



ECTOPIC MURMURS

Volume 24

Number 4

April 2013

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

May 14th CME, Western Night

The FEUMAANI will hold its first fund raising for the year with a Western Night dinner dance on Saturday, May 4, 2013, at the Hilton O'Hare Hotel in Rosemont IL.

The event highlight is a raffle to benefit a planned medical surgical mission in Tres Martires City in Cavite, scheduled for January 27-29, 2014, and to support education project of street children in Metro Manila in collaboration with Ed Relucio MD⁶⁴ Simon's Foundation.

In charge of the evening activities includes Drs Elenita Rubio, Leilanie Mon, Melinda Tolentino, and Noemi Borillo Fogata. FEUMAANI president Dr Franklin Montellano will publish a souvenir program report to supplement the fund raising.

A continuing medical education seminar will precede the Western Night festivities in the morning and features Nunilo G Rubio MD⁶⁷, endocrinologist and clinical associate professor of medicine at Loyola University, who will discuss a

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NUNILO G RUBIO MD



LOURDES M HILAO MD



GLADDELL P PANER MD



GERARDO GUZMAN MD



MARLON D GARCIA MD

PRESIDENT's Message TENDERLY YOURS

NOLI GUINIGUNDO MD⁶²

The March 16, 2013, Board



NOLI C GUINIGUNDO MD

Trustee meeting in Las Vegas was fruitful and significant. The topic of the chairmen *emeritus* was

presented by committee chair Edgar Borda. In essence, the position will no longer be automatic anymore as was previously observed. It will take two years for a past board chairman to be considered for the *emeritus* title/ position.

The past board chairmen shall function with the advisory board of the Alumni Foundation without the right to vote or make any motion.

The Board chairman may name a sargent-at-arms and a parliamentarian at the beginning of every board of trustees meeting. The functions are as stipulated according to the

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BACK TO THE BOARD

CESAR D CANDARI MD⁶¹

At long last after a hiatus of six years I am back. I feel so normal and strong. *Walk the walk, and talk the talk* on my two feet forward.



CESAR D CANDARI MD

That means basically, being able to do what

you say you can do, instead of just idle boasting. As it has been printed in my two biography/ autobiography books (*Success is a Journey and Varieties and Anthology*), I made a promise

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FAITH CORNER

REV MELVIN ANTONIO MD⁶⁵

The whole season of Lent

has taken up most of my time, it being the busiest season of the Church calendar.



REV MELVIN ANTONIO MD

However, I am not too busy that I

fail to read this publication and it keeps me connected with my colleagues from FEU. I found it interesting that on the March issue, a whole section was devoted to presenting the

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DAFFODIL IMAGES

ROLANDO M SOLIS MD⁶³

GROWING UP in the PHILIPPINES

Mustangs and Sabres

PIO M SIAN MD⁶⁵

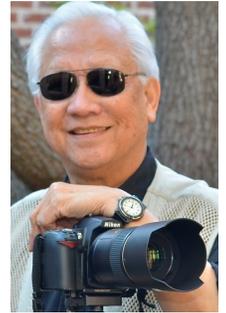


PIO SIAN MD

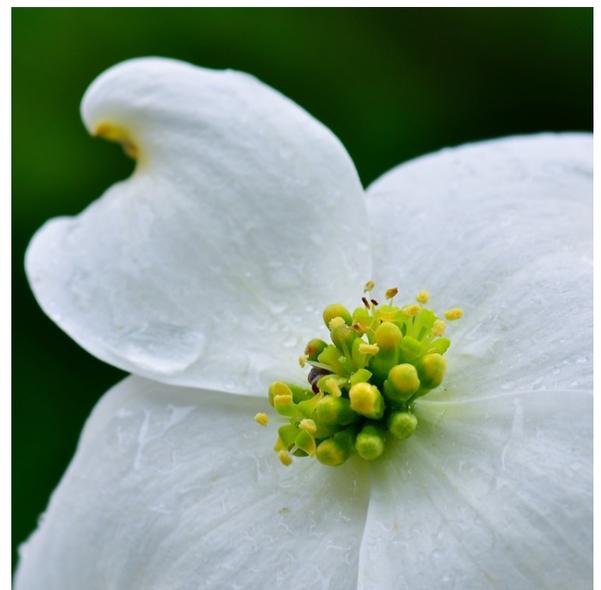
Early in childhood, I was always fascinated by airplanes and wanted to be a fighter pilot. My mind was pregnant with dreams and ideas of flying high, higher than anybody's aspirations.

In 1959, just after my 19th birthday, without the knowledge of my family, I slipped to Nichols Air Force Base, took the entrance exam and passed it. There, I met my heroes: Col Benito Ebuena, Maj Rancudo and Capt Mapua and others. All were pilots of the fabled *Blue Diamonds*, the Philippine Air Force's aerobatic team. They flew the top of the line jets at that time, the North American F-86 Sabre jets. I wondered if they were hand-me-downs from the United State Air Force, reactivated and refurbished surplus from Korean War. They sure looked brand new to me. I felt like walking on clouds just listening to their stories. I remember watching them on air shows, rubber-necking while they were doing the most intricate precision flying and maneuvers. Only world class flyers can do barrel rolls, loops, clover-leaf and many more hair-raising moves. Last I heard was an Air Force Base in Cebu was named after Col later General Ebuena, Major Rancudo later

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ROLANDO M SOLIS MD





GRADUATION TIME

Anna Sophia M Garcia

MD, extreme left, is flanked to right by dad Rufino, mom Amelia (of the KrisAnnJay Jeweller of Pine Hill NJ), sister Kris (also an MD in family medicine residency at Jefferson Hospital of Philadelphia), and brother Jay, on her graduation from Drexel University College of Medicine in Philadelphia.

Dr Garcia, an *Alpha Phi Alpha* in medical school as her sister Kris is, finally wins her MD diploma after years of dedicated studying, clinical rotations, research, papers and examinations. She will be personally recognized, as every Drexel medical graduate will be, during a two-hour ceremony at the Kimmel Center for the Performing Arts of Philadelphia.

She matched with Henry Ford Hospital in Detroit for head-an-neck surgery residency.

This year's Drexel commencement speaker is Donald F Schwarz MD, Philadelphia's health commissioner and deputy mayor for health, who will receive an honorary degree. An honorary degree will also be conferred upon Herbert Lotman, founder and former CEO of Keystone Foods.

CONGRATULATIONS!

SPRING LOVE

CELSO DEL MUNDO MD⁶²



CELSO
CEL MUNDO MD

When the droplets of
April shower
moist your lips
And the cool breeze
of early morn
caresses your
cheek,
The golden ray of
sun warms the
sleeping bulbs of
tulips

You'll feel the freshness of
springtime and a life so
sweet.

Love could be as fleeting as
April showers in early
morning,
With the silvery droplets of rain
waking you up from deep
slumber,
Making your heart beats faster
as love becomes intense with
the April rains,
The dormant bulbs come to life
and display their beauty in
spring.

Springtime signals the
beginning of life, new
aspirations,
A continuation of the life cycle,
like a birth of a newborn,
It's the season to renew our
strength and follow our
dreams,
Praying and hoping for a better
tomorrow all throughout the
year.

TRIBUTE to JESUS TAMESIS MD ULYSSES M CARBAJAL MD

Introduction. Should I be asked to name the Filipino eye specialist who had influenced me immensely, I would pick out the name of Dr Jesus (Jess) Tamesis.



ULYSSES M
CARBAJAL MD

Earlier Encounters with Jess. While a medical student at the Manila Central University, I heard for the first time about Jess' becoming a famous eye specialist. It was he who first showed me how to use an ophthalmoscope properly. Following his clear instruction and demonstration, I could, for the first time, appreciate the beautiful pattern of the fundus of a patient in North General Hospital. The symmetrical and colorful view of a normal fundus stimulated me to do more ophthalmoscopic examinations, making me wonder over God's power to create a unique and marvelous organ for seeing. More importantly, whenever I had a chance, I would take time to watch him perform eye surgeries at North General Hospital. Thus, he inspired me more and more to become, some day, an eye specialist like him.

