

Tackling Lymphomas in the Philippines

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29 August 2025

Disclosures

- Honoraria
 - Roche, Takeda, Astra Zeneca, Johnson & Johnson, Pfizer, Celtrion

Objectives

- To present the Philippine CPG on DLBCL, diagnosis and treatment
- To discuss challenges in the diagnosis and treatment of lymphoma in the Philippines
- To demonstrate government initiatives to address these concerns

DIFFUSE LARGE B-CELL LYMPHOMA

NATIONAL CLINICAL PRACTICE GUIDELINES

Clinical Questions	Recommendations	SoR	QoE
Diagnosis			
What are the mandatory tests to diagnose and subclassify DLBCL (de novo and transformed cases)?	We recommend excisional biopsy, immunohistochemistry (staining for pan-B cell markers such as <i>CD19</i> , <i>CD20</i> , <i>CD22</i> and <i>CD79a</i>) and conventional karyotyping to diagnose for DLBCL-suspected patients.	Strong	Low
	When the lymph node is not easily accessible for excisional (or incisional) biopsy, we suggest a combination of core biopsy and FNA biopsies, in conjunction with appropriate and available ancillary techniques for the differential diagnosis.	Weak	Low
What tests are needed to determine the extent of DLBCL?	We suggest the following diagnostic work-up to determine the extent of the disease among newly diagnosed DLBCL patients: - Clinical evaluation (history, physical and neurologic examination); - Chest/abdomen/pelvic CT scan with contrast of quality diagnostics; - For patients with neurologic findings on clinical evaluations, lumbar puncture with evaluation of cerebrospinal fluid; - For patients with high-risk CNS manifestation [including those with greater 1 extra nodal site or certain extra nodal sites (kidney, adrenal gland, testis)] or with neurologic manifestations (re: mass effect), offer head or neck CT scan or MRI with contrast of quality diagnostics; and,	Weak	Low

Department of Health. (2022). Diffuse Large B-Cell Lymphoma National Clinical Practice Guidelines. Manila, Philippines.

Caveats

- IHC's are not readily available in all hospitals, especially in government hospitals
 - Most hospitals carry CD20 only, some with CD3 stains
- Contrast-enhanced CT scan is standard

