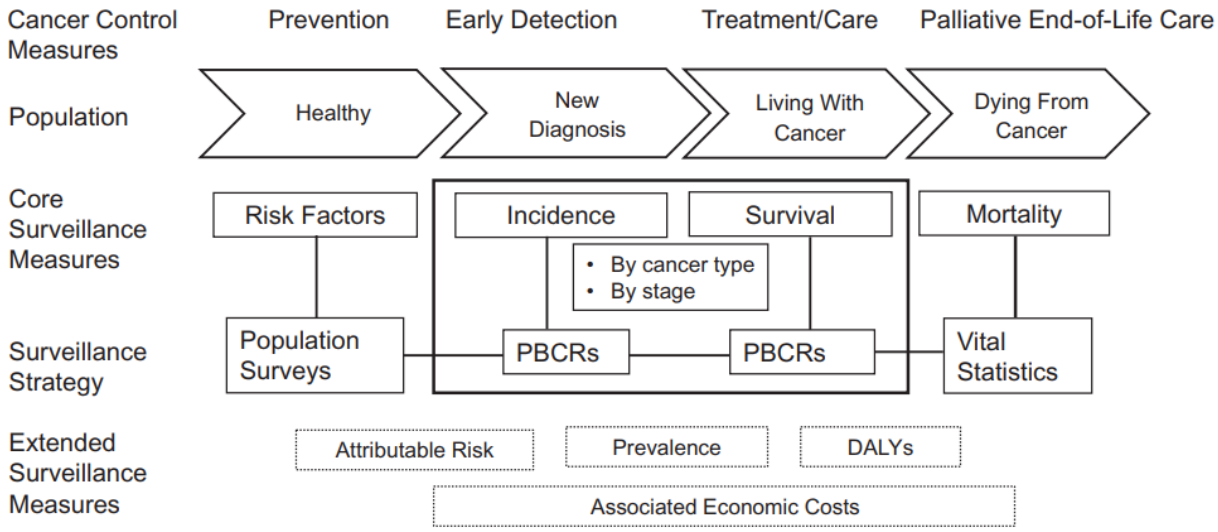
Source: Bray F, et al. (2014). Planning and Developing Population-Based Cancer Registration in Low- and Middle-Income Settings. IARC Technical Publication No. 43. Lyon, France: International Agency for Research on Cancer, p. 6

When discussing the different types of cancer registries, it is important to also address the misconceptions that HBCRs may serve as alternatives to PBCRs in cancer surveillance. Although HBCRs are integral in hospital management, the data provided cannot serve national cancer planning and evaluation purposes. [12] For example, a hospital specialized in lung cancer care would report higher incidence for this type of cancer versus a community report of high incidence of breast cancer. Facility specialty, referral patterns, and comprehensive access to outcome reports in HBCRs are factors that may cause differences in HBCR data vis-à-vis the local, regional, or national epidemiology of cancer.

PBCRs are the gold standard for providing information on cancer incidence in a defined population. [10] It is the only type of registry that can provide data for planning, monitoring, and evaluation of cancer control activities in the community as these registries collect, analyze, and disseminate information on cancer incidence, mortality, and survival in the geographically defined community. [10; 11] (see Table 1)

Together with data on risk factors from population surveys and mortality from vital statistics offices, incidence and survival are critical indicators to design and measure the impact of cancer care. [12] (See Figure 1). Cancer survival estimates, for example, provide important information on the impact of cancer treatment in a country, allowing benchmarking of survival differences between populations.

Figure 1 Measures and strategies for cancer surveillance at the population level.



Source: Piñeros et al. A Global Cancer Surveillance Framework Within Noncommunicable Disease Surveillance: Making the Case for Population-Based Cancer Registries. Epidemiol Rev. 2017;39(1): p. 165

PBCRs have a unique and important role in national cancer control programs. Their roles include: 1. Collecting and compiling data on cancer cases, 2. Monitoring cancer incidence, prevalence, and survival rates, 3. Providing data for research, policymaking, and healthcare setting. PBCRs are the only type of registry that provides an unbiased profile of the present cancer burden and its changes over time. PBCR data are especially useful in low- to middle-income countries where reliable cancer data are rarely available. PBCR data can be used to describe the extent and nature of cancer burden in the community, to establish public health priorities, to be a source of material for etiological studies, and to monitor and assess the effectiveness of cancer control activities.

The History of Philippine Population-Based Cancer Registries

The history of cancer registration in the Philippines spans 65 years and was well-documented by Dr. Adriano Laudico and Dr. Divina Esteban, two key persons in Philippine PBCRs. [5] In 1959, the PCS attempted to organize a National Cancer Registry but was not able to successfully complete it to fruition. In 1968, PCS successfully launched the first Philippine cancer registry through the Central Tumor Registry of the Philippines (CTRP), which pooled HBCR data. The CTRP passively collected cancer data from 25 hospitals in Metro Manila and 1 hospital in Cebu. Passive collection means that the CTRP relied on the 26 hospitals to send cancer data to the registry. [5]

On July 1, 1974, DOH, then named as Kagawaran ng Kalusugan, released Department Circular No. 200 s. 1974, which revised the list of notifiable or reportable diseases. Included in this list were neoplasms, malignant. The circular directed the regional health directors, provincial health officers, city health officers, municipal health officers, chiefs of hospitals, and all others concerned to notify and report morbidity of these cases to the Kagawaran ng Kalusugan. [13]

The first Philippine PBCR was launched in 1974 through the DOH-RCR. Initial data collection was also through passive notification from its catchment area, which included the 26 municipalities of Rizal province with a total land area of 1343 sq. kms. 12 of these municipalities were eventually incorporated into the National Capital Region. DOH-RCR maintained its catchment area and shifted to active data collection in 1980. [5] The active collection included retrospective collection of cancer data from both hospital records and local civil registry's (LCR) death certificates.

In 1983, the CTRP was re-oriented to become the second Philippine PBCR, thereafter, named the PCS-MCR. Its catchment area were the four cities of Manila, Pasay, Caloocan, and Quezon city with a total land area of 266.5 sq. km. [5]

On December 12, 1983, the Philippines' Ministry of Health released Ministry Circular No. 126-A s.1983, which emphasized the importance of PBCRs in providing important public health information such as cancer incidence and prevalence. Ministry Circular No. 126-A s. 1983 also enjoined all chiefs of government and private hospitals in Metro Manila and the province of Rizal to cooperate with the PBCRs who would be sending cancer registry clerks for active data collection. [14]

In 1984, PCS-MCR and DOH-RCR entered a cooperative effort for active data collection for their respective catchment areas, retrospectively collecting data from a total of 72 hospitals and 30 local civil registries. [5] Key persons in the development and upgrading of the two PBCRs were Dr. Max Parkin of WHO IARC, Dr. Adriano Laudico, and Dr. Divina Esteban.

In 1988, the third Philippine PBCR was established through the RAFI-Eduardo J. Aboitiz Cancer Center and was named the Cebu Cancer Registry (CCR). Its catchment area were the cities of Cebu, Mandaue, and Lapu-Lapu as well as the municipalities of Talisay, Minglanilla, Naga, San Fernando, Cordova, Consolacion, Liloan, and Compostela with a total land area of 793 sq.km. [5] It employed retrospective data collection.

In 1991, the fourth Philippine PBCR was initially started as the Davao Cancer Registry (DCR) but discontinued. In 1998, it was re-launched by the Andres Soriano Cancer Foundation, the Davao Doctors Hospital, and the PCS-Davao Division. Its catchment area was Davao City with a total land area of 2,211.3 sq. km. [5] However, both CCR and DCR were also eventually discontinued.

In 1992, the quality of data of the Philippine PBCRs was acknowledged through its inclusion in the WHO IARC publication, Cancer Incidence in Five Continents Vol. VI, which included data from 1983 to 1987. [4] PCS-MCR was, at the time, only the second PBCR to meet the stringent requirements for inclusion in this prestigious publication. [4] Since then, the data from PCS-MCR and DOH-RCR have been included in various WHO IARC publications like the subsequent volumes of Cancer Incidence in Five Continents, the International Incidence of Childhood Cancer, and Global Cancer Observatory (GLOBOCAN). PCS-MCR and DOH-RCR also jointly authored and published local publications, the Philippine Cancer Facts and Estimates and Cancer in the Philippines, which are released every five years.

Upon Dr. Esteban's retirement from Rizal Medical Center in 2004, Dr. Maria Rica Lumague took up the reins of the Rizal Cancer Registry.

In 2011, WHO IARC President Dr. Max Parkin assess and updated the Philippine PBCRs together with DOH officials and WHO Western Pacific Regional Office (WPRO) representatives, including a discussion on a proposed National Cancer Registry. To improve data quality for the different Philippine PBCRs, PCS-MCR spearheaded a two-day training

course on the International Classification of Diseases for Oncology (ICD-O). The course was attended by the PCS-MCR, DOH-RCR, CCR, and DCR registry staff. [4]

In 2018, Dr. Edmund Cedric A. Orlina was designated as the new head of the Rizal Cancer Registry. Dr. Lumague however, still remains as an active adviser and subject matter expert to the Cancer Registry.

On February 14, 2019, the NICCA was signed into law. It aims to establish a comprehensive and integrated approach to cancer control in the Philippines, focusing on prevention, early detection, diagnosis, treatment, and palliative care. The law mandates developing and implementing a national cancer control program, encompassing health promotion, capacity building, research, and financing mechanisms to improve access to care and support services for cancer patients and their families. Section 28 of the NICCA explicitly states the need to establish a national cancer registry, which will be a PBCR that collects data per geographical region to provide a framework for assessing and controlling the impact of cancer on the community. [2]

The NICCA Implementing Rules and Regulations (IRR) In DOH Memorandum Circular No. 2019-0036 or the Implementing Rules and Regulations (IRR) of the NICCA Act, Rule VIII Section 8 mandates the national cancer registry to include existing quality PBCRs and that it shall "expand to other strategically defined geographical areas" with standards for data classification and management procedures adapted from WHO IARC. [3]

On December 13-14, 2021, PCS-MCR again spearheaded and hosted the 1st National Training Course on Population-Based Cancer Registration held at the PCS. The course was attended by various participants from all over the Philippines. The course was part of the planned expansion of PBCRs.

In 2022, the Department of Health issued Department Circular No. 2022-0292 for the conduct of data collection and consolidation for the Philippine PBCR under RA 11215 or the NICCA. The circular urged all hospitals to cooperate in the data collection of PCS-MCR and DOH-RCR. It further reassured hospitals that data collected are treated with utmost confidentiality as mandated by the NICCA, which respects and observes the mandates of the National Health Standards and Republic Act No. 10173 or the Data Privacy Act of 2012. [15]

In 2023, DOH CCD together with WHO WPRO, PCS-MCR, and DOH-RCR initiated discussions with PSA for data linkage between the PBCRs and the national civil registry. The utilization of incidence data from Philippine PBCRs and vital or death statistics from PSA can provide accurate and up-to-date population-based survival statistics, which are crucial for guiding the NICCA program and national investments for cancer programs. [16]

Population-Based Cancer Registry Data Collection

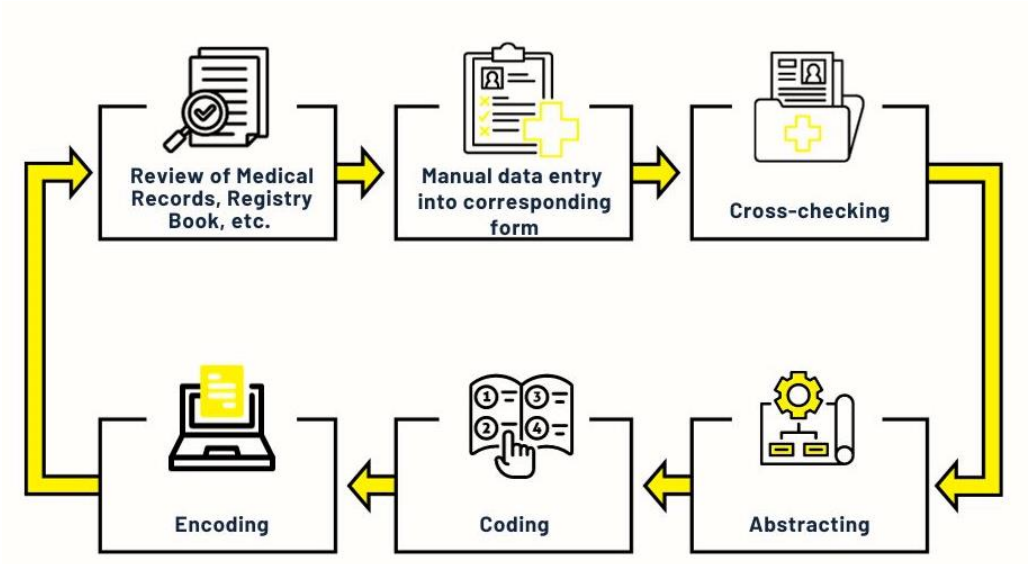
Active Collection by the Philippines Population-Based Cancer Registries

The Philippine PBCRs engage in retrospective active data collection (see Figure 2). This involves going to each hospital's inpatient and outpatient medical records department, department of pathology, department of hematology, department of radiotherapy, tumor registry or tumor boards, and other departments that may house data on cancer. The registrar scan available documents in these areas for cancer-related data. The LCR is also a source of data where the death registry, which contains the certificates of deaths of those who died in the locality. The death certificates are also manually scanned by registry clerks for cancer-related data. [16]

Both PCS-MCR and DOH-RCR utilize data collection forms for case-finding in hospitals and for death certificates in LCRs. All data are manually collected by cancer registry clerks through paper and pen, in forms called "papelitos". Each papelito contains different pieces of information of a patient. The papelitos are then alphabetized at the PBCR to collate the data per patient. Once alphabetized, information of each patient is then transcribed into a form called the "abstract" and cross-checked against existing abstract forms in the PBCR. If the patient already has an existing abstract form in the PBCR, it is updated with the newly collected data.