Inspired by His Example. Accordingly, I went abroad for eye residency, in 1952, first at the Los Angeles Eye and Ear Hospital, then at Childrens Hospital and UCLA Medical Center. When I returned to practice my specialty in the

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CLINICAL IMAGES

WHAT IS LENNERT'S LYMPHOMA NOWADAYS?



Figure 1A



Figure 1B

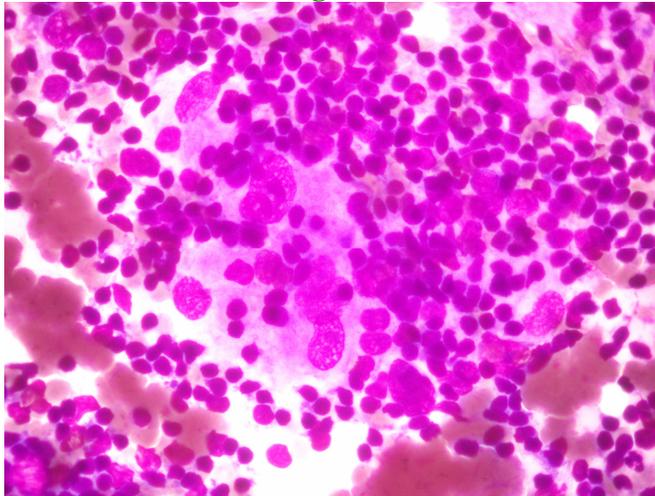


Figure 2

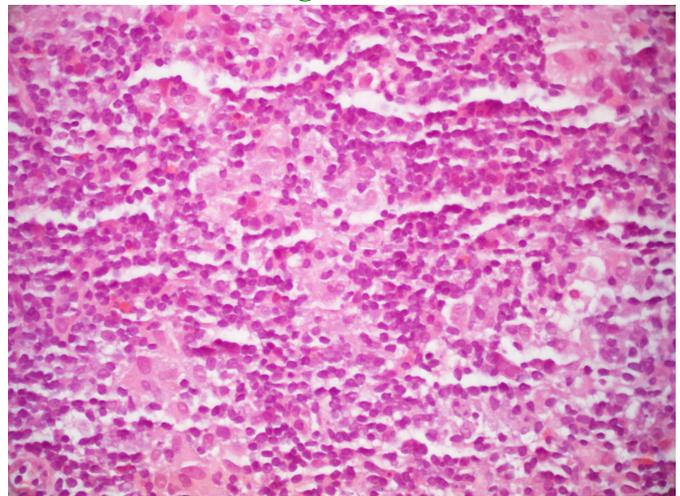


Figure 3

These images are from a 57-year old male patient who presented with multiple abdominal and retroperitoneal lymphadenopathies (**Figure 1A**), the largest node 4-cm on the right, between the kidney and inferior vena cava. Clinical and radiological interpretation was either a malignant lymphoma or reactive lymphadenopathy. A computer tomographic scan-guided fine-needle aspiration biopsy (**Figure 1B**) of the said lesion cytologically showed predominant small lymphoid cells with sprinkling of intermediate, and large

lymphoid cells, a fair amount of large pale epithelioid cells, occasional mitotic figures, and hemorrhagic/ blood cell elements background (**Figures 2 and 3**).

There was no evidence of active acute inflammation, necrosis or caseation, Langhans type/ foreign body/ Touton multinucleated giant cells, eosinophilia, plasma cells, lacunar cells, Hodgkin cells, Reed Sternberg cells, identifiable microorganisms, viral cytopathic cellular changes, glandular structures, germ cell component, or

epithelial dysplasia/ malignancy.

The flow cytometry analysis revealed lymphocytes 84% with a mixed population of B-lymphocytes 10% of total cells, T-lymphocytes 59% of total cells, and NK-cells 0.1% of total cells. No pan-T-cell antigen deletion or B-cell surface light chain restriction was detected. CD4:CD8 ratio was elevated at 10.6:1.

These findings are characteristic of the so-called lymphoepithelioid cell lymphoma (Lennert lymphoma) which is a CD4 (helper T-cell) neoplasia and now a variant of

peripheral T-cell malignant lymphoma.

COMMENTS. In 1952 Lennert first described in a thesis, which was eventually published in 1968, of what was believed to be a variant of Hodgkin's disease with a high content of epithelioid histiocytes and rare Reed-Stenberg cells. In 1976, it was reaffirmed that Lennert's lymphoma was a distinct clinicopathologic entity but not a variant of Hodgkin's disease. This concept was reinforced by other workers in the 1980s and today.

Through evolving definitions in classification of non-Hodgkin's lymphoma, this tumor was grouped with the T-cell and histiocytic rich variants of nodal marginal zone lymphomas.

In the Revised European-American classification of lymphoid neoplasms (REAL) and World Health Organization (WHO) terminology, it is now included in the peripheral T-cell lymphoma not-otherwise-specified.

Lennert's lymphoma affects older individuals who usually present with splenomegaly and lymphadenopathy of the Waldayer's ring.

Microscopically, the tumor is typified by the cytologic and tissue findings in our patient, namely, diffuse or more rarely interfollicular infiltrates consisting predominantly of small cells with only slight nuclear irregularities. Numerous clusters of epithelioid histiocytes are striking. Clear cells or high endothelial venules are less frequent than noted in peripheral T-cell lymphomas of angioimmunoblastic or T-zone

type. Few Reed-Sternberg-like cells, eosinophils and plasma cells mimic Hodgkin's disease.

Another term that may be confused is the so-called *Lennert's pattern* which refers to a histologic picture of diffuse scattered epithelioid population throughout the lymph node. The latter encompasses a differential considerations of granulomatous lymphadenitis, tuberculosis, sarcoidosis, toxoplasmosis, abnormal immune response, peripheral T-cell lymphoma, T-cell rich B-cell lymphoma, mixed cellularity Hodgkin lymphoma, nodular lymphocytic and histiocytic Hodgkin's lymphoma and lymphoepithelioma-like carcinoma.

Flow cytometry analysis and immunostaining, as illustrated in our patient, display a preponderance of CD4+ or T helper cells, TIA1+, variable granzyme B, EBV-, and T-cell gene rearrangement.

A chromosomal rearrangement of t(14;19)(q11.2;q13.3) has been identified in few cases.

Our patient underwent a treatment regimen of cyclophosphamide, doxorubicin, vincristine and prednisone, later fludarabine and cyclophosphamide; and finally ifosfamide, carboplatin and etoposide with subpar response. The clinical course followed a gradual downhill progression despite the aggressive care which was completely discontinued. He succumbed to the lymphoma about 3½ years after diagnosis.

Published mean survival of patients with Lennert lymphoma is about 42 months.

The usual terminal event is sepsis.

FINAL DIAGNOSIS:
Lymphoepithelioid cell lymphoma or Lennert's lymphoma.

A list of **REFERENCES** is available upon request.
by **CESAR V REYES MD**⁶⁸

2013 MOA

NOMINATION FOR 2013
Most Outstanding Alumnus

award is now being solicited.

A 250-word description of why the nominee is deserving of the MOA award, should be concise and specific, and



AVILA
ARCALA MD

should demonstrate the accomplishments of the nominee over and above expectations.

Please address your submission, on or before June 30, 2013, to

AVILA ARCALA MD⁶⁹
Chair, Awards Committee
faarcala@aol.com

COMMENTS

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

ECTOPIC MURMURS

Deadline for the May 2013 issue

May 15, 2013

Please address submissions to
aevrear@aol.com

LETTER TO THE EDITOR

Thank you very much for the generous coverage on the news item, *Dr Ramon Lopez Speaks at AFPSI* which appeared in the April 2013 issue of the **FEUMAANI News**.



