



ECTOPIC MURMURS

Volume 27

Number 11

May 2015

Opinions and articles published herein are those of the authors and do not necessarily reflect that of the FEUDNSM Alumni Foundation

FEU-NRMF to honor 60 alumni

The Far Eastern University Nicanor Reyes Medical Foundation (FEU-NRMF), founded by Dr Nicanor Reyes Sr on October 1955, will celebrate 60th anniversary in January 19-23, 2016, during the *Balik-FEU*

homecoming, and will recognize 60 *outstanding* alumni.

The alumni recognition categories are individual and group awards for leadership, career achievement, education, research, community service, and loyalty

The awards are to be given to honor the FEU-NRMF graduates who have distinguished themselves in their profession.

The criteria are, as follows: he/ she must be a graduate of FEU-NRMF, must demonstrate professional competence of the highest degree and conducts himself/herself with integrity in the exercise of his/her profession, and must possess a distinguished achievement in the category to which he/she is being nominated

As noted above, the basis of the individual awards are (1) Leadership as exemplified by serving as president in

continue to page 14



PRESIDENT'S Message

As your president, it is my duty and responsibility to inform you of the proceedings and activities of the Alumni



MANUEL M MALICAY MD

Foundation. Well informed members become dedicated, committed and supportive to the goals of the Foundation.

During the last board trustees'

Winter meeting held in the affluent and beautiful Irvine CA, we discussed and approved the reports of the officers and the different committees.

The 2014 35th annual reunion and scientific convention in Wynn Hotel Las Vegas, netted \$156,785.00 but the convention expenses exceeded the income by

continue to page 13

FROM THE HOME FRONT

LINDA D TAMESIS MD⁸⁵

Dean, FEU-NRMF IM

It gives me great pleasure to announce that REMEDIOS A MAGKASI MD MPHEd will be granted the status of professor *emeritus* on April 29, 2015 during the graduation ceremonies. She has been with the Far Eastern University Institute of Medicine and FEU-NRMF School of Medicine for 60 years.



LINDA D TAMESIS MD

Dr Remy started at FEU in 1955 after graduating from University of Santo Tomas College of Medicine. She was the sole pathology resident for six years, staying on for the sake of the department since there was no applicant for

continue to page 13



Remedios Magkasi MD, 3rd from right in front and inset, is shown with JQ Gacasan MD, Maria Amada M Singh MD, Dean Linda D Tamesis MD, MKA Esguerra MD, AD Lat MD, CMC Tan MD, RG Bonga, MD, MAO Cabrera MD, HC Bitun MD, FA Paras Jr MD, among others.



LAS VEGAS

Message

First of all I would like to thank the organizers spear-headed by Drs Danny and Melinda Fabito in our recent medical mission at *Kamay Ni Hesus*, Lucban, Quezon Province in the Philippines.



DIVINAGRACIA
AVERILLA-OBENA
MD

The warm welcome by Father Faller's staff were truly appreciated. I am glad to be a part of it and was able to serve once more our *kababayans*.

I would like to take this opportunity to invite you once more in Las Vegas. It is the venue to our Alumni Foundation 36th annual reunion and scientific convention.

I would like to personally invite Class⁸⁵ as we are the Pearl Jubilee celebrants. So please give me a call at [702-769-3042](tel:702-769-3042). There will not only be a lot of excellent speakers for our tax deductible continuing medical education meetings, but everybody can also enjoy shopping, golf, casino games and shows at the Caesar's Palace.

I would suggest to do the early registration to avoid added fees. The registration form is available at the very end of this **ECTOPIC MURMURS** issue. I advise you to register early for the Caesars Palace under the group code 8FEU0714 so you can have the best room at the best rate.

See you there!
GRACE A OBENA MD⁸⁵
FEUDNRSMAF Trustee
36th Convention Co-Chair

APRIL Donation

NESTOR M SAGULLO MD⁶² and **CELIA M SAGULLO MD⁶²** of Paramus NJ donated **MR & MRS DESIDERIO MERCADO Student Achievement Award** in Public Health, and **DR & MRS JOSE M SAGULLO Student Achievement Award** in Obstetrics Gynecology to be handed during the Student Recognition ceremonies of the 2016 *Balik*-FEU homecoming reunion on Thursday, January 21, 2016, at the FEU-NRMF Institute of Medicine in West Fairview, Quezon City.

APRIL Donation

MARIA S BENEMERITO MD⁶⁴ of Port St Lucie FL **LESTER M LEGASPI, MD Student Achievement Awards** in Anatomic Pathology (2) and in Clinical Pathology (2) to be handed during the Student Recognition ceremonies of the 2016 *Balik*-FEU homecoming reunion Thursday, January 21, 2016, at the FEU-NRMF Institute of Medicine in West Fairview, Quezon City.

JOJO BINAY – A President for 2016?

CESAR D CANDARI MD
FCAP *Emeritus*, Henderson NV

Today, we are inundated with negative warnings from the media in the Philippines regarding the candidacy of Jejomar Binay for President of the Philippines in the 2016 elections.

Several noises from his detractors, accusations, and melodramatic political intrigues about his unexplained wealth and the blatant Binay dynasty are clear facts to conclude that he is not qualified to be President of our beloved country. Jojo Binay has a family dynasty – to date, five members, four of whom have been accused or charged of graft and corruption; some of which dates back three decades ago when Cory appointed Binay as officer-in-charge – and eventually elected mayor of Makati City. He has one daughter serving as a

continue to page 11

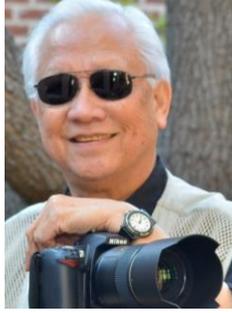


CESAR D
CANDARI MD



Current Vice President Jojo Binay in front of the Philippine color

APRIL IMAGES
ROLANDO M SOLIS MD⁶³



LETTER TO THE EDITOR

Re: Rectal Cancer Wait-and-See Approach

Your excellent summation of the current management of stage 4B colo-rectal cancer with synchronous metastatic

presentation in the **PMAC News**, April 2015 issue, under Clinical Images is laudable. In addition to your treatment summary, I would like to address

alternative option to surgical resection for those patients with local or Stage I to III rectal cancer, who underwent pre-operative (neoadjuvant) chemotherapy.

