



ECTOPIC MURMURS

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

Top US physicians in cancer 2013

CESAR V REYES MD⁶⁸

HONORIO BENZON MD⁷¹, professor of



HONORIO BENZON MD

anesthesiology at Northwestern Medical School is one of the top physicians in pain medicine. He treats back pain, neurotrophic pain and prostate pain.

ANTONIO E ALFONSO MD UP⁶⁸, son of the late



ANTONIO E ALFONSO MD

Ricardo Alfonso MD (surgery professor/chairman, FEU-NRMF medical school dean and Hospital director) is a distinguished, Clarence and Mary

Dennis professor and chairman of surgery at the State University New York Downstate. He is one of the top surgeons in breast, head-and-neck and thyroid cancer in the United States.

Alumnus is USCAP faculty

GLADELL P PANER MD⁹⁶, assistant



GLADELL P PANER MD

professor of pathology at the University of Chicago, will serve as a faculty of a short course

President's TENDERLY YOURS



NOLI C GUINIGUNDO MD

In a matter of weeks we will be on our way to Manila to participate in the *Balik FEU*, our traditional homecoming which lately had been

changed to homecoming. *Balik FEU* is more descriptive, traditional, and more welcoming. But people want change. Just as our re-elected President says we want change.

Change for what?

I keep on remembering our recent trips to Rome. It was a short one but full of memories that my two boys captured in their respective cameras. We cherish the cobblestone streets, both side streets and main streets. The sidewalk cafes that

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FAITH CORNER

REV MELVIN ANTONIO MD⁶⁵

January 6 is traditionally



REV MELVIN ANTONIO MD

celebrated by the Christian church as the Feast of the Epiphany, the manifestation of Christ to the Magi. This

manifestation can be convoluted as the account of the visit of the Magi is only found in the Gospel of Matthew. The timing of the epiphany itself is not exact as the gospel says, *In*

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ARE THERE GUNS WHERE THE CHILDREN PLAY?

AMETHYST C CUREG MD⁷⁶

On Christmas Eve, Marie Cromwell's son Brian walked



AMETHYST C CUREG MD

across the street to his friend Matt's house to play. He never came home again. Matt's mother kept an unlocked, loaded gun in her

dresser drawer for protection. Matt pulled it out and the gun

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85th FEU Anniversary: A Glorious Heritage



CESAR
CANDARI MD

In celebration of Far Eastern University's momentous 85th founding anniversary celebrating its glorious heritage, CESAR D CANDARI MD⁶¹ has been chosen and named an

outstanding alumnus in medicine upon the recommendation of the search committee for outstanding alumni awards and approved by the FEU chairperson of the board trustees.

By recognizing the exemplary achievements of the alumni, Far Eastern University seeks to hold them up for emulation by others even as it seeks to extend its appreciation for what they have done. It is to inspire, to motivate and to influence others a statement from the search and screening committee.

The later continued to say *The FEU 85th founding anniversary outstanding alumni award seeks to give due recognition to Tamaraws for their extraordinary contributions to the growth and development of the Philippines and whose achievements in their professions or vocations have substantially brought honor and prestige to Far Eastern University.*

Awards criteria were: Personal, good moral character, continuing identification with Far Eastern University, professional achievements

position held, performance/ achievements, membership in professional and related organizations, recognition/ awards, professional development, community and social service position held, standing and reputation of organization served/ affiliated, projects undertaken on a community/organization level, impact of projects undertaken, and recognition and awards received.

Several categories were awarded from science and technology, law, medicine and allied Services, and several more.

The selection process was rigorous, five months of eliminations phases; all nominations pre-screened by the search and screening committee as to their qualifications, merits and compliance with the basic requirements.

Nominees who pre-qualified underwent a background check for validation and confirmation of qualifications. After validation, the search and screening committee came up with a list of final nominees for submission to the selection committee.

Not so many people have this kind of achievement in their lifetime. Dr Candari said, *The honor bestowed upon me strengthens my belief that life would not be the same without my work.*

It is overwhelming to see that my hard work and endless effort to give the best has been recognized.

There were 11 nominees for the field of medicine category according to the search and screening committee.

by **CESAR V REYES MD⁶⁸**

CHIHLY GLASS ART IMAGES

ROLANDO M SOLIS MD⁶³



AMETHYST CUREG MD⁷⁶

A True Champion of Maternal and Children's Health



AMETHYST C
CUREG MD

A true champion of public health recently retired from San Diego County Public Health Services after 25 years of service.

AMETHYST CUREG MD⁷⁶
chief of the

Maternal, Child and Family Health Services (MCFHS), has indeed left her mark. Her legacy includes being a key player in developing and sustaining many of the maternal and child health programs in existence today, as well as policies and procedures that have had a direct impact of the health of children of San Diego County.

She was responsible for the management and administration of MCFHS that included Maternal Child and Adolescent Health, Child Health and Disability Prevention Program, California Children Services, and the Chronic Disease and Health Equity Unit.

She oversaw a budget of \$32 million and total staff of over 200.

Dr Cureg grew up with her parents and six sisters in Manila. She idolized her dad who named his seven daughters after precious stones. *He said he did that because we were all precious to him, and he wanted us to be hardy and to shine.*

And shine Dr Cureg did.

She belongs to Class⁷⁶, initially trained as a pathologist and served as academic faculty at FEU. She immigrated to the United States in 1978. When she arrived in Iowa, she was in

complete culture shock. *I didn't know how to cook anything and was ready to go back home!*

Eventually she settled in, getting another specialty in pediatrics at Iowa Methodist Hospital Raymond Blank Memorial Hospital for Children.

She moved to Tennessee to train as a subspecialist in developmental behavioral pediatrics, where she worked from 1980 to 1987 as an assistant professor of pediatrics at the University of Tennessee Memphis. During this time period, she also worked as a pediatric staff member at the St. Joseph Hospital and Le Bonheur Children's Hospital in Memphis.

She married, had a child and moved to San Diego in 1987, and worked with Dr Donald Ramras, Dr Nancy Bowen and Phyllis Elkind on developing needs assessments and policies and procedures. After discovering many access to care issues, she and her co-workers led efforts to create programs that address pediatric needs.

There was a time when she considered going back to a clinical setting. It was her dad that convinced Dr Cureg whose key strengths include *maximizer*, to stay in public health. *My dad, who inspired me in so many areas of my life, told me creating programs and making policies and procedure changes can have a profound difference in thousands of children's lives, much more than I could have effected in a clinical setting. And he was right.*

She worked as director of maternal and child health until 2011, when she was named chief.

Her latest academic achievement was obtaining her masters in public health from San Diego State University in 2005.

During her San Diego County career, Dr Cureg has received numerous awards and recognitions. These include being recognized by the National American Academy of Pediatrics for her work in providing access to children, an award from then Vice President Al Gore for reinventing government, and being inducted into the American Academy of Pediatrics Hall of Fame.

Other achievements include having written articles for several medical publications and having presented at many important public health meetings. She is active in many professional organizations.

Despite her many academic and professional achievements, she considers being a mother and balancing her career while bringing up their son to be her most cherished accomplishment. When asked to talk about her life philosophy, Dr Cureg kept coming back to her love for nature. On the wall in her office is a sign that reads *Bloom where you are planted*. Dr Cureg said she uses that phrase as a guide. *I prefer to be a bamboo rather than an oak. The oak may fall down during a strong wind, where as the bamboo bends but doesn't break. This doesn't mean I give in on my values. It means it's important to be flexible when faced with life's problems.*

Dr Cureg's retirement plans include spending more time with her family and friends, redecorating her house, traveling, gardening, reading, doing volunteer work, and reclaiming ancestral farm lands. *I also love to shop until I drop!*

Thank you Dr Cureg for all your great work!

Reprinted from **San Diego County Public Health Services Newsletter**

GUNS DON'T KILL, DOCTORS DO (KILL) ELI B SERINA MD⁶⁵

This has been hanging around in my box, hard to delete its amusing the absurdity that it was meant for, not to pay attention if you're a doctor; oh hell I'm one of them who will kill you, this should serve as an informed consent extreme unction.