Once an abstract form is complete, the registrar proceeds with coding of the different variables within the form. Coding involves use of numbers that correspond with that specific variable. For example, a cancer diagnosis with a basis on clinical investigation would have a code of 2 while that based on histology of the primary site would have a code of 7. ICD-O is also used for coding diagnosis. Coding allows PBCRs to have uniform data reporting and facilitates data analysis and utilization across PBCRs. Philippine PBCR's follow codes that are utilized by CanReg, an open-source software developed by the International Association of Cancer Registries (IACR). [17] These library for codes of CanReg also includes Philippine variables like the hospitals of the catchment areas.

Figure 2 PBCR Data Collection Process



Source: Rosario, Rachael Marie B., et al. Terminal Report for the Technical Assistance for the Conduct of a Population-Based 5-Year Cancer Survival Study (2006-2017) Among Filipino Pediatric Cancer Patients. Manila : Philippine Cancer Society, 2023, p. 64.

Once coding is completed, the information is then encoded into CanReg. CanReg allows input, storage, checking, and analysis of cancer registry data. If a patient already has an existing record in CanReg, the software will provide the registrar with that patient's registry number. If the patient does not yet have an existing record in CanReg, the software will automatically assign a new registry number. The most current version of CanReg is CanReg 5. The Philippine PBCR's are still using CanReg 4 pending hardware improvement, software updates, and further training for CanReg 5.

Population-Based Cancer Registries and Vital Status Information

Population based survival data requires the entry of the last known status of the patient as alive, dead, lost to follow up, or vital status is not known. The vital status information can be obtained through active or passive procedure. [18] Active follow-up consists of regular checking of the vital status of each cancer patient by the physician, hospital or through home visit. These follow-up procedures cannot be performed as only a fraction of hospitals in Rizal and Manila have a registry that records and monitors patient outcome. Passive follow-up refers to regular checking of the vital stats for all registered patients from information provided by registries such as the local civil registries and the national registry. [16]

There are local civil registries (LCR) for each city and municipality in the Rizal and Manila region. The LCR office receives the accomplished death certificates of people who died in the area. Death certificates are filed by physicians in charge and include the full name, age, sex, place of death, date of death, time of death, and the probable causes of death. The LCR proceeds to process, file, and endorse the Certificate of Death. The Certificate of Death is endorsed by the LCR to the PSA for certification and printing. The LCR retains a copy of the certificate in its register. The PSA receives death certificates from all LCRs in the country and is the final repository of all deaths registered in the Philippines. There is a maximum of 3 months gap from the submission of LCR's to the PSA and the posting period of the Certificate of Death. [16]

In order for PBCRs to secure data on the death of cancer cases, the registry team schedules the visit to the LCR. The registry book of Certificates of Death is scanned by year and certificates that contain cancer as a cause of death are included in data collection. Data sharing between the two PBCRs is done with data on deaths transmitted to the PBCR under which the case was initially reported. Currently, the PBCRs collect data from LCRs in five-year periods. [16]

Without data linkage to the PSA, the PBCRs face several obstacles in determining cancer incidence, prevalence, mortality, and survival data in the Philippines. First, the processes involved are labor- and skill-intensive. Cancer registry clerks need adequate training and support. Second, PBCRs will not be able to record the deaths cancer cases listed in the registries but whose deaths did not occur in the same city or municipality (i.e. Certificate of Death is not in the LCRs of the PBCRs), Third, a Certificate of Death in the LCR may contain cancer as a cause of death but no other record of the case is available in hospital records. Finally, delays in PBCR processes are anticipated due to the additional need of writing to each hospital and LCR and waiting for approvals before proceeding to data collection. [16]

Project Vision

The vision of the proposed project is the eventual establishment of a national cancer registry composed of strategically located PBCRs in Luzon, Visayas, and Mindanao. [7]

Project Objectives

The objectives of the project were three-fold, namely:

1. Expansion of population-based cancer registry in Cebu City (Visayas) and Davao City (Mindanao) [7] with the Rizal Medical Center's DOH-RCR as the lead agency.
2. To hold the 2nd national PBCR seminar and workshop
    a. with particular focus on the attendance of representatives/staff of the proposed new PBCR sites [7]
    b. to invite and accommodate stakeholders involved in PBCRs (e.g. PSA, DOH Disease Prevention and Control Bureau, Philippine Cancer Center, LGUs, civil registry offices, and other public and private hospitals) [7]
    c. to collaborate with WHO IARC as guest speakers on relevant topics of interest [7]
3. To ensure continued financial, technical, and administrative support for the national cancer registry, which, according to the NICCA IRR, will include existing quality PBCRs and the new PBCRs established through the expansion [7]

Project Methodology

Implementation of the project involved the following methodological steps:

1. Engagement of relevant government officials in the proposed sites (Cebu City and Davao City) including but not limited to regional office heads, chiefs of staff, hospital directors, etc. to discuss the project. [7]
2. A memorandum of agreement between parties (RMC & VSMMC, RMC & SPMC) to facilitate the establishment of the new PBCRs. [7]
3. Site visits by DOH-RCR staff to Vicente Sotto Medical Center as the proposed hospital and headquarters of the DOH Cebu Cancer Registry (DOH CCR) and to Southern Philippines Medical Center as the proposed hospital and headquarters of the DOH Davao Cancer Registry (DOH DCR) [7]
4. Identification of cancer registry head and office by the respective hospitals [7]
5. Hiring of cancer registry staff for Cebu and Davao [7]
6. Training and workshop of cancer registry staff by attendance in the 2nd national PBCR seminar and workshop [7] conducted by RMC/DOH-RCR.
7. Provide on-site supervision to the new PBCR sites [7] by DOH-RCR head & staff.
8. Establishment of regular meetings (face-to-face or by virtual communication platforms) to ensure proper and appropriate monitoring and feedback mechanisms for the project [7] conducted by RMC/DOH-RCR.

Project Timeline

The planned project timeline was as follows:

Table 2 Project Timeline

	PRE-PROJECT	M1	M2	M3	M4	M5	M6	M7
PCS MCR and DOH RCR preliminary meetings and discussions on the project								
Drafting of Proposal and Concept Note								
Submission of Letter of Intent and Concept Note								
Engagement of relevant government officials in the proposed sites								
Drafting and signing of a memorandum of agreement between parties								
Identification of cancer registry head and office								
Site visit to Vicente Sotto Medical Center and Southern Philippines Medical Center								
Hiring of cancer registry staff								
2nd national PBCR seminar and workshop								
On-site supervision of new PBCRs								
Regular meetings and monitoring between PBCRs								
Writing Workshop								

PBCR Expansion Process and Methodology

During the implementation of the project, the pre-project timeline was successfully followed with drafting and submission of the project's concept note to the Department of Health Cancer Control Division. Relevant government and expansion site officials were engaged with subsequent drafting and signing of memoranda of agreement between parties.

Project Output

The project was initially planned over a course of six months from January to June 2024. Pre-project planning included identification of PBCR expansion sites: VSMMC for Visayas and SPMC for Mindanao. Budget allotment, signing of Memoranda of Agreement, and communication with VSMMC and SPMC were already done prior to the project proper. During the project proper, the project team ensured compliance with the project's objectives and timelines. Initially, monthly meetings were held, which was subsequently shifted to bi-monthly meeting as the project progressed. DOH CCD continued its support of the PBCR expansion and of the existing PBCRs and gave an additional sub-allotment good for 12 months of Job Order salaries for VSMMC and SPMC. Then an additional sub-allotment for RCR and MCR as well, good for an additional 6 months of Job Order salaries, on top of the initial 6 month project period. The details of each month's key events, concerns, and action plans are reported in Table 3 and the findings of the on-site visit for Phase II are reported in Table 4.

Table 3 Monthly Project Events, Concerns, and Action Plans

MONTH	KEY EVENT/S	CONCERNS	ACTION PLANS
December 2023	***MOA Signing between RMC with SPMC, and RCR with VSMMC*** • MOA signing at SPMC on December 18, 2023 between Dr. Edmund A. Orlina, Dr. Ricardo B. Audan, Dr. Ma Elinore Concha and Ms. Cecil B. Japson. • MOA signing at VSMMC on December 19, 2023 between Dr. Edmund A. Orlina, Dr. Gerardo M. Aquino, Jr., Dr. Reynette Christine J. Ligaray, and Dr. Joar Kent P. Gumapon.	***Expansion Sites:*** • Assignment of official Registry Heads and hiring of Job order registrars	***Expansion Sites:*** • Draft official Hospital Personnel Order assigning the Heads of their respective Cancer Registries. • Facilitate hiring of Job Order Registry Clerks
January	***PBCR Expansion and Support*** • Official monthly meeting: January 13 • Hiring of 22 registry clerks, 11 for DOH-RCR and 11 for PCS-MCR, through DOH budget allotted to RMC • Decision to shift to digital data collection • Ongoing staff hiring for DOH-CCR and DOH-DCR • Training manuals and ICD-O copies provided to DOH-CCR and DOH-DCR with permission from WHO	***Existing Sites:*** • No budget for digitalization of PBCR data collection ***Expansion Sites:*** • Identification of catchment area • Identification of hospitals in the catchment area • Identification of staff and contact persons in the hospitals within the catchment area • Courtesy call with the local government unit and other relevant stakeholders ***2nd National PBCR Seminar and Workshop:***	***Existing Sites:*** • For self-development of digital collection forms through cost-effective cloud-based platform (e.g. Google Sheets, Google Forms, etc.) ***Expansion Sites:*** • Focus on Cebu City and Davao City as catchment areas • List all hospitals within their area • For further discussion and support with training through the 2nd National PBCR Seminar and Workshop as the priority activity prior to further planning

	2nd National PBCR Seminar and Workshop • Agreement on phases of implementation: ➢ Phase I: 2nd National PBCR Seminar and Workshop to be held on March 6-7 ➢ Phase II: On-the job training with on-site visits to DOH-CCR and DOH-DCR and virtual follow-up and monitoring to be initiated after Phase I ➢ Phase III: WHO IARC training on CanReg 5 to be scheduled per WHO IARC availability	• Possible difficulties aligning WHO IARC availability with the 2nd National PBCR Seminar and Workshop	***2nd National PBCR Seminar and Workshop:*** • Invite Mr. Leslie Mery (WHO IARC) to the workshop with the option for a video recording if schedule does not permit in-person attendance • Finalize training program and budget utilization.
February	***PBCR Expansion and Support*** • Official monthly meeting: February 22 • Expansion sites identified registry heads (Dr. Kristle Cortez for DOH-CCR and Dr. Chita Matunog for DOH-DCR) • Ongoing hiring of expansion sites registry staff ***2nd National PBCR Seminar and Workshop*** • Finalized program and attendees for the 2nd National PBCR Seminar and Workshop. • Reviewed logistics, certificates, and lecture slides	Limited allowable budget for electronic gadgets of DOH-RCR and PCS-MCR registry clerks	***Existing PBCRs*** • Procure electronic tablets for 22 clerks within allowed budget • Facilitate purchase order for the electronic tablets ***2nd National PBCR Seminar and Workshop*** • Align lecture slides for training • Secure recorded video of Mr. Leslie Mery (WHO IARC) for the 2nd National PBCR Seminar and Workshop • DOH CCD facilitated the official Notice of Meeting for the 2nd National PBCR Seminar and Workshop

March	• 2nd National PBCR Seminar and Workshop: March 6-7 conducted by Dr. Edmund Cedric A. Orlina, Dr. Maria Rica M. Lumague, Dr. Rachael Rosario, and Dr. Maricar Sabeniano and supported by Ms. Vianna Yunque • Phase II Training began with on-site visits to SPMC (March 18-19) and VSMMC (March 20-21) (see Table 4) accomplished by DOH-RCR staff Ms. Gehan Alyanna C. Calvez • Initiation of digital forms for PBCR data collection with development done by Ms. Vianna Yunque	Request for revision of DOH Department Circular No. 2022-0292 to include DOH-CCR and DOH-DCR to facilitate communications with the hospitals in the catchment area	***Expansion Sites:*** • PCS-MCR drafted revision of DOH department circular to include DOH-CCR and DOH-DCR • DOH CCD facilitated signing and official issuance of revised circular ***2nd National PBCR Seminar and Workshop*** • DOH-RCR and PCS-MCR prepared and conducted the seminar and workshop. • Evaluation and feedback forms prepared • DOH CCD Dr. Jan Aura Laurelle Llevado to give the opening remarks • Proceed with Phase II training.
April	• Official monthly meeting: April 27 (Presided by Dr. Edmund Cedric A. Orlina with Dr. Maria Rica M. Lumague as subject matter expert. Supported by Dr. Maricar Sabeniano and Dr. Herdee Luna) ***DOH-CCR*** • List of tertiary hospitals in Cebu City already available • Initiated communication with DOH regional office and heads of cancer registries of the identified hospitals ***DOH-DCR*** • List of tertiary hospitals in Davao City already available	***DOH-CCR*** • Inquiries on submission of fund utilization report to DOH CCD • Clarification regarding manual data collection methodology – if direct entry into abstract form is allowed ***DOH-DCR*** • Inquiries on submission of fund utilization report to DOH CCD • DOH-DCR received questions from hospital heads regarding data security of the digital forms used by the PBCRs and informed consent • Struggles with determining primary site and diagnosis of unknown cancer	• DOH-CCR and DOH-DCR to submit to DOH-RCR and RMC monthly fund utilization report starting February • DOH-RCR provided DOH-DCR with copies of their informed consent forms • Maintain bi-monthly meetings among PBCRs ***DOH-CCR*** • Start manual collection at VSMMC for the period 2023-2027 • Advised not to use abstract form directly during collection to eliminate duplicates. Use papelitos instead • Explore budget to be allocated for computers

