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Dr Nicanor Reyes Jr School of Medicine Alumni Foundation

ECTOPIC MURMURS

Volume 29

Number 8

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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

Nunilo G Rubio MD⁶⁷

11th PMAC Professorial Lecturer

It is a privilege and delight to introduce a friend since freshman medical school

days way back in 1964, a roommate during internship and residency training years at Grant Hospital of Chicago and Hines Veterans Affairs Hospital Medical Center respectively, and a close professional peer for almost 50 years to date, **Nunilo G Rubio MD**, as

the 11th professorial lecturer of the Philippine Medical Association in Chicago (PMAC) during the 56th anniversary Spring 2017 scientific convention.

The lecture will be held on Saturday morning, April 22nd, at the Hyatt Regency O'Hare Hotel in Rosemont IL, and will precede the evening's 56th PMAC anniversary, 50th PMAC Auxiliary and Foundation anniversary interuniversity musical variety show dinner dance.

Dr Rubio belongs to Class⁶⁷ and is a

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FEUDNRSM

Alumni Foundation

Winter Board Trustees Meeting

Saturday, March 25, 2017

Monte Carlo Las Vegas

Email montecarlo.com #888-529-4528

The tentative AGENDA are, as follows:

- 1 – Call meeting to order, invocation by Dr Noli Guinigundo, and roll call;
- 2 – Minutes of previous meeting(s) by Dr Nida Blankas-Hernaez;
- 3 – Chairman of the Board's report by Dr Guinigundo;
- 4 – President's report by Dr Licerio Castro Jr;
- 5 – Treasurer's report by Drs Amethyst Cureg/ Grace Rabadam;
- 6 – Executive Director's report by Dr Pete Florescio;
- 7 – Auditor - Dr Cesar Jimenez;
- 8 – Various committees' reports:
- 37th annual reunion scientific convention - Drs Herminigildo Valle and Rick DeLeon;
- 38th annual reunion scientific convention –

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PRESIDENT'S Message

MISSION with a VISION

The meeting was established to create an open line of communication between all foreign volunteer organizations and the Department of Health (DOH).



LICERIO V
CASTRO JR MD

Proceedings from DOH meeting with Secretary Paulyn JS Rosell-Ubial on January 18, 2017, at 10:00 am, DOH Compound, San Lazaro, Metro Manila.

DOH representatives were:

Dr Ubial, Secretary of DOH;
 Dr Roger Tong-an, Undersecretary of DOH; Marlene Beltran, director of Bureau of International Health Cooperation; and Dr Miguel Noche, chair of Board of Medicine of Professional Regulatory Commission.

Representatives from the Food and drug Administration were Bayani San Juan, FDA CDRR; Dr Enrico Ragaza, Philippine College of Surgeons (PCS) president; Dr Ramon S Inso, PCS regent and chair of mission committee; Dr Ireneo S Bernardo III, Philippine Medical Association (PMA) president; Dr Hector Santos, PMA officer;

Foreign attendees were:

Dr Noli Guinigundo, FEUDNRSM Alumni Foundation chairman;

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From your CHAIRMAN

NOLI C GUINIGUNDO MD⁶²

We arrived early in Manila Terminal 3 which had finally opened. Real nice facility. Clean and neat. Those coming in to pick up relatives and friends are nicely seated in a wide waiting areas as compared to the previous standing only by the road. Looks more modern than before and more facilities are coming up across the terminal. Entry to the expressway was close and easy.



NOLI C
GUINIGUNDO MD

We had a nice welcome from my brother and sister-in-law and took us straight to our favorite Manila Galleria Hotel, now Holiday Inn.

A few days of rest and getting used to the new weather help us prepare to the January 28 meeting with the Secretary of Health Pauline JR Rosell-Ubial. Initially we had the impression that this meeting will just be another meeting. But it turned out to be a fruitful meeting. Secretary Ubial and her lieutenants proved to be real nice and accommodating. We were led by Drs H Reyes and E Abay who both turned out to be excellent facilitator. We all agreed that our main concern is our poor *kababayan*, their health problems, and how the missionaries job can be facilitated. The DOH is willing to help the missionaries, however, we would have to notify them our plans, specialists, and working with

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A Moment with **FEUNRMF**

Flashbacks overcame me as I stepped into the corridors of our dear Alma Mater. The good old times have prevailed once again, sweet recollections, countless joyous events and unforgettable episodes of our lives have traversed anew. It is always a good feeling to revisit places with the fondest of scented memories as it could rekindle vim, vigor and vitality.

To see the energetic faces of the young students and the new graduates gave us a sense of belonging that we were once like them.

Dr Noli Guinigundo and I attended the FEU-NRMF annual reunion and all scheduled activities. We were so blessed to be a part of the wonderful celebration together with the faculties lead by Dr Linda Tamesis, the FEU-NRMF board trustees lead by Atty Antonio Abad and the FEUNRMF Medical Alumni Society lead by Dr Rommel Duenas. The CME was filled with excellent speakers from the United States and the Philippines that the audience were all ears on them. Towards the end of the program, numerous certificates of achievements were awarded to all top notched students which reflected on the caliber of all the deserving students

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AN OPEN LETTER

Dr Licerio Castro, hello!