Lymphoma Clinic – St. Luke's Medical Center Quezon City

No definite diagnosis

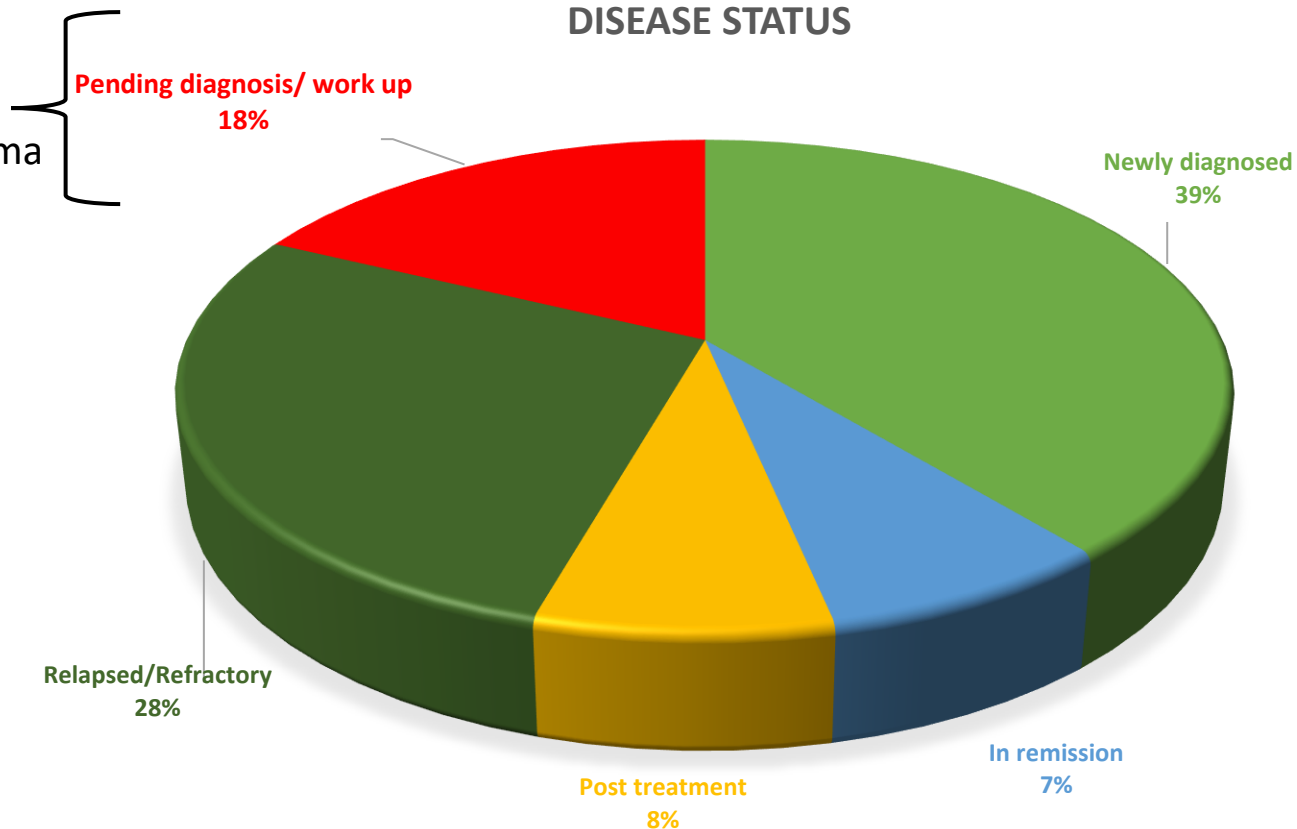
- Used FNA

No classification of lymphoma

- CD20 only

No PET CT scan

- CT scan inconclusive



Unpublished Data

DIFFUSE LARGE B-CELL LYMPHOMA

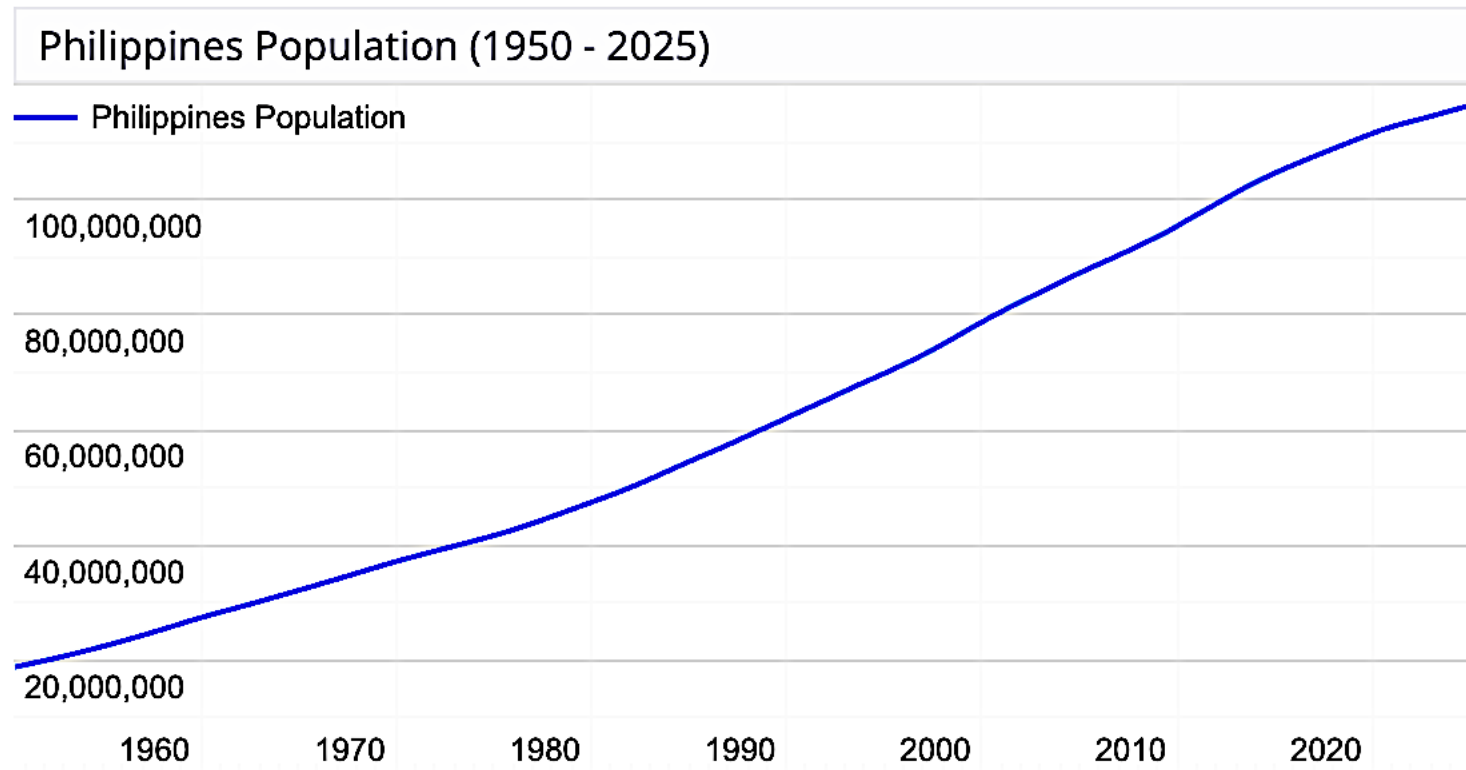
NATIONAL CLINICAL PRACTICE GUIDELINES

What are the treatment strategies for DLBCL in the adult population?	For stages I and II, non-bulky (less than 7.5 cm) cases, we recommend the following as first-line treatment: a. Three cycles of R-CHOP followed by ISRT b. Six cycles of R-CHOP with or without ISRT or four cycles of R-CHOP iv. Four cycles of R-CHOP followed by two cycles of rituximab (If IPI is equal to 0)	Strong	Low
	c. For bulky (greater than or equal to 7.5 cm) cases, we recommend six cycles of R-CHOP with or without ISRT. If Rituximab is not available, the next best available therapy is CHOP.	Strong	Low
	For stages III and IV, we recommend R-CHOP or offer to enroll the patient in a clinical trial. If Rituximab is not available, the next best available therapy is CHOP.	Strong	High

Philippines Population (LIVE)

116,930,758

All Filipinos are covered by Philhealth
Insurance penetration increased to 1.79%
- 6% (7 million) are covered by private HMO's ²



¹Worldometer. U.N. Dept. of Economic and Social Affairs - Population Division. World Population Prospects: The 2024 Revision.
²Insurance Commission, Department of Finance as of 25 august 2025.

Government assistance



Philippine Health Insurance Corporation
