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CORRESPONDENCE

Looking through the scope: retinoblastoma in the Philippines

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TO THE EDITOR:

Retinoblastoma, the most common primary intraocular malignancy in children worldwide, is highly malignant if left untreated. Shields and colleagues reviewed the global incidence of retinoblastoma, new treatment strategies, and psychosocial implications [1]. We write from the perspective of the Philippines, a large lower-middle income country in Southeast Asia, where the incidence of retinoblastoma continues to rise.

The Philippines has seen a fivefold increase in the incidence of retinoblastoma, from 48 to 237 per 100,000 eyes from 1967 to 2001 [2]. Studies from a large tertiary referral centre in the Philippines showed majority of patients presented with advanced disease due to late diagnosis and were subsequently enucleated. Delays in care were attributed to misdiagnosis and high financial costs, [3] relevant in a country wherein an estimated 1 in 4 Filipinos does not earn enough to meet basic needs [4].

Geographic disparities are similarly critical: The availability of trained specialists, advanced diagnostic modalities and cancer facilities are mostly found in urban areas. Accessibility and transportation costs pose major challenges to patients of lower economic status from geographically far and inaccessible areas. Additionally, cultural factors influence parents' decision to enucleate, which can potentially delay curative treatment strategies [5].

Several national strategic plans have been developed in the country. The National Integrated Cancer Control Act aims to provide quality and affordable healthcare to all cancer patients [6]. However, the incidence of advanced disease amongst Filipino retinoblastoma patients underscores the need to mobilize these plans.

First, efforts are needed to improve access and lower the direct and indirect costs of care for patients. Second, policy-level interventions should address disease awareness amongst the general public and frontline healthcare providers. Improving access to simple diagnostic screening tools such as fundoscopy, non-flash photography, and ocular misalignment tests will likely play a key role. Third, an effective and efficient referral system from various regions of the country especially remote and economically underprivileged areas to tertiary referral centres with trained specialists should be established and made available. Fourth, updated and comprehensive data infrastructure for retinoblastoma is needed with special consideration to opthalmo-oncologic care. Lastly, efforts are needed to improve access to culturally appropriate psycho-oncological care and genetic counselling.

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AUTHOR CONTRIBUTIONS

MCG provided outline, drafted manuscript, and collated documents needed for submission. MAE proof read, edited grammatical errors and conceptualized ideas. ECD contributed to the design and analysis of presented sourced data. GJM provided expert opinions in the field and suggested novel ideas to the article. ERC reviewed, edited, and approved the final version of the manuscript.

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COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

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