**NICHOLE AN
BISQUERA**

My name is Nichole Bisquera MD²⁰¹⁴, a graduate of FEU-NRMF Institute of Medicine (Class 2014). We met last January 2017 during the Bali-FEU alumni homecoming event, where Dean Linda Tamesis MD introduced us.

I am one-half of the pair who is applying for residency in the US.

My friend John and I, will be flying to the United States sometimes in mid-March.

We will attend a CS preparatory course in New York, then take the Step 2 CS in early April.

In the interest of saving money we were hoping we could also do our observer ships around the same time we are in the United States.

You told us to get in touch with you before March regarding observer ship opportunities.

We are hoping you could connect us with doctors in the US who would be so kind as to allow us to do observer ship with them.

Hoping for a favorable reply,

NICHOLE BISQUERA MD²⁰¹⁴

FAITH CORNER

REVEREND MELVIN ANTONIO MD⁶⁵

The Season of Epiphany ends as the Season of Lent begins. According to Church tradition, this change is ushered in by Gospel readings describing the Transfiguration of our Lord. **Matthew 17:1-9; Mark 9:2-13; Luke 9:28-36** In ancient times, mountains



**REV MELVIN
ANTONIO MD**

represented the home of the divine. The God of scripture had well-known encounters with His people on mountains and high places – Abraham is to sacrifice his son Isaac on top of Mount Moriah, Moses is given the Ten Commandments at Mt Sinai, Elijah receives God's words on Mount Horeb. Mountains were places of revelation and commissioning for God's service.

And so we find Jesus and three disciples, Peter, James and John on a mountaintop where something astonishing happens. Jesus shifts from an earthly appearance to a heavenly one, shining with a supernatural glow that human language cannot describe. The disciples also discover that they are no longer alone. Moses and Elijah are carrying on a conversation with Jesus. Suddenly a cloud overshadows them and they hear a voice saying, *This is my Son, the Beloved; listen to him.* This affirmation by God himself informs the disciples that Jesus is indeed

God's agent empowered to declare God's salvation to the world.

It would really be easy for me to end the article right here and say that we too, have had mountaintop experiences and it is now time to come down. I choose instead to take you up the mountain and see for yourselves how the characters in the story react to this totally unexpected moment in their lives. Peter, James and John see Jesus glorified right before their eyes. Moses and Elijah have already seen the glory of God and know what God's intentions are, knowing that for Jesus, the will of God leads to the cross. Peter makes the connection that is too obscure us to make. According to Jewish expectation, God would usher in the new age, *The Day of the Lord*, during the Jewish Festival of Booths. This God-commanded festival kept by Jews for centuries, was considered a time for God to take control of His creation and begin the Age of Shalom. Peter's question about building booths is neither laughable nor mistaken. Only his timing was mistaken, forgetting that Jesus predicted His suffering, death and resurrection. Thus, the voice of God, in affirming the true identity and purpose of His Son, clearly and emphatically says to Peter, James and John, *Listen to him.* Listen to Jesus the Messiah, the Christ.

We can easily be tempted by a vision of heavenly glory such that we would also like to stay on the mountain like Peter.

But to leave Jesus on the mountain is to

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FEBRUARY IMAGE

ROLANDO M SOLIS MD⁶³

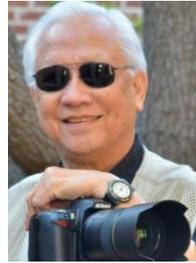
deny His humanity and replace His mission with our own. Theologians and church leaders throughout history have run into trouble with this notion of mountaintop glory that keeps Jesus on the mountaintop. This theology of glory is risky. Martin Luther disliked it intensely, saying that if we leave Jesus on the mountain with the prophets and His closest disciples, we deny His gift of resurrection. We deny the power of the Holy Spirit to work in the world.

And so, God says to the disciples, *Listen to him*. It becomes clear that their role, our role is to participate in the mission, the ministry of Jesus. We are called to pray, to teach, to feed, to shelter, to love. Every new experience of God's grace is a propellant for our going into the world to share the news of God's kingdom.

Our mountaintop experience is here and now as we gather to pray, sing, listen to God's word and share in Christ's body and blood in the sacrament of Holy Communion during the Season of Lent.

We then need to come down off our mountain bearing God's message of love and hope.

Our religious experience, whether at home, at work or in church, is not an end but merely a means to an end. It is in the conduct of our daily lives that we see the fruits of any mountaintop encounter with God.



ROLANDO
M SOLIS MD



Fuchsia

BALIK-FEU and MEDICAL MISSION IMAGES



2017 Student Achievement Awards recipients pose with some of the FEU-NRMF and FEUDNRSM Alumni Foundation very important persons.



A red day for the Philippine Medical Association in Chicago volunteers in their Kawit Cavite medical mission.



Dr Arturo Basa hands a check to Dean Linda Tamesis MD for ostoscopy training stimulator, in memory of Dr Ulysses Carbajal.

