



# ECTOPIC MURMURS

Volume 24

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November 2013

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

## FEU-NRMF honors

### Drs RML Solis and EH Ongcapin

At the *Balik-FEU* reunion 2014, Rolando M Solis MD<sup>63</sup> will lead the speakers as the 36<sup>th</sup>

annual Dean Lauro H Panganiban MD Memorial Lecturer on the topic of *Ninoy Aquino, My Patient*, on Wednesday, January 23, 2014.

Emilie H Ongcapin MD<sup>64</sup> will serve as the second annual Dr Josephine Cojuangco Reyes Memorial Lecturer on *Contemporary Issues in Medicine for Tomorrow's*

*Doctors*, Tuesday, January 21<sup>st</sup> during the FEU-NRMF week-long activities in Quezon City.



ROLANDO M SOLIS MD



EMELIE H ONGCAPIN MD

### PRESIDENT's Message TENDERLY YOURS

November is my favorite month. For one thing, the weather here in Louisiana gets cooler. All Saint's Day and All Soul's Day mark the beginning of the month. And of course,



NOLI GUINIGUNDO MD

Thanksgiving day towards the end of the month. And we know that Christmas will be not too far away.

This year, this proves also to be sad because of the devastating storm that hit the central Philippines where

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## PHILIPPINES MY HOMELAND

LICERIO CASTRO JR MD  
FEUMASSC President

In our motherland, relief efforts are seemingly at a slow pace, relief goods are not transported or distributed as expected, and there is the question of *Who is in Charge?*



LICERIO CASTRO JR MD

as to coordination, distribution and maintaining peace and order in the regions. These profound questions kept on reverberating in aftermath of every catastrophic event not only in the Philippines but all over the world.

World reports, the media, are very quick in portraying the

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## FROM THE HOME FRONT EXTRACURRICULAR ACTIVITIES

For the past few months I have been boring you with academic topics, so I thought of updating you about the extra-curricular activities of the FEU-NRMF.

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LINDA D TAMESIS MD

## HAPPY THANKSGIVING!



The **LAS VEGAS CHAPTER** members pose for a picture during a recent business meeting, singing practice and lavish dinner. From left are Drs Ruth DePeralta, Melinda Fabito, Cesar Candari, Grace Averilla Obena, Victor Bonuel, Arturo Basa, Daniel Fabito, Mrs Africa Basa, S Bonuel and Mrs Cely Candari.

## The **OUTPOURING** **OF AID**

**CESAR D CANDARI MD<sup>61</sup>**  
CAP Emeritus, Henderson NV

First and foremost, we, Pilipino Americans in this country, must bow our heads and express our unfeigned thanks and gratitude to United Nations, to the US and 22 other countries pouring in

emergency relief funds and goods to our people of the Philippines, victims of the most powerful typhoon, the Haiyan (Yolanda) that killed more than 3,000 Filipinos of all ages.

It is a national calamity in the Philippines. The provinces of Leyte and Samar were severely devastated. The photos are unbearable, heart-breaking to look at.

Dead people on the streets, sidewalks, everywhere.

Spirit intercedes with sighs too deep for words and we prayed, closed our watery eyes too painful to our direct gaze; instinctively, I turned the TV off and asked if there would be deliverance from these crippling maladies. Tacloban, the capital city of Leyte province, 360 miles southeast of Manila with a population 220,000, is the worst hit city.

**The International Outpouring of Aid.** UN humanitarian aid chief, Valerie Amos, as enormity of problems continued, has released \$25 million from the UN's emergency relief fund for food assistance, supply emergency,

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## IN THE FACE OF **DEVASTATION**

**SYLVIA A BALAJADIA MD<sup>62</sup>**

*I believe in God, even when  
He is silent.*



**SYLVIA ARPA  
BALAJADIA MD**

These words were scrolled on a wall in a concentration camp during World War II. Whatever happened to the person who wrote this is

anybody's guess. If he survived the war, he would be well into his 80s by now. And I believe he might be in a religious vocation or in the literary field.

In the aftermath of Typhoon Haiyan, it is not surprising that some people might question the existence of God, while some might still strongly affirm their faith.

A town mayor in a neighboring province said, maybe in jest or sarcasm, *God must have been somewhere else when this horrific typhoon happened.*

Given the structure and geographical location of the Philippines, it is clear that it is vulnerable to Mother Nature's quirky outbursts; it is a well-known fact that the country is in the Pacific line of fire. With this latest calamity, it is time we heed warnings/ suggestions on how to brace up for oncoming disasters.

An executive of the Philvocs (Philippines Institute of Volcanology and Seismology) has emphatically suggested that an earthquake drill be done in Metro Manila, but this has yet to be fulfilled all because of the

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## **FAITH CORNER**

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

November 11 is marked on our calendars as Veteran's Day. On the eleventh hour of the eleventh day of the eleventh month in 1919, hostilities came to an end in WW I, the war to end all wars. It first came to be known as Armistice Day honoring those who served in that war. President Woodrow Wilson affirmed this day in gratitude for victory in WW I with the following statement for what was to become Veteran's Day:

*To us in America, the reflections of Armistice Day will be filled with solemn pride in the heroism of those who died in the country's service and with gratitude for the and because of the opportunity it has given America to show her sympathy with peace and justice in the councils of nations.*

Such a statement from so long ago still stands as a reminder that peace and justice should always be a goal for all our national policies and that to achieve such goals will always require a commitment to defend and protect the values by which we exist today as a land of the free and a home for the brave. This remains a goal for those who continue to fight in victory, both because of the thing from which it has freed us desolate places with names that have been in our vocabulary for many years now. So whatever

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**REV MELVIN  
ANTONIO MD**



# AUTUMN LEAVES

ROLANDO M SOLIS MD<sup>63</sup>



# INSPIRATIONAL EXCERPT

Yes, there are a lot of inhumane acts being committed in our world. The truth, however, is that there are more good acts than bad. Let us not allow these horrible acts to overshadow our hope for a better universe, nor should it overshadow our recognition of the many blessings we have.



ROSALINA  
LIONGSON-  
ABBOUD MD

As we arise each morning, let us heighten our awareness of God's blessings, in our minute to minute experience, and be deeply grateful --- the sight of the beautiful sunrise, the warmth of our bed, the wonderful aroma of the brewing coffee.

When we look at the world through a gratitude-colored-glass, our life changes--- physically, emotionally, spiritually. Researchers had shown that people who expresses gratitude daily sleeps better and have more energy. They are happier and more content. They feel more connected with the flow of life, not isolated or alone in their struggles.

Gratitude changes our perception, and we begin to view a more benevolent world. The mosaic of grateful acts, big and small, create a spiritual web--- create happiness.

There will be times when we won't feel like practicing gratitude --- in the midst of sorrow, uncertainty or fear. But even in these moments, we can still be thankful, for the roof

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## LIFE'S PURPOSE

CELSO DEL MUNDO MD<sup>62</sup>

We live in a world sometimes  
confused and  
bewildered.

In a state full of  
turmoil and  
uncertainties,  
We are here  
with the  
purpose in  
our lives,

That Almighty Lord  
has carefully planned.

Our flesh dies but our love stays  
forever,

The legacy of wisdom, caring  
and virtuous always remain,  
Our body may already be in a  
pile of dusts and ashes,  
But our teachings, and deeds  
never will be forgotten.

While we are here enjoying the  
precious gift of life,  
Enjoy every moment and  
cherish all its joys,  
Share your love, wholeheartedly  
give all you can offer.  
Find your life's purpose and  
pursue you dreams.