It has been known that 15% to 20% of patients with localized rectal cancer will obtain pathological complete response after neoadjuvant therapy prior to surgery. The question is, will those patients who achieved pathological complete response requires surgical resection (watch and wait)?

Recent retrospective study at Memorial Sloan Kettering Cancer Center, took a cohort of 145 patients with stage I to III rectal cancer, 73 of them obtained clinical complete response (no detectable tumor by clinical exam, endoscopy, or imaging) after neoadjuvant chemotherapy and did not undergo surgical resection. This group was compared with 72 patients, who after achieving pathologic complete response, underwent total mesorectal excision.

After a median follow-up of 3.5 years, 74% of the 73 patients who did not undergo surgery achieved a durable and sustained clinical complete

response. Four of 19 patients (26%) who had local recurrence, salvage surgery were undertaken, yielding a local control of 98%.

In addition, 77% of patients were able to complete treatment with rectal preservation. The disease-specific and overall survival were similar between the two groups. The rate of distant metastases was 13% for the non-operative and 7% for the surgical resection group.

The *watch and wait* approach is provocative and intriguing, though still investigational. A phase II multicenter randomized trial, studying the use of neoadjuvant treatment in locally advanced rectal cancer patients, and the use of non-operative treatment in those clinically complete responders is ongoing.

But as of now, open surgical or laparoscopic resection is still the gold standard. For the weak of hearts, who want to avoid the prospect of having a colostomy, the *watch and wait* approach can be discussed openly, and can be offered as an option.

ENGRACIO P CORTES MD
Clinical Associate Professor of Medicine
State University of New York at Stonybrook,
Albert Einstein College of Medicine and
Weill Medical College of Cornell University



OBITUARY

Our sympathies to **AMETHYST CUREG MD⁷⁴** of San Diego CA, family and sibling, as they mourn the loss of their mother, **Sol Guzman Cabauatan Cureg**, who died peacefully on her natal day March 19, 2015 due to natural causes. She was surrounded by her loved ones in Des Moines IA.

She was 103 years old.

Fulfilling her wishes, her physical body will be laid to rest next to her husband Alfonso Gatan Cureg at Loyola Memorial Park, Marikina City, Philippines. Her wake was held at the Sanctuarium Funeral Home, Quezon City.

APRIL Quotes

The flowers appear on the earth; the time of the singing [of birds] is come, and the voice of the turtle is heard in our land...

Song of Songs Solomon 2:12

APRIL Quotes

All the world's a stage, and all the men and women merely players: they have their exits and their entrances; and one man in his time plays many parts, his acts being seven ages.

William Shakespeare



**ENGRACIO P
CORTES MD**

RECENT ALUMNI PUBLICATIONS



HONORIO T
BENZON MD

Benzon HT, et al. Improving the Safety of Epidural Steroid Injections. *JAMA*. 2015 Mar 30.

Benzon HT, et al. Safeguards to Prevent Neurologic

Complications after Epidural Steroid Injections: Consensus Opinions from a Multidisciplinary Working Group and National Organizations.

Anesthesiology. 2015 Feb 9. [Epub ahead of print]

Benzon HT, et al. Selection of subspecialty fellows in anesthesia for pediatric anesthesia: a national survey of program directors in the United States. *Pediatr Anaesth*. 2015 May;25(5):487-91.

Benzon HT, et al. Epidural injections in prevention of surgery for spinal pain: systematic review and meta-analysis of randomized controlled trials. *Spine J*. 2015 Feb 1;15(2):348-62.

Benzon HT, et al. Epidural steroid injections: update on efficacy, safety, and newer medications for injection. *Minerva Anestesiol*. 2014 Oct 14. [Epub ahead of print]

Benzon HT, et al. Update on the 2012 guidelines for the management of pediatric traumatic brain injury - information for the anesthesiologist. *Paediatr Anaesth*. 2014 Jul;24(7):703-10.

Benzon HT, et al. Do we need new guidelines for interventional pain procedures in patients on anticoagulants?

Reg Anesth Pain Med. 2014 Jan-Feb;39(1):1-3.

Benzon HT, et al. Status of pediatric anesthesiology fellowship research education in the United States: a survey of fellowship program directors. *Paediatr Anaesth*. 2014 Mar;24(3):327-31

Choi M, et al. Microscopic Omental Metastasis in Clinical Stage I Endometrial Cancer: A Meta-analysis. *Ann Surg Oncol*. 2015 Feb 18.



MINSIG CHOI MD

Paner GP, et al. Urinary bladder xanthoma: a multi-institutional series of 17 cases. *Histopathology*. 2015 Jan 10. [Epub ahead of print]



GLADDEL P
PANER MD

Paner GP, et al. Update for the practicing pathologist: The International Consultation On Urologic Disease-European association of urology consultation on bladder cancer. *Mod Pathol*. 2014 Nov 21. [Epub ahead of print] Review.

Paner GP, et al. Pseudoangiosarcomatous urothelial carcinoma of the urinary bladder. *Am J Surg Pathol*. 2014 Sep;38(9):1251-9.

Paner GP, et al. Collecting duct carcinoma versus renal medullary carcinoma: an appeal for nosologic and biological clarity. *Am J Surg Pathol*. 2014 Jul;38(7):871-4.

Paner GP, et al. Immunohistochemical

evaluation of novel and traditional markers associated with urothelial differentiation in a spectrum of variants of urothelial carcinoma of the urinary bladder. *Hum Pathol*. 2014 Jul;45(7):1473-82

Paner GP, et al. Pathologic spectrum of cysts in end-stage kidneys: possible precursors to renal neoplasia. *Hum Pathol*. 2014 Jul;45(7):1406-13.

Paner GP, et al. Uroplakin II outperforms uroplakin III in diagnostically challenging settings.

Histopathology. 2014 Jul;65(1):132-8.

Paner GP, et al. Measuring the dimension of invasive component in pT1 urothelial carcinoma in transurethral resection specimens can predict time to recurrence.

