

SGOP News



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

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SGOP- PSCPC Midyear Meeting

Another exciting midyear meeting is in store for the members of SGOP and the PSCPC. This educational and recreational event will be held on May 3-4, 2010 at the very exclusive (Ayala Land Corp) Anvaya Cove in Subic.

This year's midyear convention is primarily for us to discuss the Updates on the Clinical Practice Guidelines on the different gynecologic cancer. UPPGH Gyne Onco will present the recommendations based on the Section's research/consensus for Cervical Cancer (Dr. Julieta Germar), Endometrial Cancer (Dr. Carolyn Zalameda-Castro), Ovarian Cancer (Dr. Jean Toral), Vulvar/vaginal Cancer (Dr. Glenn Benitez) and Breast Cancer (Dr. Jericho Luna). The final consensus of the Society will be presented in the annual convention of the Philippine Obstetrical and Gynecological Society.

Certain controversies in the practice of gynecologic oncology will also be discussed: Dr. Leo Aquilizan for "Chemoradiation or Chemosurgery for Cervical Cancer", Dr. Irene Mag-iba for "Neoadjuvant Treatment for Stage III Endometrial Cancer" and Dr. Helen Yambao for "Recurrent Ovarian Cancer: Sequencing of Chemotherapy".

The Midyear convention co-chair Dr. Teng Ganzon has cooked up a wacky and exciting party for the Monday evening fellowship night. Music, dance, games and prizes await the participants.

Day 2 is devoted to Updates on the Bivalent Vaccine and a higher level of team building would be handled by a professional events organizer through the generous sponsorship of GSK. After lunch, the SGOP and PSCPC participants are free to further enjoy the facilities.

We are looking forward to another successful midyear meeting.

CFPALMA

Looking back: The 2009 SGOP-PSCPC-PSSTD Joint Convention

Planned in close coordination between Dr. Rey H. de los Reyes, President of the Society of Gynecologic Oncologists of the Philippines (SGOP), Dr. Cynthia F. Fernandez, President of the Philippine Society for Cervical Pathology and Colposcopy (PSCPC), and Dr. Ma. Bernadette O. Cruz, President of the Philippine Society for the Study of Trophoblastic Diseases Inc. (PSSTD), the successful collaborative affair was the third time for the three Societies to engage in a joint convention last August 27-29, 2009 at the Hotel Intercontinental in Makati City.

The SGOP celebration of the 25th Anniversary of its founding on the evening of August 27 provided a grand welcome reception for members of the 3 Societies and their guests. The highlights of the celebration were the video presentation of the history of the SGOP and the awarding of plaques of recognition to the founding officers, members, and to all its past Presidents.

The Opening Ceremony featured Dr. Eugene Ramos, a renowned cardiologist and who also has extensive experience in the pharmaceutical industry, whose keynote lecture addressed the delicate and complicated relationship between physicians and health industry partners.



SGOP past Presidents Dr. Rainerio Abad, Dr. Augusto Manalo, and Dr. Isidro Benitez share a light moment with Keynote Speaker Dr. Eugene Ramos (second from left) before the opening ceremonies.

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POLITICS and CANCER

In a few days time, responsible citizens like us will troop down our respective voting precincts to assert our right to vote for the candidate we most believe in. By this time, each one of us would already have a bet on who can best answer (and solve) national issues that we think should be priorities. Before writing this article, I looked into the individual candidate's "platforms". Needless to say, I was assuming I would read some rosy hope for the dreadful diseases we are all concerned with.

