LIVED EXPERIENCES OF CANCER PATIENTS WHO DISCONTINUED RADIATION THERAPY

ABBAGO, PAMELA GRACE E.
DE VILLA, ALLIVED A.
GARNACE, BAL JOSHUA A.
GIRON, ERICA
MOSUELA, PRINCE JERALD M.
NARCEDA, JERONICA P.
PAPLONOT, ALBERTH ROSE M.
SALVADOR, DANIEL EDWARD G.

College of Radiologic Technology, Lorma Colleges
City of San Fernando, La Union

Bachelor of Science in Radiologic Technology

RANEL G. FONTANILLA, RRT

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ENDORSEMENT

This thesis entitled **"LIVED EXPERIENCES OF CANCER PATIENTS WHO DISCONTINUED RADIATION THERAPY"** was prepared by **Pamela Grace E. Abbago, Allived A. De Villa, Bal Joshua A. Garnace, Erica Giron, Prince Jerald M. Mosuela, Jeronica P. Narceda, Alberth Rose M. Paplonot, and Daniel Edward G. Salvador** in partial fulfillment of the requirements for the **Research Subject**, has been examined and is recommended for acceptance and approval for Final Defense.

ERIQUEL GEM G. MILANES, RRT
Research Facilitator

RANEL G. FONTANILLA, RRT
Research Adviser

This is to further that the thesis entitled, "**LIVED EXPERIENCES OF CANCER PATIENTS WHO DISCONTINUED RADIATION THERAPY",** prepared by **Pamela Grace E. Abbago, Allived A. De Villa, Bal Joshua A. Garnace, Erica Giron, Prince Jerald M. Mosuela, Jeronica P. Narceda, Alberth Rose M. Paplonot, and Daniel Edward G. Salvador**, submitted in partial fulfillment of the requirements for the **Research Subject,** has been examined and is recommended for acceptance and approval for Final Defense.

MARITES C. PAGDILAO, MPA, MAN
Chairperson

DANA MICHELE R. CASTRO, PhD
Member

TERESITA A. FERRER, MAN
Member

GRYN T. SALAGMA, MPH, RRT
Dean, Colleges of Radiologic Technology

APPROVAL SHEET

Approved by the Committee on final defense as passed on _____.

MARITES C. PAGDILAO, MAN, MPA
Chairperson

DANA MICHELE R. CASTRO, PhD
Member

TERESITA A. FERRER, MAN
Member

Accepted and approved in partial fulfillment of the requirements for the Research Subject.

GRYN T. SALAGMA, MPH, RRT
Dean, College of Radiologic Technology

This is to certify that **Pamela Grace E. Abbago, Allived A. De Villa, Bal Joshua A. Garnace, Erica Giron, Prince Jerald M. Mosuela, Jeronica P. Narceda, Alberth Rose M. Paplonot, and Daniel Edward G. Salvador** have completed all research requirements for the Degree of Bachelor of Science in Radiologic Technology.

GRYN T. SALAGMA, MPH, RRT
Dean, College of Radiologic Technology

Date signed: _____

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DEDICATION

This research study is humbly and wholeheartedly dedicated to the people who have been our unwavering sources of strength, inspiration, and support throughout this academic journey.

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Finally, this work is also a tribute to the countless individuals facing silent battles. May this study serve not only as an academic contribution but also as a beacon of empathy, awareness, and hope.

The Researcher

TABLE OF CONTENTS **Page**

LIST OF FIGURES

LIST OF TABLES

Abstract

Discontinuation of radiation therapy among cancer patients remains a critical concern, with profound implications for treatment outcomes and survival. While prior research has highlighted factors like side effects and financial burden, limited attention has been given to the lived experiences behind these decisions. This study explored the personal and emotional journeys of patients who voluntarily discontinued radiation therapy.

Utilizing a phenomenological approach and Colaizzi's Seven-Step Method, in-depth interviews were conducted with six participants. The analysis revealed that discontinuation was not a passive act but a deliberate and reflective decision shaped by intersecting physical, emotional, logistical, and financial struggles. Participants described moments of intense self-reflection, assessing their strength, suffering, and the cost of continuing versus the peace that comes with letting go. Family and friends emerged as vital sources of emotional support, providing stability and reassurance during periods of uncertainty. Many participants reported a sense of recovery after discontinuation, not only physically through rest but also emotionally and spiritually through renewed peace and clarity.

These findings call for a more holistic, patient-centered approach in oncology care—one that affirms patient autonomy while addressing the broader psychosocial realities influencing treatment decisions.

Keywords: *cancer patients, discontinuation, lived experiences, oncology care, radiation therapy*

CHAPTER I

THE PROBLEM

Background of the Study

Cancer forces you into choices you never imagined making. At first, it's about survival—fighting with everything you have. But as treatment begins, especially radiation, the lines blur. The therapy that is supposed to save you also drains you: the relentless fatigue, the burning skin, the nausea, the quiet erosion of who you used to be. Radiation becomes more than just treatment—it becomes part of the cancer itself, a daily reminder of what you are losing while trying to stay alive. For some, there comes a moment when the fight feels less like living and more like suffering. In that moment, choosing to discontinue is not giving up—it is choosing peace over pain, clarity over chaos, and dignity over desperation.

Cancer remains one of the leading causes of morbidity and mortality worldwide, imposing immense physical, emotional, and financial burdens on patients and their families. In a study conducted by the World Health Organization (WHO), cancer was the leading cause of death resulting in nearly 10 million casualties. Most of the recorded mortalities were due to breast cancer claiming the lives of almost 2.26 million patients (Ferlay et. al., 2020). As a cornerstone of modern cancer care, radiation therapy aims to target and destroy cancer cells while sparing healthy tissues. However, despite its efficacy, a significant number of patients fail to complete their prescribed radiation therapy due to various challenges, leading to treatment discontinuation.

Globally, the issue of treatment discontinuation has been well-documented in medical literature. Research has identified severe side effects, such as oral mucositis, fatigue, and skin reactions, as common reasons why patients find it difficult to adhere to radiation therapy

regimens (Iovoli, et al., 2023). These adverse effects not only impair patients' physical well-being but also diminish their overall quality of life, creating significant barriers to treatment adherence. Additionally, logistical and financial challenges, particularly in low- and middle-income countries (LMICs), further exacerbate the issue. Patients in these regions often face limited access to healthcare facilities, long travel distances, and exorbitant costs for treatment and supportive care (Beltrán, et al., 2023). The decision to discontinue radiation therapy is rarely straightforward. Psychological factors, including fear, anxiety, and feelings of isolation, play a significant role. A qualitative study on lung cancer patients revealed that treatment decision-making is influenced by patients' perceptions of their prognosis, quality of life, and the perceived inevitability of suffering (Unsöld, et al., 2024). While these studies provide valuable insights into the clinical and systemic aspects of treatment discontinuation, they often lack a deeper exploration of patients' personal experiences and the broader social and cultural contexts influencing their decisions.

Macro-level factors also play a significant role in the discontinuation of radiation therapy. Systemic, economic, and healthcare access challenges heavily influence patients' ability to complete their treatment. For instance, disparities in healthcare systems contribute to unequal access to radiation therapy. Sullivan et al. (2022), report that in high-income countries such as the United States, marginalized racial minorities and individuals without adequate insurance coverage are more likely to terminate their treatment prematurely. Similarly, in LMICs, patients face issues such as insufficient radiation therapy facilities, extended wait times, and the financial strain of ongoing treatment (Johnson et al., 2023). These barriers often compel patients to discontinue therapy, irrespective of medical necessity.

At the micro-level, the psychological and emotional consequences of discontinuing radiation therapy are profound. Patel et al. (2021), found that patients who terminate their

treatment often experience anxiety, depression, and feelings of guilt, perceiving their decision as a failure or an acknowledgment of a terminal prognosis. Additionally, physical side effects of radiation therapy, including fatigue, pain, and skin irritation, further exacerbate the emotional burden and influence the decision to stop treatment (Garcia & Lin, 2021). The absence of robust support systems intensifies feelings of abandonment among these patients, as observed in a qualitative study by Sato et al. (2022) conducted in Japan.

In the Philippine context, the challenges of cancer care are magnified by systemic inadequacies in the healthcare system. Access to radiation therapy remains limited, with a disproportionate concentration of facilities in urban areas, leaving patients in rural regions at a disadvantage. Many patients must travel considerable distances to access treatment centers, incurring significant costs for transportation, lodging, and daily sustenance. These logistical burdens, coupled with the high cost of cancer treatment, place an overwhelming financial strain on Filipino families, many of whom rely on out-of-pocket payments due to limited insurance coverage (Baclig, 2023). This financial burden often forces patients to make difficult decisions, including delaying or discontinuing their treatment.

Beyond financial and logistical barriers, cultural factors also play a pivotal role in shaping patients' treatment decisions. In the Philippines, where family dynamics and societal norms hold significant influence, cancer patients often prioritize the welfare of their families over their own health. The stigma associated with cancer, combined with fear of treatment side effects, frequently drives patients to seek alternative therapies or spiritual interventions instead of completing their prescribed radiation therapy. Notably, research indicates that religious faith can alleviate the physical symptoms of cancer patients, extend survival time, reduce the fear of death, assist in coping with treatment side effects, and improve self-efficacy and overall quality of life (Li

et al., 2024). A study conducted at the Philippine General Hospital highlighted that treatment decisions among Filipino cancer patients are deeply influenced by personal beliefs, family pressures, and socioeconomic constraints (De Guzman, et al., 2023). These findings underscore the need to consider cultural and social dimensions when addressing treatment discontinuation in the local context.

The impact of the COVID-19 pandemic further compounded the challenges faced by cancer patients in the Philippines. Lockdowns, travel restrictions, and disruptions in healthcare services significantly affected patients' ability to access and continue their radiation therapy. The effects of the pandemic also revealed that many patients experienced delays in treatment initiation and interruptions in ongoing therapy, further increasing the risk of treatment discontinuation (Ylanan, et al., 2023). Similarly, systemic inequities, such as those amplified by the COVID-19 pandemic, have disrupted care continuity for vulnerable populations, disproportionately affecting racial and ethnic minorities (Islam, et al., 2024). These disruptions highlighted the vulnerabilities of the Philippine healthcare system and the urgent need for resilience and adaptability in cancer care delivery.

Despite the growing body of research on cancer treatment, significant gaps remain in understanding the lived experiences of patients who terminate their radiation therapy prematurely. Existing studies predominantly focus on quantitative data, such as rates of treatment discontinuation and clinical outcomes, with limited attention to the emotional, psychological, and social dimensions of patients' journeys. This gap is particularly pronounced in the Philippine setting, where unique cultural and systemic factors play a critical role in shaping the cancer care experience. The lack of qualitative research capturing the voices of Filipino cancer

patients who discontinue radiation therapy hinders the development of holistic, patient-centered interventions that address their specific needs.

This study addressed these gaps by exploring the lived experiences of cancer patients in the Philippines who have discontinued radiation therapy. Through an in-depth examination of their motivations, challenges, and coping mechanisms, the research seeks to provide a comprehensive understanding of their experiences. By shedding light on the multifaceted factors influencing treatment discontinuation, the study hopes to contribute to the development of targeted strategies that support patients in completing their therapy and improving their quality of life.

The research offers valuable insights into the lived experiences of cancer patients who have discontinued radiation therapy. Understanding their experiences and reasons for discontinuation can shed light on the gaps in current healthcare practices and policies. The findings of this study are expected to benefit various stakeholders in cancer care, including healthcare providers, radiologic technologists, students, cancer patients and future researchers.

For healthcare providers, particularly in hospital settings, the study emphasizes the importance of informed consent. Cancer patients often find themselves in a state of mental and emotional distress, making it crucial for caregivers to communicate the benefits and potential side effects of radiation therapy clearly and compassionately. By addressing these gaps in communication, the study aimed to empower healthcare professionals to devise more effective methods of patient education and engagement, potentially improving adherence to treatment and reducing cancer-related mortality rates.

Radiologic technologists, as key players in the delivery of radiation therapy, can use the findings of this research to evaluate the effectiveness of current consent practices highlighting the need to assess whether patients are adequately informed about the risks and benefits of radiation therapy and their safety during treatment. This evaluation can drive improvements in the delivery of patient-centered care, ensuring that patients make well-informed decisions about their treatment options.

For radiologic technology students, this research highlights the necessity of a comprehensive understanding of cancer treatment, patient care, and the ethical considerations surrounding radiation therapy. By examining the challenges and experiences of cancer patients, students can cultivate a greater appreciation of their future roles in enhancing patient outcomes and advancing cancer care practices.

Lastly, the study lays a foundation for future researchers who wish to explore similar topics or tackle related issues in cancer care and radiation therapy. The insights and recommendations generated by this research can serve as a valuable resource for additional studies, inspiring investigations that build on its findings and contribute to the ongoing improvement of cancer treatment strategies.

In summary, the study holds significance for enhancing the understanding of patient experiences, improving healthcare practices, and guiding future research. By addressing the multifaceted challenges faced by cancer patients and healthcare providers, it aims to contribute to the development of more patient-centered and effective cancer care.