CLINICAL IMAGES

NURSES' ROLE IN FINE-NEEDLE ASPIRATION CYTOLOGY

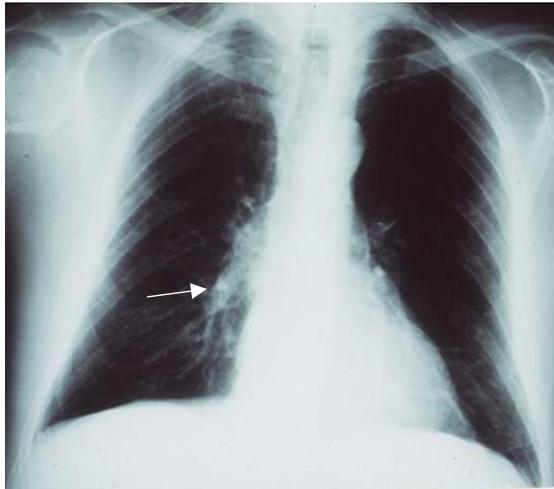


Figure 1 – A right hilar mass (arrow) is noted on chest radiograph.

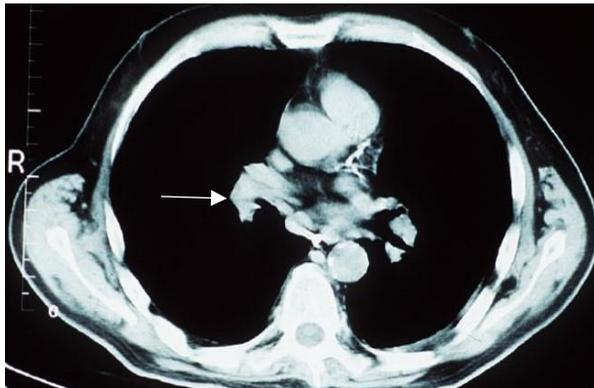


Figure 2 – The lesion (arrow) is accentuated on computer tomographic scan.



Figure 3 - A bronchoscopy nurse (left) assists a pulmonologist performing a bronchoscopy-guided Wang's transbronchial fine-needle aspiration biopsy of a right hilar mediastinal mass. The team's third member, an interested cytopathologist (in the foreground and not shown) is requested to evaluate aspirated fluid Diff Quik-stained smear on-site for specimen adequacy and possible preliminary diagnosis.

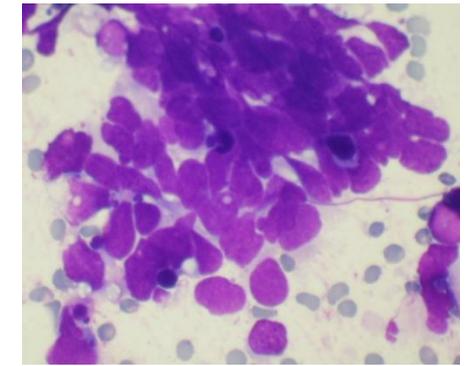


Figure 4 – On-site Diff Quik-stained smear of aspirated fluid evaluation provides a preliminary diagnosis of a small (oat) cell undifferentiated carcinoma, x600.

INTRODUCTION A literature search on the roles of nurses in health care yields evidence of a host of new functions and responsibilities. One topic heretofore not well documented is the nurse's role in fine-needle aspiration cytology (FNAC).

FNAC refers to the aspiration of cell material from a mass or apparent lesion for diagnostic evaluation. It is a simple, accurate, fast, economical procedure that offers an alternative diagnostic modality to surgery. The success of a given FNAC procedure is greatly dependent upon the team of clinicians that performs it. Nurses are vital members of these teams.

In this article, a brief introduction to FNAC is offered with a particular focus on the roles and responsibilities that nurses assume in this diagnostic activity.

Overview of FNAC FNAC utilizes

a fine-bore needle (gauge 21 to 25), either alone or attached to a syringe. In the latter case, the syringe often is stabilized by a syringe holder. The needle is introduced into the targeted lesion, and several passes are made in different directions to optimize sampling. If a syringe is utilized, suction may be attempted to increase the cellular harvest. The entire procedure, which includes preliminary evaluation of the material, usually takes no more than 30 minutes. The discomfort to the patient is of the same order of magnitude as a venipuncture, particularly during a superficial FNAC. A wide array of imaging techniques—such as fluoroscopy, ultrasound, and computed tomography (CT)—and endoscopic procedures can be used to help locate small, deep, mobile lesions that would otherwise be difficult to visualize or palpate. Thanks to the availability of these modalities, there are now very few organs or body sites that may not be readily reached by an aspiration needle. When FNAC is performed properly by experienced practitioners, it can lead to a specific diagnosis in more than 95% of cases. In most of the remaining cases, the differential diagnosis can be narrowed to two or three likely possibilities. In only 1% of cases is the sample too limited for accurate diagnosis. If a specific diagnosis cannot be made, FNAC may be repeated or a surgical biopsy or other collateral tests may be pursued. The false-negative rate of FNAC is 3% to 5%. False-negative results generally are due to sampling problems

rather than interpretative error. Thus, follow-up may be required when clinical suspicion remains high despite negative FNAC results. Minor complications of FNAC—such as vasovagal reaction, small hematoma, or mild pain persisting for a few hours—are possible. Application of ice packs and administration of a mild analgesic (such as acetaminophen) generally are sufficient to treat such complications. Major complications are rare. Infection and bleeding occur much less frequently with FNAC than with large-core cutting needle biopsy or open surgical biopsy. In fact, in aspiration biopsies of deep abdominal masses, the needle may traverse loops of small and large intestine without infectious complications. This is because the needle gauge used in FNAC is smaller than that of most suture needles used routinely in surgery. Likewise, in experiments using dogs, bowel contents could not be expressed from fine-needle puncture sites, even with manual squeezing. Thus, clinically significant bowel perforation or soiling of the peritoneum is extremely rare. Moreover, large studies have failed to show any adverse effects of FNAC on treatment or survival in patients diagnosed with cancer. Given the low risk of morbidity and mortality, low costs, and minimal discomfort to the patient, it is possible to sample a lesion using FNAC as soon as a clinic or emergency department provider discovers it. This prompt use of FNAC can help promote early diagnosis

and timely planning and initiation of definitive, rational therapy.

