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OF THE PHILIPPINES )  
Second Regular Session )

Secretary of the Senate  
Senate Building, Manila

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SENATE

S. No. 3223

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Introduced by SENATOR GREGORIO B. HONASAN II

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**EXPLANATORY NOTE**

Section 15, Article II of the 1987 Constitution provides that ***"The State shall protect and promote the right to health of the people and instill health consciousness among them."***

Based on health statistics by the World Health Organization in 2008, cancer is a leading cause of death worldwide next only to cardiovascular diseases. The main types of cancer are lung (1.37 million deaths), stomach (736 000 deaths), liver (695 000 deaths), colorectal (608 000 deaths), breast (458 000 deaths) and cervical cancer (275 000 deaths) out of more than 100 types of cancer. The numbers are rising and if the trend does not change cancer may surpass cardiovascular cases as the number 1 killer disease in a few years.

Some key facts and statistics about cancer were reported by the International Agency for Research on Cancer (IARC) that in 1970, developing countries accounted for only 15 percent of new cancer cases in the world. In 2002, the most common infectious diseases (tuberculosis, malaria and HIV/AIDS) in general killed 5.3 million people worldwide. However, the different forms of cancer, well exceeded this (figure), accounting for some 7.2 million deaths. A 2006 WHO-funded study found that cancer, not infectious diseases, is the world's number one killer. In 2008, however, 50 percent of new cancer cases was found in developing countries. About 70 percent of all cancer deaths occurred in low-and middle-income countries. The IARC predicts that from 12.9 million people worldwide afflicted with cancer in 2009, cancer cases might well reach a total of 16.8 million by 2020.

In the Philippines. Cancer is the third leading cause of death. About 82,468 individuals were diagnosed with cancer (2010 Philippine Cancer Facts and Estimates). This figure does not include people who had previously been diagnosed with the disease. In that same year, nearly 52,000 Filipinos died of the disease or complications arising from it. The source of such Philippine statistical data came from only two cancer registries (in Metro Manila and Rizal province). These statistics do not include the number of cancer cases in the rest of the country, particularly areas in Visayas and Mindanao, among the poorest regions.

It is conceded that poverty has much influence on cancer incidence and fatalities. The incidence of cancer is likely to rise and progress to death in areas where the facilities and know-how for the prevention, early detection and treatment of cancer are unavailable, inaccessible or unaffordable. This is made worse by environmental factors and lifestyle abuse. Pollution of any kind, malnutrition and under-nutrition are realities known to increase the incidence of cancer. Unless organized and sustained specialized care and preventive measures against cancer are set in place, we shall certainly be confronted with a growing menace that can otherwise be checked.

This proposed measure provides for the centralization of planning, programs, and activities related to the prevention, screening, detection, diagnosis and treatment of cancer. The centralization will apply as well to the conduct of research related to malignant diseases, the assignment or distribution of such research activities and the dissemination or application of beneficial research results.

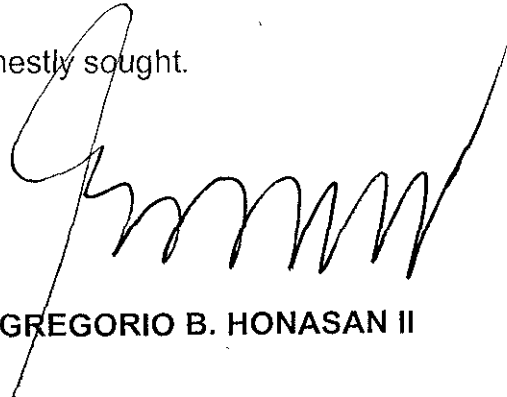
As provided in this bill, centralization coupled with the establishment of a network of regional treatment and research centers will prevent duplication of efforts, reduce costs, provide a comprehensive view of the cancer-affected sectors, and enable a more appropriate assignment of priorities on programs/activities/fund allocation.

Moreover, the establishment of regional cancer centers, as envisioned in this bill, presents in concrete form the government's intention to make specialized health services more accessible to low-income groups and to people outside highly urbanized areas such as Metro Manila and the cities of Cebu and Davao where cancer treatment is traditionally available.

