

Masci Scholar Personal Testimony



Christa Mary Uy Dabalos, MD, MPH

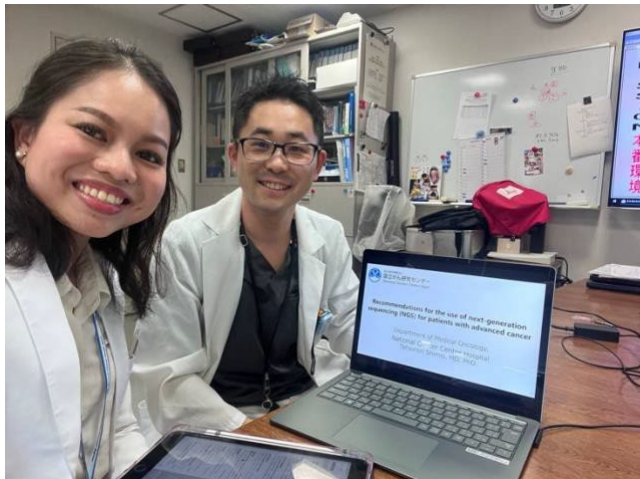
Medical Officer III, Resident-In-Training

Placement Sites: National Cancer Center, Tokyo, Japan;

Bohol Provincial Health Office of Communicable Diseases

Placement Dates: January 2025

The objectives for my Medical Oncology elective in Tokyo were for me to gain an overview of the healthcare system in Japan and how it addresses cancer care diagnosis, treatment, and even palliative care. This elective really showed me the stark difference in the healthcare system of our country and in Japan. For one, early stages of cancer are easily detected in Japan due to extensive screening programs and easy access to imaging such as CT Scans. I learned that Japan conducts the most CT Scans in the world and, due to this, they are able to detect very early stages of cancers and treat them appropriately.



Discussion on next generation sequencing (NGS) with Dr. Tatsunori Shimoi of NCCH.

Chemotherapy treatments are also covered by insurance allowing patients to start treatment without much worry about financial cost. While it is difficult to compare a developed nation to one like ours, one can't help but hope that this could also happen in our country. A common story for Filipino patients is for families to decide to discontinue pursuing cancer care due to financial costs. Filipino patients deserve better.

My elective in the Provincial Health Office in Bohol focused on the Communicable Diseases Program and how it is managed. As

a former doctor to the barrio who has had experience working at the grassroots level, the elective showed me how the Provincial Health Office handles the programs on a wider scale.

During this elective, the province was still dealing with a recent outbreak of dengue cases from the previous year. Since dengue outbreaks are expected to be cyclical every 3-5 years, with the last outbreak occurring last 2022, the Department of Health epidemiology unit thinks that the

previous year's outbreak may not be an actual outbreak yet, and to expect an actual outbreak by this year. This means that there is a need to prepare for preventive measures at the grassroots level, which includes visiting each municipality that recorded the top cases, and doing lectures with the barangay health workers, municipal health officer, sanitary officers, and politicians.

Curbing communicable diseases really is not the job of the health workers solely. It requires the help of other departments in the locality. This also emphasized how devolution means that health programs also depend on how much the local executive valued health.

Some municipalities already had ordinances in place to ensure that measures such as search and destroy are done regularly. Some still had to be prodded to push for creation of a resolution. This is where the Provincial Health Office comes in: it ensures that municipalities have clear guidance to stick to, so that they are on equal footing when it comes to controlling diseases.

At PGH, multidisciplinary conferences (MDCs) are quite common with these occurring even more than once a week. It was novel to me how interhospital MDCs are done regularly in the National Cancer Center Hospital. This was to facilitate discussion among different institutions on the best treatment for their patients. I think this could be something that could be helpful in the Philippines.



Working with Dr. Kan Yonemori, Chief of the Department of Medical Oncology.

Given the archipelagic set-up of our country with some provinces, including my own, having difficulty accessing oncologic care, the use of technology can be even more maximized. Other institutions in the provinces can have access to a specialist's opinion even if they are far away.