The Nurse's Role In FNAC, the nurse takes a leading role. The nurse is involved in the care of such patients throughout the entire process, from the first contact until discharge. Initially, the nurse's functions include patient education, screening (for coagulation problems), and informed consent. First, the nurse explains the procedure and answers any questions the patient might have. In deep FNAC involving the liver or lung, the nurse ensures that coagulation tests, such as prothrombin time (PT) or activated partial thromboplastin time (aPTT), are conducted and the results reviewed prior to the procedure. Additionally, the nurse asks the patient about any medications that could affect platelet function or coagulation, such as aspirin, warfarin, or clopidogrel. (The presence of such medications is not necessarily a contraindication to superficial FNAC, as this type of procedure may be performed without serious risk of bleeding even in patients taking anticoagulants.) A full list of the patient's medications should be obtained. Once these issues are addressed, the nurse, along with the cytopathologist or other involved physician, has the patient sign a consent form. Following this interview, the nurse documents clinical data in the patient's chart and prepares and manages the supplies that the team will use. In cases of radiographically guided FNAC, the nurse typically will complete these tasks while the CT or ultrasound

technician locates the site to be biopsied. Once the procedure starts, the nurse is responsible for monitoring the patient. If conscious sedation is required, the nurse administers the appropriate drugs and monitors the patient according to the hospital's protocol for standard of care. Vital sign monitoring is required when the patient is undergoing any type of sedation—but generally unnecessary in the majority of superficial FNAC procedures. Even when sedation is not used, however, most patients are monitored digitally for blood pressure, electrocardiographic tracing, and oxygen saturation. The nurse also provides emotional support to the patient, as needed, during application of the aspiration needle. In specimen triage, the nurse's role is to direct the specimen and to request the tests deemed necessary by the specialist provider. If a non-pathologist collects the specimen, the cytopathologist assumes responsibility for triaging the cellular aspirate. The procedure is completed only when the cytopathologist is satisfied with the adequacy and quality of the sample. The nurse then dresses the puncture site with antibiotic ointment and an adhesive bandage and continues to assess the site for bleeding or swelling. If the FNAC procedure involves a major organ, or if sedation is used, the patient will need to recover for at least 30 minutes. The nurse is likewise responsible for checking the patient's vital signs until discharge. Once the patient is ready to go home, the nurse

provides the discharge instructions and answers any questions.

Other Team Members In superficial FNAC, the cytopathologist meets and talks with the patient, obtains a clinical history, performs a physical examination, reviews radiographic imaging studies if available, and provides and discusses the preliminary diagnosis with the patient. Having the cytopathologist observe and examine the gross lesion to be biopsied, obtain the specimen, and evaluate the microscopic material greatly improves the turnaround time and accuracy of diagnosis. The ideal in deep FNAC procedures is for a specialist physician to conduct the procedure while the nurse and a cytopathologist assist in securing good specimens. Transthoracic biopsy, for instance, is best performed by a radiologist, with the guidance of either ultrasound, CT, or fluoroscopy. (The CT-guided procedure is used most commonly.) Similarly, Wang's transbronchial biopsy is best performed by a pulmonologist in the bronchoscopy suite (**Figures 1-4**). Endoscopic ultrasound-guided FNAC procedures require the expertise of a gastroenterologist or, in the case of stereotatic or direct brain biopsy, a neurosurgeon.

Specimen Triage and Analysis

Specimens from superficial and deep FNAC are triaged first by staining an air-dried smear immediately with a Romanowsky stain for an on-site evaluation to determine specimen

adequacy and, possibly, a preliminary diagnosis at the point of care. Later, alcohol-fixed smears are stained using the Papanicolaou technique for confirmation and final diagnosis. Special stains and immunostaining also may be performed with the alcohol-fixed smears when indicated. For adjunctive procedures, the syringe and needle are rinsed in a methanol-water solution for liquid-based analysis and cell block histologic evaluation. The rinsing may then be placed in a transport medium for flow cytometry to evaluate monoclonality of lymphoid cell phenotypes in the diagnosis of lymphoma and other lymphoproliferative disorders. With fluid aspirate, chemical analysis for some tumor markers (such as lactic acid dehydrogenase, amylase, or hormones) may be indicated. When an infectious process is suspected, the specimen is placed in microbial transport medium for culture. Successful FNAC, defined by the collection of adequate specimens and the preparation of high quality smears, is greatly facilitated by the participation of an experienced aspirator or cytopathologist and a specialist nurse. Additionally, there is now a consensus that intraprocedural consultation or on-site evaluation of the FNAC materials by a cytopathologist is cost-effective, allows for optimal sampling, and minimizes the result of unsatisfactory specimens. The beneficial impact of such assessment is perhaps greatest for the more complex procedures—deep FNAC and FNAC guided by CT, ultrasound, bronchoscopy,

or endoscopy—that are not as easily repeated as superficial FNAC. Thus, it may be desirable for institutions to budget funds to support on-site cytopathology.

