



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

FAITH CORNER: *It is Lent*

REVEREND MELVIN ANTONIO MD⁶⁵

Sometimes I wonder why I even bother to watch the nightly news. A quick scan of the latest headlines makes me wonder why I still insist on punishing myself by watching the



REV MELVIN ANTONIO MD

endless political commentaries, North Korea's defiance of the whole world, daily bloodshed in Syria, Iran making a mockery of the United States, murder in the streets. Once in a while, a true global issue comes around that catches my attention, such as the outbreak of the Zika virus. Current events, like our lives, frequently leave us helpless,

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ON DEATH AND TAXES

ALADIN MARIANO MD⁷²



ALADIN MARIANO MD

Lent season is upon us and so is filing income tax. Ash Wednesday is over and the death/resurrection of Christ will be memorialized with much reverence, while some are

already preparing their tax return. As Benjamin Franklin says: *Nothing is certain except death and taxes.*

This reality of death comes close and personal to us in Chicago with the demise of a dearly-beloved Jose B Delfin, MD⁶⁸ at a recent PMAC

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A PEARL EXPERIENCE

DIVINAGRACIA AVERILLA OBENA MD⁸⁵

I had so much fun at our most recent Pearl celebration at the Crowne Plaza during the January 2016 *Balik-FEU* reunion homecoming.



D AVERILLA-OBENA MD

As usual it was so nice to see our classmates; but this time my trip had few glitches. My trip from Vegas to San Francisco was delayed due to extreme fog and rain and I was late for two hours with my connecting flight to Hong Kong and I was re-routed to Haneda, Japan resulting to confusion with all the flights and luggage loss for three days. For this reason I *continue to page 14*

CLASS⁶⁶ *Golden Jubilarians*



during *Balik-FEU* January 2016 in West Fairview and Crowne Plaza Galleria

continue to page 8

TENDERLY YOURS

NOLI C GUINIGUNDO MD⁶²

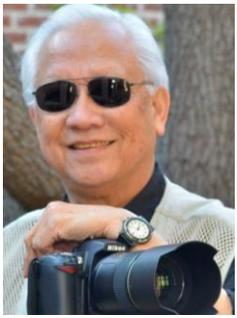
We are in the thick of the presidential primaries all over the United States. Both Republicans and Democrats had their respective candidates. And the



NOLI C GUINIGUNDO MD

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SPRING IN DALLAS by ROLANDO M SOLIS MD⁶³



ROLANDO M SOLIS MD



KAMAY NI HESUS **MEDICAL MISSION IMAGES**



Medical mission volunteers in a group picture

KAMAY NI HESUS MEDICAL MISSION IMAGES



Dr Divinagracia Averilla Obena attends to a patient.



Free eyeglasses distributed



The pharmacy corner of the *Kamay Ni Hesus* mission



A long line of registered and waiting patient at the *Kamay Ni Hesus* medical mission

MARCH DONATIONS

ADELAIDA BEJAR RN
and **VENA UY MD⁶⁸**

Balikbayan boxed obstetric gynecologic equipments/ instruments to FEU-NRMF Hospital through the FEU-NRMF Medical Alumni Society and/ or Dean Linda Tamesis MD.

A big **THANK YOU!**

OUR WORKS IN THE PHILIPPINES

ALLAN B MELICOR MD

Greetings from the Philippines! Here is an email from Dr Pete Obregon and other emails below related to the just concluded surgical missions.

Our nurses stayed up for Baby Jan for over 36 hours to make sure he did well. Maricris Cubacub, Judy Zehr, Debbie Mendez and Cami Jardine went above and beyond to take care of him. During the procedure, the lights went out and, thank God, we had many available excellent battery operated headlights to continue with the operation.

Dr Jun Garcia was the operating surgeon assisted by members of the team. God is good all the time.

Unofficially, we did 134 major and 256 minor operations. Most of the minor operations were done in the mobile surgical unit. We thank Dr Glenn Geelhoed for sending the mobile surgical unit (MSU) to the Philippines. Pray that the unit will stay in the Philippines for a long time. Dr Melicor will

send you the official project statistics. We shared the good news with all our patients and many members of their families.

In His service, Pete Obregon MD, general surgeon and Medical Ministry International (MMI) medical director

From the latest report I received, Baby Jan is doing well. Praise the Lord! We truly thank God for the success of the most recent surgical missions in Baler, Aurora, (January 24-28, 2016) and in the province of Ifugao (January 31- February 5, 2016), the team was divided into two: one went up to Aguineldo and the other team stayed at the town of Alfonso Lista.

All in all, the team performed 413 procedures (138 The team that went to Aguineldo, apart from doing surgery, did conduct outreach clinic as well and there they saw 107 medical patients. Total patients cared: 520. To God be the Glory!

During this time of the MMI Philippines, we saw a great collaboration with four other mission organizations: Medical Ambassador Philippines headed by Eliseo Garcia MD, also MMI Philippines co-director; the Mission to Heal headed by Dr Geelhoed; and Project SAVE headed by Mrs Janice and David Walker MD of Chico CA; and the American Foundation for the Aid of the Poor headed by Dr and Mrs Alfredo Casino of Akron OH. Many of the minor procedures were performed the MSU. Several procedures were also conducted in the MSU. Project SAVE provided us with many

surgical supplies (including the previous missions). Team members did bring with them supplies as well.

We were also blessed by the overwhelming support of friends and by the local and provincial government units of Aurora and Ifugao as well as the staff of the three hospital where we served: Aurora Memorial Hospital in Baler, Aurora, Potia District Hospital in Alfonso Lista, Ifugao and at Aguineldo District Hospital, Ifugao.

For this year, we had one of the largest contingents of volunteers (compared to previous missions except the team that came in early 2014 after Typhoon Yolanda/ Haiyan hit central Philippines). We had a total of 34 volunteers (18 from Canada, United States and United Kingdom). The one from the United Kingdom, a pharmacist, was visiting the Philippines and joined us in Aguineldo. We had 16 volunteers from the Philippines.

The team was made up of six general surgeons, five anesthesiologists, two obstetric gynecologist, one colorectal surgeon, one plastic surgeon, 13 nurses, one pharmacist, one pharmacy aide, and four general helpers.

