



ECTOPIC MURMURS

Volume 27

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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

Winter meet on March 28

The Winter 2015 meeting of the FEUDNRSMA Alumni

Foundation board trustees is scheduled for Saturday, March 28, 2015, from 8:00 am to 5:00 pm, at the Marriott Hotel Irvine, 1800 Von Karman Avenue, Irvine, CA 92612,



PETE FLORESCIO MD

announced by the executive vice president and director Pete Florescio MD. To reserve a room, please call 1-800-228-9290 or 1-949-553-0100, with a reference # M-2GGZAP3 at a rate of \$109/night, or online reservations@marriott.com.

Deadline for hotel room discounted rate is March 23, 2015. By the way, the nearest airport is John Wayne Airport; LAX (Los Angeles International Airport) is 45 minutes away without traffic.

The tentative agenda is, as
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FAITH CORNER

REV MELVIN ANTONIO MD⁶⁵

A good friend passed away recently after almost a five-year



REV MELVIN ANTONIO MD

battle with a brain tumor. All along the way, I provided pastoral support in his fight. At each surgical procedure to

deal with the tumor, my wife and I prayed for a successful operation, praying for the Lord to guide the hands of surgeons and other caregivers during the procedure. Each surgery was successful to the point that our friend came out of the operating room without complications.

Two operations later, he
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DR JOSE RIZAL, A POLYMATH

CESAR D CANDARI MD

FCAP Emeritus Henderson, NV

We commemorate the 118th

death anniversary of Dr Jose Rizal – to pay homage to the memory of this great man who gave his life for our beloved country, the Philippines, on December 30, 1896. He was only 35 years old. He is one of the greatest Filipinos who ever lived at a time when the Philippine Islands was under the oppressive rule of the Spanish regime for 333 years. Jose Rizal bravely exposed and fought the repressive Spanish

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CESAR D CANDARI MD

JANUARY DONATIONS

RICK DE LEON MD⁶⁴ and CLARITA DE LEON MD⁶⁸ donated a Professorial Chair Fund in Medicine.

LINDA B PANTANGCO MD⁶⁷ donated \$5000 towards Arsenio R Martin Scholarship Legacy Fund of the FEUDNRSMAF Scholarship Fund.

Our THANKS!



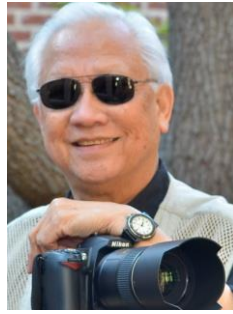
Marriott Irvine CA

JANUARY IMAGE

ROLANDO M SOLIS MD⁶³



Black swallowtail butterfly



Rain on apples



Rain on plants



Leaves in snow



Tulips



Leaf green skeletal details



Water droplet



Oranges



Hummingbird feeding



Water splash

MY FIRST SEMESTER WITH TOUCHDOWN JESUS

MARA MAKASIAR

FEUMAANI Scholar 2014-15

I remember turning in the last of my final exams and walking out of the lecture hall in mid-December and feeling a bit dazed. What do I do now? I had no studying to do anymore. No

tests left to take. I remember walking back to the dorm feeling a huge sense of relief and accomplishment. And then it really hit me. I had just finished my first semester of college, and I made it out alive! As I walked back to the dorm after finals, I looked around at Notre Dame's beautiful campus and couldn't believe I'd already been there for five months. It feels like it was just yesterday, I looked around the same campus on move in day with butterflies in my stomach, anxious to see what the year would bring. I didn't know what to expect. I remember feeling nervous and afraid. Notre Dame isn't a huge school, but coming from the tiny high school in my hometown, it was still quite intimidating. I remember looking over each class' syllabus and began to question whether I'd be able to handle this school's rigor. I didn't know what sort of obstacles I'd

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**MARA
MAKASIAR**

TENDERLY YOURS

NOLI C GUINIGUNDO MD⁶²

Day 5. Pick-up at the Florescente Hotel in Lisbon for transfer to Toulouse, France, and to continue for a two-hour trip north to Lourdes. But our enthusiasm was shortly curtailed by the several hours of delay at the Lisbon International Airport.

We took our supper at the fast food restaurant and after the seeming endless wait, finally on our way to Toulouse/ Pau airport. We got in shortly before midnight. Our pick-up driver has been at the airport since 5:00 pm. The trip to Lourdes took about two hours and slept off-and-on on the Mercedes Benz van.

Everything was quiet and dark when we got to Saint Sauver Hotel, not too far from the Soubrious Hotel (allegedly owned by the Soubrious family a relative of St. Bernadette Soubrious).

Early the next day our tour guide came in right after our complimentary breakfast. We headed towards the hill where St Bernadette's old house is located. We passed through the places where Bernadette walked back and forth on her way to the grotto. We walked through the river which she cautiously walked though because she easily catch cold according to her mother Madam Soubrious. The grotto where the apparition happened is well preserved. In front of the grotto are seats

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**NOLI C
GUINIGUNDO MD**

I AM PROUD TO BE PILIPINO AMERICAN **Part VI**

JOSE MT ANTONIO MD⁶³

As proud American we have to encourage and continue our own legacies or roots for our children, and for their generations to come for we have enigmatic heritages.

