April 2009

SGOP News

The Official Newsletter of the Society of Gynecologic Oncologists of the Philippines (Foundation), Inc.

Inside

The 2009 JOINT SGOP and PSCPC MIDYEAR CONVENTION

The SGOP-PSCPC is scheduled for a high level scientific meeting this April 4-6 for its midyear meeting. Topics include **Basics of Targeted Therapy** (Dr. Elizabeth Strebel), **Targeted Therapy in Gynecologic Oncology** (Dr. Myra Mann), **CT Scan/ MRI Based Treatment Planning in Patients with Locally Advanced Cervical Carcinoma** (Dr. Esther Ganzon), **Chemotherapy for Cervical Cancer as Radiosensitizer and Adjuvant Treatment** (Dr. Rommel Duenas), **Immunohistochemistry/ Tumor Ploidy in Gynecologic Oncology** (Dr. Doris Benavides), **Minimal Access Pelvic Surgery** (Dr. German Tan-Cardoso) and **Current Classification of Colposcopy Barcelona 2002** (Dr. Richard Cacho). Day 2 will be spent on **Updates on the Bivalent Vaccine** and **The Role of Topotecan in Gynecologic Cancer**. Novel about this midyear is the assignment of topics to our younger colleagues as speakers to update the more senior members.

The site of the midyear is also new for most of us. CamSur Watersports Complex CWC in Naga City, Camarines Sur is an internationally renowned tourist spot . Described as the Mecca of Watersports, it will host the "World's Ultimate Wake Championship 2009" on March 24-29 with professional wake riders . During the same time that we are holding the midyear meeting, another event "The Iron Man" may be ongoing. Accommodation for us during the 2-night stay maybe the cabana or the "container" quite innovative but cozy. Amenities for us and our family are the swimming pool, skate park, bike park, massages, game room and free wifi. Other places to check out in Camarines Sur are the EcoVillage, Caramoan Peninsula, Lake Buhi, hot springs, waterfalls, Gov's Island, whale, sharks and dolphin watching, cliff hanging and nature hikes. We have to visit these sites on our own expense and time on Sunday afternoon.

For our fellowship night, a team building activity is being organized by GSK. Adventure and fun will foster greater camaraderie among our members.

This midyear meeting will surely provide a unique and exciting experience for our mind, our body and soul.

MCF. PALMA

From: The Committee on SGOP Foundation Day Activities

1. The SGOP Hymn / Anthem Contest is still open. The lyrics and notes should be submitted, along with a CD, to the secretary of SGOP or directly thru Dr. Aris Dungo, Chair of the SGOP Foundation Day Committee. Deadline for submission of entries is on April 30, 2009. This is to give time for the winner to practice the piece. The winning hymn will be presented on the foundation day celebration.
2. The Committee is requesting for old SGOP pictures (the older, the better) , to be included in the souvenir program and video presentation.
3. The SGOP Foundation Day celebration is on August 13, 2009

A DUNGO

EDITORIAL: IGCS in Bangkok, the "*Sidelights*"

A month before the siege of the *Suvarnabhumi Airport* and about 2 months before the Honorable *Abhisit Vejjasiva* became Prime Minister, Thailand was host to the 12th Biennial Meeting of the IGCS. Held in the country's "intriguing capital city" of *Krung Thep* (City of Angels), or known to us as Bangkok, the host country welcomed thousands of delegates from all over the world. The Philippine delegation alone numbered some 50 or more and to my estimate, this makes up some 70% to 80% of all gynecologic oncologists of the Philippines.

From the "cerebral" point of view, The organizers worked hard to "develop an interesting and stimulating program, covering a wide range of discipline and interests". Advanced knowledge, techniques and novel approaches were given emphasis. By the way, if interested, in-depth browsing of the different lectures/presentations may be done by logging on to the IGCS website.