COSME R
CAGAS MD

I must apologize for my failing memory, having missed a very important person to the short list of AFPSI guest speakers in its 35-year history.

My apology goes to you and to Carmelo C Dichoso MD, an excellent writer and a friend who patiently corrected, made suggestions and provide encouragements as each chapter of my novel, *I Shall Return* was drafted, who was the association's guest speaker in 1989. You see, of all persons, I should not have forgotten this VIP.

Mea maxima culpa!

COSME R CAGAS MD

PS. I am deeply touched that you even included excerpts of the book --- that required reading, diligence and special work on your part, a true and brilliant reflection of how caring an individual you are and how seriously and devotedly you take your job as editor (of three monthly e-newsletters simultaneously!).

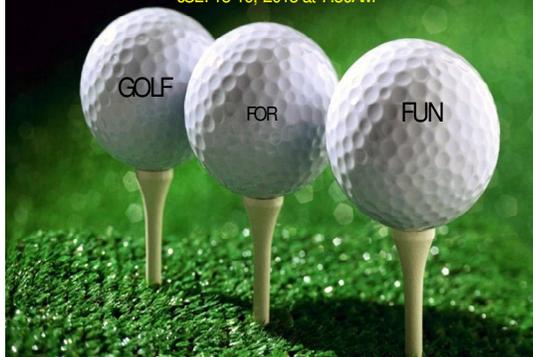
APRIL QUOTE

I seek you with all my heart; do not let me stray from your commands. I have hidden your word in my heart that I might not sin against you.

Psalm 119:10-1

FEUDRSM AF Golf Tournament in Chicago

JULY 18-19, 2013 at 7:30AM



Tournament fee \$110, inclusive of hotel pickup and drop off, lunch and cart.

Contact
**ANGELITO
FERNANDEZ
MD⁷²**

815-674-6643

litoeagle18@hotmail.com

Deadline **June 30, 2013**



2014 CLASS⁶⁴ GOLDEN JUBILEE

DANIEL C FABITO MD⁶⁴

Our Golden Jubilee



**DANIEL
FABITO MD**

celebration starts on Sunday, January 19, 2014 to Sunday, January 26, 2014, in Manila during the 39th annual *Balik-FEU* Reunion and scientific

meeting.

Please contact all of our Class 1964 to be part of the year long celebration which will continue in Las Vegas, Nevada, on July, 2014.

For further particulars, kindly send your email address and telephone numbers to danielfab@cox.net

BLOGS Dialogue with Health Secretary Enrique Ona MD in Washington DC

Thank you for making the necessary arrangement for a dialogue with Secretary E Ona in DC. I forwarded your response to Ike for his information. Hopefully, he or

his office will notify you of the exact date. I know that I can always rely on you and your vast contacts. I believe that Ike's emphasis will be on the state of affairs regarding delivery of health care in the Philippines specially in poorly served areas in the country and his Department's efforts to make a dent in correcting this deficiency. In the two years that he has been Secretary of Health, he and his Department with the support of President Benigno Aquino III have been able to accomplish the following:

1. Establish and implement the *Kalusugan Pangkalahatan* or Universal Health Care for Pilipinos: A government-sponsored insurance program allowing those insured to access any hospital or clinic for their health care needs. To date, there are 5.3 million Pilipino families or about 25 million Pilipinos enrolled. He intends to enroll more people in this program.

2. His administration was able to push through two landmark legislation: The tobacco and Alcohol Excise Tax Reform Act of 2012 and the Responsible Parenthood and Reproductive Health Act of 2012.

3. Would like to widely implement the partnership or Adopt a Hospital program that we all discussed in Chicago last

October and try to develop partnerships with Provincial Hospitals that the Department of Health so designate as recipient.

Regardless of our politics, all the above are definitely worthwhile to support and I hope that many more of our Pil-Am Physician colleagues including leaders of various Pil-Am organizations will participate in supporting the above programs specially the partnership program where all of us can play a major role. Please share this information to our friends. With kind regards,

HERNAN M REYES MD

As you may read below, I was designated to arrange for a venue where our Secretary of Health Ike Ona can have a dialogue with Pil-Am physicians in the DC area. I will include folks that are earnestly lobbying for US medicare in Philippines. Dr Hernan Reyes is the founding president of the Society of Philippine Surgeons in America in 1972.

Dr Ona is our mutual friend colleague and Fellow of the American College of Surgeons.

Dr Ona will be in DC April 16, 17 & 18, 2013 and then to Atlanta. He would like for this dialogue to happen on the 17th late afternoon. I would therefore respectfully ask for your permission for us to use the Romulo Hall from 4:00 to 5:30 pm on Wednesday, April 17th.

We appreciate your kind consideration.

JUAN M MONTERO II MD

Good day from DC. Ambassador Cuisia is now in Manila for a couple of weeks.

With regard to your email below, the Embassy's Romulo Hall may certainly be made use of for the proposed dialogue between Health Secretary E Ona and the Pilipino American doctors on April 17, 2012, from 4:00 to 5.30 pm. Please provide us with the guests who will be in attendance and the name of the person from your group who will emcee/ act as moderator.

It would also be appreciated if you can advise us of the nature of Dr Ona's visit to the United States for the information of the Embassy's Deputy Chief of Mission.
EMIL T FERNANDEZ
First Secretary & Consul
Embassy of the Philippines

Thanks for including me in your email contacts. I am a 1956 UEHS graduate, way before UERMMS opened. Noting my continued interest in UE *affairs*, my longtime friend Dave Roble included me in your alumni contacts. I had been doing volunteer medical/ surgical work in PH ever since I graduated from UST in 1964.

Just a short introduction.

I am sure you feel as I do. It is great to have all those talks. In fact Pil-Am surgeons met with Dr E Ona in Chicago last October before he was conferred honorary membership by the American College of Surgeons.

Don't you think it is time for action? We are all getting older. Most of us are developing age-related issues. So far, the government of our Mother Country has failed to tap an enormous work force of retired Pilipino doctors, nurses and health care providers worldwide. Many of us only ask

for acceptance by our colleagues back home. We are not competitors. Our desire is to serve. We wish to work side-by-side in providing health needs of our *kababayans*. We are fully trained and experienced practitioners. We need an official title such as consultants, adjunct or senior hospital staff. We don't ask for stipend. Free board and lodging are sufficient. We have sources for hospital equipments. Make it easier for donated items to go thru the PH Customs.

I am sure Secretary Ona is aware that almost all provincial hospitals sorely need doctors and equipment. Some of our volunteers are brought to tears when they see old equipment or the lack of it. It is so sad that much talent and ingenuity in the Philippines and abroad are left untapped. Talks are great, but action would be better for the health needs of 25 million Pilipinos. Enough said.

Maraming Salamat po.

CESAR Y CO MD

President-Philippine American Surgey Missions Foundation

I do not personally know Dr Cesar Co nor Dr Benching Tan, but this e-mail is very telling of the universal sentiment of Pil-Am expatriates --- not being utilized by our motherland. I propose that all DOH-controlled hospitals (over 70?) from different provinces should be given a list of their physician expatriate sons and daughters and to invite them to come visit these hospitals and let them volunteer their services as needed. This is a tremendous PR for the country and good for the economy. I am also addressing indirectly here,

Secretary Domingo of DTI and Secretary Jimenez of Tourism.

We, expatriates from the 1960s and 1970s migration are a vanishing breed as you are aware, so time is critical. We commend you on your herculean task of accomplishing a universal healthcare coverage for our people and the vanishing breed expatriates are there to help at this juncture, if and when asked, and with facilitation of the process from the government. That is all they are asking. We wholeheartedly support your *Adopt a Hospital* program, which could be the best venue for expatriate volunteerism.

We look forward to Wednesday's dialogue at the PH Embassy.