Henceforth, I humbly encourage all of us, the first generation, to have the strongest cohesiveness in any field of endeavors for our next generations to follow. For our children's children generations....let us remember what JFK had said in his inaugural address: *Ask not what the government can do for you, but what ask what they can do for their Country.* For one of the authors of our Declaration of Independence Thomas Jefferson as he stated: *Nothing can stop the man with the right mental attitude from achieving his goal; nothing on Earth can help the man with the wrong mental attitude.* Lastly, let me impart the words of wisdom of Albert Einstein: *The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing; and anyone who has never made a mistake has never tried anything new.* Einstein moreover stated that *education is not learning of facts, but the training of the mind to think.*

With all these words of wisdom let be steadfast, and protect our liberties for our

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JMT ANTONIO MD

CLINICAL IMAGES

LETTER TO THE EDITOR

RE: Best of **FEUMAANI**

News November 2010 reissue

Clem and I had our most

wonderful and unforgettable memories of that Holy Land and Egypt vacation!

Thank you so much!

The Israeli trip was a living Bible, and to have Shimon as our

guide was an added blessing.

The Egyptian portion was a look into a 5,000 year odyssey. To see the land where Moses and the ancient Israelites roamed, and where the pharaohs walked, was mind boggling !

The entire trip is an experience of a lifetime.

Thank you for giving us the opportunity to join the **FEUMAANI** group. Everyone was so kind.

CLEM GASCON

IMEE GASCON RN

November 6, 2010

Ed. The above letter was received after **the FEUMAANI News** November 2010 issue was printed and distributed. It has, therefore, never been published.

As the old adage says it is better late than never.

Update. Thank you so much for the re-issue of the best of **FEUMAANI News** November 2010!

Happy Holiday and Happy New Year!

CLEM GASCON

IMEE GASCON RN

December 2014

MEDULLARY CARCINOMA OF LARGE INTESTINE



Figure 1 – A massive and obstructive tumor in the cecum is noted on CT scan.

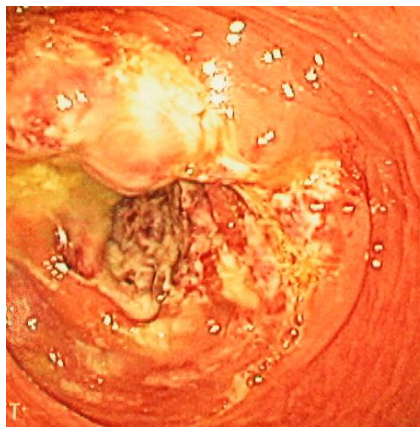


Figure 2 – An ulcerative, nodular, almost circumferential and obstructive cecal cancer is proved on colonoscopy.



Figure 3 – The gross appearance is no different from a bulky usual cecal cancer in a resected specimen.

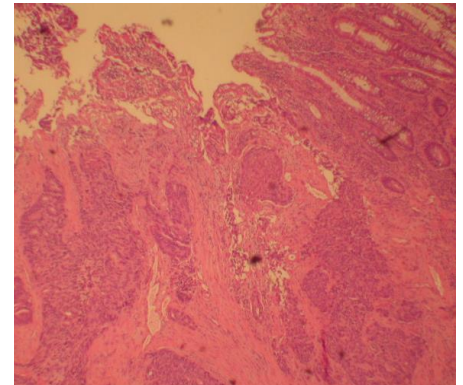


Figure 4 – An ulcerative, invasive poorly differentiated to anaplastic carcinoma is noted (HE stain, x100)

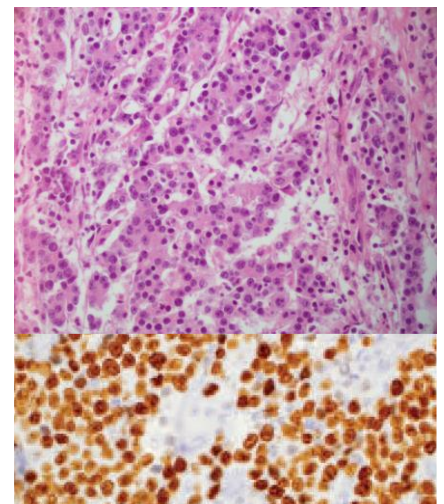


Figure 5 – A medullary carcinoma is visualized on higher power magnification (HE stain, x400) and positive MLH1, cadherin-17, and SATB2 (x400).

THESE IMAGES are from a 58-year old woman who was in good health, and presented with sudden series of bloody stools, diffuse abdominal pain on palpation, hemoglobin of 9 mm%, and slightly elevated carcinoembryonic antigen. The clinical considerations were colonic diverticulosis, inflammatory bowel disease and ischemic colitis.

The CT scan revealed a large, partly obstructive cecal mass which was proven on colonoscopy as an ulcerative, $\frac{2}{3}$ circumferential and six-centimeter neoplasm. The right ascending colon and rest of the large intestine was within normal (**Figures 1 and 2**).

A right hemicolectomy demonstrated a colonic anaplastic carcinoma, positive for MLD1, cadherin-17, and SATB2, infiltrating the muscularis propria with free 1.3 mm radial margin, and negative 21 lymph nodes as well as proximal and distal resection margins for malignancy (**Figures 3, 4 and 5**).

The final diagnosis was pT2, Stage 2 medullary carcinoma of cecum. No chemotherapy and irradiation administered. Follow-up for four years to date shows no residual/ recurrence of tumor; and the patient is well.

COMMENTS and LITERATURE REVIEW. In 1997 (Ann Diagn Pathol 1:26-30, 1997), we reported eight cases of a distinctive histological variant of bowel cancer characterized by an anaplastic morphology, identified from 2,650 colonic malignancies (0.3%). The tumors were histologically composed of sheets of anaplastic tumor cells with frequent atypical mitoses, absence of gland formation, and mucicarmine and periodic acid-Schiff (PAS) negativity.

Positive immunostaining for cytokeratin and vimentin was observed in eight cases and for epithelial membrane antigen in three; whereas carcinoembryonic antigen, alpha-fetoprotein, S-100 protein, HMB-45 antimelanoma

antigen, leukocyte common antigen, and neuroendocrine markers are uniformly negative.