The Future of FNAC The practice of FNAC continues to evolve, with investigation and innovation focused on several areas, including the evaluation of new tumor markers; flow cytometry of aspirated cellular material; pulmonologist involvement in Wang's transbronchial FNAC; gastroenterologist involvement in endoscopic ultrasound-guided FNAC; the use of stereotatic-guided core-needle biopsy of breast instead of FNAC; genomics and proteomics in DNA and protein typing; and such molecular technologies as fluorescent in-situ hybridization, polymerase chain reaction, gel-based analysis, and diagnostic chip technology.

In *CONCLUSION*, FNAC is a simple, accurate, fast, economical procedure that frequently offers a viable alternative diagnostic modality to surgery. The presence of a nurse during FNAC helps ensure a positive experience for the patient and other health care professionals involved. As in all patient care arenas, the nurse's primary concern in FNAC is ensuring the patient's comfort and safety. Additionally, as team leader, the nurse can be instrumental in guiding the evolution of the procedure toward a successful outcome.

A list of *REFERENCES* is available upon request. **CESAR V REYES MD⁶⁸**

A Moment with **FEUNRMF**

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and to the faculty as well. FEU-NRMF has come a long way in improving the quality of the students, which is shown at the board examination results. The scholarship program continue to flourish under the guidance of Drs Hernani Tansuche and Robert Arias, which play a tremendous role in support for the deserving students. There are also numerous unsung heroes within our organization who perpetually give awards and aids in financial forms and we do hereby acknowledge all of them.

Within the school building, at the 11th floor, there is a room dedicated for the use of the Alumni Foundation which we could avail for meetings while in the Philippines. We made use of it when we had a meeting with the FEU-NRMF Medical Alumni Society as we continue to foster close relationship with its members.

The grand night celebration was adorn with glittering smiles from everyone and all Class Years were represented. The Golden Jubilarians performed to their heart's contents and the Silver Jubilarians presented their theme with *gusto*. Jubilation filled the air with all the great performances that the night was hard to end. To all who have contributed in



LICERIO V
CASTRO JR MD

making the events a success, I thank you very much.

Next year's celebration is on the horizon and I encourage everyone to attend all future alumni events may it be in the Philippines or in the United States.

You'll be glad you did.

From your **CHAIRMAN**

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the local practitioners. The Philippine Medical Association did not express disappointments as before for the foreign doctors, which they had before, particularly the follow up of post-operative patients which our group had excellently defended. The particulars are covered by Jun Castro's report and I won't deal with the same. The only problem that I personally foresee is the international division of the Professional Regulatory Commission which specifies who is supposed to make the clearance on all possible members of the medical and surgical mission and some members of the group had tried to address. One thing that we should keep in mind is we should try to work with the DOH every time we embark on our medical and surgical missions. Future meetings are contemplated in the future. Lunch was offered to all attendees and all in all a most cordial meeting.

The next couple of days was spent with our medical school, memorial lectures, Student Achievement Awards,

which the medical students looked forward to. This went on smoothly with off and on meetings with our medical school Dean Linda Tamesis MD. We had the opportunity to tour the new facility, with its excellent library. We had a nice talk with our counterpart in the Philippines headed by Dr Rommel Duenas. The 42nd alumni homecoming convention was themed *Exploring Emerging Health Issues and Solutions*. All activities were held at the Dr Ricardo Alfonso Hall, 5th floor of the FEU-NRMF Medical Center.

The grand alumni ball honoring the Emerald, Golden, Silver Jubilarians was held at the Novotel Hotel Manila on Araneta Center Cubao, Quezon City. It was unfortunate I had to leave after my short speech and did not participate the rest of the evening. I dare not repeat other points that your President had covered and submitted to Dr Cesar V Reyes.

NOLI C GUINIGUNDO MD⁶²

PRESIDENT'S *Message*

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Dr Marie Benjielynne Belarmino , Medical and Surgical Missions of Texas; Dr Vicente Camua, liason officer of the Cataract Mission to the Philippines; past Lions District Governor, MD 21, Arizona; Dr LicerioCastro, FEUDNRSM Alumni Foundation president and PMASC president-elec-,



LICERIO V CASTRO JR MD

FEUDNRSM Southern California past president; Dr Daisy Castro, FEUDNRSM Alumni Foundation board trustee; Dr Valentin Dolorico, UPMASA Medical Missions chairman and FAITH member; Dr Rosario Laserna, SPSA and Virginia PMA past president, multiple MSM fundraisers chairperson, and Filipino American Initiative to Transform our Homeland (FAITH) trustee; Dr Oscar Laserna, SPSA past president and SPSA MSM chair; Dr Jose Raffinan, Bisaya Medical Association past president, GKUSA board members, and FAITH trustee; Dr Maria Raffinan, Bisaya Medical Association past president; Dr Manuel Dee, UPMASA representative; Dr Juan Sanchez Jr, founder and chair of Hospital on Wheels Philippines; Lito Tetangco, program coordinator of the Global Coalition for Humanitarian Efforts Philippines; Dr Hernan Reyes, SPSA past president: Chair, member of multiple MSMs, SPSA fellowship program chair, amd 2016 Philippine Presidential Awardee; Dr Eustaquio Abay II, FAITH president, USTMAAA/ USTMAAAF past president; Dr Bayani Ignacio of the Canadian Medical Mission; Dr Norberto Restituto of the Medical Surgical Mission Greater Kansas City; Dr Lester Suntay of World Surgical Foundation (WSF); Dr Eric de Leon, WSF Philippines Dr Ramon S Inso, PCS regent