JUAN M MONTERO II MD

I agree with Dr JM Montero's sentiments. We seem to be more welcome in other countries than our *motherland*. Our generation is very loyal to the Philippines and we will continue to help regardless of how we are perceived. Our life span is short and if the Philippines do not recognize and use our talents, they lose. I have been working with my Philippine counterparts in the last five years and I am very happy to report that our collaboration to help children with major malformations is working. I have at least two years to help. We need to streamline donations, waivers for luggages for inter-island travel, and financial help from the Philippine rich to share their financial blessings to help the poor.

DOM ALVEAR MD

I agree with Drs JM Monteyro, C Co and D Alvear. I am an otolaryngologist- head & neck surgeon from Harrisonburg VA, who has been doing medical/ dental/ surgical missions in the Philippines since 1989 , mostly at the Ifugao General hospital in Lagawe, Ifugao Province and Good News Mission Hospital in Banaue, Ifugao Province ... through net-working with Pilipino US-trained anesthesiologist , surgeons and surgical specialists, we have established good working relationship with the Ifugao governors, DHOs and local MDs and surgeons over the years.

We are not supported by any organization and pay our own way, donate medicines, supplies equipment to the hospitals.

Although I retired last year, with God's help, I will continue to organize and lead a surgical mission team to the Philippines, the land of my birth.

CONRAD R ZAPANTA MD

What testimonials here to bring to our upcoming dialogue with Health Secretary E Ona on Wednesday. From my vantage point as moderator, I believe the ultimate solution is a government initiative to create an agency, sub-cabinet level authority or what not to act as a clearinghouse/ sounding board, whose only job description is to facilitate the process of expatriates' giving back journey to its motherland ---our beloved Philippines. Details can always be worked out. We are not asking for a cabinet level authority like what the OFWs have, but for the long overdue facilitator whether it be an

individual or agency that understands the expat healthcare professionals' predicaments they invariably encounter when and in *giving back*.

Welcome to a potentially exciting dialogue with us, Mr Secretary. You are our last hope.

JUAN M MONTERO II MD

Not sure if I am getting ahead of myself and your suggestion of a *subcabinet level authority* to oversee the diaspora engagements of overseas Pilipinos but Commission for Filipinos Overseas has been approved for a three-year project we call *balikbayan* which is a one-stop portal for overseas Pilipinos specifically for their diaspora engagements. We could send you a video which explains very briefly the project. CFO has started to implement this project starting this march and we hope to present the most basic and significant features to the public by June 12, 2013.

For your information, our partner agencies here are *dti, dost, da, denr, dar, dot* and *doh* once we have a signed MOA with the latter.

MELY NICOLAS
Secretary, Commission for Filipinos Overseas

Thank God for modern technology, this *Breaking News* could have not been possible, to break the ice at the Wednesday *Dialogue*. A most welcome development from an angel in you, Madame Secretary Mely Nicolas! This is a game-changer and it will certainly shorten the banging of heads. The pertinent question then to ask is if and

when Secretary E Ona will sign the MOA with your office. Amazing what *Bcc* can do. I cannot wait for the video. Many thanks indeed Mely.

JUAN M MONTERO II MD

TRIBUTE TO

continued from page 2

Philippines, I had the privilege of listening to reports by colleagues during the first meeting of the Asia Pacific Academy of Ophthalmology



ULYSSES M
CARBAJAL MD

in Manila in 1961. I then presented the results of modified surgical technique for glaucoma.

Dr Tamesis at that time was making a name worldwide with early reports of success following his placental implantation on scores of patients with macular degeneration. But this fame did not last long. Ultimately, disconcerting remarks were soon received from a few who had tried his method, but failed to reproduce Jess' earlier results or success. What amazed me was his calm reaction when Dr Geminiano Ocampo, chief of the Eye Department in Philippine General Hospital, confronted him during a private meeting about his claim of successful results. He expressed frankly that many of the patients undergoing this procedure appeared to benefit from the procedure: *It appeared*

to halt further progression of the degenerative process.

Nonetheless, at the advice of Dr Ocampo, he stopped publicizing the procedure. I could feel his keen disappointment. Despite the aforementioned questions, I did not lose my confidence in his honesty and integrity.

One Personal Testimony. I will never forget Jess' backing my honest advice for a patient to undergo a peripheral iridectomy after doing a gonioscopic examination (to confirm the presence of a narrow angle) and controlling the elevated pressure in the left eye with diamox and miotics. This patient went to consult with Dr. Tamesis, who then found his intraocular pressure to be within normal limits — *no glaucoma*. This led the patient to report me to the Board of Medical Examiners.

When I was summoned by the said Board, I sent Jess a letter of explanation why I had advised the patient to undergo peripheral iridectomy. He agreed with my diagnosis and management and explained to the Board his finding of normal pressure as the result of my treating the patient with diamox and miotics. He also pointed out the advantages for performing a peripheral iridectomy on patients suffering from narrow-angle glaucoma. Consequently, I was exonerated from the patient's claim of malpractice.

I found out later that the patient, for obvious reasons, did not disclose to Jess that he had consulted with me.

Running for PMA Presidency. During the Philippine Medical Association

(PMA) convention in Davao, 1963, Jess campaigned hard to win the position by a dozen votes over Dr Jose Galvez. As PMA President, 1963-64, he established the MARIA project - Medical Aid to Rural Indigent Areas. Not long after, he won the Presidency of the World Medical Association (WMA), bringing honor to his homeland. In 1966, the Philippines hosted the WMA Convention. At that time, delegates were given a chance to observe the Maria Project. I had the opportunity of seeing personally the project in Rizal province. In 1967, a total of 547,000 people had been served in 23 Maria projects throughout the country. When it was my turn to lead out in the PMA, I complemented the MARIA project with the San Juan Project — specialists to join urban areas in need. The PMA raised funds to encourage five specialists to practice their specialty in needy areas of the country, like the southernmost town of Palawan.

First PMA Con Con. In 1964, the first PMA constitutional convention (Con Con) was held in Makati, Rizal, during the term of President Buenaventura Angtuaco. Jess was then elected Chairman, and I was appointed Secretary. I had the opportunity of working with him several evenings till past midnight to make the PMA document relevant to the needs of the country and of the medical profession. The job could not be finished at Makati. It had to be continued during the next national convention in Cebu City. The constitution and by-laws were meticulously reviewed and amended to meet

the needs of country. Jess' full confidence in my secretarial expertise inspired me to go the second mile with him. We developed such working relationship that he supported, though quietly, my candidacy for the PMA presidency thereafter. When I finally won the position, I appointed him to the chair the MARIA project.

Working together in the Task Force and PMC Commission. It was my pleasure working with him in the government task force on health, together with Drs Ricardo Alfonso, Jose Denoga, and the Secretary of Health Clemente Gatmaitan, who chaired the said Task Force. This special body was assigned the task of preparing the ground work for the Philippine Medical Care (PMC) Commission. I will never forget Jess' acting timely as peace-maker when Ric and Joe had a heated argument during one meeting. Jess' composure and humility made him well-respected and easy to get along with.

Two years later, we crossed paths in the Philippine Medical Care Commission (PMC) of which he was a member. (As secretary, I then represented the Philippine Hospital Association in numerous occasions, the PHA president living out of town.) Jess' great concern for the poor and needy was evident during PMCC deliberations.

Health Problems. Together with Drs Fe del Mundo and Francisco Pascual, we actively participated in the discussions on medical care and health education during the WMA convention in Paris in 1970.

During that time, one evening, Jess suffered a mild attack of angina. Being well-versed with the French language, I accompanied him to buy some emergency medicine at a nearby drug store. Two years later, Dr Amadeo Cruz, Department of Health secretary, and I visited him at Lourdes Hospital, where he had been admitted following a severe heart attack. How grateful and cheerful he was to see us! *Now, I can live longer!* he managed to say.