Ultrastructural examination demonstrated intercellular tight junctions, focal surface microvilli, and apical terminal webs or long rootlets of microfilaments supporting a colonic derivation.

At the time of diagnosis, metastases to regional lymph nodes were found in seven cases and to the liver in six. All patients in this study died of tumor within 9 months.

Our report had emphasized a poorly recognized variant of colonic carcinoma, characterized by a high degree of anaplasia and malignant behavior. The differential diagnosis for these lesions was metastasis of unknown origin.

Since then, we had seen another case of what appeared to be a poorly differentiated to undifferentiated carcinoma of cecum, out of another 310 cases of large intestinal carcinoma. This latest instance, along with the previous eight cases of anaplastic colonic carcinoma, was evaluated with a new panel of immunohistochemical tests, including MLH1, cadherin-17, and SATB2 --- now considered highly indicative and specific for the so-called medullary carcinoma of the colon.

Two of the above nine cases of poorly differentiated to anaplastic colonic carcinoma were positive and therefore had to be reclassified as medullary carcinoma of large intestine.

By the way, medullary carcinoma refers to one of several tumors. The most common and more well known is the medullary thyroid cancer which is characterized by a

small or large cell-type carcinoma of the thyroid, highlighted by amyloid stroma, calcitonin secretion, and usually with associated clinical syndrome thereof.

Then there is the medullary cancer or medullary variant of ductal carcinoma of the breast, characterized by usual occurrence in young patients in their mid-30s, histological features of prominent lymphoid and/ or lymphoplasmacytic stroma, and low- to intermediate-grade biological behavior. Of course, occasionally medullary breast cancer can behave very malignant and even presents as triple-negative (estrogen, progesterone and HER2) breast cancer.

Medullary carcinoma has also been described in the following organs, namely: pancreas, ampulla of vater, Gallbladder, stomach, kidney and large intestine, where the malignant epithelial cells have a striking background of lymphoid and/ or lymphoplasmacytic cells.

Medullary carcinoma (MC) of the colon is a relatively new histological type that is often described with gland-poor differentiation and considerable intraepithelial/ stromal lymphocytic infiltrate. Formerly known as *large cell adenocarcinoma with minimal differentiation*, it is now being referred to as medullary carcinoma, due to its organoid architecture.

During the past 25 years, several distinct morphologic variants of colorectal carcinoma have also been identified, including such patterns as mucinous (colloid) carcinoma,

signet-ring cell adenocarcinoma, anaplastic large-cell carcinoma, neuroendocrine carcinoma, amphotericin carcinoma, sarcomatoid carcinoma (carcinosarcoma), squamous cell carcinoma, lymphoepithelioma-like carcinoma, and medullary (undifferentiated) carcinoma.

MC has been included as a distinct histological type in the World Health Organization (WHO) classification of colorectal epithelial cancers, wherein it is described as being characterized by sheets of malignant cells with vesicular nuclei, and prominent nucleoli, along with prominent intraepithelial lymphocytic infiltrate. In essence, MCs are a solid variety of adenocarcinoma with very little glandular differentiation. Although they are morphologically similar to poorly differentiated adenocarcinoma and undifferentiated adenocarcinoma, they tend to display a distinct clinical behavior, in that they are typically more common in older females, less likely to present with nodal involvement and generally bear a better prognosis. Another characteristic feature of MCs is its strong association with microsatellite instability (MSI) in up to 60%.

To date, there has been no epidemiological study of this rare tumor type, which has now been incorporated as a separate entity in the World Health Organization (WHO) classification of colorectal cancers.

In the population-based registries of the Surveillance,

Epidemiology and End Results (SEER) database, and when compared to poorly and undifferentiated colonic adenocarcinomas, it is observed that MCs are tumors, constituting approximately 5-8 cases for every 10,000 colon cancers diagnosed, with a mean annual incidence of 3.47 (± 0.75) per 10 million population.

Mean age at diagnosis is 69.3 (± 12.5) years, with incidence increasing with age.

MCs are twice as common in females who present at a later age with a lower stage and a trend towards favorable prognosis.

MCs are also extremely rare among African-Americans.

MCs are most common in the proximal colon (74%), where they present at a later age than the sigmoid colon. There are no cases reliably identified in the rectum or appendix.

Serum carcinoembryonic antigen levels (CEA) are elevated prior to first course of treatment in 40% of the patients. MCs are more commonly poorly differentiated (72%), with 22% being undifferentiated.

MCs commonly present with Stage II disease, with 10% presenting with metastases. In one series, a rare N2b disease (>7 positive nodes) is noted.

Early outcome analyses showed that MCs have 1- and 2-year relative survival rates of 92.7 and 73.8% respectively.

Although MCs show a trend towards better early overall survival, undifferentiated MCs present more commonly with Stage III, with comparatively worse early outcomes.

Another new findings are

(1) the loss of MLH1 and PMS2 in more than 80% of medullary carcinomas;

(2) expression of cadherin-17 and SATB2 in 89% of medullary carcinomas;

(3) focal expression of TFF3, MUC4, calretinin, CDX2, CK20, and synaptophysin in 72%, 72%, 67%, 67%, 28%, and 17% of 18 medullary carcinoma cases, respectively;

(4) expression of SATB2 and cadherin-17 in 97% and 98% of the colorectal adenocarcinomas, respectively, whereas their expression was seen in 3.6% and 3.3% of nongastrointestinal tumors, respectively; and

(5) MS is strongly associated with loss of mismatch repair proteins and presence of microsatellite instability status.