	• New office within SPMC Cancer Institute • Secured 3 desktops and landline for their registry • Initiated communication with tertiary hospitals • Started data collection at SPMC: April 4 • DOH CCD financial support for DOH-DCR directly sub-allotted to SPMC		• Awaiting DOH regional circular to facilitate data collection • Sumit monthly fund utilization report to DOH-RCR and RMC ***DOH-DCR*** • Continue digital collection at SPMC for the period 2023-2027 • DOH-RCR provided copy of informed consent for DOH DCR to adapt • Sumit monthly fund utilization report to DOH-RCR and RMC • Utilize ICD-O for diagnosis
May	Ongoing data collection by all PBCRs	None raised prior to next official meeting	Continue with data collection
June	• Official bi-monthly meeting: June 29. (Presided by Dr. Edmund Cedric A. Orlina with Dr. Maria Rica M. Lumague as subject matter expert. Supported by Dr. Maricar Sabeniano and Dr. Herdee Luna) • WHO IARC online training planned • DOH CCD extended the project for another 6 months with additional financial support ***DOH-CCR*** • Sent out letters to other hospitals with DOH regional circular attached ***DOH-DCR*** • Organizational chart available	Registry clerks need allowance for mobile data for digital data collection ***DOH-CCR*** • Not yet able to proceed with digital data collection due to unavailability of tablets and computers. • Clarifications requested on establishing incidence date • Budget for January to June not yet fully utilized due to delays in hiring available staff ***DOH-DCR*** • Budget for January to June not yet fully utilized due to delays in hiring available staff	• DOH CCD will allot additional budget for the project to RMC and SPMC • Memoranda of Agreement to be renewed between all parties • PBCRs to provide mobile data allowance for registry clerks; appropriate data provider to be determined per area. • Plan for participants trained in WHO IARC online training to echo their learning ***DOH-CCR*** • DOH-CCR to procure tablets and secure computers • Incidence date will be reported as the first consultation with symptoms

	• Expecting 2 more registry staff by July • Awaiting procurement of 3 tablets • Conducted in-person Davao City PBCR orientation at SPMC with the DOH Regional office and Region 11 hospitals in attendance • Utilizing ICD-O book as reference for cases with difficult diagnoses		• MOA extension for continued utilization of sub-alloted funds for salaries. ***DOH-DCR*** • Negotiate with medical records staff for access to patient charts • MOA extension for continued utilization of sub-alloted funds for salaries.
July	• DOH Department Circular No. 2024-0306 issued (see Figure 3) • Ongoing data collection by all PBCRs.		• Disseminate DOH Department Circular No. 2024-0306 • Reinforce compliance with circular • Ensure confidentiality in data collection
August	• Official bi-monthly meeting: August 31 (Presided by Dr. Edmund Cedric A. Orlina with Dr. Maria Rica M. Lumague as subject matter expert. Supported by Dr. Maricar Sabeniano and Dr. Herdee Luna) • Ongoing data collection by all PBCRs ***DOH-CCR*** • 2 new registry staff • Answered questions of hospitals regarding data privacy ***DOH-DCR*** • Started collection in 3 tertiary hospitals • 2 new registry staff	***DOH-CCR*** • Not yet able to start using digital forms due to unavailability of tablets and computers • Need to train new staff may cause delays in data collection ***DOH-DCR*** • Passive collection preferred by some hospitals and by LCR • Some hospitals hesitant about cooperating with data collection with the primary concern of data privacy • Reimbursement	***DOH-CCR*** • Train new staff • Prioritize procurement of tablets for field work • Discuss with VSMMC IT Department if they can provide computers ***DOH-DCR*** • 2 new registry staff ill be trained through buddy system with existing staff • Address hospital-specific preferences for data collection methods by providing checklist of necessary data if only passive method is allowed • Re-orientation of hospitals on PBCRs and methodology done by staff during collection

	• Developed own application (Tracer App) for data collection through private provider		• Facilitating dissemination of DOH Department Circular No. 2024-0306 to other hospitals to address concerns with data privacy • Continue using own data collection application developed by private provider to address concerns with data privacy
September	Ongoing data collection by all PBCRs	None raised prior to next official meeting	Continue with data collection
October	• Official bi-monthly meeting: October 28 (Presided by Dr. Edmund Cedric A. Orlina with Dr. Maria Rica M. Lumague as subject matter expert. Supported by Dr. Maricar Sabeniano and Dr. Herdee Luna) • WHO Dr. Rey Fernandez trained with IARC for the use of CanReg 5 • DOH CCD facilitating data linkage between PBCRs and PSA. ➢ Point persons in Department of Health Knowledge Management and Information Technology Service DOH KMITS (DOH KMITS) and PSA already identified ➢ Data Sharing Agreement (DSA) under review by PSA and will include all PBCRs ***DOH-CCR*** • Manual-to-digital transition in progress	***DOH-CCR*** • Limited digital resources; only 3 tablets and no available laptop • No pocket Wi-Fi or SIM cards yet for data collection • Electronic Medical Records system development experiencing delays ***DOH-DCR*** • Some hospitals require approval at multiple levels prior to data collection • Some hospitals require permission to be secured every time data collection is done • Clarification needed on removal of duplicates and coding of data can be done together with case finding	• PCS-MCR to work with DOH CCD for the PSA data linkage • WHO Dr. Rey Fernandez will assist the PBCRs in the use of CanReg 5 with training to be scheduled in 2025. • DOH-CCR and DOH-DCR will be introduced to IACR. As members, they can access CanReg software and qualify for training. • All PBCRs to submit final reports covering progress and needs to PCS-MCR in preparation for the Terminal Report ***DOH-CCR*** • Follow up equipment requests • Request funding approval for necessary communication and operational expenses • Finalize onboarding of registry clerks with digital collection forms • Prioritize full digital transition of data entry

	• Revisions to existing digital data collection form done for improved sorting of necessary data later on • New office at the VSMMC Cancer Center • 3 tablets received October 25 • Requests sent for desktop computer, landline, filing cabinets, and printer • Coordinating with tertiary hospitals next in line for data collection ***DOH-DCR*** • Ongoing data collection in 8 tertiary hospitals		***DOH-DCR*** • Start expanding capacity to identify duplicate data across hospitals not just within SPMC system • Follow methodology of case finding, alphabetize, check for duplicates, abstracting, coding, encoding into CanReg. Incidence date will determine what hospital the case will be counted under.
November	Ongoing data collection by all PBCRs	None raised prior to next official meeting	Continue with data collection
December	• Official bi-monthly meeting: December 21 (Presided by Dr. Edmund Cedric A. Orlina with Dr. Maria Rica M. Lumague as subject matter expert. Supported by Dr. Maricar Sabeniano and Dr. Herdee Luna) ***DOH-CCR*** • Memorandum of Agreement for extension sent to RMC already • Completed staffing with 4 registrars already • Completed manual-to-digital transition	***DOH-CCR*** • Storage of files done in boxes within the office • Cebu Doctors Hospital liaison officer on leave • Clarification needed on incidence date of cases • Cases found not yet sorted according to catchment area ***DOH-DCR*** • No official designation from SPMC for Dr. Chita Matunog as Head of DOH-DCR • Need for continued employment of cancer registrars through SPMC as regular employees • 2 primary hospitals very far from SPMC (~2 hours travel time from Davao City) raising security concerns and transportation costs	• DOH CCD will continue facilitating DSA with PSA • DOH CCD to facilitate 2025 budget for PBCRs • Finalize of terminal report for submission to DOH CCD on or before January 10 ***DOH-CCR*** • For rescheduling of data collection at Cebu Doctors Hospital in January • Follow up needs with administration, accounting, and IT • Work with accounting for possible hiring of a 5th registrar

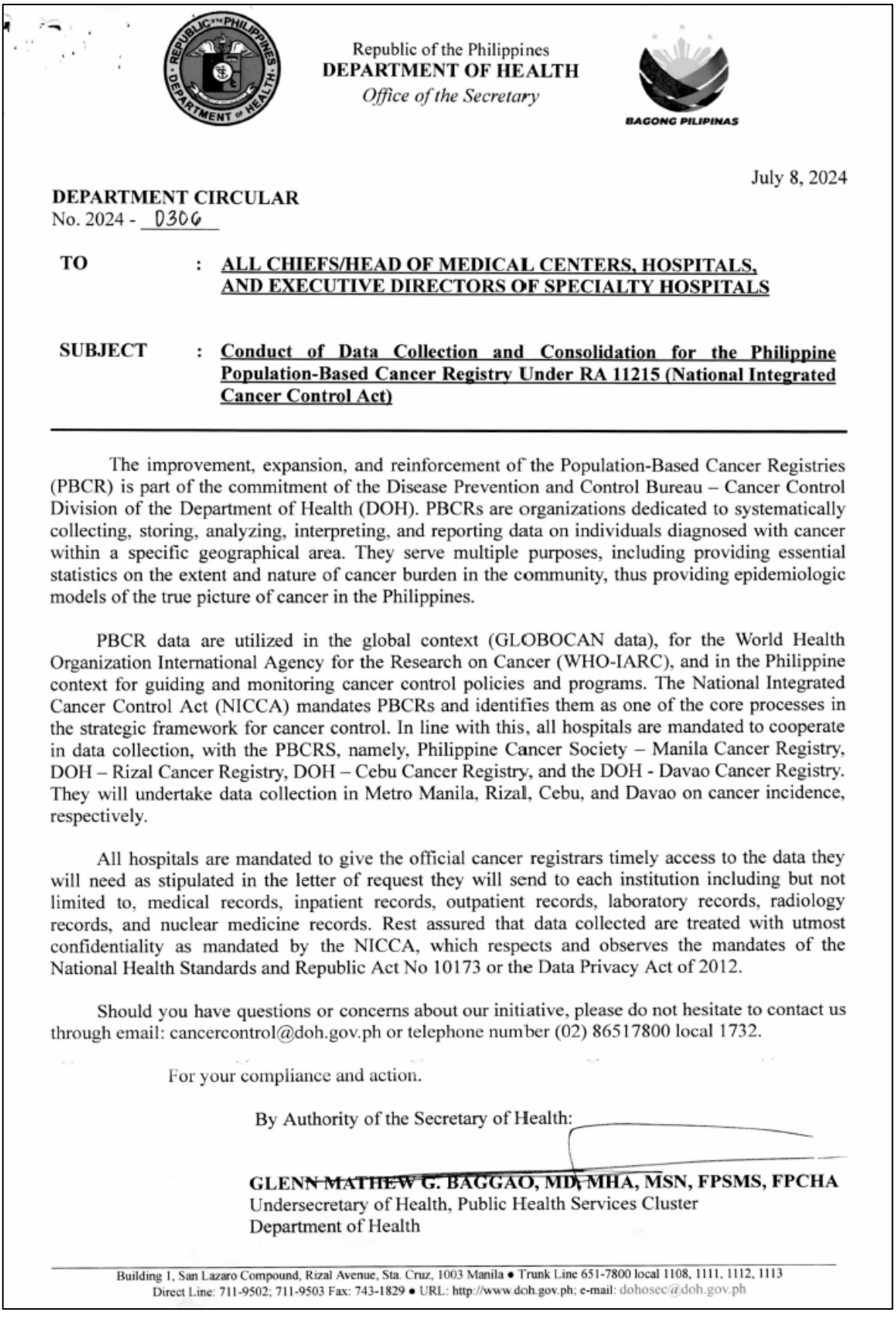
	• Desktop computers and internet connection in office for set-up December to January • Coordinated already with VSMMC accounting on processing of communication and transportation budget • Data allowance will be included in communication budget ***DOH-DCR*** • Memorandum of Agreement signed • Communication and transportation allowance approved and reimbursed by SPMC • Online DOH-DCR orientation and meeting arranged with secondary and primary hospitals held on November 22 • In-person visits done in 15 primary hospitals by the registrars • Completed collection in 3 tertiary hospitals and ongoing collection in 3 other tertiary hospitals. • Completed collection in 4 secondary hospitals and ongoing collection in 1 secondary hospital.		• For incidence date, use the earliest possible date based or date of first contact with documentary evidence of cancer as the incidence date (e.g. date of admission is incidence date if data is from inpatient records) • During case finding, ensure that cases are cancer cases and belong to the catchment area ***DOH-DCR*** • Follow up with MCC and HR the endorsement letter and appointment of Dr. Chita Matunog as Head of DOH-DCR • Follow up official letter of endorsement from MCC to HR to absorb the cancer registrars as employees of SPMC to assure continued employment • DOH-DCR to request SPMC MCC to lobby the plantilla items for cancer registrars to be included in the staffing patterns of specialty cancer centers • Possible passive collection from very far hospitals with training and orientation of the hospital staff done by DOH-DCR