During the 2008 U.S. presidential campaign, then Senators Barack Obama and Joe Biden published a plan to combat cancer that entailed doubling "federal funding for cancer research within 5 years. Their plan would provide additional funding for: a) research on rare cancers and those without effective treatment options, b) the study of health disparities and evaluation of possible interventions, and c) efforts to better understand genetic factors that can impact cancer onset and outcomes. President Obama's 2009 economic stimulus package includes \$10 billion for the NIH, which funds much of the cancer research in the U.S., and he pledged an increase in federal funding for cancer research by a third for the next two years as part of a drive to find "a cure for cancer in our time". True to his promise, on 30 September 2009, he announced that \$1 billion of a \$5 billion medical research spending plan would be earmarked for research into the genetic causes of cancer and targeted cancer treatments (www.barackobama.com). Some skeptics would likely comment that President Obama has a personal interest in cancer research and management simply because he was witness to his mother's battle with ovarian cancer. So does a politician need to have a personal experience with the disease before he can actually realize the need to prevent it? Cancer is such a devastating "phenomenon" that politicians themselves are wary of it for whatever reasons, personal health or otherwise. Take the case of Evita Peron, in 1950 her cervical cancer was a well-kept secret that she herself never knew what she was suffering from. And this was all because her husband who was running for re-election in 1951 was in fear of "political repercussions" during that tumultuous period in Argentina should her condition become public (Lancet, June 2000).

Today, there are 9 individuals hoping to be the next president of the republic. Each one have more or less the same campaign platform, and a number of candidates gave due considerations to health policies. However, most were on issues of population, with specific considerations to on-going debates about the "Reproductive Health". As I write this article, not one has committed anything to cancer: research, prevention etc. A number of policy makers have already fallen victim to cancer. Familiarity with the disease would make one presume that the government (president-wannabes included) will include health care policies, particularly those for cancer, in their agenda!

The leading agency in the Philippines, the Department of Health is silent on policies regarding cancer. Currently, among the DOH Laws (Republic Acts, Executive Orders, Memoranda etc. were reviewed) there is not even one that directly concern cancer. Fortunately, there are well-meaning local dads initiating programs geared towards cancer prevention, such as the "Cancer Welfare Task Force" introduced by the Cebu City Council in 2008. Aside from safeguarding the welfare of cancer patients, this task force ensures strict enforcement of national and local laws for a clean environment, write strategic plans for healthy lifestyles, and community information programs at the barangay levels (Cebu Daily News, Nov. 2008)

Samuel Epstein in his book "The Politics of Cancer" wrote "the policies and priorities of the cancer establishment are narrowly fixated on damage control - diagnosis and treatment - and basic molecular research with, not always benign, indifference to cancer prevention." To date, our country is still in need of leaders who will commit to find ways to eradicate or just to prevent cancer. By June 2010, we will have a new leader. Will he/she look kindly on this issue? Will we have an Obama who will say "Now is the time to commit ourselves to waging a war against cancer as aggressive as the war cancer wages against us".

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QUALIMED
PHARMA INC.

Welcome everyone to our 2010 Midyear Convention. The first edition of our newsletter is always timed to come out during this event. The committee headed by Dr. Christine Palma has prepared a memorable and enjoyable event for all of us. Included in the program is the presentation of the content of the 2nd Edition of the SGOP Guidelines for the General Obstetrician and Gynecologists. I consider this a very important activity of the society. I hope everyone will actively participate in the discussion so we can come up with the best guideline possible.

What can we look forward for the rest of 2010 for SGOP? This is the last year of my presidency. I hope that the usual activities of the different committees of our society will push through as planned.

The Organizing Committee of our Joint Annual Convention with PSCPC and PSSTD scheduled on August 21-22, 2010 at The Intercontinental Hotel in Makati has prepared very interesting and stimulating scientific program, hopefully with a foreign speaker from IGCS. The Presidents' and Fellowship Nights will be as enjoyable as ever.

The Community Service Committee has actively pursued with its outreach activities and I hope that we will be able to screen more women not only for cervical cancer but also for breast cancer and benign gynecologic conditions. We are again inviting our members to organize an outreach activity in their community and the committee is very willing to provide the service needed.

The President's Notes



REY H. DE LOS REYES, MD

The Tumor Conference Committee hopes to have at least 2 more conferences, one of which will be held outside of Metro Manila. Luzon is our target this year.

The Research Committee and the Philippine Journal of Gynecologic Oncology are also in the thick of their preparation of their corresponding activities.

The unfinished business left last year, hopefully will be accomplished within the year. The Commemorative Book for our 25th Anniversary hopefully will be out from publication during our midyear convention. Our website and the Gynecologic Cancer Registry hopefully will be functional within the year. I sincerely hope that our registry will be started the soonest time possible.