We are in awe at what God did in our midst. We cannot thank Him enough for the success of the mission. We thank the Lord of each and every member of the team who gave much of themselves as well as those who prayed and gave towards this mission.

Thank you, Lord. Thank you all.

MEDICAL MINISTRY INTERNATIONAL MISSION IMAGES



Medical Ministry International volunteers doing minor surgeries



Medical Ministry International volunteers in a group picture



Mobile surgical unit was used by the Medical Ministry International

INTRAUTERINE DEVICES

A Historical Perspective

A R J BARRERA JD MD⁶³

I came across a story told by one of my poker friends, which I thought was *fishy* that traders in the Middle East put stones in the vaginas of their camels so that would not get pregnant. This

arouse my curiosity and so I googled it and came across this wonderful article about intrauterine devices (IUDs). I suddenly realized I became a part of momentous gynecological history because I own two of these old devices.

When I started my practice in 1972 in Butler PA, about 45 miles north of Pittsburgh, a vibrant assistant, Donna Chuba, gave me these two golden devices made of 14 carat gold. She said there were used for contraception and were then called the *buttons*. I wondered how many such devices had survived all these years and so it spurred me to write this article.

I have two these golden buttons. One has an inscription of the word *Gomco* which stands for Goldstein Medical Company, founded by Drs Hiram Yellen and Arrron Goldstein in the mid-thirties. My problem is finding an article that says Gomco made intrauterine devices? The only article that is related to these doctors is the Yellen circumcision devices that had

used so many times during my practice.

So much for history, I just wanted you to know and see the evolution of the IUDs. I also plan to exhibit my collection during our annual FEUDNRSM Alumni Foundation reunion that I am able to attend up!

The Dalton shield disaster. And then --- in the United States at least --- disaster struck in the form an IUD resembling an oversized bacterium. Perhaps, in hindsight, that should have been a sign. The Dalton Shield, had little feet protruding out on the sides to keep it from being expelled. Great in concept, but the feet sometimes dug in and gets stuck. For removal, a super strong multifilament string was added, which turned out to be a highway for germs. Most of its

users were fine, but others decidedly were not. Some suffered serious pelvic infection and lost their fertility. A handful died.

Women were traumatized. Doctors were traumatized. The Food and Drug Administration was traumatized. And intrauterine contraception largely disappeared from the United States market.

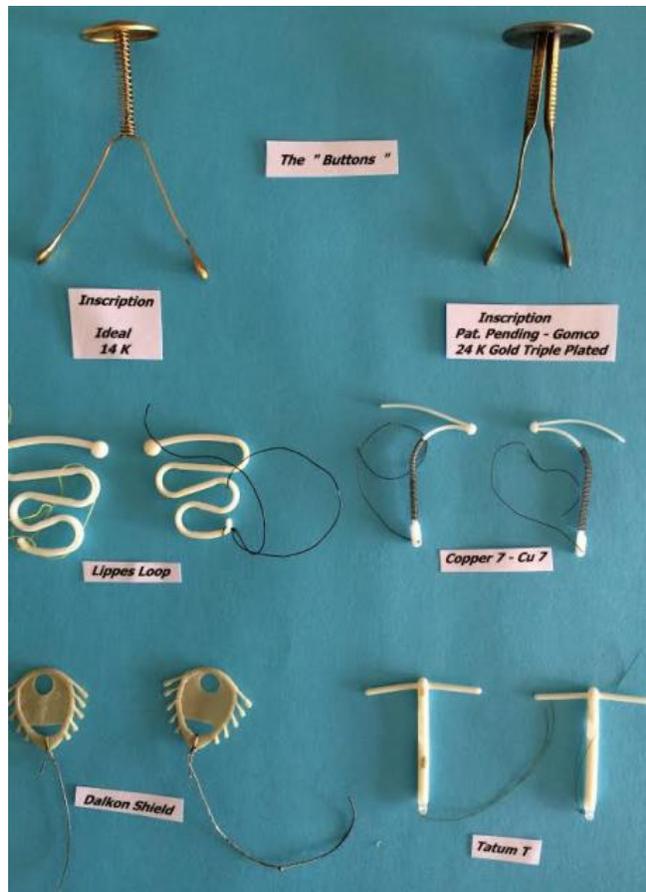
Simple shape. By 1995, only one person of American women used IUDs. In the meantime, intrauterine contraception continued to gain ground in Europe, and over time designs emerged that were effective, durable, and vastly safer than pregnancy. A small plastic T wrapped in copper became the international gold standard. It is 20 times more effective that the pill, is hormone-free, and lasts

up to two decades, making it the cheapest contraception as well as one of the best, even today. Fertility returns to normal almost immediately after removal. Most of those 160 million IUD users globally have a variation of this product.

But this technology still has drawbacks. The T does not fit every womb. More significantly, menstrual flow and cramps tend to increase over the first six months before gradually returning to pre-



A RODOLFO J BARRERA JD MD³



My intrauterine device collections

insertion levels, so copper is not a good option for women with problem periods.

A cure for miserable monthlies. In the 1970s, researchers tackled the cramping and bleeding problem. Instead of copper ions, the new design released a micro-dose of progestin. Hormonal IUDs decrease cramps and bleeding by, on average, 90%. They can be used to treat endometriosis, allowing some women to avoid hysterectomies, and more recent data suggest that they even lower the risk of some cancers. Oh, and the pregnancy rate drops below one in 700.

Wary American regulators watched the trends in Europe for over a decade before giving their thumbs up. In 2000, they gave approval only for monogamous women who already had babies. Finally in 2012, some 20 years after sales began in Finland, the American College of Obstetricians and Gynecologists recommended IUDs for even teens. No contraceptive fits everyone. But modern intrauterine contraception are now considered safer for healthy women than any other birth control method – or, given the risks of pregnancy, none at all.

This round of innovation has gotten American doctors and women to take a fresh look at intrauterine contraception. Ironically, as hormonal IUDs have gained popularity, they have driven renewed interest in the older copper models, especially among women who worry about weight gain or manufacture hormones.

The peak of the surge is among young women who like

the idea of lighter, less frequent periods. Fortunately, the best evidence suggests that our ancestors had fewer periods than the modern women, and from a health standpoint, less menstruation can be better. In an age where women work and work out, get skin tattooed and get body hair removed, deciding how often to have a period seems like part of a living a chosen life.