Statement of the Objective

The primary objective of this study is to explore the lived experiences of cancer patients who have discontinued radiation therapy.

CHAPTER II

Methodology

This chapter presents the methodology of the study. It includes the research design, the participants and locale, data gathering tool, data gathering procedures, establishing trustworthiness, ethical considerations, and data analysis of the study.

Research Design

This study employed a phenomenological research design, a qualitative methodology focused on exploring and describing the lived experiences of individuals regarding a specific phenomenon. By examining the perceptions, emotions, and interpretations of participants, this approach seeks to uncover the essence of their experiences (Prime, 2024). In this study, the phenomenological design is utilized to understand the experiences of cancer patients who have terminated radiation therapy procedures, focusing on how they perceive and make sense of their lives post-treatment. This design enabled a deeper exploration of the patients' challenges, coping mechanisms, and the broader implications for patient-centered care.

Participants and Locale of the Study

This study focused on understanding the lived experiences of cancer patients who have discontinued radiation therapy procedures. It was conducted in the neighboring provinces of La Union, a location where healthcare services are accessible to patients from various backgrounds, thereby enhancing its viability as an optimal site.

The number of participants depended on the saturation point of radiation therapy patients who discontinued their treatment and are residents of the said locale. All in all, the study included six (6) participants. These individuals met the following inclusion criteria: patients must have undergone at least six months of radiation therapy; have absolutely discontinued their

sessions; are willing and able to provide informed consent; and are available for face-to-face interviews.

To ensure diverse and meaningful results, participants were selected using a combination of purposive sampling and snowball sampling techniques. Purposive sampling was utilized to locate the initial pool of participants based on the inclusion criteria. Four (4) respondents were found initially using purposive sampling. Due to the lack of participants to generate the desired findings, the researchers opted to use snowball sampling in conjunction with purposive sampling. The four (4) participants were asked for other possible participants for the study in which two (2) more were added. After implementing both sampling techniques, the researchers met the saturation point at the 6th participant with no further participants available in the neighboring provinces of La Union.

Data Gathering Tools

Face-to-face interviews served as the sole method in gathering data, allowing for an in-depth exploration of participants' lived experiences. The findings aimed not for generalization but for providing rich, contextual insights into the phenomenon.

To effectively explore the lived experiences of cancer patients who have discontinued radiation therapy, a semi-structured interview guide was utilized. This tool aligned with the study's objective by allowing flexibility while ensuring the discussion remains focused on the research topic. Semi-structured interviews are combined open-ended and guide questions to elicit in-depth responses and meaningful insights (Adhabi & Anozie, 2021).

The rationale for employing a semi-structured interview guide lies in its adaptability and effectiveness in qualitative research. This format provides flexibility, allowing for follow-up

questions and probing based on participants' responses, thereby enabling a deeper exploration of their lived experiences. It ensures depth and breadth in data collection by capturing nuanced information, which provides rich, contextual insights into participants' perspectives. Furthermore, the relevance of this method lies in its ability to balance structured guidance with openness to emergent themes or issues during the interview process.

Only two general interview guide questions were used, but with follow-up questions, focusing on the overarching objective of the study. By using this tool, the study ensures a balance between structured guidance and participant-driven narrative, enabling a comprehensive understanding of the phenomenon.

Data Gathering Procedures

The research was presented to the CHS-GSRI to determine its feasibility, possible pitfalls, and problems, as well as revisions needed for the research to be successful and free of bias and prejudice. After that, the researchers proceeded with revisions as suggested by the panel of reviewers. The manuscript was then submitted to the dean of the College of Radiologic Technology for signing and approval to continue and implement the study.

The researchers had also consulted and sought approval from the Lorma Colleges Research Ethics Committee to conduct the study and initiate the interviews. Approval from the ethics committee ensures that the research adheres to ethical standards and protects the rights and well-being of participants.

Upon obtaining ethical clearance from the Lorma Colleges Research Ethics Committee, the researchers explored potential methods for applying purposive and snowball sampling in participant recruitment. The interviews were conducted face-to-face and recorded using a cellphone, with prior consent obtained from the participants. When the participant did not

consent being recorded, the researchers transcribed the interview in real-time. The recordings were securely stored in a single Google Drive folder to facilitate sorting and organization. Two general questions, aligned with the study's objective, were asked solely to the participants. And follow-up questions were taken depending on the participant's response.

After completing the interviews, the researchers encouraged the participants to send any feedback they missed to mention during the interview session, or questions they might want to ask about the study. This will help the researchers further examine the data gathered and identify loopholes in the interview and also find ways to improve their communication skills. The step will provide participants with an opportunity to review their narratives and include any details or stories they may have forgotten or omitted during the interview. The process will also enrich the findings and ensure that the participants' voices and experiences are accurately represented in the final analysis.

By following these phases, the study has ensured a systematic, ethical, and comprehensive approach to data collection, maintaining the integrity and reliability of the research process.

Establishing Trustworthiness

In the pursuit of understanding the profound narrative of the study, establishment of trustworthiness was paramount, serving as the foundation of our qualitative inquiry. The researcher's commitment to credibility—the unwavering pursuit of truth in lived human experience—was anchored by prolonged and deeply empathetic engagement with each participant during face-to-face interviews. This deep immersion was meticulously validated through member checking, a process where the participants themselves, the very heart of this

study, reviewed their transcribed narratives and the researchers' interpretations. This ensured that their voices, struggles, and resilience were authentic and accurately reflected, honoring their courage in sharing such personal journeys. Furthermore, the insights gained were subjected to rigorous analysis, fostering an environment of critical inquiry that refined the researcher's interpretations and safeguarded against unintended biases.

To ensure transferability, allowing the wisdom gleaned from these individual narratives to resonate with broader audiences, the researchers provided a rich and detailed description of the research context. This encompassed a transparent exposition of the researcher's phenomenological design, meticulously outlining the rationale for participant selection from the neighboring provinces of La Union through thoughtful purposive and snowball sampling, alongside a clear articulation of the specific inclusion criteria. This contextual richness empowers healthcare professionals, policymakers, and future researchers to discern the applicability of the researchers' findings within their unique settings, fostering a deeper, more human-centered understanding of cancer care.

The dependability of the study, ensuring consistency and reliability in the methodology, was maintained through a scrupulous audit trail. Every decision, from the initial contact with participants to the final thematic analysis, was meticulously documented, providing a transparent roadmap for external review. The systematic application of Colaizzi's Seven-Step Method for data analysis was a cornerstone of this dependability. Each phase—from the empathetic re-reading of transcripts, and the careful extraction of meaningful statements, to the sensitive development of emergent themes—was executed with unwavering consistency, thereby guaranteeing the analytical process was both rigorous and reproducible.

Finally, the researcher's dedication to conformability speaks to the neutrality of the study's findings, striving to present a narrative untainted by researcher preconceptions. This was fostered through continuous reflexivity, a conscious and compassionate self-examination by the researchers' to acknowledge and mitigate any personal biases that might subtly influence interpretation. The essence of participant experiences is directly conveyed through the integration of verbatim quotes in the final report, providing irrefutable evidence for the thematic interpretations and allowing readers to connect directly with the profound human stories at the core of this research. Furthermore, in adherence to stringent ethical considerations—encompassing informed consent, meticulous participant confidentiality and anonymity, secure data storage, and the thoughtful provision of counseling services—underscored unwavering commitment to safeguarding the dignity and well-being of every individual who entrusted us with their story. It is through these interwoven threads of integrity and humanity the researchers' at this study endeavors to offer a credible, transferable, dependable, and confirmable exploration of the complex and deeply personal lived experiences of cancer patients who chose to discontinue radiation therapy.

Ethical Considerations

Since the study is sensitive, ethical considerations are of utmost importance. Informed consent was obtained from participants, ensuring their autonomy and respect throughout the process. Relevant information regarding the study was added in the consent form such as the title of the study, a brief and concise summary of the research, estimated duration of the interview which may take fifteen (15) minutes to an hour, possible questions for the interviewees to prepare and signatories of the students as well as various significant individuals to ensure the validity of the consent form. In addition, risks and benefits of the study to the respondents was included in

the consent form which includes the following; provide ample information to both radiologic technologists and patients related to Radiation therapy to enhance patient-radiologic technologists relations, revision of radiation therapy protocols which are deterring patients from continuing their treatment, and lastly, to inform patients on the benefits and risks of radiation therapy through the perspectives of patients who have experienced it in the past.

Participants also received emails or invitation messages detailing the study's purpose and their rights, including confidentiality and anonymity. After thoroughly understanding the research and its premises, should the interviewee declined the interview, the researchers respected his or her decision and looked for another participant. The researchers did not have personal biases towards any treatment of cancer.

For the principles of participant confidentiality, all the question responses, together with other particulars of the participants, will not be disclosed. In coding and analysis, each of the participants was assigned a code number; thus, no information linking them to their views was attached to the data. To limit the number of people who were able to access raw data, record access was granted to the researchers only, and all records were kept under lock and key. During the initial phase, informed consent draws focus on these measures in order to make the participants feel comfortable sharing their experiences with the researchers. Keeping to ethical research, this study aims to add value to the experiences of those who have discontinued radiation therapy for cancer.

All information gathered from participants was kept confidential, with personal identifiers removed or anonymized in the study's findings to protect participants' privacy. Collected data were securely stored in password-protected digital files and locked physical storage, accessible only to the researchers, and will be destroyed after five years following the study's completion.

Efforts were made to ensure that the interviews and discussions do not cause emotional distress to participants. Participants were provided with access to counseling services if needed. Additionally, the research proposal was submitted to the Lorma Colleges-Research Ethical Committee for approval before commencing data collection to ensure compliance with ethical research standards. By adhering to these ethical principles, the study prioritized the well-being and rights of participants while ensuring the integrity of the research process.

Data Analysis

In this research, Colaizzi's Seven-Step Method was applied to manage and analyze the data collected from interviews with cancer patients who have discontinued their radiation therapy. This method provided a structured approach to understanding the lived experiences of participants based on their narratives, as explained by Primi Kumar and Thokchom Deborah Grace (2023). Each step of the process was geared towards a proper analysis, starting from the reading and re-reading of the transcripts at the onset up to the last process of reflection and re-evaluation of the themes. Through this, the researcher was able to identify key statements from which meaningful themes are drawn to describe the experience of cancer patients who decided to discontinue their radiation therapy.

The rationale for employing Colaizzi's method lies in its ability to provide a systematic yet flexible framework for analyzing qualitative data. This method is particularly suited for studies focused on exploring lived experiences, as it ensures that the analysis remains grounded in the participants' narratives while allowing for emergent themes to surface. The method's iterative nature ensures that the findings are both credible and comprehensive.

Each transcript of the face-to-face interviews were read and re-read in order to completely understand the experiences of participants. This process gave the researcher the ability to be submerged in the data and begin to form an overall sense of the participants' lived experiences with discontinued radiation therapy. Extracting meaningful statements or phrases from the transcripts that are directly related to the phenomenon of stopping radiation therapy, it also ensured that the focus remains on data that directly informs the research question.

Meaningful statements were critically analyzed after extracting them. The meanings were then being grouped, and themes were developed for statements with similar meanings. The critical analysis involved identifying patterns, contradictions, and unique insights using a phenomenological lens to ensure depth and rigor in the interpretation process.

Once the analysis of all interviews has been conducted, the researcher collates all of the formulated meanings and all relevant themes from each participant. For participant anonymity purposes, each interview was assigned a participant code, i.e., P1, P2.

All of the statements obtained during an interview have specific coding assigned to each, enabling the individual's response: P1-S1, P2-S1. After going through the codes, the researchers grouped the statements into broader themes. These themes explained the major patterns and experiences that have been revealed in the data.

Once meanings were drawn from each interview, common themes were developed. This emerged from repeated patterns in the responses, allowing for an even deeper understanding of what it is like to be a cancer patient who has discontinued their radiation therapy. These themes were grounded in the data to ensure authenticity and relevance.

A comprehensive description of the phenomenon was composed by integrating the themes developed in previous steps. This description provided a detailed narrative of the structural basis of the experience of cancer patients discontinuing their radiation therapy. It had captured both personal and social levels of the decision-making process, offering a nuanced understanding of the phenomenon.

Upon having the themes and descriptions established, these were checked again for a final reflection and review. Experts or independent reviewers were consulted to check the credibility of the findings. Member checking, where participants review the themes to validate their accuracy, was also conducted. Adjustments as needed were made to achieve accuracy and reliability in the final analysis so that the themes and descriptions truly reflect the participants' lived experiences.

The final report included verbatim quotes from participants to provide evidence for the themes and ensured that their statements were authentically represented. By employing Colaizzi's Seven-Step Method, along with additional measures, the research ensured a rigorous, ethical, and comprehensive approach to understanding the lived experiences of cancer patients who discontinued their radiation there.

