



# ECTOPIC MURMURS

Volume 28

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

## A GOLDEN MUSING

REMEDIOS SAN PEDRO SALES MD<sup>65</sup>

It is hard to believe that one half of a century have passed and gone by since our graduation from FEU-NRMF Institute of Medicine. When you think of the number of years past, it seems like eons of years ago. But, like they say

time flies when one is busy living life to the fullest. The year in and year out changes of the seasons come and go, the waxing and waning of the moon taken for granted and hardly noticed.

The struggles and challenges we have overcome are now all behind us. The trials and heartaches, the joys and triumphs, the failures and unfulfilled dreams as well as our successes through the years and the difference we made in the lives of others – all these made us better human beings with courage and resiliency to the changes and the roller coaster events in this tumultuous world.

We have become better travelers in the hills and valleys of our lives on this planet earth. We have learned to become spiritually connected and to cling to our true source; the

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## ALUMNI honored, to be honored

NIDA BLANKAS HERNAEZ MD<sup>84</sup> is the distinguished physician for 2015 by the Philippine Medical Association in Chicago (PMAC).



RICK DE LEON MD<sup>64</sup>, left, is the community physician for 2015 by the APPA (Association of Philippine Physician in America), and shown with Henry Eugenio MD.



GERARDO GUZMAN MD<sup>63</sup>, from left, LEILANIE NARCELLES MON MD<sup>72</sup>, and ROGELIO CAVE MD<sup>65</sup> will be inducted as president, Auxiliary president, and Foundation chairman, respectively, during the PMAC 55<sup>th</sup> anniversary induction on September 12, 2015, at the Hyatt Regency O'Hare Hotel.

## FROM THE HOME FRONT

LINDA D TAMESIS MD<sup>85</sup>

Dean, FEU-NRMF SM

Since my return to the Philippines from the 36<sup>th</sup> annual FEUDNRSMAF reunion in Las Vegas, so much has transpired. This article documents

*continue next page*



LINDA D TAMESIS MD



Mrs Yolanda Ortega Lopez, Mrs APPA for 2015, dances with Cresenciano Lopez MD<sup>65</sup>.

some of the recent activities at home.

First were the year level assemblies held to elicit the concerns of the students in 2<sup>nd</sup> and 3<sup>rd</sup> year. They raised concerns about the new rooms in the Tower not being fully prepared; LCDs not installed, poor-quality desks, rooms too cold, and distance that had to be traversed between classes held in two different buildings. The perennial problem of having so many make-ups due to rain days and holidays was also discussed. Many of these issues have been resolved.

The Committee on Health Professions Education sponsored an afternoon meeting to present the 2015 revision of the faculty manual. The vice president for Academic Affairs presented the new edition, highlighting the changes. President Antonio Abad, Mr Pagtalunan (chief finance officer) and Mr Joey Reyes (human resources head) were in attendance. Concerns about benefits, ranking, and promotion were lively analyzed.

One Saturday afternoon was dedicated to helping the 4<sup>th</sup> year students decide on where to apply for post graduate internship training. Alumni PGIs (post graduate interns) from government, private, teaching, and provincial hospitals presented the pros and cons of the programs they chose. Their mutual advice was for the students to keep in mind their goals for the future. PGI is not only a time to review for the physician licensure examination, but also a time to make contacts *continue to page 13*

## FAITH CORNER

REV MELVIN ANTONIO MD<sup>65</sup>



REV MELVIN ANTONIO MD

When we think of Jesus' followers we think of the twelve disciples, but there were more. In the Gospel according to St Luke, the tenth chapter speaks of seventy others whom Jesus sent out. This was a kind of internship, sort of on-the-job training while Jesus was still with his followers. Their mission was the same as Jesus' own ministry: cure the sick, drive out demons, proclaim to the people *the kingdom of God has come near to you*.

In addition, Jesus provides a travel guide, a manual for all to follow. He is on his way to Jerusalem and will be traveling through the villages where he has not been before. Seventy of his disciples are sent to every town and place where he himself intended to go, acting as His emissaries who will announce His coming and give people a preview of His own work.

So what does this travel guide for ministry look like? First, they are to travel in pairs. We think of groups doing mission work door-to-door, always with two or more people such as the Mormons and Jehovah's Witnesses. We can assume that this is for safety, mutual support and encouragement. When one falters, the other can help. When one is lost, the other can seek the way. When one is discouraged, the other can hold faith for both even just for a

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## MUSIC IS MY REFUGE

CESAR D CANDARI MD

FCAP Emeritus, Henderson NV

The 36<sup>th</sup> annual

FEUDNRSMAF

reunion and

scientific

convention at the

Cesar's Palace

Las Vegas. July 8-

11, 2015, was a

huge success. To

say it was a success

is an understatement.

It was fun for all. Music

was everlasting. And it's

genuine.

I think the alumni can detect when you are genuine, when you love what you do, and we love to be there on stage. That is what we thrive on to make everyone happy. And we did it in *Fiesta Latina* and *Filipiniana Night!*

The well-known cardiologist and an artist of a photographer Rolando Solis MD is my witness (one who can give a first hand account of something seen and heard about, neither a crimin' nor an accident, it was the music.)

