PHILIPPINE SOCIETY OF PATHOLOGISTS, INC. • 1950 •

72ND ANNUAL CONVENTION

THEME

"Welcome Back"

SOUVENIR PROGRAMME

APRIL 20-22, 2023

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MESSAGE

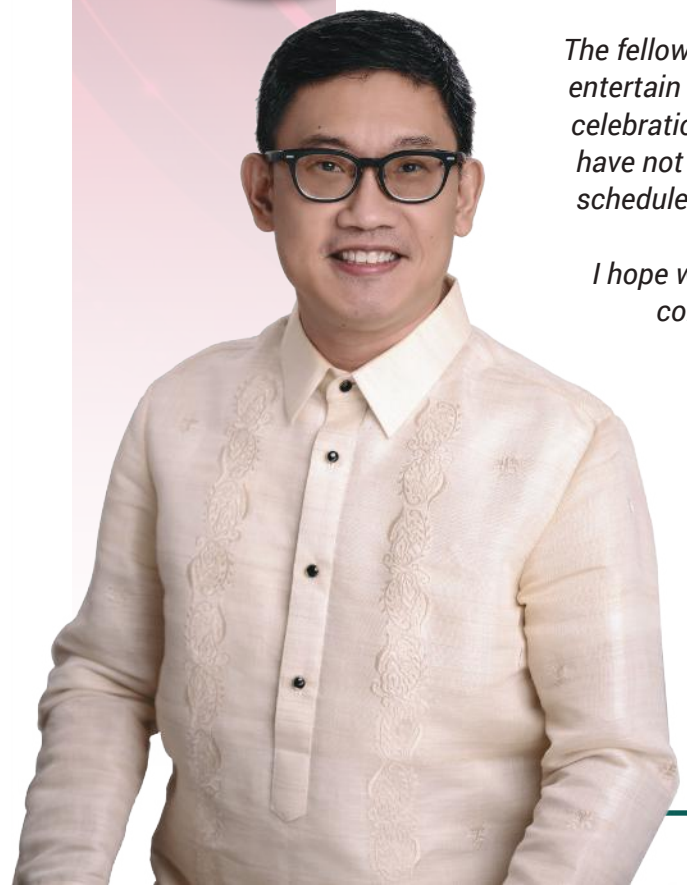
"Welcome Back" is indeed an apt theme for this year's annual convention. It is a wonderful opportunity to be able to be with friends again, listen to the scientific lectures in-person and attend the fellowship night to enjoy and experience the camaraderie of colleagues in the profession.

I am grateful to this year's organizing committee, led by its chair, Dr. Jeffrey S. So for painstakingly mounting the three-day event. It is never an easy task to assemble the annual convention with almost a thousand members to accommodate.

We are honored by the presence of Dr. Maria Rosario S. Vergeire, Officer in Charge and Undersecretary of the Department of Health as our keynote speaker and Dr. Maria Minerva P. Calimag, President of the Philippine Medical Association who will induct the officers and board members of the society.

The scientific lectures will be presented by both international and local speakers. The annual convention is an appropriate platform for our young Pathologists to share their experience and knowledge learned from fellowship training abroad. It is also a venue to introduce or re-introduce them to the society so we know whom to refer to our difficult and challenging cases.

Research is given an added importance this year. The junior members were encouraged to submit their research papers for platform and poster presentations. Exciting cash prizes and a specially-designed trophy await the winners.



The fellowship night committee has also produced a program that will surely entertain the members. I encourage everyone to come and join this festive celebration. It will be a great time to reconnect with colleagues whom we have not seen in the last three years. Let us take a break from our busy schedule and enjoy the night away.

I hope we all learn a thing or two from the scientific sessions during the convention. It is an occasion to talk and interact with the speakers. It will be an opportune moment to seek answers to questions that linger in the back of our mind.

I am delighted to see everyone in-person again since 2020. I welcome you to the 72nd Annual Convention of the Philippine Society of Pathologists!

Alan T. Koa, MD, FPSP

PSP President, 2022-2023

MESSAGE

Welcome and good day everyone!

It is my privilege to welcome each one of you to our first face to face annual convention in three years.

The pandemic has brought us a multitude of challenges in our daily lives, as well as in our work as pathologists. That is why the board of governors as well as the organizing committee wanted to keep the theme of this annual convention simple and focused, yet as meaningful as possible. We just all wanted to welcome everybody back. To be happy seeing each other again, and to enjoy each other's company.

We are also elated to welcome our esteemed international speakers, most especially my mentor, Dr. Jonathan I. Epstein. Another highlight I am excited about, is the oral presentation for the research contest will now be part of the plenary sessions. This was a very tough task, yet something I feel will be worth it in the long run. This is the one the most important avenues that we can improve as an academic society. Research has to be a focus for us, not just a small part of the program or just a requirement to finish residency.

Once again, thank you so much to the board of governors, the organizing committee, but more especially to each of you for supporting this annual convention.

Jeffrey S. So, MD, FPSP

PSP Secretary, 2022-2023
Over-All Chair, 72nd Annual Convention

SCHEDULE OF SESSIONS

Day 1 • 20 April 2023

TIME	ACTIVITY	SPEAKER	MODERATOR
8:00 - 12:00 NN	Opening Ceremonies		
12:00 - 1:00 PM	LUNCH		
1:00 - 1:45 PM	Updates and Issues on Endometrial and Endocervical Carcinomas	Claire Anne Therese Hemedez, MD, DPSP	Dr. Ma. Margot Flor S. Yasay
1:45 - 2:45 PM	Updates in Breast Pathology: The 2019 WHO Classification of Tumors	Luis Z. Blanco Jr., MD	
2:45 - 3:00 PM	BREAK		
3:00 - 4:00 PM	Updates in Pregnancy Associated Breast Cancer	Luis Z. Blanco Jr., MD	Dr. Kristine Joy A. Gacutno
4:00 - 4:45 PM	A Survey of Common Diagnostic Challenges in Dermatopathology	Joaquin Antonio S. Patag, MD, DPSP	
4:45 - 5:30 PM	What's New in Urinary Tract Pathology, WHO 5th Edition 2022	Maria Sarah L. Lenon, MD, FPSP	

Day 2 • 21 April 2023

TIME	ACTIVITY	SPEAKER	MODERATOR
8:00 - 9:00 AM	Prostate Cancer Grading from Gleason to a Contemporary New Patient-Centric Grading System	Jonathan I. Epstein, MD	Dr. Christopher Alec A. Maquiling
9:00 - 10:00 AM	Prostate Pitfalls and Pearls	Fiona Maclean, MD	
10:00 - 10:15 AM	BREAK		
10:15 - 11:15 AM	Lions and Tigers and Bears, Oh My! Myoid Tumours	Fiona Maclean, MD	Dr. Randell S. Arias
11:15 - 12:00 NN	Establishing the diagnosis of lymphoproliferative neoplasms and WHO 5th edition Updates	Rose Lou Marie C. Agbay, MD, FPSP	
12:00 - 1:00 PM	LUNCH		
1:00 - 2:30 PM	RESEARCH FORUM		
2:30 - 3:00 PM	BREAK		
3:00 - 6:00 PM	BUSINESS MEETING		
8:00 PM	FELLOWSHIP NIGHT		

SCHEDULE OF SESSIONS

Day 3 • 22 April 2023

TIME	ACTIVITY	SPEAKER	MODERATOR
8:00 - 8:45 AM	The Role of the Histocompatibility Laboratory in Solid Organ Transplantation	Emilio Q. Villanueva III, MD, MSc, DPSP	Dr. Marvin C. Masalunga
8:45 - 9:30 AM	The ABCDs of HLA	Raymund Inocencio, MD, FPSP	
9:30 - 9:45 AM	BREAK		
9:45 - 10:30 AM	Recent Advances in Lipid-related Cardiovascular Biomarker Testing	Alan Thomas Remaley, MD, PhD	Dr. Redante D. Mendoza
10:30 - 11:15 AM	Triglyceride-rich Lipoproteins: From Metabolism to New Therapies		
11:15 - 12:00 NN	Diagnostic Testing in Tuberculosis	Ruby O. Rusia-Uy, MD, FPSP	
12:00 - 1:00 PM	LUNCH		
1:00 - 1:45 PM	Contract Negotiations	Atty. Clarence Jandoc	Dr. Gerald V. Tejada
1:45 - 2:30 PM	Approach to the Diagnosis of Autoimmune Diseases	Lara Mae B. Academia-Angeles, MD, FPSP	
2:30 - 3:30 PM	DOH HOUR		
3:30 - 3:45 PM	BREAK		
3:45 - 5:00 PM	CLOSING CEREMONIES		

SPEAKER

Claire Anne Therese M. Hemedez, MD, DPSP

PRESENT POSITIONS

Assistant Professor 3, St. Luke's Medical Center College of Medicine-William H. Quasha Memorial, Quezon City

Affiliate Member, Anatomic Pathology
Consultant; Section Chief, Microbiology, Institute of Pathology, St. Luke's Medical Center, Quezon City
Affiliate Consultant, Anatomic Pathology, Institute of Pathology, St. Luke's Medical Center, Global City, Taguig
Active Consultant, Pathology Division, Philippine Children's Medical Center
Visiting Consultant, Metropolitan Medical Center

ABSTRACT

Day 1 • 20 April 2023 • 1:00 - 1:45 PM

UPDATES AND ISSUES ON ENDOMETRIAL AND ENDOCERVICAL ADENOCARCINOMAS

The previous classification of endometrial and endocervical adenocarcinomas are largely based on clinical and histomorphologic features. Certain molecular updates have ushered a new classification for these diagnostic entities - TCGA molecular classification for endometrial carcinomas and the IECC for endocervical adenocarcinomas. Studies have shown that immunohistochemical stains can serve as surrogates for molecular grouping or classification.

SPEAKER

Luis Z. Blanco, Jr., MD

PRESENT POSITIONS

Associate Professor, Pathology Residency Program Director, Breast Pathology Fellowship Program Director, Pathology Clerkship Director, Department of Pathology, Northwestern University Feinberg School of Medicine

Staff Pathologist, Department of Pathology, Northwestern Memorial Hospital

ABSTRACT

Day 1 • 20 April 2023 • 1:45 - 2:45 PM

UPDATES IN BREAST PATHOLOGY : THE 2019 WHO CLASSIFICATION OF TUMORS

The 2nd volume of the 5th series of the World Health Organization (WHO) tumor classifications for breast tumors was published in late 2019 and serves as the definitive resource for tumor classification worldwide, as well as an essential tool for standardizing diagnostic practice. Significant updates in this most current edition include a more standardized approach to tumors arranged from benign to malignant. In addition, evaluation of mitotic activity is now based on counts in a defined area in mm^2. The emerging importance of tumor infiltrating lymphocytes is addressed and a guide for quantification is illustrated. Further, very rare tumors that were previously considered distinct special subtypes have now been reclassified to the invasive carcinoma of no special type group. Similarly, tumors with medullary features are now classified as invasive carcinoma of no special type with medullary pattern. The term neuroendocrine neoplasm is now used to encompass all tumors with predominant neuroendocrine differentiation, as defined by histological features similar to small cell or large cell carcinoma of the lung and diffuse uniform immunoreactivity for neuroendocrine markers. The pathogenesis of breast fibroepithelial tumors has been further elucidate, with fibroadenomas harboring *MED12* mutations, while phyllodes tumors have *TERT* promoter mutations. Also, the presence of a component that resembles well differentiated liposarcoma in a phyllodes tumor is no longer sufficient as a sole criterion to warrant malignant grading. This volume also introduces two new entities in breast pathology: (1) mucinous cystadenocarcinoma (invasive breast carcinoma resembling pancreatobiliary or ovarian mucinous cystadenocarcinoma that usually has a good prognosis) and (2) tall cell carcinoma with reversed polarity (very rare variant with overlapping features between solid papillary carcinoma, papillary ductal carcinoma and invasive papillary carcinoma that is low grade and has a favorable prognosis). Finally, the 2019 WHO Classification of Breast Tumors is now available online for easier and more accessible use.

SPEAKER

Luis Z. Blanco, Jr., MD

ABSTRACT

Day 1 • 20 April 2023 • 3:00 - 4:00 PM

UPDATES IN PREGNANCY ASSOCIATED BREAST CANCER

Pregnancy associated breast cancer (PABC) is breast cancer that is diagnosed during or after a recent pregnancy, commonly to within one to five years postpartum in a majority of the published literature. PABC presents in younger women as a palpable breast mass that is usually at advanced stages, with larger, higher grade, hormone receptor-negative, triple negative, or HER2-positive tumors. Although it may be of any subtype, PABC, most commonly invasive ductal carcinoma of no special type, with lymph-vascular space invasion and lymph node involvement at the time of presentation. Physiologically, pregnancy actually confers a dual effect, with an initial transient increase risk for breast cancer followed by long term protection over time. Further, the involution hypothesis posits that tissue remodeling programs that are employed during mammary gland involution are similar to wound healing and inflammation and may facilitate tumor progression and metastasis. PABC has a worse prognosis compared with age- and stage-matched non-PABC, and those diagnosed in the immediate post-partum period have a higher likelihood of metastasis and an even poorer prognosis. In addition to the inflammatory-like microenvironment of involution, PABC has been found to have a genetic signature that is associated with increased hormone-regulated cell cycling and immune response. Overall, these may play an important role in tumor progression and metastasis in PABC and contribute to the aggressive nature of this group of tumors. More recent work has found that PABC is composed of two distinct groups: (1) breast cancer occurring during pregnancy (PrBC) which has equivalent behavior to non-PABC, and (2) breast cancer occurring in the post-partum period extending to 5-10 years after birth (PPBC) which demonstrates the worse outcome. As such, the current recommendation is to no longer use PABC terminology and to separately investigate PrBC and PPBC in order to truly understand these groups and to develop the most effective targeted therapy for the appropriate patients.

SPEAKER

Joaquin Antonio S. Patag, MD, DPSP

PRESENT POSITIONS

Assistant Professor ; Residency Training Officer in Anatomic Pathology, St. Luke's Medical Center, Quezon City
Visiting Consultant, Manila Doctors Hospital
Manila Visiting Consultant, Metropolitan Medical Center
Medical Specialist II, Rizal Medical Center
Affiliate Consultant, St. Luke's Medical Center, Global City
Affiliate Consultant, St. Luke's Medical Center, Quezon City
Visiting Consultant, ACE Medical Center
Visiting Consultant, St. Cabrini Medical Center

ABSTRACT

Day 1 • 20 April 2023 • 4:00 - 4:45 PM

COMMON DIAGNOSTIC CHALLENGES IN DERMATOPATHOLOGY

Three main areas in neoplastic dermatopathology which a general pathologist must be familiar with are cutaneous carcinomas, squamoproliferative neoplasms and common spindle cell tumors. Poorly-differentiated basal cell carcinomas, sebaceous carcinomas, hidradenocarcinomas, Merkel cell carcinomas, and metastatic carcinomas, usually pose diagnostic difficulties, but a thorough examination at low, intermediate and high power objectives reveals features that suggest the correct diagnosis. Immunohistochemistry for these lesions is helpful in difficult cases. Among squamoproliferative lesions, an important diagnostic dilemma is deciding whether a squamoproliferative lesion is benign or malignant. Clinical and histologic context are important for the distinction of pseudoepitheliomatous hyperplasia from squamous cell carcinoma. There are numerous spindle cell tumors, but the prototypes from the fibrohistiocytic, myofibroblastic, nerve sheath and smooth muscle tumors are must-knows. These entities have unique characteristics allowing their differentiation and guiding the panel of immunostains to be used to confirm the diagnosis.

SPEAKER

Maria Sarah Lagarde - Lenon, RN, MD, DPSP

PRESENT POSITIONS

Assistant Professor I, Department of Pathology, University of Santo Tomas, Faculty of Medicine, and Surgery

Associate Pathologist, Global Medical Center
Associate Pathologist, Medical Center Parañaque
Visiting Consultant, Pathologist, Delos Santos Medical Center
Visiting Consultant, Pathologist, National Kidney of Transplant Institute
Visiting Consultant, Anatomic and Clinical Pathologist, Chinese General Hospital and Medical Center
Medical Specialist I (Part-time), Department of Pathology, Section of Anatomic Pathology, Dr. Jose Fabella Memorial Hospital
Medical Specialist II (Part-time), Department of Pathology, Research Institute of Tropical Medicine
Head of Clinical Laboratory, The Medical City Satellite Clinic
Anatomic Pathologist, Metrosouth Urology Group, Inc.

