



ECTOPIC MURMURS

Volume 24

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Number 2

February 2013

Balik-FEU, NRMF IM Update

HERNANI TANSUCHE MD⁶⁸ FEUDNRSMAF Chairman

I just came back from the Philippines where I attended the 38th annual *Balik-FEU* homecoming held at West Fairview in Quezon City and the grand alumni night at the Crowne Plaza Galleria Hotel last January 26, 2013.

Noli Guinigundo MD, FEUDNRSM Alumni Foundation President has probably elaborated more on the homecoming.

We had a productive and successful business meeting with the local FEU-NRMF Medical Alumni Society headed by Rene Mendoza MD. There was a good turnout from the Alumni Foundation board trustees.

One of the highlights of the
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HERNANI
TANSUCHE MD

TENDERLY YOURS

The *Balik-FEU* homecoming locally started on January 24, 2013, at the Dr Ricardo Alfonso Medical Hall, 5th floor, FEU-NRMF Institute of Medicine and Medical Center.

The traditional mass was said at the FEU Hospital Chapel, followed by registration. Breakfast, courtesy of Sanofi, was culminated by the Dean Lauro H Panganiban MD Memorial Lecture.

The speaker was Manuel Malicay MD⁷²; and the rest of the day was continuing medical education on varied topics.

A joint business meeting was held in the afternoon,
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NOLI C
GUINIGUNDO MD

FAITH, GUNS and MEDICINE

FERNANDO ATIENZA MD⁶²

While waiting for a medevac flight some years back, I found myself watching two physicians from

Howard University School of Medicine being interviewed on a local television. The subject was the role of faith and religion in medicine. In the past several years, they said, a number of medical schools and doctor training programs have incorporated religion and faith into the curriculum. The role of faith and prayer in the perception of illness, coping and healing process for both family and patient is now being addressed in classrooms. It was not the case with my

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BIRTH AND SIGNIFICANCE OF VALENTINE

A Brief Historical Background of Valentine. From Webster's Dictionary I gather that Valentine was a saint,-- a Christian martyr of Rome in the Third Century AD.



ULYSSES M
CARBAJAL MD

From the literature I learn that in 496, Pope Gelasius I declared *Valentine's Day* as Christian Holiday, marking the date as February 14th. The inspiration behind the

ULYSSES M CARBAJAL MD

holiday is still a mystery. One rumor circulated around was that Saint Valentine, a martyr who secretly married couples against the law wrote, while languishing in prison, his beloved a letter signed *From your Valentine*.

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FAITH CORNER

REV MELVIN ANTONIO MD⁶⁵

The traditional Bible text
read on Transfiguration Sunday



REV MELVIN
ANTONIO MD

is as
follows:
*Peter said to
Jesus,
Master, it is
good for us
to be here;
let us make
three
dwellings,*

*one for you, one for Moses and
one for Elijah.* While he was
saying this, a cloud came and
overshadowed them; and they
were terrified as they entered
the cloud. Then from the cloud
came a voice that said, *This is
my Son, my Chosen; listen to
him!* Luke 9:28-36

In the Christian calendar,
Transfiguration Sunday marks
the end of the season of
Epiphany and the beginning of
Lent. The three synoptic
gospels of Matthew, Mark and
Luke, give us an account of the
Transfiguration of our Lord in
very much the same manner.
The characters around Jesus are
the same: his closest disciples
Peter James and John, and two
prominent people from the Old
Testament, Moses and Elijah.
The scene is one of awe but
with great joy and contentment,
as if a dream comes true for the
disciples. A dream that they
wished could last forever. What
should catch our attention are
the words from the cloud that
overshadowed them while Peter
is speaking. Here the three
gospels give the same account,
of a voice claiming Jesus as his
Son, the Beloved, ending with a
command: *Listen to him!*

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FLOWER IMAGES

ROLANDO M SOLIS MD⁶³





CLASS⁷⁷ Reunion during the 38th Balik-FEU On the floor, from left, are Roberto Yabut MD, Vicente Porciuncula MD, Rodrigo Castillo MD, Antonio Lu Jr MD, and Leonardo Abogado MD. Seated, from left are Aurora Rodriguez MD, Rebecca Arnuco Ramon MD, Julita Torres Aguila MD, Rose Manuel Lu MD, Marvie Ala MD, Luzviminda Sunga Santangelo MD, Rhodora Delizo Mangaser MD, Hedda Trio MD, Juliet Punzalan Crisostomo MD, Ester Sumang MD, Virginia Pineda Garcia MD, and Herminia Banez Castro MD. At the back, same order, Ronald Gran MD, Rolando Arca MD, Eduardo Martin MD, Cristita Tui-Bali MD, Tess Young MD, Ramon Po MD, Renato Alilio MD, Efren Vicaldo MD, Art Panganiban MD, Fernando Ayuyao MD, Edgardo Lozada MD, Rey Punzal MD, Pete Seares MD, and Virgilio Lo MD.



PHILIP S CHUA MD⁶¹ as the inaugural Dr Josephine Cojuangco Reyes Memorial Lecturer talked on *The Failed Health Strategy of the Past Six Decades*.



A banner in front of the FEU-NRMF Institute of Medicine in West Fairview



An olive-shirt day for the Philippine Medical Association in Chicago
FEUMAANI mission volunteers in Surigao City.



HAPPY VALENTINE
from the **PORCIUNCULAS!**

PRESIDENT OBAMA HONORS A PILIPINO NURSE



Menchu Sanchez RN of Catanauan, Quezon is flanked by US First Lady Michelle Obama (left) and Jill Biden (right), wife of the US Vice President, at the State of the Union address by President Barack Obama before a joint session of Congress February 12, 2013.

