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ECTOPIC MURMURS

Volume 26 Number 3 May 2014

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

FEUMAANI tops at the PMAC 53rd anniversary interuniversity show

The FEUMAANI Chorale Group sang elegantly and superlatively a distinctive version of the songs ***Pobreng Alindahaw*** and ***Mutya Ng Pasig***.

As the musical director and pianist, Mr Jerry Tabang has transformed the following alumni into professionals, namely: At soprano, they were Dr L Mon, Mrs N Montellano, Dr Melinda Tolentino, Dr Nida Blankas Hernaez, Mrs Evangeline Tabayoyong, Dr Remedios Sales, Mrs Virginia Guzman and Mrs Susan Tabang.

The tenors were Dr Manuel Sanchez, Dr F Montellano, Dr Ed Relucio, Dr Roger Cave MD, Dr Jose Delfin, and Dr Gerardo Guzman. Dr Noemi B Fogata, Mrs Marizon Relucio, Mrs Estela Cave, Mrs Dolores del Mundo and Mrs Violeta Magsino did alto; while Dr Arturo Fogata, Dr Celso Del Mundo, Dr Pascual Sales, Dr Virgilio Magsino, and Dr Virgilio Jonson MD were bass.

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PRESIDENT's Message

NOLI GUINIGUNDO MD

The deadline is fast approaching for our 35th annual alumni reunion scientific convention in Las Vegas NV.

This will be both at the Wynn's Las Vegas reservation and the reunion registration and in addition your own reservation for your airplane to those who are flying.

Dr Danny Fabito is still waiting for Class89 reservation and the Silver Jubilarian contact person to notify our local host Chapter for the Class presentation and other things.

I have sent the reunion CME program and the letter of invitation to Dr Ravel Bartolome for his US Embassy appointment and hopefully secure his visa for our July

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The FEUMAANI Chorale Group in formal group picture after the program

FROM THE HOME FRONT

LINDA D TAMESIS MD85

Dean, FEU-NRMF IM

LINDA D TAMESIS MD

As you may remember, I told you a few months ago that Far Eastern University – Nicanor Reyes Medical Foundation (FEU-NRMF) would be embracing outcomes based education. The transition has been difficult. The president, vice president for Academic Affairs, Dr Glenda Arquiza

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AN OPEN LETTER

To: **LARRY RABANG MD89**

Greetings from Las Vegas!

DANIEL FABITO MD

Alumni Foundation chairman Dr Hernani Tansuche has provided me your email address; and I am glad that finally we have somebody from Class89 here in United States,

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LAS VEGAS
REUNION REMINDER


DIVINAGRACIA AVERILLA-OBENA MD

The most awaited 35th annual reunion scientific convention is scheduled for July 9-13, 2014. We encourage everybody to submit their applications early, most especially the Golden and Silver Jubilarians to enable us to fix the sitting arrangements, thus fulfilling everybody's wishes to sit with their close friends and classmates.

Please talk to your group leaders to request where you want to be seated. This will avoid the problem of argument for their seats.

We have decided that everybody will abide with our regulations such as the **no ticket, no entry** and we will have to stamp your hands upon entry.

Late registrants will have a different table since the seats are all pre-counted and reserved. Late registrants will have to talk to Dr Pete Florescio, FEUDNRSMAF executive director, to obtain tickets only from him.

Also reminding everyone once again to book your Wynn's Las Vegas Hotel reservations as this may run out fast.

We have different committees to take care of your needs and we will strive to make your visit and reunion a most memorable one. We will see you soon!

DIVINAGRACIA AVERILLA-OBENA MD[85]

COLLABORATION in HEALTHCARE*

(Part 3 and conclusion)

CESAR D CANDARI MD[61]

FCAP *Emeritus*, Henderson NV


CESAR D CANDARI MD

Now, health care is changing. There are now external pressures; per review, Joint commission and governmental review are required; inspections are increasing and therefore the team approach to medical care is a must. Many decisions once made at the bedside in the past are now made at the corporate level, so to speak. Patients are also increasingly getting involved in making health decisions of their role as health consumers. The bottom-line is that the future is in the hands of the practitioners who must adapt to this change and work together as a team to enhance the quality of care. All members of the team (medical students, physicians, nurses, aids, secretarial staff, and others alike need to examine their goals) as professionals committed to a common goal, that is, of saving lives.

There has been considerable evidence of the positive impact that interdisciplinary collaboration and teamwork can have on key dimensions of organizational performance. Yet, the ability to collaborate consistently, and in a way that ensures quality care, continues to elude us. This lack of interdisciplinary collaboration remains a significant challenge

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Tenderly Yours

NOLI C GUINIGUNDO MD[62]


NOLI GUINIGUNDO MD

A recent news from the Department of Health of the Philippines bares the current shortage of physicians. Current ratio of physician to patient is 1 per 1429.In the remote areas it was mentioned as one doctor per 33,000 people.

