



ECTOPIC MURMURS

Volume 28

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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

NOVEMBER DONATIONS

NUNILO G RUBIO MD⁶⁷

donates a Professorial Chair

Fund in

Endocrinology in his name, to be awarded during the January 2017 *Balik-FEU*, when his Class celebrates Golden Jubilee.

Dr Rubio is one of the top

endocrinologists of 2015 in the City of Chicago and associate professor of medicine at Loyola University Stritch School of Medicine, and has served as the 30th annual Dean Lauro H Panganiban MD lecturer.

Meanwhile, the family of the late neurologist, **CRISPIN SEE MD⁷⁰**, donated a scholarship fund to support an academically stable and financially needy student at the FEU-NRMF School of Medicine.



NUNILO G
RUBIO MD

PRESIDENT'S

Message

As autumn leaves come falling down and frost chills the air, the time is right to celebrate and share warm thoughts and wishes and extend special gestures to those whom make our world so bright and have a special



MANUEL A
MALICAY MD

place in our hearts. It is a special time to say **Happy Thanksgiving** to all those who help guide us in every step to success. As we celebrate Thanksgiving with our family and love ones, we should not forget our Alma Mater administration, faculty and mentors because they played a major role in our

continued on page 12

FROM THE HOME FRONT

LINDA D TAMESIS MD⁸⁵

Dean, FEU-NRMF

These are tumultuous times.

I am home due to the APEC

cancellation of classes/ works and I am glued to the television disturbed by the rhetoric, panic, and sadness of terrorism.

In this age of electronic voyeurism, it is easy to assume the ideology of a person. People post their status or feelings. Pictures in their profile are meant to depict what they stand for, who they are and what is important to them. Friendships and professionalism can be destroyed with just a few words on Facebook.

Our beloved institution is not immune to the diseases of this

continued on page 11



LINDA D
TAMESIS MD

Met us in Miami in March!

On March 19, 2016, the FEUDNRSMA Alumni Foundation executive officers, board trustees, and various Chapter presidents will convene in sunny Miami FL for the annual Winter board trustees' meeting. The Winter Board Meeting will be held at the Miami International Airport Marriott Hotel which is just minutes from beautiful Coral Gables, downtown Miami, Coconut Grove, and Miami Beach. All officers, board trustees, and Chapter presidents are expected to attend. A block of 40 rooms at a discounted rate of \$189 per night, telephone 888-347-2319, 1201 NW Le Jeune Road, Building A, Miami, (reservation code: **FEU**). With Miami's temperate winter weather, you can explore all of the historic sites, beaches, golfing, and shopping within thirty minutes of the hotel!



FAITH CORNER

REV MELVIN ANTONIO MD⁶⁵

On November 10, 1483, a baby boy was born to Hans and

Margarethe Luther. They named their son Martin. He turned out to be a spectacular student, quick to pick up language and logic. His father was determined to see

his son become a lawyer. But Martin, having been raised in medieval Christian tradition soon found himself asking the most frightening of all questions – Am I good enough? Actually, it turns out that this was the question everyone was asking because of the teachings of the medieval Church. The focus of the Church at the time was to promote the image of a vindictive, angry God who demanded strict obedience to His laws instead of the loving and merciful God that Jesus proclaimed. According to the Church, when a really bad person died, that person's soul would go directly to hell, to burn in torment forever. What was even more frightening was that even good people would have to pay a price to get into heaven. The reasoning went something like this: since God was perfect, those who were good but not perfect would still not be acceptable to God. Their souls would have to go to a place where their residual sins would slowly be burned away. This holding pattern was a place called purgatory, which was just as bad as being in hell, if you ask me. It could take many

continued on page 10

TENDERLY YOURS

NOLI C GUINIGUNDO MD⁶²

The last Presidential debate



NOLI C
GUINIGUNDO MD

was so enlightening. I am of course referring to the GOP debate. I am not saying to what candidate I am leaning to. But I

have some idea which one. The Democratic debate is practically Hillary's. No matter what she says, you hear the clappings of hand of her supporters(?), or planted audience. My only concern is voting for her means voting for Obama. She probably will continue what is going on right now.

Right after President Obama mentioned that ISIS is contained, the tragedy in Paris happened. And Obama wants all 10,000 refugees to come to the US. What about the safety of Americans? Some of the terrorists pretended to be refugees from Syria and blend with them. These are just my concerns as a simple Pilipino American who have adapted to the American life and concern just like any other American.

The French President Francois Hollande had ordered closure of French's borders. This will indirectly affect the tourism in France, particularly Lourdes, Paris itself, and other important popular tourist spots. This was the same time we were in Europe last year. We could have been stuck in Europe at this particular time. In so short a time most of the suspects have been arrested. This is what I call

continued on page 10

A Tribute to ALEX APLASCA MD

We are remembering a very dear friend, a man of God, Alex Aplasca MD, born and raised in the Philippine heartland. A man of service who persevered, knowing full well he would not receive all the beautiful things he was promised, because he firmly believed his efforts would deliver a better life for those who followed. He belonged to a generation of dignity, integrity, honesty and courage with strong convictions.

He had the vision that one day his life would be devoted to healing and sharing the vicissitudes of life and uplifting his countrymen. He encouraged progress not by pushing his ideas alone but by seeking your ideas partnering with you to make things happen.

