

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

A. PROJECTS, PROGRAMS 2022

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 antismoking 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