As usual the problem lies on the exodus of physicians to foreign countries particularly the United States. The reason being more money offered abroad than at home. This apparently is true with other professions like nursing and physical therapy among others.

In my humble opinion graduating more doctors and allied professionals would hardly be enough to stave the exodus since by human nature people will seek greener pastures where and when available.

In the remote areas, people can hardly afford medical care. Money is spent on food and not on medicine. It was God send that missionary doctors are helping them even if not on a continuing basis.

We are going back in history that every so many years medical professionals are needed in foreign countries and this directly affects the exodus from the Philippines. This is inspite of the amount of graduating doctors from so many medical schools in the Philippines. These graduates stay in the metropolitan areas

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This is our request, O LORD, this is our prayer

ROSALINDA LIONGSON ABBOUD MD[64]

ROSALINA LIONGSON-ABBOUD MD

As we enter into the inner sanctuary of our soul, we become still. We take a deep, calming breath, clear our mind and make a conscious connection with the Spirit Divine.

Sacred Spirit of Life, fill us with your loving presence every moment and surround us with Your grace.

Teach us how to let go of the past---releasing all the fears, pains, worries and doubts that can hinder us from living fully. Help us forgive ourselves for past errors, and forgive others who had caused us pain ---------to set us free and be healed.

Give us courage and wisdom to meet our challenges which at times seem overwhelming. Give us comfort during our darkest nights, and guide us to the path you had created—a path where there is no fear, only peace and love.

Support us to overcome all negative thoughts that may wear us down, and replace it with thoughts that reflect positive energy. Make us aware that every thought we think, every word we say, every act we do, creates an energy field that affects everyone around us.

Bless our families and friends, all the people we love and all the people who do not love us, for they are all

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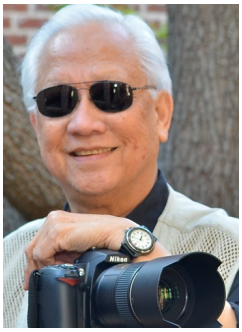
COLORADO COLUMBINE

ROLANDO M SOLIS MD[63]



MAY DONATION

The latest edition of the surgical education and self assessment program (SESAP) #15 of the American College of Surgeons was recently endorsed by Daniel C Fabito MD, chairman of the postgraduate medical education committee of the FEUNRSM Alumni Foundation to Miles F de la Rosa MD, FEU-NRMF chairman of Surgery.

The donation highlighted the Class[64] Golden Jubilee celebration West Fairview in the recent Balik-FEU.

The postgraduate medical education program is the pet project of the Class since 1993, in which interns and residents are closely supported in their training.

SESAP is premier educational resource for practicing Surgeons and for those preparing to take their board certification and recertification with the American Board of Surgery as well as with the Philippine Board of Surgery. It consists of 830 newly constructed, problem-based multiple questions and succinct critiques which provide evidence-based explanations regarding all the answer options as well as supporting references from the current literature.

The SESAP uses a robust process of self assessment for the maintenance of one's clinical competence and expansion of surgical knowledge.

From left, surgery training officer Dr Raymond Ong, donor Dr Daniel Fabito, recipient surgery chairman Dr Miles Dela Rosa, and plastic surgery chief Dr Melano Cruz.

CLINICAL IMAGES

CYSTIC SMALL CELL CARCINOMA OF LUNG

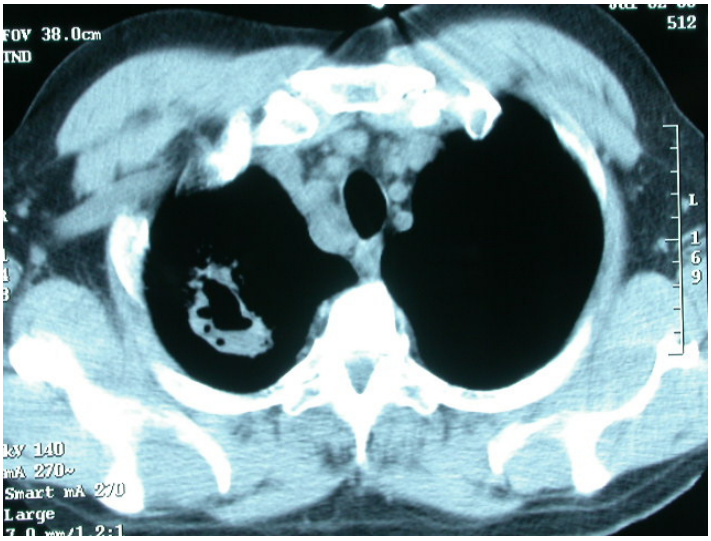


Figure 1 - CT scan mediastinal window shows a well-defined, irregular thick-wall cavity in the right upper lung lobe