In **CONCLUSION**, SATB2 and cadherin-17 were highly sensitive and specific markers for colorectal carcinomas and proposed MLH1, cadherin-17, and SATB2 in a routine immunostaining panel for the diagnosis of medullary carcinoma of the large intestine.

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

CESAR V REYES MD⁶⁸

I AM PROUD

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next generations to know, and follow.

I am proud to be American for our legacies of our *Roots* for I have a dream, and think clearly that one day we will be a stronger force to continue our



JMT ANTONIO MD

contributions to this greatest American Empire. Personally it will be praiseworthy to challenge each and every one of you as proud Pilipino-American to remember the words of wisdoms of Thomas Jefferson and Albert Einstein. That is the reason we have honored these four great men in history at Mount Rushmore.

Now, everything had been said and done, please permit me then to establish our own organization, and the leader to all of us to make this venture a success. You all can think about it (suggest in writing the name, and the leader). Kindly allow me to suggest the name should be *United Pilipino-American Bamboo*, and I would like to nominate Dr Philip Chua as chief executive officer for he is well-known with razor sharp pen, and with an impeccable integrity in all Pilipino physician organizations. This organization maybe for profit or non-profit whatever we unanimously agree with transparency. Warning: Please forget the *ingitan* (jealousies) and *me, me and me* for I have the longest jet stream when I pee. *Kapalaluan* (bragging) for all these negative customs and traditions at our *Motherland* has no place in this great country. We have to develop a cohesive force to be united as Pilipino-American compared to our Motherland that are segmented, divided, and fragmented with 7010 islands with different dialects. If the Jews, Hispanics, and Black have their own organizations why don't we have one? Any better ideas? This is a bigger challenge to all of us. Please let me know all your inputs or write an article

pros and cons regarding the business aspect by giving them student loans when they are having a hard time obtaining loan in this great country. Likewise, in politics we need cohesiveness to have stronger force by endorsing candidates that will have an agenda in favor of that is favorable to all of us.

As a proud American I surely missed our Pinoy customs and traditions: respecting our elders, our *barrio fiestas*, the smiling faces of the poor people with joy and carefree life style, close knit of families ties, good neighbors that we can asked them for vinegar, garlic, salt, etc. while you were cooking when we run out of those ingredients. The town church bells every hour, and the *oracion* to be home by 6:00 pm to have family dinner.

Our solemn Christian celebration of Christmas and Easter I surely missed. I also missed the friendship and camaraderie's of my boyhood and early adult life friends. As I am proud of all these beautiful historical data; and so proud of our Roots I am very proud to be an American.

In my personal assessment the ugly (devilish) things going on in our Motherland was the slogan of President of the Commonwealth Government Manuel Quezon while campaigning prior to our Independence stated: *I prefer a government run like hell by the Pilipino, compared to the government run like heaven by the Americans*. That is the reason he was elected president for his patriotic and nationalistic style besides being handsome *mestizo* with charismatic

personality (according to my Dad who knew him personally). At the same token I also abhorred the *suhol* (bribery) system that's ludicrous, and incomprehensible never ending grafts and corruptions from *padrino* system (Spanish style), that made so serious with the West without any end in the horizon under blue sky. It is disgusting for me to be negatives to be American for all those evils were man-made.

Hence, I am very proud of being both Pilipino-American.

Individually we all should make up our mind to go back in our Motherland or to stay here as law abiding American citizen that we all have contributed to the real justice system (even you are members of the Congress or president, etc) they are not all immune for prosecution, and if caught and proven beyond reasonable doubt, and if proven beyond any shadow of doubt then they go to hell (jail). That is the beauty of being American, compared to the present Pilipino justice system for doing so I am comparing oranges and peaches.

Mabuhay, and God Bless America.

TENDERLY YOURS

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seddurring mass. A large candleholder is in front of the seats. To the left, well covered and preserved is the original spring where all the water is coming from. A



NOLI C
GUINIGUNDO MD

large reservoir has been built to regulate the delivery of the water which comes out of several faucets that anybody can avail of.

Commercially available water bottles of different sizes are available for filling. The problem is bringing them back home as luggage are limited in weight. And carrying water is strictly limited.

Climbing into the Basilica is another story. It is a long climb, and takes into getting used to. When you reach the golden dome you know you are getting close to the main church. There were a few tourist/visitors when we got inside the basilica. St Bernadette was there one time.

There were so many parts and passages inside the church. In the upper part of the basilica, steep and hard to climb were life size Stations of the Cross. The church is just above the site of the apparition. If you will recall the movie *The Song of Bernadette*, the instruction was to build the church near the grotto, and for her to dig at the same place for the spring to come up.

The bath house is another area no one should miss. Show up at least one hour before the scheduled opening, both morning and afternoon. You sit on the provided seats/ chairs until you are called six at a time. One area is for men and the other for women. The three men pray for you while they dip you in the 40⁰ temperature. The wetness is not to be dried by towel but let it dry by itself. It was so refreshing to have been dipped in the Holy water. Please stay tune when we leave Lourdes for Toulouse, thence to Rome.

MY FIRST SEMESTER

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have to encounter, but what I



MARA
MAKASTIAR

did know is that this wouldn't be like high school. Boy, was I right. The workload was like none I'd

ever experienced before.

College tests seemed to be much more difficult. At times I'd doubt my own capabilities and it led to breakdowns. But as the days, weeks, and months passed by, I began to get a hang of it. Already am I becoming a better student because of what this school demands of me. I've been loving that it pushes me to my limits and I love the challenge. It's exactly what I've wanted out of a college.