If enacted into a law and properly implemented, the various regional cancer centers—which will be manned with highly competent personnel and equipped with appropriate facilities—will raise the availability of cancer treatment, reducing the gap between the supply of and demand for said services, therefore leading to reduced costs to patients. Eventually, all these could raise the inflow of medical tourists, increase the inflow of medical workers from developing countries who will pay for training in the centers, expand the local sector that provides hospice care for cancer patients, raise the supply of exportable medical/health workers who are skilled in cancer treatment, raise the individual/regional/national incomes from the medical sector, and raise revenues to finance continuing modernization of the country's cancer-related services and facilities.

The incidence of unnecessary deaths due to cancer can be drastically reduced with a strong political commitment to develop scientific strategies for cancer prevention, control, early detection, treatment and care.

In view of the foregoing, the passage of this bill is earnestly sought.



**GREGORIO B. HONASAN II**

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References:

World Health Organization  
2008 Report of the International Agency Research on Cancer  
News clipping (Rina Jimenez-David, Philippine Daily Inquirer "Cancer is not just a sickness of the rich", January 26, 2012)

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SENATE

S. No. 3223

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Introduced by **SENATOR GREGORIO B. HONASAN II**

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**AN ACT**  
**CREATING A NATIONAL CANCER INSTITUTE TO BE KNOWN AS THE**  
**"NATIONAL CANCER INSTITUTE OF THE PHILIPPINES", APPROPRIATING**  
**FUNDS THEREFOR AND FOR OTHER PURPOSES**

*Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:*

**SECTION 1. Short Title.** – This Act shall be known as "*The National Cancer Institute of the Philippines Act of 2012*".

**SEC. 2. Declaration of State Policies and Principles.** - It is hereby declared as further policies and principles of the State to:

- (a) Promote specialized, multidisciplinary and comprehensive cancer research, dissemination and/or utilization of the results of research and development including the formulation, updating, and implementation of a comprehensive cancer control plan with the aim of overcoming cancer;
- (b) Promote the improvement of an environment for the prompt evaluation and approval of drugs/medical devices that are highly needed in cancer treatment, through the linkage with the Bureau of Food and Drugs (BFAD), the Department of Trade and Industry (DTI), the Department of Agriculture (DA) and other concerned agencies;
- (c) Enhance cancer prevention through education of, and information dissemination to the public, health care professionals and institutions;
- (d) Encourage evidence-based early detection, screening, diagnosis and treatment of cancer;
- (e) Enable cancer patients to receive appropriate treatment based on scientific knowledge;
- (f) Establish a system that provides equitable distribution of medical cancer care in which the treatment is chosen and administered according to the situation of the patient regardless of financial ability;

- (g) Promote palliative care including pain management, hospice care and other measures to improve the quality of life of cancer patients even terminal ones; and
- (h) Support the rehabilitation of cancer patients through comprehensive programs including providing assistance to cancer survivors.

**SEC. 3. National Cancer Advisory Board (NCAB).** - There is hereby created the National Cancer Advisory Board, herein referred to as the "Board" to be composed of fifteen (15) members as follows:

- (a) The Secretary of the Department of Health (DOH), the Secretary of the Department of Science and Technology (DOST) through the Philippine Council for Health Research and Development (PCHRD), and the Director of the National Institutes of Health (NIH) as ex officio members of the Board;
- (b) Twelve (12) members appointed by the President of the Philippines upon recommendation through a careful selection process. The scientists and physicians appointed to the Board shall be the persons who are among country's leading scientific or medical authorities and who are outstanding in the study, diagnosis, or treatment of cancer or in fields related thereto. Each appointed member of the Board shall, by virtue of his or her training, experience, and background, is qualified to appraise the programs of the National Cancer Institute. The appointed members shall receive an honorarium of not more than Fifty Thousand Pesos (Php50,000.00) to be approved by the Board pursuant to Republic Act No. 10149 or the GOCC Governance Act of 2011, and the other existing laws, rules and regulations, for every attendance to the Board's meeting, while the ex-officio members shall receive per diem compensation;
  - 1. Appointed members shall serve for a period of four (4) years. Any vacancy shall be filled by appointment by the President of the Philippines, upon recommendation of the National Cancer Advisory Board;
  - 2. Any member appointed to fill a vacancy occurring prior to expiration of the term for which his/her predecessor is appointed shall serve only for the remainder of such term;
  - 3. Appointed members shall be eligible for reappointment and may serve after the expiration of their terms until their successors have assumed office;