E B SERINA MD

I'm quite certain the originator of the article goes to his doctor who will kill him, so many times he went, he is still alive! And even with his convenient dashboard reference handpicked for his case in point, from FBI and Health & Human Services that he wants us to base our beliefs as the gospel truth, he is still alive! He is hard to kill!

Human death for the sake of argument is the ending of an individual's life, the proximate cause of which is meant to achieve the purpose, or the result of another action not meant for the purpose/ end. The latter, accidental deaths we should not get ourselves lost into.

A grieving father in the ER wants to end his life. He had been deer hunting earlier, had a 5-point buck in sight, pull the trigger as his son stood in front, blew him off! Father pulled trigger, hit his son dead; therefore fathers with guns kill sons; therefore fathers kill sons? Logical? Hell no. It's freakin' stupid accident!

The son was brought to a basic ER somewhere in the boondocks, not fully equipped for such case. From the moment the call was received, all these personnels were under the

umbrella responsibility of a doctor, the patient expired at the hands and care of the doctor. Death? yes. Accidental injury at the field yes, accidental death by doctor because he dropped a scalpel? Hell no, but! Son was blown-up by a 30-06, arrived clinging to dear life, Christmas tree (IV's) started, and surgical team of nurses, EMTs, doctor dropped scalpel, patient expired, therefore doctor caused accidental death! See how ridiculously stupid it is! But doctors have malpractice insurance and it is easy to collect through settlement outside the courts! Records show, doctor caused accidental death. (court vs UMWA, WV).

Let's come to our senses now. Accidents are happenings that are not planned, they just happen! If you planned an accidental death of your husband, that is not accidental death because it is planned. You go to jail for life without the possibility of parole but with good behavior, you can be out in 2 weeks after all the admission and discharge paper works and physicals! But don't even think of it, that's just crap talk.

Listen here, doctors do not cause accidental deaths!

Doctors wake up in the morning to go to their offices, clinics, or ER with the absolute and only full time job: to prevent death, to make life more functional and fulfilling, to usher patients' smooth transition to a next level of care, to advance new methods to help patients, and goes home at

midnight. And who the hell say that we were there to harm, inflict harm and/ or death? That late every freakin' day?

Accidental deaths are caused by accidents in the exigency of the time and circumstances wherein the doctor is exercising his professional duty. Because of these, errors of judgment, mistakes in protocol, and procedures are bound to happen in a proportionately greater number, in a very dynamic, stressful environment, encompassing enormous load with constricted time, and personnel so many, under the responsibility umbrella of the doctor, *respondi et superiori*, the doctor takes responsibility!

It is not to say it is justifiable, an escape and condoned, but strongly abhorred and with the board and peers, vanished the one bad seed recidivist. *Hey, doc, see me walk with my bad leg? 'Mamba' you cut my good one, accidentally?!*

It is not to say that doctors do not make mistakes, but its fair to say that all doctors are good, there are just those with above average intelligence who are bad seed from the beginning, from dysfunctional unit, sons or daughters of people in robes or habit, weirdos who have nothing better to do but up to no good, who become doctors.

Inasmuch as accidents just happen or bound to happen unplanned in a dynamic environment conducive to acts of omission or commission due to nature of activity involving so many people, the doctor being one of them, therefore an

accidental death in a health care setting is caused by accidents, not by doctors. Logic.

Inasmuch as medical care is a team concept of care, any accident occurring, unplanned and out of the concept can be traced back to the doings of the concept, not doctors. Logic.

On the other hand, the mechanism of injury in gunshot deaths is somebody willfully or accidentally cocked and/ or pull the trigger discharging a projectile that in a rotating manner rip and shred objects along its path and trajectory.

The writer stated that doctors do kill, is irresponsibly putting emphatically that these doctors are all out in search for people to kill, not accidentally anymore, therefore planned! Who could have concocted this idea but a demented mind in search of glory in notoriety and 15-minute Evening News fame. No logic.

It needs not much prodding to say that the accidental death caused by a discharge of a firearm not meant to, is really very very rare; the hunter, the toddler who pull the trigger, the showing-off teenager, etc, how many of them happen, really, that can be considered in the same wave length as acts of omission or commission in a $24/7$ busy medical practice, involving so many different cases, scenarios, and status of people, in a very constricted time frame and a much larger group working as a team, and then summarily tally them as accidental deaths caused by doctors? Wrong comparison.

Wrong analogy, so twisted, the writer should curse his own mother for giving him birth!

The writer should have been more careful in purporting something of a logical comparison which turned out not logical but a totally outlandish imaginary supposition to the delight of gremlins and gnomes.

At the wrong place, wrong time victims of shootings in their point of view are accidental deaths, let us try, including Aurora, Columbine, Sandy Hook, Virginia Tech, Fort Hood, see what we can come up with. Now that you're at it, include Afghanistan, Iraq, and Benghazi that it should have been, friendly fire deaths by gun owners who just pull the trigger. The equation would be a whole lot different, more accurate. There is bound to be shots that were *accidental* in the 60,000 deaths by Assad, majority of 6 million deaths in Germany, the United States as a gun owner with its military put that in the mix.

So if your stomach is painfully bloated with fever of $104^0\text{F}+$ in ruptured appendicitis with peritonitis, do not go to a doctor, he'll kill you.

If you have sudden substernal (chest) pain, do not go to the doctor, he'll kill you.

If your child got ran-over by a car that shattered her legs and unconscious, do not go to the doctor, because compared to gun owners, they statistically bound to kill her.

If your son is a high functioning Asperger-autistic schizo-affective loner of a person, do not bring him to the doctor, he'll kill him before he'll machine-gun kindergartens and teachers. That could have been a good thing in retrospect.

The aforementioned scenarios I presented to show the ludicrous, twisted, unintelligent logic if we ever have to call it logic, that doctors statistically have more accidental deaths than gun owners; therefore, doctors kill?

The writer I assumed is a lawyer to have concocted this article *pro bono*, exempted the lawyers in the equation, not that the statistical shock may send people to seek medical attention and get killed, but that a lawyer can be anything you want him to be, with the kind of money and national exposure, and in cases of killings, they kill in any way you want them to.

To the writer remember, when going to ER or any health facility, and come face to face with my name, man, you're freakin' double shit out of luck,

I maybe one of them weirdos that become a doctor, and you make my day punk!

Thank you, Joe.

Yoyoy/ Eli

(*Beta Sigma* debating team, and gun owner).

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 February 2013 issue

February 15, 2013

Please address submissions to

acvrear@aol.com

IDEAL WORLD

CELSO DEL MUNDO MD⁶²



CELSO DEL MUNDO MD

Why can't we have love instead
of hatred among mankind,
And live in a peaceful world
without war and destruction,
A carefree life where people
live in harmony with a
common goal,
Achieving peace and happiness
in a world without turmoil.

What a wonderful life, if we can
achieve these goals,
Living a life of contentment
without worries and fears,
No more tears in our own eyes
but just smiles in our faces,
An ideal world to live in, where
love and peace prevail.

In God's hand we place our
hopes and dreams,
To live in a peaceful world
devoid of conflicts and
intrigues,
It's only when ideologies and
religions come into terms,
We'll have an ideal world,
where we are all brothers
and sisters.

Professorial Chair Fund

Interested to establish a
in your name or of someone
you wish to honor?

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CESAR V REYES MD⁶⁸
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or acvrear@aol.com

DOUBLE CELEBRATION: BIRTHDAY AND LIFE

ULYSSES M CARBAJAL MD
INTRODUCTION. January
11, 2013. This day, members



ULYSSES M
CARBAJAL MD

of the family,
friends, co-
workers, and
fellow church
members, gather
together to pay
tribute to Pastor
Arsenio
Pimentel who
was born exactly 86 years ago.
The combined celebration of a
birthday and of life post-
humously is rather rare.