Ms Sanchez leading the rescue of hospitalized infants as superstorm Sandy battered New York last December was hailed by President Obama as a role model.

We should follow the example of a New York City nurse named Menchu Sanchez. When Hurricane Sandy plunged her hospital into darkness, she wasn't thinking about how her own home was faring, Obama said. Her mind was on the 20 precious newborns in her care and the rescue plan she devised that kept them all safe.

The 56-year-old registered nurse was chosen as one of the 23 extraordinary Americans

who exemplify the themes and ideals laid out in the State of the Union Address.

When the hurricane cut power at NYU Langone Medical Center, Sanchez thought of the plan and organized a group of medical professionals to carry 20 critical babies down nine flights of stairs, with illuminations from cellphones to guide them along the way, for emergency transport to intensive care units around the city.

Even as Menchu's own home was flooding, she thought only of protecting the babies in her care.

Migrating to the United States in the 1980s, Sanchez has worked as a nurse in New York for more than 25 years and has been at NYU Langone Medical Center since 2010. She lives in Secaucus NJ with her husband and two children, both of whom are in college.

FEAR

CELSO DEL MUNDO MD62

Fear can paralyze and numb your mortal flesh

When you are afraid of issues you have no control,

Like an image of a headless shadow, it is

fear of the unknown,
It is a stumbling block to pursue a future goal.

Fear not the dark and the sounds in the stillness of the night,
It is only from the lack of light and the unusual sounds,
ever be afraid of the ghost and the evil spirits,
But be afraid from the wickedness of those who are alive.

Sometimes you are afraid of your uncontrollable rage,
It is the fear of your self and unpredictable response,
It is the fear of me and demon inside,
We have to overcome in all faces of life.

Don't fear what lies ahead, the unknown future,
Time will find its way to overcome the unknown,
All those fears and worries will be overthrown,
By our faith in the Supreme Being who will conquer all.

Interested in establishing a Professorial Chair Fund in your name or of someone you wish to honor?

Please inquire with
CESAR V REYES MD⁶⁸
6530 Dunham Road,
Downers Grove, IL 60516
Phone 815-942-2932 x7565
or acvrear@sbcglobal.net

CLINICAL IMAGES Acute Ischemic Colitis in Young Women

CESAR V REYES MD⁶⁸

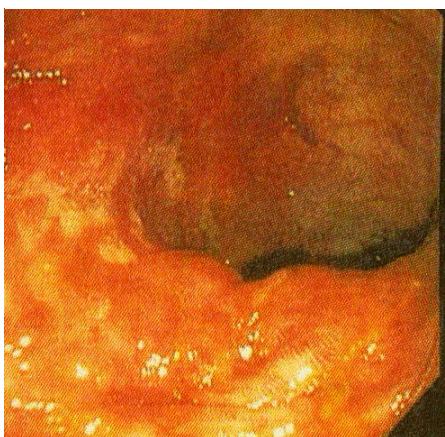


Figure 1 – Acute colitis in sigmoid colon

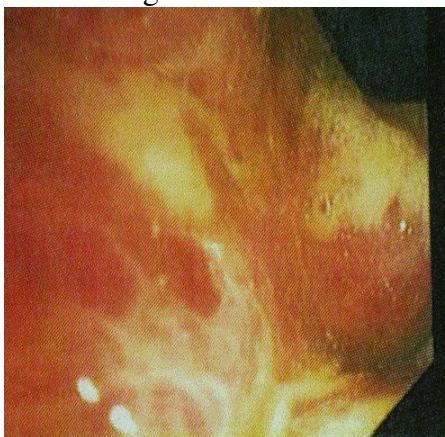


Figure 2 – Left colon

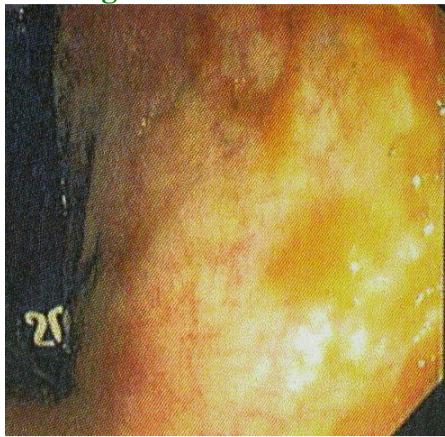


Figure 3 – Acute proctitis

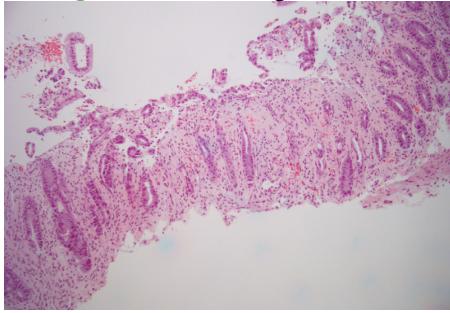


Figure 4 – Acute ischemic colitis (HE stain, 100x)

These images are from three young women, age 28, 32 and 30 years old, respectively who presented with abdominal pain, bloody diarrhea, and hematochezia.

Colonoscopy revealed fairly diffuse colitis in the sigmoid colon (Figure 1), left colon (Figure 2) and rectum (Figure 3).

Microscopically, essentially similar changes of acute ischemic colitis are noted in three biopsy specimens, namely: an ulcerative or erosive colonic mucosa, the base of which is characterized by surface necrosis, underlaid by acute inflammatory exudates with granulation tissue and thin fibrosis underneath. In the areas where the surface epithelium is intact and preserved, it is minimally and focally inflamed with polymorphonuclear leukocytes (Figure 4).