Chapter III

RESULTS AND DISCUSSIONS

This study explored the lived experiences of cancer patients who discontinued radiation therapy. Through thematic analysis, five major themes emerged: (1) Effects of Radiation as a cause for Discontinuation, (2) Logistical and Financial Problems, (3) Coping Mechanisms for Radiation Therapy Discontinuation, and (4) Process of Self-reflection.

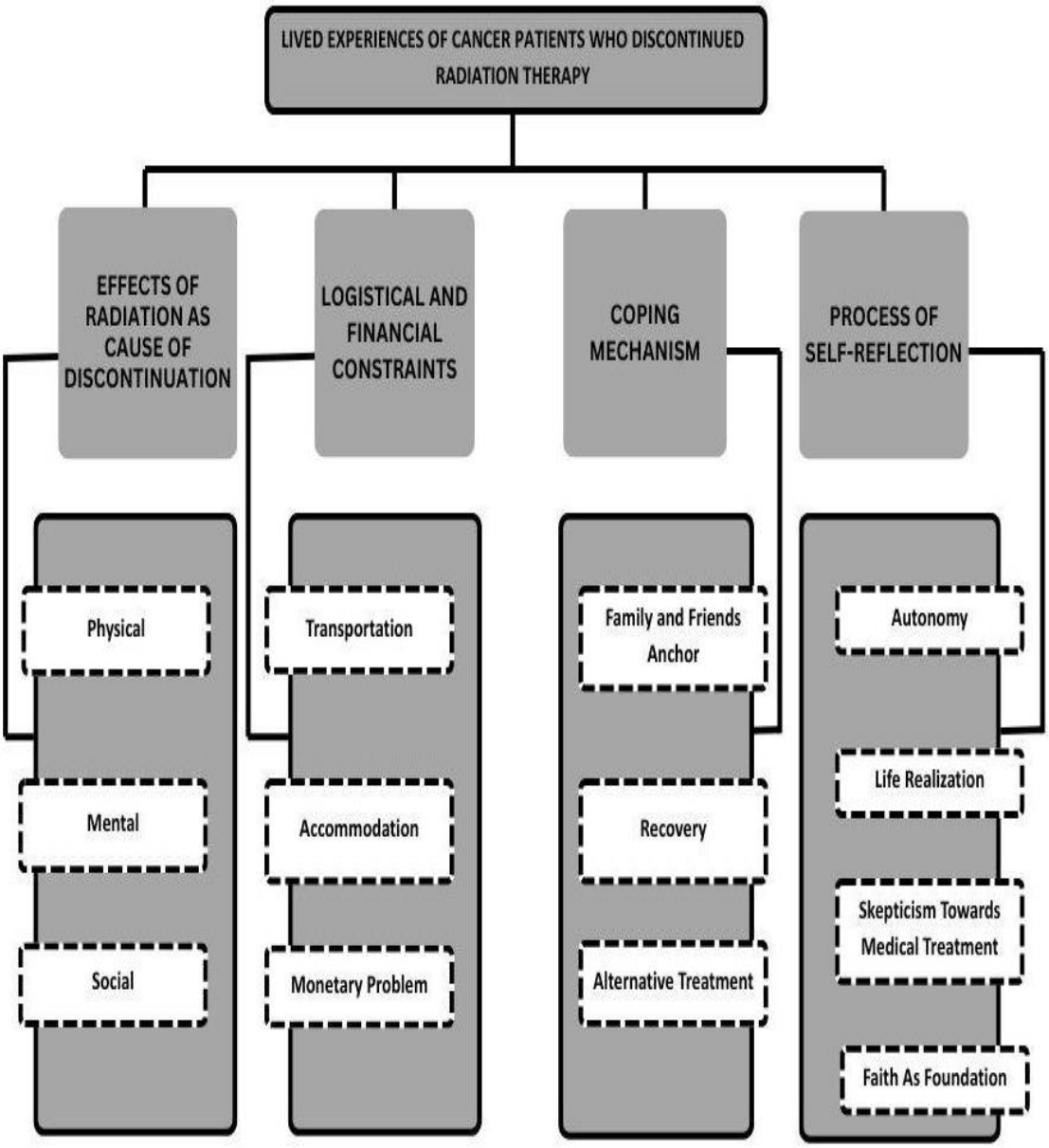

Figure 1: Conceptual Map

Effects of Radiation as Cause of Discontinuation

The table below shows the thematic analysis for the first major theme and its corresponding subthemes through selected participant statements. These verbatim excerpts reflect the different effects of radiation that caused participants to discontinue the treatment.

Table 1: Effects of Radiation as Cause of Discontinuation

Major Theme	Sub Themes	Participant Code	Significant Statements
EFFECTS OF RADIATION AS CAUSE OF DISCONTINUATION	1. Physical: Weakness	P3	: *Ngem riknak ay kumapkapsot ak ken laydek man inana isunga insardeng ko.* (But I could feel myself getting weaker, and I just wanted to rest, so I stopped).
		P4	: *Idi madama therapy's awan met unay mariknak ngem ajay lang ta nagkakapsotak.* (During the therapy I do not really feel much, but I am feeling really weak).
		P5	: *Hindi ako makatayo minsan pagkatapos ng session, talagang wala akong lakas.* (Sometimes I cannot even stand after a session - I really have no strength).
		P6	: *Inpakasot tuak nita therapy* (The therapy made me weak).
	Dizziness/ Nausea/ Vomiting	P1	: *Palagi akong nahihilo at nasusuka* (I was always dizzy and kept vomiting
		P3	: *Addo met dagiti aldaw nga agsarsarwaak. Ken nariknak ti panagkarigat* (There are also days I vomit and feel like I am really struggling).
		P6	: *Nak mangka udaw nita therapy (*The therapy made me dizzy).
	Pain	P1	: *Mas grabe yung nararamdaman ko... parang mamamatay talaga ako after Radiation and the pain was more* (The pain was so intense, like I was really going to die after the radiation, and the pain was even worse).
		P2	: *Nasakit unay, banda ditoy ayan ti bukol... nasakit unay, pati imak*

		naapektaran (It hurts a lot, right around here where the lump is... it hurts a lot, even my shoulder was affected).
	P5	: *Lalong sumasakit ang katawan ko* (My body is hurting even more).
2. Mental: Fearfulness	P1	: *Parang nag-aagaw buhay ako* (It was like life and death).
	P3	*: Maka rikna ak ti buteng* (I got so scared).
	P4	: *Adda ngamin jay maysa nga kabarangayan mi a natay gapu ti radiation, nabutbutan kano puso na, isu met nangbutbuteng kanyakon.* (There was someone in our barangay who died because of radiation; they said his heart was punctured, that is the reason why I am scared)
3. Social	P1	: *May mga taong nakakakita sa akin habang nagdadrive o nagtatrabaho—sinasabi nilang malakas pa rin ako. Pero ang hindi nila alam, pag-uwi ko sa bahay, sobrang hina ko na. Pilit kong tinatago ang totoo. Tanging pamilya ko lang ang tunay na nakakaalam ng kalagayan ko.* (There are people who see me driving or working and say I still look strong. But what they do not know is that at home, I am already so weak. I just do not want to show them the truth. Only my family truly knows what I am going through)
	P6	: *Wara iray kakaarubak, masas sha ja egda enges nuntan e kinapigsak. Nem naha ladta man ubdad garden tep ngaew kun pasas ja ebadeg e inmafilan ko* (I have neighbors who see that I am not strong as ever. But still I work in the garden because I do not want to show how big I have been changed).
	P3	: *Nakita ti kaanakak ti stress nga na-*

		experience ko, ken uray isuna, naapektaran. Isunga agak en ipapaila ay ultimon marikriknak. (My niece witnessed my stress that even she was affected. That is why I already avoid showing the ultimate pain I am feeling).
	P2	: *Sinay anak ko yan mabutbuteng iti eyak rikriknaen. Isu ay idawdawat ko ti pigsa ken Apo nga mang-endure tapno lang maila ti anak ko nga kayak* (Even my children were afraid of what I am feeling. That is why I pray God for strength that I may endure so that my child will see that I can).

As shown in Table 1, the subthemes encompass the physical, mental, and social effects of radiation on the participants. They described enduring pain until it became intolerable, emphasized physical and emotional exhaustion, and found emotional release and clarity after stopping therapy.

Physical

Patients eloquently describe the debilitating nature of weakness. P3 shared, "But I could feel myself getting weaker, and I just wanted to rest, so I stopped". This statement directly links the escalating weakness and an overwhelming need for rest to the decision to discontinue treatment, illustrating the direct causal relationship.

Further emphasizing the profound impact, P4 noted, "During the therapy, I do not feel much, but I am feeling weak". This indicates that even in the absence of overt pain during the session, the underlying and pervasive weakness is enough to compromise a patient's well-being. The practical implications of this weakness are starkly presented by P5: "Sometimes I cannot even stand after a session - I really have no strength." This demonstrates how radiation-induced

weakness can severely impair basic physical functions, making it challenging, if not impossible, for patients to maintain their treatment schedule or even return home safely.

These firsthand accounts align with existing literature on radiation-induced fatigue and weakness in cancer patients. Radiation therapy, while effective in targeting cancer cells, often impacts healthy tissues, leading to systemic side effects such as profound fatigue and physical debilitation. Studies emphasize that cancer-related fatigue (CRF) is a multifaceted and distressing symptom that can significantly impair quality of life and treatment adherence (Palesh et al., 2020). The severity of such symptoms often necessitates dose modifications or treatment interruptions, which can negatively affect therapeutic outcomes (Rödel et al., 2020). The narratives provided strongly support the notion that physical weakness, experienced by patients undergoing radiation, is not merely discomfort but a severe impediment leading to the difficult decision of treatment discontinuation.

Mental

Based on the patient's responses, anxiety was the main reason for them to refuse another radiation therapy session indefinitely. P1 expressed that the experience was like the feeling of fading away into nothingness, which is an indication of a person being anxious about their treatment. P3 also stated that they felt scared thinking about what would happen to them. On the other hand, P4 was concerned due to certain hearsay in their locale about a patient having a hole in their chest.

In a study conducted by Pembroke et al. (2020), anxiety accounted for most of their participants when it comes to unmet needs during breast cancer radiation therapy treatment. This implies that anxiety has an impact on radiation therapy patients’ decision-making which can influence them to discontinue their radiotherapy sessions.

Social

A person's image to everyone around him or her is of paramount significance for a cancer patient's decision-making to either continue radiation therapy or not. P1 stated how others do not see their suffering and instead gave them praises on their strength, which in turn made them conflicted on their decision to carry on their therapy. They further emphasized how their pain was so severe that words of praise could not appease their suffering. In certain situations, one's agony may influence others to feel the same way, the same with P3 stating that the participant's stress caused their niece to quit schooling. In addition, P6 also had similar experiences with their children sympathizing with them without understanding their sickness.

Silence is often preferred to mask the suffering of a person. This is the same for cancer patients as indicated in the study conducted by Khankeh et al. (2024), wherein patients who stopped their radiation therapy would rather discontinue without their relatives knowing. This reasoning stems from its possible repercussions on their relatives and close social circles. This posed a problem for radiologic technologists by causing discrepancies in the total number of patients who discontinued radiation therapy due to their silent withdrawal from treatment.

The participants' willingness to share deeply personal experiences was fostered by a respectful and empathetic researcher-participant relationship. Through trust, active listening, and ethical care, the researchers created a safe space where patients could speak openly about their physical suffering, emotional fears, and silent struggles. This collaboration allowed for honest narratives to surface and ensured that each account was treated with dignity and accuracy.

Logistical and Financial Constraints

The table below presents the thematic analysis of the major theme Logistical and Financial Constraints and its subthemes: Transportation, Accommodation, and Monetary Challenge. The selected participant statements highlight the practical challenges and financial

burdens that influenced their decision to stop treatment.