## NOVEMBER QUOTE

Make a joyful noise unto the LORD,  
all ye lands. Serve the LORD with  
gladness: come before his presence with  
singing. Know ye that the LORD he is  
God: it is he that hath made us, and not  
we ourselves; we are his people, and the  
sheep of his pasture. Enter into his gates  
with thanksgiving, and into his courts  
with praise: be thankful unto him, and  
bless his name. For the LORD is good;  
his mercy is everlasting; and his truth  
endureth to all generations.

Psalm 100

## LETTER TO THE EDITOR

I received a message from  
Fred Jimenez MD<sup>69</sup> about

donation to victims  
of typhoon Yolanda  
in the Philippines.

Essentially his  
Class is soliciting  
donations to fund the  
medical supplies that  
they will be bringing  
to help the victims of  
typhoon Yolanda

specially in Tacloban City.

St Louis PMA and Class<sup>69</sup>  
are teaming up for a medical  
missions in Malolos, Bulacan;  
and therefore they would like to  
include the victims of the  
typhoon in there purchases of  
medical supplies and drugs.

Wilfredo Magat MD<sup>68</sup>, Rorie  
Estrella MD<sup>67</sup> and I are  
members of the medical  
missions so I can give to Fred  
what ever our class decided to  
contribute. Please forward this  
letter to the members of our  
Class<sup>68</sup> since I do not have their  
e-mail addresses.

Have you heard anything  
from our FEUDNRSM Alumni  
Foundation regarding help to  
the victims?

Thank you so much for your  
help, it is greatly appreciated.

**RENATO ESTRELLA MD<sup>68</sup>**  
Wisconsin

## AN OPEN LETTER

Here is a first hand  
experience of one  
of the first medical  
missionary to  
Leyte (see below).

Nilo Rivera  
MD<sup>84</sup>. Just so you  
would have an idea



**FRANKLIN  
MONTELLANO MD**

of what we would be dealing  
with when we extend our  
FEUMANNI mission to  
possibly Guiuan, Eastern Samar  
(a remote town at the  
southernmost tip of the island  
which also got devastated like  
Tacloban; but it appears to be  
neglected by the media until  
very recently. Click on the  
news:

<http://www.rappler.com/move-ph/issues/disasters/typhoon-yolanda/43665-food-guiuan-islands-haiyan>).

There are probably three  
motels in Borongan, Samar,  
about 1.5 hour-drive from  
Guiuan.

We can also look into  
chartering a plane for either  
Borongan or Guiuan, as both  
towns have local airstrips, now  
being used by C130 planes to  
bring relief goods and soldiers  
to help in the peace and order.

I think the place of mission  
will be challenging, so I  
propose that we would limit the  
number of people who will join  
this mission extension to maybe  
less than 10 or 15 at the most,  
just to represent FEUMAANI  
and to bring the relief goods,  
medicines and help in the  
medical care of the people.

I am also sending the letter  
(amended after the meeting) I  
distributed to FEUMAANI  
members last meeting.

Instead of going to Tacloban,  
we are seriously considering  
Guiuan.

We will raise funds for this  
poor little town (population  
47,000). We are also in  
contact with Norma Arias  
MD, an FEUMAANI member  
by marriage, who is also a  
missionary to Borongan,  
several kilometers from  
Guiuan.



Sister Clarissa Abella, from Poor Household of God (locally headquartered at Glen Ellyn IL), is also from Borongan, Samar, was incidentally here in Illinois to ask for help for the mission group in Borongan.

She left the Philippines before the typhoon struck, and I believe is going back to the Philippines by mid-November.

Anyway, Dr Arias and her 30+-group of missionaries are scheduled to be in Guiuan, Samar on January 31, 2014. We can probably join their mission, and together with the Medical Surgical Mission of Texas), we can arrive at a better plan.

We are still open to ideas and suggestions.

Ormoc is still a consideration, too, but I think Guiuan may be a better choice.

God help and guide us in making the final decision.

**FRANK MONTELLANO MD<sup>84</sup>**  
FEUMAANI President

## **AN OPEN LETTER**

**NILO RIVERA MD<sup>84</sup>**

I just arrived yesterday from a medical mission in Leyte. It was a grueling, unusual, humbling, heart-wrenching and most especially exciting experience out there which can be compared to a *war zone*.

What you see on television, multiply it 5 x 3 *pa*. No electricity; 95% of buildings were destroyed.

At the place where we stayed, *walang* bed, so sleep *na lang sa* cold floor.

No food, people there do not have anything to feed you with. Breakfast *namin yung baon na*

bread and cold coffee *walang* hot water.

Lunch *kahit saan na lang abutin*. *Buti na lang may baon kaming* hard boiled eggs and cookies and bottled water.

*Suerte kung makakita ka ng nakabukas na karinderia* which are very very rare, to have a decent bath *mag-igib ng* maximum of *isang timba* for bathing shampooing and everything *na galing lang sa* fire department *yon*.

Going in and out of disaster areas is very difficult. Chance passenger *kang kami*.

The scene was like that in Miss Saigon when they began bombing Vietnam. They will fetch you with a very tall army truck.

*Hindi kapa nakakapanhik sa* Army truck *na talaga namang napakataas umaandar na*. *Ang mga bag or maleta sabay hitsa hindi puede ang babagal bagal*. *Maiiwanan ka ng C130 military cargo plane na para kayong sardinas kasama ang mga* refugees.

The medical mission was, however, successful.

I was the only dermatologist *sa grupo*. Our group consisted of 12 volunteer doctors from Pampanga and 12 from San Pablo City Laguna.

We have internists, pediatricians, surgeons, anesthesiologists, obstetricians-gynecologist.

I was able to see 81 dermatology patients.

Total patient seen all cases about 1500 both for Pampanga and same for the Laguna group

We are the first Medical Response team ever.

We are the second to respond and donate medicines and relief goods donated by

Pampanga doctors, St Scholastica alumni other companies which we brought with us too.

We were earlier than the Singaporean, Swiss and German missionaries.

By the way we were transported to Ormoc City instead of Tacloban. This was also badly damaged, but the government is still intact and rule of law prevails unlike in Tacloban City which is totally chaotic and where anarchy is the rule.

That is also the reason why we missed our original C130 flight because these were used to transport peacekeepers to this troubled disaster hit area.

Imagine post apocalyptic movies.

Many unburied corpses everywhere, massive looting. That is why for our own safety *na rin*.

The air force decided to fly us to Ormoc instead. We do not even know what to expect there.

Ormoc General Hospital which is supposed to be our base camp was totally destroyed as was the airport.

*Kaya nga* access is only through military planes.

It breaks my heart when I see all the survivors/ victims of these catastrophe, especially the small children all the destruction and all the deaths.

Sometimes we ask God why He has allowed all these things to happen.

But at our last day God answered me by the appearance of beautiful rainbow which signifies hope and that there is still a new and better tomorrow for the people in this region.

## LETTER TO THE EDITOR

I read with dismay the article entitled Panorama of Hope written by my classmate.

Personally, I would try to respond to the article but the board chairman or the president, or both should.

Suffice it to say that he exposed his total ignorance of the history of our FEUDNRSM Alumni Foundation and how it is governed and run since it was incorporated in New Jersey in 1971.

May I make a suggestion that when there is an article that contains controversial issues, allegations, criticisms, or ideas about the Foundation, the chairman or the president, or both, should be asked for a response and the article and the response(s) should be published in the same issue.