4. A vacancy in the Board shall not affect its activities, and eight (8) members, including the ex-officio members, thereof shall constitute a quorum

**SEC. 4. Powers and Functions of the National Cancer Advisory Board. -**

The Board shall have the following powers and functions:

- (a) The regular members of the Board shall elect from among themselves a Chairperson who shall be the presiding officer of the Board;
- (b) The Board shall elect from among themselves the Director of the National Cancer Institute who shall also serve as Vice-Chairman of the Board;
- (c) The Board shall formulate policies and adopt measures, including the formulation of the Implementing Rules and Regulations, which are necessary to carry out the provisions of this Act;
- (d) The Board shall meet at the call of the Director of the National Cancer Institute or the Chairperson, not less than once a month, and shall advise and assist the Director of the National Cancer Institute with respect to the National Cancer Program;
- (e) The Director of the National Cancer Institute shall designate a member of the staff of the Institute to act as Executive Secretary of the Board;
- (f) The Board shall monitor the development and execution of the National Cancer Program formulated, updated and improved by the NCI and shall report directly to the President. Any delays or blockages in rapid execution of the Program shall immediately be brought to the attention of the President;
- (g) The Board may hold such hearings, take such testimony, and sit and act at such times and places as the Board deems advisable to investigate programs and activities of the National Cancer Program of the National Cancer Institute;
- (h) The Board shall submit to the President periodic progress reports on the Program. Annual evaluation of the efficacy of the Program and suggestions for improvements shall be submitted for transmittal to the Congress of the Philippines not later than January 31 of each year; and
- (i) The Director of the National Cancer Institute shall make available to the Board such staff, information, and other assistance as it may require in carrying out its activities.

**SEC. 5. National Cancer Institute.-** There is hereby established a National Cancer Institute, hereinafter referred to as the "Institute" which shall compile data, conduct, coordinate researches, investigations, experiments, and studies relating to the

cause, diagnosis, and treatment of cancer. The Institute shall assist and foster similar research activities by other institutions and organizations, public and private, including individuals. The Institute is furthermore established to promote coordination in all such researches and the useful application of their results with a view to the development and prompt widespread use of the most effective methods of prevention, diagnosis, and treatment of cancer. The linkages with the National Institutes of Health and the Department of Science and Technology through the Philippine Council for Health Research and Development will be coordinated to avoid overlap of projects.

**SEC. 6. Director of the National Cancer Institute. -**

(a) The Director of the National Cancer Institute coordinates all activities of the Department of Health and of other departments of government and non-governmental agencies or institutions relating to cancer and the National Cancer Program.

(b) In formulating and implementing the National Cancer Program, the Director of the National Cancer Institute shall:

- (1) With the advice of the National Cancer Advisory Board, plan and develop the National Cancer Program, including an expanded, intensified, and coordinated cancer research program encompassing the programs of the National Cancer Institute, related programs of the other research institutes, and other national and local, private and public cancer programs.
- (2) Expeditiously utilize existing research facilities and personnel of the Department of Health, the Department of Science and Technology through Philippine Council for Health Research and Development and the University of the Philippines National Institute for Health for accelerated exploration of opportunities in areas of special promise.
- (3) Encourage and coordinate cancer research by industrial concerns where such concerns evidence a particular capability for such research.
- (4) collect, analyze, and disseminate all data useful in the prevention, diagnosis, and treatment of cancer, including the establishment of an international cancer research data bank to collect, catalog store, and disseminate insofar as feasible the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country.
- (5) Establish or support the large-scale production or distribution of specialized biological materials and other therapeutic substances for research and set standards of safety and care for persons using such materials.

- (6) Support research in the cancer field outside the country by highly qualified foreign nationals which research can be expected to redound to the benefit of the Filipino people; support collaborative research involving foreign participants; and support the training of Filipino scientists abroad and foreign scientists in the country.
- (7) support appropriate manpower programs of training in fundamental sciences and clinical disciplines to provide an expanded and continuing manpower base from which to select investigators, physicians, and allied health professions personnel, for participation in clinical and basic research and treatment programs relating to cancer, including where appropriate the use of training stipends, fellowships, and career awards.
- (8) Call special meetings of the National Cancer Advisory Board at such times and in such places as the Director deems necessary in order to consult with, obtain advice from, or to secure the approval of projects, programs, or other actions to be undertaken without delay in order to gain maximum benefit from a new scientific or technical finding.
- (9) prepare and submit, directly to the President of the Philippines for review and transmittal to Congress, an annual budget estimate for the National Cancer Program, after reasonable opportunity for comment (but without change) by the Secretary of Department of Health, the Director of the National Institutes of Health, and the National Cancer Advisory Board; and receive from the President and the Department of Budget and Management directly all funds appropriated by Congress for obligation and expenditure by the National Cancer Institute.