Table 2: Logistical and Financial Constraints

Major Theme	Sub Themes	Participant Code	Significant Statements
LOGISTICAL AND FINANCIAL CONSTRAINTS	1. Transportation	P1	: *Nung nasira 'yung machine sa Baguio Gen. sinabihan kaming pumunta sa La Union para mag-radiation, pero hindi ako pumunta kasi mahirap 'ang biyahe mula dito hanggang doon* (When the machine in Baguio Gen. got destroyed, we are advised to go to La Union for radiation, but I did not go because the trip was difficult from here to there).
		P6	: *Dahil sa covid that time hindi ako nagpagamot kaagad kasi naisip ko paano na kami* (Because of covid that time, I could not get myself treated earlier because I thought about my family's situation). *Edigat mandukan-dukan shay tubday ingkatod Baguio ni inaakew.. Kailangan me mengutang ni pantransport tan mekan.. Eh egme la kinaya..* (It was very hard to travel from Tublay to Baguio almost every day. We had to borrow for transportation and food. We could not keep up.)
	2. Accommodation	P1	: *Mahirap bumana doon kasi wala kaming pera pangrent ng mauupahan* (It is hard to go down there because we do not have money for accomodation.)
		P2	: *Ijai ayan da Manang ko ak nga makiturturog ta asideg da ospital ken awan nalaka nga pag-iyanan* (I am staying at my sister's place because they are near the hospital, and there is no affordable place for me).
	3. Monetary Challenge	P1	: *Sometimes pumupunta ako sa CHDG sa Cordillera kung talagang walang*

	gamot sa BGH, kasi nauubusan din ang Baguio Gen. ng gamot, kaya pag once na ubos mapipilitan kang bibili sa labas, yun ang mahirap sa amin because it may costs hundreds, kaya nai-stop talaga ang paggamot kapag walang gamot sa Baguio Gen (Sometimes I go to CHDG in Cordillera when there is really no medicine available at BGH, because Baguio General also runs out of medicines. So once it is out of stock, you are obligated to buy from outside, and that is what makes it difficult for us because it may cost hundreds. That is why treatment really stops when there is no medicine at Baguio General).
P2	: *Din pang-agas kuh tun tupai ket ada nga al alaek ti panagtrabahok ijai garden, or tumulong iti daduma nga ada papaaramid na.. Han umanay ngem ada dagiti kabagyak ay umal ali mangbisbisita ket agidawat da iman sin financial support, umanay en* (The money I use for treatment comes from my work in the garden or from my labor in helping others with their work. It is not enough, but I have relatives who come to visit and give some financial support- it helps).
P3	: *Iti financial support ko, sarilik ay pilak din gastos ko. Pinanggatang ken ada met lang dagiti tinmulong nga relatives. Nagpatulong ak met lang iti DSWD , ngem problema ladta ti kwarta.* (For the financial support, I used my own money to buy. and some relatives helped. I also asked for help from the DSWD, but money is still a problem.)

As seen in Table 2, the subthemes reflect the external barriers that hindered participants from continuing treatment. P6 shared the difficulty of daily travel from Tublay to Baguio, while P2

expressed the struggle of finding affordable accommodation. P3 highlighted the burden of medicine costs and the need to rely on inconsistent financial support from relatives and government aid. Experiencing cancer as a patient in a low-resource setting is not only a battle against the illness but also a daily struggle to navigate the harsh realities of access. For many, the journey to radiation therapy is not just about entering a hospital but crossing mountains, enduring long travels, and facing days of uncertainty without assurance of shelter or sustenance. Patients find themselves making impossible choices—between buying medicine or paying for transportation, between continuing treatments or protecting their family from financial ruin.

Transportation

Transportation emerged as a major obstacle for patients needing consistent access to radiation therapy. When local machines malfunction, patients are referred to faraway facilities. For instance, P1 shared, "When the machine in Baguio Gen got destroyed, we were advised to go to La Union for radiation, but I did not go because the trip was difficult." This demonstrates how logistical breakdowns in healthcare infrastructure directly affect patient adherence.

P6 added, “It was very hard to travel from Tublay to Baguio almost every day. We had to borrow for transportation and food… We could not keep up.” This statement highlights the compounding burden of daily travel costs and the physical toll it takes on patients. P6 also mentioned COVID-19 as a further complication: “Because of COVID at that time, I could not get myself treated earlier because I thought about my family’s situation.”

These experiences reflect the findings of Delos Santos et al. (2023), who noted that patients residing far from treatment centers are more likely to experience treatment delays or dropouts. Similarly, Domingo et al. (2021) reported that pandemic-related restrictions, limited mobility, and economic anxiety exacerbated transportation-related non-adherence in cancer care.

Accommodation

Accommodation issues compound the transportation burden, especially when patients

need to temporarily relocate for daily treatments. P1 stated, "It is hard to go down there because we do not have money to rent a place." This illustrates how a lack of nearby affordable lodging creates a barrier to continued care. In the absence of financial resources, patients are forced to rely on relatives, as expressed by P2: "I am staying at my sister's place because they are near the hospital, and there is no affordable place for me."

These accounts reflect the inequities described in Calimag et al. (2022), who emphasized that affordable patient lodging is often unavailable in Philippine urban centers, especially near public hospitals. The absence of institutional support for accommodation leaves patients to fend for themselves, leading to delays or discontinuation of therapy.

Monetary Problems

The most prominent challenge across all narratives was financial hardship. P3 shared: "Sometimes I go to CHDG in Cordillera when there's no medicine in BGH… buying outside is expensive. That is why treatment stops." This clearly shows that even when motivated, patients are hindered by the costs associated with medicine unavailability in public facilities.

Moreover, P3 expressed the reliance on inconsistent sources of income and support: "The money I use for treatment comes from my work in the garden… It is not enough, but my relatives help sometimes." Another added, "I also asked for help from the DSWD, but money is still a problem." This highlights how unstable income and limited financial support significantly hinder patients' ability to consistently afford treatment, emphasizing the need for more reliable financial assistance programs and social support systems.

These narratives align with the concept of financial toxicity—a term describing the economic burden of cancer treatment on patients. Genuino et al. (2020) noted that high out-of-pocket costs, particularly in low-income settings, often lead to treatment non adherence. Furthermore, Dayrit et al. (2023) highlighted how even public assistance falls short of covering

the totality of cancer care expenses in the Philippines, especially for marginalized populations.

Coping Mechanism

The table below presents the thematic analysis of the major theme Coping Mechanism and its subthemes: Family and Friends Anchor, Recovery, and Alternative Treatments. The selected participant statements illustrate how patients drew strength from their support systems, explored other means of healing, and focused on regaining their well-being amidst their treatment journey.

Table 3: Coping Mechanism

Major Theme	Sub Themes	Participant Code	Significant Statements
COPING MECHANISM	1. Family and Friends Anchor: Close Family	P1	: *'Yung pangalawang lalaking panganay ko ang sumasama sa'kin sa tuwing pupunta ako sa ospital (May Second older son is the one that accompanies me whenever I go to the hospital).*
		P2	: *Wada din esay anak ko, isu mangkuykuyog en sak en nuh enkami manpacheck up* (I have a son who accompanies me whenever I go for checkups).
		P6	: Yamay kadwak eh nahakaita nuh nak kaundaw shi ospital (My husband is the one that accompanies me to the hospital).
	Extend Family	P6	: *Kait ko si mother-in-law eman papacheck-up... Nuh ayshi kayo si kadwak e kaun kait sunkak* (My mother-in-law would accompany me in my checkups, if she is not around, my husband is the one going with me).
		P1	: *May mga family relative ako. Iniimbitahan nila ako minsan mag-*

		beach para makapagpahinga at gumaling (I have family relatives. They would sometimes invite me to go to the beach to rest and recover).
	P3	: *Enggay manbatbati si kaanakak tan si siya'y manbanbantay en sak-en. Ulay pan tan waday skwela na, adi na si shak pinawpanawan* (My niece stays with me, looking after me. Even when she has a class, she never leaves me).
	P6	: *Kait ko si mother-in - law eman papacheck-up... Nuh ayshi kayo si kadwak e kaun kait sunkak* (My mother-in-law would accompany me in my checkups, If she is not around my husband is the one going with me).
Friends	P2	: *Ada jay time nga umal ali dagiti kachurchmate me mangbisbisita, agi al ali si pasalubong* (There were times that some of our church mate would come visit, bringing small gifts).
	P5	: *Minsan isang araw, may kaibigan akong dumalaw. May dala siyang brochure ng iFerm. Sabi niya subukan ko raw* (There was a day, a friend visited. He brought a brochure of iFerm. He told me to try it.
	P6	: *Ka undaw kaarubak met lang, emengikan ni nateng, entuding ni ubdad garden, emengumustah sun kak* (My neighbors would come visit, help in the work in the garden, and check how I am).
2. Recovery:		
Gained strength	P1	: *Nung hininto ko ang radiation, nakabawi ako ng lakas, Pero andoon parin yung tumor* (When I stopped radiation, I was able to regain strength though the tumor is still there).
	P2	*: Idi talaga nga tay usto nga makan ti enak ititake, tapos kaman ay feeling ko pumigpigsa ak* (At that time, I was eating proper food, and I

		felt like I was gaining strength).
	P6	: *Ni insalsheng ku ma talagay radiation, inut inut ja nahamanrecover ni kinakapsot ni bagdang ko* (when I truly stop the radiation, slowly I am recovering from having a weakened body).
Relief and Peace	P1	: *Parang nabawasan ako ng bigat ng dibdib... Di kagaya noon na nagraradiation ako, para akong mamamatay* (I felt that the weight in my chest was lessened. Unlike before I was taking radiation, I felt like I am dying).
	P3	: *No ada sinay kaanakak, engay makarigna ak di talna* (when my niece is around, that is the time I feel at peace).
	P4	: *Nakariknaak ti waya-waya ken talna di naisardeng ko ti radiation, isunga han ko inbabawi ti desisyon ko* (I felt relieved and at peace… so I do not regret my decision).
	P5	: *Nang nakita ko na tumutubo ulit buhok ko, bumalik din ang confidence ko sa sarili ko* (Seeing my hair grow back helped me regain my self-confidence).
Rest	P1	: Mostly sa mga napasyalan ko, doon ako nakakaramdam lalo ng pahinga (Most of the place I visited is where I find rest more).
	P2	: Ada nga makabirbiruk ak iti inana ken Apo ta uray ada nga narigat, adi si siya bumay bay an (I can find rest in God even when it is hard, He never abandones).
	P6	:*Wara ja maharest ak pay ja usto… Kait koy pamiljak,, edajsak ak ma* (I am able to rest more, I am with my family, I am so happy).
3. Alternative Treatments: Chemotherapy	P1	: *Nag switch ako ng chemo* (I switched to chemo).
	P2	*: Din damo ay insardeng ko radiation, sinay chemo din enak pan ag agasan (when I first stopped*

		radiation, my medication treatment is chemo).
	P3	: *Nagchemo ak met lang* (I did chemo also).
Herbal	P1	: *Gumagamit ako ng Barley. Kaso after chemo, na flaflush din siya sa katawan ko* (I used barley, but after chemo it would flush from my body).
	P2	: *Agjusjuicing ak iti nateng ken prutas. Ada met lang jai ro-ot ti ballette, iso ipapaburek ko et isu pangdingdingus ko, it itsaek met lang* (I am extracting juice from vegetables and fruits. I bathe with boiled ballette, and make tea from it also).
	P3	: *Namin ado ak met lang nga nagtake ti barley* (I often use barley also).
	P5	: *May kaibigan ako na nagbigay ng iFern's Miracle supplement. And sabi niya subukan ko daw* (I have a friend that gave me a supplement called iFern's Miracle, he said that I should try it).

As presented in Table 3, participants coped with their experiences through various forms of support and alternative means of healing. Many drew strength from their immediate and extended family, who often accompanied them to medical appointments and cared for them at home. Friends and neighbors also played a role by visiting, bringing small gifts, and offering encouragement. Several participants described feeling physically and emotionally better after stopping radiation, experiencing relief, peace, and rest. Others turned to chemotherapy or tried herbal remedies like barley and vegetable-based treatments to support their recovery. These coping mechanisms illustrate how participants navigated their challenges with the help of meaningful relationships and personal initiatives.

Family and Friends as Anchors

Support from family and friends served as a vital source of strength for cancer patients

who discontinued radiation therapy. Immediate family members often took on caregiving roles. One participant shared how her children took turns caring for her and even studied pharmacology to better understand her medications (P1). Another mentioned how her son always accompanied her to check-ups (P2). In-laws and spouses also provided support during hospital visits (P6).

Extended family offered both practical and emotional help. One participant received advice from her sister, a former cancer patient (P2). That same sister invited her to spend time with family (P2). Another patient shared that her niece never left her side, even while attending school (P6).

Friends and neighbors also played a role. A friend brought a brochure for an alternative treatment (P3). Neighbors checked in, helped with gardening, and shared vegetables (P5). One participant shared the happiness these visits brought (P6).

These experiences reflect findings by Ruiz-Rodríguez et al. (2022), who emphasized that emotional and informational support from family and friends improves cancer patients' quality of life. Such support not only aids coping but also reduces symptoms and boosts well-being, suggesting that strong social bonds are as crucial as medical care in the healing process.

Recovery

Under this, revealed how participants gradually regained physical strength, emotional relief, and inner peace after discontinuing radiation therapy. Their experiences portray recovery not as a cure from illness, but as a process of restoration—physically, emotionally, and spiritually.

Participant P1 shared, "Nung hininto ko ang radiation, nakabawi ako ng lakas, pero andoon pa rin yung tumor" (When I stopped radiation, I was able to regain strength, though the tumor is still there). Similarly, P2 stated, "Idi talaga nga tay usto nga makan ti enak ititake, kaman ay feeling ko pumigpigsa ak" (At that time, I was eating proper food, and I felt like I was gaining strength), highlighting how basic nourishment and stopping treatment contributed to their physical restoration. P6 also supported this, saying, "Ni insalsheng ku ma talagay radiation, inut-inut ja naha manrecover ni kinakapsot ni bagdang ko" (When I truly stopped the radiation, I slowly recovered from having a weakened body).