Table 4 Findings of the On-Site Visits to SPMC and VSMMC

(Conducted by Ms. Gehan Alyanna C. Calvez)

	SPMC	VSMMC
GEOGRAPHICAL AREA		
Cities and Municipalities covered by catchment area	Davao City	Cebu Province (9 cities, 44 municipalities); Metro Cebu (5 cities, 6 municipalities), then later on narrowed down to Cebu City
Checklist of local civil registry	Only 1: Davao City Hall	Coordinating with regional DOH
Checklist of hospitals	Done – For categorization based on DOH classification	Focused on Tertiary Hospitals; Advised to include primary & secondary hospitals as well.
Population covered (latest PSA data)	Done	-
READINESS FOR DATA GATHERING		
Signed nondisclosure agreement by staff	Done	Done
Cancer registry clerks read and mastered Chapters 1-2 of the Manual for Cancer Registry	Done. Post-test scores: 86-102/114	Done. Post-test scores: 95-108/114
Facilitate letters for source institutions	Done -Coordinating with regional DOH	Done Coordinating with regional DOH
Secure permission for data collection in own hospital	Done -Case finding started at Cancer Institute	Done -Practicing with chemotherapy patient charts
Walkthrough of Medical Records	Done	Done
Walkthrough of Diagnostic Centers	Done	Done
PERSONNEL		
Registry Head	Dr. Chita Matunog	Dr. Kristle Cortez
Registry Staff	Jairah Regala; Princess Pinero; Syeela Tello	Genil Blorecia; Ignatius Eugenio; Elaiza Doctora
INFRASTRUCTURE		
Dedicated Office	None - Temporary: Consultation Room	Yes. 4th Floor Cancer Center.
Shelves/ Cabinets/ Office Chairs/ Office Tables	None	3 tables
Number of Computers	None	None
Number of Tablets	3 requested	3 requested
Other furniture/ equipment	None	None
Case-Finding		
Exercises and Examples	Done	Done
Abstracting		
Hospital abstract	Will follow recommended format	Done
Death certificate abstract	Will follow recommended format	Incorporate in own abstracts
PREPARATION FOR "UNCERTAIN CASE INFORMATION"		
Folder ready	Done	Not yet done. Advised

Figure 3 DOH Department Circular No. 2024-0306



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

July 8, 2024

DEPARTMENT CIRCULAR
No. 2024 - 0306

TO : **ALL CHIEFS/HEAD OF MEDICAL CENTERS, HOSPITALS, AND EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS**

SUBJECT : **Conduct of Data Collection and Consolidation for the Philippine Population-Based Cancer Registry Under RA 11215 (National Integrated Cancer Control Act)**

The improvement, expansion, and reinforcement of the Population-Based Cancer Registries (PBCR) is part of the commitment of the Disease Prevention and Control Bureau – Cancer Control Division of the Department of Health (DOH). PBCRs are organizations dedicated to systematically collecting, storing, analyzing, interpreting, and reporting data on individuals diagnosed with cancer within a specific geographical area. They serve multiple purposes, including providing essential statistics on the extent and nature of cancer burden in the community, thus providing epidemiologic models of the true picture of cancer in the Philippines.

PBCR data are utilized in the global context (GLOBOCAN data), for the World Health Organization International Agency for the Research on Cancer (WHO-IARC), and in the Philippine context for guiding and monitoring cancer control policies and programs. The National Integrated Cancer Control Act (NICCA) mandates PBCRs and identifies them as one of the core processes in the strategic framework for cancer control. In line with this, all hospitals are mandated to cooperate in data collection, with the PBCRS, namely, Philippine Cancer Society – Manila Cancer Registry, DOH – Rizal Cancer Registry, DOH – Cebu Cancer Registry, and the DOH - Davao Cancer Registry. They will undertake data collection in Metro Manila, Rizal, Cebu, and Davao on cancer incidence, respectively.

All hospitals are mandated to give the official cancer registrars timely access to the data they will need as stipulated in the letter of request they will send to each institution including but not limited to, medical records, inpatient records, outpatient records, laboratory records, radiology records, and nuclear medicine records. Rest assured that data collected are treated with utmost confidentiality as mandated by the NICCA, which respects and observes the mandates of the National Health Standards and Republic Act No 10173 or the Data Privacy Act of 2012.

Should you have questions or concerns about our initiative, please do not hesitate to contact us through email: cancercontrol@doh.gov.ph or telephone number (02) 86517800 local 1732.

For your compliance and action.

By Authority of the Secretary of Health:

GLENN MATHEW G. BAGGAO, MD, MHA, MSN, FPSMS, FPCHA
Undersecretary of Health, Public Health Services Cluster
Department of Health

Building 1, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila • Trunk Line 651-7800 local 1108, 1111, 1112, 1113
Direct Line: 711-9502; 711-9503 Fax: 743-1829 • URL: http://www.doh.gov.ph; e-mail: dohosec@doh.gov.ph

The 2nd National Population-Based Cancer Registry Seminar and Workshop

On March 6-7, 2024, the 2nd National PBCR Seminar and Workshop was successfully held by the project team (Dr. Edmund Cedric A. Orlina, Dr. Maria Rica M. Lumague, Dr. Rachael Rosario and Dr. Maricar Sabeniano) via virtual platform. Day 1 of the workshop was on March 6, 2024, 8:00AM to 3:00PM (see Table 5). The first day of the workshop was dedicated to training the new registrar staff on the principles and methods involved in day to day PBCR work. Attendees included the registry team of the expansion sites as well as the registry team of PCS-MCR and DOH-RCR and representatives from DOH CCD, (see Table 7 and Figure 5). Day 2 of the workshop was on March 7, 2024, the workshop was held from 8:00AM to 12:00NN (see Table 6).The second day was aimed at administrators and local officials who are interested in knowing more about the general objectives and challenges in establishing PBCRs in our local setting. This was attended by representatives from DOH CCD, DOH CHD CAR, Philippine Cancer Center, Angel Salazar Memorial Medical Center in Antique, Baguio General Hospital, Cagayan Valley Medical Center, and Western Visayas Medical Center. All participants were evaluated through a pre- and post-test and were asked to evaluate the event (see Tables 8 and 9). Participants were also awarded a certificate of participation (see Figure 5).

Table 5 Program for Day 1 of the 2nd National PBCR Seminar and Workshop

TIME	ACTIVITY
7:30-8:00 AM	Online Registration and Admission to Zoom Room; National Anthem; Invocation
8:00-8:30 AM	Introduction (Dr. Jan Llevado, Mr. Leslie Mery)
8:30-9:30 AM	What is a Population-Based Cancer Registry? (Dr. Rachael Rosario, Dr. Maricar Sabeniano)
9:30-10:30 AM	Planning a Population-Based Cancer Registry (Dr. Edmund Orlina)
10:30-12:00 NN	Population-Based Cancer Registry Standard Operating Procedures (Dr. Edmund Orlina)
12:00-1:00 PM	Lunch Break
1:00-2:30 PM	Coding of Neoplasms (Dr. Maria Rica M. Lumague)
2:30-3:00 PM	Open Forum / Other Questions

Table 6 Program for Day 2 of the 2nd National PBCR Seminar and Workshop

TIME	ACTIVITY
7:30-8:00 AM	Online Registration and Admission to Zoom Room; National Anthem; Invocation
8:00-8:30 AM	Introduction (Dr. Jan Llevado)
8:30-9:30 AM	What is a Population-Based Cancer Registry? (Dr. Rachael Rosario, Dr. Maricar Sabeniano)
9:30-10:30 AM	Planning a Population-Based Cancer Registry (Dr. Edmund Orlina)
10:30-11:30 AM	Cancer Registration in Developing Countries, the Philippines (Dr. Edmund Orlina)
11:30-12:00 NN	Open Forum / Other Questions / Updates

Table 7 Participants of the 2nd National PBCR Seminar and Workshop

Agency/ Institution	Number of Participants
Department of Health – Cancer Control Division	3
Department of Health – CHD - CAR	1
Philippine Cancer Center	4
Vicente Sotto Memorial Medical Center	5
Southern Philippines Medical Center	10
Philippine Cancer Society	14
Rizal Medical Center	16
Angel Salazar Memorial General Hospital (Antique)	1
Baguio General Hospital and Medical Center	2
Cagayan Valley Medical Center	3
Western Visayas Medical Center	1

Table 8 Pre- and Post Test Results of the 2nd National PBCR Seminar and Workshop

	Average Pre-Test Result			Average Post-Test Results		
	Lowest	Highest	Average	Lowest	Highest	Average
March 6, 2024	1	9	6	4	9	7
March 7, 2024	6	8	7	6	9	8

Table 9 Evaluation of the 2nd National PBCR Seminar and Workshop

ITEMS	AVERAGE
A. Program	
1. Organization of the contents of the L&D Activity	3.8511
2. Duration of the Activity	3.8511
3. Effectivity of the Facilitator in handling the activity & assisting the participants	3.9362
B. Materials & Visual Aids	
1. Hand-outs and Manuals	3.8478
2. Slides & Charts	3.8958
C. L&D Methodologies	
1. Lecture	3.9792
2. Reporting	3.9362
3. Role Plays	3.6875
4. Games / Activities	3.7568
5. Group Discussions	3.8043
6. Others	3.7667
D. Venue /Facilities	
1. Cleanliness and appropriateness	3.8684
2. Temperature & Lighting conditions	3.9000
3. Video and Audio Qualit (Online)	3.7609
E. Food & Refreshments	N/A
OVERALL AVERAGE	3.8458

Figure 4 Notice of Meeting 2nd National PBCR Seminar and Workshop

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 21, 2024

NOTICE OF MEETING

FOR:

NAMES	OFFICE
1. Dr. Jan Aura Laurelle Llevado	Disease Prevention and Control Bureau (DPCB) – Cancer Control Division (CCD)
2. Mr. Vincent Sumergido	DPCB-CCD
3. Ms. Alyanna Riel Panlilio	DPCB-CCD
4. Royce Berango	DPCB-CCD
5. Dr. Kristle May Cortez	Vicente Sotto Memorial Medical Center (VSMMC)
6. Mr. Ignatius Johann Eugenio	VSMMC
7. Ms. Elaiza Mae Doctora	VSMMC
8. Dr. Joar Kent Gumapon	VSMMC
9. Ms. Genil Blorecia	VSMMC
10. Dr. Chita Matunog	Southern Philippines Medical Center (SPMC)
11. Ms. Princess Anne Pinero	SPMC
12. Ms. Jairah Regala	SPMC
13. Mr. Jose Bernardo Tengson	SPMC
14. Ms. Angel Basoc	SPMC
15. Ms Cyrel Getalla	SPMC
16. Ms Shiena Procullos	SPMC
17. Mr. James Patrick Bonifacio	Rizal Medical Center (RMC)
18. Ms. Joan Bringino Caluyo	RMC
19. Mr. Wilson Del Rosario	RMC
20. Ms. Kryzzia May Gonzales	RMC
21. Ms. Nordiana Kuit	RMC
22. Ms. Francisca Grey Marcial	RMC
23. Mr. John Patrick Montanez	RMC
24. Ms. Donna Grace Oliveros	RMC
25. Ms. Marjorie Zingabo	RMC
26. Ms. Krichelle Supan	RMC
27. Ms. Saira Rica Agcaoili	RMC
28. Ms. Emelyn Cervania	RMC
29. Ms. Rhea Deang	RMC
30. Mr. Michael Angelo Domingo	RMC
31. Ms. Josephine Isla	RMC
32. Mr. Mark Anthony Masula	RMC
33. Mr. Raymond Oliveria	RMC
34. Ms. Camille Santos	RMC
35. Ms. Charina Rumbaoa	RMC
36. Ms. Maricar Tentativa	RMC
37. Ms. Melinda Visoria	RMC
38. Ms. Vianna Gaudiosa Yunque	RMC

FROM: **ENRIQUE A. TAYAG, MD, PHSAE, FPSMID, CESO III**
Undersecretary of Health
Public Health Services Cluster

SUBJECT: Orientation on the 2nd Population-Based Cancer Registry Training Conference

WHEN: March 6, 2024 (Wednesday) & March 7, 2024 (Thursday), 8:00 AM to 3:00 PM

VENUE: Zoom Platform

AGENDA: 1) Background/ Overview of Population-Based Cancer Registry (PBCR) in the Philippines
2) Standard Operating Procedures of PBCR
3) Other Concerns and Updates

Building 1, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila • Trunk Line 651-7800 local 1108, 1111, 1112, 1113
Direct Line: 711-9502; 711-9503 Fax: 743-1829 • URL: http://www.doh.gov.ph; e-mail: dohosec@doh.gov.ph

Figure 5 Certificate of Participation - 2nd National PBCR Seminar and Workshop

Expansion and Progress of the Population Based-Cancer Registries

Throughout the project period, the Philippine PBCR's initiated the digitalization of the data collection process. Electronic tools (i.e. tablets) were provided to the cancer registrars of all PBCRs and the previous paper forms were converted to electronic format. This allowed reduction of paper use, improved storage of collected data, and reduction of difficulties with readability of stored data. All PBCR's, including the new PBCRs conducted data collection throughout 2024. Table 10 shows the different hospitals and LCRs identified for collection by each PBCR. DOH CCR collects data from 20 hospitals and 1 LCR. DOH DCR collects data from 31 hospitals and 1 LCR. DOH RCR collects data from 71 hospitals and 26 LCRs. As of 2024, 4 of DOH RCR's 71 hospitals were noted to be closed. PCS-MCR collects data from 74 hospitals and 4 LCRs. As of 2024, 5 of PCS MCR's 74 hospitals were noted to be closed. The base hospital of each PBCR is placed on the first number except for PCS-MCR, which is the only PBCR operated by a non-government organization