Ann Diagn Pathol. 2014 Apr;18(2):49-52

Paner GP, et al. Influence of histologic criteria and confounding factors in staging equivocal cases for microscopic perivesical tissue invasion (pT3a): an interobserver study among genitourinary pathologists. *Am J Surg Pathol*. 2014 Feb;38(2):167-75.

Paner GP, et al. Clinicopathologic analysis of choriocarcinoma as a pure or predominant component of germ cell tumor of the testis. *Am J Surg Pathol*. 2014 Jan;38(1):111-8

Razonable RR, et al. Cryptococcosis in Patients With Cirrhosis of the Liver and Posttransplant Outcomes. *Transplantation*. 2015 Mar 24. [Epub ahead of print]

Razonable RR, et al. Donor-Derived HTLV-1 Associated



RAYMUND R
RAZONABLE MD

Myelopathy After Transplantation: A Call for Targeted Screening. *Am J Transplant.* 2015 Apr;15(4):1125.

Razonable RR, et al. Epidemiology of invasive fungal infections in lung transplant recipients on long-term azole antifungal prophylaxis. *Clin Transplant.* 2015 Jan 21. doi: 10.1111/ctr.12516. [Epub ahead of print]

Razonable RR, et al. Risk factors for cytomegalovirus reactivation after liver transplantation: Can pre-transplant cytomegalovirus antibody titers predict outcome? *Liver Transpl.* 2015 Apr;21(4):539-46.

Razonable RR, et al. Predictors of immune reconstitution syndrome in organ transplant recipients with cryptococcosis: implications for the management of immunosuppression. *Clin Infect Dis.* 2015 Jan 1;60(1):36-44.

Razonable RR, et al. Cytomegalovirus infection in liver transplant recipients: updates on clinical management. *World J Gastroenterol.* 2014 Aug 21;20(31):10658-67.

Razonable RR, et al. Donor-transmitted HTLV-1-associated myelopathy in a kidney transplant recipient--case report and literature review. *Am J Transplant.* 2014 Oct;14(10):2417-21.

Razonable RR, et al. Prolonged shedding of pandemic influenza A (H1N1) 2009 virus in a pancreas-after-kidney transplant

recipient. *J Clin Virol.* 2014 Oct;61(2):302-4.
Razonable RR et al. Immune-based monitoring for cytomegalovirus infection in solid organ transplantation: is it ready for clinical primetime? *Expert Rev Clin Immunol.* 2014 Sep;10(9):1213-27.

Razonable RR, et al. Management of cytomegalovirus infection and disease in liver transplant recipients. *World J Hepatol.* 2014 Jun 27;6(6):370-83.

Razonable RR, et al. Emerging cytomegalovirus management strategies after solid organ transplantation: challenges and opportunities. *Curr Infect Dis Rep.* 2014 Sep;16(9):419.

Razonable RR, et al. Outcomes of patients with cytomegalovirus viremia at the time of liver transplantation. *Liver Transpl.* 2014 Sep;20(9):1029-33.

Razonable RR, et al. Misidentification of *Neosartorya pseudofischeri* as *Aspergillus fumigatus* in a lung transplant patient. *J Clin Microbiol.* 2014 Jul;52(7):2722-5.

Razonable RR, et al. *Rhodococcus globerulus* bacteremia in an allogeneic hematopoietic stem cell transplant recipient: report of the first transplant case and review of the literature. *Transpl Infect Dis.* 2014 Jun;16(3):484-9.

Razonable RR, et al. Viridans group streptococci in febrile neutropenic cancer patients: what should we fear? *Clin Infect Dis.* 2014 Jul 15;59(2):231-3.

Razonable RR, et al. Reduction in false-positive *Aspergillus* serum galactomannan enzyme

immunoassay results associated with use of piperacillin-tazobactam in the United States. *J Clin Microbiol.* 2014 Jun;52(6):2199-201.

Razonable RR, et al. Impact of urinary tract infection on allograft function after kidney transplantation. *Clin Transplant.* 2014 Jun;28(6):683-90.

Razonable RR, et al. Oral ribavirin therapy for respiratory syncytial virus infections in moderately to severely immunocompromised patients. *Mayo Clinic Hematology/Oncology and Transplant Infectious Diseases Services. Transpl Infect Dis.* 2014 Apr;16(2):242-50.

Razonable RR, et al. Opportunistic infections due to inflammatory bowel disease therapy. *Inflamm Bowel Dis.* 2014 Jan;20(1):196-212.

YOU SHOULD ALSO BE WRITING/PUBLISHING

Three reasons why authorship matters, even—perhaps especially—to established scholars

JENS P GOETZE
JENS F REHFELD

Success in science is largely defined by publishing scientific results in relevant journals. However, writing science is about much more than simply describing methods, reporting results, calculating statistics, and quantifying one's career achievements. It's a critical skill that can improve one's research. Scientific authorship has become a muddy matter, as

most life science papers now often list several authors. Indeed, coauthorship constitutes a large part of a scientific life, and this sometimes leads to difficulties of giving the rightful people intellectual credit.

Didactically, it is also a misnomer, as the word *author* still refers to one who writes. With scientific papers boasting a dozen or more “authors,” it is almost impossible to accept the title for each individual.

Writing science is a fundamental part of scientific projects for young scientists, typically in the form of a thesis, which is based on published papers. Often, the senior author provides mentorship for the scholar and, through scientific writing, gradually teaches the pupil on how to communicate science to fellow scientists. In fact, last authorship is today synonymous with seniority and thus valuable in terms of obtaining academic credit. More experienced scientists may, consciously or unconsciously, distance themselves from the writing process and instead provide guidance and input. In the humanities, law, and philosophy, this practice seems unthinkable—in these fields, the writing process, itself, is an integral tool for the question at hand. Here we argue that life scientists should grab the pen—or take to the keyboard—more often.

Writing science brings structure to scientific thinking. One must humbly consider the results and choose their main message, as well as where and why they are important. By boiling down complex experimental results into what’s truly important, authors often

gain a clearer perspective on their meaning, which can enhance storytelling. After all, scientific papers are more than data and graphs—they are stories to be shared.