Paternal Influence. During one out-of-town meeting of PMA in Cabanatuan, Nueva Ecija, I relished the joy of watching his loving care for his two children while teaching them to swim. Both later followed their father's footsteps, becoming capable eye specialists and leaders themselves. When I was elected president of the Association of Philippine Ophthalmologists in America (APOA) in 2000, Pearl being then president of the Philippine Academy of Ophthalmology (PAO), cooperated with me in fostering medical mission in far-flung areas of the country. Two dialogues were held in the Philippines to thresh out problems between APOA and PAO. It was also my pleasure to deliver to Pearl, during the 2000 annual PAO convention, the APOA plaque of honor and recognition for PAO's second successful hosting of the Asia-Pacific Academy of Ophthalmology (APAO) regional meeting in 1999, when Dr Romeo Fajardo was president.

Final Visit at APOA. Not long before joining *the*

innumerable caravan (in the words of great American poet William Cullen Bryant) in the mid-1990s, Jess paid a surprise visit to USA to attend the APOA annual dinner meeting. His inspirational talk fired us to work together harmoniously with our colleagues in the Philippines.

Concluding Thought. I thank God for using Dr Jesus Tamesis to inspire me become an ophthalmologist like him.

He truly and humbly served God and fellowmen.

GROWING UP in

continued from page 2

became General Commanding



PIO SIAN MD

Officer of the Philippine Air Force, most other members of the Blue Diamond team

attained General status and retired.

Part of the introduction was a tour of the base. Lined up on the taxiway were a dozen or so Mustang P-51's. For me it was the only real *War Bird* and love the lines even better than the Sabre's. In the hangar, there were about six P-51's in varying stages of disrepair. Many had bullet holes in the wings, tails and fuselages. They were veterans of *Huk* insurgency and Muslim separatist led by Hadji Kamlon. (later Kamlon surrendered to President Ramon Magsaysay).

I wondered if they were repaired as spare parts were

hard to come by. Some heavily damaged aircraft were cannibalized for parts, a common practice in many of the world's forces. Units beyond repair were melted down for metal.

Today, a Mustang P-51 is the most coveted airplane among air racers. A flyable specimen goes for over \$2.5 millions. Several of them are flown in annual air races in Reno NV.

After the tour, we were scheduled for a physical examination the next day. The orderly jokingly told the candidates to take a good shower before coming. Those who pass will need to have blood, urine and stool tests. I was confident I will pass the exam. They always said that the eyes are the most important part. I was silently proud of having acute vision of better than $20/20$. My mind went beyond the physical examination. I figured if we can march 25 kilometers with 18-kilogram pack (of rocks), helmet and rifle in the FEU-ROTC bivouacs, the Air Force boot camp will be a piece of cake.

The day of the physical was the bombshell that busted my bubble. I flunked because of a hearing loss in my right ear. I always thought I did not have any problem as I can hear well. Given a sharp left ear, I appreciated classical music, wary of pronunciations, even learned a few languages, foreign and local. I never paid attention why I had difficulty in locating where sounds are

coming even if I heard them well.

That night I asked Mama how it happened. She related that when we returned to Manila from Apalit, Pampanga, war was not over yet. Sometime in early February 1945, in the middle of shelling and shooting, a cannon shell went through the South West corner of our house, crossed the street exploded and pulverized the house in front of ours, killing the whole family.

As a scared boy of almost five, I dug solace in Mama's cool presence. The left side of my face was buried in Mama's chest but my right ear was exposed to the blast some 40-45 yards away. Fortunately, the shrapnel landed on the walls and nobody was hurt. We never knew the fate of our neighbor until a few hours after the shelling. Mama said I did not look injured but she noticed about a teaspoon of clear liquid flowed from my ear. We all survived and grew up normally.

Decades later, when I was practicing medicine, I took more time checking hearing loss of children, particularly those with monaural loss. In the past several years, fortunately, newborns are tested electronically before discharge.

A few months later, a second bubble busted when we (the ROTC shooting team) lost the chance to get into Rome Olympics at a stroke of presidential pen. These disappointments had toughened my character, remained competitive and sublimated my frustrations in tackling the medical books and learned not to make hasty decisions.

FAITH CORNER

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Parable of the Prodigal Son as told in the Gospel according to



REV MELVIN ANTONIO MD

St Luke, 15: 1-3, 11-32. The Parable of the Prodigal Son has got to be the best known

and probably the most beloved parable of all time. It meets generations of listeners wherever they are: in first century Palestine, in fourth century Rome, in sixteenth century Geneva, or in 21st century Manila.

Everyone has known a dysfunctional family, especially if you watch the soaps on the television. Everyone has thought at least once of running away from home. Except for my wife and I, almost everyone knows what a pain a sibling can be. You see, we happen to be the *only child* in our families. For this reason, the Parable of the Prodigal Son stays young no matter how old it may be, giving people all kinds of ways to make the story their own.

The problem with such a parable is that the real intent for which it was told can get lost.

We tend to identify with and somehow bond with each character in the story. In repeated telling and re-telling of the story, the real message gets watered down or worse, it gets lost entirely.

In 21st century society, there is nothing remarkable about a young man who decides to leave his father's home where

he will never be anything but a baby brother, and go seek his fortune in the world. The story of the Prodigal Son is so today that it is hard to remember that the boy in the parable is not from Manila or Chicago, or Los Angeles. The younger son did what young men are born to do, leave home to seek fame and fortune. He may have hurt his father in the process, but his father understood. The difference was that the father continued to prosper and the son did not. The son falls short of the proverbial American dream. He returns home to beg his father's forgiveness which is given even before he asks. The way that a modern Christian preacher tells it, the whole story would be about our individual relationship with God. When we decide to return to him and say we are sorry, we too can be sure that a banquet awaits us – a grand feast given in our honor by a father whose divine grace exceeds all human understanding. However, the story may have a different meaning for Palestinians in the 1st century.

The original story was told to a crowd consisting of Pharisees who were grumbling over the way Jesus was associating with sinners. The world in which Jesus lived was largely agrarian. Chances are, nine out of ten of Jesus' listeners were rural farmers. The land was their livelihood. They received the land in trust from their ancestors and, in turn, held it in trust for their children. There was no courthouse where they could record their claims. Those claims were kept in the memory of the community where family honor was everything. In their

world, an individual had little meaning apart from his family. This is easy enough to understand. To the people around Jesus, the family was everything – the name, the history, the family standing in the community. There are also other things that may not be familiar to us anymore such as the sacred honor owed to the patriarch of a clan. The head of the family did not plead with their children. They told their children what to do. They followed a sacred code according to ancient words often heard from the rabbis: *three cry out and are not answered: he who has money and lends it without witnesses; he who acquires a master; he who transfers his property to his children in his lifetime.*

Told in this kind of culture, today's parable becomes the parable of a dysfunctional family – a story about a soft-hearted patriarch with two rebellious sons he is unable to control, willing to sacrifice his honor to keep his family together. It is a reunion story, not a repentance story. It is about the high cost of reconciliation. For the Patriarch, the restoration of relationship means more to him than family standing in the community. His younger son's salvation is worth the fortune that the boy squandered.

In this context, this is how Jesus illustrates the depth and breadth of God's grace. Many things did not really make sense in the story of the prodigal son. How could the father violate a code of family honor by so easily giving in to the young son without pre-conditions? How could a son place a burden

on his family by taking half the family fortune? Who could blame the older brother for being angry at the younger brother and the father? How could a father be so outwardly joyful in welcoming the reckless younger son and at the same time be so tolerant of the self-centered, self-righteous older one?

Common sense conditioned by our modern social values and practices make it difficult to decipher the message that Jesus was sending to his listeners in those days, particularly to the Pharisees. If we go back to what triggered the telling of these parables, we come up with the message that God is merciful beyond all human comprehension. God's love cannot be measured from a human point of view. God's love is one that weeps at the thought of losing even one soul. This love is also one that springs into action to actively seek those that are lost. For the lost, the parable shows the way towards redemption. For the children of God who are already enjoying the fullness of God's grace, the parable of the prodigal teaches an understanding of the extent, the inclusivity of God's grace.