STAGES OF LIFE. One's
birth and entry into life and
one's demise span a life-time,
which may be subdivided into:

Birth

1. Childhood: stage of
physical and mental
development
2. Pre-school: further
development: habits and fun.
Character
3. School: learning and
preparing for life. Education
4. Work: Implementation of
plans, Adventure, and
fulfillment
5. Retirement: enjoying life
and family. Memories.
6. Twilight: bracing for the
end! (mental and physical
deterioration. Reversal to
childhood)

Death

Born 86 years ago, January
11, 1926, Pastor Arsenio D
Pimentel has passed through all
these stages in good stride.

EDUCATION. At home,
his loving mother was his first
teacher. Primary Grades, High
School, and College work were

completed in Adventist
Institutions: The Northern
Luzon Academy in Artacho,
Sison, Pangasinan, and
Philippine Union College
(PUC) -- now known as
Adventist University of the
Philippines (AUP).

**SERVING IN GOD'S
VINEYARD.** He served as
President of the Northern Luzon
Mission of Seventh-Day
Adventists and also of the
Central Luzon Mission before
migrating to USA. in the early
1980s. At Central Filipino SDA
Church, 777 Colorado Blvd,
Los Angeles, he served as
minister for the Ilocano group,
and taught Sabbath School
Classes (first in Ilocano, then in
English) until a few weeks
before his final confinement for
medical care. It was a pleasure,
watching him teach his class
with contagious enthusiasm,
appropriate gestures for
emphasis, and an invigorating
sense of humor.

**TRAITS OF
CHARACTER WORTHY
OF EMULATION.** Arsenio
had a burning passion for souls.
Rescue the perishing! was a
motto that silently and
implicitly inspired him. His
sermons were soul lifting and
centered on salvation by faith
and not by works. He possessed
a winsome smile that ignited
friendship and whole-hearted
cooperation. Above all, his
humility, compassion, family
attachment, and good sense of
humor are worthy of emulation.
I never saw him lose his temper
nor heard him utter an unkind
word, privately or publicly

Two illustrative incidents -
Losing a loved one. I still could
recall vividly and feelingly the
time when he tearfully

recounted to me his agonizing experience in trying to save his son from drowning in China Sea, along the coast of Agoo, La Union, during a mission-family picnic. He himself was almost sucked and carried away by the powerful undercurrent, as he swiftly responded to his son's call for help.

SENSE OF HUMOR.

During the recent house-warming of Billy and Reggie (his second daughter), Pastor Pimentel demonstrated once more his good and keen sense of humor. He recounted an incident, heretofore, unknown to me, during our wedding ceremony at the Pasay Adventist Church, December 6, 1952. He happened to be sitting beside the Dean of the nursing school.

Arsenio heard the Dean's critical remark on my bride Jovita: *Too young!* (Jovita was then 48 days away from her 20th birthday. That was over two years before Arsenio himself traded nuptial vows with Crescing, Jovita's older sister.)

He disclosed that he had a hard time restraining himself from saying *Too old!*

To whom were you, mentally, referring? I asked, rather casually and in a jesting manner. *To me or to the Dean?*

He flashed at me a smile which amused me. And I understood, and suddenly recalled the time when Dr Andrew Nelson, then president of the Philippine Union College invited me to his office, suggesting that I consider seriously a charming and mature teacher in the school of nursing for a lifetime partner.

Accordingly, I took the recommended faculty member

out for a date-- listening to a Symphony Concert, under the direction of Elizalde, at the Escolta auditorium in Manila. In return, she arranged for the Manila Sanitarium and Hospital School of Nursing to sponsor a concert by the PUC Male Chorus under my direction. But her suddenly departing for a Fulbright scholarship abroad punctuated our brief friendly association.

When she returned over a year later to become Dean of the nursing school, Jovita and I (already engaged) sang a couple of love songs during a special program to welcome her back. Within a few weeks, we sailed for further training in USA. When we returned 8 years later, I was elected president of the PUC Alumni Association in the Philippines.

Wholeheartedly, the ever-friendly Nursing Dean helped the said Association raise funds to help deserving scholars finish their education at PUC.

What a fond memory was stirred by Arsenio's good sense of humor!

TWILIGHT YEARS.

During the previous decade, Pastor Pimentel displayed indomitable courage as he struggled health-wise. It is amazing how he had weathered health problems, requiring hospital observation, treatment, and/or surgery. Because of his upbeat attitude in life and an abiding faith in God's leading, he managed to pull through so many times until finally, his heart failed, following a severe episode of stroke.

Each time he got out of the hospital, he would resume teaching his Sabbath School Class. His heart, indeed,

vibrated with the passion for teaching others the Word of God in order to win souls for the heavenly kingdom.

CONCLUSION. The coincidental timing of Pastor Arsenio Pimentel's birth and demise is providential. Extremely rare! In this sense, I do envy him.

May I close with a short poem, summarizing the exemplary life of Arsenio.

Here is the poem, in a combined acrostic-acronym format:

A MESSAGE FROM THE LIFE OF ARSENIO

Affectionate and helpful to each neighbor,

He reaped, enjoyed the fruits of honest labor;

Respect for fellow-workers and family

He paid, and guided them for eternity;

Smile flourished-- love and kindness smoothed Life's way

As he played, preached, or worked each passing day;

Enthusiasm did sparkle in his life

In time of peace or in the midst of strife;

Neatness, beauty, grace, and orderliness—

For him—are ingredients of true happiness;

Influencing humbly all to yearn for God's glory,

Proclaiming to the world the salvation story,

Obedient to God's will and perfect law,

The bliss of Paradise, at last, he saw!

**Lovingly dedicated to
Pastor Arsenio D Pimentel**

LETTER TO THE EDITOR

We have always felt valued by the never failing communications from you thru the **ECTOPIC MURMURS**.

We may not be very visible but we always pray for our alumni institutions' successes and its most valued officer.

Are you retired and enjoying travel?

Do keep in touch.

LESTER LEGASPI MD⁶⁴

AMELIA CRUZ MD⁶⁴

Tampa/ Jacksonville FL

AN OPEN LETTER

I purposely waited to finish the Holiday celebrations before sending you my answer, comments and recommendations



DANIEL FABITO MD

regarding some of the issues, especially the FEUDNRSMAF Alumni Foundation's relationship with the FEU-NRMF Medical Alumni Society in West Fairview, committee appointments, and some possible directions of the former with significant historical vignettes.

For many years now, I have attended the board directors' monthly meetings of the FEU-NRMF MAS whenever I am in Manila and this dates back since 1990 when I first served as FEUDNRSMAF executive vice president, then as president (1993-1996), board chairman (1996-2000) and up to the present time.

We worked closely with the FEU-NRMF MAS presidents most notably Drs Levy Dela Rosa, Rey de Vega, Campo Cruz, Sonny Habacon, Freddie Tayag, Linda Tamesis and Rene Mendoza.

Having the FEUDNRSMAF donations to the FEU-NRMF Institute of Medicine and Hospital go through the FEU-NRMF MAS is an old issue. In fact there was a suggestion that our FEUDNRSMAF be a Chapter of the FEU-NRMF MAS?

The recent reason given to you by the current president, Dr Mendoza, regarding lack of proper acknowledgements of our donations is not true. The FEUDNRSMAF has donated so much equipments and assistance to the various departments of the FEU-NRMF IM and Hospital, particularly the annual faculty incentive awards of \$30,000, yearly student achievement awards, \$10,000 for the Alfonso Memorial Hall and professorial chair funds, just to name a few. We now have one of the best Eye Center in FEU-NRMF that was initially funded with \$21500 by the FEUDNRSMAF through the efforts of Drs Ed Relucio and Sen Martin.

Not to be outdone, the FEUMAANI has been awarding supplemental financial assistance to the faculty and departments for many years now. I am aware of letters of appreciation and thanks sent by the late board chairman of the FEU-NRMF, Dr Josephine C Reyes, Dean Baltazar, Dean Emelie Ongcapin, Dr Lilia Luna, Dean Remy Habacon, Dr de Vega, Dr Dela Rosa and Dr Jun Ona (past chairman of

FEU-NRMF surgery) through the years, plus personal verbal acknowledgements whenever Dr JC Reyes, Dean Baltazar and Dean Habacon attended the FEUDNRSMAF annual reunions.

