



Acute Lymphocytic Leukemia Medicines Access Program for Children (ALLMAP)

Pharmaceuticals Division
(formerly known as NCPAM)

GOAL

To improve the cure and survival rates of children with Acute Lymphocytic Leukemia (ALL).

The program also seeks to promote early screening and ALL awareness to Filipinos emphasizing that detecting, treating and managing cancer in the early states improve the overall prognosis and survival rates of patients.

PROGRAM OBJECTIVES

- 1) Provide access to free chemotherapy drugs, giving priority to indigents and service patients in government hospitals.
- 2) Provide information about the program, list of access sites and other vital information that will empower patients to receive complete cancer care.
- 3) Establish a National Registry to determine incidence rates (at least at the hospital level) and collect epidemiologic data that shall include an investigation on the factors associated with delayed medical treatment and other barriers to care.
- 4) Ensure compliance of the patients to care by addressing health system, economic and social barriers through a Patient Navigation Program.

PROGRAM BACKGROUND

In the Philippines, approximately 3,500 children will be newly diagnosed with cancer each year. Childhood leukemia is the most common and accounts for about 60 to 70% of cancers seen among Filipino children. Although multidisciplinary management is available and could potentially cure 80% of cases, only about 10-20% actually attains long-term survival, which may be on account of the following reasons: a) two-thirds of patients come to medical attention when the disease is too advanced such that cure is no longer possible, or can only be achieved using very aggressive and expensive treatments usually available only in hospitals in cities, which majority of patients cannot afford; b) more often than not, families will opt not to undergo further treatment or to receive palliative or supportive care due to economic limitations, and c) out of only 20 to 30% of children diagnosed early, a significant number are unable to continue follow-up visits or hospitalization leading to a high rate of abandonment of treatment.

Two main obstacles need to be addressed:

1. Geographic gaps in access to care as most facilities are located in Metro Manila, Cebu, and Davao making it difficult for patients in the different islands to access cancer centers, and;
2. High cost of treatment as cancer drugs are just too costly for ordinary

ACCESS SITES AND BENEFICIARIES

Department of Health's ALLMAP will target indigent and Philhealth-sponsored ALL patients' ready access to anti-cancer medicines.

Government hospitals implementing the ALLMAP program are the following:

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| 1) Baguio General Hospital & Medical Center | 9) Davao Regional Hospital |
| 2) Ilocos Training & Regional Medical Center | 10) Southern Philippines Medical Center |
| 3) Jose B. Lingad Hospital | 11) Cotabato Regional Medical Center |
| 4) Batangas Medical Center | 12) East Avenue Medical Center |
| 5) Bicol Regional and Training Hospital | 13) Philippine Children's Medical Center |
| 6) Western Visayas Medical Center | 14) Philippine General Hospital |
| 7) Zamboanga City Medical Center | 15) Ospital ng Makati |
| 8) Northern Mindanao Medical Center | 16) Tarlac Provincial Hospital |

The following are the medicines included in the ALLMAP for children:

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| 1) Bleomycin Sulfate 15 vial/ampule | 12) Cytarabine 500 mg (IV Infusion) vial |
| 2) Carboplatin 150 mg powder (1V) vial | 13) Doxorubicin hydrochloride 10mg powder vial |
| 3) Carboplatin 450 mg powder (IV) vial | 14) Doxorubicin hydrochloride 50 mg powder vial |
| 4) Cisplatin 10 mg powder (IV) vial | 15) Etoposide 20 mg/mL powder (IV) vial/ampule |
| 5) Cisplatin 50 mg powder (IV) vial | 16) L-asparaginase 10,000IU lyophilized powder vial |
| 6) Cyclophosphamide 200 mg powder (IV) vial | 17) Mercaptopurine 50 mg tablet |
| 7) Cyclophosphamide 500 mg powder (IV) vial | 18) Methotrexate (as sodium) 2.5 mg tablet |
| 8) Cyclophosphamide 1000 mg powder (IV) vial | 19)Methotrexate (as sodium) 50 mg vial |
| 9) Cyclophosphamide 50 mg tablet | 20) Vincristine 1 mg/mL vial |
| 10) Cytarabine 100 mg (IM/SC/intrathecal) | 21) Vincristine 2 mg/mL vial |
| 11) Cytarabine 1000 mg (1 g) (IV infusion) vial | |

PROGRAM UPDATES/ MILESTONES

(as of December 31, 2014)

In 2009, the DOH began sourcing childhood chemotherapy drugs in partnership with PITC Pharma Inc., which consolidated the needs of 14 identified government hospitals. Some issues and limitations were encountered in the initial stages of implementation such as:

- Sourcing of cancer drugs at low prices
- Lack of storage facilities in some public hospitals as well as capacity to store and safely prepare and administer chemotherapy drugs
- No standard Clinical practice Guidelines (CPGs) for childhood cancer with doctors using varying regimens of different drugs.

In 2013, the program was enhanced with the Philippine Children's Medical Center (PCMC) designated as the National Collaborating Center for Childhood Cancer coordinating with the network of pediatric oncologists and hematologists practicing in government hospitals all over the country. The program was also expanded to other common Solid Tumors in children and the provision of medicines to manage toxic complications of chemotherapy.

An Experts and Steering Committee (ESC) was also created to oversee the overall implementation of the ALLMAP. Tracking of patients is ensured through the establishment of a National Childhood Cancer Registry and the adoption of a patient navigation program to overcome health system barriers faced by patients.

During the 3rd Quarter of 2014, the ALLMAP-ESC was reconstituted to an "Expert Committee on Childhood Cancer (ECCC)". This committee was mandated to refine, standardize, and localize the existing international and local common Clinical Practice Guidelines (CPG) for childhood cancers. This unified CPG will set the standard that the DOH will endorse to all government hospital in improving the care and survival outcomes of children with cancer. The committee will initially be working on the CPG of Acute Lymphocytic Leukemia (ALL). Parallel to this initiative, the ECCC will also develop a standard for all childhood cancer centers based on their capacity/levels of care.

The MAP Expert committees ensure that the design, financing, and regulation of standards for the delivery of health programs and services are guided by reliant evidence-based clinical practice guidelines.

With the launching of PHIC – Type Z Benefit package, the access programs are now being interfaced with the directions of PhilHealth to provide sustainable financing for catastrophic care. Pharmaceutical Division assured continuous supply of quality chemotherapeutic agents for as long as the Type Z package for all are not yet fully implemented and adjusted to cater high-risk ALL patients

The table below shows the list of government hospitals implementing the ALLMAP program and the number of beneficiaries per site.

Hospital	Year					
	2009	2010	2011	2012	2013	2014
Batangas Regional Hospital	20	29	35	41	52	44
Bicol Regional & Training Hospital	0	0	0	0	17	5
Davao Regional Hospital	0	0	0	0	16	8
East Avenue Medical Center	0	0	0	112	83	30
Ilocos Training & Regional Medical Center	0	0	0	25	32	35
Jose B. Lingad Hospital						
National Children's Hospital	0	0	33	14	20	32
Northern Mindanao Medical Center	13	11	12	21	25	16
Ospital ng Makati	1	2	5	3	4	6
Philippine Children's Medical Center	61	159	194	316	482	558
Philippine General Hospital	0	0	91	75	263	123
Southern Philippines Medical Center	0	0	206	203	249	156
Western Visayas Medical Center	0	0	0	3	13	7
Zamboanga City Medical Center	0	0	0	6	21	8
TOTAL	95	201	576	819	1277	1028

PROGRAM FOCAL POINTS

PROGRAM MANAGER

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