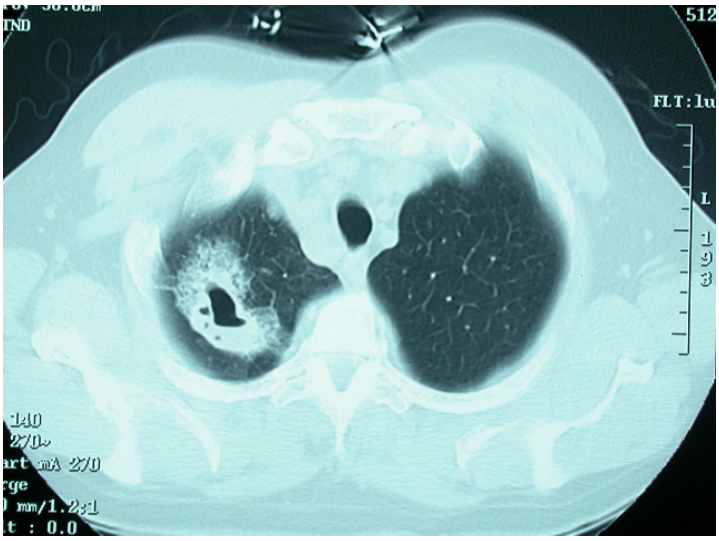


Figure 2 - Lung window images a fairly-defined markedly thick-walled cavitated right upper lung lobe tumor

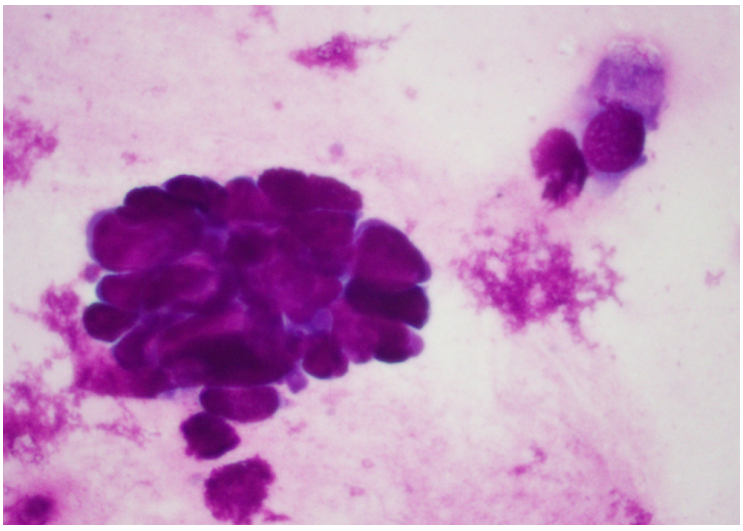


Figure 3 - Diff Quik-stained small cell carcinoma x400.

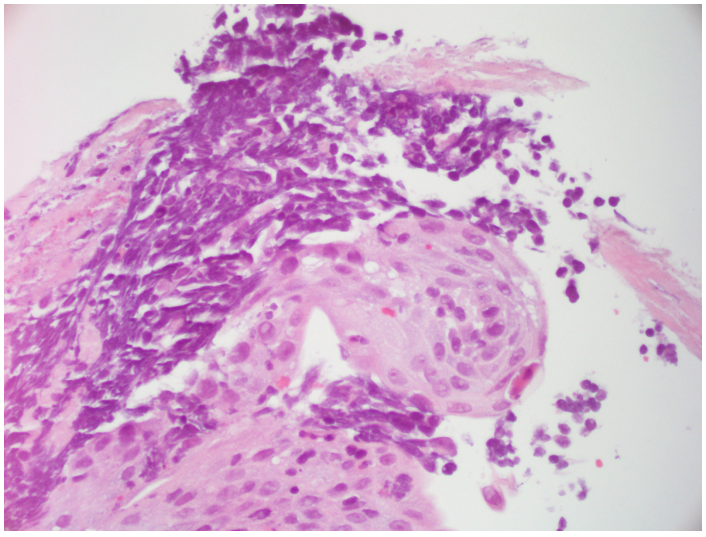


Figure 4 - Cell block H&E-stained crushed small cell carcinoma closely associated with squamous cell metaplasia, x100.

These images are from a 40-year old woman who presented with cough, weight loss and abnormal chest radiographs. A computer tomographic scan revealed a cavitary right upper lung mass (Figures 1 and 2).

A CT scan-guided fine-needle aspiration cytology, including cell block histological evaluation, revealed a small cell carcinoma (Figures 3 and 4).

