



# Vaccines, effective COVID-19 drugs key to exiting pandemic — NIH

VACCINES and effective medications play vital roles in exiting the coronavirus disease 2019 (COVID-19) pandemic, said infectious disease experts in a webinar organized by the University of the Philippines (UP) on Feb. 11.

“I think that we are in a much better place compared to where we were two years ago ... A big part of that is because of our vaccines and the fact that we have effective medications,” said Dr. Edsel Maurice T. Salvaña, director of the Institute of Molecular Biology and Biotechnology at the National Institutes of Health (NIH) in UP Manila.

The availability of safe and effective drugs, he added, will decrease mortality and morbidity, especially in vulnerable populations.

On Friday, the Department of Health announced that in the Philippines, COVID-19 is moving toward an endemic state, just like tuberculosis and dengue (the World Health Organization defines an endemic disease as one that is “circulating at a lower and more predictable rate in the population”).

“The medications matter because even with our vaccination, the vulnerable population will still have a residual 1% risk of death. Medications

can decrease risk by nearly 90%,” said Dr. Salvaña.

Though studies on COVID-19 medications are focused on the unvaccinated, it is “reasonable to assume” that these also help the vaccinated. The incremental benefit should be the same since they decrease viral replications, he added.

In the Philippines, available antiviral drugs include remdesivir, molnupiravir, and paxlovid, which have proven effective against mild, moderate, and severe COVID-19 infections.

Dr. Mary Ann Lansang, a retired infectious disease professor from the UP College of Medicine, reiterated that

these treatment drugs are the second line of defense after vaccines.

“An ounce of prevention is worth more than a pound of cure ... Vaccination can prevent death and severe illness. The medicines are there for those who slipped through the cracks,” she said.

Though the country is nearing the point of minimizing the impacts of COVID-19 on deaths and hospitalizations, the public should still get vaccinated, both experts stressed.

The medicines still don’t come close to the benefit that one could get from vaccination, said Dr. Salvaña. — **Brontë H. Lacsamana**

OPINION

## Adapting, innovating to ensure continuity of cancer care in the communities

In observance of World Cancer Day 2022 — themed “Close the Care Gap” — on Feb. 4, the Union for International Cancer Control (UICC) highlighted the resilience of the global cancer

community and how it has adapted and innovated to ensure continuity of cancer services. These global experiences show the opportunity for the country to bring cancer care to where they are needed — in the communities.

In Canada, for example, the report Cancer beyond COVID-19: reimagining cancer screening and diagnosis said that the health community came together to craft a guidance document on managing cancer screening during COVID-19 to build resilient, safe and equitable services.

The aim was to utilize screening program data to inform capacity planning when faced with constrained resources, build greater cancer awareness on the importance of screening, ensure that inequalities between populations were

not exacerbated, support healthcare providers and people receiving care, and implement infection prevention and control practices.

A notable innovation adapted by the Canadian cancer community was to offer quality screening closer to home by moving from Papanicolaou (Pap) testing to human papillomavirus-based screening for cervical cancer

and supporting direct mail of self-sampling tests. Also, the Canadian cancer community recommends the use of fecal immunochemical test (FIT) to prioritize colorectal screening in times of limited resources or while dealing with services backlog. FIT tests allow for the collection of stool samples at home using a kit, which is then mailed to a doctor or to a laboratory for testing to identify possible abnormalities linked to colorectal cancer.

While colonoscopy remains the gold standard for colorectal cancer screening, FIT triage of symptomatic patients in primary care could streamline

access to specialists by identifying the patients at greatest risk of developing colorectal cancer and support the rationalization of limited endoscopy services while ensuring rapid diagnosis and treatment.

The Philippine Society of Digestive Endoscopy (PSDE) recommends FIT to screen asymptomatic individuals, 50–75 years old, and those with strong family history of colorectal cancer. Those who test positive are recommended for urgent diagnostic colonoscopy. Urgent and emergent colonoscopy with proper infection control measures may be done during the pandemic, according to the PSDE.

Research in Taiwan showed that, while in-hospital breast cancer screening decreased during the COVID-19 pandemic, community screening delivered by mobile mammography units remained a safe and reliable way to maintain regular breast examinations.

Mobile mammography has also shown to attract a population of greater diversity compared to that visiting traditional cancer centers and to

be a cost-effective tool to reduce geographic and social health inequalities.

Similar results in addressing disparities for underserved populations have been shown by pilot itinerant lung cancer screening programs. The deployment of mobile screening units can therefore provide a solution to both the safe continuation of screening services during a pandemic, and to address healthcare disparities.

Cancer centers across the world adapted services to enable in-premises physical distancing, minimize the risk of COVID-19 exposure, and optimize overstretched healthcare workforce to ensure continuity of treatment for cancer patients. Triage based on need, urgency of care and pathology have been widely introduced, particularly to identify which patient-visits may be conducted virtually.

Legislation and guidelines have also been changed to allow for the wider use of e-prescriptions which, complemented by the home delivery of medicines, enable patients to continue treatment and avoid unnecessary exposure.

In the Philippines, the Department of Health (DoH) is leading efforts towards the implementation of the National Integrated Cancer Control Act and the Universal Health Care Act. Both laws seek to address healthcare gaps in the cancer care continuum which could well start in the communities.

With the right policies in place, the advancement in biopharmaceutical innovations, and the commitment of healthcare professionals and advocates, cancer must no longer be a death sentence. Instead, it is an opportunity to showcase the commitment of government and the cancer community to make a difference in the lives of patients and their families.

TEODORO B. PADILLA is the executive director of the Pharmaceutical and Healthcare Association of the Philippines (PHAP), which represents the biopharmaceutical medicines and vaccines industry in the country. Its members are at the forefront of research and development efforts for COVID-19 and other diseases that affect Filipinos.



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