# Masci Scholar Personal Testimony

Jean Reni Briones De Guzman, MD, MPH

Medical Officer III, Year Level III Resident-in-Training, PGH Department of Medicine

Placement Sites: National Cancer Center of Japan Hospital, East Tsukiji and USAID EpiC HIV Program on Health Policy and Administration, FHI 360, Makati, Manila

Placement Dates: April 2025

In April 2025, I participated in two elective courses with support from the Dr. Joseph R. Masci Legacy Project – a two-week medical oncology observership at the National Cancer Center Hospital (NCCH) in Japan and a one-week elective at FHI 360's USAID-supported EpiC Program on HIV Health Policy and Administration in Makati, Manila.

My clinical elective rotation at NCCH from April 6-18 provided an invaluable opportunity to immerse myself in an advanced oncology setting. This experience highlighted the profound impact of a well-coordinated, well-funded, and patient-focused oncology system. Further, it reinforced my commitment to advancing equitable cancer care in the Philippines, bridging gaps in access, diagnostics, and research, while emphasizing the importance of continuous learning and international collaboration.

As a 3rd Year Resident in Internal Medicine at the Philippine General Hospital (PGH) with a background as a Rural Health Physician and Doctor to the Barrio three years prior, I have a keen interest in medical oncology, especially because the Philippines currently faces significant challenges in cancer care, including a high burden of disease where cancer is one of the top 10 causes of mortality.

In my home region of Eastern Visayas, for example, we face broad issues in health coverage and access. We have limited resources with only six medical oncologists for a population of over 4.5 million across seven provinces.

The NCCH elective was structured around three key objectives: understanding the Japanese healthcare system, gaining exposure to oncologic cases, and obtaining an overview of research in oncology.

During my observership, I learned that the Japanese healthcare system presented a stark contrast to that in the Philippines. It was a profound learning experience, particularly in the approach to cancer care.

First, Japan has universal health coverage, a system that ensures accessible care with significantly low out-of-pocket costs for patients. It also implements robust programs focused on early detection, standardized treatment protocols, and a consistent emphasis on quality and has specialized centers – such as the NCCH – that function as central hubs for comprehensive cancer care, research, and training initiatives.

*Dr. De Guzman outside Japan's National Cancer Center Hospital, East Tsukiji. He said his observership there reinforced his commitment to advancing equitable cancer care in the Philippines.*

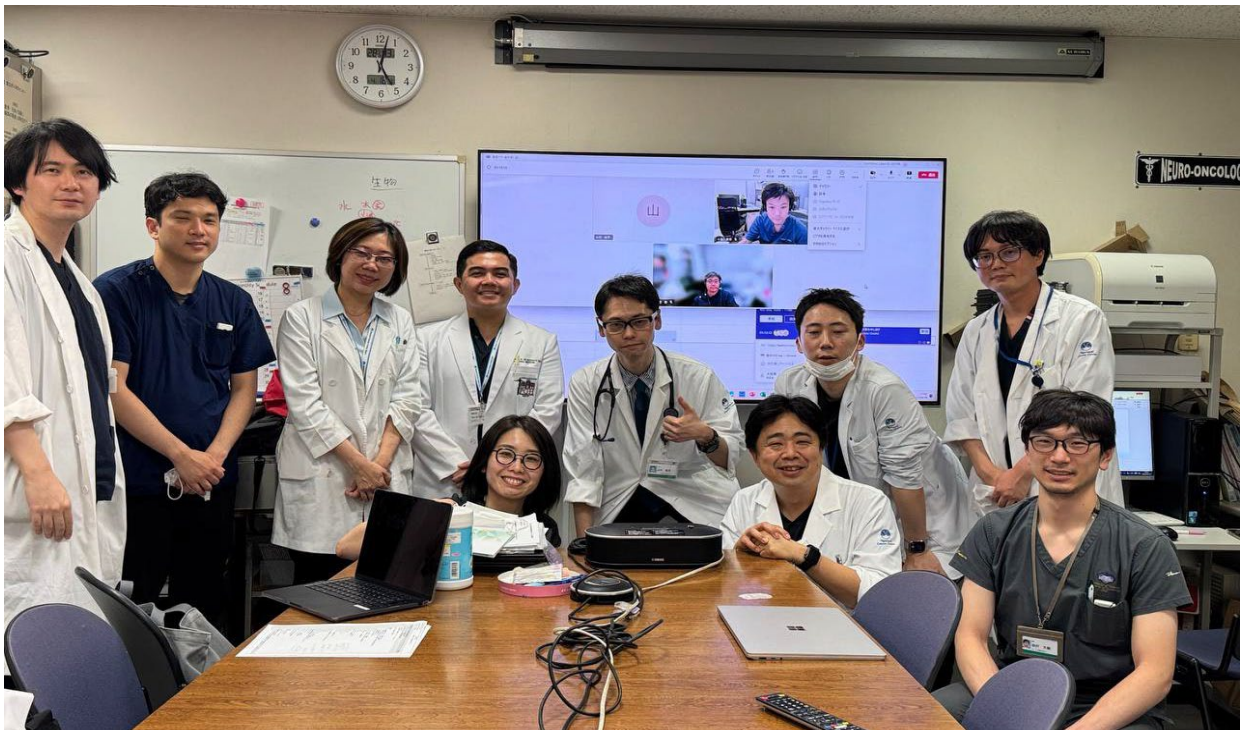
Japan's system consistently applies a multidisciplinary team-based approach across various specialties to optimize patient management. The nation benefits from a strong foundation supporting clinical trials, maintaining extensive registries, and facilitating advanced molecular testing. This research infrastructure is supported by technologies including advanced diagnostics, efficient electronic medical records (EMRs), and AI-supported care, which are seamlessly integrated into practice.