Immunostains proved the neuroendocrine differentiation of the tumor with CD56, chromogranin and synaptophysin.

The final diagnosis was a cavitary small cell carcinoma of the lung.

The patient is presently in remission for six months to date with combined chemotherapy.

COMMENTS and **LITERATURE REVIEW**. Small cell carcinoma of the lung is also known as oat cell carcinoma. It represents 20 % all of lung carcinomas. There are about 175,000 new cases per year in the United States. It usually affects men with a median age of 60 years.

Almost all of these patients smoke. The tumor distinctively presents as a perihilar mass, and may be characterized by an aggressive clinical course, frequent widespread metastases at manifestation, and remarkably responsive to chemotherapy.

It is also commonly associated with paraneoplastic syndromes, eg, due to ACTH (Cushing's syndrome), ADH (hyponatremia), calcitonin (hypocalcemia), gonadotropins (gynecomastia), parathyroid hormone (hyperparathyroidism), serotonin (carcinoid syndrome), Lambert-Eaton syndrome, encephalomyelitis, and sensory neuropathy

Apparently, the neoplastic cells originate from basal bronchial epithelium which has a tendency to neuroendocrine differentiation.

The current World Health Organization classification, it has two subtypes, namely: small cell carcinoma (that includes the extinct combined small cell/ intermediate cell carcinoma), and mixed small cell carcinoma with large cell, or squamous, or adenocarcinoma. Bronchial or lung biopsy often displays crushed, smudged, oat, spindled cellular features. Cytology is greatly helpful in the diagnosis.

The evaluation is almost generally based on hematoxylin and eosin stain, and not on the presence of neuroendocrine markers. When immunostaining is done, the most useful neuroendocrine markers are CD56, chromogranin, and synaptophysin. In the old day and possibly event today, electron microscopy is the best procedure to confirm the presence of neurosecretory granules.

Regarding small cell carcinoma cavitation, it is a rare manifestation and doubted phenomenon. Cancer cavitation or cyst formation is defined as an abnormal hollow space within the lung parenchyma, has been noted on chest radiographs in about 10 to 16 percents of bronchogenic carcinoma. Squamous cell carcinoma is the most frequent tumor to cavitate.

Cavitation or cyst formation is identified on chest radiographs in about 10 to 16 percents of bronchogenic carcinomas. Typically, the cavities have thick (greater than four millimeters), irregular wall with tumor nodules projecting into the cavity. Occasionally, the cavity walls may be smooth and thin.

Several large series have identified squamous cell carcinoma as the most frequently cavitating bronchogenic carcinoma. Strikingly, in these same series, no case of cavitation or cyst formation is identified in small cell carcinoma.

Radiographically, the vast majority of pulmonary small cell carcinomas present as a small hilar or perihilar mass, caused by the primary tumor itself and/ or by lymph node spread and/ or metastases.

Literature review reveals that only a few reports have discussed cavitation with small cell carcinoma. Of 276 small cell carcinomas, Hansen and Osterling found 1.4% of cases manifesting with a lung abscess on chest x-rays at the time of diagnosis. Strang and Simpson have reported three of 44 cases (6.8%) of cavitary or abscessive pulmonary carcinomas to be small cell or undifferentiated cell types. Chiu et al have identified only one case out of 244 (0.4%) cavitary lung carcinomas to be of small variety. These data support the observation that cavitation is a rarity in small cell carcinoma.

In our small series and unlike the typical scenario of small cell carcinoma of the lung presenting as a hilar or perihilar masses with accompanying mediastinal lymphadenopathy, three of six of our cystic/ cavitary small cell carcinomas presented as perihilar lesions and one had evidence of hilar adenopathy. Two cavitating masses were perihilar. All cases had thick-walled and irregular cavities, two with air-filled levels, and four with nodular densities within the lumen, features consistent with malignancy.

Cavity formation in pulmonary carcinoma may result from 1) secretion of proteolytic enzymes by the neoplastic cells with liquefaction of tumor tissue, 2) tumor infarction because of thrombosis of a feeding blood vessel, 3) infection within the tumor itself or within the adjacent lung parenchyma, 4) tumor growth within a pre-existing bulla, 5) air entrapment within the tumor or pulmonary tissue, and 6) production of excessive keratin as in squamous cell carcinoma.

Precisely why cavitation does not occur more frequently is not clear. The postulate is that cavitation occurs in the presence of necrosis.

The distinction of small cell from non-small cell lung

carcinoma is critical. While surgical resection is an infrequent therapeutic modality, chemotherapy is an effective regimen for small cell carcinomas. With combined chemotherapy and radiation, the medium survival time for patients with limited-stage disease is 10-16 months, and for patients with extensive disease, about 6-11 months.

