73rd Annual Conference

SHAPING THE FUTURE FILIPINO PATHOLOGIST

April 25-27, 2024 | Makati Shangri-La

SOUVENIR PROGRAMME

CONTENTS

MESSAGE

73rd Annual Convention
SHAPING THE FUTURE FILIPINO PATHOLOGIST

Advances and innovation in Pathology and Laboratory Medicine are happening rapidly. The Filipino Pathologists need to move along with the updated diagnostic and technological transformation. To achieve this year's theme "Shaping the Future Filipino Pathologist", the society has invited Dr. Lester Thompson and Dr. Gary Tse, both of whom have contributed to the WHO book on classification of tumors. They will provide new diagnostic insights on head and neck and breast pathology, respectively. We are also grateful for the presentation of our members in their selected topics in Anatomic and Clinical Pathology.

I am thankful to this year's organizing committee, led by its chair, Dr. Maria Cecilia Lim for painstakingly mounting the three-day event. This is the first annual convention that is delivered in-person and on a virtual platform. The membership of the society is swiftly expanding. It is never an easy task to assemble the annual convention with more than one thousand members to accommodate.

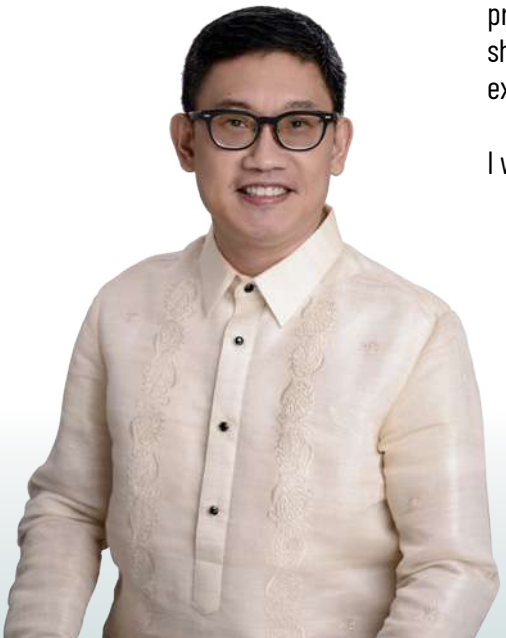
We are honored by the presence of Dr. Felicitas L. Lacbawan, Executive Director of the Philippine Genome Center as our keynote speaker and Dr. Maria Minerva P. Calimag, President of the Philippine Medical Association whom we invited to induct the officers and board members of the society.

The research forum is an important component of the annual convention. 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 enjoy and experience the camaraderie of colleagues in the profession. Let us take a break from our busy schedule and enjoy the night away.

I extend my heartfelt gratitude to each and every one of you for the support you have provided the society. Today we gather not only as Pathologists but as leaders tasked with shaping a trail that not only meets the challenges of the future but paves the way for excellence in our chosen field. Let us together embark on a journey to shape our tomorrow.

I welcome you to the 73rd Annual Convention of the Philippine Society of Pathologists!



Alan T. Koa, MD, FPSP

PSP President, 2022-2024

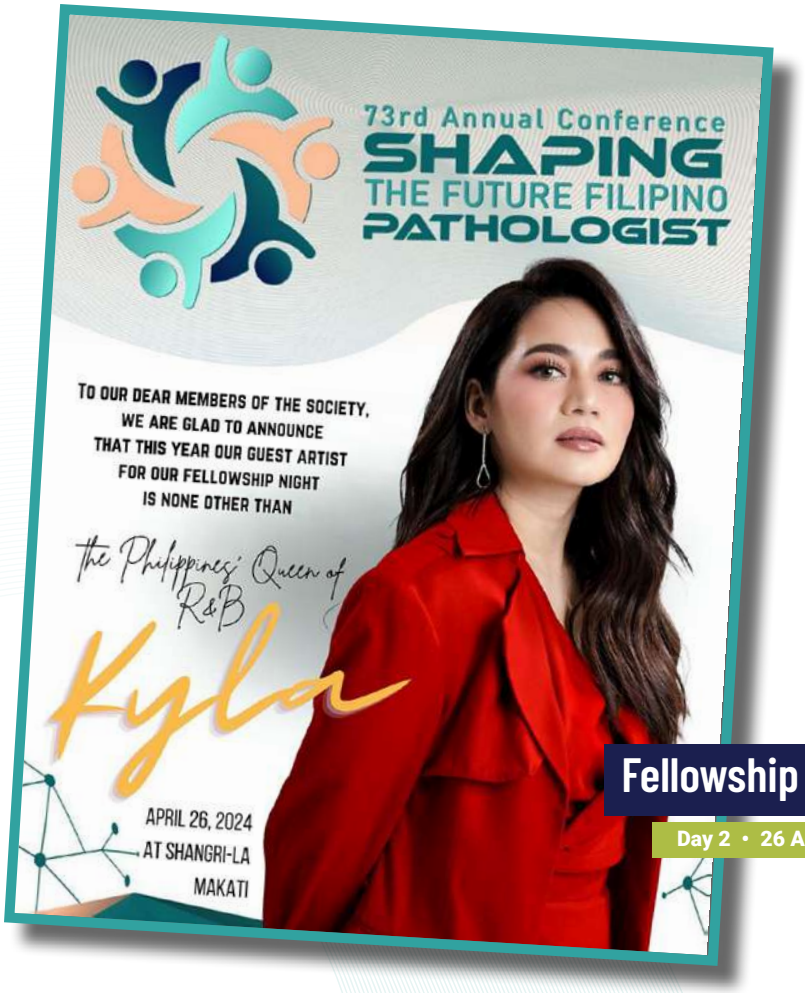
73rd Annual Convention

SHAPING THE FUTURE FILIPINO PATHOLOGIST

CONVENTION SCHEDULE

April 25, 2024 (Thursday)		
TIME	**SEGMENT**	**SPEAKER/S**
8:00-11:00	**Opening Ceremonies**	
10:00- 10:15	Break	
11:00-12:00	Universal Healthcare: Unveiling the Pathologists' Role (A Panel Discussion)	**Dr. Robert D. Padua, Dr. Leticia G. De Guzman, Dr. Gina F. Pardilla**
12:00- 1:00	Lunch	
1:00-2:00	Reinventing the COVID-19 PCR Laboratory (A Panel Discussion)	**Dr. Gregorio B. Cortez III, Engr. Annette B. Tan**
2:00-3:00	DOH Hour	**Engr. Annette B. Tan**
3:00- 3:15	Break	
3:15-4:00	Safely Separating from Government Service: COA Perspective	**Engr. Cherrie Rose V. Tena**
4:00-4:45	Paradigm Shift: Differential Diagnosis for Influenza-like Symptoms	**Dr. Januario A. Dolorico Veloso**

April 26, 2024 (Friday)		
TIME	**SEGMENT**	**SPEAKER/S**
8:00-9:30	Updates on the WHO Classification for Head and Neck Tumors 5th Edition	**Dr. Lester Thompson**
9:30-10:30	Changes in the WHO Classification for Thyroid Gland	**Dr. Lester Thompson**
10:30- 10:45	Break	
10:45-11:45	Updates on Selected Salivary Gland Tumors	**Dr. Lester Thompson**
11:45-12:00	Q & A	
12:00- 1:00	Lunch	
1:00-3:00	Research Forum	
3:00-5:00	Business Meeting	
6:00-10:00	Fellowship Night	



Fellowship Night

Day 2 • 26 April 2024

CONVENTION SCHEDULE

April 27, 2024 (Saturday)		
TIME	**SEGMENT**	**SPEAKER/S**
8:00-8:45	The Clinical Relevance of Capillary Electrophoresis	**Dr. John Anthony D. Tindoc**
8:45-9:30	Setting the New Standard in HIV POCT with 4th Generation Ag/Ab Detection	**Dr. Rodelio D. Lim**
9:30- 9:45	Break	
9:45-10:30	Procalcitonin on Antibiotic Stewardship	**Dr. Petrick Periyasamy**
10:30-11:15	Novel Biomarkers for the Diagnosis, Prognosis, and Targeted Therapy of Common Cancers	**Dr. Annielyn Beryl Ong Cornel**
11:15-12:00	Use of Biological Variations and Six Sigma Models for Clinical Laboratory Performance Evaluation	**Dr. Sarah Jane L. Datay-Lim**
12:00- 1:00	Lunch	
1:00-1:45	Updates on the WHO Classification of Breast Tumors	**Dr. Gary Tse**
1:45-2:30	Papillary Neoplasms and IHCs of the Breast	**Dr. Gary Tse**
2:30-3:15	WHO CNS 5th Edition and Molecular Diagnostics in Resource-Limited Settings	**Dr. Alec Maquiling**
3:15- 3:30	Break	
3:30-4:15	Approach to the IHCS of Malignant Round Cell Tumors	**Dr. Erick Yturralde**
4:15- 6:15	**Closing Ceremonies**	

OPENING CEREMONIES

Day 1 • 25 April 2024

TIME	SEGMENT	PARTICIPANTS
8:00-8:15	**Processional**	**New Diplomates,** **2024 PSP Awardees,** **PRO President,** **Organizing Committee,** **Board of Pathology,** **Regional Chapter Presidents,** **Board of Governors,** **Executive Officers,** **Annual Convention Chair,** **PSP President and Keynote Speaker**
8:15– 8:25	Invocation Philippine National Anthem PMA Hymn PSP Hymn	PSP Family
8:25-8:27	Welcome Address	**MARIA CECILIA F. LIM, MD, FPSP** *Vice President and Over-All Chair,* *73rd Annual Convention, Philippine Society of Pathologists, Inc.*
8:27-8:28	Opening of Annual Convention	**ALAN T. KOA, MD, FPSP** *President, Philippine Society of Pathologists, Inc.*
8:28-8:30	Acknowledgment of Past Presidents	**BOG**
8:30-9:00	Introduction to Keynote Speaker	**ALAN T. KOA, MD, FPSP** *President, Philippine Society of Pathologists, Inc.*
	Keynote Address	**FELICITAS L. LACBAWAN MD, FCAP, FACMG**
9:00-9:40	Presentation of New Diplomates	**BERNADETTE R. ESPIRITU, MD, FPSP, MMHOA, MIAC** *Chair, Board of Pathology*
	Oath of Office of New Diplomates	**ALAN T. KOA, MD, FPSP** *President, Philippine Society of Pathologists, Inc.* **MIRIAN D. VITERBO, MD, FPSP** *Chair, Membership Committee* **SHELDON STEVEN C. AQUINO, MD, FPSP** *Chair, Fellowship Training Program*
	Awarding Ceremonies	**JOSE M. CARNATE, JR., MD, FPSP** *Chair, Committee on Awards*
9:40-9:48	Dr. Benjamin Barrera Service Award	**NELSON T. GERALDINO, MD, FPSP**
9:48-9:56		**ELIZABETH Y. ARCELLANA-NUQUI, MD, FPSP**
9:56-10:04	Outstanding Pathologist Award	**RAYMUNDO W. LO, MD, FPSP**
10:04-10:12	Distinguished Service Award	**KALANGITAN R. GUTIERREZ, MD, FPSP**
10:12-10:20	Lifetime Achievement Award	**JAIME T. ZAMUCO, MD, FPSP**
10:20-11:00	Dr. Liborio Gomez Memorial Award and Lecture	**RAQUEL B. DEL ROSARIO-FORTUN, MD, FPSP**
11:00-12:00	Universal Health Care: Unveiling the Pathologist's Role	

Master of Ceremonies: **JEFFREY S. SO, MD, FPSP**

CLOSING CEREMONIES

Day 3 • 27 April 2024

TIME	SEGMENT	PARTICIPANTS
4:15-4:25	**Processional**	**New Fellows and Specialists,** **Board of Pathology,** **Board of Governors,** **Executive Officers,** **Annual Convention Chair,** **PSP President,** **Guest Speaker**
4:25-4:35	Invocation Philippine National Anthem PSP Hymn PMA Hymn	PSP Family
4:35-4:36	Opening Remarks	**MARIA CECILIA F. LIM, MD, FPSP** *Vice President and Over-All Chair,* *73rd Annual Convention, Philippine Society of Pathologists, Inc.*
4:36-4:38	Valedictory Address	**ALAN T. KOA, MD, FPSP** *President, Philippine Society of Pathologists, Inc.*
4:38-4:40	Introduction of Guest Speaker and Inducting Officer	**JEFFREY S. SO, MD, FPSP**
4:40-4:50	Guest Speaker Message	**DR. EMMIE LIZA PEREZ-CHIONG** *Cluster Lead of Health Regulations and Facility Development Cluster and Chief Information Officer*
4:50-5:00	Recognition and Oath of New Fellows and Subspecialists	**MIRIAN D. VITERBO, MD, FPSP** *Chair, Membership Committee* **ALAN T. KOA, MD, FPSP** *President, Philippine Society of Pathologists, Inc.*
5:00-5:05	Announcement of Result of Elections	**PEDRITO Y. TAGAYUNA, MD, FPSP** *Chair, Committee in Elections*
5:05-5:10	Induction of Executive Officers and Members of the Board of Governors	**DR. EMMIE LIZA PEREZ-CHIONG** *Cluster Lead of Health Regulations and Facility Development Cluster and Chief Information Officer*
5:10-5:15	Turnover Ceremonies Turnover of the gong, gavel, and banner	**Outgoing President to Incoming President**
5:15-5:20	Acceptance / Inaugural Speech	**Incoming PSP President**
5:20-5:30	Induction of New Officers Regional Chapter Presidents PSP Circle Officers Pathology Residents' Organization	
5:30-5:35	Recognition of 73rd Annual Convention Organizing Committee	**MARIA CECILIA F. LIM, MD, FPSP** *Vice President and Over-All Chair,* *73rd Annual Convention, Philippine Society of Pathologists, Inc.*
5:35-5:45	Recognition of Sponsors	
5:45-5:50	Awarding of Winners of Research Competition	**FRANCIS G. MORIA, MD, FPSP** *Chair, Committee on Fellowship*
5:50-5:55	Presentation of Certificates to Training Institutions	**MARY YVONNETTE C. NERVES, MD, FPSP** *Chair, Committee on Accreditation of Pathology Training Program*
5:55-5:53	Closing Remarks	**MARIA CECILIA F. LIM, MD, FPSP** *Vice President and Over-All Chair,* *73rd Annual Convention, Philippine Society of Pathologists, Inc.*
5:53-6:00	PSP Hymn	PSP Family

Master of Ceremonies: **JEFFREY S. SO, MD, FPSP**

KEYNOTE SPEAKER

FELICITAS L. LACBAWAN, MD, FCAP (CP, AP, MGP), FACMG (CG)

Present Positions:
Philippine Genome Center, UP System, Diliman, Quezon City, *University Professor and Executive Director*

Cancer Prevention and Research Institute of Texas, *Scientific Reviewer/Consultant*

Becton Dickinson, Franklin Lakes, NJ, *Vice President, Medical Affairs, Integrated Diagnostics Solutions – Specimen Management*

Education:
Clinical Genetics Fellow, Medical Genetics Branch, National Human Genome Research Institute, National Institutes of Health
Medical Staff Fellow, Clinical Genetics, Heritable Disorders Branch, National Institute of Child Health and Human Development, National Institutes of Health
Resident Physician, Anatomic Pathology, Department of Pathology, State University of New York Health Science Center, Syracuse
Resident Physician, Clinical Pathology, Department of Pathology, SUNY- HSC Syracuse
Rural Health Medical Practice, Irosin District Hospital, Irosin, Sorsogon, Philippines
Medical Internship, University of the Philippines-Philippine General Hospital
Doctor of Medicine, University of the Philippines College of Medicine, Manila, Philippines

Board certification in four medical specialties, ABMG-ABP Molecular Genetic Pathology, ABMG Clinical Genetics, ABP Anatomic Pathology, and ABP Clinical Pathology. One of few in the world with the combined clinical specialties. Experienced clinical geneticist and molecular genetic pathologist with more than 20 years in genetics and genomics and laboratory diagnostics field.

Leadership roles at premier medical institutions, academic centers and non-profit organizations including the Cleveland Clinic, National Human Genome Research Institute - National Institutes of Health (NHGRI-NIH), Children's National Medical Center, George Washington University School of Medicine and Health Sciences, Georgetown University School of Medicine, and the State University of New York Downstate College of Medicine.

Faculty member in various medical institutions with the highest rank of Clinical Professor; founding program director of Molecular Genetic Pathology fellowship at the Cleveland Clinic; served in various committees for medical student admissions and promotions, residency selection, institutional review boards, and curriculum development.

More than 10 years of **active clinical genetics practice covering clinical consultations in several hospitals** within the metropolitan Washington, DC area with participation in clinical trials as well as clinical genetics research and bench work at National Human Genome Research Institute, National Institutes of Health (NHGRI-NIH) and Children's National Medical Center; developed, coordinated and implemented clinical protocols at the Medical Genetics Branch, NHGRI, NIH aimed at the clinical characterization, genotype-phenotype correlation, natural history and gene discoveries, and treatment/replacement drug protocols for various genetic disorders of patients worldwide.

Designed, established (included laboratory inspection and accreditation, procurement of instruments, hiring of lab staff, and test validations and verifications) and acted as founding medical director of the CLIA-certified molecular genetics (Molecular Genetics Laboratory, NIH) and a NYS-DOH-certified molecular pathology laboratory at SUNY-DMC (molecular microbiology/virology, genetics, and oncology/hematology). Dramatically expanded molecular test offering after in-house validation/verification using NGS at the Cleveland Clinic PLMI. Helped established Amerimmune Diagnostics.

Research and scholarly work in clinical, biochemical and molecular genetics/pathology of various inherited disorders including neurologic (dementia, mitochondrial), biochemical and metabolic/endocrine disorders, developmental (brain/craniofacial malformations), connective tissue/vascular disorders, chromosomal anomalies, drug clinical trials (biochemical and clinical genetics), pharmacogenomics, hematology, oncology, autoinflammatory diseases, laboratory proficiency, laboratory test verification/validation as well as genetics/genomics test review and utilization management.

Recipient of various Award/Fellowship like the Interagency Personnel Agreement, Medical Genetics Branch, NHGRI, NIH and Children's National Medical Center; Exchange Scientist, Japan Society for the Promotion of Science, Aichi Cancer Center, Nagoya, Japan; Exchange Scientist, United Nations Educational, Scientific and Cultural Organization (UNESCO), Chiangmai University, Thailand; Temporary Technical Adviser, World Health Organization (WHO), Newcastle, Australia.

Provided expertise in professional organizations, commercial, government, and publication companies: Corporate Advisory Board, American Association of Clinical Chemistry; College of American Pathologists (CAP) Subcommittee on Biochemical and Molecular Genetics, CAP Subcommittee on Pharmacogenomics including expert reviewer for medical policy determination of health insurance coverage for various genetic conditions, the American College of Medical Genetics Professional and Practice Guidelines Committee; CDC expert panel on Systematic Review on Laboratory Test Utilization; CLSI workgroups: CLSI MM19-A Vol.31 No.21 Establishing Molecular Testing in Clinical Laboratory Environments: approved Guideline, 2011 and CLSI MM 17 Verification and Validation of Multiplex Nucleic Acid Assays; Roche Molecular Center of Excellence; editorial board/peer review for European Journal of Medical Genetics, Genetics in Medicine, Acta Medica Philippina, BioMed Central Medical Genetics, Gene Home Reference Expert Resource Person for Chromosome 2, 2q37deletion syndrome, SERPINI1, and FENIB.

GUEST SPEAKER

DR. EMMIE LIZA PEREZ-CHIONG

Undersecretary, Department of Health (DOH)

Undersecretary Emmie Liza "Doc Molly" Perez-Chiong is a Doctor of Dental Medicine by profession with an innovative mindset and unparalleled vision to work for and with both the government and private sectors for the greater good of the Filipino people. She espouses her expertise in her dental profession as well as in the trading industry by offering innovations and building strong partnerships with different conglomerates assuring clients of quality services.

Undersecretary Chiong has a profound understanding of the international strategic, commercial, and other environmental issues related to trading industry. She gained an extensive experience as a businesswoman as she served as a consultant and later became the Vice President for Operations of Coto Grande Corp.

She is a business-minded executive committed to developing and maintaining deep alliances with investors and other key stakeholders. She also demonstrates a strong commitment to guarantee that the highest standards of corporate governance, ethics and compliance are upheld.