When would you like to have child? ask family planning doctors.

What would you like to do before then?

How often do you want to have your period?

Based on the answers, they recommend contraceptives that fit. How far we have traveled from the dusty days of stones and camels!

What comes next? Increasingly, IUDs and other kinds of medical implants are through of as future platforms for delivering medications or even personal enhancements. A uterus is a hidden pocket that can be stretch to hold a baby, but it also can hold something much smaller.

The makers of the lithe sphere described at the opening of essay envision an *intrauterine ball* as a means to slow release not only copper ions or hormones, but potentially other medications as having similar potential. An IUD in China gives off small amounts of indomethacin, an anti-inflammatory. Imagine an IUD that suppresses those monthly chocolate cravings. Now that would be a jewel!

LETTER TO THE EDITOR

Greetings from Abra!

I have received the pictures and videos of the medical Mission, but had to download piecemeal because of the slow bandwidth here.



RUBY BERSAMIN

I treasure the memories of that medical mission week you shared your time and expertise with us and the people of Abra.

Thanks, Amy Delfin, Richard Mon MD and Leilanie Narcelles Mon MD for all these.

Last March 6th, we started the five-day Abranian *Kawayan* Festival. I wish you could have seen and experienced these festivities.

Next year will be Centennial Celebration for Abra and it will be much grander.

Please pray that Governor Kit Bersamin and I will be able to celebrate this occasion with Abra.

I sure hope I will see you next year when you go to Candon for your next mission.

If you cannot come to Abra, I will come and see you in Candon.

Hugs to you all,

RUBY BERSAMIN

First Lady

Province of Abra

LETTER TO THE EDITOR

Dear Classmates⁶⁷ in the Philippines, and if you are vacationing in the Philippines, our initial meeting to get your ideas, suggestions for our 2017 Golden Jubilee celebration will be held on

Sunday, March 20, 2016, at 12:00, at the South Superhighway General Hospital, owned by one of us, Erlinda Cruz-Rabe MD⁶⁷. It will be a pot luck luncheon.

Please confirm your attendance email me at celerinapmalinit@yahoo.com or messenger, or Facetime. I hope to see you all.

Thank you. God bless!

CELERINA PAPA-MALINIT MD⁶⁷

CLASS⁶⁶

Golden Jubilarians

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I spoke with Becky Robancho-Reyes MD and I wanted to check with you and Cesar V Reyes MD if you visited the FEU-NRMF secretary during your January 2016 visit and obtained the names of the Class⁶⁶ graduates who are in United States, their addresses and phone numbers. It looks almost impossible for me to locate or call anyone if I do not know who and where they are. I suggest that each Class⁶⁶ alumnus get in touch

either by e-mail, phone call, or letter with those classmates living in the same state.

I am requesting Class⁶⁶ secretary Dr Zeni Racasa-Aliyas to provide a list of all 1966 attendees with their respective home address, phone numbers and e-mails to the Class⁶⁶ officers.

I believe there will be less than 50 of us who are still physically and mentally able to attend our Golden Jubilee.

I will try to find those ten doctors you listed and will keep you informed.

ELSA P ANG MD⁶⁶

Probable attendees in San Francisco are:

1. Elsa P Ang MD
2. Emma Caligtan MD
3. Brenda Banez MD
4. Violet Vicuna Dulay MD
5. Wilbur Bala MD
6. Danny Cosico MD
7. Corazon Aquillar MD
8. Gloria Yadao Cheng MD
6. Ed Casalmir MD
7. Ranny Malto MD
8. Rita Diaz Vergara MD
9. Tony Noriega MD
7. Nap Belo MD
8. Zeni Aliyas Racasa MD
9. Alice Calinao Bunji MD

10. Renato Gorospe MD
11. Cora Lagman Ramones MD
12. Manuel Gutierrez MD
13. Danilo Ofreneo MD
14. Edgardo Madamba MD
15. Domingo Hong MD
16. Linda Marasigan MD
17. Rosita Aquino MD
18. Vic Navarro MD
19. Henry Mendoza MD
20. Antonio Peralta MD
21. Efren Platon MD
22. Renato Parungao MD
23. Daisy Pascua Sator MD
24. Chit Riparip MD
25. Connie SA Limonero MD
26. Becky Robancho Reyes MD
27. Magda Tan MD
28. Elma Tirol MD
29. Robin Torres MD
30. Julian Tolentino MD
31. Nap Valdez MD
32. Thomas Urbano MD
33. Arturo Ylagan MD.

To everyone: Please make your hotel RSVP ASAP.

See the ECTOPIC MURMURS for the hotel information reservation at the San Francisco Hilton Hotel at Union Square.

Get yourself ready for San Francisco, on July 6-10, 2016.

ZENAIDA ALIYAS RACASA MD⁶⁶



Another Class66 group picture at *Balik-FEU* homecoming in January 2016.

CLINICAL IMAGES

MALIGNANT MELANOMA OF THE LIVER

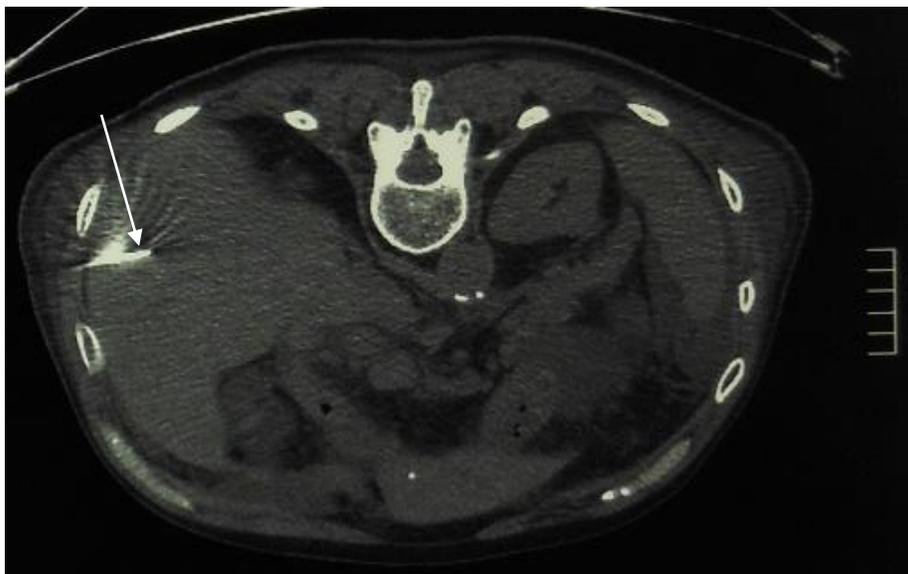


Figure 1 – A CT scan-guided fine-needle cytology and core-needle biopsy (arrow) are on target.