ABSTRACT

Day 1 • 20 April 2023 • 4:45 - 5:30 PM

WHAT'S NEW IN URINARY TRACT PATHOLOGY, WHO 5TH EDITION 2022

Histologic characteristics remain as the gold standard for the classification and diagnosis of urothelial tract tumors. As an adjunct to histology, a growing body of literature on the comprehensive molecular classification of urothelial tumors has evolved in terms of the mutation landscape, transcriptomic and proteomic signatures that provide better classification, prognosis, and selection of therapeutic targets. In addition, issues on risk stratification and pathologic sub-staging in bladder cancer exist that should be re-visited due to their implications on treatment and prognosis. Urine cytology is likewise an important management tool for patients with bladder cancer. The use of Paris System (2.0) for cytologic diagnosis has been widely adopted and its use is being promulgated by this latest WHO edition as it is helpful in clinical management with its focus on detection of high-grade cytology. The Paris System is deemed to be well-suited to accurate diagnoses and clinical relevance.

SPEAKER

Jonathan I. Epstein, MD

PRESENT POSITIONS

Professor, Departments of Pathology, Urology, & Oncology, The Reinhard Professor of Urologic Pathology, The Johns Hopkins University School of Medicine
Director of Surgical Pathology, Department of Pathology, The Johns Hopkins Hospital
Pathologist, Active Staff, Department of Pathology, The Johns Hopkins Hospital

LECTURE

Day 2 • 21 April 2023 • 8:00 -9:00 AM

PROSTATE CANCER GRADING FROM GLEASON TO A CONTEMPORARY NEW PATIENT-CENTRIC GRADING SYSTEM

Fiona Maclean, MD

PRESENT POSITIONS

Senior Histopathologist, Douglass Hanly Moir (DHM) Pathology, Macquarie Park, Australia
Medical Director, St. Leonard's Laboratory
President, Australasian Division of the International Academy of Pathology (IAP)
Clinical Associate Professor, Department of Clinical Medicine, Faculty of Medicine and Health Sciences, Macquarie University
Examiner in Anatomical Pathology, Royal College of Pathologists of Australasia (RCPA)

LECTURE

Day 2 • 21 April 2023 • 9:00 - 10:00 AM

PROSTATE PITFALLS AND PEARLS

LECTURE

Day 2 • 21 April 2023 • 10:15 - 11:15 AM

LIONS AND TIGERS AND BEARS, OH MY! MYOID TUMOURS

SPEAKER

Rose Lou Marie C. Agbay, MD, FPSP

PRESENT POSITIONS

Pathology part-time faculty, Ateneo School of Medicine and Public Health
Pathology part-time faculty, San Beda University - College of Medicine

Anatomic and Clinical Pathologist; Consultant Director, Section of Molecular Diagnostics, The Medical City Ortigas
Anatomic and Clinical Pathologist; Consultant Director, Section of Molecular Diagnostics, The Medical City South Luzon
Visiting Hematopathologist, The Medical City Clark
Anatomic and Clinical Pathologist, Pasig City Children's Hospital
Visiting Hematopathologist, Philippine Children's Medical Center
Visiting Hematopathologist, Lung Center of the Philippines

ABSTRACT

Day 2 • 21 April 2023 • 11:15 - 12:00 NN

ESTABLISHING THE DIAGNOSIS OF LYMPHOPROLIFERATIVE NEOPLASMS AND WHO 5TH EDITION UPDATES

Morphologic examination of biopsies from nodal or extranodal sites along with the utility of immunophenotypic, molecular and cytogenetic studies provide useful data for establishing the diagnosis of lymphoproliferative neoplasms.

SPEAKER

Emilio Q. Villanueva III, MD, MSc, DPSP

PRESENT POSITIONS

Associate Professor 3, Department of Pathology, UP – College of Medicine
Training Officer for Clinical Pathology, Department of Laboratories, UP – Philippine General Hospital
Technical Reviewer, Peregrine Eye and Laser Institute – Institutional Review Board
Biostatistician, Journal of the ASEAN Federation of Endocrine Societies
Biostatistician, Expanded Hospital Research Office, UP – Philippine General Hospital

Medical Consultant – Biobank Facility Officer-in-Charge, and Clinical Chemistry Division Officer-in-Charge, Department of Laboratories, UP – Philippine General Hospital
Associate Pathologist – Blood Bank Section Head, Qualimed Hospital, Sta. Rosa
Medical Director, Valulife Mobile X-Ray and Laboratory Services
Pathologist – Head of Laboratory, Notre Dame Medico Dental Clinic
Pathologist – Head of Laboratory, Semirara Mining and Power Corporation Infirmary
Visiting Consultant – Histocompatibility and Immunogenetics, Department of Laboratory Medicine and Pathology, The Medical City
Associate Pathologist – Immunology-Serology Section Head, South City Hospital and Medical Center
Associate Pathologist – Autopsy Section Head, Ospital ng Muntinlupa
Pathologist – Head of Laboratory, LoveYourself, Inc.
Associate Pathologist – Microbiology Section Head, TriCity Medical Center

Consultant Pathologist, LabX Corporation

ABSTRACT

Day 3 • 22 April 2023 • 8:00 - 8:45 AM

THE ROLE OF THE HISTOCOMPATIBILITY LABORATORY IN SOLID ORGAN TRANSPLANTATION

Transplantation is widely performed to replace nonfunctioning organs and tissues with healthy organs or tissues. It is done by the process of taking cells, tissues, or organs, called a graft, from one individual, called a donor, and placing them into a [usually] different individual, called a host or recipient.

Aside from the technical challenge of transplantation in surgically transplanting organs, the immune response of the host against the transplanted tissues or organs is the other major barrier to survival of the graft. In general, graft rejection is the immune response of the host to the graft due to presence of non-self human leukocyte antigen (HLA) molecules in the transplanted tissues or organs. Controlling this immune response is key to successful transplantation.

Therefore, it is the responsibility of the histocompatibility laboratory to provide a quality assured evaluation of donor-recipient histocompatibility and patient immunologic risk factors that will allow the clinician and the patient to decide which approaches to solid organ transplantation are for the patient's best interest.

SPEAKER

Raymund R. Inocencio, RMT, MD, FPSP

PRESENT POSITIONS

Assistant Service Head, Department of Pathology, Medical Center Manila
Associate Pathologist, Department of Pathology, Providence Hospital
Medical Specialist III, Department of Pathology, Amang Rodriguez Memorial Medical Center
Affiliate Consultant, Stem Cell Center, Institute of Pathology, St Luke's Medical Center, Global City
Visiting Consultant, Section of Molecular Diagnostics, Department of Laboratory Medicine and Pathology, The Medical City
Visiting Staff, Cellular Therapeutics, Department of Pathology and Laboratories, Makati Medical Center
Pathologist, Department of Pathology, Tricity Medical Center
Pathologist, Department of Pathology, Carmona Hospital and Medical Center

ABSTRACT

Day 3 • 22 April 2023 • 8:45 - 9:30 AM

THE ABCDs of HLA

The discovery of Human Leukocyte Antigen (HLA) revolutionized the art and science of medicine particularly in the field of immunology, transplantation and infectious disease. The human leukocyte antigen (HLA) system or complex is a complex of genes on chromosome 6 in humans which encode cell-surface proteins responsible for regulation of the immune system. The HLA system is also known as the human version of the major histocompatibility complex (MHC) found in many animals. The presentation aims to introduce the basic concepts and history of clinical histocompatibility and introduce various testing methods that are currently available. The importance of the HLA system and HLA nomenclature as well as introduction to HLA antibody testing will also be included.

SPEAKER

Alan Thomas Remaley, MD, PhD

PRESENT POSITIONS

Adjunct Professor, George Mason University, Systems Biology Department, Manassas, VA
Senior Investigator, Section Chief, Lipoprotein Metabolism Section, Cardiopulmonary Branch, NHLBI, National Institutes of Health, Bethesda, MD
Senior Staff/Public Health Service, Department of Laboratory Medicine, ***Director of Special Chemistry Laboratory,*** Clinical Center, National Institutes of Health, Bethesda, MD
Advisory Board Member for Clinical Chemistry and Clinical Toxicology Device Panel, Food and Drug Administration
Editorial Board, Journal of Applied and Laboratory Medicine
Associate Editor, Journal of Clinical Lipidology
Editorial Board, Arteriosclerosis, Thrombosis, and Vascular Biology
Editorial Board, Journal of Lipid Research
Editorial Board Member, Atherosclerosis
Editorial Board, Clinical Chemistry Journal

ABSTRACT

Day 3 • 22 April 2023 • 9:45 - 10:30 AM

RECENT ADVANCES IN LIPID-RELATED CARDIOVASCULAR BIOMARKER TESTING

Assessment of Atherosclerotic Cardiovascular Disease (ASCVD) risk is a major first step in the clinical management of patients for reducing cardiovascular disease. Given the strong association of plasma lipids with ASCVD risk, the clinical laboratory measurement of plasma lipids and lipoprotein-related parameters is important element is ASCVD risk assessment. In this lecture, lipid and lipoprotein-related diagnostic testing will be reviewed and how this information is integrated into the clinical management of patients. Both the current routine diagnostic lipid-related tests will be discussed, plus emerging new diagnostic tests for ASCVD risk will be covered.

ABSTRACT

Day 3 • 22 April 2023 • 10:30 - 11:15 AM

TRIGLYCERIDE-RICH LIPOPROTEINS : FROM METABOLISM TO NEW THERAPIES

Although cholesterol-rich lipoproteins like Low-Density Lipoproteins (LDL) play a causal role in the development of Atherosclerotic Cardiovascular Disease (ASCVD), many patients treated to lower LDL-C still go on to develop clinical events. This so-called residual risk has recently been proposed to be, at least in part, related to elevated Triglyceride-rich lipoproteins (TRL). In this lecture, we will review the latest findings on triglyceride and TRL metabolism and how it may contribute to the pathogenesis of ASCVD and also acute pancreatitis. Next, new therapies that specifically target TRL metabolism will be reviewed along with their impact on health outcomes.

SPEAKER

Ruby O. Rusia-Uy, MD, FPSP

PRESENT POSITIONS

Faculty Member, Pathology Department, Cebu Institute of Medicine
Head of Laboratory, MedWorks Diagnostic Lab, Bever Lab, Chase Laboratory, Alcantara Hospital Lab, Deiparine Hospital Laboratory, JRBMCI Infirmary Laboratory, Meditrust Laboratory, DOH-TRC Laboratory, Red Cross Lapu-lapu Chapter, Life and Health Laboratory (Lapulapu and Toledo), Cebu City Health Laboratory, Department of Quarantine Region VII, Accumed Laboratory, DocLTP Laboratory, Toledo City Health Laboratory, Toledo City General Hospital Laboratory, JD Laboratory, ComCarePh Laboratory
Medical Specialist III, Vicente Sotto Memorial Medical Center

ABSTRACT

Day 3 • 22 April 2023 • 11:15 - 12:00 NN

DIAGNOSTIC TESTING IN TUBERCULOSIS

Tuberculosis is the 13th leading cause of death and the second leading infectious killer after COVID-19, affecting both the adult and pediatric population. Tuberculosis (TB) is caused by bacteria (Mycobacterium tuberculosis) that most often affect the lungs but also cause extrapulmonary disease. TB is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected.Tuberculosis is curable and preventable. However, the emergence of multidrug-resistant tuberculosis (MDR-TB) remains a public health crisis and a health security threat.

The highest priority in any TB control program is the prompt detection of cases and the provision of chemotherapy to all patients under proper case-management conditions. The World Health Organization's End TB Strategy target of "No TB patients and their households facing catastrophic costs as a result of TB disease" was adopted in 2015. One of its pillars incorporates all technological innovations such as early diagnostic approaches.

SPEAKER

Lara Mae B. Academia-Angeles, MD, FPSP

PRESENT POSITIONS

Chairman, Department of Laboratory Medicine, UST Faculty of Medicine and Surgery
Faculty, Faculty of Medicine and Surgery University of Santo Tomas

Active Medical Staff; Residency Training Officer, Department of Clinical Pathology, University of Santo Tomas Hospital
Active Medical Staff, Institute of Pathology / ***Section Head, Immunology and Serology Section,*** St. Luke's Medical Center, Global City
Medical Specialist III, Veterans Memorial Medical Center

Head of the Laboratory, TopMed Diagnostics Clinic

ABSTRACT

Day 3 • 22 April 2023 • 1:45 - 2:30 PM

APPROACH TO THE DIAGNOSIS OF AUTOIMMUNE DISEASES

Autoimmune disorders remain to be a challenge when it comes to diagnosis since they mimic a many other disorders. Many autoimmune disorders involve several organ systems so careful evaluation along with clinical data may help the clinicians in the diagnostic approach to these diseases. As pathologists it is our goal to aid in the diagnostic arm of the disease with the use of appropriate laboratory tests such as immunofluorescence. Immunofluorescence assays has been one of the mainstays in the initial workup of autoimmune diseases. Our role is to be able to identify the basic patterns using the latest ICAP Patterns Classification in the screening of autoimmune diseases. This lecture aims to update us in the recognition of basic patterns in immunofluorescence technology and its practical use in the approach to autoimmune disorders.

OPENING CEREMONIES

Day 1 • 20 April 2023

8:00 - 12:00 NN	Processional – New Diplomates, Awardees, PRO President, Organizing Committee, Board of Pathology, Regional Chapter Presidents, Intro keynote, Board of Governors, Annual Convention Chair, PSP President and Keynote Speaker	
	Entrance of Colors	
	Invocation	AVP
	The Philippine National Anthem	AVP
	PMA Hymn	AVP
	PSP Hymn	PSP Family
8:45 AM	Welcome Remarks	Jeffrey S. So, MD, FPSP *Secretary & Over-All Chair, 72nd Annual Convention*
	Opening Remarks	Alan T. Koa, MD, FPSP *President*
	Acknowledgment of Past Presidents	Rowen T. Yolo, MD, FPSP *Board of Governor*
	Introduction to Keynote Speaker	Maria Theresa T. Enrile, MD, FPSP *President, Central Luzon Chapter*
9:00 AM	Keynote Address	Maria Rosario S. Vergeire, MD, MPH, CESO II *Officer In-Charge, Department of Health*
9:30 AM	Presentation of New Diplomates	Bernadette R. Espiritu, MD, FPSP *Chair, Philippine Board of Pathology*
	Oath of Office of New Diplomates	Alan T. Koa, MD, FPSP
10:30 AM	Awarding Ceremonies	Jose M. Carnate, Jr., MD, FPSP *Chair, Committee on Awards*
	Dr. Benjamin A. Barrera Service Award *(Posthumous)*	Arsenio C. Cantos, MD, FPSP
		Manalo N. Ongchangco, MD, FPSP
	Outstanding Pathologist Award	Gary U. Ong, MD, FPSP
	Distinguished Service Award	Edna May Lasap-Go, MD, FPSP
	Dr. Liborio Gomez Memorial Award and Lecture	Andrew D. Dimacali, MD, FPSP
12:00 NN	Singing of the PSP Hymn	PSP Family

Rowen T. Yolo, MD, FPSP
Master of Ceremony

Sierra Roma S. Hernandez, MD, FPSP
Chair, Opening Ceremonies

FELLOWSHIP NIGHT PROGRAMME

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Day 2 • 21 April 2023

8:00 PM	Opening and Welcome Remarks Dinner and Drinks Raffle	
9:00 PM	Live Music Performance	Gigi De Lana and the Gigi Vibes Band
10:30 PM	Raffle Party and Music	