Serving the Philippine Government is not a new field for Doc Molly. She worked as a Consultant and Legislative Researcher for Hon. Florida Robes and was appointed as Chief-of-Staff of Hon. Arturo B. Robes during the 16th Congress. She later became the President and CEO of the Philippine International Trading Corporation (PITC) on 11 November 2021, until she was appointed as Undersecretary of the Department of Health (DOH) on 23 February 2024.

Doc Molly is active in different Medical and Dental Missions and other Socio-Civic Works.

An honor student and likewise a graduate of BS in Communication Research at University of the Philippines – Diliman in 1994, she also practices what she has learned in Harvard School of Management, Yale University, University of Cape Town and Harvard Business School.

LECTURE

Day 1 • 25 April 2024 • 11:00 - 12:00

UNIVERSAL HEALTHCARE: UNVEILING THE PATHOLOGIST'S ROLE (A PANEL DISCUSSION)

Universal healthcare aims to provide quality healthcare for all. Pathologists and the laboratory, play a crucial part in achieving this goal. In this panel, we'll explore how Pathologists help in disease diagnosis, public health, ensuring quality, advancing research, and promoting fairness in healthcare access.

Pathologists diagnose diseases accurately and quickly, guiding treatments for better patient outcomes. They also track disease patterns and trends, helping policymakers plan effective public health measures. Pathologists ensure high standards in healthcare through quality control and licensing/accreditation. Pathologists advocate for fair access to healthcare services, regardless of background or location.

Join us as we discuss how Pathologists contribute to making healthcare universal and equitable for everyone.

SPEAKERS

Roberto D. Padua, Jr., MD, FPSP, MHA

Present Positions:
Associate Pathologist, Department of Pathology and Laboratory Medicine, Malabon Hospital and Medical Center
Associate Pathologist, Parañaque Doctors Hospital
Pathologist, St. John Hospital, Naga City and Goa, Camarines Sur
Member, Board of Directors, Pasig Doctors Medical Center, Inc.
Member, OHL Advisory Council for Public Health Laboratory
Chairman, Hospital Blood Transfusion Committee, Sta. Rosa Hospital and Medical Center

Education:
Master in Hospital Administration, St. Bernadette of Lourdes College, 2015-2017
Doctor of Medicine, Fatima College of Medicine, 1986-1990

Ma. Leticia G. de Guzman, MD, MPH

Present Position:
Medical Officer V (Chief, Planning, Evaluation, Research and Training Division), Quezon City government, 2021-present

Education:
Master in Public Health, UP College of Public Health, 2004-2008,
Doctor of Medicine, UST Faculty of Medicine and Surgery, 1979-1983

Gina F. Pardilla, MD, MPH, MPM, FPAMS

Present Positions:
Assistant Department Head III and Assistant City Health Officer, Manila Health Department (MHD)
Head, MHD Quality Management Office
Vice-Chair, MHD Merit and Promotion Board
Member, Local Health Board of Manila

Education:
Master in Public Management, Ateneo School of Government
Master in Public Health, UP College of Public Health
Doctor of Medicine, Pamantasan ng Lungsod ng Maynila

LECTURES

Day 1 • 25 April 2024 • 1:00 - 2:00

REINVENTING THE COVID-19 PCR LAB (A PANEL DISCUSSION)

In the wake of the COVID-19 pandemic, PCR labs have been instrumental in testing and monitoring the spread of the virus. This panel discussion delves into the strategies and innovations required to reinvent the PCR lab amidst evolving challenges, in the post-pandemic era.

This discussion involves strategies, alternatives and methods in retrofitting and utilizing the COVID-19 laboratory for other purposes after the pandemic and its possible role in preparing for future public health emergencies.

Day 1 • 25 April 2024 • 3:15 - 4:00

SAFELY SEPARATING FROM GOVERNMENT SERVICE: COA PERSPECTIVE

This lecture provides a comprehensive overview of the process of safely separating from government service from the perspective of the Commission on Audit (COA). Attendees will gain valuable insights into the legal and procedural aspects involved in ensuring a smooth and compliant transition out of government employment. Key topics covered include financial obligations, clearance procedures, and ethical considerations. By understanding the COA's perspective on safely separating from government service, participants will be better equipped to navigate this important phase of their careers with confidence and integrity.

SPEAKERS

Gregorio B. Cortez III, MD, FPSP

Present Positions:
Molecular Pathologist and Consultant
Head, Microbiology, The Medical City Ortigas
Consultant Pathologist and Head, Molecular Laboratory, The Medical City Clark
Pathologist, The Medical City Clinics
Molecular Pathologist FISH Specialist, Makati Medical Center
Head of Laboratory, Department of Health – Bureau of Quarantine

Education:
Doctor of Medicine, University of Santo Tomas, 2002-2006

Engr. Annette B. Tan

Present Position:
OIC-Director IV, Health Facilities and Services Regulatory Bureau

Education:
Professional Science Master in Food Processing and Management, Western Mindanao State University
Master in Public Health, University of the Phlippines Manila

SPEAKER

Engr. Cherrie Rose V. Tena

Present Positions:
Director III, Commission on Audit, General Services Office
Head, Commission on Audit, Bids and Awards Committee Secretariat

Education:
Master in Government Management (Major in HRD), Pamantasan ng Lungsod ng Maynila, 1993-1998
BS Civil Engineering, Mapua Institute of Technology, 1980-1985

LECTURES

Day 1 • 25 April 2024 • 4:00 - 4:45

PARADIGM SHIFT: DIFFERENTIAL DIAGNOSIS FOR INFLUENZA-LIKE SYMPTOMS

This lecture presents a change in approaching patients with influenza-like symptoms, emphasizing the importance of differential diagnosis beyond traditional flu considerations. It will explore strategies for identifying various conditions with similar symptomatology. Key topics include emerging infectious diseases, atypical presentations of common illnesses, and the role of advanced diagnostic modalities in accurate differential diagnosis. By expanding their diagnostic framework, healthcare professionals can optimize patient care, enhance outbreak preparedness, and mitigate the impact of influenza-like illnesses on public health.

Day 2 • 26 April 2024 • 8:00 - 9:30

UPDATES ON THE WHO CLASSIFICATION FOR HEAD AND NECK TUMORS 5TH EDITION

Day 2 • 26 April 2024 • 9:30 - 10:30

CHANGES IN THE WHO CLASSIFICATION FOR THYROID GLAND

Day 2 • 26 April 2024 • 10:45 - 11:45

UPDATES ON SELECTED SALIVARY GLAND TUMORS

SPEAKER

Januario Antonio Dolorico Veloso, Jr., MD, FPSP

Present Positions:
Clinical Associate Professor, Department of Pathology and Department of Medicine, Section of Hematology, College of Medicine, University of the Philippines Manila
Consultant, Department of Laboratory Medicine, National Kidney and Transplant Institute
Division Head, Medical Research Laboratory, Department of Internal Medicine, UP-Philippine General Hospital (UP-PGH) Medical Center
Head, UP-PGH Molecular Lab

Education:
Fellow in Oncologic Pathology, Memorial Sloan-Kettering Cancer Center, New York City, 1995-1996
Fellow in Hematopathology, Hartford Hospital, Connecticut, 1994-1995
UP College of Medicine, 1987

SPEAKER

Lester Daron Robert Thompson, MD

Present Positions:
Owner, Head and Neck Pathology Consultations, Woodland Hills, CA
Author, Editor and Consultant, Elsevier, Inc., Maryland Heights, MO, USA, 2008-Present
Founding and Co-Editor in Chief, Head and Neck Pathology Journal, Springer, USA
Editorial Board Standing Member, 2018-2024, World Health Organization Classification of Tumours, 5th series
Captain, Medical Corps, United States Navy, Inactive Reserve (Retired), 2014-Present

Education:
Residency, Pathology and Laboratory Medicine, University of California, Los Angeles, CA, 1989-1993
Doctor of Medicine, Loma Linda University Medical School, 1984-1988

LECTURES

Day 3 • 27 April 2024 • 8:00 - 8:45

THE CLINICAL RELEVANCE OF CAPILLARY ELECTROPHORESIS

This lecture will explore the principles of Capillary Electrophoresis and its valuable applications in diagnosing Hemoglobinopathy and Gammopathy. Special emphasis will be placed on its role in diagnosing Multiple Myeloma, featuring focused case discussions. This session aims to illuminate how Capillary Electrophoresis enhances diagnostic accuracy and aids in the effective management of these hematological conditions.

SPEAKER

John Anthony D. Tindoc, MD, DPSP, RMT

Present Positions:
Associate Pathologist, Silliman University Medical Center, Blood Bank, Hematology and Anatomical Pathology
Associate Pathologist, Negros Polymedic Hospital, Sibulan, Negros Oriental
Pathologist, Negros Family Laboratory
Vice-Chair, Hospital Blood Transfusion Committee, Silliman University Medical Center
Club President, Dumaguete City Host Lions Club, Lions Club International
Board Member, Board of Directors, Central Visayas, University of the Philippines Medical Alumni
Associate Professor, Silliman University Medical School

Education:
Doctor of Medicine, University of the Philippines Manila, 2008-2012
Residency in Combined Anatomic and Clinical Pathology, University of the Philippines - Philippine General Hospital, 2014-2017

Day 3 • 27 April 2024 • 8:45 - 9:30

SETTING THE NEW STANDARD IN HIV POCT WITH 4TH GENERATION Ag/Ab DETECTION

Early diagnosis of HIV is key to help end the AIDS epidemic in the Philippines and to deliver better patient management. Acute HIV infections (AHI) may account for up to 20% of all cases of HIV infection among persons seeking testing, therefore it is critical to identify individuals at the earliest possible time to immediately link them to care and help reduce forward transmission of HIV. Fourth generation HIV point-of-care rapid tests that detects both HIV-1 p24 antigen and HIV-1/2 antibodies allows for immediate detection as early as 14 days from exposure and are easily scalable for healthcare institutions with challenges accessing a lab-based instrument for HIV enzyme immunoassay.

SPEAKER

Rodelio Domingo Lim, MD, FPSP

Present Positions:
Chairman, Department of Pathology, St. Luke's Medical Center College of Medicine
Chief, Section of Blood Bank and Transfusion Service, Institute of Pathology, St. Luke's Medical Center-Global City
Head, Stem Cell Ethics Committee, St. Luke's Medical Center-Global City
Vice Chair for Internal Affairs - Quality Improvement, Department of Clinical Pathology, University of Santo Tomas Hospital

Education:
Management Development Program, Asian Institute of Management, 2016-2017
Diploma, Leadership and Management Development Program, Ateneo de Manila University School of Business, 2012
Doctor of Medicine, University of Santo Tomas, 1981-1985

LECTURES

Day 3 • 27 April 2024 • 9:45 - 10:30

PROCALCITONIN ON ANTIBIOTIC STEWARDSHIP

This lecture focuses on the role of Procalcitonin in Antibiotic Stewardship programs. We'll explore how Procalcitonin levels can inform clinical decision-making regarding antibiotic use, aiding in the optimization of treatment strategies. Join us to understand how leveraging Procalcitonin can lead to more targeted antibiotic therapy, reducing unnecessary antibiotic prescriptions, combating antimicrobial resistance, and improving patient outcomes.

SPEAKER

Petrick Periyasamy, MD

Present Position:
Consultant, Infectious Disease, Hospital
Canselor Tuanku Muhriz UKM, Jalan Yaacob Latif
Kuala Lumpur

Education:
Master in Internal Medicine, National University
Malaysia, 2001-2005
Doctor of Medicine, University Science Malaysia,
1993-1998

Day 3 • 27 April 2024 • 10:30 - 11:15

NOVEL BIOMARKERS FOR CANCER MANAGEMENT

This lecture highlights the latest advancements in cancer management through novel biomarkers. Discover how these emerging biomarkers offer insights into early detection, prognosis, and treatment response across various cancer types. We'll delve into their potential to revolutionize personalized medicine, improve patient outcomes, and shape future strategies in oncology.

SPEAKER

Annielyn Beryl Ong Cornel, MD, FPCP, FPSMO, MSc

Present Positions:
Director, Cancer and Infusion Center, University of Perpetual Help
DALTA Medical Center Las Piñas
Assistant Section Chief, Section of Oncology, Department of Medicine,
Veteran's Memorial Medical Center, Quezon City

Education:
Master in Health Economics and Pharmacoeconomics – Universitat
Pompeu Fabra, Barcelona School of Management, Barcelona, Spain,
2022-2024
Doctor of Medicine – University of the East Ramon Magsaysay Memorial
Medical Center, 1989-1993

LECTURE

Day 3 • 27 April 2024 • 11:15 - 12:00

USE OF BIOLOGICAL VARIATION AND SIX SIGMA MODELS FOR CLINICAL LABORATORY PERFORMANCE EVALUATION

Six sigma has been used in the manufacturing industry as a tool for quality improvement by eliminating waste and defects. Most of the time, it is hard to quantify quality in the healthcare industry but six sigma has provided a way to evaluate the performance of various processes or tests for quality improvement. That is why six sigma has found its way from manufacturing to the world of laboratory medicine. Any process or test that is computed to be six sigma signifies world class performance while those that are less than three means more improvement must be done. Using the Define, Measure, Analyze, Improve and Control (DMAIC), six sigma can help the laboratory to improve quality both in process and in the analytical testing.

In this lecture, the main objective is to share how to use six sigma for method or performance evaluation. Since six sigma is closely related with biological variation (BV), a brief introduction to the concept of BV shall also be included, as well as how to use it in the setting of six sigmametrics computation. Interpretation as well as computation and how to use the DMAIC framework shall also be discussed.

SPEAKER

Sarah Jane L. Datay-Lim, MD, FPSP, PDipMDPath

Present Positions:
Chair, Committee on Education Training and Research (CETR)
Laboratory Quality and Safety Consultant Director, Consultant in Anatomic Pathology, Clinical Pathology Training Officer (Department of Laboratory Medicine and Pathology); Chair of the Hospital POCT Committee; Breast FISH pathologist at TMC Institute for Personalized Molecular Medicine (IPMM) – The Medical City (Ortigas)
Chair, Department of Pathology and Laboratories, Medical Center Manila

Education:
Master of Science in Biochemistry, University of the Philippines College of Medicine, Manila (ongoing)
Postgraduate Diploma in Molecular and Diagnostic Pathology, Hongkong University, 2018-2020
Doctor of Medicine, University of Santo Tomas, 2005-2008

LECTURES

Day 3 • 27 April 2024 • 1:00 - 1:45

UPDATES ON THE WHO CLASSIFICATION OF BREAST TUMORS

Day 3 • 27 April 2024 • 1:45 - 2:30

PAPILLARY NEOPLASMS AND IHCS OF THE BREAST

SPEAKER

Gary Man Kit Tse, MBBS, FRCPC, Dip Am Bd, FCAP, FRCPath, MIAC

Present Positions:
Chairman and Clinical Professor, Department of Anatomical and Cellular Pathology, The Chinese University of Hong Kong (CUHK)
Honorary Consultant, New Territories East Cluster, Hospital Authority
Honorary Chief of Service (Pathology), Alice Ho Miu Ling Nethersole Hospital / North District Hospital, Hospital Authority

Member of Graduate Panel, Graduate Division, Anatomical and Cellular Pathology, CUHK
Member of Assessment Panel, Graduate Division, Anatomical and Cellular Pathology, CUHK
Level II Advisor for Academic Advisory System, Graduate Division, Anatomical and Cellular Pathology, CUHK
Member of Faculty Board, Faculty of Medicine, CUHK
Member of Department Executive Committee, Department of Anatomical and Cellular Pathology, CUHK
Member of Department Board, Department of Anatomical and Cellular Pathology, CUHK
Member of Department Education and Training Committee, Department of Anatomical and Cellular Pathology, CUHK
Approval officer for CME for non-specialists, Faculty of Medicine, CUHK

President, International Academy of Pathology, Hong Kong Division
Vice President of Asia, International Academy of Pathology
Member, Scientific Program Committee, American Society of Cytopathology Committee
Member, Education Committee, International Academy of Pathology
President, Asian Breast Diseases Association
Honorary Advisor for breast pathology, Hong Kong Breast Oncology Group
Member, Breast Cancer Registry Steering Committee, Hong Kong Breast Cancer Foundation

Regional Editor for Australasia, Histopathology
Associate Editor, Pathology
Editorial Advisory Board Member, Cancer Cytopathology
Executive Editorial Board Member, Journal of Clinical and Experimental Pathology
Overseas Editor, Journal of the American Society of Cytopathology
Advisor, Editorial Board of eBioMedicine
Outreach Editor, Cytopathology
Associate Editor, Breast Cancer Research and Treatment
Editorial Board Member, Acta Cytologica; Chinese Pathology Journal (Zhonghua Bing Li Xue Za Zhi); Human Pathology Case Report; Journal of Pathology and Translational Medicine; Modern Pathology; Seminars in Diagnostic Pathology

Expert Panel Member, ICCR dataset: Breast pathology: Ductal carcinoma in situ
Panel Member, Consensus group on WHO tumour classification, Breast Tumour, 4th Edition

Education:
MBBS, University of Hong Kong, 1989

LECTURES

Day 3 • 27 April 2024 • 2:30 - 3:15

WHO CNS 5TH EDITION AND MOLECULAR DIAGNOSTICS IN RESOURCE-LIMITED SETTINGS

SPEAKER

Christopher Alec A. Maquiling, MD, MBA, DPSP

Present Positions:
Chief Pathologist, Saint Vincent General Hospital, Cebu City
Associate Professor III, Department of Pathology, University of Cebu School of Medicine, Mandaue City, Cebu
Associate Pathologist, University of Cebu Medical Center, Mandaue City, Cebu
Associate Pathologist, Mendero Medical Center, Consolacion, Cebu
Associate Pathologist, Allegiant Regional Care Hospitals, Lapu-Lapu City, Cebu
Medical Specialist II, Department of Pathology, Vicente Memorial Medical Center, Cebu City, Cebu

Education:
International Fellowship in Neuropathology, Seoul National University Hospital, 2020-2021
Residency in Anatomic and Clinical Pathology, Philippine General Hospital, 2016-2019
Medical Internship (Joint Internship Program), The Medical City and Ospital ng Makati, 2014-2015
Doctor of Medicine-Master in Business Administration (Dual-Degree Program), Ateneo School of Medicine and Public Health, 2010-2015

Day 3 • 27 April 2024 • 3:30 - 4:15

APPROACH TO THE IHCS OF MALIGNANT ROUND CELL TUMORS

SPEAKER

Erick Martin H. Yturralde, MD, DPSP

Present Positions:
Medical Specialist II, Department of Laboratories, University of the Philippines - Philippine General Hospital
Associate Pathologist, Department of Pathology and Laboratory Services, Asian Hospital and Medical Center
Visiting Consultant Pathologist, Pathology Division, Philippine Children's Medical Center

Education:
Fellowship Training in Paediatric and Perinatal Pathology, Sheffield Children's NHS FT, England, United Kingdom, 2022-2023
Residency Training, Clinical and Anatomic Pathology, (Chief Resident), Department of Laboratories, University of the Philippines - Philippine General Hospital, 2019
Postgraduate Diploma Diploma in Applied Parasitology and Entomology, Southeast Asian Ministers of Education Organization – Tropical Medicine (SEAMEO – TROPMED) Regional Centre for Microbiology, Parasitology and Entomology, Institute for Medical Research, Malaysia, 2017
Doctor of Medicine, University of Santo Tomas Faculty of Medicine and Surgery (UST-FMS), 2009-2013

NEW DIPLOMATES - ANATOMIC PATHOLOGY 2024

Abella, Jesser Dann
West Visayas State University Medical Center

Anglopez, Mae Therese D. Villasis
West Visayas State University Medical Center

Ayco, Jan Roman
Philippine Children's Medical Center

Capaya Jr., Soriano
University of the Philippines - Philippine General Hospital

Catembung, Allen Reigh T.
Cagayan Valley Medical Center

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

NEW DIPLOMATES - ANATOMIC PATHOLOGY 2024

Delmendo, Ma Paula Engedi M.
St. Luke's Medical Center - Quezon City

Gomez, Kathrina Aseanne A.
Perpetual Succour Hospital

Gregorio Tiamzon, Charmaine A.
Dr. Paulino J. Garcia Memorial Research and Medical Center

Mallari, Alessandra Kamille P.
Perpetual Succour Hospital

Manzano, Mary Angela C.
Veterans Memorial Medical Center

Mariano, Anna Carissa F.
Makati Medical Center

NEW DIPLOMATES - ANATOMIC PATHOLOGY 2024

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

Rances, Orlando T.
St. Luke's Medical Center - Global City

Ruiz, Marjorie D.
East Avenue Medical Center

Sardona, Rodilyn M.
De La Salle University Medical Center

Soriano, Charlene Monica S.
Southern Philippines Medical Center

Tubillo, Marjorie D.
Batangas Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2024