Life is full of fun and happy times when you accompany yourself while singing. It is the music that rebounds one from misery. Music is extremely important in my life. A quote from Billy Joel: *I think music in itself is healing. It's an explosive expression of humanity. It's something we are all touched by. No matter what culture we're from, everyone loves music. Listening to and playing different tunes helps me to de-stress, relax and it can*

*continue to page 10*



CESAR D CANDARI MD

## TENDERLY YOURS

NOLI CGUINIGUNDO MD<sup>62</sup>

We have nice photos from the last alumni

homecoming. I was mislabeled as Class<sup>61</sup>. It is an honor for me to be mentioned as member of Class<sup>61</sup> but I

actually belong to the great Class<sup>62</sup>.

Last week I received two news items. One on Barack Obama. I did not care much about him. Up to now I wonder how he can run for President notwithstanding that he did not appear to be a natural born citizen, prerequisite to running for president of the United States.

People elected him inspite of this, and to make matter worse, he was even re-elected.

The other item was the article on Time calling the Philippines most stupid for electing the daughter of Vice President Binay as Senator. Come to think about it, what could be more stupid than the United States electing Obama as President since his qualification is questionable. His being a natural borne citizen is under question.

I think Time did not think about those things before writing articles that are explosive and geared towards attracting more readers. This is totally irresponsible journalism. A yellow journalism to wit.

Three of our doctors had written articles about the

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## LETTER TO THE EDITOR

I just received my much awaited email version of the **ECTOPIC MURMURS**. As always I relish the contributions of my fellow alumni. These creaky joints have restricted my mobility, I hope you



PIO SIAN MD

all enjoyed seeing old friends and classmates, just like turning the clock back 50 years.

I learned a lot from Brother Cesar Candari's (thesis?) on Muslims in the Philippines and expenses the government provides. Like here in the States, I was reminded of the endless unlimited expenses and money printing in Tagalog, *Hindi mapupuno ng tubig ang Buslo*.

On both countries' prediction of doom, another Tagalog saying goes, *The hardest steel is soon destroyed by its own rust*.

I missed Brother Rolly's pictures.

Other contributors are great in their subjects.

The pictures of our alumnae are still very pretty.

I was surprised to see an FEU alumnus, Fernando Angeles, working in Fort Defiance Indian Hospital. I worked there in 2008 as a locum tenens physician. My wife Hirfa got tired roaming around in many different assignments.

I took the job for a few months, now going on the third year, at the Sage Memorial Hospital in GanadoAZ which is about 28 miles to the west of Window Rock.

If you read this give me call at [928-755-4775](tel:928-755-4775) opd.

PIO M SIAN MD<sup>65</sup> FAAFP

## 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 September 2015 issue September 16, 2015

Please address submission to [acvrear@gmail.com](mailto:acvrear@gmail.com)

## 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 September 2015 issue

September 2, 2015

Please address submission to [acvrear@gmail.com](mailto:acvrear@gmail.com)



Class<sup>85</sup> in one of their dancing outfits



Class<sup>75</sup> music dancing presentation is led by Amor Sevilla MD (center)



Exotic guest folk dancers



Flutist Beinvenido Yangco MD



Class<sup>75</sup> men truly underline chaos during the 36<sup>th</sup> annual reunion *Filipiniana* Night at the Caesar's Palace Las Vegas.



Best *Fiesta Latina* customs of Las Vegas showladies, Divina Obena MD<sup>85</sup> and Mr Nelson Obena.



The White Hatted music maker



There were line dancings all night.



More line dancing



FEU-NRMF faculty and administration in session.



The ritual of blessing of the pencils for the August 2015 medical board examinees with Dean Linda Tamesis, seated at the center first row in red dress.