Alex showed his character in his devotion to his family. He was a proud dad to his children more so as a loving husband, a proud grandfather to be and a concerned healer as well, here in United States and half the globe, the Philippines, the country he loved best.

He prided himself as a very caring man, as a physician and as a friend. He always possessed that burning desire to extend a helping hand when necessity dictates. He was endowed with a sense of community, a life of worship, a reception of the Lord's word and an upliftment of indeterminate challenges. His vision was beyond imagination.

The best thing that we could remember Alex is that he brought so much life, love and

joy to those who knew him and a bigger pride to our alma mater.

Whenever our Class had a get together, he would remind us about that memorable event in his life, the life as an intern at Clark Airbase Hospital in Pampanga. As we can remember, the Philippines has always been ravaged by typhoons and floods and one day Alex and our former classmates braved the swollen highways by riding in a small boat. Unfortunately, the boat was overloaded with overzealous interns and capsized. Fortunately Alex was the only one who did not fall into the water. He uttered, that one has to be smart in order not to fall into the water. Later on he told me that the very reason he was hesitant to dive was that he feared he did not know how to swim.

As you all know, Alex had a passion for golf. He gave me a golf lesson in 60 seconds. Without any training or golf lessons, he dragged me into a nine-hole course immediately. So I told him, Alex how do you expect me to play more so to win the game and his response was, it is not the player where the victory lies, it is the caddie who determines if you will win or lose. Come to think about it, there are caddies from the Mountain Province, who could always assure the golfer a sweet victory.

He loved music, he enjoyed Karaoke as we spent endless nights to the tune of the Beegees, Dave Clark 5, The Beatles and the best of the 1960s and 1970s. He poured his heart out that he would put

some of the best singers to shame.

We always found comfort and peace in his presence whenever oblivion prevailed. His noble deeds served as a great inspiration as he paved the way for others to work for positive changes and also for others to emulate.

As we have ventured on our mission as healers --- like Mother Teresa --- we need to comfort the afflicted and afflict the comfortable. What better way to do that, than to use the hands of oblation to become the caring hands to cure and comfort. With insurmountable courage and integrity, with unwavering faith in values nothing is left to be doubted.

Alex, we are so thankful and so blessed for the times we have spent together; the things we have accomplished together; the places we have seen together; the medical missions we have fulfilled together; the arguments we have pursued together but most of all the laughter and tears we have shared together.

Goodbye our friend, you may be gone but you will never be forgotten.

We always love you and you will be in our hearts forever.

To Fe and family, you will never be alone, the entire FEU medical alumni are with you always.

LICERIO CASTRO JR MD⁷³
DAISY CASTRO MD⁷³



Bellingham Autumn flowers

OBITUARY

ALEXANDER J APLASCA MD⁷⁵

of Poughkeepsie NJ, age 68, peacefully passed away in his home in Poughkeepsie, NY on October 23, 2015. He was the loving husband of Fe for 40 years, and dedicated father to Achilles, Andrea, Alexis and David (How).

Born in Iloilo City, he is one of seven children to the late Solomon and Felisa Aplasca, survived by four sisters, and predeceased by another sister, and a brother.

He is the beloved uncle to many nieces and nephews, who consider him a second father.

Dr Aplasca belongs to Class⁷⁵, completed specialty training at Metropolitan Hospital and fellowship training at the Hospital for Joint Diseases in New York City.

He practiced as a pathologist at Vassar Hospital, followed by St Francis Hospital from where he retired in 2013.

He was an active founder of the Mid-Hudson Filipino American Association and the Association of Pilipino American Golfers.

Alex fully cherished the people and world around him.

He loved to sing, enjoyed music and the arts, was an avid golfer, and traveled extensively yet always appreciated the historic culture and scenery of the Hudson Valley where he resided for over 30 years.

Dr Aplasca will be remembered for his humility, sense of humor, generosity, and genuine kindness.

OBITUARY

JONATHAN F LARA MD⁷³



Dr Jonathan F Lara, 56, passed away last May with his loving family by his side.

He resided in Essex Fells NJ for the past 20 years. He was a pathologist at St Barnabas Medical Center since 1990. He served on numerous committees and boards at the hospital through the years.

Dr Lara was a past president of the Essex County Medical Society and the New Jersey Society of Pathologists.

He was the residency program director from 1997-2011, a finalist of the Palmer J Parker Award for Excellence in Teaching from the ACGME, a recipient of the Distinguished Physician Healthcare Award in 2008, and was voted New Jersey and New York Metro Top Doctor from 2005-2013.

He is survived by his beloved and devoted wife of 26 years, Debbie. He also leaves behind a daughter and son, as well as a brother and a sister.

Dr Lara at one time served as a lecturer on breast cancer during an annual FEUDNRSN Alumni Foundation reunion scientific convention.

More recently he lead authored a landmark paper on *p53 Expression in Node Positive Breast Cancer Patients: Results from the Cancer and Leukemia Group B (CALGB) 9344 Trial (159905),*

for the Cancer and Leukemia Group B that was published in Clin Cancer Res 2014;17: 5170–5178.