As for our Newsletter, expect one more issue this year in time for our annual convention.

Let us all continue participating in the different activities of our society. In doing so, we not only maintain the strong bond with each other but also enrich our knowledge of our chosen field, gynecologic oncology, rendering the best service to the patients we serve.

Project: Cervicare continues to soar... "New colposcope and cryosurgery equipment acquired"

The turn of the year witnessed the renewed enthusiasm and stronger commitment of the members of the Committee on Community Service to reach out to even more number of women through its maiden lay *Project: Cervicare*. On its third year now, the team plans to hold more lay fora and cancer screening programs especially in far-flung places all over the country as it continues to partner with other socio-civic groups that share the same goals. For the first quarter alone, the following outreach projects are already in line.

February 7	San Pedro, Laguna	February 28	Lucena City
February 21	San Pedro, Laguna	March 7	San Pedro, Laguna

The OB-GYN Alumni Association of Jose R. Reyes Memorial Medical Center, through its president, Dr. Anna Lynn Alvarado-Matignas, and Glaxo-Smithkline Philippines, the maker of Cervarix vaccine expressed their intention to remain as eager partners.

The Cmmittee recently acquired its own cryosurgery equipment with colposcope which are meant for use in all these outreach projects. Truly, SGOP is geared towards effective endeavors to conquer its defined mission- to curtail the surging incidence of cervical cancer among Filipino women by providing more avenues for cancer prevention and early detection.

BJ CUENCA

From page 1 . . .Looking back: The 2009 SGOP-PSCPC-PSSTD Joint Convention

The scientific program was delivered by a roster of impressive young, upcoming speakers along with more senior seasoned experts. They presented a varied mix of timely topics, ranging from updates and practical aspects on surgery, chemotherapy, and radiotherapy for gynecologic malignancies, new concepts in trophoblastic neoplasia, and ongoing concerns like nutrition support, among many others. Participants appreciated the interesting and immersive special interactive sessions and tumor board discussions. The Course Faculty included international Guest Speaker Dr. Swee Chong Quek of KK Women's & Children's Hospital, Singapore. Besides being a very engaging lecturer, he also showed his lighter side by performing a brief set of well-loved classic songs during the Presidents' Night.

In the same affair, Michael Jackson-inspired performances by Dr. Rey de los Reyes and Dr. Cynthia Tan, a seductive Madonna-style dancing by Dr. Bernadette Cruz, and professional caliber duets by Dr. BJ Cuenca and Dr. Rebecca Singson delighted the audience. Earlier in the evening, the Presidents' Night address was delivered by Dr. Augusto Manalo.



Dr. Swee Chong Quek performs an impromptu set of songs during Presidents' Night.

The Fellowship Night was a very competitive, no-holds barred entertainment extravaganza, featuring well-rehearsed dance presentations of various members' groups. This event, after heavy doses of intellectual nourishment in the preceding two days, was a fitting close to the annual meeting. The participants enjoyed the company of colleagues and guests as they tried to out-do each other onstage.

GSGONZALEZ



Past SGOP and PSCPC Presidents join Dr. Rey de los Reyes tour the exhibit booths.



A scientific lecture in progress.

New Fellows of SGOP being inducted by Dr. Augusto Manalo.



Above: Middle generation gentlemen-members proud of their receding hairlines.

Below: At dance rehearsals- Showing off the wonders of HRT.



Left: Macho dancing during Fellowship Night



The 2009 SGOP-PSCPC-PSSTD Joint Convention

From the **RESEARCH COMMITTEE . . .**

The Society of Gynecologic Oncologists of the Philippines (SGOP) in partnership with Biomedis Oncology successfully held its 8th Annual Interesting Case and Research Paper Contest last October 20, 2009 at the Bayanihan Hall, UNILAB in Mandaluyong City. The Research Committee this year was composed of the following members: Dr. Rafael S. Tomacruz (Chairman), Dr. Patricia Luna-Sun, Dr. Jocelyn Z. Mariano, Dr. Rene V. Sotto, and Dr. Edelyn A. Badilla (Fellow Coordinator). The committee received 18 interesting cases and 7 research papers from all over the country.