Two patients initially diagnosed with limited disease died 13 and 20 months, respectively, after diagnosis. Two of three patients presenting with extensive disease died four and 10 months, respectively after diagnosis. The third patient, with distant metastases and chemotherapy, exhibited radiographically a near complete resolution of the cavitary lesion at seven months after diagnosis.

There was also marked decrease of the size of regional lymphatic, liver and adrenal metastases. Although it may be considered anecdotal at this point based on our experience of five patients, it seems that the biologic behavior of this rare cavitating or cystic variant of small cell carcinomas might closely parallel that of the conventional tumor.

Similarly, Hansen and Osterlind have concluded that the presence of abscess formation in small cell carcinomas, either before or after treatment commenced, did not portend a worse prognosis. Furthermore, cavitation or cyst formation has rarely been described in the literature, the differential diagnosis of a cavity or cystic lung mass should include small cell carcinoma.

On another age-related topic in lung cancer, it is a disease of older adults. More than 70% of patients are in the sixth and seventh decades of life. In a series of 547 patients only one of was less than 29 years (0.2%); 3.9% were less than 39 years of age; and 1% under the age of 40 years.

The series from Walter Reed Army Medical Center, from 1971 to 1976, encountered only 24 patients less than 40 years. The youngest patient 19 years old, only one nonsmoker, most symptomatic, and with chest radiographs exhibiting infiltrate/ consolidation in 9, mass 14, and peural effusion 1. There were 38% adenocarcinoma, 21% squamous cell carcinoma, 21% large cell carcinoma, and none small cell carcinoma. About 19 were in Stage II or III disease at diagnosis, only 5 resectable, and altogether had very short Survival.

At UCLA, from 1956 to 1976, there were 96 patients: 40 years old or younger at UCLA. A higher proportion of women, with relatively low incidence of squamous cell carcinoma was noted. There was no significant difference in survival of the younger patients when compared with the general population of patients with lung cancer.

The largest review of some 2,728 patients with lung cancer, 15 - 39 years of age, the entity indicates 0.08% of the lung cancer population, with an incidence 1.2 cases per 100,000 versus 141 cases per 100,000 in the 40-and-older age group. There were 55% white, 19% Hispanic, 12% black, 12% Asian, versus 78% white, 8% Hispanic, 7% black, 6% Asian

About 57% were found to have widespread disease at first diagnosis in the younger patients, versus 51% of the older group.

The histological types were 39% adenocarcinoma, 9% squamous-cell carcinoma, 7% small-cell carcinoma, 6% large-cell carcinoma, 3% bronchiole-alveolar carcinoma, 35% various other histologic subtypes, versus 30% adenocarcinoma, 19% squamous-cell carcinoma, 13% small-cell carcinoma, 28% various other subtypes.

A 34% mean 5-year survival in the 15-39 year age group was demonstrated, versus 16% 40-and-older age group at each disease stage, mean one- and five-year cause-specific survival rates better in the younger group.

CONCLUSION. Cavitating small cell carcinoma is rare. Occurrence in a 40-year patient, all lung cancer types included, is similarly rare.

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

by **CESAR V REYES MD[68]**

We pray for his healing.

COL LESTER LEGASPI MD[64] Retired USAF

Tenderly Yours

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because of lack good medical facilities in the provinces and remote areas. The Philippine government clearly should address this problem and at this time there is no real solution to this complex problem of shortage of physicians in the Philippines particularly in the rural areas.

NOLI GUINIGUNDO MD

Inspite of advances in Medicine, these cannot be applied to the Filipinos at this point. The Filipinos will continue to suffer unless something concrete can be done to induce Doctors to practice and stay in the Philippines,either in metropolitan areas or in the rural remote areas.

COLLABORATION in HEALTHCARE

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for healthcare executives, college deans, practicing nurses, physicians, and other healthcare professionals.

CESAR D CANDARI MD

Dr. Karen Bankston, Dean, College of Nursing at the University of Cincinnati in Cincinnati, OH, stated, "Although accrediting bodies are mandating interprofessional education and collaboration, the question remains: How do we attain compliance with this standard? We recommend that nursing programs develop collaborative initiatives and joint experiences with other professions, while recognizing that the underlying issues of hierarchy, trust, valuing each other's contributions, and sharing of power need to be addressed. Until this occurs, interprofessional collaboration will remain more of a goal than reality".

The best opportunities for a successful transition to collaborative practice are to begin the socialization of our students to a collaborative environment when they enroll in our colleges. This could begin with a joint course introducing students to interprofessional concepts and behaviors and for sure will transform the environment and the future of healthcare delivery in the years ahead. Education programs that integrate interprofessional education throughout the curriculum, starting with pre-qualifications experience, continuing into postgraduate education, and extending into continuing professional development offer the best potential for interprofessional learning.