Let me brief you of the inter-relationships of the FEU-NRMF IM, Hospital, and MAS and the FEUDNRSMAF.

The FEU-NRMF board-trustees is the governing body for FEU-NRMF IM, Hospital, School of Nursing, School of Medical Technology, and School of Physical Therapy. The Dean and the Hospital director sit and report to the board trustees and act as *administrative officers* of the FEU-NRMF IM and Hospital.

The FEU-NRMF MAS is the counterpart of the FEUDNRSMAF. Each has its own constitution and by-laws. Both are legally registered. Each has its own objectives and purposes. Both have links with the FEU-NRMF through the Dean and through the Hospital Director. It is therefore not necessary to channel our donations through the FEU-NRMF MAS and we could never be a Chapter of the FEU-NRMF MAS, but we could and should continue to work harmoniously with each other.

Our relationship with FEU-NRMF MAS is now through a Memorandum of Agreement that I have initiated in 2010 with Dr Tamesis during her term as FEU-NRMF MAS president, and was followed up by past chairman Dr Pepito Rivera, past president Dr Oscar Tuazon, and past executive director Dr Noli Guinigundo.

The Memorandum was signed and approved in 2012 by

both FEU-NRMF MAS and FEUDNRSMAF.

We therefore should maintain our relationship with the FEU-NRMF MAS within this framework of the Memorandum.

The FEU-NRMF MAS is mostly composed of members of the faculty of the FEU-NRMF IM, and directly and indirectly recipients of our multiple financial assistance to the medical school and hospital.

The FEU-NRMF MAS officers should encourage formation of provincial Chapters and bring into its fold all FEU medical alumni practicing all over the Philippines, to become more of a national FEU-NRMF MAS.

I have suggested in the past that the FEU-NRMF MAS should pursue this path.

The FEU-NRMF MAS has different committees and should function closely with our FEUDNRSMAF corresponding committees.

I have functioned closely with their committee on medical missions with our committee of medical missions which I have formed and chaired since 1993.

We always have FEU-NRMF residents and attending staff join us in our yearly missions. We have funded these missions from the interest income from the life membership funds, collected plus additional financial assistance from the FEUDNRSMAF and individual donations until 2010.

This is actually sad and disappointing for not continually supporting the missions. There was a yearly \$5000 earmarked for this purpose, divided accordingly by

FEUDNRSMAF Chapters sponsoring the missions in the Philippines.

The FEU-NRMF MAS should also have programs and projects that will benefit the FEU-NRMF, instead of suggesting for us to channel our donations to them.

The committee on postgraduate medical education which I formed in 1994 with a corresponding PGME fund has the sole purpose of addressing residency and fellowship education and training beyond the graduate level.

We have obtained so far excellent record of our graduates with the high passing rates in licensure examinations and top ten board examination placers.

Beyond the licensure level is another story. The problem for not adopting my recommendation to have a centralized and more organized division on postgraduate medical education for residency and fellowship education and training was due to the local mentality of previous Chief of Clinics.

We used to have fellowship programs in obstetrics-gynecology and gastroenterology, which we lost. We only now have plastic surgery fellowship.

Dr Martin would like to start a pulmonary fellowship; and I am currently discussing the possibility of a laparoscopic surgery fellowship in the surgery department.

We have a new and receptive Chief of Clinics, Dr Tamesis who I am working with and very knowledgeable on this issue.

We need to support this project and establish topnotch

residency and fellowship programs at FEU-NRMF -- if we have to compete with the rest of the medical institutions. Otherwise, we will be left behind.

I wish Dean Habacon will encourage Dr Tamesis on this issue. The Dean and the faculty have their hands full with the graduate education level, and indeed they really have done an excellent job.

Shall we go up one step further and have a separate, more organized Center or School beyond the graduate level?

How about a Dr Josephine Cojuangco-Reyes School or Center for Postgraduate Medical Education for residency, fellowship and board reviews under the FEU-NRMF?

I believed this will be a more long-lasting legacy to honor our beloved past FEU-NRMF board chairman.

My Class⁶⁴ has adopted the Post Graduate Medical Education project and initially funded the PGME Fund with \$5000 from our Jubilarian fund, contributions of my classmates, contributions of the initial committee members and another \$5000 from Class⁶⁵, along with \$3000 from the *Sigma Mu Sigma* fund (that was previously earmarked for a professorial chair). There was a \$25,000 earmarked and approved by the board trustees in 1995 for the PGME fund but we have not tap into it yet.

Through the PGME Fund, I have donated 14 LCD projectors, 14 computers to the 14 basic and clinical departments of the FEU-NRMF IM and Hospital with some donations of the different

classes and individual alumnus. Surgical textbooks, video and CD board review materials were also donated to the surgery department.

The PGME fund also has contributed to missions since the residents have been going with us and gained actual experiences in the operating rooms under our supervision.

The FEUDNRSMAF has funded the 46 microscopes for the department of pathology and microbiology as requested by Dr dela Rosa and this was properly acknowledged.

Through the PGME Fund with some contributions of individual alumni and Class⁶⁴, Class⁶⁷ and other classes, we have sponsored the annual summer faculty development, workshop and retreat for the last few years.

The first ever medical and surgical mission at the FEU-NRMF Hospital in Morayta in 1993 (during my term as FEUDNRSMAF president) was co-sponsored and funded by the committee on medical mission, FEUDNRSMAF and Class⁶⁸ alumni (with \$5000 financial assistance) through the efforts Drs Nap Abando, CV Reyes, and fellow Class⁶⁸ alumni who also started the Indigency Patient Care project.

We spent \$17500 on that historic mission.

Class⁶⁵ also donated \$5000 for the faculty and student research project, also during my tenure.

I am glad that you have followed my advice to create a committee on memorial lectureship to address concerns and complaints of some, regarding selections of lecturers. I hope the committee

will come up with acceptable set of criteria for possible lecturers and not on the basis of favoritism and/ or friendship.

We all know that Dr Renato Ramos was instrumental in starting the Dr Nicanor Reyes Jr Memorial Lectureship, and Dr Edmundo Relucio in starting the Dr Jesus B. Nolasco Lectureship.

The Dr. Lauro Panganiban Memorial Lectureship was established many years ago through the FEU-NRMF board trustees.

Last year, after the untimely demise of Dr JC Reyes, I was also instrumental with Dean Habacon through the FEU-NRMF board trustees in establishing the Dr Josephine Cojuangco Reyes Memorial Lectureship.

Initially we have agreed to divide the annual \$300 expense (between the FEU-NRMF and the FEUDNRSMAF) which was approved last FEUDNRSMAF board trustees meeting in Long Beach CA. However, I have drawn \$1000 from the PGME Fund as seed money for the lectureship, and endorsed the check during our last board trustees meeting in Manila.

We therefore have complied with our 50% contribution for the next six to seven years.

The committee on donations in my opinion is not needed since it should be the executive committee to function in receiving, studying and approving requests for various equipments, financial assistance etc.

From the FEU-NRMF MAS perspective, departments, clinical sections and other school and hospital requests

should all be channeled to the Dean and/or the Hospital director and be submitted to the FEUDNRSMAF Executive Committee.

One item that I have discussed with the FEU-NRMF MAS was to help maintain the Alumni Office with some monetary support from us, including sharing secretary's salary and supplies to which I agree. In this way we could have better communication with the FEU-NRMF MAS. This we could also discuss during our next FEUDNRSMAF board meeting.

I hope you could glean some of my feelings and trust that it may help to guide you during your two years at the leadership helm.

DANIEL C FABITO MD⁶⁴
Las Vegas NV

LETTER TO THE EDITOR

The Affordable Care Act - Obstetrician's Point of View

In response to Dr Aladin Mariano, I have taken the



HERMAN HEDRIANA MD

cudgel and respond, hopefully, on behalf of my specialty. Dr Mariano's treatise is mainly focused on the economic conundrum of our healthcare system.

