

## **V. PROJECTS, PROGRAMS AND ACTIVITIES, BENEFICIARIES, AND STATUS OF IMPLEMENTATION**

### **A. PROJECTS, PROGRAMS 2020**

#### **1. SMOKING CESSATION PROGRAM**

This unit is expanded to serve as a nationwide nerve center of the smoking cessation program envisioned by the DOH working hand in hand with the DOST. This center will be opened 24/7 using the tri-media approach including 24 hrs. internet and social media network and a nationwide call center system to answer care calls on anti-smoking and other related problems on smoking. Known as the Philippine Tobacco Helpline, this program is established to provide nationwide nicotine dependence treatment, counseling services and education to the Filipinos. Daily seminars and teaching programs will be conducted and are open to the public. Nicotine dependency creates chronic and fatal cardiovascular and pulmonary conditions such as Coronary Heart Diseases and Lung Cancer, respectively, as well cerebro-vascular accidents, etc. Twenty-eight Percent or 17.3 million Filipinos are smokers; that is, 15 years old and older. Of these, nine percent are females or 2.8 million women are currently smokers.

#### **2. QUITLINE PROGRAMS**

The Philippine Quitline Program was launched on June 19, 2017 by the Department of Health (DOH) and the Lung Center of the Philippines, being designated as the Collaborating Center for the treatment of tobacco dependence. Quitline is a 24-hour free telephone-based counselling service using evidence-based techniques being used worldwide and recommended by the World Health Organization (WHO) and the DOH to help smokers quit smoking. It is a commitment of the Philippine government as a signatory to the WHO Global Health Treaty Framework Convention on Tobacco Control to provide support for the reduction of tobacco dependence and cessation.

#### **3. ANTI-AIR POLLUTION PROGRAM**

The anti-air pollution program of the LCP was approved by Sec. Enrique T. Ona last March 2014. The WHO has officially classified outdoor air pollution as a leading human Carcinogen like tobacco smoke as of October 2013 (IARC Scientific Publication No. 161). Particulate matter present in the air from vehicular exhaust is also found to be linked with cardiovascular diseases as well as lung cancer. The WHO and DENR report revealed that nearly 5,000 premature deaths each year is attributed to poor air quality of the city. Despite this report, nothing has been done much to address this major health concern. Preliminary report on air-pollution monitoring done in Baguio City last February 2014 and March 2014 at Quezon City within the compound of the LCP showed severe air pollution that are very alarming. In a year or two, Metro Manila will be the “next Beijing”, unless any drastic health measures will be done in collaboration with the DENR, DOST, and the DOTC and the Executive branch of the government. The early findings of air pollution in the two cities mentioned warrant a genomic study by the DOH and the DOST among the jeepney drivers, commuters, sidewalk vendors and other individuals exposed to air particulate pollutants, and this study should be done at the LCP to determine the risk of people to cancer, cardio-vascular diseases, etc., and to determine other genetic defects that will affect future generations.

#### **4. LUNG CANCER EARLY DETECTION PROGRAM**

Cancer in the Philippines is the No. 2 cause of mortality. Lung Cancer is the most common among all of the cancers in the Philippines and is also the No. 1 cause of mortality and is no doubt a very fast killer where the average life span is only 3 to 6 months. Survival of patients with lung cancer is therefore stage- related so that there is a greater advantage of survival if lung cancer is detected early in its course and that is – stage 1 where cure is still possible through surgery, with 60 % to 70 % 5-year survival compared to just 5 % in stage 4 disease. Early detection therefore has a very significant impact on lung cancer mortality and for this the LUNG CANCER EARLY DETECTION CENTER is created, making use of the latest technology – Low Dose CT (LDCT) and other Cancer Antigen Screening procedures as well as Genomics.

The objective of the center is to screen: 1.) all individuals with at least 20 pack-years of smoking and those who still continue to smoke or having quit smoking within the past 15 years, 2.) those who had exposure to asbestos and their products, 3.) all those diagnosed with COPD, 4.) all those first degree relatives of lung cancer patients.

The center will work closely with the, 1.) Smoking Cessation Program and will accept referrals from the unit and vice versa, 2.) COPD Clinic and the various COPD Support Groups in collaboration with the center, 3.) Anti-Air Pollution Program, 4.) Executive Check-up Program where patients, who want to have a general medical check, can be evaluated as well for lung cancer.