Beyond physical improvement, emotional relief was a key aspect of recovery. Participant

P1 expressed, “Parang nabawasan ako ng bigat ng dibdib… Di kagaya noon na nagraradiation ako, para akong mamamatay” (I felt that the weight in my chest was lessened. Unlike before, when I was undergoing radiation, I felt like I was dying). For P2, peace was found in the presence of loved ones: “No ada sinay kaanakak, engay makarigna ak di talna” (When my niece is around, that is the time I feel at peace). In the same vein, P6 stated, “Nakariknaak ti waya-waya ken talna di naisardeng ko ti radiation, isunga han ko inbabawi ti desisyon ko” (I felt relieved and at peace when I stopped radiation, so I do not regret my decision).

Self-confidence also emerged as part of their recovery journey. P1 powerfully expressed this transformation: “Nang nakita ko na tumutubo ulit buhok ko, bumalik din ang confidence ko sa sarili ko” (Seeing my hair grow back helped me regain my self-confidence).

Rest was another recurring theme. P3 shared, “Mostly sa mga napasyalan ko, doon ako nakakaramdam lalo ng pahinga” (Most of the places I visited are where I feel the most rest). Spiritual rest and unwavering faith were expressed by P2, who said, “Ada nga makabirbiruk ak iti inana ken Apo ta uray ada nga narigat, adi si siya bumaybay-an” (I can find rest in God even when it is hard; He never abandons). Lastly, P5 captured emotional joy by stating, “Wara ja maharest ak pay ja usto… Kait koy pamiljak, edajsak ak ma” (I am able to rest more, I am with my family, I am so happy).

These reflections from participants P1, P2, P3, P5, and P6 emphasize that recovery is not solely defined by the absence of treatment or symptoms, but by the presence of strength, comfort, confidence, and relational support. Their experiences show that discontinuing radiation therapy, for them, opened the path to a more holistic form of healing—anchored in dignity, inner peace, and hope.

These stories support the findings of Knibbs and Manley (2022), who emphasized that patient well-being improves when care is compassionate, culturally aware, and empowering. When patients feel in control and supported emotionally, their healing becomes more meaningful and sustainable.

Alternative Treatments

In the face of the overwhelming side effects of radiation therapy, several participants explored alternative treatments such as chemotherapy, herbal remedies, supplements, and natural methods to regain control over their health. These alternatives reflect not only a shift in physical treatment but also a deeper search for autonomy, comfort, and healing beyond conventional hospital care.

Chemotherapy emerged as a common next step after discontinuing radiation. Participant P1 said, “Nag-switch ako ng chemo” (I switched to chemo), while P2 noted, “Din damo ay insardeng ko radiation, sinay chemo din enak pan ag agasan” (When I first stopped radiation, my medication treatment was chemo). P3 confirmed, “Nagchemo ak met lang” (I did chemo also). This indicates that although participants discontinued radiation, they remained open to medical interventions they deemed more manageable or less distressing

Beyond medical alternatives, herbal remedies and supplements played a significant role in participants’ coping processes. P1 shared, “Gumagamit ako ng Barley. Kaso after chemo, na flaflush din siya sa katawan ko” (I used barley, but after chemo it would flush from my body), highlighting a mix of hope and limitation in using supplements. P2 described her natural regimen: “Agjusjuicing ak iti nateng ken prutas. Ada met lang jai ro-ot ti ballette, iso ipapaburek ko et isu pangdingdingus ko, it itsaek met lang” (I am extracting juice from vegetables and fruits. I bathe with boiled ballette roots, and I also drink it as tea), which demonstrates a holistic approach involving both internal and external herbal applications.

Meanwhile, P3 emphasized frequent use of natural products: “Namin ado ak met lang nga nagtake ti barley” (I often used barley also), suggesting a strong belief in natural remedies for strength and healing. Additionally, P5 stated, “May kaibigan ako na nagbigay ng iFern’s Miracle supplement. And sabi niya subukan ko daw” (I have a friend who gave me a supplement called iFern’s Miracle; he said I should try it), pointing to the influence of social networks in shaping alternative treatment choices.

These responses from participants P1, P2, P3, and P5 reflect a deep-rooted desire to maintain health in more tolerable and less invasive ways. For many, these alternatives provided a sense of agency and comfort absent in radiation therapy. Their reliance on herbal and

supplementary treatments may also stem from cultural familiarity, economic accessibility, and support from peers or family.

Ultimately, the exploration of alternative treatments shows how participants negotiated between medical advice and personal well-being, crafting a path of care that aligned more with their physical tolerance, values, and hope for recovery. These choices reflect the global trend of integrating complementary and alternative medicine (CAM) in cancer care. The CAMEO Study found that 83.31% of cancer patients had heard of or used CAM for symptoms, treatment, or mental support (Hutten et al., 2022). Like the participants in this study, many cancer patients adopt alternative approaches to improve well-being and manage side effects.

Process of Self-reflection

The fourth major theme that surfaced from the participants' stories is the Process of Self-Reflection. Following their decision to stop radiation therapy, participants engaged in deep introspection that brought to light important realizations about their independence, faith, confidence in medical care, and shifting life values. These reflections are organized into subthemes that capture the personal and emotional journeys each participant experienced.

Table 4: Process of Self-reflection

Major Theme	Sub Themes	Participant Code	Significant Statements
PROCESS OF SELF-REFLECTION	Autonomy	P1	: *Desisyon ko hininto yung radiation hoping na mawala .. yung time kasi nayun talagang hindi ko na kaya* (I decided to stop the radiation, hoping that it will disappear because those times, I cannot handle the pain).
		P3	: *Kunak ay kumpletoek din radiation plan nga inted din doktor tapno lang kayat ko malpas sakit ko, ngem riknak ay kumapkapsot ak ken laydek man inana isunga kinayat ko et sumardeng ko* (I thought I could finish the radiation plan given by the doctor bacuase I just want to end the pain, but I felt like I am getting weak. I want

		to rest so I decided to stop).
	P6	: *Si kadwak tan sikak eh nanpili ja egmala ituloy eh* physical,*tion. Wara ja un anay mala sun sikak eray agas ja herbals era. Kararag mala sun Afoshios* (My husband and I decided together to stop radiation. Herbals for me would be enough. I would really just pray to God for it).
Life Realization	P1	: *Wag ako sumuko, kasi Im still claiming sabi ko kay God kung anong purpose niya para saken* (I will not give up. "I am still claiming", I said to God… Of what He really planned for my life).
	P2	: *Kailangan tayo dagiti doctor nga talaga dumngeg, agi paka amo nga usto ken wada ay man encourage kenya tayo* (We need doctors who listen, explain things clearly, and encourage us.)
	P3	: *Alagaan u ti bagi tayo. Adda met panunut u, ada trabaho, pamilya u nga pagbisbisihan u nga agpayso, ngem uray pay tan ket haan u bay an ti health, narigat unay. Isu nga agpanunot kayo muh kasanun umada iti nasaya at nga life style. (Take care of yourselves. You have the knowledge. Yes, you are busy with works, family, and it is hard. But that is more the reason to make thoughts on how to have a good life styles).*
	P6	: *Amtaen joy bakdang jo.. Pampatudong kayo nu egjo amtay jo ha kadagdag ah... no man eg jo ituloy eh radiation enges tuak, nemnem jo alivena sikatoy kavol ja kayo unbaing* (know your body, ask for help if you do not know what to do. Stopping treatment does not make you less of a person).
Skepticism Towards Medical Treatment	P1	: *Hindi tumatalab yung pain reliever* (The pain reliever is not working).
	P2	: *No maminsan, han ko masigurado*

		sinay doktor ko tah apay nga maga met din nanbaliw ed sak en iti in prescribe na ay medication (Sometimes I Am not sure about my doctor—why is it that there is no change in me from the medications he prescribed).
	P5	: *I endured it for long sessions. Pero alam mo, parang hindi siya gumagana sakin* (I endured it for a few sessions. But you know, it is like it does not work anymore for me).
Faith as Foundation	P1	: *Ada man ay mararikna ak sin sakit ngem adin maikompara iti grasya ni apo* (I may feel sick but this is nothing compared to God's Grace).
	P2	: *Managkararag nak isu nga haan nak madangan* (I am a prayerful person that is why I do not worry much).
	P3	: *Ken ad ada pai nga aw awisen dak iti sasao ni apo.kasjay nga panawen, ni apo lang talaga ti pagigemak* (They would invite me for God's words. In those times, it is God whom I hold on).
	P4	: *Mamatiak ken Apo. Ada namnamak nga malagpasak daytoy nga sakit. Kararag lang talaga* (I believe in God, and I had hoped that I could overcome this sickness. Prayer is all I need).
	P6	: *Naha ni ulay man basa ni bible tan kararag. Wara huta time ja ka undaw eh pastor me manbisita sun kami. Tuak numan kaikararagi.. Naha manyaman tah mayat e deknak* (I also spend more time reading the bible and praying. There was a time our pastor visited us, we prayed for me. I am so grateful. I felt better).

Table 4 presents the major theme of Process of Self-Reflection along with its corresponding subthemes and selected participant statements. These verbatim excerpts capture the diverse ways participants described their experiences of autonomy, skepticism toward

medical treatment, and faith as a foundation during their treatment journey.

Process of self-reflection enumerates the process which the participants undertook to solidify their decision to discontinue their radiation therapy treatment. This major theme emerged based on what the participants shared, showing how much they reflected on their own thoughts, realizations, beliefs and contemplating their treatment journey. This theme reflects the process by which participants make meaning of their health-related experiences. Under this theme, four (4) subthemes were generated namely; autonomy, life realization, skepticism towards medical treatment, and faith as foundation.

Autonomy

The subtheme Autonomy captures the participants' ability to make personal decisions regarding the continuation or discontinuation of their radiation therapy. This reflects an inner process of self-reflection where individuals weigh the benefits and burdens of treatment based on their physical capacity, emotional state, and personal values.

P1 expressed a clear, personal decision to stop radiation, stating: "Desisyon ko hininto yung radiation hoping na mawala...yung time kasi nayun talagang hindi ko na kaya". This illustrates how the overwhelming burden of physical pain became a decisive factor in choosing to disengage from treatment, highlighting the role of bodily limits in autonomous decision-making.

Similarly, P3 shared: "Kunak ay kumpletoek din radiation plan... ngem riknak ay kumapkapsot ak ken laydek man inana isunga kinayat ko et sumardeng ko", acknowledging an initial desire to complete the medical plan but ultimately prioritizing rest and recovery due to perceived physical decline. This suggests that autonomy is not merely about independence from external influence, but also an active, ongoing evaluation of one's capacity and well-being.

P6 introduced a relational aspect to autonomy, stating: "Si kadwak tan sikak eh nanpili ja egmala ituloy... Herbals for me would be enough. I would really just pray to God for it." This shows

that autonomy can be shared and co-constructed with family, and shaped by cultural and spiritual beliefs. The decision to stop radiation, in this case, was not an act of defiance against medical advice but a collaborative, values-based choice grounded in faith and alternative healing practices.

These narratives collectively emphasize that autonomy among cancer patients is deeply contextual. It is shaped by their lived realities, physical thresholds, support systems, and spirituality. Rather than being a singular, isolated act, autonomy is seen as a reflection of inner clarity, self-awareness, and a desire to reclaim control over one's body and quality of life.

According to (Koens et al.2021) emphasized that empowered patients are more likely to make decisions that align with their personal values and health beliefs. As shown in the response of P1 and P3, their decisions align with their own thoughts about discontinuing radiation therapy. Along with the effect they feel during and after the radiation therapy. P6, responded "My husband and I decided together to stop radiation. Herbals for me would be enough. I would really just pray to God for it. Their decision is aligned with what they believe in.

Life Realization

This theme reflects the participants' evolving perception of their illness and treatment, emphasizing the importance of self-care and personal insight.

For example, P1 emphasized perseverance with faith, saying: "Wag ako sumuko, kasi I'm still claiming... of what He really planned for my life." This statement reflects a hopeful outlook and spiritual resilience, illustrating that life realization includes recognizing one's purpose beyond physical suffering.

P2 stressed the importance of compassionate and effective communication with healthcare providers: "Kailangan tayo dagiti doctor nga talaga dumngeg, agi paka amo nga usto ken wada ay man encourage kenya tayo." This underscores how life realization is intertwined with

the need for support systems that validate and encourage the patient's experience, fostering trust and collaboration in treatment.

P3 reminded the need for lifestyle adjustments. This shows an increased consciousness about holistic health and proactive steps toward maintaining well-being, demonstrating a shift from passive patient hood to active self-management.

Lastly, P6's insight, "Amtaen joy bakdang jo... Stopping treatment does not make you less of a person," reveals a profound acceptance of personal limits and an understanding that disengagement from treatment can be a valid and dignified choice. This highlights that life realization also involves reconciling societal expectations with personal realities.

Together, these reflections reveal that life realization is a crucial part of the self-reflective process. It empowers patients to acknowledge their vulnerabilities and strengths, prioritize self-care, and redefine hope and meaning amid their health challenges.