Every day when I walk to class, I pass in front of Notre Dame's infamous main building. It is the most distinguishable building on campus because of its brilliant golden dome, with a gold statue of the Virgin Mary on top of it. Whether it be nighttime, daytime, sunny, cloudy, rainy, snowy...you name it—the dome is always bright and shining. I've been going here for a couple of months now and I can honestly say, its beauty takes my breath away every time (I take a picture of the building every day, so you could say I'm obsessed). Its beauty reminds me every day how lucky I am to be here. I then take a 360 spin to take a good look at the rest of

the quad and see the rest of the buildings, the gorgeous basilica, statues, flower beds, the lakes, and students just like me and just feel so thankful to be going to school in such a beautiful place. I personally love stopping by the grotto or the basilica to say a prayer and thank God for the opportunity I was given.

Other than a crazy workload, college has brought about so many exciting things for me to enjoy. Of course, what is going to college at Notre Dame without attending football games? I have never been to one, nor am I a football fan at all (I prefer fútbol), but after this semester... I am an official, die-hard Notre Dame Football fan. The atmosphere is incredible. Every game day, I walk out of my dorm and feel a different energy around me instantaneously. The campus is packed; people from all walks of life and of all ages are decked out in their best Notre Dame gear for this event. The smell of barbecue and the chatter about the game fill the air. As I make my way down to the stadium, I find myself humming the fight song and can't help but smile as I cross the mural of "Touchdown Jesus" on Hesburgh Library that faces towards the stadium. As I make my way inside, the sound is deafening: the marching band plays song after song, and the student section yells chant after chant. It's hard not to be a fan when everyone around you is unbelievably passionate about this team.

College in general has been such a life-changing experience. I've learned so much, not only academically, but about myself

as well. I've met amazing people, some of whom I'm sure I'll be lifelong friends with. I've only been through one semester and I already feel like I've come a long way. So much has happened and so much has changed that it's hard for me to believe it's only been a few months! It's safe to say I've found the perfect place for me by going to school here. As I prepare for yet another semester full of its own opportunities, surprises, and obstacles, I can't help but feel excited to see what else is in store. Five months later, when I look around campus, I still get butterflies. So with all that has changed, that's one thing that I know won't.

DR JOSE RIZAL

continued from page 1
rule and paid with his life.

Rizal is believed to be the first Filipino revolutionary whose death is attributed entirely to his work as a writer; and through dissent and civil disobedience enabled him to successfully

destroy Spain's moral primacy to rule.

Dr Jose Rizal was a man of incredible intellectual power, the list seems nearly endless. He was not just a nationalist, he was a multifaceted personality who was a doctor with specialty in ophthalmology, poet, and an artist who could draw, paint, sculpt and carve, a linguist (22 languages), novelist, an agriculturist, a surveyor, and a

teacher, a world traveler and an international figure.

His eloquent writings inspired the nationalists for peaceful reforms. Jose Rizal is remembered today throughout the Philippines for his brilliance, his courage, his peaceful resistance to tyranny, and his compassion, speaks well of his enduring legacy. It has been said that *The pen is mightier than the sword*. Some people think of Dr Rizal as a martyr, genius, and the greatest hero. But do we know what was his real purpose on sacrificing his own happiness and devoting his whole life in writing his historically famous and heartfelt novels, literatures, and great works of art?

Prior to his enrollment in the prominent learning institution in Manila, his older brother Paciano Rizal Mercado, insisted that Jose drop the surname Mercado to ensure that he would be disassociated with him as an outspoken and subversive reputation. As such, the young man known as Jose Protacio Rizal at age 17 graduated on March 14, 1877 at Ateneo Municipal de Manila with a degree in land surveying and assessment as inspired by land ownership of his prestigious and wealthy parents. Thereafter, he enrolled at the University of Santo Tomas as a medical student. He dreamed to be a doctor because of his mother's eye ailment. At age 19 as a third-year medical student Jose Rizal formed a university fraternity called *El Compañerismo* to promote civic and patriotic education, mutual aid, and cooperation. He later left the medical school in 1882 alleging discrimination against

Pilipino students by the Dominican professors.

Believing that education in the country was limited, he boarded a ship to Spain with the support of his older brother but without informing his parents.

He enrolled at the Universidad Central de Madrid, graduated in 1884 with a degree in medicine, and a year later with a degree in philosophy and letters from the same institution. Even after the completion of these two degrees, he still was not satisfied and traveled to France and studied at the University of Paris. Rizal was inspired to obtain his specialty in ophthalmology because of love, love for his mother turning blind. He was trained in Paris with Dr Louis de Wecker, one of the foremost ophthalmologist in the 19th century and finally with Dr Otto Becker in Heidelberg, Germany, a pioneer in ophthalmic pathology.

Dr Rizal was an ideal Renaissance man, a polymath who excelled at anything he put his considerable mind and talents.

Among men of wisdom and legendary heroes of the past, Jose Rizal stood tall with Demosthenes of Greece who shouted against the Macedonian conquest, with Victor Hugo of France who defended the Magna Carta (*the great charter*) of King John of England, and with Abraham Lincoln of the United States of America who abolished slavery.

At age eighteen, Jose Rizal in a prize-winning nationalistic poem addressed to the Pilipino youth entitled, *A la Juventud Filipina*, he called upon them as the fair hope of the Fatherland, challenging them to higher



CESAR D
CANDARI MD

aspirations, and to unshackle their chains in order to build nationhood.

We must never forget of the two novels he wrote, that 170 passages in the *Noli Me Tangere* (written in Spanish) while studying in Spain. It was published in 1887 in Berlin. The novel is a scathing indictment of the Catholic Church and Spanish colonial rule in the Philippines, the injustices and corruption in his native land. It was a scalding criticism of the Spanish colonial system in the country and Philippine society in general. This was met with harsh reactions from the elite, the church and the government. This book cemented Jose Rizal on the Spanish colonial government's list of troublemakers.

