

September 3, 2019

DIVISION MEMORANDUM

No. 523, s. 2019

**REQUEST FOR VOLUNTARY FINANCIAL ASSISTANCE FOR MRS. IMELDA E. PIEDAD,
TEACHER OF MEDELLIN NATIONAL HIGH SCHOOL, MEDELLIN DISTRICT**

To: Assistant Schools Division Superintendent
CID and SGOD Chiefs
CID and SGOD Personnel
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Teaching and Non-Teaching Personnel

1. Attached is a letter from Mrs. Elizabeth D. Arreglo, School Principal, Medellin National High School, Medellin District, requesting for voluntary financial assistance for Mrs. Imelda Enesin Piedad, Teacher I, Medellin National High School, who has been diagnosed of breast cancer since 2015 and currently has on – going chemotherapy session for the anterior chest wall mass.
2. Relative to the above mentioned circumstance, any voluntary contribution shall be remitted to **Ms. Marites Peralta**, Division Cashier who will turn over the money to her family through the school principal.
3. Immediate dissemination of this Memorandum is desired.


RHEA MAR A. ANGTUD, Ed. D.
Schools Division Superintendent

Aug. 29, 2019

Dr. Rhea Mar A. Angtud
Division-Superintendent
Department of Education, Cebu Province
Sudlon, Lahug, Cebu City

Dear Dr. Rhea Mar Angtud,

Good day Ma'am, I am writing this letter to request financial assistance for Mrs. Imelda Enesin Piedad, teacher of Medellin National High School (Medellin, Cebu). Unexpected occurrences happen and need financial support for her health condition. Right now her family is expecting extreme challenges especially for her expenses. Last 2015 she was diagnosed of left breast cancer and in 2016 she had right breast cancer and had undergone mastectomy and chemotherapy. Chest contrast GE was conducted last May 17, 2019 with an impression of having a mass in her right chest. Surgical pathology Laboratory (biopsy) conducted on June 13, 2019 the diagnostic impression is Core Needle Strips, Anterior Chest Wall Mass-consistent with recurrence of invasive ductal carcinoma.

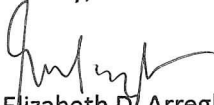
Currently, Mrs. Imelda Piedad has on-going second chemotherapy session for the anterior chest wall mass which really made her broke. She has even gone to charitable institution seeking financial assistance for her medication.

Thus, her situation needs moral and financial support from the DepEd family as the school has extended assistance to her.

Thank you so much for taking the time to consider this request.

Laboratory results and other pertinent papers are attached hereto.

Respectfully,



Mrs. Elizabeth D. Arreglo
School Principal



PERPETUAL SUCCOUR HOSPITAL of CEBU INC.

Gorordo Avenue, Cebu City

Tel. No. 2338620

SURGICAL PATHOLOGY LABORATORY

PIEDAD, IMELDA ENESIN	54	F	06/13/2019	S19-1690
Patient's Name	Age	Gender	Date	Pathology No.

Room : SM11
Physician : Dr. M. Tipgos
Source of Specimen : Core needle strips anterior chest wall mass
Clinical Impression :
History : 6 months PTA, patient noted onset of pellet size mass in the anterior chest (sternal area) fixed, non tender, no skin changes, no other associated symptoms. In the interim, patient noted increase in size of mass but with tenderness. Patient sought consult thus this admission.

GROSS:

The specimen labeled "*core needle strips, anterior chest wall mass*" consists of seven (7) variably-sized, yellowish-tan, slightly-firm, elongated tissue cores, measuring 21 x 12 x 3 mm in aggregate. These are totally processed.

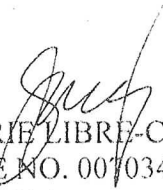
Gross Examination By: Dr. Kathrina Aseanne C. Acapulco, Pathology Resident 06.14.19

MICROSCOPIC:

Microscopic examination shows a malignant neoplastic process consisting of moderately pleomorphic tumor cells. These cells have round to ovoid, hyperchromatic nuclei, indistinct nucleoli and ample, eosinophilic cytoplasm. The cells are disposed into sheets, trabeculae and nests as these invade fibrotic stroma with increased mitotic activity.