Table 10 List of Hospitals and Local Civil Registries for PBCR Data Collection

PBCR	HOSPITALS	LCRs
DOH CCR **20 Hospitals** **1 LCR**	1. **Vicente Sotto Memorial Medical Center** 2. Adventist Hospital - Cebu Inc. 3. Allegiant Regional Care Hospitals, Inc. 4. Camp Lapu-Lapu Station Hospital 5. Cebu City Medical Center 6. Cebu Doctors' University Hospital, Inc. 7. Cebu North General Hospital, Inc. 8. Cebu Puericulture Center and Maternity Hospital 9. Cebu South Medical Center 10. Cebu Velez General Hospital 11. Chong Hua Hospital – Fuente 12. Chong Hua Hospital - Mandaue City 13. Mactan Doctors' Hospital, Inc. 14. Perpetual Succour Hospital 15. South General Hospital, Inc. 16. Southwestern University Medical Center 17. St. Vincent General Hospital Cebu, Inc. 18. The Hospital at Maayo 19. University of Cebu Medical Center Inc. 20. Visayas Community Medical Center Inc.	1. Cebu City LCR
DOH DCR **31 Hospitals** **1 LCR**	1. **Southern Philippines Medical Center** 2. Adventist Hospital Davao 3. Alterado General Hospital Inc. 4. Anda Riverview Medical Center, Inc. 5. Brokenshire Integrated Health Ministries, Inc 6. Buda Community Health Care Center 7. Camp Panacan Station Hospital 8. Camp Quintin M. Merecido Hospital 9. City Government of Davao- Marilog District Hospital 10. Clinica Isaguirre 11. Davao Doctors Hospital	1. Davao City LCR

	12. Davao Medical School Foundation, Inc. 13. Davao Mediquest Hospital, Inc. 14. Dr. Lorenzo B. Principe Clinic & Drugstore, Inc. 15. Ernesto Guadalupe Community Hospital 16. Gig Oca Robles Seaman's Hospital 17. Holy Spirit Community Hospital of Davao, Inc. 18. Isaac T. Robillo Hospital Corporation 19. Lanang Premiere Doctors Hospital, Inc. 20. Malta Medical Center, Inc. 21. Medical Mission Group Hospital and Health Services Cooperative of Davao 22. Metro Davao Medical and Research Center, Inc. 23. Ricardo Limso Medical Center, Inc. 24. San Pedro Hospital 25. Specialists' Primary Care of Ilang, Inc. 26. St. Felix Medical Hospital 27. St. John of the Cross Hospital 28. Tebow CURE Hospital 29. Tibungco Doctors Hospital 30. United Davao Specialists Hospital & Medical Center, Inc. 31. Viacrucis Infirmary	
DOH RCR **71 Hospitals** *67 active hospitals + 4 closed hospitals as of 2024 **26 LCRs**	**1. Rizal Medical Center** 2. Alabang Medical Clinic 3. Alabang Medical Center 4. Amang Rodriguez Memorial Medical Center 5. Angono Medics Hospital 6. Antipolo Community Hospital 7. Antipolo Doctors Hospital 8. Army General Hospital / Fort Bonifacio General Hospital 9. Asian Hospital & Medical Center 10. Baras Hospital 11. Binangonan Hospital 12. Cardinal Santos Medical Center 13. Cruz-Rabe Maternity Hospital 14. D.T. Protacio Hospital 15. Hillside General Hospital 16. Las Pinas Doctors Hospital 17. Las Pinas General Hospital & Satellite Trauma Center 18. Las Piñas Medical Center 19. Makati Medical Center 20. Mandaluyong City Medical Center 21. Manila Adventist / Adventist Medical Center Manila 22. Manila East Medical Center 23. Medical Center Muntinlupa 24. Medical Center Taguig 25. Mission Hospital	1. Pasic City LCR 2. Makati City LCR 3. Marikina City LCR 4. Las Pinas City LCR 5. Paranaque City LCR 6. Taguig City LCR 7. Antipolo City LCR 8. Muntinlupa City LCR 9. Mandaluyong City LCR 10. San Juan City LCR 11. Malabon City LCR 12. Taytay LCR 13. Navotas LCR 14. Binangonan LCR 15. Cainta LCR 16. San Mateo LCR 17. Angono LCR 18. Morong LCR 19. Tanay LCR 20. Pateros LCR 21. Cardona LCR 22. Pililla LCR 23. Teresa LCR 24. Jala-jala LCR 25. Baras LCR 26. Montalban LCR

	26. Morong Doctors Hospital 27. National Center for Mental Health 28. New Bilibid Prison Hospital 29. Olivarez General Hospital 30. Ospital ng Makati 31. Ospital ng Maynila 32. Ospital ng Muntinlupa 33. Ospital ng Paranaque 34. Other Hospitals 35. Our Lady of Lourdes Hospital 36. Paranaque Medical Center 37. Pasay Parañaque Hospital 38. Pasig City General Hospital 39. Philippine Airforce/ Villamor General Hospital 40. Pililla Medicare Hospital 41. Private MD 42. Queen Mary Help of Christians Hospital Inc. 43. Research Institute for Tropical Medicine 44. Rizal Province Hospital System – Antipolo 45. Rizal Province Hospital System – Morong 46. Rizal Province Hospital System – Angono 47. Sabater Hospital 48. San Juan de Dios Hospital 49. San Juan Medical Center 50. South Super Hi-way Medical Center 51. St. Camillus Medical Center 52. St. Clare's Hospital 53. St. Luke's Medical Center – BGC 54. St. Martin de Porres Charity Hospital 55. St. Rita Hospital/ Sta. Rita de Baclaran Hospital 56. St. Victoria Hospital 57. St. Vincent Hospital 58. Sto. Niño / Salve Regina Hospital 59. Taguig Pateros Hospital 60. Tanay Community Hospital 61. Tanay General Hospital 62. The Medical City 63. Unciano General Hospital – Antipolo 64. University of Perpetual Help Dalta Medical Center 65. Veterans Memorial Medical Center 66. Victor R. Potenciano Medical Center 67. Waterous General Hospital **Closed:** 1. Mary Immaculate Hospital – Pasig 2. John F. Cotton Hospital 3. Pacunayen Hospital	

	4. Unciano General Hospital – Mandaluyong (Temporarily Closed)	
PCS MCR **74 Hospitals** *69 active hospitals + 5 closed hospitals as of 2024 **4 LCRs**	1. AMOSUP Seamen's Hospital 2. Armed Forces of the Philippines/ V. Luna Medical Center 3. Bernardino General Hospital 4. Caloocan City General Hospital 5. Capitol Medical Center 6. Casaul General Hospital 7. Chinese General Hospital 8. De Ocampo Memorial Medical Center 9. Delos Santos Medical Center 10. Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium 11. East Avenue Medical Center 12. Fairview General Hospital 13. Far Eastern University Nicanor Reyes Medical Foundation Hospital 14. Fe Del Mundo Hospital 15. Galang Medical Center 16. Gat Andres Bonifacio Hospital 17. General Miguel Malvar Hospital 18. Hospicio de San Jose 19. Hospital of Infant Jesus 20. Jose Delgado General Hospital 21. Jose Fabella Memorial Hospital 22. Jose Reyes Memorial Hospital 23. JP Sioson General Hospital 24. Kaybiga Community Hospital 25. Lung Center of the Philippines 26. Manila Central University – Filemon D. Tanchoco Medical Foundation Hospital 27. Manila Doctors Hospital 28. Marianne Hospital 29. Martinez Memorial Hospital 30. Mary Chiles General Hospital 31. Mary Johnston Hospital 32. Medical Center Manila 33. Metropolitan Hospital 34. Miraculous Medal Hospital 35. Missionaries of Charity 36. National Children's Hospital 37. National Kidney and Transplant Institute 38. National Orthopedic Hospital 39. New Era General Hospital 40. Novaliches General Hospital 41. Ospital ng Tondo 42. Ospital ng Sampaloc 43. Other Hospitals 44. Our Lady of Grace Hospital	1. Quezon City LCR 2. Manila City LCR 3. Pasay City LCR 4. Caloocan City LCR

	45. Our Lady of Lourdes - Caloocan City 46. Pasay City General Hospital 47. Perpetual Succor Hospital 48. Philippine General Hospital 49. Philippine Heart Center 50. PNP General Hospital 51. Private MD 52. Quezon City General Hospital 53. Quezon Institute Hospital 54. Quirino Memorial Medical Center 55. San Lazaro Hospital 56. San Lorenzo Hospital 57. St. Francis General & Maternal Hospital 58. St. Jude General Hospital 59. St. Luke's Medical Center - Quezon City 60. St. Mary's General Hospital 61. St. Paul Hospital 62. Tondo General Hospital 63. Trinity General Hospital 64. United Doctors Medical Center 65. University of Sto. Tomas Hospital 66. University of the East Ramon Magsaysay Memorial Medical Center Inc. 67. UP Health Service 68. Villarosa Hospital 69. World Citi Medical Center Closed: 1. Family Clinic 2. Mt. Banawe General Hospital 3. Singian Memorial Hospital 4. St. Agnes General Hospital 5. Sta. Teresita General Hospital	

Over the course of the project, DOH-RCR and PCS-MCR continued with their scheduled data collection for the years 2018-2022. DOH-CCR and DOH-DCR started collection for the years 2023-2027. The organizational charts and data collection status of each PBCR is elaborated in the succeeding sections with the legend for each data collection report shown in Table 11. Caution should be used when interpreting the numbers in the data collection reports. For unclear or raw data, these do not yet represent individual cancer cases. Rather, these are counts of data sets that still need to be reviewed for duplicates.

Table 11 Legend for Data Collection Report

LEGEND	
	clean data
	casefinding/ unclean/ raw data
	casefinding/ collection done
	ongoing collection/casefinding
	ongoing casefinding/ collection
	next in line, for follow up
	closed
	personal letter, online collection
	personal letter, death cert basis for collection

Department of Health – Cebu Cancer Registry

The DOH-CCR is headed by Dr. Kristle May Cortez and currently has 4 registrars and 1 point person for administrative concerns. DOH-CCR organizationally falls under the VSMMC Cancer Center, which reports to the Medical Division – Specialty and Subspecialty Services and the Medical Center Chief. (see Figure 6) Throughout 2024, DOH-CCR collected data in Cebu City LCR and VSMMC with the report of the data shown in Tables 12 and 13.

Figure 6 DOH Cebu Cancer Registry Organizational Chart

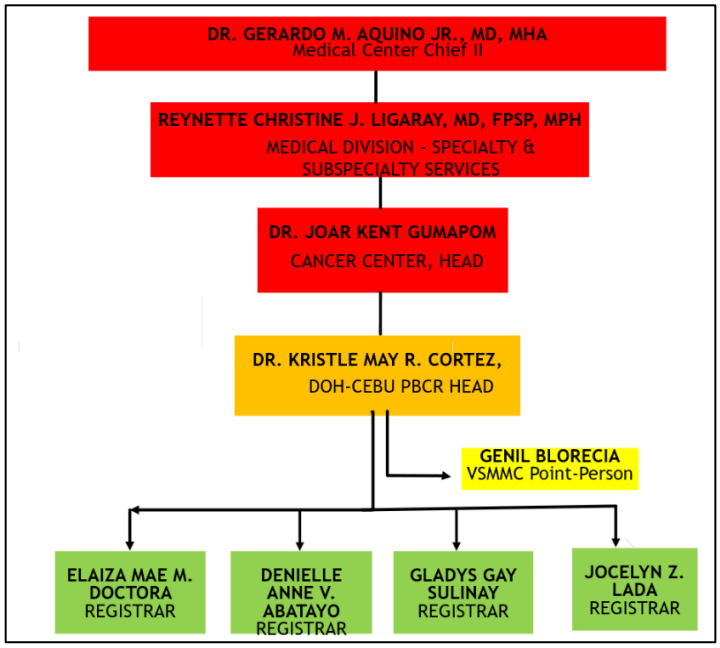


Table 12 DOH Cebu Cancer Registry LCR Data Collection

LCR	2023	2024	TOTAL
CEBU CITY	pending	pending	0

Table 13 DOH Cebu Cancer Registry Hospital Data Collection

Hospital	2023	2024	TOTAL
1. Vicente Sotto Memorial Medical Center	1,381	804	2185

DOH CCR Ongoing Collection 1

Hospital
2. Cebu Doctors' University Hospital, Inc.
3. Chong Hua Hospital - Fuente
4. Cebu Velez General Hospital
5. Perpetual Succour Hospital
6. Southwestern University Medical Center
7. Visayas Community Medical Center Inc.
8. Adventist Hospital - Cebu Inc.
9. St. Vincent General Hospital Cebu, Inc.
10. Cebu City Medical Center
11. Camp Lapu-Lapu Station Hospital
12. Cebu Puericulture Center and Maternity Hospital
13. Chong Hua Hospital - Mandaue City
14. University of Cebu Medical Center Inc.
15. The Hospital at Maayo
16. Allegiant Regional Care Hospitals, Inc.
17. Mactan Doctors' Hospital, Inc.
18. Cebu North General Hospital, Inc.
19. South General Hospital, Inc.
20. Cebu South Medical Center

Department of Health – Davao Cancer Registry

The DOH-DCR is headed by Dr. Chita N. Matunog and currently has 5 registrars and 1 point person for administrative concerns. (see Figure 7) Throughout 2024, DOH-DCR collected data in Davao City LCR and 27 hospitals with the report of the data shown in Tables 14 and 15.