Sidelights however, are more exciting! Within the Queen Sirikit National Convention Center, Dr. Efren Domingo offered the first of these stimulants as he co-chaired one plenary session and gave an unexpected lecture in place of an absentee presenter. The junior members of the group likewise made their mark as they presented their respective papers: Drs. Nac Flavier (her paper appears in this issue), and Lizette Strebel (oral/poster presentations); Drs, Edelyn Badilla, Renee Sicam, Maura Catabijan and Donna Jill Tablante (poster). (My apologies should I inadvertently forgot to mention other presenters).

The energy however, is on a higher level outside the convention center! There were so "many places to see, so much shopping to do"! No one from the delegation I suppose can claim a hundred percent attendance to the meetings. This is rather understandable since the meeting fell on a weekend and one must necessarily skip some lectures to go to the *Chatuchak Weekend Market*. Shopping, I noticed was top priority. Wholesale shoppers of "*pasalubongs*" had a field day at *Praturnam Market,* while those who would rather go to some place trendier, patronized the *Siam Paragon* group. But of course the best experience is to be hijacked (kidnapped?) by a very apologetic and contrite taxicab driver who brings you to the Thailand Tourist Center. He literally begs you along the way to "please, please just pass by the tourist center" so he can get his free 5-liters of gasoline (reward to cab drivers for every group of tourists brought there). Unfortunately, jewelries in the said center were so "yummy" you end up staying for an hour or two and leave the place with a precious parcel but a few thousands poorer.

Then again, there is the mandatory visit to the temples, *Wat Pho* (Temple of the Reclining Buddha) among others. There is another exotic "temple" though visited by mostly the male and some adventurous female guests. I suggest you consult the person next to you if he or she was with the group who trekked down the *Pat Pong* district! Surely, the cultural show there is much different from that shown at the *Siam Niramit Cultural Center*!

So these activities filled up the 5-days holiday, I mean conference, in the Land of Smiles in the city straddling the bank of the *Chao Phraya River*. In this land where tradition and urbane living goes hand in hand, the anathema to pleasure become non existent!

Left: The Philippine Delegation (half of it, anyway) in front of the IGCS booth; Right: Drs. Limson, Manalo and Sia Su, taken during a lecture break

The President's Notes

As the saying goes "Better late than never". Allow me, therefore, to greet everyone a belated "Happy New Year!".

Even with the global economic crisis, the year 2008 has been a fruitful and memorable one for SGOP. I am happy to report of what we have achieved so far.

- The staging of 2 Tumor Conferences. This committee is presently headed by Dr. Jericho Thaddeus Luna.
- The Committee on Community Service, headed by Dr. Benjamin Cuenca through the Cervicare Program has undertaken 3 Outreach activities.
- The successful staging of the Midyear Convention last April 12-13, 2008 at Taal Vista Hotel. This was also a joint activity with the Infectious Disease Specialist and the PSCPC. The Committee was headed by Dr. Christine Palma.
- Under the leadership of Dr. Efren Domingo, the revisions to the SGOP Treatment Guidelines were discussed during the Midyear Convention
- The publication of 1 issue of The Philippine Journal of Gynecologic Oncology led by Dr. Genara M. Limson
- The publication of 2 issues of the SGOP Newsletter headed by Dr. Teresita B. Cardenas
- The successful planning, organizing and subsequent staging of the 24th Anniversary Celebration and 2008 Joint Annual Convention of the SGOP, PSCPC and PSSTD. The Organizing Committee was ably headed by Dr. Gil Gonzalez
- The Research Committee headed by Dr. Rafael S. Tomacruz had the Research and Interesting Case Contest on Sept. 17, 2008
- The launching of the Gynecologic Cancer Registry. Through the hard work of Dr. Lilli May Cole and Dr. Jean Toral, the revised form was presented and approved last Midyear Convention. I hope that our members will actively participate in this endeavor.
- Dr. Concepcion D. Rayel and her committee has reviewed and recommended amendments to our Constitution and By-laws. It is hoped that these amendments will be ratified by the general membership during our Midyear Convention in CamSur on April 4-5, 2009.
- Since our society was organized in 1984, this year we will be celebrating our Silver Anniversary. Dr. Aris Luke Dungo, the Chair of the Committee on Foundation Activities is now busy planning and organizing our celebration of this momentous event
- Through the efforts of Dr. Manuel Manabat, our own SGOP Website will soon be in operation. The different committees will be given their column here. It is hoped that the Gynecologic Cancer Registry will be easier to accomplish through this website.