The abstract is, as follows: *p53 as a prognostic and predictive factor in early stage breast cancer, has had mixed results. p53 protein expression was studied by immunohistochemistry in a randomized clinical trial of stage II patients treated with adjuvant doxorubicin and cyclophosphamide with or without paclitaxel.*

Epithelial p53 expression was evaluated using two immunohistochemical antibodies (DO7 and 1801) in formalin fixed, paraffin embedded tissue from patients with node positive breast cancer who were randomized to four cycles of cyclophosphamide and one of three doses of doxorubicin (60, 75, or 90 mg/m²) (AC) and to receive four subsequent cycles of paclitaxel (T) or not. Prognostic and predictive value of p53 protein expression was assessed, independent of treatment assignment, for escalating doses of doxorubicin or addition of T with endpoints of RFS and OS.

Results: 1887 of 3121 patient specimens treated on C9344 were obtained, passed quality control and evaluated for p53 expression. Expression was 23% and 27% for mAbs 1801 and DO7 respectively, with 92% concordance. In univariate analysis, p53 positivity was associated with worse OS with either antibody, but only p53 staining with monoclonal antibody 1801 had significantly worse RFS. In multivariate

analysis, p53 was not predictive of RFS or OS from either doxorubicin dose escalation or addition of paclitaxel regardless of the antibody.

Conclusion: Nuclear staining of p53 by immunohistochemistry is associated with worse prognosis in node positive patients treated with adjuvant doxorubicin-based chemotherapy, but is not a useful predictor of benefit from doxorubicin dose escalation or the addition of paclitaxel.

NOVEMBER QUOTE

The LORD is my strength and my shield;
My heart trusts in Him, and I am helped;
Therefore my heart exults, with my song I shall thank Him.

Psalm 28:7

COMMENTS

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

PMAC News

Deadline for January 2016 issue
January 6, 2016

Please address submission to
acvrcar@gmail.com

NOVEMBER IMAGES



Lily Ferrer Jacob MD⁷⁰ is the First Lady of the Philippine Medical Association of West Virginia, shown with Remigio Jacob MD, president.



Tricia Punzalan MD, extreme left seated, is shown with bridal shower hosts and wedding sponsors that include **Fe Martin MD⁶⁷**, **Avila Arcala⁶⁹**, **Fred Arcala⁶⁸**.



A lone boat sailing Rosario Strait of the San Juan Islands WA, with the snow-capped Mount Baker on the right.



Mount Baker Highway (542) is 57-mile long from Highway 5 in Bellingham to Glacier WA



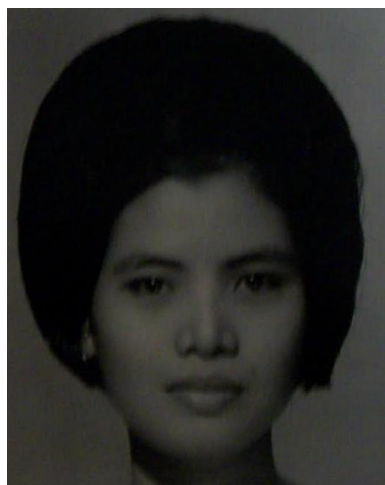
The town of Glacier WA, at the foothill of Mount Baker, covered with morning dew, the home of Nooksack Indian tribe, with no telephone and internet, is a true vacation place away from civilization.



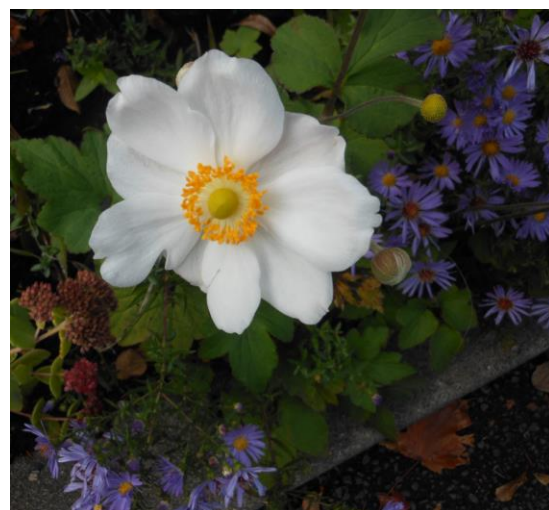
Grace A Obena MD⁸⁵ and Nelson Obena in Alki Beach, fronting Seattle skyline one misty and rainy October day.



Class⁶⁶ alumni doing a favorite song during their Sapphire Jubilee in 2012 in Las Vegas



Golden Jubilarian 2016: Elsa P Ang MD⁶⁶ at graduation, and now.