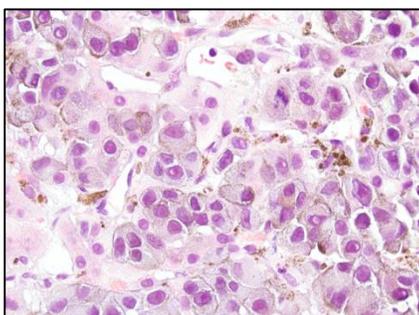


Figure 2 – The tumor is composed of undifferentiated malignant epithelial cells displaying melanin pigments, hematoxylin eosin stain x200.

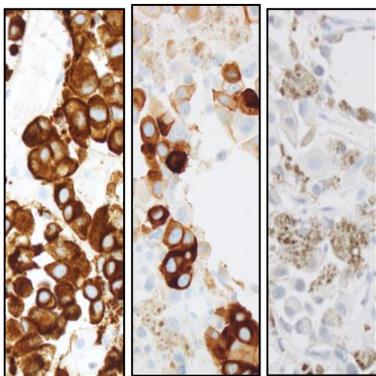


Figure 3 – The neoplastic cells are positive for HBM45, melanoma-pan and S100, confirmed the diagnosis of melanoma, x200.

These **IMAGES** are from a 76-year old patient with history of Crohn's disease and bowel resection and was admitted for vague abdominal pain.

Computer tomographic scan showed a right liver lobe mass of 5.0-cm size. Image-guided fine-needle aspiration and core-needle biopsies (**Figure 1**) displayed a black fluid aspirated and tissue, which are positive for undifferentiated malignant epithelioid cells (**Figure 2**). Melanin pigments, nuclear vacuolation and abnormal mitotic figures were observed. A diagnosis of malignant melanoma was confirmed with HBM45, melanoma-pan and S100 immunostains (**Figure 3**).

A zillion-worth of work-up and a five-year follow-up and remission had failed to reveal a primary tumor origin and metastasis elsewhere other than the liver.

Thus, the patient had a localized resection, supplemented with

chemotherapy/ high-dose interleukin-2, and focused irradiation of the hepatic tumor site.

The puzzle of this case was whether it was metastatic melanoma of an unknown origin, or even the possibility of a primary melanoma in the liver.

COMMENTS and LITERATURE REVIEW.

There appears to be an increase in the number of patients diagnosed with malignant melanoma, which is in a higher rate than the current increase in all other types of cancer. Early diagnosis, appropriate surgical treatment, and chemotherapy have positive impacts on the course of the disease, but despite these developments on the treatment, current prognosis of metastatic malignant melanoma prognosis is still extremely poor.

Life expectancy in patients with metastatic disease is between two and eight months. The five-year disease-free survival rate is identified in only 5% of the patients, which makes the index case an uncommon happenstance.

Malignant melanoma is one of the most common tumor which metastases to the gastrointestinal tract. Metastasis usually involves lymph nodes in 74% of cases. The second organ that is affected with metastasis is the lung 71%, liver 58, brain 55%, bone 49%, and adrenal glands 47.

Metastatic melanoma can manifest as a tumor unknown primary with 10–15% of these

cases of amelanotic melanoma variety.

It is also found that the prognosis of metastatic malignant melanoma with unknown primary is similar to melanoma with primary known tumors. Life expectancy of patients with stage IV disease does not exceed more than 9 months.

The treatment of early stage malignant melanoma is surgical excision with one to two centimeter tumor-free surgical margins and sentinel lymph node sampling. If sentinel lymph node is evaluated as positive, radical lymphadenectomy is needed to be added to the surgical procedure.

There are studies indicating that radiotherapy improves the survival of patients with four or more metastatic lymph nodes.

There are three clinical subgroups of malignant melanoma with skin, subcutaneous tissues, or distant lymph node metastasis, classified as M1a; those with lung metastases M1b and metastasis of other solid organs as M1c.

Patients in stage M1a have a life expectancy of 10 to 18 months. It has been evaluated that if radical surgical procedures are implemented to these patients, the life expectancy is extended up to 50 months. After surgical interventions, 5-year survival rate increases from 5% to 29% in patients with M1b disease.

It also appears that M1c stage differs from M1a and M1b. The common organs that malignant melanoma usually metastasizes are brain,

gastrointestinal tract, and liver, respectively.

Life expectancy of the malignant melanoma with gastrointestinal tract or liver metastases is virtually six to nine months. This ratio is exceeding 46–48 months after radical surgical interventions performed

Although the metastatic malignant melanoma has a very poor prognosis, recent studies show that radical surgical treatments when combined with chemo-radiotherapy and interleukin-2 provide a significant increase in the life expectancy of these patients.

Our index patient has survived five years with resection, neoadjuvant chemotherapy and focused irradiation and the probable non-hepatic source of the tumor remains undetermined. The other question is whether it could be primary in the liver cannot be discarded.

Malignant melanoma occurs most frequently in skin but also in many organs and tissues of the body. Primary hepatic malignant melanoma is exceedingly rare with only 12 cases, have been reported in the literature. The basis of such diagnosis is the complete absence of evidence for any cutaneous, ocular, mucosal lesions in all organs examined by serial position emission tomography may support a diagnosis of primary melanoma.

When the literature for case reports of 12 primary hepatic melanoma is analyzed, the patients' age range 26-81 years (mean 75) with an equal sex distribution. Six patients are

European, four Chinese and two from the United States.

Almost all cases presented with abdominal pain, along with weight loss 42% and anemia 33%. Eighteen patients had subsequent intra-abdominal lymphadenopathy. Four patients developed metastases in the brain 14%, liver 11% and lungs 8%.

