HEAL forward: The future of gynecologic surgery in the Philippines

Introduction

This article envisions the future of gynecologic surgery in the Philippines through the framework of HEAL – Harnessing, Empowerment, Advancing, and Learning. These four principles define the pillars for equitable, innovative, and sustainable women's surgical care. With the increasing burden of cancer, limited human resources, and healthcare inequities, the call to HEAL forward is both urgent and aspirational. This paper discusses how national policies, capacity building, innovation, and lifelong learning can transform the surgical landscape to ensure every Filipino woman has access to quality care.

The future of gynecologic surgery in the Philippines demands not only innovation but also equity, collaboration, and purpose. To envision this future, I use the guiding framework of HEAL – Harnessing, Empowerment, Advancing, and Learning – the pillars of the Society of Gynecologic Oncology's (SGOP) 2025 Annual Convention theme. These four principles embody what I foresee are needed to strengthen women's surgical care, bridging gaps in access, capability, and technology.

The Burden We Face

According to GLOBOCAN statistics, in 2022, Filipino women faced 105,912 new cancer cases and 56,506 deaths.[1] The top three malignancies remain to be breast, colorectal, and cervical cancer, all of which are preventable or curable if detected and treated early. Yet, six in ten Filipinos die without ever consulting a doctor.[2] Treatment delays persist – one local study reported that 35% of cancer patients experienced treatment delays beyond 30 days, while 25% waited over 60 days.[3] The archipelagic geography of the country compounds inequity, leaving many women unable to access timely specialized care.

For a population of over 110 million, the Philippines counts only 131 board-certified gynecologic oncologists – about one for every 800,000 Filipinos, with more than half of them clustered in Metro Manila/National Capital Region (NCR). Some regions have only one surgical oncologist, others none.[4] This healthcare workforce gap underscores the need to transform policy into practice, ensuring equitable access to care nationwide.

H – Harnessing: Building Equitable Healthcare Systems

To harness is to mobilize collective strengths – communities, institutions, and government – to ensure that where a woman lives does not determine whether she lives. The Universal Health Care Act[5] and the National Integrated Cancer Control Act (NICCA) must be implemented fully.[6] Together, they can establish a network of regional cancer centers offering the appropriate care – surgery, chemotherapy, and radiotherapy across the islands without the patients traveling hundreds of miles from their place of residence. Harnessing also means engaging communities: empowering at the grassroots level, starting from barangay health workers to recognize cancer signs and dispel myths about surgery through education.

E – Empowerment: Strengthening People and Teams

Empowerment centers on people – our surgeons, healthcare teams, and even our patients – because an empowered patient is as much a partner in successful outcomes as an empowered surgeon. The future of gynecologic surgery depends on skilled, confident providers working in empowered teams. This begins with mentorship and training and extends to everyday support and professional growth opportunities. Tele-mentoring can connect provincial practitioners with senior mentors in the NCR and urban centers. Surgical outreach can be a start with experienced senior gynecologic oncologists traveling to underserved areas and assisting and mentoring the young gynecologic surgeons.

Empowerment also means ensuring institutional support, adequate intensive care unit (ICU) capacity, and resources for safe, quality surgery, such as reliable surgical instruments, operating room equipment, and machines. A surgeon's skill is being held back if there is no proper ICU bed for a critical postoperative patient or if the blood supply is insufficient. We must advocate within our hospitals for prioritizing gynecologic surgical services: for instance, ensuring that a tertiary hospital in Mindanao has the same quality of surgical instruments and equipment and pathology services as those in Metro Manila. This may require lobbying administrators,

health authorities, and government leaders – a role that empowered physicians must be willing to take on. An efficient and equipped hospital will attract and encourage more specialists and healthcare personnel to stay and establish their practice.

A – Advancing: Innovating with Purpose

Advancing is about modernization and innovation. To "advance" means adopting new technologies and techniques, continually improving standards of care, and pushing the envelope of what we can achieve for our patients. We look for ways to innovate and modernize our surgical practice – from high-tech solutions to simple protocol improvements – and how these can contribute to shaping the future of surgery.

Minimally invasive surgery has revolutionized gynecology, and robotic systems, though limited in the Philippines, offer promise for precision surgery. Integration of Minimally Invasive Gynecologic Surgery (MIGS) in residency curriculum is already initiated. I share the belief that MIGS should be the standard of care for benign gynecologic lesions such as myoma uteri, adenomyosis, and benign ovarian cysts. We must continue to advance this frontier. Our goal should be that every suitable gynecologic oncology case – such as endometrial or early-stage ovarian cancer – is offered a minimally invasive option, whether laparoscopic or robotic-assisted, rather than the default open surgery. Let us take advantage of learning from the countries that established this ahead of us – ensuring cost-effectiveness and proper case selection as we integrate the robotic platform.