Tacoma flowers in October

CLINICAL IMAGES

SUDDEN DEATH IN CANCER

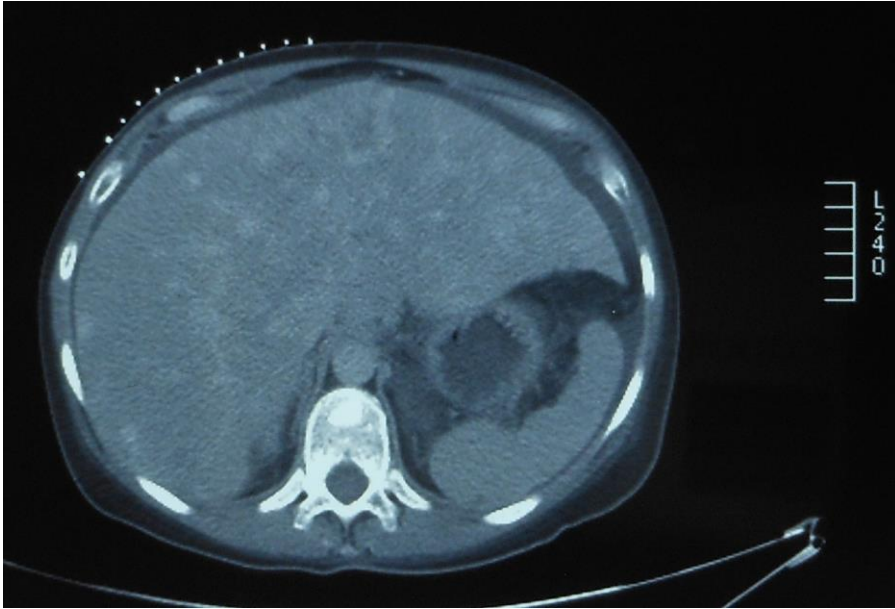


Figure 1 – CT scan reveals a massive hepatomegaly due to diffuse metastasis.

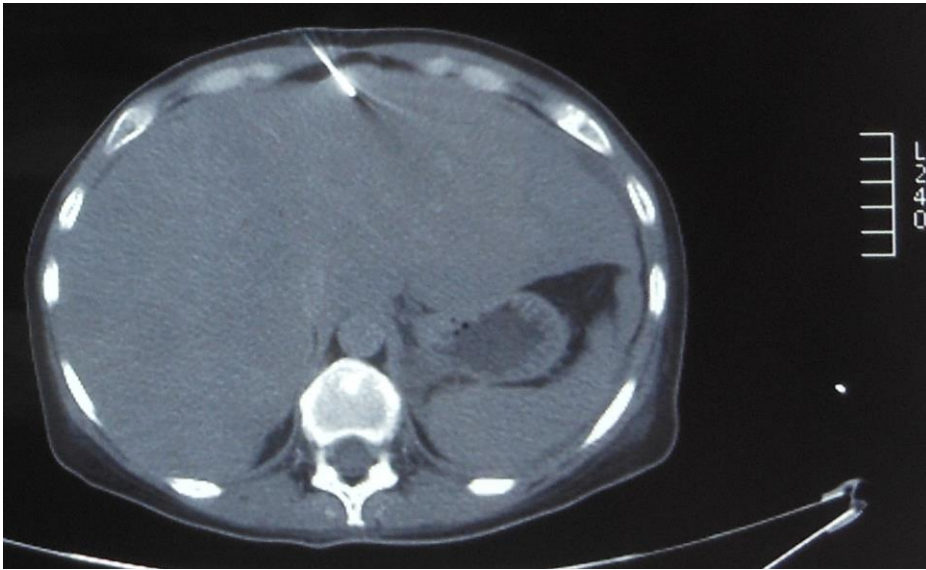


Figure 2 – A CT scan-guided fine-needle and core-needle biopsy needle is on target on the tumor.

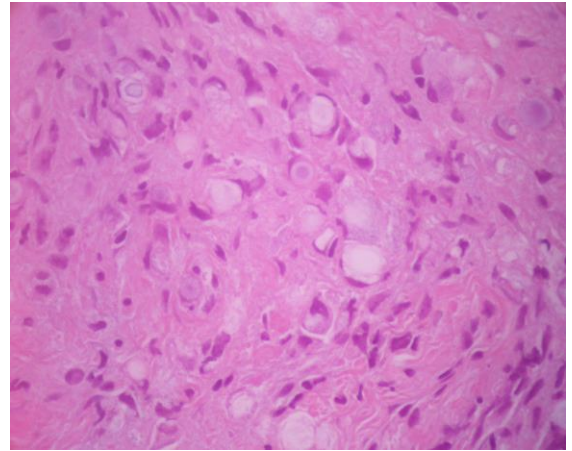


Figure 3 – The metastatic lobular carcinoma exhibits prominent signet-ring cell features.

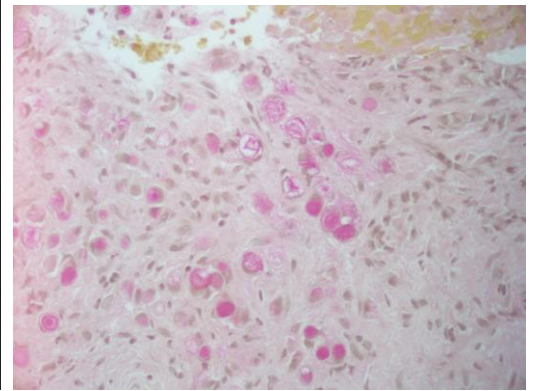


Figure 4 – Mucicarmin stain affirms intracellular secretion that also for mammaglobin/ GCDFP-15-positive and for E-cadherin-negative.

These **IMAGES** are from a 54-year old woman, with no other previous or current health issues, who presented with massive hepatomegaly (**Figure 1**), diffuse infiltrative liver disease of probable breast cancer origin, and ascites.