**RENATO G RAMOS MD<sup>63</sup>**  
Chairman *Emeritus*



RENATO  
RAMOS MD

## LETTER TO THE EDITOR

I read with interest, in the October issue of the ECTOPIC MURMURS, the heated word exchanges regarding the performance of the governing body of the FEUDNRSM Alumni Foundation and thought I would give my penny's worth of opinion



ROLANDO M  
SOLIS MD

regarding the matter.

From a personal viewpoint, this is a total waste of time for everyone as it is obvious that the officialdom of the organization unquestionably performs excellently year after year.

Considering that these folks, with voluntary dedication, spend their precious time and treasure unselfishly for the benefit of the organization, they deserve nothing less than our grateful appreciation and full support. I take my hat off to them.

Guys, I am proud of you.

Do not let anyone shut down the Alumni Foundation!

**ROLANDO M SOLIS MD<sup>63</sup>**

## FEUMAANI Bowling Fundraising

For Typhoon Victims in the Philippines

**Sunday, December 15, 2013**

2:00 – 4:00 pm

**Brunswick Zone**

1100 West Lake Street  
Roselle IL 60172

Telephone (630) 351-2100

The cost of bowling, shoe, food and soda is approximately \$25.

Donate whatever you can afford at the game fundraiser.

Total funds raised will be matched by one of our alumni FEUMAANI/ PMAC members, friends and family are invited.

We also invite all missionaries and people who helped our medical-surgical mission to Cavite, Philippines

**RSVP on or before 12/05/2013**

**Gerry Guzman MD**

[guzman21@aol.com](mailto:guzman21@aol.com)

630-677-1289

**Gigi Guzman RN**

[guzman21@aol.com](mailto:guzman21@aol.com)

630-247-8047

**Franklin Montellano MD**

[frank-nette@earthlink.net](mailto:frank-nette@earthlink.net)

847-845-7165

## FEUMAANI Christmas Party

**Sunday, December 22, 2013, 11:00 – 4:00 pm**

Kobe Hibachi Sushi Seafood Buffet

551 E Roosevelt Road Lombard, IL 60148, Telephone (630) 889-5278

Mass 11:00 am

All FEU graduates, friends and family are invited.

All missionaries and people who helped our medical-surgical mission to Cavite, Philippines, are also invited.

**RSVP on or before December 12, 2013**

**Franklin Montellano MD** [frank-nette@earthlink.net](mailto:frank-nette@earthlink.net) 847-845-7165

**Mrs Nanette Montellano** [frank-nette@earthlink.net](mailto:frank-nette@earthlink.net) 847-845-7155

**Melinda Tolentino MD** [tolens@aol.com](mailto:tolens@aol.com) 708-460-1942

## COMMENTS

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

## FEUMAANI News

Deadline for the

December 2013 issue

**December 11, 2013**

Please address submissions to

[acvrear@gmail.com](mailto:acvrear@gmail.com)

## NOVEMBER DONATION



**FERNANDO ANGELES MD<sup>63</sup>** donated two boxes of surgical supplies, received by Surgery chairman Miles dela Rosa MD (left), training officer Raymond Ong MD, and chief resident Jeremy Tan MD.

## FACULTY INCENTIVES



FEUDNRSM Alumni Foundation 2013 incentive is recently distributed to the pathology faculty members.

## 2014 MEDICAL SURGICAL MISSION

Ormoc City,  
Tacloban City, or  
Eastern Samar

February 1 – 6, 2014  
Edmundo R Relucio MD

Daniel C Fabito MD

**NTAPP**

Leonidas Andres MD

**FEUDNRSMAF**

Jun Castro MD

Roger Cave MD

**FEUMAANI**

Franklin Montellano MD  
**FEUDNRSMAF Nevada**

Arturo Basa MD

To join, contact Dr ER  
Relucio, at 5905 East  
Deerfield Drive, Coal City  
IL 60416

[Relucio5905@comcase.net](mailto:Relucio5905@comcase.net)

1-815-274-9794

Dr L Andres

PO Box 1470

Anahauc TX 77514

[lsandresmd@yahoo.com](mailto:lsandresmd@yahoo.com)

1-713-865-1168

Dr D C Fabito

65 Tapadero Lane  
Las Vegas NV 89135

[danielfob@cox.net](mailto:danielfob@cox.net)

702-622-2974

Donation to mission fund  
checks payable to one of  
the above chairpersons  
Host, hospital venue,  
contact person and board  
lodging to be announced.



# NOVEMBER IMAGES



**ILLINOIS GOVERNOR** Pat Quinn (left) talks with PMAC President Nida Blankas Hernaez MD and members during a recent fund raising for Haiyan victims.



**GREETINGS** from Kibogora, Rwanda.

We have been working here for the last three weeks and another to go. We are very busy but the work is very rewarding and fruitful. The picture shows as praying over routine for patient before surgery.

**PETE OBREGON MD<sup>60</sup>**



**PMAC fund raising for Haiyan victims** is spearheaded by Drs Ed and N Blankas Hernaez (middle) who are flanked by fellow volunteers with the Philippine Consul General Leo Herrera Lim and Illinois Governor Pat Quinn in attendance. A hill of *Balibayan* boxes in the background has been shipped to Tacloban.



# CLINICAL IMAGES

## BRONCHIAL PLEOMORPHIC ADENOMA (MIXED TUMOR)

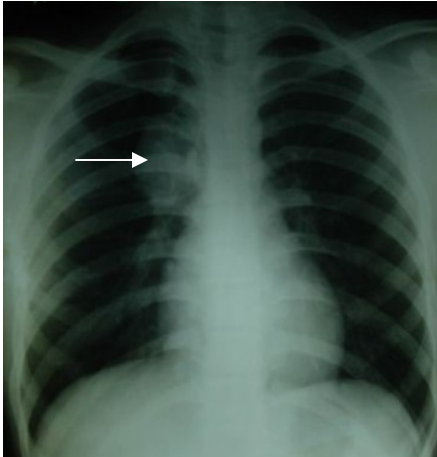


Figure 1 – Chest x-ray shows a right perihilar mass (arrow).

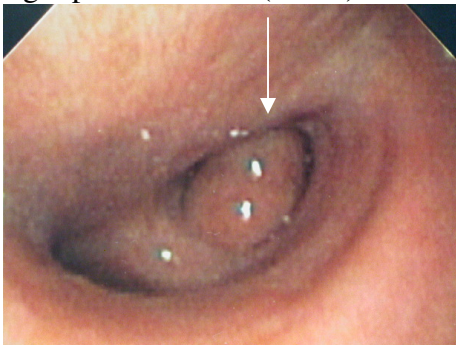


Figure 2 - Bronchoscopy reveals a nodular exophytic tumor (arrow).

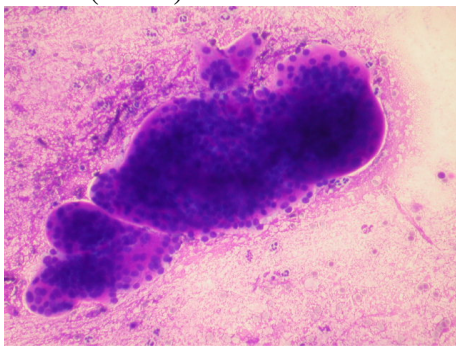
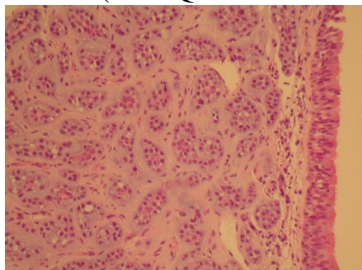


Figure 3 - Bronchial brush cytology exhibits a pleomorphic adenoma (Diff Quik stain x100)



Biopsy confirms the diagnosis of pleomorphic adenoma (HE stain, x100).