Writing a great scientific paper often is the source of an author’s next great paper. Some researchers still puzzle themselves over where the good ideas come from. The creative process of processing present results can spark new ideas.

Scientific writing is a lifelong skill. A vast number of great scientists remain active in their fields well into old age. Often, this activity is reflected in that they keep themselves active in the writing phase, where aging-related handicaps are typically of little importance. It requires keeping active in communicating science and stay at the painful frontier by means of publishing and receiving feedback and criticism in order to stay alert.

Scientists should embrace the pleasures of the writing phase. Research remains a highly personal and intellectual activity. Given all the advantages of writing about one’s work, scientists should invest time in learning to communicate it well.

Reprinted with permission from
The Scientist April 7, 2015.



Dr Giovanni Morgagni demonstrates a postmortem dissection at the hollowed hall of anatomical/ autopsy theater at the University of Padova (Padua) --- the oldest of its kind --- built in 1594, that is still in use today, and now also a very popular tourist spot to visit.

WHO ARE CENTENARIAN WRITERS?

Specifically, these people became famous as authors, poets and journalists and are recognized for reasons other than their longevity

First, **Dr Giovanni Morgagni** wrote his first book when he is already around 80 years old. The book was one of the most important publications in the annals of medicine, originally printed in Padova (Padua), Italy, in 1769, and titled *The Seats and Causes of Diseases Investigated by Anatomy...*

It contained a great variety of anatomical dissections and complete and systematic correlation between the symptoms of a particular disease and the anatomical lesions found on post mortem examination.

The book also included a number of brilliant descriptions of new diseases.

It is hoped that the English translation of Morgagni's text



Pura Santillan-Castrence in her younger and beautiful years.

Santillan-Castrence was recognized as among the leading Pilipino essayist. Many of her writings were published in the *Philippine Prose and Poetry* which served as a high-school standard textbook which she had authored and edited.

She later became a newspaper columnist. Fluent in at least six languages, Santillan-Castrence also gained renown as a translator of French and German texts that were useful to students of Pilipino history.

When Santillan-Castrence first joined the foreign service,

she was appointed to work on cultural affairs, with rank of ambassador. After retirement from government, Santillan-Castrence became a permanent resident of the United States where she taught in several colleges.

Late in life, she moved to Melbourne, Australia, to be with a daughter who was an Australian citizen. She continued to write and published to the age of 100. Yes, she was one of few centenarians to have become famous because of her writings.

will be online someday although copies are usually available in most medical school libraries.

It is simply enjoyable browsing in Morgagni's wonderful book.

Second is a Pilipina, **Pura Santillan-Castrence** who was a teacher, great writer and diplomat. Of Pilipino women authors, she was among the first to gain prominence writing in the English language.

She was born in Manila in March 1905. She studied pharmacy and chemistry at the University of Philippines where she taught also after her graduation in 1927.

She pursued further studies as a Barbour scholar at the University of Michigan. She later became a professor of literature and linguistics at the Graduate School of the University of the East in Manila.



The **PHILIPPINE MEDICAL ASSOCIATION In CHICAGO (PMAC)**, PMAC AUXILIARY (PMACA), PMAC Foundation, CIM alumni, FEU alumni, MCU alumni, SWU alumni, UE alumni, UP alumni, UST alumni, other **Philippine medical alumni groups**, and 2nd generation **Filipino physicians** will hold their annual picnic on **Sunday, June 28, 2015**, from 11:00 a.m. to sundown, at the **Oak Brook Park District SHELTER**, 1450 Forest Gate Road, Telephone (630) 990-4592.

The PMAC and PMACA will also hold elections of board governors. An 11:30-am mass will be celebrated.

As it has been traditional for 55 years, the occasion is a fellowship day, a reunion. Friendship will be renewed. There will be fun, food galore and games for the kids, spouses and guests. Because it is always a special Day, bring your children to help us celebrate this special new day. We will also recognize the fathers, grandparents and their grandkids. The intermedical school softball competition, basketball, football, soccer, card games will be available. Bring your family and invite a friend or two. Don't forget to share a sample of your cooking with others.

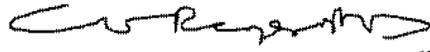
The park is bounded by 22nd Street (Cermak Road) on the north, 31st Street (Oak Brook Road) on the south, Route 83 (Kingery Highway) on the west, and Jorie Boulevard on the east. Entrance to the Park is through Forest Gate Road (left turn from Jorie Blvd, just north of 31st St). Westward on Forest Gate Rd, turn right on the first street going north all the way to the end which is The Shelter. Please join us!



GERARDO GUZMAN MD



LEILANI N. MON MD


for **GERARDO GUZMAN MD⁶³**
PMAC President-Elect

for **LEILANI N MON MD⁷²**
PMACA President-Elect

CLINICAL IMAGES

The Puzzle of ENDOMETRIAL SIGNET-RING CELL CARCINOMA



Figure 1 – Ultrasound exhibits 2.3-cm thickened endometrium (arrow).

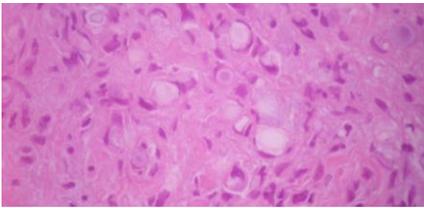


Figure 2 – A signet-ring cell carcinoma in the endometrial stroma (HE stain, x400) is seen.

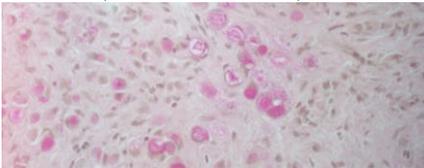


Figure 3 – Intracytoplasmic mucin is striking in the neoplastic signet-ring cells (mucicarmine stain, x200)

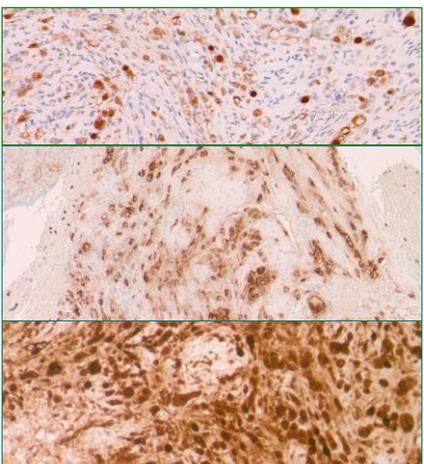


Figure 4 – The tumor cells are positive for mammaglobin, GCDFP-15 and estrogen receptor (100x).