Figure 7 DOH Davao Cancer Registry Organizational Chart

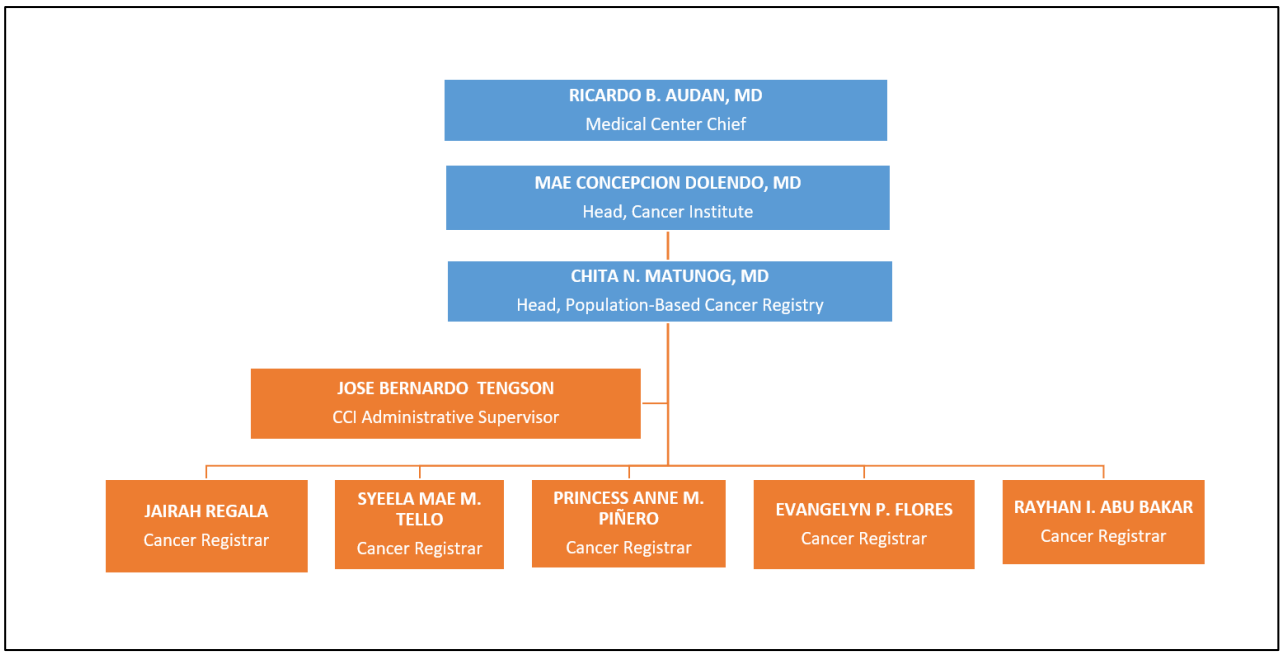


Table 14 DOH Davao Cancer Registry LCR Data Collection

LCR	Status	2023	TOTAL
1. Davao City	Approved, passive collection date: Oct. 24, 2024	1151	1151

Table 15 DOH Davao Cancer Registry Hospital Data Collection

Hospital	Status	REMARKS	*Medical Records*	*Histopathology*	*Chemotherapy/ Cancer Center/ Cancer Institute*	*Radiotherapy*	*Casefinding Total (Raw Data)*
1. Southern Philippines Medical Center	Start case finding (04/04/2024)		*483*	*132*	*754*	*139*	*1508*
2. San Pedro Hospital	Start case finding (07/09/2024)		*262*	*167*	*53*		*482*
3. Davao Medical School Foundation, Inc.	Done case finding (07/30/2024-08/30/2024)		*98*	*209*			*307*
4. Brokenshire Integrated Health Ministries, Inc	Done case finding (07/09/2024-09/30/2024)		*259*	*282*			*541*
5. Metro Davao Medical and Research Center, Inc.	Done case finding (09/2/2024-10/30/2024)		*8*	*52*	*212*		*272*
6. Davao Doctors Hospital	Start case finding (09/09/2024)		*259*		*100*	*496*	*855*
7. Ricardo Limso MEdical Center, Onc.	Done case finding (10/01/2024-10/15/2024)		*40*	*4*			*44*
8. Anda Riverview Medical Center, Inc.	Done case finding (09/30/2024- 11/08/2024)		*62*				*62*
9. Medical Mission Group Hospital and Health Services Cooperative of Davao	Done case findng (11/14/2024-11/19/2024)		*22*	*7*			*29*
10. Alterado General Hospital Inc.	Start Case Finding (12/06/2024)		*1*				*1*
11. Gig Oca Robles Seaman's Hospital	Start Case Finding (12/16/2024)		*44*				*44*
12. Davao Mediquest Hospital, Inc.	Start case finding (12/05/2024)	Done collecting in Medical Records	*8*				*8*
13. Holy Spirit Community Hospital of Davao, Inc.	Start case finding (12/06/2024)	Done collecting in Medical Records	*4*				*4*
14. Isaac T. Robillo Hospital Corporation	Start case finding (12/09/2024)	Done collecting in Medical Records	*12*				*12*
15. Malta Medical Center, Inc.	Start case finding (12/09/2024)	Done collecting in Medical Records	*8*				*8*
16. St. John of the Cross Hospital	Sart case finding (12/06/2024)	Done collecting in Medical Records	*3*				*3*
17. Camp Panacan Station Hospital	Start case finding (12/05/2024)	Done collecting in Medical Records	*3*				*3*
18. Camp Quintin M. Merecido Hospital	Start case finding 12/05/2024		*3*				*3*
19. Clinica Isaguirre	Start case finding 12/06/2024	No Cases Found	*0*				*0*
20. Ernesto Guadalupe Community Hospital	Start case finding 12/06/2024	No Cases Found	*0*				*0*
21. St. Felix Medical Hospital	Sart case finding 12/09/2024	No Cases Found	*0*				*0*
22. Tibungco Doctors Hospital	Start case finding (12/12/2024)	No Cases Found	*0*				*0*
23. Dr. Lorenzo B. Principe Clinic & Drugstore, Inc.	Start case finding (12/06/2024)	No Cases Found	*0*				*0*
24. Specialists' Primary Care of Ilang, Inc.	Start case finding (12/09/2024)		*2*				*2*
25. Viacrucis Infirmary	Start case finding (12/06/2024)	No Cases Found	*0*				*0*
26. Buda Community Health Care Center	Start passive colllection (11/22/2024)		*0*				*0*
27. City Government of Davao- Marilog District Hospital	Start passive colllection (11/22/2024)		*0*				*0*
OVERALL TOTAL			***1581***	***853***	***1119***	***635***	***4188***

DOH DCR Ongoing Collection 1

HOSPITAL	STATUS
Lanang Premiere Doctors Hospital, Inc.	Schedule a visit on 1st week of January 2025
United Davao Specialists Hospital & Medical Center, Inc.	Schedule a visit on 1st week of January 2025
Adventist Hospital Davao	Scheduled date for data collection will be on the 3rd week of December 2024
Tebow CURE Hospital	Awaiting for schedule of data collection December 2024

Department of Health – Rizal Cancer Registry

The DOH-CCR is currently headed by Dr. Edmund Cedric Orlina and is run by 4 registrars with permanent Plantilla positions. The current Medical Center Chief and former head of the RCR, Dr. Maria Rica Lumague continues to act as adviser to the Registry. DOH-RCR organizationally falls under the RMC Oncology Center, which in turn reports to the Specialty Centers Head, then to the Medical Center Chief. (see Figure 8) DOH-RCR was able to hire 11 additional registrars through the DOH CCD budget. Throughout 2024, DOH-RCR collected data in 25 LCRs and 13 hospitals with the report of the data shown in Tables 16 and 17.

Figure 8 DOH Rizal Cancer Registry Organizational Chart

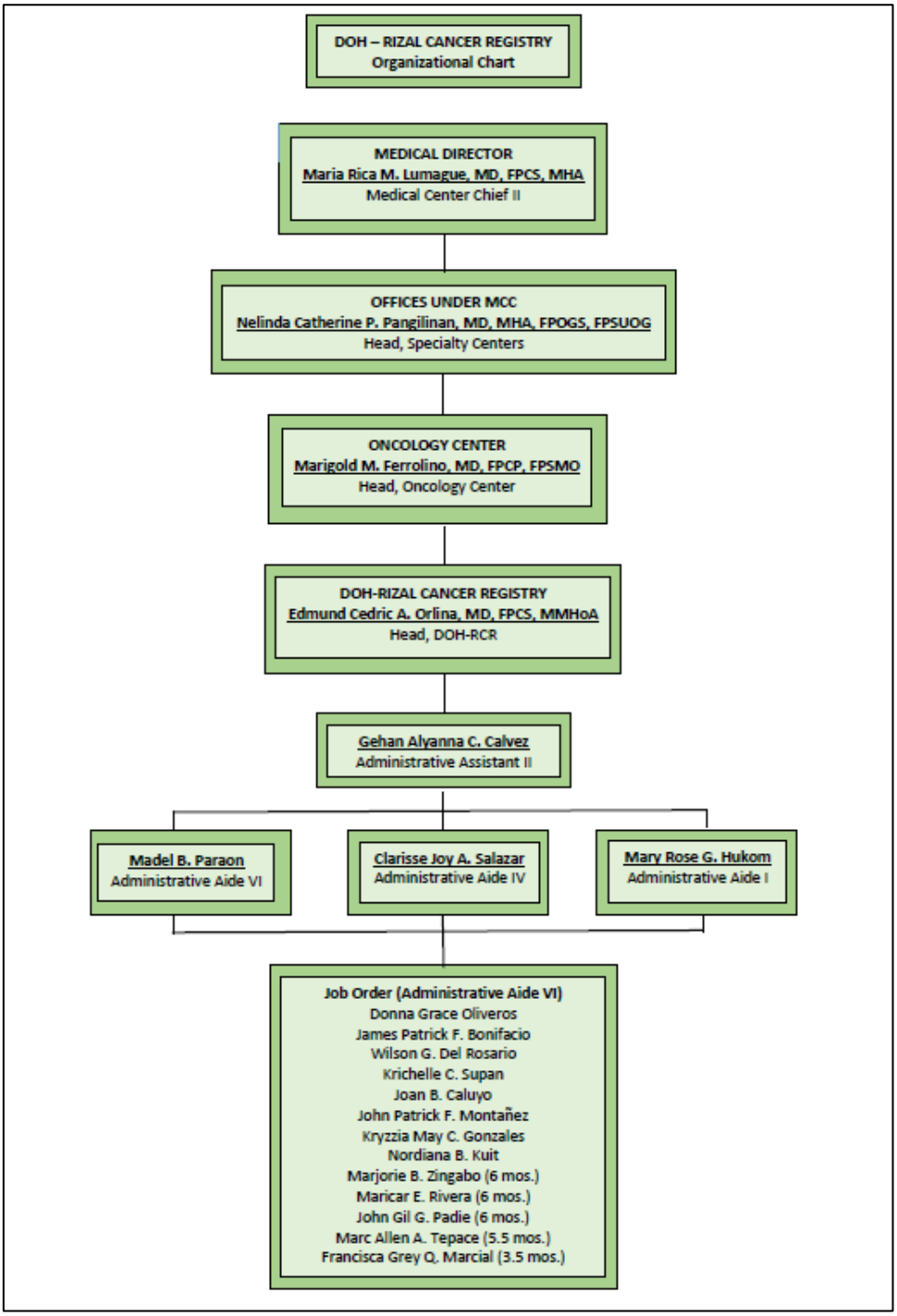


Table 16 DOH Rizal Cancer Registry LCR Data Collection

LCR	*2013-2017 Total*	2018	2019	2020	2021	2022	TOTAL
Pasig	*3551*	800	987	653	691	976	4107
Makati	*2217*	450	538	456	435	414	2293
Marikina	*2155*	547	591	582	478	505	2703
Las Piñas	*2051*	370	425	462	363	443	2063
Parañaque	*1643*	370	204	408	358	314	1654
Taguig	*1622*	380	395	437	521	381	2114
Antipolo	*1541*	345	403	495	448	421	2112
Mandaluyong	*960*	191	202	196	172	197	958
San Juan	*890*	201	208	214	225	181	1029
Malabon	*873*	148	129	214	173	72	736
Taytay	*711*	155	159	184	143	165	806
Navotas	*658*	137	133	122	125	123	640
Binangonan	*566*	144	163	156	166	209	838
Cainta	*478*	149	140	171	233	184	877
San Mateo	*473*	112	89	125	117	201	644
Angono	*400*	88	83	85	86	64	406
Morong	*261*	39	40	44	58	31	212
Tanay	*225*	51	54	57	53	55	270
Pateros	*178*	45	55	39	53	41	233
Cardona	*133*	28	24	31	27	18	128
Pililla	*121*	27	35	31	35	28	156
Teresa	*91*	15	27	29	23	24	118
Jala-jala	*78*	21	21	18	24	7	91
Baras	*62*	12	8	14	28	17	79
Montalban	*0*	192	207	263	152	147	961
OVERALL TOTAL	*21938*	*5017*	*5320*	*5486*	*5187*	*5218*	***26228***
Muntinlupa	*1483*	*next in line for collection*					