These images are from a 47-year old Hispanic male who presented with slowly progressive dyspnea of about six months duration. No chest or salivary gland symptoms.

Chest radiographs demonstrated a 3.5-cm, perihilar, middle right lung lobe mass (Figure 1).

Bronchoscopy revealed a nodular, exophytic mass that was partially obstructive the proximal right upper lung lobe (Figure 2).

Brushing cytology exhibited prominent chondral cartilage tissue with closely associated squamoid epithelial cells, fibrocytes and myxoid stroma, characteristics of a bronchial pleomorphic adenoma (BPA), or mixed tumor, of salivary gland type (Figure 3). The concurrent biopsy of the said mass confirms the diagnosis (Figure 4).

The patient refused further work-up evaluation, recommended lobectomy, and was eventually lost to follow-up.

### COMMENTS and LITERATURE REVIEW.

Pleomorphic adenoma is the most common type of tumor in salivary glands; however, tracheo-bronchial pleomorphic adenoma is extremely rare.

Cytologically, the smears are typically illustrated by our index patient, and very cellular and show four main components: loose clusters of plasmacytoid myoepithelial cells, metachromatic chondromyxoid stroma fibrillary appearance of the matrix, myxoid stroma and

fibrocytic cell in the background.

The histological features are similar to those seen in salivary gland tumors except that the ducts are relatively sparse.

Since its first description in 1965, less than 35 cases of BPA have been reported to date. The patient's ages range from 35 to 74 years. The tumor is usually localized in the trachea and major bronchi, rarely in distal bronchial structures. For the latter reason, the use of electro-surgical snare may be enough and curative surgery for the tumor.

This index case represents heretofore the first reported instance of bronchial brush cytology diagnosis of bronchial pleomorphic adenoma or more commonly called mixed tumor.

Malignancy may occur but likewise extraordinarily rare; and these are either carcinosarcoma or Adenocarcinoma.

The pathogenesis of BPA remains uncertain. By location, they arise from mucosal gland epithelium found in the proximal main bronchus. Occasional tumors deep in the lung parenchyma and apparently unrelated to the bronchial tree may originate from undifferentiated stem cells capable of giving rise to glandular, myoepithelial and other tumor components

The treatment for BPA is largely surgical excision, either snare or lobectomy, in the absence of tumor spread. Nevertheless, long-term surveillance is necessary,

because primary pleomorphic adenoma can recur many years after the excision of the primary lesion.

cell block histological evaluation of sediment from the bronchoscopy brush placed in CytolytR, bronchial washing

Negative cytology was noted in 118 cases [17%]: 77 cases showed only reactive bronchial cells [65%], 59 cases of non-specific chronic inflammatory changes [50%], and six cases of pneumonia [5%]. The latter were associated with

## Our series On-Site Evaluation of Bronchial Brushing Cytology

### Introduction and

**Objective.** Bronchial brush cytology is fairly sensitive and specific in the diagnosis and typing of lung tumors.

However, bronchoscopy is a time-consuming procedure, generally requires sedation or anesthesia, and sometimes may be complicated with morbidity.

To lessen these drawbacks, on-site evaluation of the bronchial brush cytologic material with the use of Diff Quik stain is feasible and not-so-well documented in the literature.

This paper relates our experience of 691 cases with an on-site evaluation of bronchial brushing cytology during a 24-year period.

### Materials and Methods.

From January 1990 through June 2002 at Hines VA Hospital and from July 2002 through December 2012 at Morris Hospital, 691 out of total 1184 bronchial brushing cytologic procedures had an on-site evaluation at the bronchoscopy suite.

The brushing was immediately processed, examined, and reported with a preliminary interpretation, based on air-dried Diff Quik-stained smear(s).

The preliminary results were later confirmed with alcohol-fixed Papanicolaou-stained smear(s) of the brushing, ThinPrepR cytological and/ or

cytology, tissue biopsies of endoscopically visible lesion, and in some cases for Wang transbronchial fine-needle aspiration cytology of a mediastinal lymphadenopathy.

**Results.** A negative, non-diagnostic, or unsatisfactory Diff Quik-stained smear prompted additional brushing procedures, as follows: one brushing [n=302], two brushings [n=252], and three or more [n=136].

The Papanicolaou-stained smear(s) [n=691], ThinPrep slide [n=691], cell block sections [n=210], and washing cytology [n=691], and tissue biopsies [n=493] later confirmed the on-site evaluation results.

Positive diagnoses were made in 539 cases [78%], as follows: squamous cell carcinoma in 226 cases [32%], adenocarcinoma 178 cases [26%], small cell carcinoma 113 cases [16%], undifferentiated large cell carcinoma 21 cases [4%], and metastatic carcinomas 2 cases.

Suspicious for malignancy was made in 27 cases [4%]. Bronchial biopsies supported 355 brush cytology diagnoses [72%].

Wang biopsy of a mediastinal lymphadenopathy [n=181] also affirmed positive- and suspicious-for-malignancy diagnosis in 113 and 29 cases, respectively.

*Blastomyces dermatitidis* [n=3] and a case each of bronchial submucosal gland pleomorphic adenoma, *Coccidioides immitis* [n=2] and an instance of *Herpes simplex*.

There were no false positive results.

One false negative was due to sampling error.

**Conclusion.** On-site examination of bronchial brush cytology helps to reduce these side effects, ensures that the specimens are processed optimally, and rapidly identifies patients who require further sampling for ancillary investigation such as microbial culture and cell block histological processing for molecular tests.

Compared with cytology sans on-site assessment, the unsatisfactory specimens and the false negative studies are almost eliminated.

Complications of bronchoscopy are also minimized by the less number and duration of the bronchial brushing procedures as the procedure can be interrupted as soon as the cytopathologist affirms that the sampling is adequate and may provide positive diagnosis.

**FINAL DIAGNOSIS:** Bronchial Pleomorphic Adenoma.

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



## INSPIRATIONAL EXCERPT

*continued from page 3*

over our head, food on the table,

love of families and friends, and most of all, for God's love and ever presence.

*Life without thankfulness is devoid of passion and love. Hope*

*without thankfulness is lacking in fine perception.*

*Faith without thankfulness lacks strength and fortitude.*

*Every virtue divorced from thankfulness is maimed and limps along the spiritual road.*

John Henry Jowett

The practice of gratitude surely enhances all our virtues.

Let us make *Thank You* as our mantra. At the end of each day, let us list three or more things that we are grateful for, and feel the transformation unfold. Make each day a Thanks-Living Day. Happy Thanksgiving to all!

**ROSALINA LIONGSON-  
ABBOUD MD<sup>64</sup>**

## The OUTPOURING OF AID

*continued from page 2*

shelter materials and household

items, health services, safe water supplies and sanitation facilities.

**United States** sent \$20 million in immediate aid with aircraft carrier USS

George Washington now in the Philippines to provide assistance .

The United Kingdom is deploying a Royal Navy warship and donating a total of roughly \$16 million worth of humanitarian assistance. One C-17 cargo plane earmarked to move humanitarian aid and large support equipment.

Australia announced assistance of 10 million Australian dollars (\$9.4 million), with the deployment of an emergency medical team.

The United Nations World Food Program said it has allocated \$2 million.

The International Rescue Committee has dispatched an emergency team to Manila and launched a \$10 million appeal.

WFP said it would send more than 40 tons of high-energy biscuits and work with the Filipino government to help with logistics and emergency communications systems.

Japan will donate \$10 million to the Philippines and has sent a 25-member relief team of mostly medical staff.