# CLINICAL IMAGES

## WHAT IS LEPIDIC?



Figure 1

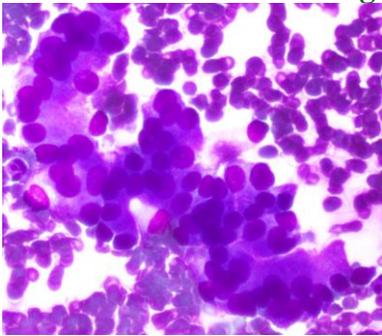


Figure 2

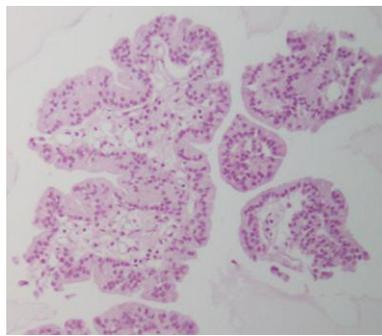


Figure 3

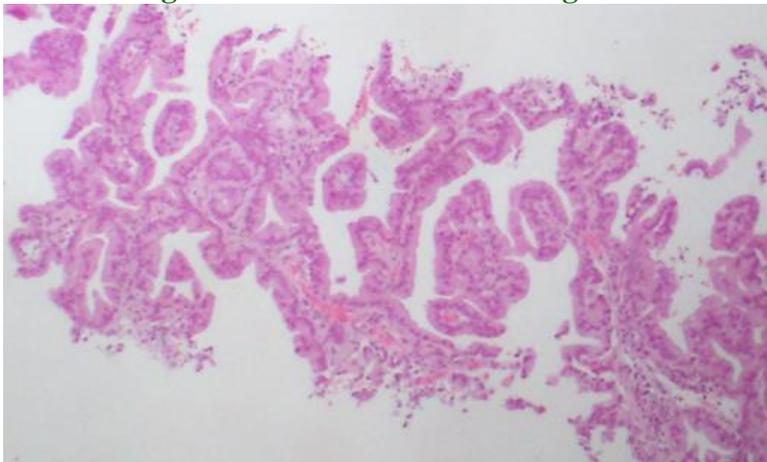


Figure 4

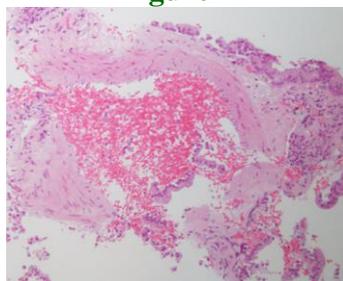


Figure 5

A computer tomographic scan-guided fine-needle aspiration/ core-needle biopsy of the right upper lung lobe lesion (**Figure 1**, the arrow pointed on the fine-needle) showed an abnormal cytology of singly scattered, in in small groups, clusters, trabecular pattern, spindling, with minimal to mild increased nucleocytoplasmic ratio, granular cytoplasm, small nucleolus and granular dispersed chromatin, with a background of mixed inflammatory cells and blood (**Figures 2 and 3**), interpreted as positive for malignant epithelial cells of low-grade lung adenocarcinoma. The tissue affirmed a papillary, tall columnar, clear, palisading epithelial cells, abutting upon an edematous fibrovascular core, diagnostic of lepidic-type adenocarcinoma (**Figure 4**). The imaging size of 4.8 cm and the findings of a fairly-sized blood vessel (**Figure 5**) also proved the invasive variety.

Further studies revealed no evidence of ALK gene rearrangement detected by FISH Nuc ish(ALKx2)[50] and negative for EGFR gene mutation.

The final diagnosis was lepidic-type lung adenocarcinoma with distant metastases.

The patient was also evaluated by hematology oncology service, urology, pain management services, pulmonology, and interventional radiology service.

Specific targeted therapy was not instituted. He instead underwent injection of the spine for pain control, was given

symptomatic therapy, later transferred to hospice.

### **COMMENTS and LITERATURE REVIEW.**

So what is **lepidic**? In the new classification of pulmonary adenocarcinomas, the term lepidic refers to tumor cells proliferating along the surface of intact alveolar walls without stromal or vascular invasion. It essentially replaces the obsolete terminology of bronchioloalveolar carcinoma. (It is different from the word **lipidic** which is composed of composed of fat.)

The Oxford English Dictionary does not list the word because it is said to be a neologism, a new word invented in Canada in the early 1900s by John George Adami MD. It was proposed that the new terms would be used to classify all neoplasms.

The term lepidic (from *kepi*, *kepido*, meaning a rind, skin, or membrane) was applied to tumors that appeared to be derived from surface-lining cells

The term lepidic laid relatively dormant for many years, making rare appearances in textbooks of pathology, until the 1950s and 1960s when it was included in several medical textbooks.

Soon, other diagnostic terms arose within the literature to describe this tumor, including terminal bronchiolar carcinoma, bronchiolar carcinoma, pulmonary adenomatosis, and terminal bronchiolar carcinoma; however, none of them ever became popular.

The original alveolar cell carcinoma, a descriptively

accurate term for the tumor, might have survived, but it also never gained traction.

Instead, the diagnostic term bronchioloalveolar carcinoma describing this tumor that has survived and was re-introduced as bronchioloalveolar carcinoma in 1960 by the great lung pathologist Avril Liebow.

Bronchioloalveolar carcinoma has remained resilient, despite the occasional publication using one of the older terms and notwithstanding the term's modification to bronchoalveolar carcinoma, an inaccurate but remarkably used term. Despite its ease of pronunciation, bronchoalveolar carcinoma should not be used; precision is important in medicine.

The new terminology is lepidic-type adenocarcinoma. It is a pathologically distinct type of non-small cell lung carcinoma (NSCLC), and its incidence appears to be rising. The incidence of lepidic-type adenocarcinoma is increasing in frequency and contributes to the higher incidence of adenocarcinoma noted in recent decades.

The etiology of this increase in the incidence is undefined. lepidic-type adenocarcinoma tends to occur more frequently in women and in patients who have never smoked. Patients with advanced tumor are more likely to have bilateral and multilobar involvement than patients with other types of lung carcinoma.

Reports of resected Stage I lepidic-type adenocarcinoma have shown that patients live longer than patients with other types of NSCLC.