A computer tomographic scan-guided fine-needle aspiration and core-needle

biopsy of the left liver lobe (**Figure 2**) revealed infiltrating poorly differentiated carcinoma with signet-ring cell variant of breast lobular carcinoma (**Figure 3**). The neoplastic cells are positive for intracytoplasmic mucin (**Figure 4**), and immuno-histochemically mammaglobin and GCDFP-15 and negative for E-cadherin. It was also triple-

negative for the breast prognostic marker analysis (negative for estrogen receptor, progesterone and HER2).

In a day or so, the patient's status deteriorated unexpectedly, rapidly with manifestation of hepato-renal and multiorgan failure. Despite transfer to intensive care unit and prompt supportive

management regimens were to no avail.

The final diagnosis was sudden death due to disseminated lobular breast carcinoma, complicated by hepato-renal syndrome and multiorgan failure.

COMMENTS and LITERATURE REVIEW.

Sudden death is defined by the World Health Organization as death occurring unexpectedly within six hours of symptom onset in apparently healthy person or in patients considered to be in satisfactory condition. Nearly 80% of sudden deaths have been attributed to four causes, namely: primary cardiovascular disease, liver cirrhosis and fatty changes, cerebrovascular disease, and pneumonia.

Neoplasia of any organ

system has infrequently been identified as a cause of sudden death. One series reported 19 cases of sudden death due to unrecognized intracranial neoplasm among the 10,995 autopsies performed in Dallas Country in an eight-year period.

Primary tumors to the heart have also been implicated to result in sudden death. Lung cancer of all types is known to metastasize to the heart, but rarely diagnosed prior to postmortem evaluation. These cardiac metastases have produced unexpected death due to arrhythmias, myocardial infarction, and uncontrollable congestive heart failure.

Unknown cardiac metastasis is considered to be the primary cause of sudden death in patients with lung cancer. While pneumonia and empyema are

frequent signs of lung neoplasms, as contributory factors to sudden death.

In the index patient, the massive liver metastasis and dissemination, it is plausible that her heart was also involved by metastasis. The other possibility of the so-called tumor lysis syndrome of spontaneous type, which is an oncologic emergency characterized by hyperuricemia, hyperkalemia, hyperphosphatemia, and hypocalcemia, and is caused by destruction of a large number of rapidly proliferating neoplastic cells. Development of acidosis may also occur, and acute renal failure requiring hemodialysis is a frequent occurrence. Although tumor lysis syndrome may

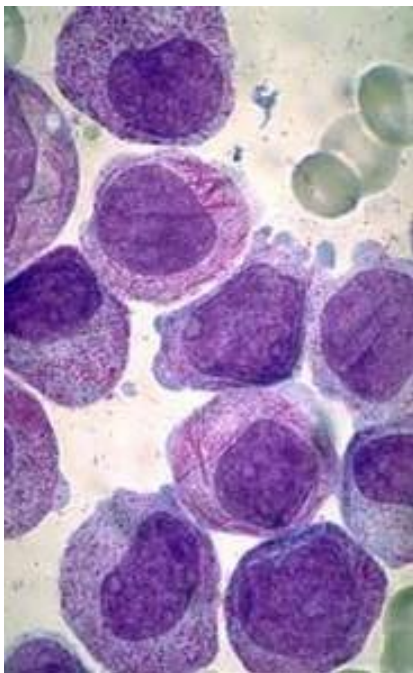


Figure 4 – A monotonous hypergranular promyelocytes Diff Quik stain, x400.

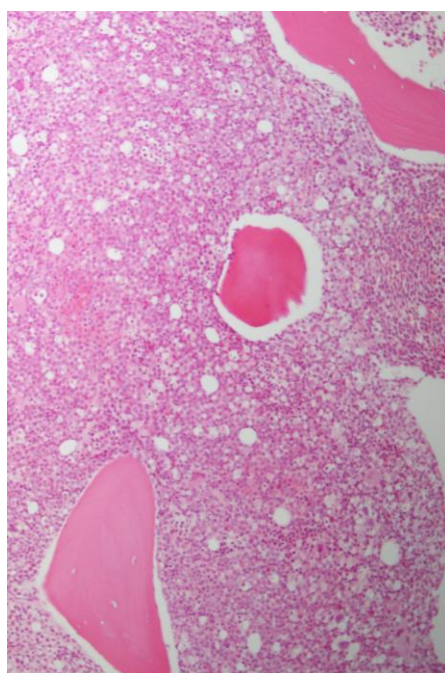


Figure 5 – The bone marrow is diffusely infiltrated, HE stain, x100.



Figure 6 – CT scan shows significant intracerebral hemorrhage in the basal ganglia region (arrow).



Figure 7 – Chromosomal analysis displays diagnostic t(15,17) (q22,q21) translocation (arrows).

occur spontaneously before administration of therapy, it is most commonly observed after initiation of cytotoxic chemotherapy, primarily in hematologic malignancies with a high proliferative rate. Evidence-based, however, it appears her sudden death was secondary to cancer-related hepato-renal and multiorgan failure.

These second set of **IMAGES** is from 67-year old woman with a three-day history of low grade fever, and spontaneous chest bruising for four days.