UNICEF said its staff in the Philippines is being repositioned to help and 66 tons of emergency supplies are being sent from Copenhagen; will include water purification systems, storage equipment and sanitation supplies.

AmeriCares is preparing to deploy an emergency response team to the Philippines.

Canada has promised to donate up to \$5 million. The government pledged to

match every dollar donated by individual Canadians to registered Canadian charities for typhoon relief.

China said it was pledging an initial \$200,000, including \$100,000 from the government and another \$100,000 from the Chinese Red Cross.

HSBC Group is donating over \$1 million and is activating a bank-wide drive to raise funds from its employees globally. Israel plans to set up a field hospital near the disaster area that is likely to focus on trauma care.

Taiwan said it would send \$200,000 in aid to help with relief efforts.

The American Red Cross said it has deployed two people to assist with assessments in the Philippines and activated its family tracing services

Lutheran World Relief said it has deployed its local staff to stricken areas and is appealing for \$2.5 million to aid its recovery effort. World Vision said it is putting together resources including food, hygiene kits, emergency shelter and protection.

The American Jewish Joint Distribution Committee has begun collecting donations for relief efforts.

Doctors Without Borders said it has 15 members in Cebu City and will send an additional 50 people in the next few days. It is sending 329 tons of medical and relief supplies on three cargo planes.

American Jewish World Service is collecting money to provide directly to local groups in the Philippines.



ROSALINA  
LIONGSON-  
ABBOUD MD



CESAR D  
CANDARI MD

Right now, there are only two dozen international workers in the catastrophic area. About 100 more international workers will join the team.

In addition to doctors and nurses, there will also be helpers and logistics people, as well as psychologists and experts for water and sanitation.

Medical treatment for the survivors is very important to provide safe drinking water quickly; food, and shelter, hygiene kits to disaster-affected areas.

On a long term basis, the people will need safe and hygienic shelters, if they stay in overflowing dirty shelters the risk of infection can cause an epidemic of infections breakout.

The people are traumatized. They need psychological support.

Our genuine admiration to Anderson Cooper of CNN of his television coverage, factual on the scene when he said there is chaos, unorganized city help, slow distribution of food, shelter and medicines packed in the Airport from USS George Washington.

Central government appears slow in responding to the crisis, ill prepared, lack of manpower and emergency equipments.

Korina Sanchez , a wife of the Secretary of Interior does not have the right to criticize *Cooper as misinformed.*

Her husband Interior Secretary Mar Roxas, reportedly said to the media that the situation in Tacloban and nearby areas is under control. I say, this is not true.

The question I asked: Is there lack of urgency from national government? The Air

Force of the Philippines has only three C-130s. They do not have the ability to mobilize relief operations in the different nearby islands!

The Philippines appeared to be faced with a totally disabled, and ill-prepared, National Disaster Coordinating Council that is headed by a few political appointees with no ability to take direct control of the calamity.

The challenge is that it's not easy to predict these calamities of nature.

Even the most prepared government would have been completely overwhelmed by this powerful typhoon similar to a large size violent tornado with miles of widespread landfall lasting for hours.

In spite of calamities like this one, life must go on. We pray that the people of Eastern and Western Visayas are strong to face the reality in life.

In times like this, all that we can say is pray and help.

Calamities are part of this world. And it is just us humans who can't accept that sad truth.

The Philippines is often hit by storm because warm bodies of ocean water surround it.

But mostly, in the east part of the Philippines is always visited because it faces the Pacific Ocean. Global warming as the cause is being debated. Such storms are becoming more frequent, fiercer, more destructive.

Twenty typhoons a year, the fury of Typhoons Ondoy, Peping, Peding, Reming, Quiel, Sendong and now Yolanda were adding

wretchedness to our *kababayans.*

This aid from around the world obviously is not a long-term one.

We must continue help our unfortunate countrymen.

While government agencies are working on the affected areas, the global Pilipinos are collecting relief goods and cash contributions to be sent to the devastated areas.

That is *Bayanihan* in action.

Building mutual goodwill all the time and as Pilipino Americans, we must help our poor countrymen, not just during calamities like this one but also work for a change of mindsets and as the Pilipino diaspora, we must continue to rebuild our nation recover from these calamities and the specter of deprivation.

It is common knowledge that our countrymen are facing the realities at hand concerning different narratives of tribulations in the midst of natural wealth and beauty of our land: conflict, war, poverty, and as the events of the last week showed, increasing environmental damage.

The enormity of problems continued to reel from the terrible legacy left by the undesirable former presidents of our country, the massive institutionalized corruption, crony capitalism, bad or weak leadership and a host of other problems, it is time to wake up.

## NOVEMBER QUOTE

How great is your goodness, which you have stored up for those who fear you, which you bestow in the sight of men on those who take refuge in you.

**Psalm 31:19**



## PHILIPPINES MY HOMELAND

*continued from page 1*

inefficiencies of governments

and first responders in reaching the devastated areas, sowing fear for lack of security to the detriment of the survivors thereby amplifying the severity of the

problem.

Whenever this news reaches the modern world, impending aid and volunteers tend to come to a standstill fearing for the unknown adding insult to a very fragile situation.

Survivors continue to cling on high hopes and their dear lives faltering every second.

For every disaster, especially an unimaginable one, delays in delivery of much needed aid is always inevitably expected as planeloads or shiploads of relief goods are rushed to the scene.

In spite of the desire for a speedy delivery the truth is that arrival is not possible until the typhoon clears and there is a workable place to bring those goods may it be by land or sea.

Though it is sad to know but the reality is that it may take days or weeks to implement the needed assistance.

Journalists will report on the vast majority of gaps between the availability of supply and supplied areas and the clamor of the survivors especially in desolate regions, the faces of the victims and incidents of isolated rampaging and raiding of warehouses in moments of

oblivious desperation as they hunger for bread.

In any survival mode, despicable actions may ensue. Volunteers from the government and the private sector side by side will scale any mountain, brave the raging waters, trek the treacherous paths, cling on the hanging bridges, traverse the thickest of bushes and ignore broken live electrical wires just to reach our brothers and sisters.

This is how much we love our countrymen. I have been there.

Our country and our people are vulnerable to a variety of disasters in catastrophic proportions. Devastating earthquake in Bohol, the tragedy that besieged Leyte and ravaging typhoons from A to Z, Our people have accepted these yearly occurrences as a part of our existence.

What we yearn for from the journalists' point is to focus on the community efforts in bringing back the togetherness of the people, hand in hand, for uplifting the souls of the survivors rather than portraying any isolated acts of *barbarism*.

Let us stop the scaremongering. Let us stop the rumor-mongering. They are counter-productive to the very essence of speedy delivery of aids. On the contrary, journalists, by displaying the communities working together, will further enhance and motivate greater assistance for the afflicted.

Photos of survivors trying to weather the inevitable until rescue arrived. News of people from different areas of the affected regions have banded together and availed of public

transportation as a vehicle to search for their beloved relatives with meager funds on hand. Public display of intimacy illustrates the very existence of love that permeates everybody whenever disaster strikes.

This is the moment to gauge how effectively are the international organizations' response to a country in need. This is the moment to defy the portrayal of unfounded news. This is the moment for big companies to manifest their supposedly humanistic traits.

Above all let us give thanks to the whole world that came to our aid and delivered enormous assistance to our people.

To those who responded and are still coming, a million thanks to you all. Your relentless drive in helping our country is above and beyond.

May this devastating event, how painful may it be, bring forth the best of mankind. No blame game, no regrets and no hatreds.