Diagnosis was made with CT scan and image-guided fine-needle cytology and/ or core-needle biopsy as in the index patient. Eleven cases received systemic chemotherapy and focused irradiation. Fourteen patients survived up to 18 months; and 11 patients died after a mean period of 8 months. None survived five year.

In **CONCLUSION**, an interesting instance of malignant melanoma in the liver is presented. Whether it is secondary or primary hepatic melanoma remains unresolved although there is already a five-year follow-up highlighted by a zillion-worth of work-up. Surgical resection if feasible, supplemented by chemotherapy/ interleukin-2 and irradiation are the mainstay of therapy but survival and overall prognosis is quite poor.

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

CESAR V REYES MD⁶⁸

MARCH QUOTE

For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life. **John 3:16**

TALC

Causes Cancer?

Very recently, Missouri jurors decided that Johnson & Johnson bore some

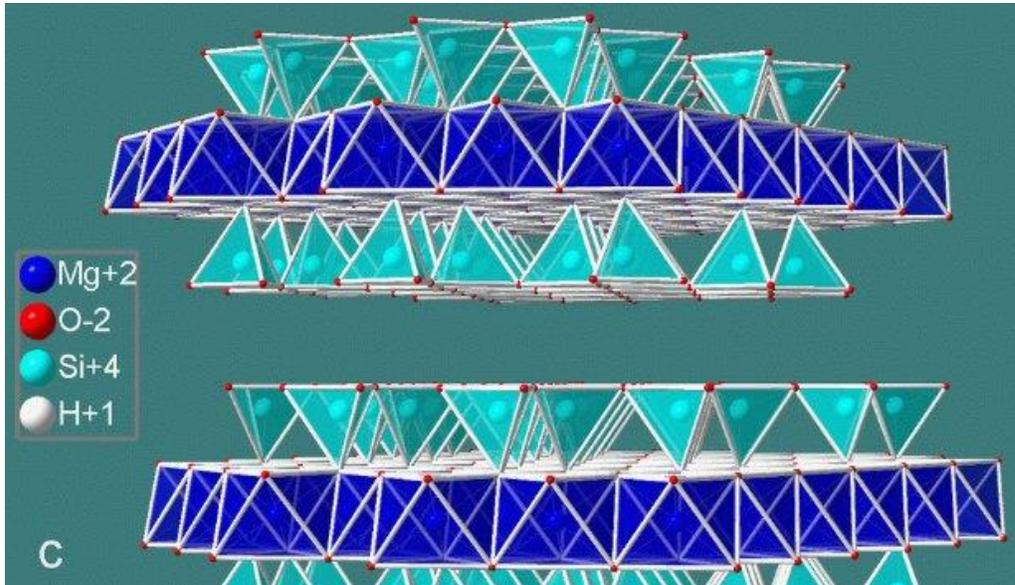
Epidemiologic studies have produced mixed results, though many have found a slight increase in risk for ovarian cancer, about 30%, among women who use talcum powder

To the uneducated and unscientific juries are easily persuaded by the forensic evidence, with color pictures of a lymphatic channel with a talc particle. According to a cancer epidemiologist, a paid consultant for defense attorneys in talc-cancer cases, however, is not so convinced. He says case-control studies can suffer numerous limitations, such as recall bias—women with cancer might recall a potentially hazardous exposure more readily—and challenges in determining exposure.

A stronger epidemiological analysis is the cohort study that tracks participants over time to see who develops disease. Such results two years earlier found no link between genital or diaphragm-based talc powder use and ovarian cancer.

Another compiled data from eight case-control studies and found a 24% increased risk for epithelial ovarian cancer among women who used genital powders. The bottom line in a questionnaire survey, the researchers could not definitively tell whether the products included talc.

Likewise, published experimental data do not clear this controversy whether talc used in the genital area can indeed travel to the ovaries, increasing a woman's cancer risk. There is no known biological mechanism, even if talc could enter the reproductive tract and make contact with the ovaries, by which it could cause cancer. And there are so many issues with this that it is not really acceptable conclusion.



A caricature of the molecular composition of talc

responsibility in the death of a woman who died of ovarian cancer. Her family was awarded \$72 millions in a litigation against the pharmaceutical giant because as the jurors indicated that Johnson & Johnson failed to disclose that its talc-based feminine hygiene powder carried an ovarian-cancer risk.

The attorney for the plaintiff asserted Johnson & Johnson it is time to either remove talc from the market or allow women to make an informed choice by putting a warning on the bottle.

Yet, according to Johnson & Johnson, the jurors' decision was not rooted in evidence. It is said that the recent jury outcome goes against decades of sound science proving the safety of talc as a cosmetic ingredient in multiple products.

The truth, however, lies somewhere in between.

in their genital areas. But as far as experimental evidence showing talc can cause cancer, further studies are definitely needed.

The author who wrote about a small increased risk among users, is the paid consultant for plaintiff's lawyers in talc-cancer litigation. He and co-workers also used data from the large Nurses' Health Study of 40% increased risk for only one type of ovarian cancer among women who used talc, and no elevated risk for other types of ovarian cancer.

Last year, a case-control study by the workers observe 33% increase in ovarian cancer risk among women who applied talc genitally. And in a case report of a woman with ovarian cancer who used talc for decades, evidence of the mineral in her pelvic lymph nodes.

A review panel examining available toxicity and exposure evidence from studies on animals, cells, and humans, have similarly declared talc safe for use. As for migration of talc to the ovaries, the results were inconclusive. Some experiments found talc in the ovaries of rats administered talc into the vagina, but did not find the same in rabbits and monkeys.

A study of human ovarian tumors found talc particles in 75 percent of the cases, while five of 12 examined cases of healthy ovarian tissue samples taken from women with breast cancer also detected talc.

Most health agencies have not declared talc a risk factor for ovarian cancer, save for the World Health Organization's International Agency for Research on Cancer, which concluded in 2010 that perineal use of talc-based body powder is possibly carcinogenic to humans.

It is suspected that the mechanism behind the link the observation between genital talc use and ovarian cancer has to do with inflammation, but again definitive experimental data are lacking.

Unfortunately, it is clear from last week's trial against Johnson & Johnson that such evidence is not necessary to convince jurors.

Meanwhile, hundreds of cases are waiting to be heard, in the coming months.