#### **SEC. 7. National Cancer Research and Demonstration Centers.-**

(a) A National Cancer Research and Demonstration Center is hereby established in each metropolitan city in the country and one in the National Capital Region for clinical research, training, and demonstration of advanced preventive diagnostic, and treatment methods relating to cancer.

(b) The National Cancer Research and Demonstration Centers in the metropolitan cities and in the National Capital Region are hereby further designated as Regional Cancer Centers and shall perform the functions and assume the responsibilities of Cancer Centers as defined in Section 9 of this Act.

(c) The Director of the National Cancer Institute, under policies established by the Director of the NIH, the PCHRD and the DOST, after consultation with the National Cancer Advisory Board, is authorized to enter into cooperative agreements with public

or private non-profit agencies or institutions to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for the research centers including, but not limited to, centers established for clinical research, training, and demonstration of advanced diagnostic and treatment methods relating to cancer.

Such payments under this subsection in support of such cooperative agreements may be used for:

- (1) Construction of the designated center;
- (2) Staffing and other basic operating costs, including such patient care costs as are required for research;
- (3) Training including training for allied health professions personnel; and
- (4) Demonstration purposes.

The support of a center under this section may be for a period of not to exceed three (3) years and may be extended by the Director of the National Cancer Institute for additional periods of not more than three (3) years each, after review and recommendation of the operations of such center by an appropriate scientific review group established by the Director of the National Cancer Institute.

**SEC. 8. Cancer Control Program.** – The Director of the National Cancer Institute shall establish programs as necessary for the cooperation with national and other health agencies in the diagnosis, prevention, and treatment of cancer.

Such programs to be established should give priority to the following:

- (a) A financial subsidy given to indigent patients, upon qualification, to cover the expenses of all necessary laboratory tests and other related examinations during the diagnosis as well as the expenses needed for treatment of cancer;
- (b) A financial subsidy to be given to non-governmental cancer support groups in recognition of and in order to facilitate the continuity of the programs they have for cancer, patients as well as their families especially in coping and dealing with the circumstances. However, only recognized and duly organized support groups shall be granted subsidy in accordance with the Implementing Rules and Regulations of this Act;
- (c) An independent support group shall be established as a standing program to augment the emotional support needed by cancer patients including their families in dealing and coping with the circumstances through regular inspirational and motivational sessions with cancer survivors and family members who have experienced having a relative similarly afflicted with cancer.



**SEC. 9. Regional Cancer Centers.**- (a) It is hereby established the Regional Cancer Centers for each region in the country and will coordinate with the National Cancer Institute through its executive chief officer.

The respective Cancer Centers are established to carry out the function of administering the National Cancer Program as development by the National Cancer Institute after consultation with the National Cancer Advisory Board.

- (1) The Regional Cancer Centers shall be respectively administered by the head of the Regional Department of Health Offices as executive chief officer of the Regional Cancer Center under a national central executive chief officer designated by the Secretary of the Department of Health among his/her undersecretaries. The regional cancer centers will coordinate with the National Cancer Institute.
  - (2) The administrative staff comprising each respective cancer centers shall be provided for under the Implementing Rules and Regulations to be formulated by the National Cancer Advisory Board.
- (b) The National Cancer Institute through the Director shall oversee each cancer center in the country, and upon approval by the National Cancer Advisory Board through a Board Resolution, is hereby authorized to:
- (1) Obtain the services of not more than fifty (50) experts or consultants who have scientific or professional qualifications to be designated in each regional cancer centers and in the national cancer centers;
  - (2) Acquire, construct, improve, repair, operate, and maintain cancer centers, laboratories, research, and other necessary facilities and equipment, and related accommodations as may be necessary, and such other real or personal property including patents as the Director deems necessary;
  - (3) Appoint one or more advisory committees composed of such private citizens and officials of the local governments as he/she deems desirable to advise him/her with respect to his/her functions;
  - (4) Utilize, with their consent, the services, equipment, personnel, information, and facilities of other local public agencies, with or without reimbursement therefor;
  - (5) Accept voluntary and uncompensated services;
  - (6) Accept unconditional gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible;
  - (7) Enter into such contracts, leases, cooperative agreements, or other transactions, as may be necessary in the conduct of his/her functions, with any public agency, or with any person, firm, association, corporation, or educational institutions; and