Attire: Semiformal / Smart Casual

Serren Lor V. Gallinero, MD, DPSP
Master of Ceremony

Francis G. Moria, MD, FPSP
Head, Committee on Fellowship Night

CLOSING CEREMONIES

Day 3 • 22 April 2023

Invocation	
The Philippine National Anthem	
PMA Hymn	AVP
Opening Remarks	Jeffrey S. So, MD, FPSP *Secretary & Over-All Chair, 72nd Annual Convention*
Introduction of Guest Speaker	
Short Message	Ma. Minerva P. Calimag *President, Philippine Medical Association*
Recognition of Fellows Oath of Fellows Recognition of Sub-specialists Oath of Sub-specialists	PSP President with Chair, Committee on Membership
Valedictory Addres	Alan T. Koa, MD, FPSP *President, PSP*
Turnover Ceremonies Induction of Executive Officers and Members of the Board of Governors	Ma. Minerva P. Calimag *President, Philippine Medical Association*
Acceptance Speech	Incoming PSP President
Induction of New Officers Regional Chapter Presidents PSP Circle Officers Pathology Residents' Organization	
Recognition of 72nd Annual Convention Organizing Committee	Jeffrey S. So, MD, FPSP *Over-All Chair, 72nd Annual Convention*
Sponsors	
Awarding of Prizes Oral Presentations Poster Presentations	Amado Tandoc III, MD, FPSP and Justine Alessandra U. Uy, MD, FPSP *Chair, Committee on Research*
Presentation of Certificates to Training Institutions	Ma. Yvonette C. Nerves, MD, FPSP *Chair, Committee on Accreditation of Pathology Training Program*
Closing Remarks	Maria Cecilia F. Lim, MD, FPSP *Co-Chair, 72nd Annual Convention*
PSP Hymn	PSP Family

Mirian D. Viterbo, MD, FPSP

Chair, Closing Ceremonies

NEW DIPLOMATES – ANATOMIC PATHOLOGY 2023

Abadiano, Dino Raphael K.
Chong Hua Hospital

Apao, Carmel Therese B.
Cebu Doctors' University Hospital

Ballacillo, Marie Anne Pauline B.
East Avenue Medical Center

Bustria, Allan Ernie C.
Baguio General Hospital and Medical Center

Catapia, David Thomas S.
Chinese General Hospital and Medical Center

Cruz, Victoria E.
UERM Memorial Medical Center

Cular, Cresta Anne Salve G.
Eastern Visayas Medical Center

NEW DIPLOMATES – ANATOMIC PATHOLOGY 2023

Dizon, Lea Mae Patricia L.
Jose B. Lingad Memorial General Hospital

Go, Jennifer T.
The Medical City

Guro, Rashidah A.
Northern Mindanao Medical Center

Laporga, Joahnne C.
Region 1 Medical Center

Lorenzo, Lara Mae S.
The Medical City

Medina, Jennifer Jane U.
Vicente Sotto Memorial Medical Center

Molas, Rose Franses C.
Philippine Children's Medical Center

NEW DIPLOMATES – ANATOMIC PATHOLOGY 2023

Nuesca, Amerlito A.
Baguio General Hospital and Medical Center

Romero, Miles S.
Western Visayas Medical Center

Rosales, Carole Zaidel M.
Quirino Memorial Medical Center

Sangalang, Jose Mari Carmelo A.
The Medical City

Santos, Pocholo D.
Makati Medical Center

Sarmiento, Christian Roy Q.
Zamboanga City Medical Center

Ticse, Joed T.
Dr. Paulino J. Garcia Memorial Research and Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2023

Abella, Jesser Dann Q.
West Visayas State University Medical Center

Allanigue, Ma. Charissa P.
Jose R. Reyes Memorial Medical Center

Angeles, Aldred Ivan I.
Quirino Memorial Medical Center

Bagalanon, Fereylou A.
Governor Celestino Gallares Memorial Hospital

Banaag, Marianne Karen Gay B.
Makati Medical Center

Basilla, Michelle R.
Vicente Sotto Memorial Medical Center

Calupas, Laurie Marie C.
Rizal Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2023

Cohitmingao Ian Joy Q.
Vicente Sotto Memorial Medical Center

De Guzman, Ma. Patricia Lourena A.
De La Salle University Medical Center

Detiquez Kathleen P.
St. Luke's Medical Center – Quezon City

Dizon, Lea Mae Patricia L.
Jose B. Lingad Memorial General Hospital

Dugay, Anna Patricia C.
Ospital ng Maynila Medical Center

Dy, Arnel Christian K.
UERM Memorial Medical Center

Gallinero, Serren Lor V.
Western Visayas Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2023

Gonzales, Arnold Paul K.
Western Visayas Medical Center

Guevarra, Jireh Joy F.
West Visayas State University Medical Center

Haron-Gangco, Harriza M.
Jose R. Reyes Memorial Medical Center

Honculada, Anne Moonyeen H.
Governor Celestino Gallares Memorial Hospital

Lim, Janelda Ann Margui S.
Valenzuela Medical Center

Mangosong, Samantha Joy M.
Tondo Medical Center

Marquez, Joanna Melissa F.
Zamboanga City Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2023

Martinez, Arasse Dino G.
Jose R. Reyes Memorial Medical Center

Martinez, Maria Zelda D.
Jose R. Reyes Memorial Medical Center

Mateo, Jennifer Y.
Victoriano Luna Medical Center

Mendoza, Jesse G.
Philippine Heart Center

Miranda, Dinarazad D.
Philippine Heart Center

Misoles, Cyril Pete Martin S.
Davao Doctors Hospital

Nagtalon, Rebecca R.
St. Luke's Medical Center – Global City

Navasquez, Warfe, C.
Cebu Doctors' University Hospital

NEW DIPLOMATES – CLINICAL PATHOLOGY 2023

Olac Jr., Ray V.
Western Visayas State University Medical Center

Ong-Dulay, Angelica Gizelle
Ospital ng Maynila Medical Center

Planto III, Mark Anthony B.
Western Visayas Medical Center

Platon, Enrick John M.
Makati Medical Center

Quisto, Melchor N.
Western Visayas Medical Center

Reyes, Robert R.
National Kidney and Transplant Institute

Ruiz, Marjorie D.
East Avenue Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2023

Soliveres, Eunice Joy I.
St. Luke's Medical Center – Quezon City

Suico, Arantxa C.
Cebu Doctors' University Hospital

Tamiray, Heidiliz Joy L.
Baguio General Hospital and Medical Center

Tejada, Gian Ysmael B.
Valenzuela Medical Center

Tubo, Gordon Christopher C.
Vicente Sotto Memorial Medical Center

Yarra, Erica Ayn V.
East Avenue Medical Center

Zonita, Paulyn I.
Western Visayas Medical Center

NEW DIPLOMATES – ANATOMIC AND CLINICAL PATHOLOGY 2023

Bonifacio, Kathleen M.
National Kidney and Transplant Institute

Cancio, Jonathan Emmanuel G.
University of the Philippines – Philippine General Hospital

Carrillo, Ma. Novie S.
Western Visayas State University Medical Center

Chavez, Reedan E.
Western Visayas Medical Center

Dalangin, Dulce Ann Ross B.
Batangas Medical Center

De La Cruz, Ace John Felix S.
Western Visayas Medical Center

Dela Cruz, Kamille Faye P.
Quirino Memorial Medical Center

NEW DIPLOMATES – ANATOMIC AND CLINICAL PATHOLOGY 2023

Dimacali, Liaa Marie G.
Jose B. Lingad Memorial General Hospital

Ellazar, Albert Charles V.
Quirino Memorial Medical Center

Lipayon, Kristyn J.
Eastern Visayas Medical Center

Ong, David Jerome P.
The Medical Center

Remotigue, Jose Louie D.
University of the Philippines – Philippine General Hospital

Reyes, Ralph Adrian A.
St. Luke's Medical Center – Quezon City

Salise, Joeanne Marie M.
University of the Philippines – Philippine General Hospital

NEW DIPLOMATES – ANATOMIC AND CLINICAL PATHOLOGY 2023

Sebastian, Franz Jobert L.
Philippine Heart Center

Tino-Banayat, Jela Patricia B.
Ospital ng Maynila Medical Center

Trespeces, John Ruvil P.
Western Visayas Medical Center

Umali, John Basil C.
Chinese General Hospital and Medical Center

NEW FELLOWS – ANATOMIC PATHOLOGY 2023

Mendoza, Jefferson B.

Tolentino-Molina, Maria Kariza L.

NEW FELLOWS – CLINICAL PATHOLOGY 2023

Haron, Iftizar N.

Koa, Warren Welby O.

Oblefias, Jonathan Z.

Rafanan, Azenith May H.

Tan, Alvin Rey B.

NEW FELLOWS – ANATOMIC AND CLINICAL PATHOLOGY 2023

Abubakar, Al-Zamzam A.

Ang, Heidi T.

Jovida-Castro, Ma. Christina

Cerillo, Catherine M.

Crisostomo, Kenneth C.

Hernandez-Sionzon, Melani S.

Madrid-Estoesta, Cheshire Therese A.

NEW FELLOWS – ANATOMIC AND CLINICAL PATHOLOGY 2023

Marabi, Monalyn T.

Mendoza-Leaño, Aida Isabel

Ramos, Shiela May N.

Tanawit, Gail Domecq C.

Torres, Jennifer B.

Uy, Justine Alessandra U.

NEW SUBSPECIALISTS 2023

Ang, Daphne C.

Oncologic Pathology
Molecular Pathology
Hemopathology

Dela Cruz, Rouchelle D.

Hepatopathology / Liver Pathology

Espiritu, Joseph Michael R.

Molecular Pathology

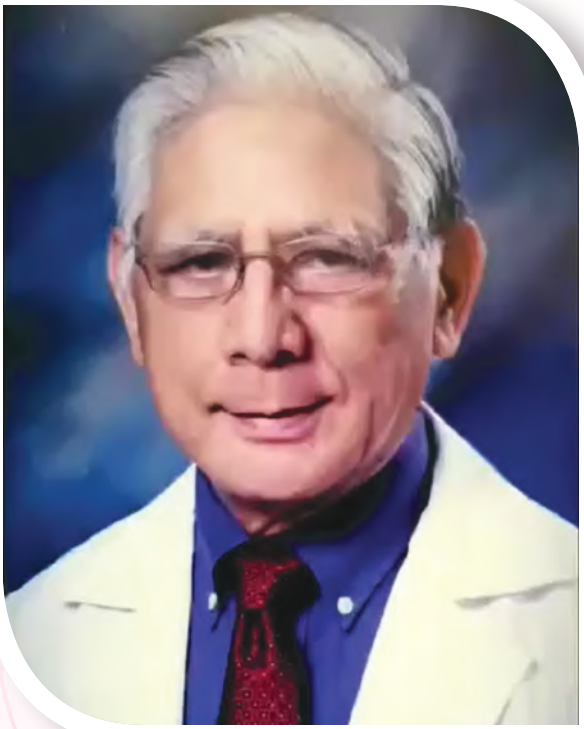
Patag, Joaquin Antonio S.

Dermatopathology

2022 BENJAMIN A. BARRERA SERVICE AWARD
(POSTHUMOUS)

Dr. Arsenio C. Cantos

In remembrance of his dedicated service as president of our society, his selfless generosity that saw to the acquisition and construction of a site and a home for the PSP, his involvement, commitment and support to the objectives, ideals and aspirations of the Society which contributed to its spirited existence and vibrant growth.



2022 BENJAMIN A. BARRERA SERVICE AWARD
(POSTHUMOUS)

Dr. Manalo N. Ongchangco

In remembrance of his dedicated service as president of our society, his tireless participation that ensured the inclusive representation of our provincial practitioners, his exemplary and unparalleled devotion and guidance to the Society which contributed to its responsive existence and dynamic growth.

2022 DISTINGUISHED SERVICE AWARD

Dr. Edna May Lasap-Go

In recognition of her notable and exemplary service to the Society through the years with consistent, active, and continuing participation in various capacities in the affairs of the Society, including promoting the interest of the Society and Pathology, and fostering local and regional linkages through involvement in national and international activities.

2022 OUTSTANDING PATHOLOGIST AWARD

Dr. Gary U. Ong

In recognition of his vibrant steerage of the blood services programs in his region, and his professional and administrative expertise acknowledged by his peers, culminating in his appointment as medical center chief, and president of the Philippine Blood Coordinating Council, substantially contributing to the promotion of the discipline and the image of the Society.

2022 DR. LIBORIO GOMEZ MEMORIAL AWARD and LECTURE

Dr. Andrew D. Dimacali

In recognition of his distinguished career as an academician and educator, his pioneering furtherance of the field of gastrointestinal pathology, and his wholehearted sharing to the Society of his knowledge and expertise – a testament to his remarkable involvement in the promotion and advancement of the science of pathology in the fields of medical education, research, and professionalism.

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

ORAL PRESENTATIONS – GUIDELINES / RULES

General Rules and Eligibility

1. All members of the Philippine Society of Pathologists, Inc. (Junior, Diplomate, and Fellow members) are eligible to participate in the 72nd PSP Annual Convention proffered / platform formal research competition.
2. The manuscript submission period for the 72nd PSP Annual Convention is until March 27, 2023, 11:59 PM.
3. Original anatomic and/or clinical pathology articles of any study design (e.g., meta-analysis / systematic review, descriptive, analytical / inferential, experimental) may be accepted for assessment provided that prior Institutional Review Board (IRB) approval has been secured.
4. Strict adherence to the provided manuscript submission guidelines is required. See the succeeding section.
5. No limit is imposed as to the number of manuscripts a researcher may submit; however, a principal author may present only one (1) research undertaking during the event. The Philippine Society of Pathologists, Inc. reserves the right to select the paper to be presented during the forum. There are no imposed limits for co-authorship.
6. Five (5) finalists will proceed to the Oral platform presentation. Participants will be notified through email regarding the acceptance or rejection of their entries no later than April 14, 2023 (Friday). Upon acceptance for presentation, the author must immediately register for the convention if he/she has not yet done so.
7. Prior to the annual convention, the research entry must not have been published elsewhere.

Manuscript Submission Guidelines

1. All original article manuscripts must be written in the English language and must adhere to the general and specific formatting guidelines of the Philippine Journal of Pathology, available at: https://philippinejournalofpathology.org/index.php/PJP/about/submissions.
2. Manuscript PDF files (.pdf) must be submitted to PSP72ndAC.research@gmail.com with the file and email subject title being: "ORAL_(Initials)_(Title)" (ex. ORAL_AKP_Research title). Once submitted, no further changes or revisions may be executed. Anonymized copies will be forwarded for judging.
3. Please also submit a recent 2 x 2 photo with white background, filename: "ORAL_ID_(Full Name)"
4. Winning papers will be published in the Philippine Journal of Pathology following revisions based on judges' reviews and final editing. Worthy non-winning papers may also be published in the PJP upon acceptance by the editor, subject also to revisions based on judges' reviews and final editing. Proper documentation of copyright transfer will be executed following official PJP protocol.

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

Oral Research Presentation

1. Proffered / platform research presentations are scheduled for April 21, 2023 (Day 2) from 1:30 PM to 3:00 PM at the Grand Ballroom of the Shangri-la Hotel, Fort Bonifacio, BGC, Taguig.
2. The call time for presenters set at 12:30 PM for a preliminary tech run. English is the required medium of content and presentation. Follow the Powerpoint template to be provided in a separate email by the research committee.
3. The order of presentations will be determined by drawing lots one (1) hour before the start of the session.
4. Oral presentations must be completed in ten (10) minutes, followed by a five (5) minute question and answer portion. Two (2) warning signals will be sounded at the five (5) minute mark and at the eight (8) minute mark. One (1) point will be deducted from the total score for every minute or fraction of a minute of overtime.
5. Judges will select the winners of the proffered/platform session based on a grading rubric. Decisions rendered by the panel of five (5) esteemed judges on presentation day are final.
6. Additional reminders for finalists:
   - Be early to compose yourself and maximize technical preparations.
   - Dress code is business formal.
   - Review the judging criteria and follow the prescribed presentation format.
7. The winners will be announced during the Closing Ceremonies.

Criteria for Judging:

PRE-JUDGING
Originality – 10%
Significance of Research Question – 10%
Methodology – 10%
Study Population and Sample Size – 10%
Appropriateness of Statistical Tests – 10%
Internal Validity – 10%
Clarity, Style and Prose of Content – 10%

PRESENTATION
Formal Presentation and Visual Aids – 15%
Knowledge of the Research (Q&A) – 15%

TOTAL – 100%

Prizes

Winners will receive trophy awards with the corresponding cash prizes:

1st Place: Php 25,000
2nd Place: Php 20,000
3rd Place: Php 15,000

All finalists will be given certificates of presentation.