Dr Enrico Ragaza, PCS president; Dr Hector Santos of PMA; Dr Esther Saguil, chair UP-PGH outpatient department; Regina S Obligacion, FDA CDRR; Dr Edgardo Ragaza, FUN/ FAITH representative; and Dr Aleflor Ragaza of FUN/FAITH.

DOH Undersecretary Dr Tong-an, presided over the meeting while waiting for the arrival of D. Ubial.

A prayer was delivered to grace and hope for a successful meeting.

Dr Reyes started with an opening remarks and presented the goals and proper conduct of Foreign Medical/Surgical Missions (FSMMs) from his viewpoint followed by

Dr Abay's provided brief comments and greetings with emphasis on a successful meeting.

The primary objective of the meeting was to streamline, create and discuss ways to communicate, collaborate and initiate effective communal means to properly implement measures on how to arrive at agreeable channels in the conduct of organized FSMMs in the Philippines and establish a healthy communication between the DOH and the FSMM group.

We truly respect and understand that The DOH is the primary institution to implement and manage the wellbeing of the Filipino people with regards to healthcare and we as members of the FSMMs are here to assist in whatever capacity we could offer.

We as a group are much endowed in assisting our country and countrymen in health preservation and maintenance. One of our objectives is to complement the local organizations not in competition with them so as to create a workforce that would benefit everyone. It is our desire to ease the workload of our colleagues in the far flung towns and provinces wherein only a few medical providers are there to serve several hundreds or thousands of our poor brothers and sisters.

We are entrusted to foster a common ground for the common good.

The current status and delivery of health care in the Philippines was presented by Dr Tong An as a prelude to our discussion. There was an emphasis on the Philippine Health Agenda Framework encompassing the goals positive values, guarantees and strategies for the ultimate achievement of universal healthcare in the Philippines. Thereafter, he opened the discussion focusing on the FSMMs proposed agenda, as follows:

1) The role for the FSMM is primarily to seek out the really underserved areas to perform the medical and surgical missions rather than in areas where there are a great number of local physicians.

Facilitate and ease the RED TAPE on FSMMs in obtaining special temporary permits for medical/ surgical missions.

Proper guidelines for *easier* acquisition of permits have been issued for clarification.

To notify the local medical societies when we perform medical missions as needed.

2) Creation of a Health Attaché. A strong desire for the creation of a Health Attache had been discussed with the primary purpose of serving as a one stop institution in assisting all foreign volunteer providers in obtaining permits and necessary documents for future medical/ surgical missions, donations and other issues in the Philippines

3) Adopt a Hospital/ Community program. A partnership program Where in the FSMM group will choose a district/ rural hospital or community to conduct its medical and surgical services thereby enabling that particular institution to be sustainable throughout the years. A list of the underserved areas is enclosed.

4) Assist and facilitate in the transfer of donations to recipients.

The DOH reiterated a direct line of communication with them under the department of Ms Beltran who could assist us especially when shipping via the Bureau of Customs. It is strongly advised that proper communication to DOH long before the arrival of the supplies or donations through customs must be coursed through Ms Beltran for better assistance.

Upon the arrival of DOH Secretary Ubial, she urgently joined us and made the following statements regarding the Philippine major programs that are currently underway.

First and foremost, greetings and gratitude for the FSMMs contributions were acknowledged.

A suggestion was made by Secretary Ubial for a continuing communication with the FSMM group regarding suggestions, concerns and guidelines for conduct of future medical /surgical missions in the Philippines and a cumulative effort to further promote the wellbeing of our countrymen.

Her goal of universal healthcare insurance with drug coverage for all Pilipinos was top priority and that the PhilHealth premiums of the poor who could not afford to pay, (estimated to be 10 percent) , will be subsidized by the Government.

Dr Reyes also had volunteered to be our liaison officer with DOH until such time as the Health Attache and major FSMM issues are addressed.

All attendees participated in the whole day discussion and great enthusiasm was displayed by everyone.

LICERIO V CASTRO JR MD⁷³

FEUDNRSM

Alumni Foundation

Winter Board Trustees Meeting

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Drs Castro, Mildre Tony Rey, and Vicky Sanchez-Bal;

Constitution and Bylaws -
Dr Edgar Borda

Financial and Investment – Drs Renato Ramos and G Rabadam;

Professorial Awards and Faculty

Development – Dr Edgar Altares;

Jubilarian Awards – Drs Daisy Ramos and Blankas Hernaez;

Continuing Medical Education **ECTOPIC MURMURS** and annual memorial lectures – Drs Blankas-Hernaez;

Dean Ricardo Alfonso MD Annual Memorial Lecture - Dr Philip Chua;

Jesus B Nolasco MD Annual Memorial Lecture - Drs Ed Relucio MD and Daniel Fabito;