The committee initially screened all these papers and narrowed them to 6 Interesting Cases and 4 Research Papers for the purpose of the contest proper. The judges for this activity were the following:

- Dr. Alex A. Erasmo, Surgical Oncologist, UST Hospital
- Dr. Ma. Bernadette O. Cruz, Gestational Trophoblastic Disease Specialist, UP-PGH
- Dr. Ma. Cynthia F. Tan, Gynecologic Oncologist, Jose Fabella Memorial Medical Center

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

INTERESTING CASE PAPERS

1st (TIED): When Prevention is Definitely Better Than Cure...Risk-Reducing Surgeries for Women Carrying a Gene Mutation for a Hereditary Cancer Syndrome by Carissa Amparo A. Bernardo, M.D. (Cardinal Santos Medical Center)

1st (TIED): A Case Report on Giant Condyloma Acuminata of Buschke and Lowenstein in Pregnancy by Tawny Ann P. Cortes-Gaspar, M.D. (Ospital ng Maynila)

3rd: Growing Teratoma Syndrome by Ana Victoria V. Dy-Echo, M.D. (Philippine General Hospital)

RESEARCH PAPERS

1st: Preoperative Evaluation of Serum C-reactive Protein and CA-125 in Differentiating Benign from Malignant Ovarian Masses by Mary Evangeline A. Villa-Mercado, M.D. (presented by Carolyn Z. Castro, M.D.) (Philippine General Hospital)

2nd: The Use of Ovarian Volume in Predicting Endometrial Malignancy in Women with Postmenopausal Bleeding by Gilyn Angela M. Macaraeg, M.D. (Cardinal Santos Medical Center)

The two first place winners in the Interesting Case Contest received Php7000.00 and the third place winner received Php4000.00. The other participants received Php2000.00. The first and second place winners in the Research Paper Contest received Php10,000.00 and Php7,000.00, respectively. The other participants received Php2,500.00. All participants likewise received Certificates of Participation in the said activity.

RSTOMACRUZ

INTRAPERITONEAL CHEMOTHERAPY. . . From page 6



9. Once the catheter is in the pelvic cavity, you can now peel the outer plastic.
10. IP Administration
11. Feel for the port and trap it in between thumb and forefinger. Insert gauge 20 non-coring needle perpendicularly, you will fill the silicone giving way once you enter the port and a hard metal once you reach the base.
12. Flush with 10cc saline before connecting it to the IP bottle

The administration of chemotherapy can be done immediately after the surgery if it were ip port insertion alone. The ip port insertion can also be placed simultaneous with the primary surgery. The reservoir is immobilized between the fingers and the gauge 20 noncoring right angle needle is inserted directly perpendicular. The sign that the needle is inside the reservoir is the smooth flow of the saline on flushing. The chemotherapy (both cisplatin and paclitaxel) can now be administered incorporated in 2 liters of warmed saline infused as fast as possible. After the infusion, the patient is asked to turn from side to side every 15 minutes to help disperse the drug inside the abdominal cavity.

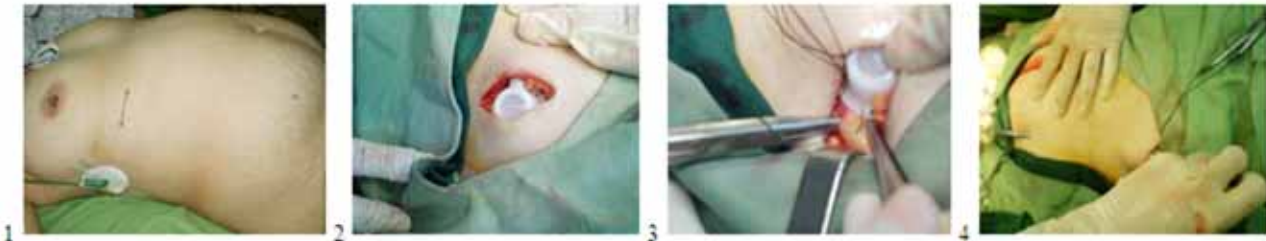
Intraperitoneal chemotherapy may seem complicated at first but once you get the hang of it, it can be as simple as IV chemotherapy. The technical skill can be learned easily and it does not require highly specialized equipment.