Ready availability of various chemotherapy and immunotherapy options, and significant access to novel therapies and diagnostics – all supported by frequent interdisciplinary conferences – combine with the rest to form a holistic approach that includes psychosocial support and focuses on the patient's quality of life as central to treatment philosophy.

During the rotation, I gained extensive exposure to a wide array of oncologic cases, both in inpatient and outpatient settings. This included managing common and rare cancers at various stages. I observed the application of diverse treatment modalities, including chemotherapy, targeted therapy, and participation in clinical trials. Additionally, I learned

about effective strategies for managing adverse drug reactions and gained deeper insight into the crucial psycho-social aspects of cancer care.

The elective provided a valuable overview of research workflows in oncology. I was exposed to the intricacies of clinical trial design and patient enrollment processes. I also gained insight into the access to molecular testing, which is vital for targeted therapies and clinical trials, and I had the opportunity to participate in research conferences and case discussions. It became evident that Japan's robust research backbone is a primary driver of treatment innovation.

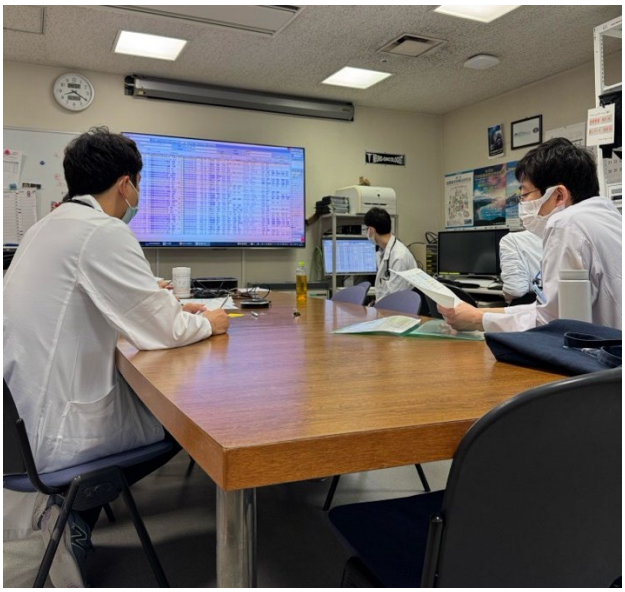


*Dr. De Guzman (4th from left) with NCCH team members. He explained that observing Japan's universal health coverage system and multidisciplinary oncology care and witnessing how structured cancer control programs, specialized centers, and strong research frameworks operate in tandem provided a practical model for improving cancer care systems.*

My experience at NCCH has deeply influenced my aspirations for improving cancer care in the Philippines. While acknowledging that cancer care is a major public health issue here, which necessitates robust health policy and financing for equitable access to care, I now have clearer goals informed by the Japanese model.

These aspirations include addressing current limitations of health coverage by working to strengthen insurance mechanisms to achieve universal cancer care, building a coordinated, integrated care system across the nation to overcome the fragmented system we have today, and advocating for the critical need to increase funding to help ensure

affordable cancer treatment. We also need to expand access to advanced diagnostics, support the full implementation of the National Integrated Cancer Control Act (NICCA) to overcome inconsistent cancer control nationwide, improve and integrate end-of-life and psycho-social care, and invest in local cancer research and clinical trials, which are vital for future advancements.



*Dr. De Guzman with his NCCH colleagues.*

This clinical elective was a truly enriching experience. It not only deepened my clinical understanding of oncology but also provided a comprehensive perspective on how an advanced healthcare system, like Japan's, manages cancer care from prevention to palliation. The insights I gained regarding universal health coverage, multidisciplinary care, and robust research infrastructure are particularly relevant.