In 1891, Rizal published another novel, a sequel to *Noli MeTangere*. This time titled *El Filibusterismo* (the Subversive) to fight for our rights and the political resolution of the problems that the Spaniards abused the Filipinos. It was his clarion call to inspire his *kababayans* to be aware, to be engaged, and to be involved in the events happening in the Fatherland. These were social commentaries on our country, the Philippines, which formed the nucleus of literature that inspired dissent among peaceful reformists and spurred the militancy of armed revolutionaries against the Spanish colonial authorities. These writings gave him immortality in the eyes of his people and compatriots, but made him a target of ecclesiastical vengeance.

After touring through Europe, Rizal returned home to

Calamba, Laguna in 1887 for a visit and to perform surgical operation on his mother's eyes. The surgery was not done because the eye cataract was not yet ripe. At this time he received summons from the Governor General for the publication of the *Noli Me Tangere* and he had to defend himself from charges of disseminating subversive ideas. Although the Spanish governor accepted Rizal's explanations, the Catholic Church was less willing to forgive. Six months later, he was back to Europe passing Hongkong, Japan, United States and finally to London. He stayed in Brussels and back to Madrid.

The colonial government considered him a dangerous radical, and declared him an enemy of the state. What Rizal wished was to have the Philippines be made a province of Spain; Representation in the Cortes; Pilipino priests instead of Spanish friars – Agustinians, Dominicans, and Franciscans — in parishes and remote *sitios*; freedom of assembly and speech; equal rights before the law (for both Pilipino and Spanish plaintiffs).

The *La Solidaridad*, a Pilipino newspaper was published in Barcelona, Spain in 1889. It served as the principal organ of the reform movement with Rizal as one of the leaders of contributors where essays and editorials about the economic, cultural, political, and social conditions of the country were published.

The spirit of patriotism and sense of pride and purpose were enunciated by Jose Rizal as leader of the reform movement of Pilipino students in Spain. He

dreamt the dreams of freedom in the Philippines a similitude to the tenets of the French Revolution, that of *Liberté, Égalité, Fraternité*; (liberty, equality, fraternity (brotherhood) - the national motto of France.

We must learn from Dr Rizal who championed the tenets of unity. In fact when Rizal was elected responsable (chief) of the association of Pilipinos in Madrid during his college days over his colleague, Marcelo H del Pilar, who wanted the position very much, he abdicated the position in favor of del Pilar and stated, *I do wish you to give your full support and cooperation to my dear colleague Marcelo. Let us be united in our efforts to liberate our country*. Rizal wrote an article *El Amor Patrio* (Love of Country), sent to the Philippines from Spain, again asserted his patriotism.

Finally, after a total of 10 years away from home, Rizal decided in 1891 his self-exile in Hongkong and opened his medical practice. His family joined him in Hongkong and finally operated on his mother successfully. He knew already the agrarian trouble in the provinces in the Philippines was getting worse; that the families in Calamba including his parents were already evicted from their land and other family members were banished to Mindoro and Manila. Seven months later, he decided to go back home with his parents and his brother pleading not to go. He arrived in Manila in June 1892 to discuss with Governor General Despujol regarding his Borneo colonization project for the Calamba landless people.

Jose Rizal, as a political figure, initiated a civic organization – *La Liga Filipina* after his return. The purpose of *La Liga Filipina* was to build a new group sought to involve the people directly in the reform movement. Subsequently, this gave birth to the Katipunan led by Andres Bonifacio and Emilio Aguinaldo. Dr Rizal was a proponent of institutional reforms by peaceful means rather than by violent revolution. He was immediately accused of being involved in the brewing rebellion, put to prison in Fort Santiago on July 6, 1892. He was later exiled to Dapitan in Zamboanga del Norte. He stayed there for four years. He served the poor people of Dapitan with all his talents. During that same period, the people of the Philippines grew more eager to revolt against the Spanish colonial presence.

The violent Philippine Revolution broke out in 1896. Rizal denounced the violence and was given his freedom. He was permitted to travel to Cuba in order to tend victims of yellow fever. Bonifacio and two associates sneaked aboard the ship to Cuba before it left the Philippines, trying to convince Rizal to escape with them, but Rizal refused.

On the way to Cuba, he was arrested by the Spanish authorities, taken to Barcelona, and then extradited to Manila for trial. Jose Rizal was tried by court martial, charged with conspiracy, sedition and rebellion. Despite a lack of any evidence of his complicity in the revolution, Rizal was convicted on all three counts and given the death sentence.

He was guided to his cell in Fort Santiago where he spent his last 24 hours right after the conviction and will be shot at 7:00 am of the next day by firing squad on December 30, 1896, in Bagumbayan Field.

Did Rizal recant his political beliefs, that he was not part of the rebellion and retraction of his religious beliefs? He wrote *I go where there are no slaves, no hangmen, no oppressors... where he who reigns is God.* And his final letter to his friend Blumentritt of Germany – *Tomorrow at 7, I shall be shot; but I am innocent of the crime of rebellion...* There was no retraction, however, documents of Rizal's retraction have surfaced.

Dr. Ramon Lopez, the grandnephew of Dr Rizal wrote in his article: ... *That Dr. Jose Rizal did not make any retractions on his writings and beliefs.*

The trial that condemned Dr Jose Rizal was a sham. On the eve of his execution, Rizal wrote *Último adiós* (Last Farewell), a masterpiece of 19th - century Spanish verse. His last word - to die is to rest - *mamatay ay ganap na katahimikan.* Dr Rizal's burial at Paco cemetery was without spiritual aid, laid to earth without a sack and coffin per order by the authorities.