According to (Gökçen et al. 2021), in their study "Does Reflection on Everyday Events Enhance Meaning in Life and Well-Being among Emerging Adults? Self-Efficacy as Mediator between Meaning in Life and Well-Being", The study found that reflecting on personal experiences increases self-efficacy, which in turn supports the development of purpose, emotional strength, and healthy coping strategies and purpose of life. P1 statement "I will not give up. "I'm still claiming", I said to God… Of what He really planned for my life." Expresses a determination to continue despite adversity, trusting that there is a meaningful purpose planned by God. P2 recognizes the critical importance of communication and encouragement in healthcare. P3 and P6 remarks show a deep life realization that real well-being is not just about going through the motions of work, family, or responsibilities—it is about actively taking care of your body and making choices that honor your limits. These statements illustrate how reflection fosters life realizations that contribute to a deeper understanding of health, purpose, and

personal agency.

Skepticism towards Medical Treatment

Skepticism towards Medical Treatment reflects a critical stance toward the effectiveness and clarity of conventional care. P1's remark, "Hindi tumatalab yung pain reliever," reveals frustration with inadequate symptom relief, which can diminish confidence in the treatment process.

P2 expressed uncertainty about the prescribed medications: "Sometimes I am not sure about my doctor—why is it that there is no change in me from the medications he prescribed," highlighting confusion that may lead to doubts about continuing treatment.

P3 stated, "I endured it for a few sessions. But you know, it is like it does not work anymore for me," illustrating a sense of diminishing returns from the therapy.

This skepticism does not imply outright rejection of medical treatment but signals the need for more transparent communication and responsive care that addresses patients' lived experiences.

According to (Dammann. 2025) in their analysis "Skeptics have raised the concern that medicine is less effective than is commonly assumed. Broadbent suggests that the goal of medicine is cure and cure is not achieved in most cases." The study shows that people think that many medical interventions are barely effective and that the goal of medicine is not to cure but to help.

Faith as Foundation

Faith becomes the anchor that sustains them through sufferings. Despite going through

physical illness, participants keep strong faith in God. They find comfort and strength by praying, reading the Bible, and leaning on support from others who share their beliefs.

The P1, 2, 3, and 4 remarks highlight prayer as an emotional and spiritual anchor during illness. Reframing suffering as something that can be overcome with God's grace. P6 stated "I also spend more time reading the bible and praying. There was a time our pastor visited us, we prayed for me. I am so grateful. I felt better", where hearing God's words and pastor visits highlights the importance of community and spiritual support, which provide comfort and a sense of belonging during illness. According to (Park et al. 2020), positive religious coping strategies—such as prayer, faith in God, reading scriptures, and viewing illness as part of a divine plan—are associated with better emotional well-being and quality of life in cancer patients.

The process of self-reflection emerged through the participants' honest and thoughtful engagement with their cancer treatment experiences. Guided by their physical realities, emotional insights, and spiritual beliefs, they navigated complex decisions about continuing or discontinuing therapy. This reflective journey was shaped by personal autonomy, critical evaluation of medical care, and deep faith, enabling them to find meaning, hope, and strength amid challenges. Their openness in sharing these experiences reveals a rich interplay of resilience and vulnerability that underscores the holistic nature of healing.

CHAPTER IV

FINDINGS AND RECOMMENDATION

This chapter presents the findings derived from the analysis of the data collected in this study. The findings are organized into major themes and subthemes that reflect the participants' experiences, perceptions, and reflections regarding their cancer treatment journey. These insights reveal the complex physical, emotional, and spiritual dimensions that influence their decisions and coping strategies.

Findings

1. The participants described a wide range of effects caused by radiation therapy, which ultimately influenced their decision to discontinue treatment. Physically, they endured extreme weakness, persistent nausea and vomiting, and intense pain that significantly impaired their daily functioning and ability to continue therapy. Alongside these physical challenges, mental health effects were also prominent. Many participants shared feelings of anxiety, fear, and emotional overwhelm as they grappled with the uncertainty and potential complications related to their illness and treatment. These psychological burdens were compounded by social impacts, as participants often concealed their physical weakness from family and friends, which placed additional strain on their relationships and social roles.
2. Another critical theme centered on the logistical and financial difficulties faced by participants in accessing radiation therapy. The distance to treatment centers, compounded by unreliable transportation options, emerged as a major obstacle, further intensified during the COVID-19 pandemic. The lack of affordable accommodation near these centers added another layer of hardship, forcing some patients to endure uncomfortable or inconvenient living conditions. Moreover, financial constraints were a pervasive concern, with many participants struggling

to afford medications, treatment fees, and related expenses, underscoring the economic burden cancer care imposes on patients and their families.

3. In response to these challenges, participants employed various coping strategies to manage the emotional and physical toll of discontinuing radiation therapy. Central to their support system were family and friends, who provided crucial emotional encouragement, practical assistance, and social connection. Some participants reported experiencing periods of physical and emotional recovery after stopping treatment, highlighting the complex and individual nature of healing processes. Additionally, many sought alternative treatments such as herbal remedies and other non-conventional medical devices, reflecting a desire to explore options aligned with their personal beliefs and experiences.
4. The theme of self-reflection was instrumental in shaping participants' treatment decisions. Exercising autonomy, they emphasized their right to make informed choices about their care, balancing medical advice with personal circumstances. The act of discontinuing radiation prompted deep life realizations, as participants reassessed their values, priorities, and purposes in the face of illness. Skepticism toward conventional medical treatment surfaced in some narratives, reflecting doubts about efficacy and concerns about side effects. Throughout this process, faith emerged as a foundational element, providing strength, hope, and guidance that influenced coping and decision-making.

Recommendations

Based on the findings, the following recommendations aim to improve the quality and responsiveness of cancer care, starting with those who will benefit the most.

1. Cancer patients should be prioritized through proactive education by radiation oncology teams. Clear guidance on side effects and personalized symptom management plans can prevent early

treatment discontinuation and improve comfort.

2. Emotional support should be integrated into treatment. Access to counseling, peer groups, and mental health professionals will help patients cope with anxiety and emotional distress, leading to better treatment adherence.

3. Early palliative care should be introduced, not just for end-of-life, but as part of holistic care. This helps patients make informed decisions with a focus on quality of life throughout their journey.

4. Patients' cultural and spiritual practices must be respected. Providers should engage in open, non-judgmental conversations about herbal or spiritual remedies, building trust and aligning care with patients' values.

5. Family involvement is essential. Healthcare providers should encourage open dialogue between patients and families to support collaborative decision-making and emotional strength.

6. Institutions should partner with organizations to ease financial and logistical barriers, such as providing transportation support, affordable lodging, and accessible aid for rural or low-income patients.

7. Healthcare providers also benefit from cultural sensitivity training, allowing them to deliver more respectful, patient-centered care that supports trust and compliance.

8. Marginalized communities need systems that address access challenges. Making treatment more reachable can improve completion rates and outcomes.

9. Lastly, future researchers should approach studies in vulnerable populations with ethical care—building rapport, working with local staff, and preparing for fieldwork challenges to ensure quality, respectful research.

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APPENDICES

APPENDIX A

Letter of Intent

Pamela Grace E. Abbago
Allived A. de Villa
Bal Joshua A. Garnace
Erica Giron
Prince Jerald M. Mosuela
Jeronica P. Narcida
Alberth Rose M. Paplonot
Daniel Edward G. Salvador
Researchers, Lorma Colleges

March 6, 2025

Mrs. Marites C. Pagdilao, MAN, MPA
Chairperson
Lorma Colleges

Mr. Ryan Jay G. Mostoles, MASE, RMT
Interim Chairman, LC-REC
Lorma Colleges

Dear Mrs. Pagdilao and Mr. Mostoles,
Greetings with a LORMA smile!

We hope this letter finds you well. We are writing to formally express our intent to conduct a research study as part of our academic requirements at **Lorma Colleges**. Our study, titled **"Lived ExperiencesCancer Patients Who Discontinued Radiation Therapy"**, seeks to explore the lived experiences of cancer patients who have discontinued radiation therapy.

This research aims to **enhance the understanding of patient experiences, improve healthcare practices, and guide future research** toward developing more patient-centered and effective cancer care. The study follows a **qualitative phenomenological approach** and will employ **purposive and snowball sampling techniques** to gather in-depth insights from participants.

In this regard, we respectfully seek approval from your esteemed committees to proceed with the study, ensuring adherence to all ethical research guidelines, including **confidentiality, informed consent, and voluntary participation.** We are prepared to comply with any necessary ethical reviews or institutional requirements.

We would greatly appreciate the opportunity to discuss this further at your convenience. Please let us know the next steps or any additional documents required for approval. Thank you for your time and consideration.

Sincerely,

Researchers, Lorma Colleges

APPENDIX B

Approval Form from REC

LORMA COLLEGES

LC-REC Form #024
APPROVAL LETTER

REC Reference #: 2025-120

April 25, 2025

To: Pamela Grace E. Abbago, Allived A. De Villa, Bal Joshua A. Garnace, Erica Giron, Prince Jerald M. Mosuela, Jeronica P. Narceda, Alberth Rose M. Paplonot and Daniel Edward G. Salvador
LORMA Colleges, College of Radiologic Technology

Subject: Approval of the Research Study "LIFE OF CANCER PATIENTS WHO TERMINATED RADIATION THERAPY PROCEDURE" by the Research Ethics Committee (REC).

Dear Researchers,

The Research Ethics Committee (REC) has reviewed your application to conduct the above-mentioned research study in the LOCALE OF STUDY with you as the Principal Investigators within the duration of April 25, 2025 to April 25, 2026.

The Following documents have been reviewed and approved:

1. Letter of Intent to Conduct the Study
2. Endorsement of the Research Technical Panel
3. Title and Statement of the Problem/ Objective
4. Literature Review
5. Methods and Procedures
6. Population and Locale
7. Exclusion/Inclusion Criteria
8. Data Analysis
9. Ethical Considerations

We approve the study to be conducted in the presented form provided the following are integrated in the final research protocol:

1. If pictures are taken, make sure the participants' pictures are blurred.
2. During the interview, the researchers should be accompanied by their adviser or a faculty member.
3. Translate the interview guide questions into a native language or *iloco*.
4. Fill out the informed consent form in a paragraph form, not in bullets.

None of the Investigators participating in this study took part in the decision making and voting procedure for this study.

The Institutional REC expects to be informed about the progress of the study, any revision in the protocol before implementation and participants'/respondents' information/informed consent. Likewise, you are required to provide the Board a copy of the final report.

Yours Sincerely,

RYAN JAY G. MOSTOLES, MASE, RMT
Interim Chairman, Lorma Colleges-Research Ethics Committee

APPENDIX C

Approval for Research Locale Revision

LORMA COLLEGES

LC-REC Form #014
APPROVAL LETTER

REC Reference #: 2025-120

May 09, 2025

To: **Pamela Grace E. Abbago, Allived A. De Villa, Bal Joshua A. Garnace, Erica Giron, Prince Jerald M. Mosuela, Jeronica P. Narceda, Alberth Rose M. Paplonot and Daniel Edward G. Salvador**
LORMA Colleges, College of Radiologic Technology

Subject: Approval of the Research Study "LIFE OF CANCER PATIENTS WHO TERMINATED RADIATION THERAPY PROCEDURE" by the Research Ethics Committee (REC).

Dear Researchers,

The Research Ethics Committee (REC) has reviewed your application to conduct the above-mentioned research study in the LOCALE OF STUDY with you as the Principal Investigators within the duration of May 09, 2025 to May 09, 2026.

The following changes were noted:

1. In Chapter 2, the locale of the study will be changed due to the significant challenges that have encountered in locating eligible participants within the current locale, San Fernando City, La Union.

The Research Ethics Committee approved the modification as stated.

The Institutional REC expects to be informed about the progress of the study, any revision in the protocol before implementation and participants'/respondents' information/informed consent. Likewise, you are required to provide the Board a copy of the final report.

Yours Sincerely,

RYAN JAY G. MOSTOLES, MASE, RMT
Interim Chairman, Lorma Colleges-Research Ethics Committee

APPENDIX D

Application for Review

LORMA COLLEGES

APPLICATION FOR REVIEW

(Adapted from National Ethics Guidelines for Health and Health-Related Research 2017)

INSTRUCTION: Please accomplish the form and ensure that all necessary documents are included in your submission.

I. GENERAL INFORMATION:

Title of the Study: "Lived Experiences of Cancer Patients Who Discontinued Radiation Therapy"

REC Code : _____ No. of Study Participants: 6

Study Site : Provinces Surrounding La Union

Name of Researcher/s: Abbago, Pamela Grace E.
De Villa, Allived A.
Garnace, Bal Joshua A.
Giron, Erica
Mosuela, Prince Jerald M.
Narceda, Jeronica P.
Paplonot, Alberth Rose M.
Salvador, Daniel Edward G.