THESE images are from a 50-year old, obese lady with basal metabolic index 40, and gravida 4 para 3-0-1-3, presented with heavy menstrual bleeds. The patient denied other symptoms and signs. The rest of the clinical history and physical findings were also unremarkable.

A pelvic ultrasound showed an anteverted 10.3 x 5.5 x 7.5-cm uterus with no fibroids, but with a markedly thickened endometrium, measuring up to 2.3 cm (**Figure 1**).

Surgical dilation and curettage displayed a focal infiltrating signet-ring cell poorly differentiated adenocarcinoma (**Figure 2**) in benign disordered secretory endometrium. The neoplastic cells appeared as files and ill-defined glands with displacement of their nuclei to the periphery and intracytoplasmic vacuoles of positive mucin (**Figure 3**).

The differential diagnosis included (1) primary signet-ring cell carcinoma of the endometrium, (2) signet-ring cell carcinoma of the cervix/endocervix, and (3) metastatic signet-ring carcinoma of colorectum, breast, gastric, pancreas, or elsewhere.

On immunohistochemistry, the tumor cells were strongly positive for mammaglobin, GCDFP-15, and estrogen receptor (**Figure 4**). With this profile, the interpretation was consistent with a metastatic breast carcinoma of lobular carcinoma.

In addition positive CA125 and but negative WT-1 ruled

out a lower female genital tract origin, including ovary, cervix or fallopian tube. A negative CK20, CDX2 and TTF-1 likewise negated gastro-intestinal tract, pancreatic and pulmonary malignancies.

The final diagnosis was metastatic signet-ring cell carcinoma in the endometrium, consistent with a breast lobular carcinoma origin.

COMMENTS and **LITERATURE REVIEW.**

The case is current and active; and therefore, there are no available therapeutic and follow-up data except for:

Subsequent cervical/endocervical cytology was negative for malignancy.

Mammogram, ultrasound and magnetic resonance imaging demonstrated normal breasts without any mass lesion.

PET scan highlighted a small focus of the endometrial mucosal cancer; but nothing else was observed in the rest of the body.

Moreover, oral endoscopy, thoracic, abdominopelvic computed tomography, and colonoscopy were also negative for possible malignant lesion.

The purpose of this brief clinical essay is to analyze the puzzle of an endometrial signet-ring cell carcinoma --- whether it represents a primary endometrial neoplasm, an extension from the cervix, or a secondary tumor from a lobular breast carcinoma. Is it a metastasis of unknown origin, or the so-called GOK (*God Only Knows*) tumor.

The breast cancer markers of mammaglobin, GCDFP-15 (gross cystic disease fluid

protein-15) and estrogen receptor are sensitive but not specific. Mammaglobin is only 76% for metastatic breast carcinoma with 17% of endometrial carcinoma reactive to the test. Likewise, GCDFP-15 and estrogen receptor can display similar false positivity.

That said, there is therefore the possibility, or even probability, that our index tumor could be primary endometrial signet-ring cell carcinoma. A total abdominal hysterectomy, bilateral salpingo-oophorectomy, and perhaps selective pelvic lymphadenectomy may be indicated and may serve as a curative intervention.

If indeed the tumor is secondary breast lobular carcinoma, or metastasis of unknown origin, total abdominal hysterectomy, bilateral salpingo-oophorectomy, could serve as a debulking procedure, to be supplemented shortly later with neoadjuvant chemotherapy for an estrogen-positive, progesterone-positive, and HER2 not-over-expressed breast neoplasia.

Our index tumor might also represent a prodromal manifestation of a breast lobular carcinoma which becomes evident shortly, or at a much later --- of variable time period.

At any rate, signet-ring cell carcinoma (SRCC) is defined as a tumor composed predominantly, or exclusively of SRCs, characterized by a central, optically clear, globoid droplet of cytoplasmic mucin with an eccentrically placed nucleus.

SRCCs are generally rare as a primary adenocarcinomas of the female genital tract. Literature review indicates the

primary carcinoma of the endometrium with SRCs has only been reported in four previous cases. Also more often than not they may be seen admixed with other more conventional types.

With regards to primary cervical carcinoma containing signet-ring cells, only 14 cases have been published in the English literature. The majority of the patients are postmenopausal women. Conspicuous signet-ring cells are noted in seven cases, while concomitant glandular structures or tubular and tubule-glandular formations are described in some cases.

In addition, adenocarcinoma in situ and a high-grade squamous intraepithelial lesion may also be associated with SRCC of the cervix. The tumor shows consistent expression of CDX2, estrogen and progesterone receptors in the neoplastic cells. HPV DNA using molecular analysis and by P16 immunoreactivity is also present.

Prognosis for the cervical SRCCs is not well understood because of its rarity. Moreover, it is not possible to draw convincing conclusions about the prognostic significance of SRC component in endocervical carcinoma since the follow-up period in the majority of the previous cases in the literature is either too short or not reported.

It is probable that prognosis in this rare malignancy should be considered poor at more advanced stages of the disease. This hypothesis is supported by data in the literature which show that all patients with an FIGO 2 died from the disease after only 10 or 18 months and

7 weeks and 2 months from diagnosis. This rare malignancy has also showed resistance to radiotherapy and/or chemotherapy.

Thirdly, SRCC of the breast often metastasizes to gastrointestinal tract and female genital tract. In one series, 10 breast carcinomas with signet-ring cell features, five of which have unusual metastatic patterns. The primary breast tumor in all these cases is lobular carcinoma. Although signet ring cells are prominent in metastatic sites, the primary tumor lacks signet ring cells in two cases.