There has been a great deal of changes in the health care system and has become complex especially with the current Obamacare. Technological innovations have arrived with an unquestionable positive impact in the practice of medicine, however, as required to have this technologies by the system, this will be an added overhead cost of office practices. More expenses by providers with fewer revenues.

With the complexities of the Affordable Care Act (ACA) the solo or small practice physicians has been rumored that their future is described in one word - uncertainty. Should you find a partner, hire midlevel practitioners, join a larger group or independent practice association (IPA), and sell the practice? The number of independent practices has been declining. A report on practice characteristics released by the American Academy of Family Physicians (AAFP) showed that as of the end of 2011, 60% of physicians who were active AAFP members were fully employed by hospitals or health systems, physician groups, or university-owned clinics or hospitals, while 35% were sole or partial owners of their practices. In the practice of pathology at the present time is tough, not as it used to be when business was good. As physicians sell their medical practice to nearby hospitals, would mean fewer specimen and declining revenue. Payers are excluding labs from their provider networks. For hospital labs, the situation is equally grim. All of these in my opinion are the impact of ACA.

The Department of Health and Human Services is coordinating a center for collaborative practice. The objective is: *to provide an infrastructure for leadership, expertise, and support to enhance the coordination and capacity building of IPECP among health professions*

across the U.S. particularly in medically underserved areas. Through innovative program coordination, scholarly activities, and analytic data collection, the coordinating center will raise the visibility of high-quality, coordinated, team-based care that is informed by best practice models for interprofessional education….

In summary, Interprofessional Collaborative Centered Practice is increasingly recognized as a means of addressing the challenge facing today's health care environment. Dr Maryjoan Ladden, a staunch promoter of collaborative practice stated: *In the face of a patient population that is older, sicker and coping with more chronic diseases and comorbid conditions*, she continued, *No one type of provider and no one provider can do it alone anymore*. She added, *You want to be able to be sure patients and families get the best care when and where they need it by the people who are best equipped to give them the best care*. To do that Ladden continued, *You need a group of healthcare providers who really work collaboratively because no one person has all of the knowledge and skills and competencies*.

The ongoing uncertainty over the ACA, the consolidation, the introduction of seven millions of newly insured patients, erosion of physician autonomy, and growing administrative burdens is driving the shift in the practice-affecting physicians in 2014 and beyond.

I hope I have given you some insight on this subject, past and present events, albeit superficial, non-detailed, mostly generalization, however, in my opinion, it is informative.

*Part 1 of this article was published in the FEU MANNI News April 2014 (6).

Message from your President

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meeting. We still have to hear from him.

NOLI GUINIGUNDO MD

meeting. We still have to hear from him.

Dr Divinagracia Averilla Obena has sent also reminders through our newsletter and for the second time I have sent e-mails to our Alumni Foundation board of trustees to try to register as early as possible to make things easy for our esecutive director/ registrant Dr Pete Florescio. Please pay particular attention to this item.

During the reunion celebration, each Class will be busy with its own meetings and dinners. I got a request from our board member Dr Tony Cabreira an invitation to attend a financial meeting. I have relayed the same to Dr Fabito. The only time this can be accomplished will be on Thursday, July10, 2014, after the annual board trustees summer meeting although the Class[64] Golden Jubilarians will have their own meeting.

Announcement will be posted in our website and convention bulletin boards.

If you can make it good. If not, it was tried anyway.

This July reunion board trustee annual meeting is also an election of the new set of officers for 2014-2016 and staggered board of trustees meeting.

Dr Roger Cave is in charge and will take care of this matter.

I hope reservation with the hotel is okay and running well. Otherwise please let us know.

I will send another reminder if Dr Cesar Reyes will publish the EM in June 2014.

I will send also e-mail like before to all board members.

Again, good luck to all and God bless you all.

NOLI C GUINIGUNDO MD[62]

This is our request, O LORD, this is our prayer

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members of God's circle of love. We came to this world to love and be loved, to accept the best and not so best in ourselves and others.

ROSALINA LIONGSON-ABBOUD MD

Let each one of us join together in a hymn of peace. We are one, coming from one Source. We are all interconnected --- that even those who are enemies has a part of us in them.

Help us each day to look for ways to be in harmony with one another, expressing love and compassion -----to be in harmony with our universe, preserving, caring and

respecting this truly amazing planet we call home.

Guide us and make our life a prayer, weaving acceptance, compassion, love and peace in our daily life. Let our thoughts and actions speak of our faith in You and love for all.

We give thanks for Your endless, abundant blessings. Your loving presence makes us feel whole and holy, with a clear mind, a healthy body and a sacred spirit. You are our fountain of joy, hope and serenity that never runs dry.