Dr Nicanor Reyes Jr Annual Memorial Lecture - Dr R Ramos and Emelie Ongcapin MD;

Medical Missions – Dr Castro;

Preceptorship and Membership – Drs Renato Estrella and A Cureg;

Donations and Fundraising – Dr D Ramos; Website – Dr Chua;

Medical School, Post-graduate Medical Education and Scholarships and Endowment and Scholarship - Dr Hernani Tansuche;

Balik-FEU Homecoming - Drs Pepito Rivera and Minerva Rivera;

Balik-FEU January 19-21, 2017 – Drs Guinigundo and Castro;

Scholarship and Student Achievement Awards - Dr H Tansuchi;

Entrance Scholarship & Professorial Chair - Dr H Tansuchi;

Indigent Patient Care Funds - Dr D Fabito; Student Faculty Reseach - Dr D Fabito;

Faculty Development - Dr M Malicay; Residency Program Assistance - Dr Ed

Relucio; and Center for

Awards Committee – Drs D Ramos and Rabadam;

Fund raising Committee – Drs R Ramos and G Rabadam, Endowment Committee - R Ramos MD Postgraduate Medical Education - Dr D Fabito, and Nomination and election Drs Delfin Dano, Cave, and Virgilio Jonson.

9 - Chapters reports: AR, DC, FL, FEUMAANI (Dr Richard Mon), Central IL, IN, KS, KY LA (Dr Guinigundo), MD, MI (Dr David Vilanueva), MN (Dr Eugene Siruno), MO, NoCA (Dr Rick DeLeon), SoCA (Dr Licerio Castro), NJ, NV (Dr Melinda Fabito), NY (Dr Rabadam), OH, TX, VA, WI (Dr Estrella), WV (Dr Andy Rago), etc.

9 – Class reports: Class⁶², Class⁶⁷, Class⁷², Class⁷⁶, Class⁸², Class⁸⁷, Class⁹², Class⁹⁷, Class²⁰⁰², Class²⁰⁰⁷, and other Classes.

10 – Next meeting: to be determined; and adjournment.


for **PETE FLORESCIO MD⁷⁴**
Executive VP and
Executive Director

Nunilo G Rublo MD⁶⁷

17th PMAC Professorial

Lecturer

continued from page 1

Golden Jubilarian in 2017. He had also served as the 31st annual Dean Lauro H Panganiban MD memorial lecturer in 2009 and 21st Dr Nicanor Reyes Jr annual memorial lecturer last year in San Francisco.

He retired late last year from active clinical practice, as clinical associate professor of medicine and endocrinology

at Loyola University Stritch School of Medicine in Maywood, and director of diabetes center of the Saint Elizabeth Hospital/ Saint Mary of Nazareth Medical Center of Chicago for many years.

Dr Rubio is also active in social, civic and philanthropic endeavors, serving as president, high-ranking executive officers and dynamic member of several professional, medical and community organizations.

His one-hour lecture on *Pre Diabetes: Diagnosis and Treatment* will be supplemented by a fellow alumna, **Susan Nunez MD⁸¹** who is a prediatric



SUSAN NUNEZ MD



ROD M ARCEO MENDOZA MD



WINDELL MALALIS MD

endocrinologist practicing in Austin TX and surrounding suburbs on *short statured children*.

The other speakers are Roe Marianne Areo-Mendoza MD, assistant professor of medicine/ endocrinology, also at Loyola University Stritch School of Medicine, on *fracture risk and assessment and management of osteoporosis*, and Wendell R Malalis MD, an endocrinologist with the Associates in Endocrinology of Elgin IL on *management of thyroid nodules*.

The continuing medical education program is the highlight of the PMAC 56th anniversary Spring scientific convention, and ACCME-accredited for **3.5** credit hours in Category 1 of the Physician’s Recognition Award of the American Medical Association^R.

Registration to attend the CME is free but required; and donations are accepted. Send email or postally mail registration to: Nida Blankas Hernaez MD⁸⁴, PMAC CME Committee chairperson, 7124 West Touhy Avenue, Niles, IL 60714, ednida888@gmail.com, or [847]-668-7385

To attend the 56th PMAC anniversary, 50th PMAC Auxiliary and Foundation anniversary interuniversity musical variety show dinner dance, please contact Dionisio B Yorro Jr MD, PMAC president, [847] 800-3658, or oniyorro@yahoo.com.

For hotel reservation at the Hyatt Regency O’Hare, click <https://resweb.passkey.com/go/PMA17>

Hotel room rate is \$120 per night.

CESAR V REYES MD⁶⁸

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 March 2017 issue
March 22, 2017

Please address submission to
acvrear@gmail.com

FEUDNRSM Alumni Foundation

MEMBERSHIP REGISTRATION

Yes, I would like to invest in the future of the **FEUDNRSM Alumni Foundation**. Herewith below is my membership registration/ renewal for 2016-2017

Name _____

Address _____

Email _____ Telephone _____

Membership dues is \$70 (physician in training, \$25). Please make you check payable to “**FEUDNRSMF**” and mail the same with this registration to:

FEUDNRSM Alumni Foundation, 6530 Dunham Road, Downers Grove, IL 60516
Telephone (630) 971-1356 Email acvrear@gmail.com