#### **5. COPD SUPPORT GROUP PROGRAM**

COPD (Chronic Obstructive Pulmonary Disease) is a complex disease entity, generally consisting of emphysema, chronic bronchitis, and bronchiectasis. Once a smoker ends up with COPD, it becomes permanent and has no cure but only control of symptoms to a maximum, after which, nothing can be done. There are 200 million cases worldwide and, in the Philippines, it is the 7th cause of mortality and yet, it is believed to be under- diagnosed since only about 2 percent of these cases are diagnosed by physicians. The overall prevalence of COPD in the rural setting for all stages of the disease is 20.8 % and 12.8 % in Manila. Tobacco and cigarette smoking are the primary cause. A good anti- smoking campaign will greatly reduce COPD. It is a well-known fact that, out of 100 smokers, 60 will have COPD and 40 will have cancer and at the same time have COPD; and of these 2 groups, 50 to 70 will have Coronary Heart Disease or a Cerebro-Vascular Disease. So that, a smoker will have a lot of combined co-morbidities occurring at the same time, with varying degrees of severity, unless Cancer was already the main diagnosis that has aggravated further other conditions in a patient. The COPD Clinic is tasked to screen and diagnose early occurrence of the disease and to facilitate access to appropriate management, to institute interventions directed at improving the patients' quality of life and decreasing disability and to provide patient education and their families about COPD. COPD is a progressive disease and one of the objectives of early detection and treatment is to slow down progression of the disease

The COPD Clinic is essentially a CENTER FOR COMPREHENSIVE COPD DIAGNOSIS AND MANAGEMENT. It will be a multi-disciplinary COPD Care Team Program with the following objectives:

- a) To provide a 24/7-day emergency access to COPD management at the LCP-ER to determine the need for confinement or not.
- b) To provide OPD consult, evaluation, diagnosis, treatment and regular follow-up at the COPD Clinic. Appropriate referrals to related programs, such as Smoking Cessation, Early Lung Cancer Detection Program, COPD Support Group and Pulmonary Rehabilitation Unit shall be undertaken.
- c) To provide patient and family education about COPD.
- d) To provide periodic community-based access to COPD education, screening, early diagnosis, treatment and prevention through its MOBILE van/ambulance.
- e) To provide professional and public health education on COPD through periodic conduct of COPD Management Workshops and COPD Lay Fora.
- f) To network with other agencies and institutions in providing access to COPD care, i.e. MHCs, LGUs, etc.

## **6. BRONCHIECTASIS SUPPORT GROUP PROGRAM**

The Section of the Physical Therapy & Rehabilitation now offers Pulmonary Rehabilitation for patients diagnosed with Bronchiectasis.

The Program consists of the following:

- 6-week exercise program consisting of 2 sessions per week (12 sessions).
- Each session has incorporated Airway Clearance Techniques and Bronchial Hygiene.
- Lectures on Bronchiectasis, Medications, Energy Conservation Techniques, Chest Physical Therapy, Stress and Dietary Management.
- For ONLY Php 500 REGISTRATION FEE.
- We are Now Accepting Referrals.

## 7. LCP WELLNESS GYM (FAT-LOSS PROGRAM)

- **Set a Goal**
  - ✓ To effectively help patient/client lose weight through various physical activities.
  - ✓ To provide alternative diet and activities for patients/clients undergoing the program and be able to shift to a healthier lifestyle;
  - ✓ To intensively monitor status of patients/clients during their exercise regimen;
  - ✓ To make available affordable wellness program for patients/clients who need to be supervised well by a physical therapist.
  
- **Who are we looking for:**
  - ✓ Patients/Clients who are willing to undergo weight reduction program but have difficulty starting and/or continuing a program.
  - ✓ Patients/Clients with BMI  $\geq 25$
  - ✓ Patients/Clients with known or suspected sleep disorders referred for weight management.
  
- **What to expect:**
  - ✓ Consultation with dietician.
  - ✓ Evaluation of Exercise capacity, Physical activities.
  - ✓ A 12-week individualized exercise regimen will be given.
  