Contact Information : Telephone Number: N/A Mobile Number: 09639921481
Fax Number: N/A Email : alberthrose.paplonot@lorma.edu

Name of Institution: LORMA Colleges

Institution's Address: Carlatan, San Fernando, La Union

Type of Study: □ Sponsored Clinical Trial □ Biomedical Research
□ Researcher-Initiated Clinical Trials □ Stem Cell Research
□ Health Operations Research □ Genetic Research
☑ Social or Behavioral Research □Others:_____
□ Public Health or Epidemiologic

Source of Funding : ☑ Self-Funded □ Scholarship/Research Grant
□ Government-Funded □ Institution-Funded

□ Sponsored by Pharmaceutical Company

□ Others: _____

Duration of the Study: Start Date: September 2024 End Date: June 2025

Has the Research Undergone Technical Review? ☑ Yes □ No
(Please attach Technical Review Result)

Has the Research been Submitted to Another Research Ethics Committee? □ Yes □ No

II. BRIEF DESCRIPTION OF THE STUDY (Use Extra Sheet if Necessary)

This study aims to explore the lived experiences of cancer patients in surrounding Provinces of La Union, who have discontinued radiation therapy, focusing on the factors that influenced their decision. It explores the personal, emotional, social, and systemic challenges they faced, as well as the coping mechanisms they adopted. The research will provide valuable insights that can enhance patient care, particularly in improving communication, informed consent, and support systems for cancer patients. Its findings will be beneficial to healthcare providers, radiologic technologists, students, and future researchers by identifying gaps in current practices. Ultimately, the study seeks to contribute to more patient-centered cancer care and inform policies that promote better treatment adherence and overall well-being.

III. CHECKLIST OF DOCUMENTS FOR SUBMISSION

a. Basic Requirements

☑ Letter of Intent to Conduct a Study ☑ Full Proposal/Study Protocol

☑ Filled-up Application Form for Review ☑ Budget

☑ Endorsement of the RTP □ Funding Institution

☑ Timetable ☑ Curriculum Vitae of Researcher

b. Supplementary Documents (if applicable)

☑ Questionnaire □ Philippine FDA Marketing Authorization or

□ Data Collection Forms Import Licensure

□ Product Brochure □ Permit/s for Special Population

□ Others: _____

Accomplished by: _____ Date Submitted: _____
(Signature over Printed Name)

Abbago, Pamela Grace E.
Researchers

De Villa, Allived A.
Researcher

Garnace, Bal Joshua A.
Researcher

Giron, Erica
Researcher

Mosuela, Prince Jerald M.
Researcher

Narceda, Jeronica P.
Researcher

Paplonot, Alberth Rose M.
Researcher

Salvador, Daniel Edward G.
Researcher

- -

(to be filled-out by the Secretariat)

Completeness of Documents: □ Complete □ Incomplete

Remarks:

____

____

____

____

Date Received: ______________ Received by: ____

APPENDIX E

Endorsement of the RTP

LORMA COLLEGES
Your Pathway to a Brighter Future

LORMA COLLEGE OF RADIOLOGIC TECHNOLOGY
Center for Health Sciences – Carlatan Campus
City of San Fernando, La Union, Philippines 2500

17 March 2025

MARITES C. PAGDILAO, MAN, MPA
Chairman
Campus for Health Sciences- Graduate Studies and Research Institute
LORMA Colleges

The research protocol of ***Ms. Paplonot Alberth Rose et al*** entitled, "*Life of Cancer Patients Who Discontinued Radiation Therapy Procedure*" is hereby endorsed to your office.

Thank you very much.

Sincerely,

RANEL G. FONTANILLA, RRT
CRT, Research Coordinator

APPENDIX F

Letter to Participants

Carlatan, City of San Fernando, La Union
College of Radiologic Technology

March 6, 2025
Mr. Ranel G. Fontanilla, RRT
Instructor, College of Radiologic Technology
LORMA Colleges
Carlatan, City of San Fernando, La Union

Dear Participant,

We hope this letter finds you in good health. We are researchers from LORMA Colleges, BSRT 3, and we are conducting a study entitled **"Lived Experiences of Cancer Patients Who Discontinued Radiation Therapy."** The purpose of this study is to explore lived experiences of cancer patients who have discontinued radiation therapy.

Your input is invaluable in helping us understand the factors that influence such decisions and how they affect the well-being of patients. Participation in this research involves an interview, which can be scheduled at your convenience, regarding both time and location. The interview will be conducted with the utmost sensitivity and respect for your experiences.

We assure you that all information provided will be kept strictly confidential. Your identity will remain anonymous, and your responses will only be used for academic purposes. This research has been approved and reviewed by the Institutional Ethics Review Board. Participation is entirely voluntary, and you are free to withdraw at any time without any consequences.

If you are willing to participate, please contact us at 09639921481 or 09683247072, or sign and return the attached consent form. Should you need further clarification, please do not hesitate to reach out.

Your insights are crucial in advancing the understanding of patient decision-making and medical improvements. We deeply appreciate your time and consideration.

Thank you for your support.

Sincerely,
Researchers from LORMA Colleges, BSRT 3

PAMELA GRACE E. ABBAGO	**ALLIVED A. DE VILLA**	**BAL JOSHUA A. GARNACE**
ERICA GIRON	**PRINCE M. MOSUELA**	**JERONICA P. NARCEDA**
ALBERTH ROSE M. PAPLONOT	**DANIEL G. SALVADOR**	**MR. RANEL G. FONTANILLA, RRT** Research Adviser

APPENDIX G
Informed Consent Form

LORMA COLLEGES

INFORMED CONSENT FORM

INSTRUCTION: Please accomplish the form and ensure that all necessary documents are included in your submission.

GENERAL INFORMATION:

Title of the Study: Lived Experiences of Cancer Patients Who Discontinued Radiation Therapy

REC Code : (To be issued by the ethics review committee)

No. of Study Participants: 6

Study Site : Neighboring Provinces of La Union, Philippines.

Name of Researcher/s: Pamela Grace E. Abbago, Allived A. de Villa

Ranel Gania Fontanilla, Bal Joshua A. Garnace, Erica Giron, Prince Jerald M. Mosuela, Jeronica P. Narceda, Alberth Rose M. Paplonot, Daniel Edward G. Salvador

Contact Information: Telephone Number: N/A Mobile Number: 09639921481

Fax Number: N/A Email: alberthrose.paplonot@lorma.edu

Name of Institution: Lorma College

Institution's Address: Carlatan, San Fernando, La Union

Type of Study: ◪ Social or Behavioral Research

□ Biomedical Research

□ Researcher-Initiated Clinical Trials □ Stem Cell Research

□ Health Operations Research □ Genetic Research

Others: _____

□ Public Health or Epidemiologic

Source of Funding: ◪ Self-Funded □ Scholarship/Research Grant

□ Government-Funded □ Institution-Funded

□ Sponsored by Pharmaceutical Company

□Others: _____

Duration of the Study: Start Date: September 2024 End Date: May 2025

INTRODUCTION (Use Extra Sheet if Necessary)

This research will attempt to investigate and comprehend the lived experiences of Filipino cancer patients in Neighboring Provinces of La Union, who voluntarily ceased radiation therapy interventions. Through your experiences, we aim to enhance patient care and educate healthcare policies and practices in relation to cancer management in the Philippines.

PURPOSE OF RESEARCH (Use Extra Sheet if Necessary)

The aim of this study is to have a deep understanding of why certain cancer patients decide to stop radiation therapy. In particular, we wish to know how individual beliefs, cultural traditions, social support, and healthcare system issues play a role in the decision. The study seeks to offer a rich, contextualized understanding of your experiences that can be utilized to enhance support for cancer patients and guide healthcare policies.

TYPE OF RESEARCH INTERVENTION (Use Extra Sheet if Necessary)

1. Participant Selection

You were chosen to participate in this research because you are a cancer patient in surrounding provinces of La Union, who voluntarily stopped radiation therapy after at least six months of treatment. Participants were recruited using purposive and snowball sampling. Those who stopped radiation for medical reasons are excluded.

2. Voluntary Participation

Your involvement in this research is completely voluntary. You can refuse to participate or withdraw from the research at any time without any adverse effect.

3. Procedures

- If you consent to participate, you will be requested to take part in a face-to-face interview.
- The interview will be conducted at a location that is convenient for you.
- The interview will be audio recorded.
- The interview will consist of semi-structured questions about your experiences with cancer and radiation therapy, and your reasons for discontinuing treatment.
- The interviews will be conducted over a semester.

4. Risks

There are very few risks to taking part in this study. You might feel some emotional distress talking about your experiences of having cancer.

We will try our best to provide a comfortable and safe environment for you.

5. Benefits

Through your involvement in this study, you will be able to contribute your experiences and help gain a better insight into the problems encountered by cancer patients.

Your involvement can assist in enhancing patient care and guiding healthcare policies in the future.

6. Reimbursements

No reimbursements will be made.

7. Confidentiality

Everything you share with us will remain confidential. Your name and other identifiable details will be stripped from interview transcripts.

Data will be saved safely, and it will be accessed only by the researchers.

Participant details will be anonymized in order to cover up identity. "In compliance with national and international research ethics guidelines, all collected data will be securely stored for a period of 5 years after study completion. After this period, electronic data will be permanently deleted, and physical records will be securely destroyed."

8. Sharing of Results

This study's outcomes will be communicated by way of scholarly publications and presentations.

Your identity will not be disclosed in publications or presentations.

9. Right to Refuse or Withdrawal

You may refuse to be in this study.

You are free to withdraw at any time and there will be no adverse consequence.

10. Who to Contact

You can call the indicated contact above regarding any question you have or question you might have about the study.

APPENDIX H

Interview Guide

INTERVIEW GUIDE

1. Can you describe your experiences as a cancer patient before, during, and after radiation therapy?

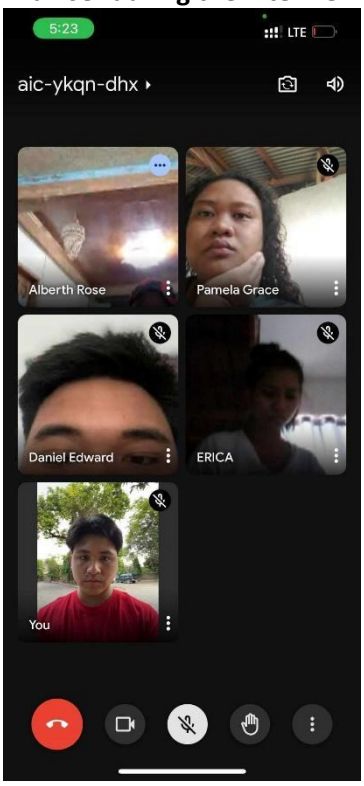
2. What led you to discontinue radiation therapy, and how have you managed this decision?

APPENDIX I

Documentations

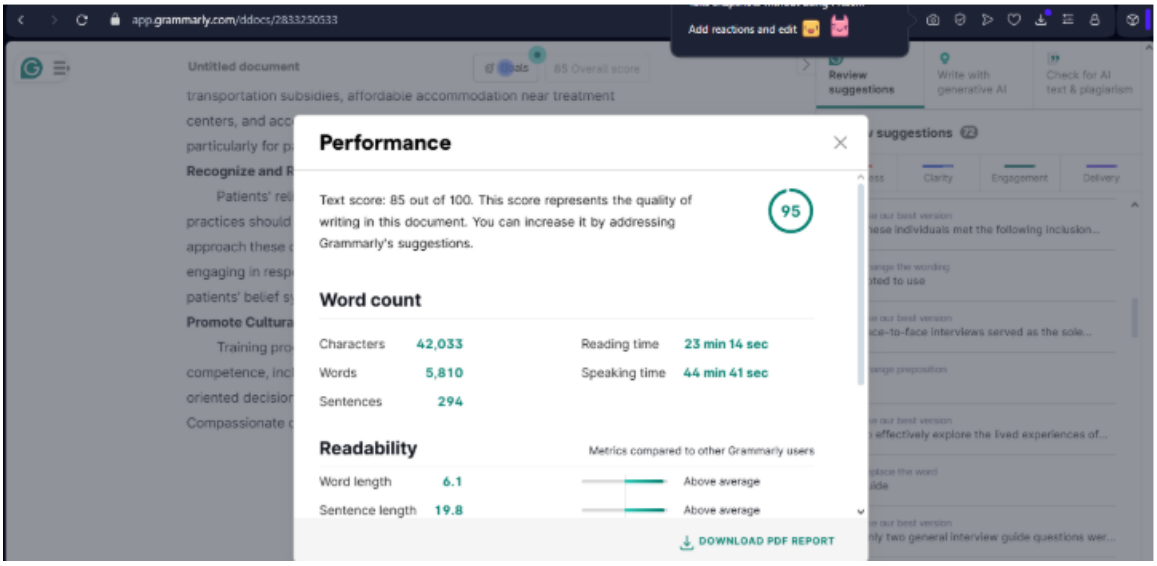
Face-to-face Interview

Online Involvement of the Research Adviser during the Interview.



Grammarly Results

In the researchers' endeavor to create authentic research free of grammatical errors, Grammarly was employed to assess possible corrections and employ corrections. The research was rated 95 in overall score which proves that the study is free from grammatical errors and bias.



CURRICULUM VITAE

LORMA
COLLEGES

CURRICULUM VITAE

ABBAGO, PAMELA GRACE E.