GCDFP-15 is a sensitive marker for signet ring breast carcinoma and a very useful adjunct tool in the diagnosis of metastatic SRCC of mammary origin. In the same publication, comparing GCDFP-15 immunoreactivity in 10 infiltrating lobular and 10 infiltrating ductal breast carcinomas with no obvious SRCs, and in 14 SRCCs from other sites (10 gastric, 2 prostatic, 2 colonic), the gastric, colonic, and one prostatic signet ring carcinoma are nonreactive. One prostatic SRCC exhibits focal but unequivocal positivity with GCDFP-15. These results reinforce the concept that SRCC of the breast is usually a variant of lobular carcinoma and not a distinct entity. SRC predominance in metastases, even in the absence of signet ring cells in the primary tumor, attests to the morphofunctional heterogeneity of lobular carcinoma.

Thus, as a metastatic cancer in the endometrium, SRCC of the breast is the usual source. This syndrome first described recognized in 1976 is a distinct

clinicopathologic variant of lobular carcinoma, with more than 20% of the malignant cells appearing as signet rings formed by mucin-positive intracytoplasmic vacuoles.

Several recent studies also have demonstrated that the neoplasm behaves aggressively and is associated with a poor prognosis. However, the literature lacks information concerning steroid hormone receptor assays and DNA ploidy profiles, especially regarding how these tests affect a patient's prognosis.

One large series of a 5-year analysis, 11 (8.7%) of 126 cases of invasive lobular carcinoma meet the criteria for SRCC. Ten of 11 cases are positive for estrogen and progesterone receptors; six cases show type I and five display type III DNA histograms.

The high incidence of positive hormone receptors is significant, namely: patients with receptor positive tumors, even those with type III DNA histograms, and treated with tamoxifen citrate therapy after surgery, have a significant increase in disease-free survival (30 months). Thus, both the pathologist and the clinicians should be aware of the prognostic influence of hormone receptor studies in the management of SRCC carcinoma of the breast.

In **CONCLUSION**, an interesting, intriguing and rare endometrial signet-ring cell carcinoma is discussed, initially --- based on immunostaining profile --- interpreted as metastatic lobular breast carcinoma, which has not been truly confirmed.

It might also represent a metastasis of unknown origin, or more appropriately a GOK (*God Only Knows*) tumor.

Finally, the extreme rarity of a primary endometrial SRCC has made its diagnosis difficult and questioned.

A list of **REFERENCES** is available upon request.

CESAR V REYES MD⁶⁸

JOJO BINAY –

continued from page 2

congresswoman representing the city of Makati, where his



CESAR D
CANDARI MD

son is also mayor. Another Binay's eldest daughter is in the Senate of the Philippines; she is known as unqualified to be a senator. Some time ago, Binay's wife also served as

Makati mayor. His son Erwin *Junjun* Mayor of Makati is currently fighting suspension by the Ombudsman – for grave misconduct, dishonesty for his role in the overpriced Makati parking building.

The brouhaha is a result of how vice president Binay amassed his wealth and his deplorable *dynastic* ambition. Are the Binays so exceptionally gifted that the country needs to have four of them in public office? In a complete 360 degree-turn from his anti-dynasty stand while he was still a poor and struggling politician in Makati, vice-president Binay now defends political dynasties with all vehemence: *I don't believe in prohibiting dynasties. Why should there be a law to prohibit someone who is*

qualified from running when the people want him elected? (PDI November 10, 2012). In my view, the Filipinos must end the dominance of a few families controlling the whole country's political system.

The political system is what destroys the Philippine society. It requires reform. It needs to be torn down completely and rebuilt anew. The graft and corruption, the sordid picture of stealing people's money, plunder by almost every politician is no more a shock to Pilipinos.

Binay's supporters say he would make an excellent president, but others say, *He'd be the most corrupt president in the history of the country!* More corrupt than Gloria? *Absolutely!* Honest Pilipinos cannot trust him. Some say, Binay would be a dangerous president, especially with all the corruption issues about him and his family.

OK, I'd say, let us give him a chance to defend and clear himself. He is under the scrutiny of the Senate Blue Ribbon subcommittee. Vice president Jejomar Binay refuses to appear before the Senate subcommittee.

Binay is presently facing two privately filed plunder cases for the overpricing of the New Makati City Parking Building (P2.3 billion pesos) and the Makati Science High School Building (P1.3 billion pesos). He is also under investigation for his alleged ownership of a 350-hectare *high-end hacienda* in Rosario, Batangas that has its own world-class maze patterned after the Kew Garden in London, with an air-conditioned piggery, a flower orchard and a

cock farm, a statement from Fil-Am columnist. He continued to say, Binay's foreign bank accounts were not declared in his Statements of Assets and Liabilities (SALN). His former Vice Mayor, Ernesto Mercado, in sworn testimony before the Senate Blue Ribbon subcommittee, produced records of seven foreign accounts in Hong Kong banks, three of which were under the *care of* Eduviges Baloloy, Binay's long-time aide. Deposits in these three accounts reached a total of US\$ 71,482 (1996) and HK\$957,913 (1996 and 1998). Binay declares a net worth of a little over Php60 million. Compared to other mayors and governors, Binay's net worth appears small. However, a 2013 article from an online news website suggests Binay uses a tactic extensively employed by Ferdinand Marcos during the martial law years: that of having subalterns stand in as listed owners of properties and businesses he really owns.

On a personal note, perhaps nothing of great significance, except to the people of Antique province, Binay came to my attention when he was Chairman of the Metropolitan Manila Development Authority under the Estrada administration way back in November 2000 that went like this:

Metro Manila Development Authority of Jejomar Binay recommended and planned to dump Metro Manila's garbage on Semirara Island in Antique province. Semirara Island is approximately 300 kilometers away from Manila by air. Located at the northern end of the province of Antique, it is only two kilometers away from

Pandan, Antique, my hometown. As chairman of Pandan Antique Foundation, I took a strong initiative of protest in open letters along with my town mates working and residing all over the world to protest and sent those letters to the powers that be in Philippine political leaders. So many letters, editorials, commentaries were written and the tireless work of Pandanans in Manila. It was a hard-fought battle against formidable odds. I am one of the sons of Pandan. This is my home region, and as we Antiquenos of indigenous origin would claim, we are all Pandananons, born to the place and grew up in it. We are vigilant in preserving Pandan's environment and natural resources.