DIAGNOSIS:

CORE NEEDLE STRIPS, ANTERIOR CHEST WALL MASS :
- CONSISTENT WITH RECURRENCE OF INVASIVE DUCTAL CARCINOMA


 MARJORIE LIBRE-CANG, M.D.
 LICENSE NO. 0070348
 PTR 0177496
 01-10-2019 CEBU CITY
 TIN 158-543-103



PERPETUAL SUCCOUR HOSPITAL

Gorordo Avenue, Cebu City
Tel. No. 233-8620

MEDICAL IMAGING CENTER

<i>Patient Name</i>	PIEDAD, IMELDA ENESIN	<i>Age</i>	54	<i>Adm. No.</i>	340653
<i>Hosp. No.</i>	392559	<i>Sex</i>	FEMALE	<i>File No.</i>	18-0834
<i>Ref. Physician</i>	MATEO TIPGOS			<i>Room No.</i>	SM11
<i>Exam Taken</i>	BREAST				
<i>Address</i>	1318 NEAR MAC COCKPIT HOUSE, LUY-A, MEDELLIN, CEBU				

Exam Date: 06/11/2019

INTERPRETATION

AXILLARY AREAS

Ultrasound reveals the both breast is surgically absent.

There is a lobulated, hypochoic, solid mass noted in the right upper anterior chest wall measuring 5.2 x 2.8 x 4.1cm.

The left anterior chest wall is unremarkable.

Both axillary areas are unremarkable.

IMPRESSION:

- 1. SOLID MASS, UPPER ANTERIOR CHESTWALL, RIGHT. CONSIDER RECURRENCE OF BREAST MALIGNANCY.**
- 2. S/P MASTECTOMY, BILATERAL.**
- 3. UNREMARKABLE LEFT ANTERIOR CHEST WALL AND AXILLARY AREAS.**

jmh.AC

BRAULIO E. STO. DOMINGO JR., M.D., FPCR, FUSP, MAIUM, FDBISP
Radiologist

EDWIN RAY R. MEDALLE, M.D., FPCR, FUSP, FDBISP
Radiologist

*** This is only a sonographic interpretation and should be correlated with clinical and laboratory findings. ***



PERPETUAL SUCCOUR HOSPITAL OF CEBU, INC.

Gorordo Avenue, Cebu City
Tel. No. 233-8620 loc. 122 or 123

MEDICAL IMAGING CENTER

Name	PIEDAD, IMELDA ENESIN	Age	53	Adm. No.	1216237B
No.	392559	Sex	FEMALE	File No.	CT19-1810
Physician	ON DUTY RESIDENT			Room No.	OPD
Exam Taken	CHEST (CONTRAST) (GE)				
Address	1318 NEAR MAC COCKPIT HOUSE, LUY-A, MEDELLIN, CEBU				

INTERPRETATION

Exam Date: 5/17/2019

CHEST (CONTRAST)

History: Diagnosed case of breast CA (left 2015 and right 2018); S/P mastectomy; S/P chemotherapy; 6 months prior to scan - note of mass in the right anterior chest wall

Plain and intravenous contrast-enhanced axial C.T. images of the chest reveal the following findings:

Both breasts are surgically absent. There is a lobulated heterogeneously enhancing mass in the right anterior parasternal region measuring approximately 4.3 x 3.9 x 3.7cm infiltrating the right pectoralis muscles with pleural extension encasing the right internal mammary artery. Sclerotic lesions are seen in the adjacent sternal body. There are no distinct enhancing lesions in the left anterior chest wall.

Pleural nodules are seen in the left lower anterior pleura.

Fibrotic densities are seen in the anterior right upper and middle lobes with tubular bronchiectases in the anterior upper lobe.

No other pulmonary parenchymal infiltrates are seen. No masses are noted.

The rest of the mediastinal compartments are intact with no masses nor enlarged lymph nodes demonstrated.

The great vessels are normal in course and caliber with no evidence of aneurysm nor dissection.