Basa, Ronell L.
University of the Philippines - Philippine General Hospital

Bautista Jr., Wilhelmino C.
University of Santo Tomas Hospital

Blanco, Renzton P.
Quirino Memorial Medical Center

Bondoc, Jose Gabriel R.
Jose B. Lingad Memorial General Hospital

Cajigal, John Michael R.
Quezon City General Hospital

Campos, Claire Anne A.
Cagayan Valley Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2024

Casanova, Dondiego Eleazar G.
University of the Philippines - Philippine General Hospital

Chavez-Alday, Abigail P.
Batangas Medical Center

Clapis, Alexis Leo B.
Governor Celestino Gallares Memorial Medical Center

Cobarrubias, Ma. Francesca L.
Batangas Medical Center

Cruz, Victoria E.
UERM Memorial Medical Center

Daya, Ariel T.
Governor Celestino Gallares Memorial Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2024

Decillo, Robbie I.
Vicente Sotto Memorial Medical Center

Dimas, Neil Patrick J.
Valenzuela Medical Center

Donaire, Carl Christian V.
Governor Celestino Gallares Memorial Medical Center

Dumandan, Raquel M.
Jose B. Lingad Memorial General Hospital

Eamiguel, Jan Vincent T.
Eastern Visayas Medical Center

Goma Jr., Angelino Nelson B.
East Avenue Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2024

Gonzales, Lara Mae L.
The Medical City

Grageda, Julian Marie Agape M.
Valenzuela Medical Center

Ibasco III, Francisco M.
Ospital ng Makati

Legaspi, Roberto Jose D.
Veterans Memorial Medical Center

Lim, Charlene Mae Anne D.
Southern Philippines Medical Center

Maglalang, Raniel S.
Region I Medical Center

Marcelo-Vosotros, Abigaile A.
Tondo Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2024

Medrano, Patricia Joyce V.
Baguio General Hospital and Medical Center

Mojica, John Paul Karol G.
Ospital ng Maynila Medical Center

Oira, Eduardo Nel C.
Governor Celestino Gallares Memorial Medical Center

Osorio-Uy, Marjorie
Southern Philippines Medical Center

Pabalan, Danette V.
National Kidney and Transplant Institute

Pajarit, Kim Pearl Mai P.
Quirino Memorial Medical Center

NEW DIPLOMATES – CLINICAL PATHOLOGY 2024

Salih, Seth Andrew J.
University of the Philippines - Philippine General Hospital

Singson, Leomer Jose D.
Ospital ng Makati

Solano, Kyle Vinci P.
Davao Doctors Hospital

Tambal, Nic Junn C.
East Avenue Medical Center

Tidoso, Mirjana C.
Chong Hua Hospital

Veloso, Carlos Miguel Potenciano L.
Cebu Doctors' University Hospital

NEW DIPLOMATES – ANATOMIC AND CLINICAL PATHOLOGY 2024

Ang, Regina Mae L.
East Avenue Medical Center

Bangero, Joener B.
University of the Philippines - Philippine General Hospital

Belmonte, Aileen Clarisse C.
University of Santo Tomas Hospital

Binalla, Christian Lawrence D.
University of Santo Tomas Hospital

Calimag, Aaron Pierre P.
National Kidney and Transplant Institute

NEW DIPLOMATES – ANATOMIC AND CLINICAL PATHOLOGY 2024

Dela Cruz, Gio Earnest D.
The Medical City

Dungog, Cecile C.
University of the Philippines - Philippine General Hospital

Gonong, Danielle Anne G.
Philippine Children's Medical Center

Jaime, Jill J.
Philippine Children's Medical Center

Kuizon, Bien Angelo E.
University of the Philippines - Philippine General Hospital

Mendenilla, Rth Mattias S.
Batangas Medical Center

NEW DIPLOMATES – ANATOMIC AND CLINICAL PATHOLOGY 2024

Moscoso, Chel Maica O.
Cebu Doctors' University Hospital

Ong-Tanyang, Rina J.
Quezon City General Hospital

Romero, John Reden C.
Ospital ng Maynila Medical Center

Sanchez Jr., Joseph Gary C.
Vicente Sotto Memorial Medical Center

Santos, Rocelyn B.
Southern Philippines Medical Center

Valera, Juancho S.
UERM Memorial Medical Center

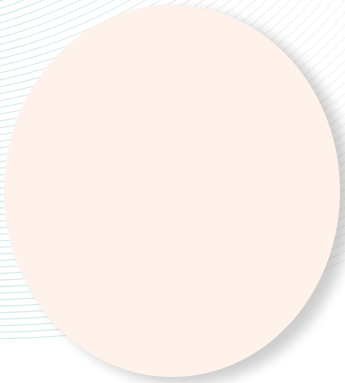
NEW FELLOWS - ANATOMIC PATHOLOGY 2024

Abesamis, Robert Glen R.

Bacuñgan, Pauline Lois P.

Calub, Amabel A.

Medina, Pier Angeli D.



Tan, Alvin Rey B.

Tan, Angeline Rina P.

NEW FELLOWS - CLINICAL PATHOLOGY 2024

Cruz-Nalumen, Jamie Lynn Anne F.

Guro, Rashidah A.

Isberto, Maria Concepcion T.

Mapandi, Aslia Mira-ato

Nuesca, Amerlito A.

NEW FELLOWS - CLINICAL PATHOLOGY 2024

Ong, Chiclet G.

Perez, Jan Ray Q.

Delos Reyes-Rendon, Janelle

Turingan, Mark Anthony C.

NEW FELLOWS – ANATOMIC AND CLINICAL PATHOLOGY 2024

Bangcong II, Ray Tomas S.

Billena, Jared M.

Delos Reyes, Pamela R.

Hemedez, Claire Anne Therese M.

Matabang, Carina Caridad N.

NEW FELLOWS – ANATOMIC AND CLINICAL PATHOLOGY 2024

Pedroza, David G.

San Juan, Astrid T.

Villanueva III, Emilio Q.

Villanueva, Maria Katherine M.

Viola-Cruz, Ivy Marie M.

NEW SUBSPECIALISTS 2024

How, Ira Doressa Anne L.

Renal Pathology

Lenon, Maria Sarah L.

Genitourinary Pathology

Maquiling, Christopher Alec A.

Neuropathology

Mendoza, Paulo Giovanni L.

Breast and Liver Pathology

Tamayo, Steffanie Charlyne A.

Breast and Gynecologic Pathology

Villanueva III, Emilio Q.

Hematopathology and Molecular Genetics

2024 BENJAMIN A. BARRERA SERVICE AWARD (POSTHUMOUS)

NELSON T. GERALDINO, MD, FPSP

For his dedication, involvement, commitment and support to the objectives, ideals and aspirations of the Society which contributed to its continuous existence and growth, inspiring its members to emulate his leadership.

2024 BENJAMIN A. BARRERA SERVICE AWARD (POSTHUMOUS)

ELIZABETH Y. ARCELLANA-NUQUI, MD, FPSP

Her steadfast and unwavering commitment to the promotion of quality pathology practice, hemovigilance, and blood safety, will continue to serve as a signpost for the discipline, and as an inspiration for us all.

2024 OUTSTANDING PATHOLOGIST AWARD

RAYMUNDO W. LO, MD, FPSP

In recognition of his fearless defense of the interests of the medical community, in general, and of the pathologist, in particular, using the print and online media platform, thus enhancing the reach of awareness of the discipline of pathology.

2024 DISTINGUISHED SERVICE AWARD

KALANGITAN R. GUTIERREZ, MD, FPSP

For her exemplary service to, consistent participation in, and tireless promotion of the interests of the Society through the years, we salute her brand of unwavering commitment.

2024 LIFETIME ACHIEVEMENT AWARD

JAIME T. ZAMUCO, MD, FPSP

The Lifetime Achievement Award is given to a member of the Society who has tremendously contributed to the practice of pathology as per the prerogative of the current president and board of governors.

Arguably our awardee may be considered one of the best pathologists we have ever had in the Philippines. He may be a Neuropathologist by subspecialty, but most of us who have been privileged to have worked him would all agree that he is simply a great all-around anatomic pathologist. It is not uncommon to hear his peers, colleagues, and mentees saying "Show it to Dr. Zam" or "Show it to JTZ". That is how much his opinion and diagnosis matter.

But aside from his intelligence and acumen for pathology, his exemplary work ethic, which never waned, is what made him more special. At the end of the day, Dr. JTZ would agree that his true lifetime achievement award would be his wonderful family which he has always prioritized.

2024 DR. LIBORIO GOMEZ MEMORIAL AWARD AND LECTURE

RAQUEL B. DEL ROSARIO-FORTUN, MD, FPSP

In recognition of her meritorious and commendable contributions to Philippine medicine, in general, and in the field of forensic pathology, in particular, as a tireless educator and purveyor of professionalism and good forensic science.

73rd Annual Convention
SHAPING THE FUTURE FILIPINO PATHOLOGIST

RESEARCH COMPETITION

ORAL PRESENTATIONS – GUIDELINES / RULES

General Rules and Eligibility

1. All members of the Philippine Society of Pathologists, Inc. (PSP) (junior, diplomate and fellow members) are eligible to participate in the 73rd PSP Annual Convention proffered / platform formal research competition.
2. The manuscript submission deadline for the 73rd PSP Annual Convention is on March 15, 2024 (Friday).
3. Original anatomic and 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 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. Submissions with contest judges serving as co-authors may be accepted by the committee. Concerned judges shall abstain from evaluating their co-authored papers at every stage of the competition.
7. 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 13, 2024 (Saturday). Upon acceptance for presentation, the author must register for the convention if he/she has not yet done so.
8. Prior to the annual convention, the research entry must not have been published elsewhere.

Manuscript Submission Guidelines

1. The presenting author must also be the submitting author for ease of correspondence with the committee.
2. 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.
3. Manuscript Word files (.doc or .docx) must be submitted to researchcontestcommittee.psp@gmail.com with the subject title being: "ORAL_Author Surname_Running Title". The running title must be concise. Once submitted, no further changes or revisions may be executed. Anonymized copies will be forwarded for judging.
4. Please also attach a recent photograph (.jpeg / .jpg) with white background, filename "ORAL_ID_Full Name".
5. Winning papers may 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. Proper documentation of copyright transfer will be executed following official PJP protocol.

RESEARCH COMPETITION

Oral Research Presentation

1. The schedule of the oral research presentation segment of the annual convention shall be announced by the committee. Preparatory tech runs will be permitted. English is the required medium of content and presentation.
2. Follow the Powerpoint template to be provided in a separate email by the committee. The order of presentations will be determined by drawing lots one (1) hour before the start of the session.
3. Oral presentations must be completed in ten (10) minutes, followed by a five (5) minute question and answer portion. A warning signal will be sounded at the five (5) minute mark. One (1) point will be deducted from the total score for every minute or fraction of a minute of overtime.
4. Judges will select the winners of the proffered/platform session based on a grading rubric. Decisions rendered by the panel of judges on presentation day are final. 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%
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 participation and a consolation prize.

Philippine Society of Pathologists, Inc.
73rd Annual Convention Research Contest Committee

Alan T. Koa, MD, FPSP
President
Philippine Society of Pathologists

Ma. Cecilia F. Lim, MD, FPSP
Overall Chairman
PSP 73rd Annual Convention

Jeffrey S. So, MD, FPSP
Chairman, Research Contest Committee
PSP 73rd Annual Convention

73rd Annual Convention
SHAPING THE FUTURE FILIPINO PATHOLOGIST

RESEARCH COMPETITION

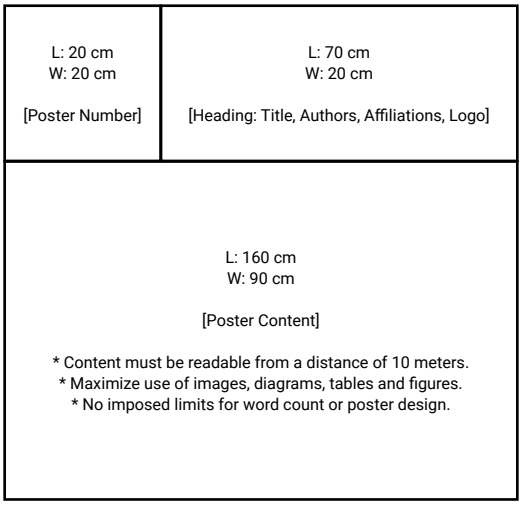
POSTER PRESENTATIONS – GUIDELINES / RULES

Abstract Submission

1. All members of the Philippine Society of Pathologists, Inc.(junior, diplomate and fellow members) are eligible to participate in the 73rd PSP Annual Convention poster session.
2. The abstract submission deadline for the 73rd PSP Annual Convention is on March 15, 2024 (Friday). 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 400 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) abstracts 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. Submissions with contest judges serving as co-authors may be accepted by the committee. Concerned judges shall abstain from evaluating their co-authored papers at every stage of the competition.
6. Abstracts Word files (.doc or .docx) must be submitted to researchcontestcommittee.psp@gmail.com with the subject title being: "POSTER_Author Surname_Running Title". The running title must be concise. Once submitted, no further changes or revisions may be executed. Anonymized copies will be forwarded for judging.
7. 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 13, 2024 (Saturday). Upon acceptance for presentation, the author must register for the convention if he/she has not yet done so.
8. Prior to the annual convention, the research entry must not have been published elsewhere.

Poster Presentation

1. The presenting author must also be the submitting author for ease of correspondence with the committee.
2. Please refer to the diagram below to serve as a template for the poster format.



RESEARCH COMPETITION

3. The poster title, authors, institution/s and institution logo must be placed in the poster heading. The required poster size is 180 cm in length and 90 cm in width, printed on tarpaulin material % the submitting author.
4. English is the required medium of content and presentation.
5. Authors of accepted abstracts must set-up their posters at the designated venue (to be announced) by 9:00 AM of Day 1 of the convention, to be removed by 6:00 PM of Day 3 of the convention. All unclaimed posters will be taken down and disposed of by the organizers thereafter.
6. The schedule of the Poster Session shall be announced by the committee. Authors are requested to be on standby at the poster venue in preparation for judging.
7. Judges will select the winners of the poster session based on a grading rubric. Decisions rendered by the panel of roving judges are final. Winners will be announced during the Closing Ceremonies.

Publication with the Philippine Journal of Pathology

Case report manuscripts of winning research posters may 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. 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 participation and a consolation prize.

Philippine Society of Pathologists, Inc.
73rd Annual Convention Research Contest Committee

Alan T. Koa, MD, FPSP
President
Philippine Society of Pathologists

Ma. Cecilia F. Lim, MD, FPSP
Overall Chairman
PSP 73rd Annual Convention

Jeffrey S. So, MD, FPSP
Chairman, Research Contest Committee
PSP 73rd Annual Convention

73rd Annual Convention
SHAPING THE FUTURE FILIPINO PATHOLOGIST

RESEARCH COMPETITION

ORAL PRESENTATION JUDGES

Sarah Jane Datay-Lim, MD, FPSP

The Medical City, Ortigas

Farrah Kristine F. Santiago, MD, DPSP

Philippine Childrens Medical Center

Emilio Q. Villanueva III, MD, FPSP

Philippine General Hospital

POSTER PRESENTATION JUDGES

Maria Sarah L. Lenon, MD, DPSP

National Kidney and Transplant Institute

Ivy Mae Medalla, DPSP

Eastern Visayas Medical Center

Marvin John B. Pua, MD, DPSP

Cagayan Valley Medical Center

Steffanie Charlyne A. Tamayo, MD, DPSP

St. Luke's Medical Center

Jon Paolo J. Tan, MD, DPSP

Zamboanga City Medical Center

MODERATOR

Rex Michael C. Santiago, MD, DPSP

St. Luke's Medical Center

73rd Annual Convention
SHAPING THE FUTURE FILIPINO PATHOLOGIST

RESEARCH COMPETITION

ORAL PRESENTATION FINALISTS

RISK OF MALIGNANCY IN THYROID NODULES CLASSIFIED AS "BETHESDA CATEGORY III: ATYPIA OF UNDETERMINED SIGNIFICANCE (AUS)" AND ITS SUBCATEGORIES – A 6-YEAR RETROSPECTIVE STUDY

Rolando A. Lopez, MD, Maria Lourdes L. Goco, MD, **Ma. Paula Engedi M. Delmendo, MD**

Institute of Pathology, St. Luke's Medical Center, Quezon City, Philippines

RETROSPECTIVE IMMUNOHISTOCHEMICAL AND MOLECULAR CHARACTERIZATION OF IDH MUTATION STATUS OF GLIAL TUMORS IN TWO TERTIARY REFERRAL HOSPITALS IN METRO MANILA, PHILIPPINES

Margarita Rae N. Rosario, MD, Jose Jasper L. Andal, MD, DPSP, Daphne C. Ang, MD, DPSP, Paul Vincent A. Opinaldo, MD and Marie Christine F. Bernardo, MD, FPSP

Institute of Pathology, St. Luke's Medical Center – Quezon City, Philippines

HUMAN EPIDERMAL GROWTH FACTOR 2 (HER-2) EXPRESSION IN GASTRIC ADENOCARCINOMA: A SINGLE TERTIARY CARE HOSPITAL EXPERIENCE

Allen Reigh T. Catembung, MD and Jane G. Pagaddu, MD, DPSP

Department of Pathology and Laboratories, Cagayan Valley Medical Center, Philippines

CORRELATION OF CERVICAL CYTOLOGY WITH HIGH-RISK HUMAN PAPILLOMA VIRUS GENOTYPE IN A TERTIARY MEDICAL CENTER

Dian C. Lagamayo MD, Agustina D. Abelardo MD FPSP, Pier Angeli D. Medina MD DPSP, Rose Lou Marie C. Agbay MD FPSP

Department of Laboratory Medicine and Pathology, The Medical City, Ortigas Avenue, Pasig City

BACTERIAL COINFECTIONS AMONG RRT-PCR-CONFIRMED COVID-19-POSITIVE ADULT PATIENTS ADMITTED AT GOVERNOR CELESTINO GALLARES MEMORIAL HOSPITAL FROM AUGUST 2020 TO JULY 2021

John Jane L. Batirzal, MD and Emelisa G. Almocera, MD, DPSP

Governor Celestino Gallares Memorial Hospital

RESEARCH COMPETITION

ORAL PRESENTATION - FINALIST

RISK OF MALIGNANCY IN THYROID NODULES CLASSIFIED AS "BETHESDA CATEGORY III: ATYPIA OF UNDETERMINED SIGNIFICANCE (AUS)" AND ITS SUBCATEGORIES – A 6-YEAR RETROSPECTIVE STUDY

Rolando A. Lopez, MD, Maria Lourdes L. Goco, MD, **Ma. Paula Engedi M. Delmendo, MD**

Institute of Pathology, St. Luke's Medical Center, Quezon City, Philippines

ABSTRACT

OBJECTIVES. The aim of this study is to determine the risk of malignancy (ROM) in thyroid nodules categorized as Bethesda Category III: Atypia of undetermined significance (AUS), as well as its subcategories among adult patients (18 years old and above) who underwent thyroidectomy after fine needle aspiration biopsy at St. Luke's Medical Center, Quezon City from January 2017 to December 2022 and to determine if there is a difference in ROM at second cytology.

METHODS. A retrospective review of 176 AUS thyroid nodules and its subcategories and histopathology result post thyroidectomy was done. The overall Risk of malignancy (ROM) of all AUS nodules as well as ROM of AUS nodules with immediate resection and ROM of AUS nodules with repeat FNA were determined and compared. Descriptive statistic using frequency and percentage was used for the categorical data. Malignancy rates in the different categories were compared using the chi-squared test and Fisher's exact test.

RESULTS. A total of 5,314 thyroid aspirations were performed between January 2017 to December 2022. A total of 1020 (19.19%) nodules were diagnosed as AUS on first FNA from which 176 AUS nodules met the inclusion criteria (AUS nodules that underwent resection). The ROM for AUS nodules with immediate resection was found to be 53/144 (36.8%). Upper bound ROM of all AUS nodules with resection revealed 63/176 (35. 8%) while the lower bound ROM is 63/1020 (6.2%). The upper bound ROM for AUS nodules with second FNA prior to resection is 10/32 (31.3%) while the lower bound ROM is 10/272 (3.7%).