For the first time, we were able to hold a very successful joint Tumor Conference and Community Service activity outside of Metro Manila, in Davao City specifically. It is hoped that we can duplicate this activity this year.

Thanks a lot to our benevolent partners from the pharmaceutical industry who supported us in all these activities. But, foremost, the success lies on the cooperation of the SGOP members.

I therefore enjoin the continued cooperation of everyone in SGOP not only for 2009 but for the coming years to come.

A very challenging year lies ahead of us.

WEBSITE UPDATE

Head: If at first you don't succeed

In 2007 our SGOP website was good to go. Thanks to the efforts of our members, the site was up and clickable. We were briefed and coached on how to maintain and update the site. Our server was online and the Society was well on its way towards the digital age.

And then reality bit.

Though we were given instructions and trained on how to run the site, a day's worth of tutoring does not a web master make. And so for lack of practical knowledge and lack of extra time devoted to site administration, the SGOP site died a natural death.

Well not exactly. It was more like a hibernation, because now we have the site back up (obviously for you reading this). And building from our experience from our first effort we now have a base a knowledge from which we can ensure that this site stays up. We now have a corporate sponsor who will finance the computer experts who set up the site and, importantly, who will also maintain it for at least the next two years.

The site contents are fully geared towards furthering the aims and goals of the Society. More than merely a listing of the SGOP's recent activities, it is also an important repository of knowledge. The Tumor Registry is a significant component of the site. But there will also be buttons for Continuous Medical Education (CME), News and Events, Journal and Research which will also contain information that will continuously upgrade the standards of practice gynecological oncology in the country. FAQ's will be both for the health professionals and non health professionals. There will also be links to gynecologic oncology sites all over the world.

And patients will also benefit from the site. Patients can learn more about their condition and the nature of their disease. The Find a Physician section will also further their efforts in finding a gynecologic oncologist in the respectivef region. This will also be complemented with an email account @sgop.org to facilitate communication of referrals.

So stay as long as you like and click around. If there is anything more you would like to see on this site please let us know. www.sgop.org will be at your service….soon!!

M. MANABAT

GYNECOLOGIC CANCER TUMOR REGISTRY

It was during our 2008 Midyear Convention in Tagaytay that the launching of our very own GYNECOLOGIC CANCER TUMOR REGISTRY was announced. The Committee is headed by no less than our president, DR. REY DE LOS REYES with Drs. Lilli May Cole and Jean Anne Toral as members. It was first met with some reservations because of problems with patient confidentiality. However, upon informal legal consultation, it was established that patient confidentiality will not be breached because the purpose of the Registry is for statistics and the names of the patients will be revealed only to the assigned global administrator. The Tumor Registry form was presented then and approved with corrections. During the succeeding months, the forms were sent through electronic mail to all the members of the society with known email address with the secretariat. As an added measure, hard copies were also farmed out to the members with the help of the Biomedis product specialists. The response was not overwhelming. It was late last year when we started to receive the forms. To date, the secretariat has received a total of 95 forms mainly from the two training institutions and one member. The tedious process of accomplishing the forms has been blamed for this lack of response from the members. Understandably, accomplishing these forms would require time from our very busy schedules. Hopefully, the establishment of our website will make the process easier for all of us.

At present, we are in the process of computerizing the whole system as part of our Society's website, again in partnership with Biomedis. The Committee has been meeting with the web developers regularly to create a very user-friendly tumor registry that can be accessed via the internet. Meanwhile, we are appealing to our members to make do with our present method until such time that the computerization becomes fully operational. The secretariat will be awaiting your forms and the Biomedis people are more than willing to act as couriers. As soon as a reasonable number is reached, the Committee will present the data that can be generated from this. The information that we can get from this Registry will be invaluable not only to the Society but to our practice as well.