Reading through his analysis, I agree that economics may what ails the system since human nature cannot be altered with immediacy much the same way as we cannot alter the

culture and behavior of physicians in one day in the name of safety.

However, the Affordable Care Act (ACA), in my opinion, opens the opportunity to accessible care to women. I believe that obstetricians and gynecologists will experience additional demand for services as women gain insurance, through either Medicaid or state exchanges, and seek greater levels of preventive and reproductive health care.

The effect can be expected to be significant, particularly in the case of Medicaid. Medicaid consistently has covered approximately 40% of our nations' births, and, before the ACA, Medicaid excluded millions of poor women from coverage except during the pregnancy and postpartum period.

Continuity of care, particularly for young, reproductive-aged women, will require an additional focus in our specialty on developing tools for reproductive life planning. No longer will the majority of women in states that expand Medicaid coverage be dropped from coverage 60 days postpartum, only to be covered if pregnant again.

Women at highest risk for poor birth outcomes because of poverty and elevated health risks will have continuous coverage, which will facilitate better prevention and treatment of chronic disease, better access to family planning services, and greater ability to optimize health before the next pregnancy.

In addition to increasing demand for services, the ACA expands coverage for

preventive services without cost sharing, which improves the potential for access to a broad range of clinical preventive services of great importance to women's health, such as contraception, well-woman visits, and breastfeeding-support services as well as screening for sexually transmitted infections, human immunodeficiency virus, immunization and human papillomavirus testing.

Although the ACA attempts to address many critical questions affecting the U.S. health care system, several core issues remain. One major question left unanswered by the ACA is how to build the health workforce needed to respond to the health needs of millions of previously uninsured Americans.

Expansion of training programs not only for obstetricians and gynecologists but also for midwives, physician assistants, and nurse practitioners is likely to occur.

New referral networks will be needed, and a renewed emphasis on clinical practice at the top of one's training can be expected. There likely will be an increased focus on laborists (OB hospitalist) and an intensified need for skills unique to obstetricians and gynecologists, such as gynecologic surgery and high-risk or interventionist obstetrics (maternal-fetal medicine like myself). Another question is how to address more directly the escalating cost of care. The ACA contains numerous incentives to control costs but no direct regulatory controls.

Obstetricians and gynecologists should expect

greater scrutiny from insurance companies on following practice guidelines and should expect an intensified focus on payment strategies to reduce interventions, with wide variation in rates, such as non-medically indicated elective deliveries before 9 weeks and low-risk, first-birth cesarean deliveries.

A third area is how to address the needs of individuals who are not lawfully present in the United States, a group that numbers 12 million or more and that is barred from both state exchanges and a reformed Medicaid program (with an exception for emergency care).

The cost issue is central both for patients and the health system as discussed by Dr Mariano. This area has been editorialized more than the accessibility of care in many publications. The healthcare expenditure will increase at the expense of accessibility in the care of women.

I agree with Dr Mariano that without concomitant reforms aimed at controlling price, improving quality, and decreasing the volume of high-cost specialty care, the ACA can be expected to produce an additional upward effect on health outlays.

How the nation responds to the need for cost containment as part of broader system reform ultimately will influence the sustainability of the ACA's coverage expansions. Of course this twin challenge of universal coverage and cost containment is one that confronts every wealthy industrialized nation with a national health system.

Currently, almost every developed nation in the world

JANUARY IMAGES

offers universal health care to its citizens.

There is no stronger health-policy imperative than marrying universal coverage, quality improvement, and cost containment.

The ACA represents a profound step toward guaranteeing all Americans the right to health insurance coverage.

Obstetricians and gynecologists now have an opportunity to approach health care for more women from a life-course framework, with the goal of women reaching their full potential for health and well-being.

HERMAN L HEDRIANA MD⁸³
Sacramento CA



FEUMAANI Christmas Party game winners, from left, Mrs Carlota Sanchez, Dr Celso Del Mundo, Dr Remedios Sales, Dr Richard Mon, Mrs Violet Magsino, and Dr Virgilio Jonson



PMAC birthday January celebrants, from left, Mrs Estela Cave, Mrs Marylyn Lopez, Dr Ramon Lopez, Dr Vince Battung, Dr Celso Del Mundo, and Dr Meneleo Avila.

CLINICAL IMAGES: Cancer in Acute Appendicitis



Figure 1



Figure 2



Figure 3

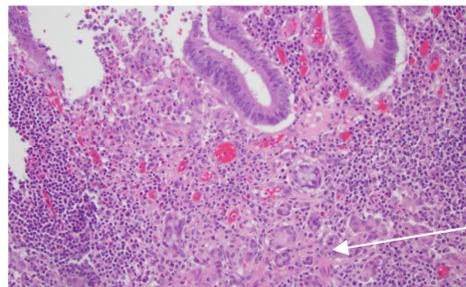


Figure 4 – An infiltrating adenocarcinoma (arrow) in the lamina propria (HE stain, x200).

These images of acute appendicitis and mesoappendicitis are from three patients encountered in ten year, from 2002 to 2012, at Morris Hospital IL, a small 95-bed tertiary hospital. The manifestations pre-surgery were classic signs and symptoms and physical findings of acute appendicitis, eg, abdominal pain, rebound tenderness, positive McBurney's sign, leukocytosis, nausea and vomiting.

Microscopically, the changes of acute appendicitis and mesoappendicitis were also typical and varied from mild to

severe, but with the unexpected presence of malignancy.

Figure 1 represents a signet-ring cell malignant carcinoid tumor, Figure 2 an extension of undiagnosed cecal adenocarcinoma, and Figure 3 a mucinous cystadenocarcinoma.

In my first practice for 35 years at Hines VA Hospital, a 1200-bed teaching institution, I cannot recall encountering a similar case. It is probably the patient population, composed of elderly and aging male veterans who probably are affected much less by this kind of malignancy. Of course, this inference could be an erroneous one.

It also, perhaps, could be more of a chance encounter of a rare disease at Morris where the patients are varied, younger and more representative of the general population.

ILLUSTRATIVE CASE. A young 34-year old man complained of acute abdomen, specifically right lower quadrant abdominal pain with rebound tenderness at McBarney's area, associated with acute leukocytosis. Exploratory laparotomy grossly confirmed a finding of acutely inflamed appendix.

Microscopical evaluation of the appendectomy specimen and mesoappendix, however, displayed metastatic malignant glands noted within lymphatic vessels located in the mucosa (Figure 4), submucosa, muscularis propria and serosa. The interpretation of metastatic adenocarcinoma in the appendix was a surprise diagnosis.

What was the origin of tumor?

Subsequent short segmental resection of the terminal ileum and cecum localized the tumor

in the adjacent cecum without continuous and proximal involvement of the appendiceal stump. These findings affirmed the metastatic nature of the lesion in the appendix.

LITERATURE REVIEW and COMMENTS. This unique clinical presentation of malignancy is extremely rare. In a 10-year of [Google](http://www.google.com) and <http://www.pubmed.com> search, there are scarce reports relative to this topic. Most are anecdotal single case descriptions of a cancer manifesting in the appendix. In the metastatic lesion, the patients were known to have lung and cervical carcinoma, respectively, and both presented with signs and symptoms of acute appendicitis and the microscopic evaluation of the appendectomy specimens showed lung adenocarcinoma and cervical squamous cell carcinoma in each respective patient.

In rare retrospective review series of some 7,970 appendectomies in a 16-year period indicate 74 tumors diagnosed microscopically (0.9%), and one-half of these patients present with signs and symptoms of acute appendicitis. The neoplasms are tiered as carcinoid in 42 cases (57%), primary adenocarcinoma 20 cases (27%) --- invariably of mucinous/ cystadenocarcinoma with or without myxoma peritonei, and metastases 11 cases (15%). Majority of the latter originate from the colon and are a direct extension from adjacent tumors in the cecum or ascending colon. Distant sources of appendiceal metastasis are ovary, breast, stomach, cervix, and lung.