The depth of God's love for us is incomprehensible and immeasurable from a human point of view. It is not for us to decide who falls within God's grace, nor who should be excluded from his mercy. A message of absolute reconciliation is in the heart of the Parable of the Prodigal Son. It is the kind of reconciliation that does not weigh our merits but simply pardons our offenses. It is the kind of reconciliation that demands only that we surrender

to God's mercy. It is the kind of reconciliation that starts with a heartfelt confession such as that of the prodigal son who says: *Father, I have sinned against heaven and before you; I am not worthy of your favor.* It is a reconciliation that comes from an expectation, an assurance of unconditional forgiveness from our Father in heaven.

PRESIDENT'S Message

continued from page 1

revised Robert's Rules of Order.



NOLI C
GUINIGUNDO MD

As far as qualifications of persons assigned to these duties at this point will probably be played by ears. The

Board Trustees will not be as strict and rigid compared with the required qualifications of a Swiss Guard at the Vatican City.

The criteria for the most outstanding alumnus, alumna or alumni award has been submitted to the ECTOPIC MURMURS for publication.

Up to the time of the March 2013 Board meeting, only two alumni have pre-registered for the Chicago 34th annual summer reunion. We need to register as soon as possible to take avail of the discounted price. Again, I suggest to our fellow trustees and alumni not to waste time by registering as soon as possible.

My congratulations again to our Philippine medical board examination toppers. I wonder about the good

performance of Our Lady of Fatima medical school. Six or seven spots in the top ten belong to them. But overall performance is only in the 40% bracket, much lower than our top 80% overall performance.

Some committees and some names had been inadvertently omitted in the final listing. But this can happen. We are not perfect. I have complaints that their names were not included in the different committees. Please indicate your preference if you have any but sometimes we would not know what a person is thinking.

The proverbial Memorandum of Agreement between the FEU-NRMF Medical Alumni Society in West Fairview QC and the FEUDNRSMAF Alumni Foundation was not discussed. I would have to discuss the same with our Board Chairman, Dr Hernani Tansuche, since there are items that were added but not mentioned in the original MOA.

On the other topic, we finally tried the well advertised economy comfort of Delta Airlines. It is not really that roomy specially the three middle seats of the plane. If you happen to get AB and FG seats, then it makes sense; but of course it is still not as comfortable as the business/ first class seats. The price is also quite prohibitive but we do not have much choice since we have to travel by flying.

I enjoin our Board Trustees to please help the July annual reunion by advertising in the Souvenir Program. Please attend the July reunion in Chicago.

I sincerely thank all of those who attended the March 2013 meeting in Las Vegas.

NOLI GUINIGUNDO MD⁶²

BACK TO THE BOARD

continued from page 1



CESAR D
CANDARI MD

of loyalty and dedication to my Alma Mater and therefore after all the infirmities I have had, now I feel exquisitely happy to be part of the assembly

meeting of the FEUDNRSMAF Alumni Foundation on March 16, 2013, at the Monte Carlo Hotel and Casino, Las Vegas NV.

I wish to thank the Chairman Dr Hernani Tansuche President Dr Noli Guinigundo for recognizing me back. I will be the first to say, indeed, the meeting was on time with impressive and excellent strict observations of the pleasurable parliamentary proceedings by the chair, fair and orderly, making everyone on the same footing and *speaking the same language*.

My perspective: Chairman *emeritus* (advisory council)

One main subject in this meeting was the position of Chairman *emeritus*. In the FEUDNRSMAF, *emeritus* is apropos. It has a significant meaning; in Wikipedia --- the free encyclopedia on-line defines it as a *Latin past participle that means having served one's time* or having merited one's discharge by service. It is also commonly used in business and nonprofit organizations to denote perpetual status of the founder of an organization or individuals who moved the organization to new heights as a

former key member on the board of directors (eg, chairman *emeritus*; director *emeritus*; president of the board *emeritus*). That means it cannot be only one individual to be appointed. It is a postpositional adjective (eg, professor *emeritus*). In other cases, it is used when a person of importance in a given profession retires or hands over the position so that his former rank can still be used in his title. For example, Pope Benedict XVI retired to Pope *emeritus* in February 2013. On the other hand, it is a common cognomen in some medical specialties being given Fellow *emeritus* because one was an active member for 25 years. That is I/me in College of American Pathologists.

In July 15, 2004, Troy MI Board Trustees meeting the by-laws was ratified making previous chairman of the Board automatically becomes member of the Board Chairmen *emeritus* whose function is that of an advisory council.

Here is the question about the role of the advisory. Do we really need one? My answer is absolutely yes. However, for all to know here is a statement from role of advisory board in a nonprofit foundation. *A nonprofit has assets in community members who are willing to advise the nonprofit, particularly those with expertise in areas that the nonprofit's staff or governing board members do not have.*

Nonprofits are required by law to have governing boards (eg, the Board of Trustees), but not advisory boards. The biggest difference between an advisory board--sometimes

called an advisory committee or council--and the nonprofit's staff and governing board is authority. To interpret, the BOT has the authority and no one else.

Our Alumni Foundation as nonprofit has struck a lucky deal when the Chairmen *emeritus* became the advisory council. In my opinion they are extremely worthwhile, experienced past chairmen of the Board and it is worth the effort to take this form position and have these individuals identified in our Alumni Foundation.

This position has a good meaning and absolutely excellent impact in our Alumni Foundation.

Without question I view them as an asset to the Board of Trustees, to the chairperson and to our Alumni Foundation.

The advisory board is a way to involve these people who have the skills and knowledge that are of extreme value. As they are past chairmen, it is a perfect place for them who want to volunteer in terms of their understanding of issues and the development of the advancement of the Alumni Foundation whose primary mission is to support our Alma Mater.

This does not mean it is a just a list of people whose names appear on the stationery and who are not involved in the organization. This approach is senseless and has the potential to damage the reputation of the organization. When a person is listed as being affiliated with an organization and he is then asked a question about the agency's purposes or services and answers, *I was asked to lend my name as sign of*

support. This response can lead to questioning the credibility of an organization.

Here's my opinion. An advisory board should be encouraged to develop a statement of purpose; encourage an agenda; a schedule of meetings within themselves; establish their own consensus of counseling; much better, materials should be prepared in advance and send to the chairperson or Board of Trustees so they know what is expected of them at the meeting; to be clear about the group's status in the organization. I am impressed and commend the open letter of Dr Daniel Fabito, Chairman *emeritus* to the leaders of the Board of Trustees posted in the **ECTOPIC MURMURS**. As you might have all read in the **ECTOPIC MURMURS**, I responded wholeheartedly positive of that open letter.

There are limitations on the role of the advisory. Advisory boards generally do not make policy decisions or become involved in the governance of the organization. The name *advisory* captures the true purpose, to provide advice and counsel to the organization through the board of directors, and possibly, the chairperson of the Board. The advisory board is one that can enhance not only the standing of our Foundation through the valuable guidance and counsel they are providing-- and of course when it is done right. I repeat, when it is done right, it is well worth it.

There are times when all members of the advisory board put on show hyperbolic display of discourse and that it becomes a more unwieldy assembly

when many are in actual participatory deliberations of issues, more so when the observance of order and decorum are not enforced with transgression of the rules of the assembly. To emphasize, no rules will take the place of tact and common sense on the part of any speaker as an advisory council; be familiar with parliamentary usage, and set the example of strict conformity thereto, and should not be a man that portends the executive role, capable of controlling the assembly, get excited and perceived as troublesome. The chairperson with tact and knowledge of parliamentary law can control all of these.

In my personal experience, there have always been issues/tensions between Boards and other governing bodies in an organization. Add to that as Pilipinos, I have seen this dynamic, taking control, fiery and thus leading to tension. It should not be. I was not present in the previous Board meeting in July 2012 therefore I could say more.