We give thanks for Your priceless gift of life. Divine energy flows to every cell of our body. With every beat of our heart, with every breath we take, with every life-affirming thoughts we think, we feel renewed and refreshed.

In silence, we listen. In silence, God answers. He connects in ways our mind and heart can understand. We become more in tune with the divine order of the universe, more prepared to handle whatever comes our way---- for it will be God's way. We are one with God, enfolded in His pure, unconditional love. We are at peace and all is well.

AN OPEN LETTER

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who will be our co-host and partner for the forthcoming alumni reunion on July 9-13, 2014, at the Wynn's Las Vegas Nevada.

DANIEL FABITO MD

As Silver Jubilee celebrant, your active participation in this milestone event is very much needed.

I am also happy to be informed that probably about 40 members from your Class, who will be attending the reunion.

Please inform your classmates to make their room reservations at Wynn's asap because many alumni are now reserving for the event. The group code is 8FEU0714 and the hotel telephone is1-866-770-7555.

I need a message with picture of your Class president and an individual ADs for the souvenir journal asap.

Please encourage your classmates to register for the continuing medical education meetings and with the various dinner social activities.

We also need a nomination for the most outstanding medical alumnus award, which is usually voted and /or recommended by the celebrating Golden and Silver Jubilarians.

Since the honorees on Saturday grand reunion night dinner are the Silver and Golden Jubilee celebrants, there will be a medallion ceremony when each honoree will be handed his/ her corresponding medallions by the FEUNRMSMAF chairman and president and the FEU-NRMF Institute of Medicine Dean Linda Tamesis MD.

Your Class is also expected to have a presentation during that Saturday evening which usually lasts for 10-15 minutes.

We hope we have informed you of the activities for your immediate attention. Should you have any questions or concerns please do not hesitate to call or email the undersigned, or one of the Alumni Foundation officers.

DANIEL C FABITO MD[64]
FACS FPCS
35th Annual Reunion
Coordinator/ Adviser
FEUNRSMAF Chairman
Emeritus

FROM THE HOME FRONT

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(former dean of Nursing, FEU) and other curriculum experts have been diligently working on this shift in instructional style.

LINDA D TAMESIS MD

One of the first things we did was to define the outcomes or the attributes that we want our graduates to attain. We enumerated eight attributes:

Leadership,
Social Responsiveness,
Lifelong Learning,
Creative/ Critical Thinking,
Professional Competence,
Family Orientation,
Global Perspective and
Values Orientation.

Since one of our outcomes is values orientation, we then had to identify the core values of the FEU-NRMF. Using the acronym, we came up with Fidelity, Excellence, Universality, Nationalistic, Responsible, Morally-Upright, and Family-Oriented.

The next chore was to align our outcomes and attributes to our mission and vision. And so we decided on the following:

Vision. Consistent with the FEU-NRMF core values of Fidelity, Excellence and Universality, and its three functions, Instruction, Research and Community Service, the School of Medicine envisions producing Nationalistic, Responsible, Morally Upright and Family-Oriented physicians in the service of our countrymen.

Mission. The School of Medicine commits itself and its resources to the development of highly competent, community and research-oriented physicians, imbued with highest ethical and social standards to be able to deliver excellent health care services to the local and global community.

The next problem was the FEU-NRMF's logo. Last June the Foundation opened three new schools: Pharmacy, Radiologic Technology and Nutrition and Dietetics. The administration realized that logo could not accommodate picture representation of all the schools. And with the possibility of opening even more schools in the future, the logo had to revised to something that does not need to be changed every time we grow.

The new logo bears the motto and stars to represent the three functions of the Foundation: Instruction, Research and Community Service.

And so my fellow alumni, there has been lots of creative activity at our alma mater. As always, I encourage comments, suggestions and questions about what I have presented.

Ad astra per aspera!

FEUMAANI tops

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Not only they were singers, but they also danced to everyone's delight. The dancers included Dr Relucio, Dr L Mon, Dr Richard Mon, Dr NB Hernaez, Dr Montellano, Mrs Montellano, Dr Del Mundo, Dr A Fogata and Dr NB Fogata.

The dance was the first and the best presentation of the FEUMAANI at the recent Philippine Medical Association in Chicago (PMAC) 53rd anniversary interuniversity variety show.

The dance titled ***Sayaw sa Ilaw*** is a Philippine folk dance adaptation of three dances of *pandanggo sa ilaw*, ***wasiwas*** and ***binasuan***, arranged and choreographed by Mrs Lily Maniquis.