The subepithelial collagen is within normal. The lamina propria underneath the ulceration and inflamed surface epithelium contains mild increase of plasma cells, lymphocytes, mononuclear cells, eosinophils, and polymorphonuclear leukocytes, associated with edema, capillary congestion, significant disruption of the glandular architecture and polarity. The inflammatory process decreases from the superficial lamina propria to the deeper layers of the lamina propria. Many superficial glands are small, necrotic, shadow-like pale, regenerative and reactive.

There is no evidence of acute cryptitis, crypt abscesses,

pseudomembrane, granuloma, identifiable microorganism, viral cytopathic cellular changes, vasculitis, dysplasia, or malignancy.

LITERATURE REVIEW

and COMMENTS. Acute ischemic colitis is unusual among adults under the age of 40. However, it can occur in association with conditions such as hypovolemic shock, vasculitis, drug use, vascular disease, diabetes, coagulopathy, cocaine use, decongestant, herbal ingredient use, long-distance running and *Escherichia coli* 0157:H7 infection and can mimic spontaneous ischemic colitis.

One paper added that up to 49% of patient, no predisposing factors are identifiable.

Although many reports have linked the use of oral contraceptives to ischemic colitis in young women, evidence has been limited to case studies and small series.

In a series of 17 patients, the mean age is 29 years. All clinical, radiologic imaging and laboratory findings are consistent with transient ischemia of the left colonic mucosa.

The patients are otherwise healthy, normotensive and afebrile, with no evidence of enteric pathogens. Symptoms resolve within 4 days in all patients.

Ten (59%) of the 17 women were using low-dose estrogen-progestin oral contraceptives. This percentage is higher than the 1988 national average of 18.5% of women age 15 to 44 years. Calculations thus reveal a

relative risk of 6.31 for ischemic colitis among women using hormonal contraception.

Four other women have used oral contraceptives for 2 to 8 years, and the remaining three are receiving oral estrogen replacement therapy. One woman who continues to use an oral contraceptive has a recurrence of ischemic colitis 20 months later; and after she stops the hormonal contraception she is free of recurrence for at least 34 months.

The plausible explanation is that the use of exogenous estrogens cause arterial and venous hyperplasia and with an increased incidence of thromboembolism, triggering episodes of ischemic colitis in otherwise healthy women.

Injury to the colon in a patient with ischemic colitis results from decreased splanchnic blood flow caused by blockage from hypercoagulation, vasoconstriction, or diversion.

Two regions are anatomically vulnerable to ischemic disease are Griffith's point, at the splenic flexure and Sudeck's critical point, of the Drummond marginal artery, or sometimes at the rectosigmoid junction. These areas are known as watershed areas between the superior and inferior mesenteric arteries and between the lower sigmoid artery and superior rectal artery.

The signs and symptoms are those of the patient illustrated herein.

Most patients are diagnosed at colonoscopy, and most are successfully managed with intravenous fluids, broad-

spectrum antibiotics, and bowel rest.

The effectiveness of discontinuation of estrogen therapy is controversial, but this measure should be considered.

A small number of patients may require surgery. Disease-related death in the operative group is also rare.

While some patients may have gangrenous forms of ischemic colitis, others may have a benign, self-limited form of the disorder. In these cases, the condition is termed *transient ischemic colitis*.

Complications are rare and the prognosis is excellent. Occasionally, patients have recurrences.

By exclusion, the **FINAL DIAGNOSIS** in the three patients is **ACUTE ISCHEMIC COLITIS IN YOUNG WOMEN, ASSOCIATED WITH CONTRACEPTIVES.**

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

for his very constructive ideas. I noted it was addressed to the chairman and president, Drs H Tansuche and N Guinigundo, respectively.

I wish to express my highest respect and deepest gratitude to the people who have inspired me to participate in the leadership of the AF for over thirty years. A number of people have inspired my tenure in the board of trustees and as an officer in this foundation for so many years. One of them is Dr Fabito. I consider him a bright person, energetic, and an excellent leader. He is nothing less than a dreamer and a goal-oriented achiever, a man of effulgent vision and wisdom, honesty and integrity.

I was vice president of the board of trustees when Dr Fabito was the board chairman, who appointed me to chair an ad-hoc committee to respond to the letter of Dr Liberato C. de la Rosa, chairman of the department of microbiology and parasitology, FEU-NRMF, Institute of Medicine for his request of new microscopes. It was done.

He is one of the most outstanding alumni whose leadership ability is beyond reproach. Dr Fabito is a man of superior intelligence, well known for his role of emotions and vision, as well as leadership effectiveness and performance. His integrity and honor is beyond reproach with unblemished and loyal dedication to our AF.

His attendance in a number of meetings in the FEU-NRMF Medical Alumni Society in the Philippines is extremely worth recognition. The donations he made to the medical school and

LETTER TO THE EDITOR

As a member of the board of trustees, I would like to comment on the open letter of Dr Daniel Fabito ECTOPIC MURMURS 2013;24:1.



First and foremost, we must all thank him for writing a very informative *historical vignettes* in our Alumni Foundation (AF), and

FEU Hospital through PGME Funds is significantly outstanding.

Without further adding to his reasoning of not having a donation committee, I absolutely agree with his ideas.

To write this letter to the chairman and the president is simply demonstrating his respect and sharing his values and visions. He deserves similar respect and a thank you and acknowledgement from the leaders he wishes and desires to help. In a foundation like ours, it requires a body of men bound into a proposition of knowing how to do things, when to do it, and setting their hearts and minds to do it. Dr Fabito is focusing on moving our AF towards its ideal future, motivating everyone to overcome whatever obstacles lie in the way. With great admiration, he is a great leader and a good man.