In another retrospective study of 1492 appendectomies, there were 17 neoplasms. Eight were carcinoids without specification of malignant features. Three cases of adenocarcinoma, and one each of cystadenocarcinoma, *pseudomyxoma peritonei*, and metastatic carcinoma were identified. The remaining four tumors were benign and stromal in nature.

In a third group of 1095 patients with primary appendiceal adenocarcinoma 56% of tumors classified as mucinous carcinoma, 38% belong to the colonic and 6% to the signet ring cell subtype.

Adenocarcinoma arising in the vermiform appendix is a rarity, found in 1% of all appendectomy specimens with a frequency of appendiceal adenocarcinoma in 0.1% of the specimen investigated, accounting for less than 0.5% of all gastrointestinal malignancies.

The diagnosis has never been made preoperatively and is frequently discovered by the pathologist following appendectomy for suspected appendicitis or for operation for unrelated conditions. Because of the rarity of the disease, its natural history is poorly understood.

They are more common in men, with the highest incidence in the fifth decade of life.

The most common tumor of the appendix is carcinoid; but as controversial as it is, carcinoids are commonly not identified as malignant, and therefore, they are not included in palpable series of appendiceal tumor data.

Malignant features include

size over 1 to 2 cm, presence in lymph nodes, or invasion of tissues adjacent to the appendix.

Carcinomas of the appendix are usually classified into four subtypes with varying frequencies, namely: colonic type adenocarcinoma, mucinous adenocarcinoma, signet ring type adenocarcinoma and others.

Management of appendiceal neoplasms should follow sound oncological surgical principles. When confined to the appendix, smaller than 2 cm and not involving the base of the appendix or mesoappendix, appendectomy is appropriate. Any neoplasm greater than 2 cm involving the base of the appendix or mesoappendix should undergo full or limited right hemicolectomy for optimal outcome.

Concerning *pseudomyxoma peritonei*, it is a rare condition secondary to the release of mucinous tumour cells from the appendix, usually by means of a ruptured mucocele. Its treatment includes radical peritonectomy and hyperthermic intra-peritoneal chemotherapy. Benefits from adjuvant radiation, chemotherapy, or a combination have not been reported. Most studies emphasize survival outcome based on surgical technique. There are few data and, consequently, much debate on the appropriate management of these lesions.

Overall, the five year survival rate for all patients is 54 %, influenced by the stage of disease, the grading and the histological subtype.

In a group of 94 patients, a survival of 100% for patients

with tumors classified as Dukes A, 67% for Dukes B, 50% for Dukes C and 6% for Dukes D carcinomas.

TRIVIA. The most famous patient with appendiceal cancer was actress Audrey Hepburn who died of the disease in 1993.

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

by **CESAR V REYES MD**⁶⁸

ARE THERE GUNS

continued from page 1

Matt pulled it out and the gun went off. Brian died on the



AMETHYST C
CUREG MD

operating table.

He was only 12 years old.

Sadly, this story plays out in many

communities

across our

nation today.

Citizens buy guns for protection but it is rarely used for this purpose. Forty percent of homes with children have guns, many of which are left unlocked or loaded. A 1992 study showed that people used guns in self-defense in less than 1% of all violent crimes. A five-year study from the National Crime Victimization Survey found guns kept in the home for protection are much more likely to result in the death of a friend, family member, or neighbor.

Gun-related death in the US is 8 times higher than in other developed countries around the world, and children under 15 years of age in this country, die of gunshot wounds at a rate 12 times greater than that of children from 25 other industrialized countries. In 1997, firearm-related deaths

accounted for 22.5% of all injury deaths in children and adolescents 1 through 19 years of age. Twenty-four percent of firearm-related deaths in children younger than 5 years of age are attributable to unintentional shootings - 26% for children 5 through 9 years of age; 21% for children 10 through 14 years of age; and 5% for adolescents 15 through 19 years of age. In school years 1992-2001, shooting was the leading cause of violent death in schools (77%), and 68% occurring in high schools. Most unintentional shootings occur among children left unsupervised at home.

Parents want their children to be safe and they provide a protected environment, including car seats, seatbelts, bike helmets, shin guards, etc. Some parents falsely assume that by educating their children about gun safety, they will be safe. For developmental reasons, educational interventions are unlikely to be effective for many children and adolescents. Nearly two thirds of parents of school aged children that have firearms in their homes believe that they store their guns safely. A study among 8-12 year boys showed that 72% of the boys found guns that were hidden, 48% pulled the trigger and half of the boys who found the gun thought it was a toy. In this study, more than 70% of the boys who handled the gun or pulled the trigger had previously received some sort of gun safety instruction.

As physicians we see, treat and struggle with families faced with the gruesome

consequences of gun injuries – death, disability, pain and suffering. Yet, we as a medical community fail to address this public health problem as we would on any infectious epidemic that would plague our children. Physicians provide relatively little firearm-safety counseling according to the American Academy of Pediatrics Survey of 1,060 US physicians. Only 12 % of pediatricians surveyed stated they always identify families who have firearms in their homes, and 33% reported they always recommend that families unload and lock away their guns.

We can and should make an impact! There are three parts to our patient education. Firstly, we should ask families about the presence of guns in the home and talk about the benefits of removing them, and the risks of gun injury. The most effective measure to prevent firearm-related injuries to children is the absence of guns from homes and communities. While we cannot remove guns entirely from homes, countermeasures can be implemented such as restricting access by storing them properly, with the gun and ammunition stored and locked separately and away from children.

California State law holds gun owners responsible if they leave a gun easily accessible to a child under 18 years old and the child uses the gun to injure or threaten someone or the gun is taken to school.

California State law also requires every gun to be sold with a state-approved firearm-

safety device that is identified as appropriate for that firearm.

Patient education should include simple messages in a non-judgmental sensitive way: (1) Keeping a gun in the home poses a real danger to your family (2) The safest thing is not to have a gun in your home, especially handguns, and (3) If you keep a gun, empty it, use a firearm-safety device (trigger lock), lock it separately from ammunition and hide the keys where your children will not find them.

Secondly, it is important to tell parents to be aware of gun risks that their children may face in the homes they visit. Physicians must encourage parents to ask about guns before sending them to someone else's home. If the answer is yes, parents should be completely sure that all guns are unloaded, equipped with a firearm-safety lock, locked preferably in a gun safe with ammunitions locked separately. Hiding guns is not enough. Children are naturally curious and if a gun is accessible in home, they will most likely find it and play with it. If parents have any doubt about the safety of the homes their children visit, parents should invite the children to their home instead.

Thirdly, teach children that if they come across a gun to:

Stop

Don't touch

Remove yourself from the area

Tell an adult

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

***Dr A Cureg** has MPH, is a fellow of the American Academy of Pediatrics (AAP),

recently retired as County of San Diego Health and Human Services Agency Chief of Maternal Child and Family Health Services, and past AAP vice president of the Chapter 3 District 9, and serves on the AAP Advisory Board.

FAITH CORNER

*continued from page 1
the time of King Herod, after
Jesus was born in Bethlehem of*



REV MELVIN
ANTONIO MD

*Judea, wise
men from
the east
came to
Jerusalem,
asking,
Where is the
child who
has been
born king of*

*the Jews? For we observed his
star at its rising, and have come
to pay him homage. This
account raises questions many
of which found answers that
have been part of Christian
lore. For instance, King Herod
as referred to here was probably
Herod the Great who ruled from
37- 4 BCE. The birth date of
Jesus is also subject to
conjecture as most bible
historians fix it as 4 BCE. Then
come questions about the Magi.
It is widely accepted that these
men were astrologers who
studied the stars. Even today,
heavenly bodies that shine with
unusual brightness are held to
be a sign of a historical event.
The timing of the Star of
Bethlehem could have been
Haley's comet as it travelled
across the night sky. Some
astronomers think it might have
been a time when Jupiter
aligned with Mars and Venus.*

Regarding the Magi, children have learned to consider them as Kings from the East. We sometimes call the Feast of the Epiphany as Feast of the Three Kings. Most likely, these wise men were not kings but well-educated men who studied the stars. Were there only three? In ancient days, people travelled in caravans. There could have been 12 or more in the party – safety in numbers. Most likely, they came from ancient Persia where Zoroastrianism was practiced. In any case, three of them have also acquired names that we have known so well – Melchior, Gaspar, Balthazar. Don't ask me where those names came from. That is the story I learned from childhood. As far as timing is concerned, we have to assume that the Magi found Jesus a little time after he was born, weeks, maybe months after. Travel by caravan from Persia to Bethlehem, with a stop in Jerusalem to ask for information, took days, even weeks. All this historical/literary criticism really blows away the Christmas card picture of three kings laying gifts around the baby Jesus in a manger, doesn't it?