The heart is likewise normal in size and configuration.

The rest of the osseous structures and chest musculature are unremarkable.

IRMA ALICIAS-VEROY, MD, FPCR, FUSP
Fellow, CT-MRI Society

MA. LUISA SUGATAN-TAN, MD, FPCR, FUSP
Fellow, CT-MRI Society

[Handwritten signature]
5/18/19



PERPETUAL SUCCOUR HOSPITAL of CEBU INC.

Gorordo Avenue, Cebu City

Tel. No. 2338620

SURGICAL PATHOLOGY LABORATORY

PIEDAD, IMELDA ENESIN	52	F	01-25-2018	S18-0220
Patient's name	Age	Sex	Date	Pathology No.

Room : OP

Physician : Dr. J. Poblete

Source of Specimen : Right breast mass

Clinical Impression : Invasive Ductal Carcinoma, Left S/P Excision Biospy with FS, S/P MRM (July 2015); Right Breast Mass R/O Malignancy

History : Patient is a diagnosed case of invasive ductal carcinoma, left S/P excision biopsy with FS, MRM, Left (July 2015), and had 6 cycles of chemotherapy and 33 days of radiation therapy. ER/PR (-). HER2 (+) last 2017 (Oct) patient had right digital unilateral mammogram with impression of equal density mass with associated features suspicious for malignancy BIRADS 4C, high suspicion for malignancy. Patient was advised for core needle biopsy.

GROSS:

The specimen labeled "right breast mass", consists of several, variably-sized, white-tan, slightly-firm, partially fatty tissue cores measuring 18 x 17 x 2 mm. These are totally processed.

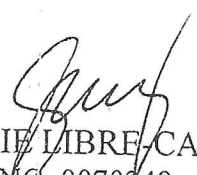
Gross Examination By: Dr. Alessandra Kamille P. Mallari, Pathology Resident^{01.26.18}

MICROSCOPIC:

Microscopic examination shows two strips of submitted specimen involved in a malignant neoplastic process. The tumor cells are pleomorphic and have round to ovoid, hyperchromatic nuclei surrounded by minimal to ample, clear to eosinophilic cytoplasm. These form nests and sheets with increased mitotic activity as these invade fibrotic stroma.

DIAGNOSIS:

**RIGHT BREAST MASS : CORE NEEDLE BIOPSY, INVASIVE DUCTAL CARCINOMA
NUCLEAR GRADE 2**


MARJORIE LIBRE-CANG, M.D.
LICENSE NO. 0070348
PTR 8869760
01-09-2018 CEBU CITY
TIN 158-543-103

PERPETUAL SUCCOUR HOSPITAL of CEBU INC.
Gorordo Avenue, Cebu City
Tel. No. 2338620

SURGICAL PATHOLOGY LABORATORY


PIEDAD, IMELDA ENESIN	50	F	07-16-15	S15-175
Patient's name	Age	Sex	Date	Pathology No.


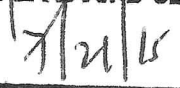
Room : 327
Physician : Dr. TIPGOS
Source of Specimen : BREAST MASS, LEFT
Time Received : 1:35 PM

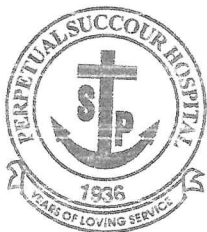
FROZEN SECTION RESULT DIAGNOSIS

Specimen : " BREAST MASS , LEFT " :

INVASIVE DUCTAL CARCINOMA

Performed by :  MA. NILEPTA LIM, M.D.
07-16-15

PERPETUAL SUCCOUR HOSPITAL CEBU CITY
MEDICAL RECORDS SECTION
BY:  MARIA LOTA L. AGWANTA MEDICAL RECORD CLERK
DATE: 
CERTIFIED TRUE COPY



PERPETUAL SUCCOUR HOSPITAL OF CEBU, INC.