From one advisory member, he said, *a controlling person (no names) has the points- in Spanish, punta de tierra - the headland- but what is most important for one to have an acceptable assembly performance is the tactfulness, common sense, respect and decorum.*

Let us make it clear that all members of the advisory board should feel free to express their positions within the parliamentary confines of friendliness and proper decorum. Let us not be on a slippery slope going

downhill in our Alumni Foundation.

May 14th CME

continued from page 1

clinico-pathologic conference case on *hyperparathyroidism* and will lecture on inpatient management of hyperglycemia.

He will be complemented by Marlon D Garcia MD⁶⁷, a PG3 in internal medicine at the Cook County Stroger Hospital in Chicago, as the internist, and Cesar V Reyes MD⁶⁸ as pathologist and CPC moderator.

Other CME speakers during the scientific exercise are Lourdes Mella Hilao MD⁶⁷, attending physician at the Department of Health of Chicago, on *heaven and hell and STD* (sexually transmitted disease); Gladell P Paner MD, assistant professor of pathology and urology at the University of Chicago, on *unwinding common overlapping patterns in genitourinary tumors*; and Gerardo Guzman MD⁶³, a 2013 Gold Jubilarian and family medicine specialist in West Chicago, on *a lifetime of medical practice*.

The CME course meets the criteria for 4.0 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. CME credits, to be provided by the Philippine Medical Association in Chicago; and it is **free!**

by **CESAR V REYES MD⁶⁸**

FEUDNRSMF STUDENT ACHIEVEMENT AWARD

Do you want to know a little bit more about the SAA?

The cost for each SAA is \$50. If you want your award in perpetuity, it is \$1050.

You can label your award in your name, or in the name of the person you wish to honor.

This is a challenge for you to channel the extra dollars of your donation/ charity budget to recognize an honor-roll needy student or two at the FEU-NRMF medical school.

Your donation(s) are tax-deductible.

Please make your check payable to

FEUDNRSM Alumni Foundation.

Your donation this year will be awarded during the Student Recognition of the 2014 *Balik-FEU* in mid-January at the FEU-NRMF in West Fairview, Quezon City.

If you wish --- you can also distribute your award(s) in person during the Student Recognition ceremonies at FEU-NRMF!

If interested to set up a SAA or two, please contact:

CESAR V REYES MD
6530 Dunham Road,
Downers Grove, IL 60516
Phone 815-942-2932 x7565
or acvrear@aol.com

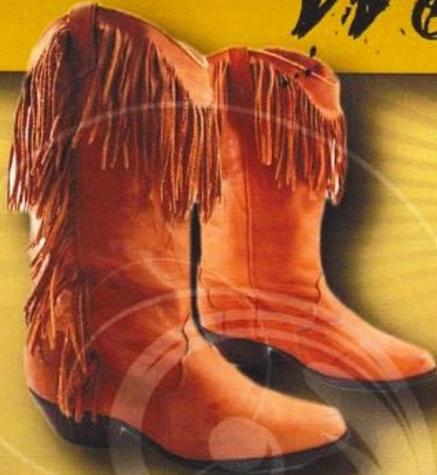
In addition, if you are interested to establish a **Professorial Chair Fund** in your name or of someone you wish to honor, please inquire with the above contact person.



Far Eastern University

Medical Alumni Association of Northern Illinois

Western Night



Saturday, May 4, 2013

6:30PM - 12AM

HILTON ROSEMONT

**5550 NORTH RIVER ROAD.
ROSEMONT, IL 60018**

ATTIRE: WESTERN

DONATION: \$65

PROCEEDS TO BENEFIT
MEDICAL/ SURGICAL
MISSION TO CAVITE, PHILS. &
PROJECT EDUCATION FOR
THE STREETCHILDREN

CONTACT PERSON:

DR. ELENITA RUBIO (847) 256-8495

DR. MELINDA TOLENTINO (708) 606-7202

DR. LEILANIE MON (708) 275-3168

FAR EASTERN UNIVERSITY

Medical Alumni Association in Northern Illinois



Fundraising Raffle

Drawing will be held on May 4, 2013

Hilton Rosemont/ Chicago O'Hare

First prize: 25% of total sales

Second – fourth prizes: 25% of the total sales divided into three

Proceeds to benefit medical surgical mission to Cavite, Philippines, and project education for street children

Only 2,000 tickets will be sold. Need not be present to win.

\$10 per ticket

\$50 per six tickets

The Auxiliary to the Philippine Medical Association in Chicago
together with
The PMAC and The PMAC & Auxiliary Medical Foundation
cordially invite you to their

INTER-UNIVERSITY MUSICAL REVUE

Saturday, April 20, 2013

Hyatt Regency O'Hare

9300 W. Bryn Mawr, Rosemont, IL (847) 696-1234

Cocktails: 6:00 P.M.

Dinner: 7:00 P.M.

Attire: Formal

Donation: \$75.00 (to benefit Philippine Medical Mission)

RSVP by: April 8, 2013

Marylyn A. Lopez, R.N. (815) 355-5511

Simeon A. Sevandal, M.D. (773) 858-2185

Checks Payable to: PMAC Auxiliary

MACCHU PICCHU Tour/ CME

October 4 - 11, 2013

Itinerary: **Lima, Cusco, Sacred Valley, Machu Picchu, Lake**

Titicaca, and a special added [Golapagos Island tour](#)

Total trip cost per person, including international flights \$2194

Not included in the price are Cusco city tour \$75 per person

Meals not specified in the itinerary (additional 3 lunches and 3 dinners \$125

Tips Survival Travel Kit for guidance)

For further information, please call **NIDA BLANKAS HERNAEZ MD**

at **847-668-7385** or email ednida888@gmail.com

Please join the
PHILIPPINE MEDICAL ASSOCIATION in **CHICAGO**
PMAC Auxiliary
PMAC & Auxiliary Medical Foundation

in a fund-raising luncheon to benefit the medical surgical missions to the Philippines and in live **OLIVER**, one of the classics of all time, based on the Charles Dickens novel.

Wednesday, April 24, 2013,
at 11:30 am, show at 1:30 pm

Drury Lane Oakbrook Terrace
100 Drury Lane Oakbrook Terrace, IL 60181
(630) 530-8300

Limited Tickets - \$65

Choice of entree: roast sirloin, baked salmon, or chicken marsala

Please RSVP by April 20, 2013, with
Marylyn A. Lopez marylyn18@sbcglobal.net 815.355.5511
Clarita Mangubat luismangubat@att.net 847.963.040
Nancy Castro gjj091211@aol.com 815.954.0094

OLIVER!

One of the most beloved classics of all time, **OLIVER!** is the wildly successful British musical based on the Charles Dickens novel. After a successful opening run in the West End in 1960, **OLIVER!** has brought Dickens' ageless characters to life, enjoying numerous critically acclaimed runs and revivals in the United States and England. Audiences will follow orphan Oliver Twist as he embarks on a life-threatening adventure through the dismal streets of nineteenth-century England. The sensational score includes Food Glorious Food, Consider Yourself, You've Got to Pick-a-Pocket or Two, I'd Do Anything, As Long As He Needs Me and many more.



You are cordially invited to attend a non-CME speaker program:

Surveillance for Hepatocellular Carcinoma in the At-Risk Population

Wednesday, April 24, 2013

Start Time: 6:00 PM

Location: Gibsons

2105 Spring Road
Oak Brook, IL, 60523
630-954-0000

Featured Speaker(s): David Hoffman Van Thiel, MD
Rush University Chicago

This program is not affiliated with or endorsed by any Physician Network.

To RSVP for this program, go to www.BHC-RSVP.com and enter Program Code PRF2375, or contact the Onyx Pharmaceuticals Representative, Jeri Constantine at 847-732-8566 or jconstantine@onyx.com

All medical professionals are welcome, MD, RN, PharmD, etc.; however, we cannot accommodate any non-medical professionals such as spouses or guests.