The obvious question is, does all this matter to us? Does it change our concept of men bearing gifts coming from afar, paying homage to the Messiah?

It does not change my belief that Jesus Christ was born under extraordinary circumstances, that his birth was a blessed event, that he was destined to save the world from sin and death, that he was destined to shake the world and turn it upside down. The Magi were

looking at a bright star to guide them to the baby Jesus. I say that the Holy Spirit guided them with pinpoint accuracy to where Jesus was. I don't think satellite navigation was invented then. For the writer of the Gospel of Matthew, it only mattered that the birth of Jesus was known to Jews as well as Gentiles.

More importantly, we believe, we truly know that Jesus Christ, Emmanuel, God With Us, is here today, in our hearts. He manifests himself in the way we live out our faith. He manifests himself when we live by his greatest commandment: Love the Lord your God with all your heart, and with all your might and with all your soul, and love your neighbor as yourself.

President's **TENDERLY YOURS**

continued from page 1

we would ordinarily see only in the movies and now almost everywhere even in our beloved country.



NOLI C.
GUINIGUNDO MD

Rome and vicinity in

November is gloomy, rainy, and windy in the hills, but every once in a while you would see the sun trying to peep between the clouds.

We keep on remembering our beloved Archbishop of Manila, Luis Antonio Tagle, now Luis Antonio Cardinal Tagle. We are trying to capitulate his Eminence's words during his homilies and during

his words of wisdom at the reception at the *Collegio*.

He was amazed at the number of Filipino attendees at the St Paul Basilica and was amazed further that Pilipinos can easily fill up a Basilica.

We pray for his spiritual guidance and prayer for the world.

I kept contact with Arturo Basa and our Golden Jubilarians, and it seems like they have a good contingency in the Philippines, as well as local Jubilarians trying to help the group to celebrate. I hope it would be as well attended as the Silver Jubilarians in the past and it is nice to see their enthusiasm to attend and celebrate a once in a lifetime occasion.

Philip and Danny are also busy trying to arrange a meeting with President Aquino. Hoping the time it will be posted soon so we can adjust our schedule around the time of *Balik FEU*, our family reunion in San Miguel, Bulacan, to visit our relatives that are getting fewer and fewer every year.

We look forward to seeing our brothers and sisters, and near and distant relatives that always welcome us hoping to see us again and again.

We regret the result of the typhoon Pablo.

Philip is talking about a request from President Aquino about a bigger contingent to help the devastated areas and the displaced Pilipinos. It is ironic that not too long ago, measures were passed in the Philippine Congress changing the requirements for the medical missionaries making it more expensive to deliver

humanitarian missions and to require missionaries to procure malpractice insurance in order to practice medical missions in the Philippines.

I wonder how this would affect the request for the contingent to help the devastated people both financially and medically. Hopefully soon, something concrete will have been decided, should those congressional requirements be set aside temporarily or for good.

Medical missionaries have been doing these humanitarian efforts for a long time and each time we hear about those complaints at the background. Please be reasonable.

Talking about pain, defined by Webster's New World dictionary as sensation of hurting or strong discomfort in some parts of the body caused by an injury, disease, or functional disorder, and transmitted through the nervous system. How true is the definition.

I had a brush with the same not too long ago. We were trying to help my brother move some mementos from their old house. I thought I was still the same strong, hardened person who can handle CPR with gusto, can easily apply cast to an extremity with someone slightly holding the extremities, lift the lower leg during hip nailing. This time all I did was lift a fairly heavy mirror, half length but the wood frame was quite heavy and I did not realize it until the next day when my left shoulder started hurting. My left forearm and axillary areas were in between numb, tingle, and a mediocre post herpetic

neuralgia. I did not realize this when I would just use my right arm for everything. I comb my hair with my left hand, brush my teeth with my left hand, cut stitches with my left hand, and luckily does stitching with my right hand.

As usual I ended up at the orthopedist, x-ray looks good, probably a case of tendinitis. A nice big shot of steroids kept me quiet at this office. But that afternoon, I can feel the relief, with help also from mobic. No pain pills. I also realize the feelings that our patients have when they come with an innocuous complaint of muscular pain or joint pains due to some type of injuries. Have mercy on those people, be understanding and considerate.

I have to beat Cesar's deadline for January. More of the same for February when we come back after our annual *Balik FEU*. I might miss February, but you know there is always March in time for our Winter Meeting in Las Vegas.

Regards to all and hoping you all had a nice Christmas and a Happy New Year. I wish all of you the BEST.

NOLI GUINIGUNDO MD⁶²

JANUARY QUOTE

Faithful friends are a sturdy shelter: whoever finds one has found a treasure.

Faithful friends are beyond price; no amount can balance their worth.

Faithful friends are life-saving medicine; and those who fear the Lord will find them.

Sirach 6:14-16

Class⁸⁷ with FEU-NRMF

Medical Alumni Society
presents **SWING FOR LIFE**
on Wednesday, January 23, 2013, at
7:00 am Shotgun
at the Arnold Palmer Course
Forest Hills Golf & Country Club
Antipolo City

**to benefit the FEU-NRMFMAS
indigency program.**

Registration fee Php 2, 500 includes
green fee, lunch and snack.

Golf sponsor Php 20,000 for golf
holes 1-9-10-18, posting of
sponsor's logo, name at designated
hole, posting of your tarpaulin at the
awarding area, and two golf tickets.

Silver sponsor Php 10,000 form
posting of sponsor's logo, name at
designated hole, posting of the
tarpaulin at the awarding area, and
one golf ticket.

Bronze sponsor Php 5,000 for
posting of sponsor's logo, name at
designated hole.

Donors Php2, 500 for posting of
donor's logo at the awarding
ceremony.

Please send jpeg file of your logo to
quidemd87@gmail.com or
feumd87@gmail.com.

For details and inquiries
(02) 935-0025:

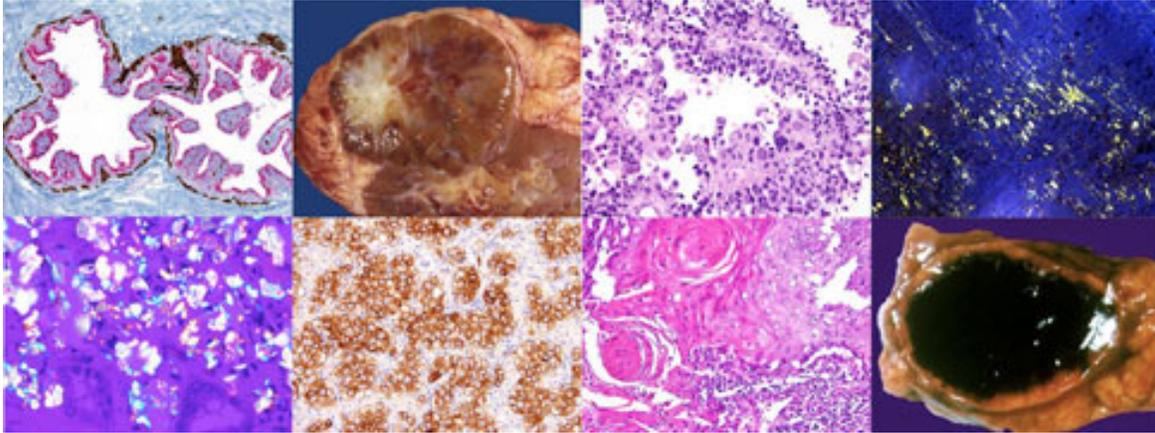
Ms Cely Ocampo.