I. PERSONAL INFORMATION

Address: Labaan, San Quintin, Abra
Contact Number: 09618380232
Email add: pamelagrace.abbago@lorma.edu

Date of Birth: November 11, 2002
Place of Birth: Quezon City

II. EDUCATIONAL BACKGROUND

Tertiary

2021-2024
Bachelor of Science in Radiologic Technology
Saint Louis University
A. Bonifacio St., Brgy. ABCR, 2600 Baguio City, Philippines

2024-Present
Bachelor of Science in Radiologic Technology
Lorma Colleges
Carlatan, City of San Fernando, La Union

Secondary

2019-2021
Science, Technology, Engineering and Mathematics
Senior High School
Divine Word College of Bangued
Rizal St., Zone 6, Bangued, Abra

2015-2019
Junior High School
Divine Word College of Bangued
Rizal St., Zone 6, Bangued, Abra

Primary	**2007-2015 Elementary** San Quintin Central School Poblacion, San Quintin, Abra	

III. AWARDS/CITATIONS/RECOGNITIONS RECEIVED

1st Semester A.Y 2021-2022	Dean's Lister
2nd Semester A.Y 2021-2022	Dean's Lister
S.Y 2012-2013	With Honors
S.Y 2013-2014	With Honors
S.Y 2014-2014	With Honors

IV. WORK EXPERIENCE: N/A

V. ELIGIBILITY: N/A

VI. SEMINARS ATTENDED: N/A

VII. INVOLVEMENT IN RESEARCH/RESEARCHES CONDUCTED

N/A

LORMA COLLEGES

CURRICULUM VITAE

DE VILLA, ALLIVED A.

I. PERSONAL INFORMATION

Address:	#31 Provincial Road, Gana, Caba, La Union
Contact Number:	09672168552
Email Address:	allived.devilla@lorma.edu
Date of Birth:	November 22, 2003
Place of Birth:	Nazareno, Agoo, La Union

II. EDUCATIONAL BACKGROUND

Tertiary

2025-Present
Bachelor of Science in Radiologic Technology
LORMA Colleges
Carlatan, City of San Fernando, La Union

Secondary

Senior High (2020-2022)
Science, Technology, Engineering, and Mathematics
Caba National High School
Poblacion Norte, Caba, La Union

Junior High (2016-2020)
Information and Communication Technology
Caba National High School
Poblacion Norte, Caba, La Union

Primary

Caba Elementary School
Poblacion Norte, Caba, La Union

III. AWARDS/CITATIONS/RECOGNITIONS RECEIVED

Tertiary (2025-Present) **2022-2023**

	First Semester – Dean's Lister Second Semester – Half Scholar
Secondary	**Senior High (2020-2022)** With Honors **Junior High (2016-2020)** With Honors MAPEH Club President Campus Journalist Award **Red Cross Youth (RCY) Certificate of Recognition** YES-O (Youth for Environment in Schools Organization) **Certificate of Recognition** **Mr. Foundation (2019-2020)**
Primary	**2009-2016** With Honors Campus Journalist Award **Red Cross Youth (RCY) Certificate of Recognition** YES-O (Youth for Environment in Schools Organization) **Certificate of Recognition** Boy Scout Merit Badges Cab Scout Merit Badges Mr. Charity (2010-2011)
IV. WORK EXPERIENCE	n/a
V. ELIGIBILITY	n/a
VI. SEMINARS ATTENDED	Disaster Risk Reduction and Health Awareness Seminar Anti-Drug Awareness and Prevention Seminar Basic First Aid and Emergency Response Training (Philippine Red Cross) YES-O Environmental Leadership Seminar Leadership and Youth Empowerment Training Boy Scouts of the Philippines (BSP) Leadership and Survival Training Campus Journalism Seminar-Workshop
VII. INVOLVEMENT IN RESEARCH/RESEARCH CONDUCTED	Perception of Radiologic Technology Students Towards Distance Learning Effectiveness of Seedling Pots Made Out of Paper Waste as an Alternative to Plastic Pots

LORMA COLLEGES

CURRICULUM VITAE

GARNACE, BAL JOSHUA A.

I. PERSONAL INFORMATION

Address:	Banbanaal, Banayoyo, Ilocos Sur
Contact Number:	09683247072
Email Address:	baljoshua.garnace@lorma.edu
Date of Birth:	February 2, 2000
Place of Birth:	Banbanaal, Banayoyo, Ilocos Sur

II. EDUCATIONAL BACKGROUND

Elementary	Banlo Elementary School Banbanaal, Banayoyo, Ilocos Sur
High School	Candon National High School Bagani Campo, Candon City, Ilocos Sur
Senior High School	Candon National High School Bagani Campo, Candon City, Ilocos Sur
Tertiary (1st Year – 2nd Year College)	Saint Louis University, Baguio City

III. AWARDS/CITATIONS/RECOGNITIONS RECEIVED

Elementary	Valedicatorian
	Boy Scout of the Year Award
High School	Senior Scout of the Year Award
Senior High School	Best in Research
	With Honors

IV. WORK EXPERIENCE

Vegetable Vendor	7 Angels Trading
Clinical Assistant	LGU Banayoyo

V. ELIGIBILITY

Driver's License

VI. SEMINARS ATTENDED

Financial Literacy Seminar	International Marketing Group (Manila)
Leadership Training	Ilocos Norte National High School
Joint Boy Scout Jamboree	

VII. INVOLVEMENT IN RESEARCH/RESEARCHES CONDUCTED

From Scratch to Sketch: How Architects Conceptualize Designs
Member Satisfaction Towards Candon City Water District Services
2 in 1 Parabolic Solar Cooker and Charger
Gmelina Fruit Dishwashing Liquid
Banana Stalk Fibers Cotton Alternative

CURRICULUM VITAE

GIRON, ERICA

I. PERSONAL INFORMATION

Address: Vigan City, Ilocos Sur
Contact Number: 09959718290
Email Address: erica.giron@lorma.edu
Date of Birth: November 30, 2001
Place of Birth: Gabriela Silang General Hospital, Vigan City, Ilocos sur

EDUCATIONAL BACKGROUND

Tertiary **2023-2025** Present

Bachelor of Science in Radiologic Technology, Lorma Colleges Carlatan, City of San Fenando, La Union

2021-2023

Bachelor of Science in Radiologic Technology, Saint Louis University A. Bonifacio St., Brgy. ABCR, 2600 Baguio City (Dean's List)

2020-2021

Bachelor of Science in Pharmacy, Saint Louis University A. Bonifacio St., Brgy. ABCR, 2600 Baguio City (Dean's List)

Secondary **2018-2020**

General Academic Strand, Senior High School, Divine word College of Vigan City (with High Honors)

2016-2020

Junior High School, Divine word College of Vigan City (with Honors)

Primary **2006- 2018**
Pudoc Elementary School, San Vicente, Ilocos Sur (with Honors)

AWARDS/CITATIONS/RECOGNITIONS RECEIVED

IV. WORK EXPERIENCE

V. ELIGIBILITY

VI. SEMINARS ATTENDED

LORMA COLLEGES

CURRICULUM VITAE

MOSUELA, PRINCE JERALD M.

I. PERSONAL INFORMATION

Address:	General Prim West, Bangar, La Union
Contact Number:	09682069544
Email Address:	mosuelaprincejerald31@gmail.com
Date of Birth:	May 31, 2001
Place of Birth:	Bangar, La Union

II. EDUCATIONAL BACKGROUND

Elementary	Prim East Elementary School
High School	Ilocos Sur Polytechnic State College Laboratory High School-Tagudin Campus
Senior High School	STI Colleges
Tertiary (Present)	Lorma Colleges

III. AWARDS/CITATIONS/RECOGNITIONS RECEIVED

Elementary	With Honors (Grade 1-6)

IV. WORK EXPERIENCE N/A

V. ELIGIBILITY

Driver's License

VI. SEMINARS ATTENDED N/A

VII. INVOLVEMENT IN RESEARCH/RESEARCHES CONDUCTED N/A

LORMA COLLEGES

CURRICULUM VITAE

JERONICA NARCEDA

I. PERSONAL INFORMATION

Address	: Cabaroan, San Fernando, La Union
Contact Number	: 09566026557
Email add	: narcedajeronica@gmail.com
Date of Birth	: March 16, 2003
Place of Birth	: Ilocos Training and Regional Medical Center

II. EDUCATIONAL BACKGROUND

Tertiary 2022 Present
Bachelor of Science in Radiologic Technology
Lorma Colleges
Carlatan, City of San Fernando, La Union

Secondary 2020-2022
Lorma College
Accountancy Business. and Management, Senior High
Carlatan, San Fernando, La Union

Junior High 2016-2020
Sacred Heart School Junior High
Nera St.. Central East, Bauang, La Union

Primary 2007-2016
Daycare - kindergarten, Paringao Elementary
Paringao, Bauang La Union

III. AWARDS/CITATIONS/RECOGNITIONS RECEIVED

- Catechists Award
- Conduct Award

IV. WORK EXPERIENCE: N/A
V. ELIGIBILITY: N/A

VI. SEMINARS ATTENDED:

- Healing through self-love: A journey of self-discover
- HIV & STDs: prevention and health promotion
- Financial Literacy

VII. INVOLVEMENT IN RESEARCH/RESEARCHES CONDUCTED

- Internet Haul: Impacts of Online Platforms on San Juaneño Customer

LORMA COLLEGES

CURRICULUM VITAE

PAPLONOT, ALBERTH ROSE M.

I. PERSONAL INFORMATION

Address: Suyoc, Daclan, Tublay, Benguet
Contact number: 09639921481
Email address: alberthrose.paplonot@lorma.edu
Date of birth: October 7, 2000
Place of birth: Benguet General Hospital, La Trinidad, Benguet

II. EDUCATION BACKGROUND

Tertiary

- **3rd Year First semester 2024- Present**
  Bachelor of Science in Radiologic Technology Lorma Colleges, Charlatan, San Fernando, La Union
- **1st -3rd Year 1st semester S.Y 2019-23**
  Saint Louis University, Baguio City

Secondary Senior HS

- **2015-2019**
  Fianza Memorial National High School; GAS; Kireng, Tinongdan, Itogon, Benguet
- **2013-2015**
  Fianza Memorial National High School (Grade 8-10), Kireng, Tinongdan, Itogon, Benguet
- **2012-2013**
  San Jose High School (Grade 7), La Trinidad, Benguet

Primary

- **2006-2012**
  Albis Elementary School (Pre- school to Grade 6), Bangho, Daclan, Tublay, Benguet
- **2005**
  Kinder 2 018, Daclan, Tublay, Benguet
- **2004**
  Kinder 1, Suyoc, Daclan, Tublay, Bengue

III. AWARDS/ CITATIONS/RECOGNITIONS RECEIVED

2023	1st place in RadTech Week Slogan Category
2013- 2019	With Honors (Grade 9-12)
2018	1st place in School's English Spoken poetry (2018)
2018	Miss FMNHS Sport's Intramural (2018)
2015	1st place in Itogon School's Choir Competition (2015)
2014	1st place in Street dance Panagbenga Festival- Presenting Itogon
2014	2nd Honor (Grade 8)
2011	Recognition in Jamboree Scouting

IV. WORK EXPERIENCE:

Vendor: Convenient store

V. ELIGIBILITY: N/A

VI. SEMINARS ATTENDED:

- Journalism's Seminar and Workshop
- Say "No" to Drugs by the Itogon PNP
- Disaster and Hazards Seminar by the Itogon PNP
- Sanitary/Health Seminar
- Teachers and Campus Volunteers Training Seminar

VII. INVOLVEMENT IN RESEARCH/ RESEARCHES CONDUCTED

- Shyness Among High School Students
- Papaya Extract as a Remedy of Dengue

LORMA COLLEGES

CURRICULUM VITAE

SALVADOR, DANIEL EDWARD S.

I. PERSONAL INFORMATION

Address:	Purok 6 San Marcos, Cabarroguis Quirino
Contact Number:	09950136843
Email Address:	danieledward.salvador@lorma.edu
Date of Birth:	September 5, 2000
Place of Birth:	Quezon City, Manila

II. EDUCATIONAL BACKGROUND

Elementary	La Salette Elementary School (Grade 1) Santiago City, Isabela University of Lasalette Grade School (Grade 2-3) Santiago City, Isabela Saint Mary's Academy (Grade 4-6) Diffun, Quirino
High School	Saint Mary's Academy Diffun, Quirino
Senior High School	Saint Mary's University Bayombong, Nueva Vizcaya
Tertiary (1st Year – 2nd Year College)	Saint Louis University, Baguio City

III. AWARDS/CITATIONS/RECOGNITIONS RECEIVED N/A

IV. WORK EXPERIENCE N/A

V. ELIGIBILITY

Driver's License
Passport

VI. SEMINARS ATTENDED N/A

VII. INVOLVEMENT IN RESEARCH/RESEARCHES CONDUCTED

Experiences of Bullying in Grade 11 students of Saint Mary's Universtity

The Anti-Bacterial Properties of Hibicus-Rosa Sinensis in Hand Soap