In one series, 12 of 28 lepidic-type adenocarcinoma patients (43%) are women, compared with 40 of 124 control patients (32%).

Nine (32%) of the patients have never smoked cigarettes, versus 20 controls (16%) ( $P = 0.02$ ). Eighteen patients (64%) have bilateral multilobar or multicentric pulmonary involvement, compared with 13 controls (15%) ( $P < 0.001$ ).

Patients with advanced stage (IIIB and IV) have a median survival of 15 months from the time of diagnosis; for patients with other types of Stage IIIB and IV NSCLC, have a median survival of 10 months.

Under lepidic-type adenocarcinomas, there are five clinically and pathologically distinct entities, namely, non-mucinous lesions (adenocarcinoma-in-situ, minimally invasive adenocarcinoma, and adenocarcinoma with a prominent lepidic pattern) and mucinous lesions (mucinous adenocarcinoma-in-situ and mucinous adenocarcinoma).

Tumors showing a pure lepidic pattern are now best regarded as adenocarcinoma-in-situ. Lesions that are small (<3 cm), solitary adenocarcinomas with pure lepidic growth are expected 100% disease-specific survival if the lesion is completely resected.

Small (<3cm), solitary adenocarcinomas with predominant lepidic growth and small foci of invasion measuring 0.5 cm or less is termed minimally invasive adenocarcinomas.

Adenocarcinoma-in-situ and minimally invasive adenocarcinomas are of special interest because of their 100% and near 100% 5-year survival, respectively, if completely resected.

Some criteria are more straightforward than others: such as invasion of the pleura, vessels or airway walls. Once there is confluent scar or desmoplasia in association with glands, this represents invasive adenocarcinoma.

If there is a pattern of growth that is a recognized pattern of invasive adenocarcinoma such as acinar, papillary, solid or micro-papillary, then this is invasive as well.

The other form is the invasive (invasion 0.5 mm) adenocarcinomas with predominant histologic pattern, of predominant acinar, papillary, solid, micropapillary, or lepidic adenocarcinoma, formerly classified as mixed subtype tumors with non-mucinous bronchioloalveolar pattern.

Tumors with micropapillary pattern is commonly associated with a poor prognosis and a higher rate of node metastasis, is characterized by malignant cells growing in micropapillary tufts lacking fibrovascular cores.

Finally, the term lepidic may serve as a reminder of the value of using language precisely. It must also be emphasized that the old terminology of bronchioloalveolar carcinoma is mouthful.

In **CONCLUSION**, lepidic-type adenocarcinoma replaces the obsolete terminology, bronchiolo-alveolar carcinoma

of the lung. Patients have clinical, radiographic, and pathologic characteristics that distinguish them from patients with other types of NSCLC.

The incidence is increasing and is believed to contribute to the dramatic rise in incidence that now makes adenocarcinoma the most common form of NSCLC.

A greater proportion of women and nonsmokers present with lepidic-type adenocarcinoma than with other types of NSCLC.

Patients with advanced stage are more likely to have bilateral diffuse pulmonary involvement, are less likely to develop brain metastases, and have longer survival than patients with other types of Stage IIIB and IV NSCLC. Further research is warranted to define etiology, molecular abnormalities, and more effective therapeutic interventions.

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

**CESAR V REYES MD<sup>68</sup>**

## TENDERLY YOURS

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*bangsamoro* and I am not adding my 10-cent opinion, except to say this is not a good thing for the Philippines. It is an



**NOLI C  
GUINIGUNDO MD**

eventually the Muslim state will spread up north and not be satisfied in the south.

This would mean the beginning of the end and the end of our beginning. It is not

also a wholesome arrangement and seems to be one-sided. Money talks in Congress agreeing to approve the same.

Back to our recent trip. The week of July 4<sup>th</sup> was spent in Orlando FL to celebrate Ding's alumni homecoming. It was an excellent change from FEU since I was an innocent bystander to the UST reunion homecoming.

I enjoyed most floating in the long river-lagoon at the J Marriott Grand Lakes Orlando. We used the free and readily available interior balloon.

You float and the slow current takes you all the way to the beginning of the river where you started. This was so relaxing and refreshing, you feel rejuvenated.

Here and there we enjoyed the Chinky food readily available for a short trip. The UST program is different from our FEU program. The UST did not have *Filipiniana* but mainly the grand Ball. The UST reception was fairly good.

I had a 24 hour lull to attend to some patients, to sign some charts and nursing home papers, part of our numerous daily activities of our daily living at the office.

It is that time of the year that we worry and care about the heat. We just came back from heat of Orlando and Las Vegas. But one nice thing about it, we are from Monroe LA where the heat is no different from the two other places I just mentioned.

Sometimes it is even hotter in Monroe than in the Philippines. People just have to watch for impending dehydration and worse heat stroke or exhaustion. Drink

fluids prior to feeling of thirst. This goes for ordinary sedentary people or for football players and those working outside the house.

Early sign of heatstroke are weakness, lightheadedness, dizziness, headache, cramps, or nausea/ vomiting. Then go immediately to an air conditioned room and seek medical aid immediately.