It was also great to be able to see how National Cancer Center has so many clinical trials where they can enroll their patients if they are eligible. These are things that we only read about in books. While our institution is able to conduct many studies, I think that it is difficult to conduct clinical trials on new cancer drugs given the lack of possible sponsors and difficulty in funding these trials. Research is a crucial aspect of oncology as newer technologies are being produced regularly in the market. It was great seeing all of these at NCCH.

In Bohol, I was able to observe how the tuberculosis program is being managed at the provincial level. Each municipality has their own TB program and needs to create facilities that



The community health team with Dimiao Mayor Hon. Randolph Ang and the Provincial Coordinator for the Rabies Program Ms. Polizena Rances.

can pass the standards set by the Department of Health. This means that the province has to check the facilities per municipality. Some challenges included the small space in some rural health units, and having to deal with design issues. However, some municipalities did not have this issue, and even have new RHUs funded by private foundations. This again highlights the impact of devolution towards healthcare in the grassroots.

For such provinces, I was able to see how non-governmental organizations (NGOs) play a role in helping curb communicable

diseases. Specifically for tuberculosis and HIV, two different NGOs help in funding the programs and technology needed to combat these diseases. Without the help of these NGOs, it would be difficult to fund needed technology such as GeneXpert machines. Since the country's budget for health is quite limited and could be dependent on a province's GDP, provinces such as Bohol would have an even harder time funding for important health spending.



Site visit to the TB DOTS facility of the Municipality of Valencia, Bohol.



Aside from the online interhospital MDCs, what I think could be useful in the Philippines is the very organized referral system for cancer diagnosis and treatment. My elective has allowed me to observe the integration of multidisciplinary teams in oncology and observe the structure and flow of cancer care from diagnosis to treatment. It was

interesting to see that meetings are being conducted for referred patients from other institutions to NCC.

Flow of referral is also organized allowing referral back to home institutions once chemotherapy treatments have finished. This is not just for cancer care, but even for more advanced treatment such as surgical care. If an institution is not capable of a surgery that a



Scenes from a multidisciplinary conference and expert panel report on NGS results of patients from different hospitals.

patient needs, then they get referred and transferred to other facilities. Even for palliative care, if a patient is deemed for supportive care, then they get transferred to another facility that specializes in palliative care.

Coming from an end referral institution in the Philippines, I think this very organized system of returning patients back to their home institution once care can be handled by them. This can help decongest our already overloaded facilities. This referral back will also help in capacity building of institutions in the provinces. It also allows proper return of care and integration of patients back to their communities.

Technology such as next generation sequencing is not as readily available in the Philippines, however, in Japan, it is covered by insurance for certain cases. This allows them more personalized treatment and targeted chemotherapeutic drugs, genetic counseling, and risk assessment. Genomic and precision medicine allow molecular- targeted therapies which could mean higher efficacy and improved survival rates. The field of oncology is ever-growing and technology has become even more advanced.

Witnessing all this in person was inspiring and made me hopeful for a better system in my country. I plan to share these experiences with the resident body. But I have so far been sharing these experiences with my colleagues.

Now that I am about to finish my residency training, I have been contemplating fellowship plans. Medical Oncology is one of my main considerations. The elective has made me realize how much more I need to learn in the field. We do not see how cancer patients get managed during chemotherapy, so I really think that a fellowship is necessary. One other thing that is convincing me to pursue this fellowship is that it is very much needed in my home province of Bohol. I

hope to be well-versed in oncologic care and contribute to building a culture of multidisciplinary approaches to cancer care in my home province.

Our country has a long way to go in terms of technology and medical care for cancer patients. I think that going on fellowship in the Philippines will make the contrast between Japan oncology care and the Philippines more glaring. However, I hope to be able to contribute to better changes in the Philippines.



Meeting of stakeholders for dengue campaign at the Municipality of Tubigon, Bohol, including Municipal Mayor William Jao, Municipal Health Officer Dr. Bob Batausa, and Rural Health Physician Dr. Joshua Tangan, Barangay Health Workers and Barangay Tanods.



End of Rotation Presentation with the NCCH consultants, fellows, and residents: Dr. Mai Hoshino, Dr. Ayumi Saito, Dr. Tatsunori Shimoi, Dr. Yamaguchi, Dr. Mariko Nishihara, Dr. Hiroshi Mano, Dr. Kan Yonemori, and Dr. Kazuki Sudo.