- **Where to go:**
  - ✓ LCP GYM, 2nd Floor (T-Block)  
Lung Center of the Philippines
  - ✓ Contact Details: 9246101 local 575 [www.lcp.gov.ph](http://www.lcp.gov.ph)

## **8. COMPREHENSIVE ASTHMA CLINIC**

The LCP will be a referral center of all lung diseases, including Bronchial Asthma. In the Philippines, published reports showed that the prevalence of wheezing in children was 12% in the ISAAC study and 11 % in the World Health Survey, with doctor-diagnosed asthma at 7.2% and clinical asthma at 7.6 of the population.

The latter prevalence appears to be higher than other Southeast Asian countries. According to the latest WHO data published in April 2011, asthma-related deaths in the Philippines reached 10,471 or 2.8% of total deaths. The age-adjusted death rate of 19.48/100,000 population ranks the Philippines 24th in the world.

### **Public Health – Related Goals are:**

- To establish Asthma patient registry that will provide ready access to a patient population base, patient profile and other relevant information that will be useful in determining health care prioritization.
- To gather data on patient profiles and outcomes that will enhance the health care provider's capabilities relevant to diagnostic assessment and clinical decision-making.
- To determine the epidemiological profile of asthma in the community

### **Program Objectives:**

The Comprehensive Asthma Clinic is essentially a CENTER FOR EXCELLENCE IN ASTHMA EDUCATION AND MANAGEMENT staffed by a multi-disciplinary Asthma Care Team with the following objectives:

- To provide a 24/7-day emergency access to asthma treatment at the LCP-ER where emergency room care and hospitalization can be determined through its Urgent Asthma Care Unit at the LCP-ER.
- To provide out-patient consults, diagnosis, evaluation, treatment, and regular follow- ups of asthma patients through its comprehensive asthma clinic.
- To provide education about asthma through its Asthma Support Group Program (LCP Asthma Club) to patients and their families.
- To provide periodic community-based access to asthma education, screening, diagnosis and treatment through a mobile asthma van or ambulance, and a 24hr. Hotline to respond to queries about asthma.
- To provide professional (health care providers) and public health education on asthma through periodic conduct of Asthma Management Workshops and Asthma Lay Fora.
- To network with other agencies and institutions, private and government, in providing access to asthma care

## 9. HOSPICE AND PALLIATIVE CARE CENTER (HPCC)

The Hospice and Palliative Care Center will be the largest of a kind in the Philippines because Cancer is 75% of all confined cases at the Lung Center. Practically, it caters to all kinds of patients who are terminally ill from their illnesses regardless of diagnosis, both pediatrics and adults.

The primary goal of the LCP-HPC is to provide quality supportive care of the terminally ill and their family. The Center provides the following avenues of care:

- **Out-Patient Consultation Services**

- ✓ Pain and other physical symptom assessment and symptom control.
- ✓ Goal setting.
- ✓ Nursing care, including family and caregiver training and education.
- ✓ Spiritual and pastoral care.
- ✓ Disclosure.
- ✓ Advanced care planning.
- ✓ Terminal care planning.
- ✓ Grief and Bereavement Support and Counseling.
- ✓ Coordination of care with the family and various services at primary/secondary/tertiary community level and resource groups.

- **In-Patient Services/Palliative Care Unit**

- ✓ Offers the full range of services in the out-patient service.
  - ✓ Home care/ discharge planning.
  - ✓ Terminal Care.
  - ✓ Provision of Respite Care.
- Home Care is primarily a public health concern where hospice staff do home visits to terminally ill until their demise and provisions for bereavement and support of the family after death if these are still necessary or requested by the family.
  - It offers the full range of services in the out-patient and in-patient services, provided these needs are available.
    - ✓ **Minor procedures:** wound debridement and care, stoma care, tracheostomy care, foley cath insertions, NGT insertions, paracentesis and thoracentesis.

Additional service is the Pre-emptive Crises Management, giving patients and the family 24hrs. access to providers and immediate access to hospital/acute care and palliative care unit.

In order to provide continuous quality care to patients and their families, the LCP-HPC is committed to being a CENTER FOR QUALITY RESEARCHES AND CARE in the development and promotion of HOSPICE AND PALLIATIVE CARE IN THE PHILIPPINES.