Table 17 DOH Rizal Cancer Registry Hospital Data Collection

Hospital	2013-2017 Total RCR	Medical Records	Histopathology	Chemotherapy/ Cancer Center/ Cancer Institute	Radiotherapy	Casefinding Total (Raw Data)
1. Rizal Medical Center	4068	6689	351	3018	567	10625
2. The Medical City	2951	4909		4264	2870	12043
3. Makati Medical Center	1742	they are the ones who placed addresses	7330	1318	1170	9818
4. Ospital ng Makati	1268	1789		0	0	1789
5. St. Luke's Medical Center - BGC	1264	combined with cancer institute	6408	3886	1369	11663
6. Cardinal Santos Medical Center	1150	921		962	2165	4048
7. Amang Rodriguez Memorial Medical Center	1048	2562	1015	167	no RT	3744
8. University of Perpetual Help Dalta Medical Center	890	3340	1450	370	1094	6254
9. San Juan De Dios Hospital	603	1513		706	344	2563
10. Veterans Memorial Medical Center	476	433	2622	100	28	3183
11. Ospital ng Muntinlupa	438	208	756	0	0	964
12. Paranaque Medical Center	220	1917	176	0	0	367
13. Manila Adventist	138	189		0	0	189
Overall Total	16256					67250

DOH RCR Ongoing Collection 1

Hospital	2013-2017 Total RCR
Las Pinas Doctors Hospital	386
Las Pinas General Hospital & Satellite Trauma Center	137
Medical Center Muntinlupa	114
Alabang Medical Clinic	100
St. Clare's Hospital	72
Alabang Medical Center	62
Las Piñas Medical Center	53
Asian Hospital & Medical Center	341
Ospital ng Paranaque	57
Olivarez General Hospital	40
South Super Hi-Way Medical Center	10
New Bilibid Prison Hospital	9
National Center for Mental Health	8
St. Camillus Medical Center	7
Army General Hospital / Fort Bonifacio General Hospital	4
Antipolo Community Hospital	3
St. Rita Hospital / Sta. Rita de Baclaran Hospital	2
Tanay Community Hospital	2
Sabater Hospital	2
Unciano General Hospital - Antipolo	1
Watrous General Hospital	1
Hillside General Hospital	1

DOH RCR Ongoing Collection 2

Hospital	2013-2017 Total RCR
Our Lady of Lourdes Hospital	428
Pasig City General Hospital	273
Manila East Medical Center	259
St. Martin de Porres Charity Hospital	237
San Juan Medical Center	235
Mandaluyong City Medical Center	189
Rizal Province Hospital System - Morong	181
St. Vincent Hospital	176
Mission Hospital	149
St. Victoria Hospital	146
Angono Medics Hospital	135
Research Institute for Tropical Medicine	121
Rizal Province Hospital System - Angono	120
Ospital ng Maynila	108
Queen Mary Helf of Christians Hospital Inc.	95
Sto. Niño / Salve Regina Hospital	89
Antipolo Doctors Hospital	85
Binangonan Hospital	74
Rizal Province Hospital System - Antipolo	69
Medical Center Taguig	66
Taguig Pateros Hospital (2015, 2016, 2017)	49
Tanay General Hospital	31
Morong Doctors Hospital	26
Cruz-Rabe Maternity Hospital	18
D.T. Protacio Hospital	9
Baras Hospital	0
Philippine Airforce/Villamor General Hospital	0
Pililla Medicare Hospital	0
Pasay Parañaque Hospital	0

Philippine Cancer Society – Manila Cancer Registry

The Philippine Cancer Society – Manila Cancer Registry, (PCS-MCR) is the only PBCR that is not operated by a DOH hospital. It is headed by Dr. Adriano Laudico as the PCS-MCR Program Director and has 2 regular registrars. Dr. Laudico reports to the PCS President, as do the PCS Executive Director / Executive Action Team (EAT) Oncology Managers. Through the DOH CCD budget, PCS-MCR was able to hire 11 contractual registrars; 2 EAT oncology managers also worked for this PBCR expansion project. The additional staff were hired by RMC, (being the site where the DOH CCD budget allotment was downloaded) then were subsequently deployed to MCR. All PBCRs are under the fund allotment of DOH CCD. (see Figure 9). Throughout 2024, PCS-MCR collected data in 4 LCRs and 13 hospitals with the report of the data shown in Tables 18 and 19.

Figure 9 PCS - Manila Cancer Registry Organizational Chart

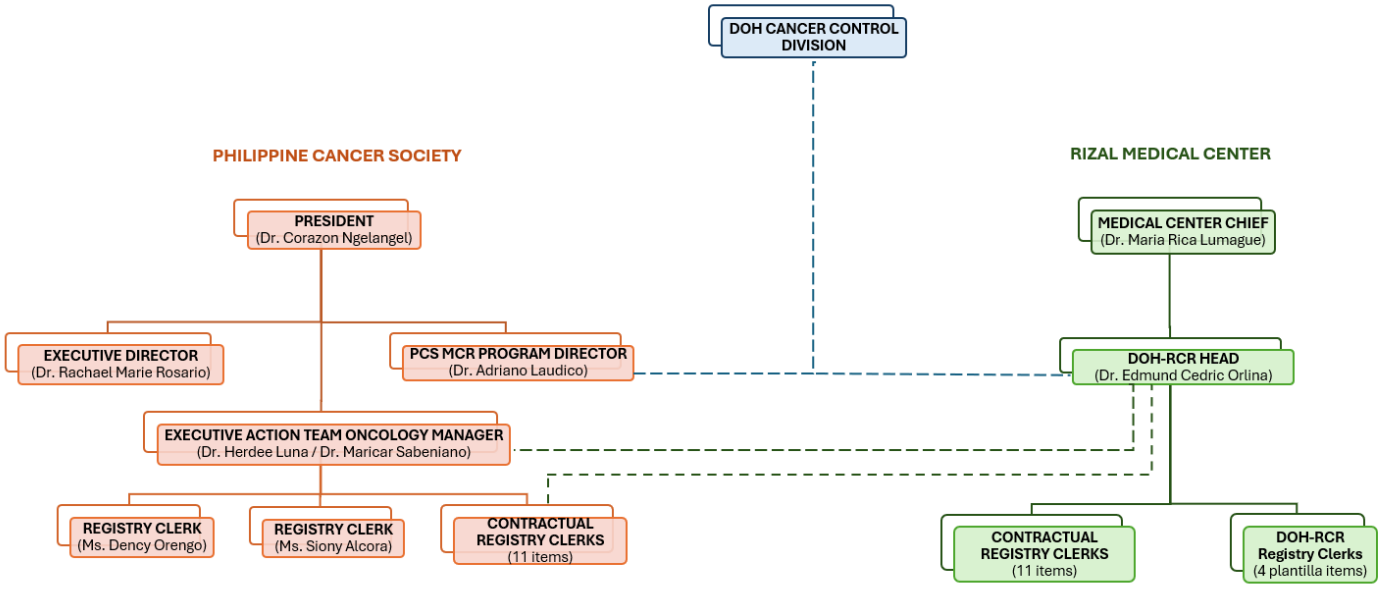


Table 18 PCS Manila Cancer Registry LCR Data Collection

LCR	*2013-2017 Total MCR*	2018	2019	2020	2021	2022	TOTAL	REMARKS
1. Quezon City	*encoded in CanReg*	2204	2011	1297	1498	1212	8222	casefinding/collection done
2. Manila City	*encoded in CanReg*	1013	1664	1607	1500	1527	7311	casefinding/collection done
3. Pasay City	*encoded in CanReg*	219	178	170	197	234	998	casefinding/collection done
4. Caloocan City	*encoded in CanReg*	593	184	519	577	536	2409	casefinding/collection done
OVERALL TOTAL	*2151*	4,029	4,037	3,593	3,772	3,509	18,940	

Table 19 PCS Manila Cancer Registry Hospital Data Collection

Hospital	2013-2017 Total	2018	2019	2020	2021	2022	CASEFINDING TOTAL (RAW DATA)	REMARKS
1. Philippine General Hospital	5715	12017	12703	5799	6956	12029	49504	casefinding/ unclean/ raw data
2. St. Lukes Medical Center - QC	3141	3099	2705	3074	3728	998	13604	casefinding/ unclean/ raw data
3. University Of Santo Tomas Hospital	2713	3187	3029	938	1536	1561	10251	casefinding/ unclean/ raw data
4. Jose Reyes Memorial Medical Center	2207	4946	4970	2123	3304	3909	19252	casefinding/ unclean/ raw data
5. Lung Center of the Philippines	1930	3300	2450	1568	1718	2591	11627	casefinding/ unclean/ raw data
6. Manila Doctors Hospital	1283	2116	2699	1606	1664	1740	9825	casefinding/ unclean/ raw data
7. Medical Center Manila	641	450	604	652	746	729	3181	casefinding/ unclean/ raw data
8. Chinese Genral Hospital	2229	1158	1053	1214	1289	1693	6407	ongoing casefinding/collection
9. National Kidney and Transplant Institute	1775	still for counting					-	ongoing casefinding/collection
10. University of the East Ramon Magsaysay Memorial Medical Center Inc.	598	still for counting					-	ongoing casefinding/collection
11. Delos Santos Medical Center	575	still for counting					-	ongoing casefinding/collection
12. East Avenue Medical Center	1342	still for counting					-	ongoing casefinding/collection
OVERALL TOTAL	24149	30273	30213	16974	20941	25250	123651	

PCS MCR Ongoing Collection 2

Hospital	2013-2017 Total
1. Far Eastern University Nicanor Reyes Medical Foundation Hospital	1112
2. Quirino Memorial Medical Center	818
3. Metropolital Hospital	815
4. Quezon City General Hospital	796
5. Capitol Medical Center	740
6. Manila Central University - Filemon D. Tanchoco Medical Foundation Hospital	572
7. Bernardino General Hospital	418
8. Others Hospital	415
9. Philippine Heart Center	352
10. Mary Johnston Hospital	279
11. Pasay City General Hospital	271
12. Novaliches General Hospital	220
13. Jose Delgado General Hospital	217
14. Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium	213
15. National Childrens Hospital	185
16. Tondo General Hospital	172
17. National Orthopedic Hospital	168
18. Armed Forces of the Philippines / V. Luna Medical Center	165
19. World Citi Medical Center	160
20. Mary Chiles General Hospital	141
21. New Era General Hospital	115
22. United Doctors Medical Center	88
23. AMOSUP Seamen's Hospital	82
24. Jose Fabella Memorial Hospital	75
25. Caloocan City General Hospital	73
26. Gat Andres Bonifacio Hospital	72
27. Hospital of Infant Jesus	62
28. San Lazaro Hospital	62

PCS MCR Ongoing Collection 1

Hospital	2013-2017 Total
29. Fe Del Mundo Hospital	61
30. JP Sioson General Hospital	53
31. Perpetual Succor Hospital	46
32. Martinez Memorial Hospital	35
33. St. Jude General Hospital	35
34. PNP General Hospital	30
35. Fairview General Hospital	13
36. General Miguel Malvar Hospital	11
37. Ospital Ng Sampaloc	11
38. Ospital Ng Tondo	10
39. Quezon Intitute Hospital	9
40. Our Lady Of Grace Hospital	9
41. St. Marys General Hospital	5
42. De Ocampo Memorial Medical Center	5
43. Missionaries Of Charity	4
44. Our Lady Of Lourdes - Caloocan City	4
45. San Lorenzo Hospital	3
46. Villarosa Hospital	2
47. Trinity General Hospital	1
48. Casaul General Hospital	0
49. UP Health Service	0
50. Galang Medical Center	0
51. Hospicio De San Jose	0
52. Kaybiga Community Hospital	0
53. Marianne Hospital	0
54. Miraculous Medal Hospital	0
55. St.Francis General & Maternity Hospital	0
56. St.Paul Hospital	0
57. Private M.D.	3778