What in the world did Metropolitan Manila Development Authority chairman Jejomar Binay think of when he considered the province of Antique to be Manila's dumping site? Did he really think that the Antiquenos were that gullible and he expected them to say nothing about this preposterous decision? I said that was foul!

It was interesting to note that DMCI-RII Builders Consortium and Waste Action Recycling, Inc, the two big companies vying for the contract for dumping of waste, were tipping a fee of P950 per metric ton. We were talking about 2,000 metric tons of garbage to be dumped daily. It was reported that the Philippine government has earmarked P1 billion --- to repeat, 1 billion pesos --- to fund the operations of a proposed disposal facility to be operational on January 1, 2001.

One can imagine the financial gains these companies will net from the garbage contract that they may be blinded by the money and become indifferent to the many environmental hazards the people in the Antique region will be exposed to. Kickbacks were and are rampant practices in the Philippines.

We fought hard with our emotionally powerful protest, campaign rally for two months due the potential of hazardous and toxic run-off, not only in the coral reef that were threatened, but also negatively impact the fishing and resort industry of the waters surrounding Semirara, Caluya, Sibay, Boracay, and indeed the whole bay of Pandan.

With the barges already in Semirara ready to dump, and because of our strong protests, finally president Estrada released the order for the barges to return to Manila.

That is why I will never forget Binay. How shoddy Binay is, his detractors velfify him. Binay has been campaigning relentlessly for the presidency since his election as vice-president in May of 2010. The blame for whatever mistakes that has plague the country on electing unworthy and shameful persons are largely on the people themselves.

Pilipinos must elect the right person - a challenge of voting responsibly. He must be a leader that is strong and honest, whose name is never tainted, and with untarnished brand of leadership. To the disturbing question: WILL BINAY WIN?

God bless our country!

FROM THE HOME FRONT

continued from page 1

the position.

In June of 1962 she began teaching full-time.

For four months in 1972, she had fellowship training in immunology at Singapore.

In 1979 she achieved the rank of full professor. She took her masters in Health Professional

Education at the University of the Philippines-NTTC in Health Professional Education from 1982-85.

In 1991 she became officer-in-charge of the department of pathology and remained as such until her official retirement in 1996.

She is still teaching, alas part time, up to present.

Everyone knows and loves M'am Magkasi. She has mentored, counseled, given her all to her students in Pathology.

Some of her favorite things:

Anything with elephants,

Scrapbooking (even before it was a fad),

Reading (the romance of Nora Roberts to the action packed suspense of James Patterson), and

Things we love about her:

Bringing and sharing food at the department office,

Remembering to give gifts to our children at Christmas,

Always making time to hear our problems and offering sensible solutions,

Wrapping presents in newspaper and plastic,

Her willingness to participate in activities,

Her passion for teaching,

Always attending her class, on time! (up to now, despite being confined in a wheelchair), and

Her saying *you've got to remember your basics.*

I am so happy that this honor will be bestowed on her during my term as the Dean.

She is my mentor, my confidant, my friend, and my library.

Congratulations!

PRESIDENT'S

Message

continued from page 1

\$14,104. The Alumni

Foundation received donations

for scholarship, professorial chair, student achievement

awards for a total \$40,293;

however, the

Alumni

Foundation

expenses for 2014 scholarship,

professorial chair, faculty

assistance, faculty awards,

auditors fee, accountants fee,

medical mission and

miscellaneous expenditures

exceeded the donation by

\$77,646.

Our Alumni Foundation

invested in stocks and bonds

that the net gain for 2013 was

\$122,414. To date the financial

report for 2014 is pending.

Projecting the same net gain for

2014 in as much that security

and financial market remain

stable and slightly rising,

therefore, there is a net gain for

2014 as well as in 2013. The net assets for 2013 is much higher than that of 2012.

For the first time in the history of our Alumni Foundation, I presented the budget for 2015 based on the income and expenses from 2013 and 2014 and the net loss for 2015 convention will be much smaller. Our biggest expenses are the scholarships, auditing and faculty assistant. The expenses for the scholarships in 2013 was \$72,496 for 17 students, in 2014 \$68,427 for 14 students. For auditing in 2013 was \$19,000 and in 2014 was \$16,080 and the faculty assistance was \$15,045 in 2013 and \$15,000 in 2014.

Also at the meeting we instituted ways and means to cut the expenses and increase our revenues by: (1) the yearly audit is cancelled starting this year because audit for small tax-exempt corporation based in New Jersey is not required; (2) Classes that funded their Jubilarian funds are requested to donate a portion to the scholarships Fund. To date five Classes have donated \$2,500 each; (3) Request the different Chapters and alumni to sponsor a scholar: and lastly to limit the number of scholars.

To increase our revenues: (1) We have to conduct a cash raffle during the grand ball yearly; (2) Officers and trustees, members of the Jubilarian Classes and fellow alumni shall purchase a page of the souvenir program; (3) Consider holding a convention in less expensive city or venue, (4) Appeal to alumni or friend to sponsor a professorial chair which is tax deductible; (5) Requesting all alumni to attend the annual



LINDA D
TAMESIS MD



MANUEL M
MALICAY MD

reunion; and (6) Increases in the registration fees.

The financial assets of the Alumni Foundation is the lifeblood of our organization so let us manage it in good judgment and efficiently.

**MANUEL A MALICAY MD
FACP FASH**

FEU-NRMF to honor 45 alumni

continued from page 1

national organizations, serving as an officer in international organizations, and serving as head or chairman of local or international training institutions;

(2) Career achievement as exemplary performance in fields other than profession, excellence in their chosen career, and serving as an elected or appointed government official;

(3) Education as serving as the dean or highest administrative official of an institution, and/ or serving as an exemplary or model educator with local or international recognition

(4) Research with active personal involvement in research, publication of research works in local and international journals, and recipient of special research awards;

(5) Community service, including active personal involvement in community service, serving as officer or

organizer of local or international socio-civic organization, and recipient of special community service awards; and

(6) Loyalty for FEU-NRMF service of at least 25 years, and/ or serving the institution from graduation to retirement

For the group award, at least 75% of its members must be FEU-NRMF alumni with similar categories and criteria as noted in the individual awards.