According to historians, before he returned to Manila, he wrote his letters to his parents and to the Pilipino people to be opened whenever he will be executed. To Pilipinos, he wrote: *Always have I loved our unhappy land, and I am sure that I shall continue loving it till my latest moment, in case men prove unjust to me. My career,*

my life, my happiness, all have I sacrificed for love of it. Whatever my fate, I shall die blessing it and longing for the dawn of its redemption.

He touched the hearts and changed the lives of our forefathers, awakened the Pilipinos about the real status of their lives because they seemed to have ignored the shame, the agony, and the pain brought by the recklessness of the contemporary colonizers.

With his political writings for which he became famous was his destiny. He wrote and died because of his love for his country.

FAITH CORNER

continued from page 1

underwent a course of radiation and chemotherapy. Three months ago, the dreaded prognosis was in. The tumor was growing out of control and treatment with chemotherapy and radiation were ruled out.



REV MELVIN
ANTONIO MD

He had barely six weeks to live.

With that prognosis, we decided to visit him at his home one more time to lead him and his family in prayers for healing, for well-being, for life.

At that point in time, it would seem that prayers for healing were pointless. However, he and his family were receptive to the idea. Their faith in God remained unbroken through the ordeal. And so, we prayed – for healing, for well-being, for life. The six-week prediction

dragged on into twelve. He passed away in mid-December.

Were the prayers pointless, unnecessary, a waste of time? I have been taught that when we pray, we must pray boldly, asking God to grant us what we really wish for, in specific terms. I have also come to realize that healing takes different meanings, a range of meanings that are incomprehensible to the human mind, meanings that are known only to God. In my friend's case, healing was in the form of time, time that allowed him to witness the wedding of his daughter, time that allowed his many friends and family members to come from far and wide to visit and express their love, time for many more intimate conversations with his wife and children, time to remember that the Lord is always there to take him by the hand and lead him to a heavenly home when the right time comes, time known only to God. At his funeral service, I added that healing is the time allowed for the whole community to celebrate his life and accept his passing as a beginning and not an end.

Finally, healing ultimately means that the time had come for our friend's heavenly journey with God and all those who have gone before him to begin and that for him, God's promise of eternal life for all faithful believers has come true.

The take-away lesson here is threefold. One is that we must not shy away from praying boldly regardless of the circumstances. Jesus says that for God, nothing is impossible.

Two is that we must realize that healing involves far more

that the mending of broken bones, killing germs, repairing organs, changing the chemistry of the body or alleviating pain.

Healing as in my friend's case was the time allowed by our Creator to take care of our earthly affairs before we are taken. Three is that we must be confident enough in our beliefs to trust in God's mercy and grace, to be in total dependence to His will. Our baptism unites us with Christ in His death and in His resurrection. Let that sacrament be our guiding light throughout our earthly lives.

WINTER MEET AGENDA

continued from page 1

follows:

- 1 – Call meeting to order, invocation by Dr Noli Guinigundo, and roll call;
- 2 – Minutes of previous meeting(s) by Dr Luzviminda Santangelo;
- 3 – Chairman of the Board's report by Dr Oscar Tuazon
- 4 – President's report by Dr Manuel Malicay;
- 5 – Treasurer's report by Dr Grace Rabadam;
- 6 – Executive Director's report by Dr Pete Florescio;

- 7 – Various committees' reports:

35th annual reunion scientific convention - Dr Divinagracia A Obena;

36th annual reunion scientific convention - Drs Daniel Fabito and Arturo Basa;

Constitution and Bylaws - Drs Edgar Borda, N Guinigundo and Cesar Candari MD; **Financial and**

Investment – Drs Renato Ramos and G Rabadam;

Professorial Awards and Faculty Development – Dr Edgar Altares;

Jubilarian Awards – Drs Avila Arcala, Daisy Ramos, L Santangelo, and Nida Blankas Hernaez;

Continuing Medical Education – Drs CV Reyes, Celso del Mundo and D A Obena;

ECTOPIC MURMURS and Annual Memorial

Lectures – Dr CV Reyes;

Medical Missions – Drs Jun Castro and Roger Cave;

Preceptorship and Membership – Drs Renato Estrella and O Tuazon;

Donations and Fundraising – Dr D Ramos;

Website – Dr Philip Chua;

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

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

Nomination – Dr Delfin Dano;

Endowment and Scholarship - Dr H Tansuchi; **Balik-FEU January 16-18, 2015** – Dr O Tuazon;

Student Achievement Awards - Dr H Tansuchi;

Entrance Scholarship & Professorial Chair - Dr H Tansuchi;

Indigent Patient Care Funds - Dr Daniel Fabito;

Student Faculty Research - Dr D Fabito;

Faculty Development - Dr M Malicay;

Residency Program Assistance - Dr Ed Relucio; and **Center for Postgraduate Medical Education** - Dr D Fabito;

8 - Chapters reports: **AR, DC, FL, FEUMAANI** (Dr Richard Mon), **Central IL, IN, KS, KY LA** (Dr Noli 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 G Rabadam), **OH, TX, VA, WI** (Dr Renato Estrella), **WV** (Dr Andy Rago), etc.

9 - Class reports: **Class'60, Class'65, Class'70, Class'75, Class'80, Class'85, Class 90, Class'95, Class'2000**, and other Classes.

10 - Next meeting: to be determined; and

11 - Adjournment.

by **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.