CESAR D CANDARI MD⁶¹

LETTER TO THE EDITOR

What else can anyone ask for in this world when such a prestigious honor is bestowed to a deserving man,

CESAR D CANDARI MD as an outstanding alumnus in medicine



MANUEL
CATALAN MD

category, upon the recommendation of a Search Committee, after rigorous, months of elimination process, and selected among equally qualified 11 nominees.

My bosom friend, my classmate, my boardmate.

In full attention, I now stand and salute you, *pare ko..*

MANUEL CATALAN MD⁶¹

PS. I sent a copy of this letter to all our classmates, Class⁶¹ listed in my phone book so they will be updated that one our classmates is an honoree of this year's FEU 85th anniversary celebration.

MANILA in 1938. I also want to share with you two remarkable footages of Manila: the first being 1938 Manila, and the second being 1930 Manila Castillian Memoirs.

On the first screen, the following are noteworthy:

Manila was a real bustling City worthy of the name Pearl of the Orient.

The streets were clean, and the neighborhood devoid of squatters.

People are well-dressed and disciplined. Men in day suits or neat shirtsleeves, and women were in presentable dresses and *saya/patadyong*. Even *calesa* drivers were dressed well.

Carromatas (*carretela* or *calesa* to today's young ones) followed disciplined traffic alongside cars. Traffic flowed on the left hand side of the road (*a la Europe*)!

Note the quaint *tranvias*, or street cars.

Note the beauty of the original Manila Hotel, the the University of the Philippines (the present PGH site).

The signs of Ideal and State theaters existed to the 1960s.

Escolta, Burgos Drive, Ermita were upscale locations.

The Legislative Building was a sight to behold (it became the Senate Building, and something else now).

Look at the significance of Intramuros even then -- parade

grounds, golf course, Manila Cathedral, arcaded buildings, etc.

On the second **YouTube** showing, 1930 Castilian Memoirs, note:

Policemen were trim and impeccably dressed (not our pot-bellied shabbily-dressed (*paraks*)).

Bilibid Prison was then *the largest penal institution in the world* and the prisoners were disciplined well, in accordance with the concept of rehabilitating them to be good and useful citizens.

Great footages of the regular army on drill parade in Intramuros, and that of the reliable Philippine Scouts.

The horse-drawn bus was unique at that time.

The Pasig River was clean and beautiful.

One of the *mestizas* seems very familiar -- her face is that of someone belonging to today's Manila's 500.

Would not it be nice for you to share these with your children, grandchildren and extended families.

<http://www.youtube.com/watch?v=dvpbsyNcI3I>

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 the March 2013 issue
March 15, 2013

Please address submissions to
acvrear@aol.com

FAITH CORNER*continued from page 2*

The cloud signifies divine

presence.

The voice of God is speaking in a way that reminds us of when Jesus was baptized by John the Baptizer when

suddenly the heavens were opened to him and he saw the Spirit of God descending like a dove and alighting on him. And a voice from heaven said, This is my Son, the Beloved, with whom I am well pleased.

Matthew 3:16,17

The account implies that Jesus is the only one who hears these words. On the mountain of Transfiguration however, there can be no mistake that the voice of God is speaking to all those present and that those three words were meant for all to hear. *Listen to him.*

Peter, James and John have just witnessed a heavenly vision. They share a vision of divine glory and it is tempting for them to stay on the mountain. Peter speaks for the other two disciples when he says, *Master, it is good for us to be here.* He is getting ready to build shelters for Jesus, Moses and Elijah. This is where he wants to be, on the mountaintop with such awesome company. Perhaps that is why the voice from heaven commands, *Listen to him.* Listen to Jesus, the Messiah, the Christ. I venture to guess that we as individuals, like Peter, James and John,

REV MELVIN
ANTONIO MD

could just as easily be tempted to stay on the mountaintop. In fact, we as a church could be tempted just as easily to leave Jesus and his disciples on the mountain. But doing so would amount to denying Jesus his earthly destiny and replacing his mission and vision with our own.

Theologians and church leaders throughout history, have run into trouble with the notion of a theology of glory that keeps Jesus on the mountaintop. Martin Luther disliked this theology of glory intensely. For if we leave Jesus on the mountain, we deny Jesus' journey to Jerusalem and the cross. We deny his victory over sin and death and the most wonderful gift of his resurrection. We are also denied the expectation of his coming again in glory to judge the living and the dead.

God says, *Listen to him.* It becomes clear that God is telling the disciples that they must come down off the mountain, to be with Jesus as he completes his ministry, his mission. It is clear that God's command applies through the ages, that those who follow Jesus, you and I, must carry on his ministry. As his disciples, we are to actively participate in the restoration of a fallen world, to share his vision for humanity. To his disciples, Jesus will say, *This is my commandment, that you love one another as I have loved you.* John 15:12 If we are listening, Jesus Christ calls us to love one another as God loves us.

Listen to him.

Unfortunately, we surround ourselves with all kinds of distractions that take Jesus from hearing distance. When we are angry, afraid, anxious, nervous, or in pain, we allow no space to listen. The other side of this is when we find great success in life – fame, fortune, great health. It is like finding ourselves on the mountaintop, when we feel like we are on top of the world. We live the theology of glory. We are not prepared to come down and face the reality of failure, of loss, of pain. I don't have to tell you the consequences of being unprepared. We have grim examples from the Great Depression when we hear of people jumping out of buildings after banks collapsed, and of people today who lapse into melancholy, sink into depression and further on into dependency and finally self-destruction when their world collapses around them.