Data from the past decade has shown that the most common and deadly form of ovarian cancer, serous cystadenocarcinoma, arises from epithelial cells covering the fallopian tube, in particular

the finger-like projections that encircle the ovary known as fimbria. That is where search for talc cancer relationship should focused on. Talc particles and mechanisms of talc-induced neoplastic transformation are more possible in this site, not the ovary.

A major confounding factor is the occurrence of fibrous minerals, or asbestos, in most talc deposits. These known carcinogens have been noted in cosmetic talc products. Johnson & Johnson, however steadfastly claims an asbestos-free source is used.

The claim was talc is almost identical to asbestos. When mined it was near impossible to tell the difference. Therefore talc -- baby powder -- contained asbestos.

Such litigation award may be a chance to turn the United States law system in a somewhat better direction. Johnson & Johnson should take the case higher and offer in the next instance - instead to pay money to the plaintiff and their lawyer - to fund research on the topic. That might help to bring science further and make the hurdle to get big money to a pretended victim a bit higher.

Talc and asbestos minerals are very different in structure and composition. It is very easy to tell the difference.

The litigation also is a typical example of the US medieval justice system in action, where decisions are made based on biased opinions rather than logic. As usual, the jury that I doubt understands elementary chemistry and much less cancer biology, made a

decision for sure assuming that Johnson & Johnson has deep pockets and therefore it would not hurt them paying a few millions to the poor family.

What the jury does not understand is that this type of baseless lawsuits increases the cost of medical care in the US.

Interestingly is that during jury selection, anybody that has some education and can distinguish right from wrong is automatically disqualified; a situation that raises a lot of questions about the validity of those decisions. Another issue is that the scientific opinions come from scientists that have an active role as paid experts in these lawsuits, a situation that raises tremendous red flags about the fairness of their opinions.

Abstracted from Grens K, *The Scientist* March 2016.

TENDERLY YOURS

continued from page 1

primaries had already started and we have some ideas on the winning candidates.

I dare not make any selection publicly or this can haunt me in the future. Suffice it to say even if you are declared

Republican or Democrat, you can still switch or cross party lines.

This is a free country anyway and you can make your choice as you see proper. There are places that can challenge you if you vote either Republican or Democrat and



NOLI C
GUINIGUNDO MD

you won't have any choice if this thing happens.

The same had started also in the Philippines. From my recollection, Jejomar Binay and Gringo Honasan; Grace Poe and Francis Escudero; Rody Duterte and Peter Cayetano; Mar Roxas and Leni Robredo; Miriam Santiago and Ferdinand Marcos Jr are current candidates. I cannot recall some of the first names. I am not aware if there are any more candidates and if I missed them, sorry *na lang*. Sometimes the tandem does not always win but a split president and vice president. I hope your candidates win. Will this new group an improvement over the existing President or a continuation of the same? Year after year, the Pilipinos suffer. You are all aware of the condition and situation in the Philippines. How long the Pilipinos will suffer, God only knows. Keep on praying to relieve the sufferings and agony of our countrymen.

There is an article going around which allegedly exempt the congressmen, senators and their families from complying with the Obamacare. To make things worse, congressmen can retire after only one term in congress and would receive full retirement pay. You folks probably got a copy of the article/ Facebook and it makes you upset but to no avail. You have no choice but to accept the info. Whether they are true or not, remains to be seen.

Our FEUDNRSM Alumni Foundation winter meeting will be the week-end of Palm Sunday. We hope to be able to go to mass in Miami that week-end God willing. Of course,

every year I remember our routine back in the Philippines during the Lenten season. We used to go to San Miguel, Bulacan and spend *mahal na araw* for the whole week. You know when it is lent because of the marked silence in the street. You hear the occasional horse's hoof steps on the black top in front of the house.

I remember the *basahan ng pasiyon* at the old *bisita*, the reading is loud enough you can hear it across the San Miguel River, and this goes through the night and early morning hours. What a dedication! We attended one time and we enjoyed the *paralusdos* and I can still taste the *lanka*, *camote*, and coconut *gata*. My *impong* Miling was a good cook of the *paralusdos* and we look forward to going back to the *bisita* for another dose of the same. *Inang* and *Tatang* go to San Miguel earlier and *Kuyang* and I would follow early Good Friday morning.

Rural Transit was our favorite bus since we get some discounts on account of *Tatang* being legal counsel for the bus company. The problem when we get to San Miguel, we have to walk about a few kilometers and street light is nowhere in sight. We made through it even without a flashlight. In my previous articles, both prose and poetry, I have indicated where I got some ideas, and inspirations, it is from the stillness of the night in San Miguel, the simple life, and of course the clean air and atmosphere that abounds everywhere.

In our last visit to the place, things had changed just like any other place in the Philippines.

Gone were the farms and fields interrupted by tall bamboo trees. Houses are all over the place. The beauty of the place is now engraved in my memory and I relish that.

Once again Louisiana is under water. It seems to be worse than Katrina. It is more extensive this time as there are more road closures, especially the main highways like I-20, I-165, and several large state roads. In my case, there was a mandatory evacuation several days ago at our subdivision. The road to our place has been closed. The only way to get to your house is to wade, walk in the flooded areas. And forget not that snakes can swim back and forth.

Few more rains are coming. The pump stations are running all the time but drainage is quite slow and right now we are waiting that hopefully water do not get into our house. The flood insurance would probably help, but the hassle of going through the process of cleaning, disinfecting the place, the dust, the smell and the time that you cannot occupy the house, is so exhausting and energy robbing.

Please help us pray to go through the process again. I will be cancelling the trip to Miami for our Alumni Foundation Winter meeting if we do not get much relief the week of the meeting I am sorry but I have no choice as our livelihood depends on this difficult situation. Again I apologize if I cannot make it to the meeting--- as of these minutes our sand bags are just barely keeping us from flood water.

God bless you all.

A PEARL EXPERIENCE

continued from page 1

have to buy new set of clothes for the incoming reunion. The costume that I was supposed to wear for our *rock of all ages* dance was never used except for the hat that I recently bought during the trip that I kept in my hand carry and I let one of my classmate use since it matched her attire. It was very frustrating.