I find it onerous in jotting down all the passwords and pin numbers: LEERS to complete your death certificate, and every now and then changes the passwords whether you like it or not. FMCSA to do CDL physical, a recently approved federal law that you got to be certified to do this physical. You have to attend the course to do CDL physical and to pass the examination after attending the course.

Just to turn on your computer you got to punch in a password. To manage your bank accounts, password is needed. To open the Facebook needs one. To get into the American Academy of Family Medicine, you got to have a password. Healthland for our health computer.

Do not forget Google, Verizon, AT&T, of course Delta Airlines, and Marriott to name a few.

If you forget your password you can still get the company in the internet to provide you with another password and pin number. You can jot down all of your password and pin number under notes in your computer or on another memo book. My pocket is already full

of notes. It makes you tired to handle all these information....

## MUSIC IS MY REFUGE

*continued from page 2*

*also help to motivate me in*

*trying times.* In short, music to ears. It is the art of arranging sounds in time so as to produce a continuous, unified, and evocative composition, as through melody, harmony, rhythm, and timbre. I love to



CESAR D  
CANDARI MD

entertain.

The following tales are factual; all reflect the amusing development of an ordinary musician, which is nostalgic and family-oriented. In today's culture, music is a large part of our lives. Not everyone has the drive to be a musician. But, I do. When someone becomes a musician they learn many things, which non-musicians would never know. For many years, no one ever knew, I can play the piano in a plain way.

The advent of high-powered musical electronics – the synthesizer/ keyboard -- made my life in music. My fingering, in ad-libs tempo and rhythm has been perfected. Incredible! Ad-libbing is, basically, *playing around with the tune*, using licks, riffs and scales (and/ or whatever comes to mind) usually in a dramatic or emotional part of a song.

I do not mean to be narcissistic or toot my own horn, but you can learn to do it all by ear, and if you don't know where to start for it's all a

complete mystery, you can train your ear by listening to the chords and practicing syncopation, ie, rhythm.

For twelve years, I have done the playing constantly, to enjoy as music brings joy to one's heart. To me music is more than just something to listen to or play, it's something to feel. I provided music in family parties and some social organizations, simply to entertain the audience. It is a one-man band, an entertainment that will unite each and everyone into one heart — one people.

It gives us an opportunity to connect with friends and old familiar faces. With joy and excitement we listen to the tune that touched our lives. Wherever you are, no matter what life we are in, music will always bring joy to one's heart with a smile. As Arthur O'Shanessey stated, *We are the music makers, and we are the dreamers of the dream...*

To go over in the lighter side of my life during my youth, I developed an interest in music and would have liked to become a good musician. It was at a time when we listened in our home radio, where music of the 1950s gave us the joy of listening to the big band music of the early 1950s through the rockability of the late 1950s.

The music was fast and the beat was swing baby swing. Crooners like Frank Sinatra, Perry Como and Matt Monroe slowly gave way to artists like Little Richard and Jerry Lee Lewis. The romantic sounds of Xavier Cugat, rumba, and perfidia were enamoring.

I was and still am a music lover, and I learned to sing. Singing is good for everyone! Every time that you sing, your heart rate starts to slow down then your breathing and brain activity slow down too. You can compare it easily with an aerobic activity or an exercise with vascular circulatory stimulation promoting oxygenation of the body system. It reduces the stress and anxiety when those hormone endorphins, the *feel-good* hormones are released as well as release of oxytocin, a hormone found to reduce anxiety and stress. Do not take any tranquilizers, singing is enough to soothes your nerves and elevates your spirits-without the side effects. World-renowned author Professor Graham Welch at the University of Suney UK) states that singing can prolong your life. Whether you are in a *shower*, *diva/divo*, a *karaoke bar aficionado*, singing is good for everyone!

Indeed, I was in my high school operetta programs, and these struggles to sing and the love for music led me to become a trumpet player. Things did not go along well. I finally gave up as a trumpeter despite my musing of Louis Armstrong and Miles Davis, famous trumpeters of the 1950s.

At one time, when *combo* was a common and popular group of music entertainer, I organized a small group of youth friends familiar with *cha-cha*, *rumba* and other Latin American music. I led the group as a harmonica player. We had a guitarist; a drummer, a percussion player and we all

were singers. We entertained and provided music to any group parties for free. Those days were never complex. Indeed, we had all the positive attitudes, a happy outlook in life. It was indeed happy moments of my life. This was life eternal. This was all that youth will give you. It was the season for music, a moment in one's life with my youth friends. I believe that every young person should have the opportunity to experience the magic of music.

I believe music effects people in many different ways. I also feel that it helps me to get through things. Music is an immensely powerful thing and has a huge place in my life right next to my heart. Music has the power to build academic and social skills; unleash creativity; and develop self-confidence and self-esteem.

In our recent reunion, happiness keeps everyone sweet, but being sweet brings happiness.

Music is what feelings sound like.

## FAITH CORNER

*continued from page 2*  
little while.