Since returning, I have shared my observations through departmental presentations and discussions with colleagues at the Philippine General Hospital. These sessions emphasized lessons in multidisciplinary care, patient-centered approaches, and research integration. The feedback I received has been positive, and there is growing interest in exploring policy advocacy and systemic improvements inspired by these practices.

I plan to continue pursuing research collaborations and observational exchanges focused on oncology care and health policy. I aim to study practical models for improving cancer care delivery, integrate evidence-based treatment strategies, and contribute to policy development for broader access to care in underserved regions.

I am now more committed than ever to contributing to the development of equitable and high-quality cancer care in the Philippines, drawing upon these observations to advocate for necessary policy changes and systemic improvements.

My experience as a Rural Health Physician and Doctor to the Barrio also piqued my interest in public health, particularly policy development and health financing, which led to my one-week elective with FHI 360 in Makati, Manila. From April 21-25, I worked with their team learning about the USAID-supported EpiC Program on HIV Health Policy and Administration.

I gained a comprehensive understanding of EpiC's approach to HIV prevention, testing, treatment, and monitoring. My activities included reviewing current guidelines pertinent to the national HIV program, learning about procurement and supply chain systems, visiting Klinika Project 7 for site implementation observation, and participating in monitoring and evaluation sessions. A significant part of the experience was gaining exposure to how data and feedback loops are integrated into program decisions.


*Dr. De Guzman (2nd from left) with FHI 360's EpiC team. He believes that what he learned from the development sector can best be applied by integrating public health principles into clinical practice, including strengthening facility-level data utilization, improving collaboration between hospitals and community-based organizations, and designing patient-centered care models that address stigma and accessibility.*

A key insight from this elective was understanding the fundamental differences between clinical practice and a public health approach to managing HIV. Clinical practice is primarily focused on individual care and case management, with disease management often confined within hospital settings. This approach tends to have a limited context on broader sociocultural and behavioral drivers of health, and data often remains siloed, resulting in delayed or minimal impact on policy.

In contrast, the public health approach emphasizes prevention, accessibility, and long-term care continuity and views HIV within the context of populations, risk behaviors, and social determinants. It is characterized by being more dynamic and responsive through continuous gap assessments and utilizing data not merely for reporting, but to refine strategies in real-time.

This elective also provided valuable insights into the differences between government-led and development partner-led program implementation. Government implementation – while operating on a broader scale – is often challenged by bureaucratic delays, limited flexibility for rapid changes or adaptations, potential resource constraints, and slower procurement chains, alongside challenges in data management.

On the other hand, development partners demonstrate a more flexible and innovative approach, allowing for quick piloting and scaling of interventions. They typically possess robust data systems with frequent feedback loops, high engagement with community and key populations, and strong accountability mechanisms.

I was most surprised by the level of agility and responsiveness in development partner-led programs. FHI 360 demonstrated how quickly interventions can be piloted, adjusted, and scaled based on emerging data. I was also struck by how strongly social determinants, stigma, and behavioral factors influence HIV outcomes, often playing as significant a role as clinical management.

From FHI 360's best practices, I observed a distinct data-driven culture, where strong systems for data collection, cleaning, analysis, and feedback are in place and used not just for compliance, but as a tool for proactive improvement. There is a constant focus on gap identification, involving continuous evaluation of implementation barriers and adaptation based on both quantitative and qualitative feedback.

FHI 360 champions a holistic understanding of HIV, addressing the disease through clinical, behavioral, and structural interventions, with high awareness of stigma, discrimination, and socio-cultural barriers to care, and fostering strong community partnerships to bridge healthcare with lived realities.

Reflecting on this experience, my key takeaways underscore the essential need for integrating public health thinking even within clinical spaces. It is critical that programs are designed to be practical, adaptable, community-sensitive, and informed by evidence.

Ultimately, an effective HIV response demands multi-level collaboration, spanning from clinics to communities and extending to policymakers. This elective profoundly enhanced my understanding of the complexities and multifaceted nature of global health interventions.

After completing the training, I shared key insights with colleagues through informal discussions, particularly emphasizing the importance of data-driven practice and incorporating a public health perspective into clinical care. The knowledge has been well received, with growing interest in strengthening monitoring practices and enhancing collaboration with community programs. While formal changes are still in development,

these discussions have initiated greater awareness and openness to integrating programmatic approaches into clinical workflows.

On a personal level, I plan to further expand my studies in global health, health policy, and program implementation – particularly in HIV and other chronic infectious diseases. This may include pursuing additional training or certifications in global health and engaging in collaborative projects that bridge clinical medicine and public health systems.

This experience emphasized that effective healthcare extends beyond the hospital setting and requires multi-level collaboration among clinicians, communities, and policymakers. It also reinforced the value of data not just as a reporting requirement, but as a powerful tool for continuous improvement. This perspective will continue to influence how I approach both patient care and health systems moving forward.