(Philhealth)



Department of Social Welfare &
Development (DSWD)



Philippine Charity Sweepstakes Office
(PCSO)



i #1 RESOURCE FOR FILIPINO LYMPHOMA PATIENTS

Battling Lymphoma, One Day At A Time

Lymphoma Philippines is a non-profit organization for Lymphoma patients, survivors, and caregivers, and we aim to disseminate medically-approved Lymphoma-related campaigns in the Philippines. It was founded to help Filipino Lymphoma patients and their loved ones on their journey.

i [I want to know more about Lymphoma](#)

👤 [I'm a newly-diagnosed Lymphoma patient. What's next?](#)

+ [I'm looking for medical/financial assistance](#)

🎯 [I'd like to help in any way I can](#)

Community Virtual Meet



Meet other Lymphoma warriors, hear their stories, and get support and advice.



Lymphoma Philippines

Philippine National Formulary

- includes medicines that satisfy the priority health care needs of the population and are selected based on evidence of their efficacy, safety, and comparative cost- effectiveness
- updated annually
- Rituximab and most cytotoxic agents are included
- Other novel agents are not included
 - BTKi's, ADC's, other mAb's, BiTE's

Lymphoma Clinic – St. Luke's Medical Center Quezon City

- 1st in the Philippines
- Under the Cancer Institute, St. Luke's Medical Center Quezon City
- Composed of specialists caring for lymphoma patients
- Activities:
 - Lymphoma consultations (challenging and rare cases)
 - Weekly MDT
 - Collect data
 - Post-graduate course
 - Lay fora