Philippine Society of Pathologists, Inc.
72nd Annual Convention Research Committee

Jeffrey S. So, MD, FPSP
Over-All Chairman
PSP 72nd Annual Convention

Justine Alessandra U. Uy, MD, DPSP
Chairman – Research Committee
PSP 72nd Annual Convention

Amado O. Tandoc, III, MD, FPSP
Editor-in-Chief
Philippine Journal of Pathology

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

POSTER PRESENTATIONS – GUIDELINES / RULES

Abstract Submission

1. All members of the Philippine Society of Pathologists, Inc. (Junior, Diplomate, and Fellow members) are eligible to participate in the 72nd PSP Annual Convention research poster competition.
2. The abstract submission period for the 72nd PSP Annual Convention is until March 27, 2023, 11:59 PM. Only case reports may be entered into the Research Poster Contest.
3. Strict adherence to the provided template for abstract submissions is required. Please refer to the template provided at the end of this document. Abstracts must be written in English and should contain the research title, background, case description, summarized discussion and conclusion, not in excess of 250 words. Use of symbols is permitted but extensive abbreviations are discouraged.
4. No limit is imposed as to the number of abstracts a researcher may submit, however, a principal author may present no more than two (2) posters during the event. The Philippine Society of Pathologists, Inc. reserves the right to select the abstract to be presented during the session. There are no imposed limits for co-authorship.
5. Abstract PDF files (.pdf) must be submitted to PSP72ndAC.research@gmail.com with the file and email subject title being: "POSTER_(Initials)_(Title)" (ex. POSTER_AKP_Case report title). Once submitted, no further changes or revisions may be executed. Anonymized copies will be forwarded for judging.
6. Fifteen (15) interesting cases will be selected for Poster presentation. Participants will be notified through email regarding the acceptance or rejection of their entries no later than April 14, 2023 (Friday). Upon acceptance for presentation, the author must immediately register for the convention if he/she has not yet done so.
7. Prior to the annual convention, the research entry must not have been published elsewhere.

Poster Presentation

1. Please refer to the diagram below to serve as a template for the poster format.
2. The poster title, authors, institution/s and institution logo must be placed in the poster heading. The required poster size is 180 cm in total length and 90 cm in total width, printed on tarpaulin material % submitting author.

<table>
<tr><td>L: 20 cm
W: 20 cm

[Poster Number]</td><td>L: 70 cm
W: 20 cm

[Heading: Title, Authors, Affiliations, Logo]</td></tr>
<tr><td colspan="2">L: 160 cm
W: 90 cm

[Poster Content]

* Content must be readable from a distance of 10 meters.
* Maximize use of images, diagrams, tables and figures.
* No imposed limits for word count or poster design.</td></tr>
</table>

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

3. English is the required medium of content and presentation.
4. Authors of accepted abstracts must set-up their posters at the Grand Ballroom of the Shangri-la Hotel, The Fort, BGC, Taguig by 9:00 AM of April 20, 2023, to be removed by 9:00 PM of April 22, 2023. All unclaimed posters will be taken down and disposed of by the organizers thereafter.
5. Authors are requested to be on standby at the poster session venue by 12:30 PM of April 21, 2023 (Friday) in preparation for judging at 1:00 PM to 2:00 PM. Tags will be provided to identify participants.
6. Judges will select the winners of the poster session based on a grading rubric. Decisions rendered by the panel of seven (7) roving judges on presentation day are final.
7. The winners will be announced during the Closing Ceremonies.

Publication with the Philippine Journal of Pathology

Case report manuscripts of winning research posters will be published in the Philippine Journal of Pathology following revisions based on judges' reviews and final editing. Worthy non-winning papers may also be published in the PJP upon acceptance by the editor, subject also to revisions based on judges' reviews and final editing. Proper documentation of copyright transfer will be executed following official PJP protocol.

Criteria for Judging:

PRE-JUDGING
Originality – 10%
Significance of the Case – 10%
Completeness of Case Presentation – 40%
Clarity, Style and Prose of Content – 10%
Knowledge of the Case (Q&A) – 10%
Poster Aesthetics – 20%

TOTAL – 100%

Prizes

Winners will receive trophy awards with the corresponding cash prizes:

1st Place: Php 17,500
2nd Place: Php 15,000
3rd Place: Php 10,000

All finalists will be given certificates of presentation.

Philippine Society of Pathologists, Inc.
72nd Annual Convention Research Committee

Jeffrey S. So, MD, FPSP
Over-All Chairman
PSP 72nd Annual Convention

Justine Alessandra U. Uy, MD, DPSP
Chairman – Research Committee
PSP 72nd Annual Convention

Amado O. Tandoc, III, MD, FPSP
Editor-in-Chief
Philippine Journal of Pathology

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

ORAL PRESENTATION JUDGES

Daphne C. Ang, MD, DPSP
De Los Santos Medical Center
Chinese General Hospital and Medical Center
St. Luke's Medical Center, Quezon City
Philippine Children's Medical Center
Philippine Airport Diagnostics Laboratory
Molecular Diagnostics Laboratory by Detoxicare
Premium Medical Laboratory
Chinese General Hospital
Cardinal Santos Medical Center
Makati Medical Center
St. Luke's Medical Center, Global City
Lung Center of the Philippines

Jared M. Billena, MD, DPSP
Western Visayas Medical Center
The Medical City Iloilo
Iloilo Doctors' College of Medicine

Edwin L. Munoz, MD, DPSP
Cardinal Santos Medical Center
Asian Hospital and Medical Center
St. Luke's Medical Center, Global City
St. Luke's Medical Center, Quezon City
Chinese General Hospital and Medical Center
Philippine Children's Medical Center
The Medical City, Ortigas
Philippine General Hospital

Sheryl Q. Racelis-Andrada, MD, DPSP, PHSAE
Mariano Marcos Memorial Hospital and Medical Center
Mariano Marcos State University
University of Northern Philippines

Joshua T. Uyboco, MD, DPSP, RMT
Metro Davao Research and Medical Center
Accu-Lab Medical Systems, Inc.
Brokenshire College School of Medicine

POSTER PRESENTATION JUDGES

Jose Jasper L. Andal, MD, DPSP
Philippine Orthopedic Center
St. Luke's Medical Center, Quezon City
St. Luke's Medical Center, Global City
Lung Center of the Philippines

Kevin A. Elomina, MD, DPSP
Emilio Aguinaldo College of Medicine Medical Center
Pagamutan ng Dasmariñas
De La Salle Medical and Health Sciences Institute College of Medicine

Ira Doressa Anne L. How, MD, DPSP
National Kidney and Transplant Institute
Victoriano R. Potenciano Medical Center

Aldin A. Legaspi, MD, DPSP
Allied Care Experts Dumaguete Doctors, Inc.
Negros Polymedic Hospital
Negros Oriental Provincial Hospital
NuiqCare Diagnostic Laboratory

Manuelito A. Madrid, MD, FPSP
St. Luke's Medical Center, Quezon City
St. Luke's Medical Center, Global City
Philippine Children's Medical Center
Diliman Doctors Hospital

Pier Angeli D.R. Medina, MD-MBA, DPSP
The Medical City, Ortigas
Pasig City Children's Hospital
Ateneo School of Medicine and Public Health
San Beda University College of Medicine

Ansarie P. Salpin, MD, FPSP
Iloilo Doctors' Hospital
Medicus Medical Center
West Visayas State University Medical Center

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

ORAL PRESENTATIONS – FINALISTS

NAME	INSTITUTION	RESEARCH TITLE
Ermine Myrrhlet N. Bañares Co-Authors: Rowen T. Yolo Celestine Marie G. Trinidad	University of Santo Tomas Hospital	Validity of the Singapore General Hospital Web-based Phyllodes Tumor Recurrence Risk Assessment Tool among patients seen in a Tertiary Hospital in Metro Manila, Philippines: A 5-year Retrospective Cohort Study
Charles Joseph L. Bernardo Co-Authors: Daphne C. Ang Claire Anne Therese M. Hemedez Jose Jasper L. Andal Rubi Li Yancel Mascardo Alizza Mariel S. Espiritu Josephine Matudan Babida	St. Luke's Medical Center – Quezon City	Prevalence of Somatic BRCA1 and BRCA 2 Mutations in Ovarian Cancer among Filipinos Using Next Generation Sequencing
Aaron Pierre P. Calimag Co-Author: B. Januario Antonio. D. Veloso	National Kidney and Transplant Institute	Profiling of Genetic Mutations in Patients Diagnosed with Acute Myeloid Leukemia Using Fluorescence In-Situ Hybridization from 2014 to 2021 at the National Kidney and Transplant Institute
Rebecca Rivera-Nagtalon Co-Authors: Daphne C. Ang Jose Jasper L. Andal	St. Luke's Medical Center – Global City	A Cross-sectional Study on the Comparison of Saliva-based and Nasopharyngeal/ Oropharyngeal swab-based PCR tests for SARS-CoV-2 Detection in Acutely Ill patients in the Emergency Department of a Tertiary Hospital in the Philippines
Joseph Gary C. Sanchez, Jr. Co-Author: Kathrina S. Perez	Vicente Sotto Memorial Medical Center	The Diagnostic Value of a Grossly Normal Appendix in Determining The Absence of an Appendiceal Mucinous Neoplasm in Appendices Removed During Surgery for Mucinous Ovarian Neoplasms in a Tertiary Hospital in Cebu City from 2003 to 2022

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

ABSTRACT

ORAL PRESENTATION – FINALIST

VALIDITY OF THE SINGAPORE GENERAL HOSPITAL WEB-BASED PHLLODES TUMOR RECURRENCE RISK ASSESSMENT TOOL AMONG PATIENTS SEEN IN A TERTIARY HOSPITAL IN METRO MANILA, PHILIPPINES: A 5-YEAR RETROSPECTIVE COHORT STUDY

Ermine Myrrhlet N. Bañares, MD[1]*, Rowen T. Yolo, MD, MHPEd[1,2], Celestine Marie G. Trinidad, MD[1,2]

[1]*Department of Anatomic Pathology, University of Santo Tomas Hospital, España, Manila, Philippines*
[2]*Faculty of Medicine and Surgery, University of Santo Tomas, España, Manila, Philippines*

** ermsbanare@gmail.com || España Blvd, Sampaloc, Manila, 1015 || (02) 8731-3001*

INTRODUCTION: Phyllodes tumor is a rare breast tumor which accounts for 0.3 – 1.0% of all breast tumors. Although mostly benign, recurrences in 2-3 years still occur with noted higher grade. In the Philippines, there are very few data regarding Phyllodes tumor, especially their recurrence and outcome. In 2011, Tan and colleagues from the Singapore General Hospital (SGH) developed an electronic calculator nomogram tool referred to as the Singapore Nomogram Phyllodes Tumor Risk Assessment Tool. This tool integrates the inputs of histopathologic information based on stromal Atypia, stromal Mitotic count, presence of stromal Overgrowth and Surgical margin status (AMOS) criteria. Calculation of Recurrence Free Score (RFS) is automated through a computerized program at the website which gives the probability of recurrence free survival of patients in 1,3,5 and 10 years.

OBJECTIVE: The aim of this study was to validate the said tool in Phyllodes Tumor patients in the Philippine setting together with standardization of reports to be able to utilize the nomogram in the near future.

METHODS: Forty nine (49) out of seventy phyllodes tumor patients at the University of Santo Tomas Hospital from January 1, 2017 to December 31, 2019 was included in the study. These are the patients who had at least 1 year follow up. Permanent tissue slides were reviewed by three independent pathologists based on atypia, mitosis, stromal overgrowth and margin status. The probability of concordance between the predicted and observed survival was evaluated by using Harell's c index. The proportion of phyllodes tumor parameters in histopathologic reports were also determined.

RESULTS: Kaplan Meier curve for recurrence free survival probability showed a 1-year RFS of 95.94%, 3-year RFS of 77.07% and 5-year RFS of 66.06%. Harells's c index showed concordance validity of 0.99, 0.88 and 0.88, respectively. Majority of the phyllodes tumor cases were benign at 63%, followed by borderline patients at 22% and 14% were malignant. Of the malignant cases, 6% (n=3) had metastasis. Borderline and malignant patients (n=11, 22%) underwent adjuvant therapy (radiotherapy). The slide review showed that most cases had none or mild atypia (47%), followed by moderate atypia (37%) and severe atypia (16%). The number of mitoses has the median number per 10 hpf of 2 with a range of 1 to 35 mitotic figures/10 hpf, Stromal overgrowth was seen in 35% and 20% had positive margin involvement. For patients with negative margins, a median distance of 1.0 mm with a range of fraction of a mm-10.0 mm was noted. Lastly, review of the official histopathology reports showed that all histopathology reports reported mitoses per 10 hpf. However, lowest proportion of available parameter was recorded for distance from margin (74%).

CONCLUSION: Analysis of the Philippine based cohort of women with phyllodes tumor, using a validation of the Singapore General Hospital web based- Phyllodes Tumor Recurrence Risk Assessment Tool, yielded a Harell's concordance index of 0.99, 0.88 and 0.88 for 1, 3 and 5 years follow up, respectively. This supports the Phyllodes Tumor Recurrence Risk Assessment Tool by Singapore General Hospital is able to predict recurrence free survival among Filipino women with phyllodes tumor of the breast. Thus, the use of the tool for patients in our local setting may be beneficial. It was also derived that not all parameters are being regularly reported in the histopathology reports. The only parameter consistently reported was the number of mitoses. In order to utilize the risk assessment tool, standardization of reports should be practiced. In this study, distance form margin was included, although not indicated in the tool, as part of standardization, it was found that only 74% of reports indicate distance to margins.

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

ABSTRACT

ORAL PRESENTATION – FINALIST

PREVALENCE OF SOMATIC BRCA1 AND BRCA2 MUTATIONS IN OVARIAN CANCER AMONG FILIPINOS USING NEXT GENERATION SEQUENCING

Charles Joseph L. Bernardo, MD*, Daphne C. Ang, MD, Claire Anne Therese M. Hemedez, MD, Jose Jasper L. Andal, MD, Rubi Li, MD; Yancel Mascardo, MD, Alizza Mariel S. Espiritu, RMT, Josephine Matudan Babida, B.S. Admin

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INTRODUCTION: Ovarian cancer is one of the leading causes of mortality in women. In 2020, 5,395 (6.2%) of diagnosed malignancies in females are ovarian in origin. It also ranks third among gynecologic malignancies after cervical and uterine cancer. The prevalence in Asian/Pacific women is 9.2 per 100,000 population. Increased mortality and poor prognosis in ovarian cancer is caused by asymptomatic growth and delayed or absent symptoms for which about 70% of women have advanced stage (III/IV) by the time of diagnosis. The most commonly associated gene mutations are Breast Cancer gene 1 (BRCA1) which is identified in chromosome 17q21 and Breast Cancer gene 2 (BRCA2) identified in chromosome 13. Both proteins function in the double strand DNA break repair pathway especially in the large framework repair molecules. Olaparib is a first-line drug used in the management of ovarian cancer. It targets affected cells by inhibition of poly (ADP-ribose) polymerase (PARP) activity which induces synthetic lethality in mutated BRCA1/2 cancers by selectively targeting tumor cells that fail to repair DNA double strand breaks (DSBs).

OBJECTIVES: The general objective of this study is to determine the prevalence of pathogenic somatic mutations in BRCA1 and BRCA2 among patients diagnosed of having ovarian cancer. The specific objectives are: 1) to characterize the identified variants into benign/no pathogenic variant identified, variant of uncertain significance (VUS), and pathogenic and 2) to determine the relationship of specific mutations detected with histomorphologic findings and clinical attributes.

METHODS: Ovarian cancer tissues available in St. Luke's Medical Center Human Cancer Biobank and Formalin fixed paraffin embedded (FFPE) tissue blocks diagnosed as ovarian cancer from year 2016 to 2020 was included. Determination of the prevalence of somatic BRCA1 and BRCA2 mutations using next generation sequencing.

RESULTS: A total of 60 samples were processed, three samples were excluded from the analysis due to inadequate number of cells. In the remaining 57 samples diagnosed ovarian tumors, pathogenic BRCA1/2 variants were identified in 10 (17.5%) samples. Among the BRCA1/2 positive samples, 3 (5.3%) BRCA1 and 7 (12.3%) BRCA2 somatic mutations were identified.

CONCLUSIONS: In conclusion, identification of specific BRCA1/2 mutations in FFPE samples with the use next generation sequencing plays a big role in the management of ovarian cancer particularly with the use of targeted therapies such as olaparib. The use of this drug could provide a longer disease-free survival for these patients. Furthermore, we recommend that women diagnosed with ovarian cancer should be subjected to genetic testing regardless of the histologic subtypes or clinical features. Lastly, genetic testing should be done along with proper genetic counselling especially to patients who are susceptible to these mutations.