INTRAPERITONEAL CHEMOTHERAPY: INSERTION AND ADMINISTRATION TECHNIQUES

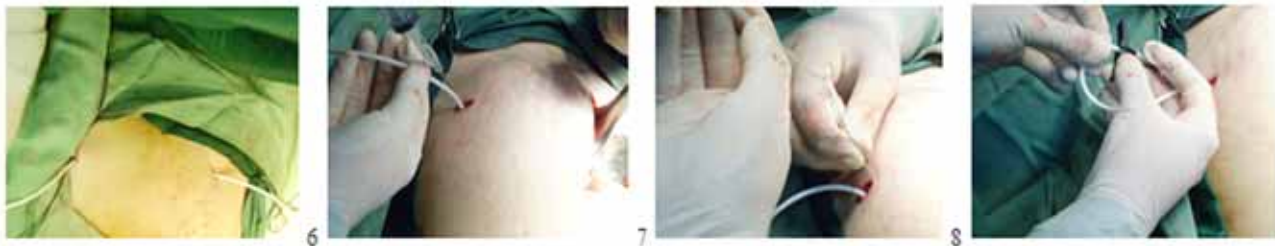
Lilli May T. Cole, MD

It was four years ago since the National Cancer Institute issued a clinical alert strongly recommending intraperitoneal chemotherapy for optimally-debulked advanced epithelial ovarian cancer following the GOG 172 regimen. Unfortunately, even in the U.S., the technique did not gain popularity among the gynecologic oncologists. One of the reasons identified was the lack of technical knowhow in intraperitoneal port insertion. Somehow, the technique for insertion of the fully implantable single lumen catheter was not disseminated hence it did not gain acceptance among these clinicians. This must also be the reason for the lack of popularity of the technique locally.

Actually, the technique of ip port insertion is very easy to follow once you have seen the procedure. The recommended port is the Fr 9.6 Bardport peritoneal catheter which is not available locally. I make use of the vascular access system which is widely used by the vascular surgeons. I started with the Jetport Fr 8.4 previously distributed by Marketlink which costs around Php13,000 then, but it is no longer available. What I use now is the Celsite Fr 8.5 which is being marketed by BBraun, this costs more- Php18,000. The set comes with the tunneling device, single-lumen silicone catheter with attachments, guidewire and peel-away device, and a large needle used to puncture and enter the pelvic cavity. Although the lumen of these vascular ports is much smaller than the recommended peritoneal catheter, I did not have problems with obstruction of flow. The most commonly recommended site for insertion of the port is two to three fingerbreadths above the right or left costal margin in the midclavicular line. The reason for this is that the reservoir is trapped against a hard underlying structure (which is the rib) preventing internal rotation of the device and allowing easy access to the port. The port is placed subcutaneously after the catheter is tunneled subcutaneously lateral to the umbilicus. Please see the accompanying pictures for the step-by-step description of the technique (via minilap). Only about 10cm of the catheter is left in the pelvic cavity because more than this might cause entanglements with the bowel. It is also important to flush the catheter with heparin solution (10 ml of 100u/ml) after the procedure to avoid blood clot formation and blockage.



1. Identify area for the septum/reservoir insertion- 2-3 cm from the costal margin midclavicular line. Incise skin and subcutaneous layer to expose underlying fascia. Mark area for pelvic insertion of catheter (x) and make a small incision. Make a minilap incision in the midline also
2. Insert septum into the incision
3. Anchor four holes of septum to fascia using small round needle and silk 2-0.
4. Make a tunnel just above the fascia from the septum to the marked lower pelvic incision using the tunneling device provided. Attach the silicone catheter to the tip and pull upwards.



5. The tips of the silicone catheter can now be seen on the costal margin incision and the lower pelvis incision.
6. Using the long needle provided in the set, puncture the fascia and peritoneum adjacent to the catheter. The assistant should make sure that the bowels are protected (through the minilap incision on the right).
7. Withdraw the stylet from the needle and insert the J tipped guide wire.
8. Once the guide wire is visualized in the pelvic cavity, withdraw the needle and insert the peel-away device. Remove the stylet and insert the catheter

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