A true test of the resiliency of the Filipino people is to reel from the terrible legacy left by the undesirable former presidents of our country, the massive institutionalized corruption, crony capitalism, bad or weak leadership and a host of other problems, it is time to wake up.

When the crisis abates, it is time for the Philippine government to seriously prepare for future disaster response.

Calamities like these come and go and do not affect a relationship one has with God unless one starts to blame God.

Our *Bayanihan spirit* as Filipinos will endure.



LICERIO  
CASTRO JR MD

## IN THE FACE OF DEVASTATION

*continued from page 2*

flimsy excuse that people in the malls might panic. So, when will there be a drill? God forbid there will be no real occasion for panic. Every time I go home and gaze at those high-rises, I have

a creepy feeling and think to myself, What if?

We, *Pinoys*, are used to frequent typhoons, but a typhoon of this magnitude was never expected.

But though unexpected, it is likely to happen. Obviously, mayhem, hunger, looting, destruction, and death will happen.

There should have been better organized preparation beforehand and better organized action in the aftermath.

As of this writing (it is almost a week now), there is unorganized distribution of relief, lack of manpower to reach remote areas, lack of transport to evacuate people, and lack of leadership on the part of the military in maintaining order.

Clearly, outside help is necessary. Needless to say, we are eternally thankful for all the foreign aid pouring in.

There is a statement from Congress that the remaining pork barrel of 13 billion pesos will be allocated to typhoon victims and the rebuilding of ravaged areas.

But again, there seems to be a roadblock in that the Supreme

Court would not allow the disbursement because of a TRO (Temporary Restraining Order) regarding the legality of the pork barrel fund. Could not the government just forego this TRO and attend to a more pressing and urgent need, such as this devastation?

Come to think of it, this catastrophe occurred at the height of the investigation and debate of the PDAF and DAF (Priority Development Assistance Fund and Distribution Acceleration Program) makes me wonder.

Hopefully, this horrendous calamity will serve as a wakeup call to stir the stuporous conscience of those whose pockets are bulging with ill-gotten money.

Having so many possessions and extravagant, lavish lifestyles from pocketed money, in a country where so much poverty still exists and is beset with yearly natural disasters, is just brazenly obscene.

Building a two-story mausoleum does not guarantee a welcome up above and a chance to behold the Beatific Vision in the afterlife.

In recent news, amidst the destruction around, there stands a statue of Jesus - tall, straight, and unscathed.

Now do you still think God was not there?

## NOVEMBER QUOTE

Give thanks to the LORD, for he is good; his love endures forever.

**Psalm 107:1**

## FAITH CORNER

*continued from page 2*

happened to the *solemn pride in the heroism of those who died in the country's service?* How

have we demonstrated our support and respect for the men and women

who have served in the Armed Forces, who have given their lives as a price to pay for liberty and justice and for those who continue to serve ready and willing to sacrifice their lives for their country? And what about their families who worry and wait for their safe return?

There are so many things happening these days that make my blood boil in regards to how our veterans are regarded and treated. The worst one was what I regard as the ultimate insult to those who serve and stand ready to give their lives for their country. If you remember, during the self-induced government shutdown, four service members lost their lives in Afghanistan. Their families were denied the benefits that their loved ones signed up for in the event of their death, saying that the money was not available because of the government shutdown and there was nothing that could be done about it.

That is just totally unacceptable. With a stroke of a pen, the funds could have been released. It took a philanthropic organization (Fisher House) to fill in the gap and show this government how to treat our



SYLVIA ARPA  
BALAJADIA MD



REV MELVIN  
ANTONIO MD



veterans with respect and dignity. We also saw how WWII veterans who were specially flown and bussed to the memorial park dedicated to them had to break through the barriers around the park which was closed on the pretext that the Park Service could not provide security for visitors due again to the government shutdown.

Did the Park Service or the government they work for honestly think that these same veterans would desecrate the memorial dedicated for them? As one who as served in the Armed Forces, those who have served and who currently serve this country deserve better treatment than all this.

Whenever Veteran's Day comes around, I am gently reminded that I have a covenant with the men and women who have served and are now serving in our Armed Forces. That covenant is that, as these soldiers, sailors, marines and airmen commit their very lives to protect and defend this country, I also commit myself to respect their service and dedication to duty and treat them with honor and dignity.

I accept the fact that veterans from our wars have not always been given the place of honor that they deserve. When David returned to Israel after killing Goliath, the bible says that he and King Saul were greeted with singing, music and dancing in the streets.

When the victorious Roman Legions returned to Rome, they were met with parades, festivals and games in the coliseum. After our two World Wars, our returning troops were greeted

with ticker tape parades. However, after the Korean War, otherwise known as the Forgotten War, our men and women who served there came home to a country that barely recognized their courage and sacrifice.

Many of our troops returning from Vietnam were not only ignored, but they became the subject of insults. We have fought what is known as Limited Intensity Conflicts in recent years and the public interest in those who serve in these wars waxes and wanes.

Whenever I encounter someone who served in Vietnam, the standard greeting between us is, *Welcome home, brother*. Practically no one recognizes those who fought in Kosovo or Panama. Our men and women who served in Iraq and those who continue to serve in Afghanistan are received by the general public with less and less enthusiasm.

It is said that the best way to honor the dead is to take care of the living. We look back in gratitude for our deliverance from tyranny, but that remembrance is only worth anything if we are doing something with what the struggle saved for us.

Prosperity and wealth has somehow made us forget to consider what was sacrificed to gain and preserve our freedom. Freedom to engage in political endeavor these days is geared towards gaining wealth and power rather than to work for justice. Freedom of speech is being used as a tool to harass and step over other freedoms guaranteed by our constitution such as freedom to engage in

religious activities. In terms of taking care of the living who return from areas of risk and conflict, we have not done the best that we can to alleviate their suffering. The job market has not been friendly. We can do more to rehabilitate those who have lost limbs or eyesight. We can do a lot more for those who show no physical wounds but suffer from broken minds and souls. Dismissing them as casualties of war, as acceptable losses, is only adding insult to injury.

The families, their loved ones who entrusted these veterans to our government anxiously await a positive response. Taking care of our veterans seems to be a common platform that rings loud and clear from all political parties at the height of election campaigns. This theme is among the first to be forgotten by the winner. What a shame indeed!

## TENDERLY YOURS

*continued from page 1*

most of our friends and classmates are. My immediate family and Ding's are all up in Central Luzon and Southern Luzon which also got part of the brunt of the Haiyan typhoon, equivalent to the hurricane and cyclone in other places.

I tried to call our friends in Tacloban, Leyte, but the problem was communication. The cell tower is down and was partly fixed when the Marines, thank God, arrived from Japan.



NOLI  
GUINIGUNDO MD

How I wish Clark Field Air Base was still in Pampanga and also Subic and Langley point. (I stand corrected on the latest info on the last two bases.)

I just wish also there was no confusion on those coming in to help in providing medical services to the devastated area.

In my own thought, any confusion would have been avoided if someone is directing on how and what to do upon arrival. An important item is building shelters, to house the sick and those without places to stay. I am thinking of something like MASH-type of shelter.

They showed us one sample during our annual training when I was in the Army Reserve Medical Corps. This was in Fort Knox KY. This way people can be accounted for, counted to the letter and of course morgue for the dead.

Foods are being distributed, but how are people going to cook or where will they bring the food to eat? People ought to have place to stay and sleep and not exposed to the element.

On some limited flights people are taken to Manila. The only problem here is if they have no place to stay. Rent is quite prohibitive in Manila. Food is likewise not cheap. Philippine Americans in different parts of the country are now busy trying to raise money, food, clothing to be sent to the victims.