REV MELVIN  
ANTONIO MD

That is what a company of believers does – we hold on to each other, encourage and embolden each other, and even believe for each other. We often forget that because we live in a culture that insists on individuality, that

there is not enough for everyone; therefore, grab it before someone else does.

We have been taught to look out for number one. Jesus reminds us that success is found only with and for each other. This reminder is a timely gift to his disciples and for us. I consider myself fortunate to have my wife, Carla, with me as a partner not only in prayer but in ministry as a whole.

Jesus says *the harvest is plentiful but the laborers are few*. It was true then and it is true now. In surveys that ask about religious affiliation today, the fastest growing group belongs to the ones that check *none*.

Overall, church attendance is down especially among young people. One of the characteristics of today's so-called *postmodernism* is that people come up with their own religious views, not willingly accepting what others believe.

Typically, many of the postmodern people will say, *I believe in God, but I am not a religious fanatic. I can't remember when I last went to church yet my faith has carried me a long way. I just follow my own voice, try to love myself and be gentle with myself, and try to take care of each other. I think God would want us to take care of each other.*

This is a do-it-yourself kind of religiosity, a well-meaning mish-mash of religious views often taken from bits and pieces of many religions, like a patchwork quilt of religious views. Those are some of the many people that Jesus is sending us out to these days.

Jesus warned the seventy to expect resistance and rejection and it's the same way today. More Christians are being persecuted for their faith today perhaps more than at any other time in history. Even ordinary people are thrown in jail in countries such as Pakistan, Iran, Egypt, Somalia and many other places. ISIS or ISIL specifically targets Christian communities in the towns that they occupy. Their crime? Practicing their faith.

If not persecution, we might be sucked into endless debates about our religious beliefs, or met with total indifference from an increasingly secular society. I remember a friend who quit going to church because *I don't need all that anymore*. The state of the economy is no help either as more and more people are seeking employment and are willing to work on their Sabbath day.

Jesus advised his missionaries to *travel light*. In our terms, this would be equivalent to saying, *don't let stuff get in your way and be in conflict with your mission. Once you find people who are of the same mind as yours, work with them.*

Jesus tells his missionaries only what they should do and what they should not. He does not say anything about measuring their success. If people do not accept your message, Jesus says, shake the dust off your feet and move on.

In most churches, it is difficult to avoid measuring success. We live with membership figures, Sunday attendance, giving levels, budgets, annual reports and so

on. The problem comes when these figures take over the life of a congregation, when they become the only measure of success. The growth of a congregation also has to be measured by its spiritual growth, its biblical literacy, how boldly the word of God is shared with others, how its members are nurtured and cared for.

The ministry and the message that we bring is the ministry and message that Jesus is doing. What we do and say is about Him and from Him. There is a note of surprise as the seventy return from their mission, a pleasant surprise as they say to Jesus, *in your name even the demons submit to us*.

This is just like our own ministry when we are surprised at what happens as a result of our work. We are surprised and pleased when we hear someone expressing their discovery of the meaning of a passage from scripture, when one wishes to become a member of our congregation because of our attention to the Gospel. Children are a special surprise for us when they echo what they learn in Sunday school or at parochial school.

The message that we hear from Luke's Gospel can be quickly summarized in this way: The work is urgent and there is no time to waste. It would not be easy. You would not need to take much with you when you do this. You must have a companion with you because this kind of work is not meant to be done alone. You are not in charge of how people respond. You are just the emissary, the messenger,

speaking on behalf of Jesus. You are to declare peace wherever you go.

There are many people right now who are ready to hear the message we have to bring. Greet them kindness and with a message of peace. The key is to just do it and leave the rest to God.

The best is again saved for last. Through the hardships, the rejection, the persecution and tests of faith that you experience being an emissary of God, Jesus promises, *Nevertheless, do not rejoice at this, that the spirits submit to you, but rejoice that your names are written in heaven*. Imagine that, our names, along with the first disciples, the twelve, the seventy and all other saints throughout history, are written in the book of heaven.

That's enough to make my day.

## AUGUST QUOTE

...do not get drunk on wine, in which lies debauchery, but be filled with the Spirit, addressing one another in psalms and hymns and spiritual songs, singing and playing to the Lord in your hearts, giving thanks always and for everything in the name of our Lord Jesus Christ to God the Father.

**Ephesians 5:17-20**



## FROM THE HOME FRONT

*continued from page 1*

and be exposed to various

clinical settings that will help in residency training.

On the first Friday of August, the candidates for the physician licensure

examination (on August 15, 16, 22,

23) attended a mass and *Blessing of the Pencils*. The academic community prayed together and offered encouraging words. The present Medicine Student Council distributed mugs bearing our motto: *Ad Astra per Aspera* to show support. The candidates posed for a group picture.

While the students were busy with their first preliminary examinations, I went for PAASCU accreditor training. If chosen as an accreditor, I would be able to visit and assess medical schools all around the Philippines, learn international standards, and bring best policies and practices for adaptation and implementation at FEU-NRMF.

Hopefully, next month I can announce 100% passing in the physician licensure examination and the names of the top notchers.

Until then, keep us in your prayers.