Beyond technology, advancements include Enhanced Recovery After Surgery protocols, telemedicine, and national cancer registries. Telemedicine enables remote intraoperative consultations and virtual tumor boards connecting experts across islands. The COVID-19 pandemic demonstrated that real-time specialist input through livestream is feasible and effective. In addition, a modernized, centralized gynecologic oncology registry – which SGOP continues to develop through a pioneering research in its two training institutions – will facilitate outcome tracking, gap identification, and participation in international research. The use of artificial intelligence (AI) is yet to be explored to augment diagnostics and preoperative planning, particularly in underserved regions.

L – Learning: Sustaining Growth through Education and Research

Lifelong learning is a core value of our profession and, indeed, of our society, the SGOP. Lifelong learning anchors professional and institutional growth. The Philippines produces only five to six new gynecologic oncologists per year from the two accredited fellowship training programs – insufficient to meet the increasing demand and population. We see further the disparities in comparison to our Asian neighbors: Japan with almost the same population as ours have 10 times the number of specialists, 1200 specialists, 297 institutions, and 70 newly certified gynecologic oncologist each year; South Korea has 280 gynecologic oncologists in 66 centers serving a population of 51.74 million, with approximately 20 new gynecologic oncologists certified per year; India has 200 specialists and 35–40 certified new gynecologic oncologists per year, and Thailand has 14 institutions, 300–350 specialists, and 22–23 new gynecologic oncologists certified per year.[7]

This is the challenge I pose to our SGOP members and their respective training institutions – to establish fellowship programs with the Department of Health (DOH) or DOH-accredited institutions supporting the infrastructure, logistics, and human resources. We must set a target of at least three new training centers by 2028. When we create more training programs in strategic regions – perhaps one in Northern Luzon, one in Visayas, and one in Mindanao – so that fellows can train closer to home and are more likely to serve those communities thereafter. Expanding fellowship programs outside Metro Manila will decentralize expertise and deliver cancer care to the regions and perhaps bring the expertise closer to women in Geographically Isolated and Disadvantaged Areas.

Strengthening research output through local and international collaborations is vital to enhancing learning and adding new knowledge. Data from the SGOP's DIGMa (Diagnosis and Interventions for Gynecologic Malignancies) study can be utilized in appropriate research. Expanding this gynecologic cancer registry to cancer centers nationwide, in partnership with the Philippine Cancer Center, will build a unified national data system.[6] This national registry will track disease burden, treatment and outcomes. This will provide basis for better policies, fair resource distribution and national clinical guidelines, and facilitating research to improve gynecologic cancer care across the country.

Learning also means looking outward and benchmarking ourselves against the best. We should continuously align with global standards – whether it's aiming to meet the World Health Organization's 2030 targets for cervical cancer elimination,[8] or adopting the International Federation of Gynecology and Obstetrics (FIGO) staging and treatment guidelines. Our Society's partnership with

the International Gynecologic Cancer Society (IGCS) and the Asian Society of Gynecologic Oncology (ASGO) will be an asset here. IGCS has welcomed SGOP as a strategic alliance partner, recognizing that we are committed to continuous upgrading of the standards of practice, teaching, and research. Let us leverage that partnership for training opportunities through exchanges or observership for our junior members and fellows in training in renowned centers abroad and inviting international experts to our conferences. Already, some of our members have earned international fellowships in FIGO, IGCS, and ASGO. These global exposures ensure we are not left behind and that our patients benefit from proven advances used in other countries.

Aligning with global standards also means showcasing Filipino leadership on the international stage. I envision more Filipinos serving as IGCS committee members, contributing to FIGO, and authoring international guidelines. By sharing our successes – such as implementing low-cost screening in rural communities or achieving better surgical outcomes despite limited resources – we enrich the global pool of knowledge and demonstrate how innovation and resilience can drive progress in gynecologic cancer care.

Conclusion

"HEAL Forward" is both a challenge and a promise. It calls us to Harness our systems, Empower our people, Advance through innovation with purpose, and Learn relentlessly. Only then can we ensure that every Filipino woman – whether in a major city or a remote island – receives timely, compassionate, and high-quality gynecologic surgical care.

It envisions a Philippines where regional cancer centers allow women to receive appropriate management close to home; where surgeons and healthcare teams are equipped with world-class training and supported to serve anywhere in the country; where patients seek care earlier, guided by knowledge and hope rather than fear. It is a future where innovation is routine – minimally invasive and robotic surgery are standard, telemedicine and AI extend our reach, and the standards we follow are among the best because we helped define them. A future where learning is embedded in practice, and every experience strengthens the safety and quality of the next.

This vision is ambitious – but it is achievable. Each of us has a role: to mentor, to train, to innovate, to research, and to advocate. As specialists, as a society, and as a community, it is our responsibility to write this narrative.

Aspiration becomes reality only through action. We HEAL forward – now.

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