## 10. PAIN MANAGEMENT CLINIC

Acute and chronic pain is everywhere in the Lung Center in both in-patients and out-patients. It is quite customary to mention again that 75% of cases confined at the Lung Center since it opened up in 1982 are Cancer cases and 90% of these cases are lung cancer and majority are terminal, either on stage 3 or stage 4 disease. Pain is a very common manifestation so that, the Pain Management Clinic is there to augment the Hospice and Palliative Care Center. Other avenues for the Pain Unit is pain management involving other disease entities as in cardiac, vascular and neurologic as well as orthopedic pains so that, it augments also the recovery of post-surgical cases and the rehabilitation of patients under the section of Physical Therapy and Rehabilitation (SPTR).

This clinic is created to employ modern state-of-the-art management of all kinds of pain using new drugs and equipment in administering pain medications as well as the use of acupuncture

## 11. CRITICAL AIRWAY & INTERVENTIONAL PULMONARY UNIT

The Critical Airway Management and Training, will make significant improvement in the areas of patient safety, team communication, equipment availability and response efficiency. It will also offer training to other specialties to be more competent in handling patients with critical and difficult airways. Airway management is a procedure and essential skill necessary not only for the anesthesiologist but to all physicians. Optimal resuscitative treatment of medical and trauma patients often revolves around timely and effective airway interventions that can be challenging in the acute setting, especially in critical patients.

- **Objectives / Goals:**

- To ensure safety of all patients with critical/difficult airway by the application of advanced knowledge, skills, techniques and devices.
- To educate and update Clinicians of the Lung Center of the Philippines and other specialties from all other hospitals with the current knowledge on airway management and the use of advanced airway devices.
- To establish the Lung Center of the Philippines Difficult Airway Algorithm.
- To conduct research activities pertaining or related to critical/difficult airway management.
- To establish links with different centers / hospitals in the entire Philippines for ready access and consult of their own critical /difficult airway problems.
- To conduct surveys and gather factual information related to critical/difficult airway cases, thus, establishing the Philippine Critical / Difficult Airway Registry.
- To collaborate with International Airway Societies for the advancement of our knowledge and skills.
- To establish the Lung Center of the Philippines Critical / Difficult Airway website

## **12. ESOPHAGUS & SWALLOWING CENTER**

This will be in the forefront in the care and management of patients with esophageal diseases and swallowing disorders.

- **Objectives:**

- To provide excellent service in the diagnostic evaluation and corresponding management of patients with esophageal diseases and swallowing disorders.
- To engage in the progressive application of appropriate and most recent surgical treatment modalities, especially in the field of minimally invasive esophageal surgery and offer better service to our patients.
- To provide a venue for the training and development of thoracic surgeons/specialists dedicated in the diagnosis and treatment of patients with esophageal disease and/or swallowing disorders.
- To record and evaluate data gathered from the diagnosis, medical and surgical treatment of patients with esophageal disease as well as swallowing disorders for the purpose of research and development of new or refined current management.
- To share our experiences and establish collaborative activities with local and international centers with the same interest in order to ensure our patients' safety and to have an updated management of esophageal disease and swallowing disorders.

## **13. HEALTHY LUNGS PROGRAM**

The Healthy Lungs Program (HLP) was conceptualized to serve as the advocacy arm of the Lung Center of the Philippines (LCP) with the main objective of promoting comprehensive care for chronic respiratory diseases, like Asthma, Chronic Obstructive Pulmonary Disease (COPD) and other chronic lung conditions. The main objective is to empower Health Care Professionals to promote health education and preventive health care on chronic respiratory diseases (Asthma, COPD, Ill effects of Smoking and Air Pollution). The specific objectives are; 1) to provide HLP workshops for barangay health workers and primary care physicians and 2) to provide community-based activities, namely: screening for Asthma and COPD and lay forum on Asthma, COPD and health effects of smoking and air pollution.

## **14. LUNG TRANSPLANT PROGRAM**

The Lung Transplant Program of the Lung Center of the Philippines is an essential component of a broad medical and surgical strategy to manage patients with advanced lung disease. It involves lung transplantation which is a surgical procedure in which a patient's diseased lungs which come from a donor-donor lung can be retrieved from a living donor or a diseased donor. A lung transplant is reserved for people who have tried conditions have not sufficiently improved.