Listening is creating space in which we hear the voice that says, *You are my beloved child. You are special to me. All that is mine is yours.* The whole Gospel, the whole message of Jesus is precisely that: *All that is mine is yours, all that I say is for you to hear, all that I know is for you to know and all that I do is for you to do.*

God gives us something with which to build our faith. To Israel, he gave Moses and Elijah. He gives us Jesus Christ. Moses and Elijah got God's people started on their journey of faith. He sent us Jesus to complete the journey. The season of Lent reminds us of our continuing journey of faith. It begins with Ash

Wednesday as we reflect on what it means to be baptized into the Christ's death and resurrection.

On Ash Wednesday, we go to a traditional worship service with imposition of ashes. The ashes symbolize our mortality and frailty. The sign of the cross on our brows signify our repentance and vulnerability for the spiritual renewal of the Easter feast that is to come.

ON VALENTINE

continued from page 1

But the truth is that there are

three Valentines, all saints, and all killed in bloody and horrifying ways. No idea which of them is

behind the prevailing holiday.

Another circularized tale:

This was a priest who restored the sight of a blind girl and then fell in love with her, and, consequently, got beheaded. There is also another priest who was tortured in the ACE 200s under Pope Claudius II.

But the first real Valentine's Day commenced in 1382, when Geoffrey Chaucer, in his poem *Parliament of Fowls* wrote that birds mated on *Seynt Valentyne's Day*. While originally describing bird mating, at some point this sentiment spilled over to humans.

A few decades later, the Duke of Orleans composed what is commonly considered



ULYSSES M
CARBAJAL MD

as the oldest Valentine, a rhyming love poem sent from prison to his wife Bonne. As with the first Valentines, his story ended tragically. Bonne died before her husband could get back to her.

In 1913, the foundations of the modern Valentine's Day were laid when Hallmark published their first Valentine Day card.

Although the idea of sacrificing love appeared to have sparked the celebration of St. Valentine's Day, through the years it has become commercialized even to the extent of conditioning women to expect flowers, chocolates, and/or jewelry as a *sort of litmus test* for their partners' affection.

Through the Years

A Corsage Gift. I still recall vividly my sending three roses to my sweet heart Jovita, indicating *I Love You*. As the years rolled on, I continued doing this, ordering the corsage or bunch of flowers in standard flower shops, until it suddenly dawned in my mind that it would be more significant and also economical to grow roses in my garden for the purpose of insuring a steady supply for her on Valentine's Day. Occasionally, I purchased the flowers from vendors at busy street intersections.

A Freak Accident. One Valentine afternoon, my car was bumped by a youthful driver, backing his pick-up thoughtlessly. In his effort to appease me (for the damage was surprisingly just a minimal scratch on my Honda) he handed, strangely, to me the bunch of roses which he had

apparently purchased for a loved one. This, in turn, was later handed over to my wife.

A Poem for Jovita — my Valentine. Through the years, Jovita has proved most loving and helpful to me. She could tell when I felt discouraged, and was always ready to buoy me up with her smile and her sweet voice. Without her, I could have not attained my goals in the field of medicine and surgery. Working together, we had played a modest role in the establishment of the first Filipino Church in America. The following message in poetry is lovingly dedicated to her.

Another Valentine—a Gift from God. As chairman of the Building Committee in our Central Filipino Church, I was

At Valentine,
Love divine
Makes you mine
And me thine!

Matchless Love
From heaven above
Will sparkle and shine
With Love's wine
As we gladly align
With Love divine.

Love is ever kind
And never blind!

inspired to write a special poem a few weeks before its 40th Anniversary:

Jesus: Our True Valentine. The book of Hosea, one of the minor prophets, portrays God's undying love for His people, the Israelites, despite their *adulterous ways*. EG White underscores that the church is the *apple of God's eye*. May not our Savior Jesus Christ, who

FAITH, GUNS and MEDICINE

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generation of physicians, at least, not formally.



FERNANDO ATIENZA MD

There is an increasing appreciation in our profession, bolstered by a growing body of evidence, that faith

influences healing and recovery, agreed both doctors.

The boundaries between religion and science are becoming blurred, they added.

This is not about *medical miracle cures* but about the role of one's faith and belief systems in the nitty gritty of harnessing one's immune systems not to mention coping mechanisms for issues of pain, loneliness, search for meaning and hope, and death.

As part of a formal medical curriculum, the subject of faith and religion was not considered in our classrooms then. During specialty training we hardly touched the topic. Despite the fact that many of us were practicing our faith, asking a patient about religion and core beliefs was not the norm. That is not to say that physicians ignored this area of human experience. In fact, many, in the long and storied climb of medical science from its primitive roots, made it a part of everyday practice, ie, discussing one's faith with patients, even praying for, and with the patient and family. But that was considered outside the

mainstream, if not kooky. That obtaining a religious history was just as vital a component of a patient's medical history as a detailed allergy, drinking, smoking, and sexual history did not register with us.

Working in a children's leukemia ward in the early 1960's, just before the dawn of modern chemotherapy, we were witness to many disappointments; powerless to stem the ravages of that malignancy. Addressing a terminal illness or death was always an awkward moment and the closest thing we did to show empathy and compassion was to ask the child's parents, *Can I call a chaplain, rabbi, or minister for you?"*

It is heartening to see faith and medicine walking the same path. But now dark clouds are in the horizon. Will Obamacare and our obsession with political correctness trump this trend? It is far useful for the physician to listen to his patient about faith and core beliefs than asking about gun ownership, in my opinion. Indeed, there is more to a patient than a broken limb, a leaky heart valve, gun registration, or insurance number.