Again, where to send these stuff specially cash might also be a problem. The money may not find its way to those who are really needy. We have some people here in Louisiana, especially here in West Carroll Parish who through the years

have been involved in medical and religious missions in the Philippines, particularly in southern Philippines, Visayas and Mindanao.

One couple who are retired teachers here in our Parish had stopped by this week to make sure our relatives and friends are all doing okay. This couple almost every June, had gone back to the Philippines to continue with their missions. They never stopped coming back inspite of the difficulty they have encountered in some of their visits in the Philippines, for instance not having a toilet and they know exactly how people do it in the Philippines.

Ding and I have plans to go home again in January 2014. I hope things have improved, but it is rather an optimistic view since it might take a long long time for things to improve and have houses rebuilt. All of these are quite prohibitive unless some subsidy is received from the government.

I still remember when Hurricane Katrina hit Louisiana, particularly New Orleans. Most businesses have fold up. Our friends in the medical profession have left New Orleans and moved to other places to rebuild their practices. The only advantage here in the states is the excellent roads that we have and makes things easier to reach and rebuild everything that you have lost.

Some of our friends have either moved to different states and or have retired. We had the chance to revisit New Orleans for being absent for more than 5 to 6 years. We have been back to New Orleans three times this

year and we have seen the improvement of the area.

At the request of some of our Board of Trustees, I have arranged for our Winter meeting be held in New Orleans. It will be March 28-29, 2014, Friday and Saturday. Main meeting on Saturday the 29<sup>th</sup> at the New Orleans Hilton Riverside on Poydras. 1-800-445-8667, code: BOT \$159/night, and deadline for reservation is February 28, 2014.

**NOLI GUINIGUNDO MD<sup>62</sup>**  
President

## FROM THE HOME FRONT EXTRACURRICULAR ACTIVITIES

*continued from page 1*

At the beginning of the school, student assemblies were held for all year levels. It was a way for me to introduce myself as the new dean and to find out first-hand the sentiments of the students. Mrs Rhodora (Dang) StaAna, head of student personnel service ably assisted me.

The students asked departments to follow school policies of showing/returning test papers, accepting challenges of the answer key, and posting of lecture schedules. They requested better scheduling of subjects during examination week.

The next big student activity was Medicine Week. It was a joy for the administration, faculty and students to see the athletic abilities of the faculty participants during the games. It



LINDA D  
TAMESIS MD



was the first time that I saw the game *patintero!*

Professional passions were seen as faculty presented the highlights of their chosen specialty during the scientific forum. Some faculty members even showed their rhythm and agility during a dance number at the Mr and Ms Medicine Competition.

Robert Arias MD<sup>2004</sup>, former FEUDNRSMAF scholar, spent the afternoon presenting *The USMLE Dream*, strategies for getting into US residency programs early this month during the height of typhoon Yolanda. Approximately 100 interested students, alumni and FEUDNRSMAF chairman Nany Tansuche MD attended.

There were so many questions that Dr Arias had a difficult time leaving Ricardo Alfonso Hall for his next appointment!

The Social Civic Responsibility Committee composed of members of all FEU-NRMF schools and headed by Ms Ria Raborar gave their all to help organize, collect, pack and distribute relief goods to those affected by typhoon Yolanda. After classes the lobby looked like a factory area with numerous helpful hands and huge hearts.

FEU-NRMF recently also participated in the *Palarong Med* organized by the Association of Philippine Medical Colleges Student Network at the Ateneo de Manila campus.

The *pacemakers* led the school cheer during the first ever pep rally and for the two-day event. Many students made the school proud by their great



Dr R Arias (right) is surrounded by students.



Research groups ready for Student Summit



Women basketball team, *Palarong Med*



Medicine Student Council officers, 2013-2014

playing, fantastic sportsmanship, and lively school spirit.

The adviser of the Medicine Student Council, Dr Alvin Vibar, was present, as he always is at all council activities.

We ranked 2<sup>nd</sup> overall for medical schools in the NCR garnering 4 gold, 3 silver and 2 bronze trophies.

Also late in November, there will be a student summit for medical students and those interested in enrolling in medicine. This is another activity organized by the Association of Philippine Medical Colleges Student Network to be held at the UST campus.

Our students will be presenting six research papers, one community project and participating in the quiz bee. Our ambassador, Dr Bardelosa, will try her best to encourage those who are interested to enroll at FEU-NRMF during the Med Talk session.



Dr Alvin Vibar, MSC Adviser, at *Palarong Med*

It has truly been an enjoyable semester. My deepest appreciation goes to the

Medicine Student Council 2013-2014 for their overwhelming support and exuberant school spirit. The future of FEU-NRMF is bright with these leaders at the helm. And to the supportive faculty members who are truly mentors, imbuing students with the attitudes for a successful career and life, *salamat!*

Roger Liboon MD, Ma Agnes Soriano MD, Chester dela Cruz MD, Ramon Pacheco MD, Virgilio Jonson MD, Wayne Gavino MD, Luz Cuaresma MD, Rogelio Cave MD, Conchita Gavino MD, Anita Avila MD, Elenita Rubio MD,

## **FEUMAANI** *Medical-Surgical Mission* Cavite, January 27 - 29, 2014

### **Overall team leaders**

Franklin Montellano MD and Nunilo Rubio MD

### **Surgery leader**

Edmundo Relucio MD with Gerry Guzman MD.

Meneleo Avila MD, Rey Sarmiento MD, OR coordinator Eugene Salazar MD, Cesar Cumba MD, John Strom MD, Elizabeth Strom and OR

assistant Daniel dela Cruz

### **Anesthesia leaders**

Manuel Sanchez MD and Emma Salazar MD with Yolanda dela Cruz MD, Zosimo Herrera MD, Napoleon Cuaresma MD, Maria Herrera MD and Ben Alibudbud MD.

### **Medicine/ family practice/ pediatrics leader**

Richard Mon MD with Leilanie Mon MD, Israel Labao MD, Virgilio Magsino MD, Lito Fernandez MD, Celso del Mundo MD, Larry Rabang MD,

Rosita Guzon MD, Erlinda Castro MD, Joaquin Guzon MD, Maurina Galvez MD, Divina Lasala MD and Marcelyn Vitug MD

**Obstetrics Gynecology leader** Ligaya Marasigan-Labao MD with Ramon Lopez MD, Mario Reyes MD, and Letty Claridad MD.

### **Ophthalmology**

Manolito Reyes MD.

### **Optical team**

Letty Tuazon DO, Leo and Narcing Cruz.

### **Pathology F**

Montellano MD.

### **Pharmacy leaders**

Lydia Espino MD and Marizon Relucio PharmD with Nanette Montellano MT, Engineer Fred Tsai, Normie Alibudbud RPh, Perceival Claridad ESQ, Ding Dominguez and Atty Michael Kotarski.

