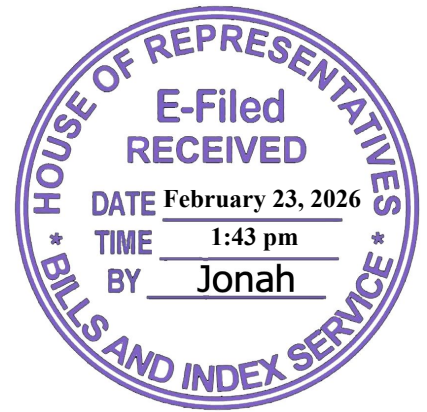




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. 7947



Introduced by Representatives Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A. Acidre

AN ACT
STRENGTHENING THE CANCER REGISTRY SYSTEM IN THE PHILIPPINES, MANDATING THE ESTABLISHMENT AND SUSTAINED FUNDING OF POPULATION-BASED AND HOSPITAL-BASED CANCER REGISTRIES, AND FOR OTHER PURPOSES WITH FUNDS APPROPRIATED THEREOF

EXPLANATORY NOTE

This proposed bill seeks to establish and fund population-based and hospital-based cancer registries to strengthen the cancer registry system mandated by the National Integrated Cancer Control Act (NICCA).

In the Philippines, cancer is the third leading cause of death. According to the International Agency for Research on Cancer, over 188,000 new diagnoses and over 113,000 deaths have been attributed to different forms of cancer. Such data is only based on what was acquired from the Manila and Rizal Cancer Registries.

At the moment, the Philippines has four Population-Based Cancer Registries (PBCR) situated in Manila, Rizal, Cebu, and Davao. As for Hospital-Based Cancer Registries (HBCR), there are only forty-four known hospitals adopting the CARE PH application, a software tool that functions as a hospital cancer registry which is embedded into the hospital local area network maintained by an organization of healthcare champions, patients, and their caregivers, with a capacity to share their anonymized data with a secure and encrypted central

database.

Given this, cancer registration in the Philippines remains fragmented, underfunded, and geographically incomplete, covering only a fraction of the national population and hospital network. The lack of a fully institutionalized nationwide system continues to create significant gaps in cancer incidence, prevalence, survival, and mortality data.

This bill seeks to strengthen the cancer registry system in the Philippines by mandating the establishment, accreditation, and sustained funding of both PBCRs and HBCRs. It further positions the National Cancer Registry as the official source of national cancer incidence and survival data, anchored on PBCRs as the backbone of population-level surveillance. It likewise reiterates the provision under NICCA that mandates that all hospitals, including clinics, shall have its own cancer registry. Moreover, it professionalizes the cancer registry workforce through a national certification program for Cancer Registrars to ensure data quality and interoperability, and enforce measures to practice secure and ethical data sharing in line with the Data Privacy Act of 2012.

The proposed measure builds upon the NICCA by ensuring that cancer data systems are no longer fragmented and are institutionalized, sustainable, and aligned with global standards instead. Reliable data on cancer in the Philippines will not only empower policymakers and health workers but also deliver justice to patients and families by ensuring equitable allocation of resources, improved access to cancer care, and stronger public health interventions nationwide.

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



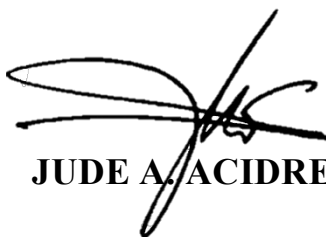
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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* – This Act shall be known as the "*Cancer Registry Act of 2025*".

SECTION 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. In pursuit of this, the State shall establish a comprehensive and responsive cancer data system through a well-supported and technically sound cancer registry network. This will serve as the foundation for cancer surveillance, planning, policy development, and evaluation of cancer

control strategies in the country. This will strengthen the implementation of the National Integrated Cancer Control Act (NICCA).

SECTION 3. Definition of Terms. For the purposes of this Act, the following terms are hereby defined:

- a. ***Cancer Registrar*** refers to a trained health information professional responsible for collecting, abstracting, verifying, and managing cancer data in accordance with international standards.
- b. ***Cancer Registry*** refers to a database that contains information about people diagnosed with various types of cancer. The registry shall require systematic collection, storage, analysis, interpretation and reporting of data on subjects with cancer.
- c. ***Hospital-Based Cancer Registry (HBCR)*** refers to a registry that collects information on cancer patients diagnosed and/or treated in a specific hospital, primarily for clinical service evaluation, quality assurance, and hospital-based research.
- d. ***Population-Based Cancer Registry (PBCR)*** refers to a registry that collects data on all new cancer cases occurring in a defined population within a specific geographic area, regardless of the place of diagnosis or treatment. PBCRs provide incidence, survival, and mortality data to inform public health policies and research.
- e. ***WHO-IARC CanReg*** refers to an open-source software tool developed by the International Agency for Research on Cancer (IARC), designed specifically to input, store, check, and analyze population-based cancer registry data to help track cancer incidence globally. It is a cornerstone tool for cancer registries worldwide aiming for quality and comparability in cancer data collection and analysis. It is widely adopted by cancer registries in Africa, Asia, the Middle East, Pacific Islands, Eastern Europe, and parts

of Latin America for systematic, standardized cancer data collection and management.