Then came the most awaited medical mission at *Kamay ni Hesus* at Lucban, Quezon. People were so happy and grateful to see us that they even hugged and kissed us. The first day was rainy and so not a lot of people came but the second day was busy. The gratefulness of the people made us so happy and three of them came back the following day saying *Thank you, doktora, look my child is well now and I can breathe*. It was nice to make a difference in someone's life.

I was just dismayed with a local physician who joined us only to find out he had vested interest in the medicines that we brought from the United States and took a lot of them on the first day. I tried to stop him by saying we would still see a lot of patients the next day but that did not stop him and he just shrugged his shoulders. I really did not mind if he had taken the medicines after the medical mission and after all patients had been treated.

costume that I was supposed to wear for our *rock of all ages* dance was never used except for the hat that I recently bought during the trip that I kept in my hand



D AVERILLA-OBENA MD

I had some time spent with my family. I also found out that one of my cousin's husband is dying of liver cancer in Tarlac. During our travel while in a stop light, suddenly a motorcycle overtook us and a man got down and shot another one who was crossing the street, in the chest and in the head. It was a loud bang and there was a spark from the gun that I thought we were just watching a scene from a movie. Blood splattered all over the ground; the man's body quivered and was dead on the spot. This was what the television patrol calls riding -in-tandem. The gunman kept looking at us trying to size us up if we would move or do something. I was shocked for three days and so fearful that he saw our plate number and might get back on us. I also thought it was weird that no man in the vicinity, who also saw the incident did not show any reaction. I asked my cousin why this was happening; she said this Wild West killing happens two to three times a week. She even told me you can pay somebody to be your hitman for 2000 pesos (\$50 only). Is that cost of life in the Philippines now a days?

It is barbaric and horrible!

My journey continued and I have reserved a place in Pansol Hot Springs that was advertised in the internet with beautiful pictures. But to my dismay, I found the place to be ugly, filthy with lots of cockroaches. The refrigerator was very rusty that I and my family were afraid to open it for fear of getting tetanus. Mind you I am not a picky person but this place gave

a false advertisement and I felt victimized.

From there we went to Crosswinds of Tagaytay, a place where mansions studded the mountains, overlooking Taal Lake. The mountain breeze was awesome and when we saw the five bedroom place that I also reserved in the internet. This one was nice, roomy and clean. We all clapped and were gratified to have such a nice accommodation. Our joy was short-lived when we started to use the bathroom upstairs the water started leaking into our kitchen, which short circuited the light. And so I said, *How about a candle light dinner?*

It was only two weeks of vacation but it seemed like a year for me. I am happy to be back home and I still can say there is no place like the Philippines!

ON DEATH AND TAXES

continued from page 1

medical mission in Olongapo City. This was followed about a week later by another surgeon, Andres Botuyan MD, a UST alumnus, a pioneer in improving medical practice laws in Illinois for foreign medical graduates. To them, goes our deepest debt of gratitude.

This season is a time of reflection about the inevitable: death and taxes. But, how about resurrection? Is that a surety as well? Some are *freeloaders* and



ALADIN MARIANO MD

do not pay tax, about 49% of United States population. But for those who do pay, some get a tax refund quickly or later, while others receive none. As an analogy, is there a correlation between death and taxes? Do some die and others do not? Are there parallels between these two realities and resurrection? Metaphorically, those who gave up their life (by analogy, pay up in taxes), do some get their life back (resurrected) sooner than later (get a tax refund) while others do not?

Consider the following facts. Even in the first century during the time of Apostle Paul, there were people in the church, intelligent though they are in the secular world, who denied Jesus' resurrection from the dead. More so now, there are some who claim that the man who died at the cross was not Jesus but a substitute; he was not the one who died because *God does not die*, so they proffer.

It is an eye-opener to read through the logic behind Paul's arguments in **I Corinthians 15:12-34**: *Now if Christ be preached that he rose from the dead, how say some among you that there is no resurrection of the dead? But if there be no resurrection of the dead, then is Christ not risen: And if Christ be not risen, then is our preaching vain, and your faith is also vain. Yea, and we are found false witnesses of God; because we have testified of God that he raised up Christ: whom he raised not up, if so be that the dead rise not. For if the dead rise not, then is not Christ*

raised: And if Christ be not raised, your faith is vain; ye are yet in your sins. Then they also which are fallen asleep in Christ are perished. If in this life only we have hope in Christ, we are of all men most miserable. But now is Christ risen from the dead, and become the first fruits of them that slept. For since by man came death, by man came also the resurrection of the dead. For as in Adam all die, even so in Christ shall all be made alive. But every man in his own order: Christ the first fruits; afterward they that are Christ's at his coming. Then cometh the end, when he shall have delivered up the kingdom to God, even the Father; when he shall have put down all rule and all authority and power. For he must reign, till he hath put all enemies under his feet. The last enemy that shall be destroyed is death. For he hath put all things under his feet. But when he saith all things are put under him, it is manifest that he is accepted, which did put all things under him. And when all things shall be subdued unto him, then shall the Son also himself be subject unto him that put all things under him that God may be all in all. Else what shall they do which are baptized for the dead, if the dead rise not at all? Why are they then baptized for the dead? And why stand us in jeopardy every hour? I protest by your rejoicing which I have in Christ Jesus our Lord, I die daily. If after the manner of men I have fought with beasts at Ephesus, what advantages it me, if the dead rise not? Let us eat and drink; for tomorrow we die. Be

not deceived: evil communications corrupt good manners. Awake to righteousness, and sin not; for some have not the knowledge of God: I speak this to your shame.

Yes, there is resurrection for humans from the dead. Jesus (God-incarnate) is living-proof by his death as a man, and based on that evidence that we will also be resurrected. But when will our resurrection occur? Notice what Paul said, *everyone in his own order*, first Christ as *first of the first fruits* **I Cor. 15:20**; **Leviticus. 23:9-10**, then others. Rightly so, as Jesus is the *pioneer* of our salvation; the author, originator **Hebrews 2:10-11**, he has to be first, then us **I Corinthians. 15:23**.