The nomination process can be accomplished by fellow alumni, employee or faculty member of the FEU-NRMF, and colleagues, and can be completed on line or by postal mail.

(Please print pdf format and send via or e-mail, or postal mail.)

The deadline for submission is on or before July 31, 2015.

The requirements are

- (1) cover letter of nomination,
- (2) three references,
- (3) a recent 2 x 2 colored picture of the nominee, and
- (4) current curriculum vitae with supporting documents (personal data, educational background, awards, distinction, recognition, research grants, professional practice, administrative positions, scientific and technological publications, teaching/ work experience, researches, creative works, professional membership, publications and poster presentations), and socio-civic activities (also with supporting documents).

Awardee selection is by a distinguished committee of the FEU-NRMF School of

Medicine, appointed by the president.

Nominees and nominators will be notified of the results once the selection process is completed. Upon notification of all awardees, the results will be posted on line.

Distinguished awardees will be honored during the 2016 FEU-NRMF Foundation Week Celebration in Manila.

Winners will be contacted with the details regarding the ceremony in January 2016.

Please submit nominations to the Committee on Awards

c/o **Editha C. Dizon MD**,
Dean, FEU-NRMF School of Physical Therapy,
Office UG 18 Building,
Regalado Avenue,
West Fairview,
Quezon City,
Philippines 1118, or

ecdizon@feu-nrmf.ph
rcsolevilla@feu-nrmf.ph
mvsingh@feu-nrmf.ph

For further information, click <http://www.feu-nrmf.com> to download

- (1) **Nomination Form**,
- (2) **Nomination Instructions**,
- (3) **Reference Form**, and
- (4) **Statement of Nomination Form**.

APRIL Quotes

Age is an issue of mind over matter. If you don't mind, it doesn't matter.

Mark Twain

APRIL Quotes

The fear of death follows from the fear of life. A man who lives fully is prepared to die at any time.

Mark Twain





FAR EASTERN UNIVERSITY DR NICANOR REYES SCHOOL OF MEDICINE ALUMNI FOUNDATION

36th ANNUAL REUNION & SCIENTIFIC CONVENTION

HONOREES

- Class⁶⁰ (Emerald Jubilee)
- Class⁶⁵ (Golden Jubilee)
- Class⁹⁰ (Silver Jubilee)
- Class⁷⁰ (Sapphire Jubilee)
- Class⁷⁵ (Ruby Jubilee)
- Class⁸⁰ (Coral Jubilee)
- Class⁸⁵ (Pearl Jubilee)
- Class⁹⁵ (20th Anniversary)
- Class²⁰⁰⁰ (15th Anniversary)
- Class²⁰⁰⁵ (10th Anniversary)



CLINICAL PRACTICE ADVANCES 2015

ACCME accreditation provided by
the **PHILIPPINE MEDICAL ASSOCIATION in CHICAGO**

July 8 - 11, 2015

Caesar's Palace Las Vegas

3555 Las Vegas Boulevard South, Las Vegas, NV 89109

(866) 227-5944 or (855) 901-0002

FEU- NRMF School of Medicine group code **SCFEU5**

or via Caesar's Palace hotel website <https://resweb.passkey.com/go/SCFEU5>

Room rates **\$109** for Wednesday and Thursday, July 8 and 9, 2015, and

\$169 for Friday and Saturday, July 10 and 11, 2015.

Cut-off date **Sunday June 7, 2015**

REGISTRATION for the 36th reunion

Name _____ Spouse _____
 Address _____
 Practice _____
 Telephone _____ Email _____ Class _____

REGISTRATION

	FEES	June 2	June 15	On-site
CME registration only [paid membership required]	\$ 200			\$ 225
<i>Latin Fiesta Las Vegas Style</i> Welcome Reception (WR) ...	50	60	70	100
Alumni Filipiniana Night Buffet <u>Dinner</u> Dance [per person] .	165	185	205	250
General Membership Luncheon (L) meeting [per person].....	50	60	70	100
36 th Annual Grand Reunion <u>Dinner</u> Dance [per person]	165	195	225	250
Annual membership (Am)*	60			
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

*Am is a requirement for the CME, Welcome, Luncheon, Filipiniana and Saturday Reunion Dinner events.

To qualify for the discounted rate, register on or before Saturday, **June 2** and **June 15, 2015**.

Mail this form and your check payable to **FEUDNRSM Alumni Foundation**,
Pete Florescio MD, Executive Vice President/ Executive Director

337 Elmhurst Place, Fullerton, CA 92835

Telephone 1-714-423-8811

Email pflorescioofla@sbcglobal.net

CME registration fee is waived to alumni who are in training or waiting for training program (please present documentation for waiver or send letter from your program director), 50% discount for alumni retired from medical practice. A service charge of **\$100** will also be withheld for refunds/withdrawals/ cancellation fee for cancellation requested after June 28, 2014 which is the deadline for registration. All refund requests must be made in writing on or before **June 23, 2015**

The above-mentioned registration fees are required for everyone, including the Jubilarians and other Class honorees. Only the CME speakers and presenters are exempted from the CME registration.

Your cancelled check is your receipt. Discounted rate is payment received on or before **June 15, 2015**. Unfortunately we do not accept credit card. We only accept cash payment for on site registration.

Due to strict "hotel policy" on banquet events it is advised to register on time. Late registrants may be served with different meal.

COMMENTS

Editorials, news releases, letters to the editor, column proposal and manuscripts are invited.

Email submission, including figures or pictures, is preferred.

ECTOPIC MURMURS

Deadline for May 2015 issue

May 20, 2015

Please address submission to
acvrear@gmail.com

COMMENTS

Editorials, news releases, letters to the editor, column proposal and manuscripts are invited.

Email submission, including figures or pictures, is preferred.

PMAC News

Deadline for May 2015 issue

May 6, 2015

Please add res submission to
acvrear@gmail.com