A cascade session with the members is being planned by the Committee and by the web developers as soon as the system is ready for use. This is to familiarize the members on how to go about using the Registry. We hope to accomplish this by the first half of this year.

LMT. COLE

SGOP HOLDS 7TH INTERESTING CASE & RESEARCH PAPER CONTEST

The Society of Gynecologic Oncologists of the Philippines (SGOP) in partnership with Biomedis Oncology successfully held its 7th Annual Interesting Case and Research Paper Contest last September 17, 2008 at the UAP Conference Room, 2nd floor Greenfields Building, Mandaluyong, MetroManila. It was truly a banner year for the Research Committee as the number of papers submitted for both categories surpassed those in previous years. The committee, headed by Dr. Raffy Tomacruz and his members, Drs. German Tan Cardoso, Trixie Luna-Sun, Ron Campos, and Joy Garcia, had a tough job of reading through 29 interesting cases and 6 research papers in order to narrow the field to 6 interesting case and 4 research papers. As in previous years, hospitals from Metromanila submitted the most papers but kudos goes to Davao Doctors Hospital who submitted 2 papers, both of which entered the final contest proper.

The winners in this year's Interesting Case and Research Paper Contest are the following:

Interesting Case Papers

1st: **Malignant Mixed Tumor of the Vulva in a Young Patient** by Renee Vina G. Sicam (UP-PGH)

2nd: **The Baby is now a Lady: A Case of Ovarian Tumor Induced Pseudo-Precocious Puberty in an Eighteen Month Old Child** by Donna Jill Tablante-Reyes (Davao Doctors Hospital)

3rd: **The Uncertain Primary: Definite Diagnosis of a Pelvic Malignancy Utilizing Immunohistochemistry** by Rhea Stephanie C. Lee (Cardinal Santos Medical Center)

Research Papers

1st: **Correlation between Preoperative Serum CA 125 and Surgicopathologic Prognostic Factors in Endometrial Cancer** by Elizabeth E. Espino-Strebel (UP-Philippine General Hospital)

2nd: **The Correlation of Lower Uterine Segment Involvement with Lymph Node Metastasis in Endometrial Carcinoma: A Retrospective Analysis** by Genalin F. Fabul (Jose Reyes Memorial Medical Center)

Our deepest gratitude goes to the Board of judges who have extensively read the final papers and patiently listened to all the contestants during the contest: Drs. Lora Tansengco, Teresita Cardenas, Manuel Manabat, and Christine Palma (who ably filled in for Dr. Tansengco during the contest proper as the latter was unable to make it due to an important engagement). The society hopes that in the years to come, more residents and fellows in training will realize the importance of disseminating basic and advanced knowledge in gynecologic oncology and promoting interest in research on genital tract malignancies.

R. TOMACRUZ

A COMPARISON OF DIFFERENT TREATMENT MODALITIES . . . *from page 6*

It has been reported in earlier studies that radical hysterectomy in women affected by endometrial cancer was associated with significant morbidity. However, in the more recent studies mentioned comparing both treatment modalities, this observation was not seen. In the study done by Mariani et al analyzing the role of radical hysterectomy in surgical stage II endometrial cancer, the mean operative time was significantly higher for the RHBSO than the EHBSO group but the mean operative blood loss did not differ statistically between the two groups. This observation is similar to the present study with respect to the mean operative time. However, there is a significantly increased operative blood loss in the RHBSO arm in this study. This could be attributed to the fact that RHBSO were performed by the fellows in training in this institution. There was no increased postoperative complication rate among patients treated with RHBSO compared with those treated with EHBSO.