- f. ***WHO IARC*** refers to the World Health Organization International Agency for Research on Cancer, which is the specialized cancer research agency of WHO. Its mission is to coordinate and conduct international research on the causes, prevention, and early detection of cancer. IARC was established in 1965 as an intergovernmental agency and is headquartered in Lyon, France. Its membership has grown to 29 countries, and it works closely with WHO to translate research findings into global cancer prevention policies.
- g. ***National Cancer Registry*** refers to a population-based registry established to collect, store, analyze, interpret, and report data on persons with cancer in the Philippines.
- h. ***Cancer Repository Databank*** refers to a specialized database or data repository designed to systematically collect, store, manage, and share information about cancer patients, tumor characteristics, treatment outcomes, and/or genomic data for research, surveillance, and public health purposes.

SECTION 4. *Purpose of the Act.* – The specific objectives of the Act are as follows:

- a. Institutionalize a sustainable and high-quality cancer registry system composed of population-based and hospital-based cancer registries.
- b. Ensure the independent and uninterrupted operation of Population-Based Cancer Registries (PBCRs) as the backbone of the National Cancer Registry.
- c. Provide a clear framework for the roles, responsibilities, funding, and certification of cancer registrars.

- d. Establish mechanisms for coordination, data quality assurance, and ethical data sharing among registries and other relevant institutions.
- e. Promote the use of cancer registry data in national policy, planning, and research for cancer prevention and control.

SECTION 5. *Scope and Coverage.* – This Act shall apply to all Population-Based Cancer Registries (PBCRs) and Hospital-Based Cancer Registries (HBCRs) operating in the Philippines, whether managed by government agencies, local government units, or private institutions. It shall also cover all hospitals, cancer centers, and diagnostic facilities required to report cancer cases as part of the national cancer surveillance system.

SECTION 6. *The National Cancer Registry.* – The National Cancer Registry shall serve as the official source of national cancer incidence, survival, and mortality data and shall operate as a Population-Based Cancer Registry (PBCR). It shall be developed, maintained, and managed under the supervision of the Department of Health (DOH) Cancer Control Division, in coordination with the Philippine Cancer Center Cancer Repository Data Bank and other relevant stakeholders.

The National Cancer Registry shall:

- a. Consolidate, integrate, and harmonize data submitted by accredited PBCRs to produce national estimates of cancer incidence, prevalence, survival, and mortality;
- b. Collect and encode PBCR data using the World Health Organization–International Agency for Research on Cancer (WHO–IARC) CanReg software, and operate in accordance with international standards set by WHO–IARC and other recognized authorities;

- c. Ensure that PBCRs remain the independent and primary data source for national cancer incidence statistics, and continue collecting and reporting data even in the absence or incompleteness of HBCR data;
- d. Guarantee data privacy and security in compliance with Republic Act No. 10173, otherwise known as the “Data Privacy Act of 2012”;
- e. Produce and disseminate regular cancer statistics and reports to guide national policy, research, and programs; and
- f. Serve as the official source of cancer data for submission to international bodies, including the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC).

The current Metro Manila Philippine PBCRs DOH-Rizal Cancer Registry and Philippine Cancer Society-Manila Cancer Registry contributing data to the WHO-IARC GLOBOCAN shall continue to be part of the National Cancer Registry. The newly established DOH - Davao Cancer Registry (DOH-DCR) and the DOH - Cebu Cancer Registry (DOH-CCR) shall likewise continue to be part of the National Cancer Registry, representing Mindanao and Visayas, respectively. An additional Central Luzon PBCR shall be developed representing Luzon. The active registrars of the DOH-RCR, PCS-MCR, DOH-DCR, and DOH-CCR shall be recognized as the pioneer cancer registrars of the National Cancer Registry.

Hospital-Based Cancer Registries shall not be required for the validation or continuation of PBCR operations. PBCRs shall operate and report independently to ensure complete and representative population-level cancer data.

SECTION 7. *Establishment and Accreditation of PBCRs.* – The Department of Health shall ensure that accredited Population-Based Cancer Registries (PBCRs) are strategically located to ensure equitable, regional, and population-

level representation across the country. The expansion of PBCRs shall be progressive and guided by technical readiness, coverage needs, and data quality standards.

Each PBCR shall cover a defined geographic area and population, following standardized protocols for data collection, coding, validation, and reporting. PBCRs shall be accredited by the Department of Health based on criteria set in accordance with international standards. The Department of Health shall provide technical, financial, and capacity-building support to all accredited PBCRs. PBCRs may be managed by government institutions, academic partners, or independent organizations with proven capacity and integrity, subject to DOH oversight.

SECTION 8. *Establishment of HBCRs.* – All government and private hospitals with cancer diagnostic or treatment services shall establish and maintain Hospital-Based Cancer Registries (HBCRs). These registries shall collect data on all cancer patients diagnosed and/or treated within their facilities to support quality assurance, service planning, and hospital-based research.