There is a first and second resurrection for humans who died **Revelation 20:4-6**; **Acts 24:15**. The first resurrection is described in **I Thessalonians 4:16** that will occur at the second coming of Christ, at the last trump, the *dead in Christ shall rise first*. They will then rule a *thousand years* (millennium) on earth. Those *in Christ* who were baptized by the Holy Spirit, bearing the spiritual fruits and who are alive at the time of Christ's return on earth will *be changed*, ie, not die, from mortal to immortal, from flesh to spirit-bodies **I Cor. 15:52**; **Phil. 3:20-21**.

With the preceding having been considered, indeed an analogy can be made between death/ resurrection and taxes, viz,

1 - Some will die before Christ's return as some, not all, will pay taxes.

2 - Some may not die, still alive, at the time of Christ's return to change from mortal flesh to immortal spirit-bodies as some may not pay taxes. Almost 49% do not pay taxes, although nobody knows how many will live through that time.

3 - Some will receive tax refund sooner as some will participate in the 1st resurrection at Christ's return; others will receive their tax refund later as others will participate in the 2nd resurrection. As the Paul said, *everyone in his own order*.

Eventually, innumerable people will have eternal life than those who will die eternally. As Jesus said, **John 17:12**, *While I was with them, I was keeping them in Your name which You have given Me; and I guarded them and not one of them perished but the son of perdition, so that the Scripture would be fulfilled.* Also, **Genesis 15:5**, *And He took him outside and said, "Now look toward the heavens, and count the stars, if you are able to count them. And He said to him, so shall your descendants be.*

These verses are an indication that many will be saved versus few that will experience eternal death. These will come to fruition because of God's grace and love for us. And, while our *own* faith is required, all of these came about because of the *faith of Jesus* **Romans 3:22**, **Galatians 2:16, 3:22**,

Philippians 3:9 in the Father that what was promised to him before the foundation of the world will come to pass.

FAITH CORNER:

It is Lent

continued from page 1



REV MELVIN
ANTONIO MD

fearful and uncertain. Faith is not a matter of wishing away these experiences; it involves perceiving God in the midst of our hardships.

In the 13th Chapter of Luke's Gospel, we find Jesus getting pulled into a worrisome conversation about the latest news cycle in Jerusalem. Apparently, Roman forces under Pontius Pilate had slaughtered a group of pilgrims in the Temple and their blood mixed in with the blood of the sacrifices on the altar, thus desecrating the sacred place. The other bit of news was the Collapse of a tower killing eighteen people underneath. The implied question in each tragedy is: did these incidents happen because the people were sinful? It is the same question that we ask ourselves when bad things happen. This comes to mind the statement of televangelist Pat Robertson in trying to explain away the earthquakes that devastated Haiti some years ago. He said that the Haitians were being punished because they had made a pact with the devil when they were fighting for independence from the French two centuries before. Thanks a

lot, Pat. On a more personal level, we do have the tendency to put the blame on the victim when bad things happen.

During my clinical pastoral education rotation at a hospital, I experienced this *blame it on the victim* mentality more than once. There was a young woman who had just lost a baby at birth. I heard family members blaming her for the tragedy. Maybe if she had not been smoking during her pregnancy; maybe if she had gone to church more; maybe if she had taken the vitamins that the doctor prescribed; maybe, if. In my mind these statements were hardly the words of comfort that the woman wanted to hear at the time, but it demonstrates how we relate human sin to God's ability to judge and punish.

In the case of Jesus, he knew full well that the people relating the tragic events were almost sure that these happened because the victims were sinful, that they received what they deserved, that bad things happen to bad people, that God punishes sinners right out in the open as a warning to everyone. Jesus' response is not exactly comforting as he points his finger right back at them saying, *Do you think that because these Galileans suffered in this way they were worse sinners than all other Galileans...or those eighteen who were killed when the Tower of Siloam fell on them – do you think that they were worse offenders than all the others living in Jerusalem?*

The question of the justice of God persists even to this day. We tend to think that human suffering is due to divine punishment for sin. It is the

quick remedy to explain illness and death. It is a fact that there are many cases where cause and effect can be established between risky behavior and its consequences: driving recklessly or while under the influence of alcohol; smoking, drug addiction, etc.

There are all kinds of bad behavior that contribute too much of the misery in the world. When Jesus says, *do you think that they were worse sinners than all the others?* he does not necessarily separate the connection between calamity and punishment. He goes on to say, *but unless you repent, you will perish as they did.* Jesus does not remove a sense of impending judgment. God cares about how we live our lives and treat each other and will hold us accountable.

The parable about the unproductive fig tree in the same chapter of Luke is an elaboration to the statements that Jesus just made. It is fairly common to assume that God is the landowner who planted the fig tree and Jesus as the merciful gardener pleading for a chance to care for the plant and give it another chance to bear fruit. In later parables, Jesus portrays God as the father who scans the horizon daily, waiting for that prodigal son to come home and that shepherd who leaves his flock to look for that one lost sheep. With this different picture of God's reaction to sin, I like to think that God is that merciful gardener who is not beneath loosening the soil around an unproductive tree, patiently caring for us in the hope that we

may bear fruit. Why? Because he loves all of us and wants what is best for us.

God is in the middle of our hardships. We are invited not to be daunted by the headlines we read, but focused by them on the gifts and good work in front of us. God loves us enough to hold us accountable for our faults and forgives us our sins as long as we live. There is however that expectation that we continually reflect on our sinful human nature and confess our sin daily in the presence of God and of one another, turn our lives around and repent. God gives us another year to bear fruit, another season of Lent, another time for reflection, rejection of our wrongful deeds and repentance.

LETTER TO THE EDITOR

It is Lent.

Our parish Lenten program includes an internet link *The Best Lent Ever*. I checked the link, signed up and got a copy of the book *Rediscover Jesus* by Matthew Kelly.



EUSTAQUIO BOY
ABAY MD

I have been so deeply impressed by the book that I

would remiss in my duty as a friend if I did not share the experience.

If you feel so inclined, please check out or google and sign up. You would also learn how to obtain a copy of the book *Rediscover Jesus*. (No, I am not financially connected to the publisher.)

What good is gaining the entire world, if you lose your soul is always stern reminder, but the book's value is in enhancing one's spiritual growth.

To my non-Christian friends, this is not an effort to degrade or discredit your Faith or belief.

Please consider it a learning opportunity about Jesus, and Christianity if you will.

E BOY ABAY II MD FACS
Neurosurgery, Wichita KS

COMMENTS

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

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