Message from the CHAIRMAN

Balik-FEU Update

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HERNANI TANSUCUE MD

meeting was a unified consensus to streamline the process of financial grants and donations to the medical

CFC: Our True Valentine

Central Filipino Church,
You are our true Valentine
As through time and space we search
For a glimpse of love divine!

Full support you now deserve
As your building we complete;
There's no reason now to swerve
From attaining goals so sweet.

Love will never be the same,
Love will ever empty be,
Deep will be our grief and shame,
If your worth we fail to see.

God forbid we let you down
When fulfillment is so close;
God forbid the victor's crown
We against our conscience lose!

Suffering is no sacrifice,
Waiting is no cause for pain,
For so dear you're in our eyes
That success we must attain.

Valued more than homes and cars,
You deserve each drop of blood;
For by faith the war of wars
May be won at last with God.

shed His blood to redeem us, be counted as our True Valentine?

Concluding Thoughts.

Although Valentine celebration appears to have been introduced by pagans, it may serve as a reminder of God's boundless love for His church and His people. It may also serve as a reminder of the sacrament of marriage, which was instituted and officiated by God Himself in the Garden of Eden.

school and FEU Hospital.

Various department heads of the medical school and center would channel their requests to the local FEU-NRMF Medical Alumni Society, which in turn would forward these requests to a counterpart in the Alumni Foundation or to the committee on donations.

The Alumni Foundation president, or Chapter president, or committee chairman, would then present this request to the FEUDNRSMAF board trustees for approval.

This process does not preclude the medical school Dean or FEU Hospital director to request directly to the current Alumni Foundation leadership.

We have also agreed to minor changes in the language of the Memorandum of Agreement signed last year.

A social get-together and dinner hosted by the FEU-NRMF Medical Alumni Society followed the meeting.

During the CME portion, I was able to listen to the lecture of Delfin Tan MD⁶³.

Dr Tan as always is an eloquent and dynamic speaker to whom I have listened to ever since my medical school, internship and residency years.

I personally invited him to attend our 34th FEUDNRSMAF annual reunion in Chicago this July as a speaker and Golden Jubilarian celebrant, but he declined due to previous commitments.

After the Friday CME, several of the Alumni Foundation board trustees, including myself and Arsenio Martin MD, chairman of the scholarship committee, met

with the scholars and our own scholars.

We encouraged the scholars to maintain their grades and do well in their studies. We told them that they represent the future and their academic achievements would make us all proud as graduates of the FEU-NRMF Institute of Medicine.

Other of notes of the reunion was the participation of another board trustee, Manuel Malicay MD⁷² as the Dean Lauro Panganiban MD Memorial Lecturer and Philip Chua MD⁶¹ as the first Josephine Reyes Memorial Lecturer.

There was a good turnout of the Class⁶³ Golden Jubilarians, numbering around 30+ headed by Renato Ramos MD, Grace Rabadam MD and Arturo Basa MD during the grand alumni night.

The Silver Jubilarians Class⁸⁷ had even a bigger turnout.

We look forward to a similar attendance at our annual reunion in Chicago, especially the Golden Jubilarians.

Our medical school is doing well, reaffirming itself as a premier medical school in the Philippines.

The medical school is presently constructing a new medical arts building that has an eight-story parking area and a 12-story classrooms, lecture halls and administrative offices.

During my visit, I was proudly informed by Dean Remedios Habacon that the medical school was invited to present one of its research papers in a national forum of the US National Institute of Health on February 22, 2013, a first for the school.

There will be more about the medical school in the next issue of the **ECTOPIC MURMURS**. **HERNANI TANSUCHE MD**⁶⁸

President's TENDERLY YOURS

continued from page 1
attended by the FEU-NRMF



**NOLI C
GUINIGUNDO MD**
Medical
Alumni
Society
officers,
headed by
president
Rene
Mendoza
MD, and the

FEUDNRSMAF Alumni
Foundation representatives. The
latter was led by chairman
Hernani Tansuche MD,
president Noli Guinigundo MD,
Amante Legaspi MD, Renato
Ramos MD, Cesar Candari MD,
Mrs Cely Candari, Oscar
Tuazon MD, Minda Santangelo
MD, and Grace Rabadam MD.

Unclear to the local medical
society is the relationship of the
two groups, that it is president
to president. This was clarified
during the meeting.

It is now hoped to see
improvement on this
relationship.

The Memorandum of
Agreement (MOA) was again
discussed. It was noticeable that
the copy I had at the time of the
meeting was different from Dr
Mendoza's copy.

It was unilaterally changed
without letting me know. When
I was the executive vice
president and executive
director, I was the one who
prepared and collated all the
informations in the MOA.

It was erroneous that no new information reached me, being the current president and in charge of the day-to-day activities of the Alumni Foundation.

I need and expect more transparency from the local medical society for me to further cooperate. It took the local society six months to respond to a previous inquiry.

There is no excuse for this miscalculation and utter disregard with proper decorum and propriety.

The Friday activities were highlighted by the CME, followed by lunch and the much awaited inaugural Dr Josephine Cojuangco Reyes Memorial Lecture.

The speaker was Philip Chua MD, introduced by Daniel Fabito MD. The lecture was attended by FEU-NRMF board chairman Nicanor Reyes III and his family.

On the student achievement awards that immediately followed the lecture, several students got their excellence recognition in certain subjects and award with cash from donations by alumni members of Alumni Foundation.

Some students not only got one but up to seven awards.

These students are really doing superlatively, and hopefully will further excel, and will do good at the Philippine medical board examinations for a greater glory of the medical school.