**FAR EASTERN UNIVERSITY
DR NICANOR REYES SCHOOL OF MEDICINE
ALUMNI FOUNDATION**

**38th ANNUAL REUNION
& SCIENTIFIC CONVENTION**

HONOREES

- Class⁵⁷ (Diamond Jubilee)
- Class⁶² (Emerald Jubilee)
- Class⁶⁷ (Golden Jubilee)
- Class⁹² (Silver Jubilee)
- Class⁷² (Sapphire Jubilee)
- Class⁷⁷ (Ruby Jubilee)
- Class⁸² (Coral Jubilee)
- Class⁸⁷ (Pearl Jubilee)
- Class⁹⁷ (20th Anniversary)
- Class²⁰⁰² (15th Anniversary)
- Class²⁰⁰⁷ (10th Anniversary)



CLINICAL PRACTICE ADVANCES 2017

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

July 19 - 22, 2017

Hyatt Regency Hotel Long Beach
200 South Pine Avenue, Long Beach CA
Telephone 562-491-1234

REUNION VENUE

Hyatt Regency Hotel Long Beach
200 South Pine Avenue, Long Beach CA
RESERVATION

Telephone 562-491-1234

Room rates: Single occupancy \$179

Double occupancy \$179

Triple occupancy \$204

Quadruple occupancy \$229

Regency club +\$60

Cut-off date Wednesday, **June 28, 2017**

SCHEDULE of EVENTS

Wednesday, July 19, 2017

- 1:00 pm - 5:00 pm Registration
- 6:30 pm - 12:00 am *Hollywood* Welcome Reception (WR)
Licerio V Castro Jr MD⁷³ FEUDNRSMAF President
Noli Guinigundo MD⁶² FEUDNRSMAF Chairman of the Board

Thursday, July 20, 2017

- 7:30 am - 8:00 am Registration, continental breakfast
- 8:00 am - 12:10 pm Scientific sessions
- 8:00 am - 4:00 pm Arts, posters, exhibits and product displays
- 11:10 am - 12:10 noon *11th Annual Jesus B Nolasco MD Memorial Lecture*
- 12:30 pm - 2:00 pm Annual General Membership Luncheon Meeting (L)
- 12:30 pm - 5:00 pm Hollywood shows and tours, or free time for everyone

Friday, July 21, 2017

- 7:30 am - 8:00 am Registration, continental breakfast
- 8:00 am - 12:30 pm Scientific sessions
- 8:00 am - 4:00 pm Arts, posters, exhibits and product displays
- 11:00 am - 12:00 noon Third Annual Ricardo L Alfonso MD Memorial Lecture
- 12:00 pm - 5:00 pm **Annual Summer Board of Trustees meeting**
- 2:00 pm - 3:00 pm **Class⁶⁷ and Class⁹² Jubilarians' Business meetings**
- 2:00 pm - 3:00 pm Other Classes Luncheon Business meeting
- 6:30 pm - 1:00 am **Alumni Filipiniana Night Honoring Class⁷², Class⁷⁷, ' Class⁸², Class⁸⁷, Class⁹⁷, Class²⁰⁰², and Class²⁰⁰⁷**

Saturday, July 22, 2015

- 7:30 am - 8:00 am Registration, Continental breakfast
- 8:00 am - 12:10 pm Scientific sessions
- 8:00 am - 4:00 pm Arts, posters, exhibits and product displays
- 11:10 am - 12:10 pm 22nd Annual Dr Nicanor Reyes Memorial Lecture
- 5:30 pm - 6:30 pm Photo sessions: Silver Jubilarians and other Classes

REGISTRATION

Name _____ Spouse _____

Address _____

Telephone _____ Email _____ Class _____

CME	\$250
CME (Retired)	150
Annual membership fee [required to attend any event]	70
Welcome Night Reception* (Wednesday, July 19, 2017)	free
FREE FOR REGISTRANTS and SPOUSE ONLY and REGISTRATION REQUIRED	
Filipiniana Night (Thursday, July 20, 2017)	200
<u>On/before June 19th</u> <u>June 20-26</u> <u>June 21-30</u> <u>July 1-10</u> <u>After July 10th/ pay on-site</u>	
\$200 \$220 \$240 \$260 \$280	
Grand Reunion Night (Saturday, July 21, 2016)	200
<u>On/before June 19th</u> <u>June 20-26</u> <u>June 21-30</u> <u>July 1-10</u> <u>After July 10th/ pay on-site</u>	
\$200 \$220 \$240 \$260 \$280	
General Membership Luncheon meeting (Friday 12:00 noon)	50
TOTAL	\$ _____

Please send your registration early on or before July 17, 2017, to get the discounted fee.

On-site registration is only on Wednesday, July 19th, Thursday, July 20th, and Friday, July 21st, only from 9:00 am through 1:00 pm.

Make check payable to **FEUDNRSMAF** and mail to **Pedro Florescio Jr MD**

Executive Director
337 Elmhurst Place
Fullerton, CA 92835.

Your cancelled check is your receipt. It will be acknowledged its receipt with your registration and check, with legible email address. Self-addressed and stamped envelope is also acceptable for those without email address.

For further question or information, please send your questions to my email at pflorescioofla@sbcglobal.net. DO NOT send your registration via certified mail with return card, which will not be retrieved from the post office.

Refund is available upon request 30 days before the event minus \$100 for processing fee. Annual membership fee is not required for those who are Lifetime member.

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