The ROM of AUS nodules with immediate resection and ROM of AUS nodules with repeat FNA before resection were not significantly different. Among the subcategories of all AUS nodule, AUS nodules with immediate resection and AUS nodules with a repeat FNA before resection, differences in ROM were not significant. Additionally, there were also no significant differences between the subcategories of AUS nodules with immediate resection and AUS nodules with repeat FNA before resection. ROM for the different Bethesda categories on repeat aspiration is as follows: BC II - 1/8 (12.5%), BC III – 7/20 (35%), and BC V – 2/4 (50%). The ROM of these were not significantly different from the ROM of AUS nodules with single AUS diagnosis (immediate resection) or those with two AUS diagnoses.

CONCLUSION. The overall ROM in our study is higher than estimated by The Bethesda System for Reporting Thyroid Cytopathology (TBSRTC). ROM of AUS nodules with immediate resection is not significantly different from ROM of AUS nodules with repeat FNA before resection, which makes the utility of a repeat FNA after an AUS diagnosis unclear. There is no significant difference in ROM among the AUS subcategories which is not in line with the results of many other studies that found a significantly higher ROM in the subcategory of nuclear atypia. Even so, the malignancy rate of AUS nodules and subcategory-specific ROM in our institution can still potentially guide clinical decision making especially in conjunction with molecular testing, and ultrasonography features.

Keywords: thyroid nodule, thyroid neoplasm, fine-needle biopsy, cytology

RESEARCH COMPETITION

ORAL PRESENTATION - FINALIST

RETROSPECTIVE IMMUNOHISTOCHEMICAL AND MOLECULAR CHARACTERIZATION OF IDH MUTATION STATUS OF GLIAL TUMORS IN TWO TERTIARY REFERRAL HOSPITALS IN METRO MANILA, PHILIPPINES

Margarita Rae N. Rosario, MD, Jose Jasper L. Andal, MD, DPSP, Daphne C. Ang, MD, DPSP, Paul Vincent A. Opinaldo, MD and Marie Christine F. Bernardo, MD, FPSP

Institute of Pathology, St. Luke's Medical Center – Quezon City, Philippines

ABSTRACT

OBJECTIVES. The aim of this study was to investigate isocitrate dehydrogenase (IDH) 1/2 mutation status of glial tumors in patients from two private tertiary referral hospitals in the Philippines, utilizing immunohistochemical (IHC) staining and real-time polymerase chain reaction (PCR) genotyping, to compare these two methods, to apply the recent WHO recommendations, and to correlate mutation status to clinical outcomes.

METHODS. Fifty-five cases were identified by retrospective review of records. Previous IDH1 IHC results were retrieved; if none, the paraffin blocks were subject to IHC staining. Afterwards, all samples were tested using IDH 1/2 PCR. The clinical data, IHC and PCR results, as well as the overall survival and progression free survival were obtained (if available). The results of the IHC staining and PCR tests were then compared for correspondence using Cohen's Kappa. Changes in diagnosis and age-related trends based WHO recommendations were checked. Association between IDH mutation and clinical outcomes was determined using Kaplan-Meier analysis to estimate overall survival and progression free survival.

RESULTS. Of the 55 cases included in the study, 25.5% of the samples stained positive for IDH1 mutation using IHC staining, while 74.5% were negative. In contrast, 49.1% were positive for the IDH 1/2 mutation via PCR genotyping, while 50.9% were negative. The computed Cohen's kappa between the two tests was 0.4496 (95% CI 0.24 to 0.66), suggesting moderate level of agreement. PCR genotyping revealed that 29.1% had IDH1 mutation, of which 14.5% was IDH1 R132 not otherwise specified (NOS), 12.7% was IDH1 R132H, and 1.8% was IDH1 R132C. On the other hand, 20% had IDH2 mutations, with 9.1% being IDH R172 NOS, and 10.9% being IDH2 R172K. The IDH2 mutations were not detected by IHC staining. With the molecular information achieved through testing, 65.5% of cases qualified for revision of diagnosis, while 34.5% can remain unchanged. PCR genotyping was also able to detect IDH mutation in 36.4% of patients ≥ 55 years old. Lastly, analysis of overall survival and progression free survival by IDH mutation did not show statistically significant difference; this may be in part due to the small sample size of this study.

CONCLUSION. While IHC staining is effective in detecting IDH1 mutation, PCR genotyping has the added advantage of being able to detect more mutations. PCR also enabled the detection of a higher frequency of IDH2 mutations in our study compared to global data. A number of cases also showed positive IDH mutation after PCR genotyping despite patients being ≥55 years old with a negative IHC staining result. Hence, patients in the Philippines may still benefit from PCR genotyping for IDH 1/2 mutation. Further studies are recommended to examine in more detail the epidemiology and prognosis of glial tumors among Filipinos.

Keywords: glioma, isocitrate dehydrogenase, IDH1 Gene, IDH2 Gene, immunohistochemistry, polymerase chain reaction

RESEARCH COMPETITION

ORAL PRESENTATION - FINALIST

HUMAN EPIDERMAL GROWTH FACTOR 2 (HER-2) EXPRESSION IN GASTRIC ADENOCARCINOMA: A SINGLE TERTIARY CARE HOSPITAL EXPERIENCE

Allen Reigh T. Catembung, MD and Jane G. Pagaddu, MD, DPSP

Department of Pathology and Laboratories, Cagayan Valley Medical Center, Philippines

ABSTRACT

BACKGROUND. Gastric cancer is the second most common type of gastrointestinal cancer diagnosed worldwide second to colorectal cancers and prognosis remains poor. HER-2/neu expression has been validated as a prognostic and predictive factor for breast cancers and there is growing evidence of its association with gastric cancer. A randomized clinical trial in 2010 has proven the efficacy of trastuzumab, a humanized monoclonal antibody against HER-2 protein in the treatment of gastric cancer.

OBJECTIVE. The aim of this study is to assess the immunohistochemical expression of HER-2 in gastric adenocarcinoma diagnosed in this institution and to correlate its association with various clinicopathological characteristics.

METHODS. A retrospective cross-sectional study was conducted from January 1, 2019 to December 31, 2020 and included a total of 61 gastric cancer specimens signed out at the department of pathology and laboratories of Cagayan Valley Medical Center. Immunohistochemistry was retrospectively performed to evaluate the expression of HER-2/neu in the formalin fixed paraffin embedded tissues. The HER2 status was correlated with age, sex, histologic type, tumor differentiation, depth of invasion, lymph node status, length of hospital stay and outcome. The data was analyzed using Mann Whitney U test and Fisher's exact test to assess statistically significant associations.

RESULT. Immunohistochemistry revealed that 2 cases were 3+ membranous HER2 reactive while 59 of the cases demonstrated no reactivity. HER2 overexpression detected by IHC was confirmed in 3.2 % of the samples. Both cases are small biopsy specimens demonstrating intestinal type morphology based on the Lauren's classification. No significant relation was found between the clinicopathological variables and HER2 positivity.

CONCLUSION. HER2 positivity was demonstrated in 3.2 % of the gastric adenocarcinoma cases. HER2 overexpression was noted in small biopsy specimens, demonstrating intestinal type morphology and well or moderately differentiated carcinomas. No significant association were noted in this study between HER2 immunoreactivity and the various clinicopathological factors.

Keywords: immunohistochemistry, gastric cancer, HER2-neu

RESEARCH COMPETITION

ORAL PRESENTATION - FINALIST

CORRELATION OF CERVICAL CYTOLOGY WITH HIGH-RISK HUMAN PAPILLOMA VIRUS GENOTYPE IN A TERTIARY MEDICAL CENTER

Dian C. Lagamayo MD, Agustina D. Abelardo MD FPSP, Pier Angeli D. Medina MD DPSP, Rose Lou Marie C. Agbay MD FPSP

Department of Laboratory Medicine and Pathology, The Medical City, Ortigas Avenue, Pasig City

ABSTRACT

Cervical cancer remains to be a burden worldwide. Although a preventable disease, it is still one of the most common causes of cancer-related mortality among Filipino women. Since human papillomavirus (HPV) infection is central to the development of cervical cancer, HPV testing has been proposed as an alternative screening test alone or in combination with cytology for cervical cancer. Correlation of abnormal cytology, HPV molecular diagnosis, and histopathology may serve as a good quality assurance practice in the laboratory. Moreover, knowledge of HPV subtype distribution is significant in designing adequate vaccination and screening strategies. This study aims to determine the high-risk HPV molecular genotype of patients with abnormal cervical cytology at The Medical City and to present their histopathologic diagnosis, when available. The study included all women who were diagnosed with abnormal cervical cytology and high-risk HPV (hrHPV) DNA tests, with or without histopathologic diagnosis, from January 2016 to December 2022. Frequency and proportion were used to compute the prevalence rate of women with abnormal cytology findings, the prevalence rate of HPV in women, and the percentage of cases with correlating histology. Results showed prevalence of women with abnormal cytology is 1.92%. The epithelial cell abnormalities identified included (57%) ASCUS, (15%) LSIL, (7%) ASC-H, and (7%) HSIL. Other entities such as squamous cell carcinoma, adenocarcinoma, atypical glandular cells, NOS, and atypical cells favor neoplastic comprised 14%. In the same period, 1,398 women had hrHPV DNA tests, and 15.30% (n=214) were positive for hrHPV DNA. Among these positive patients, 31% (n=68) are less than 30 years old, and 69% (n=146) are 30 years and older. The most frequent HPV subtypes for both women less than 30 years old and 30 years and older, with or without corresponding abnormal cytology, are the other high-risk HPV subtypes (types 31, 33, 35, 39, 51, 52, 56, 58, 59, 66, 68) (80.58%), followed by HPV subtypes 16 (7.85%), and 18 (7.44%) and 45 (4.13%). Among patients with abnormal cervical cytology, 137 were tested for hrHPV DNA, and 52% (n=71) were positive for hrHPV.

Keywords: cervical cytology, hrHPV genotype, HPV DNA test

RESEARCH COMPETITION

ORAL PRESENTATION - FINALIST

BACTERIAL COINFECTIONS AMONG RRT-PCR-CONFIRMED COVID-19-POSITIVE ADULT PATIENTS ADMITTED AT GOVERNOR CELESTINO GALLARES MEMORIAL HOSPITAL FROM AUGUST 2020 TO JULY 2021

John Jane L. Batirzal, MD and Emelisa G. Almocera, MD, DPSP

Governor Celestino Gallares Memorial Hospital

ABSTRACT

BACKGROUND. Coronavirus Disease 2019 (COVID-19) continues to bring havoc to the world since it was reported. Most infected patients developed mild or moderate disease and severe cases were hospitalized in intensive care which increased the risk of infections. Coinfections with bacteria, fungus, or virus constitute one of the main causes of morbidity and mortality among hospitalized patients. Inappropriate usage of antibiotics can amplify the rising cases of antimicrobial resistance.

OBJECTIVE. The goal was to identify bacterial coinfections among rRT-PCR confirmed COVID-19-positive patients admitted at Governor Celestino Gallares Memorial Hospital (GCGMH) from August 2020 to July 2021.

METHODS. A descriptive and retrospective study with chart review was conducted that included all admitted COVID-19 adult patients with bacterial culture and sensitivity testing.

RESULTS. *K. pneumoniae* was the most common bacterium amongst 84 isolates. More than 40% of the isolates were detected in patients over 60 years old. There were 58.3% and 46.9% bacterial growths seen in male and female patients accordingly which were noted in severe cases. 55% of these isolates were community-acquired and 45% were hospital-acquired. More than 90% of bacterial pathogens were isolated after patients received antibiotics. Hypertension (29%), chronic kidney disease (28%), and cardiovascular disease (17%) were prevalent comorbidities. There were 47% and 28% growths seen in the discharged and deceased group, respectively. Most of the isolates were isolated from respiratory specimens which includes 70% sputum and 8% tracheal aspirate. MDRs were recognized in 51% isolates.

CONCLUSION. The overall findings of the study established the substantial occurrence of bacterial coinfections among COVID-19 patients. The *K. pneumoniae* prevailed in the elderly group, males and patients with pre-existing comorbidities. Strengthened antimicrobial stewardship is necessary to cease MDRs among these patients.

Keywords: bacteria, coinfections, COVID-19, PCR

73rd Annual Convention
SHAPING THE FUTURE FILIPINO PATHOLOGIST

RESEARCH COMPETITION

POSTER PRESENTATION FINALISTS

PRIMARY OVARIAN EMBRYONAL RHABDOMYOSARCOMA IN THE YOUNG: A CASE SERIES AND LITERATURE REVIEW

Josh Matthew B. Chen, Gladys Larissa V. Armada, John Nicholas M. Pantoja and Claire Anne Therese M. Hemedez

St. Luke's Medical Center - Quezon City

WARTHIN-LIKE VARIANT OF MUCOEPIDERMOID CARCINOMA OF THE PAROTID GLAND: A CASE REPORT

Krystal April Joy O. Curso and John Carlo B. Reyes

Philippine General Hospital

EPSTEIN-BARR VIRUS-ASSOCIATED SMOOTH MUSCLE TUMORS IN TWO PATIENTS: AN IMPORTANT DIFFERENTIAL IN THE PHILIPPINE SETTING

Louise Marielle G. De Guzman, David Jerome P. Ong and Jose M. Carnate, Jr.

The Medical City, Ortigas

ANGIOMYOLIPOMA WITH EPITHELIAL CYSTS AS A RARE MIMICKER OF MALIGNANCY: A CASE REPORT AND REVIEW OF LITERATURE

Pia Nenita A. Duque, Jose Gabriel D. Gonzales and Jeffrey S. So

St. Luke's Medical Center, Quezon City

PEDIATRIC INTRACRANIAL ANGIOMATOID FIBROUS HISTIOCYTOMA WITH ESWR1::CREB1 GENE FUSION: A CASE REPORT

Pauline Mae R. Dy, Kathleen Stephanie D. Wahing, Justin Grace Bañez, Erick Martin H. Yturralde, Edwin L. Muñoz, Sze Jet Aw, Kenneth Tou En Chang and Gabriel M. Ozoa

Philippine General Hospital

SPINDLE CELL TUMOR WITH S-100 AND CD-34 CO-EXPRESSION SHOWING GTF2I::BRAF GENE FUSION IN AN 18-YEAR-OLD MALE WITH GLUTEAL MASS: A CASE REPORT

Kristine Joy M. Iraola-Davoco, Eugene G. Odoño I and Aileen Guerzon

Philippine General Hospital

SUICIDE BY SODIUM NITRITE INGESTION: AN AUTOPSY CASE REPORT

May Vell M. Mañibo and Raquel B. del Rosario-Fortun

Philippine General Hospital

POSTER PRESENTATION FINALISTS

UNDIFFERENTIATED PLEOMORPHIC SARCOMA OF THE LEFT THIGH WITH COLONIC METASTASIS AFTER WIDE RESECTION: A CASE REPORT

John Michael D. Merin, Jan Vincent T. Eamiguel, Thaddeus C. Hinunangan, Mayou Martin T. Tampo and Michael Joshua A. Ilagan

Eastern Visayas Medical Center

INCIDENTAL FINDING OF HISTOPATHOLOGICALLY CONFIRMED PERSISTENT MULLERIAN DUCT SYNDROME IN A 29-YEAR-OLD MALE TREATED WITH CHEMOTHERAPY FOR LEFT TESTICULAR TUMOR FOLLOWED BY SURGERY

Pio Grand C. Payusan and Jerry C. Abroguena

Northern Mindanao Medical Center

ABO ENGRAFTMENT IN A CASE OF MYELODYSPLASTIC SYNDROME, STATUS POST MAJOR ABO INCOMPATIBLE HEMATOPOIETIC STEM CELL TRANSPLANT

Godfrey Angelo R. Robeniol and Valerie Anne T. Tesoro

National Kidney and Transplant Institute

TUMOR-TO-TUMOR METASTASIS OF PROSTATIC ADENOCARCINOMA TO A CLEAR CELL RENAL CELL CARCINOMA

Godfrey Angelo R. Robeniol and Erland S. del Rosario

National Kidney and Transplant Institute

A RARE CASE OF TWIN FETUS-IN-FETU PRESENTING AS A SACROCOCCYGEAL MASS IN A 13-DAY-OLD BOY

Jesha M. Sanchez and Albert Joseph B. Lupisan

Batangas Medical Center

BLOOD TYPING AND TRANSFUSION CHALLENGES IN A 14-YEAR-OLD COVID-19-CONFIRMED FEMALE WITH AUTOIMMUNE HEMOLYTIC ANEMIA: A CASE REPORT

Celeste M. So, Al-Zamzam A. Abubakar and Randell S. Arias

Zamboanga City Medical Center

TLE-1 EXPRESSION IN MEDIASTINAL LARGE B-CELL LYMPHOMA WITH SPINDLE CELL MORPHOLOGY: A CASE REPORT HIGHLIGHTING A POTENTIAL DIAGNOSTIC PITFALL FOR PATHOLOGISTS

Xhyrel June J. Tagaylo, Alejandro E. Arevalo, Rolando A. Lopez and Kristoffer Vincent P. Tanseco

St. Luke's Medical Center, Quezon City

A CASE REPORT ON EMBRYONAL TUMOR WITH MULTILAYERED ROSETTES: ROLE OF IMMUNOHISTOMORPHOLOGY IN RESOURCE-LIMITED SETTINGS

Justine Halley S. Uy, John Carlo B. Reyes and Timothy Carl F. Uy

Philippine General Hospital

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

PRIMARY OVARIAN EMBRYONAL RHABDOMYOSARCOMA IN THE YOUNG: A CASE SERIES AND LITERATURE REVIEW

Josh Matthew B. Chen, MD, Gladys Larissa V. Armada, MD, John Nicholas M. Pantoja, MD and Claire Anne Therese M. Hemedez, MD

St. Luke's Medical Center, Quezon City

ABSTRACT

INTRODUCTION. EBV-associated smooth muscle tumors (EBV-SMT) are rare neoplasms which are almost exclusively found in immunocompromised patients and may arise in any organ system. It remains to be an important differential in the Philippine setting, with the Philippines being the country with the fastest growing HIV prevalence in the Western Pacific region. This case series discusses two Filipino patients diagnosed with EBV-SMT.

CASE DESCRIPTION. The first patient is a 34-year-old male, immunocompromised, who came in for a chief complaint of intermittent epigastric pain. During surgery, a mass within the ileum was seen. Histologically, the ileal mass demonstrated fascicles of spindle cells with blunt-ended nuclei, occasionally conspicuous nucleoli, and eosinophilic cytoplasm. Caldesmon and SMA were positive. CD34, CD117, S100, DOG1, and ALK-1 were negative. EBER-ISH was positive. The second patient is a 56-year-old male with an unknown immune status and a nine-month history of right-sided visual deficit associated with word finding difficulty. Craniotomy was performed and histopathologic examination revealed a predominance of spindle cells arranged in intersecting fascicles, with mild nuclear atypia, and small nucleoli. The following immunostains were positive: panCK (focal), SMA, desmin (focal), caldesmon, and INI-1 (intact nuclear expression). The following immunostains were negative: SOX10, CD34, EMA, STAT6, and ALK-1. EBER-ISH was positive.

DISCUSSION. EBV-SMT was found to occur most often in HIV-positive patients, followed by patients with post-transplant immunodeficiency and congenital immunodeficiency. Histomorphologically, EBV-SMTs appear as a spindle cell neoplasm arranged in intersecting fascicles, with cells having elongated, blunt-ended nuclei, a low level of mitotic activity, and ample eosinophilic cytoplasm. Correlation with tumor location as well as presentation may narrow down the considerations. A panel of immunohistochemistry studies may be performed to determine the tumor differentiation. EMV-SMT neoplastic cells are diffusely positive for SMA and caldesmon, demonstrating a smooth muscle immunophenotype. Desmin can be focally positive. Clinico-pathologic correlation vis-a-vis the patient's immune status remains crucial in the investigation, as demonstration of EBV infection by EBER-ISH remains an essential criterion in the diagnosis.

CONCLUSION. EBV-SMT is a rare neoplasm which commonly arises in the setting of a compromised immune system. The key diagnostic features of EBV-SMT include a history of immunosuppression, immunohistomorphologic findings of spindle cells with smooth muscle differentiation, and a positivity for EBER-ISH transcripts via in-situ hybridization.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

WARTHIN-LIKE VARIANT OF MUCOEPIDERMOID CARCINOMA OF THE PAROTID GLAND: A CASE REPORT

Krystal April Joy O. Curso, MD and John Carlo B. Reyes, MD

Philippine General Hospital

ABSTRACT

INTRODUCTION. Warthin-like variant of Mucoepidermoid carcinoma (MEC) is a novel and rare subtype of the most common primary malignant neoplasm of the salivary glands, which can be misdiagnosed due to its clinical and histomorphological overlap features with Warthin tumor. This case report highlights the role of immunohistomorphology and molecular testing for the diagnosis of this rare variant of MEC.