Please make checks to
FEU-NRMF MAS.

Maraming salamat po!

**COL EDWIN B BAUTISTA
MD⁸⁷ (MNSA), Chairman, Golf
Committee**

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

Balik-FEU 2013

38th Annual Homecoming

January 23-26, 2013



**Dr Ricardo L. Alfonso Hall, 5th floor, FEU-NRMF Medical Center
Regalado Avenue, West Fairview, Quezon City**

Grand Alumni: Golden & Silver Jubilarians Night

Saturday, January 26, 2013

Crowne Plaza Galleria at Ortigas Avenue Quezon City

Honorees

- Class⁶³ (Golden Jubilee)**
- Class⁸⁷ (Silver Jubilee)**
- Class⁶⁷ (Sapphire Jubilee)**
- Class⁹² (20th Anniversary)**
- Class⁷² (Coral Jubilee)**
- Class⁹⁷ (15th Anniversary)**
- Class⁷⁷ (35th Anniversary)**
- Class⁰² (15th Anniversary)**
- Class⁸² (30th Anniversary)**
- Class⁰⁷ (5th Anniversary)**

35th annual Dean Lauro H Panganiban MD Memorial Lecture
1st annual Dr Josephine Cojuangco Reyes Memorial Lecture
Faculty & Student Recognition Day
State of the Art Lectures

Why you should attend? To hear the latest from experts, renew friendship and fellowship

January 24-26, 2013 **BALIK-FEU** Continuing Medical Education Program

JANUARY 23, 2013 (WEDNESDAY)

AM

7:00 Golf Tournament
Forest Hills Golf & Country Club
Antipolo City

JANUARY 24, 2013 (THURSDAY)

AM

8:00 onwards Registration

8:30 – 9:30 Holy Mass, FEUNRMF Medical Center Chapel

9:30 – 9:45 Opening of Commercial Exhibits

9:45 – 10:45 Breakfast, 5th flr. Dr. Ricardo L. Alfonso Hall

10:45 – 12:00 35th Dr. Lauro H. Panganiban Memorial Lecture
5th floor Dr. Ricardo L. Alfonso Hall

"Current Diagnosis & Treatment of Hypertension"

Speaker: MANUEL A. MALICAY, MD ('72)

PM Scientific Convention

Theme: SHOUT TO THE TOP: "NEW TRENDS IN
CLINICAL PRACTICE"

12:00 – 1:00 LUNCHEON SYMPOSIUM (Westmont)

1:00 – 1:30 President's Report

RENE PSA. MENDOZA, MD '87

FEUNRMF MAS

Ramon O. Ribu, MD '82 (Moderator)

1:30 – 2:00 I'm your Boogie Man: "Laparoscopic Surgery
in the 21st Century"

Vicente R. Porciuncula, MD ('77)

2:00 – 2:30 Nothing's Gonna Stop us Now: "Charting the Next 25
Years as Physicians in a Globalized World "

Ma. Eufemia C. Yap, MD ('87)

2:30 – 3:00 BREAK

Camen B. Ang, MD '87 (Moderator)

3:00 – 3:30 Shake Down: "Surveillance and Delivery of
Growth Restricted Fetuses"

Patria Cecilia C. Martinez, MD, FPOGS ('87)

3:30 – 4:00 Menopause revisited: "Who's afraid of the WHI?"

Delfin A. Tan, MD ('63)

4:00 – 4:30 Walk Like an Egyptian: "Evidence – Based
Management of Osteoarthritis"

George G. Saavedra, MD ('87)

4:30-5:30 Business meeting - FEUNRMF MAS (Philippines)
& FEUDNRSMAF (USA)

6:00 onwards

Welcome dinner for FEUDNRSMAF Board of
Trustees (USA)

JANUARY 25, 2013 (FRIDAY)

AM

Randy P. Panganiban, MD '97 (Moderator)

9:00 – 9:30 Open Your Heart: "Recent Therapeutic Advances
in Acute Coronary Syndrome"

Thomas F. Parente, MD ('87)

9:30 – 10:00 Da Doo Run Run: "What is New in the Drowned
Lung"

Fernando G. Ayuyao Jr., MD ('77)

10:00 – 10:30 BREAK

Amelia G. Cunanan, MD '87 (Moderator)

10:30 - 11:00 How You Remind Me: "The Role of CT and MR
Angiography in Peripheral Arterial Occlusive
Disease"

Vincent R. Tatco, MD ('02)

11:00 - 11:30 You Keep Me Hanging On: "Palliative Care in
Pediatrics"

Maria Cecilia A. Asi-Bautista, MD ('87)

11:30 -12:00 I Can't Go For That: "Neonatal/Pediatric GERD"

Elmer S. David, MD ('82)

PM

12:00 – 1:30 LUNCHEON SYMPOSIUM (SANOFI)

1:00 – 4:00 Josephine C. Reyes Memorial Lecture
5th flr. Dr. Ricardo L. Alfonso Hall

"Our Failed Health Strategy of the Past Six Decades:
A Universal Challenge"

Speaker: PHILIP S. CHUA, MD, FACS, FPCS ('61)

Followed by the Student's Achievement Award
Presentation of FEU-DNR SMAF Scholars

JANUARY 26, 2013 (SATURDAY)

PM 6:00 GRAND ALUMNI and JUBILARIAN NIGHT
CROWNE PLAZA GALLERIA MANILA

MACCHU PICCHU

Tour/CME

October 4 - 11, 2013

Itinerary: Lima, Cusco, Sacred Valley,
Machu Picchu and Lake Titicaca

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

email ednida888@gmail.com





FAR EASTERN UNIVERSITY

DR NICANOR 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/QgCHi>

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.



Caraga Regional Training Hospital



Miranda Family Clinic

PMAC medical surgical mission, January 21 - 25, 2013
Venues: Caraga Regional Training Hospital, Miranda Family Clinic,
and the *barangays* of **Sabang, Sucailing, Gigaquit** and **San Francisco,**
Surigao City

For further information please contact **Simeon Sevandal MD** [773] 471-3600
sevandalsimeon@ymail.com



Tavern Hotel Surigao



Philippine Gateway Hotel

PHILIPPINE MEDICAL ASSOCIATION in CHICAGO

52nd Anniversary

MEDICAL SURGICAL MISSION 2013 SCIENTIFIC SEMINAR Clinical Practice Update

January 21-23, 2013

**Caraga Regional Training Hospital/ Tavern Hotel Surigao
Surigao City, Philippines**

Programme

January 21, 2013, 4:00 pm - 6:00 pm Registration
4:25 pm Opening Remarks
Simeon Sevandal MD, President

January 21, 2013, 4:30 pm
Selected Pediatric Infections in the Philippines Update
MAYAN LUMANDAS UY MD
Diplomate in Pediatric and Pediatric Infectious Diseases
To be introduced by **Simeon Sevandal MD**

January 21, 2013, 5:15 pm
Fever Conundrum
NIDA BLANKAS HERNAEZ MD
Clinical Assistant Professor of Pediatrics
Northwestern University Medical School, Chicago
To be introduced by **Anita T Avila MD**

January 22, 2013, 5:00pm
Chronic Wound Care
LEONARDO CHATO MD
Medical Director, South Shore Hospital Wound Care Clinic, Chicago
To be introduced by **Lito Fajardo MD**



M L UY MD



N B HERNAEZ MD



L CHATO MD



L V MARASIGAN MD

January 23, 2013, 5:00 pm
Maternal Hemorrhage
LIGAYA MARASIGAN MD
Assistant Professor of Obstetrics Gynecology
Rosalind Franklin University School of Medicine, Chicago
To be introduced by **Israel Labao MD**

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 entry: 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 luisangubat@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 All*

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.

Dinner: 7:00 P.M.

Attire: Formal

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

RSVP by: April 8, 2013

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

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

Checks Payable to: PMAC Auxiliary