In this study, it is also important to recognize that the primary surgical management was at the discretion of the treating physician and therefore subject to significant personal selection bias. In the SEER data, it was mentioned that RHBSO was selected for those with extensive cervical involvement, deep myometrial invasion, aggressive histology, or poor tumor grade. In this institution, no definite selection criteria have been made regarding what surgical intervention is to be performed on the different clinical Stage II cases. Some would opt to select EHBSO followed by RT for clinical Stage II patients with poor prognostic factors such as grade 3 differentiation, deep myometrial invasion and LVSI thereby increasing the observed survival of those treated by RHBSO alone. However, the different treatment arms showed homogeneity in terms of the presence of these poor prognostic factors thereby not affecting the results. An attempt to analyze the effect of the presence of these poor prognostic factors on the survival of these patients was made but no conclusions can be drawn from this study.

Conclusion: In summary, the population of Stage II endometrial cancer in this institution was similar with those reported in foreign literature, both in incidence, demographic and clinical characteristics and as well as 5-year over-all survival. Likewise, this study also demonstrated that in patients with surgical Stage II endometrial cancer, radical hysterectomy affords improved survival compared with extrafascial hysterectomy, with or without adjuvant radiotherapy. It is therefore recommended that when cervical involvement is known or highly suspected, RHBSO be considered as the surgical treatment of choice, if not medically contraindicated. Especially in developing countries such as ours, where radiation facilities are sparse and not accessible to the majority, primary surgery in the form of RHBSO would be a better alternative.

Given the retrospective nature of this study, the data collected were based only on the medical records retrieved and may be subject to certain biases. Therefore, a prospective evaluation of RHBSO compared with EHBSO for the management of Stage II endometrial carcinoma would provide better recommendations. However, as was stated in several studies, because of the relatively low incidence of Stage II endometrial cancer, it is highly unlikely that such a study be performed. As such, most of the retrospective data may serve as the basis by which surgical management of patients with clinical Stage II endometrial cancer is determined.

NB. This paper was presented at the 12th Biennial Meeting of the IGCS. This is an abridged copy, to view the paper in its entirety, kindly refer to the SGOP Journal published 2008

A COMPARISON OF DIFFERENT TREATMENT MODALITIES FOR ENDOMETRIAL CARCINOMA WITH CERVICAL INVOLVEMENT

Carol Marjorie H. Pacioles-Flavier, M.D., Jericho Thaddeus P. Luna, M.D. and Augusto M. Manalo, M.D.

Objectives: The aim of this retrospective study is to identify preoperative, operative, pathologic, and therapeutic factors that may predict the outcome of Stage II endometrial cancer and to compare the different treatment modalities in terms of survival after radical hysterectomy or extrafascial hysterectomy with or without radiotherapy, or primary radiotherapy followed by extrafascial hysterectomy.

Methods: Ninety-seven women with surgical Stage II endometrial cancer treated at the Philippine General Hospital between January 1995 to December 2006 were reviewed. Data regarding patients' characteristics, surgical procedure, postoperative treatment and complications, and outcomes were recorded. Factors were compared using the one-way ANOVA and the Pearson chi-square tests. The over-all survival curve was constructed using the Kaplan-Meier method.

Results: A total of 97 patients diagnosed with endometrial carcinoma with cervical involvement seen from 1995-2006 were reviewed. Of the 97 cases identified, 14 patients underwent RHBSO alone (15.38%) and comprised Arm I. Fourteen patients underwent EHBSO alone (15.38%) and comprised Arm II, while 61 (67.03%) underwent EHBSO + RT, which comprised Arm III. Primary surgical management included an EHBSO in 84.3% of cases and an RHBSO in the remaining 15.7% of cases. Stage IIA disease was diagnosed in 34.8% of cases, whereas Stage IIB disease was diagnosed in the remaining 65.2%. No recurrences were noted in the RHBSO arm while 21.4% recurred in the EHBSO alone arm, and 14.7% recurred in the EHBSO + RT arm ($p=0.01$). Patients managed with RHBSO had improved five-year overall survival compared with those treated with EHBSO, 85.2% vs 45.3%, $p=0.01$. In those treated with EHBSO, patients treated with adjuvant radiotherapy had a 5-year overall survival rate of 57.9% compared to 38.8% in those who did not receive adjuvant radiotherapy, $p<0.01$. In comparing the 3 treatment arms, RHBSO alone showed a higher 5-year survival rate of 85.2% as compared to 57.9% in the EHBSO + RT arm and 0% in the EHBSO alone arm, and this was statistically significant ($p<0.01$).