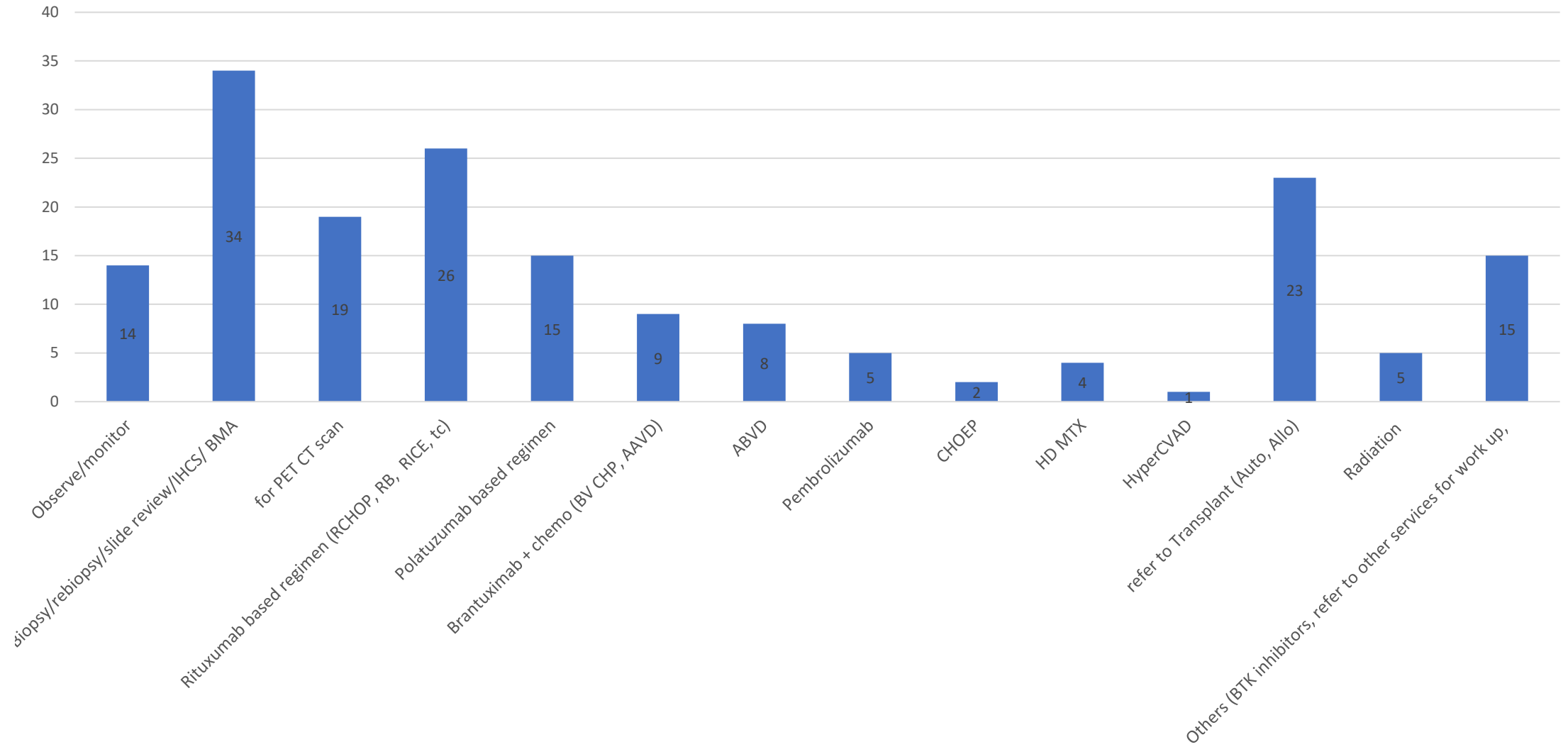
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	2023	2024	2025	TOTAL
Hodgkin Lymphoma	6	13	7	26
DLBCL	12	27	16	55
High Grade B cell lymphoma	5	4	3	12
B cell NHL	7	2	2	11
Burkiit Lymphoma	0	0	0	0
Follicular Lymphoma	5	5	2	12
Mantle Cell Lymphoma	0	6	1	7
Primary Mediasitnal B cell Lymphoma	1	3	1	5
Primary CNS lymphoma	0	2	1	3
EMZL	2	3	2	7
ALK negative ALCL	1	0	1	2
Small Lymphocytic Lymphoma	1	3	1	5
NK Tcell Lymphoma	2	1	1	4
Peripheal T cell Lymphoma, NOS	2	2	2	6
Cutaneous T cell Lymphoma	2	1	3	6
Angioimmunoblastic T Cell Lymphoma	0	1	0	1
others: atypical lymphoid proliferation, et; Castleman disease	3	2	2	7
Total	49	75	45	169

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Case	No
Diffuse Large B cell Lymphoma	55
Hodgkin Lymphoma	26
High Grade B cell lymphoma	12
Follicular Lymphoma	12
B cell NHL	11
Extranodal Marginal Zone Lymphoma	7
Mantle Cell Lymphoma	7
Peripheral T cell Lymphoma, NOS	6
Cutaneous T cell Lymphoma	6
Primary Mediastinal B cell Lymphoma	5
Small Lymphocytic Lymphoma	5

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