(8) Take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the National Cancer Institute and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

**Sec. 10. Presidential Cancer Panel.** - (a) There is established the Presidential Cancer Panel which shall be composed of three (3) persons appointed by the President, who by virtue of their training, experience, and background are exceptionally qualified to appraise the National Cancer Program. At least two (2) of the members of the Panel shall be distinguished scientists or physicians, recommended by the Director of the National Cancer Institute.

(b) Members of the Panel shall be appointed for three-year term, except that in the case of two (2) of the members first appointed, one shall be appointed for a term of one year and one shall be appointed for a term of two years, as designated by the President at the time of appointment, and any member appointed to fill a vacancy occurring prior to the expiration of the term for which his/her predecessor is appointed shall be appointed only for the remainder of such term.

(1) The President shall designate one of the members to serve as chairperson for a term of one (1) year.

(2) Members of the panel shall each be entitled to receive the daily equivalent of the annual rate of basic pay in effect for salary grade 20 of the General Schedule for each day during which they are engaged in the actual performance of duties vested in the Panel, and shall be allowed travel expenses including a per diem allowance.

(c) The Panel shall meet at the call of the chairperson, but not less often than twelve times a year. A transcript of the proceedings of each meeting of the Panel shall be kept, and the chairperson shall make such transcript available to the public.

(d) The Panel shall monitor the development and execution of the National Cancer Program under this section, and shall report directly to the President. Any delays or blockages in rapid execution of the Program shall immediately be brought to the attention of the President. The Panel shall submit to the President periodic progress reports on the Program and annually an evaluation of the efficacy of the Program and suggestions for improvements, and shall submit such other reports as the President shall direct. At the request of the President, it shall submit for his/her consideration a list of names of persons for consideration for appointment as Director of the National Cancer Institute.

**Sec. 11. Scientific Review and Reports on Cancer.**- (a) The Director of the National Cancer Institute shall, by regulation, provide for proper scientific review of all research grants and programs over which he/she has authority by utilizing, to the maximum extent possible, appropriate peer review groups established within the National Institute of Health of the University of the Philippines and composed principally of scientists and other experts in the scientific and disease fields, and when appropriate, by establishing with the approval of the National Cancer Advisory Board and the Director of the National Institutes of Health, other formal peer review groups as may be required.

(b) The Director of the National Cancer Institute shall, as soon as practicable after the end of each calendar year, prepare in consultation with the National Cancer Advisory Board and submit to the President for transmittal to the Congress a report on the activities, progress, and accomplishments under the Program during the next five (5) years.

**Sec. 12. Appropriation of Funds.** - The initial fund in the amount of FIFTY MILLION PESOS (Php50, 000,000.00) for the establishment of the National Cancer Institute including the initial implementation of its program shall be appropriated from the gross income of the Philippine Gaming Corporation (PAGCOR) and shall be directly, remitted to a special account of the National Cancer Institute. Thereafter, for the continued implementation of this Act, such sums shall be included in the annual General Appropriations Act.

**Sec. 13. Implementing Rules and Regulations.** - The National Cancer Advisory Board, with the involvement of the stakeholders, shall establish the committee that will promulgate the implementing rules and regulations of this Act within ninety (90) days from the approval of this Act.

**Sec. 14. Separability Clause.** - If any provision or part hereof is held invalid or unconstitutional, the remainder of this Act or the provision not otherwise affected shall remain valid and subsisting.

**Sec. 15. Repealing Clause.** - All laws, decrees, rules and regulations or parts thereof inconsistent with this Acts are hereby repealed or amended accordingly.

**Sec. 16. Effectivity Clause.** - This Act shall take effect fifteen (15) days after its publication in the Official Gazette and in a newspaper of general circulation.

*Approved,*