The clinical impression on admission were idiopathic thrombocytopenia. There were also no other health issues.

Hemograms showed leukopenic differential counts, but with blasts and predominant hypergranular promyelocytic cells (**Figure 4**).

A left iliac crest bone marrow demonstrated a dense diffuse, blastic infiltrates of acute promyelocytic leukemia (**Figure 5**), affirmed by flow cytometry analysis results of 83% myeloblast, hypergranular variant, +CD117, and negative CD34, HLA-DR and CD11c, and fluorescent in-situ hybridization cytogenetic findings of promyelocytic leukemia/ retinoic acid receptor alpha (PML/ RARa) in chromosome t(15,17)(q22,q21). with t(15,17) (q22,q21) translocation (**Figure 6**).

As indicated chemotherapy was about to be initiated, the patient unexpectedly, rapidly deteriorated within a day after

acute leukemia diagnosis; and she had seizure attacks and went into coma. Neurological consultation and brain CT scan demonstrated significant, progressive intracerebral hemorrhage, involving the left basal ganglia region (**Figure 7**).

She succumbed to this complication within four days after the diagnosis of acute promyelocytic leukemia.

COMMENTS and LITERATURE REVIEW.

The origin of the neoplasm is the second cell (promyelocyte) in the leukogenesis.

Acute promyelocytic leukemia is a rare disease with an incidence of 1/250,000 population.

It is the first highly curable malignant disease to the use of targeted therapy, namely pharmacotherapy directed to the changes at the PML gene, RARa gene level and resulting in the translocation abnormalities.

The disease occurs highest among 30 to 40-year young adults with European and Hispanic Latino background.

The clinical presentation as exemplified in the index patient is leukopenia and marked thrombocytopenia with or without circulating abnormal promyelocytes.

Notorious associated syndrome of DIC (disseminated intravascular coagulopathy) (procoagulants/ excessive fibrinolysis) and hemorrhage is common and may cause early death.

Distinctively, organomegaly, extramedullary disease, and skin involvement are a rare phenomenon.

Diagnosis as classically illustrated in the index patient is usually based upon the findings of greater than 50% hypergranular promyelocytes circulating in the blood, or effacing the bone marrow and bone marrow cell elements, along with the striking t(15;17)PML/RARa translocation in FISH or cytogenetic analysis.

Many authors have discontinued applying the FAB (French American British) Classification in the diagnosis of acute myeloid leukemia; however, because the system is so ingrained in our clinical routines, the terminology is often mixed with the WHO Classification.

The latter system involves five subtypes, namely:

- 1 - AML with recurrent genetic abnormalities,
- 2 - APL with t(15;17)(q22,q12) [PML-RARa translocation],
- 3 - AML with MDS-related features,
- 4 - Therapy-related AML and MDS, and
- 5 - AML not otherwise specified

In **CONCLUSION**, the sudden death in this index patient is attributed to brain hemorrhage, secondary disseminated intravascular coagulopathy, rather than the thrombocytopenia.

The former is attributed to the release of procoagulants, plasminogen, and protease from leukemic cells by the release of excessive cytoplasmic granules.

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

CESAR V REYES MD⁶⁸

TENDERLY YOURS

continued from page 2

leadership.

This coming Saturday is general election of governor and attorney general and most state officials. This includes the

Parish coroner which in my case is over since I was re-elected without any opposition. I have made up my mind who to vote for, and would rather not say it in this article.

I got the **Philippine Illini** from Dr Cesar Reyes. I appreciate getting a copy of the same. I used to write for the PAMB of which Cosme Cagas was the editor. I had the chance to read again Cosme's articles, both prose and poetry. To me he is one of the best writers there is. I was glad to be a part of his editorial staff which always consist of excellent writers among fellow physicians. My father who was a well-known vernacular writer during the time of the *Panitikan*, an organization of Filipino writers, never told us to follow in his footsteps but I did anyway. And my brothers did also.

What is happening around us and abroad is disconcerting and quite bothersome. We cannot help but worry what is going to happen to the world we live in. I hope our government will do everything to protect the lives of its citizen. I hope it is not just for political reasons. We definitely need a good and excellent leadership. And if

everybody is doing everything to keep us safe, the only thing left to do is to pray to God almighty for guidance and help. God bless us all.

FAITH CORNER

continued from page 2

years before a soul could be considered good enough to finally enter into heaven. The Church took great advantage of this concept and the practice of indulgences was introduced. The living relatives of the deceased could make contributions

to the church for the purpose of shortening the dead person's stay in purgatory. Life was bad enough during the Middle Ages with plagues, extreme poverty and starvation to contend with, without people being taught that life after death was even worse.

One day, after young Martin had started law school, he was caught in a severe thunderstorm and was nearly killed by lightning. This put the fear of God into him and from then on, he set out to make himself right and acceptable to God. He quit law school, joined the Augustinian Order of monks who combined intensive studies with strict physical discipline. He became a priest, earned a doctorate in biblical theology, then became a professor at the most prestigious university in Germany. In spite of all this, the question continued to torment him. Am I good enough? He kept asking himself, how can God ever love a sinner like me? More than anything, he wanted

to be in a right relationship with God.