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

ABSTRACT

ORAL PRESENTATION – FINALIST

PROFILING OF GENETIC MUTATIONS IN PATIENTS DIAGNOSED WITH ACUTE MYELOID LEUKEMIA USING FLUORESCENCE IN-SITU HYBRIDIZATION FROM 2014 TO 2021 AT THE NATIONAL KIDNEY AND TRANSPLANT INSTITUTE

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INTRODUCTION: Among patients with Acute Myeloid Leukemia, the karyotype at diagnosis is an important prognostic indicator for predicting outcomes. Several studies have been done to identify the most common cytogenetic abnormalities seen in patients in other countries, however, limited studies have been done in our setting.

OBJECTIVES: The study aims to determine the most common abnormalities present among patients with AML referred for Fluorescence in- situ Hybridization at the National Kidney and Transplant Institute.

METHODS: The study included 131 adult patients with a mean age of 46. Fluorescence in-situ Hybridization was used to identify the following cytogenetic abnormalities: t(8;21), 11q23 (MLL), 16q22 (CBFB- MYH11), t(15;17) (PML/RARA), t(9;22) (BCR/ABL), 7q31 deletion, and Monosomy 7.

RESULTS: FISH was negative in 40% (n=53) of patients. 22% (n=29) of patients have multiple abnormalities, the most common involves 7q31 deletion and t(8;21) (15% n =20). Patients with negative results, and patients with multiple cytogenetic abnormalities are commonly seen within the 41 to 50 age group. 7q31 deletion is the most frequently identified cytogenetic abnormality among patients with single abnormality (n=17, 13%) present and is most frequently identified gene among patients with multiple abnormalities (n=26). 7q31 deletion is more frequently observed among patients within the ages 51 to 60 years old and with Acute Myeloid Leukemia with monocytic differentiation.

CONCLUSION: Epidemiologic studies are needed to better understand the similarities and differences seen from previously reported incidences.

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ABSTRACT

ORAL PRESENTATION – FINALIST

A CROSS-SECTIONAL STUDY ON THE COMPARISON OF SALIVA-BASED AND NASOPHARYNGEAL/OROPHARYNGEAL SWAB-BASED PCR TESTS FOR SARS-CoV-2 DETECTION IN ACUTELY ILL PATIENTS IN THE EMERGENCY DEPARTMENT OF A TERTIARY HOSPITAL IN THE PHILIPPINES

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INTRODUCTION: The global outbreak of the coronavirus disease of 2019 (COVID-19) is caused by the severe acute respiratory syndrome (SARS-CoV-2) virus. The combined nasopharyngeal and Oropharyngeal specimens are the current sample of choice in the determination of COVID-19 infection. Saliva is used an alternative specimen as it is non-invasive and minimizes the exposure of healthcare staff.

OBJECTIVES: This study aims to determine the accuracy of Saliva-based specimen in the detection of SARS-CoV-2 using NPS/OPS real time polymerase chain reaction (RT-PCR) test amongst acutely ill patients in the emergency department of a Tertiary hospital in the Philippines.

METHODS: This is an analytical cross-sectional study conducted among suspected COVID-19 patients admitted in the emergency department of St. Luke's Medical Center - Global City, from April to May 2021. RT-PCR was performed on the paired NPS/OPS and saliva samples using Novel Coronavirus (2019-nCoV) Nucleic Acid Diagnostic Kit (PCR-Fluorescence Probing) (Sansure Biotech Inc., Hunan Province, P.R. China). Comparison of the sensitivity and specificity of each specimen type was performed, as well as, the comparison of differences between CT values.

RESULTS: One hundred thirty-two sample pairs of NPS/OPS and saliva samples were collected in the emergency department from April 2021 to May 2021. The over-all sensitivity of saliva-based samples is 76.56% (95% CI, 64.87-85.25). No significant difference in CT values were noted in the ORF1ab and N genes for both NPS/OPS and saliva-based specimens.

CONCLUSION: Despite the limited number of samples from symptomatic patients used in this study, this study shows that saliva-based specimens may be used as an alternative specimen. These can be used in symptomatic patients, preferably those in the earlier onset of their infection.

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ABSTRACT

ORAL PRESENTATION – FINALIST

THE DIAGNOSTIC VALUE OF A GROSSLY NORMAL APPENDIX IN DETERMINING THE ABSENCE OF AN APPENDICEAL MUCINOUS NEOPLASM IN APPENDICES REMOVED DURING SURGERY FOR MUCINOUS OVARIAN NEOPLASMS IN A TERTIARY HOSPITAL IN CEBU CITY FROM 2003 TO 2022

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INTRODUCTION: Recent studies assessing routine appendectomies done for mucinous ovarian tumors (MOTs) commonly observed no mucinous appendiceal neoplasms among grossly normal appendices, proposing selective appendectomy only on grossly abnormal appendices.

OBJECTIVE: This study investigates the reliability of a grossly normal appendix in excluding a mucinous appendiceal neoplasm in a large sample of MOTs.

METHODS: Final biopsy reports of MOTs with concurrent appendectomy from 2002 to 2022 in a single institution were reviewed. Cases of MOT were grouped according histologic type and relevant gross features of the ovarian tumor. The diagnostic value of a grossly normal appendix in each group was assessed.

RESULTS: Six hundred twelve (612) cases of MOTs with appendectomies were identified, including 421 benign MOTs, 75 borderline MOTs, and 116 malignant MOTs. Only 23 out of 612 appendices had mucinous neoplasms (3.76%). Overall, the gross features of the appendix were associated with the histologic absence of a mucinous appendiceal lesion (P<.001, n=612), with correlation highest among borderline MOTs. Among malignant MOTs with primary gross features, no association was present (P=.95, n=61).

CONCLUSION: Despite the rare occurrence of mucinous appendiceal neoplasms during resection for mucinous ovarian tumors, the presence of a grossly normal appendix cannot exclude a mucinous neoplasm.

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POSTER PRESENTATIONS – FINALISTS

NAME	INSTITUTION	RESEARCH TITLE
Anna Marielle G. Belmonte Co-Authors: Steven O. Truelen Redante D. Mendoza Jeffrey S. So	Makati Medical Center	Unexpected Seminoma in a 34-year-old Phenotypical Female
Josh Matthew B Chen Co-Authors: Leo Francis N. Aquilizan Alejandro E. Arevalo Claire Anne Therese M. Hemedez	St. Luke's Medical Center – Quezon City	B-Cell Lymphoblastic Lymphoma in the Cervix of a 44-year-old Female: A Case Report and Review of Literature
Jasher L. Chua Co-Authors: Marvin C. Masalunga Nelson T. Geraldino	Philippine General Hospital	Right Atrial Isomerism: An Autopsy Approach from the Philippines
Joan Marie Diestro Co-Author: Margie Gayapa	West Visayas State University Medical Center	Aberrant β-hCG Expression of Diffuse Large B-cell Lymphoma, Anaplastic Variant Involving the Meckel Diverticulum
Jeffrey D. Domingo Co-Author: Ma. Cristina D.C. Briones	St. Luke's Medical Center – Quezon City	A Case of Extensive Facial Primitive Myxoid Mesenchymal Tumor of Infancy: An Approach to Diagnosis and Review of Literature
Carmela Claire A. Ferrer Co-Author: B. Januario Antonio D. Veloso	National Kidney and Transplant Institute	Anaplastic Lymphoma Kinase-Positive Large B-cell Lymphoma: A Rare Entity
Carmela Claire A. Ferrer Co-Authors: Pamela R. Delos Reyes-Murillo	National Kidney and Transplant Institute	A Rare Case of Myxoid Adrenal Cortical Carcinoma
Danielle Anne G. Gonong Co-Authors: Carol C. Tan-Hernandez Josy Naty M. Venturina-Fano Claire Anne Therese M. Hemedez	Philippine Children's Medical Center	Synchronous Sertoli-Leydig Cell Tumor with Retiform Pattern and Pleuropulmonary Blastoma in a 3-Year-Old with DICER1 Syndrome

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POSTER PRESENTATIONS – FINALISTS

NAME	INSTITUTION	RESEARCH TITLE
Kris Raychelle R. Godoy Co-Authors: Maria Lourdes L. Goco Claire Anne There M. Hemedez Jose B. Moran	St. Luke's Medical Center – Quezon City	Mesonephric-Like Adenocarcinoma of the Uterus: A Case Report
Kris Raychelle R. Godoy Co-Authors: Ann Margaret V. Chang Jose Jasper L. Andal Sherwin B. Biasura Beverly P. Carbonell	St. Luke's Medical Center – Quezon City	Primary Synovial Sarcoma of the Parotid Gland in a Filipino Female: A Case Report
Kim Pearl Mai P. Pajarit Co-Authors: Jose Jasper L. Andal Celestine Marie G. Trinidad	Quirino Memorial Medical Center	Primary Osseous Angiosarcoma: A Case Report
Roxanne Joy P. Quiton Co-Author: Jimmy S. Rosales	Ilocos Training Regional and Medical Center	A Rare case of Adult Onset Xanthogranuloma Presenting as Intracranial Mass
Seth Andrew J. Salih Co-Authors: Mark Angelo C. Ang Edwin L. Muñoz	Philippine General Hospital	Chordoid Glioma: A Case of an Intracranial Mass in a Forty-four year old Female
Geneda Camille F. Sebial-Orteza	Mariano Marcos Memorial Hospital	Growing Teratoma Syndrome: A Rare Tumor Transformation
Julienne Ross C. Yarra Co-Author: Glenda Lyn Y. Pua	St. Luke's Medical Center – Quezon City	A Case of Hepatoid Adenocarcinoma of the Colon with Metastasis to the Liver: A Potential Diagnostic Confusion in Patients Presenting with Liver Mass

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

ABSTRACT

POSTER PRESENTATION – FINALIST

UNEXPECTED SEMINOMA IN A 34-YEAR-OLD PHENOTYPICAL FEMALE

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INTRODUCTION: In this case report we discuss a 34-year-old phenotypical female, previously diagnosed with Mayer Rokitansky Küster-Hauser Syndrome (MRKHS), having histopathologic features compatible with seminoma.

CASE DESCRIPTION: The patient presented with an acute abdomen and underwent exploratory laparotomy with bilateral oophorectomy. Histopathology confirmed that the patient had cryptorchid testes, with the right having malignant transformation.

DISCUSSION: Androgen insensitivity syndrome (AIS) is a rare disorder due to mutations in the androgen receptor resulting in sexual development disorders in 46, XY males. A close differential to AIS, also presenting as phenotypically female but with 46, XX genotype is Mayer Rokitansky Küster-Hauser Syndrome (MRKHS). In adolescence to adulthood, AIS and MRKHS may have similar presentations. Karyotyping is vital in differentiating and confirming the diagnosis of AIS or MRKHS. Misdiagnoses have significant consequences. There is an increased risk for testicular malignancy in both AIS and cryptorchidism.

CONCLUSION: The patient presented with primary amenorrhea and was previously diagnosed with MRKHS. Because of an inaccurate early diagnosis, she failed to receive appropriate care resulting in the development of seminoma. This case report aims to contribute to the limited literature on AIS in the local setting and prevent misdiagnosis of AIS.

KEYWORDS: androgen insensitivity syndrome, Mayer Rokitansky Küster-Hauser Syndrome, seminoma

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ABSTRACT

POSTER PRESENTATION – FINALIST

B-CELL LYMPHOBLASTIC LYMPHOMA IN THE CERVIX OF A 44-YEAR-OLD FEMALE: A CASE REPORT AND REVIEW OF LITERATURE

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INTRODUCTION: B-Cell Lymphoblastic Lymphoma (BLL) is a highly malignant subtype of Non-Hodgkin Lymphoma committed to B-cell lineage. Involvement of the female genital tract is rare with fewer than 1% of extra-nodal lymphomas. Because of its low incidence, management strategies have been reliant on case series.

CASE DESCRIPTION: We present a case of a 44-year-old female who sought consult for uterine bleeding with no significant past medical history. Pap smear was unremarkable while her transvaginal ultrasound revealed a mass. Biopsy was done and revealed dense proliferation of small to medium sized lymphoid cells. Immunohistochemical stains yielded positive staining for Leukocyte common antigen (LCA), CD79a, CD99, and Terminal deoxynucleotidyl transferase (Tdt). Hence, a diagnosis of BLL was made.

DISCUSSION: Extra-nodal lymphoma of uterine origin accounts for fewer than 1% of extra-nodal cases. It accounts for less than 0.5% in the cervix and BLLs are considered as among the rarer types. Its clinical presentation is non-specific with uterine bleeding being the most common. It may or may not present as a mass. Microscopic appearance is similar to that of nodal lymphomas. Immunohistochemical studies are necessary to diagnose this neoplasm. It is potentially curable with chemotherapy, radiotherapy, surgery, either alone or in combination.

CONCLUSION: BLL involving the cervix is a very rare manifestation of extra-nodal lymphoma. Clinical manifestations are non-specific. It requires biopsy as well as immunohistochemical studies to properly identify this specific entity. No definite guidelines yet for proper management but several reports have shown good survival rates with combination chemotherapy.

KEYWORDS: cervix, lymphoblastic lymphoma

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ABSTRACT

POSTER PRESENTATION – FINALIST

RIGHT ATRIAL ISOMERISM: AN AUTOPSY APPROACH FROM THE PHILIPPINES

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INTRODUCTION: Right atrial isomerism (RAI) is a subset of heterotaxy syndrome, defined as a "mirror-image," abnormal assembly of the thoraco-abdominal organs caused by right-left axis disorientation during embryonic development. Right atrial isomerism results in the duplication of right-sided structures with bilateral right atria and atrial appendages, and absence of left-sided structures.

CASE DESCRIPTION: A 3-month-old male presented with a history of dyspnea, cyanosis, and progressive lethargy. While admitted, the patient's respiratory distress worsened, with O2 saturation levels as low as 35%. The patient's condition progressively deteriorated, leading to his demise. Autopsy examination revealed multiple congenital heart defects, including bilateral right atria, bilateral superior vena cava, septal defects, double-outlet right ventricle, and extracardiac total anomalous pulmonary venous return. Other abnormalities include bilateral trilobed lungs, bilateral eparterial bronchi, symmetrical liver, asplenia, and intestinal malrotation.

DISCUSSION: This is the first documented case of RAI in the Philippines. A modified window method was used to better illustrate the septal defects of a small heart, with cuts up to the base of the heart to expose bilateral atria. Extreme care was taken to dissect yet preserve the vasculature of the lung and liver to showcase the mirror image in RAI.

CONCLUSION: Mortality rate of heterotaxy syndrome remains high (40%) with median age of death at 6 months. The case brings to attention the need for basic prenatal screening (ultrasound and echocardiography) and postnatal screening (chest X-ray and pulse oximetry). Early diagnosis and intervention are essential in managing the complex clinical course of patients with RAI.

KEYWORDS: right atrial isomerism, heterotaxy syndrome, autopsy

PSP 72ND ANNUAL CONVENTION RESEARCH COMPETITION

ABSTRACT

POSTER PRESENTATION – FINALIST

ABERRANT β-hCG EXPRESSION OF DIFFUSE LARGE B-CELL LYMPHOMA, ANAPLASTIC VARIANT INVOLVING THE MECKEL DIVERTICULUM

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INTRODUCTION: Elevation of the beta subunit of human chorionic gonadotrophin (β-hCG) in serum is rarely encountered in lymphomas. Even rarer, is its incidental occurrence in a lymphoma found in Meckel diverticulum.

CASE DESCRIPTION: This case presents an 11-year-old girl with a month-long history of abdominal pain and palpable hypogastric mass. Imaging showed a huge abdominopelvic mass (18.15x12.4x8.12cm) associated with elevated serum β-hCG, CA125 and LDH levels, thus an ovarian germ cell tumor was considered. Laparotomy was done with a finding of a perforated Meckel diverticulum. The resected ileum was sent for biopsy and showed transmural infiltration by a malignant neoplasm seen as dyshesive sheets of large atypical lymphoid cells with occasional Reed-Sternberg-like cells. The neoplastic cells are positive for CD45, CD20, and CD30, whereas CD3 and ALK are negative. The immuno-morphologic findings are consistent with the anaplastic variant of diffuse large B-cell lymphoma. Aberrant β-hCG expression was also documented by immunohistochemistry.