CASE DESCRIPTION. This is a case of a 57-year-old female presenting with a 2-year history of left infra-auricular mass. Fine needle aspiration biopsy of the mass reveals cell findings suggestive of salivary gland neoplasm with oncocytic features (Category IVB: Salivary Gland Neoplasm of Uncertain Malignant Potential). Histopathology of the left total parotidectomy specimen shows an oncocytic salivary gland neoplasm, cytomorphologically low-grade, with associated lymphoid proliferation. With a primary consideration of Warthin-like variant of MEC, immunohistochemistry studies and fluorescence in situ hybridization (FISH) testing are requested. Intermediate and squamoid cells are highlighted by high-molecular weight keratins and p63, while mucous cells are highlighted by MUC4 and MUC5AC. Intracytoplasmic and extracellular mucin are highlighted by Periodic Acid-Schiff staining with diastase resistance. Furthermore, FISH testing is positive for MAML2 gene rearrangement.

DISCUSSION. Warthin tumor is a clearly demarcated, cystic, and papillary neoplasm with prominent lymphoid stroma and bilayered oncocytic epithelium while mucoepidermoid carcinoma is composed of mucoid, intermediate and squamoid cells with cystic spaces lined by mucous cells. This case presents with a poorly demarcated neoplasm with three types of cells seen in mucoepidermoid carcinoma, as highlighted by the special and immunohistochemistry stains, surrounded by abundant lymphocytes and an oncocytic epithelium without the classic bilayer of Warthin tumor. MAML2 gene rearrangement, which is specific for MEC, including the Warthin like variant, is present and correlates with the tumor's low-grade histology.

CONCLUSION. Immunohistomorphology and molecular testing allow the full histologic spectrum of the Warthin-like variant of MEC to come into focus for diagnostic and prognostic purposes in a resource limited setting.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

EPSTEIN-BARR VIRUS-ASSOCIATED SMOOTH MUSCLE TUMORS IN TWO PATIENTS: AND IMPORTANT DIFFERENTIAL IN THE PHILIPPINE SETTING

Louise Marielle G. De Guzman, MD, David Jerome P. Ong, MD and Jose M. Carnate, Jr., MD

The Medical City, Ortigas

ABSTRACT

INTRODUCTION. EBV-associated smooth muscle tumors (EBV-SMT) are rare neoplasms which are almost exclusively found in immunocompromised patients and may arise in any organ system. It remains to be an important differential in the Philippine setting, with the Philippines being the country with the fastest growing HIV prevalence in the Western Pacific region. This case series discusses two Filipino patients diagnosed with EBV-SMT.

CASE DESCRIPTION. The first patient is a 34-year-old male, immunocompromised, who came in for a chief complaint of intermittent epigastric pain. During surgery, a mass within the ileum was seen. Histologically, the ileal mass demonstrated fascicles of spindle cells with blunt-ended nuclei, occasionally conspicuous nucleoli, and eosinophilic cytoplasm. Caldesmon and SMA were positive. CD34, CD117, S100, DOG1, and ALK-1 were negative. EBER-ISH was positive. The second patient is a 56-year-old male with an unknown immune status and a nine-month history of right-sided visual deficit associated with word finding difficulty. Craniotomy was performed and histopathologic examination revealed a predominance of spindle cells arranged in intersecting fascicles, with mild nuclear atypia, and small nucleoli. The following immunostains were positive: panCK (focal), SMA, desmin (focal), caldesmon, and INI-1 (intact nuclear expression). The following immunostains were negative: SOX10, CD34, EMA, STAT6, and ALK-1. EBER-ISH was positive.

DISCUSSION. EBV-SMT was found to occur most often in HIV-positive patients, followed by patients with post-transplant immunodeficiency and congenital immunodeficiency. Histomorphologically, EBV-SMTs appear as a spindle cell neoplasm arranged in intersecting fascicles, with cells having elongated, blunt-ended nuclei, a low level of mitotic activity, and ample eosinophilic cytoplasm. Correlation with tumor location as well as presentation may narrow down the considerations. A panel of immunohistochemistry studies may be performed to determine the tumor differentiation. EMV-SMT neoplastic cells are diffusely positive for SMA and caldesmon, demonstrating a smooth muscle immunophenotype. Desmin can be focally positive. Clinico-pathologic correlation vis-a-vis the patient's immune status remains crucial in the investigation, as demonstration of EBV infection by EBER-ISH remains an essential criterion in the diagnosis.

CONCLUSION. EBV-SMT is a rare neoplasm which commonly arises in the setting of a compromised immune system. The key diagnostic features of EBV-SMT include a history of immunosuppression, immunohistomorphologic findings of spindle cells with smooth muscle differentiation, and a positivity for EBER-ISH transcripts via in-situ hybridization.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

ANGIOMYOLIPOMA WITH EPITHELIAL CYSTS AS A RARE MIMICKER OF MALIGNANCY: A CASE REPORT AND REVIEW OF LITERATURE

Pia Nenita A. Duque, MD, Jose Gabriel D. Gonzales, MD and Jeffrey S. So, MD

St. Luke's Medical Center, Quezon City

ABSTRACT

INTRODUCTION. Renal angiomyolipoma with epithelial cysts (AMLEC) is a very rare variant of angiomyolipoma (AML) with less than 40 cases documented in literature to date. To the authors' knowledge, this is the first reported case of AMLEC in the Philippines, the second youngest in literature, and the youngest sporadic case with no clinical evidence of tuberous sclerosis.

CASE DESCRIPTION. This is the case of a previously healthy 18-year-old female who presented with sudden-onset periumbilical pain radiating to the left flank. Imaging revealed a heterogeneous left renal mass with an exophytic component and subcapsular hemorrhage, with a primary impression of a ruptured renal cell carcinoma. Given the malignant reading on imaging accompanied by hemorrhage, she subsequently underwent radical nephrectomy. Gross examination revealed an exophytic, solid mass at the inferior pole measuring 4 cm, with involvement of the renal cortex. Microsections disclosed cells with predominantly spindled morphology, associated with dysmorphic blood vessels, and scant adipose tissue. Interspersed between these areas were multiple cysts lined by cuboidal to columnar cells, with some exhibiting "hobnailing". These cysts were embedded in a compact, Müllerian-like stroma, not typical of classic AMLs.

DISCUSSION. Due to morphologic overlaps with several malignant tumors such as a sarcomatoid renal cell carcinoma, synovial sarcoma, and liposarcoma, immunohistochemical studies were performed to definitively rule out a more severe lesion. Melanocytic markers showed patchy staining in the spindled areas, favoring a diagnosis of smooth muscle-predominant angiomyolipoma. The Müllerian-like stroma, in addition to exhibiting strong, diffuse staining for melanocytic markers, also strongly expressed ER, PR, and CD10, supporting its Müllerian differentiation. The cyst-lining cells stained positive for cytokeratin, demonstrating their epithelial origin. Though still a subject of contention, cysts that characterize AMLEC are widely believed to originate from entrapped renal tubules that undergo cystic dilatation secondary to tumor obstruction. PAX8 positivity in our case supports this claim. The prognosis is generally favorable, similar to that of classic AML. However, its tendency to be mistaken for a malignancy by clinical and imaging parameters further reinforces the need to distinguish it from its malignant differentials through thorough histopathologic examination and immunohistochemical studies.

CONCLUSION. AMLEC is a rare entity with few cases reported in literature. Due to its tendency to mimic a malignancy on imaging, and its close morphologic resemblance to several malignant tumors, AMLEC should be included in the differential diagnoses of solid to cystic renal neoplasms. Immunohistochemistry, in correlation with morphology, is necessary to aid in its distinction.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

PEDIATRIC INTRACRANIAL ANGIOMATOID FIBROUS HISTIOCYTOMA WITH ESWR1::CREB1 GENE FUSION: A CASE REPORT

Pauline Mae R. Dy, MD, Kathleen Stephanie D. Wahing, MD, Justin Grace Bañez, MD, Erick Martin H. Yturralde, MD, Edwin L. Muñoz, MD, Sze Jet Aw, MD, Kenneth Tou En Chang, MD and Gabriel M. Ozoa, MD

Philippine General Hospital

ABSTRACT

INTRODUCTION. Angiomatoid fibrous histiocytomas (AFH) are rare mesenchymal neoplasms accounting for 0.3% of all soft tissue tumors. Rarer still are AFH located intracranially. We report a case of a 10-year-old boy with an exophytic intracranial mass.

CASE DESCRIPTION. A 10-year-old boy presented with a 6-month history of neck stiffness and progressive bilateral lower extremity weakness. MRI showed an avidly enhancing extra-axial mass on the infrapontine and anteromedullary region with significant compression of the cervicomedullary region. He subsequently underwent excision of the tumor.

DISCUSSION. Microscopic sections show cellular sheets of fairly monomorphic round to spindle cells with abundant cytoplasm and indistinct cytoplasmic borders. Bands of interstitial collagen and dilated thin-walled vascular channels were present. Angiomatoid and lymphoid areas were not identified. Immunohistochemistry studies with SSTR2, cyclin D1, desmin, EMA, and CD99 were positive. Molecular studies using next-generation sequencing assays showed EWSR1 (exon 7) and CREB1 (exon 6) gene fusion. The case was eventually diagnosed as angiomatoid fibrous histiocytoma with EWSR1::CREB1 gene fusion. Tumor recurrence and an intratumoral bleed one-month post-surgery further complicated the clinical course of the patient, which ultimately resulted in mortality three-months post-surgery.

CONCLUSION. Pediatric intracranial AFH are exceedingly rare, with these tumors currently classified under the provisional entity known as intracranial mesenchymal tumors with FET::CREB fusion in the current 2021 WHO classification of central nervous system tumors. This case highlights the difficulty in diagnosing these tumors given the variable histomorphologic features, the absence of a characteristic immunohistochemical marker and the unusual infrapontine location. A combination of molecular methods and conventional immunohistochemical techniques will aid in establishing the diagnosis of this rare entity.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

SPINDLE CELL TUMOR WITH S-100 AND CD34 CO-EXPRESSION SHOWING GTF2I::BRAF GENE FUSION IN AN 18-YEAR-OLD MALE WITH A GLUTEAL MASS: A CASE REPORT

Kristine Joy M. Iraola-Davoco, MD, Eugene G. Odoño I, MD and Aileen Guerzon, MD

Philippine General Hospital

ABSTRACT

INTRODUCTION. Advancements in diagnostic tools, such as New Generation Sequencing, enable the identification of novel subgroups of spindle cell tumors with relatively uniform spindle morphology, patternless architecture, and prominent perivascular and stromal hyalinization. Various gene fusions involving kinases like RAF1, BRAF, NTRK1/2, RET, ALK, and ABL have been reported. These genetic aberrations may serve as potential therapeutic targets. In this report, we present the case of a pediatric gluteal mass with a GTF2I::BRAF gene fusion, a novel finding for soft tissue tumors.

CASE DESCRIPTION. An 18-year-old male presented with a four-year history of painless, enlarging right gluteal mass. Computerized tomography scan showed a heterogeneously enhancing mass without muscle or bone involvement. The mass was tan to dark-brown, roughly ovoid, fungating and measuring 13.0 x 11.0 x 8.0 cm with areas of necrosis and hemorrhage. Microscopically, the tumor was well-circumscribed, variably cellular, composed of monomorphic spindle cells with ovoid nuclei, vesicular chromatin, and occasional small inconspicuous nucleoli, with perivascular/stromal hyalinization and rare mitotic activity. Immunohistochemistry studies demonstrated diffuse, strong positivity for S100 and CD34. Genomic sequencing revealed the presence of a GTF2I::BRAF gene fusion. Two-year follow-up showed no mass recurrence or systemic symptoms.

DISCUSSION. The uniform low-grade cellular morphology and nonspecific immunohistochemical expression hinted a distinct genetic aberration. Although features resembled a Solitary Fibrous Tumor (SFT), STAT6 immunohistochemistry study was negative. Despite CD34 positivity, negative CD31 reduced the possibility of vascular tumors. Negative SOX10 excluded peripheral nerve sheath tumors, and retained H3K27me3 expression dismissed malignant peripheral nerve sheath tumors (MPNST). Negative myoid and epithelial markers left a curious CD34 and S-100 co-expression, suggesting potential NTRK1/2/3 translocations, but pan-NTRK immunohistochemistry was negative. BRAF fusions have been reported in pediatric spindle cell sarcomas, often resembling infantile fibrosarcoma but lacking perivascular hyalinization. Next generation sequencing revealed a GTF2I::BRAF fusion, being the first reported soft tissue BRAF fusion tumor partnered with GTF2I. Outside of the soft tissue, GTF2I::BRAF fusion has only been reported in two other tumor types: pilocytic astrocytoma and melanoma.

CONCLUSION. We report a rare case of a pediatric soft tissue spindle cell tumor harboring a GTF2I::BRAF gene fusion. This case highlights the importance of recognizing morphologic features and immunohistochemical patterns to suspect a tumor with distinct genetic aberration.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

SUICIDE BY SODIUM NITRITE INGESTION: AN AUTOPSY CASE REPORT

May Vell M. Mañibo, MD, Raquel B. del Rosario-Fortun, MD

Philippine General Hospital

ABSTRACT

INTRODUCTION. Sodium nitrite (SN, NaNO2) is a water-soluble, white-yellow crystalline powder with broad applications in food preservation, automotive maintenance, and animal control. It is a strong oxidizing agent that can oxidize hemoglobin Fe ion to its oxidized state leading to the formation of methemoglobin. An increasing trend of suicide cases by SN ingestion has been reported globally following its popularization online such as in suicide forums that provides detailed instructions of its use solely or as part of a "suicide kit".

CASE DESCRIPTION. Here, we report a case of a 21-year-old male who was found continuously vomiting, with blood per orem and cyanosis of the mouth and digits. Within minutes of the onset of symptoms, the patient lost consciousness and was pronounced dead on arrival upon admission to the nearest emergency room. Autopsy findings showed lip erosions, hemorrhage, and perioral and peripheral cyanosis with mottled grey skin discoloration. Internal examination showed characteristic bright red muscle discoloration, dark brown arterial blood, red-brown congested visceral organs, and hyperemic esophageal and gastric mucosa. Methemoglobin studies from sampled arterial blood showed elevated levels (17.5%). Further examination of the decedent's belongings and latest online purchases reinforced the sodium nitrite poisoning.

DISCUSSION. Suicide accounts for 1% of all causes of death worldwide, and is the 4th most common cause of death in the young (15-29 years old). While there are plenty of reported SN poisoning in suicide cases internationally, limited reports have been published locally. Fatal mechanisms of methemoglobinemia from sodium nitrite poisoning include hypoxia, metabolic acidosis, and intravascular hemolysis. Post-mortem signs of methemoglobinemia include blue-grey hypostasis, and dark-brown discoloration of blood and internal organs – all of which are present in the case. Death by SN poisoning is preventable with an available antidote – Methylene blue.

CONCLUSION. Challenges are present in the clinical recognition and prompt management of SN poisoning. Further reporting of cases can raise awareness among medical professionals ultimately leading to saving lives.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

UNDIFFERENTIATED PLEOMORPHIC SARCOMA OF THE LEFT THIGH WITH COLONIC METASTASIS AFTER WIDE RESECTION: A CASE REPORT

John Michael D. Merin, MD, Jan Vincent T. Eamiguel, MD, Thaddeus C. Hinunangan, MD, Mayou Martin T. Tampo, MD and Michael Joshua A. Ilagan, MD

Eastern Visayas Medical Center

ABSTRACT

INTRODUCTION. Undifferentiated pleomorphic sarcoma (UPS) is uncommon, and UPS that has metastasized to the visceral organs is even rarer. Due to the lack of differentiated components both histologically and phenotypically by immunohistochemistry (IHC), these tumors still present as a diagnostic and therapeutic challenge. We present a case of UPS of the left thigh with colonic metastasis confirmed by the use immunohistochemistry studies and fluorescent in-situ hybridization (FISH) technique.

CASE DESCRIPTION. This is a 51-year-old, female, Filipino, who presented with an eight-month history of an enlarging mass of the left thigh. Fine needle aspiration biopsy and wide excision revealed a spindle cell neoplasm. In the interim, recurrence of the thigh mass was noted, now associated with colicky abdominal pain and decrease in stool caliber. A colo-colonic intussusception was noted on imaging and a mass at the ascending colon was noted on subsequent colonoscopy. A right hemicolectomy and a core needle biopsy of the identified masses were done which showed similar histology. Immunohistochemistry studies done on both thigh and abdominal mass demonstrated non-reactivity to Desmin, Pancytokeratin, HMB45, TLE1, ALK, and SOX10. MDM2-FISH showed non-amplification of MDM2 gene. A diagnosis of undifferentiated pleomorphic sarcoma was made. Unfortunately, the patient expired prior to initiation of treatment.

DISCUSSION. UPS is a malignant tumor of uncertain differentiation. Molecularly, it must be distinguished from dedifferentiated liposarcoma which shows MDM2 amplification. Negativity with MDM2 through FISH and negative immunoreactivity with lineage-specific markers confirmed the diagnosis of UPS in this case. A wide en bloc removal of tumor with adequate margins is the primary treatment.

CONCLUSION. UPS is a rare malignant tumor with a poor prognosis and unknown pathogenesis as evidenced by this case. This case also highlights the use of appropriate immunohistochemistry studies and molecular testing in the diagnosis of UPS.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

INCIDENTAL FINDING OF HISTOPATHOLOGICALLY CONFIRMED PERSISTENT MULLERIAN DUCT SYNDROME IN A 29-YEAR-OLD MALE TREATED WITH CHEMOTHERAPY FOR LEFT TESTICULAR TUMOR FOLLOWED BY SURGERY

Pio Grand C. Payusan, MD and Jerry C. Abroguena, MD

Northern Mindanao Medical Center

ABSTRACT

INTRODUCTION. The uterus, salpinges and/or the upper part of the vagina, referred to as the Mullerian duct derivatives when present in a phenotypically male is known as Persistent Mullerian Duct Syndrome (PMDS). An unconventional and a rare form of internal pseudohermaphroditism with less than 250 cases reported, these patients are genetically and normally virilized male depicted by the presence of Mullerian duct derivatives.

CASE DESCRIPTION. A case of a 29-year-old male with bilateral cryptorchidism at birth consulted for gradually enlarging abdominal mass for 25 years associated with hypogastric pain. CT-scan guided biopsy revealed a non-seminomatous tumor. He underwent chemotherapy followed by a left radical orchiectomy. Intraoperatively, an unexpected finding of uterine-like structures prompted further investigation. Histopathological examination confirmed the presence of Mullerian duct derivatives. No residual tumor cells and chemotherapeutic-induced changes are noted in the non-seminomatous tumor previously treated with chemotherapy.

DISCUSSION AND CONCLUSION. The coincidence of PMDS with testicular malignancy is an unusual clinical scenario. This rare case points out the importance of vigilance during surgical procedures, particularly when unexpected anatomical findings are present. It also asserts the need for further investigation into the mechanisms underlying the persistence of Mullerian structures, especially in the context of prior chemotherapy.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

ABO ENGRAFTMENT IN A CASE OF MYELODYSPLASTIC SYNDROME, STATUS POST MAJOR ABO INCOMPATIBLE HEMATOPOIETIC STEM CELL TRANSPLANT

Godfrey Angelo R. Robeniol, MD and Valerie Anne T. Tesoro, MD

National Kidney and Transplant Institute

ABSTRACT

INTRODUCTION. Because pluripotent and early committed hematopoietic progenitor cells do not express ABO blood group antigens, human leukocyte antigen (HLA)-matched hematopoietic progenitor cell transplantation is possible even with donors who are not matched for ABO blood groups.

CASE DESCRIPTION. We report successful B cell engraftment in a 47-year-old female patient initially with blood type O Rh(D) positive and diagnosed as a case of Myelodysplastic Syndrome with Multi-Lineage Dysplasia (MDS-LB), status-post major ABO incompatible allogeneic hematopoietic stem cell transplant (HSCT) from an ABO type B Rh(D) positive donor. Two months after allogeneic HSCT, ABO Rh forward typing results via gel method showed mixed-field agglutination comprising of both B Rh(D) Positive and O Rh(D) Positive red blood cells, while reverse typing was compatible with type B Rh(D) Positive, showing evidence of B cell engraftment. Approximately three weeks later, both forward and reverse typing were compatible with type B Rh(D) positive. The patient has since been transfused with ABO type B Rh(D) positive type-specific leukodepleted red blood cells and irradiated platelets on a subsequent admission, with no transfusion-related adverse events. Antibody screening has been consistently negative.