One day, while translating an early copy of St Paul's letter to the Romans from Greek into German, Luther stumbled onto the answer to the question that tormented him. As he translated the text from the 3rd chapter of Romans, Luther could hardly believe what he saw on the page in front of him. God had shown a way to be made right with Him without having to keep all the requirements of the Law of Moses. We are made right with God by placing our faith in Jesus Christ. Paul says, *since all have sinned and fall short of the glory of God, they are now justified by his grace as a gift, through the redemption that is in Christ Jesus*. Luther wrote later that it was as if scales fell from his eyes and he could see clearly. We are made right with God through faith and not by simply obeying the law.

The religious leaders of 1st century Palestine – Pharisees, Sadducees, Priests, and elders – taught that if everybody would just obey all the minutely detailed rules and regulations that they dictated to govern daily life, God would have to love them and therefore save them because they would have earned it.

There are over 600 commandments in the Old Testament. Jesus came into this world to show us that God wants only two things. We are to love God and we are to love each other. Quoting Scripture, Jesus summarized Old Testament Law into two. From Deuteronomy, he said: *You must love the Lord your God with all your heart, and with all*



NOLI C
GUINIGUNDO MD



REV MELVIN
ANTONIO MD

your soul and with all your might **Deuterotomy 6:5**. From Leviticus, he said, *you shall love your neighbor as yourself* **Leviticus 19:18**. This tells us God's purpose for the Law. It tells us that it is impossible for us to be able to truly love anyone by merely keeping the law. Keeping the rules just makes us think that we are better than others.

Jesus offered himself as a model of the self-sacrificing love that God wants us to experience. It was the kind of love that was taught and modeled by the Apostles as they spread the Gospel, the kind of love that spread quickly throughout the Roman Empire and beyond.

Unfortunately, it turns out that our human nature finds it easier to follow rules than to love our neighbors. And so, 14 centuries after Jesus died on the cross, the Church found itself where the Pharisees left off. The medieval Church was still stuck on the Law.

In the traditional text from the Gospel of St. John for Reformation Sunday, Jesus says, *If you continue in my word, you are truly my disciples; and you will know the truth and the truth will make you free*. Martin Luther was set free from trying to make himself good enough for God. Instead of a God of vengeance and punishment, he saw a God of love and forgiveness. This good news had been hidden away, obscured by centuries of mistranslations, misinterpretations and misuse by a church hierarchy that used fear to accumulate wealth and power.

Naturally, Luther was anxious to share this good news with the world. The timing could not have been more perfect. The printing press had just been invented and translations of the Bible into the language of the people made it possible for the world to hear the good news.

The Reformation that started in 1517 has never stopped. The movement is defined by the motto: *Ecclesia reformata, semper reformanda*, Latin for The church reformed, always being reformed. The church is continually reforming because the church is made up of people who are saints and sinners at the same time in Luther's words, *simul justus et peccator*. No matter how much we try to do what we think is good, we are constantly tripped up by bad decisions. It is often said that the road to hell is lined by good intentions but bad decisions.

The second reason is because people of every generation are forever asking the same disturbing question, Am I good enough? It is up to you and I, the church, the Body of Christ, to make sure that all people hear the same good news, the same wonderful truth that set Martin Luther free over five centuries ago.

Am I good enough? Are you and I good enough? On the one hand, we are not good enough because we are flawed by sin. On the other hand, God is unbelievably faithful, merciful and just. God found a way, through the death and resurrection of Jesus Christ to make things right for everyone. The incarnation brought God to us. The cross brought us to

God. *Ecclesia reformata, semper reformanda*. A church reformed always being reformed.

FROM THE HOME FRONT

continued from page 1

age. Some students have boldly and brazenly flaunted their disrespect for authority, disregard for policy and selfish attitudes. Not only on social media but on campus.



LINDA D
TAMESIS MD

Slovenly appearance (unshaven), alteration of uniforms (hoodies and dark undershirts), disinterest in learning (using electronic devices, disturbing lectures by walking out numerous times or talking and laughing) are now common-place occurrences.

Fraternity members feel that they are invincible and above the law. Gone are the days when frats were associated with honor, intelligence and integrity. Now they are associated with partying, cheating and bad attitude.

Cheating is deemed necessary to survive. Is it because of information overload, peer pressure, a way to show electronic savvy, or just a way to beat the system?

From internet piracy to cheating arrangements and bribery, an altered sense of right is demonstrated. (Is this one of the reasons why our board ratings are decreasing?)

Indeed, the end of 2015 seems to be marked by

confrontation and decay of society. But the good deeds of few good men come shining through. Thanks to the students, faculty and alumni who champion what our profession is all about; students who turn their backs to the temptations, bravely communicate problems and resiliently stand their ground; faculty who implement and defend policies, patiently and perseveringly impart what needs to be learned, and teach by exhibiting professionalism; and alumni who generously and consistently support their alma mater and soon to be fellow alumni.

These are the true stars of FEU-NRMF. May they be the light in the darkness, our hope, our future.

PRESIDENT's

Message

continued from page 1

individual successes.

On this Thanksgiving let us extend a special gesture to our Alma Mater which is lasting and meaningful because it will benefit to so many. Let us be generous by

financing a professorial chair or sponsoring one scholar or sponsor a student achievement award for particular subject of your choice, example surgery, pathology, medicine, or contribute to the *Growing thru Giving* campaign for the medical school 22 story new building.