### **Nursing leaders**

Dolores del Mundo RN and



Violeta Magsino RN with Estela Cave RN, Gigi Guzman RN, Lita Liboon RN, Elvie Fernandez RN, Carlota Sanchez RN, Mia Pacheco RN, Lina Jonson RN, Adel Bejar RN, Marylyn Lopez RN, Lilia Cumba RN, Nora Tsai RN, Fleurdeliz Sanchez RN, Fely Reyes RN, Betty Bayona RN, Maria Evangeline Salazar RN, Gloria Gagni RN, Nancy Dominguez RN, Sarah Mae Dominguez RN, Ding Dominguez RN, Rose Bundalian RN, Daday Daliva RN, Lillian Lau RN, Paring Cezar RN, Lydia Nantes RN, and Aida Ramirez RN,

**Volunteers Honor** Cezar, Dan Nantes and Tony Ramirez.

**Meeting place** Island Cove Resort, Poblanza Road, Binakayan Street, Kawit, Cavite (package rate \$105.32 net/person for 5 days/ 4 nights; inclusions of managed buffet breakfast, Oceania water park entrance, use of pool inflatables, hotel pool and outdoor jacuzzi, entrance to giant chess, use of tram inside resort, all taxes and service charge, coordinated thru Dr Montellano 847-845-7165 or 011-632-672-2855), 5:00 pm, January 26, 2014.

**Welcome reception** at Dr B and Mrs N Alibudbud's place at Orchard Golf and Country Club, Aguinaldo Highway, Dasmariñas, Cavite. Transportation and food provided by the Governor's Office for the next three days.

**Daily schedules** breakfast with continuing medical education 7:00 – 8:00 am; **January 27** pre-anesthetic evaluation of non-cardiac patients by Dr Salazar, surgery at Emilio Aguinaldo Hospital Charity Wing, Trece Martirez, and outpatient at Trece Martirez Municipal Hall; **January 28** CME on jaundice by Dr R Mon, surgery at Emilio Aguinaldo Hospital Charity Wing, Trece Martirez, and outpatient at Gen. Trias Convention Center; and **January 29** travel immunization by Dr del Mundo, surgery at Emilio Aguinaldo Hospital Charity Wing, Trece Martirez, .

**Buses transport** missionaries from hotel to mission venues at 8:00 am sharp, as follows: **surgery** 8:30 am –12 noon and 12:30 - 6:00 pm; **lunch** 12:00 -12:30 pm (on-site); **outpatient services** 8:30 am –12:00 noon and 12:30 - 6:00 pm; bus to restaurant for dinner 6:30 pm, and back to hotel 9:00 pm.

breakfast at Dr and Mrs Virgilio Jonson Residence, 72 Scout Alcaraz, Sta Mesa Heights, Quezon City; then Row Row travel to Marinduque

**January 30**, 6:00 pm - welcome reception at Boac;

**January 31** – medical clinic at Gasan and Buenavista;

**February 1** - medical clinic at Torijas and Sta. Cruz;

**February 2** - medical clinic at Mogpog and Boac;

**February 2**, 6:00 pm - appreciation reception at Boac Provincial Hospital; February 3 – probable Bella Roca tour;

**February 3**, afternoon – return trip to Manila via Row-Row

**February 4** – 10 AM- probable courtesy call with President Noynoy Aquina at the Malacanang Palace

## **MARINDUQUE MISSION Itinerary**

**January 30 – February 4, 2013**

The Philippine Medical Association in Chicago and Marinduque International medical surgical ophthalmological optical and dental mission from January 31 to February 2, 2014, at the Boac Provincial Hospital will be, as follows:

**January 30, 2014**, 6:00 am - meeting place

**February 5 - 12, 2014-** for those interested, probable Vietnam/ Cambodia tour

The surgical team is composed of the following to day: Eugene Salazar MD (**leader**), Reynaldo Sarmiento MD, Richard Zhu MD, Edmundo Relucio MD, Cesar Cumba MD, Luis Mangubat MD,

Meneleo Avila MD, Efren Leonida MD, Abraham Fontanilla MD, Fred Nang MD, and Mario Salazar **(surgeons)**;

Arturo Basa MD and Julian Mendoza MD **(urologist)**;

Jesse Corres MD **(plastic surgeon)**; Teresita Varona MD, Ligaya Marasigan-Labao MD, Ramon Lopez MD, Susan Tan MD, Patrick Tan MD, Mario Reyes MD, Manuel Escalona MD, and Hermes Ayuste MD **(obstetricians gynecologists)**;

Emma Salazar MD, Alberto Clar MD, Roberta Yap MD, Yolanda dela Cruz MD, Manuei Sanchez MD, and Lito Fajardo MD **(anesthesiologists)**.

The medical team members are: Natividad Bernardino MD **(leader)**; Ruth Moore MD, Laarni Moreno MD, Angelito Fernandez MD, Richard Mon MD, Leilani Mon MD, Virgilio Magsino, Celso del Mundo MD, Rodolfo Jao MD, Dorothy Dalena MD, Cornelio Casaclang MD, Rogelio Liboon MD, Onie Yorro MD, and Rogelio Cave MD **(internists)**;

Chester dela Cruz MD **(neurologist)**; Israel Labao MD, Virgilio Jonson MD, Simeon Sevandal MD, Aurora Atienza MD, Zita

Yoro MD, Godofredo Ng and Edward Hernaez MD **(family practitioners)**; Anita Avila MD, Ofelia Ayuste MD, Nida Blankas-Hernaez MD and Angelita Fontanilla MD **(pediatricians)**;

Drs Linda Favor, Rolando Casis, Manuel and Remedios Escalona, Alfredo and Ofelia Kaguyutan, and Roberto Farrales and Eloisa Dizon-Farrales; Faye Mendiola RN, Pauline Abadilla RN, Clarita Distor RN, Violeta Magsino RN, Clarita del Mundo RN, Estela Cave RN, Lina Jonson RN, Cora Guzon RN, Rose Clar RN, Marilyn Lopez RN, Nora Tsai RN, Elena Liboon RN, Arlene Dalisan RN, Adelaida Behar RN, Aurora Gagni RN, osie Malanao RN, Rose Clar RN, Elvie Fernandez RN and Nora Corres RN **(nursing team)**; Dr Lourdes Sevandal **(dentist)**; Dr Leticia Tuazon **(optometrist)**: Leo Cruz, Fred Tsai, Caloy Cruz, and Narcisa Cruz **(optical services)**;

Espie Vasallo **(dietician/ nutritionist)**; Evelyn Fajardo and Nanette Montellano **(medical technologists)**; and Tito Gagni, Precy Cruz, Medardo Abadilla, Gaspar Camello, Carlos

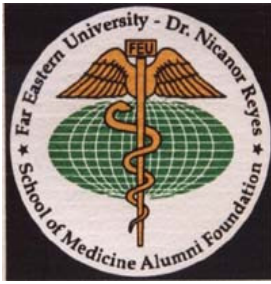
Cruz, Priscilla Cruz, Lilia Cumba, Tito Gagni, Cora Moreno, Jose Cervantes, Katrina Cervantes, Arlene Dalisan and Anita Ng **(volunteers)**.

Philippine medical surgical mission requirements are, as follows: Physicians with valid license - Philippine medical practice license and curriculum vitae; passport-size pictures for special permit application, and \$25 application fee; and Physicians without valid medical practice license – curriculum vitae, medical practice license (United States and Philippines, or United States only), two appropriate advises how to take and store the medications at home.

Physicians with expired Philippine medical practice license who may want to apply for permanent Philippine medical practice license - apply in person at the Professional Regulatory Commission in Manila. Please submit above-mentioned requirements as soon as possible.

Postally mail these documents to: Nida Blankas-Hernaez MD, 28951 Forest Lake Lane, Green Oaks, IL 60048. For additional information, kindly contact at [ednida888@gmail.com](mailto:ednida888@gmail.com), or 847-668-7385-926 (fax) for a special temporary permit.





# FAR EASTERN UNIVERSITY

## DR NICANOR REYES SCHOOL OF MEDICINE

# ALUMNI FOUNDATION

## 35<sup>th</sup> ANNUAL REUNION & SCIENTIFIC CONVENTION

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