PBCR Data Linkage with the Philippine Statistics Authority

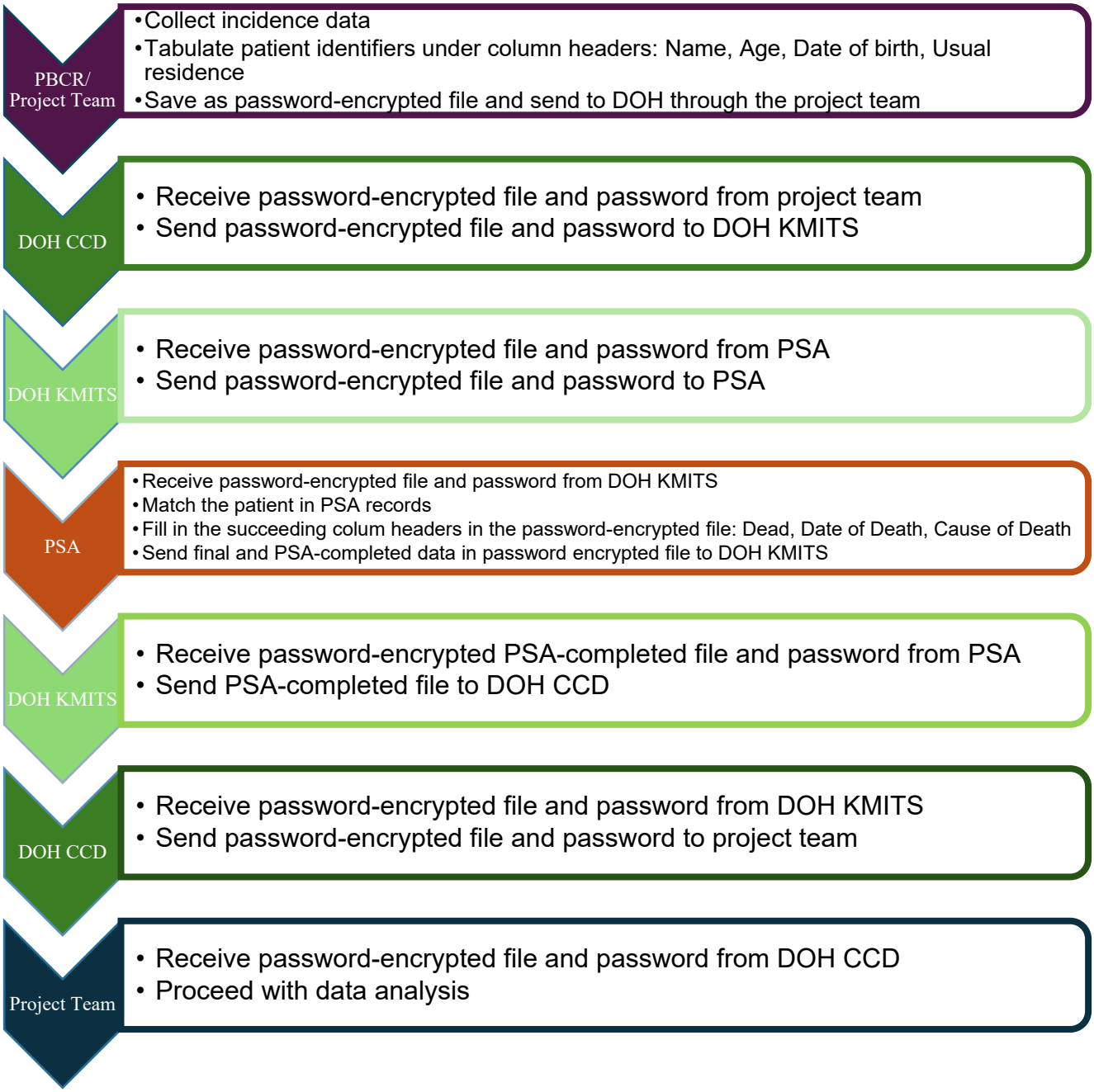
The Philippine Statistics Authority is the central statistical authority of the government. The roles of PSA include the conduct of regular censuses on the population, housing, etc.; perform statistical sample surveys on socio-economic activities such as education; and administer civil registration among others. The PSA civil registration office is the repository and national database for birth, marriage and death certificates. Establishing data linkage with the PSA will reliably identify all deaths of registered cancer patients and reduce the workload of the registry staff. It will provide an efficient, accurate and cost-effective process of generating regular population-based survival analysis. [16]

On November 29, 2023 a multistakeholder meeting was organized by DOH CCD with PSA and the PBCRs in attendance. During this meeting, it was ascertained that a process already exists for requests on PSA data through a formal DSA. This is exemplified by linkages with PhilHealth, Philippine National Police, and other government agencies at no cost. A supporting mandate of the requesting agency is a prerequisite for the collaboration. [16] NICCA Section 28 mandates the establishment of a National Cancer Registry and Monitoring System, which will be a PBCR. Thus, collecting relevant health information may be allowed, provided it is to establish the required National Cancer Registry and complies with the NICAA and its Implementing Rules and Regulations (IRR). [2; 3; 16]

In a separate project between the WHO, DOH CCD, PSPO, PCS-MCR, and DOH-RCR, the following methodology and workflow (see Figure 10) was proposed for the data linkage between the PBCRs and PSA: [16]

1. The PBCRs have collated incidence data on cancer patients. They will tabulate the patient identifiers under the following column headers:
    1.1 Name (First Name, Last Name, Middle Name or Initial, if available)
    1.2 Age
    1.3 Date of Birth
    1.4 Usual Residence
    1.5 Sex
2. The PBCR-completed table will be sent in a password-encrypted file to DOH CCD. The password will be sent separately only to the Chief of the DOH CCD.
3. DOH CCD will send the password-encrypted file to DOH KMITS. The password will be sent separate only to the DOH KMITS-designated personnel.
4. DOH KMITS will send the password-encrypted file to PSA. The password will be sent separate only to the PSA-designated personnel.
5. PSA will complete the data set by searching for the patient in their records (match by name, sex, date of birth, note: address may or may not match) and filling in matching data under the succeeding column headers:
    1.6 Date of Death
    1.7 Cause of Death
    1.8 Place of Death (optional)
6. The finalized and PSA-completed data set will be sent back by PSA to the DOH KMITS assigned point person in a password-encrypted file. The password will be sent separately only to the DOH KMITS point person.
7. The password-encrypted PSA-completed data set will be sent back by DOH KMITS to the DOH CCD assigned point person. The password will be sent separately only to the Chief of the DOH CCD
8. DOH CCD will send the finalized and PSA-completed password-encrypted file to the PBCRs.

Figure 10 PBCR and PSA Data Linkage Workflow



Source: Rosario, Rachael Marie B., et al. Terminal Report for the Technical Assistance for the Conduct of a Population-Based 5-Year Cancer Survival Study (2006-2017) Among Filipino Pediatric Cancer Patients. Manila : Philippine Cancer Society, 2023, p. 23.

The current project did not include the PSA data linkage as an objective because the process was already initiated for a separate project last 2023. However, it remains one of the priorities of the PBCRs. This link can improve the quality of Philippine cancer data and will allow the PBCRs to provide statistically-sound survival data. Although it is taking time, the PBCRs, DOH CCD, and DOH KMITS continue to work with PSA on finalizing the DSA. Once the agreement is signed, the PBCRs can transmit and receive data from PSA on an agreed upon schedule.

Conclusion and Recommendations

PBCRs are the only type of registry that can provide cancer data for developing, monitoring, and revising national cancer policies and cancer programs. They provide the true unbiased picture of cancer in the community.[9] In accordance with the NICCA and its IRR, DOH actively supports the expansion of PBCRs in the Philippines, with the establishment and continuing quality development of the Cebu and Davao PBCRs in Visayas and Mindanao respectively, and the continuing support of the existing DOH-RCR and PCS-MCR PBCRs.

Throughout the 12 months of the project, establishment of the new registries was successfully completed with VSMMC as the lead site and head office of the DOH-CCR and SPMC, that of the DOH-DCR. The 2nd National PBCR Seminar and Workshop was successfully conducted, ensuring appropriate training of the new registry staff. The DOH support of the existing PBCRs allowed DOH-RCR and PCS-MCR to increase its manpower, and allowed the continuation of digital data collection. Cooperation and communication between the four PBCRs ensured collaborative growth and success in cancer data collection throughout the year.

Future expansion sites may still be identified by DOH and the process employed through this project may serve as a blueprint for successful establishment of new PBCRs. The challenges and actions taken by each PBCR throughout the project may also serve as a guide for refining the process in future projects. For this project, the following process and phases were employed:

1. Pre-Project Phases
    a. Identification of implementing agency and project team
    b. Identification of expansion sites
    c. Preliminary meetings with expansion sites
    d. Memoranda of Agreement between stakeholders
    e. Identification and hiring of new registry staff

2. Phase I: 2nd National PBCR Seminar and Workshop
    a. Provision of reference materials and manuals
    b. Training of new registry staff
    c. Evaluation and feedback to check effectiveness of training

3. Phase II: On-the-job Training with On-Site Visits
    a. Evaluation of on-site application of training
    b. Identification of catchment area of the expansion sites
    c. Expansion sites conducted own meetings and orientations with stakeholders in their catchment area
    d. Sharing of PBCR forms and best practices
    e. Continued support of expansion sites through regular meetings for progress updates and addressing challenges faced

4. Phase III: WHO IARC Training on CanReg 5

For all PBCRs to successfully carry out their mandates, the following recommendations were identified:

a) PSA and LCR data linkage

Establishing a data linkage through a DSA with PSA or other similar formal partnerships with the LCRs is crucial in assuring quality data collection by the PBCRs. Together with incidence data, mortality and survival data can provide insight into the impact and effectiveness of cancer control programs and policies.

b) Sustainability of support for the PBCRs

The DOH's continued financial, technical, and administrative support of the PBCRs is another essential component for the sustainability of their operations. Financial support is needed for staff compensation, transportation, communication expenses, training, and equipment. Focusing this support on the PBCRs is the most cost-effective strategy for cancer data collection, analysis, and reporting in the country.

c) Plantilla positions for PBCR staff (staffing pattern for specialty cancer centers)

PBCRs require trained and dedicated staff because of the highly specialized nature of their work. Staff training requires time and resources. Attrition of staff may lead to delays in data collection, analysis, and reporting. As such, it is highly recommended that permanent plantilla positions are provided for all PBCR staff including the head, the registry clerks, the data manager, and the administrative personnel. The staffing pattern may be adapted from the staffing pattern for specialty cancer centers.

d) Development and implementation of standard digital collection forms across PBCRs that ensure data security

Although the current project pushed through with the development of digital PBCR collection forms, each PBCR utilizes different versions of this form and DOH-DCR shifted to their own application. The data security of the forms utilized remains a challenge. Support in the development and implementation of standard digital collection forms across PBCRs that ensures data security is still needed. Standard forms will also facilitate the training of new registry staff. The digitalization of the PBCR data collection and management processes before the final encoding to CanReg is very important, relevant and, necessary. PCS-MCR and DOH-RCR PBCR already have such data variables and data collection processes ready for digitalization, similarly done with the eCSPMAP/ PCS MCR-DOH RCR HBCR.

Digitalization requires large capacity data storage and each implementing PBCR Office must be supported with all the necessary IT tools accordingly.

e) Standardization of policies and procedures of the PBCRs

With the NICCA's mandate for establishment of a National Cancer Registry, which will be a PBCR, it is recommended that standard policies and procedures be drafted uniformly for all PBCRs. These policies and procedures may include sections on responsibilities of all PBCR stakeholders, data storage, data sharing, and data requests.

f) Development of modules instruction in establishment of future PBCRs in selected populations

The development of modules outlining the instruction program involved in establishment of future PBCRs in selected populations can ensure that the process utilized during this project is replicable. Future PBCR expansion sites and the implementing agencies tasked with training such sites, may be guided by such modules, ensuring successful establishment and operation.

References

1. Saracci, Rodolfo and Wild, Christopher P. *International Agency for Research on Cancer: The First 50 Years, 1965-2015.* Lyon : International Agency for Research on Cancer, 2015. 978-92-832-0441-1.
2. Republic Act No. 11215: Philippine National Integrated Cancer Control Act. 2019.
3. Department of Health. Memorandum Circular No. 2019-0036: Implementing Rules and Regulations of Republic Act No. 11215 Otherwise Known as the National Integrated Cancer Control Act. August 23, 2019.
4. Philippine Cancer Society. *PCS Manila Cancer Registry.* n.d.
5. *Cancer Registration int he Philippines.* Esteban, DB, et al. IACR Supplement, 2001, Asian Pacific Journal of Cancer Prevention, Vol. 2.
6. National Economic and Development Authority. Chapter 3: Overlay of Economic Growth, Demographic Trends, and Physical Characteristics. *Philippine Developmnt Plan 2017-2022.* Manila : National Economic and Development Authority, 2017, pp. 37-38.
7. Rosario, Rachael Marie B., et al. *Project Proposal on the Expansion of Population-Based Cancer Registries and Existing Population-Based Cancer Registries in the Philippines: Concept Note.* 2023.
8. World Health Organization. *Global Cancer Burden Growing Amidst Mounting Needs for Services.* February 1, 2024.
9. Philippine Statistics Authority. *2022 Causes of Deaths in the Philippines.* 2023.
10. Bray, F, et al. *Planning and Developing Population-Based Cancer Registration in Low- and Middle-Income Settings. .* IARC Technical Publication No. 43. Lyon : International Agency for Research on Cancer, 2014.
11. World Health Organization International Agency for Research on Canncer. *Cancer Registries: The Core of Cancer Control.* n.d.
12. *A Global Cancer Surveillance Framework Within Noncommunicable Disease Surveillance: Making the Case for Population-Based Cancer Registries.* Pineros, Marion, et al. Jan 1, 2017, Epidemiol Rev., pp. 161-169.
13. Kagawaran ng Kalusugan. Department Circular No. 200 s. 1974: Notifiable or Reportable Diseases. July 1, 1974.
14. Republic of the Philippines Ministry of Health. Ministry Circular No. 126-A s. 1983: Population based Cancer Registry a. Central Tumor Registry of the Philippines and b. Cancer Control Program in the Rizal Medical Center. December 12, 1983.
15. Department of Health. Department Circular No. 2022-0292: Conduct of Data Collection and Consolidation of the Philippine Population-Based Cancer Registry under RA 11215 (National Integrated Cancer Control Act). May 27, 2022.
16. Rosario, Rachael Marie B., et al. *Terminal Report for the Technical Assistance for the Conduct of a Population-Based 5-Year Cancer Survival Study (2006-2017) Among Filipino Pediatric Cancer Patients.* Manila : Philippine Cancer Society, 2023.
17. International Association of Cancer Registries. *CanReg5.* n.d.
18. *Global Surveillance of Trends in Cancer Survival 2000-14 (CONCORD-3): Analysis of Individual Records for 37 513 025 Patients Diagnosed with One of 18 Cancers from 322 Population-Based Registries in 71 Countries.* Allemani, C and Coleman, MP. 10125, March 17, 2018, Lancet, Vol. 391, pp. 1023-1075.