Certain HCPs and similarly licensed individuals may be prohibited from participating in this event due to local, state, or federal laws and/or institutional or academic restrictions. Please comply with any and all applicable laws governing the receipt of meals or other items.

Massachusetts Attendees: If you are a Massachusetts-licensed HCP, you may not attend a Speaker Program held in any state, unless the Speaker Program is held at your hospital or office setting.

Vermont Attendees: If you are a Vermont-licensed HCP, you may not attend a Speaker Program held in any state nor accept a meal or gift.

Minnesota Attendees: If you are a Minnesota-licensed practitioner, you may attend a Speaker Program; however, you may not accept a gift/meal.

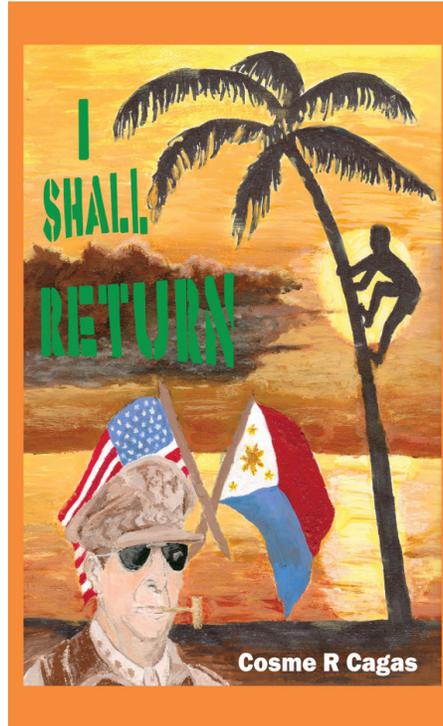
Veterans Affairs/Executive Officers/Federal Employee Attendees: If you are an employee of the Department of Veterans Affairs or of the federal government, you may attend a Speaker Program, but you will be responsible for your meal.

Starting January 1, 2013, portions of this program may be reportable under the Payment to Physicians Sunshine Act.

Program brought to you by Bayer HealthCare and Onyx Pharmaceuticals

Philippine WWII Novel Hot Off the Press

The historical novel, ***I Shall Return***, by Cosme R Cagas MD is hot and has just gotten off the press. Set in WWII Philippines and the Pacific, it is of interest to all history, romance, religious and adventure buffs but especially to Pilipinos and Americans who share a common history.



With the overarching theme of patriotism and a Christian underpinning, *I Shall Return* is less about war and more about the Filipino and American people—their faith, love, struggles, and their willingness to give their lives for country, family and friends. It relates the sacrifices and martyrdom of unheralded heroes some who occupied the highest positions before the war. The story takes the reader to many towns and provinces; to the dark dungeons of Fort Santiago in Manila; to Bataan where prisoners are forced to march in scorching heat without food or water; to the swamps of Candaba where guerrillas snatch escapees from certain death; to a Spanish *casa* where seven sisters outsmart their guards in a dramatic escape; and to Manchuria where POWs dig graves for their frozen comrades.

Woven into the plot are intertwined love stories: childhood sweethearts torn apart by the war—last seen at the dreaded Death March, can he fulfill his promise to return and how? A poor boy in love with a rich girl—we follow him as he makes himself worthy and become a hero. An American lieutenant smitten by a beautiful *mestiza*—can he overcome prejudice, being black and protestant?

With historical introductions, photographs, and rich imagery, the characters and places of *I Shall Return* come alive vividly and beautifully in a novel of deep dimension.

This historical novel complements books on WWII Philippines published in recent years such as *The Great Raid* by William Breuer, *Escape from Davao* by John D. Lukacs and *Lost in Shangri-La* by Mitchell Zuckoff.

The book is available at www.outskirtspress.com/ishallreturn, amazon.com, Barnes and Noble and other retail outlets.

From the author: Those interested in the book, the buyer writes a check (payable to ***Christ Philippine Missions***) for the cost of the book: **paperback \$22.95**, or **hardback \$32.95**

The buyer writes FEUMAANI or PMA Con the check memo; and a signed book(s) will be sent to the addresses in the check, by the author, and the ***Christ Philippine Missions*** treasurer donates part of the proceeds (**\$10 for hard cover** and **\$7 for paperback**) to either **FEUMAANI** or **PMAC**.



FAR EASTERN UNIVERSITY

DR NICANOR REYES SCHOOL OF MEDICINE

ALUMNI FOUNDATION

34th ANNUAL REUNION & SCIENTIFIC CONVENTION

HONOREES

- Class⁵⁸ (Emerald Jubilee)
- Class⁶³ (Golden Jubilee)
- Class⁸⁸ (Silver Jubilee)
- Class⁶⁸ (Sapphire Jubilee)
- Class⁷³ (Ruby Jubilee)
- Class⁷⁸ (Coral Jubilee)
- Class⁸³ (Pearl Jubilee)
- Class⁹³ (20th Anniversary)
- Class⁹⁸ (15th Anniversary)
- Class⁰³ (10th Anniversary)



CLINICAL PRACTICE ADVANCES 2013

ACCME accreditation provided by
the **PHILIPPINE MEDICAL ASSOCIATION in CHICAGO**
July 17 - 21, 2013

Intercontinental Hotel Magnificent Mile Downtown Chicago

505 N Michigan Avenue, Chicago, IL
(800) 948-0424 (312) 944-4100

The link below will allow guest to book, modify and cancel their reservations online. Additionally, guest can book their reservation by calling our Hotel directly at 1-800-628-2112 (312-944-4100 for international callers) and identify themselves as participants of the Far Eastern University room block (or group code CHE). <http://goo.gl/QqCHI> Please note that your group rate is available until **June 26, 2013**. Any reservations requested after this date will be based on availability and at the Hotel's prevailing rate. Please let me know if you wish to receive weekly reports reflecting your current pick up once the registration opens.

REUNION REGISTRATION

Name _____ Spouse _____
 Address _____
 Telephone _____ Email _____ Practice _____ Class _____

REGISTRATION FEES After June 25th

| | | |
|---|--------------|----------|
| CME registration only [paid membership required] | \$ 150 | \$ 200 |
| <i>Hawaiian</i> Welcome Reception (WR) | 25 | 50 |
| Alumni Filipiniana Night Dinner Dance [per person] | 125 | 140 |
| General Membership Luncheon (L) meeting [per person]..... | free | free |
| 34 th Annual Grand Reunion Dinner Dance [per person] | 142 | 160 |
| Annual membership (Am) | 60 | 60 |
| (Am required to attend the Welcome reception, general membership luncheon, and dinner events!) | | |
| TOTAL | \$ _____ | \$ _____ |

To qualify for the discounted rate, register on or before Saturday, **June 30, 2013**. Mail this form and your check payable to **FEUDNRSM Alumni Foundation**,

Pete Florescio MD, Executive Vice President/ Executive Director

337 Elmhurst Place, Fullerton, CA 92835

Telephone **1-714-423-8811**

Email pflorescioofla@sbcglobal.net

CME registration fee is waived to alumni who are in training or waiting for training program, 50% discount for alumni retired from medical practice. Please present documentation for waiver or send letter from your program director. A service charge for **\$50** will be billed for checks not honored by the bank. A service charge of **\$50** will also be withheld for refunds/withdrawals. All refund requests must be made in writing on or before **June 30, 2013**

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

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

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Hotel room rate **\$185 per night**

505 N Michigan Avenue, Chicago, IL

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(312) 944-4100

**A link allows guests to book, modify and cancel their reservations online.
 Guest can book their reservation by calling the hotel at **1-800-628-2112** or
(312-944-4100) as**

Far Eastern University alumni (or group code CHE). <http://goo.gl/QqCHI>

Group rate is available until **June 30, 2013.**

Parking available at the hotel **\$23 per day with two entries allowed each day.**