The 38th *Balik-FEU* was capped by the grand ball honoring the Golden and Silver Jubilarians, and other celebrating classes.

At the Crowne Plaza Hotel/Galleria, there were not too

many people milling around the registration desk where we get our tickets. It was somewhat more disciplined this time. The Alumni Foundation table was clearly labeled on the right of the entrance doors and the Silver jubilarians on the left which carries the biggest bulk of attendees.

There were about 40 some Golden Jubilarians.

The celebration started with an invocation which was a song sung by a son of the Jubilarians. I personally felt it was not our usual prayer-invocation. No matter, it was uniquely modern.

Then, the parade of the Golden and Silver Jubilarians followed.

Alumni Foundation chairman Dr Tansuche was requested to say something.

It was mentioned by Dr Tansuche that a Class⁶¹ Jubilarian two years ago, Dr Cesar Candari was selected the most outstanding medical graduate for the 85th celebration by the FEU.

However, the recipient was conspicuously absent.

There was also an active, participatory celebration by Class⁸⁷.

Several dancing instructors were spotted leading the group, right in front, doing the *dungnam* which is apparently the current dance craze superceding the *zumba*.

Most attendees had retired earlier for obvious reasons.

This year, most of the celebrants were able to check in at the Crowne Plaza, and more at the Manila Galleria.

I still mentioned that rooms are bigger at the Galleria and, of course, cheaper depending on

one's length of stay. But this is a matter of personal choice.

The issue of sharing expenses with the local medical alumni office was discussed initially with Dr Sonny Habacon. He had intimated that, sharing the expenses might cause some problems in auditing later on, so, it was best left as it is right now.

In between events my younger brother brought us with his family to Baguio, the Pines City in the Mountain Province. We have not been back to the place for more than 20 years.

Further away is Kapangan, the early destination of our medical missions up north.

We saw Drs Arturo and Rosemarie de Leon at breakfast at the Galleria and reminisced old days when he was doing missions in Kapangan. He was replaced by no other than Dr Roger Casama, my co-coroner in Louisiana.

Drs Joey and Josie Mactal who we met at breakfast at the Galleria mentioned at three separate events, one in Agusan, one in Olongapo, and one in Cagayan, where medical missionaries were refused to do procedures and healthcare practices. The latter were instead done by the local practitioners who purported to run the medical practice in those areas, and who were asking papers from the DOH, and other organizational documents.

Again, we probably should all reconsider our medical missions until things have improved.

Please stop making plans until things had improved.

Good luck and God bless all.
NOLI C GUINIGUNDO MD⁶²



FAR EASTERN UNIVERSITY DR NICADOR REYES SCHOOL OF MEDICINE ALUMNI FOUNDATION

34th ANNUAL REUNION & SCIENTIFIC CONVENTION

HONOREES

Class⁵⁸ (Emerald Jubilee)
Class⁶³ (Golden Jubilee)
Class⁸⁸ (Silver Jubilee)
Class⁶⁸ (Sapphire Jubilee)
Class⁷³ (Ruby Jubilee)
Class⁷⁸ (Coral Jubilee)
Class⁸³ (Pearl Jubilee)
Class⁹³ (20th Anniversary)
Class⁹⁸ (15th Anniversary)
Class⁰³ (10th Anniversary)



CLINICAL PRACTICE ADVANCES 2013

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

July 17 - 21, 2013

Intercontinental Hotel Magnificent Mile Downtown Chicago

**505 N Michigan Avenue, Chicago, IL
(800) 948-0424 (312) 944-4100**

The link below will allow guest to book, modify and cancel their reservations online.

Additionally, guest can book their reservation by calling our Hotel directly at 1-800-628-2112 (312-944-4100 for international callers) and identify themselves as participants of the Far Eastern University room block (or group code CHE).

<http://goo.gl/QqCHi>

Please note that your group rate is available until **June 26, 2013**. Any reservations requested after this date will be based on availability and at the Hotel's prevailing rate. Please let me know if you wish to receive weekly reports reflecting your current pick up once the registration opens.

Please join the **PHILIPPINE MEDICAL ASSOCIATION**
in **CHICAGO**

PMAC Auxiliary
PMAC & Auxiliary Medical Foundation

in a fund-raising luncheon to benefit the medical surgical missions to the Philippines and live Sunset Boulevard, featuring Andrew Lloyd Weber music

Wednesday, March 20, 2013, at 11:30 am, show at 1:30 pm

Drury Lane Oakbrook Terrace (630) 530-8300

Limited Tickets - \$65

Choice of entree: roast sirloin, baked salmon, or chicken marsala

Please RSVP by February 25, 2013, with

Marylyn A. Lopez marylyn18@sbcglobal.net 815.355.5511

Clarita Mangubat luismangubat@att.net 847.963.040

Nancy Castro gjj091211@aol.com 815.954.0094

Salvy Marino salvymarino@firstchoicehealthserv.net 630.827.9471

SUNSET BOULEVARD was a 1950 American film nominated for 11 Academy Awards, starring Gloria Swanson and directed by Billy Wilder, and winner of seven Tony awards, dubbed as *the best drama ever made about the movies*. Songs include *Sunset Boulevard*, *Surrender*, *The Perfect Year* and *he Greatest Star of*

The Auxiliary to the Philippine Medical Association in Chicago
together with

The PMAC and The PMAC & Auxiliary Medical Foundation
cordially invite you to their

INTER-UNIVERSITY MUSICAL REVUE

Saturday, April 20, 2013

Hyatt Regency O'Hare

9300 W. Bryn Mawr, Rosemont, IL (847) 696-1234

Cocktails: 6:00 P.M.