Discussion: In the literature, there is no agreement on the best treatment modality for women with Stage II endometrial cancer. Historically, endometrial cancer was treated with primary or preoperative radiotherapy. Several studies have reported a 62-78% five-year survival rate with this treatment modality. However, studies have shown that 50% of post-irradiated hysterectomy specimens contained pathologic evidence of persistent carcinoma, and local recurrent disease was common[7]. With the changing of the staging of endometrial cancer to a surgico-pathologic staging, there has been a shift to a primary surgical treatment for endometrial cancer and primary radiation therapy has been reserved for the medically inoperable cases.

The two main primary surgical treatment modalities for endometrial cancer with cervical extension are extrafascial hysterectomy with bilateral salpingo-oophorectomy (EHBSO) and radical hysterectomy with bilateral salpingo-oophorectomy (RHBSO). This may be followed by adjuvant radiotherapy depending on the presence of poor prognostic factors. Both of these modalities resulted in a 64-86% five-year survival rate. Several studies have compared the prognosis of patients with Stage II disease treated with the two surgical modalities and they have conflicting results. In a study by Feltmate et al, no significant difference in prognosis has been reported between RHBSO and EHBSO. A similar result was shown in the study by Eltabbakh and Moore, Elia et al and Tamura et al. Both recommended that simple hysterectomy may be sufficient in patients with microscopic cervical involvement but the patients with gross cervical spread should be treated with radical hysterectomy. A study by Boente et al reported a 75% 5-year survival rate for those treated with RHBSO while those treated with EHBSO, with or without RT, only showed a 42% 5-year survival rate. Ayhan et al also showed a slightly higher survival rate for patients who underwent RHBSO as compared to EHBSO plus adjuvant RT, but the difference did not reach statistical significance. More recently, retrospective studies comparing the two treatment modalities have suggested that primary RHBSO improves survival in women with this disease. Mariani et al reported that in patients undergoing RHBSO, 5-year disease-free survival rate was 88% in the 57 patients with surgical Stage II endometrial cancer. In this study, adjuvant RT appear to improve prognosis but more particularly in the patients who underwent EHBSO. In the 68 patients reported by Sartori et al undergoing RHBSO, the 5-year survival rate was 94%, compared with 79% in the 135 patients undergoing EHBSO. The role of adjuvant RT seemed to reduce the recurrence rate but there was no significant difference in survival. Cornelison et al used the 1998 Surveillance, Epidemiology, and End Results (SEER) data to determine that the 5-year overall survival rate in 377 patients with surgical Stage II endometrial cancer undergoing RHBSO was 93%, compared with 84% in those undergoing EHBSO. Survival for patients who received combination radiation and surgery as primary therapy was 82.77% with EHBSO and 88.02% with RHBSO. The addition of radiation therapy did not carry a significant effect on the overall survival in both treatment modalities. The results of the study by Cohn et al showed a significantly better 5-year disease free survival rate in patients undergoing RHBSO compared with EHBSO (94% compared with 76%). Adjuvant radiation did not lead to improved survival. In most studies that favored RHBSO as primary treatment for Stage II endometrial cancer, they rationalized that for radical hysterectomy removal of parametria provides more adequate free surgical margins. This approach may have reduced the incidence of local recurrence and possibly improve survival. In this study, very similar results were demonstrated with a significantly better 5-year overall survival rate for the RHBSO arm (85.2%) compared with the EHBSO arm (45.3%). With the addition of adjuvant RT for the EHBSO arm, the 5-year overall survival rate was still statistically superior for the RHBSO arm (85.2%) compared with the EHBSO + RT arm (57.9%). From these data, it can be recommended that radical hysterectomy be performed for all patients with clinical Stage II disease.

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