PMAC News

Deadline for February 2015 issue

February 4, 2015

Please add res submission to acvrear@gmail.com



Drury Lane Theatre closes its 30th anniversary season with one of the world's greatest love stories. A modern retelling of Shakespeare's Romeo and Juliet, Westside Story tells the tale of two starcrossed lovers caught between rival gangs. A revolutionary work that changed the course of American Music, Westside Story features an electrifying Latin and jazz-infused score including Somewhere, Tonight, I feel Pretty, and America.

Please join the PMAC or a day at the theatre!

WEDNESDAY, MARCH 4, 2015

Luncheon 11:30 am

(Please arrive by 11: 15 AM) Westside Story Show – 1:30 PM

Drury Lane Theater

100 Drury Lane, Oakbrook Terrace, IL 60181
(630) 750-7272

Theatre and Luncheon Package \$70

RSVP by February 23, 2015

Anita Avila MD	(847) 234-829	AnitaTAvila@aol.com
Marylyn A Lopez RN	(815) 744-1678	mheralopez@gmail.com
Fe Lumicao RN	(847) 564-2152	bengl17@msn.com

FEUMAANI BOWLING

It is planned to be monthly and a fund raising to benefit future medical surgical missions.

Venue **LISLE LANES**,
4920 Lincoln Avenue (Route 53), Lisle IL 60532
Telephone 847-338-9299
(Cesar Canonigo)

Everyone, friends, families and colleagues are all invited for fun and physical fitness.

Sunday, November 23, 2014
Registration 11:00 - 11:45 am
Practice 11:45 am - 12:00 noon
Bowling 12:00 noon – 3:00 pm
Donation \$50 per couple, includes, bowling shoes, foods and beverages

Contacts

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815-674-6643

litoeagle18@gmail.com

Gerry/ Gigi Guzman
630-677-1289 guzman21@aol.com

Richard/ Leilani Mon:
708-275-3168 torite@hotmail.com
lnarcelles-mon-md@sbcglobal.net

Future activities

Sunday, February 16, 2015
Monthly 2015 thereon



FAR EASTERN UNIVERSITY DR NICANOR REYES SCHOOL OF MEDICINE ALUMNI FOUNDATION

36th ANNUAL REUNION & SCIENTIFIC CONVENTION

HONOREES

Class⁶⁰ (Emerald Jubilee)
Class⁶⁵ (Golden Jubilee)
Class⁹⁰ (Silver Jubilee)
Class⁷⁰ (Sapphire Jubilee)
Class⁷⁵ (Ruby Jubilee)
Class⁸⁰ (Coral Jubilee)
Class⁸⁵ (Pearl Jubilee)
Class⁹⁵ (20th Anniversary)
Class²⁰⁰⁰ (15th Anniversary)
Class²⁰⁰⁵ (10th Anniversary)



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3555 Las Vegas Boulevard South, Las Vegas, NV 89109

(866) 227-5944 or (855) 901-0002

FEU- NRMF School of Medicine group code **SCFEU5**

or via Caesar's Palace hotel website **<https://resweb.passkey.com/go/SCFEU5>**

Room rates **\$109** for Wednesday and Thursday, July 8 and 9, 2015, and
\$169 for Friday and Saturday, July 10 and 11, 2015.

Cut-off date **Sunday June 7, 2015**

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 February 2015 issue
February 18, 2015

Please address submission to
acvrear@gmail.com



JANUARY QUOTE

The body is not for immorality, but for the Lord,
and the Lord is for the body;
God raised the Lord and will also raise us by his power.
Do you not know that your bodies are members of Christ?
But whoever is joined to the Lord becomes one Spirit with him.
Avoid immorality.
Every other sin a person commits is outside the body,
but the immoral person sins against his own body.
Do you not know that your body
is a temple of the Holy Spirit within you,
whom you have from God, and that you are not your own?
For you have been purchased at a price.
Therefore glorify God in your body.

2:1 Corinthians 6:13-15, 17-20

PMAC

54th Anniversary Spring 2015 SCIENTIFIC SEMINAR
Current Perspectives in Clinical Practice and Management
& Interuniversity Musical Show

Saturday, March 21, 2015, Hyatt Regency O'Hare Hotel

9300 West Bryn Mawr Road, Rosemont, IL 60018

Telephone 1-800-233-1234 or 847-696-1234

*Starting Surgical Practice in Affordable
Health Care Era*

Eugene Tanquilat DO

Vascular Surgeon, South Chicago Suburbs
*Starting Medical Practice in Affordable
Health Care Era*

Dante A Pimentel MD

Internist, South Chicago Suburbs
*Continuing Medical Education, ACCME
Accreditation and Related Topics*

Celso D Del Mundo MD

PMAC CME Chairman

*Leadership and Finance Management in
Corporate Medicine*

Leonardo Malalis MD MBA

Neonatologist, Vice President of Finance
Optimus, Hospitalists & Pediatric Subspecialists

*Administrative Challenges in Surgery
Department and Hospital Leadership Structure*

Aladin Mariano MD MHA FACS

Cardiovascular and Thoracic Surgeon
Alexian Brothers Health System

*Seventh PMAC Professorial Lecture
Great Dilemma in Academic Medicine*

Benjamin M Rigor MD LLB

Emeritus Professor & Chairman of Anesthesia
University of Louisville School of Medicine

**PMAC 54th and PMAC Auxiliary 48th
Anniversary, and PMAC Foundation
Interuniversity Musical Extravaganza**

Make a donation... and make a difference...

Student Achievement Award \$50

FEU-NRMF Professorial Chair \$15,000

Tree of Life FEU-NRMF medical center building sponsorship

Indigent patients fund

Arsenio Martin MD Scholarship Legacy Fund

Interested?

Please inquire with Cesar V Reyes MD

acvrear@gmail.com 630-971-1356