DISCUSSION. ABO typing discrepancies were compatible with a patient status-post ABO incompatible allogeneic HSCT prior to RBC engraftment. B cell engraftment in a patient with a pre-transplantation blood type of O Rh(D) positive was monitored, and the compatibility of transfusion products given was adjusted accordingly. Such post-transplantation laboratory monitoring is necessary for appropriate transfusion support, especially in cases of ABO incompatible allogeneic HSCT.

CONCLUSION. This case demonstrates the importance of close clinical follow-up and laboratory evaluation post major ABO incompatible HSCT for the improvement of transfusion-related patient outcomes.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

TUMOR-TO-TUMOR METASTASIS OF PROSTATIC ADENOCARCINOMA TO A CLEAR CELL RENAL CELL CARCINOMA TUMOR IN THE KIDNEY: A CASE REPORT

Godfrey Angelo R. Robeniol, MD and Erland S. Del Rosario, MD

National Kidney and Transplant Institute

ABSTRACT

INTRODUCTION. Patients concurrently presenting with prostatic adenocarcinoma and a renal cell carcinoma have been well-documented, however, tumor-to-tumor metastasis is a rare occurrence, with few cases reported in literature.

CASE DESCRIPTION. A 71-year-old male presented with urinary frequency and weight loss. CT scan evaluated a right renal solid-cystic mass, measuring 3.3 x 3.0 x 2.5 cm, and a constellation of radiologic findings in the prostate gland were consistent with a neoplastic process. The patient underwent partial nephrectomy, transrectal ultrasound-guided prostate biopsy, and prophylactic orchiectomy. A diagnosis of Prostatic Acinar Adenocarcinoma, Grade Group 5 (Gleason Score 4 + 5 = 9) was made based on the histomorphologic findings on the core biopsy of the prostate. The right renal mass, on gross examination, is fairly circumscribed, with a heterogenous, smooth yellow solid surface, with few small cream white nodules, as well as hemorrhagic and cystic areas. Histologic sections showed a tumor forming nests and alveolar structures composed of polygonal neoplastic cells with ample to abundant clear to eosinophilic cytoplasm and well-defined borders, consistent with a Clear Cell Renal Cell Carcinoma. Within the right renal tumor are nests and clusters of fused, back-to-back, and cribriforming glandular structures composed of neoplastic cells with large, hyperchromatic nuclei, conspicuous nucleoli, occasional granular chromatin, scant eosinophilic cytoplasm, and fairly indistinct cell borders. These cells stained positive for NKX3.1 and negative for PAX8, consistent with an adenocarcinoma of prostate primary. No diagnostic abnormality was noted in the testes.

DISCUSSION. The presence of unusual architecture within a renal tumor, coupled with a concurrent biopsy reading of Prostatic Acinar Adenocarcinoma, raised suspicion for tumor-to-tumor metastasis. The immunohistomorphologic findings thus demonstrated a double primary of Prostatic Acinar Adenocarcinoma and Clear Cell Renal Cell Carcinoma, with the Prostatic Acinar Adenocarcinoma metastasizing to the Clear Cell Renal Cell tumor in the kidney.

CONCLUSION. The possibility of tumor-to-tumor metastasis highlights the need for high clinical suspicion and the correlation of radiologic with histomorphologic findings in the prompt diagnosis of multiple primary malignancies to guide proper management. Furthermore, the documentation of cases, including identification of the metastatic tumor and the recipient tumor, can help elucidate the pathophysiologic mechanisms underlying tumor-to-tumor metastasis.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

A RARE CASE OF TWIN FETUS-IN-FETU PRESENTING AS A SACROCOCCYEAL MASS IN A 13-DAY-OLD BOY

Jesha M. Sanchez, MD and Albert Joseph B. Lupisan, MD

Batangas Medical Center

ABSTRACT

INTRODUCTION. An extremely rare condition known as fetus in fetu (FIF) occurs when twins develop abnormally during embryogenesis. Less than 200 cases have been reported in the medical literature, with only two cases ever documented in the Philippines. The typical presentation is an expanding abdominal mass containing a vertebral axis. Eighty percent of all FIF occur in the retroperitoneal area; only rarely is it found in the sacrococcygeal area. A close differential diagnosis of FIF in the sacrococcygeal area is the fetiform teratoma (FT). Thorough evaluation is necessary to differentiate between the two conditions.

CASE DESCRIPTION. A 3800-gram neonate was born to a G5P4 (4014) mother at 39 4/7 weeks age of gestation via normal spontaneous vaginal delivery. A sacrococcygeal mass was noted, prompting referral to our institution. Complete resection and subsequent radiologic and histopathologic examination showed two fused, non-viable, deformed fetuses with axial and appendicular skeletal structures. The immediate postoperative period and subsequent follow-up were unremarkable.

DISCUSSION. FIF and FT are morphologically similar entities that can both present as sacrococcygeal masses. FT is characterized by a high degree of differentiation that results in a fetal-like appearance, making it difficult to distinguish from FIF. Due to a higher risk for malignancy in FT (especially the immature type), the two entities should be distinguished. In the initial description of FIF, Willis (1953) proposed the presence of a "vertebral axis with surrounding organs and limbs" as a sole criterion for diagnosing FIF. In our case, we have radiologic evidence of a shared axial skeleton and three pairs of appendicular structures. Using the criteria proposed by Spencer in 2001, the following findings further confirm the diagnosis of a FIF in this case: 1) mass is enclosed within a distinct sac; 2) covered by hair-bearing normal skin; 3) grossly identifiable anatomical parts, including well-developed intestines; 4) near one of the attachment locations of conjoined twins.

CONCLUSION. FIF is a rare congenital anomaly mainly seen in the retroperitoneal area, with some cases presenting in the sacrococcygeal area. It should be distinguished from fetiform teratoma, a potentially malignant entity also encountered in the sacrococcygeal region. Despite being benign, long-term surveillance of FIF is still advised to detect missed malignancy and/or, in extremely rare cases, malignant transformation.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

BLOOD TYPING AND TRANSFUSION CHALLENGES IN A 14-YEAR-OLD COVID-19-CONFIRMED FEMALE WITH AUTOIMMUNE HEMOLYTIC ANEMIA: A CASE REPORT

Celeste M. So, MD, Al-Zamzam A. Abubakar, MD and Randell S. Arias, MD

Zamboanga City Medical Center

ABSTRACT

INTRODUCTION. Autoimmune Hemolytic Anemia (AIHA) refers to increased destruction of an individual's RBC's due to production of autoantibodies. COVID-19 infection can play a role in producing antigens triggering an autoimmune response. The rarity of AIHA superimposed with COVID-19 complicates management that can put patient's life at risk.

CASE DESCRIPTION. This is a case of a 14-year-old female who had history of pallor for 2 weeks and sought consult at a local provincial hospital. Accordingly, her blood type was AB+. Four units of Packed Red Blood Cell (PRBC) were crossmatched and 2 were incompatible. However, all 4 units of PRBC were still transfused. Patient was apparently well after transfusion. Eventually, the patient was referred to a private clinician in the city and was advised for admission at our institution. Patient was subsequently admitted with a clinical diagnosis of AIHA and tested positive for COVID-19. Prednisone 20 mg tab, 1 tab TID was started. Forward and reverse manual and automated blood typing in our institution revealed a blood type of A+. Three units of PRBC with the same blood type were crossmatched however all units are incompatible.

DISCUSSION. When a patient presents with anemia, hemolysis should first be confirmed through blood smears, LDH and haptoglobin levels. Next, hemolysis secondary to immune response should be established by Direct Antiglobulin Test (DAT). For this patient, Direct Antiglobulin Test (DAT) and Indirect Antiglobulin Test (IAT) both tested positive. Antinuclear antibody Immunofluorescence (ANA-IF) test, Antibody Screening, and dsDNA for IgG and IgM were all positive. Thirdly, identification of autoimmune hemolysis can be confirmed by response to steroid therapy. Lastly, further serological tests should be done to determine the type of AIHA. There are 2 major areas where problems are encountered during compatibility testing: ABO/Rh typing and crossmatching for transfusion. Blood group identification of AIHA patients may be affected by autoantibodies. Accordingly, there is a link between COVID-19 and AIHA. An inflammatory response brought by COVID-19 can produce antigens and create autoantibodies. Ankyrin-1 and spike protein on COVID-19 and red blood cells are similar possibly triggering the host to produce autoantibodies.

CONCLUSION. Blood typing and compatibility testing are difficult to establish among AIHA patients with COVID-19 infection. Thorough confirmatory immunohematological evaluation such as forward and reverse blood typing, and antibody screening and identification are crucial for proper management.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

TLE-1 EXPRESSION IN MEDIASTINAL LARGE B-CELL LYMPHOMA WITH SPINDLE CELL MORPHOLOGY: A CASE REPORT HIGHLIGHTING A POTENTIAL DIAGNOSTIC PITFALL FOR PATHOLOGISTS

Xhyrel June J. Tagaylo, MD, Alejandro E. Arevalo, MD, Rolando A. Lopez, MD and Kristoffer Vincent P. Tanseco, MD

St. Luke's Medical Center, Quezon City

ABSTRACT

INTRODUCTION. Large B-cell lymphomas of the mediastinum are mature and clinically aggressive lymphomas of B-cell origin. They could either be primary mediastinal (thymic) large B-cell lymphoma (PMBL) or diffuse large B-cell lymphoma (DLBCL) with secondary mediastinal involvement. Both PMBL and DLBCL have spindle cell variants that exhibit prominent proliferation of spindle and round cells. This unusual morphology is a potential pitfall as it broadens the diagnostic considerations for immunohistochemistry studies and opens a possibility of expressing markers that may obscure the diagnosis.

CASE DESCRIPTION. A case of a 47-year-old male presenting with dysphagia was referred to our hospital after an anterior mediastinal mass was detected incidentally. Imaging findings revealed a heterogenously enhancing, lobulated, soft tissue mass encasing the superior vena cava with adjacent mediastinal lymphadenopathies. Percutaneous needle biopsy was performed and a preliminary diagnosis of round to spindle cell neoplasm was made. Thymoma, thymic carcinoma or metastatic disease was initially suspected. Preliminary IHCs (CK, CD5, Tdt, s100, and Desmin) failed to provide a definitive diagnosis. Additional stains (CD34, STAT6, SMA, TLE-1, CD3, and CD20) were done to rule in/out other soft tissue tumors of the mediastinum (SFT, synovial sarcoma) and lymphomas. Subsequent IHC results showed strong immunoreactivity on TLE-1, STAT6 and CD20. A multispecialty review of immunohistomorphology revealed that the soft tissue strips were composed of round to spindle-shaped lymphoma cells, apoptosis and compartmentalizing fibrosis.

DISCUSSION. Mediastinal large B cell lymphomas occur predominantly in young adults. If symptomatic, it usually presents with localized symptoms due to the bulky mass arising in the thymic area, and extension to adjacent structures. There is absence of systemic lymphadenopathy at the time of initial presentation. Microscopic appearance is characterized by a large spectrum of possible morphology. Lymphoma cells are usually intermediate sized present in a diffuse or clustered distribution with compartmentalizing fibrosis. Spindle cell variants are reported for both PMBL and DLBCL which exhibit prominent proliferation of spindle and round cells. This unusual morphology together with TLE-1 expression is a potential pitfall if interpreted in inappropriate clinical context or in the absence of lymphoma markers.

CONCLUSION. This study indicates that it is crucial to note that mediastinal large B-cell lymphomas could have an unusual spindle cell morphology and can have TLE-1 immunoreactivity. These immunohistomorphologic findings can mimic sarcomas, hence, a potential diagnostic pitfall. Moroever, PMBCL comprises only 2-3% of non-hodgkin lymphomas and must be distinguished from DLBCL with secondary mediastinal involvement as the treatment regimen is different.

RESEARCH COMPETITION

POSTER PRESENTATION - FINALIST

A CASE REPORT ON EMBRYONAL TUMOR WITH MULTILAYERED ROSETTES: ROLE OF IMMUNOHISTOMORPHOLOGY IN RESOURCE-LIMITED SETTINGS

Justine Halley S. Uy, MD, John Carlo B. Reyes, MD and Timothy Carl F. Uy, MD

Philippine General Hospital

ABSTRACT

INTRODUCTION. Embryonal tumor with multilayered rosettes (ETMR) is a group of intracranial, pediatric tumors characterized by alterations in C19MC and DICER1. LIN28 immunoreactivity has also been identified as sensitive and specific for the tumor. Early diagnosis of the tumor is crucial given its highly aggressive nature. However, its diagnosis poses a particular problem in resource-limited settings, where access to molecular testing and a full gamut of immunohistochemistry stains is limited to nil.

CASE DESCRIPTION. In this report, we describe the pathologic features of ETMR and discuss the diagnostic role of immunohistomorphology, as exemplified in this case of a two-year-old female with a one-year history of seizures. Histologic features showed characteristic multilayered rosettes in a background of neuropil. The tumor cells showed strong immunopositivity for synaptophysin, retained staining for INI1, and weak focal immunopositivity for OLIG2 and SALL4, with a KI-67 proliferation index of up to eighty percent (80%).

DISCUSSION. Correlating the patient's age and presentation, the tumor location, and the above immunohistomorphologic features, the case was signed out as compatible with ETMR, CNS WHO grade 4. Molecular studies for C19MC and DICER1 alterations, as well as additional immunohistochemistry studies with LIN28 were recommended to confirm the diagnosis. LIN28 immunopositivity was later confirmed.

CONCLUSION. Given the wide range of histologic features seen in ETMR, molecular studies still remain fundamental to its diagnosis. LIN28A immunoreactivity, in combination with other immunohistomorphologic features and clinical information, may be a useful surrogate marker in resource-limited settings.

PSP BOARD OF GOVERNORS 2023-2024

Alan T. Koa, MD, FPSP
President

Ma. Cecilia F. Lim, MD, FPSP
Vice President

Jeffrey S. So, MD, FPSP
Secretary

Laarnie Cale-Subia, MD, FPSP
Member

Roberto D. Padua, Jr., MD, FPSP
Immediate Past President

Sheldon Steven C. Aquino, MD, FPSP
Member

Herbert G. Pascual, MD, FPSP
Member

Mirian D. Viterbo, MD, FPSP
Treasurer

Amado O. Tandoc, III, MD, FPSP
Member

Sherjan P. Kalim, MD, FPSP
Member

Rowen T. Yolo, MD, FPSP
Member

Eduardo M. Badua III, MD, FPSP
Member

PSP BOARD OF PATHOLOGY 2023-2024

Bernadette R. Espiritu, MD, FPSP
Chair

Kalangitan R. Gutierrez, MD, FPSP
Secretary / Treasurer

Emmanuel Lucio, MD, FPSP
Member

Debbie Marjorie D. Dela Fuente, MD, FPSP
Member

Jane G. Pagaddu, MD, FPSP
Member

Cecilia P. Lepon-Capatoy, MD, FPSP
Member

Marie Christine F. Bernardo, MD, FPSP
Member

Emmanuel R. Dela Fuente, MD, FPSP
Member

Edna May Lasap-Go, MD, FPSP
Member

Evette Lilybelle A. Demaisip, MD, FPSP
Member

Maximo A. Saavedra, Jr, MD, FPSP
Member

PSP REGIONAL CHAPTERS 2023-2024

Nathanael B. Vidad, MD, FPSP

President / Northern Luzon Chapter

Ma. Theresa T. Enrile, MD, FPSP

President / Central Luzon Chapter

Azeus O. Silva, MD, FPSP

President / Southern Luzon Chapter

Heriberto B. Fornoles, MD, FPSP

President / Bicol Chapter

Bernadette R. Espiritu, MD, FPSP

President / National Capital Region Chapter

Thaddeus C. Hinunangan, MD, DPSP

President / Eastern Visayas Chapter

Astrid T. San Juan, MD, DPSP

President / Central Visayas Chapter

Eriberto R. Layda, MD, FPSP

President / Western Visayas Chapter

Chonilo O. Ruiz, MD, FPSP

President / Northern Mindanao Chapter

Jon Paolo J. Tan, MD, DPSP

President / Southwestern Mindanao Chapter

Noemia D. Bartolome, MD, FPSP

President / Southern Mindanao Chapter

PSP 73RD ANNUAL CONVENTION ORGANIZING COMMITTEE

OVER- ALL CHAIR	Maria Cecilia F. Lim, MD, FPSP
COMMITTEES	
SCIENTIFIC SESSIONS – ANATOMIC PATHOLOGY	Ma. Cecilia F. Lim, MD, FPSP
SCIENTIFIC SESSIONS – CLINICAL PATHOLOGY	Godwin N. Hernaez, MD, FPSP
	Ma. Lourdes E. Pineda-Santos, MD, FPSP
	Susana P. Quiaoit, MD, FPSP
WAYS AND MEANS	Bernadette R. Espiritu, MD, FPSP, MMHoA
INFRASTRUCTURE	Rosalie Sabina Michiko S. Samonte, MD, FPSP
	Dennis Jose S. Carbonell, MD, DPSP
OPENING CEREMONIES	Mar-Jay S. Gulapa, MD, DPSP
	Sierra Roma S. Hernandez, MD, FPSP
CLOSING CEREMONIES	Joed T. Ticse, MD, DPSP
FELLOWSHIP	Francis G. Moria, MD, FPSP
	Jeffrey S. So, MD, FPSP
NOMINATION	Ma. Lourdes E. Pineda-Santos, MD, FPSP
	Susana P. Quiaoit, MD, FPSP
RESEARCH	Jeffrey S. So, MD, FPSP
AWARDS	Jose M. Carnate, Jr., MD, FPSP
HOSPITALITY	Edna May L. Go, MD, FPSP
PUBLICATION	Amado O. Tandoc III, MD, FPSP
SENIOR HOUSE OFFICER	Marvin C. Masalunga, MD, DPSP
REGISTRATION	Ma. Lourdes E. Pineda-Santos, MD, FPSP
	Jonathan Cancio, MD, DPSP
	Christine Mae Olivar, MD, DPSP
ELECTION	Susana P. Quiaoit, MD, FPSP
	Daryl Alvin T. Requiso, MD, DPSP

PSP SECRETARIAT 2023-2024

Michael John G. Arciaga

Kathleen Joyce DC. Celi

Ma. Mercedes P. Maleniza

PSP LIST OF ACCREDITED INSTITUTIONS

2025		
1	**Jose R. Reyes Memorial Medical Center**	2023-2025
2	**Rizal Medical Center**	2023-2025
3	**Quezon City General Hospital**	2023-2025
4	**Veterans Memorial Medical Center**	2023-2025
5	**East Avenue Medical Center**	2023-2025
6	**Fatima University Medical Center**	2023-2025
7	**National Kidney and Transplant Institute**	2023-2025
8	**Cebu Doctors' University Hospital**	2023-2025
9	**Eastern Visayas Medical Center**	2023-2025
10	**Saint Louis University Sacred Heart Medical Center**	2023-2025
11	**Zamboanga City Medical Center**	2023-2025
12	**Region I Medical Center**	2023-2025
2024		
1	**Baguio General Hospital and Medical Center**	2022-2024
2	**Batangas Medical Center**	2022-2024
3	**Cagayan Valley Medical Center**	2022-2024
4	**Chong Hua Hospital**	2022-2024
5	**Dr. Paulino J. Garcia Memorial Research and Medical Center**	2022-2024
6	**Governor Celestino Gallares Memorial Hospital**	2022-2024
7	**Ilocos Training and Regional Medical Center**	2022-2024
8	**Mariano Marcos Memorial Hospital**	2022-2024
9	**MCU-FDTMF Hospital**	2022-2024

PSP LIST OF ACCREDITED INSTITUTIONS

10	**Northern Mindanao Medical Center**	2022-2024
11	**Perpetual Succor Hospital**	2022-2024
12	**Philippine Childrens Medical Center**	2022-2024
13	**Southern Philippines Medical Center**	2022-2024
14	**St. Luke's Medical Center - BGC**	2022-2024
15	**Univeristy of Santo Tomas Hospital**	2022-2024
16	**Ospital ng Makati**	2022-2024
17	**Corazon Locsin Montelibano Memorial Regional Hospital**	2022-2024
18	**Davao Doctors Hospital**	2022-2024
19	**Far Eastern University - Nicanor Reyes Medical Foundation**	2022-2024
20	**Makati Medical Center**	2022-2024
21	**Ospital ng Maynila Medical Center**	2022-2024
22	**Philippine Heart Center**	2022-2024
23	**Quirino Memorial Medical Center**	2022-2024
24	**St. Luke's Medical Center - Quezon City**	2022-2024
25	**The Medical City - Ortigas**	2022-2024
26	**UERM Memorial Medical Center**	2022-2024
27	**UP-PGH Medical Center**	2022-2024
28	**Vicente Sotto Memorial Medical Center**	2022-2024
29	**Western Visayas Medical Center**	2022-2024
30	**Jose B. Lingad Memorial Regional Hospital**	2022-2024
31	**Valenzuela Medical Center**	2022-2024
32	**Chinese General Hospital and Medical Center**	2022-2024

PSP LIST OF ACCREDITED INSTITUTIONS

2023		
1	**De La Salle University Medical Center**	2023
2	**Region II Trauma and Medical Center**	2023
3	**West Visayas State University Medical Center**	2023
4	**AFP Medical Center**	2023
5	**Tondo Medical Center**	2023
6	**Bicol Medical Center**	2023
7	**Bataan General Hospital and Medical Center**	2023
8	**Angeles University Foundation Medical Center**	2023
9	**Southern Isabela Medical Center**	2023

DYMIND

DYMIND

Who is Dymind?