Funding one professorial chair of your choice costs \$15,000. Payable as one lump sum or divided to two or three payments. This is fully tax deductible. Setting an example, my wife and I have funded one professorial chair last year and will be fully funded next year.

Two other alumni from Illinois Drs Honorio T Benzon and Nunilo G Rubio Sr are funding one professorial chair each. The fund is invested and only the interest gained will be disbursed to the chosen faculty.

Funding one scholar from first year medical school to fourth year would cost roughly \$20,000 or \$5,000 per year. This is also fully tax deductible.

The student achievement award is one time donation of \$1050. This amount is invested and only the interest is given to the top student yearly.

Our medical school in Fairview, Quezon City, is at the late stage of completion a 22-story building for classrooms, offices and parking spaces which is a necessary expansion for the school. Donations for a classroom in your name and other forms are also welcome.

Be generous and it is time to give back to our Alma Mater. This is the least that we can do. Happy thanksgiving!

MANUEL A MALICAY MD⁷²
FACP FASH

THANKSGIVING QUOTE

It's important to give thanks all days because if we are lucky, gratitude becomes a habit. You breathe in gratitude and you breathe it out too. Gratitude begins in our heart then it dovetails into behavior. When you are aware of all that has been given to you, in your lifetime and in the past few days, it is hard not to be humbled and please to give back. Saying and meaning *Thanks*, leads to a crazy thought: What more can I give?

Ann LaMott

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
December 2015 issue

December 16, 2015

Please address submission to
acvrear@gmail.com



**MANUEL A
MALICAY MD**



Fruit-laden shrub in Bellingham

BALIK-FEU, January 2016



Far Eastern University
DR. NICANOR REYES MEDICAL FOUNDATION
MEDICAL ALUMNI SOCIETY, INC. (Philippines)
and

Far Eastern University
DR. NICANOR REYES SCHOOL OF MEDICINE
ALUMNI FOUNDATION (USA)

**41st ANNUAL ALUMNI HOMECOMING
SCIENTIFIC CONVENTION**
GOLDEN & SILVER JUBILEE CELEBRATION
January 20-23, 2016
Dr. Ricardo L. Alfonso Hall,
5th floor, FEU-NRMF Medical Center
Regalado Ave., West Fairview, Quezon City
and

**GRAND ALUMNI, GOLDEN & SILVER
JUBILARIAN'S NIGHT**
January 23, 2016 (Saturday)
CROWNE PLAZA GALLERIA MANILA
Ortigas Avenue cor Asian Development Bank
Quezon City

Honorees

Class '66 (Golden Jubilee)	Class '90 (Silver Jubilee)
Class '70 (Sapphire Jubilee)	Class '95 (20 th Anniversary)
Class '75 (Ruby Jubilee)	Class '2000 (15 th Anniversary)
Class '80 (Coral Jubilee)	Class '2005 (10 th Anniversary)
Class '85 (Pearl Jubilee)	Class '2010 (5 th Anniversary)



Tacoma landscaping plant

PROGRAMME HIGHLIGHTS

Wednesday, JANUARY 20

Golf Tournament

Thursday, JANUARY 21

Registration

Thanksgiving mass

Opening of exhibits

Breakfast

**38th Dean Lauro Pangniban MD memorial lecture
Breast Cancer Treatment**

Evolving Paradigms in 2016

ANTONIO ALFONSO MD

Distinguished Teaching Professor

Clarence and Mary Dennis Professor

Chairman of Surgery

State University New York Downstate.

Luncheon Symposium

5th floor, Dr Ricardo L Alfonso Hall

FEU-NRMF Medical Center

Welcome Reception

Friday, JANUARY 22

State of the Arts lectures

Luncheon Symposium

**Fourth Dr Josephine C Reyes memorial lecture
Scholarship at FEU-NRMF**

REMDIOS MAGKASI MD

Professor of Pathology Emeritus

FEU-NRMF School of Medicine

Student Recognition Ceremonies

Student Achievement Awards

Saturday, JANUARY 23 –

GRAND ALUMNI REUNION

GOLDEN & SILVER JUBILARIANS NIGHT

Crown Plaza Galleria Manila

For more details please contact:

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Landline 935-00-25

Mobile 0917-8108610 (Globe), 0933-5100783 (Sun)

Email feunrmfmas@gmail.com

Website feunrmfmas.org



FAR EASTERN UNIVERSITY

DR NICANOR REYES SCHOOL OF MEDICINE

ALUMNI FOUNDATION

37th ANNUAL REUNION & SCIENTIFIC CONVENTION

HONOREES

Class⁶¹ (Emerald Jubilee)
Class⁶⁶ (Golden Jubilee)
Class⁹¹ (Silver Jubilee)
Class⁷¹ (Sapphire Jubilee)
Class⁷⁶ (Ruby Jubilee)
Class⁸¹ (Coral Jubilee)
Class⁸⁶ (Pearl Jubilee)
Class⁹⁶ (20th Anniversary)
Class²⁰⁰¹ (15th Anniversary)
Class²⁰⁰⁶ (10th Anniversary)



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Cut-off date **Wednesday, June 15, 2016**