RSVP by: April 8, 2013

Dinner: 7:00 P.M.

Marylyn A. Lopez, R.N. (815) 355-5511

Attire: Formal

Simeon A. Sevandal, M.D. (773) 858-2185

Donation: \$75.00 (to benefit Philippine Medical Mission)

Checks Payable to: PMAC Auxiliary

The PHILIPPINE NURSES ASSOCIATION of ILLINOIS

Inauguration of Officers 2013-2015

Saturday, March 9, 2013

Four Points Sheraton Hotel O'Hare

10249 West Irving Park Road, Schiller Park IL 847-671-6000

Mass 11:00-11:30 Lunch will be served after mass Dancing till 4:00 pm

Contact persons Imelda Cuevo 630-709-9402

Alma Jaromahum 773-968-1285 Bessie Baldovino 630802-4059 Merly Perricone 630-308-7036

MACCHU PICCHU Tour/ CME

October 4 - 11, 2013

**Itinerary: Lima, Cusco, Sacred Valley,
Machu Picchu, Lake Titicaca, and
a special added Golapagos Island tour**

Total trip cost per person, including international flights \$2194

Not included in the price are Cusco city tour \$75 per person

Meals not specified in the itinerary (additional 3 lunches and 3 dinners \$125

Tips Survival Travel Kit for guidance)

For further information, please call

NIDA BLANKAS HERNAEZ MD

at **847-668-7385**

or email **ednida888@gmail.com**

FAR EASTERN UNIVERSITY Medical Alumni Association in Northern Illinois



Fundraising Raffle

Drawing will be held on May 4, 2013

Hilton Rosemont/ Chicago O'Hare

First prize: 25% of total sales

Second – fourth prizes: 25% of the total sales divided into three

Proceeds to benefit medical surgical mission

to Cavite, Philippines, and project education for street children

Only 2,000 tickets will be sold. Need not be present to win.

\$10 per ticket \$50 per six tickets

SAVE THE DATE

2013 ABRANIAN IN-INNILIW

November 29 – December 1, 2013

THE ABRANIAN GRAND REUNION

At the Flamingo Hotel & Casino Las Vegas

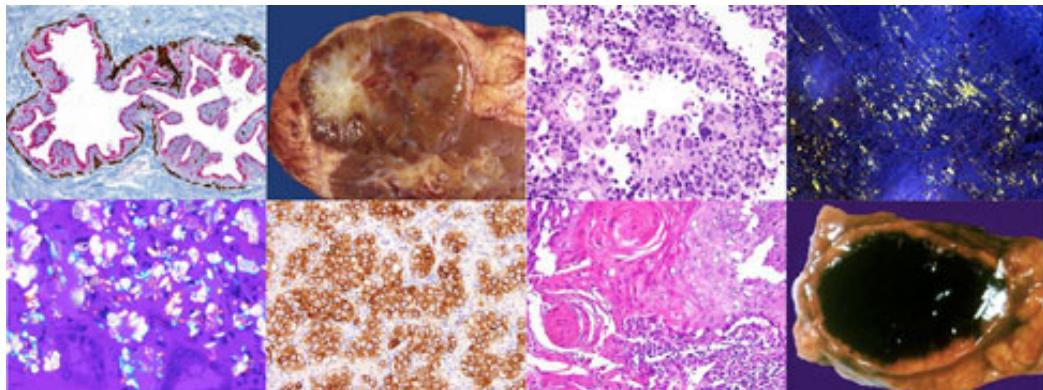
3555 South Las Vegas Boulevard Las Vegas, NV 89108

Friday, November 29 - Congregate at the hotel lobby

Saturday, November 30 - In-inniliw Gala Dinner-Dance

Sunday, December 1 - Mass and Picnic

e-learning PATHOLOGY FOR UROLOGISTS: An Educational Program



Welcome to the updated version of pathology for urologists!

This program is designed to help urology residents and fellows familiarize themselves with the pathologic features of common urologic entities. This will serve not only as a resource tool for your review but also as a quick reference guide to urologic pathology.

This tutorial covers >250 different entities, encompassing pertinent histoanatomic structures to recent innovations and advances in the field. These include among others, newly recognized tumors and terminologies, latest classification schemes, current grading approaches (eg recent WHO grading for urothelial neoplasms, ISUP modified Gleason grading, etc), molecular alterations, and commonly used ancillary diagnostic techniques particularly immunohistochemistry. Main differential diagnoses and their distinguishing features are also presented. There are >650 high-quality images which include gross pictures, histologies, cytologies, special stains, other ancillaries, drawings and illustrations.

A self-test is provided at the end for your own assessment.

Descriptions are made short and concise (not >1 page per entity) but enough to cover the basics that urologists should know about pathology. The text is bulleted, key terms and messages are bolded or italicized, and some pathology lexicons are clarified. The images have labels in place and can be enlarged for ease of use in your laptops, tablets and even smartphones.

Under the auspices of the American Urological Association, this is a free, quick comprehensive easily accessible web-based guide for genitourinary pathology. It is an educational tool designed mainly for urologists, but will also be good for medical students and pathology residents.

Printing it in the **ECTOPIC MURMURS**, **FEUMAANI News**, **INTRINSIC MURMURS** and **PMAC News**, it is hoped it may reach our urologists, surgeons, and pathology colleagues and medical students and residents back home in the Philippines, especially the Far Eastern University, of this easy access free educational material.

The link is <http://www.auanet.org/eforms/elearning/pathology/>

Click on the table of contents to select the entities. Enjoy!

GLADELL P PANER MD⁹⁶

Assistant Professor

Pathology and Urology

University of Chicago