DISCUSSION: In pediatric patients, identification of lymphoma aids in prognostication. Among non-Hodgkin lymphomas, the 5-year event-free survival rate of DLBCL is better (89%) than close differentials.

CONCLUSION: This is the first case of the anaplastic variant of DLBCL with aberrant expression of β-hCG involving the Meckel diverticulum. This emphasizes awareness as regards possible clinical and diagnostic confusion among β-hCG-producing clinical entities in reproductive age females. Among large cell lymphomas with RS-like cells, immuno-morphologic diagnosis is of paramount importance.

KEYWORDS: anaplastic, diffuse large B-cell lymphoma, human chorionic gonadotrophin, meckel diverticulum

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ABSTRACT

POSTER PRESENTATION – FINALIST

A CASE OF EXTENSIVE FACIAL PRIMITIVE MYXOID MESENCHYMAL TUMOR OF INFANCY: AN APPROACH TO DIAGNOSIS AND REVIEW OF LITERATURE

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INTRODUCTION: Primitive myxoid mesenchymal tumor of infancy (PMMTI) is a rare and newly recognized distinct soft tissue sarcoma with less than 50 cases reported worldwide. It is characterized by the BCL6 co-repressor (BCOR) gene internal tandem duplication (ITD) genetic alteration. Extensive information is still needed to further understand its clinicopathologic behavior that is fundamental to its successful management, particularly in cases with unresectable condition. This case is one of the most invasive PMMTI reported to date.

CASE DESCRIPTION: This is a case of a 14-month-old female presenting with a one-year history of rapidly enlarging, nontender, multinodular left hemifacial mass with myxoid and low-grade histologic features. Panel of immunohistochemical stains (IHCs) showed positive expression to vimentin, CD99, SATB2 and cyclin D1, compatible with a sarcoma with BCOR genetic alteration. Next generation sequencing was performed detecting a BCOR (exon 15) – BCOR (exon 15) breakpoint, indicating presence of BCOR ITD, hence confirming the diagnosis of PMMTI.

DISCUSSION: PMMTI typically occurs within the first year of life and must be distinguished from other clinically and histologically related tumors in the spectrum of both benign and malignant conditions owing to its different management approach. Due to its local aggressiveness, complete surgical excision is the gold standard treatment. However, consensus treatment protocols for unresectable tumors are still lacking. Prognostic significance of the histological variation and insert size remains unknown.

CONCLUSION: This report highlights the importance of careful attention to histopathologic features, judicious use of IHCs and molecular studies in differentiating PMMTI from other soft tissue sarcomas.

KEYWORDS: primitive myxoid mesenchymal tumor of infancy, BCL6 co-repressor gene internal tandem duplication, soft tissue sarcoma

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ABSTRACT

POSTER PRESENTATION – FINALIST

ANAPLASTIC LYMPHOMA KINASE – POSITIVE LARGE B-CELL LYMPHOMA: A RARE ENTITY

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INTRODUCTION: Anaplastic lymphoma kinase (ALK)-positive large B-cell lymphoma (ALK+ LBCL) is a rare entity characterized by monomorphic large immunoblast-like or plasmablast-like neoplastic B-cells which frequently express epithelial membrane antigen (EMA) and ALK, as well as plasma cell markers. Diagnostic dilemma may arise as this tumor may mimic different entities due to overlapping immuno-morphologic features.

CASE DESCRIPTION: This is a case of a 25/M who presented with a soft palate mass. It was sent to our institution for review and immunohistochemical studies. Review showed a tumor composed of diffuse sheets, with occasional sinusoidal pattern, of monomorphic neoplastic cells showing round nuclei with prominent eosinophilic nucleoli, and abundant eosinophilic cytoplasm. Immunohistochemical studies using LCA, S-100, desmin, CD3, CD20, CD30, CD5, EMA, ALK, PAX-5, CD138, and MUM-1 were performed. Among these markers, LCA, ALK, EMA, PAX-5, CD138, and MUM-1 showed positive expression. A diagnosis of ALK+ LBCL was rendered.

DISCUSSION: ALK+ LBCL can be morphologically similar to Poorly Differentiated Carcinoma, Melanoma, Diffuse Large B-cell Lymphoma, and Plasmablastic Lymphoma. EMA and ALK expression may warrant consideration of Anaplastic Large Cell Lymphoma. Hence, immunohistochemical studies are needed to differentiate ALK+ LBCL from these mimickers. LCA, S-100, and desmin were initially done to determine the lineage of the neoplasm. T- and B-cell markers, as well as plasma cell markers, were requested to determine its the specific nature.

CONCLUSION: ALK+ LBCL is a rare B-cell neoplasm which can mimic other neoplasms. Hence, meticulous review of the case and proper recommendation of immunohistochemical studies is warranted to prevent diagnostic pitfalls.

KEYWORDS: anaplastic lymphoma kinase, lymphoma b-cell, lymphoma large b-cell diffuse, lymphoma large cell anaplastic

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ABSTRACT

POSTER PRESENTATION – FINALIST

A RARE CASE OF MYXOID ADRENAL CORTICAL CARCINOMA

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INTRODUCTION: Adrenocortical carcinoma is a rare tumor, especially the myxoid subtype with just about 50 reported cases to date. Diagnostic confusion with neoplasms with myxoid features may be encountered. Thus, utilization of the available multiparameter algorithms (i.e., Weiss scoring system) and immunohistochemical studies is essential in establishing the correct diagnosis.

CASE DESCRIPTION: This is a case of a 54/F who presented with a history of flank pain. Imaging studies showed a 20.7 x 13.9 x 14.3 cm large, lobulated, enhancing mass in the left suprarenal region. Grossly, a well-circumscribed, yellow to tan, soft mass measuring 20.8 x 14.4 x 4.1 cm was found at the superior pole. Histologic sections showed neoplastic cells forming sheets, trabecular, and papillary patterns, surrounded by a myxoid background. These cells have occasionally enlarged, round to ovoid, hyperchromatic to vesicular nuclei, with inconspicuous to prominent nucleoli, and abundant eosinophilic cytoplasm. Rare mitotic figures were seen. Necrotic debris and lymph-vascular invasion were identified. Melan-A, Inhibin, Synaptophysin, and Pancytokeratin stained positively. CK7, CK20, GATA-3, PAX-8, ALK, CAIX were not expressed. Ki-67 was at 15%. Hence, this was diagnosed as Myxoid Adrenocortical Carcinoma.

DISCUSSION: Given the tumor's location and morphology, an ALK-rearranged Renal Cell Carcinoma and a Myxoid Adrenocortical Carcinoma were considered. Cytokeratin markers were performed to determine the primary site of the tumor. Inhibin, Melan-A, Synaptophysin, PAX-8, ALK, CAIX, GATA-3, and Ki-67 were done to establish the diagnosis.

CONCLUSION: The diagnosis of Myxoid Adrenocortical Carcinoma entails appropriate usage of the known multiparameter scoring systems and immunohistochemical studies to prevent underrecognition of this malignancy.

KEYWORDS: adrenal cortex neoplasms, adrenal gland neoplasms, adrenocortical carcinoma

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ABSTRACT

POSTER PRESENTATION – FINALIST

SYNCHRONOUS SERTOLI-LEYDIG CELL TUMOR WITH RETIFORM PATTERN AND PLEUROPULMONARY BLASTOMA IN A 3-YEAR-OLD WITH DICER1 SYNDROME

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INTRODUCTION: DICER1 syndrome predisposes to neoplasms, such as, Sertoli-Leydig cell tumor and pleuropulmonary blastoma. Unfortunately, reports in this syndrome are sparse making diagnosis and treatment challenging.

CASE DESCRIPTION: A 3-year-old presented with fever, vomiting, and abdominal pain and tenderness. Computed tomography scan showed masses in the right lower abdomen and left hemithorax. Right salphingo-oophorectomy showed a complex mass measuring 10.0 x 8.1 x 4.7 cm with histopathology result of Sertoli-Leydig cell tumor with retiform pattern. Genetic studies showed mutated pathogenic DICER1 gene and a BRCA2 gene with uncertain significance. Subsequent lobectomy of the left hemithorax mass showed a cystic mass which measured 3.2 x 2.0 x 1.2 cm. Histopathologic features were compatible with Pleuropulmonary blastoma type 1.

DISCUSSION: Loss-of-function mutation and/or acquired somatic missense mutation of DICER1 gene result to several neoplasms. In this case, Sertoli-Leydig cell tumor with retiform pattern and Pleuropulmonary blastoma type 1 were observed synchronously. Sertoli-Leydig cell tumor is a rare ovarian neoplasm with proliferation of Sertoli and Leydig cells. Retiform pattern has cleft-like spaces lined by cuboidal or flattened cells. This tumor is positive for sex-cord immunohistochemistry markers. Pleuropulmonary blastoma is the most common primary lung neoplasm of childhood. Pleuropulmonary blastoma type 1 has expanded airspaces lined by alveolar or bronchial-type epithelium. Nodules resembling the morphology and immunophenotype of mesenchymal neoplasms may also be seen in this malignancy.

CONCLUSION: Diagnosis of neoplasms with predisposing genetic insults shall prompt genetic work-up for the holistic management of patients and their relatives.

KEYWORDS: DICER1 syndrome, pleuropulmonary blastoma, and Sertoli-Leydig cell tumor

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ABSTRACT

POSTER PRESENTATION – FINALIST

MESONEPHRIC-LIKE ADENOCARCINOMA OF THE UTERUS: A CASE REPORT

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INTRODUCTION: Mesonephric-like adenocarcinoma (MLA) is a rare malignancy representing about 1% of endometrial carcinomas. The diagnosis is challenging due to the presence of diverse architectural patterns and has been newly included in the World Health Organization 2020 classification of female genital tract tumors. The importance of this case report is to raise awareness of the characteristic histological features of MLA, and add to global data in clinico-pathological and molecular verification to clarify the histogenesis, biological behavior and possible treatment option.

CASE DESCRIPTION: A 66-year-old, presented with vaginal bleeding and thickened endometrium on ultrasound. Hysterectomy revealed a 2.3 x 2 x 1.3 cm. fungating mass in the fundal area with myometrial invasion. The tumor is comprised of cuboidal to columnar cells with mild to moderate nuclear atypia and exhibits diverse architectural patterns including papillary, micropapillary, glandular, retiform, glomeruloid and tubular pattern with focal eosinophilic luminal secretions. Immunohistochemical studies revealed diffuse positivity for GATA-3 and TTF-1, focal positivity for p16, wild-type expression for p53 and lack of expression for ER and PR. Next generation sequencing result include mutations in KRAS G12V (equivocal), CDKN1B W76, FAM123B P551fs*28, NKX2-1 (equivocal), and SPOP M177V.

DISCUSSION: The diagnosis of MLA is based on morphology recognition combined with immunohistochemical studies. Molecular analysis supports the diagnosis and for possible treatment strategy.

CONCLUSION: Despite its low-grade morphology, MLA is considered a high-grade endometrial carcinoma with high risk of recurrence and metastasis. Due to rarity of this disease, further research on the pathogenesis, and therapeutic strategy are yet to be determined.

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ABSTRACT

POSTER PRESENTATION – FINALIST

PRIMARY SYNOVIAL SARCOMA OF THE SALIVARY GLAND IN A FILIPINO FEMALE: A CASE REPORT

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INTRODUCTION: Primary synovial sarcoma (SS) of the parotid gland represents <3% of head and neck SS. It has a variety of histologic types: monophasic epithelial, monophasic fibrous, biphasic and poorly-differentiated. Among these, the monophasic and poorly-differentiated types together with an uncommon anatomic presentation poses the greatest diagnostic difficulty.

CASE DESCRIPTION: A 27-year-old, female presented with gradually enlarging pre-auricular mass and was misdiagnosed with nodular fasciitis on superficial parotidectomy. Tumor recurrence was noted seven months post-operation which warranted total parotidectomy. On review of both cases, the superficial parotidectomy slides showed hypocellular and hypercellular areas comprised of bland spindle cells in fascicular pattern with mitotic rate of 7/10 hpf. On the other hand, microsections of the total parotidectomy showed pleomorphic spindle cells in haphazard arrangement, increased mitosis and areas with geometric necrosis. Immunohistochemical stains were performed on both specimens and revealed diffuse positivity to TLE1, patchy positivity to EMA, equivocal to Desmin, and negative CK, P63, S100, SMA, CD34, myogenin, and CK 5/6. The tumor also showed SS18 (18q11.2) translocation via fluorescent in-situ hybridization (FISH), confirming the diagnosis of monophasic synovial sarcoma.

DISCUSSION: Recognition of primary synovial sarcoma of the parotid gland is difficult due to its unusual location and its histologic features that may overlap with other neoplasms. Immunohistochemical and cytogenetic studies are essential in establishing the diagnosis.

CONCLUSION: Head and neck synovial sarcomas are aggressive tumors with high recurrence rate thus warranting a definitive diagnosis on presentation. Aggressive management with surgical resection with or without radio/chemotherapy and close follow-up are warranted.

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ABSTRACT

POSTER PRESENTATION – FINALIST

PRIMARY OSSEOUS ANGIOSARCOMA: A CASE REPORT

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INTRODUCTION: Angiosarcomas are uncommon malignant vascular neoplasms derived from mesenchymal cells. Primary angiosarcomas of bone are even more uncommon, accounting for less than 1% of all angiosarcomas. The overall prognosis is poor, with a high rate of tumor-related deaths. Treatment remains controversial as this is a rare clinical entity.

CASE DESCRIPTION: A 59-year-old male presented with a 4-month history of reduced right elbow flexion secondary to a right arm injury. The radiograph showed significant lytic destruction of the proximal ulna and the lateral humeral epicondyle with a large soft tissue opacity on the proximal forearm and elbow. Right above-elbow amputation was performed. Grossly, a well-demarcated, firm to friable mass was seen arising from the epimetaphyseal area of the ulna. Histological evaluation revealed malignant round and polygonal cells arranged in sheets with vasoformative structures lined by atypical endothelial cells. Immunohistochemical staining demonstrated that the tumor cells were positive for CD31 and CK.

DISCUSSION: The clinical and radiologic findings of primary angiosarcomas of the bone are non-specific; the tumor may present as a solitary lytic mass with irregular borders. The differential diagnosis includes epithelioid hemangioendothelioma, epithelioid sarcoma, and metastatic carcinoma. The positivity of one vascular marker, in correlation with characteristic histomorphology, is necessary to confirm the diagnosis.

CONCLUSION: The present report underscores the diagnostic difficulty in this rare but highly aggressive disease entity. Because angiosarcomas sometimes show epithelioid histomorphology, careful pathologic examination and a panel of immunohistochemical stains are necessary for the definitive diagnosis.

KEYWORDS: angiosarcoma, immunohistochemistry, vascular neoplasm

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ABSTRACT

POSTER PRESENTATION – FINALIST

A RARE CASE OF ADULT ONSET XANTHOGRANULOMA PRESENTING AS AN INTRACRANIAL MASS

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INTRODUCTION: Juvenile xanthogranuloma is a relatively common form of non-Langerhans cell histiocytosis presenting as multiple cutaneous lesions in children. Adult xanthogranuloma, on the other hand, occurs in the fourth decade of life and is less common. It could occur in extracutaneous sites such as the central nervous system. The objective of this case report is to discuss a rare case of an adult with intracranial mass, how the patient was diagnosed, and its impact in the patient's management after surgery.

CASE DESCRIPTION: This is a case of a 59-year-old male presenting with a 4-month history of right-sided body weakness progressing to generalized body weakness and inability to ambulate. Cranial imaging revealed features suggestive of an intracranial mass. Since the mass was deemed resectable, excision of mass was done and was sent for histopathologic and immunohistochemical studies.

DISCUSSION: Both histopathologic and immunohistochemical features are consistent with xanthogranuloma. Microscopic features show a granulomatous formation of histiocytes with scattered lymphocytes, touton giant cells, and proliferating vessels. Immunohistochemistry revealed positive expression of CD68 and S100 in histiocytic cells. Adult xanthogranuloma in the central nervous system is exceedingly rare. Association of xanthogranuloma with certain hematologic diseases have been reported, including primary thrombocytopenia and chronic lymphoblastic leukemia.