Hospitals shall designate trained and certified Cancer Registrars, and allocate adequate resources for registry operations. Hospitals under the Department of Health (DOH) and other national government agencies shall include cancer registry positions in their staffing patterns, consistent with the standards prescribed by the DOH and Civil Service Commission (CSC).

The Philippine Cancer Center shall issue guidelines for the minimum requirements, formats, and timelines for HBCR implementation, as well as procedures for data submission, quality assurance, and integration with national systems. Hospitals shall maintain or choose their own digital medical records

formats, from where the HBCR can be culled from. The HBCR shall be a hospital data source of the PBCR.

SECTION 9. *Cancer Registrar Certification and Staffing.* – The Department of Health, in collaboration with relevant professional societies, academic institutions, and the Technical Education and Skills Development Authority (TESDA), shall develop and implement a national training and certification program for Cancer Registrars. This program shall include core competencies in cancer data abstraction, registry software use, international coding standards, data security, and ethical reporting, in line with global standards such as those set by the International Agency for Research on Cancer (IARC).

TESDA shall be authorized to:

- a. Develop a dedicated national qualifications framework (NQF) level or certificate program for Cancer Registrars;
- b. Accredite training institutions and trainers to deliver modular or full-course instruction;
- c. Conduct national assessments and issue certificates of competency, in partnership with the Department of Health and relevant training partners.

DOH hospitals, public tertiary and regional hospitals, cancer centers, and PBCR host institutions shall include Cancer Registrar positions in their organizational structure and staffing patterns, subject to Civil Service Commission (CSC) rules and classification standards.

The Department of Budget and Management (DBM) and the Civil Service Commission (CSC) shall ensure the timely creation and funding of plantilla items

for certified Cancer Registrars to professionalize the workforce and ensure sustainability of cancer registration efforts.

SECTION 10. *Data Sharing, Privacy, and Security.* – Cancer registries shall implement secure and ethical data collection, storage, and sharing practices in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012.

To support comprehensive and accurate population-level cancer surveillance:

- a. All hospitals, both public and private, shall cooperate with Population-Based Cancer Registries (PBCRs) in the collection of essential cancer data. This includes sharing patient records, diagnostic details, and follow-up outcomes necessary for PBCR completeness, as authorized under existing health regulations and data-sharing protocols.
- b. The Philippine Statistics Authority (PSA) shall provide access to mortality data and civil registry records to the DOH and accredited PBCRs for the purposes of verifying patient vital status, generating survival statistics, and improving cancer mortality reporting.

The DOH shall also re-establish and establish protocols for:

- a. Secure data transmission and storage platforms for all cancer registries;
- b. Interoperability between PBCRs, HBCRs, the Philippine Health Information Exchange (PHIE), and national registries such as PSA and PhilHealth;
- c. De-identified and anonymized data use for research and public health purposes; and
- d. Institutional review procedures for research and publication involving registry data.

SECTION 11. *Funding and Sustainability.* – The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the Department of Health. Thereafter, such sums as may be necessary for its continued implementation shall be included in the annual General Appropriations Act (GAA).

The Department of Health shall:

- a. Provide annual grants to accredited PBCRs and qualified institutions for operations, training, equipment, digitalization, and staffing;
- b. Explore and implement mechanisms for public-private partnerships, external funding, and international technical cooperation;
- c. Issue sustainability and transition plans for registry host institutions.

SECTION 12. *Oversight and Monitoring.* – An oversight mechanism for the PBCR shall be established under the DOH-Cancer Control Division to:

- a. Monitor the implementation of this Act's provision on PBCR;
- b. Review PBCR performance annually;
- c. Coordinate and collaborate with the Cancer Repository Databank under the Philippine Cancer Center;
- d. Recommend improvements in standards, training, and operations;
- e. Submit annual reports to the Secretary of Health and the Committee on Health of both Houses of Congress.

An oversight mechanism for the HBCR shall be established under the Philippine Cancer Center to:

- a. Monitor the implementation of this Act's provision on HBCR;
- b. Review HBCR performance annually;
- c. Coordinate and collaborate with the PBCRs under the DOH-Cancer Control Division;
- d. Recommend improvements in standards, training, and operations;
- e. Submit annual reports jointly with the DOH-Cancer Control Division to the Secretary of Health and the Committee on Health of both Houses of Congress.

SECTION 13. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the Department of Health, in consultation with the Philippine Cancer Center, registry experts, academic partners, and civil society, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

SECTION 14. *Separability Clause.* – If any part, section, or provision of this Act is declared unconstitutional or invalid, the remaining parts not affected thereby shall remain in full force and effect.

SECTION 15. *Repealing Clause.* – All laws, decrees, executive orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SECTION 16. *Sunset Review.* – A comprehensive review of the implementation of this Act shall be conducted every five (5) years from its effectivity by the Department of Health and relevant stakeholders. The findings shall guide necessary amendments and policy directions to improve cancer data systems in the country.

SECTION 17. *Effectivity.* – This Act shall take effect fifteen (15) days after its complete publication in the Official Gazette or in a newspaper of general circulation.

Approved,