*Gerardo Avenue
6000 Cebu City, Philippines
Tel. No. 233-8620*

Medical Certificate

TO WHOM IT MAY CONCERN:

This is to certify that IMELDA ENESIN PIEDAD had
been under treatment/confined at **Perpetual Succour Hospital of Cebu** from
July 15, 2015 to July 21, 2015 for the following:

DIAGNOSIS:

INVASIVE DUCTAL CARCINOMA, LEFT, *stage II B*

OPERATION:

EXCISION BIOPSY WITH FROZEN SECTION: MODIFIED
RADICAL MASTECTOMY, LEFT 7/16/15

REMARKS:

Issued this 21st day of July 2015 at Cebu City, Philippines for whatever legal purpose this will
serve him/her best.

Mateo Tipgos
MATEO TIPGOS, MD

Attending Physician

PTR No.:

5562194

Lic. No.:

58804



PERPETUAL SUCCOUR HOSPITAL of CEBU INC.
Gorordo Avenue, Cebu City
Tel. No. 2338620

IMMUNOHISTOCHEMISTRY REPORT

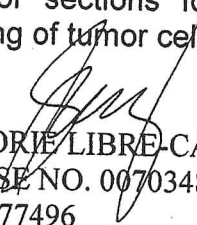
PIEDAD, IMELDA ENESIN	54	F	06/13/2019	IHC19-122
Patient's Name	Age	Gender	Date	Pathology No.
Room	: SM11			
Physician	: Dr. M. Tiggos			
Source of Specimen	: Core needle strips anterior chest wall mass			
Clinical Impression	:			
History	: 6 months PTA, patient noted onset of pellet size mass in the anterior chest (sternal area) fixed, non tender, no skin changes, no other associated symptoms. In the interim, patient noted increase in size of mass but with tenderness. Patient sought consult thus this admission.			

I. ESTROGEN RECEPTOR ASSAY

Immunohistochemical staining of tumor sections for Estrogen Receptor Assay shows shows **NEGATIVE** nuclear staining of tumor cells examined.

II. PROGESTERONE RECEPTOR ASSAY

Immunohistochemical staining of tumor sections for Progesterone Receptor Assay shows **NEGATIVE** nuclear staining of tumor cells examined.


MARJORIE LIBRE-CANG, M.D.
LICENSE NO. 0070348
PTR 0177496
01-10-2019 CEBU CITY
TIN 158-543-103

Note: Appropriate positive controls were performed

Encoded by: mgb
Date Released: 07.6.19



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Tel. No. 2338620

IMMUNOHISTOCHEMISTRY REPORT

PIEDAD, IMELDA ENESIN	54	F	06/13/2019	IHC19-122
Patient's Name	Age	Gender	Date	Pathology No.

Room : SM11

Physician : Dr. M. Tiggos

Source of Specimen : Core needle strips anterior chest wall mass

Clinical Impression :

History

: 6 months PTA, patient noted onset of pellet size mass in the anterior chest (sternal area) fixed, non tender, no skin changes, no other associated symptoms. In the interim, patient noted increase in size of mass but with tenderness. Patient sought consult thus this admission.

HER 2 (C-erbB-2) RECEPTOR ASSAY REPORT*

Score	Result	Interpretation (cytoplasmic membrane staining)
(X) 3+	POSITIVE	Strong, complete membrane staining in >10% of invasive tumor cells.
() 2+	Equivocal	Weak to moderate complete membrane staining in >10% tumor cells. FISH is recommended.
() 1+	NEGATIVE	Faint / barely perceptible membrane staining in >10% of invasive tumor cells. The cells are only stained in part of their membrane.
() 0-	NEGATIVE	No membrane staining or membrane staining in <10% of invasive tumor cells.

(Consensus evaluation with other associate pathologists.)

MARJORIE LIBRE-CANG, M.D.

LICENSE NO: 0070348

PTR 0177496

01-10-2019 CEBU CITY

TIN 158-543-103

Note: Appropriate positive controls were performed.

This case was seen by four (4) concurring pathologists.

*Recommended by the American Society of Clinical Oncologists (ASCO) and adapted by the Philippine Society of Pathology

Encoded by: mgb

Date Released: 07.6.19