CONCLUSION: Intracranial xanthogranuloma in adult is rare. Histopathology and immunohistochemistry are paramount in the diagnosis xanthogranuloma. Further screening and continuous monitoring of the patient after surgery is warranted due to possibility of associated hematologic diseases.

KEYWORDS: histopathology, immunohistochemistry, juvenile xanthogranuloma, non-Langerhans-cell histiocytosis

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ABSTRACT

POSTER PRESENTATION – FINALIST

CHOROID GLIOMA: A CASE OF AN INTRACRANIAL MASS IN A FORTY-FOUR YEAR OLD FEMALE

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INTRODUCTION: Tumors in the foramen magnum are not uncommon, accounting for 2% of intracranial neoplasms, and the differential diagnosis can be varied. Here we describe a case from a forty-four year old female who complained of one-year history of behavioral, gait, and memory recall changes. Imaging revealed a mass at the Foramen of Monro.

CASE DESCRIPTION: Patient underwent craniotomy and excision of the mass. The specimen was cream-tan, irregular, firm, and with aggregate diameter of 2.2 cm and cream-white cut surfaces. Histomorphologic evaluation showed papillary and gland-like formation, lymphoplasmacytic stroma, and basophilic myxoid areas. Tumor cells showed ovoid nuclei with an abundant eosinophilic cytoplasm. The immunohistochemistry panel revealed immunoreactivity to GFAP, Cam5.2, TTF-1, CD34, patchy staining with CK7, and absence of staining for Synaptophysin, S100, EMA, and Brachyury. A pathologic diagnosis of Chordoid Glioma, CNS WHO Grade 2 was made.

DISCUSSION: The differential diagnoses included papillary glioneuronal tumor (PGNT), metastatic papillary adenocarcinomas, and choroid plexus neoplasm. However, the absence of staining for S100 made the diagnosis of PGNT unlikely. Reactivity to GFAP and absence of EMA staining ruled out metastatic papillary neoplasms, as well as made a choroid plexus neoplasm less likely. Given the absence of staining with brachyury and the staining with TTF-1 and CD34 at the myxoid areas, the diagnosis of a Chordoid Glioma, CNS WHO Grade 2 was finally reached.

CONCLUSION: In patients with masses at the Foramen of Monro, thorough evaluation of the tumor and a comprehensive immunohistochemistry panel to rule out mimickers assists in the pathologic diagnosis of these neoplasms.

KEYWORDS: chordoid, glioma, GFAP

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ABSTRACT

POSTER PRESENTATION – FINALIST

GROWING TERATOMA SYNDROME: A RARE TUMOR TRANSFORMATION

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INTRODUCTION: As we are constantly researching ways to induce malignancy reversion, there's one condition where tumor recurs from malignant to benign.

CASE DESCRIPTION: This is a case of a 21-year-old female who presented with enlarging abdominal mass with increasing ovarian serum tumor markers. Fertility saving was initially the goal however, this proved to be futile. Patient had right ovarian cystectomy (May 2016) revealing a mature teratoma. Another mass was identified and left oophorocysectomy (August 2016) revealed immature teratoma, Grade I, exhibiting ectodermal, mesodermal, and endodermal structures histomorphologically with presence of immature neural components positive with NSE immunohistochemistry. She was subjected to chemotherapy. Patient then developed multiple pelvic implants (June 2020). Absence of immature components is confirmed by its negative NSE. This histomorphology with previous histopathology of immature teratoma and chemotherapy with tumor progression to the pelvis and concomitant normal serum AFP and Ca125 proves a case of Growing Teratoma.

DISCUSSION: GTS is due to tumor transformation from malignant to benign due to "chemotherapeutic retroversion" wherein immature malignant cells are destroyed by chemotherapy, while benign mature cells remain and proliferate into a benign tumor. Diagnostic criteria includes (1) normalization of serum tumor markers, (2) increasing size of lesions on serial imaging with chemotherapy history, (3) exclusive presence of mature teratoma components in resected specimen with known history of malignant immature teratoma.

CONCLUSION: GTS, a rare entity of tumor transformation, is an enigma to this date. Perhaps this is the key to unlocking the cure for malignancy.

KEYWORDS: chemotherapy, ovary, teratoma

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ABSTRACT

POSTER PRESENTATION – FINALIST

A CASE OF HEPATOID ADENOCARCINOMA OF THE COLON WITH METASTASIS TO THE LIVER: A POTENTIAL DIAGNOSTIC CONFUSION IN PATIENTS PRESENTING WITH LIVER MASS

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INTRODUCTION: Hepatoid adenocarcinoma (HA) is a rare primary extrahepatic carcinoma described as an α-fetoprotein-producing tumor with histomorphologic findings reminiscent of hepatocellular carcinoma (HCC). HA has been predominantly described in the stomach, but it has also been reported in other organs such as the ovary, esophagus, pancreas, lung, and rarely in the colon.

CASE DESCRIPTION: We report a case of a 53-year-old, male, with liver mass (segments VI and VII), who underwent Posterior Sectionectomy of the liver, and was diagnosed as a case of hepatocellular carcinoma in an outside institution. Postoperative imaging studies revealed sigmoid colonic thickening and multiple ill-defined hypoenhancing lesions in the liver. Subsequent Open Anterior Resection specimens showed moderately-differentiated adenocarcinoma of the sigmoid colon with typical glandular pattern and a solid component with hepatoid features. Excision biopsy of the liver nodule and slide review of the liver specimen showed poorly-differentiated carcinoma with extensive necrosis. Immunohistochemical studies showed positivity for MOC31, CK20, Hep Par-1, Glypican-3 and CDX2 in the hepatoid component and diffuse positivity for MOC31 only in the liver mass specimens. Overall, these support the diagnosis of moderately-differentiated adenocarcinoma, with hepatoid pattern, and with metastasis to the liver.

DISCUSSION: HA of the colon with liver metastasis is a diagnostically-challenging scenario due to its radiologic, histomorphologic and immunophenotypic similarities with HCC. The definitive diagnosis falls heavily on a conscientious search for a primary tumor to avoid misdiagnosis.

CONCLUSION: Hence, in patients presenting with liver mass, metastasis should always be a consideration because a mimic of HCC is likewise a possibility.

KEYWORDS: colon, hepatoid adenocarcinoma

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To train highly competent pathologists by providing continuing education and training to our members.

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I DO SOLEMNLY SWEAR to adhere to the "Principles of Medical Ethics" of the Philippine Medical Association and to the Code of Ethics of the Philippine Society of Pathologists. Towards this end, I shall devote my services to the greatest benefit of the sick and injured and to ensure the fullest measure of cooperation with my colleagues. I further commit myself to adhere to the following canons of professional ethics:

I SHALL LIMIT my practice to the specialty that I am board-certified in;

I SHALL NOT SOLICIT, directly or indirectly, or any manner whatsoever, or knowingly permit others to solicit in my behalf, nor shall I accept, a position which is occupied or about to be vacated without first consulting with the incumbent or outgoing pathologist;

I SHALL NOT ISSUE a report on preparations or material from another pathologist, or another laboratory or from other institutions which another pathologist serves, without making a reasonable effort to inform that first pathologist of the request for second examination or opinion;

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I SHALL NOT PARTICIPATE, directly or by means of any subterfuge, in an arrangement or scheme whereby an individual not duly licensed to practice medicine and not certified nor a member of the society, is allowed to operate a laboratory, clinical or otherwise;

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I SHALL NOT ALLOW myself to be a willing tool for political purposes nor for the personal interest of others to the prejudice of another pathologist or colleagues in the allied profession;

I SHALL NEVER SPEAK ill of the society or any of my colleagues, nor shall I bring forth any issue before any other forum, administrative or judicial, without first having exhausted all avenues of negotiation or settlement within the society;

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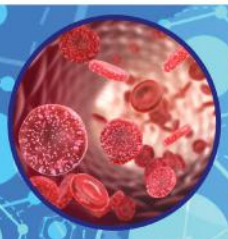

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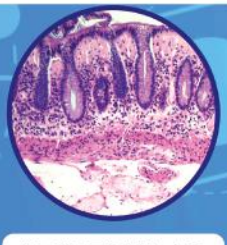
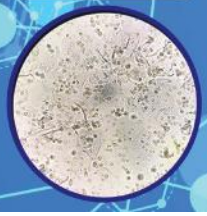


MEDICAL FREEZER

- ZHONGKE MEILING

MICROSCOPY

- SEDIMAX LITE



MOLECULAR

- COYOTE BIOSCIENCE

NEGATIVE PRESSURE & CLEAN ROOM

LABORATORY INFORMATION SYSTEM

About Sansure

SANSURE BIOTECH INC. is a comprehensive solutions provider for in vitro diagnosis with independent innovation gene technology as the core, integrating diagnostic reagents, instruments and independent-clinical laboratory services. SANSURE BIOTECH INC (Stock Code: 688289) was listed on the science and Technology Innovation Board of Shanghai Stock Exchange and listed on the list of China's top 100 pharmaceutical industry.

160+
Clients in over 160 countries/regions in the world

500+
Over 500 products are CE-marked

200+
Over 200 patents included US approved

10K+
10,000+ benchmark/ first class hospitals and labs

900M+
Revenue of $900M in FY 2022

1B+
1 billion+ people benefited from Sansure products

---

iPonatic Portable Molecule Workstation

S-Q36A/S-Q31B (4 Modules)

FEATURES

All-in-one: Extraction, amplification and detection integrated
Easy: Simple operation with pre-packaged kits
Flexible: Test on arrival and on-site
Fast: Nucleic acid lysis within 1 min & results in 8-45 min

APPLICATION SCENARIOS

Medical laboratories, Emergency rooms, Fever clinics, CDCs, Airports, Customs.

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AE-4070

Aution Eye
AI-4150

ADAMS HA-8190V

THE LAB 001

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Branch (NCR Office):
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144 Mindanao Avenue,
1106 Quezon City, Philippines
Tel. No.: (+632) 928 4649
Fax No.: (+632) 455 4323

AutoLumo A1860

AUTOMATIC LUMINESCENCE IMMUNOASSAY ANALYZER

Specification

- Thoughput: 180T/h
- Time to 1st Result: 21 mins
- RV Loading Capacity: 80 X 2pcs
- Sample Loading Capacity: 60 samples with 1 STAT channel
- Sample pipette Volume: 8 - 150 µL
- Sample Dilution Factor: up to 2601-fold
- Liquid Level Detection and Clot Detection
- Onboard Reagent Capacity: 25 racks
- Onboard Reagent Storage: independent refrigerating system
- Real-time Residue Calculation
  (LED Monitor and Software Monitor)
- Consumables Residue Calculation
  (LED Monitor and Software Monitor)
- Substrate: Substrate A+B
- Substrate Volume: 100 mL for each
- Substrate Switching: 2 sets of substrates available on board by automatic switching
- Carry-over: < 1 ppm
- Reaction mode: 1 step and 2 steps
- Size (W*D*H, mm) = 1200 x 736 x 635 mm
- Weight: 183 kg

Smarter

Versatile and strong, brings more accurate results

- Lower Carryover
  Surrounding washing by vacuum brings low carryover, especially beneficial to infectious disease items
- Reduce failure rate
  Stepping work station for magnetic separaton, Integrated Eluion & Injection & Reading & Discard Module
- Lower background
  Bi-directional swimming for washing, decrease non-specific absorption.
- Improve precision
  Innovative vibration mixing. Fully mixed within 1.8s.

Simpler

Easy operation and save time

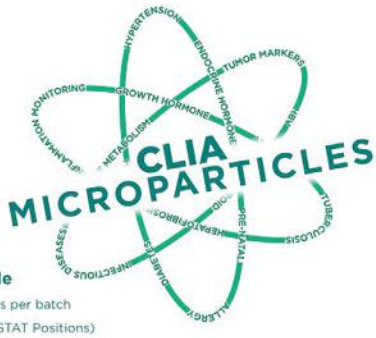
- Consumable Management
  Visual management of consumables, automatic switch of dual-substrate
- Reagent Management
  Keep cooling after switvh off. Random access
- Auto-retesting
  Auto repeat and auto dilution

01 Fixed Pipette Probe Module
- Onboard sample dilution up to 2601-fold
- Intellident liquid level and clot detection system
- Sample & reagent adding by one needle
- Vacuum washing Station avoid high carry-over

02 Innovative "RIDE" Module
- Integrated Elution & Injection & Reading & Discard Module
- 5-times magnetic washing provide lower background

03 Reagent Module
- Independent refrigirating system after outage
- Up to 25 reagent positions available
- Reagent stability onboard up to 28 days
- Online-reagent change without interruption

04 Reaction Vessel Module
- Up to 160 pcs per batch (80 pcs x 2 cassettes)
- Continuous loading and offloading



05 One-stop consumable Panel
- 8 mm colored panel indicating consumables left
- RFID scanning of consumables

06 Substrate Module
- Dual substrate onboard by automatic switching

07 Sample Loading Module
- Loading capacity of 60 samples per batch
- STAT position of 1 channels (5 STAT Positions)
- Continuous loading and offloading available
- Random access

CLIA MICROPARTICLES

Tumor Markers
AFP
CEA
tPSA
CA50
fPSA
CA125
CA15-3
CA19-9
Ferritin
β 2-Microglobulin
NSE
CYFRA 21-1
SCCA
CA72-4
CA242
HE4
ProGRP
Pepsinogen I
Pepsinogen II

Allergy
tIgE

Bone Metabolism
Osteocalcin
Calcitonin
25-OH Vitamin D
PTH

Infectious Diseases
Anti-HCV
HAV IgM
HEV IgM
HEV IgG
Anti-HIV
HIV Ag/Ab Combo
Anti-TP

Thyroid
T3
T4
TSH
FT3
FT4
Anti-TG
Anti-TPO
TG
PTH
rT3*

HBV
HBsAg
Anti-HBs
HBeAg
Anti-HBe
Anti-HBc
HBV PreS1-Ag
Anti-HBc IgM

Diabetes
Insulin
C-Peptide

Hypertension
Aldosterone
ACTH
Cortisol
Renin
Angiotensin II

Hepato Fibrosis
PIIINP
Col β
LN
HA
CG*

Endocrine Hormone
LH
FSH
PRL
Testosterone
E2
PRG
DHEA-S
SHBG
17α-OHP
AMH

Cardiac Markers
MYO
cTnI
CK-MB
NT-proBNP
BNP*
HS-cTnT*

TORCH
Toxo IgM
CMV IgM
Rubella IgM
HSV-1 IgM
HSV-2 IgM
Toxo IgG
CMV IgG
Rubella IgG
HSV-1 IgG
HSV-2 IgG

Pre-natal
Free β -HCG
P-AFP
β - HCG
uE3
PAPP-A

Growth Hormone
IGF-1
HGH

Tuberculosis
TB-IGRA

Inflammation Monitoring
hs-CRP
PCT
IL-6
D-dimer

Anemia
Vitamin B12
Folate
Ferritin

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Autobio

AutoLumo A2000 Plus

AUTOMATIC LUMINESCENCE IMMUNOASSAY ANALYZER

Specification

- Throughput: up to 200T/H
- Time to 1st result: approximate 20 mins
- RV loader capacity: 1000 pcs
- Sample loading capacity: 100

- Sample pipette volume: 5-150ul
- STAT available
- Sample dilution factor: 10-100
- Liquid level detection and clot detection

- Onboard reagent capacity: 24 racks
- Onboard reagent storage: 4-10°C
- Real-time replacement of reagent (by appointmet)
- Reagent residue calculation: by the rest number left

- Substrate: Substrate A+B
- Substrate Volume: 100ml for each
- Substrate pipetting volume: 50ul fixed, CV<2%
- Substrate switching: 2 sets of substrates available on board by automatic switch

- Carry-over: <1ppm
- Incubation temperature: 37°C ± 0.5°C
- Reaction mode: 1 step and 2 steps

- Size (W*D*H, mm): 1374*950*1200
- Weight: approximate 390kg
- Power supply: AC 100-230V, 50/60Hz, 800VA
- Working temperature: 18-30°C
- LIS communication: based on RS232 port

Simpler

Easy operation and save time

- Consumable Management
  Visual management of consumables, automatic switch of dual-substrate.
- Reagent Management
  Keep cooling after switch off. Random access.
- Auto-retesting
  Auto-repeast and auto-dillution.