LINDA D  
TAMESIS MD

## A GOLDEN MUSING

*continued from page 1*

Almighty Creator, the divine

and intelligent designer of all things and everyone's life.

We may have been battered and bloodied by the storms that



REMEDIOS SP  
SALES MD

came in the sea of our lives, hopelessness and fear of the darkness of the night of uncertainty of life may have touched us, but we have all survived, unvanquished and our heads remain unbowed. For these, we are eternally grateful to our Father in heaven above, for the unconquerable soul He has bestowed on us.

We have taken the less travelled road. We ventured and were not afraid to fail, as we faced the uncharted sea of life and went through the peaks and valleys with flying colors.

We all know that no one is spared and that all of mankind have their share of the cross to bear and a crown of thorns to wear. But our Father always gives us the strength and the courage to go on as long as we remain faithful to Him. And in the end, He enlightens us to realize that He knows what is best for us.

Although we always want sunshine in our lives; but just like the plants, the trees and flowers need rain to grow, to bloom and to stay green, so in our lives our souls need rain to grow strong, to have more compassion and empathy for

others and to prepare us how to overcome the strife's in our others in our journey through the rocky and thorny way to heaven.

Looking back and thinking of the time one magnificent Class<sup>65</sup> spent together during our recent golden jubilee celebration in Las Vegas, I cannot help smiling, feeling amused and happy for seeing classmates and friends in the medical school.

It was a flashback of our youth in the portals of FEU. Days of young lives full of dreams and goals to achieve, days and long nights of studying, full of anxieties and worries of passing, but also the joys and heartaches of young loves, hoping for a lifetime of togetherness and dreams fulfilled. Ah! That was life then, but perhaps I would not want to go back too. We all really had a wonderful time together reminiscing and reliving the past.

I was really impressed on how good and well looking the members of Class<sup>65</sup>, how much stamina they have, with the same ring of laughter, smile in their faces and the glint of joy in their eyes, all expressions that they have not lost their exuberance and love for life. I can say that one magnificent Class has gotten better with the passing of time, with better outlook on life, a greater sense of wellbeing and with inner glow of happiness and contentment knowing that we have given life our best and made use of our God given talents and potentials not only to our benefits and our families but to humanity.



We have fulfilled the mission and purpose of our lives by being God's instruments of love, compassion, kindness, caring and charity towards our fellow men.

We gave our best to make a difference in the lives of others, hoping that when we leave this world we shall leave it a little bit better than when we first found it and thereby leave imprints of our lives in the sands of time.

With the guidance and practice of our faith, we have attained some degree of spirituality and divinity through the grace and blessings of God.

Yes, one magnificent Class can say, we have arrived at our destination and the journey was wonderful no matter that the road was rocky and full of thorns.

And when we are called to our eternal life and meet our Master face to face we can reflect on what St Paul's second epistle stated, (in my own words) *we have finished the race, we have fought a good fight, we have done our best, we have lived our faith, and now we go to where our Father awaits us and others to receive our righteous reward.* **Timothy 4:6-8**

To all the Golden Jubilarians, we convey our sincere appreciation for

rekindling our warm friendship and camaraderie, the laughter, the joys, and the fun we all shared bringing back memories of our youth.

We are so glad to see we can all still swing, twist and rock and roll with the music of our time despite some human limitations that comes with age.

We hope to see you all again some time, stay healthy, happy and wise. Keep up your good spirits and stay connected to the Almighty source of all.

We attained the gold, let us live well, hope and pray we will attain the emerald.

Good luck and God bless us all.

## PHILIPPINE MEDICAL ASSOCIATION in CHICAGO

### 55<sup>th</sup> anniversary scientific seminar

induction and dinner dance

Saturday, September 12, 2015, Hyatt Regency O'Hare Hotel, Rosemont IL

#### PROGRAM

- |                       |  |
|-----------------------|--|
| 8:00 am – 9:00 am     | <i>ClinicoPathologic Conference on metal-related liver disease</i><br>MANUEL A MALICAY MD <sup>72</sup>  |
| 9:30 am – 9:30 am     | <i>Hemochromatosis: An Iron Man Carries Risk</i><br>GINA GUZMAN MD   |
| 9:30 am – 10:00 am    | <i>Iron Deficiency and Toxicity in Pediatrics</i><br>NIDA BLANKAS HERNAEZ MD <sup>84</sup>   |
| 10:00 am – 10:30 am   | Break for coffee, pharmaceutical and commercial displays   |
| 10:30 am – 11:00 am   | <i>Metal-related diabetes mellitus</i><br>NUNILO G RUBIO MD <sup>67</sup>  |
| 11:00 am – 12:00 noon | <i>Eighth annual PMAC Professorial lecture</i><br><i>Metal-related congestive heart failure</i><br>BENJAMIN LUMICAO MD<br>Associate professor of medicine and cardiology<br>Northwestern University Medical School |
| 6:00 pm – midnight    | 55 <sup>th</sup> <b>PMAC</b> anniversary and<br>49 <sup>th</sup> <b>PMAC Foundation Auxiliary</b><br>anniversary Induction dinner dance  |

Registration is **free**; and the morning meeting is accredited for **3.5** credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. This also serves as an invitation to attend the evening PMAC 55th anniversary induction dinner dance.