Their grand repertoire was preceded in the morning by a Spring 2014 continuing medical education seminar entitled ***neurology for everyone*** and featured CV Reyes MD on ***lung cancer presenting as brain metastasis revisited***, Dr Reclucio on ***neuroborreliosis***, Dr Henry Echiverri on ***acute management of stroke***, Dr Wayne Gavino on Alzheimer's disease update, and Dr Betty Soliven as the fifth PMAC professorial lecturer on ***autoimmune disorders of the central nervous system***.

The scientific seminar was graced by 98 preregistered attendees, with many more as on-site registrants, and generous donors for future similar clinical meetings.

by **CESAR V REYES MD**[68]

COMMENTS
Editorials, news releases, letters to the editor, column proposal and manuscripts are invited. Email submission, including figures or pictures, is preferred.

FEUMAANI News

Deadline for the June 2014 issue
June 11 14, 2014
Please address submissions to **acvrear@gmail.com**

COMMENTS
Editorials, news releases, letters to the editor, column proposal and manuscripts are invited. Email submission, including figures or pictures, is preferred.

ECTOPIC MURMURS

Deadline for the June 2014 issue
June 18, 2014
Please address submissions to
acvrear@gmail.com

COMMENTS
Editorials, news releases, letters to the editor, column proposal and manuscripts are invited. Email submission, including figures or pictures, is preferred.

PMAC News

Deadline for the June 2014 issue
June 4, 2014
Please address submissions to
acvrear@gmail.com

SILVER WEDDING ANNIVERSARY

Edward Hernaez MD and
NIDA BLANKAS HERNAEZ MD
will renew their marriage vows
and commitment
Saturday, June 28, 2014
Holy Name Cathedral
735 North State Street
Chicago IL.
Reception at 6:30 pm
Intercontinental Chicago
Magnificent Mile,
505 North Michigan Avenue.
Formal attire is requested.

Make a donation… and make a difference.

Student Achievement Award $50

FEU-NRMF Professorial Chair $15,000

***Tree of Life* FEU-NRMF medical center building sponsorship**

Indigent patients fund

Arsenio Martin MD Scholarship Legacy Fund

Interested?
Please inquire with Cesar V Reyes MD
acvrear@gmail.com 630-971-1356

FAR EASTERN UNIVERSITY
DR NICANOR REYES SCHOOL OF MEDICINE
ALUMNI FOUNDATION

35th ANNUAL REUNION & SCIENTIFIC CONVENTION

HONOREES

Class[59] (Emerald Jubilee)
Class[64] (Golden Jubilee)
Class[89] (Silver Jubilee)
Class[69] (Sapphire Jubilee)
Class[74] (Ruby Jubilee)
Class[79] (Coral Jubilee)
Class[84] (Pearl Jubilee)
Class[94] (20th Anniversary)
Class[99] (15th Anniversary)
Class[04] (10th Anniversary)

CLINICAL PRACTICE ADVANCES 2014

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

July 9 - 13, 2014

Wynn's Las Vegas

3131 Las Vegas Boulevard South, Las Vegas, NV 89109
(702) 770-7000, (888) 320-7123

REGISTRATION

Name_____
Spouse_____
Address_____
_____ ***Practice***
_____
Telephone_____ ***Email***_____ ***Class*** _____

	REGISTRATION FEES	After June 23rd
CME registration only [paid membership required] ……	$ 150	$ 200
Rock N Rolls Welcome Reception (**WR**) ……	50	60
Alumni Filipiniana Night Buffet Dinner Dance [per person] ….....	140	155
General Membership Luncheon (**L**) meeting [per person]….....	30	30
35th Annual Grand Reunion Dinner Dance [per person] .....…	150	160
Annual membership (**Am**) .....……....	60	
(**Am is required to attend the Welcome reception, general membership luncheon, and dinner events!**)		
TOTAL .....…….....….	$_____	$_____

To qualify for the discounted rate, register on or before Saturday, **June 23, 2014**. Mail this form and your check payable to ***FEUDNRSM Alumni Foundation***,

Pete Florescio MD, Executive Vice President/ Executive Director
337 Elmhurst Place, Fullerton, CA 92835
Telephone 1-714-423-8811 **Email pflorescioofla@sbcglobal.net**

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

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

Your cancelled check is your receipt. Discounted rate is payment received on or before **June 23, 2014**. Unfortunately we do not accept credit card. We only accept cash payment for on-site registration.

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

Visit our website **http://www.feu-alumni.com**

Free subscription to **ECTOPIC MURMURS**, **FEUMAANI News** and **PMAC News** at **acvrear@gmail.com**

Wynn's Las Vegas

3131 Las Vegas Blvd. South, Las Vegas, NV 89109 **Reservation deadline June 12, 2014**
To reserve, call 1-866-770-7555, the FEU group code is **8FEU0714**.
Hotel room rate *$139* (Sunday-Thursday) - *$189* (Friday-Saturday) per night