Located in Shenzhen, China, Dymind Biotechnology Co., Ltd. is an international high-tech enterprise specialized in the R&D, manufacture, sales and service of medical devices and reagents in the field of IVD.

1200+
Global Employees

1200+
Patents Submitted

30,000+
Units Installed

140+
Countries & Regions

25%
R&D Expenditure

40%+
Proportion of R&D personnel

+86 -755-26008015-8123
intl@dymind.com

www.dymind.com

DYMIND

PRODUCT CATALOG

Hematology

- Comprehensive Hematology Parameters
- CBC, 3-DIFF, 5-DIFF, CRP, SAA, RET

Hematology Veterinary

- Multiple Detection Species
- Compact, Intelligent and Economical

POCT

- POCT Hematology (First 3-DIFF+CRP+SAA Integrated Analyzer)
- POCT Chemistry (Microfluidic Chip)

Biochemistry

- Fully-auto / Semi-auto Analyzers
- Innovative Biochemistry+Coagulation

Coagulation

- 400T/H Automatic
- 2 Methodologies Automatic Switch

+86 -755-26008015-8123
intl@dymind.com

www.dymind.com

Biosite
MEDICAL INSTRUMENTS

ISO CERTIFIED • BS EN ISO 9001 : 2015

nqa ISO 9001 QUALITY MANAGEMENT | UKAS MANAGEMENT SYSTEMS 0015

Haier

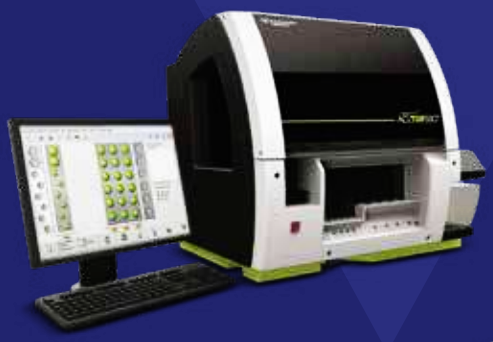
- **Pharmacy Refrigerators** HYC-68A
- **Bloodbank Refrigerators** HXC-149
- **Biosfety Cabinets** HR1200-IIA3-S
- **Ultralow Freezers** DW-86L728J

TOSOH

AIA-360
Automated Immunoassay Analyzer

HLC-723GX
Automated Glycohemoglobin Analyzer

werfen



ACL Top 350
Coagulation Analyzer

ACL Elite Pro
Coagulation Analyzer

Autobio

BC60
Automated Blood Culture System

MALDITOF
Mass Spectrometry System

BC120
Automated Blood Culture System

EVO150FD
Dual Draft Fixed Grossing Station

EVO150ED
Elevating Grossing Station

HIPLAAS

BRANCHES

MANILA OFFICE
305 Col. Bonny Serrano Ave.,
San Juan City, 1500 Metro Manila

CEBU OFFICE
B2 L2 Guadalupe Heights Village,
Guadalupe, 6000 Cebu City

DAVAO OFFICE
555 Manga St., cor. Luisa St.,
Juna Subd., Matina, 8000 Davao City

customerservice@biositeph.com
biositemedicalinstruments
www.biositeph.com

TECHNICAL & SERVICES Customer Care Help Line: ***+63 917 111 4008*** | **SALES** Customer Care Help Line: ***+63 917 111 5008***

Biosite
MEDICAL INSTRUMENTS

ISO CERTIFIED • BS EN ISO 9001 : 2015

nqa. ISO 9001 QUALITY MANAGEMENT | UKAS MANAGEMENT SYSTEMS 0015

OPTIKA® ITALY

B-510-3
Trinocular Brightfield Microscope

B-292Pli
Binocular Brightfield Microscope

B-510BF4K

vitro master diagnóstica®

md stainer

- 6 stains in 1 instrument
- Automation for IHC methods, FISH, CISH, IF RNA ISH and Special Stains

BRUNER

ABG Syringe

Arterial Blood Gas Sampler

SAKURA®

Accu-Cut® SRM™ 200
Rotary Microtome

Histo-Tek® VP1™
Vacuum Infiltration Processor

Cyto-Tek® 2500
Cytocentrifuge

Tissue-Tek Polar®
Microtome / Cryostat

BRANCHES

MANILA OFFICE
305 Col. Bonny Serrano Ave.,
San Juan City, 1500 Metro Manila

CEBU OFFICE
B2 L2 Guadalupe Heights Village,
Guadalupe, 6000 Cebu City

DAVAO OFFICE
555 Manga St., cor. Luisa St.,
Juna Subd., Matina, 8000 Davao City

customerservice@biositeph.com
biositemedicalinstruments
www.biositeph.com

TECHNICAL & SERVICES Customer Care Help Line: ***+63 917 111 4008*** | **SALES** Customer Care Help Line: ***+63 917 111 5008***

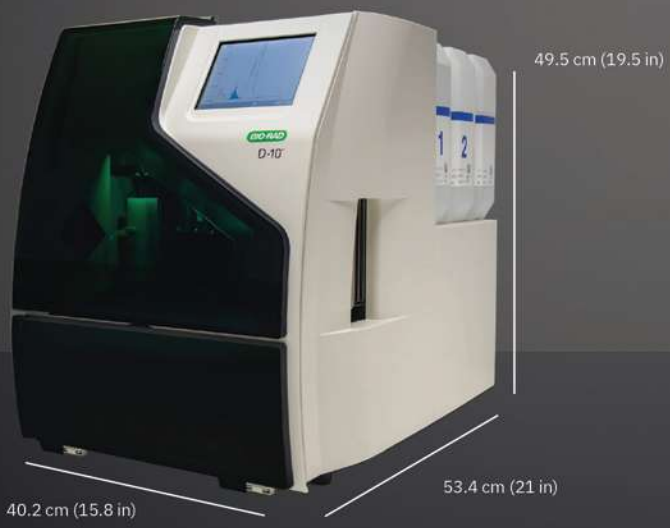
BIO-RAD

Small System with a Big Impact

D10™

HbA1c Testing System

Over 9,000 labs worldwide have chosen the Biorad HbA1c System



- One time calibration per HbA1c kit and run QC daily
- Ease of use interface
- Easy Start Up with automated update of kit CD and settings. Then simply reconstitute reagents and install cartridge
- Load samples - no sample preparation, no de-capping

Bio-Rad ion-exchange HPLC is simple to use. This is one of the reasons why the D-10 System is in more than 55% of the world's countries. The D-10 System offers high performance, user-friendly steps, and no sample preparation. Most importantly, the D-10 System delivers results clinicians can trust.

We are one of the region's leading solutions platform in:

Clinical Diagnostics

Analytical and Industrial Solutions

Life Science

everlife
LifelineDiagnostics

LIFELINE DIAGNOSTICS SUPPLIES, INC.
1225 Quezon Avenue, Brgy. Sta Cruz,
Quezon City, Philippines 1104
[T] +632-8376 5917 [F] +632-8372 1675
[E] info@lifelinediag.com
lifelinediag.ph
www.lifelinediag.com

Enabling Better Outcomes

Be up to date
scan the QR code

Abbott

BIOLINE™ DENGUE DUO

Simultaneously detect both dengue virus NS1 antigen and antibodies to dengue virus (dengue IgG/IgM) in human serum, plasma or whole blood.

- Covers relevant clinical stages from acute infection to convalescence phase of infection
- Fast test result: 15–20 minutes*
- Convenient storage condition: 1°C–30°C
- Sensitivity: 92.4% (Dengue NS1 Ag), 94.2% (Dengue IgG/IgM)
- Specificity: 98.4% (Dengue NS1 Ag), 96.4% (Dengue IgG/IgM)

ABBOTT.COM/POCT

* Refer to Bioline™ Dengue Duo Instructions for Use

ANSWERS CAN'T WAIT

EXPEDITE CARE DECISIONS WITH THE i-STAT SYSTEM

CARDIAC MARKERS | LACTATE
BLOOD GASES | COAGULATION
CHEMISTRIES | ELECTROLYTES | HAEMATOLOGY

PANBIO™ COVID-19/FLU A&B RAPID PANEL (NASOPHARYNGEAL)

Differential diagnosis allows rapid, targeted treatment decisions

Quickly identify contagious people so treatment or isolation decisions can be made

For patients presenting symptoms or suspected of current COVID-19 and Flu A or B infection

1 Nasopharyngeal swab sample for both COVID-19 and Flu A&B

ALINIQ PRE-ANALYTICS POWERED BY INDEXOR

AlinIQ

Motic®

MORE THAN MICROSCOPY

MoticEasyScan Pro

Fast, reliable and powerful benchtop scanners for

THE NEW AGE OF DIGITAL PATHOLOGY

- Six-slide tray design boosts efficiency
- Provided with a powerful all-in-one PC with a 27" QHD-resolution touch-screen
- Barcoding of slides enables their easy tracking during and after digitisation
- Perfect for diagnostic and research purposes in small- to medium-volume labs
- Scanning time of as little as 40 seconds per slide with the MoticEasyScan Pro 6 N*
- Four versatile scanning modes allow for all your scanning needs, including uneven samples
- Exhibits greatly increased efficiency compared with traditional microscopy methods
- Supports MDS, SVS, JPEG, TIFF and DICOM format files
- Suitable for both whole-slide imaging and area of interest scanning

Panthera Cloud

A FELLOW WORKER TO TRUST IN

STREAMLINE YOUR WORKFLOW WITH PANTHERA CLOUD

- Smart CAM digital head
- Smart Microscope ImagingOnDevice
- Wi-Fi, USB, HDMI, LAN
- Integrated USB for external devices
- Motic LightTracer smart illumination
- LED light intensity indicator
- Halogen / LED interchangeability
- NEW Plan UC objectives
- Rackless & compact mechanical stage

MICROLAB Since 1960

Committed to Quality Life.

Head Office :
#1157 Rodriguez Ave. corner
Heneral Lacuña St.
Bangkal, Makati 1233

Cebu Office :
Rm 315 Krizia Building
Gorordo Ave., Cebu City 6000

For inquiries, please contact :

(02) 8551-3839 loc. 223
0917-817-2842
analytical@microlabphils.com.ph
www.microlabphils.com.ph
www.facebook.com/microlab.ph/

TOUCHSTAR MEDICAL ENTERPRISES INC.

Confidently Committed to Quality Service

About Us

TMEI has been a distributor and importer of medical devices and laboratory supplies nationwide since 2006. Our mission is to provide high-quality and cost-efficient products. We are committed to providing the best products and services with values greater than our customers' expectations.

Our Partners:

HEMATOLOGY

NIHON KOHDEN

CLINICAL CHEMISTRY

Wiener lab.

Lifotronic — Caring for Better Life —

B&E BIO-TECH

EDAN

AeHealth

LanSionbio

HISTOPATHOLOGY

Leedo

CelltraZone

IMMUNO-SEROLOGY

Lifotronic — Caring for Better Life —

Erba Mannheim

MICROBIOLOGY

DL 迪尔

OTHER SECTION:

A.MENARINI diagnostics

COYOTE

Nikon

Wondfo

MELING BIOMEDICAL

Call us at (02) 8292-5833

185 Concha Cruz Dr. BF Homes I, Parañaque City

support@touchstar-enterprises.com

MedicalSystem

BIOCHEM SCIENTIFIC

DIAGNOSTIC SUPPLY

Trusted by Hospitals, Clinics, and Diagnostic Laboratories since 1998.
Filipino led and owned. World class acclaim.

+63 917 103 7258

sales@biochemsds.com

0757 A National Rd, Purok 3, Brgy. Malamig, Bustos, Bulacan

http://biochemsds.com/

arkray

COBIO S50

Aution IDaten AE-4070

Aution Eye AI-4150

ADAMS HA-8190V

ADAMS HA-8380V

arkray co.ltd., inc.

GeneXpert®

HOSPITAL ASSOCIATED INFECTIONS ASSAYS

Qualitative RT-PCR detection of :

- *S. aureus* and MRSA
- Carbapenemase-producing Enterobacterales (CPE)
- vancomycin-resistant Enterococci (VRE)
- *Clostridioides difficile* infection
- Norovirus GI and GII

CONTACT US

Automated processing in just one cartridge

Fast results depending on test

Accurate and easy to use

Xpert SA Nasal Complete	Pre-surgical testing of *S. aureus* and MRSA in 1 hour.
Xpert Carba-R	Detects and differentiates KPC, NDM, VIM, IMP, and OXA-48 in 50 minutes.
Xpert vanA/vanB	Rapid VRE screening for active outbreak prevention and control in 45 minutes.
Xpert C. difficile BT	Detects *Clostridioides difficile* infection with an independent call-out.
Xpert Norovirus	Identifies and differentiates Norovirus GI and GII in <1 hour.

For inquiries, contact sales@macare-medicals.com or call +632 8913 4201.

Authorized Distributor:

macare
Macare Medicals Inc.

Alliance for Health

HEMATOLOGY

mindray


BC 30


BC 30s


BC 5150


CAL 6000


MC 80


BC 700 series

CHEMISTRY & IMMUNOLOGY

mindray


BS 240


BS 240E


BS 430


BS 600M

Abbott


INTEGRATED CHEM & IMMUNO

RAPID TEST

Abbott


BIOLINE

POCT

BIOTIME


BIOTIME FIA

ELECTROLYTES


CBS 400

HBA1C

Lifotronic


H9

ALLIED HOSPITAL SUPPLY
INTERNATIONAL CORPORATION
ISO CERTIFIED 9001:2015

Main Office:
6 Leonard Wood Loop, Baguio City
2600 Baguio City, Philippines
Telefax: (+6374) 442 5407
Tel. No.: (+6374) 442 7938

Branch (NCR Office):
Unit 1 & 2 BSC Building,
144 Mindanao Avenue,
1106 Quezon City, Philippines
Tel. No.: (+632) 928 4649
Fax No.: (+632) 455 4323

FIA MEDICAL SUPPLY INC.

Advanced Care You Deserve

BIOELAB

CHEMISTRY ANALYZER

AS-280

ES-105

HEMATOLOGY ANALYZER

EC-38

Erba Mannheim

CHEMISTRY ANALYZER

XL-640

ELECTROLYTE ANALYZER

EC-90

CHEMISTRY REAGENTS

BE

ELECTROLYTE ANALYZER

CBS-50

Wondfo

POCT MACHINE

FINECARE FIA METER II PLUS SE

FINECARE FIA METER III PLUS

COAGULATION ANALYZER

OCG-102

BLOOD GAS ANALYZER

BGA-102

TiSENC

CLIA MACHINE

ACCRE 8

ACCRE 90

Haier Biomedical

Intelligent Protection of Life Science

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

www.fiamedical.com | FIA Medical Supply Inc. | (02) 8840-3552 | fiamedicalsupply@gmail.com

BioSystems

BioSystems Reagents & Instruments, Inc.

1754 E. Rodriguez Sr. Ave.,
Immaculate Conception, 1111,
Quezon City, Philippines
+632 77288401
biosystems@biosystems.ph

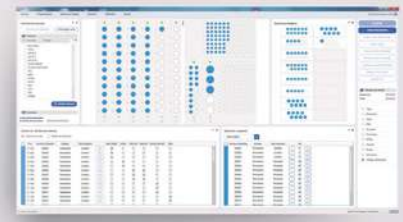
The new *iPRO*

Improved to work more and better in less space

· Making your lab bigger ·

Highly customizable software

Fits your workflow



Higher processing

- 6 racks with 11 samples
- 2 dilution racks with 96 positions
- Easy-handling and adaptable racks for different sample tubes
- 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)

MMJ BIOSYSTEMS PHILIPPINES, INC.

HEAD OFFICE:
Unit 330 & 332 Tower B SoleMare Parksuites, Bradco Ave.,
Aseana Business Park, Baclaran, Parañaque City,
1702 Metro Manila, Philippines

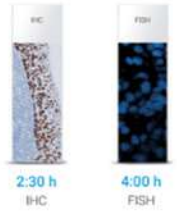
TELEPHONE: +632 8808-2219; 8636-1485
FAX: +632 8364-1726
EMAIL: info@mmjbiosystems.com
WEBSITE: www.mmjbiosystems.com

AGILENT
DAKO PATHOLOGY SOLUTION

HE, IHC, FISH, SS, HercepTest, PD-L1

Dako Omnis

Autostainer Link



Dako Coverstainer

Artisan Link Pro

ASI
DIGITAL IMAGING & ANALYSIS

Pathology - HE, IHC, FISH, PD-L1, WSI
Cytogenetics - Digital Karyotyping, FISH Analysis
Hyperspectral - HyperSpectral Imaging, Research

BIOCARTIS
IDYLLA SYSTEM

Fully automated molecular diagnostics system.
BRAF
KRAS
NRAS-BRAF
EGFR
MSI

ZEISS
MICROSCOPES, IMAGING SOLUTION

Upright Microscopes
Inverted Microscopes
Stereo and Zoom Microscopes

Bio-Optica

Manual special stain kits
Histology products

UNITMA

Tissue Microarrayer

Manual Tissue Microarrayer

Automated Tissue Microarrayer UATM-272B

pfmmedical
Quality and Experience

Rotary Microtomes
Grossing equipment

pfm Rotary 3004 M (manual)

pfm Rotary 3005 E (semi-electronic)

pfm Rotary 3006 EM (fully-electronic)

KOKUSAN

Table-top Centrifuge
Refrigerated Centrifuge

MUREX
Diagnostic Products Specialists

BIO TECHNOLOGY
boditech

ichroma™/AFIAS

Quick and easy test procedure | Better cost-effectiveness | Versatile platforms for all environments

TEST: 80 PARAMETERS ON-SITE AVAILABLE

Better kidney marker than serum creatinine

PENKID

- Fast Reliable biomarker for Acute Kidney Injury
- Monitoring real-time kidney function
- Early risk assessment using a single test

Active and latent TB total solution

TUBERCULOSIS

Latent TB

- Simple steps, speedy results
- Instant testing, zero waste
- Stays fresh at room temperature

- ichroma IGRA-TB
- AFIAS IGRA-TB

Active TB

- ExAmplex MTB/NTM
- ExAmplex MDR-TB
- IsoAmplar MTB

MUREX Diagnostic Products Specialists

ISO 9001:2015 CERTIFIED

08 Bonifacio Street, Poblacion East,
San Nicolas 2447, Pangasinan &
119 14th Ave., Cubao, Quezon City, Metro

+639 189647158
+075-600-8159
+02-8-962-8743

@murexdiagnostics.ph
www.murexdiagnostics.com
info@murexdiagnostics.com

SCAN ME

SCAN ME

The Atellica CI Analyzer addresses big challenges—all in a compact 1.9 m² footprint

The technology, reagents, consumables, and user interface found in high-volume labs, now in a smaller footprint

siemens-healthineers.com/atellica-ci-analyzer

The enormity of the challenges you face in the lab to deliver quality testing—quickly, consistently, and accurately—day after day, is constant. The Atellica® CI Analyzer is a low- to mid-volume chemistry and immunoassay analyzer specifically designed to address staff shortages and burnout, make patient care more predictable, and help empower you to be more agile in today's changing world—all critical aspects in today's evolving healthcare landscape.