We look forward to hearing from and seeing you.

**Gerardo Guzman MD<sup>63</sup>** [guzman21@aol.com](mailto:guzman21@aol.com)

PMAC President

**Leilanie Narcelles Mon MD<sup>72</sup>** [lnarcelles-mon-md@sbcglobal.net](mailto:lnarcelles-mon-md@sbcglobal.net)

PMAC Auxiliary President

# BALIK-FEU, January 2016



*Far Eastern University*

DR. NICANOR REYES MEDICAL FOUNDATION  
MEDICAL ALUMNI SOCIETY, INC. (Philippines)

and

*Far Eastern University*

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

**41<sup>st</sup> ANNUAL ALUMNI HOMECOMING  
SCIENTIFIC CONVENTION**

**GOLDEN & SILVER JUBILEE CELEBRATION**

January 20-23, 2016

Dr. Ricardo L. Alfonso Hall,

5<sup>th</sup> floor, FEU-NRMF Medical Center

Regalado Ave., West Fairview, Quezon City

and

**GRAND ALUMNI, GOLDEN & SILVER  
JUBILARIAN'S NIGHT**

January 23, 2016 (Saturday)

CROWNE PLAZA GALLERIA MANILA

Ortigas Avenue cor Asian Development Bank  
Quezon City

Honorees

Class '66 (Golden Jubilee)  
Class '70 (Sapphire Jubilee)  
Class '75 (Ruby Jubilee)  
Class '80 (Coral Jubilee)  
Class '85 (Pearl Jubilee)

Class '90 (Silver Jubilee)  
Class '95 (20<sup>th</sup> Anniversary)  
Class '2000 (15<sup>th</sup> Anniversary)  
Class '2005 (10<sup>th</sup> Anniversary)  
Class '2010 (5<sup>th</sup> Anniversary)

## PROGRAMME HIGHLIGHTS

JANUARY 20 - Golf Tournament

JANUARY 21 - Registration

Thanksgiving mass

Opening of exhibits

Breakfast

38<sup>th</sup> Dr. Lauro H. Panganiban Memorial Lecture

Luncheon Symposium

5<sup>th</sup> flr. Dr. Ricardo L. Alfonso Hall

FEU-NRMF Medical Center

WELCOME RECEPTION

JANUARY 21-22

State of the Arts Lectures

Luncheon Symposium

Student Achievement Award

5<sup>th</sup> flr. Dr. Ricardo L. Alfonso Hall

FEU-NRMF Medical Center

JANUARY 23 - GRAND ALUMNI, GOLDEN &  
SILVER JUBILARIANS NIGHT

CROWNE PLAZA GALLERIA MANILA

For more details please contact:

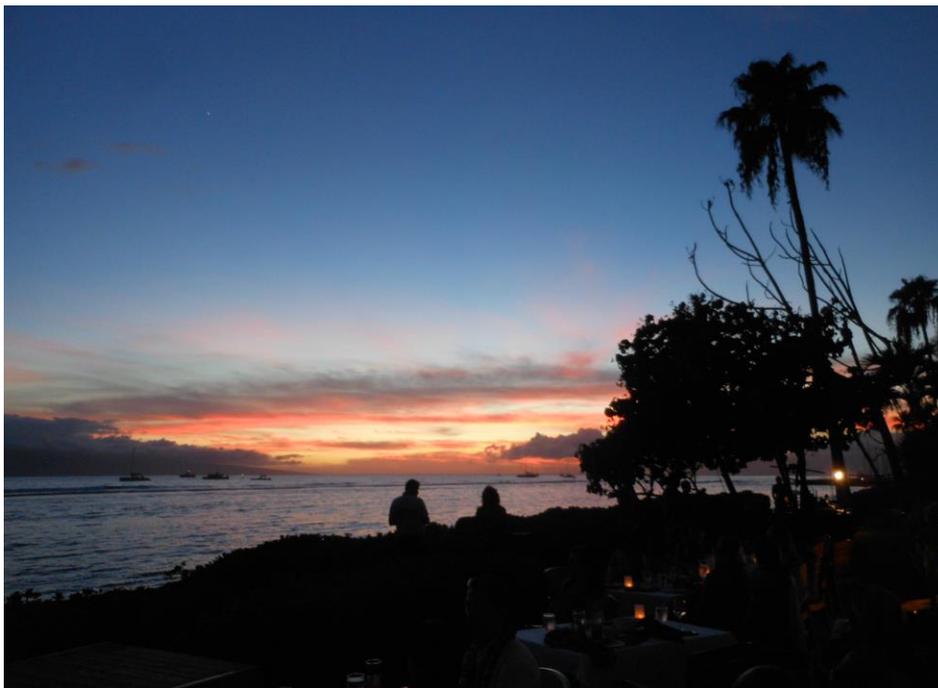
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*Sunset at Laua of Lele, Lahaina* by Cesar V Reyes MD<sup>68</sup>



*Oakbrook flower*