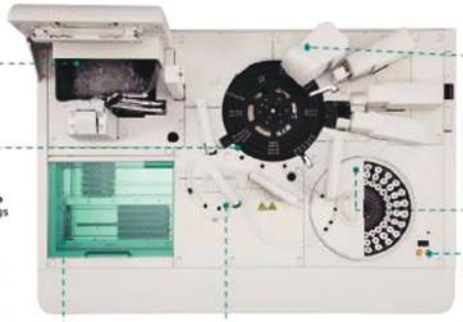
Smarter

Versatile and strong, brings more accurate results

- Lower Carryover
  Surrounding washing by vacuum brings low carryover, especially beneficial to infectious disease items.
- Reduce failure rate
  Stepping work stations for magnetic separation, Integrated Elution & Injection & Reading & Discard Module
- Lower background
  Bi-directional swimming for washing, decreases non-specific absorption.
- Improve precision
  Innovative vibration mixing. Fully mixed within 1.8s.

RV Loading Module
Independent reaction vessel
Up to 1000 pcs per batch with continuos loading
Automatically supply RV by "on-the-fly" chain
Intelligently detect the amount of RV

Washing Station
12 Channels washing system
5 times magnetic separation cleaning



Reagent Module
Up to 24 reagent positions on board with refrigeration at 4-10°C
Continuously mixing the magnetic particle suspension
Dual substrate switched automatically

Incubation and Reaction Plate
192 reaction positions in 3 rings
Constant 37°C incubation

Online Reagent Changing
Onboard change of reagent by appointment without hatch-open

Sample Loading Module
5 sample positions per pack
Up to 100 samples loading capacity per batch
Priority position for STAT samples
Up to 200 tests processing capacity per hour

Fixed Pipette Probe
Excellent rinsing system makes carry-over < 1ppm
Liquid-level and blood coagulation detection system
Sampling volume : 5ul - 150ul
On board sample dilution up to 100 times

Cabins for Consumables and Wastes
Ordinary wash, System wash, Distilled wash, Liquid waste, Dual substrate

CLIA MICROPARTICLES

Tumor Markers
AFP
CEA
tPSA
CA50
fPSA
CA125
CA15-3
CA19-9
Ferritin
β 2-Microglobulin
NSE
CYFRA 21-1
SCCA
CA72-4
CA242
HE4
ProGRP
Pepsinogen I
Pepsinogen II

Allergy
tIgE

Bone Metabolism
Osteocalcin
Calcitonin
25-OH Vitamin D
PTH

Infectious Diseases
Anti-HCV
HAV IgM
HEV IgM
HEV IgG
Anti-HIV
HIV Ag/Ab Combo
Anti-TP

Thyroid
T3
T4
TSH
FT3
FT4
Anti-TG
Anti-TPO
TG
PTH
rT3*

HBV
HBsAg
Anti-HBs
HBeAg
Anti-HBe
Anti-HBc
HBV PreS1-Ag
Anti-HBc IgM

Diabetes
Insulin
C-Peptide

Hypertension
Aldosterone
ACTH
Cortisol
Renin
Angiotensin II

Hepato Fibrosis
PIIINP
Col β
LN
HA
CG*

Endocrine Hormone
LH
FSH
PRL
Testosterone
E2
PRG
DHEA-S
SHBG
17α-OHP
AMH

Cardiac Markers
MYO
cTnI
CK-MB
NT-proBNP
BNP*
HS-cTnT*

TORCH
Toxo IgM
CMV IgM
Rubella IgM
HSV-1 IgM
HSV-2 IgM
Toxo IgG
CMV IgG
Rubella IgG
HSV-1 IgG
HSV-2 IgG

Pre-natal
Free β -HCG
P-AFP
β - HCG
uE3
PAPP-A
Inhibin A

Growth Hormone
IGF-1
HGH

Tuberculosis
TB-IGRA

Inflammation Monitoring
hs-CRP
PCT
IL-6
D-dimer

Anemia
Vitamin B12
Folate
Ferritin

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MAGLUMI® X3

Save Your Space without Compromise

Compatible with Small and Medium-sized Hospitals and Labs

New

- **200** Tests/Hour
- Space occupied < **0.68** m^2
- **72** Sample Positions
- **20** Reagent Positions
- **Single** Reaction Cup

Small but strong

The throughput per unit area is 294 T/h/m^2.
Compatible with all **MAGLUMI®** reagents with perfect compatibility (183 parameters).

Convenient and efficient

No-pause loading/unloading of reagents/samples/reaction cups without waiting or interrupting tests. Intuitive indicator lights make no need to check reagents and consumables frequently.

Low failure rate and accurate result

The single reaction cup can avoid light pollution and increase cuvette utilization, its integrated packaging can avoid the stuck of the cuvette, cuvette blockage and scratches.

Cost-efficient and intelligent

TEFLON-coated pipetting needle is equipped with independent washing unit to avoid carry-over (Small workload analyzer have higher consumable costs when using disposable Tips).

Excellent performance

The comprehensive advanced design of **MAGLUMI®** X3 ensures excellent performance, such as the latest intelligent washing technology and bidirectional temperature control measurement.

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ES-105

HEMATOLOGY ANALYZER

Erba Mannheim

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FINECARE FIA METER III PLUS

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OCG-102

BLOOD GAS ANALYZER

BGA-102

CLIA MACHINE

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ACCRE 8

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BIOMEDICAL REFRIGERATOR HYC-290/HYC-390

BLOOD BANK REFRIGERATOR HXC-106/HXC-158

BIOMEDICAL FREEZER DW-25L262

ULTRA-LOW FREEZER DW-86L338J

VERTICAL STEAM STERILIZER HRLM-80

BIOSAFETY CABINET HR40-IIA2

CLEAN BENCH HCB-1300V

CONSTANT CLIMATE DRY CHAMBER HZS-60

CO2 INCUBATOR W/ DRY HEAT STERILIZATION HCP-80

COLD CHAIN TRANSPORT COOLER BW25-8A

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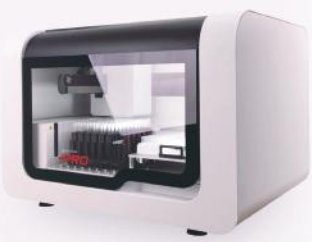
- Reagents interchangeables racks

Integrated barcode reader

Faster, better traceability



Compact and cost-effective design

775 x 620 x 550 mm
(width x depth x height)

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Artisan Link Pro

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Cytogenetics - Digital Karyotyping, FISH Analysis
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MSI

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Table-top Centrifuge
Refrigerated Centrifuge

MUREX Diagnostic Products Specialists | Drawray

iStar 500

Troughput:	36 test/hour, 11 min for first result
Samples Loading:	Manual, Automatic (optional)
Reagent Position	12 Positions with 2 chambers
Operation :	10.1 inches touch screen
Accessories:	Support Barcode scanning and external printer
Weight:	55 Kg
Altitude:	≤ 4000 meters

GOLD STANDARD FOR IMMUNOLOGY

Chemiluminescence Immunoassay Analyzer

TEST PANELS

Cardiac Marker
- Myo
- CK-MB
- cTnI
- hs-cTnI
- NT-proBNP
- D-Dimer
- HCY *

Anemia
- Ferritin
- Vitamin B12
- Folate

Growth
- hGH
- IGF-I *
- IGFBP-3 *

Reproductive Health
- Prolactin
- E2
- LH
- Testosterone
- Progesterone
- FSH
- HCG
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- SHBG
- DHEA-S

Liver Health
- CHI3L1

Allergy
- Total IgE *

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- TSH
- FT4
- FT3
- T4
- T3
- Tg
- Anti-Tg
- Anti-TPO
- Anti-TSHR

Inflammation
- PCT
- IL-6
- SAA *
- CRP *
- HBP *

Autoimmunity
- ANA
- dsDNA
- Anti-CCP
- RF
- tTg IgG
- tTg IgA
- DGP IgG
- DGP IgA
- GADA
- IAA
- IA-2A
- ICA
- ZnT8A

Bone Metabolism
- 25-OH Vitamin D

Tumor Marker
- PG I
- PG II
- Gastrin 17
- CEA
- AFP
- CA 125
- CA 15-3
- CA 19-9
- PSA *
- fPSA *
- AFP-L3%.*
- PIVKA-II *

Glycometabolism
- C-peptide *
- Insulin *

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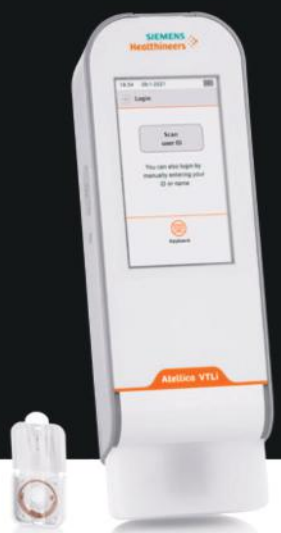
A vital leap forward in cardiac testing

Speed meets accuracy where it matters most—the wait is over for hs-cTnI at the point of care.



When ruling out a potential myocardial infarction (MI), every minute spent waiting on test results comes at a cost. Patients and their families are anxious, and clinicians and laboratory professionals are pressured to identify the problem quickly and accurately. Increased time to results adds congestion to an already busy emergency department. But what if ED staff had access to high-sensitivity troponin right at the point of care?

Consider the value of adding a new tool at the clinician's disposal that can provide high-sensitivity troponin I (hs-cTnI) results in just 8 minutes from a single fingerstick and patient interaction. The solution is intuitive, easily integrates into the existing workflow, and gives laboratory partners centralized control over decentralized testing, so ED throughput can be improved for efficiency and confidence.

The Atellica® VTLi Patient-side Immunoassay Analyzer, powered by Magnotech® Technology, will transform your chest pain assessment process to benefit patients, clinicians, and your operational workflow. Because when it comes to assessing patients with symptoms of an MI in the ED, trust, time, and resources aren't just valuable—they're vital.

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Actual product photo

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VENTANA DP 200 slide scanner features

High-speed scanning: Improved scanning speed at 20x and 40x magnifications[1]

No slide handling: Tray-based slide loading eliminates slide handling errors for improved reliability[1]

High-quality images: Outstanding images for various tissue types, including challenging slides and frozen sections[1]

DICOM[2] compatibility: Provide a standardized output file format for interoperability[1]

Color management: ICC color profile applied to every scanned image[1]

Dynamic focus: Tracks tissue depth in real-time and uses the data for high-resolution images[1]

Quality check: Full screen viewer embedded into Scan Application for streamlined QC of scanned images[1]

[1] VENTANA DP 200 slide scanner · Software version 1.1 · IVD User Guide · 1017149 EN Rev. D, 2022
[2] Digital Imaging and Communications in Medicine

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added-value **RET**

added-value **XN-BF**

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Bio-Rad A1c provides the Complete Patient Picture

04/19 19-AP079

An accurate A1c diagnosis required knowing if a hemoglobin variant is present

Quality patient care is at the heart of what you do – and you choose your HbA1c assay accordingly. At Bio-Rad, we share this commitment to excellence and are dedicated to helping you make a difference in patient outcomes by delivering gold standard HPLC technology that gives you the complete patient picture.

Not all HbA1c methods are created equal. HbA1c methods that do not detect hemoglobin variants might lead to misdiagnosis and unnecessary or delayed patient treatment. Whether you're a small, medium, or large volume laboratory, our family of HbA1c testing solutions provides the complete patient picture so you can aid heatlhcare providers with making the appropriate diagnosis and initiating the proper treatment protocol.

BIO-RAD

Learn more at www.bio-rad.com/diagnostics

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Original English Lyrics & Arrangement by: Juanito B. Billote, MD, 1985
Edited & Arranged by: The PSP Executive Officers 2003-04
Score and Melody Adopted from: Ode to Joy, Ludwig van Beethoven, 1824

I.
We're specialist Pathologists
Lamplight of all specialties
We give the clear-cut truthful seal
Guiding doctors' hands to heal.
We are right beneath PSP wings,
We care for all within our fold.
Sure we know our feelings blending
Binding hearts to always hold.

Refrain:
God bless Our very own PSP
Bless each one of us, we pray
To be alone may be so precious
It is pain not to belong!

II.
It's our word that makes it final,
Casting dark of doubts away
Microscopes and analyzers
Make us see beyond the veil.
Some may ask why this could be true,
We say that's what we're trained to do:
Searching answers to the mysteries
In man's blood and troubled flesh.

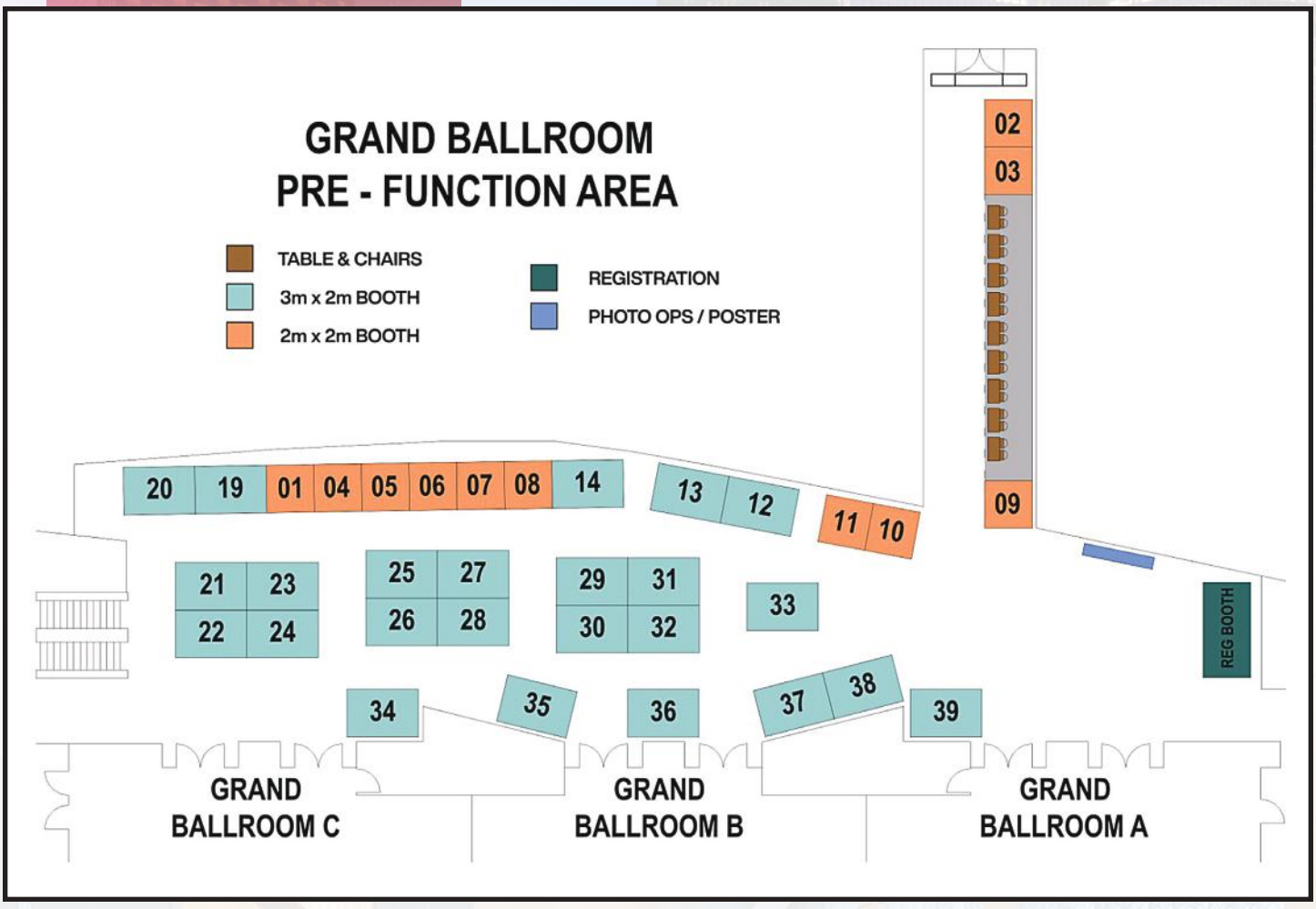
[Repeat Refrain]

III.
We aid doctors' diagnosis,
Help the sick and ease their pain;
In labs that patients seldom see
We work with confidentiality.
PSP, our dear society,
We sing our sweet song for you.
Your legacy lives on Forever
Sure as sunrise follows dawn.

[Repeat Refrain]

Shangri-La at the Fort

MANILA



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