You can scale capabilities where and when you need them.

Measuring 1.9 m², the Atellica CI Analyzer is specifically designed to help make your day better, more predictable and secure.

The Atellica CI Analyzer uses the same technology, reagents, consumables, and intelligent software as our flagship Atellica Solution, standardizing inventory and workflows and ensuring and clinical equivalence across your network.

SIEMENS Healthineers

Advancing Cancer Diagnostics
Improving Lives

Leica BIOSYSTEMS

Fast forward to next generation imaging

Introducing the

Aperio GT 450

Scale up Digital Pathology operations by increasing throughput in high volume pathology labs.

- Assign priority cases.
- Automated image quality check and slide calibration during each scan.
- No-touch continuous rack loading during scanning.
- 450 slide capacity packed into small size.
- Excellent image quality using Leica optics.

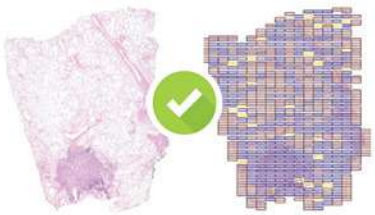
32 SEC
32 sec scan speed at 40x*.

81 PER HR
81 slides per hour at 40x*.

120,000 PER YEAR
Scan 120,000 slides per year operating the Aperio GT 450 for around 5 hours/day*.

Aperio GT 450 open face design allows you to continuously load racks while scanning is in progress to maximize productivity.

Assign priority cases for fast delivery of priority or routine cases directly to the Pathologist.



Featuring automatic image quality control, so you have image quality confidence before your scans reach the Pathologist.

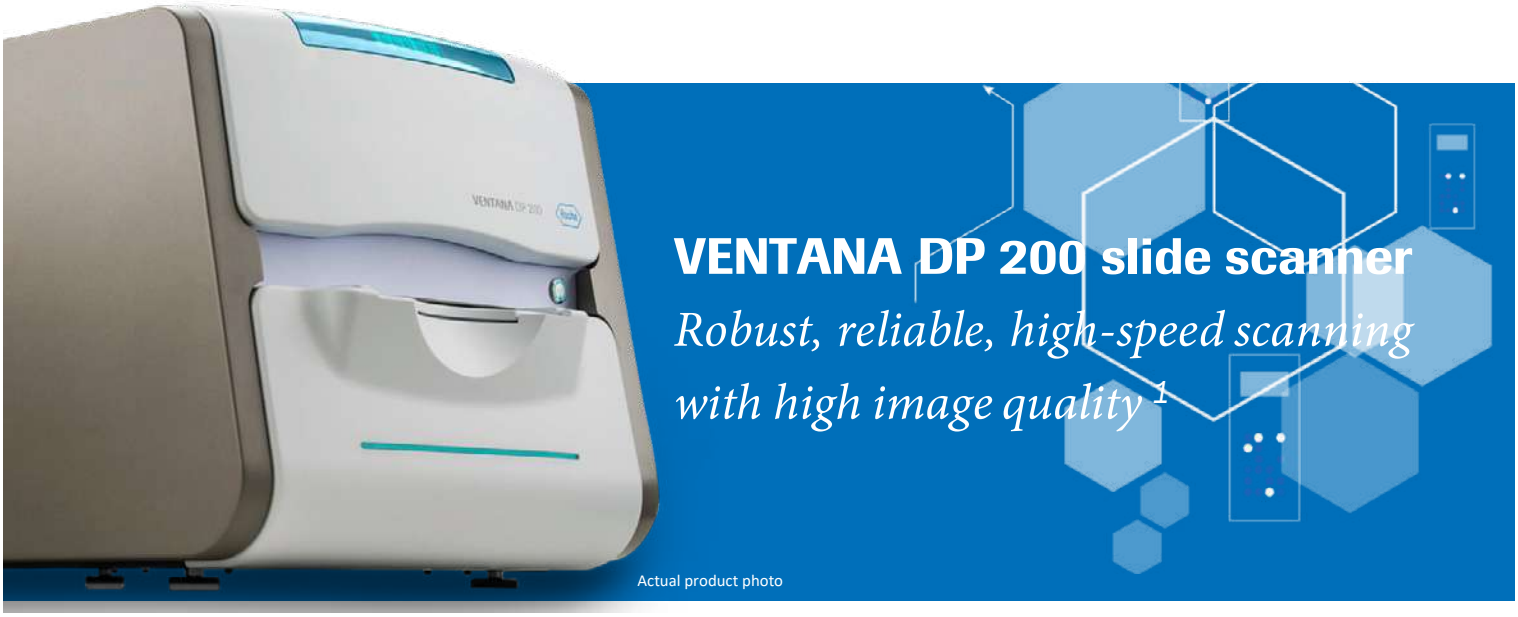
Stats page allows you to view slides scanned/day/ month/year, average scan area and average scan speed.

For research use only. Not for use in diagnostic procedures.

MRL CYBERTEC CORP
www.mrlcybertec.com
marketing@mrlcybertec.com

Digital Pathology Solutions

Innovative solutions empowering laboratories and Pathologists



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

Please review product information

diagnostics.roche.com
This website contains regularly updated information on products which are targeted to a wide range of audiences globally and could contain some products and services which may not be applicable in the Philippines. Please refer any inquiries to your local Roche contact.

Roche (Philippines) Inc.
Diagnostics Division

Unit 801, 8/F, The Finance Centre 26th St., corner 9th Avenue Bonifacio Global City, Fort Bonifacio Taguig City, Philippines

MC-PH-00352

Date of Production: April 2023

sysmex | Together for a better healthcare journey

XR-Series

Enjoy a worry-free walk-away standardised laboratory workflow

www.sysmex.com.ph

MARSMAN DRYSDALE MEDICAL PRODUCTS, INC.

G/F Molave Building, 2231 Chino Roces Avenue, Makati City, Philippines 1231
Tel.: 8751-9999, Fax: 817-8405
mdmpi@marsmandrysdale.com
https://www.mdmpi.com.ph/

BECKMAN COULTER
DxH 500 / 520/ 560 AL
Hematology System

BECKMAN COULTER
DxH 690T
Hematology System

BECKMAN COULTER
DxH 900
Hematology System

OPTIBIO
OPTICAL Q
Fluorescence
Immunoassay Analyzer

BECKMAN COULTER
Access 2 Enhanced
Immunoassay System

BECKMAN COULTER
Unicel DxI 600 / 800
Immunoassay System

FURUNO
CA - 270
Chemistry Analyzer

BECKMAN COULTER
DxC 700 AU
Clinical Chemistry System

BECKMAN COULTER
Iricell 3000
Urine Analysis System

DL BIOTECH
BT BLOCKCHAIN SERIES
Auto Blood Culture System

ARKRAY
ADAMS A1c LITE HA-8380V
Automatic Glycohemoglobin
Analyzer

"Caring for patients is our passion;
Accuracy is our priority;
Our diagnostic instruments are our guarantee."

BIOLINE MEDICAL SYSTEM

HEAD OFFICE
#12 Kaimito Ave., Town and Country Executive Village,
Marcos Hi-way, Mayamot, Antipolo City, Philippines

Contact Numbers
Cellphone: +63 917 121 7000
Landline :(02) 8 477 56 03 | (02) 7 905 4670

Email Address:
sales@biolinemedicalsystem.com
support@biolinemedicalsystem.com

Website:
https://biolinemedicalsystem.com

Urine Strip Analyser 500

DTN-405
Semiautomatic Photometer

DTN-510K
Semiautomatic Photometer

Haematology
DLB 3

DIAReader ELX800G

DIAWasher ELX50/8

Haematology
DLB 5

Coagulation Analyzers
DIAcheck® C1 | DIAcheck® C2 | C4

CoaLyser

Automatic biochemistry
analyzer Autolyser 450

Autolyser 250

Easylyte Plus
(Na+, K+,Cl-)

EasyLyte® Expand analyzer
(Na+/K+/Cl-/Ca++)

EasyLyte® analyzer
(Na+/K+/Ca++/pH)

EasyStat® blood gas analyzer

EasyElectrolytes™

EasyBloodGas™

Drake Marketing and Equipment Corporation

HistoPathology Laboratory Total Solutions:

- ☑ Innovation
- ☑ Reliability
- ☑ Smart
- ☑ Competitiveness

cold™ Automatic Cryostat Microtome

cold™ Biological Safety Pathology Grossing Workstation

cold™ Automatic Rotary Microtome

cold™ Spin Tissue Processor(Vacuum)

cold GERMANY

Cold GmbH
Gewerbestrasse 44431789 Leopoldshoehe
www.coldgmbh.com

Drake Marketing and Equipment Corporation
1052 Benigno Aquino Avenue Sitio 2 Bahay Pare,
Candaba, Pampanga 2013
www.drakephilippines.com

grepcor diamonde

GLOBAL • STANDARD • MARKET LEADER

Grepcor Diamonde Inc. 14A 3rd Street, New Manila, 1112 Quezon City, Philippines +63 (2) 8726.6400 · +63 (2) 8726.1000 grepcorinfo@grepcordiamonde.com.ph

* Web-based Laboratory Information System
* Web-based Blood Bank Information System
* Web-based Clinic Information System
* Web-based Quality Control System
* My Result Online
* Web-based Histopath Information System
* Web-based Radiology Information System

Telephone Number: (02) 880-3522
Cellphone Number: 0932-8516721 / 0917-7148353
Email: info@easy.com.ph
Website: www.easy.com.ph

Your PARTNER in advancing Medical Services through Information Technology

ZAFIRE DISTRIBUTORS, INC.
We Deliver Tomorrow's Technology Today.

THE ZAFIRE PORTFOLIO

LABORATORY EQUIPMENT

- **XN-Series** — 6- Part Hematology Analyzer
- **UN-Series** — Modular Automated Urine Analyzer
- **BX-3010** — Wet Chemistry Analyzer
- **CS-Series** — Blood Coagulation Analyzer
- **HISCL Series** — Blood Screening & Immunology Analyzer
- **NX-700** — Dry Chemistry Analyzer
- **FA-280** — Automated Stool Analyzer
- **URISCAN** — Semi-Automated Urine Strip Reader
- **PRIMERA** — Automated Slide and Tissue Printer
- **UC-3500** — Urine Analyzer for High Clinical Value
- **The Lab 001** — Capillary HbA1C Analyzer
- **BC Robo 7** — Automated Tube Selecting and Labeling

LABORATORY SUPPLIES

- **Vacuette** — Evacuated Blood Collection Tube
- **Clinell** — Universal Wipes
- **Urine & Stool Containers**
- **Mini-Collect** — Micro Collection Tube
- **Clinell** — Chlorhexidine Skin Wipes with Alcohol
- **Formalin** — Tissue Preservative
- **Visio Plus** — Multi-sample Needle with View Window
- **Purell** — Advanced Hand Sanitzer Gel
- **Paraffin Wax** — Tissue Preparation
- **Quickshield** — Needle Holder with Safety Features
- **Unistik** — Safety Lancets
- **Immersion Oil** — Microscope Use

BLOOD BANK

- **Terumo Teruflex** — Blood Bags
- **T-RAC II** — Blood Donation Mixer
- **XS-1010** — Tube Sealer
- **Mirasol** — Pathogen Reduction System
- **T-Seal Mobile** — Portable Tube Sealer
- **Composcale** — Blood Weighing Scale
- **B Medical** — Medical Transport Boxes
- **T-SCD II** — Sterile Connecting Device
- **DC-200** — Donor Couch
- **Reveos** — Automated Whole Blood Processor
- **IMUGARD III** — Leukocyte Filter for RBC and PLT
- **T-ACE II+** — Automated Component Extractor

sysmex · greiner bio-one · FUJIFILM · ECODAS · HÖRTIG rohrpost · gama healthcares · ATOM SCIENTIFIC · 沃文特 ORIENTER · GOJO · B medical systems · PRIMERA TECHNOLOGY, INC. · TERUMO

For product inquiry, please email us at customer_service@zafire.com.ph

Blue Cross

Where your Health comes 1st

Over 25 Years in PH Market

AutoLumo

Autobio

CLIA MICROPARTICLES

AUTOMATIC CHEMILUMINESCENCE IMMUNOASSAY SYSTEM

A1860

A2000 Plus

No. 1 In their Domestic Market

TUBERCULOSIS

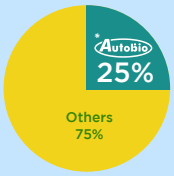
- TB-IGRA

Advantages of TB-IGRA CLIA method:

- The 1st TB-IGRA Clia Microparticles
- Results within 1 hour
- Fully Automated Process
- Screen for LTBI and active TB
- Uses only Lithium Heparin (green top) for extraction
- Eliminating interference from BCG and non-tuber culosis which can reduce false positive rates

TORCH

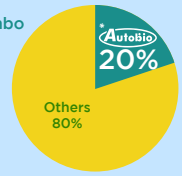
- Toxo IgM
- CMV IgM
- Rubella IgM
- HSV-1 IgM
- HSV-2 IgM
- Toxo IgG
- CMV IgG
- Rubella IgG
- HSV-1 IgG
- HSV-2 IgG



Complete Quantitative Test Panels

INFECTIOUS DISEASES

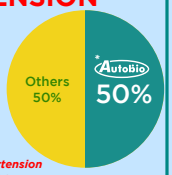
- HBsAg
- Anti-HCV
- Anti-HIV
- HIV Ag/Ab Combo
- Anti-TP
- HAV IgM
- HEV IgM
- HEV IgG
- Anti-HBs
- HBeAg
- Anti-HBe
- Anti-HBc
- HBV PreS1-Ag
- Anti-HBc IgM



Complete Test Menu
High Sensitivity and Specificity

HYPERTENSION

- Angiotensin II
- Aldosterone
- ACTH
- Cortisol
- Renin



- *Good correlation with international standards*
- *Identification of primary hypertension and secondary hypertension*

- Allergy
- Anemia
- Cardiac Markers
- Tumor Markers
- Thyroid
- Endocrine Hormone
- Bone Metabolism
- Growth Hormone
- Diabetes
- Pre-natal
- Hepato Fibrosis
- Inflammation Monitoring

MITZUKO

"YOUR PARTNER IN LABORATORY SCIENCE."

HBA1C GLYCOSYLATED HEMOGLOBIN ANALYZER

HiQ-40

HPLC-5

HEMATOLOGY ANALYZER

iZer-H100

iZer-H60

CHEMISTRY ANALYZER

iZer-480

iZer-A240

DRUG SCREENING TEST

RAPID SCREENING TEST

URINALYSIS REAGENTS

SCAN FOR MORE DETAILS

BE ONE OF OUR PARTNERS!

Philippine Blue Cross Biotech Corporation
Suite 2101 Tektite East Tower Exchange Road III, Ortigas Center, Pasig City
8-687-9999 • 0917-7077771 bluecrosscustomercare@euroempire.com

TIAN LONG | KHB KEHUA BIOTECH

VISIT US AT BOOTH
PLATINUM #7

INTEGRATED IVD SOLUTION

RELIABLE | ACCURATE | STABLE

CLINICAL CHEMISTRY

- **5** Instrument Modules
- **80+** Reagents

CLIA

- **2** Instrument Modules
- **40+** Reagents

ELISA

- **4** Instrument Modules
- **30+** Reagents

MOLECULAR DIAGNOSTICS

- One-Stop Solution
- **30+** Instrument Modules
- **130+** Extraction Kits
- **270+** PCR Kits

COLLOID GOLD

- WHO PQ
- CE IVDR

Tianlong Science and Technology Co., Ltd.
Mail: inquiry@medtl.com Phone: +86-29-82682132
Website: www.medtl.net Address: 4266 Shanglin Road, 710021, Xi an

Shanghai Kehua Bio-engineering Co., Ltd.
Mail: International@skhb.com Phone: +86-21-64950625
Website: www.skhb.com/en/ Address: 1189 North Qinzhou Road, 200233, Shanghai

Labmate
PHARMA INC.

Your Partner in Providing Safe and Quality Diagnostic Products with Excellent Service

BLOOD BANKING

POINT OF CARE TEST DEVICES

HEMATOLOGY

TB LAMP

HISTOLOGY MACHINES

LINE IMMUNOASSAY READER

CHEMISTRY

In Partnership with: lmb · URIT · Human Diagnostics Worldwide · EKF · Tulip Group · Myr Especialidades Médicas Myr S.L.

3rd Floor Jafer Building, 118 West Avenue, Quezon City, Philippines.
Tel. No. 63 (2) 927-3211 Fax No. 63 (2) 927-3124

OMNIBUS
BIO-MEDICAL SYSTEMS, INC

PROVIDER OF THE BEST QUALITY IMAGING AND LABORATORY EQUIPMENT

VISION

To be the number one preferred partner of leading life science industries.

MISSION

To provide the best value in life science equipment with highest regard for product support and training

SERVICES OFFERED:

- CALIBRATION
- CHECK UP
- RENTAL OF SERVICE UNIT
- SALES
- INSTALLATION / REPAIR
- TRANSFER OF UNITS
- ON CALL TECHNICIAN

WORLD'S MOST TRUSTED BRANDS
Partners for Life

@OmnibusBMS

IQNET LTD
Management Systems
ISO 9001:2015
DE-50502162 QM15

Hettich LAB TECHNOLOGY

Centrifuges, Refrigerated Clinical Research, Micro, Hematocrit & Pipettors

PHCbi
FORMERLY Panasonic SANYO

Blood Bank Ref, Pharma Ref, Ultra Low Freezer & Incubator

OLYMPUS Scientific Solutions
is now EVIDENT
New name, same commitment to you

Biological & Research Microscopes

sales@omnibus.ph
www.omnibus.ph
8 7 2 7 - 1 0 5 8
0917 811 1862
4th Floor, Wilson Corporate Center, 225 Wilson Street, Brgy. Greenhills, San Juan, Metro Manila

OMNIBUS
BIO-MEDICAL SYSTEMS, INC

PROVIDER OF THE BEST QUALITY IMAGING AND LABORATORY EQUIPMENT

SB-KAWASUMI

MetaSystems

POL-EKO APARATURA

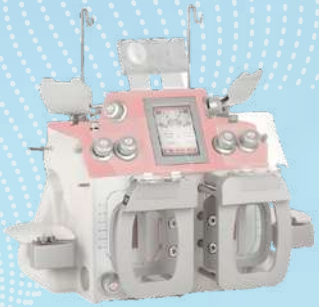
Abbott Molecular

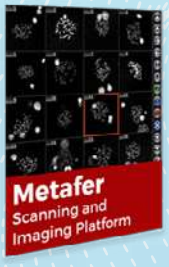
Blood Bags & Plasma Separator

Automated Imaging Solutions

Laboratory Incubators, Drying Ovens, Fumehood, Laboratory Shakers

Vysis F.I.S.H Probes & Automated FISH Stainer Processor





sales@omnibus.ph
www.omnibus.ph
8 7 2 7 - 1 0 5 8
0917 811 1862
4th Floor, Wilson Corporate Center, 225 Wilson Street, Brgy. Greenhills, San Juan, Metro Manila

VISION

The Philippine Society of Pathologists will be a unified and cohesive force composed of highly competent, globally recognized professionals collaborating with local and international health partners, including the academe and other societies working towards the advancement of the profession of Pathology and Laboratory Medicine.

We will be at the forefront of patient care while adhering to the highest standards in service, training and research.

MISSION

To foster solidarity through proactive participation in society activities and advocacies enhanced communication and adherence to professional and ethical standards.

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

To lead the way towards the advancement in the field of Pathology and Laboratory Medicine through active participation in local and global collaborative research.

To promote the role of socially responsible Pathologists in the healthcare system by coordinating with policy makers, stakeholders, other societies and healthcare partners in service, training and research in the local and international arena in support of the national health agenda.

CODE OF ETHICS

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;

I SHALL NOT DIVIDE, either directly or by means of any subterfuge, fees for laboratory services with referring physicians;

I SHALL NOT COMPETE for professional services on the basis of fees;

I SHALL NOT ISSUE reports to patients except when requested to do so by the patient's attending physician;

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;

I SHALL NOT ACCEPT a position in any hospital, institution or other medical organization which does not protect the welfare and interest of the pathologist;

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;

I SHALL ALWAYS SHOW RESPECT to the officers of the society as well as to its elders and to the principles that they represent. Towards this end, I shall always exert effort to support the programs and activities of the society and, that further, I shall exert every effort to contribute to the success of its endeavor;

IN WITNESS WHEREOF I have hereunto set my hand and name before God Almighty and before my colleagues in the practice of pathology.

THE PSP HYMN

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]